Agenda item 11

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

Year 2 – Quarter 3 Corporate Strategy Update

EXCELLENCE STARTS HERE

Board of Directors
1 February 2022

OUR STRATEGIC OBJECTIVES

Our Corporate Strategy includes six clear strategic objectives, each with Executive Director leads (see below).

Each of the overarching strategic objectives has a range of underpinning Key Performance Indicators (KPIs).

We will publish progress reports on a quarterley basis, to be open and transparent with our patients, partners and staff about 'how we're doing'.

STRATEGIC OBJECTIVE 1

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

Executive Lead: Chief Nurse

STRATEGIC OBJECTIVE 2

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

Executive Lead: Director of Finance

STRATEGIC OBJECTIVE 3

Strengthening staff engagement to create an open culture with trust at the centre.

Executive Lead: Deputy CEO

STRATEGIC OBJECTIVE 4

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

Executive Lead: Director of Strategy

STRATEGIC OBJECTIVE 5

Supporting our patients to improve health and clinical outcomes.

Executive Lead: Medical Director

STRATEGIC OBJECTIVE 6

Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.

Executive Lead: Director of People

Strategic Objective 1

Alice Webster – Chief Nurse

PRIORITY 1 - Quality

STRATEGIC OBJECTIVE 1

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

YEAR 2 PRIORITIES

- Moving out of 'special measures' status and rated CQC 'Good'
- Further strengthen our Better Hospital Team (Project Management Office) to support quality improvements across the Trust
- Focus on patient experience, including complaints. Consistently ensuring timely and quality responses to patients and their families and share learning when we fall short
- Reducing patient harms and learning from incidents
- Ensuring our patients more consistently receive timely access to care and treatment
- Improvements in all areas of the National Inpatient Survey
- Recovery and restoration of planned care post COVID-19
- Delivery of agreed improvements to Maternity care in line with the independent review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust

Key Performance Indicators

To consistently provide safe and compassionate care for our patients and their families. Executive Lead - Chief Nurse		Target		Quarter 3	Trend (in most cases against the prev Qtr)		Data to
To focus on patient experience, including complaints. Consistently ensuring timely and quality responses to patients and their families and share learning when we fall short.	Reduce the number of re-opened complaints	5		2	↘	-1	Dec-21
	Record fewer complaints per 1,000 bed-days	1.44		0.40	↗	0.02	Dec-21
	Respond to complaints in a timely manner (6 Month Response Rate)	100%		100%	→	0.0%	Dec-21
	Respond to complaints in a timely manner (30 Day Response Rate)	100%		100%	→	0.0%	Dec-21
Reducing patient harms	Fewer lapses of care (CDiff)	6		7	↘	-1	Nov-21
	Reduction in Pressure Ulcers due to lapses in care	6		9	↘	-1	Dec-21
	Reduction in Falls (All Grades)	162		238	↗	46	Dec-21
4-hour emergency access standard	No ambulance handovers at > 60 minutes	0		1324	↗	459	Dec-21
	0 patients in ED for more than 12 hours	0		1006	↗	405	Dec-21
	Reduction in the number of patients waiting in the Emergency Department > 12 hours for a mental health bed	0		8	↘	-3	Dec-21
18 Weeks RTT	Incremental reduction in 52-week breaches			818	↘	-158	Dec-21
Diagnostic Wait Times	Incremental reduction in the backlog of patients waiting > 6 weeks			6752	↗	5031	Dec-21
Cancer	0 patients over 104 days	0		13	→	0	Nov-21
	Reduce the number of people waiting for longer than 62 days	<38		28.0	↘	-25.0	Nov-21

The increase in Diagnostic Waiters > 6 weeks from Q2 to Q3 will be down to the re-inclusion of Radiology within the latest returns

