Agenda Item: 14

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Corporate Strategy – Key Performance Indicators – Quarter 3 2020/21

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

SRO – Chief Nurse

	Key Performance Indicator	Quarter Three update					RAG
1	Reducing complaints, specifically in relation to staff manner and attitude and the fundamentals of care by 50%	19/20 140	Q1 9	Q2 23	Quarterly Target 17	Q3 19 (November)	
		The number of complaints in relation to staff manner and attitude and the fundamentals of care remains above target for Quarter 3. The Trust has opened two escalation areas, which has increased the patient bed base by 62, requiring existing staff to support. At times, these areas have not been able to work optimally, which may lead to the fundamentals of care being delivered in a less than timely manner. This may have contributed to the increase in complaints for Quarter 3. To improve this the Trust has taken/plans to take the following actions: • Improved communication with families and relatives, including via a new dedicated Patient Helpline, with plans to strengthen further with a new Family Liaison Officer role by the end of Quarter 4. • 'Call to action' to staff to support in non-clinical roles. • Accelerating recruitment for additional Healthcare Assistant staff to support the wards.					
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	The average number of working days to submit a Significant Investigation (SI) and for closure by the Clinical Commissioning Group (CCG) for Quarter 3 is as follows: • 60-day submission to the CCG – 92 days (improvement from 106 days in Quarter 2) • 10-day SI closure by the CCG KPI – 16 days (deterioration from 10 days in Quarter 2) NB this is out with the control of the Trust. Work is on-going with the CCG team which is reforming in relation to this area.					⬆

3	- Increase in reporting of all patient safety incidents in line with the best Trusts in our peer group	There have been no further National Reporting and Learning System (NRLS) reports published for Quarter 3. The next expected report is March 2021. The report in Quarter 2 (NRLS report cycle October 2019 to March 2020) showed that the Trust is not an outlier for reporting compared with peer Trusts and that there was an increase in reporting. The results of the National Staff Survey will be analysed to understand if the reporting culture at the Trust has improved. The Patient Safety Team continues to encourage staff to report patient safety incidents.	↔
Further improving End of Life care, by:			
4	- Fast-tracking patients to their preferred place of care	There is no data available for Quarter 3 for fast-tracking patients to their Preferred Place of Care, as the Rapid Discharge Nurse is supporting the Discharge Planning team due to the operational pressures of COVID-19.	
5	Documenting ReSPECT- Compliance with the overall completion of the RESPECT form	19/20 N/A Q1 N/A Q2 N/A Target 100% Q3 73% Improvements to the ReSPECT process are currently being reviewed and monitored, led by the Lead Resuscitation Officer and the Clinical Lead for deteriorating patients. There will be two aspects of focus initially: • Firstly, there will be a focus on the compliance with the ReSPECT process in a particular group of patients. The aim is that all patients that have three or more hospital admissions in the last year will have a ReSPECT form in place. • Secondly, it will also focus on the quality of ReSPECT forms which are completed, to ensure 100% completion (especially around the Mental Capacity Act) by a regular monthly audit of all ward areas. The ReSPECT form compliance and quality indicators will be reviewed through the Respond and Recognise Forum. Quality The monthly audit looks at 5 essential areas of the ReSPECT form to ensure that the information is correct and complete. There has been an improvement in the compliance of the forms, evidenced by the monthly audit, with 73% compliance in December 2020 compared with 65%	

		compliance in September 2020. However, the area of greatest concern is the Mental Capacity Act (MCA) Tool section, which is the legal aspect of the ReSPECT form. This section is required to be completed by law, so is of significant importance. Compliance of the MCA Section is variable, ranging from 0% to 92% on different wards in December 2020. The compliance of the MCA tool in the ReSPECT form is planned to be addressed in the following two ways, both of which are medium-term solutions. 1. **Education** is key to the understanding of the importance of the MCA tool and the relevance to the ReSPECT process. Learning from other organisations, three Schwartz Round teaching sessions were planned, however were unfortunately cancelled due to COVID-19 pressures. These sessions allow the opportunity to discuss specific cases that clinicians can bring to a group discussion, mythbusting and understanding why the process is important, which will in turn improve compliance. These sessions will be reinstated when appropriate. 2. **The format of the form and its presentation**. It is proposed that a 'Purple Plastic Wallet' will be developed, incorporating an MCA tool and a 'Decision making checklist', which incorporates a flowchart for the implementation of ReSPECT with a patient. This will actively signpost clinicians to the forms that they should complete and presents all of the required forms in one. The STP are planning the launch of ReSPECT Version 3, which makes the MCA requirements clearer (date of launch to be confirmed). This is also hoped to be a catalyst for a large staff and public engagement campaign, being planned by Lead Resuscitation Officer and the Clinical Lead for deteriorating patients.

