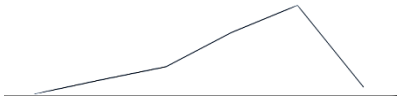
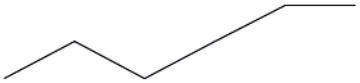
Corporate Strategy – Key Performance Indicators – delivery as at Quarter Two

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

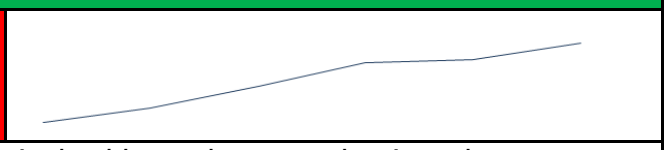
SRO – Chief Nurse

	Key Performance Indicator	Quarter two update		RAG
1	Reducing complaints, specifically in relation to staff manner and attitude and the fundamentals of care by 50%	Quarterly Target 18	26  There is significant variation between Quarter One and quarter two. In quarter one there were nine complaints which related to staff manner and attitude but none for fundamentals of care. In Quarter Two there were 23 complaints relating to staff manner and attitude and 3 relating to fundamentals of care. In Quarter One, due to the COVID-19 pandemic, there was a reduction of patients being seen at QEH and therefore a reduction in the number of complaints. Quarter Two has seen hospital activity increase to pre-COVID-19 levels, leading to an increase in numbers of complaints. The contents of complaints for Quarter Two are unusual as many relate to Quarter One and people's experiences of having a loved one as a patient in hospital in the height of the pandemic. However, the Trust is still on track for achieving 50% reduction in complaints. Year-to-date there has been 35 complaints relating to staff manner and attitude and fundamentals of care, with a yearly target of 70.	
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 CCG for Quarter Two is as follows: • 60-day submission to the CCG – 106 days (improvement from 114 days in Quarter One) • 10-day SI closure by the CCG KPI – 10 days (Quarter One was also 10 days)		↑
3	- Increase in reporting of all patient safety incidents in line with the best	The National Reporting and Learning System (NRLS) Organisation Patient Safety Incident Report was published in September 2020. The report reviews incident data from October 2018 to March 2019 compared to October 2019 to March 2020. The following was found:		↔

	Trusts in our peer group	• No evidence of potential under-reporting • From October 2018 to March 2019 there were 31.21 incidents per 1,000 bed days. 50% of incidents were reported after 70 day(s). • October 2019 to March 2020 there were 46.85 incidents per 1,000 bed days. 50% of incidents were reported after 69 day(s) which is an improvement of 1 day for reporting times compared to October 2018 to March 2019.	
Further improving End of Life care, by:			
4	- Fast-tracking patients to their preferred place of care	In July and August, 45% of patients died in their Preferred Place of Death (PPoD) and 59% of patients were discharged to their Preferred Place of Care (PPoC). During the COVID-19 pandemic, as a result of Government guidelines around hospital discharge, there was limited ability to provide choice to End of Life (EoL) patients to their preferred place of care. The NHS Continuing Healthcare Fast Track funding stream was suspended for all acute discharges, including those at EoL and was funded by the NHS COVID-19 budget instead. This was reinstated as of 1 September 2020. There remains a choice of discharge pathways for those at EoL. A tracking database has been implemented to collect and manage data to underpin the requirement for service improvements in EoL care and to monitor the three KPI's – discharge within 48 hours of referral; patient discharged to their PPoC; and the number of patients who died in their PPoD.	⬆
5	Documenting RESPECT	Not Available	The Trust is looking at a qualitative indicator to understand the quality aspect of RESPECT to ensure we are having meaningful conversations with our patients and the current reporting does not accurately reflect this. This will be discussed at the 'Recognise and Respond' forum in November, with the Deputy Medical Director and the Lead Consultant Anaesthetist, to report for the Quarter Three update.
6	- Ensuring that 75% of patients with an expected death to have a completed individualised plan of care in place	Quarterly Target 38%	50.22%

