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: 24 November 2015
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 – November 2015

1 CEO's KEYNOTE MESSAGE

1.1 … The winter challenge begins and we must tighten our grip accordingly!

We are already seeing the signs of winter pressures beginning at the Trust, manifesting themselves in such things as increased emergency attendances and staff sickness. These pressures make it all the more important for us to work together and support each other as 'teams', to ensure that our patients are safe in these challenging times.

2 HOW ARE WE DOING?

2.1 QUALITY

Infection Control

We are continuing to see too much C.Diff infection and MRSA colonisation at the QE. Thankfully, we have seen no MRSA infections but we must maintain a grip on basic hygiene measures right across the Trust in order to prevent the transmission of infection.

We are also seeing many patients coming in from the community with Norovirus and this pattern is likely to continue throughout the winter. Currently, we have a number of bays and wards with infected patients. Our clinical teams are working with Infection Prevention and Control to ensure that we do not spread the virus, as this will be bad for our patients and will make our winter pressures even more challenging. Our Infection Prevention and Control Team are working to identify urgent additional measures to reduce the impact of Norovirus on the Trust and its patients.

I urge all colleagues throughout the Trust to be mindful of and compliant with all infection control advice that is communicated by:

- Email
- Screen-savers
- Posters
- Mandatory training
- Policies and Procedures
- Flu vaccination campaign

In our 'battle against the bugs', we must also be courageous in challenging and supporting each other where we see poor practice and non-compliance with policy and procedures.

In November, an Outbreak Meeting was called to look closely at the Trust's recent increase in the incidence of C.Difficle. The meeting was attended by our CCGs and Public Health England and while meeting participants endorsed the Trust's improvement plans, it is very clear that we **must** now deliver the plans!

Pressure Ulcers and Falls

The number of pressure ulcers and falls on our wards, particularly where our patients are frail and vulnerable is a very good indicator of our grip on the most basic standards of quality care. I am very pleased to report that our pressure ulcers performance has improved and we have had recent extended periods with no pressure ulcers at all, anywhere in the Trust. However, to be truly worthy of celebration, this improved position must be sustained!

Some of our frailer patients continue to fall while they are with us in the hospital. We provide 1:1 care where there are indications that this is required and we have tried a wide range of initiatives such as anti-slip socks for patients at risk of falling. We have analysed the patterns of patient falls and have found that patient falls happen more frequently early in the morning in some parts of the Trust, as patients are getting up from bed to use the bathroom. We will be running a pilot where some of our auxiliaries will come to work on an earlier shift pattern to provide additional support at this time of day and we hope that this will have a positive impact on our falls prevention work.

2.2 WORKFORCE

I set out several elements of governmental and regulatory guidance in respect of staffing in my report last month. I feel that it is worth repeating this guidance here, as the Trust will be working to evaluate its impact through the winter, when the Trust is under particular pressure.

The Shortage Occupation List (SoL)

I reported last month that nurses have been added to the Government's Shortage Occupation List (SoL) on an interim basis, pending further work by the independent Migration Advisory Committee. The temporary change will mean that nurses from outside Europe applying to work in the UK will have their applications for nursing posts prioritised. This is of course, good news for the Trust. We have however, lost many months in being able to progress with the nurses we interviewed earlier in the year and the new

arrangements have not yet been put in place. Additionally, although we have secured 15 certificates of sponsorship for overseas nurses, these are not valid until January 2016. Recruiting sufficient nurses will therefore remain a challenge.

Agency Cap

Monitor has restricted the Trust's overall spend on agency and the DoH has introduced a cap on the hourly rate the NHS can pay clinical agency staff, at 55% above the pay levels of permanent staff.

The cap will be phased-in for clinical staff, including doctors and nurses, from November, subject to a consultation, which closed on 13 November 2015. I will of course update verbally at the Board meeting, by which time I expect that we will have received additional guidance from the DoH.

The use of approved frameworks for procuring nursing agency staff is also mandated.

The Trust is assessing the likely impact of the cap, and risks identified to date include:

- Smaller numbers of available agency staff, as financial incentives for agency staff and agencies will be lower – the Trust is already challenged to secure high calibre agency staff and is in competition with larger hospitals in cities and areas with better transport links;
- Clinical professionals currently attracted by agency rates may return to substantive posts. This is of course desirable for the NHS, but again it might be that the QE, as a small, rural DGH has to work much harder to recruit and retain high calibre substantive appointments, in the light of competition from larger teaching trusts in more desirable locations.

Safer Staffing

The joint statutory agency / regulatory communication received recently by all Trusts, introducing emerging guidance on 'Safer Staffing', adds to the Trust's challenges. The communication emphasises that trusts are responsible for ensuring that they get the balance right by neither under-staffing nor over-spending, and are able to secure the right complement of clinical staff to meet local patient need and circumstances.

2.3 OPERATIONAL PERFORMANCE

2.3.1 Emergency Flow and the 4-hour emergency access standard

The Trust has been experiencing very serious challenges in respect of emergency flow in recent weeks. This has manifested itself in a number of ways:

- Failure to deliver the 4-hour emergency access standard for several consecutive weeks;
- Periods on 'black alert' – which signals to the healthcare community that the Trust is dealing with the most serious capacity issues;
- Long ambulance waits for patients during times of peak workload and related high contract penalties for the Trust;
- Medical outliers - medical patients being cared for on surgical wards;
- Patients being bedded in the A&E department (18 on one night in early November);
- Significant pressure on staff; and most importantly
- Poor patient experience.