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%	Quarterly Target 57%	Q3 63.57%

7	- Delivering a 50% reduction in unexpected hospital cardiac arrests	19/20 69	Q1 4	Q2 9	Quarterly Target 8	Q3 10
		There were 10 unexpected cardiac arrests during Quarter 3. It has been highlighted that targeted training to ST3 and above level Doctors about patient's resuscitation decisions would be beneficial. Plans are being worked through as to how to deliver this training and when it will be possible to release staff from clinical areas. E-Learning is not appropriate for this topic. The number of cardiac arrests per 1000 in-patient admissions is regularly tracked, which is a surrogate marker for this indicator. The preventability of the cardiac arrest is assessed through Structured Judgement Reviews (SJR) of all cardiac arrest deaths. Lessons learnt during the SJR are shared.				
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	Quarterly Target 10	Q3 28
		Of the 28 incidents in Quarter 3, 1 incident met the criteria for a SI/moderate harm. The increase in numbers may be due to the increase in reporting and change in pathways and processes. The Hospital Acquired Thrombosis (HAT) review identified that HATs are to be reported through to Datix, which was implemented in October 2020. Despite the increase in numbers, this represents the true incident numbers due to lack of use of anticoagulants. This process is expected to improve due to increased scrutiny at the Hospital Thrombosis Committee. In addition to this, there is a plan to: • Increase awareness. • Host teaching and training sessions through the Grand Rounds and on induction. • Conduct regular audits and surveillance through the hospital pharmacy and anti-coagulant teams to ensure correct doses are administered to patients. These interventions will ultimately reduce the number of incidents associated with the prescribing and administration of anticoagulants.				

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	Quarterly Target 3	Q3 7
		The steering group, chaired by the Deputy Medical Director, to drive improvements in this measure, continues to meet fortnightly. The number of incidents demonstrate that there are still improvements to be made, however the aims of the project may not be realised immediately, due to factors such as: - Increased reporting due to communications and interest - Time taken for new knowledge and training to become business as usual An e-Learning package to support staff has been rolled out to Medical and Nursing staff, with plans to include Midwifery staff. The first Diabetes Link Nurse Study Day occurred in November 2020 with 21 attendees, 90.5% of whom found the study day 'Extremely Useful'. The Link Nurses are tasked with disseminating their learning to their teams, to ensure the organisation is up to date with diabetic care knowledge. The next study day is to be held in Quarter 4. A pharmacy and clinical audit has been undertaken to focus on various aspects of diabetic medication prescribing and administering which showed good results. Action plans are being developed as a result.				
10	- A reduction of pressure ulcers with lapses in care by 15%	19/20 22	Q1 9	Q2 5	Quarterly Target 5	Q3 5
11	- A reduction in the total number of falls by 15%	19/20 671	Q1 160	Q2 181	Quarterly Target 142	Q3 217
		Quarter Three demonstrates a significant upward trend in the number of falls compared to Quarter Two. There has been a higher number of patients being admitted to hospital, who are at risk of falls and require enhanced care. • The Lead Nurse for Older People and the Falls Coordinator were leading teaching sessions on enhanced care, to support staff in managing patients who require this care. However, the training has been cancelled due to COVID-19. Nevertheless, on ward support and education continues. • The Falls and Pressure Ulcer summit, due to take place in				

November was cancelled due to COVID-19.

The teaching sessions and the summit are being rescheduled later in the year to improve the knowledge and support to staff to improve the number of falls.

Despite this, the Trust's falls rate per 1,000 bed days is 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 2323	Q1 38	Q2 434	Quarterly Target 145	Q3 865
	No patients to be waiting > 6 hours in ED for emergency admission	19/20 2765	Q1 58	Q2 277	Quarterly Target 173	Q3 777

There has been an increase in the number of delays to ambulance handovers and numbers of patients waiting in ED, due to a number of factors, including;

- Increasing number of COVID-19 positive patients in the hospital plus usual winter pressures.
- Increasing number of patients presenting with mental health needs, who require admission to a mental health bed in which there is a lack of locally.

To improve this the Trust is taking the following steps:

- In September 2020, the Trust commenced an Urgent and Emergency Care Improvement programme, led by the Associate Director Urgent and Emergency Care Improvement. East of England Ambulance Trust (EEAST) are formally involved in this improvement plan and weekly progress meetings are in place.
- The bed base has been reconfigured for patients with suspected COVID-19.
- The relocation of Red Emergency Department and Red Assessment Area will release cubicle space for both major patients and ambulance offload, to support timely assessment and treatment of patients.
- Extending the use of the Frailty phone, which is now 7 days a week, 9-7 and is monitored by a clinician to provide support to avoid ED admissions.