Strategic Objective 1

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

Aspiration to be a continually improving organisation

- Sustained progress against the 2021/22 Integrated Quality Improvement Plan (IQIP) with 61% of all actions approved for closure by Evidence Assurance Group
- 3 further Section 31 conditions removed from the Trust's Certificate of Registration by the CQC following evidence of improvement and compliance.
- Unannounced CQC inspection in December 2021 of 3 core services with early positive feedback and no significant concerns.
- Well-Led inspection to take place on 11th / 12th January

Further strengthen our Better Hospital Team (PMO) to support quality improvements across the Trust

- Recommenced QSIR training scheme and continued the Quality Improvement (QI) fundamentals courses supported by lunch and learn sessions and a QI week
- Detailed QI plan in place for 22/23

Focus on patient experience, including complaints

- 100% achieved in Quarter 3 for the 30 day response rate.
- Fewer formal complaints raised in comparison to numbers received in Q1 & Q2.
- The increase in the uptake of Local Resolution Meetings (LRM's) continues.
- Successful implementation of Family Liaison Officers (FLO's) within the Trust - Regional & National recognition of the role. We have shared our model across the ICS
- Implementation of the Advice line (via FLO's) for patients and relatives
- Improvements in Patient Experience identified in the CQC benchmarked National Surveys

Strategic Objective 1

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

Reducing patient harms

- Falls - Developed KPI led work plan that collaboratively crosses boundaries and pathways of care to provide a more holistic response to falls prevention and management using robust data analytics on organisational data. We remain below the national benchmark of 0.98 per 1000 bed days
- Pressure Ulcers - Completed Trustwide audit with external support which will inform the development of targeted actions

Improving learning from incidents

- In Q3, 85% (6/7) of serious incident investigations were submitted within 60 working days with an average of 59 working days
- In Q3, the Trust has maintained its compliance of 100% for Duty of Candour Phase 1 and Phase 2 with evidence of improved involvement of patients/relatives in the investigation.
- The Trust held the 4th QEH Patient Safety Learning Event, attended by approximately 80 staff including a number of external stakeholders and focused on:
    - Learning from hospital discharges - A family's experience
    - Capturing the essence of care – Documentation Improvement project
    - Learning from deaths

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

Planned Care:

- Full rollout of the Clinical Prioritisation Programme
- Full validation of the Inpatient Planned Care PTL
- Improved theatre session utilisation
- Delivery of H2 Elective and Day Case activity plan
- Increased CT capacity and reduced inpatient waiting times
- Increased numbers of PIFU in Outpatients
- Successful bid for ECF+ funding to assist with delivery of elective programme through remainder of 2021/22

UEC:

- Breaking the cycle week to improve flow
- Further implementation of the SAFER bundle across medical and surgical wards
- Increased hours for discharge lounge to 7 days per week
- Virtual ward contract signed

Strategic Objective 1

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

Improvements in all areas of the national inpatient survey

- Results have been received and are in the process of being reported on through Trust wide committees
- The results have improved overall since the previous in-patient survey in 2019 when benchmarked, demonstrating an improvement journey. There are still some areas requiring ongoing focus/actions.

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

- Evidence was submitted to the National portal in the defined timescales required.
- 5 work-streams have been set up to undertake the actions within the Maternity Improvement Plan (MIP), this is overseen by the MIP steering group and has check and challenge offered by the Transforming Maternity Safety and Strategy Forum.
- Successfully achieved national funding to increase the Midwifery establishment by 8 wte.

Strategic Objective 2

Chris Benham – Director of Finance

PRIORITY 1 - Quality

STRATEGIC OBJECTIVE 2

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

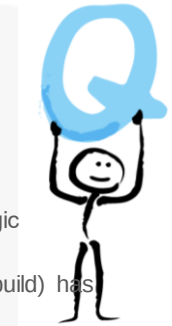
YEAR 2 PRIORITIES

- Complete our Strategic Outline Case for a new hospital and continue lobbying our compelling case to ensure QEH is one of the further 8 new hospitals to be built by 2030
- Submit a business case for national capital funding to invest in short to medium-term fail-safes that will ensure the safety of our ageing estate for our patients and their families
- Significantly improve the Trust's digital maturity, including the implementation and embedding of our new Radiology Information System and E-Prescribing and deploying E-Observations as well as fulsome engagement with system partners in the work to bring a new Electronic Patient Record to Norfolk and Waveney
- Opening our new Maternity Bereavement Suite (MBS) and progressing our plans for a new West Norfolk Eye Centre

Strategic Objective 3

Laura Skaife-Knight, Deputy CEO

Strategic Objective 2



Modernising our hospital to support the delivery of optimal care.

