Agenda item 12

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

Integrated Performance Report
5 April 2022

Author: **Nigel Hall, Chief Digital & Information Officer**
Executive: **Laura Skaife-Knight, Deputy Chief Executive**

EXCELLENCE STARTS HERE

Executive Summary

Domain	Going Well	Cause for concern
Safe	• Maintained 100% Duty of Candour since August 2021. • Quality of Serious Incidents of a high standard with around 95% closed by the CCG on first submission.	• Sustained operational pressures impacting on the Trust's ability to meet the 60 day Serious Incident Investigation standard.
Effective	• Mortality metrics are improving. • Research remains above target.	
Caring	• Dementia screening continues to remain above the agreed threshold of 90% since March 2021 when cognitive impairment Assessors were appointed	• There have been eleven incidents of same sex accommodation breaches affecting thirty-one patients during February 2022.
Responsive	• The Trust is on track to eliminate elective care 104 week waits by the end of March 2022. • The Trust achieved an SSNAP 'B' rating for stroke patients scanned within 12 hours of admission.	• Sustained emergency care demand has impacted on the Trust's ability to deliver timely access to emergency care. • An increase in two week wait referrals and workforce shortages have impacted on the Trust's ability to deliver timely access to cancer services.
Well Led (Finance)	• As at the end of February, the in month income and expenditure position is showing a surplus of £212k and the year to date surplus is £414k. The cost improvement programme is also delivering to plan and has achieved a year to date total of £5,890k. • The capital programme has had significant expenditure within the month and is on-track to deliver the full plan for the year, including risk mitigation actions for schemes that can be rapidly deployed.	• As at the end of February, there are no causes for concern as mitigations are in place for the potential finance risks within the 2021/22 financial year.
Well Led (People)	• Restructure of HR personnel to deliver the refreshed Strategic Objectives and NHS People Promise with the recent recruitment of a Head of Talent and Organisational Development to lead the ongoing culture and leadership development programme, in addition to establishing robust succession planning aligned to workforce planning and clinical strategies and development of a Faculty of Education.	• Ongoing and persistent Opel 4, Full Capacity Protocols and staff sickness absence due to Covid are critically impacting the delivery of core people metrics such as staff appraisals and mandatory training. Sickness absence remains high overall and a new performance management plan and trajectory has been recently approved by the SLT, People Committee and Board of Directors. This will see the Trust sickness absence being managed in a more holistic manner, ward/dept by ward/dept rather than at a global Trust level.

Safe Performance Summary

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
S001	Serious Incidents- No. of Incidents	Feb 22	5	0		
S002	Serious Incidents - SI/NE investigations >60 days	Feb 22	4	0		
S003	Serious Incidents - Duty of candour compliance	Feb 22	100%	100%		
S004	VTE - % Assessments Completed	Jan 22	97.96%	97.24%		
S005	Falls(Harm_only) - Rate per 1,000_beddays	Feb 22	0.24	0.98		
S006	Pressure Ulcers - Rate per 1,000 beddays	Feb 22	0.15	0.41		
S007	Safer Staffing - RN and NA Fill Rates	Feb 22	80.74%	80%		
S008	Safer Staffing - Care Hours Per Patient Per Day	Feb 22	7.08	8		
S009	CDiff - Rate per 100,000 beddays	Feb 22	35.83	30.1		
S010	CDiff - Actual Cases	Feb 22	5	4		
S011	MRSA - Actual Cases	Feb 22	0	0		
S012	EColi - Rate per 100,000 beddays	Feb 22	22.86	16.4		
S013	EColi - Actual Cases	Feb 22	4	2		
S014	MSSA - Rate per 100,000 beddays	Feb 22	16.06	0		
S015	MSSA - Actual Cases	Feb 22	1	0		
S016	Cleanliness Scores - Very High Risk Areas	Feb 22	97.42%	95%		
S017	Cleanliness Scores - High Risk Areas	Feb 22	96.89%	95%		
S018	Cleanliness Scores - Significant Risk Areas	Feb 22	95.75%	95%		
S019	Cleanliness Scores Low Risk Areas	Feb 22	78%	95%		
S020	Cleanliness Audits Completed	Feb 22	38	37		
S021	Patient Safety - Alerts not completed by deadline	Feb 22	0	0		

Serious Incidents

The number of serious incidents reported in February 2022 rose to five (six were originally declared, one stepped-down agreed by CCG) from **four** in January 2022.

Falls

The rate of falls has reduced in month, and remains below the national benchmark.

Pressure Ulcers

There were **two** hospital acquired pressure ulcers in February (**one** Cat 2, **one** deep tissue injury (DTI)).
One of these was assessed as a lapse in care. An RCA is underway – action plan in place.

C.Diff

Five cases of C.Diff were identified in February 2022 (**one** healthcare onset healthcare associated (HOHA) and **four** community onset healthcare associated (COHA)).

E.Coli

Three cases of hospital onset E. Coli were reported in February 2022.

MSSA

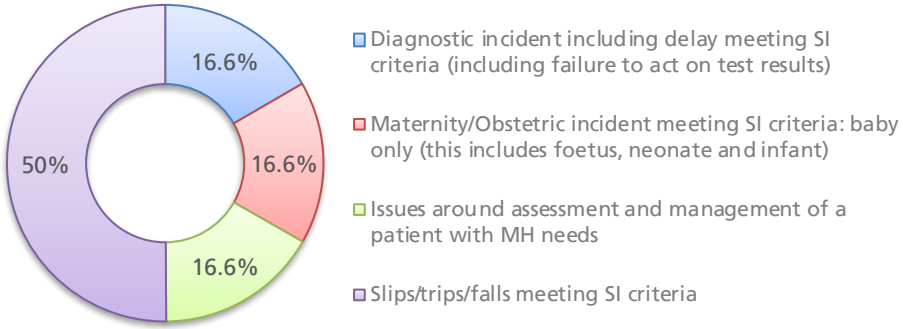
One case of MSSA was reported in January 2022 (**one** HOHA).

VTE Assessment Completeness

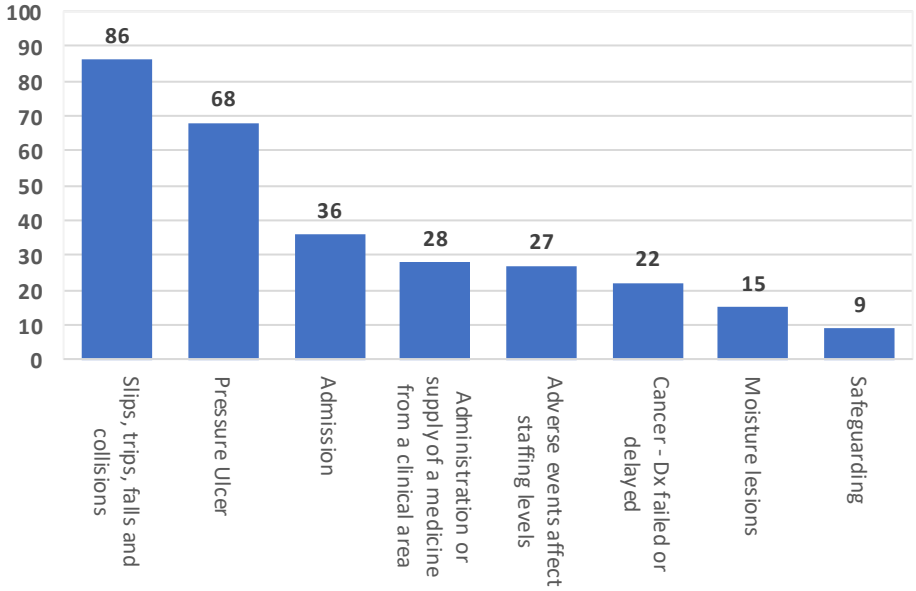
VTE Screening process continues to remain above the nationally agreed threshold of 97.2% since May 2020.

Safe	Patient Safety	Executive Lead	Louise Notley	Lead	David Barron

Type of reported Serious Incident (A total of six declared)



Key Incident category ranking themes



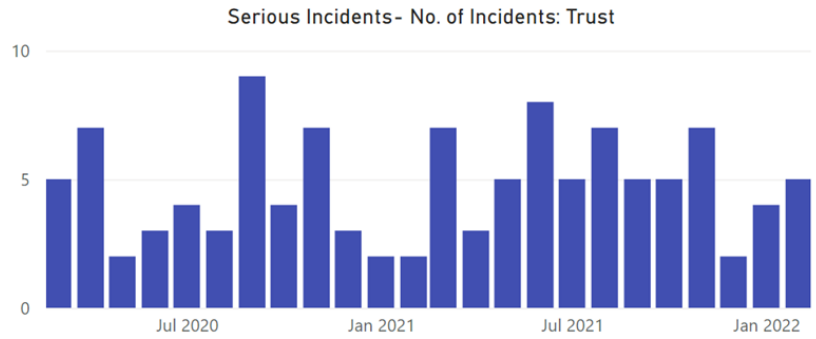
Slips, Trips, Falls and Collisions: 24% (21/86) resulted in Harm of which **3.5% (3/86)** had Moderate Harm Attributed and **one** was declared as an SI.
Pressure Ulcers: 0% (0/68) there were no hospital acquired pressure ulcers.
Admission: 0% (0/36) no Moderate Harm or above attributed. Incident themes within this area include: twelve hour trolley waits within the Emergency Department (ED), three hour or above delays offloading patients from ambulances within ED and Mixed Sex Accommodation Breaches within West Raynham Ward.
Administration or supply of a medicine from a clinical area: 0% (0/28) no Moderate Harm or above attributed: **seven** incidents relate to missed administration of medication. **Adverse Staffing Incidents: 0% (0/27)** with no Moderate Harm Attributed. These incidents were reported across the divisional wards and departments.
Cancer – Diagnosis failed/delayed: 0% (0/21) no Moderate Harm or above attributed. **Moisture Lesions: 0% (0/15)** there were no hospital acquired moisture lesions. **Safeguarding Children: 0%** (0/9) no Moderate harm or above attributed.

Whistleblowing (WB)
0 CQC WB enquiry received.

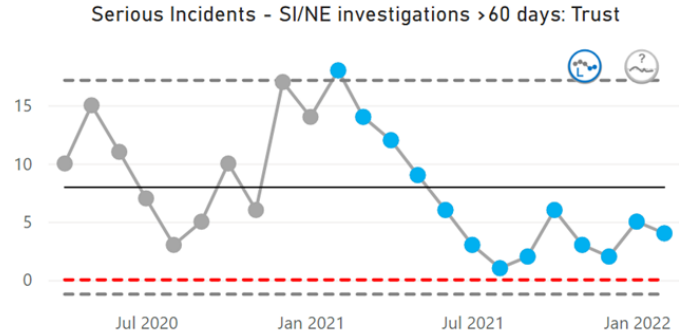
Freedom To Speak Up (FTSU)
There were no FTSU issues raised relating to Patient Safety

1 - Changes and Communication; New ways of working.
2 - Nursing care (Critical Care) – Lack of Staff Rest areas.
2 - guidance only – complaints process and Occupational Health.
1 - Corporate, related to Estates (but an outside contractor).

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



5	
Performance	
Feb 22	
Latest Date	
0	
Target	



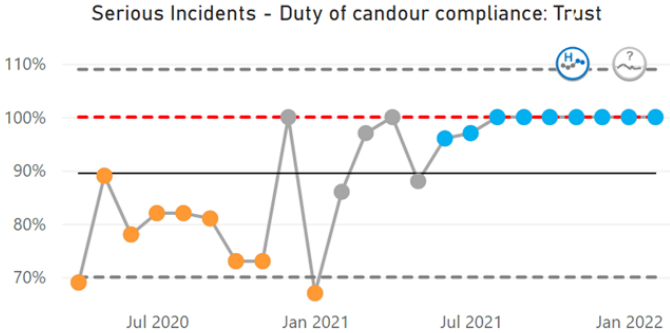
Feb 22	4
Latest Date	Performance
0	7.96
Target	Mean

Variation Description

Special Cause (unexpected) variation - Improvement (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target



Feb 22	100%
Latest Date	Performance
100%	89.48%
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

Expected deterioration against the 60 day SI investigation standard, as highlighted to Quality Committee in February, due to sustained operational pressures and a Risk and Governance post vacancy within Women's and Children's (W&C) Division.

Planned/Mitigating Actions

Daily tracking of all open SI by the Patient Safety Team with escalation to the respective Divisional Leadership Teams.

Patient Safety Team providing additional support to W&C Division.

Interim Risk and Governance specialist secured for W&C and in post.

Established meetings with the N&W CCG to ensure they are kept fully informed of SI activity and compliance.

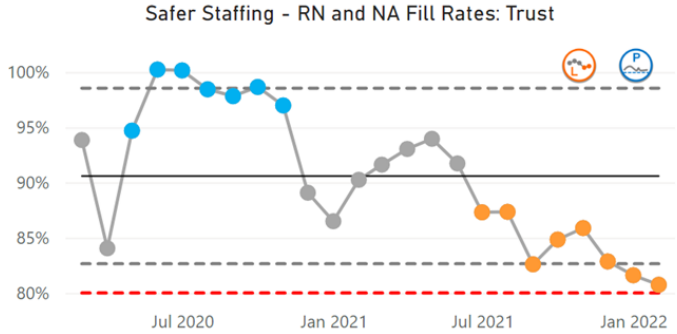
Assurance/Recovery Trajectory

With current mitigation in place, recovery trajectory agreed and will be monitored through the Performance Review Meetings. Plan to recover position by end of June 2022. However, there is a risk this trajectory could be impacted by further operational pressures.

