The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	3 November 2020	**Agenda item:**	7
Report Title:	Chairman's report		
Author:	Professor Steve Barnett, Trust Chairman		
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 informs the Board of key updates and developments during October 2020.				
Summary of Key issues:	This report summarises activity during October 2020, which includes an update on the key activities happening within the Norfolk and Waveney healthcare system.				
Recommendation:	The Board is asked to note this update.				
Acronyms	CQC – Care Quality Commission				

Chairman's Report – November 2020

1. An outward-looking perspective

Development of a system Clinical Strategy

As a system, Norfolk and Waveney has committed to the development of an overarching Clinical Strategy. This work is currently being developed in the context of the system's Integrated Care System application and the James Paget University Hospital Health Infrastructure Plan 2 Strategic Outline Case development.

The Director of Strategy and Major Projects from the Norfolk and Norwich University Hospital and the Director of Strategic Commissioning from the Norfolk and Waveney Clinical Commissioning Group are leading this important work for the system.

It is anticipated that there will be an initial focus on the Norfolk and Waveney system requirements to give a clear sense of the overall direction of travel on how services are likely to be delivered and where in the future. This work will then be expanded to incorporate broader system partners with wider engagement built into the delivery framework, including with patients and the local community.

Norfolk Acute Hospitals Strategy

The Hospital Services Strategy programme has been fully aligned with the COVID-19 recovery and restoration plans and following a robust prioritisation of system priorities it has been agreed that as a system we will focus on these key areas of delivery to the end of March 2021. This has led to a re-focusing of priorities and resource and these include:

- COVID-19 restoration and recovery/wave 2 EU exit
- Flu vaccination programme
- Norfolk and Waveney clinical strategy development
- Diagnostic Assessment Centre Outline Business Case
- Digital (Electronic Patient Record)
- Acute Services Integration – Urology/Ear Nose and Throat (ENT)
- Palliative Care/End of Life integration – Norfolk and Norwich Hospital/QEH
- Progression to a single Patient Tracking List (PTL)
- Dermatology – system-wide development

Norfolk and Waveney Hospitals Group Committees

The first two formal meetings of the Norfolk and Waveney Hospitals Group Committees took place on 14 September and 12 October with meetings being held monthly going forward.

Internal and external communications announcing the plans for the group, and the commitment of all three acute Trusts in Norfolk and Waveney to work more closely together where there are clear benefits to our patients, were shared in early October to keep our patients, communities and staff up-to-date on the direction of travel of the three acute Trusts in the region.

2. The Chairman's diary

Over the last month I have been undertaking a lot of internal engagements, including my first reverse mentoring session with one of our domestic services colleagues which provided me with a unique insight into how it feels to work here by putting myself in someone else's shoes. I know this important programme of work, which starts with the Trust Board, will inform many of our processes going forward and make the Trust a more inclusive place to work.

In October, we held a Governor's Council meeting where we updated our Governors on our winter plans, recent CQC inspections and the Sandringham Hospital. We provided an update on our staff Governor elections and I was pleased to hear there has been a strong interest from both clinical and non-clinical colleagues for this development opportunity.

Caroline and I also received some helpful feedback from NHS Improvement/England as part of our well-led preparations, which has provided a valuable roadmap for our next steps, including how we will act on this feedback to further improve the effectiveness of our Board and Board Committees.

I attended our monthly Finance and Activity Committee to contribute to discussions about our progress to date against our against action plans and strategic objectives.

Finally, I am absolutely delighted that in November we will have a strong focus on rewarding, valuing and recognising our staff, starting with the introduction of Long Service Awards for our staff, which will see the Trust recognise and thank those colleagues who mark 20, 25, 30, 35 and 40 years' service in-year to QEH. I have also had the privilege of filming a message to start the promotion of our annual staff awards – the Team QEH Awards. This year more than ever it is vital that we celebrate the extraordinary work QEH staff do every day and of course the vital and valued contributions our volunteers make to Team QEH. I look forward to congratulating the winners in person, with Caroline, later in November.

3. Looking ahead

We are expecting a very busy month during November as we expect to receive our CQC inspection reports, the Sandringham Hospital becomes operational under the management of QEH, and we announce the next steps in our campaign to bring a new hospital to QEH.