

The Queen Elizabeth Hospital
King's Lynn
NHS Foundation Trust



Annual Report and Accounts
2010/11



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Foreword

At a glance

Who we are and what we do

The Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust (QEH) provides services at The Queen Elizabeth Hospital, a 514-bed acute hospital, which opened in 1980 and is located two miles outside King's Lynn town centre.

We provide healthcare to more than 240,000 people in West Norfolk, north-east Cambridgeshire, south Lincolnshire and part of Breckland via the hospital and a number of outreach services at community hospitals and medical centres in our area.

Our aims

Our aim is to be the preferred hospital for local people, providing accessible healthcare services locally. On 1 February 2011 we became a Foundation Trust, a reflection of our high standards and expertise in healthcare.

As a Foundation Trust, we aim to:

- Listen to our Foundation Trust members and governors when determining our aims and aspirations for the future
- Plan our services in partnership with local GPs and work with our partners to provide a seamless service that meets the needs and demands of our local population
- Invest in our hospital and find ways of further improving efficiency
- Meet all national performance targets
- Develop our services as an asset to the community we serve

Where we excel

We are rated highly for the following services:

- Trauma care - one of the top Trusts in England
- Critical care - one of the top two Trusts in England
- Day surgery - one of the top ten Trusts in England
- Value for money/operational costs - one of the 12 most efficient hospital Trusts in England (Dr Foster Hospital Guide)
- Staff engagement - in the country's top 20% of Trusts

Our income

Our income In 2010/11 was £164.7million. We are in good shape financially and finished the financial year with a trading surplus of £2.7 million.



Facts and figures

During 2010/11 we:

- Treated over 50,000 patients in our Accident and Emergency department
- Saw local people in over 250,000 outpatient appointments
- Achieved all quality targets related to patient safety and infection control
- Delivered our financial targets

We employed 2,562 full-time equivalent staff at 31 March 2011 in a range of roles including:

- 1,086 nurses, midwives and healthcare assistants
- 185 consultants and doctors
- 216 healthcare scientists and technicians
- 173 allied health professionals - for example physiotherapists, audiologists and occupational therapists

Key achievements

- The QEH was named by benchmarking group CHKS as one of the top 40 hospitals in the UK for service quality, for the third year in succession.
- A £450,000 upgrade of the Accident and Emergency department included a new assessment unit for children.

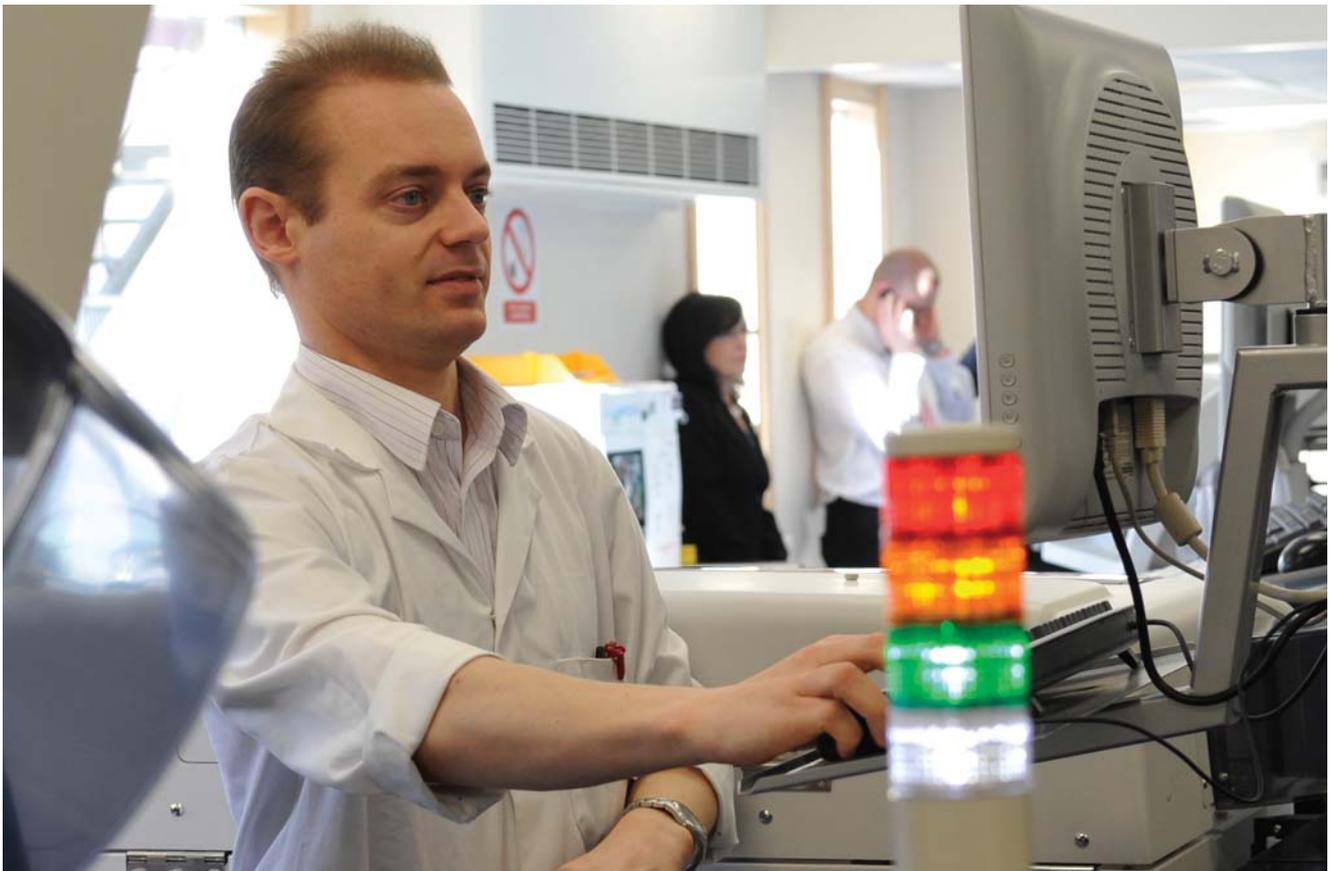


- The QEH was awarded the Government-backed Carbon Trust Standard Mark of excellence.

- Patients were given more quality time with nurses under the 'Productive Ward' scheme, pioneered in the East of England by The QEH.
- NHS Blood and Transplant and the British Blood Transfusion Society acknowledged The QEH as an NHS national leader for transfusion safety.
- Stroke Care at The QEH was highlighted amongst the best in the country in a national stroke audit carried out for the Royal College of Physicians.
- Infection rates generally continued to fall. During the year, cases of hospital-acquired MRSA fell by 57%, and cases of hospital-acquired *Clostridium difficile* fell by 29%. Further details are contained in the Quality Account section of this report.
- We launched an intermediate care initiative on the new Tilney ward,

where nursing colleagues from Norfolk Community Health and Care NHS Trust worked closely with us to care for short-stay patients.

- Our Genito Urinary Medicine (GUM) department was one of only six specialist units in the East of England to be accredited with the NHS 'You're welcome' standard, in recognition of its 'young people-friendly' approach.
- Lynn Fertility Centre, a specialist department based at the hospital, celebrated the birth of its first babies - twins born as a result of IVF treatment.
- Two new science laboratories were opened, providing the Trust with up-to-the-minute blood sciences and aseptic 'clean room' facilities.
- We became a Foundation Trust on 1 February 2011.



Chair and Chief Executive's introduction

If ever a year can be said to have been a milestone in the life of an organisation, then 2010/11 was surely that for The Queen Elizabeth Hospital. After many months of sheer hard work and determination on the part of directors and staff we achieved Foundation Trust status on 1 February 2011.

We met the many performance targets set for NHS Trusts and in some notable cases, our performance exceeded expected standards. This means we now rank as one of the best performing Trusts nationally in many of the services we provide.

There are plenty of examples of outstanding work at The QEH. These range from critical care, where we are one of the top two performing units in England and one of the best in Europe, through to maternity services, where we have one of the best units in the East of England. For stroke care we have been recognised as amongst the best in the country, and in haematology we are now an acknowledged national leader.

We have also improved a number of our facilities for the benefit of our patients:

- A new Aseptic Suite will produce specialised chemotherapy preparations and other patient specific medicines in a state-of-the-art laboratory.
- An automated Blood Sciences Laboratory has the capability to test up to 6,000 blood samples a day.

- Close working with NHS community nursing partners and GPs during the year ensured local people benefited from improved short stay facilities.
- Significant improvements were made to existing facilities, including a £450,000 upgrade of our Emergency Department.

While celebrating the achievements of the past year, our focus very much remains on providing even better services in the future.

None of this would have been possible without the dedication and support of our staff at all levels. It has been a whole hospital effort. We are therefore delighted to report on a successful past year, and we are committed to continuing the delivery of high quality services in the future.



Nerissa Vaughan

Nerissa Vaughan
Chief Executive



Kate Gordon

Kate Gordon CB
Chair



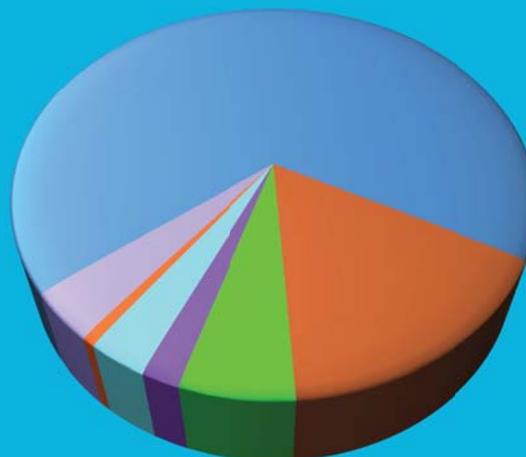
Directors' Report

About us

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH) is a forward-looking provider of acute healthcare and specialist services. The 514-bed hospital is two miles outside the town centre of King's Lynn and serves a scattered, part-urban, part-rural population of around 240,000 people in West Norfolk, north-east Cambridgeshire, south Lincolnshire, parts of North Norfolk and Breckland.

We regularly feature in national 'Top 20' lists of NHS Trusts for our high standards of patient care. Our Day Surgery Centre is recognised as one of the top units in the country, having consistently been awarded Charter Mark status. Stroke services are also highly rated and our Stroke Unit has been used by NHS Norfolk as the model for stroke services across Norfolk. We are also one of the leading Trusts for blood sciences (formerly known as haematology) and our expert nursing staff have helped to formulate current NHS national guidelines. They regularly lecture on topics such as deep vein thrombosis at international level.

Our total income for 2010/11 was £164.7million. The chart below shows where we received our funding from.



Sources of Revenue 2010/11

NHS Norfolk	£111,044,862
NHS Cambs	£27,313,630
NHS Lincs	£10,099,498
Other PCTS	£3,359,525
SHA	£5,241,000
SPH	£1,185,322
Other Sources	£6,502,161

Where we fit into the local health scene

The QEH occupies a strategic position at the junction of three counties and the nearest neighbouring hospitals are more than 40 miles away in any direction. Consequently we tailor our health services to the general needs of our local population, providing all but the most highly specialised care in King's Lynn, with 'outreach' services provided by our staff at community hospitals in Wisbech, Swaffham and Wells.

Our principal healthcare commissioners are NHS Norfolk, NHS Cambridgeshire and NHS Lincolnshire. Closer working relationships with community services are typified by a recent project aimed at improving the quality and speed of discharge from the hospital.

We work closely with the 43 GP practices across our catchment area, which covers around 750 square miles. In support of the proposed modernisation of the NHS, we also have a close working relationship with the West Norfolk Practice Based Commissioning Consortium, whose GPs will be responsible for the majority of healthcare commissioning in future.

For highly specialised healthcare, for example thoracic and neuro-surgery, we have developed clinical partnerships with specialist units at Addenbrookes and Papworth hospitals in Cambridgeshire, and the Norfolk and Norwich University Hospital.

Performance report

We are registered by the Care Quality Commission (CQC) to provide acute hospital services to our local population. During 2010/11 we met all essential quality and patient safety standards which were monitored regularly by the CQC.

We were rated by the Dr Foster Hospital Guide as one of the top 12 most efficient Trusts in England in terms of value for money and management of our operational costs. Our national staff opinion survey also put us in the top 20% of trusts in the country for many indicators, particularly staff contribution towards improvement at work, and as a good place to work and receive treatment.

Our high standards of care and overall performance were tested to the utmost during the stringent application process for Foundation Trust status. We were required to meet all targets set by the CQC as

part of our applications for registration introduced in April 2010, and to set out plans for developing our services over the coming years. Further information on these standards can be found in the Quality Account section of this report.

During the year we carried out more than 36,000 operations or procedures on patients. Of these, 470 were cancelled at the last minute for non-clinical reasons. All except 80 were rearranged within the 28 day target period.

The Trust met all operational targets for 2010/11.

Case Study Productive Ward Programme

Nurses at The QEH now spend far more 'quality' nursing time with their patients, thanks to the success of an efficiency programme pioneered by the Trust which is now followed by other hospitals.

The 'Productive Ward' programme was piloted in the East of England at The QEH, and aims to release nurses from routine duties to spend more time on patient care.

An assessment carried out by the NHS before the scheme was introduced found that nurses generally spent less than 40 per cent of their time on direct patient care. The rest was taken up by administration and other duties, with an average of 50 interruptions from their main duties during the course of a shift. Nurses at the hospital now spend over 60 per cent of their time directly with patients.



Organisational Management

Our services are planned and developed by our Board of Directors, whilst day-to-day management of the hospital is the responsibility of the Executive Directors. Non-Executive Directors contribute their expertise gleaned from other walks of life and bring their independent views to the way we plan and provide healthcare.

Since Foundation Trust authorisation in February 2011, the Trust's Governors' Council have also had a key role in ensuring that patient, public and staff perspectives are listened to when planning the hospital's services and in holding the Board of Directors to account for the delivery of these plans.

Our core business, the day-to-day healthcare of our local population, is carried out by four business units reporting to the Deputy Chief Executive/Director of Operations. These business units are responsible for emergency medical care, surgical care, women and children's care and clinical support services. Each one is led by a senior consultant, general manager, and senior nurse. Nursing care is supervised at ward level by matrons who report to the business unit's senior nurse. Other departments, such as estates, computer services, finance and human resources report to an appropriate Board level director.

Our key strengths

The QEH continues to improve standards of care for our patients. Data released in September 2010 by the National Audit and Research Centre highlighted our Critical Care Unit as one of the top two units in England, and one of the best in Europe. The unit treats around 850 patients a year and the data indicated that seriously ill patients stand a better chance of making a full recovery here than at hospitals elsewhere. We also continue to be one of the Top Ten performers in the country for day surgery.

We are internationally renowned for our major contribution to the development of haematology services. In 2010 our nursing staff made presentations to an international medical conference in Barcelona and as a result standards of care developed in King's Lynn are now being replicated in European hospitals.

Our doctors are also leading the way in many areas of medical science and patient safety. Two of our consultant anaesthetists, Joe Carter and Peter Young, for the second year in succession, scooped major awards for their designs for medical devices to improve patient safety in operating theatres. The designs are now in commercial production meaning that not only will patient safety be improved in hospital operating theatres around the world, but The QEH will also receive a proportion of the royalties generated.

Consultant radiologist Martin Crowe also received critical acclaim for computer software he designed and developed to improve the detection and monitoring of cancer. The software is now in commercial production.

Our staff

In March 2011 the Care Quality Commission published results of the annual NHS staff survey. This revealed that staff at our Trust are amongst the most motivated in the country. Our staff also considered The QEH to be one of the best NHS hospitals in the country for patient treatment.

As at 31 March 2011, we employed 2,562 full-time equivalent staff, as follows:

- 1,086 nurses, midwives and healthcare assistants
- 185 consultants and doctors
- 148 medical trainees
- 173 allied health professionals, for example physiotherapists
- 216 healthcare scientists
- 244 ancillary staff
- 396 administration staff
- 36 maintenance staff
- 78 senior managers

Case Study

New watery eye procedure

A new procedure developed by a joint QEH Ear, Nose and Throat and Ophthalmology team means that patients suffering 'watery eye' (*epiphora*) can now be treated with minimal trauma and inconvenience.

In the past, inserting a drainage stent involved chipping away bone near the eye, resulting in unavoidable bruising. Under the new procedure, called *endonasal endoscopic dacryocystorhinostomy*, a stent is inserted, in many cases under local anaesthetic, via the nose using an endoscope. No external stitches are needed, far less bruising and discomfort is caused and glasses can be worn straight after the operation



Our workforce is diverse and highly valued for its contribution in so many varied areas towards the overall positive patient 'experience'. Here are a few examples:

- Annual Nursing Awards: Nursing staff considered to have made a valuable contribution to the Trust, our patients and their own profession are nominated by their peers in our annual awards scheme, now in its third year
- An Apprenticeship Scheme was opened-up to young people wishing to train for a variety of trades and crafts, ranging from medical secretaries and ward clerks, to porters, print room assistants and plaster technicians. The scheme also offers an opportunity for Trust staff wishing to work towards higher workplace qualifications
- In conjunction with the College of West Anglia, eight students with learning difficulties were given the opportunity to work in various roles within the hospital, on rotation, to give them the necessary workplace skills to apply for permanent jobs, either at the hospital or elsewhere
- The valuable work carried out by the Trust's Chaplaincy in providing spiritual welfare and comfort to patients and staff was recognised by an expansion of the team to four chaplains

Infection control

The Trust reported excellent infection control results during 2010/11.

- 34 cases of hospital-acquired *Clostridium difficile* compared to 54 cases in the previous year
- Two cases of hospital-acquired MRSA (*Methicillin-Resistant Staphylococcus Aureus*) bacteraemia, compared to seven in the previous year.
- Eight cases of MSSA (*Methicillin-Sensitive Staphylococcus Aureus*). This was the first year that data on MSSA was routinely collected.

Case Study

From migrant worker to top biomedical scientist

A migrant worker who arrived in the UK from Poland in 2004 unable to speak any English, is now one of our top biomedical scientists, specialising in haematology and transfusion.

Some time after arriving in England to work in a salad-packing factory, Agnieszka Pieterse met and married a South African from whom she learned English. She enrolled at the University of Lincoln on a biomedical science degree course and became the top student, earning the President's Prize for her outstanding work. 'Aga', as she is known, joined the Trust in 2010 and is employed in our Blood Sciences Laboratory.



During the year *norovirus* was consistently present in the wider community resulting in minor outbreaks within the hospital, particularly when patients were admitted with the virus or in advanced stages of incubation.

Our strategy for dealing with the virus was to 'cohort' *norovirus* patients in

one area to allow dedicated personal nursing care. A section of our isolation ward, Stanhoe, was reconfigured as a *norovirus* treatment unit. In the case of smaller outbreaks, however, affected bays on our general wards were closed to new admissions while affected patients were treated.

Case Study

Hand hygiene campaign

A major publicity campaign was initiated within the Trust and amongst patients and visitors, promoting good hand hygiene as the way to combat infections.

A wide range of staff, including a cleaner, porter, laboratory staff, doctors, nurses and a midwife, were joined by a young patient and Trust Chair Kate Gordon, in a promotional video promoting hand-washing. This was backed by a poster and banner campaign around the hospital and local media publicity, all timed to coincide with International Infection Prevention Week. A campaign DVD

was uploaded to the Trust's website and onto YouTube.



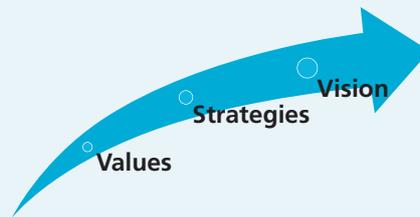
Our Vision for the future

Our vision and how it relates to our strategies and core values is shown on the right.

Strategic Objectives

In order to deliver our vision we will:

- Always put the needs and care of our patients first.
- Align services in such a way as to satisfy the needs of the locality to a greater degree than our competition, whilst acknowledging that this has to be done in such a way as to increase efficiency, improve quality and help the whole 'health economy' achieve financial balance.
- Consolidate our position through investment to improve efficiency.
- Implement new technologies and systems that will improve patient care.
- Ensure and maintain compliance with regulatory, performance and quality indicators.
- Further develop the Trust's strategic position as a community asset for West Norfolk and beyond, by:
 - Working with other local government, education and social services teams to maintain a hospital that is truly aligned with local needs
 - Collaborating with our partners in delivering the highest quality healthcare
 - Helping to educate, train and develop staff from the local community wherever possible.



Our Vision

The Queen Elizabeth Hospital wants to be: 'The Preferred Hospital for Local People'

Our Strategies

We intend to realise our vision through two key strategic aims:
Maintain and Develop our Existing Services
Grow our Market Share

Our Values

Our values will underpin the achievement of our strategic aims and the realisation of our vision:

- Quality**
(patient outcomes, patient safety and patient experience)
- Efficiency**
(doing more with the same resource - making each pound we spend go further)
- Partnership**
(with our staff, clinical networks, commissioners and others)

By satisfying these six objectives, we will stay true to our values of quality, efficiency and partnership and deliver services that best match the needs of our patients and customers. The objectives also recognise the need for us to work with other healthcare

providers and commissioners to achieve financial balance across the health economy and deliver the improvements in efficiency, quality and productivity required in the Quality, Innovation, Productivity and Prevention (QIPP) programme.

Case Study

Digital mammography improves diagnosis

The introduction of a new digital mammography screening service as part of a £1.1 million upgrade has improved early diagnosis of breast problems.

The new service means when female patients attend for breast screening the old style X-ray film is replaced by images held digitally on computer. As with digital photography, the digital image can be enlarged and examined in minute detail, improving the chances of spotting any abnormalities at an early stage.



Care Quality Commission surveys

What our patients said about us

The Queen Elizabeth Hospital continued to meet patient expectations of sound medical and nursing care and catering was amongst the best of any NHS hospital. These were some of the findings to emerge from the 2010 Inpatient Survey published by the Care Quality Commission (CQC).

Patients also awarded the hospital top marks for the 'what happens next?' explanation of the treatment they were about to receive, given by doctors and nurses.

The annual survey was carried out amongst 161 NHS Trusts on behalf of the CQC. More than 400 QEH patients responded to 77 questions about a range of topics related to their hospital stay, including treatment, standards of care, communication and overall impressions.

The highest marks of all were given to staff for explaining what would happen during an operation or procedure; how they answered questions about a forthcoming operation and for anaesthetists who explained how the patient would be sedated and how pain would be controlled. These, and the high catering score, which was an improvement even on the previous year's great result, put the hospital into the 'best performing 20% of Trusts' for these topics.

Patients noted that hand hygiene was widely promoted; that mixed sex accommodation had been eliminated, that they had privacy while being examined; and they did not feel threatened by other patients or visitors during their stay.

However, patients felt there was still room for improvement in some areas. In particular they felt there should be more nurses on the wards; patients should be treated with more dignity and privacy; doctors and nurses should improve hand-washing when examining patients; information given to patients' families could be improved, and copies of letters sent between hospital doctors and GPs should be easier for patients to understand.

The results generally reflected the good overall standards of nursing and medical care at The QEH, some of which were above the national average, but where concerns have been raised, the Trust has put in place action plans to address the relevant issues.

For example, we continued to recruit more nurses and have run a major hand-hygiene awareness campaign amongst staff and visitors with very positive results.



Case Study Post-operative recovery

A new initiative developed by surgical nursing staff at The QEH is being funded and supported by a national nursing body. Led by the Trust's Matron for surgery and staff from Elm ward (a female surgical ward), nurses make follow-up calls to women within 48 hours of their being discharged following an operation. They give advice and answer any questions patients might have, ensuring they feel fully-supported in the post-operative recovery stage. The scheme is funded by the Foundation for Nursing Studies as part of its *Patient First: Supporting Nurse-led Innovations in Practice* programme.





