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: 27 March 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 – March 2018

1. Keynote: … and still the winter pressures continue!

The daffodils, which are popping up all over the place, may be harbingers of spring - but winter continues at the QE. We have continued to see high numbers of very sick patients and high admission rates. This has resulted in longer ED waits than we want for any of our patients and the continuing need for escalation areas to be open. This is combined with our own staff sickness and consequential staffing challenges.

We are continuously risk assessing our wards and making sure that our patients are cared for in the most appropriate environment we can offer to ensure that although very challenged, our hospital remains safe. Our staff continue to pull out all the stops and I am so grateful to and proud of our teams and individual staff. These are difficult times and our staff continue to demonstrate their ongoing commitment to our patients, every day. I am getting out and about as much as I can to thank as many people as I can see.

Our entire healthcare system has been feeling the pressure and we are working well with our partners, with the CCG providing a regular presence at the hospital through our most challenging periods to help with the flow of medically fit for discharge patients out of the hospital and into an appropriate care environment, where necessary. We have received support from NHSE and we are working with our ambulance service partners as they too seek to address their challenges. We

have a new ambulance handover protocol in place, which means us working together to get patients offloaded from ambulances as quickly as possible, so that crews can be on their way to other patients in the community. This has meant some changes at the QE's 'front door' including some patient cohorting with a Trust paramedic when we are at our busiest and the introduction of a rapid assessment bays on MAU.

On a related subject, I would just like to take this opportunity to encourage the Board to thank all staff who battled the snow to make it into work. I would also like to record my gratitude for all the assistance we received from RAF Marham in helping our staff to get here safely, in treacherous conditions.

2. Quality Matters

Since our last Board meeting in public, the Trust has received a Provider Information Request (PIR) from the CQC and our Quality Matters Team submitted the information required (… a lot of it!) approaching four weeks ago. This means that we can expect an unannounced inspection by the CQC very soon, followed by an announced 'Well-Led' inspection. The CQC analysts will look at all the information we submitted in response to the PIR, before the team visits.

I have held a series of briefings for staff ahead of the inspection, to explain what is likely to happen; the CQC has in place a new inspection regime, which means that the visit will be unlike previous inspections. Preparation advice has included:

- Welcome the inspectors and be as friendly and polite as you always are.
- Answer their questions openly and honestly.
- If you don't know the answer, don't panic; explain who you would ask or where you would go for the information.
- 'Business as usual' – behave as you usually do.
- If you are dealing with patients, continue to do so and explain this politely to inspectors – they will understand that your patients come first.
- Respect patient confidentiality and always check with patients if inspectors want to observe your interaction with patients.
- Do not share your log-in details with an inspector or log them into any systems.
- Patient files may be viewed by inspectors but should not be removed.

We are currently working with our staff, governors (as the representatives of our patients) and partners on reviewing our Trust Strategy and we hope that the CQC will see us striving to realise our draft Vision: **To deliver high quality, patient-focussed and integrated healthcare for our community.**

Other preparation activities have included:

- Programme of ward assurance mock assessments
- CQC monitoring visit and Staff Forum (Maternity) – January
- Quality Summit – (O&G) – January

NHSi has also provided extremely helpful support for us in driving our Quality Improvement aims and in preparing for our CQC inspection with:

- Focus groups in key areas and with key stakeholder groups
- Leading a broad clinical review in March – the feedback from which will be reported to the Board this month
- 'Well-Led' support with NHSi colleagues attending Board and committee meetings and providing feedback
- Invitations to the NHSi Programme – 'Moving to 'Good' and beyond!', which gives the Trust an opportunity to network with other Trusts and discuss key Quality Improvement topics.

My key CQC Inspection message to all our staff continues to be:

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

Here are just some of the reasons to be so proud of the QEH:

Treatment and care:
- Stroke services - 13th in the country
- Paediatric services improved evidenced with national children and young persons' survey
- Understanding performance as safety indicators
- JAG accreditation
- Critical Care 24/7 outreach
- End of life collaborative
- Midwifery led birthing unit
- Improvement in medicines management and our robot is live!

