Agenda item 11

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

# Integrated Performance Report
## 4 October 2022

Author: **Tim Allen OBE, Interim Chief Digital & Information Officer**

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

EXCELLENCE STARTS HERE

# Executive Summary

| Domain | Going Well | Cause for Concern |
|---|---|---|
| Safe | • Reduction in the number of Serious Incidents reported in both July and August<br>• Introduced incident feedback arrangements for staff<br>• Recovered the position in line with compliance standard of completing Serious Incident investigations within the agreed 60-day standard<br>• All identified infections including C diff, MSSA. MRSA cases remain under review, in line with national guidance | • Work continues to ensure Serious Incident action plans are completed and closed within agreed timeframes<br>• No significant improvement in overall staffing actual vs planned Registered Nurse/Healthcare Assistants which has remained static during July/August but with actual vs planned above 80% |
| Effective | • There were no still births in June or July<br>• There were no avoidable term admissions to NICU<br>• Summary Hospital-Level Mortality Indicator (SHMI) for December 2021 has not been published and is awaited. However, SHMI has remained stable<br>• VTE screening rates, research recruitment and reportable cardiac arrests remain within the agreed thresholds | • Breastfeeding at initiation and at discharge both remain above the agreed threshold. However, they remain inconsistent due to inability to release the co-ordinator from core service duties in maternity. This is set to improve as vacancy positions are improving.<br>• HSMR is 125.4 and has risen against our earlier predictions. This is due to continuing reduced activities pre-pandemic and rebasing of HSMR by Dr. Foster. Further clarifications are being sought on this issue with Dr. Foster. |
| Caring | • The level of satisfaction from 'Friends and Family' (FFT) inpatients and day cases exceeds the target of 95% | • There has been a significant increase in the MSA incidents and the numbers of patients affected. These have occurred on the Hyperacute Stroke Unit (HASU) on West Raynham Ward, Surgical Assessment Unit (SAU) and the Critical Care Unit (CCU).<br>• The FFT areas of concern continue to relate to A&E, outpatients and maternity. These areas have not met the levels of satisfaction target of 95% |
| Responsive | • The Trust achieved the 104-week wait standard<br>• 31-day diagnosis to treatment cancer waiting time standard met<br>• Improvement plans are in place for urgent and emergency care, elective care, cancer care and stroke care. | • 62-day cancer standard<br>• Diagnostic performance deteriorated slightly in August 2022; although improvements in performance have been noted in Cardiology – Echocardiography and Urodynamics<br>• Elective activity is lower than expected |
| Well Led (Finance) | • In August, the Trust's financial position is showing a deficit of £435k, which is £201k adverse to plan<br>• Cumulatively to August, the Trust's financial position is showing a deficit of £2,102k, which is £130k adverse to plan<br>• In August, the Cost Improvement Plan (CIP) performance is £574k against the plan of £724k, a negative variance of £150k<br>• Cumulatively to August the CIP performance is £3,303k against the plan of £3,413k, £110k adverse to plan | • In line with the national guidance the Trust is being protected from any financial recovery of Elective Recovery Funds that would be levied due to elective activity being lower than planned levels<br>• Spend on agency staff is higher than the planned levels of spend with further workforce controls in place to monitor agency usage<br>• The levels of cash releasing CIP schemes need to be monitored and a deep dive into the CIP programme was completed at the September meeting of the Finance and Activity Committee |
| Well Led (People) | • Sickness absence performance continues to meet trajectory for improvement<br>• Continued improvement in Mandatory Training performance (79.25% vs 80% Trust target)<br>• Cohorts 3 & 4 of the King's Fund High Performing Teams Programme launched | • Mandatory Training Safeguarding (Adult and Children) to be improved<br>• Medical job planning behind plan awaiting demand/capacity information<br>• Improvement trajectories for appraisal rates to focus on high number of overdue appraisals |

# Safe Performance Summary

KPI' shown in red are awaiting the latest data update

| KPI ID | KPI Description | Latest Date | Value | Target | Variation | Assurance |
|---|---|---|---|---|---|---|
| S001 | Serious Incidents- No. of Incidents Declared | Aug 22 | 2 | 0 | | |
| S004 | Serious Incidents - Duty of candour compliance | Aug 22 | 100% | 100% | | |
| S005 | VTE - % Assessments Completed | Jul 22 | 97.26% | 97.24% | | |
| S006 | Falls(Harm_only) - Rate per 1,000_beddays | Aug 22 | 0.2 | 0.98 | | |
| S007 | Pressure Ulcers - Rate per 1,000 beddays | Aug 22 | 0.32 | 0.41 | | |
| S008 | Safer Staffing - RN and NA Fill Rates | Aug 22 | 84.74% | 80% | | |
| S009 | Safer Staffing - Care Hours Per Patient Per Day | Aug 22 | 7.07 | 8 | | |
| S010 | CDiff - Rate per 100,000 beddays | Aug 22 | 35.91 | 30.1 | | |
| S011 | CDiff - Actual Cases | Aug 22 | 5 | 4 | | |
| S012 | MRSA - Actual Cases | Aug 22 | 0 | 0 | | |
| S013 | EColi - Rate per 100,000 beddays | Aug 22 | 30.62 | 16.4 | | |
| S014 | EColi - Actual Cases | Aug 22 | 6 | 2 | | |
| S015 | MSSA - Rate per 100,000 beddays | Aug 22 | 13.54 | 0 | | |
| S016 | MSSA - Actual Cases | Aug 22 | 3 | 0 | | |
| S017 | Cleanliness Scores - Very High Risk Areas | Aug 22 | 96.95% | 95% | | |
| S018 | Cleanliness Scores - High Risk Areas | Aug 22 | 93.65% | 95% | | |
| S019 | Cleanliness Scores - Significant Risk Areas | Aug 22 | 92.5% | 95% | | |
| S020 | Cleanliness Scores Low Risk Areas | Aug 22 | 0% | 95% | | |
| S021 | Cleanliness Audits Completed | Aug 22 | 46 | 37 | | |
| S022 | Patient Safety - Alerts not completed by deadline | Aug 22 | 0 | 0 | | |

Domain Performance Summary:

Reduction in the number of Serious Incidents reported, in both July and August compared to 8 in June 2022.

Sustained Duty of Candour compliance at 100%.

Overall staffing actual vs planned RN/HCA has remained static during July/August with actual vs planned above 80%.

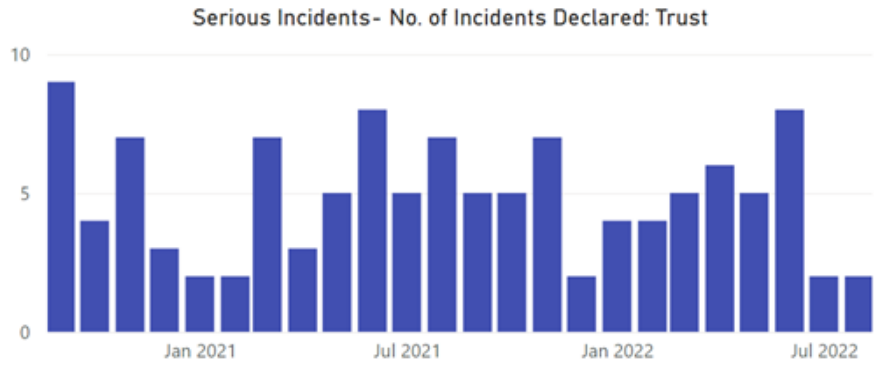
Three cases of hospital onset E. coli were reported in August 2022 and three community onset, hospital associated.

One case of hospital onset MSSA and two cases of community onset, hospital associated were reported in August 2022.

Four hospital onset and one community onset hospital associated CDI cases identified in August 2022.

All identified infections including CDI, MSSA. MRSA cases remain under review, in line with national guidance. Antibiotic stewardship and engagement work underway with ICS.

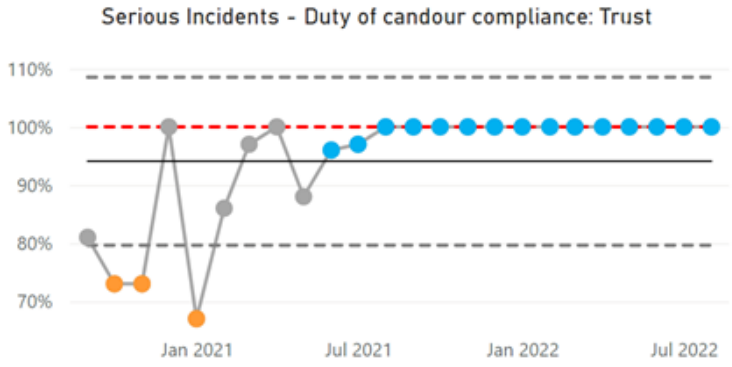
| Safe | Serious Incidents & Duty Of Candour | Executive Lead | Louise Notley | Lead | Kelly Waterfield |
|---|---|---|---|---|---|




2
Performance

Aug 22
Latest Date

0
Target




| Aug 22 | 100% |
|---|---|
| Latest Date | Performance |
| 100% | 94.08% |
| Target | Mean |

## Issues/Performance Summary

Reduction in the number of Sis reported, in both July and August compared to 8 in June 2022.

Sustained compliance with Duty of Candour at 100%.

Sustained recovery of compliance against the SI investigation standard of 60 days at 100% following impact of operational pressures over the winter and spring period.

## Planned/Mitigating Actions

Current support and monitoring arrangements in place will continue in view of improved performance.

## Assurance/Recovery Trajectory

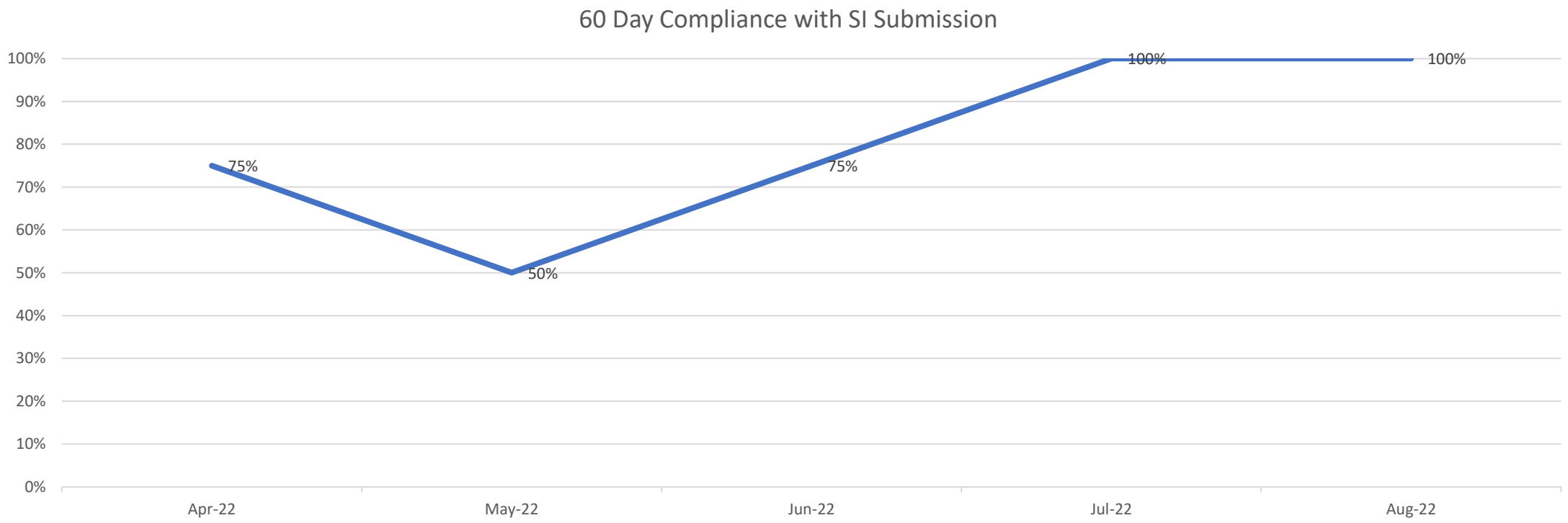
With overall reduction in the number of Sis and recovery of SI investigation compliance across the Divisions, improvement work and resource will focus on the completion and closure of SI action plans to ensure learning is shared and changes implemented.

Recent recruitment of a Patient Safety Co-ordinator will support the work Trust's work to share and embed learning across the organisation.

New incident feedback arrangements for staff have been introduced to support the reporting of patient safety incidents.

| Safe | Serious Incidents | Executive Lead | Louise Notley | Lead | Kelly Waterfield |
|---|---|---|---|---|---|

# Monthly compliance with 60-day Investigation KPI




There were 3 SIs due for submission in August 2022, all of which were submitted within the 60-day KPI with a total average of 55 working days.

| Month | Apr | May | Jun | Jul | Aug |
|---|---|---|---|---|---|
| SI's due | 4 | 4 | 4 | 3 | 3 |
| SI's submitted within 60 day KPI | 3 | 2 | 3 | 3 | 3 |
| % of compliance within 60 WD | 75% | 50% | 75% | 100% | 100% |

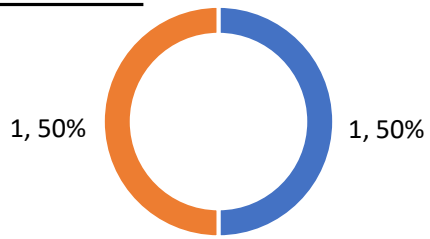
| Safe | Serious Incidents | Executive Lead | Louise Notley | Lead | Kelly Waterfield |
|---|---|---|---|---|---|

## Thematic Review of Patient Safety Incidents:

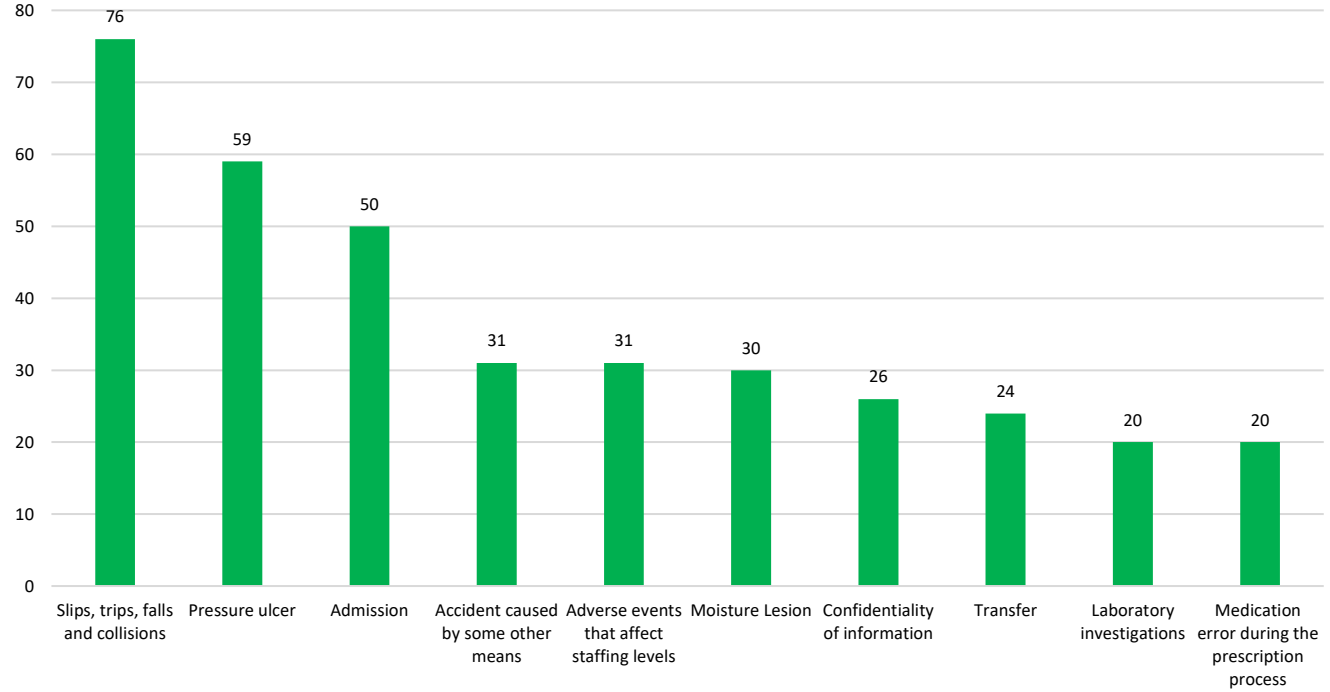
Between the time period of 01/08/2022 – 31/08/2022 there were 723 patient safety incidents reported on Datix.

## 2 Serious Incidents Declared

- Treatment delay meeting SI criteria
- Maternity/Obstetric incident meeting SI criteria: mother and baby (this includes foetus, neonate and infant)




## Top 10 Incident Categories reported for August 2022




## Top 5 Incident Categories reported for August 2022

**Slips, Trips, Falls and Collisions: 36% (27/76)** resulted in harm, of which **11% (3/27)** resulted in moderate harm.

**Pressure Ulcers: 10% (6/59)** were hospital acquired pressure ulcers; **0% (0/6)** resulted in moderate harm.

**Admission: 0% (0/50)** had Moderate Harm Attributed. Incident themes within this category 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 and ELM SAU.

**Accident caused by some other means: 26% (8/31)** resulted in harm, of which **13% (1/8)** resulted in moderate harm. Incident themes within this category included: patient collapses, guided falls to the ground, guided slips to the ground and near miss traffic accidents.

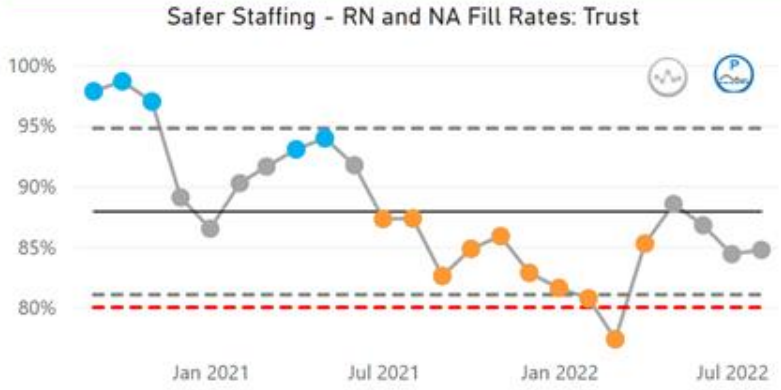
**Adverse events affecting staffing levels: 0% (0/31)** resulted in harm. **48% (15/31)** were attributed to Women & Children Division, **36% (11/31)** were reported for Medicine and **16% (5/31)** were attributed to Surgery.

**Whistleblowing (WB) - 0** CQC WB enquiries were received.

**Freedom To Speak Up (FTSU) - 18** FTSU issues / concerns were raised:

- Sickness management x1
- Line management support x3
- Inappropriate behaviour x5
- Worker safety x3
- Staffing, support and patient care x4
- Mistakes due to lack of electronic patient records x1
- Poor working relationships x1

| Safe | Safer Staffing | Executive Lead | Alice Webster | Lead | Karen McGuire |
|---|---|---|---|---|---|



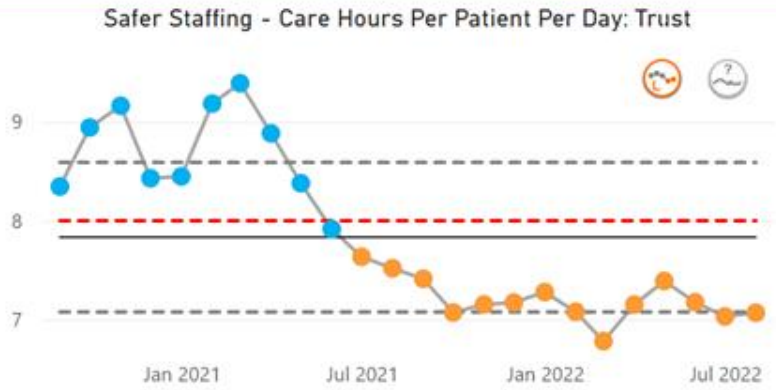

| Aug 22 | 84.74% |
|---|---|
| Latest Date | Performance |
| 80% | 87.9% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates consistently (P)assing the target




| Aug 22 | 7.07 |
|---|---|
| Latest Date | Performance |
| 8 | 7.83 |
| 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 has remained static during July/August 2022 with actual vs planned above 80%.

