

# Welcome

The interim management team members appointed to the Board after the Trust went into special measures in October 2013 have now all left the hospital and substantive appointments have been made. In this edition of Trust Matters we first introduce you to the new appointees, and we wish them well in facing the difficult challenges ahead.

A new development in the Trust is the introduction of a 'Frailty ward' to provide better care to the very elderly with a different approach, and the thinking behind this is outlined in this newsletter. We also give a review of the most recent Care Quality Commission (CQC) inspection. The CQC is the regulator of quality and their inspection resulted in the Trust being placed in Special Measures in 2013. The first follow-up inspection following that decision took place in July and the report on this visit was published in September 2014. Karon Strong summarises what the CQC team found when they returned.

Currently the Contingency Planning Team (CPT) is working in our health community; you can read about the CPT and why it is here, in this issue. You have probably heard about the 'Friends and Family' test,

which has been implemented in every hospital in the country (and is now being rolled out into primary care); Fiona Cutts gives us here an update on this initiative and outlines recent changes in the way the analysis is being presented to the public.

We have included several other features which we think will be of interest to members, and of course 'Soundbite' which gives you the facts and figures and statistics for the month of November, encapsulating a lot of activity onto one page. We would welcome any feedback you may like to give us. Please send to Mary Denmark at the FT Office.

**Email:** [mary.denmark@qehkl.nhs.uk](mailto:mary.denmark@qehkl.nhs.uk),  
**Phone** 01553 613142 or  
**Write:** FT Membership Office,  
The Queen Elizabeth Hospital, Gayton Road,  
King's Lynn, PE30 4ET.



# Executive Team Update



## **Dorothy Hosein - Chief Executive**

Dorothy joined the NHS in 2008 as part of David Nicholson's Leadership programme.

Dorothy has worked in a wide range of roles including strategy, transformation and operations. She worked as Chief Operating Officer at Barking, Havering and Redbridge University Hospitals Trust (BHRUT), followed by The Royal Free NHS Foundation Trust in London.



## **David Stonehouse - Finance Director & Deputy CEO**

David has worked in West Norfolk for many years, starting as a finance trainee at West Norfolk and Wisbech Health Authority in 1988. He has undertaken several roles in commissioning services across the county and knows the hospital very well.

He became Finance Director in July 2011 and has recently taken on the role of Deputy Chief Executive. David currently has responsibility for finance, performance, estates and hotel services.



## **Robert Heywood - Chief Operating Officer**

Robert joined us from Nottingham University Hospitals where he was the Director of Operations. Before that, he spent 11 years at Peterborough and Stamford Hospitals NHS Foundation Trust, the last 6 of which were as a General Manager. He has had several operational roles and spent a short amount of time at the Department of Health during his time on the NHS Management Training Scheme.



## **Gerry Dryden - Director of Human Resources and Organisational Development**

Gerry joined the NHS Regional Administrative Training Scheme straight from Newcastle upon Tyne Polytechnic. For the next 12 years he worked in variety of provider trusts; during this time he gained his CIPD membership and a MA in Employment Law & Labour Relations from Manchester Metropolitan University. Over the last 10 years he has continued to work in variety of provider trust's most recently as the Director of Workforce, Education & Development with the Birmingham Women's NHS Foundation Trust.



## **Catherine Morgan - Director of Nursing**

Catherine joined the QEH in November 2013 from Ipswich Hospital where she was Deputy Director of Nursing - a post she had previously held at Chelmsford Hospital. She is a professional nurse by background and specialised as a renal nurse.



## **Beverly Watson - Medical Director**

Dr Beverly Watson graduated from University College London in 1986 and after working in London for a short time, trained in anaesthesia and intensive care in Oxford region and East Anglia. She came to King's Lynn as a consultant in 1997 and became Lead Clinician for the new Arthur Levin Day Surgery Centre. Beverly became a full-time Medical Director for the Trust in September 2014.

# Non-Executive Team Update



## **Edward Libbey - Chair**

Edward Libbey was a Non-Executive Director of NHS Norfolk from October 2006 and subsequently the NHS Norfolk and Waveney Cluster Board where he was also Chair of the Audit Committee. In July 2012 he was appointed to the Cluster Board of NHS Cambridgeshire & Peterborough and as its Audit Committee Chair, until its transfer of responsibilities to the CCG and other organisations on 31 March 2013. He was appointed Lay Member, Finance for Cambridge and Peterborough CCG wef 1 April 2013. Previously he was the Chair of the Learning & Skills Council in Norfolk and on the East of England Regional Council until 2010.



