The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	2 February 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 quality and financial 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 – February 2021

1. COVID-19 update and vaccination roll-out

The QEH has seen a uniquely busy period with the sharp rise in COVID-19 cases and the virus affecting more of our workforce than we have seen in recent weeks, adding to our challenges. Furthermore, we have had to act on repairs needed with the installation of temporary steel props in a number of areas following concerns raised via the systematic checks on our roof, adding to our operational pressures in this period.

Despite the positive signs of a consistent reduction in COVID-19 patients over the last week, we remain cautious and fully focused, with a Gold and Silver command structure and response in place. Our modelling predicts that the next few weeks could be our most challenging yet and when our capacity is likely to be at its most stretched, with over half of our beds expected to be occupied by COVID-19 patients.

We know how difficult it is for relatives who are unable to visit their loved ones due to the restrictions in place as a result of COVID-19 and we appreciate that we need to do more to improve communication and make it as easy as possible for patients' relatives to receive timely updates and to share messages with their loved ones.

We have launched a new and dedicated COVID-19 Patient Helpline to improve communication and to help us to ensure we are always there for those wishing to contact us, and at a time it is most needed. The helpline, which went live on 25 January 2021, is open seven days a week and will enable relatives to receive updates on the condition of their loved ones, ask questions, or raise any concerns they may have, and receive timely responses.

2. COVID-19 Vaccination Programme

The QEH COVID-19 vaccination centre was set up on 30 December 2020, so far vaccinating over 10,200 people (as of 24 January 2021). This includes over 80s, care home workers, ambulance staff, community staff, mental health trust staff and of course our own staff.

The team have been complimented and praised countless times, with colleagues pulling together to create such a slick service from departments across the Trust. This includes our team of vaccinators, administrative staff and call handlers, security team and pharmacy team.

We are working quickly and efficiently to get as many of our staff and the wider community vaccinated as soon as possible, recognising that this is the light at the end of the tunnel for us all.

3. Awards

After having to postpone our annual staff awards ceremony multiple times, we were able to create quite the buzz with our virtual ceremony mid-December 2020, celebrating the individuals and teams who continuously go above and beyond for our patients and their families and their colleagues.

It's been an incredibly challenging year for everyone across the Trust, making the record number of nominations all the more difficult to judge and shortlist. So many of Team QEH

have gone the extra mile to provide an exception service, support their colleagues and of course deliver the highest quality care to our patients and their families.
Our 2020 Team QEH Award winners were:

- The We Listen Award – Julia Denyer, Sister, Emergency Department
- The We Act Award – Dr Ee Lim, FY1, Care for the Elderly
- The We Care Award – Katie Ball, Staff Nurse, Tilney Ward
- The Patient Safety Champion Award – Helen Smith, Sister, Endoscopy
- Clinical Team of the Year – Tilney Ward
- Non-Clinical Team of the Year – Waste Team
- Volunteer of the Year – Jack McAllister, Front of House
- Leader of the Year – Pamela Chapman, Matron, Emergency Department
- The Growing Our Own Award – Alice Cawte, Apprentice
- The Behind the Scenes Award – Stewart Nimmo, Catering Manager
- The Living Our Values Outstanding Contribution Award – Karon Strong, Matron, Division of Medicine
- The Chairman's Award for Excellence in Research and Innovation Award – Simina Stefanescu, Consultant, Dermatology
- The QEH40 Hero Award – Richard Brighty, Porter

Many congratulations to all of our winners and to everyone who was nominated and shortlisted. On the topic of awards, we are also incredibly proud of our Deputy Chief Nurse, Edmund Tabay and Head of Nursing in Medicine, Karen McGuire, who each received the Silver Chief Nursing Officer Award, recognising the outstanding commitment they have given to their work.

Chief Nursing Officer for England, Ruth May, virtually presented the awards to Edmund and Karen mid-December 2020. We are so proud and honoured to have such excellent nurses in our team. Well done to both.

4. CQC report & enhanced monitoring

The CQC have committed to reducing their inspection programme at this time given the current operational pressure we are facing.

We are confident that the demand will be much less than we have recently endured and be similar to the approach they took during the first wave of the COVID-19 pandemic.

Furthermore, where they feel there is a need for a risk-based inspection they will conduct this remotely where possible, utilising data and information and other assurances in lieu of visits.