Quality of SI reports remains of a high standard with Executive sign off prior to submission.

Supportive relationship with N&W CCG regarding QEH SI management with no concerns raised and positive feedback about quality of SIs which capture learning.

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



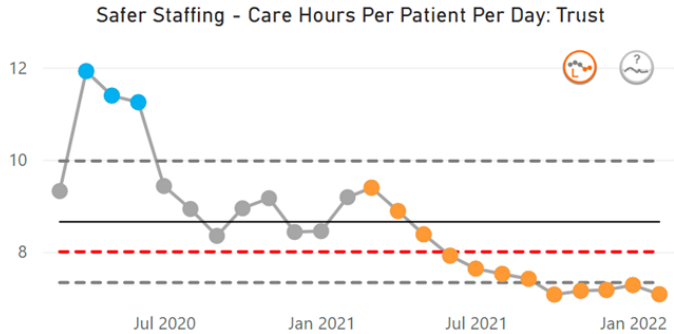
Feb 22	80.74%
Latest Date	Performance
80%	90.58%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (P)assing the target



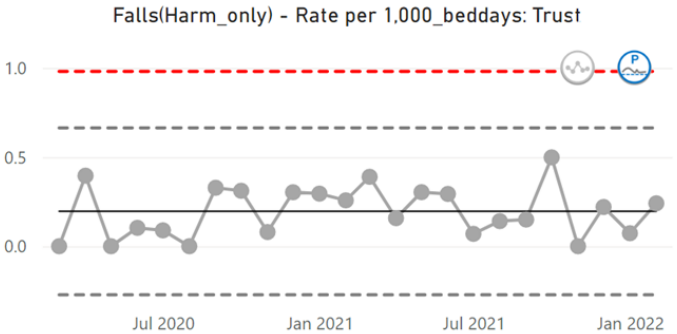
Feb 22	7.08
Latest Date	Performance
8	8.65
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target



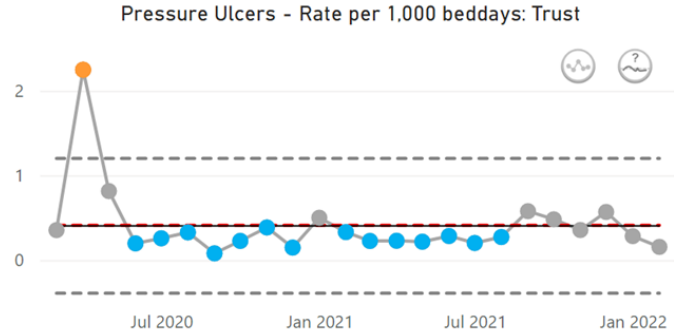
Feb 22	0.24
Latest Date	Performance
0.98	0.2
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (P)assing the target



Feb 22	0.15
Latest Date	Performance
0.41	0.4
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

Safer Staffing:
Staffing continues to be a challenge driven predominantly by sickness, vacancies and variable fill rates by temporary backfill.

Falls:
Falls remain above the Trust's internal improvement trajectory but below National benchmarking data. The number of falls with harm has not increased over the year and has remained within the common cause variation.

Pressure Ulcers:
There has been a sustained improvement in month for hospital acquired pressure ulcers (PU).

Planned/Mitigating Actions

Safer staffing:
Staffing is reviewed by the senior nursing teams at least three times daily with appropriate escalation and actions as required.

Falls:
A review has been undertaken of the workforce requirements corporately to strengthen proactive falls management alongside a renewed strategy with both underway.

Pressure Ulcers:
The Tissue Viability Team has been strengthened corporately during Q4 facilitating further planned developments.

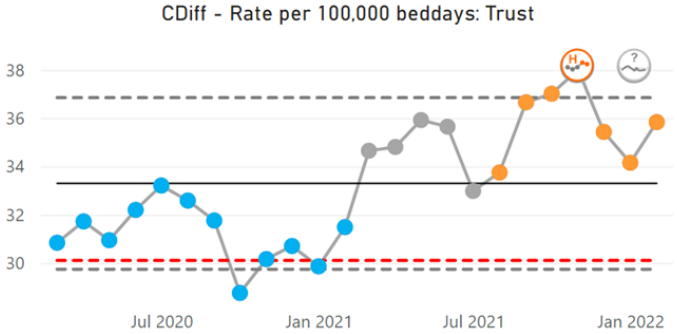
Assurance/Recovery Trajectory

Safer staffing:
Robust sickness monitoring in place.
Ongoing active recruitment and retention.

Falls:
Improvements are showing a decline in the number of falls in month. It is anticipated this will be maintained with the additional and revised actions in place.

Pressure Ulcers:
Sustained improvement in Q4 no significant common cause variation.

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



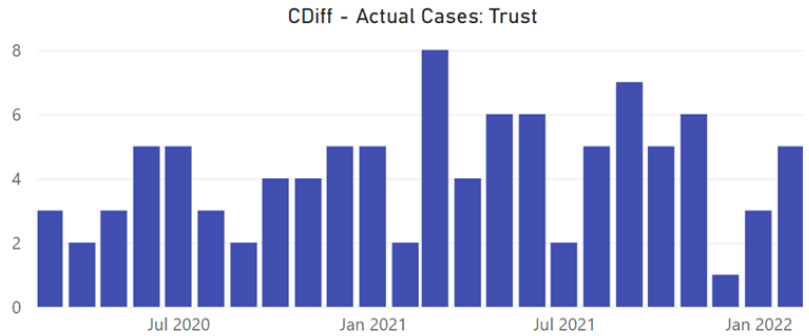
Feb 22	35.83
Latest Date	Performance
30.1	33.29
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates inconsistently passing and falling short of the target



5
Performance
Feb 22
Latest Date
4
Target

0
Performance
Feb 22
Latest Date
0
Target

Issues/Performance Summary

Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission. One occurrence within month.

Community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous four weeks prior to this, acute providers were only reporting cases relating to the first category which is (HOHA). Four occurrences within month.

Threshold set for Clostridium difficile infection (CDI) for 2021/22 - 40 healthcare associated cases.
Five cases identified in February 2022 (**one** HOHA, **four** COHA).

Planned/Mitigating Actions

Cases presently under review with IPCT, ICD and NW CCG to identify if any lapses in care.

Rapid review of all cases, by IPCT and ICD, presently showing **four** cases have lapses in care including stool charts not completed, stool samples not timely taken, isolation rooms not available and inappropriate use of anti-biotics.

IPCT provided clinical staff with findings and reviewed CDiff management with staff involved in the patients journeys.

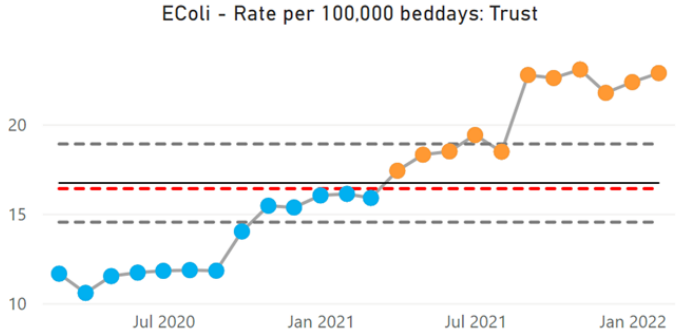
Assurance/Recovery Trajectory

Bespoke education / training on affected areas.

Review of individual cases and promptly undertaking measures to reduce any further transmission.

Discussing individual cases with Ward Managers / Matrons and escalating concerns, in a time appropriate manner, at senior meetings and via governance reporting channels.

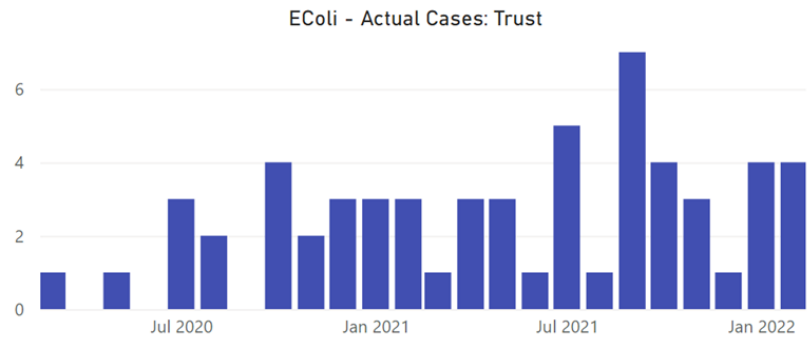
Safe	E Coli & MSSA	Executive Lead	Alice Webster	Lead	Ange Howling



Feb 22	22.86
Latest Date	Performance
16.4	16.71
Target	Mean

Variation Description

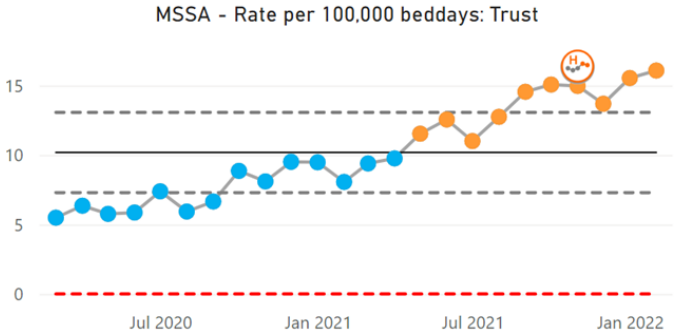
Assurance Description



4
Performance

Feb 22
Latest Date

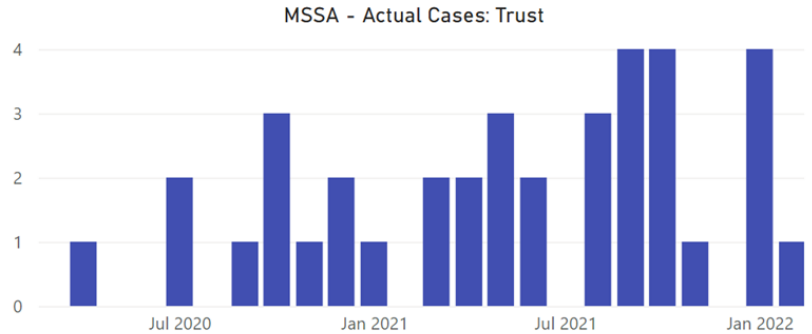
2
Target



Feb 22	16.06
Latest Date	Performance
	10.17
	Mean

Variation Description

Special Cause (unexpected) variation - Concern (H)



1
Performance

Feb 22
Latest Date

Issues/Performance Summary

EColi:
Threshold set for Escherichia coli (E.coli) for 2021/22 - 68 healthcare associated cases.

Three cases of hospital onset E. coli were reported in February 2022.

MSSA:
One case of MSSA was reported in February 2022 (**one** HOHA)
Case remains under review by IPC Team and Infection Control Doctor.

Planned/Mitigating Actions

EColi & MSSA:
Cases reviewed at surveillance meeting with Infection Prevention Team, Consultant Microbiologist and Infection Control Doctor – no lapses in care identified.

Discussed individual cases with Ward Managers / Matrons and escalating concerns, in a time appropriate manner, at senior meetings and via governance reporting channels.

Assurance/Recovery Trajectory

EColi & MSSA:
Antibiotic stewardship and engagement - IPCT presently working with Consultant Microbiologists (Infection Control Dr and Anti-microbial Lead) to review the anti-microbial strategy and working group in order to influence and support future work:

- Education at Induction / Mandatory Training
- Bespoke education / training on affected areas
- Practice Development Nurses provide training (Aseptic Non Touch Technique - ANTT)
- Review of individual cases and promptly undertaking measure to reduce any further transmission
- Supportive programme of audit including hand hygiene, PPE usage, isolation and environmental cleaning in place

Effective Performance Summary

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
E001	Total_Births	Jan 22	171	0		
E002	Maternity - Stillbirth Rate	Jan 22	4.44	3.73		
E003	Maternity - Neonatal Deaths_Rate	Jan 22	0	1.06		
E004	Maternity - Extended Perinatal Deaths Rate	Jan 22	4.44	4.79		
E005	Maternity - Maternal_Deaths	Jan 22	0	0		
E006	Maternity - Total LSCS rate	Jan 22	28.83%	25%		
E007	Maternity - Emergency LSCS rate	Jan 22	17.17%	15%		
E008	Maternity - Elective LSCS rate	Jan 22	11.65%	10%		
E009	Maternity - Term admissions to the NNU	Jan 22	3.12%	6%		
E010	Maternity - Avoidable Term admissions to the NNU	Jan 22	0%	0%		
E011	Maternity - Breastfeeding initiation	Jan 22	80%	70%		
E012	Maternity - Breastfeeding on_discharge from_hospital	Jan 22	55.21%	60%		
E013	Maternity - PPH	Jan 22	1.18%	3%		
E014	Maternity - 3rd 4th degree tears	Jan 22	0.66%	3.5%		
E015	Maternity - Smoking at booking	Jan 22	22.7%	18.6%		
E016	Maternity - Stopped smoking by delivery	Jan 22	50%	44.7%		
E017	Maternity - Smoking at time of delivery	Jan 22	14.02%	0%		
E018	HSMR - Crude Rate	Nov 21	4.32	3.18		
E019	HSMR - Relative Risk	Nov 21	124.99	100		
E020	HSMR - Relative Risk (Weekday)	Nov 21	118.47	100		
E021	HSMR - Relative Risk (Weekend)	Nov 21	143.88	100		
E022	SHMI	Jul 21	101.37	100		
E023	Cardiac Arrest - Rate per 1000 Admissions	Jan 22	2.93	2		
E024	Research - No. of patients recruited in NIHR studies	Feb 22	94	63		

Neonatal and Perinatal Mortality

There was one stillbirth in the month of January.

