



QUALITY ACCOUNT SUMMARY

2021/22



EXCELLENCE
STARTS HERE

CONTENTS

Welcome	3
How the Trust manages quality.....	6
Care Quality Commission (CQC).....	8
Our Integrated Quality Improvement Plan.....	9
Patient Experience and Patient Safety	9
National Staff Survey	10
Staff Engagement.....	11
Reducing Patient Falls	12
Reducing hospital-acquired Venous Thromboembolism (VTE)	12
Our participation in Clinical Research	13
Our progress against priorities 2021/22	15
Quality priorities for 2022/23	15

WELCOME

Welcome to this summary of the 2021/22 Quality Account for The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH).

This year, the Trust has continued to make strong progress and can evidence significant improvements in many areas.

This summary brings together information about many of those achievements. It is intended to be read alongside the Trust's 2021/22 Annual Report and Accounts or as a standalone document. It summarises how QEH has:

- Received improved ratings from the Care Quality Commission (CQC) following an unannounced inspection in December 2021 and Well-Led inspection in January 2022.
- Become one of the first Trusts in the country to be lifted out of segment four of the System Oversight Framework (previously known as 'special measures'), meaning we no longer require 'mandated intensive support' from our regulator.
- Relentlessly focused on four main priorities, along with the wider system, in response to the challenges QEH and the wider NHS have faced:
 - › Addressing the waiting lists that have built up for elective care
 - › The ongoing COVID-19 vaccination programme
- Providing timely urgent and emergency care, and Staff health and wellbeing

Highlights of the Year

Quality

- The three core services inspected by the Care Quality Commission (CQC) – Medicine, Urgent and Emergency Care and Critical Care – are all now rated 'Good' overall
- The Trust received a 'Good' rating for Well-Led and is now rated 'Good' in three domains – Caring, Well-Led and Effective
- The CQC recognised the work of our Critical Care team, who were rated 'Outstanding' for being Well-Led. Inspectors highlighted several areas of good practice, including patient safety, workforce developments and research and innovation projects
- QEH received just four 'must dos' and nine 'should dos' in our 2022 report compared to 206 'must' and 'should dos' and condition and warning notices after our 2019 inspection
- We were one of the first Trusts in the country to be recommended to be lifted out of segment four of the System Oversight Framework (previously known as 'special measures')
- We received national recognition for our 'Learning from COVID-19' exercise, which saw us contact all of the families who definitely or possibly contracted COVID in our care or their next-of-kin to apologise and answer any questions as part of our commitment to being open and transparent

- The Trust made significant improvements to the timeliness of responding to and learning from complaints, although we recognise that we still have more to do to improve the quality of complaint responses and ensure local resolution wherever possible
- We launched our new five-year Clinical Strategy to ensure that we deliver high quality services while supporting our ambition to become the best rural District General Hospital for patient and staff experience
- QEH submitted two Expressions of Interest to the Department of Health and Social Care to become one of the eight further new hospital schemes. We also attracted more than £38m in capital funding (a record for the Trust) to carry out vital modernisation work
- The Trust introduced a team of Family Liaison Officers (FLOs) in response to feedback from patients and their families to improve communication while visiting was restricted due to COVID-19. Our FLOs have proved so successful that other Trusts are now seeking to introduce similar roles to improve patient experience. Their impact was also referenced in our CQC report
- We have significantly improved our digital maturity over the last year with almost £6m invested in Electronic Prescribing, Single Sign On and a new Radiology Information System. The Board has also approved £4m capital investment in an electronic observations system to bring improvements in patient care
- Our Quality Improvement training programme for staff has been strengthened, while staff have submitted more than 120 ideas to further improve the patient and staff experience through our ideas scheme called Room for Improvement. We have also introduced Quality Improvement cafés and patient safety learning events to share learning and good practice across the organisation
- We have put dedicated improvement programmes (including culture work) in place in Maternity, Radiology, Ophthalmology, Urgent and Emergency Care and Elective Recovery

The delivery of the Trust's Maternity Improvement Programme is underpinned by the recommendations of the interim Ockenden Report, which was published in December 2020 following the review of maternity services at Shrewsbury and Telford Hospital NHS Trust.

We carried out an immediate gap analysis of our Maternity Services following publication of the report and benchmarked the 12 urgent clinical priorities from the immediate and essential actions, along with wider emergent findings, to identify all of the improvements required at the QEH.

These included presenting a quarterly Maternity Serious Incident Report at Board level to ensure compliance with the perinatal surveillance model and quarter three recommendation of the Ockenden Report, which has now been embedded as business as usual. The Women and Children's Division also present evidence of completed actions at the Trust-wide Evidence Assurance Group (EAG) for agreement and sign-off. This approach has been used as an exemplar across the East of England, and we have supported other Trusts within the system to adopt similar assurance frameworks.

The final Ockenden report was published in March 2022 and includes a further 15 themes for immediate and essential action, although some of them significantly overlap the actions from the interim report. The Trust has reviewed these themes and identified priorities for focused work, which is already underway.

