

Meeting:	Board of Directors				
Meeting Date:	1 December 2020	Agenda item:	11		
Report Title:	Integrated Performance Report (IPR) – October data				
Author:	Olivia Hay, Business Manager 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>Reference to significant risks</p> <p>There are currently 14 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
Purpose of the report:	<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>This is the seventh month where Plot the Dots (Statistical Process Control) has been used within the IPR.</p> <p>Focusing on the data in this way will enable 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 this month's report (October's data) features the amended narrative format, to ensure that there is clarity around actions being taken and visibility of any risks to performance for all areas.</p>				
Summary of Key issues:	<p>As outlined within the report.</p> <p>The areas flagging with special cause variation are;</p> <ul style="list-style-type: none"> • C Diff (Hospital Onset) Rate per 100K Beddays • MSSA (Hospital Onset) Rate per 100K Beddays • Stillbirth • Neonatal death rate • Extended perinatal deaths rate • Caesarean section rates • Maternal deaths • HSMR crude rate • HSMR relative risk • HSMR weekend relative risk • SHMI (rolling 12 month position) • Complaints • Dementia Case Finding • Friends & Family Test • A&E 4 Hour Performance • Ambulance Handover • 18 Week Referral to Treatment • Medically Fit for Discharge (Days) • Cancer Wait Times • Diagnostic Wait Times • Appraisal Rate • Mandatory Training • Sickness Absence 				

Recommendation:	The Board are 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 HSIB: Healthcare Safety Investigation Branch HSMR: Hospital Standardised Mortality Ratios KPI: Key Performance Indicator LMS: Local Maternity System LSCS: Lower Segment Caesarean Section MBRRACE: Mothers and Babies: reducing risk through audits and confidential enquiries across the UK RTT: Referral to Treatment SHMI: Standardised Hospital Mortality Index VTE: Venous thromboembolism



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Board of Directors

October 2020 data

Executive Summaries

Safe

There were four SIs reported to the Strategic Executive Information System (STEIS) in October 2020. There was one SI closed by the CCG in October.

We continue to perform well with VTE screening undertaken for 98.6% of eligible patients against a target of 97.24%.

There have been no cases of MRSA Bacteraemia reported since September 2019.

Four cases of Hospital Onset E- coli were reported in October 2020, however the rate per 100 thousand bed days remains below the Trust target.

There were four cases of hospital associated C Diff in October 2020.

There were three cases of hospital associated MSSA reported in October 2020.

Effective

There was one maternal death in month which has been reported to the Healthcare Safety Investigation Branch (HSIB.)

Still birth, neonatal and extended perinatal deaths all remain well under the national targets. Elective caesarian section rate continues to improve although there is a special cause variation increase in emergency caesarean section rates this month.

Research continues to exceed the Trust's target.

Crude mortality and SHMI rates remain as expected.

Overall HSMR and weekend HSMR have declined this month but remain above expected. The increased HSMR has been examined in detail by Dr Foster and found to be due to very low palliative care coding rates. A review of weekend deaths by NHSI has not revealed any concerns about the care provided at weekends compared to weekdays, but confirms the finding of previous internal structured judgement reviews that the increased weekend HSMR is due to the case mix of patients being admitted at weekends, compounded by the lower number of admissions to the hospital at weekends.

Caring

There is an emerging trend that complaints are not being responded to within 30 days.

FFT response rates are lower than the Trust target, however early signs of improvement are evident in the trending, despite showing special cause variation for concern. Further support is in place to ensure that teams offer FFT cards and point out QR codes for patients to complete.

Dementia case finding remains below the Trust target.

Responsive

4 hour performance for October was 76.5% against the standard of 95% and trajectory of 83.1%.

In October 39.2% of ambulance handovers were completed within 15 minutes against a trajectory of 65% and 75.1% were completed within 30 minutes against a trajectory of 85%.

18-week performance was 68.2% in October against the standard of 92% and trajectory of 47.1%.

There were 518 52-week breaches in October.

Diagnostic performance in October saw 46.5% of patients waiting for longer than 6 weeks against the standard of 1%.

Cancer 62-day performance in September was 83.8% against the standard of 85% and trajectory of 72.7%.

Well Led (Finance)

At the end of September 2020, following revised national guidance, the block income and top-up mechanism (to ensure a balanced financial position) ended.

The Trust submitted an operational plan to NHSI/E on the 22 October 2020, forecasting a deficit of £2,876k at 31 March 2021.

This new operational plan included a fixed amount of COVID-19 support funding and the cost of delivering an activity compliant plan.

In month 7, the Trust is delivering a £550k deficit, a £29k positive variance to the plan.

Well Led (People)

As of October 2020, the Trust employs a 3692 substantive headcount. This is against the 2020/21 funded establishment of 3512.93 FTE. Both the substantive FTE and headcount increased in month as a result of Sandringham staff transfers and International Nurse recruitment recommencing.

The Trust vacancy rate is at 7.93% which is below the Trust target of 10%. It should be noted that the Nursing and Midwifery staff group are at 6.51%. In addition, Medical and Dental and AHP vacancies both reduced in month to 14.88% and 10.47% respectively.

Turnover decreased to 9.48% from 9.88% the previous month.

Sickness absence in October increased to 5.8% from 5.66%. 12 month cumulative sickness is at 5.95%.







COVID-19 related sickness as at 31st October was 0.22% and non COVID-19 sickness as at 31st October was 5.53%.

Mandatory Training compliance for the 11 Statutory and Mandatory subjects has decreased this month to 76.22% from 76.80% in September.

Appraisal compliance (including bank staff but excluding medical staff) increased to 79.74% (from 78.08% in September with 250 appraisals being completed in month).

A note on SPC Charts

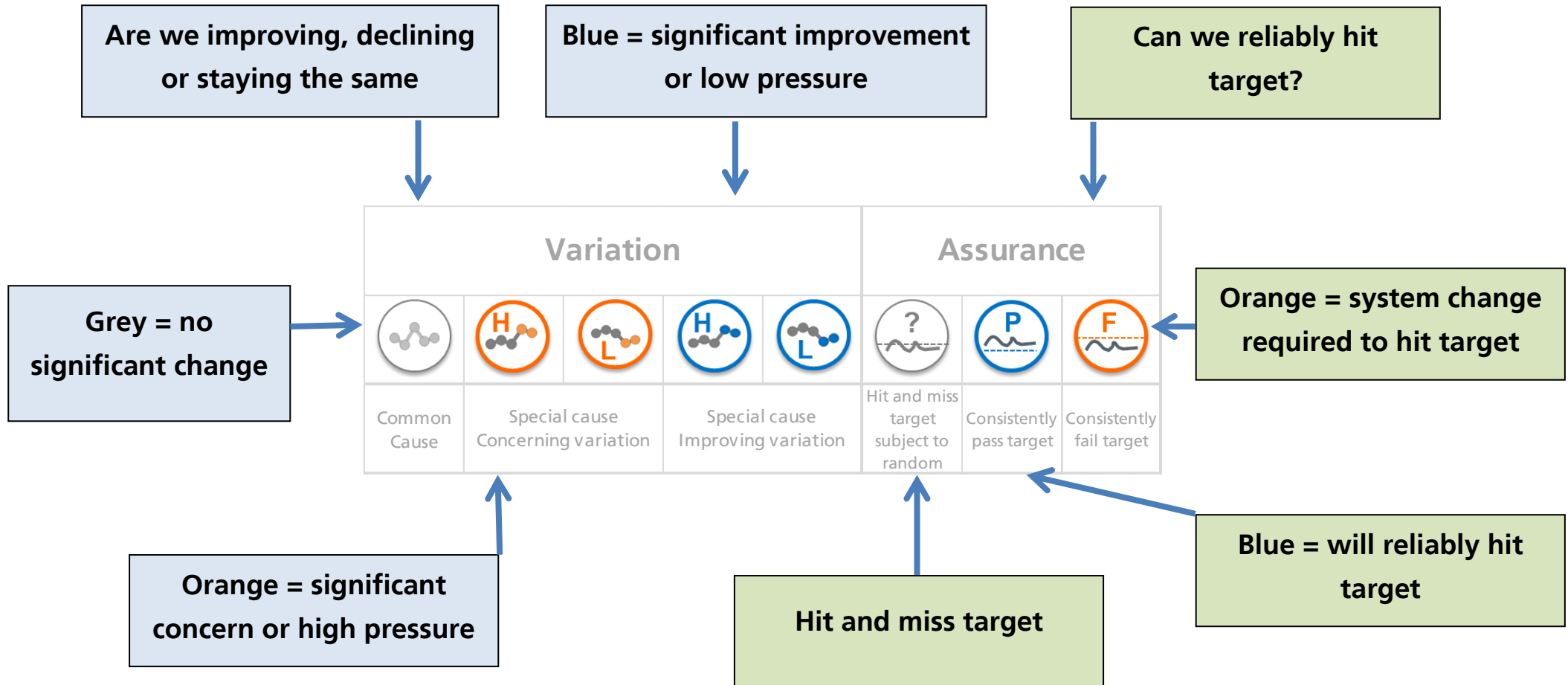
The report that follows uses the key below. A recap of using these descriptions is also included below

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 Dashboard

Items in blue are awaiting the latest update.

Data To	KPI Description	Target	Current Value	Variance	Assurance
Oct-20	Serious Incidents (DECLARED IN MONTH)	0	4		
Oct-20	Falls (with Harm) Rate per 1000 beddays	0.98	0.16		
Oct-20	PUs Rate per 1000 beddays	0.00	0.22		
Oct-20	Overall Fill Rate %	80.0%	98.6%		
Oct-20	CHPPD	8.00	8.94		
Oct-20	Cleanliness - Very High Risk	95.0%	96.3%		
Oct-20	Cleanliness - High Risk	95.0%	94.2%		
Oct-20	Cleanliness - Significant Risk	95.0%	93.6%		
Oct-20	Cleanliness - Low Risk	95.0%	No Audit Req'd		
Oct-20	Cleanliness - No. of audits complete	37.00	36		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Oct-20	CDiff (Hosp Onset) Rate per 100k beddays	30.10	28.75		
Oct-20	CDiff (Hosp Onset) Actual	4	4		
Oct-20	MRSA (Hosp Onset) Actual	0	0		
Oct-20	E Coli (Hosp Onset) Rate per 100k beddays	16.40	14.01		
Oct-20	E Coli (Hosp Onset) Actual	2	4		
Oct-20	MSSA (Hosp Onset) Actual		3		
Oct-20	MSSA (Hosp Onset) Rate per 100k beddays		8.85		
Sep-20	VTE Assessment Completeness	97.2%	98.6%		
Oct-20	Patient Safety Alerts not completed by deadline	0	0		

Serious Incidents

There were four new serious incidents reported to the Strategic Executive Information System (STEIS) in October 2020.

There was one serious incidents closed by the CCG in October.

C Diff (Hospital Onset) Rate per 100K Beddays

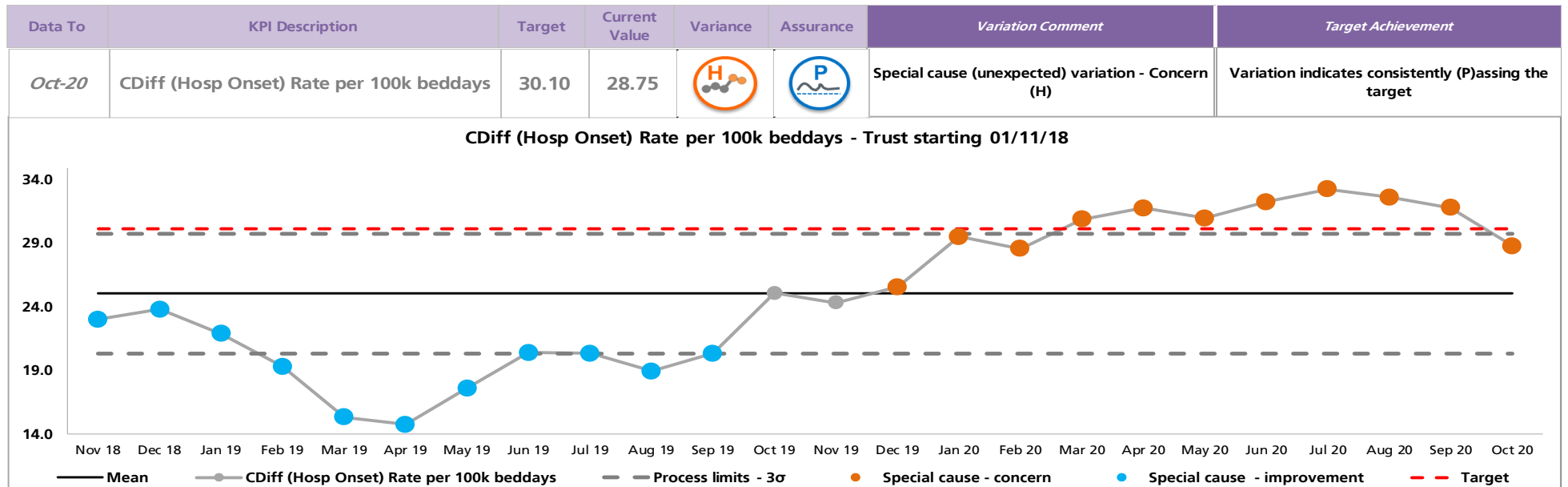


Chart 1: C Diff (Hospital Onset) Rate per 100K Beddays

Key Issues (any new issues in red):

- There were four cases of hospital associated C Diff in October 2020 and in total, there have been 25 cases reported to date. Of the 25 cases, 21 root cause analyses have been completed with the remaining four due to be completed on 25 November 2020.

Key Actions (new actions in green):

- The trajectory for the Trust is set at 44 cases for the year 2020/2021. Following the appeals meeting with the Clinical Commissioning Group, ten were declared as trajectory cases (identified with lapses in care), ten were non trajectory (no lapses in care) and one awaiting outcome. It means that to date there are ten cases counted as part of the trajectory for this year which puts us in a positive position.

MSSA (Hospital Onset) Rate per 100K Beddays

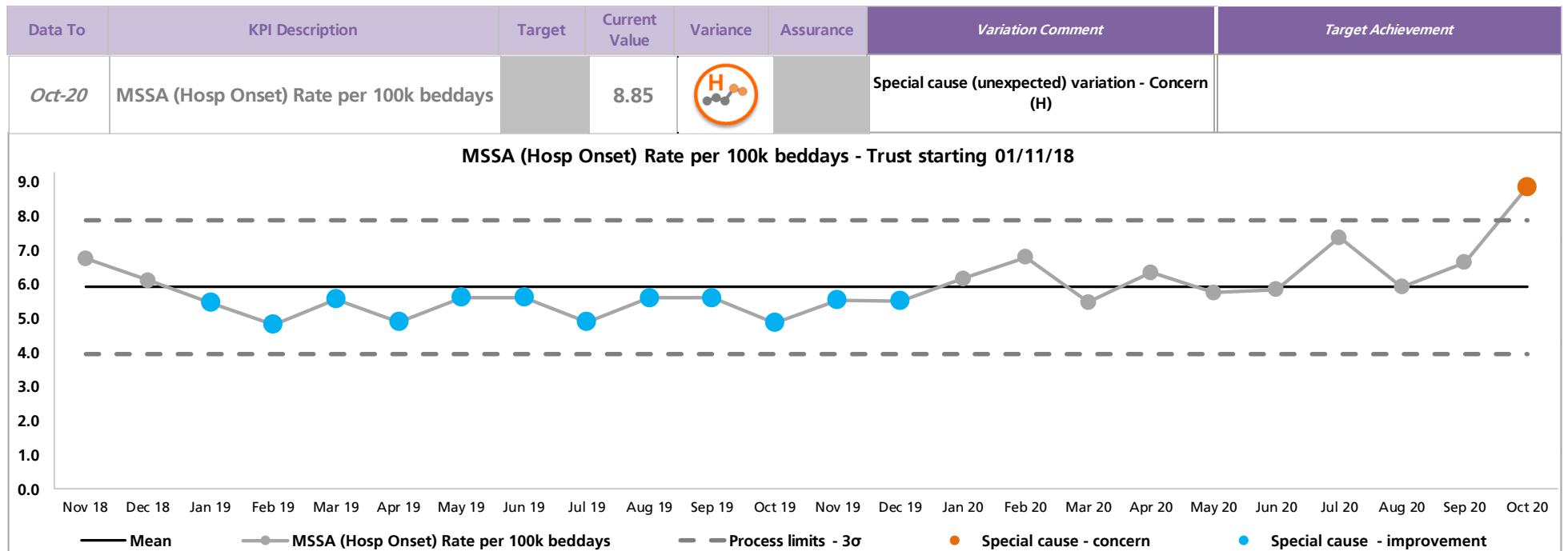


Chart 2: MSSA (Hospital Onset) Rate per 100K Beddays

Key Issues (any new issues in red):

- There is no agreed tolerance for MSSA. There have been three cases of hospital associated MSSA reported in October 2020. This is an increase from last month but the reported cases in total remains low compared to similar sized organisations.

