

### Board of Directors Cover Sheet

<b>Subject:</b>	Chief Executive's Report	<b>Date:</b> 21 December 2017		
<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

### 1.0 Overall update

For the second month, please find the latest harm information below:

	Monthly figure	Year to date
C Diff	2	27
MRSA	1	2
Ecoli	3	35
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	0.0	0.1
Never events	0	1

For this financial year to date, there have been 18 serious incidents.

In Appendix A at the end of this report you will find high level summary information on how we are doing against the workforce, quality, access and finance metrics. To give these some context, earlier this month I attended the Midlands and the East of England Regional Chief Executives Quarterly Meeting which was a good opportunity to hear what life is like in other hospitals and to reflect on life at Sherwood. Some of the key messages that I took away were:

- We are recognised as continuing to make good progress on patient care
- Patients on the emergency care pathway continue to receive good care at SFH but over the last couple of weeks we have begun to struggle. Lots of Trusts are in a difficult position, but this is only context as we should be a Trust that delivers on 95% every week. I will give a verbal update in Board for the reasons for our day to day variability.
- We need to make further progress on treating cancer patients within 62 days and this was the one area where SFH was identified as being behind our peers. We continue to make progress on reducing the number of patients waiting longer than 62 days for their cancer treatment. We now have 43 patients waiting in excess of 62 days and whilst we would like this number to be zero, there will be clinical reasons and patient reasons why it cannot be. We are aiming to get below 16 patients, which would be the lowest number for at least two and a half years.
- We were identified again as doing very well in reducing the amount we spend on agency staff.

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	

So in general, a lot to be proud of and good foundation stones to provide even better patient care but we must improve our emergency care and cancer care in particular.

Regarding winter, the cold weather has arrived meaning we have seen more elderly, frail and sick patients coming through our A&E department. It has been a tough December and we are looking at how we can ensure patients end up in the right bed for them as quickly as possible by changing how we use some of our beds over the winter period. Nevertheless I have been impressed by the team approach to solving this with departments focusing on how best to work together and ensuring staff and patients are looked after. As part of this work on winter I've included in Appendix B the winter commitments I have signed to ensure our focus stays on our clinically frail patients this winter.

I chaired the Risk Committee on Tuesday 12 December and will provide a verbal update on our risks linked to limited capital, emergence of new risks and the change to the risk scoring of the cyber risk.

## **2.0 Wider SFH news**

### **NHS Improvement Event**

Earlier this month Andy Haynes (Medical Director), Suzanne Banks (Chief Nurse), Paul Moore (Director of Governance) John MacDonald (Chair) and I attended an NHS Improvement event for Trusts that have been identified as making lots of progress on quality of care to patients. NHS Improvement is our regulator and one of its key roles is to support Trusts in sharing good ideas. We were delighted to be one of two Trusts asked to present and the view was that Sherwood has made a lot of progress recently and is well on the way to further improving our services. For me, the key message was of the importance of building a culture based on high levels of staff engagement relentlessly focussing on quality of care which I believe we are developing at SFH.

### **Staff Flu campaign**

As mentioned last month we are looking to increase the number of staff who received the flu jab. This year we are aiming to vaccinate at least 90% of frontline healthcare workers before the end of December 2017, although the vaccine is available to all staff, whatever their role.

We now have 74.6% (2932) of front line staff vaccinated and the breakdown by staff group is below:

- Doctors – 387 (62.6%)
- Qualified Nurses – 828 (59.8%)
- Other professional Qualified Clinical staff – 490 (86.7%)
- Support to clinical staff – 1227 (90%)

Additionally 522 (40.7%) of none front line staff have been vaccinated and we are fifth out of 74 Trusts in the Midlands and East region for our uptake which is great but we are still working on improving this further.

### **Staff Survey – Thank You**

Previously a random selection was used to identify staff to contribute but I am pleased that this year all our colleagues have the opportunity to fill this in anonymously and give their views which we will use to improve staff and patient experience, as well as feed into national initiatives too.

