



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

WOMEN AND CHILDREN 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

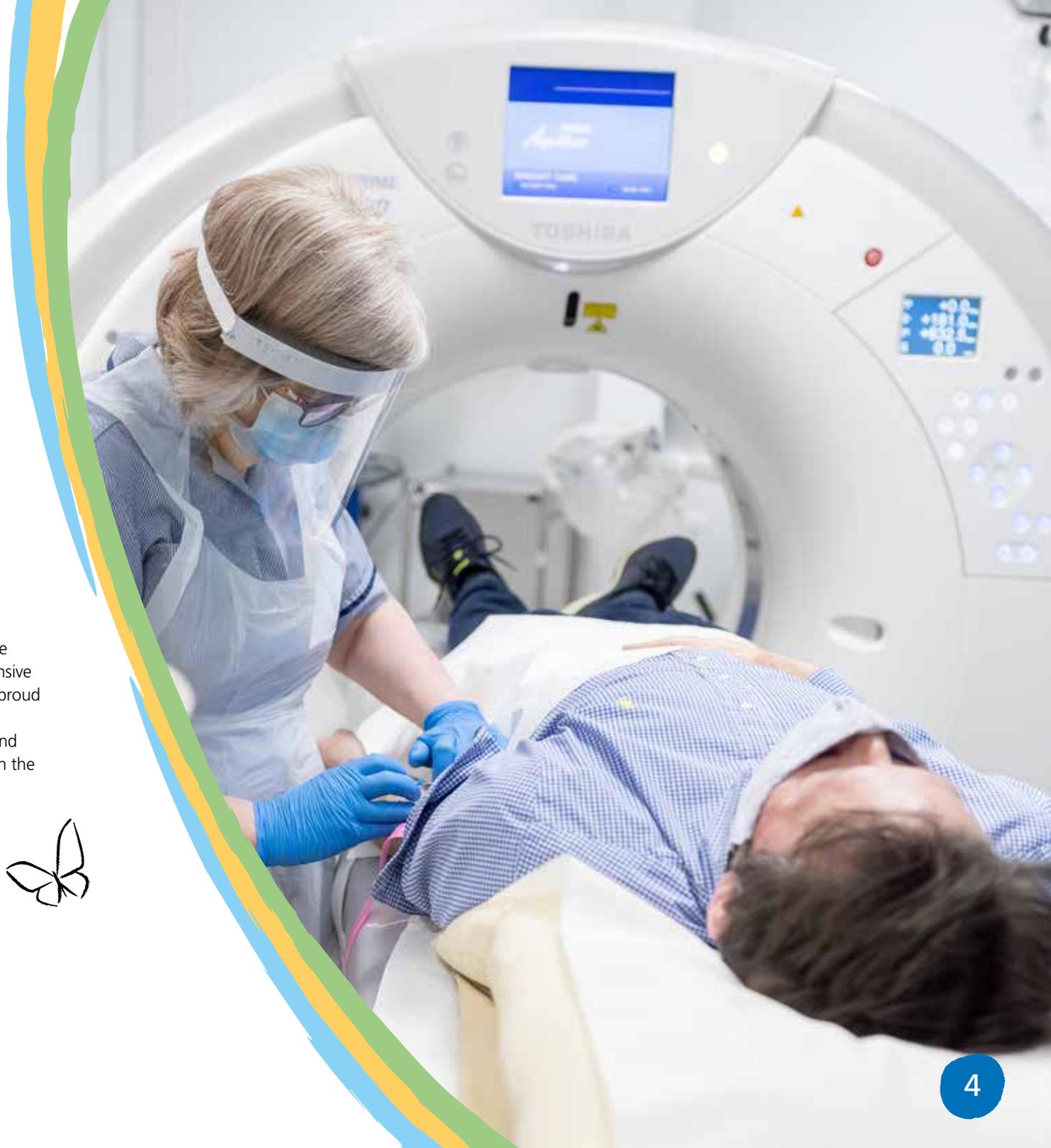
Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.

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



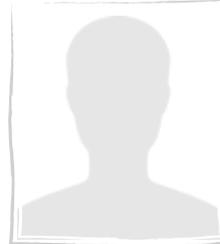
David McPartlin
Divisional Director



Mark Catling
Divisional General
Manager



Amanda Price-Davey
Head of Nursing and
Midwifery



Vacant
Head of Paediatric Nursing

Operational Team, Matrons & Leads

Louise Wright
Divisional Operations Manager

Kathryn Owens
Deputy Head of Midwifery

Vacant
Service Manager

Jodie Jupe
Matron for Core Maternity Services

Alice Cawte
Support Manager

Sally Butlin
Matron for Paediatrics

Paula Jones
Support Manager

Deborah Ramsdale
Matron for Community Midwifery

Vacant
Divisional Quality & Governance Lead

Esther Dorken
Consultant Midwife

Sam Roberts
Divisional Admin Assistant

Emma Alying
Matron for Gynaecology

Sarah-Jane Groom
PA to the Divisional Leadership Team

Clinical Directors

Dr Glynis Rewitzky
Clinical Director for Paediatrics

Miss Anitha Velusamy
Clinical Director for Obstetrics and Gynaecology

ABOUT US

The Women's and Children's Division has five areas of care.

