The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	4 May 2021	**Agenda item:**	13
Report Title:	Corporate Strategy – Quarter Four 2020/21 monitoring		
Author:	James Naunton, Head of Performance and Planning		
Executive Sponsor:	Carly West-Burnham, Director of Strategy Laura Skaife-Knight, Deputy CEO		

Implications

Link to key strategic objectives
[highlight which KSO(s) this recommendation aims to support]

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	***Modernise hospital and estate***	***Staff engagement***	***Partnership working, clinical and financial sustainability***	***Healthy lives staff and patients***	***Investing in our staff***

Board assurance framework	Our Corporate Strategy incorporates all of the agreed strategic objectives crossing all strategic areas of the Trust. The appropriate Board Assurance Framework updates are received and reviewed by the Finance and Activity Committee, Quality Committee, People Committee and the Senior Leadership Team.	
Significant risk register	There are currently **13** significant risks open across the Trust which align to the strategic objectives, which are monitored through the appropriate Committees.	
	Y/N	If Yes state impact / implications and mitigation
Quality	Y	As monitored through the Committees
Legal and regulatory	Y	As monitored through the Committees
Financial	Y	As monitored through the Committees

Assurance route

Previously considered by:	The Corporate Strategy quarterly Key Performance Indicators (KPI) have been considered by the appropriate sub Board Committees and the Senior Leadership Team.

Executive summary

Action required: *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Purpose of the report:	The purpose of this paper is to provide the Board of Directors with an overview of progress against the KPIs for Strategic Objectives 1 to 6 for Quarter Four 2020/21.				

Summary of Key issues:	Our Corporate Strategy includes six clear strategic objectives (SO), each with Executive Director leads: **Quality** • To consistently provide safe and compassionate care for our patients and their families – Chief Nurse (S01) – Quality Committee • Modernising our Hospital (Estate, digital infrastructure and medical equipment) to support the delivery of optimal care – Chief Operating Officer (S02) – Finance and Activity Committee **Engagement** • Strengthening staff engagement to create an open culture with trust at the centre – Deputy CEO (S03) - People Committee • Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability – Director of Finance (S04) – Finance and Activity Committee **Healthy Lives** • Supporting our patients to improve health and clinical outcomes – Medical Director (S05) - Quality Committee • Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care – Director of HR (S06) – People Committee Each of the overarching strategic objectives has a range of underpinning Key Performance Indicators (KPIs). Development of a robust monitoring schedule has been undertaken to ensure that there is a clear mechanism for demonstrating progress against the agreed year one priorities for each area. This information is being brought through the relevant Committees and to Board on a quarterly basis, with updates on Quarter Four performance returning to the Committees in April 2021 and to the Trust Board in May 2021. For qualitative KPIs, each has been RAG rated with arrows to show improvements/deterioration or no significant movement since the previous Quarter as follows:

On track / Completed	
Behind trajectory / plan	
Improvement from last quarter	⬆
Progress has been sustained and stayed the same since last quarter	⬌
Deterioration from last quarter	⬇
Achievement of metric	✓

For quantitative KPIs, the Quarter Four position has been RAG rated against the quarterly target.

As at the end of Quarter Four, key areas of improvement to note for Strategic Objectives 1 to 6 are:

SO1:

- **50% reduction in incidents associated with the prescribing and administration of anticoagulants -** The number of incidents decreased by 25% and are expected to reduce further due to increased scrutiny at the Hospital Thrombosis Committee. In the Committee, there are ongoing discussions about the prescribing and administration processes, and about how to make improvements.

- **Reduce ambulance handover delays and the number of patients waiting over 6 hours in the Emergency Department (ED) for emergency admission -** There has been a reduction in the number of delays to ambulance handovers and numbers of patients waiting in ED with performance in March 2021 at the lowest level of delay since July 2020.

- **Documentation Audit -** Good progress has been made with auditing the quality of documentation within the Health records. With stable processes established in medicine, plans to expand further into other subspecialties are in place.

- **Delivery of NEWS2 training -** As of 28 February 2021, 62.4% of staff required to complete NEWS2 training have completed their online training (total of 1,615 staff members).

	SO2:
	
	• **Progressing our case for large-scale national capital investment** – The 'Back our Bid: Build our Future' campaign is being led by local/regional media. The Trust received £20.6million of national capital in March 2021 to fund the short-term fixes and improvements needed to support management of the estate issues, including the roof planks and the wider hospital estate.
	
	• **Estates Workplan –** The Estates Workplan for 2021/22 is under development, planning to be submitted to the Board of Directors in June 2021. There have been positive developments in the management of the roof and structural integrity issues and Diagnostic and Assessment Centre in line with national guidance.
	
	• **Digital Strategy –** There have been developments in many areas of the key digital priorities including Electronic Patient Record (EPR), Electronic Observations (E-Obs), Radiology Information System and Electronic Prescribing and Medicines Administration (EPMA).
	
	• **Clinical Strategy -** Significant internal work has been undertaken in relation to business planning for 2021/22. The emerging priorities will form the basis of development of our Trust clinical strategy aligned with the developing Norfolk and Waveney Clinical Strategy:
	  o Providing safe alternatives to emergency admissions
	  o Improving quality of inpatient care by modernising working patterns in line with 7-day services, NHS England/Improvement advice and using technology
	  o Reducing length of stay for all patients
	  o Transforming our traditional outpatient services using technology to become a more responsive, patient focused service
	  o Improve access and reduce inequalities of access for patients on our waiting lists
	  o Improve maternity care in line with national recommendations including continuity of carer.
	
	• **Hospital Services Strategy -** Meetings of the Norfolk and Waveney Acute Hospitals Working Group are in place. Dermatology remains a high-priority specialty for cross system transformation and the following actions have been taken:
	
	  o Agreement on the 'Case for Change' to outline the high-level principles for a system solution in Dermatology and which has had input and agreement from the Dermatology Integration Group.

	○ The first Dermatology Accelerated Design Event (ADE) is scheduled for5 May 2021. Primary Care, Community and Secondary Care will be invited to attend. The priority focus for the first event will be Referral pathways and will be supported by the National Outpatients Transformation Team. **SO3:** • **Staff Engagement** – QEH had the 12th most improved National Staff Survey results in the country for 2020. The Trust improved in all 10 themes for the second successive year (statistically significant improvements in 9 areas). In the Medical Engagement Survey (MES) 2020, the overall engagement scores were either in line with 2019 or higher. • **Staff feeling valued and appreciated** – The Trust has further strengthened its work to improve how it values, rewards and recognises staff. This is reflected in improvements in the 2020 National Staff Survey which saw the extent to which my organisation values my work increase from 2020 score: 42.7% from 2019 score: 38.4%. • **Trust vacancy rate** – This fell under 10% and at 31 March 2021 was 6.03%. • **Mandatory training compliance rate** – The mandatory training compliance rate is 81.63% against a target of 80%. • **Recruitment processes** – The next phase of our recruitment campaign has been launched focussing on moving to a rural/coastal location. The Culture Transformation programme has progressed improvements to Pre-Hire, Onboarding and Induction to ensure staff have the best start possible at Team QEH. • **National Staff Survey Response** – The Trust had a 45% response rate to the National Staff Survey 2020, which is an increase on 2019 (42%) and is in line with the national average. This is the highest response rate for QEH since 2017.

