



NHS

**The Queen Elizabeth
Hospital King's Lynn**

NHS Foundation Trust

DIVISION OF SURGERY 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.

The Surgical Division have worked together to develop a workplan for the year ahead, encompassing all departments and specialties.

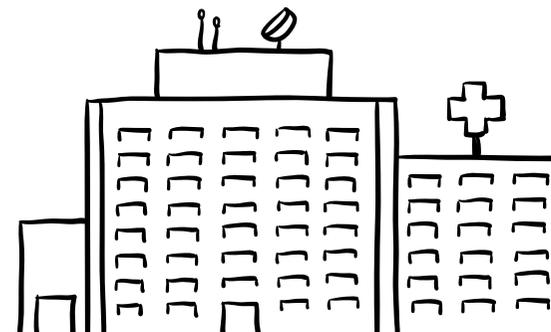


ABOUT US

Anaesthetics	Day Surgery	General Surgery	Pain Team	Urology*
Breast Care	Dermatology and Plastic Surgery	Main Theatres	Pre-Assessment	
Clinical Psychology	Endoscopy	Ophthalmology	Sterile Services	
Critical Care and Outreach	Ear, Nose and Throat (ENT)	Oral Surgery and Orthodontics	Trauma and Orthopaedics	

* Provided by Norfolk Acute Hospitals Group at QEH

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



ABOUT US

Team structure



Mr Syed Hyder
Divisional Director



Anthony Baines
Divisional General Manager



Liz Barker
Head of Nursing

Operational Team, Matrons and Lead Nurse

Asher Dino
Deputy Divisional General Manager

Jill Dawson
Deputy Divisional General Manager

Katy Whicker
Matron - Inpatient Ward Areas

Judith Spalding
Matron - Elective Care

Helen Smith
Lead Nurse for Theatres and Endoscopy

Julie Allen
Lead Nurse for Critical Care/Outreach and Deteriorating Patient

Emily Hodges
Lead Nurse for Risk and Governance

Clinical Directors

Dr Alistair Steel
Clinical Director for Anaesthetics

Miss Rachael Johnson
Clinical Director for Breast Care

Dr Joanne Burrell
Clinical Director for Clinical Psychology

Dr Robin Heij
Clinical Director for Critical Care (Acting)

Dr Benjamin Fox
Clinical Director for Day Surgery

Dr Simina Stefanescu
Clinical Director for Dermatology

Dr Shailesh Karanth
Clinical Director for Endoscopy

Mr Andrew Beynon-Philips
Clinical Director for Ear, Nose and Throat

Mr Rudolph Zach
Clinical Director for General Surgery

Vacant
Clinical Director for Ophthalmology

Mr Shankar Narayan
Clinical Director for Oral Surgery and Orthodontics

Dr Bharti Seth
Clinical Director for Pain Team

Dr Andrew Gregg
Clinical Director for Pre-Assessment

Mr Sunil Nair
Clinical Director for Trauma and Orthopaedics

Mr Cristian Ilie
Clinical Director for Urology

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 aiming to achieve CQC rating of 'Good' 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
- Incrementally reducing the number of outstanding Serious Incident action plan actions
- Robustly implementing Duty of Candour phase three

We will reduce the number of falls and those resulting in serious harm

We will do this by:

- Developing a robust action plan to see incremental improvements throughout the year, monitoring this quarterly

We will reduce discharge delays by implementing criteria-led discharge across the division

We will do this by:

- Engaging with our clinical teams to agree pathways and develop a plan for implementation by quarter two 2022/23

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

We will do this by:

- Implementing and delivering clear plans to deliver the 2022/23 operational planning guidance
- Continuing to prioritise cancer and other urgent elective care and to optimise theatre utilisation and efficiency in line with Getting It Right First Time (GIRFT) recommendations
- Working within the ICS to deliver mutual aid for key specialties whilst being mindful of the potential impact on QEH waiting lists



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:

- Opening the new West Norfolk Eye Centre in May 2022
- Opening the new bespoke Endoscopy unit in 2022
- Engaging with the ICS ambition to develop an Elective Hub on the QEH site

We will maximise digital offerings to support improvements in patient care and treatment

We will do this by:

Engaging with our Digital team to implement:

- Patient Observation Management System
- Wristband replacement system
- My Pre-op Pre-assessment system by quarter two of 2022/23
- ICS-wide endoscopy patient information system
- Ophthalmology electronic patient record
- 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 quarter two 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 new Trust values of “Kindness, Wellness, Fairness”

We will do this by:

- Continuing to strengthen Divisional Leadership Team visibility through visits and open forums to give staff opportunities to share ideas and raise concerns in a safe environment
- Focusing on feedback from the National Staff Survey results, developing a robust action plan to see improvements in the next survey report

We will support Ophthalmology to embed sustainable cultural change and deliver service improvements

We will do this by:

- Undertaking a culture transformation programme specific to the Ophthalmology team with a focus on strengthening relationships and delivering improvements in patient care

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 KPIs at ward and department level

We will reduce sickness absence to the agreed trajectory level by quarter four 2022/23

We will do this by:

- Utilising pro-active roster management to support staff wellbeing 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 in line with the aspirations of the Trust's Clinical Strategy and building relationships with external partners to share learning across the ICS to improve care pathways and processes. Key specialities are Urology, Dermatology, Oral Health, ENT, Ophthalmology and Trauma and Orthopaedics

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

STRATEGIC OBJECTIVE 5: 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%) – this requires funding approval to provide the required additional capacity
- Eliminating waits of over 104 weeks by July 2022 and sustaining this position throughout 2022/23
- Reducing waits of over 78 weeks by April 2023 except where patients choose to wait longer
- 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 16 advice and guidance responses per 100 new outpatient appointments)

We will improve our pre-assessment processes with a focus on pre-habilitation

We will do this by:

- Implementing the My Pre-op Pre-assessment by Q2 2022-23

PRIORITY 3 - Healthy Lives

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



We will support our staff to develop to their full potential

We will do this by:

- Further increasing capability across the organisation, with a target of 15% of divisional staff completing QI training by year-end with each of these staff engaging in local change projects
- 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 well-being, morale, feeling listened to and engagement
- Reducing the proportion of staff leaving the Division within 12 months of employment to 10%
- Aiming for a 50% response rate to the national and quarterly staff surveys
- 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 key members of the team attend the High Performance Leaders Programme

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

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

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