

Meeting:	Board of Directors				
Meeting Date:	7 April 2021	Agenda item:	11		
Report Title:	Integrated Performance Report (IPR) – February 2021 data				
Author:	Carly West-Burnham, Director of Strategy				
Executive Sponsor:	Caroline Shaw, 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	<p>The IPR covers all key performance indicators for the Trust, so encompasses elements of all Strategic Objectives.</p> <p>The appropriate BAF updates are received and reviewed within Finance and Activity Committee, Quality Committee, People Committee and Senior Leadership team.</p>				
Significant risk register	<p>Ref to significant risks</p> <p>There are currently 15 approved significant risks open across the Trust which align to the Strategic Objectives and are monitored through the appropriate Committees.</p>				
	Y/N	If Yes state impact/ implications and mitigation			
Quality	Y	As monitored through the Committees			
Legal and regulatory	Y	As monitored through the Committees			
Financial	Y	As monitored through the Committees			
Assurance route					
Previously considered by:	<p>Board of Directors in Public Quality Committee People Committee Finance and Activity Committee Senior Leadership Team</p>				
Executive summary					
Action required: [highlight one only]	Approval	Information	Discussion	Assurance	Review

<p>Purpose of the report:</p>	<p>The Trust is required to provide assurance that its approach to performance management is rigorous and appropriately identifies, escalates and deals with areas of performance which are of concern in a timely manner.</p> <p>Focusing on the data using Statistical Process Control enables greater visibility and oversight of areas which require clear focus due to ongoing issues in relation to performance rather than those which are delivering within the parameters of agreed statistical variation.</p> <p>It should be noted that discussions are on-going in relation to the presentation of the mortality data to ensure that it is represented in a meaningful way to enable full analysis and interpretation.</p>
<p>Summary of Key issues:</p>	<p>As outlined within the report;</p> <ul style="list-style-type: none"> - 3 Serious Incidents declared in month - Three cases of hospital onset E.Coli were reported in February 2021 - HSMR Relative risk and HSMR weekend relative risk remain statistically significantly high - Recruitment to NIHR studies continues to exceed the monthly target - 4 instances of same sex accommodation breaches in month - Response rate to complaints within 30 working days is at 44% - FFT response rates remain variable - 18-week RTT performance is at 60.2% in month - 1295 patients were waiting > 52 weeks in month - A&E 4-hour performance was at 83.5% in month - 2 patients waited > 12 hours in ED in month due to a delay in identifying a mental health inpatient bed - Ambulance handover performance within 15 minutes was at 54.7% in month - Cancer Wait Times – 62-day referral to treatment was at 62.4% in month - Diagnostic wait times were at 57.7% in month - Performance against key stroke metrics remains challenged - Appraisal rate at 80.5% in month - Sickness absence rate at 6.3% in month - Mandatory Training rate at 79.6% in month
<p>Recommendation:</p>	<p>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.</p>
<p>Acronyms</p>	<p>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</p>

	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
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The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Board of Directors

February 2021 data

Executive Summaries

Safe

There were three new serious incidents reported to the Strategic Executive Information System (STEIS) in February 2021.

There has been a reduction in the number of reported inpatient falls and hospital acquired pressure ulcers during February 2021.

The staffing fill rate has improved during February 2021.

There have been two cases of hospital associated CDiff reported during February 2021 which is one less than compared to the figures reported in January 2021. In total, the Trust has reported 40 CDiff cases to date against a trajectory of 44 for the full financial year.

Three cases of hospital onset E.Coli were reported in February 2021 this number mirrors reported cases in January 2021.

VTE screening compliance remains well above target, with performance maintained for nine months.

Effective

Standardised hospital mortality index (SHMI) remains within the expected range. Hospital standardised mortality ratios HSMR remains elevated, and QEHLK is 1 of 5 Trusts within the East of England peer group of 14 that remain significantly high. The main contributors for this month are a dramatic reduction in overall activity, combined with an increase in crude mortality related to the pandemic, as well as the long standing very low rates of palliative care coding (1.06% compared to national rate of 4.5%).

There have been no still births, neonatal or maternal deaths.

Caring

There have been four incidents of same sex accommodation breaches affecting twelve patients, all of whom were in the Hyperacute Stroke Unit on West Raynham Ward.

The timeliness of responding to complaints within 30 days has not been achieved for the 6th month. A review of the performance for February 2021 is being completed to understand the reasons for the deterioration and a revised recovery trajectory along with robust actions will be agreed.

FFT feedback collection has risen during February 2021 to 1230 responses compared to 774 during January 2021, comparable to the level of response for each month in Q3.

Responsive

4-hour performance for February was 83.5% against the standard of 95% and trajectory of 83.6%.

There were 2 patients waiting in the Emergency Department over 12 hours from decision to admit to admission, both awaiting admission to a Mental Health bed.

In February 54.7% of ambulance handovers were completed within 15 minutes against a trajectory of 65% and 1.1% were over 60 minutes.

18-week performance was 60.2% in February against the standard of 92%.
There were 1295 52-week breaches in February.

Diagnostic performance in February saw 57.66% of patients waiting for longer than 6 weeks against the standard of 1%.

Cancer 62-day performance in January was 62.37% against the standard of 85% and trajectory of

80.77%.

Well Led (Finance)

The Trust's in month financial position is showing a deficit of £1,868k against plan as this includes an adjustment of £1,858k to the annual leave accrual, which is in line with national guidance.

When excluding this adjustment for annual leave, the Trust's M11 result was a deficit of £44k in month against a planned deficit position of £34k, which is a £10k adverse variance.

The year to date position remains positive to plan by £56k when adjusting for the annual leave accrual.

Well Led (People)

As of February 2021, the Trust currently employs 3825 substantive headcount and 766 Bank only headcount. The funded establishment is 3588.59 FTE, with substantive FTE 3365.67

Both substantive FTE and headcount have increased, and bank usage increased to 337.63 FTE (from 276.92 in Jan) with 9.07 FTE being coded directly to COVID-19 costs and 15.59 FTE to Vaccinator costs

Agency usage decreased to 219.53 FTE (from 232.47 in Jan) with 113.47 FTE being coded directly to COVID-19 costs, 6.13 FTE to Vaccinator costs and 2.7 FTE to Special Measures Funding

Trust vacancy rate has decreased to 5.95%. Nursing & Midwifery staff group at 6.62%, AHP at 13.09% and Medical & Dental 5.20%

Turnover decreased to 9.18% from 9.34% the previous month

Sickness absence in February decreased to 6.28% from 8.04% in January 2021. 12-month cumulative sickness is at 6.36%

COVID-19 related sickness absence in February was 1.27% and non- COVID-19 sickness in February was 5.01%.







Mandatory Training compliance for the 11 Statutory & Mandatory subjects is at 79.62%. This includes 3-month expiry extension for Resus and Manual Handling Level 2 (up from 79.11% in Jan)

Appraisal compliance (including bank staff but excluding medical staff) increased to 80.50% (from 79.85% in Jan) 220 appraisals were completed in month.

Medical staff appraisal compliance is 99.57%

A note on SPC Charts

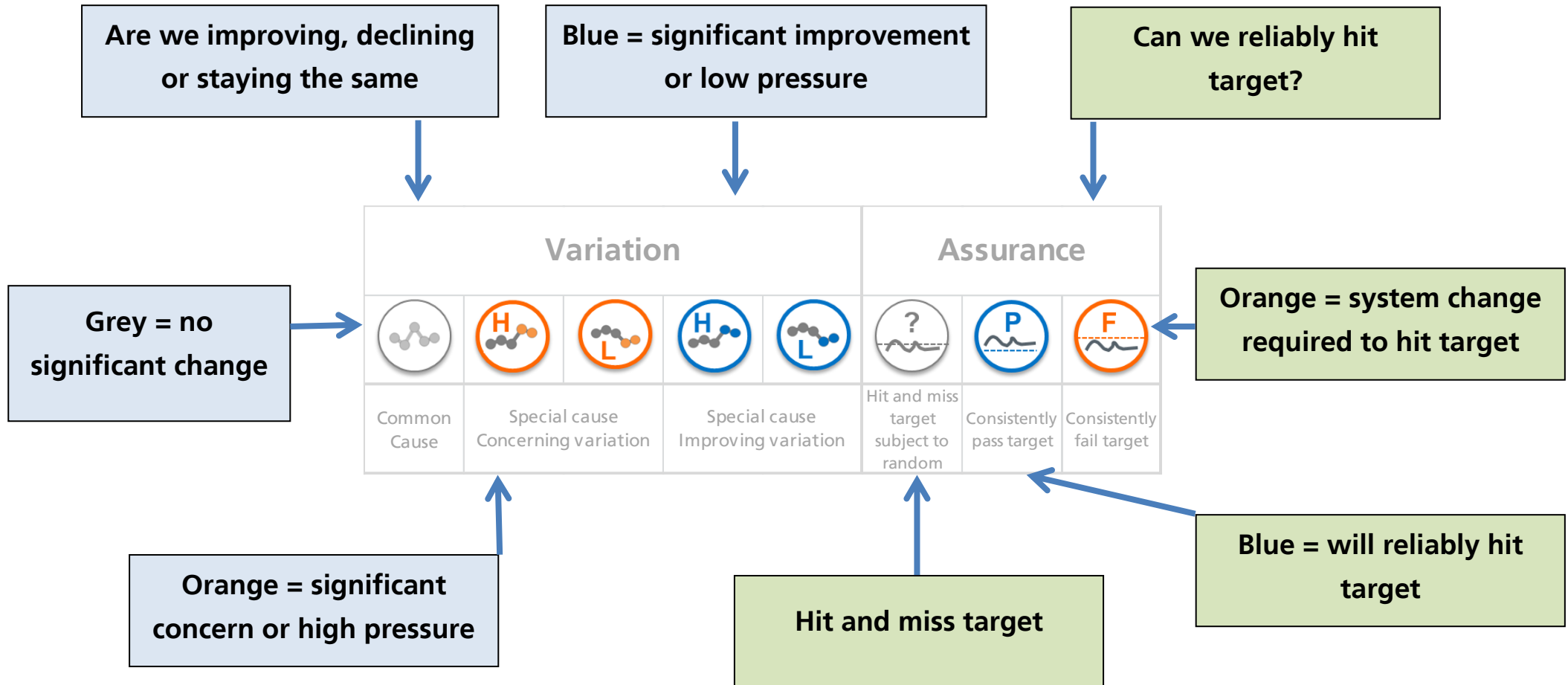
The report that follows uses the key below. A recap of using these descriptions is also included below

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



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

Safe Dashboard

Items in blue are awaiting the latest update.

Data To	KPI Description	Target	Current Value	Variance	Assurance
Feb-21	Serious Incidents (DECLARED IN MONTH)	0	3		
Feb-21	Falls (with Harm) Rate per 1000 beddays	0.98	0.17		
Feb-21	PUs Rate per 1000 beddays	0.41	0.33		
Feb-21	Overall Fill Rate %	80.0%	90.2%		
Feb-21	CHPPD	8.00	9.18		
Feb-21	Cleanliness - Very High Risk	95.0%	97.7%		
Feb-21	Cleanliness - High Risk	95.0%	96.1%		
Feb-21	Cleanliness - Significant Risk	95.0%	94.8%		
Feb-21	Cleanliness - Low Risk	95.0%	No Audit Req'd		
Feb-21	Cleanliness - No. of audits complete	37.00	37		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Feb-21	CDiff (Hosp Onset) Rate per 100k beddays	30.10	31.48		
Feb-21	CDiff (Hosp Onset) Actual	4	2		
Feb-21	MRSA (Hosp Onset) Actual	0	0		
Feb-21	E Coli (Hosp Onset) Rate per 100k beddays	16.40	16.11		
Feb-21	E Coli (Hosp Onset) Actual	2	3		
Feb-21	MSSA (Hosp Onset) Actual		0		
Feb-21	MSSA (Hosp Onset) Rate per 100k beddays		8.05		
Jan-21	VTE Assessment Completeness	97.2%	99.0%		
Feb-21	Patient Safety Alerts not completed by deadline	0	0		

Serious Incidents

There were three new serious incidents reported to the Strategic Executive Information System (STEIS) in February 2021.

- Intrauterine fetal death - possible missed opportunity for Induction of labour
- Never Event – No harm ophthalmology
- Clinical care – missed opportunity to complete tests in a deteriorating complex presentation

There were no serious incidents closed by the CCG in February 2021.

Falls

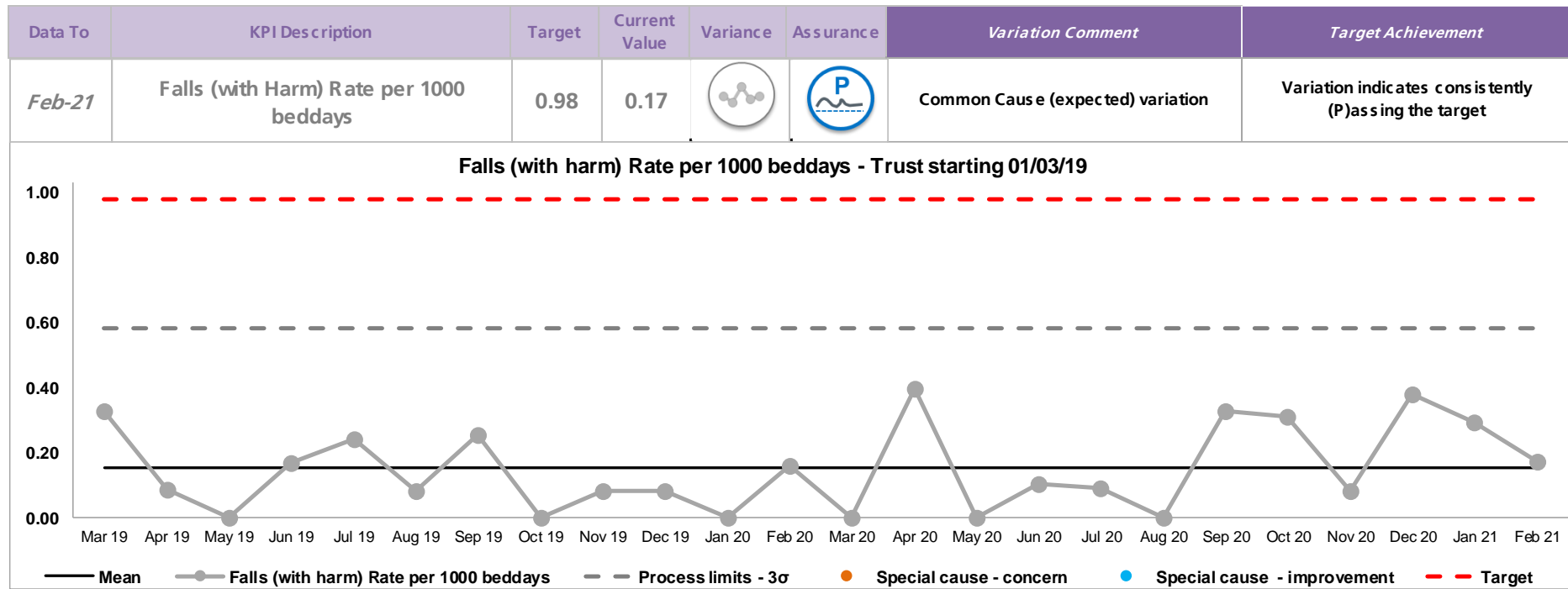


Chart 1 – Falls (with harm) rate per 1000 beddays

Key Issues (any new issues in red):

1. An emerging trend that more patients sustain harm and injuries following fall incidents.

Key Actions (new actions in green):

1. A multi-disciplinary Falls Task and Finish Group was established to oversee and implement actions to reduce the number of inpatient falls.
2. Additional 28 Health Care Support Workers were recruited during the March 2021 recruitment to support the delivery of care to patients requiring enhanced care.

3. A range of high impact actions have commenced during mid-February 2021 which includes: distribution and use of Tiptree boxes and consistent bay observation.

Recovery Forecast:

1. The number of patient injuries following fall incidents is still within Trust target

Key Risks to Forecast Improvement:

1. Unable to maintain staffing level at optimum level all the time.
2. Increasing number of patients admitted with high risk of falls.

Pressure Ulcers

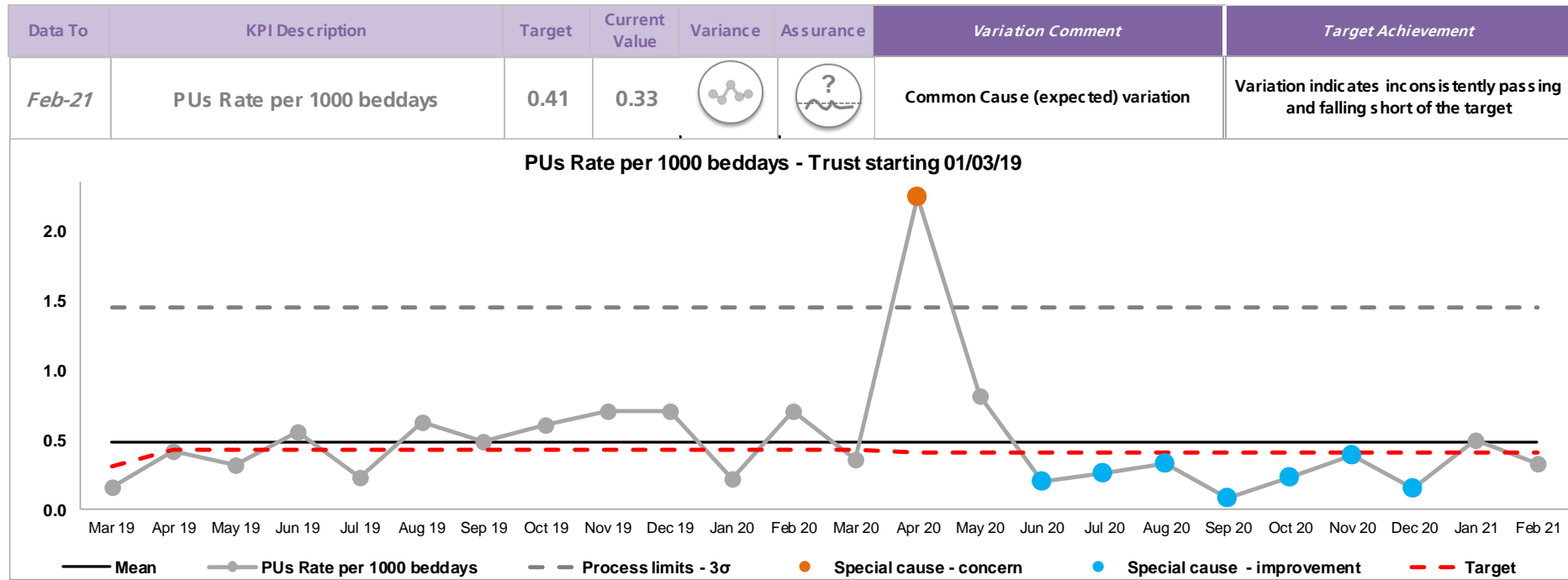


Chart 2 – Pressure Ulcer rates per 1000 beddays

Key Issues (any new issues in red):

1. Inconsistency in achieving the tolerance for hospital acquired pressure ulcer rate per 1000 bed days. The data is a 12-month rolling average.
2. The number of hospital acquired pressure ulcers is within the tolerance level during February 2021 following a spike in January 2021.

Key Actions (new actions in green):

1. The Tissue Viability team continue to work with the wards to deliver and support training in pressure ulcer prevention.
2. Review of COVID-19 positive patients who developed pressure ulcers whilst in the hospital.

Recovery Forecast:

1. The number of hospital acquired pressure ulcers will start to reduce as we see a reduction in the number of admissions to the hospital.