Breastfeeding on discharge

Breastfeeding initiation rate remains within common cause variation, above the current target threshold of 70%, though sickness in the infant feeding team is thought to underlie a recent reduction in breastfeeding at discharge.

Mortality

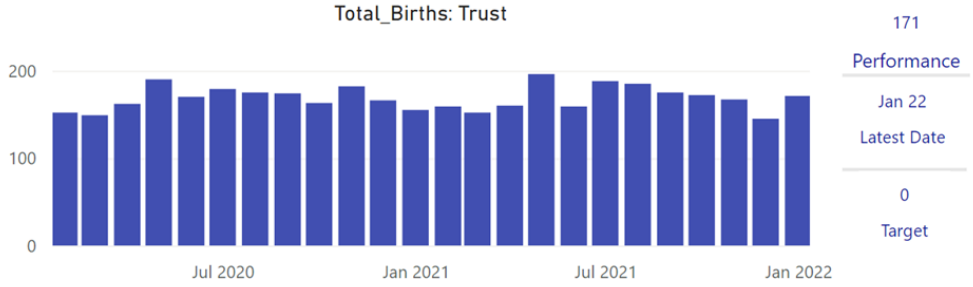
SHMI has not been updated nationally since last month (12-month data to July 2021 remains as expected). HSMR continues to fall from a peak of over 140, to 124.99 for the 12 months to November 2021.

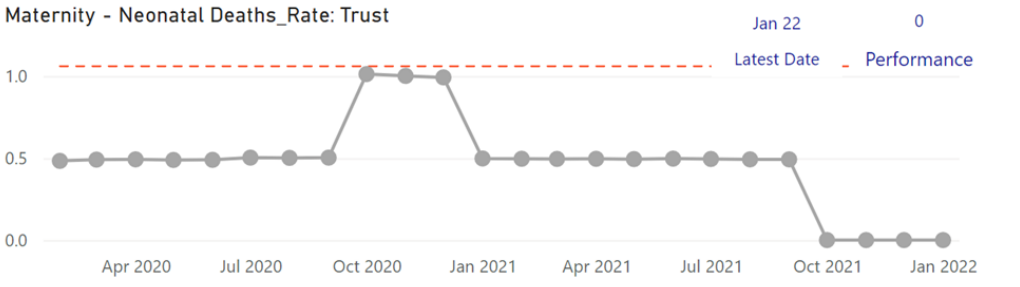
In February 2022 there were 87 deaths. In comparison there were 139 deaths in February 2021 and 89 in February 2020.

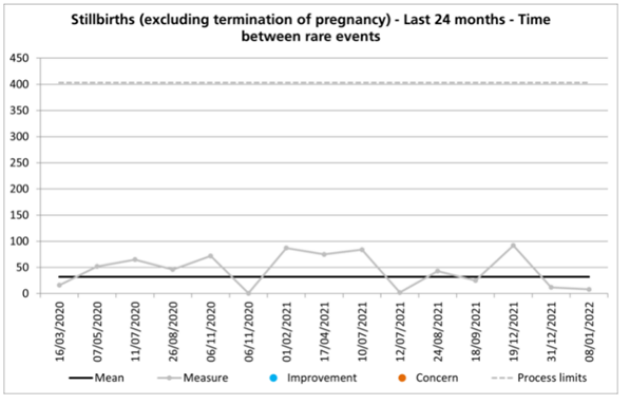
Research

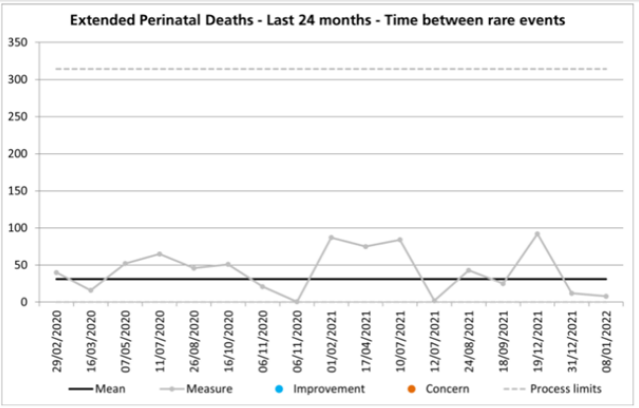
Recruitment rates remain within common cause variation, above the agreed target.

Effective	Maternity Death Rates	Executive Lead	Frankie Swords	Lead	Raghu Govinden



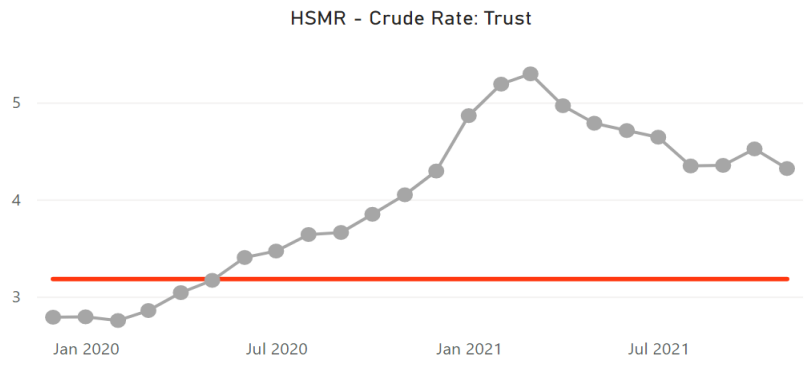






Issues/Performance Summary	Planned/Mitigating Actions	Assurance/Recovery Trajectory
Sadly there was one still birth in this reporting period.	All still births are reported and fully investigated. No immediate care delivery problems were identified in the Perinatal Mortality Review Tool (PMRT) review undertaken of this still birth. The full findings will be shared widely and an action plan to address any learning will be developed. The division is committed to fully embedding the Saving Babies Lives Care Bundle (SBLCB) Version 2 and continues to work towards full compliance with the ten safety actions for the Maternity Incentive Scheme, year four (there are differences to the year three scheme which was achieved in full).	The rate of still births remains within common cause variation with no other extended perinatal, neonatal or maternal deaths.

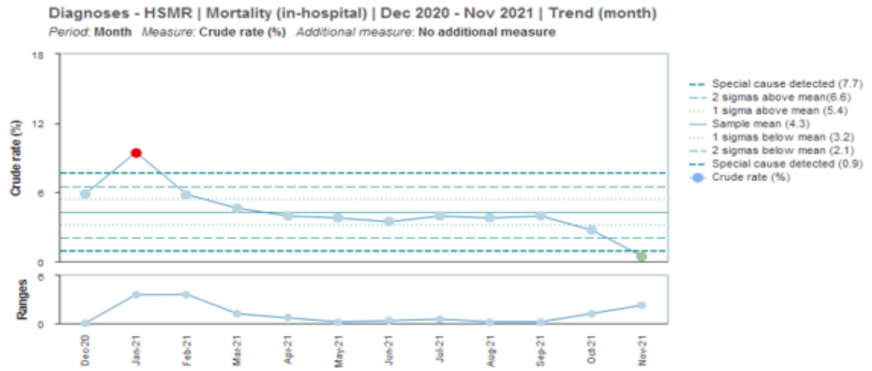
Effective	HSMR - Crude Rate & Relative Risk	Executive Lead	Frankie Swords	Lead	Raghu Govinden

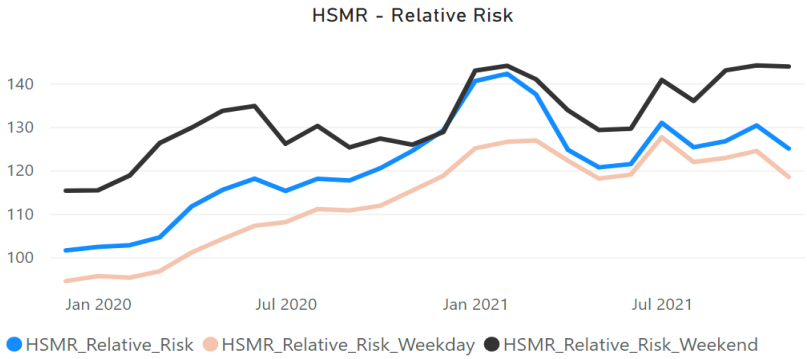


4.32
Performance

Nov 21
Latest Date

0
Target

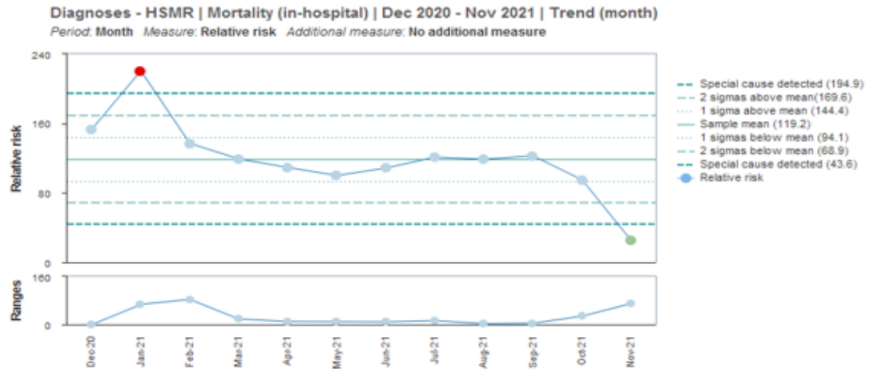




124.99
Performance

Nov 21
Latest Date

0
Target



Issues/Performance Summary

HSMR is a rolling metric, with the latest data covering the 12 months to November 2021. This remains elevated but is now falling as more time elapses since the peak of deaths in the pandemic in January –February 2021.

The activity on which the HSMR (and SHMI) is based is still below pre-pandemic levels, but overall activity was increasing during this reporting period.

In February 2022 there were 87 deaths. In comparison there were 139 deaths in February 2021 and 89 in February 2020. 50 (out of 87) of the deaths occurred in patients aged 80 and over, of this number 21 were aged 90 and over. There were 19 COVID deaths in February.

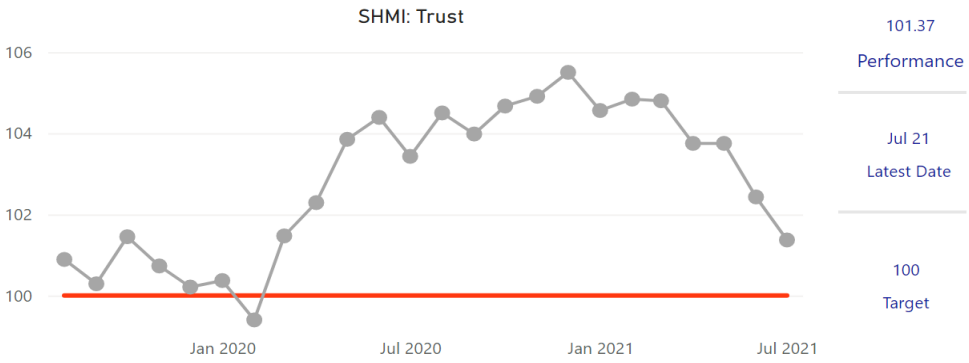
Planned/Mitigating Actions

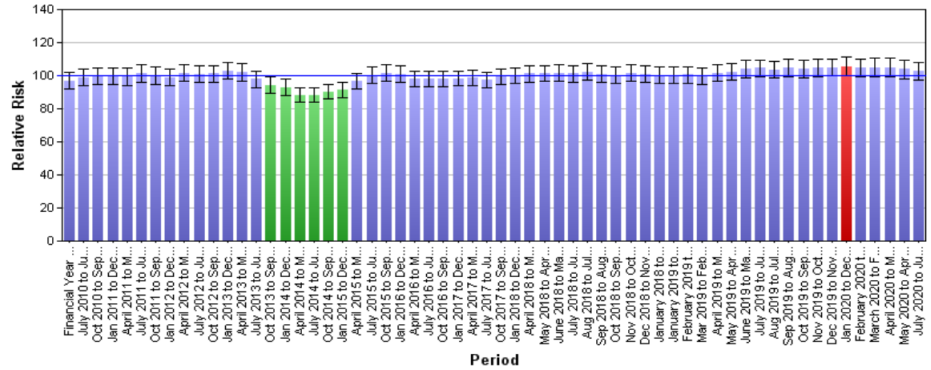
The NHSEI learning from deaths collaborative have approved our action plan and good progress has been made across multiple areas: medical documentation, accuracy of coding, and to palliative care provision, all of which will contribute to a reduction in our expected deaths and so a reduction in HSMR.
The Urgent and Emergency Care improvement plan incorporates the final suite of actions to improve 7 day working and modernise medical job plans. This has been impacted by operational pressures but relaunches April 2022 with the planned appointment of two AMDs to help drive this work.
The recording of SJR's within the SJR+ tool has been completed and SJR's back to April 2021 have been uploaded into the tool. This will provide us more opportunity to extract learning from the death review process.