Completion of our Strategic Outline Case for a new hospital

- Following the submission of two 'Expression of Interest' proposals to the DHSC in Sept 2021, work has focussed on the completion of the Trust's Strategic Outline Case. Investment objectives and critical success factors were identified to help draw up a longlist of options.
- Following 2 appraisal workshops attended by a range of internal and external stakeholders, a preferred way forward for a new hospital (on-site full new build) has been approved by the Trust Board, following a shortlist process.
- Director of Strategic Estates appointed on secondment to strengthen resource and bandwidth and alignment of all strategic estates projects, including the new hospital programme and new project manager appointed, to commence in post by March 2021.
- Touch point with NHS E/I, with positive feedback received on progress to date.

To submit a business case for national capital funding

- RAAC year 1 business case - Completion of Emerson Outpatient Unit and relocation of services as planned
- Planned refurb works on Brancaster and West Dereham wards agreed and signed off by clinical teams
- Planning permission granted for the new, state of the art, endoscopy unit
- Secured £3m Targeted Investment Funding for a new eye unit, to be operational in April 22
- Discussions with NHSE/I re: funding required for RAAC years 2-4 to keep the hospital safe and compliant
- External review of resource and expertise required to deliver on Estates and Facilities priorities, including modernising the estate

Diagnostic Assessment Centre

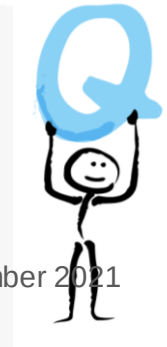
- Outline Business Case (OBC) was submitted to NHSE/I in September 2021 for an ICS-wide development with a capital spend of £70m, of which £12m is earmarked for the QEH DAC. Feedback is expected at the end of January 2022.
- A new location for the QEH DAC has been agreed, which fits with the masterplan for the QEH site to take into account possible new hospital developments.

Estates and Facilities Workplan

- The workplan was published in September 2021 and performance is monitored quarterly

Strategic Objective 2

Modernising our hospital to support the delivery of optimal care.



To significantly improve the Trust's Digital maturity / Maximising the use of technology

- EPMA – Upgrade of the current software to enable critical bug-fix ahead of further roll-out. Preparatory work for phased implementation into ED to ensure adequate hardware and business processes in place.
- RIS/PACS - A detailed debrief has now been completed to ensure the learning is taken forward into future Digital projects.
- E-Observations – Following external review, the Business Case was presented and approved at the Digital Forum in December 2021 and will be considered via internal governance routes in February 2022.
- Electronic Patient Record – Continued joint work with the ICS
- Development of new upgraded Digital Service Desk is underway to enable a more responsive service.
- Cyber & Information – New Head of Cyber Security commenced in post in October 2021. Good progress with the Cyber Security Improvement Plan with 24/28 actions completed, which is on plan.

Launching the Digital Workplan

The Digital workplan was published in quarter 1 2021 and performance is being monitored quarterly

To open our new Maternity Bereavement Suite

- Building work has started on the Maternity Bereavement Suite – which is expected to open later in 2021/22.
- Work is progressing well and phase 1 (of 3) is due to complete in January 2022.
- The steering group continue to work with our Maternity Voices Partnership (MVP) and Service Users.

