NHS
Nottingham
University Hospitals
NHS Trust

People First

Reflection on a 100 day journey and looking towards the next 1,000 days

Anthony May, Chief Executive

February 2023

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Foreword

This report collects my experiences since taking up post on 1 September 2022. Before I joined Nottingham University Hospitals NHS Trust (NUH), I worked in the local health and social care system for 18 years. While that gave me some experience and insight into the challenges and opportunities at NUH, it is not possible to know an organisation until you live and breathe it. That is why I embarked on my 100-day plan – to immerse myself into NUH, to get to know the people who work and volunteer at the Trust, and to see NUH from the perspective of our patients and partners.

Critically, I wanted to answer the question 'what will it take for NUH to achieve its potential and to recover, after the most turbulent period in its history?'.

In this report, I try to answer that question. Although I accept my interpretation will be open to critique from those who know NUH better, I have built a strong evidence base for my findings. I have met over 2,500 colleagues at NUH. I have engaged with our Integrated Care System (ICS) at every opportunity. I have taken soundings from stakeholders from outside health and social care. I have listened to feedback from colleagues in NUH, some of which has been inspirational, and some of which has been stark. I have tried to understand what it is like to receive care at NUH, what it is like to work at NUH, and what it like to be a partner of NUH. The title of this report reflects the fact that NUH depends on people; those who come through the doors every day for their care, those who work and volunteer at our three sites, and those who work for our partners. For that reason, the report is called People First.

Early in my tenure, I gave interviews to the media. During one of these interviews, I was asked for my initial views about NUH. My reply was to say that **NUH is full of remarkable people doing amazing things every day**. In saying that, I was reflecting on the examples of excellent care I had seen, coupled with a deep level of compassion, dedication, and commitment to deliver the best care possible. NUH does so many things so well, it is humbling to be part of it. Many colleagues talk of their pride at being an employee of NUH, despite the challenges.

While my response to the question from the media is sincere and true, it does not tell the whole story. Despite the best efforts of the many thousands of colleagues at NUH and of our partners, patients often wait too long for their care, they are sometimes treated in unsuitable conditions, and a combination of these and many other factors can affect outcomes. Added to that, many colleagues report feelings of fatigue and of not being able to reach their professional standards. They find this debilitating and stressful. It is an unfortunate truth that some colleagues report experiences that do not fit with the values of a modern NHS organisation. I have received reports of bullying, harassment and discrimination. This behaviour must stop.

These circumstances are not unique to NUH, but that does not matter. For our local communities, for our hard working staff and volunteers and for our partners, we must strive to deliver our services to a consistently high standard. We must play our part in delivering the objectives of the NHS, and of our local system. We must seek to understand the factors which drive the health and social care sector. We must devise a plan which tackles our problems, and which optimises opportunities. Those of us in senior positions have a responsibility to lead decisively but with new levels of compassion, inclusion and understanding.

Since joining NUH, the following issues have come up most often:

- Emergency care and its impact on delays and waiting times (flow)
- Recruitment and retention
- Culture and leadership

This report sets out a roadmap for NUH, and a framework through which these issues can be tackled. If we do so, the many excellent services at NUH can thrive, and we will take advantage of opportunities.

While it is important that we tackle these three predominant issues, the single biggest factor to our success is to recruit and retain a well-led and highly motivated workforce. This must be coupled with the engagement of our patients and a renewed commitment to working with our partners. It is people that matter at NUH and across our system, and we must put people first.

Anthony May - CEO

Executive Summary

The ability to focus on and prioritise the things that matter most to our patients, partners and communities is a key strategic capability. As an organisation, NUH struggles to prioritise at times because prioritisation means making choices between competing and equally essential health care services. Agreement on a clearly defined set of priorities will ensure we arrive at fair, transparent and timely decision making which supports the achievements of our most important strategic goals, meet the expectations of our patients and partners and provide confidence to our regulators in our ability to address the challenges we face.

For any organisation to succeed, it must be clear about its purpose. At NUH, a combination of complex internal and external pressures mean that colleagues and stakeholders are no longer clear about our core purpose. Following the pandemic, this may be true for many organisations, but it is particularly the case at NUH, where we face unprecedented pressures and are subject to intense public and regulatory scrutiny.

In fact, NUH has several purposes, and we serve many different communities and stakeholders. For example, for some local people, NUH is their local hospital. For others, it is an important regional national centre, offering highly specialised and complex services, some of which are world leading. In other instances, NUH is the provider of health and care education, training the clinicians of the future. Sometimes, NUH explores new frontiers of clinical research and innovation.

For us to succeed across all these domains, this report argues we must focus on emergency care flow, recruitment and retention, and leadership and culture. These three barriers are constraining many, if not all, of the services and functions at NUH. To focus on these three areas effectively, they must be accepted universally as our top priorities. We must take a strategic approach to key interventions which, if led and managed properly, will make NUH a better place to receive care, a better place to work and a better partner. The change which is necessary must be delivered consistently and transparently, engaging all staff and partners in an inclusive, bottom-up way. In essence, this report makes three key recommendations:

1. To accept that improving emergency care flow (and its consequent impact on all our waiting times), recruitment and retention, and leadership and culture are the top priorities for NUH

This might seem obvious, but if we are to remove these barriers, it is important to name them and to commit to their resolution. Like many complex organisations, NUH suffers from having multiple priorities. While that is understandable and can be acceptable when an organisation is at the top of its game, it is not helpful when an organisation is struggling. Naming and owning these barriers as our top priorities to address, across NUH and with our stakeholders, is the first step to addressing them.

2. To develop and deliver a series of interlocking strategies designed to achieve our three top priorities

The report recommends a series of interlocking clinically led and enabling strategies, which are designed to help us work towards achieving our three priorities. Crucially, there are three clinically led strategies, which will engage our invaluable clinical excellence and experience. Currently, clinicians report feelings of detachment from decision making and the Care Quality Commission (CQC) found too great a distance between the 'ward and the Board'. The best health and care organisations are clinically led and NUH will benefit greatly from harnessing the power of our clinical body. A by-product of this approach will be to secure better engagement from all clinical groups, some of which report feeling undervalued and underused. Similarly, this approach will help determine the future models of clinical leadership, which will help secure better recruitment and retention, across the board.

The clinical strategies will be complemented by enabling strategies. It is true that many of these exist in one form or another, but they are not consistent in their style or level of maturity, and many colleagues report a lack of understanding or awareness of how strategies are formulated, or how decisions are made. If led and managed properly, these strategies will set our short and medium term direction and provide a framework for decision making and resource allocation. Importantly, these strategies will help us to tackle crucial issues such as recruitment and retention, inclusion, patient safety, estates, net zero carbon, digital development and financial planning. They are necessary to take us back to the basics of running a large, complex organisation in a planned and purposeful way.

While all these strategies are important, the development of a Trust-wide inclusion strategy is also vital to the future of NUH. The Trust has been publicly criticised for its approach to equality, diversity and inclusion and there is evidence that problems persist. Since the 2021 CQC inspection, much has been done to tackle this unfair and unacceptable problem – but there is much more to do. The development of an inclusion policy will be led by a dedicated Sub Committee of the Trust Board, to ensure maximum transparency and engagement.

It is easy, in a report such as this, to consider issues in the mid to long term. While the sustainable success of NUH depends on careful planning and a careful consideration of evidence and circumstances, there are compelling reasons to act now. We face mounting pressure across many fronts and some of these are urgent. For this reason, each of the strategies, regardless of their maturity, comes with some actions for 2023.

3. The adoption of a Trust-wide system to lead change and development in an inclusive and transparent way, and which encourages a bottom-up approach to ideas for innovation, efficiency, and effectiveness

The best organisations have a consistent methodology and approach to change and transformation. At NUH, our approach to change is sometimes excellent but too often inconsistent and dependent on the goodwill and ingenuity of individuals. Change is supported in a fragmented way and there is insufficient coordination of activity and pooling of resources.

This report recommends a consistent approach to change, which uses the same methodology and tools across the organisation, and which is supported through a single point of control and resources. To be successful, we must take a rational approach to change to encourage ideas from all parts of the organisation. There are several examples of such approaches and which we chose to use will be based on circumstances and best fit. What is important, is to choose a model urgently and implement it quickly.

This report cannot stand alone. It is not a strategy in its own right, but a set of reflections from my first 100 days and a proposed approach to setting the direction we must take to reach our potential. There is a section at the end which deals with implementation. There are many initiatives and developments underway, and these must be seen in the context of the report's recommendations, and our governance arrangements. If the report is to have impact, its implementation needs to be led and managed properly but it cannot become administrative or bureaucratic in nature and must become business as usual.

People First

NUH in numbers

£1.3bn
our budget

1,677
Beds

80
Wards

59,155
patients arrived at our Emergency Department via ambulance

1.9m+
meals served to patients

408,000
portering movements

297,600
first outpatient appointments

210,524
attendances to our Emergency Department, with a daily average of 577 patients

18,600
members of staff

1.3m
visits to our public website

1,100+
volunteers offering their support to enhance patient care

1,187,590
all outpatient appointments

£28.3m
Research income in 2021/22

152,007
emergency operations

13,952
planned operations

12,795
patients recruited into NIHR sponsored studies

311
hours and 31 visits made by our volunteered Health Ambassadors

10,258
patients recruited into Covid-19 trials

National and Local context

This section sets out the national and local context that impacts many aspects of our agenda and the people we serve.

What we see in the places we serve

The picture we see at NUH reflects the pressures across the NHS in England. As with most cities, our population is growing. Our city is diverse and multicultural, but it also suffers from high levels of deprivation, especially in inner-city areas. We deliver district general services to 2.5m residents of Nottingham, Nottinghamshire, and its surrounding communities. Our local partners are also under pressure. The City Council, for example, remains under intervention following a review[1] which has placed significant challenges on their financial situation and freedoms. While they and we are committed to partnership working, these issues within the organisation place real constraints on our ability to realise benefits from improved partnership working.

The worsening health inequalities between different sections of our community pose a significant challenge for both NUH and our wider integrated care system. For example, people in the three cities, Derby, Leicester, and Nottingham, have a significantly lower life expectancy than the national average. There is a disproportionate number of people likely to experience poor health affecting their everyday life before they turn 60, meaning over 15 'unhealthy' years. There are higher than national levels of obesity, smoking and alcohol related admissions to hospital.

Our services continue to operate under sustained pressure, with high numbers of patients and staff still testing positive for Covid-19, flu and other respiratory illnesses, which has resulted in three critical incidents in the last six months. Our emergency department is regularly overcrowded and patients face delays and treatment. Additionally, certain NUH services have come under intense scrutiny in recent years, with the CQC raising concerns about our leadership in 2021 and rating our maternity services as inadequate following an inspection in October 2020.

It is in this context that we set out our roadmap for how our organisation should design its plans and priorities.

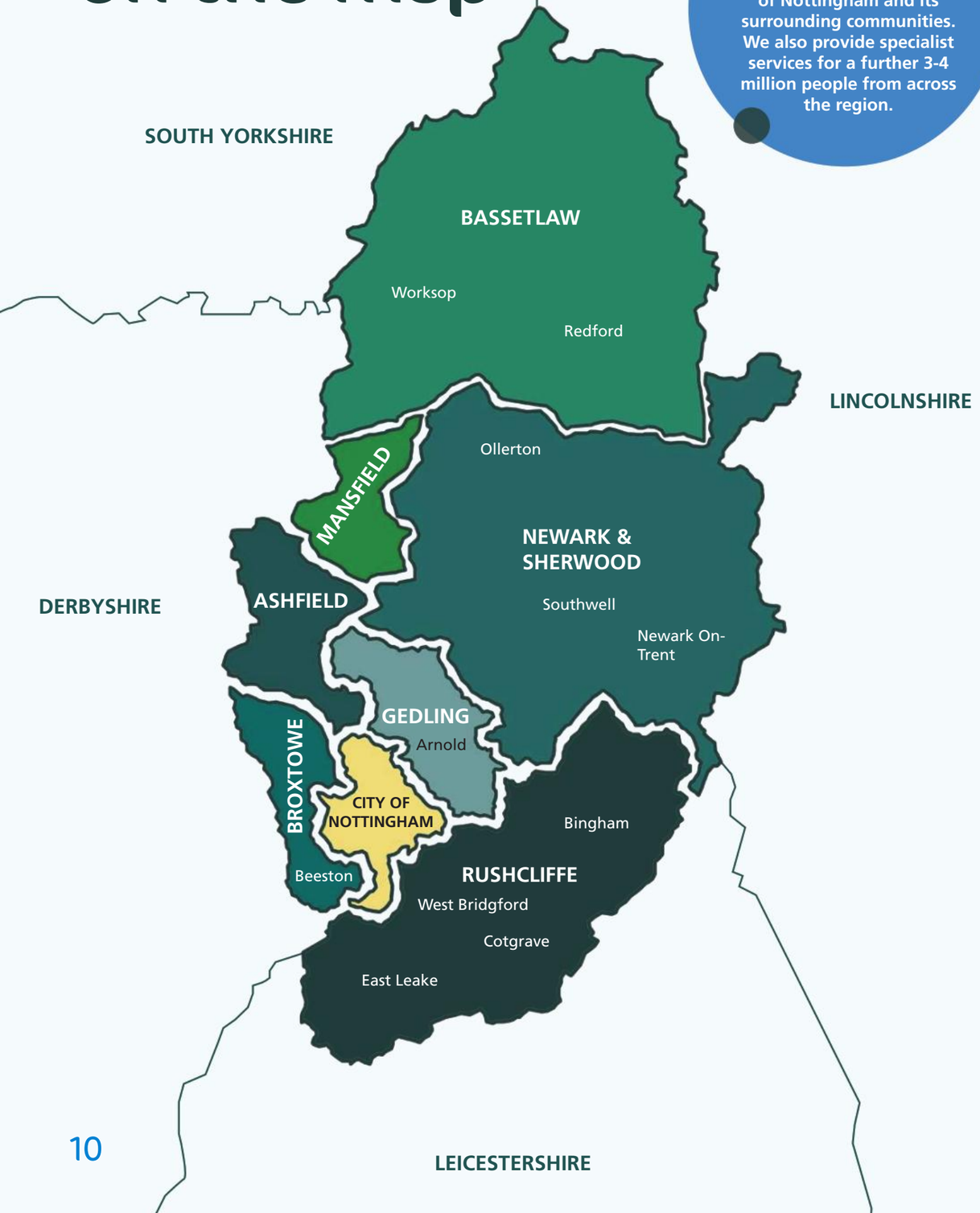
1. Non-statutory review Nottingham City Council
2. Demography: future trends | The King's Fund (kingsfund.org.uk)
3. Poorest get worse quality of NHS care in England, new research finds | The Nuffield Trust
4. NHS Workforce Statistics, September 2022 - GOV.UK (www.gov.uk)

National Context

Legislation	The Health and Care Act 2022 created new statutory bodies in Integrated Care Systems and brought an expectation of more collaborative working.
Demographics	Greater demand for services due to a growing and ageing local population with complex health and social care needs (65-84-year-olds will increase by over 30% and 85+ year olds by over 90% over the next 15 years)[1].
Disease Burden	An increasing number of people with multiple long-term conditions. Links between social status and health i.e. people living in deprived areas have worse outcomes[2 and 3].
Technological Advances	Increasing availability of digital and emerging technologies e.g., data analysis, genomics, artificial intelligence, surgical robotics, and new treatments
Workforce Availability	National workforce scarcity in key groups e.g., nursing, anaesthetics, radiology, neurology, and others. NHS organisations reported 133,400 staff vacancies across all staff groups in Sept 2022[4].
Covid-19 Pandemic	Ongoing effects of the pandemic e.g., Long-Covid, increase in mental health illness, capacity constraints, longer waiting times for treatment.
Patient Expectations	With increasing waiting times, patients are concerned that the NHS is no longer readily available when they need it.