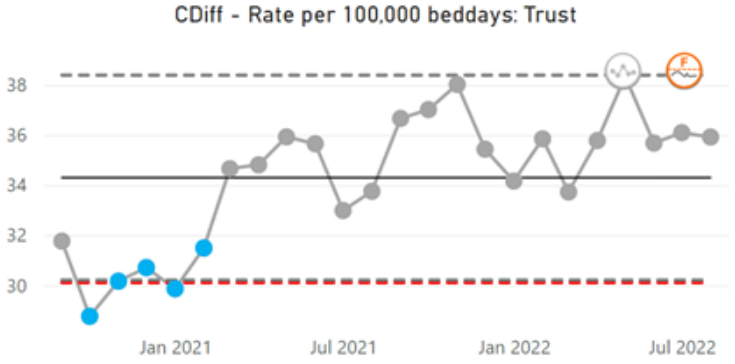
## Planned/Mitigating Actions

- 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 2022.
- Establishment template review underway.
- Skill mix review completed.
- Planned deep dive in October 2022.

## Assurance/Recovery Trajectory

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

| Safe | Clostridium Difficile & MRSA | Executive Lead | Alice Webster | Lead | Ange Howling |
|---|---|---|---|---|---|



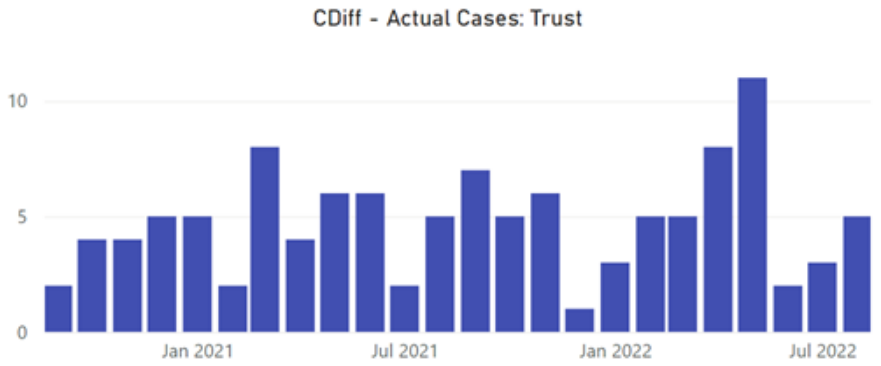

| Aug 22 | 35.91 |
|---|---|
| Latest Date | Performance |
| 30.1 | 34.29 |
| Target | Mean |

**Variation Description**

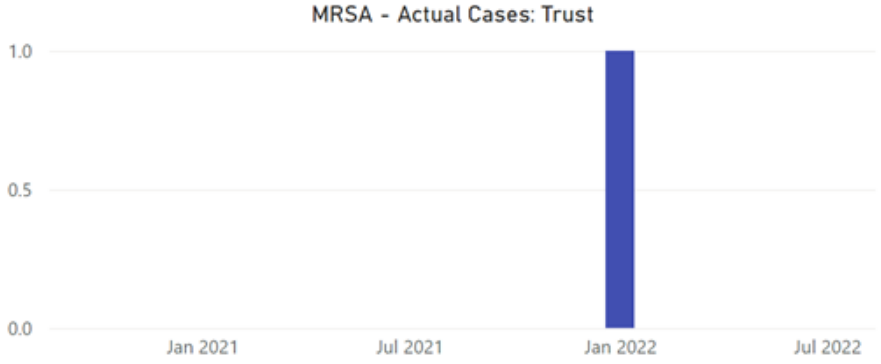
Common Cause - no significant change

**Assurance Description**

Variation indicates consistently (F)alling short of the target




| 5 |
|---|
| Performance |
| Aug 22 |
| Latest Date |
| 4 |
| Target |




| 0 |
|---|
| Performance |
| Aug 22 |
| Latest Date |
| 0 |
| Target |

## Issues/Performance Summary

Threshold set for Clostridioides difficile Infection (CDI) for 2022/23 - 44 healthcare associated cases.

Four hospital onset and one community onset hospital associated CDI cases identified in August 2022.

## Planned/Mitigating Actions

CDI cases presently under review, in line with national guidance.

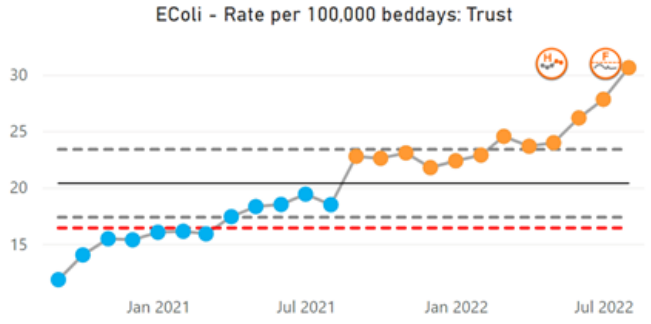
## Assurance/Recovery Trajectory

Post Infection Reviews undertaken for each CDI case, process supported by Healthcare Board IPC colleagues, and any lessons learned will be shared across the Trust.

Bespoke education / training provided to affected areas.

Antibiotic stewardship management and engagement (including anti-biotic ward rounds, educational sessions for junior medics, review of antibiotic guidelines and use of broad spectrum anti-biotics).

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



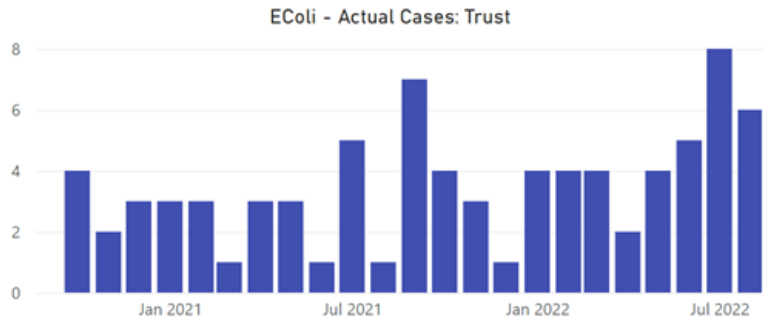

Aug 22 — Latest Date
30.62 — Performance
16.4 — Target
20.36 — Mean

**Variation Description**

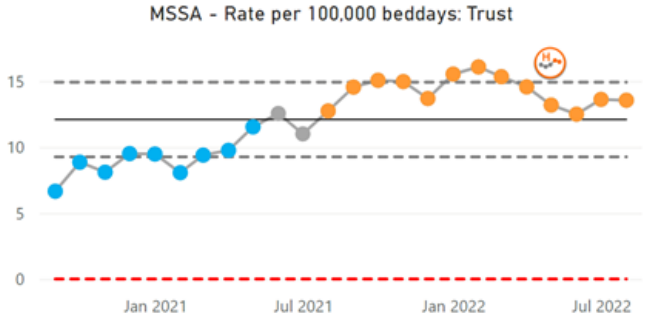
Special Cause (unexpected) variation - Concern (H)

**Assurance Description**

Variation indicates consistently (F)alling short of the target



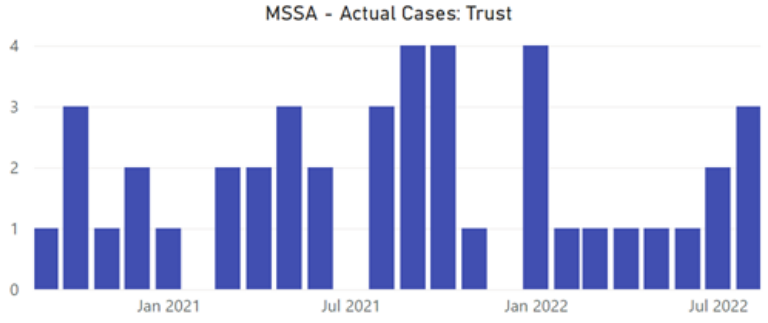

6 — Performance
Aug 22 — Latest Date
2 — Target




Aug 22 — Latest Date
13.54 — Performance
12.08 — Mean

**Variation Description**

Special Cause (unexpected) variation - Concern (H)




3 — Performance
Aug 22 — Latest Date

## Issues/Performance Summary

Threshold set for Escherichia coli (E.coli) for 2022/23 - 59 healthcare associated cases.

Three cases of hospital onset E. coli were reported in August 2022 and three community onset, hospital associated.

No threshold set for Meticillin Sensitive Staphylococcus (MSSA).

One case of hospital onset MSSA and two cases of community onset, hospital associated, were reported in August 2022.

## Planned/Mitigating Actions

E. Coli cases reviewed at surveillance meeting with Infection Prevention Team and Infection Control Doctor – no lapses in care identified.

MSSA cases presently under review at surveillance meeting with Infection Prevention Team and Infection Control Doctor – no lapses in care identified at rapid review stage.

## Assurance/Recovery Trajectory

Antibiotic stewardship and engagement - IPCT presently working with wider Trust Team (Infection Control Dr, IPCT and clinicians) to review the anti-microbial strategy and working group in order to influence and support future work.

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.

# Peer Benchmarking Summary

Data Source: Public View

## Safe Peer Benchmarking

| Key Performance Indicator | Period | Last 12 months | National Rank | Peers Rank |
|---|---|---|---|---|
| C.difficile (Hospital Onset) | 06/2022 | | 103/137 | 10/15 |
| Care Hours per Patient Day - Overall | 06/2022 | | 167/182 | 11/14 |
| E.coli (Hospital Onset) | 06/2022 | | 42/137 | 5/15 |
| MRSA (Hospital Onset) | 06/2022 | | 73/137 | 5/15 |
| MSSA (Hospital Onset) | 06/2022 | | 34/137 | 3/15 |
| VTE Risk Assessment | 05/2022 | | 100/139 | 11/15 |

### 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 |

# Effective Performance Summary

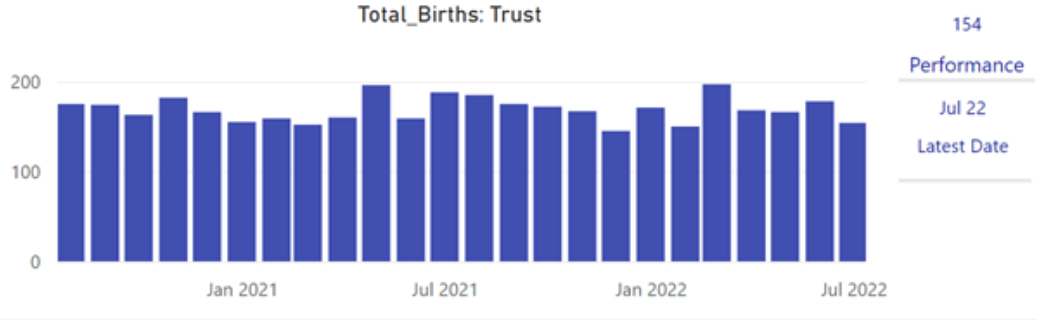
KPI' shown in red are awaiting the latest data update

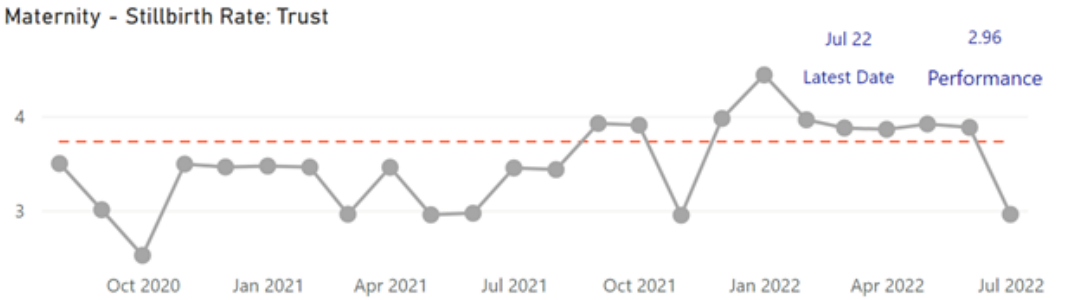
| KPI ID | KPI Description | Latest Date | Value | Threshold | Variation | Assurance |
|---|---|---|---|---|---|---|
| E001 | Total_Births | Jul 22 | 154 | 0 | | |
| E002 | Maternity - Stillbirth Rate | Jul 22 | 2.96 | 3.73 | | |
| E003 | Maternity - Neonatal Deaths_Rate | Jul 22 | 0.99 | 1.06 | | |
| E004 | Maternity - Extended Perinatal Deaths Rate | Jul 22 | 3.94 | 4.79 | | |
| E005 | Maternity - Maternal_Deaths | Jul 22 | 0 | 0 | | |
| E006 | Maternity - Total LSCS rate | Jul 22 | 32.89% | | | |
| E007 | Maternity - Emergency LSCS rate | Jul 22 | 23.68% | | | |
| E008 | Maternity - Elective LSCS rate | Jul 22 | 9.21% | | | |
| E009 | Maternity - Term admissions to the NNU | Jul 22 | 3.57% | 6% | | |
| E010 | Maternity - Avoidable Term admissions to the NNU | Jul 22 | 0% | 0% | | |
| E011 | Maternity - Breastfeeding initiation | Jul 22 | 83.76% | 70% | | |
| E012 | Maternity - Breastfeeding on_discharge from_hospital | Jul 22 | 55.24% | 60% | | |
| E013 | Maternity - PPH | Jul 22 | 4.6% | 3% | | |
| E014 | Maternity - 3rd 4th degree tears | Jul 22 | 1.44% | 3.5% | | |
| E015 | Maternity - Smoking at booking | Jul 22 | 16.16% | 18.6% | | |
| E016 | Maternity - Stopped smoking by delivery | Jul 22 | 39.62% | 44.7% | | |
| E017 | Maternity - Smoking at time of delivery | Jul 22 | 15.89% | | | |
| E018 | HSMR - Crude Rate | May 22 | 4.41 | 3.18 | | |
| E019 | HSMR - Relative Risk | May 22 | 125.47 | 0 | | |
| E020 | HSMR - Relative Risk (Weekday) | May 22 | 120.76 | 0 | | |
| E021 | HSMR - Relative Risk (Weekend) | May 22 | 136.93 | 0 | | |
| E022 | SHMI | Nov 21 | 101.44 | 100 | | |
| E023 | Cardiac Arrest - Rate per 1000 Admissions | Jul 22 | 2.34 | 2 | | |
| E024 | Research - No. of patients recruited in NIHR studies | Aug 22 | 44 | 63 | | |

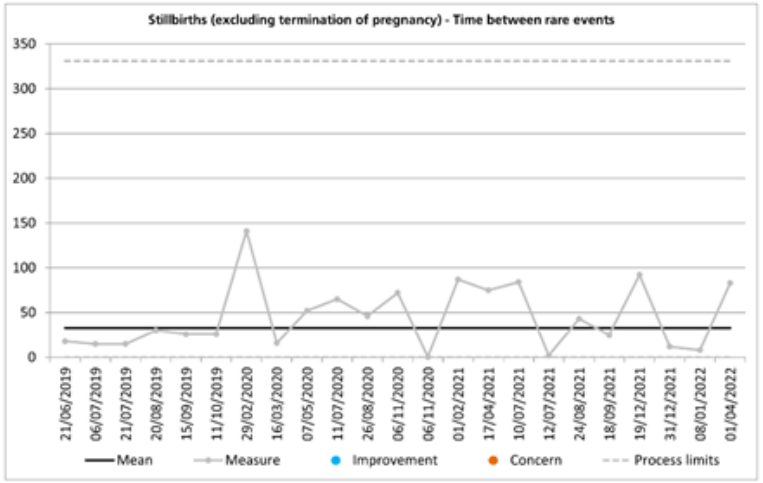
Domain Performance Summary:

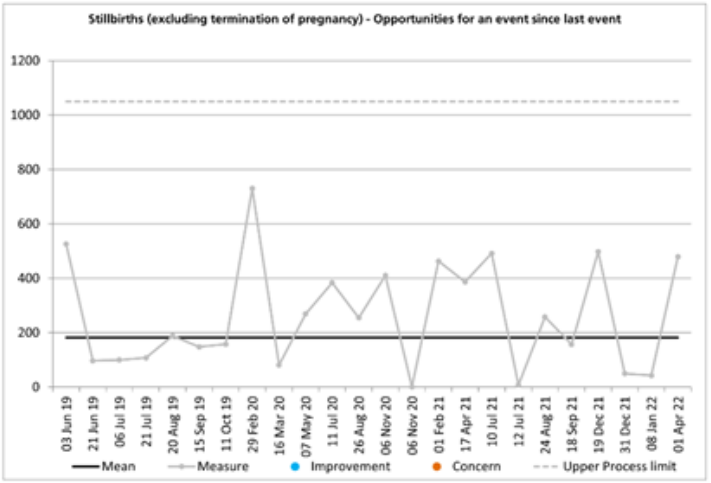
- There were no still births in June or July 2022.
- There was one neonatal death in June where a pre-term baby could not be successfully resuscitated soon after birth. There were no immediate lapses in care identified and this incident is currently undergoing HSIB investigation.
- Brief details of the indications for caesarean sections based on Robson Criteria is discussed in this report. Maternal preferences remain the top reasons for caesarean sections.
- There were no avoidable term admissions to NICU.
- Breastfeeding at initiation and at discharge both remain above the agreed threshold. However, they remain inconsistent due to inability to release the co-ordinator from core service duties in maternity. This is set to improve as vacancy positions are improving.
- Hospital Standardised Mortality Ratio (HSMR) is 125.4 and has risen against our earlier predictions. This is due to continuing reduced activities pre-pandemic and rebasing of HSMR by Dr Foster. Further clarifications are being sought on this issue with Dr Foster.
- SHMI for December 2021 has not been published and is awaited. However, SHMI has remained stable throughout the period of HSMR drift.
- VTE screening rates, research recruitment and reportable cardiac arrests remain within the agreed thresholds.

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




## Issues/Performance Summary

In June and July 2022, we had a total of 272 births. Of these 58% were spontaneous vaginal births, 9% were instrumental assisted births, 11% were elective LSCS births and 22% were emergency LSCS births.

There were no still births in June and July 2022.

