Meeting:	Board Of Directors (Public)		
Meeting Date:	1 March 2022	**Agenda item:**	12
Report Title:	Integrated Performance Report (IPR) – January 2022 Data		
Author:	Nigel Hall, Chief Digital and Information Officer		
Executive Sponsor:	Laura Skaife-Knight, Deputy CEO		

Implications					
Link to key strategic objectives [highlight which KSO(s) this recommendation aims to support]					
KSO1	**KSO2**	**KSO3**	**KSO4**	**KSO5**	**KSO6**
Safe and compassionate care	**Modernise hospital and estate**	**Staff engagement**	**Partnership working, clinical and financial sustainability**	**Healthy lives staff and patients**	**Investing in our staff**

Board assurance framework	The IPR covers all key performance indicators for the Trust, across all Strategic Objectives. The appropriate BAF updates are received and reviewed within Finance and Activity Committee, Quality Committee, People Committee and Senior Leadership Team.	
Significant risk register	Ref to significant risks Approved significant risks open across the Trust align to the Strategic Objectives and are monitored through the Trust committee structure.	
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	As monitored through Committees
Legal and regulatory	Y	As monitored through Committees
Financial	Y	As monitored through Committees
Assurance route		
Previously considered by:	None previously	
Executive summary		

Action required:	Approval	Information	**Discussion**	Assurance	Review
Purpose of the report:	The Trust is required to provide assurance towards performance management. Demonstrate that it is rigorous; appropriately identifying, escalating, and dealing with areas of performance which are of concern. This should all be in a timely manner. Focusing on the data using Statistical Process Control enables greater visibility and oversight. This, in turn, provides focus to ongoing issues in				

	relation to performance rather than those which are delivering within the parameters of agreed statistical variation.
Summary of Key issues:	A summary of key issues highlighted in the IPR this month are detailed below: **Serious Incidents** The number of serious incidents in January 2022 rose to **four** from **two** in December 2021. **Falls** There has been a decrease in the number of patients sustaining harm and injuries following a fall incident in January 2022. **Pressure Ulcers** There were **five** hospital acquired pressure ulcers in January (x3 Cat 2, x2 DTI). **Three** of these were assessed as lapses in care. Duty of Candour has been completed. RCAs underway – action plans in place. **C.Diff** - **Three** case of C.Diff were identified in January 2022. (**Three** HOHA). **E.coli** - **Two** cases of hospital onset E. coli were reported in January 2022. **MSSA** – **Four** cases of MSSA were reported in January 2022 (**two** HOHA and **two** COHA). **MRSA** – **One** case of MRSA was reported in January 2022. **VTE Assessment Completeness** VTE Screening process continues to remain above the nationally agreed threshold of 97.24% since May 2020. **Neonatal and Perinatal Mortality** There were two still births in the month of December 2021, one of which has been declared as a serious incident and both of which are being reviewed. However, this remains within common cause variation. **Neonatal admissions** There were no avoidable neonatal admissions in month. **Breastfeeding on discharge** Breastfeeding initiation rates remain in common cause variation but above the national target. There has been a special cause fall in breastfeeding at the time of discharge which is thought to relate to sickness absence in the hospital infant feeding team. **Mortality** The latest period for which SHMI has been reported (year to July 2021) remains as expected. HSMR remains elevated (last data to

	October 2021) although the national funnel plot has not been updated by Dr Foster. **Research** January 2022 shows a positive special cause variation due to retrospective uploading of 525 patients recruited in previous months. Recruitment into research continues to exceed our target. **Mixed Sex Accommodation** There have been **eight** incidents of same sex accommodation breaches affecting **twenty-eight** patients during January 2022. **Complaints** The timeliness of responding to complaints within 30 days has been achieved for eight consecutive months. **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. **Responsive** The COVID-19 pandemic had a significant detrimental impact on waiting times for elective care and this impacts upon performance against 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 upon performance against the emergency care access standards. Restoration and improvement plans are in place for urgent and emergency care and elective care. **Well Led (Finance)** As at the end of January 2022 (M10), the Trust's in month financial position is showing a surplus of £23k, year to date the surplus is £202k. **Well Led (People)** Overall appraisal rates have fallen slightly month on month from 72.2% to 68.1%. • Expected amid ongoing Full Capacity Protocols and Omicron work pattern adjustments. • All SLT, Divisional and Directorate PRMs reminded to get back into the rigor and routine. Sickness absence slight increase from 7.33% to 7.96%. Mandatory Training is at 79.3% against the Trust 80% target. • Expected amid ongoing training cancellations due to managing the Omicron wave.

	• All training and inductions recommenced in February. Labour Turnover has increased from 12.4% for the rolling 12 months to 13.0 %. • Ongoing monitoring not highlighting specific areas of concern other than a notable absence of exit interview intelligence. • Of the 12-month leavers data, most were 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. Medical Job Planning. • Detailed improvement plan, training and key role appointment through February will bring this programme back on track. Mandatory Vaccinations. • Paused pending parliamentary consultation c200 QEH staff are currently recorded as unvaccinated, however large proportion are bank staff, fixed term contracts or on maternity leave / sick leave. Talent and OD/Faculty of Education. • Interim appointments made to scope and develop the Trust strategy in these core People Services areas.
Recommendation:	The Board of Directors is asked to note the contents of this report, specifically the actions which are being taken to maintain and to improve performance where appropriate.
Acronyms	AHP: Allied Health Professional BAF: Board Assurance Framework CCU: Critical Care Unit COPD: Chronic Obstructive Pulmonary Disease EEAST: East of England Ambulance Service Trust FFT: Friends and Family Test HSMR: Hospital Standardised Mortality Ratios KPI: Key Performance Indicator LMS: Local Maternity System LSCS: Lower Segment Caesarean Section RTT: Referral to Treatment SHMI: Standardised Hospital Mortality Index VTE: Venous thromboembolism

Integrated Performance Report

Board of Directors

January 2022 Data

A note on SPC Charts

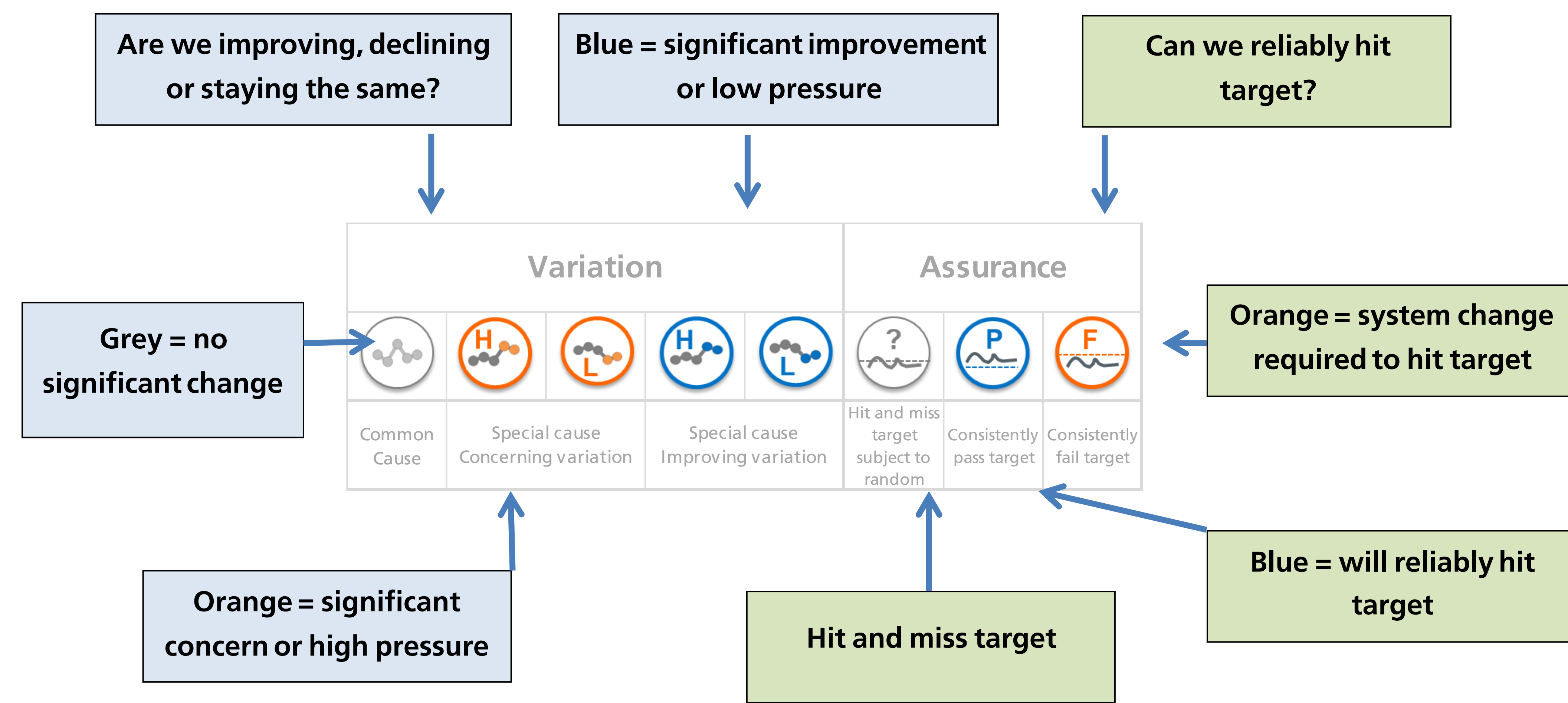
The report that follows uses the key below. A recap of using these descriptions is also included below

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

A note on SPC Charts continued

High level Key - Variation

High level Key - Assurance



Metric Change Log:

Month	Details of Change	Domain(s)
November 2021	Still births, Neonatal deaths and perinatal deaths are rare events. In line with NHSEI best practise, these will now be recorded as time since last event. The most recent neonatal death was 16.10.2020 which was 289 days since the previous event 01.01.2020. Data is not held prior to April 2018 and no neonatal deaths were recorded in 2018 or 2019. Hence Neonatal deaths will be presented in its current format for now. However, still births and perinatal deaths are now being presented as time since last event format.	Effective
December 2021	A new element has been included within the Safe domain relating to a thematic review of patient safety incidents by 29 November 2021 and 2 January 2022.	Safe

Safe - Accountable Officer - Chief Nurse/Director of Patient Safety

Safe Dashboard

Data To	KPI Description	Limit	Current Value	Variance	Assurance
Jan-22	Serious Incidents (DECLARED IN MONTH)	0	4		
Jan-22	Falls (with Harm) Rate per 1000 beddays	0.98	0.07		
Jan-22	PUs Rate per 1000 beddays	0.41	0.35		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-21	Overall Fill Rate %	80.0%	82.9%		
Dec-21	CHPPD	8.00	7.17		
Jan-22	Cleanliness - Very High Risk	95.0%	97.2%		
Jan-22	Cleanliness - High Risk	95.0%	96.5%		
Jan-22	Cleanliness - Significant Risk	95.0%	94.5%		
Jan-22	Cleanliness - Low Risk	95.0%	92.0%		
Jan-22	Cleanliness - No. of audits complete	37.00	43		

Data To	KPI Description	Limit	Current Value	Variance	Assurance
Jan-22	CDiff (Hosp Acquired) Rate per 100k beddays	30.10	34.15		
Jan-22	CDiff (Hosp Acquired) Actual	4	3		
Jan-22	MRSA (Hosp Acquired) Actual	0	1		
Jan-22	E Coli (Hosp Acquired) Rate per 100k beddays	16.40	22.35		
Jan-22	E Coli (Hosp Acquired) Actual	2	4		
Jan-22	MSSA (Hosp Acquired) Actual		4		
Jan-22	MSSA (Hosp Acquired) Rate per 100k beddays		15.52		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-21	VTE Assessment Completeness	97.2%	97.7%		
Jan-22	Patient Safety Alerts not completed by deadline	0	0		

Serious Incidents

The Trust declared **four** Serious Incidents in January 2022:

- Intrauterine death at 36+2 weeks.
- Delay in diagnosis potentially resulting in paralysis.
- Failure to adequately treat and monitor hyperkalaemia resulting in cardiac arrest and death.
- Unwitnessed inpatient fall, on Windsor Ward, resulting in left fracture neck of femur.

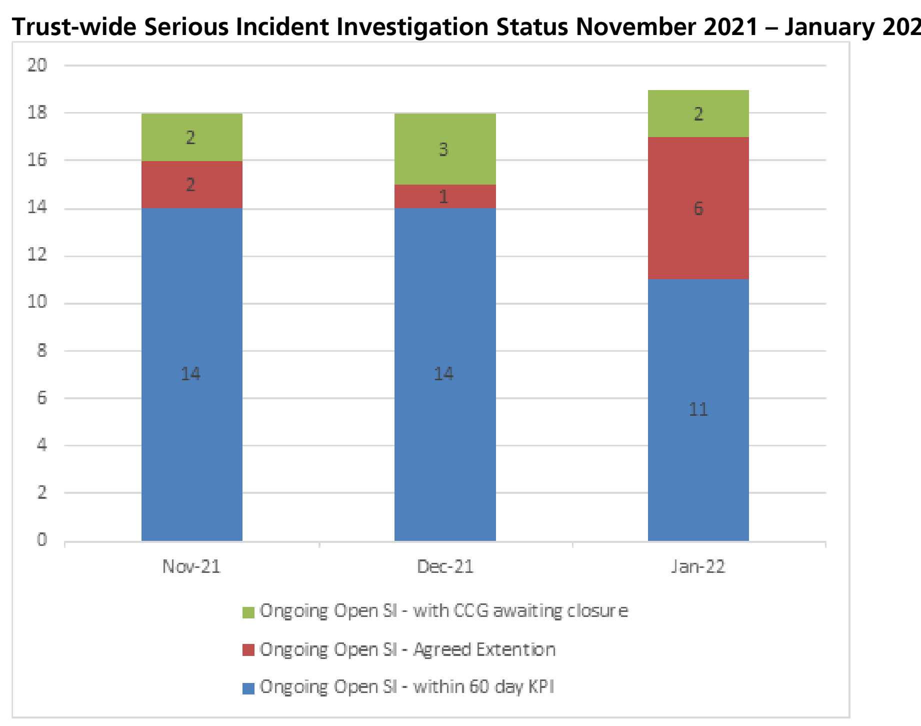
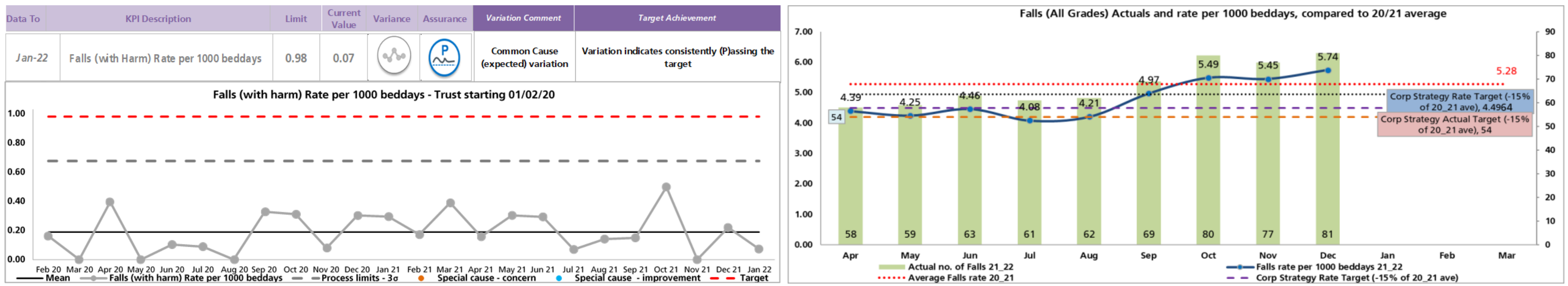


Chart 1 – Trustwide Serious Incident investigation status

Falls



Data To	KPI Description	Limit	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-22	Falls (with Harm) Rate per 1000 beddays	0.98	0.07			Common Cause (expected) variation	Variation indicates consistently (P)assing the target

Chart 2 – Falls (with harm) Rate per 1,000 Bed Days

Chart 3 – Falls (all) actuals and rate

Key Issues:

- There has been a decrease in the number of patients sustaining harm and injuries following a fall incident in January 2022.
- There were 81 inpatient falls during January 2022 which equates to a falls rate of 5.74 per 1000 bed days. This rate remains below the National benchmark.

Key Actions:

- Plan to strengthen the corporate falls team resource in place with a lead for safer care (8A) and X2 band 3 HCAs (Recruitment underway for X2 HCAs)
- Falls work plan developed and currently being ratified for falls prevention and management. The work plan crosses boundaries and pathways of care to provide a more holistic response to falls prevention and management.
- Trust wide Falls Annual Audit to be underway in January/February 2022.
- E-Learning scoping underway to support training plan
- Additional training sessions to be set up (facilitated by ward based keyworker staff/CNE).
- Further ‘train the trainer’ for enhanced care to support in February 2022.
- Monthly falls ‘Confirm and Support’ meetings introduced to explore with all clinical areas learning from incidents and implementation of supportive change.
- Weekly datix review established by senior nurses to review incidents
- EAG “Deep Dive” planned for February.

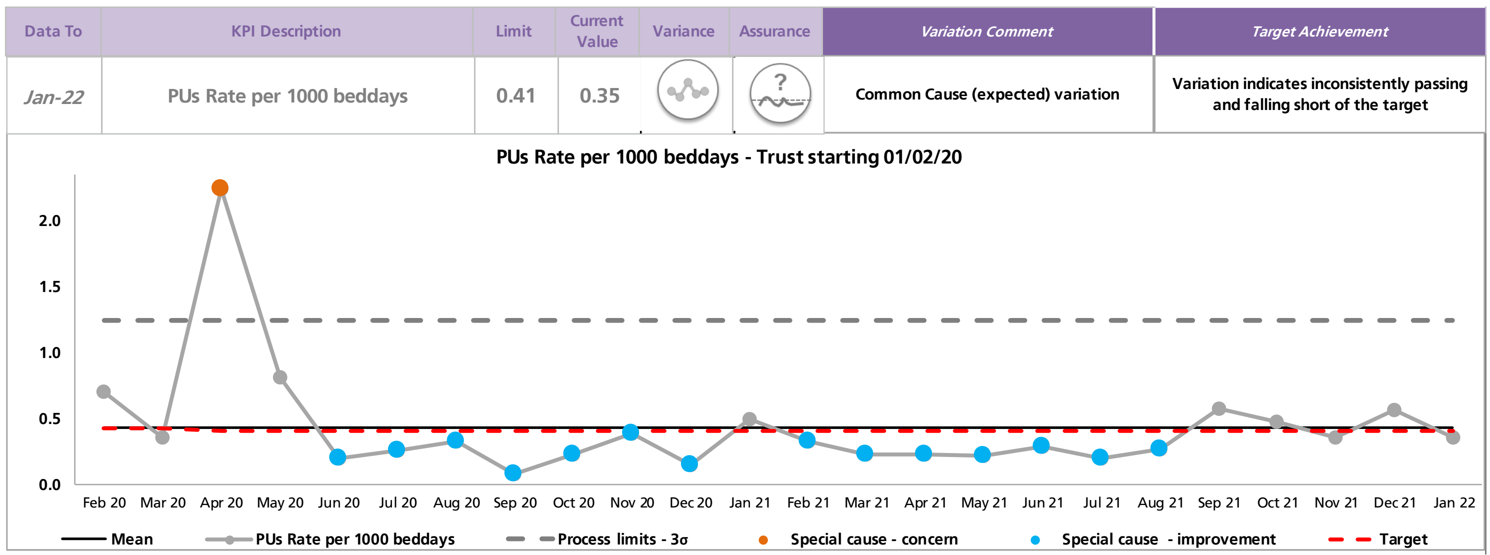
Recovery Forecast:

- A reduction of falls/incidents monthly throughout the first 6 calendar months of 2022 following the key actions noted. However, overall harm incident levels remain below the national benchmark of 0.98.

