The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Governor's Council (in Public)		
Meeting Date:	16 December 2021	**Agenda item:**	6
Report Title:	Chief Executive's report		
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:	Board of Directors 7 December 2021				
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 November 2021.				
Summary of Key issues:	This report summarises the Trust's performance and brings to the Council's attention key activities of the CEO and significant upcoming issues.				
Recommendation:	The Council is asked to note this paper.				

CEO report to Board – December 2021

1. Operational pressures and Restoration & Elective Care Recovery

With our hospital remaining exceptionally busy, I would like to thank all staff across QEH for their relentless hard work and focus on the delivery of safe and compassionate care, as we respond to this incredibly difficult period.

After extensive communication with staff across QEH, the Trust has now initiated its winter plan which is four-fold and focuses on: safely avoiding admissions, safely creating more capacity, safely reducing the length of stay, and safely supporting patients on discharge.

We continue to plan to maintain our full elective surgical programme throughout the winter period, which includes the Day Surgery Unit and main theatres, and we've planned for the Sandringham Unit to remain our green elective surgical ward, even though we continue to face extreme bed pressures due to the unrelenting demand on our urgent and emergency pathway.

Our Elective Care Restoration and Improvement Programme continues, ensuring 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.

Despite this, we continue to experience significant operational pressures and our bed occupancy levels remain extremely high, as is the case within the wider system and NHS.

Our Emergency Department remains incredibly, our bed occupancy remains over 92% each day with the Medical and Surgical Divisions consistently over 95%. Patients are waiting between 52 and 124 weeks for surgery.

At the time of writing this paper (Monday 29 November 2021), the Trust is currently treating 17 COVID-19 positive patients, with one of these patients on our Intensive Care Unit (ITU). On average we are seeing between 15 and 25 patients daily with suspected COVID-19 presenting to QEH. Half of these are confirmed cases and on average half are being admitted.

We recognise the importance of keeping our patients, their families and each other safe and continue to promote robust weekly self-testing. Lamp testing is now available to all staff, both clinical and non-clinical – this is a more accurate, comfortable and convenient asymptomatic test than the alternative lateral flow test. Lamp testing only needs to be carried out weekly and does not require you to upload your result or obtain a further PCR test to confirm a positive result. While we are encouraging staff to move over to this simpler testing process, Lateral Flow testing is still available.

We continue to encourage 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. At the time of writing, this paper, so far 53.9% of staff have had their flu vaccination and 70.6% of staff have had their COVID-19 booster jab. The Trust, mirroring the wider NHS, awaits further guidance regarding the introduction of mandatory COVID-19 vaccinations for frontline healthcare staff by April 2022.

2. Our performance

Four-hour performance in October 2021 was 62.26% compared to 64.53% in September 2021, reflecting the continued unrelenting pressure on our emergency and front door services. Ambulance handovers within 15-minutes decreased from 37.29% in September 2021 to 29.32% in October 2021. Average daily Emergency Department attendances have increased from 209 to 224 over the last year (with over 250 attends on many days in recent months), and an additional 60 beds remain open to deal with the sustained increased demand.

Regrettably, there were 25, 12-hour trolley waits in October 2021 (including 3 relating to mental health patient waits for bed and, 13 due to lack of medical beds).

Eighteen-week referral to treatment performance in October 2021 was 63.67%. At the end of October 2021, the total Trust waiting list was 18,269 and the total backlog of patients waiting more than 18 weeks was 6,638.

Diagnostics performance for October 2021 decreased to 35.3% against the standard of 99%. There were 6,087 breaches in the month, of which 1,803 were in Non Obstetric Ultrasound.

The Trust achieved five of the seven cancer waiting time standards for September 2021. Performance increased from 58.82% in August 2021 to 70.07% in September 2021, against the 62-day cancer standard of 85% and trajectory of 86.41%. There were 73.5 treatments, of which 22 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 December’s public Board meeting. However, to note that KSO 1 and 5 were reviewed at the Quality Committee on 30 November 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 24 November 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

4. Modernising our hospital

As previously reported to the Board, the Trust submitted two Expressions of Interest to the Department of Health and Social Care in a bid to become one of eight new hospital schemes back in September 2021 - one for a single-phase full new build and another for a multi-phase development, part new-build and part refurbishment.

The Trust's Expressions of Interest have been reviewed and considered by the NHS regionally ahead of a decision nationally by the Department of Health and Social Care. We remain confident we have a very strong case. We expect to find out early 2022 if we have been selected to go through to the next stage of the assessment process for the Government's New Hospital Programme. A final decision on the further eight new hospital schemes is expected in Spring 2022.

