

## QEH Hospital Report January 2026

### Group Model for Norfolk Hospitals

The new hospital group's inaugural board meeting was held on 17<sup>th</sup> December, representing the official launch of the new hospital group and ending the interim transition period.

There have been a number of executive changes and appointments recently. The principal ones are:

QEH executive Director, Michelle Arrowsmith  
Group Interim Chairman, David Roberts  
Group Chief Medical Officer, Dr Rob Sherwin  
Chief nurse for Group, Rachel Cocker (1 year secondment from Norfolk and Norwich Hospital)  
Interim Chief Operating Officer, Richard Parker  
Group Interim Group of Corporate Affairs, Ian Walker  
Various non-executive Directors

### Hospital New Build

There is some doubt as to whether the hospital will be completed by 2032 as the Government has not categorically confirmed this. It was also announced by the Group director that the hospital rebuild will now be combined into a 'single, unified programme' with James Paget Hospital.

However, a number of developments are underway towards the new build:

- The helipad has been relocated and is operational, allowing the new car park work to go ahead.
- 58 new parking spaces are being created in the former helipad area and this work is expected to be completed by mid-February
- Engineering and digital cable work has been completed, allowing contractors to move forward with the car park.

The new car park designs have been on display at the hospital and the design is both impressive and aesthetically pleasing. The contractors have said that all existing car park space will be maintained for as long as possible and all car parks other than the main one will be retained in the future.

### Hospital News:

Some very good and some fairly negative reports recently.

- It has been widely reported that there are serious concerns with the General Surgery department. A report conducted by the College of Surgeons revealed some serious failings, in particular 'a toxic culture' and a lack of effective leadership. Whilst there was no evidence of widespread patient harm, there were 'unacceptable delays in spotting complications' in some cases and questions over surgical competence for some procedures. The hospital has now paused robotic surgery and steps have been taken to make the surgical service safe again. All general surgery is being led and monitored by Norfolk and Norwich for the time being

On the positive side.....

- QEH has been praised for its maternity services. We achieved strong results in the 2025 National Care Quality Commission Maternity Survey
- The QEH has been recognised for excellence in patient safety and data quality, achieving Gold level status in the National Joint Register Quality Data Provider awards. This reflects the hospital's outstanding commitment to accuracy, completeness and timeliness of surgery data submitted to NJR.
- The QEH THRIVE programme which supports early careers of healthcare professionals has won the 2025 Nursing Times Workforce Award
- The Community Diagnostic Centre (CDC) has been crowned as Best Healthcare Development under £25m at the Building Better Healthcare awards which recognises innovation and outstanding achievement in the Healthcare built environment. The CDC is expected to process 40,000 outpatient appointments each year.

- Discharge and wait times in hospital have reduced, thanks to a new rehabilitation programme launched with a number of health organisations.
- I recently visited the new Central Sterile Services Department (CSSD) building with a group of governors. It is due to go into operation soon and is an incredibly impressive state of the art facility for the future. It is very big and will provide and sterilise all equipment used on patient procedures (but not external items such as needles, syringes etc). Everything flows through the building seamlessly so that there is no possibility of any contamination. It has its own air-conditioned systems and every single part of the building has been designed for absolute infection control. It was an amazing visit but, unfortunately, can never be repeated as, once it is commissioned, it will be closed to the public.

#### Weekly Operational Update @ 16/01/26

##### Emergency Care:

- 4 -hour performance was 62.7% with non-admitted performance at 76.1% and admitted at 30.8%
- 253 attendances on average each day
- 60 ambulance trips per day on average with 42.5% of ambulance handovers completed within 30 mins. 24 handovers were delayed over 4 hours.
- 55 patients are awaiting a supported discharge with 286 UEC discharges from core wards.

##### Elective Care:

- The waiting list has increased slightly to 26501 (but it was 28.801 in Sept). The number of patients waiting longer than 52 weeks is 506

##### Diagnostic and Cancer Services:

- Diagnostic performance is at 61.8% but activity is at 113.2% with increased activity at weekends and evenings to reduce diagnostic referrals. The main areas of concern are echocardiography and audiology.
- The Trusts Cancer 28 day Faster diagnostic standard has improved to 72.3%
- 31 Day performance has improved to 93.48%
- 62 Day performance has improved to 55.25% and the number of patients over 62 days has reduced to 166.