## **Dr John Rees**

Dr John Rees, who lives in King's Lynn, is a former Director of Public Health and has been a Board Member at two health authorities and a primary care trust (PCT) in Norfolk. He has also been a Trustee at West Norfolk Voluntary & Community Action, Age Concern and MIND.



## **Heather Farley**

Heather joined the Trust in 2013 and is well-known throughout the West Norfolk area as Chief Executive of West Norfolk Voluntary and Community Action, where she has worked for more than ten years. After leaving school Heather began nurse training but was forced to give up for health reasons. Prior to her current role with WNVCA she worked in registered care homes and supported housing.



## **Ian Pinches**

Ian is a Fellow of the Association of Chartered Certified Accountants (FCCA) and is also a Fellow of the Royal Society for the encouragement of Arts, Manufactures and Commerce (FRSA). He owns his own business and his interests outside work include charitable housing. In addition to chairing the Audit Committee, Ian is also a member of the Finance and Investment and the Quality and Risk Committees.



## **Lisa Gamble**

Lisa Gamble has previously held a Non-Executive Director (NED) role for Norfolk Community Health and Care NHS Trust (NCH&C) and Circle Housing Group.

Lisa, who lives with her family in Norwich, has an MSc in Human Resource Management. She was the former Business Manager to the Aviva Chief Executive and has also held senior HR roles in the financial and media sector as well as volunteering for The Prince's Trust for the past 18 years.



## **Joss Trout**

After graduating from university with an English degree and a first career in the theatre, Joss spent 18 years in investment banking - in London, Hong Kong and Tokyo.

Joss has held senior positions at Swiss Bank Corporation, Nomura and Societe Generale, where he also served on the Executive Committee and Board of its Asian operations. Since that time Joss has been an active private investor and engaged in occasional advisory activity for start-up companies and an educational charity.

# Frailty Ward

## The Queen Elizabeth Hospital opens a dedicated Frailty Ward

**Older, frail patients with multiple problems need a different approach. A part of the NHS must be custom-tuned to their needs.**  
**Roy Lilley, The Guardian 29 May 2013**

Many of our patients typically present in crisis with 'classic' frailty syndromes including delirium, sudden immobility or a fall (and subsequent unsafe walking). There is strong evidence that comprehensive medical assessment within two hours, followed by specific treatment, supportive care and rehabilitation, is associated with lower mortality, greater independence and reduced need for long-term care.

Specialist Frailty Assessment should be available within 12 hours of admission, seven days a week. Following Assessment, an identified Frailty Unit/Service should be available with staff trained how to look after the frail patient focusing on rapid assessment, treatment and rapid discharge.

Up till now the QEHL has had neither a Frail Assessment Service nor an identified Frailty Unit with dedicated specialist staff, within which to provide a comprehensive geriatric assessment on admission, a personalised care plan aimed at prevention of admission or at optimising inpatient management and effective discharge planning.

However, from November the QEHL has a dedicated ward with dedicated medical, nursing, occupational therapy and physiotherapy support.

The aims are –

- To meet the complex needs of the frail elderly
- To reduce avoidable admissions
- To reduce long stays in hospital
- To aim for further integration of community services to manage the re-alignment of care more proactively

### Next Steps

Our aspiration is also to develop services outside the hospital. Community Geriatricians will be critical to this development to provide straightforward access to community and primary care services. These geriatricians and their teams will provide community-based support in conjunction with work in the acute hospital to support primary and community care.

### Michael Clubbs Head of Service Improvement



# CQC Update

## The Care Quality Commission

**The Care Quality Commission (CQC) carried out a comprehensive announced inspection between 1 & 3 July 2014, following a visit in August 2013 when the Trust was placed in special measures.**

The inspection programme rated the services at the trust in 5 different areas: - Are services at the trust safe, effective, caring, responsive and well-led?

An overall rating of 'requires improvement' was given to the Trust and we remain in special measures.

The return visit in July showed that improvements have been made in nutrition and hydration, complaints and incident reporting, record keeping, consent to care and treatment, respecting and involving service users, care and welfare of patients and co-operating with other providers. They did however find that we remained non-compliant with staffing numbers, support for workers and medicines management. They also found that of the four warning notices issued in the previous inspection, we remained non-compliant with the notice issued relating to safeguarding. This was because the Trust had not undertaken any training in safe, ethical restraint of patients. Since the visit, the Trust has put in place a comprehensive training programme to achieve this.