	SO4: • **School of Nursing** - The Clinical Education Lead commenced in February 2021. The School of Nursing Studies is being built in the grounds of the College of West Anglia. Currently, demolition of an existing building is taking place (15 March 2021) to facilitate the new build. Following award of the building contract, there is a 10-12-week lead time with a projection for completion at the end of May 2021. • **Relationships with external partners and stakeholders** - Detailed discussions in relation to the development of a Provider Collaborative within Norfolk and Waveney are taking place. Plans to further strengthen Governor, Staff and Patient involvement in these key conversations are underway. The Trust is acting on the feedback from the 2020 External Stakeholder Perception Survey. • **Norfolk & Waveney Pound -** We continue to work collaboratively with Norfolk and Norwich (NNUH) and James Paget Hospitals (JPUH) in relation to further integration and transformation of Urology services. Following the appointment of two dedicated project managers who are due to start in April 2021, the work on transforming the services will now start in earnest. **SO5:** • **All cancer screening services are now reopened, with their backlogs cleared.** • The new Cancer Wellbeing and Support Centre is on track to open in Quarter One of 2021/22 to provide ongoing support to patients and families affected by cancer. • **Improve quality of care for pregnant women -** The Division has launched our Women & Children 5 Year Strategy 2021-2026, setting out the vision and aims for the services including Maternity, aligned with the Trust's strategy of Quality, Engagement and Healthy Lives. The Maternity Bereavement Suite has been named the 'Butterfly' suite and is on track to open by Autumn 2021. 50% of the actions in the current Maternity Action Plan have been closed internally, with excellent progress to address the recommendations of the Shrewsbury and Telford review of Maternity Services. • **Improve access to research and clinical trials for our patients -** 738 patients were recruited to clinical trials in Quarter Four, bringing the total number to 2,086 YTD. This is a 176% increase from 19/20.

SO6:

- **QEH's health and wellbeing programme** – This has been further strengthened during the quarter and has received national recognition.
- **Health & Wellbeing of the local population –** 100% of frontline staff had their flu jab and the Trust has commenced the COVID vaccination programme, with over 33,000 people receiving their jab at w/c 12 April 2021.
- **Accessibility of training –** Work continues with system partners to align the Mandatory Training policy across the three acute Trusts in Norfolk and Waveney which will streamline the processes and enable a digital passport to be created.
- **Quality Service Improvement and Redesign (QSIR) training** – Training has been paused due to COVID-19 pressures. Plans have been established to commence training during Quarter One 2021/22.

There are various metrics that were not met in Quarter Four, not all metrics are highlighted below, but key areas of concern to note for Strategic Objectives 1 to 6 are:

SO1:

- **Reducing complaints, specifically in relation to staff manner and attitude by 50%** - The number of complaints in relation to staff manner and attitude is above target for Quarter Four at 18 vs a target of 4. Significant work is underway in relation to Complaints overall with a clear focus on delivering a trajectory of improvement as we move forward.
- **No patients to breach 52 weeks -** The Trust is working across the Integrated Care System (ICS) on delivering a new planned care improvement programme. This work will ensure a consistent approach to addressing waiting list backlogs across all providers to meet improvement trajectories.

SO2:

- **Single Digital Care Record -** QEH continues to support the regional ICS-led development for a single digital care record (Electronic Patient Record) for the region. With the recent national announcement that a single digital care record should be in place for September 2021, work is continuing to provide structured, safe and high-quality information to form the basis of this important initiative.

	SO3: • **Vacancy rate and turnover for Allied Health Professionals** – The rate for vacancies for AHPs is 14.57% against a target of 10%. The rate for turnover for AHPs is 13.04% against a target of 10%. • **Appraisal compliance rate** – The appraisal compliance rate is 83.57% against a target of 90.00%. **SO4:** • **Making timely payments to our suppliers.** Overall, this has deteriorated since Quarter Three, including payments that are made to smaller and/or local suppliers, with payment compliance at 94.1% (value) and 92.4% (volume) for this category of suppliers (compared to 98.4% and 97.4% respectively for Quarter Three). **SO5:** • **Improve our patients access to the very best stroke services –** Direct admissions to the stroke unit within 4-hours has proved extremely challenging. A recovery and restoration plan is in place to ensure performance improves. **SO6:** • **Sickness rate** – Cumulative sickness absence (April 2020 to March 2021) is 6.28%, against a target of 4.0%. As at 31 March 2021 the monthly sickness rate is 4.98% against a target of 4.0%. • **Sickness relating to stress, anxiety & depression** – Cumulative absences due to stress/anxiety/depression in Quarter One was 23.4% against a target of 18%, Quarter Two was 24.7% against a 15% target and Quarter Three was 24% against at target of 12%. Quarter Four was 22.6% against at target of 12%.
Recommendation:	The Board of Directors is asked to note the progress made against the agreed KPIs, including the fact that there are areas where the KPIs have not been met. The Board of Directors is asked to note that the learning from year one of the Corporate Strategy has been taken into the agreed year two priorities and Key Performance Indicators which will continue to be monitored through the Board of Directors and appropriate Committees on a quarterly basis.

Acronyms	• AHP – Allied Health Professional • CCG - Clinical Commissioning Group • COWA – College of West Anglia • E-Obs – Electronic Observations • EPMA – Electronic Prescribing and Medicines Administration • HAT – Hospital Acquired Thrombosis • HIP2 – Health Infrastructure Plan 2 • IEAs - Immediate and Essential Actions • ICS - Integrated Care System • IPOC - Individualised Plan of Care • JPUH – James Paget University Hospital NHS FT • KPI – Key Performance Indicator • MCA – Mental Capacity Act • NEWs2 – National Early Warning Score • NNUH – Norfolk and Norwich University Hospital NHS FT • QSIR – Quality, Service, Improvement and Redesign • RAAC - Reinforced Autoclaved Aerated Concrete • RTT – Referral to Treatment • SAFER patient flow bundle – Senior Review / All Patients / Flow / Early Discharge / Review • STP – Sustainability and Transformation Partnership • YTD - Year-to-Date

Corporate Strategy – Key Performance Indicators – Quarter Four 2020/21

S01 – To consistently provide safe and compassionate care for our patients and their families

SRO – Chief Nurse

	Key Performance Indicator	Quarter Four update					RAG
1	Reducing complaints, specifically in relation to staff manner and attitude by 50%	19/20 37	Q1 9	Q2 23	Q3 23	Quarterly Target 4	Q4 18
		The number of complaints in relation to staff manner and attitude is above target for Quarter Four. These are broken down into the following two sub-themes: • **13** complaints relate to staff attitude; and • **5** complaints relate to staff manner while delivering care. The themes of staff attitude have been shared with Medical, Nursing and AHP staff with a focus on ensuring kindness and compassion in conversations with our patients. The Associate Medical Director for Professional Practice was appointed in February 2021 and is meeting with medical staff where attitude has been raised, Heads of Nursing and AHPs are meeting with nursing, AHP staff. In the first draft of the Corporate Strategy there was reference to complaints relating to fundamentals of care. However, further discussions identified that there were issues with identification and as such they were removed from the final agreed metric (Corporate Strategy 2020-25, page 13).					
Improving learning from incidents to share learning when we get things wrong for our patients by:							
2	- The timely investigation of and closure of serious incidents in line with the NHS serious Incident Framework	To provide a more accurate overview of completing and submitting SI investigations to the CCG within 60-days, Q1,Q2,Q3 and Q4 data has been rerun to exclude any external investigation by Healthcare Safety Investigation Branch (HSIB). This is because HSIB investigations are externally led and should not monitored via the 60 working day KPI. Please see update below; • 60-day submission to the CCG Quarter One – **103** Quarter Two – **92** Quarter Three – **85** Quarter Four – **107** There has been an increase in the number of working days to					⬇

		complete and ratify serious incident investigations. SI investigation delays are now monitored monthly at the Quality Committee. The CCG continue to ratify and close submitted SI investigations within 20 working days, with performance in Quarter Four averaging 19 working days.	
3	- Increase in reporting of all patient safety incidents in line with the best Trusts in our peer group	NHSI/E have communicated that the Official Statistics publishing schedule from the NRLS is changing with reports now being published once a year rather than every six months. The next publication is due in September 2021. The total patient safety incident reporting rates for 2020/21 was **7,640** excluding the number of pressure ulcers reported on admission. This is a **9%** increase in reporting from the financial year 2019/2020 and includes noted decreases in moderate harm incidents. These are both positive indicators of an open culture where staff can raise their safety concerns. Safety incidents resulting in severe harm or death also reduced to **22** incidents, a **25%** decrease from the previous year. A wide variation in monthly patient safety incident reporting occurred within the financial year with incident reporting rates per month ranging from **408** in April 2020 to **786** in August 2020. The variation is thought to have occurred due to the Trusts ongoing response to the pandemic. NHSI/E recommends that the Trusts reports safety incidents via the National Reporting and Learning System (NRLS) monthly as a minimum which we continue to do. The Trust is continuing its focus to promote incident reporting practices as part of the ongoing safety culture development with a range of training and support provided by the corporate Patient Safety Team. The number of incidents reported used to be benchmarked nationally across other similar trusts for comparison. For 2021/22, the Trust will use the Model Hospital list of similar 'peer' trusts and will benchmark ourselves against these trusts quarterly to increase context and understanding of the progress made against this KPI.	⬆

