

#	Descriptor and Objective	Number	Indicator	2022-23 Target	Position at Q3 2022	Source	Frequency
1	Quality - Provide outstanding care	1a	Maintain overall Care Quality Commission rating of Outstanding	Improved ratings for individual Key Lines of Enquiry	CQC rating: Outstanding	Formal assessment	Annual
		1b (1)	Patients/carers are satisfied with care delivered by our staff	90%	97.03%	FFT	Monthly
		1b (2)	FFT feedback questions to be available in the six languages most frequently requested for translation and other languages / formats available on request	Pass	In September the FFT survey became live with full translations into the most frequently translated languages: Lithuanian, Russian, Polish, Bengali, Urdu, Romanian and Portuguese. All languages can be accessed from the same survey link via a dropdown option at the top of the survey.	PPC	Apr 23
		1c	Our staff recommend the Trust as a place to receive treatment	Maintain or improve upon 2021 Annual Staff Survey response score	Recent figures not released	NHS Annual Staff survey & Quarterly Pulse Survey	Quarterly
		1d	Deliver the locally agreed patient related annual Equality Delivery System objectives:  <b>Patient/Service User Objective 1:</b> To commence collection of demographic data for people who give feedback.	Pass/Fail	Demographic data has started to be collected from our complaints process and will soon believe on our FFT returns.	Equality Delivery System	Quarterly

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			<b>Patient/Service user Objective 2:</b> To work with the data team and clinical services to target the collection of demographic data.		Plan: on track  The data team have been able to identify some baseline data sets. The EDI lead will now be taking a lead with this objective to target which data sets will be suitable for the demographic focus.  Plan: on track		
		1e	Safety – our staff feel able to speak up about patient safety issues	Maintain or improve 2021/22 score	On-going	Staff survey	Annual
		1f	Achieve overall mandatory training levels at 90% or greater	90%	Mandatory training – 94% for September 2022	ESR	Monthly
		1g	Increase the number of services supported by volunteers – at Q2, half of the 8 clinical groupings were supported by volunteers <sup>1</sup> and the intent is to introduce volunteers to the Dental Service and CYP Services in C&P	To baseline by end Q2 and set target for Q3 & Q4	Baseline set.  Directorates have been divided into 8 service lines – 50% of these service lines have volunteers working within them. The target is to increase this to 75%.	People Participation Committee	6 monthly
		1h	Achieve our target to recruit patients/service users to research studies	Pass/Fail	Pass*	Research Team	Quarterly

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		1i	Agree a new quality improvement framework and a plan for building improvement capability within the Trust	Pass/Fail	On-going  Updates have been provided to the Executive and Senior Leaders Team – training modules have been developed.	Quality and Service Re-Design Teams	Review end Q2
		<p><sup>1</sup> The 4 Directorates have been split into 8 clinical groupings for the purpose of this indicator. Large scale vaccination centres have not been included in our data due to the national position.</p> <p>* For <b>1h</b>, the team were notified on 7<sup>th</sup> November 2022 that the allocation of 221, for the Jitsuvax portfolio study, has been withdrawn on the ODP system due to potential web-based fraud unrelated to the Trust. The Clinical Research Network are currently investigating, we will provide an update when available. This has the potential to impact on our Research Capability Funding.</p>					
2	Collaboration - Collaborate with others	2a	The Princess of Wales Hospital site development plan milestones are achieved	Pass/Fail	Partial as original plans have been revised	Exec Team	Quarterly
		2b	C&P Children and Maternity Collaborative – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Ongoing	Exec Team	Annual
		2c	Bedfordshire Care Alliance – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Ongoing	Exec Team	Annual
		2d	The Norfolk CYP Services 'Integrated Front Door' programme is completed to schedule	Pass/Fail	Infrastructure work is completed and key leadership posts have been recruited to.	Exec Team	Annual

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					<p>System requirements to enable successful delivery have been identified in service specification and contract and the ICB is leading work to support the system changes required</p> <p>April's planned phased roll out delayed as we will be supporting the system by enabling an interim solution to screen and allocate referrals for Ormiston and the Mancroft Advice Project (MAP) as Ormiston single point of access is decommissioned at the end of March. Phased roll out now planned to re commence in the summer.</p>		
		2e	<p>Health Inequalities – a better understanding of whether we are reaching certain (ethnic or disabled) groups</p> <p>By Q2 – baseline our data suite to understand the quality of our data, the demography of population we see versus population in our catchment area and the demography of our waiting lists</p>	Developmental	Review end Q2	Data Team	Review end Q2
3		3a	Our staff recommend the Trust as a good place to work	Maintain or improve upon 2021 Annual	Achieved	NHS Annual Staff Survey	Quarterly

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				Staff Survey response score		& Quarterly Pulse Survey	
	<b>People</b> - Be an excellent employer	3b (1)	Achieve a good staff engagement rating – all staff	Maintain or improve upon 2021 Annual Staff Survey response score	Achieved	NHS Annual Staff Survey	Annual
		3b (2)	Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	To ensure that all BAME staff leaving the Trust are offered an exit interview – Pass/Fail from Q3	Achieved	HR	Quarterly from Q3
		3b (3)	Improve experience for disabled staff	Increase % of staff with long-lasting health conditions or illness saying the Trust has made adequate adjustments to enable them to carry out their work (2021	Achieved	NHS Annual Staff Survey	Annual

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				baseline 79.5%)			
		3c	Available staff have had an appraisal in the last 12 months	=>94%	87.2% (Dec 22)	ESR	Monthly
		3d	<p>Deliver the locally agreed staff related annual Equality Delivery System objectives:</p> <p><b>Workforce Objective 1:</b> To fully implement the actions identified following our review of the 'No More Tick Boxes' review of potential bias in recruitment practices</p> <p><b>Workforce Objective 2:</b> The Trust Board will role-model behaviours that support the Trust's ambition to be an anti-racist organisation including actively implement the Trust's and their personal anti-racism pledges to instil a sense of belonging for all of our staff.</p>	Pass/Fail	On track for delivery	Equality Delivery System	Quarterly
		3e	Monthly sickness absence below 4.5%	4.5%	7.56% (Dec 22)	ESR	Monthly
		3f	Reduce Annual Staff Turnover (excluding those leaving for reasons beyond the Trust's control)	Return to pre-pandemic level (March 2020 baseline TBA)	Not due yet	ESR	Annual
		3g	Maintain Mindful Employer Status	Pass/Fail	Achieved	HR Team	Annual
4	<b>Sustainability -</b> Be a sustainable organisation	4a	Achieve planned budget target	Pass/Fail	On target	Finance Report	Quarterly
		4b	Green Plan:			Green Plan	

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			<ol style="list-style-type: none"> <li>1. Establish Staff network and Net Zero Champions</li> <li>2. Increased awareness of Cycle to Work scheme</li> <li>3. All renewable energy contracts for estate in Trust direct control</li> </ol>	<ol style="list-style-type: none"> <li>1. Pass/Fail</li> <li>2. 5 more schemes agreed</li> <li>3. Pass/Fail</li> </ol>	<ol style="list-style-type: none"> <li>1. Pass</li> <li>2. Not yet due</li> <li>3. Not yet due</li> </ol>		<ol style="list-style-type: none"> <li>1. Oct 22</li> <li>2. Annual</li> <li>3. Mar 23</li> </ol>