Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals

Board of Directors Meeting in Public - Cover Sheet

Subje	ct:	Actina Chief E	xecutive's report		Date:	4 th July 2024		
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	oved By:	David Selwyn, Acting Chief Executive						
	ented By:		Acting Chief Exe					
Purpo				000110				
An update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective.					Approval Assurance Update Consider	Y		
Strate	egic Obje	ctives						
	ovide	Empower and	Improve health	Continuously	Sustainable	Work		
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PR3				oon ohility				
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PR4			ust's financial stra			(*		
PR5			plement evidence					
PR6	-	more closely with local health and care partners does not fully deliver the						
	required							
PR7		ruptive incident						
PR8		deliver sustainable reductions in the Trust's impact on climate change						
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None								
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Trust continues to observe national NHS England pre-election period publicity guidance

The Trust has been continuing to observe national NHS England guidance throughout June and July, ahead of July's General Election.

The pre-election period, previously referred to as 'purdah', is the period of time immediately before elections or referendums. During this time, specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants, and local government officials.

The pre-election period is designed to avoid the actions of public bodies like Sherwood distracting from or having influence on election campaigns.

While we always work to remain politically impartial as a Trust, extra care has been taken over the past month to ensure that we have not undertaken any activity which could be considered politically controversial or influential, including avoiding any major announcements on Trust strategies, public consultations or other long-term initiatives which could influence or be seen to influence the election.

The NHS England pre-election guidance for NHS organisations to follow during the lead-up to July's General Election is available to read in full here: <u>https://www.england.nhs.uk/long-read/pre-election-guidance-for-nhsorganisations-general-election-2024/</u>

The Trust has been following that guidance throughout the pre-election period, with the guidance having also been shared with Trust staff to remind them of the Trust's responsibilities during this time.

Operational updates

NHS Oversight Framework 2023/24 Quarter Four Segmentation letter

We have received the NHS Oversight Framework 2023/24 Quarter Four Segmentation letter for the Trust. This is included at Appendix A for information, with the Trust remaining in Segment 2.

Integrated Care Board 'at a glance' report shared

The Nottingham and Nottinghamshire Integrated Care Board (ICB) has shared its monthly 'at a glance' to give a high level overview of performance and assurance across the Nottingham and Nottinghamshire health and social care system. Their report is included for information below.

The report highlights a number of areas of concern for the system, including around Urgent and Emergency Care (UEC) flow, quality concerns with mental health services provided by Nottinghamshire Healthcare and the Trust's financial position.

The Trust will continue to play its part in helping to manage and mitigate the impact of the risks highlighted, with Board oversight of these issues being maintained through the Trust's Operational Performance Report that is next due to be presented at Trust's August 2024 Board meeting.

Integrated Care System Nottingham & Nottinghamshire	At a glance Status report June	Further acti	nt, additional actions required, significant risks AMBI ions required to manage identified risks, work in REEN : on track, all required actions in place at the e or plans in place		
Managir	ng today	Making tomorrow better			
 Timely access to care Significant focus on UEC flow remains, but some encouraging improvements – GIRFT report for NUH built into ED waiting times and ambulance handover recovery plan SFH remains under pressure from increased activity Key focus on 4 hour waiting times in ED and UTCs – some improvement seen, trajectories in place and closely monitored Focus on cancer waiting times and 78 week waits – NUH no longer in NHSE escalation 	 Quality of care Widespread quality concerns in NHT mental health services, with CQC Section 48 review ordered by the Secretary of State – publication of the first part in March Improvement Oversight and Assurance Group in place - IOAG (NHT, ICB, NHSE), Integrated Improvement Plan under development, initial focus Section 48 Review Ockenden Review ongoing, closing to new cases in May 2025 	 Population health / analytics Population of health outcomes framework underway to enable tracking of priority areas Review of SAIU priorities underway to support plan delivery and evolving ICB operating model (incorporating provider oversight) 	 Inequalities Areas for targeted intervention identified in operational plan, approved by the ICB Board Health inequalities investment fund schemes identified, with slippage into 24/25 Approach for 24/25 HIIF schemes to be developed Inequalities plan part of 24/25 plans Approach showcased at NHS Confed Expo 		
 Primary Care Primary Care Strategy Delivery Group in place – priority areas continues to be developed Ongoing work to consider how flexibilities in use of resources could support general practice resilience GP access delivery plans continue to be delivered in line with NHSE timescales Pharmacy First implemented, 99% coverage Dental recovery plan developed 	 £ Detailed 2024/5 operational plan submitted to NHSE – work ongoing to strengthen efficiency plans and identify further areas of improvement / flexibility OI system review to be held in June Final plan submission to NHSE in June NHSE requirement for all NHS systems to be back in balance by 31/3/26 	 Transformation Transformation priorities being developed as part of operational planning – frailty will be a key system priority Reference Group commitment to transformation priorities for 2024/25 and governance approach aligned to financial sustainability Transformation delivery system approach under development and to be in place from July Description Description	 Workforce Recruitment / agency controls strengthened to mitigate unaffordable growth and reduce temporary staffing costs Increased granularity across the system in terms of agency controls and bank spend – trajectories being developed as part of operational plan triangulation Workforce plan and trajectories under development for 2024/25, being triangulated with activity and finance Workforce strategy under development 		
	Developir	ng the ICS			
 Place Based Partnerships PBP determined priorities confirmed and being implemented Community transformation programmes embedding 24/25 plans under development - will be linked to overall system plans 	 Integrated Care Partnership Ongoing delivery through HWB and operational plans Terms of Reference refreshed 	 Provider Collaborative Work plan under development, with prospectus Provider Leadership Board refining delivery plans and scope of back office and workforce initiatives (to complement other system working and identify lead areas) Development session with ICB Board in June 	Integrated Care Board • Developing performance and financial oversight and assurance approach across the system – work commenced to embed new ways of working and align with ongoing statutory ICB duties		