Key Risks to Forecast Improvement:

1. Non-compliance with the pressure ulcer prevention care bundle.

CDiff (Hospital onset)

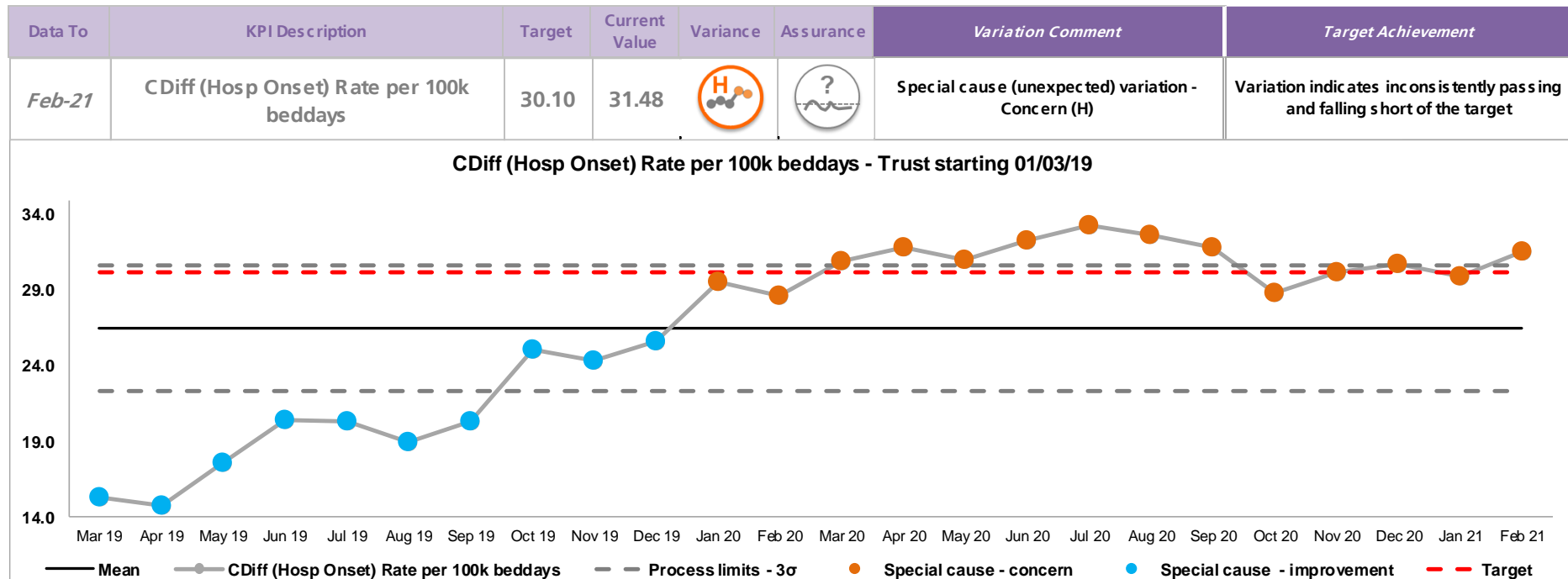


Chart 3 – Cdiff (Hospital onset) per 100k beddays

Clostridioides Difficile (C Diff)

Key Issues

- Not achieving the tolerance for hospital onset C diff rate per 1000 bed days (total number of cases both trajectory and non-trajectory). The data is a 12-month rolling average, associated with the change in reporting in 2019/20. The way in which the data is shown will be changed from April's data onwards.
- Two cases of hospital associated C diff were reported in February 2021 (both Hospital onset), one less hospital case than January 2021.
- In total, there have been 40 cases reported to date against a trajectory of 44 for the year. Of the 40 cases, 36 Post Infection Reviews (PIR's) have been completed. The remaining four (two from November and two from February) are scheduled for PIR's during March 2021.

- Completion of the PIR documentation, from nursing and medical staff, has been a challenge over recent months due to responding to COVID-19. Without the completion of this paperwork a PIR cannot be undertaken. However, recent support from senior nursing staff has seen an improvement in this process.
- Following previous meetings with the Clinical Commissioning Group (CCG), 19 of the 40 cases, to date, have been declared as trajectory cases (identified with lapses in care), 13 were non-trajectory (no lapses in care), 4 cases remain to be reviewed by the CCG (4 awaiting Trust PIR). Meetings with the CCG had ceased during the recent COVID -19 response however, from February these meetings have been re-scheduled.
- 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) .

Key Risks to Forecast Improvement:

- Poor compliance with Infection Prevention and Control Policies
- Poor compliance to decontamination of the estate and equipment
- Poor IPC Mandatory training compliance – challenges to access / complete training
- Demographics – high proportion of elderly within catchment area
- Compliance with and management of anti-microbials
- Ageing estate compromises bed utilisation – isolation rooms make up less than 10% of the estate

EColi Hospital (Onset)

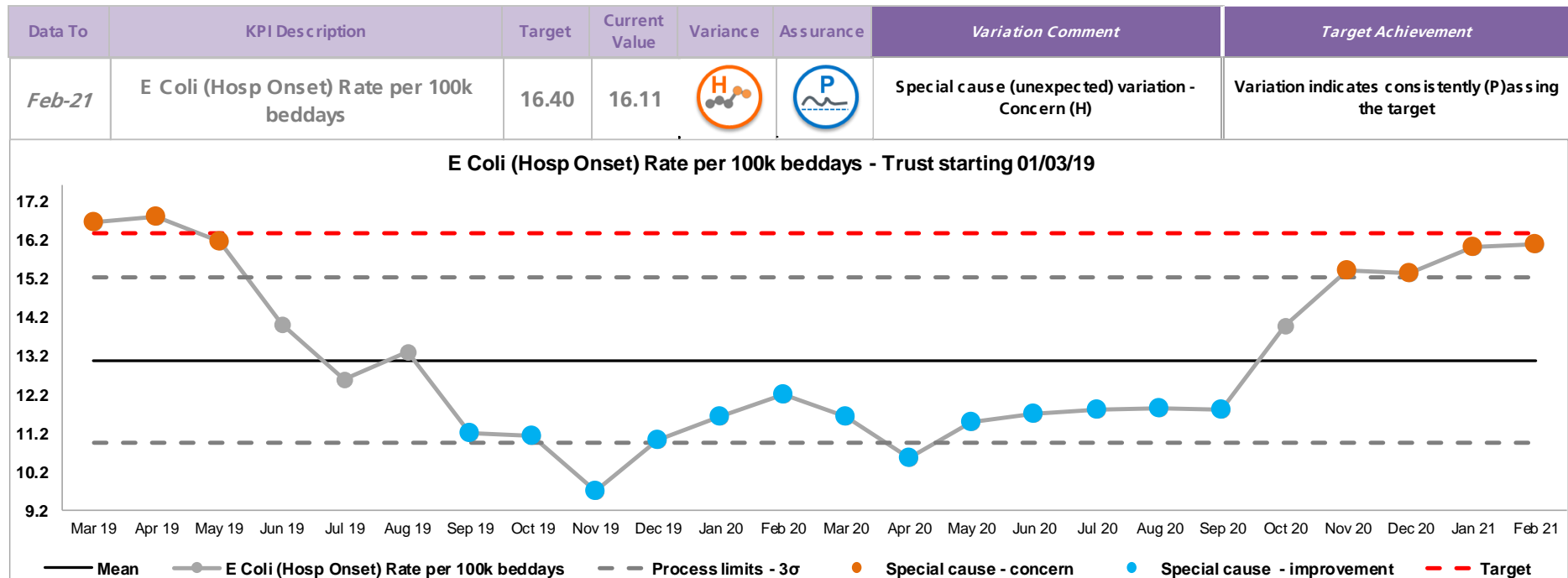


Chart 4 – E Coli (Hospital onset) rate per 100k beddays

Escherichia coli (E. Coli)

Key Issues

- Three cases of hospital onset E. coli were reported in February 2021 this number mirrors reported cases in January 2021.
- In total, there have been 21 cases reported to date

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 e.g. ANTT
- Review of individual cases and promptly undertaking measure to reduce any further transmission
- Attendance at the daily Harm Free Care meetings to raise awareness
- Safety Thermometer in place across the Trust to monitor catheter related infections
- Reviewed standards, methods and assurance of cleaning across the Trust
- Domestic staff trained in national cleaning standards
- IPC Team support procurement colleagues to ensure effective and efficient cleaning products are purchased and in place for use
- 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

Key Risks to Forecast Improvement:

- Poor compliance with Infection Prevention and Control Policies
- Poor compliance to decontamination of the estate and equipment
- Poor IPC Mandatory training compliance – challenges to access / complete training
- Compliance with and management of anti-microbials
- Compliance with nutrition / hydration
- Ageing estate compromises bed utilisation – isolation rooms make up less than 10% of the estate

MSSA (Hospital Inset)

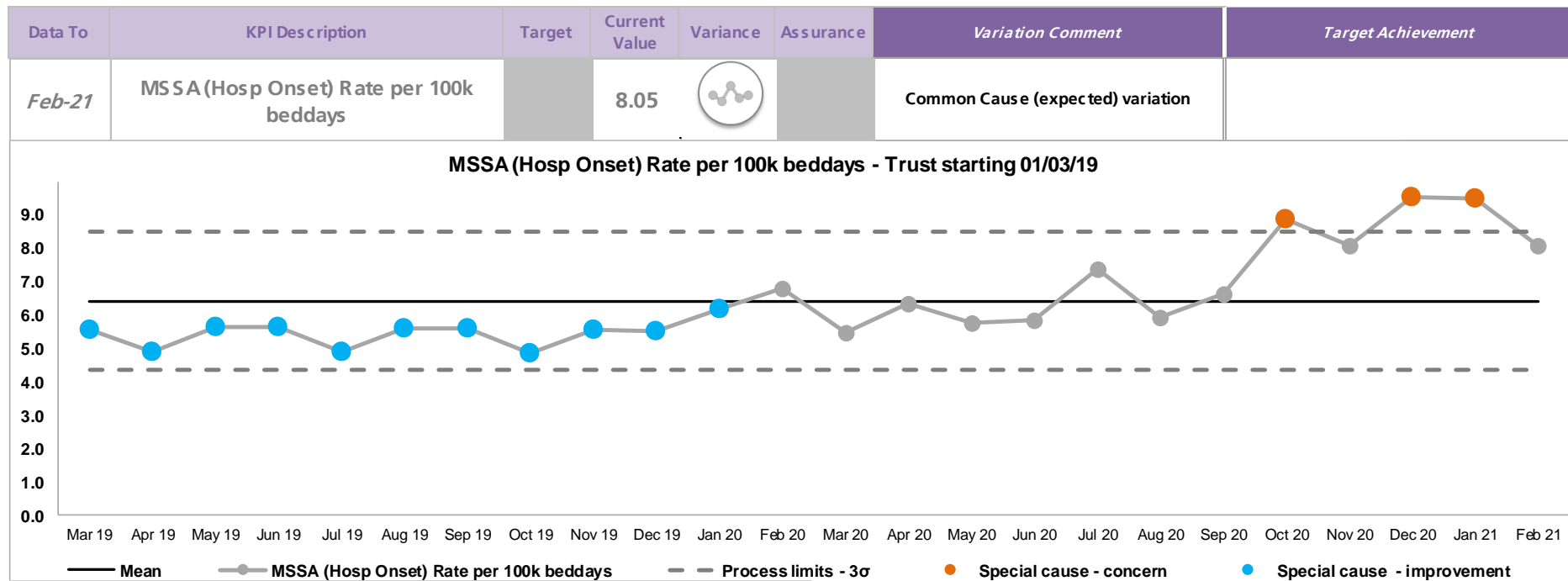


Chart 5 - MSSA (Hospital onset) rate per 100k beddays

Meticillin Sensitive Staphylococcus (MSSA)

Key Issues

- Zero cases of hospital onset MSSA were reported in February 2021. One less case than in January 2021.
- In total, there have been 11 cases reported to date. PIR's have been undertaken on 5 cases. The additional 5 PIR's have been scheduled for March 2021.

Key Actions

The Infection Prevention and Control Team continue to raise awareness of appropriate management of MSSA 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
- Review of individual cases and promptly undertaking measure to reduce any further transmission
- Attendance at the daily Harm Free Care meetings to raise awareness
- Reviewed standards, methods and assurance of cleaning across the Trust
- Domestic staff trained in national cleaning standards
- IPC Team support procurement colleagues to ensure effective and efficient cleaning products are purchased and in place for use
- 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

Key Risks to Forecast Improvement:

- Poor compliance with Infection Prevention and Control Policies
- Poor compliance to decontamination of the estate and equipment
- Poor IPC Mandatory training compliance – challenges to access / complete training
- Compliance with and management of anti-microbials

VTE Assessment completeness

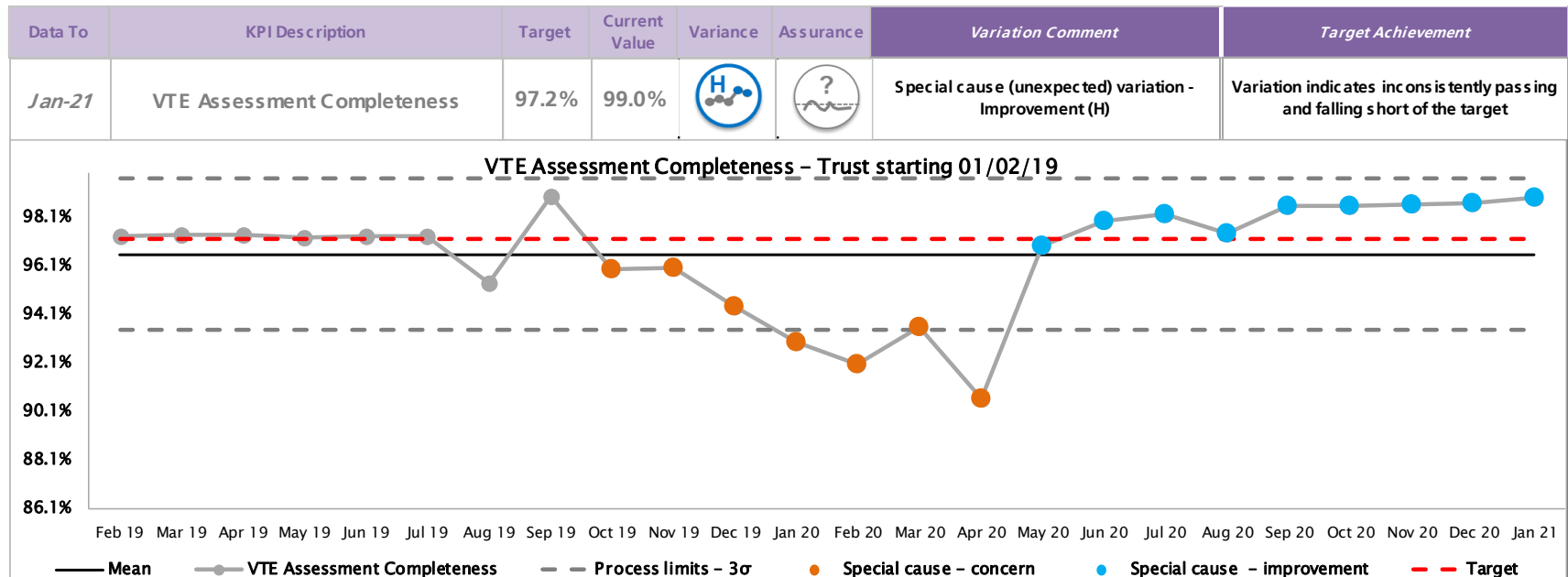


Chart 6 – VTE assessment completeness

Key Issues (any new issues in red):

1. The VTE assessment process continues to remain above agreed thresholds since April 2020 and compliance is now business as usual.
2. Key contributors to this sustained good performance include: ongoing surveillance through the hospital thrombosis committee; maintaining awareness of the need for compliance through regular discussion at induction for junior doctors and discussion of patient safety stories in learning forums; and regular audits of the medical notes by Junior doctors as part of Medical documentation audit.

Key Actions (new actions in green):

1. EPMA-Electronic Prescribing is expected to roll out in April which will remove the reliance on human factors.

Recovery Forecast: Not applicable

Key Risks to Forecast Improvement: None identified

Effective - Accountable Officer - Medical Director

Effective Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Limit	Current Value	Variance	Assurance
Jan-21	Stillbirth Rate	3.73	3.96		
Jan-21	Neonatal Deaths Rate	1.06	0.50		
Jan-21	Extended Perinatal Deaths Rate	4.79	4.46		
Jan-21	Total C Section Rate	25.0%	31.6%		
Jan-21	EL C Section Rate	10.0%	12.5%		
Jan-21	EM C Section Rate	15.0%	19.1%		
Jan-21	Maternal Deaths	0	0		
Feb-21	% "Term" admissions to the NNU	6.00%	5.06%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Nov-20	HSMR Crude Rate	3.18	4.05		
Nov-20	HSMR Relative risk	100.00	124.46		
Nov-20	HSMR Weekend Relative risk	100.00	132.81		
Sep-20	SHMI (Rolling 12 mth position)	100.00	103.98		
Feb-21	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.82		
Feb-21	No. of patients recruited in NIHR studies	50	169		

SHMI

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Sep-20	SHMI (Rolling 12 mth position)	100.00	103.98			Special cause (unexpected) variation - Concern (H)	Variation indicates inconsistency passing and falling short of the target

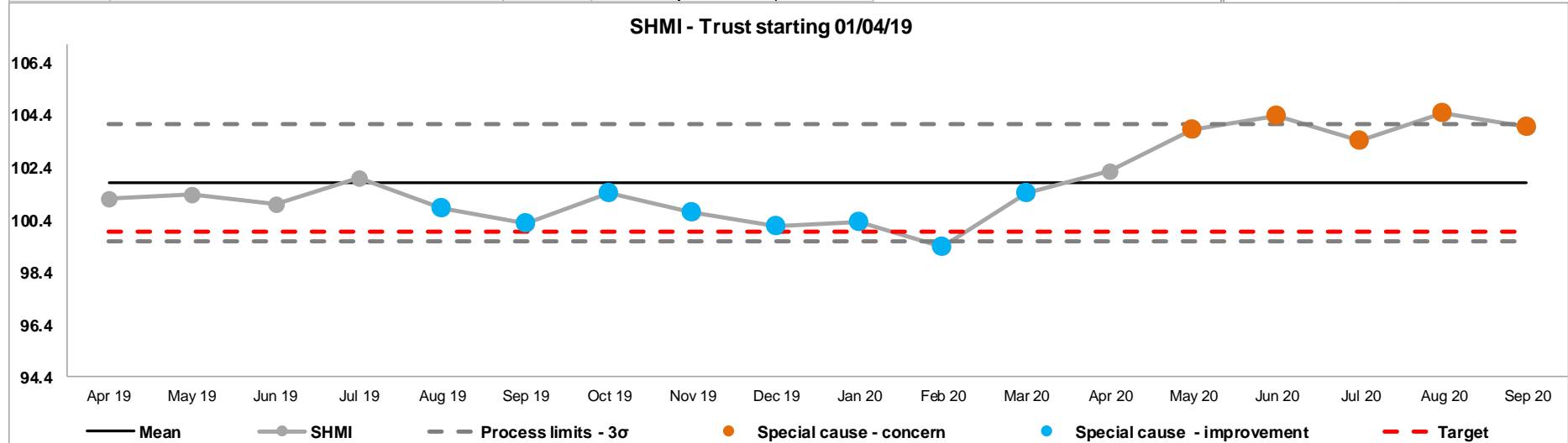


Chart 7 – SHMI

SHMI by provider (Model Hospital Peer Group) for all admissions in Oct 2019 to Sep 2020

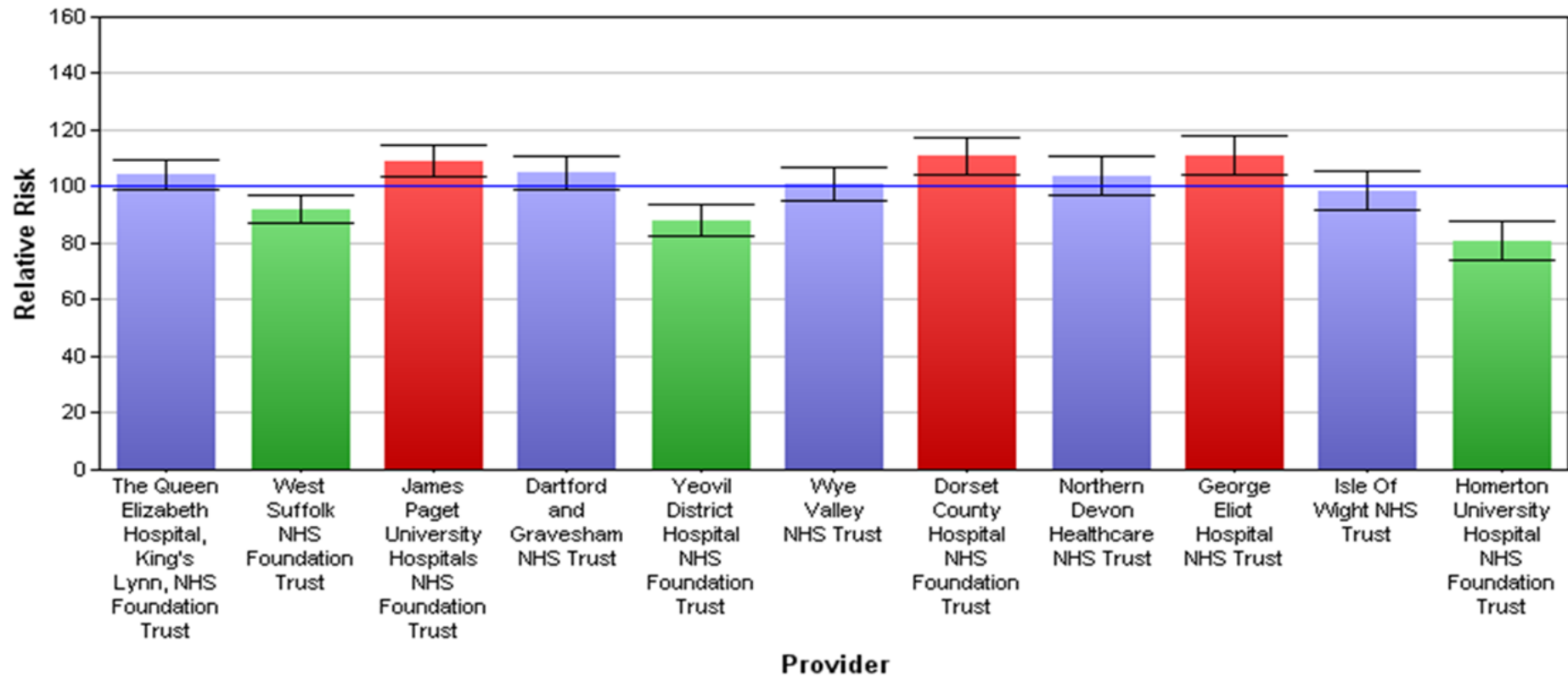


Chart 8 – SHMI by Provider

HSMR – relative risk

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Nov-20	HSMR Relative risk	100.00	124.46			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (F)alling short of the target

