

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's Report	Date: 5 November 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 Chief Executive's perspective:</p> <ul style="list-style-type: none"> • Overall update • ICS Board Summary Briefing 				

Chief Executive Report – November 2020

It is apparent that Sherwood, like the wider NHS, is currently experiencing significant pressure. We are managing four key risks at the moment; Covid, restoration of services, EU Exit and winter. I will update in turn on the four.

Covid

Our Covid situation is evolving quickly and we will provide an up to date verbal briefing in the meeting however there are some things we can provide more information on now. You will be aware that in response to the increased infection rates in our communities, and the impact this is having on hospital services, the whole of Nottingham and Nottinghamshire moved into the Very High Tier 3 level of Covid restrictions from Friday 30 October. The response to this will be a further challenge for our communities, including people who work at Sherwood, but we fully support the move as it is the right thing to do to help tackle the rate of infection. This is a prime example of the requirements for collective effort and individual responsibility. We urge all members of our community and colleagues to follow the restrictions closely.

Last week I wrote an open letter to our community and media to reflect on the new measures, to update on the latest situation in our hospitals and to thank the community for their on-going support.

The Board will hear that we have seen significant increases in the number of Covid patients in the last month, and that colleagues are working hard to care for these patients alongside maintaining our other activities.

On Wednesday of last week we held the third of our public broadcasts on Covid-19. It had been in the diary for a while and it occurred on the same day that the heightened restrictions for the whole of the country were announced. The session gave us the opportunity to speak to our community about the latest position at Sherwood and to answer some of their questions and concerns. I am grateful that as well as Chief Operating Officer Simon Barton, Chief Nurse Julie Hogg and Medical Director Dave Selwyn, we were also joined by Andy Haynes, the Executive Lead for the Nottinghamshire ICS, and Jane Laughton Chief Executive of Healthwatch Nottingham and Nottinghamshire. A recording of the session is [available to watch here](#), and we will continue to schedule these events monthly.

In addition to caring for patients, a great deal of our time in the last month has been spent considering the health and wellbeing of Sherwood colleagues. Looking after our colleagues is one of our biggest priorities. We will not get everything right first time, but we are trying to learn and improve all the time.

We recognise there are many things happening at the moment that none of can control or influence. There are however many things we can individually and collectively control and influence in our working lives and our personal lives and we identified three key areas of focus for winter at Sherwood that we can deliver:

- Safe patient care
- Looking after each other and ourselves
- Being proud.

It may not always feel like it but we are doing really well against these important aims. We have made progress against most indicators of safe, timely care for patients over the last couple of months and I am grateful for the mutual aid we have been recently providing other partner organisations. There is more to do, but we are looking after each other and ourselves and I hope colleagues feel proud of the Trust they work in.



Restoration of services

We continue to make strong process in recovering our elective, diagnostic and cancer services. Our emergency care delivery continues to be the best in the Midlands and one of the best in the NHS. We are aware that as the volume of patients with Covid increases, this will put more pressure on colleagues and may impact on our ability to further recover services. We are currently reviewing what we believe we can safely deliver this winter. Restoration of services is discussed in the SOF and as it is also evolving quickly, we will provide an up to date verbal briefing in the meeting

EU Exit

The Board will be aware that planning was undertaken through a large part of 2019 for the prospect of a disruptive departure from the EU without any formal agreement. This was prevented by the signing of the Withdrawal Agreement which included a transition period of 11 months to 1st January 2021. On this basis planning at Sherwood was stood down pending further updates and guidance. Planning now for the end of the transition should take account of a level of disruption whether or not HM Government signs a formal free- trade agreement with the EU.