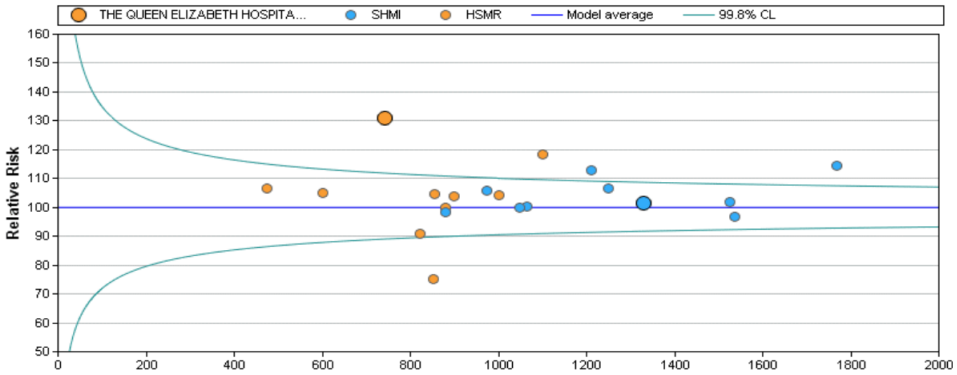
Assurance/Recovery Trajectory

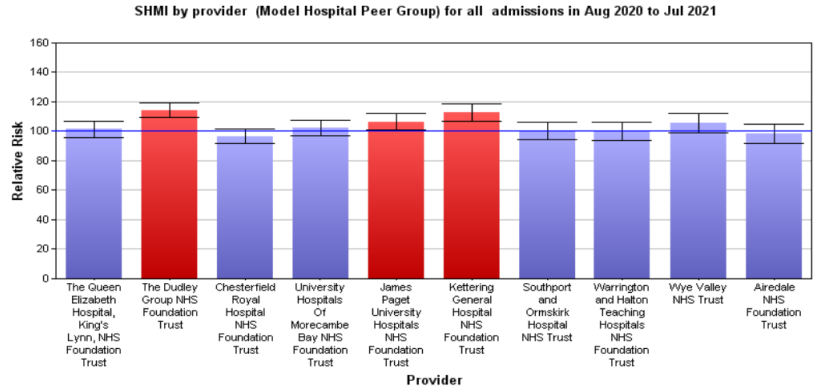
The coding backlog has now been cleared which is expected to lead to a further reduction in HSMR as more straight forward cases are fully coded and have been included in our HES submissions for January and February. This will increase the denominator of spells used for our mortality calculations and so is predicted to lead to a reduction in calculated HSMR.
However, the recent use of day surgery has reduced the total number of spells which may mask that improvement.
The effects of the Dr Foster national rebasing of HSMR calculations are not yet clear.
The impact of COVID will continue to be reported for 12 months after any spikes in COVID related deaths and related reduced activity as this is a rolling metric, impeding our ability to predict and benchmark HSMR.

Effective	SHMI	Executive Lead	Frankie Swords	Lead	Raghu Govinden









Issues/Performance Summary

SHMI remains within the nationally "expected band and within the national funnel plot".

This has fallen from 106 for the period to December 2020, to 101.37 to July 2021 but has not been updated since last month.

Planned/Mitigating Actions

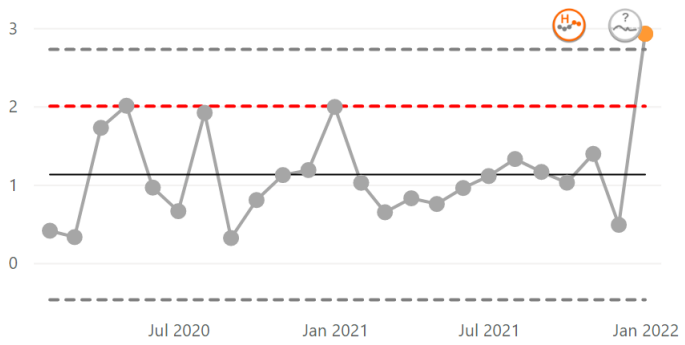
All deaths continue to be independently reviewed by the medical examiner team. Structured judgement reviews are also undertaken and analysed using the NHSEI recommended SJR+ tool to identify any learning in approximately 10% of all deaths, as well as 100% of deaths occurring in Intensive Care, Maternity, Paediatrics, Surgery as well as nationally recommended groups such as people with a learning disability.

Assurance/Recovery Trajectory

Not applicable.

Effective	Cardiac Arrest & Research	Executive Lead	Frankie Swords	Lead	Raghu Govinden

Cardiac Arrest - Rate per 1000 Admissions: Trust



Jan 22	2.93
Latest Date	Performance
2	1.13
Target	Mean

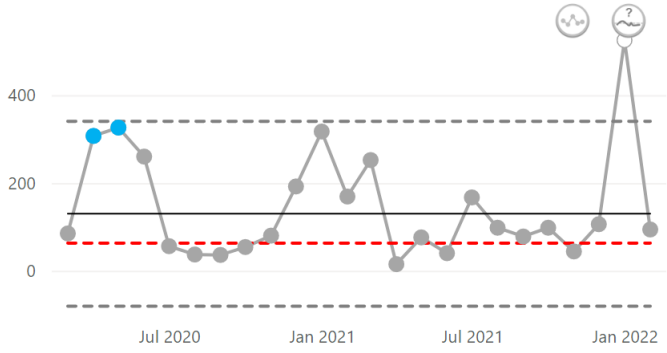
Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

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



Feb 22	94
Latest Date	Performance
63	129.87
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

Cardiac arrest rates have been well below threshold for **eleven** consecutive months but show a special cause variation this month.

There were **eight** reportable cardiac arrests in January 2022. Four have been reviewed and found to be potentially preventable as in retrospect the resuscitation attempts were highly unlikely to be successful, although none of these deaths were felt to have been avoidable. These patients would have been suitable for a ReSPECT discussion. This will be fed back to the responsible clinicians by the end of life team for learning. Four incidents have incomplete data and require further review.

Research accruals remain above target and within common cause variation.

Planned/Mitigating Actions

All patients with a cardiac arrest undergo a structured judgement review and are reviewed at the deteriorating patient forum. This aims to determine whether any actions might have been taken to escalate care and intervene earlier if the patient was deteriorating, or if the patient could have been identified as end of life or unsuitable for a cardiac arrest call earlier with a proactive discussion with the patient and their family.

NEWS 2 Training and NEWS 2 audits and individualised plan of care audits and end of life training are also overseen through the Recognise and Respond and the End of Life Fora.

Assurance/Recovery Trajectory

The four remaining cases will be reviewed this month and any learning shared with the responsible clinicians.

It is anticipated that the rate will fall back to expected levels within this month with the impact on patients monitored by ongoing monthly NEWS2, documentation and End of Life Care audits.

Caring Performance Summary

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
C001	Mixed Sex Accommodation - No. of Incidents	Feb 22	11	0		
C002	Mixed Sex Accommodation - No. of Breaches	Feb 22	31	0		
C003	Dementia - Screening Performance	Jan 22	90.05%	90%	H	
C004	FFT - (IP & DC) % "Very_Good" or "Good"	Feb 22	96.37%	95%		
C005	FFT - (AE) % "Very Good" or "Good"	Feb 22	80.22%	95%	L	
C006	FFT - (OP) % "Very Good" or "Good"	Feb 22	93.07%	95%	L	
C007	FFT - (Mat - Antenatal) % "Very Good" or "Good"	Feb 22	100%	95%		
C008	FFT - (Mat - Labour) % "Very Good" or "Good"	Feb 22	66.66%	95%	L	
C009	FFT - (Mat - Postnatal) % "Very Good" or "Good"	Feb 22	90%	95%	L	
C010	FFT - (Mat - Comm Postnatal) % "Very Good" or "Good"	Feb 22	100%	95%		P
C011	Complaints - No. of Clinical & Non-Clinical	Feb 22	2	0	L	F
C012	Complaints - 30 Day Response Rate	Feb 22	67%	90%		
C013	Complaints - Rate per AE/IP/OP Activity	Feb 22	0.01%	0%	L	
C014	Complaints - % Reopened Complaints	Feb 22	50%	15%		

Mixed Sex Accommodation

There have been eleven incidents of same sex accommodation breaches affecting thirty-one patients during February 2022.

Complaints

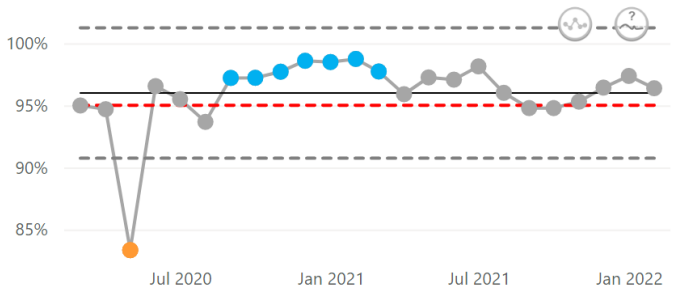
The timeliness of responding to formal complaints within 30 days was not achieved in February with **one** breach (**four** Formal complaints) resulting in 67%.

Dementia Case Finding

Dementia screening continues to remain above the agreed threshold of 90% since March 2021 when cognitive impairment Assessors were appointed to identify and signpost care for patients identified with dementia. This process has remained stable and sustained.

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

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



Latest Date	Performance
Feb 22	96.37%
Target	Mean
95%	95.98%

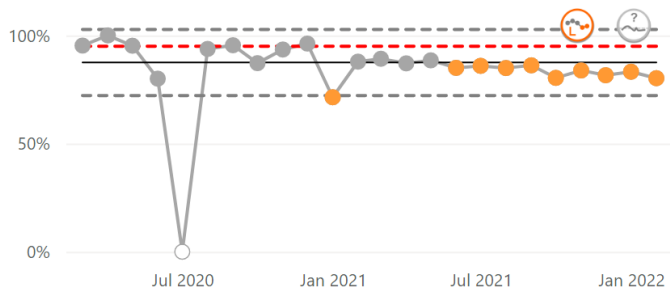
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

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



Latest Date	Performance
Feb 22	80.22%
Target	Mean
95%	87.47%

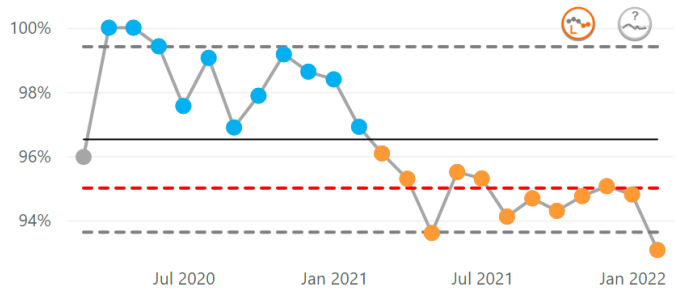
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

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



Latest Date	Performance
Feb 22	93.07%
Target	Mean
95%	96.52%

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

The level of satisfaction from inpatients and day cases exceeds the target of 95% satisfaction. The areas of concern relate to A&E and outpatients.

In A&E the levels of satisfaction have not met the target of 95%.

Levels of satisfaction in outpatient services has remained below the target.

Themes in February from FFT include communication, waiting times, signage and diagnostics.

Planned/Mitigating Actions

A review of areas with consistent high responses to share any learning.

A reminder of the methodology for collecting FFT feedback including the use of SMS texts, cards and QR codes.

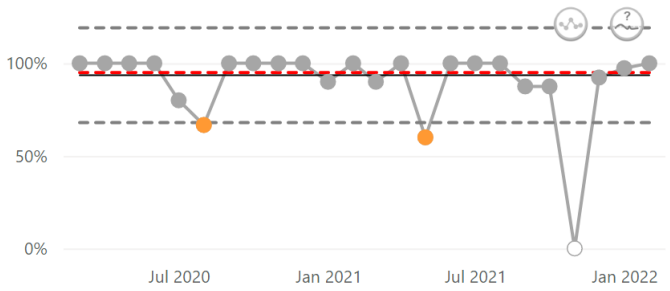
Assurance/Recovery Trajectory

Urgent and Emergency Care recovery programme is anticipated to improve organisational flow with one of the outcomes being a decompressed ED dept, this will facilitate improvements in patient satisfaction around the key issues identified.

Review of patient communications/signage.

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

FFT - (Mat - Antenatal) % "Very Good" or "Good": Trust



Latest Date	Performance
Feb 22	100%
Target	Mean
95%	93.54%

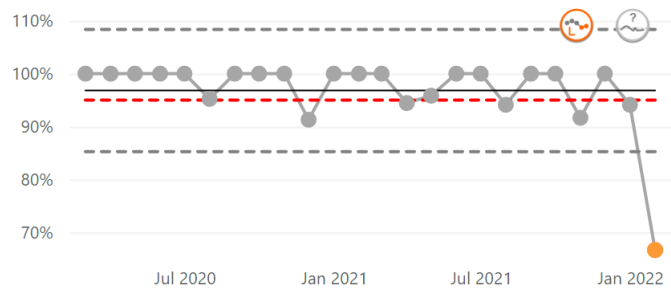
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

FFT - (Mat - Labour) % "Very Good" or "Good": Trust



Latest Date	Performance
Feb 22	66.66%
Target	Mean
95%	96.81%

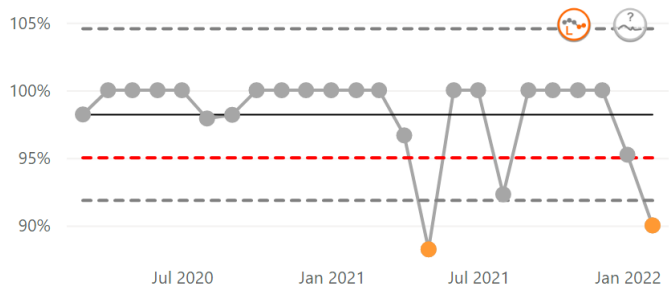
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

FFT - (Mat - Postnatal) % "Very Good" or "Good": Trust



Latest Date	Performance
Feb 22	90%
Target	Mean
95%	98.2%

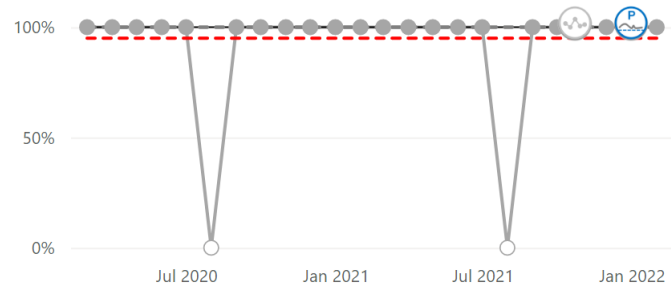
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

FFT - (Mat - Comm Postnatal) % "Very Good" or "Good": Trust



Latest Date	Performance
Feb 22	100%
Target	Mean
95%	100%

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (P)assing the target

Issues/Performance Summary

The level of satisfaction from antenatal and community postnatal care all exceed the target of 95% satisfaction. The areas below the expected target are labour and hospital postnatal care.

