

TrustMatters



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Design and Photography: QEH Communications Team/Matthew Usher

A message from the Chair of the Governors' Membership and Communication Committee

In this edition of Trust Matters, we introduce you to our new Acting Chair, Graham Ward, as he answers questions put to him by our Lead Governor.

Also, Dr Wiles, Consultant Gastroenterologist, explains how our new Endoscopy Unit will improve our service, and Nicola Berns, Divisional Director for Clinical Support Services, shows how the electronic prescribing system actually works in practice.

We feature our FLOs - Family Liaison Officers - who have made such a difference to patients during these times of restricted visiting. We also feature the winners of our 2021 staff awards, as well as answering some of the questions put to us from our Foundation Trust Members survey.

These different articles reflect the dedication and quality of Team QEH as we strive to improve our service despite the pressures of the pandemic.

Dr Jonathan Dossetor
Chair of the Governors' Membership and Communication Committee



Welcome from our Acting Chair and Chief Executive

Since the last issue, QEH has been lifted out of 'special measures' and rated 'Good' by the Care Quality Commission (CQC) in three core areas - Medicine, Urgent and Emergency Care (including the Emergency Department), and Critical Care, as well as receiving a 'Good' rating for being 'Well-Led'. This means that the Trust is now rated 'Good' in three domains - 'Caring', 'Well-Led', and 'Effective' by the CQC. The Trust also received its first 'Outstanding' rating for 'Well-Led' within Critical Care.

This is a testament to the hard work of our staff, but also the support we have received from you, our Members. However, it is also not the end of the hard work - in many ways it's a new beginning and the next step on our improvement journey. We look forward to sharing the next stages of our journey with you over the coming months. You can read more about our progress on page 11.

As the summer months approach, our Trust's focus is relentlessly on improving our performance in key areas such as emergency performance and elective treatment recovery. We will also continue to work hard to improve staff experience in response to the recent NHS National Staff Survey.

It appears that our Trust and the NHS as a whole will have a busy summer, but as always, Team QEH is up for the challenge, and we know that with the support of our Members, we can achieve our goal of becoming the best District General Hospital for patient and staff experience.

Best wishes,

The image shows two handwritten signatures. The signature on the left is 'Graham Ward' and the signature on the right is 'Caroline Shaw'.

Graham Ward
Acting Chair

Caroline Shaw CBE
Chief Executive





Our Lead Governor interviews the Trust's new Acting Chair

Esmé Corner OBE, Lead Governor, and Graham Ward, the Trust's new Acting Chair, took some time out of their busy schedules so that they could get to know each other better and discuss the Acting Chair's plans for the future of the hospital.

Esmé: What attracted you to apply for the position of Acting Chair?

Graham: I have always been committed to continuing to help the Trust's journey of improvement and realised that I would relish the challenge of helping that journey as the new Acting Chair, if appointed. It is a challenge that I am keen to see through to completion.

Esmé: What are the three main priorities for the immediate future?

Graham: The main priority is continuing the improvement journey of QEH. This includes urgent and emergency care, waiting lists, the new hospital, keeping the Trust stable financially, and especially supporting our staff.

I also need to ensure that we continue to play our part in the development of the Norfolk and Waveney Integrated Care System (ICS), the Integrated Care Board (ICB), and the Acute Provider Collaborative for the benefit of QEH and our patients.

Then the third area is increasing our focus on Place Based Care which will involve working closely with Cambridgeshire/Fenland, South Lincolnshire, and West Norfolk to improve services for patients.

Esmé: After several years in 'special measures', we have been successful in achieving 'Good' for Caring, Well-Led, and Effective in our recent Care Quality Commission (CQC) inspection. How can we ensure that we continue our journey of improvement?

Graham: There is a danger that the forward momentum may slip, following the successful CQC inspection and lifting of 'special measures', especially as the pandemic has been so testing on all our staff. We will continue to work on embedding the Integrated Quality Improvement Plan processes which are now set out in the Compliance Plan, with the same rigour, so that the changes and improvements are embedded as part of our journey ahead.

