NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Annual Members' Meeting 2020

EXCELLENCE STARTS HERE

16 September 2020

Introduction from Professor Steve Barnett, Chairman

Agenda

3pm - Introduction and opening remarks from Professor Steve Barnett, Chairman (including minutes of the last meeting and Governors' Report)

3.10pm - Opening speech from Caroline Shaw, CEO

3.15pm - A summary of how we did in 19/20 – Caroline Shaw, CEO & Chris Benham, Director of Finance

3.30pm - Presentation: Keeping our hospital safe during COVID-19 – Dr Frankie Swords, Medical Director

3.45pm - Presentation: Putting our Trust at the forefront of patient trials – Antonia Hardcastle, Research and Development Lead

4pm - Patient story - Bonnie and Jennie's story

4.15pm - Looking ahead to 2020/21: Our priorities - Caroline Shaw, CEO

4.30pm - Q&A (CEO and Executive Team)

4.55pm - Closing remarks from the Chairman

5pm - Event close

Governors' report - 19/20

Working in the local community

- The Trust's Governors continue to work very closely with members of our local community, including patient participation and community groups, to develop relationships with the hospital and an understanding of how the Trust can better support the community to maintain good health. This work will resume at pace once events and groups return post COVID-19

Healthcare and awareness events

- Governors developed a programme of healthcare and awareness events for the community with clinical staff from QEH covering a range of topics, including Prostate Cancer and Inflammatory Bowel Disease. These events have proved extremely popular with 70-80 people attending each. The Trust's Governors are exploring how we continue to deliver these sessions with the Government restrictions currently in place

Governors' report - 19/20

Supporting the Trust

- The Trust's Governors have continued to support the Trust during 2020/21, particularly during COVID-19, including participation in clinical reviews to support further improvements to patient care, experience and services

Communications with the Trust

- This year the Trust's Governor's have seen significant improvements in the Trust's communication with Governors, further helping our Governors to fulfil their important role in the local community

Foundation Trust Membership Report - 2019/20

Our Foundation Trust public membership currently stands at 7,366

Because we value our staff, all substantive staff automatically become FT members, unless they choose to ‘opt-out’

Public member numbers have decreased slightly this year because recruitment has been unable to take place in light of COVID-19 restrictions, but our ambition is to maintain a membership of at least 7,500 and we will be developing plans to increase our membership during 2020/21

The FT Membership (and Communications) Strategy will be updated early 2021 to ensure that the constituencies are representative of those eligible for membership

We would like to say a huge thank you to our FT members for their on-going support over the last 12 months

Foundation Trust Membership Report 2019/20

In January 2020, the Trust held elections in all areas in both public and staff constituencies

Governor elections were held in accordance with the Election Rules set out in the Trust's Constitution, to enable Members to elect candidates to the vacancies on the Governors' Council. The election was independently overseen by Civica Election Services (CES), formerly Electoral Reform Services

The Cambridgeshire, Staff Clinical and Staff Non-Clinical constituencies were uncontested and candidates from these areas automatically became Members from 1 February 2020 as follows:

Constituency/ area	Governors to elect	Contested?	Name	Term
Public & Staff Constituencies				
Cambridgeshire	2	No	Malcolm Bruce Betty Lewis	3 years 3 years
Staff Clinical	2	No	Gavin Walker (1 vacancy remains)	3 years -
Staff Non-Clinical	1	No	David Close	3 years

Foundation Trust Membership Report 2019/20

West Norfolk, South East Lincolnshire and Breckland, North Norfolk and the rest of England constituencies were contested as detailed:

Constituency/area	Governors to elect	Contested - Yes nominations	Turnout %	Name	Term
Public & Staff Constituencies					
West Norfolk	5	6	12.7	Tracy Corbett Esme Corner Jonathan Dossetor Penny Hipkin Mike Press	3 years 3 years 3 years 3 years 3 years
South East Lincolnshire	2	3	10.2	Martyn West Colin Dobbins	3 years 2 years
Breckland, North Norfolk and the rest of England	1	2	9.5	Alan Clarke	3 years

Foundation Trust Membership Report - Staff Elections October / November 2020

- Staff Elections will be held in both Clinical (two vacancies) and Non-Clinical (one vacancy) constituencies. The process starts in September with new governors in place by mid-November; or earlier, if the elections are not contested.