Engagement

- In response to staff feedback, we extended free staff car parking, provided a Midnight Café and offered half-price gym memberships and annual leave carry over
- A third of our staff attended Values into Action workshops as part of our work to bring our values to life across QEH so that we can create a culture with kindness, wellness and fairness at its heart
- We held two Leadership Summits which attracted a range of nationally-recognised speakers from within and external to the NHS and were attended by hundreds of staff, Governors and system partners
- Our staff networks have gone from strength to strength and continue to ensure staff have a voice. We also received the Bronze Rainbow Badge Award for creating a safe and inclusive workspace for LGBTQ+ patients, their families and staff
- QEH became the only Trust in the region to appoint a full-time Equality, Diversity and Inclusion Lead to accelerate our work to create a culture with inclusion and fairness at its centre
- We increased our Freedom to Speak Up support from 30 hours to 120 hours per month. Three Guardians (and a new blended model of staff and independent Guardians) are now in place to help staff raise concerns, and are supported by a community of 22 Freedom to Speak Up Champions

Healthy Lives

- We delivered more than 120,000 COVID-19 vaccinations to keep our patients, their families and each other safe
- QEH continued to be one of the most research-active Trusts in the country and recruited more than 1,000 participants to National Institute for Health Research portfolio studies in 2021/22 - an increase of 33% compared to 2019/20
- We were the first NHS Trust to start a UK-wide adaptive trial called 'Helping to Alleviate the Longer-term consequences of COVID-19'
- QEH was recognised nationally for innovation when we won the HSJ Patient Safety Innovation of the Year Award for the SAFer Injection for Regional Anaesthesia (SAFIRA). We were also shortlisted for a Nursing Times Workforce Award for the support provided for international nurses and were highly commended in the HSJ Partnership Awards
- Our comprehensive health and wellbeing programme for staff expanded during the year with the recruitment of 20 Mental Health First Aiders, two Clinical Psychologists and a Post-Traumatic Stress Disorder specialist
- We were awarded Independent Menopause Friendly Accreditation for our work to build awareness and understanding around menopause



Looking to 2022/23

Although the Trust has made significant progress in many areas, we know where we need to focus our efforts as we start the next chapter of our improvement journey. These areas are described in full in our Corporate Strategy and our year three quality priorities for 2022/23. They include:

Strategic Objective 1

- To consistently provide safe and compassionate care for our patients and their families.
- Consistently sharing learning from complaints, near misses, never events, incidents, mortality and learning from deaths by:
- Further improving phase three Duty of Candour in relation to sharing learning from Serious Incident investigations with evidence of thematic reviews both intra and inter-divisionally
- Improving the closure of actions in relation to Serious Incidents incrementally with evidence of a quarterly reduction
- Reducing the number of falls and those resulting in serious harm incrementally with evidence of a quarterly reduction
- Improving our capability for implementing the introduction of The Liberty Protection Safeguards. This will 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
- Delivering year-on-year improvements to patient experience measures (measured via surveys and complaints) with demonstrable evidence of changes in practice



Strategic Objective 2

Modernising the QEH to support the delivery of optimal care.

- Launching an integrated three-year Digital and Data Strategy
- 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
- Further improving the Trust's digital maturity by implementing patient observation management systems, chemo prescribing and wristband replacement
- Working both internally and with partners on a system-wide Electronic Patient Record
- Further modernising our estate by:
 - › Getting added to the New Hospital Programme and moving from Strategic Outline Case to Outline Business Case stage for a new build
 - › Securing the required quantum of capital funding for a three-year programme to maximise safety and compliance of the Trust's current estate
 - › Increasing car parking capacity via a deck or multi-storey solution to ease pressure
 - › Aiming to improve energy efficiency and in turn reduce the carbon footprint for all estates improvement projects
- Completing a Full Business Case for the Diagnostic and Assessment Centre Full engagement with wider Integrated Care System 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

Finally, we would like to thank our 4,000 plus team of staff, volunteers, Governors, members, local communities, partners and key external stakeholders for their support throughout the year. We look forward to continuing to work with you over the next 12 months as we take steps to improve still further and move closer to our ambition of becoming the best rural District General Hospital for patient and staff experience.

Steve Barnett *Caroline Shaw*

Professor Steve Barnett
Trust Chairman

Caroline Shaw CBE
Chief Executive

HOW THE TRUST MANAGES QUALITY

The Trust's Senior Leadership Team, Board and key Non-Executive Director-led Board-level committees meet on a regular, programmed basis to scrutinise and oversee our work, with additional oversight arrangements established where required.

Non-Executive Director-led Board committees have been operational throughout the year, and all report directly to the Trust Board. They are:

- Quality Committee
- Finance and Activity Committee
- People Committee
- Education, Research and Innovation Committee

These run alongside the:

- Audit Committee
- Nomination and Remuneration Committees

A number of Executive-led groups report into the Senior Leadership Team. They are:

- Assurance and Risk Executive Group
- Clinical Governance Executive Group
- Operational Management Executive Group
- Investment and Capital Planning Executive Group
- People Executive Group

Throughout 2021/22, the Trust has put in place a range of systems to provide assurance to the Board in respect of our compliance with quality standards. This includes 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 'plot the dots' (Statistical Process Control) methodology, reflecting best practice and advice from NHSE/1.

The Trust has an Integrated Quality Improvement Plan (IQIP) in place which covers strategic priorities, licence conditions reporting and CQC 'must do'/'should do' actions. Progress on the delivery of the IQIP is reported internally to the Quality Committee and the Trust Board, and externally to the Oversight and Assurance Group and CQC.