Esmé: QEH's most precious resource is its staff. How do we ensure that we retain their commitment and loyalty?

Graham: It is vital that we cherish our most precious resource, our staff. We must uphold and live by the Trust's values of 'Kindness, Wellness, and Fairness' and it is important to deliver equal treatment, good communications, support career development and progress, and to underpin this with a good appraisal system.

I recently sat on an interview panel and was delighted to find that the candidate was a young registrar looking to attain her first consultant role, she was clearly committed and loyal to the hospital and wanted to continue her medical career at the Trust. This demonstrated to me the need to provide the best working conditions possible with opportunities for development and career progression so that we retain our excellent medical teams. ▶



Esmé: The development of the ICS is heralding many changes. How can you ensure that our Trust is well represented in the decision-making processes?

Graham: The Trust has established a strong role in the development of the ICS and is looking to build up the Acute Provider Collaborative. The recent good CQC review means that others want to work with QEH, Board to Board and learn from the Trust's improvement journey.

I benefitted from an excellent handover from Professor Steve Barnett, the outgoing Chairman, and had a period of time prior to becoming Acting Chair, to concentrate on building relationships with the ICS and neighbouring Trusts - The Norfolk and Norwich University Hospitals (NNUH) and The James Paget University Hospitals (JPUH). This has helped place me in a good position to represent the Trust regionally, together with the ongoing excellent support from QEH's Chief Executive, Caroline Shaw CBE.

I hope that everyone will join me in building on our recent success so that we can achieve our aim to make QEH the best rural District General Hospital for staff and patient experience. ■

IT TAKES A VILLAGE TO RUN A HOSPITAL

People often refer to doctors and nurses when they think about staff in a hospital, but there are so many more professions which make up Team QEH - many of which people don't often associate with a hospital at all.

Team QEH is a community of professionals and tradespeople from different walks of life and different backgrounds, and there are job opportunities stretching far beyond the medical scene, all carrying out different roles, but one thing that is common is that they're all here for one purpose - to provide the best possible care and experience for our patients.

Team QEH is made up of over 3,000 clinical members of staff; this includes consultants and doctors, nurses and midwives, healthcare assistants, and other supporting

staff. Almost 1,500 members of staff also make up Team QEH in non-clinical roles which cover areas such as Administration, Estates and Facilities, including electricians and plumbers, Finance and Human Resources, Digital and Information, Procurement, Housekeeping, Catering, and many more.

There are also approximately 140 volunteers who support a huge variety of departments and areas across the Trust, some of whom run the League of Friends shop at the front of the hospital and manage the Trust's hospital radio station.

Every member of Team QEH, substantive, bank or volunteer, plays an important role in the running of the Trust and they're all integral to QEH's ambition to be the best rural District General Hospital for patient and staff experience.



Dr Alan Wiles tells us why our new Endoscopy Unit will benefit our patients

Building work to QEH's new state-of-the-art Endoscopy Unit is soon approaching completion and is due to open in the summer.

Dr Alan Wiles, Consultant Gastroenterologist, at the Trust tells us how our new Endoscopy Unit will improve the experience of our patients and staff, and modernise our hospital.

Question: You must be excited for our new Endoscopy Unit to open?

Answer: I am. It's going to be great to see a new state-of-the-art and purposely designed unit at QEH. It shows the hospital is committed to investing in its estate and the services it provides, and that's really important for patients and the locally community.

Question: What will this mean for patients in the future?

Answer: This is really going to improve the experience of our patients. This is going to be a dedicated outpatient Endoscopy Unit which means patients won't have to see inpatients in beds at all - this in itself is much more comforting and reassuring for them.

The new unit will also provide more capacity and deliver greater performance. The Trust will be able to carry out more essential tests and procedures, and patients will experience shorter waiting times.

Question: A state-of-the art structure will undoubtedly mean better patient experience - what can patients expect?

