

Board of Directors Cover Sheet

Subject:	Chief Executive's Report		Date: 29 March 2018	
Prepared By:	Kerry Beadling-Barron, 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.			Decision	
			Approval	
			Assurance	X
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
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 • Wider SFH news • Wider NHS update • Next month at SFH 				

Chief Executive Report – March 2017

Overall update

Please find the latest harm information below:

	Monthly figure	Year to date
C Diff	3	33
MRSA	0	2
Ecoli	6	48
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	1
Falls which cause moderate or severe harm	1	13
Never events	0	2

For the financial year to date, there have been 28 serious incidents.

Further information about the above is included in the Medical Director and Chief Nurse's report and Appendix A details how we are performing against our high level metrics for workforce, quality, access and finance.

It is clear February and March have been two months of continued operational pressures. I believe we have been able to provide safe and personalised care to all of our patients. Whilst no patients have waited 12 hours or more for admission in the emergency department, some patients have waited longer than we would have wanted for emergency care and my colleagues and I are sorry for this. We have continued to be able to protect our cancer pathway and fully restarted our elective programme since the last Board.




I remain very humbled and impressed by the dedication of colleagues in Sherwood and partner organisations and in February, executive colleagues and I visited the following areas, amongst others, to listen to and thank staff; Ward 14, Ward 21, Ward 24, Ward 25, Ward 31, Ward 32, Ward 35, Ward 36, Ward 42, Ward 44, Ward 51, Ward 52, ED & EAU, Theatres, Day Case, Chatsworth, Oakham, Lyndhurst, Laurel House, Byron Court, UCC, OPD, Fernwood, Minster, UCC, Sconce, Clinic 7 (Gastro & Research), CAU, Community Hubs, Sherwood Women's Centre, Eastwood Centre, Cardiology Clinic, Minster Ward, Volunteers Office, Pathology, Mortuary, Bereavement Centre, Lung MDT, Colorectal MDT, Urology MDT and Breast MDT.

I have RAG rated our progress against our five winter priorities as:





Delivery of our agreed quality improvement actions	
Delivery of the four hour emergency care standard	
Delivery of the 62 day cancer standard	
Delivery of our year-end financial position	
Continued reduction of agency staffing spend	

These ratings have not changed from the previous month although our backlog of patients on the 62 day cancer pathway is now at its lowest for 12 months. Whilst we are not delivering on the emergency care four hour standard, March will be the third successive month of overall improvement. More information is included in the Chief Operating Officer's report.

In terms of the key risks I mention as discussed in the risk committee, there are still three corporate risks rated significant (which are the same three as last month):

Risk summary	Rating	Treatment strategy
Finance – annual control total 2017/18 & 2018/19	20. Significant L=4 C=5 	Monthly forecasting in place from Month 3 to enable identification of risk and issues, and mitigations at divisional level as appropriate. Divisions presenting to Finance Committee on a rolling basis on the financial position & developing recovery plans (where required) to support delivery to control totals. Close working with STP partners and the Alliance framework to identify system-wide cost reductions that will enable achievement of the CIP.
Finance - CCG contractual notice	16. Significant L=4 C=4 	CCG/Trust Exec Teams discussions on-going to ensure that the CCG is clear on any risks associated with the notices, that any financial implications are met by the Mid Notts Health Economy, and to gain assurance that the quality and performance risks are fully understood and managed.
Provision of sterile medical equipment (Surgery Division)	16. Significant L=4 C=4 	Progress a business case for investment in essential surgical instruments. Enhancements to existing sterile services systems and processes to improve efficiency. Addressing process and stock availability issues that affect dynamic mattress management. Funding options under consideration through the Medical Device & Equipment Group.