VTE Assessment

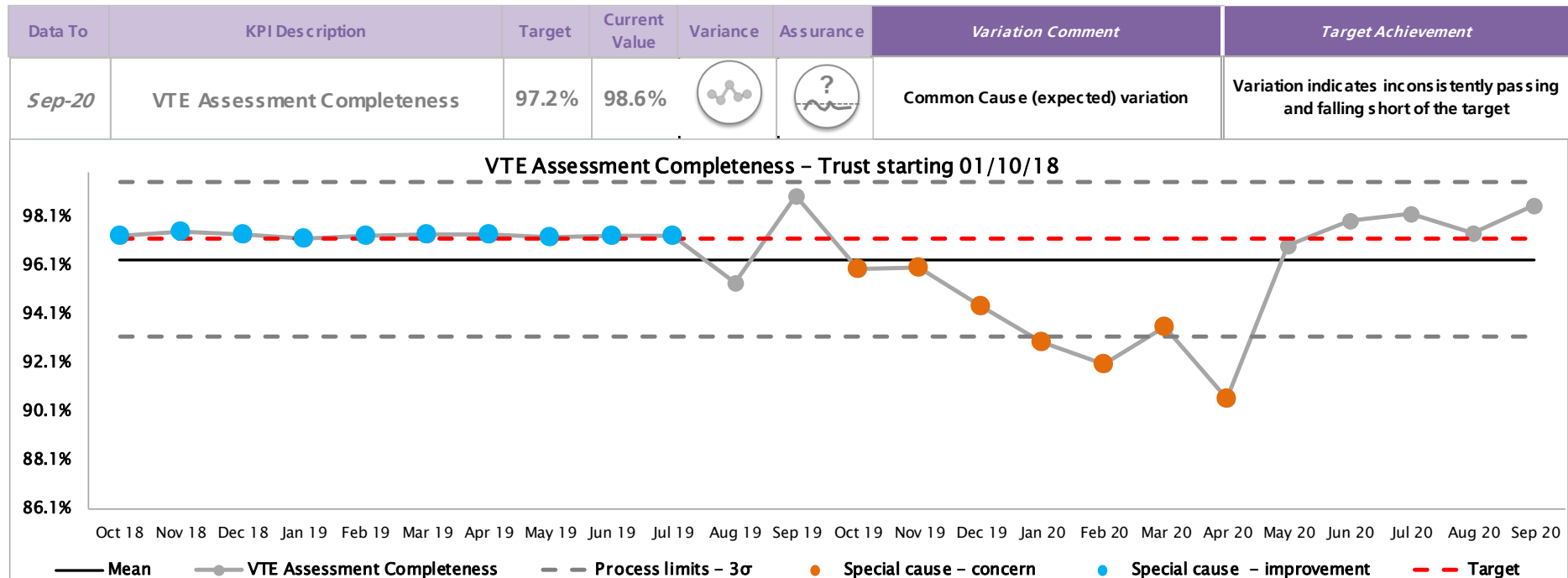


Chart 3: VTE Assessment completeness

Key Issues (any new issues in red):

1. Following a series of rectification processes initiated in April 2020, the VTE screening processes has remained stable and consistent.

Key Actions (new actions in green):

1. Continued reinforcement of good practice at induction, ongoing learning dissemination in multiple forums, consultant review on post-take ward rounds, and ongoing oversight with monthly feedback to individual wards, departments and consultants by the hospital thrombosis committee to help sustain the performance.













Recovery Forecast: Currently recovering and expected to be stable by January 2021.

















Key Risks to Forecast Improvement:

- Frequent turnover of junior doctors in training and staff doctors remains a risk for human factor issues that could contribute to a drift in practice.
- Electronic prescribing with a forcing function is required to eliminate this. This is expected to be in place by April 2021, although there is a risk that its introduction might be delayed by operational pressures related to the COVID-19 pandemic.

Effective Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Sep-20	Stillbirth Rate	3.73	3.51		
Sep-20	Neonatal Deaths Rate	1.06	0.50		
Sep-20	Extended Perinatal Deaths Rate	4.79	4.01		
Sep-20	Total C Section Rate	25.0%	40.1%		
Sep-20	EL C Section Rate	10.0%	9.3%		
Sep-20	EM C Section Rate	15.0%	30.8%		
Sep-20	Maternal Deaths	0	1		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Oct-20	% "Term" admissions to the NNU	6.00%	4.27%		
Oct-20	% "Avoidable Term" admissions to the NNU	0.00%	0.00%		
Jul-20	HSMR Crude Rate	3.18	3.47		
Jul-20	HSMR Relative risk	100.00	115.23		
Jul-20	HSMR Weekend Relative risk	100.00	127.24		
May-20	SHMI (Rolling 12 mth position)	100.00	103.85		
Oct-20	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.48		
Oct-20	No. of patients recruited in NIHR studies	50	54		

Mortality

Data To	KPI Description	Target	Current Value	
Apr-20	SHMI (Rolling 12 mth position)		102.29	As Expected

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

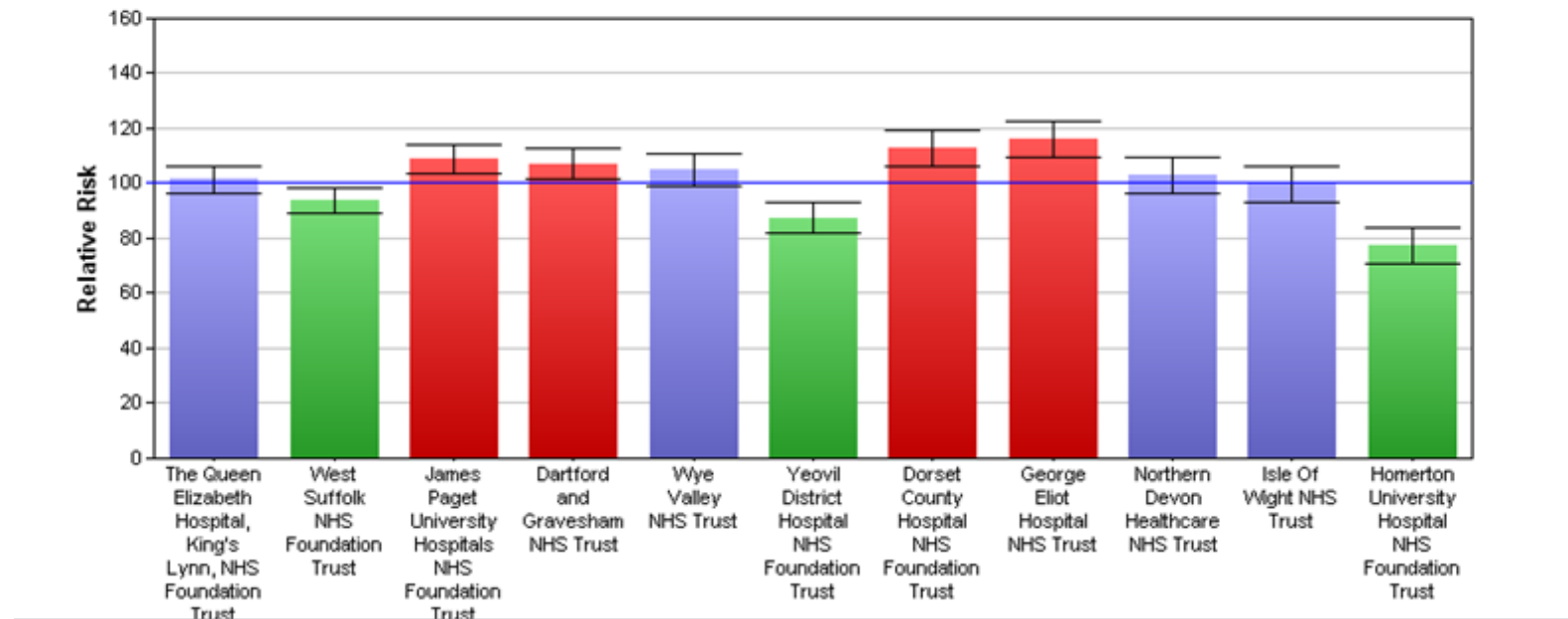


Chart 4: SHMI – Quarterly performance to March / Trust benchmarked position using a rolling 12-month SHMI score (Doctor Foster)

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	HSMR Relative risk	100.00	115.23			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (F)alling short of the target

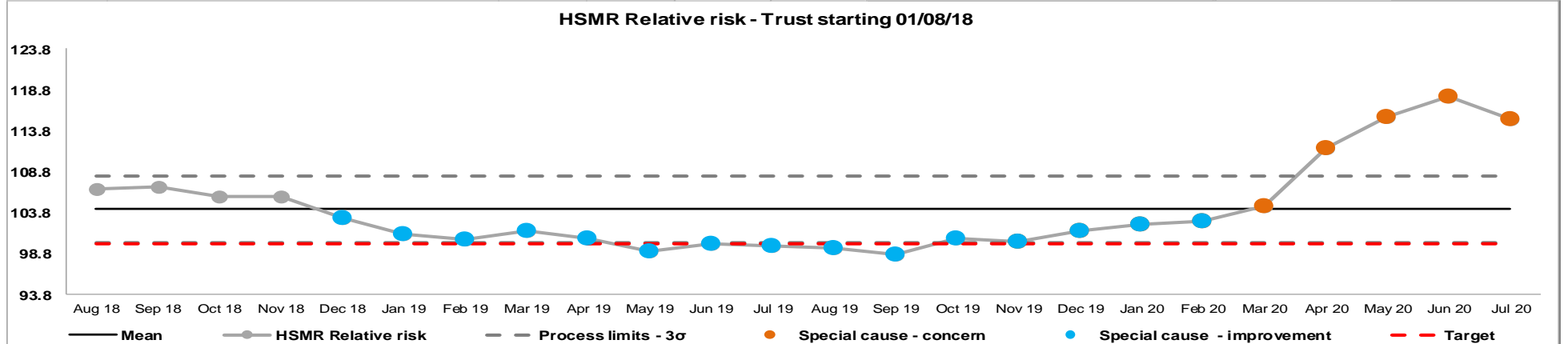


Chart 5: Hospital Standardised Mortality Rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	HSMR Weekend Relative risk	100.00	127.24			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (F)alling short of the target

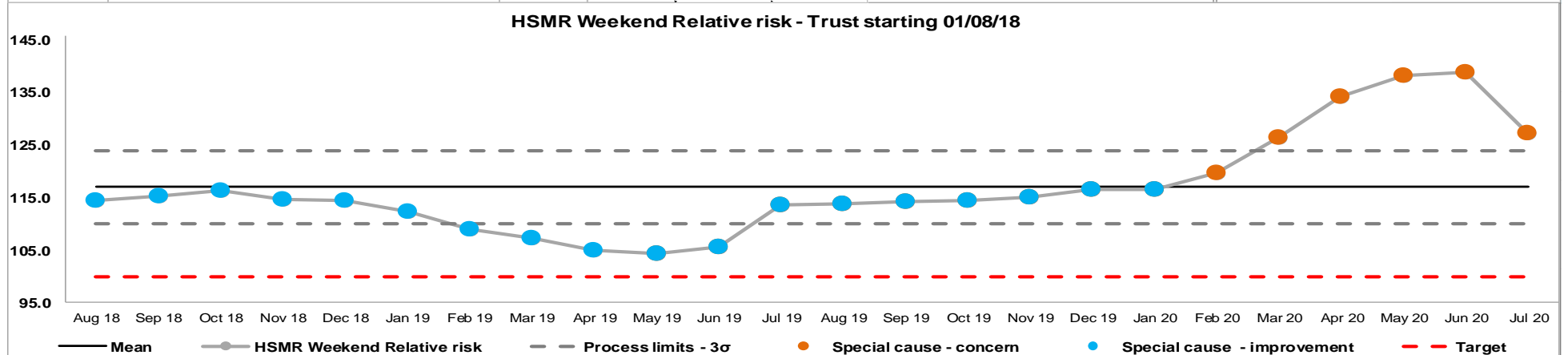


Chart 6: HSMR weekend relative risk

Crude mortality rates and standardised mortality SHMI remain as expected. COVID-19 related deaths have been excluded from SHMI calculations as this is not designed for this type of pandemic activity.

Key Issues (any new issues in red):

1. The overall HSMR has reduced from 118.06 to 115.49 but remains above expected. This fall is due to the reduced number of deaths and increased activity.
2. Weekend Mortality has dropped from 138.8 to 127.24 but remains above expected. Three previous reviews have not identified any significant clinical lapses in the care of these patients, although poor access to community palliative care services was identified in some cases.
3. Peer Trusts' weekend HSMR is currently at 108.6 and national weekend HSMR has risen to 105.1. Dr Foster has undertaken a review of QEH weekend mortality rates against peer trusts. This suggests that the increased rate at QEH is due to a very low "expected" mortality as a result of low palliative care coding rates. Current palliative care coding for total non-elective spells is 1.2% against the peer value of 4.4% and national value of 4.3%. Nationally and in peer trusts, the rate of palliative care coding is increasing, whereas the rate is declining at QEH. Palliative care coding rate at QEH was 1.78% for 2017/18, 1.72% for 2018/19, 1.50% for 2019/20 and is 1.24% for 2020/21 to date. Benchmarking from Dr Foster suggests that this fall in an already low rate of palliative care coding underlies the increase in overall HSMR. This is particularly extreme for weekend admissions due to the significant reduction in admission activity for weekend days.
4. The CQC have suspended the use of CUSUM (Cumulative Summary) alerts due to the fall in hospital activity which is creating a large number of inappropriate alerts.

Key Actions (new actions in green):

1. The hospital has joined an NHS Improvement Learning from Deaths Collaborative, to improve the scrutiny and learning from deaths in our care. This collaborative will help streamline the mortality review processes and ensure alignment with good practice.
2. The Trust is currently undertaking a review of the Structured Judgement Review (SJR) Processes and training in line with good practice. This includes a redesign of review processes, training in SJR and creating pan-professional reviews of deaths in collaboration with NHSI.

3. The Trust is awaiting an independent review of weekend deaths by NHS England. This report is due to be presented to the Quality Committee in November 2020, which will provide additional assurance to the Board of Directors and any learning identified from this will be shared with our clinical teams and our regulators.
4. Dr Foster are working on the third data refresh for the bespoke analysis of the Trust's COVID-19 deaths. The Trust have had a further seven COVID-19 deaths, since September, during the second wave.
5. Work regarding the recognition and care of End of Life (EOL) patients is ongoing. The Trust is due to advertise for a Senior Palliative Care Nurse and End of Life coordinator to support this work.
6. A focused audit has been undertaken to ensure the primary diagnosis of patients is reflective of the acuity of their presentation and accurately describes the main condition treated. This increased scrutiny ensures that our predicted death rates are calculated appropriately.

Recovery Forecast - The forecast will be assessed following the recommendations from the external review, as EOL service redesign remains key to improving this metric.