This closed at the end of November and I would like to say thank you to the 2458 staff who completed their staff survey. To get to 55.3% is a great achievement and will give us a good amount of information about what life is like at SFH. The best response rate in hospital trusts was 72%, the worst was 30% and the average was 42% so we did well comparatively.

The results of this will be published in 2018 and will come back to Board.

### **3.0 Wider NHS update**

Key updates since last Board are:

- **The Budget was announced**

The Treasury will fund £3.5 billion of capital investment between 2017/18 and 2022-23, including:

- £2.6 billion for STPs to deliver transformation schemes that improve their ability to meet demand for local services and improvements in facilities. The government has today provisionally allocated up to 10% of this £2.6bn funding to 12 of the schemes it judges the highest quality, on the basis of their potential to meet future demand and develop local clinical and financial accountability.
- The rest of the funds will be allocated 'in due course'.
- £700 million to support turnaround plans in the Trusts facing the biggest challenges, and to tackle the most urgent and critical maintenance issues.
- £200 million to support efficiency programmes.

Additional funding will be provided for NHS staff on the Agenda for Change contract subject to the Pay Review Body recommendation. This will be linked to productivity improvements the Government wishes to see through the contract. However any pay award for doctors will not be funded by the government, but will need to be funded from existing NHS budgets.

- **Falls audit published by the Royal College of Physicians**

An audit by the Royal College of Physicians found there were 246,425 falls on NHS wards in 2015/16, equivalent to 675 a day. The audit is based on figures from 138 hospital trusts, mental health organisations and community centres. It argues many of the falls are preventable and caused by patients not having walking frames or being unsteady from medication. Nice has previously estimated that falls are costing the NHS at least £2.3 billion a year – and 30% are preventable.

- **Overseas recruitment**

The NHS is to recruit up to 5,500 nurses from overseas. Professor Ian Cumming, chief executive of Health Education England, told the Commons health committee that he hopes that 500 nurses will come from India by the end of March and eventually 5,500 international

nurses will be recruited. He added that talks are under way on a similar scheme with the Philippines.

- **Unattended outpatient appointments**

New data from NHS Digital reveals that 21% of hospital outpatient appointments were unattended in England in 2016/17. The figure is up from a decade ago, when the number was closer to one in six. Of the 21% of roughly a third were due to patients not turning up with cancellations by hospitals and patients each accounted for another third.

- **NHS regulators to work closer together**

Baroness Dido Harding, Chair of NHS Improvement, wants NHS Improvement and NHS England to explore closer working. At an NHS Improvement board meeting, Baroness Harding said the regulator wanted to explore more collaboration with NHS England around what work needed to be done once, what needed to be shared and what the organisations should do separately.

- **Lost bed days**

Analysis from NHS Providers found that the number of NHS bed days lost to delayed transfers of care increased in the second quarter of 2017-18 compared to the first. NHS bed days lost to Delayed Transfers of Care (DTOCs) rose one percentage point from 294,200 in the first three months of 2017-18 to 297,019 in the second quarter. The overall total lost days across both the NHS and social care improved by one percentage point because of improvements in social care and in lost days attributed both social care and the NHS.

- **Electronic tracking devices trialled at Countess of Chester Hospital NHS Trust**

