The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Agenda Item 9

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Jon Green, CEO	Decision		High	Med	Low
CONSULTATION:	Information	✓		✓	
	REPORT TYPE:		RELATED WORK:		
	Strategic	✓			
	Operational	✓			
	Governance	✓			

Meeting Date: 26 September 2017
Report Title: CEO's Update

Purpose: To update the Board on key internal and external events and issues					
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 is invited to note the update.					

CEO'S UPDATE – September 2017

1. Keynote - 'High pressure' continues

I used my first CEO's report in July to acknowledge the high pressure under which our operational teams have been working in recent times, with very little respite.

It is now September and there has not been much sign of a sustained 'let-up' in demand for our emergency services through the summer. We have continued to experience very high numbers of emergency patients needing to be admitted to our wards for care and treatment. This has at times impacted on the time it has taken us to see patients in A&E and therefore on our ability to meet our Emergency Access 4-hour standard. Our escalation beds, which we do not normally expect to need to use until winter, have been open for most of the year and this has put additional pressure on an already 'stretched' workforce. No matter how busy we are, our main objective remains to provide care safely!

There have been some instances in recent weeks when the Trust has declared an 'Internal Incident'. I should like to take this chance to offer my sincere thanks to all those people and teams who pulled out all the stops … and then some, to help us deal with these challenging times.

At this time of the year we are well into our 'Winter Planning' as a Trust and as a wider healthcare system. I thought you might find it interesting to see how the broader NHS fared last winter. The NHSi Review of winter 2016/17, Executive Summary tells us the following:

> ***"1. The NHS faced a very challenging winter in 2016/17. National performance against the 4 hour A&E standard dipped as low as 85.2% in January 2017. Some patients waited unacceptably long times in crowded A&E departments for admission to hospital. Other patients spent long periods in hospital when they were clinically ready for discharge. Hard-working frontline staff worked tirelessly under very significant pressures.***
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> ***2. Lessons from this winter need to be considered so as to shape action for future winters, improve patient care, reduce pressure on staff and deliver better performance.***
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> ***3. Performance over this winter followed the pattern of previous years, but with a much deeper trough, reflecting the pressure in the system in November. Specifically, bed occupancy levels and delayed transfers of care (DTOCs) were at historically high levels suggesting a particular problem at the 'back-door' of hospitals.***
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> ***4. The NHS went into the peak holiday period over Christmas and New Year with performance in November nearly 3% lower than the previous year, delayed transfers of care in November were 27% higher than the previous year (largely driven by increases in social care delays) and bed occupancy for Quarter 3 was 90.6%.***
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> ***5. This pressure continued through the winter period with:***
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> > ***a. Occupancy for Quarter 4 at 91.4%, and NHSI unvalidated daily sitrep data showed that on occasion this rose as high as 96.4%; and,***
> > ***b. Delayed transfers of care reaching their highest ever level in January 2017 (7,104 patients delayed each day).***
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> ***6. Despite these pressures, and thanks to the huge efforts of frontline staff, patients continued to receive safe care during this period and over 85 in 100 were admitted, transferred or discharged from A&E within four hours."***

It is clear that the entire NHS was under significant pressure last winter and there has been much in the media to suggest that there are likely to be further challenges this year. This aligns with our own intelligence, experience and forecasting. A big part of our winter planning will be to ensure that we do everything we can to support our teams and each other to continue to deliver safe and effective treatment for our patients.

2. While we're on the subject of 'winter' …

This year's flu vaccine campaign will be beginning soon. We did really well last year with high numbers of staff in all areas of the Trust having the vaccination to protect themselves, their patients and their families against this most unpleasant and sometimes dangerous virus. Building on last year's success we will be encouraging some healthy competition between divisions to see who can reach the 75% vaccination rate first.

