

Strategic Objectives
1. Delivering outstanding care and experience
2. Recruiting, developing and retaining our workforce
3. An anchor in our community
4. Working together with local health and social care providers
5. Delivering long-term sustainability

Key - Current Status
Mostly behind expected trajectory
Partially behind expected trajectory
In line with expected trajectory
Complete

Key - Projected Year End Position
Objective expected to be <u>Mostly Unmet</u> by target date
Objective expected to be <u>Mostly Met</u> by target date
Objective to be <u>Fully Met</u> by target date
Complete

Strategic Objectives	Supporting Objectives	Key Measures	Strategic Risks	Executive Director	Current Status	Comments	Source of Assurance	Target Date	Status	Projected Year End Position
1. Delivering outstanding care and experience	We will increase our capacity to start to reduce the waiting lists for elective and diagnostic care	We will increase our elective capacity by 10% compared to pre-pandemic levels	103349	COO	A	The Trust remains below plan for M1, however the run rate of activity being delivered per working day has increased in M2. A number of specific specialties have been identified which are not recovering to run rate through the Elective Recovery Group. The Trust block purchased insourcing in the Q1 across Dermatology, Endoscopy, ENT, Gastroenterology, Ophthalmology and plastic Surgery. This will start to phase out from the end of June	Monthly Operational Performance Report	31/03/2023	↔	G
		We will see a 14% reduction in the number of patients waiting in excess of 6 weeks for a diagnostic examination	103350	COO	A	The total number of patients waiting in excess of 6 weeks for a diagnostic test increased in M1.	Monthly Operational Performance Report	31/03/2023	↔	G
		We will have no patients waiting over 104 weeks by July 2022 (Excluding patients over which we have no control)	103350	COO	G	The number of patients over 104 weeks continues to reduce in line with the Trust trajectory. The majority of remaining patients are on admitted pathways in Urology and the importance of these patients not having appointments cancelled has been reiterated via the Elective Recovery Group. Risks for future breaches are primarily around: - Patients being clinically fit for procedures - Patients contracting covid-19 resulting in procedures being delayed - Transport from HMP	Monthly Operational Performance Report	30/06/2022	↔	G
	We will improve our pathways and capacity to ensure patients suspected of having cancer are treated	By March 2024, 70% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	103350	COO	A	For April we are currently at 66.72% against a 75% target which is a very slight increase on last month.	Cancer Board Report / Monthly Operational Performance Report	31/03/2023	↔	G
		We will return the number of people waiting more than 62 days from an urgent referral back to pre pandemic levels by March 2023. (xx patients)	103349	COO	A	The number of patients on a 62 day pathway over 102 days remains high. The delays remain a combination of COVID delays, highly complex patients with tertiary referrals and joint pathways, diagnostic or outpatient capacity delays and patient initiated delays with a small number delayed for other reasons. Not all of these patients will have a confirmed cancer and therefore will not necessarily become a cancer breach. Reductions in the number of patients on the 62 day waiting list are forecast to be seen from August.	Cancer Board Report	31/03/2023	↔	G
	We will make better use of our outpatient capacity to increase the number of patients we see	We will reduce OP follow-ups by 15%; discharging 5% on a PIFU pathway	103350	COO	G	Activity in follow ups was more than 15% lower than 2019/20 levels in M1. Compliance with this will vary by specialty - there are a number of areas with a large follow up backlog that will need to be addressed (e.g. Ophthalmology)	Monthly Operational Performance Report	31/03/2023	↔	G
		We will discharge 5% of patients on to Patient Initiated Follow Up pathways	103350	COO	G	Trust remains below 5% however is currently on track for this to increase over the course of the year.	Monthly Operational Performance Report	31/03/2023	↔	G