During the visit, the inspectors reported that staff were found to be kind, caring and compassionate towards patients and that they were proud to work for the Trust. They further highlighted that good progress had been made in establishing a pace of change towards improving quality.

Many areas of outstanding practice were noted such as: -

- The use of care bundles in Ambulatory Emergency Care (AEC) which has improved patient care and outcomes.
- The use of 'Project Search' supporting people in the community with a learning disability to gain work experience and employment.
- Single sex patient lists for elective cases in endoscopy.
- The support available for babies transferred home with breathing or feeding requirements.
- The initiative of the Director of Nursing to bring together all nursing leaders across the locality to review issues affecting the quality of services to patients transferring to the independent sector.
- Daily consultant ward rounds across surgery and the establishment of dementia coaches to supplement the dementia team in supporting patients and their families.

Despite these significant improvements and areas of outstanding practice, the CQC has identified a number of areas in which the Trust must improve in order to exit special measures. Much hard work has been undertaken to achieve improvement in these areas. We have currently completed many of the actions suggested and are on track to achieve the outstanding issues before the next planned visit.

**Karon Strong**  
**Head of Quality Improvement**



# CPT Process

## Contingency Planning Team

As you read this, a 'Contingency Planning Team' (CPT) appointed by the NHS regulator (Monitor) is working in our area looking at how health services are to be provided in the future in the West Norfolk and surrounding area. The team is appointed and paid for by Monitor and the reason for it to be here is in part because of the trading deficit that the Queen Elizabeth Hospital (QEH) Foundation Trust is facing in this financial year, predicted to be 15 million pounds. The team will issue a report advising the government how services can be delivered here in a clinically and financially sustainable way in the future.

We are the third hospital to have had a Contingency Planning Team review, the other two being Mid-Staffs (Mid-Staffs; Contingency Planning Team recommendations. 5 March 2013) and Peterborough (Peterborough and Stamford hospitals NHS Foundation Trust; assessment of sustainability; 7 June 2013). These reports are available on the internet, but the problems that those reports addressed were not exactly the same as the ones in our area. However, it is common knowledge that many other hospitals of our size are now facing similar financial deficits to us and so the analysis of the situation here will have a wider relevance than just to this area.

The Contingency Planning Team comprises a consortium of NHS and external expertise. The NHS expertise is drawn from the senior leadership at Monitor, West Norfolk Clinical Commissioning Group (WNCCG) and the QEH working closely with health and care partners in the area. In addition, an external partner (McKinsey and Company) is leading the process. A wide process of consultation and analysis is going on to look carefully at how services are provided at present, how feasible is it to

recommend specific changes and to get local stakeholder views, including those of the general public. There is extensive consultation with clinicians as part of this process.

The West Norfolk Alliance, set up by the local CCG, has already been addressing the sustainability issues for this area and the CPT is working with the Alliance, building on the work already done, so that there is no duplication of effort. It is expected that the team will be able to issue its report in the Spring of 2015 and it will certainly have far reaching implications for the future of health services in this area, although there are no plans to close this hospital.

Members who want to learn more about the CPT and its working can go to the West Norfolk CCG website or that of the QEH Foundation Trust. There will also be public meetings early in the New Year in King's Lynn and other towns in the area – look out for the notices in the paper.

**J F B Dossetor**  
**Public Governor**

# News Update

## League of Friends' Shop at The Queen Elizabeth Hospital

The League of Friends' (LoF) shop commenced operation at the opening of The Queen Elizabeth Hospital; this has been very successful over the years. The current refurbishment will provide more space which should hopefully result in an improved shopping experience and higher profits. For the financial year ending 31 March, 2014 the shop made a net profit of £41,272 and all profits go towards providing equipment for the Hospital.

The Shop is run entirely on a voluntary basis and our helpers are enjoying working in their new surroundings. We are always seeking volunteers and we hope the new shop design will encourage more people to come forward. Our aim is to open seven days a week. However this is, of course, entirely dependent on volunteers.



**Application forms to join the League or volunteer in the LoF shop are available from the shop or from Carol Crake, Hon. Secretary  
Tel: 01553 841008 or Email: [carolcrake@sky.com](mailto:carolcrake@sky.com)**

## Shining Stars Awards 2014

On 20 November 2014 the trust celebrated its Shining Stars Awards at the Duke's Head Hotel in King's Lynn.

