The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	4 May 2021	**Agenda item:**	8
Report Title:	Chief Executive's report to the Board		
Author:	Caroline Shaw, Trust Chief Executive		
Executive Sponsor:	N/A		

Implications					
Link to key strategic objectives *[highlight which KSO(s) this recommendation aims to support]*					
KSO1	**KSO2**	**KSO3**	**KSO4**	**KSO5**	**KSO6**
Safe and compassionate care	***Modernise hospital and estate***	***Staff engagement***	***Partnership working, clinical and financial sustainability***	***Healthy lives staff and patients***	***Investing in our staff***

Board assurance framework		
Significant risk register		
	Y/N	If Yes state impact/ implications and mitigation
Quality		
Legal and regulatory		
Financial		

Assurance route					
Previously considered by:	N/A				
Executive summary					
Action required: *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Purpose of the report:	The paper is to inform the Board of key external/internal events and activities.				
Summary of Key issues:	This report summarises the Trust's performance and brings to the Board's attention key activities of the CEO and significant upcoming issues.				
Recommendation:	The Board is asked to note this paper.				
Acronyms					

CEO report to Board – May 2021

1. Recovery and restoration

COVID-19 cases continue to reduce at QEH as we move well beyond the peak of the second wave of the pandemic and focus on restoration and recovery for our people and services. At the time of writing this paper (25 April 2021), we have 3 COVID-19 positive patients on our wards. The Trust has now administered over 38,000 COVID vaccinations to patients and healthcare workers, including our own staff, at the QEH vaccination hub and Downham Market centre.

Across the Trust we're now starting to see more familiarities – with the Sandringham Unit back open as our green elective surgical facility and our Endoscopy service back in its original location in the Endoscopy Suite. Looking to the next month, we are preparing to return to a single Emergency Department early May, followed soon after by the reopening of the Day Surgery Unit in the Arthur Levin Centre by mid-May.

The Trust has a clear People Recovery and Restoration Plan in place, which sets out how we will maximise support for our staff during this period, including 7/7 access to clinical psychology support and ensuring the wellness of our staff which we are addressing through our Staff Engagement Programme.

Following reports of extremely rare blood clots and low platelet count following the first vaccination dose of AstraZeneca, the Trust is following guidance released from the Medicines and Healthcare Product Regulatory Agency (MHRA) and the independent Joint Committee on Vaccination and Immunisation (JCVI) on continuing to administer the vaccine.
The Trust is also informing staff how to assess and treat suspected cases of vaccine induced blood clotting (thrombosis and thromobocytopaenia:VITT) if patients present with this condition. There have been no reported concerns from patients to date, as the Trust continues to follow the clear national guidance on this issue.

As a further update from last month's CEO Report, we have now commenced the first phase of our Duty of Candour exercise, which involves the Trust proactively contacting and writing to every patient who contracted COVID-19 in our care, or the next of kin for those patients who sadly died, to ensure that they are aware that their loved one is believed to have caught COVID-19 in hospital and to ensure that they know we are very sorry for this. The first group (circa 35) patients have been contacted at the time of writing. Follow-up actions will include a telephone call from specially trained clinical staff. We are grateful to some of our Governors who agreed to role play for the telephone calls, which helped us to hone our messaging and ensure that the Trust's approach would be as caring and compassionate as possible as we prepared for this exercise. It is anticipated that around 300 patients or next of kin will be contacted over the next few weeks. This exercise is our opportunity to explain to our patients and their families the actions we are taking, and any lessons learnt. It is also an important way of fully discharging our Duty of Candour responsibilities, and commitment to openness and transparency with our patients and their families.

2. Visiting update and volunteers

Last month the Trust partially lifted visiting restrictions for inpatients, allowing patients to receive one visitor per day, for one hour.

The limited visiting restrictions resumed on Monday 12 April 2021 and only apply to inpatients at this time. Patients attending the Trust's Emergency Department or Acute Assessment areas must continue to attend alone unless they are a child or vulnerable patient with learning

disabilities, autism, dementia, are critically ill or receiving end of life care so we can continue to be vigilant as we enter the recovery phase of the pandemic.

To ensure the safety of all patients and staff, visitors are required to book a visiting slot in advance and must continue to follow Government rules on hands, face and space. Visitors who have tested positive or are showing any symptoms of COVID-19 are asked not to visit.
As a Trust we fully support and promote compassionate care, and in cases where patients are receiving end of life care we will try to facilitate visits under special arrangements, agreed to on a case-by-case basis with patients and their families/relatives.

The Trust is working through plans to safely reintroduce some volunteers on-site starting with priority roles, and will update further on this matter in the weeks to come, mindful of the positive impact our volunteers have on both patient and staff experience.