What our staff said about us

Our staff were revealed as amongst the most motivated NHS staff in the country. QEH employees also voted the hospital into the top 20% of places to work and, in their view, one of the best hospitals in the country for patients to be treated. Their views were included in the national Staff Opinion Survey, commissioned by the CQC, and published in March 2011.

The survey was carried out amongst 392 staff from a group chosen at random in October 2010. Staff views were sought under six headings covering 38 'key findings' ranging from staff motivation and job satisfaction to health and safety training and flexible working.

The findings rated The QEH in the Top 20% of Trusts in 25 of the 38 key findings and in the following four categories, the Trust received top

rating for the whole of the country when compared to other acute trusts:

- Staff motivation at work
- Not intending to leave their job
- Receiving equality and diversity training
- Feeling that the Trust is prepared to take effective action against violence and harassment

Responses showed that staff also felt well motivated and happy with the quality of service and patient care they are able to provide, saying they feel their role made a difference for the better.

Staff felt they were able to contribute towards improvements at work, with 94% saying they felt there were good equal opportunities for career advancement, regardless of gender, age or ethnic background. Health and safety training was regarded as better than average for Trusts of this size and type, with good communication

between staff and their managers also rated above the national average.

The Trust's overall score was in the highest (best) 20% when compared with Trusts of a similar type. This represented a significant improvement since 2009.

It was an excellent set of results and reflected the teamwork and dedication of all our staff across the Trust who supported each other and gave the best possible healthcare to our patients during the year.



Compliments and complaints

During the year we received 556 complaints and dealt with 81% in the target timescale of 30 working days. Of these, 91.5% were resolved locally following a first response.

When complaints were received we made sure we learnt from them and reviewed policy and practice. Our greatest source of complaint in 2010/11 was car parking, which more than 30 years after the hospital opened, is now inadequate for the vastly increased volume of patients and visitors attending each day. During the year sections of the car park were reconfigured to provide more than 80 additional spaces, with plans in hand to convert other areas of the site to additional car parking. The Trust actively worked with staff, the Borough Councils of King's Lynn and West Norfolk and local transport pressure groups to find longer-term solutions to parking problems.

We adopted the Principles of Remedy good practice guidance in our complaint handling procedure.

During the year 451 patients and/or their families wrote letters of thanks to the Chief Executive, praising the Trust for the excellent nursing and healthcare given by staff. Examples of 'patient experience' stories, detailing positive and negative comments, were regularly reported to the Board. Where patients and/or their families were not happy with the service they received from the Trust a full investigation was instigated, the results of which were used as the basis for performance improvements where necessary.

The Trust Board acknowledged that, while our overall performance was excellent in many areas, there was still room for improvement in others. We listened carefully to complaints and criticisms when they arose and always acted on them to improve our performance where we could.

Case Study

A&E awareness reduces unnecessary admissions

During the year our A&E department treated more than 50,000 patients - an average of 137 medical emergencies every day of the year. The number of patients seen and treated continued to rise, in line with the expanding local population, to nearly 10% more than originally anticipated during the forward planning stages.



We put plans in place to deal with this, including a GP 'filter' under which patients who arrived at A&E with non-urgent conditions were seen and treated by a GP and a specialist emergency medicine clinician. Under this new initiative, the way we see and treat emergency patients has been more efficient, and has helped to avoid unnecessary admissions to the Medical Assessment Unit.

We also worked closely with professional colleagues at NHS Norfolk, our principal primary care trust, to continue an awareness campaign advising patients to seek medical help from the most appropriate professional, rather than going straight to the local Accident and Emergency department.

The emphasis was on advising patients to self-medicate, where appropriate, or to take advice from their local pharmacist for straightforward ailments, or their GP for more complex matters. The message was: only use the A&E department in a real medical emergency.

Our partners

During the year we continued to build on the sound working relationships developed with NHS and other partners. This involved close collaboration with West Norfolk Practice Based Commissioning Consortium to assist with the planning of future health services. Talks were also initiated along similar lines with the GP consortium in north Cambridgeshire.

We continued to maintain strong professional links with our principal commissioners, NHS Norfolk, NHS Cambridgeshire and NHS Lincolnshire. We also maintained close links with the East of England Ambulance Service, who have services co-located on our site.

We also worked in close co-operation at many levels with Norfolk County Council and King's Lynn and West Norfolk Borough Council, especially through local Social Services teams, and Cambridge Community Health and Care.

Following the appointment of our Foundation Trust Governors' Council, our local communities had a more direct input into the strategic direction of the hospital. The Governors' council includes representatives from voluntary organisations, local government and further education in addition to those elected to represent the public and our staff.

Close co-operation was maintained with local police and fire and rescue services with whom we regularly run emergency planning exercises to test our resilience in a crisis. Local schools and colleges were also regular visitors to the hospital and helped us to maintain our links with the wider community.

Prompt payment

We signed-up to the NHS Prompt Payments Code which is a payment initiative, developed by government and the Institute of Credit Management, to tackle the crucial issue of late payment and aims to pay small businesses within ten days of invoice.



Social and community links

We demonstrated our commitment to our wider community in a number of ways, particularly with young people who live and study in our immediate catchment area.

During the year we launched a highly successful scheme under the banner Project SEARCH which allows young people with learning difficulties to gain useful, practical experience of the workplace prior to commencing full-time paid employment.

Positive links were maintained with a number of local schools and colleges, involving careers-orientated talks by hospital staff. Children from a local primary school carried out a mass planting of crocus bulbs on a bank next to the hospital access road.

The Trust also maintained strong links with the local business community, local authority, voluntary organisations and emergency services, and was an active lead partner on West Norfolk Strategic Partnership.

Patient safety, risk management and health and safety

The Trust continued to encourage staff to report all incidents that occur as an opportunity for learning and improving services. As a result we saw an upward trend in reporting. A total of 5603 incidents were reported during 2010, demonstrating a 12% increase on the previous year. Of this

total, 4608 incidents were identified as clinical incidents, 206 as non-clinical and 784 related to issues of health and safety.

Amongst the reported clinical incidents, 15 were identified and reported as Serious Untoward Incidents including six related to outbreaks of *norovirus* within the Trust. All patient safety incidents were reported to the National Patient Safety Agency through their National Reporting and Learning System.

Staff were encouraged to develop a better understanding of patient safety and risk management issues through the regular publication of a Patient Safety Bulletin.

The Patient Safety Team was strengthened by the appointment of two Mental Health Liaison Nurses, a Learning Disability Liaison Nurse and a Patient Safety Lead.

Patient safety

Patient safety continued to be a key focus within the Trust. The Patient Safety Committee was established in 2008 to oversee, monitor and support the range of improvement measures associated with the national 'Leading Improvement in Patient Safety' programme and the Patient Safety First Campaign. This work programme continued, with a range of initiatives which supported the Trust's main objective of reducing avoidable mortality:



Within each of these overarching work-streams we undertook a range of individual improvement programmes, some of which are explored in greater detail in the Quality Account section of this document.

The Patient Safety Committee also monitored the implementation of patient safety alerts. They ensured that lessons learnt from investigation of serious incidents or from the National Reporting and Learning System, were disseminated throughout the organisation and that any recommendations for changes in practice were implemented.

The Patient Safety Committee reported to the Clinical Governance Committee, a sub-committee of the Board of Directors, so the Trust was assured that all measures to improve patient safety were being addressed.

The Board of Directors provided further leadership in highlighting patient safety issues through a programme of Executive 'walk-arounds' where Board members visited each department in turn, accompanied by a member of the Patient Safety Department. This encouraged staff to communicate honestly about areas of concern, promoted a culture of safety and allowed the Executive team to provide visible leadership on the importance of patient safety.

Risk management

Risk Management was further embedded into the culture of the organisation through the delivery of Risk Management Workshops, which helped staff understand the risk assessment process and how they should carry out an assessment. Learning from incidents is key to managing risk and this was supported by the ongoing delivery of a training programme for senior managers on Root Cause Analysis. The training helped them develop techniques for identifying the root causes of why things go wrong.

Emergency preparedness

A number of emergency planning exercises took place throughout the year to test Trust procedures in the event of major events. The Trust responded well in each instance and the opportunity was taken to review and improve our responses where necessary.

These exercises tested our services in scenarios replicating:

- A complete loss of electrical power
- A fuel crisis
- A terrorist incident

Business continuity workshops were held for senior managers to ensure procedures are in place to allow the hospital to carry on as usual during a crisis without impacting unduly on day-to-day healthcare delivery. In addition, a number of training events were held for staff at all levels.

During 2011/12, the Trust's emergency plans for dealing with potential chemical and radiation incidents will be developed, along with a Trust-wide 'lockdown' plan and a review of our major incident plan.

Health and safety

During 2010 a total of 784 incidents were recorded of staff reporting that they had been involved in an incident or accident resulting in an injury. This



represented a 4% increase on the previous year's figures. Work continued to support safe practice, particularly around the safe use of sharps and needles, moving and handling and conflict resolution. These issues formed part of a mandatory training programme available to all staff. Health and Safety training was also reviewed and updated to reflect current issues.

Security

A survey of staff carried out nationally on behalf of the NHS, highlighted The QEH as the top NHS hospital in England for staff confidence in the Trust's willingness and ability to take effective action against anyone making assaults on staff.

During the year the Trust recorded 75 incidents of violence and aggression against staff, an increase of just under 5% on the previous year. However, the figures were more a reflection of the increased willingness of staff to

report assaults, knowing that the Trust will take effective action, rather than an indication of increased risk.

Security systems were upgraded throughout the year to raise the level of safety and security for our patients and staff. Overall Trust security was tested during a number of emergency exercises and appropriate action was taken to improve our systems where necessary.



Calendar of achievements

April 2010

The QEH became one of the first hospitals in the East of England to offer expectant mums in the Central Delivery Suite control of their own pain relief. New epidural pumps give measured doses of analgesia, allowing women to remain mobile while in labour.

The results of a joint study by The QEH midwifery and haematology teams into iron deficiency anaemia in pregnant women were presented at an international medical conference and are now being used to help expectant mothers around the world return to better health.

In a pilot scheme introduced on The QEH wards, honey-impregnated wound dressings were introduced to help repair skin damaged by burns, ulcers and grafts, with good results.

May 2010

An annual survey carried out for the Care Quality Commission found that inpatients at The QEH had high levels of confidence and trust in our doctors and nurses. In a separate NHS national survey into staff opinions and satisfaction, The QEH employees expressed higher levels of job satisfaction than at any of the 12 other NHS Hospital Trusts in the East of England.

The QEH trainee chef Vitor Silvano was named *Student of the Year* at The College of West Anglia for his cooking and hospitality skills.

Our new state-of-the-art Tilney ward was officially opened by the Chair of the NHS Confederation, Sir Keith Pearson. Part of an overall £4.1 million development, the new ward provides additional bed capacity to ease pressure on other wards and a decant facility to enable other parts of the hospital to be refurbished.

For the second year running, The QEH was named as one of the top 40 hospital Trusts in the UK for quality of services, based on data collected from around the Trust. The award from national data quality benchmarking group CHKS recognised 'outstanding performance' in 21 areas of work in its Top Hospital programme.

June 2010

The Trust was acknowledged as one of the top UK hospitals for blood transfusion safety by NHS Blood and Transplant. We have been at the forefront of improvements in transfusion safety since 1998 when Trust specialists helped shape NHS policy.

Work began on a new £2 million aseptic unit attached to the pharmacy.

This will allow chemotherapy preparations to be processed in strictly-controlled 'clean room' conditions.

Matron returned to the wards! Five matrons, one of them male, were appointed to the various divisions within the hospital. Each matron is responsible for the efficient running of wards and services.

A travel co-ordinator was appointed by the Trust to help visitors and staff find alternative ways of travelling to and from the hospital. The aim is to ease traffic congestion problems and to find ways of reducing carbon emissions from the hospital site, in line with NHS policy.

Case Study September 2010

Classes in Norfolk dialect help Portuguese nurses

Nurses recruited from Portugal who had learned perfect textbook English, were baffled by many of the colloquial terms and Norfolk dialect words they heard in everyday use amongst patients on our wards. To help them recognise the importance of understanding terms such as "spend a penny", "blar" (Norfolk dialect for 'cry'), "higgledy-piggledy" and hundreds more colourful but confusing words and phrases, special language classes were set-up for new staff.

TV celebrity and local resident Stephen Fry sat-in on one of the classes to film a sequence for a forthcoming TV series, *Planet Word*, on the development and use of language.



The QEH was named as one of the top 15 NHS Trusts in the country for efficiency in documenting cancer clinical trials' data for the Acute Myeloid Leukaemia Trial.

July 2010

The QEH hospital building celebrated its 30th birthday with a special breakfast event for staff by way of a 'thank you'.

Patients were given reassurance that they are in good hands at the hospital, when The QEH received an all-round 'good' rating in the annual Patient Environment Action Team (PEAT) survey.

An award-winning garden was officially opened adjacent to the hospital's Sacred Space by the Rev Canon Andrew Haig, to mark his retirement as senior hospital chaplain.

A new nursing and midwifery strategy, devised by The QEH nursing staff and pledging high standards of care, was officially launched at the hospital by the Chief Nurse for England, Dame Christine Beasley.

August 2010

The first of two groups of Portuguese nurses arrived at the hospital as part of an international recruitment drive to attract more nursing staff to the area.

Five trainees began apprenticeships with the Trust's Estates department, as part of the long-term investment in hospital services.

The process for electing Staff and Public Foundation Trust Governors began, as a prelude to the final stages of the Foundation Trust application process.

Interim Chair of NHS East of England, Sarah Boulton, made a fact-finding tour of the hospital and acknowledged she was "impressed" by what she saw.

September 2010

'Learn Norfolk' language classes,

Case Study October 2010 Award winning inventions

Award-winning devices designed by two of the Trust's consultant anaesthetists which could help save thousands of lives in operating theatres worldwide, are being put into commercial production.

Joe Carter and Peter Young have won awards two years in succession, first for their 'non-injectable connector for arterial systems' which prevents the risk of accidental arterial injection; followed by an award in October 2010 for their design of a 'non-interchangeable connector for central venous catheters' to prevent incorrect drugs being introduced intravenously.

Both inventions won awards in the Health Enterprise East/NHS Innovations annual awards competition.



introduced for new overseas nurses, captured the imagination of the media.

Memory-jogging phone calls to remind patients of forthcoming outpatient appointments were calculated to be saving the Trust more than £67,000 per annum by reducing the number of patients who forget to attend.

The QEH laboratory staff spoke at a national conference, explaining how our successful 'Lean Team' has streamlined laboratory processes in preparation for our automated haematology project.

The Critical Care Unit at The QEH was ranked as one of the top two units in the country and one of the best in Europe by the Intensive Care National Audit and Research Centre.

A new Vitreoretinal surgery service was launched, making it possible for patients with complex eye conditions to have surgery carried out as a 'day' procedure.

A groundbreaking 'outreach' service at a GP surgery in Littleport, Cambridgeshire, treated its 100th patient. The service saves patients on the Norfolk, Suffolk, Cambridgeshire border from having to make a round-trip of up to 50 miles to their nearest NHS acute hospital.

October 2010

An award-winning device invented by two QEH consultants - a non-injectable connector for arterial systems - was put into commercial production.

A multi-media infection control campaign, including a DVD shown on

Case Study December 2010

Dementia patients helped to feel more at ease

Patients admitted for hospital treatment who have dementia are being given special 'reference points' on Oxborough ward to make them feel more at ease.

A specialist mental health support worker now works with dementia patients to build up a picture of the patient and their life before they were affected by the condition. This involves finding out about their family, friends and the things in life that are important to them which helps nursing and medical staff to ensure they are treated with appropriate dignity.

Patients are also encouraged to take part in socialising sessions with other patients and keep mentally active by using games and memory aids. And as red is the last colour in the spectrum to remain recognisable to dementia patients, ward signs, signs for the toilets and even the toilet seats, are being changed to red to be more noticeable.



YouTube, was launched to coincide with International Infection Prevention Week.

The Trust was awarded the Government-backed Carbon Trust Standard Mark of excellence, highlighting our position as a leader in implementing NHS policy on carbon reduction.

Following a lively election campaign, new Governors for the Foundation Trust were announced.

November 2010

The QEH maternity services were given a 100% score for good working processes following an assessment by the NHS Litigation Authority as part of the Clinical Negligence Scheme for Trusts (CNST).

Two Trust specialists, Anticoagulation Specialist Practitioner Elizabeth Macleod-Collins and Consultant anaesthetist, Beverly Watson, were invited to represent NHS acute Trusts at a Parliamentary seminar on thrombosis, in recognition of their acknowledged expertise.

Part of Stanhoe ward was set up as a specialist *norovirus* treatment unit.

December 2010

Stroke services at The QEH were rated as one of the 'top six' in the country by the influential Dr Foster Hospital Guide.

The QEH received a £250,000 incentive payment under the Commissioning for Quality Innovation

payment framework for our success in meeting targets for risk-assessing all patients for Venous Thrombo-Embolicism (VTE). We were acknowledged as a UK leader in anti-coagulation practice.

Dementia patients were given additional help by the appointment of a Mental Health Support Worker to improve their quality of life while on Oxborough ward.

January 2011

Tilney ward, a 27-bed unit built in 2010, was used as an intermediate care ward, piloting improved ways of working with community services to ensure timely patient discharge.

Sexual health services at the hospital were nationally recognised for a 'young-people-friendly' approach. The Trust's Department of Genito Urinary Medicine was one of only six units in the East of England to meet NHS 'You're Welcome' quality standards.

The QEH was placed in the top 20% of NHS Trusts in the country for giving cancer patients care, dignity and respect during their treatment. The findings were published in the 2010 National Cancer Patient Experience Programme national survey.

The newly-elected Governors' Council met for the first time.

February 2011

On 1 February we officially became a Foundation Trust. Celebratory cakes were delivered to staff as a 'thank you' from directors for their hard work in helping us to achieve Foundation Trust status.

The QEH and Norfolk and Norwich University Hospital, were named as the top two NHS Trusts in the East of England for meeting targets in helping to prevent unnecessary deaths from hospital-acquired blood clots.

Case Study February 2011 First babies for Lynn Fertility Centre

The first babies to be born as a result of IVF treatment supervised by the hospital-based Lynn Fertility Centre prompted a double celebration!

Parents to the boy and girl twins, Mark and Teresa Axton from Fakenham, described The QEH team as "brilliant" - and they now have Taylor and Freddie to complete their family. Fertility treatment was carried out in association with Bourn Hall Clinic in Cambridgeshire.



Plans were announced for a new £3 million MRI scanner suite. Completion is due early in 2012.

The first babies - twins - to be born following successful IVF treatment were announced by The QEH's Lynn Fertility Centre.

A new digital mammography service came fully on-line as part of a £1.1 million upgrade. It promises earlier diagnosis of breast abnormalities, particularly for women in the younger screening group (late 40s). Screening rates in Norfolk are currently higher than the national average.

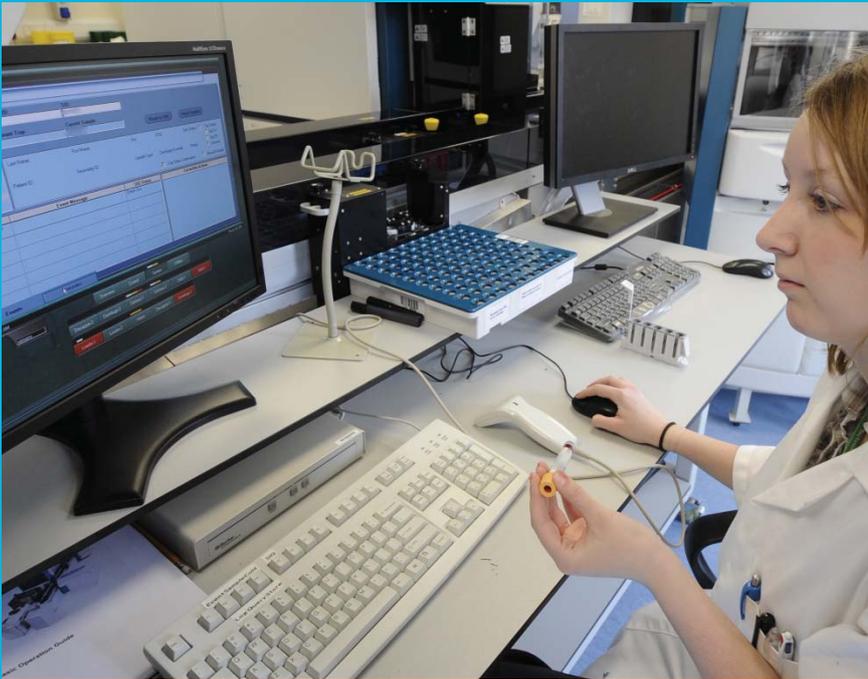
March 2011

A new automated haematology track came on-line as part of a long-term £10 million project to automate pathology services.

The QEH staff were named as amongst the most motivated NHS staff in the country in the national NHS Staff Opinion Survey. Staff also voted the hospital into the top 20% of places to work, and for patients to be treated.

A new state-of-the-art Aseptic Unit was opened next to the Pharmacy for the preparation of chemotherapy medication for cancer patients under 'clean room' conditions.





- EMSA (Eliminating Mixed Sex Accommodation) where PEG helped the Trust to rethink how its services could be delivered in an EMSA compliant way
- Wayfinding - PEG helped the Trust assess and develop plans for improving signage at the hospital



After Foundation Trust status was authorised, the PEG work plan was passed to the Governors' Council Patient Experience Committee. The Trust was pleased that two former PEG members were then elected to serve on the Governors' Council to carry on the group's good work.

In addition to PEG, the Trust engaged with its patients and service users in other ways, including:

- LINKs (Local Involvement Networks) - LINKs undertook work regionally in respect of discharge.
- Overview and Scrutiny - the Council's Overview and Scrutiny representatives were personally invited to all Public Board Meetings.
- The West Norfolk Strategic Partnership - the broader viewpoint of the community served by the Trust was assimilated through the Trust's work in partnership with the West Norfolk Strategic Partnership, which includes representation from key statutory and voluntary service providers.
- Readers' Panel - a panel of patients reviewed all information leaflets and patient publications.
- Surveys - in addition to National Patient Surveys, the Trust developed

New projects

A number of exciting new projects were brought to completion on time and within budget during the year. These included the new Aseptic Unit and Blood Sciences Laboratory, both of which are detailed elsewhere in this report. The automated laboratory was completed as part of a more extensive upgrade of our Pathology facilities. At the close of the year preparatory work also began for the Trust's new MRI scanner suite which will be built within one of our inner courtyards.

A high volume of maintenance work was also carried out including the replacement of medical air compressors, upgrading of lighting, roof repairs, decoration of the front of the hospital, an upgrade of lifts, window replacements and a boiler upgrade. Extensive work was also carried out in the hospital car park where a number of grass verges were removed to create an additional 81 spaces. Further work will be carried out to increase the overall number of parking spaces during the 2011/12 financial year.

Involving patients and public

Throughout 2010/11 the Trust involved patients and the general public in a variety of ways, both directly and indirectly.

A Patient Experience Group (PEG), made up of volunteer patients and members of the public, undertook extremely valuable work, bringing the patient perspective and challenge to a number of projects, such as:

- The PEAT Inspections (Patient Environment Action Teams) which looked at various aspects of the patient experience such as privacy and dignity, cleanliness and food



a range of local surveys and feedback mechanisms. We also began to use the nationally recognised Net Promoter metric to assess the likelihood of patients recommending the Trust to family and friends and what could be done to improve patient feedback.

Patient feedback surveys were issued in line with the programme and timetable for the Trust's Specialty Reviews so that patient views could be taken into account.

