

Meeting:	Board of Directors (In Public)				
Meeting Date:	2 February 2021	Agenda item:	13		
Report Title:	Integrated Performance Report (IPR) – December 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	There are currently 14 approved significant risks open across the Trust which align to the Strategic Objectives and are monitored through the appropriate Committees.				
	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:	Board of Directors in Public Quality Committee People Committee Finance and Activity Committee Senior Leadership Team				
Executive summary					
Action required: [highlight one only]	Approval	Information	Discussion	Assurance	Review
Purpose of the report:	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>This is the ninth 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 (December'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>
<p>Summary of Key issues:</p>	<p>As outlined within the report.</p> <p>The areas flagging with special cause variation are;</p> <ul style="list-style-type: none"> • Falls • Pressure Ulcer • VTE Assessment • Mortality Indicators • C-Section Rates • Neonatal Death Rate • Extended Perinatal Death Rate • Complaints • Dementia Case Finding • 4 Hour Performance • Ambulance Handovers • 18-week RTT • Diagnostic Wait Times • Appraisal Rate • Sickness Absence Rate • Mandatory Training Rate
<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 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</p>



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Board of Directors

December 2020 data

Executive Summaries

Safe

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

There is inconsistency in achieving the tolerance for hospital acquired pressure ulcers (rate per 1000 bed days.) However special cause improvement is noted.

Effective

The neonatal death rate remains below the national benchmark though tragically there were two stillbirths in November. Both are being investigated using the serious incident framework. There have been no maternal deaths, and we are seeing a consistent low rate of term admissions to the neonatal intensive care unit. (below the national benchmark for 8 months).

Caesarean section rates remain variable but a robust process is now in place to examine each decision to ensure that any learning is shared with the team prospectively for elective decisions and retrospectively for emergency sections.

SHMI remains in the as expected band, with HSMR still elevated, but with no lapses in care identified through an NHSEI external review.

Caring

The improvement in dementia case finding achieved in June 2020 has been embedded however, further improvements are not likely to be observed until after the pandemic.

The Trust has fallen below target for the cleaning of low risk areas in December 2020, due to the focus on high and very high-risk areas to ensure timely cleaning in wards with suspected and confirmed COVID-19 patients.

A slight increase in patients who have suffered harm following a fall.

Pressure ulcers shows special cause improvement.

Overall response rates to FFT have increased slightly in December 2020.

Responsive

4-hour performance for December was 67.1% against the standard of 95% and trajectory of 83%.

In December there were 32 patients waiting in the Emergency Department over 12 hours from decision to admit to admission.

In December 33.6% of ambulance handovers were completed within 15 minutes against a trajectory of 65% and 66.7% were completed within 30 minutes against a trajectory of 85%.

18-week performance was 66% in December against the standard of 92% and trajectory of 47.9%. There were 717 52-week breaches.

Diagnostic performance in December saw 52.95% of patients waiting for longer than 6 weeks against the standard of 1%.

Cancer 62-day performance in November was 77.9% against the standard of 85% and trajectory of 77.2%.

Well Led (Finance)

The Trust's in month financial position is showing a surplus of £518k, a positive variance in month of £21k against the plan, and a positive £61k for the year to date position.

Well Led (People)

As of 31st December 2020, the Trust employs 3752 substantive headcount, working a substantive whole time equivalent of 3289.21. This is against an increased funded establishment of 3583.74 FTE.

Both bank usage and agency usage increased in December 2020. 80.6 WTE were directly related to COVID-19 costs and a further 2 FTE to Special Measures Funding

The Trust vacancy rate has risen to 8.14%, as a result of the additional FTE added to establishment, predominantly related to BMI and International Nurse recruitment

The Nursing and Midwifery staff group vacancy rate is 7.95%, AHP is 14.28% and Medical and Dental 14.20%

Turnover decreased to 9.31% from 9.36% the previous month.







Sickness absence in December increased to 7.10% with a 12-month cumulative sickness of 6.09%. COVID-19 related sickness in December was 1.53% and Non-COVID-19 sickness in December 2020 was 5.57%.

Mandatory Training compliance for the 11 Statutory & Mandatory subjects is at 77.03% (down from 77.32% in Nov)

Appraisal compliance (including bank staff but excluding medical staff) increased to 80.52% (from 80.23% in Nov) 157 appraisals were 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

Are we improving, declining or staying the same

Blue = significant improvement or low pressure

Can we reliably hit target?

Grey = no significant change

Orange = system change required to hit target

Orange = significant concern or high pressure

Hit and miss target

Blue = will reliably hit target

Variation					Assurance		
Common Cause	Special cause Concerning variation	Special cause Improving variation	Hit and miss target subject to random	Consistently pass target	Consistently fail target		

Safe Dashboard

Items in blue are awaiting the latest update.