Additional actions which have taken place during the year to support further improvement include:

Embedding an Evidence Assurance Group to provide assurance to the Board that sustainable improvements have been introduced to support delivery of the IQIP

Further developing the Board Assurance Framework and Significant Risk Register processes

- Delivery of year two of the Corporate Strategy, with quarterly reporting of progress against key strategic objectives and performance indicators
- Introduction of a comprehensive suite of programmes to improve our culture. Our new behavioural standards, known as 'The QEH Way' were also introduced, while 'Ways we Listen' was relaunched
- Ongoing delivery of our comprehensive Maternity Improvement Plan to improve safety and outcomes for mothers and babies and strengthen our culture
- Development of comprehensive improvement plans for Radiology, Ophthalmology, Urgent and Emergency Care and Elective Recovery
- Ongoing delivery of the Trust's Clinical Audit Recovery Plan which has seen the backlog of outstanding audits reduce by approximately 5% between April 2019 to March 2022
- Improving the quality of our Serious Incident investigations and clearing the backlog of outstanding investigations



CARE QUALITY COMMISSION (CQC)

The Trust is required to register with the Care Quality Commission (CQC) with the current overall registration status as 'Requires Improvement' following an unannounced core service and Well-Led inspection in December 2021 and January 2022.

Overall	Requires Improvement	Caring	Good
Safe	Requires Improvement	Responsive	Requires Improvement
Effective	Good	Well-led	Good

This latest CQC inspection report recognises the significant progress the Trust has made over the past year and since being placed in special measures in 2018. During 2021/22, the CQC has removed 18 of the 22 section 31 conditions from the Trust's Certificate of Registration and all 16 of the remaining 29A warning notice conditions spanning the services of Maternity, Diagnostic Imaging and Medicine.

The CQC report, published in February 2022, details the significant improvement in the core services inspected (Medicine, Urgent and Emergency Care and Critical Care), all of which were rated 'Good' alongside the Trust's rating for 'Well-Led'. The Trust also secured its first rating of 'Outstanding' for Well-Led for Critical Care.

The Trust is now rated 'Good' for Effective, Caring and Well-Led and its overall rating has improved from 'Inadequate' to 'Requires Improvement'. This recognises that only three core services were inspected during the latest inspection due to the ongoing COVID-19 pandemic, and therefore reflects what was technically possible for this inspection.

This is a fantastic achievement and testament to everyone's commitment and hard work to improve care for our patients and experience for our staff. It also provides further external validation of our improvement programme and commitment to ensure our patients consistently receive safe and compassionate care. In turn, the report confirms the CQC's recommendation to remove the Trust from the Recovery Support Programme (previously special measures).

The Trust received a total of four 'must do' and nine 'should do' actions with no additional section or warning notice conditions. This is in stark contrast to the 2019 report, where the Trust was issued 206 'must' and 'should do' actions and 43 section and warning notice conditions.

In its latest inspection report, the CQC also highlighted significant improvements in the culture of the organisation and the care of patients. Inspectors described staff as engaged and keen to share their stories of improvement.

The latest CQC report reflects how the organisation's leadership has strengthened and matured over the past two years in conjunction with robust governance and assurance processes, supporting long-term improvement.

OUR QUALITY IMPROVEMENT PLAN

The Trust's Integrated Quality Improvement Plan (IQIP) reflects our pledge to deliver high quality, patient-centred, integrated care for the community we serve.

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

The IQIP is aligned to the Trust's 2020-2025 Corporate Strategy and has two main areas of focus. They are:

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

The Trust's 2021/22 IQIP built on the sustained progress and improvements achieved during 2020/21 IQIP and included 83 actions. These actions were a combination of section and warning notice conditions and 'must do' and 'should do' actions. Of these, 57 (69%) were approved for closure by the end of March 2022, which demonstrates sustained progress throughout the year.

This progress was clearly recognised by the CQC during its unannounced core service and Well-Led inspection in December 2021 and January 2022, and was reflected in the improved ratings received by the Trust in its February 2022 report. Further details are available on pages 4 to 6 of this summary.

In addition, the CQC has removed 18 of the 22 section 31 conditions from the Trust's Certificate of Registration and all 16 of the remaining 29A warning notice conditions spanning the services of Maternity, Diagnostic Imaging and Medicine.

PATIENT EXPERIENCE AND PATIENT SAFETY

We are committed to engaging with our patients, their carers and the public so that they can fully contribute to further improving the quality of services that we provide.

We capture patient and carer experience through a number of different methods, including:

- Promoting the 'Friends and Family' Test to receive anonymous but timely feedback
- Attending meetings and events held by community organisations
- Listening to and learning from patients' stories at Board meetings
- Taking part in national patient surveys
- Ensuring patients and the public are represented at key committees
- Carrying out mock Care Quality Commission visits, which include interviews with patients and carers (if they are present during the visit)
- Reading and responding to patients' and carers' feedback posted on websites and social media
- Inviting Healthwatch to the hospital to meet patients and discuss their experiences

During 2021/22, we appointed our Family Liaison Officers (FLOs) to manage our Patient Advice Line and facilitate virtual visiting and telephone communication. The FLOs help patients to keep in touch with their families, which was particularly important during COVID-19 while visiting was restricted.

They have proved such a success that several other Trusts have contacted us to find out more about the role and FLOs have been rolled-out across the NHS in Norfolk and Waveney. The CQC inspectors also identified our FLOs as an example of good practice.

NATIONAL STAFF SURVEY

In 2021, QEH recorded an increase in the number of staff completing the NHS Staff Survey for the third consecutive year. A total of 45.33% of our workforce completed the questionnaire, placing the Trust just 1% below the national median. This is a positive reflection of the improved engagement which is taking place at QEH.

The survey underwent some significant changes in 2021, with 32 new questions added and 24 removed. It was also aligned to the NHS People Promise, with reporting based around the seven People Promise elements.