Answer: The overall environment, from changing rooms to recovery areas, is going to be so much better for patients. The layout of the unit has been cunningly designed offering lots of space, and will even allow us to operate a one way system.

Question: How does this development compare to the current Endoscopy Unit at the Trust?

Answer: Unlike the current Endoscopy Unit, this new building is specifically purpose built for its intended use, with a state-of-the art structure, and appropriate amenities such as toilets and changing rooms.

We will now be able to run male and female lists side by side and we'll also have two changing rooms and two recovery areas. This is something we can't currently offer at the Trust.

Question: What will this new unit mean for the hospital?

Answer: The new Endoscopy Unit is a vital element in modernising the hospital for its patients, their families and its staff and will enable all endoscopies to take place in one unit.

The new unit will also create the theatre-decant space needed to enable the Trust to progress the work needed to start installing failsafe roof supports across the first floor of the main hospital on a rolling basis.

Question: A development like this will surely attract new talent to the hospital - what do you think that will look like?

Answer: Any development, especially something new like this, will always draw in new people. This development in particular will really enhance the experience for trainees - both doctors and nurses - and this will undoubtedly encourage them to stay here after they've qualified.

It's a really encouraging development and one that I think will help in attracting and retaining staff.



How Electronic Prescribing and Medicines Administration is improving patient and staff experience at QEH

The Trust is saying 'goodbye' to paper drug charts and doctors' handwriting with the implementation of an Electronic Prescribing and Medicines Administration system (EPMA).

In 2019, the Trust was successful in attaining funding from NHS Improvement, which enabled us to support the procurement of an EPMA system. This means that instead of prescribing medicines on a traditional paper drug chart, doctors now prescribe directly on a digital prescription. Once prescribed, medicines are checked by a pharmacist and ordered. Nurses then use the EPMA system to see which medicines are due for a patient and record when they have been administered. The system links directly to the existing pharmacy stock control system to enable easy ordering and dispensing of medicines.

To support the use of EPMA, the Trust has also bought a range of computers on wheels and new drug trolleys, which staff can now take with them as they see patients. In addition to using EPMA, the computers can also be used to access blood results, bringing together the processes of reviewing results and prescribing.

Because medication records are stored electronically, they are continuously available via any hospital computer, which means that time is no longer wasted searching for paper charts. Overall, we can see a reduction in the time taken to prescribe, check, supply, and administer medicines to patients. This has the added advantage of enabling

enhanced patient care as time saved gives clinicians more time to spend with patients.

Medicines are prescribed, dispensed, and administered to almost every patient in hospital, and it is of paramount importance to us that we use them safely. Because of the sheer numbers of medicine doses given each day and the number of staff involved, there is always a risk of errors occurring; using EPMA has been shown to improve patient safety through a reduction in medication errors. We have also built into the system decision support and online resources to aid prescribing, with individuals' allergies and interactions between different medicines highlighted. This is all aimed at making the use of medicines in our hospital as safe as possible.

As we use the system more, we will use it to give us extensive and robust audit information on medicine usage. For instance, the effective use of antibiotics and the reduction of antibiotic resistance are national priorities; by using EPMA, we will be able to analyse how we are using antibiotics and use the information to guide our choice and use of these valuable drugs.

We are delighted that we have been given the opportunity at this time to introduce EPMA into our hospital and keep us at the forefront of safe and effective use of medicines for our patients.



Putting patients and their families at our heart: Our Family Liaison Officers story

During the first wave of the COVID-19 pandemic, QEH introduced a team of Family Liaison Officers (FLOs) to help improve communication between patients and their families.

Feedback from our patients and their loved ones indicated that an important link was needed to help provide essential communication to respond to relatives and patients' concerns or requirements. With the support of the Trust's Chief Executive, Caroline Shaw CBE, and Chief Nurse, Alice Webster, along with the wider Executive team, a full business case was developed, and the Family Liaison Officers began their important work in March 2021.

