



NHS

The Queen Elizabeth
Hospital King's Lynn

NHS Foundation Trust

DIVISION OF MEDICINE WORKPLAN

2022/23



**EXCELLENCE
STARTS HERE**

Our vision is to
be the best rural
District General
Hospital for patient
and staff experience



QUALITY
ENGAGEMENT
HEALTHY LIVES

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 -
Deputy CEO**

STRATEGIC OBJECTIVE

3

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

**Executive Lead -
Director of People**

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 and
Integration**

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 Patient Safety**

ABOUT US

With over 4,000 staff (known as Team QEH), we are one of the biggest employers in West Norfolk, supporting the health and wellbeing of our local community. We are fortunate to be supported by 300 dedicated volunteers. QEH has circa 500 beds, 28 wards, a budget of circa £220m and serves a population of around 331,000 people who live in the three counties of Norfolk, Cambridgeshire and Lincolnshire.

We have begun our journey of improvement, to turnaround the Trust from one with an 'Inadequate' rating (and requiring 'intensive support') from the CQC, to one our local communities can be proud of for the high standards of care we consistently deliver to our patients and their families. We play a leading role in research and innovation, being one of the most-research active NHS Trusts in the country compared to similar-sized hospitals.



ABOUT US

Divisional Leadership Team



Nick Redwood
Divisional Director



Amanda Hallums
Interim Divisional General
Manager



Karon Strong
Head of Nursing

Operational Team, Matrons & Lead Nurse

Debbie Longmuir
Deputy Divisional General Manager for ED & Acute Medicine

Liz Bradley
Deputy Divisional General Manager for General Medicine & Frailty

Anthony Wilson
Service Manager

Gemma Crittenden
Matron - ED and Acute Medicine

Kelly James
Service Manager

Fiona Clutterbuck
Matron

Adam Kellythorne
Service Manager

Alison Webb
Matron

Adrian Condrat
Support Manager

Phulmattie Mohan
Matron

Lisa Richards
Support Manager

Lucy Utting
Divisional Quality & Governance Lead

Sarah Tilbrook
Support Manager

Jane Cole
Divisional Risk & Governance Manager

Richard Jones
Support Manager

Kelly Hall
PA to the Divisional Leadership Team

Clinical Directors

Dr Mitra Sadeghi
Clinical Director for Acute Medicine

Dr Thiru Naicker
Clinical Director for Respiratory

Dr Antony Felix
Clinical Director for Cardiology

Dr Leslie Mtariswa
Clinical Director for Stroke & TIA

Dr James Casson
Clinical Director for Integrated Care of Older People

Dr Lisa Cooke
Clinical Director for Haematology

Dr Jill Patterson
Clinical Director for Emergency Medicine

Dr Nicola Ainsworth
Clinical Director for Oncology

Dr Shailesh Karanth
Clinical Director for Gastroenterology

Dr Shiva Ugni
Clinical Director for Neurology, Nephrology & Rheumatology

Acute Medicine

Our Acute Medicine Team are responsible for the care and treatment of patients presenting to hospital with medical emergencies that require urgent treatment. The Acute Medicine team care for patients across five main areas:

- Acute Medical Unit (AMU)
- Acute Medicine Clinic (AMC)
- Same Day Emergency Care (SDEC)
- Terrington Short Stay (TSS)
- Treatment Investigations Unit (TIU)

Referrals into Acute Medicine come from GPs, Front-line Paramedics, Outpatient clinics and our Team QEH Emergency Department colleagues. Referrals are streamed by a Senior Nurse who can make rapid decisions regarding the most appropriate place for treatment and also advise whether an alternative care pathway is available.

Emergency Department

Our Emergency Department (ED) has three adult and one children's resuscitation room (for our most seriously ill or injured patients) as well as 13 trolley cubicles and a fit-to-sit area for patients who do not require a trolley. There is a dedicated assessment area for children, which is open 24 hours a day and we have a dedicated mental health room.

Our ambulance handover area can accommodate five patients. Consultant cover is provided seven days a week between 8.00am and 10.30pm. We work closely with colleagues at Norfolk and Suffolk Foundation Trust to assess and provide the best care for adults and children with mental health conditions.

Frailty Care

Many of our patients are older people whose abilities and problems - along with their resources, wishes and values - vary greatly. We work with older people to help them navigate a complex healthcare system and live well to the end of their lives. The Integrated Care of Older People (ICOP) team cares for frail, older people ensuring a comprehensive, multidisciplinary approach to care.

Frailty Inpatient care is provided across two wards. West Newton and Windsor both of which have been designed to meet the needs of our patients with acute physical or cognitive needs. Both wards foster a culture of multidisciplinary working to ensure high quality and compassionate care for all.

Outpatient services include: geriatric assessment, falls prevention, bone health, movement disorders and memory clinics. We are using online technology to reduce the number of times patients need to travel to the hospital and we also have an acute frailty advice line for GPs, Therapists, Paramedics and Community Matrons.