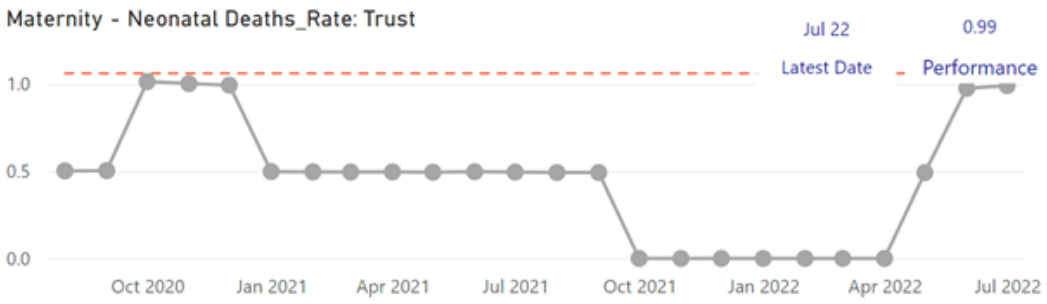
## Planned/Mitigating Actions

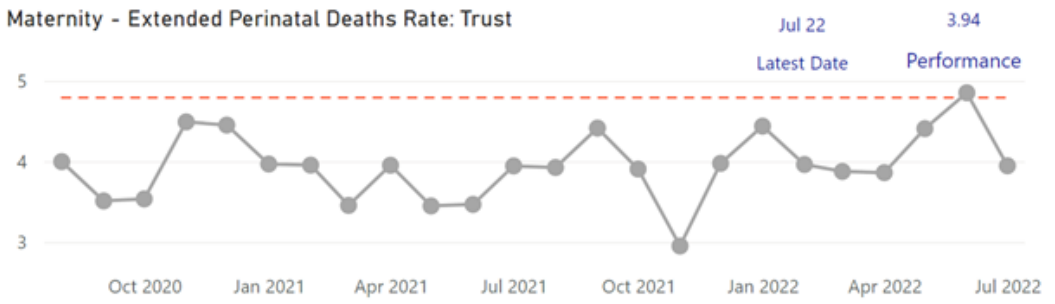
Currently all deliveries and outcomes are audited for quality assurance and any mandatory notifications such as still births, 3rd/4th degree perineal tear, post-partum haemorrhage are reported via incidents with investigations leading to learning.
Indication for caesarean sections are monitored through weekly meetings based on Robson Criteria and ATAIN review for any neonatal admissions to intensive care treatment.

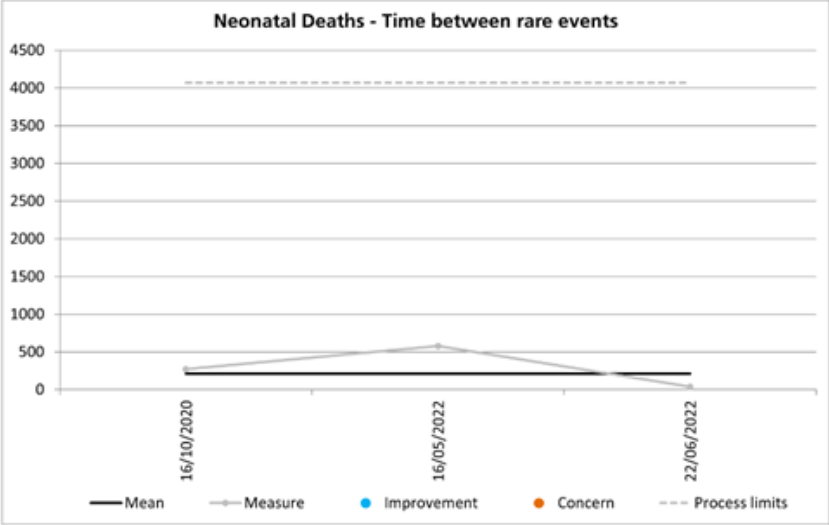
## Assurance/Recovery Trajectory

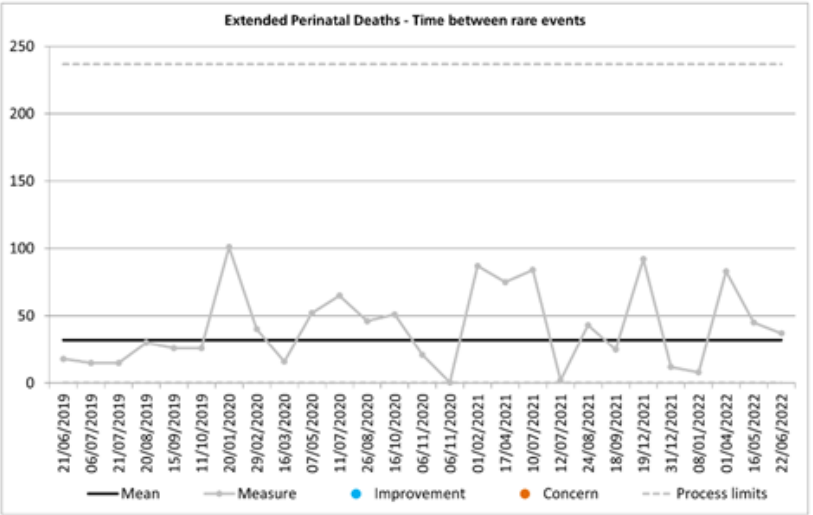
Regular reviews and reporting both internally and where needed externally provide us with assurance in the metrics we currently measure.

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



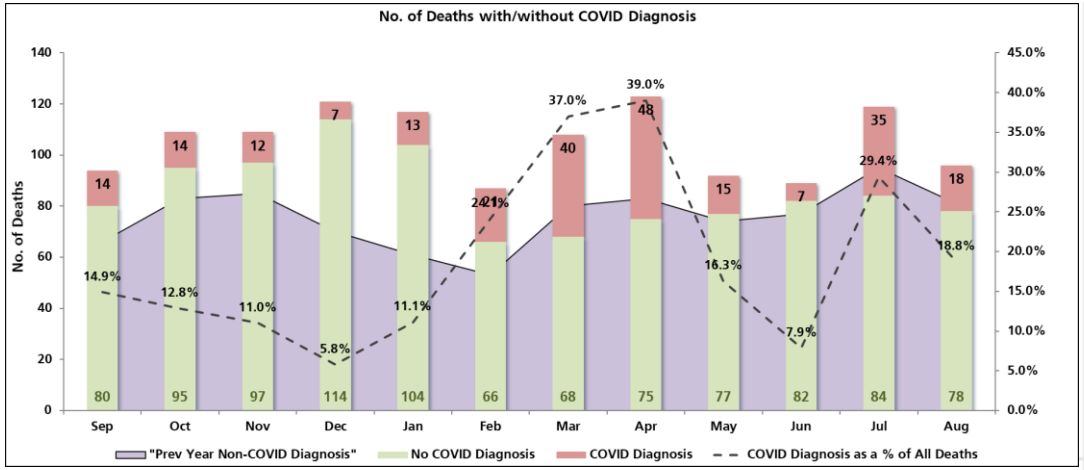



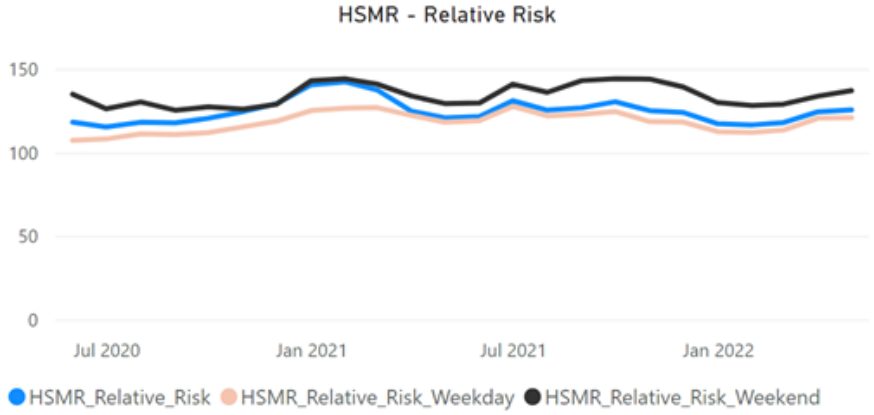




| Issues/Performance Summary | Planned/Mitigating Actions | Assurance/Recovery Trajectory |
|---|---|---|
| Sadly, there was one early neonatal death in June 2022.<br><br>Extended perinatal morality rates lie within the agreed threshold range of 4.79. | This death is currently being investigated by the Healthcare Safety Investigation Branch (HSIB). No immediate safety concerns have been raised and we await the full report. We are also looking to standardise the resuscitation equipment across the different departments, although this has not attributed to the death.<br><br>Currently there are adequate monitoring and surveillance processes to ensure each event is adequately investigated internally and where appropriate externally for assurance. | These are within agreed thresholds currently. |

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



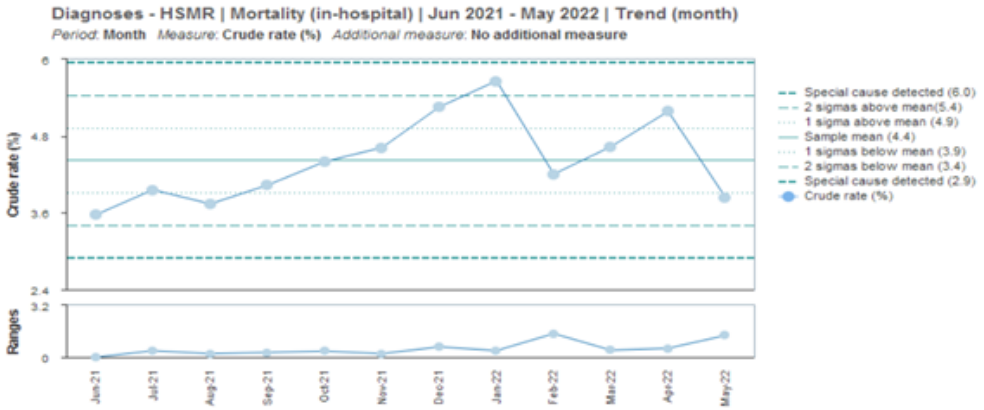



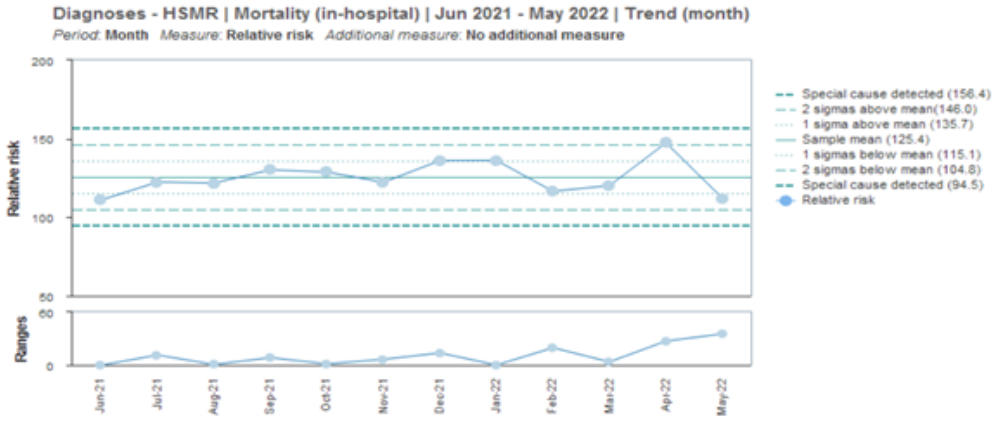

125.47

Performance

May 22

Latest Date




## Issues/Performance Summary

HSMR is at 125.47 for June 21 to May 22. We had expected to see a drop in our HSMR by this time but due to lower levels of activity compared to 2019/20 and the rebasing of the HSMR this prediction was incorrect. Activity in May was lower than in previous months (6214 spells compared to May 2019 at 8064)– as activity increases, it is anticipated that both SHMI and HSMR will fall as the denominator of total episode increases.

In August 2022 there were 97 deaths (of which 13 were in patients with COVID). There were 88 deaths in August 2021 and 93 in 2020. 53 out of the 97 deaths in August were in patients aged 80 or over, of this number 17 were aged 90 or above.

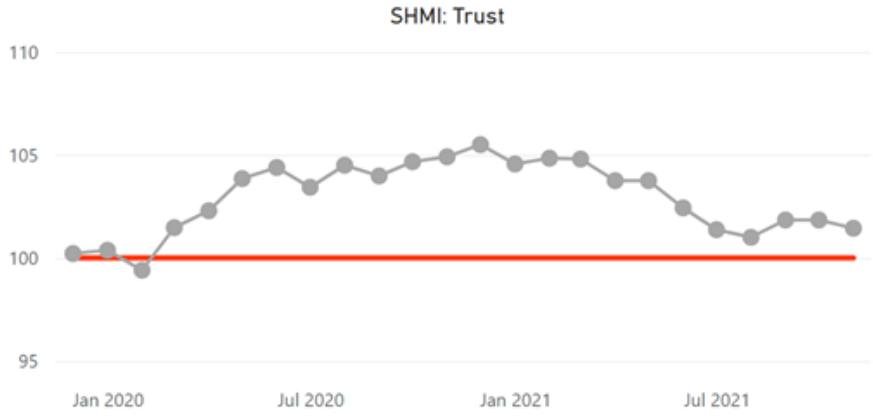
## Planned/Mitigating Actions

Our Trust Mortality Lead has made significant progress in completing the SJRs outstanding due to the backlog created during the pandemic. At the same time we have been completing all deaths reviewed and populating the SJR+ tool. We currently have 769 records which will provide a rich data source for further analysis.
Longer term, he will also provide operational leadership for trust wide learning of the themes within the deaths that have been reviewed.
We continue to attend the NHSE/I Better Together Trust Mortality Leads forum to ensure best practice is captured and used within the Trust. We will be welcoming NHSE/I for a visit in September to show the progress made against our action plan and our current processes. This will be an opportunity to showcase our work and also learn where we can improve in the future.

## Assurance/Recovery Trajectory

HSMR is expected to fall as activity increases and the number of COVID related deaths fall. It is difficult to provide an accurate trajectory due to the unknown variability that another COVID winter might bring, not only to the number of deaths but also the inpatient activity of the hospital against which the number of deaths are measured.

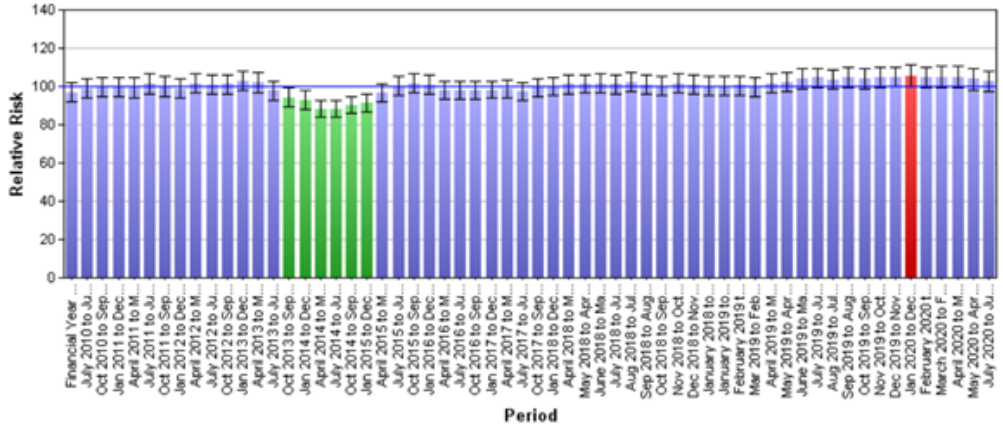
| Effective | SHMI | Executive Lead | Raghuraman Govindan | Lead | Lisa Cooke |
|---|---|---|---|---|---|

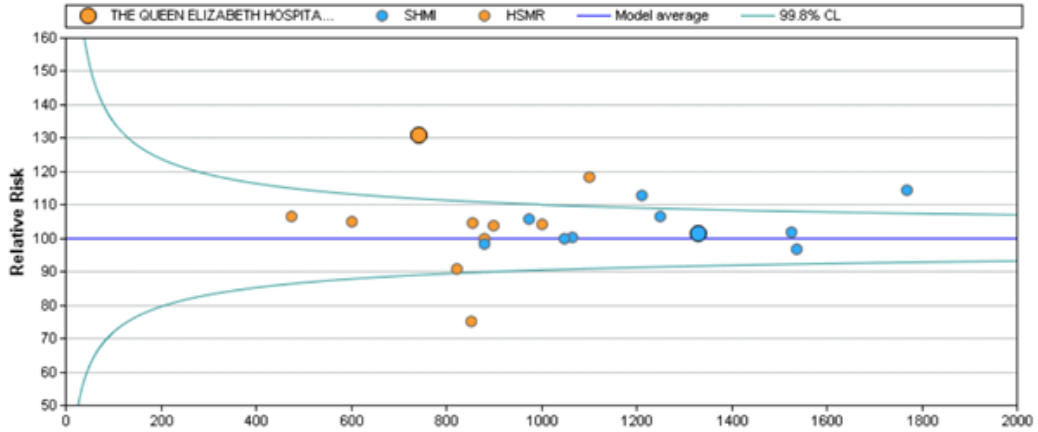


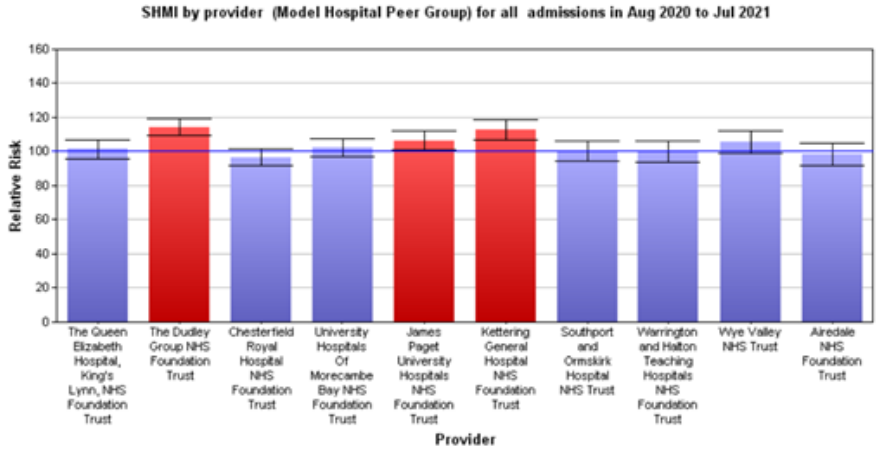

101.44
Performance

Nov 21
Latest Date

100
Target




## Issues/Performance Summary

The SHMI remains within the "as expected" banding at 104 for the period April 2021 to March 2022. Our supplier Dr Foster has not updated the SHMI within their toolkit at this point, therefore the graphics show the position to November 2021.
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 April 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.