Key Risks:

- Increased organisational activity/demand often requires the use of additional beds; increasing overall bed base and level of risk.
- Challenges with staffing could impact on some education/care delivery.
- Non-Concordance with delivery of high impact interventions and adherence to fall's policy.

Pressure Ulcers



Data To	KPI Description	Limit	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-22	PUs Rate per 1000 beddays	0.41	0.35		?	Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Chart 4 – Pressure Ulcer Rates per 1,000 Bed Days

Key Issues:

- The number of hospitals acquired pressure ulcer has reduced in January to just below the tolerance level which is a positive improvement.
- There were 5 hospital acquired pressure ulcers in January (X3 Cat 2, X2 DTI).
- 3 were assessed as lapses in care. DOC completed. RCAs underway – action plans in place.
- Themes identified on lapses of care was poor recording of risk and capacity assessments and reassessment's, insufficient evidence, or documentation to support to prevent further damage to the skin.
- 4 of the 5 HAPU were noted as sacrum in month, however 2 of these were within the no lapses in care, the TVNs will continue with the educational support and targeted learning.
- The Trust wide point prevalence pressure ulcer clinical prevalence audit was completed in early October (with ARJO). The results demonstrate some focused areas requiring improvement. Overall HAPU prevalence remains very low with a prevalence of 0.2% (excluding category 1). The facility-acquired pressure ulcer rate (excluding category 1) that would be 'expected' given the risk and dependency of the caseload (adjusted against the National data set) is: 5.0%.

Key Actions:

- The Areas with specifically identified care have an individualised plan monitored through the Divisions.
- To meet the identified areas of improvement (audit data) these educational needs will be addressed by the TVN team holding bi-weekly off the wards teaching sessions. These will be a 30-60 minute session.
- Sessions will be further supplemented by regular ward spot checks of compliance with the ASKINS care bundle, facilitated by the ARJO clinical nurse advisor. This will be collated and feedback monthly to allow regular monitoring.

Recovery Forecast:

- The number of hospital acquired pressure ulcer start to reduce as we realign specialties
- The pressure ulcer rate per 1000 bed days at the QEH is lower compared to similar sized organisations.

Key Risks:

- Non-compliance with the pressure ulcer prevention care bundle.
- Increasing number of patients admitted to the Trust who are at high risk of developing a pressure ulcer.
- Reduced number of staff within Tissue Viability team (partially mitigated).

Clostridioides difficile Infection - CDI

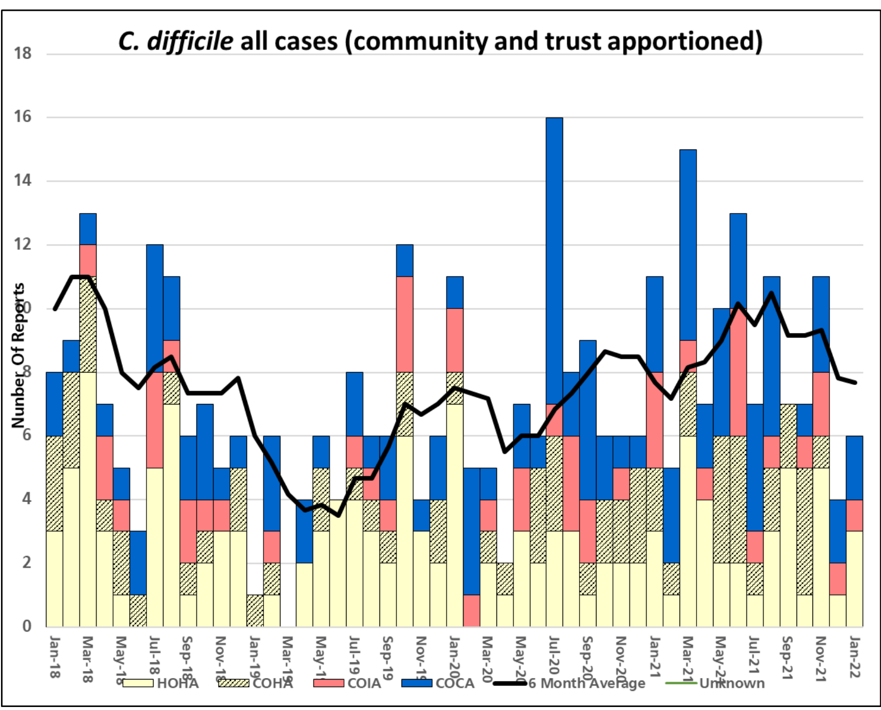


Chart 5 – C.Diff all Cases

There was a change in the reporting of C diff cases for acute providers in 2019/20 by using these two categories: Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission. 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).

Threshold set for CDI for 2021/22 - 40 healthcare associated cases.

Key Issues:

- Three cases identified in January 2022 (3 HOHA).
- Cases presently under review.
- Findings: No lapses in care identified to date following rapid review.

Escherichia coli (E.coli)

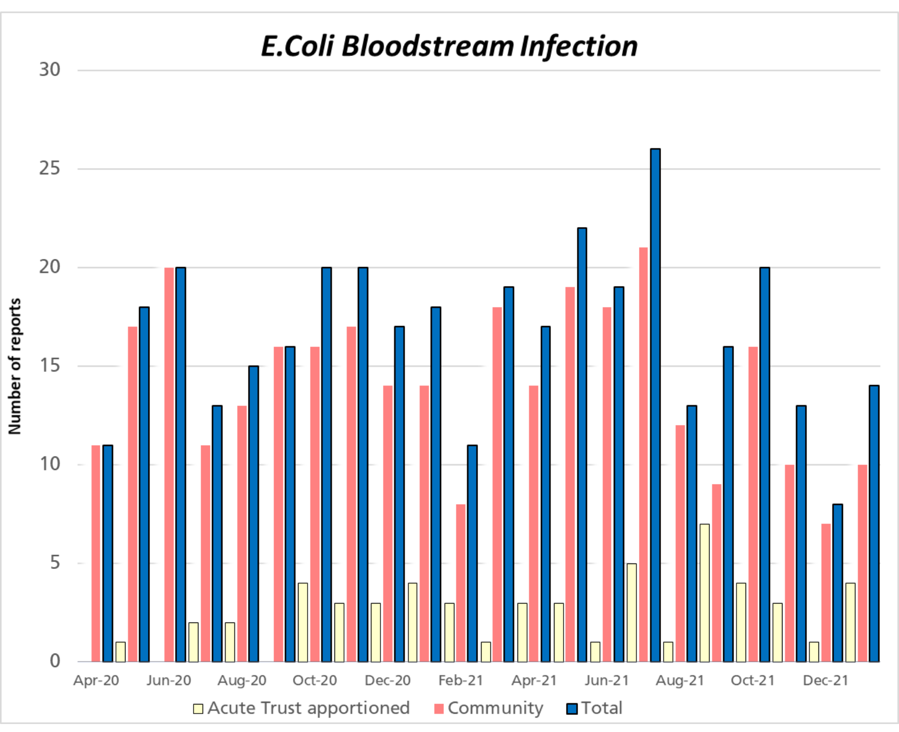


Chart 6 – E.coli Bloodstream Infections

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

- Two cases of hospital onset E. coli were reported in January 2022
- Cases reviewed at surveillance meeting with Infection Prevention Team, Consultant Microbiologist and Infection Control Doctor – no lapses in care identified.

Key Actions:
The Infection Prevention and Control Team continue to raise awareness of appropriate management of E. coli, in line with Trust Policy, through;

- Antibiotic stewardship and engagement - IPCT presently working with Consultant Microbiologists (Infection Control Dr and Anti-microbial lead) and anti-microbial Lead for pharmacy 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 (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.
- Discussing individual cases with Ward Managers / Matrons and escalating concerns, in a time appropriate manner, at senior meetings and via governance reporting channels.
- Deputy DIPC attends NW QI Group that will be focussing on catheter management.

Key Risks to Forecast Improvement:

- Compliance with Infection Prevention and Control Policies.
- Compliance with nutrition / hydration.

MSSA

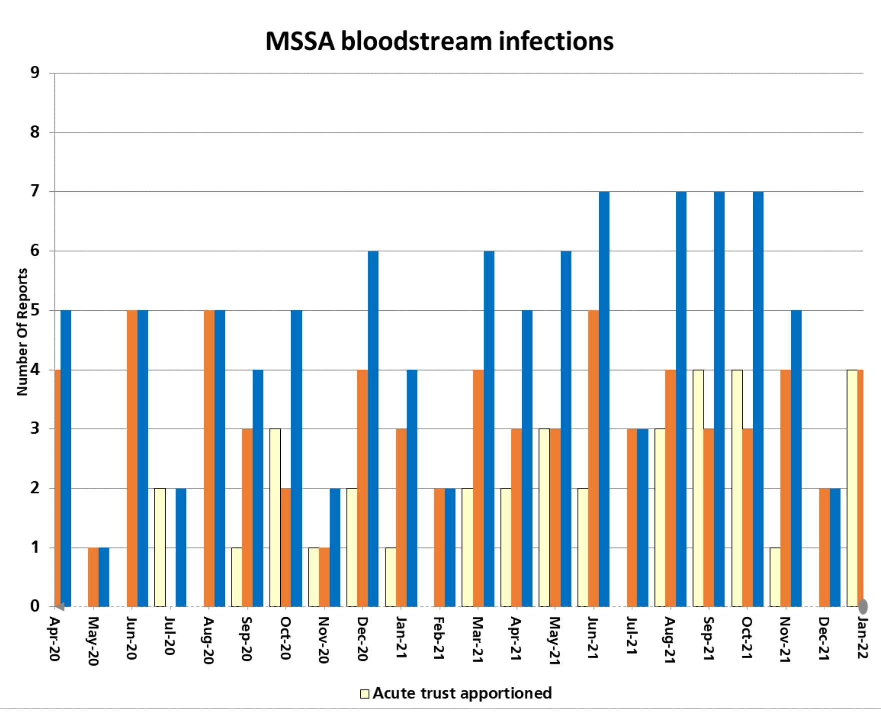


Chart 7 – MSSA Bloodstream Infections

Key Issues:

- Four cases MSSA were reported in January 2022 (2 HOHA, 2 COHA).
- Cases presently under review–will be completed by 25 February 2022.

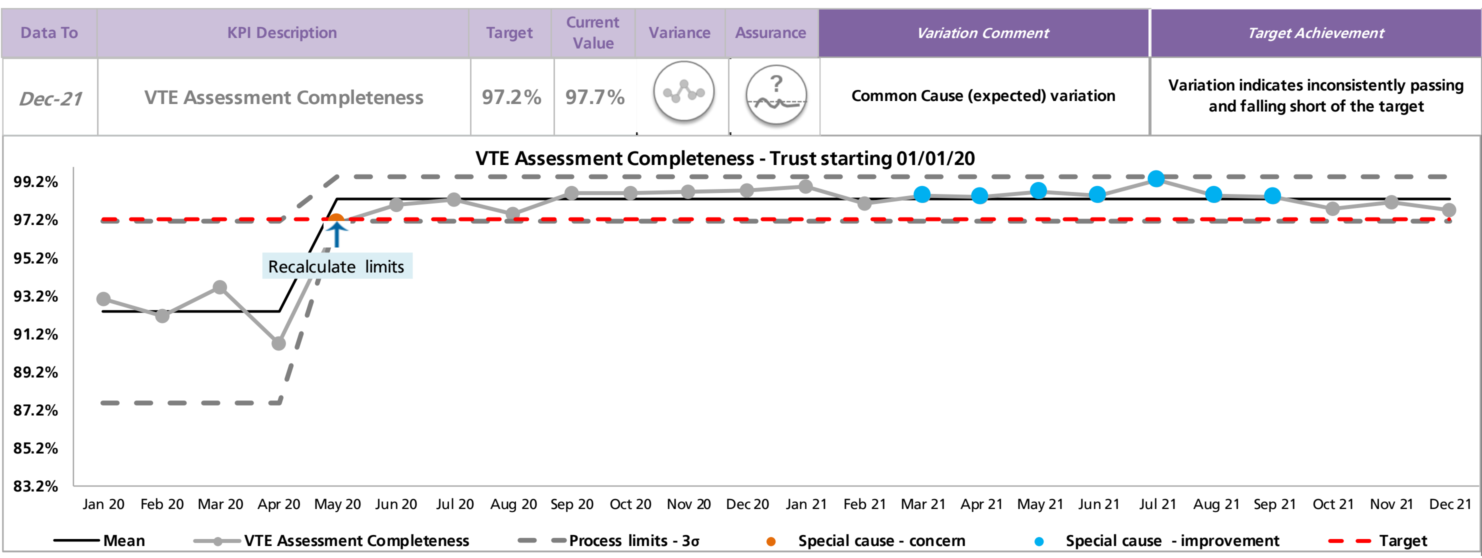
Key Actions:
The Infection Prevention and Control Team continue to raise awareness of appropriate management of MSSA, in line with Trust Policy, through;

- Education at Induction / Mandatory Training.
- Bespoke education / training on affected areas.
- Practice Development Nurses provide training (ANTT).
- Review of individual cases and promptly undertaking measure 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.

Key Risks to Forecast Improvement:

- Poor compliance with Infection Prevention and Control Policies / practice (ANTT).
- Poor IPC Mandatory training compliance – challenges to access / complete training.

VTE Assessment Completeness



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-21	VTE Assessment Completeness	97.2%	97.7%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Chart 8 – VTE Assessment Completeness

Key Issues:

- VTE Screening process continues to remain above the nationally agreed threshold of 97.24% since May 2020.

Key Actions:

- We are currently awaiting completion of Trust wide implementation of EPMA to capture screening rates. This is expected to commence from April 2022. This is expected to improve compliance further.

Key Risks:

- Currently none.

Effective - Accountable Officer - Medical Director

Effective Dashboard

Data To	KPI Description	Limit	Current Value	Variance	Assurance
Dec-21	Total Births (inc Home, BBA's & Stillbirths)		145		
Dec-21	Stillbirth Rate	3.73	3.97		
Dec-21	Neonatal Deaths Rate	1.06	0.00		
Dec-21	Extended Perinatal Deaths Rate	4.79	3.97		
Dec-21	Total C Section Rate		34.0%		
Dec-21	EL C Section Rate		12.5%		
Dec-21	EM C Section Rate		21.5%		
Dec-21	Maternal Deaths	0	0		
Dec-21	% "Term" admissions to the NNU	6.00%	6.11%		?
Dec-21	% "Avoidable Term" admissions to the NNU	0.00%	0.00%		?
Dec-21	Breastfeeding initiation	70.0%	72.7%		?

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-21	Breastfeeding on discharge from hospital	60.0%	49.6%	L	?
Dec-21	Smoking at Booking	18.6%	25.4%		?
Dec-21	Stopped smoking by delivery	44.7%	45.8%		?
Dec-21	Smoking at Time of Delivery		14.7%		
Dec-21	Post-Partum Haemorrhage	3.0%	4.2%		?
Dec-21	3rd & 4th degree tears, exc C-Sections	3.5%	4.8%		?
Oct-21	HSMR Crude Rate	3.18	4.52		
Oct-21	HSMR Relative risk	100.00	130.31		
Oct-21	HSMR Weekend Relative risk	100.00	142.99		
Jul-21	SHMI (Rolling 12 mth position)	100.00	101.37		
Dec-21	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.48		?
Jan-22	No. of patients recruited in NIHR studies	63	525	H	?

Neonatal and Perinatal Mortality

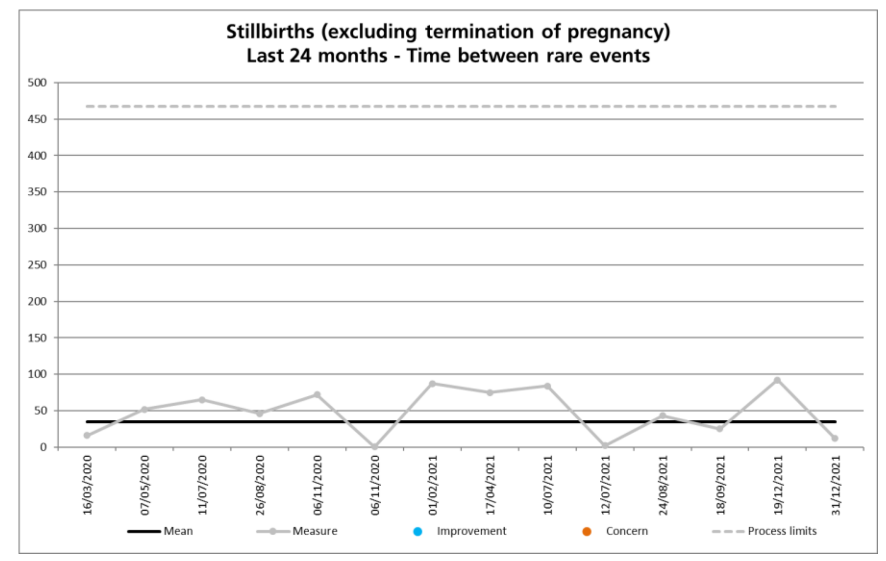


Chart 9 – Stillbirths (time between rare events)

Extended Perinatal Deaths
Last 24 months - Time between rare events

400
350
300
250
200
150
100
50
0

29/02/2020
16/03/2020
07/05/2020
11/07/2020
26/08/2020
16/10/2020
06/11/2020
06/11/2020
01/02/2021
17/04/2021
10/07/2021
12/07/2021
24/08/2021
18/09/2021
19/12/2021
31/12/2021

Mean
Measure
Improvement
Concern
Process limits

Chart 10 Perinatal Deaths (time between rare events)

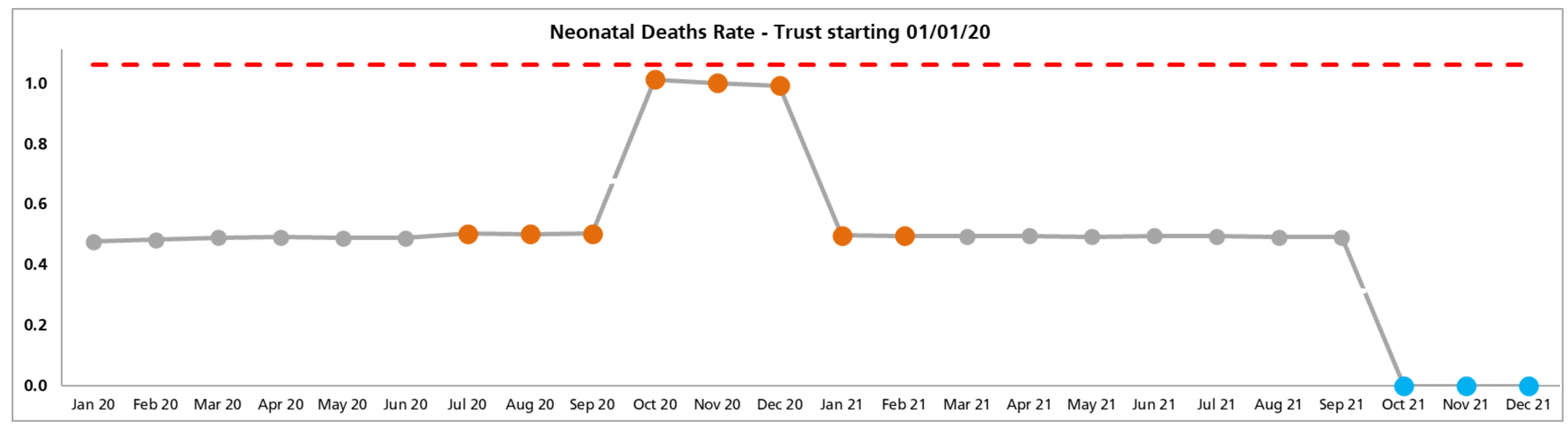


Chart 11 Neonatal Deaths rate

Still births, Neonatal deaths and perinatal deaths are rare events. In line with NHSEI best practise, all of these metrics should be recorded as number of days since last event, but as there have only been two neonatal deaths recorded since 2019/20 an SPC will continue to be used for this metric.

