

Agenda Item 3d



NHS

The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Strategic Objectives

Oversight & Assurance Group
17 March 2021

Strategic Objective 1

Dr April Brown, Chief Nurse



Strategic Objective 1

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

Progress from the last meeting:

- **SI**s – RCA and Human Factors training for up to 100 staff commenced in March 2021. The Trust wide Evidence Assurance Group has commenced testing evidence submissions against all closed action plans.
- **Complaints** – Slight increase in complaints for January 2021. Process mapping continues to clearly identify opportunities to streamline end to end management and align data. Family Liaison Officers and patient COVID helpline in place. New response templates agreed, clinical telephone calls active. Cultural as well as process changes required.
- **Falls** – an increase in falls continues and is exacerbated by the increase in bed capacity, staffing challenges in January 2021, some ward environment issues and PPE donning PPE requirements. Focussed falls meeting commenced in March 2021 covering a refresh of all good practice with safety triangulated for all areas, Tiptree Boxes and ‘bay watch’ for Marham Ward re-introduced and sharing of best practice from West Newton Ward across Medicine and Surgery Divisions.
- **End of Life and specialist palliative care (SPC)** – SPC coordinator now started; new SPC office in use; interview for SPC CNS during March 2021. Locum SPC consultant for 2 days a week started February. Consultant geriatrician team also expanded by one new consultant and the return of another from maternity leave in February, both with SPC accreditation and dedicated SPC time in job plans. Advertisement for 2 SPC Consultants now live. Support from NHSI/E ID and Trust PMO now agreed.
- **Mixed sex accommodation** – despite the operational challenges, one incident of MSA in January 2021, affecting 3 patients on West Raynham Ward. Causation – lack of appropriate post HASU step down capacity.
- **PUs** – slight upturn in pressure ulcers for January 2021. The majority acquired in critical care due to prone positioning, but a reduced number compared to wave 1 of the pandemic which demonstrates learning.
- **Cardiac arrest** – The number of cardiac arrests is now included on the Trust IPR. This has remained below the target of 2 per 1000 in-patient admissions for 8 consecutive months.
- **Deteriorating Patients** – Internal audit action plan in place and will be shared at March 2021 Audit Committee. Five recommendations – 2 amber, 2 green and 1 blue: ReSPECT documentation, process and ongoing education and improving still further (MyKitChecks digital platform full roll out).



Strategic Objective 1 (Continued)

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

- **E-observations** – Further to internal discussions, Digital will lead on the exploration of e-Observation solutions. An appropriate procurement path and business case will be presented for approval by the end of summer 2021
- **Medication Management (Insulin)** – A Steering Group continues to meet, chaired by the Deputy Medical Director to provide focus to improvements in diabetes care. This has reported a welcome fall in insulin errors with moderate harm and an increase in near miss and minor harm reporting.
- **National Clinical Prioritisation Programme** – P codes have been allocated to all patients on the admitted waiting list. Process agreed for on-going review and P code allocation

Next steps:

- **FFT** – JPUH, NNUH and QEHL jointly procuring new FFT system to commence early Q1 2021/22
- **Falls and PU summit** – now planned for Q1 2021/22.



Strategic Objective 2

Laura Skaife-Knight – Deputy CEO



Strategic Objective 2

Modernising our hospital to support the delivery of optimal care.

Progress since the last meeting:

- **Health Infrastructure Plan 2** – The Trust continues to lobby to ensure it is one of the further 8 new hospitals to be built by 2030. Back our Bid: Build our Future campaign is being led by the local media. West Suffolk, JPUH and North West Anglia NHSFT are supporting QEH with managing and mitigating the Trust's structural integrity issues, including the development of a case for the emergency capital across the four hospitals. HIP2, RAAC and Estate strategy work has been aligned under one programme of work.
- **Digital Strategy** – An initial workplan has been created for 21/22 which reflects priorities reviewed by both clinical teams and the Digital Forum. The plan will be subject to further revision based upon available capital. Recruitment of the Nursing Information Support Officers has been taken forward, with an adjusted approach based upon an individual from each Division and major clinical area (Peds / Midwifery and ED). Five individuals will be seconded to support Digital with EMPA and RIS/PAC deployment amongst others.
- **EPR** – A revised Strategic Outline Business Case (SOC) will be presented to the Trust Board in April.
- **Cyber** – We recognise that keeping the Trust safe and protecting our patient's information is essential. Recent internal audit work demonstrated that our existing controls and policies require further focus. With the recruitment of a Cyber Security Manager and creation of a task/finish group, urgent work is being undertaken to address the identified weaknesses. Cyber is recognised as part of a continuous programme of work with expectations to deliver incremental improvements to our cyber security leading to a safer environment within which to operate electronic systems.