- To become a FT member or for information on the nomination process to be a staff governor or the voting process, please contact Mary in the Foundation Trust Office - mary.denmark@qehkl.nhs.uk

Our Volunteers

We currently have around 350 volunteers who provide support across all of our services, from meal time assistants to helping our patients find their way around the hospital, their hard work really does help support the running of the hospital

Due to COVID-19, volunteering was suspended to ensure the safety of our volunteers, but we are pleased to say that those who are not on the vulnerable or shielding lists and who feel comfortable, are making a phased returned to our site and it’s fantastic to see them able to support our services and patients again

Last year our volunteers clocked up 38,000 hours supporting our Trust

Developments across the Norfolk and Waveney Health and Care Partnership - 19/20

Developments include:

- Creation of the Eastern Pathology Alliance which has seen all three Acute Trusts in Norfolk join together to deliver an integrated Pathology service

- Integration of Urology services across the three acute Trusts in Norfolk

- Development of the underpinning principles of the Norfolk and Waveney Hospitals Group and closer alignment and system working within Norfolk and Waveney

- As a system, we have been invited to apply to be an Integrated Care System from this Autumn and we are working with our partners to progress this over the coming months

Caroline Shaw CBE, Chief Executive

2019/20 in numbers

2,004
Babies born

41,313
Day cases
3.2% increase

£6.4m
Actual Savings delivered
against our Cost Improvement Programme

70,381
Emergency Department attendances
2.48% increase

924
Patients recruited
to take part in research trials

845
Nurses, midwives and health-visiting staff (whole-time equivalents)

£239.4m
Total income

3,283
Members of staff
(whole-time equivalents)

More than
38,000
Hours given by our 350+ volunteers

NHS staff Survey

We improved in every area with statistically significant improvements in

- Quality of Care
- Safety Culture
- Staff Engagement
- Morale

763
New Facebook likes

3.1m
Impressions on Twitter (@TeamQEH)

QEH KING'S LYNN Charity

£3.8
Net Charity Assets

A summary of how we did in 19/20

Caroline Shaw, CEO

Chris Benham, Director of Finance

Responding to our 2019 CQC inspection report

- The Trust's Infection Prevention and Control rating improved from 'red' to 'amber
- Our Maternity Services have been removed from the national Maternity Safety Improvement Programme - recognising the necessary improvements had been made
- Adult inpatient falls have reduced significantly, resulting in the lowest falls rate in a 12-month period for five years
- We had one case of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia, compared to two the previous year. We continue to do all we can to reduce hospital-acquired infections, though we did see an increase in Clostridium difficile cases (45 versus 22 the previous year)
- More timely and quality responses to complaints
- 145 of 206 actions (71%) signed off to date (internally)
- Application to the CQC to lift five of the 10 Section 31 Conditions for Maternity Services
- All GMC conditions lifted May 2020

Performance - 19/20

Urgent and emergency care

- 2.48% increase in Emergency Department attendances in 19/20 compared to 18/19
- 79.32% performance against national 95% emergency access standard (82.51% the previous year)

Cancer

- The Trust achieved five of the seven national cancer targets

Leadership, management and governance improvements - 19/20

- Fully substantive Trust Board and Executive Team recruited within 12 months; bringing significant experience and stability
- Non-Executive Director (NED) contingent of the Board at its maximum allowed by the Constitution
- Head of Patient Safety & Clinical effectiveness
- On track for clearing back log of historic Serious Incidents and closed by CCG on first review
- Revised Openness and Candour Policy approved – strong focus on compliance with Duty of Candour
- Focus on learning from incidents and complaints

People achievements - 19/20

Staff engagement

- Staff Engagement Programme has 3 clear priorities: (1) culture and learning, (2) health and wellbeing and (3) reward, value and recognition
- Significantly fewer external whistleblowing cases, 14 new Freedom to Speak Up Champions recruited, single Speak Up Policy
- New BAME and LGBT+ Staff Network Groups

National staff survey

- Only Trust in the region to improve in each area of the 2019 national staff survey

Recruitment campaign

- Our ‘Best of Work, Best of Life’ recruitment campaign saw the overall Trust vacancy rate reduced to 10.69% by January 2020
- Turnover reduced to 11.79% and ward-based nursing vacancy rates have fallen to 5%, one of the lowest rates in the country

Financial Performance
Year Ending 31 March 2020

How did we perform? - Income and expenditure

Delivered our financial plan of a deficit of £2.226m

As a result of this we received additional funding of £2.276m to record a surplus of £50k

