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	√		√	
	REPORT TYPE:		RELATED WORK:		
	Strategic	√			
	Operational	√			
	Governance	√			

Meeting Date: **31 January 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 – January 2017

1. Keynote …

My last few reports have had a largely 'external' focus on the Trust's work with its partners in the Norfolk and Waveney Sustainability and Transformation footprint. I reported in November that our Sustainability and Transformation Plan (STP) and summary document 'In Good Health – why health and social care services in Norfolk and Waveney need to change' have been published on www.healthwatchnorfolk.co.uk/ingoodhealth.

Into 2017, work continues on the STP and new governance arrangements are being developed. The Trust's Board met in January to discuss the opportunities that a Norfolk-wide transformation of services might create for the Trust and its patients. We are also awaiting further guidance on the development of STPs nationally.

I have decided to make a more 'internally' focused report for the first CEO's update of 2017 and I have a broad range of events and achievements to report.

2. How are we coping with winter?

You will have seen that the winter pressures being faced by the NHS nationwide, especially for providers of acute services like the QE, have been a feature of media reporting for several weeks now.

I am pleased to report that the Trust has done very well operationally over the Christmas period, achieving 93% against the A&E 4-hour standard in December. We were among the highest performing trusts in the country in respect of our emergency access performance – really 'punching above our weight' as a relatively small district general hospital! January has been very challenging for our operational teams and we continue to move medically-fit-for-discharge patients out of the hospital when their acute treatment with us is complete. We continue to work with our commissioning and community partners, who can help us to identify care capacity in the community and at home to help our discharged patients move on with their reablement in an environment which is much more appropriate for their needs.

I should like to sincerely thank all our clinical and operational management teams for their wonderful work over the winter. It is tough work and the Board and I are sure our patients really appreciate what has been and continues to be done to care for our patients through the winter months.

3. Finance matters

In November 2016, the Trust reported a deterioration in its financial position. The cause of the deterioration has been analysed and much of the problem relates to the Trust's ongoing issues with agency costs for essential staff to ensure that we continue to deliver high quality care to our patients. The Trust has taken a number of immediate steps to address the issues:

- Reporting to and working with our regulator, NHS Improvement
- Agreeing and driving the delivery of a rigorous recovery plan that will deliver significant improvement this year and into next year too. The plan focuses on reducing avoidable expenditure and includes both 'good housekeeping' measures (…even the hospital newsletter is being printed in black and white instead of colour) and some more challenging tactical savings schemes
- Enhanced weekly oversight by the Finance and Performance Committee
- Open and transparent reporting the Business Committee of the Governors' Council
- External specialist support
- Commissioning of a Financial Governance Audit
- Work to identify opportunities to secure further savings and efficiencies

As I mentioned in my opening paragraph, the challenges faced by the NHS nationwide are well known and reported. However we are expected by the government, our regulators and of course by the public to provide high quality services in a financially sustainable way. We will not compromise on quality services or safe care but we must work hard to address our current financial issues. It is true that many trusts are facing financial difficulties but you will not hear any complacency from my team.

Please see also the finance report to the Board for the key figures.

4. Winning the battle on bugs!

The Trust's effective Infection Prevention and Control is delivering good performance to date in this key patient safety area of our work:

- **MRSA** - We remain at zero cases against a target of zero cases for MRSA Blood Stream Infection (BSI); our programme of training clinical staff in aseptic non- touch technique has been delayed by contracting issues for the QEH Board-approved new IV cannula packs (Procurement advises expected resolution with new packs on site within 2 months); at present 44% of clinical staff are ANTT trained

- **C. difficile** Infection - We had 15 cases of acquired C. difficile infection by end December 2016 and no outbreaks of infection this year financial year. By this time last year we were in outbreak mode and had had 35 cases (ytd). The failure figure set by the CGG for QEH for this financial year is 53 or above cases so we are well within this failure target. We are also performing well against our internal quality target of not more than 27 cases for the year.
- **Norovirus** Infection - This has been a very challenging season nationally with high rates of infection across England and QEH performance is matching that of last year with good controls and limited ward closures despite high rates of incoming infection and community -associated Norovirus spread affecting our staff. The mobile sinks deployed for public use have been very well received and permanent sinks will be placed near the front entrance to the hospital by Jan 19th 2017.
- **Influenza** Vaccination - we have now achieved the CQUINN criteria set target of 75% front line staff vaccinated (82%) by end Dec. 2016. As part of our campaign, staff even got together to record the Flu Song as part of the Flu Vaccination Campaign. The song, which was written by our Patient Experience Administrator, was played on BBC Radio Norfolk.