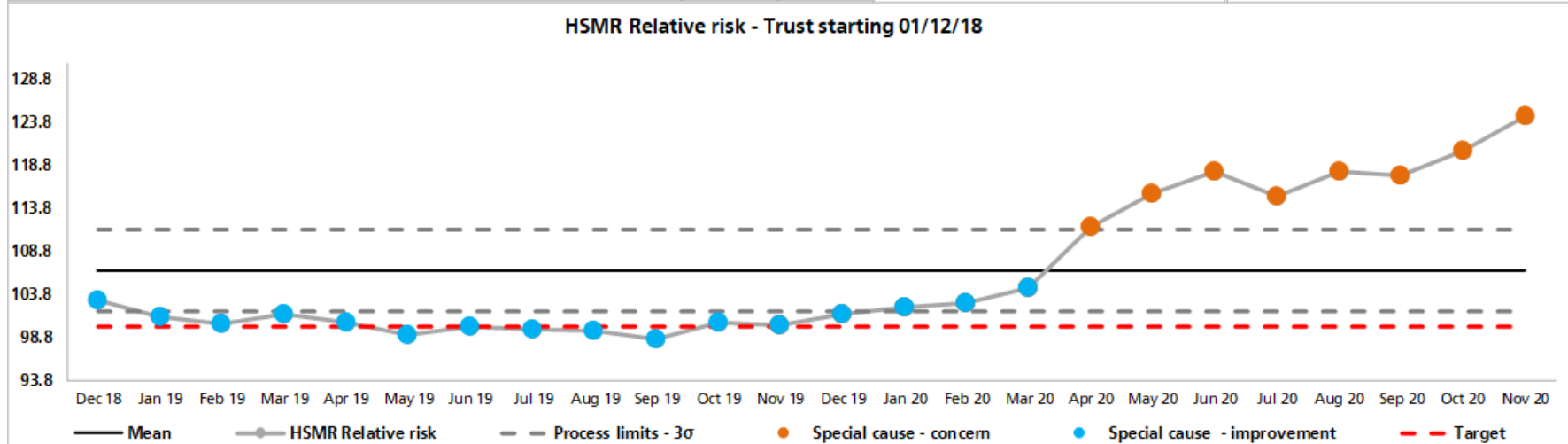


Chart 9 – HSMR relative risk

HSMR weekend relative risk

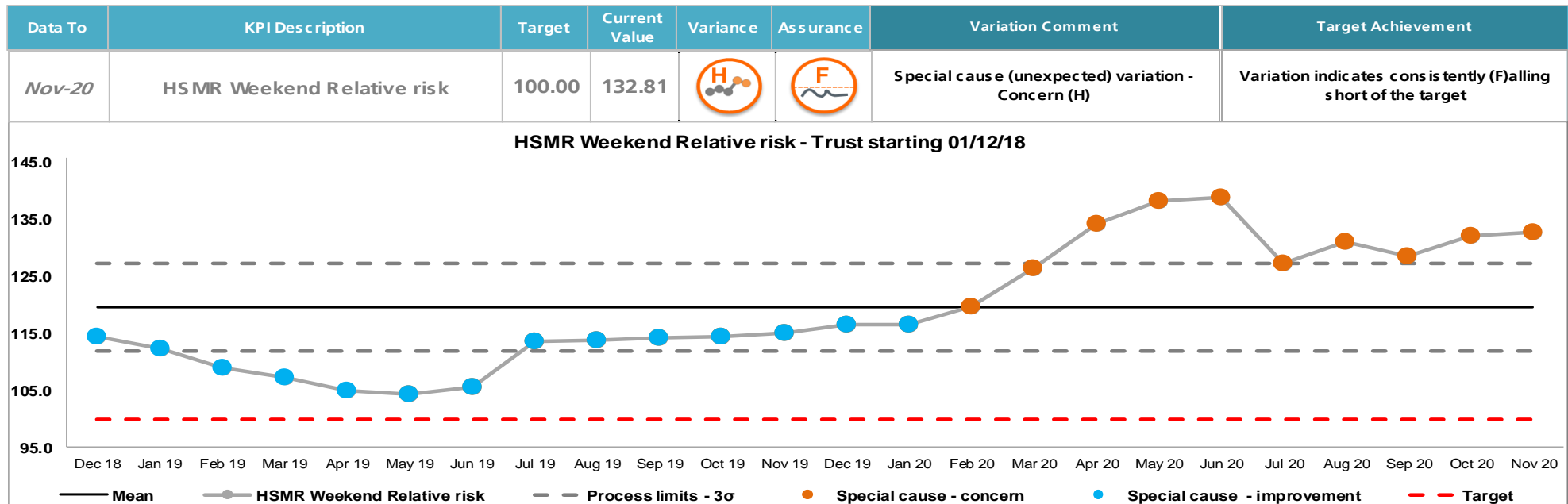


Chart 10 – HSMR weekend relative risk

Key Issues (any new issues in red):

1. SHMI continues to remain within the expected range.
2. HSMR for November 2020 was 124.5 and remains statistically significantly high. The QEHKL is 1 of 5 Trusts within the E of E peer group of 14 that remain significantly high. The crude mortality rate within HSMR basket = 4.0% (Peer group rate = 3.5%). (In November 2020 there were 6518 admissions versus 101 deaths; the number of admissions is down by 18% versus the same time the previous year 7891 admissions versus 85 deaths. The difference increased substantially in February 2021 with 5131 admissions versus 134 deaths a reduction in admissions of 30% compared to February 2020 at 7317 admissions versus 89 deaths) The underpinning reasons behind the drift of HSMR is attributed to decrease in activity and lack of end of life care service provision in the Trust. The current palliative care rate is 1.06% as compared to national rate of 4.5%.
3. There are now 6 statistically significantly high outlying groups including Pneumonia & Congestive Heart Failure. Several reviews of these outliers have been undertaken on COPD, Acute renal failure, Pneumonia, Heart failure and Other Lower Respiratory Disease with no identified lapse in care. Many of these issues are related to inaccurate recording of the presenting diagnosis.

4. Weekend Mortality continues to remain high attributable to the same reasons as HSMR but activity levels are strikingly low over the weekends and that accentuates the figures even further.

Key Actions (new actions in green):

1. The redesigned End of Life services started on the 8th of March. This should dramatically increase the proportion of patients identified as end of life who are reviewed, to provide improved oversight of their care by this redesigned team. The medical team currently comprises of 3 geriatricians with special interest, 2 specialty palliative care physicians, 1 part time locum palliative care physician and input from one palliative care physician from the community Trust. The nursing team comprises of 2 nurses, one clinical nurse specialist, one fast track nurse to help transfer patients to their preferred place of care. This redesign is expected to improve palliative care, as well as the coding and capture of this.
2. A panel-based approach to agree the Primary Diagnosis on deceased patients was proposed by the Learning from Deaths Forum and approved by the Clinical Governance Executive Group in March 2021. This process aims to improve the accuracy of coding on deceased patients with feedback to the primary teams. This process will improve the accuracy of how presenting diagnoses (rather than symptoms) are documented, which in turn will improve the initial treatment and coding in these patients. This process is expected to accurately reflect HSMR.
3. The data on SHMI and HSMR is cumulative and hence impact of service-related changes will take a considerable time to be reflected in the SPC charts. Following a review of the data available, revised data will be presented to the Quality Committee which will reflect more accurately on the impact of interventions on the key indicators.

Recovery Forecast: September 2021.

Key Risks to Forecast Improvement:

1. End of Life care, levels of activity, and inaccuracies in the presenting primary diagnosis are some of the key issues that adversely impact on the measured indicators. Unless the changes proposed are embedded in the services, the risk of drift in these indicators will continue to present.

LSCS rates

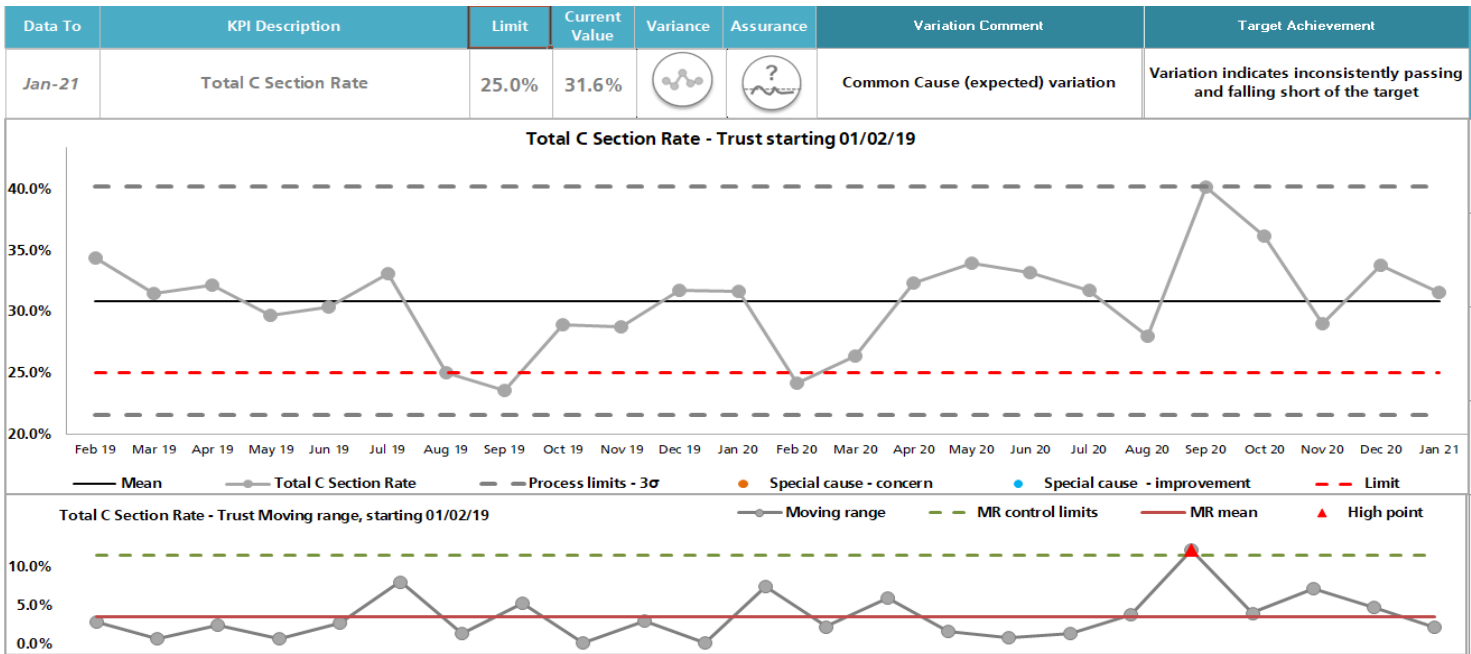


Chart 11 – Total C-Section rate

Data To	KPI Description	Limit	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-21	EL C Section Rate	10.0%	12.5%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

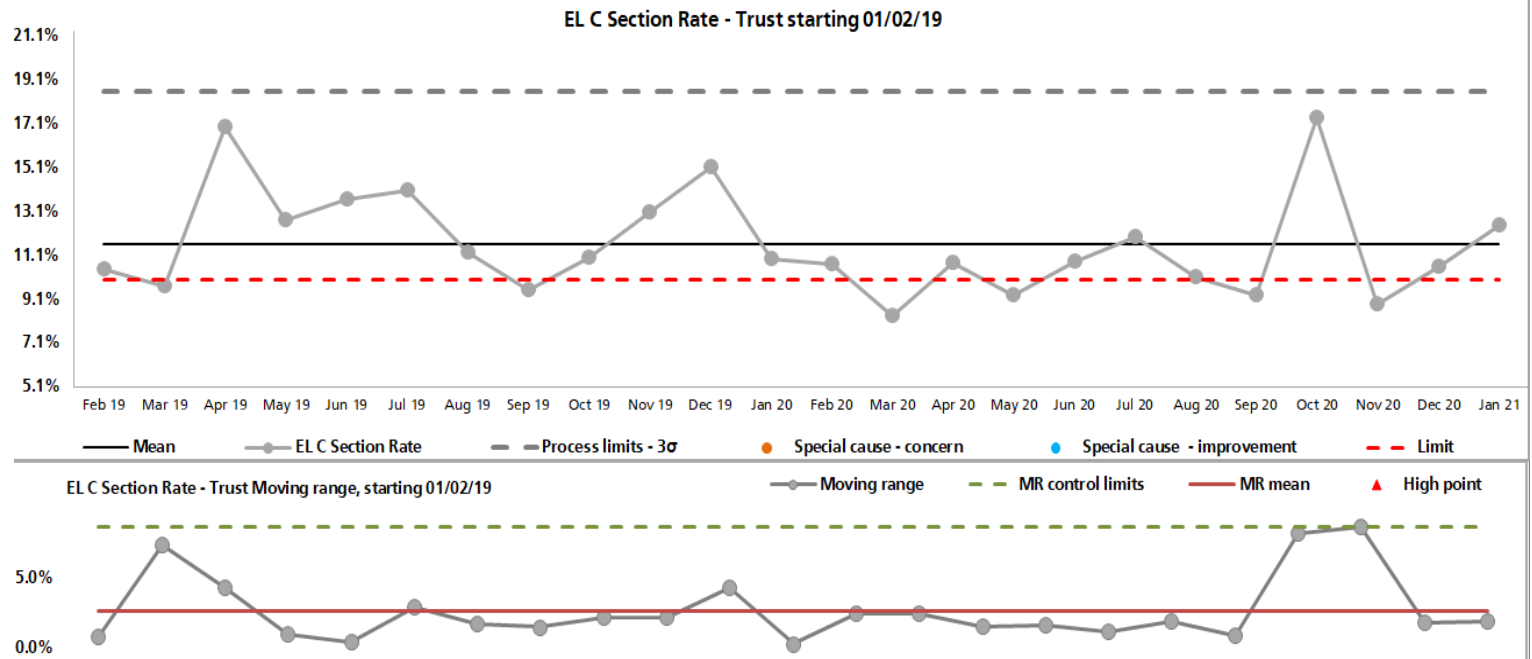


Chart 12 – Elective C-Section rate

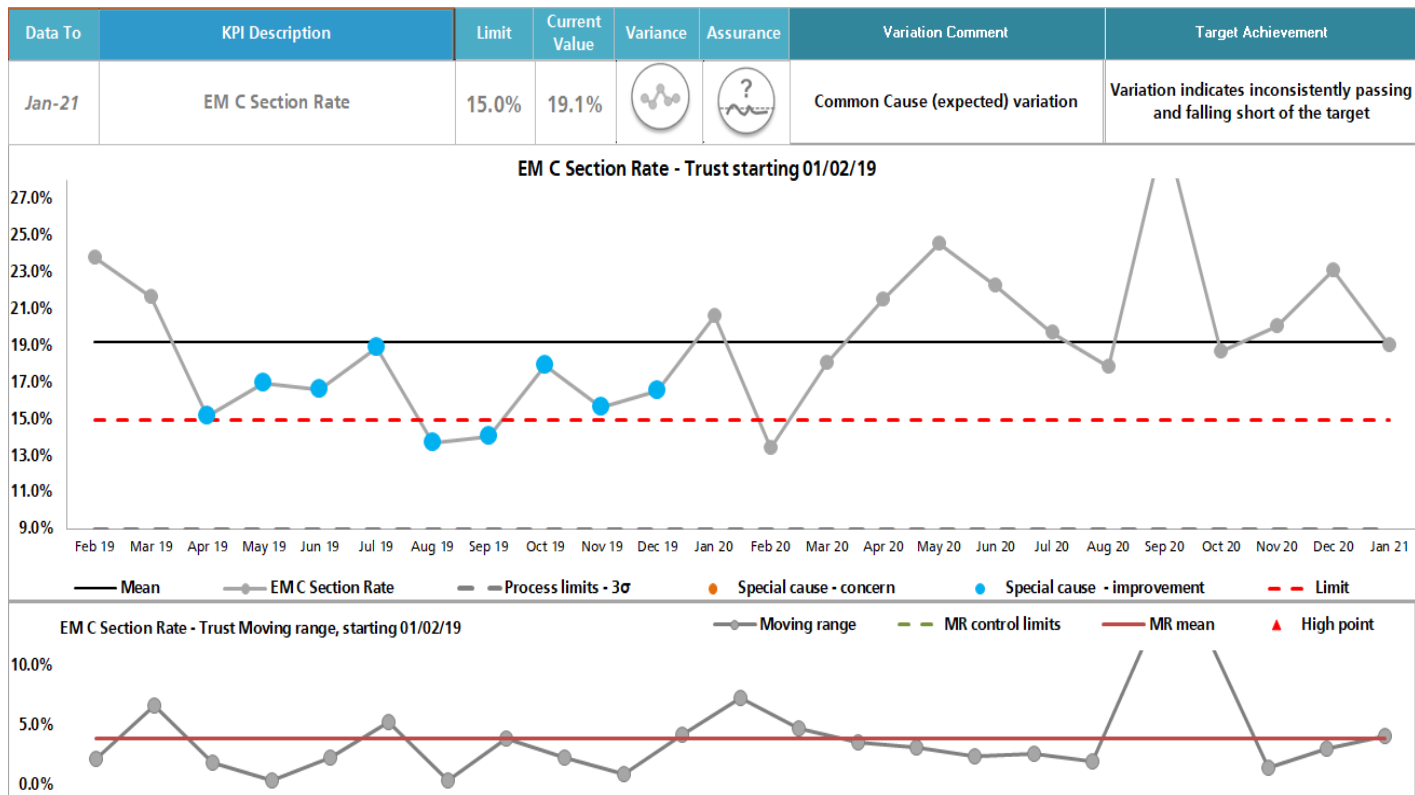


Chart 13 – Emergency C-Section rate

Factors Driving Performance:

QEH continues to have the lowest caesarean section (LSCS) rates across the Norfolk and Waveney STP and we are currently working with our system partners to share our experience and best practise. The retrospective, weekly, multidisciplinary reviews are now embedded with good attendance from midwifery, consultants and junior doctors to ensure that all decisions were clinically appropriate and in line with maternal choice. An increasing trend of maternal choice for planned LSCS and against vaginal birth after one previous LSCS [VBAC] has been noted this quarter. However, we will be removing the 25% target from April 2021 in line with the recommendations of the Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust to promote individualised decision making and to support informed maternal choice.

