

The Queen Elizabeth Hospital   
King's Lynn  
NHS Foundation Trust

**Strategic Plan Document for 2014/15 to 2015/16**

**The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust**

## Strategic Plan for y/e 31 March 2015 to 2019

This document completed by (and Monitor queries to be directed to):

Name

David Stonehouse

Job Title

Director of Finance

e-mail address

David.Stonehouse@QEHKL.NHS.UK

Tel. no. for contact

01553 214699 (PA)

Date

3<sup>rd</sup> April 2014

**The attached Strategic Plan is intended to reflect the Trust's business plan over the next five years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.**

In signing below, the Trust is confirming that:

- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission; and
- The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Name (Chair)	David Dean (Interim Chairman)
-----------------	-------------------------------

Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Manjit Obhrai (Interim Chief Executive)
---------------------------	---

Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	David Stonehouse
----------------------------	------------------

Signature



# 1 Executive Summary

- 1.1 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH) provides healthcare services at The Queen Elizabeth Hospital, a 472 bed acute hospital with an annual income of £166m which opened in 1980 and is located 2 miles outside King's Lynn town centre. The Trust is a community focused District General Hospital, providing acute, elective and specialist care for the rural communities it serves across West and North Norfolk, part of Breckland, North Cambridgeshire, and South Lincolnshire. The Trust comprises a population of circa 250,000 with a relatively elderly age profile. With many of the people working at the QEH also living locally, there is a pride and local ownership of the hospital and interest in its future with high levels of staff commitment.
- 1.2 The QEH's traditional catchment area covers the towns of King's Lynn, Wisbech, Hunstanton, Downham Market and Swaffham. The local population profile includes a high proportion of older residents, since this is a popular coastal retirement area. However, new housing developments in recent years have seen large population growth in towns such as Downham Market, principally of families with children.
- 1.3 The Trust serves four main Clinical Commissioning Groups with West Norfolk being the main commissioner.
- 1.4 While QEH is generally considered to be a 'safe hospital', it has recently faced increased concerns with regard to the standard of patient care. This performance has attracted two CQC Inspections, a Rapid Response Review (RRR) visit and mandated attendance at a Risk Board of all national and local Healthcare stakeholders. In October 2013 the Trust was issued with four formal warnings related to the level of patient care under The Health & Social Care Act 2008. QEH has been in breach of its license with Monitor since April 2013. Monitor's risk rating of the Trust is now FRR 1 and Red in terms of Governance.

Four Enforcement Notices: Safeguarding people who use services from abuse  
Staffing  
Supporting Staff  
Assessing & Monitoring the Quality of Service  
Provision

One Major Concern: Consent to Care and Treatment

Three Moderate Concerns: Cooperating with other providers  
Records  
Meeting Nutritional needs

Four Minor Concerns: Respecting and Involving People who use the services  
Care and welfare of people who use the services  
Management of medicines  
Complaints

- 1.5 Since being granted foundation trust status in 2011, financial performance has deteriorated to predicted loss of around £13m in 2013/14. The Trust has received external cash support in this financial year and is *currently at Financial Risk Rating 7*. Financial projections going forward inclusive of an efficiency programme in line with national expectations do not secure a return to financial balance.
- 1.6 Since entering “Special Measures“ in October 2013 the Trust has driven forward its quality improvement plans and will continue to do so in 2014–15. In this context, the operational plan stabilises the financial position in 2014–15 with improvement in 2015–16 whilst working alongside the Contingency Planning Team.

## 2 Approach Taken to Quality

- 2.1 In order to address the quality issues faced by the Trust currently the Quality Improvement Delivery Group chaired by the Chief Executive;
- Provides oversight and assurance of the delivery of the Trust’s Integrated Quality Improvement Plan; and monitoring of the work of the discrete work streams of the Integrated Quality Improvement Plan.
  - Ensures that the Trust’s work to deliver its Integrated Quality Improvement Plan addresses effectively and within appropriate timescales, all the quality outcome issues identified in its regulatory inspections and related reports.
  - Ensures that there is a clear assurance and escalation methodology in place in accordance with the Trust’s framework, to ensure that risk is identified, reported, escalated and mitigated effectively.
  - Ensures effective Quality Impact Assessment of all actions pre and post implementation;
  - Ensures that workstream groups are using appropriate information effectively, to support the delivery of quality improvement

- Undertakes effective sampling and testing of evidence of Quality Improvement;
- Secures appropriate internal and external assurance (including internal audit) of quality improvement to meet desired outcomes;
- Ensures that there is an effective communications and engagement strategy in place, to include, Listening Events – to hear and take into consideration the views of patients, staff and the public; Communication and engagement with the Trust’s Governors and FT members; Let patients, staff and the public know about quality improvements that have been made; Disseminate new policy and procedures; Engagement with our external stakeholders in respect of our Quality Improvement aspirations and progress; and Media Strategy.
- Keeps under continual review, the Trust’s preparedness for regulatory inspection/re-inspection and to ensure that any compliance gaps / risks identified are effectively mitigated.

