



## REPORT TO THE BOARD OF DIRECTORS & TO THE GOVERNORS' COUNCIL

SUBMITTED BY:	REPORT FOR:	IMPACT:
Prof. Steve Barnett, Trust Chairman	Decision	High Med Low
CONSULTATION:	Information	✓
	REPORT TYPE:	RELATED WORK:
	Strategic	✓
	Operational	✓
	Governance	✓

**Meeting Date:** 26 November 2019 & 3 December 2019

**Report Title:** Chairman's Report

**Purpose:**

To keep the Board/Governors' Council informed in respect of key external / internal events and activities.

**Financial Implications / Efficiency Savings / Quality Improvement:**

None as a direct result of this report.

**Risk Assessment:**

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓	✓	✓	✓	✓

**Recommendations:**

The Board/Governors' Council is invited to consider and comment on the Chairman's Report.

## **Chairman's Report – November 2019**

### **1 KEY-NOTE - An evening to remember**

I know that our CEO, Caroline will also mention our Staff Awards, held on 07 November, in her report. However, I could not make my report this month without mentioning it too, so please forgive the inevitable duplication.

I was delighted and so proud to host with Caroline, this sparkling celebration of the wonderful contributions made to our hospital and the patients and public it serves, by our staff and volunteers, and to present awards to deserving winners of a range of award categories.

Delivery of our challenging quality improvement plans relies almost entirely on our staff. Listening to the background stories of our award nominees and winners confirms for me that we have many exceptional people working for and with Team QEH. This gives me great confidence in our ability to make and sustain improvements, and for a brighter future.

My sincere thanks go to all those who worked so hard to make the event such a success, and to our worthy award winners and nominees.

### **2 System-wide perspectives**

I have approached my reporting this month with caution, as we are currently in Purdah, ahead of the forthcoming General Election. There is a paper on the Board agenda (item 18), which describes in detail what this means. In short, as a public body, we should do nothing that might be seen to give one political party an advantage over others and I have taken this into account in my reporting. This also means that information due to be published nationally about the performance of the NHS broadly and on which I had hoped to report this month, will not be available until after the Election.

#### **2a Norfolk and Waveney**

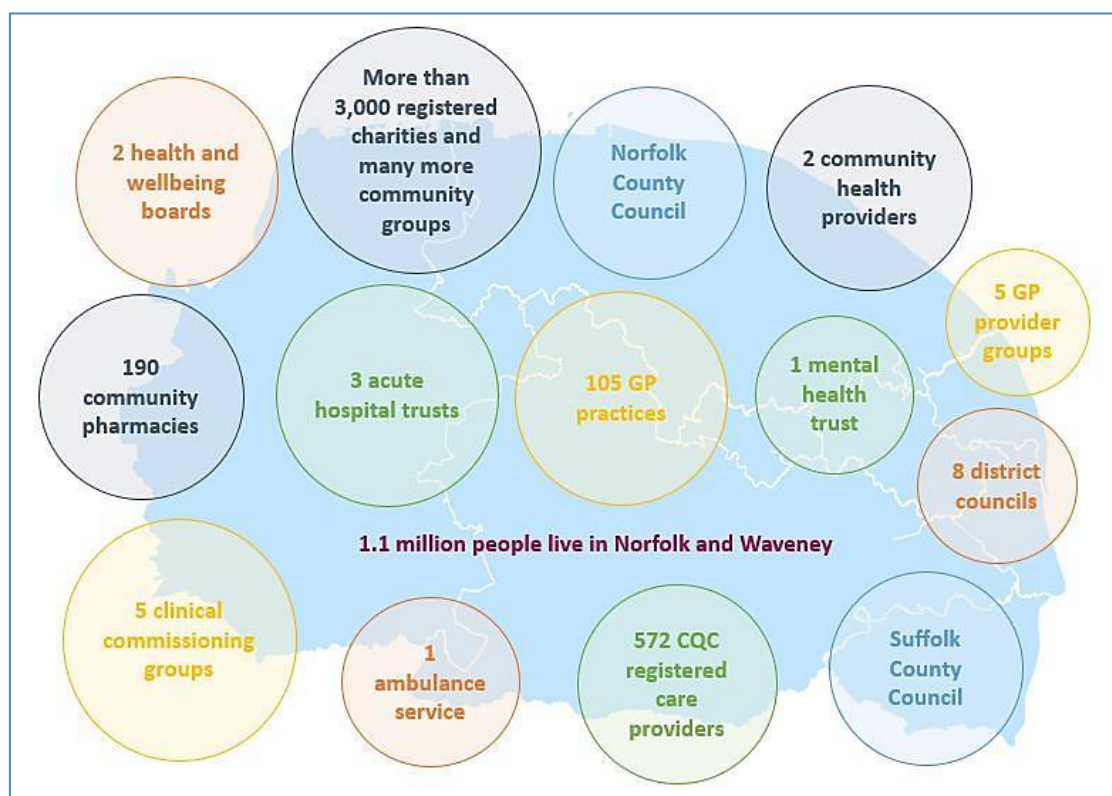
Board colleagues, Governors and QEH senior leaders joined me on 06 November, in welcoming to the Trust, Patricia Hewitt, Independent Chair of Norfolk and Waveney Health and Care Partnership and John Webster, Director of Strategic Commissioning, NHS Norfolk and Waveney CCGs.

