



The Queen Elizabeth  
Hospital King's Lynn  
NHS Foundation Trust

# Strategic Objectives

Oversight & Assurance Group  
20 July 2021



## 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



# Strategic Objective 1

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

## Aspiration to be a continually improving organisation

- Continue to make good progress against the 2021/22 IQIP – 35% (29 actions) completed and aligned to our key improvement workstreams
- Application made to the CQC to request the removal of the remaining 7 Section 31 Conditions
- Recommended QSIR training and introduced Quality Improvement Fundamentals for all staff

## Further strengthen our Better Hospital Team (PMO)

PMO priorities and support aligned to Trust-wide improvement priorities – including: end of life, Maternity, Urgent and Emergency Care, elective recovery, Maternity and Radiology Improvement programmes and strategic Estates and Facilities projects

## Focus on patient experience, including complaints

- Complete review of the complaints process undertaken and a pilot of the revised process implemented June 2021. This has resulted in:
  - Good initial feedback/outcomes
  - Complaint response letter delays and backlog cleared
  - 100% achieved in June 2021 for the 30 day response rate
  - Reduction in complaints/concerns proceeding formally
  - Increase in Local Resolution Meetings (LRMs)
  - 100% achievement of an acknowledgement letter being sent along with personal contact within 48 hours
- Dashboards for reporting constructed and under review



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## Reducing patient harms

- Fewer total number of hospital-acquired pressure ulcers, however, the reduction of 10% in pressure ulcers with lapses in care has not been met
- The total number of inpatient falls in Quarter 1 is outside the target of the 15% reduction, however, the falls rate per 1000 bed days has reduced
- Thematic review of patients who have died from hospital-acquired COVID underway. Report to be published in August 2021. The Trust's planned Duty of Candour exercise, which has received national recognition and involves informing 349 patients and next of kin who definitely/probably acquired COVID in our care, is nearing conclusion.

## Improving learning from incidents

Sharing learning when we get things wrong with the timely investigation and closure of serious incidents in line with the NHS Serious Incident framework

- 88 delegates completed RCA training on undertaking SIs and moderate investigations
- Partnership working between clinical Divisional and the Patient Safety Team is being enhanced through regular SI update meetings
- 8 SI investigations were identified to be completed within 60 working days during Quarter 1 of which 55% (5/8) were completed within the timeframe. This is a significant improvement from Quarter 4 when 0% (0/14) were submitted within 60 working days
- QEH held its 3rd Trust-wide Patient Safety Learning Event with over 110 attendees
- QEH participated in a cross organisation SI learning event
- Achieved 93% Duty of Candour compliance for phase 1 within 10 working days of the incident being identified. Phase two Duty of Candour compliance of sending Duty of Candour letters within 10 working days progressed positively achieving 85% (39/46). This is demonstrating sustained improvement



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## Improving learning from incidents

Timely closure of action plans following a Serious Incident

- The Trust had 8 SI action plans due for closure on Datix within Quarter 1 of which 62% (5) remain open
- SI action plan progress is monitored at the Quality Committee, Divisional Performance Review Meetings and Executive Clinical Governance Committee
- Action plan assurance is provided by the Evidence Assurance Group

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

### Urgent and Emergency Care (UEC):

- Launched the UEC Restoration & Improvement Programme
- Commenced roll-out of SAFER workstream and continued to reduce patients with a Length of Stay >21 days
- Agreed the ward reconfiguration proposal and implemented the surgical element of this

### Recovery and restoration of planned care post-COVID

- Restored Day Surgery Unit to a Surgical Unit from Red Emergency Department on 17 May 2021
- All 6 elective main theatres operational Monday – Friday
- Reduced the number of patients waiting for 52 weeks from 1,412 at the end of March 2021 to 1,142 at the end of May 2021
- Launched the Elective Care Restoration and Improvement Programme
- Prepared forecasts
- Signed up to national Data Quality (DQ) programme
- National Clinical Prioritisation (NCP) roll-out to admitted patient waiting list



# Strategic Objective 1

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## Improvements in all areas of the national inpatient survey