This annual awards programme recognises and rewards hospital staff who display the values and vision of the hospital through outstanding examples of their work.

This year, readers of the Lynn News and listeners of KLFM were invited to make nominations for the Patients First Award, a category exclusively open to nominations from members of the public. Making the shortlist in that category were The Stroke Unit, Sam Lyddiatt (Occupational Therapy) and The Breast Care Specialist Nurses.

The Stroke Unit's nomination was accompanied with the statement 'This department and its staff proved to us that care and compassion does still exist, we consider them to be well worthy of a Shining Stars Award.'

The Breast Care Specialist Nurses were nominated for being 'amazing', 'kind' and 'loving'. Meanwhile, Sam Lyddiatt's nominator said 'She is an outstanding example of someone who is a great representative of the hospital, and who definitely puts her patients first.' Congratulations to Sam who was announced as the winner. For a full list of categories and winners visit our website.



# News Update

## Car Parking

### Enforcement Contract

The contract with County Parking Enforcement Agency ended on 30 November 2014. The Borough of King's Lynn and West Norfolk (BCKLWN) won the tender for this and took over on the 1 December

### Pay and Display Machines

The company Metric has been selected to supply new machines which will take coin and card payments and in addition, the Trust will work with BCKLWN to provide payment by 'phone. This will enable patients and visitors to pay on arrival or to pre-pay for parking in advance of their journey. Texts can also be requested to remind drivers that their ticket is about to run out.

As machines that contain bank notes hold insufficient change for more than a few hours and lead to increased security risk, these were not recommended. The provision of overhead cover for the machines was investigated in 2013, however the cost was seen a prohibitive. This will be re-visited this year.

### New 10 Pence Coins

Royal Mint have confirmed that they produced a number of 'out of tolerance' coins, likely to be rejected by certain machines nationwide. Whilst QEH Pay and Display machines were modified to take new coins, they still reject a number of the new 10p coins. Signs have been placed on all machines in this respect. Our PALS Office receive a small number of comments regarding this each day and have been exchanging new for old 10p coins; when possible.

### Chaz Scholefield

### Travel Co-ordinator/Car Park Manager



## The Queen Elizabeth Hospital invites you to join its race to buy more wheelchairs

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust is seeking your support for their latest fundraising campaign. The campaign, run with Your Local Paper, aims to raise funds that will be used to purchase brand new wheelchairs to transport patients around the hospital.

The fleet of wheelchairs will be used by patients young and old with a wide variety of conditions. This equipment will provide increased comfort for patients who are unable to walk by themselves and will adhere to the latest Health and Safety regulations.

With your help, the Trust aims to raise £24,000 to purchase 30 wheelchairs at a cost of £800 each. You could take part in this campaign by holding fundraising events or giving sponsorship from events in which you are involved.

Alternatively, if you are a business, local organisation or private individual you could sponsor a whole wheelchair or join other sponsors and in return have your name and logo displayed on the chair. The sponsorship scheme offers three opportunities: Whole chair: £800; 'Share a Chair' x 2: £400 each; 'Share a Chair' x 4: £200 each.

To make a donation go online and visit [www.justgiving.com/qehkl-wheelchairs](http://www.justgiving.com/qehkl-wheelchairs) or send a cheque made payable to 'Wheelchairs' to Laurence Morlaàs, Fundraising Executive, The Queen Elizabeth Hospital King's Lynn, Gayton Road, King's Lynn, Norfolk PE30 4ET. For more information email: [laurence.morlaas@qehkl.nhs.uk](mailto:laurence.morlaas@qehkl.nhs.uk) or Tel: 01553 613373





# News Update

## West Norfolk Carers and the Queen Elizabeth Hospital

West Norfolk Carers is a busy and dynamic charity supporting unpaid, family carers across West Norfolk and parts of Fenland and Breckland. They work closely with the hospital with the aim of supporting family and friends who are patients of the trust and local GP practices.

Many people do not even recognise themselves as being a carer, but they will recognise the stress and worry that all too often accompanies the business of looking after someone who is sick, disabled for whatever reason, or who struggles with mental ill-health or substance misuse.

