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

PEOPLE PLAN

2020/21

EXCELLENCE STARTS HERE

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

QUALITY
ENGAGEMENT
HEALTHY LIVES

NATIONAL AND LOCAL CONTEXT

This is a time of significant change for the Queen Elizabeth Hospital (QEH), the Norfolk and Waveney health and care system and the wider NHS.

Both QEH and the wider system face some very significant challenges. For QEH, this includes being in special measures and rated 'Inadequate' by the Care Quality Commission (CQC), responding to unprecedented financial challenges and the very urgent need to modernise our hospital (with large scale capital investment required to upgrade and renew our estate and to digitise our hospital). We also need to improve our performance in a number of areas so that our cancer, emergency and planned care patients more consistently receive the timely care they deserve and further improve staff engagement through a programme of work that will ensure the right conditions and culture are in place so that staff feel properly supported, valued and listened to.

This plan has been finalised as we move into recovery and restoration of services from the COVID-19 (Coronavirus) pandemic. During the pandemic, we took the opportunity to accelerate many innovative and new ways of working, including virtual consultations for outpatients, which will become how we do things as we move back to the new normal.

It also reflects the national NHS Plan 'We are the NHS: People Plan for 2020/21' which was published in July 2020 alongside 'Our People Promise' that sets out what NHS people can expect from their leaders and each other as well as the #WeCareTogether People Plan 2020-2025 for Norfolk and Waveney which was also published in August 2020. It builds on the creativity and drive shown by NHS people in their response, to date, to the COVID-19 pandemic and the interim NHS People Plan. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train together differently to deliver excellent patient care. It also sets out practical actions for employers and systems, as well as the actions that NHS England and NHS Improvement and Health Education England will take, over the remainder of 2020/21.

The purpose of this document is to:

- summarise what the NHS People Plan & People Promise and the Norfolk and Waveney People Plan mean for QEH.
- describe how we will develop a culture of inclusion and belonging
- grow our workforce and work with organisations across Norfolk and Waveney to deliver excellent patient care

The Plan sets out key deliverables at a national, system and Trust level. This QEH People Plan reflects the identified commitments and key actions to be delivered by the Trust in 2020/21.

Pages 12 - 17 sets out more detail on the above themes and identifies where key areas of focus have come from:

We are the NHS: People Plan for 2020/21' (NHS)
#WeCareTogether People Plan 2020-2025 Norfolk & Waveney
QEH Corporate Strategy and associated work plans (QEH)
QEH COVID Phase 3 Recovery and Restoration Plan (COV)

People promise - **we make to each other** - *to work together to improve the experience of working in the NHS for everyone.*

The national NHS People Plan includes specific commitments around:

1. Looking after our people - with quality health and wellbeing support for everyone.

The NHS achieves extraordinary things for patients, but safety and health and wellbeing matter just as much for our people. If we don't look after ourselves, and each other, we cannot deliver safe, high-quality care. COVID-19 has spurred the NHS on to put much greater focus on this, which we must continue and build on.

The pandemic has already had a significant physical, mental and psychological impact on our people - and this will continue for some time to come. Many people are tired and in need of rest and respite. Evidence tells us that those in caring roles often wait until they are very unwell before raising their hand. So we must all encourage each other to seek help - and seek it as soon as it is needed. And leaders, teams and employers must keep offering people support to stay well at work, and keep offering it consistently, across teams, organisations and sectors.

2. Belonging in the NHS - with a particular focus on tackling the discrimination that some staff face.

The NHS was established on the principles of social justice and equity. In many ways, it is the nation's social conscience, but the treatment of our colleagues from minority groups falls short far too often. Not addressing this limits our collective potential.

It prevents the NHS from achieving excellence in healthcare, from identifying and using our best talent, from closing the gap on health inequalities, and from achieving the service changes that are needed to improve population health.

Given recent national and international events, it has never been more urgent for our leaders to take action and create an organisational culture where everyone feels they belong - in particular to improve the experience of our people from black, Asian and minority ethnic (BAME) backgrounds.

3. New ways of working and delivering care - making effective use of the full range of our people's skills and experience.

The challenge of COVID-19 has compelled the NHS to make the best use of our people's skills and experience, to provide the best possible patient care. People have risen to the challenge and have been flexible and adaptable - with many colleagues rapidly brought into services outside their normal scope of practice, and new teams created around people's experience and capabilities rather than traditional roles.

Successes in teams were made possible by good communication, high levels of trust, distributed leadership, and rapid decision-making, as bureaucracy fell away and people felt empowered to do what was needed. Teams also blurred sector boundaries, with greater collaborative working with colleagues in social care. We must all now build on this momentum to transform the way our teams, organisations and systems work together, and how care is delivered for patients.

4. Growing for the future - how we recruit and keep our people, and welcome back colleagues who want to return.

The NHS is experiencing significant and high-profile public support. We must build on this urgently, to recruit across our workforce, maximise participation and reverse the trend of early retirement.

