

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's Report		Date: 28 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			Approval	
			Assurance	X
			Update	
			Consider	
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 2019

Overall update

Please find the latest harm information below:

	Monthly figure	Year to date figure
C Diff	2	30
MRSA	0	0
Ecoli	3	27
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	2	25
Never events	0	2
Total	7	84

Further information about the above is included in the Single Oversight Framework Performance Report and Appendix A details how we performed in January against our high level metrics for workforce, quality, access and finance.

As I mentioned last month, January, February and March can often be the toughest months for providing timely access to care for patients. We started to see that in January as we saw more patients who are very sick and require increased care before they can be discharged. National figures show for that for January 92% of patients were admitted or discharged within four hours at SFH. This placed us as the 12th best Trust nationally for our four hour performance. However we now have all our extra winter capacity open and are working hard with partners to provide the timeliest care possible but it does feel very pressurised for our SFH colleagues and the patients they are caring for.

We also saw a big increase in the amount of people attending with flu in January. This then reduced but has increased again in February. This has added additional pressure particularly to our colleagues on our respiratory and ITU wards who are trying to care for additional patients. Internally we continue to remind SFH colleagues that it is not too late to get their flu jab given its continued prevalence in our community and patients.

In January 2018, executive colleagues and I visited the following areas, amongst others, to listen to and thank staff:

Central Records Store, Chatsworth Ward, Clinic 5, Emergency Assessment Unit, Emergency Department, Fernwood Ward, GUM Clinic, Intensive Treatment Unit, Newark Coffee Lounge, Lindhurst Ward, Maternity Ward, Medical Equipment Medical Devices, Minster Ward, Newark Community Involvement Office, Newark General Office, Newark Medical Records Department, Newark PALS office, Newark Pathology Department, Newark Porters, Newark Security Department, Newark Theatres, Newark Urgent Care Centre, Newark Waiting List Department, Newark Medical Secretaries, Oakham Suite, Newark Out Patients, Pathology, Sconce Ward, Sherwood Birthing Unit, Switchboard, Ward 4, Ward 11, Ward 12, Ward 21, Ward 23, Ward 24, Ward 25, Ward 31, Ward 32, Ward 42 and Ward 43.

Wider SFH news

Andy Haynes appointed to Integrated Care System role

Our Medical Director Andy Haynes has been appointed as the new Medical Director for the Nottingham and Nottinghamshire Integrated Care System (ICS) while he continues in his role at SFH.

Andy is well known and respected across the region and the wider NHS and I know his appointment will be welcomed. I'm confident Andy's calm and thoughtful style, that we all recognise, will enable him to balance this new role and his existing role at SFH.

He is an extremely trusted and respected colleague and has been instrumental in improving the quality of care at SFH over the last five years and I know he will continue to play a pivotal role at SFH.

Wendy Saviour, Director of the Nottingham and Nottinghamshire ICS, said: "Andy has a vast amount of clinical knowledge and expertise and will be a huge asset to the system board.

"The clinical teams across the system will work closely with Andy to support him in this new vitally important role."

Andy will be seconded to the ICS but continue to be the permanent Medical Director and Deputy Chief Executive at Sherwood Forest Hospitals NHS Foundation Trust.

Strategy update

We are now working on finalising our strategy ahead of it coming to the Board of Directors public meeting next month and being launched in April 2019. Thank you to all the patients, public, SFH colleagues, volunteers and other stakeholders who we had over 750 conversations with about Sherwood and how we can improve.

I think a good strategy is one which is built on the views of many different people, one that makes sense to many different people and one that will actually be used to make a difference and I believe the work we have done so far is evidence of all three of these things.

Partnership is going to be one of the key elements and this month I attended a meeting with representation from primary care, community providers, the voluntary sector, education and housing amongst others and it is clear everyone is working very hard but a lot of our work is not joined up and we are replicating effort.

It is essential we also involve patients and the public more effectively and we support them to take greater responsibility for their own health and wellbeing. Tied to the idea about working in partnership, especially with patients, we need to be thinking more about the provision of care in patients' homes, the community sector as well as the hospital setting. We are too reliant on hospitals and I firmly believe, and there is evidence to support it, that there is more we can do to support patients receiving care closer to home. For the avoidance of doubt I do not believe this will necessarily translate into reductions in activity at hospitals but it could reduce additional pressures in the future.