# Peer Benchmarking Summary

Data Source: Public View

## Effective Peer Benchmarking

| Key Performance Indicator | Period | Last 12 months | National Rank | Peers Rank |
|---|---|---|---|---|
| 3rd or 4th degree tear at delivery | 03/2022 | | 71/82 | 9/10 |
| Breast Feeding Initiation | 06/2022 | | 43/104 | 2/12 |
| Elective C-section | 06/2022 | | 81/120 | 8/15 |
| Emergency C-section Rate | 05/2022 | | 96/120 | 4/15 |
| Smoking at booking | 06/2022 | | 86/94 | 10/11 |
| Smoking at delivery | 03/2022 | | 49/79 | 5/12 |
| Post-Partum Haemorrhage | 06/2022 | | 16/106 | 1/10 |
| Summary Hospital Mortality Indicator | 06/2022 | | 74/121 | 9/15 |

### 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 |

# Caring Performance Summary

KPI' shown in red are awaiting the latest data update

| KPI ID | KPI Description | Latest Date | Value | Target | Variation | Assurance |
|---|---|---|---|---|---|---|
| C001 | Mixed Sex Accommodation - No. of Incidents | Aug 22 | 21 | 0 | | |
| C002 | Mixed Sex Accommodation - No. of Breaches | Aug 22 | 66 | 0 | | |
| C003 | Dementia - Screening Performance | Jul 22 | 94.96% | 90% | | |
| C004 | FFT - (IP & DC) % "Very_Good" or "Good" | Aug 22 | 96.13% | 95% | | |
| C005 | FFT - (AE) % "Very Good" or "Good" | Aug 22 | 74.02% | 95% | | |
| C006 | FFT - (OP) % "Very Good" or "Good" | Aug 22 | 94.51% | 95% | | |
| C007 | FFT - (Mat - Antenatal) % "Very Good" or "Good" | Aug 22 | 50% | 95% | | |
| C008 | FFT - (Mat - Labour) % "Very Good" or "Good" | Aug 22 | 100% | 95% | | |
| C009 | FFT - (Mat - Postnatal) % "Very Good" or "Good" | Aug 22 | 90.47% | 95% | | |
| C010 | FFT - (Mat - Comm Postnatal) % "Very Good" or "Good" | Aug 22 | 0% | 95% | | |
| C011 | Complaints - No. of Clinical & Non-Clinical | Aug 22 | 7 | 0 | | |
| C012 | Complaints - 30 Day Response Rate | Aug 22 | 94% | 90% | | |
| C013 | Complaints - Rate per AE/IP/OP Activity | Aug 22 | 0.03% | 0% | | |
| C014 | Complaints - % Reopened Complaints | Aug 22 | 0% | 15% | | |

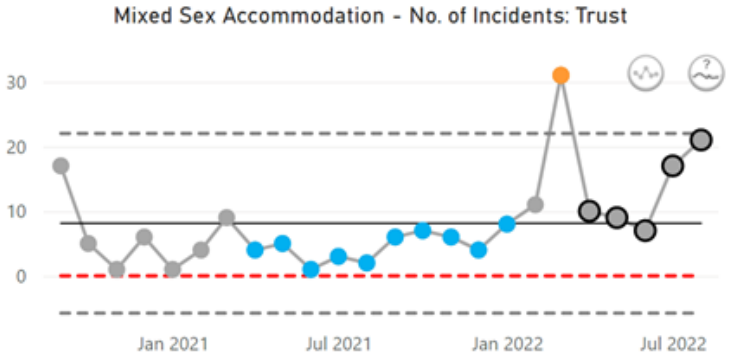
Domain Performance Summary:

There has been a significant increase in the MSA incidents and the numbers of patients affected. These have occurred on the Hyperacute Stroke Unit (HASU) on West Raynham Ward, Surgical Assessment Unit (SAU) and the Critical Care Unit (CCU).

The FFT areas of concern continue to relate to A&E, outpatients and maternity, these areas have not met the levels of satisfaction target of 95%.

The level of satisfaction from FFT inpatients and day cases exceeds the target of 95%.

| Caring | Mixed Sex Accommodation & Dementia | Executive Lead | Alice Webster | Lead | Karen McGuire |
|---|---|---|---|---|---|



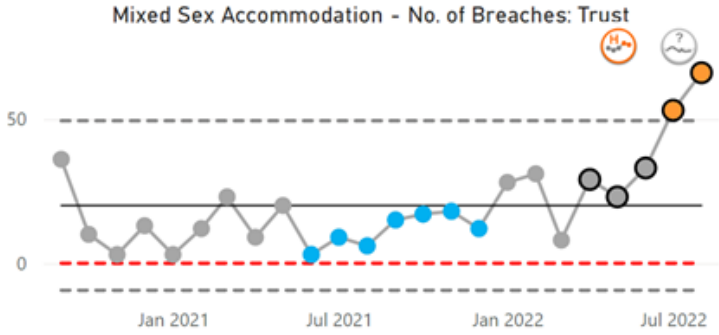

| Aug 22 | 21 |
|---|---|
| Latest Date | Performance |
| 0 | 8.13 |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target



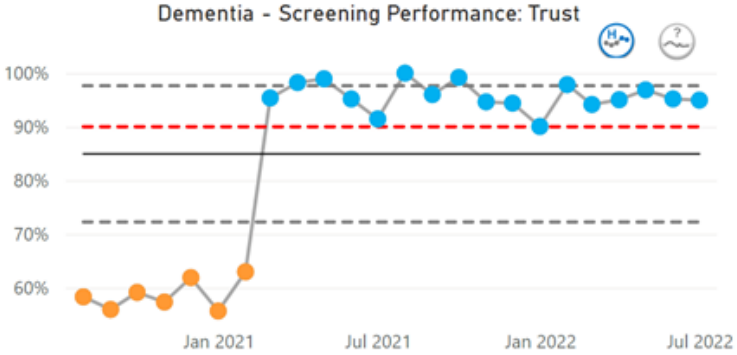

| Aug 22 | 66 |
|---|---|
| Latest Date | Performance |
| 0 | 20 |
| Target | Mean |

**Variation Description**

Special Cause (unexpected) variation - Concern (H)

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target




| Jul 22 | 94.96% |
|---|---|
| Latest Date | Performance |
| 90% | 84.94% |
| Target | Mean |

**Variation Description**

Special Cause (unexpected) variation - Improvement (H)

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target

## Issues/Performance Summary

- The incidents have occurred on the Hyperacute Stroke Unit (HASU) on West Raynham Ward, Surgical Assessment Unit (SAU) and the Critical Care Unit (CCU).
- The Trust continues to remain under significant capacity and demand pressures, contributing to the increase in MSA breaches.
- Dementia screening rates have been consistently above the agreed threshold since March 2021 and is now business as usual.

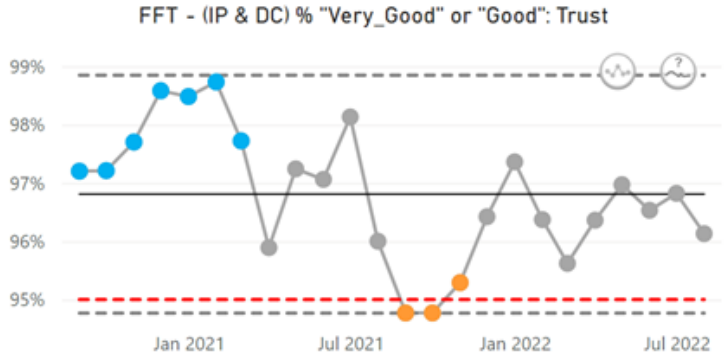
## Planned/Mitigating Actions

- The Trust breaches are reported in line with the national guidance.
- All patient's involved privacy and dignity was maintained throughout and all patients (and where applicable their NOK) were clearly communicated with explaining the rationale. There were no reported complaints, concerns, or incidents.
- The Trust continues to work on actions within the reviewed and revised the UEC programme.
- Increased visibility of MSA breeches at every operational flow meeting now in place.
- Escalation process reiterated.
- Local actions in place to reduce MSA breeches where possible.
- Nurse in charge has active conversation with patients regarding their experiences whilst being cared for in a mixed sex bay and there have been no concerns raised by patients.
- Currently discussions to create memory clinic locally are ongoing with the commissioners and this is expected to commence in January 2023.

## Assurance/Recovery Trajectory

- Unable to forecast recovery due to capacity challenges.
- Dementia screening remains within the agreed threshold.

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



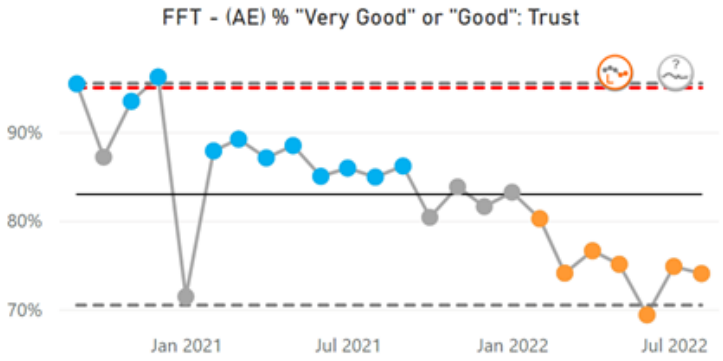

| Aug 22 | 96.13% |
|---|---|
| Latest Date | Performance |
| 95% | 96.81% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target



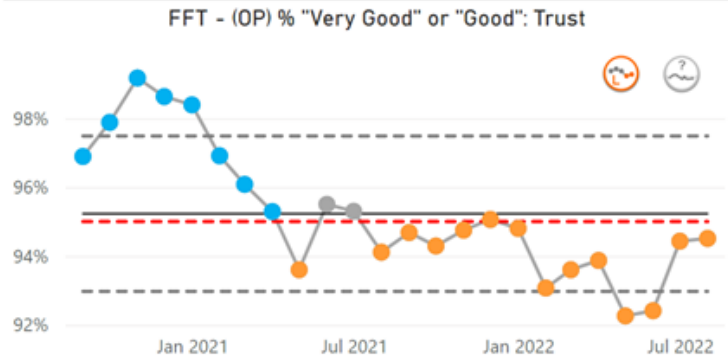

| Aug 22 | 74.02% |
|---|---|
| Latest Date | Performance |
| 95% | 82.98% |
| Target | Mean |

**Variation Description**

Special Cause (unexpected) variation - Concern (L)

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target




| Aug 22 | 94.51% |
|---|---|
| Latest Date | Performance |
| 95% | 95.23% |
| 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%.
- The areas of concern continue to relate to A&E and outpatients, neither areas have met the levels of satisfaction target of 95%. However there has been a slight improvement in OP scores.
- Positive themes - Staff attitude, implementation of care and environment.
- Areas for improvement - Staff attitude, waiting times and implementation of care.

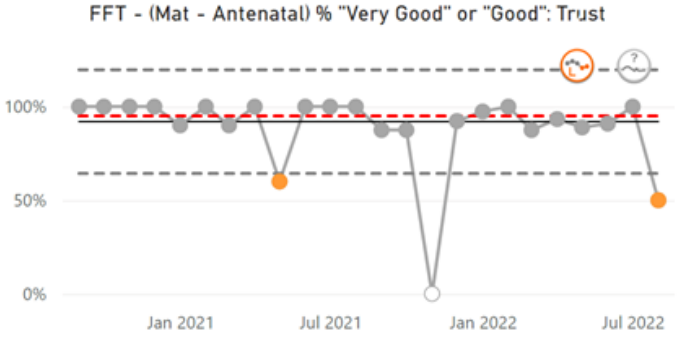
## Planned/Mitigating Actions

- There is ongoing focus within the Divisions and the departments to improve the response rate. FFT advocates remain.
- FFT results, are reviewed within the Divisions (and addressed at PRMs) to ensure focus is given to improvements and sharing of learning.
- The number of areas requesting QR code posters has increased which allows patients additional ways to provide feedback.
- There has been an increase in the number of areas wanting to collect FFT feedback which has been enabled.

## 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 |
|---|---|---|---|---|---|



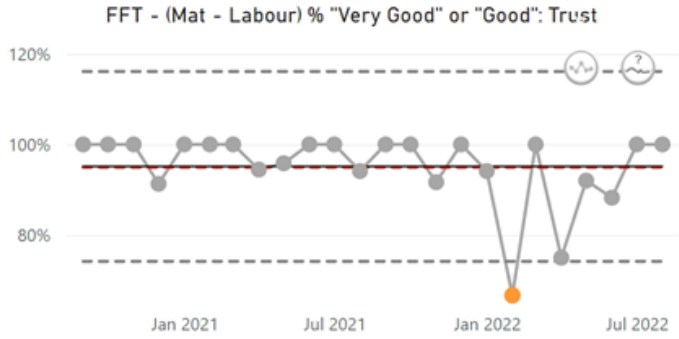

| Aug 22 | 50% |
|---|---|
| Latest Date | Performance |
| 95% | 91.97% |
| Target | Mean |

**Variation Description**

Special Cause (unexpected) variation - Concern (L)

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target



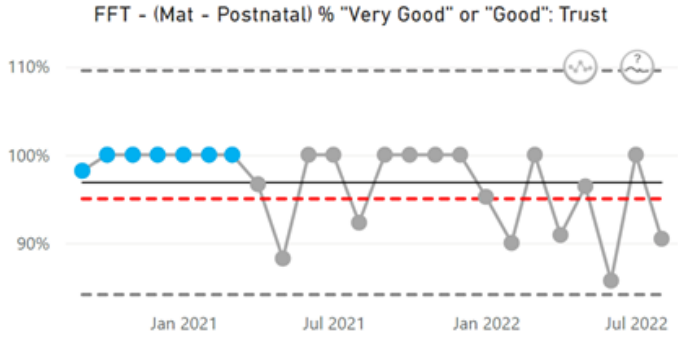

| Aug 22 | 100% |
|---|---|
| Latest Date | Performance |
| 95% | 95.14% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target



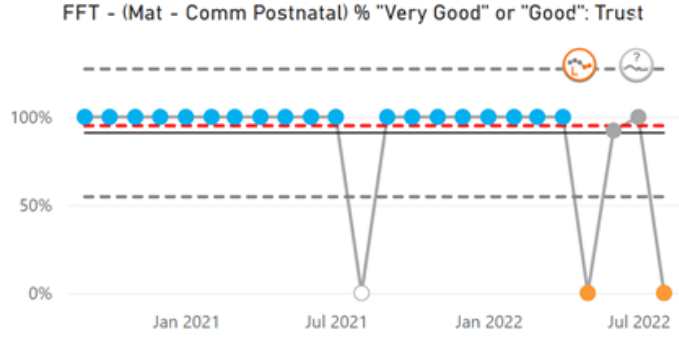

| Aug 22 | 90.47% |
|---|---|
| Latest Date | Performance |
| 95% | 96.84% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target




| Aug 22 | 0% |
|---|---|
| Latest Date | Performance |
| 95% | 90.97% |
| 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 antenatal, Labour and post-natal patients are below the target of 95%.
- Positive themes - Staff attitude, patient mood/feeling and implementation of care.
- Areas for improvement - Staff attitude, communication and the environment.

## Planned/Mitigating Actions

- W&C DLT have formulated an improvement plan agreed via Divisional governance.
- FFT results are reviewed within the Divisions (and addressed at PRMs) to ensure focus is given to improvements and sharing of learning.
- Revised Divisional actions include:
- Stock supply of paper FFT in the hubs specific
- Ensure replies are sent in every month.
- Community midwives to encourage FFT (electronic personal care plan)
- QR codes
- Triage onto Envoy
- Pulse survey

## Assurance/Recovery Trajectory

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

# Peer Benchmarking Summary

Data Source: Public View

## Caring Peer Benchmarking

| Key Performance Indicator | Period | Last 12 months | National Rank | Peers Rank |
|---|---|---|---|---|
| Complaints - Response Backlog | 05/2022 | | 40/209 | 4/8 |
| Complaints Rate | 03/2022 | | 10/192 | 2/15 |
| Friends & Family A&E Score | 06/2022 | | 90/121 | 11/13 |
| Friends & Family Antenatal Score | 06/2022 | | 37/88 | 6/7 |
| Friends & Family Birth Score | 06/2022 | | 77/107 | 10/10 |
| Friends & Family Inpatient Score | 03/2022 | | 49/133 | 9/15 |
| Friends & Family Outpatient Score | 06/2022 | | 92/131 | 12/14 |
| Friends & Family Postnatal Score | 06/2022 | | 76/106 | 12/12 |
| Mixed Sex Accommodation Breaches | 06/2022 | | 172/197 | 13/15 |

### 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 |

# Responsive Performance Summary

KPI' shown in red are awaiting the latest data update

| KPI ID | KPI Description | Latest Date | Value | Target | Variation | Assurance |
|---|---|---|---|---|---|---|
| R001 | 18 Weeks RTT - % of patients waiting over 18 weeks | Aug 22 | 62.53% | 92% | | F |
| R002 | 18 Weeks RTT - No. of patients waiting over 52 weeks | Aug 22 | 714 | 0 | | |
| R003 | Diagnostics - % of Patients waiting over 6 weeks | Aug 22 | 55.43% | 1% | | F |
| R004 | AE - 4 Hour Performance | Aug 22 | 59.09% | 95% | L | F |
| R005 | AE - 4 Hour Performance (Non Admitted) | Aug 22 | 73.18% | 95% | L | F |
| R006 | AE - 4 Hour Performance (Admitted) | Aug 22 | 22.8% | 95% | L | F |
| R007 | AE - 12 Hour Trolley Waits (All Atts) | Aug 22 | 390 | 0 | | |
| R008 | CWT - Two Week Wait Performance | Jul 22 | 91.19% | 93% | | ? |
| R009 | CWT - 31 Day Diag to Treatment | Jul 22 | 98.3% | 96% | | ? |
| R010 | CWT - 62 Day Ref to Treatment Performance | Jul 22 | 66.66% | 85% | | ? |
| R011 | CWT - Two Week Wait Performance (Breast Symptomatic) | Jul 22 | 86.66% | 93% | | ? |
| R012 | CWT - 31 Day Subsequent Treatment (Surg) | Jul 22 | 100% | 94% | | ? |
| R013 | CWT - 31 Day Subsequent Treatment (Drug) | Jul 22 | 100% | 98% | H | ? |
| R014 | CWT - 62 Day Screening | Jul 22 | 100% | 90% | | ? |
| R015 | CWT - Consultant Upgrade (62 Day) | Jul 22 | 62.5% | 90% | | ? |

| KPI ID | KPI Description | Latest Date | Value | Target | Variation | Assurance |
|---|---|---|---|---|---|---|
| R016 | CWT - 28 Day FDS Performance | Jul 22 | 59.68% | 75% | | F |
| R017 | CWT - 104_Day_Waiters Performance | Jul 22 | 7 | 0 | | |
| R018 | Ambulance Handover - % handovers within 15 mins | Aug 22 | 23.51% | 100% | L | F |
| R019 | Length of Stay - No. of Patients with Length of stay >21 days | Aug 22 | 83 | 46 | H | ? |
| R020 | Medically Fit for Discharge - No. of Patients | Aug 22 | 246 | 0 | L | |
| R021 | Medically Fit for Discharge - No. of Days | Aug 22 | 2360 | 0 | | |
| R022 | Canc Ops - No. of "Reportable" Canc Ops as a % of elective activity | Aug 22 | 1.17% | 0.8% | | ? |
| R023 | Canc Ops - No. of cases not readm <28 days | Aug 22 | 33 | 0 | | |
| R024 | Canc Ops - Hospital_Non-Clinical_Canc_Ops as a % of EL activity | Aug 22 | 4.49% | 3.2% | | ? |
| R025 | Canc Ops - No. of Urgent Ops Cancelled more than once | Aug 22 | 0 | 0 | | |
| R026 | Stroke - % of Pats on SU for 90% of their hospital stay | Jul 22 | 58.82% | 90% | | F |
| R027 | Stroke - % of Pats admitted direct to SU <4 hours | Jul 22 | 25% | 90% | L | F |
| R028 | Stroke - % of Pats scanned <1 hr of admission | Jul 22 | 33.33% | 48% | | ? |
| R029 | Stroke - % of Pats scanned <12 hrs of admission | Jul 22 | 94.11% | 95% | | ? |
| R030 | TIA - % of Pats seen & scanned <24 hrs of referral by HC professional | Jul 22 | 11.11% | 60% | L | F |

**Domain Performance Summary:**

Emergency Care

- 4-hour performance was 59.1% and 11.2% of patients waited longer than 12-hours in the Emergency Department from arrival.
- 23.5% of ambulance handovers took place within 15-minutes.
- Stroke performance remains variable, with improvements seen in patients scanned within 1 hour of clock start and thrombolysis

Diagnostics

- Diagnostic performance remained static in August 2022, the total waiting list size increased.

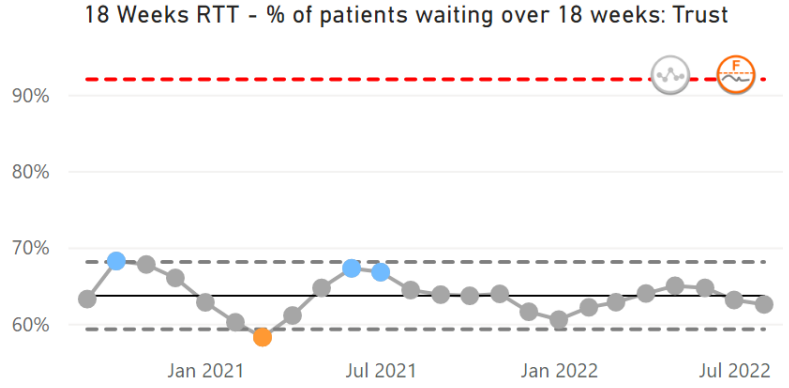
Elective Care

- The Trust achieved the 104-week wait standard.
- The Trusts incomplete waiting list increased in August 2022 to 22,413 from 20,828 in July 2022; the Trusts RTT Incomplete aggregate performance is not expected to recover to 92% during the 2022/23 FY.