REGIONAL - NORFOLK & WAVENEY

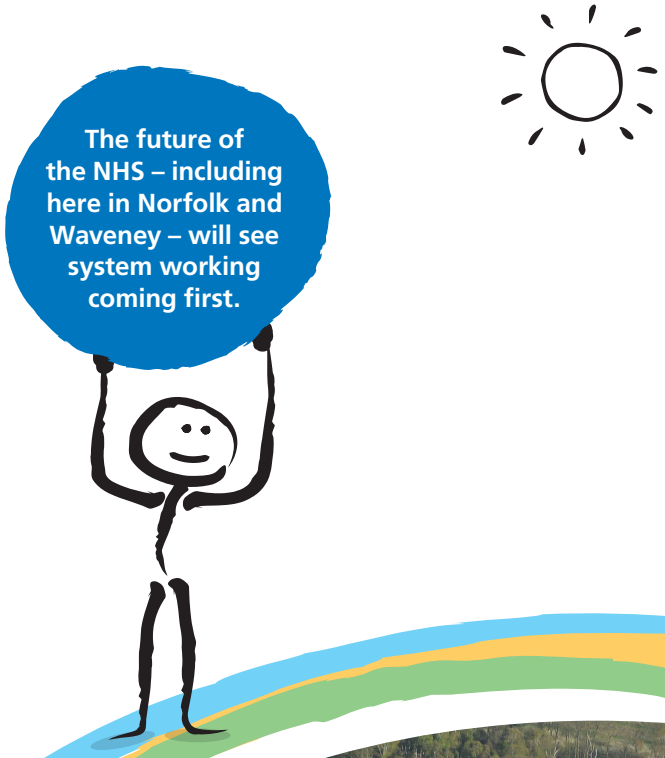
Across the Norfolk and Waveney STP - system working will come first, as opposed to individual organisations working in isolation. This will mean more regional networks and shared decision-making and collaboration based on what is right for the system and the populations we serve being the end goal. This goal has been recognised within the national plans and the Norfolk and Waveney five-year plan, which is due to be published later in 2020. We are committed to working with Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH), and James Paget University Hospitals NHS Foundation Trust (JPUH) to develop an integrated acute care system within Norfolk and Waveney, including becoming a system leader in relation to care of the frail and elderly.

As a system, we recognise that there are big challenges when it comes to the health and wellbeing of the population we serve across Norfolk and Waveney, Cambridgeshire and Lincolnshire. We recognise that while our main focus must remain on Norfolk and Waveney; we have a very clear responsibility to work closely in Cambridgeshire and Lincolnshire in order to ensure that the needs of our patients living in those areas are met. This is important given that 30% of the patients we care for are from these counties. There are some unique features of our local population that we need to respond to and prepare for in the future.

We Care Together - The Norfolk and Waveney People Plan was published in August 2020 and sets out how the strategic goals for the workforce will be realised through the development of a more flexible resilient workforce across the region, working in collaboration that can adapt to how health and care evolves to meet on-going demands.

Key aims of the plan are:

- Creating new opportunities, roles and new ways of working with evolving services and with greater effective use of technology as a system.
- Promoting better health and wellbeing for our workforce, so they remain in their current roles, improving retention, and develop into future roles to support the system.
- Maximising the skills of staff and developing and implementing new roles across the whole system to allow staff to work to the top of their license and registration, allowing for other functions to be delivered by supporting roles.
- Creating a positive culture for staff and developing strong leadership at all levels that works collectively for the good of patients and service users



ABOUT US

Our population

280K

people who live in Norfolk, Cambridgeshire & Lincolnshire

Our hospital

500 beds & **28** wards

Our budget

£220M

Our staff

3,570

653 bank staff

278 active volunteers

41 average age of workforce

33% of the workforce has worked here over 10 years

22% BAME staff **(up from 17% in 2019)**

23% Male

77% Female

During COVID-19 we created an additional **275 posts** to support the QEH.

In **2019**

933 posts were filled including **165** international Nurses

2.39% Disability declaration

25% currently unknown

OUR CHALLENGES

Data as at July 2020

Our vacancy rate

9.77%

Sickness absence

4.79%

Trust target is 4.0%

NHS average is 5.4%

Mandatory training

75.9%

Trust target is 85%

Our appraisals

74%

Trust target is 90%

26.3%

Absences linked to stress, anxiety or depression

Trust target: 50% reduction

NHS average is 21.3%

Figure for August 2020 = 24.5%

1434 days lost

QEH CORPORATE STRATEGY

The QEH Corporate Strategy Link was launched in June 2020 with a clear vision to be 'the best rural District General Hospital for patient and staff experience'

Vision

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

Mission

Working with patients, staff and partners to **improve the health and clinical outcomes of our local communities**.

Values

WE LISTEN

We deliver forward-thinking quality services **through listening to, learning from, and empowering those we work with**.

WE ACT

We take personal responsibility and **respect the dignity and individuality of each person in our care**, and the professionalism and skills of our team members.

WE CARE

We care about **providing safe, compassionate and attentive services for patients** and a positive working environment for our colleagues.

QEH CORPORATE STRATEGY *[continued]*

The Trust has three priorities underpinned by six strategic objectives:

PRIORITY 1 – Quality

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 – Chief Operating Officer

PRIORITY 2 – Engagement

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 Finance

PRIORITY 3 – Healthy Lives

STRATEGIC OBJECTIVE 5:
Supporting our patients to improve health and clinical outcomes and prevent ill-health.
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 HR

The QEH people plan identifies key actions to enable our people to support the overall six QEH strategic objectives

The Corporate Strategy will be underpinned by work plans that cross all strategic areas of the organisation including Clinical Services, Digital, Estates, People and Nursing, Midwifery and Allied Health Professions. The People Plan has been developed in conjunction with the draft 'Patient experience work plan' and the draft 'Nursing, Midwifery and AHP workforce plan'. As other plans are developed the People Plan will be devised to ensure it reflects people elements of other identified work plans.

