The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 October 2020	**Agenda item:**	11
Report Title:	COVID-19 update		
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, notably how we are ensuring delivery of safe and compassionate care, supporting our staff through this period and how we are responding to phases 2 and 3 of COVID-19.				

Summary of Key issues:	**COVID cases at QEH – a summary** As at 29 September 2020, QEH has treated 462 patients who have tested positive for COVID-19. Of those 299 have recovered sufficiently to be discharged, 7 patients with previous COVID-19 continue to recover on our on our wards and sadly 154 patients have died at our hospital. All patients are tested on admission to hospital and these tests are repeated every 5-7 days. The last positive swab was received on 24 September 2020 and there are currently 2 inpatients with confirmed COVID-19. **COVID-related deaths** There has been one further patient death from COVID-19 on 26 September 2020. **Focusing on improving patient experience and delivering safe and compassionate care** The Trust increased access to visiting from 1 September 2020, via pre-booking arrangements, one visitor for one hour, every day has been offered and has been well received by staff, visitors and patients. Social distancing in clinical areas is being maintained. Daily family liaison calls, and virtual visiting will continue for patients whose relatives cannot visit due to geographical distance or continued local shielding and or quarantine. Compassionate visiting via mobile devices is still available and can be arranged via ward staff. Separate arrangements remain in place for patients at the end of life or those with dementia, autism or learning disabilities. Plans are active enabling pregnant women to bring a partner to ante natal scans and for patients attending cancer diagnostic appointments. The bereavement hub continues to provide enhanced support to families following the death of a loved one, which offers signposting to bereavement services in the community. Condolence cards are signed by the Chairman and Chief Executive are also sent to bereaved families. During November 2020 all the interventions to support bereaved families, that have been implemented during the pandemic, will be evaluated. **Looking after our staff** There are currently 11 Mental Health First Aiders working across the Trust as a '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 during 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. As Trust Staff Networks (including BAME and LGBT Networks) continue to go from strength to strength, agendas will focus on specific monthly actions to help demonstrate a culture where change arises from speaking up and where equality, diversity and inclusion sits at the heart of everything that we do for our patients and staff. Reverse mentoring started for the Trust Board in September; another welcome development to support the creation of a culture of inclusion and learning. 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. **Support from our local community-improving patient and staff experience** Support from our local community is now principally via fundraising contributions, the COVID-19 funds are being used to undertake a much-needed upgrade to our consultants' coffee lounge and we are looking at some further improvements to some staff rest areas. **Restarting routine elective (planned) activity** Routine (elective) care and treatment has resumed in line with national guidance and, in comparison to pre-COVID-19 levels, we are currently delivering: • 79% of first outpatient appointments and 75% of follow up outpatient appointments • 70% of elective surgical activity • 70% of endoscopy activity • 80% of CT / MRI activity
Recommendation:	The Board is asked to note the report.
Acronyms	