7	- Delivering a 50% reduction in unexpected hospital cardiac arrests	Quarterly Target 9	9
Further reducing patient harms, including;			
8	- 50% reduction in incidents associated with the prescribing and administration of anticoagulants	Quarterly Target 11	24 Through the Hospital Thrombosis Committee – errors related to administration and prescribing are being closely monitored. It has now become apparent that the actual tracking of the incidents requires a review following a recent audit on hospital-acquired thrombosis which is currently not reflected in the hospital reporting system (Datix). Revised targets and threshold needs to be in place to track and to implement quality initiatives to improve on this attribute. These will be reported in the Quarter Three update.
9	- 50% reduction in the number of incidents of harm associated with the administration and prescribing of insulin	Quarterly Target 3	8  A Steering Group has been established, chaired by the Deputy Medical Director to provide focus to improvements in diabetic care and ensure that improvements are made and sustained. To address these issues, the project group are implementing; a mandatory e-Learning package for medical and nursing staff, a link nurse programme, a revised reporting for hypoglycaemia incidents, an audit within the pharmacy department, a clinical audit driven by junior doctor representatives and a robust communication and engagement plan.
10	- A reduction of pressure ulcers with lapses in care by 15%	Quarterly Target 5	5
11	- A reduction in the total number of falls	Quarterly Target 143	187

	by 15%		Quarter Two demonstrates a significant upward trend in the number of falls compared to Quarter One. There has been a higher number of patients being admitted to hospital, who are at risk of falls and require enhanced care. To improve the number of falls: • The Lead Nurse for Older People and the Falls Coordinator have restarted teaching sessions on enhanced care, to support staff in managing patients who require this care. • There is a Falls and Pressure Ulcer summit, chaired by the Chief Nurse, in November 2020. This will focus on evidenced-based practice and research in this area. • The Trust has purchased 9 additional falls monitors to supplement the existing falls risk assessment, to support patient needs. 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.
Reducing avoidable delays for patients;			
12	Reduce ambulance handover delays > 1 hour to 0	Quarterly Target 290	434 There has been an increase in the number of delays to ambulance handovers due to a number of factors including; • Increasing number of patients presenting with mental health needs, who requiring admission to a mental health bed in which there is a lack of locally. • There is reduced capacity in the department, due to the co-location of both Yellow and Green ED, resulting in handover delays for patients to be seen by ED doctors and onward referral of patients 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 is being reconfigured for patients with suspected COVID-19 to reduce delays in admission • The planned relocation of Yellow Emergency Department will release cubicle space for both major patients and ambulance offload, to support

			timely assessment and treatment of patients. • There are plans in place to convey GP referred patients to Acute Medicine directly to Same Day Emergency Care as default by November 2020. • The robust implementation of Fit2Sit by November 2020. This will ensure all waiting room suitable conveyances can off-load to Minors directly without delay.
13	No patients to be waiting > 6 hours in ED for emergency admission	Quarterly Target 345	277
14	Achieve the national DToC standard of 3.5%	Quarterly Target 3.50%	0.00%
15	No patients to breach 52 weeks (18 week RTT)	Target 0	1040  The increase in backlog relates predominantly to Trauma and Orthopaedics, Ophthalmology and Earn, Nose and Throat. The Orthopaedic elective bed capacity was reduced in September to accommodate emergency patients within the elective bed base. Medical staff vacancies, shielding and sickness, and reduced outpatient capacity as a result of enhanced cleaning between patients both contribute to the increase in backlog. Actions being taken by the Trust are: • Recruit to vacancies and secure locum cover. • Appointments on elective list are prioritised on their urgency and their waiting time • Additional capacity to be secured via Waiting List Initiatives The Trust is undergoing 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 clincially 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	The implementation of SAFER is part of the Urgent and Emergency Care Redesign plan and there is ongoing work to embed this including formalising daily ward rhythm plans. Key measures will be; the actual performance against the SAFER benchmark of 33% discharges occurring before midday and compliance of SAFER against the agreed daily rhythm plans. The implementation is expected to take three months, and an update will be provided at the Quarter Three update.	↑
17	Delivery of 7/7 Consultant care	The Urgent and Emergency Care Recovery Plan aims to embed the SAFER bundle to ensure every patient has an early, daily senior review. External support is in place to support a review of all consultant job plans by November 2020.	↑
18	Delivery of E-Obs	Initial discussions with James Paget University Hospital have been held and a number of demonstrations of both the Web V and TPP solutions have been undertaken. Feedback is still required, but from these demonstrations it is envisaged that both James Paget and QEH will come to an agreement to engage a single supplier as part of a joint business case. The CNIO and CCIO will support the delivery of E-Obs moving forward with a Senior Responsible Owner to be agreed.	↑
19	Documentation audit	The rolling documentation audit started in August 2020. The highlights for August shows that there was >90% compliance for 4 domains; • Clear documentation of diagnosis/provisional diagnosis at admission or discharge (99%) • Are the admission notes documented on the appropriate specialty (Medical/ Surgical/ Orthopaedic/ Pre-assessment) clerking admission proforma? (98%) • A management plan can be clearly identified from each ward round entry - include interventions, change of treatment, discharge planning (95%) • Was the VTE assessment completed? (95%) Domains that were less than 50% complaint are: • Are all pages secure in the notes? (45%) • Are ALERTS documents and stickers (Respect, Safeguarding, Power of Attorney, Advance decisions, Transplant status) filed in the correct location - front of the notes? (45%) • Each entry timed? (42%) • Evidence of daily specialty consultant ward round (28%) • Completion of dementia assessment (27%) • Are there any obvious deletions or alterations that have not been countersigned? (9%)	↑