Each Division or corporate area has a single point of contact who is responsible for encouraging staff to complete the national survey so that we can continue to make improvements. This is supported by a communications and engagement plan which keeps staff updated on actions which have been taken as a result of their feedback using a “you said, we did” format.

Despite our focus on staff engagement during the year, our survey results were disappointing. We recognise that we must listen to our staff and take action if we are to make the improvements and impact we are striving for. As a result, 2022/23 will see us place a greater focus on:

- Relationships and team development
- Keeping staff well at work
- Developing a new staff engagement programme for 2022/23
- Continuing to encourage people to speak up without fear of reprisal
- Creating a culture of kindness, fairness and wellness



STAFF ENGAGEMENT

Following feedback from colleagues, our Staff Engagement Programme was refreshed for 2021/22 to focus on three main priorities, in line with the Trust's new values:



KINDNESS

We want QEH to be a **kind place to work and receive care**: where colleagues and teams work well together, support each other and communicate openly to provide the best possible care.



WELLNESS

We are **compassionate, professional and positive**: we take responsibility for our actions and look after our own wellbeing, as well as that of our patients and colleagues.



FAIRNESS

We are **fair and respectful towards each other**: we value diversity and difference, seek to understand others' opinions, and always act with integrity.

A variety of initiatives have taken place during the year to support this work. They include:

Kindness:

- Providing practical tools to help staff role model, manage, coach, appraise and lead their teams through our Leading with Values masterclasses and Values into Action workshops
- Continuing to embed the behavioural standards detailed in 'The QEH Way'
- Promoting a culture of saying 'thank you'

Wellness:

- Building on the support services available to staff, which includes dedicated Clinical Psychology support
- Making improvements to staff rest and break areas
- Expanding the emotional and psychological support available to staff by recruiting additional Mental Health First Aiders and providing access to Change Grow Live services on-site
- Receiving accreditation as a 'Menopause Friendly' employer and introducing a new Peri-Menopause and Menopause Policy, Menopause Champions and education and training sessions for managers and staff
- Offering health MOT sessions
- Recruiting the Trust's first Wellbeing Guardian
- Introducing a new app to keep our staff informed
- Introducing a financial support and advice service for staff
- Offering gym memberships and our Employee Assistance Programme to staff

Fairness:

- Recruiting an Equality and Diversity Lead
- Making changes to interview panels to ensure gender balance and BAME representation on panels for jobs at band seven or above
- Developing our Anti-Racism Strategy
- Launching our 'See Me First' campaign, which invites colleagues to sign a personalised pledge to uphold the Trust's values, promote inclusivity and celebrate diversity
- Further strengthening our staff networks
- Running our Diversity Café
- Celebrating the diversity of our workforce by displaying the 65 nationalities which make up Team QEH on our lift doors
- Introducing an Equality, Diversity and Inclusion calendar for 2022
- Launching 'My Reality', which provides guest speakers with a safe space to share stories and challenge stereotypes
- Providing reverse mentoring

Our focus on these three areas will continue throughout 2022/23 so that we can deliver a step change in how people feel about working for QEH and as part of our drive to become the best rural District General Hospital for patient and staff experience.

REDUCING PATIENT FALLS

Falls are the most commonly reported incident in hospital and are caused by a wide variety of factors. They can have an immense impact on the patient, their family, and their experience of inpatient care, even when there is no associated injury, and often result in increased length of stay and reduced quality of life.

Falls prevention requires a multi-disciplinary approach, identification of the potential risk factors for each patient and planned interventions to mitigate these risks. It is the accumulative impact of these often simple actions which reduce the occurrence of falls, prevent avoidable harm, and provide a safe care environment for our patients.

The last two years have seen an increase in the number of falls, which is thought to be because of the adverse factors and associated complications experienced during the COVID-19 pandemic. The number of patients admitted to the hospital increased by nearly 16,000 compared with the previous 12 months, while limited staff resources, the acuity level of patients and the use of escalation areas to address capacity issues also had an impact. As such, QEH recorded a total of 828 falls during 2021/22.

During the year, several quality initiatives have been introduced to ensure that all elements of falls prevention and management are addressed across the organisation. This includes continuing to embed and strengthen the use of the updated Falls Prevention Care Plan, which covers practical and achievable falls prevention interventions and focuses on a person-centred multi-factorial approach.

Comprehensive training takes place weekly to raise awareness of falls prevention, while all staff are becoming more engaged to deliver a robust safety culture. Clinical areas have undertaken localised reviews of falls data and made changes to reduce their occurrence, for example by adjusting staffing numbers or purchasing assistive technology for bathrooms and side rooms. In addition, every fall that meets the threshold of moderate harm is reviewed by a senior panel twice weekly so that any learning can be shared throughout the organisation.

REDUCING HOSPITAL-ACQUIRED VENOUS THROMBOEMBOLISM (VTE)

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, it is a preventable condition and, hence, 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 its associated morbidity and mortality. We have remained above this national target since June 2020.

VTE risk assessments are undertaken for non-elective patients by a junior doctor clerking the patient, or by the pre-assessment clinic team for elective patients. 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, not uncommonly, circulation in the feet can 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 then the prescription of the appropriate prophylaxis.

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

OUR PARTICIPATION IN CLINICAL RESEARCH

We recruited more than 1,000 people to National Institute for Health Research (NIHR) studies in 2021/22 - a 33% increase from 2019/20, which is used as a reference because of COVID-19. Non-COVID-19 study activity also increased from less than 10% in 2020/21 to 70% in 2021/22 as we made significant progress towards reintroducing research which was suspended during the pandemic.

