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: **29 May 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: … Welcoming the Inspections!

In my last report to Board I said that we had received a Provider Information Request (PIR) from the CQC and that this was the precursor to our formal inspection. As I write that inspection is now firmly underway. Inspectors have been to the Trust on several occasions throughout April and May for both announced and unannounced visits. Their inspection continues and will end in late June as inspectors come to assess us against the CQC's Well Led Framework.

Prior to the inspection beginning my message to all our staff was:

"Be proud about the work you and your team do,
and use this as an opportunity to showcase
your good work."

Indeed, this continues to be the case and is exactly what we have been doing. Inspectors have complimented us on our approach saying we have been open, honest and very welcoming. They have also commented positively on the compassion and care shown by our staff.

As with everything, there are always areas where improvement is required and there have been several areas where the CQC have already asked us to take action. Where this has happened the

whole organisation has been mobilised to ensure these areas have been addressed in a timely and appropriate manner.

Clearly it is essential that as an acute healthcare provider the inspection regime which looks our services is thorough and conducted with the utmost rigour. As a Trust we therefore welcome the CQC. It should, however, be noted that the inspection represents a highly pressurised time for our staff and so I would like to use this report to once again praise them for their continued hard work and commitment and the professional and welcoming manner with which they have approached this inspection.

2. Award winners

Recently I attended a dinner in London for the annual CHKS awards. CHKS are one of the two main data and analytics companies (the other is Dr Foster which we currently use) who work within the NHS. We were not shortlisted for one of their specific categories but they also give an award to the top 40 hospitals, as calculated by a range of national data over 23 categories. Previously they only opened this to their own customers, but this year they used national data from all 158 hospitals whether you were a CHKS customer or not.

I am delighted to be able to tell you that I returned with one of the top 40 hospital awards. This is a testimony to all the work and the quality of service provided by all our staff. It puts us in the top quarter of hospitals for quality based on NHS's own data. Well done to everyone!

3. Celebrating our staff – and the NHS's 70th

Our celebrations to mark the NHS's 70th year kicked off this month as we celebrated Nurses Day on May 11. This is a day earlier than the usual May 12 but we wanted to ensure that as many staff as possible were able to take part. The event, which took place in The Hub, was hugely successful and a chance for both the Trust, and members of the public, to say a huge 'thank you' to our dedicated Nurses and Allied Health Professionals.

Nurses Day itself was closely followed on May 17 by a service of thanks giving in St Nicholas Chapel, King's Lynn, to mark NHS 70. This was a wonderful way to formally mark the commencement of the NHS's 70th birthday locally with many staff and public in attendance. With many thoughtful and moving addresses, including by Ruth May, Chief Nurse at NHS Improvement, and Nick Lyons, our own Medical Director, it proved a memorable evening. My thanks go to Claire Roberts, Associate Director of Patient Experience, for organising this.

Our celebrations will continue in the coming months with an NHS 70 tea party planned for July 5. Do also look out for regular social media updates from our communications team who have trawled the archives and will be posting photos from yesteryear.

4. Infection control

Ensuring the ongoing safety and care of our patients is our top priority and a key part of this is infection control. As you may be aware we currently have Oxborough ward closed for repairs and deep cleaning following IP&C issues. Whilst consistent delivery relies on many factors including antibiotic use, standards of cleaning and good systems, the one thing that we are all responsible for are our own infection control behaviours.

We often talk about targets and wards closing and how not washing your hands affects the hospital. Whilst all this is true I recently started a number of short briefings which clearly explain to staff the human cost of spreading infection. In the briefings I use a short video which, in very clear terms, outlines the story of an elderly lady and her daughter and the physical and physiological effects that hospital infections had on them.

We are doing this to remind everyone of just how important infection control is. Whilst this is aimed at clinical staff as they have most contact, and more importantly multiple patient contacts, we all have a part to play and remember to do the right thing every time.

5. Finance Matters

Since my last report to Board we have entered a new financial year. It has been a notable disappointment that for the second year in a row the Trust has failed to achieve its budgetary commitments. In 2017/18 the Trust did not meet the deficit target it initially agreed or, following capacity issues in winter which saw the cancellation of much of the elective programme for several months, its revised deficit target. I am, however, pleased to report that we delivered our Cost Improvement Programme of £8.2m in full. This is the first time we have achieved our full target for some years.

As we close off one accounting period and begin another, we can be under no illusion that the Trust continues to be fiscally challenged. This month's finance paper will provide information about our current position and our plans for how we intend to meet the challenges we face. It is clear that our operational pressures and our financial challenges are closely linked. In the coming months we will be driving down our 'agency' expenditure and our recruitment, retention, sickness absence, efficiency, productivity and 'new ways of working' plans help address these issues. Having had to postpone a considerable amount of elective activity in the first few months of the year, we are also looking at ways to ensure our elective programme is able to be sustained during the difficult winter months which impact on both our income and our operational access performance.

6. The Norfolk and Waveney Sustainability and Transformation Partnership (STP)

I have been reporting on the progress of the STP's plans regularly in my reports to the Board.

Since my last report there has been a significant change to the Norfolk and Waveney STP leadership team. Following his appointment as Chief Executive of Norfolk and Waveney Mental Health Trust, Antek Lejk, announced his intention to step down as the STP's Executive Lead. I am pleased to be able to inform you that Melanie Craig has been appointed to the post on an interim basis and will perform the role concurrently along with her substantive position as Accountable Officer of Great Yarmouth and Waveney CCG.

In my last report I also informed you that the STP's 'Expression of Interest' in forming an Integrated Care System has been submitted and published. This worked aligned with our own draft vision for the provision of care in our community in partnership. Unfortunately our application was not successful on this occasion, however, we are being given support to ensure our application is sufficiently robust to make it through the third wave application process expected later in the year.

7. New to the Team and changes to the Team

I am pleased to welcome to Team QEH:

- *Tracey Oats – Divisional Chief Nurse Emergency Services started 1st April 2018*
- *Dr Ping Chen – Consultant Anaesthetics started 26th March 2018*
- *Kristina Risley – Deputy Director – Leadership & OD started 1st May 2018*

I would also like to welcome, Alan Brown, who joined the Board as a New Non-Executive Director on 1st May 2018. Alan brings with him a breadth of experience, including in the area of transformation and change, which will further strengthen the QEH Board.

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
- Quarterly Media Briefing
- CHKS Awards
- QEH A&E Regional Performance meeting
- Chris Hopson NHS Providers visit
- ACT Academy