Further improving End of Life care, by:							
4	- Fast-tracking patients to their preferred place of care	19/20 65%	Q1 N/A	Q2 49%	Q3 48%%	Target NA	Q4 37%
		The Palliative Team are in daily conversation with the Discharge Team regarding all their patients. The main reason for delay is that there is lack of provision outside of the Hospital to provide care, and it is increasingly difficult to place patients in their PPOC. This delay means some deteriorating patients may RIP prior to completion of discharge. With the hospital being on the border of 3 CCGs, this makes the discharge journey even more difficult, with different criteria, paperwork and availability in each area. We have improved our communication and integrated working over the last four weeks; and now have the discharge team linked into our Palliative Team daily huddle, where we discuss patients. There is also representation from the Palliative Team at the LOS weekly meetings.					
5	Documenting ReSPECT- Compliance with the overall completion of the ReSPECT form	19/20 N/A	Q1 N/A	Q2 N/A	Q3 73%	Target 100%	Q4 66%
		Improvements to the ReSPECT process are currently being reviewed and monitored, led by the Lead Resuscitation Officer and the Clinical Lead for deteriorating patients, and overseen by the Recognise and Respond Forum (R&R). The R&R will oversee the planned relaunch of training and strategy around ReSPECT version 3. A key deliverable of this will be a focus on the quality of ReSPECT forms which are completed, to ensure 100% completion (especially around the Mental Capacity Act) by regular monthly audits of all ward areas.					
6	- Ensuring that 75% of patients with an expected death to have a completed individualised plan of care in place	19/20 N/A	Q1 47.88%	Q2 50.22%	Q3 63.57%	Quarterly Target 75%	Q4 41.7%
		The Palliative Care team have focussed on taking action to ensure they are aware of all admitted patients who are near end of life. The actions they have taken are: • to receive a daily list following all ward rounds of any new patients identified as being at end of life; • conducting a daily review of all ward white boards; • created a specialist register so that they are notified if any patient who is nearing end of life is re-admitted;					

		• receiving notifications or all fast-track patients; and • to work with an education lead to increase knowledge of the services and support available to patients nearing end of life within all nurses. All patients who the team are made aware of will be visited and assessed by a member of the multi-disciplinary team and will be support with an individualised plan of care (IPOC). The March mortality data has been reviewed, and identified that 70% of deaths were 'expected', and of these 62% had an IPOC in place and 41% had a documented review by the palliative care team in the record (baseline when this work started was 8%, and the national comparison is 36%).
7	- Delivering a 50% reduction in unexpected hospital cardiac arrests	19/20 69 | Q1 4 | Q2 9 | Q3 10 | Quarterly Target 8 | Q4 4 The number of Cardiac arrests are now being reported a month in arrears to allow time to fully process coding data in order to reduce retrospective validation of figures. In February there were **four** cardiac arrests, within expected limits, with the expected upper threshold not being breached since August 2019. All cardiac arrests are subject to reviews for learning. This process enables us to scrutinise whether any of these might have been avoidable – for example by earlier escalation to prevent deterioration in an unstable patient, or by earlier recognition and discussion of end of life wishes with the patient. Findings are shared with the clinical teams and reported to the Learning from Deaths Forum The Recognise and Respond Forum (R&R) manage this metric, tracking its progress and initiating any changes required to prevent inpatient cardiac arrests. As part of this regular monitoring and review, the R&R is overseeing a planned relaunch of training, strategy and full compliance with version 3 of the ReSPECT form.
Further reducing patient harms, including;		
8	- 50% reduction in incidents associated with the prescribing and administration of anticoagulants	19/20 84 | Q1 15 | Q2 24 | Q3 28 | Quarterly Target 10 | Q4 21 The Hospital Thrombosis Committee review all reported incidents of Hospital Acquired Thrombosis, monitoring any bleeding or Thrombotic complications. The number of incidents decreased by 25% and are expected to reduce further due to increased scrutiny at the Hospital Thrombosis Committee. In the committee, there are ongoing discussions about the prescribing and

		administration processes and about how to make improvements.
9	- 50% reduction in the number of incidents of harm associated with the administration and prescribing of insulin	19/20 27 | Q1 4 | Q2 8 | Q3 7 | Quarterly Target 3 | Q4 8 The steering group, chaired by the Deputy Medical Director, to drive improvements in this measure, continues to meet fortnightly. There is an increased number of incidents being recorded but from these incidents there is a reduced level of harm with patients involved. An e-Learning package to support staff has been rolled out on ESR to raise awareness of risks. The system is tracking compliance with this training, and the group are targeting 100% compliance by December 2021. The Diabetes Link Nurse training is ongoing with the next study day on 19 May 2021. Part of the role of these link nurses will be to enable awareness of risk strategy throughout other staff. The steering group consider that there is good progress on delivering their strategy, and this will continue as work progresses further.
10	- A reduction of pressure ulcers with lapses in care by 15%	19/20 22 | Q1 9 | Q2 5 | Q3 4 | Quarterly Target 5 | Q4 8 The Quarter Four target of 15 % reduction in pressure ulcers with lapses in care was not achieved. The Trust has seen an increase in the number of pressure ulcers during January 2021- the peak of the Wave 2 COVID-19 pandemic which was a similar trend seen during the peak in Wave 1. The reported number of pressure ulcers decreased during February 2021 and March 2021. The increase in January 2021 is in line with the national trend and there is also emerging evidence to suggest that COVID-19 can cause a restriction in blood supply to tissues, causing a shortage of oxygen that is needed to keep tissue alive which is almost identical in presentation to pressure damage. The Tissue Viability team continue to support areas where lapses in care were identified and will be delivering joint educational refresher training with external Clinical Nurse Advisors on moisture associated skin damage which is a precursor to pressure ulcer. This is planned in May 2021.

		19/20 671	Q1 160	Q2 181	Q3 217	Quarterly Target 142	Q4 205
11	- A reduction in the total number of falls by 15%	Although the number of falls is over target, the Trust's 'falls rate per 1,000 bed days' remains below the national average rate of 6.63 and the 'consequence of fall, moderate and above' also remains below the national average rate of 0.90 at 0.38. Quarter Four demonstrates a reduction in the number of falls compared to Quarter Three but has not achieved the target of 15% reduction. January 2021 was the peak of Wave 2 COVID-19 pandemic when the Trust reported 85 incidents relating to falls. At the end of March 2021, the number of falls is starting to decrease The Chief Nurse met the Heads of Nursing and Matrons on 18 February 2021 to clarify the expectations in the prevention and management of falls. A deep dive presentation on falls management on 2 March 2021 identified several actions that are being monitored via the nursing and AHP falls task and finish group. In addition, 11 staff will be attending the National Falls summit during April 2021 to learn and implement best practice in falls management. The Trust's 'falls rate per 1,000 bed days' remains below the national average rate of 6.63 and the 'consequence of fall, moderate and above' also remains below the national average rate of 0.90 at 0.38.					

Reducing avoidable delays for patients;							
12 & 13	Reduce ambulance handover delays > 1 hour to 0	19/20 2,323	Q1 38	Q2 434	Q3 865	Quarterly Target 145	Q4 201
	No patients to be waiting > 6 hours in ED for emergency admission	19/20 2,765	Q1 58	Q2 277	Q3 777	Quarterly Target 173	Q4 250
	There has been a reduction in the number of delays to ambulance handovers and numbers of patients waiting in ED with performance in March 2021 at the lowest level of delay since July 2020. Many of the patients who were delayed in Quarter Four were due to issues with patient flow associated with a reduction in COVID patients and the movement or Red wards back to Amber as wards were decanted and deep cleaned. Work to deliver SAFER and 7/7 cover will assist patient flow throughout the hospital and is expected to decongest ED by allowing for faster interventions and improved admission rates.						