		Confirmation is being sought that action plans have been created to address areas of concern.	
20	Delivery of NEWs	Online training for National Early Warning Score (NEWS2) has been established, which is 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 31 August 2020, 581 members of staff have completed their NEWS2 training online bringing this to a total of 1,291 members of staff who have had NEWS2 training in the past three years. There is a mapping exercise being conducted to understand who needs to complete the training and who does not to provide the parameters for % compliance moving forward.	⬆

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 two 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.	Earlier this Summer, the Trust was asked by NHS Improvement/England to complete a discrete piece of work to further strengthen its case for being awarded significant national capital to modernise the QEH. This work entailed completing a compare and contrast exercise which considers the benefits of a hybrid (mix of rebuild and refurbishment) compared to a 'majority or full new rebuild.' This work has been completed, with external support from IDP, between July and September 2020, in line with the timescales required by NHS Improvement/England. On 14 August 2020, QEH was contacted by the Department of Health and Social Care as one of the Trusts with hospitals or potential strategic investments which are most developed and received confirmation that the Trust will be the focus of the 2020 Comprehensive Spending Review (CSR), which will enter determine capital budgets across the NHS. The CSR will determine capital budgets across Government, including for the NHS, for the period up to March 2025, so this CSR represents the sole opportunity to set multi-year capital budgets for major infrastructure projects over that period. QEH submitted its case to NHSI/E on 24 September 2020 as part of the NHS's response to the Comprehensive Spending Review. This work is a precursor to the Strategic Outline Case, which is the next phase of work that needs to be progressed. This includes a new hospital build being the Trust's preferred way forward. QEH has received confirmation of £500K of early fees to put in place the necessary resource to take the Strategic Outline Case forward. Following the Prime Minister's announcement on 2 October 2020 of the list of 40 new hospitals across the NHS, whilst it is disappointing that QEH does not feature on the list of hospitals, the Trust did not feature on the original list that was announced as part of the Health Infrastructure Plan 2 last year. The Trust awaits a response to the submission which has been made and remains hopeful that QEH will be a serious contender	⬆

		for one of the further 8 schemes which will compete to attract future funding to deliver new hospitals by 2030. We expect the 8 further new hospitals to be announced in 2021.	
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 Estates Strategy and the development of a Diagnostic Assessment Centre (DAC) has been aligned to the HIP 2 programme of work. The decision has been taken that the DAC will be a standalone building, allowing a COVID-19 minimal community diagnostic hub, as per the national steer. A business case will be presented to the November Committees and to the Board of Directors in February 2021. The DAC development is aligned with the Trust's wider estates strategy linked to the potential development of a new hospital.	⬆
3	Developing a new digital strategy.	The Head of Digital is now in post and the Digital Forum has been established, with a quorate meeting held on 24 September chaired by the Deputy CEO. The Digital workplan for 2020/21 is being formulated by linking with Corporate and Divisional colleagues to confirm the priorities, aligning with the wider Norfolk & Waveney system priorities. The Trust has recruited a CNIO to work in partnership with the CCIO, who will be crucial in delivering the Digital priorities. Going forward, Digital will set out intended priorities based upon the strategic objectives for the Trust, an agreed scoring matrix and clinical assessment. The Digital Forum will hold Digital to account through questioning and, where necessary, request adjustments based upon emerging threats or opportunities.	⬆
4	Maximising the use of technology – including implementing a new Radiology Information System, Electronic Prescribing system and	**Electronic Patient Record (EPR) –** The OBC for EPR was agreed in principle at the Board of Directors in August 2020. The Trust is committed to the development of a single digital care record for Norfolk & Waveney and are now working on the detail for options for implementation. **Radiology Information System (RIS) –** AGFA presented the revised implementation plan at the Programme Board on 15 September 2020, with a delay of 6 weeks expected (early April 2021). The Programme Board rejected the plan and sought an	