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Delivering outstanding care and experience		We will use the advice and guidance process to help manage demand	103350	COO	G	The Trust continues to provide a significant amount of advice and guidance rate with a low conversion rate to appointments. Action plans are in place to improve response times to requests within Cardiology.	Monthly Operational Performance Report	31/03/2023	↔	G	
	Deliver improved patient experience	Length of Stay to reduce from 6.2 days to 5.6 days as a minimum	103350	COO	A	Marginal improvement in M1. Improving the discharge of medically fit patients is a priority to improve this, as well as the expansion of same day emergency care services.	Monthly Operational Performance Report	31/03/2023	↔	G	
		Improvements in DNA rates	103350	COO	A	DNA rate remains unchanged at Trust level. This is variable between specialty, as well as First and Follow Up Appointments.	Outpatients and Diagnostic Board	31/03/2023	↔	G	
	Reducing the overall HSMR to within the expected range	Continue to interrogate the results of reviews, identifying themes and trends in quality of care and/or data quality.			CMO	G	Structured judgement reviews are performed on a selection of deceased patients and shared at HMRG and QAC. Serious Incidents are discussed and shared at QGOC.	HMRG and QAC to Trust Board	31/03/2023	↔	G
		Work with divisional Clinical Leads & Mortality Leads to disseminate themes and strengthen processes and pathways of care where appropriate			CMO	G	Reported via HMRG.	HMRG and QAC to Trust Board	31/03/2023	↔	G
		Commission a Clinical Coding review to provide assurance around the processes and practices in use and identify any areas of best practice which could be adopted			CMO	G	In progress.	HMRG and QAC to Trust Board	31/03/2023	↔	G
		Triangulate of themes of quality and safety issues via a revised CLAEPP report			CMO	G	In planning phase.	HMRG and QAC to Trust Board	31/03/2023	↔	G
		Reduction in RR in key diagnostic groups that are alerting e.g. respiratory			CMO	G	Deep dives are performed.	HMRG and QAC to Trust Board	31/03/2023	↔	G
		HSMR to not be statistically significant			CMO	G	Overall not but PCH remains high.	HMRG and QAC to Trust Board	31/03/2023	↔	G
	Improve Recognition of deteriorating Patients	By end of Sept 2022 optimisation review completed, clear narrative report on summary of actions and findings available by October 2022	103346		Chief Nurse	G	Contact has been made with NerveCentre to undertake this work. Awaiting final costings.	Quality account quarterly updates through QAC	30/09/2022	↔	G
		By October 2022, launch a multidisciplinary team approach to Nerve centre firstly on the Peterborough site, encapsulating critical care outreach team, medical colleagues responding to tasks and escalations to be embedded by March 2023	103346		Chief Nurse	G	Requires first action/objective to commence to influence ToR for the group.	Quality account quarterly updates through QAC	31/10/2022	↔	G
		Creation of a 'fit for purpose' dashboard to demonstrate input outcomes of utilisation of NerveCentre and compliance for reporting in the divisional and trust wide quality reports by November 2022	103346		Chief Nurse	G	Initial dashboard in place - evolving format and KPIs currently	Quality account quarterly updates through QAC	30/11/2022	↔	G
		Improvement in NerveCentre compliance for physiological observations from 30% (baseline) to >90% by end of March 2023	103346		Chief Nurse	G	Information captured on a dashboard and shared through Patient Safety Steering Group and with Divisional Teams and Areas. Requires further work to finalise dashboard	Quality account quarterly updates through QAC	31/03/2023	↔	G
	Enhance patient experience and diversity of our patient voice through engagement of minority / hard to reach patient groups	Links developed with local community groups/forums and representation at the Trust wide PPVP by end of November 2022			Chief Nurse	G	Links formed with Consortium of Peterborough Community Group (CPCG) which consists of 7 minority group leaders working together with the patient Experience team, EDI, specialist Hospital teams and the local council. PPVP membership has increased to 12 with representation from groups such as disability, ethnic minorities and carers.	PPVP and QAC reports	30/11/2022	↔	G
