The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	5 October 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 during September 2021.				
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 – October 2021

1. Operational pressures and Restoration & Elective Care Recovery

We continue with our Elective Care Restoration and Improvement Programme which ensures the provision of elective care is prioritised meaning patients have equitable access to our services in a timely way which is relevant to the urgency of their condition.

In August 2021 elective activity, compared to pre-COVID levels, was as follows:

- 91% of new outpatient appointments
- 75% of follow up outpatient appointments
- 212%% of ordinary elective and 92% of day cases
- 93% of CT and MRI scans
- 120% of endoscopies

Outpatient clinics have returned to near pre-COVID levels and face-to-face clinics are taking place, with social distancing measures in the waiting room. Some follow-up outpatient appointments take place via video or telephone where this is clinically appropriate. Main theatres and the day surgery unit are fully re-opened. Patients needing clinically urgent and cancer surgery are prioritised and any remaining theatre capacity is being used to treat the longest waiting patients.

However, the Trust, mirroring the wider system and NHS, continues to experience significant operational pressures and the hospital's bed occupancy levels remain very high. There has been a sustained increase in demand on our urgent and emergency care services, with 20% more attendances to our Emergency Department compared to pre-COVID levels.

Last month the Trust re-introduced visiting restrictions in response to a rising number of COVID-19 cases and these restrictions remain in place. We currently (as at 24 September 2021) have 16 COVID-19 positive patients in the Trust, two COVID (red) wards remain open and we continue to encourage our colleagues to carry out either Lateral Flow or LAMP testing, including non-clinical staff.

Over 78,000 vaccinations have now been given to patients, our local community and staff at the QEH hub and the Downham Market facility.

The booster campaign will start on 4 October for QEH staff, with the flu vaccine to be offered at the same time.

2. Learning from COVID and Duty of Candour exercise

QEH takes pride in consistently being an open and honest organisation, as demonstrated by our four-month Duty of Candour exercise. We have published our 'Learning from COVID-19' report into suspected transmission of COVID-19 to patients while being treated at the Trust.

The report follows a four-month reflective period in which the Trust has spoken to each patient who contracted COVID-19, or next-of-kin for patients who sadly died after contracting COVID-19 in the Trust's care.

Believed to be the only Trust to carry out such an exercise and subsequently publish its findings in the country, QEH is committed to getting it right for patients and their families and implementing the important learning from this report.

The Trust has contacted or personally met with all patients or next-of-kin to apologise to those affected and answer any questions they had.

COVID-19 brought unprecedented challenges to QEH and the wider NHS, however, there is clear learning from our response to the pandemic and from this Duty of Candour exercise that we are taking forward so that we can further improve the care and experience for our future patients and their families. This includes strengthening communication between patients, their loved ones and those delivering care, ensuring the management of infection of control is everybody's business and continuing to follow the necessary precautions to ensure everyone's safety and prevent the spread of the virus and preventing multiple and unnecessary ward moves which during the pandemic often resulted in a poor patient experience and a breakdown in communication between the hospital, patients and their families. It also includes continuing to maximise the use of digital devices and technology to further improve communication between patients and their families during hospital stays.

The report has been shared with all affected patients and next-of-kin and is available on the Trust's public website.

3. Our performance

Four-hour performance in August 2021 was 68.65% compared to 73.22% in July 2021. Ambulance handover within 15-minutes decreased from 45.84% in July 2021 to 42.48% in August 2021. Regrettably, there were nine 12-hour trolley waits in August 2021 - 5 relating to lack of medical bed availability and 4 where beds were not available for mental health patients.

Eighteen-week referral to treatment performance in August 2021 was 64.42%. At the end of August 2021, the total Trust waiting list was 17,543 and the total backlog of patients waiting more than 18 weeks was 6,242.

Diagnostics performance for August 2021 declined to 34% against the standard of 99%. There were 2,028 breaches in the month, of which 1,471 were in Cardiology – echocardiography.

The Trust achieved five of the seven cancer waiting time standards for July 2021. Performance increased from 76.60% in June 2021 to 79.38% in July 2021, against the 62-day cancer standard of 85% and trajectory of 85.09%. There were 48.5 treatments, of which 10 were not within 62-days from referral.

4. 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 October's public Board meeting. However, to note that KSO 1 and 5 were reviewed at the Quality Committee on 28 September 2021, 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 22 September 2021. The current risk level for each KSO principal risk is summarised below.

	Quarter 4 20/21	Quarter 1 21/22	Quarter 2 21/22	Target Risk
KSO 1 - *Safe and compassionate care*	16	16	16	1-5
KSO 2 - *Modernise hospital and estate*	16	20	20	6-10
KSO 3 - *Staff engagement*	12	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

I am pleased to report that an internal audit into the Trust's Staff Engagement Programme and response to the 2020 National Staff Survey, and monitoring arrangements, have received 'Significant Assurance' from Grant Thornton, which is welcome news which provided further assurance to our People Committee.