Risks to recovery

The impact of COVID-19 deaths on our HSMR and SHMI will continue for the duration of the time this metric is shown in the rolling 12 month report. A second wave of COVID-19 deaths will further impede our ability to predict and benchmark our deaths against others. We have therefore requested some bespoke analysis from Dr Foster.

Lack of consistent palliative care services within the Trust restricts standardised EOL care provided to patients.

C-Section rates

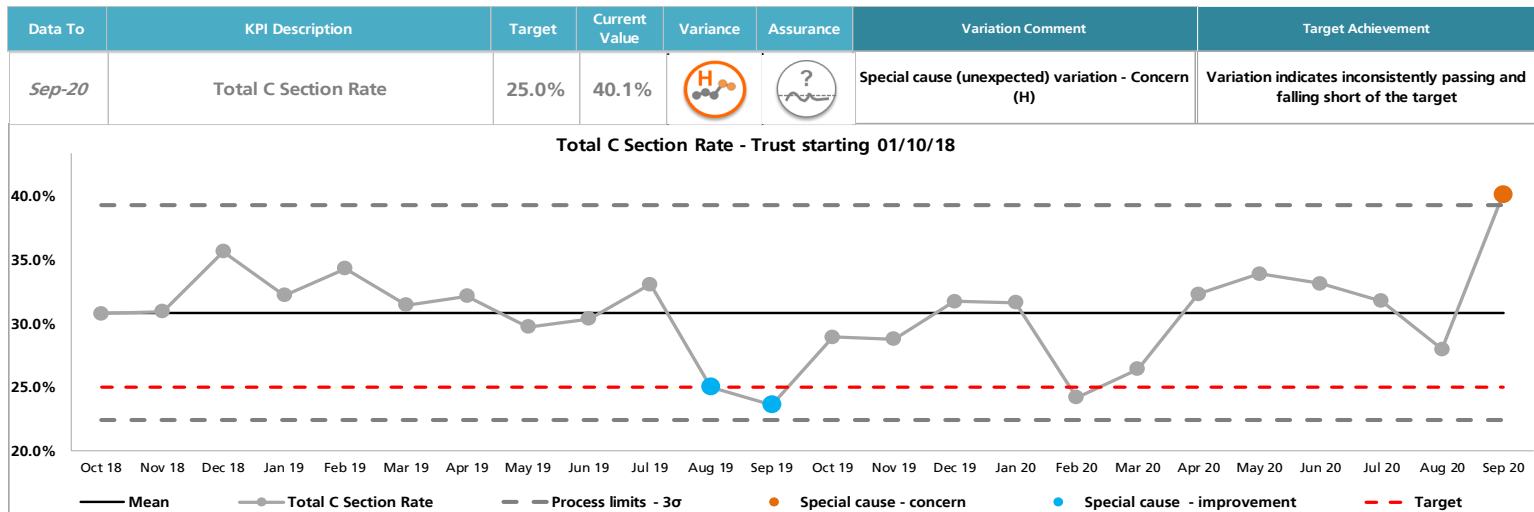


Chart 7: Caesarean Section Rates

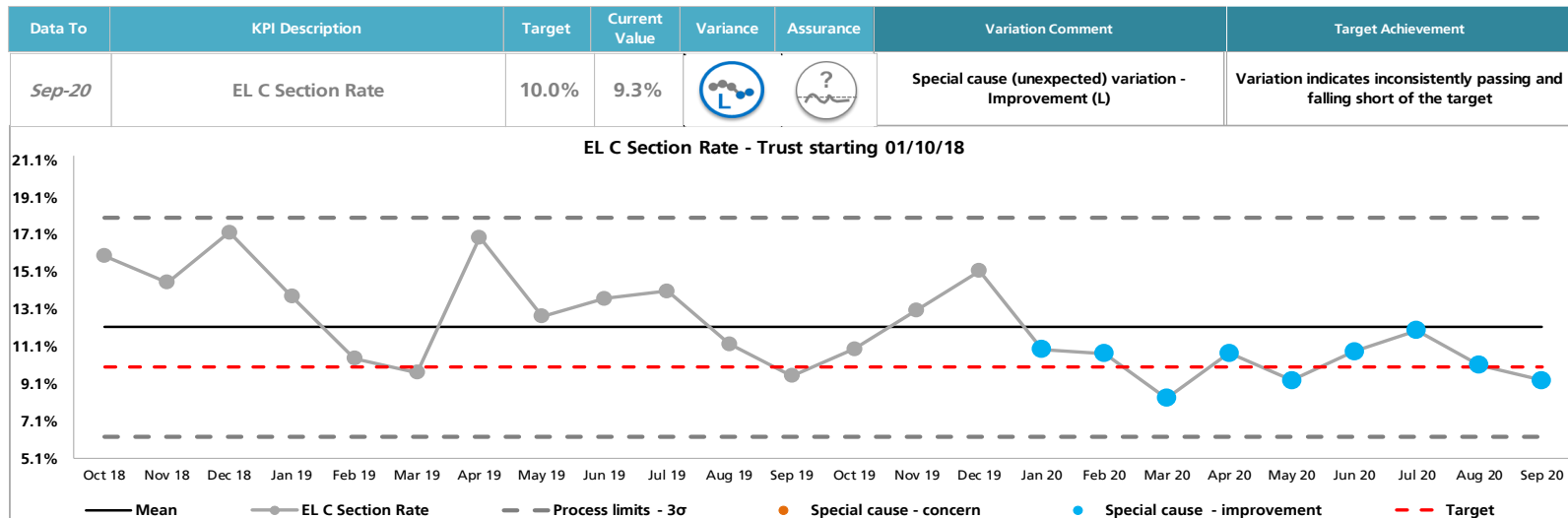


Chart 8: Elective Caesarean Section Rates

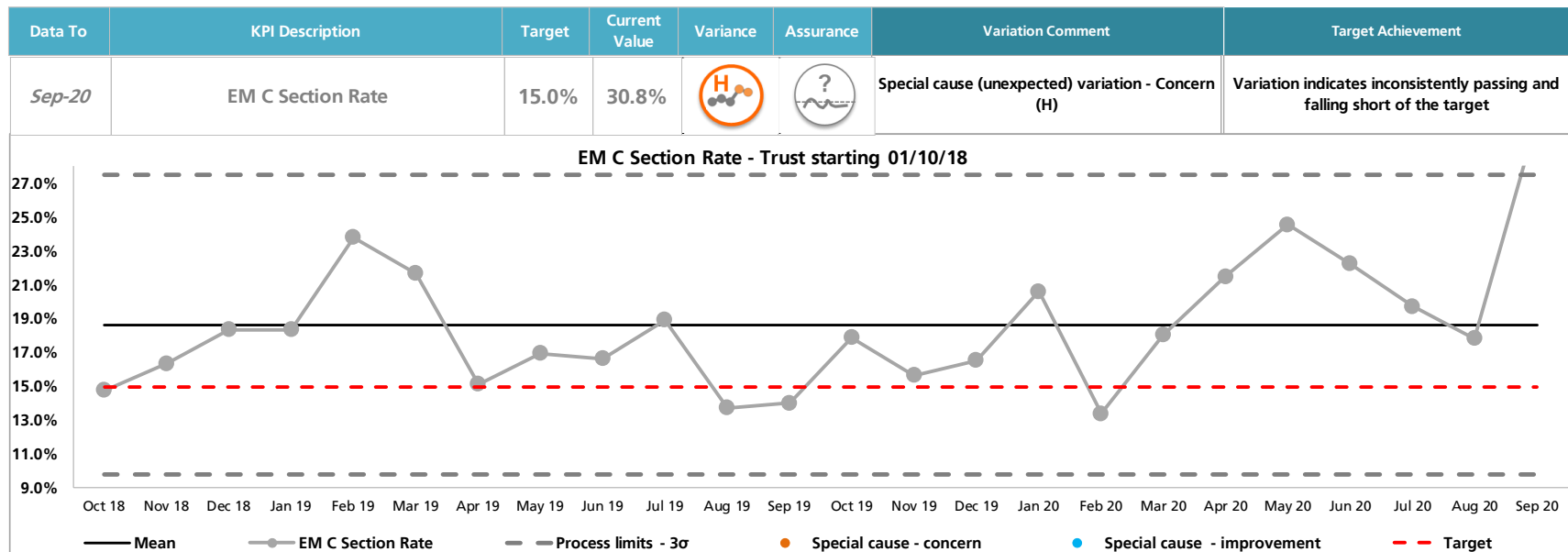


Chart 9: Emergency Caesarean Section Rates

The total Caesarean Section (CS) rate for September 2020 is 39% which is a significant rise from the month of August . This rise is due to an increase in Emergency CS rates this month. Elective CS rate remains stable.

Key Issues (any new issues in red):

1. Sickness and shielding in the consultant team continues due to the second wave of the pandemic.
2. There are staffing gaps for the medical middle grade rota. Recruitment and agency bookings are ongoing, but gaps are putting the existing team under significant strain.
3. Sickness in the senior midwifery team as well as the consultant teams also presents a challenge to achieving good attendance at the CS MDTs.
4. Late commencement of Induction of Labour (IOL) due to reduced midwifery staffing levels during the day can lead to poor client experience which can then prompt requests for CS and decision making overnight when the onsite staff may be less experienced. These decisions are relayed to the on call consultant but ongoing staffing issues remain a risk to this.

Key Actions (any new actions in green):

1. Multidisciplinary reviews of all decisions for elective caesarean sections, Vaginal Birth after Caesarean (VBAC) clinics and Consultant Led High risk pathway clinics were all put in place December 2019. This led to a reduction in elective CS rates with a notable reduction in the rate of women with a previous CS electing to have a second CS, which is now the lowest across the Norfolk and Waveney STP.
2. A retrospective Multi-Disciplinary Team review meeting is now also in place for all emergency CS. The majority of the cases are deemed to be unavoidable and carried about appropriately, for example due to breech presentation or complications such as foetal distress. However, a proportion of emergency CS are performed for delay in the 1st stage of labour which may be subject to variations in decision making. All staff groups are invited to the weekly review which is led by the labour ward lead and inpatient matron. Learning and individual rates for medical staff are shared and an audit is ongoing to determine whether delays in induction of labour may also be contributing to this.
3. Nine new midwives have commenced at the Trust and will be included as part of the labour ward staffing number from November 2020. Additional recruitment is ongoing

Recovery Forecast: It is anticipated that with the increase in midwifery numbers, the timing of Induction of Labour should improve and reduce the requirement for emergency sections in some cases. The improved staffing levels should also allow sufficient staff to support the elective caesarean section pathways. These measures are predicted to lead to the performance meeting the national target from January 2021.

Key Risks to Forecast Improvement:

Ongoing sickness / delay in return to work from shielding staff and potential impact on the new midwifery workforce.

Maternal Deaths

A 42 year old woman with multiple comorbidities was under consultant obstetric care with a high risk pregnancy. A recommendation for admission was made in view of increasing complications. The patient subsequently presented to her community midwife with shortness of breath. She was advised to immediately attend hospital and tragically, within 30 minutes of arrival in the emergency department, suffered a cardiac arrest from which she did not recover despite extensive resuscitation attempts. A perimortem caesarean section was undertaken, delivering the baby within 9 minutes of the cardiac arrest. The baby was admitted to the neonatal intensive care unit, and was subsequently discharged to the care of his father.

The following immediate actions have been undertaken:

- Bereavement support for family and cancellation of future appointments and communications
- Support for all staff involved in the care of this family and in this incident
- Safety briefing to all staff with reiteration of best practice
- Referral to Her Majesty's Coroner
- Referral to HSIB and MBRRACE for investigation and escalation to regulators and NHSE/I