West Norfolk Eye Centre

- £3m funding approved for West Norfolk Eye Centre
- Design work with clinical teams almost complete
- Eye Centre expected to be operational by April 2022

PRIORITY 2 - Engagement

STRATEGIC OBJECTIVE 3

Strengthening staff engagement to create an open culture with trust at the centre.

YEAR 2 PRIORITIES

- Launch our Culture Transformation Programme with a real focus on kindness, wellness and fairness
- Over 55% response rate to the 2021 National Staff Survey
- Become a leader and NHS exemplar for Equality, Diversity and Inclusion (EDI) via the recruitment of an EDI lead
- Improving compliance with mandatory training and appraisals
- Reducing sickness absence to <4.5% (excluding COVID-19 related sickness)

Key Performance Indicators

Strengthening staff engagement to create an open culture with trust at the centre. Executive Lead - Deputy Chief Executive Officer		Target	Quarter 3		Trend (in most cases against the prev Qtr)		Data to
To become a leader and NHS exemplar for Equality, Diversity and Inclusion (EDI) via the recruitment of an EDI lead	Ensure appropriate BAME representation on 100% of interview panels (Band 7 and above/all medical staff appointments)	100%		100.00%	↗	3.4%	Dec-21
To improve compliance with mandatory training and appraisals	Achieving an increase in the compliance rate for mandatory training based on 2020/21 baseline and in line with revised targets	80%		79.0%	↘	-6.1%	Dec-21
	Achieving a 90% compliance rate for appraisals (with an increase in the number of staff who say they have a good quality appraisal)	90%		72.2%	↘	-5.2%	Dec-21
To reduce sickness absence to <4.5% (excluding COVID-19 related sickness) through better support for line managers, a revised attendance policy, and a new integrated Wellness Service for staff	Reduction in overall cumulative sickness absence from year one performance to <4.5% (excluding COVID-19 sickness)	4.66%		5.95%	↗	0.22%	Dec-21
	Reduction in overall sickness absence relating to stress, anxiety and depression by continued strengthened staff engagement and support programmes	23.4%		23.3%	↘	-1.5%	Dec-21

Strategic Objective 3

Strengthening staff engagement to create an open culture with trust at the centre.

Organisational Culture

- One third of staff have attended Values into Action workshops, with plans for the next phase of this Trust-wide work underway
- Contributions to bespoke Improvement Plans in Radiology, Maternity, Ophthalmology and Information Services continue – all of which have a culture component
- Introduced new blended approach to Freedom to Speak Up, with Guardian support time increasing from 30 to 120 hours per month
- Reviews underway of (1) Blackpool Hospitals FTSU and leadership case review and (2) West Suffolk external review into whistle blowing case to determine learning for QEH
- Planning has begun for the transition to new Trust values (Kindness, Wellness, Fairness) in April 2022
- 'See Me First' campaign launched, with over 150 staff signatures to date, as part of the Trust's commitment to inclusion and anti-racism
- Schwartz Rounds recommenced (well evaluated, internally & externally), and now being held quarterly
- Planning underway for third Leadership Summit being held on 15 March 2022 – which will focus on teamwork, resilience and inclusion
- Planning for 'My Reality' lived experience events in quarter 4 of 2021/22

Staff Engagement

- At 45.3% , the Trust's response rate to National Staff Survey improved for the third successive year
- Trust has commenced participation with the national quarterly staff pulse surveys from January 2022
- Annual Staff Awards to take place Quarter 4 2021/22
- First QEH celebration week held November 2021, focusing on Wellness, Staff Networks, Appreciation and Recognition/Celebrating success
- Provided free Christmas meal for all staff, volunteers, ambulance and patient transport staff and free breakfast vouchers for staff working Christmas Day, Boxing Day and New Year's day
- Investment in improvements to staff rest areas
- Agreement to extend free staff car parking and introduce discounted staff gym memberships for staff in 2022/23
- Call to Action Cash Award for staff January 2022 to support with flow, safety and patient experience – and to say thank you

Strategic Objective 3

Strengthening staff engagement to create an open culture with trust at the centre.