THE QEH WAY

The QEH Way runs through our People Plan and the value we place on all our people:

QUALITY - development and support for our people

ENGAGEMENT - we listen and act on feedback to further improve patient and staff experience

HEALTHY LIVES - and wellbeing that recognises the role all our people need to play in the day-to-day care of patients

The QEH People Plan and detailed actions set out in Appendix A reflect the key themes that are consistent across:

- The QEH Corporate Strategy
- The Trust's Integrated Quality Improvement Programme
- COVID phase 3 recovery and restoration plan
- The Norfolk and Waveney #WeCareTogether People Plan (2020-2025)
- We are the NHS: People Plan for 2020/21

WHAT WILL WE DO?

Set out on pages 12 to 17 are the key areas of focus to deliver the QEH Strategic objectives, COVID Phase 3 Recovery and Restoration and the NHS People Plan under four key themes taken from the national People Plan for 2020/21'

1. Looking after our people - with quality health and wellbeing support for everyone
2. Belonging in the NHS - with a particular focus on tackling the discrimination that some staff face
3. New ways of working and delivering care - making effective use of the full range of our peoples' skills and experience
4. Growing for the future - how we recruit and keep our people, and welcome back colleagues who want to return

Appendix A sets out the key outcomes and actions to deliver areas of focus, delivery date, measure and accountable person

HOW WE WILL MEASURE OUR PROGRESS

QEH TRUST KPIs (CORPORATE STRATEGY YEAR 1 MILESTONES)

- Further improving overall staff engagement scores, and be in the top third in the country for these scores in the 2020 staff survey results
- Improving scores for staff feeling valued at work from 38% to 45%
- Improving staff recommending the Trust as a place to work from 51% to 60%
- Reducing Trust vacancy rate to below 10% for all staff groups
- Reducing turnover to 10% for AHP's and Nursing and Midwifery staff
- Reducing vacancy rate to 10% for AHP's and Nursing and Midwifery staff
- Achieving an 85% compliance rate for mandatory training
- Achieving a 90% compliance rate for appraisals (with an increase in the number of staff who say they have a good quality appraisal)
- Improving QEH's reputation as a place to work by improving our recruitment processes to reduce the number of vacancies
- Increasing the response rate to the national staff survey to >50%
- Reduction in the overall cumulative sickness absence from 5.3% to 4% and sickness relating to stress, anxiety and depression by 50% through the introduction of a new health and wellbeing programme
- All senior managers and middle managers completing leadership training
- A further 100 staff to be quality, service improvement redesign (QSIR) trained, taking the total to over 200 staff by the end of 2020/21

PATIENT SURVEYS

- National Inpatient Survey results 2020 (sampling in November 2020)
- Reduction in complaints relating to being listened to – having the opportunity to talk
- Reduction in complaints relating to communication
- Reduction in complaints relating to attitude and behaviours

THEME 1 – Looking after our people

with quality health and wellbeing support for everyone

WE INVEST IN OUR PHYSICAL AND MENTAL HEALTH AND WELLBEING

- **We will establish a wellbeing guardian:** (for example, a Non-Executive Director) to look at the QEH activities from a health and wellbeing perspective and act as a critical friend, while being clear that the primary responsibility for our people's health and wellbeing lies with the Chief Executive Officer or other accountable officers (NHS)
- **All staff supported to get to work:** We will continue to give QEH people free car parking at their place of work at least for the duration of the pandemic. We will also support staff to use other modes of transport, and identify a cycle-to-work lead so that more staff can make use of this option (NHS)
- **Safe spaces for staff to rest and recuperate:** We make sure that staff have safe rest spaces to manage and process the physical and psychological demands of the work, on their own or with colleagues (NHS)
- **Psychological support and treatment:** We will ensure that all of our people have access to psychological support through the recruitment of specialist roles and will strengthen our Occupational Health provision (NHS/QEH/COV)

WE ARE SAFE AND HEALTHY

- **Support for people through sickness:** We will identify and proactively support staff when they go off sick and support QEH people returning to work (NHS/QEH).
  We will review the attendance policy including the management of long term absence to focus on supporting return to work and that short-term and long-term sickness absence cases are actively managed (QEH/COV).
  We will review the current OH provision and future needs to ensure capacity is in place to meet operational needs (COV)
- **Physically healthy work environments:** We will ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day – especially where their roles are more sedentary (NHS)
- **Support to switch off from work:** We will make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. To do this, they must make sure staff understand that they are expected to take breaks, manage their work demands together and take regular time away from the workplace. Leaders should role model this behaviour (NHS)

WE WORK FLEXIBLY

- **Flexibility by default:** We will be open to all clinical and non-clinical permanent roles being flexible. From September 2020, we will work with NHS England and NHS Improvement to develop guidance to make this a reality for staff (NHS)
- **Normalise conversations about flexible working:** We will cover flexible working in standard induction conversations for new starters and in annual appraisals. Requesting flexibility – whether in hours or location – should not require a justification, and as far as possible should be offered regardless of role, team, organisation and grade (NHS)
- **Flexibility from day one:** We will consider it good practice to offer flexible working from day one, as individual circumstances can change without warning (NHS)
- **Role modelling from the top:** Board members will give flexible working their focus and support (NHS)
- **Supporting people with caring responsibilities:** We will roll out the new working carers passport to support timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns (NHS)