14	Achieve the national DToC standard of 3.5%	19/20 N/A	Q1 0.00%	Q2 0.00%	Q3 0.00%	Quarterly Target 3.50%	Q4 0.00%
		There is no national ask for DToCs to be reported externally until at least Quarter Two 2021/22, however work is ongoing to ensure this is accurately monitored internally to support reviews of stranded and super stranded patients. We continue to monitor all metrics relating to patient discharge including length of stay / stranded patients and reasons for delays with completion of daily point prevalence. This supports the internal transformation work which is underway and enables visibility of delays to facilitate required escalation as needed.					
15	No patients to breach 52 weeks (18-week RTT)	Target 0	Q1 363	Q2 1,040	Q3 1,172	Target 0	Q4 1,412
		The Trust is working across the Integrated Care System (ICS) on delivering a new planned care improvement programme. This work will ensure a consistent approach to addressing waiting list backlogs across all providers to meet improvement trajectories. Due to operational pressures, many elective procedures were cancelled to enable resources to be prioritised at those in greatest clinical need. Work on a recovery plan for all services across the Trust will target all services achieving a minimum of 85% of the activity they delivered in 2019/20 by July 2021. As part of this recovery, Day Surgery is planned to reopen 17 May 2021. All patients waiting to be seen continue to be managed in line with the Trust's Patient Access Policy. Work is underway across the Integrated Care System to look at management of patient pathways across Providers led by the Elective Recovery Cell in order to ensure that we are managing our longest waiting patients collectively in line with the agreed clinical prioritisation requirements.					
Reducing mortality by;							
16	Implementation of SAFER	A senior all patient review is in place but being redesigned in line with emergency care pathways to decongest the emergency department. This will enable the creation of a blended assessment unit, and with the addition of a specialist bed modelling tool will assist with admissions and patient flow. A review process is underway for all stranded and super stranded patients throughout the Trust, supported by the Discharge Services					⬆

17	Delivery of 7/7 Consultant care	Team. Work is progressing to deliver 7/7 consultant cover and is currently aiming to achieve over 90% compliance. Consultant models of care are being created to ensure job plans are aligned to services provided by the Trust and will ensure the highest possible compliance with 7/7 and SAFER. This work has been supported by a redesign of junior doctor rotas during the pandemic, with plans to maintain the positive aspects of this co-designed rota.	⬆
18	Delivery of E-Obs	The e-Observations Board have completed work on agreeing a list of functional specification requirements. Work has commenced to ascertain the requirements for medical device integration with an e-Observations solution and an assessment of mobile devices required for the implementation in all clinical areas. NNUH is in the process of introducing E-Obs through one provider (Web-V) and JPUH in introducing E-Obs with another (TPP). Both are being considered for implementation within the Trust, with a business case expected to be approved by QEH Summer 2021.	⬆
19	Documentation audit	Good progress has been made with auditing the quality of documentation within the Health records. With stable processes established in medicine, plans to expand further into other subspecialties are in place. Key findings from the audits completed highlight **four** areas requiring significant improvements: • Mental Capacity Assessment; • Dementia Screening; • Dating and timing of entry; and • Signature/stamp readily identifiable From April 2021, findings from audits will be presented to Divisional teams. They will then be expected to provide assurance, through an action plan, on improving the quality of documentation. The nursing documentation audit process was delayed due to amendments required in the contents of audit. This has now been agreed and is expected to provide continuous reports through Perfect Ward audits. In addition, further regular deep dive audit plans are in place for 5 critical areas in nursing documentation. This will be reported through the Multidisciplinary Documentation Forum from June 2021. Review and rationalisation processes are underway in the printed documents in healthcare records. Once completed it is expected that	⬆

		full detailed review of these documents will be undertaken in readiness for implementing electronic patient records.	
20	Delivery of NEWs	<u>Training</u> Online training for the National Early Warning Score (NEWS2) continues to be delivered online by the Royal College of Physicians. The training is monitored through the Electronic Staff Record (ESR) system and monthly reports of attendance are generated. As of 28th February 2021, 62.4% of staff required to complete NEWS2 training have completed their online training (total of 1,615 staff members). The deteriorating patient leads are working with mandatory training to focus on appropriate staff that need to complete the NEWS2 training – currently some staff are mandated in the target data but actually do not need to complete the training as NEWS2 has little relevance to their role. This is pulling the overall compliance data down. The next part of this exercise is to map to ESR, meaning the NEWS2 training package will be included on the individual's training section to highlight that it needs to be completed. Ultimately this should result in higher, and more appropriate training compliance <u>Delivery</u> New audit questions integrated into perfect ward have been developed and should be live by May 2021.	⬆

S02 – Modernising our Hospital (estate, digital, infrastructure and medical equipment) to support the delivery of optimal care

SRO – Chief Operating Officer

	Key Performance Indicator	Quarter Four update	RAG
1	Progressing our case for large-scale national capital investment that will enable us to press ahead with plans to redevelop and refurbish our hospital and invest in much needed digital developments which will support our ambition to be paper free by 2023.	• Submitted compelling case for a new hospital in September 2020 as part of NHS's response to Comprehensive Spending Review • The Trust continues to lobby to ensure it is one of the further 8 new hospitals to be built by 2030 • Following a competitive process, the Trust has appointed IDP to support with the development of a Strategic Outline Case. This work will start in Quarter One 2021/22 and will include development of the Clinical Models of Care (which will involve staff and partner/stakeholder engagement) • 'Back our Bid: Build our Future' campaign – being led by local/regional media • QEH supporting a regional approach (with West Suffolk, JPUH and North West Anglia NHSFT) to managing and mitigating the Trust's 'structural integrity' issues in the meantime • Monthly regional meetings commenced mid-January 2021, attended by QEH The Trust received £20.6million of national capital in March 2021 to fund the short-term fixes and improvements needed to support management of the RAAC plank issues within the roof planks and the wider hospital estate	⬆

2	Developing a new 10-year Estates Strategy, including commitment to the development of a new Diagnostic Assessment Centre on-site, in partnership with Norfolk and Norwich Hospital and James Paget.	The Trust is currently drafting an Estates Workplan to underpin the Corporate Strategy. This will be brought through the Trust governance processes for sign off in May 2021.
		
		<u>Addressing the roof and structural integrity issues;</u>
		
		Following the Prime Minister's announcement that the Trust is not part of the HIP 2 list for a hospital rebuild, proactive work to mitigate the risks associated with the Reinforced Autoclaved Aerated Concrete (RAAC) planks continues. This includes:
		
		• Achievement by 30 November 2020 of NHSI requirements:
		  ○ Visual inspection of all roof planks completed (9,963 planks)
		  ○ Sample (1,000 planks) of the end bearings of the planks completed by radar survey
		• Current position
		  ○ There are 194 temporary props in place within 41 areas across all areas of the Trust
		  ○ The main gymnasium has 100 deflected planks and cannot be temporarily propped due to the double height of the
			⬆

