Agenda Item 7

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

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: **29 January 2018**
Report Title: **Chairman's Report**

Purpose: To keep the Board 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 is invited to consider and comment on the Chairman's Report.

Chairman's Report – January 2019

1 <u>'Better Together' … with Caroline Shaw, our new CEO!</u>

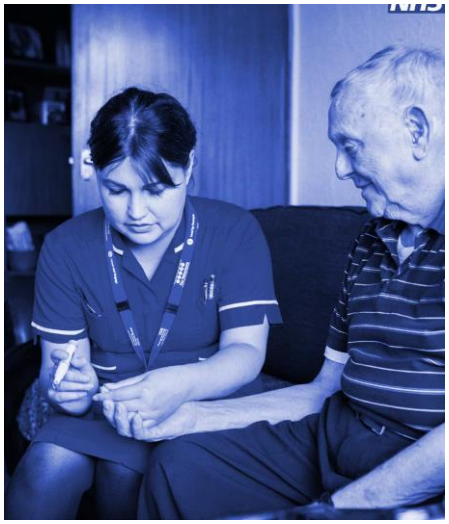
I usually welcome newcomers to the QEH Team at the end of my report. However, on this occasion, I must begin by welcoming Caroline Shaw to our hospital and our team as our new CEO!

Caroline started work with the Trust on 14 January. Caroline began her NHS career as a nurse before moving into midwifery and she has more than three decades' NHS and leadership experience gained at Trusts around the country, including Leicester, Nottingham and Manchester. Caroline joins our team from Nottingham University Hospital NHS Trust, where she was Deputy Chief Executive and Chief Operating Officer.

I am delighted that Caroline has joined us. Her experience of improving organisations, along with her passion for transformation and her commitment to patients and staff will provide the foundations of an exciting new era for the hospital and I am looking forward to working with her!

2 An outward-looking perspective

A. The NHS Long-term Plan (the Plan)



The NHS long-term plan has been published, following last June's announcement of a £20.5bn annual real terms uplift for the NHS by 2023/24. The Plan sets out ambitions for ensuring the NHS is fit for the future and covers a ten year window. A consultation and engagement period will now begin on the Plan, running until the summer of 2019.

'The Plan' … A new service model for the 21st century:

The Plan includes a guarantee that over the next five years investment in primary medical and community services will grow faster than the overall NHS budget, creating a ring-fenced local fund worth at least an additional £4.5bn a year in real terms by 2023/24. It summarises a series of improvements to be delivered in the following five key areas:

- Improving out-of-hospital care (primary and community services)
- Reducing pressure on emergency hospital services
- Delivering person-centred care
- Digitally enabled primary and outpatient care
- A focus on population health and local partnerships through ICSs (Integrated Care Systems)

Delivering the Plan

To ensure that the NHS can achieve the ambitious improvements it wants to see for patients over the next ten years, the NHS Long-Term Plan also sets out plans to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

I. **Doing things differently:** to give people more control over their own health and the care they receive, encouraging more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

II. **Preventing illness and tackling health inequalities:** to increase the NHS contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

III. **Backing our workforce:** to continue to increase the NHS workforce, training and recruiting more professionals – including more clinical placements for undergraduate nurses and more medical school places, and more routes into the NHS such as apprenticeships. To make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

IV. **Making better use of data and digital technology:** to provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

V. **Getting the most out of taxpayers' investment in the NHS:** to continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products at better prices, and reduce spend on administration.

What happens next?

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

If you would like to read the NHS Long-Term plan, you will find it by following this hyperlink:

https://www.longtermplan.nhs.uk/

B. BREXIT ???

At the time of writing my report, we are awaiting the outcome of some very important political 'voting', which will impact the timetable and arrangements for 'Brexit'. By the date of the January Board meeting, the picture will hopefully be clearer. However, the NHS has been thinking about and planning for the implications of an EU exit for some considerable time.

The Department of Health and Social Care (DHSC) has published Operational Guidance which sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit, including immediate actions to manage the risks of a 'no deal' EU Exit. This guidance has been developed and agreed with NHS Improvement and NHS England.
The guidance advises trusts to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts, focusing on seven areas of activity in the health and care system:

- supply of medicines and vaccines
- supply of medical devices and clinical consumables
- supply of non-clinical consumables, goods and services
- workforce
- reciprocal healthcare
- research and clinical trials; and
- data sharing, processing and access.

DHSC is also developing contingency plans to mitigate risks in other areas. For example, it is working closely with NHS Blood and Transplant to co-ordinate 'no deal' planning for blood, blood components, organs, tissues and cells.