Neonatal and Perinatal Mortality

Data To	KPI Description	Limit	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-21	Stillbirth Rate	3.73	3.96			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

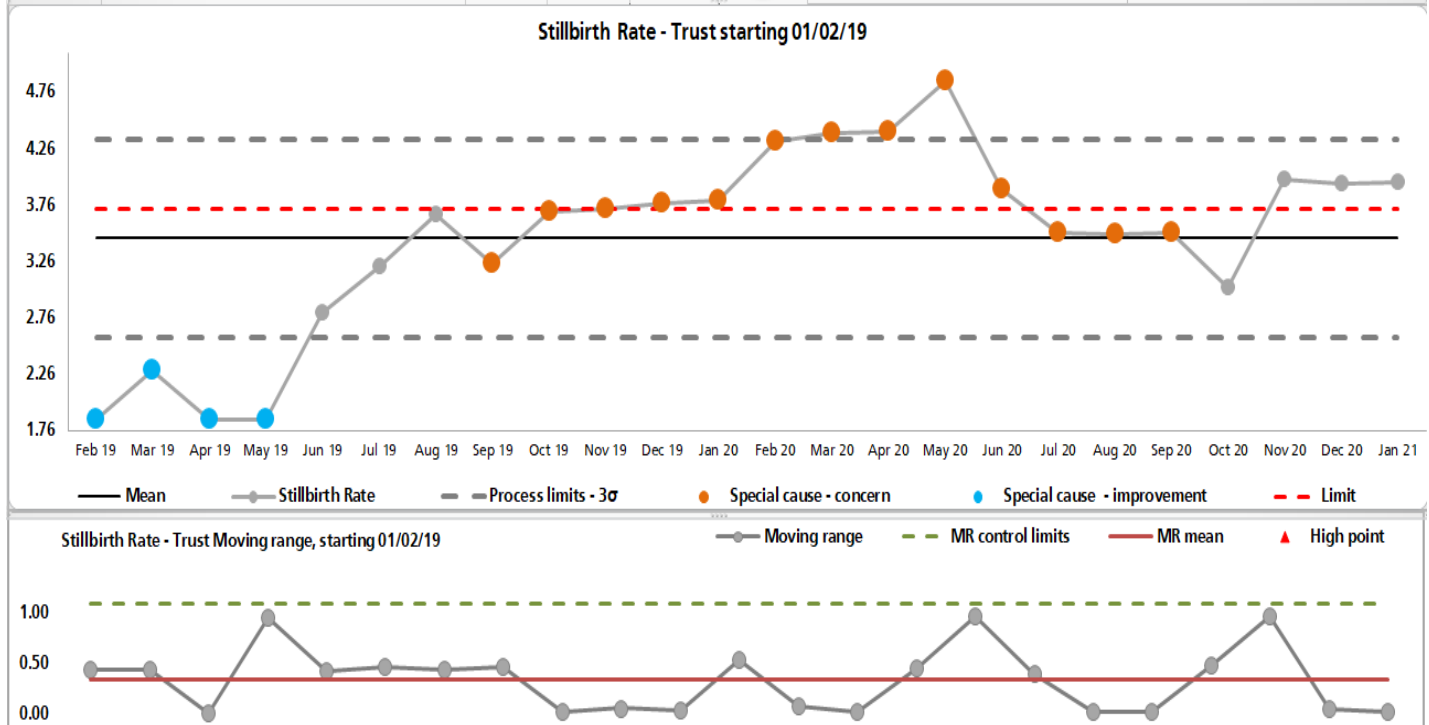


Chart 14 – Stillbirth rate

Data To	KPI Description	Limit	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jan-21	Neonatal Deaths Rate	1.06	0.50			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (P)assing the target

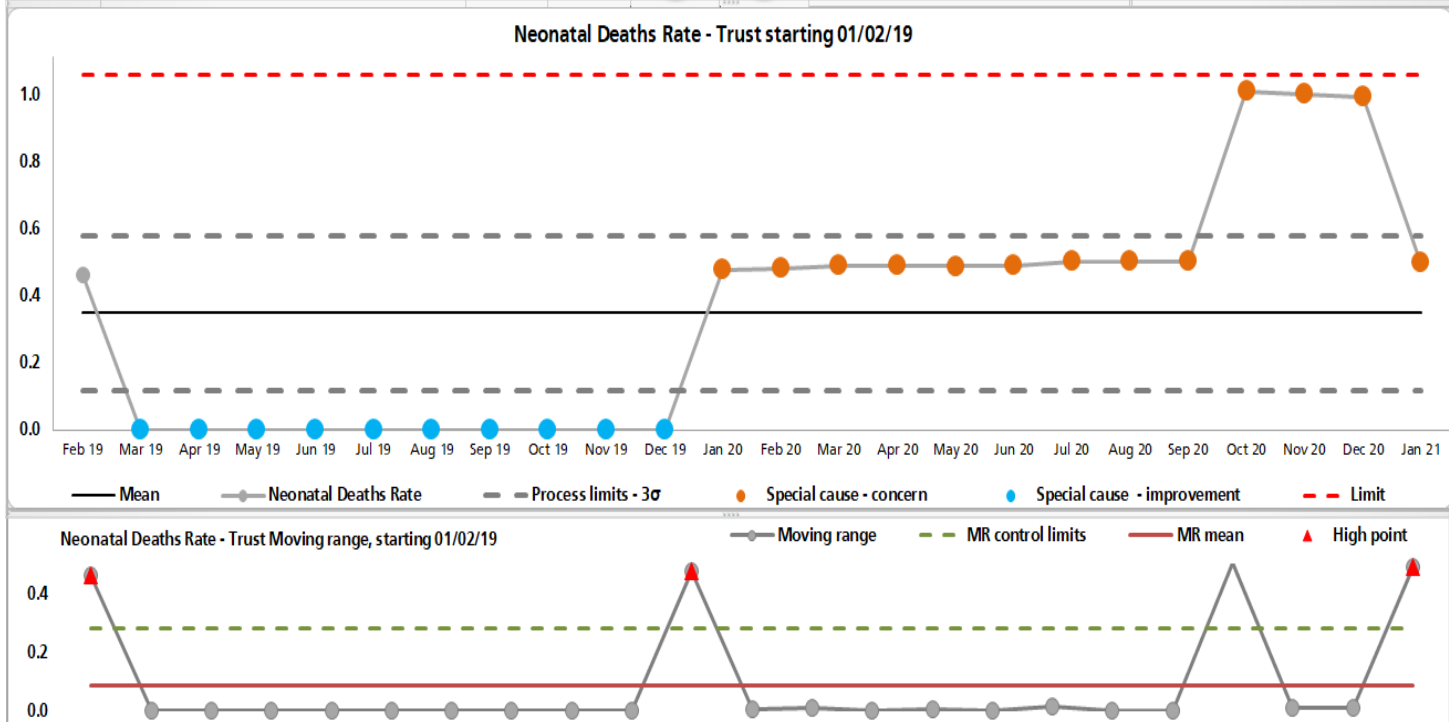


Chart 15 – Neonatal Deaths rate

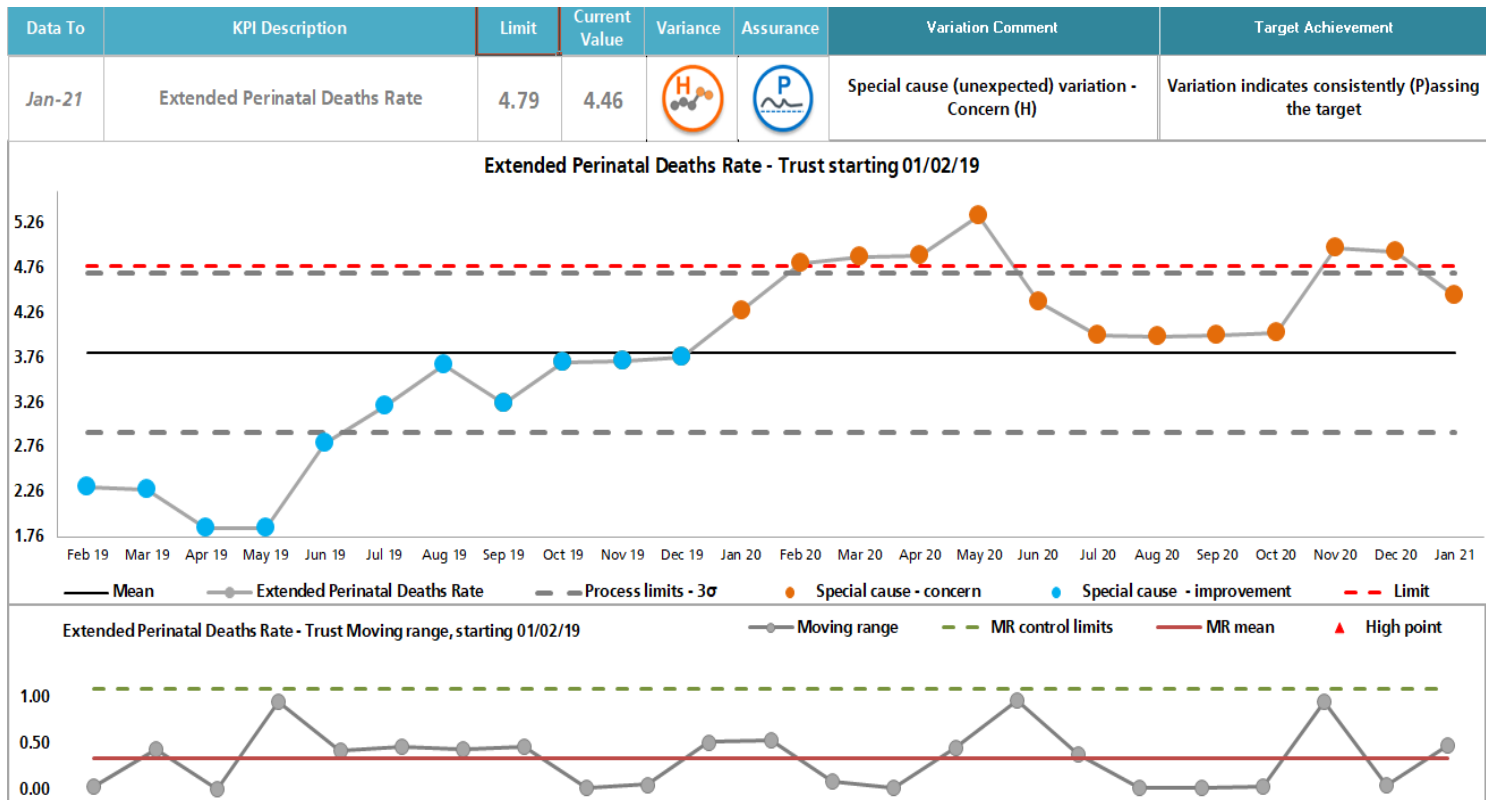


Chart 16 – Extended perinatal deaths rate

Factors Driving Performance:

There were no stillbirths in this reporting period (January 2021) and the rolling rate remains constant at 3.96%.

The neonatal death rate also remains low at 0.5 below the upper threshold of 1.0. Together these comprise the extended perinatal death rate: 4.76 (below the national upper threshold 4.79).

Actions being taken:

- We are continuing to work towards full compliance with the immediate and essential actions that have come out of the Ockenden report. Plans are in place to implement the Perinatal Quality Surveillance model from April 2021 as approved at the Quality Committee.
- We have worked closely with Clinical Support Services to increase capacity for ultra-sound scans and await new guidance/are finalising local guidance to ensure that all women who smoke can be placed on the GROW pathway (previously only those smoking more than 10 cigarettes a day were included). This will ensure we are complaint with this element of the Saving Babies lives care bundle.

Risk to delivery:

- **Midwifery Staffing:** Recruitment is underway to expand our midwifery team to support Birthrate Plus requirements.
- **Medical staffing:** Sickness absence has reduced significantly in the medical team which was previously a significant risk to delivery of these metrics. An additional middle grade doctor has also been recruited (to start April) leaving 2 vacancies.

Term Neonatal unit admissions

Data To	KPI Description	Limit	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Feb-21	% "Term" admissions to the NNU	6.00%	5.06%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

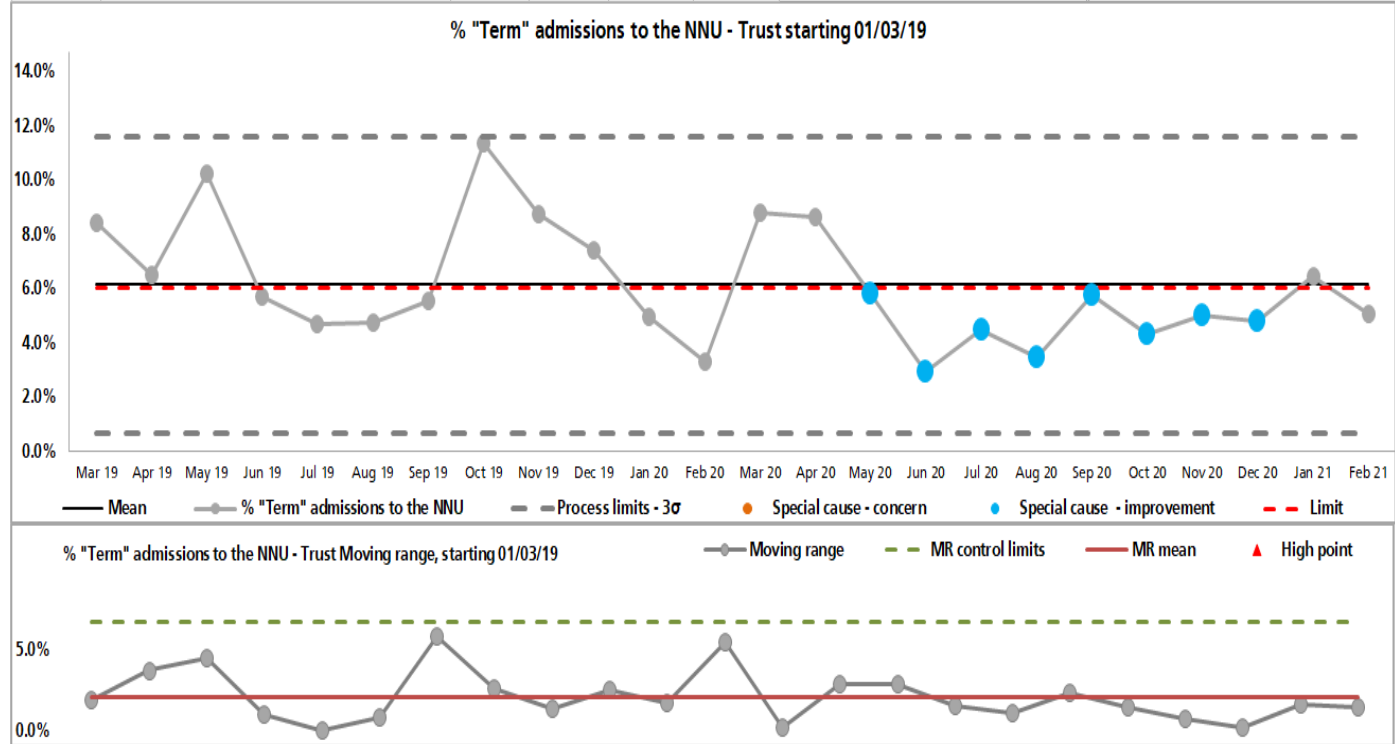


Chart 17 - % term admissions to the NNU

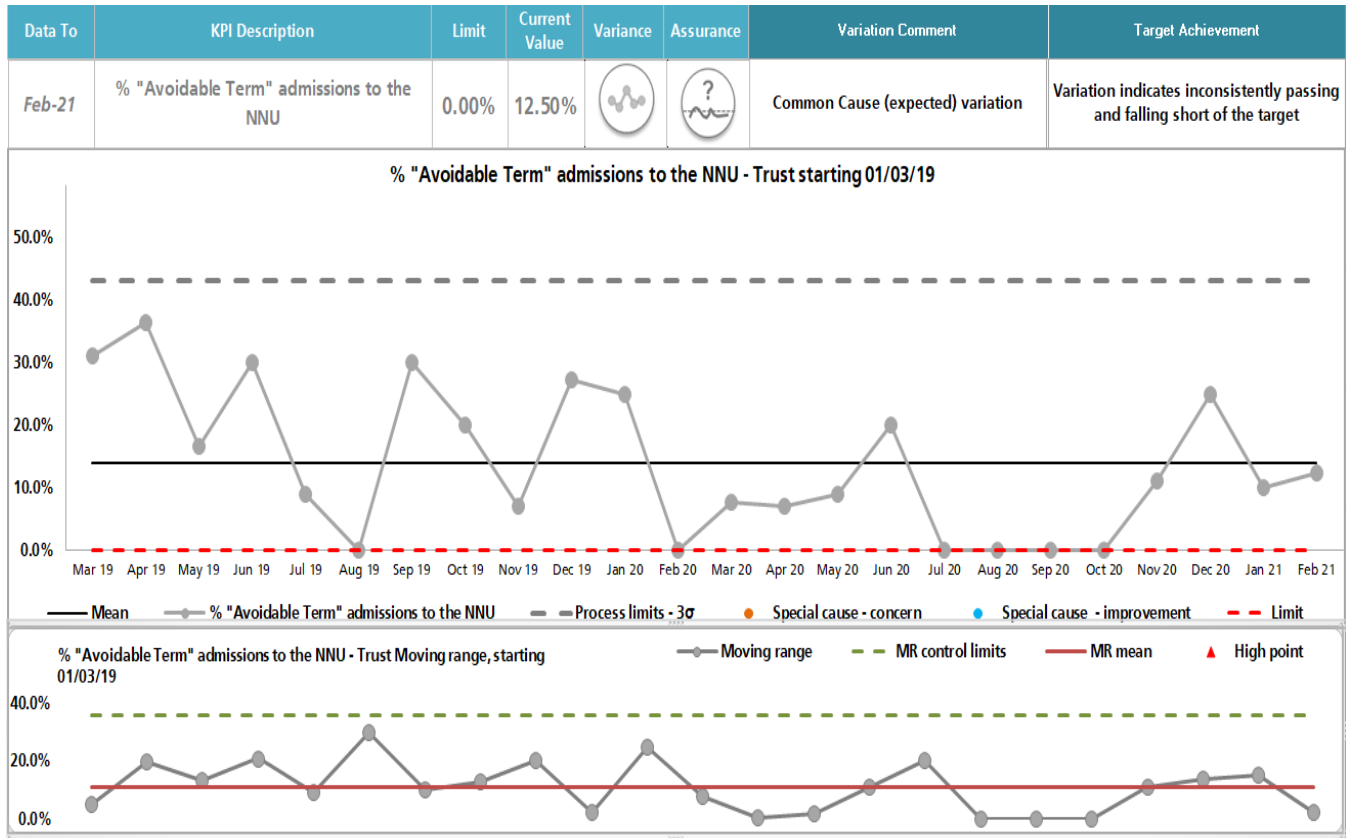


Chart 18 - % avoidable term admissions to the NNU

Factors Driving Performance:

- We continue to have very low numbers of term babies admitted to the neonatal unit. There were a total of 7 admissions to NICU with one potentially avoidable in February 2021. ATAIN reviews of all cases continue, with additional administrative support to ensure accurate documentation.

Actions taken:

- The potentially avoidable admission was due to inadequate management of a baby with hypoglycaemia in the postnatal ward. The trust guideline was not followed - this case example has been shared and the guideline disseminated again to the postnatal ward and all new neonatal staff to ensure adequate learning from this case.

Rate per 1000 admissions of inpatient cardiac arrests

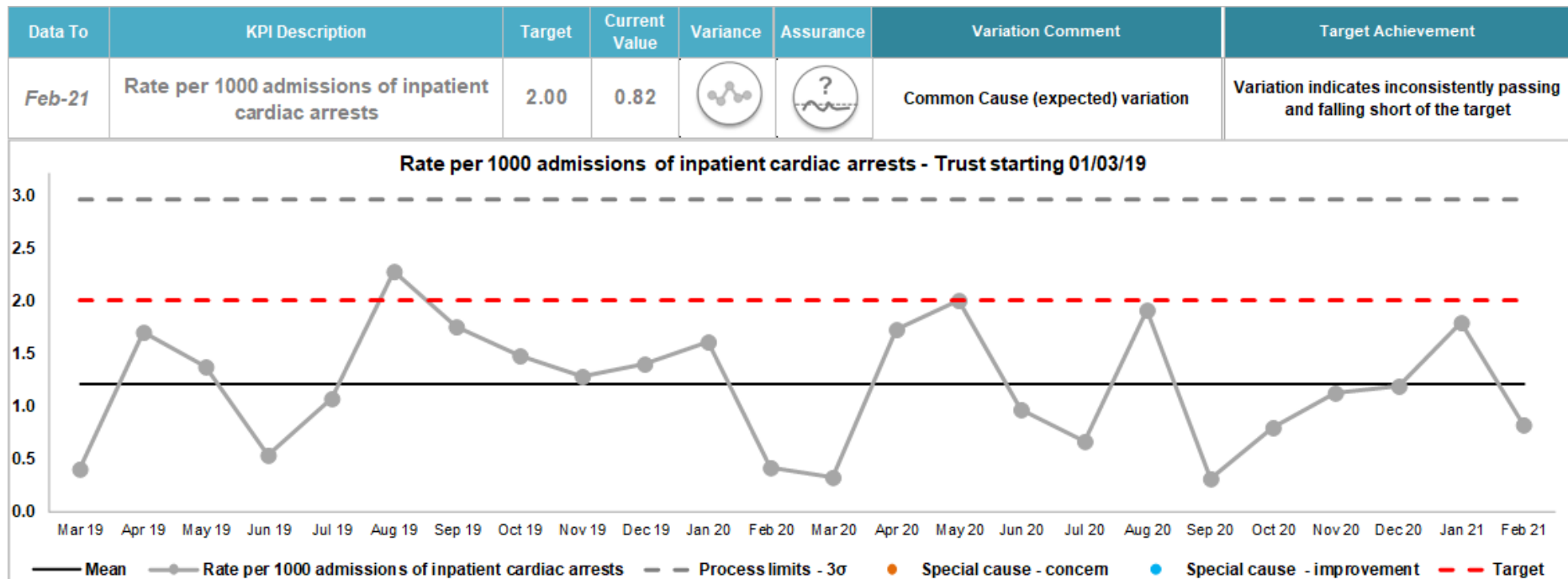


Chart 19 – rate per 1000 admissions per inpatient cardiac arrests

Key Issues (any new issues in red):

1. Cardiac arrest rates remain within the expected limits.
2. The number of reportable cardiac arrests, as well as the rate per 1000 admissions, have both fallen from January to February.