	Electronic-Observations system.	extraordinary meeting of key team members to bring a revised plan to meet an earlier deadline. This extraordinary meeting occurred on the 21 September 2020 and the plan detailed the ability to achieve a 'go live' a week before the originally proposed date. The data migration process and change management resources within radiology to implement the change will need to be explored and identified to ensure a successful go live date in April 2021. Detailed workplans have been created and shared with the Radiology Department to ensure all stakeholders are engaged and timeframes are adhered to. **Electronic Prescribing Medicines Administration (EPMA) –** The revised costing for the EPMA project was agreed at the Board of Directors on 6 October 2020. The plan for roll out is now being worked on. **E-Obs –** There will be an SRO and a Project Board including the Digital Programme Manager assigned to the development of the E-Obs Initiative. An options appraisal will be completed by December 2020 with a view to business case completion this financial year. The team are working closely with JPUH to address this as a system. It should be noted that the timescales are currently correct but will need to align with the on-going EPR evaluation process. A review of two systems; Web V and TPP, is currently being undertaken with a final outcome expected in January 2021. Given the importance of E-Obs implementation within the Trust, it is anticipated that, following completion of appropriate business case sign off processes and availability of capital to support implementation, we will aim to have a pilot ward 'go live' in quarter four 20/21 with the whole Trust roll-out early 2021/22.	
5	Developing a QEH Clinical Services Strategy (which is aligned to the system's Hospital Services Strategy).	The HIP 2 programme which has been confirmed for JPUH and the potential for the programme at QEH, is the driving force for the development of a system clinical strategy. The business planning process for 2021/22 is following the same template as system partners, which includes; capacity, demand and service sustainability analysis. This will be used to compare activity across the system and inform the development of the system clinical strategy moving forward.	⬆

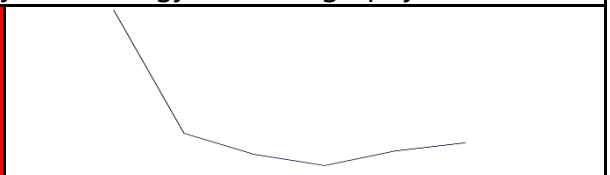
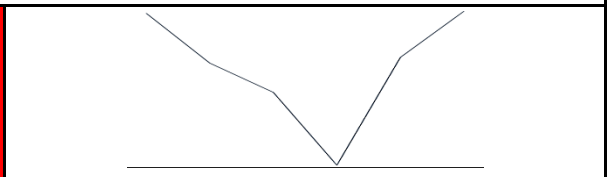
6	Contributing to discussions with James Paget and Norfolk and Norwich Hospitals about further opportunities for Norfolk and Waveney's three acute hospitals to work more closely together, supporting the implementation of the agreed vision for the Hospital Services Strategy, enabling better access and outcomes for our patients.	The first formal Committees in Common took place on the 14 September, with cross-organisational commitment to ongoing collaborative work. System-wide work continues in relation to BI and Information, with plans in place to develop and implement a common data model and shared reporting across the system, including a system PTL. The Urology service is an example of Acute Service Integration (ASI) with progressing conversations in other areas such as Dermatology and Vascular. A senior project manager post has been approved to focus on the delivery of the transformation phase of ASI and the alignment to other strategic programmes of work across the system. The Hospital Services Strategy Convergence and Alignment workstream is focussing on the development of joint key policies across the system. The focus is on; Mandatory Training, Consent and Pre-Operative, Infection Prevention & Control and Policy Development. An Accelerated Design Event (ADE) was held on 28 September, focussing on the consent policy. The event had 43 people attend from QEH, JPUH and NNUH, the outcome of which will be to begin to draft a joint Consent policy by sharing best practice by end of October 2020.	⬆
7	Contributing to the development of a single digital care record for all health and care organisations in Norfolk and Waveney.	The OBC for EPR was agreed in principle at the Board of Directors in August. The Trust are committed to the development of a single digital care record for Norfolk & Waveney and are now working on the detail for options for implementation. The resource for the project from QEH is being explored to ensure sufficient time is given to this important project.	↔