Key developments include:

- **National Operational Response Centre**
  The Department, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre, which will lead on responding to any disruption to the delivery of health and care services in England, that may be caused or affected by EU Exit. The Operational Response Centre will co-ordinate EU Exit-related information flows and reporting across the health and care system. The Operational Response Centre will not bypass existing regional reporting structures; providers and commissioners of NHS services should continue to operate through their usual reporting and escalation mechanisms.

- **Local, regional and national support teams** will be set up to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required. These teams will support trusts to resolve issues caused or affected by EU Exit as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are

impacting across the health and care system at a national level, the Operational Response Centre will co-ordinate information flows and responses.

The QEH's Finance and Activity Committee received the Trust's 'EU Exit – Contingency Planning' report at its meeting in January 2019.

C. New NHS England and NHS Improvement leadership team

As part of closer working arrangements between the NHS England (NHSE) and NHS Improvement (NHSI), a new combined management group was announced in December 2018.

Under the new structure, the seven integrated regional teams will play a major leadership role in the geographies they manage, making decisions on how best to assure and support performance in their region, as well as supporting local system transformation. The corporate teams will provide specialist support and expertise to the regional teams, as well as taking a national lead on their areas.

The NHS executive group held its first meeting in January 2019, with the new national and regional directors expected to formally lead their integrated directorates by April 2019.

Simon Stevens and Ian Dalton will remain as chief executives of NHSE and NHSi respectively. The other members of the national leadership team are as follows:

- NHS Chief Financial Officer: Julian Kelly
- National NHS Medical Director: Professor Stephen Powis
- Chief Nursing Officer: Ruth May
- Deputy Chief Executive, NHS England: Matthew Swindells
- National Director for Emergency and Elective Care: Pauline Philip
- National Director for Strategy and Innovation: Ian Dodge
- National Director for Transformation and Corporate Development: Emily Lawson
- Chief Commercial Officer: vacant
- Chief Improvement Officer: vacant
- Chief People Officer: vacant
- Chief Provider Strategy Officer: vacant

Do you recognise a name from QEH's past in that list? … Ruth May was once the CEO of our hospital! Some will have seen Ruth more recently, when she returned to King's Lynn to help us celebrate 70 years of the NHS. Caroline and I look forward to inviting Ruth back to the Trust, in her new role, very soon.

The new regional director for the East of England is Ann Radmore.