To improve compliance with mandatory training and appraisals

Mandatory Training

- New mandatory training framework embedded in ESR to provide improved accessibility and visibility of statutory and Trust mandatory training courses.
- Removal of all manual workbooks / Removal of passive MANTRA training methodology to ensure all staff have completed the relevant up to date training materials through ESR

Appraisals

- Appraise with Values is now embedded throughout the Trust with relevant training through both e-learning and face to face.

To reduce sickness absence to <4.5% excluding COVID-19 related sickness through

- As at December 2021 Trust performance is 7.06%
- Improved data led decisions on actions targeting specific staff groups, each with a bespoke sickness management plan
    - Domestics
    - Health Care Support Workers
    - Midwives
- Excluding these hot spot areas, the Trust performance is 5.7% which, whilst in excess of the Trust target, shows that the risk to patient safety and experience is not as extreme as may be otherwise.
- Staff Wellbeing passport has been developed to drive improved wellbeing conversations as part of the return to work planning post sickness absence.

Strategic Objective 4

Carly West-Burnham – Director of Strategy and Integration

PRIORITY 2 - Engagement

STRATEGIC OBJECTIVE 4

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

YEAR 2 PRIORITIES

- Further improve our relationships with external stakeholders and partners, acting on the results and feedback from the Trust's 2020 stakeholder perception review
- Working with system partners to develop the Provider Collaborative
- Leading the development of a new strategy on how we will take a lead role in the delivery of Place-based care in West Norfolk
- Opening the West Norfolk School of Nursing to our intake of Nursing Associates in Quarter Four 2021/22
- Achieving a robust financial plan with our system partners that supports the sustainability of services
- Balancing our books and achieving a 3% savings programme

Strategic Objective 4

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

Further improve relationships with external stakeholders and partners

- Progressed actions including the development of the Trust's role in Place Based Care and Acute Provider Collaboration

Working with system partners to develop a Provider Collaborative

- Following confirmation of an agreed governance model at the Board of Directors meetings for NNUH / JPUN and QEH in November 2021 the following actions are underway;
    - Confirmation of the appointment process and Job Description for the Chair Designate
    - Development of a detailed and robust programme plan with associated milestones and timescales for implementation.
    - Development of a robust and detailed Case for Change including clear articulation of anticipated clinical and patient benefits
- A national consultation of the Transactions guidance is being held by NHSEI which will mean that the agreed move towards a Group model will need to go through a regional and national checkpoint review process. Discussions are underway with the Regional Director or Strategy to develop the process with a view to delivering this in Quarter 4. In the intervening period, whilst work continues in the background with regard to the Case for Change and supporting information, the recruitment to the Chair Designate has been paused.

Strategic Objective 4

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

To lead on the development of Place- Based Care

- The current plan is that on 1 April 2022, the Alliances within Norfolk and Waveney will operate as consultative forums.
- As the Alliances mature, the ambition is that they may receive delegated NHS budgets, and potentially funding from other partners too. A maturity matrix is in development to support the process of assessment of readiness for delegation of functions, decision-making and budgets.
- Within West Norfolk, detailed discussions have taken place with local partners including Norfolk Community Health and Care, Norfolk County Council, Norfolk and Suffolk Foundation Trust, Primary Care Networks, Public Health and the Norfolk and Waveney ICS to discuss and agree the Place Based Care priorities for delivery within West Norfolk. These priorities are aligned to the national priorities and take into account population health management and health inequalities for our local population.
- Work continues on key projects including; health inequalities / support for patients awaiting planned care treatment / pre-habilitation / development of the Primary Care Hub / development of the Community Diagnostic Centre.

To open the West Norfolk School of Nursing to our intake of Nursing Associates in Quarter 4 2021/22

- Building was installed and completed November – December 2021.
- Internal installations, including SimSuite, are nearing completion – aim for building to be operational by February 2022.
- NMC validation for course delivery with ARU is now confirmed for March 2022 – key stakeholders including QEH representatives will participate.
- QEH TNAs (11) have been successfully recruited to a modified ARU course at Peterborough – inaugural day held on 16th December; plan to transfer to SoNS once validation complete.