Nottinghashire on the map

We are based in the heart of Nottingham and provide services to more than 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services for a further 3-4 million people from across the region.



Nottingham City, Mansfield and Ashfield have some of the highest levels of deprivation in England. The proportion of people from the most deprived quintile attending the NUH emergency department is 36.4% compared to England Average of 27.1%[5]

5. https://tabanalytics.data.england.nhs.uk/ /views/SEDIT/Launch?:iid=1

The barriers to achieving success

Every day our dedicated workforce strives to provide quality care and make things better, but individual, organisational, and system-wide barriers often get in the way.

Based on conversations with patients, partners, and colleagues, we have identified the three key areas that are currently preventing us from being able to harness their passion and dedication and, ultimately, are stopping us from achieving success. If we can get these three things right, we will be in a much stronger position to address our other challenges and restore faith in our ability to deliver, both for patients and colleagues. These three challenges are far reaching, as they affect all of our services, teams and ultimately our patients. This report presents the case that we require a step change in these three areas if we are to realise our potential. Without this, whatever our endeavors, we are likely to fail.

The three barriers to overcome are:

1. Flow

(Emergency care flow and its consequent impact on delays and all our waiting times)

2. Recruitment and Retention

3. Leadership and Culture

To illustrate the scale of our challenges and the barrier they represent, the tables below provide some key statistics that influence our current thinking. The next section discusses each of the barriers in more detail.

1. Flow

- 200,000 patients come through the doors of our emergency department each year.
- The proportion of patients handed over to the trust from our colleagues in the ambulance service within 15 minutes has declined from 70% (Oct 2019) to 40% (Jan 2023)
- The average time a patient spends in our emergency department has increased from 240 minutes (Oct 2019) to 430 minutes (Jan 2023)
- The time a patients spend in our emergency department has increased from 240 minutes (Oct 2019) to 430 minutes (Jan 2023)
- The total average number of patients who are medically safe for discharge but still occupy a hospital bed has increased from 58 (April 2020) to 238 (Jan 2023)
- The proportion of patients receiving their first cancer treatment within 62 days of being referred to our hospitals has declined from 80% (Oct 2019) to 61.3% (Nov 2022)

2. Recruitment and Retention

- We have approximately 2,300 vacancies across our Trust
- Our sickness levels have increased from 4.5% (April 2020) to 5.4% (Nov 2022)
- The average time it takes to hire a new employee is 69 days compared to 35 days at the best performing trust in the East Midland
- We currently employ over 18,600 staff at NUH
- In the 2021 staff survey:
  - 54.4% of staff would recommend NUH as a place to work compared to the national average of 58.4%
  - 49.4% of NUH staff say that they have access to the right learning and development opportunities compared to the national average of 54.4%
  - 36.2% of NUH staff feel that their work is valued compared to the national average of 40.7%

3. Leadership and Culture

- From the 2021 national staff survey:
  - 48.5% of staff say that they look forward to coming to work compared to the national average of 52%
  - 41% of staff felt confident that if they raised a concern that it would be addressed compared to the national average of 47.9%
  - 44% of our staff feel that communication between staff is not effective
- The CQC well led review 2021 described a disconnect between the Board and the wider organisation

Barrier 1: Flow

(Emergency Care and its impact on waiting times)

The efficient movement of emergency patients through our hospitals is key to how effectively we can deploy our resources, particularly staff and beds. Poor patient flow results in patients staying longer in hospital than is necessary, overcrowding on our wards and in our emergency department, and delays in the handover of patients from the ambulance service. It also reduces the beds and resources normally reserved for patients on our waiting lists, as these are instead used for emergencies. Ultimately, these conditions result in poor patient experience, delays to care, and frustration for staff who cannot make best use of their valuable skills. The pressure on our emergency pathway has been increasing for many years and dominates our agenda.

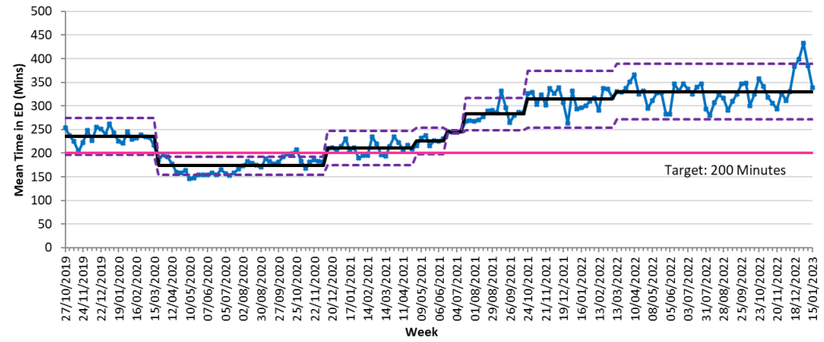
The challenges facing emergency care within the NHS in the recent past have been well documented[6]. The impact of this situation can be seen across all parts of the NHS. The issues are complex, and it will require input from all parts of the health and care sector to create services that our local people deserve. In the current year, national plans have asked ICSs to create plans that cover 10 key areas, such as supporting 999 services, improving primary and community health services, as well as improving hospital flow and discharge[7]. More recently, all emergency care systems in the NHS have been asked to reduce the time it takes for ambulances to handover patients to hospitals to maintain safe emergency services[8].

We have been working within our ICS across Nottingham and Nottinghamshire to improve the local situation. We have held several summits to bring together health and care partners to develop plans for improvement, including working with primary care in our Accident and Emergency (A&E) department, improving the volume of same-day emergency care and creating an integrated discharge hub to move patients promptly from the hospital when their medical treatment is complete. We are also working with our partners in the ICS to ensure that the recently announced increases to social care funding can be applied to maximum benefit for our population[9].

Despite this work, the impact of an overly pressurised emergency care system can be seen throughout the organisation, with its impacts reaching far beyond our overcrowded emergency department (fig 1). The number of patients whose care is complete but are awaiting discharge is at unsustainably high levels and peaked this autumn in excess of 200 patients (the equivalent of eight hospital wards (fig 2). While the numbers of patients attending our emergency department are broadly similar to the levels seen before the pandemic, the length of time patients are staying within our hospitals is increasing, creating further bed pressures. This compromises our ability to run the A&E department efficiently, with longer times to admit patients, longer times to offload ambulances, increased pressure on staff, and reduced capacity for our planned services, which also have growing waiting lists (fig 3). There is more to do to understand the full complexity of this situation.

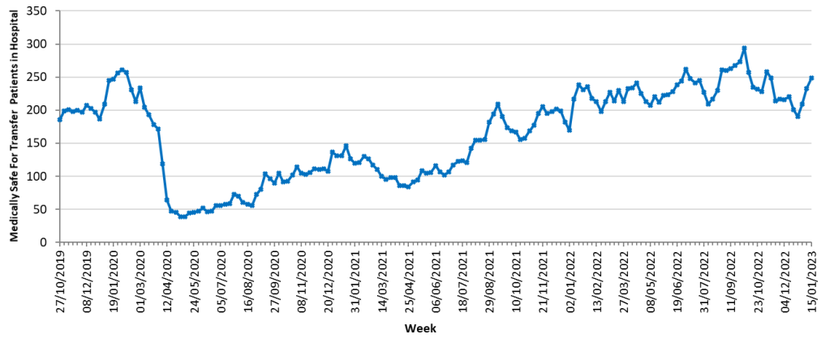
6. www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/
7. www.england.nhs.uk/long-read/next-steps-in-increasing-capacity-and-operational-resilience-in-urgent-and-emergency-care-ahead-of-winter/
8. www.england.nhs.uk/long-read/next-steps-in-increasing-capacity-and-operational-resilience-in-urgent-and-emergency-care-ahead-of-winter/
9. commonslibrary.parliament.uk/research-briefings/cbp-9315/

Fig 1: Average length of time in ED



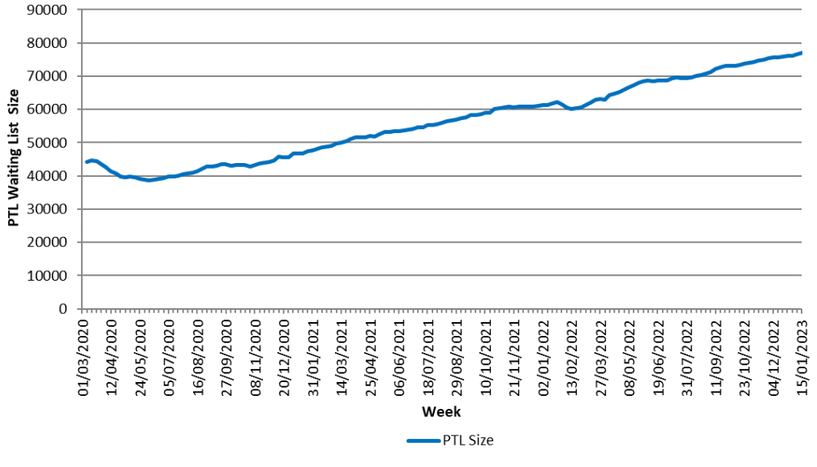
Patients are waiting longer in our Emergency Department

Fig 2: Number of Medically Safe for Transfer patients (MSFT)



The number of patients who are fit for discharge, but are still occupying a hospital bed has been increasing since the pandemic.

Fig 3: Elective Pathway - Total patients waiting list



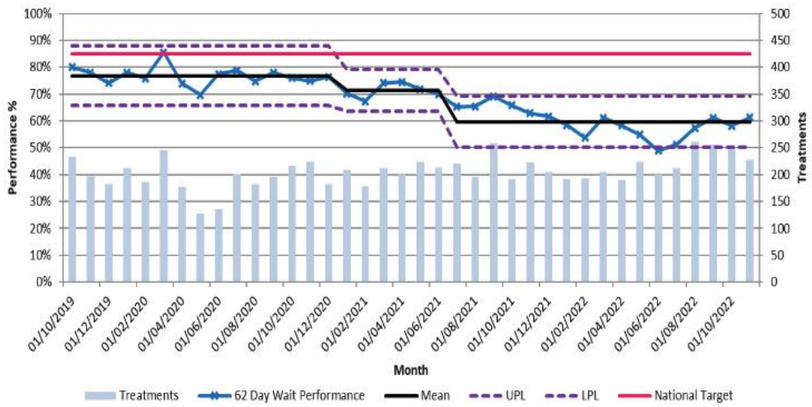
Our waiting lists have been growing since the pandemic

Although we have increased our bed capacity and introduced successful approaches to same-day emergency care, patients who require longer stays in hospital are remaining within our beds for even longer. From our patients' perspective, they often face long waiting times before they are assessed (at the very time they are at their most anxious), and then wait a long time often in an overcrowded accident and emergency department before admission to our wards. As result, while our patients are waiting to be either assessed or moved onto a ward, they are not in the right environment, and we know that this is not the level of care or experience that our that staff want to deliver.

We know that we need to continue to work as a system to ensure that patients access the treatment they need at the right time and at the right place to enable our accident and emergency department to be responsive. We know achieving this will enable us to deliver timely planned care to our patients as well. We must remember that emergency care and planned care are intrinsically linked, and both must be working at their optimum potential to achieve the best service for our patients.

The need to address these issues has been highlighted by the NHS's national planning guidance[10] for the 2023/24 financial year. Within it there is a clear focus on the need to recover core services and productivity, such as improving both the ambulance response time and accident and emergency waiting times, as well as reducing the time patients wait for planned care, cancer care or diagnostic care (fig 4). By focusing on flow through our hospitals, we know we can have an impact on all these issues, emphasising its importance in our plan for the next year and beyond. At NUH we are creating an emergency care strategy based around three key streams of work, the acute front door, acute patient flow, and discharge (see Appendx 1). This will form part of a wider plan to improve emergency care alongside our partners in the ICS. We will deliver our part of the emergency care strategy and report through our normal performance management mechanisms. We will continue to develop our partnerships within the ICS, who have also made emergency care one of its priorities[10], playing our part to ensure that the wider health and care system can deliver the improvements set out in the NHS planning guidance and meet the needs of emergency care patients. Nonetheless, the key to our success will be improving patient flow throughout our hospitals.

Fig 4: Performance against cancer waiting times standard



Fewer patients are being treated for cancer within the expected time of 62 days from the time they were referred by their GP

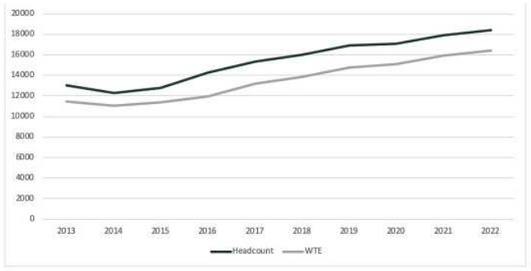
10. www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/
11. https://healthandcarenotts.co.uk/plans-and-priorities/

Barrier 2: Recruitment and retention

Without a well-supported, trained, educated, healthy, and motivated workforce, any NHS organisation would struggle to deliver services that are of the highest quality. Our workforce challenges closely reflect the national NHS picture of high vacancies, hard to recruit to posts, increased levels of sickness and staff turnover, and staff survey results that show a drop in morale and engagement.

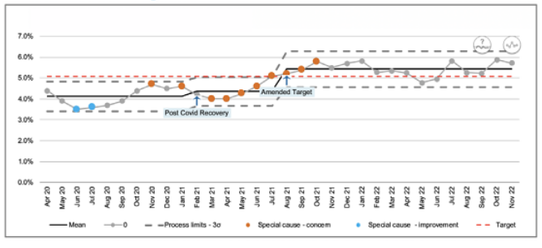
NUH is one of the largest employers in the East Midlands with more than 18,600 staff, a number that has grown year-on-year (fig 5). Our turnover levels have exceeded 12% and we are currently reporting approximately 2,300 vacancies.

Fig 5: Number of staff employed



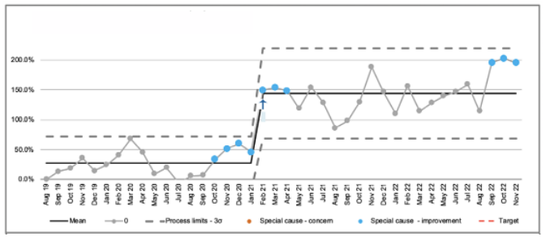
We have also seen increasing sickness absence levels since the beginning of the pandemic (fig 6).

Fig 6: Sickness Absence Rate



Consequently, we are seeing higher use of bank and agency staff, driving increased costs, and impacting on the continuity of care offered across our services (fig 7).

