Agenda item 11

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

Integrated Performance Report

2 August 2022

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Executive: **Laura Skaife-Knight, Deputy Chief Executive**

EXCELLENCE STARTS HERE

Executive Summary

Domain	Going Well	Cause for concern
Safe	• Safer staffing actual Vs Planned (RN/HCA) is slowly improving with fill rates >80% target, closely monitored and supported by staffing processes in place. • There has not been a significant decrease in falls in June but there has been a decrease in the numbers of falls resulting in patient harm. We remain below the National benchmarking data. • During Q1 2022/23 an overall decrease in falls is noted comparative to Q4 2021/22. Additional targeted actions planned to further support actions in the falls workplan.	• The number of hospital acquired pressure areas has increased slightly in June with themes identified of inconsistent evidence of application of the ASKINNs care bundle and inconsistent/timely provision of pressure relieving aids. Localised actions in place to address.
Effective	• Summary level Hospital Mortality Index (SHMI) continues to remain within tolerance threshold. • Stopping smoking at the time of delivery remains below the agreed threshold and is set to improve further with the recent appointment of healthcare improvement coach. • There were no preventable admissions to NICU in April and May 2022.	• In May 2022, there was a neonatal death due to streptococcal sepsis. • HSMR continues to remain outside of tolerance threshold but continues to decline gradually. However the reasons for this are fully understood.
Caring	• The timeliness of formal complaints within the 30 days remained at 100% for the fourth consecutive month.	• MSA breaches remain consistently high with incidents on Hyper Acute Stroke Unit (HASU), Critical Care, Coronary Care and the Surgical Assessment Unit (SAU). There have been no reported poor patient experience or dignity concerns. The breeches continue to be attributed to the capacity and demand challenges. • FFT levels of satisfaction for in-patients and day cases exceeds the 95%. Areas requiring further focus as not achieving the 95% are the Emergency Department, Outpatients and maternity. This is being addressed with the introduction of FFT advocates and targeted meetings between the leads and the ADCF to improve response rates.
Responsive	• There was one 104 week breach in month which was due to patient choice	• Sustained urgent and emergency care demand continues to have an adverse effect on ambulance handover times and ED 4 hour performance. • Diagnostic performance remained static in most test areas and markedly below the national standard.
Well Led (Finance)	• In June, the Trust's financial position is showing a deficit of £193k, which is £21k favourable to plan. • Cumulatively to June, the Trust's financial position is showing a deficit of £1,253k, which is 21k favourable to plan. • In June the CIP performance is £759k against the plan of £655k, a positive variance of £104k. • Cumulatively to June the CIP performance is £2,028k against the plan of £1,965k, £63k favourable to plan.	• The expenditure on agency staff is higher than the planned levels of spend with further workforce controls in place to monitor agency usage. • The levels of cash releasing CIP schemes need to be monitored with a deep dive into the CIP programme planned for September as part of the Finance and Activity Committee annual workplan.
Well Led (People)	• Overall appraisal rate increase by 8.14% in month all divisions and directorates have trajectories in place • Cohort 1 & 2 of High Performing Teams Programme commenced • Increase in apprenticeships and early careers development activity • 79% mandatory training compliance – all divisions and directorates have trajectories in place	• Labour turnover and vacancy rates increased • Medical job planning behind plan but new approach adopted based on assessing service requirements and the development of team based job plans

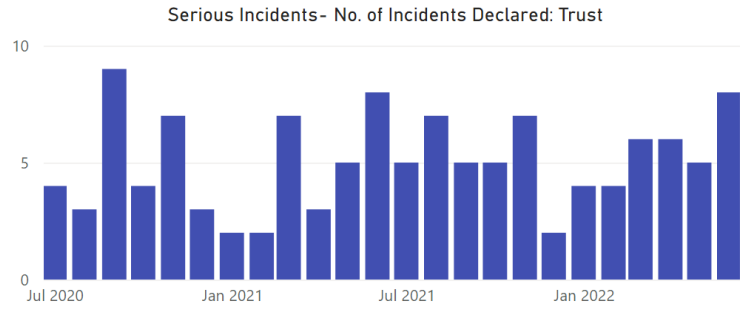
Safe Performance Summary

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
S001	Serious Incidents- No. of Incidents Declared	Jun 22	8	0		
S003	Serious Incidents - SI/NE investigations >60 days	Jun 22	1	0		
S004	Serious Incidents - Duty of candour compliance	Jun 22	100%	100%		
S005	VTE - % Assessments Completed	May 22	97.6%	97.24%		
S006	Falls(Harm_only) - Rate per 1,000_beddays	Jun 22	0.27	0.98		
S007	Pressure Ulcers - Rate per 1,000 beddays	Jun 22	0.59	0.41		
S008	Safer Staffing - RN and NA Fill Rates	Jun 22	86.77%	80%		
S009	Safer Staffing - Care Hours Per Patient Per Day	Jun 22	7.18	8		
S010	CDiff - Rate per 100,000 beddays	Jun 22	35.67	30.1		
S011	CDiff - Actual Cases	Jun 22	2	4		
S012	MRSA - Actual Cases	Jun 22	0	0		
S013	EColi - Rate per 100,000 beddays	Jun 22	26.16	16.4		
S014	EColi - Actual Cases	Jun 22	5	2		
S015	MSSA - Rate per 100,000 beddays	Jun 22	12.49	0		
S016	MSSA - Actual Cases	Jun 22	1	0		
S017	Cleanliness Scores - Very High Risk Areas	Jun 22	96.95%	95%		
S018	Cleanliness Scores - High Risk Areas	Jun 22	94.73%	95%		
S019	Cleanliness Scores - Significant Risk Areas	Jun 22	91.9%	95%		
S020	Cleanliness Scores Low Risk Areas	Jun 22	90%	95%		
S021	Cleanliness Audits Completed	Jun 22	55	37		
S022	Patient Safety - Alerts not completed by deadline	Jun 22	0	0		

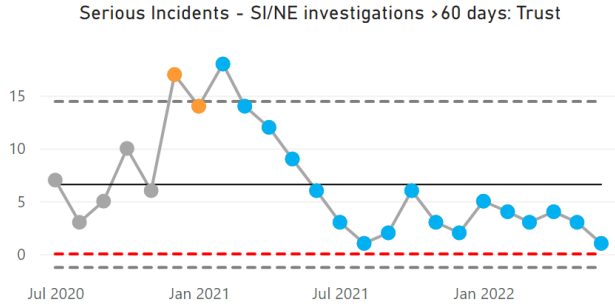
Domain Performance Summary:

- Safer staffing actual Vs Planned (RN/HCA) is slowly improving with fill rates >80% target
- There has not been a significant decrease in falls in June but there has been a decrease in the numbers of falls resulting in patient harm. We remain below the National benchmarking data.
- During Q1 2022/23 an overall decrease in falls is noted comparative to Q4 2021/22. Additional targeted actions planned to further support actions in the falls workplan.
- The number of hospital acquired pressure areas has increased slightly in June with themes identified of inconsistent evidence of application of the ASKINNs care bundle and inconsistent/timely provision of pressure relieving aids. Localised actions in place to address.
- 2 cases of Clostridium Difficile, 3 cases of E-Coli, 1 case of MSSA in June. Targeted education in place.

Safe	Serious Incidents, Duty Of Candour & VTE Assessments	Executive Lead	Louise Notley	Lead	Kelly Waterfield



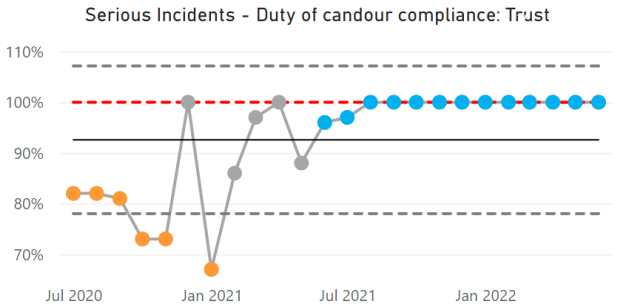
8	
Performance	
Jun 22	
Latest Date	
0	
Target	



Jun 22	1
Latest Date	Performance
0	6.58
Target	Mean

Variation Description

Assurance Description



Jun 22	100%
Latest Date	Performance
100%	92.58%
Target	Mean

Variation Description

Assurance Description

Issues/Performance Summary

- 8 Serious Incidents declared in June – an increase of 2 from previous month. 3 Serious Incidents relate to patients sustaining #NoF as a result of a fall. 1 Serious Incident relates to a patient delayed in being transferred from an ambulance into the Emergency Department.
- Sustained Duty of Candour (DoC) compliance 100% Phase 1.
- Phase 2 DoC dropped to 91.3% following 2 Breaches within the Division of W&C's.
- Continue to recover position in relation to Serious Incidents being investigated within 60 days with only 1 breach in June.

Planned/Mitigating Actions

- Falls operational group leading on falls prevention improvement work including a planned enhanced care pilot.
- Joint investigation with EEAST underway regarding related SI to ensure learning is jointly identified and shared.
- Formal letter sent to W&C Divisional Leadership Team regarding DoC Phase 2 breach outlining regulatory requirements. Immediate changes made by the Division to ensure robust monitoring and escalation in place to prevent further breaches.
- Daily tracking of open Serious Incident by the Patient Safety Team with clear escalation.
- Arrangements established to formally feedback to the reporter of incidents to promote staff engagement regarding patient safety.

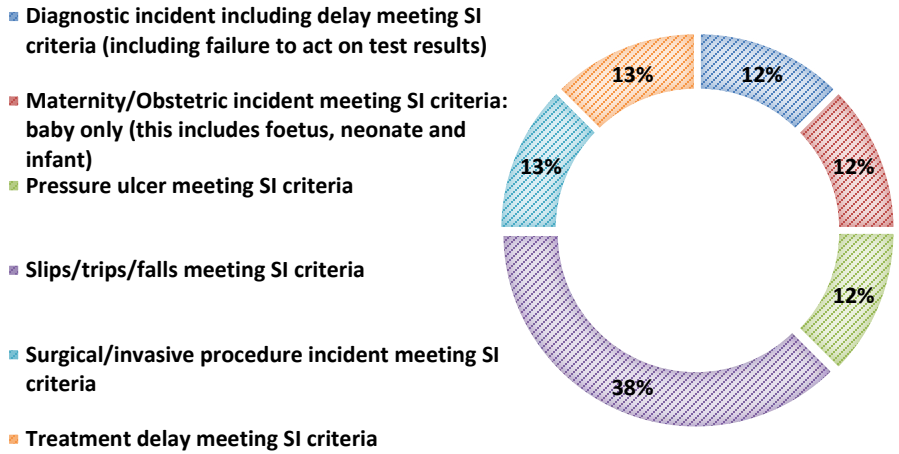
Assurance/Recovery Trajectory

- Impact of falls prevention measures will be monitored through Harm Free Care Forum and reported through as part of the Yr 3 Corporate objective - KSO1.
- Immediate changes made by W&C Division to ensure no further DoC breaches occur.
- Serious Incident investigation standard - plan to recover position by end of July 2022 as agreed. However, there is a risk this trajectory could be impacted by further operational pressures.
- Quality of SI reports remains of a high standard with Executive sign off prior to submission, with QEH reports being used by N&W CCG as good examples for other organisations.

Safe	Serious Incidents, Duty Of Candour & VTE Assessments	Executive Lead	Louise Notley	Lead	Kelly Waterfield

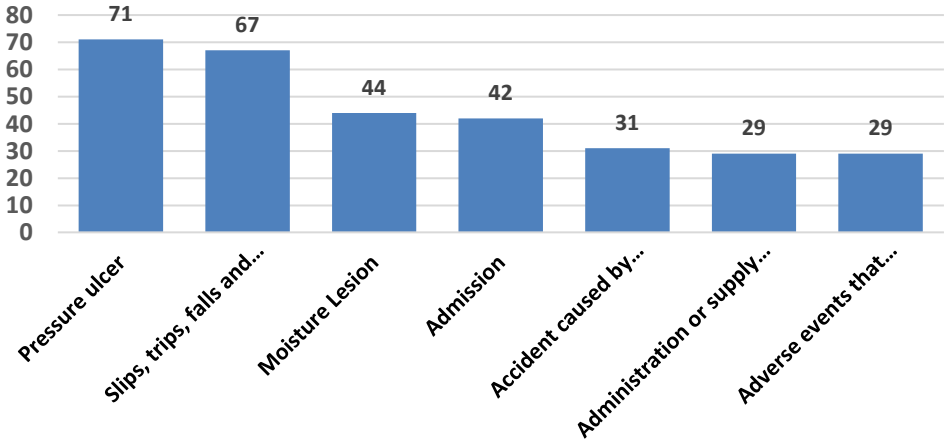
Thematic Review of Patient Safety Incidents:
01/06/22 – 30/06/22 (660 incidents were reported)

8 DECLARED SERIOUS INCIDENTS



Pressure Ulcers: 22.5% (16/71) were hospital acquired pressure ulcers; **6.25% (1/16)** had Moderate Harm Attributed.
Slips, Trips, Falls and Collisions: 5.9% (4/67) with Moderate Harm and above Attributable; **2.9% (2/67)** were declared as SI investigations.
Moisture Lesions: 20.4% (9/44) were hospital acquired moisture lesions; **0% (0/44)** had no Moderate Harm or above Attributed.
Admission: 2.3% (1/42) had Moderate Harm Attributed. Incident themes within this area included: 12-hour Trolley waits within the Emergency Department (ED), Capacity and Flow issues, Unexpected re-admission or re-attendance predominantly on Castle Acre Ward and Mixed Sex Accommodation Breaches within West Raynham Ward, Critical Care, Coronary Care.
Accident caused by some other means: 0% (0/31) had no Moderate Harm Attributed.
Administration or supply of a medicine from a clinical area: 3.4% (1/29) had Moderate Harm Attributed**; 48.8% (13/29)** of the incidents related to missed administration of medication.
Adverse events affecting staffing levels: 0% (0/29) staffing incidents had no Moderate Harm Attributed. These incidents were reported across the divisional wards and departments.

Key Incident Category Ranking Themes

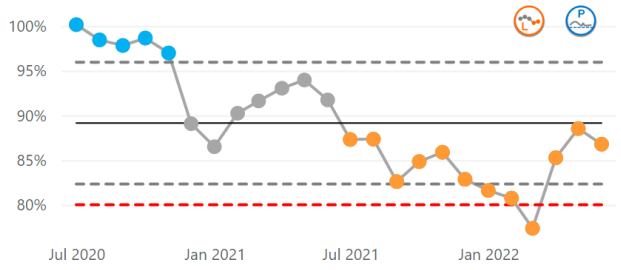


Whistleblowing (WB) 0 CQC WB enquiry received.
Freedom To Speak Up (FTSU) 11 FTSU issues raised.

- 6 - Staffing
- 1 - Lack of Equipment
- 1 - Staff Behaviour
- 1 - Staff Safety
- 1 - Occupational Health
- 1 – Ongoing HR Issue

Safe	Safer Staffing, Falls and Pressure Ulcers	Executive Lead	Alice Webster	Lead	Karen McGuire

Safer Staffing - RN and NA Fill Rates: Trust



Jun 22	86.77%
Latest Date	Performance
80%	89.13%
Target	Mean

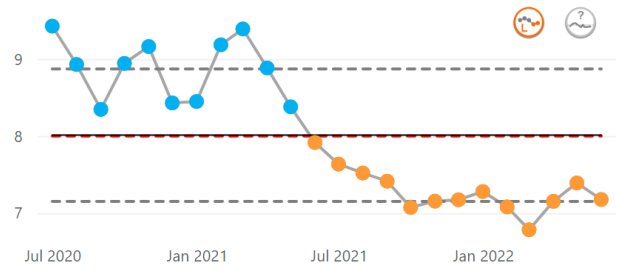
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (P)assing the target

Safer Staffing - Care Hours Per Patient Per Day: Trust



Jun 22	7.18
Latest Date	Performance
8	8.01
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

- Overall staffing actual vs planned RN/HCA slowly improving with actual vs planned above 80%.

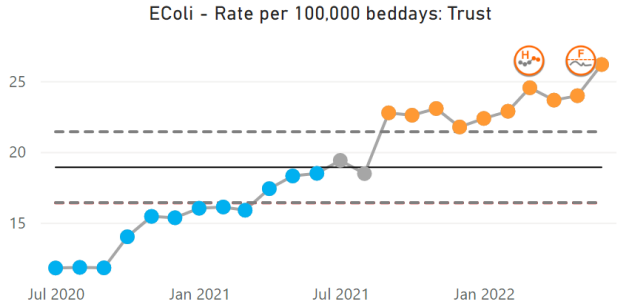
Planned/Mitigating Actions

- Staffing planning, review, and escalation processes remain in place.
- Local/International recruitment plan (and trajectory) in place.
- Reviewed and revised HCA recruitment and induction plan commenced June 22.
- Establishment template review underway.

Assurance/Recovery Trajectory

- Ongoing governance processes in place to manage safe staffing.
- Recruitment/training plans in place with improvement trajectories.

Safe	E Coli & MSSA	Executive Lead	Alice Webster	Lead	Ange Howling



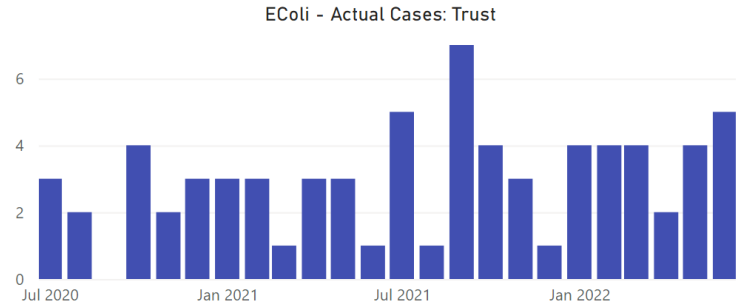
Jun 22	26.16
Latest Date	Performance
16.4	18.92
Target	Mean

Variation Description

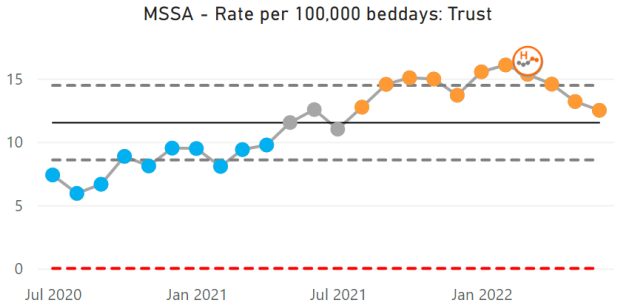
Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target



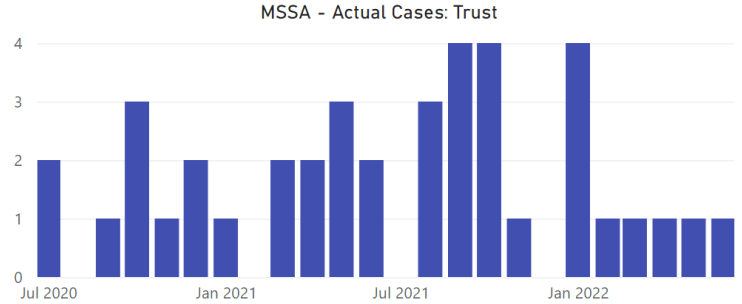
5
Performance
Jun 22
Latest Date
2
Target



Jun 22	12.49
Latest Date	Performance
	11.51
	Mean

Variation Description

Special Cause (unexpected) variation - Concern (H)



1
Performance
Jun 22
Latest Date

Issues/Performance Summary

MSSA

- One case MSSA was reported in June 2022 (1 HOHA).
- Case remains under review.

