Agenda Item 11

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 November 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 – November 2018

1. **Keynote: … Ensuring safe care for all our patients**

The last few months have very much brought into focus the stark challenges faced by the Trust and its Board as we seek to ensure the safety and quality of care for every patient who comes through our doors. For some years now, at pressurised times such as winter, this has involved us taking decisions to cancel at least some of our mid-winter elective surgery programme to ensure we have had the staffing and bed numbers needed to maintain safe care for those admitted to the hospital in an emergency.

With pressures on our services expected to be greater than ever this winter, nurse numbers lower than we would like and with the CQC report having highlighted our need to ensure we only open the number of beds we can staff with the correct ratio of agency to permanent staff, we find ourselves facing some very tough choices.

In September the Board worked up a proposal to enable us to continue with as much of our elective surgery as possible over winter while at the same time ensuring safe staffing levels. This involved taking the decision to flexibly close 12 elective and 12 medical beds – closing them when staffing levels meant it was not safe to keep them open. At the time it was thought that this would mean planned cancer surgery could continue even through January and February, however, it has since become clear that, even having taken this decision, we do anticipate having the capacity to continue with our elective programme throughout the winter. This includes our elective cancer programme. Our nurse staffing levels, especially when

it comes to registered nurses, are lower than we had predicted and would wish for. Even with the employment of agency staff this is likely to preclude us from opening the number of beds we predict we require to run our full planned surgical programme while at the same time ensuring the safety and care of those needing our services in an emergency.

We must always accept patients who urgently need our services and cannot close our doors to them. It is against this backdrop that we have been exploring the possibility of moving planned cancer and urgent surgery to the Norfolk and Norwich University Hospital for the duration of winter. It is just one of the options which, in due course, will be brought forward. All proposals are assessed for their impact on patients and will not go ahead if not safe and the risk of taking action must always be assessed against the risk of doing nothing. It is because this proposal must go through a thorough checking process that it is not before our November Board. It will, however, come before Board as soon as is practicably possible.

I would like to reassure everyone that the Trust's only objective is to ensure the safe care of all our patients.

2. CQC improvement plans

Our work to make the necessary improvements which were highlighted in our recent CQC inspection report continues at pace. Our primary objective is to ensure that we provide consistent and safe care to all our patients. It is going to take a great deal of time and the efforts of all at QEH to turn things around but we have begun to put the vital building blocks in place.

As I have stated previously, we fully accept all the findings of the report. We have now recruited a full team under our Improvement Programme Director, Louise Notley, to ensure the changes are not only delivered in a timely manner but also thoroughly embedded so we make sure we are making improvements that make a real difference to the long term sustainability of our hospital.

More about the work which has already been undertaken can be read in detail in other reports to this month's Board.

3. Winter / infection control

Winter is now upon us and its impact is already being felt in the hospital. While I don't intend revisiting the issue talked about in my keynote here, I think it is important to stress that we have always said that out winter plan would be dynamic and would change according to need and the realities of the situation.

Though we are not yet seeing increased number of patients suffering with conditions traditionally associated with winter (last winter we saw a substantial increase in the number of patients suffering from respiratory infections) we have already seen the first influx of norovirus into the hospital. This has resulted in our having to close several bays and wards on occasion as part of our infection control procedures.

I would ask the public to ensure they do not attend the hospital unless it is absolutely necessary if they have had diarrhoea or vomiting within the last 72 hours. This is vital keeping the virus out of the hospital and away from our patients.

If you do visit the hospital please could I encourage you to observe all our infection control procedures before going onto the wards and make use of the sinks located at the front entrance to wash your hands before entering the building.

4. Flu

The Trust's annual fight against flu is now well under way. I am pleased to be able to report that we only need to vaccinate a further 50 staff to have achieved our goal of 75% of clinical staff being inoculated.

I would also like to take this opportunity to encourage all members of the public who are in groups considered vulnerable to flu to take up the offer of vaccination. If you have a long term health condition, are pregnant, or are over the age of 65 please do make an appointment with your GP. It is easy to be dismissive of flu but it can be deadly.

5. Ward deep cleans

Our autumn ward deep cleaning programme has now come to a successful conclusion and we have carried our deep cleaning and essential maintenance work the majority of our wards. With the need to decant whole wards of patients to Leverington Ward while the work has taken place this programme has been an extra burden for staff and I would like to thank all those who have helped make this work a success. We anticipate it will have a significant impact in helping tackle C.Diff and other infections over the winter and anticipate the programme will begin again early in 2019.

6. Finance matters

As this month's finance paper makes abundantly clear, we find ourselves in a significantly financially challenged position. Our cost saving plans remain behind schedule and work continues to ensure we are doing everything we can to get these back on track. That said, at this point we do not anticipate this having a significant impact on our end of year figure. Patient safety must be our top priority and with staffing levels the way they are we are anticipating high agency bills over the winter months.

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
- NHSI Meeting