The CQC has particularly committed to limit any inspections to those that are absolutely necessary and are risk based and where concerns arise they will attempt to address these through means that might minimise the ask of the Trust and provide assurance in other ways.

The Trust does not anticipate a site inspection over the coming weeks which would usually be expected as part of the CQC's Winter Programme as well as their Infection Prevention and Control (IPC) and Maternity Programmes. Only in exceptional circumstances or by agreement will visits under the IPC and Maternity Programmes take place.

Although the CQC will be seeking to limit their inspections they will continue to undertake activity where there is a serious risk of harm or where it will support the COVID-19 response.

5. Improvements to Maternity

In early January 2021, the CQC recognised substantial improvements in QEH's Maternity Services.

In July 2018, the CQC imposed ten Conditions on the hospital's licence to operate as a Maternity Services provider under a Section 31 procedure following an inspection.

Following these substantial improvements, which have been embedded, we applied to have five of the Conditions lifted. Further to an extensive review of the services by the CQC, including an unannounced inspection in Autumn 2020, all five of the Conditions applied for have now been lifted.

The Trust remains absolutely focused on ensuring the improvements are sustained so that it can apply to have three further conditions lifted when the CQC makes its next full inspection, which is expected this Spring.

The publication of the Ockenden Report required an immediate response from all Trusts providing Maternity Services. We have already benchmarked services against 12 urgent and essential clinical priorities and have completed 9 actions with 3 more in progress, with monitoring via our Quality Committee following a Board seminar in January 2021 where we discussed more fully with the Divisional Leadership Team and Clinical Director for Obstetrics and Gynaecology.

6. Flu vaccine performance

After a successful campaign, we vaccinated 100% of our frontline staff against the flu, making QEH the highest performing Trust both regionally and nationally in this important area.

This impressive feat follows two months of dedication and hard work by the Trust's flu vaccine team who through a mixture drop-in clinics, peer vaccination sessions and the Trust's successful 24 hour jab-a-thons have made this possible.

7. Our performance

Four-hour performance in December 2020 was 66.01% compared to 74.64% in November 2020. Ambulance handover within 15-minutes deteriorated from 36.77% in November 2020 to 33.80% in December 2020. Regrettably, there were thirty-two 12-hour trolley waits in December 2020, reflecting the increasing operational pressures faced by the Trust.

Eighteen-week referral to treatment performance in December 2020 was 66.01%. At the end of December 2020, the total Trust waiting list was 13,868 and the total backlog of patients waiting more than 18-weeks was 4,714.

Performance for Diagnostics declined to 47.05% against the standard of 99%. There were 3,437 breaches in the month, of which 1,180 were in Magnetic Resonance Imaging and 818 were in Computed Technology.

The Trust achieved six of the seven cancer waiting time standards for November 2020. Performance improved from 76.15% in October 2020 to 87.86% in November 2020 against the 62-day cancer standard of 85% and trajectory of 74.51%. There were 70 treatments, of which 15 were not within 62-days from referral.

Our performance will be discussed in more detail later on the agenda as part of the Integrated Performance Report update.

8. Recruitment update

Many congratulations to Karen McGuire, currently our Head of Nursing in Medicine, who has been appointed Deputy Chief Nurse, Operations and Patient Experience. Karen's secondment to her new role will strengthen the senior nursing team and the delivery of the Chief Nurse's portfolio so that we can consistently provide safe and compassionate care for patients and their families.

The Trust, in partnership with the College of West Anglia, has also appointed Adrian Debney to the position of Senior Nurse of the School of Nursing at the College of West Anglia. Adrian is currently Senior Practice Development Nurse at the Trust and his secondment to the School of Nursing will begin later this year.

We are delighted to confirm that Amanda Price-Davey has been appointed as our substantive Head of Midwifery, following a competitive recruitment exercise earlier this month.

We also welcome the appointment of Mary Burney to the substantive role as Director of Transformation and Improvement. Mary joins us from her previous role within the Trust as Divisional General Manager of Clinical Support Services.

Interviews have recently taken place for a substantive Chief Nurse and the role of Director of People with announcements expected very soon.

We welcomed 16 international nurses to Team QEH from the Philippines and Nigeria on Friday 22 January 2021. A very warm welcome to our new colleagues. I am pleased that we have 33 student nurses coming online in-month and that over the weekend of 30 and 31 January 2021 are holding a Healthcare Assistant fast-track recruitment event, with over 60 interviews arranged.

