

## Council of Governors

<b>Subject:</b>	Chief Executive's Report	<b>Date:</b> 12 February 2019		
<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>Approval</b>		
		<b>Assurance</b>		
		<b>Update</b>		
		<b>Consider</b>		
<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 – January 2019

### Overall update

Please find the latest harm information below:

	Monthly figure	Year to date figure
C Diff	1	28
MRSA	0	0
Ecoli	2	24
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	3	22
Never events	1	2
Total	7	76

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

I was pleased with the timeliness of care our patients received in December. At SFH, 94.9% of patients were admitted or discharged within four hours, which is by far and away the best performance in the East Midlands and top ten nationally. Very well done to all SFH colleagues and partner organisations who were involved in this. It was also positive to see NHS Providers two weeks ago focus on emergency care delivery at SFH. This was welcome recognition.

When I have been listening to colleagues, it is reassuring to hear them say they feel winter planning has been better this year. I think many colleagues feel they have been more involved in winter planning and it is evident our plans are based on information and ideas from staff directly involved in patient care. However, it is likely the most difficult days of winter are still ahead of us and often January, February and March are challenging months. I think we are well placed to continue to provide high quality, timely care to our patients.

We are seeing more patients with flu being admitted, with a large spike at the beginning of January. Nationally new data shows cases of flu have risen by 40% in one week which is why we continue to focus on vaccinating our remaining staff who have not had the flu jab yet. We have also worked with our colleagues in the CCG to get more messages out to care homes reminding them how important the flu jab is.

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

A&E, AECU, Amputee Therapy, Cath Labs, Chatsworth, Clinic 4, 5, Clinic Prep, Clinical Coding, Community Paediatrics, Discharge Lounge, E-Rostering, EAU, Emergency Department, Endoscopy, Faith Centre, Fernwood, Governance Support Unit, GUM, ICCU, ICU, Maternity, Neonatal, Newark: Outpatients, X-Ray, Theatres, Waiting Lists, Neonatal Unit, Volunteers and

Pathology, General Office. Wards 11, 12, 14, 21, 22, 24, 25, 31, 32, 33, 34, 36, 41, 42, 43, 44, 52, 53, 54. Gynaecology Physiotherapy, Urgent Care Centre, Stoke Unit, Maternity, Neonatal Intensive Care Unit, Occupational Health, Outpatients Department, Paediatrics Emergency Department, PPC Offices, Radiology, Rheumatology, Safeguarding, Sconce Ward, Sherwood Birthing Unit, Short Stay Unit, Smoking Cessation Unit and Theatres.

Last month I received further positive confirmation about the progress we have made over the last couple of years. NHS Improvement categorises hospital trusts into four groups depending on how they deliver their quality, access and financial agendas. The categories are called “Single Oversight Framework” (SOF) segmentations and for the last two years we have been in segment three. Segment four represents the trusts with the greatest risk and one the least risk. There are 39 acute hospitals in Midlands and the East and NHSI have now moved us into segment two with 11 other hospitals, and there are 26 hospitals in segments three and four. There are two hospitals in segment one. It is important we keep this progress going though especially with the CQC visit planned for later this year.

### **Integrated Care System**

It was agreed on Friday 25 January 2019, that the Nottinghamshire ICS will have three ICPs; Mid Notts, Nottingham City and South Notts (name TBC). I believe this is a positive step.

We can now proceed with ICP appointments and the ICS clinical leadership interview took place last week.

### **CQC**

We have our next meeting scheduled with the CQC on 25 February 2019. We have a new Inspection Manager, Karen Richardson, and will soon have a new Trust Relationship Manager.

Preparations for the next CQC assessment are progressing. All core services have completed their self-assessments and we are validating their responses. The Critical Care team has made contact with Portsmouth who had an Outstanding rating for their CC service last year. Interestingly the challenges we have in CC are the ones that continue to pose challenges even in Outstanding teams – no one has cracked it all yet! We have broken the Surgery Core Service down into their specialty areas and they have self-assessed themselves. This is a good opportunity for us to manage optimism bias which I think is likely to occur. We have been to Newark to meet with their leadership on a couple of occasions as we need to look at Newark as both a single, stand-alone site as well as being managed divisionally and part of the wider SFH assessment. The CQC will look for assurance that issues relevant to Newark are not lost within the wider divisional structures.

I believe the changes and improvements made recently at Newark will strengthen the outcome of the visit later this year.

In summary we are on track with the core service assessments. We do not yet have a date for our visit but we will raise this when we meet on 25 February. To remind colleagues, in 2018, we received 47 ratings; 42 were Good, four were Outstanding and one was Requires Improvement. One more RI, rather than Good, in the “wrong location” on the scorecard would have meant our overall rating was RI rather than Good. This is because of our ratings from services that have not been visited since 2014 and 2015. In 2019, these services will be visited and it is likely a minimum of six services, three at Newark and three at King’s Mill Hospital will be visited. If these services get

a Good, as a minimum, the ratings from 2018 will be sufficient for us to achieve an overall rating of Outstanding. We are working with fine margins!

### **Queen Elizabeth Hospital King's Lynn**

We spoke to the execs team and new CEO at QEHL on 31 December 2018. As previously mentioned they have asked for support with governance, clinical leadership and quality improvement. We have agreed on ways in which we can help them, which is largely them visiting SFH. I am not concerned that supporting QEHL will impact on our ability to provide high quality, timely care at SFH, but I do think it will help us with a successful CQC visit later this year.