		building ○ The Critical Care Unit was closed for a period of two weeks during March 2021 due to the identification of 22 deflected planks which required supporting by 19 temporary props. ○ 'Tap and Test' inspection process continues following the completion of the visual inspection with 32% of the hospital having been completed ○ Steel supports in the process of being fabricated for installation in all areas ○ Main gymnasium to be fitted with fail safe system and roof re-pitching when installed ○ Requirement to increase the sample of radar survey to whole roof (forecast start April 2021) ○ Creation of Programme Board with multi-disciplinary membership to monitor and manage roof risk - in place from the end of January 2021. The risk rating of the roof remains at 20. ○ Creation of a Programme Board to progress the development of the Strategic Outline Case for a new hospital ○ The Trust has reported all deflected planks through the defined EPRR route <u>Diagnostic Assessment Centre (DAC)</u> Following confirmation of the capital budget cap of £69.7m in January 2021. It has been agreed that, due to the capital envelope, the 3 DACs will have imaging capacity, but no outpatient provision. For QEH this is planned to provide; 1 x MRI / 1 x CT / 1 x Xray / 2 x Ultrasound. Work continues with NNUH and JPUH to agree the final financial affordability model within which exploration of capital and modular solutions is being undertaken. Once the financial affordability model is confirmed, development of the Outline Business Case (OBC) will continue, with an anticipated completion date of July 2021. The development of the OBC will contain a Gateway review of the DAC scheme by DHSC, the detail of this process is being confirmed.	
3	Developing a new digital strategy.	• **Digital Strategy** – A Digital Work Plan for 2021/22 has been developed and is currently subject to review in terms of capacity and funding requirements. Clinical engagement has further been strengthened through the recruitment of six Nursing Information Support Officers. Working to the Chief Nursing Information Officer one day a week, they will support our digital transformation. • **EPMA** - is on track to deliver and roll-out from 19 April 2021 supported by Single-Sign-On (simplifying the staff / digital interaction through rapid login / log-off processes) (Director of Strategy is SRO) • **Radiology Information System** – whilst challenges remain in terms of culture and resource availability within Radiology, a	⬆

		reworked plan anticipates go-live end of June 21. (Deputy CEO is SRO) • **E-Observations** – Digital were asked to reflect upon the approach to E-Observations and thus an options appraisal was present to the Digital Forum in March recommending the appraisal of the solution in use at NNUH (Web-V). A decision is expected by the end of Summer 21. (Chief Nurse is SRO) • **EPR** – With a projected funding gap, further work has been undertaken to address this via a reappraisal of benefits along with, at regional recommendation, alternative procurement routes. (Medical Director is SRO) • **Cyber** – Keeping our, and our regional organisations safe is crucial. With a new Cyber Manager in post and robust challenge being provided in terms of our cyber assurance position, Digital aim to meet our nationally mandated cyber requirements along with the development of an appropriate programme of work to incrementally increase the safety of our organisation in terms of cyber.	
4	Maximising the use of technology – including implementing a new Radiology Information System, Electronic Prescribing system and Electronic-Observations system.	Quarter Four reflected the need to focus upon major digital deliverables in terms of Electronic Prescribing and Radiology. However, other improvements have been realised including the simplification of remote working through an 'always connected' laptop configuration; saving staff time and reducing administration. Further, through the use of Single Sign On, being rolled-out in April 2021 alongside Electronic Prescribing, this provides a simple method of accessing clinical systems without the need to remember multiple passwords. Work has been undertaken to explore the power of clinician communication through the Alertive platform to provide secure, in patient context, messaging between clinicians. Clinicians are currently testing the platform to ascertain benefits for the Trust. Finally, the use of electronic forms is being considered to replace paper-based forms. Our starter/leaver process is the initial focus along with the replacement of our historic carbon paper employment forms.	⬆
5	Developing a QEH Clinical Services Strategy (which is aligned to the system's Hospital Services Strategy).	Significant work has been undertaken in relation to business planning for 2021/22. The emerging priorities will form the basis of development of our Trust clinical strategy which will be focused around the following key themes; 1. Providing safe alternatives to emergency admissions 2. Improving quality of inpatient care by modernising working patterns in line with 7-day services, NHSEI advice and using technology 3. Reducing length of stay for all patients (elective and emergency)	⬆

		4. Transforming our traditional outpatient services using technology to become a more responsive, patient focused service 5. Improve access and reduce inequalities of access for patients on our waiting lists 6. Improve maternity care in line with national recommendations including continuity of carer This work will underpin development of a Norfolk and Waveney Acute Hospitals clinical strategy which will feed Into the Norfolk and Waveney clinical strategy which is in development.	
6	Contributing to discussions with James Paget and Norfolk and Norwich Hospitals about further opportunities for Norfolk and Waveney's three acute hospitals to work more closely together, supporting the implementa-tion of the agreed vision for the Hospital Services Strategy, enabling better access and outcomes for our patients.	Detailed conversations continue around the development of Provider Collaboratives, with further detailed discussions taking place at the 12 April Norfolk and Waveney Hospitals Group Committees meeting further to internal consideration by the Trust, Norfolk and Norwich University Hospital NHS Trust and the James Paget University Hospital NHS Trust. In line with the development of the underpinning Integrated Care System (ICS) governance structures, it has been agreed that the Hospital Services Strategy Programme Board will report directly into the Norfolk and Waveney Hospitals Group Committees and will be the route for delivery of work aligned with integration of services across the three Trusts. Under the remit of the Hospital Services Strategy Programme Board, work continues in relation to the integration and transformation of pathways of care within ENT (NNUH / JPUH) and Urology (NNUH / JPUH and QEH). Dermatology remains a high-priority specialty for cross system transformation and the following actions have been taken; • Agreement on the 'Case for Change' to outline the high-level principles for a system solution in Dermatology and which has had input and agreement from the Dermatology Integration Group. • The first Dermatology Accelerated Design Event (ADE) is being scheduled (5 May 2021). Primary Care, Community and Secondary Care will be invited to attend. The priority focus for the first event will be Referral pathways and will be supported by the National Outpatients Transformation Team. Work continues in relation to Policy Convergence and Alignment with the development of an aligned Consent policy across all three Trusts expected to be completed by the end of April 2021. The policy has been collaboratively developed with clinical input. Work continues to develop an aligned Mandatory Training policy across the three Trusts with work expected to recommence in relation to alignment of Infection Prevention and Control policies in April 2021. At the request of the local clinical teams, work has also started to align Thromboprophylaxis policies across the three Trusts.	↔

		A local Clinical Leadership Group has been established to support delivery of Place Based Care within West Norfolk, with Terms of Reference drafted and the first meeting of the group planned to take place in April 2021. The Trust continues to work with local Partners on specific Place Based Care projects including 'Protect Now – Falls prevention project' and support for patients on the waiting list for pain management services.	
7	Contributing to the development of a single digital care record for all health and care organisations in Norfolk and Waveney.	QEH continues to support the regional STP led development for a single digital care record (Electronic Patient Record) for the region. With the recent national announcement that a single digital care record should be in place for September 21, work is continuing to provide structured, safe and high-quality information to form the basis of this important initiative.	↔

S03 – Strengthening staff engagement to create an open culture with Trust at the centre

SRO – Deputy Chief Executive

	Key Performance Indicator	Quarter Four update	RAG
1	Further improving overall staff engagement scores, and be in the top third in the country for these scores in the 2020 staff survey results	QEH has the 12th most improved 2020 National Staff Survey results in the country. This is further evidence - following the Trust's December 2020 CQC results - that staff are happier and morale, culture and engagement is improving. The Trust's Staff Engagement 'theme score' for 2020 is 6.9/10, marking a significant improvement compared to the 6.7/10 score in 2019. QEH, however, remains 0.1 below the Quality Health benchmarking Trust group average of 7/10. The Trust improved in all 10 themes for the second successive year (with statistically significant improvements in 9 areas). Across the 10 themes, QEH is now equal to the average for 4 themes. Of the remaining 6 themes, 5 are within 0.1 of the average, and 1 is 0.4 below average. Whilst QEH's Staff Survey scores improved in all 10 themes in 2019, the Trust was still below average for all 10 of the themes. Results have improved in the 2020 National Staff Survey in these questions as follows: 1. The extent to which my organisation values my work 2020 score: 42.7%; 2019 score: 38.4% 2. My manager values my work 2020 score: 68.7%; 2019 score: 65.8% In the Medical Engagement Survey (MES) 2020, 117 members of medical staff affiliated to QEH completed the survey compared to 61 in 2019, including more than 50% of consultant staff. Overall engagement scores were excellent: 7/10 were in the high or highest national category with the rest in the medium engagement scale, in line or higher than the results of 2019 in every area. These results were particularly pronounced amongst consultants where the results are in line with the high or highest sub scale nationally for nine out of ten national comparisons.	↑
2	Improving scores for staff feeling valued at work from 38% to 45%	The Trust has further strengthened its work to improve how it values, rewards and recognises staff – in response to staff feedback – including: • Expanding Long Service Awards to staff marking 10 and 15 years of service (in addition to the 20, 25, 30, 35- and 40-years' service already recognised)	↑