Fig 7: Agency spend



There are several factors driving the trend of increasing vacancy levels and high sickness. These include an increasingly competitive marketplace for employees within the NHS and across the wider economy, and increased staff pressures post-pandemic. Our staff survey results in 2021 show that our staff remain committed to NUH, are proud of the organisation and their colleagues, and report good working relationships and cooperation. However, there are also areas of concern. From the staff survey and our staff engagement exercise, The Big Conversation, we have identified three main areas to focus our improvement on: the behaviour of managers and leaders, the physical environment and systems and having the right number of people at the right time in the right place. Our action plan in response to these concerns has developed 12 key priorities (fig 8), several aimed at improving recruitment and the working lives of staff so that they want to stay with us and realise their full potential. Delivering these priorities in 2020/23, and creating our next set of priorities for 2023/24, will be key to improving staff confidence in the Trust.

Another issue we face around recruitment and retention is that our recruitment processes and workforce management systems are outdated and depend on high levels of manual intervention. The average time to recruit into a vacant post at NUH is currently 69 days, compared to the best within the East Midlands at 35 days. In response, we approved a business case to expand our recruitment team and invested in automated processes. For example, applicants can now scan and electronically send us their identity documentation which we use to complete the necessary employment checks. We have also approved a business case to implement an update to the national electronic staff records system where managers can directly update aspects of their team's employment record. To boost recruitment opportunities, we have started taking innovative approaches to recruitment such as holding an admin and clerical open day which resulted in 40 interviews and 14 job offers on the day. In addition, we are working with a recruitment and marketing firm to support recruitment into our maternity services where competition for midwives is particularly intense.

The NHS planning guidance for 2023/24 has also placed emphasis on the need to improve retention and staff absence through a focus on all elements of the NHS People Promise. It describes a need to focus on the productivity of our workforce, invest in our maternity and neonatal services (with an additional £165 million being made available nationally) and a target to reduce agency spend to a maximum of 3.7% of the NHS pay bill.

These initiatives are all underway. Success needs to be measured over the coming year in terms of the time it takes to hire staff, the number of vacancies, and our reliance on agency staff. These factors will form part of our regular performance management processes reported through the organisation and to the Trust Board. Fundamentally, if we can make substantial inroads into the level of vacancies that we currently hold, then we can meet the requirements set for the 2023/24 NHS plan and provide the level and consistency of care our patients need.

Fig 8: Big Conversation priorities

Big Conversations Theme	Priority action number	Key deliverables
Becoming your best self Developing people and their careers	**Priority 12**	Training and Leadership for staff
Appreciation and Recognition Recognising, appreciating and rewarding our people for their contributions	**Priority 11**	Appreciation and Recognition
Part of a team Creating a stronger sense of connection, with visible leaders and an environment that helps us recruit and keep the best people	**Priority 10**	Visibility of Leaders
	Priority 9	Flexible/Agile working
	Priority 8	Support for staff
	Priority 7	More efficient recruitment process
Working safely and improving our environment Creating a place where people feel safe to come to an inclusive workplace, free of racism, bullying & harassment	**Priority 6**	Kindness and Civility
	Priority 5	Tackling racism and bullying
Sorting the basics Ensuring people have access to water coolers, a place to take a break, healthy, affordable food and an improved travel to work offer	**Priority 4**	Car parking and transportation
	Priority 3	Somewhere to take a break
	Priority 2	Access to water
	Priority 1	Minor new works

Barrier 3: Leadership and culture

Recent years have been difficult for NUH. We have faced criticism from regulators, in particular the CQC, about our maternity services and leadership, which were both rated as inadequate. Our staff also questioned the way the Trust has been led and feel that our reputation has been negatively impacted by these reports. NUH has also been given the lowest rating in NHS England's oversight framework which is designed to identify organisations in need of additional support.

Our maternity services are subject to an independent review, chaired by Donna Ockenden. We have given our commitment to engage fully with this review and to ensure that recommendations to improve our services will be implemented.

Meanwhile, public criticism of our culture and approach to equality, diversity and inclusion has caused us reputational damage as an employer. Black and ethnic minority colleagues have reported negative experiences, such as racism. Understandably, this has had a knock-on effect on staff morale, and in turn could affect, their ability to deliver an excellent patient experience. Associated with this issue, patient feedback consistently shows dissatisfaction with the way we communicate, from the letters we send to the way we speak to patients in our care. Staff feedback also tends to back this view up.

It is fair to say these concerns are a symptom of weaknesses in both our culture and leadership, but also a sign of the pressure our staff work under. We have responded quickly and positively to the criticisms from our regulators and patients alike, putting forward plans to improve our maternity services and our leadership. These plans are regularly reviewed at our Board meetings and presented to NHS England to ensure we are making the progress we promised we would.

What is it like to work at NUH?

Colleagues across NUH reported good relationships despite the challenges we face, but also told me that sometimes we aren't kind under pressure. In 2021, the Trust's leadership was publicly criticised for allowing a culture of bullying, harassment, racism and discrimination to develop. Staff spoke about feeling unable to speak up about concerns, be that about their working conditions, treatment by managers, or, indeed, the safety of our patients. Culture change is necessary and there need to be improvements in behaviour, civility and professionalism going forward.

Anthony May - Reflections on my first 100 days

12. http://nuhnet/newsdesk/Pages/Statement-from-Anthony-May-about-becoming-a-zero-tolerance-organisation.aspx
13. Health and social care review: leadership for a collaborative and inclusive future - GOV.UK (www.gov.uk)

These plans include:

- Weekly Executive team visits to different areas of the Trust and monthly Ask the Executive Q&A sessions for staff to ask questions and have access to the Executive team on a regular basis
- A revised serious incident management process, including a new complex case review panel which looks at incidents, complaints, and inquests to ensure a proactive coordinated response
- A strengthened complaints review process to ensure responses are compassionate
- Issuing a zero-tolerance statement relating to racism and discrimination[12]
- A monthly equality, diversity, and inclusion (EDI) committee chaired by a non-executive director
- Our maternity improvement programme (MIP) is supporting continuous improvement towards our aim of ensuring that women and their babies always receive safe, effective, and evidence-based care
- Improvements to our performance reporting methodologies, including monthly performance management meetings between the executive and divisional leadership with a clear problem-solving approach. This will strengthen our link from ward to Board.

While this is a good start, there is more to do. It is important that we make best use of our staff in determining how NUH is led and run, and we must maximise the clinical voice in leading our organisation. Some revised proposals on how our leadership structures are arranged will be considered in the early part of 2023. They will be specifically designed to amplify the clinical voice in decision-making and should be implemented on first of April 2023. Over the coming year, we will take the opportunity, using the 'better together' staff engagement approach, to reconsider our values and our vision. We can also go a lot further to engage with patients to help us better understand and meet their needs, understand areas where we can improve and ensure we design improvements to our services in partnership with the public. We will also pay attention to the recommendations in the Messenger Review[13] in relation to leadership development, promotion of collaborative behaviours and a greater commitment to promoting EDI in leadership roles.

We will continue to deliver on our commitments within the Maternity improvement programme, monitored by our dedicated maternity oversight committee chaired by one of our non-executive directors. We will progress our well-led improvement programme overseen by our regulators. Our EDI programme is overseen by a new committee reporting directly to the Trust Board. Similarly, we will continue to monitor the outputs of our staff survey to understand if we are making progress in creating the culture and leadership our organisation needs and which our patients deserve.

Staff scores

In the 2021 NHS staff survey, NUH scored below average in several areas – a significant decrease from the previous year. Feedback, however, did show that staff remain committed to NUH and proud of the organisation and their colleagues, with working relationships and cooperation being reported as positives of working at NUH

- Staff engagement score 6.7 vs national average of 6.8 (national staff survey)
- 33.1% of staff say they often think about leaving the organisation (source: national staff survey) vs national average of 31.3%
- 48.5% of staff say they look forward to coming to work (source: national staff survey) vs national average of 52%

Patient scores

the % of people who would recommend us to friends and family if they needed similar care or treatment

- Friends and Family score (Inpatients & Daycases) (Apr 22 – Nov 22) 97%
- Friends and Family score (Accident and Emergency) (Apr 22 – Nov 22) 76%
- Friends and Family score (Outpatients) (Apr 22 – Nov 22) 97%
- Friends and Family score (Maternity) (Apr 22 – Nov 22) 95%

Our response to overcoming the challenges we face

The ability to focus on and prioritise the things that matter most to our patients, partners and our communities is a key strategic capability. As an organisation, NUH struggles to prioritise at times because prioritisation means making choices between competing and equally essential health care services. However without a well-defined set of priorities, it is impossible for us to build the bridge between what we are doing today with what we need to achieve tomorrow.

The three key barriers we believe we must focus on were identified following extensive discussions with our staff, our patients and our partners in a number of settings. However, simply naming them will not be enough to provide the clarity and purpose our organisation needs. We have several clinical strategies and crosscutting enabling strategies that bring together our plans. They are, however, in need of refreshing. At the time of writing, some are more advanced than others, there are differing styles, and they all need aligning to our three priorities of improving flow, recruitment and retention, and leadership and culture. By taking time over the next year to engage with our staff, partners and patients, we can create a plan for NUH and clarify our core purpose and priorities.

We are also keen to review our overarching approach to change management. We already have several successful approaches to engaging our teams in implementing change, but they are neither comprehensive nor consistent. If we are to truly transform NUH, we will need to review our approach to change, using evidence from across the NHS, so that we can harness the wealth of expertise within our staff, our patient groups, and other local groups. In doing this we can sustain our approach to continually improving our organisation and ensuring future success.

Considering all this, this report makes three recommendations which are described in more detail in the next sections. They are:

- To accept that improving emergency care flow (and its consequent impact on all of our waiting times), recruitment and retention, and leadership and culture are the top priorities for NUH
- To update and implement a series of interlocking strategies designed to achieve our three top priorities
- The adoption of a Trust-wide system to lead change and development in an inclusive and transparent way, and which encourages a bottom-up approach to ideas for innovation, efficiency, and effectiveness

By moving forward on these three recommendations, we can create clarity of purpose for our organisation, focus on the most pressing issues, develop plans to be the best we can be, and define a way of running our organisation that drives high performance for the long term.

Our approach is purposefully ambitious. We will expect to see improvement against the three barriers in the next year, have a set of aligned strategies over the next year and to have begun a procurement for a change management partner within six months. To implement this, we will need to work closely with our staff, our partners, and our patients over the coming years. However, we are committed to starting this journey now and have some clearly defined deliverables for the year ahead. By supporting staff in introducing and sustaining these changes we are confident that their implementation will have a positive impact on our ability to focus on our core purpose and deliver better care for patients.

Recommendation 1:
Focus on overcoming our three barriers

- Flow
- Leadership and culture
- Recruitment and retention

Recommendation 2
Develop and deliver interlocking strategies

Including what actions will be taken in 2023

Recommendation 3
New management system

Recommendation 1:

To accept that improving emergency care flow (and its consequent impact on all our waiting times), recruitment and retention, and leadership and culture are the top priorities for NUH

The proposal to focus on flow, recruitment and retention, and leadership and culture has come following extensive engagement within our organisation, particularly with our staff, but also patients and our partners. It is important that we have specific areas of focus, given the vast array of issues our teams could look to prioritise. These three issues are those that have been named most consistently and, will have the biggest impact in releasing staff to focus on their core roles and enable the whole organisation to realise its potential.

The emergency care pathway is vital for our patients, dealing with those in the most urgent need. Yet it is blighted with delays and areas where demand exceeds capacity. This is not unique to NUH, and the 2023/4 NHS operational planning guidance[14] also has a key focus on urgent and emergency care. If, in conjunction with our health and care partners, we can improve flow through this pathway, we will be able to direct our resources of staff and beds to those patients where our teams' skills are best used, including releasing capacity for patients who face long delays on our planned care waiting lists.

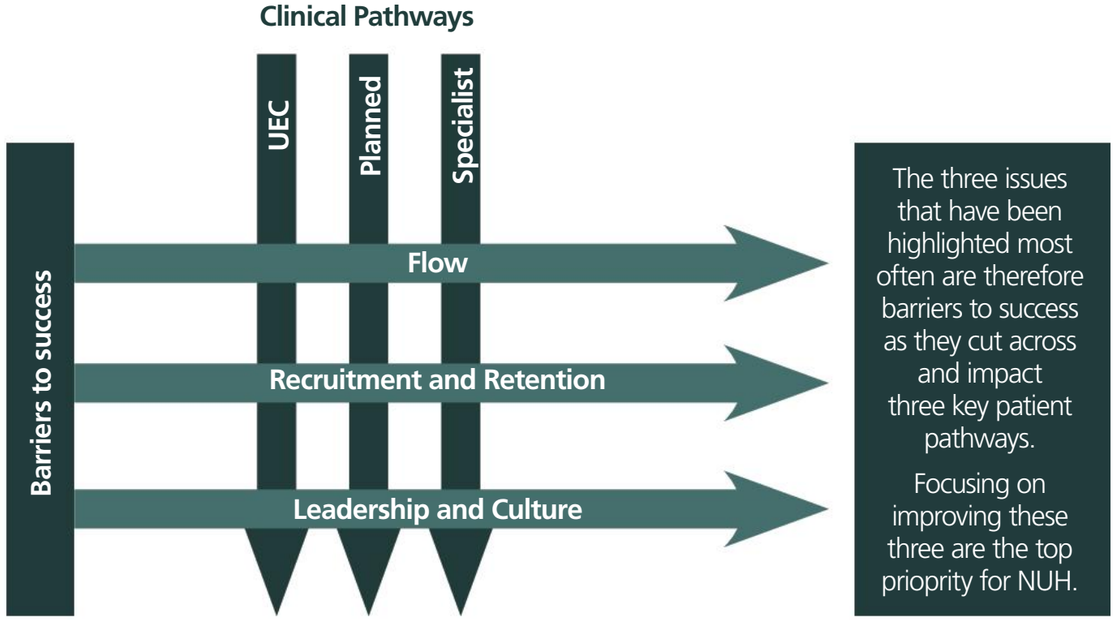
Given the scale of vacancies we currently hold (approximately 2300), it is inevitable that we will not achieve all we want to. This situation also puts additional pressure on our remaining staff and means we have an increasing reliance on agency staff. Trying to ensure we have sufficient people to care for our patients consumes time and effort every day. We are also aware from staff consultations, including the Big Conversation, that our own processes are manually intensive and slow, causing further frustration. There is much we can do to improve staff morale and, subsequently, retention. By focusing on recruitment and retention, we can build the necessary body of staff, who feel valued by their organisation, and can more clearly focus on doing their best for our patients.

Culture and leadership are important for all successful organisations and particularly for large organisations such as NUH. The review into leadership[15] across health and social care, led by General Sir Gordon Messenger, highlights the impact that good leadership and management can make, and also the need to develop staff. Comments from our staff and reports from regulators tell us that we can do more to improve leadership and culture. These regulatory comments are felt heavily by our organisation, along with those made about our maternity service. We must meet these challenges head-on and implement the improvement programmes we have committed to.

