

Board of Directors Cover Sheet

Subject:	Chief Executive's Report		Date: 22 February 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 – February 2017

Overall update

Please find the latest harm information below:

	Monthly figure	Year to date
C Diff	2	30
MRSA	0	2
Ecoli	4	42
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	1
Falls which cause moderate or severe	2	12
Never events	0	2

For the financial year to date, there have been 24 serious incidents.

Appendix A details how we are performing against our high level metrics for workforce, quality, access and finance. I would like to take this opportunity to thank our staff at Mansfield Community Hospital, Newark Hospital and King's Mill Hospital who have worked exceptionally hard this winter. I believe we all want to provide safe, personalised care for local people, with the care delivered as if the patient in front of us, is a member of our own family. I think we have mainly been able to do that this winter and that is testament to our staff and volunteers who have worked tirelessly with primary care, Nottinghamshire Healthcare NHS Foundation Trust, Social Care, East Midlands Ambulance Service, Nottingham University Hospitals NHS Trust and our commissioners.

I am very sorry to the elective patients who had their surgery postponed in January and February but we had to do this to ensure we were focussing on our emergency and cancer patients, who are our most vulnerable patients. By the time of Board of Directors in February, we should be running our elective inpatient programme again.

I am pleased to confirm that we again delivered on our 62 day target for a second month running in January, with circa 88% of patients receiving care within the 62 days. This is good news for our patients and we recognise the importance of delivering the standard sustainably in the future including March 2018.

There has been no change in RAG rating against our winter priorities:

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	

As discussed at last Public Board, we have our CQC visit in the next couple of months. We have a great opportunity to talk directly with the CQC about our services and thoughts about Sherwood and I want as many staff and volunteers as possible to meet the CQC. Suzanne Banks, Paul Moore and Elaine Jeffers have all recently been involved in CQC inspections in other trusts and they are really clear that when staff invite the CQC to visit their services, it makes such a positive impact. I am keen that all staff talk with pride and passion about their services and their team's achievements and if there are challenges in delivering their service, I would like staff to talk to the CQC honestly about that too and I hope we can explain as well about the changes we are making to further improve patient care.

The CQC have confirmed they will be holding drop in sessions for all staff between 10am and 3pm on the following days:

- King's Mill Hospital Tuesday 3 April in the Boardroom on Level 1 (near Trust HQ)
- Newark Hospital, Wednesday 4 April in the Boardroom
- Mansfield Community Hospital Thursday 5 April in Seminar Room 3

The unannounced visits will then take place within a couple of weeks of these meetings. As I have said many times before, I believe we provide good patient care with pockets of outstanding care. We have shared a lot of information already with the CQC and I have met them and I hope their views will match ours. Knowing the CQC are coming does not change how we work. I am clear that the next couple of months are just the next stage on our journey to becoming consistently outstanding.

I would also like to take the opportunity to update the Board on four specific areas I have just updated staff on:

1. One of the things that struck me when I first visited Sherwood was not only how passionate and friendly our staff and volunteers are but how lucky we are with our buildings. With a couple of exceptions, I think we have some of the best hospital buildings in the East Midlands. If we cannot provide high quality of care here, I don't know who can. What is clear though is too many patients from Newark and Mansfield go elsewhere for their care.




One of our key intentions is to work with our commissioners and other hospitals to increase the volume of patients who appropriately choose Sherwood for their planned care. We of course want to increase the volume of patients who can safely receive their care outside of a hospital but we are also working on ways to increase the volume of appropriate referrals to Sherwood in 2018. We have an important role to manage the money we spend effectively but our long term success is also dependent on increasing the volume of inpatient and day case patients who choose to have their care in our hospitals. This does not cost the health system more money, and will be better for patients, our staff and Sherwood.

2. I know there are rumours that conversations are taking place about imminent ward closures but this is not true. We have been clear at our public Trust Board that the volume of beds open depends on three things: i) the number of patients admitted into SFH, ii) a safe length of stay and ii) bed occupancy. At time of writing, despite everyone's best efforts, our hospitals are full and we have temporarily reduced the volume of patients receiving elective care.





