The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (In Public)		
Meeting Date:	2 February 2021	**Agenda item:**	14
Report Title:	Corporate Strategy – Quarter Three monitoring 2020/21		
Author:	Carly West-Burnham, Director of Strategy		
Executive Sponsor:	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	The Trust's Corporate Strategy incorporates all of the agreed strategic objectives spanning 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 14 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:	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 Three 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). A robust monitoring schedule has been developed 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 Three performance returning to the Committees in January 2021 and to the Trust Board in February 2021. For qualitative KPIs, each has been RAG rated with arrows to show improvements/deterioration or no significant movement since Quarter Two 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 Three position has been RAG rated against the quarterly target. The position for 2020/21, Quarter 1 and Quarter 2 has been included to demonstrate progression/regression.

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

SO1:

- **Individualised Plan of Care (IPOC) –** During October and November 2020, 63.57% of patients with an expected death had an IPOC in place, which is above the quarterly target.
- **A reduction in pressure ulcers with lapses of care –** The quarterly reduction target of 5 per quarter was achieved.
- **Implementing SAFER -** The number of discharges before midday increased by 13% in September 2020 to 27% in December 2020 across core ward areas.
- **Delivery of E-Obs –** The first E-Obs Project Board took place in November 2020. The project team have agreed a list of functional specification requirements which are with the provider for a response. The business case is expected to be submitted by the end of Quarter 4.
- **NEWS 2 training –** As of 29 November 2020, 61.78% of required staff have completed their NEWS 2 training. There is work undergoing to map compliance with ESR, to display on individual's training accounts as a prompt to complete.

SO2:

- **Progressing our case for large-scale national capital investment** – The Trust has appointed IDP to support the development of the Strategic Outline Case. A 'Back our Bid: Build our Future' campaign is being led by the local media. QEH is supporting the regional approach to managing and mitigating the Trust's 'structural integrity' issues in the mean-time which are presently increasing operational challenges.

	• **Estates Workplan –** The Estates workplan for 2021/22 is under development, and on track to be submitted to the Board of Directors in March 2021. There have been positive developments regarding the roof and structural integrity issues and Diagnostic Assessment Centre in line with national guidance and requirements. • **Digital Strategy –** There have been developments in many areas of the key digital priorities including Electronic Patient Record, Electronic-Observations and Electronic Prescribing and Medicines Administration. • **Clinical Strategy -** The Director of Strategy and Major Projects, Norfolk and Norwich University Hospitals and the Director of Strategic Commissioning, Norfolk and Waveney Clinical Commissioning Group are taking this work forward and developing a framework for delivery of the clinical strategy which will articulate the design principles and required actions. Timescales: the strategic context document will be drafted by January 2021, engagement workshops will be undertaken in February 2021 and workshops will be facilitated in March 2021 to develop the final framework. • **Hospital Services Strategy -** Meetings of the Norfolk and Waveney Acute Hospitals Working Group are in place. 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. The Urology Operations Manual which outlines the ways of working for the Acute Service Integration Urology service is being updated to reflect the current position and discussions are underway in relation to service transformation and different ways of working. • **Single Digital Care Record -** QEH continues to support the regional Sustainability and Transformation Partnership 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 January 2021. **SO3:** • **Staff Engagement** – 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 in scores and response rate). The Trust's latest CQC Report (December 2020) provided external evidence of tangible improvements to staff engagement and culture in the Trust. • **Staff feeling valued and appreciated** – The high-level results