Key Issues

- There were two stillbirths in the month of December 2021.

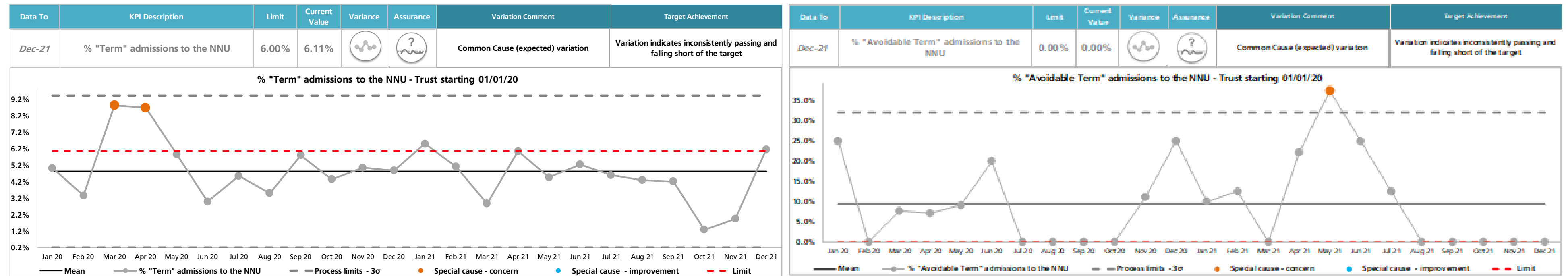
Actions being taken

- One was 35 weeks stillbirth reviewed using PMRT tool and the second stillbirth was 36 weeks which is under investigation as a serious incident.
- Work on the Maternity Improvement Plan (MIP) continues with actively engaged workstream leads (safety being one of these workstreams) overseen by the Transforming Maternity Safety and Strategy Forum within the division. A further 18 actions have been generated from the Ockenden feedback which are being reviewed by the workstreams at this time.

Risk to delivery

- Staffing vacancies continue to pose risks to safe service delivery, but mitigations and daily oversight are in place to manag e this risk.

Term Neonatal unit admissions



Data To	KPI Description	Limit	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-21	% "Term" admissions to the NNU	6.00%	6.11%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Data To	KPI Description	Limit	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-21	% "Avoidable Term" admissions to the NNU	0.00%	0.00%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Chart 12 - % ‘Term’ admissions to NNU

Chart 13 - % ‘Avoidable Term’ admissions to NNU

Key Issues:

- Term admissions into the Neonatal Unit remains in common cause variation, with seven term babies admitted to the unit.

Key Actions:

- All term admissions to the NICU are reported via Datix and monitored through the paediatric and maternity safety dashboards. MDT ATAIN reviews are undertaken of all cases; none were deemed avoidance in month.

Caesarean Section Rates

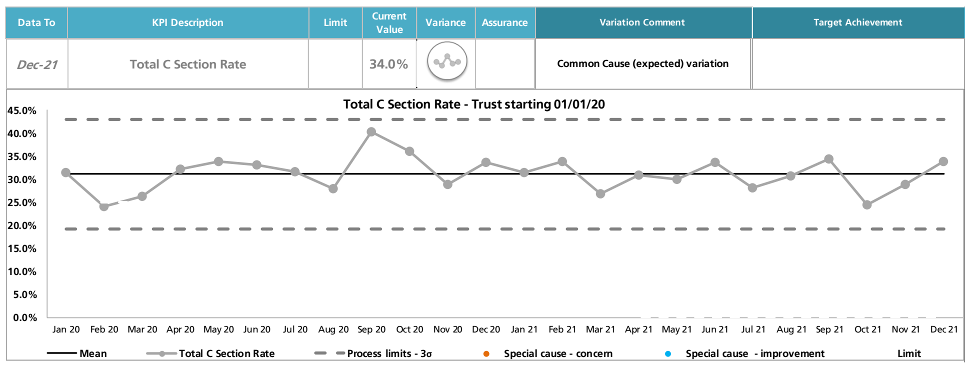


Chart 14 – Total Caesarean Section Rate

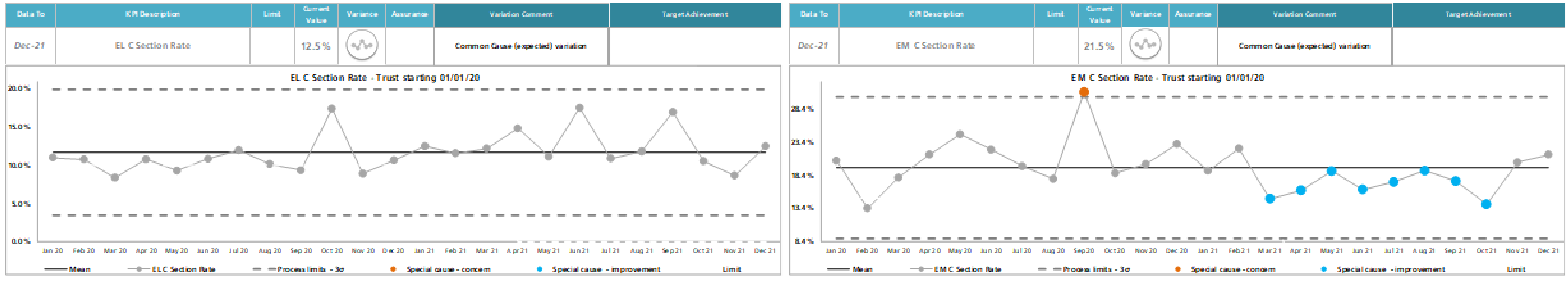


Chart 15 – Elective Caesarean Section Rate

Chart 16 – Emergency Caesarean Section Rate

Key Issues

- There were 145 births in December 2021 of which, 60% were spontaneous vaginal deliveries, 6.22% assisted instrumental deliveries and 33.78% were LSCS. These rates remain in common cause variation.

Key Actions

- Multidisciplinary Team meeting to review all emergency and elective indications for caesarean sections is embedded as BAU and is well attended.
- A revised VBAC clinic pathway has been drafted to ensure women get individualised care plan for delivery.
- Plans to launch continuity of carer are currently being developed.

Risk to delivery

- Current staffing challenges due to both vacancy and absence might delay both VBAC and IOL reviews as priority of time resource is redirected to acute care delivery.
- This domain remains out of purview of thresholds but is continuously monitored for appropriateness.

Breast Feeding Initiation rates

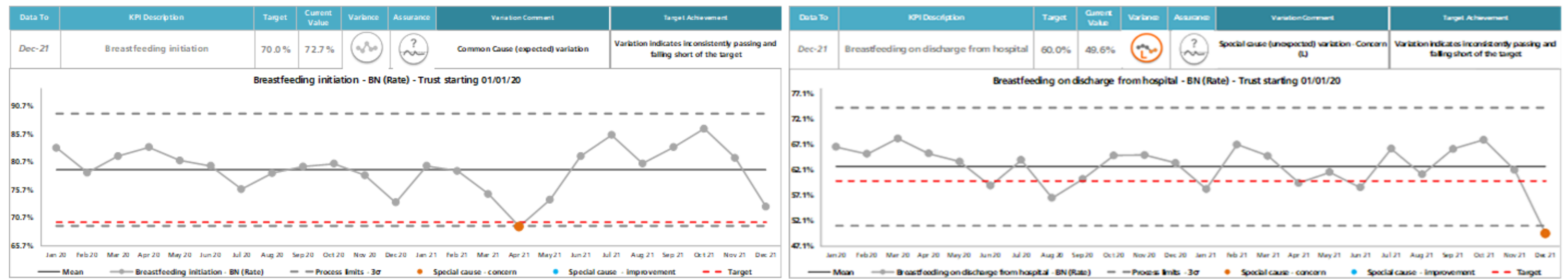


Chart 17 – Breastfeeding Initiation – BN (rate)

Chart 18 – Breastfeeding on discharge from hospital – BN (rate)

Key Issues

- Breastfeeding initiation rate remains within common cause variation.
- A special cause variation in breast feeding on discharge is thought to relate to a sickness absence within the infant feeding team impacting on the support to families during their inpatient stay.

Risk to delivery

- The sustainability of the breast feeding team is under review and additional support measures are being put in place.
- Plan in place for community hubs to host infant feeding classes and cafes to improve access to professional and peer breastfeeding to support maintenance of breastfeeding post discharge.

Risk to delivery

- A full service review is underway to ensure sustainability of the infant feeding support during these challenging times.

Smoking Cessation in Pregnancy

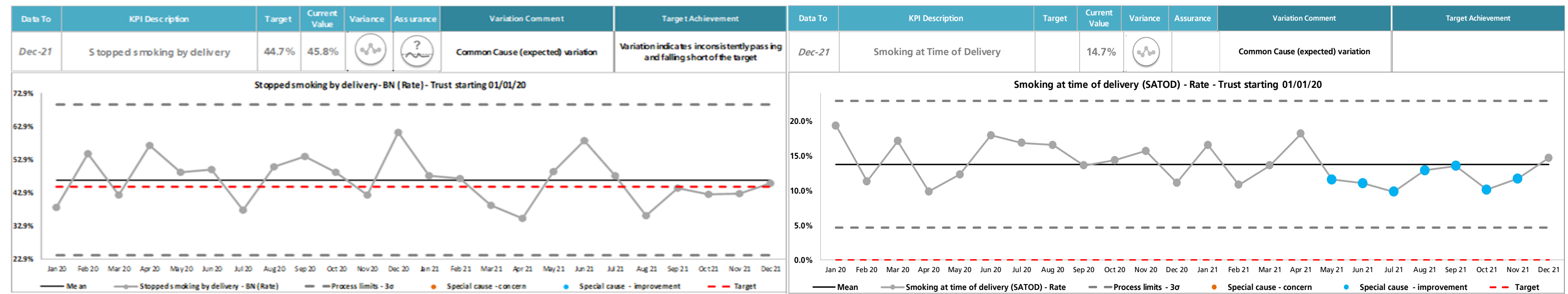


Chart 19 – Stopped smoking by delivery – BN (rate)

Chart 20 – Smoking at time of delivery (SATOD)

Key Issues

- Smoking cessation (average) by delivery remains in common cause variation.

Key Actions

- CO screening at booking continues to rise significantly. This is being monitored through TMSSF as part of Saving Babies Lives Care Bundle.
- CO screening at 36 weeks is increasing but at a slower pace and this is now an area of focus for us across the community teams.
- Direct electronic referrals to smoking cessation services are planned to support increased referral rates but we do not have a roll out date at this time.
- Health coaches are being put in place across the system, the coach for QEH is due to commence in post in April 2022.

Risk to delivery

- Appetite for engagement with smoking cessation services has been impacted by the rising levels of smokers in the general population during the pandemic with multiple contributory factors. 1:1 smoking cessation support by health coaches aims to address this.

Post-patum Haemorrhage (PPH)

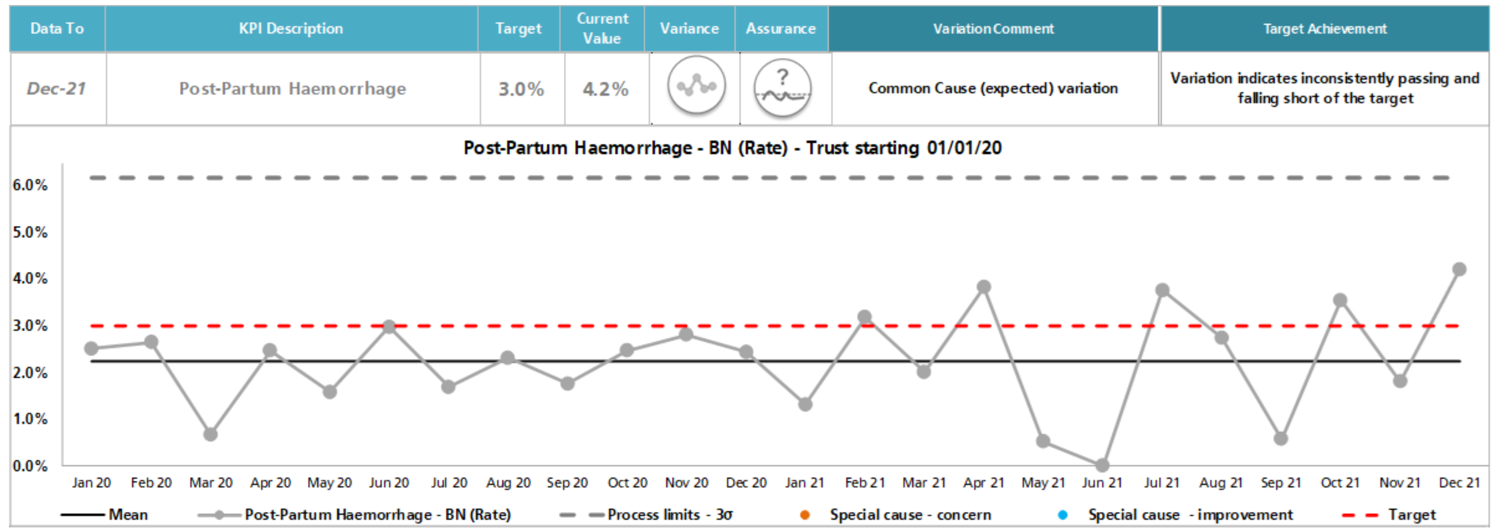


Chart 21 – Post-Partum Haemorrhage – BN (rate)

Factors driving performance:

- Post partum haemorrhage rates remain within common cause variation.

Key Actions:

- All incidents are reported and reviewed at the Serious Incident Review Panel (SIRP) to identify if the management of the case was appropriate, where indicated a more detailed investigation is requested and to ensure learning is captured and shared.
- PPH audit is ongoing will be presented in April 2022, a thematic review is also under way for massive PPH for three months from Oct- Dec 2021.

Risks to Delivery:

- Appropriate decision making and timely interventions to prevent or minimise PPH depends on the skills and experience of clinical staff. Reviews of cases, feedback and ongoing PROMPT Training are in place to support this.

3rd & 4th degree perineal trauma

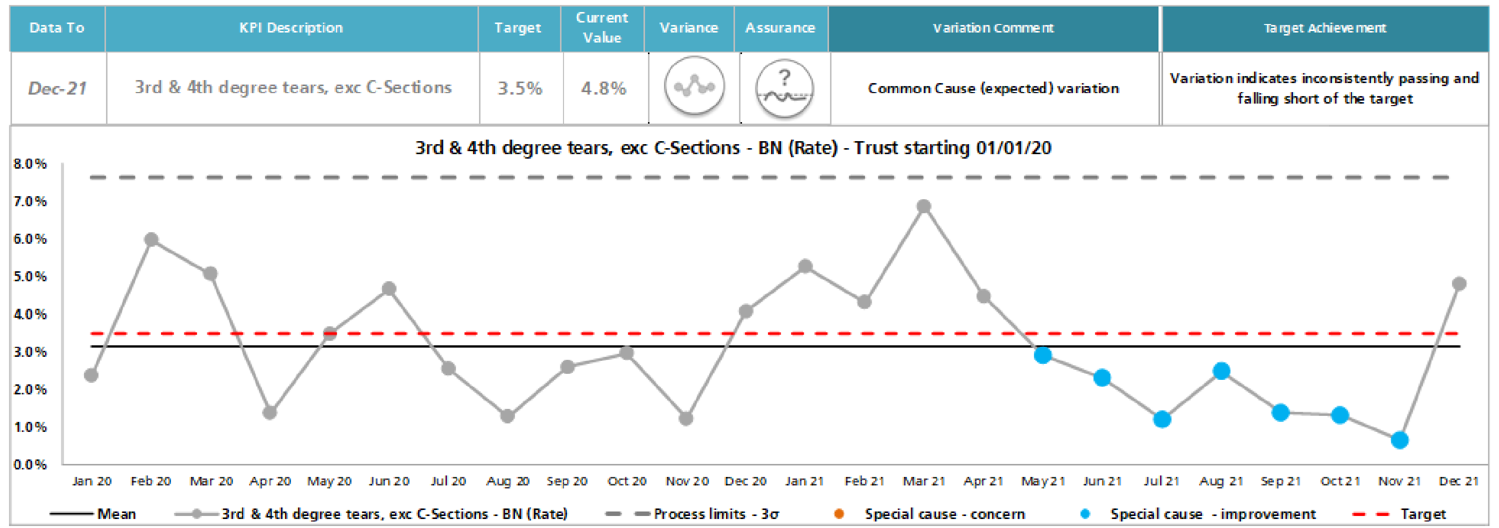


Chart 22 – 3rd and 4th degree tears

Key Issues:

- There were six cases of perineal trauma recorded in December, which remains within common cause variation but is above the threshold of 3.5% for the first time since May 2021.

Key Actions:

- All cases are reviewed monthly by the multi disciplinary team, including an Obstetrician, Midwife and Specialist physiotherapist. Documentation of application of perineal pressure at delivery has been identified as a key issue which is being addressed through these review and feedback processes.
  - Staff training is in place as part of the annual training programme
  - There is a LMNS wide pathway drafted for symptomatic patient after the perineal repair
  - Recent audit has shown that there is increased awareness of using OASI care bundle in comparison to 2019 practice which reflects in reduction of perineal tears from May 2021.

Key Risks to Delivery:

- The cessation of training during this time of significant staffing challenges might impact on care.

