



The Queen Elizabeth
Hospital King's Lynn

NHS Foundation Trust

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QUALITY ACCOUNT SUMMARY

2020/21



EXCELLENCE
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WELCOME

Welcome to the 2020/21 Quality Account for The Queen Elizabeth Hospital (QEH) King's Lynn NHS Foundation Trust.

This Quality Account is prepared in line with the NHS Foundation Trust Annual Reporting Manual 2020/21 to share with our patients, our local community, our partners, staff and wider external stakeholders.

The Trust is on a journey of improvement and can evidence strong progress in many areas. This report is intended to be read alongside the Trust's 2020/21 Annual Report and Accounts and/or also as a standalone document. It summarises how QEH has:

- Made demonstrable improvements following its 2020 Care Quality Commission (CQC) inspection and is now aspiring to be a continuously improving organisation
- Further strengthened the governance arrangements of the Trust Board, Sub-committees and Divisional arrangements, including how the Trust involves Governors in Board Sub-Committees
- Performed against the quality priorities for 2020/21
- Listened to and responded to feedback from patients and their families that we receive via complaints, concerns, patient surveys and following incidents
- Monitored the effectiveness of service by participation in Research and Clinical Audits
- Developed quality priorities for 2021/22, following extensive engagement with our patients, Governors, partners and staff

Even as the Trust has responded to the COVID-19 pandemic, 2020/21 has been a year of further significant progress.

The Trust's Integrated Quality Improvement Programme (IQIP) is how we drive the improvements required and it has two main areas of focus: ensuring we provide safe, effective care for our patients and a positive working environment for our staff; and ensuring it is delivered in accordance with all regulatory requirements.

The Trust has made strong progress against its IQIP with a high-calibre, experienced Board now in place to take QEH forward. The Trust had an unannounced CQC core services inspection in September 2020. The subsequent report, published in December 2020, resulted in none of the Trust's core services being rated 'inadequate' compared to 19 areas that had been 'inadequate' in the Trust's 2019 inspection. All of the Trust's core services inspected (Medicine, Surgery, Urgent and Emergency Care, Maternity, Diagnostic Imaging and End of Life Care) are now rated as 'Good' for caring - marking a further significant improvement. The Trust has three 'Must Do' and 33 'Should Do' actions from its 2020 inspection (compared to 206 in total in 2019, marking an 82% reduction in 'must' and 'should do' actions). The General Medical Council conditions have been removed and the Trust is no longer under enhanced monitoring.

In addition, five Section 29A CQC Conditions have been closed, five Section 31 Conditions for Maternity Services have been removed and a further 10 Section 31 Conditions spanning Maternity, Urgent and Emergency Care and Diagnostic Imaging were lifted in March 2021.

QEH had no cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia, compared to one the previous year. The Trust continues to do all it can to reduce hospital-acquired infections and QEH's rating moved from 'amber' to 'green' in-year for infection prevention and control by the regulator NHS Improvement/England.

Modernising the hospital (both the estate and digital infrastructure) has been a priority in 2020/21, with much progress made. In another important strategic development, the Trust successfully purchased the private BMI Sandringham Hospital, with the facility being operational within 4 weeks of the transaction, providing a new 26-bed elective treatment centre for QEH.

The QEH marked its 40th birthday with a Royal visit from the Duke and Duchess of Cambridge, which was a day to remember. The deterioration of QEH's ageing building - designed to last 30 years - remains a real cause for concern for the Trust Board and as such the Trust submitted a compelling case for a new hospital as part of the NHS response to the Comprehensive Spending Review in Autumn 2020 and has started developing a Strategic Outline Case to strengthen its case even further. The allocation of £20.6m national capital funding for short-term safety improvements to the estate was welcomed at the end of 2020/21. However, this must be balanced with the need to find a longer-term solution to addressing the challenges with the hospital's estate on a sustainable basis with a new hospital or substantial rebuild. The patients and the local communities we serve in West Norfolk, North East Cambridgeshire and South Lincolnshire deserve nothing less.

The digital maturity of QEH has improved over the last year. The Trust has a digital work plan which balances getting the fundamentals right (including ensuring compliance with the statutory requirements for Cyber Security by Summer 2021) with progressing digital transformation, supported by clinical engagement via the Trust's Chief Clinical Information Officer and Chief Nurse Information Officer. More virtual outpatient clinics were introduced during the pandemic and we are on-track to introduce Electronic Prescribing and Single Sign On in April 2021 (followed by a new Radiology Information System in August 2021). The Trust is actively engaged and working closely with system partners in the development of a case to bring an Electronic Patient Record to Norfolk and Waveney.

Two important strategic developments were on the cusp of completion at the end of 2020/21, including the new Maternity Bereavement Suite, which has been made possible thanks to £185K of charitable funds after being named the Lynn News Charity of the Year, and a new Cancer Wellbeing and Support Centre, also charity-funded. There has been good progress with the new School of Nursing for King's Lynn and West Norfolk, a partnership venture with the College of West Anglia and the Borough Council of King's Lynn and West Norfolk, with the first intake of Nursing Associates due early 2022.

Engagement

Recognising how challenging this period has been for staff, the Trust introduced a much strengthened and nationally-recognised staff engagement programme. The National Staff Survey results for 2020 have improved across all ten themes for the second year running, providing important external evidence that staff morale, culture and experience is improving. The Trust's results were the twelfth most improved in the country for 2020 and the most improved in the region for the second consecutive year, with response rates the highest since 2017.

The Trust's Medical Engagement Survey results, published in early 2021, show that medical engagement has improved significantly - with QEH one of the most improved Trusts in the East of England. The Trust has launched clear behavioural standards - called 'The QEH Way' - so that there is absolute clarity regarding the standards expected of staff.

A Trust-wide culture transformation programme has launched to bring values to life across the organisation, with a strong focus on kindness, wellness and fairness. This work is a top priority going into 2021/22.

We will continue to build on the opportunities which have been created by the pandemic including flexible and home working, physical and psychological health and wellbeing, staff benefits, greater collaboration with voluntary and other care sectors and the development of a range of staff networks including Black, Asian and Minority Ethnic (BAME) and Lesbian, Gay, Bisexual and Transgender (LGBT) Networks.

With more than double the number of 'speak up' referrals in 2020/21 compared to the previous year, this is a sign that QEH is creating a 'speak up' culture. We will continue to encourage staff to speak up with concerns and feedback, and our team of 19 Freedom to Speak Up Champions who represent staff across the Trust are instrumental in taking this work forward alongside the Freedom to Speak Up Guardian and the Trust's Head of Organisational Culture.