Neonatal and Perinatal Mortality

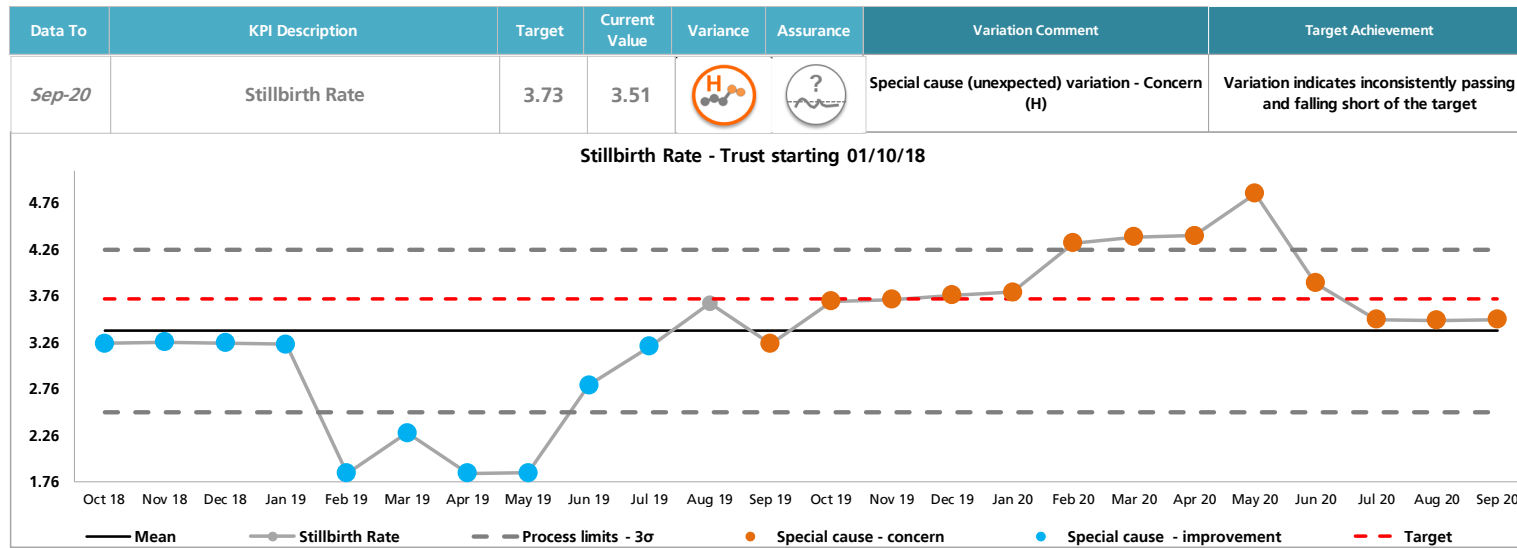


Chart 10: Stillbirth Rate

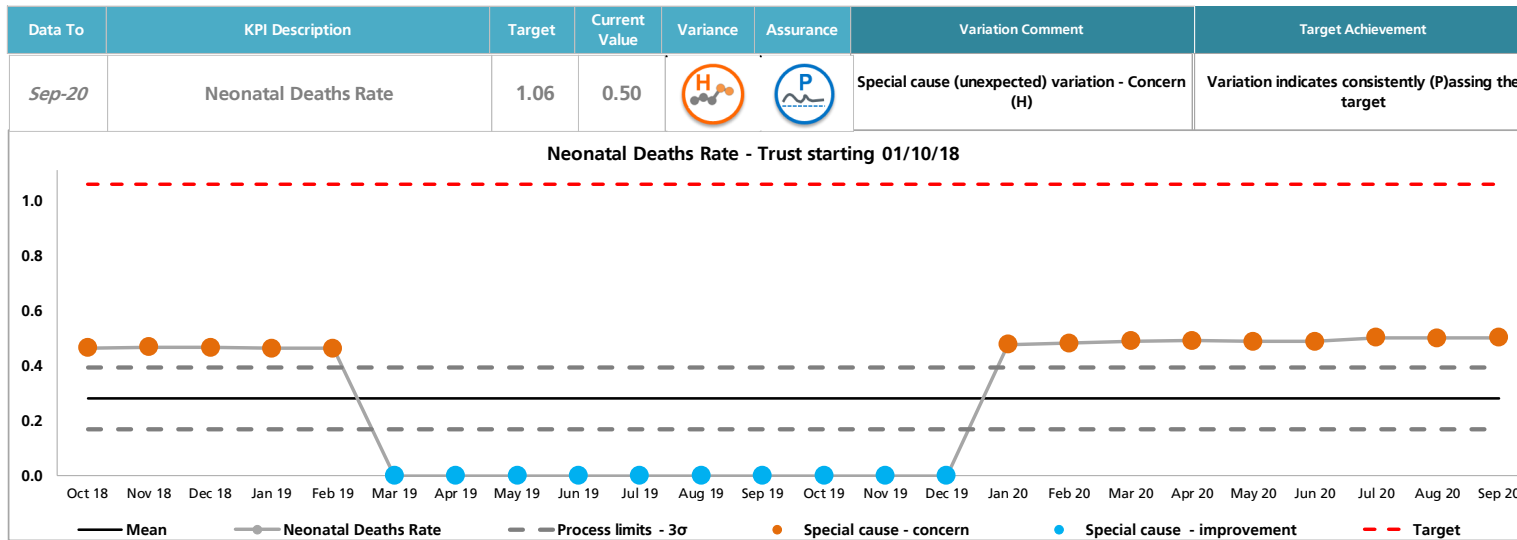


Chart 11: Neonatal Deaths Rate

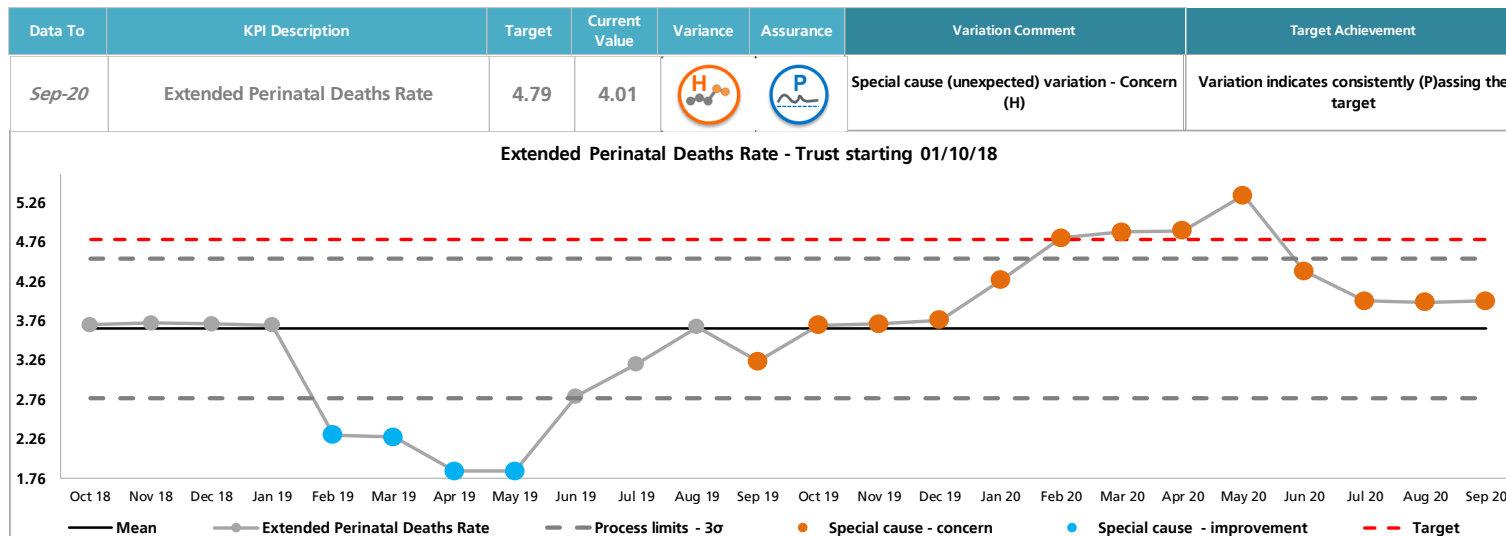


Chart 12: Perinatal Deaths Rate

The stillbirth rate, neonatal death rate and extended perinatal death rate all remain below the national target for September 2020.

There have been no avoidable admissions to Neonatal Intensive Care Unit (NICU) for 3 months.

Key Issues:

1. Vacancies and absences within the department has resulted in a number of senior midwives and senior medical staff to be included within the clinical staffing numbers, reducing the ability for service development initiatives.

Key Actions:

1. The smoking cessation work stream as part of the Local Maternity Systems (LMS) has commenced and will focus on delivering midwifery smoking cessation support as opposed to routine Stop Smoking Services in a small cohort of women with the plan to roll-out the delivery of this service across the maternity system once initial 'Plan Do Study Act' (PDSA) cycles have been completed.
2. The Divisional Leadership Team are developing a plan for the management of transformation projects with the support of the senior midwifery team.

Research and Innovation

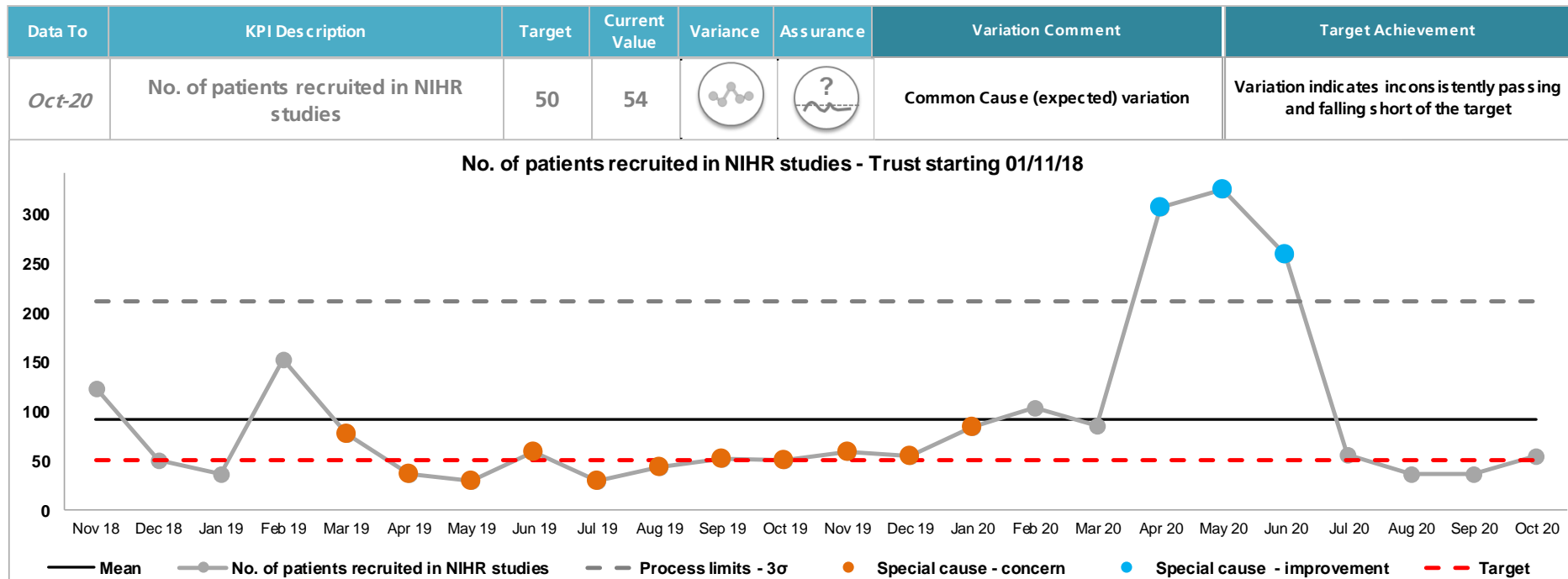


Chart 13: No.of patients recruited in NIHR studies

The Trust continues to maintain recruitment to trials well above the target for the year. The number of patients recruited so far has exceeded 1000 patients, against a target of 600 for 2019/20. As a result a stretch target of 1200 patients has been proposed to the teams.

Key Actions (new actions in green):

1. The Trust has appointed a new Research Lead, who is due to commence with the Trust in mid-January 2021.
2. All non-COVID-19 related studies which were paused during the pandemic have now reopened.
3. The Trust has restarted the COVID-19 trials in response to the latest outbreak. The RECOVERY trial has 5 arms open to recruitment, offering randomisation to; azithromycin, standard care, convalescent plasma, REGENERON (a monoclonal antibody cocktail) and, for deteriorating patients, tocilizumab. The team are expecting an anticoagulation arm to open imminently.

4. The National Institute for Health Research (NIHR) has published its Performance Indicators for 20/21. These concentrate on efficiency, patient experience, maintaining usual portfolio recruitment and urgent public health studies. At present the Trust is on course to deliver in all of these areas.

Recovery Forecast: N/A

Key Risks to Forecast Improvement:

Probable Research Nurse redeployment to support on the wards will impact on funding from the National Institute for Health Research (NIHR) and impact on the ability to recruit patients to trials.

Caring Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Oct-20	MSA Incidents	0	5		
Oct-20	MSA Breaches	0	10		
Oct-20	Total Clinical & Non_Clinical Complaints	20	20		
Oct-20	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.07%		
Oct-20	Complaints receiving a response within 30 working days %	90.0%	80.0%		
Oct-20	Complaints - Reopened (% of Total)	15.0%	10.0%		
Oct-20	Complaints - Rate per Staff In Post	0.60%	0.62%		
Sep-20	Dementia Case Finding	90.0%	55.9%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Oct-20	FFT % "Very Good" or "Good" (IP & DC)	95.00%	97.22%		
Oct-20	FFT Resp Rate (IP & DC)	30.00%	13.21%		
Oct-20	FFT % "Very Good" or "Good" (AE)	95.00%	87.18%		
Oct-20	FFT Resp Rate (AE)	20.00%	1.21%		
Oct-20	FFT % "Very Good" or "Good" (OP)	95.00%	97.89%		
Oct-20	FFT Resp Rate (OP)		2.62%		
Oct-20	FFT % "Very Good" or "Good" Mat Question 1 (Antenatal)	95.00%	100.0%		
Oct-20	FFT % "Very Good" or "Good" Mat Question 2 (Labour)	95.00%	100.0%		
Oct-20	FFT % "Very Good" or "Good" Mat Question 3 (Postnatal)	95.00%	100.0%		
Oct-20	FFT % "Very Good" or "Good" Mat Question 4 (Comm Postnatal)	95.00%	100.0%		
Oct-20	FFT Resp Rate Mat Question 2 (Labour)	15.00%	9.4%		

Mixed Sex Accommodation Breaches

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Oct-20	MSA Breaches	0	10			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

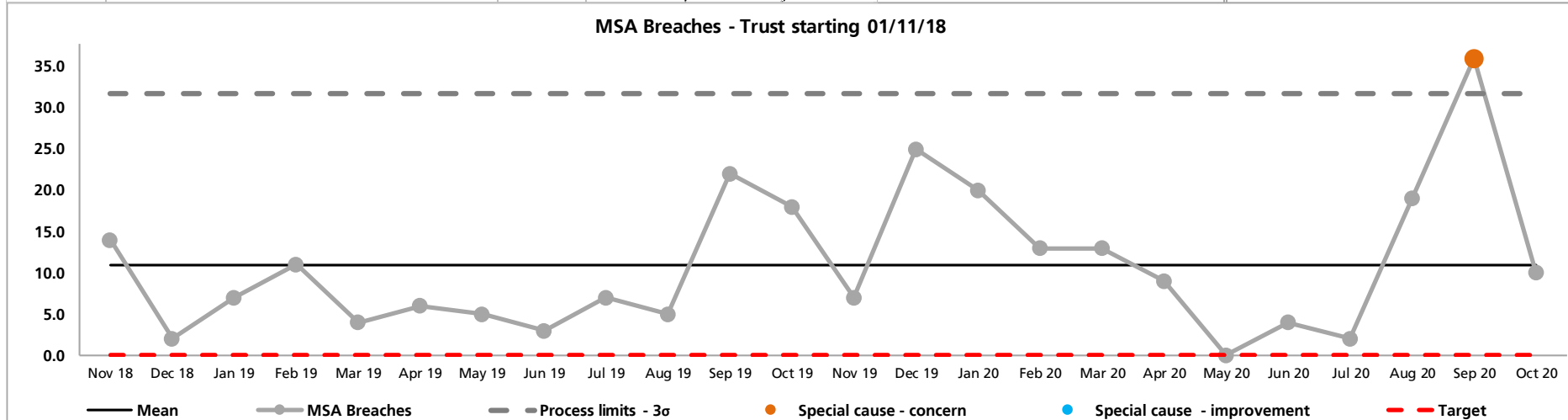


Chart 14: Mixed Sex Accommodation Breaches

Key Issues (any new issues in red):

1. There have been five incidents of same sex accommodation breaches affecting ten patients, all in the Hyperacute Stroke Unit on West Raynham Ward.
2. These incidents occurred when patients in the stroke bay were not stepped down in a timely manner following completion of time critical interventions.
3. These 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. These breaches are discussed and reviewed at the divisional governance meeting.
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

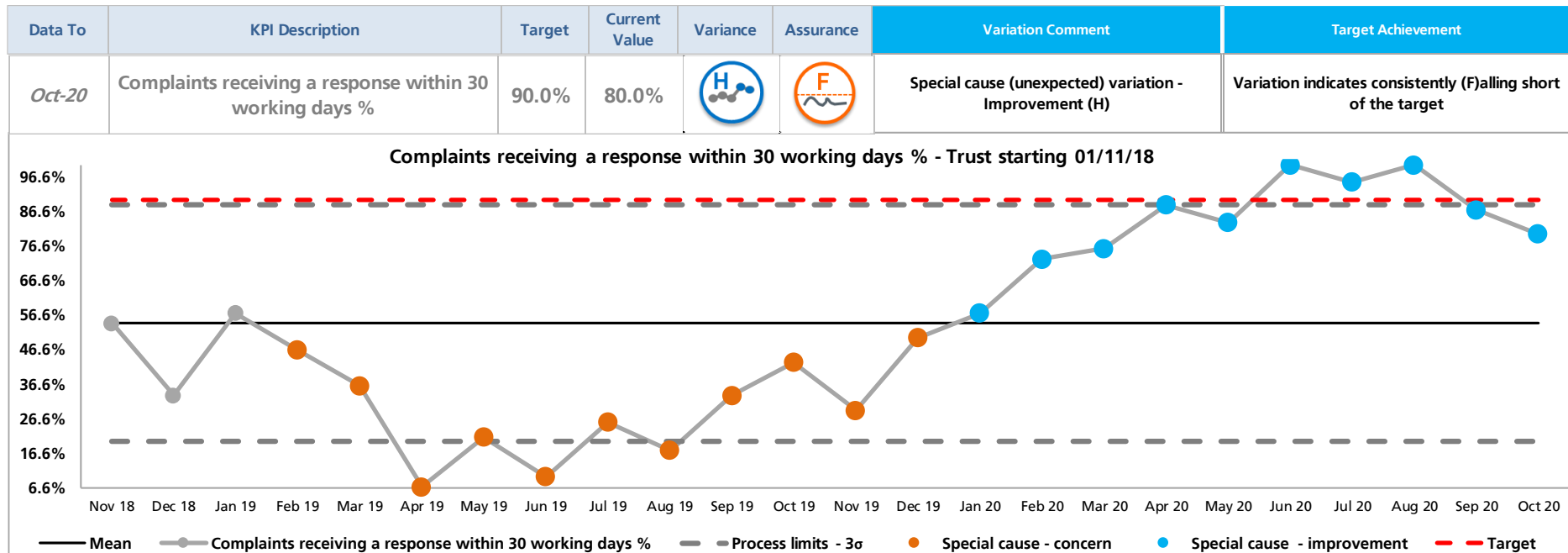


Chart 15: Complaints receiving a response within 30 days

Key Issues (any new issues in red):

1. There is an emerging trend that complaints are not being responded to within 30 days.
2. There are challenges in receiving responses within the 18 working day timeframe from Divisions and some responses required additional time as they were returned for amendment.
3. In addition, there have been staff changes and sickness within the complaints team which have limited the support to Divisions impacting on performance.