Overview of operational activity

Demand across our urgent and emergency care pathway has continued to be extremely high as we enter the summer in terms of A&E attendances (for both walk-ins and ambulance arrivals) and non-elective activity, which are trending over 10% beyond planned levels at month two.

The sustained high demand has meant that our urgent and emergency care pathway remains under pressure, with patients having to wait longer than we would wish for treatment and admission.

We have implemented escalation actions – including our Full Capacity Protocol – on several occasions to help improve the timeliness of patient care. The actions we have taken have enabled us to sustain four-hour emergency access performance at over 70% for three consecutive months across March, April and May - our strongest position since summer 2023.

We continue work hard to deliver against the 76% planning guidance ambition which remains challenging given the surging demand on our services.

We continue to benchmark among the best trusts in the country for ambulance handover times. For trusts with more than 20 ambulance arrivals in May 24, we performed the fifth-best for ambulance handover within 30 minutes. We were also one of two Trusts with zero handovers beyond 60 minutes – a position we are proud of, as it recognises the emphasis we place on releasing ambulance crews to respond to the needs of our local community.

In the second month of the financial year, we are seeing a continued reduction in the number of planned care patients on our waiting list, including those patients waiting over 52- and 65-weeks.

We continue to work to reduce the number of long-waiting patients in 2024 as we focus on recovery plans for our most challenged services.

While we have some challenging diagnostic modalities, at month two we remain on-track against our planning trajectory with further month-on-month improvement required throughout 2024. Within our Cancer services, we continue to meet the national 28-day faster diagnosis standard. We have further work to do in 2024/25 to improve the timeliness of the treatment phase of our cancer pathways.

A more comprehensive update on our operational performance will be presented at the August 2024 Trust Board, where we are due to reflect on our quarter one 2024/25 performance.

Industrial action updates

June and July has seen the Trust continue to be impacted by industrial action across its services, both from Medirest colleagues and from the industrial action called by the British Medical Association (BMA).

Medirest colleagues who are members of the GMB Union opted to take 'action short of strike' action (ASOS) by 'working to rule' between Monday 24th June 2024 and Sunday 7th July 2024. This involved those colleagues affected declining all overtime.

We recognise and value the vital role that our Medirest colleagues play across our hospitals and we acknowledge their right to take industrial action, while hoping for a speedy resolution to that national dispute. Operational planning has been continuing through the month to minimise the impact of that industrial action.

Separately, the British Medical Association also announced in May their intentions for their junior doctor members to participate in a further period of industrial action, with industrial action due to take place from 7am on Thursday 27th June 2024 until 7am on Tuesday 2nd July 2024.

Extensive planning has been continuing throughout the month to manage the impact of this industrial action, which will inevitably involve postponing a large number of non-urgent 'elective' procedures. By the time that this report was published, more than 420 appointments and procedures had been rescheduled or postponed before the start of the industrial action, in order to allow the Trust to prioritise maintaining safe

urgent and emergency care. That figure will inevitably rise as the full extent of the impact of this industrial action becomes clear.