The Trust's inaugural Leadership Summit, attended by a range of nationally-recognised speakers from inside and outside the NHS, was held in March 2021 and was a big success with attendance from over 490 staff, Governors and partners.

An external stakeholder perception survey carried out in summer 2020 returned some of the best feedback the auditor has received from such reviews, demonstrating much-improved stakeholder and partner relationships and more active participation in wider system work across Norfolk and Waveney.

With regard to wider performance, we have seen the impact of COVID-19 on our ability to deliver planned care with a deterioration in 18-week Referral to Treatment and diagnostics performance and a significant increase in the number of patients who are waiting over 52 weeks for treatment.

COVID-19 cases have reduced dramatically since February 2021 and so our attention is now focused on the recovery and restoration of services, including our elective programme. We now have a clear focus on recovery of all of our elective services in line with the nationally agreed performance standards.

Although we have seen pressures across emergency care pathways, there have been improvements made in relation to performance against the national emergency access standard and improvements in ambulance handover times. As the Trust has been running two Emergency Departments during the pandemic which has demonstrated that when QEH has an appropriate department size it can more consistently deliver timely emergency patient care.

The Trust achieved five out of the seven service Cancer targets but did not achieve the 62-day wait target. This will be a clear focus in the year to come.

Thanks to the efforts of staff across the Trust, QEH achieved its financial plan for the second year running and was one of very few trusts nationally to continue its Cost Improvement Programme in 2020/21 - achieving £4.5m savings in-year.

Healthy Lives

The Trust has implemented a comprehensive programme including health and wellbeing for staff, with dedicated posts in place to support staff including 18 mental health first aiders, a clinical psychologist and PTSD specialist posts and a new menopause awareness and manager training programme.

Over 30,000 patients and healthcare staff (including QEH staff) have received their COVID-19 vaccination at QEH's hub and the Downham Market centre since the end of December 2020 and QEH has completed 100% staff risk assessments - the best in region.

At 100%, QEH had the best flu vaccination rates in the East of England and in the country.

The Trust's excellent reputation for research and innovation continues to grow. QEH recruited 2511 participants into research trials in 2020/21 - marking another record-breaking year - and QEH was ranked 27 of 507 Trusts nationally for COVID-19-related research, leading on vaccine trials for the Eastern region.

Whilst it is important to recognise the Trust's progress in so many areas we know where we need to focus our efforts to see further progress and ensure sustained year-on-year improvements to patient and staff experience. There remains much more work to do to deliver consistently safe and compassionate care to our patients and their families and to ensure more timely good quality responses and learning from complaints. Other areas of improvement in 2021/22 include reducing sickness absence and improving appraisal and mandatory training rates.

Central to the delivery of QEH's strategy is the Trust playing a lead and active role in the emerging Norfolk and Waveney Integrated Care System and developing Provider Collaborative, which will see closer relationships being forged between QEH, James Paget University Hospitals (JPUH) and Norfolk and Norwich University Hospitals (NNUH).

Looking ahead, we know where we need to focus our efforts to build on our recent improvements. These are described in full in our new strategy and our quality priorities which include:

Strategic Objective one: To consistently provide safe and compassionate care for our patients and their families.

Our 2021/22 priorities include:

- Moving out of 'special measures' and to become rated CQC 'Good'
- Focus on patient experience, including complaints. Consistently ensuring timely and quality responses to patients and their families and sharing learning
- Reducing patient harms and improving learning from incidents
- Improving in all areas of the National Inpatient Survey
- Delivering the agreed improvements to Maternity care in line with the independent review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust
- Ensuring patients receive timely access to care and treatment

Strategic Objective two: Modernising the QEH to support the delivery of optimal care.

Our 2021/22 priorities include:

- Completing a Strategic Outline Case for a new hospital and continue lobbying our compelling case to ensure QEH is one of the further eight new hospitals to be built by 2030
- Significantly improving the Trust's digital maturity, including the implementation and embedding of the new Radiology Information System (RIS) and Electronic Prescribing and Medicines Administration (EPMA) system
- E-Observations and positive engagement with system partners in the work to bring an Electronic Patient Record to Norfolk and Waveney
- To open the new Maternity Bereavement Suite and progress the plans for a new West Norfolk Eye Centre

Full details of our quality milestones and deliverables we have agreed for 2021/22 are available in the Trust's Year 2 Corporate Strategy, which is available on the QEH website.

A big thanks goes to our 4,000-plus Team QEH staff (3,282 whole time equivalents), alongside volunteers, Governors, members, our local community and our partners for their support throughout the year. We look forward to working with you all in the year to come as we move into the next chapter of our journey of improvement and continue to work together, committed to ensuring our patients and their families consistently receive the safe and high quality care they deserve.



Professor Steve Barnett
Chairman

11 June 2021

Caroline Shaw CBE
Chief Executive

11 June 2021



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 commissioned where required.

Non-Executive Director-led Board committees have been operational throughout the year, all of which report directly to the Trust Board:

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

These run alongside the:

- Audit Committee
- Nomination and Remuneration Committee (Executive Director Appointments)
- Charitable Fund Committee

A number of Executive-led groups report into the Senior Leadership Team, these being:

- Assurance and Risk Executive Group
- Clinical Governance Executive Group
- Operational Management Group
- Investment and Innovation Executive Group (renamed the Investment and Capital Planning Executive Group in March 2021)
- People Executive Group

Throughout 2020/21 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 and strengthened for 2020/21 with the introduction of 'plot the dots' (Statistical Control Process) methodology. This will be further developed in 2021/22.

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

The Quality Committee has monitored the delivery of our quality and safety priorities. There have also been a number of other programmes underway to support further improvement. These include:

Introduction of our new five-year Corporate Strategy with quarterly reporting of progress against corporate strategy key performance indicators

A clinical review programme - This consists of a suite of planned inspections undertaken as part of a programme of assurance, and shared learning, which supports the Trust's preparation for its forthcoming Care Quality Commission's (CQC) inspection. The purpose of these visits is to review areas of good and innovative practice, to monitor the embedding of completed improvement actions and identify any areas of concern or where improvement is required.





CARE QUALITY COMMISSION

The Trust is required to register with the Care Quality Commission (CQC) with the current overall registration status as 'Inadequate' following an inspection in 2019. We remain in Quality Special Measures following the CQC's 2019 inspection.

In 2019 the Trust was formally rated:

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

The latest inspection report details the actions that 'must' be taken to comply with our legal obligations and actions that 'should' be taken to comply with a minor breach that did not justify regulatory action to prevent us failing to comply with legal requirements in the future.