3. System Updates - Boundary review and Single Oversight Framework and Recovery Support Programme Consultation

We have been informed by NHS England/Improvement that the company Tricordant has been appointed to support a review of how local authority boundaries in the East of England region align with the Integrated Care System jurisdiction. We expect to be involved in consultations over the next few weeks and will continue to keep our Board and stakeholders updated.

The Trust welcomes the consultation on the new Single Oversight Framework and move to the Recovery Support Programme. This document provides a really helpful overview of the new approach and presents an opportunity for QEH to think about how this will support delivery of QEH's Corporate Strategy and continuous improvement journey as part of our Integrated Quality Improvement Plan. It is good to see the Special Measures support, which has served organisations such as the QEH very well, will now evolve in line with the move to Integrated Care Systems and the very clear focus on strengthened system working. This revised approach is welcomed, and will support improvements where issues are more complex and require a system approach to drive sustainable improvement, change and support to build a culture of continuous improvement. A more detailed update will be covered later on the agenda.

4. Our performance

Four-hour performance in March 2021 improved to 89.3%, compared to 83.47% in February 2021, providing further evidence that when the Trust has the right amount of space (as it continues to run two Emergency Departments), it can consistently deliver timely emergency patient care. Ambulance handover within 15-minutes increased from 54.66% in Feb 2021 to 58.8% in March. Regrettably, there was 1 12-hour trolley wait in March 2021 relating to the availability of a bed for a mental health patient.

Eighteen-week referral to treatment performance in March 2021 was 58.2%.

For diagnostics, performance for March 2021 was at 51.63% against the 99% standard. There were 3266 patients waiting over 6 weeks at the end of the month with the majority of these in MRI (989), Echocardiogram (903) and CT (721).

The Trust achieved three of the seven cancer waiting time standards for January 2021. Performance in February 2021 was 95.4% against the standard of 93% for 2-week wait referrals. Performance in February 2021 increased to 73.81% from 62.37% in January 2021 against the standard of 85% and trajectory of 82% for 62-day referral to treatment. There were 42 treatments, of which 11 were not within 62 days from referral. Further details on the Trust's performance will be covered in the Integrated Performance Report later on the agenda.

5. Board Assurance Framework

We continue to review and refine our risk management processes following the positive finding of "Significant Assurance" from our internal auditors Grant Thornton. Any changes to risks associated with our Key Strategic Objectives (KSOs) will be highlighted under the relevant agenda sections at May's public Board meeting. However, to note that KSO 1 and 5 were reviewed at the Quality Committee on 27 April 2021, KSO 2 and 4 were reviewed at the Finance and Activity Committee and KSO 3 and 6 were reviewed at the People Committee meetings, both of which were held on 21 April 2021. The current risk level for each KSO principal risk is summarised below.

	Quarter 2 20/21	**Quarter 3 20/21**	**Quarter 4 20/21**	**Target Risk**
KSO 1 - *Safe and compassionate care*	16	16	16	1-5
KSO 2 - *Modernise hospital and estate*	16	16	16	6-10
KSO 3 - *Staff engagement*	12	12	12	12-16
KSO 4 - *Partnership working, clinical and financial sustainability*	16	12	12	8-12
KSO 5 - *Healthy lives staff and patients*	12	12	12	6-10
KSO 6 - *Investing in our staff*	12	12	12	12-16

6. Year One achievements & launch of Year Two Corporate Strategy priorities

A summary of QEH's achievements during 2020/21 across our goals of improving Quality, Engagement and Healthy Lives has been shared internally and externally. To have achieved what we have at the same time as responding to a pandemic is impressive and testament to the hard work of everyone across the Trust. We have learnt so much during COVID, and many of these new ways of working and good practice will continue. Innovations include better team-working across the organisation and wider system, faster decision-making, much-needed acceleration of the digitisation of hospitals and NHS services across the system, more timely communications to staff and open and honest communications with patients and their families and much strengthened system working.

The Trust's Year Two priorities were launched internally and externally on 6 April 2021, including through a series of internal roadshows led by our Director of Strategy. The priorities build on our achievements from year one and set out key performance indicators against the six strategic objectives under our existing themes of Quality, Engagement and Healthy Lives. Each strategic objective has an Executive Lead. Progress will continue to be measured quarterly and findings reported to our patients, local community and partners and stakeholders.

We will publish a series of underpinning organisational workplans by the end of Quarter One, including our four Divisions and People, Estates, Clinical Services and Digital strategies, to support the delivery of these objectives.

7. Leadership and culture programme

The first bespoke QEH Leadership Masterclasses took place this month with positive feedback from participants, who are required to attend two half day sessions. All leaders and senior managers have been encouraged to take part in our leading with values sessions. The sessions are supported with a range of e-learning resources including on our new appraisal system and valued-based recruitment. I thoroughly enjoyed attending the sessions and look forward to our continued focus on culture in 2021/22 – notably: kindness, wellness and fairness – as our priority areas.