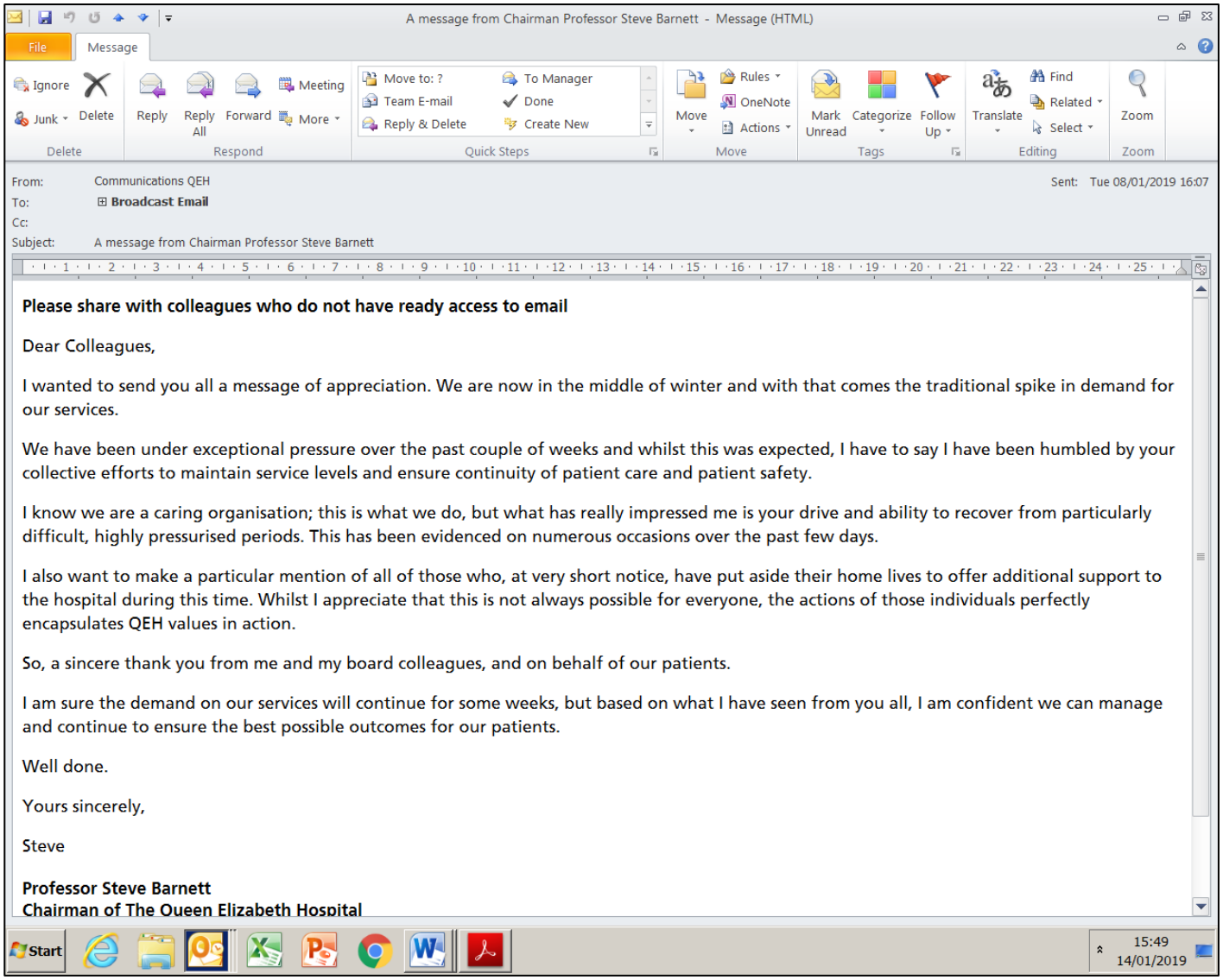
3 <u>Closer to Home</u>

Winter continues!

Winter for the NHS broadly and our hospital specifically is always very challenging - and more so this year than ever, since we have approximately 50 fewer beds open than we did last year and no potential to open additional escalation capacity safely.

After a relatively calm Christmas a New Year, the early part of January saw extremely high demand for services and unprecedented operational pressures, leading the Trust to call an internal critical incident. Our people and teams pulled out all the stops to support each other to deliver safe care for our patients and the Trust recovered very quickly – something which was noted by our regulators!

I should like to repeat here, the message I felt compelled to send to our staff. I am so proud of and grateful to you!



A message from Chairman Professor Steve Barnett - Message (HTML)

From: Communications QEH
To: Broadcast Email
Cc:
Subject: A message from Chairman Professor Steve Barnett
Sent: Tue 08/01/2019 16:07

Please share with colleagues who do not have ready access to email

Dear Colleagues,

I wanted to send you all a message of appreciation. We are now in the middle of winter and with that comes the traditional spike in demand for our services.

We have been under exceptional pressure over the past couple of weeks and whilst this was expected, I have to say I have been humbled by your collective efforts to maintain service levels and ensure continuity of patient care and patient safety.

I know we are a caring organisation; this is what we do, but what has really impressed me is your drive and ability to recover from particularly difficult, highly pressurised periods. This has been evidenced on numerous occasions over the past few days.

I also want to make a particular mention of all of those who, at very short notice, have put aside their home lives to offer additional support to the hospital during this time. Whilst I appreciate that this is not always possible for everyone, the actions of those individuals perfectly encapsulates QEH values in action.

So, a sincere thank you from me and my board colleagues, and on behalf of our patients.

I am sure the demand on our services will continue for some weeks, but based on what I have seen from you all, I am confident we can manage and continue to ensure the best possible outcomes for our patients.

Well done.

Yours sincerely,

Steve

Professor Steve Barnett
Chairman of The Queen Elizabeth Hospital

Governor Elections – Newly elected Governors to be announced by 31 January!

We have been holding our Governor elections over recent weeks. Elections close on 30 January and we will be able to announce the results by close of business on 31 January.

There are 12 Governors' Council seats to be filled at this current election. Of these 12, four are in West Norfolk, one in Breckland / North Norfolk / the Rest of England, two in South East Lincs, one in Cambridgeshire, two non-clinical staff and two clinical staff.

Nine of the governors currently serving in the 12 seats to be filled will not be putting themselves forward for election again. Neither Cambridgeshire nor clinical staff categories were contested, this means that Jenny Brodie will be elected unopposed as a governor for Cambridgeshire for a second term and Ant Wilson, will be elected unopposed as a clinical staff governor. The Trust will run with one clinical staff vacancy, as elections will be taking place again in that category next year.

