

### Board of Directors Cover Sheet

<b>Subject:</b>	Chief Executive's Report	<b>Date:</b> 26 April 2018		
<b>Prepared By:</b>	Kerry Beadling-Barron, 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>Decision</b>		
		<b>Approval</b>		
		<b>Assurance</b>	X	
<b>Strategic Objectives</b>				
<b>To provide outstanding care to our patients</b>	<b>To support each other to do a great job</b>	<b>To inspire excellence</b>	<b>To get the most from our resources</b>	<b>To play a leading role in transforming health and care services</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 Chief Executive's perspective:</p> <ul style="list-style-type: none"> <li>• Overall update</li> <li>• Wider SFH news</li> <li>• Wider NHS update</li> <li>• Next month at SFH</li> </ul>				

## Chief Executive Report – April 2018

### Overall update

Please find the latest harm information below:

	Monthly figure	Full year 2017-18
C Diff	6	39
MRSA	0	2
Ecoli	2	50
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	1
Falls which cause moderate or severe harm	2	15
Never events	0	2

In 2017-18, there were 31 serious incidents.

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

In March 2018, executive colleagues and I visited the following areas, amongst others, to listen to and thank staff; Bereavement Centre, Birthing Unit, Cardiac Lab, Chatsworth, Chronic Lymphocytic Leukaemia MDT, Community Hub, Daycase KMH, EAU, ED, ED Epilepsy Pathway, Fernwood Ward, GSU, Gynaecology MDT, Histopathology, Housekeeping, ITU, KTC, Legal, Lindhurst Ward, Main Theatres, MAST Medical Students, Maternity Unit, Minster Ward, Mortuary, Myeloid MDT, Neo-natal, Newark Medical Records, Newark Medical Secretaries Dept., Newark OPD, Newark Pathology, Oakham Ward, Outpatients, Pharmacy, Pathology, Pharmacy, Porters, Radiology, Sconce Ward, Sherwood Women's Centre, Transfusion, Urgent Care Centre, Upper GI MDT, Ward 14, Ward 21, Ward 22, Ward 23, Ward 24, Ward 25, Ward 31, Ward 34, Ward 35, Ward 36, Ward 41, Ward 42, Ward 44, Ward 51, X-Ray.

Whilst recognising we still face some winter pressures, I have RAG rated our overall performance this winter as below:

Delivery of our agreed quality improvement actions	
Delivery of safe and timely emergency care	
Delivery of safe and timely cancer care (inc 62 day standard)	
Delivery of our year-end financial position	
Continued reduction of agency staffing spend	

While I feel we have delivered on providing safe care for our cancer and emergency patients over winter, timeliness of emergency care has been variable. A lot of work is going into improving this and Simon Barton's (Chief Operating Officer) report provides the detail around this.

In terms of the key risks the top three for the Trust remain:

Risk summary	Rating	Treatment strategy
<p><b>BAF Principal Risk AF4 - Financial Sustainability</b> Potential for widespread loss of stakeholder confidence and regulatory intervention if the Trust is unable to achieve and maintain financial sustainability, due to the scale of the deficit and the ability to reduce it.</p>	20	<p>CIP planning to consider additional opportunities to address risk of £18.6m, in addition to £17.3 CIP required to achieve control total in 2018/19. Non recurrent CIP to be considered for delivery. Close working with STP partners and Alliance framework to identify system-wide cost reductions. Budget management support and training to divisions. Addressing the cost of reliance upon temporary staff at premium rates. Submission of in year applications for cash support.</p>
<p><b>BAF Principal Risk AF2 - Managing emergency demand</b> Potential for on-going failure to achieve the constitutional standard maximum waiting time of 4 hours from arrival in A&amp;E to admission, transfer or discharge at least 95% of the time, due to staffing and patient flow issues, increasing the risk of patient harm and poor experience as well as exposing the Trust to increased risk of regulatory intervention and adverse publicity.</p>	16	<p>Implementation and embedding of admission avoidance schemes. Patient flow programme. Ongoing recruitment to substantive consultant and middle grade posts in the ED. Engagement with Better Together Alliance to reduce admissions and facilitate patient discharge.</p>
<p><b>BAF Principal Risk AF7 - Staffing levels</b> Potential for prolonged, widespread disruption to the continuity of services due to issues with recruiting and retaining sufficient numbers of staff with the required expertise.</p>	16	<p>Workforce strategy: dynamic workforce plan and delivery of the 'Maximising our potential approach' to attract, engage, develop, nurture and enable good performance and retain staff at all levels.</p>