In tandem with our Masterclasses, our Values into Action workshops start in May and all staff across the Trust are being encouraged to join in. The workshops are a two-hour exploration of the QEH values and culture and how these can be embedded more sustainably at every level within the Trust. The aim is for all staff to have the opportunity to share and learn from each other's experiences, to take the best and build on it to create a lasting, caring, exceptional culture for our patients, their families and QEH colleagues.

8. Recruitment update

Louise Notley is welcomed to her substantive role (from May 2021) as Director of Patient Safety following a competitive recruitment process. Lou joined the Trust in July 2018 as Associate Director of Quality Improvement, leading on the development of improvements following the Care Quality Commission inspection in September 2018, and was appointed Acting Director of Patient Safety in March this year. Her appointment and focus on ensuring our patients and their families consistently receive the best possible care with us comes at a really important time in our journey of improvement.

I am pleased to welcome Maxine Hughes to the Trust as our new General Manager for the Women and Children's Division and Roy Byers as our Interim General Manager for the Surgery Division.

I extend a very warm welcome to Alice Webster, our new substantive Chief Nurse, who joins the Trust on 4 May 2021, from the Isle of Wight NHS Trust, where she was Chief Nurse. Thank you to Carmel O'Brien for the significant contributions she has made to our improvement journey during her time at QEH as Director of Patient Safety and in recent months as Interim Chief Nurse ahead of Alice's arrival.

Our team of dedicated Family Liaison Officers are now fully in place and are helping to keep patients in touch with their families and loved ones. This important team, who bring experience from a range of sectors to QEH, were introduced in response to patient feedback to improve our communications between wards and patients and their families and is a tangible example of our values; to listen, to act and to care. I had the pleasure of meeting our new colleagues in April 2021 to warmly welcome them to the Trust and to listen to their early feedback about the role. I am delighted this innovative role is attracting interest from Trusts across the country who are seeking to learn from QEH and the value of this role.

9. Update on roof and estates work

The Trust continues to receive the backing of local MPs, regional media and other external influencers for its bid to secure a long-term solution to the challenges posed by an ageing estate. The team permanently on site to systematically check and manage our buildings and act on any work that might be needed helps to ensure that we can continue to treat patients safely, as normal. Our rolling programme of essential maintenance work means that the number of props has now risen to 194.

Since my previous report it has been confirmed that the Trust will receive £20.6million of national capital to fund some of the short-term fixes and improvements needed, which is welcomed, and will ensure we do what is necessary to keep our hospital safe. In the meantime, meetings will continue with external stakeholders such as Borough Councillors and wider partners to press the case for a new hospital, as we further strengthen our bid through the development of a Strategic Outline Case, involving internal and external stakeholders, and this work is due to be completed by the end of 2021.

10. Team QEH Awards

We're pleased to announce the return of the Team QEH Awards 2021. After last year's record-breaking amount of nominations, we are positive that Team QEH colleagues and our local community will get nominating the Trust's shining stars for our 15 awards. After listening to staff feedback, we have added some additional awards and strengthened the criteria to ensure the shortlisting process is as far as possible.
This year's categories are:

- The We Listen Award
- The We Act Award
- The We Care Award
- The Patient Safety Champion Award
- The Clinical Team of the Year Award
- The Non-Clinical Team of the Year Award
- The Volunteer of the Year Award
- The Growing Our Own Award
- The Behind the Scenes Award
- The Leader of the Year Award
- NEW FOR 2021: The Allied Health Professional of the Year Award
- NEW FOR 2021: The Inclusion Champion Award
- NEW FOR 2021: The Award for Outstanding Achievement in Education or Research
- The Living Our Values Outstanding Contribution Award
- The Chairman's Award for Developing Against the Odds – a Personal Journey

Nominations close 30 June 2021.

11. QEH Day of Reflection

Following the National Day of Reflection on Tuesday 23 March 2021, the Trust held its own Day of Reflection on 19 April 2021 to pause and reflect on the past year, considering the difficulties and hardships we've all endured over the past 12-months as we responded to COVID.

This was a special opportunity to say a big thank you to each other, and to remember all those we sadly lost to COVID and all staff who have been affected by the pandemic. This was also an opportunity for us to remember Chrissie Emerson, a valued and respected member of Team QEH we sadly lost to COVID in 2020, and we were pleased to be joined by Chrissie's family for this poignant occasion.

The pandemic has affected us all in different ways, but together we have worked and lived through the toughest year on record for the NHS, and now we look forward to getting back to a new sense of normal.

12. Veteran Aware Hospital and retaining our 'Gold' status

Earlier this month QEH was named a 'Veteran Aware' Trust in recognition of its commitment to improving NHS care for veterans, reservists, members of the armed forces and their families.

