



The Queen Elizabeth  
Hospital King's Lynn  
NHS Foundation Trust

# Quality Account

2022/23



Welcome .....	5
How the Trust monitors quality .....	12
Progress against priorities for 2022/23 .....	15
Care Quality Commission (CQC).....	32
Integrated Quality Improvement Plan .....	34
Quality Improvement 2022/23.....	35
<b>1 Patient Safety .....</b>	<b>37</b>
1.1 Incident reporting and Never Events .....	37
1.2 Serious incidents reported in the year .....	39
1.3 Never Events .....	41
1.4 Duty of Candour.....	42
1.5 Patient Safety Incident Response Framework.....	44
1.6 Learn from Patient Safety Events .....	44
1.7 Patient Reported Outcome Measures (PROMs) .....	44
<b>2 Patient and carer experience .....</b>	<b>47</b>
2.1 Patient experience team .....	47
2.2 Patients' voice.....	48
2.3 Caring with Kindness .....	49
2.4 Patient stories at Board .....	49
2.5 National patient surveys .....	49
2.6 Working across the Integrated Care System (ICS).....	53
2.7 Examples of the ways the Trust has used feedback to improve the experience of patients and their carers .....	53
2.8 Working with the Governors' Council.....	54
2.9 Compliments, complaints, concerns and comments .....	54
2.10 Compliments .....	56

2.11 Formal complaints.....	56
2.12 Parliamentary and Health Service Ombudsman (PHSO).....	60
2.13 Measuring and reporting patient experience .....	60
2.14 'Friends and Family' Test (FFT) .....	60
2.15 Chaplaincy .....	63
2.16 Voluntary Services .....	64
<b>3 Staff Experience and Wellbeing .....</b>	<b>68</b>
3.1 Staff reward and recognition .....	70
3.2 NHS Staff Survey 2022.....	70
<b>4 Participation in clinical audit and confidential enquiries .....</b>	<b>73</b>
4.1 Clinical audit .....	73
4.2 National Confidential Enquiries.....	82
4.3 Learning from local clinical audits .....	83
<b>5 Research and Innovation.....</b>	<b>86</b>
5.1 Research activity .....	86
<b>6 Reducing and eliminating healthcare associated infections (HCAI).....</b>	<b>88</b>
6.1 Management structure for infection prevention and control.....	88
6.2 HCAI data .....	88
6.3 Actions taken to reduce healthcare associated infections .....	90
6.4 Challenges this year .....	91
<b>7 COVID-19 pandemic .....</b>	<b>92</b>
7.1 Testing.....	92
7.2 Outbreaks .....	93
7.3 COVID-19 vaccination programme .....	94
7.4 Vaccination data.....	94

<b>8 Reducing the number of patients experiencing harm as a result of falls in hospital.....</b>	<b>95</b>
8.1 Falls prevention and management .....	95
8.2 Falls recorded by level of harm sustained .....	96
8.3 Prevention and risk management .....	97
8.4 Education and training .....	99
8.5 Priorities for improvement in 2023/24 .....	99
<b>9 Reducing avoidable pressure ulcers.....</b>	<b>101</b>
9.1 Reporting .....	103
9.2 Initiatives to further reduce harm as a result of hospital-acquired pressure ulcers .....	104
<b>10 End-of-life care .....</b>	<b>105</b>
<b>11 Reducing avoidable mortality .....</b>	<b>107</b>
11.1 Learning from deaths .....	107
<b>12 Medical Examiner (ME) .....</b>	<b>111</b>
<b>13 Reducing hospital-acquired venous thromboembolism (VTE).....</b>	<b>113</b>
13.1 VTE monitoring .....	114
13.2 Analysis.....	114
<b>14 Doctors in training rota gaps .....</b>	<b>116</b>
<b>15 Information Governance .....</b>	<b>116</b>
<b>16 Readmission rates .....</b>	<b>121</b>
<b>17 Quality priorities for 2023/24 .....</b>	<b>122</b>
Strategic Objective 1 .....	122
Strategic Objective 2.....	123
Strategic Objective 3.....	124

Proposed KPIs for delivery in 2023/24 .....	124
<b>Appendix 1 .....</b>	<b>126</b>
<b>Appendix 2 .....</b>	<b>127</b>
<b>Appendix 3 .....</b>	<b>131</b>
<b>Appendix 4 .....</b>	<b>134</b>
<b>Appendix 5 .....</b>	<b>137</b>
<b>Glossary .....</b>	<b>139</b>



## Welcome

Welcome to the 2022/23 Quality Account for The Queen Elizabeth Hospital (QEH) King's Lynn NHS Foundation Trust.

This Quality Account has been prepared in line with the NHS England's Quality Account Requirements 2022/23 to share with our patients, local community, partners, staff and wider external stakeholders. The Trust has continued to make progress and improvements in many areas. This report is intended to be read alongside the Trust's 2022/23 Annual Report and Accounts and/or as a standalone document.

The Quality Account summarises how QEH has:

- Successfully lobbied for the Trust to be added to the national New Hospital Programme. The announcement was made in May 2023 and follows an investment of over £80m in national capital to progress the rolling three-year failsafe programme to install Reinforced Autoclaved Aerated Concrete (RAAC) failsafes across the hospital to maximise the safety of the current buildings
- Opened many outstanding new facilities which are already making a difference to the experience of our patients and staff
- Continued to make significant improvements with digital maturity, including the introduction of electronic prescribing and medicines administration (EPMA) and implementation of phase one of a patient observation management system (POMS)
- Supported staff with a comprehensive health and wellbeing programme and committed to listening, valuing and acting on staff feedback
- Ensured a relentless focus on providing timely access to urgent and emergency care, as well as addressing waiting lists that have built up for elective care

These priorities followed extensive engagement with our patients, governors, partners and staff.

## Quality

During 2022/23, the Trust has seen significant pressures and increased demand on services, mirroring the wider system and NHS. However, we have continued to make steady progress and patient safety remains our top priority. We are committed, alongside system partners, to implementing the Patient Safety Incident Response Framework (PSIRF), which replaces the Serious Incident Framework, within the national timeframe. The framework supports the key principles of a patient safety culture and represents a significant shift in the way the entire NHS responds to patient safety incidents. This is a major step towards improving safety management, with focus on effective learning and improvement.

Complaints processes have been reviewed with significant improvements seen in the timeliness of response and learning identified. Continued focus remains on improving the quality of complaint responses, seeking local resolution wherever possible.

Our digital maturity has also improved over the last year as we launched our new three-year Digital and Data Strategy which includes an electronic-patient observation system, digital ward smartboards and improved clinical communications, all of which bring improvements in patient care.

The Trust Board has also approved an outline business case for a new system-wide Electronic Patient Record. Development of the full business case is underway.

These are important digital developments for the Trust and are key to building on the progress we've made to support our staff to deliver safe and compassionate care, bringing us another step closer to achieving our vision of becoming the best rural district general hospital for patient and staff experience.

It was a pleasure to welcome the Right Honourable Stephen Barclay, Secretary of State for Health and Social Care, and the Right Honourable Liz Truss, our former Prime Minister and local MP for South West Norfolk, to QEH for them to see first-hand some of the challenges the Trust faces from the RAAC roof and ageing estate.

Throughout 2022/23 we continue lobbying, campaigning and pushing our case on every front for QEH to be added to the national New Hospital Programme – this campaign received fantastic engagement and support from our local community, and



we were delighted to welcome to news in May 2023 that QEH would be added to the national New Hospital Programme.

As we prepare for the next phase of our new hospital programme, we continue our rolling three-year programme to install failsafes across our hospital to maximise safety of our current buildings. More than £80m in national capital has been awarded to QEH over this time period to support this vital work.

We have opened many outstanding new facilities which are already making such a difference to the experience of our patients and staff, including a new state-of-the-art £12.5m Endoscopy Unit, the £3m West Norfolk Eye Centre, the Emerson Unit, our dedicated Outpatient Unit, a new second dementia-friendly ward (West Dereham) and a purpose-built maternity ward (Brancaster Ward).

In July 2022, we also opened a new £250,000 maternity bereavement unit, named The Butterfly Suite, which provides a dedicated space for bereaved parents and families who have experienced the unimaginable loss of their baby either during pregnancy or shortly after birth.

## Engagement

In 2020, we introduced our Staff Engagement Programme to demonstrate our absolute commitment to listening, valuing and acting on staff feedback. This is key to our vision to be the best rural district general hospital for patient and staff experience.

We continue to listen to staff and in 2022/23, we chose to invest in all the significant areas raised by staff. This included extending free staff car parking, providing a Midnight Café, offering half-price gym memberships and improving rest areas and refurbishing changing rooms.

We recognise how stressful the ongoing cost-of-living pressures can be and introduced several initiatives to help look after our staff and their wellbeing as a result. These included offering discounted hot meals, free tea and coffee, and gifting staff a wellbeing day – an additional leave day to take in 2023 to rest and recover.

Last year, we also launched our new QEH values: Kindness, Wellness, and Fairness. These values set the tone for how we care for our patients and each other



and underpin everything we do. This was an important move for the Trust, reflecting the next part of our improvement journey.

These words were already used widely across QEH and resonated with Team QEH, which was reinforced during the culture work that was undertaken in 2021 when our staff told us that Kindness, Wellness and Fairness reflected the organisation they wanted to work for and how they wanted to treat our patients and each other.

During 2022/23, QEH was highlighted as one of the NHS's very best at the annual Health Service Journal (HSJ) Awards when we were named as a finalist in the running for the coveted Trust of the Year Award. We also won the national Chartered Institute of Public Relations (CIPR) Excellence Award for Employee Experience and Engagement.

However, despite all this work and focus, our 2022 NHS National Staff Survey results did not show the improvements we had hoped for. Nationally, there has been a decline in many key areas, which is unsurprising given the operating environment and extreme pressure the NHS has experienced. However, we must listen to our staff and act, and it is clear we need to take a different approach and look in depth as well as breadth in the year ahead if we are to make the improvements and impact we are striving for.

It is clear from the feedback we received in the staff survey that we need to invest more in supporting our staff and local leadership teams at QEH. In response, we have launched our High Performing Teams Programme in partnership with the King's Fund, which will give 120 leaders across our organisation the opportunity for leadership development. We have also appointed a Head of Talent and Organisational Development to drive our culture, education and learning strategy, as well as opening an innovative new Learning and Education Centre and Health and Wellbeing Centre.

We have also continued to develop our apprenticeship and work experience programmes to support our 'grow our own' strategy

Showcasing our commitment to accelerate work to create a culture with inclusion and fairness at its centre, this year we proudly signed a Memorandum of Understanding with the British Association of Physicians of Indian Origin (BAPIO), which recognises the diversity of Team QEH.

Our staff networks, which include LGBTQ, REACH (Race, Ethnicity and Culture Heritage), Armed Forces Network, and the Disability Network, have gone from strength to strength during 2022/23, ensuring our staff have a voice. In addition, we are looking forward to introducing two new networks later this year: the Carers Network and Spiritual Network.

We have relaunched and further strengthened the Freedom to Speak Up support on offer to staff and invested to increase resilience, knowing we have much more to do in this area to truly create a speak up culture where staff feel comfortable raising concerns without experiencing detriment. Listening to staff feedback we have invested in a full-time Freedom to Speak Up Guardian, which is currently out to advert, and is supported by 22 Freedom to Speak Up Champions consisting of staff, volunteers and Governors.

We are a very active partner in the three integrated care systems within which we operate, including Norfolk and Waveney, Lincolnshire and Cambridgeshire and Peterborough. As a local Anchor Institution within West Norfolk, we also contribute significantly to further improvements to both health and care and wider developments that matter to the local communities we serve.

We continue to forge closer links with primary care via the West Norfolk Place Board and the West Norfolk Health and Wellbeing Partnership. We are exploring collaborative approaches to improving urgent and emergency care with Norfolk Community Health and Care NHS Trust and wider system partners, in addition to working on the areas internally where we know we can make improvements for our patients.

We're playing an active and key role in the Norfolk and Waveney Integrated Care System with robust representation and engagement and a clear focus on building strong relationships with all key partners and stakeholders. We are working more closely with our neighbouring acute hospitals to make improvements for our patients, with areas of focus including implementation of the Electronic Patient Record and development of an Acute Clinical Strategy. We are leading on the development of this strategy for QEH, James Paget University Hospitals NHS Foundation Trust (JPUH) and Norfolk and Norwich University Hospitals NHS Trust (NNUH) and are

exploring collaborative approaches to improving pathways of care where we know we can make improvements for our patients.

## Healthy Lives

We have delivered over 151,000 COVID-19 vaccinations at our QEH Vaccination Centre, having recently launched our spring booster programme. This has played a fundamental role in keeping our patients, their families and our staff safe.

QEH remains one of the most research-active Trusts in the country compared to similar-sized hospitals. We are committed to embedding research and innovation, capacity and capability across the Trust. QEH has also been actively involved in COVID-19-related research and was the first NHS Trust to start a UK-wide adaptive trial called Helping to Alleviate the Longer-term consequences of COVID-19 (HEAL).

We have transitioned from a focus on compliance to creating a culture of continuous improvement, and under the Directorate of Patient Safety and Improvement, our Quality Improvement (QI) structure is now in place which will support us as we continue with our improvement journey.

Over the past year, three of our colleagues have successfully qualified as Quality, Service Improvement and Redesign (QSIR) Facilitators which means we were able to launch our own QSIR training programme for the first time to build QEH's QI capacity and capability.

We have made significant progress with our elective recovery programme and minimising long waits in line with national requirements. At the end of March 2022, we achieved the national standard of having zero patients waiting 104-weeks for surgery and have again at the end of March 2023 achieved the national standard of having zero patients waiting 78-weeks for surgery.


While it is important to recognise the progress we have made in so many areas, we know where we need to focus our efforts in the coming months. It is about building on the strong foundations we have made and tackling the areas where we know we must improve for patients and staff.

Our 2023/24 priorities within our Corporate Strategy remain focused on further improving quality, engagement and healthy lives. Every member of our staff,

regardless of their role, has a part to play in helping us deliver the strategy and priorities for our patients and local community.

Full details of our agreed 2023/24 quality milestones and deliverables are available in year four of the Trust's Corporate Strategy, which is available on our website.

Finally, we would like to thank our 4,000 plus team of staff, volunteers and Governors, as well as our members, local communities and partners, for their support throughout the year. The progress we have made shows what we as Team QEH can achieve together. We look forward to working with you over the next 12 months as we continue our improvement journey. We are an organisation very much on the up and it is an exciting time to be part of Team QEH.



**Chris Lawrence**, Chair



**Alice Webster**, Chief Executive



## How the Trust monitors quality

The Board of Directors, Hospital Management Board (HMB), Non-Executive Director-led committees meet on a regular, programmed basis and have been operational throughout the year.

Board assurance committees include:

- Quality Committee
- Finance and Activity Committee
- People Committee
- Audit Committee

The Hospital Management Board oversees the day-to-day operational management of an effective system of integrated governance, risk management and internal control across the organisation's activities, both clinical and non-clinical. The HMB reports the business undertaken to the appropriate Board-level committees.

The Quality Improvement Board (QIB) meets monthly and reports to the Quality Committee. It provides assurance on progress against the Trust's Compliance and Quality Improvement Plans. These plans incorporate our strategic objectives and the Care Quality Commission (CQC) regulatory enforcement notices.

The quality governance structure includes an Evidence Assurance Group (EAG), which oversees and provides assurance to the Board of Directors that sustainable improvements have been introduced and maintained.

Executive-led operational groups reporting into HMB and QIB are:

- Responsive Executive Group
- Safe Executive Group
- Effective Executive Group
- Caring Executive Group
- Use of Resources Executive Group
- People Executive Group

The governance structure for these committees and groups can be seen in appendix one.

Throughout 2022/23, the Trust put in place a range of systems to provide assurance to the Board in respect of compliance with quality standards. This included systems to support the Board's assurance and decision making by providing comprehensive information. The Integrated Performance Report is a key report which has been reviewed during the year to refine and further strengthen the Trust's use of data.

The Trust has a Compliance Plan and associated Quality Improvement Plans (as described on page 34) in place, covering strategic priorities, regulatory conditions on the Trust's registration and CQC requirement notices, 'must do actions' and 'should do' recommendations. These plans report into the Trust's quality governance structure.

Other programmes to support improvement include:

- An independent review of the Trust's corporate governance arrangements, which began in February 2023. This aims to ensure governance structures and processes are an enabler of our ongoing improvement journey, and that the Trust learns from best practice
- Further embedding of the Trust's approach to understanding our key strategic objectives risks. This includes increasing the visibility of high-level risks to the Board through the ongoing development of the Board Assurance Framework and Significant Risk Register processes
- Delivery of year three of the Trust's five-year Corporate Strategy. Progress against key strategic objectives and performance indicators is reported quarterly to Board-level committees and the Board of Directors
- Delivery of Quality Improvement training, meeting the target of 15% of all staff trained. Quality Improvement initiatives, supported by "Room for Improvement" funding, enable staff to put forward simple improvement ideas in their own areas which will further enhance patient care and patient and staff experience
- Strengthened Freedom to Speak Up (FTSU) arrangements in 2022/23, moving from 120 to 180 hours of support each month. The establishment of a

lead Freedom to Speak Up Guardian, supported by a Staff Guardian and Independent Guardian, enabled a more responsive, visible and resilient service. A relaunch of the FTSU service, with a focus on patient and staff safety, took place in September 2022 and has been supported by a monthly Freedom to Speak Up newsletter for all staff

- Continued delivery of our comprehensive Maternity Improvement Plan to improve safety and outcomes for mothers and babies and strengthen culture within the service. This plan incorporates the recommendations, and the Trust's response to, the independent review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust and, the Maternity and Neonatal Services in East Kent's 'Reading the signals' report. The Board held a seminar in January 2023 with the Divisional Leadership Team for Women and Children Services to confirm how the Trust will take the outputs forward
- Continued delivery of comprehensive improvement plans for Radiology, Ophthalmology, Urgent and Emergency Care, Elective Recovery and Information Services. Each has dedicated Quality Improvement support and governance arrangements to monitor and oversee progress
- Continued delivery of the Trust's Clinical Audit Recovery Plan, with progress scrutinised through the Audit Committee and Quality Committee. There has been a robust review of the audit programme in January 2023 to ensure the audit programme for 2023/24 maintains focus on national audits, with alignment of local audits to corporate and service objectives
- The Trust's Serious Incident processes have been improved and strengthened. Our focus on ensuring action plans which respond to serious incidents are completed and closed has continued, with oversight through the Evidence Assurance Group
- Two Patient Safety Learning Events spanning key areas were held. These were successful with attendance from staff across the organisation and many external stakeholders. Content was made available for all staff via the intranet
- Improvements in data quality and reporting of patient safety information, through monthly and quarterly trend reports, which provide oversight to the Safe Executive Group and Quality Committee



## Progress against priorities for 2022/23

Strategic objective	Action	Outcome measure
To consistently provide safe and compassionate care for our patients and their families	<p>Consistently sharing learning from complaints, near misses, Never Events, incidents, mortality and learning from deaths.</p> <p>Further improving phase three Duty of Candour in relation to sharing learning from Serious Incident investigations with evidence of thematic review, both intra and inter-divisionally.</p>	<ul style="list-style-type: none"> <li>Quarterly incremental improvement has been seen in phase three Duty of Candour and in relation to sharing learning from Serious Incident investigations with evidence of thematic review, both intra and inter-divisionally</li> <li>Current compliance is at 67% as at the end of March</li> <li>The data is reported monthly at the Safe Executive Group and quarterly to the Quality Committee</li> </ul>
	Consistently sharing learning from complaints, near misses, Never Events, incidents, mortality and learning from deaths by improving the closure of actions in relation to Serious Incidents incrementally with evidence of a quarterly reduction.	<ul style="list-style-type: none"> <li>The Trust has improved its rate of closure of actions in relation to Serious Incidents</li> <li>A proposal paper to redress the current system by prioritising actions alongside a redefined governance process was presented and approved at the Safe Executive Group in January 2023. The Patient Safety Team is supporting the Divisions to implement the changes. Once embedded, the new process will ensure the actions with the highest impact to mitigate the risk of an incident recurring are prioritised</li> </ul>
	Reducing the number of falls, and those resulting in serious harm, incrementally with evidence of a quarterly reduction.	<ul style="list-style-type: none"> <li>The Trust has reduced the number of falls incrementally over the course of the year</li> </ul>
	Improving our capability for implementing the introduction of The Liberty Protection Safeguards. This will	<ul style="list-style-type: none"> <li>The Trust has improved its internal capability for implementing the introduction of The Liberty Protection Safeguards (LPS) by successfully recruiting a Lead</li> </ul>

	provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements.	Investigator for Nurse and Allied Health Professionals Professional Standards and Regulations (started in post in February 2023). This postholder will ensure that the Trust has all the policies and procedures in place to deliver LPS on the implementation date when this is set nationally
	Delivering year-on-year improvements to patient experience measures (measured via surveys and complaints) with demonstrable evidence of changes in practice.	<p>The Trust has improved its patient experience measures with demonstrable evidence of changes in practice. After listening to patients and carers, we have:</p> <ul style="list-style-type: none"> <li>• developed education programmes such as 'Caring with Kindness' and 'Project Ralph' where the patient's voice informs staff education / development</li> <li>• fully refurbished our frailty ward (West Dereham)</li> <li>• successfully identified funding to establish a dementia friendly garden (with full patient engagement)</li> <li>• introduced the "Let's get moving" campaign across the Trust</li> <li>• introduced snack trollies for all ward areas</li> </ul> <p>Other areas where changes have been made to help us provide safe and compassionate care include:</p> <ul style="list-style-type: none"> <li>• Successful substantive recruitment to the Trust Falls Lead post</li> <li>• Quality Assurance Visits moved to the Chief Nurse portfolio and processes reviewed. As a result, the breadth and diversity of reviewers has increased, there is greater variety about when visits take place and communication of the results and formal reporting has improved</li> <li>• Review and revision of the recruitment process for Healthcare</li> </ul>

		<p>Assistants resulting in the successful introduction of the GROW programme</p> <ul style="list-style-type: none"> <li>• Introduction of the Patient Readers panel</li> <li>• Successful introduction and recruitment to a patient information post</li> <li>• Enrolment onto the Pressure Area Prevention programme (PUP)</li> <li>• Collaborative working with ICS partners on falls, infection prevention and control and procurement</li> <li>• Quality, Performance, Risk (QPR) meetings have been reviewed, revised, and remain embedded</li> <li>• Introduction of a workforce lead to facilitate and support the introduction of safer care Trust-wide</li> <li>• Successful substantive recruitment to the Mental Health Liaison Team Lead post</li> <li>• Successful recruitment to the new Antimicrobial Support Worker post within the Infection, Prevention and Control Team</li> <li>• Reviewed and revised the Trust-wide Nutrition/Hydration Strategy with full implementation planned during 2023/24</li> <li>• Held Patient Safety Learning Events which were well attended by staff and external stakeholders</li> <li>• Embedded the role of Family Liaison Officers within the Trust</li> </ul>
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Strategic objective	Action	Outcome measure
Modernising our hospital (estates, digital infrastructure and medical equipment) to support the delivery of optimal care	Improving digital infrastructure by:  Launching an integrated three-year Digital and Data Strategy	The Trust has launched a three-year Digital and Data Strategy which is aligned to the Norfolk and Waveney ICS Digital Strategy and national best practice, including 'What Good Looks Like'
	The management and delivery of cyber security risk and assurance through a business-as-usual annual workplan approach which will be monitored by the Digital and Information Forum.	<p>The Trust has continued to meet its mandatory assertions as defined in the NHS England Data Protection Security Toolkit and remains at 'Approaching Standards' status. Progress is presented monthly at the Digital and Information Forum for assurance. The Trust continues to promote cyber best practice and collaboration within the region</p> <p>The Trust is investing in the digital foundation required to underpin critical operational outputs and transformation. This includes a cross-site Wi-Fi upgrade programme and the implementation of modern digital storage, back-up, computing and virtualisation capabilities</p>
	Working both internally and with partners on the preparation for a system-wide Electronic Patient Record.	In partnership with NNUH and JPUH, we have had formal approval of our outline business case for an Electronic Patient Record. Work is underway in relation to procurement and development of the full business case
	Further improving the Trust's digital maturity by implementing Patient Observation Management Systems, chemo prescribing and wristband replacement.	<p>A pilot for the implementation of our Patient Observation Management System started in March 2023 with a view to full roll out by quarter three of 2023/24</p> <p>A detailed business case to support the roll out of E-chemo prescribing has been completed with a view to implementation in 2023/24. This will</p>

		improve patient safety by helping to reduce medication errors
	<p>Further modernising our estate by:</p> <p>Getting added to the New Hospital Programme and moving from strategic outline case to outline business case stage for a new build.</p> <p>Increasing car parking capacity via a deck or multi-storey solution to ease pressure.</p> <p>Securing the required quantum of capital funding for a three-year programme to maximise safety and compliance of the Trust's current estate.</p>	<p>Successfully lobbied for the Trust to be added to the New Hospital Programme. The announcement was made in May 2023.</p> <p>As part of the enabling works for a new hospital, planning application for a multi-storey car park was approved by the Borough Council of King's Lynn and West Norfolk.</p> <p>Continued proactive work is taking place to mitigate the risks associated with Reinforced Autoclaved Aerated Concrete (RAAC) planks. The business case for the required quantum of capital funding for a three-year programme to maximise safety and compliance of the Trust's current estate has been approved at Trust level and has been sent to NHSE for a decision.</p> <p>Continued proactive work is taking place to mitigate the risks associated with Reinforced Autoclaved Aerated Concrete (RAAC) planks. The business case for the required quantum of capital funding for a three-year programme to maximise safety and compliance of the Trust's current estate has been approved at Trust level and has been sent to NHSE for a decision.</p> <p>Phased work has taken place to enable delivery of the RAAC programme, including moving 300 staff members, realigning admin and clinical areas and creating a functional space for training.</p>

