The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	7 April 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 – April 2021

1. COVID-19 update and vaccination roll-out

COVID-19 cases continue to reduce at QEH as we move past the peak of the second wave of the pandemic.

At our peak, we had 220 COVID-19 positive inpatients. This is now down to 6 COVID-19 positive patients on our wards. We have also gone down to two COVID-19 wards (from eight at the peak), and staff sickness levels continue to improve.

At the QEH Vaccination Hub alone, over 25,000 patients and healthcare workers (including over 95% of QEH staff) have now had their first dose of the COVID-19 vaccination. On 10 March 2021, we started administering second dose vaccinations and we are ensuring all second dose vaccines are administered before the twelve-week deadline from receiving the first.

Currently, the facilities and resources we have are being focussed on booking in all of our urgent patients as quickly as possible, in clinical priority order. However, where we have space which can't be used for those patients, we will use this for lower priority patients starting with those with the longest waits first.

The Trust has also launched a new COVID-19 vaccination centre at the Town Hall in Downham Market, which opened on 15 March 2021. It is expected to deliver around 1,000 vaccinations every week and joins a number of centres already providing vaccine across Norfolk and Waveney.

Whilst this is great news and a positive step forward in our restoration plan, we continue to urge vigilance in the weeks ahead, including continue to follow 'hands, face and space'.

2. Our performance

Four-hour performance in February 2021 improved to 83.47% compared to 72.45% in January 2021, providing further evidence that when the Trust has the right amount of space (as it continues to run two Emergency Departments), it can deliver timely emergency patient care. Ambulance handover within 15-minutes increased from 44.67% in January 2021 to 54.66% in Feb 2021. Regrettably, there were 2 12-hour trolley waits in February 2021, both mental health breaches.

Eighteen-week referral to treatment performance in February 2021 was 60.20%. At the end of February 2021, the total Trust waiting list was 15,203 and the total backlog of patients waiting more than 18-weeks was 6,051.

For diagnostics, performance for January 2021 improved to 42.34% against the standard of 99%. There were 3,286 breaches in the month, of which 1,125 were in Magnetic Resonance Imaging.

The Trust achieved five of the seven cancer waiting time standards for January 2021. Performance decreased from 65.66% in December 2020 to 62.37% in January 2021, against the 62-day cancer standard of 85% and trajectory of 80.77%. There were 46.5 treatments, of which 17.5 were not within 62 days from referral. Further details on the Trust's performance will be covered in the Integrated Performance Report later on the agenda.

3. Board Assurance Framework

We continue to review and refine our approach to our oversight and management of risk following positive finding of "Significant Assurance" from our Internal Auditors Grant Thornton. Changes to risks associated with our Key Strategic Objectives (KSO) will be highlighted under the relevant agenda sections at April's public Board meeting, however, to note that KSO 1 and 5 were reviewed at the Quality Committee on 30 March 2021. KSO 2 and 4 were reviewed at the Finance and Activity Committee and KSO 3 and 6 were reviewed at the People Committee meetings, both of which were held on 24 February 2021. Current risk level is summarised below.

	Quarter 1 2020/21	**Quarter 2 2020/21**	**Quarter 3 2020/21**	**Target Risk**
KSO 1 - *Safe and compassionate care*	16	16	16	1-5
KSO 2 - *Modernise hospital and estate*	16	16	16	6-10
KSO 3 - *Staff engagement*	12	12	12	12-16
KSO 4 - *Partnership working, clinical and financial sustainability*	12	16	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. 2021/22 priorities and operational planning guidance for the NHS

The planning guidance for the NHS was published on 25 March 2021. Effective partnership working across systems is at the heart of the document and the agreed financial frameworks. These principles underpin the 2021/22 priorities of:

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
E. Transforming community and urgent and emergency care to prevent inappropriate attendance at Emergency Departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
F. Working collaboratively across systems to deliver on these priorities

Further information on the Trust's approach to implementing the Planning Guidance is available later on the agenda.

5. Recruitment update

The Trust has seen several changes within its Divisional Leadership Teams, as follows:

Debbie Longmuir has been appointed Head of Nursing for Urgent and Emergency Care, and Karon Strong has been appointed Head of Nursing for Medicine. We look forward to welcoming both Debbie and Karon to their new secondment roles for six to twelve months, with starting dates under discussion. Debbie is currently Matron of Acute Medicine and Karon is currently Matron for General Medicine and both will bring a wealth of experience to their new positions.

