

Board of Directors Cover Sheet

Subject:	Chief Executive's Report	Date: 26 October 2017		
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.			Decision	
			Approval	
			Assurance	X
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 – October 2017

1.0 Overall update

In the appendix at the end of this report you will find high level summary information on how we are doing against our workforce, quality, access and finance metrics. We are now in a more challenging time of year and it is clear, as evidenced by some of our metrics, that our overall performance has deteriorated in a number of areas. As you would imagine getting Sherwood Forest Hospitals (SFH) back into a position where we can deliver on these standards is an area of particular focus for me and the executive team.

We are nearly in a position to launch the “Sherwood Way” which will be the standardised way to make sure our staff feel as supported as possible to deliver high quality. Doing this will deliver improvements to our access and financial metrics. A particular gap at the moment is the non-standardised way we are approaching improvement on our access standards and I will update in Board on how we are approaching the establishment of an “Outstanding Performance Unit” to drive the required improvements.

A more detailed update will be provided by the relevant directors and for complete transparency, I have attached the most recent letter from NHS Improvement following our monthly performance review meeting. This will continue each month.

There is only one NHS Trust in England who delivered on the ED (four hour), 62 day and RTT standard in 2016-17 and delivery of all three in 2018-19 should be the expectation we set ourselves.

Following recent conversations with national and regional NHS Improvement colleagues and agreement with John MacDonald, these are our five priorities for SFH this winter:

1. To make progress on the agreed quality improvement actions which support our journey to outstanding
2. To deliver the four hour emergency care standard
3. To deliver the 62 day cancer standard
4. To deliver our year-end financial position
5. To continue the reduction in our use of agency staffing.

As a result of these priorities, during October we are shining a spotlight on patient flow across our hospitals. We are focussing on a few key actions that, if we consistently carry out, will improve patient flow and make sure we are in a better position to manage the increased demands we see during winter. The campaign, known as ‘Octflowber,’ was launched at the beginning of the month and our four hour performance has improved. A couple of staff have spoken to me about their concern that this may be all about managing flow and not recognising the need of individual patients. I do believe it is about the latter and by achieving this we can deliver the former. We will not be moving patients onto a ward simply because there is a bed for them there, if the ward is not appropriate for their care needs, and we will not be discharging patients earlier in their length of stay if it impacts on their care. I honestly do believe that Octflowber is part of our commitment to providing high quality of care to all patients.

2.0 Wider SFH news

New appointments

Following my verbal update last month, I am happy to confirm that our new Chief Operating Officer will be Simon Barton, current Director of Operational Improvement at University Hospitals of Leicester NHS Trust. Simon, who lives in the Newark and Sherwood area, has over two decades worth of NHS experience at a variety of Trusts across London, Liverpool, Nottingham and latterly Leicester. He is due to start on 2 January 2018. We have also appointed Phil Bolton substantively into the post of Deputy Chief Nurse and Yvonne Christley as our new Head of Professional and Practice Development. We also received 35 applicants for our two Divisional General Manager vacancies in the Urgent and Emergency Care and Women's and Children's divisions and I expect to be able to confirm who we have appointed in Board.

Staff Flu campaign

Our staff flu campaign launched on 19 September and will complement the national public facing flu campaign. Last year we vaccinated more than 75% of our frontline staff, which meant we received extra funds from CQUIN. We want to do the same again this year and are aiming to vaccinate at least 75% 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 1,500 staff which is a strong start. However, given the concerns about the worst flu season Australia and New Zealand have just had, we have spoken as an exec team about what more we can be doing to support our staff being vaccinated.

MSK Together Service

We have a new MSK Together service which is now up and running across the health community. This is the first service that is being provided by the Better Together Alliance, of which SFH is a key partner. SFH is also the co-ordinating provider for the new MSK service. The aim is to bring together all the Trauma and orthopaedic, rheumatology, pain, surgical podiatry and MSK physiotherapy, OT and nurse specialists from across SFH, Nottinghamshire Healthcare, NUH and other NHS and non-NHS providers into one service. GPs have already started sending referrals for those services into the MSK Together Hub and physios are now triaging those referrals, with support from admin colleagues at the admin hub (based at Ashfield Well Being Centre). Best practice evidence has demonstrated that physiotherapy undertaking an initial triage of all GP referrals for MSK services ensures patients are put on the right pathway earlier in the clinical journey which leads to better clinical outcomes and improved patient satisfaction. If patients need any sort of intervention they are still offered a choice of provider, but we are hoping they will always choose to stay with MSK Together.

