The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Dorothy Hosein, CEO	Decision		High	Med	Low
CONSULTATION:	Information	✓		✓	
Exec. Directors	REPORT TYPE:		RELATED WORK:		
	Strategic	✓			
	Operational	✓			
	Governance	✓			

Meeting Date: 26 July 2016
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
✓	✓	✓	✓	✓	✓

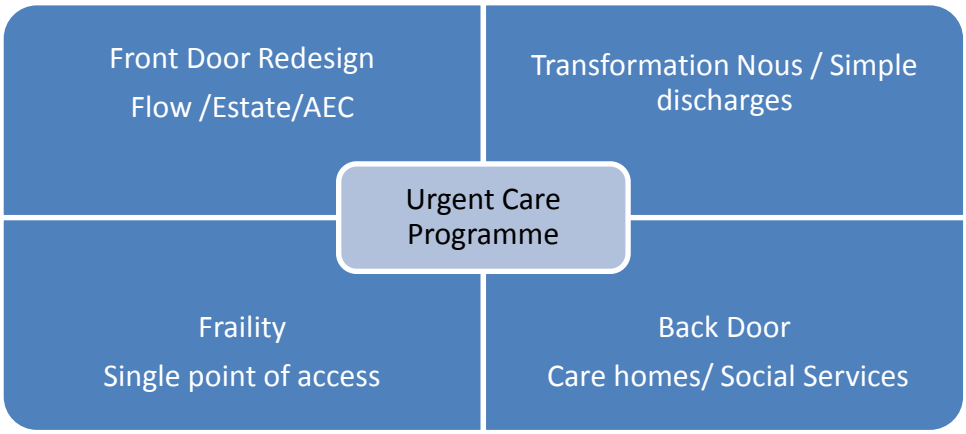
Recommendations: The Board is invited to note the update

CEO'S UPDATE – July 2016

1. Emergency Flow

I reported last month on the wide range of work that is happening in the Trust to address our issues with emergency flow.

The model below sets out our plans in a visual form.



Several of the initiatives introduced to date have been having a positive impact including:

- Ward managers now join in the 8.30am bed meeting to get an overview of how the hospital has fared overnight and the predicted bed requirements and also to report on the potential for discharges before noon. They then return to their wards to complete the board rounds between 8.30am and 10am with the intention of facilitating early discharges wherever possible. We know that if we can discharge more patients earlier in the day this prevents the afternoon and early evening bottlenecks in A&E. Ward managers also attend the noon bed meeting to help facilitate more early afternoon discharges and are being encouraged to make use of the discharge lounge whenever possible.

- Doctors from the acute teams have started to work in the A&E Department to help speed up treatment times for patients.

In spite of our good progress in recent weeks and improved A&E 4-hour standard performance improvement, the Trust did need to call a critical incident in July. This was due to very high attendances, high conversion rates, and fewer discharges than required to ensure that those patients who attend and need to be admitted, can be found a bed.

Our teams worked very hard to address the issues and the Trust's position was improved by the end of the day. We are also grateful to those colleagues in the broader health economy who helped us on the day. Colleagues have met to understand the issues and assimilate any issues and some key information is very pertinent:

- The last 4 weeks in June saw the highest attendances on 4 consecutive weeks in 2016
- Weekend attendances are higher in May, June and July 2016 than in equivalent periods in 2015
- Fewer discharges happen at the weekend, so the Trust's most significant capacity issues tend to happen in the early part of each week, following a busy weekend for attendances and admission
- The Trust needs to secure bed capacity ahead of the weekend

By assimilating the learning from incidents such as the one on 13 July, we learn more and more about how to predict problems and the triggers that mean we need to take urgent action.

I would like to thank and praise our operational staff, who are working so hard in very challenging circumstances. It is unprecedented for the Trust to need escalation capacity open in the middle of the summer and for now, the pressure does not look like coming to an end any time soon. We must continue to work hard and develop strong internal and system-wide solutions to this challenge.

2. Sustainability and Transformation Planning

You will recall that I have reported recently on the Norfolk and Waveney Sustainability and Transformation footprint and the work in partnership being undertaken to find effective and efficient service design solutions for the area.

The Norfolk and Waveney Sustainability and Transformation plan was submitted in line with deadlines and further, more detailed iterations of the area's plans will be expected in October 2016.

In the coming weeks the Board will be agreeing its position concerning the future of service provision for the benefit of the patients and public served by the Trust and will of course be engaging with the Trust's governors throughout.

3. Transformation Fund

In common with the entire NHS, the Trust is facing a number of very significant challenges. I have reported over several months on our aiming for excellence, quality challenges and our operational and access challenges.

The NHS also faces serious financial challenges and our regulators have devised mechanisms to incentive all service providers to deliver their agreed financial plans.