- The survey has been undertaken. Though the results currently embargoed, initial review indicates improvements from previous survey

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

- Maternity Services established leads for the collation of required evidence, which were submitted through robust internal governance processes before national upload. The Trust has created strong links with Norfolk and Norwich University Hospitals and James Paget University Hospital to ensure alignment, collaboration and sharing of intelligence across the system
- Evidence for all 47 recommendations was successfully uploaded to the national portal by the 30 June 2021 deadline



## 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

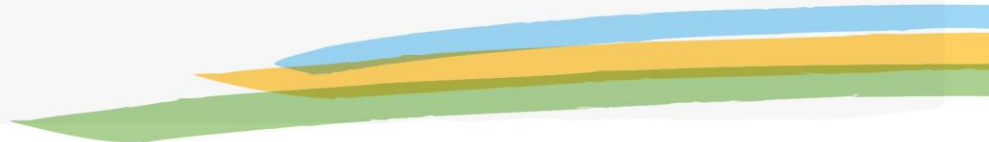


## Strategic Objective 2

Modernising our hospital to support the delivery of optimal care.

### Completion of our Strategic Outline Case for a new hospital

- Appropriate governance in place for the Strategic Outline Case, including a Programme Board, weekly Operational Group meeting and workstream leads
- SRO in place (Deputy CEO)
- Non-Executive Director and Lead Governor involvement and engagement in SOC as part of governance and engagement arrangements
- Detailed programme timeline in place, detailing June-November 2021 milestones for SOC
- Strengthened PMO in place, with dedicated support
- External support from IDP and PA for SOC
- JPUH and QEH sitting on each other's Programme Boards to share learning and collaborate
- Workshops in June with Clinical Teams, Divisional Leadership Teams and Executive Leads to explore multi-phase redevelopment options
- Work underway with input from DLTs, clinical teams and Executive Leads to develop Models of Care, Strategic Case and Financial Case for a new hospital
- Lobbying and engagement plan in place – with Secretary of State for Health and Social Care, local MP and petitions in place to galvanise support to bring a new hospital to King's Lynn and West Norfolk



## Strategic Objective 2

Modernising our hospital to support the delivery of optimal care.

### To submit a business case for national capital funding

- £20.6m emergency national capital allocated to QEH and business case approved by NHSE/I and QEH Board in July
- Will allow QEH to reduce the risk through the removal of RAAC planks and/or mitigate the risk of RAAC planks by creating decant facilities for wards and theatres to allow installation of failsafes:
  - 1.Theatre decant space created through the development of a modular endoscopy unit
  - 2.Wards decant created by internal reconfiguration and refurbishment
- It will also enable a number of service improvements, and in turn improvements to patient and staff experience

### Diagnostic Assessment Centre

- Work continues with regard to finalisation of the OBC which will be presented to Trust Committees in August 2021 with a view to formal sign off at the Norfolk and Waveney Hospitals Group Committees in September 2021. Detailed discussions continue in relation to the affordability of the financial model
- Provision will be made in the proposed build to allow future expansion for a Phase 2 development to include outpatient facilities and treatment rooms

### Estates Workplan

- The Estates and facilities workplan has been developed and is going through internal governance sign-off processes in July 2021
- Detailed work to develop clear timeframes and project owners for the 2021/22 capital plan has been completed



## Strategic Objective 2

Modernising our hospital to support the delivery of optimal care.

### To significantly improve the Trust's Digital maturity

#### Launching the Digital Workplan

- Digital Work Plan for 21/22 approved
- Electronic Prescribing and Medicines Administration has gone live on 7 wards, providing a safer method of prescribing
- Radiology Information System and PACs Picture Archiving and Communication System (Including e-Requesting) has been tested and will go-live 7 August 2021
- E-Observations project is being set up (Chief Nurse SRO)
- Electronic Patient Record Strategic OBC has been approved by the QEH Board
- Cyber Security Improvement Plan in place, and is focussing on the Data Security Protection Toolkit – with good progress being made

