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 January 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 – January 2016

1 CEO's KEYNOTE MESSAGE

1.1 … a new year and renewed resolve!

I should like to wish everyone a happy and successful 2016 and at this traditional time for reflection on the year just passed and setting objectives for the year to come, I and my team have resolved to lead the organisation to achieve its potential for the benefit of our patients, with even more determination.

Our key objectives remain as for last year. However, we are finding different and rigorous ways to focus all of us on delivery:

- **The continuous delivery of 'excellent', high quality services for our patients** … we are re-launching our 'Aiming for Excellence' work for 2016, with a renewed focus on the CQC's fundamental standards, testing and evidencing our compliance with them and acting quickly and rigorously where we find variation in standards and compliance.

- **Improved access to services and 'Patient Flow'** … we have been working with specialist and expert support to diagnose the causes of our patient flow challenges and to identify potential solutions. This diagnostic work has resulted in some very high quality information, which we as a Trust and, more broadly as a healthcare economy, will need to act on in the months ahead.

- **Financial sustainability** … 2015/16 has been a very challenging year on several counts, including on those very significant issues relating to activity, flow and staffing and this has had an adverse impact on the Trust's financial position. We embarked on a very rigorous business planning process towards the end of 2015 and we will be continuing with our planning to meet our regulators' business planning deadlines.

  Our 2016/17 business plan is being developed with our senior clinicians and managers well-engaged. It will be a challenging plan and will require us to identify efficiencies and different ways of working to improve productivity. However, the plan will be achievable and at all levels of the organisation; we will all be accountable for its delivery.

2 HOW ARE WE DOING?

2.1 QUALITY

2.1.1 Infection Prevention and Control (IPAC)

I am very pleased to report sustained, improved controls in respect of the management of Norovirus. We have experienced no ward closures and impacted bays have been turned around quickly. This is very good news for our patients and staff and thankfully our operational capacity has not been adversely impacted as it has in previous years and indeed at neighbouring trusts.

We have seen a reduction in cases of C. Difficile reported in Quarter 3 and this is due to a lot of focussed work on the wards. Continued and determined concentration on consistent compliance with standards will be our priority in the coming weeks.

I am also extremely disappointed to report the Trust's first MRSA bacteraemia in the current year. The Trust is currently carrying out a rigorous root cause analysis to establish how this happened and to ensure that any learning is assimilated so that the first case of MRSA this year is also the only case!

2.2 WORKFORCE

2.2.1 Staffing

Our key workforce challenge remains the recruitment and the retention of high calibre doctors and nurses. We are doing everything we can to attract good people from nearby and much further afield and although there is a clear national problem concerning clinical recruitment, as a small rural DGH, we continue to find it more difficult than some trusts to recruit substantive and agency clinical professionals. We are making sure that we 'hold the line' on the agency cap rules and we will see whether these new rules encourage locum doctors to return to substantive roles.

The pressure on our clinical colleagues over the winter period is great, particularly as we are staffing escalation beds to cope with additional demand. This additional pressure has an impact on sickness absence and this of course exacerbates the staff shortage problem. It also leads to staff moves, to ensure that we provide safe care on all wards and this is generally unpopular with many of our staff.

As CEO, I have two key messages that I would like to share here.

… ***For our patients*** - although we face serious staffing and patient flow challenges I want to assure our patients that we always do everything we can to ensure that our services are safe, right across the trust. I thank our patients for their continuing support for the Trust.

… ***For our staff*** - I appreciate and applaud the work of our nurses and doctors during this challenging time and I thank you sincerely for your hard work, resilience and care for our patients and for your support for each other.

2.2.2 Junior Doctor Industrial Action

You will be aware that Junior Doctors took industrial action right across the country on 12 January 2016.

The Trust prepared rigorously for this action and in the event, coped well with the unusual day and reduced capacity. There are approximately 150 junior doctors working at the Trust.

Our primary focus was of course, to ensure the continued safety and care of our patients during this period of industrial action and we developed comprehensive plans to maintain this.

The hospital operated as close to normal as possible; although there were inevitably some cancelled clinics and rescheduled procedures.

2.3 OPERATIONAL PERFORMANCE

2.3.1 Emergency Flow and the 4-hour emergency access standard

The Trust continues to experience very serious challenges in respect of the emergency pathway and this continues to result in operational performance issues.

The Trust was consistently meeting, or was close to meeting, the A&E 4-hour standard throughout quarters 1 and 2 this year. Quarter 3 has been particularly challenging and in order to fully understand the likely causes of these issues, we have as I mentioned in my keynote message, commissioned a comprehensive diagnostic review. The review has produced some very helpful information and we are currently sharing this with our healthcare partners, as the solution to our emergency pathway issues will require a healthcare system-wide approach. There are issues both within and outside the Trust that will need to be addressed. As an example, the diagnostic exercise has identified that a very significant proportion of A&E breaches (patients waiting more than 4 hours to be treated) are caused by a lack of 'flow' on the emergency pathway and that further significant numbers of breaches are caused by Emergency Department processes.