The Trust has agreed a control target with NHS Improvement and in recognition of this agreement, will be eligible for transformation funding in 2016/17. The funding is subject to the Trust achieving performance standards for the year (70% financial and 30% operational performance). The Trust is further incentivised to deliver in that the transformation funding is phased over the 12 months of the year and is linked to a related financial and operational performance trajectory. The Finance exception report will demonstrate how this arrangement impacts on our financial reporting methodologies for 2016/17.

4. Partnership Working – Macmillan

After our 'Joint Visioning Day' earlier this year and a subsequent successful funding bid of approximately £400k, I am delighted that the Trust will be embarking on a programme of work over the next two years with partners Macmillan, to transform Cancer Services. The programme aims to have a positive impact throughout the treatment journeys of our patients:

- Investigation, referral and MDTs
- Treatment, care and support
- Survivorship and end of life care

The launch of this programme was held on 20 July, just after our Annual Members' Meeting. I will look forward to reporting on the progress of this very important programme.

5. WHAT ELSE HAS BEEN HAPPENING AT THE QE?

5a … simply unacceptable!

You may have seen my comments in the local media regarding the verbal abuse of our staff by some patients and how unacceptable this is. I made these comments following reports of several incidents occurring in recent days.

I am proud to lead a multi-national workforce full of talented individuals without whom this hospital would simply not be able to function. I am grateful to every member of our staff for their dedication and commitment to the care of our patients.

Let me be clear, we will not tolerate abuse of any kind, racist or otherwise, against any member of our team. Everyone has the right to work in a safe and respectful environment.

Staff have been reassured that if they encounter any sort of abuse while working at QEH they should report it to a senior member of staff as soon as possible. It will be handled with the utmost seriousness.

I am, needless to say, shocked and appalled that our hard-working and dedicated staff might be treated like this by the people they are trying to help.

I have held some events so that I can reassure our staff personally about how valued they are, despite what they may hear elsewhere.

5b Theatre 6

Our recently renovated Theatre 6 has gone live and has been used clinically for the first time.

We are now one of only a handful of hospitals in the country to have a fully integrated laparoscopic theatre, complete with high tech equipment and teaching facilities, which will benefit patients along with the next generation of surgeons.

Theatre 6 will be used for keyhole surgery, it will also be used by a wide range of surgeons across different specialisms to help our patients. Also included within the theatre are specialist scopes which provide high definition images for surgeons. Images from this theatre can also be transmitted down into the hospital's lecture theatre to help with the training of future surgeons. The new theatre, which has a top of the range air filtration system, has also been future-proofed with provision for laser surgery.

5c WiFi

We have turned on our WiFi!

Benefits of the clinical Wi-Fi switch on include:

- 20 Computers in Wheels (COWS) will be able to roam site wide
- 6 additional wireless printers enabled
- 7 Draeger M300's Telemetry (Heart Monitoring) devices to be managed by Draeger site wide eg, E-Discharge, PACS, ICE – Blood results and more
- Tele-tracking piloting Wi-Fi site wide
- Enabler for real time ADT (Admission, Discharge and Transfer) updates and pre-cursor to the roll out of the Maternity Information Management System.

I am delighted to report that we have also switched on our guest (patient, visitor and staff) Wi-Fi!

5d Open Day

I am excited to let you know that we expect to be hosting an Open Day on Sunday 02 October. Our teams will be able to show-off their service areas to the people of West Norfolk during the day.

We hope to build on the success of the 2013 Open Day when large numbers of people (including lots of staff members and their families) explored different areas of the hospital and we hope this year's event will have a similar 'feel-good' factor.

During the day, we will be showcasing the new Breast Unit and there will be a live feed from the recently renovated Theatre 6, along with a video of our Waterlily Birth Centre. Some departments have already agreed to open up to visitors or put together a display but we are looking for more teams to take part and show off our hospital.

Refreshments will be available from The Hub and there will be activities for families on the day.

This is a great opportunity for us to show our pride in our hospital.

6 NEW TO THE TEAM

I am very pleased to welcome to the team.

Name	Position
Ian Bentley	Senior Service Manager – Medical Directorate
Dr Ayaz Mohammad	Consultant – Cardiology

6a Medical Director Role

As you may know Dr Beverley Watson (Medical Director from 2014) is retiring in early September.

Over the coming weeks, Dr Watson will be focusing on completing a number of initiatives including hand-over of her duties.

Dr Tim Petterson, who recently joined us as a consultant geriatrician, has taken on the Interim role of Medical Director.

I am sure you will join me in recognising and thanking Dr Watson for her service to the Trust and our patients and in wishing her all the best for the future.

I know you will also want to join me in supporting Dr Petterson as he takes on this challenging role.

5 THE CEO'S DIARY

My June/July diary has included engagements with the following key partners:

- West Norfolk Transformation Delivery Board
- Department of Health
- Eastern Pathology Alliance
- Health Education East of England
- Norfolk and Waveney STP Board