During the year, we successfully recruited to 37 active studies covering more than 14 specialties including infectious diseases, cancer, stroke, mental health, critical care, surgery, dermatology, neurology, anaesthesia and pain management. We also added new specialties to our research portfolio, including radiology, psychology, dietetics, dementia and speech and language therapy.

We are committed to expanding the reach of research across the Trust and published our Clinical Strategy during 2021/22, which includes the aim of building research and education into every clinical encounter in our care.



OUR PROGRESS AGAINST PRIORITIES 2021/22

Strategic Objective	Action	Outcome Measure
<p>To consistently provide safe and compassionate care for our patients and their families</p>	<p>Aspiration to be a continually improving organisation</p>	<ul style="list-style-type: none"> • Publication of CQC inspection report in February 2022 confirming significant improvement, with ratings of 'Good' for Well-Led, Caring and Effectiveness and an improved overall Trust rating of 'Requires Improvement' • Only four 'must do' and nine 'should do' actions detailed in the February 2022 CQC inspection report compared to 206 in the 2019 report • Recommendation by CQC for the Trust to be removed from the RSP (previously special measures) from SOF 4 to SOF 3 • Removal of all 16 remaining section 29A warning notice conditions spanning Maternity, Medicine and Diagnostic Imaging • Sustained progress against the 2021/22 Integrated Quality Improvement Plan (IQIP), with 66% of all actions approved for closure by Evidence Assurance Group
	<p>Further strengthen our Better Hospital Team</p>	<ul style="list-style-type: none"> • Recommended QSIR training scheme and continued the Quality Improvement (QI) fundamentals courses, supported by lunch and learn sessions and a QI week • Additional project management resource has been recruited and the team has also undertaken additional project management qualifications and completed an NSHE business case foundation masterclass
	<p>Focus on patient experience, including complaints</p>	<ul style="list-style-type: none"> • The Trust saw fewer formal complaints raised in comparison to numbers received in 2020/21 supported by an increase in the uptake of local resolution meetings. • Successful implementation of Family Liaison Officers (FLOs) within the Trust, attracting regional and national recognition. • The Trust has focused on a restructure of governance for the patient and carer experience, which has resulted in an increase in the forums containing patients, carers, Governors, specialist healthcare workers and external organisations. The forums include sensory impairment, carers, disabilities, learning disabilities and autism, dementia and mental health. • The Trust has seen an increase in Duty of Candour compliance from 95% (174/183) in 2020/21 to 98% (205/209) in 2021/22, with evidence of improved involvement of patients/relatives in the investigation
	<p>Reducing patient harms</p>	<ul style="list-style-type: none"> • Falls - The Trust has developed a KPI-led work plan that collaboratively crosses boundaries and pathways of care to provide a more holistic response to falls prevention and management using robust data analytics. We have also reviewed the workforce requirements corporately to strengthen proactive falls management and developed a renewed strategy • Pressure ulcers - There has been continued sustained improvement during 2021/22 for hospital-acquired pressure ulcers with a noted reduction when comparing to the previous year's data. The Tissue Viability Team has been strengthened corporately to facilitate further planned development

Strategic Objective	Action	Outcome Measure
To consistently provide safe and compassionate care for our patients and their families [cont.]	Improving learning from incidents	<ul style="list-style-type: none"> • The Trust has held patient safety learning events, which have been well attended including by external stakeholders. • Full roll-out of the Clinical Prioritisation Programme and robust implementation of Clinical Harm Reviews. • In quarter four, the Trust maintained its compliance of 100% (60/60) for Duty of Candour phase one and phase two (50/50), with evidence of sustained improved involvement of patients/relatives in the investigation. • The CCG remain satisfied with the quality of all investigation reports submitted following QEH Executive sign-off and continue to close serious incident reports following review
	We will ensure that our patients more consistently receive timely access to care and treatment	<ul style="list-style-type: none"> • While the number of planned care patients on the waiting list has remained constant, clinical teams have worked creatively to ensure that the number of longer waiting patients has been reduced. Those clinically urgent or on a cancer pathway have also received timely treatment. At the end of March 2022 there were no patients waiting over 104 weeks for treatment, other than four who expressly chose to wait in accordance with the national planning guidance. • The Trust successfully bid for Elective Recovery Fund Plus funding to assist with the delivery of the elective programme throughout 2021/22. • Delivery of Primary Care Streaming within ED to support patient flow. • Delivery of the Virtual Ward model to support patient flow throughout the organisation
	Improvements in all areas in national inpatient surveys	<ul style="list-style-type: none"> • There have been five national inpatient surveys throughout the year, including the Maternity Survey which was published during quarter four. Overall, predominant improvements were seen in all of the surveys. There were however some areas noted which required further actions. These have informed local action plans monitored through the Divisional structures and the revised Patient Experience and Carers Forum • The development of a Standard Operating Procedure with clear visibility on inpatient survey governance, timings and publication dates has taken place in Q4 to facilitate effective and efficient management in addition to increasing visibility Trust-wide. This is being developed in conjunction with our Communications Team
	Delivery of agreed improvements to maternity care in line with the independent review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust	<ul style="list-style-type: none"> • Continued delivery of the required improvements to maternity care in line with the independent review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust including agreement to increase the Midwifery establishment • The Trust is recognised within the region as an exemplar for our Ockenden response. All actions have been delivered in line with the agreed time frames or are on track for delivery as part of the overarching Maternity Improvement Plan

