



The Queen Elizabeth  
Hospital King's Lynn  
NHS Foundation Trust

# Strategic Objectives

Oversight & Assurance Group  
16 November 2021



# 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 quarterly 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



# 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 – 52% (43 actions) completed and aligned to our key improvement work-streams.
- Internal closure of one of the 3 remaining open 29A conditions.
- Application made to the CQC to request the removal of the remaining 7 Section 31 Conditions. The Trust received confirmation in mid October 2021 that 3 of the Conditions had been removed, leaving only 4 on the Trust's Certificate of Registration
- Recommended QSIR training and introduced Quality Improvement Fundamentals for all staff.

## Further strengthen our Better Hospital Team (PMO)

- Team are supported by additional funding from NHSE/I.
- Developing sustainability plan for 2022/23 to ensure embedding of change and delivery of services.

## Focus on patient experience, including complaints

- Formal complaint response letter delays and backlog has been cleared.
- 100% achieved in Quarter 2 for the 30 day response rate.
- Fewer formal complaints/concerns raised.
- Increase in Local Resolution Meetings (LRMs).
- 100% of acknowledgement letters sent in 48 hours.



# Strategic Objective 1

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

## Reducing patient harms

- There has been continued delivery of the total number of hospital acquired pressure ulcers, below the target for 6 months, however, in September there has been an increase above target.
- There has been a reduction in the total number of falls with harm, however no significant reduction in the total number of inpatient falls during Q2 in reference to the falls rate per 1000 bed days.

## Improving learning from incidents

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

- Achieved sustained improvement in completing Duty of Candour. CQC Must (M.03) 'The trust must ensure that Duty of Candour is carried out as soon as reasonably practicable, in line with national guidance.' was approved for closure at Evidence Assurance Group in August. The Trust achieved 100% (54/54) duty of candour compliance in Q2 within 10 working days.
- The Trusts Moderate Incident Review Panel (MIRP) has been disbanded with the oversight of moderate incident investigations and action plans now embedded within clinical divisions.
- 17 SI investigations were identified to be completed in Q2 of which 88% (15 out of 17) were completed within 60 days. This is a continued improvement from Q1 2021/22 where 55% (5/8) were completed within 60 working days.
- SCORE Safety Culture Survey has been implemented within Ophthalmology, OT/Physio, Terrington Ward, Theatres and West Newton. The survey measures important dimensions of organisational culture and integrates safety culture, local leadership, learning systems, resilience / burnout, work-life balance and employee engagement. The insights are critical for organisational improvement and the ability to drive habitual excellence.
- QEH held its 4th Trust wide Patient Safety Learning Event with over 100 attendees.

Closure of action plans following a Serious Incident (SI)

- In Q2, 13 SI action plans were due for completion of which 31% (4/13) were completed within deadline. This is a 7% decrease in performance from Q1 2021/22.
- SI Action plan assurance of embedded actions is provided by the Evidence Assurance Group.

Increase in reporting of all patient safety incidents aligned with annual National Reporting and Learning System (NRLS) reporting from 2,065 in Q1 to 2,143 in Q2 (a 3.7% increase)



## Strategic Objective 1

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

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

### Planned Care:

- Improved theatre session utilisation
- Delivered elective and day case activity plan
- Increased CT capacity and reduced inpatient waiting times
- Implemented PIFU in Outpatients
- Business case approved to replace 2 x MRIs

### UEC:

- Implementation of the SAFER bundle across a number of medical and surgical wards
- Discharge lounge open 7 days and increased throughput
- Revised pathway in place to ensure all new stroke patients are admitted directly to the HASU



## Strategic Objective 1

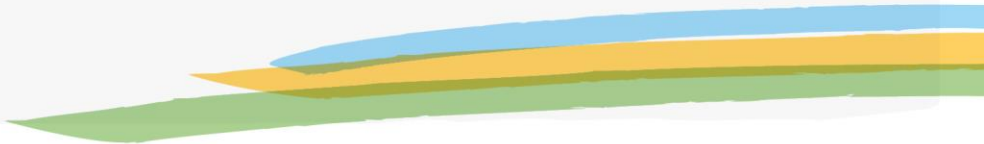
To consistently provide safe and compassionate care for our patients and their families.

