

TRUST BOARD IN PUBLIC		Date: 30th March 2017	
		Agenda Item: 1.6	
REPORT TITLE:		CHIEF EXECUTIVE'S REPORT	
EXECUTIVE SPONSOR:		Michael Wilson Chief Executive	
REPORT AUTHOR (s):		Colin Pink Acting Director of Corporate Affairs	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		N/A	
Action Required:			
Approval ()	Discussion (√)	Assurance (√)	
Purpose of Report:			
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.			
Summary of key issues			
Regional/National:			
<ul style="list-style-type: none"> • CQC report on state of care in NHS acute hospitals • The Government's mandate to NHS England for 2017-18 • Staff Survey • New national objectives for infection control 			
Local:			
<ul style="list-style-type: none"> • BAME Network Launch (Black, Asian, and Minority Ethnic) • STP finance committee 			
Recommendation:			
The Board is asked to note the report and consider any impacts on the trusts strategic direction.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO5: Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model			
Corporate Impact Assessment:			
Legal and regulatory impact	Ensures the Board are aware of current and new requirements.		
Financial impact	N/A		
Patient Experience/Engagement	Highlights national requirements in place to improve patient experience.		
Risk & Performance Management	Identifies possible future strategic risks which the Board should consider		
NHS Constitution/Equality & Diversity/Communication	Includes where relevant an update on the NHS Constitution and compliance with Equality Legislation		
Attachment: N/A			

TRUST BOARD REPORT –30th March 2017 CHIEF EXECUTIVE'S REPORT

1. National/Regional Issues

1.1 CQC 'The state of care in NHS acute hospitals'

The CQC has published its findings from the end of CQC's programme of NHS acute comprehensive inspections (2014 to 2016). During this time a comprehensive inspection was carried out for all 136 NHS acute non-specialist trusts and all 17 specialist trusts. The report provides a baseline on quality of acute services across the NHS and highlights that it is possible to deliver the transformational change that is needed for the NHS is to continue delivering high-quality care into the future.

The report provides detail of what they have found 'Outstanding' to look like and defines clear expectations of what is the minimum expected requirement. The report highlights the overwhelming evidence that compassion and care is key to the NHS and delivered across the majority of its services. The report goes on to highlight that although safety is the often stated as the highest priority for many acute organisations, delivering an outstanding safety culture across an entire organisation is yet to be demonstrated.

The report highlight the importance of leadership, culture, management of resources and demand. It indicates that there is a lot of work to do across all trusts, the balance is towards provision of good services, 58% of services were rated good or above, 42% were rated as requires improvement or inadequate (SASH's services are currently rated overall good in all 5 domains).

The Trust's leadership continues to aspire to be outstanding and continues to develop systems of governance that can identify outstanding services and develop actions that we drive the organisation towards this goal. This report provides good narrative and themes that when understood will help the leadership of an organisation seek assurance of the quality of services it provides.

The report is available at <http://www.cqc.org.uk/content/state-care-nhs-acute-hospitals>

1.2 The Government's mandate to NHS England for 2017-18

The Department of Health has published the Governments mandate to NHS England, which details the key strategic actions that need to be made in the next financial year. It acknowledges that that it goes further than ever to ensure delivery of the best care and the reform and renewal needed to sustain the NHS for the future.

The document details the expectation of delivery of the Five Year Forward View, the need to close the gaps in the quality of health, care, NHS finances through Sustainability and Transformation Plans (STPs) and the work to deliver 7 day services and access to emergency care, including access to consistent standards of urgent and emergency hospital care, senior doctors and diagnostics regardless of day of admission.

There are 7 key objectives detailed in the mandate

- Through better commissioning, improve local and national health outcomes, and reduce health inequalities.
- To help create the safest, highest quality health and care service.

- To balance the NHS budget and improve efficiency and productivity.
- To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.
- To maintain and improve performance against core standards.
- To improve out-of-hospital care.
- To support research, innovation and growth.

1.3 Staff survey

The National staff survey results for 2016 have been published which has placed the Trust nationally in the top 20% as a place to work. This result provides good assurance on all manner of aspects of the Trust's service including quality treatment and care. Detailed findings are included in the public board papers.

1.4 New national objectives for infection control

The Secretary of State for Health has launched an ambition to reduce Gram-negative blood stream infections, such as E-coli, by 50% by 2021. This group of infections pose an increased risk of morbidity and mortality similar to MRSA. It is hoped that the reductions in blood stream infections seen nationally for MRSA BSI will be achievable for Gram-negative BSI.

Clostridium difficile infection (CDI) is an unpleasant, and potentially severe or fatal infection. It occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment. Each year each Trust is set a reduction objective to drive improvements in safety and reduce numbers of avoidable cases. For 2017/18 the Trust's reduction objective is no more than 15 cases which are deemed to be avoidable following investigation. The Trust has put significant effort into reducing the rate of CDI and continues to strive to reduce the risk of avoidable harm.

2. Local Issues

2.1 BAME Network Launch

On the 21st March the Trust launched its BAME Network (Black, Asian, and Minority Ethnic) to coincide with International Day for the Elimination of Racial Discrimination. One quarter of our staff are BAME staff. Currently we are frame working our Work Race Equality Standards, and inclusion agenda to produce more support for staff and patients. We aim to give greater prominence to inclusion at the Trust, reduce inequalities and ensure inclusion is an important dimension of our organisation's strategies and target areas and processes (e.g. recruitment, training and development opportunities, etc.), to provide a more inclusive SASH community.

2.2 STP finance committee

I congratulate Paul Simpson, the Trust's Chief Financial Officer, who has been selected to chair the local STPs finance committee. This is significant recognition of the work he has done for both the Trust and the local health economy

3. Recommendation

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

**Michael Wilson CBE
Chief Executive
March 2017**