Throughout the year we continued to receive invaluable support from the hospital's League of Friends who regularly helped with the purchase of equipment that does not fall within the general budget capability of our operational divisions. In the majority of cases, for example the inflatable HoverMatts now used in our operating theatres, the equipment provides additional patient comfort while making day-to-day tasks easier for staff to carry out.

At an operational level we also relied heavily on the unstinting support of our hospital volunteers. They helped across all areas of the Trust from staffing our front reception desk, to the wards where they provided valuable back-up to the nursing staff. Our volunteers are always highly appreciated by patients for the friendly, personal touch they give to a hospital stay.

Generous support was given by the wider community, particularly with fundraising campaigns for major



improvements or equipment. During 2010/11 readers of the *Lynn News* raised more than £180,000 to help improve facilities in our Neonatal Intensive Care Unit (NICU) for newborn babies and their parents. Work on this project is expected to be completed by early 2012. A new fundraising campaign was also launched in 2011 to raise £32,000 for a transport incubator to support sick and premature babies in the NICU.

Contributions to the Trust's charitable funds were also appreciated from sales stalls in our main foyer, from which the Trust received a percentage of revenue. Stalls operated on weekdays and most Saturdays, offering a wide variety of goods and products.

Following Foundation Trust authorisation, the Governors' Council will represent the views of patients and the community in respect of strategic and service planning and locally agreed initiatives.

Across the Trust a programme of energy and carbon management was actioned and closely monitored. Our aim is to reduce our overall carbon footprint by 15%. Our award-winning good work was initiated several years ago and has already allowed us to make savings equivalent to providing the world with a green lung of almost 60,000 trees.

A planned programme of energy-saving work has started; lighting is being upgraded both externally and internally which uses the latest energy-saving technology; heating systems are being modernised with power-efficient equipment and all new structures are being designed with energy efficiency in mind. Tests continued in preparation for construction of a wind turbine on site in the longer term.

In conjunction with the energy-saving improvements, the Trust created a travel plan which aims to reduce carbon emissions from traffic using our site. Staff were encouraged to join Liftshare schemes to reduce the number of staff cars coming on site, or to park at approved locations off-site. Cycle ownership and use was encouraged and new 'cyclepods' were provided at the front of the hospital to encourage visitors to cycle as an alternative to driving. As a benefit to the Trust and its staff, 'smart' driving instruction was provided to educate drivers in fuel-saving driving techniques.

Environment and sustainability

We continued our efforts to reduce the Trust's carbon emissions in line with national NHS policy and this was recognised during the year when we received the prestigious Carbon Trust award. The Carbon Trust logo is now carried on Trust letterheads as visible recognition of our achievements.





Photo courtesy of Lynn News

Becoming a Foundation Trust

About Foundation Trusts

The Queen Elizabeth Hospital became a Foundation Trust on 1 February 2011.

How does a Foundation Trust work?

- **Accountability:** Foundation Trusts are more accountable to the communities they serve through the Governors' Council and Foundation Trust Members
- **Elected Representation:** Members of the Foundation Trust elect both public and staff representatives from the membership to serve on a Governors' Council
- **Consultation:** The Governors' Council is consulted by the Board of Directors (which is responsible for the day-to-day running of the hospital) to decide on the way in which hospital services are developed
- **Law:** NHS Foundation Trusts have been established by law under the Health and Social Care (Community Health and Standards) Act 2003 as legally independent organisations known as Public Benefit Corporations. Foundation Trust authorisation is not a move towards privatisation
- **Assets:** Foundation Trusts are required to use their assets, such as land and buildings, in support of their main purpose which is to provide NHS services to NHS patients
- **Regulation:** An NHS Foundation Trust is regulated by an independent regulator called Monitor

We remain a part of the NHS, but as a Foundation Trust we have greater freedom to provide the health services needed for our particular patients and community.

How will becoming a Foundation Trust help The QEH?

As a Foundation Trust, we have the financial freedom to raise money from both the public and private sectors to invest in new buildings and equipment. We keep any financial 'surpluses' we make for reinvestment in the delivery of NHS services.

We will continue to work closely with NHS partner organisations in our area, but also develop new business links with other healthcare providers where they can help us to develop new and better services.

Regulation of Foundation Trusts

A Foundation Trust is required to operate under 'Terms of Authorisation'. These include such things as:

- A description of the services we are authorised to provide
- A list of our assets
- A clear indication of the limit on the amount of money we are allowed to borrow
- A limit on the amount of private work we can carry out
- A requirement for us to work to national NHS healthcare standards overseen by the CQC
- Our Constitution, which sets out the framework for how we will operate as a Foundation Trust. The QEH operates in accordance with the provisions of its Constitution

The QEH's Terms of Authorisation can be found on the Monitor website (the independent regulator of Foundation Trusts) and our Constitution can also be found on The QEH website in the Corporate Governance section.

If we breach the terms of our authorisation, Monitor has the power to intervene. The Compliance Framework sets out how the Trust will report its plans and performance to Monitor.



Compliance with Monitor's Code of Governance

Monitor has published a Code of Governance for Foundation Trusts. Foundation Trusts are required to report whether they comply with each of the provisions of the Code of Governance or where appropriate, to explain why the Trust has departed from the code.

As a newly authorised Foundation Trust, The Queen Elizabeth Hospital King's Lynn has not (as at 31 March 2011) yet been through a full annual governance/business cycle. Inevitably therefore, some of the provisions in the Code of Governance have not yet featured in the Trust's activities such as the Governors' Council appointing Non-Executive Directors to the Board of Directors.

However, the Trust has prepared its Foundation Trust policy and procedural framework in accordance with the provisions of the Code of Governance and is therefore confident that the Trust will be compliant with the provisions of the code on an ongoing basis.

As of 31 March, the Board has declared compliance with the provisions of the Code of Governance, except for those set out below where partial compliance is declared, pending formal Governors' Council ratification of some key

policies developed and approved by the Board in preparation for Foundation Trust authorisation:

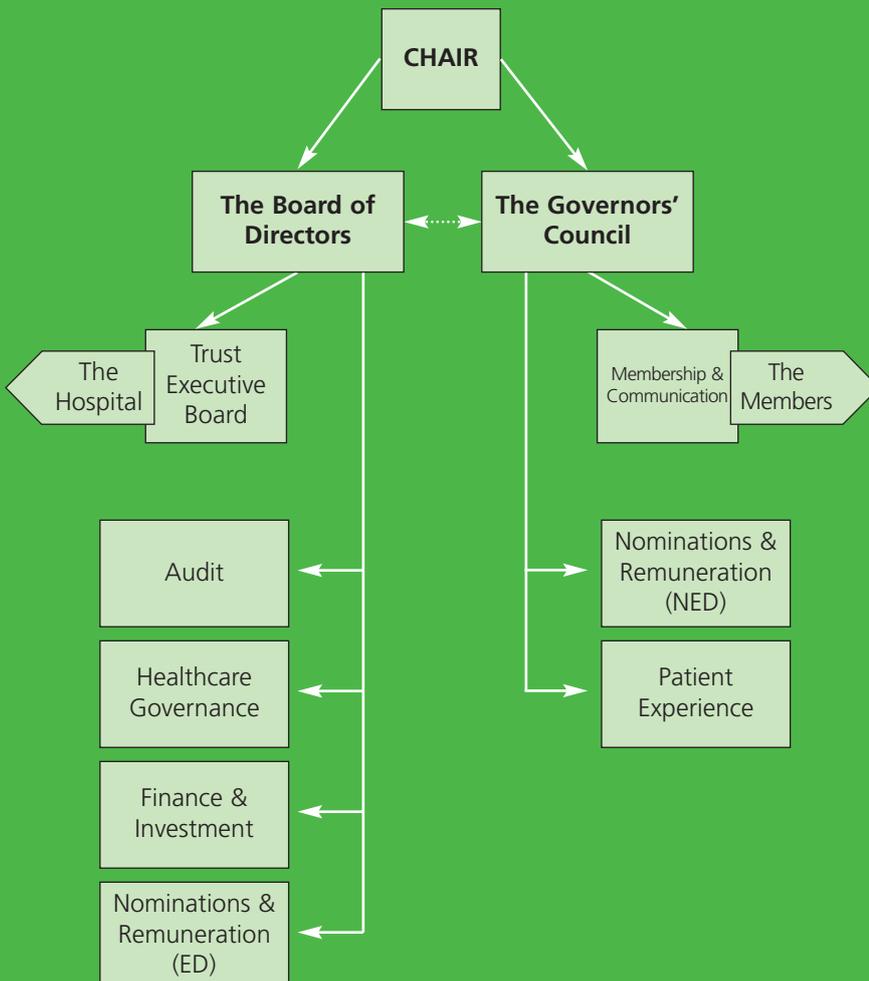
- A.1.1 Engagement Policy and Dispute Resolution Procedure approved by the Board and to be ratified by the Governors' Council at its meeting on 4 May 2011.
- B.1.7 The Draft Engagement Policy to be ratified by the Governors' Council at its meeting on 4 May 2011.
- C.1.1-13 Draft Terms of Reference of the Nominations and Remuneration (NEDs) Committee to be approved at the Governors' Council meeting on 4 May 2011.
- D.1.5-6 The Governors' Council has reviewed the priorities of the Trust's Quality Strategy at its first meeting in Shadow Form. The Governors' Council will be invited to comment on the Board's Forward Plan in May 2011.
- F.3.5-5 The procedure for the Appointment of the Auditor has been drafted in accordance with the Code of Governance and approved by the Board. The Governors' Council will be invited to ratify the procedures at its meeting on 4 May.
- E.1.4 Compensation Commitments and early termination of Directors' contracts - these have yet to be reviewed.

Council of Governors and Trust Membership

Foundation Trust governance

A Foundation Trust has both a Board of Directors and a body to represent the interests of the Foundation Trust membership and the community served by the Trust. At The QEH this body is called The Governors' Council, which has a range of statutory, strategic and locally determined functions.

Governance Structure



The Governors' Council

What does the Governors' Council do?

The Governors' Council:

- represents the interests of the members and partner organisations
- influences decisions about spending and developing services
- appoints the Chair and Non-Executive Directors to the Board of Directors
- sets the remuneration of the Chair and Non-Executive Directors
- appoints the auditor



It is the responsibility of The Governors' Council to share information about key developments with other NHS Foundation Trust members. For example, a governor might want to act as the link between the Foundation Trust and a local GP practice patients' group or local community group.

The Governors' Council is not responsible for the day-to-day running of the organisation. This is the job of the Board of Directors.

There are 32 governors on The Governors' Council of The QEH, made up as follows:

17 Elected Public Governors

- 9 from West Norfolk
- 2 from North Norfolk
- 1 from Breckland
- 1 from south east Lincolnshire & the Rest of England
- 4 from north east Cambridgeshire

6 Elected Staff Governors

- 3 Clinical
- 3 Non-Clinical

9 Appointed Governors

- Local Councils
- Local Primary Care Trusts
- West Norfolk Practice Based Commissioners
- The University of East Anglia
- The College of West Anglia
- West Norfolk Voluntary & Community Action

In October 2010, in the run up to Foundation Trust authorisation, the Trust held elections where public and staff Foundation Trust Members were invited to elect the governors of their choice to represent them on the Governors' Council. All Governors' Council seats were contested. There was a 44% turnout in the public constituency and 32.5% in the staff constituency; 38.2% overall.

Meetings of the Governors' Council

The Governors' Council meets four times a year (plus the AGM). The meetings take place in public and Foundation Trust Members are given an opportunity to talk to their governors after the meetings. Venues for the Governors' Council meetings are selected across the area served by the Trust to enable as many people as possible to attend a meeting without having to travel too far.

The dates and venues for the Governors' Council meetings in 2011 can be found on The QEH website in the Governors' Council section. Alternatively, the Foundation Trust Office can be contacted on 01553 613142 for details.

The Governors' Council met in shadow form on 26 January 2011, just before authorisation. The first meeting of the Governors' Council post - authorisation will be on 4 May. In the intervening time, the newly elected and appointed governors took part in a wide range of induction activities, where they got to know more about the hospital and their role as governors.

Since authorisation, the governors have nominated their Lead Governor who has a particular role in communicating with Monitor on behalf of the Governors' Council and also works closely with the Chair in drafting the forward plan and agendas for the Governors' Council.

At its first meeting (in shadow form) the Governors' Council decided to set up three committees to assist in the delivery of some of its statutory functions:



- The Nominations and Remuneration Committee - to make recommendations to the Governors' Council regarding the appointment and remuneration of Non-Executive Directors.
- The Membership and Communications Committee - to work on delivery of the Membership Strategy through Foundation Trust Membership recruitment and engaging/communicating with members.
- The Patient Experience Committee - to undertake work and make recommendations through the Governors' Council to help ensure that the patient perspective is understood and considered when the Trust's services are being planned and reviewed.



The Governors' Council will approve the draft terms of reference and membership for these committees at its May 2011 meeting.

The Governors' Council

This table gives information about the elected members of the Governors' Council, including the length of time they will serve on the Council and the committees they are part of.

Elected Governors	Governor Name	Initial Term - Years	Attendance at shadow meeting on 26th January 2011	Nomination and Remuneration Committee Member (subject to GC approval)	Membership and Communication Committee Member (subject to GC approval)	Patient Experience Committee Member (subject to GC approval)
West Norfolk (9)	Catharine Blacklock	2	✓		✓	
	Jill Brock	3	✓			✓
	Robin Broke	2	Apols	✓		
	Esmé Corner (Lead Governor)	3	✓	✓		Chair
	Jonathan Dossetor	3	✓		✓	✓
	Penny Hipkin	3	Apols			✓
	Barrie Taylor	3	Apols			✓
	David Trevanion	2	✓			✓
	Annette White	2	✓		✓	
Cambridgeshire (4)	John Goude	2	Apols			
	Michael Hall-Smith	3	✓			✓
	Betty Lewis	3	✓			✓
	Stevie Shepherd	2				
Breckland (1)	Helen Shaw	3	✓	✓		✓
SE Lincs & Rest of Eng. (1)	Helen Childerhouse	3	Apols		✓	✓
North Norfolk (2)	David Callaby	3	✓	✓	Chair	
	Oliver Folkard	2	✓			✓
Staff - Clinical (3)	Rupert Calleja	2	✓	✓		
	Claire Kent	3	✓			✓
	Hugh Warren	2	✓			✓
Staff Non-Clinical (3)	Dave Coe	3	✓	✓		
	Simon Harrowing	2	✓		✓	
	Tim Nicholls	2	✓	✓	✓	✓
Appointed Governors (9)						
BCKL & WN	Cllr Tony Lovett	3	✓			
Breckland Council	Cllr Ian Monson	3	✓	✓		
College of West Anglia	Mark Reavell	3	Apols	✓		
Norfolk County Council	Cllr Harry Humphrey	3	✓	✓		
Lincs PCT	Gary James	3	Apols			
NHS Norfolk	Giles Bushby (to 03/03/11)	3	Apols	✓		
	Hilary De Lyon (from 07/03/11)		n/a	✓		
WNVCAWN Carers' Association	Jane Evans	3	✓			✓
UEA	Dr Lucy O'Driscoll	3	Apols			
West Norfolk Practice Based Commissioners	Dr Malcolm Skinner	3	Apols			✓

All governors have made declarations of interest and have signed copies of the Trust's Code of Conduct for Governors. The Register of Governors' Interests can be accessed by contacting the Foundation Trust Secretary on 01553 613614.



Foundation Trust membership and the membership strategy

Almost all of us make use of hospital services at some point in our lives. The local hospital is very much 'our' hospital.

Foundation Trust members have a real chance to influence the development of the hospital and its services.

What can Foundation Trust members do?

Foundation Trust members can become as involved as they want to be.

Foundation Trust members:

- Receive a regular newsletter to keep them up to date with the latest hospital developments and information
- Are invited to special FT Member healthcare events. In 2010 we held

very successful events about 'Volunteering Opportunities at the Hospital' and 'Living with Diabetes'

- Are able to attend Governors' Council meetings which are also open to the general public
- Are invited to vote in Governor elections
- Are able to stand for election as a Governor
- Are able to take part in forums and focus groups
- Are able to apply to become a Non-Executive Director (public members only)
- Are eligible to receive discounts on a range of goods and services through NHS Discounts

Foundation Trust members do not receive any special healthcare treatment or privileges.

Who can become a member?

Membership of the Foundation Trust

is absolutely *free* and is open to patients, the public and NHS staff. Becoming a Foundation Trust member shows that members are interested in the hospital and its future. At the point of Foundation Trust authorisation in February 2011, we had more than 3,600 members.

Membership is open to most people over the age of 16 living or working within the Trust's catchment area, which is principally:

- West Norfolk
- part of North Norfolk
- part of Breckland
- part of northern Cambridgeshire
- part of south-east Lincolnshire

Membership is also open to people who live outside the area but who are, or have been, patients or carers at The QEH.

Members of staff

Because we appreciate and value our staff, they are automatically members of the Foundation Trust and do not need to apply. Members of staff who do not wish to be a member of the Foundation Trust can choose to opt out.

- Apply online by visiting the Trust's website (www.qehkl.nhs.uk) where there is an online application form in the Foundation Trust section
- E-mail: FT.membership@qehkl.nhs.uk and we will send out an application form in the post

- Write to:
The Foundation Trust Office
The Queen Elizabeth Hospital
King's Lynn NHS Foundation Trust
Gayton Road
King's Lynn
Norfolk PE30 4ET

Becoming a Foundation Trust member

There are a number of ways to apply for Foundation Trust membership.

Call the Foundation Trust Office on 01553 613142 for further information.

The QEH Public Constituency Profiling (31/3/2011)	Area Served by Trust - 224,000 Actual Numbers	% Membership
Gender		
Male	1,681	47%
Female	1,898	53%
Total	3,579	
Constituency		
Breckland	267	7.5%
Cambridgeshire/Fenland	453	12.7%
North Norfolk	275	7.7%
SE Lincs & Rest of England	630	17.6%
West Norfolk	1,954	54.6%
Age		
16-21	45	1%
22-29	117	3%
30-39	201	6%
40-49	304	8%
50-59	430	12%
60-74	1,209	34%
75+	822	23%
Not stated	451	13%
Ethnicity		
White	3,199	90%
Mixed	16	0.0%
Asian or Asian British	22	1.0%
Black or Black British	9	0.0%
Other	16	0.0%
Not stated	317	9.0%

The Membership Strategy

The Trust is fully committed to promoting an active Foundation Trust membership and we see our members as key stakeholders with both an interest in our strategic outcomes and a role in the development of our strategic objectives. We value those people who show their interest in and support for the hospital by becoming Foundation Trust members and we will continue to demonstrate this by:

- Communicating regularly with the membership
- Providing members with information about the hospital and service developments

- Developing governance arrangements through which the hospital will be accountable to its membership and the wider community
- Developing a wide range of involvement opportunities so that members can choose the level of involvement they want to have with their hospital
- Developing systems and practices that enable the membership to influence service development and strategic planning
- Valuing diversity and developing strategies for ensuring that the Governors' Council is representative of the membership and that we make particular efforts to engage

with underrepresented and difficult to reach groups and individuals.

We aim to have 5,000 members by the end of 2011 and 7,000 members by the end of 2012, and to continue to demonstrate that:

- Our membership represents the local population
- We have enough members from which to elect a Governors' Council.

The Trust will be working particularly hard in 2011 to engage younger people who are currently underrepresented on the Foundation Trust membership.





Board of Directors

About the Board of Directors

At the point of Foundation Trust authorisation on 1 February, the Trust Board became The Board of Directors. The law makes provision for a smooth transition to Foundation Trust status by enabling the Chair, Vice-Chair, Non-Executive Directors and the Chief Executive of the Hospital to continue in their positions after authorisation. The Governors' Council will ratify this transition at their meeting in May 2011.

The Board of Directors has a dual role of leadership and control. It has collective responsibility for setting the strategic direction of the organisation, for overseeing and ensuring the delivery of its strategy and the performance of the organisation.

The Board ensures that strategic planning, decision-making and policy implementation take place through transparent, efficient and effective processes.

Key responsibilities

- To provide leadership for the organisation in respect of agreed organisational values and standards of conduct, in accordance with accepted standards of behaviour in public life which include the principles of selflessness, integrity, objectivity, openness, honesty and leadership (Nolan)
- To ensure the quality and safety of healthcare services and to plan for continuous improvement
- To make the achievement of financial viability a priority
- To establish decision making systems and frameworks, ensuring effective integrated governance
- To establish and secure assurance of effective governance, risk management and internal controls systems
- To establish a robust performance management framework and support the management team in meeting the organisation's performance targets
- To ensure that decisions are based on timely, accurate and comprehensive information
- To ensure the application of accepted national principles and standards of clinical governance
- To ensure that the organisation meets its statutory, legal and regulatory obligations
- To ensure that the organisation's policy framework is developed in accordance with the rights, pledges and responsibilities contained in the NHS Constitution
- To involve patients and the public in decision making
- To work in partnership with stakeholders

The Trust Board met on a monthly basis in the period from April 2010 to January 2011 and the Board of

Directors also met monthly, following Foundation Trust authorisation from February to March 2011.

The Board of Directors has a clear process in place in accordance with Monitor's Code of Governance (A 3.4) to ensure that the Board reviews its skills, experience and attributes against the strategic requirements of the business and the legal and regulatory framework. The Board judged that at 31 March 2011, all Board positions were substantive, there were no vacancies and directors' skills were balanced and appropriate in respect of the requirements of the Foundation Trust, in accordance with Monitor's Code of Governance (A 3.4).

There will be a Non-Executive Director vacancy from May 2011. In preparation for the appointment of a new Non-Executive Director, the Board undertook a gap analysis in March 2011 and has communicated the findings to the Nominations and Remuneration Committee (Non-Executive Directors) of the Governors' Council, who have approved the commissioning of external 'search' services and an advertisement that will be placed locally and more broadly.

Delegation

The Board delegates powers to formally constituted corporate governance committees in accordance with its Scheme of Reservation and Delegation. In addition, the Trust Executive Board was the executive mechanism through which the strategic direction of the Board was communicated to all functional areas of the organisation, and through which the Board's strategic direction

was translated into tactical and operational planning and service delivery.

The Chair, Vice Chair and Senior Independent Director

In a Foundation Trust, the Chair of the Board of Directors is also the Chair of the Governors' Council. The QEH Board has appointed a Senior Independent Director, who is also the Vice-Chair and who has particular duties regarding working with the Governors' Council and Board of Directors.

The Trust Board (and post Foundation Trust authorisation), the Board of Directors, is made up of the Chair, five Non-Executive Directors and five Executive Directors. As at 31 March the five executive directors serving on the Board of Directors were: the Chief Executive Officer; the Director of Finance; the Medical Director; the Chief Nurse and the Director of Operations, who was also the Deputy Chief Executive. The meetings of the Board of Directors were also attended by the Director of Performance and Informatics, the Director of Human Resources, Organisational Development & Communications and the Commercial Director.

The Chair had no other significant commitments which had an impact on her role as Chair of the Foundation Trust.

Independence of the Non-Executive Directors

The independence of the non-executive directors was assessed against the criteria set out in Monitor's Code of Governance

(A 3.1) and all non-executive directors were determined to be independent in character and judgement. No relationships or circumstances were identified which are likely to affect, or could appear to affect, the directors' judgement.

All directors were required to complete, and keep up to date, their Declarations of Interest which were recorded in the Register of Directors' Interest. A copy of the Register is available by contacting the Foundation Trust Secretary on 01553 613614.