#### Maximising the use of technology

- Replacing Multi-Function Devices (MFD) printers
- New laptop remote access solution for staff
- Enabling of 'Wi-Fi Calling' for mobile phone users
- Appointed Clinical and Nursing Information Support Officers to support digital transformation
- Supported extension to Ophthalmology Service at North Cambridgeshire Hospital through the provision of storage and network connectivity
- Neurophysiology received upgraded IT equipment
- ICE Order Communications upgrade including additional functionality
- Explore the power of clinician communication through the Alertive platform to provide secure, inpatient context and messaging between clinicians
- Appraising the use of electronic forms to replace paper-based forms



## Strategic Objective 2

Modernising our hospital to support the delivery of optimal care.

### To open our new Maternity Bereavement Suite

- Following a competitive tender, the Trust entered into a contract with a construction company to deliver the project
- Working with our Maternity Voices Partnership to ensure patient input into the development of the suite
- Suite due to open later in 2021

### West Norfolk Eye Centre

- The service has revisited their business case to co-locate all elements of the service
- Opportunities to improve efficiency and patient experience and flow have been identified
- A further business case has been drafted to review staffing establishment to expand to meet patient demands and deliver services more innovatively to improve patient experiences and outcomes



## Strategic Objective 3

Laura Skaife-Knight, Deputy CEO



# 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)



## Strategic Objective 3

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

### To launch our culture transformation programme so that the focus on kindness and values is upscaled

- 350 (46%) leaders attended Leading with Values Workshops in April 2021 and 1,159 (30%) staff attended Values into Action workshops in May 2021, where we launched values-based recruitment and appraisal and new tools to support respectful resolution
- 11% of staff completed a culture survey, with results informing phase 2 of the culture transformation programme which starts in September 2021
- Culture improvement programmes, with external Organisational Development input, in place in Radiology and Maternity
- QEH one of 10 Trusts nationally to be chosen to pilot of phase 2 of the Rainbow Badge
- Strengthened Freedom to Speak Up arrangements on track to be in place from September 2021 – with 3 Freedom to Speak Guardians (blend of staff and independent) and more time for Guardians to support this vital agenda
- Strengthened reward and recognition agenda with 416 nominations received for the 2021 QEH Staff Awards and QEH shortlisted in the HSJ Patient Safety Awards 'Patient Safety Innovation of the Year' category for a pioneering regional anaesthesia device, invented by clinicians at the Trust

### Over 55% response rate to the 2021 National Staff Survey

- Trust-level and local-level action plans in place in response to 2020 National Staff Survey with feedback communicated to staff monthly to demonstrate how we are listening to and responding to feedback
- Response rates by area/job role has been analysed to look at where attention may need to be focused for 2021
- Communications plan under development for late Summer launch
- Quarterly, themed pulse surveys in place, along with real-time feedback pods. Latest pulse survey results has resulted in improvements to staff rest and break areas





## Strategic Objective 3

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

### **To become a leader and NHS exemplar for Equality, Diversity and Inclusion (EDI) via the recruitment of an EDI lead;**

- New EDI Lead recruited (QEH is the only Trust in the region with a dedicated and full-time EDI Lead)
- Our Staff Networks continue to mature. Both the BAME and LGBTQ+ Networks have three sub work-streams which set out how the work programmes will further improve patient, visitor and staff experience
- Transgender patient story at June public Board
- Transgender awareness training for all staff
- In response to staff feedback, the Trust has committed to a number of important changes that puts fairness front and centre of our interview process. This includes 100% of interview panels for all medical and Band 7 and above roles including at least one colleague who is BAME and compositions which are representative of gender
- People Committee paper in June 2021 detailed a workplan and data measurement plan for EDI in 2021/22

### **To improve compliance with mandatory training and appraisals;**

#### **Mandatory Training**

- Full review of Mandatory Training matrix and establishment of new training requirements completed
- Implementation plan commenced
- Developing new training materials
- IT and ESR access required to complete training established for all staff
- Enhanced access to IT resource to support completion of online training
- Volunteer Mandatory Training moved to e-Learning



## Strategic Objective 3

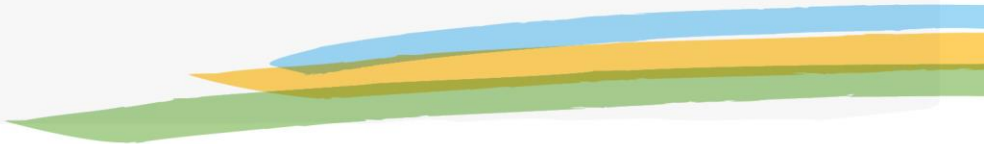
Strengthening staff engagement to create an open culture with trust at the centre.