5. Culture Transformation Programme

Our Culture Transformation Programme continues at pace and has helped to identify the components that make up a good or bad day working at the Trust. Our culture survey results have helped us to map out clear priorities so we can continue to embed a culture of kindness at QEH.

In these culture workshops, staff from across the Trust told us that:

- Their experience is driven by their colleagues' attitudes, behaviours and culture
- Good days at QEH are created by being appreciated, strong teamwork, and working with colleagues who have a positive attitude
- Bad days at QEH are caused by poor behaviours, including colleagues being impolite, rude, unhelpful, and having negative attitudes

Our culture survey also explored peoples' experience and emotions about working at the Trust, and identified further potential to improve overall experience.

In response to staff feedback, we have acted quickly to further enhance:

- Our health and wellbeing programme
- Our focus on equality, diversity and inclusion by appointing a dedicated role to help embed our inclusive culture
- Our induction programme, featuring a revised and strengthened experience for new starters helping them to adopt QEH values and ways of working
- Plans for a managers' induction and training programme which will ensure new leaders are given the skills and tools they need to support their teams and services

- Our leadership and development strategy which will provide clarity about the skills and behaviours required by leaders at every level and signpost them to the appropriate learning opportunities

6. Freedom to Speak Up

We're pleased to confirm that we have appointed Kayleigh Darling, Professional Midwifery Advocate and one of our Freedom to Speak Up Champions, as our new Lead Freedom to Speak Up Guardian following a competitive recruitment process.

Kayleigh began her new role as our new Lead Freedom to Speak Up Guardian on 27 September 2021, taking over from David Trevanion who has held the post for the last three years, and who put some very solid foundations in place.

As part of our work to strengthen our commitment to 'Speak Up', we've invested in additional hours of support, moving from 30 hours to 120 hours per month, and have introduced a blend of staff and Independent Guardians. As such, Julie Calton, Senior Nurse, is our new Assistant Freedom to Speak Up Guardian and Annie Ng, who is currently the Lead Guardian at Cambridgeshire and Peterborough NHS Trust is our new Independent Freedom to Speak Up Guardian, each supporting Kayleigh as our new Lead Guardian, along with our community of 18 Freedom to Speak Up Champions across QEH.

We're determined to create a culture where staff feel comfortable speaking up when they have worries or safety concerns, knowing they will always be listened to and confident that they will receive feedback or see positive change as a result. This is both an important and exciting investment for the Trust and one that is necessary to ensure we have sustainable arrangements in place, recognising we have a number of developmental needs in this important area, as evidenced by the latest staff pulse survey results and some staff choosing to raise their concerns direct to the Care Quality Commission over the last month.

7. Our second Leadership Summit

Last month we hosted our second Leadership Summit which was a very a valuable opportunity for our leadership community and aspiring leaders to come together and hear from a range of experts from inside and outside of the NHS to share their experiences of leadership and to discuss what leadership looks like in a progressive, high-performing and caring organisation.

The themes at September's summit were kindness, customer service and compassionate care – all of which are central to our goal to become the best rural District General Hospital for patient and staff experience.

We were joined by a range of fantastic speakers at the forefront of their industries including Saffron Cordery, Deputy CEO of NHS Providers, Linda Moir, Former Head of Virgin Atlantic Customer Service and London Olympic 2012 Head of Events Services, Ben Page, CEO of Ipsos Mori, and Jenni Murray, journalist and broadcaster, best known for presenting BBC Radio 4's Woman's Hour. Michelle Greer, Ward Manager on Marham Ward, also shared her leadership journey and story, from which there is important organisational learning for QEH.

8. New hospital bid

Early September 2021, we submitted two Expressions of Interest for a new hospital to the Department of Health and Social Care as part of the Government's Health Infrastructure Plan: Future New Hospitals programme - one for a single-phase full new build, which is overwhelmingly our preferred option, and another for a multi-phase development.

As you know, our buildings are in a desperate state and have reached the end of their life – with 210 props in 46 areas of the hospital, we are the most propped hospital in the country.

A new hospital that is fit for the future will enable us to provide outstanding care in world-class facilities and meet the demands of our growing and ageing population.

I would like to once more thank our local community for their continued support in our case for a new hospital. The e-petition backing our bid has now reached over 13,000 signatures. We hope to reach 100,000 signatures demonstrating the strength of feeling about the need for a new hospital for King's Lynn and West Norfolk and trigger a debate in Parliament.