E-Coli

- Threshold set for Escherichia coli (E.coli) for 2022/23 - 59 healthcare associated case.
- Three cases of hospital onset E. coli were reported in June 2022.
- Cases reviewed at surveillance meeting with Infection Prevention Team, Consultant Microbiologist and Infection Control Doctor – no lapses in care identified.

Planned/Mitigating Actions

MSSA

- Post Infection Reviews undertaken for case, process supported by Healthcare Board IPC colleagues.
- Bespoke education / training provided to affected area.
- Supportive programme of audit including hand hygiene, PPE usage, isolation and environmental cleaning in place.
- Review of individual cases to reduce any further transmission.
- Discussing individual cases with Ward Managers/Matrons, escalating concerns at senior meetings/governance reports.

E-Coli

- Antibiotic stewardship and engagement - IPCT presently working with wider Trust Team (Infection Control Dr, Pharmacist Lead and Anti-microbial Lead) to review the anti-microbial strategy and working group in order to influence/support future work.
- Bespoke education / training on affected areas.
- Practice Development Nurses provide training (ANTT).
- Review of individual cases to reduce any further transmission.
- Supportive programme of audit including hand hygiene, PPE usage, isolation and environmental cleaning in place
- Discussing individual cases with Ward Managers/Matrons, escalating concerns at senior meetings/governance reports.

Assurance/Recovery Trajectory

- Continued actions in place.

Risks

- No dedicated Antimicrobial Lead from June 2022 – supportive cover provided by NNUH.
- Compliance with Infection Prevention and Control Policies.
- Ageing estate compromises bed utilisation – isolation rooms make up less than 10% of the estate.
- Reconfiguration of services / pathways as part of COVID-19 exit plan.
- Reduced resources in IPC Team (Data analyst).

Safe - Peer Benchmarking Summary

	Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
19	C.difficile (Hospital Onset)	Apr 22	20.62	20.2	L ?		35
47	E.coli (All Cases)	Apr 22	136.2	119.8	L P		46
48	MRSA (All Cases)	Apr 22	1.61	**1.8**	L ?		49
49	MSSA (All Cases)	Apr 22	41.41	32.6	H P		66

Domain	Key Performance Indicator	National Rank	National Org Count	Peer Group Rank	Peer Group Count
Safe	C.difficile (Hospital Onset)	90	137	8	14
Safe	E.coli (All Cases)	75	137	6	14
Safe	MRSA (All Cases)	71	137	9	14
Safe	MSSA (All Cases)	47	137	3	14

Peer Benchmark Trusts

Name
Chesterfield Royal Hospital NHS Foundation Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust
Shrewsbury and Telford Hospital NHS Trust
St Helens and Knowsley Teaching Hospitals NHS Trust
The Princess Alexandra Hospital NHS Trust
University Hospitals of Morecambe Bay NHS Foundation Trust
Warrington and Halton Hospitals NHS Foundation Trust
West Suffolk NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wye Valley NHS Trust
Yeovil District Hospital NHS Foundation Trust
Plymouth Hospitals NHS Trust

Please refer to Appendices A & B included at the end of this presentation for further details/explanations on the benchmarking metrics shown above.

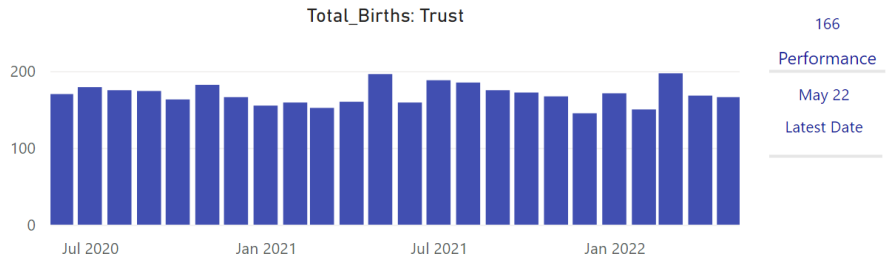
Effective Performance Summary

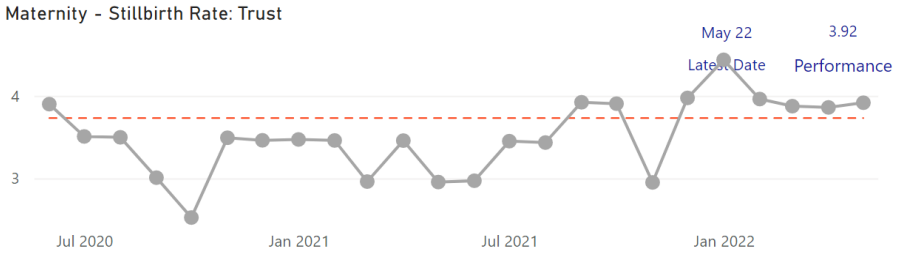
KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
E001	Total_Births	May 22	166	0		
E002	Maternity - Stillbirth Rate	May 22	3.92	3.73		
E003	Maternity - Neonatal Deaths_Rate	May 22	0.49	1.06		
E004	Maternity - Extended Perinatal Deaths Rate	May 22	4.41	4.79		
E005	Maternity - Maternal_Deaths	May 22	0	0		
E006	Maternity - Total LSCS rate	May 22	33.54%	25%		
E007	Maternity - Emergency LSCS rate	May 22	18.63%	15%		
E008	Maternity - Elective LSCS rate	May 22	14.9%	10%		
E009	Maternity - Term admissions to the NNU	May 22	4.05%	6%		
E010	Maternity - Avoidable Term admissions to the NNU	May 22	0%	0%		
E011	Maternity - Breastfeeding initiation	May 22	81.92%	70%		
E012	Maternity - Breastfeeding on_discharge from_hospital	May 22	61.53%	60%		
E013	Maternity - PPH	May 22	1.81%	3%		
E014	Maternity - 3rd 4th degree tears	May 22	4.25%	3.5%		
E015	Maternity - Smoking at booking	May 22	18.36%	18.6%		
E016	Maternity - Stopped smoking by delivery	May 22	61.01%	44.7%		
E017	Maternity - Smoking at time of delivery	May 22	8.07%	0%		
E018	HSMR - Crude Rate	Mar 22	4.28	3.18		
E019	HSMR - Relative Risk	Mar 22	117.86	0		
E020	HSMR - Relative Risk (Weekday)	Mar 22	113.36	0		
E021	HSMR - Relative Risk (Weekend)	Mar 22	128.88	0		
E022	SHMI	Nov 21	101.44	100		
E023	Cardiac Arrest - Rate per 1000 Admissions	May 22	1.44	2		
E024	Research - No. of patients recruited in NIHR studies	Jun 22	77	63		

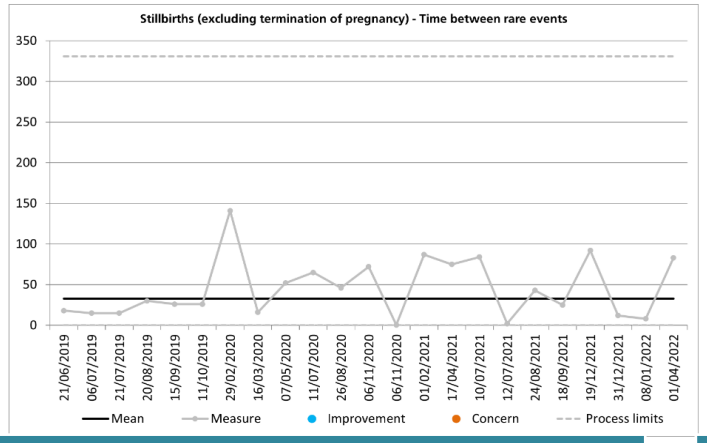
Domain Performance Summary:

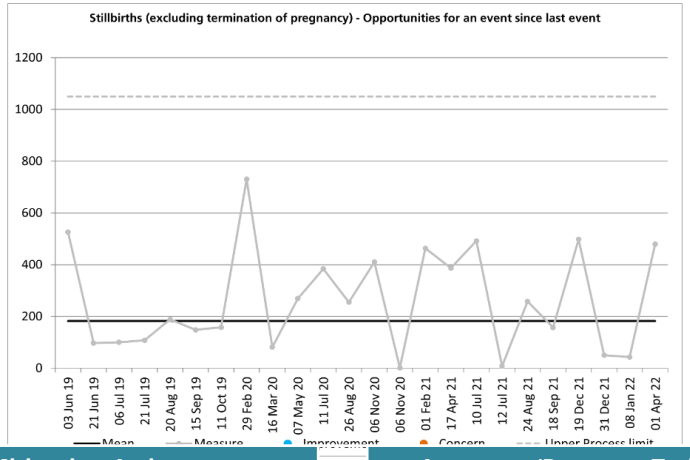
- There were no avoidable admissions to NICU in April and May 2022.
- In May 2022, there was a neonatal death due to streptococcal sepsis. ATTAIN review did not identify any immediate concerns but HSIB review is ongoing and outcomes of this will be updated in due time.
- Breast feeding initiation and at discharge continue to be above the agreed thresholds. Appointment of the breast feed support worker is set to improve sustenance rates in mothers.
- Stopping smoking at the time of delivery continues to remain above the agreed thresholds and CO screening rates that support this improvement is improving since re-introduction post pandemic.
- National mortality metric SHMI remains expected but HSMR continues to remain outside of tolerance thresholds mostly attributable to reduced levels of activity and low palliative care provision in the deceased.

Effective	Maternity - Births/Stillbirths	Executive Lead	Raghuraman Govindan	Lead	Lisa Cooke









Issues/Performance Summary

- There were 168 births in April 22 and 166 Births in May 22. 55% of these were spontaneous vaginal deliveries and 12 % were assisted instrumental deliveries.
- Staffing levels within the maternity unit continue to pose a risk to service delivery. This is currently managed through long term agency locum appointments and supported by specialist teams working in maternity. This situation is expected to improve in September when a new influx of midwives is expected.
- There were no still births in April and May 2022.
- Prompt training that supports safe delivery of care for mothers and children have restarted and compliance is being monitored through the division.

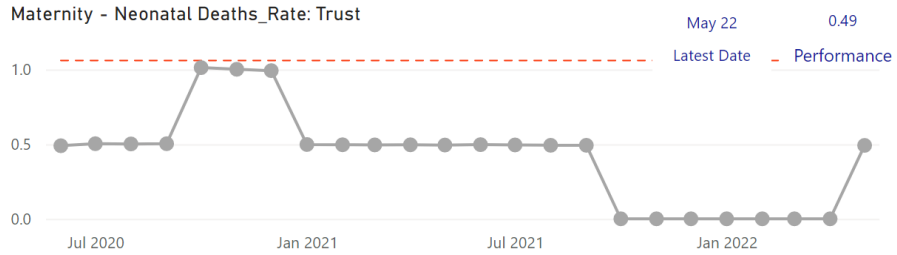
Planned/Mitigating Actions

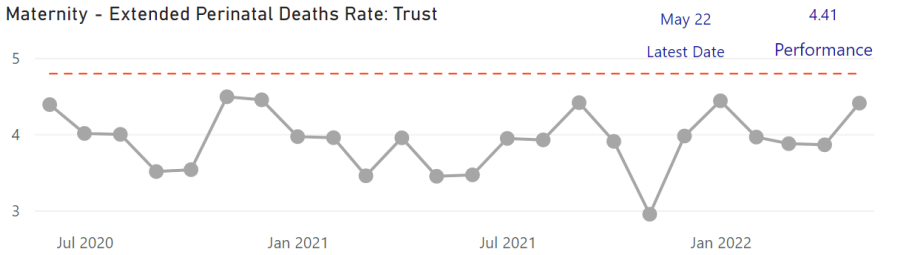
- This is currently managed through long term agency locum appointments and supported by specialist teams working in maternity. This situation is expected to improve in September when a new influx of midwives is expected.

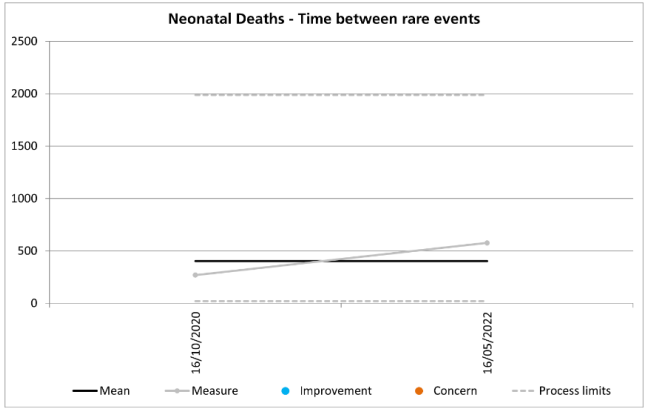
Assurance/Recovery Trajectory

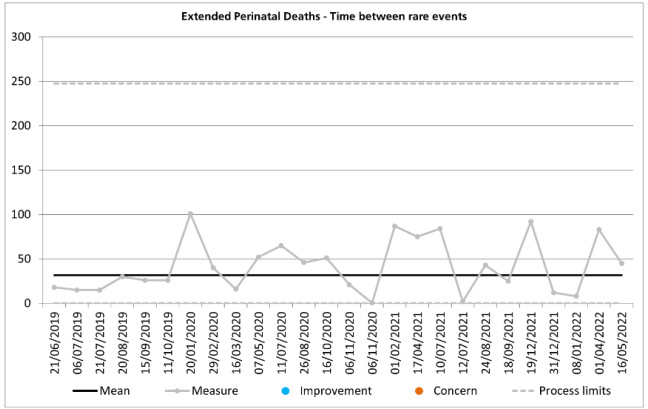
- Staffing levels are expected to improve by September. However the current mitigations in place support safe service delivery.

Effective	Maternity - Neonatal & Extended Perinatal	Executive Lead	Raghuraman Govindan	Lead	Lisa Cooke









Issues/Performance Summary

- Neonatal death rate remains well within tolerance threshold.
- There was a neonatal death reported in May 2022 due to streptococcal sepsis. ATTAIN review following this event did not reveal any immediate concerns. However his care will be reviewed through Healthcare Safety Investigation Branch (HSIB)

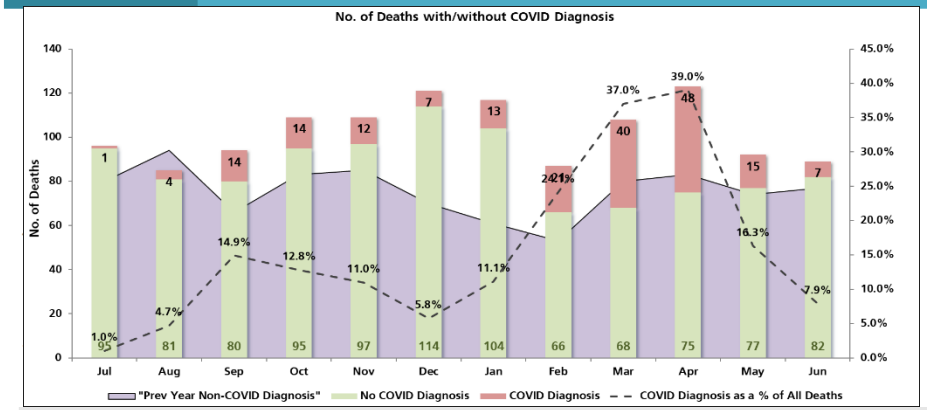
Planned/Mitigating Actions

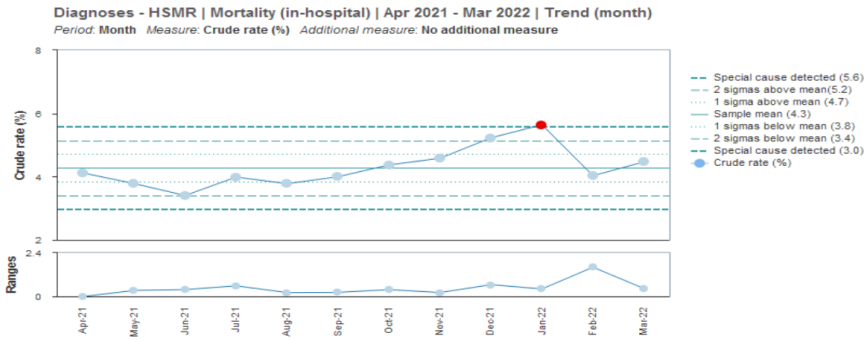
- We have well established monitoring and intervention processes established within maternity services and corporate (patient safety services) which tracks these incidents and where appropriate makes the necessary interventions.

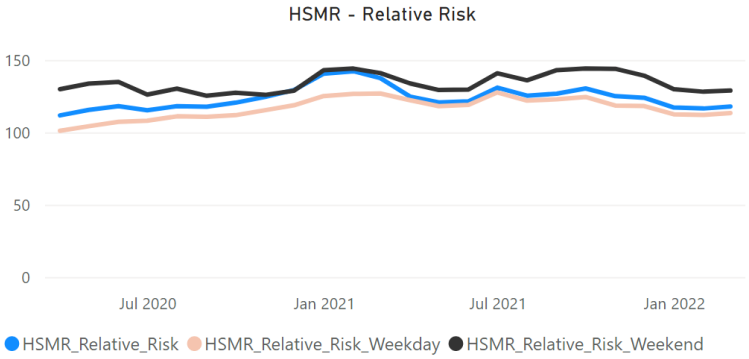
Assurance/Recovery Trajectory

- There were no immediate concerns at the ATTAIN review and we will be implementing any actions advised by HSIB following the review.