### Appraisals

- New appraisal tool developed
- Appraisal training Started as part of culture transformation programme

### **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**

- Cumulative sickness absence (June 2020 – May 2021) is 5.8% against a target of 4.5 %. This is split as 0.2% COVID-19 related sickness and 5.58% non-COVID-19 related absence
- Specific individual plans being established for return to work or options meetings
- Additional OH support and case conferences being arranged to manage long-term sick cases, with detailed review underway
- All staff who were shielding have returned to work
- Extended phased return periods for individuals with long COVID
- Additional Clinical Psychologist has been appointed to work in ITU with recruitment to a further Clinical Psychologist post underway
- Long-COVID clinic and self help group for staff launching end of July 2021



## Strategic Objective 4

**Carly West-Burnham – Director of Strategy**



# 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

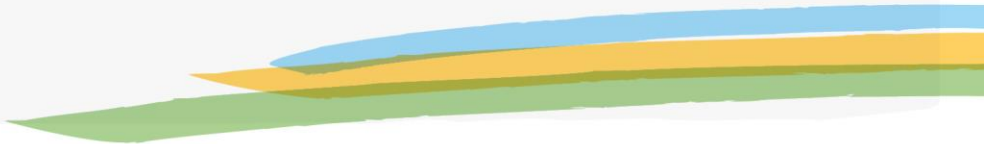
Progressed actions include:

- Updating of Corporate Strategy to adopt a more outward and externally facing system approach
- Development of the Trust's role in Place-Based Care
- Working with Primary Care partners to reduce delays in sharing information re patient discharge via sharing of electronic discharge summaries/roll-out of E-Prescribing underway

### Working with system partners to develop a Provider Collaborative

Detailed discussions by all three Trust Boards via a Tri-Board meeting and the N&W Hospitals Group Committees (N&WHGC) have led to the agreement of key decisions which have been approved by the Trust at the 6 July 2021 Board meetings, including:

- Commitment to a Group model and development of the concept of a shared leadership team, with clear timescales for appointment of a Group Chair and Group CEO
- Commitment to strengthening the governance for the N&WHGC and developing a detailed workplan/enhanced case for change and robust communications and engagement plan



## 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

Establishment of West Norfolk Clinical Leadership Group to collaborate with key Place (ICS) Partners to deliver agreed priorities including:

- Development of a Community Diagnostic Hub
- Development of a Primary Care Hub
- Exploration of the 'Health on the High Street' model
- Strong engagement with the Town Deal Board
- Collaborative delivery of the School of Nursing in partnership with the College of West Anglia
- Focus on delivery of local health inequalities priorities in partnership with Local Delivery Group stakeholders
- Attendance at key Cambridgeshire and Peterborough and Lincolnshire delivery meetings to ensure oversight and alignment of pathways of care

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

- The Lead Nurse for Clinical Education was successfully appointed in February 2021 on an 18 month secondment from QEH to support and develop the School of Nursing
- Demolition of existing buildings at CWA was completed in March 2021
- Consultation on the building took place which culminated in a contract being awarded to McAvoy Construction

