

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's Report	Date: 27 September 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 – September 2018

Overall update

Please find the latest harm information below:








	Monthly figure	Year to date figure
C Diff	3	14
MRSA	0	0
Ecoli	2	12
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	3	14
Never events	1	1

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

During August we saw, admitted and/or discharged 95.3% of patients within four hours, which ranks us 16 out of 137 Trusts in the NHS. This is the fourth month in a row we have met this important standard and is testament to the team work and effort of all staff at Sherwood, very ably supported by partners in social care, East Midlands Ambulance Service, Notts Healthcare, Primary Care, Commissioning and beyond.

I put a lot of importance on timeliness of care, as, when viewed with other indicators, I believe it is a good barometer of overall quality and how well a hospital and Trust works. We are caring for 35 patients more per day compared to three years ago in the Emergency Department at King’s Mill and the Urgent Care Centre at Newark, however we are on course to have our best September for emergency performance – well done to all involved. This is a big team effort. We must all ensure that we continue to focus on our patients as individuals and whilst timely care is important, safe, high quality, highly personalised care is the most important thing we can do for our patients.

The Trust’s overall risk profile remains stable and was reviewed at the Risk Committee on 11 September.

Principle Risk	Current Risk Exposure	Tolerable risk
PR 1: Catastrophic failure in Standards of Care	High (12)  (no change)	Low (4)
PR2: Demand that overwhelms capacity	Significant (16)  (no change)	Medium (8)
PR3: Critical shortage of workforce capacity & capability	Significant (16)  (no change)	Medium (8)
PR4: Failure to maintain financial sustainability	Significant (20)  (no change)	High (10)
PR5: Fundamental loss of stakeholder confidence	High (12)  (no change)	Low (5)
PR6: Breakdown of Strategic Partnerships	Med (8)  (no change)	Low (4)
PR7: Major disruptive incident	High (10)  (no change)	Low (5)

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

Ward 35, Ward 36, Ward 14, Ward 34, Ward 23, EAU, Cardiac Rehab, ED, Critical Care, Cath Lab, UCC, KTC, Discharge Lounge, Ward 53, Ward 54, Newark Endoscopy, Newark Sconce, Newark Theatres, Ward 25, Community Hub, Theatres, Newark Pre-op, Fernwood, OPD Newark, Minster Ward, Pre-op Assessment, ICCU, Day Case.

You will be aware that the NHS is working increasingly closely with social care. It is already acknowledged that Nottinghamshire is one of the areas in the country leading the way with this, I was excited to be invited as one of a small group to go and visit some Integrated Care Partnerships in Europe this week. The group is made up of people from the NHS and non UK public sector. I am looking forward to seeing how the ICPs work and bringing that back here to feed into our strategy as I genuinely believe this visit will help us strengthen our position across mid-Nottinghamshire. I will share more details about this through my weekly blog, staff briefings in October and next month's Board.

Wider SFH news

2018 staff survey launched

Last year's annual NHS staff survey was a good opportunity to understand how SFH colleagues viewed our culture and I was fairly pleased with the findings. Last year was the first time we offered every member of staff the opportunity to respond and over 2,500 (57%) people did. Our overall engagement rating placed us 20th out of the 92 "Acute" Trusts and we did particularly well against the question "staff satisfaction with the quality of work and care they are able to deliver", where we were fourth best in the NHS. There were also areas of concern which we have worked to address such as reviewing the Sickness Policy and developing a Personal Relationships At Work policy as well as actions at Divisional level.

This month the 2018 Staff Survey was launched and will close in November. I believe a high response rate is crucial to help us understand and celebrate what we do well at SFH and to find out what we are not so good at, so we can improve. I will provide further updates to Board on the response rates and themes.

Research update

Last month we had an informative update on our Research work which showed a positive picture. This month I am pleased to say that an update from the National Institute for Health Research shows we are joint top (with Chesterfield) on the increase in participation in local clinic research so far this year compared to last year. This is great news for our patients receiving care today and in the future, so thank you not only to our research team.

Wider NHS update

Key updates since last Board are:

- Figures from the Office for National Statistics (ONS) showed there was an increase in deaths in England at the start of this summer's heatwave. On 25 and 26 June there were 259 more deaths than the five-year average of 2,146 for those two days. This coincided with

temperatures rising above the level at which experts say heat-related deaths can occur. The ONS says it still needs to look at figures for July and August, as well as more information about registered causes of death, before assessing the reasons behind the rise.

- NHS graduate management trainees will be placed in urgent and emergency care systems for the first time as part of a new pilot supported by NHS Improvement and the NHS Leadership Academy. Four graduates will spend time in ambulance trusts and emergency departments across the North West and Yorkshire and Humber.

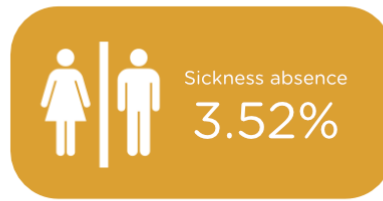
Next month at SFH

We will continue to promote our staff survey and staff flu campaigns, continue with our winter preparedness planning and prepare for our annual Staff Excellence Awards. We will also be supporting our colleagues at Newark and Sherwood CCG in their next Newark Urgent Treatment Centre co-design event on 16 October 2018.

Appendix A: Performance Infographic

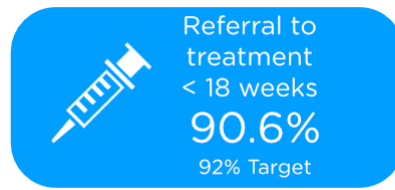
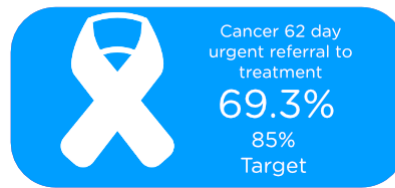
Dedicated to Outstanding care

Workforce



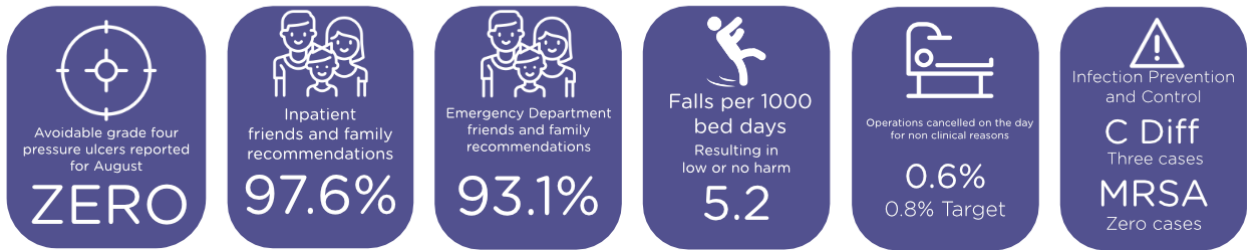
Dedicated to Outstanding care

Access



Dedicated to Outstanding care

Quality



Dedicated to Outstanding care

Finance