Strategic Objective 4

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

To achieve a robust financial plan with our system partners that supports sustainability of services and to balance our books and achieve a 3% savings programme

- We have achieved a breakeven financial plan with our ICS partners that is in line with the national guidance for H1 and H2 of 2021/22
- We have in place a £6m CIP programme as part of the breakeven financial plan with the H1 requirement of £2.5m and the H2 requirements of £3.5m.
- At the end of Q3 we are on track to deliver the financial plan and CIP programme for the full year 2021/22.

Strategic Objective 5

Dr Frankie Swords, Medical Director

PRIORITY 3 - Healthy Lives

STRATEGIC OBJECTIVE 5

Supporting our patients to improve health and clinical outcomes.

YEAR 2 PRIORITIES

- Delivering a responsive and flexible approach to the flu and COVID-19 vaccination programmes
- Working with system partners to ensure that population health management techniques are used to address health inequalities
- To be a smoke-free site
- To focus on mortality and learning from deaths - embedding the learning from COVID-19
- Further improving care of Older People, developing pathways of Care for Frailty
- Embedding research delivery within the organisation
- Further improving access for Cancer patients to advice on healthy lifestyles/ support for recovery via the Trust's new Wellbeing and Support Centre

Key Performance Indicators

Supporting our patients to improve health and clinical outcomes. Executive Lead - Medical Director		Target	Quarter 3		Trend (in most cases this is against the prev Qtr)		Data to
To further improve care of Older People developing pathways of Care for Frailty	Achieving the Dementia Case Screening standard in line with our agreed trajectory for delivery	90.0%		94.6%	↘	-1.36%	Nov-21
Embedding research delivery within the organisation	Increasing the number of patients recruited to National Institute of Health Research Studies	188		248	↘	-95	Dec-21
	Recruitment of Principle Investigators	5		4			Mar-22

Strategic Objective 5

Supporting our patients to improve health and clinical outcomes.

Delivery of a responsive and flexible response to the flu and COVID-19 vaccination programmes:

- Following government requirements to increase our capacity, we opened Queen Elizabeth Hospital & Downham Market Vaccination Sites from 15th December for days a week, 12 hours a day to help vaccinate as many patients before 31.12.21.
- The Trust have administered over 112,000 vaccines at Queen Elizabeth Hospital & Downham Market.
- 73% of eligible staff have received their booster and 59% of staff have received their flu vaccine.

Working with system partners to ensure that population health management techniques are used to address health inequalities

- Establishment of the Norfolk and Waveney Health Inequalities Oversight Group (HIOG) with the aim of aligning the current disparate workstreams in relation to Health Inequalities and agreeing collective action.
- Local Health Inequalities working group is in place within West Norfolk and framework developed for delivery focusing on the key areas of known Health Inequalities within the locality. Using Protect NoW as the platform to enable clear risk stratification of patients to support delivery of the key priorities. Clear focus on reducing unwarranted variations in care – aligned to health inequalities
- Leading system wide programme to ensure patients on admitted waiting list receive care in order of clinical priority and undergo regular review

To be a smoke-free site

- Business case for dedicated project management resource due to be considered in January 2022.
- Engagement with Public Health Norfolk's Tobacco Control Alliance and N&W CCG's Tobacco Prevention & Cessation Group to ensure that QEH is represented as these groups are re-established, having been stood down during COVID.
- Engagement with smoking cessation colleagues at NNUH and JPUH has identified the opportunity to share knowledge and collaborate on achieving smokefree status and implementing together new NHS funded inpatient and maternity smoking cessation pathways across the three acute hospitals within N&W.