Charge Nurse Andy Pickles has supported the development and implementation of the FLOs model which has been endorsed by NHS England and NHS Improvement with our model being shared across the East of England and is now used by both neighbouring Trusts - Norfolk and Norwich University Hospitals (NNUH) and James Paget University Hospitals (JPUH).

In daily meetings, the team goes through the workload for the day. The job is busy; answering queries from the families of our patients and connecting them with their loved ones; passing on messages and well wishes; and giving updates to family members on the progress their loved ones are making - the feedback received has been fantastic and the role is so rewarding.

A group of FLOs tell us what a typical day at QEH looks like for them:

"There are usually between four and five of us on a shift during the week and about six at weekends, and we're allocated two wards each. We go around and check in with patients, and this can cover a variety of things - we run errands, make cups of tea, sit and have a chat with them, make calls to relatives and loved ones, and sometimes even sit there and hold their hands.

"No day is ever the same and you always leave knowing you've made a difference"

"We have two phones which we alternate between us, and we answer calls from relatives and loved ones. They're often calling for updates so it's our job to get notes for nurses and doctors and arrange for them to call back with an update, and other times we get calls asking to speak with a patient or pass on messages."



"The wards are often very busy, so we always try to help where possible - make beds, do tea rounds, help with lunches and dinners, you name it.

No day is ever the same and you always leave knowing you've made a difference. We have a popular saying

between us and that is 'it's the small things that make a huge difference' - and it really is!"

The FLOs role was originally created because of the pandemic but has since proved extremely helpful, and the Governors hope that funding will be found for this service to continue when concerns of the pandemic have passed.

A huge thank you to our FLOs for your hard work and dedication; Linda Bouilouta, Colin Bell, Mandy Brady, Anita Cairns, Lisa Goodacre, Maddie Hallissey, Lucy Jenkins, Destany Newman, Alison Paget, Malcolm Powell, and Karen Wilson.

Answering your questions

Question: What are the waiting times for elective surgery and outpatient consultations?

Answer: The Trust has largely been able to maintain that patients with suspected cancer are on a fast track (two-weeks) for an outpatient consultation appointment and breast cancer is now back within that target. Elective surgery and other outpatient consultations 'waits' will vary according to the specialty concerned.

Outpatients: Consultation wait times do vary depending on the specialty and sometimes the sub-specialty. The Trust tries to minimise these by using 'pooled' referrals, where a number of consultants' review referrals, and this has prevented extended waiting times for particular specialists.

There are a number of ways patients can ascertain their likely wait times. The GP may be able to advise them with the information which we send to them monthly. The GP practice or the patient, if they are booking their appointment themselves, can see on e-referral the indicative waiting times. When a patient is referred and there are no slots available (appointment slot issue - ASI), they will receive a letter stating the estimated waiting time for that specialty, we have standard letters with variable wait times options so that we can advise the patient appropriately and manage expectations for example, 10-weeks, 15-weeks, 20-weeks, 25-weeks and so on.

Inpatients: Waiting times for elective surgery can vary if a particular surgeon is needed for the procedure. The Government's new web portal 'My Planned Care' will display the waiting times for all Trusts in England and includes clinical guidance and advice on staying well while awaiting a procedure.

Also to note, are the different waiting times based on urgency, there are the two-week wait, urgent and routine pathways - depending on how the GP refers and how we accept the referral (we may upgrade or downgrade).

Consultants during outpatient attendance may also have an insight into their waiting times when listing a patient for a procedure. Within the My Planned Care link we have provided the telephone number for the Admissions Office and PALS team who are able to give a more personalised estimate for the patient.

Where patients have been waiting a long time, their clinical urgency is reassessed at set periods during the waiting time, and can be classed as more urgent, which will change the waiting times for other patients.

Question: How is the Trust engaged with the Integrated Care System (ICS)?

Answer: The ICS links the three acute Trusts in Norfolk and Waveney - The Queen Elizabeth Hospital (QEH), Norfolk and Norwich University Hospitals (NNUH), and James Paget University Hospitals (JPUH) - together to operate as one 'system'.