		<p>The opening of the redeveloped Vaccination Centre, nursery and union offices were also aligned to mitigation of the known RAAC plank risks.</p> <p>Relocation of the health records library has also taken place to allow for the planned expansion to ED and demolition of the Inspire Centre (a RAAC-enabling scheme). We have also worked collaboratively with other RAAC plank hospitals within the East of England to support delivery of a consistent solution within the region.</p> <p>During the year, we opened our new state-of-the-art Endoscopy Unit, West Norfolk Eye Centre and the Butterfly Suite, which is our dedicated Maternity bereavement suite.</p> <p>Two replacement MRI scanners were installed to increase efficiency.</p> <p>The Hub has been decorated to improve it for our staff.</p> <p>We have invested £1.5 million on backlog maintenance to maintain the safety of our site</p>
	<p>Completing a full business case for the Diagnostic and Assessment Centre.</p>	<p>In collaboration with Norfolk and Norwich University Hospital (NNUH) and James Paget University Hospital (JPUH), a full business case for the Diagnostic Assessment Centre was submitted in September 2022. Final approval is awaited.</p>
	<p>Full engagement with wider ICS estates developments, including maximising the opportunities at North Cambridgeshire Hospital, developing an on-site Elective Hub and progressing the Primary Care Hubs and Community Diagnostic Centre developments.</p>	<p>Completed a robust options appraisal for the Trust's service delivery at North Cambridgeshire Hospital, Wisbech, which has confirmed the commitment to provision of services at the site and the implementation of robust programmes for improving the way that space is used.</p> <p>A short form business case for the development of an on-site Elective Hub was approved and is now ready for submission, subject to the identification of nationally available capital funding.</p>

		<p>The Trust is working with the Norfolk and Waveney Integrated Care Board, the Borough Council of King's Lynn, and NHS Property Services to develop a new-build healthcare facility in King's Lynn. This is being funded by capital from the Department of Health and Social Care as part of a £25.2 million investment in developing four new Primary Care Health Hubs in Norfolk. The new building will house primary care services alongside a new maternity hub and some outpatient clinics from the hospital that will benefit from being delivered in a community setting. Space will also be available which other local healthcare services and organisations will be able to book. The Trust is fully engaged in the design of the building. Subject to planning permission, NHS approvals and relevant contractual agreements being in place, it will open in May 2024.</p> <p>The Trust has launched its Green Plan with an aligned workplan which will support its delivery.</p>
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Strategic objective	Action	Outcome measure
Strengthening staff engagement to create an open culture with trust at the centre	Implementing a strengthened staff health and wellbeing programme to drive continuous improvement in staff engagement, morale and wellbeing.	<ul style="list-style-type: none"> <li>Improved the opinion of our staff on key areas within the national Staff Survey, including staff's ability to meet conflicting demands at work, their levels of trust to undertake their roles and their understanding of each other's roles</li> <li>A new multi-faith room has been opened with separate washing, toilet and prayer rooms, which helps us support our staff's religious beliefs</li> <li>Staff changing rooms have been refurbished to create an improved</li> </ul>



		<p>environment. Work includes new showers, lighting, lockers and gender-neutral changing</p> <ul style="list-style-type: none"> <li>• Our annual Staff Awards ceremony continues to reward our staff and celebrate their outstanding achievements, in turn helping them to feel recognised and aiding retention and recruitment</li> <li>• We held our fourth leadership summit in March 2023. All staff were invited to attend and listen to inspirational stories and guest speakers on a variety of topics around leadership and sharing best practice</li> <li>• The Trust's Staff Engagement Programme for 22/23 was designed to support our values of Kindness, Wellness and Fairness. It was revised following learning and feedback from the nationally recognised award-winning programme which was run in 2021/22 and remains at the front and centre of our Corporate Strategy. It is supported by the Staff Experience and Wellbeing Forum and our staff networks, and is split into the following three workstreams: <ul style="list-style-type: none"> <li>• Financial health</li> <li>• Physical health</li> <li>• Emotional health</li> </ul> </li> </ul> <p><b><u>Financial health</u></b></p> <ul style="list-style-type: none"> <li>• <b>Wagestream</b> – This allows staff to access a percentage of their earnings, helping to prevent them from going into an overdraft should an urgent cost arise.</li> <li>• <b>Financial Health Clinic</b> – This bi-monthly clinic is run by The Money Advice Hub, which is an independent local advice service. Staff can either book an</li> </ul>
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		<p>appointment or drop in for support on all aspects of financial health.</p> <ul style="list-style-type: none"> <li>• <b>Crisis loan</b> - Staff can apply for a loan of up to £1,500 should an urgent need arise.</li> <li>• <b>NHS discounts</b> – The NHS discounts which are available to staff are publicised on a dedicated intranet page.</li> <li>• <b>Selected half price meals for staff</b> – This gives staff the chance to benefit from reduced-price hot meals and meal deals.</li> <li>• Physical health</li> <li>• <b>Know Your Numbers</b> – This twice-monthly clinic gives staff the opportunity to attend for health checks such as BMI, cholesterol, diabetes and urine dipstick.</li> <li>• <b>Menopause</b> – The Staff Menopause Clinic runs twice a month and is supported by our Menopause Champions.</li> <li>• <b>Staff changing areas</b> – Improvements have been made to staff changing areas, including changes to make the areas more inclusive.</li> <li>• <b>Free tea and coffee for staff</b> – This was provided over the winter.</li> <li>• <b>Midnight Café</b> – We extended the opening times of our staff restaurant until 2am to ensure staff working at night had the same access to hot food as those working during the day</li> </ul> <p><b><u>Emotional health</u></b></p> <ul style="list-style-type: none"> <li>• <b>Staff Psychology Service</b> – Dedicated Psychology service for staff.</li> <li>• <b>Mental Health First Aiders</b> – Increased the number of Health First Aiders working across the organisation to offer support and</li> </ul>
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		<p>signposting to staff requiring support at a lower level of need.</p> <ul style="list-style-type: none"> <li>• <b>Wellbeing Day</b> – In 2022 all staff were given an additional day of leave to take as a wellbeing day to support good mental health.</li> <li>• <b>Wellbeing Guardian</b> – The Trust has a Wellbeing Guardian in place whose role it is to hold us to account to the wellbeing programme in place.</li> <li>• <b>Wellbeing Passports</b> –Wellbeing Passports implemented for staff who require additional support to be their best self at work recognising that staff to work in different areas and that this vital information should go with them to ensure support is continued.</li> <li>• <b>Staff Psychology service</b> – This is a dedicated Psychology service for staff.</li> <li>• <b>Mental Health First Aiders</b> – We have increased the number of Mental Health First Aiders working across the Trust to offer support and signposting to colleagues.</li> <li>• <b>Wellbeing Day</b> – During 2022, all staff were given an additional day of leave to take as a wellbeing day to support good mental health.</li> <li>• <b>Wellbeing Guardian</b> – The Trust has a Wellbeing Guardian in place whose role it is to hold us to account for the wellbeing programme which is in place.</li> <li>• <b>Wellbeing Passports</b> –Wellbeing Passports have been introduced for staff who require additional support to be their best self at work. This recognises that staff often work in different areas and that this vital information should go with them to ensure support is continued</li> </ul> <p>Our staff experience programme informs how we can support staff to be</p>
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		<p>well at work and encourages solutions to come from within the organisation. This supports a people-centric approach, where line managers have a greater understanding of the needs of their colleagues.</p> <p>The Trust continues to advocate for staff to have the ability to speak up, which has been underpinned by substantively funding the Freedom to Speak Up Guardians. This aids staff satisfaction and ensuring that concerns around safe care can be raised in confidence.</p> <p>As outlined in our Equality and Diversity Strategy, we committed to creating 'a workplace culture that encourages all of us to treat each other fairly and with respect and to be ourselves at work. An inclusive culture leads to engaged people, increases productivity, reduces turnover and sickness rates, and delivers better outcomes for the public.'</p> <p>Improvements which have taken place to support this include:</p> <ul style="list-style-type: none"> <li>• The continued development of our staff networks with the introduction of a Disability Network. The networks provide staff with a safe space to elevate their voice and create a sense of belonging.</li> <li>• The introduction of reverse mentoring. Our mentees gain visibility and experience from Black, Asian, mixed-race colleagues, as well as other diverse employees.</li> <li>• The introduction of an Equality Diversity and Inclusion (EDI) calendar where we celebrate and mark dates that are important to staff and patients.</li> <li>• The launch of an EDI glossary to support staff and patient experience.</li> <li>• Achieving bronze on the Rainbow Badge assessment, which supports</li> </ul>
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		staff and patients to ensure our services and workplace are inclusive.
	Embedding Kindness, Wellness and Fairness as the Trust's new values.	<ul style="list-style-type: none"> <li>We launched the Trust's new values of Kindness, Wellness and Fairness in April 2022, which are the bedrock to our culture, and will move us towards being the best District General hospital in Norfolk</li> </ul>

Strategic objective	Action	Outcome measure
Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability	In collaboration with all local partners, leading on the delivery of Place-Based Care for the benefit of our local population	<ul style="list-style-type: none"> <li>We are working with wider partners, including Norfolk Community Health and Care NHS Trust, to explore wider collaboration opportunities</li> <li>The Trust has completed a robust review of service provision at the North Cambridgeshire Hospital site, resulting in an increased focus on delivery</li> <li>Service delivery to Wells Community Hospital has expanded with the implementation of outreach clinics</li> <li>We are taking a lead on the West Place Board, which has clearly agreed priorities and areas of focus aligned to the needs of local people. Underpinning the West Place Board, we are leading the West Urgent and Emergency Care Steering Group, which has a clear focus on collaborative delivery of key priorities including discharge, same day emergency care and virtual wards</li> <li>Our Corporate and Clinical Strategy has been robustly monitored throughout 2022/23</li> </ul>
	Implementing the agreed steps with the three acute trusts within Norfolk and Waveney to	<ul style="list-style-type: none"> <li>The Trust is working with NNUH and JPUH to deliver Acute Provider Collaboration. The role of the Norfolk and Waveney Acute</li> </ul>

	<p>deliver the Acute Provider Collaboration. This includes:</p> <ul style="list-style-type: none"> <li>• Strengthening the role of the Norfolk and Waveney Acute Hospitals Committee to ensure collective effective and robust delegated decision-making</li> <li>• Contributing to the development of an acute clinical strategy across QEH, NNUH and JPUH fully informed by the Trust's new Clinical Strategy which will lead to the identification of clear priority areas for closer collaboration</li> </ul>	<p>Hospitals Committee has been confirmed as a strategic decision-making forum to ensure collective robust delegated decision-making with a focus on the development and implementation of the Acute Clinical Strategy and Electronic Patient Record.</p> <ul style="list-style-type: none"> <li>• We have continued to work with NNUH, JPUH and wider system partners on transformation opportunities, including Dermatology and Urology.</li> <li>• The Trust is leading on development of the Acute Clinical Strategy across QEH, NNUH and JPUH. The strategic framework and clinical ambitions for the strategy have been developed and approved. The acute clinical strategy aligns directly to the ICS clinical objectives. It will set out how acute clinical services will be delivered across Norfolk and Waveney in the future, by defining the opportunities for: <ul style="list-style-type: none"> <li>◦ Delivering acute services differently across the ICS</li> <li>◦ Delivering services collaboratively across the three acute hospitals</li> <li>◦ Standardising working practices and processes</li> </ul> </li> </ul>
	<p>Strengthening organisational sharing of data, knowledge and experience to deliver safe, effective, value for money services within the Trust and across the Norfolk and Waveney ICS focusing on delivery of the Trust's financial plan, capital programme and £8 million Cost Improvement Programme in 2022/23.</p>	<p>The Trust has delivered its financial plan of breaking even and cost improvement plan of £8.1 million in 2022/23. Alongside this, the Trust has managed its capital programme of £53.2 million and supported the financial position of the wider integrated care system.</p>

Strategic objective	Action	Outcome measure
Supporting our patients to improve health and clinical outcomes	Supporting population management to prevent ill health and to address health inequalities.	<ul style="list-style-type: none"> <li>• During the year, we appointed a Trust Lead for Health Inequalities to focus on our contribution to addressing health inequalities as part of the West Norfolk Health and Wellbeing Partnership. Under the national Core20PLUS5 approach to reducing health inequalities, we have identified our locally underserved groups. These consist of the most deprived 20% of our local population as identified by the national Index of Multiple Deprivation (the Core20), plus additional groups that are relevant locally, which for West Norfolk are eastern European migrants and unpaid carers. There are also five clinical areas of focus, of which mental illness has been selected as an area that would benefit from a wider partnership approach in West Norfolk</li> <li>• We are represented in the planning and delivery groups for these areas and are taking the lead with addressing inequalities experienced by eastern European migrants. Attending lived experience sessions and meeting with representative of the eastern European groups has helped us identify areas to be addressed. This includes improving access to healthcare as patients and removing barriers to employment in the health and social care sector as skilled workers. Partnership action plans now being developed</li> <li>• The Trust has supported the national NHS Prevention Plan by preparing to implement new inpatient and maternity smoking treatment pathways. We have</li> </ul>



		<p>committed to becoming a smokefree hospital to support our patients, staff and visitors to quit smoking. Work is underway to review and align the Trust's smoking policy with our region's other acute hospitals which already are, or are planning to become, smokefree</p> <ul style="list-style-type: none"> <li>• We recently invested in a Smoking Cessation Improvement Manager to coordinate the range of activities required over the coming year to implement the new treatment pathways and take the hospital forward into a smokefree future</li> </ul>
	Addressing the pandemic backlog in elective activity with system partners	<ul style="list-style-type: none"> <li>• The Trust has worked collaboratively to manage planned care pathways and at the end of March 2023, there were no patients waiting over 78 or 104 weeks for treatment</li> </ul>
	Promoting long-term health by implementing the Trust's Green plan.	<ul style="list-style-type: none"> <li>• The Trust is promoting long-term health by implementing its Green Plan and Travel Plan and encouraging patients and staff to use alternatives to cars to promote health benefits</li> </ul>
	Embedding research and innovation delivery by considering research in every clinical encounter by:	<ul style="list-style-type: none"> <li>• The Trust has embedded research and innovation by considering research in every clinical encounter. We have increased the number of Principle Investigators by targeting nursing and AHPs and non-consultant and medical staff who were involved in clinical research during 2021/22</li> <li>• Further to this, our Research, Innovation and Development Team has exceeded its target by recruiting 1,100 patients to trials</li> </ul>

Strategic objective	Action	Outcome measure
Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care	<p>Creating a Quality Improvement (QI) Team which will drive our continuous improvement, increase QI capabilities Trust-wide and house our safety faculty.</p> <p>Further increasing capability across the organisation, with a target of 15% of staff completing QI training by year-end with each of these staff engaging in local change projects.</p>	<ul style="list-style-type: none"> <li>The Trust has increased its Quality Improvement capabilities by having three in-house trainers and increasing the number of staff who have completed the fundamentals course or full Quality Service Improvement Redesign (QSIR) course. The QI Team is working collaboratively to support QI across the integrated care system</li> <li>A Quality Improvement (QI) Team has been embedded which has driven continuous improvement within the Trust. We met our target of having 15% of all staff trained in 2022/23. The first independent QSIR training (solely facilitated by Trust trainers) has been completed, with a training programme in place for the year ahead</li> <li>We have secured £100,000 of charitable funds to support Room for Improvement (RFI) for 2023/24</li> </ul>
	Launching and implementing the NHS Patient Safety Strategy	<ul style="list-style-type: none"> <li>The Trust is working alongside system partners to implement the NHS Patient Safety Strategy. We are on track to introduce the Patient Safety Incident Response Framework (PSIRF) in September 2023, which will help us to learn from incidents and correctly investigate patient safety issues</li> </ul>
	Developing a leadership development framework and implementing middle to senior management development programmes focused on leadership, relationships, teamwork and performance management for 120 staff	<ul style="list-style-type: none"> <li>We have successfully rolled out the high performing teams programme and recruited to six cohorts</li> </ul>

	<p>Improving the outcomes of General Medical Council and Health Education England learner surveys by a 5% reduction in current outliers, alongside an increased provision of external professional courses and examinations.</p>	<ul style="list-style-type: none"> <li>• The Trust has seen an improvement in results from the General Medical Council and Health Education England learner surveys, which showed a 5% reduction in current outliers alongside an increased provision of external professional courses and examinations.</li> </ul>
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## Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission (CQC). Our current overall registration status is 'Requires Improvement' following an inspection in 2022.

<b>Overall</b>	Requires Improvement
<b>Safe</b>	Requires Improvement
<b>Effective</b>	Good
<b>Caring</b>	Good
<b>Responsive</b>	Requires Improvement
<b>Well-Led</b>	Good

The Trust last underwent an unannounced core service and Well-Led CQC inspection between December 2021 and January 2022. The inspection report, published in February 2022, recognised the significant progress the Trust had made since being placed in special measures in 2018. The Trust received four requirement notices ('must do' actions), and nine 'should do' recommendations. Our overall rating changed from 'Inadequate' in 2019 to 'Requires Improvement,' while we achieved an overall rating of 'Good' in three of the five CQC domains: Effective, Caring and Well-Led.

Following this inspection, the CQC recommended that the Trust be removed from the Recovery Support Programme (formally known as special measures). On 14 April 2022, the National Medical Director for NHSEI confirmed the decision to approve the Trust's transition from System Oversight Framework (SOF) four – 'Mandated Intensive Support' to SOF three – 'Mandated Regional Support'.

During 2021/22, the CQC removed 18 of the 22 conditions on the Trust's registration imposed under Section 31 of the Health and Social Care Act 2008. The four remaining conditions relate to Urgent and Emergency Care, Diagnostic and Screening services and Maternity and Midwifery services. Improvements have been made and the Trust continues to work to embed and sustain these improvements with the aim of removing these conditions by the end of 2023.

Throughout 2022/23, staff across the Trust have continued to work on improving patient care and experience. Regular open and transparent engagement with the CQC has also continued.

As the CQC transitions towards assessing integrated care systems from April 2023, we are committed to continue working alongside system partners and stakeholders to enable people to access the care, support, and treatment they need, when they need it.





## Integrated Quality Improvement Plan

The Trust's Integrated Quality Improvement Plan (IQIP) 2021/22 delivered significant improvement, as recognised in the Care Quality Commission's (CQC) inspection report published in February 2022 which resulted in the CQC's recommendation that the Trust be removed from the Recovery Support Programme.

In April 2022, we received notification from Professor Stephen Powis, the National Medical Director for NHSE/I, of the decision to approve the Trust's transition from System Oversight Framework (SOF) four – 'Mandated Intensive Support' to SOF three – 'Mandated Regional Support'. The Integrated Quality Improvement Plan (IQIP) therefore evolved into the 2022/23 Compliance Plan, which was launched in April 2022.

The 2022/23 Compliance Plan was aligned to year three of the Trust's 2020-2025 Corporate Strategy and had two main areas of focus:

1. Ensuring consistent provision of safe and compassionate care for patients and their families
2. Ensuring that care provided is delivered in accordance with all regulatory requirements

Quality Improvement Plans (QIPs) were also developed where key areas of focused service improvement were required. These related to Maternity Services, Radiology, Ophthalmology, Urgent and Emergency Care, Elective Recovery and Information Services. They continued to be monitored and progressed in 2022/23, enabling clear sight of specific progress in each specialty area.

The 2022/23 Compliance Plan incorporated the 13 CQC requirement notice 'must do' actions and 'should do' recommendations from the 2022 report, alongside 22 remaining from the 2021/22 IQIP. Of these, 15 (43%) were approved for closure by the end of March 2023, which demonstrated sustained progress throughout the year.

Our proven governance and assurance framework was applied to the Trust's Divisional Quality Improvement Plans to ensure a structured and standardised approach, with clear reporting through to the Trust Board. This enabled the continued provision of assurance and accuracy of progress to the Trust Board, sub-

committees and key external stakeholders. It also aligned with the Trust's pledge to deliver high quality, patient-centred, integrated care for local people.

## Quality Improvement 2022/23

The Trust continues to develop and embed a culture of continuous quality improvement while supporting staff to drive improvements in their areas of work using tried and tested improvement science methodologies and tools.

A dedicated Quality Improvement (QI) Team was established during 2022/23 to focus on empowering frontline staff to implement changes for improvement. The QI Team deliver three levels of training:

- An awareness session for all new staff, which is a 30-minute session included in the Trust's standard induction
- QI Fundamentals one-day interactive course, which provides a hands-on introduction to QI methodology and some of the most used tools
- Quality Service Improvement and Redesign (QSIR) practitioner five-day course, which is an NHS Improvement accredited course giving participants the chance to learn the necessary skills to lead QI projects

The QEH QI Team have successfully completed the QSIR Associates Training Programme with the QSIR College, enabling QEH to independently deliver on site QSIR Practitioner Training Programme. The first in-house, five-day QSIR training programme took place in February 2023.

During 2022/23, 15% of QEH staff completed QI training, meeting the Trust key performance indicator target in line with the Corporate Strategy. To build on this success, the team will continue to provide training opportunities for staff, with further QSIR cohorts scheduled throughout 2023/24.

A key priority for the QI Team during the coming year will be to facilitate and coach staff so that change ideas are taken forward as QI projects. Staff will also be offered support to use QI methodology to deliver positive sustained improvements.





# 1 Patient Safety

## 1.1 Incident reporting and Never Events

The total number of patient safety incidents reported in 2022/23 was 6,508. Of these, 49 met the threshold for a Serious Incident (SI) investigation. 48 incidents were categorised as major (severe harm) or catastrophic (death) of which:

- 9 – avoidability indicated
- 21 – unable to conclude if incident directly caused harm or death due to contributory factors
- 6 – incident did not directly contribute to outcome for patient
- 11 – investigations in progress
- 1 – relates to an external incident (another organisation)

The Trust continues to develop an open safety culture where staff can raise safety concerns. There is an established governance process to ensure oversight and analysis. All patient safety incidents that meet the threshold of a moderate harm incident are reviewed by the Trust's Serious Incident Review Forum (SIRF) to ensure any immediate safety actions are carried out. Duty of Candour is initiated, and investigations are undertaken in line with the National Serious Incident Framework where applicable. The increased numbers of patients attending for urgent and emergency care, higher acuity of conditions, and sustained system wide operational pressures have emerged as themes throughout 2022/23.

Financial year	Total reported patient safety incidents, excluding pressure ulcers on admission	Safety incidents categorised as major or catastrophic
2022/23	6,508	48
2021/22	7,549	33
2020/21	7,631	22

<b>2019/20</b>	7,007	29
<b>2018/19</b>	7,710	32

Several work programmes and new functions were identified and implemented during 2022/23. Key areas of achievement include:

- Improved feedback to staff who report incidents (identified from the 2022 Staff Survey as an area for improvement). This includes acknowledgment of incident reporting, increased engagement and inclusion at SIRC panel with timely feedback
- Improved compliance with completion of Duty of Candour at all stages throughout an investigation, which enables improved engagement with patients and relatives
- Revised process for the management and review of SI action plans through Evidence Assurance Group (EAG). This ensures actions with the greatest potential to mitigate risk of harm to patients and prevent incident recurrence are prioritised for review
- Maintained improvement with the key performance indicator requirement for SI investigations to be completed within 60 days. This allows learning to be identified and action planning to take place, as well as timely implementation. Patients and families affected by these incidents are provided with an explanation of what happened, alongside the learning and actions identified to provide reassurance that their experience is taken seriously
- Learning topics in the Patient Safety Learning Events during 2022/23 included:
  - Outcome of a thematic review of oxygen related incidents
  - Human Factors
  - Panel approach to undertaking Serious Incident investigations
  - COVID-19 research trials at QEH
  - Safety by design

- Freedom to Speak Up
- Incident reporting in medication related incidents and adverse reaction
- Safe prescribing in diabetes and importance of medication management in Parkinson's disease
- Polypharmacy, falls and deprescribing

The content from these events was made available for all staff on the intranet.

## 1.2 Serious incidents reported in the year

2022/23	Clinical Support Services	Medicine	Urgent and Emergency Care	Surgery	Women & Children	Total
<b>Diagnostic incident including delay meeting SI criteria (including failure to act on test results)</b>	2	1	1	0	2	6
<b>HCA / Infection control incident meetings SI criteria</b>	0	0	0	1	0	1
<b>Maternity / Obstetric incident meeting SI criteria: baby only (this includes foetus, neonate and infant)</b>	0	0	0	0	5	5
<b>Maternity / Obstetric incident meeting SI criteria: mother and</b>	0	0	0	0	3	3

<b>baby (this includes foetus, neonate and infant)</b>						
<b>Maternity / Obstetric incident meeting SI criteria (mother only)</b>	0	0	0	0	3	3
<b>Medical equipment / devices / disposables incident meeting SI criteria</b>	0	1	0	0	0	1
<b>Medication incident meeting SI criteria</b>	0	0	1	0	0	1
<b>Pending review (a category must be selected before incident is closed)</b>	0	0	0	0	1	1
<b>Pressure ulcer meeting SI criteria</b>	0	1	0	0	0	1
<b>Slips / trips / falls meeting SI criteria</b>	0	11	1	2	0	14
<b>Sub-optimal care of the deteriorating patient meeting SI criteria</b>	0	0	1	0	0	1
<b>Surgical / invasive procedure</b>	0	0	0	2	0	2

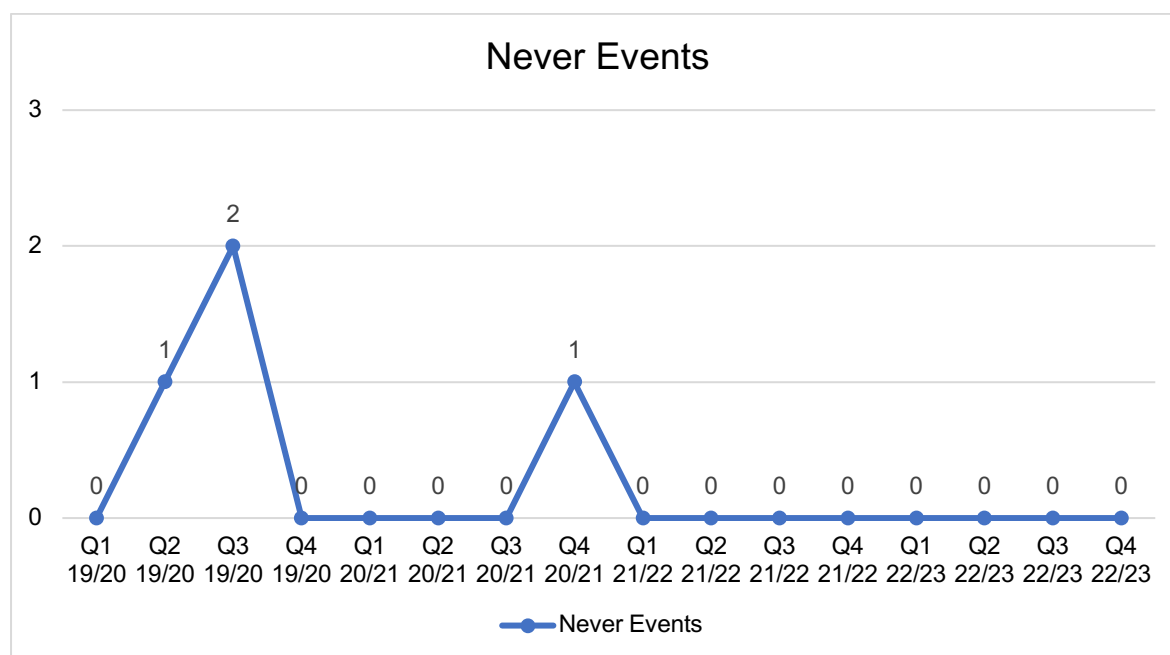
<b>incident meeting SI criteria</b>						
<b>Treatment delay meeting SI criteria</b>	0	2	4	3	1	10
<b>Total</b>	<b>2</b>	<b>16</b>	<b>8</b>	<b>8</b>	<b>15</b>	<b>49</b>

The Trust has continued to develop processes to support investigation and learning opportunities to reduce future harm and the likelihood of recurrence. Serious Incident investigations identify key safety themes and areas of focus for patient safety improvement including:

- Awareness and adherence to Trust policies, processes and pathways including the falls policy, escalation of deterioration and follow up pathways for surveillance
- Communication between clinicians, wards, specialist teams and patients and their families

### 1.3 Never Events

The Trust declared zero Never Events in 2022/23.