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14	Achieve the national DToC standard of 3.5%	19/20 N/A	Q1 0.00%	Q2 0.00%	Quarterly Target 3.50%	Q3 0.00%
		There is no national ask for DToCs to be reported externally, however work is ongoing to ensure this is accurately reported internally. This work is being led by the Discharge Matron.				
15	No patients to breach 52 weeks (18 week RTT)	Target 0	Q1 363	Q2 1040	Target 0	Q3 1172 (November)
		Due to the operational pressures and national guidance, many elective procedures have been cancelled with the Trust currently only carrying out clinically urgent and cancer surgery. Medical staff vacancies, shielding and sickness, and reduced outpatient capacity contribute to the increase in backlog. Actions being taken by the Trust are: • Recruiting to vacancies and securing locum cover • Appointments on the elective list being prioritised on their urgency and waiting time • Additional capacity being secured via Waiting List Initiatives as appropriate • Engaging with the independent sector for support • Engaging with the Norfolk and Waveney STP on a system recovery plan The Trust has progressed with the National Clinical Prioritisation Programme, which aims to review all patients who are on the inpatient waiting list. This clinical review will firstly ask patients if they would like to remain on the waiting list for treatment, or if they would prefer to delay their treatment due to COVID-19 or other reasons. Patients are then clinically assessed to ascertain if patient's have come to physical/psychological harm, if their risks differ from referral and rated against a prioritisation scale.				

Reducing mortality by;			
16	Implementation of SAFER	As previously reported, SAFER is part of the Urgent and Emergency Care (U&EC) Redesign Plan. The focus has been to; improve clinical ownership and leadership in reducing Length of Stay across core ward areas and increasing the number of discharges earlier in the day, to support the national standard of 33% of patients being discharged by midday. The Deputy Medical Director has led a Clinical Director driven focus on board and ward round timings and processes. The benchmark position at September 2020, for discharges before midday was 13%. The position for December 2020 had increased to 27% of discharges by midday, across core ward areas. Further work to focus on the detailed aspects of discharge planning and preparation will be undertaken within Workstream 4 of the U&EC Redesign Plan, chaired by Dr Pradip Sarda.	↑
17	Delivery of 7/7 Consultant care	There has not been an audit undertaken for the delivery of 7/7 consultant care during the COVID-19 pandemic, however there are plans to restart this in May 2021 as part of the U&EC Programme. The Urgent & Emergency Care Programme includes compliance with the SAFER bundle, which looks to improve consultant cover over 7 days and enhance ward-based care in line with national standards.	↔
18	Delivery of E-Obs	The first e-Observations Board took place during November 2020. The project team 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. The business case is in progress and it is expected to go through the Trust governance processes by the end of Quarter 4.	↑

19	Documentation audit	The Documentation Audit continues to be undertaken each month with the scope to increase to include: ED, Anaesthetics, Critical Care and Obstetrics It has been found that the physical condition of clinical care records do not meet expected standards. The main areas of concern relate to: • Reporting of dementia screening • Legibility of handwriting • Lack of date and time stamps • Legibility of prescribing information These will be addressed through the Divisional PRMs. There are plans to disseminate the learning through events run by the Director of Patient Safety. The EPR business manager has been appointed to oversee the implementation of EPR, is a member of the Multidisciplinary Documentation Forum to coordinate the transition to EPR.	↔
20	Delivery of NEWs	<u>Training</u> Online training for the National Early Warning Score (NEWS2) continues to be delivered by the Royal College of Physicians. The training is monitored through Electronic Staff Record and monthly reports of attendance can be generated. As of 29 November 2020, 61.78% of staff required to complete NEWS2 training have completed their online training (total of 1518 staff members). A mapping exercise has been conducted to understand who needs to complete the training to provide the parameters for % compliance. 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. <u>Delivery</u> A new audit integrated into perfect ward is currently being worked on.	↑

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 Three 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 by Quarter 1 2021/22, and will include developing the Clinical Models of Care (which will involve staff and partner/stakeholder engagement) • 'Back our Bid: Build our Future' campaign – being led by local 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, including the development of a case for emergency capital across the four hospitals • Monthly regional meetings commencing from mid-January 2021 attended by QEH	↑

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 (similar to the published People Plan), to underpin the Corporate Strategy.
		