		Complaints, PALs concerns and patient survey results representative of Trust demographics and population. FFT has demographic information, this will be reported monthly via CLAEPP			Chief Nurse	G	National Survey results presented to relevant teams and action plans underway. Minority groups encouraged to complete via posters in multiple languages FFT demographic data collected and reviewed. In-house Interpreters collecting FFT.	CLAEPP and QAC reports	31/03/2023	↔	G
		All neonatal unit parents will be invited to join the Neonatal Voice Partnership (NVP) once their baby is discharged from NICU/SCBU, monitored via ATAIN action plan and CQC self-assessment			Chief Nurse	G	ATAIN action plan in place. Monitoring progress.	ATAIN action plan, CQC self assessment, maternity quality report via QAC	31/03/2023	↔	G

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Build a workforce fit to purpose & practice including Advanced Clinical Practitioner (ACP) /Allied Health Professional (AHP)		To present patient stories to the Board once a quarter		Chief Nurse	G	Patient Stories shared at various forums	Board papers and minutes	Public Board meetings	↔	G
		Increase number of volunteers from zero to 30, efficiency and presence in ED.		Chief Nurse	G	Recruited 29 ED volunteers to date	Volunteers annual report	31/10/2022	↔	G
		Ensure that during 2022/23 all specialty non-medical staff members, working at enhancing, advancing and advanced clinical practice have got a reviewed and up to date job description (by end of November 2022)		Chief Nurse	G	Member of staff appointed through bank to commence piece of work in collaboration with Lead ACP	ELD, ACP forum, NMWF Board and WOC	30/11/2022	↔	G
		Ensure that all specialities have a clear scope of practice and proficiencies expected from the different banded staff for enhancing / advancing and advanced practice by end of November 2022		Chief Nurse	G	Will follow on from initial works with newly appointed staff member	ELD, ACP forum, NMWF Board and WOC	30/11/2022	↔	G
		A career map/trajectory demonstrating milestones and expectations to enable, for example, a staff nurse to understand the requirements and journey to potentially be a qualified ACP by end of December 2022		Chief Nurse	G	Requires first 2 actions to be undertaken to influence development of the career map.	ELD, ACP forum, NMWF Board and WOC	31/12/2022	↔	G
		The creation of an ACP forum Trust wide by end of August 2022		Chief Nurse	G	Working on ToR for first meeting.	ELD, ACP forum, NMWF Board and WOC	31/08/2022	↔	G
		Job planning policy for non medical enhanced and advanced role developed and ratified by end of November 2022		Chief Nurse	G	Reviewing previous draft job planning policy in Surgery. Scoping available documentation from other organisations.	Policy on SharePoint	30/11/2022	↔	G
Recruiting, developing and retaining our workforce	Launch Talent Strategy:Q1	Toolkit launched by 30 June 2022 Career conversations in place as part of new appraisal process by 30 Sept 2022	103348	CPO	G	Talent strategy signed of at Board f12 /4 Implementation plans in progress for rollout of toolkit and manager briefings	People & Culture Committee, Integrated Performance Report	30/06/2022	↔	G
	Launch Attraction and Recruitment Strategy Q1	Strategy and related delivery plan in place by 30 June 2022 with launch across the Trust Vacancy rate to 5% by 31 March 2023	103348	CPO	G	Strategy and delivery plans signed off by P&C Committee 31 May 2022. Some actions already in delivery vac currently rate at 7 - 8%	People & Culture Committee, Integrated Performance Report	30/06/2022	↔	G
	Complete e-rostering roll out to all staff groups by Q4	additional resource in place to support roll out programme by 30 June 2022 All staff groups including consultants to be on e-rostering by 31 March 2023		CPO	G	Support is place from 1 April 2022 - interviews planned for early June. Roll out plan in place Job Plan completion deadline is 30 June 2023	People & Culture Committee, Integrated Performance Report	31/03/2023	↔	G
	Launch People and Culture Strategy by 30 April 2022 (Trust Board 8/4/22)	strategy launched by 30 April 2022		CPO	G	strategy signed off on 12 April. Launch in progress supporting delivery plan by 30 June 2022 - some actions already in progress	People & Culture Committee, Integrated Performance Report	30/04/2022	↔	G