Effective	HSMR - Crude Rate & Relative Risk	Executive Lead	Raghuraman Govindan	Lead	Lisa Cooke





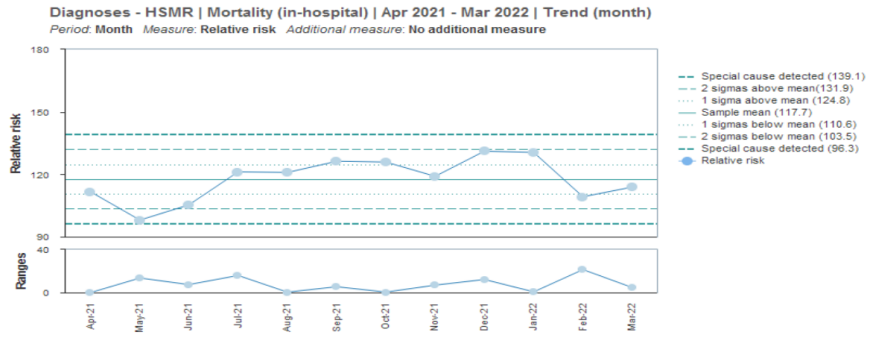


117.86

Performance

Mar 22

Latest Date



Issues/Performance Summary

- HSMR has remained at 117.86 for April 21 to March 22, we had predicted a greater improvement however the rebase of the HSMR and the lower overall admission levels has prevented this.
- Activity in June was lower than in previous months due to the extra bank holiday, and still below pre-pandemic levels – as activity increases, it is anticipated that both SHMI and HSMR will fall further as the denominator of total episode increases.
- In June 2022 there were 89 deaths. There were 77 deaths in June 2021 and 70 in 2020. 43 out of the 89 deaths in June were in patients aged 80 or over, of this number 14 were aged 90 or above.

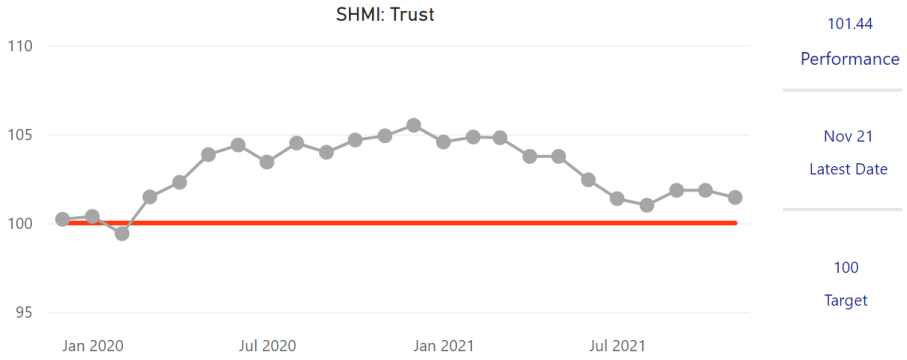
Planned/Mitigating Actions

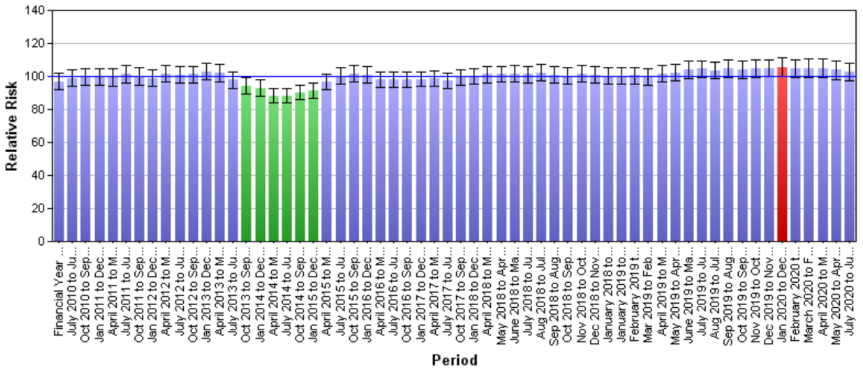
- The Trust Mortality lead continues to address the backlog of SJRs accumulated due to the workload pressures during the pandemic.. This role will be instrumental in setting and monitoring SJR+ completion with a view to extracting trust wide learning.
- We continue to attend the NHSE/I Better Together Trust Mortality Leads forum to ensure best practice is captured and used within the Trust.
- Further extension of the reach of the palliative care team is also expected to lead to an improved HSMR

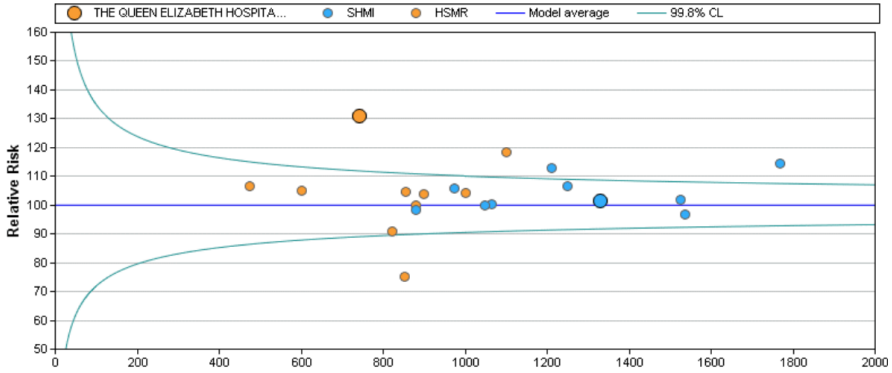
Assurance/Recovery Trajectory

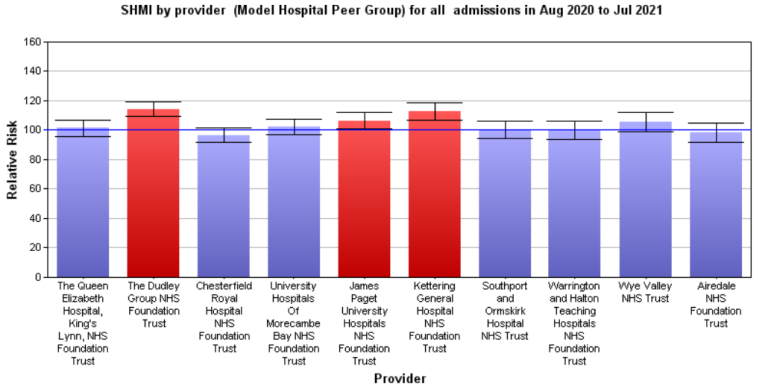
- We haven't seen the predicted improvement in the HSMR we expected. Work will continue on analysing the primary diagnosis to improve documentation.
- We continue to implement the actions from the Learning from Deaths plan.

Effective	SHMI	Executive Lead	Raghuraman Govindan	Lead	Lisa Cooke









Issues/Performance Summary

- The SHMI remains within the "as expected" banding at 103.17 for the period February 2021 to January 2022. The SHMI has remained stable within the national funnel plot throughout the pandemic, noting that COVID deaths are excluded from this measure, although as above HSMR is elevated.

Planned/Mitigating Actions

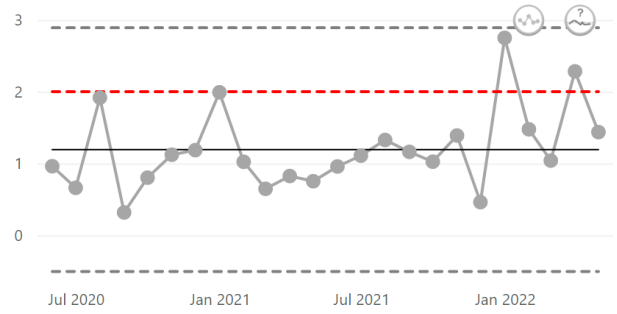
- All actions undertaken for the HSMR except for those pertaining to palliative care will have the same impact within the SHMI.

Assurance/Recovery Trajectory

- The SHMI is expected to reduce further in the next quarter as the excess deaths from early 2021 will no longer be included and increased activity levels will be reflected in this reporting period.
- All deaths continue to be reviewed by the medical examiner. Where concerns have been raised, a full confirmation and validation of the events are undertaken. The outcome of the investigation is fed into our SJR+ reporting tool to ensure that we learn from any deaths which occur.

Effective	Cardiac Arrest & Research	Executive Lead	Raghuraman Govindan	Lead	Lisa Cooke

Cardiac Arrest - Rate per 1000 Admissions: Trust



May 22	1.44
Latest Date	Performance
2	1.19
Target	Mean

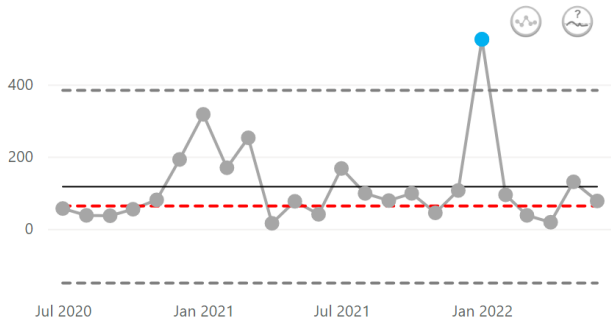
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Research - No. of patients recruited in NIHR studies: Trust



Jun 22	77
Latest Date	Performance
63	116.5
Target	Mean

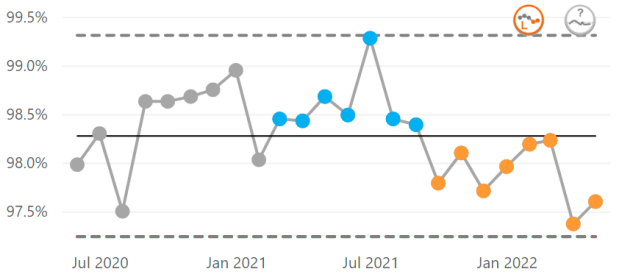
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

VTE - % Assessments Completed: Trust



May 22	97.6%
Latest Date	Performance
97.24%	98.27%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

- Cardiac arrest rates remain below maximum expected numbers and within common cause variation. Owing to data lag, there is potential for this to be corrected upwards.
- There were 8 reportable cardiac arrests on our wards and departments (4x wards, 2x ITU 2x ED) in May 2022.
- VTE Assessment rates remain above the agreed threshold of 97.24%.
- Number of patients recruited into NIHR studies remain above the agreed threshold of 63 per month.

Planned/Mitigating Actions

- Cardiac arrest tolerance threshold continues to be exceeded or met owing to a combination of unpredictability in deterioration of patients, and variation in effectiveness of escalation and anticipatory decision-making.
- Introduction of EPMA has improved compliance in all clinical areas.
- Open 50% of approved commercial studies in next quarter
- Recruit at least one patient to commercial studies in next quarter (CRN HLO 2)
- Launch new research website

Assurance/Recovery Trajectory

- Currently all these domains have been embedded as business as usual.

Effective - Peer Benchmarking Summary

	Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
6	Bed Occupancy - General & Acute	Q4 21/22	90.52%	87.5%	C ?		58
10	Day Surgery Rate	Apr 22	88.96%	89.0%	H ?		69
825	Diagnostic activity levels - Total	Apr 22	11,231	**6,533**	C F		30
9	Hip Fracture Best Practice	Jun 22	44.4%	63.2%	C P		73
32	Outpatient DNA Rate	Apr 22	7.12%	**7.5%**	H ?		51
232	Outpatient Follow Up Ratio	Apr 22	2.12	**2.6**	C F		34
217	Spent >90% of stay on stroke unit	Q3 21/22	78.5%	**63.2%**	L F		16

Domain	Key Performance Indicator	National Rank	National Org Count	Peer Group Rank	Peer Group Count
Effective	Bed Occupancy - General & Acute	67	158	5	14
Effective	Day Surgery Rate	49	158	7	14
Effective	Diagnostic activity levels - Total	111	159	13	14
Effective	Hip Fracture Best Practice	19	68	1	6
Effective	Outpatient DNA Rate	81	165	7	14
Effective	Outpatient Follow Up Ratio	109	164	6	14
Effective	Spent >90% of stay on stroke unit	94	112	12	14

Peer Benchmark Trusts

Name	
Chesterfield Royal Hospital NHS Foundation Trust	University Hospitals of Morecambe Bay NHS Foundation Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Warrington and Halton Hospitals NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust	West Suffolk NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust	Wirral University Teaching Hospital NHS Foundation Trust
Shrewsbury and Telford Hospital NHS Trust	Wye Valley NHS Trust
St Helens and Knowsley Teaching Hospitals NHS Trust	Yeovil District Hospital NHS Foundation Trust
The Princess Alexandra Hospital NHS Trust	Plymouth Hospitals NHS Trust

Please refer to Appendices A & B included at the end of this presentation for further details/explanations on the benchmarking metrics shown above.

Caring Performance Summary

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
C001	Mixed Sex Accommodation - No. of Incidents	Jun 22	7	0		
C002	Mixed Sex Accommodation - No. of Breaches	Jun 22	33	0		
C003	Dementia - Screening Performance	Apr 22	95.04%	90%		
C004	FFT - (IP & DC) % "Very_Good" or "Good"	Jun 22	96.53%	95%		
C005	FFT - (AE) % "Very Good" or "Good"	Jun 22	69.36%	95%		
C006	FFT - (OP) % "Very Good" or "Good"	Jun 22	92.41%	95%		
C007	FFT - (Mat - Antenatal) % "Very Good" or "Good"	Jun 22	90.9%	95%		
C008	FFT - (Mat - Labour) % "Very Good" or "Good"	Jun 22	88.23%	95%		
C009	FFT - (Mat - Postnatal) % "Very Good" or "Good"	Jun 22	85.71%	95%		
C010	FFT - (Mat - Comm Postnatal) % "Very Good" or "Good"	Jun 22	92.3%	95%		
C011	Complaints - No. of Clinical & Non-Clinical	Jun 22	8	0		
C012	Complaints - 30 Day Response Rate	Jun 22	100%	90%		
C013	Complaints - Rate per AE/IP/OP Activity	Jun 22	0.03%	0%		
C014	Complaints - % Reopened Complaints	Jun 22	0%	15%		

Domain Performance Summary:

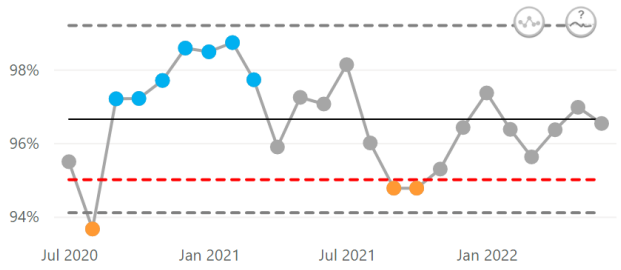
- MSA breeches remain consistently high with incidents on Hyper Acute Stroke Unit (HASU), Critical Care, Coronary Care and the Surgical Assessment Unit (SAU). There have been no reported poor patient experience or dignity concerns. The breeches continue to be attributed to the capacity and demand challenges.

- FFT levels of satisfaction for in-patients and day cases exceeds the 95%. Areas requiring further focus as not achieving the 95% are the Emergency Department, Outpatients and maternity. This is being addressed with the introduction of FFT advocates and targeted meetings between the leads and the ADCF to improve response rates.

- The timeliness of formal complaints within the 30 days remained at 100% for the fourth consecutive month.

Caring	Friends & Family Test - Inpatient & Daycase, AE & Outpatients	Executive Lead	Alice Webster	Lead	Jo Donovan

FFT - (IP & DC) % "Very_Good" or "Good": Trust



Jun 22	96.53%
Latest Date	Performance
95%	96.65%
Target	Mean

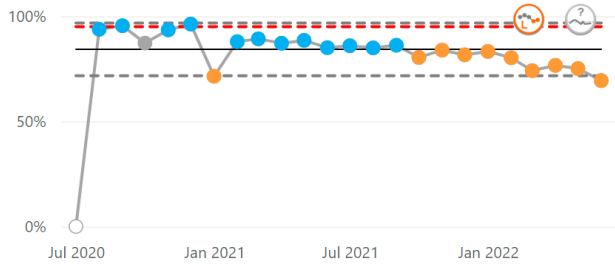
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

FFT - (AE) % "Very Good" or "Good": Trust



Jun 22	69.36%
Latest Date	Performance
95%	84.19%
Target	Mean

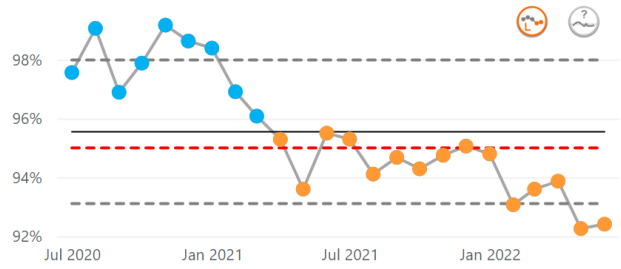
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

FFT - (OP) % "Very Good" or "Good": Trust



Jun 22	92.41%
Latest Date	Performance
95%	95.55%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

- The level of satisfaction from inpatients and day cases exceeds the target of 95% satisfaction.
- The areas of concern continue to relate to A&E and outpatients, neither areas have met the levels of satisfaction target of 95%.
- Positive themes - Staff attitude, implementation of care and waiting times.
- Areas for improvement - Staff attitude, waiting times and the environment.

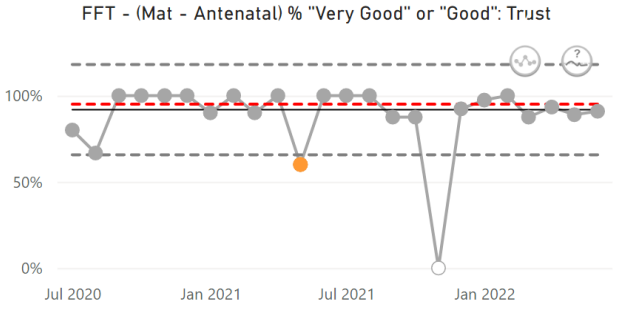
Planned/Mitigating Actions

- ADCF is continuing to meet with each of the department managers and two FFT advocates from the department to discuss improvement to the response rate.
- Monthly meeting includes discussion of results, areas for praise and improvement and sharing of learning.

