The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	5 April 2022	**Agenda item:**	7
Report Title:	Chair's report		
Author:	Graham Ward, Acting Chair		
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 informs the Board of key updates and developments during March 2022.				
Summary of Key issues:	This report summarises activity during March 2022, which includes updates on progress with our system working, the continued work on modernising our hospital, delivering timely care to our urgent and emergency patients, and projects taking place to help reduce waiting lists.				
Recommendation:	The Board is asked to note this update.				

Chair's Report – April 2022

I am delighted to be writing my first Board paper as Acting Chair, summarising key developments both internally and externally during the month of March 2022.

1. An outward-looking perspective

The Norfolk and Waveney Hospitals Group Committees (N&WHGC) met in March 2022. Detailed discussions continue to take place around the key cross-system programmes of work focusing on delivery of improvements within Urgent and Emergency Care, Elective Care and financial recovery.

One aligned Board paper was presented to all three Trust Boards in late February/early March 2022 to ensure absolute clarity around the role and functions of the N&WHGC as we move forward.

Underpinning the work of the N&WHGC is the development of an acute Clinical Strategy for Norfolk and Waveney which will be a key workstream to support us in moving forward with greater collaboration and integration.

Detailed updates are being provided to the three Boards of Directors and the Governors' Councils. The Governors' Forum continues to meet and is providing an opportunity for Governor representatives from each of the three acute hospitals within Norfolk and Waveney to discuss and agree effective communication and engagement with Governors in relation to acute provider collaboration.

Work continues at a local level in relation to the development of Place-Based Care with agreed priorities for focus of workforce, system integration and health inequalities. Work is now underway to align key projects and deliverables to these priorities for the benefit of our local population. The positive work which is being done within West Norfolk in relation to health inequalities and population health management will be threaded through the developing-Place Based Care priorities to ensure that we are aspiring to better meet the needs of our local population.

2. New hospital update

We continue to wait to find out if we have made the longlist for the Government's eight further new hospital schemes, and we remain very confident we have an extremely strong and compelling case which we are continuing to press on all fronts for our patients, their loved ones and our local community.

A final decision on the further eight new hospital schemes is expected soon.

In the meantime, we are close to completing 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. This remains on track to come to our Board of Directors in June 2022 for approval, following consideration by the New Hospital Programme Board, Hospital Management Board and Finance and Activity Committee.

A new hospital will enable us to provide outstanding care in world-class facilities – and help us to become a centre of excellence for frailty and stroke, day surgery and regional anaesthesia, research and innovation, and same day emergency care – consistent with our

clinical strategy. It will meet the demands of our growing and ageing population and support our ambition of becoming the best rural District General Hospital for patient and staff experience.

3. Modernising our hospital

We continue to invest in and modernise our hospital for the benefit of our patients, their families and staff and we have many exciting projects underway.

Work to develop our new Eye Centre is on track and the new building is due to be handed over to ophthalmology on 30 April 2022, ready for use by patients early-mid May 2022. The bigger facility, which is an important strategic development for the Trust as detailed in our Corporate Strategy, will mean more patients will be seen more quickly, as well as responding to the increasing numbers of patients requiring ophthalmology services.

Our state-of-the-art Diagnostic and Assessment Centre will soon go through local and national review processes. If funding and planning is approved, the centre will allow more people to be seen more quickly and enable the rapid diagnosis of disease, including cancer. The centre will be equipped with state-of-the art imaging equipment including MRI and CT scanners, X-Ray and Ultrasound machines. It is one of three centres across Norfolk and Waveney that, subject to the necessary approvals, will transform patient care by early 2024. We expect work to begin onsite at QEH this autumn and the facility would open in Spring 2024. Additional centres will be built at the James Paget University Hospital and Norwich University Hospital.

We are also bidding for national capital funding to support the development of a surgical hub on site to enable us to treat more patients more quickly, supporting elective recovery. While initially focused on orthopaedics the hub will enable us to flexibly use our capacity to meet demand. If successful, we anticipate the hub being operational early 2024.

Finally, work to implement a system-wide Electronic Patient Record (EPR) system is being boosted with national support from NHS England's Transformation Team who will provide funding and support to Norfolk and Waveney for the next stage of its digitisation journey. Procurement for a single EPR is expected to begin in the next few months. This will transform how staff access patient records, making it quicker and easier for staff to get the information they need for each patient, allow a smoother patient journey and allow for further improvements to patient care.

4. Delivering timely care for our emergency patients

This month we will also be launching a new Urgent and Emergency Care Improvement Plan, recognising that we are currently falling some way short in consistently delivering timely care for our emergency patients. Timely access to emergency care is a key measure of quality, safety and responsiveness and improving this is a top priority for the Trust.

1 in 2 of our emergency patients wait longer than four hours to be seen, treated, admitted, or discharged presently, and too many patients have unacceptably long waits in our Emergency Department (ED) and in ambulances. This isn't the experience we would wish for any of our patients, ourselves, or our relatives.

We know our ED has outgrown its footprint. The department is too small to meet today's demand on our front door, and so we are working on expansion plans, but in the meantime the Trust will focus on flow and timely patient care across the organisation.

Our Trust-wide improvement programme will include a review on how we staff our ED and how we can reduce ambulance handover delays, aiming to increase same day emergency

care, implementing criteria-led discharges, and developing a virtual ward, as well as reducing long lengths of stay and reducing delays to discharges.

5. Projects to help reduce waiting lists and treat more patients continue

In December 2021, we were delighted to be awarded £12.9m revenue funding – the largest award given to a Trust in the East of England – from the Government's national fund to support health and care systems to work collaboratively to restore elective services against a backdrop of unprecedented demand due to COVID.

More projects funded from this award are being taken forward which will enable us to treat more patients requiring services such as tests and scans, outpatient appointments, and routine surgery such as hip replacements and eye cataract surgery.

Over the coming months, this will make a significant difference to our patients and help to bring our waiting lists down, with timely care for our elective (planned), cancer and urgent and emergency patients a top priority. These projects include extra staffing in Ophthalmology and Dermatology – as well as extra staff on wards to support patient flow, new digital technology in our Emergency Department, extra equipment in our Surgical and Women and Children's Divisions.

These important developments are another significant step for QEH in modernising our hospital and helping to achieve our ambition to be the best rural District General Hospital for patient and staff experience.

6. Helping people from deprived communities into employment

We have been awarded £24,000 from the independent charity Health Foundation to help people from deprived backgrounds into the NHS and social care workforce locally.

This will see us working in partnership with Norfolk and Waveney Clinical Commissioning Group, and wider community and health and social care partners, lead on developing a shared 'local plan' between health and care partners to enable those from the most disadvantaged local communities to access employment opportunities.

Our Director of Strategy and Integration will lead on this initiative over the next six months, working with partners to map out key workforce gaps that need addressing, looking at the current recruitment entry routes and how effective we are at reaching the people we think could fill those roles.

7. Looking ahead

The Trust has made considerable progress over the last twelve months, as evidenced by our recent Care Quality Commission inspection report.

Recent news from Health Education England also showed that the Trust has made enough progress with our medical education programme, with QEH's risk rating for medicine being downgraded, our improvement plan closed, and the Trust moved us to business as usual for long-term monitoring. This is again further external evidence that we are making significant progress in our journey of improvement.

I am privileged to be taking on the role as Acting Chair at a very critical stage in our journey of improvement and at a time when QEH is determined to build on the progress it has made in recent years to ensure there is year-on-year improvement to patient and staff experience.