2.2 Addressing quality issues has had financial consequences most significantly in terms of addressing nurse staffing standards throughout the hospital. These investments are detailed in the Financial Plan.

2.3 In identifying our priorities for quality improvement for the period 2014/15, we have chosen to focus on key areas of quality where performance has not been delivered to the standard expected or has deteriorated. These align to areas of concern identified by the CQC and managed through the Integrated Quality Improvement plan. The overarching priority for the Trust is putting patients first in everything we do. Underneath this aim the Trust will focus on:

- Delivering safe care
- Listening to patients
- Supporting our staff
- Maintaining a well led Trust

2.4 In order to measure improvement against these four priority areas the following quality indicators have been identified;

### **Delivering Safe Care**

- Reduce the number of health care associated infections relating to hospital acquired clostridium difficile infections;
- Reduce the number of patients experiencing harm as a result of avoidable hospital acquired pressure ulcers;
- Reducing avoidable mortality.

### Listening to patients

- Improve the patient experience measured by the Friends and Family Test;
- Use learning from compliments and complaints to enhance the quality of the services we offer our patients.

### Supporting our staff

- Improve staff experience measured by the staff surveys and Friends and Family Test;
- Embed our values and behaviours of *'Courage, Compassion, Pride and Curiosity'* throughout the organisation'.

### Well Led Trust

- Ensure our quality governance structures and processes enable accountability, openness and quality improvement.



## 3 Operational Requirements & Capacity

3.1 In terms of operational delivery the following core performance areas are flagged as at risk and currently subject to delivery of improvement plans within the Trust.

3.2 18 weeks

- 3.3 The Trust has had a challenging year in achieving the admitted 18 week waiting list standard. Trauma and Orthopaedics, Gynaecology and ENT have regularly been below the 90% which has impacted on the Trusts level of performance. Recovery plans were drafted in Q3 and implemented in Q4 and the Trust is on trajectory to recover 18 weeks from the 1st April 2014. The Trust believes the plans in place are sustainable and expects to be achieving the target for all specialities during 2014/15 and into 2015/16.
- 3.4 The primary risk to delivery of the 18 week target remains emergency demand, with peaks in emergency admissions the main risk to ring fencing bed capacity for inpatient elective activity.
- 3.5 A&E 4 Hour Access Target
- 3.6 The Trust invited the Department of Health Emergency Care Interventional Service Team (ECIST) to re-visit the Trust following persistent non-achievement of the four hour A&E standard to re-assess its delivery model against the recommended best practice.
- 3.7 The Trust has driven forward a substantial amount of work in improving emergency flow around the hospital in 2013/14 including implementing an ambulatory care unit.  
With support from winter pressure funding, the Trust has achieved the A&E waiting time standard in Quarter 4 of 2013/14 (This funding helped support a £2M CAPEX development in improving treatment bay & observation bed capacity in the A&E department).
- 3.8 High volumes of emergency demand at peak times remain a significant risk the Trust. System wide discussions led by NHS England's Area Team for Norfolk, Suffolk and Cambridge continue to take place.
- 3.9 The local Urgent Care Network Board are working on a sustainable solution for the local health economy and there is an expectation that further winter pressure funding will be available for the health economy in 2014/15, however no investment assumptions are included within the plan.

### 3.10 Cancer Targets

3.11 The Trust has remained challenged in consistently meeting the Cancer targets, particularly for the 62 day target. The Trust invited the Intensive Support team to work with them to identify any issues in March 2014. They have highlighted multiple recommendations for the Trust to consider. These can be summarised into a number of key areas;

- Pro-active management of Cancer Pathways
- Clinical Governance of Cancer Pathways
- Reporting and Performance Management of Cancer Pathways
- External relations
- Development of a Cancer Strategy

Plans are being implemented to ensure delivery of standards on a consistent basis.

