



The Queen Elizabeth
Hospital King's Lynn

NHS Foundation Trust



ANNUAL REPORT SUMMARY

2019/20



EXCELLENCE
STARTS HERE

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WELCOME

Welcome to this summary of our year from April 2019 to March 2020 where we describe our progress and areas of focus in the year to come, reflecting the Trust’s new strategy and the direction of travel for the wider health and social care system.

Our relentless focus across the Trust is on improvements required of us from our 2019 Care Quality Commission (CQC) report. Remaining in ‘special measures’ and with a rating of ‘inadequate’ we have very clear quality improvement plans and a high-calibre, experienced Trust Board now in place to take us forward.

Notwithstanding our challenges and the work still to do, we have come a long way, with demonstrable progress in many areas.

Over the past year and more recently through our response to the COVID-19 pandemic, we have seen the determination and commitment from Team QEH to consistently deliver safe and compassionate care for our patients.

We developed robust plans to deal with the impact of COVID-19 and many positive changes which were implemented at an accelerated pace will continue beyond the pandemic.

These include:

- Digitisation of our hospital, with more than 80% of outpatient appointments transferring to phone and video consultations
- Improving our End of Life care with a new strategy, the support of 40 ward-based champions and changes made as a result of COVID-19 to strengthen bereavement support

Following a successful recruitment campaign our nurse vacancy rate is down to 5%. We recorded one of the lowest nurse vacancy rates in the country at the end of 2019.

Our Integrated Quality Improvement Programme (IQIP) has two main areas of focus:

- Ensuring we provide safe, effective care for our patients and a positive working environment for our staff
- Ensuring it is delivered in accordance with all regulatory requirements.

A huge amount of work during the year meant that during the first quarter of 2020/21 we were in a position to apply for conditions on our Women and Children’s Division (specifically in Maternity) to be lifted and this is now being considered. This follows the lifting of Trust-wide General Medical Council conditions, previously put in place amid concerns about the standards of training we were providing to some of our Junior Doctors.

With regard to wider performance, we are seeing a number of encouraging results and areas of excellence, but 2019/20 has been a challenging year with pressures across emergency and cancer pathways and exceptional demand on our emergency services.

ABOUT US

We have 439 core beds, 18 core wards and serve a population of around 331,000 people in three counties - Norfolk, Cambridgeshire and Lincolnshire.

Our 4,000-plus workforce (3,282 whole-time equivalents) is committed to working with health and social care partners to deliver safe, high-quality care.

We have seven main operating theatres, including two fully integrated endoscopic theatres; a dedicated West Norfolk Breast Unit; and the midwife-led Waterlily Unit which provides expectant mothers with greater choice.

In 2019/20:

- 70,381 patients attended our Emergency Department (1,708 more than 2018/19)
- We treated 49,642 elective and non-elective inpatients (8,562 more than 2018/19)
- 41,313 day case procedures (1,307 more than 2018/19)
- 109,165 new outpatient appointments (8,822 less than 2018/19) and 274,508 follow-up appointments (9,207 less than 2018/19)
- 2,004 babies were born at our hospitals

OUR CQC RATING

In July 2019, the CQC rated us as ‘inadequate’ overall and gave the following ratings in the five domains:

Safe	Inadequate
Effective	Inadequate
Caring	Requires Improvement
Responsive	Requires Improvement
Well-led	Inadequate

The CQC recommended that we be placed in ‘special measures’ by NHS Improvement and we are expecting the inspectors to return to QEH before the end of 2020, which we will embrace as an opportunity to share our clear progress.

HOW WE RESPONDED TO COVID-19

The COVID-19 pandemic swept the country during the final quarter of 2019/20 and the first patient to test positive at our hospital was admitted in March. By the end of that month we had transformed the QEH site as we prepared for growing numbers of patients.

The response from staff was incredible and the support we received from our local community was equally amazing.

We developed robust plans and by the end of March we had:

- Created four dedicated COVID-19 wards
- Increased our critical care capacity
- Prioritised operations for our cancer and clinically-urgent patients
- Switched the majority of outpatient appointments to telephone consultations where it was safe and appropriate to do so
- Started to roll-out a new digital virtual consultation system to allow more patients to be seen online via video
- Waived car parking fees to reduce the financial burden on our patients, visitors and staff
- Developed clear internal and external communications strategies to keep our patients, local community, Governors, partners, key stakeholders and staff well-informed

And from local businesses, organisations and individuals in the local community, we received thousands of donations, from ready-made meals to simple one-off gifts and messages of support and gratitude.

The teamwork shown by staff across QEH was inspiring as were the many positive changes which were implemented at an accelerated pace.

While we have plans to respond to a second peak of COVID-19, should this occur, by June 2020 we were already preparing to restart many of the services that were suspended due to the pandemic and we fully intend to retain and adapt many of the positive developments made during the pandemic.

Our strong reputation for research and innovation continues to develop and, thanks to the efforts of staff across the Trust, we have achieved our financial plan for the year and record levels of efficiency savings. We have also invested £17.4m capital to further improve the environment and facilities for our patients and staff.

We continue to work closely with our health and care partners to deliver our long-term plans, including our Hospital Services Strategy, which is being developed with the James Paget and the Norfolk and Norwich Hospitals.

Looking ahead, we know where we need to focus our efforts to build on our recent improvements.

We look forward to working with you as we move into the next chapter of our journey of improvement, to provide consistently safe and high-quality care.



Professor Steve Barnett
Chairman

Date: 24 June 2020



Caroline Shaw
Chief Executive

Date: 24 June 2020

MODERNISING OUR HOSPITAL

Our hospital is now 40-years-old and needs modernising through significant national capital investment. The population we care for has significantly changed and aged in that time and demand is increasing considerably year-on-year.