The low level of satisfaction within maternity particularly hospital postnatal and labour is explained by the low number of responses received (labour received **six** responses, Castleacre Postnatal received **twenty** responses).

Planned/Mitigating Actions

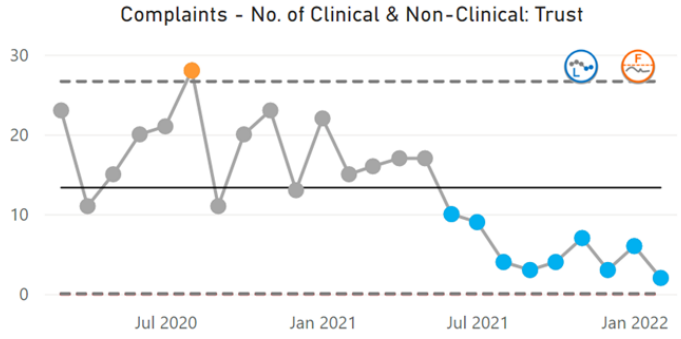
During March 2021 the new method of collecting FFT feedback was introduced using SMS texts (to support the other methods of collection – cards and QR codes).

The team are working with maternity to consider a variety of ways to collect feedback.

Assurance/Recovery Trajectory

Actions aimed at improving the consistency of responses with monthly increments.

Caring	Complaints	Executive Lead	Alice Webster	Lead	Jo Donovan



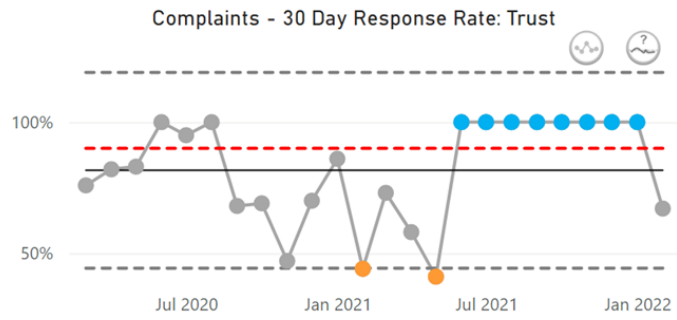
Feb 22	2
Latest Date	Performance
0	13.33
Target	Mean

Variation Description

Special Cause (unexpected) variation - Improvement (L)

Assurance Description

Variation indicates consistently (F)alling short of the target



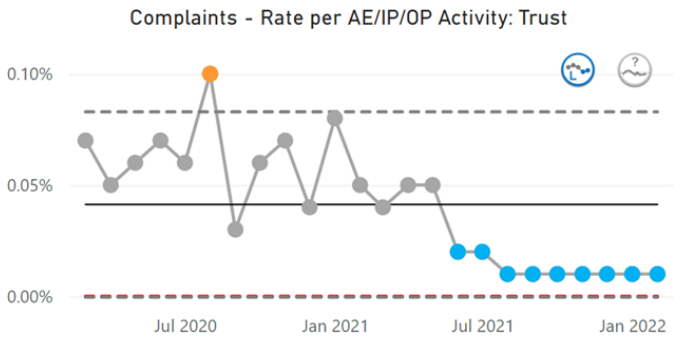
Feb 22	67%
Latest Date	Performance
90%	81.62%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target



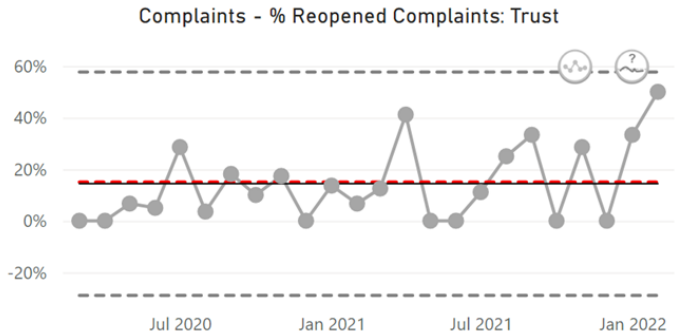
Feb 22	0.01%
Latest Date	Performance
0%	0.04%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Improvement (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target



Feb 22	50%
Latest Date	Performance
15%	14.36%
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 timeliness of responding to formal complaints within 30 days was not achieved in February with **one** breach (**four** formal complaints) resulting in 67%.

Planned/Mitigating Actions

Significant work has been undertaken to align all feedback/concerns coming into the Trust onto a central data base following a delayed response on **one** informal concern raised.

The actions put into place in April/May 2021 continue to assist the improvement and will remain in place to ensure sustained performance and delivery. However, all components of the process are now under further review given the overall improved position to ensure the rigour and learning from formal complaints is applied across all concerns/enquiries received.

Assurance/Recovery Trajectory

The revised actions in addition to the previously embedded actions are expected to ensure 100% compliance in March.

Responsive Performance Summary

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
R001	18 Weeks RTT - % of patients waiting over 18 weeks	Feb 22	62.15%	92%		
R002	18 Weeks RTT - No. of patients waiting over 52 weeks	Feb 22	683	0		
R003	Diagnostics - % of Patients waiting over 6 weeks	Feb 22	63.5%	1%		
R004	AE - 4 Hour Performance	Feb 22	60.05%	95%		
R005	AE - 4 Hour Performance (Non Admitted)	Feb 22	76.69%	95%		
R006	AE - 4 Hour Performance (Admitted)	Feb 22	21.77%	95%		
R007	AE - 12 Hour Trolley Waits (All Atts)	Feb 22	37	0		
R008	CWT - Two Week Wait Performance	Jan 22	75.38%	93%		
R009	CWT - 31 Day Diag to Treatment	Jan 22	93.54%	96%		
R010	CWT - 62 Day Ref to Treatment Performance	Jan 22	74.02%	85%		
R011	CWT - Two Week Wait Performance (Breast Symptomatic)	Jan 22	16.66%	93%		
R012	CWT - 31 Day Subsequent Treatment (Surg)	Jan 22	75%	94%		
R013	CWT - 31 Day Subsequent Treatment (Drug)	Jan 22	100%	98%		
R014	CWT - 62 Day Screening	Jan 22	100%	90%		
R015	CWT - Consultant Upgrade (62 Day)	Jan 22	37.5%	90%		

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
R016	CWT - 28 Day FDS Performance	Jan 22	48.91%	75%		
R017	CWT - 104_Day_Waiters Performance	Jan 22	4	0		
R018	Ambulance Handover - % handovers within 15 mins	Feb 22	30.27%	100%		
R019	Length of Stay - No. of Patients with Length of stay >21 days	Feb 22	64	46		
R020	Medically Fit for Discharge - No. of Patients	Feb 22	278	0		
R021	Medically Fit for Discharge - No. of Days	Feb 22	1689	0		
R022	Canc Ops - No. of "Reportable" Canc Ops as a % of elective activity	Feb 22	0.31%	0.8%		
R023	Canc Ops - No. of cases not readm <28 days	Feb 22	0	0		
R024	Canc Ops - Hospital_Non-Clinical_Canc_Ops as a % of EL activity	Feb 22	4.5%	3.2%		
R025	Canc Ops - No. of Urgent Ops Cancelled more than once	Feb 22	0	0		
R026	Stroke - % of Pats on SU for 90% of their hospital stay	Jan 22	57.69%	90%		
R027	Stroke - % of Pats admitted direct to SU <4 hours	Jan 22	34.61%	90%		
R028	Stroke - % of Pats scanned <1 hr of admission	Jan 22	32.69%	48%		
R029	Stroke - % of Pats scanned <12 hrs of admission	Jan 22	92.3%	95%		
R030	TIA - % of Pats seen & scanned <24 hrs of referral by HC professional	Jan 22	25%	60%		

Responsive

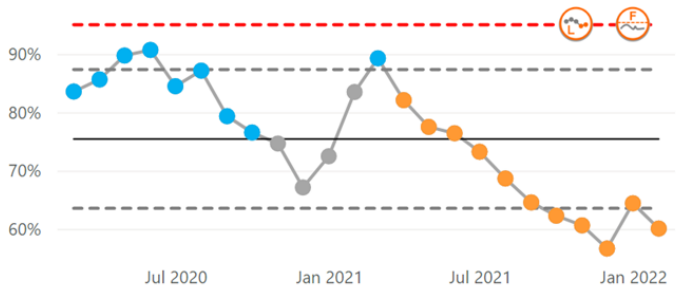
The COVID-19 pandemic had a significant detrimental impact on waiting times for elective care and this impacts upon performanceagainst the RTT, cancer and diagnostic waiting time standards.

Since the second wave of COVID-19 the Trust has seen a sustained increase in urgent and emergency care demand, and this impacts on performance against the emergency care and elective care access standards.

Restoration and improvement plans are in place for urgent and emergency care and elective care.

Responsive	Accident & Emergency	Executive Lead	Denise Smith	Lead	Kerry Broome

AE - 4 Hour Performance: Trust



Feb 22	60.05%
Latest Date	Performance
95%	75.42%
Target	Mean

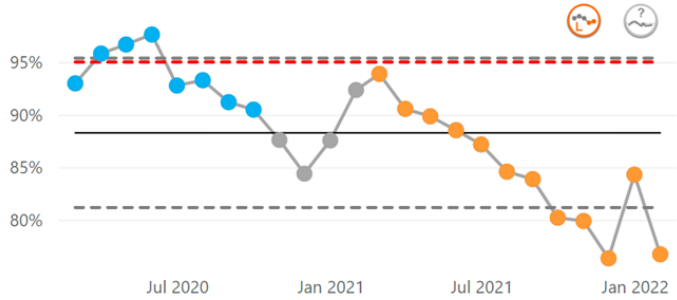
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

AE - 4 Hour Performance (Non Admitted): Trust



Feb 22	76.69%
Latest Date	Performance
95%	88.26%
Target	Mean

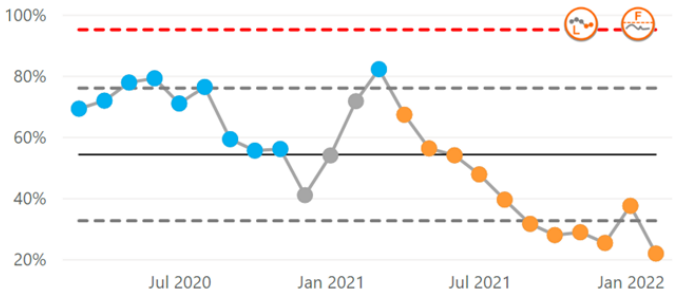
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

AE - 4 Hour Performance (Admitted): Trust



Feb 22	21.77%
Latest Date	Performance
95%	54.19%
Target	Mean

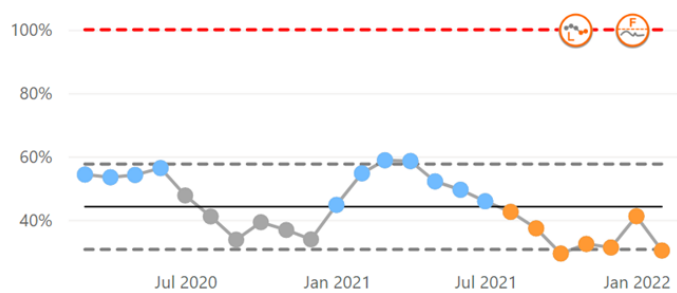
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

Ambulance Handover - % handovers within 15 mins: Trust



Feb 22	30.27%
Latest Date	Performance
100%	44.1%
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 and the Emergency Department footprint does not meet the needs of the service. This is exacerbated by the segregation of patients on red and amber pathways.

Bed occupancy remains above 92% and c.25% of patients in adult amber / medical beds no longer meet the criteria to reside. This limits flow out of the Emergency Department for admitted patients and reduces capacity to take handover of patients arriving by ambulance.

Planned/Mitigating Actions

Development of a business case to increase the Emergency Department footprint.

Increase the proportion of patients streamed to the GP Front Door service.

Increase the proportion of patients who can be managed on a Same Day Emergency Care basis.

Implement Criteria Led Discharge to increase pre-noon discharges and weekend discharges.