Mortality

SHMI and HSMR

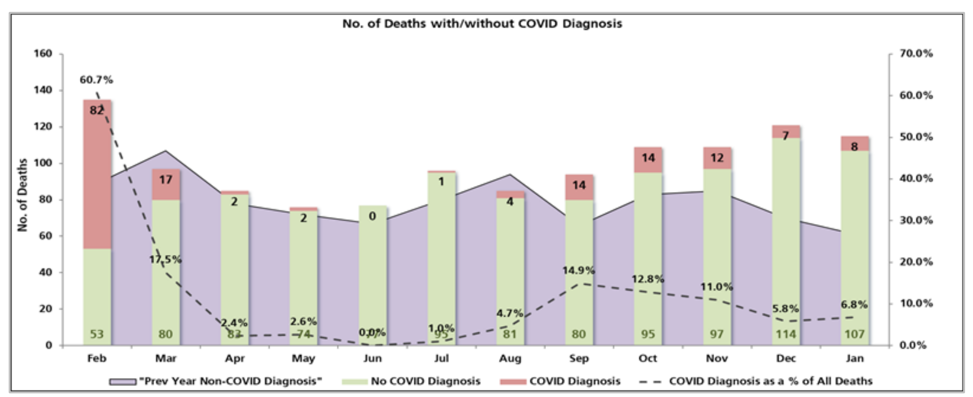
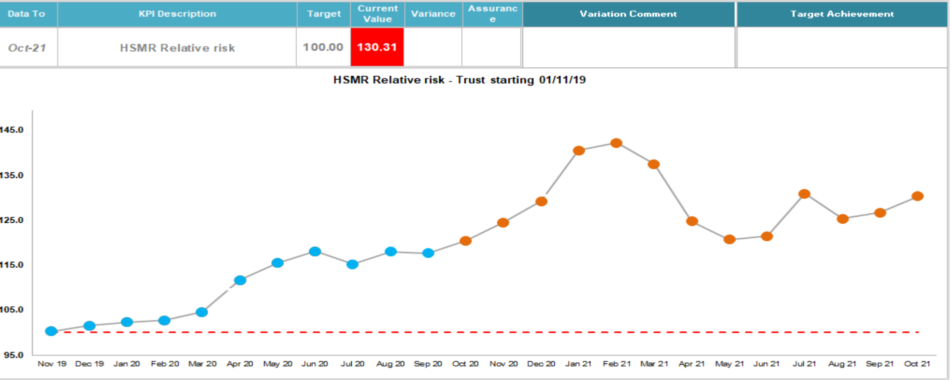


Chart 23 – No of deaths with/without COVID diagnosis



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Oct-21	HSMR Relative risk	100.00	130.31				

Chart 24 – HSMR Relative risk

Key Issues:

- The SHMI remains within the "expected band." This has fallen from 106 for the period to December 2020, to 101.37 to July 2021 .
- The latest reported 12-month HSMR for QEH remains elevated at 130.31 and is expected to fall when uncoded episodes are added as per previous months.
- Dr Foster now receives HES data directly from NHS Digital rather than via the Imperial College Unit. This means a richer data set which now includes patients who have registered a national data opt out. This in turn has led to an increase in volumes which will impact on risk adjusted and crude rate metrics. This change has also been applied to historic data, meaning that the data may no longer match that which was previously reported by the trust.
- In January, Dr Foster also took the decision to rebase their calculations, to include the full 24 diagnosis code positions available in the HES data from September 2021 onwards. This should improve the accuracy of the comorbidity and palliative care indicators - key factors in generating the "expected" mortality rate for each trust.
- There was a significant fall in crude death rates following the peak in Covid related deaths in January 2021. This has been sustained as demonstrated in the histogram. When this peak is no longer included in the 12-month rolling period over which HSMR is calculated, a fall in HSMR is expected to be observed.
- However, multiple trusts have been adversely affected by the rebasing (with 2 regional trusts reporting an increase of 15 and 6 points), and so the impact of this rebasing on QEH metrics is difficult to predict.
- The previous coding backlog has now been resolved. January data will be coded for the first HES extraction on 15th February (internal target) and is anticipated to remain on track thereafter.

- The activity on which the HSMR and SHMI is based is also still below pre-pandemic levels, exacerbated by the need to reduce our elective programme to provide space for COVID positive admissions and an increase in emergency medical admissions.
- Over the 12-month period the proportion of non-elective deaths within the HSMR basket with palliative care (1.6%) was below the regional average (5.1%) and the national average (5.0%) and NWAFT (5.7%). Although our palliative care rates are improving, they still remain well below national average.
- Aside from the alert for viral infection (COVID) the five alerts with the highest number of patients are Pneumonia, Stroke, COPD and Residual Codes (uncoded). Although CQC has suspended using the CUSUM (Cumulative Summary) alert during the pandemic, it is important that we do not lose sight of these key diagnosis groups.
- In January 2022 there were 117 deaths. In comparison there were 214 deaths in January 2021 and 112 in January 2020. 64 (out of 117) of the deaths occurred in patients aged 80 and over, of this number 18 were aged 90 and over. There were 8 COVID deaths in January.

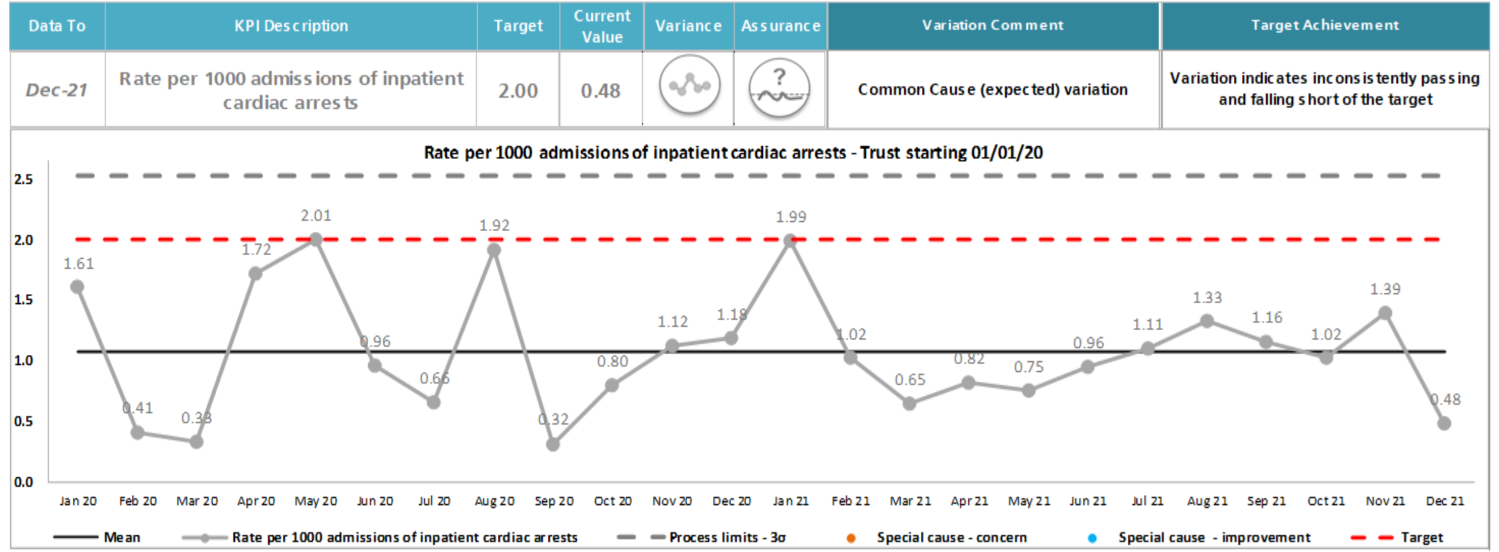
Key Actions:

- Significant improvements have already been made to documentation, to 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 recording of SJR's within the SJR+ tool will provide us more opportunity to extract learning from the death review process.

Risk to delivery:

- The impact of COVID deaths on our HSMR and SHMI will continue for the duration of the time this metric is shown in the rolling 12-month report. Any further peaks of COVID deaths and reductions in overall activity will further impede our ability to predict and benchmark our deaths against others.

Cardiac Arrests



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-21	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.48			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Chart 25 – Inpatient Cardiac Arrests per 1,000 admissions

Key Issues:

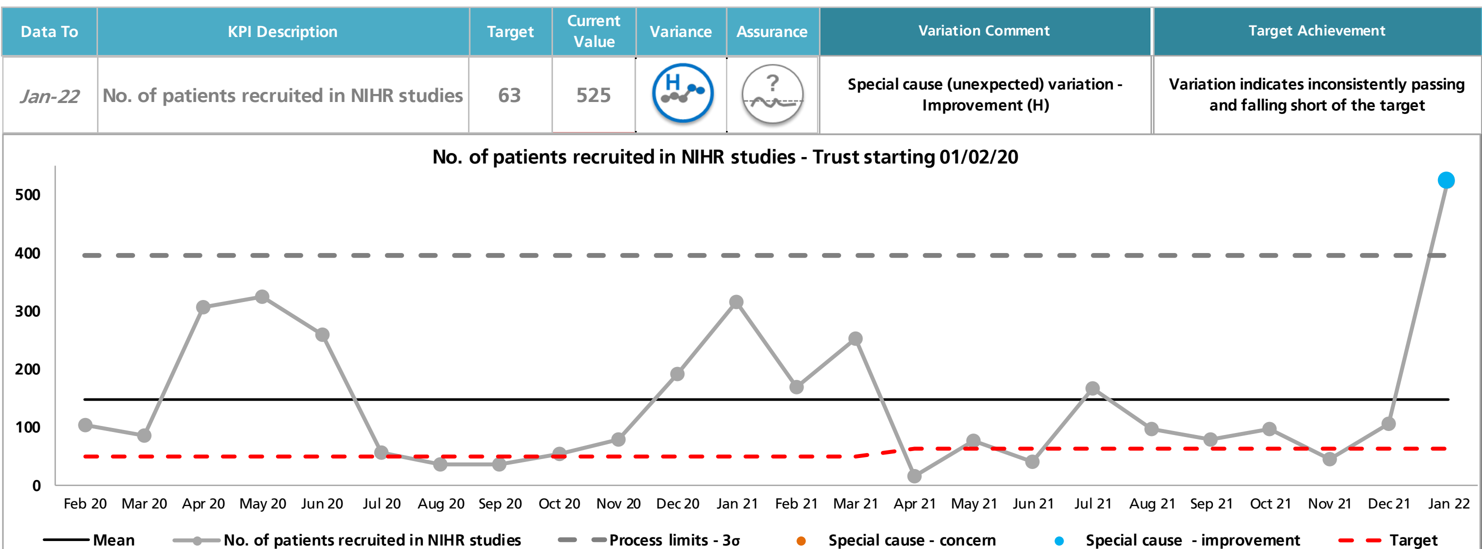
- Inpatient cardiac arrest rates continue to be within common cause variation, well below the agreed threshold for 11 months.

Key Actions:

- All cases are examined for potential avoidability and learning, with a lack of proactive decision making identified in some cases. These are fed back to the responsible clinician and addressed more widely through NEWS2 scoring and escalation training and embedding the ReSPECT process in admitted patients who are nearing end of life. Both are audited monthly and are monitored through the Deteriorating Patient Forum.

Key Risks to Forecast Improvement: None identified.

Research



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-22	No. of patients recruited in NIHR studies	63	525			Special cause (unexpected) variation - Improvement (H)	Variation indicates inconsistently passing and falling short of the target

Chart 26 – No. of patients recruited in NIHR studies

Key Issues

- 525 patients recruited in January 2022, helped by late uploading of accruals made for one of our studies in November and December 2021.

Key Actions

- 4 out of 5 bank research nurses commenced training on job.
- Retraining B3 pharmacy support staff to take on some admin duties to mitigate staffing challenge.
- R&I signage in hospital implemented.

Risk to delivery

- Trial pharmacy post vacancy which may affect delivery of drug trials (Clinical Trials of an Investigational Medicinal Product CTIMPs).
- Ongoing challenge in securing clinic room for trial appointments can lead to delays and protocol deviation.
- Sickness rates in team and reduced clinician availability due to operational pressures may reduce capacity to support new stu dies.

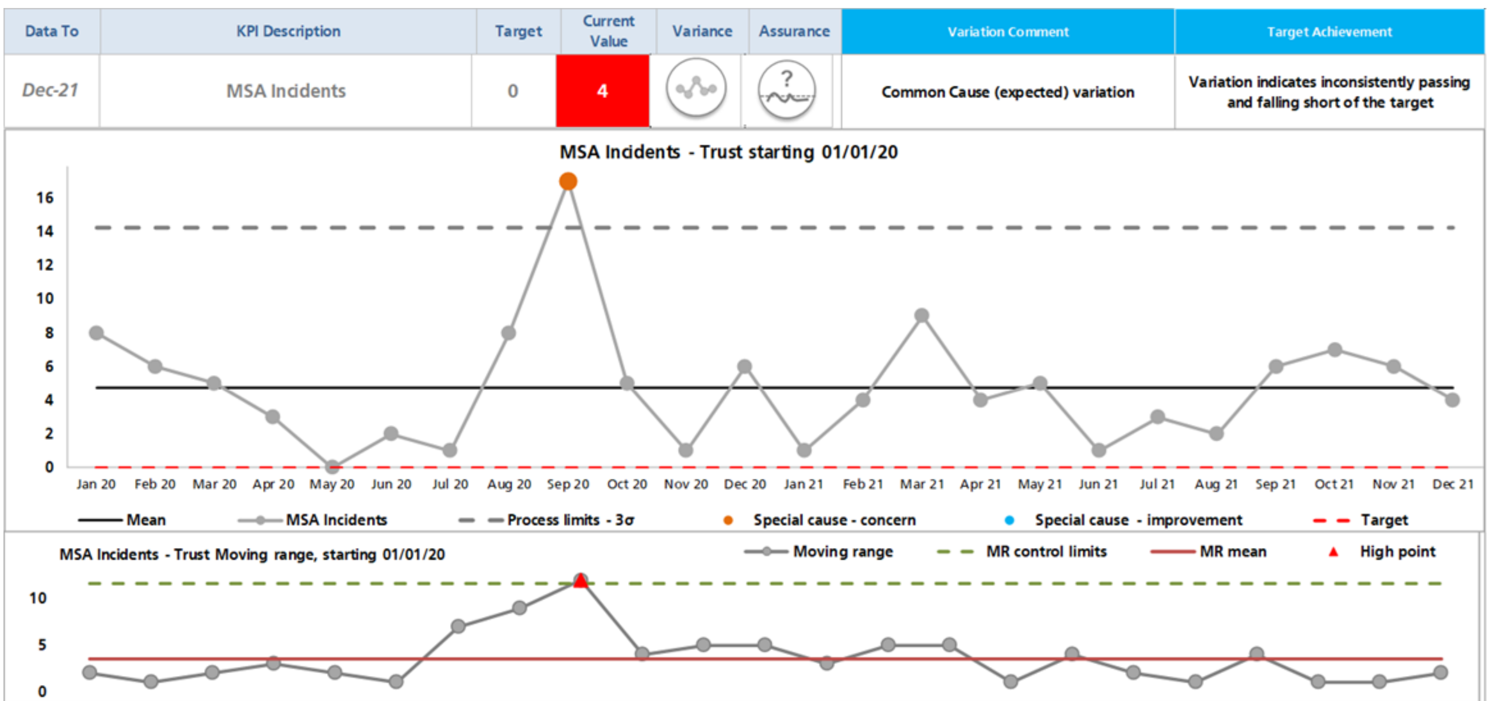
Caring - Accountable Officer - Chief Nurse

Caring Dashboard - Trust Level

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jan-22	MSA Incidents	0	8		?
Jan-22	MSA Breaches	0	28		?
Jan-22	Total Clinical & Non_Clinical Complaints	0	6	L	F
Jan-22	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.05%	L	?
Jan-22	Complaints receiving a response within 30 working days %	90.0%	100.0%	H	?
Jan-22	Complaints - Reopened (% of Total)	15.0%	33.3%		?
Dec-21	Dementia Case Finding	90.0%	94.4%	H	?

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jan-22	FFT % "Very Good" or "Good" (IP & DC)	95.00%	97.37%		?
Jan-22	FFT % "Very Good" or "Good" (AE)	95.00%	83.20%		?
Jan-22	FFT % "Very Good" or "Good" (OP)	95.00%	94.81%	L	?
Jan-22	FFT % "Very Good" or "Good" Mat Question 1 (Antenatal)	95.00%	97.4%		?
Jan-22	FFT % "Very Good" or "Good" Mat Question 2 (Labour)	95.00%	94.1%		?
Jan-22	FFT % "Very Good" or "Good" Mat Question 3 (Postnatal)	95.00%	95.2%		?
Jan-22	FFT % "Very Good" or "Good" Mat Question 4 (Comm Postnatal)	95.00%	100.0%		?

Mixed Sex Accommodation breaches



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-21	MSA Incidents	0	4			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Chart 27 – MSA Breaches

Key Issues:

- There have eight (8) incidents of same sex accommodation breaches affecting twenty-eight (28) patients during January 2022. This is an increase since December.
- 5 incidents were in the Hyperacute Stroke Unit.
- 1 incident occurred on Coronary Care on Tilney ward.
- 2 incidents were on the Surgical Assessment Unit.
- During January the Trust has been under significant capacity and demand pressures, in line with National profiling, which has contributed to the EMSA breeches. This was further compounded with high numbers of asymptomatic covid cases identified via robust testing regimes resulting in contacts and bay closures.
- The Trust breaches are reported in line with the national guidance.

- All patient's who were involved had their 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. Appropriate senior decision makers were involved.

Key Actions:

- 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.
- Same sex accommodation breaches are discussed, and possible mitigations are considered during the Board round.
- Same sex accommodation breaches are escalated to the clinical site team and are reflected on the bed template in the ops centre.
- The Trust continues to realign its case mix bed base in line with IPC demands, National expectations/alignment and to support the N&W system pressures.

Key Risks to Forecast Improvement:

- Beds for patients who need to be stepped down are not always available and are dependent on demand.
- Bed capacity will be a factor for future breaches.

Complaints

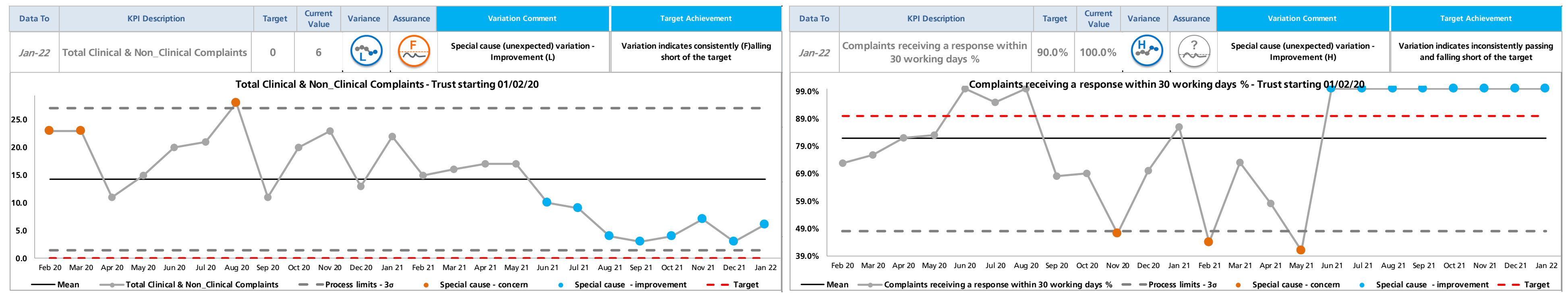


Chart 28 – Total Complaints

Chart 29 – Complaints resolved within 30 working days

Key Issues:

- The timeliness of responding to complaints within 30 days has been achieved for 8 consecutive months at 100%.
- There has been a reduction in formal complaints since May 2021.
- The actions put into place in April/May 2021 continue to assist the improvement and will remain in place.