All three of these priorities are fundamentally about releasing the potential of our organisation so that it can be the best embodiment of NUH to the benefit of our patients and our community. We believe that focusing on these priorities can be a cornerstone to rebuilding trust and confidence in NUH as the leading organisation we all wish it to be. We should commit to making a step change in how we manage these three issues. This is our first recommendation.

However, focusing on these three issues alone will be insufficient. We know that flow, recruitment and retention, culture and leadership are barriers to how we want our clinical pathways to function (Fig 9). We should therefore commit to updating our strategies so that they align to the improvements required. This is discussed further in the next recommendation.

Fig 9: Alignment of clinical pathway strategies to overcome barriers to success



Patient Story

A 49-year-old father of two was admitted to critical care at Queen's Medical Centre with severe pancreatitis – a condition where the pancreas becomes swollen over a short period of time. He developed breathing difficulties and a blood clot which he received treatment for during his stay with us.

He spent a total of 180 days with us and required specialist critical care treatment including antibiotics and a tracheostomy – an opening created at the front of the neck so a tube could be inserted into the windpipe to help him breath. As part of his rehabilitation, the physiotherapy team encouraged him to stay as mobile as possible and our and language therapists saw him to help him with strategies to communicate with the tracheostomy. Occupational therapists and the therapy support workers worked closely with the nursing and physio teams to promote independence. To help keep his spirits up staff took him for trips outside, either on his bed or in a chair. He was also encouraged to visit the ward before being discharged from critical care to help with the transition from a higher ratio nursing care to a lower level.

It's important to us that we listen to patients and use their feedback to improve patient care. For example, we appreciate that being nursed in critical care can be a challenging time for patients, so we now offer them the opportunity to visit critical care after they have been discharged. These visits are one of the ways we can provide answers to any questions patients may have about their time with us. This helps us to fill in gaps in memory often caused by the medicines we use or confusion. This patient did take up the offer and returned to critical care to look around. He thanked the team for his care and was grateful for the opportunity. He felt it helped with his psychological recovery and to progress his rehabilitation. He has also gifted two televisions and other rehabilitation equipment, which were gratefully received.

Nine months after discharge, he was walking independently, had returned to work part time and celebrated his 50th birthday with a family holiday to Cyprus.

14. 2023/4 NHS operational planning guidance
15. www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future

Recommendation 2:

Develop and deliver interlocking strategies designed to achieve our top 3 priorities (Flow, recruitment and retention and culture and leadership)

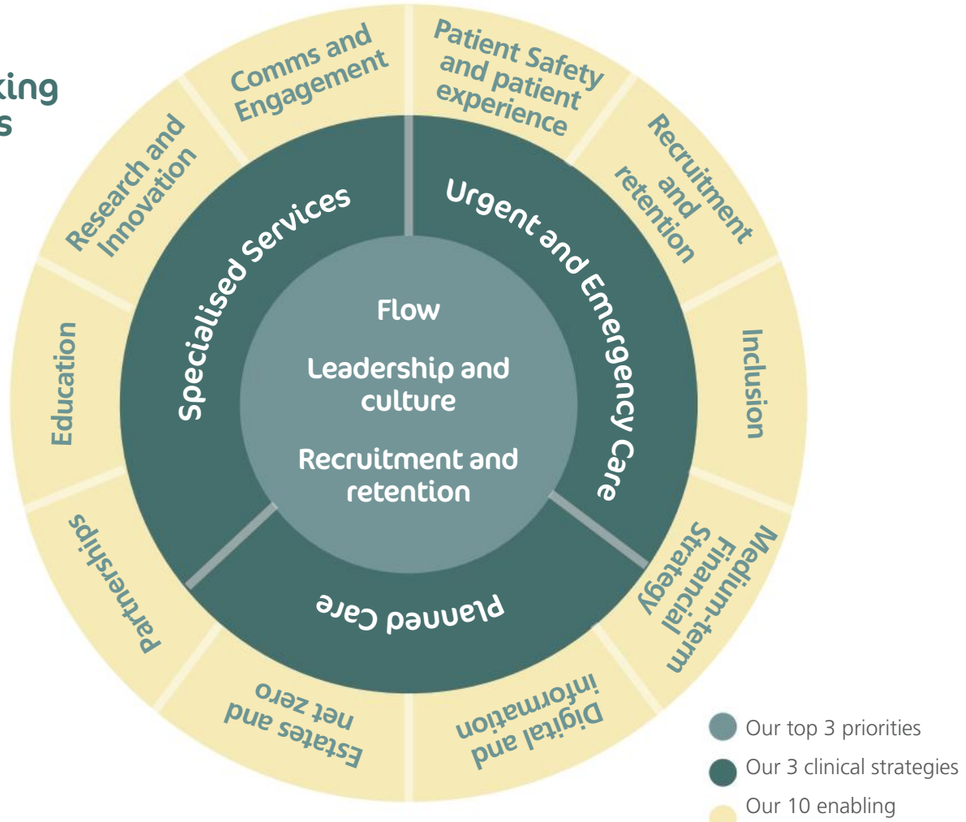
Our proposal is to take a framework approach to create a strengthened and re-aligned series of strategic delivery plans which set out our vision and medium-term goals across three patient pathways: urgent and emergency care (UEC), planned care, and specialised services. These are identified as clinically led strategies and are underpinned by 10 Trust-wide enabling plans. These interlocking strategies clarify our direction, align to our three top priorities, and describe the progress we can make in 2023, as well as subsequent years.

We already have some longer-term strategies relating to Tomorrow's NUH, which we must use as a marker for our service direction. Nonetheless, we must continue, in the short term, to reduce the time our patients wait for care, improve our facilities and technology, keep up with best practice, such as getting it right first time (GIRFT)[16], and other clinical publications.

We should also be developing our services following review of our outcomes and patient feedback. There are many important projects at different stages of development that should be described within our strategies, for example the National Rehabilitation Centre, Jubilee facility, expansion of our neonatal and maternity service, mechanical thrombectomy, and consolidation of our burns and plastic surgery service.

Fig 10:

Interlocking Srategies



These plans, among others, should help us to continue to improve our clinical services before the implementation of Tomorrow's NUH, which brings a greater ambition to improve facilities such as a dedicated Children's Hospital and bringing together emergency care at Queens Medical Centre.

The diagram shows the strategies falling into one of two categories: clinical and enabling.

Patient Story

After beginning to feel unwell and struggling with respiratory difficulties, a gentleman in his late 90s was brought into Queen's Medical Centre and admitted onto ward B49. Initially his condition deteriorated after he contracted an infection in hospital, followed by Covid-19. However, after recovering under the care of our teams, he was finally discharged to a local care home for assessment.

His family expressed their appreciation for the care he received during his stay with us. They specifically mentioned clear communication from our team and support with the patient's next steps, which they appreciated during a distressing time.

16. https://gettingitrightfirsttime.co.uk/

a) Clinically led strategies

There are many ways to describe the range of clinical services provided at NUH, from patient pathways to clinical divisions to individual services. Whatever the definition, it is important we invest time in considering how we organise and deliver care to our patients.

We will be developing three clinically led strategies to respond to the barriers we have identified, for example considering how new service strategies and partnerships can reduce the impact that our lack of "flow" has across all our services. They will focus on the next three years and more to create direction beyond the regular annual planning round to define the services our hospital will provide.

Our people first approach will ensure the key components of these strategies include:

- Tackling the overarching issues behind access and performance problems and improving the responsiveness of services. This will include integrated working with partners on new service models and streamlining the delivery of care to increase quality, efficiency, productivity, and delivery of proposed investments.
- Clarifying and consolidating our vision for specialised services, aligned to commissioning strategies[17], to ensure equitable access and support clinical best practice and clinical and financial sustainability.
- Putting in place plans to support continuous improvement in the quality and safety of our services.

The development of these strategies will need clinical engagement and support. They will also be developed in partnership with our patients and colleagues in primary care, community care, mental health, specialist, and social care. We will be guided by data in relation to local population changes and influenced by the NHS Long Term Plan[18] which embraces the development of local integrated care systems, the strengthening of capacity and capability in primary and community care, and delivery of world-class care for major health problems. We will ensure that these strategies are underpinned by better use of technology, with new roles and ways of working to support new models of care. For example, we will include more integrated working with partners to reduce unnecessary hospital visits and admissions, allowing us to focus on our core purpose.

A high-level summary of each of the three clinical strategies is set out below, with more information including priorities for delivery in 2023 in Appendix 1.

Together this set of interlocking strategies can lay out more clearly and consistently how we expect NUH to develop over the coming years.

The three clinical strategies and the high level mission are described below. More information can be found in Appendix 1

Urgent and emergency care	Working with our partners in health, social care and the voluntary sector. We will: • Resolve the barriers to flow. • Create and support new models of care that provide timely access, good outcomes and high-quality experience for our patients. • Including same-day emergency care and virtual wards
Planned Care	We aim to: • Meet our part of the national ambition to recover waiting times including timelines to eliminate long waits for planned care with a specific focus on reducing the time between referral and treatment for cancer. • Deliver expansion of our facilities and services. Improve our service efficiency
Specialist Services	We will: • Raise the profile and understanding of our specialised services. • Better understand population need and design and deliver sustainable pathways which lead to outstanding health outcomes for the populations we serve.

17. www.england.nhs.uk/commissioning/spec-services/
18. www.longtermplan.nhs.uk/

b) Enabling strategies

The 10 enabling strategies are defined as those that not only support the delivery of organisational infrastructures, systems and processes but are also essential to removing the barriers identified and the efficient delivery of the three clinically led strategies. These will be guided by the people first philosophy and aligned to the existing Trust-wide strategy.

A high-level vision of what each strategy aims to deliver is set out below. More information, including priorities for delivery in 2023, can be found in Appendix 2. Updating our strategies and aligning them to our three key priorities can provide us with a clear direction over the next three years.

Patient Safety and Patient experience	Deliver continuous improvements to the quality and safety of care provided to patients and empower staff to make ongoing improvements in their everyday wok, including embedding a safety culture from Board to ward.
Recruitment and retention	Become the employer of choice by creating an environment that supports the recruitment and retention of the most talented staff. Develop a highly skilled, compassionate, and flexible workforce that is equipped to deliver sustainable and resilient services to meet the needs of patients.
Inclusion	Reaffirm our values of equity, inclusion, and justice by becoming a great and inclusive place to work, where discrimination, bullying and harassment are not tolerated and opportunities to develop and progress are open to all. Invest in our staff so that they thrive at work and feel valued for their contribution to patient care.
Medium-term Financial Strategy	Look after our resources as effectively and efficiently as possible over time to allow us to continue to invest in our people, buildings and the equipment we need to be financially sustainable.
Digital and information	Optimising the use of technology and science to support patient care, patient experience and to support innovation. Use digital, data and technology to allow all of our people to be excellent in their roles.
Estates and net zero	Reinforce our commitment to sustainability and green issues, providing hospital services in a fit for purpose and flexible estate that enables the delivery of high-quality care, while maximising efficiency, productivity and environmental sustainability.
Partnerships	Strengthen partnership and community connections to ensure we are working collaboratively with public, private and voluntary sector colleagues to most effectively add value to the populations we serve and deliver our core purpose.
Education	Provide excellent, high-quality training and leadership programmes that inspire, challenge, and prepare our staff to deliver high-quality care which drives excellent clinical outcomes and research studies.
Research and Innovation	Increase opportunities for our patients and staff to participate in high-quality research and development. Drive our ambition to become an outstanding clinical partner to academia, industry and local government and make NUH a centre for cutting edge research and innovation
Comms and Engagement	Ensure that patients, carers and all our communities are at the centre of our plans and proposals. Create a culture of cooperation, coproduction and coordination with our patients, partners, and staff.

Recommendation 3:

The adoption of a Trust-wide system to lead change and development

Develop a consistent NUH approach to managing change to move us to excellence and ensure we have a sustainable long-term approach to continuous improvement.

The scale of change and development required at NUH demands a long-term and organisation wide approach. The recently published report from The Health Foundation on building an organisational culture of continuous improvement[19] analysed the partnerships of five NHS Trusts with the Virginia Mason Institute and how this could inform the implementation of a system for change within an NHS organisation. There were several key characteristics emerging from these collaborations, including developing strong peer learning, leading to better CQC ratings where staff have greater involvement in sharing ideas and learning. Crucially, the report also highlights the importance of aligning improvement priorities with organisational and national objectives.

We already have several nationally recognised models of improvement operating within NUH, including capability building (Quality Service Improvement Redesign), empowering our staff (Shared Governance), significant expertise within human factors, and service review approaches (Working to Achieve Value and Excellence – WAVE programme). These are supported by teams from strategic planning, information and insight, and organisational development. What we now need to do is bring these components together in a deliberate and purposeful way to create a consistent approach that will ensure that we have the best chance for sustained improvement to the benefit of ourselves and our patients.

We intend to scope and potentially procure outside assistance with this programme of work in the first half of 2023.

This has drawn on the learning from the recent publication of the report by Warwick Business School into the 5-year Virginia Mason Institute (VMI) and NHS partnership programme which has set out six key learnings that were derived through the development and adoption of management systems in five NHS provider organisations. (Table 1)

Table 1 - development and adoption of management systems in five NHS provider organisations - six key learning [20 21]	
1	Build cultural readiness as the foundation for better QI outcomes
2	Embed QI routines and practices into everyday practice
3	Leaders show the way and light the path for others
4	Relationships aren't a priority, they're a prerequisite
5	Holding each other to account for behaviours, not just outcomes
6	The rule of the golden thread: not all improvement matters in the same way

19. www.health.org.uk/publications/long-reads/building-an-organisational-culture-of-continuous-improvement
20. www.wbs.ac.uk/news/six-key-lessons-from-the-nhs-and-the-virginia-mason-institute-partnership
21. https://warwick.ac.uk/fac/soc/wbs/research/vmi-nhs/reports/

Implementation

To monitor the implementation of our plans against the report's recommendations, we must establish an appropriate governance process, making use of our existing committee structures and their onward reports to the Trust Board.

Our proposal is to make as much use of our existing reporting and monitoring mechanisms as possible throughout the year and to bring an overarching report on progress to the Board in a year's time. We have argued that there is much to do and that priority actions have and will be identified. By defining the appropriate measurements for monitoring progress, we can use two existing formal Trust Board reports to describe progress rather than delay while we create a new governance mechanism. We will use the annual planning process to incorporate some key objectives and measures into our 2023/24 plan.