The CQC published its inspection findings in December 2020 and highlighted the significant improvement and progress the Trust has made over the past 12-months. This provides further external validation of the Trust's improvement programme and its commitment to ensure patients consistently receive safe and effective care.

The Trust is fully compliant with the registration requirements of the CQC.

It was hoped that the Trust would be re-inspected and re-rated as part of a full on-site inspection during 2020. However, the impact of the COVID-19 pandemic initially suspended all CQC inspections, replacing on-site inspections with an interim Emergency Support Framework. Whilst a full inspection could not be carried out during this time the Trust underwent an unannounced inspection in September 2020 which focused on six core services and resulted in an amended rating for these services.

The Core Services inspected in September 2020 and re-rated were:-

- Medicine
- Urgent and Emergency Care
- Surgery
- Maternity Services
- Diagnostic Imaging
- End of Life Care

Whilst six core services were re-rated following the September 2020 CQC inspection, the Trust's overall rating cannot be changed until the CQC carries out a full on-site inspection to include the domain of well-led. It is anticipated this will be in spring 2021, when it is hoped the CQC will restart their inspection regime post COVID-19.

Inspection highlights:

- None of the Trust's core services inspected are now rated 'inadequate' compared to 19 areas in the same services rated 'inadequate' in the Trust's 2019 inspection.
- All of the Trust's core services inspected (Medicine, Surgery, Urgent and Emergency Care, Maternity, Diagnostic Imaging and End of Life Care) are now rated as 'Good' for caring - marking a further significant improvement.
- The Trust has 3 'Must Do' and 33 'Should Do' actions from its 2020 inspection, the majority of which already feature in the Trust's Integrated Quality Improvement Plan, compared to 206 in total in 2019 and marking an 82% reduction in 'must' and 'should do' actions

OUR QUALITY IMPROVEMENT PLAN

Our Integrated Quality Improvement Programme (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

QEH's 2019/20 IQIP included a total of 206 actions, which were a combination of conditions, 'Must Do' and 'Should Do' actions. Of these, 178 (86%) were approved for closure by the end of March 2021, which demonstrates sustained progress throughout the year. This progress was clearly recognised by the CQC following its unannounced focused inspection in September 2020.

Highlights of our 2020 CQC report included:

1. None of the core services which were inspected are now rated 'inadequate'. This compares to 19 areas in the same services rated 'inadequate' in the Trust's 2019 inspection
2. All of the Trust's core services which were inspected (Medicine, Surgery, Urgent and Emergency Care, Maternity, Diagnostic Imaging and End of Life Care) are now rated as 'good' for caring, marking a further significant improvement
3. The Trust has three 'Must Do' and 33 'Should Do' actions from its 2020 inspection, the majority of which already feature in our IQIP. This compares to 206 in total in 2019, which is the equivalent of an 82% reduction in 'must' and 'Should Do'

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:

1. Promoting the 'Friends and Family' Test to receive anonymous but timely feedback
2. Attending meetings and events held by community organisations
3. Listening to and learning from patients' stories at Board meetings
4. Taking part in national patient surveys
5. Ensuring patients and the public are represented at key committees
6. Carrying out simulated Care Quality Commission visits, which include interviews with patients and carers (if they are present during the visit)
7. Carrying out annual PLACE (Patient Led Assessments of the Care Environment) inspections
8. Reading and responding to patients' and carers' feedback posted on NHS and Care Opinion websites and social media
9. Inviting Healthwatch Norfolk to attend the hospital monthly to meet with patients and discuss their experiences



NATIONAL STAFF SURVEY 2020

The Trust had a response rate of 45% in the 2020 staff survey, which was above last year's rate (42%), and consistent with the national average response rate.

The Trust improved in all 10 themes and recorded statistically significant improvements in nine areas. The overall staff engagement score improved from 6.7 out of 10 in 2019 to 6.9 out of 10 in 2020.

The biggest improvements came in these areas:

- Staff say the organisation and managers take positive action on health and wellbeing and offer flexible working patterns (up from 48.9% to 54.4%)
- Care of patients/service users is my organisation's top priority (up from 68.5% to 76.0%)
- I am satisfied with the quality of care I give to patients/service users (up from 75.7% to 81.6%)

Looking to 2021/22, we will aim to build on these results by placing a greater focus on:

- Encouraging people to share feedback and speak up without fear of reprisal, so that this becomes the cultural norm
- Improving and educating our workforce on Equality, Diversity and Inclusion
- Continuing our good work to reward, value and recognise staff and doing more to celebrate our successes, focussing on the many positives at both organisational and divisional/service levels.
- Creating a culture of fairness and kindness where staff feel valued and respected
- Cultivating leaders who inspire, support and encourage their staff
- Improving staff engagement at divisional and service level, as well as sustaining improvements at Trust level



STAFF ENGAGEMENT DURING THE PANDEMIC

Throughout COVID-19, the Trust further increased the support available to staff for their physical, emotional and financial health needs. We recruited a dedicated Clinical Psychologist and Post Traumatic Stress Disorder (PTSD) lead, along with 18 new Mental Health First Aiders. We set up a hardship fund to provide financial support to staff and carried out activities designed to raise awareness of mental health as part of our drive to create a culture where it is acceptable to talk about and seek support for mental health issues. This commitment was cemented further when we signed the 'Time to Change' pledge in October 2020.

Thanks to the generosity of local people and businesses, frontline staff were given complimentary food bags and drinks, while we also provided food and toiletries to our international colleagues who arrived in the UK and were quarantining before joining our team.

Staff had around the clock access to 'safe spaces', which provided quiet areas where they could spend a few moments away to process their thoughts, find a sense of calm, reflect and recharge. Coaching sessions for leaders and in-reach support for frontline staff were also set up to help them deal with the pressures they faced daily during the crisis. We also put support in place for staff who were isolating, shielding or working from home to help them maintain an effective work-life balance while addressing any fears they may have about returning to work.

In addition to the steps taken in response to COVID-19, we also ran menopause awareness sessions while carrying out training for managers to make sure staff going through this life changing event felt understood and supported.

Looking to 2021/22

We have refreshed our Staff Engagement Programme for 2021/22 after taking learning and feedback from the 2020/21 programme into account. This aims to deliver a further improvement in staff engagement and how people feel about working at QEH.