Key Actions:

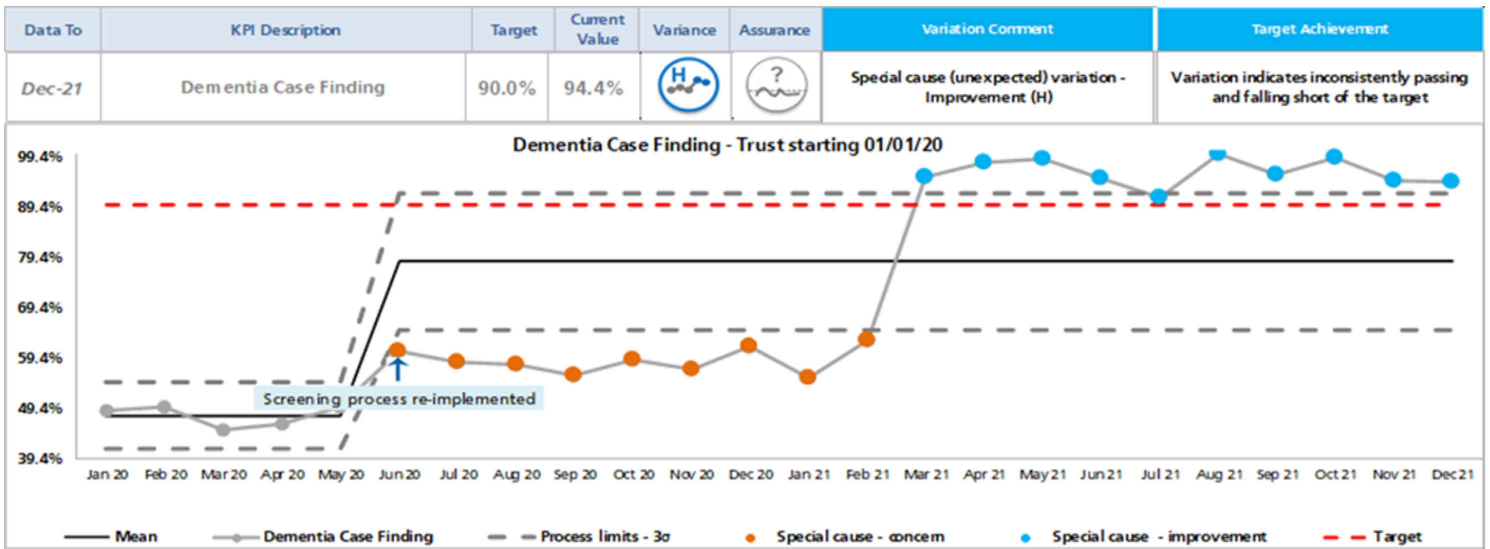
- The Reviewed and revised process remains in place with senior leadership and Governance.
- Initial Triage by a senior member of staff continues with Divisional senior to ring complainant.
- Continue to sustain an increase in Local Resolution Meetings (LRMs).
- Review each response with coaching to improve quality.
- There is ongoing work underway (including the patient experience workshop with a leading external industry facilitator to continue the pathway development for patients).
- Completion of the departmental audit and review of PALS and informal concern process to strengthen timeliness/quality of response and patient experience.
- Development of a departmental dashboard regarding rolling statistics, KPI's and outcomes.
- The reporting of all patient/customer feedback is under review to ensure a complete capture of the patient's experience is fully reported.

Key Risks to Forecast Improvement:

- The ability of the teams to prioritise complaint responses in the expected time frames and provide patient focussed responses.

1. Maintenance of the streamlined processes.

Dementia Case Finding



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-21	Dementia Case Finding	90.0%	94.4%			Special cause (unexpected) variation - Improvement (H)	Variation indicates inconsistently passing and falling short of the target

Chart 30 – Dementia Case Finding

Key Issues:

- 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.

Key Actions:

- Sustain current pace of compliance through ongoing dementia awareness campaigns within the Trust:
  - Trust wide monthly dementia hub education sessions;
  - New digital platform for dementia care resources; and
  - Maintenance of CIA role.

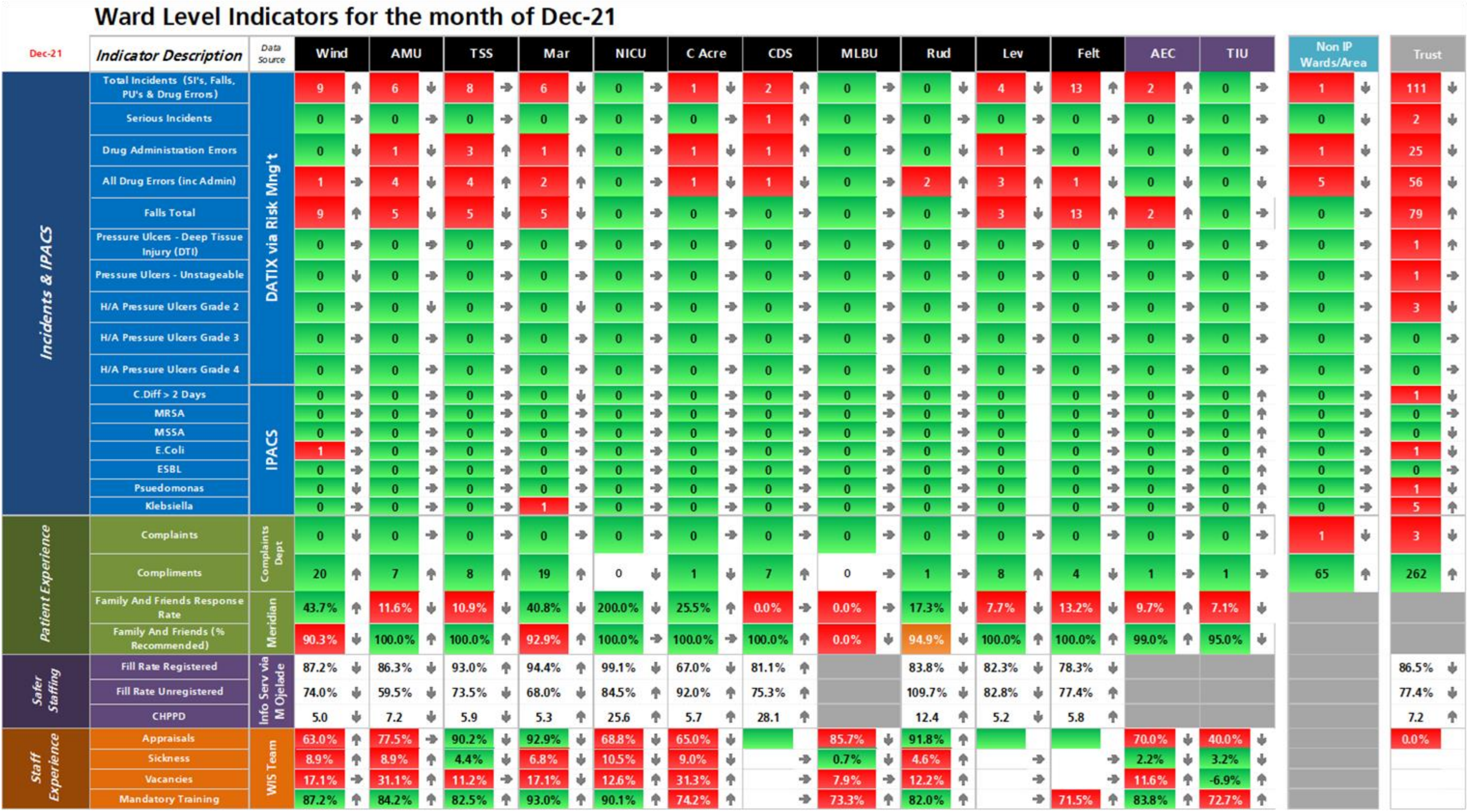
Key Risks to Forecast Improvement:

- None identified.

NURSING METRICS

Ward Level Indicators for the month of Dec-21

Dec-21	*Indicator Description*	*Data Source*	Wind	AMU	TSS	Mar	NICU	C Acre	CDS	MLBU	Rud	Lev	Felt	AEC	TIU	Non IP Wards/Area	Trust
Incidents & IPACS	Total Incidents (SI's, Falls, PU's & Drug Errors)	DATIX via Risk Mng't	9 ↑	6 ↓	8 →	6 ↓	0 →	1 ↓	2 ↑	0 →	0 ↓	4 ↓	13 ↑	2 ↑	0 →	1 ↓	111 ↓
	Serious Incidents		0 →	0 →	0 →	0 →	0 →	0 →	1 ↑	0 →	0 →	0 →	0 →	0 →	0 →	0 ↓	2 ↓
	Drug Administration Errors		0 ↓	1 ↓	3 ↑	1 ↑	0 →	1 ↓	1 ↑	0 →	0 ↓	1 →	0 ↓	0 ↓	0 →	1 ↓	25 ↓
	All Drug Errors (inc Admin)		1 →	4 ↓	4 ↑	2 ↑	0 →	1 ↓	1 ↓	0 →	2 ↑	3 ↑	1 ↓	0 ↓	0 ↓	5 ↓	56 ↓
	Falls Total		9 ↑	5 ↓	5 ↓	5 ↓	0 →	0 →	0 →	0 →	0 →	3 ↓	13 ↑	2 ↑	0 →	0 →	79 ↑
	Pressure Ulcers - Deep Tissue Injury (DTI)		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	1 ↑
	Pressure Ulcers - Unstageable		0 ↓	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	1 →
	H/A Pressure Ulcers Grade 2		0 →	0 ↓	0 →	0 ↓	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	3 ↓
	H/A Pressure Ulcers Grade 3		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →
	H/A Pressure Ulcers Grade 4		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →
	C.Diff > 2 Days	IPACS	0 →	0 →	0 →	0 ↓	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	1 ↓
	MRSA		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	0 →
	MSSA		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	0 ↓
	E.Coli		1 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	1 ↓
	ESBL		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	0 →
	Psuedomonas		0 ↓	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	1 ↓
	Klebsiella		0 →	0 →	0 →	1 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	5 ↑
Patient Experience	Complaints	Complaints Dept	0 ↓	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	1 ↓	3 ↓
	Compliments		20 ↑	7 ↑	8 ↑	19 ↑	0 ↓	1 ↓	7 ↑	0 →	1 →	8 ↑	4 ↓	1 →	1 →	65 ↑	262 ↑
	Family And Friends Response Rate	Meridian	43.7% ↑	11.6% ↓	10.9% ↓	40.8% ↓	200.0% ↓	25.5% ↑	0.0% →	0.0% →	17.3% ↓	7.7% ↓	13.2% ↓	9.7% ↑	7.1% ↓	-	-
	Family And Friends (% Recommended)		90.3% ↓	100.0% ↑	100.0% ↑	92.9% ↑	100.0% →	100.0% →	100.0% ↑	0.0% ↓	94.9% ↓	100.0% ↑	100.0% ↑	99.0% ↑	95.0% ↓	-	-
Safer Staffing	Fill Rate Registered	Info Serv via M Ojelade	87.2% ↓	86.3% ↓	93.0% ↑	94.4% ↑	99.1% ↓	67.0% ↓	81.1% ↑	-	83.8% ↓	82.3% ↓	78.3% ↓	-	-	-	86.5% ↓
	Fill Rate Unregistered		74.0% ↓	59.5% ↓	73.5% ↓	68.0% ↓	84.5% ↑	92.0% ↑	75.3% ↑	-	109.7% ↓	82.8% ↓	77.4% ↑	-	-	-	77.4% ↓
	CHPPD		5.0 ↓	7.2 ↓	5.9 ↓	5.3 ↑	25.6 ↑	5.7 ↑	28.1 ↑	-	12.4 ↑	5.2 ↓	5.8 ↑	-	-	-	7.2 ↑
Staff Experience	Appraisals	WIS Team	63.0% ↑	77.5% →	90.2% ↓	92.9% ↓	68.8% ↓	65.0% ↓		85.7% ↓	91.8% ↑			70.0% ↓	40.0% ↓	-	0.0%
	Sickness		8.9% ↑	8.9% ↑	4.4% ↓	6.8% ↓	10.5% ↓	9.0% ↓	→	0.7% ↓	4.6% ↑	→	→	2.2% ↓	3.2% ↓	-	
	Vacancies		17.1% →	31.1% ↑	11.2% →	17.1% ↓	12.6% ↑	31.3% ↑	→	7.9% →	12.2% ↑	→	→	11.6% ↑	-6.9% ↑	-	
	Mandatory Training		87.2% ↑	84.2% ↑	82.5% ↑	93.0% ↑	90.1% ↑	74.2% ↑	→	73.3% ↑	82.0% ↑	→	71.5% ↑	83.8% ↑	72.7% ↑	-	



Ward Level Indicators for the month of Dec-21

Dec-21	Indicator Description	Data Source	Wind	AMU	TSS	Mar	NICU	C Acre	CDS	MLBU	Rud	Lev	Felt	AEC	TIU	Non IP Wards/Area	Trust
Incidents & IPACS	Total Incidents (SI's, Falls, PU's & Drug Errors)	DATIX via Risk Mng't	9 ↑	6 ↓	8 →	6 ↓	0 →	1 ↓	2 ↑	0 →	0 ↓	4 ↓	13 ↑	2 ↑	0 →	1 ↓	111 ↓
	Serious Incidents		0 →	0 →	0 →	0 →	0 →	0 →	1 ↑	0 →	0 →	0 →	0 →	0 →	0 →	0 ↓	2 ↓
	Drug Administration Errors		0 ↓	1 ↓	3 ↑	1 ↑	0 →	1 ↓	1 ↑	0 →	0 ↓	1 →	0 ↓	0 ↓	0 →	1 ↓	25 ↓
	All Drug Errors (inc Admin)		1 →	4 ↓	4 ↑	2 ↑	0 →	1 ↓	1 ↓	0 →	2 ↑	3 ↑	1 ↓	0 ↓	0 ↓	5 ↓	56 ↓
	Falls Total		9 ↑	5 ↓	5 ↓	5 ↓	0 →	0 →	0 →	0 →	0 →	3 ↓	13 ↑	2 ↑	0 →	0 →	79 ↑
	Pressure Ulcers - Deep Tissue Injury (DTI)		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	1 ↑
	Pressure Ulcers - Unstageable		0 ↓	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	1 →
	H/A Pressure Ulcers Grade 2		0 →	0 ↓	0 →	0 ↓	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	3 ↓
	H/A Pressure Ulcers Grade 3		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →
	H/A Pressure Ulcers Grade 4		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →
	C.Diff > 2 Days	IPACS	0 →	0 →	0 →	0 ↓	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	1 ↓
	MRSA		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	0 →
	MSSA		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	0 ↓
	E.Coli		1 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	1 ↓
	ESBL		0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	0 →
	Psuedomonas		0 ↓	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	1 ↓
	Klebsiella		0 →	0 →	0 →	1 →	0 →	0 →	0 →	0 →	0 →	0	0 →	0 →	0 ↑	0 →	5 ↑
Patient Experience	Complaints	Complaints Dept	0 ↓	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	0 →	1 ↓	3 ↓
	Compliments		20 ↑	7 ↑	8 ↑	19 ↑	0 ↓	1 ↓	7 ↑	0 →	1 →	8 ↑	4 ↓	1 →	1 →	65 ↑	262 ↑
	Family And Friends Response Rate	Meridian	43.7% ↑	11.6% ↓	10.9% ↓	40.8% ↓	200.0% ↓	25.5% ↑	0.0% →	0.0% →	17.3% ↓	7.7% ↓	13.2% ↓	9.7% ↑	7.1% ↓		
	Family And Friends (% Recommended)		90.3% ↓	100.0% ↑	100.0% ↑	92.9% ↑	100.0% →	100.0% →	100.0% ↑	0.0% ↓	94.9% ↓	100.0% ↑	100.0% ↑	99.0% ↑	95.0% ↓		
Safer Staffing	Fill Rate Registered	Info Serv via M Ojelade	87.2% ↓	86.3% ↓	93.0% ↑	94.4% ↑	99.1% ↓	67.0% ↓	81.1% ↑		83.8% ↓	82.3% ↓	78.3% ↓				86.5% ↓
	Fill Rate Unregistered		74.0% ↓	59.5% ↓	73.5% ↓	68.0% ↓	84.5% ↑	92.0% ↑	75.3% ↑		109.7% ↓	82.8% ↓	77.4% ↑				77.4% ↓
	CHPPD		5.0 ↓	7.2 ↓	5.9 ↓	5.3 ↑	25.6 ↑	5.7 ↑	28.1 ↑		12.4 ↑	5.2 ↓	5.8 ↑				7.2 ↑
Staff Experience	Appraisals	WIS Team	63.0% ↑	77.5% →	90.2% ↓	92.9% ↓	68.8% ↓	65.0% ↓		85.7% ↓	91.8% ↑			70.0% ↓	40.0% ↓		0.0%
	Sickness		8.9% ↑	8.9% ↑	4.4% ↓	6.8% ↓	10.5% ↓	9.0% ↓	→	0.7% ↓	4.6% ↑	→	→	2.2% ↓	3.2% ↓		
	Vacancies		17.1% →	31.1% ↑	11.2% →	17.1% ↓	12.6% ↑	31.3% ↑	→	7.9% →	12.2% ↑	→	→	11.6% ↑	-6.9% ↑		
	Mandatory Training		87.2% ↑	84.2% ↑	82.5% ↑	93.0% ↑	90.1% ↑	74.2% ↑	→	73.3% ↑	82.0% ↑	→	71.5% ↑	83.8% ↑	72.7% ↑		

Key Actions:

- The Nursing workforce is reviewed robustly regularly throughout the day by senior nurses to ensure safe staffing remains in place Trust wide with mitigating actions in place. Escalation processes are in place.
- There are ongoing recruitment plans to reduce the vacancy factor with a rolling Unregistered recruitment plan and revised induction.

- Introduction of informed educational programmes – "Care with Kindness" and VITAL. Both programmes incorporate themes identified from concerns and patient's experiences.
- Ward/dept level indicator data is reviewed and plans in place to address areas not achieving the quality targets. These are reviewed and reported via Divisional governance processes. The Monthly QPR meeting ensures additional rigour and cross Divisional learning via the confirm and support process.
- Mandatory training recovery plans in place per ward/dept with clear improvement trajectories. Additional E-Learning is being reviewed to further support the learning and development of staff.

Key Risks to Forecast Improvements:

- None identified.