### Improvements in all areas of the national inpatient survey

- The survey has been undertaken with the results currently embargoed (Due to be published in Q3).
- 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 newly formed MIP steering group and has check and challenge offered by the Transforming Maternity Safety and Strategy Forum.
- 1 action from the internal gap analysis is currently on our MIP and is being reviewed by the Governance work-stream.
- 2 further actions from the gap analysis were approved for addition to the MIP this month at the MIP steering group, these will be reviewed by Governance and Safety work-streams.





## 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

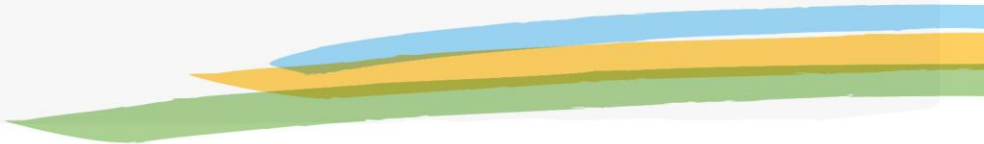


## Strategic Objective 2

Modernising our hospital to support the delivery of optimal care.

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

- A draft of the Strategic Case and Management Case, two of the five sections required.
- A pre-SOC paper, which at a high-level, considers our position with respect of financial, commercial and economic factors.
- An operational brief, a clinically driven Model of Care developed in line with the emerging Clinical Strategy.
- Development of initial configuration options to support the Expressions of Interest process and will feature in the SOC estates annex.
- Concluded an Expressions of Interest submission to the New Hospitals Programme.
- 4 options shortlisted for the SOC – following workshop on 30 September which included input from a wide range of internal and external stakeholders
- Further workshop on 11 November to move from shortlist to preferred option, as a recommendation to the Trust Board
- NHSE/I and James Paget Hospital attend monthly New Hospital Programme Board



## 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 fail safes:
  - Theatre decant space created through the development of a modular endoscopy unit.
  - 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.
- Director of Strategic Estates appointed to oversee delivery.
- Early dialogue with NHSE/I underway to discuss funding required for years 2, 3 and beyond to address RAAC to maximise safety

### Diagnostic Assessment Centre

- The DAC outline business case has been developed recognising the outcomes of the Richards Report and the national deliverables in relation Diagnostic pathways
- An outline business case was completed in July and circulated through the Trust's governance structure before approval by the Board in September and subsequent delivery to NHSE/I. Approval/feedback is expected in late December.
- Alignment of the DAC site with the New Hospital Programme has been completed.

### Estates and Facilities Workplan

- The workplan was published in September 2021 and performance will be 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

- RIS/PACS - Went Live in August 2021. Recognising the challenges associated with delivery of phase 1, a detailed debrief is planned for November 2021 to ensure that the learning is taken for future Digital projects.
- EPR – Electronic Patient Record – Continued joint work with ICS. Clinical Change Manger recruited to post.
- Wristbands - Pilot commenced Oct 21.
- EPMA - Now live on all Medical and Surgical wards.
- Electronic Referral - Service provider list functionality within WebICE. – Initial development for Neurophysiology.
- Remote Monitoring – Cancer Somerset system migration to new servers planned.
- ICNet Upgrade – Project kick off meetings held identified need for off spec Interface changes required of Norwich Telepath feed.
- Metavision Upgrade - Upgrade plan in place. Servers built, software installed and Testing underway.
- EDIS Upgrade - Upgrade plan in place.
- PAS Upgrade - to include provision of new number range, currently in testing. Upgrade to support RTT being evaluated.
- Single Sign-on - Fully implemented for all EPMA users.
- Service Desk – Plans for upgrade to Digital Service Desk - Software underway.
- Managed Print Service - Replacement of Trust Printers and infrastructure with Kyocera – Phase 1 (all MFDs) completed.
- Telephony Replacement - Replacement of analogue phones – underway.
- Cyber & IG - Cyber, Information Governance, controls and assurance project – Business Cases presented in September.

