

### Board of Directors Cover Sheet

<b>Subject:</b>	Chief Executive's Report	<b>Date:</b> 25 January 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 – December 2017

### Overall update

Please find the latest harm information below:

	Monthly figure	Year to date
C Diff	1	28
MRSA	0	2
Ecoli	3	38
Grade 4 avoidable Healthcare Associated Pressure Ulcers per 1000 occupied bed days	0.0	0.01
Falls which cause moderate or severe harm per 1000 occupied bed days	0.2	0.1
Never events	1	2

For the financial year to date, there have been 21 serious incidents.

In Appendix A at the end of this report you will find high level summary information on how we are performing against the workforce, quality, access and finance metrics. Irrespective of what the numbers indicate, it is clear that all parts of the NHS have been very busy this winter and Sherwood Forest Hospitals is certainly no exception. Our staff are working exceptionally hard to do their best to provide high quality, timely care to all patients and I am very grateful for this.

I believe timely care is an important indicator of overall quality of care. In 2017 an average of 93.7% of patients were treated within four hours and this is one of the best performances across the NHS. More recently some patients have had to wait longer than four hours and I would like to apologise to them. We aim to do better in 2018. In January, we have had to concentrate even more on our emergency patients and we took the difficult decision to postpone surgery for some patients who were receiving planned or routine surgery. I am sorry to the patients affected, this was not a decision we took lightly, but it was in line with national policy announced in January. By doing this, we have had additional beds available for patients receiving emergency care, and we have been able to protect our cancer patients and pathways. All patients who were postponed will have their treatment at the earliest opportunity and they received a personal letter of apology from me. I have also written personal letters to patients who have experienced long delays in ED.

Despite the operational pressures, I am pleased that in December we met the cancer standard with at least 86% of our patients receiving care within 62 days. This is great progress. Whilst we would want every patient treated within 62 days, this is unlikely to happen because of the complexity of cancer care and patient choice.

Staff at Sherwood Forest Hospitals and our partner organisations continue to work very hard to provide good patient care during what is a very challenging time for the NHS and I would like to take this opportunity to thank all of our staff. We continue to see great examples of team work.



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. Whilst we delivered the 62 day standard in December, I want this to continue before we change the RAG rating.

I was contacted by the **CQC** on 10 January and asked for our Routine Provider Information Request which we will submit by the end of January. This is a detailed set of information about our services and we are well placed to respond positively to this because we have been preparing our draft RPIR since mid-summer 2017. This request can be taken as notification of an imminent CQC inspection and we are working on the assumption we will receive our unannounced visit from late March. We have a good opportunity to give a positive account of the improvements at SFH over the last couple of years and to also explain the actions we are taking to resolve some longer term issues. As previously mentioned, we are treating the week of the visit like any other week at SFH and view this visit as a step on our journey, not the final destination point. Further information will follow but I urge all staff to embrace the visit and to take real pride in the services you provide.


I chair the risk committee and each month I will now include in this paper a summary of the key risks discussed in the committee. There are **5** corporate risks that are currently rated “Significant”:

Risk summary	Rating	Treatment strategy
<b>Finance – annual control total 2017/18 &amp; 2018/19</b>	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.
<b>Sterile Services (Surgery Division) – business continuity</b>	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.

Risk summary	Rating	Treatment strategy
<b>Sterile Services (Surgery Division) – provision of sterile equipment</b>	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.
<b>Finance – CCG contractual notice</b>	16. Significant  L=4 C=4 	Business impact assessments to be completed by divisions. 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.
<b>Out of hours hospital model (Emergency &amp; Urgent Care Division)</b>	15. Significant  L=5 C=3 	Enhance resilience within the Trust to enable suitably skilled resource to provide cover for the Duty Nurse Manager role when needed. Temporary measure - existing DNMs asked to cover additional hours to cover gaps in the rota. Night Team Leader role expected to be fully established and complete preceptorship by the end of September 2017.

There are also 3 operational risks currently rated “Significant”:

Risk summary	Rating	Treatment strategy
<b>Surgery Division – annual control total</b>	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.
<b>Emergency Medicine (Emergency &amp; Urgent Care Division) – annual control total</b>	15. Significant  L=5 C=3 	Rolling recruitment programme to fill gaps in medical rotas & reduce expenditure.

Risk summary	Rating	Treatment strategy
<b>Geriatrics (Medicine Division) – medical staffing</b>	15. Significant  L=5 C=3 	Development of a robust workforce plan for consultants from the current workforce strategy.