Financially, the cost of the past year's industrial action now runs to over £8.5million here at Sherwood alone. That figure accounts for the spend to cover lost shifts, lost income opportunities and missed efficiency-saving opportunities. To date, the Trust has received £4.7million of national funding to mitigate the impact of this.

We continue to hope for a speedy resolution to this national dispute that continues to have a real impact here at Sherwood and across our NHS.

Sherwood among first 143 hospitals to roll-out 'Martha's Rule' in next step in major patient safety initiative

On 27th May 2024, NHS England announced that 143 hospital sites across the country were to be the first to test and roll-out Martha's Rule in its first year.

The announcement of the first sites to test implementation of Martha's Rule is the next step in a major patient safety initiative, following the announcement in February of NHS England funding for this financial year.

The scheme is named after Martha Mills, who died from sepsis aged 13 in 2021, having been treated at King's College Hospital, London, due to a failure to escalate her to intensive care and after her family's concerns about her deteriorating condition were not responded to.

The purpose of Martha's Rule is to provide a consistent and understandable way for patients and families to seek an urgent review if their or their loved one's condition deteriorates and they are concerned this is not being responded to.

NHS England is working with the parents of Martha to develop materials to advertise and explain the initiative in hospitals across the country, to ensure it is something that all patients, staff, and their families can recognise.

Sherwood Forest Hospitals has opted to be a part of the first group of Trusts to implement the scheme, with a Trust-wide working group having been established to shape how the scheme is introduced here at Sherwood.

Evaluation of how the system works in these sites over the course of this year will then inform proposals for Martha's Rule to be expanded further across all acute hospitals, subject to future government funding.

Martha's Rule is to be made up of three components to ensure concerns about deterioration can be swiftly responded to:

- Firstly, an escalation process will be available 24/7 at all the 143 sites across the country, advertised throughout the hospitals on posters and leaflets, enabling patients and families to contact a critical care outreach team that can swiftly assess a case and escalate care if necessary.
- Secondly, NHS staff will also have access to this same process if they have concerns about a patient's condition.
- Finally, alongside this, clinicians at participating hospitals will also formally record daily insights and information about a patient's health directly from their families, ensuring any concerning changes in behaviour or condition noticed by the people who know the patient best are considered by staff.

The Trust is working to introduce the scheme by autumn 2024. For more information about the national Martha's Rule scheme, please visit the NHS England website at www.england.nhs.uk/patient-safety/marthas-rule/

Other Trust updates

Showing our support for our Armed Forces community during Armed Forces Week



Colleagues at King's Mill prepare to raise the Armed Forces Day flag

We have been sharing news of an innovative scheme that supports members of the Armed Forces community into NHS careers and is proving to be a success here at Sherwood.

Thanks to the Step into Health programme, which supports military service leavers and veterans in their transition to civilian employment, two people have recently secured jobs at the Trust. A third was supported to gain employment at a nearby NHS organisation.

Shana McCullagh, a Recruitment Officer here at Sherwood, has been in a Step into Health-focused role since January 2024. She assists with one-to-one recruitment support - from submitting applications to preparing for interviews and supporting with recruitment checks, if successful.

Stacy Irving joined Sherwood Forest Hospitals in April as Specialty General Manager for Paediatrics and Community Paediatrics. This management role involves working with clinical teams to address dayto-day operational challenges, continually looking at ways to improve care for patients and planning services for the future.

Stacy served in the Royal Logistic Corps for 25 years and completed operational tours and exercises worldwide, including in Kenya, Iraq, Bosnia, Northern Ireland, Germany and Cyprus.

We recognise the transferable skills and cultural values that Armed

Forces personnel develop when serving and appreciate the benefit these can bring to roles within the NHS. The NHS is home to more than 350 careers so there really is something for everyone – from catering, maintenance, administration, finance, communications, management, or a role in one of the clinical services, to name but a few, this programme will benefit you.



Stacy Irving has been supported into work with the Trust after serving in our Armed Forces

This latest initiative furthers our Trust's commitment to supporting our Armed Forces, which follows the Trust signing the Armed Forces pledge. The Trust also has Silver employment status in addition to Gold accreditation from the Veterans Covenant Healthcare Alliance (VCHA) in recognition of the support we provide.

The Trust celebrated the contribution made by the entire Armed Forces community in the run-up to Armed Forces Day on Saturday 29 June. The Armed Forces flag has been flying at all three hospital sites and the towers at King's Mill Hospital has been lit red, white and blue after sunset from 24th to 29th June 2024.