3.0 Wider NHS update

Key updates since last Board are:

- A number of NHS trusts are preparing to offer trial employment to whistleblowers as part of a new support scheme to help staff to return to work in the health service. I am proud to say we have stepped forward to offer our support for this important scheme. The scheme will offer training and work experience for people who have been suspended or out of work for long periods. It will also offer

advice and help applying for jobs, and create the pool of trusts prepared to offer trial employment or work experience.

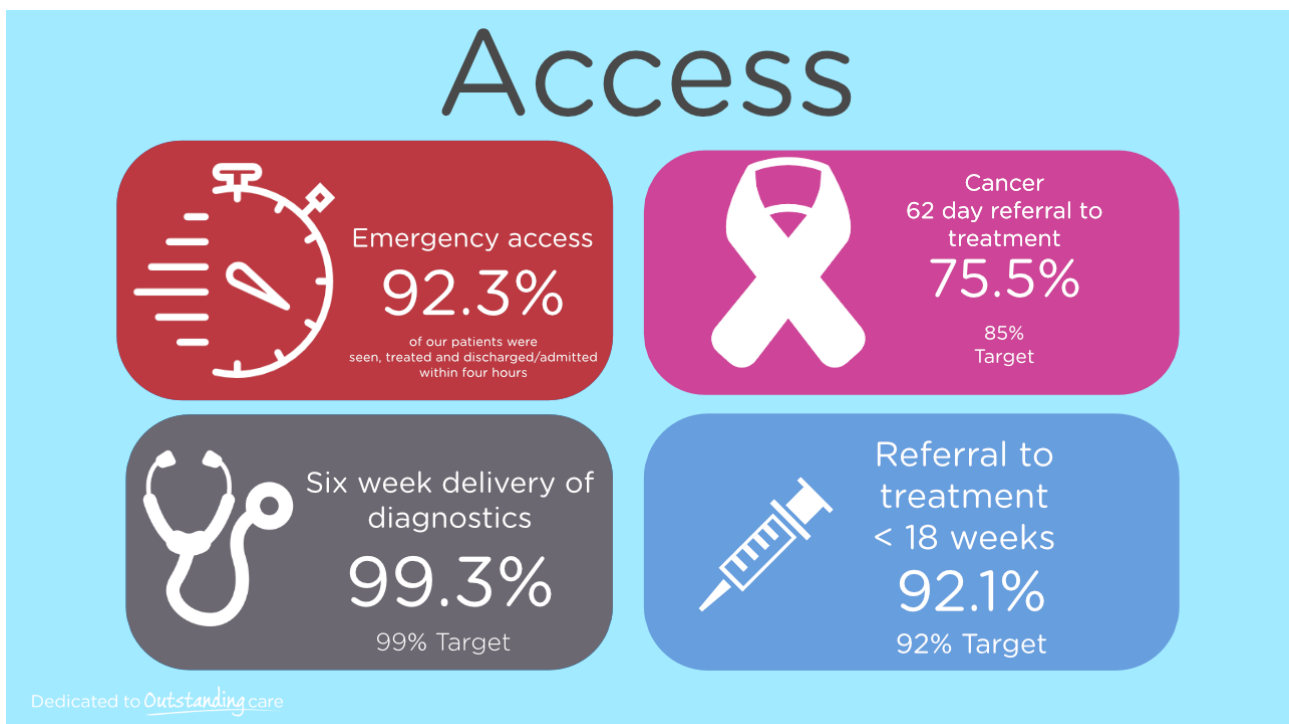
- The Secretary of State for Health, Jeremy Hunt has announced plans to create an extra 5,000 training posts for student nurses from next year. The new training posts are in addition to the extra 10,000 places that the government previously pledged by the end of 2020-21.
- He also announced plans to lift the 1% pay cap for NHS staff in the House of Commons this month. We are still awaiting further detail of how this would be funded.
- Research by the watchdog Which? suggests nine in 10 areas will have a shortage of care home beds within a decade. The figures indicate that there will be 42,000 fewer care home beds than are needed, and that 87% of areas will be short. It is clear that our SFH strategy will need to evolve even more to ensure we play a greater role in care outside of the four walls of a hospital. This is something that we are discussing a lot as an executive team.