Key Actions (new actions in green):

1. The Recognise and Respond Forum continues to scrutinise the management and avoidability of all cardiac arrests, and oversees any changes required to improve performance. Structured Judgement Reviews are also undertaken which report through the Learning from Deaths Forum (LDF).

Recovery Forecast: Not applicable

Key Risks to Forecast Improvement:

1. The key method to detect and escalate patients at risk of deterioration is through the Early warning scoring system (NEWS2). This is currently paper based. A spot check monthly audit is in place but this significantly restricts the ability of the forum to identify areas of concern. Until an Electronic e-observation system is in place, this relies on human factors to complete and to monitor.
2. Recognition of patients approaching end of life or at risk of cardiac arrest is essential to allow timely discussion and documentation of the ReSPECT process. Expansion of the palliative care team is required to provide sufficient clinical leadership for this. Training in ReSPECT is also currently reduced due to workload as a result of the pandemic.

Research

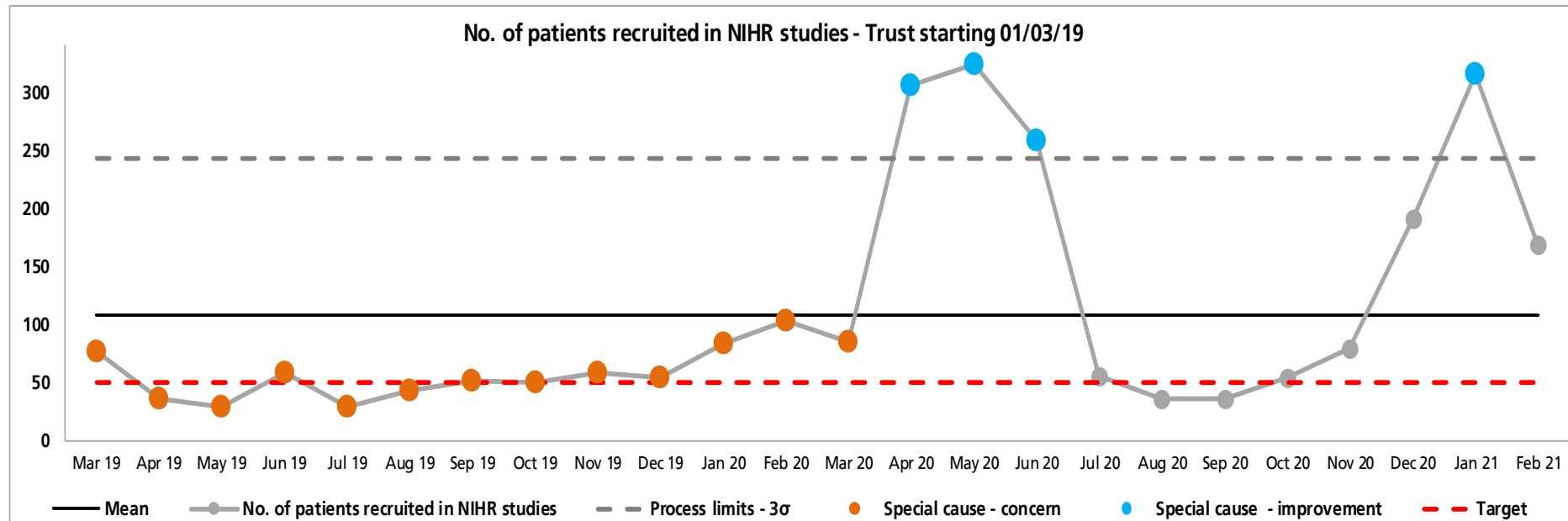


Chart 20 – number of patients recruited in NIHR studies

Key drivers of performance:

- 2020/21 has been a successful year for the Research and Innovation unit. The overall recruitment figures to NIHR clinical studies currently stand at 2,105, a 116% increase from 2019/20.
- The recruitment figures continue to exceed monthly targets at 169 in the month of February 2021, dwarfing figures in two previous financial years (Feb 2020=103 and Mar 2019=77).
- In a wider context, we're currently rated 11th out of 18 sites in the Eastern region in terms of recruitment figures, leaving mostly larger hospital trusts (CUH, NNUH, NWAFT and CPFT) above us and Royal Papworth lagging us.
- We are proud to have been part of studies, which contributed to the discovery of medications currently standard care in patients with COVID illness namely dexamethasone and tocilizumab.
- In 2020/21, we recruited to 32 NIHR portfolio studies, which covered a wide-ranging speciality including critical care, stroke, dermatology, gastroenterology, cancer, renal, and infectious diseases. On a separate note, QEH has responded to patients' needs by delivering innovation and translation through the creation of SAFIRA (SAFER Injection for Regional Anaesthesia). SAFIRA will

undoubtedly improve anaesthesia practice nationwide and globally, through increased efficiency and reduced risk of serious nerve injury to patients.

Key Actions

The following have been implemented to improve and sustain high performance within the team:

- New Research lead in post
- Regular (fortnightly) team meeting using Key Lines of Enquiry (KLOE) objectives as structure
- Red to Green influenced daily board round to monitor study performance
- Bi-monthly 1:1 supervision in team using agreed team structure
- Further develop research capacity among medical and non-medical staff
 - Engage clinical staff / senior leaders in research (Increased comms and 'Back to Floor' initiative)
 - Increase number of PI to NIHR portfolio
 - Encourage research initiation among non-medic / AHP staff

Risks

The past year's success has mainly been driven by increase in COVID-19 related research and achieving such levels of recruitments are not sustainable. Other key challenges research staff encountered while recruiting to COVID related studies in the past year included the following:

1. Patients not been eligible based on study criteria
2. Patients not been clinically suitable due to comorbidities and frailty syndromes
3. Inadequate engagement by clinical team overseeing patient's management/Rx.

Continuous vigilance and engagement with the clinical teams to improve recruitments is the strategy adopted to mitigate these risks.

Caring Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Feb-21	MSA Incidents	0	4		
Feb-21	MSA Breaches	0	12		
Feb-21	Total Clinical & Non_Clinical Complaints	20	15		
Feb-21	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.06%		
Feb-21	Complaints receiving a response within 30 working days %	90.0%	44.0%		
Feb-21	Complaints - Reopened (% of Total)	15.0%	6.7%		
Feb-21	Complaints - Rate per Staff In Post	0.60%	0.45%		
Jan-21	Dementia Case Finding	90.0%	55.6%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Feb-21	FFT % "Very Good" or "Good" (IP & DC)	95.00%	98.73%		
Feb-21	FFT Resp Rate (IP & DC)	30.00%	10.46%		
Feb-21	FFT % "Very Good" or "Good" (AE)	95.00%	87.88%		
Feb-21	FFT Resp Rate (AE)	20.00%	1.36%		
Feb-21	FFT % "Very Good" or "Good" (OP)	95.00%	96.92%		
Feb-21	FFT Resp Rate (OP)		2.66%		
Feb-21	FFT % "Very Good" or "Good" Mat Question 1 (Antenatal)	95.00%	100.0%		
Feb-21	FFT % "Very Good" or "Good" Mat Question 2 (Labour)	95.00%	100.0%		
Feb-21	FFT % "Very Good" or "Good" Mat Question 3 (Postnatal)	95.00%	100.0%		
Feb-21	FFT % "Very Good" or "Good" Mat Question 4 (Comm Postnatal)	95.00%	100.0%		
Feb-21	FFT Resp Rate Mat Question 2 (Labour)	15.00%	9.6%		

MSA breaches

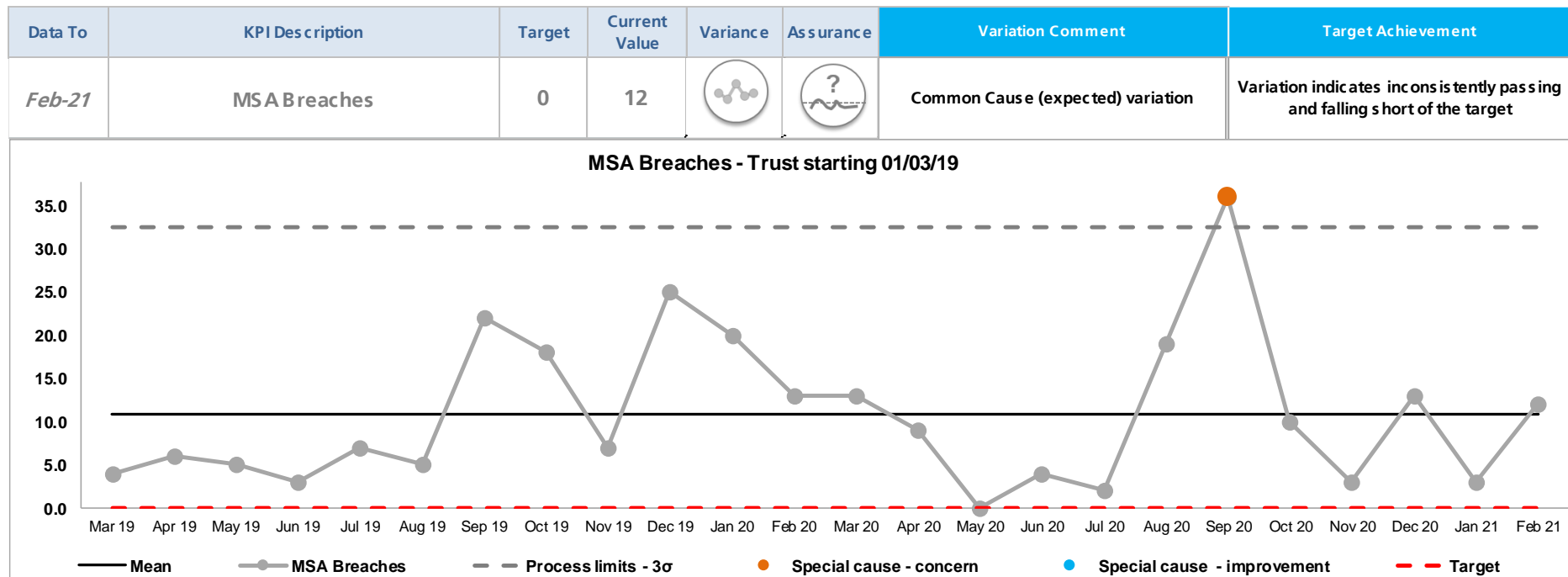


Chart 21 – MSA breaches

Key Issues (any new issues in red):

1. There have been four incidents of same sex accommodation breaches affecting twelve patients. All of them were in the Hyperacute Stroke Unit on West Raynham Ward.
2. The incidents occurred as beds were not available to step down in a timely manner following completion of time critical interventions.
3. The Trust breaches are reported in line with the national guidance.
4. There have been no concerns raised by patients or relatives with regard to same sex accommodation breaches.

Key Actions (new actions in green):

1. Nurse in charge has an active conversation with patients with regard to their experiences whilst being cared for in a mix sex bay.
2. Same sex accommodation breaches are escalated to the clinical site team.

Recovery Forecast:

1. Unable to forecast recovery due to capacity challenges.

Key Risks to Forecast Improvement:

1. Beds for patients who need to be stepped down are not always available and are dependent on demand.

Complaints

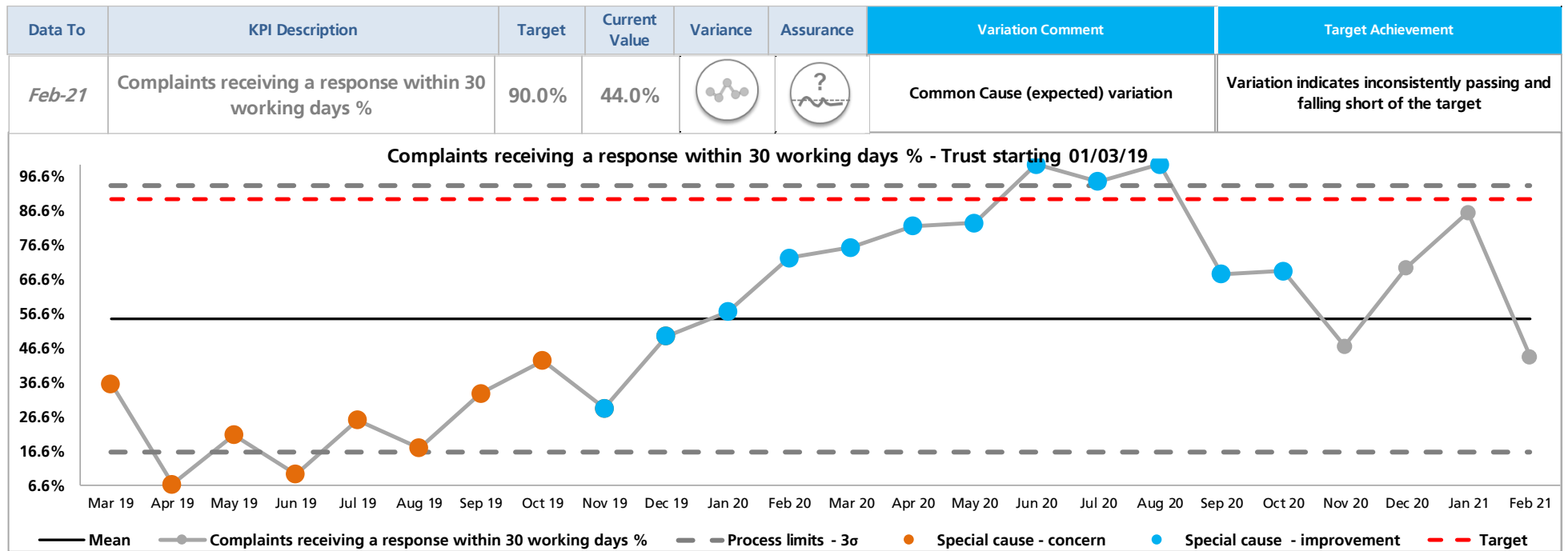


Chart 22 – complaints receiving a response within 30 working days

Key Issues (any new issues in red):

1. The timeliness of responding to complaints within 30 days has not been achieved in February 2021.
2. There has been a reduction in the response rate during February 2021.
3. Due to the very high numbers of COVID cases and deaths in January 2021 (which was a peak for QEH), the Trust took a deliberate decision to ensure all available resources (with sickness absence also at a peak) were deployed to focus on the care of patients. This has resulted in a decline in performance for complaints for these months. We forecast that complaints would increase in this period. Following the appointment of a new Associate Director of Patient Experience, and as COVID cases continue to decline, the Trust has recovery plans in place, including strengthened arrangements for responding to complaints, a new patient helpline and team of Family Liaison Officers to support this work and get performance back on track.

Key Actions (new actions in green):

1. A review of the performance for February 2021 is being completed to understand the reasons for the deterioration in performance.
2. A senior nurse has been seconded into the role of Associate Director of Patient Experience to lead the complaints and patient experience functions. Access to a newly appointed part time Associate Medical Director who has a governance remit and a small proportion of that role is to work with fellow consultants to support particularly challenging medically complex complaint responses.

Recovery Forecast:

1. Once the review process is complete, a revised recovery trajectory will be agreed.

Key Risks to Forecast Improvement:

1. The ability of the teams to prioritise complaint responses in the expected time frames and provide patient focussed responses.
2. Maintenance of the streamlined processes.

Dementia Case Finding

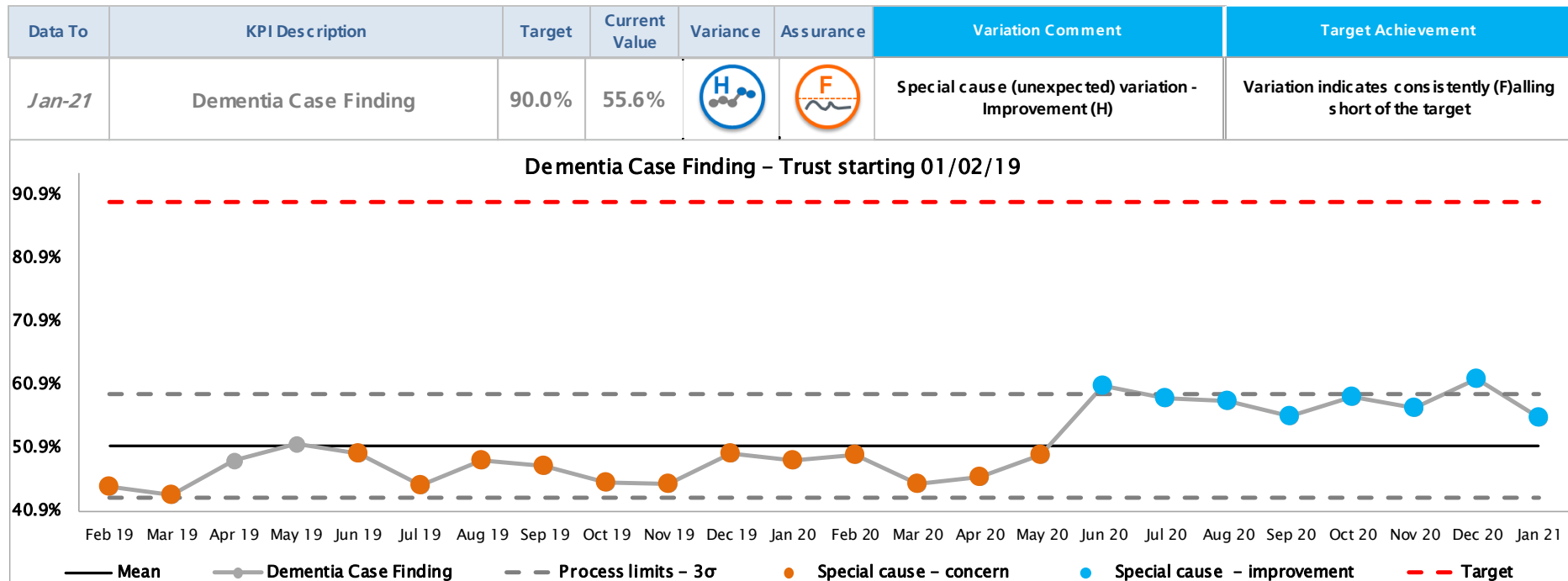


Chart 23 – Dementia Case finding

Key Issues (any new issues in red):

1. Dementia screening continues to fail the target of screening at least 90% of eligible patients. Key contributory issues are human factors, the inability to track patients moving from assessment areas to the wards in a timely manner, and poorly designed surgical admission booklets which if amended, would prompt clinicians to assess patients.

Key Actions (new actions in green):

1. Dedicated Cognitive Impairment Assessors (CIAs-Band 2) trained in the screening process started March 2021 under the guidance of the expanded integrated care of older people team (ICOP). An automated email system alerts the assessors to all patients pending an

assessment every day, which assists them to complete the screening within 72 hours of admissions. The impact of CIAs will be evident in the IPR from May 2021.

2. The orthopaedic clerking booklet has also been revised and is due for printing pending approval. Surgical Admission booklet amendments are still in consultation with the clinical teams. but good level of progress has been made.

Recovery Forecast: The recovery will be evident in the IPR report for May 2021 (reflecting data from March 2021).

Key Risks to Forecast Improvement:

1. Human Factors continue to remain an important issue in achieving this threshold of achievement. Prompts through revised booklets, training for all new doctors, improving awareness are being used extensively to help improve the performance. A forcing function through Electronic prescribing or E-observations would remove this dependence on human factors, but in the interim CIAs have been introduced under the guidance of the ICOP team to improve on this process.