Recruit and retain:
- Innovative recruitment of junior doctors (against backdrop of 72% junior doctor fill rate)
- Development of physician associate roles
- Overseas nurse recruitment and support as they take on roles in the NHS
- Step into Health
- West Anglia cohort (innovative routes to registration)

Innovation and research:
- Virtual elimination of ventilator acquired pneumonias
- "WIRESAFE" to eliminate retained wires (Born @ QEH!)
- Research activity
- Sepsis screening tool

There is of course, much that we still need to do and we are and will continue to be open and transparent with the CQC about our areas for improvement and our plans.

3. Money Matters

The QE is financially challenged and the finance paper at this month's Board will provide information about our current position and our plans. It is clear that our operational pressures and our financial challenges are closely linked. Key clinical vacancies and sickness absence results in the need for us to employ temporary staff to ensure that we continue to provide safe services. We will be driving down our 'agency' expenditure in the coming months and our recruitment, retention, sickness absence, efficiency, productivity and 'new ways of working' plans will in time, also address these issues. The Trust has, like many other hospitals, also been forced to postpone elective activity during a very pressured winter period and this has impacted on both our income and our operational access performance.

We are working to recover our position as far as possible in 2017/18 and we are also working with NHSi and our commissioners to develop and agree plans for next year and beyond, based on making our hospital and the services provided by our health and social care partners, as efficient and productive as it can be and delivering a challenging savings programme.

4. 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.

The STP Delivery Plan, reported in summary in January, was published on the Healthwatch Norfolk website in January.

https://www.healthwatchnorfolk.co.uk/ingoodhealth/

Since my last report, a milestone has been reached and the STP's 'Expression of Interest' in forming an Integrated Care System has been submitted and published. This works aligns with our own draft Vision for the provision of care in our community in partnership. The work remains at a relatively early stage and we have plans to hold a facilitated Governors' Engagement Workshop in the coming weeks to enable our patient and community representatives to understand and contribute to plans.

5. The NHS@70

The NHS commemorates its 70th anniversary this year. The Trust has arranged a service of thanksgiving and celebration to subsume our regular commemoration of Nurses' Day, this year falling on 12th May.

The event, which will have a mix of secular and sacred content, will be held at St. Nicholas' Chapel, King's Lynn on 17th May. Invitations are currently being sent to all departments of the hospital and to some 'old friends' of the QE. Our communications team is pulling together a fascinating archive of material, media coverage and photographs from the QE's long and varied history and the call is out for any personal recollections or photographs from our long-serving staff, to contribute to this event and the displays, which will be mounted around the Trust in May. We even have first-hand recollections of new-borns being held aloft as they were carried from flooded buildings in 1953!

6. New to the Team and changes to the Team

I am pleased to welcome to Team QEH:

- Carley Gibbens – Lead Nurse for Paediatrics and Named Nurse for Safeguarding - commenced 8th Jan 2018
- Dr Joseph Blankson – Consultant Occupational Health - commenced 8th Jan 2018
- Mr Narassah Narayan – Consultant Oral Surgery - commenced 1st Feb 2018

I am also pleased to announce some changing roles in the Executive Team of the QE. From April, the following changes will be implemented. Ciara Moore will become Chief Transformation Officer, playing an essential role in transforming how we operate, not only inside the hospital but also with our system partners. Ciara will lead on change within the organisation, overseeing our information and IT functions as well as business planning. She will also have responsibility for developing and delivering our cost improvement programme.

Ciara will take on a very important additional role, working as a Programme Director for the West Norfolk Alliance, two days a week. This post is jointly funded with the CCG. The West Norfolk Alliance is a partnership of the statutory and non-statutory agencies involved in delivering health and social care in West Norfolk. All involved have committed to developing a new way of providing care that is better for people and financially sustainable in the long term. The Alliance offers a real opportunity to redesign how we work and improve and protect the services that local people rely on.

The Chief Operating Officer role is the keystone of our Trust and crucial to our success. I have asked Jon Wade to take on the COO role from April 1. As part of this role he will be taking with him into the operational directorate, the business support and pharmacy functions he currently directs.

I hope you will join me in wishing Ciara and Jon every success in their new roles.

7. Diary Dates

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

- Norfolk Acute Hospitals' Group
- CEO Forum
- STP Executive Board
- A&E Delivery Board
- BBC Radio Norfolk interview
- QEH/UEA Quality Assurance Review
- QEH A&E Regional Performance meeting
- Transformation Academy, with NHS Leadership Academy