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

SRO – Deputy Chief Executive

	Key Performance Indicator	Quarter two 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 Trust has repackaged and relaunched how we listen to staff, with a range of approaches to ensure we have an opportunity to listen to all of TeamQEH. The current initiatives are; • National Staff Survey 2020 (commenced on 16 September 2020) • Quarterly pulse surveys – themed every quarter • Feedback pods • Staff Networks (BAME and LGBT) • Freedom to Speak Up Champions (increased from 14 to 18)	⬆
2	Improving scores for staff feeling valued at work from 38% to 45%	Staff FFT is currently suspended, however, quarterly pulse surveys are being utilised across the organisation with a specific theme. In quarter one, a pulse survey was conducted as a temperature check on the Health and Wellbeing of staff through the COVID-19 pandemic. We were able to gauge that staff felt they had been well communicated with and were able to access information and support surrounding their health and wellbeing, which was a positive feedback. During quarter two, a further pulse survey was conducted regarding the "Freedom to Speak Up" (FTSU) service. It was found that most staff knew what the FTSU service provided and how to access it. However, the number of staff who felt that they were able to raise a concern without repercussions and also those who had confidence that concerns would be acted upon, was cause for concern. An action plan has been put into place to address this. There are 10 staff feedback pods across the organisation asking the question 'How has your day left you feeling?' These are able to produce real-time on the day feedback to local areas/services on how our staff are feeling. There are various Staff Networks, supporting the ambition of every member of staff feels valued at work.	⬆

3	Improving staff recommending the Trust as a place to work from 51% to 60%	Staff FFT is currently suspended, however, the Trust captures the temperature of the organisation via quarterly pulse surveys, feedback pods in local areas and regular listening events and sessions held throughout the month. The Trust's new Head of Culture is leading on a Culture Transformation programme working with an external partner called April Strategy. A Culture Team has been assembled supported by colleagues from Recruitment, Training & Development, Staff Engagement, Nursing, AHP, E&F, Medical, Clinical Psychology and Communications. This focusses on four phases; Appreciate, Align, Into Action and Lead. The Trust has currently undergone the 'Appreciate' phase which has involved fact-finding to understand what is already being done, to set out a clear project scope and communications narrative for the Trust's values and Corporate Strategy. The second stage of 'Align' will start to thread and embed these values through appraisal, onboarding, induction and recruitment, with leads in place for each workstream. Four workstreams have been identified to undertake work on (i) Staff Engagement; (ii) Staff Safety; (iii) Employment Experience; (iv) Leadership. These will commence by early November 2020.		⬆
4	Reducing Trust vacancy rate to below 10% for all staff groups	Quarterly Target 10.30%	10.30%	
5	Reducing vacancy rate to 10% for Nursing and Midwifery staff	Quarterly Target 10%	9.00%	
6	Reducing vacancy rate to 10% for AHP's	Quarterly Target 14%	13.68%	
7	Reducing turnover to 10% for Nursing and Midwifery staff	Quarterly Target 10.4%	8.85% 24 nurses have joined Team QEH via the International Nurse Programme, with a further 20 to be welcomed to QEH in the coming weeks. The programme sets out that the nurses will be supernumerary for their first three months and then after this time will be part of the nursing numbers.	