4.0 Next month at SFH

Key areas of personal focus next month will be:

- Continuing the next phase on our “Journey to Outstanding” by assessing our core services using a peer review system as well as self-assessment.
- Focus on our commitment to provide a #safewinter for our staff and patients across all our hospitals.
- I am particularly looking forward to celebrating the success of our staff on the evening on Friday 10 November which is our Annual Staff Excellence Awards.

Appendix 1:



Workforce



Dedicated to Outstanding care

Finance



Dedicated to Outstanding care

Appendix 2: Letter from NHSI following our monthly meeting


Improvement

From the office of Fran Steele
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Mr Richard Mitchell
Chief Executive Officer
Sherwood Forest Hospitals NHS Foundation Trust
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06 October 2017

Dear Richard,

Sherwood Forest Hospitals NHS Foundation Trust (“the Trust”) Progress Review Meeting (PRM), 26 September 2017

Thank you for attending the PRM on 26 September 2017 where it was confirmed that under the NHSI Single Oversight Framework, Sherwood Forest Hospitals NHS Foundation Trust is in **Segment 3 – providers receiving mandated support for significant concerns.**

The key areas of discussion included:

Finance

- **Month 5 Position and FOT:** The Trust has met its control total YTD (before STF) and FOT remains in line with control total. However, it is likely that Q2 STF for A&E will not be received where previously the Trust was forecasting to achieve the target (total value £0.529m).
- **Key Finance Risks:** The Board has identified the key financial risks to the Trust through the Board Assurance Framework, with significant financial concerns reported as the Trust’s financial position and commissioner contract risks and behaviours e.g. additional unplanned QIPP and CIP risk (described below).
- **CIP:** Overall CIP is £0.2m worse than plan. The main concern is the £6.220m of the total £14.460m required plan which is reliant upon STP work streams. The Trust now anticipates insignificant savings only from these schemes and is addressing the shortfall through mitigating schemes. This could impact on next year’s programme as YTD £1.277m of the £4.353 CIP achieved is classified as non-recurrent. Furthermore, the CIP phasing is back-ended, pushing more risk of non-delivery into the second half of the

Financial Year, whereas an evenly phased CIP would have resulted in an increased target of £1.762m YTD.

- **Contractual Issues:** The CCG QIPP notice schemes are an ongoing risk which the Trust is managing. An initial £0.7m is an immediate financial risk, relating primarily to posts supporting the Emergency Department. The Trust reports that the remaining in-year risk (circa £4.8m) will be deferred and discussed as part of the 2018/19 contract talks, as the CCGs now concede that these schemes are not feasible in-year. The Trust reported that commissioners had contacted them again over the 0.5% CQUIN issue
- **Agency:** Trust performance continues to improve, with all five months' actual expenditure being significantly lower than plan. The Trust has now submitted an updated FOT of £17.487m, £0.413m better than the agency ceiling. The Trust confirmed it has triangulated this figure against its winter plan to ensure viability. The proposal of a regional bank was debated and the Trust identified a key concern over the additional cost (circa £0.25m) compared to the potential efficiencies, especially when considering that most staff will already be working on the bank at their preferred Trust.
- **Capital:** NSHI is progressing the Trust's Capital Loan Application.

Performance

- **Cancer:** Since the last PRM, the Trust has shown improvement in the reduction of backlog and patients waiting longer than 104 days. The current trajectory shows that the Trust will recover in October but not sustainably until December. It was explained that the discrepancy between the (higher) weekly PTL submission and the expected September trajectory performance was due to the fact that the PTL does not include tertiary referrals. The Trust agreed to give a separate breakdown of tertiary referral numbers and also agreed to confirm current diagnostics protocols.