### Launching the Digital Workplan

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



## Strategic Objective 2

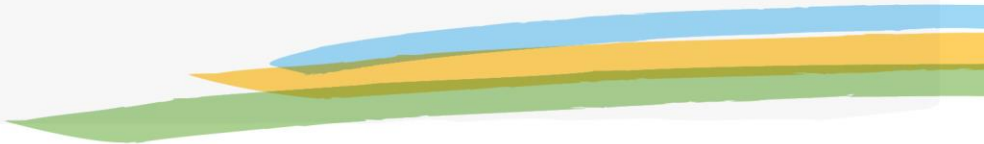
Modernising our hospital to support the delivery of optimal care.

### 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. We continue to work with service users to co-design the interior of the suite.

### West Norfolk Eye Centre

- Work is underway with the clinical and operational teams to further explore opportunities for the development of a dedicated facility for Ophthalmology services.
- Trust Board approved a £3m business case for a new Eye Centre early November 2021, subject to national funding being received for this development



## 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)



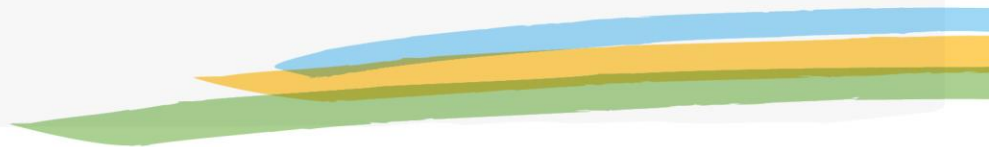


## Strategic Objective 3

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**

- A third of our workforce have attended Values into Action workshops (May-September 2021)
- Board development session on culture and quality improvement and development of Board compact for behaviours underway
- Bespoke culture and Organisational Development support in place in 4 areas:
  1. Maternity
  2. Radiology
  3. Ophthalmology
  4. Information Services
- Strengthened Freedom to Speak Up arrangements from the end of September 2021 following the recruitment of 3 new Freedom to Speak Guardians (blend of staff and independent) and an increase from 30 to 120 hours per month of support for this vital agenda
- Phase 3 of Trust-wide culture transformation programme being scoped



## Strategic Objective 3

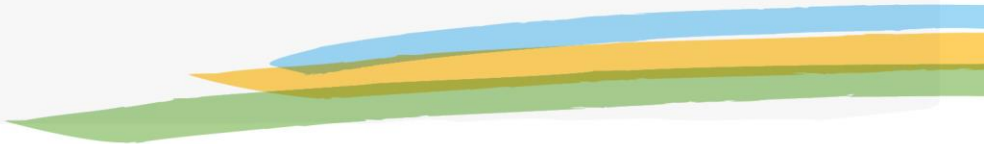
Strengthening staff engagement to create an open culture with trust at the centre.

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

- Picker chosen as new Survey Provider with a blended approach of 90% electronic and 10% paper copies
- 'Let's get engaged' communications campaign in place
- 33.2% response rate at half-way stage (as at 10 November 2021)
- Lots of 'you, saids, we dids' shared with staff as part of communications campaign to demonstrate that we listen and act
- Reassured staff about the confidentiality of the process and that individual responses cannot be identified from the results
- Evening sessions with Facilities colleagues and support with paper copies where needed

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

- Board development session with NHSI/E leads on the regional Anti-Racism strategy
- First Rainbow Café held for all staff
- 'See me First' campaign launched; with over 150 pledges from staff to date
- Supported Black History month
- 100% compliance for BAME representatives and gender balanced interview panels for Bands 7 and above
- Diversity Day planned on 24 November 2021 as part of celebrating Team QEH week