Strategic Objective	Action	Outcome Measure
Modernising our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care	Completion of our Strategic Outline Case for a new hospital	<ul style="list-style-type: none"> • Submission of two compelling ‘expression of interest’ proposals for a new hospital to the DHSC in September 2021. Following this, work has been focussed on the completion of the Trust’s Strategic Outline Case • Feedback received from NHSE/I has now been reflected in the SOC and the final version will be presented at the New Hospital Programme Board meeting in May for approval. The Trust approval process will be followed throughout May via the Use of Resources Executive Group, Hospital Management Board, Finance and Activity, and a range of external meetings, including the committees in common and CCG Governing Body, with final presentation to Trust Board for approval in June 2022 • Continued proactive work to mitigate the risks associated with Reinforced Autoclaved Aerated Concrete (RAAC) planks. We are also working with other RAAC plank hospitals in the region to make a strong case for emergency capital funding so that we can mitigate the risks associated with the structural integrity issue
	To submit a business case for national capital funding	<ul style="list-style-type: none"> • RAAC year one business case benefits delivered including completion of the Emerson Outpatient Unit and planned refurbishment works on Brancaster and West Dereham Wards • New state of the art Endoscopy Unit in development and planned for completion by June 2022 • New ‘West Norfolk Eye Unit’ in development and planned for completion by April 2022 and operational by May 2022 • Development of a clear plan for RAAC years two to four and robust engagement with NHSE/I to agree next steps
	Diagnostic Assessment Centre	<ul style="list-style-type: none"> • The Trust has worked collaboratively with Norfolk and Norwich University Hospital (NNUH) and James Paget University Hospital (JPUH) to draw up a compelling case for the development of Diagnostic Assessment Centres, supported by £69m national capital funding. The Outline Business Case has been approved with the Full Business Case due for completion by August 2022
	To significantly improve the Trust’s Digital maturity/ maximising the use of technology	<ul style="list-style-type: none"> • Electronic Prescribing Medicines Administration has been rolled out to all inpatient ward areas and ED. Plans to complete roll out across the Trust by June 2022 • New RIS/PACs solution implemented and rolled out • Electronic-Observations (patient outcome monitoring system) business case approved for implementation • Continued engagement with the Integrated Care System in relation to development of a system wide Electronic Patient Record • Cyber and Information Governance - cyber risks and vulnerabilities reduced. Compliance against Data Security Protection Toolkit (DSPT) framework progressing
	Launching the Digital Workplan	<ul style="list-style-type: none"> • The Digital workplan was published in quarter one and performance is being monitored quarterly

Strategic Objective	Action	Outcome Measure
<p>Strengthening staff engagement to create an open culture with trust at the centre</p>	<p>To open our new Maternity Bereavement Suite</p> <p>Strengthening staff engagement to create an open culture with trust at the centre</p>	<ul style="list-style-type: none"> • Work began on the Maternity Bereavement Suite (The Butterfly Suite) in September 2021 and planning has commenced for The Butterfly Garden. Service user involvement has been key to the two developments, which are due for completion by the end of May and should be operational in June 2022 <p>Our culture:</p> <ul style="list-style-type: none"> • One third of staff have attended Values into Action workshops, with plans for the next phase of this Trust-wide work underway • Introduction of a new blended approach to Freedom to Speak Up, with Guardian support time increasing from 30 to 120 hours per month • Transition to the new Trust Values (Kindness, Wellness, Fairness) will take place in April 2022 • ‘See Me First’ campaign launched, with over 150 staff signatures to date, as part of the Trust’s commitment to inclusion and anti-racism • Third Leadership Summit being held on 15 March 2022 with a focus on teamwork, resilience and inclusion • Culture intervention work underway within Maternity/ Radiology and Sterile Services • Equality, Diversity and Inclusion calendar launched <p>Staff engagement:</p> <ul style="list-style-type: none"> • At 45.3%, the Trust’s response rate to National Staff Survey improved for the third successive year • The Trust is actively participating in the national quarterly staff pulse surveys. • The annual staff awards took place in March 2022 • The first QEH celebration week was held in November 2021, focusing on wellness, staff networks, appreciation and recognition/celebrating success
	<p>To improve compliance with mandatory training and appraisals</p>	<ul style="list-style-type: none"> • Mandatory training compliance rates are below the Trust target. This is another key area of focus for all teams within the Trust and the following actions have been undertaken to improve compliance: <ul style="list-style-type: none"> › A redesign of the intranet site and development of electronic FAQs and ‘How to’ guides have been completed including video guides and electronic assessments are now in place › A new mandatory training facilitator is now in post to support delivery of face-to-face training and reduce backlogs (fire and conflict resolution) • Appraisal compliance rates are below the Trust target. This is a key area of focus for all teams within the Trust and clear performance trajectories are in place for all service areas