Assurance/Recovery Trajectory

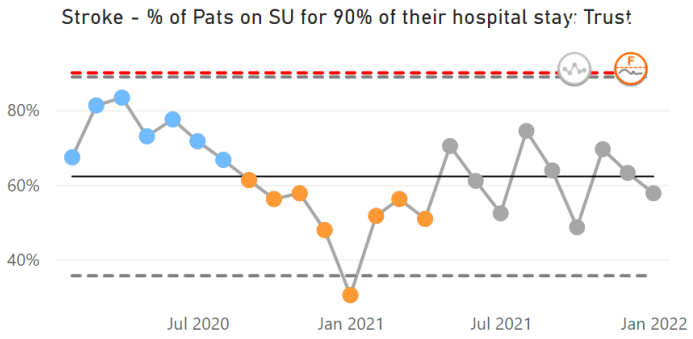
Clinical review of all patients where ambulance handover is delayed and prioritisation of ambulance handover according to clinical prioritisation.

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

Specialty in-reach into ED to ensure prompt assessment of patients.

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

Responsive	Stroke	Executive Lead	Denise Smith	Lead	Kerry Broome



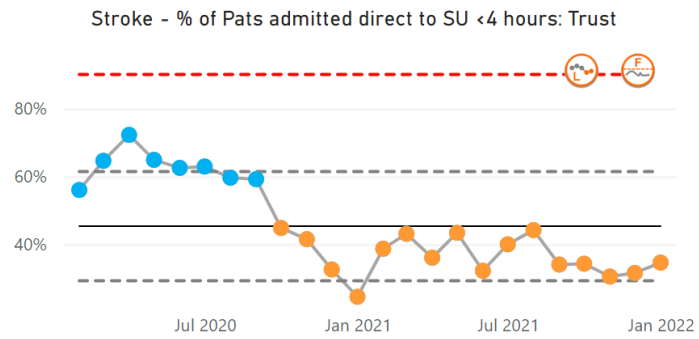
Jan 22	57.69%
Latest Date	Performance
90%	62.22%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target



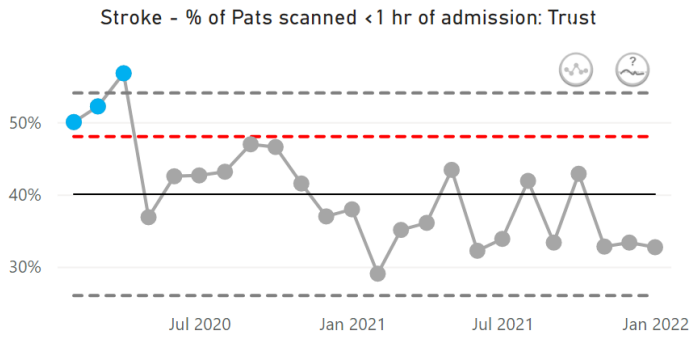
Jan 22	34.61%
Latest Date	Performance
90%	45.33%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target



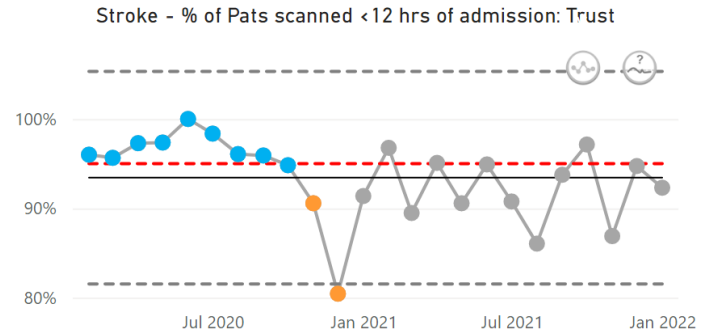
Jan 22	32.69%
Latest Date	Performance
48%	40.01%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target



Jan 22	92.3%
Latest Date	Performance
95%	93.43%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

Breach analysis shows that patients not spending 90% of their stay on the stroke unit are either not admitted directly to the stroke unit (due to capacity or COVID-19 status) or are transferred out of the Unit during their stay due to their COVID-19 status.

Breach analysis shows that patients not directly admitted to the stroke unit within 4 hours of admission is as a result of a lack of capacity on the stroke unit or a complex diagnosis on admission.

Planned/Mitigating Actions

A Stroke action plan is in place to improve SSNAP rating to a B rating.

A review of capacity and demand is being undertaken to assess the potential requirement for an increase in capacity on the stroke unit.

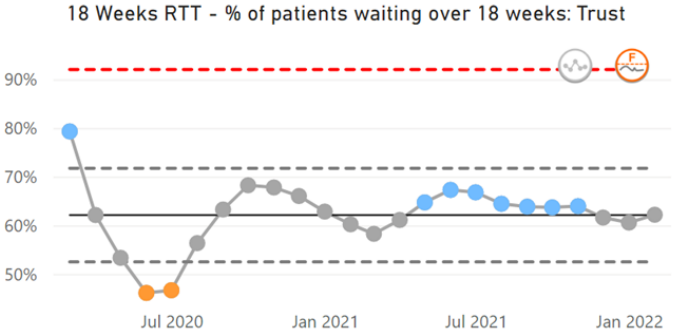
Joint work is in progress with Radiology to improve the stroke scanning performance within 60 minutes.

Assurance/Recovery Trajectory

Root cause analysis is undertaken for all patients breaching the stroke standards to understand the cause of any delays.

The stroke action plan is forecast to improve the SSNAP ratings to a B rating within 9 months.

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



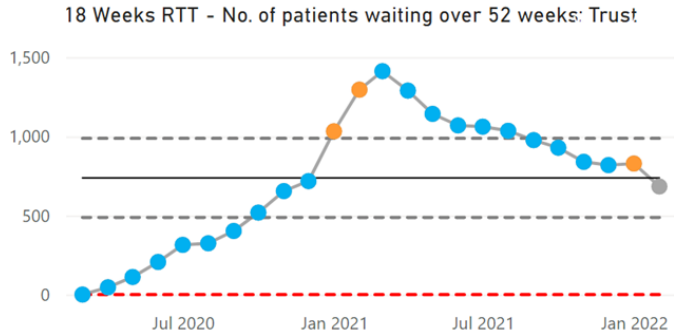
Latest Date	Performance
Feb 22	62.15%
Target	Mean
92%	62.08%

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target



Latest Date	Performance
Feb 22	683
Target	Mean
0	737.46

Variation Description

Assurance Description

Issues/Performance Summary

The Trust has seen a significant reduction of elective capacity due to COVID-19, this has led to an increase in waiting times and the waiting list size.

Delay in the de-escalation of the Day Surgery Unit to an elective surgical area.

Reduction in outpatient capacity as a number of rooms are being utilised by the Emergency Department and GP Front Door service.

Planned/Mitigating Actions

Elective capacity is being prioritised for patients on a cancer pathway, patients requiring urgent clinical treatment and patients who have experienced long waits.

Plans are in place to de-escalate the Day Surgery Unit in March 2022 and return this to a green, elective surgical unit.

Plans are in place to increase theatre and endoscopy capacity in 2022/23 through the full utilisation of both Sandringham theatres and opening of the new Endoscopy Unit.

Insourcing options are being explored across a number of specialties to increase capacity and support the activity plan delivery for 2022/23.

Assurance/Recovery Trajectory

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

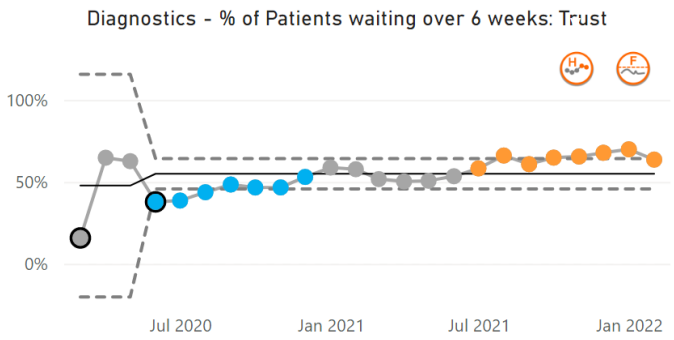
Recovery trajectories for the Elective care standards will align with the 2022/23 planning guidance which are:

Long waits to be eliminated by:

- 104 week/two year waits by **July 2022.**
- 78 week/18 months waits by **April 2023.**
- 65 week waits by **March 2024**.
- 52 week/one year waits by **March 2025** .

The Trust has plans in place to eliminate 104 week waits by the end of March 2022 and maintain this going forward. The exceptions to this are where the patient has expressed choice and wishes to wait longer, or the patient is Covid positive and requires a delay prior to surgery to ensure fitness to proceed and recover fully.

Responsive	Diagnostics Wait Times	Executive Lead	Denise Smith	Lead	Kerry Broome



Latest Date	Performance
Feb 22	63.5%
Target	Mean
1%	54.88%

Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target

% patients waiting over 6 weeks - target 1%

Modality	Feb-22		
	WL	>6w	%>6w
Magnetic Resonance Imaging	2309	1725	75%
Computed Tomography	1519	792	52%
Non-obstetric ultrasound	2992	1964	66%
DEXA Scan	188	64	34%
Audiology - Audiology Assessments	316	9	3%
Cardiology - echocardiography	1324	1102	83%
Neurophysiology - peripheral neurophysiology	659	400	61%
Urodynamics	147	128	87%
Colonoscopy	158	34	22%
Flexi Sigmoidoscopy	49	17	35%
Cystoscopy	168	77	46%
Gastroscopy	112	20	18%
Total DM01	9941	6332	64%

Issues/Performance Summary

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

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

Continued mechanical failure of the MRI scanners, reducing capacity in month.

Planned/Mitigating Actions

Planned outsourcing of non-obstetric ultrasound, providing c. 3000 scans and clearing 75% of the backlog.

Procurement of two new MRI scanners with installation due in September 2022.

Increased CT capacity in place through the commissioning of a mobile unit.

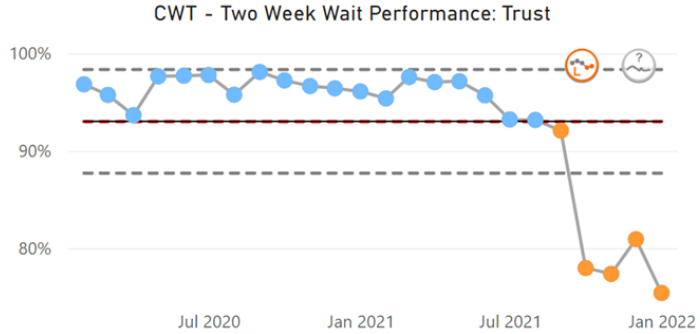
Increase in endoscopy capacity planned with the new Endoscopy Unit, due to open in June 2022.

Assurance/Recovery Trajectory

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

Capacity and demand modelling across all diagnostic modalities is in progress, this will inform future service planning, identify opportunities to increase productivity and identify underlying capacity deficits.

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



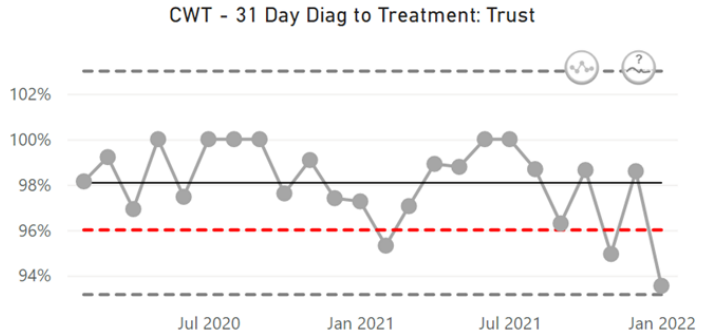
Jan 22	75.38%
Latest Date	Performance
93%	93.01%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target



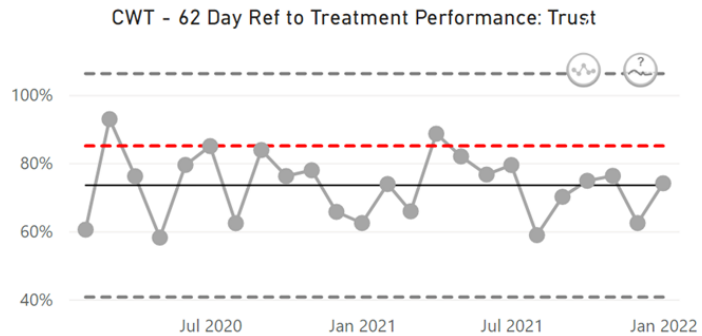
Jan 22	93.54%
Latest Date	Performance
96%	98.08%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target



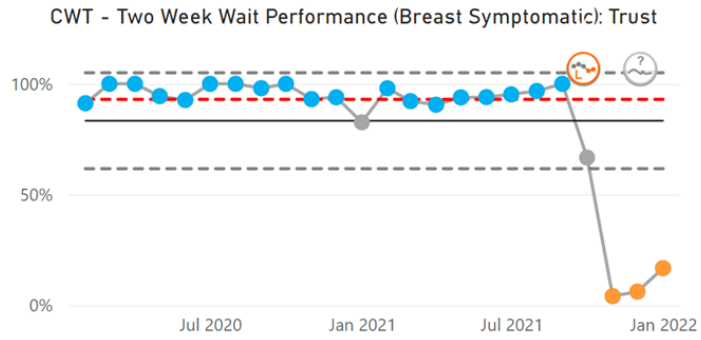
Jan 22	74.02%
Latest Date	Performance
85%	73.43%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target



Jan 22	16.66%
Latest Date	Performance
93%	83.33%
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 Trust has seen a sustained increase in two week wait referrals and an increase in the conversion rate for confirmed cancer in Head and Neck and Upper GI.

Staff sickness absence has resulted in reduced capacity for two week wait clinics in some specialties.