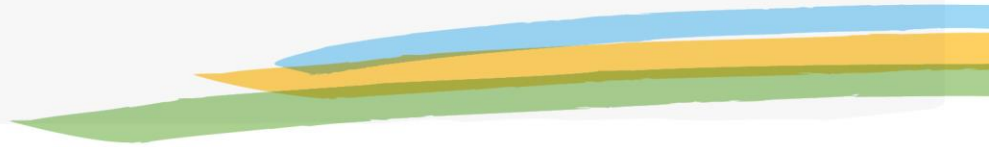


## Strategic Objective 3

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

### To improve compliance with mandatory training and appraisals

- Mandatory training compliance
  - Implementation Plan progressing
  - ESR Contractor recruited and undertaking work to improve reporting and migrate to the new approved Mandatory training matrix by January 2022
  - New Training Materials developed with some requiring minor amendments which are in progress
  - IT and ESR access established for all staff
- Appraisal compliance
  - New Appraisal form revised based on feedback from users
  - Appraisal Training Started as part of Culture Workstream
  - Appraisal Training available via e-learning
  - Appraisal Train the Trainer sessions delivered



## Strategic Objective 3

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

**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**

Sickness absence remains within process control limits but consistently lower than Trust Target

- Sickness absence in August increased to 6.17%.
  - 12 month cumulative sickness is at 6.08%
  - COVID-19 related sickness – Aug 0.28%
  - Non COVID-19 sickness – Aug 5.89%
- HRBPs supporting the Divisions to proactively manage their staff
- Weekly updates on sickness absence management are being reported at Executive Team
- Detailed review of Long-Term Sickness (LTS) in all areas under way
- Specific individual plans being established for return to work or options meetings
- Additional OH support and case conferences being arranged to manage LTS cases
- Extended phased return periods for individuals with long COVID
- Additional clinical psychologist has been appointed
- Trust workshop to change the processes held on 28th September
- Long COVID clinics established
- Analysis for reason for absence and trends identified



## 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

- Updating of Corporate Strategy to adopt a more outward and externally facing system approach
- Development of the Trust's role in Place-Based Care including development of a framework for West Norfolk articulating clear priorities and areas for focus.

### 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 July and November 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 Chief Executive.
  - Commitment to strengthening the governance for the N&WHGC and developing a detailed workplan / enhanced case for change and robust comms and engagement plan.
  - Agreement to an underpinning governance model to move forward with development of a Group Model.
- The Case of Change has been agreed to reflect the positive aspects for greater acute Provider Collaboration and the comms and engagement plan.
- A robust comms and engagement plan to ensure wider organisational and external engagement has been developed and will be published in November 2021.



## 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 a clear framework developed in partnership with West Norfolk partners to deliver agreed priorities including:

- Focus on delivery of a sustainable workforce model
- Focus on delivery of agreed national and regional priorities including Urgent and Emergency Care and Elective Recovery
- 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

- Collaborative work underway with the College of West Anglia and Anglia Ruskin University
- Established a Trainee Nursing Associate Apprenticeship (TNA) Programme, recruiting from September 2021.
- The largest investment in the project, the simulation suite equipment, has made good progress with SimMan 3G+ purchased, making us the first site in the region to take delivery.
- At the end of Quarter 2, the build has commenced with the groundworks ongoing.



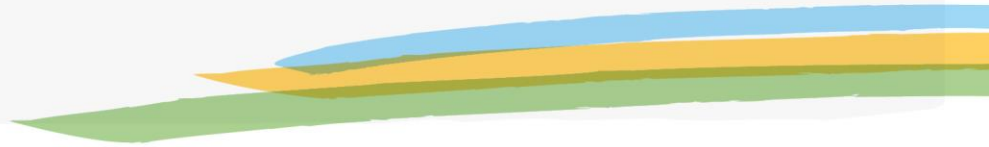


## Strategic Objective 4

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 agreed a financial plan with our ICS partners for H1 of FY21/22 and at Q2 delivered to plan. The plan for H1 was 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 £6 million is in place for FY21/22 and at Q2, the CIP plan has been delivered. 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:**