### **Wider SFH news**

#### **Kegworth Air Disaster**

We remembered those who died and those who helped the survivors of the Kegworth Air Disaster 30 years on as we know we had colleagues who still work at SFH who were also working at Mansfield General Hospital and other hospitals when patients were brought in.

A short act of remembrance was held in our Faith Centre at King's Mill Hospital to remember those who died, who were injured and who worked that day.

#### **New fruit and vegetable stall at King's Mill Hospital**

In a bid to encourage healthy eating for staff, patients and visitors, a new fresh fruit and veg stall is outside of the main entrance of King's Mill this month. I am grateful to our Health and Wellbeing Leads who have worked with our Estates Team to bring this staff suggestion to life with the help of local market stall traders Laiten and Roxanne. The stall is open outside the main entrance of King's Mill Hospital Monday – Friday, 8:30am – 4:30pm and accepts both cash and card payments. We are looking to see how we would introduce this to our other sites.

#### **2018 review and 2019 look ahead**

Some of the things I feel proudest about are:

- **Culture:** Our staff survey had our best results ever and the quarterly staff friends and family scores have shown promising improvement. In quarter two (July – September) our ratings for “would you recommend your Trust as a place to work” and “would you recommend your Trust as a place to receive care” were the best in the East Midlands and were among some of the best in the NHS. We also had our highest ever response rate for the 2018 staff survey (62%) which is due to report back in early 2019.
- **CQC:** We wanted to provide the CQC with evidence we had improved as a Trust and we certainly did with a ‘good’ overall rating, an ‘outstanding’ rating for care, all ten services visited rated ‘good’ in the ‘safe’ domain and four services (Urgent and Emergency Services, Maternity, Outpatients and Community Health Inpatient Services at Mansfield Community Hospital) identified as Outstanding.
- **Emergency Care:** I believe emergency care performance is a good indicator of how the whole Trust works with partner organisations. Already this financial calendar year, 128,990 patients have received emergency care at King's Mill and Newark. That is an average of 417 patients each day and on some days we know the actual number is much higher. In 2018 93.5% of patients were treated within four hours and you will not find performance better than that across

the East Midlands. Since 1 April 2018, we are above 95% and eight of the last nine months have been an improvement on last year. Timeliness of care is an important indicator of overall quality.

- **Flu vaccination:** Eighty-one per cent (81.2%) of front line staff have chosen to have their flu vaccination so far this year which is top ten in the NHS. I think this is a really strong endorsement of how seriously colleagues take their responsibilities here.
- **Awards:** Our Health Rostering Team won an Allocate award, our Learning Disabilities Team won an HSJ award, our Neonatal Service launched the vCreate App, our Stroke Service was identified yet again as one of the best in the country, our Research and Innovation Team has enrolled more patients than ever onto trials, we have already raised £200,00 for the Gamma scanner appeal and we are working more closely with patients, primary care, commissioners, Nottinghamshire Healthcare NHS Trust, NUH and social care to improve the care our patients receive.

I believe this puts us in an excellent position for 2019, however the next 12 months will require some things to change. We will play a much greater role in our local health and social care system and I am particularly excited about the improvements we can deliver for our patients and the public if we work closely with social care.

Our refreshed strategy will launch in April 2019 and this will give more information on this direction but also will be meaningful for all staff patients, volunteers and the public.

I also want to see further improvements in the SFH culture as I am not happy with where we are with this. My messaging about this in 2018 has been consistent; everyone is responsible for the culture and reputation at SFH and poor behaviour will not be tolerated. I still have SFH colleagues telling me this does not happen on a day to day basis and I am sad to said, I agree with them. This year, our culture needs to be more aligned with our stated values.

### **Wider NHS update**

Key updates since last Board are:

- Nottingham and Nottinghamshire Integrated Care System Update: The first meeting of the newly formed ICS Board was held in December. One of the items discussed was the strategic plan for Prevention, Person and Community centred approaches which has been published on its website [here](#).
- NHS Long Term Plan launched: This month the plan setting out the NHS' ambitions for the next 10 years was launched. In seven chapters it discusses boosting out of hospital care and joining up primary and community services, reducing pressure on emergency hospital services, more action on prevention and health inequalities (in areas such as smoking and obesity), a focus on a strong start for children and young people, better care for major health conditions such as cancer, supporting and growing the NHS workforce, promoting digitally-enabled care and how the NHS will meet the Treasury's five financial tests. You can read a copy of the plan [here](#).
- Children to be taught CPR: The Department of Education is proposing children are taught basic lifesaving skills by 2020. Under the proposals all secondary school leavers in England will be taught how to administer cardiopulmonary resuscitation (CPR), to know the purpose of defibrillators and to give basic treatment for common injuries. In countries that teach CPR in schools, cardiac arrest survival rates are more than double those of Britain.

- Clinical trial launched for potential breathalyser for detecting cancer: In tests run by Cancer Research UK, breath samples from 1,500 people will be collected in the hope that odorous molecules called volatile organic compounds (VOCs) can be detected. All cells produce VOCs through their normal day-to-day operation, but if their metabolism changes, such as in cancer, they release a different pattern. If the trial is successful, it would mean that cancer could be spotted quickly before it has spread, when it is easier to treat and when chances of survival are greatest.