		• In-month recognition of long service, recognised by line managers, rather than an annual event • Expanded Team QEH Awards for 2021 in response to staff feedback – including new categories for: AHP of the Year, Education and Research and Inclusion • More local level recognition from teams, to complement the Trust-level recognition agenda.					
3	Improving staff recommending the Trust as a place to work from 51% to 60%	The 2020 National Staff Survey results showed that the latest response is 6% higher than 2019, and is 14.2% higher than in 2018. This improvement is considered statistically significant, but this is below the Trust's aspiration to increase by 9% and to achieve 60%, with the average of other comparable Trusts at 62%.					⬆
4	Reducing Trust vacancy rate to below 10% for all staff groups	19/20 10.60%	Q1 10.22%	Q2 10.30%	Q3 8.14%	Quarterly Target 10.00%	Q4 6.03%
5	Reducing vacancy rate to 10% for Nursing and Midwifery staff	19/20 8.39%	Q1 9.10%	Q2 9.00%	Q3 7.95%	Quarterly Target 10.00%	Q4 5.60%
7	Reducing turnover to 10% for Nursing and Midwifery staff	19/20 10.81%	Q1 8.72%	Q2 8.85%	Q3 7.99%	Quarterly Target 10.00%	Q4 8.54%
6 & 8	Reducing vacancy rate to 10% for AHP's	19/20 17.97%	Q1 16.05%	Q2 13.68%	Q3 14.28%	Quarterly Target 10.00%	Q4 14.57%
	Reducing turnover to 10% for AHP's	19/20 19.57%	Q1 17.41%	Q2 11.88%	Q3 14.24%	Quarterly Target 10.00%	Q4 13.04%
		There continues to be a focus on AHP recruitment in the second phase of the recruitment campaign, but the challenge remains that there is a national shortage for a number of key roles for Allied Health Professionals. The Division are prioritising recruitment into leadership roles, roles which support the development of the teams and supporting trainees where staffing is challenged. A new General Manager has been appointed who will commence in post in June 2021 The Divisions continue to refresh their recruitment and retention plans to look at innovative ways to recruit into the teams including working alongside ICS colleagues and new entry level posts.					

		19/20 85.17%	Q1 76.36%	Q2 76.80%	Q3 77.03%	Quarterly Target 80.00%	Q4 81.63%
9	Achieving an 80% compliance rate for mandatory training	• A task and finish group has been in place since 15 February 2021 to recommend improvements to the Trust Mandatory training. This group has representation from Medical, Clinical and Non-Clinical Workforce teams, Subject Matter Experts, Education and Training Leads and Clinical Leads. A proposal has been approved by the task and finish group and work is ongoing to create a comprehensive role-specific training requirement for medical, clinical and non-clinical roles across the trust. • Where staff hold a professional registration, they remain expected to complete the Mandatory Training aligned to their role. • Where a higher level of training is obtained, eg Dementia 2, this will provide compliance at the lower level, eg Dementia 1. In time, this will look to be automated on ESR and in the interim period will necessarily require a manual intervention in reporting. The proposal has been approved by the Task and Finish membership and was presented for review at the CELM prior to progressing through to the PEG and SLT for final approval. This will then provide assurance to the People Committee and Boards that the necessary evidence will be provided to the CQC on 31 May 2021. The following principles have been used in the decision-making process: 1. Patient and Staff safety is of primary importance and any recommendations to reduce Trust Mandatory training requirements must not jeopardise this in any way. 2. There will be a focus on ensuring training requirements where possible are role specific rather than generic. 3. The Trust Mandatory training refresh periods will align to the Core Skills Training Framework (CSTF). 4. E-Learning is the default training option unless physical face to face learning elements are essential for the effective delivery of the training. 5. The development of a flexible workforce whereby staff can readily share their knowledge and skills across the Trust if required.					
10	Achieving a 90% compliance rate for appraisals (with an increase in the number of staff who say they have a good quality appraisal)	19/20 81.40%	Q1 75.91%	Q2 78.08%	Q3 80.52%	Quarterly Target 90.00%	Q4 83.47%
		As part of the cultural transformation programme the appraisal documentation has been amended to incorporate the Trust's values into the process and documentation. This will be included in the leadership values masterclasses taking place in April 2021. Additional training has been provided in Quarter Four with further training planned, to ensure the workforce feel confident to conduct appraisals and					

		personal development plans. Managers are reminded of their outstanding appraisals with a focus also on seriously overdue appraisals. It was mandated that any staff who were shielding or self-isolating completed their appraisals and mandatory training. Recovery plans and trajectories for appraisals are reviewed by the People Committee on a monthly basis and reported to Trust Board.	
11	Improving QEH's reputation as a place to work by improving our recruitment processes to reduce the number of vacancies	As part of the Trust's Culture Transformation Programme the Employment Experience Workstream is reviewing QEH's Pre-Hire, Onboarding and Induction offer. This is to ensure that candidates have the best start to their Team QEH journey (and if they were unsuccessful to encourage candidates to reapply). Team QEH has launched phase two of its recruitment campaign with a focus on the current trend of people wanting to move to rural or coastal locations and use less public transport following on from the COVID-19 pandemic. Straplines for the popular campaign include: 1. Cycle lane or beach terrain? 2. Packed trains or country lanes? 3. Motorway views or river cruise	⬆
12	Increasing the response rate to the national staff survey to >50%	The final response rate for the National Staff Survey 2020 was 45% which was the Trust's highest response rate since 2017 and consistent with the national average for the year. This is a measure of engagement in itself.	⬆

S04 – Work with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability

SRO – Director of Finance

	Key Performance Indicator	Quarter Four update	RAG
1	Progressing our ambition with local partners to introduce a School of Nursing in West Norfolk by 2021	The Clinical Education Lead commenced in February 2021. The role is an eighteen month seconded post and involves collaborative working with organisational and educational stakeholders to support planning, procurement and development for the School of Nursing Studies (SoNS), Nursing Midwifery Council (NMC) approval for programme delivery with Anglia Ruskin University (ARU) at College of West Anglia (CWA) and the recruitment of initial candidates for the inaugural Trainee Nursing Associate programme. The School of Nursing Studies is being built in the grounds of the College of West Anglia. Currently, demolition of an existing building is taking place (15 March 2021) to facilitate the new build. Following award of the building contract, there is a 10 - 12-week lead time with a projection for completion at the end of May 2021. Faculty and project leads have worked with QEH and CWA procurement partners to equip the SoNS with innovative educational and clinical resources to provide a high-quality learning environment. The current plan is for ARU to deliver its existing Nursing Associate Apprenticeship programme at the SoNS at the CWA. To achieve this, an application for NMC major modification to their existing NMC approval is being made. This in turn involves ensuring that NMC gateways of major modification mirror the existing ARU delivery model. The initial agreement with CWA is that the first cohorts will be recruited from QEH for January 2022 commencement 6 months prior to delivery. This is projected to take place around July 2021 (to be confirmed).	✓
2	Implementing a proactive plan to further deepen relationships with our key external partners and stakeholders	In light of the publication of the White Paper in February 2021 and the 2021/22 priorities and operational planning guidance in late March 2021, the Trust continues to work proactively with key Stakeholders and Partners. Detailed discussions in relation to the development of a Provider Collaborative within Norfolk and Waveney are taking place, with regular updates brought through to the Board of Directors and Governors Council. Plans to further strengthen Governor, Staff and Patient involvement in these key conversations are underway. Relationships at a Place level within West Norfolk, Cambridgeshire and Peterborough and Lincolnshire continue to develop with the establishment of a Clinical Leadership Group within West Norfolk to drive the work forward.	✓

