The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	3 November 2020	**Agenda item:**	18
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 EU Exit preparations.
Summary of Key issues:	**COVID cases at QEH – a summary** As at 27 October 2020, QEH has treated 490 patients who have tested positive for COVID-19. Of those 304 have recovered sufficiently to be discharged, 8 patients with previous COVID-19 continue to recover on our wards and sadly 158 patients have died at our hospital. All patients are

	tested on admission to hospital and these tests are repeated 5-7 days after admission. The last positive swab was received on 26 October 2020 and there are currently 20 inpatients with confirmed COVID-19. **COVID-related deaths** There have been five patient deaths from COVID-19 since last month, with the last occurring on 24 October 2020. **Focusing on improving patient experience and delivering safe and compassionate care** Regrettably, visiting to general wards 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. Compassionate visiting using our handheld devices remains in place. For maternity, one partner is welcome to accompanying 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. **Looking after our staff** There are currently 11 Mental Health First Aiders working across the Trust as 'go-to' people for anyone who is going through some form of mental health issue. The first aider will be present to help guide the person in distress to the relevant help that they need. The full complement of 20 is on track to be in place for November 2020. The PTSD/CBR role is presently out to advert after the Trust was successful in securing a £50K national grant which has enabled additional hours for this post, making the role more attractive after an unsuccessful first round of recruitment. This month, Trust Chairman Steve Barnett and CEO Caroline Shaw sign the Time to Change Pledge demonstrating our commitment to changing the way we all think and act about mental health in the workplace. This is underpinned by a 12-month action plan, which we will report progress against via the Trust's People Committee. The Trust is also working closely with NHS England/Improvement to be ahead of the mandate to introduce a Health and Wellbeing Guardian and Wellbeing Allies into the Trust. The Trust is also supporting staff to become ambassadors of Norfolk and Waveney Mind, using the Trust's own communication and networks to help raise funds and awareness for the services they provide to support people's mental health around Norfolk and Waveney.

	Listening to our staff The Trust continues to ensure that staff feel listened to and regularly promotes the various avenues for doing so. This month we celebrated Freedom to Speak up Month, with profiles and stories from staff using the service, as part of our ongoing work to create a culture where staff feel listened to and confident that changes will happen when colleagues speak up. The new digital staff feedback pods and the 2020 National Staff Survey will be the Trust's main feedback mechanism until the end of November to ensure staff do not feel overloaded as the Trust enters its our busiest months of the year. **Keeping our staff and local community informed as COVID-19 cases increase** As COVID-19 cases increase within the region and nationally, the Trust has stepped up its communications to staff and the local community to ensure everyone is informed of QEH's plans for winter and recovery. This includes reinstating weekly virtual briefings for staff run by our Chief Operating Officer, Medical Director and Chief Nurse. In addition we have started sending staff emails after each Incident Control Team meeting, so staff are told as soon as decisions are made and have forums to ask questions or raise concerns. **Restarting routine elective (planned) activity** Routine (elective) care and treatment has resumed in line with national guidance and at the end of September 2020, in comparison to pre-COVID-19 levels, we delivered: • 89% of first outpatient appointments and 88% of follow up outpatient appointments • 71% of elective surgical activity • 66% of endoscopy activity • 93% of CT / 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 23 October 2020, 62% 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. The Trust has almost used every vaccine and is waiting for further deliveries in early November 2020; most Trusts in the Norfolk and Waveney STP and across the East of England have seen depleted stocks. The Trust has plans in place to restart the campaign once the new doses arrive. The Trust is required to report in public on the progress of the flu campaign and will do this at the December 2020 public board meeting. The Trust is working with commissioners to expand 111 First to provide pre-bookable appointments to same day emergency care and 'hot' clinics

	by the end of November 2020. The Sandringham Unit is due to open in November 2020, providing capacity for elective surgical activity throughout the year. **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 By the end of October it is expected that the operational response that NHSE/I will need to stand up to manage the transition will be defined.
Recommendation:	The Board is asked to note the report.
Acronyms	