This is when WNC can really help. To clarify, a carer is someone of any age whose life is restricted because they are looking after another person who cannot manage without help. Family carers are not paid and do not always live with the person they care for. They may be caring for a friend or relative. WNC wants to help family carers to improve their emotional and physical wellbeing, personal resilience and ability to cope with their caring roles. The impact of caring is often harmful to the physical and emotional health of carers and carers delivering high levels of care are twice as likely to be 'permanently sick or disabled' as those not caring. West Norfolk Carers offers carer support in many of the local GP practices in the area. They also offer carers opportunities to attend carers support group surgeries in King's Lynn, Downham Market, Hunstanton and elsewhere. Carers can access complementary therapies and if necessary can meet with our specialist counsellor, who is qualified to deliver bereavement support as well as having extensive training in supporting young people. Carers can also have one to one visits at home, or other place convenient to them with one of WNC's

specialist carer support team. Working as a member of the Carers Agency Partnership, WNC can act as a gateway to other services available to carers within the partnership. We know that many carers face financial hardship; in fact 72% of carers are worse off financially as a result of becoming a carer. With this in mind WNC will work with carers who are troubled by debt problems and will also link carers into other sources of financial advice, support and help.

If you are looking after someone and you would like to meet one of the team, WNC is available in the front entrance of the Hospital on Tuesday and Friday afternoon, and at other times by appointment. The office is next door to PALS. To find out more about how WNC and the Carers Agency Partnership can help you if you are a carer, please telephone 01553 768155.

**Jane Evans**  
**Executive Manager West Norfolk Carers and Appointed Governor**



# News Update

## Friends & Family Update

### The Friends and Family Test

#### What is it?

The 'Friends and Family Test' (FFT) is a simple question to measure how patients feel about our services. The question asks:

***"How likely are you to recommend our ward / A&E department / service to friends and family if they needed similar care or treatment?"***

Patients are invited to respond to the question by choosing one of six answers ranging from 'extremely likely' to 'extremely unlikely'. They are given the opportunity to answer this question when they are discharged home from A&E or from an inpatient ward and whenever they attend an outpatient clinic or other service including at four points on the maternity care pathway. There is also a free-text box in which the patient can tell us what was good about their care and what could be improved and a number of other questions which help us to understand the response they gave to the friends and family test.

#### How is the question asked?

Patients are offered a card to complete and these are analysed by a company called iWantGreatCare. To date there have been almost 26,000 responses analysed. These results are available on the hospital website.

<http://www.qehkl.nhs.uk/FriendsFamily.asp?s=advice&p=-friendsandfamily>

#### Why is the Friends and Family Test important?

It is important for us to know how we are doing so we can try and put things right if they are going wrong and when lots of patients tell us they are highly likely to recommend our services we can share this with our staff.

As the question is offered to all patients visiting NHS funded acute care services, nationally the results are published on the NHS Choices and NHS England websites in the form of the percentage of patients who would recommend and the percentage of those who would not recommend. This allows the hospital, its patients and the public to see how we are doing compared with other similar hospitals, see: <http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

#### What changes have we made so far as a result of the Friends and family Test?

Departments and wards are now displaying boards which can be seen by patients and visitors which include a "You said... we did" section. Some examples of actions taken include:

- When the drop-off zone outside A&E was removed for health and safety reasons it had the unintended consequence that at least one carer tried to carry a patient from the main car park creating another risk. This was identified from a comment on an FFT card and the 'lost' drop-off places were replaced outside the front entrance.
- Call bells: patients need to use these less as a result of introducing Care Rounds so with fewer call bells being sounded those that are rung can be attended to more quickly.
- Noise and disturbance at night: soft-closing bins have been introduced, staff are reminded to keep noise levels as low as possible and patient moves at night have been reduced.

**Fiona Cutts,**  
**Patient and Public**  
**Involvement Lead**  
**[Fiona.cutts@qehkl.nhs.uk](mailto:Fiona.cutts@qehkl.nhs.uk)**



# Diary Dates



## Diary Date

We will be holding a Stroke awareness event at the QEH on May 7 at 7.00pm. This is a preliminary announcement and the event is open to anyone with an interest in attending. There will be talks from professionals and information for carers. Car parking will be free and refreshments will be available. Further details will be advertised nearer the time.

## Governors' Council Meetings

These meetings are held in public and Foundation Trust members and members of the public are warmly welcomed. You should advise Mary Denmark at the FT Office if you wish to attend:  
Email: [ft.membership@qehkl.nhs.uk](mailto:ft.membership@qehkl.nhs.uk) or telephone: 01553 613142 as space is limited.