	Improve staff experience through the G20 programme and via developing managers and leaders by 31 March 2023	staff survey and people Pulse surveys show improved ratings increased % of new and existing leaders through the first 100 days programme leadership events (top 100) scheduled for 22/23		CPO	G	G20 work stream priorities in place roll out leaders programme as scheduled top 100 Leaders dates planned in 22/23	People & Culture Committee, Integrated Performance Report	31/03/2023	↔	G
	Embed lessons learned during pandemic in agile working across all divisions and corporate teams, and complete an agile working transformation programme by 31 March 2023	agile working transformation programme to deliver improvements to staff experience ( measured via staff survey) and to reduce % of Trust estate used for non clinical activities	103348	CPO	A	not started - scoping programme and partner resources. No budget allocated.	People & Culture Committee, Integrated Performance Report	31/03/2023	↔	A
	Establish a training academy for non-medical	<i>To be confirmed</i>		Chief Nurse	TBC	<i>To be confirmed</i>		TBC		TBC
	Launch career conversations toolkit by Q2	toolkit in place and launched by 30 September 2022	103348	CPO	G	work in progress	People & Culture Committee, Integrated Performance Report	30/09/2022	↔	G
	Develop and embed an effective H&S Culture, with agreed KPIs to measure this, by 31 March 2023	Trust retention rates - e.g. from reductions in violence and aggression incidents improved governance and accountability on H&S matters	103348	CPO	G	H&S governance being strengthened in Divs H&S Packs updated and rolled out to all ward areas H&S training being planned for all Leadership teams	People & Culture Committee, Integrated Performance Report	31/03/2023	↔	G
	Pastoral support for staff	pastoral support for medical and other staff from overseas (consistent with that provided to nurses)		CPO	G	scoping in development resource allocation to be identified	People & Culture Committee, Integrated Performance Report	31/03/2023	↔	G

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	Reduce vacancy rates to 5% by 31 March 2023	improvement to recruitment , e.g. via new branding, open days, reduced time to hire and overseas recruitment Retention initiatives	103348	CPO	G	rec strategy and delivery plan sign off 31 May new recruitment branding via TMP on order - will be live in June 2022 Programme of open days e.g. HCAs, admin, pharmacy, medical roles - in development	People & Culture Committee, Integrated Performance Report	31/03/2022	↔	G
	Develop and launch a new appraisal scheme by Q2	scheme top be launched by 30 June 2022 appraisal compliance rates staff survey feedback on appraisals		CPO	G	plan in plan to include co-production and training of managers, and pilots.	People & Culture Committee, Integrated Performance Report	30/06/2022	↔	G
An anchor in our community'	Strengthen our partnerships with local communities, health and care partners	To be confirmed	103345	All/CEO	TBC	To be confirmed	TBC	TBC		TBC
	Establish stronger links with the councils and regional colleges for mutual training opportunities and future workforce	To be confirmed	103345	Chief Nurse	A	Contact and work commenced with regional college and ARU(P) and LA	Workforce Operational Committee	31/03/2023	↔	G
	Establish formal arrangements with some businesses in Peterborough and Hinchingsbrooke	To be confirmed	103345	CFO	A	Work in progress to establish baseline and links with Cambridgeshire Chamber of Commerce.	TBC	TBC	↔	G
	Establish stronger links with ARU for research in areas relating to health inequalities	To be confirmed	103345	CN/CMO	R	Initial overture made.	TBC	TBC		TBC
Working together with local health and social care providers	Lead the development of the North Place	North Place formally set up with clear vision, aims and governance structure for yr. 1	103345	CSATO & Dep CEO	A	North place development sessions are ongoing however dates do not allow NWAFT to attend which may delay the programme.	North Place PDP	01/09/2022	↔	G