Key Actions (new actions in green):

1. Additional staff has been sourced to support the Complaints team to expedite timely response to complaints
2. A senior nurse has been asked to offer intensive support to the department and Divisions until the end of February 2021.

Recovery Forecast:

1. Following the recent staffing changes within the team, additional focus and support is being given to this area. A trajectory for recovery will be developed.

Key Risks to Forecast Improvement:

1. The ability of the teams to manage the competing demands on their time and respond to complaints in the agreed timeframes.

Dementia Case Finding

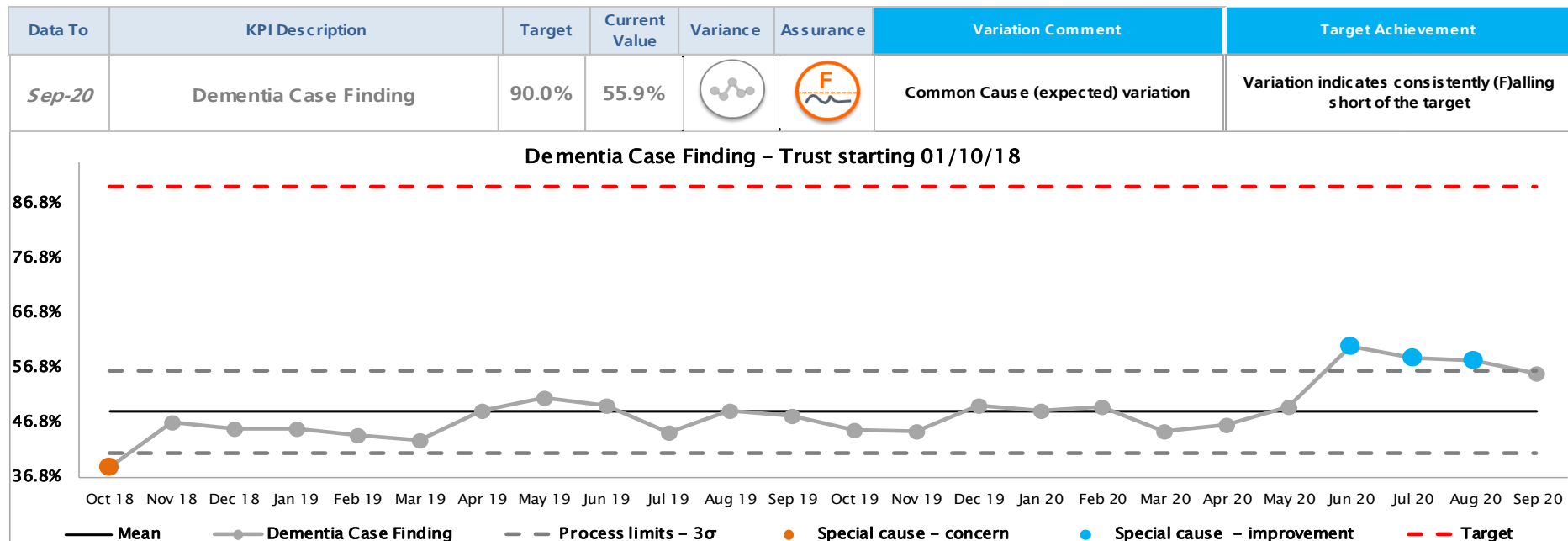


Chart 16: Dementia Case finding

Key Issues (any new issues in red):

- Following the introduction of multiple documentation process changes, a step change in dementia screening occurred in June 2020, in line with the 60% trajectory agreed at the Quality Committee. Further documentation changes and teaching sessions planned for July 2020, were expected to improve compliance to 70%. A further increase to 90% was expected from October, due to the expansion of the Integrated Care of Older People (ICOP) team enabling a full frailty outreach service to support this process.
- The awareness campaign led by the ICOP team, involvement of the multidisciplinary team in the screening process, regular junior doctor teaching sessions and daily email reminders to ward managers are now in place. However, operational pressures compounded by the second wave of the COVID-19 pandemic have led to changes to ward reconfigurations, junior medical staff allocations and patient pathways which have all negatively affected this performance. There has also been a delay to the start date for the new ICOP consultant staff member, who will join the Trust in January 2021.

Key Actions (new actions in green):

3. Further training sessions are planned for the Junior Doctors in Surgery (current compliance rates are 37%).
4. Revised admission booklets incorporating a simplified screening process are live across the Medicine Division. The Surgical Division booklets will be revised for implementation by January 2021.
5. The improvement of the screening process is delivered through the Enabling Dementia Screening Champions on each ward. This is currently limited to three wards in Medicine (West Newton, Marham and West Raynham). The expansion of the Enabling Dementia Screening Champions is being planned with the ward doctors and nursing staff, which aims to help screening on other wards. Names of the Champions have been identified and training has been arranged to help improve uptake in their areas.
6. The business case to expand the ICOP physician senior team to provide a frailty in reach service has been submitted to the Division for approval, which will be considered as part of the 21/22 business planning process. Enabling a dedicated team to facilitate screening, along with making appropriate referrals to community services, will assist patients' care both within and outside the hospital.
7. Newsletter reminders to staff to complete the Abbreviated Mental Test (AMT) within the clerking booklets
8. New mandatory dementia screening drop down box on discharge letters.

Recovery Forecast: February 2021

Current plans are expected to improve compliance to 70% for November data and 90% once the ICOP team has expanded by February 2021. This is as a result of the addition of one ICOP physician by February 2021 - the post has already been appointed to. Full compliance is forecast once an electronic forcing function is in place with the implementation of Electronic prescribing and medicines administration (EPMA) system and the expansion of the ICOP team.

Key Risks to Forecast Improvement:

1. Human factors continue to impact on the screening rates and with increasing operational pressures, training and documentation compliance are likely to remain challenged.
2. Any shielding or redeployment of key members of the ICOP consultant team during the second wave will also present a risk to the expected trajectory.
3. An engineered solution is planned to address these human factor issues. However, there is a risk that EPMA planning, training and introduction may be impacted due to the COVID-19 pandemic.

Friends and Family Test

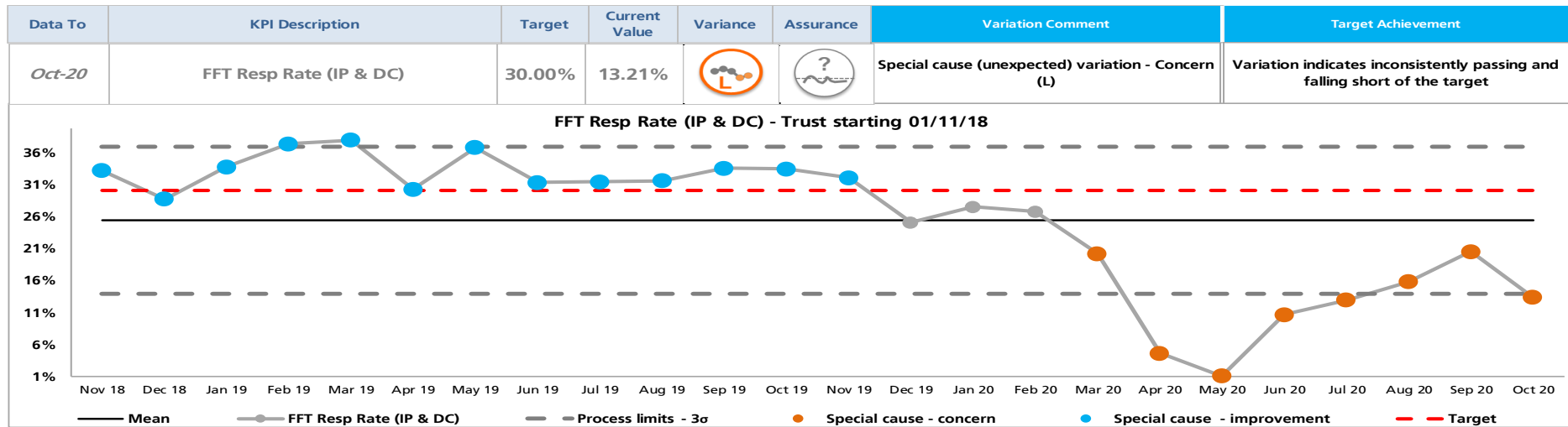


Chart 17: FFT Response Rate (IP & DC)

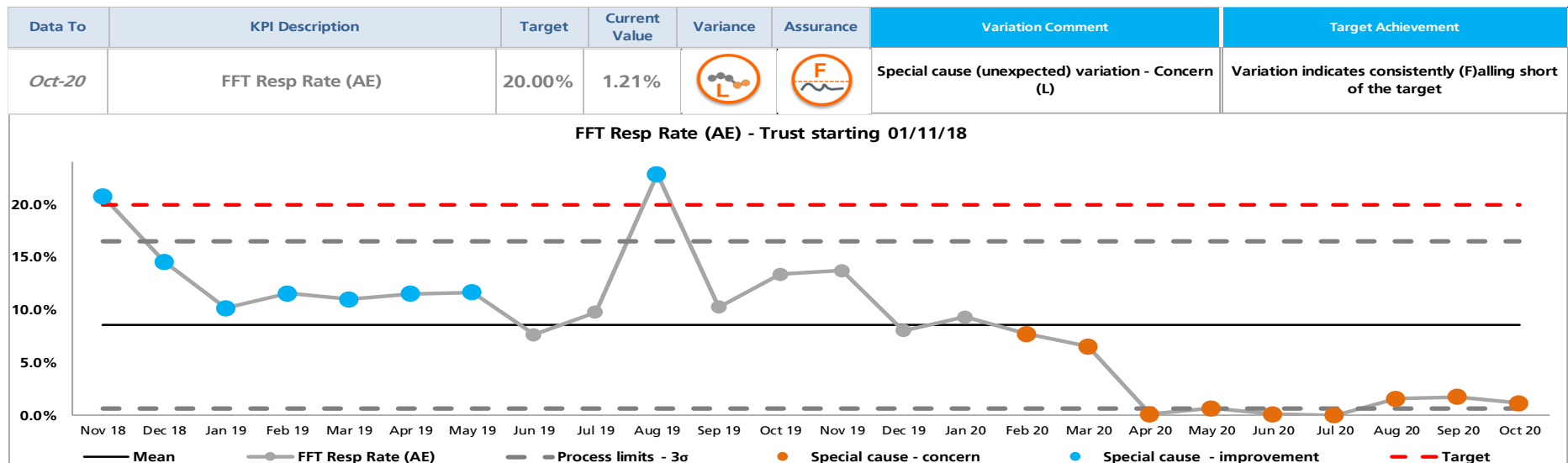


Chart 18: FFT Response Rate (AE)

Key Issues (any new issues in red):

1. A particular area of concern relates to response rates within the Emergency Department. A&E remains a challenging area from which to collect feedback

Key Actions (new actions in green):

1. Relaunch of FFT in late 2020 with the assistance of Communications team.
2. Specific actions have been implemented to support the Emergency Department to collect feedback. They include displaying posters in different languages on how to provide feedback / creating a 'wordcloud' for the comments and feedback received for staff to see and displaying the weekly response rate to encourage staff to increase this.
3. Wards are contacted weekly to remind them to return all cards collected in the internal mail and to contact the Patient Experience team for additional cards as needed.
4. Training has been offered to staff to share how to use the QR Code posters with patients. This will be extended out to all areas currently with QR code posters and others that want to use this method of feedback.
5. 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. This will hopefully increase the number of online responses received in preparation for an enhanced digital solution for FFT in 2021.

Recovery Forecast:

The FFT response rate is improving month by month.

Key Risks to Forecast Improvement:

1. Staff not giving FFT cards to patients and failure to return to the Patient Experience Team.
2. Staff awareness of the importance of FFT feedback.

Responsive Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Oct-20	18 Weeks RTT - Incomplete Perf	92.0%	68.2%		
Oct-20	18 Weeks RTT - No. of Specialties failing the target of 92%	0	26		
Oct-20	18 Weeks RTT - Over 52 Wk waiters	0	518		
Oct-20	A&E 4 Hour Performance	95.0%	76.5%		
Oct-20	A&E 4 Hour Performance (Majors only)	95.0%	63.1%		
Oct-20	A&E 4 Hour Performance (Minors only)	100.0%	89.2%		
Oct-20	A&E 12 Hour Trolley Waits	0	6		
Oct-20	Ambulance Handovers	100.0%	39.2%		
Oct-20	Last minute non-clinical cancelled elective operations	0.8%	0.75%		
Oct-20	Breaches of the 28 day readmission guarantee	0	3		
Oct-20	Total non-clinical cancelled elective operations	3.2%	11.56%		
Oct-20	Urgent operations cancelled more than once	0	0		
Oct-20	% of beds occupied by Delayed Transfers of Care	3.5%	0.0%		
Oct-20	Medically Fit For Discharge - Patients		329		
Oct-20	Medically Fit For Discharge - Days		3581		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Sep-20	Cancer Wait Times - Two Week Wait Performance	93.0%	98.1%		
Sep-20	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	100.0%		
Sep-20	Cancer Wait Times - 62 Day Ref to Treatment Performance	85.0%	83.8%		
Sep-20	Cancer Wait Times - 104 Day waiters	0	3		
Sep-20	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	98.0%		
Sep-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	80.0%		
Sep-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	100.0%		
Sep-20	Cancer Wait Times - 62 Day Screening Performance	90.0%	100.0%		
Oct-20	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	46.5%		
Sep-20	Stroke - 90% of time on a Stroke Unit	90.0%	61.2%		
Sep-20	Stroke - Direct to Stroke Unit within 4 hours	90.0%	59.2%		
Sep-20	Stroke - Patient scanned within 1 hour of clock start	48.0%	46.9%		
Sep-20	Stroke - Patient scanned within 12 hours of clock start	95.0%	95.9%		
Sep-20	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	54.0%		
Oct-20	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	52		

Emergency Access within 4 hours

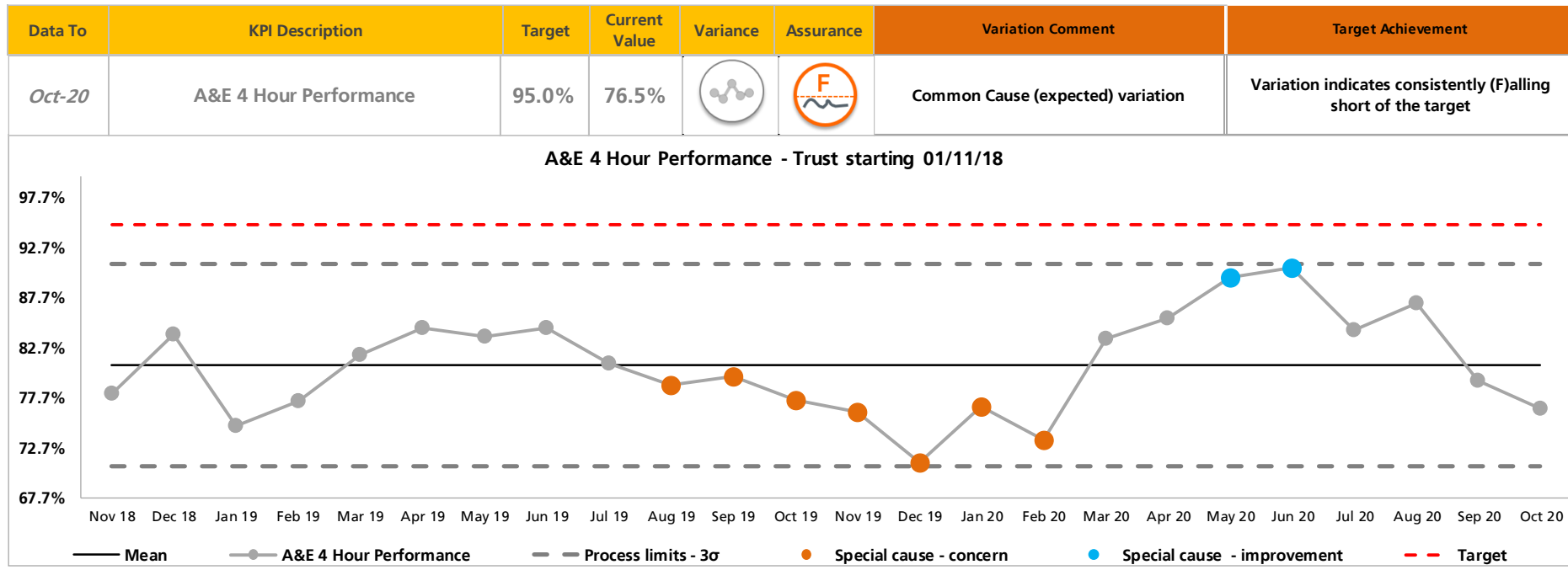


Chart 19: A&E 4-hour performance

Performance in October 2020 was 76.5% against the standard of 95% and trajectory of 83.1%. Admitted performance was 55.7% and non-admitted performance was 90.5%. 75.8% of all breaches were admitted patients. 91.0% of all attendances presented to Amber ED, 9.0% to Red ED. 20.7% of breaches were from Red ED and 79.3% were from Amber ED. 41.7% of patients breached awaiting a bed. 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%.