Friends and Family Test

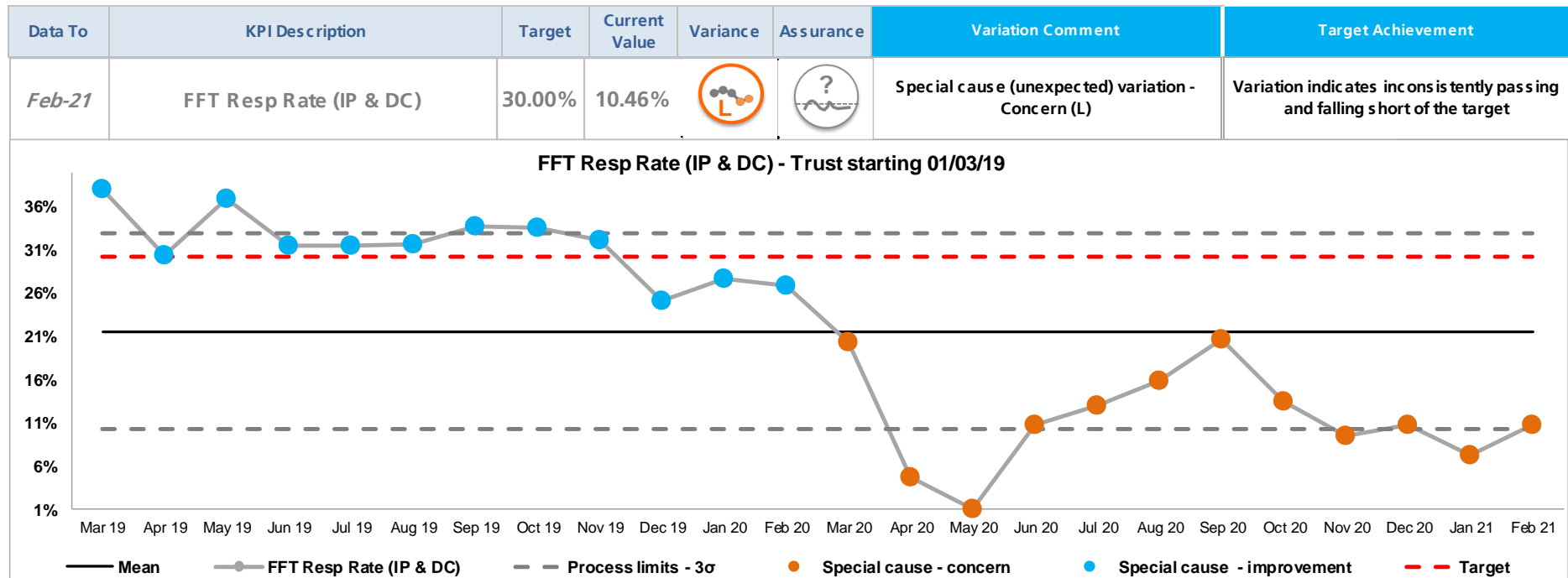


Chart 24 – FFT response rate (IP and DC)

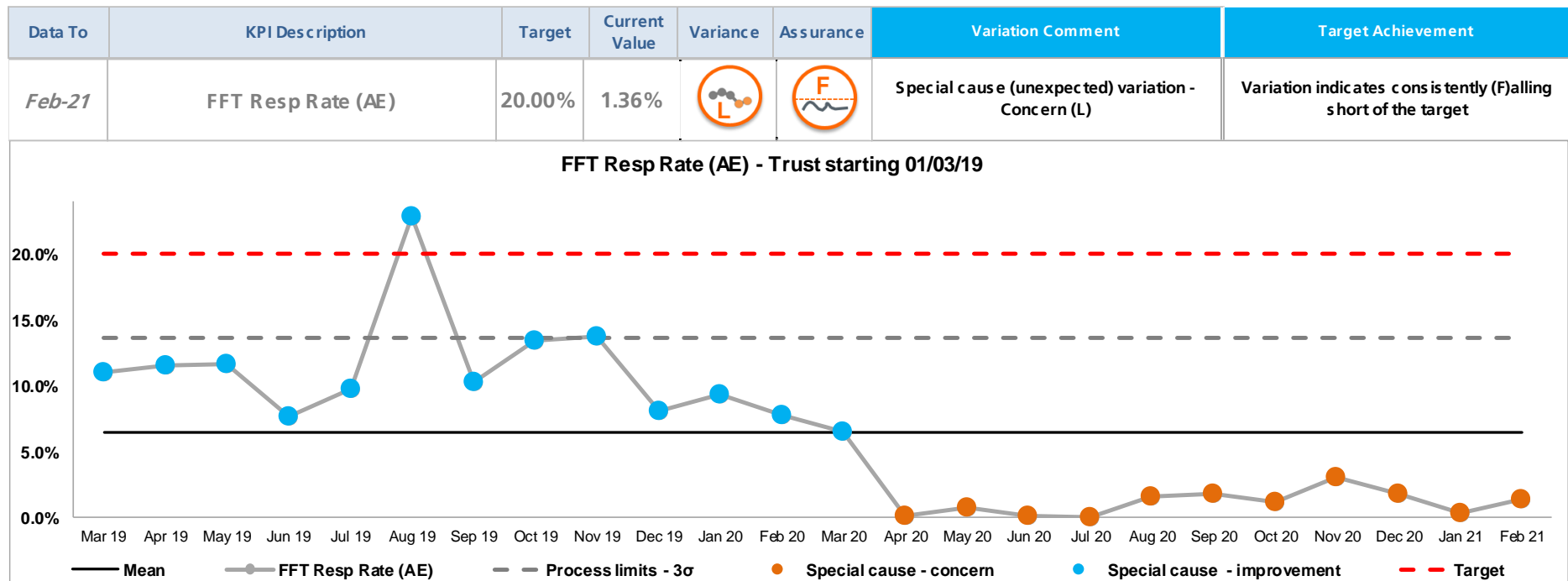


Chart 25 – FFT response rate (A&E)

Key Issues (any new issues in red):

1. FFT feedback collection has risen during February 2021 to 1230 responses (up from 774 responses during January 2021) comparable to the level of response for each month in Q3.
2. Particular area of concern relating to response rate remains to be the Emergency Department (1.36% - 33 responses) which is an increase from the seven responses received during January 2021. It is proposed in our new FFT contract that the ED responses are collected using all the current methods but also via SMS texting.
3. Across the hospital the number of online responses was 165 during February 2021.

Key Actions (new actions in green):

1. Specific actions have been implemented to support the Emergency Department to collect feedback.

2. QR (Quick Response) Code posters continue to be created for areas across the Trust to offer an alternative method of providing feedback which has no infection control implications as patients use their own smart phones to scan the link.
3. Patient Experience support will continue to promote the FFT to staff and patients offering different opportunities to provide feedback.
4. All new areas requiring FFT cards have been put on hold until April 2021 in anticipation of the new FFT system being implemented in March 2021.

Key Risks to Forecast Improvement:

1. Increases are not likely to be seen until footfall in outpatient areas is increased.
2. It is expected that there will be some disruptions with the change from one FFT provider to our new provider but every effort will be taken to make the transition as smooth as possible.

Responsive - Accountable Officer - Chief Operating Officer

Responsive Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Feb-21	18 Weeks RTT - Incomplete Perf	92.0%	60.2%		
Feb-21	18 Weeks RTT - No. of Specialties failing the target of 92%	0	22		
Feb-21	18 Weeks RTT - Over 52 Wk waiters	0	1295		
Feb-21	A&E 4 Hour Performance	95.0%	83.5%		
Feb-21	A&E 4 Hour Performance (Majors only)	95.0%	75.1%		
Feb-21	A&E 4 Hour Performance (Minors only)	100.0%	94.3%		
Feb-21	A&E 12 Hour Trolley Waits	0	2		
Feb-21	Ambulance Handovers	100.0%	54.7%		
Feb-21	Last minute non-clinical cancelled elective operations	0.8%	0.52%		
Feb-21	Breaches of the 28 day readmission guarantee	0	11		
Feb-21	Total non-clinical cancelled elective operations	3.2%	2.23%		
Feb-21	Urgent operations cancelled more than once	0	0		
Feb-21	% of beds occupied by Delayed Transfers of Care	3.5%	0.0%		
Feb-21	Medically Fit For Discharge - Patients		401		
Feb-21	Medically Fit For Discharge - Days		2535		
Feb-21	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	52		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jan-21	Cancer Wait Times - Two Week Wait Performance	93.0%	96.1%		
Jan-21	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	97.3%		
Jan-21	Cancer Wait Times - 62 Day Ref to Treatment Performance	85.0%	62.4%		
Jan-21	Cancer Wait Times - 104 Day waiters	0	4		
Jan-21	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	82.6%		
Jan-21	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	100.0%		
Jan-21	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	100.0%		
Jan-21	Cancer Wait Times - 62 Day Screening Performance	90.0%	100.0%		
Feb-21	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	57.7%		
Jan-21	Stroke - 90% of time on a Stroke Unit	90.0%	30.4%		
Jan-21	Stroke - Direct to Stroke Unit within 4 hours	90.0%	24.6%		
Jan-21	Stroke - Patient scanned within 1 hour of clock start	48.0%	37.9%		
Jan-21	Stroke - Patient scanned within 12 hours of clock start	95.0%	91.4%		
<i>Click here to view other National Stroke (SSNAP Domain) Results</i>					
Jan-21	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	28.8%		

Emergency Care

Emergency access within 4 hours

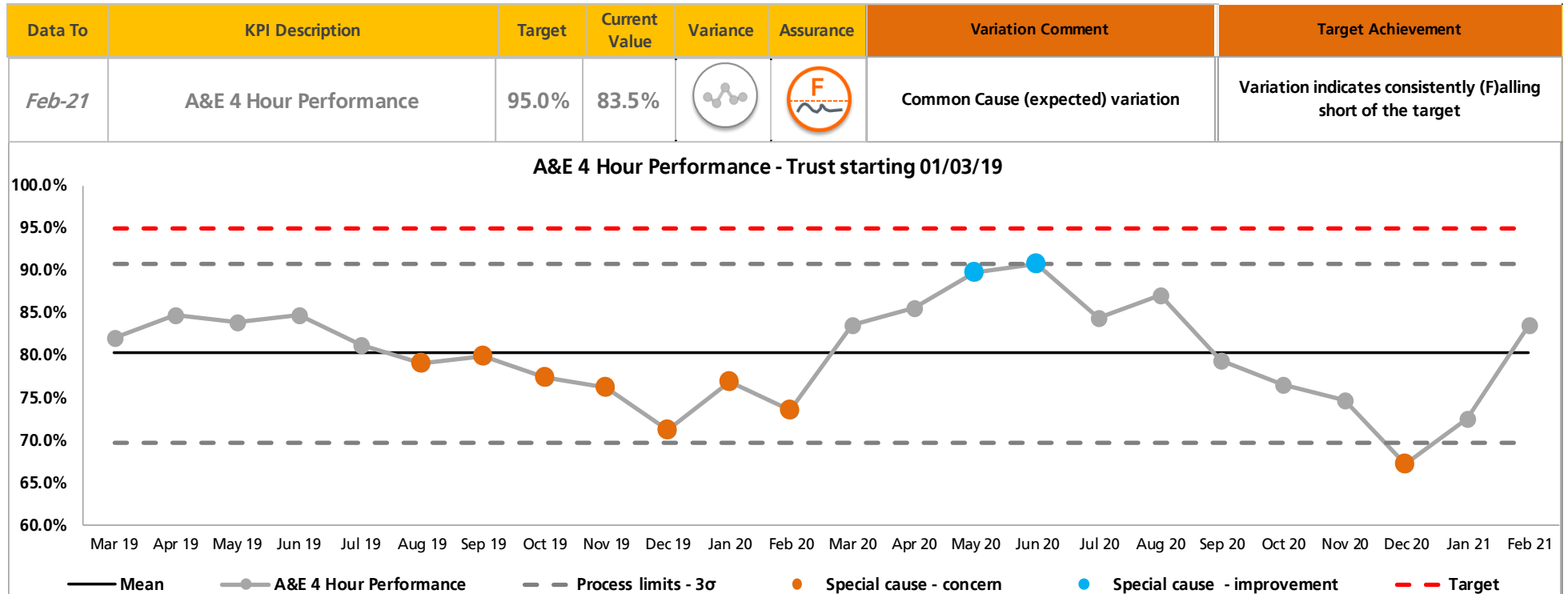


Chart 26 – A&E 4-hour performance

In February 2021, 4296 patients attended the Emergency Department (ED) and of these, 709 patients were in department over 4 hours before admission, discharge or transfer. Performance was **83.5%** against the standard of **95%** and trajectory of **83.6%**.

Admitted performance was 71.5% and non-admitted performance was 92.5%; 73.9% of all breaches were admitted patients. Minors performance was 94.3% in month, however, of the 106 breaches recorded as 'minor' 53 of these patients were admitted.

86.6% of all attendances presented to Amber ED, 13.4% to Red ED showing a 4.5% decrease in attendances to Red ED compared to January 2021. 33.4% of all breaches were from Red ED.

The main breach reasons were as follows:

1. 144 patients waiting for a bed (20.3%). 95 of these patients were awaiting a bed on an Amber ward and 49 patients were awaiting a bed on a Red ward.
2. 105 patients awaiting specialty review (14.8%). 58 of these patients were in Red ED and awaiting senior review prior to transfer to the ward.

Performance in quarter 1 was **88.9%**, against the trajectory of **86.3%** and performance in quarter 2 was **83.7%** against the trajectory of **82.0%** and performance in quarter 3 was **72.9%** against the trajectory of **83.1%**.

Two patients waited in the Emergency Department over 12 hours from decision to admit to admission. Both patients were awaiting transfer to a mental health inpatient bed.

Ambulance Handovers completed within 15 minutes

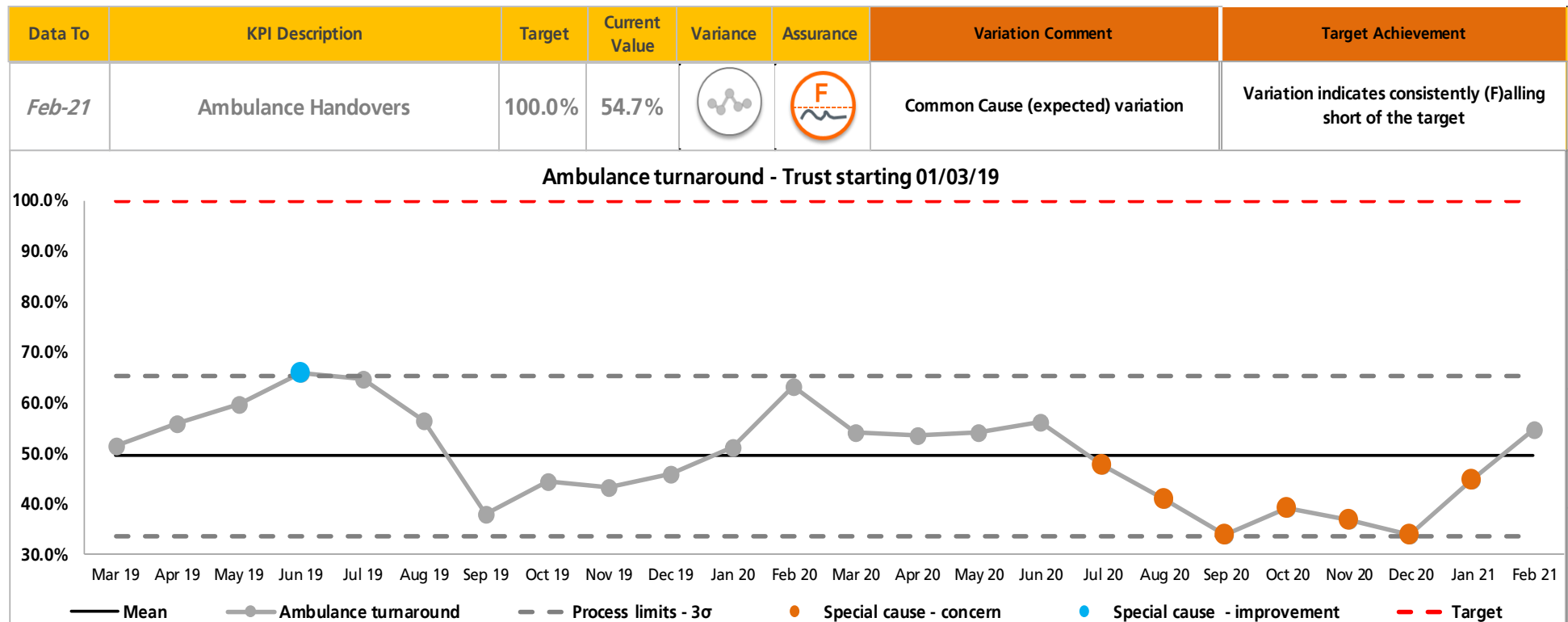


Chart 27 – Ambulance turnaround

In February 2021 there were 1,664 conveyances by EEAST to the Emergency Department (ED). **54.7%** of all handovers took place within 15 minutes against the trajectory of **65.0%**. This is an improvement compared to 45.2% in January 2021. The average handover time was 19 minutes and 18 handovers exceeded 60 minutes (1.1%). In month, the Trust ranked 2nd out of 17 hospitals within the region for the percentage of handovers completed within 15 minutes.

Key Issues (any new issues in red):

1. Patients delayed in the ED waiting for clerking and senior review prior to transfer to Red wards due to a sufficiently resourced medical staffing model not being in place for the Red assessment unit.

2. Delays in patients being admitted the Amber assessment ward (AMU) due to limited flow from AMU to Amber wards as a result of insufficient Amber ward capacity. As the COVID-19 inpatient bed demand decreases, Red wards are converted back to Amber wards. Before this conversion can take place, the Red ward needs to be decanted and deep cleaned; this process takes several days leading to an overall bed reduction during this period.

Key Actions (new actions in green):

1. Ensure the Red assessment unit has the appropriate medical staffing in place so that clerking and senior review can take place on the ward rather than in the ED.
2. Continue to review and revise the ward configuration to ensure sufficient Red and Amber inpatient capacity is available to meet demand.

Recovery Forecast:

Emergency Access within 4 hours and Ambulance Handovers completed within 15 minutes is forecast to deliver to trajectory from March 2021.

Key Risks to Forecast Improvement:

1. Elective activity restoration requiring the re-opening of the Day Surgery Unit meaning the Red and Amber EDs need to collocate in the Amber ED footprint

Beds occupied by adult inpatients >=21 days

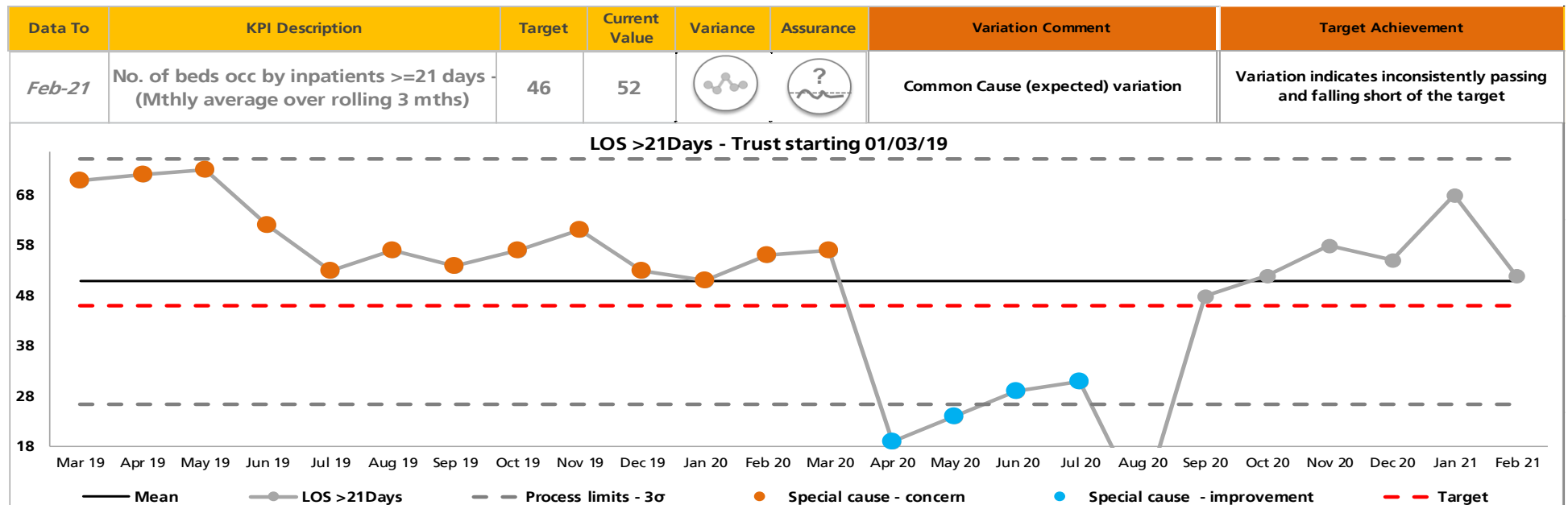


Chart 28 – LoS > 21 days

The number of patients with a length of stay ≥ 21 days reduced from 68 in January 2021 to 52 in February 2021; however this remains higher than the target of 46.