Transfer of Neuro Rehab Service

On Friday 1 February level 3b (nurse and therapy led) neurological services and colleagues on Chatsworth Ward at Mansfield Community Hospital transferred to our partners at NHS Nottinghamshire Healthcare. This means colleagues who have been providing neuro rehab services from Chatsworth Ward will continue to care for these patients under a new model of care combining a reduced number of beds with more community-based care. I would personally like to thank all of the staff involved in this service and I very much hope and expect we will continue to work closely together over the coming years.

Time to Talk Day

On February 7 we marked Time to Talk Day as part of our commitment to reduce the stigma around mental health within the workplace. We asked staff throughout February if they would complete a short survey around their experiences and knowledge of mental health support for staff within SFH. I look forward to receiving the results.

Wider NHS update

Key updates since last Board are:

- Theatre productivity: A report by NHS Improvement has found improved efficiency could increase the amount of operations provided in hospitals Trusts by 17% which is the equivalent of 290,000 operations a year. The report found that a third of operations start late because staff do not turn up at the same time, equipment is missing, beds cannot be found or there are other administrative problems.
- Hospital mergers: Analysis by the Competition and Markets Authority (CMA) has found merging hospital trusts could increase mortality rates by up to 550% and cause patient harm incidents to almost triple. How much harm and associated costs increase by depends on how many provider organisations remain in the health economy with the greatest effect felt if a merger leaves only a single hospital trust.
- Lung cancer screening: NHS England is spending £70m placing mobile scanning trucks in supermarket car parks in a bid to cut deaths from lung cancer by encouraging patients to undergo a check-up. It hopes the initiative will improve Britain's record on the early diagnosis of lung cancer and survival rates. The trucks will offer people aged 55 to 74 who are at high risk of developing lung cancer an "MOT for their lungs" and a computerised tomography scan of their lungs and chest. They will be positioned in areas that have high death rates from lung cancer. Around 600,000 people in England will be offered the chance to attend a screening appointment over the next four years, either in a mobile truck or at a hospital.
- Social care recruitment campaign launched: The government has launched a recruitment drive to fill 110,000 social care jobs. Staff turnover rate in the sector is 30.7%, equating to nearly 400,000 people leaving care jobs every year.

Next month at SFH

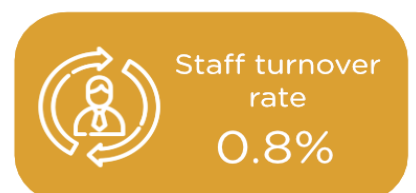
We will continue to focus on providing access to timely care and finalising our new strategy.

Appendix A: Performance Infographic

#TeamSFH
 @SFHFT

NHS
 Sherwood Forest Hospitals
 NHS Foundation Trust

Workforce



#TeamSFH
 @SFHFT

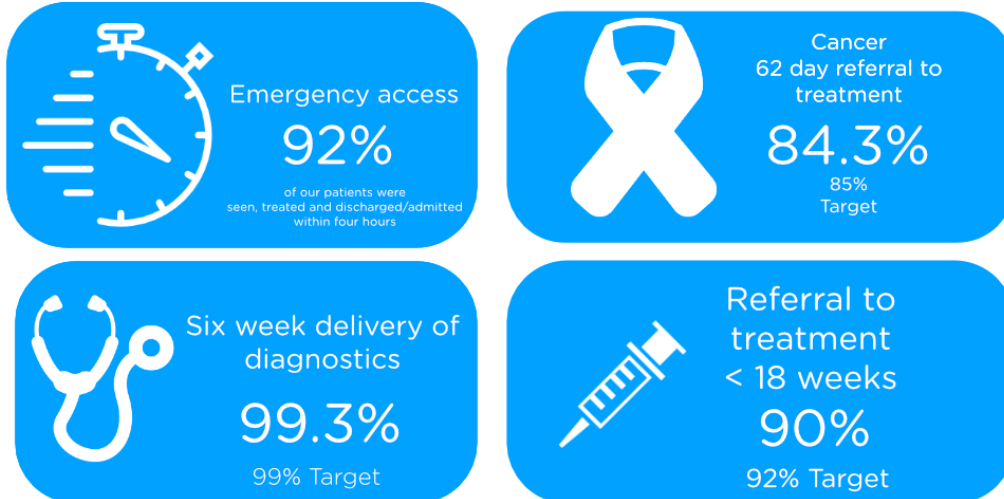
NHS
 Sherwood Forest Hospitals
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Quality



#TeamSFH
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Access



Dedicated to Outstanding care

Finance