## 1.4 Duty of Candour

The Trust has a responsibility to ensure that the statutory Duty of Candour (DoC) is undertaken for all notifiable safety incidents in line with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. This applies to any reported patient safety incident that has resulted in, or potentially resulted in moderate, severe, catastrophic harm or prolonged psychological harm caused by the incident.

The Duty of Candour is a general duty to be open and transparent with people receiving care from the Trust. A crucial part of Duty of Candour is the apology. As soon as practicable, and within 10 working days following the identification of a notifiable safety incident, a Duty of Candour conversation is held with the patient, next of kin, carer or a relevant legal patient representative. This is known as the initial discussion (phase one) which is followed by a written notification letter (phase two).

The Trust made sustained improvements to ensure that DoC phase one and two occur within timeframe, achieving 100% for phase one and 98% for phase two in 2022/23.

Following incident investigation, the Trust offers, and/or provides, patients and their families the opportunity to receive a copy of the final investigation report (phase three). The same 10 working day key performance indicator for phase three was introduced in October 2022 with improved compliance (67%) achieved between October 2022 and March 2023.

Duty of Candour is a metric monitored within clinical divisions through Divisional Board Reports and corporately at Safe Executive Group.

### Phase one

2022/23	Phase one required	Phase one completed	Phase one count (completed within 10 working days)	Phase one % (completed within 10 working days)
Quarter One	52	52	52	100%
Quarter Two	43	43	43	100%

<b>Quarter Three</b>	61	61	61	100%
<b>Quarter Four</b>	49	49	49	100%
<b>Overall compliance</b>	<b>205</b>	<b>205</b>	<b>205</b>	<b>100%</b>

#### Phase two

<b>2022/23</b>	<b>Phase two required</b>	<b>Phase two completed</b>	<b>Phase two count (completed within 10 working days)</b>	<b>Phase two % (completed within 10 working days)</b>
<b>Quarter One</b>	48	48	46	96%
<b>Quarter Two</b>	39	39	39	100%
<b>Quarter Three</b>	55	55	54	98%
<b>Quarter Four</b>	43	43	43	100%
<b>Overall compliance</b>	<b>185</b>	<b>185</b>	<b>182</b>	<b>98%</b>

#### Phase three

<b>2022/23</b>	<b>Phase three required</b>	<b>Phase three completed</b>	<b>Phase three count (completed within 10 working days)</b>	<b>Phase three % (completed within 10 working days)</b>
<b>Quarter One</b>	N/A	N/A	N/A	N/A
<b>Quarter Two</b>	N/A	N/A	N/A	N/A
<b>Quarter Three</b>	5	5	2	40%
<b>Quarter Four</b>	10	9	8	80%
<b>Overall compliance</b>	<b>15</b>	<b>14</b>	<b>10</b>	<b>67%</b>



## **1.5 Patient Safety Incident Response Framework**

The national Patient Safety Incident Response Framework (PSIRF), published in August 2022, sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving.

Organisations are expected to transition to PSIRF within 12 months of its publication. The Trust is working alongside Norfolk and Waveney system partners to transition to PSIRF in September 2023.

A staged implementation programme, with identified workstreams and governance processes, has been established with oversight and reporting via Safe Executive Group, Quality Improvement Board and Trust Board. Engagement with stakeholders, staff and the public is ongoing.

## **1.6 Learn from Patient Safety Events**

Learn from Patient Safety Events (LFPSE) is replacing the National Reporting and Learning System and Strategic Executive Information System to offer better support to staff from all health and care sectors.

It will create a single, national NHS system for recording patient safety events. It introduces improved capabilities for the analysis of patient safety events occurring across healthcare, enabling a greater depth of insight and learning that is more relevant to the current NHS environment. The Trust is working within the NHS England extended timeline for compliance with LFPSE of September 2023.

## **1.7 Patient Reported Outcome Measures (PROMs)**

Patient Reported Outcome Measures (PROMs) measure health gain in patients undergoing hip replacement and knee replacement in England, based on responses to questionnaires before and after surgery. This provides an indication of the outcomes or quality of care delivered to NHS patients. Following the NHS England Consultation on PROMs data collection of varicose vein and groin hernia procedures ceased on 1 October 2017.

## April 2021 to March 2022, provisional data

Table 1: Pre-operative participation and linkage

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation rate	Pre-operative questionnaires completed	Linkage rate
<b>All procedures</b>	471	362	76.9%	266	73.5%
<b>Hip replacement</b>	233	184	78.9%	138	75%
<i>Of which*</i>					
<b>Primary</b>	220	*	*	*	*
<b>Revision</b>	13	*	*	*	*
<b>Knee replacement</b>	238	178	74.7%	128	71.9%
<i>Of which*</i>					
<b>Primary</b>	223	*	*	*	*
<b>Revision</b>	15	*	*	*	*

Table 2: Post-operative issue and return

	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue rate	Post-operative questionnaires returned	Response rate
<b>All procedures</b>	362	346	95.6%	223	64.5%
<b>Hip replacement</b>	184	178	96.7%	107	60.1%
<i>Of which*</i>					
<b>Primary</b>	*	*	*	*	*
<b>Revision</b>	*	*	*	*	*
<b>Knee replacement</b>	178	168	94.3%	116	69.0%
<i>Of which*</i>					
<b>Primary</b>	*	*	*	*	*
<b>Revision</b>	*	*	*	*	*

In order to respond to the challenges posed by the coronavirus pandemic NHS hospitals in England were instructed to suspend all non-urgent elective surgery for patients for parts of the 2020/21 reporting period. A reduced service continued during the 2021/22 reporting period. This has directly impacted upon reported volumes of activity pertaining to Hip & Knee replacements reported in PROMS. In addition, it is possible that behaviours around activities relating to the completion, return and processing of pre- and post-operative questionnaires may have also been impacted when compared to earlier years data where behaviours and processes related to managing the current pandemic were not in place.



## 2 Patient and carer experience

We are committed to engaging with all patients, carers and the public so that they can help us to further improve the quality of the services we provide and their overall experience when receiving care. In 2022/23, we introduced Patient Information Officer and Armed Forces Welfare Officer roles to support this commitment and focus on patient experience.

The Trust has continued its journey of improvement with an increase in the number of patient voices influencing the care we deliver while also helping us understand what receiving care feels like for the patient, their family and carers.

The Patient Experience Team actively engage with internal and external groups, including Healthwatch, Accessible, the Armed Forces community, sensory impairment, dementia and carers groups. Specific projects and initiatives, supported by relevant specialists, have seen positive progress. These include:

- Re-accreditation to the Veteran Covenant Healthcare Alliance
- Dementia-friendly ward and garden designed using service user experts
- A full site review resulting in an accessibility guide and a 'Carer Friendly Tick' award

### 2.1 Patient experience team

The Patient Experience Team reviewed and updated the Trust's Patient Experience Plan based on information from patient and relative feedback, data from surveys, audits, engagement exercises and incident themes, in alignment with the Trust's year three priorities.

The Patient Experience Strategy 2022/23 maintained the following five core objectives which were adjusted in response to patient feedback:

- Complaints
- Compliments
- Patient experience – reduction in noise at night
- Patient experience – improve the discharge experience

- Increase the patients' voice

## 2.2 Patients' voice

Sharing the experiences of our patients, carer and relatives develop helps us to shape our services and improve patient experience. Learning is shared throughout the organisation and actively used in staff development.

Our collaborative work with the West Norfolk Deaf Association (WNDA) and Vision Norfolk (VN) continues to evolve so that we can improve the experience of patients with sensory impairments. This includes providing appropriate devices, such as hearing and visual aids, across the Trust. Patient feedback, for example, identified the need for additional support for people who rely on British Sign Language or lip reading. We worked with the WNDA to introduce an electronic 'talk to text' translation service. Two devices were purchased with charitable funds and have been well-received, while we plan to introduce six further devices for use at ward level.

Another area of improvement identified related to bereavement care communication. In response, informed changes have been made relating to nursing workforce, training, policy and the development and implementation of Project Ralph (a bereavement care programme based upon relatives' feedback). We have also enhanced the training and support we provide, which is focused on three educational themes:

- Communication skills for breaking bad news in sudden and expected deaths
- Grief kindness, such as preparation for families to view their loved one when they had died and providing emotional support
- Practical skills, professional accountability and compassionate skills when completing last offices and when caring for patient's property when they die

We now deliver a three-hour bereavement study session twice a month, which opens with a poem describing a family member's experience. Our policy has been rewritten to reflect the professional issues identified, and this practice has been embedded into other staff training such as adaption courses for the overseas nurses, the GROW program, and staff preceptorship. The GROW programme is a comprehensive seven-day induction programme for new Health Care Support

workers (HCA) joining the trust covering both the theory and practice of the HCA role.

## **2.3 Caring with Kindness**

We are planning to apply to for Royal College of Nursing accreditation for Caring with Kindness. There has been widespread interest across integrated care systems and integrated care boards in the programme, while the Trust has also been approached by other acute providers for information to help them adapt the program in their own trusts.

## **2.4 Patient stories at Board**

The Board continues to hear patient experiences first-hand through patient stories, which enables continued learning about the aspects of care that our patients value the most. It also provides an opportunity for patients, their families and carers to identify areas of improvement.

During the past year, the following stories were shared:

- A family spoke of their experiences of care during the premature birth of their twins
- A carer told of their experience of being admitted to hospital and the impact this had on them as an individual and the person they cared for
- A family told of their experiences of supporting a relative following an acquired brain injury focusing on advocacy for their loved one
- A member of staff told us of their experience following referral to our Ophthalmology service
- The Trust's Armed Forces Welfare Officer told their story, explained more about their role and informed the Board of the Trust's relationship with the Defence Medical Welfare Service

## **2.5 National patient surveys**

The results of three national patient experience surveys which our Trust took part in were published April 2022 and March 2023. They were:



- National Cancer Patient Experience Survey (2021)
- National Inpatient Survey (2021)
- National Maternity Survey (2022)

Survey	Month sampled	Month published	Response rate	Average national response rate
<b>National Cancer Patient Experience Survey (2021)</b>	April to June 2021	July 2022	62%	55%
<b>National Inpatient Survey (2021)</b>	November 2021	October 2022	38%	39%
<b>National Maternity Survey (2022)</b>	January to February 2022	January 2023	52%	48%

### National Cancer Patient Experience Survey

The National Cancer Patient Experience Survey 2021 sampled all patients who had received care following a cancer diagnosis between April and June 2021. The survey involved 134 NHS trusts and received a response rate of 55%.

We scored above the expected range when compared with other trusts in two areas, which were:

- Diagnostic test results were explained in a way the patient could completely understand; and
- Patient was definitely told about their diagnosis in an appropriate place.

There was one area in which the Trust scored below the expected range (i.e. below the lowest expected result when compared with other trusts), which was:

- Patient had confidence and trust in all of the team looking after them during their stay in hospital.

Actions to improve the confidence and trust which patients have in our staff have been addressed within the Cancer Services Plan. Equally, the areas where the Trust performed well have been communicated to colleagues to raise awareness, share positive practice and help maintain high quality patient experience.

## National Inpatient Survey

The results of the National Inpatient Survey 2021 were published in October 2022. They highlighted 11 areas for improvement at the Trust compared to other organisations. Of these, four areas were worse than most trusts and seven were somewhat worse. They were:

- During time in hospital, patients felt that they did not get enough to drink
- Confidence and trust in the doctors treating patients
- Not enough nurses were on duty to care for patients.
- Patients were not given enough information about their condition or treatment
- Patients were not able to get a member of staff to help them if they needed attention
- Patients were not given enough notice about discharge from hospital
- Patients were not given enough information about what should or should not be done after leaving hospital
- Patients did not know what would be happening next with their care after leaving hospital
- Not enough support was given from health and social care services to support patients to recover or manage their condition
- Patients did not feel as if they were treated with respect and dignity whilst being cared for in the hospital
- Overall, the patients experience in hospital was reportedly poorer than at other hospitals

These results have been shared at across the Trust and at divisional governance meetings and actions are being put into place to improve the experience which patients have while receiving care. This includes additional staff training, continued local and international recruitment programmes and supporting the School of Nursing at the College of West Anglia to develop and train the workforce for the future.



We have also continued to improve the experience of patients staying overnight by maintaining our focus on the Helping You Sleep Healthier (HUSH) programme. Over a six-week period, we surveyed more than 900 patients to understand the current picture, listen to feedback about what has helped and hear suggestions about what else is needed to improve further. The Trust has also presented the results of this survey to the Hospital and Night Summit.

Responsiveness to inpatients' personal needs centre around involvement in decision making, being able to express worries and fears, privacy when discussing condition / treatment, information about medication side effects and who to contact if concerned about condition / treatment after the patient had left hospital. The NHS Adult Inpatient Survey 2021 Benchmark report demonstrated the Trust listened to patients views to improve quality of care and worked to ensure patients understood information given to them. Areas to improve included information provided to patients around discharge, and this will be a focus for improvement for the coming year. Patients rated the Trust seven out of 10 for overall experience.

### **National Maternity Survey**

The results of the National Maternity Survey 2022 were published in February 2023 and highlighted a number of improvements across the service in comparison to other trusts. These included:

- At the start of the pregnancy, information was provided about coronavirus and the implications on maternity care
- Doctors and midwives were aware of medical history at the start of the pregnancy
- Information was provided about physical recovery after birth

There was also one area which the Trust was 'somewhat worse' than others:

- During the pregnancy, people were not spoken to in a way they could understand

The survey also showed that we need to focus on ensuring that attention can be provided as required during the person's stay in hospital and after their baby's birth.

Actions to address the concerns raised through the survey have been included in the Maternity Action Plan and are monitored at divisional governance meetings and the Trust Quality Committee.

## **2.6 Working across the Integrated Care System (ICS)**

The patient experience teams from across the Norfolk and Waveney ICS meet virtually every week. Representatives from acute, community, mental health and ambulance trusts all attend. During the year, topics discussed during these sessions have included volunteering, complaints, PALS, Family Liaison Officers, easy read leaflets, NHS glossary of terms, stories to Board, prison healthcare, acute clinical strategy, involving patients / carers and families, Electronic Patient Record (EPR), patient leadership in digital transformation projects, the Friends and Family Test, patient safety partners, patient panels, co-production toolkit and Equality, Diversity and Inclusion.

## **2.7 Examples of the ways the Trust has used feedback to improve the experience of patients and their carers**

During 2022/23, we have continued to build on work which took place during the previous 12 months to improve the experience of patients and their carers. This ongoing patient experience work have included:

- Holding co-production masterclasses to raise awareness with colleagues across Norfolk and Waveney of the value and importance of including patients, carers and service users in the development of services
- Collaboratively developing Easy Read resources which are available on the Norfolk and Waveney ICB website
- Co-producing an NHS glossary of terms with carers and their organisations, to ensure that key terminology and abbreviations are clearly explained
- Arranging a second, system-wide virtual carers conference, which was held during Carers Week in June and co-produced with carers and carer representative organisations across Norfolk and Waveney
- Launching the Carer Identity Passport in November 2022

- Providing support for specific groups, including people with learning disabilities, non-English speakers and those with sensory impairments, to improve access to services and patient experience
- Introducing patient representation within various workstreams and the patient panel.
- Refreshing an information booklet given to elective inpatients to better reflect the current patient experience recommendations
- Continuing to work closely with Estates to support patient experience during the extensive work being carried out across the Trust, including disabled access and car parking
- Committing to provide a changing places toilet to support parents and carers of children and adults with complex needs. An area has been identified with the aim that it will be realised in 2023/24
- Developing an action plan after listening to feedback from inpatients, relatives and carers on food choices and assistance with nutrition

## **2.8 Working with the Governors' Council**

The Governors' Council and Patient Experience Team continue to work together to support patient experience. The development of quality assurance visits provides the Governors with the ability to be part of the quality reviews. These visits provide feedback for the clinical areas assessed. In addition, some of the Governors have also teamed up with our FLOs to carry out a survey on the "Helping You Sleep Healthier" (HUSH) project and gain feedback on patients' ability to sleep whilst in hospital.

## **2.9 Compliments, complaints, concerns and comments**

The Trust's Patient Advice and Liaison Service (PALS) is a confidential point of contact for patients, relatives or members of the public who may have concerns about their current or previous treatment or service provision. The PALS team also receive general feedback, suggestions and compliments, which are shared across the Trust. Feedback received is considered alongside data collected by the Friends and Family Test to provide an accurate snapshot of patient and family experience of

our services. All PALS contacts are recorded electronically for case management and reporting purposes. The team can also signpost those wishing to make a complaint to an advocacy service to assist with their complaint if required.

The PALS department continues to support patients, their families and carers and deescalates potential complaints at the earliest opportunity by raising the concerns with the relevant area to seek local resolution for the complainant wherever possible. Agreed set standards are used to measure and improve performance.

The PALS team continued to review and amend the subject codes used to categorise issues raised during 2022/23 to ensure that information was appropriately logged. There have been significant changes incorporated in relation to data capture to enable breakdown of the type of contact recorded to ensure appropriate escalation is provided.

In 2022/23, 3,121 PALS contacts (excluding compliments) were logged. This is a decrease from 5,404 in 2021/22. The top 10 themes are outlined in the table below:

<b>PALS contacts</b>	<b>Number</b>
<b>Quality of care</b>	775
<b>Information</b>	664
<b>Appointments</b>	443
<b>Communication</b>	388
<b>Waiting (delay)</b>	149
<b>Legal services</b>	132
<b>Lost property</b>	126
<b>Building relationships (behaviour)</b>	117
<b>Car parking</b>	84
<b>Discharge</b>	76

## 2.10 Compliments

The PALS team log any compliments they receive, either in person, by email or when a card or gift is sent directly to the ward. In 2022/23, 1,489 compliments were recorded compared to 1,709 in 2021/22.

Compliments	Number
Medicine	800
Surgery	321
Women and Children	150
Urgent and Emergency Care	79
Clinical Support Services	59
Non-clinical	49
Trust-wide	27
Chief Operating Officer	2
Other	2

## 2.11 Formal complaints

We have reviewed our Complaints Policy and processes for managing the feedback we receive from patients and relatives, in line with new complaint standards being introduced by the Parliamentary and Health Service Ombudsman (PHSO) from April 2023. We are fully engaged with all Divisions at QEH, holding weekly meetings to review every complaint and PALS contact, which enables us to work collaboratively to share feedback and learning. We also fully revised the patient experience work plan to align it with the Trust's year three corporate priorities while making it more meaningful to the patient experience.

In 2022/23 there was a 43% increase in the number of formal complaints received by the Trust compared to 2020/21, which we believe reflects the nationwide post COVID-19 demand on NHS services which has impacted staff and patients. Additionally, we changed the way we recorded complaints from February 2023, reducing the complaint categories to just PALS contacts or formal complaints, in line

with new complaint standards being introduced by the PHSO. We achieved 100% for sending an acknowledgment letter to a complainant within two working days.

The role of the Complaints Team is to make sure that formal complaints are appropriately investigated and that a response is provided within a 30-working day timeframe. The Trust received 159 formal complaints in 2022/23, which was an increase from 90 received in 2021/22.

Complaints by method	Number
Email	111
Letter	21
Telephone	12
Window enquiry	7
Via PALS	5
Letter from MP	3

Where possible, complainants are encouraged to use the informal route to arrive at an agreeable resolution at a local level. If the complainant agrees to the informal route, appropriate contact is made by a senior member of staff. The Trust aims to resolve issues quickly and effectively to avoid the need for formal escalation. There has been an increase in the uptake of both face-to-face and virtual local resolution meetings, which give complainants the chance to voice their concerns to senior staff and to have their concerns addressed.

The Senior Complaints Manager meets with the Risk and Governance Leads from each Division every week to review each complaint, and ensure the response is on track and the complainant has received regular contact from the Trust. Where complaints are particularly complex, then the Division may ask the complainant for an extension to the 30-day timeframe.

The top 10 themes from the complaints we received from patients and their families during 2022/23 were:

Complaints	Number
Clinical treatment	44
Communication	34
Values and behaviours (staff)	22
Patient care	17
Appointments	8
Waiting times	7
Admissions and discharges	6
Access to treatment or drugs	6
Trust admin, policies and procedures	6
Prescribing	3

The Trust's complaint response rate has significantly improved. In 2022/23, we responded to an average of 99% of complaints within the set timeframe compared with 88% in 2021/22. We have consistently achieved 100% since October 2022.

In line with the new complaint standards set out by the Parliamentary and Health Service Ombudsman which come into effect from April 2023, we began classifying any concern which could not be addressed by the PALS Team as a complaint in February 2023. Previously, the Trust had classified minor complaints as 'informal concerns', hence the increase in the number of complaints received in February 2023.

#### Written complaints rate

2022/23	Clinical complaints	Response rates (%)	Non-clinical complaints
April	10	100	0
May	1	100	0



<b>June</b>	7	100	0
<b>July</b>	8	100	1
<b>August</b>	10	100	1
<b>September</b>	8	89	1
<b>October</b>	6	100	0
<b>November</b>	12	100	0
<b>December</b>	6	100	0
<b>January</b>	4	100	1
<b>February</b>	55	100	0
<b>March</b>	26	100	2

### Further improvements for 2022/23

During the coming 12 months, we will further improve the care delivered to patients and their families by:

- Reviewing and refining our Complaints Policy to align with the new complaints standards set out by the Parliamentary and Health Service Ombudsman
- Changes the way our PALS Department works to improve accessibility and responsiveness (including opening hours)
- Developing a comprehensive training package for staff in complaints handling, including how to resolve issues raised locally, what to do if they are named in a complaint and how to signpost complainants to PALS / Complaints
- Arranging a further masterclass for staff to improve focus on customer service
- Working with the Divisions to ensure learning from concerns and complaints is embedded
- Continuing to work with the Patient Safety Team so that we can share learning from complaints effectively
- Aiming to respond to 100% of complaints within 30 working days

## **2.12 Parliamentary and Health Service Ombudsman (PHSO)**

There are times when, despite our best efforts, we are unable to resolve a complaint at a local level and the complainant remains dissatisfied. When this happens, the complainant may approach the Parliamentary and Health Service Ombudsman (PSHO) to ask for an independent investigation into their complaint and financial redress.

During 2022/23, 30 complaints were referred to the PHSO:

- Three cases are currently being reviewed by the PHSO investigation to determine whether a full investigation is required
- Two cases are under formal investigation

## **2.13 Measuring and reporting patient experience**

The Trust seeks to capture patient and carer experience by continuing to:

- Host events for patients and the public
- Attend meetings and events held by community organisations
- Listen to and learn from patients' stories at Board meetings
- Take part in national patient surveys
- Ensure patients and the public are represented at key Trust committees
- Read and respond to patients' and carers' feedback posted on the NHS and Care Opinion websites, Facebook, and Twitter
- Rejuvenation the Family and Friends Test to better understand the real time feedback strand. In addition, we are reviewing how we can increase the SMS service, specifically in Maternity care

## **2.14 'Friends and Family' Test (FFT)**

During 2022/23, the contract which we commissioned in partnership with Norfolk and Norwich University Hospital for a provider for our Friends and Family Test (FFT) entered its second year. It allows us to collect anonymous patient feedback in a variety of ways, including text messages (which are sent to outpatients and patients discharged from ED), cards, QR codes and online. Awareness of the different ways

in which feedback can be provided is highlighted on posters displayed throughout the hospital and via social media.

