The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 February 2022	**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 internal and external events and activities during December 2021 and January 2022.				
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.				

CEO report to Board – February 2022

1. Operational pressures

The Omicron variant has once again required an extraordinary response from all NHS Trusts, including the Queen Elizabeth Hospital, and we have more than responded to the challenge. Shortly before Christmas the NHS declared a Level 4 National Incident, the highest incident level there is, meaning Trusts receive clear direction from NHS England/Improvement to support the national response to COVID-19.

Across the Norfolk and Waveney system, along with the wider NHS, we have seen unprecedented demand on our services, and over the Christmas and New Year period we saw a steady rise in COVID-19 patients being admitted, with many of our patients experiencing unacceptably long waits in ambulances and in our Emergency Department for which we apologise.

Following discussions with our Divisional Directors and clinical teams at the start of January 2022 we agreed to significantly reduce our elective programme, with the Sandringham Unit becoming an amber surgical ward, Day Surgery Unit becoming our amber Surgical Assessment Unit and Surgical Short Stay ward and increasing our amber medical ward capacity on Denver and Elm Wards.

Following a formal review of COVID-19 inpatient capacity, at the end of January 2022 we activated our de-escalation plans so we can gradually resume our elective surgical programme through our Sandringham Unit and Day Surgery Unit with plans to resume our full elective programme by 11 February 2022.

We continue to work very closely with leadership teams at Norfolk and Norwich University Hospital and James Paget Hospital to adapt and ensure the safety of our patients remains a priority and risks are managed across the organisation and the local health and care system.

Indeed, in January 2022 we engaged in a week-long system wide Multi Agency Discharge Event (MADE) which brought together the local health system to support improved patient flow, while recognising and unblocking delays and challenging, improving and simplifying complex discharge processes. Mini MADE events will continue during March 2022 to support our Trust-wide focus on flow through and out of our hospital and our system-wide focus on the delivery of more timely emergency patient care.

The Trust currently has 42 COVID-19 positive patients, all of whom are receiving ward-based care across two COVID wards, with our position plateauing. Encouragingly the number of COVID-positive patients attending our Emergency Department has started to reduce.

We continue to encourage people eligible for a first or second vaccine or a booster jab to have it when it's their turn. This is the best way for people to protect themselves and loved ones from becoming seriously ill and requiring hospital treatment.

We are also strongly encouraging all staff to boost their immunity this winter by having the flu vaccination and COVID-19 booster – this will help to ensure our patients and staff are protected this Winter. So far 62% of staff have had their flu vaccination and 80% of staff have had their COVID-19 booster jab, 93% first COVID jab and 92.2% second jab.

2. Our performance

Four-hour performance in December 2021 was 56.6% compared to 60.59% in November 2021, reflecting the unprecedented pressure on our emergency services, mirroring the

pressures across the wider NHS. Just over 10% of all patients who attended our Emergency Department presented to our red (COVID) ED. In December 2021, 31.2% of ambulance handovers were within 15-minutes and the average time was 54 minutes. This compares to 32.35% in November 2021.

Regrettably, there were 107 patients who waited in the Emergency Department longer than 12 hours from decision to admission, which isn't acceptable in any circumstances nor the experience we want for any of our patients.

At the end of December 2021, there were 19,108 patients on the Trust's waiting list, of which 7,343 patients have waited over 18 weeks from referral, making our performance 61.57%. The three specialties with the longest waits are orthopaedics, cardiology and dermatology.

The Trust is on track to ensure there are no 104 week waiters by the end of March 2022.

Diagnostics performance (6-week maximum wait standard) for December 2021 decreased to 32.30% against the standard of 99%.

Performance during November 2021 improved to 76.2% against the 85% cancer 62-day standard. There were 61 treatments, of which 14.5 were not within 62 days from referral.

3. 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 February's Public Board meeting. However, to note that KSO 1 and 5 were reviewed at the Quality Committee on 25 January 2022, KSO 2 and 4 were reviewed at the Finance and Activity Committee, and KSO 3 and 6 were reviewed at the People Committee, both of which were held on 19 January 2022. The current risk level for each KSO Principal Risk is summarised below.

	Quarter 1 21/22	**Quarter 2 21/22**	**Quarter 3 21/22**	**Target Risk**
KSO 1 - *Safe and compassionate care*	16	16	16	1-5
KSO 2 - *Modernise hospital and estate*	20	20	20	6-10
KSO 3 - *Staff engagement*	9 (2758) & 12 (2791)	9 (2758) & 12 (2791)	9 (2758) & 12 (2791)	12-16
KSO 4 - *Partnership working, clinical and financial sustainability*	12	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

4. 2022/23 NHS Priorities & Operational Planning Guidance: update

The organisation is fully engaged with the business planning process for 2022/23. Taking into account the recently published 2022/23 priorities and operational planning guidance (24 December 2021), alongside the technical financial guidance (17 January 2022) the Trust is now working towards completion of the draft templates by 17 March 2022. This work is underpinned by the development of robust Service Development Plans for all specialties and corporate areas which clearly articulate the key priorities and deliverables for 2022/23. Alongside this, detailed capacity, demand and activity planning is underway supported by workforce and financial modelling. In line with the national requirements, the Trust will be submitting its plans in partnership with the Integrated Care System.

5. Care Quality Commission Inspection

Our regulator, the Care Quality Commission (CQC) carried out their two-day unannounced inspection shortly before Christmas which focused on Medicine, Critical Care and Urgent and Emergency Care, and initial feedback was very positive.

The CQC wrote to us saying they had seen evidence of improvements and examples of compassionate care and good teamwork. The inspectors also recognised that notwithstanding the current operational pressures we were facing, there was a focus on ensuring the safety of our patients and this was evidenced with confidence during the visit.