I should like to recognise those people who have shown their support for the Trust and their interest in serving on our Governors' Council and to those people who have taken the trouble to vote for the governor candidates of their choice.

I should also like to thank all those Governors who have reached the end of their terms of office or who are moving on for other reasons. Sincere thanks to you all, for your service to our hospital and the community served by it!

The Trust says farewell and thank you to governors: Robin Broke, Dr Rob Outred and Dr Peter Tasker in the West Norfolk constituency. Simon Clarke (West Norfolk) has nominated himself for a second term, so both thanks and good luck to him. Thank you and farewell also to Patricia Tickner (Breckland, North Norfolk and the Rest of England) and Aimee Hicks (SE Lincolnshire). Thank you to Nigel Tarratt and Mark Abbot (clinical staff) and Darren Barber (non-clinical staff). Non-clinical staff governor Sophia Buckingham is standing for a second term, so thanks and good luck to her.

4 Something to celebrate … some sound bites of good news!

- Radiology Clinical Support Worker Sally Nederpel has written 'Arthur has an X-Ray' to help children understand what will happen when they have an x-ray or ultrasound to make it less frightening. The book gives step-by-step descriptions of what will happen when children go for tests like an Ultrasound, CT or MRI Scans, as well as an X-Ray. The book was one of Sally's final assignments for her foundation degree in Health Studies, which she has completed as part of our 'grow your own' programme that seeks to develop our existing high potential staff. Sally has worked for the QEH since she was 16. There is a hard copy of the book in several areas in the Trust along with an electronic version.

- West Raynham Ward is the sixth best performing stroke unit in the country for its treatment and performance. Patients who are suspected of having a stroke are seen within two minutes of arriving at the QEH and receive vital thrombolysis treatment within 40 minutes, which helps patients to regain independence and mobility after a stroke if it is given early enough. Stroke Consultant and Acting Medical Director Dr Raj Shekhar and Ward Manager Tania Martins Henriques Afonso have put the success down to the unit's dedicated team of doctors, nurses, therapists and support staff. The Stroke team is also working with West Norfolk Clinical Commissioning Group to run the first clinic in the region to help prevent people from suffering strokes. Research has shown that some people who have an irregular or fast heart rate can go on to suffer a stroke so Atrial Fibrillation clinics have been running for the last three months. Eastern Academic Health Science Network in Cambridge is also supporting the clinics by offering innovative equipment.

- Community members in West Norfolk were exceptionally generous over the Christmas season to ensure patients, young and old, had a gift to open. KLFM ran their annual toy appeal, which resulted in donations to Rudham, Roxburgh and the Paeds A&E. 'Listers Mini' donated toys to Rudham. The 'Co-op Group' donated boxes of presents for our older patients, after holding fundraising events in store. 'Ryston Land Rover Run' brought in bags of presents for patients on West Newton.

- The Trust's 298 volunteers - aged between 16 and 92, were thanked for giving more than 34,000 hours of service to the Trust in 2018. West Norfolk Mayor, Nick Daubney, joined volunteers at their annual Christmas lunch.

- Necton, Stanhoe, Tilney and TIU along with the Widening Participation Team have been collecting clothing, food and toiletries during December, to support the King's Lynn Night Shelter and the Purfleet Trust. The goods were collected from Stanhoe by members of the King's Lynn Fire Station on Friday, December 21.

- The Prince's Trust Garden – young people aged between 16 and 24 raised money and created a garden outside the Inspire Centre. They raised £1,600 with activities, including cycling the distance between the QEH and Buckingham Palace on a static bike, while wearing full fire kit.

- More than 75% of clinical staff at the QEH have had their flu jab!

5 The Chairman's Diary

I have been very pleased to meet colleagues both inside and outside the hospital in my early weeks in my new role. There's a lot to see and a lot of people to get to know, so if I haven't been to your area yet, then I ask for your patience … I will get there!

Some of the engagements I have enjoyed since November include:

Internal

- Meeting with Lead Governor
- Meeting with the Cancer Team
- Meeting individual consultants and attendance at HMSC
- Meeting with Unions / Staffside Representatives
- Meeting with Freedom to Speak Up Guardian
- Chaired Consultant Interview Panel
- Porters
- Path Lab
- Pharmacy

External

- Meetings with Regulators
- Visits to the Norfolk and Norwich and James Paget Hospitals
- Meeting with Sir Henry Bellingham
- STP meetings