We have continued to follow the original advice provided by the DHSC in assessing the key areas where disruption to services may occur, these are:

- Supplies of pharmaceuticals

- Medical equipment
- The Human Resources
- Blood products
- Data sharing
- Clinical Trials
- Reciprocal Healthcare Charging

The Brexit Working Group has been reconvened and contains leads from all of the speciality areas along with a non-executive director. It meets at the moment on a fortnightly basis. At this stage there has been no official updates or advice provided by HM Government but with the knowledge and feedback from the Trust specialists we can conclude the following in relation to the current risks:

Procurement (pharmaceuticals and medical equipment)

A considerable supplier audit has taken place via the Supplier Assurance Programme involving over 1500 manufacturers. These were RAG-rated and around 10% require further due diligence, which includes 5-10 suppliers to SFH which are being audited by our own procurement team. We are assured that the central stock-holding of consumables has been developed with around six weeks' worth of stock and a four month supply holding of PPE. Supply chains have been re-routed and are now sourced from countries outside of the EU (eg China). Alternative routes into the country, away from the traditional short strait routes are now established.

In respect particularly of medicines, shortages are not uncommon in business – as – usual times. There is a national Shortage Management Process. The DHSC medicines supply team regularly issue a 'Medication Supply Notification' which summarises the stock issue for that respective medicine and the actions that are required to be undertaken, alongside some supporting information – all this helps support the sourcing process. The DHSC works closely with NHSE&I, the MHRA, the wider NHS, pharmaceutical companies, wholesalers and others in the supply chain to ensure consistency of supply of medicines. The escalation and management of medicines shortages, including dissemination of information to primary and secondary care organisations, is vital in ensuring continuity of supply and in ensuring patients receive the treatment and medication required.

There may therefore be some stock lines which are in short supply but these are expected to be low in number and in consequence. Risk rating: **LOW**

Human Resource

We have an in-depth understanding of the make-up of our workforce. The numbers of foreign nationals and how they are spread across the organisation means that the risk of negative impact is low, This is notwithstanding the impacts from Covid which are potentially much higher. Risk rating: **LOW**

Blood Products

There is very limited exposure to risk in this area. Risk rating: **VERY LOW**

Data Sharing

Only one data flow has been identified which presents a risk and is being audited and managed by information security lead. Risk rating: **VERY LOW**

Clinical Trials

There are currently six trials exposed to risk, but assurance has been received that the funding and drugs required will be maintained up to and beyond the transition end date. Risk rating: **VERY LOW**

Reciprocal Healthcare

Due to the lack of reciprocal agreements in place at the current time, once the EHIC process ends, there is a low risk that some charges for Overseas Visitor Patient's treatments may not be received in the immediate period after the transition period. Risk rating: **LOW**

In summary, there are currently no confirmed high risk areas and the Trust will continue to identify and escalate any areas of concern through the Brexit Working Group and its interfaces with external agencies where appropriate.

Winter and flu

Our plans for winter this year are inevitably complicated by Covid, but we approved our winter plan at Board in October, and continue to roll out the plan with some elements starting earlier than anticipated in response to the increase in Covid related activity. As with any winter, one of the key elements to protect our colleagues, patients and community is encouraging SFH colleagues to take advantage of the seasonal flu vaccination. I'm pleased to say that we have had a very strong start to this year's vaccination campaign with 2,723 or 66.5% of frontline colleagues vaccinated as of Wednesday 28 October. My thanks to Occupational Health, our peer vaccinators and to everyone so far that has chosen to protect themselves.

In conclusion, I believe we are well sighted to the four interlinked risks; Covid, restoration of services, EU Exit and winter. We are under pressure but we are performing well and I am very grateful to the efforts of all colleagues. We need to continually remember that everyone faces difficulties in their personal and working lives and it is not possible to disentangle the two. I remain optimistic that we will be able to provide timely care to all patients this winter. Based on feedback during phase one, it is essential we continue to encourage colleagues to take regular breaks, take annual leave and that we provide access to good quality, hot food whenever it is required.

Other updates

Black History Month

On Thursday 29 October, I was delighted to celebrate Black History Month with colleagues at Sherwood and from across the Nottingham and Nottinghamshire Integrated Care System. It was a fantastic event and my thanks go to the many people involved in its organisation.

