The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 December 2020	**Agenda item:**	15
Report Title:	COVID-19, COVID-19 Restoration and Recovery, Winter and EU Exit		
Author:	Denise Smith, Chief Operating Officer		
Executive Sponsor:	Denise Smith, Chief Operating Officer		

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	2699 2703	
	Y/N	If Yes state impact/ implications and mitigation
Quality		Impact: There is a risk that the COVID-19 pandemic will result in the Trust being overwhelmed with an increase in infectious patients experiencing acute respiratory symptoms and requiring admission and/or intensive care. There is also a risk that a significant proportion of staff will experience sickness or be required to self - isolate or commence social distancing and be away from work. This could result in the hospital being unable to safely and effectively manage or isolate infectious patients and deliver its normal services or standards of care. Mitigation: robust emergency planning and governance arrangements
Legal and regulatory		
Financial		

Assurance route

Previously considered by:	Monthly report to Trust Board

Executive summary

Action required: *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review

Purpose of the report:	The purpose of this paper is to provide the Board (and public) with an update on the Trust's recovery and response to the COVID-19 pandemic, planning for winter and EU Exit preparations.
Summary of Key issues:	**COVID-19 cases at QEH – a summary** As at 23 November 2020, QEH has treated 571 patients who have tested positive for COVID-19. Of those, 345 have recovered sufficiently to be discharged, 14 patients with previous COVID-19 continue to recover on our wards and sadly 173 patients have died at our hospital. All patients

are tested on admission to hospital and these tests are repeated 5 days after admission. The last positive swab was received on 22 November 2020 and there are currently 39 inpatients with confirmed COVID-19.

COVID-19 related deaths

There have been 15 further patient deaths from COVID-19 since last month, with the last occurring on 23 November 2020.

Focusing on improving patient experience and delivering safe and compassionate care

Regrettably, visiting to general ward areas remains reduced as from 10 October 2020. However, visiting for patients at end of life, for vulnerable patients, those living with dementia are welcome to have one daily visitor. As a Trust we are reviewing the visiting status weekly, but this position is unlikely to change in the near future. Compassionate visiting via handheld devices and daily calls to families remains in place and we are reviewing our response and usage daily.

For maternity, one partner is welcome to accompany women for dating scans and anomaly scans. Special arrangements are made for women who are vulnerable or have had a previous baby loss according to individual need, for antenatal and birthing phases. However, for routine antenatal clinics for women not identified as vulnerable, partners are not permitted merely due to the limited clinic waiting space and the need to maintain social distancing. Partners are permitted for the labour and birth. Most requests are accommodated and the verbal feedback from Maternity Voices to date is positive about the birthing experience at QEHKL during the COVID-19 pandemic because women know they will be supported.

Patients are now permitted to bring a friend or family member to accompany them for cancer diagnostics and clinics.

Listening to our staff

Whilst the feedback pods have remained in place to capture the mood of the organisation, the 2020 National Staff Survey was the Trust's main feedback September to November 2020 to ensure staff do not feel overloaded as the Trust enters its busiest months of the year.

We continue to promote the ways in which we listen as an organisation and actively encourage staff to speak up if they have any concerns. There has been an increase in speak up cases both to the CQC and internally via the QEH whistleblowing helpline and Freedom to Speak Up Champion and Guardian relating to a range of subjects, including unresolved and long-standing HR cases, concerns about breaching COVID-19 rules relating to quarantining and some service specific concerns. Each have been rapidly addressed, with progress against each case monitored weekly at a meeting with the CEO, Deputy CEO, Director of HR and Deputy Director of HR.

Keeping our staff and local community informed as COVID-19 cases increase

We have now stood up our Incident Control Team meetings to five days per week and we continue to produce three all staff emails a week

	following the meetings to keep staff informed. In addition we are holding weekly briefings for all staff via Microsoft Teams with our Chief Operating Officer, Medical Director and Chief Nurse and we share regular updates for staff and the community via our social media channels. **Restarting routine elective (planned) activity** Routine (elective) care and treatment has resumed in line with national guidance and at the end of October 2020, in comparison to pre-COVID-19 levels, we delivered: • 78.4% of new outpatient appointments • 78.5% of follow up outpatient appointments • 58.1% of elective activity through day surgery and main theatres • 84.6% of endoscopy activity • 85.3% of CT and MRI activity **Preparing for winter** The flu vaccination campaign started on 28 September 2020 in line with other providers in the Norfolk and Waveney STP. Peer and roving vaccinators are fully engaged and as of 20 November 2020, at the time of writing 87% of our front-line staff have been vaccinated which places the Trust at the top of the East of England; the target this year is 75% vaccinated, however, the drive is to achieve 90% which will then enable us to proceed with any COVID-19 vaccine which may become available. Plans are in development to engage with the COVID-19 vaccination plans for our staff and the wider community. **EU Exit** The UK exited the EU on 31 January 2020 and is now in a transition period until 31 December 2020. The Government has confirmed that the transition period will cease as planned on 31 December 2020 and there will be no extension. Professor Keith Willett has resumed his role as EU Exit SRO (along with Strategic Incident Director for COVID-19). The EU Exit will be managed nationally, alongside the ongoing COVID-19 response and restoration of services, through the established national and regional incident coordination centres. National and regional incident co-ordination centres will work with local COVID-19 incident teams to ensure that we are all working to a single, shared operational readiness and response structure across those areas to avoid confliction and to reduce burden on the system All organisations have an SRO in place and engagement with Local Resilience Forums is in place. The national assurance process is expected to commence at the end of November.
Recommendation:	The Board is asked to note the report.
Acronyms	