We have developed a £250m case to modernise the site, including our estate and digital infrastructure. Significant long-term capital investment would enable a mix of new, refurbished and redeveloped accommodation, making it fit for the future for patients and the communities we serve and which will enable QEH to fulfil its role alongside system partners in delivering the future strategy for the Norfolk and Waveney health and care system.

Investment would support the development of some key priority areas, which we would aim to complete in phases, including: a new emergency floor, including frailty unit, upgraded inpatient wards, new theatres, a single outpatient department and expanded endoscopy facility and a new facility for women and children's services.

This would mean our patients receive excellent care in state-of-the-art facilities, and QEH would become a place where people want to come to work and are proud to work, with improved recruitment and retention.



EMERGENCY DEPARTMENT IMPROVEMENTS

Improving emergency and urgent access to care without needing to admit patients

We are seeing more emergency patients with the opening of our Same Day Emergency Care (SDEC) unit, which opened to extend the Ambulatory Emergency Care (AEC) unit. It provides same day care for patients who would otherwise have been admitted overnight.

The AEC unit, which treated emergency day case patients who didn't require bedded care, could previously care for up to 40 patients, but with the new SDEC unit this has expanded capacity to potentially see another 25 patients a day.

The SDEC unit is fully equipped with monitors that can measure heart rate and blood pressure, along with Point of Care Testing equipment, which analyses blood samples and gives results within 20-minutes.

The opening hours for the unit are 8.30am-12.30am, Monday to Friday and 9am-7pm on Saturdays and Sundays.

The Acute Medical team has recognised the specific needs of our population and the increased number of patients that can be seen, treated and discharged on the same day.



HOW WE ARE PERFORMING

An important part of measuring the quality and effectiveness of the care we provide is based on the timeliness of care for our urgent and emergency care patients, how quickly we start to treat cancer patients and how long patients must wait for operations.

Emergency access

We aim to treat and discharge, admit or transfer at least 95% of people coming into our Emergency Department (ED) within four-hours.

Performance against this target helps us to measure how our hospital and the health and care system as a whole is working, not just our urgent and emergency care.

Our hospitals achieved 79.3% against the four-hour standard (compared to 82.48% the previous year).

This year we have focussed on improving the experience of urgent care patients and how their follow-on care is delivered. We have invested in improving the layout and design of our ED as it was not designed to accommodate the volume of attendances (we had 70,381 attendances in 2019/20 up 2.48% on the previous year and there were 30,668 emergency admissions, up 15.9%).

Improving performance against the national emergency access standard remains one of our top priorities as we head into 2020/21 and the huge amount of work that went into our winter planning will be used to support ongoing improvements. This includes:

- Redesigning our ED footprint to enhance the ambulance offload area to support a reduction in ambulance handover delays
- Introducing a Same Day Emergency Care unit to treat and discharge more patients without needing to admit them to one of our wards
- Developing our Discharge Lounge to get patients home more effectively and so making more beds available
- Working with the wider NHS and care community to improve discharges to the most appropriate place for our patients
- Flu campaign and infection prevention (71.88% frontline staff vaccinated for flu, compared to 80% the previous year)
- Continuing our focus on staff health and wellbeing
- Ongoing campaigns to encourage appropriate use of all NHS, GP and pharmacy services