		Further to the external Stakeholder Review which took place in late 2021, the Trust continues to proactively work on the associated action plan.	
Ensuring sustainability – including delivering: -			
3	*- Our income and expenditure plan*	We delivered a £50k year to date surplus at Month 12 and achieved the financial plan for the year.	✓
4	*- Our waste reduction programme as described in our Better Hospital Efficiency Programme*	At Month 12 the Trust has reported CIP efficiencies of £4.4m achieving its plan for the year.	✓
5	*- Our agency expenditure within the nationally defined agency expenditure ceiling*	Agency spend at end of March is £2.2m over the agency ceiling of £10.5m. This excludes the COVID-19 agency costs. If the COVID-19 agency expenditure is included the Trust has exceeded the agency ceiling target by £10.1m.	↔
6	*- Our capital investment programme*	The Trust delivered a capital expenditure of £14.4m (against a plan including additional funding of £21.4m). The internally generated capital programme has been delivered with the underspend being driven by nationally available funding underspends.	↔
7	*- Making timely payments to our suppliers*	Value Volume NHS 71.0% 61.9% Non-NHS 75.6% 82.4% The Trust should be paying suppliers in line with the Better Payment Practice Code (BPPC). The BPPC requires 95% of all undisputed invoices to be paid within 30 days of invoice date. The Trust is improving the level of BPPC compliance through continuous improvements being made within the purchase to pay process. The Trust is also focused on ensuring that timely payments are made to smaller and/or local suppliers with payment compliance at 94.1% (value) and 92.4% (volume) for this category of suppliers.	↔
8	Working collaboratively with system partners to ensure we are making best use of the Norfolk and Waveney pound, ensuring that	We continue to work collaboratively with NNUH and JPUH in relation to further integration and transformation of Urology services. Following the appointment of two dedicated project managers who are due to start in April 2021, the work on transforming the services will now start in earnest. Alongside this, work is underway, led by the Commissioners, to develop an	

	we are able to deliver sustainable services for our local population	integrated Dermatology service within Norfolk and Waveney. These developments will ensure equity of service provision for our patients alongside the development of sustainable services. The Trust is finalising its priorities for inclusion within an organisational clinical strategy which will feed up into the Norfolk and Waveney Clinical Strategy which is due for completion in May 2021. The Trust Board has approved the Acute Collaborative Procurement Compact to enable closer working across the procurement functions of the three acute hospitals to unlock additional savings and provide greater resilience across the three acute procurement functions.	↔

S05 – Supporting our patients to improve health and clinical outcomes

SRO – Medical Director

	Key Performance Indicator	Quarter Four update	RAG
1	- Help our patients to stop smoking Targeting stop smoking programmes for those most in need, implementing the STP tobacco control strategies, including becoming a smoke free site. We will develop additional stop smoking support for people admitted to hospital.	All patients are screened for smoking on admission to hospital and given written advice on smoking cessation on discharge from hospital. Further developments are being considered on: • ensuring all identified smokers are considered for nicotine replacement therapy during their stay; • offering all staff who smoke support and help to quit; and • discharge processes to ensure that all patients can be directed to stop smoking support.	↔
2	- All NHS Trusts in Norfolk have committed to being smoke free, having a named champion at Board level, a named staff lead and have signed the NHS Smoke Free pledge	A Board level champion is in place for the implementation of the NHS Smoke-Free pledge. Plans to implement a smoke-free environment have been delayed in view of COVID-19.	↔
3	- Promote healthy ageing In partnership, promoting a positive view of ageing, encouraging continued activity, healthy eating, encouraging a health approach to alcohol, volunteering and physical activity	All patients are screened for alcohol consumption on admission to hospital and given written advice on healthy levels on discharge from hospital. We are also working closely with system partners to encourage exercise, healthy eating and volunteering. The Trust is in the process of implementing specific menopause training for staff.	↔
3	- Improve cancer screening rates Increasing cervical and breast cancer screening across the whole of Norfolk and Waveney, and reduce inequalities in cancer screening uptake in hard to reach groups	Breast and cervical screening have both restarted following the pandemic, with 100% patients in the screening backlog now seen and screened. The Trust will be participating in work in partnership across the ICS looking at health inequalities. Patients will be reviewed with an initial health inequalities impact assessment. The purpose of this work is to determine which groups are having difficult accessing screening and researching what are the obstacles that they are facing. When complete, these findings will be used to drive improvement plans to reduce inequalities and	↔

		improve overall cancer screening rates.	
4	- Help cancer survivors to reduce their risk of recurrence Reducing the risks of getting cancer by promoting healthy living and offering cancer patients tailored advice on healthy lifestyles to support their recovery and reduce the risk of their cancer coming back	To help patients reduce the risk of recurrence, the Breast Cancer CNS Team conduct a support clinic and specifically discuss this with patients post treatment. Helping patients living with and beyond their cancer diagnosis, is key to personalised care. All patients are offered a holistic needs assessments (HNA) at diagnosis and this is reviewed at key points throughout their treatment. Patients can also initiate these themselves by requesting a HNA at any point. Following an HNA, a patient can be sign posted to appropriate services such as benefits advice, referral to clinical psychology or a referral for gentle exercise. The new Cancer Wellbeing and Support Centre is on track to open April 2021. The team are currently developing a work programme to support patients directly from the hub. Due to COVID restrictions this implementation will be phased. Services being considered are anxiety management, menopause support, counselling, general nutritional advice, physical activity with initial assessment and gentle exercise, support services, Look Good Feel Better and the HOPE programme. These services will deliver improvements in patient experience and outcomes following cancer.	⬆
5	-Support mental health and wellbeing Collaborative working to develop and embed mental health prevention and wellbeing	Collaborative work between NSFT and QEH continues to ensure better patient outcomes. Both Trusts are supporting an improvement plan that will look to enhance awareness and importance of mental health and wellbeing with staff. There is a key focus on education to help prevention and improve wellbeing, with a goal to deliver enhanced care for those patients who will benefit from increased support and intervention.	⬆
6	- Improve self-care for people with diabetes Working collaboratively with partners, we will support patients with diabetes by enabling diagnosis, self-care and optimised	The Trust continues to support work with ICS partners to improve self-care for people with diabetes through the system's diabetes strategy.	↔

	management through the implementation of the system's diabetes strategy		
7	- Improve quality of care for pregnant women Focusing on the delivery of agreed improvements to the maternity care pathway, including 35% of women being booked onto a defined Continuity of Carer pathway by March 2020, and ensuring that we meet the Clinical Negligence Scheme for Trusts (CNST) requirements from 2020/21 onwards	The Division has launched our Women & Children 5 Year Strategy 2021-2026, setting out the vision and aims for the services including maternity, aligned with the Trust's strategy of Quality, Engagement and Healthy Lives. The Trust has a Maternity Improvement Plan in place, to address the recommendations of multiple local, external and national reviews. 50% of the actions are currently complete, although this plan is anticipated to continually evolve in response to ongoing recommendations to improve safety and outcomes for mothers and babies and strengthen our culture within the service. Actions following the Ockenden Report have been included in the Maternity Improvement Plan to ensure all Immediate and Essential Actions (IEA) are complete. The Trust is also on track to fully implement the Saving Babies Lives Care Bundle, with just some guideline adjustments requiring ratification at this time. The Maternity Bereavement Suite project is also progressing well, to support our families at this most difficult time. There is a strong service user voice to ensure there is real coproduction of this new facility. Following a public vote with over 2500 responses, the suite was named The Butterfly Suite. In order to implement the Continuity of Carer pathway, the Trust needs to consult with staff. A staff consultation paper has been prepared and will be discussed with trade unions on 30 April. Following these discussions and a 45 day consultation, the Trust is aiming to commence this pathway across three teams by the end July 2021. This will enable 35% of women to be booked into this pathway after this time. As at end March 2021, eight out of the ten safety actions had **no** identified concerns to suggest the Trust would not achieve the Clinical Negligence Scheme for Trusts (CNST) by the end July 2021. The following action is being taken in the remaining areas to: • mitigate staffing levels in regard to minimising risk of red flags for maternity;	⬆

		• develop guidelines to support compliance with the care and treatment elements of Saving Babies Lives'; and • improve the accuracy or recording on Badgernet to provide supporting evidence to demonstrate compliance with all five elements of Saving Babies Lives'.					
8	- Provide alternatives to emergency admission for patients with chronic lung conditions Working with partners, we will deliver a 25% reduction in volumes of Emergency Department attends and non-elective admissions where asthma and Chronic Obstructive Pulmonary Disease (COPD) is the primary diagnosis by delivery of appropriate pathways of care in the community	19/20 1534	Q1 168	Q2 234	Q3 261	Quarterly Target 287	Q4 216
9	- Improve our patients access to the very best stroke services For patients suffering from a stroke, ensure that 90% of those patients who are admitted to the stroke unit have this done within four hours by 2021	19/20 60.59%	Q1 66.37%	Q2 60.74%	Q3 40.13%	Year Target 90%	Q4 24.56%
		QEH is implementing the National Stroke Strategy. The implications caused by COVID are holding up progress. Despite this, overall stroke performance remains SSNAP A rated, with excellent performance in Therapy related metrics and Thrombolysis. However, direct admission to the stroke unit within 4-hours has proved extremely challenging. A recovery and restoration plan is in place to ensure performance improves.					
10	- Improve access to research and clinical trials for our patients Achieving a 10% increase in patient recruitment into research trials	Year One Target 755	738 patients were recruited to clinical trials in Q4, bringing the total number to 2,086 YTD. This is a 176% increase from 19/20.				