Cancer services

- The Trust achieved 4 cancer waiting time standards in July 2022 and a reduction in the number of patients waiting for over 104-days is noted.

| Responsive | 18 Weeks Referral To Treatment | Executive Lead | Denise Smith | Lead | Kerry Broome |
|---|---|---|---|---|---|



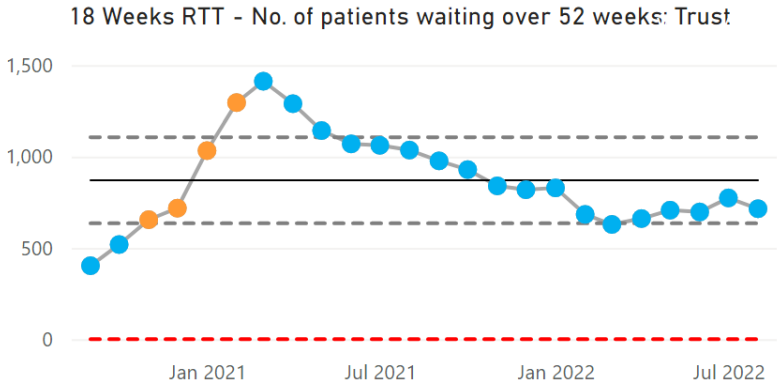

| Aug 22 | 62.53% |
|---|---|
| Latest Date | Performance |
| 92% | 63.68% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates consistently (F)alling short of the target




| Aug 22 | 714 |
|---|---|
| Latest Date | Performance |
| 0 | 869.79 |
| Target | Mean |

**Variation Description**

**Assurance Description**

## Issues/Performance Summary

Additional referrals, via mutual aid from NNUH, were received in Orthopaedics adding to the longer waiting patients; this was expected.

Gynaecology has significant gaps in their workforce across all tiers due to vacancies and long-term sickness. Resource is prioritised for the most clinically urgent specialities therefore routine patients are waiting longer.

Long-term sickness and inconsistency of locum coverage continues to impact ability to deliver all required elective activity within General Surgery.

Cancellation of outpatient activity to support urgent and emergency care demand in Medicine and Surgical Divisions.

Sickness and vacancies within Ophthalmology (main challenges are the number and skill level of the nursing team).

## Planned/Mitigating Actions

Additional WLI clinics have commenced by the Orthopaedic consultants to mitigate the mutual aid request, in line with plan.

Gynaecology consultant recruitment is ongoing with little uptake, system working is being explored and a locum has been recruited to help address the longest waiters.

Insourcing activity commencing in June for Dermatology and July 2022 for ENT.

Work is ongoing for Ophthalmology insourcing; however, nurse availability (in-house or insourced is limiting progress). A business case has been completed to address the nurse establishment constraints. This will be submitted to the Use of Resources Executive group in September 2022.

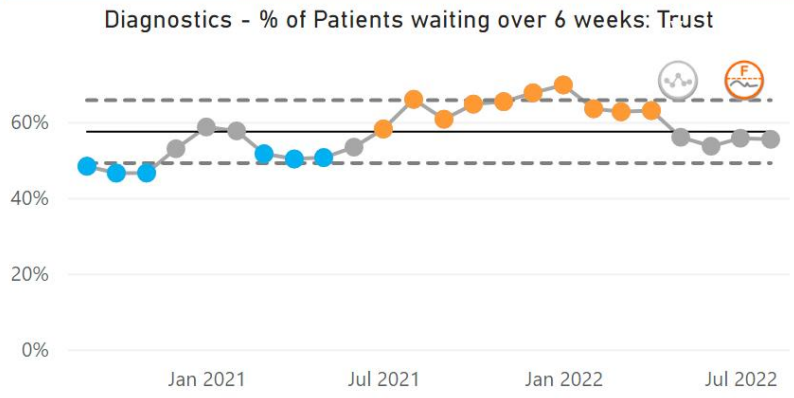
Planning for the clinically led workforce and redesign (CLEAR) programme commenced, this will support workforce redesign to maximise productivity.

## Assurance/Recovery Trajectory

The Trusts RTT Incomplete aggregate performance is not expected to recover to 92% during the 2022/23 financial year.

The Trust is following system and Trust policies and all relevant long waiting patients are clinically reviewed to ascertain if harm has been caused, and expedited where necessary.

| Responsive | Diagnostic Wait Times | Executive Lead | Denise Smith | Lead | Kerry Broome |
|---|---|---|---|---|---|




| Aug 22 | 55.43% |
|---|---|
| Latest Date | Performance |
| 1% | 57.46% |
| Target | Mean |

**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 | 1965 | 1466 | 74.61% |
| Computed Tomography | 646 | 105 | 16.25% |
| Non-obstetric ultrasound | 2039 | 1216 | 59.64% |
| Barium Enema | 0 | 0 | 0.00% |
| DEXA Scan | 157 | 12 | 7.64% |
| Audiology - Audiology Assessments | 406 | 3 | 0.74% |
| Cardiology - echocardiography | 929 | 674 | 72.55% |
| Cardiology - electrophysiology | 0 | 0 | 0.00% |
| Neurophysiology - peripheral neurophysiology | 671 | 448 | 66.77% |
| Respiratory physiology - sleep studies | 0 | 0 | 0.00% |
| Urodynamics - pressures & flows | 40 | 32 | 80.00% |
| Colonoscopy | 132 | 4 | 3.03% |
| Flexi sigmoidoscopy | 23 | 0 | 0.00% |
| Cystoscopy | 67 | 29 | 43.28% |
| Gastroscopy | 88 | 3 | 3.41% |
| **Total DM01 Waiting List Size** | **7163** | **3992** | **55.73%** |

## Issues/Performance Summary

At the end of August 2022, there were 7,163 patients on the DM01 Diagnostic waiting list, of which 3,992 had waited for over 6 weeks from referral for a diagnostic test, giving a performance of 55.73% against the 1% standard.

Physiology
Improvements in performance have been noted in Cardiology – Echocardiography and Urodynamics.
However, all physiology modalities remain a concern, with remedial action plans in place for each diagnostic test.
Neurophysiology waiting list and backlog continues to increase as a result of staffing vacancy and skill mix to undertake specific tests.

Endoscopy
Endoscopy waits have remained relatively static, however; there has been a small increase in patients waiting for more than 6 weeks.
There is a particular challenge for Gynaecology Cystoscopy patients that are being addressed with support from the Urology team.

Radiology
Inpatient demand is significant, leading to delays in outpatient activity for routine tests within CT and MRI.

## Planned/Mitigating Actions

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

Neurophysiology timetabling and capacity and demand review underway with development of new templates.

Further validation work is being undertaken across all areas to drive improvements in performance in the DM01 standard.

## Assurance/Recovery Trajectory

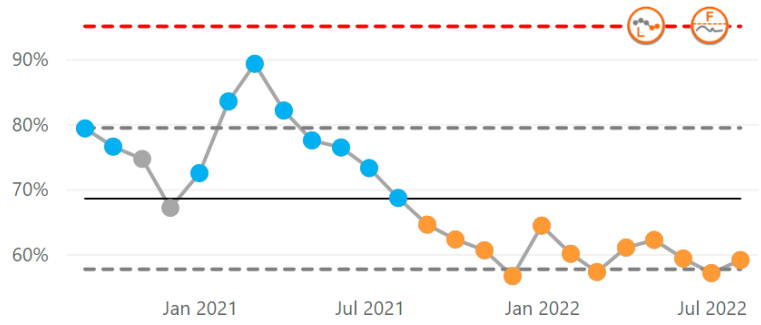
The DM01 is not expected to recover to the national standard of 1% by 31 March 23.

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

All patients are clinically prioritised in accordance with the National Clinical Prioritisation Programme.

| Responsive | Accident & Emergency & Ambulance Handovers | Executive Lead | Denise Smith | Lead | Sarah Jones |
|---|---|---|---|---|---|

AE - 4 Hour Performance: Trust




| Aug 22 | 59.09% |
|---|---|
| Latest Date | Performance |
| 95% | 68.54% |
| Target | Mean |

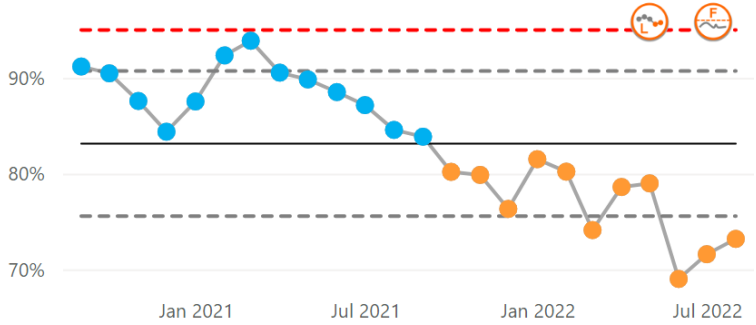
**Variation Description**

Special Cause (unexpected) variation - Concern (L)

**Assurance Description**

Variation indicates consistently (F)alling short of the target

AE - 4 Hour Performance (Non Admitted): Trust




| Aug 22 | 73.18% |
|---|---|
| Latest Date | Performance |
| 95% | 83.14% |
| Target | Mean |

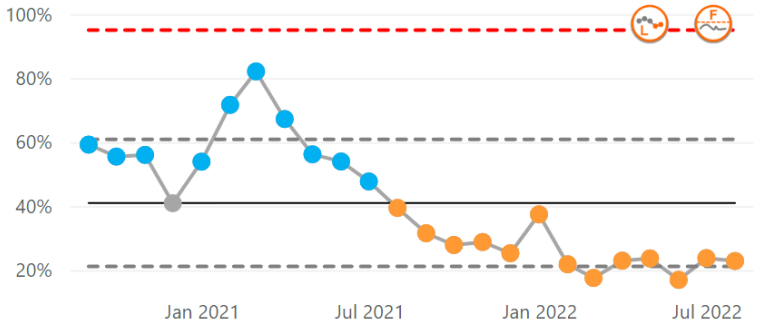
**Variation Description**

Special Cause (unexpected) variation - Concern (L)

**Assurance Description**

Variation indicates consistently (F)alling short of the target

AE - 4 Hour Performance (Admitted): Trust




| Aug 22 | 22.8% |
|---|---|
| Latest Date | Performance |
| 95% | 40.96% |
| Target | Mean |

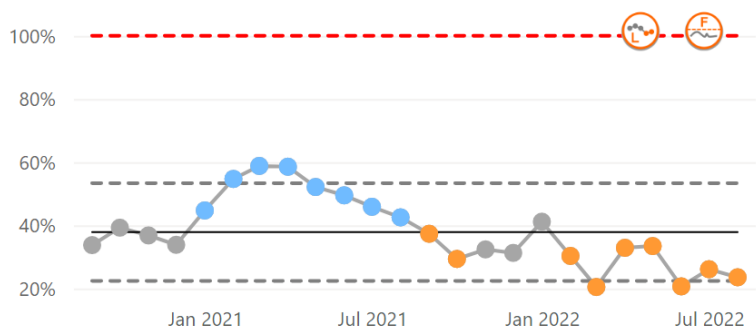
**Variation Description**

Special Cause (unexpected) variation - Concern (L)

**Assurance Description**

Variation indicates consistently (F)alling short of the target

Ambulance Handover - % handovers within 15 mins: Trust




| Aug 22 | 23.51% |
|---|---|
| Latest Date | Performance |
| 100% | 37.85% |
| 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 (3.3% higher than in August 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. Patients being cared for in Same Day Emergency Care (SDEC) overnight limits early flow from ED to SDEC and reduces the available capacity to take handover of patients arriving by ambulance.

## Planned/Mitigating Actions

A business case to expand the Emergency Department was approved by the Board of Directors in August 2022, work is due for completion in March 2023.

Funding has been secured for the relocation and expansion of SDEC. This work is due for completion and the new unit operational in early January 2023.

## Assurance/Recovery Trajectory

Clinical review if 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.

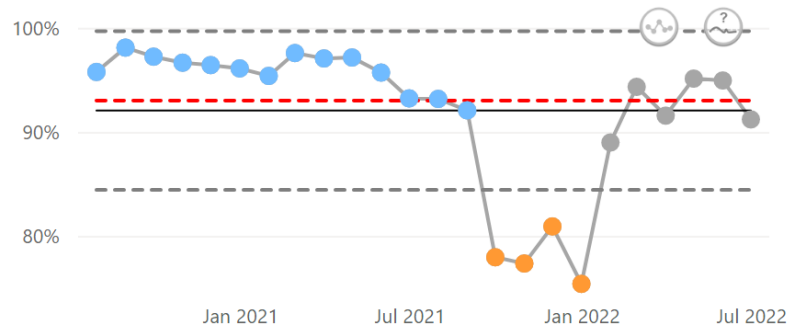
Specialty in-reach into the Emergency Department to ensure prompt assessment of patients.

Clinically-led Urgent and Emergency Care Improvement Programme in place with oversight of delivery through Hospital Management Board, refocussing on 3 priority areas:

- Reducing ambulance handover delays
- Pre-noon discharges
- Non-admitted patients

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

CWT - Two Week Wait Performance: Trust




| Jul 22 | 91.19% |
|---|---|
| Latest Date | Performance |
| 93% | 92.05% |
| Target | Mean |

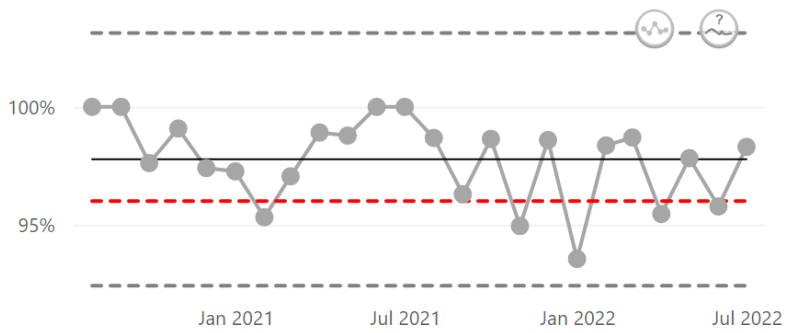
**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target

CWT - 31 Day Diag to Treatment: Trust




| Jul 22 | 98.3% |
|---|---|
| Latest Date | Performance |
| 96% | 97.77% |
| Target | Mean |

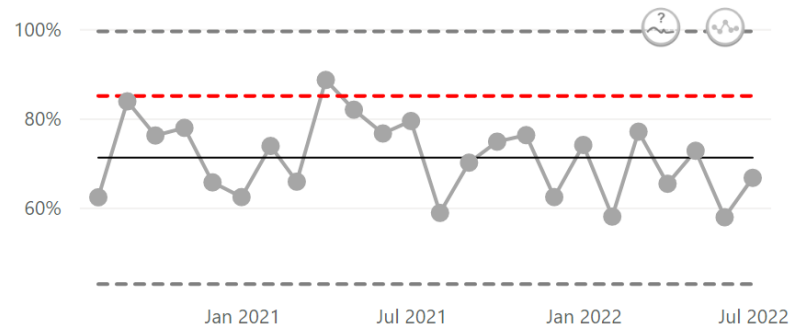
**Variation Description**

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




| Jul 22 | 66.66% |
|---|---|
| Latest Date | Performance |
| 85% | 71.16% |
| Target | Mean |

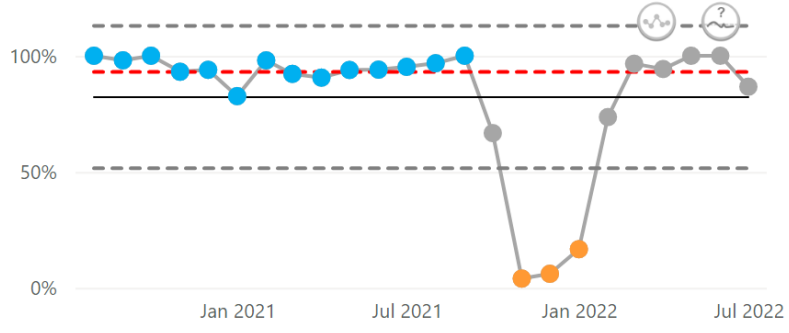
**Variation Description**

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




| Jul 22 | 86.66% |
|---|---|
| Latest Date | Performance |
| 93% | 82.2% |
| 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 in July 2022 was 91.19% against the standard of 93%.

Two week wait (Breast Symptomatic) was 86.66% against the standard of 93%, due to 2 patient choice breaches.

There were 45 patient treated on a 62 day pathway, of which 15 breached the standard; mainly in Colorectal due to ongoing workforce issues. Waiting times for CT and MRI scans and reporting delays have also impacted on the delivery of this standard.

## Planned/Mitigating Actions

Extra capacity is being planned in specialties not delivering the national standard.

A substantive Colorectal consultant has commenced in post week commencing 12 September 2022.

Locum consultants have been appointed to help maintain 2ww clinics and theatre sessions in Upper GI.

A recovery plan is in place to deliver shorter waiting times for Radiology testing and reporting. Waiting times for CTVC have already been bought down to 10 days and similar reductions are planned by the end of Q3 for CT and MRI.

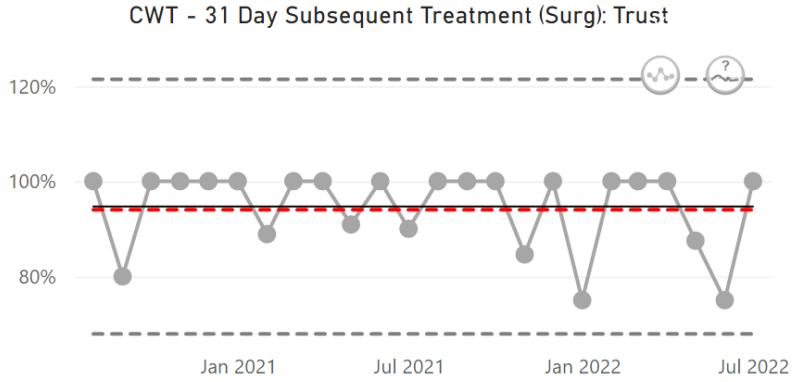
## Assurance/Recovery Trajectory

Two week wait performance is expected to recovery in October 2022.

A Trust-wide action plan is now in place to reduce the backlog of patients waiting over 62-days for treatment.

All patients waiting over 62-days are clinically reviewed and expedited where harm is likely or identified in accordance with the Trust policies.