An Armed Forces Staff Network is being set up for employees so they can consider the support that's available and how the Trust celebrates occasions such as Remembrance Day.

Step into Health is open to all service leavers and veterans and their spouse or partner. The Trust guarantees interviews for applicants from the Armed Forces community who meet the essential criteria for a post. Placements are also available.

Anyone who would like more information about the scheme can visit <u>militarystepintohealth.nhs.uk</u> or contact Shana McCullagh, Recruitment Officer at Sherwood Forest Hospitals, by emailing <u>shana.mccullagh@nhs.net</u>



Colleagues at Newark Hospital raise the Armed Forces Day flag

Trust hosts successful Community Diagnostic Centre event and celebrates delivering over 20,000 tests



The Trust held its third Community Diagnostic Centre (CDC) engagement event was held on Thursday 6th June 2024, attracting more than 50 residents, patients, and NHS workers who were eager to learn more about the ongoing developments and job opportunities at the site.

The recent engagement event celebrated the project delivering over 20,000 tests to date, ahead of the opening of its purpose-built facility in March 2025.

Once built, the Mansfield CDC will serve as a one-stop shop for patients across Nottinghamshire, offering a wide range of tests in a single visit, reducing referral times and helping patients receive diagnoses more swiftly, as well as creating jobs for local people.

During the event, the team shared insights into the wide range of almost 200 job opportunities coming to the CDC next year. Visitors were also given a visual representation of the new building, creating excitement for the future of the project, based on revised plans that have been submitted to Mansfield District Council for approval.

Work is really stepping-up on-site now in a way that people can really see. This is a significant step toward the seeing the new state-of-the-art facility, with the demolition and building works not only focused on creating a new healthcare facility but also on implementing several green initiatives that will make the Centre a thoroughly modern facility. That is good news for our patients, as well as the environment.

The project features improved insulation, advanced Air Source Heat Pumps, efficient ventilation systems, and low-energy LED lighting, all designed to enhance energy efficiency and reduce carbon emissions by over 20%. Additionally, the demolition waste management strategy targets a 90% recycling rate, with reclaimed materials being repurposed for the new construction. This includes crushing and reusing the brick and block fabric from the old building to form levels for the rebuild, significantly reducing the need for imported materials.

In addition to the construction updates, the Trust showcased its efforts to conserve the heritage of the former Victoria Hospital, inaugurated in 1948, by inviting the public to share their personal histories or pictures about the site to celebrate and preserve the rich history of the site as it transitions into becoming a modern healthcare facility.

For more information about the CDC, its services and opportunities to work at the site, please visit the CDC website at www.sfh-tr.nhs.uk/cdc

New Teledermatology service provides patients with faster diagnosis when skin cancer is suspected

A new service that provides patients who have suspected skin cancer with faster diagnosis and treatment has started here at Sherwood.

Already established at King's Mill Hospital with patients benefitting from the shorter waiting times, the service was also extended to Newark Hospital on Monday 10th June 2024.

Teledermatology involves an initial appointment where a series of high-resolution digital photographs are taken by a clinical photographer. These photographs are then studied by a consultant dermatologist who can assess them remotely and decide whether a patient needs to come into hospital for further investigation and treatment or if they can be given assurance that cancer can be ruled out quicker.

For the patient, this eliminates the sometimes longer wait for a first face-to-face appointment with the dermatologist. Their first appointment for the photographs is far quicker and the remote triage enables dermatologists to review twice as many patients than face-to-face appointments.

The teledermatology service allows us to triage patients referred by their GP with urgent suspected skin cancer much quicker. Reviewing the high-resolution photographs also allows us to reassure patients more quickly when they do not have cancer. Patients with a diagnosis of cancer are also seen quicker and can start getting their treatment sooner.

This new way of working also means we are able to review more patients, sooner which means a faster outcome for the patient.

Patients for whom it is more convenient will now be able to have their photographs and any follow-up procedures done in Newark Hospital, as part of the wide range of outpatient appointments, operations and procedures already available at Newark Hospital.

Trust risk ratings reviewed

The Board Assurance Framework (BAF) Principal Risk 7 – 'A major disruptive incident' – for which the Risk Committee is the lead committee has been scrutinised by the Trust's Risk Committee.

The Committee agreed to increase the current risk score from 12 ('High') to 16 ('Significant') to reflect the current cyber threats to third party suppliers, as experienced over the past month in other areas of the country's NHS.

This increase will be proposed when the full and updated Board Assurance Framework (BAF) is next presented at the Public Meeting of the Trust's Board of Directors in August 2024.