We had an interesting dialogue about the system and its vision and objectives.

In January, the NHS published its Long-Term Plan, setting-out how it will make services fit for the future. The Long-Term Plan is clear that the future for health and care services is about collaboration and working together as Integrated Care Systems. Every area of the country has been developing five-year plans covering the period to 2023/24, setting-out how they will deliver the ambitions of the NHS Long-Term Plan and their own local priorities.

The Norfolk and Waveney draft plan has been finalised in November and has been submitted to NHSE/I, who have rated it as Amber/Green, indicating significant confidence in the development of an effective final draft plan. I have set out below, some summary information about the local plan.

**Norfolk and Waveney Health and Social Care System, comprises:**



**Our Challenges:**

- 1. People's health and care needs are changing.** Our population is growing, people are generally living longer and the type of care that people need is changing.
- 2. Our staff and services are under pressure.** We need to change how we work together to make people's care more coordinated and to reduce pressure on our staff and services.
- 3. We struggle to recruit and keep people working in health and care.** We have over 3,000 vacancies locally in statutory health and care services, plus more in the voluntary, community and social enterprise (VCSE) sector.
- 4. In some parts of Norfolk and Waveney, people have significantly poorer health, and on average die younger, than in other areas.** Across Norfolk and Waveney, life expectancy is not increasing as fast as the rest of England.
- 5. Our technology is out of date and our computer systems don't all work together.**

**Our three Goals:**

- 1. To make sure that people can live as healthy a life as possible.**  
This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.
- 2. To make sure that you only have to tell your story once.**  
Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.
- 3. To make Norfolk and Waveney the best place to work in health and care.**  
Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

#### **Five Key Changes:**

1. We will help people to make healthier choices to prevent them from getting ill and we will treat and manage illnesses early on.
2. Our GPs, nurses, social workers, mental health workers and other professionals will work together in teams, in the community, to provide people with more coordinated care.
3. Our hospitals will work more closely together so people get treated quicker in an emergency and don't have to wait as long for surgery and other planned care.
4. We will work together to recruit more staff and we'll invest more in the wellbeing and professional development of our workforce.
5. New technology will modernise our health and care services, making it quicker and easier for people to get the care they need.

It will come as no surprise to know that our Local Plan has some challenging financial objectives, including a very significant efficiency requirement for the system as a whole and for the individual organisations within it.

#### **2b Our Acute Hospitals - Working Together**

I was pleased to join Board colleagues from right across Norfolk and Waveney (Norfolk and Norwich, James Paget and the Queen Elizabeth Hospitals) for a Board : Board meeting in November. This is the first time that the three acute hospital boards have met to discuss how we can work together for the benefit of our respective patients and staff.

Our collective key aim is of course, to lead where appropriate and contribute to the delivery of our Local Plan.

We are already starting to join-up the teams who provide some of our specialist services e.g. Urology. In the future our three hospitals will work more closely together and operate more and more as one overall hospital system. Our next step is to develop a Hospital Services Strategy for our three hospitals and I am pleased to say that our clinicians are already engaged in this work.

We are investing in our hospital buildings to speed-up people's care and reduce waiting times, including:

- Three new Diagnostic and Assessment Centres to speed-up diagnosis of cancer and other diseases
- Updating and modernising mental health inpatient facilities

The three Norfolk and Waveney acute hospital boards have committed to continuing to strengthen relationships between the three organisations and I expect to be reporting on future discussions very soon.

### **3 An internal perspective**

#### **3a Welcome developments**

The QEH is one of 25 Trusts who will soon be implementing Electronic Prescribing and Medicines Administration (EPMS) plans.

The upgrade to more efficient systems will save time and benefit patients by:

- reducing medication errors by up to 30% compared with the old paper system
- ensuring fast access to potentially lifesaving information on prescribed medicines
- building up a complete, single electronic record to reduce duplication of information-gathering

I am delighted also to report work will soon be underway on improvements in our Ambulatory Emergency Care facility and also in our Discharge Lounge. This work will be welcomed by our patients and our staff and will help us to improve flow through the hospital, and the patient experience.

### **4. The Chairman's Diary**

#### **Internal:**

- Cambridge – Year 4 Student Induction
- Physiotherapy Department
- Meeting with the Lead Governor
- Board Development planning with our external facilitator
- 'Living our Values' awards
- STP event
- Staff Awards Ceremony
- Meeting with new Improvement Director, April Brown
- Non-Executive Directors – to discuss NED visits schedule

- Neo-natal Intensive Care Unit
- Charitable Fundraising, cheque presentation – the Buffaloes

**External:**

- CQC
- Health and Wellbeing Board
- Norfolk Community Health and Care – NED Interviews
- STP Chairs' Oversight Group meeting
- Board : Board with NNU, JPU and The Queen Elizabeth Hospitals
- Ministry of Defence Awards Event – to receive 'The Employer Recognition Standard - Silver Award', presented to organisations that offer excellent support to service leavers, reservists, cadet forces, adult volunteers and employees with family in the forces.