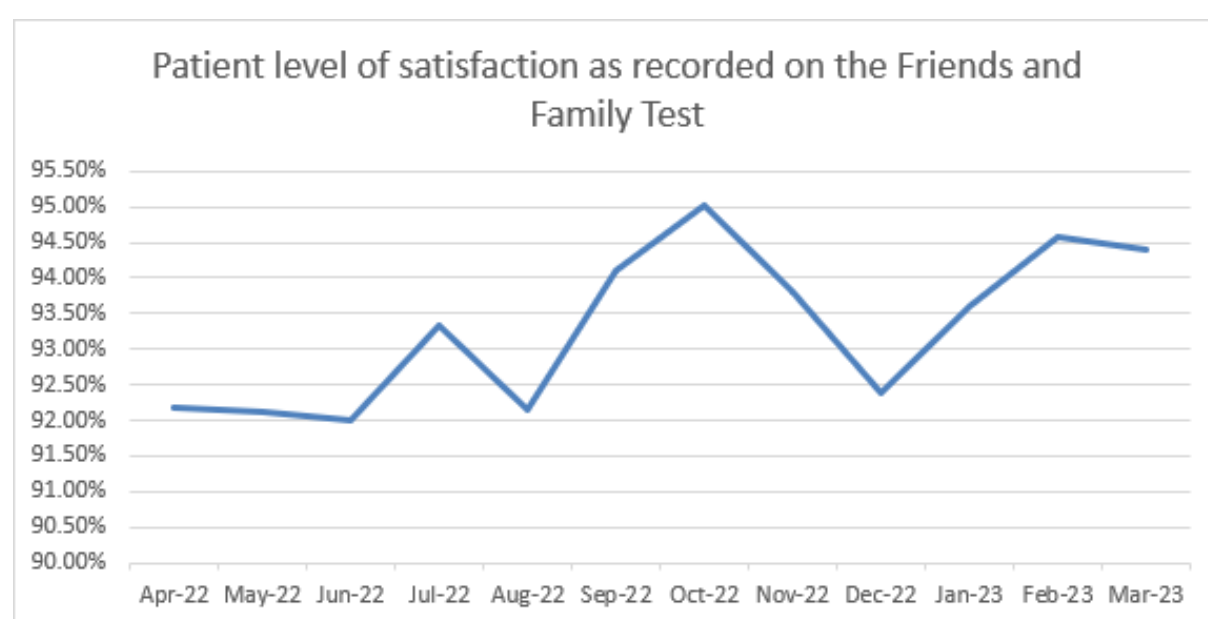
The Friends and Family Test (FFT) continues to be an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps the Trust identify what is working well, what can be improved and how. This feedback is vital in transforming services and supporting patient choice.

Free-text comments submitted with FFT responses provide a valuable insight into issues and concerns which are important to patients. The FFT also allows us to make changes based on patient feedback far more quickly than when awaiting results from other types of feedback. The responses we receive are shared with patients, staff and visitors and used in training courses, where they help staff focus on how we can improve further.

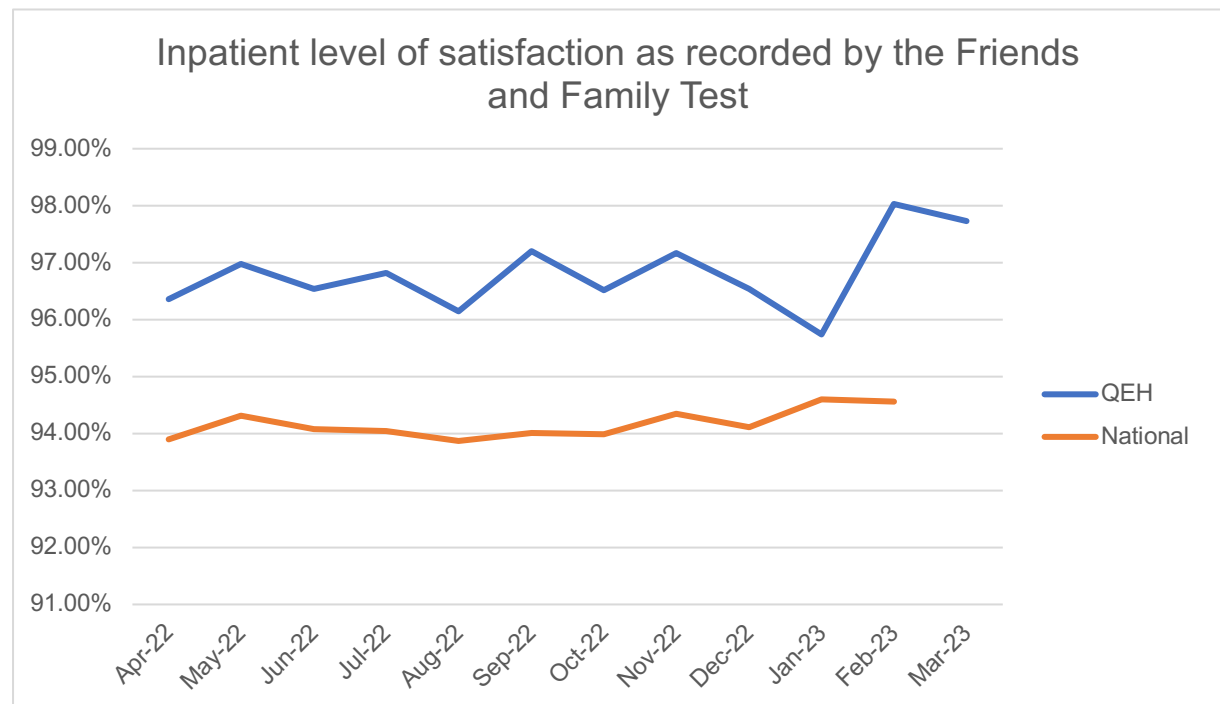
Positive feedback regarding specific wards or named individuals is shared on a regular basis to make sure that good practice is recognised and celebrated.

Just over 40% of staff employed who would recommend the Trust as a provider of care to their family and friends.

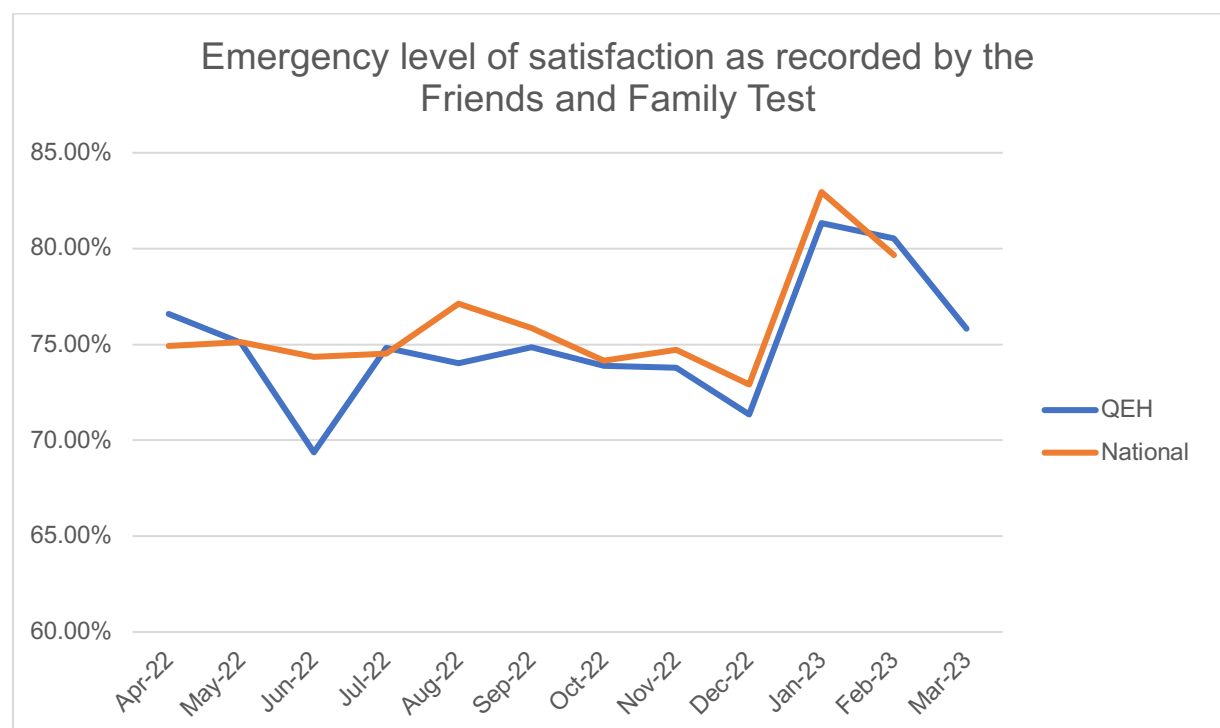
As a snapshot guide, our average FFT satisfaction score from April 2022 to March 2023 was 93.41%.



The overall 'Inpatient' level of satisfaction across the year 2022/23 was 96.9%, above the national average of 94.18% (as at end of February 2023)



The overall 'Emergency' level of satisfaction across the year 2022/23 was 75%, just below the national average of 76% (as at end of February 2023).



Actions we are taking to improve our FFT scores include:

- Ensuring monthly feedback is available to all senior staff to cascade to colleagues across the Trust
- Regularly collecting and sharing time-sensitive information with wards/areas so that issues can be rectified immediately where possible
- Sharing the feedback we receive with patients and the public through ward noticeboards, information screens and social media, and with staff through regular internal communications
- Reviewing negative comments in conjunction with other sources of patient feedback, such as concerns, complaints and patient surveys, to monitor trends and identify actions required
- Encouraging patients to share their experiences
- Using social media to communicate the improvements we have made based on concerns which have been raised by patients

## 2.15 Chaplaincy

Chaplaincy continues to offer spiritual and pastoral care to all patients, relatives, carers and staff. The team has expanded in 2022/23 and now consists of four chaplains who, along with chaplaincy volunteers, offer patients a listening ear during their ever-changing circumstances. A seven-day service is provided with plans to increase further to enable 24-hour support. The Head of Spiritual care also works closely with the other chaplains across the ICS.

During the year, the service continued to contribute to several projects. These included:

- Developing Butterfly Volunteers, who will provide enhanced patient experience for end-of-life patients and their families
- Facilitating Schwartz rounds
- Leading staff in the bereavement care (Project Ralph) and reflection training program

- Supporting the launch of the new multi-faith prayer rooms, which were officially opened by the previous Lead Chaplain Rev Stella Green with various members of the Executive team in attendance. These rooms enable staff members and visitors to practice their own faith in a way that is appropriate for them.
- Holding the annual baby loss awareness service (commonly known as SANDS (Stillbirth and Neonatal Death Charity)) and a small Remembrance Sunday service. On Remembrance Day, the Head of Spiritual Care also led a small service outside the main entrance at 11am and was joined by many members of staff. At Christmas, Chaplaincy held a carol service in the sacred space and in the West Dereham day room for older patients.

During 2022/2023, the team:

- visited 3217 patients
- completed 311 bedside Holy Communions
- conducted 16 adult funerals
- conducted 27 baby funerals
- conducted 15 naming and blessing services, or baby baptisms
- had 832 end of life encounters
- conducted one wedding (for a member of staff)
- conducted one adult baptism

Chaplaincy also hold a bereavement support group three times a year which is open to all members of the community and was attended by 18 people in 2022/23.

## 2.16 Voluntary Services

We have welcomed back 147 volunteers to the Trust following the COVID-19 pandemic. The team has continued to provide support in a variety of roles, including the at front desk, fundraising, pharmacy, administration, wards, Macmillan Wellbeing and outpatient areas, chaplaincy and in the League of Friends shop. These dedicated volunteers have given many hours of their time over the last year to provide care and support to our patients in many different areas.

Work to modernise working practices in Voluntary Services has continued during the year, with all records now completely electronic using specialised volunteer management software. This allows us to effectively manage and support volunteers by helping them keep up to date with training and other important safety checks.

We also successfully appointed a new Volunteer Support Manager and Volunteer Support Assistant to assist with the implementation of our Volunteer Strategy for 2023/24, which will help us develop our current volunteering roles and create new opportunities while encouraging wider participation and representation.

We actively involve our volunteers in developments at the service, which in turn helps us to successfully grow our team while retaining our existing team members. During the year, our volunteers also represented the Trust at a recruitment event led by Norfolk and Waveney ICS, where they spoke with potential new recruits and shared their own experiences of volunteering at QEH.

Work to support our volunteers has included regular face-to-face meetings, which give them the opportunity to meet each other and learn about each other's roles. Colleagues from across the Trust are also invited to explain more about any changes or developments in their area of work.

### Looking ahead

During 2023/24, we want to increase the volunteering profile, breadth, diversity and roles of our volunteers during 2023/24. Other plans for the next year include:

- Carrying out further updates to the volunteer management system to improve the data we hold for our volunteers to better support the team
- Promoting volunteering at QEH to a wider audience by attending recruitment events and working with community partners to share opportunities at the Trust
- Increasing the number of volunteers on our wards to offer extra support to staff and patients
- Enhancing the training offered to volunteers to include patient feeding and support for patients living with dementia



- Launching buggy trial to help patients and relatives with mobility problems to and from the car park
- Carrying out further recruitment to our Readers' Panel and Patient Panel.
- Recruiting Butterfly Volunteers as part of a pilot project in partnership with the Palliative Care Team and Chaplaincy





# 3 Staff Experience and Wellbeing

The Trust's Staff Engagement Programme for 2022/23 was designed to support our values of 'Kindness, Wellness and Fairness'. It was developed using learning and feedback from the nationally recognised and award-winning 2021/22 programme and remains front and centre of the Trust's Corporate Strategy.

The programme is supported by the Staff Experience and Wellbeing Forum and our staff networks and is split into the following workstreams:

- Financial health
- Physical health
- Emotional health

## Financial health

Financial wellbeing is a key pillar of our employee wellbeing programme. By providing support, we have helped to normalise conversations around financial wellbeing at work, promote internal support systems, signpost to external support services and understand the specific challenges facing our staff.

We currently support the financial health of our staff by offering:

- **Wagestream** – which allows staff to access to a percentage of their earnings, helping to prevent them from going into an overdraft should an urgent cost arise
- **Financial Health Clinic** – which takes place bi-monthly and is run by The Money Advice Hub, which is an independent local advice service. Staff can either book an appointment or drop in for support on all aspects of financial health
- **Crisis loans of up to £1,500** – which staff can apply for should an urgent need arise
- **NHS Discounts** – which are publicised to staff on a dedicated intranet page
- **Selected half price meals for staff** – which gives staff the chance to benefit from reduced-price hot meals and meal deals

## Physical health

Physical wellbeing is crucial to satisfaction both at home and at work. Evidence shows that when staff are happier and healthier in the workplace, there is a positive impact on patient care.

We currently support the physical health of our staff by offering:

- **Know Your Numbers** – which takes place twice a month and gives staff to opportunity to attend for health checks such as BMI, cholesterol, diabetes and urine dipstick
- **Staff Menopause Clinic** – which runs twice a month and is supported by our Menopause Champions
- **Staff changing areas** – which have been improved and made more inclusive
- **Free tea and coffee for staff** – which was available over the winter
- **Midnight Café staff restaurant** – which has extended its opening times until 2am to ensure staff working at night have the same access to hot food as those working during the day

## Emotional health

We currently support the emotional health of our staff by offering:

- **Staff Psychology Service** – which is a dedicated service for QEH staff
- **Additional Mental Health First Aiders (MHFAs)** – who work across the Trust to offer support and signposting to colleagues
- **Wellbeing Day** – which saw all staff given an additional day of leave in 2022 to take as a wellbeing day to support good mental health
- **Wellbeing Guardian** – whose role it is to hold the Trust to account to the wellbeing programme in place
- **Wellbeing Passports** – which are given to staff who require additional support to be their best self at work. This recognises that staff often work in different areas and that this vital information should go with them to ensure support is continued

### 3.1 Staff reward and recognition

At QEH, we are committed to recognising and rewarding our staff. We know that this contributes to them feeling valued.

During 2022/23, we celebrated the achievements of our colleagues at the annual Team QEH Staff Awards. The event was held in person, for the first time in three years, and was enjoyed by 160 people. Accolades were presented in a range of categories to reflect our staff base.

In addition, we also offer:

- Long service awards for staff marking 15, 20, 25, 30, 35 and 40 years of service, which were expanded in January 2023 to include any continuous NHS service, regardless of Trust
- Long service awards for volunteers
- Monthly 'Living our Values' awards, which have been developed to include a formal Board presentation for 2023
- 'Team of the Week' recognition on our internal communications channels and external social media accounts
- Recognition for retirees
- Appreciation vouchers for food and drink on special days and holidays, discounted meals in the Hub for staff over the winter period and free hot drinks
- Staff recognition boards and walls at hospital entrances
- Staff thank you cards that all staff can give to colleagues

### 3.2 NHS Staff Survey 2022

The NHS Staff Survey collects the views and experiences of staff working in the NHS. It is administered by NHS England and takes place between September and November each year.



Although staff participation is not compulsory, we encourage as many of our employees as possible to complete the questionnaire so that we can understand more about their opinions, experiences and views.

Since 2021, questions in the NHS Staff Survey have been aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience. It is made up of seven elements:



In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against staff engagement and morale, which are two of the themes reported in previous years.

Each Division and corporate areas are responsible for interrogating its results, action planning and advocating completion of both the National Staff Survey and quarterly Pulse Surveys to ensure that we can continue to make improvements. This is supported by communications which update staff on actions taken as a result of their feedback.

### NHS Staff Survey response rate

<b>3756</b>	<b>3756</b>	<b>39%</b>	<b>44%</b>	<b>45%</b>
Invited to complete the survey	Eligible at the end of the survey	Completed the survey (1461)	Median response rate in acute trusts	Previous response rate

## 2022/23 and 2021/22

Scores for each indicator together with that of the survey benchmarking group (Acute and Acute & Community Trusts) are presented below.

Indicators (‘People Promise’ elements and themes)	Trust score 2022/23	Benchmarking group score	Trust score 2021/22	Benchmarking group score
<b>People promise:</b>				
<b>We are compassionate and inclusive</b>	6.9	7.2	7.0	7.2
<b>We are recognised and rewarded</b>	5.5	5.7	5.6	5.8
<b>We each have a voice that counts</b>	6.3	6.6	6.4	6.7
<b>We are safe and healthy</b>	5.7	5.9	5.7	5.9
<b>We are always learning</b>	5.1	5.4	5.1	5.2
<b>We work flexibly</b>	5.9	6.0	5.8	5.9
<b>We are a team</b>	6.4	6.6	6.4	6.6
<b>Staff engagement</b>	6.5	6.8	6.6	6.8
<b>Morale</b>	5.5	5.7	5.5	5.7

## Future priorities

The 2022 National Staff Survey highlighted that some of the organisation’s lowest engagement scores related to the areas of advocacy, work pressures and Freedom to Speak Up. This information combined with feedback from trade union colleagues, Freedom to Speak Up Guardians and staff indicates that there is still work to do to build a culture we can all be proud of.

For 2023/24, we will focus on a programme of work informed, triangulated, and co-produced with stakeholders across the organisation. The People Directorate will

support divisions to develop and implement their responses to the National Staff Survey. Our interventions will incorporate the principals of Just Learning Culture, civility and kindness, and more people friendly processes. The workstreams listed below supporting this will look at culture, inclusion, education and training, recruitment, retention, and talent management.

- Culture, organisational development (OD) and equality, diversity, and inclusion (EDI) forum
- Education research and innovation forum
- Workforce sustainability forum

And governed by our:

- People executive group
- People committee
- Board of directors

## 4 Participation in clinical audit and confidential enquiries

### 4.1 Clinical audit

Clinical audit is designed to improve patient care, treatment and outcomes. Its purpose is to involve all healthcare professionals in a systematic evaluation of the delivery of care against evidence-based standards and identify actions to improve the quality of care and outcomes for patients.

We take part in national Healthcare Quality Improvement Partnership (HQIP) funded and non-HQIP national audits, Commissioning for Quality and Innovation (CQUIN) audits, local audits, and national confidential enquiries.

During 2022/23, we actively participated in 62 national audits, five national confidential enquiries, seven CQUINs and 166 local audits. The Trust did not



participate in 49 national audits which related to services provided at specialist centres or within primary care, or by ancillary NHS services such as ambulance trusts and mental health.

In 2023/24, our clinical audit programme was restructured to ensure focus on the Quality Account and Trust priorities to identify shared learning, inform areas for improvement and drive patient safety and quality of care.

### **Table 1 – Participation in national audit**

Table one details the Trust's participation and submission compliance in national audits, followed by a separate table detailing those where we did not participate.

It is important to note that some national audits can run for 12 to 14 months, and some were therefore still in progress at the time of reporting, while others had data submitted awaiting published reports.



Participation in national clinical audits				
Audit title	Relevant to QEH services	Took part	Participation rate / cases submitted	Completed / in progress / ongoing
2022 Audit of Acute Upper Gastrointestinal Bleeding (AUGIB)	Yes	Yes	100% - 24 cases submitted	Completed
Breast and Cosmetic Implant Registry	Yes	Yes	100%	Completed
Case Mix Programme (CMP)	Yes	Yes	100%	Completed
CASCADE national - hub - Cardiovascular Outcomes after Abdominal Surgery 2021/22	Yes	Yes	100% cases submitted	Completed
Elective Surgery (National PROMs Programme)	Yes	Yes	100% - 599 cases submitted	Completed
Consultant Sign Off six months only Apr-Oct 2022	Yes	Yes	Not available at time of writing	Completed
Pain in Children Workstream - closes Oct 2022	Yes	Yes	100%	Completed
Infection Prevention and Control - closes Oct 2023	Yes	Yes	Not available at time of writing	In progress
Mental health self-harm - closes Oct 2024	Yes	Yes	Not available at time of writing	In progress
Endoscopy quality and safety audit for JAG accreditation	Yes	Yes	Achieved level 2 accreditation	Completed
Epilepsy 12 - National Audit of Seizures and Epilepsies for Children and Young People	Yes	Yes	100%	Completed
National Audit of Inpatient Falls	Yes	Yes	100% - 11 reported falls	Completed
National Hip Fracture Database	Yes	Yes	Not available at time of writing	Completed
National Bowel Cancer Audit	Yes	Yes	100%	Completed
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	Yes	100%	Completed
Inflammatory Bowel Disease Audit	Yes	Yes	Partial Compliance – 76 cases	Completed
LeDeR - Learning from Lives and Deaths of People with a Learning Disability and Autistic People	Yes	Yes	100%	Completed
Maternal, New-born and Infant Clinical Outcome Review Programme	Yes	Yes	100%	Completed

Muscle Invasive Bladder Cancer at Transurethral Resection of Bladder Audit (MITRE)	Yes	Yes	100% - 5 complete submissions	Completed
National Diabetes Foot Care Audit	Yes	Yes	100%	Completed
National Diabetes Inpatient Safety Audit (NDISA) – previously NaDIA-Harms	Yes	Yes	100%	Completed
National Diabetes in Pregnancy Audit	Yes	Yes	100%	Completed
Adult Asthma Secondary Care	Yes	Yes	52% - 96/183 cases	In progress
Chronic Obstructive Pulmonary Disease Secondary Care	Yes	Yes	78% - 330/424 cases	In progress
Paediatric Asthma Secondary Care	Yes	Yes	100%	In Progress
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Yes	Not available at time of writing	Completed
National Audit of Breast Care in Older patients (NABCOP) - closes Sept 2022	Yes	Yes	Not available at time of writing	Completed
National Audit of Care at the End of Life (NACEL)	Yes	Yes	100%	Completed
Care in general hospitals	Yes	Yes	100% - 80/80 required sample cases	Completed
Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	65% - 382/589 cases	In progress
National Heart Failure Audit	Yes	Yes	85% - 599/690 cases	In progress
National Comparative Audit of Blood Transfusion	Yes	Yes	Not available at time of writing	Completed
National Comparative Audit of Blood Transfusion Audit of Blood Sample Collection and Labelling	Yes	Yes	Not available at time of writing	Completed
National Dermatology Nurse Audit - two weeks activity	Yes	Yes	Not available at time of writing	Completed
National Early Inflammatory Arthritis Audit	Yes	Yes	Partial compliance – 9 cases submitted	Completed
National Emergency Laparotomy Audit (NELA)	Yes	Yes	98%	Completed
Gastrointestinal Cancer Audit Programme (GICAP) - National Bowel Cancer Audit (NBOCA)	Yes	Yes	100% eligible cases	Completed

Gastrointestinal Cancer Audit Programme (GICAP) - National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	Yes	100%	Completed
IDENTIFY week: Risk calculator prevalence of urothelial cancer pts (non-cancer haematuria ~20-30 pts)	Yes	Yes	100% - 22 cases	Completed
Knee Fracture Evaluation in Older Patients National KNEE	Yes	Yes	Not available at time of writing	Completed
Learning Difficulties benchmarking against quality standards	Yes	Yes	Not available at time of writing	Completed
MAGIC - Management of Acute Surgical Abscesses looking at the management of subcutaneous abscesses in general surgical practice	Yes	Yes	Not available at time of writing	Completed
National Joint Registry	Yes	Yes	100% - 295/295 cases	Completed
National Lung Cancer Audit	Yes	Yes	Not available at time of writing	Completed
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	100%	Completed
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%	Completed
Orthopaedic Trauma Hospital Outcomes - Patient Operative Delays National - ORTHOPOD	Yes	Yes	Not available at time of writing	Completed
National Paediatric Diabetes Audit	Yes	Yes	100%	Completed
National Perinatal Mortality Review Tool	Yes	Yes	100%	Completed
National Prostate Cancer Audit (NPCA)	Yes	Yes	100% - 385/385 cases	Completed
National Transfusion in Surgery Audit (NCABT into surgical PBM)	Yes	Yes	Not available at time of writing	Completed
UK Parkinson's Audit	Yes	Yes	100%	Completed
UK Renal Registry Chronic Kidney Disease Audit – Pre-Dialysis	Yes	Yes	100% - 50 cases submitted to the registry	Completed
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	100%	Completed
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance scheme	Yes	Yes	100%	Completed
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes	100%	Completed

Surgical Site Infection Surveillance Service (SSISS) for PHE collected for Hip replacement	Yes	Yes	100%	In progress
Surgical Site Infection Surveillance Service (SSISS) for PHE collected for knee replacement	Yes	Yes	100%	In progress
Surgical Site Infection Surveillance Service (SSISS) for PHE collected for Large Bowel surgery	Yes	Yes	100%	In progress
Surgical Site Infection Surveillance Service (SSISS) for PHE collected for NOF#	Yes	Yes	100%	In progress
Trauma Audit & Research Network (TARN)	Yes	Yes	86% - 175/203 cases submitted	In progress
National observational multi-centre study the effect of the pandemic on the management of Ureteric Stones	Yes	Yes	Not available at time of writing	In progress