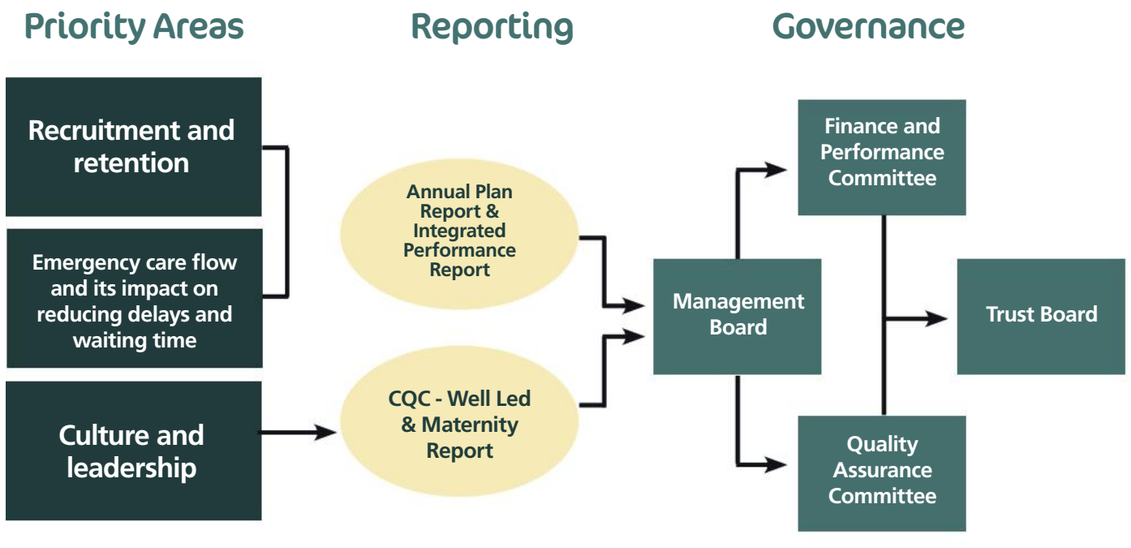
- Recruitment and retention and emergency care flow can be monitored within the quarterly Annual Plan and Integrated Performance Reports (IPR).
- Culture and leadership measures can be incorporated and monitored within the existing CQC well-led and maternity reports.
- External assurance processes involving our integrated care system and NHS England will continue in their present form.

Each of these reports will be examined at the appropriate executive and Board committee meetings in line with the diagram below, fig 11.

We will complete a full review in 12 months' time through our Annual Report 'look back' assessment, which will be produced for April 2024 Trust Board.

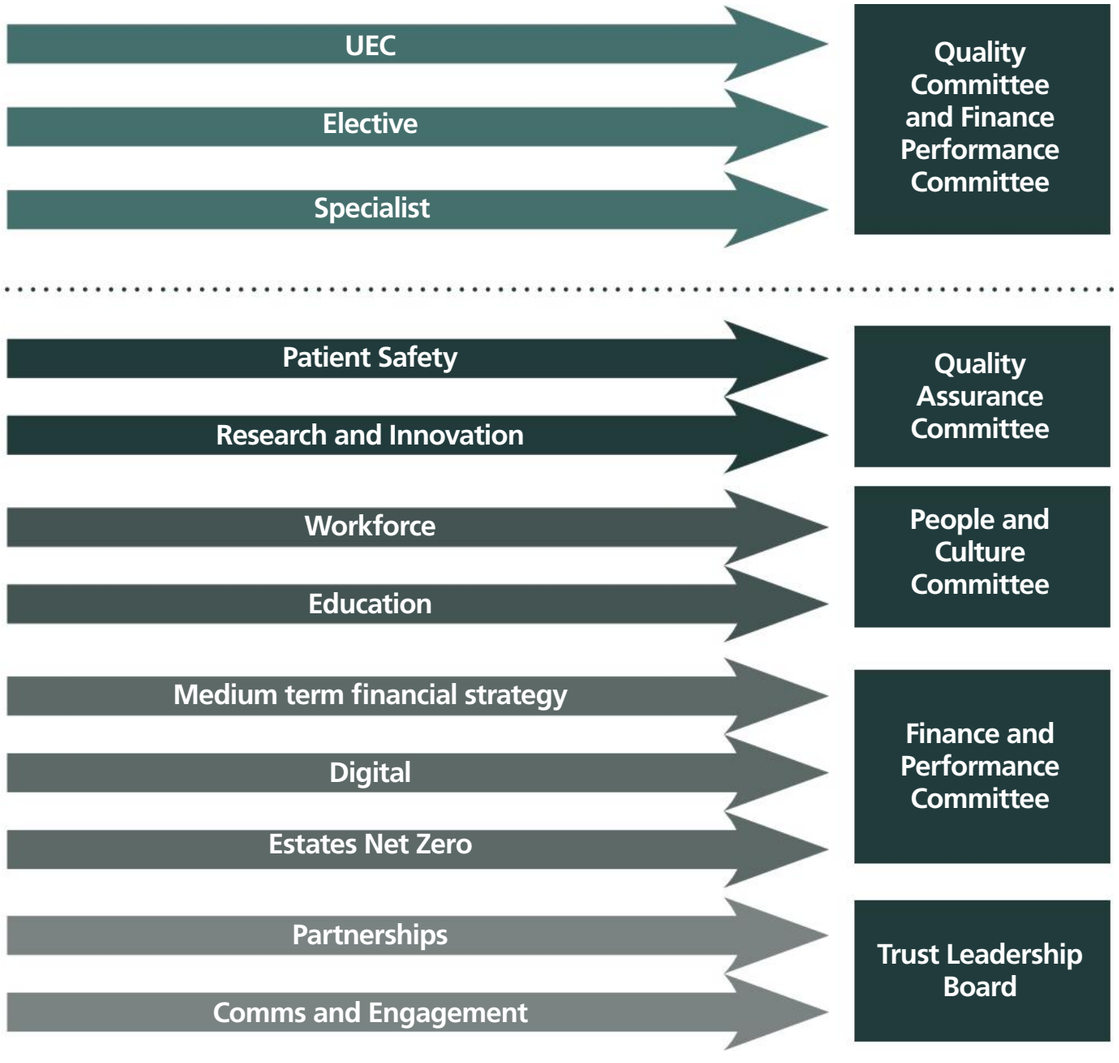
Our next step will be to pull together the actions from this report and the associated strategies and incorporate them into the 2023/24 annual plan as well as creating the appropriate reports for scrutiny.

Fig 11: Governance arrangements



Further monitoring of the framework approach for the clinical strategies and enabling strategies and plans will be undertaken through the Trust Board sub-committee structure as follows, fig 12.

Fig 12: Committees reporting and monitoring arrangements



Summary and next steps

This report considers in some detail the barriers which currently prevent NUH from achieving its full potential. Alongside the nation's entire health and care system, we face unprecedented pressure but are also additionally subject to intense public and regulatory scrutiny. The report is based on Anthony May's experiences during his first 100 days in post and takes into account the issues and concerns raised by patients, staff, and our partners during the many conversations he has had.

The report acknowledges and appreciates our highly skilled and dedicated workforce, whose efforts deliver quality care to thousand of people every day. However, it also makes the case for fundamental change, including a collective focus on the key barriers to success, a refresh and realignment of our clinical and supporting strategies and the development of a consistent and effectively approach to change management.

The report gives three recommendations that will enable us to move forward, gain clarity of purpose and direction, and deliver the services that our population need and deserve. They are:

1. To accept that improving emergency care flow (and its consequent impact on all of our waiting times), recruitment and retention, and leadership and culture are the top priorities for NUH

Based on conversations with patients, partners, and colleagues, the report identifies these three barriers as those which are preventing us from being able to harness the passion and dedication of our workforce and, ultimately, from achieving success. If we can improve in these three areas, we will be in a much stronger position to address our other challenges and restore faith in our ability to deliver, for both patients and colleagues.

2. To develop and deliver a series of interlocking strategies designed to achieve our three top priorities.

Using the breadth of expertise across the organisation, the report recommends the refresh or development of a series of clinical and enabling strategies, which set out our plans for the next three to five years and provide the clarity of purpose our staff require. They will give us a framework to support high quality decision making and resource allocation and help us to get back to the basics of running a large, complex organisation in a planned and purposeful way.

3. The adoption of a Trust-wide system to lead change and development

The most successful organisations have a consistent methodology and approach to change and transformation. The report recognises that our approach to change is sometimes excellent but too often inconsistent and dependent on the goodwill and ingenuity of individuals. It recommends a consistent approach to change, which uses the same methodology and tools across the organisation.

However, the report's findings cannot stand-alone and, for implementation of the recommendations to succeed, the whole organisation must recognise and accept that:

- This is a team effort, and everyone will need to contribute to ensure our collective success
- Implementation must be led and managed properly, but it will need to become business as usual rather than an additional administrative burden
- Given both the clinical and enabling strategies require investment and transformational changes over several years, full implementation will span over more than one planning round

While it is vital that we give everything we have to implementing these recommendations, the single biggest factor influencing the success of the organisation will be our ability to harness the skills and retain our own workforce and the expert contribution of our partners. It is for this reason that the report is titled people first.

Next steps

To move forward, the recommended next steps are:

- Roll out the communication and engagement plan following approval from the Trust Board.
  - I. Presentation of the 100-day plan to the partners and public
- Establish the monitoring and reporting mechanisms described in this report using our existing governance structure
- Bring forward to the Trust Board some recommendations on changing management arrangements for the Trust, enhancing clinical involvement in our decision-making
- Begin the delivery of key actions described to support:
  - i. A step change in solving our three key challenges (flow, recruitment and retention, leadership and culture)
  - ii. Refreshing our clinical and enabling strategies along with delivering the key actions described for the 2023/24 financial year
  - iii. Start the procurement process for a new change management process
- Create an overarching plan to implement the actions for 2023 laid out in each of the strategies

Urgent and Emergency Care Clinical Strategy 1

Appendix 1

Why do we need a strategy

Our ability to move patients through from the emergency department and into the hospital has an impact on many aspects of our clinical services, operational performance, and priorities. Getting UEC services running optimally is key to unlocking the ambitions of our organisation to deliver timely and quality care.

NUH is one of the largest providers of UEC within the NHS and our major trauma centre serves the whole of the East Midlands. We have a growing and ageing population, and we are seeing more complex issues among those we are treating, including both the elderly and frail and more recently children and young people's mental health. We are seeing a rise in the number of cases of extremely vulnerable patients with particularly complex medical needs who remain in the emergency department for a long period as there is simply nowhere else for them to go.

The UEC landscape also has several complex issues which contribute to the current challenges. The whole health and care system will need to continue to work together to support improvements across our hospital, and our partners.

Our main drivers for improvement are:

1. Our A&E department is over crowded with specialty patients waiting for specialist opinions and interventions; High numbers of patients waiting more than 12 hours due to our inability to find a vacant bed within the hospital.
2. A very high bed occupancy level
3. Delays for patients can lead to suboptimal care and outcomes
4. There are not currently many alternatives to admission
5. Planned and emergency care demand compete for limited capacity (e.g. beds, theatres and staff)
6. A high number of patients who are medically fit for discharge, impacting on bed availability (sometimes in excess of 200 patients)
7. Ambulance handover delays
8. Staffing issues, including absence due to Covid-19 and seasonal illness
9. Out of hospital capacity such as home care is often undersized and therefore compromises discharge principles such as "home first" principle [22]
10. New 'front doors' to the hospital are improving care for some but putting new demands on our resources with more care hours being delivered than ever before

The 2023/24 NHS operational planning guidance set a priority of improving the responsiveness of UEC care[23] and building additional community capacity – keeping patients safe and offering the right care, at the right time, in the right setting. This now also includes the expectation that we will return to reporting against the 4hr target from 1 April 2023. Expansion of virtual ward models, eliminating 12-hour waits in A&E departments and minimising ambulance handover delays are all key priorities over the 2023/24 financial year.

There has been a programme of continuous improvement across the urgent and emergency care pathways at NUH. The next phase is to move away from a 'winter plan' and develop a longer-term strategy that takes in to account all seasonal variations.

22. www.england.nhs.uk/urgent-emergency-care/reducing-length-of-stay/reducing-long-term-stays/home-first
23. www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/

Director Responsible: Chief Operating Officer - Lisa Kelly

What is the scope

- Acute front door
- Acute patient flow
- Discharge
- Preparing and planning for seasonal variation of UEC pathways
- Partnership arrangements across health and social care and voluntary sector

What does success look like

- Right care, right place, right time
- Hospital care and discharge practice from the point of admission
- Clinically safe alternatives to admission to hospital
- Better patient experience
- Improved access to care for all to address health inequalities
- Development of an integrated 24/7 urgent care service

Timescale

The Strategy will be produced by April 2023

What we will do in 2023

- Work with our partners as part of the system wide UEC programme
- Engage with multi-disciplinary teams to help our understanding of total patient demand
- Develop a programme of work to focus on patient safety and reducing delay related harm
- Reduce demand on our services including maximising Same Day Emergency Care (SDEC) and increase our virtual ward offering
- Enhance our bed reconfiguration including opening the Jubilee unit in January 2023
- Enhance our processes and improve patient flow including internal and external mitigations to reduce the backlog of medically safe patients in our hospitals
- Make strategic enhancements in staffing, including a temporary transfer team for paediatric emergency and CAU and enhanced support of flow matrons to support discharge capacity in the CAS division
- Develop the model for a co-located Urgent Treatment Centre

Planned Care
Clinical Strategy 2

Appendix 1

Why do we need a strategy

During the Covid 19 pandemic waiting lists nationally have increased, with people waiting longer and longer for planned surgeries and procedures. The NHS has more patients waiting for planned care now than it has had at any point in its history and NUH is no exception. Reductions in planned health care activity seen in 2020 were associated with increases in health inequalities[24].

In February 2022, NHS England published its plan for tackling the COVID-19 backlog of elective care[25] which sets out an ambitious plan to recover planned care over the next three years with specific focus on the time between referral and confirmation of diagnosis for cancer and eliminating waits of over two years for any planned care. NHS England have reaffirmed many of these priorities for 2023/24 within the priorities and operational planning guidance[26].

At NUH, and across the NHS, the level of planned care activity currently being delivered is below pre-pandemic levels. Many of the reasons for this are clear and understandable. Our performance and activity levels are compromised due to the overflow of emergency care, high number of patients who are medically safe to be discharged, and workforce challenges, including vacancy rates and staff absences. This constrains effective hospital flow, theatre capacity, and efficient use of our bed base. Other challenges in delivering our recovery include timely access to diagnostics and delays in reporting, including complex endoscopies and histology reporting due to the significant workforce challenges within pathology services.

Waiting lists are now large and traditional methods of working will not deliver what we need to for our patients. At NUH we are tackling this by:

- Expanding our capacity: We are developing new facilities - a new ward in early 2023 and three theatres by April 2023. This will be followed by the development of an elective hub in quarter four 2023/24 providing three additional theatres, admission/discharge facilities, and a short stay ward.
- The elective hub will focus on high volume, low complexity patients.
- Developing our workforce capacity and capability to meet the needs of our patients.
- Having a specific focus on the productivity of our elective pathway in line with planning guidance and best practice.
- Working with the independent sector: Early in the COVID-19 pandemic, we worked closely with colleagues in the independent sector to make best use of any unused capacity. At that time this was vital in protecting the most at-risk patients, including those with cancer and patients who needed a high level of post-operative care. We will now explore opportunities to work with the independent sector to see how we can develop partnership arrangements to support our ability to reduce waiting lists and waiting times.

In addition, we will need to continue to innovate and develop our workforce, our practice, and our partnerships to enable patients to access care in a timely and effective way. We will need to make best use of technology and harness the potential of data and digital opportunities such as more virtual wards, moving care out of hospital to in different settings, and virtual care and remote consultations supporting care in patients' homes. In terms of cancer, two-week wait referrals continue to increase. As with elective patients, cancer patients are currently being treated in order of clinical priority, rather than based on the length of their wait, wherever possible.