Assurance/Recovery Trajectory

- Caring with Kindness programme has been rolled out to increased numbers staff with plans to expand to staff of various banding and also reviewing a course for medical colleagues.
- Continued upgrade/new environment projects in progress currently including the opening of the Emerson Unit, West Norfolk Eye Centre and the planned opening of our new Endoscopy Unit.

Caring	Friends & Family Test - Maternity	Executive Lead	Alice Webster	Lead	Jo Donovan



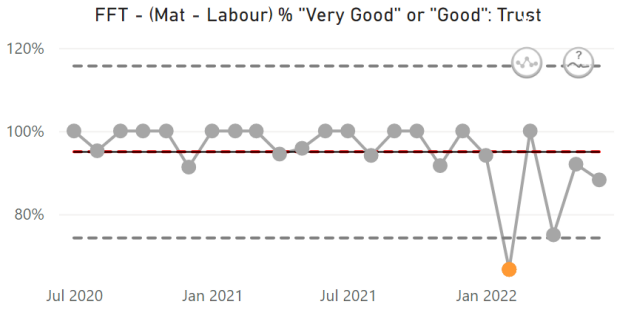
Jun 22	90.9%
Latest Date	Performance
95%	91.82%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target



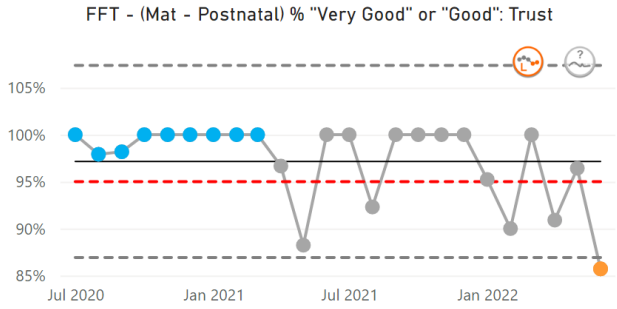
Jun 22	88.23%
Latest Date	Performance
95%	94.94%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target



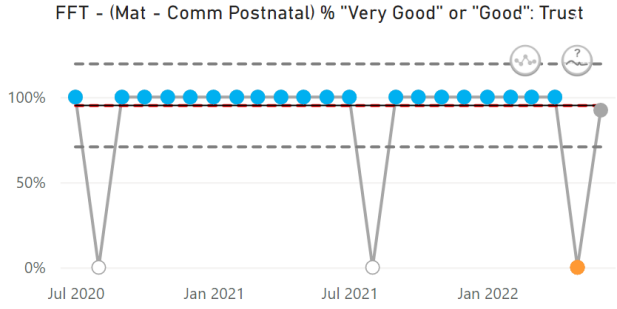
Jun 22	85.71%
Latest Date	Performance
95%	97.15%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target



Jun 22	92.3%
Latest Date	Performance
95%	95.1%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

- The level of satisfaction from antenatal, Labour and post-natal patients are below the target of 95%.
- Positive themes - Staff attitude, implementation of care and communication.
- Areas for improvement - Staff attitude, waiting times and the implementation of care.

Planned/Mitigating Actions

- ADCF meeting with Head of Midwifery to discuss options on improvement to the response rate.
- Monthly meeting includes discussion of results, areas for praise and improvement and sharing of learning.

Assurance/Recovery Trajectory

- Actions aimed at improving the consistency of responses, the new estates is expected to increase the satisfaction rates alongside the ongoing work within Division to address the themes emerging/culture.

Ward Level Indicators for the month of May-22

May-22	Indicator Description	Data Source	Den	Elm	SAU	Gayt	SAND	C Care	Nec	Oxb	A&E	Stan	Sho	Til	West New	West Ray	Wind	AMU	TSS	Mar	NICU	C Acre	CDS	MLBU	Rud	Lev	Felt	AEC	TIU	Non IP Wards /Area	Trust
Incidents & IPACS	Total Incidents (SI's, Falls, PU's & Drug Errors)	DATIX via Risk Mng't	3	3	1	4	3	2	2	1	4	5	3	4	9	6	7	7	4	5	5	2	1	0	2	7	3	1	0	8	107
	Serious Incidents		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
	Drug Administration Errors		3	0	0	1	0	1	1	0	2	1	0	0	0	3	3	2	1	1	5	2	1	0	2	0	4	0	0	3	38
	All Drug Errors (inc Admin)		5	0	0	3	2	1	2	2	3	2	0	1	0	4	4	5	5	2	6	3	1	1	3	0	3	0	0	11	71
	Falls Total		0	3	1	3	2	0	1	0	2	3	2	4	8	3	3	5	3	4	0	0	0	0	0	7	3	1	0	2	61
	Pressure Ulcers - Deep Tissue Injury (DTI)		0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	Pressure Ulcers - Unstageable		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	H/A Pressure Ulcers Grade 2		0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	H/A Pressure Ulcers Grade 3		0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	H/A Pressure Ulcers Grade 4		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	C.Diff > 2 Days	IPACS	0	0	0	1	0	0	0	1	0	0	0	0	1	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MSSA		0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	E.Coli		1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	ESBL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Psuedomonas		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Klebsiella		0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Patient Experience	Complaints	Complaints Dept	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Compliments		1	0	0	3	5	1	8	2	0	6	6	10	2	4	6	0	2	12	0	0	0	0	2	1	2	0	0	48	121
	Family And Friends Response Rate	Meridian	24.5%	16.3%	16.6%	17.0%	26.5%	200.0%	15.0%	15.9%	0.0%	34.9%	53.3%	52.5%	28.6%	32.5%	16.3%	44.2%		46.4%	109.1%				27.7%		31.6%				
	Family And Friends (% Recommended)		100.0%	90.3%	96.2%	97.2%	100.0%	100.0%	100.0%	90.9%	95.2%	94.8%	100.0%	85.7%	100.0%	94.9%	100.0%	96.4%		96.7%	100.0%	100.0%	100.0%		97.9%	100.0%		95.7%	100.0%		
Safe Staffing	Fill Rate Registered	Info Serv via M Qlikide	92.2%	121.8%	82.5%	100.2%	86.3%	87.4%	92.4%	90.8%		80.2%	91.4%	96.3%	90.6%	95.3%	90.2%	86.4%	94.0%	91.6%	101.6%	70.4%	72.3%		98.5%	90.5%	81.7%				89.6%
	Fill Rate Unregistered		86.0%	88.6%	92.1%	87.1%	78.9%	70.2%	89.5%	86.7%		84.3%	84.1%	79.2%	94.3%	98.1%	90.6%	73.7%	78.3%	83.3%	96.9%	89.7%	87.8%		104.9%	91.6%	84.2%				86.7%
	CHPPD		5.6	5.6	15.7	6.1	10.0	28.5	6.1	5.7		7.4	7.2	7.0	7.5	7.4	5.7	7.6	5.8	5.7	24.4	7.0	21.7		11.5	5.3	5.2				7.4
Staff Experience	Appraisals	WS Team	68.4%	89.3%	81.0%	76.2%	74.5%	89.6%	94.9%	56.1%	50.0%	83.7%	86.4%	86.7%	54.7%	87.2%	48.8%	84.4%	77.1%	55.8%	93.2%	56.1%	54.9%	57.6%	56.7%	52.0%	55.6%	78.6%	100.0%		57.4%
	Sickness		13.1%	11.8%	1.3%	7.6%	6.0%	4.0%	7.0%	9.4%	9.1%	9.8%	2.0%	6.3%	10.3%	8.2%	8.2%	5.7%	3.3%	1.3%	3.7%	5.9%		4.8%	1.4%	2.9%	11.5%	6.2%	1.8%		5.8%
	Vacancies		19.9%	16.6%	19.2%	16.7%	19.0%	1.1%	25.8%	18.7%	7.4%	20.9%	1.9%	6.1%	20.0%	10.7%	17.6%	29.3%											2.8%		
	Mandatory Training		72.5%	69.5%	87.9%	81.2%	83.1%	85.6%	82.4%	70.2%	80.3%	77.6%	78.0%	83.4%	68.7%	85.7%	78.6%	80.4%		94.2%	88.1%	81.3%				81.8%					
Perfect Ward	Documentation	Perfect Ward	93.2%	92%	80%	86%	81%	99%	92%	95%		91%		91%		79%	100%	79%	91%	99%	88%				79%		86%	95%	100%		91.1%
	IPC		94%	100%	95%	100%	95%		95%	95%		97%	97%	96%	100%	92%	100%	93%	90%	84%	93%	100%			91%	94%	99%	99%	92%		95.6%
	Observations		92%	100%	97%	100%	100%		96%	96%		96%	98%	95%	92%	87%	100%	92%	93%	84%	93%	97%			100%	95%	95%	99%	95%		95.4%
	Staff		93%	98%	97%	94%	98%	100%	98%	99%		94%		97%	89%	91%		98%	89%	99%	98%				97%	97%	92%	97%	96%		95.4%
	Patient Experience		92%	94%	88%	99%	97%	100%	94%	96%		88%	99%	95%	82%	93%	100%	96%	90%	91%	100%				97%	93%	89%	81%			93.4%

"Total Incidents (SI's, Falls, PU's & Drug Errors only)" figure includes Serious Incidents, Falls, Pressure Ulcers and Drug "Administration Errors" only, not all Drug Errors.

FFT - The "Response Rate" and "%Recommended" figures attributed to AE include the sub areas of "A&E Adult", "A&E Children" & "A&E Primary Streaming".

FFT - The "%Recommended" attributed to Castle Acre includes both sub areas of "Castle Acre Antenatal" and "Castle Acre Postnatal", although the "Response Rate %" figure attributed to "Castle Acre Postnatal" only.

Ward Level Indicators for the month of Jun-22

Jun-22	Indicator Description	Data Source	Den	Elm	SAU	Gayt	SAND	C Care	Nec	Oxb	A&E	Stan	Sho	Til	West New	West Ray	Wind	AMU	TSS	Mar	NICU	C Acre	CDS	MUBU	Rud	Lev	Felt	AEC	TIU	Non IP Words/Area	Trust
Incidents & HAI's	Total Incidents (SI's, Falls, PU's & Drug Errors)	DATIX via Risk Alert	2 -1	6 3	0 -1	5 1	2 -1	4 3	1 -1	5 2	10 3	4 1	3 1	4 0	11 2	3 -5	4 -3	3 -4	4 ##	6 1	2 -3	0 -2	1 0	0 0	1 -1	5 -2	10 1	0 -1	0 0	6 -1	102 -9
	Serious Incidents		0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 -1	0 -1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 -1	0 0	0 0	0 0	1 1	0 0	0 0	0 0	0 0	0 0	0 0	1 -1	2 -3
	Drug Administration Errors		1 -2	0 0	0 0	3 2	1 1	2 2	0 -1	2 2	4 0	0 0	0 0	1 1	2 2	0 -4	0 -3	2 0	0 -1	0 -1	2 -3	0 -2	0 -1	0 0	0 -2	0 0	1 -3	0 0	0 0	2 -1	24 -13
	All Drug Errors (inc Admin)		1 -4	1 1	0 0	3 0	3 1	3 2	0 -2	3 1	6 3	0 0	1 1	2 1	4 4	0 -4	2 -2	3 -2	1 -4	0 -2	3 -3	0 -3	1 0	0 -1	0 -3	1 1	1 -4	1 1	0 0	14 2	55 -16
	Falls Total		0 0	6 3	0 -1	2 -1	1 -1	0 0	1 0	3 2	6 4	4 2	1 0	2 -2	8 0	2 -2	4 1	1 -4	3 0	6 2	0 0	0 0	0 0	0 0	1 1	5 -2	8 3	0 -1	0 0	3 1	67 5
	Pressure Ulcers - Deep Tissue Injury (DTI)		0 0	0 0	0 0	0 0	0 -1	1 0	0 0	0 0	0 0	0 0	1 1	0 0	0 0	1 1	0 0	0 0	0 ##	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	3 1
	Pressure Ulcers - Unstageable		0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 1	0 0	0 0	0 0	0 0	0 0	0 ##	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 1
	H/A Pressure Ulcers Grade 2		0 0	0 0	0 0	0 0	0 0	1 1	0 0	0 0	0 0	0 0	0 -1	1 1	1 0	0 0	0 0	0 0	0 ##	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 1	0 0	0 0	0 0	4 2
	H/A Pressure Ulcers Grade 3		1 1	0 0	0 0	0 0	0 0	0 0	0 0	0 -1	0 0	0 -1	0 0	0 0	0 0	0 0	0 -1	0 0	0 ##	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 -2
	H/A Pressure Ulcers Grade 4		0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 ##	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	C.Diff > 2 Days	HVA's	0 0	0 0	0 0	0 -1	0 0	0 0	0 0	1 0	0 0	0 0	0 0	0 0	0 -1	1 -1	0 -2	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 -3	0 -1	0 0	0 0	0 0	2 -9
	MRSA		0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 ##	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	MSSA		0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 -1	0 0	0 0	0 0	0 0	0 0	1 1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 0
	E.Coli		1 0	0 0	0 0	0 0	0 0	0 0	0 0	0 -1	0 0	0 0	0 -1	0 0	1 1	1 1	1 1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 0	0 0	0 0	0 0	5 1
	ESBL		0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	Pseudomonas		0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	Klebsiella		1 1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 -1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 0
Patient Experience	Complaints	Complaints Dept	0 0	0 0	0 0	0 -1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 -1
	Compliments		0 -1	0 0	0 0	0 -3	0 -5	0 -1	0 -8	0 -2	0 0	0 -6	0 -6	0 -10	0 -2	0 -4	0 -6	0 0	0 -3	0 -12	0 0	0 0	0 0	0 0	0 -2	0 -1	0 -2	0 0	0 0	0 -48	0 ##
	Family And Friends Response Rate	Meridian	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% ##	0.0% 0	0.0% 0	0.0% -0	0.0% -0	0.0% -0		
	Family And Friends (% Recommended)		96.8% ##	97.4% ##	92.7% ##	86.2% ##	96.1% ##	100.0% ##	90.9% ##	100.0% ##	80.0% ##	89.7% ##	100.0% ##	88.9% ##	100.0% ##	100.0% ##	93.8% ##	96.3% ##	96.6% ##	98.2% ##	100.0% ##	100.0% ##	100.0% ##	100.0% ##	98.3% ##	71.4% ##	95.5% ##	96.2% ##	100.0% ##		
Safe Staffing	Fill Rate Registered	Info Serv via Ulysses	99.4% ##	120.3% ##	83.2% ##	94.1% ##	87.8% ##	79.7% ##	95.1% ##	88.6% ##		74.9% ##	93.9% ##	100.2% ##	97.2% ##	95.9% ##	89.2% ##	83.8% ##	90.4% ##	92.4% ##	111.3% ##	71.7% ##	71.5% ##		103.4% ##	89.1% ##	81.7% ##				88.7% ##
	Fill Rate Unregistered		76.1% ##	90.2% ##	66.5% ##	95.5% ##	69.0% ##	57.2% ##	80.1% ##	83.7% ##		82.2% ##	90.5% ##	79.6% ##	86.6% ##	98.8% ##	90.8% ##	77.1% ##	76.0% ##	75.3% ##	94.9% ##	77.5% ##	78.7% ##		100.2% ##	94.9% ##	89.5% ##				83.8% ##
	CHPPD		5.3 ##	5.5 ##	15.4 ##	5.7 ##	9.5 ##	24.1 ##	6.4 ##	5.7 ##		6.4 ##	7.9 ##	7.0 ##	7.3 ##	7.2 ##	5.9 ##	7.4 ##	5.6 ##	5.5 ##	20.1 ##	4.9 ##	23.2 ##		15.5 ##	5.5 ##	5.2 ##				7.2 ##
Staff Experience	Appraisals	NHS Team	76.9% ##	92.9% ##	100.0% ##	70.5% ##	84.9% ##	86.6% ##	94.6% ##	76.7% ##	48.7% ##	92.5% ##	82.6% ##	82.6% ##	50.0% ##	93.8% ##	0.0%	84.1% ##	89.1% ##	94.6% ##	93.2% ##	86.7% ##	0.0%	71.4% ##	90.9% ##	59.3% ##	53.8% ##	75.9% ##	75.0% ##		74.1% ##
	Sickness		17.2% ##	20.6% ##	7.2% ##	1.3% ##	8.2% ##	5.9% ##	2.9% ##	10.3% ##	10.0% ##	5.9% ##	2.9% ##	10.5% ##	12.8% ##	7.0% ##		2.8% ##	8.9% ##	7.3% ##	7.1% ##	8.1% ##		9.1% ##	3.3% ##	4.0% ##	10.6% ##	4.3% ##	2.9% ##		6.3% ##
	Vacancies		21.9% ##	15.5% ##	22.7% ##	15.3% ##	14.4% ##	1.1% ##	27.5% ##	22.6% ##	7.3% ##	25.4% ##	1.8% ##	8.2% ##	15.4% ##	8.7% ##		29.2% ##	16.1% ##	23.6% ##	14.2% ##	30.2% ##		15.3% ##	15.1% ##	36.8% ##	31.4% ##	18.2% ##	16.1% ##		11.7% ##
	Mandatory Training		71.9% ##	71.8% ##	89.3% ##	81.8% ##	83.8% ##	84.3% ##	86.0% ##	75.6% ##	79.0% ##	81.2% ##	75.9% ##	84.6% ##	70.4% ##	88.8% ##		82.7% ##	78.0% ##	94.5% ##	89.7% ##	85.6% ##		74.7% ##	79.8% ##	80.2% ##	73.9% ##	78.5% ##	72.7% ##		79.0% ##
Ward Level	Documentation	Ward Audit	96.0% 0	90% -0	88% 0	92% 0	94% 0	97% -0	82% -0	90% -0		94% 0	97%	92% 0		81% 0	99% -0	79% 0	86% -0	94% -0	86% -0				90% 0		97% 0	93% -0	98% -0		90.6% -0
	IPC		89% -0	100% 0	94% -0	100% 0	99% 0	100%	98% 0	97% 0		97% -0	92% -0	92% -0		90% -0	100% 0	86% -0	100% 0	99% 0		96% -0			100% 0	95% 0		100% 0	83% -0		95.4% -0
	Observations		92% 0	100% 0	94% -0	98% -0	99% 0	100%	97% 0	97% 0		93% -0	91% -0	95% -0	100% 0	89% 0	100% 0	92% 0	100% 0	92% 0	96% 0	94% -0			100% 0	98% 0		100% 0	79% -0		94.9% -0
	Staff		94% 0	97% -0	94% -0	97% 0	97% -0	100% -0	97% -0	95% -0		89% -0	94%	97% -0	90% 0	93% 0	99%	90% -0	97% 0	98% -0	97% -0	94%			97% -0	97% 0		97% 0	92% -0		95.7% 0
	Patient Experience		94% 0	100% 0	86% -0	94% -0	94% -0	100% 0	91% -0	90% -0		93% 0		96% 0		94% 0	100% 0	92% -0	93% 0	86% -0	100% -0				97% -0		97% 0	94% 0	83%		94.1% 0

"Total Incidents (SI's, Falls, PU's & Drug Errors only)" figure includes Serious Incidents, Falls, Pressure Ulcers and Drug "Administration Errors" only, not all Drug Errors.