		<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
		• Outcome of visual inspection:
		  • 6 areas identified with plank deflections and temporary propping installed
		  • 1 area identified with plank deflections with
			↑

		permanent steel supports installed • Main gymnasium closed due to plank deflections and inability to install temporary props • 'Tap and Test' inspection process commenced following the completion of the visual inspection (forecast end April 2021): • 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 end April 21) • Creation of Programme Board to monitor and manage roof risk The Trust is working with other RAAC plank hospitals in the region to make a strong case for emergency capital funding to put in place fail safes that will mitigate the risks associated with the structural integrity issues. <u>Diagnostic Assessment Centre (DAC)</u> Following a ministerial review, NHSEI have advised a change in approach by the DHSC. The SROs have been advised that the 'preferred option' should now be within the SOC budget (£70m). An updated proposal has been developed on the basis of revised modelling. The updated proposal will maintain the key objectives of: • Increasing imaging capacity in line with anticipated projected demand to 2025 • Separation of planned and unplanned diagnostics • A free-standing facility in the vicinity of the current hospital • Fit with future estates strategy	

3	Developing a new digital strategy.	• **Digital Strategy –** The Chief Clinical Information Officer is in post and will be supported by 6 Clinical Information Support Officers (at 0.5 PA each) who will support specific projects. The Chief Nurse Information Officer is also now in post. These posts are key to driving the digital strategy forward and maximising clinical engagement. • **EPMA** – is on track to deliver and roll-out via a pilot on identified wards and in a phased manner from April 2021 (Director of Strategy is SRO) • **Radiology Information System** – project well underway and launch date being confirmed and expected to be in Quarter 1 2021/22 (Deputy CEO is SRO) • **E-Observations** – business case is under development and is expected to go through the Trust's governance processes by the end of Quarter 4 2020/21. This is a key 2021/22 digital priority (Chief Nurse is SRO) • **EPR** – Robust organisational and system engagement with the ongoing EPR due diligence and dialogue continuing (Medical Director is SRO) • **Digital Forum** now in place – monthly meeting (Chaired by Deputy CEO) to ensure oversight of key digital transformation programmes, risks and planning • **Business planning** to set digital priorities for 2021/22 underway	⬆

4	Maximising the use of technology – including implementing a new Radiology Information System, Electronic Prescribing system and Electronic-Observations system.	Quarter 3 saw continued work to deliver on the agreed priorities for the Trust. Timescales have seen some slippage due to resource constraints and COVID-19, the go-live date for our RIS and PACS is being confirmed, along with the roll-out of EPMA commencing in April 2021. In order to support clinical staff and remove the need for additional passwords to be recalled, a single sign on solution is being evaluated and procured. This will greatly increase productively for clinical staff and directly support EPMA witnessing of medicines. Dr April Brown (Chief Nurse) is the Senior Responsible Officer and is supporting the e-Observation project. A clinical group has been created to evaluate solutions. In order to support such a deployment, consideration is being given to the mix of devices and the potential for providing such on a dedicated basis. Finally, robust clinical communications is a must for our environment. A proof of concept is being introduced to evaluate Alertive (Commontime) as a potential solution. This application will provide a cloud based, real-time communication solution with paging and task assignment.	⬆

5	Developing a QEH Clinical Services Strategy (which is aligned to the system's Hospital Services Strategy).	As a system we are committed to the development of an over-arching clinical strategy. This work is being developed in the context of the Norfolk and Waveney Integrated Care System application, publication of national guidance and the JPUH HIP2 Strategic Outline Case development. The Director of Strategy and Major Projects, NNUH and the Director of Strategic Commissioning, N&W CCG are leading on driving this work forward and are developing a framework for delivery of the clinical strategy which will articulate the design principles and required actions. It is anticipated that there will be an initial focus on the Acutes' requirements to give a clear sense of the givens and the overall direction of travel of which services are likely to be delivered where in the future. The work will then be expanded to incorporate wider system partners with wider engagement built into the delivery framework. Timescales for development are drafting of the strategic context document by January 2021, undertake engagement workshops in February 2021 and deliver facilitated workshops in March 2021 to develop the final framework. The confirmed QEH speciality business plans which are being developed as part of the 2021/22 business planning process will form the basis of an organisational clinical strategy which will inform the discussions in relation to development of the emerging Norfolk and Waveney system Clinical Strategy.	⬆

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 implementation of the agreed vision for the Hospital Services Strategy, enabling better access and outcomes for our patients.	**Norfolk and Waveney Acute Hospitals Working Group** Meetings of the Norfolk and Waveney Acute Hospitals Working Group are in place. The Terms of Reference have been ratified by all three Trust Boards. Robust discussion has taken place around the role and remit of the group with agreement that future meetings will include time for open debate around the key/pressing issues. Regular updates are taken to all Public Trust Board meetings. **Policy convergence and alignment** The Hospital Services Strategy Convergence and Alignment workstream continues with a focus on; Mandatory Training, Consent, Infection Prevention & Control, Thromboprophylaxis and an over-arching framework for Policy Development. Given current operational pressures, work has been delayed, but is continuing with anticipated timescales for completion in Quarter 4. **Urology integration** Partnership working continues in relation to the transformation of the Urology service. The Urology Operations Manual which outlines the ways of working for the ASI Urology service has been updated to reflect the current position and discussions are underway in relation to service transformation and different ways of working.	⬆
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 completion of the recent 'Detailed Assurance Exercise', whilst a number of concerns still exist, there is wide optimism that a decision to proceed will be made in early 2021.	⬆