Evaluating the Board's performance

The Trust Board, and since Foundation Trust authorisation, the Board of Directors, utilised a number of methods to evaluate the performance of the Board and its committees:

- Self-assessment after each Board meeting
- Independent evaluation/observed Board meetings
- Executive Director and Non-Executive Director appraisals
- Annual Reports from all committees assessing the committees' compliance with their terms of reference
- Performance Evaluation of the Audit Committee which is reported to the Board
- Individual Director appraisal, including 360° feedback

Prior to Foundation Trust authorisation, the Chair of the Strategic Health Authority was responsible for the appraisal of the Trust Chair. The governors were involved in the appraisal of the Chair's performance from 1 February 2011, following Foundation Trust authorisation. The performance evaluation included an assessment of

the Chair's performance in the role, commitment to the role and time commitment.

Board Committees

The Trust operated an integrated governance model which meant that quality (patient safety, patient outcomes and patient experience), capacity and finance were considered together in the Trust's decision making processes. Committees reporting and accountable to the Board of Directors were:

- The Audit Committee
- The Healthcare Governance Committee (with particular responsibility for quality and risk)
- The Finance and Investment Committee
- The Nomination and Remuneration Committee (Executive Directors)

Audit and the Audit Committee

The Audit Committee met six times during 2010/11. The purpose of the Audit Committee is to provide independent assurance of the adequacy of the control environment of the Trust, including those controls related to financial reporting procedures and quality. The Audit Committee approved strategies and plans for security management and countering fraud and received reports from the Local Counter Fraud Specialist at each meeting.

The Audit Committee approved the work programme of the Internal Audit function in this respect and received and considered reports and opinion from both Internal and External Auditors. Cambridgeshire Health Internal Audit Services provided the Trust's Internal Audit function until September 2010 when

a new provider took over, following a successful tendering process.

The work of the Audit Committee facilitated the completion of the statement on internal control by the Accountable Officer (Accounting Officer from Foundation Trust authorisation).

The Trust's auditors for the period covered by this Annual Report were the Audit Commission. At Foundation Trust authorisation the Audit Committee made an interim re-appointment of the Audit Commission to be the Foundation Trust's auditors, pending ratification by the Governors' Council in May 2011.

The Governors' Council will review the appointment of the Trust's auditors later in 2011.

The External Auditor currently provides no non-audit services for the Trust.

Meet the Board of Directors

Key information

Director	Date of end of current NED terms of office	Audit Committee (6 meetings in the year)		Nomination and Remuneration Committee (EDs) (2 meetings in the year)		Meetings attended out of 12 Ordinary meetings 10 Trust Board meetings to 31st March & 2 Board of Directors' meetings from 1st Feb - 31st March
Kate Gordon (Chair) - NED	Jan 2012			Ch	2/2	12/12
Jules Hiller (Vice-Chair and SID) - NED	Oct 2012	✓	3/5	✓	2/2	10/12
Neil Harrison - NED	Jan 2012	Ch	5/6			10/12
Shawn Haney - NED	Feb 2012	✓	6/6	✓	1/2	9/12
Sean Green - NED	May 2013	✓	1/6	✓	2/2	12/12
Jill Robinson - NED	Nov 2013			✓	1/2	9/12
Nerissa Vaughan - Chief Executive				✓	2/2	11/12
Mark Henry - Director of Operations and Deputy CEO						9/12
Chris Preston - Director of Finance						11/12
Geoff Hunnam - Medical Director						12/12
Gwyneth Wilson - Chief Nurse						10/12
Barbara Cummings - Director of Performance and Informatics						10/12
Jacqui Bate - Director of HR, OD & Communications						12/12
John Fletcher - Commercial Director						12/12

Kate Gordon CB Non-Executive Director Chair



Kate joined the Board of The Queen Elizabeth Hospital King's Lynn in January 2006 from West Norfolk Primary Care Trust. She was appointed Chair of the Trust Board in October 2007.

Before joining the NHS in a Non-Executive Director role, Kate had a distinguished career in the civil service, working in the Cabinet Office, Foreign and Commonwealth Office, DEFRA and the Health and Safety Executive. She was awarded the CB in 1999. Kate chairs the Nomination and Remuneration Committee and is a member of Healthcare Governance and Finance and Investment Committees. Since Foundation Trust authorisation Kate also chairs the Governors' Council.

Declared Interests:

- Board and audit committee member, Flagship Housing Group
- Chair, Hyde Housing Foreshore Board
- Member, Hyde Housing Group Customer Board
- Member, West Norfolk Strategic Partnership



Jules Hillier Non-Executive Director

Vice-Chair and Senior Independent Director

Jules was appointed to the Trust Board in November 2008. She is Deputy Chief Executive of Brook, the sexual health charity for young people, for whom she is also Head of Communications and Fundraising, with additional responsibility for workforce development.

Her previous experience in the voluntary sector includes working for The Prince's Trust, Blue Cross, the Family Planning Association where she was Director of Communications, and Construction Skills where she was Head of Corporate Communications. She is a member of the Audit, Healthcare Governance, Finance and Investment and Nomination and Remuneration committees.

Declared Interests:

- Director of Communications and Deputy Chief Executive Officer of Brook, a charity providing sexual health support and advice to young people



Neil Harrison Non-Executive Director

Chair of the Audit Committee

Neil is a qualified accountant and a member of the Association of Corporate Treasurers. He was Group Finance Director at Bernard Matthews and also carries out voluntary work for The Prince's Trust as a mentor. As Chair of the Trust's Foundation Trust Steering Group he was instrumental in overseeing operational preparations for our approval as a Foundation Trust. He chairs the Audit Committee.

Declared Interests:

- Trustee of two pension schemes at Bernard Matthews Ltd
- Non-executive director, The Florida Group Ltd
- Brother-in-law is a GP in Wisbech
- Member of the Audit Committee at the University of East Anglia



Shawn Haney Non-Executive Director

Chair of the Finance & Investment Committee

Shawn has a background in business strategy and marketing consultancy gained both in Canada and the UK for companies including KPMG, Oracle and Canadian Tire. He is active in local community affairs and serves as a parish councillor. Shawn is a member of the Audit and Nomination and Remuneration (ED) committees and chairs the Finance and Investment Committee.

Declared Interests:

- Wife is a GP



Sean Green Non-Executive Director

Chair of Healthcare Governance Committee

Sean has wide experience of the NHS gained with a London primary care trust, and in the commercial world, working in a number of senior marketing, strategy and management roles for Aviva, Pearson Government Solutions and change management consultancy Greenfield Consulting. Outside work he is active in local education and is a non-executive director of a housing association. He is a member of the Audit, Finance and Investment and Nomination and Remuneration (ED) committees and chairs the Healthcare Governance Committee.

Declared Interests:

- Greenfield Consulting Limited
- Consultant to South Norfolk District Council
- Independent Director, Wherry Housing (Circle Anglia Group)



Dr Jill Robinson Non-Executive Director

Dr Robinson is Acting Head of the School of Nursing and Midwifery at the University of East Anglia in Norwich and is also Co-Director of the Education in Health Research Institute. She joined the Board in December 2009.

Dr Robinson's background is in social psychology and educational research and she has a clinical background in mental health nursing. Dr Robinson worked in the NHS until 1987 when she became a Nurse Teacher. Since then she has worked in educational research relating to health professionals. She is a member of the Healthcare Governance, Finance and Investment and Nomination and Remuneration (ED) committees.

Declared Interests:

- Co-director, Education in Health Research Institute, Faculty of Health, University of East Anglia (UEA)
- Partner Governor, Norfolk and Waveney Mental Health NHS Foundation Trust (NWMHFT)
- Unpaid honorary contract with NWMHFT
- Husband employed by UEA as a professor in the School of Education
- UEA commissioned by NHS East of England to provide pre and post registration training to serve the workforce needs of The Queen Elizabeth Hospital King's Lynn



Nerissa Vaughan Executive Director

Chief Executive

Nerissa Vaughan was appointed Chief Executive in March 2008, having previously been Interim Chief Executive at Kettering General Hospital. Her previous NHS experience was gained as Deputy Chief Executive/Director of Operations at Kettering, Director of Planning at Hull and East Yorkshire Hospital, Project Director at Royal Wolverhampton Hospitals and in management at Dudley Road hospital. She is a member of the Healthcare Governance, Finance and Investment and Nomination and Remuneration committees.

Declared Interests:

- None



Mark Henry Executive Director

Deputy Chief Executive and Director of Operations

Mark has held a number of senior roles in the NHS, in acute hospitals, a Strategic Health Authority and The Department of Health level. Prior to joining The Queen Elizabeth Hospital he held positions at Leicestershire, Northamptonshire and Rutland Strategic Health Authority, Kettering General Hospital, the Modernisation Agency, Burton Hospitals NHS Trust and United Lincolnshire Hospitals NHS Trust. He is a member of the Healthcare Governance Committee.

Declared Interests:

- None



Dr Geoff Hunnam Executive Director

Medical Director

Dr Hunnam is a consultant radiologist at the Trust with specific interest in breast, thoracic and gynaecological imaging. Previously he has acted as Quality Assurance Radiologist and interim Quality Assurance Director for the Quality Assurance Breast Screening Programme in the East of England. Dr Hunnam has held several clinical managerial roles in the Trust. He is currently the Chair of the West Norfolk QIPP steering group. He is a member of the Healthcare Governance Committee.

Declared Interests:

- Director, King's Lynn Consultant Radiologists (private company providing private radiological services to the BMI Sandringham Hospital)



Gwyneth Wilson Executive Director

Interim Chief Nurse (to January 2011) Chief Nurse (from February 2011)

Gwyneth originally trained as a nurse, then midwife before progressing through management to become Assistant Chief Nurse at Cambridge University Hospital NHS Trust. She eventually joined The Queen Elizabeth Hospital as Chief Nurse and was appointed Deputy Chief Executive. She left to take up a joint appointment as Director of Nursing/Clinical Academic Fellow at Mid Essex Hospital and Anglia Ruskin University, and returned to The Queen Elizabeth Hospital as Interim Chief Nurse in April 2010, being appointed substantively from January 2011. She is a member of the Healthcare Governance and Finance and Investment committees.

Declared Interests:

- Director of Nursing, Mid-Essex Hospital Services NHS Trust
- Clinical Academic Fellow, Anglia Ruskin University



Chris Preston Executive Director

Director of Finance

Prior to joining The Queen Elizabeth Hospital, Chris was Director of Finance for the East of England Ambulance Service. His extensive past business experience includes appointments as Commercial Director for British Energy Group plc, Divisional Financial Controller for the same organisation and various roles with Powergen plc. He is a member of the Healthcare Governance and Finance and Investment committees.

Declared Interests:

- None



Barbara Cummings Executive Director attending Board meetings

Director of Performance

Barbara gained wide experience within the NHS in the north of England before joining the Trust. She was formerly Deputy Director of Performance and Information for Hull and East Yorkshire NHS Trust and Performance Manager at North Yorkshire and North East Lincolnshire Strategic Health Authority.

Declared Interests:

- None



Jacqui Bate Executive Director attending Board meetings

Director of Human Resources and Organisational Development

Jacqui joined the Trust in September 2008 after completing a successful project for the Department of Health and McKinsey Consulting, leading a workforce involved in the expansion of renal dialysis units in the north of England. Prior to this, Jacqui worked as an HR consultant in government departments and within the NHS, where she worked for a number of NHS Trusts.

Declared Interests:

- Director and former employee, Zenith Management Consultancy Ltd (dormant and being closed down)
- Sole trader, Zenith Management Training (husband's business)



John Fletcher Executive Director attending Board meetings

Commercial Director

Appointed to the Board in June 2008, John Fletcher was the first-ever Commercial Director at the Trust, reflecting the growing importance of marketing NHS services in an increasingly competitive environment.

John joined the Trust Board from Napp Pharmaceuticals in Cambridge where he was Director of Marketing and, more recently, Head of Palliative Care

Declared Interests:

- None



Quality Account

Part 1: Statement on Quality

The core purpose of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH) is to provide high quality, clinically effective healthcare services that meet the needs of the local population.

The Board of Directors of the Trust are delighted to present this year's **Quality Account**, which gives the Trust the opportunity to demonstrate to our patients and staff how we have worked continually over the past year to improve the care we give to our patients. In producing this Quality Account the Trust:-

- Will be able to review the services it provides, identifying what we do well and areas where we can improve further
- Can identify improvements we aim to make to the services we provide
- Provide information on the services we provide
- Demonstrate how we respond to feedback from patients, the public and other stakeholders

On page 62 of this report the Board of Directors have published a statement in relation to their responsibilities in respect of the Trust's Quality Report.

In April 2010 the Trust published its **Quality Strategy**, an ambitious three year programme to ensure that improvements in quality of care underpin the service we provide and inform all our developments for the future. This has involved building on the Trust's initial focus on improving patient safety to take account of those wider aspects of quality. These include improving the effectiveness of the care and treatment we provide and improving the experience of receiving that care for both our patients and their families.

We chose as our priorities for quality improvement during 2010-13 those developments which would have the maximum benefit for our patients and which reflected their greatest concerns and align to the three domains of quality - **patient safety, clinical effectiveness and patient experience**:

- Reducing mortality through redesigning emergency pathways and reducing the number of medical outliers
- Reducing and eliminating **healthcare associated infections**
- Improving the **experience of our patients**

To meet these goals the Trust invested during the year in upgrading the Emergency Department. Improvements included the provision of a separate paediatric area for children; expanding and strengthening the discharge planning team; building an aseptic suite in Pharmacy for sterile drug preparation; creating a cohort area to nurse patients affected in an outbreak of *norovirus* and new appointments to support improvements including a Consultant Nurse in Infection Control, a Learning Disability Liaison Nurse and two Dementia Support Workers.

We are pleased to be able to report successes in each of these three priority areas:

- A continued reduction in mortality across the Trust with a reduction in the hospital standardised mortality rate from 95.4 in 2009/10 to 87.8 in 2010/11.
- A further 37% reduction in hospital acquired *Clostridium difficile* infection in 2010/11 with 34 cases reported against a total of 54 cases last year. In addition, the number of cases of MRSA bacteraemia recorded in the Trust was the lowest ever recorded at two cases during the entire year.
- An improved understanding of what matters to patients and their families from national and local surveys, patients' stories, complaints and PALS (Patient Advice and Liaison Services) enquiries. Actions are now in place to address the three key issues identified which are car parking, communication and the attitude of staff.

These three over-arching priorities have been underpinned by a range of individual improvement measures including specific quality goals agreed with our commissioners. These CQUINS (Commissioning for Quality and Innovation) goals have led to improvements across a number of key areas:

- A reduction in avoidable death, disability and chronic ill health from venous-thromboembolism by achieving 90% compliance with venous-thromboembolism risk assessment for all inpatients
- An improvement in the system for identifying patients experiencing a deterioration in their clinical condition through increased compliance with completion of the Early Warning Score to 94%
- Development and implementation of an integrated dementia pathway including early assessment, additional support during admission and appropriate referrals on discharge
- Successful delivery of training on the use of the Liverpool Care Pathway to all ward-based senior doctors and registered nurses to improve the pathway for all patients recognised as likely to die and requiring palliative care
- An improvement to patient safety by increasing the proportion of patients who have their medicines reconciled within 48 hours of admission
- Improved outcomes for patients with a pre-existing diagnosis of diabetes through full roll-out of the THINKGLUCOSE programme to all wards
- Improved access to appropriate care and treatment for patients with a learning disability through the appointment of a Learning Disability Liaison Nurse; the successful roll out of a training programme to 50% of all ward-based nurses; and implementation of an integrated pathway of care focused on the needs of the individual patient

These quality improvements have been set against the Trust's successful application to be a **Foundation Trust**. The Trust succeeded in **February 2011** in achieving this recognition and the Board of Directors is reassured that successful completion of this rigorous process can be seen as an assurance that the service provided by the organisation has been viewed by its regulators as effective, safe, focused on the experience of the individual patient and subject to good governance.

The CQUIN scheme (Commissioning for Quality and Innovation) agreed with our Primary Care Trust commissioners which attracts payment of 0.5% of the Trust's income was based on improving access and the quality of care we provide to patients. The Trust successfully achieved some targets but has more to do in others.

Finally, improving the quality of the services we provide and the care we offer to the local health community is the role of every member of our staff. We will continue to prioritise our efforts and focus on continued improvement and I am committed to ensuring this is at the heart of everything we do. I hereby state that to the best of my knowledge the information contained within this Quality Account is accurate.



Nerissa Vaughan
Chief Executive

Part 2: Priorities for improvement

The Trust identifies in its Quality Strategy, published in the summer of 2010, the key principles it has adopted to ensure the quality and experience we deliver to our patients is first class. These principles are:

- 1 The importance of an **integrated approach** to the delivery of care
- 2 High quality care cannot be delivered in isolation; we must **work in partnership**
- 3 We will continuously deliver **service improvement** by embracing changes in practice and technology
- 4 We will **measure and monitor** the effectiveness of the care we deliver
- 5 We will **manage and mitigate** risk to practice through our corporate governance arrangements
- 6 We promise to provide an open **learning culture** that ensures we listen to feedback from our patients, staff and carers
- 7 We welcome the value of **external accreditations and regulations** which will provide third party assurance of the standards of care we provide to others
- 8 We **value and support our staff**, treat them with respect and provide them with opportunities for development and career progression

Within these key principles we agreed three priority areas for quality improvement in 2010/11. These are:

- 1 To reduce patient mortality
- 2 Reduce and eliminate, where possible, healthcare associated infections
- 3 Improve the experience of patients at the Trust

In order to measure improvement against these three priorities the following indicators were identified:

- 1 **Patient Safety:** Improve our Hospital Standardised Mortality Ratio (HSMR) year on year.
- 2 **Patient Safety:** Continue to reduce the number of unnecessary healthcare associated infections.
- 3 **Patient Safety:** Reduce avoidable death, disability and chronic ill-health from improved assessment of the risks from venous-thromboembolism (VTE).
- 4 **Clinical Effectiveness:** Improve the management of the deteriorating patient by full completion of the Early Warning Score.
- 5 **Clinical Effectiveness:** Improve the management of emergency admissions by redesigning pathways in conjunction with our community partners, and by improving discharge planning and reconciliation of medicines.
- 6 **Patient Experience:** Improve the Trust's score on the National Inpatient Survey.
- 7 **Clinical Effectiveness:** Improve the outcomes of patients within the Trust with a diagnosis of diabetes.
- 8 **Patient Experience:** Improve access to palliative care services.
- 9 **Patient Experience:** Improve the care and access to services for patients with dementia.
- 10 **Patient Experience:** Improve the care and access to services of those patients with learning disabilities.

How our priorities were decided and why they are our priorities

Over the last three years the Trust, via its clinicians and local stakeholders, has focused on the three priority areas detailed later in this report. Each year a number of indicators to measure success against these priority areas are proposed by our clinical teams and approved by our Board of Directors and its sub committees.

How we will achieve our priorities; measure, monitor and report them

Our Board of Directors receives a monthly report of standards and performance that contains a broad range of performance measures. Our Board Assurance Framework provides assurance to the Board on the delivery of all key objectives including our quality improvement priorities and the risks to delivery. Our Management and Governance structure provides a delivery mechanism for the implementation of change and assurance on risk.

Statements of Assurance from the Trust

Review of Services

During 2010/11 the Trust provided and/or sub-contracted 49 NHS services and has completed CQC registration for these services. The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust has reviewed all the data available to it on the quality of care in 100% of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 91% of the total income generated from the provision of NHS services by the Trust for 2010/11.

Participation in Clinical Audits

During 2010/11 **50** national clinical audits and **seven** national confidential enquiries covered NHS services that the Trust provides.

During that time the Trust participated in **34 (68%)** national clinical audits and **seven (100%)** national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries in which The Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust was eligible to participate during 2010/11 are as listed in the table on the right.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2010/11, are listed in the table on the right. The number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry is not available for publication.

National Clinical Audits the Trust was eligible for in 2010/11:	Audits that the Trust participated in during 2010/11:
Bowel cancer (National Bowel Cancer Audit Programme)	✓
National Lung Cancer Audit (NLCA)	✓
Oesophago-Gastric Cancer	✓
Adult critical care (Case Mix Programme)	✓
Mastectomy and Breast Reconstruction	✓
Continence Care Audit	✓
Cardiac arrest (National Cardiac Arrest Audit)	✓
Blood Transfusion (Comparative Audit)	✓
Heavy menstrual bleeding (RCOG National Audit of HMB)	✓
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	✓
Cardiac Arrest Audit (NCAA)	✓
Hip fracture (National Hip Fracture Database)	✓
Hip, knee and ankle replacements (National Joint Registry)	✓
Blood and Transplant: potential donor audit	✓
Myocardial Ischaemia/Cardiac Ambulance Services (MINAP)	✓
Familial hypercholesterolaemia (National Clinical Audit of Mgt of FH)	✓
Falls and Bone Health Audit	✓
National Audit of Dementia (care in general hospitals) - Interim Report	✓
Stroke care (National Sentinel Stroke Audit)	✓
Sentinel Stroke Audit - Generic Report	✓
Adult asthma (British Thoracic Society)	X
Adult community acquired pneumonia (British Thoracic Society)	X
Bronchiectasis (British Thoracic Society)	X
Chronic pain (National Pain Audit)	X
COPD (British Thoracic Society/European Audit)	X
Elective surgery (National PROMs Programme)	X
Emergency use of oxygen (British Thoracic Society)	X
Falls and non-hip fractures (National Falls & Bone Health Audit)	✓
Head & neck cancer (DAHNO)	✓
Heart failure (Heart Failure Audit)	✓
National Joint Registry	✓
Non invasive ventilation (NIV) - adults (British Thoracic Society)	X
O neg blood use (National Comparative Audit of Blood Transfusion)	✓
Paediatric asthma (British Thoracic Society)	✓
Paediatric fever (College of Emergency Medicine)	✓
Paediatric pneumonia (British Thoracic Society)	X
Parkinson's disease (National Parkinson's Audit)	X
Patient transport (National Kidney Care Audit)	X
Perinatal mortality (CEMACH)	✓
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	X
Platelet use (National Comparative Audit of Blood Transfusion)	✓
Pleural procedures (British Thoracic Society)	X
Potential donor audit (NHS Blood & Transplant)	✓
Pulmonary hypertension (Pulmonary Hypertension Audit)	X
Renal colic (College of Emergency Medicine)	✓
Renal Services (patient transport)	X
Renal Services (vascular access)	X
Severe trauma (Trauma Audit & Research Network)	✓
Ulcerative colitis & Crohn's disease (National IBD Audit)	✓
Vital signs in majors (College of Emergency Medicine)	✓
Peri operative care	✓
Cardiac Arrest	✓
Surgery in children	✓
Cosmetic Surgery Organizational Questionnaire	✓
Parental Nutrition (Pilot) Study	✓
Elective & Emergency Care - 'An age old problem'	✓
CEMACH: perinatal mortality	✓
CEMACE; maternal obesity in the UK	✓

Additional national audits which were participated in by the Trust during 2010/11:

National Clinical Audits for inclusion in Quality Accounts 2010/11
• Asthma in A&E
• Avascular necrosis/bisphosphonate related jaw necrosis
• Back Pain (Occupational Health practice in the NHS in England)
• Controlling hypoglycaemia (TITAN)
• Depression screening and management of staff on long term sickness absence
• Heavy Menstrual Bleeding (Organisational Audit)
• National Audit for Services for People with Multiple Sclerosis
• National Falls Audit (Organisational)
• NHS Breast Screening Programme Quality Assurance Survey for Clinical Nurse Specialist in Breast Screening
• Seizure Management in Hospitals (NASH)
• SSI - bowel surgery
• SSI - hip hemi-arthroplasty
• SSI - hip replacement
• SSI - knee replacement
• Stroke/TIA (ongoing data entry)

Clinical Audit Information

Audit actions

The reports of 37 national audits were reviewed by the provider in 2010/11 and the Trust intends to take the following actions to improve the quality of healthcare provided:

a) Vital Signs in majors (College of Emergency Medicine)

Guidance to staff in the emergency department to:

- Improve the recording of Glasgow Coma Scale as part of assessment
- Ensure documentation of all observations of vital signs and to record 'not recordable' if unable to obtain a reading
- Clearly track patients through the Emergency Department as patients may move in and out of resuscitation area and be easily missed in clinical audits
- Check time of arrival and time of triage to eliminate possible discrepancies

b) National Audit of Dementia Care in General Hospitals

Presentation at Clinical Governance Committee recommending a future strategy for the organisation:

- Increase in dementia awareness training for all frontline clinical staff
- Improve cognitive assessments on admission
- Improve ward environments with better signage, orientation aids in all wards and where possible, provide

quiet areas for agitated patients

- Increase availability of support from mental health nurses for older people
- Increase use of person-centred care for patients
- Introduce cognitive stimulation therapy sessions where appropriate
- Improve integration of dementia care pathway and clear communication between various agencies supporting the patient

c) National Audit of Continence Care 2010

- Development of an assessment form for early identification of urinary or faecal incontinence on admission to a ward or on transfer from ward to ward
- Re-assessed supply of incontinence pads and pants to each individual ward to ensure the supply reflects the needs of the patient profile for each ward

d) National Hip Fracture Database National Report 2010

- Created the role of trauma nurses within the orthopaedic nurse establishment to enhance patient care, ensure effective use of available theatre trauma slots, support compliance with VTE and Osteoporosis guidelines and ensure compliance with national standards for management of hip fracture

During 2010/11 the Trust completed 220 local audits across all clinical specialties and the following represent some of the actions implemented or planned to improve health care as a result of audit recommendations:

Intravenous infusions in children - audit of use of guideline and specific prescription form

- Include in training for all new doctors
- Allocate space in handover book for recording all children on IV infusions
- Improve documentation on prescription form by ensuring the availability of increased numbers of doctors at morning rounds
- Doctors on night shift to undertake a specific round with nursing staff to check on all children on IV infusions
- Check blood glucose before commencing IV fluids
- Guideline to apply to children over one month old, infusions for babies up to one month old must follow guidance for newborn babies

Audit on management of Diabetic Ketoacidosis

- Introduction of new care pathway for the management of diabetic ketoacidosis based on national guidance with associated training programme
- Guidance to junior doctors on monitoring the patient's biochemistry and on appropriate prescribing of potassium
- Guidance to ward-based nurses on frequency of glucose monitoring and training on undertaking blood ketone monitoring

Audit of use of prophylactic antibiotics

- Improve compliance by completing prescription chart at time of obtaining consent to treatment
- Antibiotics to be prescribed and administered pre-operatively
- Clinician to sign operation record that antibiotics administered

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by The QEJH in 2010/11 that were recruited during this period to participate in research approved by a research ethics committee was 920 NIHR portfolio studies and 227 non-portfolio studies.

The Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement is demonstrated by our level of participation in clinical research. Our clinical staff stay abreast of the latest treatment possibilities and active participation in research has led to successful outcomes for patients. In 2010/11 the Trust was involved in conducting 15 National Institute for Health Research (NIHR) portfolio and eight non-portfolio clinical research studies in seven medical specialties.

A total of 43 clinical staff were actively engaged in research that had been approved by a research ethics committee across the seven participating medical specialties. In the last three years, five publications have

resulted from our involvement in NIHR Research. This demonstrates our commitment to transparency and the desire to improve patient outcomes and experience across the NHS.

This engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques. In September 2010 the Trust achieved the following recognition in Health Innovations East 'Awards in Innovation' competition:

- First prize in the Software and ICT category
- Runner-up prize in the Medical Technology category

Goals agreed with commissioners

A proportion of the Trust's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between The QEJH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available later on in this report.

What others say about us (CQC)

The QEJH is required to register with the Care Quality Commission (CQC) and its current registration status is registered without any conditions. The CQC has not taken any enforcement action against The QEJH during 2010/11.

The QEJH has not participated in any special reviews or investigations by the CQC during the reporting period.

Data Quality

The Trust continues to recognise the importance of reliable information as a fundamental requirement for the prompt and effective treatment of patients. The Trust's aim remains to be significantly above average in all Data Quality indicators and performance is monitored regularly. Data quality is crucial and the availability of complete, accurate and timely information and data is important in supporting patient care, clinical governance, management and service agreements for healthcare planning, accountability and Payment by Results (PbR).

The Trust Board has overall responsibility for data quality and has a nominated Executive Director to fulfil the role of Senior Information Risk Owner (SIRO). The establishment of the SIRO role was one of several measures introduced across the NHS to strengthen controls around information security, data quality and data protection.

The Trust regularly monitors its data quality through national data quality reports, undertakes regular internal audits and regularly participates in the national audit programmes focused on data quality. Some of the measures the Trust focuses on are; the Secondary Uses

Service, Clinical Coding and the Connecting for Health Information Governance Toolkit. A Data Quality sub-group has been established to monitor key issues which reports directly to the Information Governance Committee.

In records submitted to the Secondary Care Uses System (SUS) for inclusion in Hospital Episode Statistics (HES), the percentage of records including the valid patient's NHS number was 99.8%.

In records submitted to the Secondary Uses System (SUS) for inclusion in Hospital Episode Statistics (HES), the percentage of records including the valid patients GP registration code was 100%.

The Trust's error rate for clinical coding (for diagnosis and treatment coding), as reported by the Audit Commission in the latest Payment by Results (PbR) clinical coding audit is 1.5%.

A series of actions to improve the Trust's awareness and compliance with the requirements of the Information Governance Toolkit has seen the Trust achieve an overall score of 71% at year end. These actions include a dedicated training programme to educate staff in the principles of Information Governance and good practice, and small working groups to implement key actions across the Trust.

Secondary User Services (SUS)

The Trust submitted records during April 2010 to January 2011 to the [Secondary User Services](#) for inclusion in the Hospital Episodes Statistics which are included in the latest published data, see Table (B). The percentage of records in the published data is reported on the right:

SUS data which included the patient's valid NHS number was:

- 99.8% Admitted Patient Care
- 99.8% Outpatient Care
- 98.1% Accident and Emergency Care

SUS data which included the patient's valid General Medical Practice Code was:

- 100% Admitted Patient Care
- 100% Outpatient Care
- 100% Accident and Emergency Care

Information Governance Toolkit Attainment Levels

The Queen Elizabeth Hospital, Kings Lynn Foundation Trust's [Information Governance Assessment Report](#) overall score for 2010/11 was 71% and was rated 'green'.

Clinical Coding Error Rate

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust was subject to the [Payment by Results clinical coding inpatient quality audit by the Audit Commission](#) during the reporting period and the error rates reported in the latest published audit for diagnoses and treatment coding (clinical coding) were:

- 2.7% Primary Diagnosis
- 0.7% Secondary Diagnosis
- 2.6% Primary Procedure
- 3.5% Secondary Procedure

Part 3 : Review of Quality Performance

Quality Objectives and Performance

The Trust has focused on embedding improvements in all three dimensions of quality within the core of its services. Quality is seen as everyone's responsibility and integral to all that we do as an organisation. The priorities for quality improvement in 2010/11 included a range of individual measures that supported our overall objectives of:

- Reducing mortality by redesigning emergency pathways and reducing the number of medical outliers
- Reducing and eliminating healthcare associated infections
- Improving the experience of our patients

Reducing avoidable mortality has been a prime focus since the Trust took part in the Leading Improvement in Patient Safety programme in its second wave in April 2008. At that time the Trust set itself the ambitious target of reducing its hospital standardised mortality rate (HSMR) by 5% per year for the next five years. This underpinning strategy remains our first objective and at year end the Trust has an HSMR of 87.8, a further reduction on last year.

The Trust recognised there would be key primary drivers required to achieve this target and during 2010/11 the Trust has concentrated on improving the management of the deteriorating patient and implementing harm reduction strategies. These include those measures reported in detail within this account such as reducing medical outliers, reducing healthcare associated infections, implementing the use of the early warning score to identify the deteriorating patient; implementing harm reduction measures such as THINKGLUCOSE, venous thromboembolism risk assessment, medicines reconciliation on admission and re-designing emergency care pathways. Progress on all these objectives has been reported to the Board of Directors on a monthly basis.

Alongside these major work streams, the Trust has implemented quality improvement plans that focus on patients who are known to be disadvantaged when accessing care and treatment. This has included the successful development and implementation of an integrated pathway for patients with dementia and the development of a liaison service to support patients with a learning disability and their families. Both these initiatives have been underpinned by extensive programmes of training for ward-based staff. This has been complemented by a work stream that has concentrated on

improving the care for patients identified as expected to die, through the provision of training on the use of the Liverpool Care Pathway to all ward-based doctors and registered nurses.

The Trust has continued to review its performance against the standards set by the Care Quality Commission and in 2010/11 the Trust achieved successful unconditional registration.

The Trust has a robust governance structure which ensures scrutiny and challenge and acts as a driver for improving standards of quality. The Healthcare Governance Committee, through its underpinning reporting committees, seeks to monitor compliance with national standards and so provides the Board of Directors with assurance and if appropriate, evidence of areas of concern requiring further action. Detailed reports on a range of patient safety, clinical outcomes and patient experience indicators are reported to the Board of Directors on a monthly basis.

The Clinical Audit and National Standards Committee ensures that the Trust responds to and assesses the relevance to the Trust of national guidance and statutory directives from NICE, Confidential Enquiries and the Royal Colleges, and to the findings of local and national clinical audits. Similarly, the Patient Safety Committee reviews all guidance from the National Patient Safety Agency and the national alert systems to ensure that the Trust is compliant with guidance on safe practice.

The Clinical Governance Specialty Review process provides the framework through which the Trust is able to provide assurance that all clinical practice within the Trust is underpinned by sound principles of clinical governance. The review process takes place each year and involves all the clinical specialties within the Trust. It is designed to address each aspect of clinical governance in turn and to a similar level of scrutiny. The reviews are undertaken by four review teams comprising a cross section of clinical and governance staff, supplemented by invited members from individual specialty teams. The review documentation comprises the following sections:

1. Clinical Governance Arrangements
2. Patient Safety (including Clinical Audit)
3. Clinical Standards
4. Mandatory Training
5. Publication of policies and procedures on the Trust's Intranet
6. Public and Patient Involvement

A summary feedback sheet is completed by the chair of the reviewing group following the review. This provides a summary of findings, a record of progress on last year's set objectives and a number of agreed objectives for the following year. The summary sheet is in due course formally submitted to the Clinical Governance Committee for discussion and follow up of any key issues identified. This process enables the Trust to receive assurance about the quality of practice and governance across all clinical specialties.

The Trust reports incidents externally via the National Patient Safety Agency's National Reporting and Learning System and benefits from receipt of a quarterly report allowing the Trust to benchmark itself nationally against trusts of a similar size and configuration. This report is reviewed by the Patient Safety Committee. Progress on implementing the work streams associated with the Leading Improvement in Patient Safety are monitored on a continual basis through local and trust-wide audits of compliance.

The Trust has been supported by a Patient Experience Group (PEG), whose members have been actively involved within the organisation at a number of levels. Members have participated in the annual PEAT (Patient Environment Action Team) inspections of the wards and departments and have sat in attendance on the various governance committees. The Trust is now authorised as a foundation trust and is looking forward to being able to harness the wealth and breadth of patient experience that will be accessible through its membership to support further quality improvements.

The Trust has sought to improve its understanding of patient experience through both larger scale surveys of patient opinion and smaller scale approaches in which information on individual episodes of care or specific clinical specialties are examined and lessons learnt.

Priority 1: Improve the Trust's Hospital Standardised Mortality Ratio (HSMR)

What is HSMR?

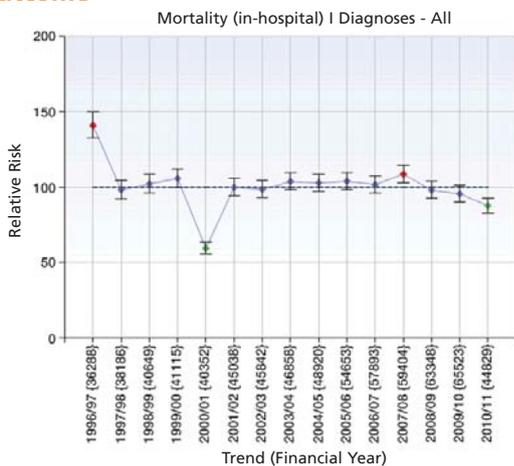
The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.

HSMR compares the expected rate of death in a hospital with the actual rate of death. Dr Foster looks at those patients with diagnoses that most commonly result in death, for example heart attacks, strokes or broken hips. For each group of patients we can work out how often, on average, across the whole country, they survive their stay in hospital, and how often they die. Whilst, in itself, the HSMR is not a single marker of the quality of care, it is a useful barometer by which the Trust can compare itself with other Trusts and can be useful in confirming that the schemes identified by the Trust to improve patient safety are having the desired effect.

Aim

To reduce the Trust's HSMR by 5% year on year.

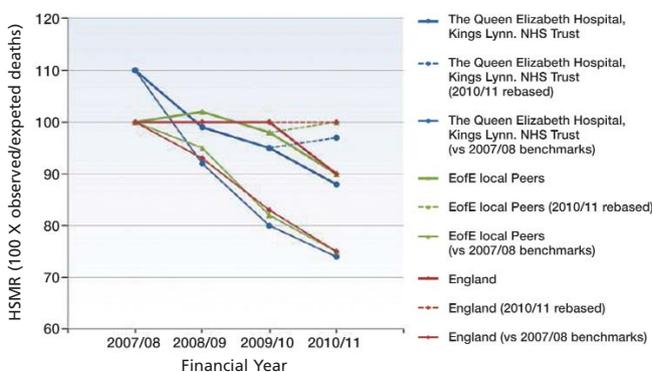
Outcome



The above table charts the trend in HSMR since 1996/97 to the end of January 2011, confirming a sustained reduction since 2007/08.

HSMR Trend

Trend in HSMR by Financial Year



The chart demonstrated the trend in the un-based HSMR since 2007/08 with a reduction from 109.5 in 2007/08 to 75 in 2010/11 (to September 2010), confirming a 32% reduction in mortality over this period, a reduction greater than witnessed elsewhere within England and the East of England. From this, it can be seen that the Trust has surpassed its planned reduction in hospital standardised mortality rate (target of 5% per year), with a provisional rate of 87.8 for 2010/11 (subject to confirmation by Dr Foster).

How we achieved our targets

The reduction in HSMR was achieved by identifying those schemes which would enhance patient safety by improving the management of the deteriorating patient and by implementing harm reduction strategies such as the elimination of medical outliers by improving the flow of emergency admissions through the hospital, the reduction of healthcare associated infections and medication errors. Progress on these objectives has been reported to the Board on a monthly basis.

Emphasis has been on improving the processes so that the improvements are local, measurable and owned by the clinical teams providing the care.

In response to lapses in clinical care at other NHS organisations, the Trust undertook its own risk assessment against the failings reported by the then Healthcare Commission and developed a plan to mitigate such incidences occurring in this organisation. Progress against this plan is reported to the Board on a regular basis and actions taken to address any perceived shortfalls are monitored closely.

As part of the new Divisional structure within the Trust, each division is required to produce a Quality Report every three months so that there is a culture of safety and quality throughout the organisation. Clinical teams are encouraged to champion patient safety so that it is embedded into daily clinical practice, and that the reduction in HSMR is seen as a consequence of good practice, not just as a target.

The most recent development has been the establishment of a Mortality Review Committee (sub-committee of the Patient Safety Committee) that reviews trends and alerts throughout the hospital and oversees the mortality case note reviews that are an integral part of the Trust's patient safety strategy.

Board Sponsor
Dr G Hunnam
 Medical Director

Priority 2: Continue to reduce the number of unnecessary healthcare associated infections

What are healthcare associated infections?

Healthcare associated infections (HAI) are infections acquired in hospitals or as a result of healthcare interventions. There are a number of factors that can increase the risk of acquiring an infection, but high standards of infection control practice minimise the risk of occurrence.

1. Clostridium difficile

Clostridium difficile infection is the most prominent cause of hospital-acquired diarrhoea. *Clostridium difficile* is an anaerobic bacterium that is present in the gut of up to 3% of healthy adults and 66% of infants. When certain antibiotics disturb the balance of bacteria in the gut, *Clostridium difficile* can multiply rapidly and produce toxins which cause illness.

Clostridium difficile infection ranges from mild to severe diarrhoea to, more unusually, severe inflammation of the bowel (known as pseudomembranous colitis). People who have been treated with broad spectrum antibiotics (those that affect a wide range of bacteria), people with serious underlying illnesses and the elderly are at greatest risk - over 80% of *Clostridium difficile* infections reported are in people aged over 65 years.

Clostridium difficile infection is usually spread on the hands of healthcare staff and other people who come into contact with infected patients or with environmental surfaces (for example floors, bedpans, toilets) contaminated with the bacteria or its spores. Spores are produced when *Clostridium difficile* bacteria encounter unfavourable conditions such as being outside the body. They are very hardy and can survive on clothes and environmental surfaces for long periods.

2. Methicillin Resistant Staphylococcus Aureus (MRSA)

Staphylococcus aureus is a common germ that lives harmlessly on skin or in the nose of 20 to 40% of the population. These germs can occasionally cause skin infections such as boils. MRSA are organisms that have become resistant to the antibiotic, methicillin. MRSA is not a risk to normal healthy individuals but may cause severe infection for hospital patients who are severely unwell or who have had recent surgery, especially if the organism makes its way into the bloodstream (MRSA bacteraemia).

3. Surgical Site Infections (SSI)

The Surgical Site Infections Service was established in 1997 by the Health Protection Agency. The scheme encourages hospitals to use surveillance to improve the quality of patient care by enabling them to collect and analyse data on Surgical Site Infections (SSI) using standardised methods. It provides national data that can be used as a benchmark allowing individual hospitals to compare their rates of SSI with collective data from all

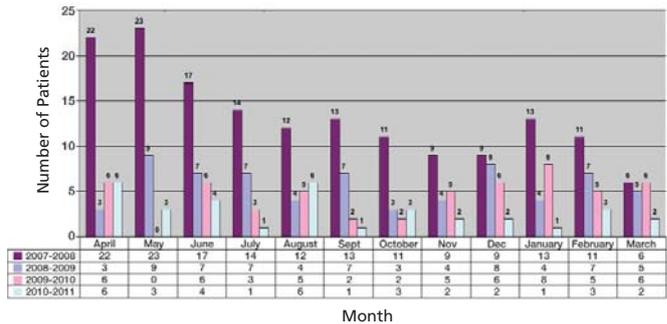
hospitals participating in the service. This Trust provides data for major orthopaedic and colo-rectal surgery.

Aim

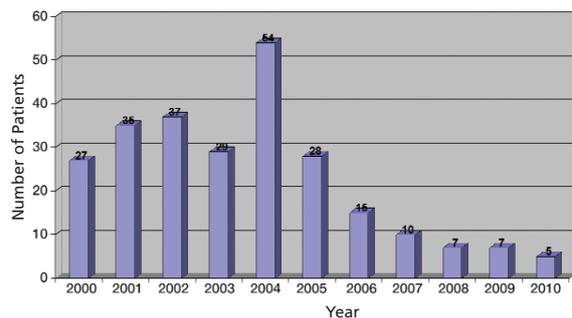
To further reduce the number of unnecessary healthcare associated infections by 20% and in particular for the three categories of infection, as identified above.

Outcomes

Episodes of QEH reported Clostridium Difficile cases from 2007 to present



Reported MRSA Bacteraemia 200-2001



The tables demonstrate that the Trust has continued to sustain a reduction in healthcare associated infection of 20% or greater. In particular, *Clostridium difficile* infections have reduced from 393 cases in 2005/06 to 66 in 2010/11. Furthermore, the number of healthcare associated infections (some infections are acquired in the community and present at the time of admission) has reduced to 34 cases in 2010/11 - a reduction of 37% compared to last year. This is below the trajectory agreed with NHS Norfolk.

The number of reported cases of MRSA bacteraemia has also declined with only two hospital acquired cases from April 2010 to March 2011. This and is again below the trajectory agreed with the PCT.

The rate for SSI is also consistently below the national average and the Trust is felt not to be an outlier.

How we achieved our target

There are five principle ways in which the Trust has achieved a reduction in HAI:

- Appropriate prescribing of antibiotics
- Hand hygiene
- Enhanced environmental cleaning
- Isolation of infected patients
- Personal protective equipment

In March 2008, the HAI care bundle was launched. Cleaning regimes were enhanced with the use of chlorine releasing agents; 'Bare below the elbows' was introduced with hand hygiene vigorously monitored; the antibiotic guidelines were modified to withdraw the HAI selecting antibiotics; the use of antibiotics was audited by ward and a cohort ward was established to isolate those patients with *Clostridium difficile* infection.

Since then, the Trust has been reviewing its infection prevention and control programme with investment in additional nursing staff and the appointment of a second microbiologist with an interest in infectious diseases, and a Consultant Nurse in Infection Control (due to start in May 2011).

Better links between the Facilities department and IPCS have been established and requirements for infection control were incorporated into the estates plans for single sex accommodation and in a review of the number of hand basins in line with the Hygiene Code.

The Trust has undertaken a review of its decontamination policy with a new mattress policy to ensure that mattresses are continuously inspected, replaced and maintained. A Decontamination Committee oversees local practice and dictates and implements best practice.

The Trust embarked on a new programme of training for medical and nursing staff in 2010/11 to ensure that lessons so far learnt are reinforced so the Trust can further reduce the number of unnecessary HAIs. The PCT set difficult targets for 2010/11 as follows:

- *Clostridium difficile* (hospital acquired) - 38 cases
- MRSA (hospital acquired) - 3 cases

It was recognised that this would prove challenging for the Trust, unless we could continue to improve upon the best practice we have achieved so far.

In May and June 2010, the hospital experienced a prolonged outbreak of *norovirus* infection which prompted the Trust to review its procedures and policies, resulting in the formation of a cohort ward for infectious diarrhoea, with separate nursing staff and sluice facilities. Since then, there have been no sustained outbreaks of infectious diarrhoea.

Board Sponsor
Dr G Hunnam
 Medical Director

Priority 3: Implement the National Venous thromboembolism (VTE) Risk Assessment Tool

What is a Venous Thromboembolism (VTE)?

The House of Commons Health Committee (2005) reported that each year there are approximately 25,000 deaths from hospital acquired venous thromboembolism (VTE) in the UK. This is when blood clots form in peripheral veins and then disperse to the heart and lungs, causing severe compromise to the heart and lung function, and subsequently death. VTE is largely preventable through risk-based screening and appropriate preventative mechanical and/or chemical interventions.

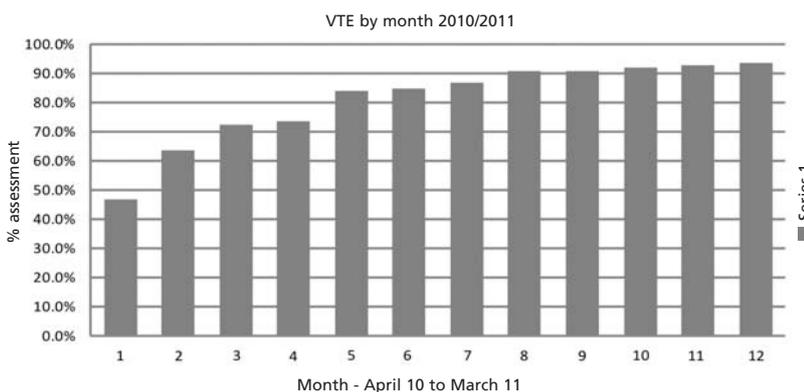
In response to this, the independent working expert group on the prevention of venous thromboembolism in hospitalised patients (2007) reported their findings to the Department of Health, who published comprehensive guidance aimed at greatly reducing this risk to patients. These guidelines stress that each patient should have a VTE assessment undertaken on admission and periodically throughout the duration of hospitalisation because their risk might change; ideally reassessment every 48 to 72 hours. The Epidemiologic International Day for the Evaluation of Patients at Risk of VTE in the Acute Hospital Setting (ENDORSE) study of a total of 70,000 patients from 358 hospitals across 32 counties, revealed that only 40% of medical patients and 60% of surgical patients received appropriate thromboprophylaxis (Cohen et al 2008).