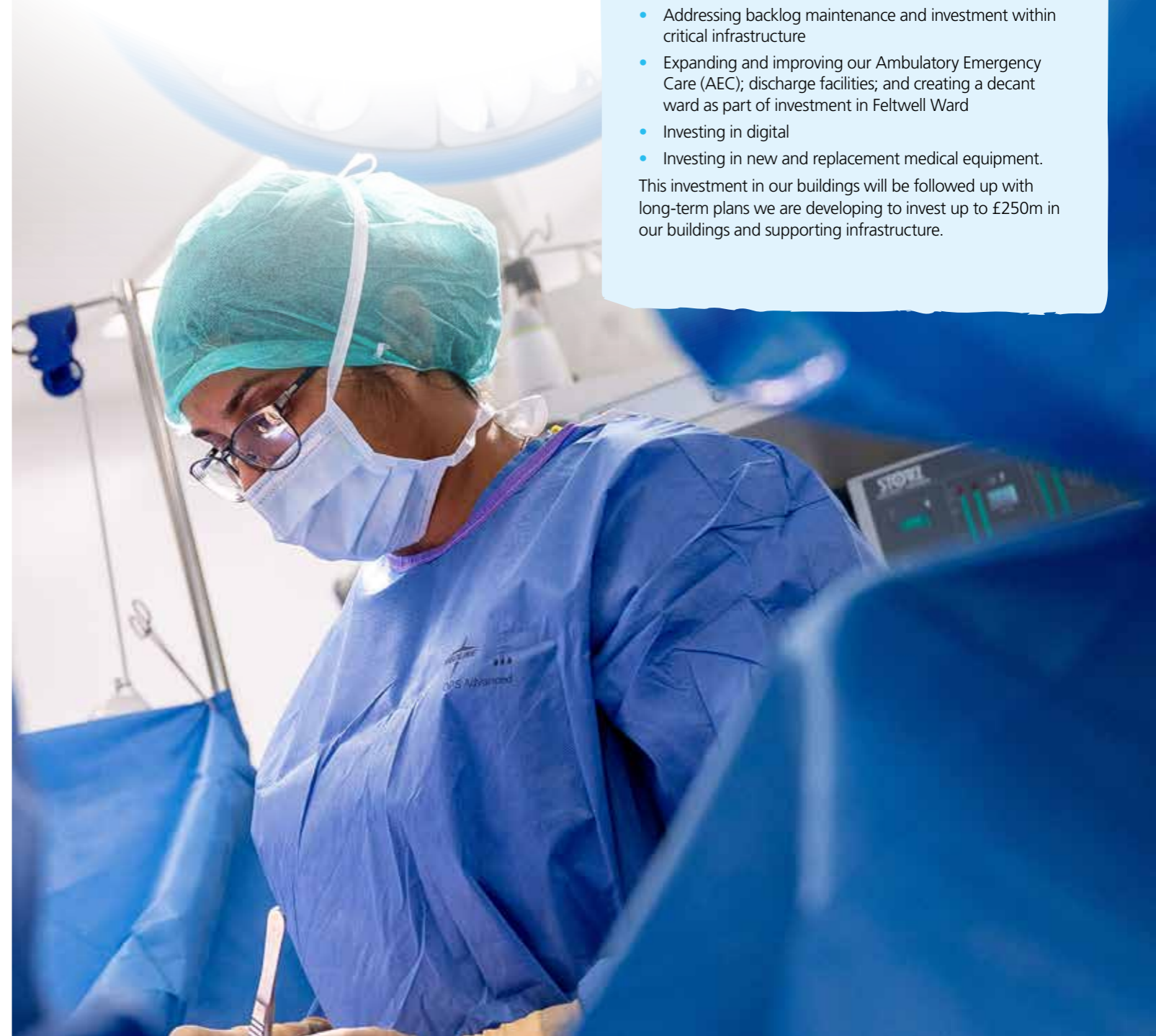
Cancer access targets

Our cancer teams receive more than 800 referrals each month and we have consistently achieved five of the seven national targets. Our focus for 2020/21 will be to meet targets in all seven.

18-Week Referral to Treatment Standard (RTT)

Pressures in demand for emergency care continues to impact on our routine elective activity, particularly over the winter, meaning some patients are waiting longer than they should for treatment. In 2019/20 we treated 79.29% of patients within 18-weeks of referral (target is 92%).

We now have detailed plans in place and each specialty has agreed trajectories for delivery to reduce waiting times. The impact of COVID-19, however, will undoubtedly have an impact on our performance into 2020/21.



OUR FINANCIAL PERFORMANCE

We spent £239.4m providing care for our patients during the year and invested £17.4m in capital spending (new buildings and equipment) to help us meet future demand.

We are fully committed to using our resources productively to maximise patient benefit. In particular, we have improved our financial discipline and increased our grip and control on all areas of what we spend our money on.

This greater control meant our Cost Improvement Plan exceeded its £6m target delivering savings of £6.4m. This is largely due to our ongoing commitment to reduce the number of agency and bank staff we use.

The key elements of our capital programme were:

- Addressing backlog maintenance and investment within critical infrastructure
- Expanding and improving our Ambulatory Emergency Care (AEC); discharge facilities; and creating a decant ward as part of investment in Feltwell Ward
- Investing in digital
- Investing in new and replacement medical equipment.

This investment in our buildings will be followed up with long-term plans we are developing to invest up to £250m in our buildings and supporting infrastructure.

IMPROVING END OF LIFE CARE

We are committed to providing the highest quality care for patients approaching the end of their lives, as well as their families and carers by talking to them and involving them in the decisions we make about care.

This means we will:

- See each person as an individual
- Ensure each person has fair access to care
- We maximise comfort and wellbeing
- Our care is co-ordinated
- All our staff are prepared to care
- Each community is prepared to help

We are training more staff as part of our five-year strategy to improve End of Life care and changes made to strengthen bereavement support for families during the COVID-19 pandemic will also become the way we do things moving forward.

Key elements include:

- Creating 40 ward-based end-of-life champions and six medical champions
- Launching and starting to embed a new End of Life care Strategy (2020-2025) across the organisation
- Confirming the appointment of a new Palliative Care Locum Consultant
- Registering for the third round of the National Audit of the Care at End of Life (NACEL) - audit period: 1 April-31 May 2020
- Adopting the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process - a personalised process to create and record a plan containing care preference and appropriate clinical recommendations for a person's clinical care in the event of a future emergency



PATIENT EXPERIENCE AND PATIENT SAFETY

Feedback from patients and their families and carers plays an important role in helping us to improve the care we provide. Acting on what you have told us, we have identified what we need to focus on:

- Improving the patient experience as measured by the Friends and Family test
- Using learning from compliments, complaints, national surveys and feedback to enhance the quality of the services we offer our patients
- Ensure the environment is appropriate for clinical care and a positive patient experience.

The 'Friends and Family' test (FFT) helps us measure how we are performing (patients are asked if they would recommend us to their friends and family and leave comments about the care they receive). These results are available to all senior staff to share with colleagues and the public.

Formal complaints for the year fell by 9% on the previous year to 388.

Responding to complaints more swiftly is a priority and we now aim to handle 90% of complaints within 30-working days.

We embraced all of the 2019 Care Quality Commission recommendations and developed our Integrated Quality Improvement Programme (IQIP), laying the foundations for our journey towards delivering consistently safe, compassionate and excellent care for our patients.

Notwithstanding our challenges and the work still to do, we have come a long way with demonstrable progress in many areas to report.

This includes:

- Improving cleanliness and infection control standards, as evidenced by our Infection Prevention and Control rating from NHS Improvement/England at the end of 2019 when we moved from 'red' to 'amber'.
- We had one case of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, compared to two the previous year although we reported an increase in Clostridium difficile cases (45 against 22 the previous year).
- Patient safety incidents (excluding pressure ulcers reported on admission), was 7,007, a 9.1% drop from the previous year. The most serious safety incidents fell by 9.3% to 29 incidents
- Over the past 12-months the number of adult inpatient falls continued to reduce, resulting in the lowest falls rate in a 12-month period for five years. While falls resulting in catastrophic harm continued to reduce, we did see increases in falls that resulted in significant or moderate harm

RECRUITMENT

Bringing our nursing vacancies down to a record low

The Best of Work, Best of Life; promoting QEJ as a place with a deep sense of community, where staff have high regard for each other, a fierce pride in their hospital and a love of the area in which they live.

