



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Strategic Objectives

Oversight & Assurance Group
21 September 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

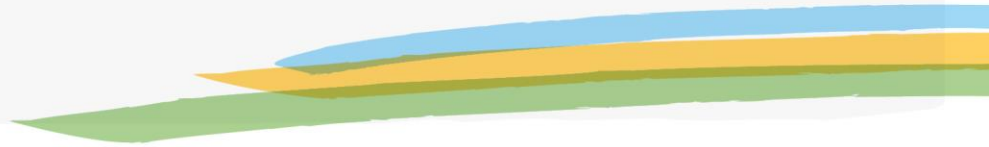
- Continue to progress against the 2021/22 IQIP – 40% (33 actions) completed with a number aligned to key improvement workstreams
- CQC currently reviewing evidence submitted by the Trust to support its application to request the removal of the remaining 7 Section 31 Conditions. CQC members are meeting on 28 September 2021 to review the evidence in more detail

Further strengthen our Better Hospital Team (PMO)

- The Better Hospital Team (BHT) has clearly agreed priorities which continue to make progress including;
 - Delivering the 21/22 improvements – Radiology culture support / Maternity culture, response to the Ockenden report and delivery of the Maternity Bereavement Suite / Elective recovery / Front door and discharge processes
 - Quality Improvement capability / training – robust training plan in place and being delivered
 - Internal strategic estates projects – supporting delivery of the New Hospital SOC / Diagnostics Assessment Centre and £20.6m national capital investment to modernise QEH

Focus on patient experience, including complaints

- June-August 100% of complaint responses within 30 working days
- 48 hour acknowledgement letter rate is at 100%
- Patient Experience workplan developed and approved.



Strategic Objective 1

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

Reducing patient harms

- Screening for VTE and Dementia remains above the agreed performance
- Infection Prevention and Control across the organisation has been audited as part of the programme of internal audit – report awaited

Improving learning from incidents

- Continue to demonstrate good progress
- Historical Serious Incident 'backlog' has been cleared with 75% of investigation now being completed within the 60 day timeframe as of August 2021. This is a significant improvement from 2020/21 Quarter 4 when 0% (0/14) were submitted within 60 working days.
- Sustained improvement with Duty of Candour with compliance at 95% at end of August 2021
- 88 delegates completed RCA training on undertaking SIs and moderate investigations
- Significant improvement in the quality of Serious Incidents with CCG satisfied with reports submitted
- Partnership working between Divisional and Corporate Patient Safety Team has been enhanced through regular SI update meetings
- QEHL held its 3rd Trust-wide Patient Safety Learning Event with over 110 attendees. Next event planned for November 2021



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

Urgent and Emergency Care (UEC):

- 4 hour performance for August 2021 was 68.6%
- Ambulance offload within 15 minutes was 42.5%
- Sustained increase in ED attendances
- UEC improvements in ward processes and SAFER roll out
 - Pre noon discharges improved from 17.6% in April 2021 to 21.2% in August 2021
 - Ward reconfiguration plan agreed and implementation commenced
 - Surgery complete
 - Cardiology and coronary care co-located, releasing additional stroke ward beds

Recovery and restoration of planned care post-COVID

- Compared to the 2019/20 baseline period, recovery and restoration of elective activity for August 2021 was:
 - 91.0% consultant led first outpatients (unvalidated)
 - 73.7% consultant led follow up outpatients (unvalidated)
 - 91.6 % day case and 212.5% ordinary electives (unvalidated)
 - 101.8% diagnostics (unvalidated) – omitting radiology modalities due to RIS Upgrade
- Reduced the number of patients waiting for 52 weeks from 1,412 at the end of March 2021 to 1,078 at the end of Aug 2021. Achieving >99% as part of the national Data Quality (DQ) programme
- National Clinical Prioritisation (NCP) roll-out to diagnostic patient waiting list



Strategic Objective 1

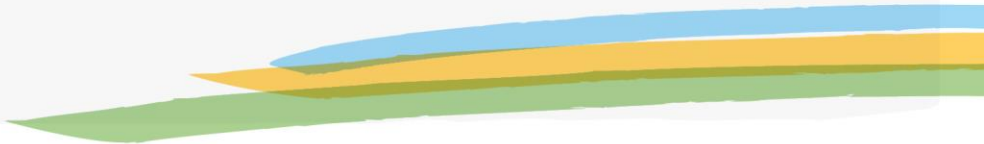
To consistently provide safe and compassionate care for our patients and their families.