Responsive - Accountable Officer - Chief Operating Officer

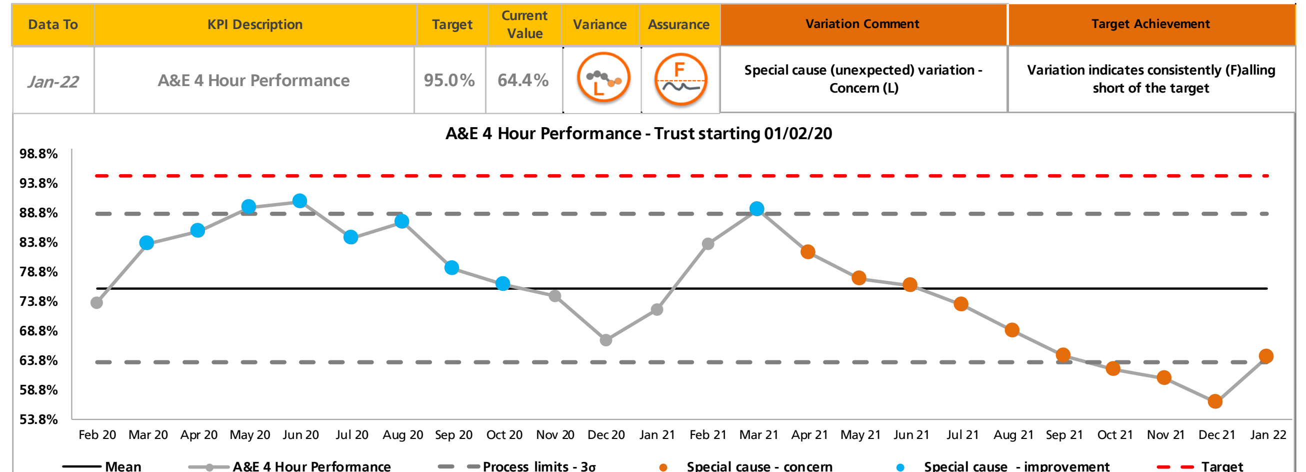
Responsive Dashboard - Trust Level

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jan-22	18 Weeks RTT - Incomplete Perf	92.0%	60.5%		
Jan-22	18 Weeks RTT - No. of Specialties failing the target of 92%	0	25		
Jan-22	18 Weeks RTT - Over 52 Wk waiters	0	828		
Jan-22	A&E 4 Hour Performance	95.0%	64.4%		
Jan-22	A&E 4 Hour Performance (Majors only)	95.0%	47.5%		
Jan-22	A&E 4 Hour Performance (Minors only)	100.0%	89.0%		
Jan-22	A&E 12 Hour Trolley Waits	0	37		
Jan-22	Ambulance Handovers	100.0%	41.1%		
Jan-22	Last minute non-clinical cancelled elective operations	0.8%	0.16%		
Jan-22	Breaches of the 28 day readmission guarantee	0	3		
Jan-22	Total non-clinical cancelled elective operations	3.2%	4.83%		
Jan-22	Urgent operations cancelled more than once	0	0		
Oct-21	% of beds occupied by Delayed Transfers of Care	3.5%	3.8%		
Jan-22	Medically Fit For Discharge - Patients		241		
Jan-22	Medically Fit For Discharge - Days		1457		
Jan-22	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	87		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-21	Cancer Wait Times - Two Week Wait Performance	93.0%	80.9%		
Dec-21	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	98.6%		
Dec-21	Cancer Wait Times - 62 Day Ref to Treatmemt Performance	85.0%	62.4%		
Dec-21	Cancer Wait Times - 104 Day waiters	0	2.0		
Dec-21	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	6.1%		
Dec-21	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	100.0%		
Dec-21	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	97.1%		
Dec-21	Cancer Wait Times - 62 Day Screening Performance	90.0%	94.1%		
Dec-21	Cancer Wait Times - Consultant Upgrade (62 day)	90.0%	66.7%		
Dec-21	Cancer Wait Times - 28 Day FDS - Two week wait	75.0%	56.3%		
Jan-22	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	69.8%		
Nov-21	Stroke - 90% of time on a Stroke Unit	90.0%	69.5%		
Nov-21	Stroke - Direct to Stroke Unit within 4 hours	90.0%	30.5%		
Nov-21	Stroke - Patient scanned within 1 hour of clock start	48.0%	32.8%		
Nov-21	Stroke - Patient scanned within 12 hours of clock start	95.0%	86.9%		
Dec-21	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	34.8%		

Emergency Care

Emergency access within 4 hours



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-22	A&E 4 Hour Performance	95.0%	64.4%	L	F	Special cause (unexpected) variation - Concern (L)	Variation indicates consistently (F)alling short of the target

Chart 31 – A&E 4-hour performance

- During January 6,301 patients attended the Emergency Department (ED), of these 2,243 patients were in the department over four (4) hours before admission, discharge, or transfer. Performance was 64.40% against a standard of 95%. Admitted performance was 37.5% and non-admitted was 81.49%.
- 1,530 patients that breached the standard were admitted to an inpatient bed.
- 90.4% of all attendances presented to Amber ED, 9.6% to Red ED.
- There was an average of 74.6 Medically Fit for Discharge patients on a pathway 1 to 3 each day throughout January 2022 with the trend shown below:

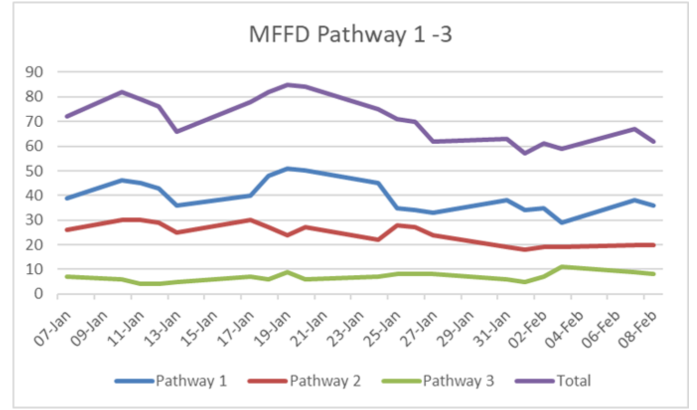
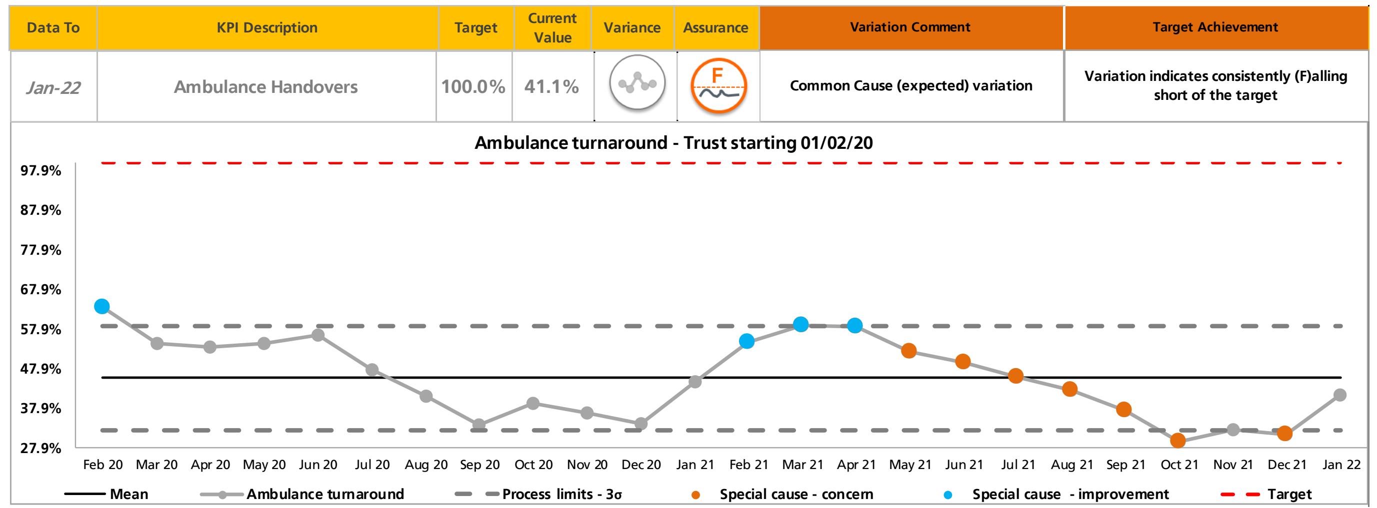


Chart 32 – Medically Fit For Discharge on pathway 1-3

There were 37 x 12 hour breaches reported in January 2021. The breach reasons are summarised below:

- 22 patients awaiting admission to an amber medical bed.
- 7 patients awaiting transfer to a mental health bed.
- 2 patients awaiting admission to a red medical bed.
- 5 patients awaiting admission to an amber surgical bed.
- 1 patient awaiting transfer to Addenbrookes.

Ambulance Handovers



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-22	Ambulance Handovers	100.0%	41.1%		F	Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target

Chart 33 – Ambulance Handovers

Performance Summary

- During January 2022, there were 1,845 conveyances by EEAST to the Emergency Department. 41.41% of all handovers took place within ≤15 minutes and the average handover time was 34 minutes.
- The Trust ranked 3rd out of 17 hospitals within the region for the percentage of handovers completed within 15 minutes. 13.96% of handovers exceeded 60 minutes, with 242 patients waiting over 60 minutes for handover.

Key Issues:

- Sustained increase in urgent and emergency care demand, circa 7.8% increase in attendances in January 2022 compared to January 2020.
- Bed occupancy levels routinely above 92%, limiting flow out of the Emergency Department for admitted patients.
- Emergency Department footprint does not meet the needs of the service, and this is further exacerbated by the requirement to segregate patients on red and amber pathways.

Key Actions:

- Primary Care Front Door service went live in January 2022.
- Development of a long-term space solution and potential Emergency Department reconfiguration in progress.
- Improvement in escalation processes and actions to address delays and weekly breach review meetings in place from February 2022.

Recovery Forecast:

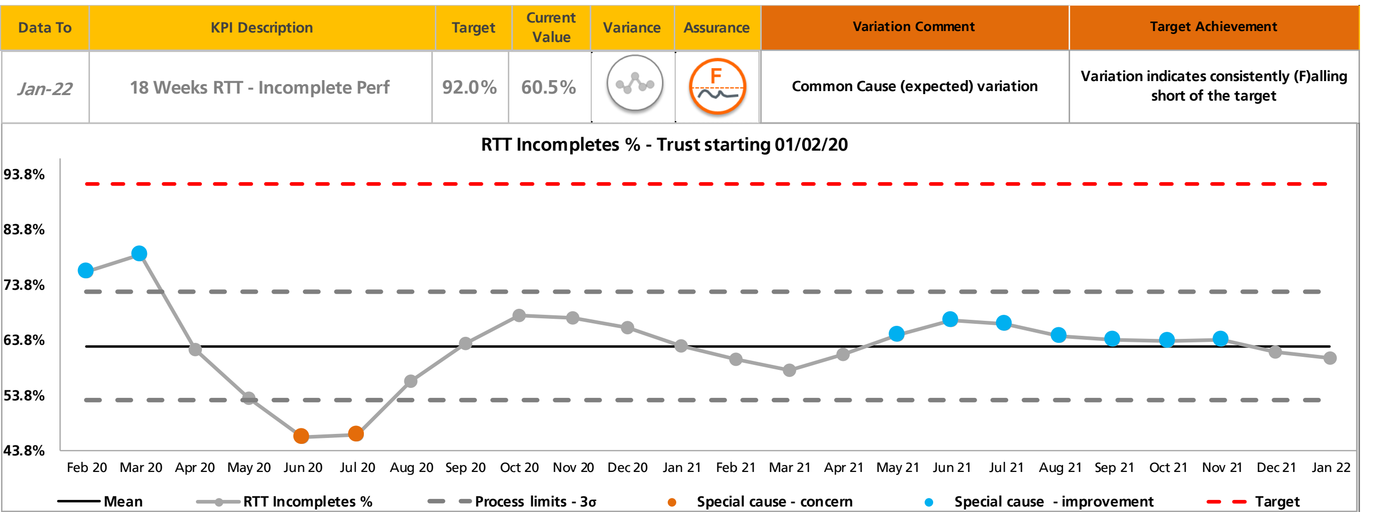
Recovery trajectories for the emergency care standards will align with the 2022/23 planning guidance which are as follows:

- reduce 12-hour waits in EDs towards zero and no more than 2%.
- eliminating handover delays of over 60 minutes.
- ensuring 95% of handovers take place within 30 minutes.
- ensuring 65% of handovers take place within 15 minutes.

Key Risks:

- Sustained increase in Emergency Department attendances.
- Increased incidence of suspected COVID-19 presentations.
- The capacity of health and social care partners to facilitate timely discharges for patients on discharge to assess pathways 1, 2 and 3.

Elective Care



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-22	18 Weeks RTT - Incomplete Perf	92.0%	60.5%			Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target

Chart 34 - RTT Incomplete Pathways

Performance Summary

- At the end of January 2022, there were a total of 19,378 patients on the waiting list, of which 7,645 had waited for 18 weeks from referral, giving performance of 60.5%. The three specialties with the greatest number of patients waiting 18 weeks were Orthopaedics (1,121), Cardiology (952) and Ophthalmology (946).

Key Issues:

- Day Surgery unit and Sandringham ward were converted to amber capacity in January 2022 to support the forecast increase in demand in COVID-19 cases and emergency care pressures, this significantly reduced elective care capacity.
- Reduction in Ophthalmology clinic capacity from September to December 2021 due to Consultant absence resulting in increasing number of patients on the non-admitted waiting list.
- Reduction in Cardiology activity due to Consultant vacancy and recruitment challenges.

Key Actions:

- Sandringham ward reverted to green elective capacity week commencing 31 January 2022 and the de-escalation plan is to revert Day Surgery to green elective capacity by March 2022.
- Ophthalmology Consultant returned to work and a new NHS Locum Glaucoma Consultant joined the Trust in January 2022.
- The Trust is exploring insourcing options to increase Ophthalmology capacity.

Recovery Forecast:

- The waiting list is growing as there are more Referral to Treatment (RTT) clock starts occurring than RTT clock stops. The Trusts RTT Incomplete aggregate performance is not expected to recover to 92% during 2021/2022.

Key Risks:

- Delay in the return of the Day Surgery Unit to green, elective capacity.
- Unforeseen disruption to theatre capacity due RAAC plank issues.
- Sustained Increase in number of P2 cases extends the waiting time for less clinically urgent patients.

52-week breaches

- Waiting times significantly increased during 2020/21 because of the cessation of routine elective activity in March to May 2020 in response to the COVID-19 pandemic.

- At the end of January 2022 there were 828 patients waiting longer than 52 weeks for treatment. This is a 2.1% decrease since last month; however, the overall position remains stable and the decreasing trend that has been seen over the previous six months is expected to continue with the return of the Day Surgery Unit to green, elective capacity. The three specialties with the greatest number of patients waiting over 52 weeks are Orthopaedics (266), Gynaecology (235) and General Surgery (112). The longest waiting patient is a Gynaecology patient at 123 weeks; this patient tested positive for COVID-19 in December and cannot be offered a date until the end of February 2022.

- The number of patients waiting over 52 weeks is expected to further reduce once Day Surgery Unit reverts to a green, elective area and the 92nd percentile waiting time in weeks is reducing in most specialities.

Speciality Description	>=52 weeks	Non-Admitted WL	Admitted WL	Total WL Size	Performance %	92nd Percentile In Weeks
Breast Surgery	6	137	38	175	83.43%	36.2
Cardiology	7	1793	46	1839	48.23%	39.0
Colorectal	17	193	225	418	76.56%	34.6
Ear, Nose And Throat	66	1795	297	2092	59.23%	36.0
General Surgery	112	502	529	1031	63.53%	63.0
Gynaecology	235	830	590	1420	59.23%	71.0
Ophthalmology	41	2116	289	2405	60.67%	40.0
Oral Surgery	38	88	291	379	59.63%	64.8
Paediatric Surgery	1	2	0	2	50.00%	53.4
Pain	26	631	0	631	40.57%	47.0
Trauma & Orthopaedics	266	1288	1010	2298	51.22%	60.0
Upper Gi	2	78	43	121	83.47%	28.2
Vascular	11	136	51	187	78.07%	47.1
	828	15394	3984	19378	60.55%	

Urology	37	1034	399	1433	58.83%	36.0

Key Issues:

- Day Surgery unit and Sandringham ward were converted to amber capacity in January to support the forecast increase in COVID-19 cases and emergency care pressures resulting in significantly reduced elective activity.
- Increasing number of patients testing positive for COVID-19 and unable to be treated for 7 weeks after a positive test result.
- Increasing number of patients wishing to delay treatment for non-clinical reasons

Key Actions:

- Sandringham ward reverted to green, elective capacity week commencing 31 January 2022 and it is planned for the Day Surgery Unit to revert to green, elective capacity by March 2022.
- Open Sandringham theatres 7 days per week, supported by Targeted Investment Funding (TIF) until end of March 2022.
- Additional sessions being utilised in Main Theatres by specialties with the most P2 and longest waiting patients (General Surgery, Gynaecology and Orthopaedics) following the relocation of the Breast lists (Monday and Tuesday) to the Sandringham Theatre 8.
- Flexible allocation of theatre lists to prioritise theatre capacity for P2 (clinically urgent) and longest waiting patients. The focus remains on clearing the 104-week backlog by March 2022.

Recovery Forecast:

- The numbers patients waiting longer than 52 weeks is expected to reduce during the remainder of 2021/22 financial year; however, the backlog of patients waiting for over 52 weeks will not be cleared.

Key Risks:

- Delay in the return of the Day Surgery Unit to green, elective capacity.
- Unforeseen disruption to theatre capacity due to RAAC plank issues.
- Sustained increase in number of P2 cases extends the waiting time for less clinically urgent patients.

Last minute non-clinical cancelled elective operations
There were 4 last minute non-clinical cancelled elective operations in January 2022.

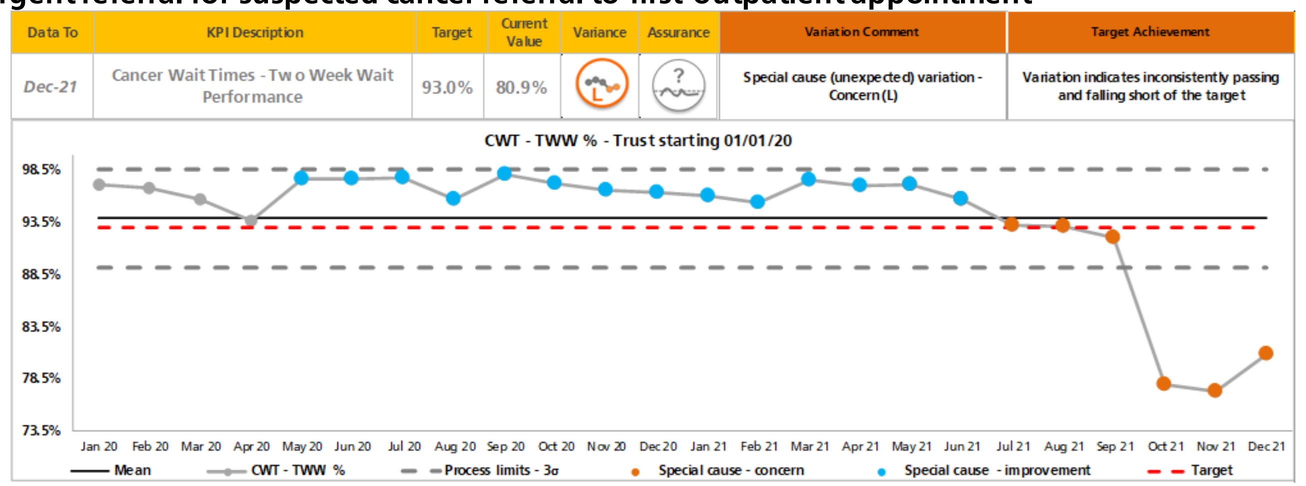
Breaches of the 28-day guarantee
There were 3 breaches of the 28-day readmission guarantee in January 2022.

Total non-clinical cancelled operations
There were 122 non-clinical cancellations in January 2022, 4.8% of the total Elective activity in month. The majority of these were as a result of the reduced Elective capacity to support the surge in COVID-19 activity.