Staff Survey

We have also launched the annual NHS Staff Survey and are encouraging all colleagues to have their say on life at Sherwood. The staff survey gives us very valuable information that then helps the Trust work with colleagues to improve the experience of working at our Trust. We are trying to make sure that all colleagues have protected time to undertake the staff survey. I recognise this is challenging for some given the pressures we face. That said I very much encourage all colleagues to take part and let us know your views. As with the flu vaccination we have had a positive start to the campaign with 30.3% of colleagues so far having taken part in the survey after three weeks. I would like us to better our response from last year!

Staff Excellence Awards 2020

It has been an extraordinary year for colleagues at Sherwood Forest Hospitals and the NHS. Inevitably this year's Staff Excellence Awards is going to be a little different to normal. This year the winners will be announced at an online virtual awards ceremony on Friday 6 November at 8pm. Our shortlist has been invited to a 'virtual venue' which allows them to interact with one another, take part in some dinner games and watch the awards ceremony live. As we are hosting the event online for the first time, we wanted to share the celebrations with our colleagues, sponsors and local community too. If you would like to watch the Staff Excellence Awards live on Friday 6 November at 8pm, please visit our [Staff Excellence Awards website](#).

We have a fantastic shortlist this year, and many thanks to everyone who nominated a team or individual for an award. Good luck to everyone who is in the running for an award!

Next Month at Sherwood

Our focus will inevitably remain on the four risk discussed in this paper. We will ensure we will continue to work to the principles of:

- Safe patient care
- Looking after each other and ourselves
- Being proud.

Appendix A



**Integrated
Care System**
Nottingham & Nottinghamshire

ICS Board Summary Briefing – October 2020

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 15th October. 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 meetings held earlier in the year are always published on the system's website – <https://healthandcarenotts.co.uk/about-us/ics-board/>

Introduction

The Chair of the ICS, David Pearson, welcomed the Board to its second public meeting since the start of the Covid-19 pandemic.

David also welcomed a number of citizens and staff from across the system to the virtual Board meeting – reminding colleagues that the meeting was always 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 – Enhanced Care Response Team

Simon Draycon and Diane Carter from the Mid Nottinghamshire Integrated Care Partnership and Kristian Morgan, Manager at The Beeches Care Home in Mansfield joined the Board meeting to present the work of the Enhanced Care Response Team which was established during the Covid-19 response. When the pandemic took hold across the region care homes were bombarded with daily changes in information from Government which staff had to deal with whilst also coping with increased deaths and the trauma caused by the virus.

In response to this, NHS organisations, the local councils and care home managers came together under the leadership of the ICS to launch the Enhanced Care Response Team (ECRT) to provide clinical support to care homes in the area. The system-wide team of support included help from local authority experts such from public health and NHS experts in infection control along with nurses from the local hospital.

The ECRT response included help and support in a number of different ways. The main purpose was to provide support to care homes, provide clear information for best practice and help with training.

The team did this by:

- Carrying out a daily central briefing collating all the new guidance and a bi-weekly webinar on various subjects, often with clinicians available to give advice and information.
- Compiling a toolkit of best practice which is regularly updated. Training from the toolkit has been delivered to 368 homes and has been downloaded more than 3,000 times.

- Offering and/or delivered PPE training within 14 days to 100% of care homes
- As part of the ECRT response more than 40 nurses were redeployed to go out to care homes, support and offer training on the toolkit.

Kristian Morgan, manager The Beeches Care Home in Mansfield, added: “It has been a particularly difficult time for care homes this year and the ECRT has been very useful in disseminating skills and training. When coronavirus first started there was a worry that we would be left on our own to deal with it but that isn’t what happened. We were given the opportunity to be trained in infection control and PPE which was essential in keeping our resident and staff as safe as possible. We appreciate the support which has given us the confidence to know that we are equipped and have everything we need to do a good job. Our residents were also able to feel supported and safe and that is what our work is all about.”