Improvements in all areas of the national inpatient survey

- The Trust has received the results which remain embargoed.
- Detailed action plans are in development and will be presented to Committees and Trust Board.

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

- Following the full submission of evidence to the national portal for the 47 recommendations, we undertook a gap analysis of the evidence submitted against the recommendations.
- From this gap analysis we developed 34 actions, 9 of which are completed
- Next steps are to await the feedback from the National Team and triangulate this with our data to develop final actions for addition to the Maternity Improvement Plan.
- The Maternity Improvement Plan (MIP) is overseen by the MIP steering group that reports into MSSF. Check and challenge is currently offered by the Quality sub-Board Committee on a monthly basis.



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

- 2 Expressions of Interest submitted to the Department of Health and Social Care on 9 September in a bid for the Trust to become one of the eight further new hospital schemes
- This includes: (1) single phase on-site full new build and (2) multi-phase redevelopment
- Significant engagement with ICS partners, external stakeholders and region – and unanimous support for QEH's submissions

- Good progress with Strategic Outline Case development including completion of:
 - Model of Care
 - Strategic and Management Case

- Programme Board now in place (meeting monthly) – which includes Governor and Non-Executive representation and James Paget University Hospitals NHS Trust

- Strengthened governance and project management arrangements for strategic estates projects via the PMO to ensure alignment

- Strong local community support, including e-petition which is gathering momentum, with 12,000 signatures



Strategic Objective 2

Modernising our hospital to support the delivery of optimal care.

To submit a business case for national capital funding

3-year failsafe programme - £20.6m emergency national capital secured in year 1 of the 3-year programme

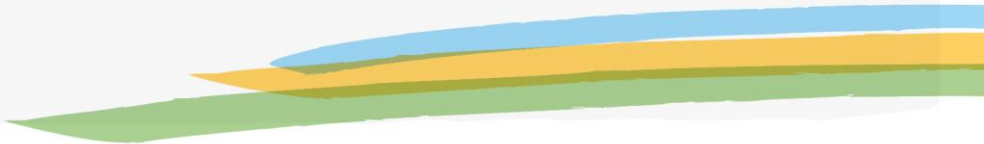
- The Trust Board signed off a business case for the £20.6m on 6 July 2021 which will allow QEH to further improve safety through the removal of RAAC planks and/or mitigate the risk of RAAC planks through the installation of failsafe systems. On 12 July the Trust received confirmation from NHSI that the business case had been approved centrally and received the £20.6m emergency capital funds to modernise and improve the safety of our hospital over the next year (2021/22).
- It will also enable a number of service improvements, and in turn improvements to patient and staff experience

Diagnostic Assessment Centre

- The Outline Business case for the DAC was approved by all three Trusts in September 2021. This was approved by the Norfolk and Waveney Hospitals Group Committees on 13 September 2021 and will now go forward for regional / national approval.

Estates Workplan

- The Estates and Facilities workplan has been approved and published in early September, setting out clear and robust priorities.



Strategic Objective 2

Modernising our hospital to support the delivery of optimal care.

To significantly improve the Trust's Digital maturity

- Working with ICS Digital leads to understand and apply 'What Good Looks Like' as our overarching strategic methodology
- QEH Trust Board has approved the year 3 Digital Aspirant Funding Full Business Case
- Working towards QEH 3 year Digital Strategy for presentation in April 2022

Launching the Digital Workplan

- Digital Work Plan for 2021/22 – work progressing to plan
- Electronic Prescribing and Medicines Administration now live on 13 wards, with an additional 6 planned for w/c 13 September, providing a safer method of prescribing
- Radiology Information System and PACs Picture Archiving and Communication System (Including e-Requesting) went live on 7 August 2021
- E-Observations project - funding is being provided by the NHSD Digital Aspirant fund and led by Chief Nurse (SRO)
- Electronic Patient Record Strategic Business Case is with the Regional and National Teams for sign-off – all points of query have been addressed
- Cyber Security Improvement Plan is progressing to plan. Data Security Protection Toolkit for 2020/21 was submitted with 15 actions which have been accepted by NHSD. New Head of Cyber Security appointed