Our Director of Infection Prevention and Control (DIPC) and the Infection Prevention and Control Team are working with colleagues right across the hospital to ensure that we do not lose our well-earned 'grip' on infection prevention and control. Work is wide-ranging - from making sure that commodes are scrupulously clean to effective care for symptomatic patients and to far more complex microbiological measures.

5. High quality care for our frail patients

In 2016, I reported on several ward changes that we made at the QE to improve the environment for our frailer patients, including West Newton and Windsor Ward refurbishments.

We have also been working hard to improve how we deliver services for this group of patients:

Red Bag Initiative

Developed from a successful model implemented by Sutton Clinical Commissioning Group (Epsom), the red bag has been designed to support care homes within our region, East Midlands Ambulance Service and the QEH. This initiative is focusing on elderly residents in care homes who are transferred to A&E at The Queen Elizabeth Hospital by EMAS.

The Red Bag contains standardised paperwork, medication and personal belongings, and it stays with the care home resident from the time they leave the home to go into hospital until the time they return to their care home at the end of their hospital stay.

The standardised paperwork will ensure that everyone involved in the care for the individual resident from a care home will have vital information to hand about the resident's general health, e.g. the current concern and any medication they are already taking.

This will save time at the transfer from care home to ambulance and at the transfer from ambulance to A&E as staff will have the information they require about the patient. It will allow A&E staff to make more informed decisions about the patient, as they will always be aware that she/he is a care home resident; and it should allow for speedier discharge as hospital staff will know that the patient is going back to the care provided by expert staff in the care home.

At this stage the initiative is being piloted with 13 care homes - following evaluation the plan is to expand the initiative to all care homes across West Norfolk, Lincolnshire & Cambridgeshire. It is therefore very important that staff provide feedback on how the initiative is working.

Getting dressed

We are encouraging patients on the wards to get dressed in their own clothes once any drips or drains have been removed. This is for patient comfort and rehabilitation, as well as promoting dignity within the ward area.

Being dressed, rather than in night wear also helps to orientate our frailer patients to day and night and normal daily routines.