Non-Participation in national clinical audits				
Audit title	Relevant to QEH services	Took part	Comments	To note
British Spinal Registry	No	No	Specialist Units only	Not on QA list
Cleft Registry and Audit Network (CRANE)	No	No	Specialist Units only	
Assessing cognitive impairment in older People	Yes	No	This was a 2019-2020 audit only	Care of Older person audit planned for 2023-24
Fracture Liaison Service Database (FLS-DB)	No	No	No FLS offered in this audit year	FLS planned to start in 2023-24
Management of the Lower Ureter in Nephroureterectomy	No	No	Specialist Units only	
Real-time surveillance of patient suicide	No	No	Mental health Services	
Suicide (and homicide) by people under mental health care	No	No	Mental health Services	
Suicide by middle-aged men (Topic closed 2021/22)	No	No	Mental health Services	
Suicide by people in contact with substance misuse services	No	No	Mental health Services	
National Core Diabetes Audit	Yes	No	Software incompatibility between Trust and database	
National Diabetes Transition (NTDA) - (linkage with NDA and NPDA)	No	No	The NDTA is a joint enterprise between the NDA and the NPDA measuring the care of young people with diabetes during the transition from paediatric to adult diabetes services.	The NDA Transition audit is a data linkage audit. Any paediatric or adult diabetes services that participate in either the NPDA or NDA are automatically included. No

				additional data submission is needed
NDA Integrated Specialist Survey	No	No	Specialist units only	
National Acute Kidney Injury Audit	No	No	For specialist Nephrology centres only	
Pulmonary Rehabilitation Organisational and Clinical Audit	No	No	Specialist units only	
National Audit of Cardiac Rehabilitation	No	No	Specialist units only	
National Audit of Cardiovascular Disease Prevention	No	No	Primary Care only	
National Adult Cardiac Surgery Audit	No	No	Specialist units only.	
National Audit of Cardiac Rhythm Management (CRM)	No	No	Specialist units only.	
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	No	No	Specialist units only	
National Congenital Heart Disease Audit (NCHDA)	No	No	Specialist units only	
Spotlight Audit for Memory Assessment Services	No	No	No Memory services offered at QEH	
National Audit of Pulmonary Hypertension	No	No	Service not offered at QEH	
National Bariatric Surgery Register	No	No	Specialist units only	
National Cancer Diagnosis Audit (NCDA)	Yes	No	Paused by provider with no plans to restart at time of writing	
National Cardiac Arrest Audit (NCAA)	Yes	No	Cancelled lack of resources to support data collection	Planned to start in 2023-24

National Child Mortality Database (NCMD)	No	No	We completed child mortality last year.	
National Clinical Audit of Psychosis (NCAP) EIP audit 2021/22	No	No	Specialist units only	
National Head and Neck Cancer Audit (HANA)	No	No	Specialist units only	
National Ophthalmology Database Audit (NOD)	Yes	No	Software incompatibility between Trust and database	
National Vascular Registry	No	No	Specialist units only	
Neurosurgical National Audit Programme	No	No	Specialist units only	
Out of hospital cardiac outcomes (OHCAO)	No	No	Ambulance Trusts only	
Paediatric Intensive Care Audit Network (PICANet)	No	No	Specialist units only	
Perioperative Quality Improvement Programme (PQIP)	Yes	No	Lack of resources to support data collection	
Improving the quality of valproate prescribing in adult mental health services	No	No	Mental health Services	
Prescribing for depression in adult mental health services	No	No	Mental health Services	
Prescribing for substance misuse: alcohol detoxification in adult mental health inpatient services	No	No	Mental health Services	
Prescribing of antipsychotic medication in adult mental health services, including high dose, combined and PRN	No	No	Mental health Services	
Use of clozapine	No	No	Mental health Services	
Use of melatonin	No	No	Mental health Services	
Adult Bronchiectasis Audit	No	No	Specialist units only	



Adult Respiratory Support Audit	No	No	Services not offered at QEH	
Smoking Cessation Audit- Maternity and Mental Health Services	No	No	Services not offered at QEH	
National Outpatient Management of Pulmonary Embolisms Audit	No	No	Services not offered at QEH	
Transurethral Resection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT) Improving quality in TURBT surgery.	No	No	Specialist units only	
UK Cystic Fibrosis Registry	No	No	Specialist centres only	
BAD National Audit 2022 - management of adults with SJS/TEN.	No	No	Cancelled- number of eligible patients was negligible	
NANSIG epileptic Emergence	Yes	No	Cancelled due to lack of resources	
IBD registry	Yes	No	Cancelled due to lack of resources to support data collection	

## 4.2 National Confidential Enquiries

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) projects improve standards by identifying common poor practice. The work undertaken by the various national confidential enquiries involves reviewing patient care nationally. We took part in five relevant national enquiries, as outlined in table two below.

Audit title	Stage	Number of patient records required
Registered in 2022/23		
NCEPOD Community Acquired Pneumonia (CAP) Study	Full study completed	Eight patients identified – 100%
NCEPOD Endometriosis Study	Partial study – data request only	100%

Registered in 2021/22 – activity in 2022/23		
NCEPOD Transition Study Patient	Full study completed	Five patients identified – 100%
NCEPOD Chron's Disease	Full study completed	Five patients identified – 100%
NCEPOD Testicular Distortion	Full study completed	Eight patients identified

### 4.3 Learning from local clinical audits

Detailed below is an example of a local audit where learning was implemented to improve patient care.

#### Dementia case findings

Cognitive decline is often misdiagnosed or missed during hospital admissions resulting in delays in detection, appropriate treatment and management. As a result, a multi-cycle Trust-wide Quality Improvement project was launched to improve cognitive screening for patients attending the QEH. Data was collected from September 2020 until July 2022 and included both clerking booklets and discharge summaries. The rationale was to identify if screening had taken place on admission to inform early dementia detection and appropriate timely referrals, and that these decisions had been communicated to general practitioners on discharge.

A baseline measure of screening was taken by the coding department. Ten PDSA (Plan Do Study Act) cycles were undertaken, implementing interventions to aid screening at each stage. Examples included improved medical clerking booklets and Trust-wide education, while Dementia Champions were allocated to wards. Monthly Dementia Hub meetings Cognitive Impairment Assessors (CIA) as a formal job role were also introduced.

Although there was gradual but slow improvement on dementia screening over the two years, standards were not achieved for the initial seven-month period while there was some decline in compliance during COVID-19 waves. Following the introduction of the CIA role, significant improvements were made, and compliance has stood at more than 90% each month since March 2021. One particular success story was in

the surgical specialty, where screening rates increased from 38.57% to 72.58% on the last cycle.

This project highlighted that education and accessible tools can improve cognitive screening numbers. It is important to note that due to increased pressures during the COVID-19 pandemic, it is possible that screening rates were adversely affected. Potential future activity includes the feasibility of developing a memory clinic service within QEH.

### Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. The Trust participated in seven CQUINs outlined below. All CQUINs are monitored quarterly, with areas of improvement and development shared to maintain and further improve compliance.

Audit title	Target	Quarter One	Quarter Two	Quarter Three	Quarter Four
CQUIN 1 – Flu vaccinations for frontline healthcare workers	70%	N/A	N/A	45%	53%
CQUIN 2 – Appropriate antibiotic prescribing for UTI in adults aged 16+	40%	25%	35%	31%	31%
CQUIN 3 – Recording of NEWS2 score, escalation time and response time for unplanned critical care submissions	20%	77%	77%	83%	89%
CQUIN 5 – Treatment of community acquired pneumonia in line with British Thoracic Society care bundle	45%	17%	9%	16%	6%
CQUIN 6 – Anaemia screening and treatment for all patients undergoing major elective surgery	45%	99%	100%	100%	100%

CQUIN 8 – Supporting patients to drink, eat and mobilise after surgery	60%	100%	97%	89%	92%
CQUIN 9 – Cirrhosis and fibrosis tests for alcohol dependent patients	20%	No data submitted	0%	14%	No patients



## 5 Research and Innovation

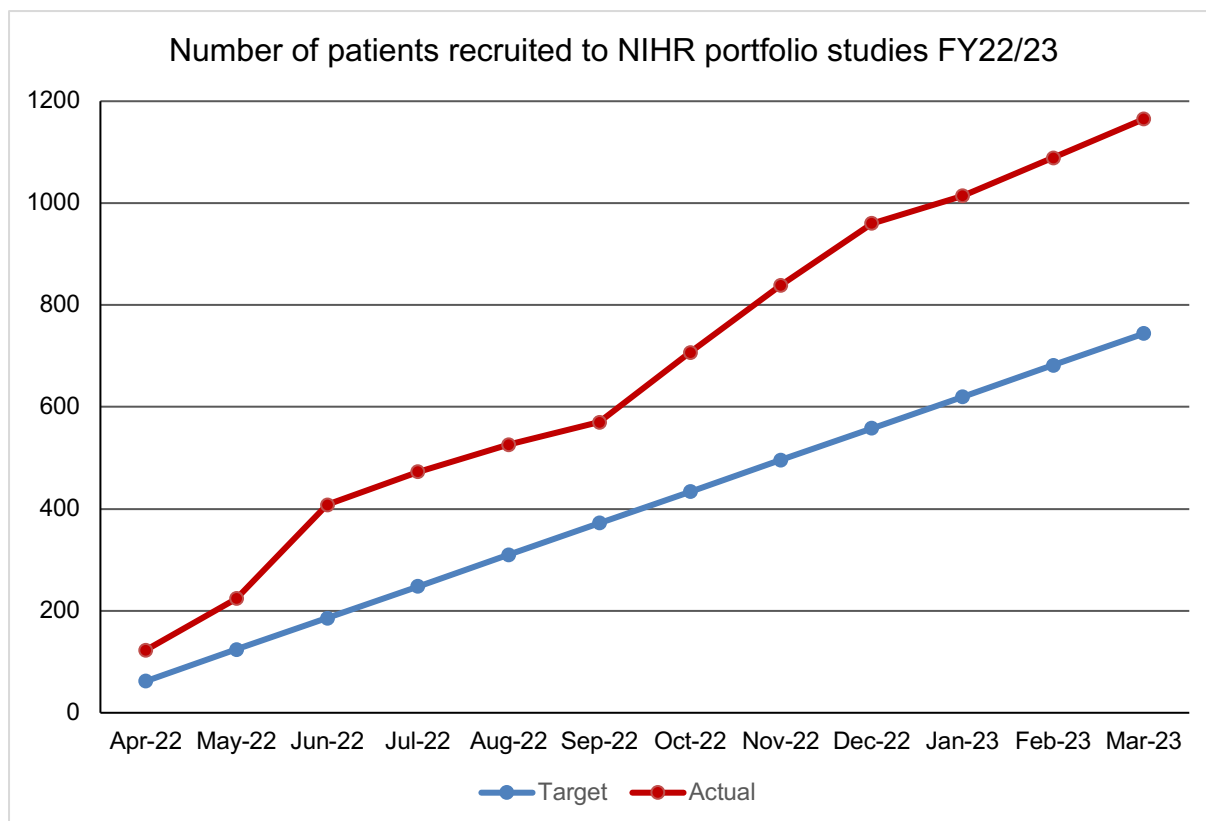
In 2022/2023, our Research, Innovation & Development Department has been involved in the transition back to non-COVID-19 research. This follows a national strategy by the National Institute for Health and Care Research (NIHR) to restart research projects and increase activity to that of pre-pandemic levels. This switch back to 'normal' research mirrors our current Corporate Strategy, which includes a commitment "to build or embed research and education into every clinical encounter in our care".

### 5.1 Research activity

In 2022/23, we recruited 1,165 participants to NIHR portfolio studies. This is the highest number since the NIHR records began in 2008 (excluding COVID-19 years 2020-2021) and exceeded our target by more than 50%. Within the region, we have had a similar performance to the Royal Papworth Hospital and James Paget University Hospital, who both have larger research resource and facilities compared to QEH.

Our recruitment rates are far higher than other single hospital trusts of similar size and some multi-hospital trusts within the region. The only single hospital trusts in the region with significantly more patients are Norfolk and Norwich University Hospitals Trust and Cambridge University Hospitals NHS Foundation Trust.





There has been multi-departmental support for studies throughout the Trust, including services leading the recruitment of patients who have passed through their usual care pathway. Key areas to note are Radiology, Women & Children, and the Emergency Department, which have all recruited more than 100 patients this year. This highlights the push for research to be embedded into all areas, and where patients may be making unscheduled or ‘one-off’ visits. We have been fortunate that we have had studies in these areas for this period and continue to look for opportunities to expand further in the future.

The Trust currently sponsors one study (Efficacy of a Streamlined Heart Failure Optimisation Protocol for Patients with Severely Impaired Left Ventricular Systolic Function, a randomised controlled trial – SHORT) which is recruiting to both time and target and is set to fulfil recruitment of 60 patients by June 2023.

There have been some disruptions to research during the year, which have taken place largely as a result of the NIHR Research Reset Programme. This has been a centrally driven assessment of all current non-commercial studies in England, which has seen those deemed to be off target paused or closed. The NIHR Research Reset Programme also includes a shift towards commercial research trials, which



became apparent in late 2022 when the NIHR aligned 5% of in-year overall funding to delivering commercial projects to time and target. Another 5% was linked to engaging with participants to fill out research questionnaires. These areas are crucial for the Trust as all staff are currently externally funded by the NIHR through the East of England Clinical Research Network. We have delivered on both internal and external NIHR targets for 2022/23 and secured unchanged funding for 2023/24 of approximately £460K.

To ensure stability and potential for departmental growth moving forwards, we will make a concerted effort to develop our commercial study portfolio over the coming year. This will give provide new opportunities for patients in certain specialties to access potential treatments or drugs many years ahead of their clinical use. The ability to deliver higher impact research will also bolster our future plans for recruitment, retention and providing higher quality education, which will be significant should the Trust aspire to achieve teaching hospital status in the coming years.

## 6 Reducing and eliminating healthcare associated infections (HCAI)

The Trust's strategy for Infection Prevention and Control provides standards for the prevention and control of infections. It includes objectives based on the Code of Practice within the Health and Social Care Act 2008 (updated 2015), known as the Hygiene Code, and related guidance from the Department of Health.

### 6.1 Management structure for infection prevention and control

The Director of Infection Prevention and Control (DIPC) leads the Trust's work on the prevention and control of infection, supported by the Infection Control Doctor, Deputy DIPC and the Infection Prevention and Control (IPC) Team.

### 6.2 HCAI data

NHSE sets thresholds for Methicillin resistant staphylococcus aureus bloodstream infection (MRSA BSI), Clostridium Difficile infection (CDI) and Gram-negative blood

stream infection (BSI), including *Escherichia coli* (*E. coli*), *Klebsiella* species and *Pseudomonas aeruginosa*. National surveillance is mandatory for these organisms and is reported into the Health Care Associated Infection Data Capture System (HCAI DCS).

Oversight of these organisms is provided by the integrated care board (ICB). Post infection review is undertaken for all cases by the patient's clinical team and reviewed by the Trust's IPC Team and the ICB's infection prevention and control lead within 30 days of the specimen date. This timely review allows for learning to be identified so that changes can be made to practice where necessary to improve safety outcomes for future patients.

#### **Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infection – threshold zero**

During 2022/23, one MRSA bloodstream infection was attributed to the Trust. Following a post infection review process involving the Infection Control Doctor, Deputy DIPC and the ICB lead, numerous learnings were identified. These included poor canula care, poor compliance with visual infusion phlebitis scoring and dusty and cluttered ward environment, while the patient was not isolated in line with Trust policy. The patient was medically fit for discharge prior to acquiring the infection and was awaiting social care discharge.

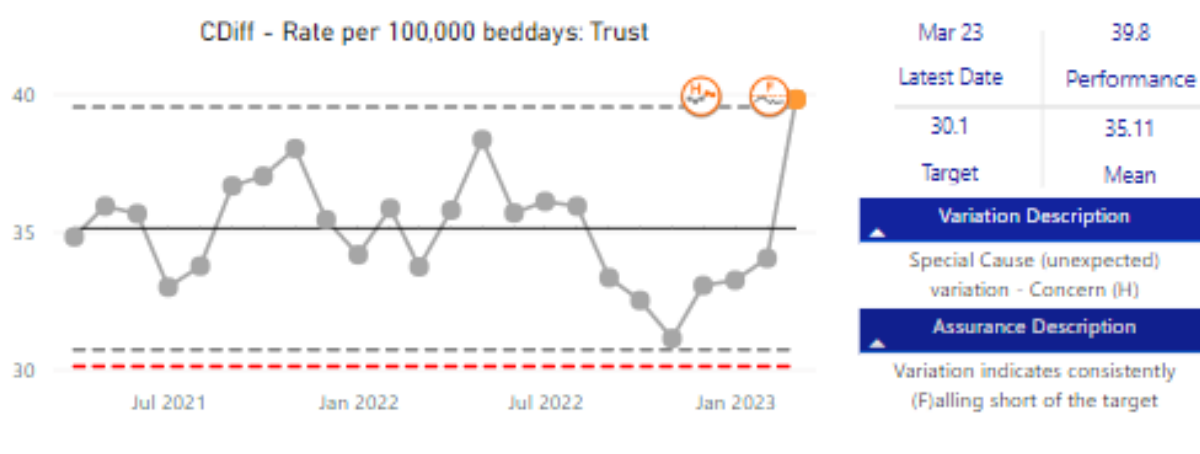
#### **Meticillin-sensitive *Staphylococcus aureus* (MSSA) bloodstream infection – no threshold set for 2022/23**

There were 26 cases of MSSA bloodstream infection associated with the Trust during the year. Following a post infection review process involving the Infection Control Doctor, Deputy DIPC and the ICB lead, numerous learnings were identified. These included poor canula care, poor compliance with visual infusion phlebitis scoring and poor documentation of skin decolonisation.

#### ***Clostridium difficile* infection (CDI) – threshold 60**

During 2022/23, there were 72 cases of CDI. Of these, 25 were attributed to the Trust and 26 were not attributed to the Trust. The ICB is reviewing the remaining 21 cases to determine attribution and cause. The rate per 100,000 bed days of cases of CDI reported within the trust amongst patients aged 2 or over, for the 12 months to 31 March 2023 was 39.8.





### Gram-negative bloodstream infections (GNBSIs)

The NHS reviewed the 2016 plan for reducing GNBSIs during 2019/20 and reset the long-term plan for a 50% reduction in GNBSIs by 2024/25. Preventing bloodstream infections is anticipated to have a major impact on reducing the rise in antibiotic resistance through reducing the need to prescribe antimicrobials. The IPC Team continues to work with ICB colleagues to identify causes of both community and hospital associated GNBSI.

### Pseudomonas aeruginosa – threshold 10

There were 12 cases of Pseudomonas aeruginosa attributed to the Trust during the year.

### E. coli – threshold 59

There were 51 cases of E. coli attributed to the Trust during the year.

### Klebsiella species – threshold 24

There were 17 cases of Klebsiella species attributed to the Trust during the year.

## 6.3 Actions taken to reduce healthcare associated infections

Post infection reviews are undertaken for each case and managed by the IPC Team, Infection Control Doctor and supported by the ICB. Lessons learned are shared across the Trust through an organisational learning newsletter, incident reporting feedback, infection control operational meetings, the Hospital Infection Control Committee and monthly divisional governance meetings.

In addition:

- Bespoke education / training is provided to affected areas
- IPC education takes place at induction / mandatory training
- We manage an IPC library of policies in line with national guidance
- The site team is educated in isolation room prioritisation
- Antimicrobial stewardship and engagement is in place
- Daily monitoring and surveillance is carried out by the IPC Team
- A multidisciplinary team approach to healthcare associated infection / outbreak management is in place
- National cleaning standards are in place across the Trust and audits undertaken for assurance, supported by domestic supervisors and divisional matrons
- Domestic and housekeeping staff are trained in national cleaning standards
- The IPC Team support procurement colleagues to ensure effective and efficient cleaning products are purchased and in place
- A supportive programme of audit, including hand hygiene, personal protective equipment (PPE) usage, isolation and environmental cleaning, is in place
- Colleagues attend monthly harm free care meetings to raise awareness in areas such as catheter care, line/cannula management, nutrition and hydration
- The Safety Thermometer is in place across the Trust to monitor catheter-related infections
- MRSA screening is in place, in line with national guidance

#### **6.4 Challenges this year**

- Achieving the HCAI threshold (awaiting 2023/24 thresholds)
- Restoring service delivery to pre-COVID-19 status
- Preventing nosocomial COVID-19 infections

- MRSA screening and management
- Completing post infection reviews within national timeframes
- New build / refurbishment management – controlling IPC in the environment

## 7 COVID-19 pandemic

The global COVID-19 pandemic caused by Severe Acute Respiratory Syndrome-Coronavirus-2 (SARS-CoV-2) and the urgent need for acute care providers to continue to safely provide the full repertoire of services continued to be a significant challenge for Infection Prevention and Control teams and service delivery during 2022/23.

Although COVID-19 vaccines have been critical in reducing the severity of disease caused by current circulating variants of SARS-CoV-2, evolution of the virus means higher rates of transmissibility and therefore higher case numbers both in and outside the hospital.

Rapid identification and diagnosis of patients and hospital staff who are infected has remained critical in limiting the spread of the virus at the Trust and helping to protect those vulnerable to severe COVID-19 infection.

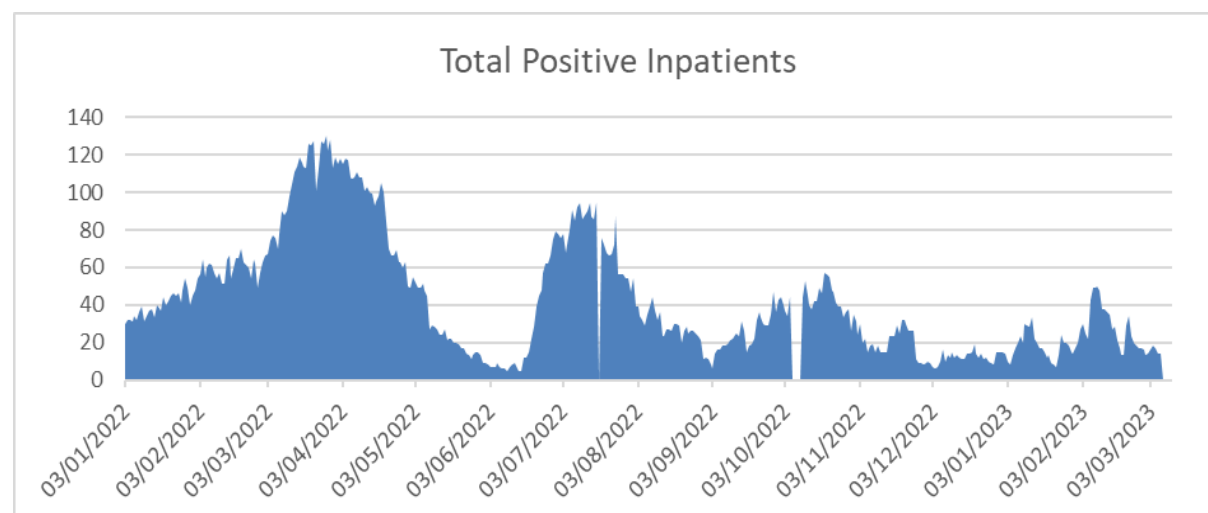
Central to this has been the QEH COVID-19 Rapid Diagnostic Laboratory, which expanded substantially during the pandemic. By April 2022, there were 20 testing platforms within the laboratory and an additional three used by staff in clinical areas, while the laboratory was also operating 24 hours a day, seven days a week. Having a robust service on site has been core to supporting patient flow and safety throughout the pandemic.

### 7.1 Testing

The Eastern Pathology Alliance (EPA) Network has been instrumental in the local and regional response to COVID-19. The provision of fast and reliable testing for the presence of the virus in both patients and staff is critical both for patient management and to ensure best Infection Prevention and Control practice. The EPA virology laboratory is amongst the top three nationally for SARS-CoV-2 PCR sample turnaround times, with 80% processed within 15 hrs of receipt and 99% within 24

hours. The laboratory has worked closely with partner organisations throughout the Norwich Research Park to provide a daily testing service across Norfolk.

### Positive inpatients at QEH



Throughout the pandemic, we implemented national guidance on PPE and infection control to ensure the safety of our staff and reduce the risk of transmission. The IPC Team worked closely with internal and external colleagues (ICB, UKHSA, NHSE) to devise pathways for the safe placement of patients. These pathways and ward designations varied according to local prevalence and were categorised as red, amber and green. The IPC Team developed new policies on managing patients with COVID-19, managing contacts and the use of PPE, screening and ventilation, all in line with national guidance. An audit tool was devised to measure and improve compliance and cases where the infection was hospital-acquired were subject to a post infection review. Data generated was used to provide assurance against a national Board Assurance Framework specifically for COVID-19 which was managed and monitored at the quarterly Hospital Infection Control Committee.

## 7.2 Outbreaks

In total, the Trust recognised and reported 61 outbreaks of COVID-19 infection to the national reporting system between April 2022 and March 2023. All outbreaks were managed in line with national guidance and regular meetings were held with internal multi-disciplinary teams and external representatives from the ICB and the UKHSA to ensure that all appropriate actions were being taken.

## 7.3 COVID-19 vaccination programme

Our Vaccination Centre opened on 30 December 2020 with the aim of delivering 100% vaccinations to our staff, other health and social care staff and identified patient groups within the local community. To ensure the availability of vaccination centres to local people, we opened an additional site at Downham Market between March 2021 and February 2022 and were commended by the national team on how quickly the site was opened. As part of Norfolk and Waveney's Future System Planning for Living with COVID-19, we continued to provide a vaccination programme for 2022/23 based on the Government's strategy, including a campaign during autumn and winter.

We opened a new, purpose-built Vaccination Centre in March 2023 in one of our modular units. It is the only COVID-19 vaccination centre in King's Lynn and will continue to offer first and second doses, as well as booster jabs for those eligible. This will include 2023 spring boosters for eligible patients, including inpatients ready for discharge.

