The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
David Dean Chairman	Decision		High	Med	Low
	Discussion	✓			✓
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic	✓	NA		
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				

CQC Essential Standard Ref:	NA
NHSLA Standard Ref:	NA
Media / Communications:	NA

Meeting Date: **26 November 2013**

Report Title: **Chairman's report**

Firstly, it is a great honour to have been asked to be the Chairman of The Queen Elizabeth Hospital King's Lynn Foundation Trust at this time. This is brought home to me every day by the levels of support I have witnessed for the organisation and it is clear that the hospital still has backing from all of its major stakeholders but particularly from patients, staff, governors and local people.

I would like to acknowledge the contribution of my predecessor Kate Gordon who led the Trust during very difficult times and who unfailingly offered me the utmost courtesy and kindness during my short period as a Board adviser prior to my appointment. I would also like to acknowledge the contributions of the previous Chief Executive Patricia Wright and Sharon Beamish who left last Friday after stepping up as acting CEO during the last few turbulent weeks and did a very professional job. We wish all of them well for the future.

On 31 October I was pleased to have an early opportunity to chair a meeting of The Governors' Council and grateful that so many could attend at short notice. During a lively 90 minute Q&A session on the recent Monitor action we had many insightful questions and I was happy that Mark Turner from Monitor, our new CEO Manjit Obhrai, and Sharon were there in person to directly address concerns raised.

Fortunately, despite the tight timetable I was able to participate in the recruitment process for Manjit and am delighted that he has accepted this role given his wealth of experience, particularly in the work he carried out at Mid Staffordshire. In London, at the offices of Monitor I was also able to meet our new Improvement Director, David Hill. His considerable experience and insight in to the local health economy will be a valuable asset.

During the ward visits that I and my Non-Executive colleagues have made in recent weeks it is clear that morale is high but at the same time most of the staff I have spoken to are keen to improve standards of care wherever possible. I have been very encouraged by the positive attitude I have experienced from all staff I have met despite the difficult times we are in at the moment.

Since the end of October I have been able to meet all the senior executive team to discuss the significantly challenges that we all face in the coming months. On 12 November I also chaired an extraordinary Board meeting to discuss the Quality Improvement Programme, in response to the concerns raised by the CQC, and the Financial Recovery plan that we were required to present to Monitor in London on 15 November.

I am confident that the immediate quality challenges faced by the hospital can and indeed are being met. I am however less sanguine about that the short term financial issues can be easily addressed. It is highly likely that their solution will require collaboration and indeed service reconfiguration across the whole local health economy. To this end, on 31 October during Mark Turner's visit I was happy that we also had the opportunity to meet with Ian Mack and Sue Crossman, respectively Chairman and Chief Executive of West Norfolk Clinical Commissioning Group.

With the current uncertainties surrounding the organisation I would like to reiterate what I said at the Governors' Council meeting, that we should focus relentlessly on the issues we can control; namely to provide services of the highest quality and as efficiently as possible in order to ensure that The Queen Elizabeth continues to be the hospital of choice for local people. To do this we should put patients first at all times and take pride in what we do. Ultimately it is the needs of patients that will drive the long term picture of health service provision in this area.

Recommendation

The Board is invited to note the Chairman's report