THEME 2 – Belonging in the NHS

with a particular focus on tackling the discrimination that some staff face

THE NHS WILL BE OPEN AND INCLUSIVE

- **Recruitment and promotion practices:** By October 2020, in partnership with staff representatives, we will overhaul recruitment and promotion practices to make sure that our staffing reflects the diversity of our community, and regional and national labour markets (NHS)
- **Recruitment processes will be revised to**: Include value-based questions/selection criteria to ensure all candidates (regardless of success) are clear of the values for QEH, have a positive impression of the Trust and would recommend it to friends/family (QEH)
- **Health and wellbeing conversations:** From September 2020, line managers should discuss equality, diversity and inclusion as part of the health and wellbeing conversations to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress (NHS)
- **Leadership diversity:** We will publish progress against the Model Employer goals to ensure that at every level, our workforce is representative of our overall Black and Minority Ethnic (BAME) workforce (NHS)
- **Fewer staff from under-represented and BAME groups in disciplinary processes.** By the end of 2020, we will be one of the 51% of organisations to have eliminated the gap in relative likelihood of entry into the disciplinary process. For NHS trusts, this means an increase from 31.1% in 2019. As set out in 'A Fair Experience for All' (NHS)
- **Outstanding and live casework** to be concluded in a timely manner in line with principles set out in the Social Partnership Forum with an emphasis on following informal routes before formal/appropriate escalation (COV)
- **Governance:** By December 2021, we will have reviewed our governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes (NHS)

THEME 3 – New ways of working and delivering care

making effective use of the full range of our peoples' skills and experience

MAKING THE MOST OF THE SKILLS IN OUR TEAM

- **Supporting deployment and redeployment:** We will use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHS England and NHS Improvement and key partners, alongside the existing tool to support a structured approach to ongoing workforce transformation (NHS)
- **Develop new roles** within clinical services to support delivery and develop the key staff (QEH)
- **Upskilling staff:** We will focus on upskilling – developing skills and expanding capabilities - to create more flexibility, boost morale and support career progression. Systems should keep the need for local retraining and upskilling under review, working in partnership with local higher education institutions (NHS)
- **As part of Nurse in Charge programme:** put in place shadow opportunities for role modelling, back to the floor Fridays
- Band 6 and 7 development programme (QEH)
- **Technology-enhanced learning:** We will support and enable new ways of working, including GP remote consultations and remote triage; remote learning for colleagues being redeployed to ICU; and content for nurses, midwives, allied health professionals, radiographers, pharmacy staff and those working in the independent and social care sectors (NHS)
- **Engaging with staff through annual appraisals:** We will meet compliance rates of 90% and regular 1-1s (QEH/COV)

EDUCATING AND TRAINING OUR PEOPLE FOR THE FUTURE

- **Mandatory training programme** in place that delivers on Trust priorities and meets compliance target of (95%) (QEH/COV)
- **Trust wide development and training plan** to be developed to ensure all staff have the appropriate development, training and competences in place (QEH)
- **Senior managers/middle managers training** to be relaunched and all senior managers and middle managers to complete leadership training by March 2021 (QEH/COV)
- **Maintaining education to grow the future workforce:** We will integrate education and training into our plans to rebuild and restart clinical services, releasing the time of educators and supervisors to continue growing our workforce; supporting expansion of clinical placement capacity during the remainder of 2020/21; and also providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response (NHS)
- **For medical trainees,** we will ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties (NHS)
- **To implement training posts** in radiology and audiology to support future workforce requirements (QEH)
- **Continuing professional development:** During 2020/21, we will make sure our people have access to continuing professional development, supportive supervision and protected time for training (QEH)
- Quality, Service Improvement and Redesign (QSIR) training to be relaunched from September 2020 and 200 staff trained by the end of 2020/21 (QEH)

THEME 3 – New ways of working and delivering care

making effective use of the full range of our peoples' skills and experience

MAKING THE MOST OF THE SKILLS AND ENERGY IN OUR WIDER WORKFORCE

- **Routes into employment for volunteers:** We will review how volunteers can help support recovery and restoration, and develop plans to enable and support volunteers who wish to move on to employment opportunities across the NHS to do so. This must include a focus on providing opportunities for hard-to-reach groups, such as people with learning disabilities (NHS)
- Identify 'access to training' options to ensure we can develop local people into professional roles e.g. AHPs
- **Inspiring the next generation:** We will promote the NHS Ambassadors programme to their people and allow them time to do this valuable outreach work. The scheme supports NHS people to volunteer their time to connect with school children and young people, to showcase what we do and attract them into future careers in the NHS (NHS)
- Relaunch the mandatory training programme from July 2020 in line with COVID-19 social distancing requirements. Review the approach/delivery of mandatory training in line with best practice and e-learning and to ensure it is easier, clearer, consistent and avoids duplication (QEH)

THEME 4 – Growing for the future

how we recruit and keep our people, and welcome back colleagues who want to return

EXPANDING AND DEVELOPING OUR WORKFORCE

- To open a local School of Nursing by 2021 (QEH)