FFT- The "Response Rate" and "% Recommended" figures attributed to AE include the sub areas of "A&E Adult", "A&E Children" & "A&E Primary Streaming".

FFT- The "% Recommended" attributed to Castle Acre includes both sub areas of "Castle Acre Antenatal" and "Castle Acre Postnatal", although the "Response Rate %" figure attributed to "Castle Acre Postnatal" only.

Key themes

- There has been an overall gradual improvement of the Registered Nurse and Unregistered nursing fill rate (Actual Vs Planned). This still remains challenging mitigated by the processes in place.
- Sickness levels have reduced across most of the areas.
- There are some areas with mandatory training levels and appraisal below the Trust target, but overall these have increased.
- There has been a decrease overall for Serious incidents, falls, and Pressure ulcers.
- There has been an overall decrease in formal complaints and increase in compliments.
- Triangulation of data, feedback and reviews continue to inform areas/wards requiring additional support. This is in place for Denver, Windsor, West Raynham, Stanhoe and Feltwell wards.

Key Actions (new actions in green):

- A weekly patient safety summit chaired by the DCN attended by the ward managers (or deputies) commenced in June.
- A review has been undertaken and plan in place to revise the Nutrition steering Group. This includes governance, subgroup of forums and a workplan which will contain key measurables.
- There are ongoing recruitment plans to reduce the vacancy factor. A review has been undertaken of the current process with a revised plan proposed for recruitment and induction for the unregistered workforce. This will be a rolling recruitment/induction plan with evaluation and formal KPI measures.
- The educational programmes – "Care with Kindness" and VITAL continue. Both programmes incorporate themes identified from concerns and patient's experiences. Care with Kindness is being delivered to the senior nurses and matrons during Q2.
- The Nursing workforce is reviewed robustly regularly throughout the day by senior nurses to ensure safe staffing remains in place Trust wide with mitigating actions in place. Escalation processes are in place.
- Ward/dept level indicator data is reviewed and plans in place to address areas not achieving the quality targets. These are reviewed and reported via Divisional governance processes. The Monthly QPR meeting ensures additional rigour and cross Divisional learning via the confirm and support process.
- Mandatory training recovery plans in place per ward/dept with clear improvement trajectories. Additional E-Learning is being reviewed to further support the learning and development of staff.

Caring - Peer Benchmarking Summary

	Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
50	Breast Feeding Initiation	Feb 22	70.0%	**69.6%**	C ?		39
4	Cancelled Operations	Q4 21/22	0.72%	**1.2%**	C		31
57	Care Hours per Patient Day - Overall	Apr 22	7.9	**7.1**	L F		10
37	Complaints - Response Backlog	Q4 21/22	15.2	7.8	C ?		81
1	Complaints Rate	Q4 21/22	14.31	4.8	L ?		95
186	COVID-19 Admission %	May 22	1.18%	0.6%	H ?		71
730	Friends & Family A&E Score	Apr 22	81%	**77%**	L ?		53
736	Friends & Family Birth Score	Apr 22	96%	**0%**	C ?		14
2	Friends & Family Inpatient Score	Apr 22	95.66%	96.4%	C ?		63
734	Friends & Family Outpatient Score	Apr 22	95%	**94%**	L ?		51
3	Mixed Sex Accommodation Breaches	Apr 22	31	**249**	H F		15

Peer Benchmark Trusts

Name
Chesterfield Royal Hospital NHS Foundation Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust
Shrewsbury and Telford Hospital NHS Trust
St Helens and Knowsley Teaching Hospitals NHS Trust
The Princess Alexandra Hospital NHS Trust
University Hospitals of Morecambe Bay NHS Foundation Trust
Warrington and Halton Hospitals NHS Foundation Trust
West Suffolk NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wye Valley NHS Trust
Yeovil District Hospital NHS Foundation Trust
Plymouth Hospitals NHS Trust

Domain	Key Performance Indicator	National Rank	National Org Count	Peer Group Rank	Peer Group Count
Caring	Breast Feeding Initiation	64	105	6	14
Caring	Cancelled Operations	96	139	11	14
Caring	Care Hours per Patient Day - Overall	169	188	11	14
Caring	Complaints - Response Backlog	40	209	3	14
Caring	Complaints Rate	10	192	2	14
Caring	COVID-19 Admission %	41	138	6	14
Caring	Friends & Family A&E Score	58	123	8	14
Caring	Friends & Family Birth Score	95	110	14	14
Caring	Friends & Family Inpatient Score	50	134	8	14
Caring	Friends & Family Outpatient Score	65	132	9	14
Caring	Mixed Sex Accommodation Breaches	148	173	13	14

Please refer to Appendices A & B included at the end of this presentation for further details/explanations on the benchmarking metrics shown above.

Responsive Performance Summary

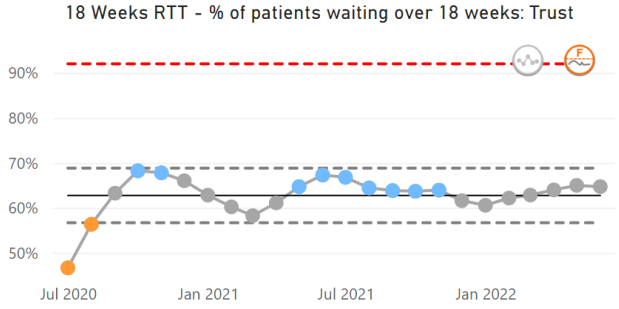
KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
R001	18 Weeks RTT - % of patients waiting over 18 weeks	Jun 22	64.69%	92%		
R002	18 Weeks RTT - No. of patients waiting over 52 weeks	Jun 22	696	0		
R003	Diagnostics - % of Patients waiting over 6 weeks	Jun 22	53.61%	1%		
R004	AE - 4 Hour Performance	Jun 22	59.33%	95%		
R005	AE - 4 Hour Performance (Non Admitted)	Jun 22	69%	95%		
R006	AE - 4 Hour Performance (Admitted)	Jun 22	16.9%	95%		
R007	AE - 12 Hour Trolley Waits (All Atts)	Jun 22	437	0		
R008	CWT - Two Week Wait Performance	May 22	95.11%	93%		
R009	CWT - 31 Day Diag to Treatment	May 22	97.82%	96%		
R010	CWT - 62 Day Ref to Treatment Performance	May 22	72.72%	85%		
R011	CWT - Two Week Wait Performance (Breast Symptomatic)	May 22	100%	93%		
R012	CWT - 31 Day Subsequent Treatment (Surg)	May 22	87.5%	94%		
R013	CWT - 31 Day Subsequent Treatment (Drug)	May 22	100%	98%		
R014	CWT - 62 Day Screening	May 22	100%	90%		
R015	CWT - Consultant Upgrade (62 Day)	Apr 22	60%	90%		

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
R016	CWT - 28 Day FDS Performance	May 22	61.75%	75%		
R017	CWT - 104_Day_Waiters Performance	May 22	7	0		
R018	Ambulance Handover - % handovers within 15 mins	Jun 22	20.64%	100%		
R019	Length of Stay - No. of Patients with Length of stay >21 days	Jun 22	74	46		
R020	Medically Fit for Discharge - No. of Patients	Jun 22	221	0		
R021	Medically Fit for Discharge - No. of Days	Jun 22	1452	0		
R022	Canc Ops - No. of "Reportable" Canc Ops as a % of elective activity	Jun 22	0.74%	0.8%		
R023	Canc Ops - No. of cases not readm <28 days	Jun 22	7	0		
R024	Canc Ops - Hospital_Non-Clinical_Canc_Ops as a % of EL activity	Jun 22	7.37%	3.2%		
R025	Canc Ops - No. of Urgent Ops Cancelled more than once	Jun 22	0	0		
R026	Stroke - % of Pats on SU for 90% of their hospital stay	May 22	48.38%	90%		
R027	Stroke - % of Pats admitted direct to SU <4 hours	May 22	23.8%	90%		
R028	Stroke - % of Pats scanned <1 hr of admission	May 22	34.37%	48%		
R029	Stroke - % of Pats scanned <12 hrs of admission	May 22	93.75%	95%		
R030	TIA - % of Pats seen & scanned <24 hrs of referral by HC professional	May 22	24.07%	60%		

Domain Performance Summary:

- 4-hour performance was 59.3%, non admitted performance was 69% and admitted was 16.9%
- 12.7% of patients waited longer than 12 hours in ED against the National Standard of no more than 2%.
- In June, 20.64% of ambulance handovers took place within 15 minutes
- Diagnostic performance remained relatively static in June 2022, with a significant improvement in performance noted in Computed Tomography.
- The Trust achieved the 104 week wait standard. There has been a further reduction in the number of patients waiting over 52 weeks for treatment.
- The Trust achieved 5 of the cancer waiting time standards in March 2022 and a reduction in the number of breaches is noted in the 62 day referral to treatment time standard.

Responsive	18 Weeks Referral To Treatment & Diagnostics Wait Times	Executive Lead	Denise Smith	Lead	Kerry Broome



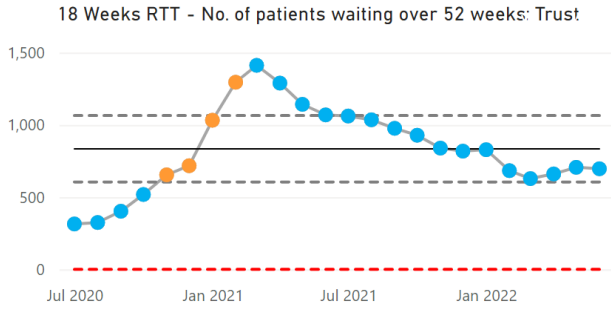
Jun 22	64.69%
Latest Date	Performance
92%	62.74%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target



Jun 22	696
Latest Date	Performance
0	834.42
Target	Mean

Variation Description

Assurance Description

Issues/Performance Summary

Long term sickness and inconsistency of locum coverage affecting delivery of elective activity within General Surgery.

Consultant Gynaecologist unplanned absence has resulted in reduced capacity, this has increased routine waiting times for Elective, Outpatient and Diagnostic activity.

Outpatient activity across the Divisions of Surgery and Medicine has reduced to support UEC demand.

Planned/Mitigating Actions

Consultant Gynaecologist interviews will take place in mid-July, and insourcing of activity is progressing, with plans awaiting Divisional sign off.

Insourcing commenced in for Dermatology in June 22 and is planned for ENT in July 22; plans for Ophthalmology insourcing are progressing, with an expected start date of August 22.

The clinically led workforce and redesign (CLEAR) programme has commenced with Phase 2 underway, this will support workforce redesign to maximise productivity.

Assurance/Recovery Trajectory

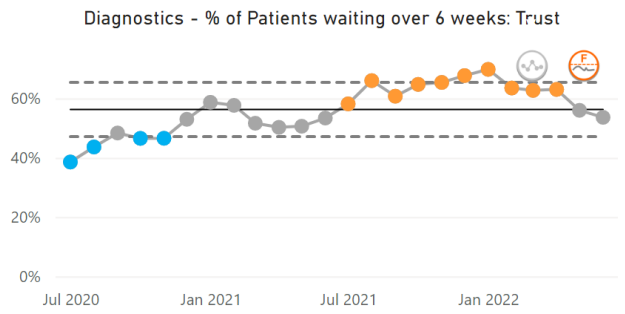
The waiting list is growing as there are more Referral to Treatment (RTT) clock starts occurring than RTT clock stops. The Trusts RTT Incomplete aggregate performance is not expected to recover to 92% during the 2022/23 financial year.

At the end of June 2022, there was one patient with a P6 clinical prioritisation code who had waited longer than 104 weeks for treatment due to patient choice. The Trust therefore continues to meet the national requirement for zero 104-week breaches unless the patient exercises their right of choice to wait and is therefore classified as a P6.

The Trust remains on track for the delivery of zero 104 week breaches, and zero 78 week breaches by 31st March 2023, as per the national planning guidance.

Elective Care Improvement programme in place with oversight of delivery through HMB

Responsive	18 Weeks Referral To Treatment & Diagnostics Wait Times	Executive Lead	Denise Smith	Lead	Kerry Broome



Latest Date	Performance
Jun 22	53.61%
Target	Mean
1%	56.25%

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Modality	Total Waiters	> 6 weeks	% > 6 weeks
Magnetic Resonance Imaging	2557	1840	72.0%
Computed Tomography	634	22	3.5%
Non-obstetric ultrasound	2692	1364	50.7%
Barium Enema	0	0	0.0%
DEXA Scan	163	8	4.9%
Audiology - Audiology Assessments	318	22	6.9%
Cardiology - echocardiography	1080	789	73.1%
Cardiology - electrophysiology	0	0	0.0%
Neurophysiology - peripheral neurophysiology	680	457	67.2%
Respiratory physiology - sleep studies	0	0	0.0%
Urodynamics - pressures & flows	70	46	65.7%
Colonoscopy	142	8	5.6%
Flexi sigmoidoscopy	39	1	2.6%
Cystoscopy	76	21	27.6%
Gastroscopy	93	3	3.2%
Total DM01 Waiting List Size	**8544**	**4581**	**54%**

Issues/Performance Summary

The Trust has a shortfall in capacity to meet demand in a number of high volume test modalities (MRI, Non-Obstetric Ultrasound, Neurophysiology and Echocardiography).

This is exacerbated by gaps in workforce in Cardio-respiratory, Neurophysiology and Radiology.

Planned/Mitigating Actions

Internal professional standards within Radiology are under development, this will improve test acquisition and reporting times, and the DM01 performance.

Timetabling and capacity and demand reviews are underway with development of new templates to maximise available capacity.

Procurement of two new MRI scanners with installation due in September 2022, and increase in capacity from July through the commissioning of a mobile MRI unit.

Increased capacity in endoscopy planned with the new Endoscopy Unit due to open in Autumn 2022

Assurance/Recovery Trajectory

All patients on the diagnostic waiting list are clinically prioritised in line with the national clinical prioritisation programme.

Capacity and demand modelling has been undertaken across all diagnostic modalities identifying opportunities to increase productivity, and highlight underlying capacity issues.

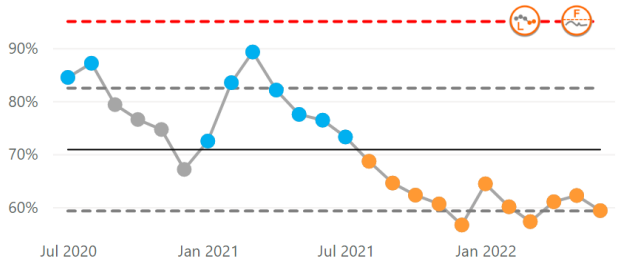
A Diagnostic Improvement Plan has been produced and actions to deliver an increase in the DM01 performance are in place with oversight of delivery through HMB.

The DM01 is not expected to recover to the national standard of 1% by 31 March 23.

The Trust has plans in place to achieve the national planning guidance of 25% by 31 March 23.

Responsive	Accident & Emergency	Executive Lead	Denise Smith	Lead	Sarah Jones

AE - 4 Hour Performance: Trust



Jun 22	59.33%
Latest Date	Performance
95%	70.85%
Target	Mean

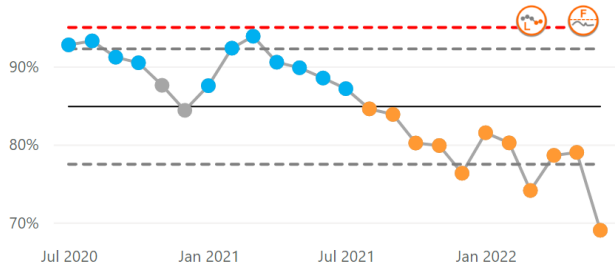
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

AE - 4 Hour Performance (Non Admitted): Trust



Jun 22	69%
Latest Date	Performance
95%	84.86%
Target	Mean

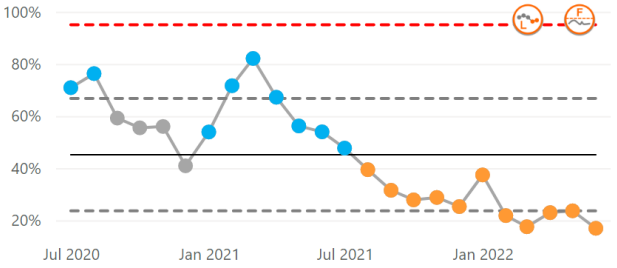
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

AE - 4 Hour Performance (Admitted): Trust



Jun 22	16.9%
Latest Date	Performance
95%	45.16%
Target	Mean

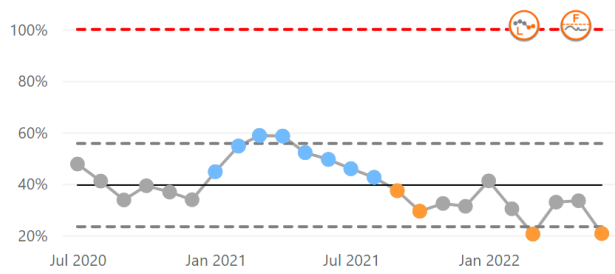
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

Ambulance Handover - % handovers within 15 mins: Trust



Jun 22	20.64%
Latest Date	Performance
100%	39.48%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

Issues/Performance Summary

Emergency Care demand remains high (3.9% higher than in July 2021 and the Emergency Department footprint does not meet the needs of the service.

G&A bed occupancy remains above 92% and a high number of patients in adult medical beds no longer meet the criteria to reside, and patients being cared for in SDEC overnight. This limits flow from the Emergency Department and reduces the available capacity to take handover of patients arriving by ambulance.