Maximising the use of technology

- Replacing Multi-Function Devices (MFD) printers completed
- 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 as part of the e-Observation project
- Appraising the use of electronic forms to replace paper-based forms – trials have started with a Leavers' form
- Existing Service Desk software being reconfigured and relaunched to drive better use of precious Digital resources



Strategic Objective 2

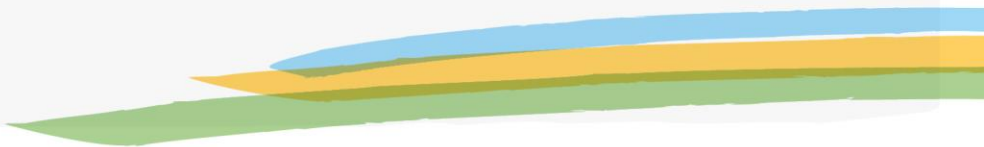
Modernising our hospital to support the delivery of optimal care.

To open our new Maternity Bereavement Suite

Building work has started on the Maternity Bereavement Suite – which is expected to open in winter 2021. 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.



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

Phase 1 of the Culture Transformation programme is complete, during which:

- 350 (46%) of leaders attended Leading With Values (LWV) workshops in April 2021
- 1,159 (30%) of staff attended Values Into Action (VIA) Workshops in May 2021
- 515 (13%) members of staff completed the Culture Survey and we have evaluated the results, ensuring they are reflected in our current priorities/workplan, with an increased focus on:
 - ✓ Nurture positive attitudes focussing on people's strengths rather than their weaknesses
 - ✓ Developing and support leaders and managers to be more visible, appreciative and involving, and to role model kindness
 - ✓ Supporting people to grow in their roles and develop in their careers
 - ✓ Continued focus on staff health and wellbeing
 - ✓ Creating a culture where giving feedback about attitude, behaviour and culture is normal
 - ✓ Supporting and encourage all staff to 'live' our values (values-led behaviours)
 - ✓ Working to support better team working in and across teams to break down silo working

Phase 2 of the programme started in September 2021, and will see the all workshops repeated. We aim for over 50% of staff to have attended VIA workshops and over 75% of leaders to have attended the LWV workshop at the end of phase 2.

Speak Up: Investment in 3 new Freedom to Speak Up Guardians – increasing resource and support from 30 hours to 120 hours per month



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

- Survey will open 27 September 2021
- Plans to maximise response rate to 2021 NSS are well-advanced. There will be a blended approach of electronic (85%) and paper (15%) copies, working with new providers Picker
- For the first time, the questions will be aligned with the NHS People Promise
- Communications and engagement campaign developed focused on 'Let's get engaged!'. alongside three supporting straplines which build on the theme – Together we are better, We're committed to you, and Change is in the air
- Monthly communications updates are shared with staff summarises the positive changes the Trust has made in response to staff feedback – with a focus on kindness, wellness and

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

- Full-time EDI lead started in July 2021 and is establishing relationships with relevant leads across the region as well as within the organisation
- Transgender awareness training for staff (August 2021)
- QEH celebrated the first Pride in the NHS Week
- Earlier this Summer, we introduced a fairer recruitment and interview process in response to feedback. Last month, 100% of interview panels for all medical and Band 7 and above roles included at least one colleague who is BAME and compositions which were representative of gender



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
 - 85% vs 80% Trust Target (July 2021)
 - New approach utilising more virtual learning options continually being developed
 - New training framework established and being operationalised through ESR
- Appraisal compliance
 - 82% vs Trust Target of 90% (July 2021) steady improvements in performance from July 2020 with increased Divisional Focus and improved Appraisal training and documentation

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

- Overall sickness levels remain stubbornly over target at 6.1% (July 2021)
- Trust and Regional Workshops planned to identify further step change opportunities



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.