FOCUS ON RECRUITMENT

- Review our recruitment attraction campaigns to highlight the unique selling points of living and working West Norfolk - particularly in hard to fill roles e.g. AHPs (QEH)
- To review our on-boarding approach to maximise recruitment campaigns and offers translating into new starters (QEH)
- Improve QEH's reputation as a place to work by improving our recruitment processes to reduce the number of vacancies (QEH)
- Review our approach in line with 'values-bases recruitment' (QEH)
- **Listening to patients worries and fears:** Include key questions at interview relating to the importance of listening to patients (QEH)
- Ensure all agency/permanent competence checks are undertaken and recheck COVID appointees (QEH)
- Review of Induction approach in line with the Trust's vision and values
- To include the confidence in Doctors in induction - awareness of their impact on patients and their families (QEH)
- **Increasing local recruitment:** We will increase the recruitment to roles such as AHP's and, in doing so, highlight the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles (NHS/QEH)
- **Growing apprenticeships:** We will offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles. This is a key route into a variety of careers in the NHS, giving individuals the opportunity to earn and gain work experience while achieving nationally-recognised qualifications (NHS/QEH)

INTERNATIONAL RECRUITMENT

- Recommence recruitment of international nurses from September 2020 (QEH)

RETURN TO PRACTICE

- **Encouraging former staff to return to the NHS:** In partnership with social care, we will encourage our former people to return to practice as a key part of the recruitment drive during 2020/21, building on the interest of some of the clinical staff who returned to the NHS to support the COVID-19 response, and have now expressed an interest in staying on in the health and care system (NHS)
- **Varied roles:** We will design roles which make the greatest use of each person's skills and experiences, and fit with their needs and preferences. The NHS offers many varied opportunities with non-patient facing roles, including in NHS 111, clinical coaching and mentoring, teaching, research and much more. Systems and employers must make greater efforts to design and offer more varied roles to retain our people (NHS)

THEME 4 – Growing for the future

how we recruit and keep our people, and welcome back colleagues who want to return

RETAINING OUR PEOPLE

- **Ensure exit interviews** are completed for all staff to ensure we learn and change with new knowledge (QEH)
- **Retaining people approaching retirement:** We will do more to retain staff aged 55 years and over - who comprise over 19% of our workforce. Employers should ensure that staff who are mid-career (aged around 40 years) and, in particular, those approaching retirement (aged 55 years and over) have a career conversation with their line manager, HR and occupational health. This should be to discuss any adjustments needed to their role and their future career intentions. It should also include signposting to financial advice – in particular on pensions (NHS)
- **Build career pathways for AHP's** to encourage breadth of experience and depth of expertise (QEH)
- **Funding** post-graduate training courses to aid retention of staff (especially in targeted areas such as Phar
- We will make our people aware of the increase in the annual allowance pensions tax threshold, made in March 2020, which means that clinicians can earn an additional £90,000 before reaching the new taper threshold. This was designed to address the issue that some people in the NHS felt disincentivised from taking on additional work and leadership opportunities
- **Facilitating opportunities to retire and return:** We will make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities (NHS)

RECRUITING AND DEPLOYING STAFF ACROSS ORGANISATIONS AND GEOGRAPHIES

- **Staff banks:** When recruiting temporary staff, systems, we will prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21. We will work NHS England and NHS Improvement through the Bank Programme, to improve existing staff banks' performance on fill rates and staff experience, aiming by 31 March 2021 to increase the number of staff registered with banks (NHS)

People Plan - Appendix A					
Looking after our people – with quality health and wellbeing support for everyone					
Focus	**Action**	**Deadline**	**Annual Measure / KPI (QEH)**	**Anticipated performance (Q3)**	**Accountable Officer**
We are safe and healthy	Support for people through sickness: • Discussing wellbeing and health at 1-1 meetings • Having discussion when staff member reporting absence on reason and any underlying cause • Holding return to work interview on first day back (or as soon after as practicable) • Referring to wellbeing services if underlying cause and to support member of staff maintain attendance • Managing in a timely manner persistent and long term absences that may have an impact on the wellbeing of the broader team and ultimately patient care	On-going	4% absence rate by March 2021 50% reduction in absences due to stress, anxiety and depression (13% by 080821) OH tracker	4.4% by end of Q3 22.5% Time to treatment <3 weeks	All line managers
	Review attendance policy including the management of long term absence to focus on supporting return to work and short term and long term sickness absence cases are actively managed	September 2020		Complete	Director HR
	Review the current OH provision and future needs to ensure capacity is in place to meet operational needs and the wellbeing of staff	September 2020		Complete	Director HR
	Physically healthy work environments: Development and launch of physical activity programme in conjunction with external agency(ies) including: • Wellness sessions that focus on getting and staying physically active • Planned walking routes around site • Yoga and pilates classes on site • Initiatives including step challenges, and other group activities • Promotion of healthy meals and snacks ,provision of fresh fruit and vegetables for staff to purchase at front of house	October 2020 October 2020 In place/ongoing	4% absence rate by March 2021 50% reduction in absences due to stress, anxiety and depression (13% by 080821)	4.4% by end of Q3 22.5% In place	Head of Staff Engagement / Director HR