We also need the public to understand their role in helping us manage demand for our services and making sure we make best use of our available resources. For example, we have high numbers of patients who do not attend their appointments, leading to wasted resource and other patients missing out as a result.

24. www.midlandsdecisionsupport.nhs.uk/wp-content/uploads/2022/05/Strategies-to-reduce-inequalities-in-access-to-planned-hospital-procedures_20220429iv.pdf
25. Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care (england.nhs.uk)
26. www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/

Director Responsible:
Chief Operating Officer - Lisa Kelly

What is the scope

- Outpatients
- Diagnostics
- Cancer
- Elective surgical procedures and theatres
- Maternity

What does success look like

- Effectively use our capacity to ensure everyone can access services in a timely fashion
- Work with ICS partners to address health inequalities on our waiting lists and ensure our services are responsive, fair and inclusive
- Develop our workforce to ensure we have the right staff with the right skills to meet the needs of patients
- Use data and technology to improve our services and ensure we deliver high quality care and the best possible outcomes and experience for patients in a timely way

Timescale

The planned care and cancer strategies will be produced by April 2023.

What we will do in 2023

- Work with our partners as part of the system wide planned care programme
- Engage with our teams to develop capacity and demand modelling to clarify requirements and support needed to deliver key milestones
- Work with clinical services to understand service needs and explore opportunities to meet these with partners in the independent sector
- Continue to expand our patient initiated follow up offer (PIFU)
- Develop our virtual care capacity to improve patient choice, access and experience
- Enhance our elective bed and theatre capacity opening the Jubilee unit in January 2023 and 3 modular theatres in April 2023
- Develop the NUH strategy for robotic operating.
- Continue to deliver our theatre workforce strategy
- Implement the Nottingham and Nottinghamshire mutual aid hub (hosted by NUH) to maximise opportunities to safely and effectively treat patients other organisations where capacity exists reducing waiting times
- Through a focus on GIRFT High volume low complexity (HVLC) programme, work maximise our day case and short stay planned care activity
- Deliver our Targeted Investment Fund (TIF) capital investment programme to expand our elective care capacity focusing on high volume low complexity work
- Through our diagnostic improvement programme deliver the capacity required to meet our DM01 performance targets for 2023/24

Specialised Services Clinical Strategy 3

Appendix 1

Why do we need a strategy

Specialised services are delivered in regional centres and are vital to the local and wider regional population. NUH is currently one of the leading specialised service providers in the Midlands. We have developed expertise in a significant range of specialised services, including major trauma and neurosciences, as well as many other adult and children's specialised services. We recognise that the regional population does not have equal access to these vital services at the current time. Working and collaborating with our partners we are seeking to understand population need, design and deliver sustainable pathways, and deliver outstanding health outcomes for the populations we serve.

Specialised services are hugely varied in nature, with services that cover a range of complexities (medical and surgical), types of condition, forms of treatment (e.g. various cancers), and size of patient treatment groups. For this reason, they tend to be provided in relatively few hospitals to maximise the clinical skills for patients with those complex and less common conditions, and with catchment populations of more than one million. This also means some of these services have small numbers of clincians, making the service 'fragile'. One of the solutions to this is improved collaborative working with other centres.

We are recognised as the East Midlands centre for major trauma and neurosciences due to the breadth and quality of the specialised services we provide. For example, NUH is only able to be the East Midlands major trauma centre because of the number of related services we provide, including neurosurgery, cardiac surgery, orthopaedics, vascular surgery and critical care. Our specialised services are supported by the largest number of critical care beds across the East Midlands region.

Specialised services enable us to harness technology to deliver cutting-edge care and drive further research and innovation to improve outcomes for patients with uncommon and complex conditions. NUH is commissioned to provide these services by NHS England and they play a considerable part in attracting and retaining high quality staff and providing teaching, training and research opportunities. We continue to work with our commissioners to make sure our services meet national standards and costs, and that the most up-to-date treatments are available for patients within our region.

Thanks to our status as a specialised services provider, when local patients need to access these servives their pathway and treatment is seamless, with the specialised element just part of the pathway. Integrated specialised services means our patients benefit from:

- Care closer to home
- Continuity of care/ seamless pathways
- Improved outcomes

However, evidence suggests that there is not currently equal access to specialised services across the region because they are delivered in such low volumes at a small number of geographically dispersed sites. We recogise our regional responsibility for patient care with these vital services and want to ensure the whole population has full access.

We also know there is more we can do in specialised cancer service provision, as more and more people are impacted by cancer. In 2016, cancer was the largest cause of death in Nottingham, accounting for 27% of all deaths. There are 4,484 new diagnoses of cancer in Nottinghamshire every year and, in 2014, 28,000 people in Nottinghamshire were known to be living with cancer – a number that is forecast to increase to 69,200 by 2030.

We are committed to working with our partners across the region to:

- Investigate and address the causes of disparities and ensure all patients have equal access to specialised services
- Gain a wider understanding of population health need
- Identify those specialised services that are fragile and support these services
- Design and deliver sustainable pathways
- Understand the impact of the upcoming commissioning delegation arrangements, from services being commissioned by NHS England to being commissioned by ICBs instead
- Gain full benefit from our specialised services operational delivery networks

24. www.midlandsdecisionsupport.nhs.uk/wp-content/uploads/2022/05/Strategies-to-reduce-inequalities-in-access-to-planned-hospitalprocedures_20220429iv.pdf
25. Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care (england.nhs.uk)
26. www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/

Director Responsible: Medical Director - Dr Keith Girling

What is the scope

Specialised services are not always easily separated out from our pathways. Therefore, we recognise a need to closely link any new plans to the UEC and planned care strategies that are being developed.

The specialised services strategy aims to raise the profile and understanding of all our specialised services and ensure full visibility and engagement across the organisation.

It will also support us to establish annual planning links, identify those specialised services that are fragile and need some support, and create the appropriate governance arrangements to enable us to optimise the benefits associated with:

- Recruitment and retention
- Private patients
- Research and innovation
- Financial benefits
- Teaching and Training

What does success look like

Developing visibility and understanding of our specialised services will enable us to work and collaborate with our partners in a more informed way to deliver outstanding health outcomes for the populations we serve.

- Reduce the number of fragile services in the East Midlands
- Integrate pathways to improve access and reduce health inequalities for patients across the East Midlands
- Better understanding of population need
- Improved clinical outcomes

Timescale

The draft strategy will be produced by Summer 2023, with full board sign off completed Autumn 2023.

What we will do in 2023

- Develop a specialised services clinical strategy by summer 2023, focusing on our specialised cancer services
- Continue to work with NHS England and ICBs to fully understand the impact of the delegation arrangements
- Collaborate and influence development of the East Midlands Acute Providers Network (EMAP)
- Lead the development of a definition and processes for fragile services, working with NHS England before wider collaboration across the East Midlands through EMAP

Patient Safety and Patient Experience

Enabling Strategy 1

Appendix 2

Why do we need a strategy

Delivering healthcare is a hazardous business carrying risks to the patient and to the caregiver. Providing care safely is everyone's business, aiming to deliver timely, cost effective care for patients with the best outcomes whilst keeping staff safe in the work they undertake. Patient Safety is best delivered by staff, patients and carers working together to identify hazards, and continuously improve the standards of care. This requires a clear strategic direction and ambition to embed safety throughout the organisation. Patient Safety is an intrinsic part of 'Quality' and the domains of effectiveness and patient experience need equal consideration and together are considered in the Trust's Quality Strategy.

Create a learning culture,

- To deliver high standards of patient safety we want to create a just and safe culture. This requires a genuine and compassionate engagement with patients, families, and staff – to both listen to their experience and to say sorry when things go wrong.
- Our staff must feel able to share their experiences and not be afraid to speak up if something has gone wrong. This means nurturing an open culture where we talk about the factors, such as processes and environment, which have led to something going wrong, rather than focusing on individual blame. We also need to recognise and celebrate when things have gone well.

Develop A skilled workforce

- Increasing the competency and capability of all staff and ensuring we provide staff with the tools they need to work safely is essential to patient safety.
- Training to recognise and respond appropriately to patient safety incidents and for each person to understand and play their part in promoting and overseeing quality.
- Everyone in the Trust needs to understand and value their role in relation to quality and patient safety, from Board to ward. We are therefore focusing on strengthening understanding of the role of the quality and patient safety team, creating the right environment and supporting staff to take a proactive approach to improvement.

Ensure our approach is in line with national requirements

- We will align our strategy to the new NHS Patient Safety Strategy[27]. This will include adopting a new approach to investigating and learning from incidents (the Patient Safety Incident Response Framework - PSIRF) and a greater focus on identification of opportunities for learning and sustained improvement.

Develop a Human Factors based approach

- To support us as we transition to PSIRF and drive a change in culture, focused on learning and improvement, we are adopting a 'Human Factors' approach to investigating and learning from incidents. This is set out in our new Human Factors Strategy.
- The Quality and Patient Safety Team are working closely with the Trent Simulation and Clinical Skills Centre, who are experts in this field, to deliver a joint response to embedding a Human Factors approach to learning across the organisation.

Patient safety incidents

- Incidents of harm, or potential harm (near misses) are inevitable. It is vital staff are supported and encouraged to report all incidents, – it is well known that a strong reporting culture leads to improvements in patient safety.
- We have a good reporting culture, but we need to ensure we take action to address the issues raised so that we do not repeat the same incident again.
- In preparation for implementing PSIRF, we must address our backlog of 'Serious Incidents'. Each Incident requires a comprehensive investigation to understand what went wrong and what we need to do differently to ensure the same thing doesn't happen again

Patient experience and engagement:

- We are committed to delivering continuous improvement in patient, family and carer experiences. We have robust systems and processes in place for measuring and monitoring feedback including: compliments, complaints, concerns, and comments. The complaint process can be daunting for our patients, and we know that responses are not always the best they can be. The wait for a response can be lengthy. Working with patients and the Complaints team, steps are being taken to improve this.
- We must move forward on both patient safety and patient experience, this includes ensuring patients are represented throughout the organisation as demonstrated by the Patient Partnership Group. It is vital that we put people with lived experience, including carers, at the heart of all we do by valuing their skills, knowledge and interests and giving them an equal voice.
- A review of the Patient Experience and Engagement Strategy is required to reflect experience and engagement in the current Healthcare climate developing a strategy which reflects National and local needs

27. www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/

Director Responsible:

Medical Director - Dr Keith Girling
Chief Nurse and Director of Infection Prevention and Control - Michelle Rhodes

What is the scope

The strategy will cover the range of issues identified above

What does success look like

- High levels of reporting of incidents and near misses but ongoing reduction in incidents of harm.
- Evidence that we are learning from when things go wrong – changes in practice lead to reduction in repeat incidents.
- Staff are not afraid to speak up and share their experience when things go wrong.
- Patients report a positive experience of care, and our outcomes are among the best in the country.

Timescale

Our new Patient Safety Strategy will be developed and published by the end of Q3 2023/24

What we will do in 2023

- Focus on embedding learning though different mediums and initiatives including: safety learning events, internal and external speakers, newsletters, champion roles
- Implement PSIRF approach to investigating and learning from incidents by end Q3 2023/24
- Relaunch the Learning Academy from January 2023. A revised approach will be adopted to make use of expertise from a range of disciplines, including quality improvement (QI) and transformation, human factors, patient safety, data analytics, shared governance, as well as clinical and patient representatives. It will help us to tackle some of our biggest quality and patient safety challenges in a unified way
- Map training requirements and deliver required training across the organisation by end Q4 2023/24.
- Launch tender process to replace or upgrade the system we use to capture incidents and other quality related data, such as risks and complaints. We aim to complete this by end Q3 2023/24
- Review of the Patient Experience and Engagement Strategy and ensure co-production with patients and the ICS by September 2023

Workforce (R&R) Enabling Strategy 2

Appendix 2

Why do we need a strategy

We aim to be the employer of choice within the NHS by creating environment that supports the recruitment and retention of the most talented staff. We need to develop a highly skilled, compassionate and flexible workforce that is equipped to deliver sustainable and resilient services to meet the needs of patients, both now and in the future.

- Rebuild our employer brand: The CQC reports, as well as negative publicity relating to maternity care, are feeding some of the challenges we face, particularly in terms of recruitment.
- Address our capacity, resourcing, and recruitment challenges: External factors, such as labour market shortages, play a significant part in the large number of vacancies we are trying to fill (approx. 2,300). This is a wider problem affecting the NHS, with an estimated 110,000 vacancies nationally.
- Improve staff experience: Staff are often working in incredibly challenging circumstances due to workforce shortages and increased demand and pressure. This leads to high turnover and sickness levels. Staff sickness is running at over 5%.
- Tackle prominent EDI challenges: We need to address and eliminate bullying, harassment, and treatment of staff from minority backgrounds as referenced in the CQC report and staff surveys. Work has started, initially focused on ethnicity as the immediate priority. This now needs to extend to all protected characteristics.
- Instigate the changes needed to improve organisational culture: Agreeing and adopting a set of values that all staff can buy into and an improvement in behaviour, civility, and professionalism by recruiting people who meet our value set.
- Improve systems and data: Inadequate systems to record and report workforce data have led to frustration and inconsistency. While there are efforts underway to digitally transform several processes, the admin load remains mostly on staff.
- Maternity care: This is an area under particular scrutiny at NUH , but also with recruitment expectations set out in the NHS planning priorities.

Director Responsible: Chief People Officer - Dr Neil Pease

What is the scope

A People Strategy was approved in November 2022. This contains our ambition to be the employer of choice in the NHS. There is a clear focus on the brand of the organisation and how we promote ourselves within what is a very competitive marketplace.

It is recognised that a significant area to be considered within the strategy is culture, leadership, and the impact this has on reputation the quality of care and ultimately recruitment and retention. The strategy talks about improving transactional processes with recruitment being a major process for improvement. The strategy also refers to staff wellbeing and how embracing the digital agenda can support our workforce in many different ways, from speeding up transactional processes to accessing educational and support opportunities.

What does success look like

When:

- The number of permanent staff increases as we close the vacancy gap
- Turnover will reduce to within accepted levels and staff experience improves year on year as reported in the NSS
- We will have created a modern workplace through our facilities, agile working practices and technology, to meet the aspirations and needs of all staff
- We employ a workforce that is truly representative of the communities we serve
- Being able to grow our own workforce by working with our partners in local authorities, schools and universities to develop and grow our own workforce supply
- We consider workforce inequalities and the role NUH can play as an Anchor organisation improving employment and educational opportunities
- Reducing the time of investigations and acting on concerns both of which impact staff experience and reputation
- We further develop and promote our health and wellbeing offer
- We will have comprehensively delivered against the 12 priorities agreed through the Big Conversation exercise
- Just Culture is embedded across the organisation which will catalyse improvements in organisational culture

Timescale

Refresh by September 2023

What we will do in 2023

- Expand and right size the recruitment team having agreed an investment package which will also reduce time to hire to 45 days
- Develop an approach, which focuses on Trust-wide recruitment by staff group
- Develop marketing to promote NUH, its opportunities and the region as a place to live and work
- Continue work on improving organisational culture
- Establish ourselves as an Anchor organisation, as part of the health and care system and contribute to the improvement of health inequalities

Workforce (Inclusion) Enabling Strategy 3

Appendix 2

Why do we need a strategy

In 2021, we were criticised publicly for allowing a culture of bullying, harassment, racism and discrimination to develop. We know that our black and minority ethnic colleagues find it harder to progress in their roles and feel less supported than their white colleagues. People with a disability report a similar experience. We also face widespread inequalities in our communities that directly affect residents and their ability to lead happy and healthy lives.