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

SRO – Deputy Chief Executive

	Key Performance Indicator	Quarter Three 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	The full 2020 National Staff Survey and Medical Engagement Survey results will be published in Quarter 4 (though an initial high-level review of the National Staff Survey results show progress as do response rates). The Trust's latest CQC report, published on 16 December 2020 described notable and tangible improvements to staff engagement and culture in the Trust. *'Staff spoke positively about the black and minority ethnic (BAME) support groups available at the Trust'* *'There was increased staff engagement processes in place to communicate with staff. However, leaders acknowledged that there was further work required to engage effectively with all staff groups.'* *CQC's Chief Inspector of Hospitals, Ted Baker, said: '…….We found real cultural change had taken place across the Trust and staff were demonstrably more positive and engaged.'* Staff engagement initiatives continue to be developed and implemented successfully – notably: • Measuring staff experience: daily/weekly (feedback pods), quarterly (pulse survey) and National Staff Survey • BAME Staff Network (Chaired by CEO), LGBT Staff Network (Chaired by Deputy CEO) • New Armed Forces Network launched & Staff Network received Gold in The Employers Recognition Scheme • BAME staff now on all interview panels for Band 7 and above interviews • Reverse mentoring in place for the Trust Board • Bespoke induction/onboarding programme for staff transferring to Team QEH following acquisition of the BMI Sandringham Hospital • An increase in staff 'speaking up' via internal channels and fewer staff choosing to go straight to CQC with concerns and complaint, which is the sign of a healthy culture	⬆

2	Improving scores for staff feeling valued at work from 38% to 45%	The 2020 National Staff Survey results detailing the results for staff engagement will be published in Quarter 4, however, the initial high-level results show some improvement in this area, with staff feeling more valued (4% increase in the score for the question: the extent to which the organisation values my work). In the meantime, the Trust's latest CQC report, published on 16 December 2020 described that more staff were feeling valued and appreciated as a result of the schemes in place and positive changes the Trust has made. The report stated: *'The trust offered a number of rewards and recognition, for example, Annual Team QEH Awards and Long Service Awards. Staff we spoke with were very positive about how this made them feel appreciated & valued'.* Initiatives to ensure staff feel valued include: • Reward and recognition: Staff Long Service Awards (November 2020) and Team QEH Staff Awards and Volunteer Long Service Awards (December 2020) • Monthly values award winners • Recognising retirements • Free breakfasts and tea/coffee/biscuits for staff working over Bank Holiday and festive periods and free refreshments for staff 24/7 during the festive break. • Gifts and rewards via The Work Perk secured throughout the year via the Staff Engagement team.					⬆
3	Improving staff recommending the Trust as a place to work from 51% to 60%	The 2020 National Staff Survey results detailing the results for staff recommending the Trust as a place to work will be published in Quarter 4, however, initial high-level feedback shows that the score for this question has increased by 6% compared to 2019.					⬆
4	Reducing Trust vacancy rate to below 10% for all staff groups	19/20 10.60%	Q1 10.22%	Q2 10.30%	Quarterly Target 10.15%	Q3 8.14%	
5	Reducing vacancy rate to 10% for Nursing and Midwifery staff	19/20 8.39%	Q1 9.10%	Q2 9.00%	Quarterly Target 10.00%	Q3 7.95%	

7	Reducing turnover to 10% for Nursing and Midwifery staff	19/20 10.81%	Q1 8.72%	Q2 8.85%	Quarterly Target 10.2%	Q3 7.99%
6 & 8	Reducing vacancy rate to 10% for AHP's	19/20 17.97%	Q1 16.05%	Q2 13.68%	Quarterly Target 12%	Q3 14.28%
	Reducing turnover to 10% for AHP's	19/20 19.57%	Q1 17.41%	Q2 11.88%	Quarterly Target 12.40%	Q3 14.24%
		There will be a focus on AHP recruitment in the second phase of the recruitment campaign. 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. The Division continue to refresh their recruitment and retention plans to look at innovative ways to recruit into the teams including working alongside STP colleagues.				
9	Achieving an 85% compliance rate for mandatory training	19/20 85.17%	Q1 76.36%	Q2 76.80%	Quarterly Target 82.16%	Q3 77.03%
		The benefits of E-Learning have been realised during the COVID-19 pandemic and its use is being maximised across the organisation. The Head of Learning and Development started in post in November 2020 and is focusing on building and improving an E-Learning portal, to improve access for staff. As part of the Hospital Services Strategy, the Mandatory Training policy is one of the policies being reviewed for convergence and alignment across the three acute hospitals. Positive conversations across the organisations have taken place as to how to take this work forward, which will result in a shared policy, streamlined processes and enable a digital passport. It is anticipated the first aligned policy will be ratified by 1 April 2021. Recovery plans and trajectories for mandatory training were reviewed at the People Committee in October 2020 and November 2020.				

