



**The Queen Elizabeth
Hospital King's Lynn**
NHS Foundation Trust


Update from QEH

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Good news for the Trust

- The CQC carried out an unannounced inspection in December 2021
 - They inspected three core services – Medicine, Urgent and Emergency Care (including the Emergency Department) and Critical Care
 - They returned in January 2022 to complete the Well-Led element of the inspection
 - We have been rated **'Good'** for **Well-Led, Caring and Effective**
 - All three services inspected were rated **'Good'** overall
 - The Trust has been lifted **out of 'special measures'**, where it was placed in 2018
 - QEH was one of the first Trusts in the country to be recommended to be lifted out of segment 4 of the System Oversight Framework, meaning we no longer require 'mandated intensive support' from our Regulator
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Our progress – a picture paints a thousand words

2019

	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent & Emergency Care	Inadequate ↔ July 2019	Inadequate ↓ July 2019	Requires Improvement ↓ July 2019	Requires Improvement ↔ July 2019	Inadequate ↔ July 2019	Inadequate ↔ July 2019
Medicine	Inadequate ↔ July 2019	Inadequate ↓ July 2019	Requires Improvement ↔ July 2019	Requires Improvement ↔ July 2019	Inadequate ↔ July 2019	Inadequate ↔ July 2019
Surgery	Requires Improvement ↔ July 2019	Good ↑ July 2019	Good ↔ July 2019	Requires Improvement ↔ July 2019	Good ↑ July 2019	Requires Improvement ↔ July 2019
Critical Care	Good July 2015	Good July 2015	Good July 2015	Good July 2015	Good July 2015	Good July 2015
Maternity	Requires Improvement ↑ July 2019	Good ↑ July 2019	Good ↔ July 2019	Good ↑↑ July 2019	Requires Improvement ↑ July 2019	Requires Improvement ↑ July 2019
Gynaecology	Requires Improvement July 2019	Good July 2019	Good July 2019	Requires Improvement July 2019	Requires Improvement July 2019	Requires Improvement July 2019
Services for Children and Young People	Good ↔ July 2019	Good ↔ July 2019	Good ↔ July 2019	Good ↔ July 2019	Requires Improvement ↓ July 2019	Good ↔ July 2019
End of Life Care	Requires Improvement ↔ July 2019	Inadequate ↔ July 2019	Good ↔ July 2019	Inadequate ↓ July 2019	Inadequate ↓ July 2019	Inadequate ↓ July 2019
Outpatients	Good ↑ July 2019	Not rated	Good ↔ July 2019	Requires Improvement ↔ July 2019	Requires Improvement ↔ July 2019	Requires Improvement ↔ July 2019
Diagnostic Imaging	Inadequate ↓ July 2019	Not rated	Good ↔ July 2019	Requires Improvement ↔ July 2019	Inadequate ↓ July 2019	Inadequate ↓ July 2019
Overall Trust 2019	Inadequate ↔ July 2019	Inadequate ↓ July 2019	Requires Improvement ↓ July 2019	Requires Improvement ↔ July 2019	Inadequate ↔ July 2019	Inadequate ↔ July 2019

2022

	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent & Emergency Care	Good ↑ Feb 2022	Good ↑ Feb 2022	Not rated	Requires Improvement ↔ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022
Medicine	Requires Improvement ↓ Feb 2022	Good ↑ Feb 2022	Good ↔ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022
Surgery	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Critical Care	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Outstanding ↑ Feb 2022	Good ↔ Feb 2022
Maternity	Requires Improvement Dec 2020	Good July 2019	Good July 2019	Good July 2019	Requires Improvement Dec 2020	Requires Improvement Dec 2020
Gynaecology	Requires Improvement July 2019	Good July 2019	Good July 2019	Requires Improvement July 2019	Requires Improvement July 2019	Requires Improvement July 2019
Services for Children and Young People	Good July 2019	Good July 2019	Good July 2019	Good July 2019	Requires Improvement July 2019	Good July 2019
End of Life Care	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Outpatients	Good July 2019	Not rated	Good July 2019	Requires Improvement July 2019	Requires Improvement July 2019	Requires Improvement July 2019
Diagnostic Imaging	Requires Improvement Dec 2020	Not rated	Good July 2019	Requires Improvement July 2019	Requires Improvement Dec 2020	Requires Improvement Dec 2020
Overall Trust 2022	Requires Improvement ↑ Feb 2022	Good ↑↑ Feb 2022	Good ↑ Feb 2022	Requires Improvement ↔ Feb 2022	Good ↑↑ Feb 2022	Requires Improvement ↑ Feb 2022

Areas for improvement

Inspections are always an opportunity to learn


- 4 'must dos' and 9 'should dos' in our 2022 report
- A huge improvement on 206 'must' and 'should dos' and condition and section warning notices in 2019
- The 'must dos' relate to
 - timeliness of care for our emergency and elective patients
 - maintenance of resuscitation equipment
 - safe and secure storage of patient records and medicines

These are informing the next chapter of our improvement journey.