Strategic Objective	Action	Outcome Measure
<p>Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability</p>	<p>To reduce sickness absence to < 4.5%, excluding COVID-19 related sickness</p>	<ul style="list-style-type: none"> Sickness absence rates remain high. This is a key priority for the Trust. Robust and specific departmental and service trajectories have been developed and will be monitored. Additional support for staff is in place, including an improved Occupational Health service offering
	<p>Further improve relationships with external stakeholders and partners</p>	<ul style="list-style-type: none"> Clear actions progressed including the development of the Trust's role in Place Based Care and Acute Provider Collaboration, as well as clear stakeholder engagement with wider partners including Healthwatch, Integrated Care Board and local council
	<p>Working with system partners to develop a Provider Collaborative</p>	<ul style="list-style-type: none"> The Norfolk and Waveney Hospitals Group Committees (N&WHGC) have met regularly throughout the year. Detailed discussions continue to take place around the key cross-system programmes of work focusing on delivery of improvements within Urgent and Emergency Care, Elective Care and financial recovery Underpinning the work of the N&WHGC is the development of an acute Clinical Strategy for Norfolk and Waveney, which will be a key workstream to support us in moving forward with greater collaboration and integration Detailed updates are being provided to the three Boards of Directors and the Councils of Governors. The Governors Forum continues to meet and is providing an opportunity for Governor representatives from each of the three acute hospitals within Norfolk and Waveney to discuss and agree effective communication and engagement with Governors in relation to acute provider collaboration
	<p>To lead on the delivery of Place Based Care</p>	<ul style="list-style-type: none"> Work continues at a local level in relation to the development of Place Based Care with agreed priorities for focus of workforce, systems integration and health inequalities Work is now underway to align key projects and deliverables to these priorities for the benefit of our local population The positive work which is being done within West Norfolk in relation to health inequalities and population health management will be threaded through the developing Place Based Care priorities to ensure that we are aspiring to meet the needs of our local population The Norfolk and Waveney Health and Wellbeing Partnerships and Place Boards are starting to develop, with clear governance and priorities expected in quarter one of 2022/23
	<p>To open the West Norfolk School of Nursing to our intake of Nursing Associates in quarter four of 2021/22</p>	<ul style="list-style-type: none"> The School of Nursing Studies is now operational. A formal opening is planned for May 2022. The first Trainee Nursing Associates (TNAs) cohort from QEH commenced in December 2021, initially at Anglia Ruskin University (ARU) but with a plan to transfer to the School of Nursing Studies following NMC/ARU validation. The next cohort of TNAs is being actively recruited for the September 2022 intake with the aim of increasing numbers to 30

Strategic Objective	Action	Outcome Measure
Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability [cont.]	To achieve a robust financial plan with our system partners that supports sustainability of services and to balance our books and achieve a 3% savings programme	<ul style="list-style-type: none"> The Trust delivered against its financial plan for 2021/22 including delivery of a robust Cost Improvement Programme in year and a significant capital programme
Supporting our patients to improve health and clinical outcomes	Delivery of a responsive and flexible response to the flu and COVID-19 vaccination programmes	<ul style="list-style-type: none"> The Trust has continued to ensure effective delivery of vaccinations with a total of 62.8% of staff receiving their flu vaccination and 86.4% of staff receiving their first/second and booster COVID-19 vaccinations by 31 March 2022
	Working with system partners to ensure that population health management techniques are used to address health inequalities	<ul style="list-style-type: none"> Establishment of the Norfolk and Waveney Health Inequalities Oversight Group (HIOG) with the aim of aligning the current disparate workstreams in relation to Health Inequalities and agreeing collective action. Local Health Inequalities Working Group is in place within West Norfolk and a framework has been developed for delivery which focuses on known health inequalities within the locality. This uses Protect NoW as the platform to enable clear risk stratification of patients to support delivery of the key priorities. Clear focus on reducing unwarranted variations in care - aligned to health inequalities. Leading system wide programme to ensure patients on admitted waiting list receive care in order of clinical priority and undergo regular review
	To be a smoke-free site	<ul style="list-style-type: none"> Approval received in March 2022 from the Board of Directors for QEH to deliver a local project covering key areas of work in relation to smoking cessation, recognising that smoking is a key driver of health inequalities across the Trust's catchment area. In addition, QEH will participate in collaboration across the N&W Hospitals Group to align smoking cessation activities and share knowledge and expertise. The project will deliver the Trust's existing commitment to become a smoke free site alongside the new national requirement to deliver the national NHS Prevention Plan with regard to smoking cessation across healthcare systems by the end of 2023. Funding is being sought for a Project Manager for 12-months to deliver the QEH smoke free site project and new smoking treatment pathways for inpatients and maternity in collaboration with JPUH and NNUH To focus on mortality and learning from deaths
	To focus on mortality and learning from deaths	<ul style="list-style-type: none"> The Trust has redesigned and relaunched its End of Life Services which has resulted in significant improvements to palliative care service provision for our patients. Robust governance and oversight are in place to support the delivery of Structured Judgement Reviews, including an established Learning from Deaths Forum

Strategic Objective	Action	Outcome Measure
	Further improving the care of older people	<ul style="list-style-type: none"> • Monthly Virtual Dementia Hub meetings established to keep staff updated and support a focus on innovation and increased awareness across the teams • Increased education sessions within ward huddles, grand round (medicine) and departmental teaching have been received positively and remain ongoing • Cycle eight of the Cognitive Screening and Management QIP, which focuses on the transition from acute to primary care and ensuring that patients identified with cognitive impairment have that information communicated to their GP, is ongoing • Development and roll out of a new function for GP notification of cognitive impairment assessment and screening results on the discharge letter has been created and educational work is ongoing to ensure compliance • Frailty Nurse Consultant in post supporting frailty in-reach to the Acute Assessment Areas
	Embedding Research delivery within the organisation	<ul style="list-style-type: none"> • The Trust has recruited over 1100 participants to NIHR portfolio studies and carries a portfolio of 45 active and 38 'follow-up' only studies • 14 specialties have been recruited to, including critical care, radiology, cancer, neurology, stroke, psychology, infectious diseases, renal, reproductive health, orthopaedic, dermatology, mental health, surgery, anaesthesia/pain management and clinical support services • The Trust successfully hosted a multi-stakeholder webinar on International Clinical Trials Day (20 May 2021)
	To further improve access for cancer patients and families via the Cancer Wellbeing and Support Centre	<ul style="list-style-type: none"> • Using the Cancer Wellbeing and Support Centre (which opened in April 2021), the Trust has promoted healthy living advice to reduce people's risk of getting cancer and offered tailored advice to cancer patients to support their recovery and reduce the chance of their cancer returning • Holistic supportive services continue to be offered and delivered within the Cancer Wellbeing and Support Centre. These include psychological support, welfare and benefits advise, HOPE self-management programme, Moving forward with HOPE, Mindful Compassion, Look Good Feel Better, a wig referral clinic and complimentary therapies. Monthly patient support groups are offered, including generic, head and neck and Eastern European support group • As part of the Personalised Care Programme, the Trust has recruited and established the Cancer Care Patient Navigator Team. The team will support with the delivery of the holistic needs assessment (HNA), which aims to identify individuals emotional, physical, social and spiritual concerns and ensure signposting for appropriate support and advice

