

**Board of Directors Cover Sheet**

<b>Subject:</b>	Chief Executive's Report	<b>Date:</b> 30 November 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 – November 2017

### 1.0 Overall update

I have been looking at how other Trusts communicate the serious harms experienced in there. As a result every month as part of this report I will highlight the serious harms we have caused:

	Monthly figure	Year to date
C Diff	4	25
MRSA	0	1
Ecoli	2	32
Grade 3 or 4 avoidable Healthcare Associated Pressure Ulcers	0	2 (one grade three and one grade four)
Serious Falls (falls which cause severe harm)	0	0
Never events	1	1

For this financial year to date, there have been 15 serious incidents.

More details about this are in the Single Oversight Framework report which we will discuss later. However I do feel it is important to emphasise my drive to ensure serious incidents are reported and learnt from so we can prevent harms to patients.

In Appendix A at the end of this report you will find high level summary information on how we are doing against the quality, access, workforce and finance metrics. Quality remains our number one priority and I am pleased the indicators for these have remained relatively strong, as have the indicators around our workforce. We remain on track for finance, but acknowledge this is becoming more challenging, even though our Cost Improvement Programme is performing well and we now have the full value on our CIP tracker for the first time.

Our main challenge at the moment is around delivering the access targets. As a result we are strengthening our access delivery programme. I am pleased that Helen Hendley from NHS Improvement is joining us on secondment to help with 62 day cancer Referral to Treatment target as we know this is an area we need to improve on for our patients. She will start with us in January and will be full time with us from 1 March 2018

In relation to 62 day cancer wait, I am personally meeting every week with the team focussing down to individual patients to see how we can reduce the waits. This is already starting to have some effect already with the number of patients waiting more than 62 days reducing from 71 patients in July to 44 patients in November. This is a good start but there is still more work to do.

We have also held a “Perfect Week” for emergency care during November 13-17. This week we concentrated on safety and quality in relation to good patient flow. However I was

clear that the Perfect Week was about much more than delivering the four-hour emergency department standard; it is about reducing harm, saving lives and improving job satisfaction. Going into the week we asked colleagues to think about how they would want their family treated; two of their responses are below:

- "I'd want my relatives to receive their diagnostic tests as soon as possible so that they can be treated quickly."
- "I'd want my relative to come through an uncluttered Emergency Department."

Throughout the week we picked up on themes of an inconsistency around the red to green programme which is a simple visual system that aims to reduce the amount of wasted time (red days) for patients. Non-clinical colleagues acted as Ward Liaison Officers who attended the morning and afternoon Board Rounds and asked questions around red and green days and fed this back centrally so we could pick up trends. We also piloted taking bloods from patients earlier in the day so that the doctors can have sight of these during the daily Board Rounds to see if that helps earlier decision making around care and discharge.

In November the whole executive team signed up to a set of winter commitments that we will focus on for our colleagues and patients. We have a good winter plan in place but we also know it will be tough. I want staff and patients to know that we are firmly committed to providing the highest quality of care this winter.

## **2.0 Wider SFH news**

### **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.

To date we have already vaccinated over 68.5% of our colleagues which is fantastic. Thank you to all who have had theirs already. We will continue to offer this and so while 90% is ambitious, I am hopeful that we will be able to get to our target by then.

### **Andy Haynes, Deputy Chief Executive**

I am delighted to announce that Medical Director Andy Haynes will also be taking on the role of Deputy Chief Executive. Andy has a wealth of experience and is a respected leader so it is great he has further committed to supporting the Trust in this way.

### **The Sherwood Way**

Last month I mentioned developing The Sherwood Way which would be how we delivered care, change and innovation across the organisation. I am still thinking about the best way

to do this but after speaking to a number of colleagues in various roles across the Trust I am keen to hold a series of listening events with staff of all grades to get their ideas of what they think the future of the Trust should be and how we can help each other to get there. As I said I am formalising the detail of this but will be announcing more details soon.

### **Council of Governors**

I attended the Council of Governors meeting on November 15 and was happy to discuss how we plan to improve our reporting on our quality measures going forward and to reinforce the key messages around our winter planning and where we will be focusing.

### **Staff Survey**

As I write this the national Staff Survey is open. 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.

I have set the challenging target to have at least at 70% return as I believe this is a crucial channel to hear staff views about how it feels to work here at Sherwood. The results will be published in 2018 and will come back to Board.