Aim

To implement the national risk assessment tool for VTE and in particular to ensure that 90% of medical and surgical patients were assessed appropriately by quarter 4 of 2011.

Outcome

The Trust achieved its target of ensuring that more than 90% of patients admitted to hospital were assessed appropriately using the national assessment tool, in advance of quarter 4, as indicated below:



In September 2010, the Trust also conducted an audit to determine whether, in addition to assessment, patients received thromboprophylaxis in accordance with local and national guidance. The audit confirmed that 98% of medical and 95% of surgical patients received appropriate prophylaxis.

A root cause analyses of all inpatients readmitted with VTE, or who died from VTE, within three months of admission, were also performed to identify any potential learning points. It was soon apparent that with the full implementation of VTE assessment, the number of patients readmitted, or dying, as a consequence of VTE reduced considerably with the introduction of universal assessment.

How we achieved our target

The Trust established a Thrombosis Committee in July 2007 under the Chairmanship of one of our Clinical Haematologists, with the overall purpose of promoting and monitoring best practice. The new Trust policy for 'The Prevention of Venous Thromboembolism' was modified in January 2010, defining those patients excluded from assessment and thromboprophylaxis, and disseminated throughout the Trust, supported by the national 'Stop the Clot' publicity launch and a local media campaign.

Other initiatives included:

- Thromboprophylaxis guidelines and anticoagulation management included in the junior doctors and nurses induction programme
- Root cause analysis for all patients with VTE associated with their hospital re-admission and in whom no thromboprophylaxis was prescribed
- VTE assessment tool incorporated into the orthopaedic, surgical and medical clerking documentation
- Audit of practice (as outlined)
- Easy reference VTE assessment tool leaflet distributed to all medical staff
- New VTE assessment tool designed for obstetrics and for day surgery
- Ward pharmacists monitored prescriptions and drug chart, with separate section for thromboprophylaxis, in accordance with guidelines

Board Sponsor
Dr G Hunnam
Medical Director

Priority 4: Improve the management of the deteriorating patient by full completion of the Early Warning Score

What is the Early Warning Score and will it improve patient care?

The early warning score (EWS) is a simple guide used by the medical and nursing teams to quickly determine the risk of death of a patient. It is based on data derived from four physiological readings (systolic blood pressure, heart rate, respiratory rate, body temperature) plus other observations, such as urine output.

The resulting observations are compared to a normal range to generate a single score which determines how seriously ill a patient is, and whether the patient requires more intensive care.

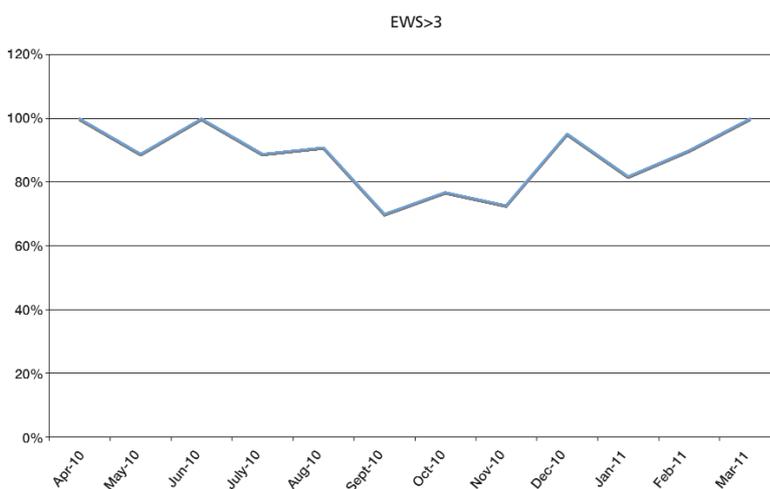
By introducing this score across the hospital, it is possible to detect deteriorating patients early and start treatment immediately. In addition, by also producing a standardised communication tool (SBAR), it is possible for staff to communicate assertively and effectively, reducing the risk of misinterpretation and the need for repetition.

SBAR consists of a standardised prompt questions with 4 sections, (Situation, Background, Assessment and Recommendation), to ensure staff are sharing concise and focused information and the urgency of the clinical situation is communicated rapidly and concisely.

Aim

To improve the full completion of the EWS to 90% by quarter 4 of 2010/11 and to ensure that action is taken in more than 80% cases where the score triggers a required clinical response.

Outcome



The above confirms that the EWS was successfully completed in more than 90% of the cases audited. In addition, appropriate action was taken in 84% of cases (trigger point reached).

It is our intention to improve upon this position for 2011/12, with a 1% improvement in performance per quarter over the forthcoming year.

How we achieved our target

The Trust completed the following tasks to achieve its goal of improving the management of the deteriorating patient:

- Establishment of an ITU outreach team, available 9am to 9pm, 7 days per week, led by a Consultant Nurse and supported by an ITU Consultant
- Development of new procedures and policies with, in particular, the design of new observation charts with easy reference to EWS, and the development of a SBAR tool
- Inclusion of new fluid balance charts and VIP scores (for cannula induced thrombophlebitis) into the observation charts
- Recording of observations incorporated in the work programme of the Productive Ward initiative and the reporting of the completion of patient's observations, as part of the monthly nursing indices presented to the Board
- ALERT training sessions for junior ward-based doctors and nurses
- Number of cardiac arrests monitored per month with plans to reduce the number of calls to the cardiac arrest team by improving the care of the deteriorating patient
- Number of calls to the ITU outreach team monitored per month
- Mortality reviews of patients admitted to ITU, and who subsequently died, to establish any learning points
- Review of the resuscitation procedures within the Trust, with the purchase of new resuscitation equipment and review of the Trust's 'Do Not Resuscitate' Policy
- Appointment of an additional Resuscitation Officer in 2011 to support the training of staff in the recognition and resuscitation of the deteriorating patient

Board Sponsor
Dr G Hunnam
Medical Director

Priority 5: Improve the management of emergency admissions by redesigning emergency care pathways

Why should redesigning emergency care pathways improve clinical outcomes?

The Trust has experienced a 3 - 5% increase in emergency admissions over the last ten years, particularly for medical admissions. This has meant the capacity of the medical wards are often exceeded at times of high demand (especially during the winter), resulting in medical admissions outlying on surgical wards.

Best outcomes for medical emergencies are achieved if patients are reviewed by a consultant within 24 hours (preferably 12 hours), with a management plan and estimated discharge date established within the same timescale, and patients admitted to the appropriate specialist ward, where specialist nursing care is available (NCEPOD report - 'Deaths in Acute Hospitals: Caring to the End'). Early access to diagnostics with immediate reporting is also essential. Lack of communication and poor handover are also recognised as adverse predictors of outcome.

Hence by identifying solutions to reducing admission to hospital, by providing care closer to home, and by co-ordinating care within the hospital, it should be possible to improve the care we offer our patients. This forms the basis of this priority.

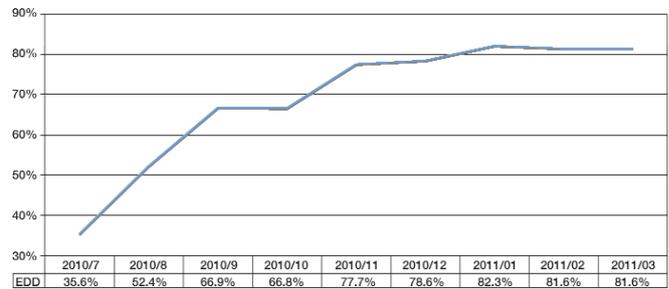
Aim

The Trust embarked on a period of consultation with its external stakeholders to identify alternative solutions to hospital admission (measured by the reduction in the number of emergency admissions to hospital), as well as reviewing pathways of care within the Trust (measured by the reduction in medical outliers, recording of the estimated date of discharge and the % of medicines reconciled within the first 72 hours).

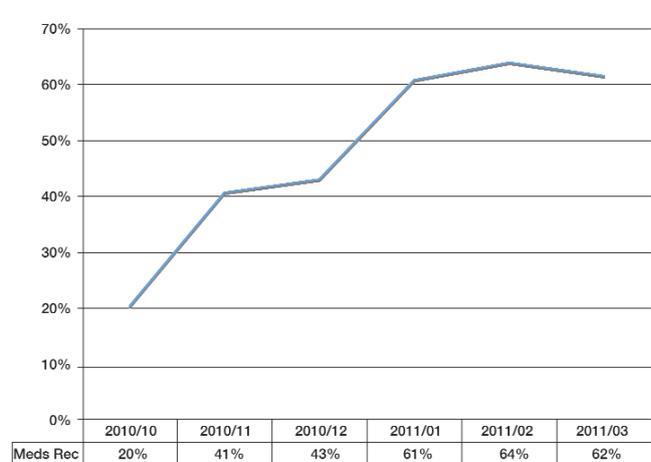
Outcome

- Emergency admissions - despite the initiatives described later, the number of emergency admissions was approximately 3% above the 09/10 baseline
- Medical outliers - no overall reduction in medical outliers was achieved in 2010/11
- Estimated date of discharge (EDD) - month on month improvement in the recording EDD reflecting improved discharge planning
- Medicines reconciliation - month on month improvement in the reconciliation of medicines, reflecting improved medicines management and assessment at the time of admission

% Of Recording of EDD



% Of Medicines Reconciled



How we achieved our target

The Trust fully participated in the system-wide QIPP programme and acted as the executive lead for improving emergency pathways in West Norfolk. This has resulted in the following outputs:

- Emergency Pathways Workshop in West Norfolk - September 2010
- Emergency Pathways Workshop in Wisbech - March 2011
- Introduction of an acute GP Scheme at the front of the hospital since November 2010, with admission avoidance in 84% of patients reviewed by the scheme
- Establishment of a community ward in the hospital from January to March 2011, with support from the community nursing team. This was for patients with a short length of stay who would be best managed in the community should such facilities be available in the future e.g. intravenous therapy
- Development of business cases in 2011/12 to support the transfer of care into the community. These schemes include the continuation of the acute GP scheme, community intravenous therapy team, (as part of a 'hospital at home' scheme), community medicine for the elderly post, appointment of community matrons and the availability of additional community beds, additional end-of-life community beds and improved mental health liaison

These schemes are tasked to reduce hospital admissions to the 2008/09 baseline figures (an approximate 10% reduction in activity). To improve the flow of emergency admissions within the Trust, the Trust completed the following tasks:

- Review of the medical clerking proforma, with a section to input the EDD and management plan
- Recruit additional discharge nurses and co-ordinators (and ward clerks) to ensure compliance with the EDD and integrate discharge with the community teams
- Review pathways for the common medical emergencies and identify alternatives to hospital admission (work ongoing)
- Workshops to review both admission and discharge processes
- The inclusion of the improving emergency care project in the Trust's Efficiency Programme

Board Sponsor
Dr G Hunnam
 Medical Director

Priority 6: Improve the Trust's score on the National Inpatient Survey

What is the National Inpatient Survey?

The Trust took part in the Annual National Inpatient Survey undertaken by the Care Quality Commission. The Survey was sent to 800 patients (over the age of 16, excluding maternity patients) who had at least one night stay as an inpatient at The QEH.

The survey covers issues that patients consider important in their care, as well as issues that the CQC use to assess Trusts each year.

Aim

To improve the Trust's score on the National Inpatient Survey.

Outcome

The Care Quality Commission undertook the Annual National Inpatient Survey in the summer of 2010. There was a 50% (431 patients) response rate. The survey demonstrated that whilst we performed on a similar basis to other Trusts, our performance was worse than expected in four areas:

- Were you given enough privacy when being examined or treated in the Emergency Department?
- Was your admission date changed by the hospital?
- Doctors and nurses not providing information to patients' families in relation to how they accessed help to care for the family member
- Letters given to patients about their treatment/condition are not easily understood

And better in one area:

- Given a clear explanation of how they would be sedated or their pain controlled

What are we doing to improve?

The Trust has sought to improve its understanding of what constitutes 'a good experience' through the use of national and local surveys. An action plan has been developed to oversee those areas where the need for improvement has been identified.

During 2010, the Trust implemented the 'Net Promoter'. This is when members of the public, patients and staff are asked to rate the hospital between 1 and 10 (1 = wouldn't recommend - 10 = would recommend). If the score is below 10, the rater is asked to identify what action the Trust needs to undertake to improve the rater's opinion. The Net Promoter is in the form of a postcard that was sent to all Trust members and staff. It is also available on the Trust's website and the questions form part of all local surveys.

How we achieved our target

During 2010 it was identified that the Trust was managing over 40 local patient satisfaction surveys. These have all been rationalised to form standardised inpatient and outpatient questionnaires. Each clinical area is timetabled to complete a survey during the course of the year. Results are fed back to the clinical areas and consequent action plans monitored through the Business Unit's Performance Meetings.

The survey results are also reported to the Board as part of the monthly Patient Experience Report.

The Trust has also identified that the stories uploaded onto NHS Choices are predominately negative. To encourage positive stories to be shared, the Trust has developed a card with the NHS Choices details encouraging patients and carers to tell positive stories. Patient stories both written and verbal are taken to every Board Meeting.

Clinical Leaders, as part of the RCN Leadership Programme, are now attending the Board to tell a 'patient story' they have heard as part of their course. This not only provides Board members with real patient experience episodes but also promotes the Ward to the Board concept.

All complaints, PAL's enquiries, incidents and claims are reported to the Board monthly and triangulation is provided on a quarterly basis through the CLIP (Complaints, Litigations, Incidents and PALS Reports), which is reported to the Healthcare Governance Committee.

The Trust intends to support and strengthen its work in understanding and appreciating patient experience as a valuable source of information on the quality of its services.

The Board has supported the concept of developing a customer focussed set of values and behaviours and proposes to commence this work during 2011.

Board Sponsor
Gwyneth Wilson
Chief Nurse

Priority 7: Improve the outcomes of patients within the Trust with a diagnosis of diabetes

Why is the diagnosis of diabetes important for improved outcomes?

The Trust acted as a pilot site for **THINKGLUCOSE**, a major programme from the NHS Institute designed to improve the management of people with diabetes when they are admitted to hospital.

The provision of consistent, effective and proactive inpatient care for people with diabetes is inadequate in the NHS, leaving patients with a poor experience in terms of their diabetes treatment. National data confirms that, on average, a patient with diabetes spends longer in hospital than a patient without diabetes - despite being admitted for the same procedure or condition. At any one time, up to 20% of inpatients at The QEH have diabetes which is above the national average. Furthermore, both the percentage of the population with diabetes, and those at high risk of contracting diabetes, is rising (it is expected that the number of people with diabetes will grow by 50,000 pa).

Whilst the number of people with diabetes is steadily increasing, the provision of consistent, effective and proactive inpatient care for people with diabetes still requires improvement. **THINKGLUCOSE** has been developed to provide a package of tried and tested products, learning and support, to improve awareness and remove the obstacles to the treatment of patients with diabetes as a secondary diagnosis. The **THINKGLUCOSE** toolkit was designed to enable the implementation of a clinical pathway to improve the patient experience and the quality of their care, thereby reducing the length of stay and releasing more time to treat the increasing numbers of people with diabetes.

Aim

Improve the outcomes of patients within the Trust with a diagnosis of diabetes by implementing the **THINKGLUCOSE** assessment tool throughout the Trust

Outcome

The Trust undertook the following plan in 2009/10:

- Plan to introduce and 'roll out' **THINKGLUCOSE** on two to three wards every three months
- 60% of staff on each ward to receive training in the safe use of insulin
- 50% of notes audited to have a Patient Assessment sticker in place
- 50% of in-patients who are prescribed insulin to be assessed to ascertain whether they are safe to self-administer their injection

Progress during 2010/11:

- **THINKGLUCOSE** was initially rolled out to one surgical ward and three medical wards in 2009/10 and during 2010/11 this has now been successfully rolled out to all the wards.
- At least 60% of staff on each ward have received training as part of the **THINKGLUCOSE** programme.

How we achieved our target

By participating as a pilot site for **THINKGLUCOSE**, the Trust was able to influence the design of the assessment tool and assist in its national launch. By undertaking our own audit on the current provision of care for inpatients with diabetes as part of this process, we were able to assess our own shortcomings in care and develop an action plan to address these failings.

This resulted in our own strategy to promote the care of people with diabetes admitted to hospital. During the last year this has included:

- Completion of the roll-out programme of **THINKGLUCOSE** to all wards
- Staff teaching sessions held throughout the year on the safe use of insulin and the use of the assessment tool for the **THINKGLUCOSE** Champions, registered nurses, nursing auxiliaries, housekeepers and volunteers
- Evidence of appropriate use of the assessment tool through audit
- Evidence of an improvement in the appropriate prescription of insulin on hospital medication charts through audit
- Evidence of an improvement in the correct administration of insulin in relation to mealtimes through audit
- Undertaking of an in-patient satisfaction survey in relation to diabetes care
- Development of a policy and procedure for the self-administration of insulin
- Regular training of junior medical staff in diabetes and **THINKGLUCOSE**

Board Sponsor
Dr G Hunnam
Medical Director

Priority 8: Improve Access to Palliative Care Services

Why we need to improve access to palliative care services?

Over the last few years, a major drive has been underway to ensure that all dying patients, and their relatives and carers, receive a high standard of care in the last days and hours of life.

The **Liverpool Care Pathway for the Dying Patient (LCP)** is recognised as a model of best practice in the NHS Beacon Programme (2001) and was recommended in the NICE guidance on supportive and palliative care for patients with cancer (2004) as a mechanism for identifying and addressing the needs of the dying patient. It was also recommended in the Our Health, Our Care, Our Say white paper 2006, as a tool that should be rolled out across the country. LCP is an integrated care pathway used at the bedside to drive up sustained quality of care of the dying in the last days and hours of life and represents the best quality of care for the dying.

By implementing the use of the LCP within the Trust locally, it was proposed that the care of dying patients would be improved. However, the LCP is only as good as the clinical teams using it, and must be underpinned by robust education and training programmes. As with other clinical guidelines and pathways, the LCP aims to support but does not replace clinical judgement.

Aim

To improve the patient experience of palliative care patients, the Trust has increased use of the LCP through the implementation of a training programme for all ward based doctors and nurses. In addition, it was proposed that an increasing number of patients who were expected to die within the Trust were cared for via the LCP.

Outcome

1. Successful completion of training of medical and nursing staff in 2010/11:

Compliance of training				
Staff Group	No	Yes	Total	%
Medical & Dental	58	54	112	48%
Nursing	299	145	444	33%
Grand Total	357	199	556	36%

It is proposed that 80% of a ward-based doctors and nurses will be trained by the end of quarter 4, 2011/12.

2. 75% of patients who expectedly died within the hospital were cared for via the LCP, a considerable improvement on last year. It is proposed that 85% will be cared for via the LCP by quarter four, 2011/12.

How we achieved our target

To achieve its objectives, the Trust supported the following initiatives:

- Review and redesign of the Trust's pathway and proforma to mirror the proposals inherent in the LCP
- Appointment of a palliative care facilitator to assist with the training of ward based staff and to ensure more patients are managed via the LCP
- Establishment of targeted training sessions for ward-based doctors and nurses
- Promotion of the use of the LCP throughout the Trust

Board Sponsor
Dr G Hunnam
 Medical Director

Priority 9: Improve the care and access to services for patients with dementia

Why is dementia important?

The National Dementia Strategy published in 2009 identified that people with dementia experience under-diagnosis, delayed discharges from acute and community hospitals, premature admissions to care homes and a general lack of appropriate services.

In Norfolk the number of people aged 65 and over predicted to have dementia stands at 12,714. It is estimated that this will rise to 20,312 by 2025, a 62% increase compared to a predicted national increase of 51%.

The aim of the strategy is to achieve significant improvement in three main areas:

- Awareness
- Early diagnosis & intervention
- Higher quality care

Implementation of the strategy has been incorporated as a regional indicator into the Commissioning for Quality and Innovation (CQUIN) targets for the Trust, and as part of the Quality, Innovation, Productivity and Prevention programme (QIPP) within Norfolk.

Aim

To improve the assessment and care of patients with dementia by providing staff with dementia awareness training and by piloting and implementing the dementia inpatient pathway on Oxborough ward.

Outcome

The Trust has provided an in-house training programme which initially targeted staff on the care of the elderly wards, achieving 100% delivery to ward staff on Oxborough ward.

During December 2010 - February 2011 the Trust hosted five dementia awareness training sessions provided by Norfolk & Waveney Mental Health NHS Foundation Trust, and provided training across all disciplines. Seven members of nursing and therapy staff have subsequently attended further training to become local dementia champions and trainers within the Trust. The dementia champions are in the process of attending training in 'dementia care mapping' and will implement this skill within the clinical setting.

The inpatient dementia pathway has been developed including updated guidelines for the management of delirium. This was implemented on Oxborough ward from January 2011 and adherence to the pathway was audited at the end of March 2011. A retrospective audit of 91 patients demonstrated good adherence to the pathway with 85% of patients receiving an assessment of cognitive function, 95% of patients having a discharge plan that was communicated to family or carers, 100% referral to the memory clinic where appropriate, and only 3% of patients being prescribed psychotropic medication.

How we achieved our target

The Trust has achieved its target by ensuring that it has embraced an integrated approach involving stakeholders across mental health, community and acute sectors, and by focusing the inpatient improvements in one key area before implementing a trust-wide approach:

- Involvement at multi-agency Norfolk Dementia Strategy Project Board
- Appointment of two Dementia Support Workers to support delivery of the inpatient pathway on the care of the elderly wards
- Provide dementia awareness training for staff delivered by our own Mental Health Liaison Nurse for Older People and by colleagues from mental health services
- Local steering group to review and agree inpatient pathway
- Local consultation with colleagues in mental health services to ensure easier referral pathways to the Memory Clinic and ongoing support
- Involvement of local Alzheimer's Society representative in facilitating the implementation of 'person-centred care' on Oxborough ward through the use of 'This is me' assessment documentation
- Setting up of an information board for patients and their families supported by the Alzheimer's society
- Local environmental improvements on Oxborough ward to support the orientation of patients including the provision of clocks in every bay, the use of coloured jugs and trays to support improved nutrition and drinking, specialised signage and red toilet seats to help promote continence
- Implementation of 'Tiptree' reminiscence boxes and cognitive stimulation therapy sessions to help patients maintain and improve memory
- Inclusion of a ten point mini mental state examination as part of the medical clerking documentation

Board Sponsor
Gwyneth Wilson
 Chief Nurse

Priority 10: Improve the care and access to services for patients with learning disabilities

Why is having a learning disability significant?

The Local Government Ombudsman in his report *Six Lives: the provision of public services to people with learning disabilities* (House of Commons: 2009) and Mencap, in its two reports, *Treat me Right* (2004) and *Death by Indifference* (2007), all highlighted that people with a learning disability experience inequalities in access to health care and may receive health care that is unsafe, inadequate and inappropriate to their needs.

The subsequent national inquiry report by Sir Jonathan Michael, *Healthcare for All* (2008), demonstrated that people with learning disabilities have higher levels of unmet need and receive less effective treatment. *Valuing People Now* (2009) accepted all the recommendations in *Healthcare for All* and set out a vision to:

- Achieve full inclusion of people with learning disabilities in the mainstream work on reducing health inequalities
- Ensure high quality, evidence-based specialist health services

Aim

Improve access to care and treatment for patients with a learning disability.