There were six 12-hour trolley waits in October, five patients awaiting admission to a mental health facility and one patient awaiting admission to a medical bed.

Ambulance Handovers completed within 15 minutes

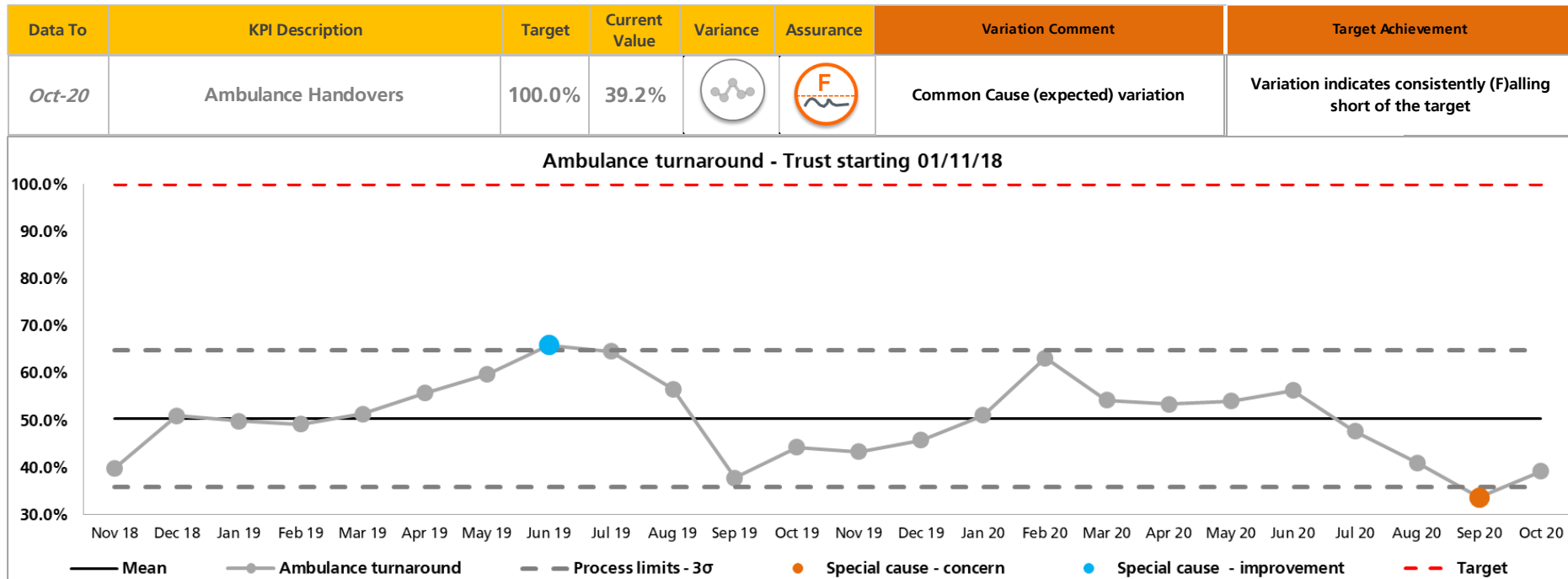


Chart 20: Ambulance Handovers

In October 2020 there were 1,996 ambulance conveyances to the Emergency Department, of which 1,851 were conveyed by EEAST and 145 were conveyed by EMAS. Performance data is available for EEAST only and of these, **39.2%** of ambulance handovers took place in ≤ 15 minutes, against the trajectory of 65%, **75.1%** of ambulance handovers took place in ≤ 30 minutes and **12.7%** of handovers exceeded 60 minutes.

Key Issues (any new issues in red):

1. Increasing presentations of patients with suspected COVID-19 through the Red ED pathway
2. Increasing presentations of mental health needs requiring admission to a mental health bed and no bed availability locally, resulting in patients having an extended length of stay in ED and an increasing number of 12 hour trolley waits

3. Reduced capacity in the department due to the co-location of both Red and Amber ED resulting in handover delays for patients to be seen by ED doctors and onward referral of patients

Key Actions (new actions in green):

1. Bed base reconfiguration to respond to demand for patients with suspected and confirmed cases of COVID-19 to reduce delays in admission
2. Implementation of the Urgent and Emergency Care Improvement programme; this is led by the Associate Director Urgent and Emergency Care Improvement and includes the following workstreams:
 - Pre arrival
 - Front door
 - Inpatient care
 - Discharge
3. Relocation of the Red ED increasing cubicle space for both major patients and ambulance offload to support more timely assessment and treatment of patients

Recovery Forecast:

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

Key Risks to Forecast Improvement:

1. Continued co-location of Red and Amber ED create a risk of crowding in the ED and delays to ambulance handover delays
2. Increasing activity levels and patient acuity for both Red and Amber pathways
3. Engagement internally and externally with the Urgent and Emergency care improvement programme

Beds occupied by adult inpatients >=21 days

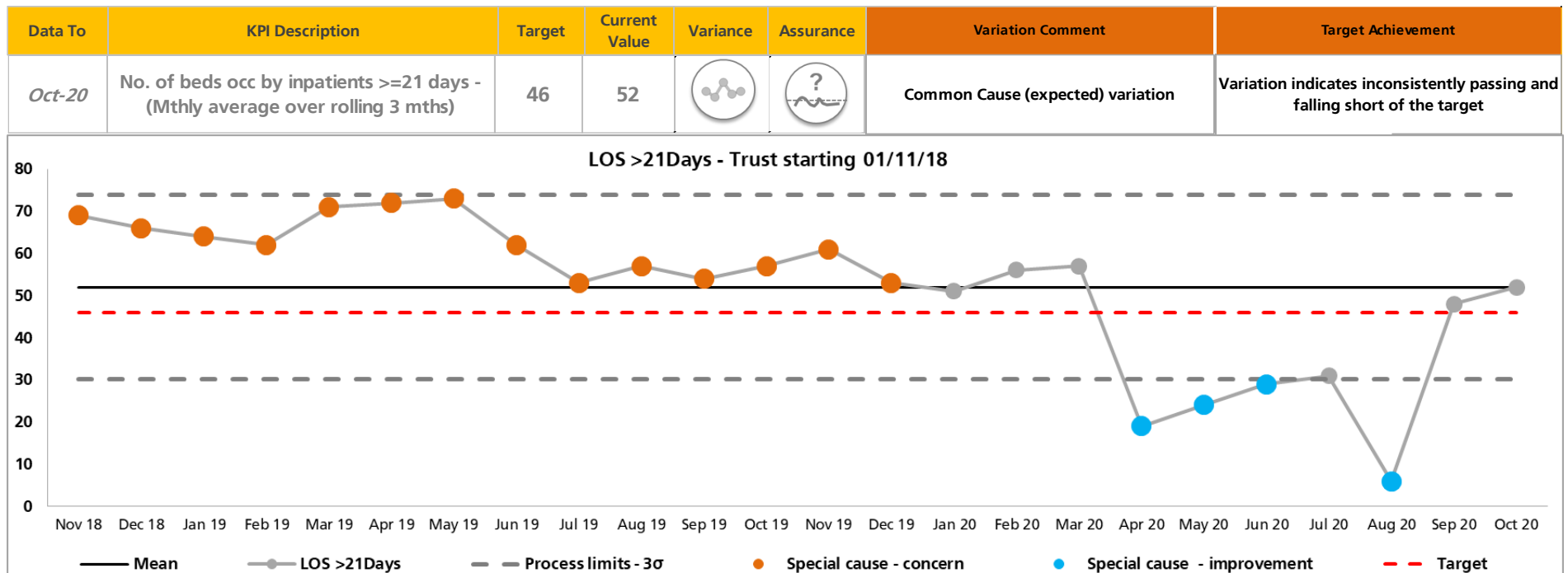


Chart 21: Beds occupied by adult inpatients >= 21 days

Key Issues (new issues in red):

1. Primary reasons for patients remaining in hospital over 21 days:
 - a. Patients requiring on-going clinical treatment (triggering criteria to reside)
 - b. Patients awaiting a new placement
 - c. Patients requiring intravenous therapy that cannot be delivered in the community
 - d. Patients awaiting a new package of care

Key Actions (new actions in green):

1. Implementation of weekly point prevalence with data collected by divisional teams ensuring cross-divisional working where delays are identified

Recovery Forecast:

Recovery forecast to trajectory is January 2021.

Key Risks to Forecast Improvement:

1. Clinical engagement with exploring alternative pathways of care
2. Engagement from care homes and private care agencies to accept patients with awaited or positive COVID-19 swab results

Elective Care

18-week RTT

Performance in October is 68.2% against the standard of 92%, and trajectory of 47.09%. This shows a steady improvement since July 2020.

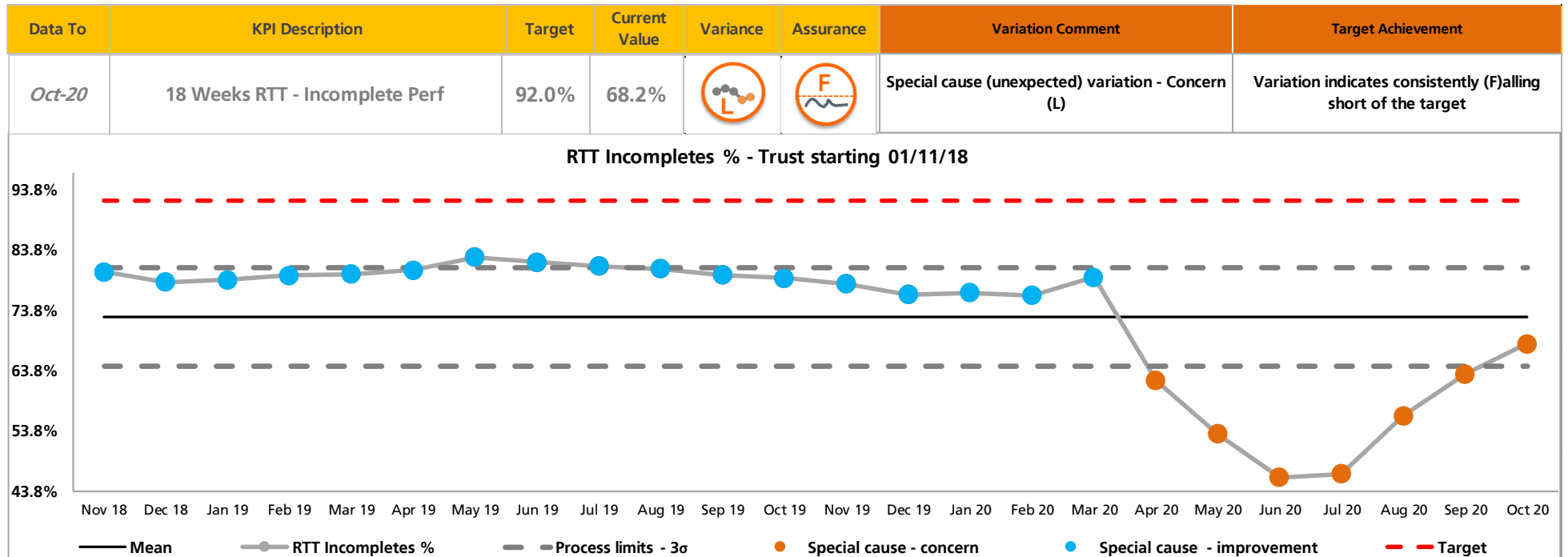


Chart 22: RTT incomplete performance

Key Issues (new issues in red):

1. Reduced capacity in main outpatients due to the loss of area A following the expansion of the ED footprint into outpatients specifically impacting General Surgery (50% reduction in capacity).
2. The backlog of 4.490 patients waiting over 18 weeks for treatment relates predominantly to Trauma and Orthopaedics (967) Ophthalmology (549), Gynaecology (413) and General Surgery (402).

Orthopaedic elective bed capacity continues to be reduced to accommodate emergency patients within the elective bed base. Ophthalmology medical staff vacancies and reduced outpatient capacity as a result of enhanced cleaning between patients both contribute to the increase in backlog. Within the ENT establishment of 4 Consultants, 1 is still shielding and therefore unable to undertake face to face appointments and on call.

3. Limited availability of clinical staff due to vacancies, shielding and sickness. In October 1 Consultant vacancy and 4 Specialty Doctor vacancies were covered by 1 locum Specialty Doctor. 2 Specialty Doctors will join the Trust in November. The other 2 have been re-advertised with good interest. The glaucoma Consultant post is advertised and a locum is being sought.

Key Actions (new actions in green):

1. Two ENT specialty doctors have been recruited and will start on 9th and 16th November 2020 respectively. A glaucoma locum Consultant has been secured and will start on 16th November 2020.
2. Opening of 12 surgical elective beds in the Sandringham Unit from the 10th November 2020.
3. Additional capacity to be secured via Waiting List Initiatives (WLIs) for Orthopaedics and Ophthalmology.

Recovery Forecast:

The 18 week performance is not expected to recover to 92% during this financial year.

Key Risks to Forecast Improvement:

1. A second peak of COVID-19
2. Willingness of patients to attend the hospital and COVID-19 risks associated with their procedure
3. Patients not following isolation guidance or developing symptoms resulting in short cancellation

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. There were 518 breaches in October 2020, the majority of these were Orthopaedics (192), Gynaecology (114), Oral Surgery (70) and ENT (65).

The Trust is engaged in the National Clinical Prioritisation work for admitted patients which will be completed by 31st December 2020. Harm reviews will be undertaken as part of this work on all patients waiting over 52 weeks for treatment.

Key Issues (new issues in red):

1. Cancellation of lists due to pressures on emergency capacity across the Trust.
2. Availability of clinical staff due to shielding, sickness, and vacancies, and a delay in recruitment for Specialty Doctors.

Actions (new actions in green):

1. Outsourcing is being explored including a mix of inpatient, day case and outpatient activity.
2. Implementation of the National Clinical Prioritisation programme.
3. Opening of 12 surgical beds in Sandringham Hospital from the 10th November 2020

Recovery Forecast:

The Trust is forecasting clearing the backlog of 52-week breaches by the end of March 2021; however, this is reliant on the use of Independent Sector capacity and continued availability of elective bed capacity throughout the winter period.

Key Risks to Forecast Improvement:

1. Availability of clinical staff
2. A second peak of COVID-19
3. Failure to secure a contract with the independent sector

Diagnostic waiting times

Diagnostic performance in October was 46.5% against the standard of 1%.