Delays in the diagnostic phase impact on the delivery of the 62 day cancer waiting times, predominantly as a result of the waiting times in CT and MRI.

Delays in histopathology reporting at CUH lead to delays in MDT decision making.

Planned/Mitigating Actions

Additional capacity is in place to address the backlog in two week wait referrals.

Two replacement MRI scanners are due to be installed in September 2022 and increased CT capacity is being provided through mobile units.

Additional clinic capacity is in place to address the backlog in Colorectal and Gynaecology.

Additional capacity will be in place over the next month for Virtual Colonoscopies.

Assurance/Recovery Trajectory

Two week wait performance is forecast to recover from March 2022 (reported in May 2022).

A recovery action plan is in place with CUH to improve turnaround times for histopathology.

A recovery action plan is in place to reduce the 62 day and 104 day backlog.

Harm reviews are undertaken for all patients who breach the 62 day standard.

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	18,681	18,803	122	1%	208,741	210,599	1,858	1%
Elective Recovery Fund Plus (ERF Plus)	956	1,480	524	100%	4,778	5,516	738	100%
Other Income	1,219	1,774	555	46%	14,656	15,207	551	4%
Notional Income	0	582	582	100%	0	5,911	5,911	100%
COVID-19 Additional Income	1,302	1,568	266	20%	14,202	15,908	1,706	12%
Total Income	**22,158**	**24,207**	**2,049**	**9%**	**242,377**	**253,141**	**10,764**	**4%**
Pay Costs - Substantive	(13,917)	(12,955)	962	7%	(139,690)	(141,015)	(1,325)	(1%)
Pay Costs - (ERF Plus)	**0**	**(404)**	**(404)**	**(100%)**	**0**	**(617)**	**(617)**	**(100%)**
Pay Costs - Bank	(644)	(1,052)	(408)	(63%)	(10,190)	(11,811)	(1,621)	(16%)
Pay Costs - Agency	(1,042)	(992)	50	5%	(13,183)	(10,753)	2,430	18%
Pay Costs - Additional COVID-19	(552)	(551)	1	0%	(7,109)	(6,694)	415	6%
Pay Costs - Vaccination Centres	0	(87)	(87)	(100%)	0	(1,236)	(1,236)	
Total Pay	(16,155)	(16,041)	114	1%	(170,172)	(172,126)	(1,954)	(1%)
Non Pay - Additional COVID-19	(40)	(43)	(3)	(8%)	(821)	(490)	331	40%
Non Pay	(5,749)	(6,166)	(417)	(7%)	(59,799)	(64,616)	(4,817)	(8%)
Non Pay - (ERF Plus)	0	(331)	(331)	(100%)	0	(496)	(496)	(100%)
Notional Expenditure	0	(582)	(582)	(100%)	0	(5,911)	(5,911)	(100%)
Total Non Pay	(5,789)	(7,122)	(1,333)	(23%)	(60,620)	(71,513)	(10,893)	(18%)
Total Operating Costs	**(21,944)**	**(23,163)**	**(1,219)**	**(6%)**	**(230,792)**	**(243,639)**	**(12,847)**	**(6%)**
EBITDA	**214**	**1,044**	**830**	**388%**	**11,585**	**9,502**	**(2,083)**	**(18%)**
Non-Operating Costs	(1,066)	(876)	190	18%	(10,865)	(9,302)	1,563	14%
Adjust Donated Assets	34	44	10	29%	342	214	(128)	(37%)
TOTAL (Deficit) / Surplus	**(818)**	**212**	**1,030**	**126%**	**1,062**	**414**	**(648)**	**(61%)**
Ratios: Agency : Total Pay	6.7%	6.4%			8.1%	6.5%		
Ratios: EBITDA : Income	1.0%	4.3%			4.8%	3.8%		
Ratios: Net Deficit : Income	(3.7%)	0.9%			0.4%	0.2%		

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

- As at the end of February 2022 (M11), the Trust's in month financial position is showing a surplus of £212k, year to date the surplus is £414k.
- Key points of note in month / Material variances:
  - ERF+ is a separate funding source (p.6). In February, £1.5m of ERF+ income has been recorded. £0.7m of expenditure was recorded in pay/ non-pay with the balance used to off-set planned ERF income as agreed with the ICS.
  - Other sources of income are above plan in February by £0.6m. £0.3m of this relates to increased income received for education and training.
  - Pay is slightly below plan in February. However, this includes £0.5m of expenditure that is pass-through
  - Non-pay is adverse to plan in February by £1.3m. This includes £0.9m of expenditure that is pass-through and includes a further £1m provision created to cover the potential outcome of the review of aged WIP balances underway.
  - The CIP/ waste reduction programme has achieved £0.7m of efficiencies in month against a plan of £0.6m for M11. YTD the achievement of CIP is favourable to plan by £0.5m.
  - YTD the adverse variance is £648k. The forecast position is a surplus of £212k.

Balance Sheet

	31-Mar-21 £m	31-Jan-22 £m	28-Feb-22 £m	Month on Month Movement £m	YTD Movement £m
Non current assets	101	111	116	5	15
Current Assets					
Inventories	2	2	2	-	-
Trade & Other Receivables	13	12	16	4	3
Cash	27	31	37	6	10
Current liabilities					
Trade & Other Payables	(19)	(20)	(22)	(2)	(3)
Accruals	(18)	(11)	(11)	-	7
PDC dividend	-	(1)	(1)	-	(1)
Other current liabilities	(2)	(2)	(5)	(3)	(3)
Non current liabilities	(1)	(1)	(1)	-	-
Borrowings	-	-		-	-
Total assets employed	**103**	**121**	**131**	**10**	**28**
Tax payers' equity					
Public Dividend Capital	198	213	223	10	25
Revaluation Reserve	9	9	9	-	-
Income & Expenditure Reserve	(104)	(101)	(101)	-	3
Tax payers' equity	**103**	**121**	**131**	**10**	**28**

- Non-current assets have increased by £5m in February 2022, principally due to capital expenditure across various key projects.
- Trade and other receivables have increased by £4m due to additional billing to the CCG at the 28 February 2022 as part of the ERF+ programme.
- Cash balances have increased by £6m due to drawdowns of funding for capital projects to support scheduled payments for these projects in future months.
- PDC has increased by £10m in the month due to additional funding received for on-going capital projects.
- Other liabilities have increased by £3m due to the deferral of income for which funding has been received in advance.

Well Led Performance Summary People

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
W001	Workforce - Sickness Absence Rate	Feb 22	7.57%	4.5%		
W002	Workforce - Long Term Sickness Absence Rate	Feb 22	3.27%	2.7%		
W003	Workforce - Short Term Sickness Absence Rate	Feb 22	4.31%	1.8%		
W004	Workforce - Appraisal Rate	Feb 22	67.88%	90%		
W005	Workforce - Appraisal Rate (Medical)	Feb 22	92%	90%		
W006	Workforce - Mandatory Training Rate	Feb 22	77.25%	80%		
W007	Workforce - Turnover Rate	Feb 22	13.22%	10%		
W008	Workforce - Time to hire overall	Feb 22	57.9	0		
W009	Workforce - Time to approve vacancy request	Feb 22	6.2	0		
W010	Workforce - Approval to advert	Feb 22	0.8	0		
W011	Workforce - Time to shortlist	Feb 22	7.7	0		
W012	Workforce - Time to send interview invites	Feb 22	0.2	0		
W013	Workforce - Interview date to conditional offer	Feb 22	3.8	0		
W014	Workforce - Pre-employment checks completed	Feb 22	26.8	0		
W015	Workforce - Conditional offer to contract sent	Feb 22	33.2	0		
W016	Workforce - Number of posts out to recruit (in month)	Feb 22	123	0		
W017	Workforce - % BAME representative IV panels	Feb 22	86.66%	0%		

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
W018	Workforce - Covid returners - % back in role	Feb 22	98.72%	0%		
W019	Workforce - Covid returners - % alternative role	Feb 22	0%	0%		
W020	Workforce - Covid returners - % at home still	Feb 22	0%	0%		
W021	Workforce - No. of cases for disciplinary	Feb 22	15	0		
W022	Workforce - No. of cases for grievance	Feb 22	2	0		
W023	Workforce - No. of cases for mutual respect	Feb 22	0	0		
W024	Workforce - Ave length time open - close (in days)	Feb 22	216	0		
W025	Workforce - % Cases through fast track resolution	Feb 22	6.66%	0%		
W026	Workforce - % BAME in disciplinary/grievance	Feb 22	23.51%	0%		

Overall appraisal rates continue to be impacted by ongoing Full Capacity Protocols and Omicron work pattern adjustments:

- ESR reporting on appraisals has experienced erroneous output for the past 2 reporting cycles. This is being investigated by our IT team.

Sickness absence decrease from 7.96% to 7.58%:

- Facilities Management remains high at 11.40% although this has improved from 14.16% in December 2021.
- Daily % sickness reporting is now available for the Incident Control Team to monitor absence levels through this COVID wave.
- Sickness performance trajectory has been developed for all Trust areas baselined on December 2021 performances. This targets 6% (May), 5% (June) and 4.5% in December 2022.

Mandatory Training is at 77.26% against the Trust 80% target amid ongoing training cancellations due to managing the Omicron wave.

Labour Turnover has increased from 12.96% for the rolling 12 months to 13.20% further analysis being undertaken.:

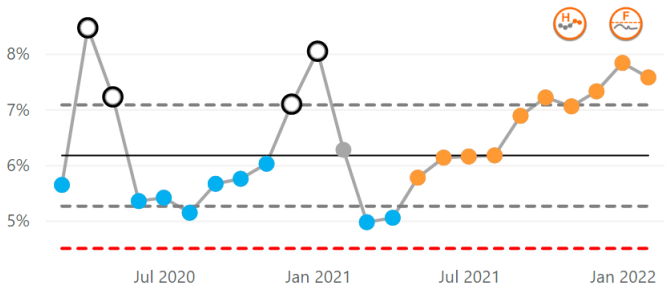
- Of the 12-month leavers data, due to end of their fixed term contracts or training programmes, relocation within the UK or abroad, retirement and as a result of a HR process.

Mandatory Vaccinations:

- Revoked following parliamentary consultation.

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

Workforce - Sickness Absence Rate: Trust



Feb 22	7.57%
Latest Date	Performance
4.5%	6.17%
Target	Mean

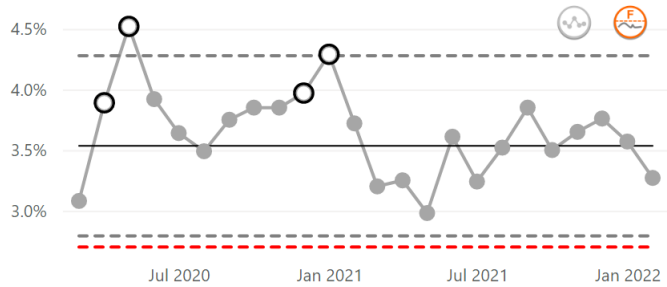
Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Long Term Sickness Absence Rate: Trust



Feb 22	3.27%
Latest Date	Performance
2.7%	3.54%
Target	Mean

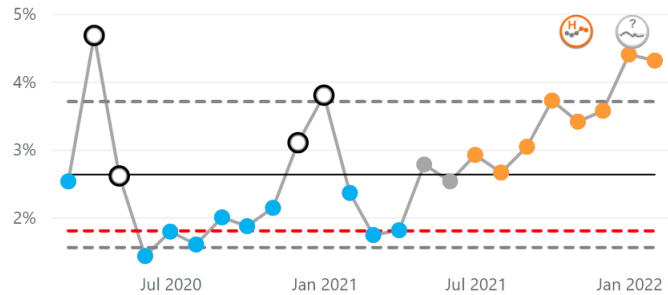
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Short Term Sickness Absence Rate: Trust



Feb 22	4.31%
Latest Date	Performance
1.8%	2.63%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Planned/Mitigating Actions

All areas to be given individual trajectory targets for sickness absence to bring in line with the Trust 4.5% target:

- Bespoke support to be put in place for managers requiring additional support to manage the absence of their teams.
- Targeted work in reducing absence rates for worst 20 areas.
- Divisions to identify top 6 long term and short term absences and present information on how being managed through PRM route.

Review of absence policy to take place using best practice from other Trusts in particular Sherwood which is a newly ratified policy (Jan 2022):

- Workplace risk assessments to be completed for all staff off with MSK.
- A workplace stress risk assessment being updated in line with HSE and other Trusts to be completed on the first day of absence when stress is identified.
- Review of breaks and individuals working in excess of their contract hours.

Well being initiatives being rolled out to include:

- Mental Health First Aiders (MHFA) increased to cover all areas and hours of work.
- MHFA to identify current causes of stressors, insight into calls and contacts raised.
- Sleep study to be undertaken.

Reduced gym membership fees, midnight café, rest areas.

Assurance/Recovery Trajectory

Short Term:

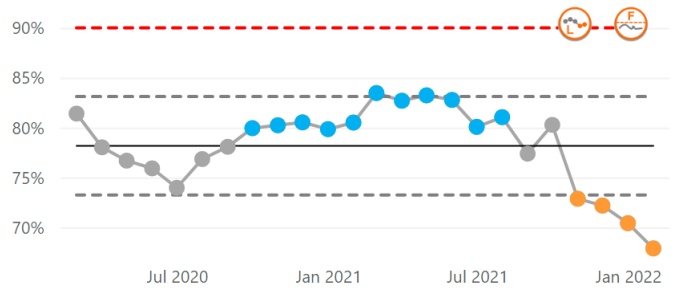
- New short term Cavell & Lind solution in place from 24 Jan – more timely response to management referrals.
- Additional Matron support for Covid sickness line and OH support.
- Call to Action Incentive in January 1794 (47.84 FTE) hours increase at a cost of £14.3k.
- New Staff Welfare Calls day 3 and 21.