We do need to make sure we are only caring for patients who should be in a hospital but the wards at Mansfield Community Hospital, Newark Hospital and Sherwood Hospital have an important future for us. I would not want staff to leave Sherwood because they think their ward is about to shut.

3. Whilst our buildings are, in general, very good, our theatres, intensive care unit and sterile services at King’s Mill are some of the poorest buildings we have. We are working with regional NHS partners to improve these buildings to support the increase in patients that will be coming to Sherwood. We want to bring all of our buildings up to the same high quality.
4. We have also begun work with primary care to explore ways in which our clinicians can work more closely with GPs to care for patients outside of hospital and we are working with Nottinghamshire Healthcare NHS Foundation Trust and Social Care on ways to work more closely on discharging patients home

As I mentioned last month, I am now including a regular summary of the key risks discussed in the risk committee in this report. There are 3 corporate risks that are currently rated “Significant”:

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 4 operational risks currently rated as “Significant”.

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.
Geriatrics (Medicine Division) – medical staffing	15. Significant L=5 C=3 	Development of a robust workforce plan for consultants from the current workforce strategy.

Wider SFH news

This month our **maternity services** were recognised in the Health Service Journal as one of 13 Trusts nationwide outperforming their peers in at least two core stages of maternity care. This is based on the CQC data from 18,400 women nationwide, and puts us as one of the best performing Trusts in the country. It is the fully deserved result of a huge amount of hard work over the last two years.

Study shows King's Mill Hospital is one of best in the country for emergency bowel surgery.

SFH is one of the best performing Trusts in the country when it comes to carrying out emergency bowel surgery, according to figures from the Royal College of Anaesthetists. A study of emergency bowel surgery looked at 187 NHS hospitals and almost 25,000 patients across England and Wales and found that the service run by the Trust from King's Mill Hospital is performing highly and exceeding recommended targets across a range of measures, putting them as one of the best-performing Trusts in the country.

Staff Flu campaign

As we draw towards the end of the flu season, we now have **3,084 (78.1%)** of our front line staff vaccinated. This is the highest amount of front line staff vaccinated since the annual HCW flu vaccination programme started and thank you to everyone who has had their vaccine and supported the vaccination programme.

- Doctors – 406 **(63.9%)**
- Qualified Nurses – 867 **(62.4%)**
- Other professional Qualified Clinical staff – 513 **(91.1%)**
- Support to clinical staff – 1,298 **(95.3%)**

Additionally **532 (41.4%)** of none front line staff have been vaccinated and the total number of SFT staff vaccinated so far is **3616 (69.1%)**.

Wider NHS update

Key updates since last Board are:

National NHS protests

Thousands of protesters marched in central London on Saturday 3 February to call for NHS funding and resource gaps to be filled. The rally was organised jointly between the two pressure groups, the People's Assembly and Health Campaigns Together. Further protests are expected around the country on Saturday 3 March.

NHS compensation payouts 'unsustainable', say health leaders

Payouts given to NHS patients who have been victims of negligence should be reduced because they are "unsustainable", health service leaders have told the justice secretary. A number of health leaders, including Niall Dickson, chief executive of the NHS Confederation, warned that the rising cost of clinical negligence claims was diverting significant amounts of funding away from frontline patient care and having a significant impact on the health service.