Outcome

The Trust has improved access to appropriate care and treatment for patients with a learning disability through the appointment of a Learning Disability Liaison Nurse; the successful roll out of a learning disability awareness training programme to more than 50% of all ward-based nurses; and the implementation of an integrated pathway of care focused on the needs of the individual patient.

How we achieved our target

The Trust has undertaken a programme of development that commenced in July 2009 with the formation of a multi-disciplinary and multi-agency Learning Disability Steering Group. This group has implemented an annual work plan resulting in the following developments to support a service to patients with a learning disability:

- Development of a policy and operational guidelines for the management of patients with a learning disability
- Development and implementation of a policy on carers as partners in care
- Roll out of learning disability resource folders to all clinical departments within the Trust
- Appointment of a Learning Disability Liaison nurse in November 2010 and development of a liaison service
- Commencement of a trust-wide learning disability awareness training programme with training delivered to 64% of ward-based nursing staff
- Promotion of a wider understanding of the needs of patients with learning disabilities, their families and carers, through a network of learning disability champions, articles in hospital weekly bulletin and in Mantra, the hospital mandatory training magazine
- Provision of in-depth workshops and training days for learning disability champions
- Development of pictorial menus for the wards with roll out occurring in April-May 2011
- Promotion of the use of 'My Health Book' by patients attending the hospital and development of a Hospital Passport to support assessment and care planning
- The Trust has supported a programme to provide people with a learning disability with work experience and skills training as part of Project Search. This has raised the profile of people with learning disabilities within the Trust and has supported an improved understanding of the contribution of people with a learning disability within the organisation

Board Sponsor
Gwyneth Wilson
 Chief Nurse

How We Fared Against National Targets

This section of our Quality Accounts provides information on our compliance with national standards and targets, locally derived quality targets (not covered elsewhere) and CQUIN schemes.

CARE QUALITY COMMISSION - NATIONAL PRIORITIES AND EXISTING COMMITMENTS				
National Priorities	Current YTD			
Targets	Target	Actual	YTD	RAG
Clostridium difficile (In-Hospital)	38	34	March	Achieved
MRSA (Total)	3	2	March	Achieved
Cancer 2WW GP Referral to first screen	93%	98%	March	Achieved
Cancer 31-Day (Diagnosis to treatment, all new cancers)	96%	97.2%	March	Achieved
Cancer 31-Day (All subsequent cancer treatments)	94%	97.2%	March	Achieved
Cancer 62-Day National Screening Programme	90%	98.9%	March	Achieved
Cancer 62-Day (Urgent GP referral to treatment, all cancers)	85%	88.2%	March	Achieved
18-Week (Admitted %)	90%	91.4%	March	Achieved
18-Week (Non-Admitted %)	95%	99.3%	March	Achieved

National Priorities	Current YTD			
Targets	Target	Actual	YTD	RAG
A&E 4-hour	95%	95.6%	March	Achieved
Rapid Access Chest Pain (RACP)	98%	100%	March	Achieved
Cancelled Operations	0.8%	1.3%	March	Under Achieved
Delayed Transfers of Care	7.5%	2.1%	March	Achieved
Access to genito-urinary medicine (GUM) clinics	98%	100%	March	Achieved

Commissioning for Quality and Innovation (CQUIN)

This year saw the first CQUIN scheme agreed between the trust and the PCT. This part of the contract carried a financial value of 1.5% of the contract and is to improve agreed aspects of quality.

We agreed 15 CQUIN schemes with NHS Norfolk for 2010/11 and our performance against these is outlined below:

CQUIN Scheme	CQUIN Description	Outcomes
1	To reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	Achieved
2	To improve responsiveness to personal needs of patients	Not achieved
3a	Reduce HSMR by % quarterly	Achieved
3b	Improve the full completion of the Early Warning Score to 100%	Achieved
4	Discharge plan within 24 hours of admission	Partly achieved
5a	To improve the care and access to services for patients with dementia	Achieved
5b	To improve access to palliative care services	Partly achieved
6a	Introduction of a Health promotion campaign which will improve the health of the local population who smoke	Not achieved
6b	Introduction of a Health promotion campaign which will improve the sexual health of the local population (15-24 year olds)	Not achieved
7	Increase the proportion of patients who have their medicines reconciled within 48 hrs of admission	Not achieved
8	Provide training to GPs in relation to paediatric admission criteria	Achieved
9	Improve outcomes of patients with diabetes	Achieved
10	Improve outcomes of patients undergoing elective AAA surgery	Achieved
11	Improve the care and access to services of those patients with learning disabilities	Achieved
12	Improve the prevention, detection and management of patients with acute kidney injury	Achieved

2010/11 Commissioning for Quality and Innovation (CQUIN)

The priorities being considered in 2011/12 with NHS Norfolk are:

CQUIN Scheme	CQUIN Description	Target	National or Regional Indicator ¹
1	To reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	Safety	Nationally mandated
2	To improve responsiveness to personal needs of patients mandated	Patient Experience	Nationally mandated
3	Reduce HSMR through focusing on Acute Coronary Syndrome	Safety Effectiveness	Local
4	Reduce HSMR through focusing on the Sepsis Bundle	Safety Effectiveness	Local
5	Improve end of life care through increased use of the LCP	Patient experience	Regionally mandated
6	Paediatric pathway development for A&E attendances and assess patient/carer experience	Safety Effectiveness	Local
7	Improve the completion of the EWS - Response to trigger	Safety Effectiveness	Local
8	Reduction of number of falls and those falls causing injury through implementing Seven Simple Steps	Effectiveness Patient Experience Safety	Local
9	Provide all patients in defined area with e-discharge	Safety Effectiveness	Local
10	Introduce MUST Screening tool throughout the Trust	Safety Effectiveness	Local

¹ Nationally mandated/Regionally mandated/Regionally suggested/No

Statements

Primary Care Trust Statement

NHS Norfolk feedback for The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEHLFT) Quality Account 2010/11

NHS Norfolk, as lead commissioner for the Trust, is pleased to support The Queen Elizabeth Hospital King's Lynn Foundation Trust in its publication of a Quality Account for 2010/11.

As required in statute we have reviewed the mandatory data within this account and can confirm that it is consistent with that known to NHS Norfolk.

It provides a balanced account of outcomes highlighting successes and noting areas where further improvements are required to meet the targets. We look forward to the inclusion of an update on achievements in these areas.

We are particularly pleased to confirm the success in the reduction of mortality rate (HSMR) over the last 3 years and support the Trust in their target of continued improvement within this. The implementation of the national risk assessment tool for venous thromboembolism (VTE) is also very pleasing and reflects the commitment of staff to raising patient safety from avoidable harm.

The Trust have put much emphasis and effort into improving the care and services for people with learning disabilities and staff are benefitting from training to become more aware of their needs. This, together with the appointment of a learning disability liaison nurse, has resulted in improved support for patients with learning disabilities and their carers. We will look forward to receiving feedback from this group of people about their experiences now these initiatives are in place.

Staff have worked hard to secure the introduction of the Early Warning Score initiative and appropriate responses for patients whose health is deteriorating across the hospital, and have made creditable achievements in this area. We appreciate that further work will be required to ensure that this initiative is imbedded into daily practice to ensure its consistent and sustainable achievement.

A priority for the Trust was to improve the management of emergency admissions by redesigning emergency care pathways. Unfortunately the Trust reports that the aims and goals for this priority were not met in full despite a programme of initiatives. This is an area which as commissioners we will be keen to support further work on.

The national inpatient survey provided valuable feedback for the Trust and identified significant areas of work required to address issues raised. The Trust has responded proactively and the Board and Governors have agreed a programme of work to address priority areas of communication, staff attitude and parking facilities for patients and visitors.

This has been a year in which the Trust has demonstrated improvement against challenges of an application for foundation status. The coming year should see continued developments including an approach to health care for residents within Norfolk which involves closer working with social care and community services. The Trust's priorities for the coming year are supported by NHS Norfolk, they represent a challenging programme of work and will require the Trust to have in place rigorous systems and focus to achieve the improvements they seek.



Andrew Morgan
Chief Executive Officer
NHS Norfolk

Health Overview and Scrutiny Committee Statement

"The Norfolk Health Overview and Scrutiny Committee has decided not to comment on any of the Norfolk NHS Trusts' Quality Accounts for 2010-11 and would like to stress that this should in no way be taken as a negative statement."

Norfolk Health Overview and Scrutiny Committee

Governors' Consideration of the Quality Account

At its meeting on 4th May 2011, the Governors' Council received the Trust's Draft Quality Account and an accompanying presentation.

The Governors' Council:

- Revisited the Trust's Quality priorities for 2010/11 and its performance in delivering related aims and goals. The Governors considered appropriate performance indicators and supporting evidence, assurances and initiatives.
- Noted that the Trust had delivered against 9 out of 12 of its Quality Priorities for 2010/11; the exceptions being:
 - Medical Outlier reduction
 - Reduced emergency admissions
 - Improved score on National Inpatient Survey
- Understood both the internal and external dimensions to the achievement of its goals in respect of Medical Outlier reduction and reduced emergency admissions.
- Agreed that the Patient Experience Committee of the Governors' Council would work with the Trust to fully understand the National Inpatient Survey issues and to contribute to the Trust's improvement plans.
- Considered the Trust's 2010/11 performance in respect of 15 Commissioning for Quality and Innovation (CQUIN) targets.
- Considered and supported the draft CQUIN proposals for 2011/12.

In accordance with a regulatory requirement for Foundation Trusts in respect of Data Quality, the Governors' Council agreed that in addition to the 62 day target (nationally determined), the Trust's VTE (Venous Thromboembolism) indicator would be subject to external audit.

Local Involvement Network Statement

"The Local Involvement Network (LINK) has reviewed The Queen Elizabeth Hospitals Quality account and is pleased to support it. The LINK would like to highlight it's view that more needs to be done on discharge and support for carers and we would welcome advancements in this area. We also welcome further work (for example, training and behaviour management) on acute end services for patients who suffer with dementia."

Trust Statement

We welcome the comments from NHS Norfolk, The Health Overview and Scrutiny Committee (HOSC) and Local Involvement Network (LINK) on our Quality Account 2010/11.

We are very encouraged by the fact that all our key stakeholders felt the scope for our Quality Accounts was comprehensive and that there were no additional areas to include. However, from the feedback we recognise that in subsequent years we must look at whether a different presentation might be helpful in some of the areas.

We now look forward to continuing to work closely with our stakeholders to improve the quality of healthcare we provide.

2010/11 Statement of Directors' responsibilities in respect of the quality account

The directors are required under the Health Act 2009 and the National Health Services (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of the Quality Account (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Account.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual*.
- The content of the Quality Report is consistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2010 to June 2011
 - Papers relating to Quality Report to the Board over the period April 2010 to June 2011
 - Feedback from commissioners - NHS Norfolk dated 16 May 2011

- Feedback from The Norfolk Health Overview and Scrutiny Committee dated 27 April 2011
- Feedback from governors dated 19 May 2011
- Feedback from LINKs dated 24 May 2011
- The 2011 national patient survey
- The 2011 national staff survey
- CQC quality and risk profiles dated 31 March 2011.

- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at <http://www.monitor-nhsft.gov.uk/annualreportingmanual>) as well as the standards to support data quality for the preparation of the Quality Report (available at <http://www.monitor-nhsft.gov.uk/annualreportingmanual>).

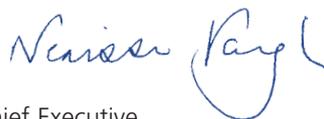
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account

By order of the Board



Chairman

3 June 2011



Chief Executive

3 June 2011

Independent Assurance Report to the Board of Governors of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Board of Governors of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust to perform an independent assurance engagement in respect of the content of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter

I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

Respective responsibilities of the Directors and auditor

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially inconsistent with:

Board minutes for the period April 2010 to March 2011.
Papers relating to Quality reported to the Board over the period April 2010 to March 2011.
Feedback from the Commissioners - NHS Norfolk - dated 16 May 2011.
Feedback from Governors dated 19 May 2011.
Feedback from LINKS dated 24 May 2011.
The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated March 2011;
The 2011 national patient survey
The 2011 national staff survey
The Head of Internal Audit's annual opinion over the trust's control environment dated 20 May 2011.
Care Quality Commission quality and risk profiles dated October and December 2011.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Board of Governors of The Queen Elizabeth Hospital King's Lynn Hospitals NHS Foundation Trust as a body, to assist the Board of Governors in reporting The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Board of Governors to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Board of Governors as a body and The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) - 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). My limited assurance procedures included:

Making enquiries of management;
Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
Reading the documents listed above.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Mark Hodgson

Officer of the Audit Commission
Audit Commission, 3rd Floor, Eastbrook,
Shaftesbury Road, Cambridge, CB2 8BF
6 June 2011



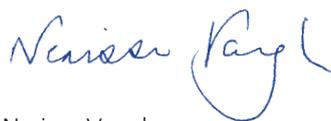
Directors' Statements

Statement of the Chief Executive's Responsibilities as Accounting Officer of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of the accounting officer, are set out in the Accounting Officers Memorandum issued by the Department of Health. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- Value for money is achieved from the resources available to the Trust
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- Effective and sound financial management systems are in place; and
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged my responsibilities set out in my letter of appointment as Accountable Officer.



Nerissa Vaughan
Chief Executive

Date: 3 June 2011

Statement of Directors' responsibilities in respect of the accounts of The Queen Elizabeth Hospital King's Lynn NHS Trust

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash

flows for the year. In preparing those accounts, directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

Statement on Internal Control - 1 April 2010 to 31 January 2011

The Queen Elizabeth Hospital King's Lynn NHS Trust

1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The Board has developed its governance arrangements around the requirements of national guidance in respect of risk management and assurance.

The Trust has mechanisms in place to facilitate effective working with key partners; regular reporting to and meetings with the Trust's Commissioners. These meetings are a forum to discuss performance, future plans and initiatives, ensuring the cohesion and co-ordination of services. The Trust also regularly reports to and meets with the Strategic Health Authority.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in The Queen Elizabeth Hospital King's Lynn NHS Trust for the accounting period 1 April 2010 to 31 January 2011 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Trust has a Risk Management Strategy which is regularly reviewed and updated, it provides a framework for managing risk and clearly lays out the delegation of responsibility to Executive Directors, managers, clinicians, and staff as appropriate. Executive Directors have been delegated responsibility for specific areas of risk management. The Chief Nurse is responsible for co-ordinating the management of organisational and clinical risk. The Director of Finance is responsible for the management of financial risk and for ensuring there are sound systems of financial control in place. The Chief Executive Officer is responsible for ensuring that risk management is integral to the corporate planning processes.

The Committee structure of the Trust ensures risks are regularly reviewed and appropriately managed. Staff are provided with risk management training and each ward or department has a designated risk champion. There are a range of Trust Policies available on the Trust's Intranet that describe the roles and responsibilities in relation to the identification and management of risk. The risk scoring matrix and risk assessment procedure have been reviewed to ensure that there is a consistent approach to both assessing and managing risk.

The Trust learns from good practice through internal audits, Clinical audits, performance management, peer reviews, continuing professional development, incidents and complaints. There are specialist advisors in place to continually develop policies and procedures, and to provide advice to managers and staff.

4. The risk and control framework

Board Assurance Framework and Risk Register

The Trust Board agrees and monitors the Board Assurance Framework and the high scoring risks on the risk register. The Board Assurance Framework sets out the principle risks to the delivery of the Trust's strategic objectives. Each

risk has a lead Executive Director assigned to it and details the controls in place to mitigate against it. Any gaps in controls are highlighted through this process allowing management action to be taken. The Board assesses residual risk against its key strategic aims once assurance is received that effective internal controls are in place.

Each division or department has a risk register which they review and update monthly, all high scoring risks are included on the Trust's central risk register. Risks are scored using a matrix system that takes account of the likelihood and impact of the risk if it were realised.

The Trust's main operational risks include:

- Temporary aseptic suite fails to meet accreditation standards - capital project to replace the temporary facility has just been completed and operational
- MRI scanner is unable to produce the quality of images required to provide accurate diagnosis - temporary mobile facility now in place with plans to permanently replace incorporated within the 2011/12 capital programme
- Lack of capacity within endoscopy has increased waiting lists - additional lists have been added and the option of putting in place an additional mobile screening unit is being investigated.

The Trust's key risks for the future include:

- Emergency activity continues to increase at current trend rates putting patients at higher risk and reducing the Trust's profitability - the Trust is working very closely with the PCT and other providers to deliver QIPP demand reduction schemes and delivery performance will be monitored by the Finance and Investment Committee
- The impact of the White Paper 'Equity and Excellence: Liberating the NHS' on this Trust will not be clear until the government has completed its review of the paper's scope - the Trust is working closely with relevant PBCs and other stakeholders to ensure that it is well placed to respond to the changes and take advantage of potential new freedoms
- Delivery of CIP plans - robust Programme Management protocols have been set up which detail clear accountability for delivery. Delivery performance is being monitored through regular programme, project and divisional management meetings.

The Queen Elizabeth Hospital NHS Foundation Trust is fully compliant with the requirements of registration with the Care Quality Commission.

Committee Structure

The Healthcare Governance Committee reports to the Board. This Committee monitors all high scoring and high value risks. There are currently two sub-committees that report to the Healthcare Governance Committee, each of these committees monitors risks relevant to their associated areas of the organisation, thus ensuring all

organisational risks are reported into a committee that has a reporting chain through to the Board, through the escalation of risk by exception.

The Finance and Investment Committee reports to the Board. This committee monitors and reviews the adequacy of the Trust's financial risk assessments, assumptions, sensitivities, mitigation plans and contingencies.

The Audit Committee reports to the Board; it receives reports from Internal Audit including the counter fraud service. Internal Audit agrees an annual plan with the Audit Committee; the work includes identifying and evaluating controls and testing their effectiveness, in accordance with NHS Internal Auditing Standards. Reports emanating from the reviews are submitted to the Audit Committee, where recommendations are made and action plans are agreed with managers. The recommendations and agreed actions are put onto the Outstanding Actions Database which is maintained by Internal Audit, updated by managers and reported back to the Audit Committee for monitoring.

The Audit Committee receives reports from external audit, including the annual management letter and other reports agreed as part of their annual plan.

The Audit Committee also receives the minutes of the Healthcare Governance Committee meetings and updates on action plans emanating from previous reviews or changes.

Information risk is managed through the Information Governance Committee, which reports into the Capacity and Infrastructure Committee. The Trust assessed compliance with the requirements of the Connecting for Health Information Governance (IG) Toolkit, and signed the annual IG statement of compliance in March 2011. It assessed itself as green with a compliance score of 71% which is a pre-requisite of unconditional registration with the Care Quality Commission. There have been no serious untoward incidents that require disclosure in relation to personal data.

Public and Staff

The public are involved in the risk management process within the Trust through their involvement in the Readers Panel and the Patient Experience Group (PEG). Also, a member of the public attends both the Capacity and Infrastructure Committee and the Healthcare Governance Committee.

Staff are expected to provide safe clinical practice, report incidents, accidents and potential hazards, be familiar with the Trust's Risk Management Strategy and departmental risk issues, comply with all Trust policies and procedures and take reasonable care of their own safety and the safety of others. Each specialty undergoes an annual review where a panel assesses evidence that the Trust's governance agenda is being adhered to.

There has been a considerable amount of work and training throughout the year, to ensure continuous improvements are made to the robustness of the Trust's business continuity plans, ensuring they are aligned across departments and with the organisation's risks.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Internal audit conducted an audit of the Trust's payroll systems during the accounting period and gave the opinion that good controls are in place.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation were complied with.

The Trust has undertaken a climate change risk assessment and developed an Adaptation Plan, to support its emergency preparedness and civil contingency requirements, as based on the UK Climate Projections 2009 (UKCP09), to ensure that this organisation's obligations under the Climate Change Act are met.

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal controls. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Although the focus of internal audit work is on internal controls, risk management and governance there have been a number of assignments that have reviewed economy, effectiveness and efficiency of the processes within other departments including Human Resources and Purchasing. Internal Audit also reviewed the Board Assurance Framework giving the opinion that good controls are in place. During the year, 18 audits were conducted in total and only one of those audits, relating to Microbiology Test Results, concluded that the controls in place provided only limited assurance. Robust management action plans have been agreed to address the risks and control weaknesses identified within each audit.

The overall level of assurance given by the Head of Internal Audit is significant.

As detailed above, the Board, its committees and sub-committees have a key role in maintaining and reviewing the effectiveness of the system of internal control.

I also gain assurance from executive managers within the organisation, who have responsibility for the development and maintenance of the system of internal control. The Board has received regular reports on risk, performance and clinical governance.

The Assurance Framework itself provides me with evidence that, the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by recommendations made by the external auditors in their management letter and other reports; the review mechanisms in place for the risk register, reviews undertaken by the Care Quality Commission and NHS Litigation Authority along with the declaration of compliance with Standards for Better Health core standards made to the Care Quality Commission.

The Trust declared full compliance with the Outcome Frameworks published by the Care Quality Commission and is unconditionally registered with the Care Quality Commission for the full range of services that it provides.

The Trust predicts it will achieve all annual compliance targets contained within the Monitor Compliance Framework.

The Trust underwent an assessment of its risk management standards by the NHS Litigation Authority in September 2009 and was successful in achieving compliance at level two. The Clinical Negligence Scheme for Trusts undertook an assessment of Maternity Risk Management standards in December 2009, the result of which was that maternity services maintained compliance at level one.

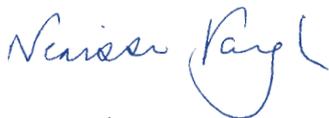
Recommendations made in reports received from the external auditors have been agreed and action plans developed.

I have been advised on the implications, of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Healthcare Governance Committee, Clinical Governance Committee, Capacity and Infrastructure Committee and Finance and Investment Committee.

Plans are in place to address weaknesses and ensure continuous improvement of the system.

As a result of my review I am satisfied that the Statement of Internal Control provides an accurate assessment of the control system in the Trust. With the exception of the internal control issues that I have outlined in this statement, my review confirms that The Queen Elizabeth Hospital Kings Lynn NHS Trust has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Signed on behalf of the Board on 3 June 2011.



Nerissa Vaughan
Chief Executive

Statement of the Chief Executive's Responsibilities as Accounting Officer of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including her responsibility for the propriety and regularity of the public finances for which she is answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the independent regulator of NHS Foundation Trusts, Monitor.

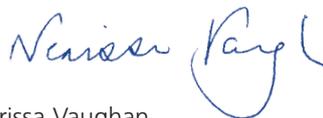
Under the National Health Service Act 2006, Monitor has directed The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the accounting officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual, and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements
- Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.



Nerissa Vaughan
Chief Executive

Date: 3 June 2011

Statement of Directors' responsibilities in respect of the accounts of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

Statement on Internal Control - 1 February 2011 to 31 March 2011

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

1. Scope of responsibility

As Accounting Officer and Chief Executive of the Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets, for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust for the accounting period 1st February 2011 to 31st March 2011 and up to the date of approval of the annual report and accounts. As such, the system relies on the controls and assurances present for the previous accounting period, 1st April 2010 to 31st January 2011.

3. Capacity to handle risk

The Trust has a Risk Management Strategy which is regularly reviewed and updated, it provides a framework for managing risk and clearly lays out the delegation of responsibility to Executive Directors, managers, clinicians, and staff as appropriate. Executive Directors have been delegated responsibility for specific areas of risk management. The Chief Nurse is responsible for co-ordinating the management of organisational and clinical risk. The Director of Finance is responsible for the management of financial risk and for ensuring there are sound systems of financial control in place. The Chief Executive Officer is responsible for ensuring that risk management is integral to the corporate planning processes.