Performance – Urgent & Emergency Care

Context

- **Our Emergency Department is not big enough to meet today's demand**
 - ED designed for 30,000 patients per year and we now see >70,000 per year (130% increase in demand) – so the department has now more than doubly outgrown its footprint (physical environment and constraints is a challenge)
 - **10% increase in ED attendances post COVID versus pre-COVID**
 - **Emergency admissions via ED have increased by over 100 patients per month compared to 2019/20**
 - **Bed occupancy running very high (circa 98%) – meaning the hospital is full almost all of the time**
 - 92% is recommended
 - **Patient length of stay (7, 14 and 21 days) has increased compared to 2019/20**
 - **Ambulance handover performance has deteriorated – reflecting the pressures in the system**
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UEC Improvement Programme

- 8 workstreams:
 - **Pre-arrival** (preventing avoidable attendance at our Emergency Department)
 - **GP Front Door** (to prevent avoidable attendance at ED through streaming of patients to the GP front door service)
 - **Emergency Department** (to improve 4-hour performance and reduce ambulance handover delays)
 - **Assessment & Same Day Emergency Care** (to provide sufficient capacity to pull patients from ED within 60-mins and enable direct referral from primary care and ambulance services)
 - **Clinical Support Services** (to provide timely access to diagnostics for Urgent and Emergency Care services)
 - **Wards, Virtual Ward & Discharge** (to fully embed the SAFER bundle of care and support earlier discharge)
 - **Site management** (to provide effective site management, ensuring that patients are cared for in the most appropriate ward or department, moves are minimised and robust escalation processes are embedded)
 - **Communication & engagement** (to provide consistent and effective communication for the programme and at times of escalation)
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Progress to date

GP Front Door service started on 4 January 2022

- Activity has increased from an average of 152 per week (22 per day) in January to 196 per week (28 per day) in April 2022

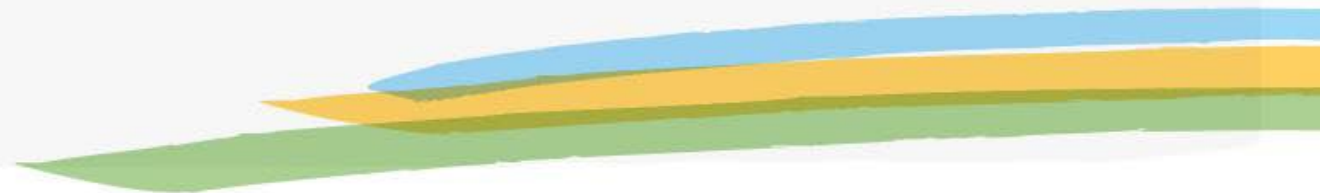
'QEH at Home' service started on 4 April 2022 supporting earlier discharge, providing care and treatment at home

- To date, 8 patients have been supported to return home, saving 32 bed days

Care of the Elderly advice line in place for GPs and the Ambulance Service to access – all calls taken by a Consultant


Planned further **expansion of the Same Day Emergency Care Unit** to increase capacity and enable ambulance crews to present directly to SDEC where clinically appropriate

Planned **expansion of the Emergency Department** and **co-location of the Acute Medical Floor** – to increase capacity and better integrate services



Performance – Elective Care

Context

- Across the NHS, the COVID-19 pandemic has had significant impact on waiting times for elective care
 - Throughout the pandemic we have prioritised cancer and clinically-urgent operations
 - QEH was the only Trust in Norfolk and Waveney to achieve the national standard of 0 patients waiting >104-weeks for treatment as at the end of March 2022 (unless patients choose to wait)
 - Having a ring-fenced elective facility in the Sandringham Unit is helping us to maintain our elective programme
 - Our new Endoscopy Unit will provide additional capacity and will also free up theatre sessions in the Day Surgery Unit
 - At the end of March 2022, we had 646 patients waiting >52 weeks for treatment, however, we are beginning to reduce this
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Elective Care Improvement Programme


Outpatients

- We continue to offer remote consultations by telephone or video, where this is clinically appropriate
- We are implementing patient initiated follow-ups where patients do not need routine follow up appointments and can instead contact us when they need to be seen
- We offer advice and guidance to GPs so that patients can be managed in primary care where appropriate