		19/20 81.40%	Q1 75.91%	Q2 78.08	Quarterly Target 87.85%	Q3 80.52%
10	Achieving a 90% compliance rate for appraisals (with an increase in the number of staff who say they have a good quality appraisal)	A revised appraisal document has been implemented to improve the quality of appraisals. Further work will be undertaken as part of the cultural transformation programme to incorporate the Trust's values into the process and documentation. The number of people who have undertaken appraisal training is being addressed, to ensure our workforce feel confident to conduct appraisals and work through individual improvement plans. The Divisional Leadership Teams have identified 10 additional members of staff to undergo a standard appraisal training package. This will enable them to conduct high quality appraisals with their appraises and reduce the number of outstanding appraisals. Responsible managers are reminded twice a week of their outstanding staff appraisals and there is a large focus on staff who have appraisals that are over 24 months overdue. There is a requirement that by the end of January 2021 that all staff who are shielding or self-isolating are 100% compliant with mandatory training and appraisals. Recovery plans and trajectories for appraisals are being reviewed by People Committee on a monthly basis with a detailed root cause paper and clear way forward requested by March 2021. As part of the cultural transformation programme the Trust is reviewing the processes and systems to become values-based appraisals.				

11	Improving QEH's reputation as a place to work by improving our recruitment processes to reduce the number of vacancies	Team QEH has launched phase two of its recruitment campaign with a focus on the current trend of people wanting to move to move 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 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).	⬆
12	Increasing the response rate to the national staff survey to >50%	The response rate for the National Staff Survey 2020 for the Trust was 45%, which is in line with the national average. This is a 3% increase from 2019, when the Trust's response rate was 42%, though 5% adrift of our 50% target which was hampered due to COVID-19 and restrictions on place as well as the demand on our hospital, despite the best efforts of all concerned.	⬆

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 Three update	RAG
1	Progressing our ambition with local partners to introduce a School of Nursing in West Norfolk by 2021	The College of West Anglia (COWA) and the Trust have agreed to joint fund an 8A Senior Nurse post to support the design and delivery of the nursing associate programme. Interviews for this post were held mid-December and an appointment was made, with a start date at in February 2021. COWA have registered with the NMC through the Anglia Ruskin University. The first cohort of students are to begin the Nursing Associate Programme in Quarter 4 2021/22.	⬆
2	Implementing a proactive plan to further deepen relationships with our key external partners and stakeholders	The Trust is fully engaged in the ongoing Hospital Services Strategy (HSS) work which is overseen by the formally established Committees in Common, in partnership with the three acute Trusts within Norfolk and Waveney. A key area of work is the development of a system wide clinical strategy which will inform the development of the SOC for JPUH's HIP 2 development and QEH's potential HIP 2 development. The Trust are proactively working with NNUH and JPUH in relation to the development of a Diagnostic Assessment Centre on site. This will require a system wide business case and is being led and informed by the clinical and operational teams. System-wide work continues in relation to the development of an Integrated Care System and the Trust is involved in these discussions via the agreed governance structures. In addition, the Trust continues to proactively engage with the Local Delivery Group who are re-focusing their work to recognise the importance of developing Place-Based care within West Norfolk. The Trust continues to work proactively with external stakeholders via established routes such as the 'Oversight and Support meeting' and the 'Oversight and Assurance Group' to ensure that there are clear lines of communication in place, alongside establishing more informal communication mechanisms to ensure that robust relationships are in place.	⬆