Maternity

Gynaecology

Paediatrics

Neonatal Intensive Care Unit
(NICU)

Children's Outpatient and
Community Service

Maternity

Our maternity service is a shared Midwife and Consultant service covering King's Lynn and the surrounding area across West Norfolk and North Cambridgeshire. Our services support the pregnancy journey of over 2,000 people each year.

Pregnancy is an exciting experience and our aim is to ensure care and support is delivered at the right place and at the right time for people and their families.

We provide our core antenatal care at the Emerson Unit at QEH and are very excited to have opened two new community maternity hubs at key strategic locations within the last few months in Downham Market and King's Lynn alongside our existing hub in Wisbech.

We offer choice to people around labour and birth with settings in the Central Delivery Suite, Waterlily (our midwifery-led birthing unit) and also our homebirth service.

Gynaecology

Our Gynaecology service is offered to patients across West Norfolk and North Cambridgeshire suffering with conditions relating to the reproductive system.

Our service provides a patient-focused approach to the assessment, diagnosis and treatment of each condition under the guidance of Specialist Consultants and Specialist Nurses. As well as delivering our core outpatient service in the Emerson unit at The Queen Elizabeth Hospital King's Lynn, we also offer a clinic close to our border population at the North Cambridgeshire Hospital.

We aim to ensure that direct links are in place for our patients, with appropriate specialist nursing and medical staff to address fears and concerns and to ensure they understand the care they are receiving.

Neonatal Intensive Care Unit

We care for babies who are born early or are unwell at birth. They are admitted to the Neonatal Unit and looked after by our team of Paediatric Doctors and Neonatal Nurses. We have 12 cot spaces available for babies needing intensive care, high dependency care and special care.

Our unit is classified as a Local Neonatal Unit within the Eastern Neonatal Network. This means our staff work with other medical and nursing teams in the region to provide the right care as close to the family's home as possible. If a baby is born before 27 weeks (more than 13 weeks early) or needs intensive care for a long time or an operation, then the Acute Neonatal Transport Service will help to transfer the baby to another hospital for more intensive and surgical care.

The Paediatric and Neonatal teams work with our maternity staff, providing transitional care. This is for those babies who are well but born early or may need extra treatment. This care is provided on the Maternity Ward where babies may need extra help with feeding, or medication such as antibiotics. Providing this service helps to keep mothers and babies together.

Paediatrics

Our Paediatric Team are responsible for the care and treatment of paediatric patients aged 0-16 presenting to hospital with medical emergencies that require urgent treatment or require specialist outpatient care. The Paediatric team care for patients across five main areas:

- Children's Emergency Department (ChED)
- Paediatric Assessment Unit (PAU)
- Rudham Ward (Paediatric Inpatients)
- Day Surgery Unit (DSU)
- Neonatal Intensive Care Unit (NICU)

We take emergency admissions from our own Children's Emergency Department and GPs 24-hours a day, seven-days-a-week. We also take planned admissions daily for investigations and operations. Appropriate patients are streamed to our five-bedded Paediatric Assessment Unit (PAU) who are also able to take referrals directly from GPs.

Within our Paediatric inpatient ward, Rudham, we have dedicated adolescent beds as well as a high dependency area (caring for up to two patients). We work closely with our specialist paediatric tertiary centres to ensure children receive the care they need.

Most children who need planned surgical procedures are admitted to the Day Surgery Unit (on The Queen Elizabeth Hospital site), have their operation and go home the same day. Length of stay is kept to a minimum to reduce anxiety and disruption for the child and family. Children are admitted to our ward for treatment of Medical, Surgical, Orthopaedic (bones), Ophthalmology (eyes), ENT (ear, nose and throat) and Dental conditions.

Paediatric Outpatient and Community Services

We run a large range of clinics for babies, children and adolescents. These are largely delivered within our Roxborough Children's Centre but where required in the patient's home, our team of Community Paediatric Nurses are able to deliver this. These include:

- Doctor-led General Paediatric clinics
- Nurse-led clinics
- Procedures and investigations, for example blood tests (Phlebotomy) and immunisations
- Play specialist clinics
- Specialist clinics, including Allergy, Diabetes, Cystic Fibrosis Oncology, and Enuresis
- Dieticians
- Psychologists
- Physiotherapists/Occupational Therapists

We carry out some procedures such as Chemotherapy, Cryotherapy and Echocardiograms. In addition, we hold a range of community clinics, including Doctor-led clinics, ADHD (Attention Deficit Hyperactivity Disorder) Specialist Nurse Clinics and the Communication Disorder Clinic (CDC) involving a range of health professionals.