- Flu vaccinations launched 29 September 2021, 1st and 2nd COVID doses remained open to staff and the general public.
- The new National PGD implemented 30/09/21 for booster & 3<sup>rd</sup> dose vaccines and co-administration with flu vaccine, and 12-15 year old's.
- Drop-in clinics at QEH plus out of hours clinics planned.
- Current staff rates: Flu 43.6%
- Current staff rates: COVID 1: 94.5% (94.2 BME), 2: 92.5% (91.6), booster: 60.3% (50)

### **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 diabetes prevention course (513 patients engaged)
- Cervical Cancer Screening – direct contact to women who are very overdue to improve uptake of screening in hard to reach
- Supported research to inform the set-up of the NCH&C Long COVID Assessment Service
- Pilot Project to address the rehabilitation needs and recovery of Covid-19 Survivors and Chronic heart failure patients who have deteriorated due to Covid imposed isolation - Charity funding approved
- Patients waiting for elective admission – uniform harm review definitions and timings across ICS including psychological harm assessment and wellbeing support, clinical prioritisation in place, proactive comms to patients (and primary care) agreed with Healthwatch and ERB
- Patients waiting for first appointment – collaborative with SNH using Eclipse to make contact with patients, offer support and assess whether needs have changed (ie enhance clinical prioritisation of non admitted waiting lists)
- Falls Prevention – collaborative working with the Borough Council to offer holistic support including housing adjustments for patients awaiting hip and knee replacements to minimise deconditioning and maximise independence and mobility pre op
- Improved Dementia screening to consistently exceed target for 6 months with plans to expand memory clinics
- IAPT – new project with c 3800 N&W patients in scope to be contacted by the end of 2021



## Strategic Objective 5

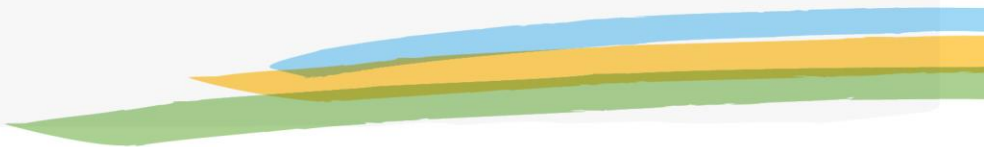
Supporting our patients to improve health and clinical outcomes.

### To be a smoke-free site

- Operational pressures, ramp-up of complex strategic projects and focus on COVID recovery activities has meant that dedicated resource could not be secured during Q2 to commence the Smokefree QEH project at the required scale.
- Support has been provided to the ICS for a system-wide plan for tobacco prevention activities and a date of December 2022 was identified as a realistic target for completing the Smokefree QEH project.
- Public Health Norfolk is re-establishing Norfolk's Tobacco Control Alliance and QEH representatives have been identified for a multi-agency workshop.
- Work progresses to review and align all policies and determine staff smoking rates and appetite for change

### To focus on mortality and learning from deaths

- Learning from Deaths review by NHSEI has now been translated into an action plan approved by NHSEI
- Good engagement from divisions in learning from deaths forum, multidisciplinary training completed for SJRs
- Delay in implementation of SJR Plus digital process due to competing pressures on digital team – now planned to be in place November 2021.
- End of Life care pathway redesign, improved documentation and capture of primary diagnosis, SAFER implementation and other changes to ongoing medical care now incorporated into UEC reset programme
- SHMI remains as expected, HSMR falling back towards the expected band
- Duty of Candour exercise to contact all patients affected by hospital acquired covid, and all next of kin of those who died completed

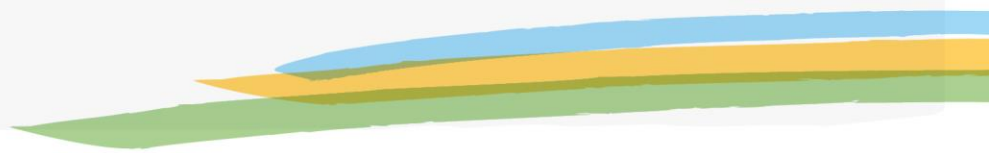


## Strategic Objective 5

Supporting our patients to improve health and clinical outcomes.