Strategic Objective 2 (continued)

Modernising our hospital to support the delivery of optimal care.

Progress since the last meeting:

- **ICS/Place-based care** – System-wide work continues in relation to the development of an Integrated Care System and the Trust is involved in these discussions via the agreed governance structures recognising the impact of the recent publication of the DHSC legislative proposals in February 2021. A Clinically led leadership group is being established within the West to agree the priority areas for focus in relation to Place Based care recognising the importance of responding to health inequalities.
- **Development of QEH Clinical Strategy (aligned to Hospital Services Strategy)** – is underway with the key principles for the development of an overarching clinical strategy framework developed and agreed by the system CEOs. The work is being led by the Director of Strategy and Capital Projects, NNUH, and the Director of Strategic Commissioning, N&WCCG. Timescale for completion is May 2021. The Trust will be aligning the outputs of our internal business planning process with the system clinical strategy discussions and proactively working with Partners to ensure that the work is clinically led.



Strategic Objective 2 (continued)

Modernising our hospital to support the delivery of optimal care.

Next steps:

- **Radiology Information System** – Go live is now planned for summer 2021.
- **EPMA** – Due to operational pressures relating to COVID, the decision was made to proceed with a slightly modified roll-out. Commencing in the West Wing, the expectation is to provide an initial pilot during the final two weeks of April followed by a wider roll-out. This will move at pace but based upon lessons learnt from the pilot. A single sign-on solution will be provided in tandem to the EPMA roll-out to improve efficiency of staff access to digital devices.
- **Digital Transformation** - With the introduction of single sign-on and EPMA, the Trust is proactively moving forwards from a Digital perspective. Digital implementations, including an upgrade to our PACS/RIS environment, aim to enhance our quality of care to patients; affording more time to care. With the specific introduction of a new PACS solution, our clinical staff will be able to leverage our existing Order Communication System, which has been recently upgraded, in order to raise imaging requests via the same platform used to view results. Above all, reducing the number of systems staff have to interact with. With a plan to approach electronic observations as a major item of work during FY 21/22, further steps will be made along our journey of improving the digital offering to staff and modernising the organisation.



Strategic Objective 3

Laura Skaife-Knight, Deputy CEO



Strategic Objective 3

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

CULTURE - Progress since the last meeting:

- Trust-wide Culture Transformation Programme well-advanced and on target
- 1. Threading values through core HR processes: appraisal, recruitment, onboarding and induction
- 2. Speak Up safely - skills to give and receive feedback
- 3. Respectful resolution pathway - guides and tools to reduce and respectfully resolve poor behaviour and bullying
- 4. Leaders workshops (April) & Values into Action all staff workshops (May)
- Bespoke culture programmes - with external support - in Maternity and Radiology
- Internal culture and organisational development work underway in Pharmacy, Sterile Services, Finance and Domestics
- 1st QEH Leadership Summit -16 March
- Culture Perception Survey (March-April 2021)
- Strengthened PMO arrangements (focused on quality improvements, Cost Improvement Programme, Recovery Programme and Urgent and Emergency Care improvements) – with culture an underpinning workstream
- Acting on ‘partial assurance’ internal audit results for Freedom to Speak Up to further strengthen work in this area
- Clear KPIs for measuring success of culture programme including via Year 2 Corporate Strategy milestones and objectives approved by Board in March following internal and external engagement
- Substantive Head of Organisational Culture in post

Next steps:

- Patient Safety culture survey (special measures funded)
- Succession planning for Freedom to Speak Up Guardian



Strategic Objective 3 (Continued)

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

STAFF ENGAGEMENT - Progress since the last meeting:

- Improved response rate to 2020 National Staff Survey, indicating stronger engagement
- Improved in every theme for the 2020 National Staff Survey (including statistically significant improvements in 9/10 areas)
- Much improved scores in our repeated Medical Engagement Survey – showing medical engagement is also improving, with the greatest improvement being medical consultants
- Updated Staff Engagement Programme for 2021/22 – with a focus on kindness, wellness and fairness
- Successful QEH Charity bid for funding to support delivery of the Trust's 2021/22 Programme
- Clear workplans for BAME and LGBT+ Staff Networks with KPIs for the year
- Substantive Head of Staff Engagement and Events in post
- Clear KPIs for measuring success of culture programme including via Year 2 Corporate Strategy milestones and objectives approved by Board in March following internal and external engagement
- Pulse survey to get feedback on onboarding and induction experience from staff who transferred from BMI to QEH as part of the Sandringham acquisition
- Successful bid for staff training and 12-month running costs for a staff Menopause Clinic