Planned/Mitigating Actions

Expansion of the QEH at Home service, to include IV therapy, with plans to create further pathways for respiratory, frailty and early supported discharge for Stroke.

The GP Front Door service has been expanded to increase the number of patients streamed to the service

A business case to expand the Emergency Department is due for consideration at Finance and Activity Committee in July 2022.

Assurance/Recovery Trajectory

Clinical review of all patients where ambulance handover is delayed and prioritisation of ambulance handover according to clinical urgency.

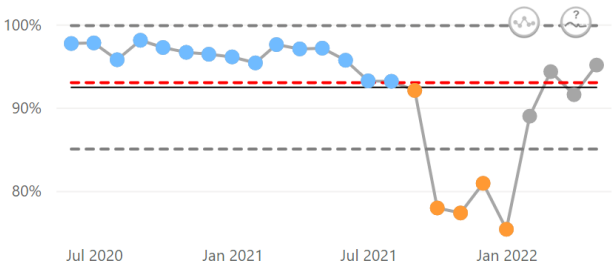
Cohorting of patients arriving by ambulance where space and staffing allow.

Speciality in-reach into the Emergency Department to ensure prompt assessment of patients.

Clinically led UEC improvement programme in place with oversight of delivery through HMB.

Responsive	Cancer Wait Times - Two Week Waits, 31 & 62 Day	Executive Lead	Denise Smith	Lead	Kerry Broome

CWT - Two Week Wait Performance: Trust



May 22	95.11%
Latest Date	Performance
93%	92.43%
Target	Mean

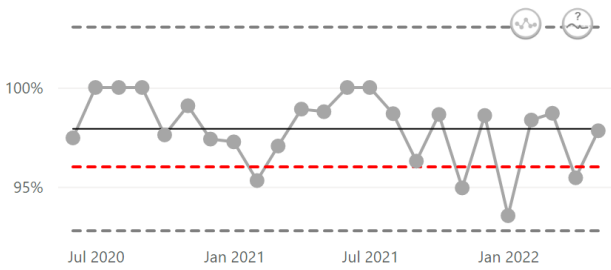
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - 31 Day Diag to Treatment: Trust



May 22	97.82%
Latest Date	Performance
96%	97.91%
Target	Mean

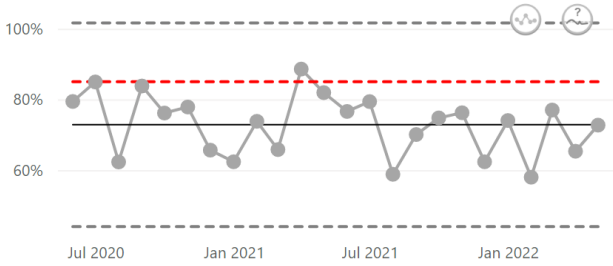
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - 62 Day Ref to Treatment Performance: Trust



May 22	72.72%
Latest Date	Performance
85%	72.82%
Target	Mean

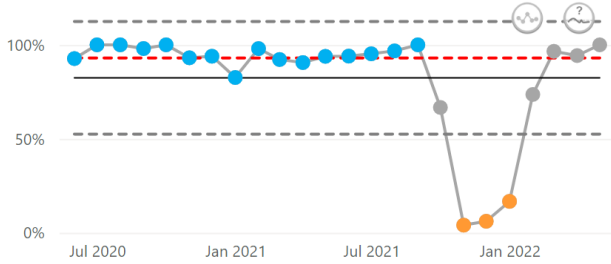
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - Two Week Wait Performance (Breast Symptomatic): Trust



May 22	100%
Latest Date	Performance
93%	82.45%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

Two Week Wait performance was above standard in May 22.

31 Day from diagnosis to treatment standard was at 97.82% against a 96% standard.

62 Day referral to treatment performance was 72.73% against the standard of 85%. This was due to sickness across clinical teams, particularly in Colorectal and Gynaecology, delays in CT and diagnostics and Charting reporting, and continued delays in histopathology reporting.

Planned/Mitigating Actions

Extra capacity is being planned within Colorectal to recover the impact of high levels of referrals and reduced staffing in General Surgery.

Locum consultants have been appointed to maintain 2 week wait clinics and theatre sessions.

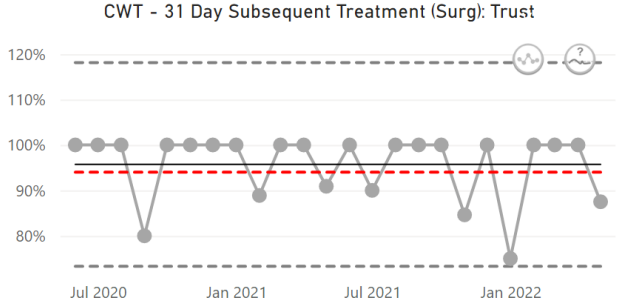
A recovery plan is in place to deliver improved waiting times for Radiology testing and reporting. Alternatives are being explored for the provision of Histopathology services due to the continued delays in reporting from the current provider.

Assurance/Recovery Trajectory

Two week wait performance in May 2022 was 95.11% against the standard of 93%.

A 62 day Cancer Improvement Plan has been commissioned and will be subject to governance via the HMB.

Responsive	Cancer Wait Times - Subsequent Treatment, Screening and Cons Upgrade	Executive Lead	Denise Smith	Lead	Kerry Broome



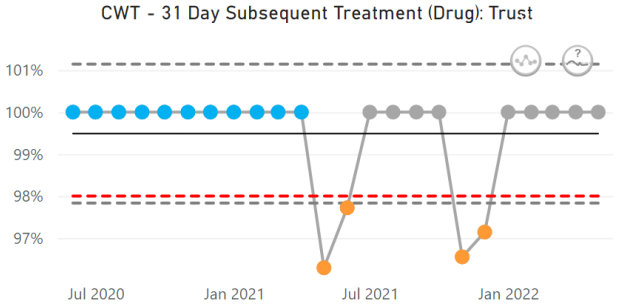
May 22	87.5%
Latest Date	Performance
94%	95.7%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target



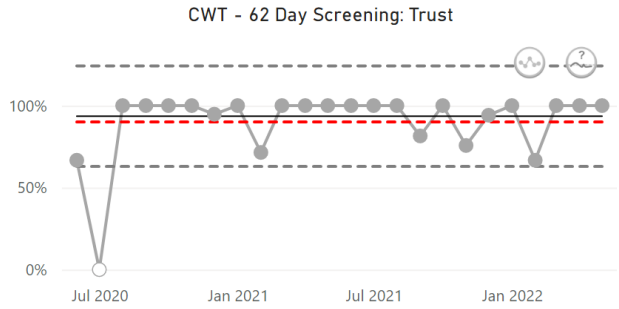
May 22	100%
Latest Date	Performance
98%	99.49%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target



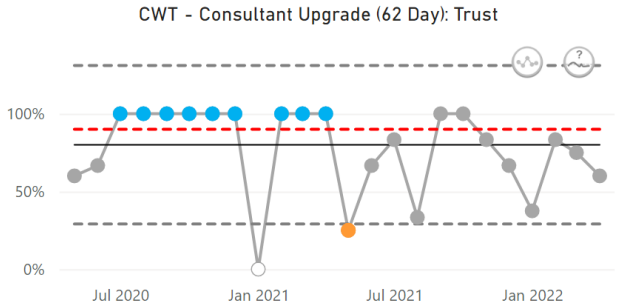
May 22	100%
Latest Date	Performance
90%	93.51%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target



Apr 22	60%
Latest Date	Performance
90%	80.03%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

Both 31 Day Subsequent Treatment (Drug) and 62 Day Screening achieved 100% in May 2022

31 Day Subsequent Treatment (Surgery) was at 87.5% performance against a 94% standard.

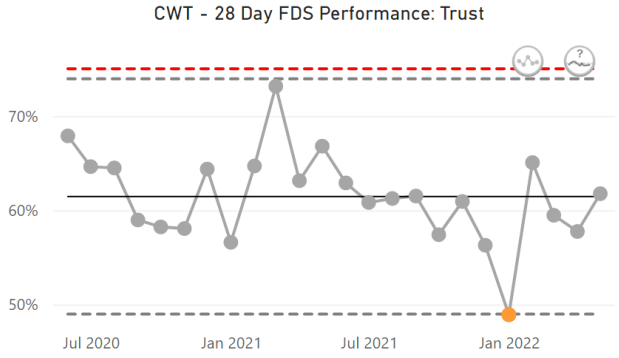
Planned/Mitigating Actions

There was 1 breach of the 31 Day Subsequent Treatment (Surgery) standard due to concerns over the patient's suitability for surgery leading to a short delay in treatment.

Assurance/Recovery Trajectory

There are no significant concerns

Responsive	Cancer Wait Times - 28 Day FDS & 104 Day Waiters	Executive Lead	Denise Smith	Lead	Kerry Broome



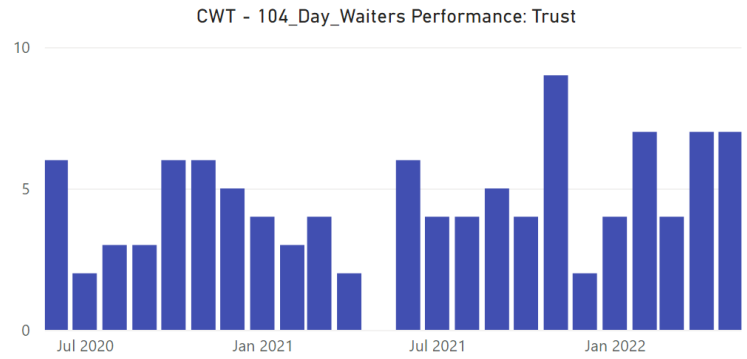
May 22	61.75%
Latest Date	Performance
75%	61.45%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target



7
Performance

May 22
Latest Date

0
Target

Issues/Performance Summary

2 Week Wait FDS performance in May 2022 was 61.75% against the standard of 75%.

Delays in radiology and histology reporting had a significant impact on the ability to meet the 28 day standard in Colorectal, Skin and Gynaecology.

At the end of May 2022, 62 patients were on a cancer pathway waiting over 104 days. The continued sustained higher levels of referrals have resulted in an increase in the number of patients on a cancer pathway >104 days. In comparison to 2019-20, there has been a 13% increase in 2 week wait referrals.

Planned/Mitigating Actions

Additional funding from the Cancer Alliance has been secured to help reduce the backlog of patients. Cancer Alliance funding is now being used within the Colorectal, Dermatology, Endoscopy and Cancer services teams.

Action plans are in place supported by the national Intensive Support Team to reduce the length of pathways in Colorectal and Gynaecology.

Outsourced capacity is being used in Radiology to reduce Cancer waiting times

A recovery plan is in place to deliver improved waiting times for Radiology testing and reporting.

Alternatives are being explored for the provision of Histopathology services due to the continued delays in reporting from the current provider.

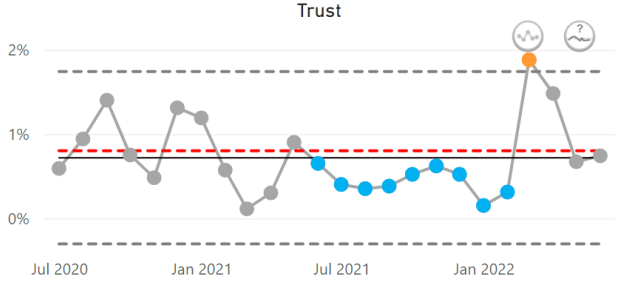
Assurance/Recovery Trajectory

A full Cancer Improvement programme is currently in the implementation stage with oversight of delivery through HMB.

The Trust achieved 5 of the 7 national quality requirements for Cancer in May 2022

Responsive	Cancelled Operations	Executive Lead	Denise Smith	Lead	Kerry Broome

Canc Ops - No. of "Reportable" Canc Ops as a % of elective activity: Trust



Jun 22	0.74%
Latest Date	Performance
0.8%	0.72%
Target	Mean

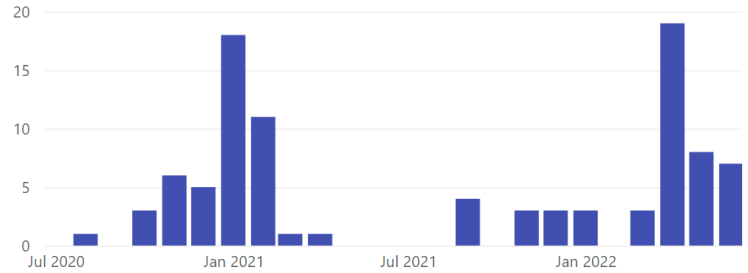
Variation Description

Common Cause - no significant change

Assurance Description

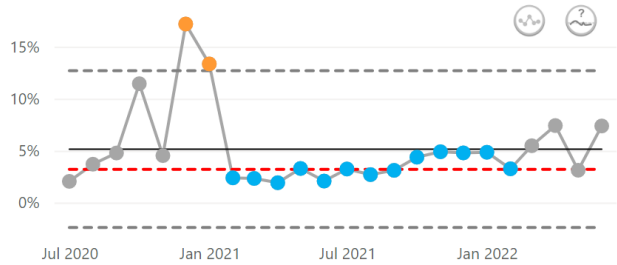
Variation indicates inconsistently passing and falling short of the target

Canc Ops - No. of cases not readm <28 days: Trust



7
Performance
Jun 22
Latest Date
0
Target

Canc Ops - Hospital_Non-Clinical_Canc_Ops as a % of EL activity: Trust



Jun 22	7.37%
Latest Date	Performance
3.2%	5.14%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

There were seven (7) breaches of the 28-day readmission guarantee in June 2022 (unvalidated). These were:

3 Gynae patients due to Consultant illness
1 T&O patient due to equipment failure on the day of surgery
2 patients due to theatre list overrunning (Gynae)
1 Colorectal patient was cancelled due to accommodate a more urgent life threatening case

Planned/Mitigating Actions

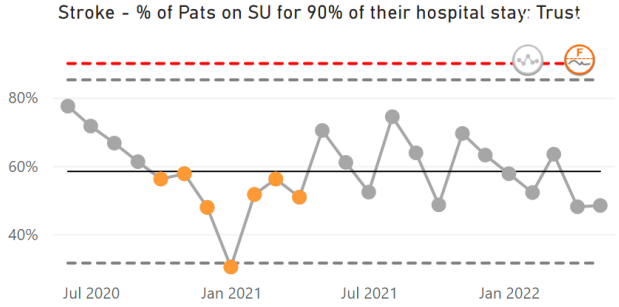
All proposed cancellations are to be escalated to the Divisional Leadership team before enacting to ensure all options for treatment have been explored.

Assurance/Recovery Trajectory

Patients continue to be clinically prioritised and treated in order of urgency, then chronologically with the longest waiting patients first.

There were no urgent operations cancelled more than once in June 2022

Responsive	Stroke	Executive Lead	Denise Smith	Lead	Sarah Jones



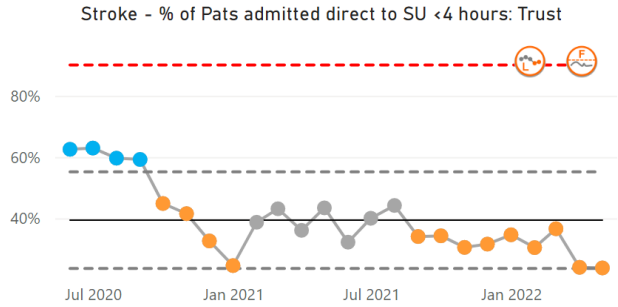
May 22	48.38%
Latest Date	Performance
90%	58.35%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target



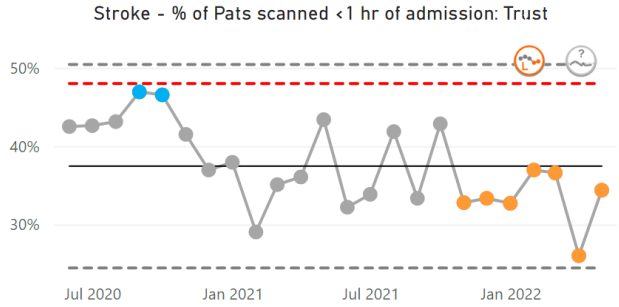
May 22	23.8%
Latest Date	Performance
90%	39.38%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target



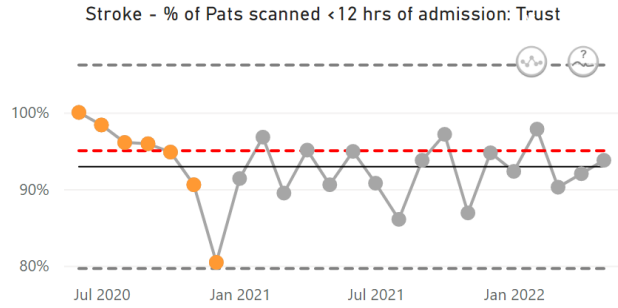
May 22	34.37%
Latest Date	Performance
48%	37.44%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target



May 22	93.75%
Latest Date	Performance
95%	92.91%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

The implementation of the new mechanical thrombectomy pathway implemented by the Stroke Network in June 22 has resulted in an increased workload Stroke nurse in the Thrombolysis Team, as the patient is transferred to CUH accompanied by the nurse.

Currently there is one nurse available during the day, reducing availability for any subsequent patients.

There is a delay in ED requesting CT and a further delay in the time taken to acquire the scan.

Planned/Mitigating Actions

Review of staffing establishment within thrombolysis team to be undertaken with the Head of Nursing and Matron for Stroke to address concerns relating to the mechanical thrombectomy pathway.

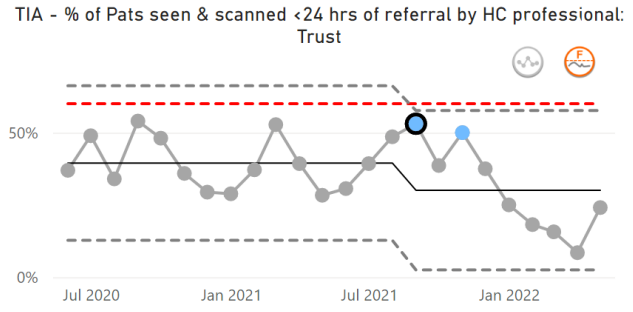
ED Matron and Head of CT scanning department to examine pathway and determine how to improve timely access to enable achievement of thrombolysis standard.