In March, we said farewell to Kate Jackman as General Manager for the Women and Children's Division and wish her luck in her next endeavour. As we make a number of General Manager changes, we are pleased to welcome Maxine Hughes to the team, who. is currently Interim Quality and Governance Manager for Medicine.

Marie Alexander joins us from Health Education England as our General Manager for the Division of Clinical Support Services on a substantive basis. Marie has over 24 years' experience in healthcare and has previously worked in a number of senior roles in the NHS. We're confident Marie's experience will be an asset to the hospital and her new team. Fran Rose-Smith will continue on secondment from the CCG until Marie's start date has been agreed.

Matthew Everitt was successfully appointed as Head of Cancer Services within the Deputy Chief Operating Officer portfolio on a substantive basis and started his role in March 2021.

Mr Raj Saha, Consultant Obstetrician and Gynaecologist at the Trust has been appointed Research Director, and will carry out this role alongside his clinical practice. Raj will provide fantastic leadership to the team and will be an excellent ambassador for our research and innovation at the Trust.

Mr Sunil Nair, Consultant Orthopaedic Surgeon at the Trust has been appointed as Medical Lead in the Project Management Office, starting on 1 April 2021.

As a reminder, from 16 March to 1 May Carmel O'Brien is our Acting Chief Nurse, with Edmund Tabay stepping into the role of Acting Director of Nursing. Carmel and Edmund will be supporting these roles until 7 May 2021, after a handover period with Alice Webster, the Trust's substantive Chief Nurse.

Lou Notley stepped into the role of Acting Director of Patient Safety on 16 March 2021, with a recruitment process for the substantive Director of Patient Safety underway.

This is an exciting time as we continue to move forward in our bid to become the best rural District General Hospital for patient and staff experience and further strengthening our leadership teams on a substantive basis is central to the next phase of our improvement journey.

6. 2020 National Staff Survey Results

45% of our substantive workforce took the time to fill in the 2020 National Staff Survey – our highest response rate since 2017.

I am delighted that the Trust improved in all 10 themes for the second consecutive year (equality, diversity and inclusion, health and wellbeing, immediate managers, morale, quality of care, bullying and harassment, violence, safety culture, staff engagement and team working), with statistically significant improvements in 9 areas. QEH had the twelfth most

improved staff survey in the country, which is a fantastic achievement, not least in the year we have responded to a pandemic.

We are responding to the feedback from this survey via a refreshed Staff Engagement Programme for 2021/22, which has seven clear priorities linking back to our year-2 Corporate Strategy priorities. The three overriding priorities for the year ahead will be: kindness, wellness and fairness. Further details about the Trust's Staff Survey Results will be covered in a later agenda item.

7. Inaugural Leadership Summit

On Tuesday 16 March we held our inaugural QEH Leadership Summit. Over 450 Team QEH colleagues attended throughout the day to hear from a collection of excellent speakers from different backgrounds with a variety of stories and lessons to learn from. This included Danny Mortimer, Interim CEO of NHS Confederation, James Timpson, CEO of Timpson, James Titcombe, who shared Joshua's story, and our very own Pamela Chapman, Emergency Department Matron and the Trust's Leader of the Year for 2020.

The summit aimed to raise awareness of the importance of leadership and help develop the right skills, values and competences, whilst building confidence in our leaders and exploring what leadership means at QEH.

The event was extremely successful and we are already looking forward to organising a further event in Autumn 2021. The summit is part of our cultural transformation work, with Leadership Masterclasses and all staff Values into Action workshops running in the coming months.

8. Internal Critical Incident

An Internal Critical Incident was declared on 10 March 2021 after the Trust's Estates Team identified an issue affecting the roof of our Critical Care Unit (CCU), which required immediate attention.

Our CCU was evacuated to ensure the safety of our patients and staff. Patients were moved from critical care to alternative areas of the hospital to continue their treatment while the essential repairs were carried out.

We have taken immediate action by inserting props into the CCU roof to prevent any further degradation. We have also begun working with steel contractors to install a steel frame to resolve the current issues. The CCU will reopen once we have made the necessary repairs and carried out a thorough risk assessment, and this is estimated to be during week commencing 28 March 2021. Thank you to our Estates and Facilities Team and all member so Team QEH for their prompt response and for working flexibly as we have responded to the incident to ensure everyone's safety and to keep disruption to a minimum.