The ambition is that it will extend to partner organisations in health and social care so that Community and Mental Health Trusts, Primary Care, Social Services, and Local Authorities will work as partners and with Acute Trusts. The structural underpinning of ICS is in the development and QEH management will make sure any changes benefit our local community.

Question: The CEO is trying to change the Trust's culture - why?

Answer: In November 2020, QEH began a Trust-wide Culture Transformation Programme, working with external partner 'A Kind Life'. This had four overarching themes:

1. Staff safety - providing staff with the skills to give and receive feedback (speaking up safely) and tools to reduce and respectfully resolve poor behaviour and bullying (respectful resolution)
2. Employment experience - embedding the Trust's culture throughout the whole employee experience, including recruitment, appraisal and ongoing development
3. Leadership - including 'Leading with Values' masterclasses for both current and aspirant leaders
4. Staff engagement - including planned 'Values into Action' workshops for all staff, which are designed to bring the Trust's values to life while building motivation and promoting appreciation and the courage to speak up

QEH aims to create a culture where staff always put patients first, where kindness is the norm and where staff feel valued and are comfortable speaking up and know they will be listened to - this will ultimately provide the best possible care for patients.

Working to improve our Emergency Department

QEH is committed to consistently delivering timely care for its emergency patients and responding to the increased demand on its emergency services the Trust has launched a new Urgent and Emergency Care Improvement Plan.

The Trust's Emergency Department has now outgrown its footprint, and the department is too small to meet today's demand. When the hospital was built in 1980, the Emergency Department was designed to treat 30,000 emergency patients each year. Today, the hospital treats over 70,000 emergency patients annually.

The improvement programme and expansion plan which is led by the Trust's Deputy Medical Director, Dr Govindan Raghuraman, will focus on a number of workstreams including:

Emergency Department

- Reducing ambulance handover delays
- Redesign and expansion of the Emergency Department footprint
- Reviewing how the Emergency Department is staffed

Acute Medicine

- Increasing same-day emergency care
- Staffing redesign

Wards

- Implementing criteria-led discharge
- Developing a virtual ward

Discharge

- Reducing long lengths of stay
- Reducing delays to discharge

This important improvement programme is another significant step for QEH in helping to achieve its ambition to be the best rural District General Hospital for patient and staff experience.





An evening of celebrations: Team QEH Awards 2021

In March 2022, the Trust announced its Team QEH 2021 Staff Award winners, and despite the event being moved to a virtual awards ceremony due to the rapidly rising COVID-19 cases in King's Lynn and West Norfolk, it was still a great celebration in recognition of the many achievements of so many staff over the year.

Many inspiring stories were heard which highlighted examples of outstanding patient care, inspirational support and leadership, excellent teamwork and how staff who live the Trust's values of Kindness, Wellness, and Fairness, have made a significant difference to the lives of patients and their families - and so much more.

The nominees were chosen by hundreds of people and 16 awards were presented. A huge thank you to our patients, local community and staff who took the time to nominate QEH staff and volunteers.

The Trust also highlighted two particularly special awards this year. Firstly, the Volunteer of the Year Award was awarded posthumously to John Voaden, a much-loved volunteer in QEH's Emergency Department. The Trust announced that, to recognise the significant contribution John made over many years to QEH, this award has been renamed The John Voaden Volunteer of the Year Award.

Secondly, the judging panel specifically asked for the Special Recognition Award for Services for the Wellbeing of Staff to be created this year due to the exceptional work delivered in support of QEH staff during the pandemic. The very worthy recipients of the award were the Clinical Psychology Team, who supported their colleagues superbly through very challenging times by providing dedicated in-house support. They were one of the first teams in the country to do this.

Many congratulations to all the nominees and winners, and all of the Team QEH colleagues.