Assurance/Recovery Trajectory

The Improving Stroke Delivery Network has been approached to assist with a review of the Stroke Service.

There is a deep dive into the Stroke Service delivery currently underway which will be presented to the Finance and Activity Committee upon completion

Responsive	TIA - Transient Ischaemic Attack	Executive Lead	Denise Smith	Lead	Sarah Jones



May 22	24.07%
Latest Date	Performance
60%	30.07%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Issues/Performance Summary

- During May 2022 only 24% of patients were seen and scanned within 24 hours.

Planned/Mitigating Actions

- Diagnostic availability means clinic runs 3 days per week. Work underway with radiology to develop a pathway to enable 6 new patients to be seen in a clinic rather than 3 – discussion beings had with CSS Operational Lead, expected to be in place by early September 2022, also to increase clinics to daily.
- Review of staffing resource undertaken, seeking authorisation to recruit middle grade to undertake additional TIA clinics.
- Longer term plan to review potential to recruit a specialist nurse to lead TIA clinic.

Assurance/Recovery Trajectory

- Plans going ahead to work with in-sourcing a Stroke Consultant with view to utilise majority of their time on TIA clinic to support clearance of outstanding referrals.
- Working with Estates to relocate TIA Clinic from one clinic room, to two clinic rooms to improve patient flow through clinic.
- Consultant job planning in progress, aiming to include dedicated TIA clinic time in all job plans, to be complete by October 2022.

Responsive - Peer Benchmarking Summary

14	A&E - 4 Hour Standard	May 22	69.89%	**62.2%**	L F	14
33	A&E - Left Without Being Seen	Apr 22	5.93%	2.5%	H P	75
52	A&E - Time to Initial Assessment	Apr 22	12.0	**24.0**	H F	12
53	A&E - Time to Treatment	Apr 22	69.0	46.0	L P	83
54	A&E - Total Time in A&E	Apr 22	200.0	**209.0**	H ?	42
569	A&E Attendances All	May 22	11,383	7,540	H P	80
71	Booking Appointment Before 10 Weeks	Mar 22	66.4%	**51.1%**	L F	24
403	Cancer - 28 Day Faster Diagnosis	Apr 22	74.8%	**59.0%**	C F	11
45	Cancer 2 Week Wait	Apr 22	85.07%	91.6%	L ?	73
15	Cancer 62 Day Classic	Apr 22	73.76%	**65.3%**	L ?	41
16	Diagnostics - 6 Week Standard	Apr 22	24.07%	**63.0%**	H F	1
18	e-Referral Slots Issues Rate	Apr 22	46.4%	40.2%	C P	48
56	RTT 52 Week Breach	Apr 22	1,140	659	H P	54
17	RTT Incomplete 18 Week Standard	Apr 22	63.99%	**64.0%**	L F	41

Domain	Key Performance Indicator	National Rank	National Org Count	Peer Group Rank	Peer Group Count
Responsive	A&E - 4 Hour Standard	112	130	10	14
Responsive	A&E - Left Without Being Seen	36	142	2	14
Responsive	A&E - Time to Initial Assessment	105	119	13	14
Responsive	A&E - Time to Treatment	23	130	3	14
Responsive	A&E - Total Time in A&E	80	137	8	14
Responsive	A&E Attendances All	30	144	2	14
Responsive	Booking Appointment Before 10 Weeks	93	122	11	14
Responsive	Cancer - 28 Day Faster Diagnosis	117	132	13	14
Responsive	Cancer 2 Week Wait	36	132	2	14
Responsive	Cancer 62 Day Classic	80	136	11	14
Responsive	Diagnostics - 6 Week Standard	156	158	14	14
Responsive	e-Referral Slots Issues Rate	65	125	6	14
Responsive	RTT 52 Week Breach	78	169	2	14
Responsive	RTT Incomplete 18 Week Standard	100	170	8	14

Peer Benchmark Trusts

Name	
Chesterfield Royal Hospital NHS Foundation Trust	University Hospitals of Morecambe Bay NHS Foundation Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Warrington and Halton Hospitals NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust	West Suffolk NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust	Wirral University Teaching Hospital NHS Foundation Trust
Shrewsbury and Telford Hospital NHS Trust	Wye Valley NHS Trust
St Helens and Knowsley Teaching Hospitals NHS Trust	Yeovil District Hospital NHS Foundation Trust
The Princess Alexandra Hospital NHS Trust	Plymouth Hospitals NHS Trust

Please refer to Appendices A & B included at the end of this presentation for further details/explanations on the benchmarking metrics shown above.

Well Led Performance Summary - Finance

Income and Expenditure

	In Month				Year to Date			
	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	Fav / (Adv) %	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	Fav / (Adv) %
Clinical Income	21,086	21,957	871	4%	63,156	64,027	871	1%
Income - Vaccination Centres	60	64	4	100%	183	187	4	100%
Other Income	1,113	1,277	164	15%	3,875	4,039	164	4%
Total Income	**22,259**	**23,298**	**1,039**	**5%**	**67,214**	**68,253**	**1,039**	**2%**
I&E								
Pay Costs - Substantive	(13,440)	(13,487)	(47)	(0%)	(40,314)	(40,437)	(123)	(0%)
Pay Costs - Bank	(824)	(1,265)	(441)	(54%)	(3,300)	(3,666)	(366)	(11%)
Pay Costs - Agency	(1,200)	(1,491)	(291)	(24%)	(4,335)	(4,625)	(290)	(7%)
Pay Costs - Vaccination Centres	(59)	(63)	(4)	(100%)	(182)	(186)	(4)	
Total Pay	(15,523)	(16,306)	(783)	(5%)	(48,131)	(48,914)	(783)	(2%)
Non Pay	(6,064)	(6,293)	(229)	(4%)	(17,703)	(17,986)	(283)	(2%)
Non Pay - Vaccination Centres	(1)	(1)	0	(100%)	(1)	(1)	0	(100%)
Total Non Pay	(6,065)	(6,294)	(229)	(4%)	(17,704)	(17,987)	(283)	(2%)
Total Operating Costs	**(21,588)**	**(22,600)**	**(1,012)**	**(5%)**	**(65,835)**	**(66,901)**	**(1,066)**	**(2%)**
EBITDA	**671**	**698**	**27**	**4%**	**1,379**	**1,352**	**(27)**	**(2%)**
Non-Operating Costs	(915)	(975)	(60)	(7%)	(2,744)	(2,761)	(17)	(1%)
Adjust Donated Assets	30	84	54	180%	91	156	65	71%
TOTAL (Deficit) / Surplus	**(214)**	**(193)**	**21**	**10%**	**(1,274)**	**(1,253)**	**21**	**2%**
Ratios								
Agency : Total Pay	7.8%	9.2%			9.0%	9.5%		
EBITDA : Income	3.0%	3.0%			2.1%	2.0%		
Net Deficit : Income	(1.0%)	(0.8%)			(1.9%)	(1.8%)		

Key
- EBITDA refers to Earnings Before Interest, Taxes, Depreciation and Amortisation
- Fav refers to a favourable variance to plan
- (Adv) refers to an adverse variance to plan

- On 20 June the Trust submitted a new financial plan to deliver a break-even position at the end of March 2023. This is an improved position of £8.2m to the plan submitted on 29 April 2022. This breakeven plan includes an additional £1.6m of income that has been added to the overall income allocation for 2022/23 whilst the remaining £6.6m of the planned improvement remains at risk of non-delivery.
- The Trust was also required to make the plan for months 1 and 2 agree to actual expenditure which has changed the profiling of the plan in previous months as well as to the end of the financial year. A comparison of the plans was presented to the Finance and Activity Committee at the meeting in June which showed a surplus position in H2 and specifically in Q4 to achieve an overall balanced financial plan.
- For the purposes of this report the current month plan is the plan submitted for June and the cumulative plan is the revised plan of months 1 to 3.
- In June 2022 (M3), the Trust's financial position is showing a deficit of £193k, which is £21k favourable to plan.
- Cumulatively to June, the Trust's financial position is showing a deficit of £1,253k, which is 21k favourable to plan.
- The key messages are as follows:
- Clinical Income - above plan in M3 by £871k. This includes income that was deferred from the prior year of £368k and additional funding of £500k in relation to the community Diagnostics Hub. At this stage, no adjustment for the under-performance against the activity plan has been made as National Guidance has confirmed that no claw-back should be actioned for Q1 with regards to the Elective Recovery Fund.
- Other Income - above plan in M3 by £164k. It comprises a number of non-recurrent sources of income which are mostly matched with expenditure.
- Pay; above plan in M3 by £783k. Underlying pay position, excluding items matched with funding is £623k above plan.
- Non-pay; above plan in M3 by £229k. This includes pass through elements, the release of provisions and deferred income of £589k making the underlying position below plan by £360k.
- CIP/ waste reduction is £759k against the plan of £655k, a positive variance of £104k. The year-to-date delivery is £2,028k against the plan of £1,965k, £63k favourable to plan.

Balance Sheet

	31-Mar-22 £m	30-Jun-22 £m	31-May-22 £m	Month on Month Movement £m	YTD Movement £m
Non current assets	128	129	128	1	1
Current Assets					
Inventories	2	2	2	-	-
Trade & Other Receivables	14	10	8	2	(4)
Cash	38	38	34	4	-
Current liabilities					
Trade & Other Payables	(40)	(29)	(29)	-	11
Accruals	(12)	(13)	(13)	-	(1)
PDC dividend	-	(1)	-	(1)	(1)
Other current liabilities	(5)	(4)	(5)	1	1
Non current liabilities	(1)	(1)	(1)	-	-
Total assets employed	**124**	**131**	**124**	**7**	**7**
Tax payers' equity					
Public Dividend Capital	226	234	226	8	8
Revaluation Reserve	2	2	2	-	-
Income & Expenditure Reserve	(104)	(105)	(104)	(1)	(1)
Tax payers' equity	**124**	**131**	**124**	**7**	**7**

- Cash balances have increased by £4m in June due to the drawdown of PDC funding to support payments to suppliers involved in our capital programme.
- Trade and other receivables have increased by £2m due to increased amounts due from key NHS debtors.
- Public dividend capital has increased by £8m due to the drawdown of the first quarters funding to support the RAAC programme.

Well Led Performance Summary

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
W001	Workforce - Sickness Absence Rate	Jun 22	6.27%	4.5%		
W0011	Workforce - Sickness Absence Rate exc COVID	Mar 22	5.43%	0%		
W0012	Workforce - Sickness Absence COVID only	Mar 22	3.12%	0%		
W002	Workforce - Long Term Sickness Absence Rate	Jun 22	2.92%	2.7%		
W003	Workforce - Short Term Sickness Absence Rate	Jun 22	3.35%	1.8%		
W004	Workforce - Appraisal Rate	Jun 22	74.08%	90%		
W005	Workforce - Appraisal Rate (Medical)	Jun 22	94%	90%		
W006	Workforce - Mandatory Training Rate	Jun 22	78.99%	80%		
W007	Workforce - Turnover Rate	Jun 22	14.2%	10%		
W008	Workforce - Vacancy Rate	Jun 22	11.74%	10%		
W009	Workforce - Time to hire overall	Jun 22	55.7	0		
W010	Workforce - Time to approve vacancy request	Jun 22	9.5	0		
W011	Workforce - Approval to advert	Jun 22	2.1	0		
W012	Workforce - Time to shortlist	Jun 22	8.6	0		
W013	Workforce - Time to send interview invites	Jun 22	0.8	0		
W014	Workforce - Interview date to conditional offer	Jun 22	2.5	0		
W015	Workforce - Pre-employment checks completed	Jun 22	24.9	0		
W016	Workforce - Conditional offer to contract sent	Jun 22	35.8	0		
W017	Workforce - Number of posts out to recruit (in month)	Jun 22	132	0		
W018	Workforce - % BAME representative IV panels	Jun 22	40%	0%		

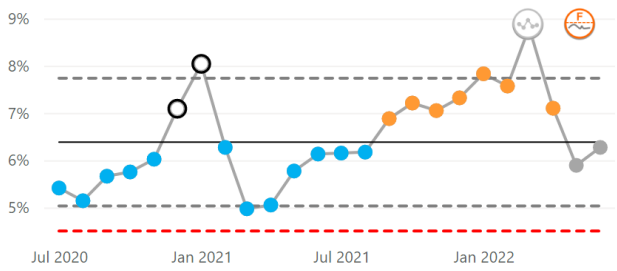
KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
W019	Workforce - Covid returners - % back in role	Feb 22	98.72%	0%		
W020	Workforce - Covid returners - % alternative role	Feb 22	0%	0%		
W021	Workforce - Covid returners - % at home still	Feb 22	0%	0%		
W022	Workforce - No. of cases for disciplinary	Feb 22	15	0		
W023	Workforce - No. of cases for grievance	Feb 22	2	0		
W024	Workforce - No. of cases for mutual respect	Feb 22	0	0		
W025	Workforce - Ave length time open - close (in days)	Feb 22	216	0		
W026	Workforce - % Cases through fast track resolution	Feb 22	6.66%	0%		
W027	Workforce - % BAME in disciplinary/grievance	Feb 22	23.51%	0%		

Domain Performance Summary

- Overall appraisal rates increase from 65.94% to 74.08%
    - Use of return to work discussions following maternity leave and sickness and milestone review meetings to be included as part of appraisal review process
    - Closing off appraisals for internal transferees
    - Realistic trajectories are in place for completion of outstanding appraisals
    - Continue to be impacted by ongoing Full Capacity Protocols
- Sickness absence increase from 5.89% to 6.27%
    - Increase in COVID sickness in June 2022 and cough, cold, flu like symptoms but LFT negative
    - Reduction in long term sickness
- Mandatory Training is at 79.00% against the Trust 80% target
    - Each Division and Directorate have set a trajectory for improvement
    - Improvements have been made to shorten and increase capacity for face to face training
    - Resuscitation team engaged on wards to improve basic life support training rates
- Labour Turnover has increased for the rolling 12 months to 14.19 %.
    - Further analysis undertaken to understand the reasons for leaving.
    - Task and finish groups set up to review reasons for leaving, exit interviews and retire and return process
    - Recruitment activity ongoing to address vacancies and labour turnover
- Medical Job Planning is behind plan but actions are in place to address with a proposed completion date of January 2023
- Changes to establishment figures to reflect additional staffing identified in 2021/2022
- Cohorts 1 and 2 of the High Performing Teams Programme commenced

Well Led	Sickness Absence (including Long and Short Term Sickness Absence)	Executive Lead	Jo Humphries	Lead	Cath Castleton

Workforce - Sickness Absence Rate: Trust



Jun 22	6.27%
Latest Date	Performance
4.5%	6.38%
Target	Mean

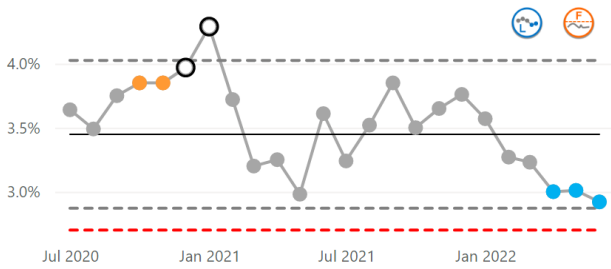
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Long Term Sickness Absence Rate: Trust



Jun 22	2.92%
Latest Date	Performance
2.7%	3.45%
Target	Mean

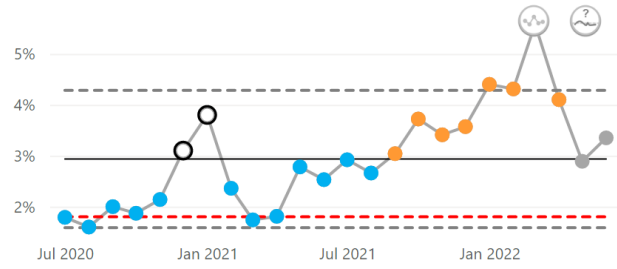
Variation Description

Special Cause (unexpected) variation - Improvement (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Short Term Sickness Absence Rate: Trust



Jun 22	3.35%
Latest Date	Performance
1.8%	2.94%
Target	Mean

Variation Description

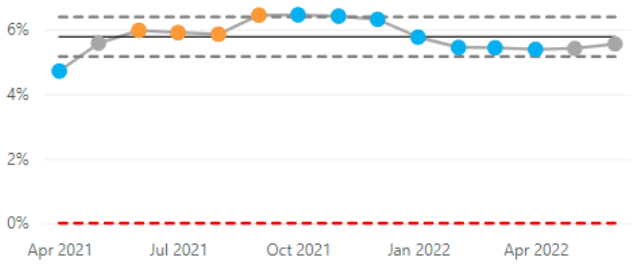
Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

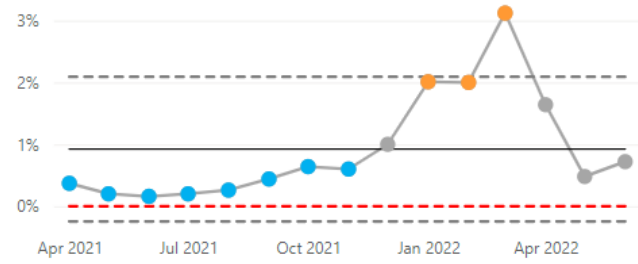
Well Led	Sickness Absence (COVID and Non-COVID related)	Executive Lead	Jo Humphries	Lead	Cath Castleton

Workforce - Sickness Absence Rate exc COVID: Trust



Jun 22	5.55%
Latest Date	Performance
0%	5.77%
Target	Mean

Workforce - Sickness Absence COVID only: Trust



Jun 22	0.72%
Latest Date	Performance
0%	0.92%
Target	Mean

Issues/Performance Summary

Sickness absence remains above Trust target slightly above the Trust improvement trajectory once allowance for Covid sickness absence has been accounted for.

- Total sickness absence 6.27%
- Covid sickness absence 0.72%

Continued significant improvement in Long Term sickness absence

Planned/Mitigating Actions

Divisional/Directorate improvement trajectories continue to be monitored through monthly PRMs.

Revised ICS wide review of sickness absence policy in progress

New stress management risk assessment and policy under review with clinical psychology.

