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: **30 January 2018**
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 consider the update.					

CEO'S UPDATE – January 2018

1. Keynote: Winter continues!

Since this is my first report to the Board and Governors in 2018, I feel compelled to begin by wishing readers a very happy and healthy New Year! However, it won't have escaped your notice that we are in the middle of the NHS 'winter' and I must also take stock of how we are shaping up this year.

Christmas and the New Year saw Team QEH and indeed the whole NHS, under enormous pressure. Our staff have been stretched to the limit due to:

- unprecedented numbers of very sick patients with more patients than usual needing to be admitted
- Flu and serious respiratory conditions affecting patients, staff and the community
- the need for additional escalation areas to be opened
- significant rota gaps, due to vacancies and staff sickness
- poorer than usual availability of agency nurses to supplement our rotas

Our teams have worked extremely hard to continue to provide safe care for our patients under very challenging circumstances and the Trust has worked with its partners over the period to maintain flow, by invoking elements of our Major Incident Plan.

Other measures to help the Trust cope with its winter challenges and keep our patients safe have included:

- Corporate nurses returning to the wards
- Improved incentives for long-term utilisation of bank staff
- Non-clinical staff supporting the wards where possible
- Cohorting patients with flu
- 100 day challenge to drive pre-noon discharges

The local system has received some additional funding to support it through the winter and this has been used to pay for things like:

- additional community beds
- enhanced transport services
- additional services to support flow e.g. phlebotomy

From 03 January, the Trust also led on the system-wide SAFER start week initiative (**SAFER** = **S**enior Review – **A**ll Patients – **F**low – **E**arly Discharge – **R**eview). The objective of the initiative was to improve patient safety by reducing post-Christmas hospital overcrowding. We extended our week, locally, in response to our continuing issues and the initiative has clearly helped the Trust and its partners to work together to maintain safe care.

I have been very keen to get round to visit and support as many areas as possible over this very challenging time and have been more impressed and humbled than ever at the dedication and spirit of our staff who have worked so hard over this period. People are clearly very tired now and I hope that as the pressure begins to ease, our teams will get a chance to recharge their batteries a little.

Although we are a small district general hospital, we have held up well when compared to our neighbours. We have also managed to maintain more of our elective and outpatient work than many hospitals. Patients attending for these procedures and clinics are our patients too and deserve our every effort to maintain our services during challenging times.

The Board has been holding additional weekly meetings to enable us to challenge ourselves to ensure that we are doing everything we can, both responsively and proactively to maintain patient safety during these very difficult times.

It just remains for me to say an enormous **'Thank you'** to Team QEH. Your willingness to go the extra mile and support each other is truly inspirational.

STOP PRESS … STOP PRESS … STOP PRESS …

- The Secretary of State (SoS) for Health and Social Care, Jeremy Hunt, visited the Trust on 18 January, to talk to us about his drive to make the NHS the safest healthcare system in the world. The SoS thanked our staff for their hard work over the winter period, complimented the Trust's innovative work and took questions from a packed lecture Theatre.

- It's not too late to have a Flu vaccination!

2. Quality Matters

The Trust continues to work on its Quality Improvement programme and its preparation for our next CQC Inspection. Recent and forthcoming work includes some additional peer review work and support from our regulators:

- Programme of ward assurance mock assessments
- CQC monitoring visit and Staff Forum (Maternity) – 11 January
- Quality Summit – (O&G) – 31 January
- NHSi Clinical Review – tbc

Through our work, we are developing good insight into what we do really well (… I'm delighted to note that this is a very long list!) and we're encouraging our teams to celebrate those things proudly and loudly! We're also identifying where we can improve the quality of our services - tackling those areas with immediate action where the solution is clear and articulating our plans where the solution might be more complex.

We have developed some documents to put the Quality Matters work into context for our staff and I have included two of these as annexes to my report:

- The Quality Matters key information sheet
- Quality Matters Booklet

3. The Norfolk and Waveney Sustainability and Transformation Partnership (STP) and Plan

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

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

The Delivery Plan reflects the position of the STP as it was back in June 2017.

Here is a summary of the changes the STP is proposing to make over the next few years:

- **Helping people to stay healthy and preventing illness** by training all staff to offer healthy living advice and better supporting people to manage long-term conditions.

- **Further integrating health and social care** so that people can receive coordinated support at home wherever possible.

- **Offering more choice of services at the end of life.**

- **Supporting our three main hospitals** to become more sustainable by working more closely together while providing equal access to services. Initially, work will concentrate on improving emergency care, radiology, urology, cardiology, cancer and maternity.

- **Providing more services in general practice and the community**, such as ophthalmology, dermatology and ear nose and throat clinics.

- **Reducing waiting times and improving outcomes for people who have cancer**.

- **Making maternity services more personalised, family-friendly and safer**, while giving every woman the right information to make informed decisions about her care.

