

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's Report		Date: 25 October 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 – October 2018

Overall update

Please find the latest harm information below:








	Monthly figure	Year to date figure
C Diff	3	17
MRSA	0	0
Ecoli	4	16
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	2	16
Never events	0	1

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

The executive team and I are focussing on three key areas at the moment, as well as ensuring we continue to provide high quality care this winter; improvements on the elective care pathway, improvements on the cancer care pathway and ensuring we take timely and proportionate actions to deliver our financial control total. I believe we have made progress on these three key areas since our last Public Board.

It is really important we ensure we have a balanced response and it is possible to continue to focus on high quality care and improving access whilst also reducing our run rate. However I am very clear that we will not focus on improving our financial position to the detriment of quality and access. We have also launched an internal finance campaign looking at the small changes we can all make and hoping that this will be driven by ideas from SFH colleagues.

The Trust's overall risk profile remains stable and was reviewed at the Risk Committee in October.

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 September 2018, executive colleagues and I visited the following areas, amongst others, to listen to and meet staff:

EAU, GSU, ED, MCH, ADL, PAL's, PPC, UCC, OPD (NWK), Safeguarding, Ward 21, Ward 32, Ward 33, Ward 34, Ward 42, Oakham, Lindhurst, Clinical Transfusion, Blood Transfusion, Haematology, Clinical Chemistry, Microbiology, Cellular Pathology, Sconce, General Office (NWK), Therapy, Fernwood, Endoscopy (NWK), Pre-op and Minster.

I mentioned in my Board report last month that at the end of September I had the opportunity to visit other integrated health systems. What was clear to me is that we are all experiencing similar problems; increasing numbers of patients, challenges with funding, recruitment and retention but there are many different ways we can choose to respond to this. There is no single way for resolving these challenges but there is evidence that benefits can be derived from a hybrid of options. I strongly believe we should feel positive about our ability to improve the experience of our patients, public and staff over the coming years. I will talk more about my views on this at our session with Clinical Chairs in early November.

Wider SFH news

Last week was a particularly busy week at Sherwood. On Sunday evening we had our "**Lanterns of Love**" walk around King's Mill reservoir in memory of baby loss and in support of bereaved parents. Monday was our **National Allied Health Profession's** day with an event in the KTC and there were two **Finance Department** showcase events. On Tuesday we had our **National Pharmacy Technician** day with a stall in the KTC about pharmacy careers. On Thursday we had our first (and we believe the first in the NHS) **Menopause Conference**. The morning session was aimed at line managers with the objectives of the session being that employees can talk openly to their line managers without embarrassment and ensure that line managers, can confidently have supportive conversations about our approach, how it supports colleagues, what reasonable adjustments might look like and employment law supporting menopause. The afternoon session was for all colleagues who may be experiencing menopause symptoms or want to know more about it. The sessions will raise awareness and provide an education session covering menopause, its symptoms and how to manage them, and how to access help and support.

And to finish last week off, on Friday we had our first ever **Schwartz Round** which was open to all staff whether they were clinical or non-clinical. The Rounds are a chance for staff to get together on a regular basis to discuss and reflect on the emotional and social aspects associated with working in healthcare. I am conscious we all work in what can be an emotional and stressful environment and it is important to try and take time to look after ourselves and each other. The Rounds offer a safe and confidential environment for staff to share stories and to offer support. With help from a trained facilitator, discussion focuses on a particular topic. The first Schwartz round topic will be "The person I'll never forget".

Thank you to all of our staff who were involved in organising and attending the above sessions.

2018 Staff Survey update

To date, more than 14% of colleagues have completed their staff survey. The survey gives us important information on what it feels like to work at SFH at every level which is why I'm so keen for as many people at SFH to fill in as possible. This year we've listened to our divisions and sent

the survey via email for some and paper for others depending on what they requested. Hopefully this will also increase our rate from the 57% last year.

2018 Flu Survey update

We've had a fantastic start to our flu campaign with more than half of SFH frontline staff having had their vaccination (60.6%) and protecting themselves and our patients against this unpredictable, and potentially fatal, illness. We want everyone to have the jab as the sooner SFH colleagues get it, the more people they will protect.

Trust Strategy update

This month we've started engaging with staff, public and key stakeholders on what they think should be in our 2019-2024 Strategy. We've visiting meetings, holding drop in sessions and encouraging people to fill in our survey either in hard copy or online [here](#).

Our engagement is taking place until November 23 and then we'll collate all our responses with the aim to having a draft to share in the New Year, ahead of launching the new strategy in April 2019.

Stroke Care

This month we have been identified as the best Trust in the East Midlands for Stroke Care. Given the challenges we face around increasing demand and ensuring we have capacity for these patients, this is a brilliant achievement and is an example of the hard work and dedication of the team. Thank you to Emma Gillies and colleagues for this magnificent achievement.

Wider NHS update

Key updates since last Board are:

- Last year's WannaCry cyberattack cost the NHS £92m in disruption to services and IT upgrades, according to the Department of Health and Social Care. This included an estimated £19m in aspects such as cancelled appointments and operations, and £73m spent upgrading IT systems to make them more secure in response to the attack. The attack affected more than 80 trusts and hundreds of GP practices.
- Discussions are taking place on changing the NHS payment tariff rules which would begin in April 2019. It is expected that this would potentially affect tariffs paid for urgent and emergency care and outpatients. NHS England and NHS Improvement are looking for feedback on the proposals with feedback by October 29.

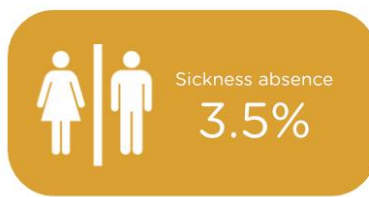
Next month at SFH

Promotion will continue with our staff survey and staff flu campaigns, our Staff Excellence Awards take and the engagement around our strategy will conclude. As well as this we will of course continue to focus on winter preparations.

Appendix A: Performance Infographic – to follow

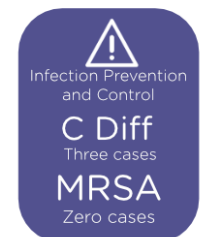
Dedicated to Outstanding care

Workforce



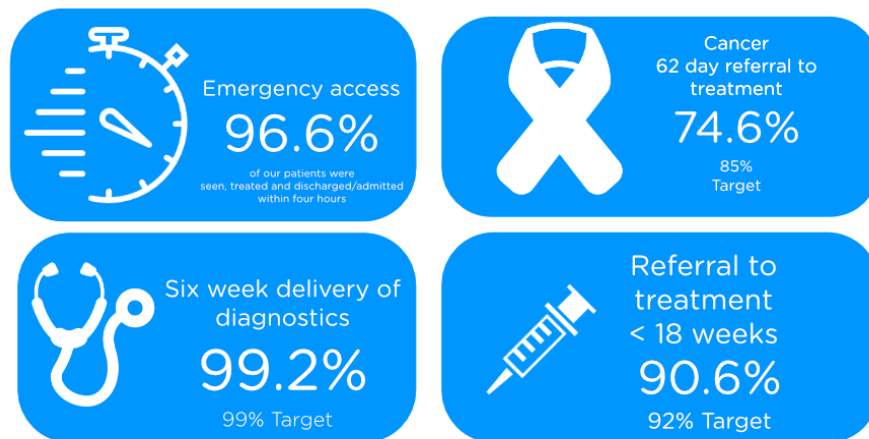
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Quality



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Access



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Finance