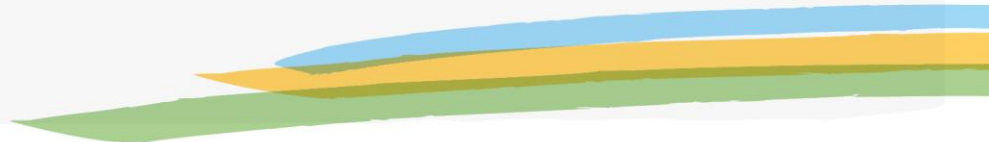
Further improve relationships with external stakeholders and partners

- 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

In light of the NHSEI guidance on provider collaboration which was published on 10 August 2021, detailed work has been undertaken to refine the vision and objectives for closer acute provider collaboration which is underpinned by;

- 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.

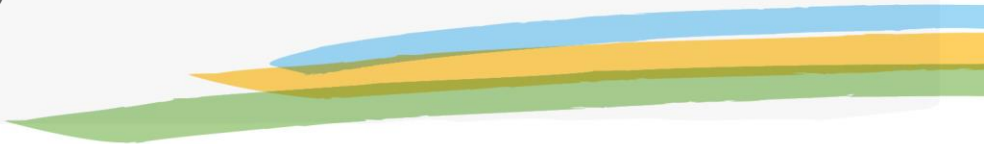
To lead on the development of Place- Based Care

Establishment of 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
- Plans remain on track to enable delivery of the first cohort in quarter 4 2021/22
- Detailed plans for recruitment of the first cohort are underway



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 breakeven financial plan for the first half of 2021/22 including a £2.5m CIP plan.
- As at the end of August (Month 5) we have achieved our planned financial position and delivered the CIP plan.
- We remain on track to deliver the planned breakeven position and the CIP plan for the first half of the year.

- We continue to work internally, and across the ICS, with regards the financial plans for the second half of the year and will align these following the publication of the National Planning Guidance that is due imminently.



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:

- Vaccination centres with seven day services established at both QEH and Downham Market with over 75,000 vaccines administered.
- Offering Pfizer and AZ vaccines at both sites, including walk in slots
- Currently planning booster vaccination program with initial aim to support Clinically Extremely Vulnerable patient groups.

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 positively 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 (250 N&W women positively engaged)
- 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 funded program.
- Patients waiting for an elective procedure – collaborative working to offer holistic support and risk stratify patients on the planned care waiting list
- 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
- Targeted work to encourage those in the most deprived areas locally to have the COVID vaccination
- Improved Dementia screening to consistently exceed target for 3 months with expansion of memory clinics for increasing number of patients now likely to be diagnosed earlier with Dementia
- 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

- Objectives and high level implementation plan agreed including draft communications and engagement plan to explore the approach to patient and staff engagement.
- Plan to identify smokers (staff and community) and to determine the most appropriate smoking cessation support required for them using surveys, then develop this support, and use communications plan to share and publicise the support available, final step will be removing smoking shelters and smoke free site signage.

To focus on mortality and learning from deaths

- SHMI remains stable and within expected band
- Rolling 12 month HSMR (which includes Covid deaths) increased above expected from March 2020. Contributory factors well understood, four point action plan and mitigating measures in place and HSMR now falling again
- Focus on Learning From Deaths has had significant impact: 100% ME screening including formal capture and sharing of feedback from bereaved relatives, targeted Structured judgement Reviews, thematic learning and dissemination in place.
- Multidisciplinary documentation and accuracy of coding both improved with monthly audit in place
- Redesigned and significantly improved reach of palliative care service since March 2021. 40% of patients receiving specialist palliative care in their terminal phase of illness. This has improved from < 5% before March 2021. The impact of this will also become evident in HSMR over time.
- Learning from Deaths collaborative with NHSE/I which supported the reviews of weekend mortality has made recommendations to improve on the quality of care provided to patients. These learnings will be disseminated to staff in November at our regular Learning Event.



Strategic Objective 5

Supporting our patients to improve health and clinical outcomes.