Three overriding priorities for the coming 12-months have been drawn up following feedback from colleagues, which are:

1. Kindness
2. Wellness
3. Fairness

REDUCING THE NUMBER OF PATIENTS EXPERIENCING HARM AS A RESULT OF FALLS IN HOSPITAL

Falls are the most commonly reported incident in hospital and there are more than 100 separate risk factors and reasons that can influence the likelihood of someone falling. Over the past 12 months, The Trust has continued to monitor performance against an agreed benchmark which was set in 2015, committing to a target of fewer than five falls per 1000 bed days in all adult inpatients.

The focus for falls prevention and management is to minimise patient falls with harm and drive improvements in safety and quality whilst always striving for a positive patient experience. A safe care environment where patients are protected from avoidable harm is actively promoted and managed.

The Trust started to see a reduction in the total numbers of falls between 2018-19 and 2019-20 which is thought to be due to interventions that increased staff awareness of falls prevention. Subsequently, this led to improvements in the implementation of the Trust Falls Prevention Strategy as well as recognition of factors that influence ward systems and activities before the COVID-19 pandemic in March 2020.

The number of inpatient falls has significantly reduced during quarter one (2020-21) thought to be largely due to a reduction of inpatient admissions and activity. The trajectory of falls resulting in harm was noted to significantly increase during quarter two (2020/21) resulting in harm which has continued into quarter three and four. This is thought to be due to cumulative factors before and during the second wave of COVID-19 pandemic where the Trust had seen an increase in inpatient admissions, challenging staff resourcing and the use of escalation areas. Restrictions within the workplace also constrained face-to-face in-house training impacting on mandatory training as well as staff induction programmes. This reduced the ability to provide falls prevention and management education.

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, hypercoagulable state due to accompanying illness such as infection, inflammation, dehydration and post-operative period all of which increase the coagulable state of the blood. Each year 25,000 people die from hospital-acquired VTE. It is a preventable condition and, hence, there is an expectation that appropriate measures are taken to avoid VTE in hospitalised patients.

There is a target of 97.24% that all inpatient admissions are screened for VTE risk and that appropriate treatments are prescribed to prevent hospital-acquired VTE and its associated morbidity and mortality.

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 is 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 patient receiving a daily injection of blood thinning agent (anti-coagulant) and usually the use Thrombo-Embolic Deterrent (TED) stockings to improve the flow of blood back from the deep veins. However, prophylactic treatment with blood thinners can increase the risk of bleeding in some patients and, not uncommonly, worsen the circulation of feet 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 discover whether the VTE was avoidable.

OUR PARTICIPATION IN CLINICAL RESEARCH

We recruited around 2,000 patients to research studies during 2020/21, a 116% increase from the previous year. This was driven by the proliferation of urgent public health COVID-19 studies. The Trust's excellent reputation for research and innovation continues to grow. The large number of patients recruited to clinical trials marked another record-breaking year and the QEH was ranked 27 of 507 Trusts nationally for COVID-19-related research, leading on vaccine trials for the Eastern region. In 2020/21, we recruited to 32 National Institute for Health Research (NIHR) portfolio studies, which covered a wide range of specialties including Critical Care, Stroke, Dermatology, Gastroenterology, Cancer, Renal and Infectious Diseases.

In line with our strategy to embed research into clinical practice and increase research capacity, Dr Kamalram Thippu Jayaprakash became a recipient of the Greenshoots scheme, which is designed to develop principal investigators to lead future NIHR portfolio studies on-site.



PROGRESS AGAINST PRIORITIES FOR 2020/21

Strategic Objective	Action	Outcome measure
1 To consistently provide safe and compassionate care for our patients and their families	<p>Reducing complaints, specifically in relation to staff manner and attitude by 50%</p> <p>Improving learning from incidents to share learning when we get things wrong for our patients by:</p> <ul style="list-style-type: none"> The timely investigation of and closure of serious incidents in line with the NHS serious Incident Framework Increase in reporting of all patient safety incidents in line with the best Trusts in our peer group 	<p>Quarterly target = 4 Quarter four performance = 18</p> <p>The number of complaints in relation to staff manner and attitude is above target for Quarter four.</p> <p>These are broken down into the following two sub-themes:</p> <ul style="list-style-type: none"> 13 complaints relate to staff attitude; and 5 complaints relate to staff manner while delivering care. <p>The themes of staff attitude have been shared with Medical, Nursing and AHP staff with a focus on ensuring kindness and compassion in conversations with our patients. The Associate Medical Director for Professional Practice was appointed in February 2021 and is meeting with medical staff where attitude has been raised, Heads of Nursing and AHPs are meeting with nursing, AHP staff.</p>
	<p>Improving learning from incidents to share learning when we get things wrong for our patients by:</p> <ul style="list-style-type: none"> The timely investigation of and closure of serious incidents in line with the NHS serious Incident Framework Increase in reporting of all patient safety incidents in line with the best Trusts in our peer group 	<p>The average number of working days to submit a Significant Investigation (SI) and for closure by the Clinical Commissioning Group (CCG) for Quarter three is as follows:</p> <ul style="list-style-type: none"> Quarter one = 103 Quarter two = 92 Quarter three = 85 Quarter four = 107 <p>There has been an increase in the number of working days to complete and ratify serious incident investigations. SI investigation delays are now monitored monthly at the Quality Committee.</p> <p>The CCG continue to ratify and close submitted SI investigations within 20 working days, with performance in Quarter four averaging 19 working days.</p> <p>NHS/VE have communicated that the Official Statistics publishing schedule from the NRLS is changing with reports now being published once a year rather than every six months. The next publication is due in September 2021.</p> <p>The total patient safety incident reporting rates for 2020/21 was 7,640 excluding the number of pressure ulcers reported on admission. This is a 9% increase in reporting from the financial year 2019/2020 and includes noted decreases in moderate harm incidents. These are both positive indicators of an open culture where staff can raise their safety concerns.</p> <p>Safety incidents resulting in severe harm or death also reduced to 22 incidents, a 25% decrease from the previous year.</p>

A wide variation in monthly patient safety incident reporting occurred within the financial year with incident reporting rates per month ranging from 408 in April 2020 to 786 in August 2020.

The variation is thought to have occurred due to the Trusts ongoing response to the pandemic.

NHS/E recommends that the Trusts reports safety incidents via the National Reporting and Learning System (NRLS) monthly as a minimum which we continue to do. The Trust is continuing its focus to promote incident reporting practices as part of the ongoing safety culture development with a range of training and support provided by the corporate Patient Safety Team.

The number of incidents reported used to be benchmarked nationally across other similar trusts for comparison. For 2021/22, the Trust will use the Model Hospital list of similar 'peer' trusts and will benchmark ourselves against these trusts quarterly to increase context and understanding of the progress made against this KPI.