	• Alternative style of exercise classes on site such as Bollywood dance exercise to support different staff cultures • Cycle to work schemes • Communications and information provided to staff on the responsibility placed on them to look after their own physical wellbeing • Smoking cessation clinics • Weight Watchers/Slimming world on site • Review of Staff Food menu's in The Hub • Male and female health awareness months and events Inclusion of fitness suite / space in design of new hospital (if agreed)	Ongoing Jan 2021 Dec 2020 Oct 2020-April 2021		In place OH plan to be agreed and published by December 2020	
	Support to switch off from work: To decrease work related stress and burnout managers will role model and also ensure rotas and shift arrangements for staff allowing for: • taking regular breaks • manageable workload • taking regular annual leave • Promotion of FTSU Champions and Mental Health First Aid Support Mindful sessions will be incorporated into the wellbeing programme to promote and support positive mental health	September 2020 October 2020	Improving scores for staff feeling valued at work from 38% to 45% Improving staff recommending the Trust as a place to work from 51% to 60%	44% by end of Q3 58% by end of Q3 In place	All line managers Head of Staff Engagement
We invest in our physical and mental health and wellbeing	We will establish a wellbeing guardian to look at the activities set out above from a health and wellbeing perspective and act as a critical friend Additional Clinical Psychology post for staff and specialist PTSD post to support staff post pandemic for 12 months. 20 Mental Health First Aiders trained and active across the trust Becoming a Time To Change employer and signing the Time To Change Pledge to changing how we think and act about mental health in the workplace	September 2020 Oct 2020 Oct 2020 Sept 2020	50% reduction in absences due to stress, anxiety and depression (13% by August 2021)	22.5% by end of Q3 In place In place In place	Deputy CEO

	All staff supported to get to work: • We will continue to give QEH people free car parking at their place of work at least for the duration of the pandemic. • Cycle loans will be promoted as part of Trust's reward package • A cycle-to-work lead so that more staff can make use of this option.	August 2020 October 2020	Improving staff recommending the Trust as a place to work from 51% to 60%	58% by end of Q3 In place	Director HR
	Safe spaces for staff to rest and recuperate: • We will review (and where necessary revamp) safe rest spaces currently available on site to allow staff to manage and process the physical and psychological demands of the work, on their own or with colleagues. • Inclusion of rest spaces in design of new hospital (if agreed) • Installation of 10 additional benches to allow staff to take breaks outside • Looking at how we can continue the "wobble rooms " put in place during COVID-19 Inclusion of rest spaces in design of new hospital (if agreed)	Sept 2020	Improving scores for staff feeling valued at work from 38% to 45%	44% by end of Q3	Head of Staff Engagement / Head of Estates
	Psychological support and treatment: We will ensure that all our people have access to psychological support through the recruitment of specialist roles and strengthen our OH provision	September 2020	50% reduction in absences due to stress, anxiety and depression (13% by 080821)	22.5% by end of Q3	Director HR
We work flexibly	Flexibility by default: The recommendations arising from the NHS England and NHS Improvement work with the NHS Staff Council to develop guidance to support employers to make this a reality for their staff will be implemented	September 2020 (or when agreed)	Improving staff recommending the Trust as a place to work from 51% to 60%	58% by end of Q3	Director HR
	Normalise conversations about flexible working: Managers will discuss with staff through induction, 1-1s and annual appraisals options for flexible working regardless of role or team Learn from the experience of staff working from home during the pandemic and look at how this may benefit some staff where applicable to do so moving forward	September 2020	Improving staff recommending the Trust as a place to work from 51% to 60%	58% by end of Q3	All line managers

	Role modelling from the top: Board members will commit to supporting flexible working across the Trust	September 2020	Board decision communicated to staff	In place	Chairman
	Supporting people with caring responsibilities: We will roll out the new working carers passport to support timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns. Inclusion of a Carers network at The Trust	October 2020 onwards	Improving staff recommending the Trust as a place to work from 51% to 60%	58% by end of Q3	Director HR

Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face					
Focus	**Action**	**Deadline**	**Measure / KPI (QEH)**		**Accountable Officer**
Developing a culture that values diversity and inclusion	Development of a six-month culture transformation programme to bring our values and behaviours to life across QEH Roll out of the new behavioural standards so that we have a clear framework which we can refer to for our values and behaviours and consistently use in our communication with staff	October 2020	• Improving scores for staff feeling valued at work from 38% to 45% • Improving staff recommending the Trust as a place to work from 51% to 60%	44% by end of Q3 58% by end of Q3	Deputy CEO
Capacity to deliver equality agenda	A dedicated resource will be put in place to support Equality, Diversity and Inclusion in the Trust Development of key KPIs for Equality and Diversity to enable us measure our progress	January 2021	Equality and Diversity Manager in post Assurance in the progress being made	In progress In progress	Deputy CEO
The NHS will be open and inclusive	Recruitment processes will be revised to: Include value based questions/selection criteria to ensure all candidates (regardless of success) are clear of the values for QEH, have a positive impression of the Trust and would recommend it to friend/family.	November 2020	Improving staff recommending the Trust as a place to work from 51% to 60%	58% by end of Q3	Director HR
	Recruitment and promotion practices: We will agree targets and action plans for increasing the representative of BAME and disabled staff in all salary bands where they do not currently reflect the diversity of our community	October 2020	Action plan in place that identifies targets and plans for bands where under represented	In place	Director HR
	Reduce the inequality in recruitment shortlisting Make information available to potential job applicants about the trust's commitment to inclusive recruitment and that we welcome applications from Disabled applicants. Review training offer provided to recruiting managers and panels.	October 2020	Recruitment and promotional material to be reviewed in line with Trust's commitment	In place Plan in place	Director HR