Key Issues (new actions in red):

Top primary reasons for patients Medically Fit for Discharge (MFFD) (105) in hospital > 21 days in Feb:

1. Waiting for social care reablement or home-based intermediate care time limited 39 (37%)
2. Waiting for residential or nursing home, social care or self-funder 24 (23%)
3. Waiting for results of tests or therapy assessment 14 (13%)

Key Actions (new actions in green):

1. Relaunch and embedding of weekly 21 day length of stay reviews with support of ECIST and in line with national guidance.

Recovery Forecast:

The Trust is forecasting achievement of this standard from May 2021.

Key Risks to Forecast Improvement:

1. Community and social care capacity to source community bedded options for a rapid patient discharge. This can be particularly difficult for patients recovering from COVID-19 requiring a Care Home placement where the Care Home requires a negative swab before acceptance.
2. Social care capacity to respond rapidly to home-based care at the point the patient is ready for discharge.

Elective Care

18 weeks referral to treatment

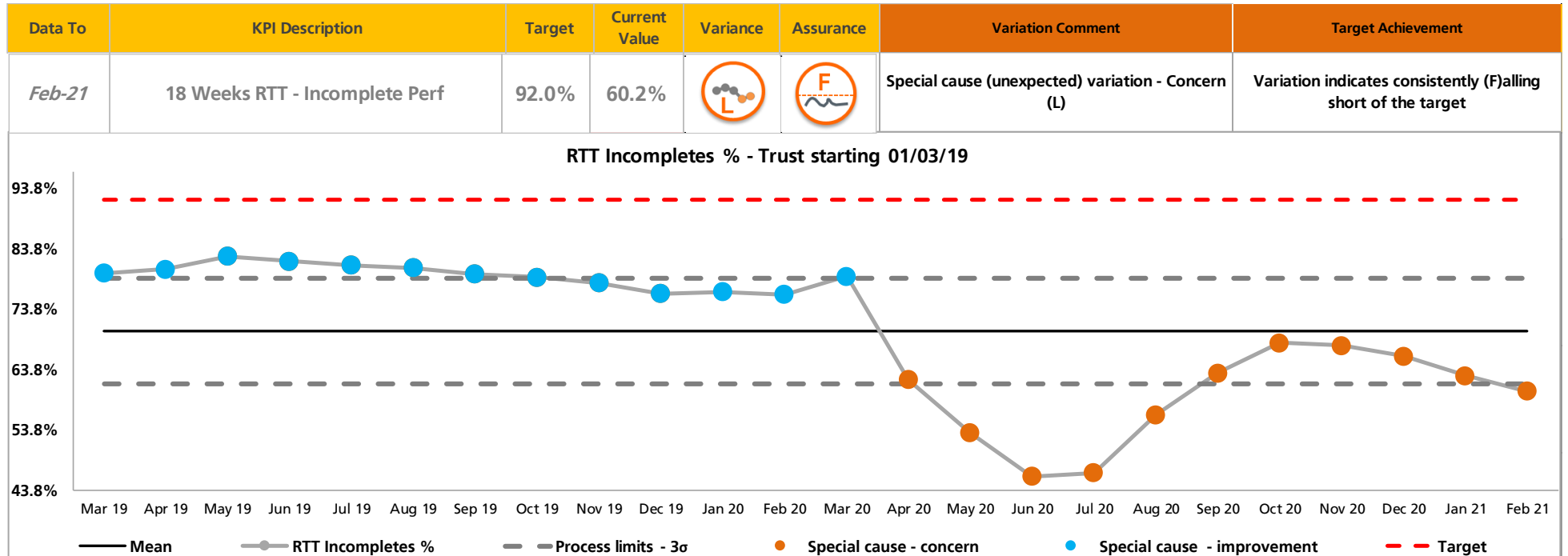


Chart 29 18-week RTT

At the end of February 2021 there were a total of 15,203 patients on the waiting list. 6,051 of these patients had waited for over 18 weeks from referral, giving performance of 60.2%.

Key Issues (new issues in red):

1. Suspension of non-urgent elective admitted activity and reduction of outpatient face to face activity, in line with national guidance. Patients referred on a suspected cancer or urgent pathways are still being seen either virtually or face to face.
2. Limited availability of clinical staff due to vacancies (65 throughout all specialities), shielding (16), Maternity leave (31) and sickness (18 long term)

Key Actions (new actions in green):

1. Additional capacity has been secured for Orthopaedic and Gynaecology activity through Independent Sector Providers
2. The Sandringham Unit reopened as a green surgical ward on 22nd February, providing an increase in elective surgical capacity

Recovery Forecast:

The 18-week performance is not expected to recover to 92% during the 2020/21 financial year.

Key Risks to Forecast Improvement:

1. The Day Surgery Unit remaining as a red ED for a prolonged period with no re-provision of day surgery capacity.

52-week breaches

The Trust reported no 52-week breaches in 2019/20, however, waiting times significantly increased as a result of the cessation of routine elective activity in response to the COVID-19 pandemic. At the end of February there were 1,295 patients who have been waiting longer than 52 weeks for treatment; the majority of these were in Orthopaedics (432), Gynaecology (219), Oral Surgery (187), General Surgery (183) and ENT (152).

Key Issues (new issues in red):

1. Routine elective surgery remains paused

Actions (new actions in green):

1. Independent Sector capacity has been secured for orthopaedic and gynaecology patients. 114 patients are expected to be treated by the end of March, 75 Orthopaedic and 39 Gynae
2. Oral Surgery and Ophthalmic activity displaced from the Day Surgery Unit is being undertaken in the Sandringham theatres from 8 March 21.

Recovery Forecast:

The backlog of patients waiting for over 52 weeks will not be cleared in this financial year.

Key Risks to Forecast Improvement:

1. Insufficient capacity to meet waiting list backlog
2. Risk to admitted performance through lack of capacity to meet current waiting list demand.

Diagnostic Waiting Times

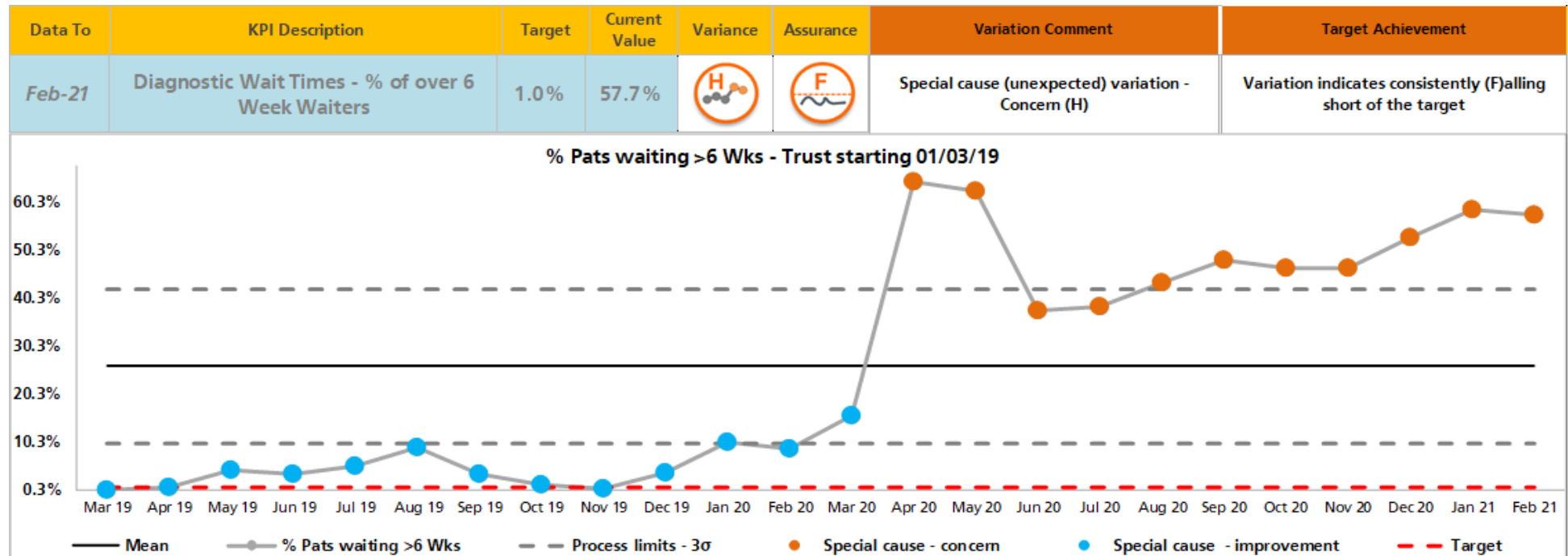


Chart 30 - % patients waiting > 6 weeks

Performance in February 2021 was **57.66%** against the standard of **1%** with 3286 patients waiting over 6 weeks. The majority of breaches occurred in MRI 64% (1125), CT 60.9% (688) and Cardio-echo 79.2% (792). (% of performance against total number of patients waiting at month end for identified diagnostic test).

Key Issues (any new issues in red):

1. MRI machines continue to require downtime for intermediate repairs.
2. CT activity is impacted on by Cross Sectional Radiographer vacancies and sick leave equal to 5wte or 30% of this professional group.
3. **Cardio-echo activity is reduced compared to Pre-Covid performance. This is predominantly due to reduction of 1 room to comply with Covid restrictions and reduced staff capacity with post vacancy and maternity leave.**

Key Actions (new actions in green):

1. Started 'Grown our own' programme of Apprentices in Radiology and Service Managers working clinically when required.
2. CT activity increasing due to mobile scanner on site undertaking around 700 examinations (focused on 2 week waits). CT activity at 99.5% of pre-covid activity.
3. Exploring external resource for Cardio-echo reporting to release capacity for testing.

Recovery Forecast:

A recovery plan, with trajectory, is being developed for all diagnostics tests.

Key Risks to Forecast Improvement:

There is a National shortage of mobile scanners which could impact on providing extra resource to address the backlog and support elective recovery.

Cancer waiting times

2 week wait from referral to first outpatient appointment

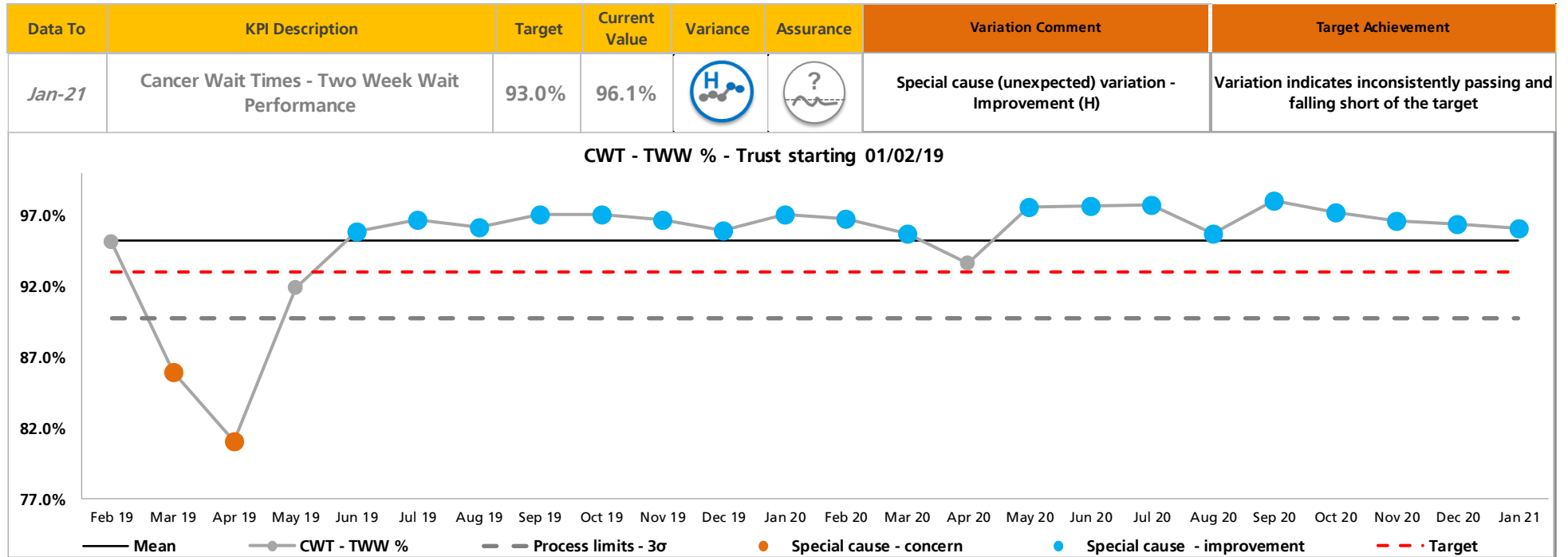


Chart 31 – CWT two week wait

Performance in January 2021 was **96.1%** against the standard of **93%**, there are no concerns regarding the ongoing delivery of this standard.

62-day referral to treatment

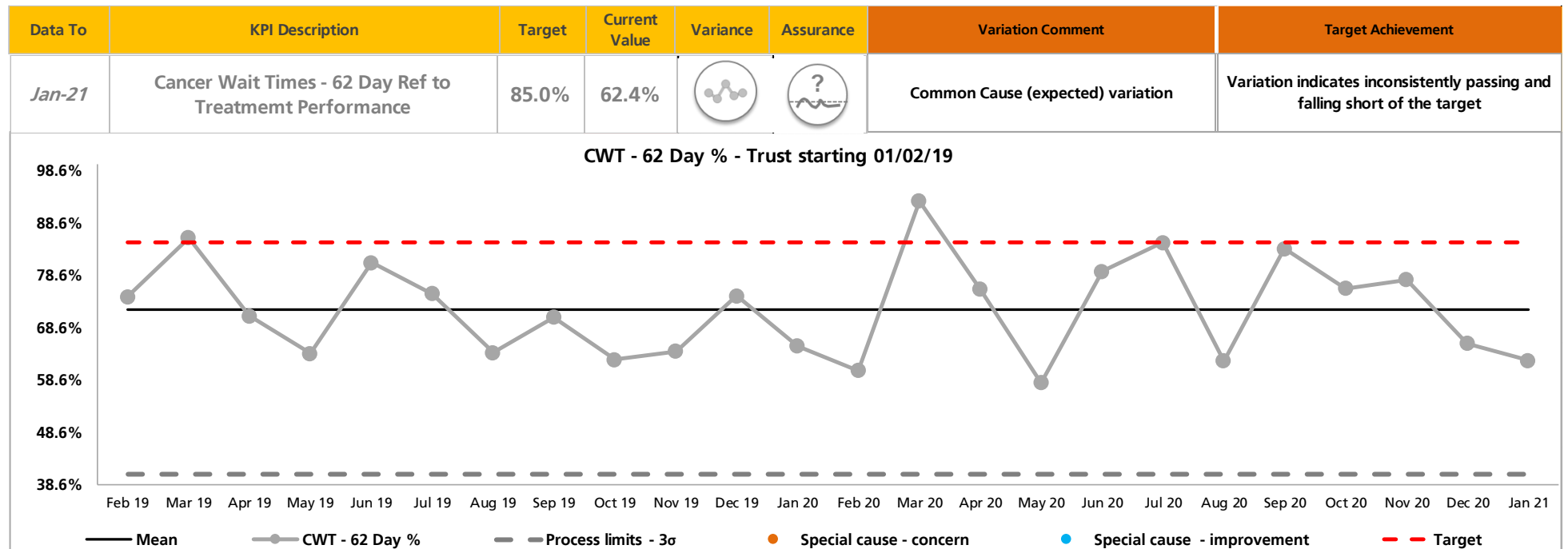


Chart 32 – CWT – 62 day %

Performance in January 2021 was **62.37%** against the standard of **85%** and trajectory of **80.77%**.

There were **46.5** treatments of which **17.5** breached the 62-day standard (7.5 Gynaecology, 1.5 Haematology, 5.5 Colorectal, 1 Lung, 1 Skin, and 1 Sarcoma)

Key Issues (any new issues in red):

1. Delays in surgery at Tertiary centres across multiple cancer sites
2. A small number of delays relating to the short-term colorectal capacity issues in January/February.

Key Actions (new actions in green):

1. Additional Colorectal lists have been untaken to clear the backlog of surgery. This has ensured all patients waiting have been given a date for surgery within 28 days and prevented further 104-day breaches.
2. Agreed plan in place to move gynaecology surgical pathway to Norfolk & Norwich University Hospital from Cambridge University Hospital from April 21.

Patients waiting for 104+ days

The Trust has been able to reduce the number of 104+ day waiters significantly in recent months. At the peak last year **38** patients were waiting over 104 days for treatment.

There are now currently **5** patients waiting for over 104 days, of which **2** are colorectal, **1** gynaecology, **1** head & neck and **1** skin. Two of these are currently awaiting surgery at a tertiary centre.

Recovery Forecast:

The Trust is forecasting delivery of the standard by June 2021.

Stroke – 90% of time on a Stroke Unit

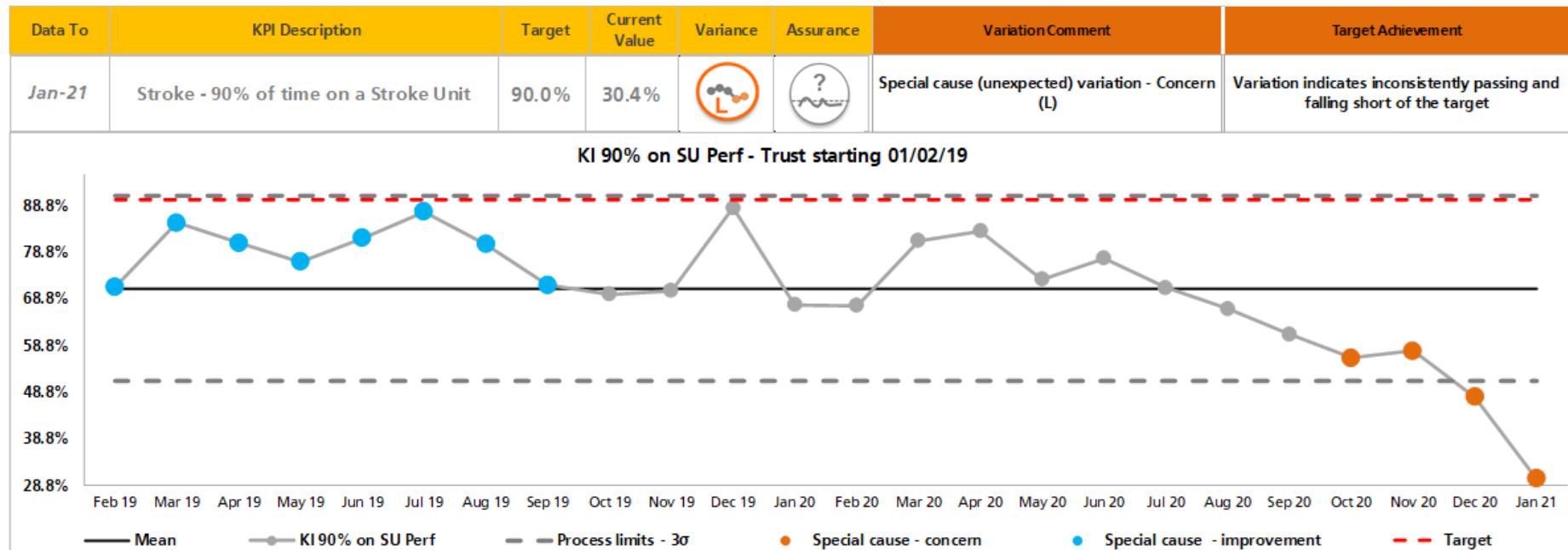


Chart 33 – CWT – 90% of time on the Stroke Unit

Key Issues (any new issues in red):

- In January, 39 patients spent less than 90% of their stay on the Stroke Unit (SSNAP audit score 'E'):
 - 49% (19 patients) due to being admitted/transferred via the Covid pathway.
 - 33% (13 patients) due to lack of bed availability on the Stroke Unit
 - 8% (3 patients) had a short stay and discharged prior to transfer to the Stroke Unit.
 - 5% (2 patients) due to challenging diagnosis where Stroke was not clearly indicated.
 - 5% (2 patients) not referred on admission.
- Coronary Care Unit (CCU) remains based on the Stroke Unit reducing the Stroke bed base from 29 to 24 beds.
- In January, West Raynham was closed due to an outbreak of COVID-19, further limiting bed capacity.

Key Actions (new actions in green):

- Relocation of CCU in line with the finalised seasonal bed modelling. Timescales to be confirmed.
- To continue to work with the Integrated Stroke Delivery Network (ISND) to improve stroke outcomes and pathway efficiencies.