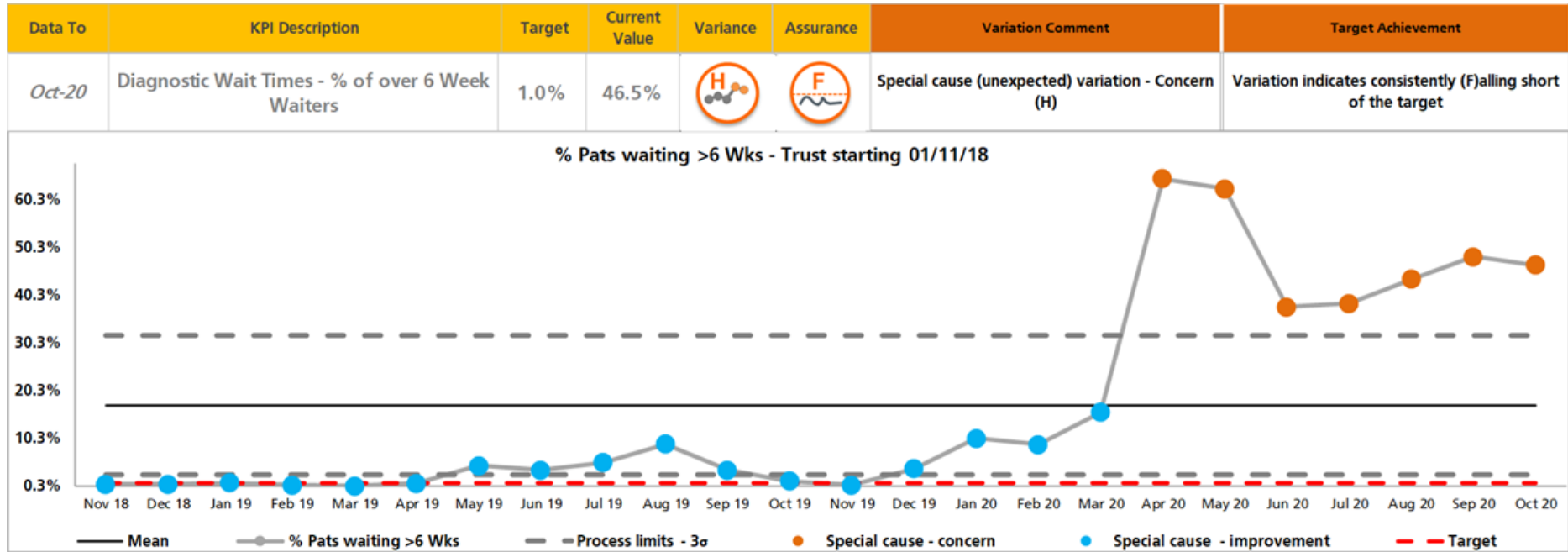


Chart 23: Diagnostic Wait Times

Diagnostic test	Pts waiting over 6 weeks	% of total
Magnetic Resonance Imaging	895	30.5%
Computed Tomography	699	23.8%
Non-obstetric ultrasound	481	16.4%
Barium Enema	0	0.0%
DEXA Scan	4	0.0%
Audiology - Audiology Assessments	94	3.2%
Cardiology - echocardiography	488	16.6%
Cardiology - electrophysiology	0	0.0%
Neurophysiology - peripheral neurophysiology	101	3.4%
Respiratory physiology - sleep studies	0	0.0%
Urodynamics - pressures & flows	98	3.3%
Colonoscopy	25	0.9%
Flexi sigmoidoscopy	6	0.2%
Cystoscopy	21	0.7%
Gastroscopy	21	0.7%
Total	2933	100%

Chart 24: Diagnostic Wait Times per Diagnostic Test

Key Issues (new issues in red):

1. The waiting list at the same time last year was 3,906 compared to 6,304 in October 2020, an increase of 2,398. This continues to be line with the trajectory below.
2. Staffing shortfalls due to agency unavailability, sickness and self-isolation have exacerbated the issues in certain specialities. Ultrasound and echocardiography had gaps in capacity pre-COVID-19.

Key Actions (new actions in green):

1. Exploring the potential to outsource/insource echocardiography. Discussions are ongoing with external agencies.
2. Outsourcing MR commenced on 1 October 2020 - we have currently sent 134 referrals. Outsourcing Ultra Sound Scans commenced on 13 October and we have currently sent 123 referrals. We continue to send weekly referrals.
3. The team are investigating the availability of a mobile unit for additional CT capacity, although currently mobile units are being deployed to NHS England to be utilised in the pandemic.

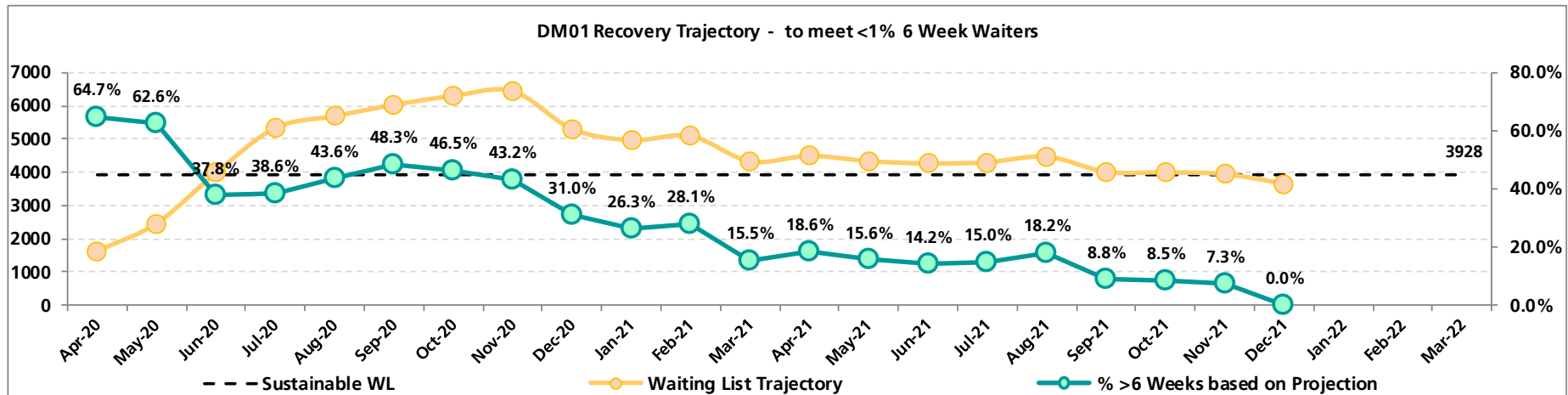


Chart 25: DM01 Recovery Trajectory

Key Risks to Forecast Improvement:

1. Increased DNA rate
2. Capacity has reduced in CT due to examinations taking longer which has had an impact on capacity. Demand increased in October 2018 to 2019 but demand has remained static from October 2019 to 2020.
3. A second wave of COVID-19.

Cancer Care

2 week wait

Performance in September 2020 was 98.1% against the standard of 93%.

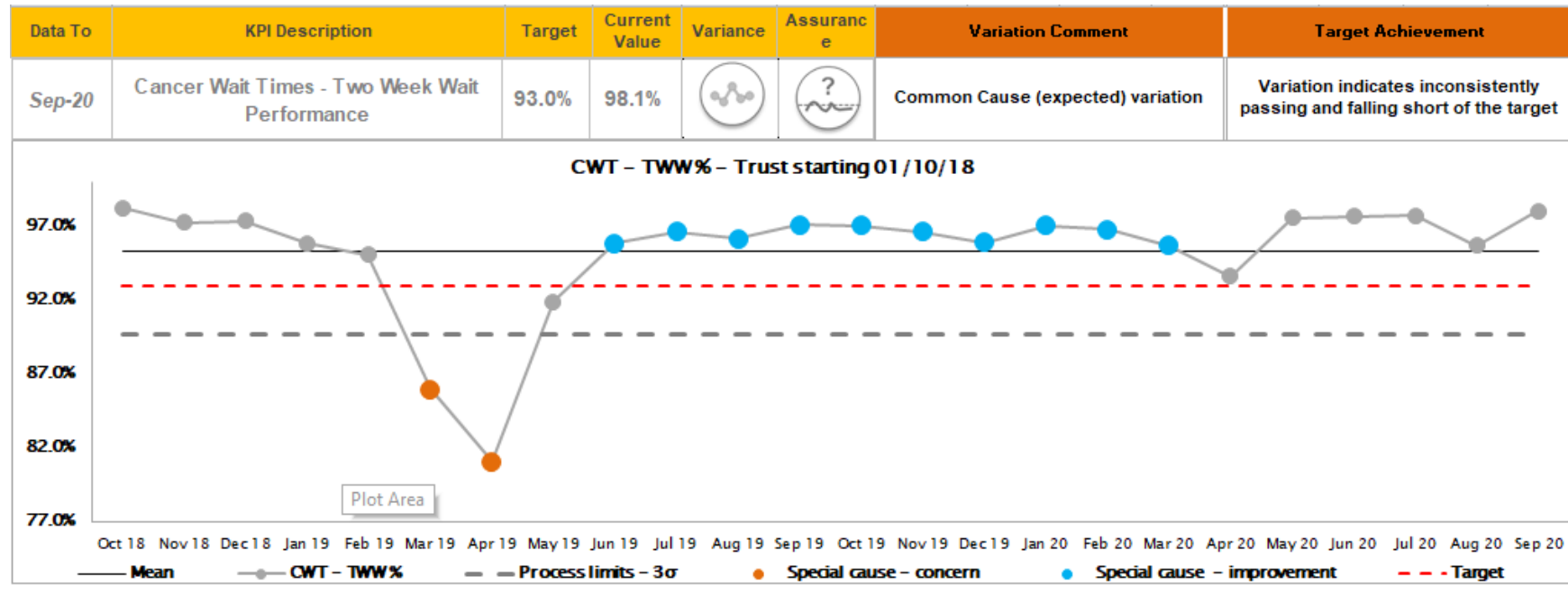


Chart 26: Two Week Wait performance

2 week wait performance remains above the national standard. Referral numbers have risen again in September and have now returned to the levels that the trust was receiving pre-COVID-19. There are currently no concerns around the ongoing achievement of this standard.

62-day referral to treatment

Performance in September 2020 was **83.8%** against the standard of **85%** and trajectory of **72.73%**.

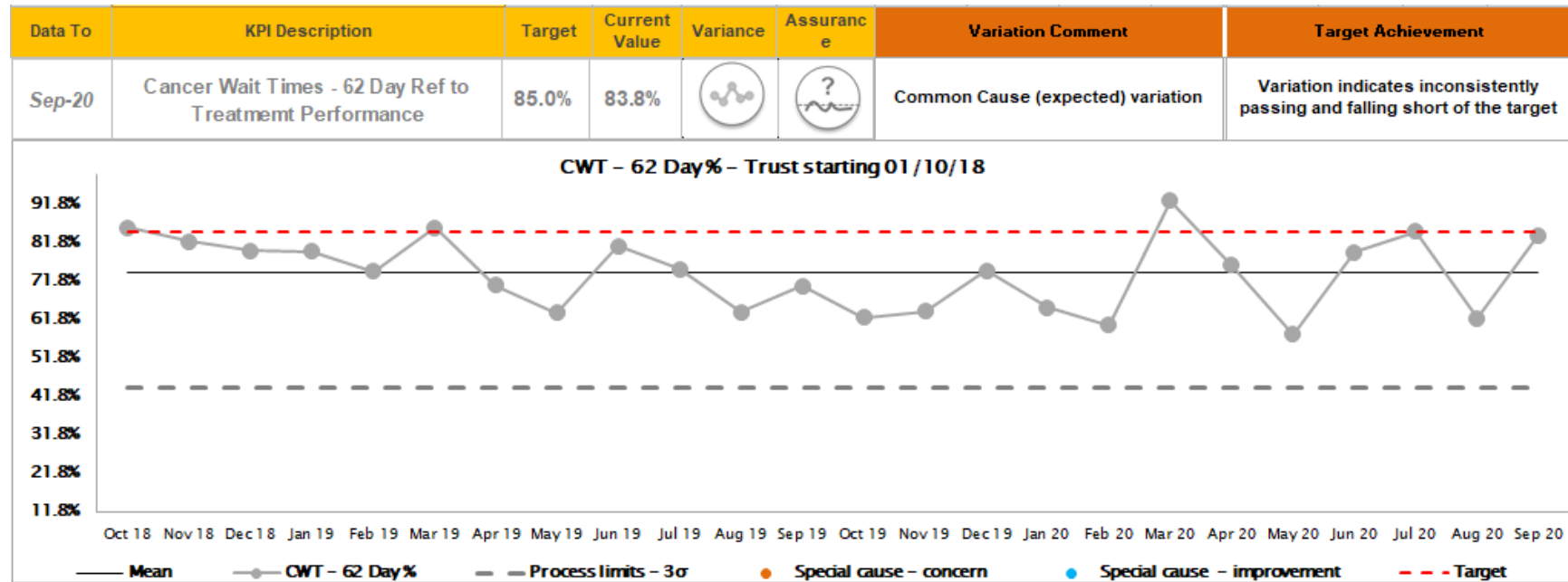


Chart 25: 62 Day Chart 27: Referral to Treatment

Key Issues (any new issues in red):

- Delays in waiting times for diagnostic tests. Current waits are approximately 3 weeks for MRI and 3 weeks for CT-Virtual Colonoscopy
- Delays in results returning for Histology from Cambridge University Hospital. Longest wait currently at 25 days

Key Actions (new actions in green):

- Exploring the availability of a mobile CT unit, however NHSE/I are currently deploying available units to targeted sites to support during the pandemic.
- Additional cystoscopy weekend lists to begin from w/c 16th November to support backlog clearance.

3. Implementation of a successful Capsule Endoscopy bid which has been sourced by the STP for Norfolk and Waveney. This will provide alternative capacity for patients who would usually be waiting for CTVC tests. Plans are currently in train to make QEH the central hub for the trial.

Recovery Forecast:

The trajectory is for clearance of all patients waiting over 104 days by December 2020

Key Risks to Forecast Improvement:

1. Imaging capacity causing delays in all pathways
2. Cancer referrals have now risen above pre-COVID-19 levels across different cancer sites whilst diagnostic capacity continues to run at a reduced rate
3. A rise in local COVID-19 cases causing capacity and staff shortages

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

Statement of comprehensive income: Month 7 – 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	18,580	15	0%	126,049	124,655	(1,394)	(1%)
Other Income - Education, Training & Research, Non Clinical Revenue	1,322	1,222	(100)	(8%)	10,706	8,029	(2,677)	(25%)
Donated Asset Income	409	99	(310)	(76%)	409	99	(310)	(76%)
COVID-19 Additional Income	1,258	1,258	0	0%	1,258	9,439	8,181	
Total Income	21,554	21,159	(395)	(2%)	138,422	142,222	3,800	3%
Pay Costs - Substantive	(11,752)	(12,081)	(329)	(3%)	(79,624)	(81,895)	(2,271)	(3%)
Pay Costs - Bank	(1,098)	(867)	231	21%	(6,606)	(6,633)	(27)	(0%)
Pay Costs - Agency	(1,030)	(1,330)	(300)	(29%)	(8,266)	(6,743)	1,523	18%
Pay Costs - Additional COVID-19	(1,026)	(633)	393	38%	(1,026)	(5,392)	(4,366)	
Total Pay	(14,906)	(14,911)	(5)	(0%)	(95,522)	(100,663)	(5,141)	(5%)
Non Pay - Additional COVID-19	(232)	(53)	179	77%	(232)	(1,511)	(1,279)	
Non Pay	(5,834)	(5,922)	(88)	(2%)	(38,102)	(36,561)	1,541	4%
Total Operating Costs	(20,972)	(20,886)	86	0%	(133,856)	(138,735)	(4,879)	(4%)
EBITDA	582	273	(309)	(53%)	4,566	3,487	(1,079)	(24%)
Non-Operating Costs	(782)	(753)	29	4%	(4,940)	(4,137)	803	16%
Adjust Donated Assets	(379)	(70)	309	82%	(205)	100	305	149%
TOTAL (Deficit) / Surplus	(579)	(550)	29	5%	(579)	(550)	29	5%

I&E

At the end of September 2020, following revised national guidance, the block income and top-up mechanism (to ensure a balanced financial position) ended. The Trust submitted an operational plan to NHSI/E on the 22 October, forecasting a £2,876k deficit at 31 March 21. This new operational plan included a fixed amount of COVID-19 support funding and the cost of delivering an activity compliant plan.