The Trust also reported improvement to the weekly PTL meetings and has a planned visit to University Hospitals Leicester on the 11th October to review further opportunities to for improvement.

- **Diagnostics:** The Trust reported that the 6 week diagnostics standard in September was under pressure due to lack of echo capacity but that additional shifts had been arranged to mitigate this and that the standard would be achieved. With regard to endoscopy capacity, the Trust committed to reviewing the estates options for additional capacity within the month and establishing viability or otherwise.
- **A&E:** The Trust reported that current performance was at 92.39% for September and that standard for Quarter 2 would not be met. Key issues relate to gaps in medical leadership and overnight cover, as well as issues with a new discharge pilot scheme (Call for Care). The Trust has a number of actions in train and is confident of rapid recovery.

Quality

- **Better births:** The Trust is actively engaged with the Local Maternity System (LMS) Board which has oversight from the STP. The Nottinghamshire LMS plan has been submitted to the STP before submission to NHSE, in line with expected time frames, and the Trust continues to work with commissioners to review pathways.
- **Freedom to speak up:** The deputy director of HR oversees the policy, process and log. The Log is reviewed monthly with the Trust's Senior Independent Director (SID). There are currently two 'Freedom to Speak Up' Guardians with an intention to increase this to five by the end of 2017. Over 100 managers have completed training on raising concerns.

Any other business

- The Trust Winter Plan was showing as a nil submission to which there was some debate. Email evidence supported a discussion that the Trust has put forward the necessary submission on the 8th September into the system via the LA&EDB. It was acknowledged there may have been some further confusion on dates and agreed that this would be rectified.
- The Trust acknowledged receipt of the letter on Pathology networks and that it would be responding confirming that EMPATH is the preferred option.
- The Trust confirmed that a substantive appointment has been made to the Chief Operating Officer role. Simon Barton commences on the 2nd January. Two Divisional General Manager posts are also being advertised and the deputy Director of Nursing interviews were due to take place at the beginning of October.

The next PRM is scheduled for 24th October 2017.

Yours sincerely,



Fran Steele
Director of Delivery and Improvement, NHSI

cc: John MacDonald, Chair, SFHFT
Diane Gamble, Head of Delivery, NHSI

Action Log:

We agreed a number of areas of focus which are set out in the action log below and we would be grateful if you could progress these ahead of the next meeting:

Sherwood Forest PRM: Action Log 26/09/2017

Item	Date Opened	Action	Owner	Target date / status
Performance	03/07/2017	Trust to provide update on endoscopy capacity/4 th room	SFH	Delayed due to ventilation issues requiring additional spend. Trust committed to reviewing potential estates options within the month. (by end of Oct-17)
Licence conditions	30/08/2017	NHSI to carry out 6 month review of s.111	NHSI	31 Oct-17
Finance	26/09/2017	Trust to provide to NHSI relevant documents to provide assurance over CCG QIPP notice updated position reported at PRM.	SFH	10 Oct-17
Finance	26/09/2017	NHSI Senior Finance Manager to meet with Deputy Director of Income and Performance for detailed update on all contractual issues.	NHSI / SFH	20 Oct-17
Finance	26/09/2017	NHSI to forward updated response to Commissioners over CQUIN issue	NHSI	30 Sept-17
Finance	26/09/2017	NHSI to provide agency statistics around most improved agency performance to enable Trust to communicate its success to staff and keep impetus moving forward	NHSI	24-Oct-17
Finance	26/09/2017	NHSI to ascertain if any pilot schemes underway where more developed work along the collaborative bank journey could be shared.	NHSI	24-Oct-17
Finance	26/09/2017	NHSI to respond to the issue of next year's Control Total process and Trust involvement (as Trust received a non-recurrent addition to this year's figure).	NHSI	24-Oct-17
Performance	26/09/2017	Trust to submit 12hr Mental Health RCA	SFH	24 Oct-17 Completed

Performance	26/09/2017	NHSI to send Pauline Phillips Winter Planning letter from July and check submission details. Ensure that RM is on all mailing lists	NHSI	24 Oct-17 Completed
Performance	26/09/2017	Trust to confirm breakdown of tertiary referral numbers and also agreed to confirm current diagnostics protocols.	SH	10 Oct-17