	from the 2020 National Staff Survey describe that more staff are feeling valued and appreciated as a result of positive changes the Trust has made. • **Trust vacancy rate** – This fell under 10% for the first time in 2020/21 to 8.14%. • **Recruitment processes** – The next phase of the Trust's recruitment campaign has been launched focussing on moving to a rural/coastal location. The Culture Transformation programme is progressing improvements to Pre-Hire, Onboarding and Induction to ensure staff have the best start possible at 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. **SO4:** • **School of Nursing** - The College of West Anglia (COWA) and the Trust have agreed to joint fund an 8A Senior Nurse post. Interviews for this post were held mid-December 2020 and an appointment was made, with a start date in February 2021. COWA have registered with the NMC through the Anglia Ruskin University. • **Relationships with external partners and stakeholders** - The Trust are proactively working with NNUH and JPUH in relation to the development of a Diagnostic Assessment Centre on site. 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. An external stakeholder perception review was undertaken and completed in Quarter Three, showing progress in this area, with feedback informing our Year Two Corporate Strategy milestones. • **Making timely payments to our suppliers -** This has improved since Quarter 2, including payments that are made to smaller and/or local suppliers, with payment compliance at 98.4% (value) and 97.4% (volume) for this category of suppliers (compared to 90% and 89% respectively for Quarter 2). • **Norfolk & Waveney Pound -** 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. **SO5:** • **Screening Services** – QEH has successfully restored its screening service in line with pre-COVID-19 standards and was one of the first Trusts to clear the backlog. • **Health & Wellbeing Centre** – The project group has been established with operational, clinical and estates colleagues. Work commenced on site on 25 January 2021. • **Mental Health & Wellbeing** – An inaugural mental health wellbeing meeting took place in November 2020 with Norfolk and Suffolk NHS Foundation Trust (NSFT), clinicians and senior leaders. Further work will focus on a joint action plan between NSFT and QEH. The main themes for improvement include workforce, education and enhanced care. • **Quality of Care for Pregnant Women** – The Trust has developed a comprehensive action plan to improve outcomes for mothers and babies and strengthen the culture within the service. Following the Ockenden report, the Trust is undergoing actions to achieve three outstanding Immediate and Essential Actions (IEAs). • **Research & Innovation** – The Trust has increased the number of patients recruited to research trials by 178% increase from 2019/20. **SO6:** • **QEH's staff and wellbeing programme** – This has been further strengthened during COVID-19 and has received national recognition. • **Health & Wellbeing of the local population –** 100% of frontline staff had their flu jab (QEH was the best performer regionally and nationally) and the Trust has commenced the COVID vaccination programme, with over 5,000 people receiving their jab at 12.1.21. • **Accessibility of training –** The Head of Learning and Development is now in post and is focussing on the development of the e-Learning portal. Work continues with the STP 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.

- **QSIR** – An Associate Director of Quality Improvement post, to be shared across QEH and NNUH, has been appointed with the start date to be confirmed. This is a vital post in driving forward the QI Faculty which will support improvement and transformation across both Trusts and sharing of learning.

There are various metrics that were not met in Quarter 3 as a result of the COVID-19 pandemic, with this in mind, the, key areas of concern to note for Strategic Objectives 1 to 6 are:

SO1:

- **Complaints –** The number of complaints in relation to staff manner and attitude and the fundamentals of care remains above the target for Quarter 3 (19 complaints in October and November 2020).
- **Cardiac arrests –** The were 10 unexpected cardiac arrests during Quarter 3, against a target of 8.
- **Falls –** There has been a significant increase in falls compared to Quarter 2 (181 in Quarter 2 and 217 in Quarter 3).

SO2: Nothing to note

SO3:

- **Vacancy rate and turnover for Allied Health Professionals** – The rate for vacancies and turnover for AHPs is 14.28% and 14.24% respectively against a target of 12% and 12.4%.
- **Mandatory training compliance rate** – The mandatory training compliance rate is 77.03% against a target of 82.16%.
- **Appraisal compliance rate** – The appraisal compliance rate is 80.52% against a target of 87.85%.

SO4: Nothing to note

SO5: Nothing to note

SO6:

- **Sickness rate** – The sickness rate is 6.09% against a target of 4.4%.
- **Sickness relating to stress, anxiety & depression** – The sickness rate relating to stress, anxiety & depression is 24% against a target of 12%.

Recommendation:	The Board of Directors is asked to note the progress made to date against the agreed KPIs, including where the KPIs have not yet been met.
Acronyms	• AHP – Allied Health Professional • COWA – College of West Anglia • EObs – Electronic Observations • EPMA – Electronic Prescribing and Medicines Administration • HAT – Hospital Acquired Thrombosis • HIP2 – Health Infrastructure Plan 2 • IEAs - Immediate and Essential Actions • 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