Ensuring sustainability – including delivering: -			
3	*- Our income and expenditure plan*	For the first 6 months we delivered a break-even regime. Months 7-12 delivered the agreed deficit plan of £1.9million. Delivering £61k positive variance at month 9 against the £1.9m deficit plan.	↔
4	*- Our waste reduction programme as described in our Better Hospital Efficiency Programme*	At Month 9 reported Cost Improvement Programme efficiencies have had to be estimated due to the ongoing operational pressures. £341k is being reported against the revised plan of £437k and a year-to-date position of £3m against a plan of £3.3m. Trust is working to achieve its base case scenario of £4.4m. Quarter 4 benefit to be realised through the appointment of a MasterVend supplier for medical recruitment as well as ongoing support from the East of England Collaborative Procurement Hub.	↔
5	*- Our agency expenditure within the nationally defined agency expenditure ceiling*	Agency spend at end of December is £0.8m under the agency ceiling of £9.8m year-to-date. The Trust is under the agency ceiling target by £0.8m (8.2%) when COVID-19 costs are excluded. If the COVID-19 agency expenditure is included the Trust has exceeded the agency ceiling target by £3.9m (39.8%).	↔
6	*- Our capital investment programme*	The YTD position is £7.2m with the Trust forecasting to deliver its capital expenditure plan of £20.9m for the year.	↔
7	*- Making timely payments to our suppliers*	Value Volume YTD NHS 76.9% 66.0% Non-NHS 89.3% 92.3% 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 98.4% (value) and 97.4% (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 are able to deliver sustainable services for our local population	We continue to work collaboratively with NNUH and JPUH in relation to the further integration and transformation of Urology services. Alongside this, work is underway, led by the Commissioners, to develop an integrated Dermatology service within Norfolk and Waveney. These developments will ensure equity of service provision for our patients alongside the development of sustainable services. A detailed Memorandum of Understanding has been developed and signed by the three Trusts in relation to an Acute Procurement Collaborative. This will ensure that we have robust processes in place to deliver co-ordinated procurement services across Norfolk and Waveney, leading to the sharing of best practice and future financial savings through delivery of economies of scale.	⬆

S05 – Supporting our patients to improve health and clinical outcomes

SRO – Medical Director

	Key Performance Indicator	Quarter Three 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.	↔
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.	↔
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	Excellent progress to restart breast screening although bowel cancer screening remains suspended nationally. QEH successfully restored its service in line with pre-COVID-19 standards. This screening programme restarted on 25 June 2020 at QEH and on the 19 June 2020 at the mobile unit. QEH was one of the first trusts in the country to clear the backlog and the first in the region.	↑

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	**Health & Wellbeing Centre** Plans for the Health and Wellbeing Centre had previously been agreed and signed-off and a contractor had been appointed, before the project was put on hold in June due to the on-going discussions in relation to HIP2 and the wider site development plans. Now that discussions in relation to the development of the Hospital site have moved in a slightly different direction and following discussion and agreement at the Charitable Funds Committee, it has been agreed that work on the Health and Wellbeing Centre will go ahead. The project steering group is meeting weekly. The membership of the group has been confirmed and includes operational, clinical and estates representation, with support from external representatives such as the Cancer Services User Group as needed. The governance oversight has been confirmed with a reporting route through to the Investment and Innovation Committee. Work started on site on 25 January 2021.	⬆

5	-Support mental health and well being Collaborative working to develop and embed mental health prevention and wellbeing	An inaugural mental health wellbeing meeting occurred in November 2020 with NSFT, clinicians and senior leaders. This was to provide oversight and leadership to improve the experience of patients with mental health needs when visiting or admitted to the hospital. Further collaborative work produced a joint action plan between NSFT and QEH in response to a previous incident. New standardised documentation for the mental health liaison team is now in place with a structured handover to improve communication. The next meeting is scheduled for January 2021, where the framework for the improvement plan will be confirmed. The main themes for improvement include; workforce, education and enhanced care.	⬆
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 management through the implementation of the system's diabetes strategy	The Trust continues to work with the STP partners to improve self-care for people with diabetes through 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 Trust has now developed a comprehensive maternity action plan to improve safety and outcomes for mothers and babies and strengthen our culture within the service. The Trust is also on track to deliver the Saving Babies Lives Care Bundle and have been working collaboratively with colleagues in Clinical Support Services to increase our scanning capacity. The Maternity Bereavement Suite development project is also moving forwards and the project team are engaging with service users to ensure there is real coproduction of this new facility that will improve care for our families at this most difficult time. Following the publication of the Ockenden Report, Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust, the Trust responded to the immediate requests. The Trust has undertaken a gap analysis and nine of the twelve urgent clinical priorities identified from the Immediate and Essential Actions (IEAs) are complete with plans to address the last 3 by the end of Quarter 4. A business case to enable the trust to comply with Birthrate+ safe midwifery staffing models will be presented to Board of Directors in February 2021. This will also support the move to implement the Continuity of Carer model of care to a percentage of families, including the most vulnerable from Quarter 1 2021/22.	⬆