NHS England pharmacy campaign launched

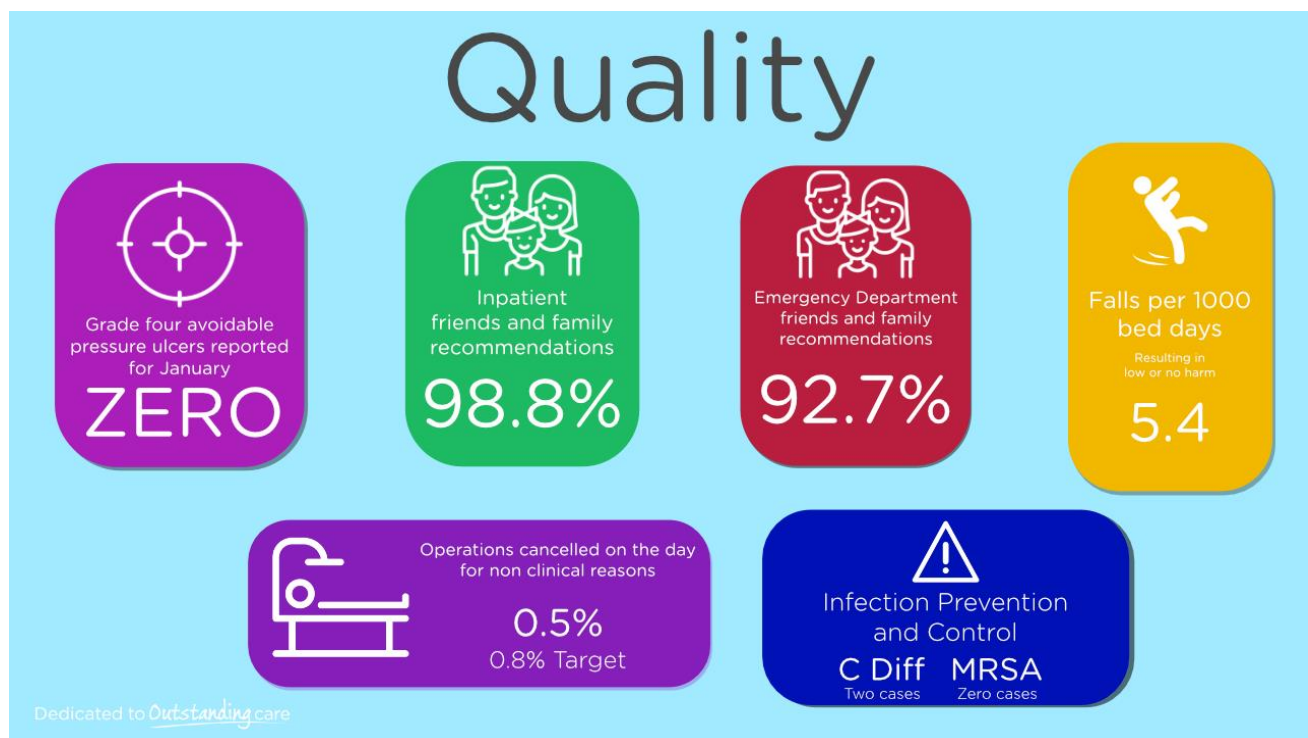
Parents of young children with minor illnesses should take them to pharmacies rather than GPs or A&E, a new NHS England campaign says. It follows a survey which found just 6% of parents with under-fives would go to a pharmacist first. NHS England said visits to GPs and A&E for these "self-treatable" conditions, like stomach ache, cost £850m a year.

Next month at SFH

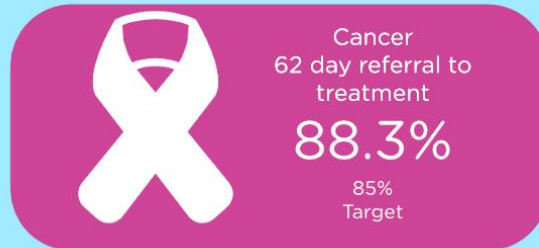
Key areas for focus in the next month are:

- Delivering safe care.
- Preparing for the CQC visit.
- Improving our emergency care performance whilst restarting our elective programme.
- Continuing the improvement in cancer care.
- Delivering our financial control total in 2017-18 and agreeing a deliverable contract in 2018-19.

Appendix A: Performance Infographic

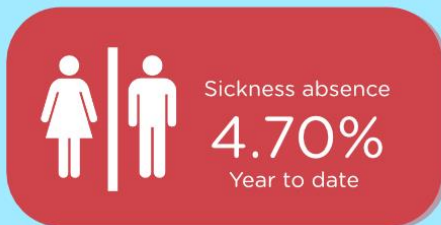


Access



Dedicated to Outstanding care

Workforce



Dedicated to Outstanding care

Finance



Dedicated to Outstanding care