We are making progress, but there is more to do. We serve some of the most diverse communities within areas of huge deprivation. We need to ensure that our workforce reflects our communities at all levels. We need to develop a culture and atmosphere that is nurturing for everyone, regardless of background, ensuring that we provide the best outcomes and experience possible for everyone in our employment or care. Both statistics and the voice of our staff have shown us that, although we are making progress, we have much more work to do.

We have a BAME strategy which has eight aims, including increasing representation within senior posts, improving the recruitment and HR processes for staff, creating local metrics to monitor progress and a staff health and wellbeing programme for BAME staff.

The BAME strategy will continue to be advanced but there is a recognition that we must move to a position of inclusion where all staff are considered. With this in mind, we aim to develop a broader inclusion strategy to support us becoming a zero-tolerance organisation and drive the cultural changes needed to make this happen.

Director Responsible: Chief People Officer - Dr Neil Pease

What is the scope

- To tackle underrepresentation in senior positions for staff from minority backgrounds as established in the latest Workforce Disability and Race Equality Standards
- The achievement of delivering the national targets as per the Midlands EDI strategy (six high impact actions)
- To develop a comprehensive approach to equality, diversity and inclusion especially in addressing health inequalities
- Bring together EDI work across the whole organisation and create the golden thread that will improve our performance and outcomes from community, healthcare and workforce perspectives

What does success look like

- Improved staff survey engagement scores against benchmark comparator
- Higher levels of staff retention and lower rates of sickness absence
- The number of formal disciplinary cases of bullying, harassment and discrimination may increase by more confidence in reporting
- Will have embedded a cultural ambassador programme to support investigation processes
- The Scope for Growth strength-based approach to talent management will be delivered and linked to progression and study leave policy
- We will use value-based recruitment with specific questions related to race, equality and inclusion
- Our workforce will better reflect the diversity of the community we serve
- We will have embedded a systemic leadership development intervention designed to create transformational change and enable a culture of diversity, equality and inclusion, where the power of difference is valued
- Freedom to Speak Up (FTSU) will work closely with EDI leads and staff network leads (while maintaining confidentiality) to identify patterns of bullying, harassment and discrimination concerning specific protected characteristics
- Include inclusion issues in Second Big Conversation programme
- Staff survey results will demonstrate improvement

Timescale

The Inclusion strategy will be developed by December 2023

What we will do in 2023

- Launch the EDI Oversight group led by an non-executive director.
- Appoint a new Director of EDI – a new role for NUH
- Review the current EDI provisions in the Trust
- Launch the new inclusion strategy and align our objectives to the new national EDI strategy to be launch in April 2023

Medium-term financial strategy
Enabling Strategy 4

Appendix 2

Why do we need a strategy

All NHS organisations are required to break even as a statutory duty. Achieving financial sustainability requires a strategic approach to ensure we use our resources as effectively and efficiently as possible over time. This will allow us to continue to invest in our people, buildings, and equipment we need to be financially sustainable.

- The NHS financial model is returning to one where elective care funding is linked to activity whilst emergency care is largely funded through a fixed payment. In addition separate Covid payments are mostly being withdrawn with ongoing costs re-inbursed through normal payment mechanism. This reflects the priorities of the NHS as it faces the challenges of emerging from the pandemic and associated elective backlogs while returning to delivery of the objectives set out in the Long-Term Plan
- This will require a paradigm shift in approach as we seek to return to a sustainable financial position, while managing flow and workforce challenges at a time when the efficiency challenge set to the NHS is expected to be a minimum of 2.7%
- Deliver a Quality improvement and waste reduction programme (QIWR) in excess of 3% will be required. Our award winning Patient Level information and coding system (PLICs) and WAVE teams will identify opportunities and how to achieve them.
- In the short term, our ICS has been set the challenge of ending the 2022/23 financial year a deficit of no greater than £25m (with our deficit limited to £20m)
- Like many Trusts across England, comparing the current year to the 2019/20 pre-pandemic year, we have invested in more staff and more technology, but the volume of treatment we are providing has not increased. This is putting pressure on public finances and more importantly on our ability to address waiting lists
  - Our staff numbers have grown by 1,772 (12%) since April 2020
  - Spending on agency, bank and locum staff has increased by £54.4m (115%)
  - Overtime, waiting list initiatives and extra duty payments have increased by £9.7m (91%)
- A credible financial strategy provides assurances that our spending plans are affordable over the medium term (five years) and supports our reputation nationally, helping us avoid further intervention and placing us in the best position to obtain national capital investment and encourage recruitment
  - Supports us in the journey of "well led" organisation

1. Enables us to invest to improve our ageing buildings, our underpinning technology and our major medical equipment, as well as obtaining approval for our major capital schemes such as Tomorrow's NUH (TNUH) [28], Maternity and Neonatal redesign (MNR), National Rehabilitation Centre (NRC) and the Targeted Investment Fund (TIF) bid
- Ensuring our financial plans are fully aligned to the organisation's priorities

28. www.nuh.nhs.uk/tomorrows-nuh/

Director Responsible:
Chief Finance Officer - Duncan Orme

What is the scope

- Ensure that NUH is financially resilient, stable and sustainable for the future.
  - Maintaining a strong control environment
  - Address reliance on agency use
  - Delivery of QIWR programme and elimination of waste
- To ensure that effective financial planning contributes to the delivery of the Trust strategy and priorities.
  - Activity and workforce planning in particular recruitment and retention
  - QIWR and transformation planning
  - Focus on productivity
  - Capital planning aligned to site master plan and reconfiguration plan
  - Approval and delivery of new hospital programme schemes
- To plan for future resources and maximise income opportunities.

What does success look like

- Developing a credible plan to achieve break-even position (over two to three years) while meeting short-term expectations.
- Our objective is to be the most effective and efficient provider of secondary and tertiary care.
- Key to this is improved flow through our emergency pathway resulting in lower reliance on agency spend and increased elective productivity, resulting in greater income earned.
- An effective recruitment and retention strategy should result in reduced reliance on agency spend and higher productivity.
- Supporting our ambition to invest in technology, our patient environment and high-quality equipment.
- Delivering on our major capital schemes (TIF, MNR, NRC, TNUH).
- Achieving One NHS level 3 accreditation.

Timescale

The draft strategy will be produced by Spring 2023, with full board sign off completed Summer 2023.

What we will do in 2023

- Deliver a financial plan that is acceptable to the ICB and NHSEI and supports elective recovery.
- Enhance the control environment.
- Enable a QIWR programme which addresses agency spend, MSFT and elective productivity
- Deliver on capital programme that delivers an elective hub at City, carbon reduction and supports major schemes.

Digital and Information Enabling Strategy 5

Appendix 2

Why do we need a strategy

Digital, technological and scientific expertise, alongside the use of data will increasingly continue to have a material impact on the delivery of care, increasing safety, improving population health outcomes, and reducing costs in the future. A refreshed holistic digital technology and data strategy to achieve this will be critical to our success, empowering our people using technology and business intelligence to develop together in line with opportunities available as a leading hospital in a digital world.

- We have state-of-the-art equipment in some areas, yet in others we have outdated technology.
- Paper based recording also exists alongside state-of-the-art electronic systems. Staff, patients, and the public have higher expectations in line with technology elsewhere in their daily lives.
- Resource constraints have created a lack of sustainable technology re-fresh programme, resulting in often unreliable, slow to access, multiple, disconnected applications and data in fixed locations and in some cases not adequately supported.
- We must move from data rich, often looking backwards to information rich and looking forwards. Covid-19 showed we can make better, more informed decisions through better data collection, reporting and data modelling. Data quality limits our current use.
- Increased patient expectations demand our interactions could be more convenient with digital solutions so that access to and collaboration on their own patient records is supported by technology, as well as safer care and patient experience improvements.
- Our WAVE programme that looks at how data can inform waste reduction and the development of efficient pathways need to be supported by efficient flow of information.
- We have a fragmented analytic structure with issues with key person dependency, lack of standardisation and no coherent set of priorities across all the analyst teams which leads to gaps in knowledge, conflicting information, and low business continuity.
- We want to work with our people across the organisation to improve their use of information.
- Currently our data warehouse is a constraint, requiring investment.
- Our New Hospital Programme will provide a catalyst to enable staff and patients to fully benefit from technology improvements. Smart hospitals will accompany the investment in new skills to exploit the potential.
- Historically, many of our 'departmental' systems including Human Resource systems and data reporting have sat outside of digital and data teams, this limits our ability to support the workforce strategy, needing resolution

Director Responsible: Chief Digital and Information Officer - Andy Callow

What is the scope

- A central, organisation-wide, real-time electronic patient record (EPR): a shared electronic patient record along patient pathways ensures all parties can in real-time contribute to care delivery and planning.
- Increased clinical functionality and links to diagnostic systems, across multiple patient pathways will remove the need to ask the patient for information repeatedly and also for staff to re-key data.
- Where appropriate we will use mobile capture and input at the bedside.
- Business Intelligence to support all of our initiatives: develop population health management capability in collaboration with system partners. Using artificial intelligence and human skills in designing care services as part of a regional 'Ecosystem', exploitation of our Digital Twin technologies to support prediction, inform decisions and increase productivity.
- Single version of the truth across the ICS, supporting workflows of health and care data and systems, enabling system wide efficiencies and planning fit for our population.
- Digital and Data across the organisation will have a holistic strategy enabling the development of our people, improving recruitment and retention. Ensuring we have world class technology and business intelligence enabling excellent care.

What does success look like

- A single Digital and Data Strategy, in line with the ICS strategic goals.
- Ongoing investment in our infrastructure, will mean reliable, safe and resilient foundations.
- Our workforce is digitally literate and empowered to work with data and systems, at NUH and across our ICS.
- We are an excellent employer; we attract good quality candidates, and we retain staff.
- Patient Experience is improved through the visibility of data to support Discharge and Flow, improving care by making the best use of technology and business intelligence.
- Citizens access and contribute to their own health and care record, promoting self-care and improving the experience of our patients.
- Our solutions interact seamlessly and are easy to use.
- A single version of data is available, enabling productivity, proactive planning, and informed decisions.
- Our people can work from anywhere, we have sufficient Digital tools including mobile technology for data capture and review.
- Good quality data allows consistent use of data to support scheduling and predictive analytics for proactive and informed decision making.
- Our people have confidence in Digital and our Data.

Timescale

A combined Digital and Informatics strategy will be designed and approved by December 2023.

What we will do in 2023

- Invest in our Digital and Data workforce, benchmarking to ensure we have the appropriate resource levels and skill mix, enabling improved recruitment and retention.
- Improve ward to board reporting implementing a standardised approach.
- Harmonise analytical roles across NUH working to a professionalised standard and to a unified strategy, invest in Divisional Insight managers
- Strengthening and working closely with external partners including the University to enhance our local skills and increase innovation opportunities
- Delivery of the priorities identified in our Digital Roadmap, including: commencement of the replacement of our core Patient Administration System (PAS); a single solution within our Emergency Department (Digital Front Door); Electronic Prescribing and Medicines Administration across all adult Inpatient wards; Digitisation of care plans and clinical case notes. Pathology; a single LIMs (Laboratory Information System) solution at NUH and SFH. Continue to develop our Maternity solution, including our people held record.

Estate and carbon Enabling Strategy 6

Appendix 2

Why do we need a strategy

Our estate should offer safe, clean, and fit for purpose facilities, allowing our staff to provide the best care for our patients. The estate is integral to our overall mission, with our plans for improvement and development described in our estate strategy and site master plans. Additionally, the size and scale of our estate impacts upon the global environment and we must look to minimise our direct and indirect emissions.

The following are the drivers behind the need for a refreshed estate strategy in 2023:

- Backlog Maintenance. Our estate is old, and we have the fourth highest backlog maintenance level in the NHS, valued at £407 million. Our approach to dealing with this has several components. We have increased our budget to tackle the most critical backlog maintenance issues, but we will only make serious inroads into an issue of this magnitude through a strategic programme of investment. Significant backlog maintenance will be addressed by virtue of Tomorrow's NUH, however not all buildings are included. Therefore, our estate strategy is being refreshed to address current and emerging risks around condition, compliance, and capacity of our estate.
- Respond to priorities from staff. Staff feedback has highlighted the need for improvements in facilities, such as staff restrooms and ready access to chilled drinking water, as well as improvements to processes including the minor new works request and delivery models.
- Reconfiguration Programme and major schemes. The reconfiguration programme is in development to take a 5-year view on critical clinical reconfiguration before and alongside our plans with Tomorrow's NUH. For example, the new maternity and neonatal facility on the Queen's Medical Centre site will provide a high quality environment for some of our most vulnerable babies, and will be sized to the capacity that our regional role requires. This scheme is about to be presented for final approval to NHSE and we will look to deliver the building programme to the scheduled completion date of December 2024.
- Green plan. As one of the largest organisations in Nottinghamshire, we are inevitably one of the biggest polluters, emitting 48,390 tonnes of carbon dioxide each year. We need to reduce our carbon emissions to contribute to the NHS ambition of achieving carbon net zero by 2040. We are doing this through our work with the Carbon Energy Fund (CEF) to deliver the public sector de-carbonisation schemes (PSDS) and travel to hospital/work schemes.
- Tomorrow's NUH. The program is part of the new hospital programme[29] aiming to deliver 40 new hospitals across England. Tomorrow's NUH aims to achieve a hot and cold site split with Queen's Medical Centre being our hot site for urgent care and the City campus our main cold site for planned care
- NRC. The National Rehabilitation Centre (£104m), also part of the new hospitals programme, will be the first of its kind within the UK, providing a dedicated NHS patient rehabilitation centre to transform rehabilitation services with integrated research and educational facilities.

29. New hospital building programme announced - GOV.UK (www.gov.uk)

Director Responsible: Director of Estates and Facilities - Andrew Chatten

What is the scope

Our Estates Strategy was last agreed in March 2018 and will be refreshed to bring it up to date with current circumstances. It set out a two-phase programme to improve the built environment and engineering infrastructure. During the first five years we committed to investing capital and revenue resources to address our highest risk backlog and enhance our maintenance regimes to extend the lifecycle of critical plant. The second five years of this strategy was predicated on national funding through the Health Infrastructure Plan, which would be used to transform clinical pathways with estate investment as an enabler.

We published our Board-approved "Green Plan" in line with NHS England guidance in January 2022 which set out the scope of our carbon reduction activities.

- NHS target reduction to net zero by 2040 (for controllable emissions)
- Reduction in impact of energy, water, waste, transport, and procurement
- Delivery of the PSDS schemes at the Queen's Medical Centre and City Hospitals

What does success look like

- Refreshing our Estates strategy to take into account Tomorrow'a NUH, the current critical infrastructure condition and the Reconfiguration Programme describing key service developments over the next five years.
- The development of a NUH Estates master plan as a "live" roadmap for each site to guide the execution of operational plans within the estate, strategy.