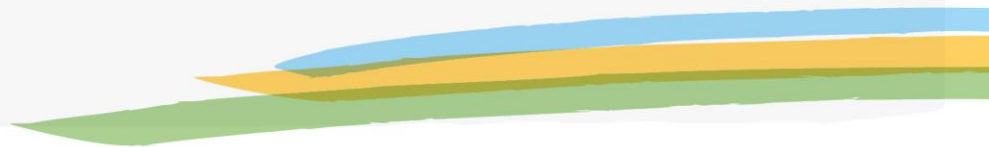


## Strategic Objective 4

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 agreed a financial plan with our ICS partners for H1 of FY 221/22 and at Quarter 1 are delivering to plan. The plan for H1 is to produce a breakeven financial position for the first half of the year by the end of Month 6 (September 2021)
- CIP - a CIP plan for £6m (£10m stretch target) is in place for FY 2021/22 and at Quarter 1, the CIP plan is on track. H1 plan is to meet a £2.5m CIP target (with the remaining £3.5m phased into H2)



## 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



## 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

- Established vaccination centre at Downham Market
- Maintained 7-day capacity at QEH
- Administered over 62,000 vaccines
- Developed drop-in clinics at QEH
- Responded in a timely way to all new national guidance and safely developed services in line with this
- Developed safe proposals to administer 2 different vaccines within the same vaccination session

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

Significant work underway in partnership with key LDG partners including Protect NoW project work;

- Pre-diabetic patients contacted to encourage attendance at NHSE commissioned prevention course
- Cervical Cancer Screening – encouraging women to have their test who are very overdue
- Supported research to inform the set-up of the NCH&C Long COVID Assessment Service
- Encouraging people who have not had a flu vaccination in last 12 months – currently at about 50%
- Pain Management – collaborative working to offer holistic support to patients on the planned care waiting list (225 patients)
- Falls Prevention – collaborative working with the Borough Council to offer holistic support to patients awaiting hip and knee replacements.
- Targeted work to encourage those in the most deprived areas locally to have the COVID vaccination



## Strategic Objective 5

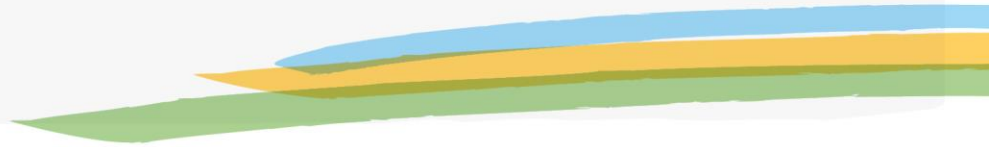
Supporting our patients to improve health and clinical outcomes.

### To be a smoke-free site

- Planning the smoke-free QEH project and building a delivery team including the opportunity for staff champions
- Agreed objectives to make QEH smoke-free through:
  - Updating the Trust's smoke-free policy and making it accessible to all staff, patients and visitors
  - Engaging and supporting staff to help Team QEH achieve and maintain smoke-free status
  - Ensuring patients and visitors know our policy and are signposted to smoking cessation support
- Created an initial draft communications and engagement plan to explore the approach to patient and staff engagement

### To focus on mortality and learning from deaths

- We have strengthened our learning from deaths review processes
- We have disseminated learning from COVID-19 related deaths and developed actions on the themes related to this learning, such as improved infection control practices, strengthening our antibiotic stewardship, reducing errors related to medication incidents in diabetes etc
- We have also identified significant gaps in the provision of End of Life services, we now have an End of Life service that is making significant inroads into streamlining the processes for the patients who are terminally ill



## Strategic Objective 5

Supporting our patients to improve health and clinical outcomes.

### To further improve care of Older People

- Joint Urgent and Emergency Care work stream with acute medicine, have agreed for a consultant geriatrician to support the acute floor 8.30-5pm, 5 days a week
- Advertisement and interviews scheduled for new nurse consultant role in frailty to build on front door frailty pathways
- Dementia Case Finding has dramatically improved Trust wide following the successful implementation of a Trust-wide multi-professional Quality Improvement Project. We have increased identification of appropriate patients from 40% to 98.5%. In addition, there has been a marked culture shift across the Trust in relation to our care of patients with cognitive impairment through the development of various roles including Cognitive Impairment Assessors and Ward Dementia Champions and the implementation of a monthly consultant led Dementia Training Hub