- **Better managing increasing demand** by reducing duplication and using new technology, such as offering GP consultations via Skype or Facetime. We will also look to recruit 50 GPs from abroad, employ more pharmacists to offer medication advice and train GP receptionists to direct patients to the most appropriate place to get help.

- **Improve mental health services** to make it easier and quicker for people to receive the support they need at an early stage, for example by developing crisis cafes.

4. Our Regulatory Position

The Trust continues to work closely with its key regulator, NHSi. Members of the Board met with NHSi at the London offices recently and the clear messages for the Trust related to the need for grip and control on the Trust's recovery plans to deliver this year's acknowledged revised forecast.

Greater emphasis was however, placed on the importance of the rigour of the Trust's planning for next year and beyond. The Executive Directors have been working with senior teams and with some external support to develop the Trust's plans, by assimilating assumptions from the following key workstreams:

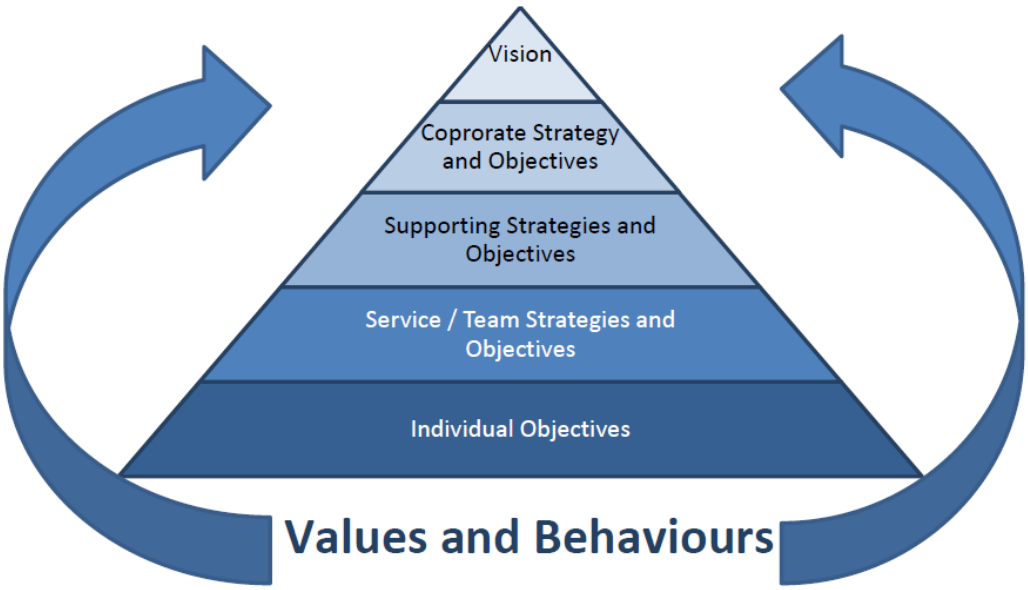
- Activity and Capacity modelling
- Clinical services strategy
- Income assumptions and opportunities
- Workforce Strategy
- Productivity and efficiency (inc. CIPs) opportunities (Model Hospital, Reference Costs etc.)
- Capital Planning

This work will inform the Trust's Annual Plan Review (APR) and also the Trust's Capital and Revenue budgets for 2018/19.

It is clear that the Trust's financial position will continue to be very challenging into the new financial year and beyond.

5. Looking Forwards

The Board is currently working on reviewing and refreshing the Vision and Strategy of the Trust and will be talking to patients and staff in the coming weeks about priorities for the future. The Director of HR is also rolling out a programme of workshops for staff concerning Values and Behaviours. This is work that will support the development of our Vision and Strategy by describing "… how we do things round here."



6. … Reasons to be cheerful!

I am delighted to report some very good news for the Trust and its patients:

- We have received a letter of congratulations from Celia Ingham Clark, Medical Director for Clinical Effectiveness, NHS England, congratulating the Trust on being one of the trusts which has seen the greatest improvements the timely identification and timely treatment of sepsis.

- The Trust has been nominated for a PAFTA (Paediatric Awards for Training Achievements) award in the 'Best Training Hospital Category' at the forthcoming PAFTAs ceremony on 2nd February 2018.

Well done and congratulations to all involved! This is another clear indication that the QEH can punch well above its weight on a national stage. I'm very proud of our teams and our people and use every opportunity I can to tell other people how proud I am!

7. New to the Team

I am pleased to welcome to Team QEH:

Philippa Dransfield – Financial Controller, started 11th December 2017
Stas Chobrzynski-Rawicz – Deputy Director of HR & OD, started 1st December 2017

8. Diary Dates

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

- NHS Providers' Conference
- Board to Board with Stephen Hay
- HSJ Summit (as speaker)
- Director induction (as speaker)
- Parkinson's UK
- King's Fund (as speaker)
- NHSi - Moving to 'Good' and Beyond
- Midlands & East CEO event
- NHS Providers' Dinner with Dr Sarah Wollaston MP – Chair of the Health Select Committee