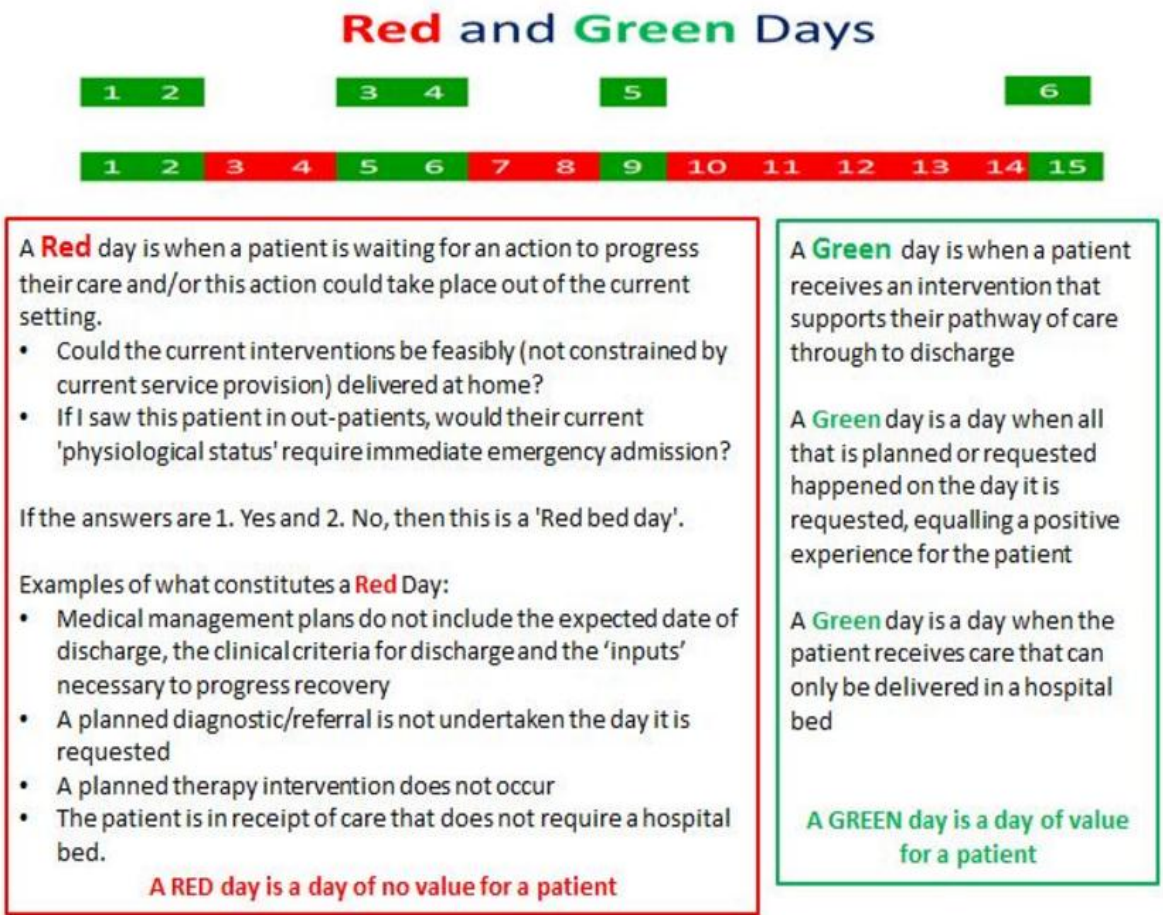
Red2Green Days

- 48% of people over 85 die within one year of hospital admission
- 10 days in a hospital bed (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80
- If you had 1000 days left to live how many would you chose to spend in hospital?

I reported in paragraph 2 of my update that we continue to work with our commissioning and community partners, who can help us to identify care capacity in the community and at home to help our discharged patients move on with their reablement in an environment which is much more appropriate for their needs.

The Red2Green Bed day is a visual management system to assist in the identification of wasted time in a patient's journey. It's a great example of using simple rules to help reduce delays for patients by making non-value adding days (from a patient's perspective) visible and a daily topic of conversation for clinical and managerial staff.

It works particularly well when it is used across inpatient wards where patients often experience significant periods of time waiting for things to happen.



6. More improvements to out hospital

West Raynham Ward now has a lighter and brighter environment for stroke patients and their families, thanks to a 10-week renovation programme. The new-look ward now has a reception area and additional meeting rooms and has been decorated. MP for North West Norfolk Sir Henry Bellingham opened the ward in November - pictured.

Patients in Shouldham ward are now able to look out over two beautiful gardens thanks to support from the community. The beach-themed Alan Rasberry Peace and Hope Garden was funded with a £10,000 donation made by Mr Rasberry's family and friends. Staff from the Tesco Store at The Hardwick volunteered to gravel the adjoining grassed area along with installing planters and bird feeders.

The hospital has also worked with Unison to transform the former Sports and Social Club into the Inspire Centre - to be used for staff training and learning activities. Unison General Secretary, Dave Prentis opened the refurbished building in December. The renovation project has included redecoration, new flooring and the creation of additional office space. It is now also a regional hub for the union.

7. NEW TO THE TEAM

I am very pleased to welcome the following colleagues to the QE team.

Name	Position
Mr David Hellens	Associate Chief Pharmacist
Mr Sivaraman Subramanian	Orthopaedic Consultant

I am delighted to welcome to the executive team and to the Board, Emma Hardwick, Director of Nursing. Emma began work with us in January.

8. THE CEO'S DIARY

My December/January diary has included engagements with the following key partners:

- WNCCG
- Health Education – East of England
- NW STP Executive Board
- NHSI
- A&E Delivery Board
- WN STP programme Board
- NCH&C
- WN STP – Chief Officer SRO Meeting
- NNUH
- East Anglian Ambulance Service Trust