In month 7, the Trust is delivering a £550k deficit, a £29k positive variance to the plan.

Key points of note in month

- Clinical income is in line with the revised plan.
- The national elective incentive scheme is applicable from 1 September, and is applied at the level of the STP, not individual Trusts. Discussions are ongoing with the STP CEOs and CFOs to agree on the mechanisms to manage the schemes incentives and penalties when these have been calculated and communicated to the STP.
- Other operating income is under-performing to Plan in month by £0.1m. This reflects the loss of income in areas such as patient car park income, retail and catering income.
- Month 7 substantive pay, excluding COVID-19 pay costs, shows an increase on the 3 month rolling average of £0.4m. This is mainly due to the arrival of Sandringham Hospital staff, who TUPE'd to the Trust as of 1 October, and from the current operational pressures within the Trust.
- Agency expenditure is £0.3m adverse to plan in month but positive to plan year to date.
- COVID-19 pay costs are less than anticipated in month but should be expected to increase as the second wave of the pandemic progresses.
- Non-pay costs, excluding COVID-19 costs, are negative to plan by £0.1m mainly due to a new £0.4m provision.
- COVID-19 non-pay costs are less than anticipated in month but expected to increase as the second wave of the pandemic progresses.
- Capital – capital expenditure is behind plan. Delays had been experienced in receiving signed MOU's from the DHSC. These are now completed and will allow the nationally funded schemes to progress.

Statement of Financial Position (SOPF) Update

	31 st Mar 2020	30 nd September 2020	31 st October 2020	Month Movement	YTD Movement
	£m	£m	£m	£m	£m
Non current assets	96.1	96.4	96.2	(0.1)	0.1
Current Assets					
Inventories	2.2	2.2	2.3	0.1	0.1
Trade & Other Receivables	21.9	12.0	11.6	(0.4)	(10.3)
Cash	14.2	34.1	34.7	0.6	20.5
Current liabilities					
Trade & Other Payables	(23.5)	(13.6)	(12.3)	1.2	11.1
Accruals	(8.7)	(29.8)	(30.9)	(1.1)	(22.2)
PDC dividend	-	-	(0.2)	(0.2)	(0.2)
Other current liabilities (exc. borrowings)	(1.8)	(1.4)	(2.0)	(0.6)	(0.3)
Non current liabilities	(0.7)	(0.7)	(0.7)	-	0.0
Borrowings	(135.2)	(0.4)	(0.4)	(0.0)	134.8
Total assets employed	(35.4)	98.7	98.3	(0.5)	133.7
Tax payers' equity					
Public Dividend Capital	57.5	191.8	191.8	-	134.4
Revaluation Reserve	12.5	12.5	12.5	-	-
Income & Expenditure Reserve	(105.4)	(105.6)	(106.0)	(0.5)	(0.7)
Tax payers' equity	(35.4)	98.7	98.3	(0.5)	133.7

Month-on-Month Key movements

No material movements in month

Year-to-Date Key Movements

Trade receivables have decreased due to NHS debtors paying more promptly

Cash has increased due to double payment of block monies in April











Trade and other payables have decreased due to the Trust paying suppliers more quickly

Accruals have increased due to the accrual of the block monies paid one month early

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

Well Led (People) Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
<i>Oct-20</i>	Appraisal Rate	90.0%	79.9%		
<i>Oct-20</i>	Appraisal Rate (Med Staff exc Jnr Drs)	95.0%	92.0%		
<i>Oct-20</i>	Sickness Absence Rate	4.0%	5.8%		
<i>Oct-20</i>	Mandatory Training Rate	85.0%	76.2%		
<i>Oct-20</i>	Turnover Rate	10.0%	9.5%		

As of October 2020, the Trust currently employs 3692 substantive headcount, working a substantive whole time equivalent of 3228.35. This is against the 2020/21 funded establishment of 3512.93 FTE.

Oct 2020 FTE Split: (excluding COVID-19 bank & agency).

<u>Establishment:</u>	<u>3512.93</u>
Substantive:	3228.35
Bank usage	214.76
Agency usage	124.76
Over Established	54.52

Both Substantive FTE and headcount increased as a result of Sandringham staff transfers and International Nurse recruitment recommencing.

Bank usage **decreased** to 219.52 FTE (from 222.86 in Sept) with 4.76 FTE being coded directly to COVID-19 costs.

Agency usage **increased** to 184.74 FTE (from 171.48 in Sept) with 58.42FTE being coded directly to COVID-19 costs and 2.00 FTE to Special Measures Funding.

Appraisals

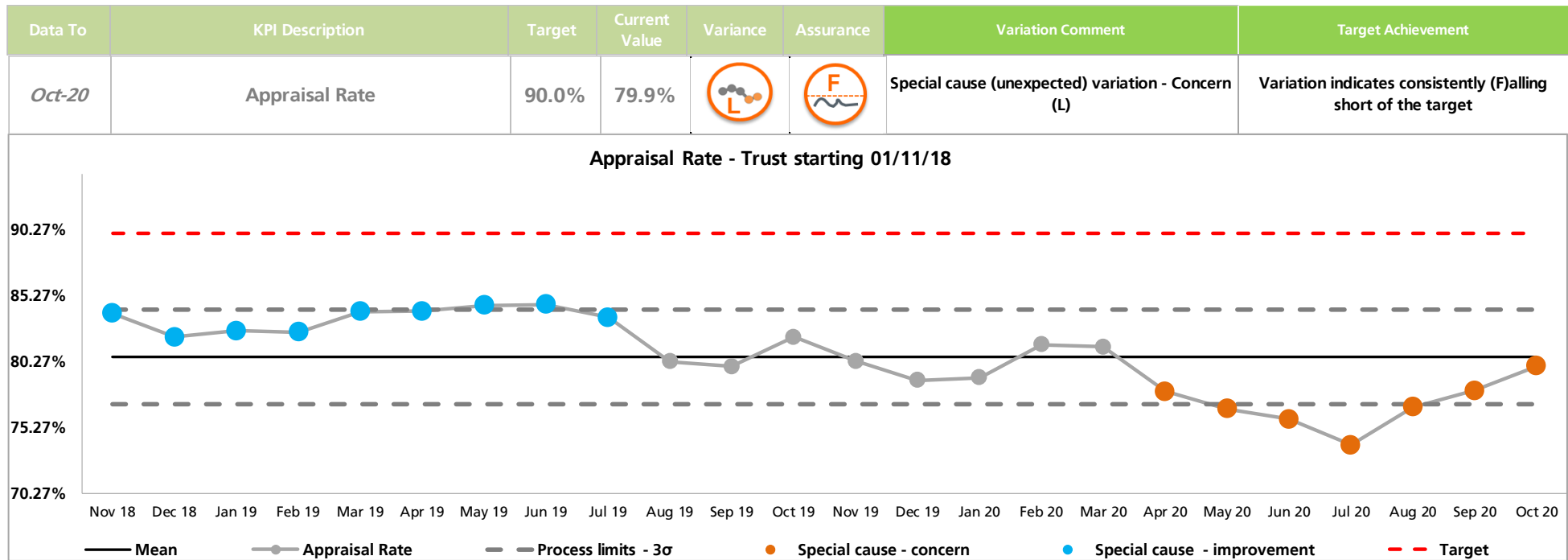


Chart 28: Trust Wide Appraisal Rate

Key Issues (any new issues in red):

1. Trust appraisal rate compliance (including bank staff but excluding medical staff) increased for the second month running to 79.74% (from 78.08% in Sept) 250 appraisals were completed in month. We are seeing a marked step change in Trust appraisal improvement.
2. 82 appraisals remain in the seriously overdue category, which is an decrease of 3 on the previous month, 37 appraisals are overdue by 18 – 24 months and 47 appraisals are overdue by 24 month.

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 this is currently on plan to be ratified early next year.
4. The HRBPs have contacted all managers where appraisals are overdue, or seriously overdue, 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 before the end of November 2020.

Key Risks to Forecast Improvement:

There are a number of staff on sickness leave at present and this number is growing due to the impact of COVID-19 and staff shielding, which is a risk to achieving the appraisal targets.

Mandatory Training Rate

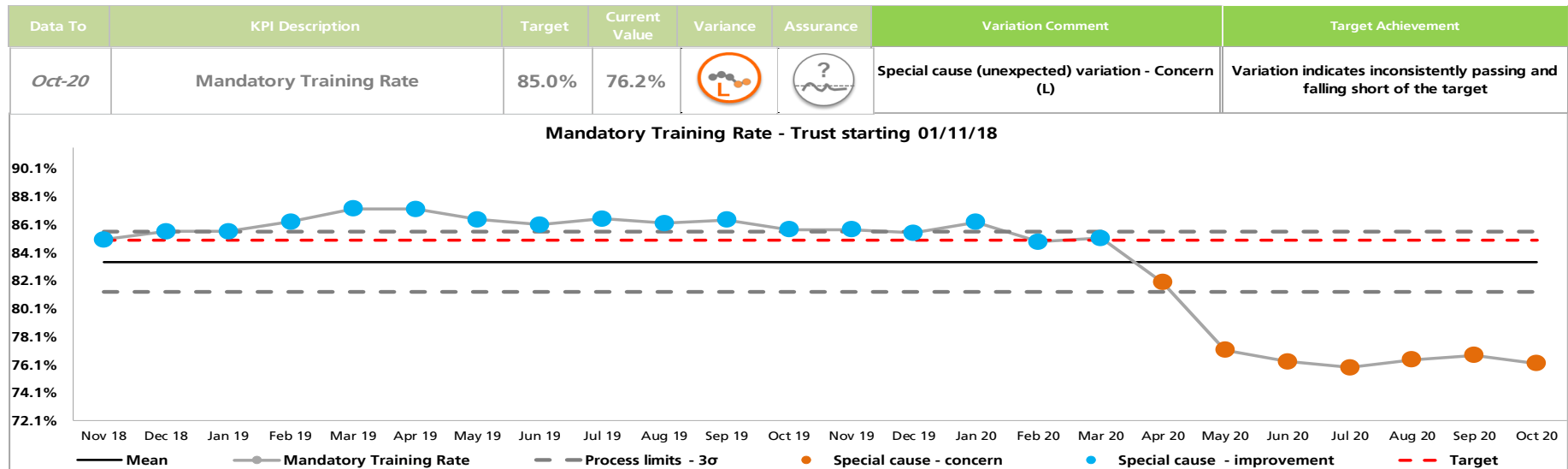


Chart 29: Mandatory Training Rate

Division of Clinical Management	81.49
Division of Clinical Support	85.65
Division of Medicine	75.29
Division of Surgery	72.95
Division of Women & Children	79.59
Estates Division	96.44
Facilities Division	64.44
Finance Division	91.20
Governance Division	83.84
Human Resources Division	90.91
ICT & Information Division	89.69
Patient Experience Division	58.51
Patient Safety Division	93.64
Trust Board	88.64
	76.22

Chart 30: Mandatory Training Rate per Division/Area

Key Issues (any new issues in red):

1. COVID-19 social distancing restricts the number of attendees on each face-to-face course
2. COVID-19 second wave is now impacting on improved targets.

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. The Mandatory Training Intranet pages have been updated with latest training course information and availability of dates.
3. Where face to face training is the only option e.g. Manual handling, we are encouraging colleagues to self-serve and book onto the face to face training themselves through ESR to reduce administration.
4. With COVID-19 social distancing restricting the number of attendees on each course we are putting on additional sessions and are also proposing to record training sessions where possible which can be hosted on ESR so as to negate the need to attend a face to face session.
5. As per last month the move to e-learning (digital first) will be led by the new head of OD who started on 16th November 2020.
6. 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.

Sickness Absence Rate

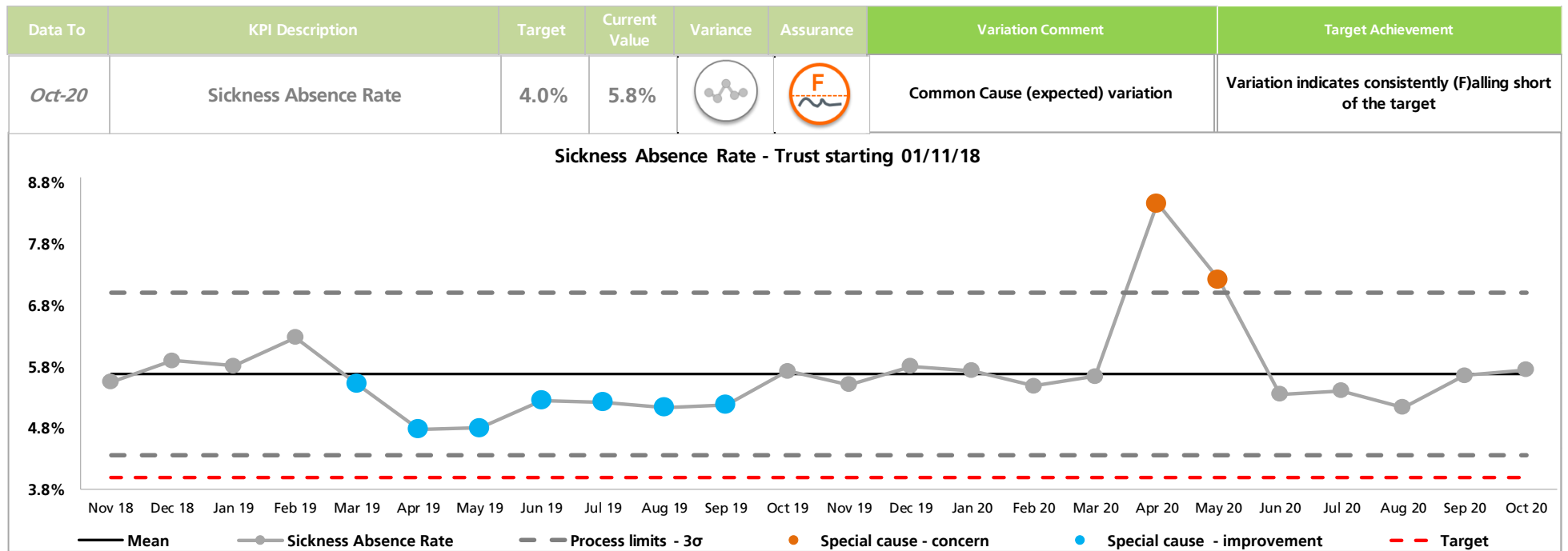


Chart 31: Sickness absence rate

Key Issues (any new issues in red):

1. Overall sickness for the Trust has increased to 5.8% from 5.66.
2. COVID-19 related sickness in October was 0.22%. Non COVID-19 sickness in October was 5.53%.
3. Stress and anxiety still remains the highest cause of sickness absence and the largest single cost.
4. This remains a concern to the Trust as the wellbeing of staff and supporting them is at the core of its values. Musculoskeletal absences have increased along with 'unknown causes'. Managers will be asked to ensure the accurate reason for sickness absence is recorded.
5. There is currently 438 staff members' on the sickness improvement pathway for short term sickness.

Key Actions (new actions in green):

1. DLT and department meetings are currently being scheduled to complete a deep dive into all sickness related absence. The first meetings have been held to ensure all staff on long term sickness have a sickness management plan in place.
2. Similar to the focus on long term sickness plans, staff who have triggered 4 sickness episodes in 12 months will have a dedicated sickness improvement plan in place and tracked monthly.
3. Planned on boarding of the new PTSD clinical lead (recruitment is currently ongoing.) Candidates have been identified.

Recovery Forecast (e.g. November):

1. 5.1% forecast for this month was not met and has been readjusted to a 5.5% target for November data.
2. This is due to second wave COVID-19 related sickness and ongoing shielding.

Key Risks to Forecast Improvement:

1. Second COVID-19 Spike
2. Staff sickness increase due to COVID-19 PTSD