9. CQC – Going for Good

Building on the success of our latest National Staff Survey results and the recent approval of the Trust's Year 2 milestones in our five year Corporate Strategy, detailed work is underway for a blueprint for the next stage in our journey of improvement in further placing our patients at the centre of everything we do.

We will herald the start of our next development phase by launching a new Trust-wide campaign *Going for Good,* to coincide with the expected return visit of the CQC later this year. As part of this, over the coming weeks we will launch #ProudToBeTeamQEH to capture the spirit of Team QEH and shine a light on individual stories, progress and hidden gems across the Trust and we're encouraging everyone to share with us what makes them #ProudToBeTeamQEH.

Stories can be personal, or a mention for a friend or colleague in the Trust, or teams and departments. Whatever it is, everyone will be invited to share what makes them feel proud to be a member of TeamQEH.

Those who take part will be able to collect a free #ProudToBeTeamQEH badge to celebrate their participation and support, and can also post on social media using the hashtag #ProudToBeTeamQEH and tag @TeamQEH.

10. Indian Nurses in King's Lynn Network (INK)

The beginning of March 2021 saw the first anniversary of our Indian Nurses in King's Lynn Network (INK). The network was created to improve the welcoming process and pastoral care for Indian nurses transitioning into working at Team QEH after moving from India. Since its launch in March 2020, INK has grown into a 180-strong network of nurses and clinical professionals.

The network has already made great strides in giving tailored and personal support. This includes setting up communications before the new colleagues leave their home country, assisting with finding accommodation and, throughout the pandemic, providing welcome packages while they are in quarantine which contains familiar items.

The network also supports the nurses through the process of undergoing the required complete objective clinical examinations (OSCEs), by connecting new recruits with previous cohorts through a buddy system to help with exam preparation and academic support. The network has also organised a counselling support system and mentoring to help recruits cope with the stresses of moving countries and the pressures of starting a new job.

INK is an important part of the Trust's recruitment processes, by increasing retention of staff in the long term, helping colleagues settle into a new culture and job and helping to integrate them into the local community. The network also works closely with the British Indian Nursing Association (BINA) and the Filipino Association of West Norfolk (FAWN) to support other international colleagues at Team QEH.

11. Closing remarks

There are many good news stories from across many areas of the Trust that we should celebrate as we head in to the Easter period, from our response to COVID-19 and senior staff recruitment successes to the outcomes of the latest National Staff Survey and the launch of our Leadership Summit. The latest external recognition of our collective efforts comes from the CQC informing us that it has lifted a further ten out of eleven Section 31 conditions following our recent application spanning our Emergency Department, Diagnostic Imaging and Maternity Departments. This is really fantastic news and reflects the substantial improvements which the Trust has made over the last 18-months.

With the continued downturn in the number of COVID-19 positive patients on our wards our emphasis is very much on recovery from COVID-19 and the next chapter of our

improvement journey, building on what has been an impressive year of success stories and progress at QEH.

On our current waiting list we have 277 patients awaiting cancer or clinically-urgent surgery and we are currently planning how to meet this demand as quickly and efficiently as is possible. QEH has challenges as does the rest of the NHS for elective waiting times due to the adverse effect of COVID-19. We will see a gradual re-introduction of our elective surgical capacity and non-urgent treatments and we aim to bring down escalation beds from April and move back to one Emergency Department from May 2021. We will have a very strong focus on our people recovery plan, which includes maximising support for our staff, including their wellness.

In another part of our recovery work, the Trust is commencing a duty of candour programme for every patient who contracted COVID-19 in our care, or the next of kin for those patients who sadly died, to ensure that they are aware that their loved one is believed to have caught COVID-19 in hospital and to ensure that they know we are very sorry for this. We take openness and transparency with patients and their families very seriously and we will be explaining to our patients and their families via telephone calls and letters the actions we are taking and any lessons learnt.

Although we are seeing a wide-ranging improvements across the Trust, as evidenced by our 2020/21 results, we still need to focus in some areas on ensuring effect communication to our patients and families and responding to complaints in a timely and appropriate manner, and we are determined to improve this in the months to come on a sustainable basis.