The successful system-wide approach in supporting Nottinghamshire’s care homes has now been extended in order to support care homes throughout the pressured winter period including support for a second surge of Covid-19 and in providing flu vaccinations to patients.

The Board welcomed the presentation and celebrated the work of the ECRT team supporting some of our most vulnerable citizens throughout the pandemic.

Health Inequalities Update

Recognising the well-publicised impact of Covid-19 on Health Inequalities, the Board received an update from Dr John Brewin, Chief Executive of Nottinghamshire Healthcare NHS Foundation Trust and the ICS’s lead for Health Inequalities. Health Inequalities are the unjust differences in health experienced by different groups of people. In Nottingham and Nottinghamshire today there is a significant gap in healthy life expectancy (the period of time you can be expected to experience good health) between the most and least affluent areas of the county and city.

Dr Brewin summarised the proposed Health Inequalities strategy for the system noting in particular that the wider determinants (those things not directly related to healthcare provision, such as income, education, the built environment, personal health choices) of health contribute 80% of the impact on health outcomes. The collaborative working across health and care, including Local Authorities and the voluntary sector embedded in the ICS are therefore critical for the success of any Health Inequalities strategy. The strategy addresses three challenges: those of the underlying health and wellbeing of our population; the provision of services, and; the relative efficiency and effectiveness of our health and care services.

The strategy’s approach focusses on three main areas:

- Assessing and adjusting the configuration of health and care services including learning from the Covid-19 experience to ensure that access points are not inadvertently making health outcomes worse

- Challenging the current position that contribute to lifestyle factors including alcohol abuse, smoking and diet and physical activity
- Considering the wider living and working conditions including the built environment, the impact of (un)employment and the role of appropriate housing provision.

The Board strongly welcomed the strategy and endorsed its adoption and was keen to understand how the Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs) will be plugged into its delivery.

System Working Update

Dr Andy Haynes, ICS Executive Lead, presented an update on how the ICS will build on the learnings from the Covid-19 response and embed the power of organisationally-agnostic working in the system's priorities. The report drew together the best of the pre-Covid-19 working arrangements and added in the improvements gleaned from the pandemic response – bringing a “best of both” approach. The Board welcomed the report and confirmed support for the Executive Sponsors of the ICS's Workstreams and the Terms of Reference for the System Executive Group.

Primary Care Networks

The Board received an update from Nicole Atkinson, Clinical Director for the ICS and local GP on the development of 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 consist of clinical, social care and local authority professionals working together to improve health outcomes at a local level. The PCN teams consist of GPs, pharmacists, social prescribing link workers, housing support officers, mental health practitioners and occupational therapists serving agreed neighbourhood populations. The Board heard in June 2019 that the PCNs had all been confirmed in terms of their geographies and Clinical Directors and so welcomed this update on their first year of operation.

All of the PCNs now have access to the work of a Clinical Pharmacist and a Social Prescribing Link Worker – working together with GPs to ensure that patients have the right medication at all times and helping patients to access non-clinical care for their mental and physical health. The Board also heard that the PCN Clinical Directors have benefited from a considerable programme of leadership development and coaching to support them in their roles.

Whilst the Covid-19 pandemic has undoubtedly delayed some of the anticipated development of the PCNs, the crisis has also galvanised the necessary collaborative working in local neighbourhoods. It is the intention therefore to build on those foundations born out of adversity and look forward to the introduction of further roles joining the PCN family in 2021, including Mental Health Practitioners and Emergency Care Paramedics.

Details of all of the PCNs including their member GP practices and Clinical Directors can be found at:
<https://healthandcarenotts.co.uk/care-in-my-area/>

The next ICS Board meeting is scheduled for 12th November.

David Pearson,
Independent Chair, Nottingham and Nottinghamshire ICS

Dr Andy Haynes,
Executive Lead, Nottingham and Nottinghamshire ICS