Further improving End of Life care by:

- Fast-tracking patients to their preferred place of care

The Palliative Team are in daily conversation with the Discharge Team regarding all their patients.

The main reason for delay is that there is lack of provision outside of the Hospital to provide care, and it is increasingly difficult to place patients in their PPOC. This delay means some deteriorating patients may RIP prior to completion of discharge.

With the hospital being on the border of 3 CCGs, this makes the discharge journey even more difficult, with different criteria, paperwork and availability in each area.

We have improved our communication and integrated working over the last four weeks; and now have the discharge team linked into our Palliative Team daily huddle, where we discuss patients. There is also representation from the Palliative Team at the LOS weekly meetings.

Improvements to the ReSPECT process are currently being reviewed and monitored, led by the Lead Resuscitation Officer and the Clinical Lead for deteriorating patients, and overseen by the Recognise and Respond Forum (R&R).

The R&R will oversee the planned relaunch of training and strategy around ReSPECT version 3. A key deliverable of this will be a focus on the quality of ReSPECT forms which are completed, to ensure 100% completion (especially around the Mental Capacity Act) by regular monthly audits of all ward areas.

Quarter four target = 100%

Quarter four compliance = 66%

Quarter four target = 75%

Quarter four performance = 41.7%

The Palliative Care team have focussed on taking action to ensure they are aware of all admitted patients who are near end of life. The actions they have taken are:

- to receive a daily list following all ward rounds of any new patients identified as being at end of life
- conducting a daily review of all ward white boards

Strategic Objective	Action	Outcome measure
	<ul style="list-style-type: none"> Delivering a 50% reduction in unexpected hospital cardiac arrests 	<ul style="list-style-type: none"> created a specialist register so that they are notified if any patient who is nearing end of life is re-admitted receiving notifications or all fast-track patients to work with an education lead to increase knowledge of the services and support available to patients nearing end of life within all nurses <p>All patients who the team are made aware of will be visited and assessed by a member of the multi-disciplinary team and will be support with an individualised plan of care (POC).</p> <p>The March mortality data has been reviewed, and identified that 70% of deaths were 'expected', and of these 62% had an IPOC in place and 41% had a documented review by the palliative care team in the record (baseline when this work started was 8%, and the national comparison is 36%).</p> <p>Quarter four target = 8 Quarter four performance = 4</p> <p>The number of Cardiac arrests are now being reported a month in arrears to allow time to fully process coding data in order to reduce retrospective validation of figures. In February there were four cardiac arrests, within expected limits, with the expected upper threshold not being breached since August 2019.</p> <p>All cardiac arrests are subject to reviews for learning. This process enables us to scrutinise whether any of these might have been avoidable – for example by earlier escalation to prevent deterioration in an unstable patient, or by earlier recognition and discussion of end of life wishes with the patient. Findings are shared with the clinical teams and reported to the Learning from Deaths Forum</p> <p>The Recognise and Respond Forum (R&R) manage this metric, tracking its progress and initiating any changes required to prevent inpatient cardiac arrests. As part of this regular monitoring and review, the R&R is overseeing a planned relaunch of training, strategy and full compliance with version 3 of the ReSPECT form</p> <p>Quarter four target = 10 Quarter four performance = 21</p> <p>The Hospital Thrombosis Committee review all reported incidents of Hospital Acquired Thrombosis, monitoring any bleeding or Thrombotic complications.</p> <p>The number of incidents decreased by 25% and are expected to reduce further due to increased scrutiny at the Hospital Thrombosis Committee. In the committee, there are ongoing discussions about the prescribing and administration processes and about how to make improvements.</p> <p>Quarter four target = 3 Quarter four performance = 8</p> <p>The steering group, chaired by the Deputy Medical Director, to drive improvements in this measure, continues to meet fortnightly.</p>
	<p>Further reducing patient harms, including:</p> <ul style="list-style-type: none"> 50% reduction in incidents associated with the prescribing and administration of anticoagulants 50% reduction in the number of incidents of harm associated with the administration and prescribing of insulin 	

Strategic Objective	Action	Outcome measure
	<ul style="list-style-type: none"> A reduction of pressure ulcers with lapses in care by 15% 	<p>There is an increased number of incidents being recorded but from these incidents there is a reduced level of harm with patients involved.</p> <p>An e-Learning package to support staff has been rolled out on ESR to raise awareness of risks. The system is tracking compliance with this training, and the group are targeting 100% compliance by December 2021.</p> <p>The Diabetes Link Nurse training is ongoing with the next study day on 19 May 2021. Part of the role of these link nurses will be to enable awareness of risk strategy throughout other staff.</p> <p>The steering group consider that there is good progress on delivering their strategy, and this will continue as work progresses further.</p> <p>Quarter four target = 5</p> <p>Quarter four performance = 8</p> <p>The Quarter Four target of 15 % reduction in pressure ulcers with lapses in care was not achieved. The Trust has seen an increase in the number of pressure ulcers during January 2021 - the peak of the Wave 2 COVID-19 pandemic which was a similar trend seen during the peak in Wave 1. The reported number of pressure ulcers decreased during February 2021 and March 2021.</p> <p>The increase in January 2021 is in line with the national trend and there is also emerging evidence to suggest that COVID-19 can cause a restriction in blood supply to tissues, causing a shortage of oxygen that is needed to keep tissue alive which is almost identical in presentation to pressure damage.</p> <p>The Tissue Viability team continue to support areas where lapses in care were identified and will be delivering joint educational refresher training with external Clinical Nurse Advisors on moisture associated skin damage which is a precursor to pressure ulcer. This is planned in May 2021.</p> <p>Quarter four target = 142</p> <p>Quarter four performance = 205</p> <p>Although the number of falls is over target, the Trust's 'falls rate per 1,000 bed days' remains below the national average rate of 6.63 and the 'consequence of fall, moderate and above' also remains below the national average rate of 0.90 at 0.38.</p> <p>Quarter Four demonstrates a reduction in the number of falls compared to Quarter Three but has not achieved the target of 15% reduction. January 2021 was the peak of Wave 2 COVID-19 pandemic when the Trust reported 85 incidents relating to falls. At the end of March 2021, the number of falls is starting to decrease.</p> <p>The Chief Nurse met the Heads of Nursing and Matrons on 18 February 2021 to clarify the expectations in the prevention and management of falls. A deep dive presentation on falls management on 2 March 2021 identified several actions that are being monitored via the nursing and AHP falls task and finish group. In addition, 11 staff will be attending the National Falls summit during April 2021 to learn and implement best practice in falls management.</p> <p>The Trust's 'falls rate per 1,000 bed days' remains below the national average rate of 6.63 and the 'consequence of fall, moderate and above' also remains below the national average rate of 0.90 at 0.38.</p>