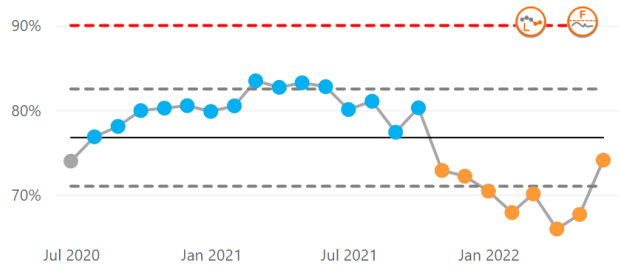
Additional Mental Health First Aider training

Assurance/Recovery Trajectory

Divisional/Directorate improvement trajectories continue to be monitored through monthly PRMs.

Well Led	Appraisals, Mandatory Training and Turnover	Executive Lead	Jo Humphries	Lead	Cath Castleton

Workforce - Appraisal Rate: Trust



Jun 22	74.08%
Latest Date	Performance
90%	76.75%
Target	Mean

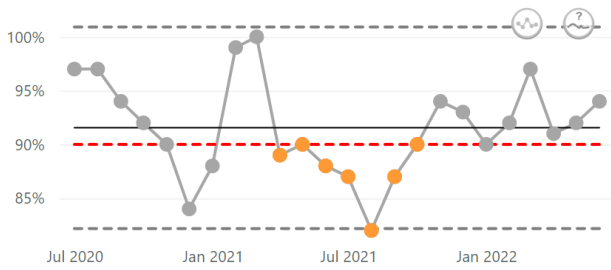
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Appraisal Rate (Medical): Trust



Jun 22	94%
Latest Date	Performance
90%	91.54%
Target	Mean

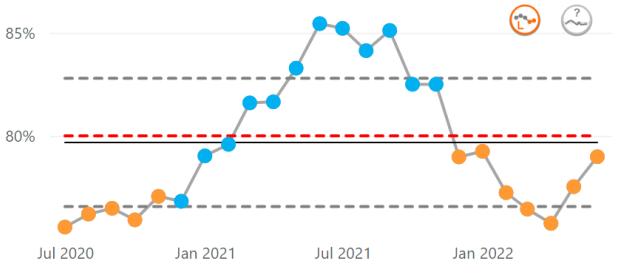
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Mandatory Training Rate: Trust



Jun 22	78.99%
Latest Date	Performance
80%	79.68%
Target	Mean

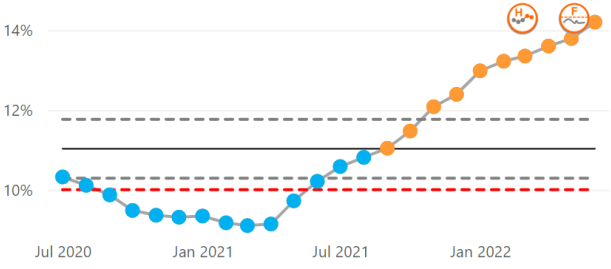
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Turnover Rate: Trust



Jun 22	14.2%
Latest Date	Performance
10%	11.03%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target

Issues/Performance Summary

Appraisal rates improved by 8%

- Concerns relating to data accuracy improved, closing down appraisals and use of return to work discussions
- 79% mandatory training compliance – all divisions and directorates have trajectories in place
- Increase in labour turnover and vacancy rates

Planned/Mitigating Actions

Each Division and Directorate has set an improvement trajectory to be monitored through the monthly performance review meetings.

Timing of appraisals to be reviewed to remove peaks in activity relating to annual anniversary.

Review of ESR recording processes.

Task and finish groups to review exit interview process, retire and return and recruitment and retention

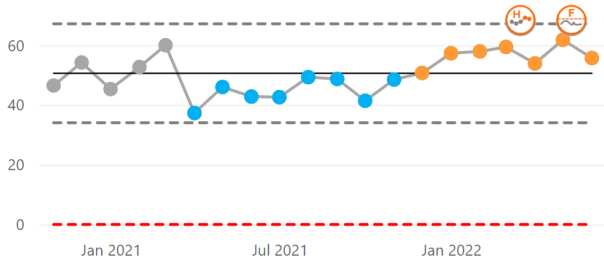
Assurance/Recovery Trajectory

Overdue and seriously overdue appraisal reporting for each area of the Trust re-instated for Divisional Performance Reviews and People Committee monitoring.

PRMs used to monitor performance each month.

Well Led	Recruitment - Time to Hire (Overall), approve, advertise & shortlist	Executive Lead	Jo Humphries	Lead	Cath Castleton

Workforce - Time to hire overall: Trust



Jun 22	55.7
Latest Date	Performance
0	50.6
Target	Mean

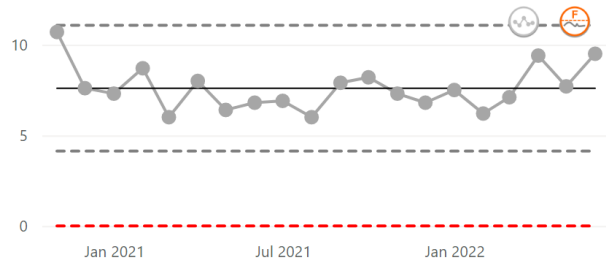
Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Time to approve vacancy request: Trust



Jun 22	9.5
Latest Date	Performance
0	7.6
Target	Mean

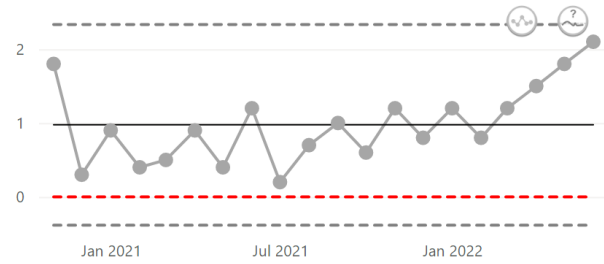
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Approval to advert: Trust



Jun 22	2.1
Latest Date	Performance
0	0.98
Target	Mean

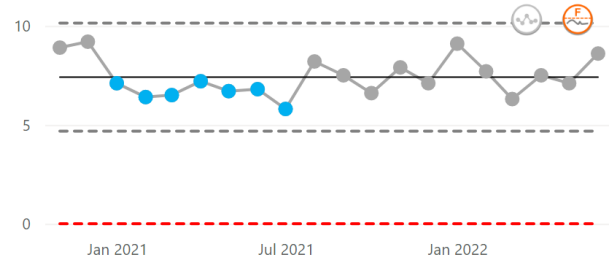
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Time to shortlist: Trust



Jun 22	8.6
Latest Date	Performance
10%	7.41
Target	Mean

Variation Description

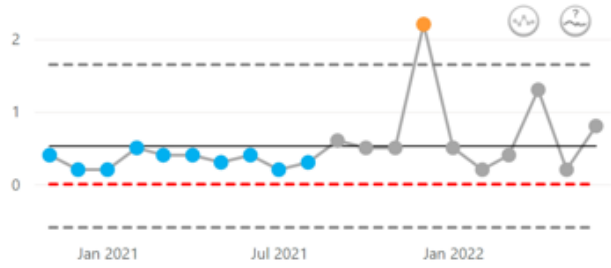
Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Well Led	Recruitment - Interviews, pre-employment checks & contract offers	Executive Lead	Jo Humphries	Lead	Cath Castleton

Workforce - Time to send interview invites: Trust



Jun 22	0.8
Latest Date	Performance
0	0.53
Target	Mean

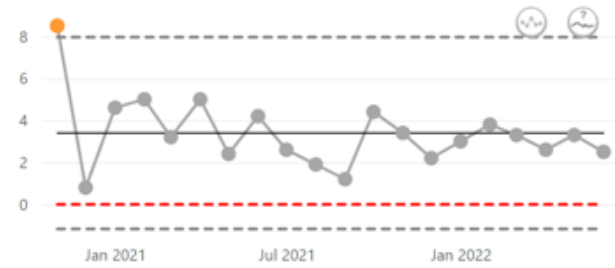
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Interview date to conditional offer: Trust



Jun 22	2.5
Latest Date	Performance
0	3.4
Target	Mean

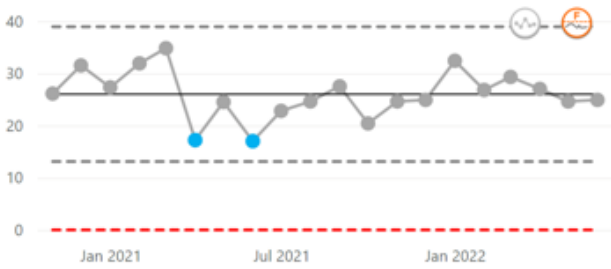
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Pre-employment checks completed: Trust



Jun 22	24.9
Latest Date	Performance
0	26.01
Target	Mean

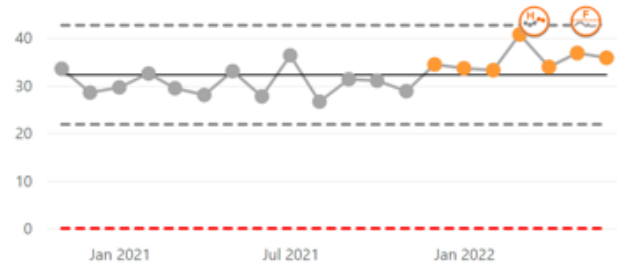
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Conditional offer to contract sent: Trust



Jun 22	35.8
Latest Date	Performance
0	32.23
Target	Mean

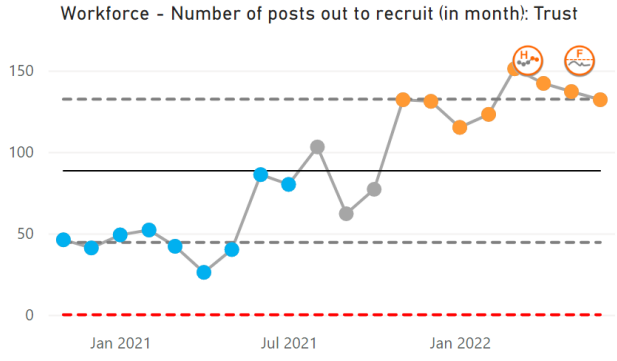
Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target

Well Led	Recruitment - No. of posts out to recruit, BAME representative IV panels	Executive Lead	Jo Humphries	Lead	Cath Castleton



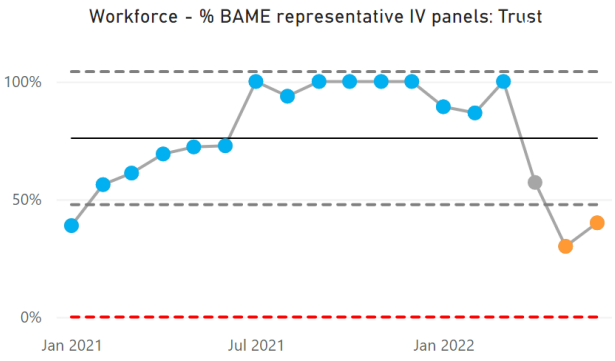
Jun 22	132
Latest Date	Performance
0	88.35
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target



Jun 22	40%
Latest Date	Performance
0%	75.95%
Target	Mean

Variation Description

Assurance Description

Issues/Performance Summary

173 vacancies in recruitment stage

132 posts open

Average time to recruit slightly above national NHS target (53 days) at 55.7 days, an improvement on the 61.8 days in May.

Time to shortlist and time to approve has been adversely impacted through sickness absence levels across the Trust and operating pressures to 8.5 days and 9.5 days respectively

Planned/Mitigating Actions

Review VSP process to identify areas for improvement

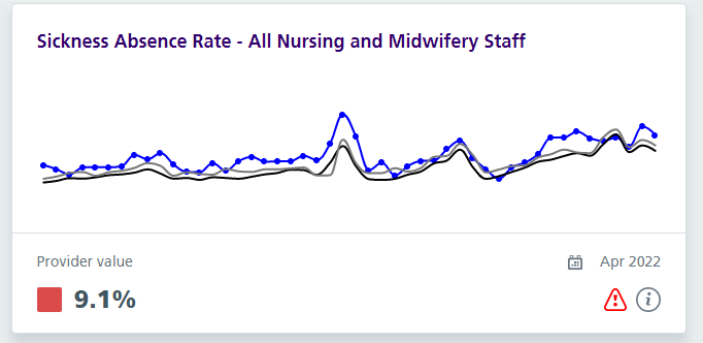
Review shortlist process to identify areas for improvement

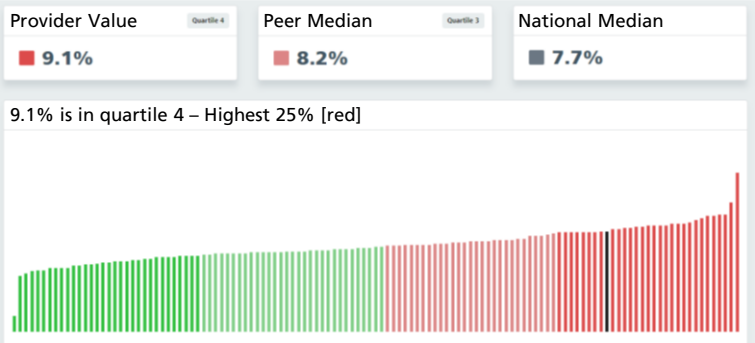
Add NHS national targets to the performance metrics

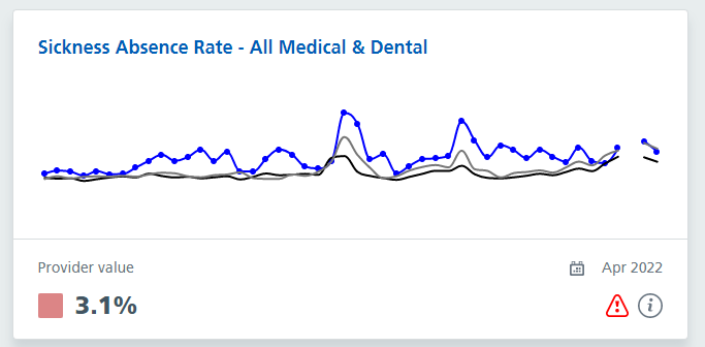
Assurance/Recovery Trajectory

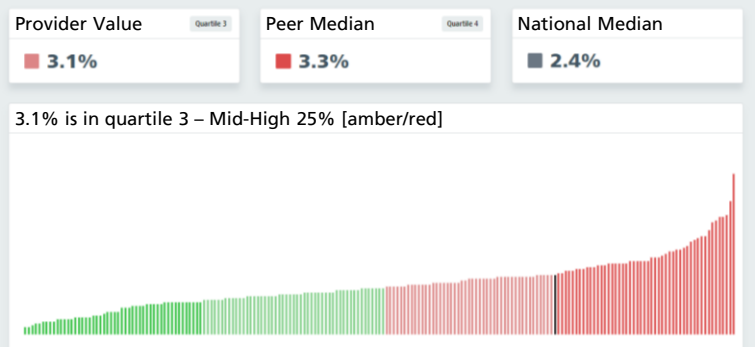
n/a until national targets have been added to the SPC charts

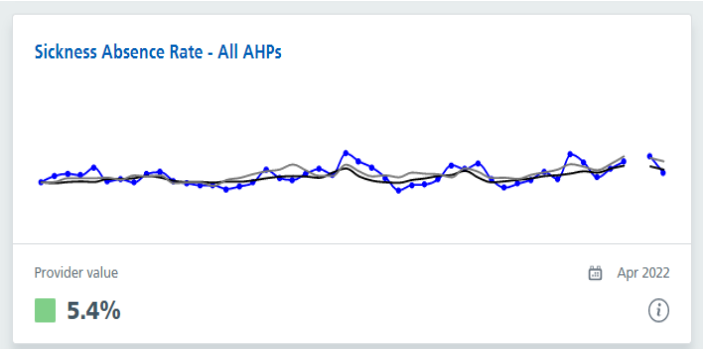
Well Led - Benchmarking Summary

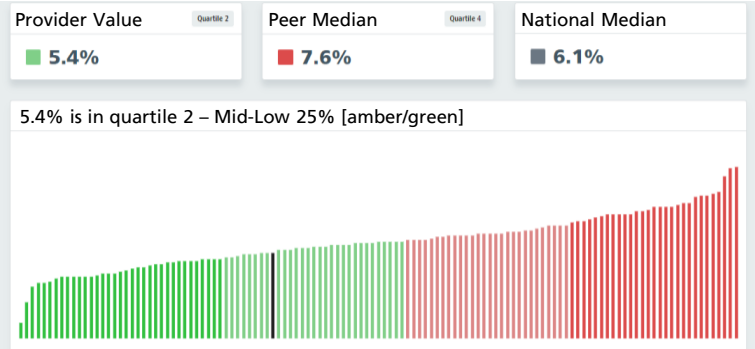












Source: NHS Model Hospital, April 2022
Benchmark: Recommended Peers and National

Key:

Line Graph
- Blue Line = QEH
- Grey Line = Peers
- Black Line = National Median

Bar Chart
Dark Green --- Red = Quartile 1 - 4
Black = QEH

Peer Trusts

Code	Name
RFS	Chesterfield Royal Hospital NHS Foundation Trust
RP5	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
RGP	James Paget University Hospitals NHS Foundation Trust
RK5	Sherwood Forest Hospitals NHS Foundation Trust
RXW	Shrewsbury and Telford Hospital NHS Trust
RBN	St Helens and Knowsley Teaching Hospitals NHS Trust
RQW	The Princess Alexandra Hospital NHS Trust
RTX	University Hospitals of Morecambe Bay NHS Foundation Trust
RWW	Warrington and Halton Hospitals NHS Foundation Trust
RGR	West Suffolk NHS Foundation Trust
RBL	Wirral University Teaching Hospital NHS Foundation Trust
RLQ	Wye Valley NHS Trust
RA4	Yeovil District Hospital NHS Foundation Trust
RK9	Plymouth Hospitals NHS Trust

Guidance

	Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
19	C.difficile (Hospital Onset)	Apr 22	20.62	20.2			35
47	E.coli (All Cases)	Apr 22	136.2	119.8			46
48	MRSA (All Cases)	Apr 22	1.61	**1.8**			49
49	MSSA (All Cases)	Apr 22	41.41	32.6			66

Target adjusted for the peer group median

Performance metric

Green is favourable performance v peer median

Red is adverse performance against peer median

National rank centile - Green indicates a more favourable ranking with a sliding scale to Red

PEER GROUP RANKING KEY

Performing well & should celebrate

Middle of the pack

Performing poorly and an outlier

All the data has been taken directly from the Public View system that has been recently procured by the Trust. 40 metrics have been selected for the purposes of this report. Domain allocation taken from the Public View system. Public View