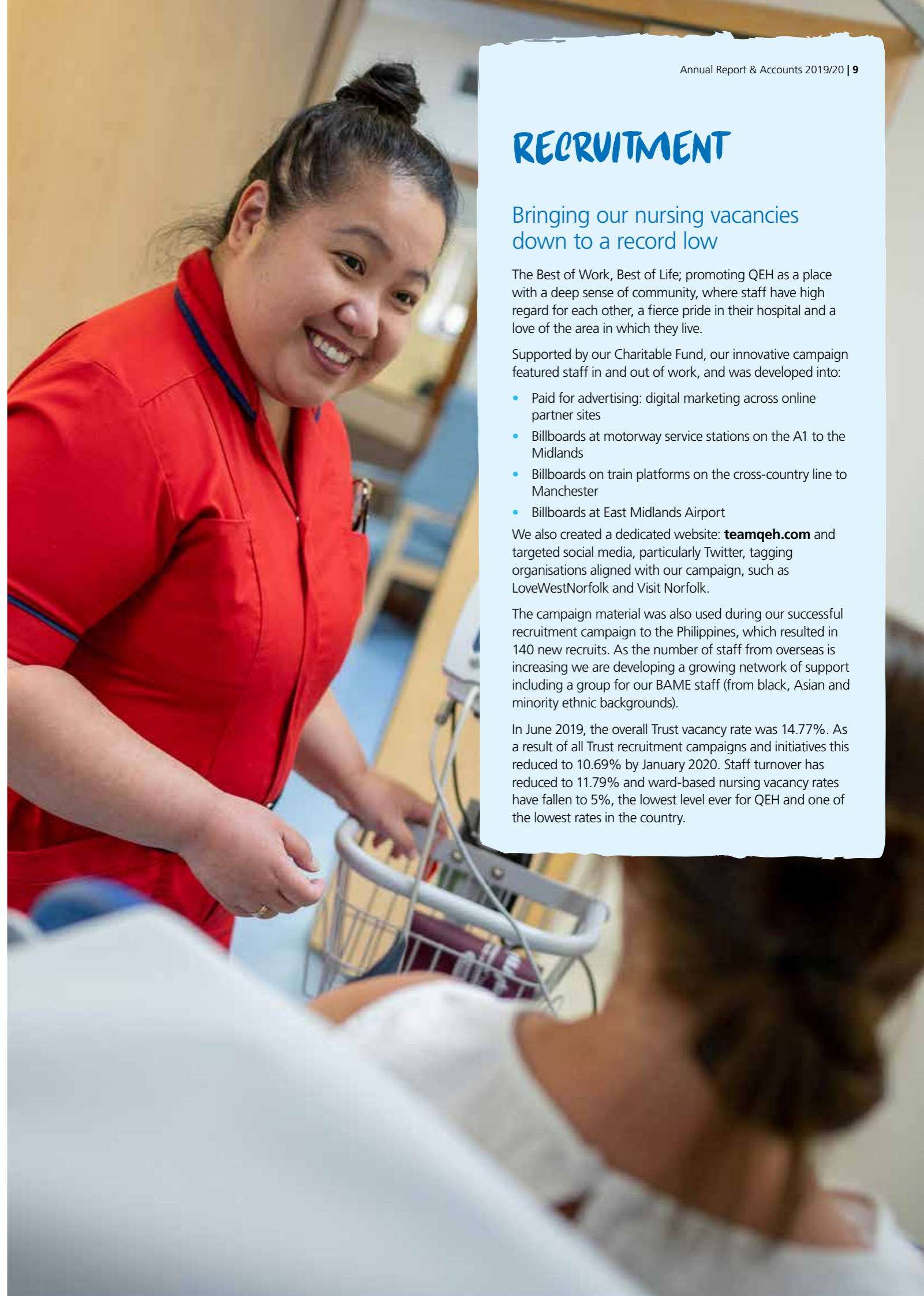
Supported by our Charitable Fund, our innovative campaign featured staff in and out of work, and was developed into:

- Paid for advertising: digital marketing across online partner sites
- Billboards at motorway service stations on the A1 to the Midlands
- Billboards on train platforms on the cross-country line to Manchester
- Billboards at East Midlands Airport

We also created a dedicated website: teamqeh.com and targeted social media, particularly Twitter, tagging organisations aligned with our campaign, such as LoveWestNorfolk and Visit Norfolk.

The campaign material was also used during our successful recruitment campaign to the Philippines, which resulted in 140 new recruits. As the number of staff from overseas is increasing we are developing a growing network of support including a group for our BAME staff (from black, Asian and minority ethnic backgrounds).

In June 2019, the overall Trust vacancy rate was 14.77%. As a result of all Trust recruitment campaigns and initiatives this reduced to 10.69% by January 2020. Staff turnover has reduced to 11.79% and ward-based nursing vacancy rates have fallen to 5%, the lowest level ever for QEJ and one of the lowest rates in the country.



2019/20 IN NUMBERS

 **70,381**
Emergency Department
attendances
2.48% increase

2,004 
babies born

41,313
day cases
3.2% increase 


£6.4M
actual savings delivered
against our Cost Improvement
Programme

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


3,282
members of staff
(whole-time equivalents)



NHS STAFF SURVEY

We improved in every area
with statistically significant
improvements in



Quality
of care



Safety
culture



Staff
engagement



Morale


£239.4M
total income


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



 **924**
patients recruited
to take part in research trials

763 
new
Facebook likes


£3.8M
net Charity assets

 **3.1M**
impressions
on Twitter
(@TeamQEH)

OUR BOARD

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust Board Non-Executive Directors



Professor Steve Barnett
Trust Chairman

Steve has more than three decades of experience working in senior NHS positions. Steve was previously Chair at West Hertfordshire Hospitals NHS Trust for three years, during which time the hospital was removed from special measures.