## Wider SFH news

### Strategy Update

We launched two strategies in April. Our Nursing and Midwifery strategy, which has been through Board was launched on Thursday, 12 April and our Two Year Strategy was updated and relaunched on Monday, 9 April. In the coming two years we will focus on three key areas in our main strategy:

- Working with partners to promote health and wellbeing and supporting people in their homes for as long as possible.
- Providing safe, personalised care through our three hospital sites, in particular on the emergency pathway.

- Working with partners to discharge patients in a safe, timely way.

All of this will be underpinned by high levels of staff engagement. We want to provide safe, personalised care to local people, with every patient treated as if they are a member of our family and delivering this supports our commitment to outstanding care.

### **Care Quality Commission inspection**

Since the last Board meeting the CQC inspection team has held three drop in sessions across our three sites and initial feedback was they received a lot of interest from patients, the public, staff and volunteers. Thank you to everyone who took the time to go and see them.

The CQC returned for an announced inspection on April 16-19 and they met staff at Newark, Mansfield, King's Mill and Ashfield Health Village. NHS Improvement will conduct the Use of Resources part of the inspection on May 9 and then the CQC will return to inspect how well led the Trust is on May 15-17. We also believe that between now and 15 May the CQC may do some unannounced inspections of some areas.

Once the CQC team has all this information it will then start drafting our inspection report which will contain a rating for the Trust overall but also for each site and each service. I will keep Board updated once we have received the timelines for this, and subsequently when we can announce our rating.

I will provide a verbal update at Board on how the announced inspection went.

### **Wider NHS update**

Key updates since last Board are:

- Majority of voters back tax rise in aid of the NHS: Data from the 2017 British Social Attitudes survey has shown that most voters now back tax rises to fund the NHS. The new figures show that 61% of adults said that they would be willing to pay more to fund the NHS, up from 49% in 2016 and 41% in 2014, when the question was first asked.
- The Society for Acute Medicine has said the NHS should scrap all non-emergency surgery for two months over winter to prevent another crisis. Dr Nick Scriven, president of the Society for Acute Medicine, said a routine ban on elective surgery at NHS trusts during the busiest months may be one way to ease pressure though the ban should not apply to urgent cases and cancer care.

### **Next month at SFH**

We have the continuation of our CQC inspection focusing on our use of resources and well led element in May and may receive unannounced inspections.

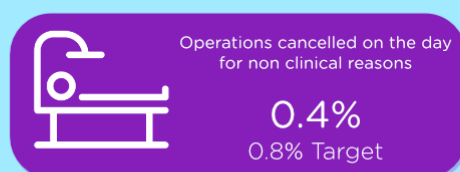
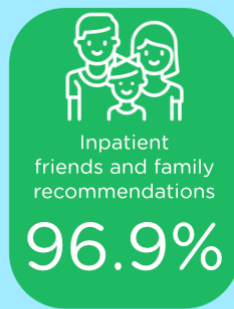
## Appendix A: Performance Infographic

# Workforce



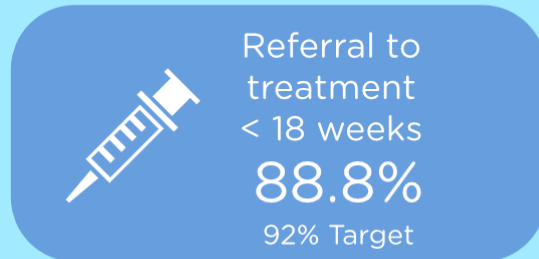
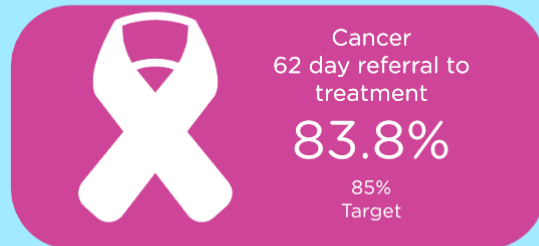
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# Quality



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# Access



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# Finance



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