There are also four operational risks with a significant rating:

Risk summary	Rating	Treatment strategy
Surgery Division – annual control total	16. Significant L=4 C=4 	Divisional CIP target of £0.450m will be achieved. Deep dive being conducted into key adverse areas. 1-1 meetings with key specialty stakeholders to robustly forecast potential year end position. Re-configure surgical bed base to support recruitment and retention within nursing. Review need for agency nursing on a day to day basis and close beds as flow allows. Review current operational pathway from ED to SAU. Review T&O waiting list, additional cover and non-elective pathways. Monitor CCU income position.
Sterile Services (Surgery Division) – business continuity	16. Significant L=4 C=4 	Options appraisal to be prepared for future provision / location of sterile services. To put in place a reliable contingency plan to outsource essential aspects of sterile services in the event of temporary service disruption. Current business continuity plans would provide up to 1 weeks service at high cost.
Emergency Medicine (Emergency & Urgent Care Division) – annual control total	15. Significant L=5 C=3 	Rolling recruitment programme to fill gaps in medical rotas & reduce expenditure.
Staffing Levels – Emergency Medicine, Geriatrics and Acute Medicine	15. Significant L=5 C=3 	Development of a robust workforce plan for consultants from the current workforce strategy.

Wider SFH news

Staff survey results reveals we have one of the most engaged workforces in the country

For the second year running we had a very good set of results in the National Staff Survey 2017 and we have received national recognition from NHS Improvement and the Health Service Journal amongst others.

We know highly engaged and well supported staff deliver safe care which is one of the reasons why these results are so pleasing <https://www.kingsfund.org.uk/blog/2018/03/staff-engagement-comes-first> . In 2016, Sherwood saw a big increase in staff engagement and in 2017 we have bettered these results with most indicators of engagement improving. One of the many indicators

we did well was on the share of staff who would recommend their organisation for work or care. In the Midlands and the East, the five Acute (hospital) Trusts that scored the best were:

	2016	2017	CQC
West Suffolk FT	4.10	4.12	Outstanding
Derby Hospitals FT	4.02	4.02	Good
University Hospitals Birmingham FT	3.97	3.98	Good
Sherwood Forest Hospitals FT	3.86	3.92	Requires Improvement
Cambridge University Hospitals FT	3.92	3.92	Good

It is great we are in the top five within the region and it is also positive our results improved the most, within the five, between 2016 and 2017 and we had the equal fourth best improvement across the NHS for this measure. Julie Bacon, Director of HR and OD will update more about this in a separate board paper but I am particularly pleased we have identified areas to improve and Julie has hosted listening exercises with staff since we received the report. I am confident that with this focus we should see an improvement in these areas by next year's results. I will be interested to see the results of our quarterly pulse survey in early April.

Care Quality Commission inspection

As discussed previously at Board, we submitted our Provider Information Request (PIR) in January and the next stage of our inspection is the drop in sessions for patients, the public, volunteers and staff. I would like as many people as possible to attend the drop in sessions so they can share their views. The details are below and you will see that the CQC are spending an equal amount of time at each of our three sites:

- April 3, King's Mill Hospital reception (in the street by the King's Treatment Centre), 10am-3pm
- April 4, Newark Hospital reception, 10am-3pm
- April 5, Mansfield Community Hospital reception (in Seminar room 2 to the right of reception), 10am-3pm

Wider NHS update

Key updates since last Board are:

- A National Audit Office (NAO) report revealed rising numbers of emergency hospital admissions are posing "serious challenges" to NHS services. Emergency admissions cost the service £13.7bn in 2015-16 and there has been a 2% increase in the number of these cases in 2016-17. In addition, the NAO highlighted fears that around a quarter of the 5.8 million A&E admissions in 2016-17 were considered avoidable by NHS England.
- At one point in March more than 5,000 patients across the country were in hospital with flu and norovirus – the equivalent of one in 20 NHS beds. NHS England chief executive Simon Stevens warned MPs it was the equivalent of having 10 acute hospitals solely dealing with the winter diseases. Speaking at the Commons Public Accounts Committee, Mr Stevens said: "The bad news is that we've had the worst flu season in seven years. We've had a hospitalisation

rate three times higher than last year for flu, so as a result even today we have got around 5,000 hospital beds occupied by people with flu or with norovirus. 5,000 hospital beds is the equivalent of having 10 acute hospitals solely looking after those patients, which would not normally be the case."