Next steps:

- Further strengthened people Recovery Plan – including securing 7/7 Clinical Psychology support for staff



Strategic Objective 4

Chris Benham, Director of Finance



Strategic Objective 4

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

Progress from the last meeting:

- The Trust is fully engaged in the ongoing Hospital Services Strategy (HSS) work which is overseen by the formally established Committees in Common in partnership with the three acute Trusts in Norfolk and Waveney. The Trust continues to contribute to the Hospital Services Strategy. A senior project manager post is being interviewed in March 2021, who will focus on the delivery of the transformation phase of the Urology Acute Service Integration and other strategic programmes of work. Policy convergence and alignment work is progressing focusing on the alignment of: VTE, Consent, IP&C, Mandatory Training, Thromboprophylaxis and Policy Development.
- Proactively engaged with the system-wide restoration programmes and ensuring a clear focus on maintaining benefits which have been realised throughout COVID continue (eg remote consultations).
- Workshops and interviews underway with SBS as part of an ‘Insights’ diagnostic review of the finance functions across the STP.
- Board approved Acute Collaborative Procurement Compact to enable closer working across the procurement functions of the three acute hospitals to unlock additional savings and provide greater resilience.
- Delivering our financial performance at month 11 against the improved financial plan for 2020/21.
- Delivering against our CIP programme with continuation of grip and control measures.
- Continuation of the financial planning of 2021/22 and a review of the underlying financial position.
- Director of Transformation in post and clear priorities agreed for the PMO underpinning delivery of year 2 of the Corporate Strategy
- Cultural improvement programme started within the Finance Team to support Better Hospital Improvement Programme.



Strategic Objective 4 (Continued)

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

Next steps

- Strong focus on recovery including our people Recovery plan (staff health and wellbeing)
- Continue clear, open lines of communication with system partners to support restoration and recovery
- Internal Critical Incident stood down in early February. Awaiting publication of national guidance by 25 March 2021 in relation to restoration. Green elective capacity back on line from 22 February 2021. Focus on booking patients based on clinical priority - delivery of P2 electives followed by longest waiters as appropriate and making use of all facilities (i.e. local anaesthetic.)
- Complete the year end closedown and deliver the financial plan.
- Complete the review of the SBS 'Insights' diagnostic report.
- Continuation of the 2021/22 planning round within the Trust and develop clinically robust and financially sustainable plans for the Trust.
- Completion of a fully developed CIP programme utilising model hospital, GIRFT and the latest Patient Level Information Costing System outputs.

Strategic Objective 5

Dr Frankie Swords, Medical Director



Strategic Objective 5

Supporting our patients to improve health and clinical outcomes.

Progress since the last meeting:

Research:

- Recruited 1867 patients to Clinical trials against a new stretch target of 2000. 317 accruals for January alone.
- Currently we are recruiting to 33 clinical trials across 10 specialties
- Of the urgent public health COVID related trials, we have recruited 1124 patients to date in 20/21: 89 patients for RECOVERY (ongoing target is 10% admissions, currently 13.5%), as well as 977 for the ISARIC COVID clinical characterisation protocol study (target: 50), 46 for GenOMICC and 12 for PaNCOVID
- New Head of Learning, Research and Innovation started December 2020 and replacement Research and Innovation Manager started January 2021

Education:

- Co-designed an overarching rota for all junior doctors for second wave of COVID. Enhanced and expanded cover out of hours, for additional COVID assessment areas and to reduce variation in cover and improve supervision for different wards including ward basing of all Junior Doctors (JD) All redeployments agreed in advance with HEE deanery approval, many now reverted to previous placements (psychiatry, obs and gynae and GP)
- Fortnightly meetings ongoing between Medical Director and JD and weekly open door with director of medical education to ensure the JD voice is heard, and to maintain standards of education and supervision as well as patient safety



Strategic Objective 5 (Continued)

Supporting our patients to improve health and clinical outcomes.