8	Reducing turnover to 10% for AHP's	Quarterly Target 14.7%	**11.88%** There is a focus on Allied Health Professionals in Phase Two of the Trust's recruitment campaign, which will launch in October 2020 to advertise QEH as a place to work for AHPs. Clinical Support Services Divisional Leadership Team are presenting to the People Committee on 20 October 2020 on the plan to energise their recruitment and retention strategy for AHPs, specifically in radiology and sonography.
9	Achieving an 85% compliance rate for mandatory training	Quarterly Target 79.32%	**76.80%**  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 & Development, who starts in November 2020, will focus 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. Recovery plans and trajectories for mandatory training are being reviewed at the People Committee in October 2020.
10	Achieving a 90% compliance rate for appraisals (with an increase in the number of staff who say they have a	85.70%	**78.08%**  A revised appraisal document has been implemented to improve the quality of appraisals. The number of people who have undertaken

	good quality appraisal)		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. Recovery plans and trajectories for appraisals are being reviewed by People Committee
11	Improving QEH's reputation as a place to work by improving our recruitment processes to reduce the number of vacancies	The QEH People Plan was approved by the Board of Directors on 6 October 2020 and takes into account the key themes and focus in the national 'We are the NHS: People Plan for 2020/21 and the Norfolk and Waveney 'We Care Together People Plan' for 2020-2025 and key learning from the COVID-19 pandemic. One of the themes from the National and QEH People Plan is 'Growing for the future', which sets out how we recruit and keep our people and welcome back colleagues who want to return. The ambitions include; expanding and developing our workforce, focus on recruitment, international recruitment and return to practice. Phase two of the recruitment campaign is due to launch in October with a focus on Allied Health Professionals. The Trust has recruited nurses to TeamQEH via the International Nurse Programme in Quarter One and Quarter Two and have 44 planned to join TeamQEH in October and November 2020. The Trust welcomed 73 members of staff from the BMI Sandringham who are now part of TeamQEH. There is a buddy system in place to ensure our new staff feel welcomed to the organisation. There is a clear 'People Cutover' plan which covers; onboarding, mandatory training, induction and staff engagement.	⬆

12	Increasing the response rate to the national staff survey to >50%	The National Staff Survey 2020 is an important way to understand how our staff to understand how to improve. This year's was launched on the 16 September 2020 with a comprehensive communications and engagement campaign, to maximise the take up for this year. In 2019, 100% of responses were via paper forms, however, in 2020, 70% of staff will complete their survey digitally and 30% paper-based, supporting SO2 of digital modernisation. There has been a good start of the staff survey, with the Trust at a 36% response rate (4% below the top performing Trust) with five weeks before the closing date.	⬆

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 two update	RAG
1	Progressing our ambition with local partners to introduce a School of Nursing in West Norfolk by 2021	A grant of £597,000, for a School of Nursing for West Norfolk has been secured, supported by the Borough Council of King's Lynn & West Norfolk and the Town Deal Board. The bid was developed by the College of West Anglia in partnership with the Queen Elizabeth Hospital. This will see high quality nursing training facilities developed at the college campus. The college will deliver the Level 5 Associate Nursing Apprenticeship (foundation degree equivalent) to support the future workforce needs of the Queen Elizabeth Hospital. The School of Nursing will accept their first cohort of students in September 2021.	⬆
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. This is driving forward closer collaboration, the integration of services (such as Urology) and the alignment of key policies across the system. Recent system work has reaffirmed the priorities for the remainder of this financial year to ensure that the work is collaboratively delivered and best use is made of the available resources. 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. The Trust continues to proactively engage with the Local Delivery Group who are re-focusing their work to ensure that there is a collaborative response to the management of health inequalities post COVID. The Trust is working 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. The Trust is facing significant operational pressures due to a high number of 'medically fit for discharge' patients within the Trust's bed-base. A wider system response is required to assist with these pressures and a 'Board to Board' with system partners is being organised.	⬆