## 7.4 Vaccination data

*1 April 2022 to 31 March 2023*

Dose	Total
First	869
Second	1,705
Boosters	31,608
<b>Total</b>	<b>34,182</b>

*Complete data set - December 2020 to 31 March 2023*

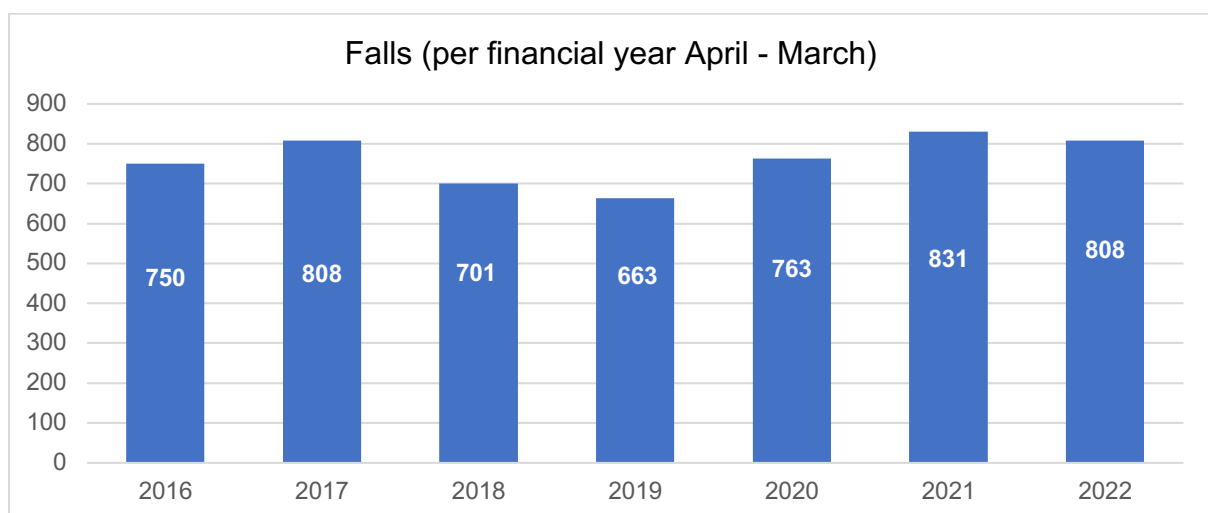
Dose	Total
First	42,875
Second	43,110
Boosters	69,126
<b>Total since launch</b>	<b>155,111</b>

# 8 Reducing the number of patients experiencing harm as a result of falls in hospital

## 8.1 Falls prevention and management

Falls in hospital are the most reported inpatient safety incidents. They are caused by a wide variety of factors which can differ between each patient, and more generally by the unfamiliar hospital environment. Falls prevention requires a multi-disciplinary approach, the identification of potential risk factors for each patient and planned interventions to mitigate these risks. It is the cumulative impact of these often-simple actions which reduces the occurrence of falls, prevents avoidable harm, and provides a safe care environment for our patients.

Inpatient falls are the primary cause of hospital-acquired injury and are a major cause of disability and mortality, particularly in older patients. All falls can have an immense impact on the patient, their family and their experience of inpatient care, even when there is no associated injury. Falls often result in increased length of stay and reduced quality of life and are costly to patients and hospitals alike. In 2022/23, a total of 808 falls were reported at QEH, equating to more than two inpatient falls each day.



The last two years have seen an increase in the number of falls. This is thought to be because of the adverse factors and associated complications experienced during the

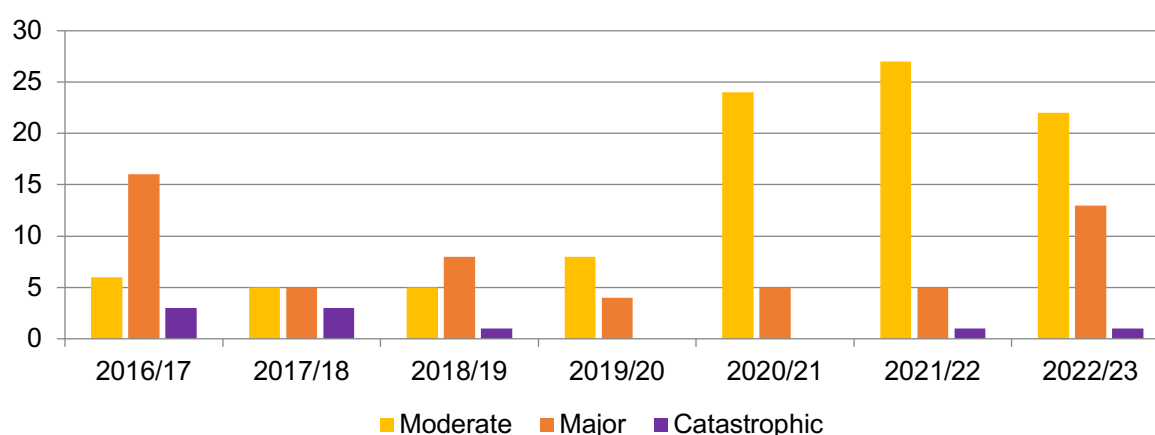
COVID-19 pandemic, such as an increase in admissions, limited staff resources, the acuity level of patients, an increased number of long stay patients and the use of escalation areas to address capacity issues.

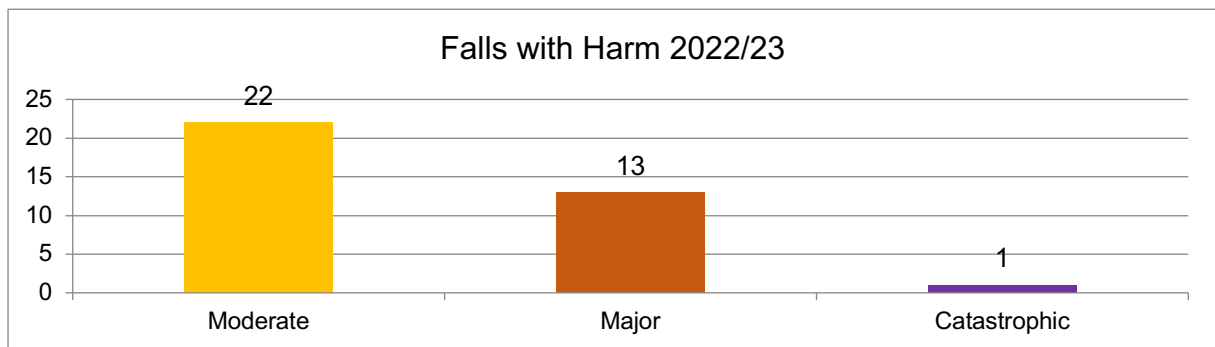
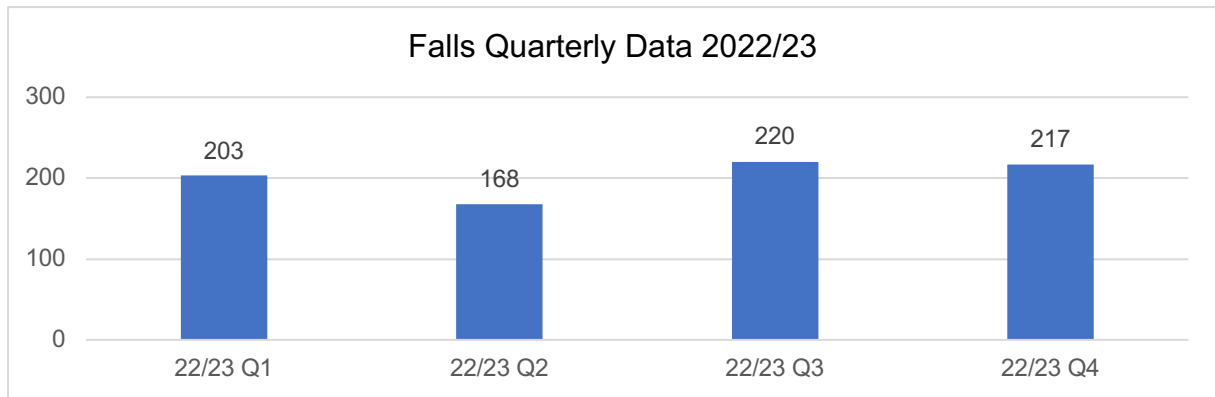
During 2022/23, we have remained focused on achieving an agreed performance indicator to reduce the total number of inpatient falls. Throughout the year, falls have remained at an average of around 60; however, a steady increase was noted monthly from September and peaked in December with 92 falls. Since then, we have noted a monthly decrease in falls. Throughout the year's reporting period falls per 1000 bed days ranged from 2.85-5.74 but remained below the national target of 6.65.

Although the overall number of falls taking place at the Trust reduced between 2021/22 and 2022/23, the number which resulted in harm or injury to patients – and particularly harm categorised as major – increased. As a result, our falls strategy will continue to focus on recognising those at risk of falls and further implementing falls prevention strategies across the Trust.

## 8.2 Falls recorded by level of harm sustained

The total number of falls resulting in injury increased by approximately 9.09% in 2022/23 (based on moderate and above levels of harm).





### 8.3 Prevention and risk management

We have recruited a substantive Falls Lead Nurse who is working closely with the Patient Safety Team and Divisional Leadership Teams to support several quality initiatives which are designed to ensure that all elements of falls prevention and management are addressed across the Trust. These workstreams have included embedding and strengthening the use of our updated Falls Prevention Care Plan, which includes practical and achievable falls prevention interventions and focuses on a person-centred multi-factorial approach. This has been an ongoing process which has seen teaching and support provided to new staff when they join the Trust.

Over the past 12 months, the importance of falls prevention and recognition as a shared responsibility has been significantly impacted by the continued development of our services and focus on frailty. Our understanding of caring for older people has increased substantially, not least through the adoption of the frailty concept from the Emergency Department and throughout admission, and with the introduction of new guidelines and strategies. The early identification of frailty, recognition of cognitive impairment from admission and a multidisciplinary team approach with the right knowledge, skills and behaviours have been proven to improve patient experience, patient safety and outcomes.



Awareness of falls prevention has increased, and staff of all professions are more engaged in delivering a robust safety culture across all areas. Clinical areas have carried out localised reviews of falls data and initiated change to reduce the occurrence of falls. This has included wards identifying that most falls occur later in the day, which had led to the adjustment of staffing numbers and late shift timings. Other clinical areas have recognised an increased number of falls in toilets, bathrooms and side rooms, and have subsequently purchased appropriate assistive technology for these areas.

The Falls Lead Nurse and the Patient Safety Team have revised incident reporting for falls, ensuring that key information is captured to assist with incident investigations and facilitate patient safety and improvement initiatives. An incident dashboard has also been developed which gives all ward managers the opportunity to review falls incidents and identify any corresponding themes or trends.

Every fall incident report submitted that meets the threshold of moderate harm is reviewed by a senior panel once a week to ensure that they have been accurately graded on the Trust's incident reporting system and that the right level of investigation or incident review is accorded. When analysis of the incident identifies areas of learning for staff, it is cascaded back through divisional representatives or Trust-wide through the Communications Team.

The Trust has introduced the Electronic Prescribing and Medicines Administration (EPMA) software in all clinical areas. The software provides immediate medication information, an audit trail for both prescribing and administration and helps to identify high-risk medications and enable improved protocol prescribing. EPMA will strengthen the process of polypharmacy medication reviews, optimise the prescribing of falls-inducing medication and provide links to community services.

We have continued to review documentation audits monthly to support improvements in quality measures with regards to patients having timely multi-factorial falls risk assessments, bed rails assessment and associated care planning to mitigate potential risks. Together with any identified learning from incidents, the audits are also used to target further support at a ward and department level.

The Falls Prevention and Management Operational Steering Group continues to focus on the falls workplan and developing further quality improvement initiatives.

The Trust continues to take part in the National Audit for Inpatient Falls (NAIF), which specifically explores post-fall care for patients aged 65 years and over who sustain a hip fracture whilst in our care.

## **8.4 Education and training**

The Falls Lead Nurse has developed a comprehensive training session which takes place both virtually and face-to-face once a week to staff of all disciplines. This training focuses on the multi-factorial risk factors of falls, falls prevention interventions, the assessment and provision of special observations and post-fall care and management. By the end of March 2023, mandatory training compliance Trust-wide for falls was 63% (below target) and remains an area of focus for improvement in 2023/24.

Following a review of the Trust's Special Observation Policy in May, the Falls Lead Nurse provided 'teach the trainer' sessions to 48 staff, including Clinical Nurse Educators.

Recruitment of the Frailty Nurse Consultant and expansion of the Geriatric Consulting Team has enabled frailty-focused training within the medical profession, particularly within the Medical Division.

## **8.5 Priorities for improvement in 2023/24**

- Continue to aim for a reduction of inpatient falls by 15%
- Restructure and expand the Falls Team with the introduction of an unregistered practitioner
- Review and ensure the falls workplan and the Falls Prevention and Management Operational Steering Group meeting reflect the themes identified
- Use data from both local audits and the National Audit of Inpatient Falls to evaluate the effectiveness of current interventions and identify good practice and learning needs
- Continue to work with the Frailty Nurse Consultant to provide bespoke training sessions on key learning topics

- Work collaboratively on other linked falls prevention initiatives led by the Frailty Nurse Consultant and Osteoporosis Nurse
- Continue to work with alternative learning forums, including pre-registration learners and international nurses
- Increase collaborative working with Norfolk and Waveney ICS
- Relaunch the Trust-wide 'Champion' role, with the possibility of expanding it to include frailty and dementia
- Optimise the application of EPMA to strengthen the completion of medication reviews at ward level and focus on the use of sedatives, hypnotics and anti-psychotics, identification of falls-risk inducing medication and compliance with Trust policy
- Continue to network with other organisations to learn from those who have had similar experiences and adapt concepts and methods already proven to have worked elsewhere
- Improve and centralise access to useful resources and local and national guidelines to enhance staff development on falls prevention and management and other associated topics
- Strengthen the organisation's safety culture with the introduction of post-fall debriefs
- Continue environmental reviews
- Support education to further enable meaningful individual activities for patients
- Continue to develop the process of pharmacy referral form after inpatient falls

## 9 Reducing avoidable pressure ulcers

Despite extensive review and interventions, pressure ulcers remain a challenge for the patients and healthcare professionals, with national evidence suggesting that between 1,700 and 2,000 patients develop pressure ulcers every month (NHS Safety Thermometer).

The standardised practice of the Assessment, Skin Inspection, Keep Moving, Incontinence, Nutrition, Surface (ASKINS) bundle continues to keep pressure ulcer prevention at the forefront of our minds while maintaining or improving current standards.

The following tables show a comparison of the year-on-year trend in hospital-acquired pressure ulcers (HAPU) associated with lapses in care for the last three years. Lapses in care are identified when there is little or no documented evidence but may not indicate an absence of care. Although the data shows a significant spike in the number of incidents of HAPU for 2022/23, analysis of the rate at which these incidents were associated with lapses in care indicates a reduction overall. This means that although more patients developed HAPUs – most likely as a result of increased acuity or age – fewer were developed due to lapses in care. For example, 100% of HAPU in April 2021 were because of lapses in care compared with 55% in April 2022.

Table 1

	HAPU 2020/21		HAPU 2021/22		HAPU 2022/23	
	Total incidents	Incidents with lapses in care	Total incidents	Incidents with lapses in care	Total incidents	Incidents with lapses in care
<b>April</b>	18	5	3	3	11	6
<b>May</b>	8	3	3	1	7	1
<b>June</b>	2	1	4	3	9	6
<b>July</b>	2	1	3	3	8	3

<b>August</b>	4	3	4	2	5	1
<b>September</b>	2	1	8	5	9	6
<b>October</b>	3	3	7	4	12	6
<b>November</b>	5	1	5	2	7	4
<b>December</b>	2	0	8	4	4	1
<b>January</b>	7	4	4	1	7	4
<b>February</b>	4	3	2	1	7	5
<b>March</b>	3	1	6	4	4	3
<b>Total</b>	<b>60</b>	<b>26</b>	<b>57</b>	<b>33</b>	<b>90</b>	<b>46</b>

Table 2

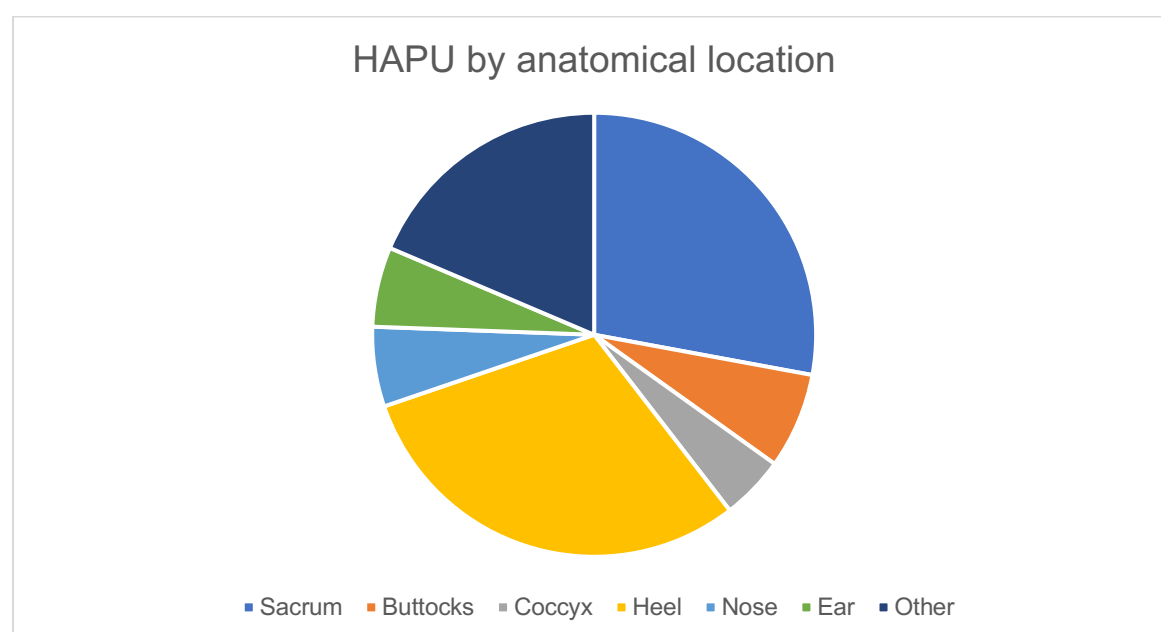
	2020/21	2021/22	2022/23
<b>April</b>	28%	100%	55%
<b>May</b>	38%	33%	14%
<b>June</b>	50%	75%	67%
<b>July</b>	50%	100%	38%
<b>August</b>	75%	50%	20%
<b>September</b>	50%	62%	44%
<b>October</b>	100%	57%	50%
<b>November</b>	20%	40%	57%
<b>December</b>	0%	50%	25%
<b>January</b>	57%	25%	71%
<b>February</b>	75%	50%	71%
<b>March</b>	33%	67%	75%
<b>Overall rate</b>	<b>48%</b>	<b>59%</b>	<b>48%</b>

There are many factors that may have contributed towards this spike in overall incidents. However, the reduction in the rate of lapses in care is encouraging and most likely a result of the introduction of new simulation-based education focused on pressure ulcer prevention, along with existing frameworks of education.

A review of all HAPU by anatomical location shows consistency with previous years, with the sacrum, buttocks and coccyx remaining the most at-risk areas for pressure damage, followed closely by the heels, as illustrated in table three.

Analysis of the lapses in care identified during investigation again remains consistent with previous years, with the most frequent being poor documentation that evident repositioning has taken place as per policy.

*Table 3: HAPU by anatomical location*



## 9.1 Reporting

Following 2018 guidance from NHS Improvement, the Trust continues to conduct investigations into HAPU with a focus on good practice, learning and identifying where lapses in care may exist:

- All category two to four, unstageable and deep tissue injury (including medical device related pressure ulcers) hospital-acquired pressure ulcers are reported as incidents

- The Tissue Viability Nurse (TVN) sees the patient within 48 hours following a reported incident to assess and complete the review using the ASKINS criteria. This is sent to the appropriate Ward Manager/Matron and Divisional Risk and Governance Lead. The incident report is amended in line with TVN validation
- Where lapses in care have occurred, level of harm is agreed by the TVN and Patient Safety Team, based on the number of lapses in care and physical degree of harm caused by the pressure ulcer
- Those deemed to be of moderate harm are discussed at the Serious Incident Review Forum, which will ascertain whether the pressure ulcer incident meets the SI threshold. For 2022/23, one HAPU was declared as meeting this threshold

Following a review of incidents during 2022/23 and subsequent investigations, the predominant themes for hospital-acquired pressure ulcers remain the same:

- Lack of documented evidence regarding regular repositioning
- Inaccurate risk assessment leading to inappropriate equipment

## **9.2 Initiatives to further reduce harm as a result of hospital-acquired pressure ulcers**

During 2023/24, a number of additional educational methods will be introduced with the aim of reducing harm through hospital acquired pressure ulcers. These have been broken down into:

- Mandatory training
- Simulation based pressure ulcer prevention training, which will run every other week and be open to staff of all grades
- Additional teaching for ED staff specific to risk assessment (Waterlow tool) and accurate identification of pressure damage
- A pressure ulcer prevention pilot program, which will be trialled on two wards
- Unregistered teaching

## 10 End-of-life care

The care provided to patients and their families in the last days, weeks and months of life remain a high priority for the Trust, and we are committed to consistently delivering safe and compassionate care. To help focus on this level of importance a five-year strategy for End-of-Life Care was launched in July 2020 which reflects the five ambitions of care in the Trust's Corporate Strategy. This provides a clear pathway and supports our governance structure by ensuring the patient and their loved ones remain a focus in all we do.

The National Audit of Care at the End of Life (NACEL) made several recommendations for improvement in 2022/23, which largely focused on communication and are now part of enhanced training across the Trust. The report also reflected the increased confidence that medical and nursing colleagues have in the Palliative and End of Life Team.

Over the past 12 months, the Palliative and End of Life Team has continued to grow with the addition of a full time Consultant Nurse. Plans are in place to recruit a Clinical Nurse Specialist, together with an additional nurse or therapist to help facilitate patient transfers home, or to a care home or hospice. A new Lead Nurse was appointed this year and brought a wealth of experience to enhance the team and service. Having a larger team also enabled the development of new ways of working, including a simplified referral pathway to facilitate access to palliative care advice and a timelier response, as well as closer links with the discharge planning team and hospice

The team assessed all patients who were recognised as requiring palliative care and those approaching end of life, and also attended to give help and advice to manage symptoms.

The Trust promoted best practice for care in the last days of life using the Individual Plan of Care (IPOCs), where the multidisciplinary team records individualised care and advice. A positive change achieved in the last 12 months saw the team work more closely with spiritual colleagues, which enabled our Chaplains to record any spiritual care given to the patient and loved ones in the IPOC. This ensured the patient received a holistic approach to all their needs. All deaths occurring within the



Trust were also reviewed monthly to identify trends and areas of concern and improvement, the findings of which were presented at the Learning from Deaths Forum.

The use of a purple tree symbol to represent end of life is well established across the Trust. A purple tea light on the desk marks the recent death of a patient, subtly promoting quietness and respect by those entering the ward. The care rounding documentation associated with the IPOC is also produced on lilac paper, and patient property after death is sensitively placed in a purple fabric bag.

During the year, we relaunched End of Life Champions on our wards and departments and received positive feedback from staff, who said they felt better prepared to deliver high standard of care to the dying and their families.

The Palliative Care Team have continued to provide training and education across the Trust, offering knowledge, real time stories and practical advice. Elements of end-of-life care are now mandatory for appropriate staff and include how to provide last offices and secure a patient's property.

Our plans for 2023/24 include:

- Developing a clear education plan for all wards and departments
- Embedding a strong and highly visible team within the Trust to support teams in providing high quality and holistic care to patients approaching end of life
- Expanding the Palliative Care Team to ensure care can be provided in a timely manner to all patients identified as needing the service
- Embedding fast tracking in the team to manage timely response and achieve the patient's preferred place of care

# 11 Reducing avoidable mortality

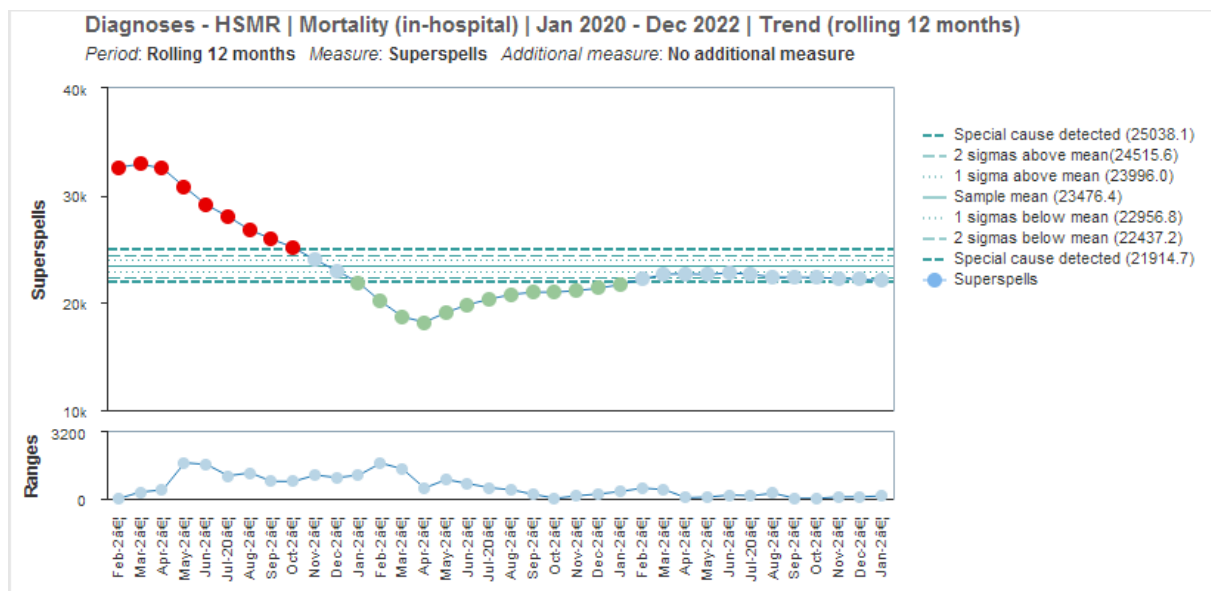
## 11.1 Learning from deaths

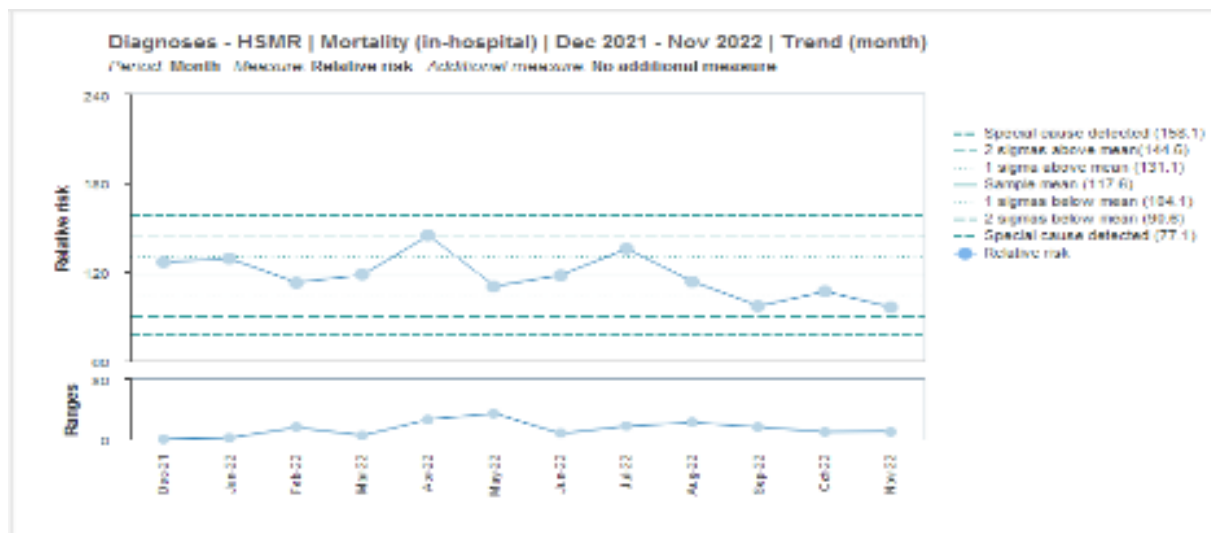
The Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Index (SHMI) are two standard measures against which hospital mortality outcomes are measured.