## Wider SFH news

### New #TeamSFH Members

Simon Barton joined us as our new Chief Operating Officer on Tuesday 2 January. As a member of the Board of Directors, Simon's role is to work closely with the Medical Director and Chief Nurse, in particular, to lead the hospital on a day-to-day basis to ensure patients receive the best possible quality of care. This month we also welcome Siobhan McKenna as our new Divisional General Manager for Urgent and Emergency Care and Lisa Gowan as our new Divisional General Manager for Women and Children's. With these appointments I am pleased to confirm we have substantive teams in place across the executive and divisions for the first time in a number of years.

This is a truly exciting time for the Trust and I am confident our new colleagues will behave in line with our Trust values and will support our journey to outstanding.

### Staff Flu campaign

We now have 2,993 (77.7%) of our front line staff vaccinated. This is the highest amount of front line staff vaccinated since the annual flu vaccination programme started, and I believe we should still aspire to increase the rate. The breakdown is:

- Doctors – 402 (**64.2%**)
- Qualified Nurses – 863 (**62.5%**)
- Other professional Qualified Clinical staff – 509 (**90.4%**)
- Support to clinical staff – 1281 (**94.3%**)

Additionally **532 (41.6%)** of none front line staff have been vaccinated and the total number of SFT staff vaccinated so far is **3587 (68.8%)**

### Staff Drop in Sessions

This month we held the first staff drop in sessions which are designed to be a way of making it easier for any SFH colleague to talk to executives and senior leaders. These are being held at 10am every Friday across all three sites. I found my session at KMH very useful and it was interesting to talk to non-clinical staff, as well as clinical staff.

## Wider NHS update

Key updates since last Board are:

**Missed NHS appointments cost £1bn a year** - The chief nursing officer for England, Jane Cummings, stated that missed hospital appointments are costing the NHS almost £1 billion a year and deprive patients of vital care. She argues that the NHS could fund a million more cataract operations or 250,000 hip replacements if it did not have to pay for appointments that people failed to attend. Cummings urged people to use pharmacists and the 111 telephone service whenever possible, as she warned services are now under unprecedented strain.

**Sugary drinks removed from NHS hospitals from July 2018** - NHS England has announced that sugary drinks will be banned from sale in NHS hospitals from July. NHS England has released an updated contract for hospitals, which for the first time included a clause prohibiting the sale of sugar-sweetened beverages. The new rule will stop outlets from selling the drinks at all. It also means a ban for fizzy and sugary drinks in hundreds of NHS cafes and staff canteens.

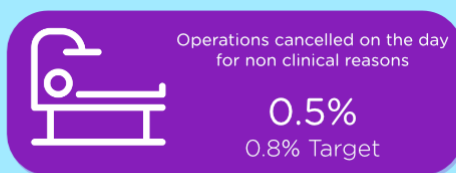
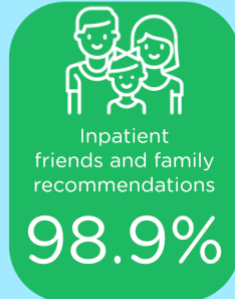
**Jeremy Hunt extends portfolio to cover health and social care** - Following the cabinet reshuffle this month by Prime Minister Theresa May, Jeremy Hunt increased his role to become Secretary of State for Health and Social Care, following his six years as Health Secretary.

#### **Next month at SFH**

We are focussing on delivering our five winter priorities which will support a positive CQC visit in late March/ early May 2018.

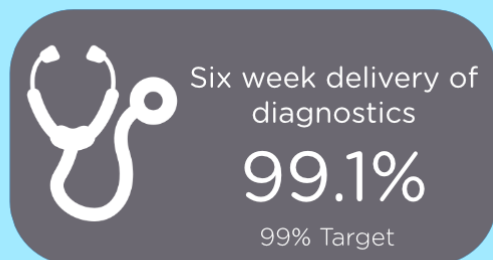
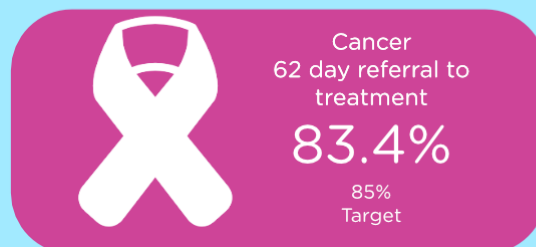
Appendix A: Performance Infographic

# Quality



Dedicated to *Outstanding* care

# Access



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# Workforce



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# Finance



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