The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 December 2020	**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 – December 2020

1. Lateral flow testing for patient-facing staff and COVID-19 vaccine roll-out

Over the last few weeks, we have been working closely with regional and national colleagues to introduce lateral flow (or home testing) for all patient-facing staff. This will mean all patient-facing staff will need to test themselves at home every two to three days. It's hoped that this will reduce any inadvertent transmission between staff and patients and add another layer of protection.

We have also been asked to look at how we can support both the staff and community to roll-out of a COVID-19 vaccine imminently. We are working through these plans and I will share a more comprehensive update in my next Board paper in January 2021 and through our routine Trust communications to our patients, local community, Governors, members and staff before the next Board.

2. QEH Annual Staff Awards

Due to the most recent changes to Government restrictions on social gatherings we took the difficult decision to postpone our much anticipated QEH Staff Awards.

We have now rescheduled the event to be completely virtual, consistent with other NHS Trusts, allowing all staff (and their families), volunteers, Governors, members and the public to join in. I'm pleased to inform you that our virtual awards will take place on Wednesday 16 December from 7pm and more information can be found on our website and social media channels.

We are really looking forward to celebrating the hard work of our staff during what has been an unprecedented year for the NHS.

3. Supporting staff going through the menopause

Over the last month we have been working closely with menopause experts across the country and further afield to look at how we as a Trust can support staff going through this life change.

We have held an event for all staff currently going through this transition, manager training and I recently attended a virtual meeting with Meg Matthews, who runs a popular platform for women going through menopause so that I could gain a further insight into how we can support our staff, and so that we can ensure this support becomes an ongoing and routine part of our health and wellbeing offer to staff moving forward linked to our staff engagement programme.

4. Opening of the Sandringham Unit

On Tuesday 10 November 2020, the newly-named Sandringham Unit opened to its first patients following a refurbishment to make it suitable for Trust use following the acquisition of the facility.

The Sandringham Unit houses our Surgical Pre-Operative Assessment Unit and initially opened with 12 inpatient beds (soon to go up to 25 beds). The Unit will provide the Trust with a dedicated elective (planned) surgery facility which will enable us to continue treating patients who need elective procedures even during the busy winter period and as we work to recover our services following the first wave of COVID-19.

A big thank you to all of the teams who made this happen so quickly. This is such an important strategic development for the Trust that will further improve care and services for our patients. A very warm welcome to the staff who have joined Team QEH from the Sandringham, many of whom I have now met personally at the induction sessions and on my walkabouts.

5. Staff survey and flu vaccine performance

I am incredibly proud to say that at the time of writing, over 87% of our patient-facing staff have been vaccinated against the flu – above our final position for 2019 and we remain the highest performer in the region for this, with our campaign and learnings being shared as an exemplar to other Trusts in the East of England. This is fantastic news as the flu jab will help to protect both our patients and staff. We will be continuing our flu campaign into December 2020 to ensure we reach, and if possible exceed, our target of getting at least 90% of staff vaccinated.

Our staff survey campaign is also going well with response rates at the time of writing sitting at 44% against our 50% target, marking an improved response rate from last year and one that remains above the national average for acute Trusts. I will be able to report a final position on this in my January 2021 Board paper with full results and the Trust's response to these to be presented soon after so that these can inform the improvements we will make as part of our People Plan going into 2021/22.

6. Our performance

Four-hour performance in October 2020 was 76.53% compared to 79.34% in September 2020. Ambulance handover within 15-minutes improved from 33.71% in September 2020 to 39.22% in October 2020. There were six 12-hour trolley waits in October 2020; five due to patients awaiting admission to a mental health facility, and one due to medical bed availability, reflecting the increasing operational pressures faced by the Trust.

Eighteen-week referral to treatment performance in October 2020 was 68.22%. At the end of October 2020, the total Trust waiting list was 14,127 and the total backlog of patients waiting more than 18-weeks was 4,490.

Diagnostic performance for October 2020 improved to 53.47% against the standard of 99%. There were 2,933 breaches in month.

The Trust achieved five of the seven cancer waiting time standards for September 2020. Performance improved from 62.32% in August 2020 to 83.78% in September 2020 against the 62-day cancer standard of 85%. There were 37 treatments in September 2020, of which six 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.

7. Board Assurance Framework

Changes to risks associated with our Key Strategic Objectives (KSO) are highlighted under the relevant Board agenda sections, with front sheets included to highlight changes in-month. KSO 1 and 5 were reviewed at the Quality Committee on 24 November 2020, KSO 2 and 4 were reviewed at the Finance and Activity Committee on the 18 November 2020 and KSO 3 and 6 were reviewed at the People Committee on 18 November 2020. The current risk level is provided below:

	Quarter 1 2020/21	**Quarter 2 2020/21**	**Target Risk**
KSO 1 - *Safe and compassionate care*	16	16	1-5
KSO 2 - *Modernise hospital and estate*	16	16	6-10
KSO 3 - *Staff engagement*	12	12	12-16
KSO 4 - *Partnership working, clinical and financial sustainability*	12	16	8-12
KSO 5 - *Healthy lives staff and patients*	12	12	6-10
KSO 6 - *Investing in our staff*	12	12	12-16

8. Recruitment update

We have begun the process to recruit to the posts of a permanent Chief Nurse and Director of People for QEH.

