Agenda item 12

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

Corporate Strategy Monitoring

Last Updated: 7/14/2022

EXCELLENCE STARTS HERE

Carly West-Burnham - Director of Strategy and Integration
SRO

Amy Cordy - Strategy and Integration Manager
Assurance Lead

Strategy Status

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Status	Complete	On Plan	Behind Plan	Total
1.) Quality	**1**	**17**	**2**	**20**
1.) To consistently provide safe and compassionate care for our patients and their families.		3	2	**5**
2.) Modernising our hospital (estate, digital infrastructure and medical equipment) to support delivery of optimal care.	1	14		**15**
2.) Engagement		**9**	**1**	**10**
3.) Strengthening staff engagement to create an open culture with trust at the centre.		4		**4**
4.) Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.		5	1	**6**
3.) Healthy Lives	**1**	**18**	**7**	**26**
5.) Supporting our patients to improve health and clinical outcomes.	1	13	6	**20**
6.) Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.		5	1	**6**
Total	**2**	**44**	**10**	**56**

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"Behind Plan" actions as of Jul, 2022

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Strategic Objective: 1.) To consistently provide safe and compassionate care for our patients and their families.

Ref	KPI/Milestone Description	Executive Owner	Measure of Success	Update	Status
2.0	Reducing the number of falls and those resulting in serious harm incrementally with evidence of a quarterly reduction	Chief Nurse	Quarterly reduction in the number of falls with harm	During Q1 there has been an overall reduction in the number of falls, but not a reduction in the number of falls resulting in patient injuries or harm. However the Trust remains below the National benchmarking data for falls with harm. An additional set of actions following review have been included within the Trust falls reduction plan which will be reported and monitored via the falls operational group.	
3.0	Improving our capability for implementing the introduction of The Liberty Protection Safeguards - This will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements	Chief Nurse	National legislation consultation closing 1st week of July, No date when new legislation changes New post to be created to ensure risk is reduce and trust are ready for the changes in legislation.	Awaiting post to be authorised - New post has been banded as 8A. The post went to Vacancy Scutiny panel and was put on hold. It has been agreed in principle as part of the business planning so a second business plan has been submitted and is awaiting a decision. Once approved post will be advertised ASAP as TRAC has been completed already.	

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"Behind Plan" actions as of Jul, 2022

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Strategic Objective: 4.) Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

Ref	KPI/Milestone Description	Executive Owner	Measure of Success	Update	Status
16.2	Improvements in system wide pathways of care to support delivery of Urgent and Emergency Care priorities	Director of Strategy and Integration	Robust engagement with the N&W UEC Improvement Board and underpinning workstreams	ICS wide programme of work underway, led by the NCH&C CEO with the following focused workstreams; - Refreshed Programme of work on Flow & Discharge - Expansion of SDEC - Urgent Care Response - UTCs	

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"Behind Plan" actions as of Jul, 2022

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Strategic Objective: 5.) Supporting our patients to improve health and clinical outcomes.

Ref	KPI/Milestone Description	Executive Owner	Measure of Success	Update	Status
20.0	Supporting smoking cessation for our patients and staff by documenting the smoking status of all inpatients and maternity patients.	Medical Director	Number of people with a completed smoking status reported for all inpatient admissions and all maternity bookings.	Due to delays in funding, a project manager is only now being recruited with an advert closing date of 26 July and interviews on 9 August. Once recruited to, the post will take the lead on development of a multi-disciplinary team and establishing the project plan for collaboratively delivering a Smokefree QEH site by Autumn 2023 and implementing new inpatient and maternity smoking treatment pathways, subject to allocation of new ICB funding.	
20.1	Supporting smoking cessation for our patients and staff by offering nicotine replacement therapy to all inpatients,	Medical Director	Number of smokers with a recorded Tobacco Dependence Care Plan code 70 - Quit attempt with behavioural intervention and licensed medication.	Due to delays in funding, a project manager is only now being recruited with an advert closing date of 26 July and interviews on 9 August. Once recruited to, the post will take the lead on development of a multi-disciplinary team and establishing the project plan for collaboratively delivering a Smokefree QEH site by Autumn 2023 and implementing new inpatient and maternity smoking treatment pathways, subject to allocation of new ICB funding.	
20.2	Supporting smoking cessation for our patients and staff by working with Public Health partners to make smoking cessation support available for all who need it in West Norfolk	Medical Director	Number of smokers with a recorded Referral For Ongoing Support code 10 through to 50 (referral to various community providers).	Due to delays in funding, a project manager is only now being recruited with an advert closing date of 26 July and interviews on 9 August. Once recruited to, the post will take the lead on development of a multi-disciplinary team and establishing the project plan for collaboratively delivering a Smokefree QEH site by Autumn 2023 and implementing new inpatient and maternity smoking treatment pathways, subject to allocation of new ICB funding.	
20.3	Supporting smoking cessation for our patients and staff by signposting all inpatient and outpatients who are identified as smoking, to appropriate smoking cessation support	Medical Director	Number of smokers with a recorded Referral For Ongoing Support code 10 through to 50 (referral to various community providers).	Due to delays in funding, a project manager is only now being recruited with an advert closing date of 26 July and interviews on 9 August. Once recruited to, the post will take the lead on development of a multi-disciplinary team and establishing the project plan for collaboratively delivering a Smokefree QEH site by Autumn 2023 and implementing new inpatient and maternity smoking treatment pathways, subject to allocation of new ICB funding.	