Long Term:

- Detailed review of LTS in all areas under way.
- Extended sick pay for those on a cancer pathway.
- ER Specialist commenced 17 Jan and focusing on outstanding long term sickness cases.
- Daily sickness tracking (headcount + bank + maternity) used as an indicator in daily ICT.

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

Workforce - Appraisal Rate: Trust



Feb 22	67.88%
Latest Date	Performance
90%	78.17%
Target	Mean

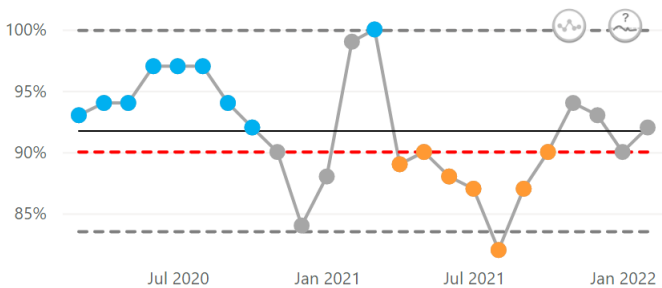
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Appraisal Rate (Medical): Trust



Feb 22	92%
Latest Date	Performance
90%	91.71%
Target	Mean

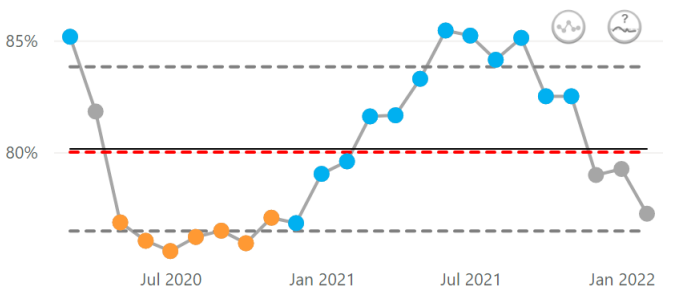
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Mandatory Training Rate: Trust



Feb 22	77.25%
Latest Date	Performance
80%	80.15%
Target	Mean

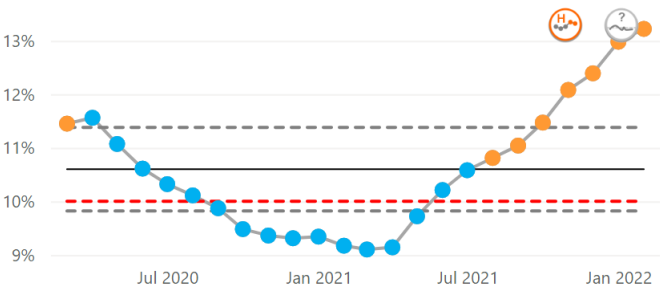
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Turnover Rate: Trust



Feb 22	13.22%
Latest Date	Performance
10%	10.6%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

Training:

- Training cancelled first two weeks in January 2022.

Planned/Mitigating Actions

Turnover:

- Specific recruitment being planned for pharmacy.
- AHP recruitment both across the system and locally planned.
- Dedicated recruitment and retention charge nurse improving nursing and midwifery recruitment rates.
- New recruitment platform to be in place in April 2022 showcasing the Trust vacancies for all staff groups.

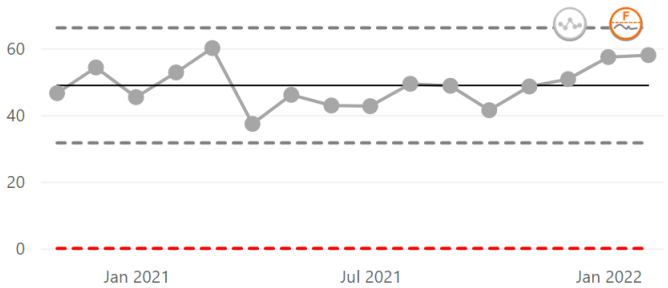
Assurance/Recovery Trajectory

Training:

- Risk assessments in place for training to be completed in the 1st three months of employment.
- New mandatory training facilitator now in post to support delivery of face to face training and reduce backlogs (fire and conflict resolution).

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

Workforce - Time to hire overall: Trust



Feb 22	57.9
Latest Date	Performance
0	48.83
Target	Mean

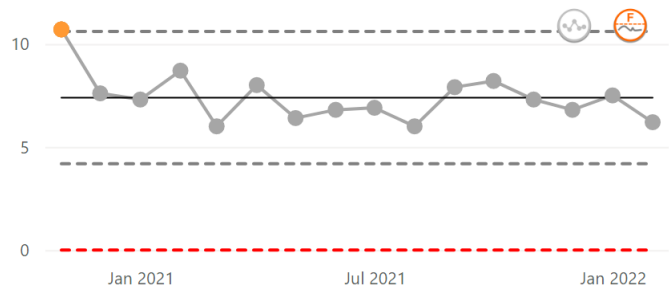
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Time to approve vacancy request: Trust



Feb 22	6.2
Latest Date	Performance
0	7.39
Target	Mean

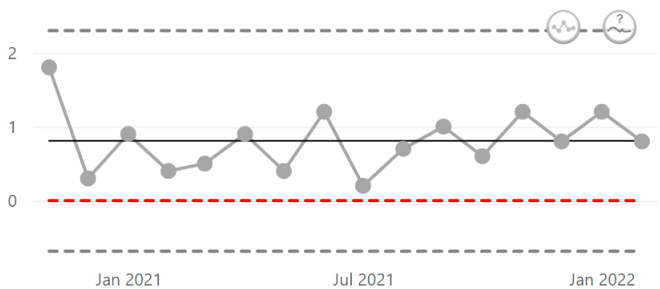
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Approval to advert: Trust



Feb 22	0.8
Latest Date	Performance
0	0.81
Target	Mean

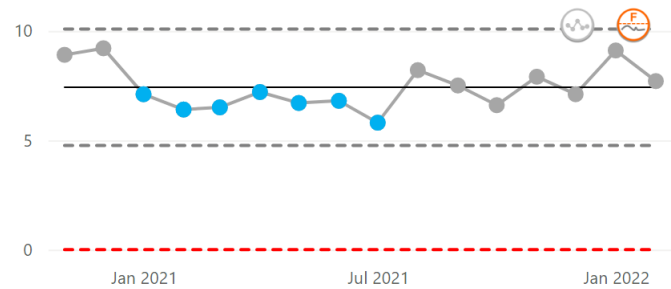
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Time to shortlist: Trust



Feb 22	7.7
Latest Date	Performance
10%	7.42
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Issues/Performance Summary

- Average time to recruit remains at 57.9 days slightly above national NHS target (53 days) mainly due to shortlisting times and approval for advert times.
- Average time to shortlist shortened in February from 9.1 days to 7.7 days. and time for pre-employment checks to be completed reduced from 32.4 days to 26.8 days.

Planned/Mitigating Actions

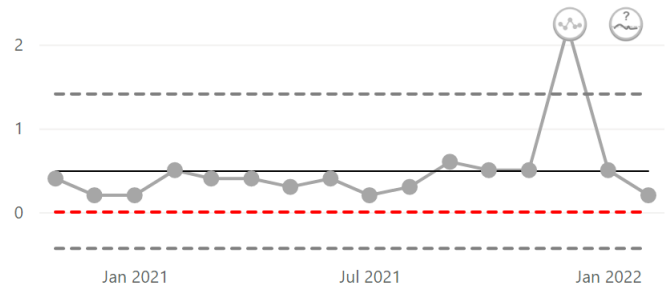
- Review of VSP process has been undertaken with recommendations presented at the Financial Improvement Board to be taken forward.
- Monitoring on a monthly basis of all aspects of the process.
- Fast track processes in place for all roles and embedded.

Assurance/Recovery Trajectory

- 34 HCAs recruited in January event.
- Substantive appointments have been made during February / March to the Workforce Resourcing team which will be operating to full establishment from April 22.

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

Workforce - Time to send interview invites: Trust



Feb 22	0.2
Latest Date	Performance
0	0.49
Target	Mean

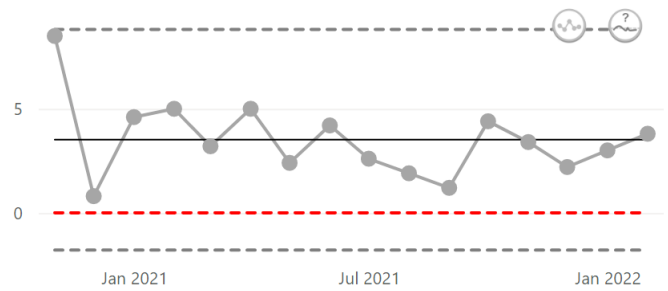
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Interview date to conditional offer: Trust



Feb 22	3.8
Latest Date	Performance
0	3.51
Target	Mean

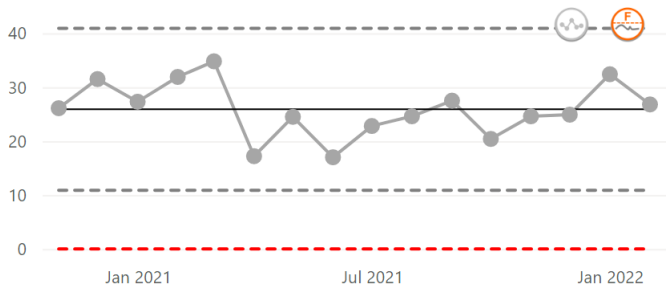
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Pre-employment checks completed: Trust



Feb 22	26.8
Latest Date	Performance
0	25.89
Target	Mean

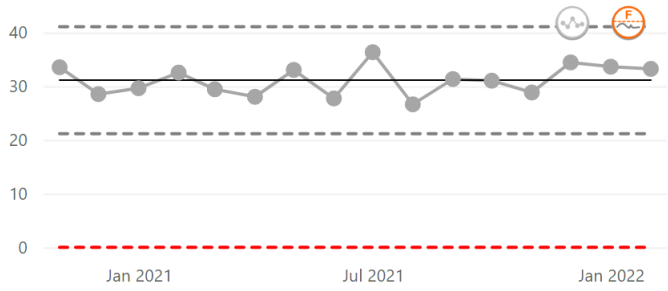
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Workforce - Conditional offer to contract sent: Trust



Feb 22	33.2
Latest Date	Performance
0	31.09
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Issues/Performance Summary

- Average time for pre-employment checks to be completed reduced from 32.4 days to 26.8 days.
- Pre-employment check processes remain as per the temporary new system introduced as part of response to COVID.

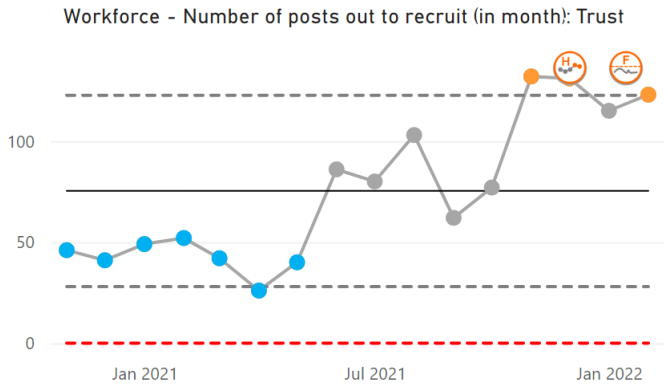
Planned/Mitigating Actions

- Monitoring on a monthly basis of all aspects of the process.
- Fast track processes in place for all roles and embedded.

Assurance/Recovery Trajectory

- Substantive appointments have been made during February / March to the Workforce Resourcing team which will be operating to full establishment from April 22.

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



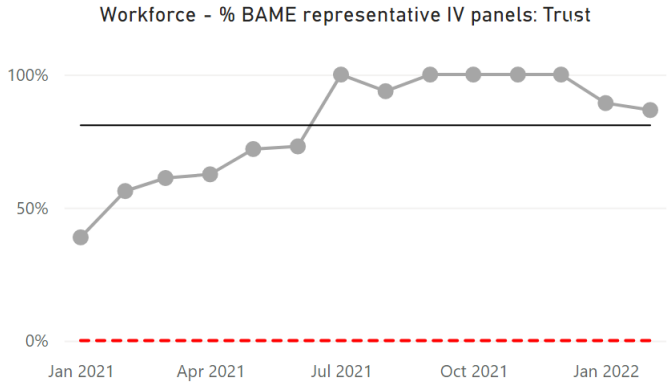
Feb 22	123
Latest Date	Performance
0	75.31
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target



Feb 22	86.66%
Latest Date	Performance
0%	80.95%
Target	Mean

Variation Description

Assurance Description

Issues/Performance Summary

- 123 posts open during February which continues to increase.
- BAME compliance on interview B7+/Medical posts in February 2022 was 13 out of 15 (86.67%). Compliance on shortlisting was significantly lower at 4 out of 15 (26.67%). This is due to the same panel members being required to shortlist and then interview.

Planned/Mitigating Actions

- BAME compliance on shortlisting and interviewing panels is being reviewed and amended going forwards.
- Careers events in place, due April 2022.
- RN recruitment day planned for April 22.

Assurance/Recovery Trajectory

- Rolling HCA and Registered Nurse advertisements in place.
- Substantive appointments have been made during February / March to the Workforce Resourcing team which will be operating to full establishment from April 22.