The accreditation, from the Veterans Covenant Healthcare Alliance (VCHA), recognises our commitment as we pledge to ensure that the Armed Forces community is never disadvantaged compared to other patients, in line with the NHS's commitment to the Armed Forces Covenant.

As a Trust we are committed to making veterans, reservists and service families aware of appropriate charities and NHS services beneficial to them, such as mental health services and support with financial affairs. This is a fantastic achievement and we're now one of 71 members of the VCHA and are part of a growing number of NHS Trusts gaining this accreditation.

QEH also retained its 'Gold' status from the Ministry of Defence Employer Recognition Scheme in recognition of its work to support Armed Forces colleagues.

13. Maple Suite

At the end of March 2021, we opened a new Maternity Hub in King's Lynn – the Maple Suite. New and expectant mothers within the King's Lynn locality have begun to receive their care at the new Suite, reducing the need to attend routine appointments in an acute hospital setting. The Suite is located at St Augustine's Healthy Living Centre on Colombia Way, North Lynn, and provides a similar service to our North Cambridgeshire site which is also a Maternity Hub. The Maple Suite runs five days a week, offering flexibility and accessibility to expectant mothers and their families will all the resources in one place, including classes and appointments. The team hope to expand the service in the future to include further clinics and consultations.

The Suite is part of a long-term plan to transform maternity services and provide 'continuity of carer', were women and families are looked after by the same midwife throughout their pregnancy.

14. External visits

We were delighted to welcome Wendy Matthews, Regional Chief Midwife and Director of Nursing and Cath Byford, Chief Nurse for Norfolk and Waveney Clinical Commissioning Group to visit our Maternity Services in April 2021, meeting a range of patients and staff and hear about our continuous improvement.

We also welcomed Dr Michael Farquhar, a Sleep Medicine Consultant at the Evelina London, to join QEH's LGBT+ Staff Network meeting. Mike has a strong interest in raising awareness of issues and challenges faced by young people who identify as LGBT+, particularly when accessing NHS healthcare. In 2018, he helped develop and pilot the Rainbow NHS Badge scheme at Evelina London, which has now been adopted across Guy's and St Thomas' and beyond. There is lots QEH can learn from Dr Farquhar and the Evelina London and we look forward to working together as we seek to improve the experiences of our LGBT+ patients and staff, through this network and our wider culture programme, which is focussed on becoming a more inclusive employer.

15. Closing remarks

With the gradual and continued improvement of the COVID pandemic situation and the easing of lockdown locally and nationally, our attention has turned firmly to reset and recovery across the organisation. The national incident level for the NHS COVID response has also reduced from level 4 to level 3. Key to our recovery has been the reintroduction of patient visiting from early April 2021, which was a great boost for everyone.

Feltwell Ward, one of two of our escalation wards, closed at the beginning of April 2021. We hope to close our second escalation ward after the May Bank holiday, after which we intend to close our Red Emergency Department and re-open our Day Surgery Unit after a deep clean. Stanhoe and Tilney remain our COVID wards and we hope to move to one ward in late April 2021. Our Green (elective surgery) Sandringham Ward, endoscopy suite and all of our theatres have re-opened. Our recovery plans are focused on the gradual re-introduction of our elective surgical capacity and non-urgent treatments and are in line with national guidance. We are working hard to reduce our waiting list backlog of over 6,500 patients and we are continuously re-assessing those patients awaiting cancer or other clinically-urgent surgery to prioritise those with the greatest clinical need.

Three elective workstreams have been established to support our Divisional Leadership Teams with their recovery: Outpatients, Theatres and Diagnostics. They will report into the Elective Care Restoration and Improvement Forum which reports to the Operational Management Group, chaired by our Chief Operating Officer.

I am particularly pleased that our programme of action to give Duty of Candour to those patients who did or probably did become infected with COVID in the hospital is now underway. The first identified group of patients received their letters by registered post in the week of 19 April 2021 and feedback on the initial planned follow-up telephone conversations was positive. We will have more analysis of this important exercise next month.

Another of our recovery projects reached an important milestone on 28 April 2021 as the Electronic Prescribing and Medicines Administration (EPMA) project went live on West Newton Ward, which became the first ward to actively use the system in the Trust. All pilot ward users have been trained and the system has been configured, including the new Single Sign On solution – and both of these are important developments as we seek to further digitise our hospital in the year to come, consistent with our Corporate Strategy.

The recovery of the hospital is being spearheaded and delivered by colleagues at all levels with dedication and expertise, resulting in wide-ranging improvements across the Trust. We continue to support managers and leaders at all levels of the organisation to redouble their efforts to provide caring and efficient communication with our patients and families in order to reduce the number of complaints. We have also issued guidance reminding all colleagues not to lessen their vigilance in regard to the mandatory safeguards to help minimise the risk of COVID infection in the hospital and the wider community.