Ensuring sustainability – including delivering:			
3	*- Our income and expenditure plan*	Income and Expenditure year to date is on plan.	↔
4	*- Our waste reduction programme as described in our Better Hospital Efficiency Programme*	The plan was revised in quarter one to take account of the operational impacts of COVID and the ability to continue to deliver waste reduction initiatives. The Trust is forecasting delivery of the plan by the end of the year.	↔
5	*- Our agency expenditure within the nationally defined agency expenditure ceiling*	Agency Staff Costs Excluding Capitalised Costs Vs Agency Ceiling YTD Quarter Two. The Trust is under the agency ceiling target by £1.8m (25%) when COVID costs are excluded. If the COVID agency expenditure is included the Trust has exceeded the agency ceiling target by £1.1m (15%).	↓
6	*- Our capital investment programme*	Capital spend within the month of September 2020 is £1.6m and includes the purchase of the BMI Sandringham Hospital. The YTD position is £4.4m with the Trust forecasting to deliver its capital expenditure plan for the year.	↑
7	*- Making timely payments to our suppliers*	Value Volume YTD NHS 71.1% 54.8% Non-NHS 67.7% 77.3% 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 90% (value) and 89% (volume) for this category of suppliers.	↑
8	Working collaboratively with system partners to ensure we are making best use of the	The Trust is currently undertaking business planning for 2021/22. This process has been aligned with system partners to ensure that the outputs can be used to inform the development of the system clinical strategy and future site requirements. This will enable collaborative discussions in relation to future service delivery and potential alignment of services which will ensure that as a system we are providing more sustainable services and improved patient	↑

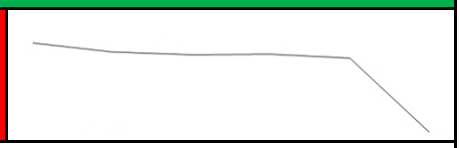
	Norfolk and Waveney pound, ensuring that we are able to deliver sustainable services for our local population	experience. The Urology service is an example of Acute Service Integration (ASI) with progressing conversations in other areas such as Dermatology. Decisions in relation to finances and capital spend are being made at a system level and the Trust is proactively engaged with this work via the monthly system wide Finance Directors meeting and the Strategic Capital Board.	

S05 – Supporting our patients to improve health and clinical outcomes

SRO – Medical Director

	Key Performance Indicator	Quarter two 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. In addition, 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	All patients are screened for smoking on admission to hospital and given written advice on smoking cessation on discharge from hospital. 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.	↔
2	- 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. During quarter two, the Trust issued 1,743 Healthy Living Leaflets to patients, with advice on how to live well.	↔
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	Nationally, screening services continued where it was clinically safe to do so but some aspects of these pathways were paused during COVID-19 e.g. routine invitations (breast and bowel) and some diagnostic and follow-up treatment services, due to providers facing a range of significant clinical and operational impacts. All services are now restored and working through a recovery process. The majority of breast cancer screening services have moved to open invitations to increase capacity; however, QEH has not been required to do this due to a significantly smaller backlog, which is expected to be cleared by the end of 2020. Norfolk & Waveney CCG is leading a project,	↑

		funded through the Cancer Alliance, to improve coverage and uptake of cancer screening programmes. The project is working closely with Primary Care Networks to focus on targeted interventions that support under-served populations.	
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	Development of the Health and Wellbeing Centre (HWB) has been paused due to ongoing discussions around the future of the site. 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 Cancer Service Manager is working with members of the HWB committee to determine how best to provide better support for cancer patients during this period.	↔
5	-Support mental health and well being Collaborative working to develop and embed mental health prevention and wellbeing	The Trust is exploring how to increase collaborative working with NSFT, to support patient's mental and physical health needs. Leaflets have been produced for patients to support with the emotional impact of COVID-19. Chief Nurse has initiated a Trust wide meeting to focus on improving mental health care for outpatients.	↔
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 Continuity of Carer pathway is a dramatically different way of working, which brings many benefits to patient outcomes and experience. It also offers increased staff development opportunities. To support implementation, the Maternity Service will develop a business case which will then go through the Trust governance and approvals processes.	⬌
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	Quarterly Target 287	234
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	Year Target 90%	61.40%  Due to bed movements to support COVID-19, the stroke bed base has been reduced by 5 beds. This has impacted on the ability to admit a patient to the stroke unit within 4-hours. There has also been a noticeable increase in internal and external delays, principally for packages of care, ultra sound and MRI. There is work ongoing to; • Relocate CCU, to restore the stroke bed numbers. • To continue to work with system partners such as the newly created Integrated Stroke Delivery Network (ISDN) and Getting it Right First Time (GIRFT) to implement recommendations and best practice.