9. Modernising our hospital

Building work will soon start on a new state-of the-art Endoscopy Unit that will improve the experience of our patients and staff and modernise our hospital. This important work is part of a wider programme to modernise our ageing estate. The new state-of-the-art Endoscopy Unit will be big enough to enable all endoscopies to be undertaken in it, and will mean our patients receive care and treatment, and our staff work in brand new facilities.

Other examples of how we are modernising our hospital this includes:

- A series of ward upgrades – including the conversion of West Dereham into a dementia-friendly ward for the elderly, Brancaster being right-sized and becoming our post-natal ward and Windsor and Castleacre becoming decant wards so that we can address our RAAC challenges
- The conversion of Churchill into a new outpatient unit – with services currently provided in West Dereham being located here

These developments are possible thanks to the £20.6m of national emergency capital the Trust has received in 2021/22. In addition to modernising our facilities, this funding is allowing the installation of failsafes (to reduce the risk of RAAC plank failures) which will improve the safety and delivery of some services. The New Endoscopy Unit will create the theatre decant space needed to enable the Trust to start installing failsafe roof supports across the first floor of the Trust.

We also aim to bring a new £12m state-of-the-art Diagnostic and Assessment Centre (DAC) to QEH, to increase imaging capacity and transform pathways of care, including separation of planned and unplanned imaging pathways. Having an on-site DAC will modernise the facilities from which we deliver care and treatment and will help with recruitment, retention and the delivery of an optimum imaging service.

Following approval by region, we will move onto the next phase of planning and developing our Full Business Case. Our aim is to bring a state-of-the-art Diagnostic Assessment Centre to QEH by early 2024.

In addition, the Full Business Case (FBC) for £2.93m capital and £0.64m revenue funding as part of the Digital Aspirant programme has been approved by our Board which will be match

funded by the Trust. This means that we are able to accelerate our exciting digital transformation journey and will push forward progress on key digital programmes including:

1. Supporting Electronic Patient Record (EPR) – funding allocated to resources and the preparatory work required, to get us ready for implementation of an EPR
2. Health Care Data Architecture which will enable patient information across the system to be effectively combined to support better patient care
3. Local digital maturity projects which for the Trust include E-Observations (subject to a further internal QEH business case) and support for the Cyber Security agenda

This funding will enable us to further improve our digital maturity and modernise our hospital – which will contribute to our overall goal of becoming the best rural District General Hospital for patient and staff experience.

10. Introducing our new Director of Strategic Estates Projects

Sarah Jones, currently Deputy Chief Operating Officer, has been seconded to a new role as Director of Strategic Estates Projects, reporting directly into our Deputy CEO. Sarah commences in her new role on 4 October 2021 and will oversee the management of a number of really exciting strategic projects, including those described above, which will significantly modernise our hospital and in turn further improve the experience of our patients, their families and staff. To backfill Sarah's substantive post, Kerry Broome, Associate Director of Planned Care, will become Deputy Chief Operating Officer and Alison Whitehorn will join Team QEH to lead on Urgent and Emergency Care Improvement and provide day-to-day operational support to the emergency pathway.

11. Urgent and Emergency Care patient survey results

The latest national Urgent and Emergency Care patient survey results have been published and show that QEH has outperformed similar NHS trusts in 9 out of 10 areas patients rated - this is great news for our patients and their families. The results collated over the last two years are even more impressive considering the context of significant operational challenges during the pandemic.

Key points include:

- 99% of patients say they have enough privacy when they are being examined
- 99% of patients say they waited under four hours to be examined by a doctor or nurse
- 98% of patients say they understood their test results
- 99% of patients say our ED was very or fairly clean
- 95% of patients say the doctor or nurse explained what would happen next
- 97% of patients were told about the purpose of their medications
- 96% of patients say they have enough time to discuss their condition with a doctor or nurse
- 96% of patients say our doctors and nurses listen to them
- 96% of patients say they have confidence in our nurses and doctors
- 95% of patients say they have enough privacy when discussing their condition

These results provide statistical evidence that our improvement journey is making a difference and demonstrates we are a step closer to realising our ambition to become the best rural District General Hospital for patient and staff experience. Importantly, they also demonstrate the areas where we have further work to do to improve the experience of our emergency patients, which remains our focus as we continue our improvement journey.

12. Team QEH Awards – finalists announced

We're delighted to have announced our finalists for the forthcoming 2021 Team QEH Awards – which this year received an impressive 415 nominations across 15 categories recognising outstanding care, kindness and innovation at the Trust.

Each nomination tells the unique story of a dedicated team or staff member, and it makes us enormously proud to hear of the many ways that colleagues have gone that extra mile to deliver safe and compassionate care to our patients and their families.