General Medicine and Specialities

Our Stroke service has a Hyper-Acute Stroke Unit (HASU), which is supported by further Acute Stroke and Stroke rehabilitation beds. The team also provide an outpatient service for patients suffering from Transient Ischemic Attacks (TIAs), often referred to as mini strokes.

For patients with heart disease and heart-related illnesses, we have a dedicated Coronary Care Unit supported by our Cardiology team as well as a Cardiology ward supported by our Cardiac Rehab nursing team who support patients as they prepare to leave our care and return home.

Haematology and Oncology care is provided in both an inpatient and outpatient setting. Shouldham is our 12-bedded ward for Haematology and Oncology and we have overnight accommodation for relatives of acutely ill patients in our on-site Raymond Dent log cabin. Our Chemotherapy Suite has space to treat 12 people and we deliver around 5,000 chemotherapy

sessions in a year. The department also run a robust Outpatient service providing multidisciplinary clinics supported by Specialist Nurses.

We have recently taken over Palliative Care from the Community Trust. A Macmillian information service is also provided.

Our Diabetes & Endocrinology team provide a comprehensive outpatient service including patient education sessions, as well as providing care on our inpatient wards.

Our Gastroenterology department provide both inpatient and outpatient care as well as supporting our Endoscopy service.

The Respiratory team provide outpatient services with dedicated Lung Cancer clinics, pleural procedure clinics and a Bronchoscopy service. They also provide inpatient care of acutely unwell Respiratory patients, including patients requiring Non-invasive ventilation (NIV).

Our Nephrology, Neurology and Rheumatology departments provide outpatient services supported by Specialist Nurse teams.

The workplan will be monitored quarterly via Divisional Board and Hospital Management Board.



PRIORITY 1 - Quality

STRATEGIC OBJECTIVE 1: To consistently provide safe and compassionate care for our patients and their families

Executive Lead - Chief Nurse



We will aspire to be a continually improving Division

We will do this by:

- Building on the feedback received from the recent CQC report and ensuring all required actions are addressed in line with the agreed timeline
- Incrementally reducing falls which result in serious harm
- Incrementally reducing the number of outstanding Serious Incident action plan actions
- Robustly implementing Duty of Candour phase 3

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

We will do this by:

Implementing our Urgent and Emergency Care Improvement Plan including:

1. Driving through the plans to increase our ED footprint to improve the patient and staff experience and deliver improved timely access to care and treatment
 2. Engaging with our clinical teams supported by our Quality Improvement team to implement Criteria Led Discharge by beginning of Q2 2022/23
 3. Implementing the SAFER principles
 4. Embedding the use of Same Day Emergency Care to include direct access from EEAST as appropriate and redirect referrals to AEC
- Implementing clear actions to improve care for our Stroke patients to deliver SSNAP Grade C by the beginning of Quarter Two 2022/23
 - Implementing our learning from deaths action plan and specifically continue to improve end of life care provision in line with the Norfolk and Waveney Palliative and End of Life Care Strategy 2019-24

We will focus on recovery and restoration of planned care post COVID-19

We will do this by:

Implementing an Outpatient plan to deliver the 2022/23 Operational Planning Guidance:

- Embedding virtual consultations as business as usual where a face to face consultation is not required
- Continuing with the embedding of Patient Initiated Follow across all specialties to support patients to manage their own conditions
- Ensuring that key metrics are delivered i.e. 110% New O/P activity

We will focus on patient experience, including complaints. Consistently ensuring timely and quality responses to patients and their families and share learning when we fall short

We will do this by:

- Consistently sharing learning from complaints, near misses, never events and learning via our Divisional Governance Structures.

PRIORITY 1 - Quality

STRATEGIC OBJECTIVE 2: Modernising our Hospital (Estate, digital infrastructure and medical equipment) to support the delivery of optimal care

Executive Lead - Deputy CEO



We will work to develop our estate to maintain safe care for our patients and their families

We will do this by:

Engaging with our Estates and Facilities teams to develop capital plans for Divisional priorities within the Estates workplan for 2022/23 including:

- Expansion of the Emergency Department
- Improving SDEC space availability
- Finalised ward reconfiguration

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

We will do this by:

Ensuring Divisional engagement with Trust wide Digital transformation including:

- EPMA
- E-Observations
- EPR
- E-chemo prescribing
- Implementation of Attend Anywhere (Advice and Guidance)

We will ensure our Medical equipment is fit for purpose

We will do this by:

- Developing a robust medical equipment plan within the Division by Q2 of 2022/23 to ensure equipment approaching end of life is replaced and new equipment is purchased to support improvements in patient care

PRIORITY 2 - Engagement

STRATEGIC OBJECTIVE 3: Strengthening staff engagement to create an open culture with trust at the centre

Executive Lead - Director of People

We will focus on Divisional staff engagement and the three key priorities of “Kindness, Wellness, Fairness”

We will do this by:

- Focusing on feedback from the staff survey results, developing a robust action plan to see improvements in the next survey report
- Continuing to strengthen DLT visibility across the Division through department visits and the DLT Open Forum to give staff opportunities to be able to share ideas and raise concerns in a safe environment