Alan Brown
Non-Executive Director, Vice Chairman and Senior Independent Director

Alan has worked in IT for almost 40-years, the last 10 of which have been in healthcare. He has been a Non-Executive Director for three years, initially at Hinchingsbrooke Health and Care NHS Trust and, more recently, at North West Anglia NHS Foundation Trust.



Dr Ian Mack
Non-Executive Director

Dr Ian Mack worked in the NHS as a doctor in West Norfolk for most of his working life. He came to QEH as a House Physician in 1985. He was a GP in West Norfolk between 1992 and 2017 and held a number of senior roles on NHS Boards in Norfolk, leading clinical improvements.



Simon Roberts
Non-Executive Director

Simon is an experienced business leader and adviser having worked substantively and as a consultant/ adviser in the NHS and private healthcare markets, holding Executive leadership positions in both. He has worked extensively for, and across, NHS England on system and commissioning transformation.



Graham Ward
Non-Executive Director

Graham is a chartered accountant who has more than 35 years of experience in senior financial and commercial roles within the accountancy profession, industry, higher education and management consultancy. He has extensive NHS Non-Executive Director experience.



David Dickinson
Non-Executive Director

Following retirement from the post of Director of Resources at Newark and Sherwood District Council in Nottinghamshire, David moved to West Norfolk. He is a qualified accountant and was a member of the Chartered Institute of Public Finance and Accountancy (CIPFA). David is Chair of the Audit Committee.



Jackie Schneider
Non-Executive Director

Jackie is a Registered Nurse and has worked in the NHS over four decades in both clinical and senior clinical leadership positions. She retired in 2018 having been the Registered Nurse on the governing body of North Norfolk Clinical Commissioning Group for six years.

OUR BOARD

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust Board Executive Directors



Caroline Shaw CBE
Chief Executive

Caroline joined QEH as Interim Chief Executive at the start of 2019 and was appointed permanently in September 2019 after making a considerable positive impact. She started her NHS career as a nurse before moving into midwifery and then leadership roles at trusts around the country, including Leicester, Nottingham and Manchester. She was awarded a CBE in 2013 for services to the NHS.



Laura Skaife-Knight
Deputy Chief Executive

Laura joined QEH in October 2019 following 12-years at Nottingham University Hospitals NHS Trust, where she was Director of Communications and External Relations. She has almost 20 years' experience working at large acute teaching hospitals; including Leicester and Derby.



Dr Frankie Swords
Medical Director

Frankie completed her medical training in Oxford and then London and had been a consultant physician, specialising in endocrinology, for more than 10-years. She held various leadership positions at the Norfolk and Norwich University Hospital, before joining QEH as Medical Director in September 2019.



Libby McManus
Chief Nurse

Libby joined QEH as Chief Nurse in July 2019 from Royal Free London NHS Foundation Trust where she had been Chief Transformation Officer, leading change at scale across a growing group of hospitals. Her portfolio at QEH includes ensuring that the patient experience is at the heart of everything we do.



Denise Smith
Chief Operating Officer

Denise joined us in April 2019 from Sherwood Forest Hospitals NHS Foundation Trust (SFH), where she had been Deputy Chief Operating Officer since 2017. Her portfolio includes the operational service delivery of the Clinical Divisions, to achieve the annual operational plan and constitutional standards, and Estates and Facilities Services.



Chris Benham
Finance Director

Chris joined us in January 2020 from University Hospitals of Leicester NHS Trust, where he was the Director of Operational Finance for four years having spent the previous three years working as the Deputy Director of Finance at Calderdale and Huddersfield NHS Foundation Trust.

Advisors to the Board (non-voting)



Carmel O'Brien
Director of Patient Safety
(From Nov 2019)



Cath Castleton
Director of Human Resources
(From Jan 2020)



Carly West-Burnham
Director of Strategy
(From Jan 2020)

OUR VALUES

We have set out clearly how we will continue to transform care with our Integrated Quality Improvement Plan (IQIP).

This reflects our values:

WE LISTEN

We deliver forward thinking quality services through listening to, learning from, and empowering those we work with

WE ACT

We take personal responsibility and respect the dignity and individuality of each person in our care, and the professionalism and skills of our team members, ensuring we make the most effective and efficient use of the resources available to us.

WE CARE

We provide safe, compassionate and attentive services for patients and a positive working environment for our colleagues.

We believe that delivering long-lasting improvements will only be achieved if staff are allowed to take ownership of service improvements.

These values are extremely important to us and we expect everyone who works at the QEH in any capacity, including employees, bank staff, contractors, agency staff, people who hold honorary contracts, students and volunteers to share and uphold our values. Each value is underpinned by behavioural standards and employees are expected to demonstrate these behaviours at all times.

The Trust also expects that everyone who works at the Trust will act in such a manner as to justify public trust and confidence and to uphold and enhance our good standing and reputation.

OUR INTEGRATED QUALITY IMPROVEMENT PLAN

Our Integrated Quality Improvement Programme (IQIP) reflects our pledge to deliver high-quality, patient-centred, integrated care for our community.

It has been produced with input from staff and stakeholders and, as well as responding to recommendations from our regulators and the CQC, it outlines our longer-term ambitions to be recognised for the care we provide and the way we help staff to continually develop throughout their careers so that they are proud to say they work for QEH.

Our IQIP sits alongside the findings of the CQC's inspection and gives us a clear road map for our ongoing improvement journey.

We are committed to:

- Ensuring the provision of safe, effective care for our patients and a positive working environment for our staff
- Ensuring the care we provide is delivered in accordance with all regulatory requirements

We will achieve these through:

- Investment and improvement in leadership development – Board and senior management-level
- Communications, engagement and culture change - with a particular focus on improving engagement with our staff
- Governance — developing an overarching scheme of clinical and corporate governance
- Recruitment, retention and workforce utilisation
- Improving the Emergency Department environment and layout
- Closer working with external partners
- Reviewing and improving our programmes of medical education

Of the total 206 actions within our Integrated Quality Improvement Plan (IQIP) – a combination of Conditions, “must do” and “should do” actions, 106 (51%) have been approved for closure. One hundred actions remain outstanding.