The Committee structure of the Trust ensures risks are regularly reviewed and appropriately managed. Staff are provided with risk management training and each ward or department has a designated risk champion. There are a range of Trust Policies available on the Trust's Intranet that describe the roles and responsibilities in relation to the identification and management of risk. The risk scoring matrix and risk assessment procedure have been reviewed to ensure that there is a consistent approach to both assessing and managing risk.

The Trust learns from good practice through internal audits, Clinical audits, performance management, peer reviews, continuing professional development, incidents and complaints. There are specialist advisors in place to continually develop policies and procedures, and to provide advice to managers and staff.

4. The risk and control framework

Board Assurance Framework and Risk Register

The Trust Board agrees and monitors the Board Assurance Framework and the high scoring risks on the risk register. The Board Assurance Framework sets out the principle risks to the delivery of the Trust's strategic objectives. Each risk has a lead Executive Director assigned to it and details the controls in place to mitigate against it. Any gaps in controls are highlighted through this process allowing management action to be taken. The Board assesses residual risk against its key strategic aims once assurance is received that effective internal controls are in place.

Each division or department has a risk register which they review and update monthly, all high scoring risks are included on the Trust's central risk register. Risks are scored using a matrix system that takes account of the likelihood and impact of the risk if it were realised.

The Trust continues to focus on managing the risks relating to data security. The Trust Board has overall responsibility and has nominated a Director to fulfil the role of Senior Information Risk Officer (SIRO).

The Trust submitted its Department of Health Information Governance (IG) Toolkit in March 2011. This evidenced the Trust's compliance with IG standards, achieving a score of 71% and a green rating. Internal audit also undertook a review of the systems and processes supporting the Trust's submission and issued an opinion of 'excellent assurance'.

The Trust's main operational risks include :

- Temporary aseptic suite fails to meet accreditation standards - capital project to replace the temporary facility has just been completed and operational
- MRI scanner is unable to produce the quality of images required to provide accurate diagnosis - temporary mobile facility now in place with plans to permanently replace incorporated within the 2011/12 capital programme
- Lack of capacity within endoscopy has increased waiting lists - additional lists have been added and the option of putting in place an additional mobile screening unit is being investigated.

The Trust's key risks for the future include:

- Emergency activity continues to increase at current trend rates putting patients at higher risk and reducing the Trust's profitability - the Trust is working very closely with the PCT and other providers to deliver QIPP demand reduction schemes and delivery performance will be monitored by the Finance and Investment Committee
- The impact of the White Paper 'Equity and Excellence: Liberating the NHS' on this Trust will not be clear until the government has completed its review of the paper's scope - the Trust is working closely with relevant PBCs and other stakeholders to ensure that it is well placed to

respond to the changes and take advantage of potential new freedoms

- Delivery of CIP plans - robust Programme Management protocols have been set up which detail clear accountability for delivery. Delivery performance is being monitored through regular programme, project and divisional management meetings.

The Queen Elizabeth Hospital NHS Foundation Trust is fully compliant with the requirements of registration with the Care Quality Commission.

Committee Structure

The Healthcare Governance Committee reports to the Board. This Committee monitors all high scoring and high value risks. There are currently two sub-committees that report to the Healthcare Governance Committee, each of these committees monitors risks relevant to their associated areas of the organisation, thus ensuring all organisational risks are reported into a committee that has a reporting chain through to the Board, through the escalation of risk by exception.

The Finance and Investment Committee reports to the Board. This committee monitors and reviews the adequacy of the Trust's financial risk assessments, assumptions, sensitivities, mitigation plans and contingencies.

The Audit Committee reports to the Board; it receives reports from Internal Audit including the counter fraud service. Internal Audit agrees an annual plan with the Audit Committee; the work includes identifying and evaluating controls and testing their effectiveness, in accordance with NHS Internal Auditing Standards. Reports emanating from the reviews are submitted to the Audit Committee, where recommendations are made and action plans are agreed with managers. The recommendations and agreed actions are put onto the Outstanding Actions Database which is maintained by Internal Audit, updated by managers and reported back to the Audit Committee for monitoring.

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Public and Staff

The public are involved in the risk management process within the Trust through their involvement in the Readers Panel and the Patient Experience Group (PEG). Also, a member of the public attends both the Capacity and Infrastructure Committee and the Healthcare Governance Committee.

Staff are expected to provide safe clinical practice, report incidents, accidents and potential hazards, be familiar with the Trust's Risk Management Strategy and departmental risk issues, comply with all Trust policies and procedures and take reasonable care of their own safety and the safety of others. Each specialty undergoes an annual review where a panel assesses evidence that the Trust's governance agenda is being adhered to.

There has been a considerable amount of work and training throughout the year, to ensure continuous improvements are made to the robustness of the Trust's business continuity plans, ensuring they are aligned across departments and with the organisation's risks.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Internal audit conducted an audit of the Trust's payroll systems and gave the opinion that good controls are in place.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation were complied with.

The Trust has undertaken a climate change risk assessment and developed an Adaptation Plan, to support its emergency preparedness and civil contingency requirements, as based on the UK Climate Projections 2009 (UKCP09), to ensure that this organisation's obligations under the Climate Change Act are met.

5. Review of economy, efficiency and effectiveness of the use of resources

Each year the Board of Directors agree budget and plan targets that incorporate significant efficiency improvement requirements. The delivery of those efficiency improvements is monitored by the Trust's Programme Management Office and monthly meetings take place with Executive Directors to review performance. A monthly performance report is also reviewed at the Finance and Investment Committee.

The Board of Directors have specified within the Standing Financial Instructions and Scheme of Delegation the appropriate delegated authority levels throughout the Trust. Executive Directors and managers have responsibility for the effective management and

deployment of their staff and other resources to optimise the efficiency of each division.

The Board of Directors receive both performance and financial reports at each of its meetings and receive reports from the chairs of its committees to which it has delegated powers and responsibilities. In addition, from time to time the Board receives further assurance from benchmarking exercises.

A non-executive Director of the Board chairs the Audit Committee with regular attendance by representatives from both the Trust's internal and external auditors. The Committee reviews and agrees audit plans with both internal and external auditors, focussing work on the areas of highest priority.

6. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

We have presented our Quality Accounts as part of our Annual Report and Accounts based on a range of indicators that were agreed by the Board and that are monitored on a regular basis through Patient Experience and Patient Safety reports. The Trust Board is satisfied that the messages within the Quality Account accurately reflect the information that it has received on a regular basis. The report has been shared with the Trust's commissioners, governors, Overview and Scrutiny Committee and LiNKs, all of whom have been given the opportunity to provide formal comment for publication within the report.

The Board has taken assurance on the quality of data included in the report from the following sources:

- Internal audit reports
- The Audit Commission Reports on Payment by Results - where data quality and governance were assessed
- The Information Governance Toolkit assessment
- External benchmarking from Dr Foster and CHKS.

The Quality Accounts process is led jointly by the Director of Performance and Informatics, the Medical Director and the Chief Nurse.

7. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal controls. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Although the focus of internal audit work is on internal controls, risk management and governance there have been a number

of assignments that have reviewed economy, effectiveness and efficiency of the processes within other departments including Human Resources and Purchasing. Internal Audit also reviewed the Board Assurance Framework giving the opinion that good controls are in place. During the year, 18 audits were conducted in total and only one of those audits, relating to Microbiology Test Results, concluded that the controls in place provided only limited assurance. Robust management action plans have been agreed to address the risks and control weaknesses identified within each audit.

The overall level of assurance given by the Head of Internal Audit is significant.

As detailed above, the Board, its committees and sub-committees have a key role in maintaining and reviewing the effectiveness of the system of internal control.

I also gain assurance from executive managers within the organisation, who have responsibility for the development and maintenance of the system of internal control. The Board has received regular reports on risk, performance and clinical governance.

The Assurance Framework itself provides me with evidence that, the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by recommendations made by the external auditors in their management letter and other reports; the review mechanisms in place for the risk register, reviews undertaken by the Care Quality Commission and NHS Litigation Authority along with the declaration of compliance with Standards for Better Health core standards made to the Care Quality Commission.

The Trust declared full compliance with the Outcome Frameworks published by the Care Quality Commission and is unconditionally registered with the Care Quality Commission for the full range of services that it provides.

The Trust predicts it will achieve all annual compliance targets contained within the Monitor Compliance Framework.

The Trust underwent an assessment of its risk management standards by the NHS Litigation Authority in September 2009 and was successful in achieving compliance at level two. The Clinical Negligence Scheme for Trusts undertook an assessment of Maternity Risk Management standards in December 2009, the result of which was that maternity services maintained compliance at level one.

Recommendations made in reports received from the external auditors have been agreed and action plans developed.

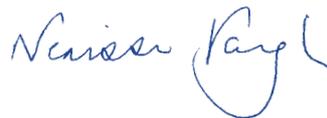
I have been advised on the implications, of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Healthcare Governance Committee, Clinical Governance Committee, Capacity and Infrastructure Committee and Finance and Investment Committee.

Plans are in place to address weaknesses and ensure continuous improvement of the system.

8. Conclusion

There are no significant control issues which have been identified.

Signed on behalf of the Board on 3 June 2011.



Nerissa Vaughan
Chief Executive



Operating Financial Review

Summary Financial Report

This annual report has been prepared to reflect the activities and financial position of The Queen Elizabeth Hospital King's Lynn NHS Trust for the period up until 31 January 2011 and The Queen Elizabeth Hospital NHS Foundation Trust for the period from 1 February 2011 to 31 March 2011.

On 1 February 2011, The Queen Elizabeth Hospital King's Lynn became a Foundation Trust and as a result, the performance has been split into two parts - the first ten months of the financial year as an NHS Trust and the last two months as a Foundation Trust.

During the year, we met the three key financial targets - break even, our External Financing Limit and our Capital Resource Limit. Plans submitted to the East of England Strategic Health Authority were used to monitor our financial performance during the year.

The income that the Trust generated related primarily to the patient services provided at The QEH in King's Lynn and came predominantly through three service arrangements with our primary PCTs, NHS Norfolk, NHS Cambridgeshire and NHS Lincolnshire. The form of these service arrangements was based largely on the national Payment by Results tariff.

Our retained surpluses for the financial year ending 31 March 2011 were £2.0m for the first ten months and £0.7m for the last two months, which totalled £2.7m for the full financial year (compared to £4.5m for 2009/10). We made no significant changes to accounting policy during the year.

The number of emergency patients continued to increase in 2010/11 (activity levels were 4.6% higher than in 2009/10) and provided significant operational challenges for the Trust, particularly during January and March. The additional activity led to higher than planned front-line costs, although the Trust did succeed in reducing its reliance on agency staffing compared to the previous year. The partial emergency cap was also introduced in 2010/11, which meant that the Trust only received 30% of the national tariff for emergency income above 2008/9 levels. The impact of the cap reduced the Trust's income (and surplus) by £3.6m.

The operational budget set at the start of the financial year assumed that a number of schemes to reduce acute activity levels would be implemented during the second half of the year. However, the planned schemes did not deliver the predicted reductions and so the higher number of emergency patients combined with an outbreak of VRE (*vancomycin-resistant enterococcus*) in March, disrupted the Trust's ability to deliver the planned level of elective care at several points during the year. As a result, the Trust under-delivered against its elective plan targets and incurred additional costs at various times of the year to ensure that waiting list targets were met.

The number of outpatients seen by the Trust was 7.5% higher than in 2009/10. During 2010/11, the Trust was successful in reducing the number of patients failing to turn up for appointments, reducing the number of DNAs (Did Not Attend) from 7.2% to 6.2%.

During 2010/11, the Trust also improved the way in which it deals with *norovirus* outbreaks and consequently the impact of *norovirus* on the Trust's performance during the fourth quarter of 2010/11 was greatly reduced from that seen in the fourth quarter of 2009/10.

The Trust has continued to work with its commissioners to improve the services it provides and a number of service enhancements were delivered during the year, the largest of which significantly improved the recovery prospects of individuals in the region who have suffered a stroke.

Our budgeted clinical income for 2011/12 has decreased, when compared to 2010/11 full year actual income, by 0.5%. On average, the 'Payments by Results' tariff reduced by 1.5% but a combination of additional activity and agreed revenue developments meant that overall Trust income is only budgeted to reduce by 0.5% from 2010/11 outturn. The expected reduction in income associated with the partial cap on emergency revenues has also been incorporated.

Unavoidable increases in the cost base (for example pay awards, National Insurance, VAT, clinical insurance premiums) exceeded the increase in clinical income and so we put in place an efficiency improvement programme to ensure that we deliver our targeted surplus of £2.0m in 2011/12.

One of the biggest threats to achieving the planned surplus for 2011/12 will be if emergency activity continues at or increases from its current level (increasing risks to patient safety, resulting in higher costs and lower revenues for the Trust, and increasing the cost of delivering the elective plan). As a result of this, during 2011/12 the Trust will be working very hard with its commissioners to support initiatives aimed at reducing emergency activity. A much more tightly controlled programme management structure is in place to drive delivery and work has already started on a number of new initiatives.

The key focus areas for the Trust during 2011/12 are to continue to achieve national quality standards and improve the quality of services provided, to support the demand management initiatives needed to stem the increases in emergency activity and to embed and deliver the efficiency plans.

Going Concern

The Board of Directors assessed the business against a range of events and conditions that could either individually or collectively cast doubt on a going concern assumption. The Board confirmed that, taking the known risks and uncertainties into account, it was deemed appropriate for the Trust's accounts to be prepared on a 'going concern' basis.

Independent Auditor's Report to the Board of Governors of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Opinion on the summary financial statements

I have examined the summary financial statements for the year ended 31 March 2011 which comprises the Statement of Comprehensive Income, the Statement of Financial Position and the Statement of Cash Flow.

This report is made solely to the Board of Governors of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My audit work has been undertaken so that I might state to the Board of Governors those matters I am required to state to it in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for this report or for the opinions I have formed.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the respective statutory financial statements of The Queen Elizabeth Hospital King's Lynn NHS Trust for the period ending 31 January 2011 and The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust for the period ended 31 March 2011.

I have not considered the effects of any events between the date on which I signed my reports on the statutory financial statements 6 June 2011 and the date of this statement.

Mark Hodgson

Officer of the Audit Commission
Audit Commission, 3rd Floor, Eastbrook,
Shaftesbury Road, Cambridge, CB2 8BF
6 June 2011

Summary Accounts

The Trust was authorised as a foundation trust on 1 February 2011. The period 1 February 2011 to 31 March 2011 is the first period of two months of accounting as an NHS Foundation Trust.

The accounts are prepared in accordance with the 2010/11 NHS Foundation Trust Annual Reporting Manual issued by Monitor, the Independent Regulator of NHS Foundation Trusts.

Statement of Comprehensive Income

Income for the ten month period to 31 January 2011 as an NHS Trust and the two month period to 31 March 2010 as a Foundation Trust

	£'000 1/04/10 - 31/01/11	£'000 1/02/11 - 31/03/11	£'000 2010/11 Total	£'000 2009/10 Total
Operating Income from continuing activities	136,680	28,066	164,746	155,733
Operating Expenses from continuing activities	(132,998)	(26,922)	(159,920)	(148,983)
OPERATING SURPLUS	3,682	1,144	4,826	6,750
FINANCE COSTS				
Finance Income	18	3	21	32
Finance Expense - financial liabilities	(133)	(25)	(158)	(241)
Finance Expense - unwinding of discount on provisions	-	(3)	(3)	-
Other gains and losses	(74)	-	(74)	(240)
Dividends payable on Public Dividend Capital	(1,562)	(272)	(1,834)	(1,791)
NET FINANCE COSTS	(1,751)	(297)	(2,048)	(2,240)
SURPLUS	1,931	847	2,778	4,510
Other Comprehensive Income				
Receipt of donated assets	206	50	256	100
Impairments and reversals	22	-	22	(4,832)
Other Reserve movements	(299)	51	(248)	(385)
TOTAL COMPREHENSIVE INCOME	1,860	948	2,808	(607)

Statement of Financial Position

As at 31 January 2011 and 31 March 2011

	As at 31 January 2011	As at 31 March 2011	As At 31 March 2010
NON CURRENT ASSETS			
Intangibles	48	46	65
Property, Plant and Equipment	68,155	69,352	65,041
Trade and other receivables	759	764	940
Total Non-current Assets	68,962	70,162	66,046
Current Assets			
Inventories	2,296	2,379	2,234
Trade and other receivables	8,203	8,581	4,619
Cash and cash equivalents	4,226	7,163	8,078
Total Current Assets	14,725	18,123	14,931
Current Liabilities			
Trade and other payables	(11,535)	(10,694)	(13,352)
Borrowings	(802)	(802)	(512)
Provisions	(122)	(124)	(173)
Tax Payable	-	(2,322)	-
Other Liabilities	-	(2,742)	-
Total Current Liabilities	(12,459)	(16,684)	(14,037)
Total Assets less Current Liabilities	71,228	71,601	66,940
Non-Current Liabilities			
Trade and other payables	-	-	-
Borrowings	(4,702)	(4,332)	(2,285)
Provisions	(440)	(403)	(429)
Other Liabilities	(578)	(573)	(578)
Total Non-current Liabilities	(5,720)	(5,308)	(3,292)
TOTAL ASSETS EMPLOYED	65,508	66,293	63,648
Financed by - taxpayers equity			
Public Dividend Capital	44,812	44,812	44,812
Revaluation Reserve	13,966	13,779	14,403
Donated Asset Reserve	4,858	4,857	5,121
Income and Expenditure Reserve	1,872	2,845	(688)
TOTAL TAXPAYERS EQUITY	65,508	66,293	63,648

Statement of Cashflow

For the periods ending 31 January 2011 and 31 March 2011

	£'000 1/04/10 - 31/01/11	£'000 1/02/11 - 31/03/11	£'000 2010/11 Total	£'000 2009/10 Total
Operating Surplus	3,682	1,144	4,826	6,750
Non-cash income and expense				
Depreciation and amortisation	4,058	818	4,876	4,717
Impairments	145	-	145	-
Transfer from the donated asset and government reserve	(299)	(45)	(344)	(385)
(Increase)/Decrease in trade and other receivables	(3,498)	(377)	(3,875)	35
Increase in Inventories	(62)	(83)	(145)	(250)
Increase/(Decrease) in trade and other payables	(2,459)	4,329	1,870	2,156
Increase/(Decrease) in other liabilities		-	-	(20)
(Decrease)/Increase in provisions	(49)	(37)	(86)	19
Other movements in operating cashflows				
Net Cash Generated from Operations	1,518	5,749	7,267	13,022
Cash Flows from Investing Activities				
Interest received	18	3	21	32
Purchase of Property, Plant and Equipment	(7,279)	(1,444)	(8,723)	(8,013)
Net Cash Used in Investing Activities	(7,261)	(1,441)	(8,702)	(7,981)
Cash Flows from Financing Activities				
Loans received	3,000	-	3,000	-
Loans repaid	(218)	(371)	(589)	(2,538)
Interest paid	(69)	(82)	(151)	(246)
Capital element of finance lease rentals				
Interest element of finance lease				
PDC Dividend paid	(822)	(918)	(1,740)	(1,791)
Net Cash used in Financing Activities	1,891	(1,371)	520	(4,575)
(Decrease)/Increase in Cash and Cash Equivalents	(3,852)	2,937	(915)	466
Opening cash and cash equivalents	8,078	4,226	8,078	7,612
Cash and cash equivalents at 31 March	4,226	7,163	7,163	8,078

Elements of Remuneration

Salary

Salaries are renewed annually, taking into account external market levels and internal comparisons as well as individual's responsibilities and overall performance against annually agreed objectives. The basic salary is paid as a fixed monthly sum and there is no separate payment or bonus related directly to performance.

Pensions

All Executive Directors are eligible to participate in the NHS Pension Scheme that provides salary-related pension benefits on a defined benefit basis.

Employment Contracts

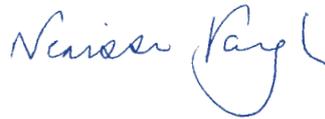
The policy of the Remuneration Committee is for the contracts of employment of Executive Directors to a maximum notice period of six months. Each contract expires on the pensionable age of the individual, which is the normal NHS retirement age, but is subject to earlier termination for cause or if notice is given under the contract. There is no entitlement to any additional remuneration in the event of early termination other than in the case of termination on the grounds of redundancy.

Remuneration Received

The remuneration of the Board of Directors appointed or leaving during the year is included in respect of their period of membership only.

Details of remuneration and audited information.

Details of Directors' remuneration for the years ended 31 March 2011 and 2010 are set out in the table on page 81.



Nerissa Vaughan
Chief Executive

Date: 3 June 2011

Foundation Trust Audited Directors Remuneration Report

		1 Feb - 31 Mar 2011		1 April - 31 Jan 2011		Pension Benefits							
		Salary	Benefits in kind	Salary	Benefits in kind	Real increase in pension at 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 as at 31 March 2011	Lump sum at age 60 related to pension accrued at 31 Mar 2011	Cash equivalent transfer value at 31 March 2011	Cash equivalent transfer value as at 31 Jan 2011	Real increase in cash equivalent transfer value	Employers contribution to stakeholder pension
		Bands of £5,000	To the nearest £10	Bands of £5,000	To the nearest £10	To the nearest £2,500	To the nearest £2,500	To the nearest £5,000	To the nearest £5,000	To the nearest £1,000	To the nearest £1,000	To the nearest £1,000	To the nearest £1,000
C Preston (from 23/11/2009)	Finance Director	15-20	950	95-100	4,960	-	-	5	-	37	35	2	3
B Cummings	Director of Performance & Informatics	15-20	-	85-90	-	-	2.5	100	75	353	350	4	2
J Fletcher	Commercial Director	10-15	-	75-80	-	-	-	5	-	50	37	13	2
K Gordon	Chairman	0-5	-	15-20	-	-	-	-	-	-	-	-	-
S Haney	Non-Executive	0-5	-	5-10	-	-	-	-	-	-	-	-	-
N Harrison	Non-Executive	0-5	-	5-10	-	-	-	-	-	-	-	-	-
G Hunnam	Medical Director	25-30	-	150-155	-	-	2.5	280	210	1,523	1,527	(4)	4
C Townsend (to 30/10/2009)	Non-Executive	-	-	-	-	-	-	-	-	-	-	-	-
N Vaughan	Chief Executive	20-25	-	115-120	-	(30)	-	125	90	395	393	2	3
S Green (from 1/6/2009)	Non-Executive	0-5	-	5-10	-	-	-	-	-	-	-	-	-
M Henry (from 1/5/2009)	Director of Operations	15-20	-	85-90	-	-	5	150	110	654	637	17	3
N Scanlon (to 22/9/2011)	Chief Nurse /Dep CEO	-	-	50-55	-	-	-	-	-	-	-	-	-
J Hillier	Non-Executive	0-5	-	5-10	-	-	-	-	-	-	-	-	-
J Robinson (from 1/10/2009)	Non-Executive	0-5	-	5-10	-	-	-	-	-	-	-	-	-
J Bate	HR Director	15-20	-	85-90	-	-	-	60	45	214	209	5	2
G Wilson (from 31/1/2011)	Chief Nurse	15-20	-	-	-	7.5	20	185	140	779	740	40	3

The benefits in kind relate to a car provided to the Finance Director

The Government Actuary Department ("GAD") factors for the calculation of Cash Equivalent Transfer Factors ("CETVs") assume that benefits are indexed in line with CPI which is expected to be lower than RPI which was used previously and hence will tend to produce lower transfer values.

Notes

Notes

The Queen Elizabeth Hospital 
King's Lynn
NHS Foundation Trust

If you would like to receive a copy of this annual review in a different format,
eg. Braille, audio or translated, please contact
Richard Humphries on 01553 613216

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