9. New services

Over the last few weeks, we have introduced two important new services to our portfolio here at Team QEH.

Our new Rapid Access Neck Lump Clinic, run by our Ear, Nose and Throat (ENT) department, will prove vital in the early detection of head and neck cancer.

In this one-stop clinic, patients will have a full assessment of their neck lump, which requires a complete examination by specialist ENT Consultant. During the clinic patients can also have the necessary tests required to determine if a benign or malignant neck lump is present. In cases of the latter patients are able to benefit from being fast-tracked for further tests to be swiftly diagnosed and appropriate treatment can commence.

As well as this rapid clinic, we have also launched a new urology service transforming the prostate cancer pathway and improving patient experience.

The hospital's new Precision-Point Transperineal service allows prostate biopsies to be taken using local anaesthetic rather than general anaesthetic transforming the standard of care for patients and streamlining the pathway for all. All of the teams involved are due enormous credit, especially Dr Ilie, Sharon Cotton and Mr Alfiky for their hard work in getting these excellent services off the ground.

On the digital front, we're very much looking forward to E-prescribing being rolled-out across the Trust from February and our new Radiology Information System which is set to launch mid-April.

10. NHS Staff Survey 2020 results

Currently, we're working through the initial headline findings from the latest national staff survey. We hope the full report will be available later next month or early March but what we can say already is that our response rate was the highest we have had since the 2016 survey with 45% of staff completing the survey and that of the 80 questions in the survey: we improved in 59, stayed the same in 6 and deteriorated in 15 areas. This shows good progress, evidence that staff are feeling more engaged and keen to share feedback with us. We look forward to reviewing the full results, to responding positively and to building on our progress in the year ahead.

11. Ambitions for the year ahead

Our first ambition as an organisation for 2021 is to build on the very positive outcomes in the CQC report received just before Christmas and to come out of special measures in the next year. This is very much a shared ambition and our staff are very focussed on implementing our action plan for the best care for our patients and the wider community. As part of our journey of improvement, we have now started our Trust-wide 'Values into Action' programme of culture transformation, starting with our first Leadership Summit to be held on 16 March 2021. This will be swiftly followed by a range of leadership masterclasses, 'Values into Action' workshops and train the trainer sessions in the spring. Another over-arching aim for this year is to further develop our partnership with the other acute hospitals in the Norfolk and Waveney Hospitals Group. We will ensure stronger collaboration, based on the main themes from the Norfolk and Waveney system's five-year plan for health and care, focussing on place-based care and the development of a really clear clinical services strategy.

Business planning for 2021/22 is well-advanced with our Divisional Leadership Teams, including development of the Year Two milestones for our Corporate Strategy. This early planning will help us to hit the ground running after winter and more details of priorities for the coming year will be shared with our patients, partners and staff in the months to come.

12. Closing remarks

In terms of the wider picture, the modelling is predicting that the next 2-3 weeks could be our most challenging yet and when our capacity is likely to be at its most stretched, with over half of our beds expected to be occupied by COVID patients in this time scale. Consistent with the wider NHS, staff absence is increasing week on week as the virus affects more of our own workforce.

Colleagues are showing enormous flexibility, including those from theatres who are supporting critical care, clinical nurse specialists who are working on our base wards, outpatient staff who are supporting other areas, and our junior doctors, many of whom are working in different specialties then they normally do.

We have explored every available option to maximise our staffing position and support for the wards in the weeks to come, which are likely to be even more challenging still. Staff have recently been contacted to invite further help in various ways. All nurses, midwives, AHPs, doctors, dentists and clinical staff who are not presently working clinically will be asked to spend time supporting wards. We are contacting our volunteers to ask that they help us, including with administrative functions. Thank you to the 50 plus staff who have come forward to offer support after I issued a 'call to action' mid-January 2021 to ask staff to help us, specifically with non-clinical duties. This is teamwork at its very best.

We have also been asked to support the wider region, recognising we are one National Health Service, which will see some of our critical care nurses working in the critical care surge centre in Norwich. At QEH, we are caring for a number of out of area patients on our ITU due to pressures elsewhere.

Finally, I can report that our research and innovation team has received some great news that QEH has become the first District General Hospital in Europe to enrol volunteers to a vital breast cancer research trial. This study is looking at whether breast cancer can be detected earlier if markers in the blood can be identified in women at a high risk of developing the condition. Detecting the disease at an earlier stage could be a major step forward in eliminating the need for invasive surgery.