While the national application process continues, we continue to focus on the development of our Strategic Outline Case (SOC) for a new hospital. This will set 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 recognising that the end-of-life date for our current hospital is 2030 based on national expert view.

As we continue to work hard to bring a new hospital to King's Lynn and West Norfolk, we are also continuing to modernise QEH. Continued investment in our current hospital remains vitally important recognising we are not yet part of the New Hospital Programme and that even if we do manage to secure the funding and are confirmed as one of the Government's eight new hospital schemes, it will take a number of years to go through the necessary planning and approvals process and build the hospital. The very earliest we would expect the new hospital to open its doors would be 2029.

It's therefore crucial that we continue to invest in our hospital during this time to make sure we provide the best care and experience we can for our patients, their families and staff.

<u>New state-of-the art endoscopy unit build continuing</u>

Preparatory groundwork continues on a new £12.5m state-of-the-art endoscopy unit which we expect to open to patients next spring time, subject to planning approval. The funding is part of £20.6m emergency national capital investment in our hospital this year which will help to modernise our hospital's facilities for patients, their families and staff.

The investment also provides the necessary space to allow the movement of wards and the installation of failsafes where needed in the hospital (to reduce the risk of Reinforced Autoclaved Concrete (RAAC) plank failures) which will further improve the safety and delivery of some services.

<u>New Outpatient Unit</u>

Work is also underway on a new Outpatient Unit which will open in January 2022, and will provide an enhanced environment and a better experience for patients and staff. The new unit will house:

- Urology, Pain Service and Rheumatology
- Gynaecology outpatients, antenatal care and obstetric ultrasound
- Day Assessment Unit for pregnant women (20 weeks+)

Following a public vote open to patients, the local community and staff, the Emerson Unit has been chosen as the name of our new Outpatient Unit at QEH. The name is a very fitting tribute to our much-loved and valued colleague, Chrissie Emerson, a long-serving healthcare assistant who sadly died of COVID-19 in 2020.The result has the full endorsement of Chrissie's family and saw Chrissie receive almost half of the 1,241 votes received overall.

We look forward to welcoming North West Norfolk MP James Wild to QEH on 3 December 2021 to see these developments, and to thank staff for their hard work and focus during this hugely difficult year for all working in the NHS.

5. Norfolk Coroner visits QEH

Last month QEH hosted the Norfolk Coroner Meeting, in which we welcomed HM Coroner Jacqueline Lake to the Trust – this was a fantastic opportunity to showcase our journey of improvement, including how we are delivering person-centred care to our patients.

The Trust shared its learning from deaths processes, including how we have changed the entire approach to reporting, investigating and learning from incidents.

It was also very useful to share our duty of candour exercise and learning from our recently published 'Learning from the COVID-19 Pandemic' report.

We were also able to provide an update on our progress in learning from complaints, compliments and legal issues, and update on the vital role of our Bereavement, Medical Examiner and Mortuary Teams. Mrs Lake was pleased with the progress being made and with the strong relationship that is in place between the Coroner's Office and the Trust.

6. Publication of national Human Resources and Organisational Development Strategy for the NHS

The new national strategy setting out the future of Human Services and Organisational Development in the NHS was published in November 2021 and is organised around four main pillars:

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- New ways of working and delivering care – making effective use of the full range of our people's skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return

The report sets out the clear ambition of the NHS People Plan and the workforce strategy for delivering the Long-Term Plan for the NHS. An update on what this report means for QEH's People Plan will be discussed at People Executive Group and People Committee in the months to come, with regular updates to the Board as appropriate on progress.

7. Prioritising Equality, Diversity and Inclusion

In October 2021, we launched 'See Me First' – an initiative introduced to promote inclusivity at the Trust and celebrate the diversity of our patients and workforce. So far more than 200 colleagues have signed a personalised pledge to uphold the Trust's values and sent a

message that they belong to an open and non-judgemental organisation, treating all Black, Asian and minority ethnic colleagues and patients with respect.

We also held our first dedicated QEH Diversity Day on Wednesday 24 November 2021 with a number of events taking place throughout the day, including the unveiling of new artwork on our lifts to highlight the impressive 65 nationalities represented across the Trust, which has received national interest from across the NHS.