	Disabled and BAME staff to be appropriately trained to participate on recruitment panels. Undertake quarterly review of recruitment activity and present analysis to senior leaders and the appropriate staff groups			In place	
	Leadership diversity: We will publish progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce.	September 2020	Progress published	Complete	Deputy CEO
	We will work with the national Freedom to Speak Up Team to develop 'success measures' for our Speak Up programme	December 2020	Measures identified and in place	Complete	Deputy CEO
	In conjunction with the BAME Staff Network we will introduce a reverse mentoring programme for Board members	November 2020	All Board members have a mentor	Complete	Deputy CEO
Health and Wellbeing	Health and wellbeing conversations: As part of the leadership development programmes to recommence in September 2020 line managers will be encouraged to discuss equality, diversity and inclusion as part of the health and wellbeing conversations to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress	September 2020	All senior managers and middle managers completing leadership training	Complete	All line managers
	We will support our staff's emotional and mental wellbeing through training Mental Health ambassadors until we have reached our cohort of 20	March 2021	50% less BAME and staff with a disability off with stress, anxiety or depression	In progress	Head of Staff Engagement
Tackling the disciplinary gap	We will identify the make up of staff who enter the disciplinary process By the end of 2020, the Trust will have eliminated the gap in relative likelihood of entry into the disciplinary process by BAME staff and / or colleagues with a disability.	August 2020 December 2020	Relative likelihood of BAME colleagues/staff with a disability entering the formal capability process, as measured by entry into the formal capability procedure.	Complete Complete	Director HR

	Outstanding and live casework to be concluded in a timely manner in line with the principles set out in the SPF and through the introduction of a case management review system	September 2020	Timelines set out in Agenda for Change and Trust policies to be monitored and adhered to	Complete	Director HR
Increase the number of staff declaring their disability status via the ESR	Work with the Disabled staff network to develop a communications campaign highlighting the benefits of declaring. Hold an engagement session with colleagues to explore any challenges that they may have encountered in using ESR.	October 2020 October 2020	Increase the number of staff declaring their disability status via the ESR	Complete Complete	Director HR
Staff networks	We will work on re-establishing our long term ill health and Disability Group identifying opportunities for exposure and developments. We will support the BAME staff network continues to grow and adopt a more formal structure as we extend beyond the initial COVID agenda We will support the LGBTQ network and raise awareness surrounding the pride pin badges to ensure staff understand fully what it means to wear the badge	Ongoing	Percentage of staff in AFC Paybands or Medical and Dental subgroups and very Senior Managers (including Executive Board Member) compared with the percentage of staff in the overall workforce	Ongoing	Head of Staff Engagement
Governance	We will review our governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	December 2020	Appropriate governance in place	Complete	Deputy CEO

New ways of working and delivering care – making effective use of the full range of our people's skills and experience					
Focus	**Action**	**Deadline**	**Measure / KPI (QEH)**		**Accountable Officer**
Making the most of the skills in our teams	Upskilling staff: We will identify and develop further career paths across all disciplines to support reducing vacancy rates, aid career progression and retention in areas of high turnover: • Develop new roles within the clinical services to support delivery and develop the key staff • As part of Nurse in Charge programme put in place shadow opportunities for role modelling, back to the floor Fridays • Band 6 and 7 development programme	January 2021	Reducing Trust vacancy rate to below 10% For all staff groups Reducing turnover to 10% for AHP's and Nursing and Midwivery staff Reducing vacancy rate to 10% for AHP's and Nursing and Midwifery staff	10.15% by end of Q3 (AHP) 12.4% by end of Q3 (Nursing) 10.2% by end of Q3 (AHP) 12% by end of Q3 (Nursing) - already below 10% - maintain by end of Q3	Chief Operating Officer Chief Nurse Deputy CEO
	Technology-enhanced learning: • Put in place a programme of support for all staff to become digitally competent in partnership with Trade Unions • Further develop mandatory training material to be delivered, where possible through e-learning and digital channels • Locate space on Trust site to host a mobile digital learning zone with appropriate support • Procure bank of lap tops to use / loan to staff to undertake learning where access to computer is not part of job Inclusion of digital suite / space in design of new hospital (if agreed)	December 2020	Programme of support in place Achieving an 85% compliance rate for mandatory training	Complete 82.16% by end of Q3	Director of Digital / Director of HR

	Engaging with staff through annual appraisals Engagement campaign to support managers to meet compliance rates of 90%	On going	Achieving a 90% compliance rate for appraisals (with an increase in the number of staff who say they have a good quality appraisal)	87.85% by end of Q3	All line managers
Making the most of the skills and energy in our wider workforce	Routes into employment for volunteers: • We will continue to promote the QEH volunteer scheme • We will review how to enable and support volunteers to move on to employment opportunities at QEH	November 2020	Reducing Trust vacancy rate to below 10% For all staff groups	10.15% by end of Q3	Director HR
	Inspiring the next generation: • Identify 'access to training' options to ensure we can develop local people into professional roles e.g. AHP's • We will deliver a programme of wider participation and work experience for individuals from the local community e.g. schools, job seekers to promote careers at the Trust • We will promote the NHS Ambassadors programme to our staff and allow them time to volunteer their time to connect with school children and young people, to showcase what we do and attract them into future careers in the NHS.	November 2020	Reducing Trust vacancy rate to 10% for all staff groups Improving staff recommending the Trust as a place to work from 51% to 60% Local target for no. of placements / apprenticeships	10.15% by end of Q3 55% by end of Q3	Director HR / Chief Operating Officer
Educating and training our people for the future	We will refresh the Trust's induction approach in place as part of a broader Trust 'On-boarding' strategy To include the "QEH Way" so staff are aware of the standards and behaviours we expect as an organisation from the point of commencement To include the confidence patients and their families need to have in doctors	October 2020	Improving QEH's reputation as a place to work by improving our recruitment processes to reduce the number of vacancies	Complete	Director HR
	A refreshed Mandatory training programme to be rolled out that promotes e-learning and in collaboration with N&W STP region	July 2020	Achieving an 85% compliance rate for mandatory training	82.16% by end of Q3	Director HR
	Continuing professional development: During 2020/21, Managers will ensure that CPD will be a key part of the annual appraisal discussion to support staff having access to continuing professional development, supportive supervision and protected time for training.	On going	Achieving an 85% compliance rate for mandatory training	82.16% by end of Q3	All line managers