Last month our CQC colleagues returned to carry out the second stage of our inspection, which was our Well Led Inspection, and again initial feedback was very positive, with headlines including:

- Leaders used measurable outcomes and there was evidence of impact being monitored and cascaded throughout the organisation
- Open and honest culture whereby people were encouraged to be brave and speak out against inappropriate behaviours. The inspection team noted good progress had been made regarding organisational culture, although recognised there were some pockets where culture still needed to be developed and improvement plans were in place. The inspection team also heard how some staff felt middle management did not always take concerns seriously
- Staff knew if concerns were raised through the Freedom to Speak Up function, it would have executive scrutiny and were assured action would be taken. This level of confidence was not consistent at middle management level
- The inspection team heard and saw clear governance and reporting arrangements in place
- Risk management arrangements were fit for purpose and the executive team were responsive to any risk escalated with action taken
- Good use of statistical process control charts to review information
- Clear plan in place regarding both internal and external engagement. Systems and processes were in place to gauge how people felt in real time
- Quality improvement had been embedded throughout the organisation and research was encouraged
- All those our CQC colleagues spoke with were very clear of the risks of the Trust moving to a group model within the (Norfolk and Waveney) system and had given thought how to mitigate risk therefore demonstrating a living strategy.

Whilst we await our report, publication date and confirmation of what this means for our rating, our CQC colleagues have recognised our progress and journey of improvement over the last three years, balanced with the work we still have to do to both sustain and embed our improvements and build on these further in the year to come and beyond. Please see

the separate paper on the public Board of Directors agenda in February 2022, for more detailed information, including the initial letters the Trust has received from the CQC.

6. Modernising our hospital

The Trust continues work on a number of exciting projects as we modernise our hospital to make sure we provide the best care and experience we can for our patients, their families and staff.

Last month our new outpatient unit, named the Emerson Unit, opened to the public and provides an enhanced environment and a better experience for patients, their families and staff, bringing together outpatient services across antenatal care, obstetric ultrasound, and pregnancy day assessment unit, as well as our pain management service, gynaecology, rheumatology and urology teams. Our Emerson Unit is named in memory of our much-loved colleague Chrissie Emerson who sadly died after testing positive for COVID-19. Our thoughts have remained with Chrissie's family recognising this must be a difficult time, with the inquest into Chrissie's death taking place in-month.

A new £3m unit, called the West Norfolk Eye Centre, will be created within the Emerson Unit and will open this Spring. The dedicated Ophthalmology outpatient facility will enable us to respond to the increasing numbers of patients requiring ophthalmology services, which is set to rise over the coming years, offering an additional 2,000 appointments and the ability to undertake 2,000 more intravitreal (IVT) injection procedures each year.

Work is progressing well on our new £12.5m state-of-the-art Endoscopy Unit as we move into the construction phase of the development, and in February 2022 56 individual modules, which will make up the new building, will be placed into position next to the existing Day Surgery building. The new unit will modernise our facilities for patients, their families and staff and will enable all endoscopies to take place in one unit. It will also create the theatre decant space needed to enable work to start to install failsafe roof supports across the first floor of the main hospital on a rolling basis. The unit remains on track to open this Spring.

Work has also begun to refurbish the West Dereham Ward and convert it into a dementia-friendly care of the elderly ward which will bring the care of the elderly team together in one area of the hospital alongside West Newton Ward. Brancaster ward is also being refurbished and converted into a maternity ward – both wards are due to open in the Spring.

The UK Government and Parliament e-petition to show support to bring a much-needed new hospital to King's Lynn and West Norfolk closed at the start of January 2022, and we are delighted that the petition received over 15,500 signatures. This, coupled with a number of community-led paper-based petitions, demonstrates the strength of feeling for a new hospital from our local community.

The Trust's Expressions of Interest for a new hospital have been reviewed and considered by the NHS regionally ahead of a decision nationally by the Department of Health and Social Care. We remain very confident we have an extremely strong case, and we expect to find out soon if we are on the longlist and a final decision on the further eight new hospital schemes is expected later in the year.

In the meantime, work continues to complete our Strategic Outline Case (SOC) for a new hospital which sets out a robust case for change, and a preferred way forward with associated indicative costs, including how the development would be managed and delivered with clear timescales for completion.

7. Team QEH Awards update

The Trust is delighted to confirm it will be going ahead with the 2021 Team QEH Awards on 17 March 2022 after making the difficult decision to cancel the ceremony in November 2021.

The timing will be extra special because this year we will be launching the 2022 Team QEH Awards on the night of the 2021 ceremony, with nominations opening the same evening. We look forward to sharing details with you soon about how you can submit your nominations.

This is an important event for the hospital and allows us the opportunity to recognise the commitment and dedication of our staff who have consistently gone above and beyond to give exceptional care to our patients and their families.

8. Closing remarks

It's important to acknowledge and thank our staff - Team QEH - who continue to go above and beyond as our hospital continues to be extremely busy as we care for more patients and implement a phased return of elective surgery and get our elective programme back on the road.

I was pleased to be able to introduce a one-off 'Call to Action' Award payment over the exceptionally busy period between 7 to 28 January 2022 for our staff. Rewarding staff who stepped forward to support the Trust during this busy period and work four shifts receiving an award, equating to roughly a 25% uplift on the shifts worked. The award has the health and wellbeing of staff at its centre recognising many are already going well above and beyond what can be considered reasonable to respond to the unprecedented challenges we are responding to.

I have spent some time over this last period working on the wards, and saw for myself how hard everyone is working, and how amazing all our staff are. There continues to be so much great teamwork and spirit and I really hope this continues and that we continue to focus on creating a culture with kindness, wellness and fairness at the centre.