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



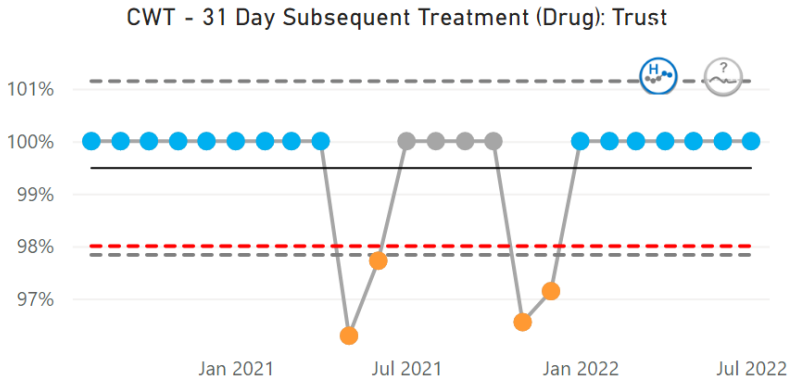

| Jul 22 | 100% |
|---|---|
| Latest Date | Performance |
| 94% | 94.66% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target



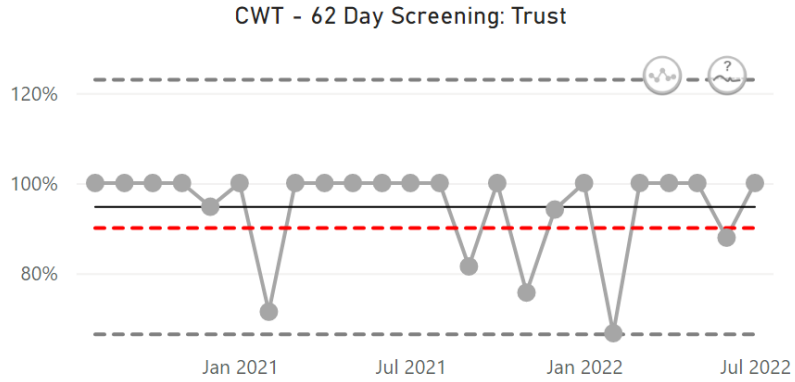

| Jul 22 | 100% |
|---|---|
| Latest Date | Performance |
| 98% | 99.49% |
| Target | Mean |

**Variation Description**

Special Cause (unexpected) variation - Improvement (H)

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target



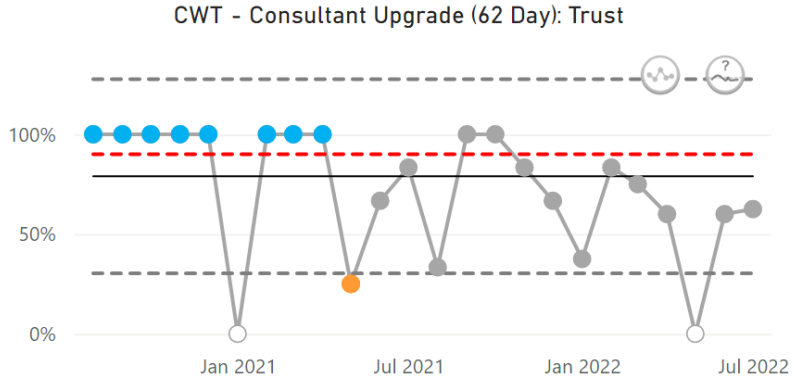

| Jul 22 | 100% |
|---|---|
| Latest Date | Performance |
| 90% | 94.66% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target




| Jul 22 | 62.5% |
|---|---|
| Latest Date | Performance |
| 90% | 78.94% |
| Target | Mean |

**Variation Description**

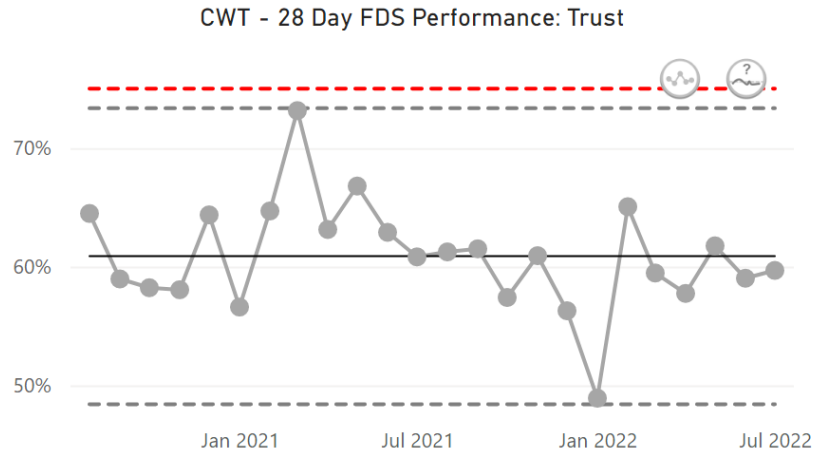
Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target

| Issues/Performance Summary | Planned/Mitigating Actions | Assurance/Recovery Trajectory |
|---|---|---|
| The Trust has met the 31-day subsequent treatment standards in all areas.<br><br>The Trust has met the 62-day screening standard.<br><br>There is no national standard for Consultant Upgrade. | The Cancer Improvement Plan also includes 62-day consultant upgrade capacity. | The 31-day standards will continue to be met along with 62-day screening. |

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



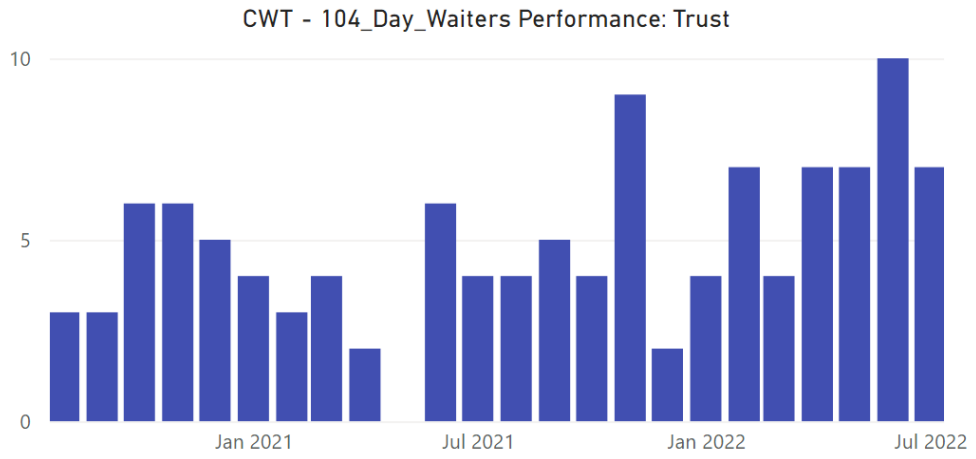

| Jul 22 | 59.68% |
|---|---|
| Latest Date | Performance |
| 75% | 60.88% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates consistently (F)alling short of the target




| 7 |
|---|
| Performance |
| Jul 22 |
| Latest Date |
| 0 |
| Target |

## Issues/Performance Summary

FDS performance in July 2022 was 59.68% against the standard of 75%.

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

At the end of July 2022, 47 patients were on a cancer pathway waiting over 104 days compared to 54 at the end of June 2022.

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

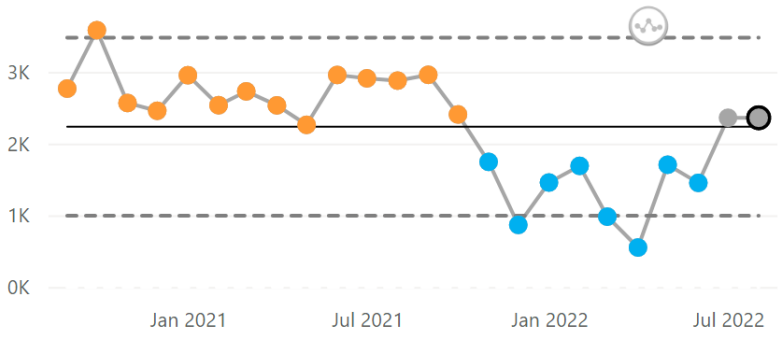
## Assurance/Recovery Trajectory

The Trust has an improvement plan and trajectory in place for the recovery of 104 day wait performance, and all patients waiting longer than 104 days have a full harm review and root cause analysis undertaken.

Work is ongoing with the Cancer Alliance and the regional Intensive Support Team to identify areas of improvement.

| Responsive | Flow - Medically Fit For Discharge, Length Of Stay | Executive Lead | Denise Smith | Lead | Sarah Jones |
|---|---|---|---|---|---|

Medically Fit for Discharge - No. of Days: Trust

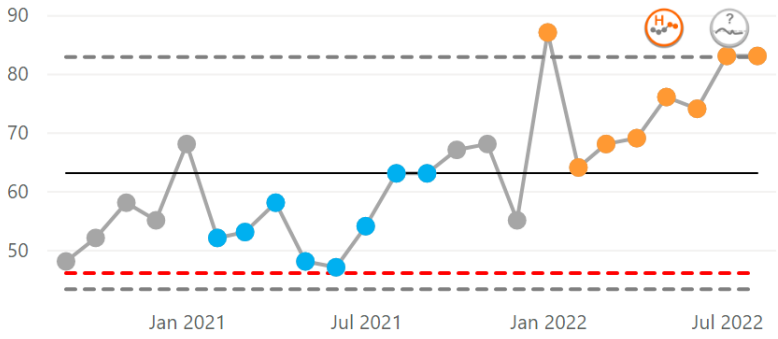



| Aug 22 | 2360 |
|---|---|
| Latest Date | Performance |
| | 2235.71 |
| | Mean |

**Variation Description**

Common Cause - no significant change

Length of Stay - No. of Patients with Length of stay >21 days: Trust




| Aug 22 | 83 |
|---|---|
| Latest Date | Performance |
| 46 | 63.04 |
| Target | Mean |

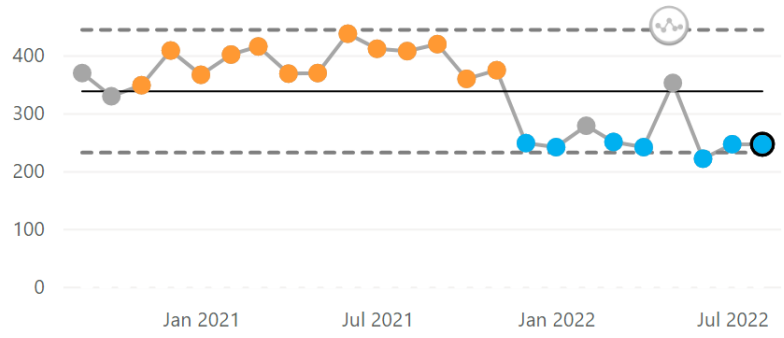
**Variation Description**

Special Cause (unexpected) variation - Concern (H)

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target

Medically Fit for Discharge - No. of Patients: Trust




| Aug 22 | 246 |
|---|---|
| Latest Date | Performance |
| | 337.63 |
| | Mean |

**Variation Description**

Special Cause (unexpected) variation - Improvement (L)

## Issues/Performance Summary

Patients on pathways 1,2 and 3 who require support post-discharge are not being discharged in a timely way.

This is a particular issue with pathway 1 patients, who require domiciliary care support to return to their own home, due to a lack of community social care capacity.

## Planned/Mitigating Actions

The QEH at Home service has been expanded to include service provision for patients requiring intravenous antibiotic therapy.

The Trust is engaged in a system-wide task and finish group to ensure immediate flexing of community capacity to facilitate additional acute discharges pending the introduction of additional capacity over the coming months.

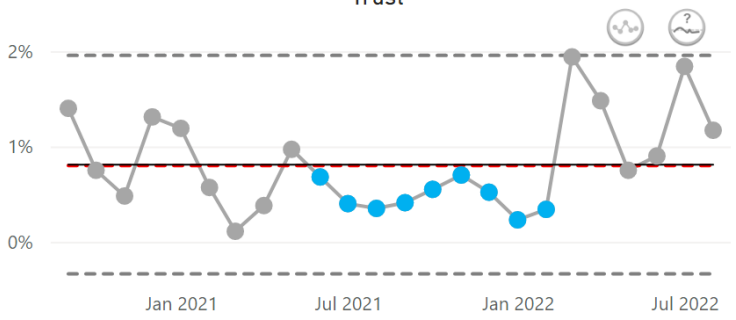
A piece of work will take place jointly with NCHC to explore the feasibility of a Trust-led domiciliary social care service.

## Assurance/Recovery Trajectory

Continues participation into ICS chaired daily discharge escalation calls to ensure early sight of issues and prompt escalation

| Responsive | Cancelled Operations | Executive Lead | Denise Smith | Lead | Kerry Broome |
|---|---|---|---|---|---|

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




| Aug 22 | 1.17% |
|---|---|
| Latest Date | Performance |
| 0.8% | 0.81% |
| Target | Mean |

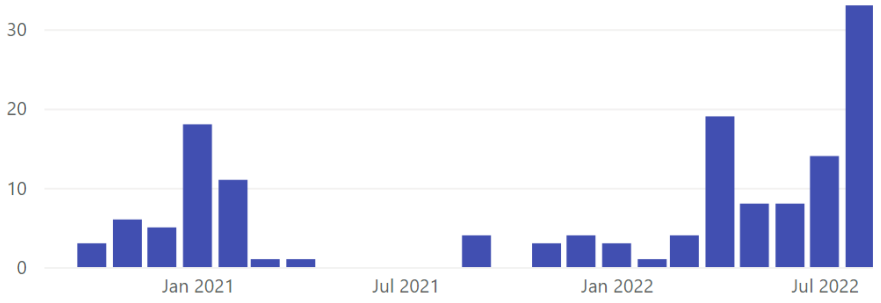
**Variation Description**

Common Cause - no significant change

**Assurance Description**

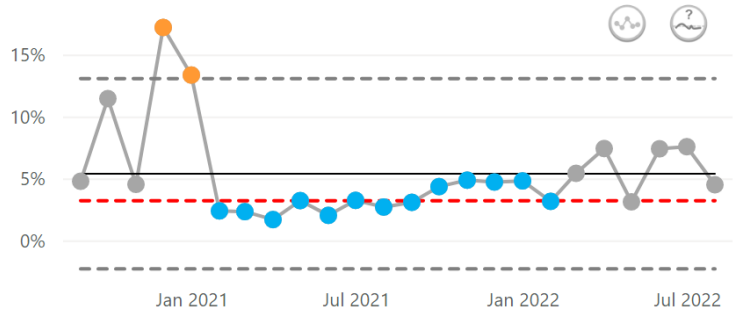
Variation indicates inconsistently passing and falling short of the target

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




| 33 |
|---|
| Performance |
| Aug 22 |
| Latest Date |
| 0 |
| Target |

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




| Aug 22 | 4.49% |
|---|---|
| Latest Date | Performance |
| 3.2% | 5.38% |
| 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 thirty three (33) breaches of the 28-day readmission guarantee in August 2022.

There were increased levels of covid in July 2022; therefore, cancellations were higher than previous months.

There were no urgent operations cancelled more than once in August 2022.

This coupled with lower levels of available staff due to annual leave in August resulted in difficulty in re-appointing all patients.

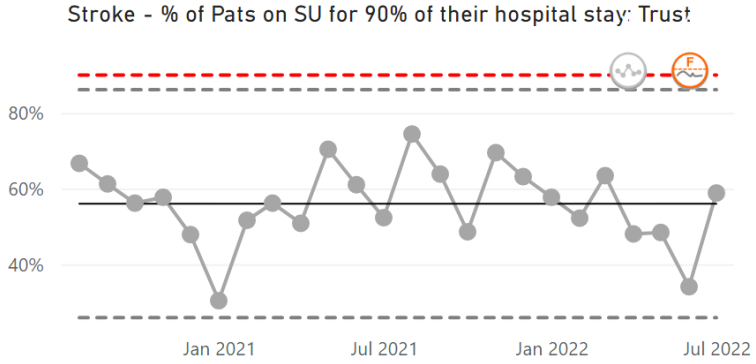
## Planned/Mitigating Actions

Lower levels of Covid and increased availability of staffing is expected which will ensure availability and that the number of cancellations for September 2022 are reduced significantly.

## Assurance/Recovery Trajectory

The number of cases of cancelled operations not readmitted within 28-days is expected reduce in September 2022.

| Responsive | Stroke | Executive Lead | Denise Smith | Lead | Sarah Jones |
|---|---|---|---|---|---|



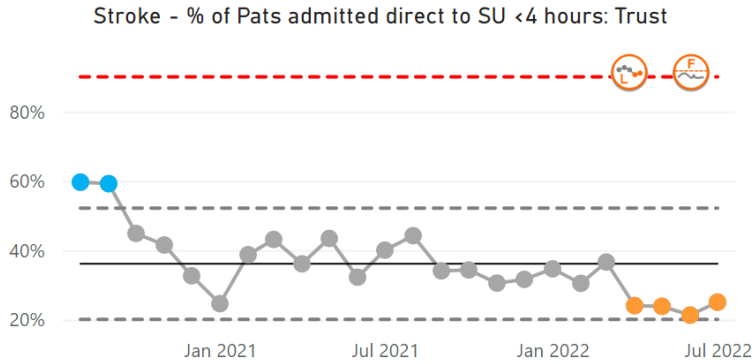

| Jul 22 | 58.82% |
|---|---|
| Latest Date | Performance |
| 90% | 56% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates consistently (F)alling short of the target



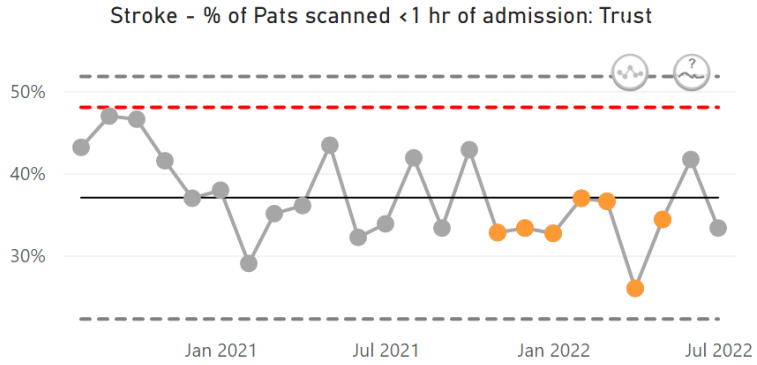

| Jul 22 | 25% |
|---|---|
| Latest Date | Performance |
| 90% | 36.08% |
| Target | Mean |

**Variation Description**

Special Cause (unexpected) variation - Concern (L)

**Assurance Description**

Variation indicates consistently (F)alling short of the target



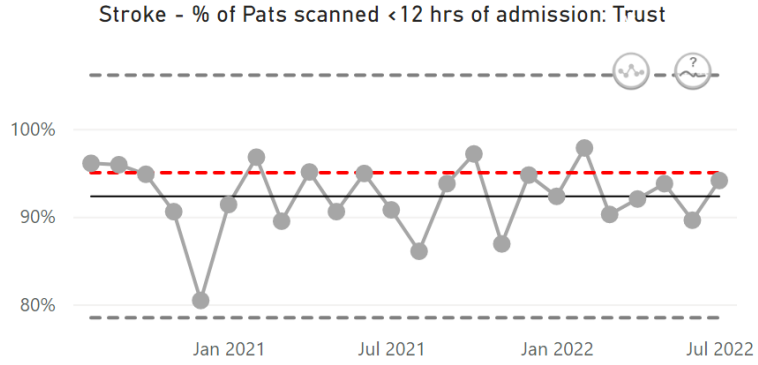

| Jul 22 | 33.33% |
|---|---|
| Latest Date | Performance |
| 48% | 37.01% |
| Target | Mean |

**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target




| Jul 22 | 94.11% |
|---|---|
| Latest Date | Performance |
| 95% | 92.29% |
| 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 by the Stroke Network in June 2022 has increased the workload of the nurses within the Thrombolysis Team, as the patient is transferred to CUH accompanied by a nurse.

There is currently only 1 nurse available during the day, reducing capacity for any subsequent patients.

There are delays in ED requesting CT scans for stroke patients.

## Planned/Mitigating Actions

A review of the staffing establishment within the thrombolysis team will be undertaken by the Head of Nursing and Matron for stroke by the end of October 2022. A business case for additional supernumerary Stroke Alert nurses will be submitted through governance processes.