I look forward to being able to report on the diagnostic exercise's findings in the coming months and on how we and our healthcare community partners are responding and improving our services for our patients and the community we serve.

2.4 FINANCE

Year to date, the Trust has made a loss of £10.6m, being £0.7m adverse to plan. Under-delivery of expected catch up of clinical income has caused deterioration in the Trust's financial position and increases the challenge in delivering the forecast deficit of £13.9m.

We will of course be driving clinical activity during Q4 in order to maximise our clinical income and continuing to drive rigorous financial management at all levels of the Trust.

3. WHAT'S BEEN HAPPENING AT THE QE?

3.1 Estate Improvements

I am very pleased to report that we are making good progress on several key 'Estate' projects. These works are important for the Trust, which in common with several neighbouring 'better-buy' hospitals has already outlived its expected lifespan. We face some significant challenges in bringing the hospital infrastructure up-to-date and making it fit for purpose for the delivery of modern healthcare services as well as a pleasant environment for our patients and staff.

Recent, ongoing and imminent work includes:

- Midwife-led Birthing Unit (MLBU) – complete (see also paragraph 3.1 below);
- Wi-Fi – on schedule for completion by end of June 2015;
- Theatres – completion in Nov 2016;
- Breast Unit – completion March 2016; and
- Improvements to car parks (inc. new pay machines).

3.1 MLBU Opening

I was thrilled to attend the opening of our Midwife-led Birthing Unit (MLBU) on 13 January. We were pleased that The High Sheriff of Norfolk, Nicholas Pratt and his wife agreed to open The Waterlily Birth Centre, formally. They were joined by Alfie, one of the first babies to be born in the new facility along with his parents, of course!

The MLBU represents a very important development for the Trust and provides 'choice' for our expectant mums, experiencing straightforward pregnancies.

With its state of the art equipment in modern surroundings, the MLBU has been designed to aid relaxation during labour, with a 'home from home' feel for mothers and their partners. The MLBU provides rooms with en-suite facilities, a kitchen and living area and a range of specialist equipment, including birthing pools and apparatus to support different birthing positions.

I am delighted to report that feedback from mums who have already delivered their babies in the unit (that's more than 25% of births at the Trust since the MLBU opened) has been very positive and our midwives are very excited about the new unit too.

3.2 'You said, we did' (with a little help from our friends!)

Most of us know that a simple change can often make a big difference!

For some time, our patients have been telling us that it's a long walk from the main entrance to some of our clinical areas and that it would be helpful to have somewhere on the way, to sit down and rest for a few moments.

I am pleased to report that we have recently installed pairs of fold-down seats around the Trust and I hope that these little perches will do the trick for our patients who want to get to their appointments or to visit friends and family on the wards independently but who may find the long walk a bit of a trek.

We are very grateful to the League of Friends who generously offered to pay for the seating without a moment of hesitation.

I'm just sorry that it took us longer to make this simple change than it needed to have done!

4 NEW TO THE TEAM

I am particularly pleased to welcome Clare Badenhorst to my Executive Team this month.

Clare joined us as Director of Operations and Service Support on 11 January. Clare has made a very significant commitment to the Trust, in that she has moved to us from her previous very senior healthcare executive position in Queensland, Australia!

I know that Clare will be a real asset to the team.

5 THE CEO'S DIARY

My diary since my last report has included meetings with the following key partners:

- Norfolk and Suffolk Workforce Partnership Board
- Monitor
- NHS England
- WN CCG
- WN CCG Transformation Delivery Board & Oversight Group
- NCH&C
- Norfolk County Council – Social Services
- Norfolk Health and Care Partnership

Over the past months I have been working with my Norfolk counterparts to forge a closer working relationship in the face of the substantial challenges we face.

The reality is that health providers across Norfolk face similar problems. A rapidly growing older population with complex health needs, the need for better integrated care, challenges in recruiting staff, the need to balance our budgets, and to deliver our NHS performance targets.

It is for this reason that along with the Norfolk and Norwich University Hospital, The James Paget Hospital and Norfolk Community Health and Care, we have signed an agreement to look to develop shared solutions to these and other issues.

The agreement we have reached is about working together to meet the challenges we face and leading the way in exploring different methods of service provision. It is categorically not about merging organisations but it is about recognising that working together more closely will make us stronger and enable us to deliver better, more efficient care for our patients.

The Norfolk Provider Partnership will seek to work with commissioners, other NHS organisations and Norfolk County Council Social Services to design a new system of healthcare that is strengthened, improved and more integrated for the benefit our patients.