My team is working hard to find ways to ease the pressure, which include:

- Escalation beds opened on Marham Ward;
- Cohorting of medical outliers, so that medical patients can be cared for together, thus reducing the impact on clinical staff and on elective activity;
- Improved flow, by re-organising some of the Trust's ward and 'front-door' capacity;
- Good practice benchmarking with the James Paget Hospital on conversion rates, AEC, 'front door' configuration / management and external support.

It is important to understand that increasing the Trust's bed base i.e. the opening of escalation areas in order to cope with increased numbers of emergency admissions, presents very significant pressures of its own. The Trust will almost certainly be challenged to staff additional beds and at all times, patient safety and safe levels of staffing will need to be at the forefront of our decision-making. For this reason, we must focus on the discharge of medically fit patients and it is extremely important that we maintain effective working relationships with our social and healthcare partners, including commissioners, GPs, community services and social services, in order to manage demand for services and also facilitate discharge for medically fit patients.

2.3.2 Cancer – 62 day standard

I have, over several months, been reporting that the Trust has been very challenged in meeting the 62-day Cancer Wait standard. The Board has taken this position extremely seriously and has been driving hard for improvement.

We know that while we have experienced and continue to experience some issues regarding the Histopathology service commissioned from Addenbrookes, it is within our gift to deliver much of the solution to the problems we have experienced.

We have secured additional support for our teams, have made some key pathway changes and have been closely reviewing every patient on every specialty pathway.

I am pleased to report that once validated, the Trust's data is likely to show that we achieved the 62-day Cancer Wait standard in October.

We often talk about standards and targets in the NHS – but let us never forget that behind every 62-day Cancer Wait Standard breach is an anxious and potentially very sick patient.

2.4 FINANCE

I remain concerned about the Trust's financial performance to-date but I am also very committed to doing everything we can to deliver the Trust's £13.9m planned deficit and Monitor's stretch target for us, of £13.3m.

Make no mistake, this will not be easy. The Board is currently considering a range of initiatives that might be taken to secure delivery of the Trust's financial plans and we will need to take some very difficult decisions in the coming days.

3. WHAT'S BEEN HAPPENING AT THE QE?

3.1 Information Security Review - Sector Study

The Secretary of State for Health has asked the CQC to commission a sector study to establish how safe patient information is within the NHS and the QE was one of 50 NHS organisations selected to be visited, as part of the review exercise.

The visit took place on 11 November and was led by the Health and Social Care Information Centre (HSCIC), on the CQC's behalf.

We look forward to being able to undertake some 'good practice' benchmarking when the Sector Study is published.

3.2 Ambulance Trust Inspection – 16 November 2015

By the time my report is considered at the Board, the CQC will have undertaken their inspection of the East Midlands Ambulance Trust. This inspection will have involved the CQC team in visiting a sample of acute and community providers that the NHS Ambulance Trust works with, in order to observe handovers, speak with patients who have been cared for by the ambulance service, and speak to staff at the receiving provider.

The East Midlands Ambulance Service NHS Trust inspection is programmed for the week commencing 16th November 2015 and the CQC is aware that they provide patient transport services to and from the QE. The CQC inspection may therefore have entailed a visit to the QE, where the CQC team may have talked to patients who have received a service from East Midlands Ambulance Service NHS Trust, or staff who have a working relationship with them.

Although the CQC will not have been inspecting our services on this occasion, I will nevertheless, update the Board at the November meeting, concerning any helpful feedback that we receive during the week.

3.3 GMC visit – 4th November 2015

The Board will recall that the Trust had a very challenging visit in September, from the GMC and Health Education East of England. The GMC visited the Trust again on 04 November as part of their regional review of the East of England.

Although the November visit was pre-programmed and not strictly a follow-up visit following the September visit findings, the visiting team did offer some very encouraging feedback:

- Well-organised and 'smooth' visit;
- Following September visit – acknowledgement of the leadership, commitment from the senior management team, senior education team and consultant body met by the team to make progress on the concerns that were highlighted in September;
- Many examples reported of excellent training being delivered at QEHKL. Students are receiving good clinical exposure and supervision at the Trust ;
- Junior Doctor Forum is working well and is valued as an opportunity to raise and discuss issues that are acted upon and can be fed back to the senior management team;
- Good insight into areas for improvement – including: IT; handover; hospital at night; and workload.

3.4 Junior Doctors' Industrial Action

In view of the potential Junior Doctor industrial action which may take place on 01, 08 and 16 December 2015 we have been working with our union colleagues to ensure that patients are not adversely affected.

It is our intention to meet our commitment to patient welfare during this and any subsequent periods of industrial action that come about as a results of recent ballots for strike action. We have therefore agreed that contingency plans will be implemented where necessary to ensure this.

4 NEW TO THE TEAM

I am pleased to welcome to the QEH Team:

- Rachael Johnson, Consultant General Surgery - commenced 2nd Nov

5 THE CEO'S DIARY

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

- Monitor
- WN CCG
- WN CCG Transformation Board & Oversight Group
- NCH&C
- Norfolk County Council
- Norfolk Whole System Resilience (Health and Social Care)
- Great Ormond Street Hospital for Children

6 SUMMARY

I return to my original theme of 'winter challenges' and I hope that the content of my report this month shows how challenges in one area of the Trust's work can impact in other areas.

Ensuring that the QEH is sustainable for the future requires us to 'get a grip' in each and all of these areas of the Trust's work.