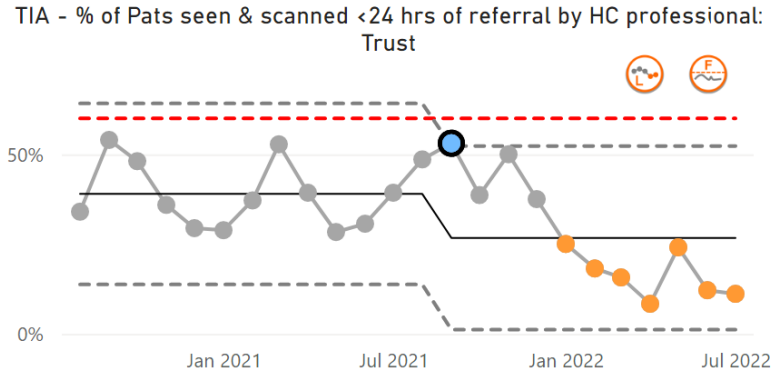
The stroke nursing team are undertaking education within ED to ensure staff are able to identify all potential stroke presentation symptoms.

## Assurance/Recovery Trajectory

The Improving Stroke Delivery Network has been approached to assist with a review of the Stroke Service (aiming for October 2022).

Bed modelling will be complete by the end October 2022 to ascertain the bed base required to support the team in meeting the national standards.

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




| Latest Date | Performance |
|---|---|
| Jul 22 | 11.11% |
| Target | Mean |
| 60% | 26.7% |

**Variation Description**

Special Cause (unexpected) variation - Concern (L)

**Assurance Description**

Variation indicates consistently (F)alling short of the target

## Issues/Performance Summary

In July 2022, only 11% of patients were seen and scanned within 24 hours.

Transient Ischemic Attack (TIA) clinics have a backlog as a result of annual leave, vacancy and sickness.

Inconsistent provision of carotid ultrasound capacity throughout the week.

## Planned/Mitigating Actions

TIA waiting list clinics to be established at weekends to provide additional capacity to reduce the backlog of patients waiting to be seen.

Reallocation of carotid scan capacity from 4 scans twice a week to 2 scans on 4 weekdays to enable the clinic to run more consistently.

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. Co-location with TIU is planned following the relocation and expansion of SDEC.

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

Data Source: Public View

## Responsive Peer Benchmarking

| Key Performance Indicator | Period | Last 12 months | National Rank | Peers Rank |
|---|---|---|---|---|
| A&E - 4 Hour Standard | 06/2022 | | 118/131 | 11/13 |
| A&E - DTA to Admission >12 Hours# | 06/2022 | | 135/154 | 12/13 |
| A&E - DTA to Admission >4 Hours | 05/2022 | | 123/129 | 14/15 |
| A&E - Total Time in A&E (Admitted) | 03/2022 | | 108/129 | 11/14 |
| A&E - Total Time in A&E (Non-Admitted) | 06/2022 | | 65/141 | 7/15 |
| Additional Bed Days LOS 21+ | 04/2022 | | 120/121 | 13/13 |
| Admitted to stroke Unit < 4 hours | 06/2022 | | 68/112 | 7/14 |
| Cancelled Operations | 06/2022 | | 102/138 | 13/15 |
| Cancer 2 Week Wait | 04/2022 | | 18/134 | 1/14 |
| Cancer 2 Week Wait Breast Symptomatic | 06/2022 | | 1/112 | 2/14 |
| Cancer 31 Day First Treatment | 06/2022 | | 62/139 | 6/15 |
| Cancer 31 Day Subsequent Treatment | 06/2022 | | 92/136 | 11/15 |
| Cancer 62 Day Consultant Upgrade | 06/2022 | | 110/132 | 13/15 |
| Cancer 62 Day Screening | 05/2022 | | 27/120 | 5/14 |
| Diagnostics - 6 Week Standard | 06/2022 | | 153/156 | 15/15 |
| RTT 52 Week Breach | 06/2022 | | 76/168 | 2/15 |
| RTT Incomplete 18 Week Standard | 06/2022 | | 101/169 | 9/15 |
| Scanned withing 1 hour | 06/2022 | | 110/112 | 14/14 |
| Spent >90% of stay on stroke unit | 06/2022 | | 91/112 | 12/14 |
| Treated Within 28 Days of Cancellation | 06/2022 | | 113/136 | 10/15 |
| Urgent Operations Cancelled Twice or More | 06/2022 | | 1/133 | 1/15 |

### 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 |

# 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 | 21,083 | 21,001 | (82) | (0%) | 105,323 | 106,279 | 956 | 1% |
| Income - Vaccination Centres | 60 | 48 | (12) | 100% | 303 | 214 | (89) | 100% |
| Other Income | 1,114 | 1,544 | 430 | 39% | 6,102 | 7,066 | 964 | 16% |
| **Total Income** | **22,257** | **22,593** | **336** | **2%** | **111,728** | **113,559** | **1,831** | **2%** |
| I&E | | | | | | | | |
| Pay Costs - Substantive | (13,906) | (13,360) | 546 | 4% | (68,028) | (67,117) | 911 | 1% |
| Pay Costs - Bank | (489) | (1,455) | (966) | (198%) | (4,656) | (6,477) | (1,821) | (39%) |
| Pay Costs - Agency | (786) | (1,177) | (391) | (50%) | (6,162) | (7,488) | (1,326) | (22%) |
| Pay Costs - Vaccination Centres | (60) | (47) | 13 | (100%) | (299) | (261) | 38 | |
| Total Pay | (15,241) | (16,039) | (798) | (5%) | (79,145) | (81,343) | (2,198) | (3%) |
| Non Pay | (6,365) | (6,115) | 250 | 4% | (30,130) | (30,089) | 41 | 0% |
| Non Pay - Vaccination Centres | 0 | 0 | 0 | (100%) | (4) | 0 | 4 | (100%) |
| Total Non Pay | (6,365) | (6,115) | 250 | 4% | (30,134) | (30,089) | 45 | 0% |
| **Total Operating Costs** | **(21,606)** | **(22,154)** | **(548)** | **(3%)** | **(109,279)** | **(111,432)** | **(2,153)** | **(2%)** |
| **EBITDA** | **651** | **439** | **(212)** | **(33%)** | **2,449** | **2,127** | **(322)** | **(13%)** |
| Non-Operating Costs | (915) | (916) | (1) | (0%) | (4,573) | (4,463) | 110 | 2% |
| Adjust Donated Assets | 30 | 42 | 12 | 40% | 152 | 234 | 82 | 54% |
| **TOTAL (Deficit) / Surplus** | **(234)** | **(435)** | **(201)** | **(86%)** | **(1,972)** | **(2,102)** | **(130)** | **(7%)** |
| Ratios | | | | | | | | |
| Agency : Total Pay | 5.2% | 7.4% | | | 7.8% | 9.2% | | |
| EBITDA : Income | 2.9% | 1.9% | | | 2.2% | 1.9% | | |
| Net Deficit : Income | (1.1%) | (1.9%) | | | (1.8%) | (1.9%) | | |

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

## Balance Sheet

| | 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 | 21,083 | 21,001 | (82) | (0%) | 105,323 | 106,279 | 956 | 1% |
| Income - Vaccination Centres | 60 | 48 | (12) | 100% | 303 | 214 | (89) | 100% |
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| **Total Income** | **22,257** | **22,593** | **336** | **2%** | **111,728** | **113,559** | **1,831** | **2%** |
| I&E | | | | | | | | |
| Pay Costs - Substantive | (13,906) | (13,360) | 546 | 4% | (68,028) | (67,117) | 911 | 1% |
| Pay Costs - Bank | (489) | (1,455) | (966) | (198%) | (4,656) | (6,477) | (1,821) | (39%) |
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| Pay Costs - Vaccination Centres | (60) | (47) | 13 | (100%) | (299) | (261) | 38 | |
| Total Pay | (15,241) | (16,039) | (798) | (5%) | (79,145) | (81,343) | (2,198) | (3%) |
| Non Pay | (6,365) | (6,115) | 250 | 4% | (30,130) | (30,089) | 41 | 0% |
| Non Pay - Vaccination Centres | 0 | 0 | 0 | (100%) | (4) | 0 | 4 | (100%) |
| Total Non Pay | (6,365) | (6,115) | 250 | 4% | (30,134) | (30,089) | 45 | 0% |
| **Total Operating Costs** | **(21,606)** | **(22,154)** | **(548)** | **(3%)** | **(109,279)** | **(111,432)** | **(2,153)** | **(2%)** |
| **EBITDA** | **651** | **439** | **(212)** | **(33%)** | **2,449** | **2,127** | **(322)** | **(13%)** |
| Non-Operating Costs | (915) | (916) | (1) | (0%) | (4,573) | (4,463) | 110 | 2% |
| Adjust Donated Assets | 30 | 42 | 12 | 40% | 152 | 234 | 82 | 54% |
| **TOTAL (Deficit) / Surplus** | **(234)** | **(435)** | **(201)** | **(86%)** | **(1,972)** | **(2,102)** | **(130)** | **(7%)** |
| Ratios | | | | | | | | |
| Agency : Total Pay | 5.2% | 7.4% | | | 7.8% | 9.2% | | |
| EBITDA : Income | 2.9% | 1.9% | | | 2.2% | 1.9% | | |
| Net Deficit : Income | (1.1%) | (1.9%) | | | (1.8%) | (1.9%) | | |

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

**Executive Summary**

- In August 2022, the Trust's financial position is a deficit of £435k against the plan of £234k deficit; an adverse variance of £201k. At the end of August 2022 the actual position recorded is a deficit of £2,102k which is £130k adverse to plan.
- The actual deficit in August 2022 of £435k is just £21k higher than in July 2022 which was £414k. However, the plan in August 2022 is a deficit of £234k compared to £434k in July 2022.
- The financial plan is a reducing deficit plan until the end of month 8 (November 2022). From month 9 the plan is in surplus which at the end of March 2022 delivers a break even position.

**The key messages are as follows:**

- **Clinical Income** – To note that no adjustment for under-performance of activity plans has been made following National Guidance.
- **Other Income** is above plan (£430k). £160k is matched by expenditure whilst £270k of income received above the plan for other items.
- **Pay** is above plan (£798k). The run-rate compared to July is improved and is £351k less. The plan expectation however was a reduction of £500k. £198k of expenditure is matched expenditure received making the underlying pay position above plan by £660k. (no adjustments for increased pay awards have been included year to date following national guidance)
- **Non-pay** is below plan by £250k. £226k of additional income/provisions is included making the under-lying position £42k adverse to plan. It should be noted that this includes the positive variance of lower than planned activity.
- **CIP/waste reduction** is £574k against the plan of £724k, an adverse variance of £150k. Year-to-date this is £3,303k against the plan of £3,413k (£110k adverse).

- Non current assets have increased by £3m due to stage payments for our significant RAAC capital programme.
- Accruals have increased by £3m as commit to capital expenditure and recognise retention liabilities around our capital programme
- Cash balances have decreased by £3m in August due to payments to suppliers involved in our capital programme and ongoing cost pressures with the recent rise in inflation rates.

# Well Led Performance

KPI' shown in red are awaiting the latest data update

| KPI ID | KPI Description | Latest Date | Value | Target | Variation | Assurance |
|---|---|---|---|---|---|---|
| W001 | Workforce - Sickness Absence Rate | Aug 22 | 6.48% | 4.5% | | F |
| W0011 | Workforce - Sickness Absence Rate exc COVID | Aug 22 | 5.74% | 0% | | F |
| W0012 | Workforce - Sickness Absence COVID only | Aug 22 | 0.75% | 0% | | ? |
| W002 | Workforce - Long Term Sickness Absence Rate | Aug 22 | 3.6% | 2.7% | | F |
| W003 | Workforce - Short Term Sickness Absence Rate | Aug 22 | 2.89% | 1.8% | | ? |
| W004 | Workforce - Appraisal Rate | Aug 22 | 75.05% | 90% | L | F |
| W005 | Workforce - Appraisal Rate (Medical) | Aug 22 | 90% | 90% | | ? |
| W006 | Workforce - Mandatory Training Rate | Aug 22 | 79.25% | 80% | L | ? |
| W007 | Workforce - Turnover Rate | Aug 22 | 14.42% | 10% | H | F |
| W008 | Workforce - Vacancy Rate | Aug 22 | 12.72% | 10% | H | ? |
| W009 | Workforce - Time to hire overall | Aug 22 | 54 | 0 | H | F |
| W010 | Workforce - Time to approve vacancy request | Aug 22 | 7.8 | 0 | | F |
| W011 | Workforce - Approval to advert | Aug 22 | 2.2 | 0 | H | ? |
| W012 | Workforce - Time to shortlist | Aug 22 | 6.8 | 0 | | F |
| W013 | Workforce - Time to send interview invites | Aug 22 | 0.3 | 0 | | ? |
| W014 | Workforce - Interview date to conditional offer | Aug 22 | 2.7 | 0 | | ? |
| W015 | Workforce - Pre-employment checks completed | Aug 22 | 28.9 | 0 | | F |
| W016 | Workforce - Conditional offer to contract sent | Aug 22 | 49.3 | 0 | H | F |
| W017 | Workforce - Number of posts out to recruit (in month) | Aug 22 | 162 | 0 | H | F |
| W018 | Workforce - % BAME representative IV panels | Aug 22 | 27.27% | 0% | L | |

Domain Performance Summary

Underlying sickness absence rate 5.74% in line with Trust improvement trajectory.
Sickness absence due to Covid 0.75%, note withdrawal of NHS Covid sickness absence payments 7 July 2022.

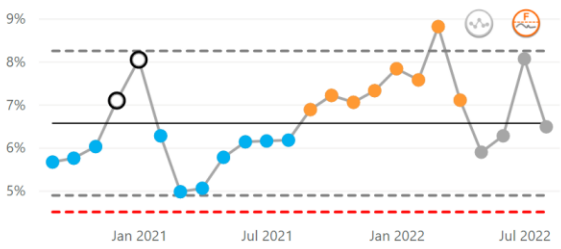
Non-medical appraisal rats continue to climb steadily in line with improvement trajectories and improvements to processes involving internal transfers, maternity and sickness absence leave.

Turnover, recruitment and retention deep dive planned October 2022 at the informal people Committee. Task and Finish group established to identify key themes within available data.

172 vacancies in recruitment stage, 162 posts open, 299 candidates in pre-employment checks. Average time to recruit 54 days (NHS target 53 days) due to delays at shortlisting stage. Continuous process improvements in place at all stages of the recruitment cycle. Average compliance for REAH is 97.73% on interview panels.

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

Workforce - Sickness Absence Rate: Trust




| Aug 22 | 6.48% |
|---|---|
| Latest Date | Performance |
| 4.5% | 6.56% |
| Target | Mean |

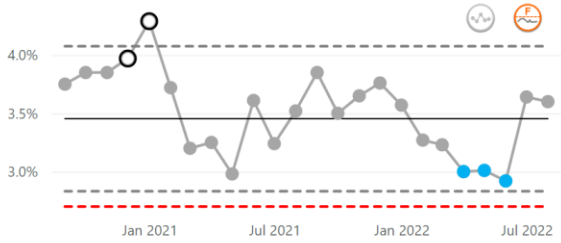
**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates consistently (F)alling short of the target

Workforce - Long Term Sickness Absence Rate: Trust




| Aug 22 | 3.6% |
|---|---|
| Latest Date | Performance |
| 2.7% | 3.45% |
| Target | Mean |

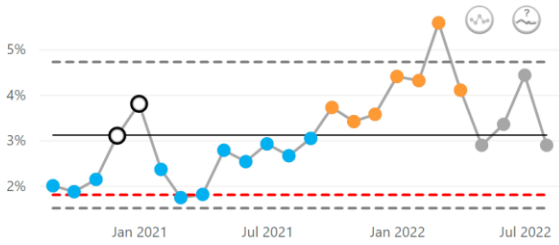
**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates consistently (F)alling short of the target

Workforce - Short Term Sickness Absence Rate: Trust




| Aug 22 | 2.89% |
|---|---|
| Latest Date | Performance |
| 1.8% | 3.11% |
| Target | Mean |

**Variation Description**

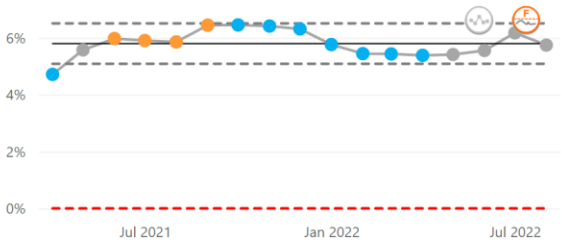
Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target

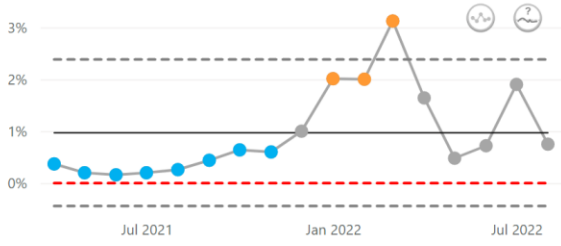
| Well Led | Sickness Absence (COVID and Non-COVID related) | Executive Lead | Jo Humphries | Lead | Cath Castleton |
|---|---|---|---|---|---|

Workforce - Sickness Absence Rate exc COVID: Trust




| Aug 22 | 5.74% |
|---|---|
| Latest Date | Performance |
| 0% | 5.79% |
| Target | Mean |

Workforce - Sickness Absence COVID only: Trust




| Aug 22 | 0.75% |
|---|---|
| Latest Date | Performance |
| 0% | 0.97% |
| Target | Mean |

## Issues/Performance Summary

- Reduction in both long and short-term and Covid sickness absences
- Underlying sickness absence performance 5.74%, Covid 0.75%
- Top reasons for sickness absence
    - 19.7% Anxiety/stress/depression
    - 11.7% other MSK
    - 11.3% infectious diseases
    - 6.0% Back problems
    - 5.9% Gastrointestinal problems

## Planned/Mitigating Actions

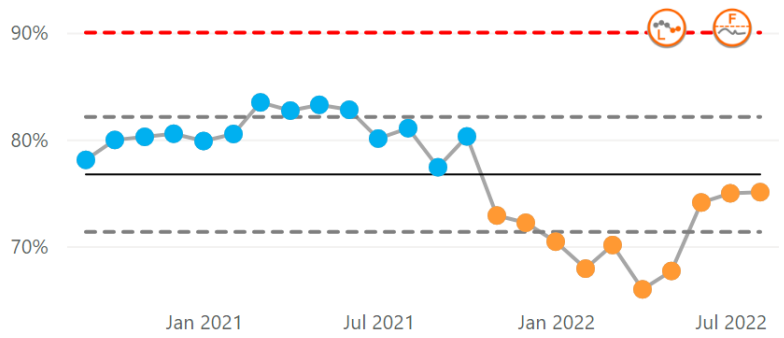
- NHS Covid sickness absence payment terms ceased 7 July 2022
- New sickness absence management policy in Staff Side negotiation
- Mental Health First Aid support to be increased with clear signposting of support available. Stress Management policy being updated to require a workplace stress risk assessment to be conducted in all instances where this is cited as a reason for sickness absence.
- Staff Occupational Health to be rebranded Wellbeing Centre planned
- Comprehensive suite of staff wellbeing benefits and support

## Assurance/Recovery Trajectory

- Performance tracked against improvement trajectory and reviewed and Divisional and Directorate Performance Review Meetings. All Divisions with the exception of Medicine on track. Deep Dive intensive support being provided in this Division.
- 78% staff in the July 2022 Pulse survey stated they knew how to access staff wellbeing support

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

Workforce - Appraisal Rate: Trust




| Aug 22 | 75.05% |
|---|---|
| Latest Date | Performance |
| 90% | 76.71% |
| Target | Mean |