If you are a member of the public reading this report – don't forget that you are eligible to receive a free flu jab if you:

- are 65 years of age or over
- are pregnant
- have certain medical conditions
- are living in a long-stay residential care home or other long-stay care facility

- receive a carer's allowance, or you are the main carer for an elderly or disabled person whose welfare may be at risk if you fall ill

3. Recruitment

A key element of our vision for 'Team QEH' is recruiting and retaining really high-calibre staff to join our highly-valued teams. A Healthcare Assistant (HCA) recruitment day was held on 09 September, with a trust-wide team of nurses, supported by the HR recruitment team. I'm delighted to report that as a result, we were able to offer posts to 37 HCAs and a number of bank positions on the same day.

A similar recruitment event for Registered Nurses is also planned for September and I hope to be able to report positively on the outcome at the Board meeting.

4. Operational Structure

The executive team has, for some time, been thinking about the most effective way to organise our services.

We have developed a new Operational Structure in partnership with staff through a comprehensive period of engagement.

The key to the new '2-Division' structure is in helping shape the organisation for the future. The model is based on Clinical Business Units (CBUs) that are properly resourced and supported. The structure enables staff to progress and empowers them by providing greater autonomy.

I am grateful to everyone who participated in the engagement around this important evolution. There is still work to do on 'fine-tuning' the model and ensuring that the model is resourced properly and so the new structure will not become operational until April 2018.

5. STP News

There have been several significant milestones in the Norfolk and Waveney STP since it last featured in my Board report.

Firstly, the footprint's plan was judged to be "advanced" by NHS England. This rating afforded us a significant funding opportunity and the STP has now been successful in bidding for up to £4m of additional money to support mental health provision in the county.

Leadership of the footprint has also changed significantly with the appointment of the former Health Secretary, Patricia Hewitt as Chair of the Norfolk and Waveney STP with Dr Wendy Thomson stepping down as Exec lead. Dr Thomson, who in her role as Managing Director of Norfolk County Council will continue to support the project as part of the Executive Committee, has been replaced by Antek Lejk, Chief Officer of South and North Norfolk CCGs.

Both leaders have already made a significant impact in their new roles, working to ensure greater public understanding of the need for change in health and social care and drive things forward at pace.

Both I and my counterpart John Webster at West Norfolk CCG are heavily involved in the STP and are working to ensure it brings the necessary improvements to the county as a whole and the population of West Norfolk in particular.

6. Hospital Access

As an acute hospital, we treat some of the least agile and most vulnerable people in our community. However, owing to the topography of the QEH site, we continue to be challenged to resolve our issues relating to provision for our less mobile patients and visitors getting into the building from the car park. This is something, which I know concerns many others too.

Last year the prospect of a 'golf buggy' style service from the main car park to the main entrance was investigated comprehensively but in the end this was found to be unworkable.

I have asked for work to be carried out to investigate whether better parking / drop-off provision can be arranged for our least mobile patients closer to the hospital.

I am also acutely aware that more wheelchairs are needed for patients to get about, once they are in the hospital and so the Trust's next fundraising campaign will be for more wheelchairs to use internally in the hospital. Our last wheelchair campaign was very successful and I hope that we can count on the support of the public once again.

In the longer term we are also looking into the feasibility of purchasing wheelchairs for external use.

7. 'Quality Matters'

A key responsibility for all providers of care, including hospitals, is to put in place processes to monitor and provide assurance about how well the organisation complies with the Care Quality Commission's (CQC) Fundamental Standards and to identify and address any compliance gaps.

The CQC will, of course, come and undertake an independent inspection and make an assessment about how well the Trust performs against 5 key questions:

- **Safe**: patients are protected from abuse and avoidable harm.
- **Effective**: patient care, treatment and support achieves good outcomes, helps patients to maintain quality of life and is based on the best available evidence.
- **Caring**: staff involve and treat patients with compassion, kindness, dignity and respect.
- **Responsive**: services are organised so that they meet patient needs.
- **Well-led**: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around patients' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

CQC inspections are generally unannounced and it is of course right that the hospital should seek to provide high quality services every day – not just when it thinks the CQC is coming to visit!

