Agenda Item 12

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

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: 31 July 2018
Report Title: CEO's Update

Purpose: To update the Board on key internal and external matters.					
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 the update.					

CEO'S UPDATE – May 2018

1. Keynote: … Continuous improvement

At the time of writing my last report to Board The CQC were in the midst of inspecting The Trust. Since then Inspectors have concluded their visits and we anticipate the report being made available to us in the coming months.

During their time with us inspectors complimented us on our approach to the inspection saying we were open, honest and very welcoming. As part of this open dialogue inspectors highlighted several areas to us where improvement is required and as a result we have already mobilised the organisation to ensure that the concerns are addressed promptly and in an appropriate manner.

In any organisation there is always the potential to get better at what you do and at the core of good organisations is a culture of continuous learning and improvement. In preparing for our CQC inspection, and in the way we have responded to improvement points already raised, we have shown our willingness to embrace this culture. I said prior to their visit that a CQC inspection should not be a case of merely prepping to pass an exam but a vehicle by which we ensure we give the best possible care to every patient every day.

CQC inspection aside, we know the work we need to do to ensure we continue to be a safe and sustainable hospital for the community we serve and continuously work as a Trust and with our partners across the healthcare system to achieve this.

2. Celebrating 70 years of the NHS

July 5 marked the official 70th birthday of the NHS. The NHS is an organisation like no other. It is one of the largest employers in the world and employs one in 20 of the UK population. It is one of the most trusted and recognisable "brands" on the planet and I know of no one who works within it who is not immensely proud to do so.

At QEH we have been marking this significant birthday for some time. We began back in May with our celebration service at St Nicholas Chapel in King's Lynn. To mark the big day itself staff celebrated with a 1940s themed tea party in The Hub. There were lots of activities laid on with the help of students from the College of West Anglia and, of course, a 1940s buffet complete with Spam sandwiches! The QEH archieve was also on show which was a source of fascination for many.

From the photos, and from what I hear, everyone had a great time. Sadly I was unable to attend as I was invited to the national service of celebration for 70 years of the NHS at Westminster Abbey that day. I was accompanied to this by Del Toomey from our procurement department who was selected as one of our Values Awards winners. We both had a thoroughly enjoyable day.

One of the documents in the archive has provoked a great deal of thought for me. It is the original pamphlet which was sent out to every home in the land prior to the start of the NHS back in 1948. The front cover reads as follows.

Your new National Health Service begins on 5th July. What is it? How do you get it?
It will provide you with all medical, dental, and nursing care. Everyone- rich or poor, man, woman or child, can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a "charity". You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness."

It is easy to forget just what the NHS provides for us all and become disheartened at the scale of the challenges our healthcare system faces. But the NHS is strong and it is valued by all. I am proud of it, our hospital and, above all, of our staff who make it what it is.

3. Infection control / Ward deep cleans

Our work to ensure the highest standards of infection control continues. The summer months, and the closure of our escalation beds on Leverington Ward, afford us the opportunity to undertake a very thorough cleansing of each ward.

We have in place a rolling decant programme where, ward by ward, we are moving staff and patients onto Leverington a week at a time so deep cleaning and essential maintenance work can be undertaken. This programme represents good infection control practice and work is scheduled to finish in time for the start of the winter period. We anticipate it will have a significant impact in helping tackle C.Diff and other infections.

Of course, deep cleaning on its own is not enough. Good infection control relies on the consistent application of good practice when it comes antibiotic use, standards of cleaning and hand hygiene. To this end my talks on the human cost of spreading infection continue as we do everything we can to highlight the importance of infection control.

4. Finance matters

We now find ourselves a quarter of the way through the financial year. This month's Board paper provides details of our current financial position but I think it would be a fair assessment to say that we continue to find ourselves financially challenged. Our cost saving plans are behind schedule and so we are doing everything we can to get these back on track as soon as possible. We know the further we go off plan now the harder it will be to rectify things as the year progresses.

To this end we are asking staff to focus on spend and the push to deliver our £10m savings plans. My clear message to staff has been that we can no longer just focus on increasing our income. Whilst we have income plans to deliver, due to the available money in the system we can no longer trade our way out of problems. We must focus on driving down our 'agency' expenditure and our recruitment, retention, sickness absence, efficiency, productivity and 'new ways of working' plans in order to meet our financial commitments.

5. Winter

There is an inextricable link between our operational pressures and our financial challenges. Every winter we see a significant increase in demand for our services. Unchecked this demand can not only result in an increase in A & E waits and ambulance handover times but can also result in an escalation in our costs as we take the difficult decisions of opening our escalation areas and cancelling aspects of our elective activity.

Though the sun may be shining outside, and I am pleased to say that the prolonged hot spell has not yet caused its own increase in demand, at the QEH we are already thinking about winter. Working with our partners we are putting plans in place to ensure that, as a system, we are able to cope with the demands placed upon us.

This year will mark a significant shift in our preparations as we look towards creating a single Norfolk wide winter plan working with our Sustainability and Transformation Programme (STP) partners. The STP is also looking to appoint a Director of Winter Operations who will help coordinate this more joined up approach across the whole county.

6. Discharge to assess

One of the ways we are looking to increase flow through the hospital is by implementing a discharge to assess programme. The programme, which we are calling Home First, is a partnership project with West Norfolk CCG, Norfolk Community Health and Care and Norfolk County Council. The fundamental principles of this model are as follows.

- The patient is assigned a pathway detailing the most appropriate method of discharge within 24 hours of being admitted to hospital.
- No decisions regarding the patients long-term support or care needs are made in hospital.

- The patient is discharged by the ward multi-disciplinary team as soon as they no longer require an acute hospital bed.

None of our patients should have to spend any longer than they need in hospital and so this project represents and win win. Our patients get the care they need in the right setting and we are able to maintain better flow through the hospital.

7. New to the Team and changes to the Team

I am pleased to welcome to Team QEH:

- Bharat Patel – Associate Director of Operations – Surgery – 21 May 2018
- Dr Mohamed Alfiky – Consultant ENT – 15 May 2018
- Dr Mei Wong – Consultant Paediatrics – 4 June 2018

I would also like to welcome, David Dickinson, who joined the Board as a Non-Executive Director on 2 July 2018. David is a qualified accountant and recently retired from the post of Director of Resources at Newark and Sherwood District Council in Nottinghamshire. He will take over as Chair of the Audit Committee.

7. Diary Dates

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

- Norfolk Acute Hospitals' Group
- STP Executive Board
- A&E Delivery Board
- QEH A&E Regional Performance meeting
- NHS 70th Celebration Service at Westminster Abbey
- Leading for Improvement Conference