## **3.0 Wider NHS update**

Key updates since last Board are:

- **Health secretary to set out national workforce strategy**  
Health secretary Jeremy Hunt announced plans for a new national workforce strategy designed to help secure the long term supply of nurses and doctors for the NHS. Speaking at the NHS Providers conference in Birmingham, Hunt set out an overarching government-led workforce strategy for the NHS for at least five years.
- **NHS England appoints new medical director**  
Professor Steve Powis, the current medical director of the Royal Free Foundation Trust, has been appointed to replace Sir Bruce Keogh as medical director at NHS England. Professor Powis has been the trust's medical director for over a decade.
- **Waiting lists will increase without extra funding**  
Simon Stevens, NHS England Chief Executive, told the annual NHS Provider's conference this month that waiting times for planned procedures would rise by one million to five million patients by 2021 unless the NHS got more funding.

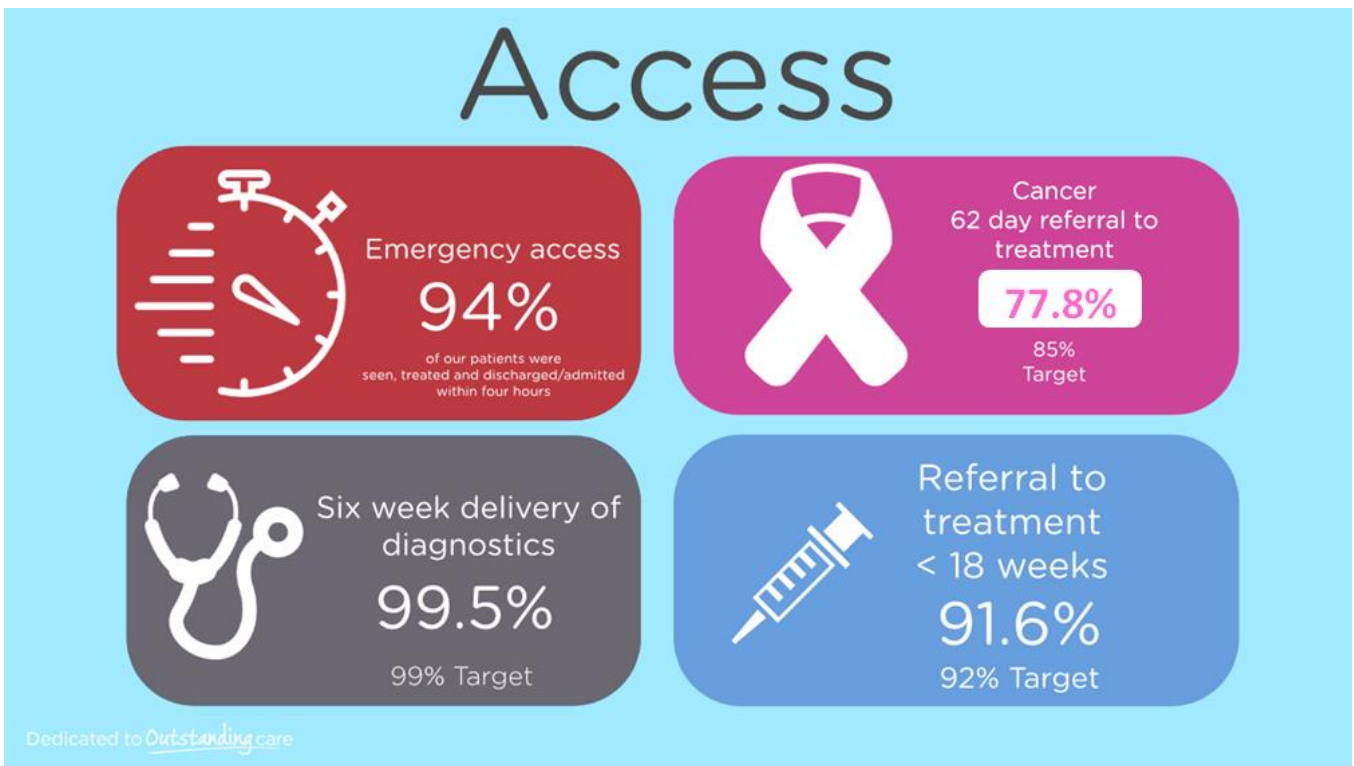
## **4.0 Next month at SFH**

Key areas of personal focus next month will be:

- Focus on our five SHF priorities for winter:

1. Make progress on the agreed quality improvement actions which support our journey to outstanding
2. Deliver the 62-day cancer standard - which will improve patient care
3. Deliver the four hour emergency care standard - which will improve patient care
4. Further reduce agency and locum spend - which will improve patient care
5. Deliver our year-end financial position - which gives us greater control on what we want to do in the future

Appendix A: Performance Infographic



# Workforce



Dedicated to Outstanding care

# Finance



Dedicated to Outstanding care