There will be lots of opportunities for staff, patients and our community to get involved in our ongoing work in this area. The CQC will themselves speak to staff, governors, service user-groups and our partners e.g. Healthwatch and the CCG in the run-up to our next inspection.

As part of our ongoing work, we will also be looking for people to get involved:

- As Champions – communicating with and on behalf of teams at all levels, right across the Trust
- As Teams – preparing evidence to demonstrate how we comply with the standards and action plans to address any gaps
- As Individuals – making sure that we all understand and deliver the Fundamental Standards for every patient and on every shift
- As Leaders and Managers – supporting teams to comply with the Fundamental Standards
- As Peer Reviewers – we will be planning some 'mock inspections and peer reviews in the coming weeks to 'test' our compliance with the Fundamental Standards

You will hear a lot more about this work and how you can play your part, in the coming weeks.

The Fundamental Standards are attached to this report as **Appendix A.**

8. NEW TO THE TEAM

I am pleased to welcome to Team QEH

First Name	Position Title
Sarah Hamilton	Speech & Language Therapy Manager
Karen Charman	Director of Human Resources & Organisational Development
Shyam Seshadri	Consultant - Diabetes
Martine Pringle	Senior Midwifery Manager - Women & Children Management
Amanda Ashton	Non-Executive Members

9. The CEO's Diary

My diary in recent weeks has included engagements with the following key partners:

- NHS Improvement
- Norwich Medical School – UEA
- A&E Delivery Board
- STP Executive Board
- West Norfolk CCG
- Cambs and Peterborough CCG
- Healthwatch
- NHS England
- BMI Healthcare
- CQC
- Norfolk and Suffolk Foundation Trust
- Norfolk and Norwich Hospital
- Member of Parliament
- Norfolk Health Overview and Scrutiny
- Innovation Event with Health Enterprise East and a delegation from the United Arab Emirates

The CQC Fundamental Standards

- **Person-centred care** – Treatment that is tailored to the service user and meets their needs and preferences.
- **Dignity and respect** – Making sure that service users have privacy when needed and wanted, are treated as equals, are given any support needed to help them remain independent and involved in the local community.
- **Consent** – The service user (or anybody legally acting on their behalf) must give their consent before any care or treatment is given.
- **Safety** – Service users must not receive unsafe care or treatment or be put at risk of any harm that could otherwise be avoided. Risks must be evaluated during any care or treatment pathway, making sure your staff have the qualifications, competence, skills and experience to keep clients safe.
- **Safeguarding from abuse** – Service users are entitled to receive care without suffering any form of abuse or improper treatment. This includes neglect, degrading treatment, unnecessary or disproportionate restraint or inappropriate limits on freedom.
- **Food and drink** – Anyone receiving care and treatment under your supervision must have enough to eat and drink to keep them in good health.
- **Premises and equipment** – The premises and equipment used for your care service must be suitable, secure and looked after/used properly.
- **Complaints** – Your care service must have a system in place so that you can handle and respond to client complaints, investigating any complaints thoroughly and taking action if problems are identified.
- **Good governance** – You must have sufficient governance and systems in place to monitor the quality and safety of care and these must help the service improve and reduce any risks to health, safety and welfare for your service users.
- **Staffing** – Qualified, competent and experienced staff must be in place, ensuring that fundamental standards are met. Staff must receive the support, training and supervision that they need to help them do their job.
- **Fit and proper staff** – You must only employ those who can provide the care and treatment as appropriate to their role, with efficient recruitment procedures in place and relevant checks (e.g. DBS, formerly CRB) implemented.
- **Duty of candour** – You must be open and transparent with clients with regards to their care and treatment. Should something go wrong, you must tell service users what has happened, provide support and an apology.
- **Display of ratings** – You must display your CQC rating in a place where stakeholders can see it, also including this information on your website and making the latest CQC report on your service available care users.