S06 – Maximising opportunities for our staff to achieve their true potential

SRO – Director of People

	Key Performance Indicator	Quarter Four update	RAG
1	Improving the health and wellbeing of Team QEH through delivery of a strengthened programme of work to support physical and mental wellbeing	Staff wellness remains a top priority for QEH and the Trust's health and wellbeing programme has been strengthened through the year – notably via: • Further strengthened People Recovery Plan – including securing 7/7 Clinical Psychology support for staff in addition to the dedicated full-time Clinical Psychologist and PTSD specialist now in post • Mental Health Lodge open 15 hours a day Mon-Friday to support staff – led by Trust's Mental Health First Aiders and • Successful bid for staff training and 12-month running costs for a staff Menopause Clinic • >33,000 COVID vaccinations to patients and NHS/care workers since December (including 92% QEH staff) • Additional day of leave for all staff in 2021/22 to support rest and recuperation and to say 'thank you' and encouraging staff to take leave and days owing (and carry over 5 days of leave into 2021/22 if choose to do so or be paid for this leave) • Focus on better sleep • Supporting Stress Awareness Month • Free wellbeing Apps promoted to staff • Wagestream financial support launched for staff allowing staff to access earnings more quickly • Wellbeing Guardian (Non-Executive Director) to be in place by end of Quarter One 2020/21 • Wellness Conversations for staff part of People Recovery Plan • Development of tender for integrated Staff Wellness and Occupational Health Service – to be in place by Quarter Four 21/22	↑
2	We will reduce the overall cumulative sickness absence from 5.3% to 4%.	March 2020 5.54% / Q1 5.22% / Q2 5.92% / Q3 6.09% / Quarterly Target 4.00% / Q4 6.28% Cumulative sickness absence (April 2020 to March 2021) is 6.28%, against a target of 4.0 %. March's sickness absence rate was 4.98%. This is split as 0.46% COVID-19 related sickness and 4.52% COVID-19 related absence. The HRBPs are supporting the Divisions to proactively manage their staff who are off on sickness leave, especially long-term sickness, by ensuring each member of staff has a plan in place to support them to come back to work safely. Weekly updates on sickness absence management are being reported at CELM.	

		19/20 19.3%	Q1 23.4%	Q2 24.0%	Q3 24.0%	Quarterly Target 12.00%	Q4 22.6%
	We will reduce the overall sickness absence relating to stress, anxiety and depression to 12.0% through the introduction of a new health and wellbeing programme.	Cumulative absences due to stress/anxiety/depression in Quarter One were 23.4% against a target of 18%, Quarter Two was 24.7% against a 15% target and Quarter Three was 24% against at target of 12%. Quarter Four was 22.63% against at target of 12%. A specialist in Post-Traumatic Stress Disorder (PTSD), who has a focus on emotional wellness and other issues related to trauma and stress commenced in post in Quarter Four. A Clinical Psychologist is in post to support staff, and referrals continue to increase and a 15-hour service is in place Macmillan lodge was in place during quarter four which gave staff direct access to a mental health first aider of clinical psychologist. This remains in operation. The Trust is developing an Integrated Staff Wellness Service to replace the existing Occupational Health offer which will be modern, fit for purpose and recognising the effectiveness of the clinical psychological support introduced through the pandemic.20 Mental Health First Aiders have been recruited and trained Around the clock well-being support is in place both internally and externally across a number of channels. This includes additional support and funding across ICS for mental health and well-being support for staff In January and February there was a focus on healthy body, healthy mind, including the running of a competition for free gym memberships COVID vaccination rolled-out from the end of December 2020. for patients, care home workers, ambulance and community staff and QEH staff (prioritising high-risk staff)					
3	Training our staff so that we can better help patients to make the right choices and live healthier lifestyles and more actively manage their own care	The Macmillan Information Team redirect patients to resources for living a healthier life such as local gyms and wellbeing sessions. QEH works closely with a local council group, who organises different sessions for self-help, which staff and patients can access. The Clinical Psychology Team offer information to patients on the emotional recovery aspect of COVID-19.					↔

4	Proactively contributing to achieving the system aims in relation to improving health and wellbeing for our local population	As described above, the psychology department continues to support staff; focussing on PTSD, COVID-19 and other issues related to trauma and stress. A physiotherapist started at the Trust in July 2020, who is focussing on all staff with musculoskeletal problems, which is a common reason for staff absence. The service for staff COVID-19 tests moved from the pre-operative assessment service to occupational health. This improved the response times to enable staff to get back to work quickly. 100% of frontline staff had flu vaccination, making QEH the strongest performer nationally and regionally. Menopause awareness clinics underway to increase the support to staff and managers going through the menopause.	↔
5	All senior managers and middle managers completing leadership training	After being paused for COVID-19 the leadership training for Band 5/6 and 7s restarted in October 2020 and is being delivered remotely. There have been 3 cohorts of Band 7 Leadership training, with 60 members of staff attending across the cohorts. There has been one cohort of Band 5/6 Leadership training, with 71 members of staff who have started the training. Modules 2, 3 and 4 are to be held in March, April and May respectively.	↔
6	Improving accessibility of training for all staff	• A task and finish group has been in place since 15th February 2021 to recommend improvements to the Trust Mandatory training. This group has representation from Medical, Clinical and Non-Clinical Workforce teams, Subject Matter Experts, Education and Training Leads and Clinical Leads. A proposal has been approved by the task and finish group and work is ongoing to create a comprehensive role-specific training requirement for medical, clinical and non-clinical roles across the trust. • Where staff hold a professional registration, they remain expected to complete the Mandatory Training aligned to their role. • Where a higher level of training is obtained, eg Dementia 2, this will provide compliance at the lower level, eg Dementia 1. In time, this will look to be automated on ESR and in the interim period will necessarily require a manual intervention in reporting.	↑

		The proposal has been approved by the Task and Finish membership and was presented for review at the CELM prior to progressing through to the PEG and SLT in May 2021. This will then provide assurance to the People Committee and Boards. The following principles have been used in the decision-making process: • Patient and Staff safety is of primary importance and any recommendations to reduce Trust Mandatory training requirements must not jeopardise this in any way. • There will be a focus on ensuring training requirements where possible are role specific rather than generic. • The Trust Mandatory training refresh periods will align to the Core Skills Training Framework (CSTF). • E-Learning is the default training option unless physical face to face learning elements are essential for the effective delivery of the training. • The development of a flexible workforce whereby staff can readily share their knowledge and skills across the Trust if required.	
7	A further 135 staff to be Quality, Service Improvement and Redesign (QSIR) trained, taking the total to over 200 staff by the end of 2020/21 through the roll-out of in-house training	QSIR training has been paused in 2020/21 due to the COVID-19 pressures. Plans are in place to restart the training in Quarter One of 2021/22 – with the following objectives: • All of Better Hospital Team (PMO) to be QSIR trained • Ensure QSIR trained staff gain experience leading projects • 20 staff from each Division and Corporate area to complete QSIR training • 10 train the trainers in-house • Plan to roll-out in-house training package by October 2021	⬆