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 aspire to be a continually improving Division with a shared objective to achieve a CQC rating of 'Good' across our services

We will do this by:

- Consistently sharing learning from complaints, near misses, never events, incidents and learning from deaths through our monthly Divisional Governance and Board meetings as appropriate
- Ensuring closure of the remaining Section 31 conditions
- Continuing to deliver against the Clinical Negligence Scheme for Trusts (CNST) safety actions and all recommendations within the Ockenden report and maternity action plan
- Improving our processes and efficiency in relation to investigation and closure of Serious Incidents, sharing outcomes with stakeholders
- Incrementally reducing the number of outstanding Serious Incident action plan actions
- Implementing the findings of the neonatal peer review/ diabetes peer review/improving transitional care

We will improve our capability for implementing the introduction of 'The Liberty Protection Safeguards'

We will do this by:

- Developing a robust action plan to ensure compliance with the new legislation within quarter one 2022/23



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:

- Increasing our outpatient capacity through smart and efficient use of our existing resources (three session day)
- Improving patient experience in the Emerson Unit with remedial works and placement of wall murals etc
- Completion of the new Maternity Bereavement Suite and Bereavement Garden
- Opening of our refurbished Neonatal Intensive Care Unit (NICU) and new Brancaster maternity ward which includes a dedicated triage unit
- Working with partners to ensure maternity and paediatric services are delivered within the Primary Care Hub planned for 2024 (subject to business case approval)

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

We will do this by:

- Engagement with our Digital team to implement a Patient Observation Management System and a Wristband replacement system.
- Implementation of my Pre-op pre-assessment system by quarter two of 2022/23
- Increased use of Attend Anywhere and Advice and Guidance

We will ensure our Medical equipment is fit for purpose

We will do this by:

- Purchasing a new outpatient hysteroscopy (OHP) stack, cystoscopy scopes for gynaecology patients, continuous positive airway pressure (CPAP) machine and vital signs monitors within Paediatrics and iPads for our Community Maternity teams
- Reviewing all existing equipment within Division to develop a multi-year equipment replacement plan with a particular focus on equipment within our NICU and Delivery Suite areas in line with ongoing refurbishment projects

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 DLT visibility across the Division through departmental visits and commence DLT open forums to give staff opportunities to be able to share ideas and raise concerns in a safe environment
- Focusing on feedback from the staff survey results, developing a robust action plan to see improvements in the next survey report including improvement against the WRES indicator 6 to enhance the working life experience of our ethnic minority staff
- Continuing our journey of Culture Improvement within our services by implementing our charter within maternity services

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
- Ensuring all staff receive appraisals within a month of their due date by quarter two 2022/23

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 well-being ensuring adequate rest time and “thinking space” for staff to undertake audit, study days, team away days and professional management
- Focusing and planning for all staff on long term sick, meeting with each individual on a weekly basis by quarter two 2022/23

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 Trusts to improve care pathways and processes. Key specialties within the Division include, Gynaecology and Neonatal Intensive Care Unit

**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 quarter four 2022/23 with a focus on efficiency, sustainability and workforce transformation
- Assessing opportunities for additional private income within maternity services, for example maternity scanning, with a view to launching in 2023/24

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

Subject to additional investment, 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%)
- 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 chose 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 'My Pre-op' pre-assessment by quarter two 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:

- 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
- Reviewing opportunities for creative workforce solutions to capacity problems within our services. For example the use of: Physician Associate, Consultant Nurse/Midwife, Specialist Nurse/Midwife roles where Consultant/Registrar grade roles are unable to be sought
- Increasing psychology support for our paediatric patients who suffer with epilepsy
- 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 by the end of quarter four 2022/23
- 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
- Enabling key members of the team to attend the High Performing Leaders programme
- Further increasing capability across the organisation, with a target of 15% of divisional staff completing Quality Improvement (QI) training by year-end with each of these staff engaging in local change projects

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
- Embedding a 'panel approach' to investigate, respond and share learning of complaints and moderate and serious incidents
- Continuing to develop innovative methods for sharing learning such as Social Media
- Continuing our Culture Improvement journey within our Maternity service, measuring our success against our staff survey results and recruitment and retention metrics
- Meeting and exceeding our Divisional target for our staff to attend the Quality, Service Improvement and Redesign (QSIR) and Quality Improvement (QI) Fundamentals training to support the delivery of service improvements within our inpatient and outpatient services

**The Queen Elizabeth Hospital
King's Lynn NHS Foundation Trust**

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