Strategic Objective	Action	Outcome measure
Reducing avoidable delays for patients:	<ul style="list-style-type: none"> Reduce ambulance handover delays > one hour to 0 No patients to be waiting > six hours in ED for emergency admission 	<p>Quarter four target = 145</p> <p>Quarter four performance = 201</p> <p>Quarter four target = 173</p> <p>Quarter four performance = 250</p>
	<ul style="list-style-type: none"> Achieve the national DToC standard of 3.5% 	<p>There has been a reduction in the number of delays to ambulance handovers and numbers of patients waiting in ED with performance in March 2021 at the lowest level of delay since July 2020. Many of the patients who were delayed in Quarter Four were due to issues with patient flow associated with a reduction in COVID patients and the movement of Red wards back to Amber as wards were decanted and deep cleaned.</p>
		<p>Work to deliver SAFER and 7/7 cover will assist patient flow throughout the hospital and is expected to decongest ED by allowing for faster interventions and improved admission rates.</p>
		<p>Quarter four target = 3.5%</p>
		<p>Quarter four performance = 0%</p>
		<p>Quarter Two 2021/22, however work is ongoing to ensure this is accurately monitored internally to support reviews of stranded and super stranded patients.</p>
		<p>We continue to monitor all metrics relating to patient discharge including length of stay / stranded patients and reasons for delays with completion of daily point prevalence. This supports the internal transformation work which is underway and enables visibility of delays to facilitate required escalation as needed.</p>
	<ul style="list-style-type: none"> No patients to breach 52 weeks (18-week RTT) 	<p>Quarter four target = 0</p>
		<p>Quarter four performance = 1,412</p>
		<p>The Trust is working across the Integrated Care System (ICS) on delivering a new planned care improvement programme. This work will ensure a consistent approach to addressing waiting list backlogs across all providers to meet improvement trajectories.</p>
		<p>Due to operational pressures, many elective procedures were cancelled to enable resources to be prioritised at those in greatest clinical need. Work on a recovery plan for all services across the Trust will target all services achieving a minimum of 85% of the activity they delivered in 2019/20 by July 2021. As part of this recovery, Day Surgery is planned to reopen 17 May 2021.</p>
		<p>All patients waiting to be seen continue to be managed in line with the Trust's Patient Access Policy.</p>
		<p>Work is underway across the Integrated Care System to look at management of patient pathways across Providers led by the Elective Recovery Cell in order to ensure that we are managing our longest waiting patients collectively in line with the agreed clinical prioritisation requirements.</p>

Strategic Objective	Action	Outcome measure
	<p>Reducing mortality by:</p> <ul style="list-style-type: none"> • Implementation of SAFER • Delivery of 7/7 Consultant care • Delivery of Electronic-Observations (E-Obs) 	<p>A senior all patient review is in place but being redesigned in line with emergency care pathways to decongest the emergency department. This will enable the creation of a blended assessment unit, and with the addition of a specialist bed modelling tool will assist with admissions and patient flow.</p> <p>A review process is underway for all stranded and super stranded patients throughout the Trust, supported by the Discharge Services Team.</p> <p>Work is progressing to deliver 7/7 consultant cover and is currently aiming to achieve over 90% compliance. Consultant models of care are being created to ensure job plans are aligned to services provided by the Trust and will ensure the highest possible compliance with 7/7 and SAFER. This work has been supported by a redesign of junior doctor rotas during the pandemic, with plans to maintain the positive aspects of this co-designed rota.</p> <p>The e-Observations Board have completed work on agreeing a list of functional specification requirements.</p> <p>Work has commenced to ascertain the requirements for medical device integration with an e-Observations solution and an assessment of mobile devices required for the implementation in all clinical areas.</p> <p>NNUH is in the process of introducing E-Obs through one provider (Web-V) and JPUH in introducing E-Obs with another (TPP). Both are being considered for implementation within the Trust, with a business case expected to be approved by QEH Summer 2021.</p> <p>Good progress has been made with auditing the quality of documentation within the Health records. With stable processes established in medicine, plans to expand further into other sub-specialties are in place. Key findings from the audits completed highlight four areas requiring significant improvements:</p> <ul style="list-style-type: none"> • Mental Capacity Assessment • Dementia Screening • Dating and timing of entry; and • Signature/stamp readily identifiable <p>From April 2021, findings from audits will be presented to Divisional teams. They will then be expected to provide assurance, through an action plan, on improving the quality of documentation.</p> <p>The nursing documentation audit process was delayed due to amendments required in the contents of audit. This has now been agreed and is expected to provide continuous reports through Perfect Ward audits. In addition, further regular deep dive audit plans are in place for 5 critical areas in nursing documentation. This will be reported through the Multidisciplinary Documentation Forum from June 2021.</p> <p>Review and rationalisation processes are underway in the printed documents in healthcare records. Once completed it is expected that full detailed review of these documents will be undertaken in readiness for implementing electronic patient records.</p>