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-20	Serious Incidents (DECLARED IN MONTH)	0	3		
Dec-20	Falls (with Harm) Rate per 1000 beddays	0.98	0.38		
Dec-20	PUs Rate per 1000 beddays	0.41	0.15		
Dec-20	Overall Fill Rate %	80.0%	89.1%		
Dec-20	CHPPD	8.00	8.43		
Dec-20	Cleanliness - Very High Risk	95.0%	97.4%		
Dec-20	Cleanliness - High Risk	95.0%	96.6%		
Dec-20	Cleanliness - Significant Risk	95.0%	96.0%		
Dec-20	Cleanliness - Low Risk	95.0%	92.3%		
Dec-20	Cleanliness - No. of audits complete	37.00	44		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-20	CDiff (Hosp Onset) Rate per 100k beddays	30.10	30.69		
Dec-20	CDiff (Hosp Onset) Actual	4	5		
Dec-20	MRSA (Hosp Onset) Actual	0	0		
Dec-20	E Coli (Hosp Onset) Rate per 100k beddays	16.40	15.34		
Dec-20	E Coli (Hosp Onset) Actual	2	3		
Dec-20	MSSA (Hosp Onset) Actual		2		
Dec-20	MSSA (Hosp Onset) Rate per 100k beddays		9.50		
Nov-20	VTE Assessment Completeness	97.2%	98.7%		
Dec-20	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 December 2020.

- 12-hour delay –Thematic review of x 3 cases where there were delays in access to Mental Health Bed
- Implementation of care or ongoing monitoring/review (hospital acquired venous thrombosis)
- 12 hr delay – Thematic review of x 16 cases where there were delays in access to a bed following decision to admit, due to severe operational /flow issues associated with COVID-19.

There were two serious incidents closed by the CCG in December 2020.

Falls

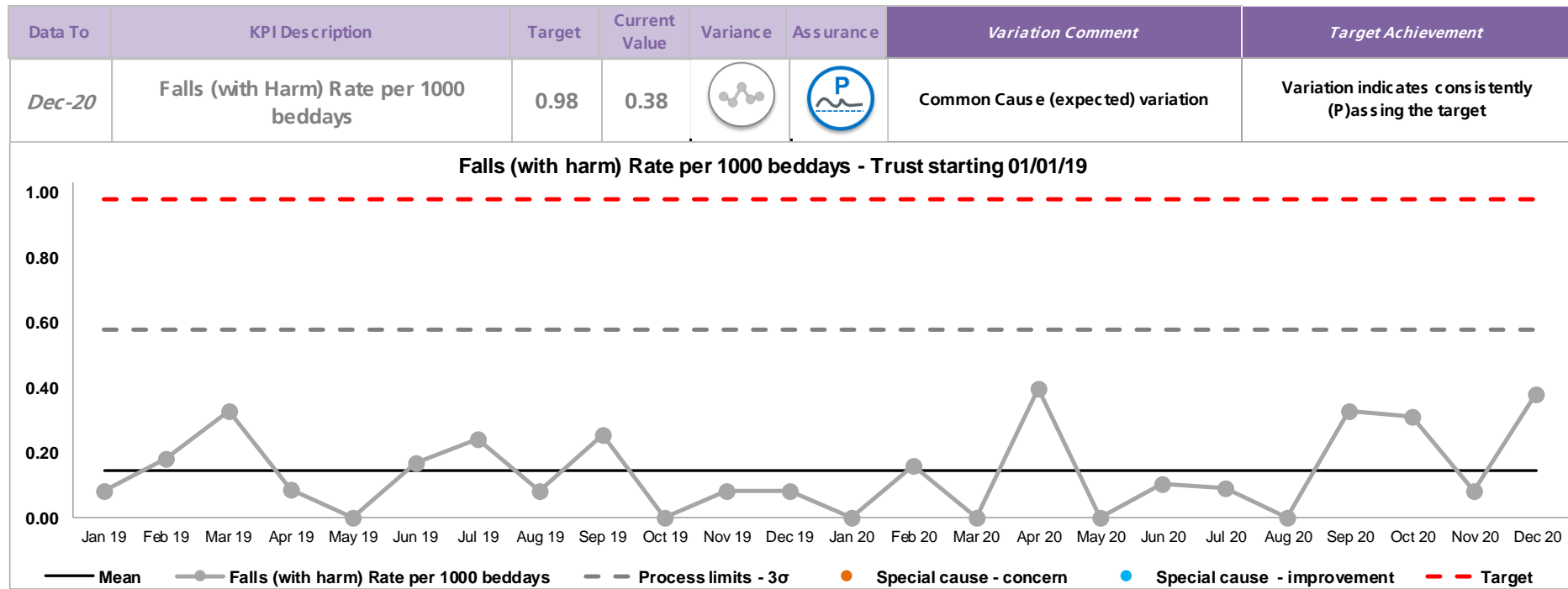


Chart 1: Falls (with harm) rate per 1000 beddays

Key Issues (any new issues in red):

- There is an emerging trend that more patients come to harm and have resulting injuries following fall incidents.
- Increasing number of patients assessed as high risk of falls and a change in the patient acuity and dependency due to reduced elective surgical patients and an increase in patients with COVID-19.