Recruiting to these roles permanently will further strengthen our Executive Team and support us to achieve the strategic objectives and ambition that is set out in our Corporate Strategy over the next five years. It will mean that the Trust will have a fully substantive Executive Team, bringing more stability to the Trust.

We are working with a head-hunter to support our search for the very best candidates for these crucial roles. We hope to appoint to both roles by early in the

new year and will involve our partners, external stakeholders and staff in the recruitment and selection process.

In the meantime, Dr April Brown will remain in post as our interim Chief Nurse and Cath Castleton as our interim Director of Human Resources.

We are also advertising for a substantive Director of Transformation and Improvement as we look to further strengthen our Programme Management Office (PMO). This post will report directly into the Deputy CEO, and will replace Phil Tydeman who is leaving the Trust to pursue other opportunities in December 2020. Many thanks to Phil for the important contribution he has made to the Trust's journey of improvement over the last two years.

Many congratulations to Antonia Hardcastle who has been appointed to the new role of Head of Education, Learning and Research. Currently our Research and Innovation Lead, Antonia will be staying with the Trust to take on this new position which will enable QEH to further improve the multi-professional education we offer to members of Team QEH, and to help us to embed education, learning and research across our hospital.

The Trust has appointed Matthew Everitt as its new interim Cancer Manager and Sarah Witting has joined QEH as the Trust's Lead Cancer Nurse. Together with Syed Hyder, these colleagues make up our Cancer Triumvirate.

Many congratulations to Dr Stuart Greenhill, Consultant Anaesthetist, who has been appointed as the Trust's new Deputy Director of Medical Education.

I am pleased to report that the Trust has recruited nearly 40 new members of bank staff following a successful interview day on Saturday 21 November 2020. Thank you to our Recruitment Team for organising this event and to the members of Team QEH who supported on the day.

9. Improving communication from Board to ward

Early December 2020, we are introducing a new and formal system for sharing information and ensuring that we communicate more effectively from Board to ward – called the QEH cascade. This type of formal information cascade is used in all high-performing organisations both within the NHS and beyond and is recognised as good practice. It will help leaders to take ownership of briefing their teams, while ensuring key information and messages get to all members of Team QEH.

10. External stakeholders and visits

I attended a number of external meetings with colleagues across the region in November 2020, including the Norfolk and Waveney Hospitals Group Committees in Common.

Internally, I worked alongside our staff over a weekend during November 2020 and it left me feeling a very proud CEO. I saw fantastic examples of brilliant patient care alongside excellent teamwork from our staff. I really value being able to work alongside our teams, knowing it always gives me an insight into how it feels on the ground, while allowing me to use some of my caring skills. I would like to thank all

the staff who I worked with over that weekend – it really was a pleasure and a privilege.

I joined members of the QEH Executive Team at our bi-monthly Oversight and Assurance Group meeting with our partners and regulators to share our progress and responses to our challenges and continue to welcome the support we receive from these colleagues on our improvement journey.

I look forward to welcoming Dr Habib Naqvi, Director of the NHS Race and Health Observatory to our Black Asian and Minority Ethnic (BAME) Staff Network meeting on Wednesday 25 November 2020; a meeting that I Chair and one which is typically one of the highlights of my month.

Many congratulations to Sam Jude, Clinical Nurse Educator, a member of our BAME Staff Network, who has been named one of the East of England's Executive Leads for the British Indian Nurse Association (BINA) which was officially launched nationally on 20 November 2020 with the support of England's Chief Nursing Officer.

11. Closing remarks

As ever, in December 2020 our thoughts inevitably turn to the Christmas period, the New Year ahead but it is also a time of reflection.

I for one am exceptionally proud of what the Trust has achieved this year, even in the face of a world-wide pandemic and everything that has bought with it for all of us, both professionally and personally.

I know that the winter period will be a challenge for QEH, as it will be for every NHS Trust in the UK, but I am also certain that we have the plans in place to work through it and treat everyone who needs our care safely.

Following our recent unannounced Care Quality Commission inspections, we expect to receive our draft reports for accuracy checks in the weeks to come, with a possible publication date before the end of the year. We will continue to keep our patients, local community, our partners and external stakeholders informed and will share the report in full with our response as soon as it is published, as a really important opportunity to learn and share our improvements and progress and reinforce where we need to continue to give a relentless focus so that we can more consistently deliver safe and compassionate care to our patients and their families.