Diagnostics

- We have additional capacity in place MRI and CT and we have two new MRI scanners being installed this Autumn
- We clinically prioritise all patients waiting for diagnostic tests
- We are reviewing clinical pathways to follow best practice in requesting diagnostic tests

Theatres

- We are improving our pre-operative services to make sure patients are as ready as possible for surgery
 - We are reviewing our theatre productivity and efficiency to make sure we are fully utilising our theatre lists
 - We continue to look at how we see and treat as many patients as possible as a day case
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Progress to date

Advice and guidance – all services have a Referral Assessment Service where this is clinically appropriate

- This allows more effective triage of new patients to ensure they are seen in the right clinic first time
- GPs can request advice and guidance rather than a hospital appointment

Patient Initiated Follow-Up

- 17 specialities have to date adopted PIFU processes and this has been fully implemented in Therapies, achieving 25% of all appointments in 2022 to date. 2% of all activity has been converted to PIFU, in line with the national planning guidance

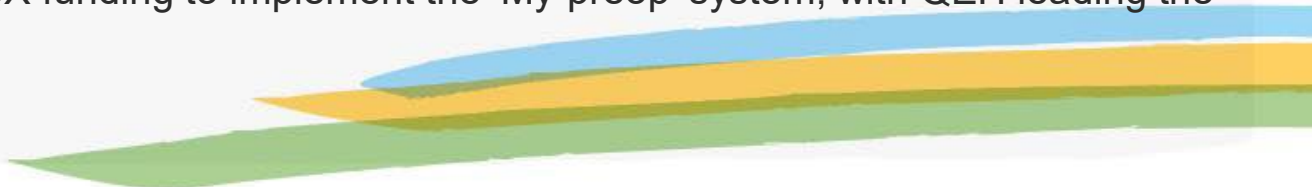
Demand and capacity modelling has been completed for all specialties

- This has been used to inform our business planning for 2022/23 so we know what capacity we need to meet our patient demand

Implementing the National Clinical Prioritisation Programme for Diagnostics

- The programme is now complete and is now the practice embedded within the Trust's Diagnostic booking processes, all diagnostic patients have a clinical priority which is used to ensure booking priorities for cancer, urgent and routine tests

Pre-operative assessment

- A successful bid has been submitted and approved for NHSX funding to implement the 'My-preop' system, with QEH leading the project for the Integrated Care System
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Modernising our hospital & maximising safety

- We were awarded £20.6m emergency national capital funding to modernise our hospital in 2021/22
- This has enabled us to undertake a number of really exciting projects which are significantly modernising our hospital and in turn further improving the experience of our patients, their families and staff including:
 - building a state-of-the art Endoscopy Unit due to open June/July 2022
 - creating a new Outpatient Unit (part of the Fermoy Unit) called the Emerson Unit which opened January 2022
 - undertaking a series of ward upgrades, including creating a dementia-friendly care of the elderly ward (opening May 2022), and a maternity ward (opening July 2022)
- This funding has also allowed the installation of failsafes (to reduce the risk of RAAC plank failures) which will improve the safety and delivery of some services – and provide the necessary ward and theatre decant space to allow a rolling programme of failsafes to be installed across the first floor of the hospital
- We can only address 8% of our RAAC issues with the funding we have for 2021/22 and we estimate it will cost £130m to keep our hospital ‘safe and compliant’
- RAAC funding for years 2-4 is £90m (business case has been approved by the Board and is now with NHSE/I for approval). This will allow year 2 of RAAC (£30m) to begin with a rolling programme of failsafes being installed across the first floor of the hospital (6 wards a year including theatres) as we continue to address the challenges with RAAC. This investment is to maximise safety and does not create additional ward capacity or extend the life of the hospital

Our case to bring a new hospital to King's Lynn & West Norfolk

- Trust Board is very clear that a new hospital is the only long-term sustainable solution to the challenges we face
- We have a strong case – it will cost £800m just to keep the doors open and continue with 'business as usual' until 2030 – almost the same cost as a brand-new hospital
- In September 2021, we submitted two Expressions of Interest to the Department of Health and Social Care in a bid to be one of the Government's eight further new hospital schemes
- One for a single-phase full new build (our preferred option) and one for a multi-phase build, part new build and part refurbishment
- The Trust's Expressions of Interest have been reviewed and considered by the regional team ahead of a decision nationally
- We are on track to complete our Strategic Outline Case in June 2022
- Our preferred scheme is the only option that will complete by our 2030 deadline in addition to bringing the full benefits of a new hospital for patients and staff

'Masterplan' for a new hospital on current site