### Further Improving the Care of Older People:

- Successful recruitment of a Consultant Nurse in Frailty, joined October 2021
- Active inreach into acute medical unit and short stay ward to identify patients with frailty
- On average 20 patients a day with 20% discharged same day and 67% are either discharged from the acute floor within 48 hours or admitted to a base frailty ward.
- Frailty phone operational 7/7 for advice to ambulance crews, care home staff and primary care reducing avoidable conveyance to QEH and therefore possible admissions.
- Exceeded dementia screening target for 6 consecutive months with successful rollout of the Cognitive Impairment Assessors



## Strategic Objective 5

Supporting our patients to improve health and clinical outcomes.

### Embedding Research Delivery within the organisation

- 2 additional Principal investigators identified and all vacancies in team now filled
- Significant increase in the number of junior doctors engaging in research. 7/12 who expressed an interest have completed their GCP training and 4 have signed up and are actively involved in clinical studies.
- Exceeding research target (over 400 participants to date).
- Increased portfolio diversity - Approved to host new research in radiology, dietetics and dementia, cardiology trial funded by Novartis and initiated by one of our consultant cardiologists.
- Positive results from participants' experience of research survey
- Shortlisted in the 'clinical team of the year' and 'We Listen' (Tracy Fuller) categories of the QEH annual awards.

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

- Completed exterior landscaping and improved rear path and official opening
- Introduction of volunteer-led complementary therapy, Mindful Compassion Retreat Days and Look Good Feel Better programme on-site.
- Re-introduction of monthly Wig-fitting clinics, face to face HOPE patient support groups, and 'Grab a Cuppa' monthly generic patient support group
- Smoking Cessation support drop-in sessions for patients and staff.
- Monthly CNS-led support groups for patients diagnosed with head and neck cancers.
- Introduced a bi-annual CNS-led Dermatology Health & Wellbeing Event.
- Development of a Benefits & Welfare Rights Referral Pathway.





## 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

- QEH's Wellbeing Guardian attended national launch.
- Completed our NHS Health and Wellbeing Diagnostic self-assessment to assess current health and wellbeing performance as part of Phase 1 of the Wellbeing Guardian implementation.
- Aligned our Freedom to Speak Up Guardians, Menopause Champions and Mental Health First Aiders to act as advocates and initiators of Wellbeing Conversations (ie Wellbeing Champions).
- Update to People Committee about QEH's implementation of the Wellbeing Guardian role, Wellbeing Champions and Wellbeing Conversations – three national policy priorities.

### Implementing a Learning Academy Framework across QEH

- We have a selection of QI training on offer.
- We are supporting staff who have completed QI fundamentals to complete QI projects and embed the knowledge.
- The Staff Ideas (Room for Improvement) is really gaining traction and is very popular for staff to improve patient and staff experience.



## 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**

- We have commenced Quality Improvement Fundamentals – 6 hours - to develop the conversation within the Trust.
- QSIR Virtual course completed 2.5 days.
- QSIR course booked for November to recommence training.

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

- The NNUH are changing their approach to QI and not utilising QSIR as their methodology.
- ICS looking to introduce a Quality Management System to align the QI and objectives across the Health Economy.

### **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, Psychology.
- Proposal and remit developed progressing to SLT to consider five options following process mapping of existing and planned services to develop an integrated well being service.



## 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**

- Resubmitted our application submitted for menopause accreditation.
- Recruited 8 Menopause Champions.
- Partnered with Unite for training.
- QEH attended a round table event with the Countess of Wessex and signed The Wellbeing Woman pledge.
- Launched Trust Menopause Policy.

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

- A medical establishment document has been developed for all divisions 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.
- FY1, FY2 rota review in divisions are being implemented:
  - new rotas implemented to ensure correct rota coverage and minimise rota gaps;
  - Planned review of the service need versus establishment to ensure minimum staffing of wards; and
  - Job planning round for 2021/22 has started with team job planning.