Timescale

The draft strategy refresh will be produced by Spring 2023, with full Board sign off completed by Summer 2023.

TNUH - the pre-consultation business case for consultation with the public in the Summer 2023

NRC - final approvals is expected by spring 2023 and open the buildings to patients by the end of 2024

What we will do in 2023

- Deliver a refresh of the Estate Strategy that supports the Trust's reconfiguration programme
- Prepare and maintain site masterplans for each site
- To deliver improvements in staff facilities including travel to work
- Deliver on capital programme that delivers an elective hub at City, PSDS and supports major schemes

Partnerships
Enabling Strategy 7

Appendix 2

Why do we need a strategy

We have a history of working in partnership with several different partners across the public, education, and private sectors over many years. We know that we cannot achieve our vision, purpose, and strategic objectives without working closely with our partners and, therefore, we are reviewing and strengthening our approach to partnership working.

As our population demographics change, we will need to adapt and evolve to continue to provide the breadth and quality of services that are needed by the people that we serve. Working with our partners will be fundamentally important if we are to:

- Meet the health and care needs of our populations
- Support our workforce
- Achieve our strategic objectives

Our hospitals and health and care system are under extreme pressure and have been for some time now. With an ageing population and the healthcare backlog resulting from the Covid-19 pandemic, these pressures will not resolve themselves if we deliver healthcare in the traditional way. We recognise that we have a role in working with our partners to support:

- Our populations to stay healthy
- Our patients to manage their illnesses and health conditions
- Our staff by ensuring there is a sustainable workforce for the future

Partnerships are important to us. They are fundamental to us being a successful hospital and organisation. We need strong partnerships because:

- Many of our end-to-end pathways are delivered in collaboration with other partners. We need to work closely with other health and social care providers to ensure that patients can effectively navigate our system and receive the best care possible
- We are a large teaching hospital and have a responsibility for delivering our core services, training new colleagues, researching new treatments and technologies, and delivering specialised services. We have partners who have skills and expertise we do not possess, who we need to work with to deliver our core purpose and responsibilities
- We are also the largest employer in Nottinghamshire and are classed as an anchor organisation. As such, we play a vital role as a key partner to our wider population in the health and vitality of our local communities and economy.

We have many long-standing partnerships that we will continue to build upon. Legislative changes passed in 2022 also give us an opportunity to develop new partnerships that will support us to address the challenges we currently face, to deliver our strategic objectives, and meet the needs of our population. In refreshing our approach to partnership working we want to ensure:

- We continue to be a strong advocate for the development of place-based integrated models of care that reflect the needs of our local population and offer seamless service provision across partners
- We focus on partnerships, through adopting an "Anchor Institution" approach, which improves life for our patients as well as the communities in which we operate
- We strengthen our relationships with our two local Universities, University of Nottingham and Nottingham Trent University, to create sustainable healthcare models and maximise our civic contributions
- We strengthen our collaboration with Primary Care and General Practice to be an effective partner and play our role in alleviating current pressures and creating sustainable services
- We work with provider colleagues locally and regionally to establish sustainable services, design pathways that meet population need, and address inequalities

Director Responsible:
Assistant Chief Executive and Director of Integration - Tim Guyler

What is the scope

- We are reviewing our current Partnership Framework to ensure it appropriately interfaces with strengthened partnership working following the implementation of Integrated Care Systems
- There are several strategies that underpin partnership work through the ICS. Some of these are new (i.e., the ICP Strategy), while others already exist but are being reviewed to ensure we are delivering effectively through strengthened partnership arrangements(i.e. Joint Health & Wellbeing Strategy)
- Over the next 12 months, it will be important for us to be clear on the actions we can take to support the delivery of ICS agreed strategies and that our own internal strategies demonstrate aligned ambitions and actions
- As part of this, individual bi-lateral partnership agreements for key Trust partnerships within the ICS are being reviewed. These currently include our partnership arrangements with Primary Care, University of Nottingham, Nottingham Trent University and University Hospitals of Leicester.

What does success look like

- Refreshed Partnership Framework
- Developed Social Value Strategy
- Embedded partnership working across the Trust's objectives.
- Clearly defined partnerships with agreed objectives.
- Established provider collaborations; including East Midlands acute collaboration, Nottingham & Nottinghamshire provider collaboration, South Notts and Nottingham City Place Based Partnerships (PBP), Primary Care and General Practice

Timescale

We will review our current approach to partnerships and create a draft refreshed Partnership Strategy by 31 July 2023.

What we will do in 2023

- Refresh our Partnership Strategy and underpinning governance.
- Review, agree and implement refreshed MOUs with UoN, NTU and UHL
- Strengthen our partnership working with Primary Care and General Practice
- Continue to support the development of provider collaborative arrangements via: EMAP, ICS, Nottingham & Nottinghamshire provider collaborative, South Notts & Nottingham City PBPs
- Agree a Social Value Strategy progress related work programme

Education
Enabling Strategy 8

Appendix 2

Why do we need a strategy

NUH has a strong history as a teaching trust. Longstanding and successful relationships with our local Universities have helped us train many incredible healthcare professionals. Changes in our patient population, workforce diversity, funding pathways, technological developments, and the shift to more collaborative working across the system, present many opportunities to enhance our learning and education offer and be more ambitious about our role as a training provider.

However, the education function at NUH is fragmented across multiple portfolios which leads to:

- A lack of understanding of the true scale of investment in education and training.
- Professional silos and limited shared learning and good practice.
- A lack of robust governance and risk management and the management of performance and progress.

Furthermore, there are a number of drivers:

- We want to become the employer of choice in the region
- The changing nature of patient needs requires a skilled and flexible workforce capable of providing healthcare across traditional boundaries
- Generational differences within the workforce mean we need to think about roles and how they are delivered differently. Some roles may not even currently exist
- As we increasingly work at a system level, we need an educational strategy that optimises our teaching status.
- There are currently opportunities for growth which are not being fully optimised, for example the national apprenticeship levy

Director Responsible:
Chief People Officer - Dr Neil Pease

What is the scope

- Provide excellent education, training, leadership and practice development to support the current and future workforce in delivering the best care for our patients
- Improve and increase leadership capability and capacity
- Promote and support the personal and career development aspirations of our staff and the communities we serve
- Better education and training opportunities will drive improvements in staff recruitment and retention
- We will be able to optimise the use of emergent technology and simultaneously creating both education and employment opportunities

What does success look like

Establish our Trust as a nationally and internationally recognised centre of excellence in the provision of high quality healthcare education and training;

- Support improvements to staff recruitment and retention
- Clarity around governance and direction for all our educational activity
- Deliver education and training which directly benefits quality and safety of our patients
- Support and develop leadership capability and capacity and at all levels but with a specific focus on those with the most responsibility, such as mid-band leaders
- Promote and support the personal and career development aspirations of our staff
- Optimise the use of emergent technology and innovative ways of working
- Effective use of the apprenticeship levy which will result in increased opportunities and a broader portfolio
- Ability to collaborate with other organisations as part of the health and care system
- Provide improved governance and assurance surrounding this key agenda

Timescale

The Education strategy will be developed in 2023 following the appointment of Director of Education

What we will do in 2023

- Appoint a Director of Education to drive forward the coordination of all the different educational programmes we are involved in
- Work increasingly with our partner educational providers through agreed memorandum of understanding
- Restructure the education and development functions at NUH to align behind this direction of travel
- Create an Education Strategy for NUH

Research and Innovation Enabling Strategy 9

Appendix 2

Why do we need a strategy

We are a centre of excellence for research, innovation, education, and specialist services. We aim to significantly increase opportunities for our patients and staff to participate in high-quality research studies. Our ambition is to become an outstanding clinical partner to academia, industry, and local government and make NUH a centre for cutting edge research and innovation.

- We must maximise the benefits that R&I activity brings in addressing our three strategic challenges. This includes improving health outcomes and patient experience through early access to innovative therapies. In addition, there is evidence that recruitment, retention, and staff satisfaction are better in research active areas. Finally, a thriving R&I function will encourage a culture of challenge to the clinical status quo and drive the necessary service improvement.
- We must align research and innovation investment and activity with both local health priorities and the burden of disease, to help address health inequalities. We will enable clinical-academic collaboration by supporting regular events between our clinical staff and our academic partners to discuss and design solutions for unmet clinical need and service pressures.
- We must maximise potential sources of income from outputs of R&I activity, including but not limited to contract commercial research, exploitation of intellectual property, and research education provision.
- We are in the process of forming a regional NHS-academia-industry partnership. We will lead the 2024 accreditation bid to NHS England and will recruit and employ the managing director and delivery team.
- Our strong partnerships with local universities are one of the reasons NUH was chosen as the host for the new National Rehabilitation Centre (NRC) at Stamford Hall. The NRC will lead national and international trials involving service and product innovation for patients with rehabilitation needs.

Director Responsible:
Managing Director - Research and Innovation - Maria Koufa-li

What is the scope

- The development of an Academic Health Science Centre
- In partnership with University of Nottingham and Nottingham Trent University develop strategy and new themes for the next Biomedical Research Centre and Clinical Research Facilities competition (expected in 2026)
- The curation and analysis of healthcare data to accelerate research and service development
- Supporting a culture of innovation across NUH and enabling the Tomorrow's NUH vision
- Plan for the Research Futures School as the main research education provider across the East Midlands
- Impact and translation of research evidence to practice plan

What does success look like

By April 2026, we will:

- We will have established Nottingham-wide NHS-academia-industry partnership. This will help to identify and address the greatest challenges facing the wider Nottingham health and care system and generate more collaborative and interdisciplinary research and faster development and adoption of innovation at scale
- Help NUH become a learning organisation and system leader in research, innovation, and quality improvement
- Recruit a minimum of 10% of our yearly admissions into trials
- Embed innovation labs in key clinical areas to maximise staff and patient participation
- Grow our contract commercial research income from £3 million to a minimum of £6 million

Timescale

The 3-year strategy and delivery plan will be presented to Trust Board for approval in May 2023.

What we will do in 2023

- Develop joint operational plan for health research with the University of Nottingham, Nottingham Trent University and the ICB
- Lead the 2024 accreditation bid to NHS England for the health science network and recruit and employ the managing director and delivery team
- Consultation with staff to refresh strategy by May 23

Communications and Engagement Enabling Strategy 10

Appendix 2

Why do we need a strategy

Good communication saves lives. From public health campaigns that increase the awareness of cancer symptoms to supporting the delivery of the Covid-19 vaccination programme, communications and engagement in the NHS plays a vital role in helping to save hundreds of thousands of people from serious illness and death.

As a national service funded through national taxation, the NHS is accountable to the public, communities and patients that it serves (The NHS Constitution). As an organisation committed to making the necessary improvements, we must ensure that the system of responsibility and accountability for taking decisions is transparent and clear to the public, our patients and our staff.

As the largest employer in Nottinghamshire, we must also ensure that there is authentic and effective internal communication and engagement with colleagues across our hospitals and community sites. This approach will ensure staff know what is happening across NUH, how their work contributes towards our objectives and how they can have their say. The pandemic saw Trusts across the country increase the amount of time spent communicating with staff (The Rapidly Changing NHS, 2020) and this will be an area of focus for our communications and engagement strategy.

There is an overwhelming body of evidence to show that engaged staff really do deliver better health care. NHS providers with high levels of staff engagement (as measured in the annual NHS Staff Survey) tend to have lower levels of patient mortality, make better use of resources and deliver stronger financial performance (West and Dawson, 2012).

Timely and effective communications is fundamental to how we engage with all our diverse audiences and, in particular, plays a vital role in improving both patient and staff experience. Similarly, communications that do not meet the needs of the audience, can have a detrimental impact on staff morale, public confidence and the trusts and confidence placed in an organisation. Effective communications and engagement ensures that patients, staff and the public know what their NHS is trying to achieve and how we're doing it, to help people believe in what we're doing and to bring them with us.

Director Responsible:
Acting Director of Communications and Engagement - Jack Ad-lam

What is the scope

The communications and engagement strategy will be informed by extensive engagement with staff, patients, the public and our stakeholders

It will set out a clear and consistent approach to external and internal communications with all our audiences to support our vision, our aims and our overall strategic objectives.

What does success look like

The success of the strategy and the work we do will ultimately be judged on the contribution made to overcoming the challenges identified in this report (flow, recruitment and retention and leadership and culture). In addition we hope to achieve:

- Improvement in staff engagement scores (as measured by the NHS Staff Survey)
- An effective and impactful approach to internal communications
- Consistent key messages and a brand identity that can be communicated to all audiences
- Effective communications and engagement which support the delivery of NUH's strategic objectives
- Build and maintain confidence in our services, through effective media and stakeholder engagement
- Develop consistent, measurable, high-quality communication channels suitable for our diverse audiences

Timescale

Engagement on the strategy will begin in quarter one with the final strategy agreed by September 2023.

What we will do in 2023

- Develop and deliver a comprehensive internal communications audit, the findings of which will inform the communications and engagement strategy.
- Invest in and create a dedicated internal communications function to take forward the finding and recommendations of the audit and ensure there is authentic and effective communication with colleagues across the Trust.
- Work in partnership with our patient and public groups to identify improvement opportunities for patient and public communications.
- Work with colleagues in HR to agree an improved approach to staff engagement.
- Work with others to deliver another Big Conversation to engage staff on our vision and values.

Glossary

Accident and Emergency (A&E)

Black, Asian and Minority Ethnic (BAME)

Care Quality Commission (CQC)

Cancer and Associated Specialties (CAS)

Clinical Assessment Unit (CAU)

Chief Executive Officer (CEO)

East Midlands Acute Providers Network - EMAP

Emergency Department (ED)

Equality, Diversity and Inclusion (EDI)

Integrated Care Board (ICB)

General Practitioner (GP)

Integrated Care System (ICS)

Integrated Care Partnership (ICP)

Joint Health & Wellbeing Strategy (JHWS)

Maternity Improvement Programme (MIP)

Maternity Neonatal Reconfiguration (MNR)

Memorandum of understanding (MoU)

National Health Service (NHS)

National Rehabilitation Centre (NRC)

NHS England (NHSE)

Nottingham University Hospitals (NUH)

Nottingham Trent University (NTU)

Patient Level Information and Coding System (PLIC)

Patient Safety Incident Response Framework (PSIRF)

Placed Based Partnerships (PBP)

Public Sector Decarbonisation Scheme (PSDS)

Quality Improvement Waste Reduction (QWIR)

Quality Service Improvement Redesign (QSIR)

Question and Answer (Q&A)

Queen's Medical Centre (QMC)

Research and Innovation (R&I)

Sherwood Forest Hospitals (SFH)

Targeted Investment Fund (TIF)

Tomorrow's NUH (TNUH)

Urgent and Emergency Care (UEC)

University Hospitals of Leicester (UHL)

University of Nottingham (UoN)

Virginia Mason Institute (VMI)

Whole Time Equivalent (WTE)

Working to Achieve Value and Excellence (WAVE)

Year to date (YTD)