	Trust wide development and training plan to be developed to ensure all staff are aware of and have access to appropriate development, training and competences.		Improving scores for staff feeling valued at work from 38% to 45%	44% by end of Q3	
	For medical trainees, we will ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties	TBC		TBC	Medical Director
	To implement training posts in radiology and audiology to support future workforce requirements	TBC	Reducing vacancy rate to 10% for AHP's and Nursing and Midwifery staff	(AHP) 12% by end of Q3 (Nursing) - already below 10% - maintain by end of Q3	Chief Operating Officer
	Senior managers/middle managers training to be relaunched and all senior managers and middle managers to complete leadership training by March 2021	September 2020	All senior managers and middle managers completing leadership training	Complete	Deputy CEO
	IQIP training to be relaunched from September 2020	September 2020	A further 100 staff to be QSIR trained, taking total to over 200 staff at the end of 2020/21	150 by end of Q3	Deputy CEO

Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return					
Focus	**Action**	**Deadline**	**Measure / KPI (QEH)**		**Accountable Officer**
Expanding and developing our workforce	To open a local School of Nursing by 2021 (QEH) The College of West Anglia, working in partnership with King's Lynn Town Council and QEHKL providing trainee nursing associate programmes and the first cohort is scheduled to commence in the autumn of 2021, which will provide opportunities for our local people to join us in the NHS (QEH)	September 2021	First cohort to commence in Autumn 2021	In progress	Chief Nurse
Focus on recruitment	• Review our recruitment attraction campaigns to highlight the unique selling points of living and working West Norfolk – particularly in hard to fill roles e.g. AHP's • Review our recruitment and on-boarding approach in line with 'values based recruitment' • To review our on-boarding approach to maximise recruitment campaigns and offers translating into new starters • Improve QEH's reputation as a place to work by improving our recruitment processes to reduce the number of vacancies. • Listening to Patients worries and fears: Include key questions at interview relating to the importance of listening to patients • Ensure all agency/permanent competence checks are undertaken and recheck COVID appointees • Increasing local recruitment: We will increase the recruitment to roles such as AHP's and, in doing so, highlight the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles	November 2020	Improving QEHs reputation as a place to work by improving our recruitment processes to reduce the number of vacancies Patient survey: • Reduction in complaints relating to being listened to – having the opportunity to talk • Reduction in complaints relating to communication • Reduction in complaints relating to attitude and behaviours	No more than 53 by end of Q3	Director HR
	Growing apprenticeships: • We will offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles. This is a key route into a variety of careers in the NHS, giving individuals the opportunity to earn and gain work experience while achieving nationally-recognised qualifications	October 2020	Reducing Trust vacancy rate to below 10% for all staff groups Target for apprenticeship commenced/completed?	10.15% by end of Q3	Director HR

International recruitment	Recommence recruitment of international nurses from September 2020	September 2020	Reducing turnover to 10% for AHP's and Nursing and Midwivery staff Reducing vacancy rate to 10% for AHP's and Nursing and Midwifery staff Target for no of appointments	(AHP) 12.4% by end of Q3 (Nursing) 10.2% by end of Q3 (AHP) 12% by end of Q3 (Nursing) - already below 10% - maintain by end of Q3	Chief Nurse
Retaining our people	• Ensure exit interview are completed for all staff to ensure we learn and change our practice to retain experience and talent • Retaining people approaching retirement: We will do more to retain staff aged 55 years and over – with line managers have a career conversation with staff who are mid-career (aged around 40 years) and, in particular, those approaching retirement (aged 55 years and over).This should be to discuss any adjustments needed to their role and their future career intentions. It should also include signposting to financial advice – in particular on pensions. • build career pathways for AHP's to encourage breadth of experience and depth of expertise • funding post-graduate training courses to aid the retention of pharmacists (• We will make our people aware of the increase in the annual allowance pensions tax threshold, made in March 2020 • Facilitating opportunities to retire and return: We will make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.	Ongoing	Reducing Trust vacancy rate to below 10% for all staff groups Reducing vacancy rate to 10% for AHP's and Nursing and Midwifery staff Reducing Trust vacancy rate to below 10% for all staff groups	10.15% by end of Q3 (AHP) 12% by end of Q3 (Nursing) - already below 10% - maintain by end of Q3 10.15% by end of Q3	All line managers Chief Operating Officer Director HR

	Enhanced Long Service Reward and Recognition scheme with Long Service award events will be introduce to recognise and value the contribution of long serving employees	October 2020	Improving scores for staff feeling valued at work from 38% to 45%	44% by end of Q3	Deputy CEO
Recruiting and deploying staff across organisations and geographies	Staff banks: When recruiting temporary staff, we will prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21. We will learn from staff redeployed to different areas during COVID-19 and how we can use this experience to support future planning	October 2020	Reducing Trust vacancy rate to below 10% for all staff groups	10.15% by end of Q3	All line managers Chief Operating Officer

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The Queen Elizabeth Hospital
King's Lynn NHS Foundation Trust

Gayton Road, King's Lynn, PE30 4ET
01553 613613