Health Promotion and screening:

- Breast and cervical screening remain in place with QEH noted as one of the first units in the country to reopen and to clear the screening backlog for these patients
- National guidance received to risk assess all other screening programmes before considering any further suspensions to liberate staff to support surge plans and centres
- Smoking and alcohol screening and advice in place for all admitted patients but smoke free environment on hold during pandemic to relaunch April 2021
- Stroke pathway pressured due to capacity issues but maintaining SSNAP 'A rating'
- Cancer Health and Well being centre building work underway, on track to open April 2021
- Inaugural mental health wellbeing meeting November 2020 with NSFT, clinicians and senior leaders. Significant improvements in partnership working, handover and documentation to improve the experience of patients with mental health needs when admitted to the hospital
- Dementia screening – awareness campaign, teaching and changes to documentation has maintained improved rates but still short of target, notably in assessment wards and in surgery. Expansion of Integrated Care of Older People (ICOP) consultant team and introduction of dementia champion to target assessment areas February 2021 while awaiting long term sustainable electronic solution.



Strategic Objective 6

Jo Humphries, Director of People



Strategic Objective 6

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

Improving the health and wellbeing of Team QEH through delivery of a strengthened programme of work to support physical and mental wellbeing



Progress since the last meeting:

- Successful recruitment of a full-time specialist in Post Traumatic Stress Disorder (PTSD), who will have a focus on emotional wellness and other issues related to trauma and stress
- Clinical Psychologist in post to support staff, referrals continue to increase and a 15 hour service in place
- Macmillan lodge in operation
- The Occupational Health (OH) Service has been strengthened. The Trust is developing a tender so that it can deliver a Health and Wellbeing (OH) Service for staff, which is fit for purpose. Additional OH resource have been employed to assist with COVID-19 support and testing
- 20 Mental Health First Aiders have been recruited and trained
- Around the clock well being support in place both internally and externally
- Additional support and funding across STP for mental health and well being support for staff
- Focus in January and February on healthy body, healthy mind running a competition for free gym memberships
- COVID vaccination rolled-out from the end of December 2020. c20,000 vaccinations (as at 1 March 2021) for patients, care home workers, ambulance and community staff and QEH staff (prioritising high risk staff)

Strategic Objective 6 (Continued)

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

Reduce 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



Progress since the last meeting:

- Cumulative sickness absence (February 2020 – January 2021) was 6.28%.
- COVID related sickness in January was 2.70% and Non COVID sickness in January was 5.34%
- Absences due to stress/anxiety/depression in Q1 were 23.4% against a target of 18%. Q2 performance was 24.7% against a 15% target and Q3 performance was 26% against a target of 15%
- The Clinical Psychology Team continue to support staff; focussing on PTSD, COVID and other issues related to trauma and stress
- Divisional check and challenge in place for workforce KPIs
- The service for staff COVID tests moved to Occupational Health which improved the response times to enable staff to get back to work quickly.
- Lateral flow testing - 2912 staff results received daily, 204 positive test results – 193 positive PCR, 11 negative PCR (as at 1 March 2021)
- 100% of risk assessments completed for those at high risk, which were reviewed in December 2020.
- Trust physiotherapist continues to focus on all staff with musculoskeletal problems, which is a common reason for staff absence

Strategic Objective 6 (Continued)

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

Training our staff so that we can better help patients to make the right choices and live healthier lifestyles and more activity manage their own care (e.g. signposting to smoking cessation services, diet and exercise advice)



Progress since the last meeting:

- The leadership training for Band 5/6 and 7s continues with modules being delivered virtually
- The Macmillan Information Team redirect patients to resources for living a healthier life such as local gyms and wellbeing sessions
- The Occupational Health team redirect staff to resources for living a healthier life
- A Mandatory Training review is being undertaken including streamlining, digital passports and policy harmonisation across the three acute Trusts. Mandatory Training compliance increased to 79.11% in January 2021 with a focus on those shielding completing mandatory training
- Appraisal compliance is at 79.85% (January 2021) with recovery trajectories in place and a focus on seriously overdue appraisals. Appraisal processes are being reviewed to support values into action
- Management training completed in report writing skills
- Review of employment practices

Strategic Objective 6 (Continued)

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

Training our staff so that we can better help patients to make the right choices and live healthier lifestyles and more activity manage their own care (e.g. signposting to smoking cessation services, diet and exercise advice)



Next steps:

- Developing a tender so that the Trust can deliver a Health and Wellbeing (OH) Service for staff, which is fit for purpose
- Review and realignment of the mandatory training requirements
- Equality, Diversity and Inclusion - access to training, representative workforce, 100% interview panel representation
- Managers induction and training programme to be developed
- Revised process for recruitment, on-boarding and induction, appraisal, respectful resolution and speaking up safely, to embed our values
- Development of an admin academy