"Behind Plan" actions as of Jul, 2022

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Strategic Objective: 5.) Supporting our patients to improve health and clinical outcomes.

Ref	KPI/Milestone Description	Executive Owner	Measure of Success	Update	Status
20.4	Supporting smoking cessation for our patients and staff by supporting inpatients, staff and all visitors to our site to stop smoking by becoming a smoke-free site	Medical Director	Day that new Smokefree Policy comes into effect making QEH a smokefree site.	Due to delays in funding, a project manager is only now being recruited with an advert closing date of 26 July and interviews on 9 August. Once recruited to, the post will take the lead on development of a multi-disciplinary team and establishing the project plan for collaboratively delivering a Smokefree QEH site by Autumn 2023 and implementing new inpatient and maternity smoking treatment pathways, subject to allocation of new ICB funding.Also a date has not yet been set for the day that QEH become a smokefree site.	
21.2	Addressing the pandemic related backlog in elective activity with system partners	Medical Director	Delivery of Trust activity plan for Elective activity (Elective IP, Day cases and New Outpatients) which is set at 110% of 2019/20 baseline	Absences in staffing, sickness and vacancy have impacted, along with the surge in COVID. A number of specialities are commencing additional insourcing to increase activity and reduce waiting times which should support the recovery of the position. Work is also being done to review and implement the GIRFT High Volume Low Complexity pathways through the Theatre Improvement Project.	

"Behind Plan" actions as of Jul, 2022

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Strategic Objective: 6.) Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.

Ref	KPI/Milestone Description	Executive Owner	Measure of Success	Update	Status
28.0	Creating a Faculty of Education to harness the talents of our people	Director of Patient Safety	Faculty of Education established which encompasses all elements of medical and non-medical training and career development	pending confirmation of funding for position	

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Data charts for "Behind Plan" priorities as of Jul, 2022

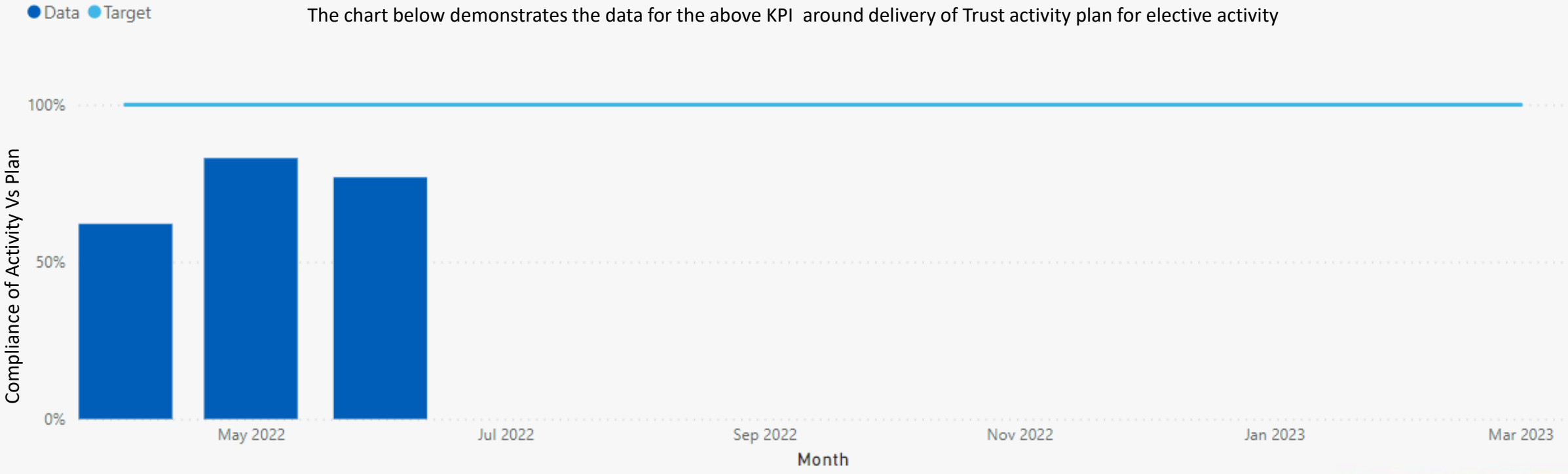
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Ref: 21.2