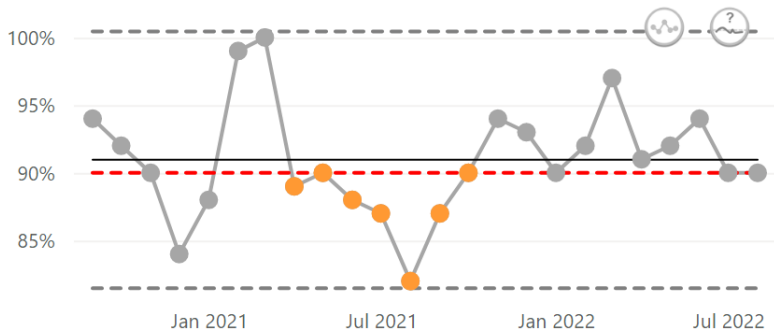
**Variation Description**

Special Cause (unexpected) variation - Concern (L)

**Assurance Description**

Variation indicates consistently (F)alling short of the target

Workforce - Appraisal Rate (Medical): Trust




| Aug 22 | 90% |
|---|---|
| Latest Date | Performance |
| 90% | 90.96% |
| Target | Mean |

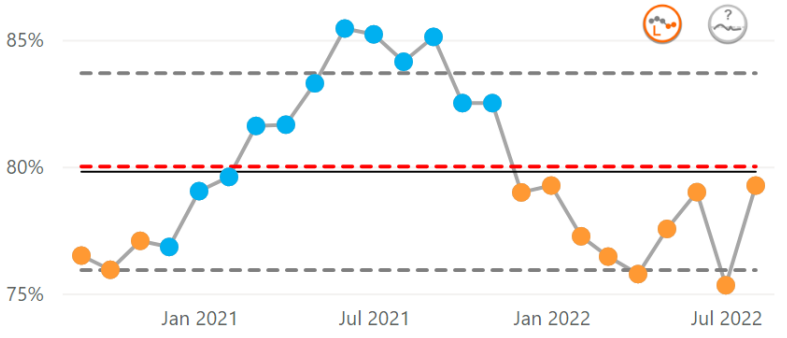
**Variation Description**

Common Cause - no significant change

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target

Workforce - Mandatory Training Rate: Trust




| Aug 22 | 79.25% |
|---|---|
| Latest Date | Performance |
| 80% | 79.8% |
| Target | Mean |

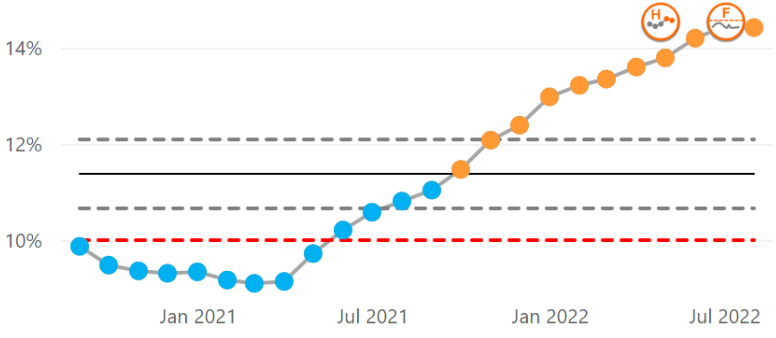
**Variation Description**

Special Cause (unexpected) variation - Concern (L)

**Assurance Description**

Variation indicates inconsistently passing and falling short of the target

Workforce - Turnover Rate: Trust




| Aug 22 | 14.42% |
|---|---|
| Latest Date | Performance |
| 10% | 11.38% |
| Target | Mean |

**Variation Description**

Special Cause (unexpected) variation - Concern (H)

**Assurance Description**

Variation indicates consistently (F)alling short of the target

## Issues/Performance Summary

Appraisals:

- Medial 90% vs 90% target
- Non-Medical 75% vs 90% target
- 16% appraisals overdue by more than 6 months
- 5% appraisals show overdue but employee within 1 year of employment and has 6 month milestone review completion

## Planned/Mitigating Actions

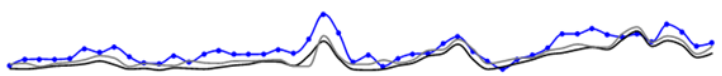
- Improvements to appraisal processes and reporting through maternity and sickness absences and internal transfers
- Recognition of probationary period 6-month review in appraisal process
- Improvements in recording of appraisals completed
- Realistic trajectories for improvement in place in all areas

## Assurance/Recovery Trajectory

- Performance vs improvement trajectory in all areas except Medicine who have an intensive support plan being developed

# Well Led - Benchmarking Summary

Sickness Absence Rate - All Nursing and Midwifery Staff

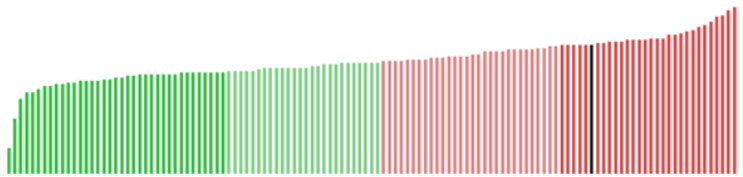


Provider Value — Jun 2022

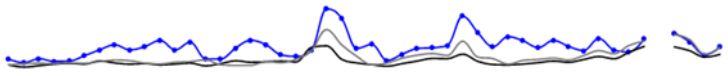
7.9%

| Provider Value | Peer Median | Provider Median |
|---|---|---|
| 7.9% | 7.5% | 6.8% |

7.9% is in quartile 4 – Highest 25% [red]



Sickness Absence Rate - All Medical & Dental

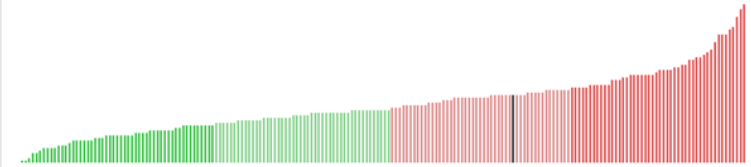


Provider Value — Jun 2022

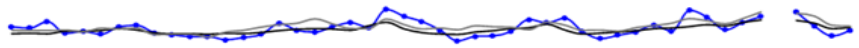
2.7%

| Provider Value | Peer Median | Provider Median |
|---|---|---|
| 2.7% | 2.7% | 2.1% |

2.7% is quartile 3 – Mid – High 25% [amber/red]



Sickness Absence Rate - All AHPs

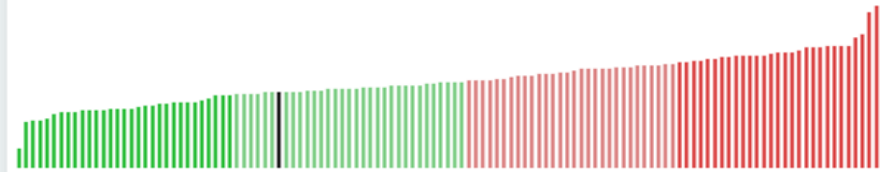


Provider Value — Jun 2022

4.6%

| Provider Value | Peer Median | Provider Median |
|---|---|---|
| 4.6% | 5.4% | 5.2% |

4.6% is quartile 2 – Mid – Low 25% [amber/green]



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

Key:

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

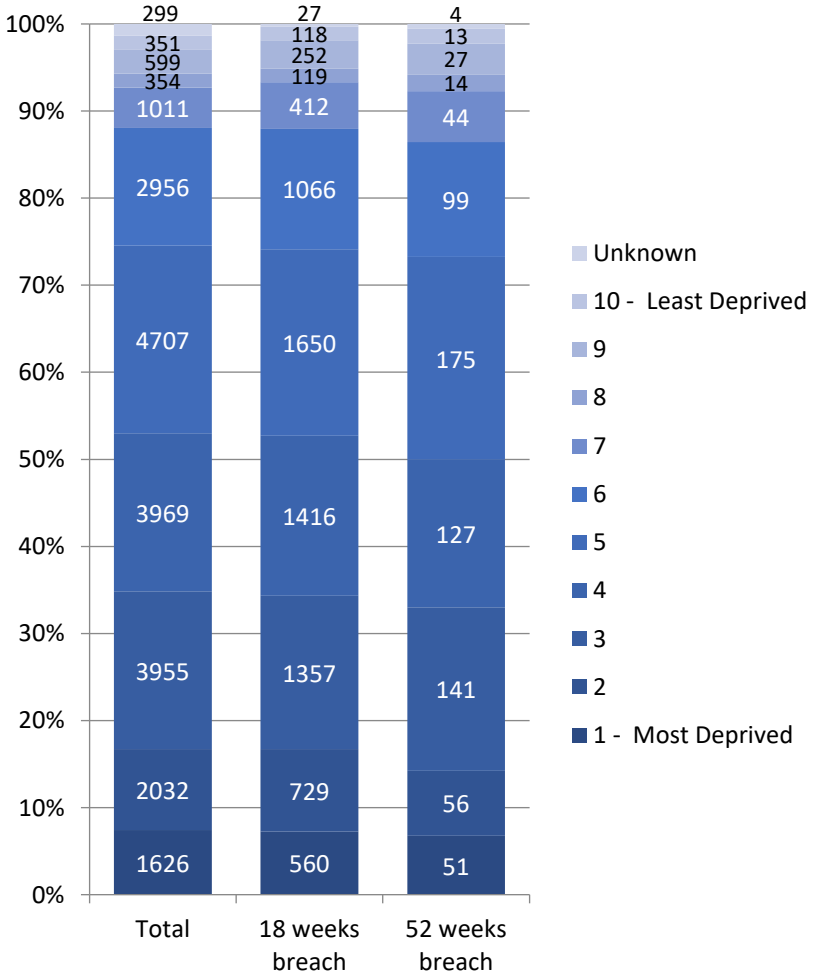
**Bar Chart**
Dark Green --- Red = Quartile 1 - 4
Black = QEH

## Peer Trusts

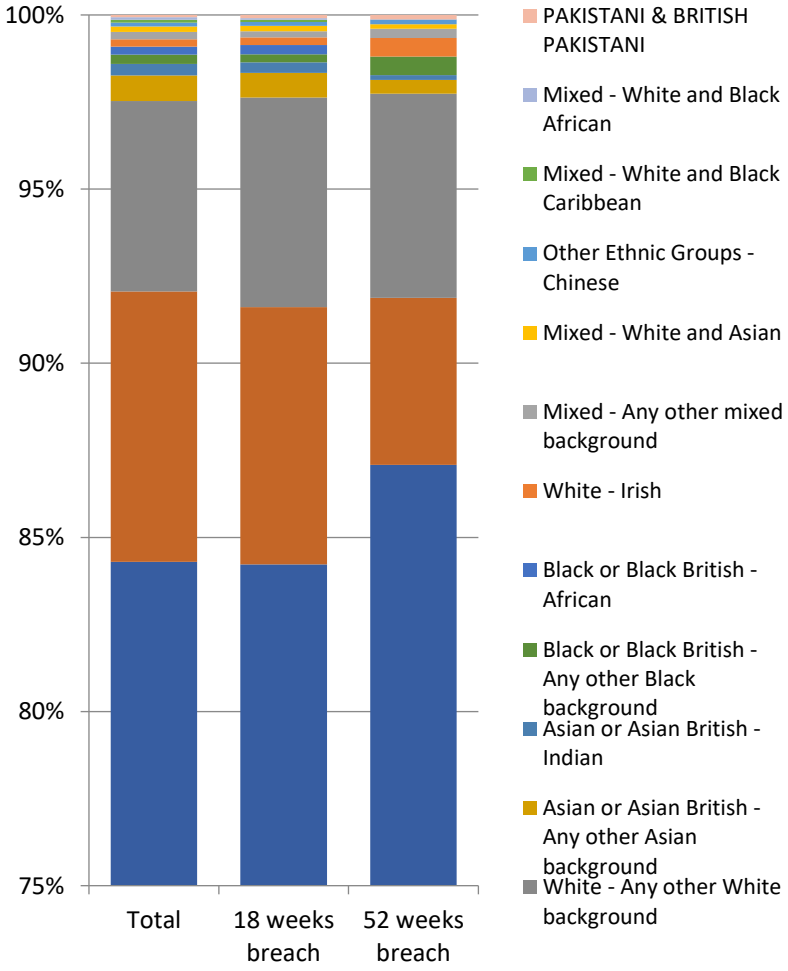
| Code | Name |
|---|---|
| RFS | Chesterfield Royal Hospital NHS Foundation Trust |
| RP5 | Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust |
| RGP | James Paget University Hospitals NHS Foundation Trust |
| RK5 | Sherwood Forest Hospitals NHS Foundation Trust |
| RXW | Shrewsbury and 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 |

# Health Inequalities – Waiting Times Analysis – August 2022

## By Index of Multiple Deprivation




## By Ethnicity



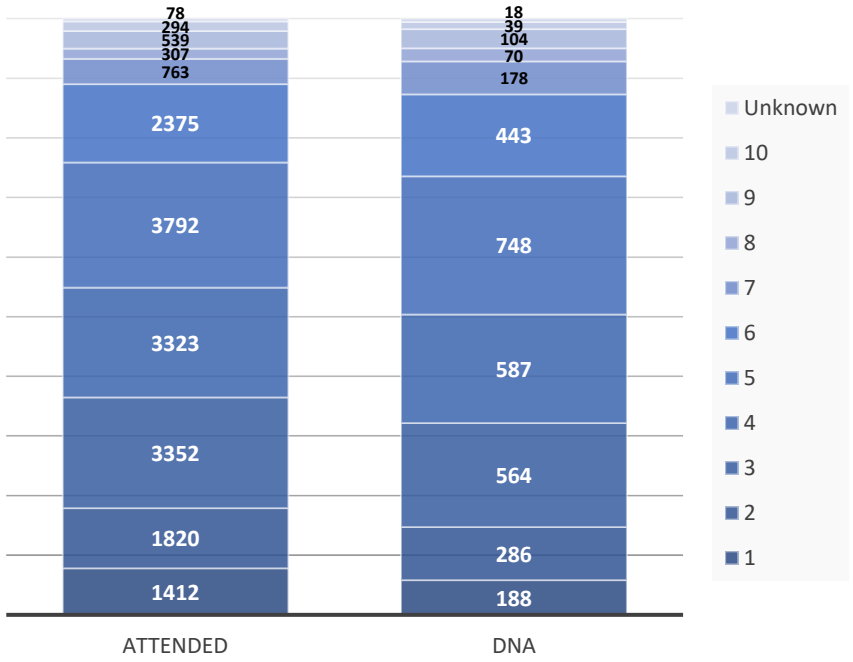

**Waiting Time Summary**

Comparing those patients waiting longest by the expected level of deprivation based on a patients recorded address shows no linear correlation. The greatest adverse variance in patients waiting over 52 weeks for treatment is in decile 5, with the next highest being less deprived in decile 7.

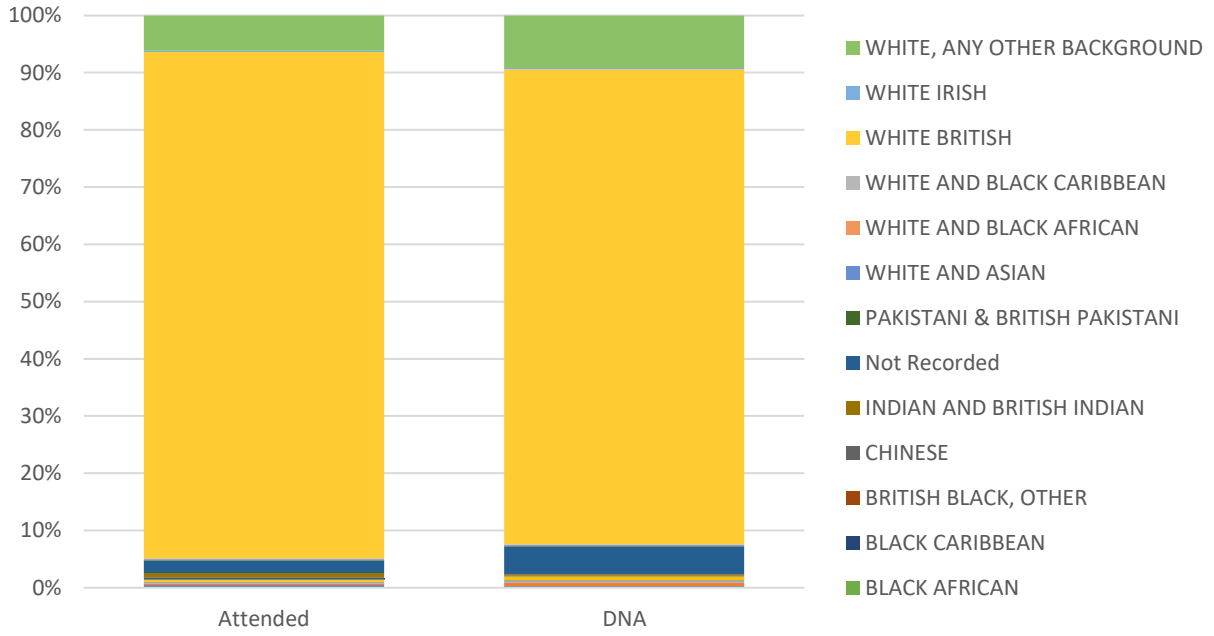
Comparing those patients waiting longest by ethnicity, the greatest adverse expected variance is in the 'White-British' category where 2.8% more patient are waiting over 52 weeks to be seen than the total number of patients waiting in that category overall. It is worth noting, that some of the ethnic categories only have a small number of patients in the cohort, with only four out of the fifteen ethnic categories reported having over 100 patients waiting in total.

# Health Inequalities – DNA Analysis – August 2022

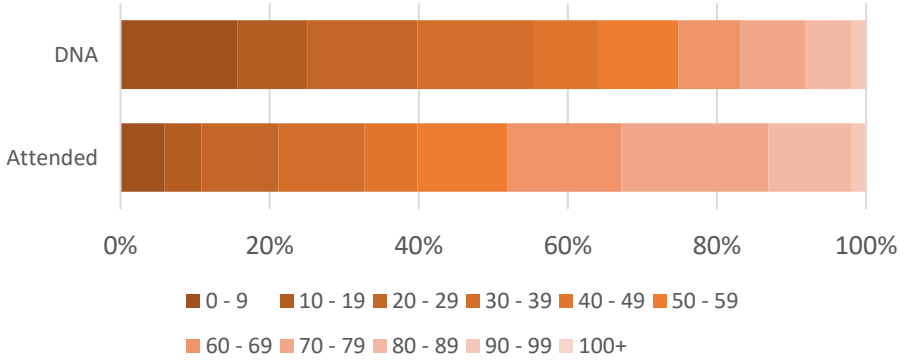
## By Index of Multiple Deprivation



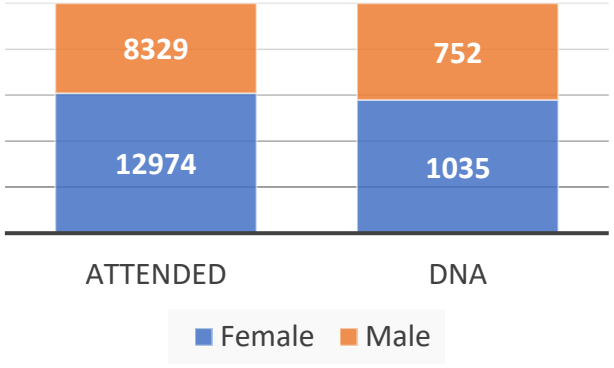

## By Ethnicity




## By Age




## By Gender




**Outpatient DNA Summary**

Patients from the least deprived areas are less likely to miss an appointment with those in the middle categories (5-7) more likely than others to DNA.

Patients from a White British background are more likely to attend an appointment, whereas those from a White – Other background most likely to DNA or those where the patient ethnicity is not recorded.

Females are more likely to attend, and males more likely to DNA.

There is a strong correlation between age and failure to attend, with the likely to DNA increasing in younger age groups.