Urgent Operations cancelled more than once
There were no urgent operations cancelled more than once in the month of January.

Cancer waiting times

Two week wait from urgent referral for suspected cancer referral to first outpatient appointment



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-21	Cancer Wait Times - Two Week Wait Performance	93.0%	80.9%			Special cause (unexpected) variation - Concern (L)	Variation indicates inconsistently passing and falling short of the target

Chart 35 – Cancer Wait Times: Two Week Wait Performance

Two week wait performance in December 2021 was **80.91%** against the standard of **93%**, Staffing shortages and an increase in referrals have caused delays.

Key Issues:

- Capacity issues due to staffing shortages and continued high numbers of referrals.
- Sickness and isolation impacting on all aspects of 2ww clinics, including booking.

Key Actions:

- Additional capacity to be secured to address the backlog in breast 2ww referrals.
- A new radiologist is due to start in February 2022 and will support additional clinics.
- A cross divisional remedial action plan and trajectory is in development to support sustained delivery of the standard.

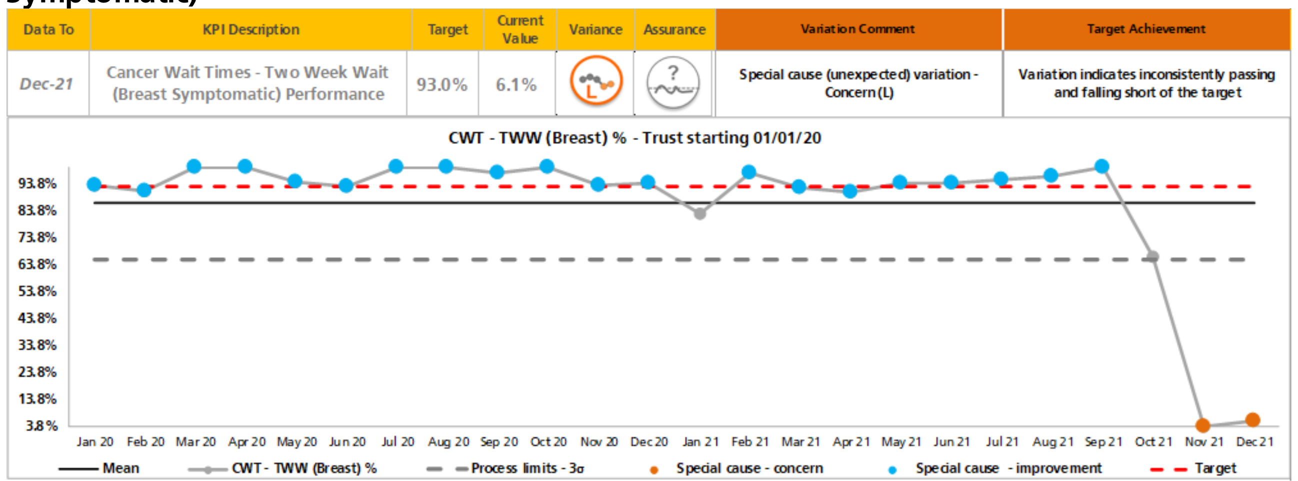
Recovery Forecast:

- Two week wait performance is forecast to improve further in February and recover from March 2022.

Key Risks:

- A further increase in the number of 2 weeks wait referral levels received.
- Lack of radiological staffing cover due to sickness.

Two week wait (Breast Symptomatic)



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-21	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	6.1%			Special cause (unexpected) variation - Concern (L)	Variation indicates inconsistently passing and falling short of the target

Chart 36 – Cancer Wait Times: Two Week Wait Performance (Breast Symptomatic)

Performance Summary

- Performance improved from 4.0% in November 2021 to 6.06% in December 2021 against the standard of 93%. Staffing shortages in Breast Radiology and an increase in referrals caused delays.
- A remedial action plan and recovery trajectory is in place to provide additional capacity, enabling recovery and sustainable delivery of the standard from March 2022. 78%% of the patients referred met the faster diagnostic standard for Breast Symptomatic.
- One patient diagnosed with Breast Cancer was treated within the 62-day standard.

31-day diagnosis to treatment

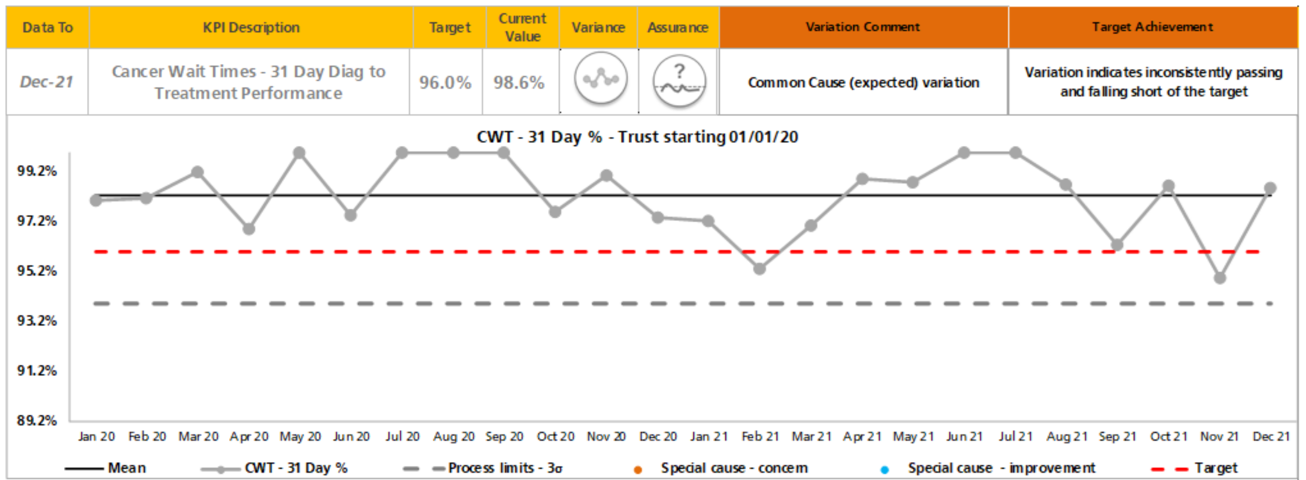


Chart 37 – Cancer Wait Times: 31 day diagnosis to treatment

Performance Summary

- Performance in December was 98.59% against the national standard of 96%. There was only one breach of standard in December which was due to the patient requesting extended thinking time before agreeing to treatment.

31-day diagnosis to subsequent treatment

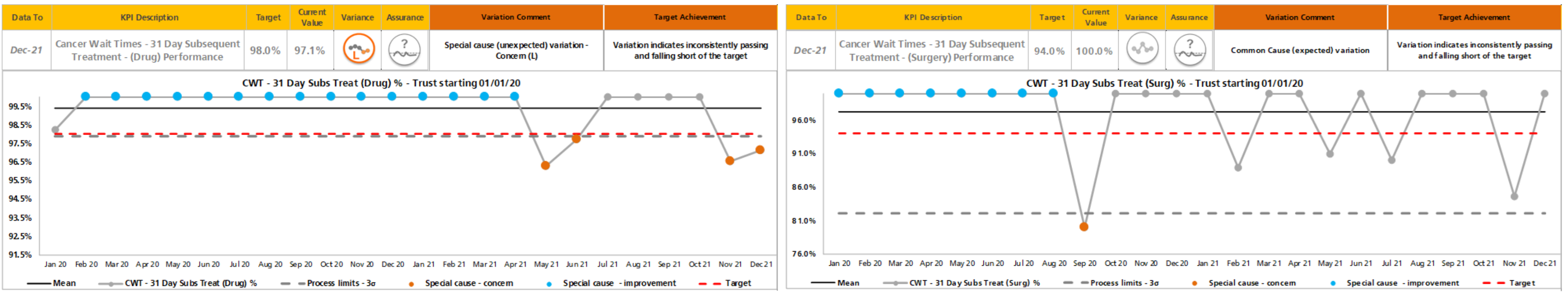


Chart 38 and 39 – 31-day diagnosis to subsequent treatments for drug and Surgery

Performance Summary (Drug)

- Performance during December was 97.1% against the national standard of 98%. One patient breached the standard due to a cancellation.

Performance Summary (Surgery)

- Performance during December was 100% against the national standard of 94%.

62-day referral to treatment

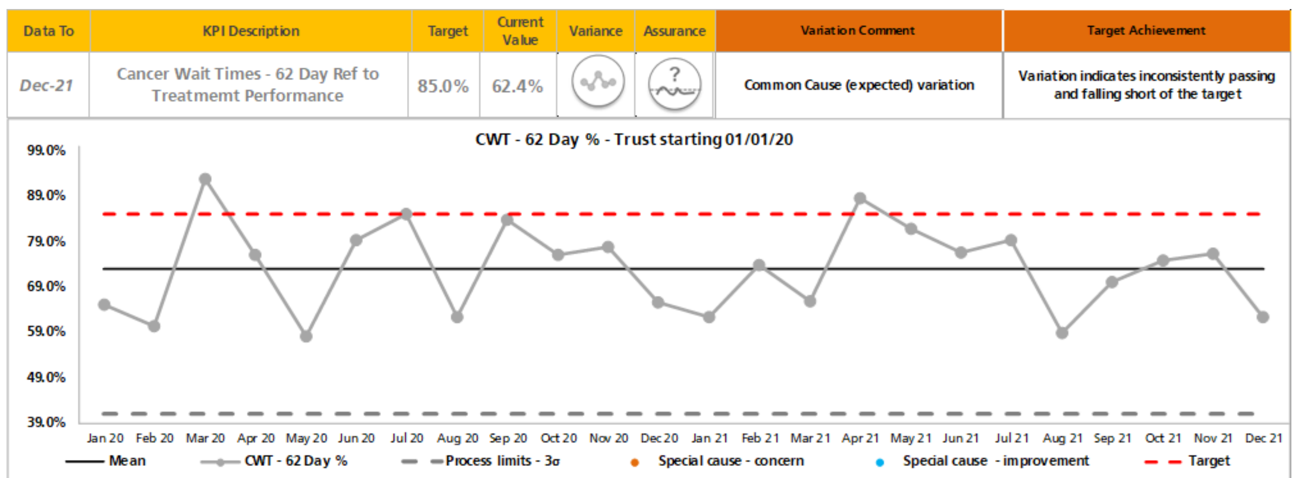


Chart 40 – Cancer Wait Time – 62 Day RTT performance

Performance Summary

- Performance during December 2021 was 62.37% against the standard of 85%. There were 46.5 treatments of which 17.5 breached the 62-day standard, (2 Haematology, 4 Head & Neck, 3 Gynaecology, 3 Colorectal, 2 Lung, 1 Other, 1 Skin and 1.5 Upper GI).

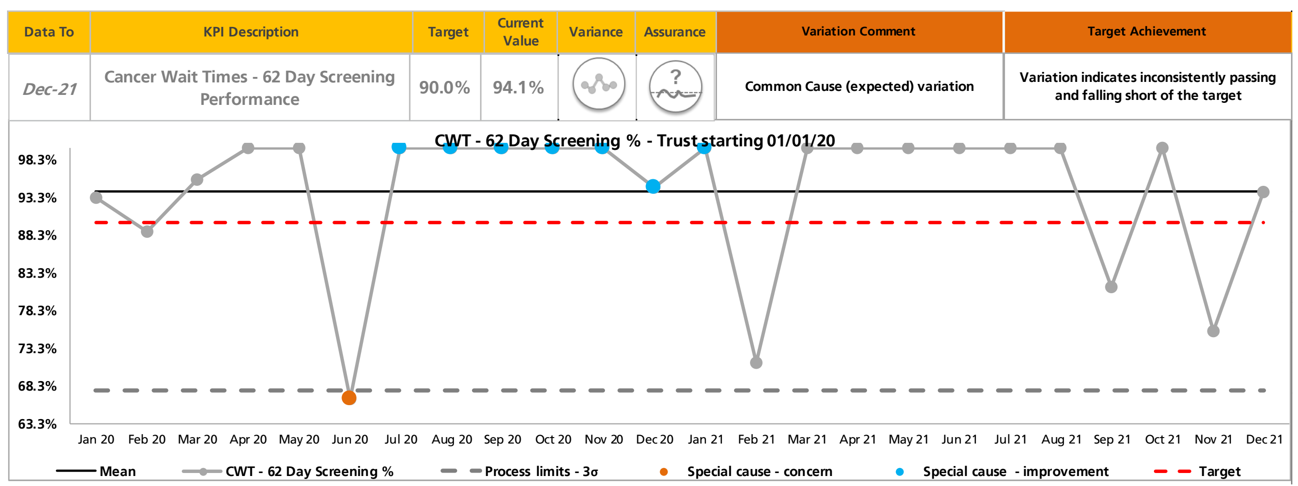
Key Issues:

- There has been a sustained increase in two week wait referrals, with consistent conversion rates of patients confirmed as having cancer.
- Waiting times for CT & MRI scans and reporting are continuing to cause delays in patient pathways.
- Long delays for Histology reporting from CUH.

Key Actions:

- Cancer funding has been agreed to support the backlog on the Colorectal and Gynaecology pathway. A new clinical fellow has been appointed in January 2022 to support Colorectal patients and additional clinics will be undertaken.
- A mobile CT unit is now on site to support the backlog. Additional support will also be in place in the next two months to provide extra capacity for Virtual Colonoscopies
- CUH have put a formal recovery plan in place to improve the turnaround times for cancer patient histology.

62-day referral to treatment screening



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-21	Cancer Wait Times - 62 Day Screening Performance	90.0%	94.1%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Chart 41 – Cancer Wait Time – 62 Day referral to treatment screening

Performance Summary

- Performance in December was 94.12% against the national standard of 90%. There were 0.5 breaches from a total of 8.5 patients.

Patients waiting for 104+ days

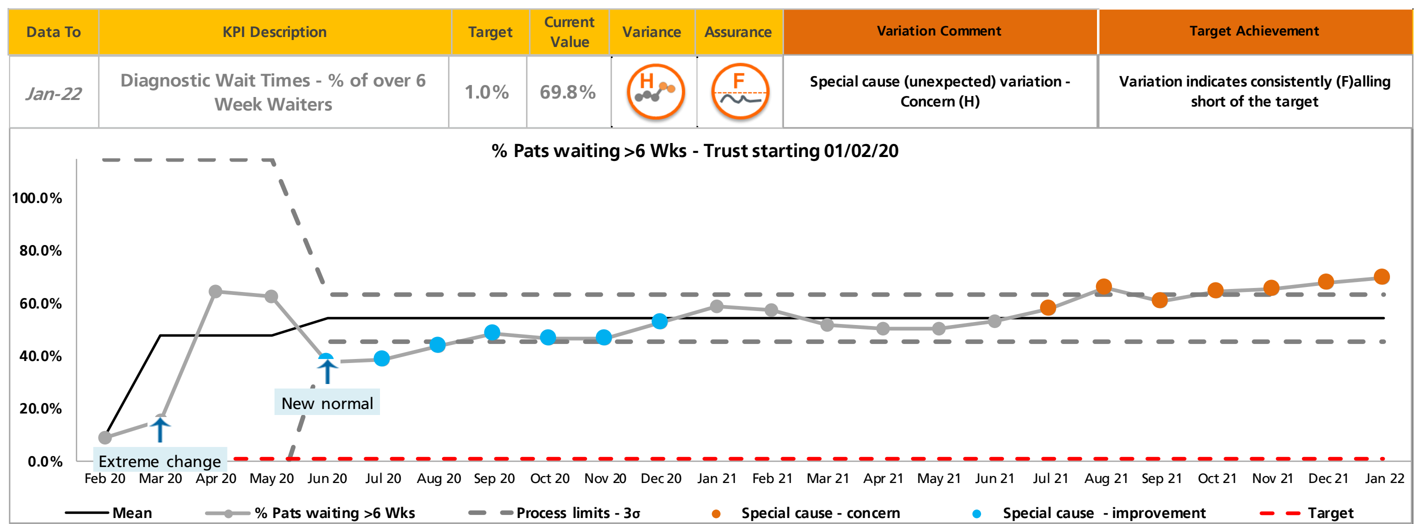
The significant increase in referrals in the first 6 months of the year has resulted in an increase in the number of patients on a cancer pathway ≥104 days, with a continued increase through Quarter 3. Additional funding from the Cancer Alliance has been secured to provide support to the most challenged pathways to support a reduction in the backlog patients waiting over 104 days. Additional clinical and administrative posts have now been appointed to and are due to commence in post in the forthcoming weeks.

At the end of December 2021, 39 patients were on a cancer pathway waiting over 104 days; this is detailed below at pathway level:

- Colorectal 19
- Gynaecology 14
- Lung 2
- Skin 3
- Upper GI 1

26 of these patients have now been treated or removed from a pathway, 3 are booked for treatment, 1 is awaiting a treatment date, 3 are awaiting a diagnostic test or histology results, 5 are waiting a consultant decision and 1 patient is currently unavailable due to Covid-19.

Diagnostic Waiting Times



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-22	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	69.8%	H	F	Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (F)alling short of the target

Chart 42 – Percentage of diagnostic waiting times over 6 weeks

In January 2022, there were a total of 9,827 patients on the DM01 Diagnostic waiting list, of which 6,859 had waited for over 6 weeks from referral for a diagnostic test, giving performance of 69.8% against the 1% standard.

Key Issues:

- Increase in inpatient demand for MRI and high levels of sickness within cross sectional teams
- There are significant staffing gaps within the Neurophysiology department which has impacted on the delivery of the DM01 standard in this modality.
- Capacity gaps in echocardiography and non-obstetric ultrasound.

Key Actions:

- Additional MRI scans to be undertaken by IS provider before end March 2022.
- Locum Neurophysiology technician commencing in March 22 and mutual aid agreed with CUH and NNUH
- Exploring additional outsourcing/insourcing capacity availability for Echocardiography and Non-Obstetric Ultrasound

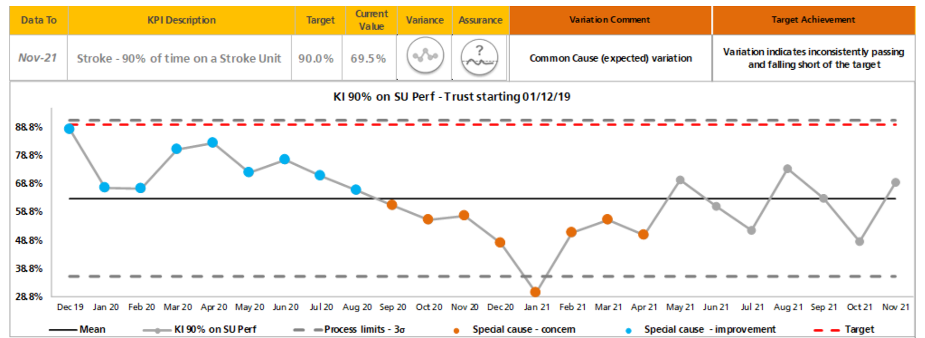
Recovery Forecast:

- The Trusts DM01 aggregate performance is not expected to recover to 1% during the 2021/2022 financial year.

Key Risks to Forecast Improvement:

- High levels of demand for inpatients and patients referred on a suspected cancer pathway.
- Continued mechanical failure of the existing MRI, whilst replacement programme is underway.
- Inability to source IS support for insourcing or outsourcing.