To focus on mortality and leaning from deaths

- Strengthening the operational processes and implementing new SJR plus and related mortality software within the Learning from Deaths forum.
- Deliver action plan as agreed with NHSEI Learning from Deaths Collaborative to improve ongoing as well as end of life care
- Developing a mortality dashboard which will help us to focus on the areas that require interventions
- Redesigned and relaunched EOL services March 2021 now delivering significant improvements to palliative care service provisions for our patients.

Strategic Objective 5

Supporting our patients to improve health and clinical outcomes.

Further Improving the Care of Older People:

- Frailty Nurse Consultant joined the team in October 2021.
- Frailty in-reach successfully commenced with highly positive feedback to date. Provides expert frailty input into the Acute Medical Unit, ensuring that patients who do not require an admission are promptly discharged, and those requiring further assessment are transferred to the most appropriate frailty or dementia ward.
- Cognitive Impairment Assessor pilot led to dramatic improvement in dementia screening, now established with substantive roles.
- The Frailty phone service also now embedded and key for admission avoidance and specialist advice to ambulance, primary and community care colleagues.

Embedding Research Delivery within the organisation

- In the third quarter 13 junior doctors have signed up to the HEAL-COVID trial, completed their training and supported with screening and consenting.
- 3 staff have received commendation awards from the NIHR-Eastern for 'Excellence in Cancer Research'
- 680+ patients recruited to clinical studies to date
- Second site, globally, to commence post –market feasibility study on QE innovation (SAFIRA)

To further improve access for Cancer patients and families via the Cancer Wellbeing and Support Centre

- The cancer wellbeing and support centre has now been operational for 6 months. Complimentary therapies, body site specific support groups (melanoma and head and neck), a generic "grab a cuppa" monthly support group, HOPE course and mindful and compassion retreats all now in place.

Strategic Objective 6

Jo Humphries, Director of People

PRIORITY 3 - Healthy Lives

STRATEGIC OBJECTIVE 6

Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.

YEAR 2 PRIORITIES

- Recruiting of a Wellbeing Guardian
- Introducing wellbeing conversataions for all staff
- Developing a development programme for middle managers across QEH
- Increasing the visibility of Quality Improvement Training (QSIR) within the organisation and the number of staff trained and supported to lead improvement projects at local level
- Introducing an Admin Academy and programme for aspiring leaders
- Working with NNUH on a joint Quality Improvement Faculty to share improvements and learning across providers
- Introducing a new Staff Wellbeing Service that is fit for the future
- Becoming a national leader in the NHS for menopause awareness for patients and staff with new nurse specialist posts to support this work
- Developing a sustainable clinical workforce supply strategy

Strategic Objective 6

Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.

Recruitment of a Wellbeing Guardian

- Design of a Health & Wellbeing passport for staff
- Update given to October 2021 public Board regarding QEH Wellbeing Guardian (Sue Hayter, QEH NED), with phase 1 completed
- Wellbeing Champions recruited
- Agreed the design of the **JAMES** model for managers to undertake Wellbeing Conversations across the Trust (The James Model; **J**ust **A**sk; **M**ood, **E**njoyment, **S**truggles)

Increasing the visibility of Quality, Service Improvement and Redesign (QSIR) training within the organisation and to increase the number of staff trained and supported to lead improvement projects at local level

- Recommenced QSIR training courses
- 4 members of team applied to QSIR college
- Supported by the commencement of QI fundamentals

Working with NNUH on a joint QI faculty

- Joint virtual training courses in place
- Joint input into the development of ICS quality management system
- Cross organisational quality plans being developed for agreed programme

Introducing a new Staff Wellbeing Service that is fit for the future

- Agreement to participate in an improved service offering for OH across the ICS
- SLA prepared with procurement support

Strategic Objective 6

Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.

To become a national leader in the NHS for menopause awareness

- Menopause Training undertaken in partnership with Unite menopause accreditation.
- 2 x Staff participated in British Menopause Society Training ahead of staff clinic
- Showcased the Trust's work at the first NHSE/I Wellbeing Wednesday event.
- Trust Menopause Policy launched.