Of the £239m of income we received £195m (82%) relates to the delivery of patient care

Of the £239m of expenditure we spent £165m (69%) relates to staff costs and £34m (14%) relates to clinical supplies and drug costs

We achieved a record level of savings of £6.4m compared to our planned level of £6.025m

We did this by successfully recruiting to gaps in our substantive workforce and reducing the reliance on temporary/agency workforce

We also saved money through buying smarter and more efficient through our purchasing functions

How did we perform? - Income and expenditure

Capital Expenditure

We spent £17.4m on capital expenditure

We created a Same Day Emergency Care facility (SDEC)

We enhanced and expanded our Emergency Department (ED)

We have made improvements to the environment within our discharge lounge

We have addressed the replacement of medical kit and diagnostic equipment

We have also started investment within our digitisation improvement journey – including Radiology Information System, Electronic Prescribing and Medicines Administration and soon E-Obs and Bed Management

How did we perform? - Income and expenditure

Cash

We ended the year with a healthy cash balance

We are working to improve our payments to suppliers with a focus on improving the payments to smaller and local suppliers

QEH Charity

The net assets of QEH Charity for 19/20 were £3.58m compared to £1.86m the previous year; an increase of 92.4%

This is as a result of total incoming resources for the year increasing to £2,296,000 in 19/20 (£451,000 in 18/19) - primarily the result of a large legacy of £1.6m in the year

Spending increased from £303,000 in 18/19 to £553,000 in 19/20 – including:

- £114K on new building projects and refurbishments aiming to provide more comfortable surroundings for patients and staff
- £118K on medical and surgical equipment
- £108K to support nursing staff courses, conferences, symposiums and staff welfare activities
- £69K to support and improve patient welfare. This has been used to buy wheelchairs, patient engagement projects, Christmas presents for patients and the St John library subscription fee

The QEH League of Friends have generously contributed £500,000 towards the installation of a new Radiology Information System – for which we are incredibly grateful

Keeping our hospital safe during COVID-19

Dr Frankie Swords, Medical Director

COVID-19 at the QEH in numbers

- 456 patients with confirmed COVID-19 admitted to date
- First confirmed case admitted 13 March, last admitted 14 August
- 298 patients have now been safely discharged, currently 0 cases
- Sadly 153 patients in our care have died after testing positive for COVID-19
- All of these cases have been reviewed in detail and we have observed the same patterns and rates across the whole of the NHS. The biggest risk of death from COVID-19 is in older people and those with underlying health conditions (99% of patients who died at QEH had at least one underlying condition, average age was 83, average number of conditions was three)
- Incident control team: Chief Operating Officer, Medical Director, Chief Nurse and Divisional Directors supported by many other teams
- So, every decision taken about our hospital was reviewed and approved by the most senior clinicians of the hospital with all decisions and actions logged

How we reorganised the hospital site

- Operational changes were based on our existing Pandemic Flu Plan
- Daily review of all national, regional and specialty guidance through ICT
- Final sign off by our most senior clinical staff for every single change to balance the risks for patients with COVID-19, those with non- COVID-19 related health problems, and to our staff
- We zoned the hospital to Yellow (COVID-19 or possible COVID-19) and Green (non COVID-19) areas
- Put up social distancing arrows, cough screens, additional sanitising and washing facilities
- Separate Yellow ED for the assessment of patients with possible COVID-19
- Separate Yellow ITU so that we had five X more potential ITU beds than usual
- Phased reorganisation of all wards to be Yellow or Green, at peak six wards dedicated to the care of patients with suspected / confirmed COVID-19 (and contacts of confirmed cases) plus ITU

What we learnt about Infection, Prevention and Control

- National advice on care and PPE changed frequently
- Fantastic local IPAC team reviewed every piece of information and helped us to adapt
- Very strict adherence to hand washing, PPE and social distancing kept us safe
- Enhanced cleaning brought in (plus UV technology to deep clean vacated areas)
- Removed beds from assessment bays to help with distancing between patients
- Building works e.g. screens on reception desks, extra doors on some of our bays
- Swabbing of every patient admitted to hospital from March, repeated every five to seven days
- Early decision to isolate patients admitted from high risk areas
- Early decision to cohort patients who may have been exposed to other cases, and to close bays or even wards if necessary to prevent cross infection