Further Improving the Care of Older People:

- Enabling Place Based Care
 - Admission Avoidance through a 7 day telephone advise and guidance (frailty phone) aiming to keep people at their existing residence. Access to paramedics, community matrons, therapists, GPs available with excellent uptake
 - Advanced care planning to ensure that those patients who don't want to come back to hospital (in view of frailty/terminal decline) have the appropriate paperwork and support to remain in the preferred place of care
 - Protect NoW The Protect NoW Team have been looking at how to apply population health management techniques to supporting the reduction in admissions for those elderly patients who have been identified as being at risk (but with reversible risk).
 - Future: Longer term plan is to have a community geriatrician reaching out in North Norfolk to enable older patients to remain closer to home for their care
- Early and Timely care for older people
 - The frailty phone allows us to promptly see patients who are recognised as frail being admitted via the front door or under the care of another specialty – our input to date has shown that this facilitates “right person, right care, right time” approach and reduced LoS and improves quality of the patient journey.
 - Future: The imminent implementation of frailty front door services will allow for direct admissions to the frailty team 8 hours per day, 5 days a week to facilitate comprehensive geriatric assessment to commence within two hours of entry to the acute Trust



Strategic Objective 5

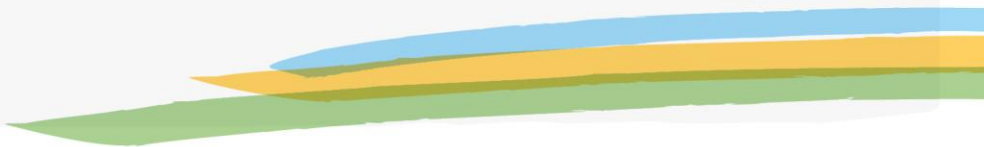
Supporting our patients to improve health and clinical outcomes.

Embedding Research Delivery within the organisation

- Five new Principal Investigators working on research trials since April
- Research team attending approximately 30 ward rounds and MDTs per week
- 39 open and recruiting studies across 18 specialities
- Research opportunities offered at every undergraduate and postgraduate Doctor induction
- “Druguardians” – drug trolley camera devices created at QEH, will be placed within high flow areas for evaluation and refinement; thus embedding our innovations into the organisation.

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

- State of the art Cancer Wellbeing and Support Centre formally opened to patients May 2021 as a welcoming space to access non-clinical services at QEH with a specific focus on supporting the long-term impact of cancer.
- The Macmillan Information and Support Service provides these services which include general health and wellbeing advice, access to financial support, and to patient support groups, courses and events, such as the Macmillan Help to Overcome Problems Effectively (HOPE) course, within a safe and confidential on site environment, reducing the need for travel.
- Beautiful shielded outdoor space now also redeveloped outside the centre with raised flower beds and outside seating, specifically designed to provide privacy to patients, relatives and friends visiting the centre, opened July 2021.



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, Non-Executive Director, is the Trust's Wellbeing Guardian with self assessment and proposed next steps to be discussed at September's People Committee and October's public Board meeting
- Over the coming months, the Trust's Wellbeing Guardian will work closely with the Head of Staff Engagement, HR & Occupational Health leads to undertake a health check on the organisation

Implementing a Learning Academy Framework across QEH

- Framework for learning is in place for each band
- Next steps to embed within career paths, talent and succession planning and better integrate with clinical education

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

- A range of courses have been made available to staff including 1 day Quality Improvement fundamentals / QSIR virtual training at the Norfolk faculty / lunch and learn QI achievement events and quarterly learning sets for QI trained staff.
- Clear targets are in place for attendance on all course with trajectories in place to deliver.

Working with NNUH on a joint QI faculty

- Work underway to further develop the joint QI faculty to support system wide improvements.



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

- Continuation of clinical psychology and physiology support for staff
- Menopause and long covid clinics introduced
- Full OH services procurement process in final stages of completion

To become a national leader in the NHS for menopause awareness

- The Trust's Menopause policy was launched in August 2021, attracting much regional and national interest
- During October's Menopause Month, the Trust will launch our 8 Menopause Champions who will provide support and signposting to staff requiring help. The Champions include both male & female staff, who will be supported by a range of clinical leads
- The Trust is partnering with Unite, who will undertake 2 Menopause awareness sessions for staff in October and November 2021
- A staff Menopause Clinic is on track to be up and running by early 2022

Develop a sustainable clinical workforce supply strategy

- Medical Establishment document in place
- Job Planning and Rotas complete in all areas, next steps to introduce team job planning