### Embedding research delivery within the organisation

The research team has been set two main objectives: Firstly the recruitment of 750 patients to clinical studies; and secondly identifying 5 new Principal Investigators (PI)

- In Quarter 1 we have identified 4 new PIs who are currently leading NIHR portfolio studies at the QEH
- To date, we have recruited 109 participants to clinical studies. We believe the team is on course to meet these objectives.
- Successfully supported a new researcher/physiotherapist in QEH
- We are using EDIS and PAC to allow clinicians to identify patients involved in drug trials while attending the Emergency Department//urgent care
- With QEH leadership support, we successfully hosted an online event aimed at increasing research awareness in the Trust



## Strategic Objective 5

Supporting our patients to improve health and clinical outcomes.

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

- Completed the conversion of an old 'shell space' at the back of the Breast Care Unit into a new £600,000 Cancer Wellbeing and Support Centre for patients and their families
- Moved the Macmillan Information and Support service from the Macmillan Centre to the new Cancer Wellbeing Centre
- Patients started using the new Wellbeing Centre as a 'drop in' facility from 3 May 2021
- Started holding meetings for patients that would have previously been held off-site, commencing with the Help to Overcome Problems Effectively (HOPE) course
- Re-introduced volunteers to support patients and the Wellbeing Centre activities



## 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 conversations 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

- Sue Hayter is our new Non-Executive Director Wellbeing Guardian for the Trust. Sue is a dedicated and passionate nurse and has worked in healthcare for over 50 years, in both acute and community hospitals and the community
- Deputy CEO and Head of Staff Engagement have briefed Sue Hayter on national requirements of Wellbeing Guardian and discussed progress at QEH with staff wellness programme and plans for 2021/22. An update, including QEH's self assessment against the national requirements, returning to People Committee and Board in September and October 2021

### Implementing a Learning Academy Framework across QEH

- Review and cataloguing of all Leadership training available across the organisation aligned to bands. This highlights the current provision and where further resources need to be developed or sourced
- Use of Team leader, Operational Manager, Chartered Manager and Senior Leader Apprenticeships provides accredited training at a range of levels across the organisation
- Functional Skills training provision sourced to provide core skills to support carer development available to all staff





## Strategic Objective 6

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

### **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**

- Commenced delivery of Quality Improvement fundamentals – 12 dates arranged between June 2021 and March 2022 more to be added. Capacity between 10-30 per session
- Commenced delivery of QSIR Virtual with NNUH Faculty – 5 people undertaking course
- Planned two course for QSIR practitioners with Sherwood Forest Hospital September and November 2021 – space for 60 people to attend

### **Working with NNUH on a joint QI faculty**

- The Faculty is now an entity and we are working closely with the team at NNUH
- The First QSIR Virtual is underway via the Faculty and members of QEH are on the course



## Strategic Objective 6

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

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

- Task and finish group established with representatives across OH, HR, Finance, Procurement, Divisional representation, Clinical Psychology
- Proposal and remit developed and agreed with the Senior Leadership Team to consider four options
- Process map completed for the existing and planned services to develop an integrated Wellbeing Service
- Review financial expenditure against the new model
- Appointed a OH and Health and wellbeing consultant with oversight for the review and development of the new service

### **To become a national leader in the NHS for menopause awareness**

- Secured training for staff with the British Menopause Society ahead of the Staff Menopause Clinic commencing Autumn 2021
- Became the first UK Trust to state that we are a Menopause-Friendly employer in our job adverts
- Menopause policy submitted and passed successfully through Policy Review group
- Application submitted for menopause accreditation
- Menopause clinics for staff to commence Autumn 2021

### **Develop a sustainable clinical workforce supply strategy**

- A medical establishment document has been developed to ensure financial control of medical posts; an update of vacancies; and a tool to support the Trust in the reduction of medical locum spend
- The same process is underway for the Surgical Division and the Woman's and Children's Division
- FY1, FY2 rota review in Medicine looking at new rotas to ensure correct coverage and minimise gaps; the correct skill mix to ensure clinical safety; and a planned review of the service need vs establishment to ensure minimum staffing of wards