Our award winners:



Clinical Psychology Team
Special Recognition Award for Staff Wellbeing



Amanda-Jane Weir
The We Listen Award



Jane Wolfe
The We Act Award



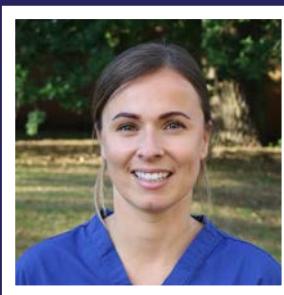
Mr Salman Kidwai
The We Care Award



Louise Wright
Behind the Scenes Award



Domestic Services Team
Non-Clinical Team of the Year



Emma Staples
The Growing Our Own Award



Helen Parris
The Patient Safety Champion Award



Kit King
Leader of the Year Award



Samuel Jude
Inclusion Champion Award



Research & Development Team
Clinical Team of the Year



Trudy Taylor
The Living Our Values Outstanding Contribution Award



Joules Lodge
The Allied Health Professional of the Year Award



Roger Fisher
The Chairman's Award for Developing Against the Odds



Mr Salman Kidwai
The Award for Outstanding Achievement in Education or Research



A very special moment for Team QEH: QEH formally leaves 'special measures' following CQC inspection

The Care Quality Commission's (CQC) report, published in February 2022, was very good news for QEH, which was rated as 'Good' in all areas that were inspected.

The CQC inspected three core services during their unannounced visit in December 2021: Medicine, Urgent and Emergency Care (including the Emergency Department), and Critical Care. All three services were rated as 'Good' overall.

The CQC returned in January 2022 to complete a Well-Led inspection, which has resulted in a 'Good' rating.

In finding QEH 'Good' across all of these areas, the CQC has recommended that the Trust moves out of the 'recovery support system', previously called 'special measures'. QEH was one of the first Trusts in the country to be recommended to be lifted out of segment 4 of the System Oversight Framework. This means that we no longer require "mandated intensive support" from our regulator.

QEH is now CQC 'Good' in three domains: Caring, Well-Led, and Effective.

The Deputy Chief Inspector of Hospitals for the CQC, Fiona Allinson, paid tribute to the work of Team QEH and the impressive improvements that were observed by the inspectors during their visit, and here are some of the comments made:

"I am pleased to see significant improvements have been made right across the Trust in the care given to patients, resulting in a number of its services being rated as 'Good'. More importantly, there's been a significant increase in the quality of care being given to people in Norfolk using these services."

"The COVID-19 pandemic brought a number of additional challenges to the NHS, so staff are to be commended for the progress made at this particularly difficult time."

"The leadership team clearly understood the priorities and issues facing the Trust and were focused on making continual and sustained improvements, which is why the rating for how Well-Led the Trust was moved from 'Inadequate' to 'Good'."

"The CQC will continue to monitor the Trust to ensure these fantastic improvements are embedded and further improvements are made."

The CQC report described how "staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs." It went on to say: "staff felt respected, supported and valued" and "there was a strong focus on quality improvement to improve patients' care and outcomes," with "the Trust committed to improving services by learning when things went well, and when they went wrong."

It also said that "communication, inclusion, and partnership working were some of the biggest improvements within the Trust."

This is a really excellent report which is a reflection of the commitment of each and every member of Team QEH and recognises the hard work of staff to improve care for patients and their families.

How 'Team QEH' turned things around

Eastern Daily Press

your local paper

The best is
yet to come

QEH Hospital King's Lynn
is out of special measures
with significantly
improved rating

SPALDING Guardian

Long-challenged trust **HSJ**
lifted out of special measures

QEH comes out of
special measures

Lynn News

Rating inspires
faith in hospital

Eastern Daily Press

'Caring, effective and well led' -
hospital out of
special measures

WISBECH
STANDARD



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust



We're hiring

**SCAN TO SEE OUR
CURRENT VACANCIES**



Looking for friendly, professional and supportive colleagues? So are we.

We're one of the most improved NHS organisations in the country, and kindness and compassion are at the heart of everything we do.

If you're after rewarding work and rural life, why not join us? Become part of the family, not the furniture.