### 3.12 Clostridium Difficile

3.13 The Trust ceiling for 2014/15 for Clostridium Difficile infections is 14. This is significantly lower than the outturn position for 2013/14, which was 39.

3.14 The Trust has undertaken an independent review of the root cause of the high volume of reported infections in 2013/14, which concluded that there was no common cause for the significantly higher volume of infections. As a result of this review, a set of recommendations has been agreed and is already in train.

These include;

- The development of a decant area so that wards can be deep cleaned/ fogged as part of a rolling programme
- Operational teams ensuring that the IPAC team are involved in all decision making about the use of side rooms
- Ward staff to document on white boards when a specimen has been taken (When patient has diarrhoea) as well as in nursing record
- Reviewing microbiology capacity
- Reviewing the capacity of the IPAC nursing team

- Increasing the time allocated for the surveillance pharmacist in the short term
- Updating the C Diff policy to reflect current operational prescribing guidelines
- Addressing identified issues of poor practice at ward level including improved training
- Updating all staff awareness of CDIFF issues

### 3.15 Developing 24–7 Services

3.16 As part of CQUIN delivery for 2014–15, targets have been agreed with commissioners to baseline assess and agree improvement trajectories where appropriate re: the delivery of NHS Services, Seven Days a Week guidelines.

## 4 Our Financial Recovery (CIP) and Transformation Programme

### 4.1 Programme Management Office (PMO) arrangements for 2014–15

4.2 For 2014/15 the Trust has a CIP and productivity programme totalling £10.5m, which equates to 6.4% of the Trust's planned revenue. With the recent appointment of the Head of PMO, a new PMO staffing structure has been approved by the Executive Directors to drive forward the delivery of savings at pace.

4.3 Working with the Trust's Turnaround Director, the PMO now has pipeline opportunities for 2014/15 & 2015/16 to the value of £10m. A further "bottom up" exercise is currently on-going with the clinical and non-clinical areas and this is expected to be completed by the middle of April. This exercise will generate additional new schemes to ensure there are sufficient projects to cover any in-year slippage that may occur.

4.4 The Trust's PMO will be structured and monitored across the following five areas of focus:

- Improved patient quality, safety and experience
- Operational efficiency/improved productivity
- Collaboration, partnership and commercialisation
- Service modernisation and re-design
- All other schemes

- 4.5 A more detailed breakdown of the projects included in the above areas will be made available to Monitor at the end of April following the Board of Directors approval.
- 4.6 The PMO will be supported by new governance arrangements (which are currently being developed) to ensure:
- Clinical and quality impact assessments are conducted for each savings project and secured from the Director of Nursing and Medical Director
  - Executive sponsorship for each project / schemes carried out
  - Clear reporting and monitoring arrangements
  - Individuals are held accountable for delivery and pace
  - Buy in and engagement from clinical staff
- 4.7 The Trust's existing Quality Impact Assessment process is currently being reviewed and will be strengthened to capture the clinical and quality impacts both internally and externally to the organisation. In addition, the risks and mitigating actions will be monitored on an on-going basis to ensure the savings programme does not have an adverse impact upon the Trust's quality or safety standards or compromise the delivery of patient care.
- 4.8 The new Head of PMO is keen to establish early on, networks and relationships with West Norfolk CCG and Norfolk Community Health and Care NHS Trust with the view of developing a programme of cross organisational transformation and service redesign projects. The benefits of working together will identify areas of shared efficiencies and will help to improve our patients' experience.
- 4.9 A forum already exists between the three local best buy hospitals (West Suffolk Hospital NHS Foundation Trust, the James Paget University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust). This forum has been meeting for the last 18 months and has provided an opportunity to benchmark clinical and non-clinical services. This has already generated a number of savings opportunities for the three organisations to take forward.
- 4.10 This forum is fully supported by each of the Chief Executives who are keen to identify new ways of working collaboratively. Working collaboratively will create cost savings opportunities across the three organisations and it will also help to secure a greater level of financial and clinical sustainability in recognition of the challenge over the next five years.

4.11 Once the 2014/15 PMO programme of work has been agreed and signed off by the Board of Directors (end of April 2014), the focus will be on delivering the savings programme at pace. It is expected that over the next three months the development of the 2015/16 savings plan will start. In the longer term a five year savings plan will be developed which challenges the way we work, maximises staff productivity, deliver services more efficiently and ultimately improves the quality of patient care at the Queen Elizabeth Hospital King's Lynn.