Strategic Objective	Action	Outcome measure
<p>5 Supporting our patients to improve health and clinical outcomes</p>	<ul style="list-style-type: none"> • Delivery of NEWS 	<p>Training</p> <p>Online training for the National Early Warning Score (NEWS2) continues to be delivered online by the Royal College of Physicians. The training is monitored through the Electronic Staff Record (ESR) system and monthly reports of attendance are generated.</p> <p>As of 28th February 2021, 62.4% of staff required to complete NEWS2 training have completed their online training (total of 1,615 staff members).</p> <p>The deteriorating patient leads are working with mandatory training to focus on appropriate staff that need to complete the NEWS2 training – currently some staff are mandated in the target data but actually do not need to complete the training as NEWS2 has little relevance to their role. This is pulling the overall compliance data down.</p> <p>The next part of this exercise is to map to ESR, meaning the NEWS2 training package will be included on the individual's training section to highlight that it needs to be completed. Ultimately this should result in higher, and more appropriate training compliance.</p> <p>Delivery</p> <p>New audit questions integrated into perfect ward have been developed and should be live by May 2021.</p>
<p>5 Supporting our patients to stop smoking</p>	<p>Help our patients to stop smoking.</p> <p>Targeting stop smoking programmes for those most in need, implementing the STP tobacco control strategies, including becoming a smoke free site. We will develop additional stop smoking support for people admitted to hospital</p> <p>All NHS Trusts in Norfolk have committed to being smoke free, having a named champion at Board level, a named staff lead and have signed the NHS Smoke Free pledge</p> <p>Promote healthy ageing.</p> <p>In partnership, promoting a positive view of ageing, encouraging continued activity, healthy eating, encouraging a health approach to alcohol, volunteering and physical activity</p> <p>Improve cancer screening rates.</p> <p>Increasing cervical and breast cancer screening across the whole of Norfolk and Waveney, and reduce inequalities in cancer screening uptake in hard to reach groups</p>	<p>All patients are screened for smoking on admission to hospital and given written advice on smoking cessation on discharge from hospital.</p> <p>Further developments are being considered on:</p> <ul style="list-style-type: none"> • ensuring all identified smokers are considered for nicotine replacement therapy during their stay • offering all staff who smoke support and help to quit; and • discharge processes to ensure that all patients can be directed to stop smoking support <p>A Board level champion is in place for the implementation of the NHS Smoke-Free pledge. Plans to implement a smoke-free environment have been delayed in view of COVID-19.</p> <p>All patients are screened for alcohol consumption on admission to hospital and given written advice on healthy levels on discharge from hospital.</p> <p>We are also working closely with system partners to encourage exercise, healthy eating and volunteering.</p> <p>The Trust is in the process of implementing specific menopause training for staff.</p> <p>Breast and cervical screening have both restarted following the pandemic, with 100% patients in the screening backlog now seen and screened.</p> <p>The Trust will be participating in work in partnership across the ICS looking at health inequalities. Patients will be reviewed with an initial health inequalities impact assessment. The purpose of this work is to determine which groups are having difficult accessing screening and researching what are the obstacles that they are facing.</p> <p>When complete, these findings will be used to drive improvement plans to reduce inequalities and improve overall cancer screening rates.</p>

Strategic Objective	Action	Outcome measure
	<p>Helping cancer survivors to reduce their risk of recurrence.</p> <p>Reducing the risks of getting cancer by promoting healthy living and offering cancer patients tailored advice on healthy lifestyles to support their recovery and reduce the risk of their cancer coming back.</p>	<p>To help patients reduce the risk of recurrence, the Breast Cancer CNS Team conduct a support clinic and specifically discuss this with patients post treatment.</p> <p>Helping patients living with and beyond their cancer diagnosis, is key to personalised care. All patients are offered a holistic needs assessments (HNA) at diagnosis and this is reviewed at key points throughout their treatment. Patients can also initiate these themselves by requesting a HNA at any point.</p> <p>Following an HNA, a patient can be sign posted to appropriate services such as benefits advice, referral to clinical psychology or a referral for gentle exercise.</p> <p>The new Cancer Wellbeing and Support Centre is on track to open April 2021. The team are currently developing a work programme to support patients directly from the hub. Due to COVID restrictions this implementation will be phased. Services being considered are anxiety management, menopause support, counselling, general nutritional advice, physical activity with initial assessment and gentle exercise, support services, Look Good Feel Better and the HOPE programme. These services will deliver improvements in patient experience and outcomes following cancer.</p> <p>Collaborative work between NSFT and QEH continues to ensure better patient outcomes.</p> <p>Both Trusts are supporting an improvement plan that will look to enhance awareness and importance of mental health and wellbeing with staff. There is a key focus on education to help prevention and improve wellbeing, with a goal to deliver enhanced care for those patients who will benefit from increased support and intervention.</p> <p>The Trust continues to support work with ICS partners to improve self-care for people with diabetes through the system's diabetes strategy.</p>
	<p>Support mental health and well-being.</p> <p>Collaborative working to develop and embed mental health prevention and well-being.</p>	<p>The Division has launched our Women & Children 5 Year Strategy 2021-2026, setting out the vision and aims for the services including maternity, aligned with the Trust's strategy of Quality, Engagement and Healthy Lives.</p> <p>The Trust has a Maternity Improvement Plan in place, to address the recommendations of multiple local, external and national reviews. 50% of the actions are currently complete, although this plan is anticipated to continually evolve in response to ongoing recommendations to improve safety and outcomes for mothers and babies and strengthen our culture within the service.</p> <p>Actions following the Ockenden Report have been included in the Maternity Improvement Plan to ensure all Immediate and Essential Actions (IEA) are complete.</p> <p>The Trust is also on track to fully implement the Saving Babies Lives Care Bundle, with just some guideline adjustments requiring ratification at this time.</p> <p>The Maternity Bereavement Suite project is also progressing well, to support our families at this most difficult time. There is a strong service user voice to ensure there is real co-production of this new facility. Following a public vote with over 2500 responses, the suite was named The Butterfly Suite.</p>
	<p>Improve self-care for people with diabetes.</p> <p>Working collaboratively with partners, we will support patients with diabetes by enabling diagnosis, self-care and optimised management through the implementation of the system's diabetes strategy.</p> <p>Improve quality of care for pregnant women.</p> <p>Focusing on the delivery of agreed improvements to the maternity care pathway, including 35% of women being booked onto defined Continuity of Carer pathway by March 2020, and ensuring that we meet the Clinical Negligence Scheme for Trusts (CNST) requirements from 2020/21 onwards.</p>	<p>Collaborative work between NSFT and QEH continues to ensure better patient outcomes.</p> <p>Both Trusts are supporting an improvement plan that will look to enhance awareness and importance of mental health and wellbeing with staff. There is a key focus on education to help prevention and improve wellbeing, with a goal to deliver enhanced care for those patients who will benefit from increased support and intervention.</p> <p>The Trust continues to support work with ICS partners to improve self-care for people with diabetes through the system's diabetes strategy.</p> <p>The Division has launched our Women & Children 5 Year Strategy 2021-2026, setting out the vision and aims for the services including maternity, aligned with the Trust's strategy of Quality, Engagement and Healthy Lives.</p> <p>The Trust has a Maternity Improvement Plan in place, to address the recommendations of multiple local, external and national reviews. 50% of the actions are currently complete, although this plan is anticipated to continually evolve in response to ongoing recommendations to improve safety and outcomes for mothers and babies and strengthen our culture within the service.</p> <p>Actions following the Ockenden Report have been included in the Maternity Improvement Plan to ensure all Immediate and Essential Actions (IEA) are complete.</p> <p>The Trust is also on track to fully implement the Saving Babies Lives Care Bundle, with just some guideline adjustments requiring ratification at this time.</p> <p>The Maternity Bereavement Suite project is also progressing well, to support our families at this most difficult time. There is a strong service user voice to ensure there is real co-production of this new facility. Following a public vote with over 2500 responses, the suite was named The Butterfly Suite.</p>