Stroke



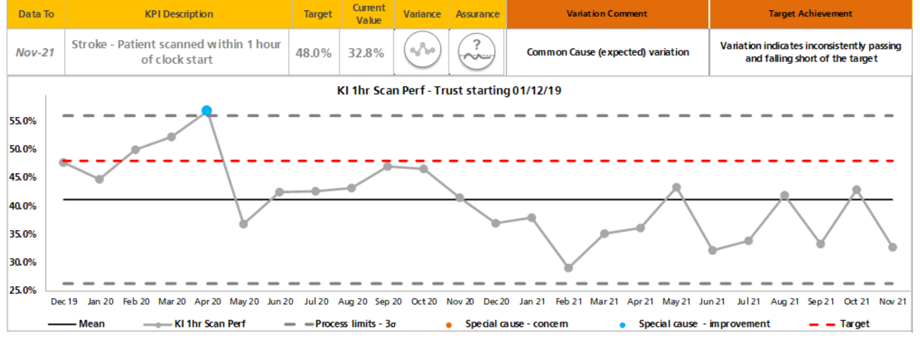
Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Nov-21	Stroke - 90% of time on a Stroke Unit	90.0%	69.5%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Chart 43 – Stroke: 90% of time on a stroke unit

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Nov-21	Stroke - Direct to Stroke Unit within 4 hours	90.0%	30.5%			Special cause (unexpected) variation - Concern (L)	Variation indicates consistently (F)alling short of the target

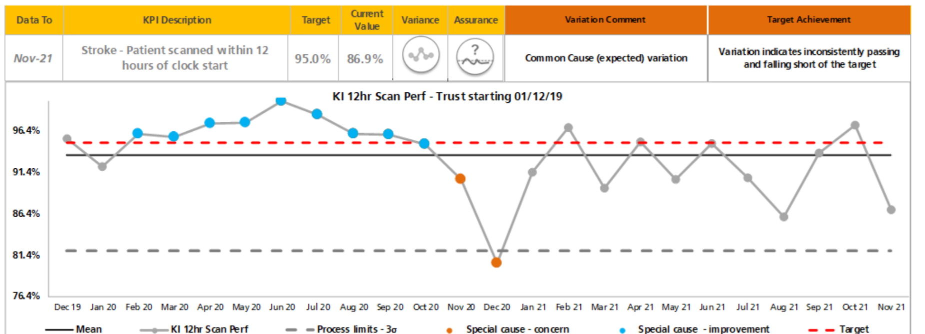
KI 4hr Dir Perf - Trust starting 01/12/19

Chart 44 – Stroke: Direct to stroke unit within 4 hours of admission



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Nov-21	Stroke - Patient scanned within 1 hour of clock start	48.0%	32.8%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Chart 45 – Stroke: Patient scanned within 1 hour



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Nov-21	Stroke - Patient scanned within 12 hours of clock start	95.0%	86.9%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

Chart 46 – Stroke: Patient scanned within 12 hours

Key Actions:

- The stroke SOP, clarifying the stroke pathway, was implemented in September 2021.
- Capacity and demand modelling to understand any underlying capacity gap in the stroke bed base.

Recovery Forecast:

- Pre-Covid performance typically indicated performance of a "D" for this metric, indicating a structural gap in capacity versus demand. Proposals for increased capacity will be captured in the business planning round for 2022-23.
- With the current level of admission demand, ongoing challenges in discharging patients to P1, P2 and P3 destinations and bed pressures across the Trust limiting timely transfer out of the ward to create stroke capacity, there remains a significant risk that Stroke performance across the two main domains will remain at an "E".

Well Led (Finance) - Accountable Officer - Director of Finance

	In Month				Year to Date			
	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	%	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	%
Clinical Income	18,681	19,207	526	3%	190,059	191,796	1,737	1%
Elective Recovery Fund Plus (ERF Plus)	956	2,237	1,281	100%	3,823	4,036	213	100%
Other Income	1,251	1,345	94	8%	13,437	13,433	(4)	(0%)
Notional Income	0	35	35	100%	0	5,329	5,329	100%
COVID-19 Additional Income	1,302	1,504	202	16%	12,900	14,340	1,440	11%
Total Income	**22,190**	**24,328**	**2,138**	**10%**	**220,219**	**228,934**	**8,715**	**4%**
Pay Costs - Substantive	(13,838)	(12,742)	1,096	8%	(125,773)	(128,069)	(2,296)	(2%)
Pay Costs - (ERF Plus)	0	(204)	(204)	(100%)	0	(204)	(204)	(100%)
Pay Costs - Bank	(517)	(1,250)	(733)	(142%)	(9,546)	(10,759)	(1,213)	(13%)
Pay Costs - Agency	(856)	(1,013)	(157)	(18%)	(12,141)	(9,761)	2,380	20%
Pay Costs - Additional COVID-19	(695)	(495)	200	29%	(6,557)	(6,143)	414	6%
Pay Costs - Vaccination Centres	0	14	14	(100%)	0	(1,149)	(1,149)	
Total Pay	(15,906)	(15,690)	216	1%	(154,017)	(156,085)	(2,068)	(1%)
Non Pay - Additional COVID-19	(40)	(55)	(15)	(38%)	(781)	(447)	334	43%
Non Pay	(5,724)	(7,196)	(1,472)	(26%)	(54,050)	(58,447)	(4,397)	(8%)
Non Pay - (ERF Plus)	0	(168)	(168)	(100%)	0	(168)	(168)	(100%)
Notional Expenditure	0	(35)	(35)	(100%)	0	(5,329)	(5,329)	(100%)
Total Non Pay	(5,764)	(7,454)	(1,690)	(29%)	(54,831)	(64,391)	(9,560)	(17%)
Total Operating Costs	**(21,670)**	**(23,144)**	**(1,474)**	**(7%)**	**(208,848)**	**(220,476)**	**(11,628)**	**(6%)**
EBITDA	**520**	**1,184**	**664**	**128%**	**11,371**	**8,458**	**(2,913)**	**(26%)**
Non-Operating Costs	(1,033)	(1,060)	(27)	(3%)	(9,799)	(8,426)	1,373	14%
Adjust Donated Assets	34	(101)	(135)	(397%)	308	170	(138)	(45%)
TOTAL (Deficit) / Surplus	**(479)**	**23**	**502**	**105%**	**1,880**	**202**	**(1,678)**	**(89%)**

(I&E)

Ratios	Plan	Actual	Plan	Actual
Agency : Total Pay	5.6%	6.7%	8.2%	6.6%
EBITDA : Income	2.3%	4.9%	5.2%	3.7%
Net Deficit : Income	(2.2%)	0.1%	0.9%	0.1%

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 – Income and Expenditure Position

- As at the end of January 2022 (M10), the Trust's in month financial position is showing a surplus of £23k, year to date the surplus is £202k.

- Key points of note in month / Material variances:
  - The Trust continues to experience pressure from the emergency pathway and as a direct result, no ERF has been recognised by the ICS and its constituent members.
  - ERF+ is a separate funding source. In January, ERF+ has been used to replace the ERF income lost due to system performance. The Trust has recorded 4 months of ERF income via ERF+ in January which has created a surplus in month of £1m.
  - Non-pay is adverse to plan in January by £1.5m. Additional costs include:
  - PwC support £0.2m
  - Identification of additional provisions as a result of the Agreement of Balances (AoB) £0.1m
  - Further review of existing provisions £0.6m.
  - The CIP/ waste reduction programme has achieved £0.5m of efficiencies in month against a plan of £0.6m for M10. YTD the achievement of CIP remains favourable to plan by £0.4m.
  - YTD the adverse variance is £1,678k. The adverse variance will continue to reduce through Q4, provided Income and Expenditure continue to break even.
  - The Trust continues to forecast a break-even position.

Well Led (Finance) - Accountable Officer - Director of Finance

	31-Mar-21 £m	31-Dec-21 £m	31-Jan-22 £m	Month on Month Movement £m	YTD Movement £m
Non current assets	101	109	111	2	10
Current Assets					
Inventories	2	2	2	-	-
Trade & Other Receivables	13	10	12	2	(1)
Cash	27	33	31	(2)	4
Current liabilities					
Trade & Other Payables	(19)	(19)	(20)	(1)	(1)
Accruals	(18)	(11)	(11)	-	7
PDC dividend	-	(1)	(1)	-	(1)
Other current liabilities	(2)	(2)	(2)	-	-
Non current liabilities	(1)	(1)	(1)	-	-
Borrowings	-	-		-	-
Total assets employed	**103**	**120**	**121**	**1**	**18**
Tax payers' equity					
Public Dividend Capital	198	212	213	1	15
Revaluation Reserve	9	9	9	-	-
Income & Expenditure Reserve	(104)	(101)	(101)	-	3
Tax payers' equity	**103**	**120**	**121**	**1**	**18**

Executive Summary – Balance Sheet Position

Key points of note in month / Material variances:

- Non-current assets have increased by £2m in January 2022, principally due to capital expenditure across various key projects.
- Trade and other receivables have increased due to additional billing to the CCG at the 31 January 2022.
- Cash balances have decreased by £2m due to scheduled payments for ongoing capital projects.
- PDC has increased by £1m due to additional funding received for the MRI upgrade programme.

Well Led (People) - Accountable Officer – Director of People

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jan-22	Appraisal Rate	90.0%	68.1%	L	F
Jan-22	Appraisal Rate (Med Staff exc Jnr Drs)	90.0%	90.0%		?
Jan-22	Sickness Absence Rate	4.50%	7.96%	L	F
Jan-22	Long Term Sick	2.7%	3.6%		F
Jan-22	Short Term Sick	1.8%	4.4%	L	?
Jan-22	Mandatory Training Rate	80.0%	79.3%		?
Jan-22	Turnover Rate	10.0%	13.0%	H	?

Appraisal Rate

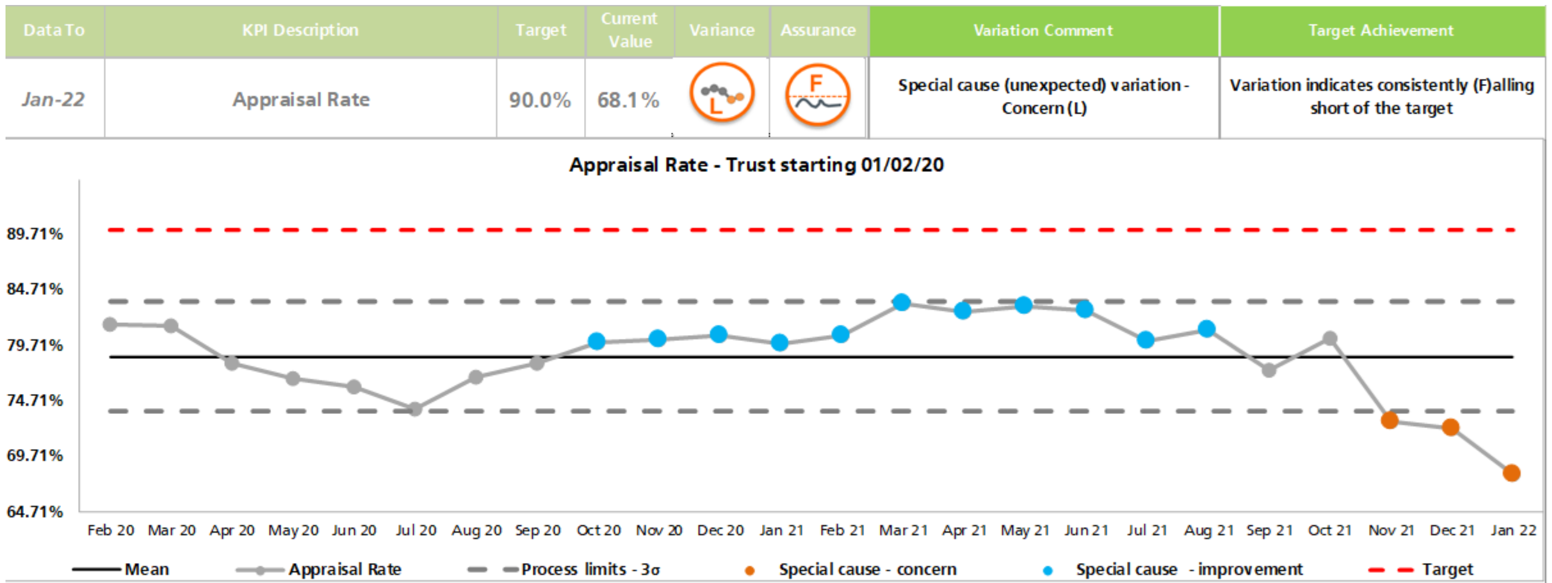


Chart 47 – Appraisal Rate

- Full capacity protocols continue to delay appraisals.
- Requested trajectories from service areas.
- Key focus for February PRMs.

Sickness Absence rate

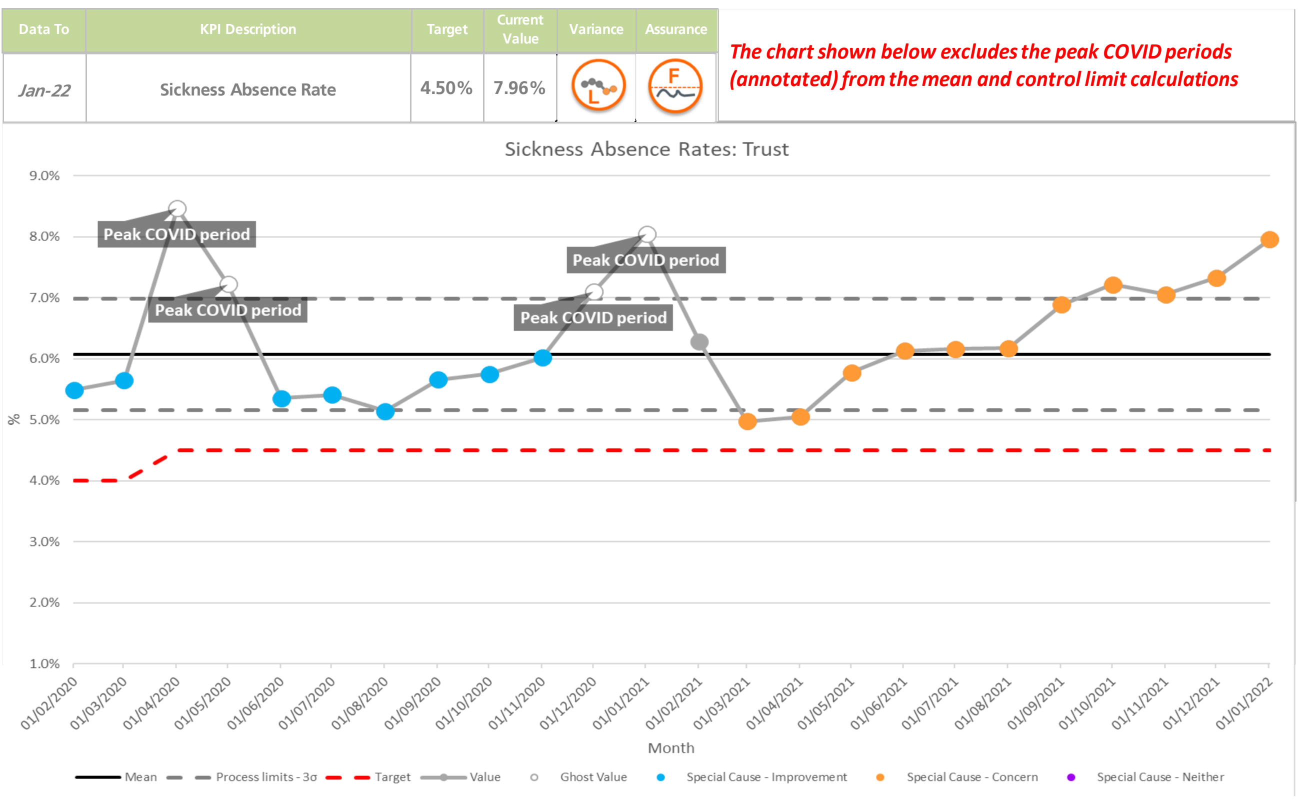
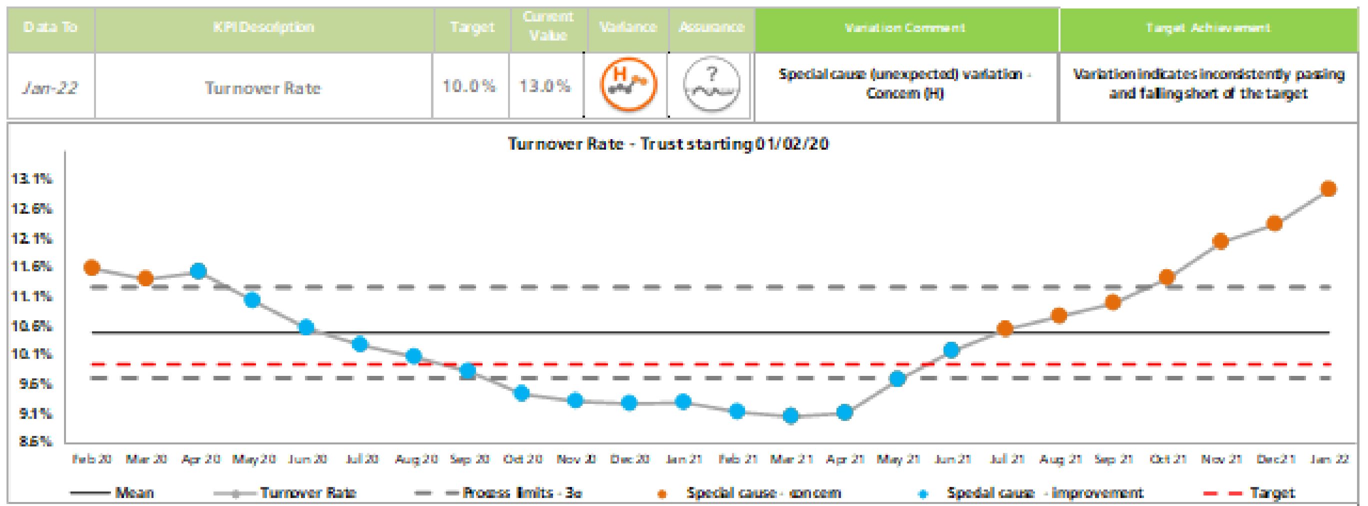


Chart 48 – Sickness Absence Rate

- New short term Cavell & Lind solution 24th January 2022.
- Additional Matron support for Covid sickness line.
- Call to Action Incentive.
- New Staff Welfare Calls day 3 and 21.
- Detailed review of LTS in all areas under way.
- Extended sick pay for those on a cancer pathway.
- ER Specialist commenced 17 Jan and will focus on outstanding long term sickness cases.
- New daily sickness tracking (headcount + bank + maternity) used as an indicator in daily ICT.

Labour Turnover



Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-22	Turnover Rate	10.0%	13.0%	H	?	Special cause (unexpected) variation - Concern (H)	Variation indicates inconsistently passing and falling short of the target

Chart 49 – Turnover Rate

- Continues to increase month on month
- Over the past 12 months (594 leavers):
  - 111 (18.7%) relocation to partner/family members/UK & abroad.
  - 119 (20%) end of contract.
    - 50% of which were completion of training scheme.
    - 46% of which were end of FTC.
  - 72 (12%) retirement.
  - 27 (4.5%) HR exit.