Recovery Forecast:

- The unvalidated February position is showing an improved performance from 30.36% to 56% (however, this is still an SSNAP audit score of 'E').
- As Covid pressures continue to ease, it is expected that this improvement will be sustainable between 60 to 75% based on historical data. This will still result in a SSNAP audit score of 'E'.
- Furthermore, once CCU has been relocated and the Stroke Unit bed capacity increases back to 29 beds, it is expected that performance will be sustained at between 75 to 85% based on historical data. This would result in a nominal SSNAP audit score of 'C'.

Key Risks to Forecast Improvement:

- CCU remaining on the Stroke Unit that will continue to reduce acute stroke bed capacity by 17%.
- Continued impact of COVID-19 – Stroke patients where COVID-19 is also suspected cannot be admitted directly to the Stroke unit.

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

Statement of comprehensive income: Month 9– 2020/21

	In Month				Year to Date			
	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	%	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	%
Clinical Income	18,565	18,771	206	1%	200,309	199,595	(714)	(0%)
Other Income	1,361	1,421	60	4%	16,133	13,392	(2,741)	(17%)
Donated Asset Income	77	165	88	114%	650	320	(330)	(51%)
COVID-19 Additional Income	1,258	1,258	0	0%	6,290	14,471	8,181	
Total Income	21,261	21,615	354	2%	223,382	227,778	4,396	2%
Pay Costs - Substantive	(11,987)	(12,109)	(122)	(1%)	(126,729)	(130,168)	(3,439)	(3%)
Pay Costs - Bank	(1,075)	(1,180)	(105)	(10%)	(11,046)	(10,584)	462	4%
Pay Costs - Agency	(602)	(831)	(229)	(38%)	(11,334)	(11,346)	(12)	(0%)
Pay Costs - Additional COVID-19	(1,026)	(1,691)	(665)	(65%)	(5,130)	(10,590)	(5,460)	
Total Pay	(14,690)	(15,811)	(1,121)	(8%)	(154,239)	(162,688)	(8,449)	(5%)
Non Pay - Additional COVID-19	(232)	115	347	150%	(1,160)	(1,905)	(745)	
Non Pay	(5,399)	(6,859)	(1,460)	(27%)	(60,083)	(58,482)	1,601	3%
Total Operating Costs	(20,321)	(22,555)	(2,234)	(11%)	(215,482)	(223,075)	(7,593)	(4%)
EBITDA	940	(940)	(1,880)	(200%)	7,900	4,703	(3,197)	(40%)
Non-Operating Costs	(930)	(797)	133	14%	(8,351)	(7,240)	1,111	13%
Adjust Donated Assets	(44)	(165)	(121)	(275%)	(320)	(36)	284	89%
TOTAL (Deficit) / Surplus	(34)	(1,902)	(1,868)	(5494%)	(771)	(2,573)	(1,802)	(234%)

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

Key points of note in month:

- By the end of February the Trust had 45 COVID positive patients (188 at the end of January) with Day Surgery operating as the COVID emergency department.
- Excluding COVID-19 expenditure, agency spend is £229k adverse to plan in month but below the agency ceiling which at M11 was set at £878k.
- COVID-19 pay has increased but now includes £170k per month of vaccination costs that are recoverable.
- COVID-19 non-pay is £115k positive in month due to the confirmation of COVID capital funding and the ability to capitalise costs incurred before month 11.
- Recognition in-month of the annual leave accrual of £1,858k.
- CIP programme performance is in line to achieve plan by year end, with £373k delivered in month.
- Capital expenditure incurred to date £8.4m, with a further £2.7m committed.

Statement of Financial Position (SOPF) Update

	31-Mar-20	31-Jan-21	28-Feb-21	Month on Month Movement	YTD Movement
	£m	£m	£m	£m	£m
Non current assets	96	97	98	1	2
Current Assets				-	-
Inventories	2	2	2	-	-
Trade & Other Receivables	22	8	9	1	(13)
Cash	14	38	39	1	25
Current liabilities				-	-
Trade & Other Payables	(24)	(12)	(14)	(2)	10
Accruals	(9)	(31)	(33)	(2)	(24)
PDC dividend	-	(1)	(1)	-	(1)
Other current liabilities	(2)	(2)	(3)	(1)	(1)
Non current liabilities				-	-
Borrowings	(135)	-	-	-	135
Total assets employed	(37)	98	96	(2)	133
Tax payers' equity					
Public Dividend Capital	57	192	192	-	135
Revaluation Reserve	12	12	12	-	-
Income & Expenditure Reserve	(106)	(106)	(108)	(2)	(2)
Tax payers' equity	(37)	98	96	-	135

Month-on-Month Key movements

Adjustment of £1,858k to the accrual for annual leave, which is in line with national Covid-19 guidance.

Year-to-Date Key Movements

Trade receivables have decreased due to NHS debtors paying more promptly and resolution of long-term queries











Cash and accruals have increased due to double payment of block income monies in April 2020.

Trade and other payables have decreased due to the Trust paying suppliers in a more timely manner and resolution of long term queries.

Loans have reduced and PDC increased due to the capitalisation of loans in September 2020.

Well Led (People) Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
<i>Feb-21</i>	Appraisal Rate	90.0%	80.5%		
<i>Feb-21</i>	Appraisal Rate (Med Staff exc Jnr Drs)	95.0%	99.0%		
<i>Feb-21</i>	Sickness Absence Rate	4.0%	6.3%		
<i>Feb-21</i>	Mandatory Training Rate	85.0%	79.6%		
<i>Feb-21</i>	Turnover Rate	10.0%	9.2%		

Well-Led (People)

As of February 2021, the Trust currently employs 3825 substantive headcount and 766 Bank only headcount. The following table illustrates FTE.

	December (FTE)	January (FTE)	February (FTE)
Funded Establishment:	3583.74	3588.59	3588.59
Substantive:	3289.21	3306.57	3365.67
Bank usage:	274.68	276.92	337.63 *
Agency usage	197.35	232.47	219.53 *

Vacancy Levels

The Trust vacancy rate has decreased further from 7.50% to 5.95%

Nursing & Midwifery staff group at 6.62% (7.19% in January, 7.95% in December 2020). The Trust continues to recruit International nurses both working locally and across the STP and have 80 due to start in the next 6 months. A further successful recruitment event took place for Healthcare Support workers on 6th March with 39 appointments made.

Medical & Dental vacancy rate has decreased further from 7.40% to 5.20% with continued recruitment into key posts across all divisions. In August 2020 the vacancy rate for medical and dental staff group was 16.53%.

The vacancy rate for AHPS has also declined this month from 13.68% to 13.09%, the 2nd phase of the recruitment campaign has highlighted a number of key AHP vacancies across the Trust and recruitment continues into these posts.

Turnover decreased to 9.18% from 9.34% the previous month

Appraisals

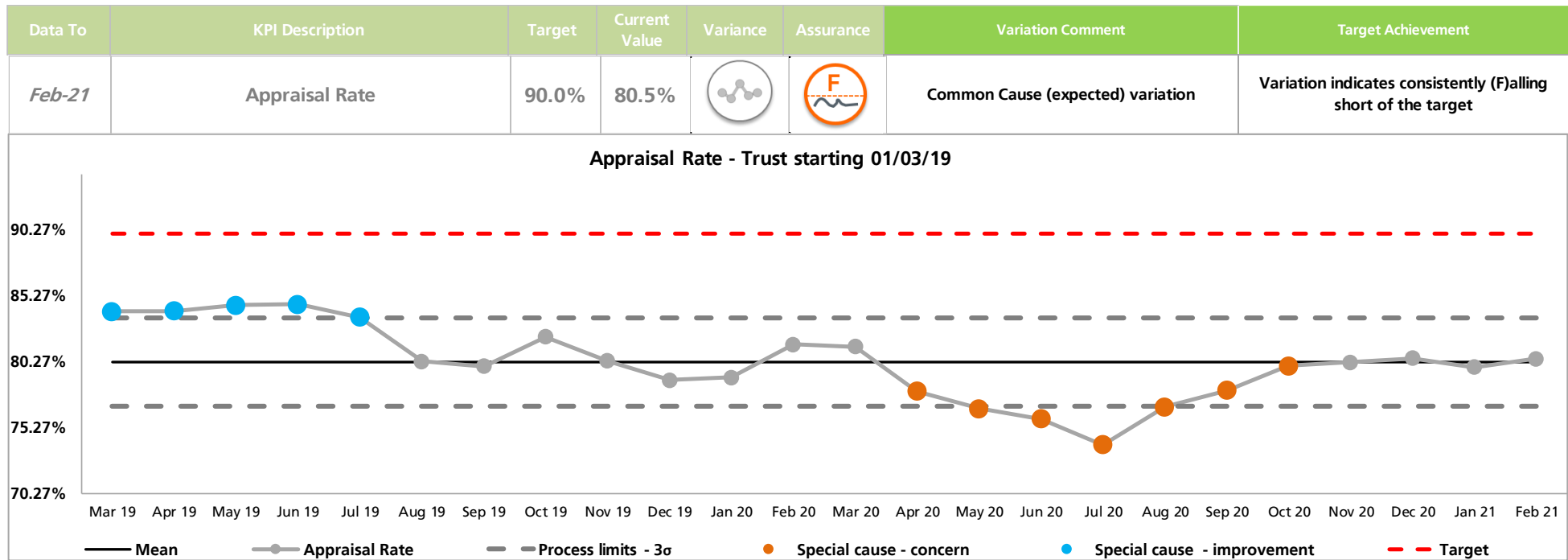


Chart 34 – Appraisal rate

Key Issues (any new issues in red):

- Trust appraisal rate compliance (including bank staff but excluding medical staff) increased this month to 80.50% (from 79.85% in January 2021) 220 appraisals were completed in month. Trajectories remain in place however these are being reviewed regularly as due to the current pressures appraisals are being cancelled. We have made it mandatory that all staff who are working from home or shielding undertake their appraisals.
- Seriously Overdue appraisals (in excess of 18 months overdue) 86 appraisals remain in the seriously overdue category, which is a decrease of 2 on the previous month, 46 appraisals are overdue by 18 – 24 months and 40 appraisals are overdue by 24 months. There is a plan to complete 46 of these appraisals in March. Of the 40 appraisals without a plan for completion by 31st March 2021 34 are for bank workers within Central Nurse Bank. 3 of the remaining appraisals without a plan for completion are currently individuals on long term sick so may be excluded from compliance reports.

A complete breakdown of the 40 Seriously Overdue appraisals is shown below;

- 34 Central Nurse Bank
- 1 A & E Department (currently long term sick)
- 1 Radiology Department (currently long term sick)
- 1 Surgical Pre-assessment Clinic
- 2 Theatre General (1 currently long term sick)
- 1 Women & Children's Dir Management

Key Actions (new actions in green):

1. Where appraisals are overdue, or seriously overdue, managers have been written to with the explicit instruction to undertake all outstanding appraisals either face to face or completed through either telephone calls or Teams with those staff working from home.
2. The new workforce KPI check point meetings have been scheduled to actively scrutinise the DLT's in month performance for all workforce KPI's prior to the PRM monthly meetings which will highlight improvements or further action required by the DLT.
3. The proposed pay progression policy will mandate that staff appraisals are up to date before they can progress onto the next increment in the band will be live for new starters from April 2021.
4. Staff who are shielding or working from home have been mandated to complete their appraisals
5. Appraisal trajectories are in place across all areas, with an agreed trajectory for the Trust

Mandatory Training

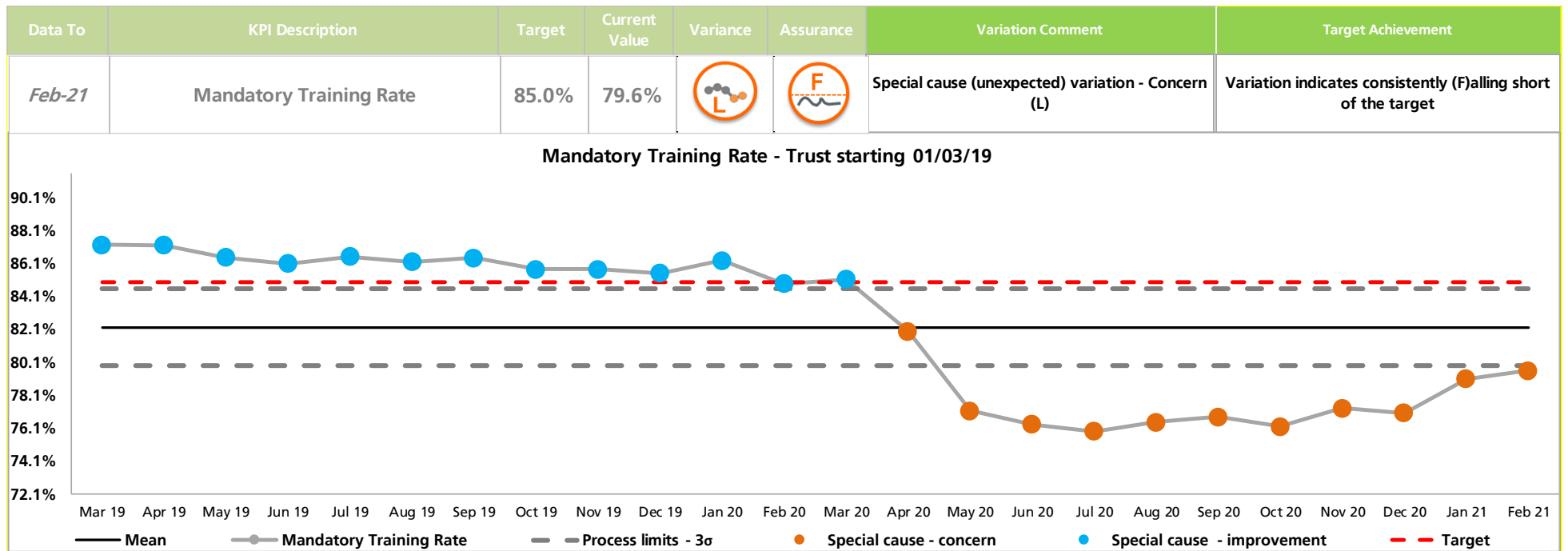


Chart 35 – Mandatory Training rate

Mandatory Training compliance for the 11 Statutory & Mandatory subjects is at 79.62% (against a target of 80%) which has increased from 79.11% in January 2021. This includes 3 month expiry extension for Resus and Manual Handling Level 2

Key Issues (any new issues in red):

1. COVID-19 social distancing restricts the number of attendees on each face-to-face course

Key Actions (new actions in green):

1. We will continue with targeted communications which are being sent to all staff and managers to remind users how to log in to ESR to complete their mandatory training. FAQs and 'How to' guide has also been developed.

2. With COVID-19 social distancing restricting the number of attendees on each course we are putting in additional sessions and have recorded training sessions where possible which can be hosted on ESR so as to negate the need to attend a face to face session.
3. A three month expiry extension has been agreed for Resus and Manual Handling Level 2 which are the two courses which can only be provided face to face
4. The benefits of E-Learning have been realised during the COVID-19 pandemic and its use is being maximised across the organisation. The focus continues to be on building and improving an E-Learning portal, to improve access for staff.
5. The Trust will have implemented the digital staff passport from 1st April 2021, which allows for the transfer of training between trusts.
6. A task and finish group has been set up to review the provision of mandatory training across the Trust including confirmation of what training is required by role.
7. The pay progression policy will mandate that staff mandatory training is up to date before they can progress onto the next increment in the band. This comes into effect for new starters from April 2021.
8. As part of monitoring, Training & Development will identify new starters, in particular, clinical staff that have not completed all their mandatory training within a month of starting, then notify the managers responsible to ensure these are rebooked immediately. Where such cases are older than two months it will be referred to the relevant directors for action.
10. Staff members will be offered TOIL for doing the eLearning at home or coming in out of working hours to complete the training. In addition more sessions will be offered outside of normal working hours. To be agreed at January JSCC meeting.
11. It has been mandated that staff that are shielding, self isolating or working from home complete all outstanding mandatory training.
12. As part of the Hospital Services Strategy, the Mandatory Training policy is one of the policies being reviewed for convergence and alignment across the three acute hospitals. Positive conversations across the organisations have taken place as to how to take this work forward, which will result in a shared policy, streamlined processes and enable a digital passport. It is anticipated the policy review will be completed by 31st March 2021.
10. Where e-learning is not an option e.g. Manual handling, the unavailability of trainers means that training cannot take place. Whilst additional trainers are trained, agency trainers are to be used so mandatory training can be delivered

Sickness Absence Rate

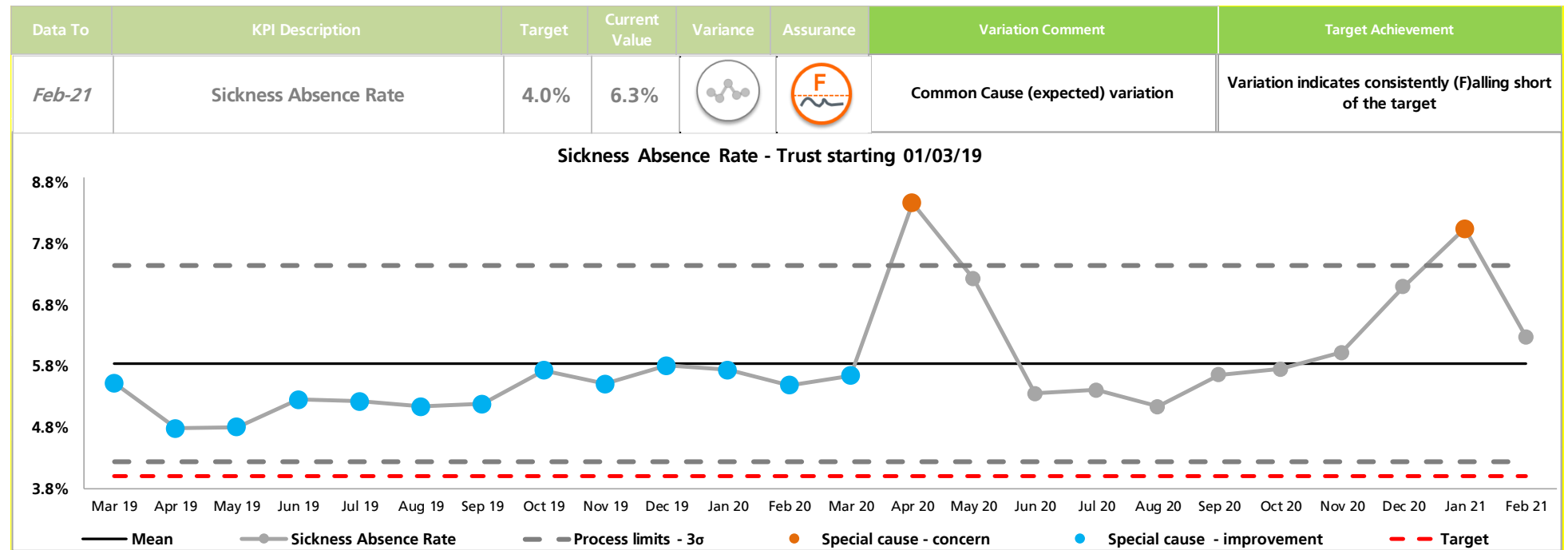


Chart 36 – Sickness Absence rate

Key Issues (any new issues in red):

1. Overall sickness for the Trust has decreased to 6.28% from 8.04% in February 2021. 12-month cumulative sickness has increased to 6.36% from 6.28%. This continues to be challenging for the Trust and during February was monitored and escalated on a daily basis to GOLD command to ensure safe staffing levels were maintained.
2. COVID-19 related sickness in February decreased from 2.70% to 1.27% and non COVID-19 sickness decreased from 5.34% in January to 5.01% in February 2021.
3. Stress and anxiety still remains the highest cause of sickness absence and the largest single cost. There had been declining for the last three months but has increased this month to 22.1% of overall absence. Infectious diseases is the second highest cause and are mainly attributable to COVID.

Key Actions (new actions in green):

1. The Trust is providing the COVID-19 vaccination to our staff
2. The Trust continues to ensure risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, are undertaken and actioned and work is being undertaken to ensure staff have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.
3. Alongside the activity highlighted last month, divisional leadership teams supported by HR colleagues continue to focus on absence as part of the monthly performance management review meetings. **Separate check and challenge meetings with the divisions are now in place.** These meetings with the DLT's and individual departments will ensure improvement trajectories for individual staff and ensure managers have grip and control and support they need for managing problem areas.
4. The Trust needs to balance its approach to 'managing absences' and supporting staff when they are unwell. 'Looking after our People' is a key focus for the NHS People Plan for 2020/21. QEH has reiterated its focus on this through the actions set down in its People Plan; ensuring frontline healthcare workers involved in direct patient care receive seasonal influenza vaccination annually, to protect themselves and their patients from influenza. This year the 100% of trust front line staff have received their 'flu vaccination. **The flu campaign for 2021 is under development at the present time.**

Key Risks to Forecast Improvement:

1. COVID recovery