Two categories were open for public vote including:

1. The We Care Award – which recognises an individual who consistently displays a positive attitude towards their work, delivering outstanding patient-centred care

2. The Non-Clinical Team of the Year Award – which recognises a team that has made an outstanding difference to colleagues by providing a support service that enables the smooth running of the organisation

Our awards season will culminate in our annual awards ceremony on Thursday 18 November. This is a fantastic opportunity to highlight the commitment and dedication of our staff and those who consistently go above and beyond to give exceptional care to our patients and their families.

13. National recognition for QEH

a) QEH receives Bronze Rainbow Badge Award for LGBTQ+ support

The Trust has received the Bronze Rainbow Badge Award recognising its dedication to improving access to healthcare for LGBTQ+ people and creating an inclusive culture.

Earlier this year, we became one of just 10 Trusts selected nationally to pilot Phase 2 of the NHS Rainbow Badge scheme which benchmarks NHS organisations for their work on LGBTQ+ inclusion. The Bronze, Silver and Gold awards are linked to objectives; ensuring Trusts are implementing the relevant staff training, monitoring, inclusive policies and support for LGBTQ+ staff and patients to drive a supportive workforce and clinical environment.

The Bronze Rainbow Award recognises a number of positive actions the Trust has taken to create a more inclusive culture, including training on the needs of LGBTQ+ service users, launching a Transgender Policy, and the Trust's volunteer-run LGBTQ+ and Allies Network which works to encourage respect and equality for everybody working at QEH. Along with the assessment, the Trust received an action plan to support its work to further overcome healthcare barriers for LGBTQ+ people as part of the next phase of its work to create an inclusive culture for patients, their families and staff which will be taken forward by the Trust's LGBTQ+ and Allies Staff Network.

b) Digital award

I am pleased to inform you that the Trust has been successful in being nominated and awarded the 'Imprivata Return on Investment' Award. This award is associated with the recent work to implement a Single-Sign-On solution within the Trust. This solution, directly supports our Electronic Prescribing and Medicines Administration (EPMA) deployment through improved interaction with our computers (reducing login and authentication delay) and via the 'witnessing' of medicines dispensing; both utilising a card 'tap and pin' approach.

Imprivata said of the Award: “Easily one of Imprivata’s quickest and most successful Single Sign-On deployments in recent years. Imprivata applauds the Trust for its innovative integration of the Imprivata ConfirmID and WellSky Electronic Prescribing and Medicines Administration (EPMA) applications in the Pharmacy department. The project was a critical success factor in leveraging optimised secondary authentication when clinicians were e-charting, e-signing and e-witnessing patient medication.”

c) Winners of HSJ Patient Safety Innovation of the Year Award

QEH has won the Patient Safety Innovation of the Year Award at the HSJ Awards 2021, for the pioneering anaesthesia device SAFIRA® (SAFer Injection for Regional Anaesthesia) developed by clinicians at the Trust in partnership with Medovate Ltd.

SAFIRA® is an intuitive, revolutionary technology which improves patient safety during regional anaesthesia by automatically limiting injection pressure thereby reducing the risk of nerve injury in patients. It also puts control of injection fully in the hands of the anaesthetist making it a single operator procedure.

The device was shortlisted based on its ambition, visionary spirit and the demonstrable positive impact it has on patient and staff experiences within the health care sector.

This is a fantastic achievement for Team QEH and we want to extend our huge congratulations to our clinicians behind the development of the SAFIRA® device - Consultant Anaesthetists Dr Peter Young, Dr Emad Fawzy, Dr Joseph Carter and Dr John Gibson.

14. Closing remarks

At the end of September 2021, the Trust was pleased to welcome Sue Holden, National Director of Intensive Support for NHS England and Improvement, and April Brown and Peter Cutler, Improvement Directors, to meet staff and visit a range of services and departments in our hospital. Whilst the verbal feedback from Sue, April and Peter was positive, with evidence of strong plans, focus on improving patient and staff experience and a real change in culture, we recognise that the real test is whether these changes have reached our clinical and service areas to make a positive difference to our patients. We are working hard to make this difference and have taken on board the really useful and constructive feedback from Sue, April and Peter.

The Trust is preparing for a further Care Quality Commission inspection in the months to come, and will embrace this visit, seeing it as an opportunity to share our improvement journey whilst very much seeing the inspection as a further learning opportunity that will inform the next chapter of our journey.

The Trust, and Team QEH, is adapting to the new norm as demand on services has changed, whilst preparing for winter, consistent with the wider NHS. Notwithstanding these challenges, we have much to look forward to, including significant investment in modernising our estate and improving our digital maturity and sharing with the CQC our improvement story, and our commitment to doing our very best for our patients and their families.