

<b>TRUST BOARD IN PUBLIC</b>		<b>Date: 24<sup>th</sup> November 2016</b>	
		<b>Agenda Item: 1.6</b>	
<b>REPORT TITLE:</b>		CHIEF EXECUTIVE'S REPORT	
<b>EXECUTIVE SPONSOR:</b>		Michael Wilson Chief Executive	
<b>REPORT AUTHOR (s):</b>		Gillian Francis-Musanu Director of Corporate Affairs	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)		N/A	
<b>Action Required:</b>			
<b>Approval ( )</b>	<b>Discussion (√)</b>	<b>Assurance (√)</b>	
<b>Purpose of Report:</b>			
To ensure the Board are aware of current and new requirements from a national, regional and local perspective and to discuss any impact on the Trusts strategic direction.			
<b>Summary of key issues</b>			
<b>Regional/National:</b>			
<ul style="list-style-type: none"> <li>Plans to prevent further healthcare acquired infections</li> </ul>			
<b>Local:</b>			
<ul style="list-style-type: none"> <li>Clinical Lead becomes Patron of British Orthodontic Society</li> <li>Annual SaSH Staff Awards</li> </ul>			
<b>Recommendation:</b>			
The Board is asked to note the report and consider any impacts on the trusts strategic direction.			
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>			
<b>SO5:</b> Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model			
<b>Corporate Impact Assessment:</b>			
<b>Legal and regulatory impact</b>	Ensures the Board are aware of current and new requirements.		
<b>Financial impact</b>	N/A		
<b>Patient Experience/Engagement</b>	Highlights national requirements in place to improve patient experience.		
<b>Risk &amp; Performance Management</b>	Identifies possible future strategic risks which the Board should consider		
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Includes where relevant an update on the NHS Constitution and compliance with Equality Legislation		
<b>Attachment:</b> N/A			

## TRUST BOARD REPORT –24<sup>th</sup> November 2016 CHIEF EXECUTIVE'S REPORT

### 1. National/Regional Issues

#### 1.1 Plans to prevent further healthcare acquired infections

At a recent infection control summit, Health Secretary Jeremy Hunt has recently launched new plans by the government to halve the number of gram-negative bloodstream infections by 2020.

E. coli infections – which represent 65% of gram-negative infections were responsible for the deaths of more than 5,500 NHS patients last year and are set to cost the NHS £2.3 billion by 2018. There is also large variation in hospital infection rates, with the worst performers having more than 5 times the number of cases than the best performing hospitals.

Infection rates can be cut with better hygiene and improved patient care in hospitals, surgeries and care homes, such as ensuring staff, patients and visitors regularly wash their hands. People using insertion devices such as catheters, which are often used following surgery, can develop infections like E. coli if they are not inserted properly, left in too long or if patients are not properly hydrated and going to the toilet regularly.

These new plans build on the progress made in infection control since 2010 – the number of MRSA cases has been reduced by 57% and C. difficile by 45%.

The government's plans to prevent NHS infections include:

- more money for hospitals making the most progress in reducing infection rates with a new £45 million quality premium
- independent Care Quality Commission (CQC) inspections focusing on infection prevention based on E. coli rates in hospitals and in the community, and taking action against poor performers
- the NHS publishing staff hand hygiene indicators for the first time
- displaying E. coli rates on wards, making them visible to patients and visitors in the same way that MRSA and C. difficile are currently
- improving training and information sharing so NHS staff can learn from the best in cutting infection rates
- the appointment of new national infection lead, Dr Ruth May

Alongside the plan to reduce E. coli rates, an additional £60 million will be allocated to the 'Getting It Right First Time' programme which was first pioneered by Professor Tim Briggs in orthopaedics. The programme will now be expanded to another 18 surgical specialties, building on the initial investment of £2.5 million.

The Getting It Right First Time programme seeks to improve patient experience by replicating the work of the best clinicians across the health service, including cutting infection rates resulting from surgery. The expansion of the programme will focus on infection control and aims to save the NHS £1.5 billion each year.

## **2. Local Issues**

### **2.1 Clinical Lead becomes Patron of British Orthodontic Society**

The Board would like to extend congratulations to Alison Newlyn, our clinical lead for dentistry, who has been appointed as the new honorary patron of the British Orthodontic Society. This high profile role will see Alison continuing to share best practice across her profession and building links between general and specialist dentistry.

### **2.2 SaSH Annual Staff Awards**

Members of the Board were incredibly proud to be able to recognise the hard work and dedication of all our staff; both individuals and teams who take this commitment to an even higher level at our annual SASH Star Awards that took place on 3<sup>rd</sup> November. This was a fantastic snapshot of the difference our staff make to the people we care for. I was delighted to be present and to join in the celebrations. The evening was also a chance to honour colleagues with long service awards ranging from 20 – 35 years' service at SASH and our predecessor hospitals. Congratulations and a special thank you to all including the teams who organised the event.

## **3. Recommendation**

The Board is asked to note the report and consider any impacts on the trusts strategic direction.

**Michael Wilson CBE**  
**Chief Executive**  
**November 2016**