			• To implement a direct to ward admission process, working in conjunction with the Emergency Department, Radiology and the Site Team being the most pertinent stakeholders. • To create visionary speciality plan to improve and sustain performance. The Trust continues to be in the top 10% of the UK and are the only Trust in the region that holds an A rating for Stroke services.
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	**1022 YTD, 129 in quarter 2**

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

SRO – Human Resources Director

	Key Performance Indicator	Quarter two 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	The QEH People Plan was approved by the Board of Directors on 6 October 2020 and takes into account the key themes and focus in the national 'We are the NHS: People Plan for 2020/21 and the Norfolk and Waveney 'We Care Together People Plan' for 2020-2025 and key learning from the COVID-19 pandemic. The themes from the National and QEH People Plan are; 1. Looking after our people - with quality health and wellbeing support for everyone 2. Belonging in the NHS - with a particular focus on tackling the discrimination that some staff face 3. New ways of working and delivering care - making effective use of the full range of our peoples' skills and experience 4. Growing for the future - how we recruit and keep our people, and welcome back colleagues who want to return These four themes and ambitions support staffs' mental and physical wellbeing, ensure QEH is an inclusive and supportive environment and maximise the opportunities for staff to reach their true potential. Our Clinical Psychology Team continues to support staff; with a full-time Clinical Psychologist (for staff) now in post. The department has also recruited a full-time PTSD Therapist, who will focus on supporting staff, with a focus on emotional wellness and other issues related to trauma and stress. They are due to start in Quarter Four. The Trust has recruited ten Mental Health First Aiders recruited and trained and hopes to recruit 20 by the end of November 2020. The Mental Health First Aiders 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. Interactive pods were introduced Summer 2020 to gain real-time feedback into how our staff are feeling and can therefore act accordingly and increase support where needed. The Trust is developing a tender so that it can develop a Health and Wellbeing (Occupational Health) Service for staff that is fit for purpose for the future. The Trust launched its 2020 Flu Campaign on 28 September,	⬆

		alongside a strong engagement piece to encourage all staff to have their flu jab.	
2	We will reduce the overall cumulative sickness absence from 5.3% to 4%.	Quarterly Target 4.8% / 5.92% Cumulative sickness absence (October 2019 to September 2020) is 5.92%, against a target of 4.8%. This is split by 3.50% long-term sickness and 2.42% short-term sickness. September's sickness absence rate was 5.66, which increased from 5.0% in August. For September, 0.24% of sickness was COVID-19 related and 5.42% was for other reasons. 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 is being reported at the Executive Team meeting and monthly assurance of progress is sought at People Committee.	
	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.	Quarterly Target 15% / 24.7% The sickness absence relating to stress, anxiety and depression for 2019/20 was 19.3%, therefore the target for year one is to reduce this by 50% to 9.7%. Absences due to stress/anxiety/depression in quarter one was 23.4% against a target of 18% and Quarter Two was 24.7% against a 15% target. We have successfully recruited to a full-time Clinical Psychologist post to continue to support the mental health of staff during COVID-19. The Trust has recruited to a full-time PTSD post with the postholder due to start by Quarter Four. We have ten Mental Health First Aiders and a further ten members of staff will be trained over October and November 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	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	⬆

	lifestyles and more actively manage their own care (e.g. signposting to smoking cessation services, diet and exercise advice)	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 has been moved from the pre-operative assessment service to Occupational Health. This has 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 62% of frontline staff and 61% of staff in total in the first two weeks of the campaign. Menopause awareness clinics have been planned for October 2020 to be able to increase the support to staff going through the menopause.	⬆
5	All senior managers and middle managers completing leadership training	The leadership training for Band 5/6 and 7s restarted in September 2020 with module 1 (out of 4) being delivered virtually. The number of attendees and feedback from the sessions is being collated.	⬆
6	Improving accessibility of training for all staff	The Head of Learning and Development starts on 5 November 2020. Their priority will be developing the E-Learning portal to ensure its benefits are maximised, giving all staff the opportunity to access training. The compliance for mandatory training for September was 76.80%. There is ongoing work to align the mandatory training policies across the three acute trusts in Norfolk and Waveney. This has benefits by; sharing best practice across the system, supporting staff work across QEH, NNUH and JPUH and by supporting the ambition for increased partnership working. There are also ongoing discussions to align the mandatory training teams across QEH, NNUH and JPUH.	⟷

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	35 members of staff have completed the QSIR Practitioner programme, with a further 30 that have started the programme however it was paused due to COVID-19. Four members of staff had also started the QSIR facilitator training, this has also been paused. 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 November 2020.	↔