Strategic Objective	Action	Outcome measure
	<p>Provide alternatives to emergency admission for patients with chronic lung conditions.</p> <p>Working with partners, we will deliver a 25% reduction in volumes of Emergency Department attends and non-elective admissions where asthma and Chronic Obstructive Pulmonary Disease (COPD) is the primary diagnosis by delivery of appropriate pathways of care in the community.</p>	<p>In order to implement the Continuity of Carer pathway, the Trust needs to consult with staff. A staff consultation paper has been prepared and will be discussed with trade unions on 30 April. Following these discussions and a 45-day consultation, the Trust is aiming to commence this pathway across three teams by the end July 2021. This will enable 35% of women to be booked into this pathway after this time.</p> <p>As at end March 2021, eight out of the ten safety actions had no identified concerns to suggest the Trust would not achieve the Clinical Negligence Scheme for Trusts (CNST) by the end July 2021. The following action is being taken in the remaining areas to:</p> <ul style="list-style-type: none"> • mitigate staffing levels in regard to minimising risk of red flags for maternity • develop guidelines to support compliance with the care and treatment element of Saving Babies Lives' and • improve the accuracy or recording on Badgernet to provide supporting evidence to demonstrate compliance with all five elements of Saving Babies Lives' <p>Quarter four target = 287 Quarter four performance = 216</p>
	<p>Improve our patients access to the very best stroke services.</p> <p>For patients suffering from a stroke, ensure that 90% of those patients who are admitted to the stroke unit have this done within four hours by 2021.</p>	<p>Quarter four target = 90% Quarter four performance = 24.56%</p> <p>QEH is implementing the National Stroke Strategy. The implications caused by COVID are holding up progress. Despite this, overall stroke performance remains SSNAP A-rated, with excellent performance in Therapy related metrics and Thrombolysis. However, direct admission to the stroke unit within 4-hours has proved extremely challenging. A recovery and restoration plan is in place to ensure performance improves.</p> <p>Year one target = 755 738 patients were recruited to clinical trials in quarter four, bringing the total number to 2,086 YTD. This is a 176% increase from 2019/20.</p>
	<p>Improve access to research and clinical trials for our patients.</p> <p>Achieving a 10% increase in patient recruitment into research trials.</p>	

QUALITY PRIORITIES FOR 2021/22

As we move to 2021/22 we will be focussing on the delivery of our Corporate Strategy within which we have agreed a number of indicators to support delivery of our quality priorities. These are set out below:

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

- Moving out of CQC 'special measures' and be rated as CQC 'Good'
- Focus on patient experience, including complaints. Consistently providing timely, high quality responses to patients and their families and sharing learning
- Reducing patient harm and learning from incidents
- Improving in all areas of the National Patient Survey
- Delivering the agreed improvements to maternity care in line with the independent review of maternity services at the Shrewsbury and Telford NHS Trust
- Ensuring patients receive timely access to care and treatment

To further strengthen our Better Hospital Team (Project Management Team) to support quality improvements across the Trust, specifically responding to the 'must' and 'should do' actions in our 2020 CQC Inspection Report

- To move the focus of the Better Hospital Team from compliance to improvement
- Improvement priorities for 2021/22 will include:
- Urgent and Emergency Care (front door/site management, ward processes, discharge)
 - Planned care restoration (post-COVID pandemic) and improvement
 - Delivery of the Integrated Quality Improvement Programme (IQIP) - including: End of Life care and DNACPR
 - Modernisation of HR functions (including mandatory training and appraisals)
 - Maternity review and action plan
 - Continuation of Cost Improvement Programme - led by the Director of Finance
 - Oversight of the HIP/RAAC and Estates Strategy work progress and governance, including completion of a strategic outline case for a new hospital

To focus on patient experience, including complaints. Consistently ensuring timely and quality responses to patients and their families and share learning when we fall short

- To reduce the number of re-opened complaints by 10% on a baseline figure at March 2021
- To record 10% fewer complaints per 1,000 bed-days
- To respond to complaints in a timely manner, in line with national reporting requirements
- To embed learning via the Divisional learning cycle (Patient Experience Team reporting)

Reducing patient harm

- To reduce 'lapses of care' (MRSA/CDiff) by 10% on a baseline figure at March 2021
- A reduction in falls by 15% (continuation of year one target - 15% reduction from year one)
- Reduction in avoidable pressure ulcers of 10% on baseline figure at March 2021

Improving learning from incidents

- Sharing learning when we get things wrong by the timely investigation and closure of serious incidents in line with the NHS Serious Incident Framework
- Timely closure of action plans following a serious incident
- Increase in reporting of all patient safety incidents (aligned with annual National Reporting and Learning System (NRLS) reporting). To be aligned with the annual staff survey response relating to a 'reduction in errors, near misses or incidents which when reported my organisation takes action to ensure they do not happen again.'

We will ensure our patients more consistently receive timely access to care and treatment

- Adherence to monitoring of the national standards (to be confirmed in light of COVID-19 recovery and the agreed national deliverables, when published.)
- Monitoring the delivery of the 4-hour emergency access standard of :
 - » No ambulance handovers at > 60 minutes
 - » 0 patients in ED for more than 12 hours
 - » Reduction in the number of patients waiting in the Emergency Department > 12 hours for a mental health bed (end of March 2021 baseline to be used)
- Cancer services: no patients waiting over 104 days for treatment
- An Incremental reduction in 52-week waiting time breaches
- Incremental reduction in the backlog of patients waiting > 6 weeks for diagnostic tests

Improvements in all areas of the National Inpatient Survey

- Improvement on feedback from National Inpatient Survey published in July 2020

Recovery and restoration of planned care post COVID-19

- Adherence to the agreed national delivery requirements for COVID-19 recovery for planned care (aligned to delivery of the agreed Better Hospital Team priority).

Delivery of agreed improvements to maternity care in line with the independent review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust

- Achieve compliance with the 12 clinical priorities outlined in the Independent Review
- Expansion of the midwifery staffing establishment in (to meet the requirements of Birthrate Plus) in line with the approved January 2021 business case approved in January 2021
- Continuity of Carer (CoC) features within the NHS Long Term Plan (LTP), which states that the majority (51%) of women should receive continuity of the person caring for them during pregnancy, birth and postnatally. At QEH our aim is to roll this same standard of care to all women (where ever possible) and ensure that we meet these KPIs for all families within our care

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