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	Quarterly Target 287	Q3 261
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%	66.37%	60.74%	Year Target 90%	Q3 44.83% (October)
		Despite the operational impact of the second wave of COVID-19, overall stroke performance remains SSNAP A rated, with excellent performance in Therapy related metrics and Thrombolysis. However, direct admissions to the stroke unit within 4-hours has proved extremely challenging. The plan to improve the admission rates for our patients is: • Relocation of CCU to reform the Stroke Unit bed base. • Provide admission rights to the stroke team for any admission on stroke unit • Provide two ring-fenced stroke beds: 1 each for thrombolysed and non thrombolysed stroke pt. • Discussion in Integrated Stroke Delivery Networks meetings for Thrombectomy services and Early Supported Discharge • Increase the workforce to ensure the 6 week and 6-month stroke follow ups are undertaken.				
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	326 patients were recruited to clinical trials in Q3, bringing the total number to 1348 YTD. This is a 178% increase from 19/20.			

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

SRO – Human Resources Director

	Key Performance Indicator	Quarter Three 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	QEH's health and wellbeing programme, which has been further strengthened during COVID-19, has received national recognition. Improvements include: • Strengthened focus on staff health and wellbeing and emotional wellness – including 2 dedicated posts to support staff (Clinical Psychologist and Post Traumatic Stress Disorder post – funded by two national grants) • In response to staff feedback, new staff rest areas in place and free refreshments 24/7 • Menopause awareness and manager training programme has started – including monthly menopause cafes • Menopause Policy under development • Focus on sleep and fatigue management for staff (January 2021 onwards) • Tender for integrated Staff Wellness Service, including Occupational Health under development • Business case being developed for dedicated Specialist Menopause Nurses • Became a Time to Change Employer for Mental Health In The Workplace following Board approval • 20 Mental Health First Aiders now in place across the Trust • Business Case for support from the Edith Cavell Nurses Trust for or Nurses and Healthcare Assistants	⬆

2	We will reduce the overall cumulative sickness absence from 5.3% to 4%.	March 2020 5.54%	Q1 5.22%	Q2 5.92%	Quarterly Target 4.4%	Q3 6.09%
		Cumulative sickness absence (January 2020 to December 2020) is 6.09%, against a target of 5.1%. This is split by 3.63% long-term sickness and 2.46% short-term sickness. December's sickness absence rate was 7.10%. This is split as 1.53% COVID-19 related sickness and 5.57% 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 and the daily Gold meeting.				
	We will reduce the overall sickness absence relating to stress, anxiety and depression by 50% (to 9.7%) through the introduction of a new health and wellbeing programme.	19/20 19.3%	23.4%	24.0%	Quarterly Target 12%	Q3 24.0%
		Cumulative absences due to stress/anxiety/depression in quarter one was 23.4% against a target of 18%, Quarter 2 was 24.7% against a 15% target and quarter three was 24% against at target of 12%. We have successfully recruited to a full-time Clinical Psychologist post to continue to support the mental health of staff during COVID-19. A full-time PTSD post has been appointed and will commence in Quarter 4. We have 20 Mental Health First Aiders and a further ten members of staff will be trained to achieve the target of 20. The Mental Health First Aiders will work across the Trust providing a point of contact for staff experiencing a mental health issue or emotional distress. This interaction could range from having a conversation through to signposting the member of staff to get appropriate help.				

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 (e.g. signposting to smoking cessation services, diet and exercise advice)	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. QEH's flu campaign was launched on the 28 September 2020, which inoculated 100% of frontline staff, making QEH the strongest performer nationally and regionally. Menopause awareness clinics took place in October 2020 to increase the support to staff going through the menopause. The Trust has commenced the vaccination programme for COVID-19, with over 10,534 people vaccinated to date as at 25.1.21.	↑
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	The benefits of E-Learning have been realised during the COVID-19 pandemic and its use is being maximised across the organisation. The Head of Learning and Development started in post in November 2020. Their priority is to develop the E-Learning portal to ensure its benefits are maximised, giving all staff the opportunity to access training. The compliance for mandatory training for December was 77.03%. As part of the Hospital Services Strategy, the Mandatory Training policy is one of the policies being reviewed for convergence and alignment across the three acute hospitals. Positive conversations across the organisations have taken place as to how to take this work forward, which will result in a shared policy and streamlined processes Recovery plans and trajectories for mandatory training were reviewed at the People Committee in October 2020 and November 2020.	⬆
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 due to the COVID-19 pressures. The Trust is exploring the development of a QI Faculty with NNUH and a virtual QI methodology programme, modelled on QSIR, to be trialled in Spring 2021. The Trust has appointed a shared Associate Director of Quality Improvement with NNUH, start date to be confirmed.	⬆