How this impacted on patients and care

- Visiting and chaperones suspended - introduced new ways of connecting patients with loved ones using smart phones, letters to loved ones, daily calls from wards. Compassionate visiting maintained throughout
- Routine work, clinics and operations were initially suspended across the NHS
- This gave us more space and freed up staff to support COVID-19 patients
- Then brought in “virtual” clinics to keep those patients under review and to maintain services for our other patients as much as we can - from 100 to 3,000 per month
- Emergency and cancer work continued in the background throughout the pandemic
- Reduction in patients attending ED (and GP surgeries) - helped us in the short term, but may have had unintended consequences

How our staff responded

- Many redeployed – staff from Day Surgery and Theatres did an amazing job supporting our Emergency Department and Intensive Care Department
- Huge uptake of COVID-19 training across every department of the hospital
- Many worked longer or different hours or lived away from their families to support our Trust and patients – all hands on deck approach
- Expanded our Domestics Team, brought in new roles, and were supported by retired colleagues and students
- Brilliant team spirit helped enormously by the community support we received
- However – understandably our staff also had a lot of anxiety over personal safety and PPE
- Recognised the need early on for additional health and wellbeing support for staff

Putting our Trust at the forefront of patient trials - Research Team - Antonia Hardcastle, Research and Development Lead

Research

The Vision

- To become a leading biomedical and applied health service research centre by advancing and integrating discovery, innovation and translation into world class patient care

Why Is Research Important?

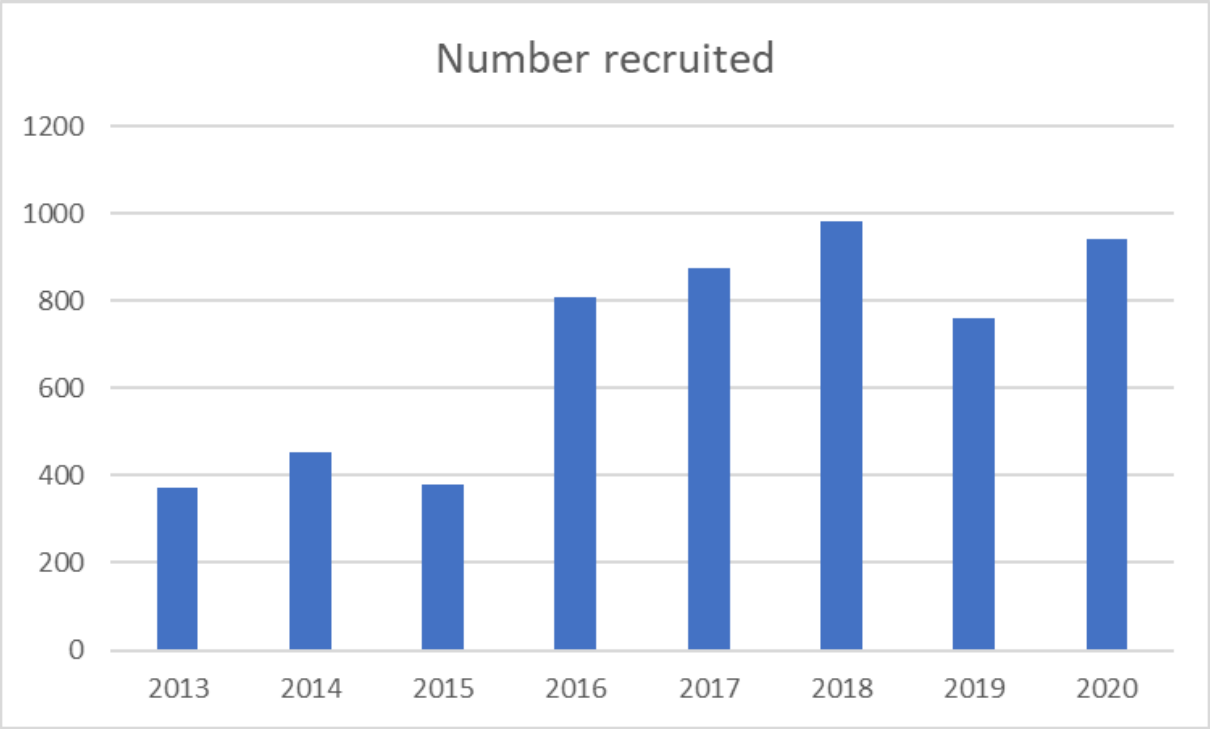
- Embedded in NHS constitution
- Research Active Trusts have better patient outcomes

Highlights Of 19/20

- Completing our first-in-human study for a pre-CE marked device
- First commercially sponsored trial, where the Chief Investigator is a member of our staff
- Fastest clinical trial set-up times in the region
- 924 patients recruited to 59 studies last year
    - Covering 30 specialities

- We have embedded research into all aspects of patient care

NIHR Portfolio Recruitment since 2013



2020

"The only way to get out of this pandemic is by researching our way out of it..."