We are currently reviewing progress in light of the COVID-19 pandemic.

MEDICAL AND MATERNITY CONDITIONS LIFTED

Teams across QEH have worked tirelessly during 2019/20 to improve the care we provide and we received a significant boost when the General Medical Council (GMC) announced it was lifting all of the conditions imposed on QEH.

The GMC had raised specific concerns about the standards of training we were providing to some of our junior doctors and highlighted some cultural issues that we needed to address in April 2019. This led them to impose three conditions across the whole Trust.

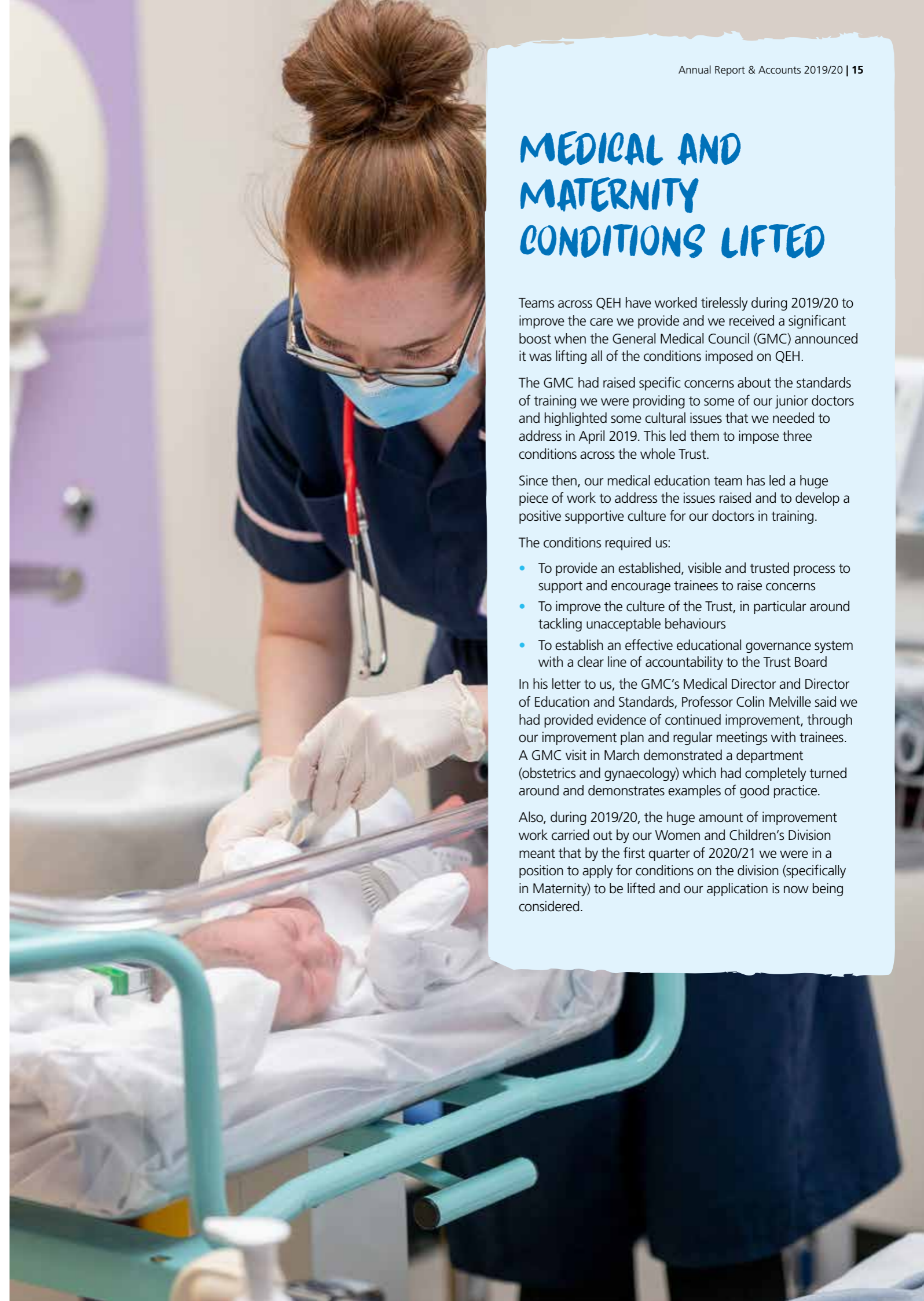
Since then, our medical education team has led a huge piece of work to address the issues raised and to develop a positive supportive culture for our doctors in training.

The conditions required us:

- To provide an established, visible and trusted process to support and encourage trainees to raise concerns
- To improve the culture of the Trust, in particular around tackling unacceptable behaviours
- To establish an effective educational governance system with a clear line of accountability to the Trust Board

In his letter to us, the GMC's Medical Director and Director of Education and Standards, Professor Colin Melville said we had provided evidence of continued improvement, through our improvement plan and regular meetings with trainees. A GMC visit in March demonstrated a department (obstetrics and gynaecology) which had completely turned around and demonstrates examples of good practice.

Also, during 2019/20, the huge amount of improvement work carried out by our Women and Children's Division meant that by the first quarter of 2020/21 we were in a position to apply for conditions on the division (specifically in Maternity) to be lifted and our application is now being considered.



NATIONAL STAFF SURVEY 2019

We achieved a response rate of 42% in the 2019 staff survey, below last year's rate (44%), and below the national Acute Trust average of 47%.

