

Chairman's Note

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Trust Board paper C

Dear Board Member,

KEY CONSIDERATIONS

These past few months have been the most difficult for our Trust and others nationally in terms of trying to meet the four hour performance target for emergency care. This has had an impact not only on the quality of the patient experience but also the continuous and unremitting pressure on our staff. We also know that the acuity and admission levels have risen as well as the frailty of patients. The implications of this need to be considered at various levels and raise a number of questions for me such as:

- what are the demographic and other changes occurring within our local communities and the implications of this for our future service planning and provision?
- how effective are our partnerships with our health and social care partners so that in operational terms we are meeting the challenges posed by these demographic changes effectively? I should point out that in posing this question I am not resiling from our own responsibility as an organisation to operate as effectively as we can.
- what lessons do we learn from past experience and seek to apply for the future given that seasonal weather and performance themes in emergency care are not new ones.

We will be discussing the implications of demographic change at a forthcoming Thinking Day. I note that a recent report by the Nuffield Trust highlighted the fact that in one health economy over 40 per cent of persons in care homes who were ill and visited by health staff were not subsequently attendees or admittances into an acute setting. It underlined the effectiveness of integrated working arrangements and as a Board we need to receive assurance about similar cross organisational processes. I also think we need to receive assurance about the next winter plan and its implications for the entire health and social care system.

The role of our staff will be critical in trying to ensure the changes we all want to see are implemented successfully. Again the implications of this need to be considered at a number of different levels and some of the questions raised in my mind are:

- how confident and able is our leadership at various levels in the organisation to lead the necessary transformation and how do we tackle this ?
- how are we perceived by staff and what are the issues that need to be addressed ?
- how do we successfully respond to national workforce shortages in an innovative manner?

We have already begun to discuss some of these issues in various forums internally. For example we have begun to focus on CMG capacity and capability reviews , the national gender pay review and the WRES data have highlighted times around perceptions in relation to fairness and equal treatment that must be addressed , and we have touched on our on-going workforce shortages both in the short and longer term.

There are other dimensions to workforce themes that relate to productivity and efficiency but I will not dwell on them here. I look forward to receiving a comprehensive strategy covering all aspects of our workforce that we can discuss in detail at a Thinking Day. I recently had a very interesting discussion with the Chief Executive of Loughborough College in relation to training and in the light of this would want to invite appropriate representatives of the three universities and relevant further education colleges to this discussion. Later this month we will be hosting a visit by Baroness Harding, Chairman of the NHSI, and the Board will have an opportunity to meet with her. I know that she has a specific interest in effective leadership within the NHS context.

The third theme I want to raise is patient safety. We have now had three CQC investigations during the past four years and as a Board I think we should focus on what we need to do in order to achieve a good rating overall for the Trust. This is not just a matter of receiving a formal accreditation but driving through a culture based approach in the organisation. This is not to ignore the real progress made in some service areas but we know we are not consistent either in learning lessons or in performance. I hope that by this time next year we will have some nominations short listed for national patient safety awards as one positive indicator of movement in this area. We will also be discussing the lessons of the Francis Report five years after it was published and the implications for Boards of acute trusts such as ours at our July Thinking Day with the author of the research review which was undertaken.

I look forward to seeing you at the forthcoming Trust Board meeting on 12th April 2018.

Regards

Karamjit Singh

Chairman