		North Place annual plan	103345	CSATO & Dep CEO	Complete	Annual Plan approved by the North Place Board in May. Has been to all partner organisations.	Annual plan and Board papers	30/04/2022	↔	Complete
	Start the programme of work to become the Most Capable Provider for the North Place	SoC and Business case by end of Q3	103345	CSATO & Dep CEO	A	Delayed due to delays in the ICS development of place	STC papers	31/12/2022	↔	G
		Successful assessments through gateways 1&2 of the process	103345	CSATO & Dep CEO	G	Awaiting full suite of KLOEs for the gateways	ICS papers	30/04/2023	↔	G
	Review the 5 board agreed specialities for HH clinical strategy	Maternity and Children's Services reviews completed by end of Q1		CSATO & Dep CEO	Complete	Completed. Both move to stage 2 now	Board papers	30/04/2022	↔	Complete
		Rehab and elective surgery review completed by end of Q2		CSATO & Dep CEO	A	On track for delivery	Board papers	30/09/2022	↔	G
	Collaborate and work effectively as an equal partner in the ICS as we address the SoF4 framework	NWAFT/North Place led plans that contribute towards delivery	103345	CSATO & Dep CEO / CEO	G	Annual and transformation plans in place	North place papers	30/04/2022	↔	G
	Clear communication within the Trust, with our population and our ICS partners	Comms plan in place for MCP and Hinchingsbrooke Hospital redevelopment		CSATO & Dep CEO	R	Comms plan being developed as part of the MCP	Board Papers	30/09/2022	↔	G
	All Integrated Neighbourhoods are set up and delivering to the work plan	Delivery against the KPI's by end of Q4		CSATO & Dep CEO	A	3 IN managers in place. Funding for 3 more in place until Sept 22. Remaining is interim only until Sep 22.	North place annual plan	31/03/2023	↔	G
	As lead for radiology and pathology networks deliver the agreed plans of work working alongside our partners	As SRO ensure the interoperability is successfully delivered and the next stage of the programme is agreed amongst partners		CSATO & Dep CEO	A	Strategy being drafted for both.	Papers to TSIB	31/03/2023	↔	G
Developing our Digital Skills	Strengthening our digital Foundations	Delivering the capital investment programme for digital	103344	CFO	G	IA to be presented to JuneIMG	Finance & Digital Committee, Integrated Performance Report	31/03/2023	↔	G
	Enabling Digital Healthcare services	Deliver year 2 of the LIMS deployment programme	103344	CFO	G	On track for delivery	Finance & Digital Committee, Integrated Performance Report	31/03/2023	↔	G
		Develop SoC for EPR	103344	CFO	G	SOC drafted and to be presented via internal governance to Trust Board in July	Finance & Digital Committee, Integrated Performance Report	31/07/2022	↔	G
	Establishing a network of Information Asset Owners		103344	CFO	G	Baselining of systems established and Programme Board for Systems Review established	Finance & Digital Committee, Integrated Performance Report	31/03/2023	↔	G

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Delivering long-term sustainability	Developing our Digital Skills	Implementing Digital Skills programme	103344	CFO	G	Smart Digital Care Programme established	Finance & Digital Committee, Integrated Performance Report	31/03/2023	↔	G
	Achieve financial plan ensuring underlying financial position is sustainable	Financial performance delivered sustainably	103353	CFO	A	Revised Annual Plan required from ICS/Trust on 20 June. The Trust is working with System Partners to develop revised plan.	Finance & Digital Committee, Integrated Performance Report	31/03/2023	↔	G
		Use of patient level costing and benchmarking to inform productivity and wider strategic programmes	103353	CFO	G	Pilot reporting with two Surgical specialities underway ahead of wider roll out.	Finance & Digital Committee, Integrated Performance Report	30/09/2022	↔	G
		Capital Programme delivery	103353	CFO	G	On track for delivery	Finance & Digital Committee, Integrated Performance Report	31/03/2023	↔	G
	Deliver efficiency and productivity improvements through the cost improvement programme	CIP and Transformation Programmes recurrently delivered	103353	CFO	A	Operational pressures impacting capacity of divisional teams to develop and deliver plans	Finance & Digital Committee, Integrated Performance Report	31/12/2022	↔	G