Strategic Objective	Action	Outcome Measure
<p>Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care</p>	<p>Recruitment of a Wellbeing Guardian</p>	<ul style="list-style-type: none"> • Further strengthened our nationally recognised health and wellbeing programme by: <ul style="list-style-type: none"> › Continuation of our dedicated posts including Clinical Psychology and Mental Health First Aiders to increase support available to staff. › Ensuring that a Board-level Wellbeing Guardian and Wellbeing Champions are in place. › Implementing a health and wellbeing passport for all staff • Non-Executive Director Sue Hayter recruited as Wellbeing Guardian, successfully passed through stages one and two of the implementation phases
	<p>Increasing the visibility of Quality, Service and Redesign (QSIR) training and to increase the number of staff trained and supported to lead improvement projects at local level</p>	<ul style="list-style-type: none"> • Increased visibility of QSIR through the mobile Quality Bus, which visits clinical and corporate areas to raise awareness. This is supported with social media posts (Facebook & Twitter) and through the intranet and has provided a firm foundation to continue increasing the number of staff trained to lead improvement projects at a local level. • Five members of staff will undertake QSIR College in summer 2022 to develop a sustainable QSIR faculty. • Further promotion of QSIR is supported by Lunch and Learn, Room for Improvement, QI Café and QI Fundamentals, with plans in place to deliver monthly QI drop-ins and quarterly QI 'pop up drop-in' sessions held in various locations. • These improvements have enabled us to surpass our 2022/23 target ahead of schedule (61 staff trained against a target of 60)
	<p>Working with NNUH on a joint QI faculty</p>	<ul style="list-style-type: none"> • A number of exploratory meetings with NNUH have been held to develop a shared QI faculty delivering QSIR, QSIR Virtual and QI Café
	<p>Introducing a new Staff Wellbeing Service that is fit for the future</p>	<ul style="list-style-type: none"> • Plan to deliver an integrated Staff Health and Wellbeing Service • Model will offer a service which covers three principle functions of ensuring staff are fit to undertake the role they are employed to do both physically and psychologically, generative interventions to prevent ill health and remedial interventions where ill health has occurred • ICS collaboration to develop a service level agreement for the transactional aspect of the Occupational Health service, with wrap around staff support services provided directly by QEH employees. New model to be in place by end of 2022 • Cavell & Lind providing additional management support while the new model is developed
	<p>To become a national leader in the NHS for menopause awareness</p>	<ul style="list-style-type: none"> • Successfully achieved Menopause Accreditation with Henpicked • Menopause clinic launching April 2022

QUALITY PRIORITIES FOR 2022/23

During 2022/23, we will be focussing on delivering our Corporate Strategy which includes a number of indicators to support delivery of our quality priorities. These include:

Strategic Objective 1:

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

- Consistently sharing learning from complaints, near misses, never events, incidents, mortality and learning from deaths by:
 - › 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
 - › Improving the closure of actions in relation to Serious Incidents incrementally, with evidence of a quarterly reduction
- Reducing the number of falls and those resulting in serious harm incrementally, with evidence of a quarterly reduction
- Improving our capability for implementing the introduction of The Liberty Protection Safeguards - This will 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
- Delivering year-on-year improvements to patient experience measures (measured via surveys and complaints) with demonstrable evidence of changes in practice

Strategic Objective 2:

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

- Launching an integrated three-year Digital and Data Strategy
- Managing cyber security risk and assurance through a business as usual annual workplan approach which will be monitored by the Digital and Information Forum
- Further improving the Trust's digital maturity by implementing patient observation management systems, chemo prescribing and wristband replacement
- Working both internally and with partners on the preparation for a system-wide Electronic Patient Record
- Further modernising our estate by:
 - › Getting added to the New Hospital Programme and moving from Strategic Outline Case to Outline Business Case stage for a new build
 - › Securing the required capital funding for a three-year programme to maximise safety and compliance of the Trust's current estate
 - › Increasing car parking capacity via a deck or multi-storey solution to ease pressure
 - › Aiming to improve energy efficiency and reduce the carbon footprint of all estates improvement projects
- Completing a Full Business Case for the Diagnostic and Assessment Centre
- Fully engaging with wider Integrated Care System 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

To request this document in a different language or format,
please contact 01553 613391 or email communicationsqeh@qehkl.nhs.uk

The Queen Elizabeth Hospital
King's Lynn NHS Foundation Trust
Gayton Road, King's Lynn, PE30 4ET
01553 613613