- The number of people admitted to hospital with alcohol-related problems has risen in 10 years to more than 300,000 last year. Figures released by Public Health England also show cases of liver cirrhosis have more than doubled to 9,680 last year. 3,760 under-16s were also admitted over alcohol-related health problems last year, as well as 22,780 people aged 16 to 24.

Conclusion

From listening to staff and patients, speaking to executive colleagues and reading the information available, my overall assessment since our last Board in February is that we continue to provide safe, personalised care to our patients and this is due to the hard work of our staff and volunteers.

Some patients have waited longer than we wanted on the emergency care pathway but we have seen improvements recently and I believe this will continue. Timely emergency care remains a top personal priority and a priority for SFH and partner organisations. Winter has been tough for the wider NHS, including Sherwood, and I am optimistic that in the next couple of months we will be able to rebalance our demand and capacity. Our staff engagement results are very positive and bode well for the care we can deliver in 2018.

Next month at SFH

We are focussed on providing safe, personalised and timely care to all our patients over Easter and the weeks following that. We also have our CQC inspection in April and May and whilst we will treat this like normal weeks at Sherwood, we are also keen to provide the best possible account of the care we provide to patients and the way that we work together as one team.

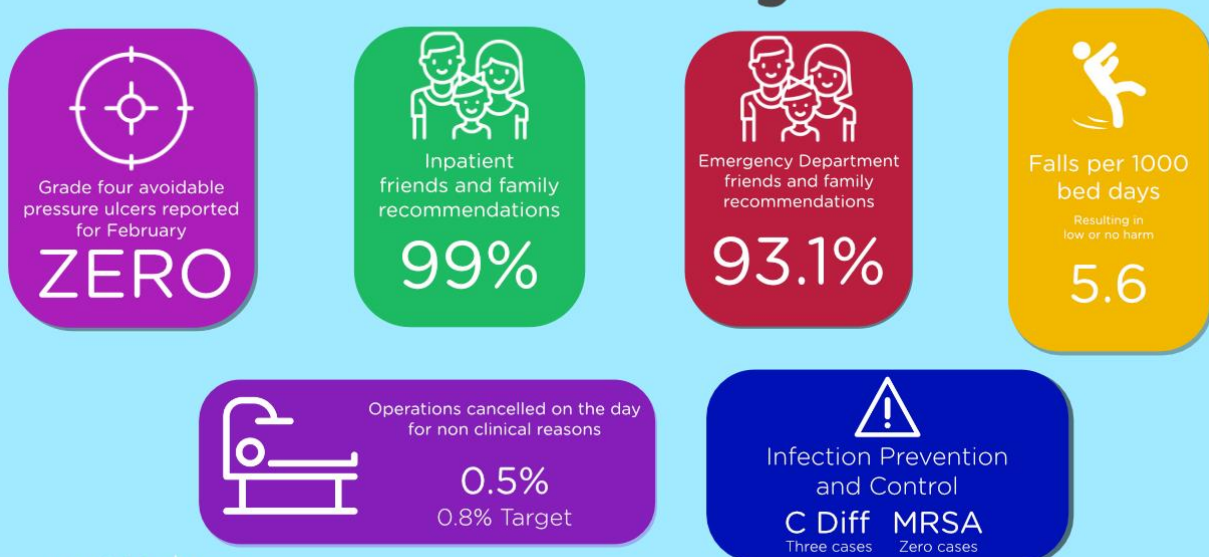
Appendix A: Performance Infographic

Workforce



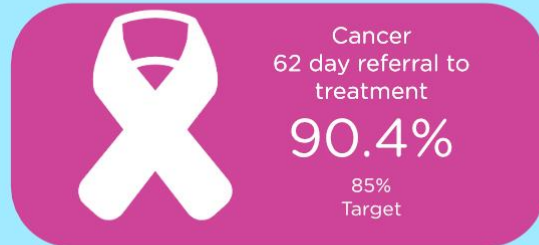
Dedicated to *Outstanding* care

Quality



Dedicated to *Outstanding* care

Access



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Finance



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