HSMR is a ratio of observed to expected deaths of patients based on a subset of diagnoses (56 diagnosis groups that constitute 80% of all hospital deaths).

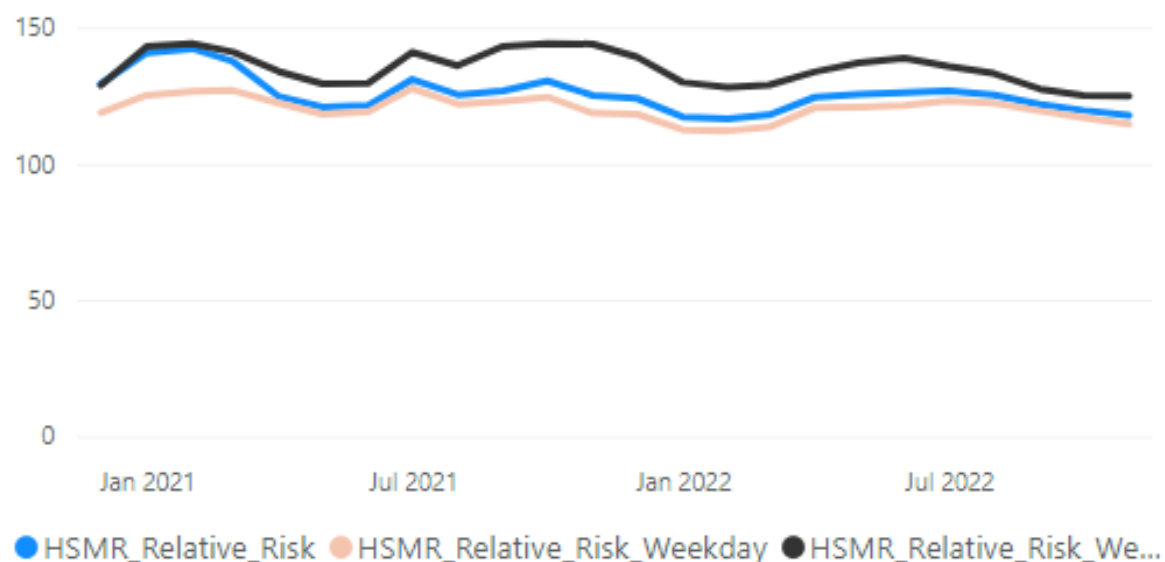
SHMI is the ratio between the actual number of patients that die following hospitalisation at the Trust and the number that would be expected to die based on average figures for England, given the characteristics of the patients treated there. For this reason, the SHMI data is reported with at least a five-month time lag.

The Trust has seen a levelling out of its HSMR during the year with a slight reduction at the end of the period. The measure is still adverse and above the expected range, but performance is gradually coming in-line with national peers. COVID-19 is still having an impact on the Trust's HSMR. The deaths were higher and the number of admissions lower, which adversely affected the HSMR calculation.





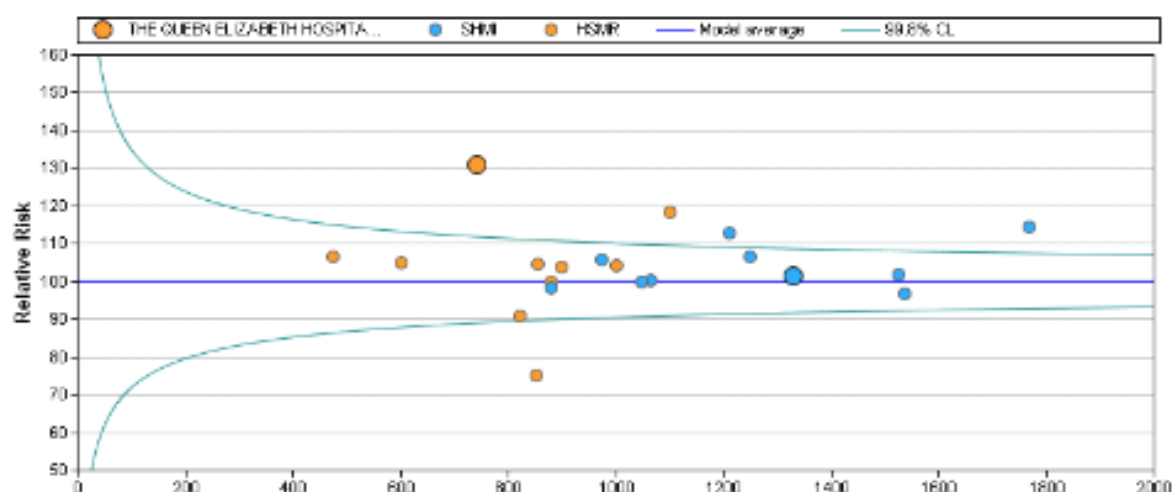
## HSMR - Relative Risk



The SHMI has remained stable and within expected parameters as shown in local monitoring below and within national monitoring. The graphic below shows the SHMI (larger blue dot) and the HSMR (larger orange dot) compared to local peers. The closer these dots are to the 100 line means the metric is within the expected tolerance levels.

The SHMI is 1.04 currently for the period January 2022 to December 2022 and is within expected parameters. Our SHMI has been stable at this position for the last

four quarters. The SHMI is reported six months in arrears and is the most current metric.



We have been working with NHSE throughout 2023/23 and have completed an improvement plan. The Trust has also used software to record its Structured Judgement Reviews (SJR) which has enhanced our ability to analyse patient outcomes and therefore target our efforts for improvement.

There were 1,259 deaths recorded in the Learning from Deaths process between January and December 2022. A breakdown of these deaths is provided in the below tables.

Month	Total Deaths	Female Deaths	Male Deaths	Deaths Over the Age of 70	Deaths Under the Age of 70	Med Deaths	Sur Deaths	W&C Deaths	ITU Deaths	Deaths Within 24 Hours	Deaths Within 48 Hours
Jan-22	120	54	66	90	30	96	9	1	14	19	9
Feb-22	90	43	47	82	8	77	6	1	6	10	7
Mar-22	109	51	58	90	19	90	8	0	11	12	5
Apr-22	125	56	69	102	23	104	3	3	15	9	13
May-22	95	41	54	76	19	73	8	2	11	9	9
Jun-22	89	43	46	74	15	74	6	1	8	10	6
Jul-22	121	48	73	100	21	104	9	1	7	10	8
Aug-22	101	46	54	86	15	79	12	1	9	12	6
Sep-22	74	38	36	59	15	64	4	0	6	6	6
Oct-22	104	47	57	95	9	83	14	0	7	5	5
Nov-22	92	42	50	79	13	76	7	2	7	7	7
Dec-22	139	74	65	119	20	119	6	1	13	8	9

Table 1: Number of deaths recorded in the Learning from Deaths process

Time period	Number of deaths
Quarter one	319
Quarter two	309
Quarter three	296
Quarter four	335

Table 2: Breakdown of deaths

Speciality	Number of deaths
Medicine	1,039
Surgery	93
Critical Care	114
Obstetrics and Gynaecology (including still births)	13

Table 3: Structured Judgement Reviews

Structured Judgement Reviews (SJRs) at the Trust are now guided by the Medical Examiner. We have completed fewer reviews than in previous years but have focused on cases where learning could occur. Each ward is provided with feedback from relatives to demonstrate where improvements could be achieved, particularly around communication.

Time period	Number of deaths reviewed	% of total deaths
Quarter one	96	30%
Quarter two	51	17%
Quarter three	34	12%
Quarter four	21	6%

Table 4: Themes of learning from reviews, incidents and family feedback

Communication with families	Primary diagnosis on admission not recorded in notes accurately
End-of-life and palliative care	Multiple ward moves during hospital stay
Falls assessment and management	

During the year, we continued to make changes to the Learning from Deaths Process to improve care. We appointed a dedicated Mortality Lead who is ensuring all SJRs are completed and is providing training for colleagues.

We continue to engage with NHSE and the Better Together Learning from Deaths Group to receive advice and training in the use of the SJR+ mortality comparator tool, and to support better data analysis which improves learning.

**Summary:** The Learning from Deaths process has been considerably strengthened over the years, with the Trust achieving 100% scrutiny of all deaths. Where care could have been better provided (triangulated through screening, family feedback, incidents, and alerts from Dr Foster's Mortality Report), cases were reviewed, and learning disseminated to the staff. The roll-out of the SJR+ review tool is expected to strengthen thematic learning from deaths in the next year and will ensure learning is shared with clinical staff.

## 12 Medical Examiner (ME)

During 2022/23, the independent Medical Examiner Service has continued to provide scrutiny of all in hospital deaths at QEH. The service reviews all deaths to confirm the cause of death with the attending team and liaise with the bereaved to identify any concerns they may have regarding care.

All referrals to the coroner are reviewed and discussed prior to submission to ensure the referrals are appropriate.

Any concerns identified either through discussion with the bereaved or on case note review are escalated to the Divisions and may have a Structured Judgment Review

(SJR). The service regularly provides feedback directly to the Divisions with comments received from the bereaved so that any concerns can be addressed.

During the year, additional Medical Examiner Officers have been recruited to fully establish the examiner service ahead of statutory implementation from April 2023. The service is now made up of four Medical Examiner Officers and eight part-time Medical Examiners.

We are working closely with the ICB and community teams to develop and deliver scrutiny for all deaths in our locality in line with forthcoming statutory requirements.

#### Activity of cases scrutinised

	Month	Total deaths	Cases reviewed by ME	% of in hospital deaths	Coroner referrals	Number of cases escalated by ME to divisional teams
<b>Quarter One</b>	April	128	128	100	14	34
	May	100	100	100	6	23
	June	95	95	100	14	29
<b>Quarter Two</b>	July	126	126	100	11	31
	August	106	106	100	15	26
	September	86	86	100	8	17
<b>Quarter Three</b>	October	117	117	100	17	24
	November	100	100	100	12	15
	December	157	157	100	15	11
<b>Quarter Four</b>	January	143	143	100	22	34
	February	106	106	100	8	15
	March	116	116	100	17	17

#### Plans for 2023/24 include:

- Working with local and regional teams to implement the scrutiny process for community deaths
- Implementing seven-day provision so that we can offer appropriate services to faith groups as needed
- Working with the national team to develop the Medical Examiner Information Database

## 13 Reducing hospital-acquired venous thromboembolism (VTE)

As a current exemplar site, the Trust is committed to ensuring that robust assessment and treatment is in place for the prevention of VTE. The roll-out of electronic prescribing software (EPMA) ensures that all patients are assessed before drugs can be prescribed.

VTE is a condition in which a blood clot forms in a vein, most commonly in the deep veins of the legs or pelvis. Hospitalised patients have a higher risk of developing VTE due to reduced mobility and accompanying illnesses such as infection, inflammation and dehydration, all of which increase the coagulable state of the blood. Each year, 25,000 people die from hospital acquired VTE. However, as it is a preventable condition, there is an expectation that appropriate measures should be taken to avoid VTE in hospitalised patients.

Our target is to screen 97.24% of all inpatient admissions for VTE risk and prescribe appropriate treatments to prevent hospital acquired VTE and the associated morbidity and mortality.

VTE risk assessments have been incorporated into EPMA, which has been built to enforce the completion of an assessment before drugs can be prescribed. The assessment and treatment plan are verified within 24 hours of admission by the named consultant. Patients deemed to be at increased risk of hospital-acquired thrombosis should be considered for VTE prophylactic treatment, which typically involves receiving a daily injection of a blood thinning agent (anti-coagulant) and the



use of thrombo-embolus deterrent (TED) stockings to improve the flow of blood back from the deep veins. However, prophylactic treatment with blood thinners can sometimes increase the risk of bleeding in some patients, and it is not uncommon for circulation in the feet to worsen when tight TED stockings are worn. All patients therefore need to undergo a three-stage process to assess their risk of clots, their risk of complications from prophylaxis and the prescription of the appropriate prophylaxis.

Where patients are diagnosed with hospital-acquired thrombosis, a root cause analysis is undertaken to confirm whether this could have been prevented.

### **13.1 VTE monitoring**

After patients are discharged, all sets of case notes are checked and coded to determine whether the VTE assessment had been completed and documented. These figures are nationally reported and included in the Trust's Integrated Performance Report which is presented to the Quality Committee.

A more detailed review of all inpatient case notes also takes place monthly. This audit examines whether:

- The documented VTE risk assessment was completed appropriately (for example, if it indicated there was no need for thromboprophylaxis in low-risk patients)
- The risk assessment was reviewed by a consultant
- The prophylaxis was then prescribed, if indicated; and
- The prophylaxis was then administered appropriately

### **13.2 Analysis**

Since June 2020, our performance has remained above the national target of 97.24% for VTE assessment. Due to COVID-19, hospitals have generally worked differently, which has meant that many more patients were seen and treated in an ambulatory care setting. It was agreed that cohorted Same Day Emergency Care (SDEC) admissions would be excluded from assessment as patients were not

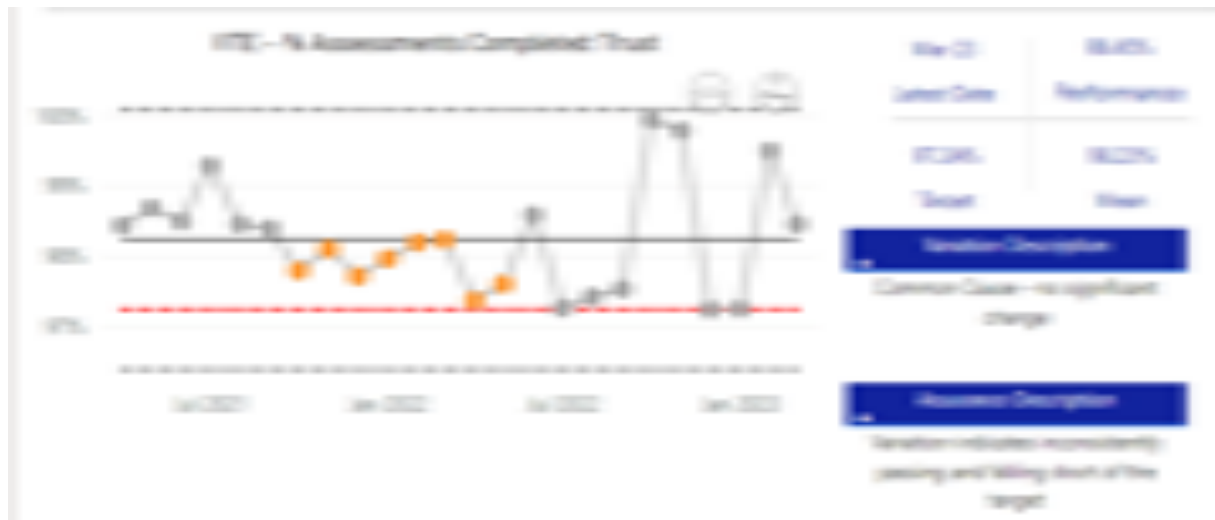
immobilised for long periods of time. However, a full VTE assessment was completed for any admission from SDEC.

To ensure compliance with the target, we:

- Rolled out a 'forcing function' within electronic prescribing from April 2021, which ensured screening for VTE was not overlooked
- Undertook regular awareness sessions at induction for junior doctors
- Ensured mandatory e-learning compliance
- Ensured junior doctors completed monthly medical documentation audits
- Updated Trust guidance on VTE prevention and management in line with NICE guidance. New pathways for standardised management of deep vein thrombosis (DVT) and pulmonary embolism (PE) were ratified for use and were available to staff
- Standardised guidance on the use of newer generation anticoagulants (known as Directly Acting Anti-Coagulants, or DOACs) to help minimise variations in practice.
- Presented patient case studies on hospital-acquired thrombosis at learning events
- Introduced VTE Champions
- Carried out HAT root cause analysis
- Completed medical documentation audits

These actions are key achievements for the Trust and ensure patients are well cared for and safe following their admission.

The table below shows QEH's reporting for the period:



## 14 Doctors in training rota gaps

The Trust adopts a proactive approach to recruitment, recruiting 10% above funded establishment to support any short-term vacancies that might arise within deanery allocation. A total of 179 trainees are currently in post at the Trust across a variety of specialties. The vacancy rate at 31 March 2023 was 9%, which is a result of either under recruitment at a national level or trainees not being placed at QEH due to reasons such as not wanting to commute to King's Lynn, family commitments and trainees requiring training within more specialised services. Although these vacancies contribute to gaps in the rotas across the organisation, these are mitigated at departmental level through the employment of locally employed doctors (LEDs). This mitigation works very well at foundation and lower specialty training levels but remains a challenge at middle grade level.

## 15 Information Governance

Information Governance is the practical application of the laws and principles that relate to the use of information, especially personal information. The legal framework governing the use of personal confidential data in healthcare is complex. It includes the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act 2018 and the Human Rights Act. It protects the rights of the individuals to whom personal information relates, which are referred to as data 'subjects', i.e. patients. It does not prevent the use of information provided those rights are respected.

The Data Security and Protection Toolkit (DSPT) is an online tool which enables organisations to measure their performance against data security and information governance requirements which reflect legal rules and Department of Health policy.

The DSPT Assessment Report status for 2021/22 was 'Approaching Standards' and an improvement plan was developed for those assertions not met. Action has taken place during 2022/23 and the majority of assertions defined as 'work ongoing' at time of writing are expected to be standards met by the end of June 2023 when the Trust makes its annual DSPT submission.

The updated position for the Trust is provided in the table below:

Assertions	Assertion description	Status as at June 2022	Status as at March 2023
<b>3.2.1</b>	Have at least 95% of all staff completed their annual data security awareness training in the period 1 April 2021 to 30 June 2022.	Standard met	Work ongoing (Expected to be standard met by June 2023)
<b>4.2.3</b>	Logs are retained for a sufficient period, reviewed regularly and can be searched to identify malicious activity	Standard met	Standard met
<b>4.3.1</b>	All system administrators have signed an agreement which holds them accountable to the highest standards of use	Standard not met	Work ongoing (Expected to be standard met by June 2023)
<b>6.2.10</b>	Does the organisation maintain a list of approved applications, and are users prevented from installing any application that is unsigned or has an invalid signature?	Standard not met	Standard met (No longer within the DSPT but this standard is now met within the Trust)
<b>7.1.2</b>	Do you have well defined processes in place to ensure the continuity of services in the event of a data security incident, failure or compromise?	Standard not met	Standard met

<b>7.3.6</b>	Are your backups kept separate from your network ('offline'), or in a cloud service designed for this purpose?	Standard not met	Work ongoing (Expected to be standard met by June 2023)
<b>8.1.3</b>	Devices that are running out-of-date unsupported software and no longer receive security updates (patches) are removed from the network, or the software in question is uninstalled. Where this is not possible, the device should be isolated and have limited connectivity to the network, and the risk assessed, documented, accepted and signed off by the Senior Information Risk Owner (SIRO).	Standard not met	Work ongoing (Expected to be standard met by June 2023)
<b>8.2.1</b>	List any unsupported software prioritised according to business risk, with remediation plan against each item	Standard not met	Work ongoing (This is dependent on business cases being developed across the Trust and is not a Digital Team responsibility in all cases. We are therefore currently unable to commit to this being complete by June 2023)
<b>8.2.2</b>	The SIRO confirms that the risks of using unsupported systems are being managed	Standard not met	Work ongoing (Expected to be standard met by June 2023)
<b>8.4.2</b>	All infrastructure is running operating systems and software packages that	Standard not met	Work ongoing (Agreed approach in

	are patched regularly, and as a minimum in vendor support		principle for monthly patching window across all IT systems. This will be a phased approach and it is anticipated that this will be fully in place by end of summer 2023)
<b>9.3.6</b>	<p>The organisation protects its data in transit (including email) using appropriate technical controls, such as encryption.</p> <p>Transport Layer Security (TLS), where used, should be well-configured TLS 1.2 or better</p>	Standard not met	<p>Standard met</p> <p>(There are a number of systems within the Trust that do not have TLS encryption in place, many of which are likely to be replaced within the EPR project. The Trust is unable to upgrade these systems at present due to the savings contributing towards the overall cost of EPR. This assertion does not mandate that TLS encryption is in place and it should be noted that the</p>

			Trust has many other security controls in place to provide further assurance in managing risk)
<b>9.6.1</b>	All devices in your organisation have technical controls that manage the installation of software on the device	Standard not met	Standard met
<b>9.6.4</b>	Only approved software can be installed and run, and unnecessary software is removed	Standard not met	Standard met
<b>9.6.10</b>	You have a plan for protecting devices that are natively unable to connect to the internet, and the risk has been assessed, documented, accepted and signed off by the SIRO	Standard not met	Standard met
<b>9.7.6</b>	Do all of your desktop and laptop computers have personal firewalls (or equivalent) enabled and configured to block unapproved connections by default?	Standard not met	Standard met

# 16 Readmission rates

This indicator measures the percentage of emergency admissions to any hospital in England occurring within 30 days of the most recent discharge from hospital.

Admissions for cancer and obstetrics are excluded as they may be part of the patient's care plan.

Indicator	Readmission rates				
	Percentage of patients readmitted to hospital within 28-days of being discharged				
	Reporting period	Trust score	National average	Highest score	Lowest score
<b>Percentage of patients aged (i) 0 to 15;</b>	2015/16	11.70%	N/A	N/A	N/A
	2016/17	10.86%	N/A	N/A	N/A
	2017/18	10.63%	8.90%	N/A	N/A
	2018/19	11.77%	9.60%	N/A	N/A
	2019/20	10.89%	9.60%	N/A	N/A
	2020/21	9.25%	9.88%	N/A	N/A
	2021/22	11.10%	10.50%	N/A	N/A
	2022/23	10.50%	10.10%	N/A	N/A
<b>and (ii) 16 or over</b>	2015/16	7.90%	N/A	N/A	N/A
	2016/17	8.59%	N/A	N/A	N/A
	2017/18	9.24%	8.30%	N/A	N/A
	2018/19	8.98%	8.70%	N/A	N/A
	2019/20	8.66%	9.00%	N/A	N/A
	2020/21	9.50%	8.38%	N/A	N/A
	2021/22	9.09%	9.28%	N/A	N/A
	2022/23	8.90%	8.20%	N/A	N/A



Data is provided from both NHS England and Dr Foster sources. We are working with system partners across health and social care to ensure safe discharge for patients following elective and non-elective admission.