Statistically significant improvements were noted for morale, safety culture, quality of care and staff engagement.

Improvements were made across the board, albeit modest positive movement. This includes improvements when it comes to:

- Effective communication
- Staff feeling comfortable speaking up and seeing positive change when people do so
- Staff feeling involved in decision-making.

Looking to 2020/21, we will aim to build on these results, with a greater focus on:

- Encouraging people to share feedback and speak
- Improving staff health and wellbeing
- Continuing the good work we are doing to reward, value and recognise staff
- Focus on ensuring there is clarity on staff roles and responsibilities and 'who's who' in the organisation
- A focus on line managers and how their role and behaviour impacts on what staff feel about working at QEH
- More training, development and career opportunities for staff across QEH with greater visibility of opportunities
- Quality of appraisals



ENGAGING WITH OUR STAFF

Our vision is to be the best rural District General Hospital for both patient and staff experience.

Improving staff engagement is a key strategic objective for us as we move into 2020/21 and we are already making progress, as evidenced by our 2019 staff survey results, which demonstrated gains in every area.

We were the only Trust in the region to achieve this but there remains much to do if we are to create the right culture here at QEH; one where patients consistently come first, staff feel valued, supported, listened to and able to develop their true potential, and where kindness is the norm.

We know that having a workforce that feels their voice and ideas are heard means we are more likely to deliver better care and we are involving staff from every level in developing long-lasting and meaningful improvements for patients.

They were involved in developing our Integrated Quality Improvement Plan and continue to put forward ideas to help us improve further.

During the COVID-19 outbreak, which began in March 2020, a 12-week plan was initiated to help meet the ever-changing needs of staff. This included clinical psychology support, a dedicated staff support booklet and a proactive focus on 'Speak Up' and listening to and responding to staff feedback during this incredibly challenging and pressured times.

Staff support helplines were set up, and we created a "wobble room" on each ward area and in our Sacred Space where staff could go when the stresses of battling COVID-19 and often being separated from their families, overwhelmed them. We recognised the need for staff to have somewhere they could go to look after their mental health and gain support while on duty. Each room housed a "Wobble Box" containing items to help staff refocus their thoughts.

Clinical Psychology implemented an outreach service for staff, undertaking daily ward sessions with staff to help maintain emotional wellbeing.

Food boxes were delivered daily to our COVID-19 wards so staff that were unable to leave their areas had food and drink provided to help them through their shift. Self-care packages containing toiletries and sanitary items were given to staff who were staying away from home in order to continue being able to attend work.

A hardship fund was created to support staff suffering financially during this time and we secured deals with local companies to support staff with discounts and priority shopping at discounted rates.

Looking to 2020/21

We have appointed a new Head of Staff Engagement and have a very clear Staff Engagement programme for 2020/21 which aims to deliver a further step change in staff engagement and how people feel about working at QEH.

FREEDOM TO SPEAK UP

We are committed to developing the right culture - one where staff feel they can raise safety concerns and be confident that those concerns will be listened to, investigated and acted on.

In 2019/20, 25 staff raised concerns with our Freedom to Speak Up Guardian; this compares to 15 the previous year. In addition, 23 staff spoke up in support of a colleague who had raised a concern in 2018/19. Three did the same in 2019/20.

Much work has taken place in 2019/20, including:

- Regular information and signposting to the ways in which staff can raise concerns
- We have recruited 14 new Freedom to Speak Up Champions from across the Trust
- One area of focus in our new Staff Engagement programme will be culture and learning, and this includes further strengthening our Speak Up work
- Developing a single Speaking Up Policy, merging the Speaking Up and Whistleblowing Policies
- A new quarterly meeting with the Freedom to Speak Up Guardian, Chief Executive, Deputy Chief Executive, Non-Executive Director lead for Speak Up and other Executive Directors to review cases and themes
- Input from the national Freedom to Speak Up Team
- Learning from good practice across the NHS, including reports from the National Guardian's Office
- Contributing to a national pulse survey from the National Guardian's Office during COVID-19 to share our views on the impact of the pandemic on Speaking Up; there was an increase in Speaking Up cases, largely staff sharing helpful suggestions for improvement during this challenging period.

Whistleblowing

Members of staff and their colleagues can contact the QEH whistleblowing line if they wish to raise concerns. The line is managed by our Deputy Chief Executive.





We were delighted that our appeal to raise £185K for a new Maternity Bereavement Suite was chosen by the Lynn News' readers as their charity of the year for 2020.

This is a great boost for our plans to create a more homely environment away from the maternity suite for families from our community who lose their babies, either during or shortly after birth.

This is a key focus for our charity, which for 2019/20 has assets of £3.58m compared to £1.86m the previous year – an increase of 92.4%.

This is as a result of incoming resources for the year increasing to £2.29m during the year (£451K in 2018/19) – primarily the result of a £1.6m legacy.

Spending increased from £303K in 2018/19 to £553K in 2019/20.

We spent £114K on new building projects and refurbishments to provide more comfortable surroundings for patients and staff.

A further £108K of charitable funds has been used to support nursing staff courses, conferences, symposiums and staff welfare activities while £69K has been used to support and improve patient welfare. This has been used to buy wheelchairs, patient engagement projects, and Christmas presents for patients.

HOW WE COMMUNICATE WITH OUR PEOPLE

Developing an engaged, enabled and empowered workforce, which is well-led and supported, ensures they are getting the best possible experience, and would recommend the Trust as a place to work and receive care.

We are committed to constantly improving our culture and increasing staff engagement, which is supported by a comprehensive internal communications and engagement programme designed to support key messages and promote visibility of senior leaders across the Trust.