Our BAME + Allies, Armed Forces + Allies and LGBTQ+ Allies Staff Networks joined forces to celebrate and raise awareness and encourage conversations. Staff were encouraged to attend and had the opportunity to sign pledges of support to the Rainbow Badge and See Me First campaigns.

8. Team QEH's first Celebration Week a success

QEH has made significant progress on its improvement journey with many successes to reflect on and celebrate. We were honoured to host a special QEH Celebration Week to showcase some of our highlights and achievements over the past 12 months between 22 and 26 November 2021.

The week-long programme afforded us the opportunity to shine the spot light on our successes and the brilliance of all the team at QEH – from recognising loyalty and long service, staff wellness, diversity, Quality Improvement and the importance of saying 'Thank You' to one another.

The week commenced with us celebrating loyalty and dedication as we took the opportunity to thank our long-serving staff and volunteers, highlighting some of our longest-serving colleagues, as well as acknowledging volunteers who reached their fifth, tenth and twentieth milestones.

Earlier this year we gifted all our staff a 'Wellness Day' in recognition of their dedication and commitment throughout the pandemic, and we encouraged staff to share with us how they used this extra day, as well as also sharing some of the many wellness incentives and support available to staff at the Trust.

The Trust continues to make progress on its Quality Improvement journey with a particular focus on ensuring that continuous improvements are part of everyday life, making things better for patients and staff. Quality Improvement Day hosted our second Quarterly Lunch and Learn event which showcased some of our successful projects, and virtual Quality Improvement Cafés took place throughout the day offering the opportunity for staff to share ideas. Just the week before, we held a further successful Patient Safety learning event, which was attended by many patients, Governors, Board members and system partners, focusing on the importance of a safe and timely patient discharge from hospital.

Thursday was a day of recognition and involved a mass exchange of thanks, with staff encouraged to send messages of appreciation to their colleagues. The Trust also reflected on the many achievements made over the last 12 months including QEH clinicians winning the Health Service Journal Patient Safety of the Year Award, being awarded the Bronze Rainbow Badge for LGBTQ+ support, and the opening of our new £625,000 Cancer Wellbeing and Support Centre plus much more.

We ended the week with an email black-out, encouraging staff to set aside their inboxes and make in-person conversations, giving staff the opportunity to reflect, re-focus and reconnect.

9. Annual National Staff Survey

The National NHS Staff Survey closed on Friday 26 November with 41.6% of staff at QEH participating, which is consistent with neighbouring hospitals in the region. While this is below the target of 55% we set based on last year's engagement (45%) we are pleased with the response rate given the pressures on our services and are grateful to all those who did share their views.

Responses from the NHS Staff Survey are extremely important in shaping the future of the Trust and helping us to move one step closer to becoming the best rural District General Hospital for patient and staff experience.

The Trust's survey provider Picker will collate everyone's responses and provide us with an overview of what it is like to work at QEH. We are committed to making changes to improve staff experience at QEH and this feedback will make sure we focus on making further improvements in the right areas as we move into 2022 and begin developing our Staff Engagement Programme for 2022/23.

10. Closing remarks

It's important to acknowledge the unprecedented operational pressures our hospital is currently experiencing and this further highlights the need for a new hospital, demonstrating that we are operating in facilities which have now outgrown their footprint many times over. Our Emergency Department sees over 70,000 attendances a year – that is 40,000 more patients than it was designed for when the hospital was built in 1980, and we have now outgrown our hospital. An increase in the overall footprint of over 60% is needed across the hospital to sustain current services and meet future demand. Coupled with a growing and ageing population that means demand on our services will only increase year-on-year in the decades to come, with many more housing developments planned in the locality.

A new hospital would enable us to provide outstanding care to our local communities in Norfolk, Cambridgeshire and Lincolnshire in world-class facilities, and is the only long-term sustainable solution to the challenges we face and one we continue to focus on at the same time as we do all we can to continue delivering safe and compassionate care in our current facilities.

Looking ahead of January 2022, we look forward to opening our new Outpatient Unit and progressing a number of developments on-site that will make a positive difference to the experience of our patients and staff, including our new endoscopy unit and ward upgrades. We will also develop our business case for the national funding that is needed in 2022/23 and beyond to modernise and maximise safety at our hospital, with the support of our regional colleagues from NHS England and Improvement.

Finally, in January 2022 we will welcome Dr Bola Owolabi, the national NHS England/NHS Improvement Director for health inequalities to QEH to share the work we are doing in relation to this important agenda in West Norfolk through the delivery of Place-Based Care and across Norfolk and Waveney and to learn from the work of other systems in this hugely important area.