The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	3 November 2020	**Agenda item:**	8
Report Title:	Chief Executive's report to the Board		
Author:	Caroline Shaw, 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	CQC – Care Quality Commission BAF – Board Assurance Framework KSO – Key Strategic Objectives				

CEO report to Board – November 2020

1. National Staff Survey and flu vaccine performance

I am really pleased to report that we have (at the time of writing) vaccinated 62% of frontline staff and 61% of staff overall – which makes QEH the top acute trust in the region for this. This is fantastic news as the flu jab will help to protect both our patients and staff. We will be continuing our flu campaign in November to reach our target of getting at least 90% of staff vaccinated.

The Trust's campaign to maximise response rates for the National Staff Survey has started well also, with response rates at the time of writing at 36% (just 4% off the highest performing acute Trust nationally). We have entered a new phase of our campaign, targeting where uptake is low by taking the survey to staff in these areas with roving laptops. We have also installed computers in our staff restaurant so that staff who are not desk-based can complete their survey while on a break if they choose to do so, making a wider range of options available – including digital solutions – this year. Hearing from as many staff as possible about what it feels like to work at QEH is so important to us so that we can make continuous improvements to staff experience through our staff engagement programme as we develop our annual plans for what we want to achieve in 2021/22.

2. Our performance

Four-hour performance in September was 79.34% compared to 87.14% in August with demand on our emergency services increasing. Ambulance handover within 15-minutes decreased from 41.04% in August to 33.71% in September. There were five 12-hour trolley waits in September.

Eighteen-week referral to treatment performance in September was 63.24%. At the end of September 2020, the total Trust waiting list was 13,410 and the total backlog of patients waiting more than 18-weeks was 4,930.

Diagnostic performance for September declined to 51.67% against the standard of 99%. There were 2,917 breaches in the month.

The Trust achieved six of the seven cancer waiting time standards for August. Performance reduced from 84.93% in July to 62.32% in August against the 62-day cancer standard of 85% and trajectory of 67.35%. There were 34.5 treatments in August, of which 13 were not within 62-days from referral.

More details, including the actions we are taking to recover performance in these areas, are available in our Integrated Performance Report.

3. Care Quality Commission (CQC) and NHS England and Improvement Regulatory changes

CQC

The CQC is currently rolling-out its transitional regulatory approach following the first wave of the COVID-19 outbreak. This will move them away from their previous approach, with the intention that there will be a greater emphasis on safety, access and leadership, and that regulation will be more intelligence-led, less burdensome, with more work done off-site than in the current inspection-led model. This new approach is in line with the CQC's comments to us when they inspected the Trust a few month ago.

In addition to this, the CQC has published its draft strategy setting out its plans for regulation over the next five years. The draft strategy identifies four key areas of focus and how the CQC plans to change its approach to regulation. The strategy describes an intention to take a more dynamic approach to regulation, similar to the transitional arrangements outlined above, moving away from relying on a set schedule of inspections to a more flexible approach using all regulatory methods, tools and techniques to assess quality continuously.

Local teams will have a more regular view of the services they manage and ratings will be updated more regularly. As part of the emphasis on systems, the CQC has indicated that it is seeking powers to regulate systems as part of the new NHS legislation.

The CQC will engage informally on this draft strategy during the autumn, with plans to launch the statutory consultation early in 2021. The strategy will come into effect from April 2021.

NHS England and Improvement

NHS England and Improvement continue to progress plans to move towards system oversight with the development of a new system oversight framework, which will replace the current Single Oversight Framework (SOF) and seek to align system working objectives with oversight arrangements. The framework will include local priorities as part of the key oversight metrics and measurement of performance at a system level.

As part of this, NHS England and Improvement have signalled an intention to co-ordinate support requirements across systems, Clinical Commissioning Groups and providers, ensuring support and interventions align so that issues are tackled in the right place, involving the right parties.

Timings have yet to be confirmed for the publication of the new oversight framework.

4. Review of Board meetings and Sub Committees

Following feedback from NHS England and Improvement as the Trust prepares for a well-led CQC inspection, the Trust will be reviewing its cycle of Board and Committee meetings and doing a focussed piece of work to further improve the effectiveness of Committees and meetings. More information will be shared in due course.

5. Board Assurance Framework (BAF)

Following agreement at Board in October 2020, this month we introduce our new approach to oversight of the BAF. Changes to risks associated with our Key Strategic Objectives (KSO) will be highlighted under the relevant Board agenda sections, however, to note that KSO 1 and 5 were reviewed at the Quality Committee on 27 October, KSO 2 and 4 were reviewed at the Finance and Activity Committee on 21 October and KSO 3 and 6 were reviewed at the People Committee, also on 21 October. The current risk level is provided below.

	Quarter 1 20/21	**Quarter 2 20/21**	**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

6. External stakeholders, visits and meetings

As ever, the last month has been incredibly busy. As the region makes its way into the winter period we are working with partners to look at how we can improve our urgent and emergency care pathway and see how we can better support each other during the winter and this has been the focus of two of our meetings over the last month.

With other system leaders, I attended the Norfolk and Waveney Health and Wellbeing Board meeting, which focused on how partners are working together to develop an application to create an Integrated Care System, winter plans and the restoration of services following the first wave of COVID-19.

In addition, I met with colleagues from the University of East Anglia (UEA) regarding our strategic partnership and how we can work together to ensure that UEA students have the very best experience with the Trust when they come on placement with us, and had a useful catch-up with Alex Stewart, Chief Executive of Healthwatch Norfolk to discuss the work we are doing in partnership to further improve the experience of our patients and their families.

Internally, we have really been focussing on improving staff experience and engagement and in support of that I attended our menopause events which were designed to ensure we are supporting staff and managers with this big life change. These events were really well received with over 160 staff attending and we have now planned a monthly menopause café to continue supporting our staff.

I also had a further first reverse mentoring session – a new scheme we have set up as a Board to help us understand the challenges faced by our black, Asian and minority ethnic colleagues and under-represented staff groups, to promote awareness of equality and to understand the lived experience of staff from different groups. We think that this could make a really positive difference, and support the positive culture change we want to see at QEH.

I attended inductions for staff who have joined QEH from the Sandringham Hospital to welcome colleagues to Team QEH. It was really important to me that I met these colleagues personally early on in their time at the Trust to ensure they know we are an accessible and visible leadership team, who are here to offer support.

Finally, we have been preparing for our annual staff awards which will take place on 6 November. Due to COVID-19 restrictions our celebrations have had to alter this year, but it was really lovely to film something ahead of the day to celebrate the work of Team QEH.

7. Closing remarks

We know from staff feedback that concerns and anxiety around the rising COVID-19 cases both locally, regionally and nationally are on the increase. To ensure we are supporting staff with this, and as our own pandemic plans start to be reinstated, we have reintroduced weekly all-staff COVID-19 briefings and email bulletins after each Incident Command Team meeting to keep our staff fully informed of the actions we are taking.

We have also started to put even more emphasis on staff health and wellbeing, sign-posting to support available and reminding everyone that we can all do something to support each other. We know that the next few months will be tough with both COVID-19 and winter pressures setting in, but we are putting in place the support that our staff need to ensure we can keep them and our patients safe. Further information about this is available in the COVID-19 paper later on the agenda.