# 17 Quality priorities for 2023/24

## Strategic Objective 1

### **Access to safe, compassionate and timely care for our patients.**

1. Ensure equity of access and consistently timely care of patients
2. Further improve safety, experience and the quality of care for patients
3. Ensure patient and staff feedback drives the Trust's quality priorities, service improvements and delivery of major strategic projects

Improve in the areas our patients say we must do better, aligned to the delivery of the Patient Experience workplan:

- Privacy, dignity and respect
- Discharge
- Communication (including attitudes and behaviours)
- Staffing concerns (including confidence in doctors and the perception of enough nurses on duty)
- Nutrition and hydration

To further improve on key safety metrics, including:

- Improving recognition and escalation of deteriorating patients
- Reducing the transfer of patients across the organisation
- Further improving the timeliness and quality of care for our Emergency, Cancer, and Elective patients in line with operational planning guidance
- Evidencing patient and service user feedback and input within service improvements and major strategic projects via the Trust's 'Our Patients' Voice' programme

## Strategic Objective 2

### **Improve our organisational culture and enable our staff to achieve their full potential**

1. Through our organisational culture programme, we will more consistently live our values and behaviours
2. Define our future ambition for education, research and innovation, and embed research across QEH
3. Ensure there is an organisational approach to workforce, talent and succession planning

Further improve the experience of working at QEH as evidenced by achieving an improvement against each area of the NHS People Promise as measured in the annual staff survey:

- Roll out and monitor the results of the quarterly pulse surveys in order to target interventions and adjust our engagement programme as needed
- Reduced patient and staff complaints and concerns related to values and behaviours
- Ensure we focus on a consistent approach to delivery of our behaviours throughout the Trust
- Complete a clear Education, Research and Innovation Strategy
- Improve research delivery as evidenced by expansion into commercial clinical trials
- Ensure there is an organisational approach to workforce planning, including talent and succession planning alongside launching a managers' induction programme for new and current line managers
- Be known as a national leader for our work to maximise support for staff health and wellbeing promoting staff resilience

## Strategic Objective 3

### **Transform how we work to deliver improved care and health outcomes for our local communities**

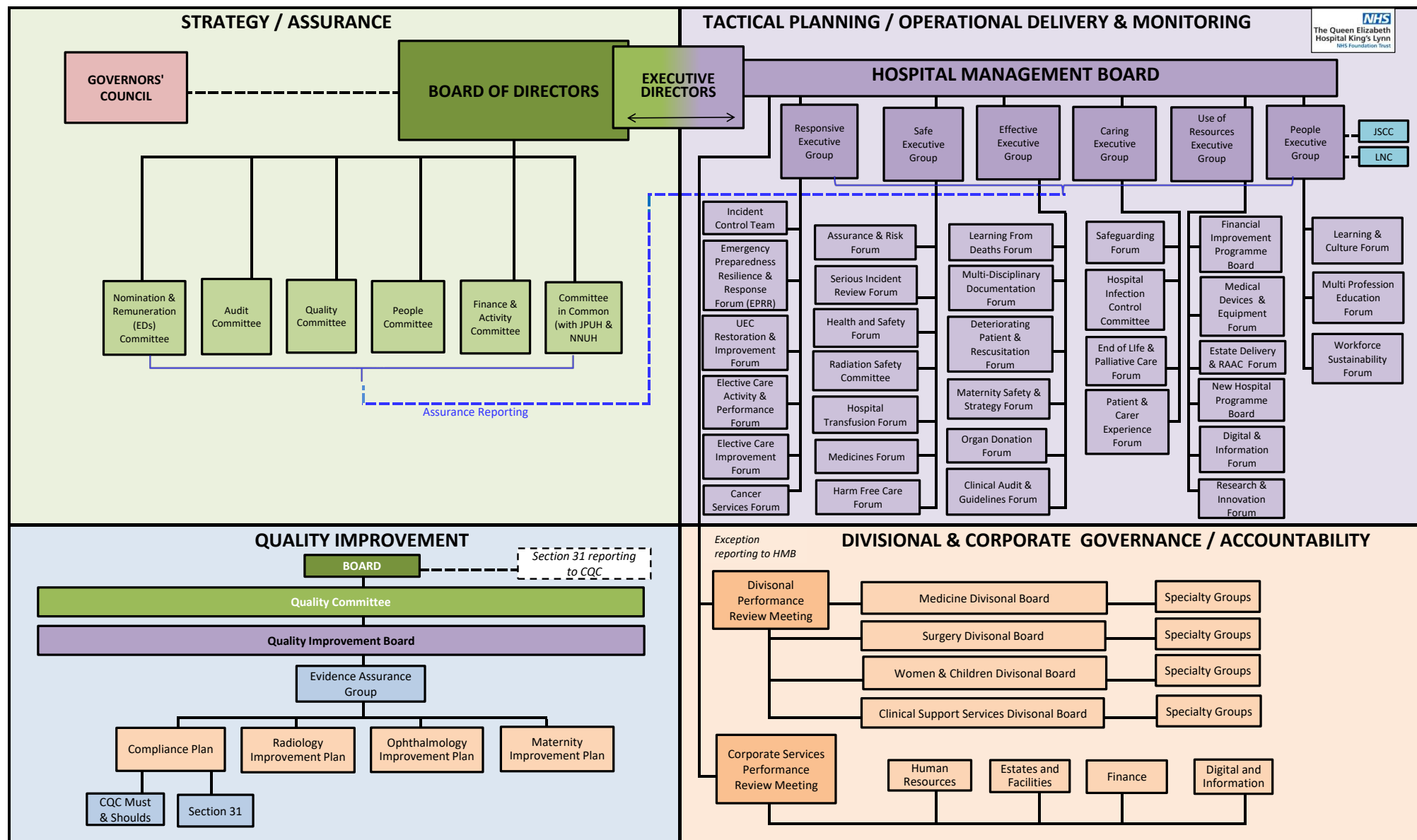
1. Deliver transformation through our major programmes of work including the New Hospital, Electronic Patient Record, Acute Clinical Strategy and Provider Collaboration
2. Maximise the safety of our current hospital, modernise our estate and further accelerate digitisation across the Trust
3. Deliver our financial plan and contribution to the delivery of the system's financial requirements

### **Proposed KPIs for delivery in 2023/24**

- Complete the outline business case for the new hospital and secure funding for key enabling schemes
- Start building the on-site Diagnostic Assessment Centre
- Secure £26.9m national funding and deliver the year three RAAC business case to maximise the safety of the current building
- Complete the Trust-wide roll-out of Patient Observation Management Systems (POMS) and implementation of Chemo E-Prescribing
- Prepare the next phase Electronic Patient Records implementation with other acute trusts in Norfolk and Waveney
- Explore the development of wider Provider Collaboration opportunities with key partners to further improve clinical outcomes and experience for our patients, focusing on known health inequalities priorities
- Lead on the development of an Acute Clinical Strategy across QEH, NNUH and JPUH to identify clear priority areas for closer collaboration with acute and wider system partners which support the delivery of improved care and services for our patients
- Deliver our financial and savings plans for the year, in turn contributing to delivery of the wider system's financial requirements



# Appendix 1



## Appendix 2

### **The Trust Governors' statement for the Quality Account 2022/23**

The Governors of the Queen Elizabeth Hospital, King's Lynn are pleased to contribute their views to the Quality Account 2022/23.

The Council has welcomed three new Governors following the January 2023 elections and is working to ensure that the Staff Clinical Governor vacancies are filled as soon as possible. The Governors note their concern at the number of interim and acting Executive Directors.

The Governors appreciate that this year has continued to be particularly demanding for staff across the hospital. Our thanks and appreciation are extended to every member of Team QEH for their hard work and dedication.

The members of our Trust continue to be an important source of information and advice to the Board and to the Governors' Council. Member opinion and shared experiences are welcomed and are valued and appreciated.

Governors recognise that the vaccination programme has been hugely successful and much appreciated by patients.

Governors find the weekly update bulletin from the Communication Team informative and a useful tool when representing the Trust at public meetings and in the community.

The Governors applaud the efforts expended by the Estates Team to ensure the safety of patients and staff, given the deteriorating state of the hospital building.

The Governors are delighted that the Trust has been awarded funding for a new hospital. Now our patients can be assured that they will benefit from a modern hospital.

The Trust's financial performance continues to meet expectations within the system and the Governors understand the implications of the financial decisions made by the ICS and ICB in 2023/24.

## **Positive Governor observations for 2022/23**

- Evidence that the Chair and Lead Governor are working closely with other hospitals in the area
- Financial plan approved for new electronic patient record across the three acute trusts
- Continuing financial grip and resilience
- Increased capital programme resulting in some great projects being delivered e.g. new and improved Endoscopy Centre, Emerson Unit and new MRI scanners
- New Vaccination Centre and adjoining day nursery
- Infection prevention control advice to families and visitors is comprehensive
- Opening of the Education and Innovation Centre to help staff access education resources
- Improvements to specialist areas including the Macmillan cancer area, the dementia garden and quiet areas for staff and patients to sit in the grounds
- Working at pace to keep the RAAC programme on time so that the Trust can continue to operate in areas which are now failsafe
- Appointment of new Chair and Chief Executive Officer
- Observing Board committee meetings
- Plans for further Governor training
- New hospital campaign: strong communications with the community encouraging support for the new hospital
- High performing teams training delivered by The Kings Fund to middle and senior management
- Unannounced Quality Assurance Visits have shown the high level of care given on the wards observed
- Helping U Sleep Healthy (HUSH) Programme and survey carried out by Governors

- Gradual reduction of elective waiting lists
- Complaints procedure continues to improve
- Visiting rules for patients have improved since COVID-19 restrictions have reduced
- Upgrading of the Maternity Ward, Neonatal Unit and maternity bereavement area.
- Recruitment of overseas midwives to boost staffing in maternity

#### **Areas for improvement identified by Governors as we look to 2023/24**

- Staff confidence in recommending the QEH as a good place to work
- Staff recruitment, retention, sickness, absentee levels, appraisal rates and the reduction of agency staffing
- Learning between teams within the Trust as evidenced at Quality Assurance Visits by Governors
- Greater engagement with local trusts
- Patients and the public to be involved in the development and planning of PLACE (Patient-led Assessments of the Care Environment)
- Patients' choice of discharge destination
- Stroke services and timely action
- Visibility of senior management within the Trust
- The number of vacant Executive posts and acting Executives in post
- Facilities for patients in wheelchairs in the Emergency Department
- Seating in the Emergency Department
- Ambulance waiting times, patient flow and delays to discharge
- Car parking to recognise disabled needs
- Signage within and on the estate
- Improvement plans which are behind target
- Reducing the number of falls



- Raising the profile of the Governors' Council to fill clinical Staff Governor roles
- Leadership at the integrated care system and integrated care board
- The quality of reporting data



# Appendix 3

## Statement from Healthwatch Norfolk

Healthwatch Norfolk (HWN) is pleased to have the opportunity to comment on the Queen Elizabeth Hospital, King's Lynn, Quality Account for 2022-23.

The document is quite lengthy and very detailed with a great deal of information. However, we recognise that much of the content is mandatory in accordance with the NHS Quality Account regulations. The welcome statement from the Trust Chair and Chief Executive provides an excellent summary of the contents of the report. In terms of the format, we are pleased to learn that the Trust intends to produce an easy read version of the document.

Whilst there is a great deal of information for readers to assess, there are several good examples throughout the document of work that has been carried out to achieve the priorities set for the previous 12 months. Staff have been recruited to several new posts including a Patient Information Officer, Armed Forces Welfare Officer, and a full-time consultant nurse for End-of-Life Care. Examples of actions directly related to patient experience include improvements to complaint handling and bereavement communication, a dementia friendly ward and garden incorporating service user expertise.

We note that the Trust continues to work on the 'must do' and 'should do' actions raised by the CQC and that at the time of the report 15 (43%) were approved for closure by the end of March 2023. We trust that progress will continue in completing the remaining actions.

HWN welcomes the actions that have been implemented around the reporting of safety incidents. Whilst fully recognising the level of patient activity across the Trust, in future reports it would be useful to learn more about the outcome of any additional work on mitigating the cause of the incidents. We congratulate the Trust on its performance on completing phases one and two of the Duty of Candour within the timeframe and trust that this level of performance will extend to phase 3 during the next 12 months.

With regard to staff, we are pleased to note the number of improvements and innovations that the Trust has invested in to address all of the significant concerns

raised and how the Trust is continuing its work to better support staff. We appreciate there continues to be significant challenges (on a national basis) to successfully recruit, support and retain staff in the NHS.

Further to our observation in last year's Quality Account regarding learning from the Trust's involvement in clinical audits, we are pleased to see examples of learning from the national Acute Medicine Benchmark Audit, and from a local audit on dementia case findings.

Whilst the report identifies the increase in the number of falls resulting in harm and the increase in hospital acquired pressure sores, we note that a number of actions have been or are being planned to mitigate against the increases due to acuity and increasing age of patients.

Given the amount of media coverage relating to the pandemic related backlog of patients awaiting surgery, it is pleasing to note that as at the end of March 2023 the Trust met the national standard of having no patients waiting over 78 weeks or 104 weeks for surgery.

Overall, we are pleased to note the significant amount of work detailed in the report on a number of actions taken to improve patient experience and how the Trust continues to listen and act on patient feedback. The improvements in timeliness of complaint responses are welcomed together with efforts to ensure that learning from complaints is embedded across the Trust.

We recognise the significant challenge the Trust faces in maintaining its buildings and are delighted the Trust was added to the national New Hospital Programme. We also congratulate the Trust on the number of new facilities put in place during the past year.

We are fully aware of the impact of health and social care services being required to work within the new landscape of integrated care and are pleased to note that the Trust is leading on the development of an Acute Clinical Strategy with the other acute hospitals in Norfolk. The examples of how the Trust is working with West Norfolk Deaf Association and Vision Norfolk illustrate the benefits of collaborative working across all health and social care sectors. We also recognise the challenges faced by the Trust working with three Integrated Care Systems due to its geography.

In conclusion, we congratulate the Trust on the number of improvements and innovations as detailed in the Quality Account. We look forward to working with the Trust wherever possible to help ensure it successfully achieves the priorities clearly laid out for the forthcoming year.

Alex Stewart

**Chief Executive**



# Appendix 4

## **Statement from Norfolk and Waveney Integrated Care Board**

Norfolk and Waveney Integrated Care Board (ICB) acknowledges the receipt of the draft 2022/2023 Quality Account from the Queen Elizabeth Hospital King's Lynn (QEH) NHS Foundation Trust and welcomes the opportunity to provide this statement.

Based on the information and data available within the draft report NHS Norfolk and Waveney Integrated Care Board (ICB) supports QEH in the publication of its Quality Account for 2022/2023. We are satisfied that it incorporates the required mandated elements.

The ICB recognises the challenges experienced by the Trust over the last contractual year and the significant pressures the workforce has faced. The ICB thanks the Trust and staff for their sustained commitment in caring for those using the Trust services.

The Trust has worked in collaboration with system partners within the Integrated Care System (ICS) to strengthen and enhance integrated working practice, focussing resources where our patients need them most.

The ICB acknowledges the Trust's clear focus and commitment to patient safety through a culture of openness and engagement with patients and relatives. The ICB acknowledges the work undertaken in progressing their Patient Safety Incidence Response Plan (PSIRP) aligned to the Patient Safety Incident Response Framework (PSIRF) guidance and is confident the Trust is on trajectory for the implementation date of 1 September 2023.

The ICB was pleased to support the Trust's bid to be included on the national New Hospital Programme and the national capital monies awarded to progress the rolling three-year failsafe programme to maximise the safety of the current buildings across the hospital, alongside the opening of many outstanding new facilities to improve the experience for patients and staff.

The ICB is pleased to see that improving staffs' health and wellbeing and the numerous initiatives implemented during the year to support staff, in line with the Trust's values of Kindness, Wellness, and Fairness is a continued a priority. This was reflected when the Trust was named among the best of the NHS at the annual Health Service Journal Awards and when winning the national Chartered Institute of Public Relations Excellence Award for Employee Experience and Engagement.

The ICB acknowledges the Trust's continuous hard work and was pleased to hear that the Care Quality Commission recommended the organisation be removed from the Recovery Support Programme (formally known as Special Measures) and confirmation by NHS England when approving the transition from the NHS Oversight Framework (NOF) 4: Mandated Intensive Support to NOF 3: Mandated Regional Support.

The ICB recognises the challenges ahead and values the commitment from all staff within the Trust. The ICB believes the report capture key elements of safety, clinical effectiveness, and patient experience and well led Trust and demonstrates the Trust's commitment to continuous improvement and quality.

The ICB supports the Trust's evolvement of their Integrated Quality Improvement Plan into their 2022/23 Compliance Plan, aligned to their strategies. The ICB welcomes the opportunity to collaborate with the Trust, focusing on the following domains: patient safety, clinical effectiveness, and patient experience, and support the following objectives:

- Ensuring equity of access and consistently timely care for patients
- Further improving safety, experience, and the quality of care for patients
- Ensuring patient and staff feedback drives the Trust's quality priorities, service improvements and delivery of major strategic projects
- Living the Trust's values and behaviours through the organisational culture programme
- Defining the future ambition for Education, Research and Innovation and embedding research
- Ensuring there is an organisational approach to workforce, talent and succession planning

- Delivering transformation through major programmes of work including the New Hospital, Electronic Patient Record, Acute Clinical Strategy and Provider Collaboration
- Maximising the safety of the hospital, modernising the estate and accelerating digitisation
- Delivering the financial plan and contributing to the delivery of the system's financial requirement

On behalf of NHS Norfolk and Waveney ICB, I would like to personally thank the Trust, the individuals involved in developing and producing this account and all the staff. I look forward to building on our joint working relationship to ensure safe, effective care for our patients and local population during 2023/24.

Karen Watts

**Director of Nursing and Quality**  
**NHS Norfolk and Waveney ICB**

# Appendix 5

## **Statement of Directors' responsibilities for the Quality Account**

The directors are required under the Health Act 2009, subsequent health and Social Care Act 2012 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

Guidance has been issued to NHS Foundation Trust Board of Directors on the form and content of the annual quality account (which incorporate the legal requirements) and on the arrangements that NHS Foundation Board of Directors should put in place to support data quality for the preparation for the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2022/23 and NHS providers: financial accounting and reporting, Quality Accounts requirements 2022/23.
- The content of the Quality Account is not inconsistent with internal and external source of information including:
  - Board minutes and papers for the period April 2022 - March 2023
  - Papers relating to quality reported to the Board over the period April 2022 - March 2023
  - Feedback from Governors received March 2023
  - Feedback from Healthwatch Norfolk received May 2023
  - Feedback from Norfolk and Waveney Integrated Care System received June 2023
  - The Trust's complaints report will be published later this year under regulation 18 of the Local Authority Social Services and NHS Complaints Regulation 2009
  - National inpatient survey results published in October 2022
  - National staff survey results published in March 2023



- CQC inspection report dated February 2022
- The Quality Account presents a balanced picture of the NHS Foundation Trusts' performance over the period covered
- The performance information in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and the controls over the collection are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions is subject to appropriate scrutiny and review
- The Quality Account have been prepared in accordance with the NHS England Annual Reporting Manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the quality report

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Accounts.

By order of the Board



**Chris Lawrence**, Chair



**Alice Webster**, Chief Executive

# Glossary

## A

**Accountability** – the requirement for organisations to report and explain their performance.

**Acute** – describes a disease of rapid onset, severe symptoms and brief duration. The majority of hospital services provided by QEHS are for acute illnesses.

**Admission** – the point at which a person enters hospital as a patient.

**Agency staff** – staff working at QEHS but employed by a private recruitment agency.

## B

**Bank staff** – staff who are available for short-term or flexible work to help manage vacancies more effectively.

**Best practice** – a way of working that is officially accepted as being the best to use.

## C

**Caldicott Guardian** – a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each NHS organisation is required to have a Caldicott Guardian.

**Capital expenditure** – the money allocated for buildings, equipment or land, also known as fixed assets.

**Care Quality Commission (CQC)** – the independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations.

**Clinical audit** – The process of reviewing clinical processes to improve them.

**Clinical governance** – Processes that maintain and improve quality of patient care.

**Clinical outcomes** – the end result of a medical intervention, such as survival or improved health.

**Clostridium difficile (C. diff)** – a healthcare-associated intestinal infection that mostly affects elderly patients with other underlying diseases.

**Commissioning for Quality and Innovation (CQUIN)** – a system of reward payments made by commissioners to hospitals to encourage better experience, involvement and outcomes for patients.

## D

**Datix** – A patient safety web-based incident reporting and risk management software for health and social care organisations.

**Dementia** – describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's Disease or a series of strokes.

**Discharge to Assess** – enabling patients to be assessed for their longer-term health and social care needs at home or in the community, rather than waiting for this to happen in hospital.

**Dr Foster** – A company that has developed a Hospital Standardised Mortality Rate and other data comparisons across the NHS.

## E

**Early Warning Score (EWS)** – a categorisation that uses data taken from routine patient observation to calculate a score indicating potential severity of illness and to act as a prompt to nursing staff to request a medical review at specific trigger points. (PEWS is a specific type of early warning score designed to assess children).

**Elective care** – care that is planned. This is usually where the patient is referred by their GP or other healthcare professional. Appointments, treatments and admissions to hospital will be confirmed in advance.

**Elective surgery** – an operation that is planned in advance and for which the patient will be given a date to be admitted to hospital.

**Electronic Patient Record (EPR)** – medical records and notes that are stored in a digital format instead of traditional paper document bundles.

**End-of-life care** – ensuring that the care people receive at the end of life is compassionate, appropriate, and gives people choices regarding where they die and how they are cared for. This care is co-ordinated across health and social care services.

## F

**Financial control total** – the maximum amount of deficit or surplus that an NHS organisation is required to achieve. This amount is set by NHS England and agreed with each organisation, or as part of the wider health and care community.

**First attendance** – the first or only time a patient attends hospital after being referred by their GP or health professional.

**Follow-up attendances** – the second and subsequent times patients attend hospital for assessment, diagnosis or treatment as an outpatient.

**Foundation Trust** – A new kind of public service organisation. Based on mutual traditions, they are established as ‘public benefit corporations’ with new freedoms to innovate and forge partnerships in the public interest and governance arrangements designed to help trusts better reflect the needs of the communities they serve.

**‘Friend and Family’ Test (FFT)** – the national patient satisfaction programme which gives every patient the opportunity to feedback on the quality of their care.

**Full-Time Equivalent (FTE)** – the measurement and calculation of total staff numbers, using a standard working day. Also known as Whole Time Equivalent (WTE)

## G

**Gram-negative bloodstream infections (GNBSIs)** – infections which are caused by bacteria into the bloodstream and can cause serious complications or death. They include Escherichia coli (E. Coli), Klebsiella, and Pseudomonas aeruginosa.

## H

**Healthwatch Norfolk** – the local service affiliated to Healthwatch England, the national consumer champion in health and care. It has statutory powers to ensure the voices of patients and service users are heard by those who commission, deliver and regulate health and care services.

**Hospital Standardised Mortality Rates (HSMR)** – an indicator of healthcare quality that measures if the death rate at a hospital is higher or lower than you would expect. The HSMR compares the expected rate of death in a hospital with the actual rate of death. Factors such as age and severity of illness are considered.

## I

**Information Governance** – the set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information to ensure an organisation's regulatory, legal, risk, environmental and operational requirements.

**Inpatient** – a patient who is admitted to hospital for a period of treatment or to undergo an operation. Inpatients are those that stay in hospital for 24 hours or more.

**Integrated Care System (ICS)** – partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in the area. QEH is part of the Norfolk and Waveney ICS.

**Integrated discharge** – planning and managing a patient's discharge from hospital across all services and all parts of the hospital.

**Intervention** – any measure to improve health or alter or alter the course of disease.

## L

**Locum staff** – nurses and doctors employed by the NHS on a temporary, fixed-term basis.

## M

**Methicillin Resistant Staphylococcus Aureus (MRSA)** – is a type of bacteria that is resistant to a number of commonly used antibiotics. It lives on the skin and is mostly harmless unless it gets deeper into the body, for example, if it gets into a wound or where the skin is broken.

**Model Hospital** – a digital information service designed to help NHS providers improve their productivity and efficiency by comparing and benchmarking performance against peers / other centres.

## N

**National emergency access standard** – a national standard for all Emergency Departments / Accident and Emergency Departments. The standard measures the number of patients seen, admitted and discharged within four-hours; hospitals are expected to achieve 95%. It is often known as the 'four-hour' standard.

**National Patient Survey** – ensures patients and the public have a real say in how NHS services are planned and developed. Getting feedback from patients and

listening to their views and priorities is vital for improving services. All NHS Trusts in England are legally required to carry out local surveys asking patients their views on their recent health care experiences. There are inpatient, maternity and outpatient surveys.

**Never Events** – serious, but largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

**Non-elective care** – is provided when the patient is assessed as needing treatment or hospital admission urgently or in an emergency.

**Non-Executive Director** – a members of the Trust's Board of Directors who is not part of the Executive Team. A Non-Executive Director typically does not engage in the day-to-day management but is involved in policy making and planning exercises. Non-Executive Directors have voting rights on the Board.

## P

**Palliative care** – services for people living with a terminal illness where a cure is no longer possible. Palliative care aims to treat or manage pain and other physical symptoms. It will also help with any psychological, social or spiritual needs.

**Parliamentary Health Service Ombudsman (PHSO)** – the Ombudsman makes final decisions on complaints that have not been resolved by the NHS in England, UK government departments and other public organisations.

**Pathway of care** – the planned and most efficient way to provide care from referral to diagnosis, treatment and follow-up. Pathways are in place for most common diseases and conditions and use evidence-based practice to determine the best-way for patients to be seen and treated.

**Patient Administration System (PAS)** – computerised system to record non-medical patient details such as name and address as well as appointments / visits to the hospital.

**Patient Advice and Liaison Service (PALS)** – provides information, advice and support to help patients, families and their carers.

**PROM (Patient Reported Outcome Measures)** – A national programme whereby patients having particular operations fill in questionnaires before and after their treatment to report the quality of care.

## Q

**Quality Account** – every NHS Trust is required to publish a Quality Account, setting out how it continues to improve the quality of services it provides. It covers three key areas: patient safety, clinical effectiveness and patient experience.

**Quality assurance** – the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production.

**Quality Governance Framework** – a set of standards for Trusts to continuously monitor themselves against.

## R

**RAAC (Reinforced Autoclaved Aerated Concrete)** – a form of lightweight concrete sometimes referred to as panels. It was used primarily in roof planks of some public buildings between the mid-1960s and mid-1990s, including QEH.

**Referral to Treatment (RTT)** – national maximum waiting times set out in the NHS Constitution from the point a patient is referred to hospital by their GP.

## S

**Staff engagement** – encouraging staff to be committed to their organisation's goals and values, motivated to contribute to organisational success, and enhance their own sense of job satisfaction.

**Single Oversight Framework** – sets out how our regulator oversee NHS Trusts and NHS Foundation Trusts, helping to determine the level of support they need based on a range of performance measures.

## T

**Tertiary care** – there are three levels of healthcare in the NHS: primary care (the first point of contact for patients including GPs, dentists, pharmacists and opticians); secondary care (specialist services, often provided by a hospital, that patients are referred to from primary care); and tertiary care which is further specialised treatment and care provided by professionals with specific expertise in a given field, for example neurosurgery, cardiac surgery and cancer management.

**Tertiary referrals** – referrals for specialist care from consultant to consultant. These can be within the same hospital / service or between different hospitals and services.

## V

**VTE** – Venous Thromboembolism is a condition in which a blood clot forms, most often in the deep veins of the leg, groin or arm (known as deep vein thrombosis or DVT) and travels in the circulation, lodging in the lungs (known as a pulmonary embolism).

## W

**Waiting times** – the period that a patient may wait before being seen at a routine appointment or for admission to hospital. The standards and maximum waiting periods are set nationally under the NHS Constitution.





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