We will maintain improvements made in compliance with mandatory training and appraisals

We will do this by:

- Ensuring staff are supported with protected time through proactive roster management and the appropriate training to be able to deliver against the KPIs at ward and department level

We will reduce sickness absence to the agreed trajectory level by Q4 2022-23

We will do this by:

- Utilising pro-active roster management to support staff well-being ensuring adequate rest time and “thinking space” for staff to undertake audit, study days, team away days and professional management



PRIORITY 2 - Engagement

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 and Integration



We will further improve our relationships with external stakeholders and partners

We will do this by:

Continuing collaborative working and building relationships with external partners to share learning across the ICS to improve care pathways and processes;

- Norfolk and Suffolk NHS Foundation Trust (NSFT) through the Mental Health Operational Group
- East of England Ambulance Service (EEAST), Norfolk Community Health and Care NHS Trust (NCHC) & the Clinical Commissioning Groups (CCG) through the West Norfolk System Operations, Resilience and Transformation Group (WSORT) as well as other forums

We will work with system partners to develop the Provider Collaborative

We will do this by:

- Reviewing opportunities across the Division to support sustainable service delivery in collaboration with partners including opportunities to provide Place-Based care within the community

We will support the delivery of a robust financial plan and savings programme

We will do this by:

- Developing a robust Cost Improvement Programme (CIP) to deliver to target by the end of Q4 2022-23 with a focus on efficiency, sustainability and workforce transformation

PRIORITY 3 - Healthy Lives

Supporting our patients to improve health and clinical outcomes

Executive Lead - Medical Director

We will focus on recovery and restoration of planned care post COVID-19 as outlined in the 2022-23 operational planning guidance

We will do this by:

- Delivering significantly more activity for Elective Inpatients, Day cases and New Outpatient appointments compared to 2019-20 activity levels (target 110%)
- Improving timeliness of Cancer diagnosis and treatment back to pre-pandemic performance
- Focusing on a more personalised approach to follow up care by reducing follow up activity (target 25%) and implementing Patient Initiated Follow up (PIFU) where clinically appropriate to support patients to manage their own conditions (target 5%)
- Embedding virtual consultations a business as usual where a face to face consultation is not required (target 30%)
- Embedding referral triage where clinically appropriate to ensure the most urgent patients are seen first and provide advice and guidance for patients who do not require an appointment in secondary care (target GPs must use advice and guidance for 12 out of 100 outpatient attendances)



PRIORITY 3 - Healthy Lives

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

Executive Lead - Director of Patient Safety



We will support our staff to develop to their full potential

We will do this by:

- Strengthening and embedding Triumvirate working at service levels in line with the Trust's accountability framework and supporting our leaders to develop through Trust initiated and external leadership offerings such as the Connected Leaders programme
- Being above average for National Staff Survey and quarterly pulse survey results in questions related to staff health and wellbeing, morale, feeling listened to and engagement
- Aiming for a 50% response rate to the national and quarterly staff surveys
- Reducing the proportion of staff leaving the Division within 12 months of employment to 10%
- Improving the Division's performance in the Workforce Race Equality Standard indicator 6, relating to acting fairly with regard to career progression and promotion by 10% on the 2021/22 baseline
- Ensuring a safe working environment for our staff post COVID-19 pandemic
- Introducing well being conversations during ward/department meetings; 1:1 conversations; and the appraisal process
- Ensuring all staff have meaningful appraisals in line with Trust policy
- Holding open conversations with Divisional staff in order to inform our response to the Staff Survey – You Said, We Did
- Strengthening the induction process for our new starters in accordance with the NHS People Promise
- Ensuring our middle managers have access to the Trust management/leadership development programmes
- As a Triumvirate participate in the cross divisional leadership programme
- Introducing mentoring support newly appointed Band 7s
- Developing a robust framework to support the NHS Patient Safety Strategy; strengthening learning; sustaining changes in policy/processes as a consequence
- Ensuring key members of the team attend the High Performance Leaders programme
- Our staff will be involved in QI programmes at all levels/grades / bands and have access to tools/resources to support with a target of 15% of divisional staff completing QI training by year-end with each of these staff engaging in local change projects

- Nominating a minimum of three members of staff to attend each cohort of the Quality, Service Improvement and Redesign (QSIR) training to support the delivery of service improvements within their wards and departments

We will develop a culture of learning across the Division

We will do this by:

- Consistently sharing learning from complaints, near misses, never events, incidents and learning from deaths through our monthly Divisional Governance update
- Continuing to develop innovative methods for sharing learning such as through the use of Social Media

We will look to develop sustainable clinical workforce models

We will do this by:

- Developing a robust recruitment strategy that aims to build a sustainable workforce including reviewing opportunities to develop integrated workforce by Q3 2022/23

To request this document in a different language or format,
please contact 01553 613391 or email communicationsqeh@qehkl.nhs.uk

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