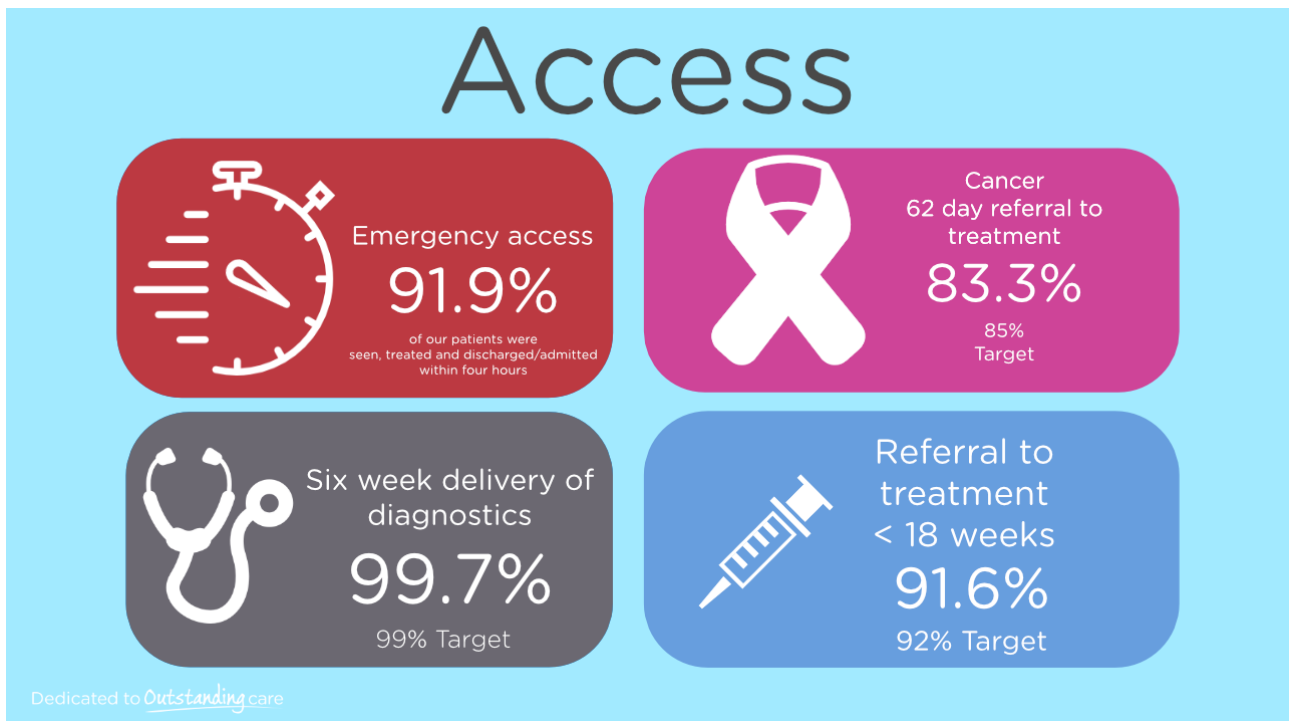
A new trial will see patients issued with electronic tracking wristbands in a bid to monitor free beds. Every consenting patient is issued with devices, picked up by 4,000 infra-red sensors across beds and doorways. The Countess of Chester Hospital NHS Trust is one of four national pilot sites testing teletracking technology but is the only one fully using the system across the entire hospital and staff.

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

Key areas of personal focus in January will be:

Focus on our five SHF priorities for winter and ensuring are five new starters are integrated into our executive and senior leadership team.

### Appendix A: Performance Infographic



# Workforce



Dedicated to *Outstanding* care

# Finance



Dedicated to *Outstanding* care

## Appendix B: Winter commitments

LET IT FLOW, LET IT FLOW, LET IT FLOW

### Our #TeamSFH commitment to colleagues for a safe winter

#### Communicating and working together

- We will work with our partners to help ensure timely discharges to the most appropriate settings.
- We will work as a system to ensure patients don't wait longer, or in inappropriate places, just because it's winter.
- We will work together and communicate as multi-disciplinary teams not in isolation.

#### Aspiring and improving

- I will listen to all ideas or suggestions of ways to do things better.
- I will make every effort to attend Board Rounds on my ward where this is appropriate.
- I will understand and promote Red to Green principles so that our patients do not experience any wasted days in hospital.
- I will be committed to supporting #endpjp paralysis and #last1000days to help our patients to be up and dressed when in hospital and supported to get back to their homes ASAP.

#### Respectful and caring

- I will be a visible leader.
- Whatever the pressure we will treat each other and our patients with respect at all times.
- We will work together as one team so that our clinical colleagues can focus on the patient that is in front of them.

#### Efficient and safe

- I will have the flu vaccination to help protect our patients and my colleagues.
- I will provide care that I would be happy for my friends and family to experience.
- Any decisions I take will be made first and foremost with patient safety in mind.
- We will strive to make sure that patients are seen quickly and safely.
- There will be a senior clinician on all Board Rounds to make timely clinical decisions.
- Our wards will be a clean and calm environment for all.

Signature

Name / job title

Date