The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (Public)		
Meeting Date:	3 November 2020	**Agenda item:**	10
Report Title:	Corporate Strategy Key Performance Indicators – Quarterly Report		
Author:	Olivia Hay, Business Manager		
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	Our Corporate Strategy incorporates all of the agreed strategic objectives crossing 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 13 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 Committees prior to being presented to the Board of Directors (as described above).

Executive summary

Action required: *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Purpose of the report:	The purpose of this paper is to provide the Board of Directors with a view of progress against the KPIs for Strategic Objectives 1 to 6 for Quarter Two 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). Development of a robust monitoring schedule has been undertaken 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 Two performance returning to the Committees in October 2020 and to the Trust Board in November 2020. For qualitative KPIs, each has been RAG rated with arrows to show improvements/deterioration or no significant movement since Quarter One. For quantitative KPIs, the Quarter Two position has been RAG rated against the quarterly target, utilising sparklines to show monthly progression from April 2020. As at the end of Quarter Two, key areas of improvement to note for Strategic Objectives 1 to 6 are:

	SO1: - The timely investigation of and closure of serious incidents in line with the NHS Serious Incident Framework - Delivering a 50% reduction in unexpected hospital cardiac arrests - A reduction of pressure ulcers with lapses in care by 15% - No patients to be waiting > 6 hours in Emergency Department for emergency admission - Documentation audit results - Delivery of National Early Warning Score 2 (NEWS2) **SO2:** - **Health Infrastructure Plan 2** – The Trust submitted a case for a new hospital as part of the NHS's response to the Comprehensive Spending Review. QEH has received confirmation of £500K early fees to progress the Strategic Outline Case forward. Despite not being included in the Prime Minister's HIP2 announcement on 2 October 2020, the Trust remains hopeful that it will be one of the further eight schemes to deliver new hospitals by 2030 and will be doing all it can to do so. - **Digital Strategy –** The Head of Digital is now in post, the Digital Forum has been established and a Chief Nurse Information Officer has been recruited to. These posts are key to driving the digital strategy forward. - **Development of QEH Clinical Strategy (aligned to Hospital Services Strategy)** – The business planning process for 2021/22 is well underway, using 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. - **System working** – The first formal Committees in Common meeting took place on 14 September 2020, with cross-organisational commitment to ongoing collaborative work. The Trust continues to contribute to the Hospital Services Strategy. A senior project manager post has been approved who will focus on the delivery of the transformation phase of the Urology Acute Service Integration and other strategic programmes of work.

	SO3: - 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 Team QEH. The current initiatives are; National Staff Survey 2020 (commenced on 16 September 2020), Quarterly pulse surveys – themed every quarter, digital feedback pods – providing real-time temperature checks, Staff Networks (BAME and LGBT) and Freedom to Speak Up Champions (now 18). - The appointment of a Head of Culture to lead the QEH Culture Transformation programme, working with an external partner called 'April Strategy'. - Reduction in the Trust vacancy rate to below 10% for AHPs (quarterly target 14%) – Quarter Two performance is 13.68%. - Reduction in turnover to 10% for AHPs (quarterly target 14.7%) – Quarter Two performance is 11.88%. - The QEH People Plan was approved by the Board of Directors on 6 October 2020, taking into account the 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 Trust has recruited nurses to Team QEH 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. - The launch of the National Staff Survey which has had a 36% response rate after three weeks, and with the Trust in the top 30% of organisations nationally for response rates at the time of writing and within 4% of the top performing Trust (23 October 2020). **SO4:** - **School of Nursing –** A grant of £597,000 has been secured for a School of Nursing for West Norfolk. - **Improvements to the 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.

	SO5: - Provision of alternatives to emergency admission for patients with chronic lung conditions - 129 patients were recruited to research trials in Quarter Two, bringing the total YTD to 1,022, against a yearly target of 755. **SO6:** - Increased support for staff through our psychology department to support staff with Post Traumatic Stress Disorder, COVID-19, and other issues related to trauma and stress. - 10 Mental Health First Aiders have been recruited and trained. - The Trust launched the Flu Campaign 2020 on 28 September which led to 62% of frontline staff and 61% of staff overall being vaccinated in October. - Leadership training for staff at Bands 5, 6 and 7 staff has re-started, delivered with support from the Institute of Health Management and Practice. As at the end of Quarter Two, key areas of concern to note for Strategic Objectives 1 to 6 are: **SO1:** - Reducing complaints, specifically in relation to staff manner and attitude and the fundamentals of care by 50%. - 50% reduction in incidents associated with the prescribing and administration of anticoagulants. - 50% reduction in the number of incidents of harm associated with the administration and prescribing of insulin. - A reduction in the total number of falls by 15%. - Reduction in the number ambulance handover delays > 1 hour to 0. - Number of patients to breach 52 weeks (18-week Referral to Treatment). **SO2:** - **Radiology Information System (RIS) –** The RIS implementation plan has been delayed until April 2021. The data migration process and the identification of change management resource within radiology needs to be explored to ensure the successful 'go live' date in early April 2021.

	SO3:
	
	- Achieving an 85% compliance rate for Mandatory Training
	
	  o Quarter Two performance – 76.36% against a quarterly target of 79.32% (a 0.44% increase from Quarter One).
	- Achieving a 90% compliance rate for staff appraisals
	
	  o Quarter Two performance –78.08% against a quarterly target of 85.70% (a 2.17% increase from Quarter One)
	
	SO4:
	
	- **Agency Staff Costs Excluding Capitalised Costs Vs Agency Ceiling Year-to-Date (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%) The Trust continues to review its agency staff usage and has plans in place through the waste reduction programme to address excessive agency usage and a continued focus on agency pay rate reduction.
	
	- **Making timely payments to our suppliers**: YTD NHS Value: 71.1%, Volume: 54.8%. YTD Non-NHS Value: 67.7%, Volume: 77.3% against the Better Payment Practice Code (BPPC) standard of 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.
	
	- **Partnership working:** The Trust is experiencing 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.
	
	SO5:
	
	- Helping our patients to stop smoking by targeted stop smoking programmes for those most in need.
	- Promoting healthy ageing.
	- Improving self-care for people with diabetes.
	- Improving quality of care for pregnant women.
	- Improving our patients access to the very best stroke services.

	SO6: - Cumulative sickness absence (October 2019 to September 2020) is 5.92%, against a quarterly target of 4.8%. - Absences due to stress/anxiety/depression in Quarter Two was 24.7% against a quarterly target of 15%. - The Quality, Service Improvement and Redesign (QSIR) Practitioner/Facilitator programme is still paused due to COVID-19.
Recommendation:	The Board of Directors are asked to note the progress made to date against the agreed KPIs, including the fact that there are areas where the KPIs have not yet been met.
Acronyms	KPI – Key Performance Indicator YTD - Year-to-Date RTT – Referral to Treatment HIP2 – Health Infrastructure Plan 2 QSIR – Quality, Service Improvement and Redesign