		Evaluation of investments	103353	CFO	G	Revised evaluation programme introduced. All approved investments require KPI baseline.	Finance & Digital Committee, Integrated Performance Report	31/12/2022	↔	G
	Delivering the first year of our Green Plan to embed sustainability into the organisational culture	Programme plan developed and delivery of key actions		CFO	R	Programme to be recommenced during Summer period. Limited capacity to support a challenge.	Finance & Digital Committee, Integrated Performance Report	31/03/2023	↔	G
	Start the delivery of the Stamford strategy			CMO	G	Discussed at STC and Stamford Project Board.	Board papers	31/03/2023	↔	G
	Ensure the theatres redevelopment is on track and on budget	All timeframes agreed in the programme plan are adhered to	103343	CSATO & Dep CEO	G	On track against plan.	Board papers	01/09/2022	↔	G
	Start the SoC for the HH redevelopment	Revised governance arrangements in place for redevelopment	103343	CSATO & Dep CEO	A	To be agreed in May.	Board papers	30/09/2022	↔	G
		Team in place with a programme delivery plan	103343	CSATO & Dep CEO	A	Some gaps. Nothing critical.	Board papers	30/09/2022	↔	G
	RAAC plan delivery	Annual plan of work in place and delivered	103343	CFO	G	Annual plan of work in place.	Finance & Digital Committee, Integrated Performance Report, FAC	30/06/2022	↔	G
	Transformation programme to support trust recovery and ICS transformation	Revised priorities agreed at TSIB and approved at STC		CSATO & Dep CEO	G	Priorities at TSIB in May.	Papers to TSIB	30/06/2022	↔	G
	Trust strategy has a strong communication and engagement plan with a robust monitoring system for delivery against the strategy	Comms plan and monitoring framework agreed with the board in April		CSATO & Dep CEO	G	Launched.	Board papers	30/04/2022	↔	G
		Six monthly review in place		CSATO & Dep CEO	G	Monitoring plan to be presented to the Board in June.	Board papers	30/06/2022	↔	G

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			Strategic Risk	Lead Executive	Current Risk Score	Target Risk Score				
			103350: Risk of patient harm due to the Trust not sustaining effective patient flow which will negatively impact on waiting times, safety, patient and staff experience*.	COO	20	10				
			103343: Risk to patient and staff safety at Hinchingbrooke Hospital due to old and non-compliant building and risk of RAAC panel failure*.	CFO	20	10				
			103348: The Trust is unable to recruit and develop sufficient numbers of qualified staff in a challenging labour market, and is unable to maintain good levels of staff experience in order to aid retention and become an employer of choice. These factors could impact on the delivery of safe services for our patients and on patient experience*.	CPO	20	8				
			103346: Failure to recognise and deliver fundamental standards of care has impacted on patient safety, experience and regulatory requirements, resulting in undertakings and poor CQC feedback*.	Chief Nurse	20	8				
			103353: This is a risk the Trust is unable to achieve financial balance as a consequence of increased resource requirements to meet service pressures and the national financial architecture	CFO	20↑	10				
			103438: Risk to delivery of patient services and data if the Trust does not treat information as critical asset and address cyber security threats	CFO	20↑	9				
			103349: As a result of the ongoing post-pandemic impact, there is a risk that the Trust is not able to safely restore all local and specialist services to previous levels of capacity which results in increased waiting times and poorer outcomes and experience for patients	CMO	16	8				
			103345: The Cambridgeshire and Peterborough ICS does not evolve into a fit for purpose integrated care system. There is also a risk associated with the Trust taking on responsibility as the MCP for the North Place in the absence of the resources and governance arrangements from the ICS and the Trusts own internal capacity and capability.	CSATO & Dep CEO	16↑	6				
			103344: Risk of major and / or repeated minor outages of technology infrastructure causing business interruption which impacts on the Trust being able to deliver safe and effective patient care at all times	CFO	15	5				
			103351: There is a risk that the recovery of Trust services perpetuates health inequalities	CMO	12	8				