This includes:

- In the Know, the new-look weekly round-up of key messages, information and updates from across the Trust
- Fortnightly briefings from the Chief Executive – open to all staff and information slides are shared with all staff (digitally) immediately after the event. The briefing includes updates on our key operational and financial performance
- The fortnightly #BetterTogether blog from the Chief Executive
- Medical Director's briefings each month for consultants and other senior medical staff and a monthly blog
- Monthly meetings with Junior Doctors
- Chief Operating Officer's briefings – two each month, one for corporate and support teams and one for estates and facilities (suspended during COVID-19)
- Chief Nurse briefings (monthly) for Nurses, Midwives, Healthcare Assistants and Allied Health Professionals
- Regular listening events for staff; led by the Chief Executive and Executive Team
- Regular meetings with staff-side representatives
- A closed Facebook group created in May 2019 to share staff updates and promote interaction and discussion between staff – with a growing membership of more than 1,700
- Sharing messages through social media, reaching a growing network of staff using the platforms as a communication and engagement tool
- Team of the Week to celebrate our staff

During 2019/20 we introduced a new staff ideas scheme (and an idea of the month) so that we empower staff to implement their own ideas, launched a new Quality Improvement staff newsletter to share good practice and a new patient safety newsletter so that sharing learning from incidents and complaints becomes the norm at QEH.

Through our response to COVID-19, we have taken the opportunity to further strengthen our communications and engagement with staff and partners and our local community and we intend to maintain this momentum.

OUR VOLUNTEERS

Our volunteers play a critical role in the life of Team QEH helping patients and supporting staff.

We have more than 350 volunteers supporting 56 departments and they gave a total of 38,000 hours of their time in 2019/20.

In March 2020, to ensure the safety of our volunteers during the COVID-19 pandemic, we suspended activities but by June we were implementing plans for a phased return to areas (and for individuals) where it was safe to do so.

During 2019/20, we introduced a number of new roles, including an expanded volunteer driver scheme to reduce the amount the Trust spends on taxis and to reduce patient waiting times.

Our volunteers are working closely with partners across Norfolk and Waveney to signpost volunteer opportunities to other third sector groups who are finding recruitment particularly difficult. We are developing a "passport" for volunteers to be trained to the same level and be able to move across sectors/Trusts without the need for re-training.

Recognising the important role nutrition plays in recovery from illness and operations, plans are in place to introduce MealMates to support patients and staff on our wards later in 2020.

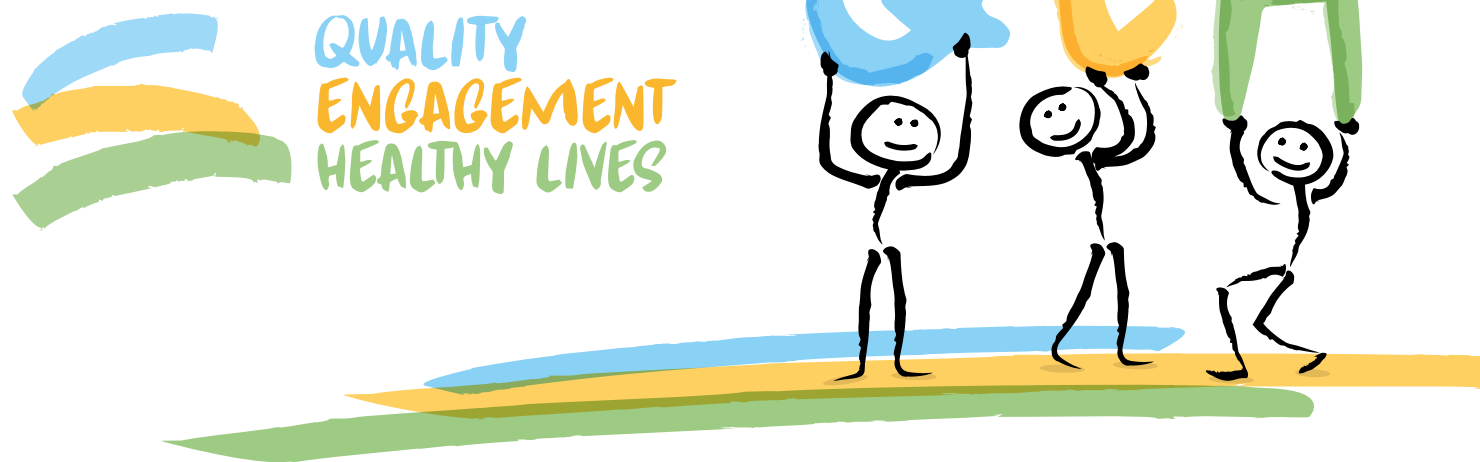
Our Pharmacy Runners project has been hugely successful, reducing patient waiting times for discharge and helping the Trust with patient flow and admissions.

We will be setting up a "settle in service" to help patients on the first day of discharge. This work, proven to reduce re-admissions within 72 hours, will dovetail with the Red Cross Home Help service.



OUR STRATEGIC OBJECTIVES

When we asked our patients, partners, staff (including our Executive Team), volunteers, Governors and external stakeholders what they wanted to see in our future strategy – the feedback fell into three broad areas – shaping our strategic priorities as follows:



STRATEGIC OBJECTIVE

1

To consistently provide safe and compassionate care for our patients and their families.

Executive Lead – Chief Nurse

STRATEGIC OBJECTIVE

2

Strengthening staff engagement to create an open culture with trust at the centre.

Executive Lead – Deputy CEO

STRATEGIC OBJECTIVE

3

Supporting our patients to improve health and clinical outcomes.

Executive Lead – Medical Director

STRATEGIC OBJECTIVE

4

Modernising our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care.

Executive Lead – Chief Operating Officer

STRATEGIC OBJECTIVE

5

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

Executive Lead – Director of Finance

STRATEGIC OBJECTIVE

6

Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.

Executive Lead – Director of HR



The Queen Elizabeth Hospital
King's Lynn NHS Foundation Trust,
Gayton Road, King's Lynn, PE30 4ET

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