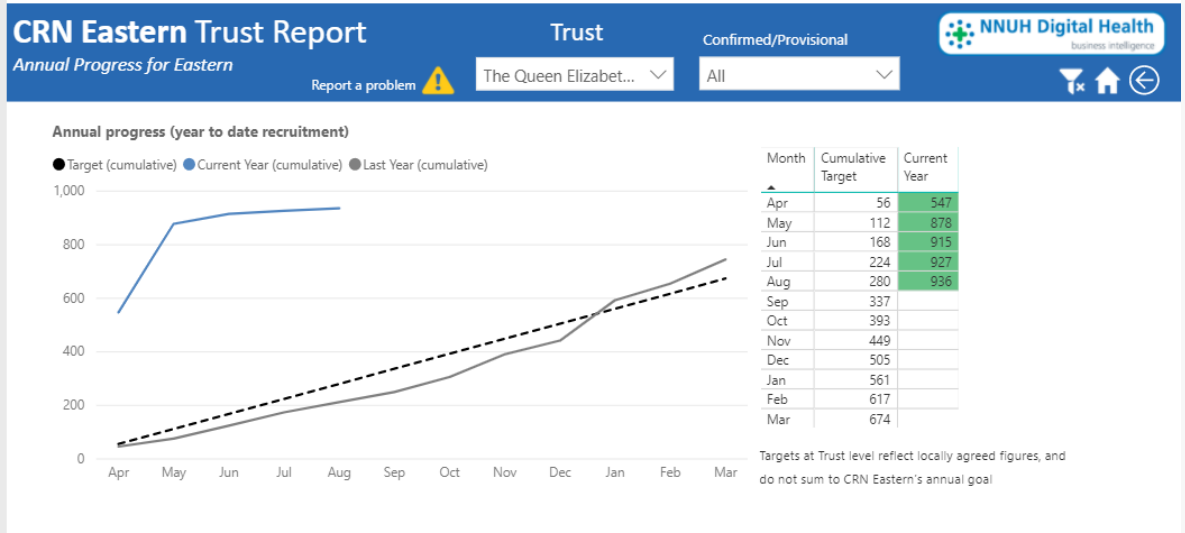
(Chief Medical Officer)

Within 3 days…

- 47 studies paused
- Staff shielding
- WHO mandated NHS research teams to work in the Clinical Characterisation Protocol for SARS CoV-2
    - This fed the BBC News
- Recovery Trial

The Result

- Staff redeployed to R&D to help
- We achieved our targets for the year within the first quarter



Month	Cumulative Target	Current Year
Apr	56	547
May	112	878
Jun	168	915
Jul	224	927
Aug	280	936
Sep	337	
Oct	393	
Nov	449	
Dec	505	
Jan	561	
Feb	617	
Mar	674	

- QEH Research ranked 37/507 Trusts for COVID-19 Research

The next mandate

Restart the paused studies and offer patients research again

EMBED - first recruit to trial within three days of opening it

And finally…

COVID-19 Vaccine studies

- QEH Research Lead offers to Chair the hub
- Expressions of interest submitted
- £500k pump priming achieved
- County wide working to give patients best chance of taking part

Now waiting for the first one to start…

Patient story – Bonnie and Jennie’s story

Looking ahead to 20/21 - our priorities

Priorities for 2020/21

- Moving out of ‘special measures’ and continuing our improvement journey
- COVID-19 recovery and restoration of services
- Continued focus on culture and further improving staff engagement
- Modernising QEH - potential take over of the BMI Sandringham Hospital and lobbying for a new hospital

Q&A (CEO and Executive Team)

Please email communicationsqeh@qehkl.nhs.uk for hard copies of our 19/20 Annual Report and Accounts or Quality Account or to request these documents in a different language or format

Thank you for attending our Annual Members' Meeting and for all of your support during 19/20