The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 February 2022	**Agenda item:**	11
Report Title:	Monitoring of Corporate Strategy KPIs – Year 2 Quarter Three		
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Executive Sponsor:	Carly West-Burnham, Director of Strategy and Integration		

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 within the Trust. The appropriate BAF updates are received and reviewed within Finance and Activity Committee, Quality Committee, People Committee, and the Senior Leadership team.	
Significant risk register	There are currently 9 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 is considered by the Board of Directors, all 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 a view of progress against the underpinning KPIs for all of the Strategic Objectives as at Quarter 3 2021/22.				

Summary of Key issues:	Our Corporate Strategy includes six clear strategic objectives, 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 • Director of Finance (S02) - F&A 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 Strategy (S04) – F&A 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). This information is being brought through the relevant Committees and to Board on a quarterly basis, with this update being presented to Committees in January 2022 and to the Trust Board in February 2022. Work has been undertaken to streamline the reporting for this quarter and the attached PowerPoint presentation focuses on high-level achievements in Q3. Moving into Quarter 4, key areas of continued focus are: **SO1:** • Continue to progress against the actions within the IQIP in line with agreed plans • Completion of Well-Led inspection on 11 / 12 January • Submission of further evidence to the CQC to support the lifting of the 4 remaining Section 31 conditions

	• Patient Experience - Planned patient experience workshop with a leading external industry facilitator to continue the pathway development for patients - Completion of the departmental audit and review of PALS and informal concern process to strengthen timeliness/quality of response and patient experience - Launch the revised approach to learning from complaints within the Divisional Leadership Teams in January 2022 • Improving Learning from Incidents - Continue to work in partnership with divisions to meet the 60-working day KPI to submit Serious Incident Investigations - Support Divisions to close SI action plans within the agreed time frames • Reducing Patient Harms - Delivery of the Falls Prevention Work Plan for 2021/22 - Strengthening engagement within the Falls Operational Group - Annual Falls Audit to be undertaken in January 2022. This will provide organisational benchmarking, assurance, and gap analysis • Timely access to care and treatment - Full roll out of the SAFER bundle across all wards - Redesign of ED to increase footprint - Virtual ward implementation - Primary care co-located service implementation - Mobile CT capacity from Jan to Mar 22 - SDEC expansion **SO2:** • SOC for a new Hospital - The SOC will be reviewed early 2022 to take account of any further new guidance that may be published to coincide with the longlist announcement for the eight further new hospital schemes (January 2022) - Formal review of SOC by NHSE/I (February 2022) • Ensuring the safety of our ageing estate - Work to progress on endoscopy unit with planned completion June 2022 - Eye Unit to be complete by end of March 2022 - Refurb of West Dereham and Brancaster - expected completion March 2022

	- QEH to formally reply to the deep dive report re: funding required for years 2-4 for RAAC and likely funding allocation • Digital Maturity - Ongoing roll-out of EPMA - EPMA review and learning from roll out - RIS/PACs Phase 2 plan to be presented at Digital Forum in January 2022 - E-Observations business case to proceed to Investment and Capital Planning Executive Group, SLT and Finance and Activity Committee in February 2022 for approval, followed by Trust Board in March 2022 **SO3:** • Planning for transition to new QEH values of Kindness, Wellness, Fairness which will launch in April 2022 • Planning for phase 3 of the Values into Action work • Embedding of new FTSU model • Dissemination of National Staff Survey results once they have been shared from the Coordination Centre • EDI calendar launch for 2022 • Disability Network launch planned for Quarter 4 2021/2022 • 'My Reality' lived experience events re: intersectionality arranged for Quarter 4 of 2021/22 • Next Leadership Summit planned for 15 March 2022 • Mandatory Training - Improvements to quality of training programmes available through ESR - Reduce backlogs in core face to face subject areas such as fire, conflict resolution and manual handling • Appraisals - Once the talent strategy and career development paths established, there will be a clear link to the appraisal and personal development opportunities and action plan. **SO4:** • Acute Provider Collaboration - Updating of the Case for Change – January 2022 – with a clear focus on delivery of clinical and patient benefits - Confirming the detailed end point in relation to governance structures (including Group Board composition and posts) - Completion of the Regional and National checkpoint process (Date TBC)

	• Place Based Care - Agreement of the priorities for delivery at the Local Delivery Group (currently planned for February 2022) - Development of a clear delivery plan with associated resource to drive the work forward building upon the existing work which is already underway including health inequalities / support for patients awaiting planned care / pre-habilitation etc. • Continued focus on delivery of the financial and CIP plans for 2021/22 and robust planning for 2022/23. **SO5:** • Continued focus on delivery of the Flu and COVID-19 vaccination programmes • Identification of project resource to support delivery of the plans for implementation of a smoke-free site • Learning from Deaths - Development of action plans from NHSEI morality reviews - Deliver patient related case studies in Learning from Deaths forum • Research; Aim to sustain performance in the following areas: - Achieving study recruitment targets - Retaining staff - Broadening research reach among staff - Increasing research visibility **SO6:** • Recruitment of a Wellbeing Guardian and introducing wellbeing conversations for all staff • Launch of the JAMES model for managers to undertake Wellbeing Conversations across the Trust (The James Model; **J**ust **A**sk; **M**ood, **E**njoyment, **S**truggles • Health & Wellbeing passport for staff being trialled in Estates and Facilities and Sandringham Ward • Undertake the Health & Wellbeing Organisational Diagnostic tool to assess against the Health & Wellbeing Framework • Design a Health & Wellbeing strategy • Move into Phase 3 of Wellbeing Guardian implementation • Introducing a Staff Wellbeing service that is fit for the future • Additional short term local support for OH to provide an improved service for staff, increase speed of GP referral and specialist services.

	• To pilot additional staff wellbeing interventions through January to March 2022
Recommendation:	The Board of Directors is asked to note the progress made to date against the agreed KPIs and the prioritised areas for achievement in the next quarter.
Acronyms	KPI – Key Performance Indicator SONs – School of Nursing Studies