### Meeting dates

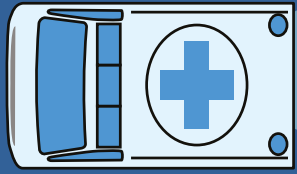
The 2015 Governors' Council meetings will take place on the following date(s) all in the Conference Room at the Queen Elizabeth Hospital:

- Tuesday 3 February 2015 at 4.30 pm
- Thursday 2 April 2015 at 4 pm
- Tuesday 2 June 2015 at 4 pm
- Tuesday 4 August 2015 at 4 pm
- Tuesday 6 October 2015 at 4 pm
- Tuesday 1 December 2015 at 4 pm

Please check our website/contact the Foundation Trust office for any possible updates/amendments prior to attending these meetings.

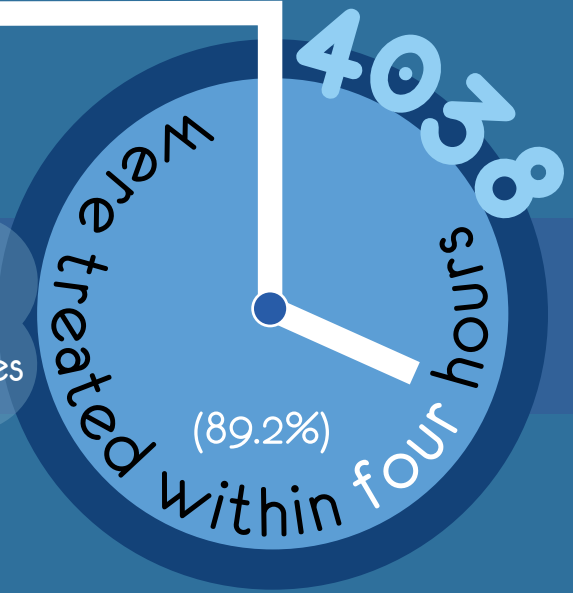
# Figures from November 2014

**4538** patients seen in A&E



**1560** patients admitted as emergencies via A&E

**799** patients admitted as emergencies via other routes



We admitted **3344** for inpatient/daycase procedures

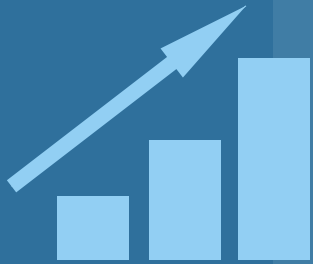
We cancelled **46** routine operations on the day/urgents cancelled anytime

**13** hospital-acquired pressure ulcers  
**9** - Grade 2, **4** - Grade 3, **0** - Grade 4

**4** Incidents of c.diff

**54** patients admitted with existing pressure ulcers

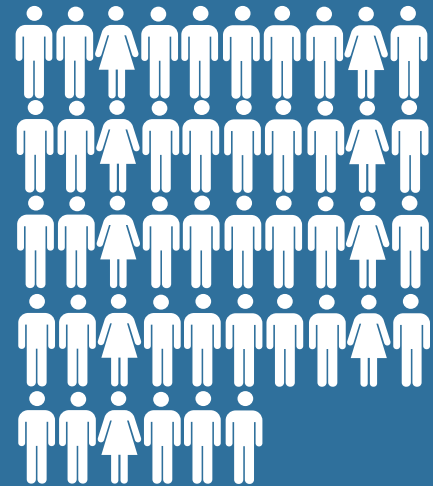
**1** Incidents of MRSA bacteraemia



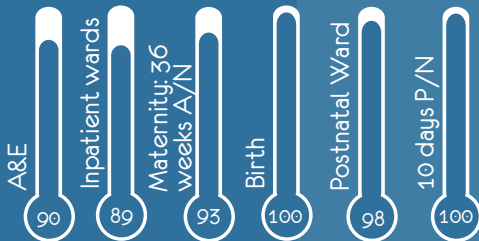
We received:



**146** compliments  
**31** complaints



Percentage of patients who would recommend our service %



**583**

staff have been off sick this month

**46** new staff have joined the Trust



At the end of **November** the Trust had earned **£111.6m** in income and spent **£121.8m**, generating a loss of **£10.2m** in the new financial year

£ 111.6m

£ 121.8m



£ 10.2m