SubRef: A

Ref	KPI/Milestone Description	Executive Owner	Measure of Success	Update	Status
21.2	Addressing the pandemic related backlog in elective activity with system partners	Medical Director	Delivery of Trust activity plan for Elective activity (Elective IP, Day cases and New Outpatients) which is set at 110% of 2019/20 baseline	Absences in staffing, sickness and vacancy have impacted, along with the surge in COVID. A number of specialities are commencing additional insourcing to increase activity and reduce waiting times which should support the recovery of the position. Work is also being done to review and implement the GIRFT High Volume Low Complexity pathways through the Theatre Improvement Project.	

The chart below demonstrates the data for the above KPI around delivery of Trust activity plan for elective activity



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Key achievements as of Jul, 2022

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Completed Actions

Ref	KPI/Milestone Description	Executive Owner	Measure of Success	Status
24.1	Embedding research and innovation delivery by considering research in every clinical encounter by increasing the number of Principle Investigators, targeting nursing and AHPs and non-consultant medical staff	Medical Director	10% increase in number of PIs involved in clinical research from 21/22 Number of non-consultant doctors involved in research	
5.0	Launching an integrated 3-year Digital and Data Strategy	Deputy CEO	To have a completed Digital and Data Strategy and approved through DIF.	

SO1	SO2	SO3	SO4	SO5	SO6
• Improved performance for complaints • Patient experience workplan • Substantive and increased FLO establishment • Successful recruitment to Head of Spiritual Care • Developed and delivered Caring with Kindness programme • Advertised for a revised falls team establishment • Sustained compliance with Duty of Candour (DoC) Phase 1 and 2.	• New 3-year Digital and Data Strategy • Business Case for Patient and Observation Management System developed • Strategic Outline Case approved by Trust Board and unanimously supported by external stakeholders re: New Hospital • DAC Full Business Case being taken through internal governance processes during July 2022 and planning permission approved • North Cambs Hospital – options appraisal drafted / discussions with operational teams underway • Elective Hub – preferred option confirmed	• Sickness absence trajectories meeting expected performance improvements • Midnight café established • High Performing Teams Programme launched • New values Kindness, Wellness, Fairness launched • New full-time Lead FTSU Guardian • Staff Engagement champions established in each Trust area, a rapid action support team and monthly round table development	• Engaged in the West Health and Wellbeing Partnership / awaiting the inaugural West Place Board meeting. In the meantime, leading on West Place projects. • Role of the N&WHGC now clear. Workplan in place. DoS&I SRO for development of the Acute Clinical Strategy – phase 1 to be complete by September 2022 • Approval and development of the implementation plan for an ICS-wide finance and procurement shared service for transactional activities and financial systems	• Delivery of the vaccination programme • Progress in relation to delivery of elective activity in line with the 2022/23 plan requirements • Implementation of the Trust's Green Plan • Embedding research and innovation delivery	• High Performing Teams Programme established for 120 leaders across the Trust • Apprenticeship Programme Developments • Reverse Mentoring Programme established • Appraisal compliance improvement trajectories established • QI structure approved following transfer under the Directorate of Patient Safety and Improvement. Recruited into Quality Improvement Leads and QI support roles with support aligned to QI training, initiatives, GIRFT and Trust Improvement Plans • Target of 15% of staff completing QI training by year-end – 193 (5%) of staff at M2 have completed QI training against a training trajectory of 6% at M2.