

Board of Directors Meeting

Subject: Managing Directors Report
Date: 6th July 2017
Author: Peter Herring, Managing Director
Lead Director: Peter Herring, Managing Director

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| Executive Summary | |
| This is the Managing Directors Report as presented to the Board of Directors. | |
| Recommendation | |
| The Board is asked to note the content of this paper. | |
| Relevant Strategic Priorities (please mark in bold) | |
| Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments | Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events |
| Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital | Raise the level of staff engagement through strong leadership, communication, feedback and recognition |
| Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money | Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital |
| Develop and implement a programme of work in conjunction with Nottingham University Hospital NHST to create a new combined organisation | |

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| Links to the BAF and Corporate Risk Register | |
| Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i> | N/A |
| Links to NHS Constitution | N/A |
| Financial Implications/Impact | N/A |
| Legal Implications/Impact | N/A |

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| Partnership working & Public Engagement Implications/Impact | |
| Committees/groups where this item has been presented before | N/A |
| Monitoring and Review | N/A |
| Is a QIA required/been completed? If yes provide brief details | N/A |

BOARD OF DIRECTORS

6th July 2016

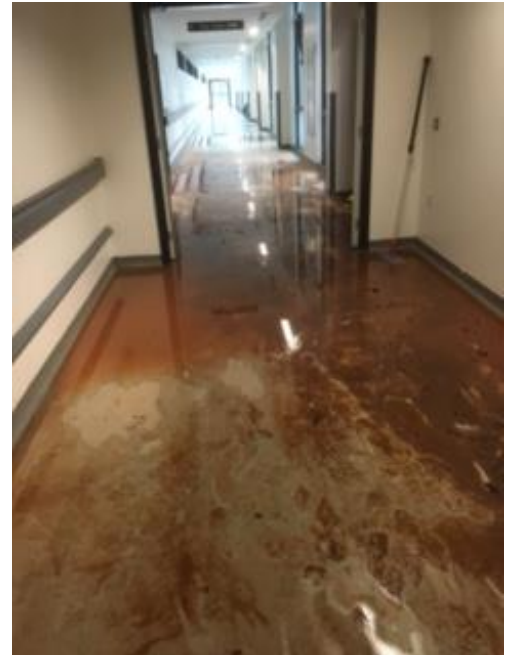
MANAGING DIRECTORS REPORT

MANAGING DIRECTOR'S REPORT

Serious Internal Business Continuity Incident: Flooding

On the afternoon of Sunday 26th June 2016 a high pressure valve in the water system failed causing a significant amount of water to flow across the car park (see photographs below) and enter the hospital building at the base of Tower 1 at the Kings Mill Hospital site through the spine corridor access and surrounding main operating theatres.

The Trust incident command room was used to coordinate the response and there was an excellent response from all external agencies, departments and teams. Many people went 'above and beyond'.



The flooding caused problems with telephone lines in x-ray and EAU not working, and main theatres 3, 5 and 2, Day Case Theatres 1 and 2 and reception, the Mortuary, Bereavement Centre, MRI department, IT UPS room, telephone Node 2 all flooded.

The Environmental Protection Unit and Fire Brigade attended and diverted water around the site and pumped it down lift shafts at the base of tower 1 – 2, which have been subsequently out of action. Domestics were called to assist with the clean-up and Medirest pulled additional staff on to the site; an external contractor was also brought in to assist with clean-up. Theatre staffing and lists were rearranged to ensure business continuity on Monday but unfortunately 11 patients operations were cancelled.

All phone lines were operational by the end of the day and all affected areas were operational on the following day Monday 27th June.

The incident was handled extremely well but some lessons have been learnt which will improve our ability to respond even better in the event of further internal incidents, including re-siting and improved equipping of the command room.

NHSI Single Oversight Framework consultation

NHS Improvement published last week its new 'single oversight framework' for consultation. The single oversight framework aims to provide an integrated approach for both NHS foundation trusts and trusts, across regulation and performance management and to emphasise its renewed offer of support to the sector.

Under the proposals, all trusts will be placed in one of four segments depending on their performance as an organisation with: no concerns; emerging concerns/minor issues; serious issues; or critical issues. The five domains within the framework are:

- Quality of care (using ratings in 4 of the 5 CQC domains plus progress against standards for implementing 7 day services)
- Finance and use of resources (being developed with the CQC and including progress against control totals and efficiencies)
- Operational performance (largely reflecting existing national targets and based on a trust's agreed 'performance trajectory')
- Strategic change (a domain yet to be fleshed out in detail, this section will focus on 'progress in implementing STPs', and where applicable devolution deals)
- Leadership and improvement capability (building on the existing well led framework to capture good governance and leadership and to introduce a focus on capacity for improvement).

The NHSI consultation document can be seen in the reading room.

Peter Herring
Managing Director