Key Actions (new actions in green):

1. Continue to source additional staff to support the clinical areas, e.g. utilising non-ward-based nurses.
2. A scheduled Norfolk and Waveney recruitment drive of Health Care Support Workers during January and February 2021 is planned to support the staffing requirement for enhanced care.

3. Strengthening safety huddles by emphasising and identifying patients who are at high risk of falls to instigate early interventions.

Recovery Forecast: The number of patient injuries following fall incidents is still within the Trust target.

Key Risks to Forecast Improvement:

1. Unable to maintain staffing level at optimum level at all times.
2. Staff sickness and absence due to COVID-19.
3. Increasing number of patients assessed as high risk of falls and a change in the patient acuity and dependency due to reduced elective surgical patient and an increase in patients with COVID-19.
4. Opening of additional beds to support bed capacity.

Cleanliness – low risk

Key Issues (any new issues in red):

- The Trust has fallen below target for December 2020, due to the focus on high and very high-risk areas to ensure timely cleaning in wards with suspected and confirmed COVID-19 patients.
- The low risk areas are either outpatient areas or meeting rooms which are infrequently used.
- Conversely as a Trust we have overachieved in very high and high-risk areas to keep our patients and staff safe.

Key Actions (new actions in green):

Continued focus on very high and high-risk areas.

Recovery Forecast:

Recovery is unlikely until the COVID-19 pandemic begins to wane.

Key Risks to Forecast Improvement:

Continuation of the current global COVID-19 pandemic.

Pressure Ulcer Rates

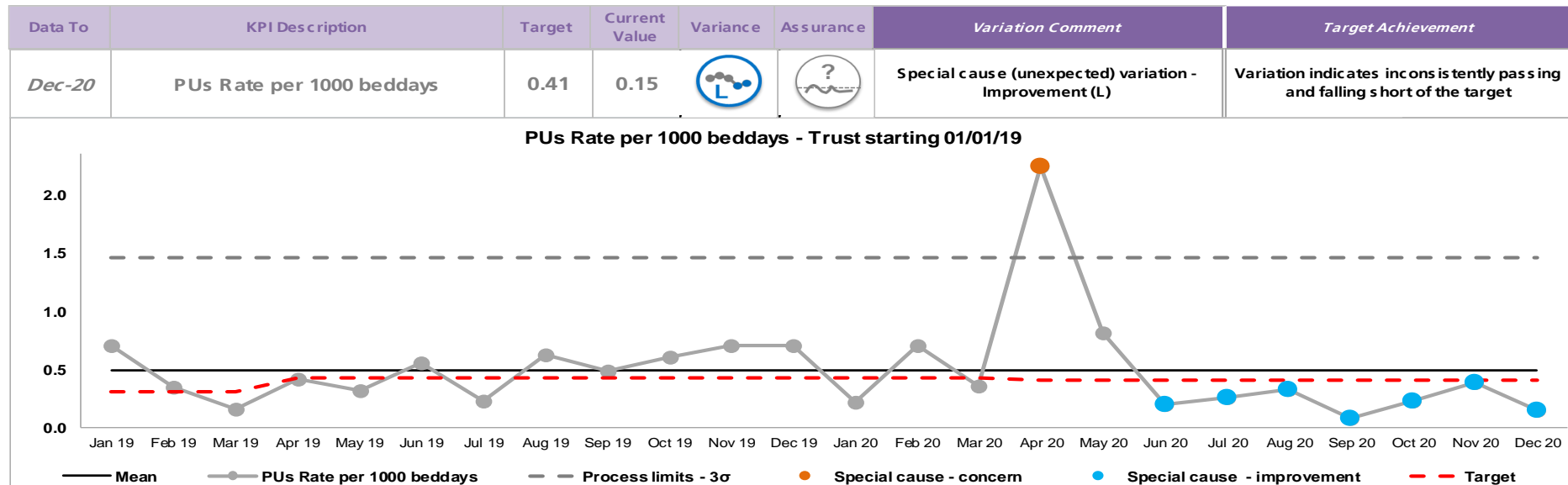


Chart 2: Pressure Ulcer Rates

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. However, special cause improvement is noted.

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. The Tissue Viability team are finalising the e-learning package and workbook on wound and pressure ulcer management scheduled for end of Q1.

Recovery Forecast:

1. The number of hospital acquired pressure ulcers is relatively low compared to December 2019.

Key Risks to Forecast Improvement:

Non-compliance with the pressure ulcer prevention care bundle documenting the care and timely skin assessment.

VTE Assessment

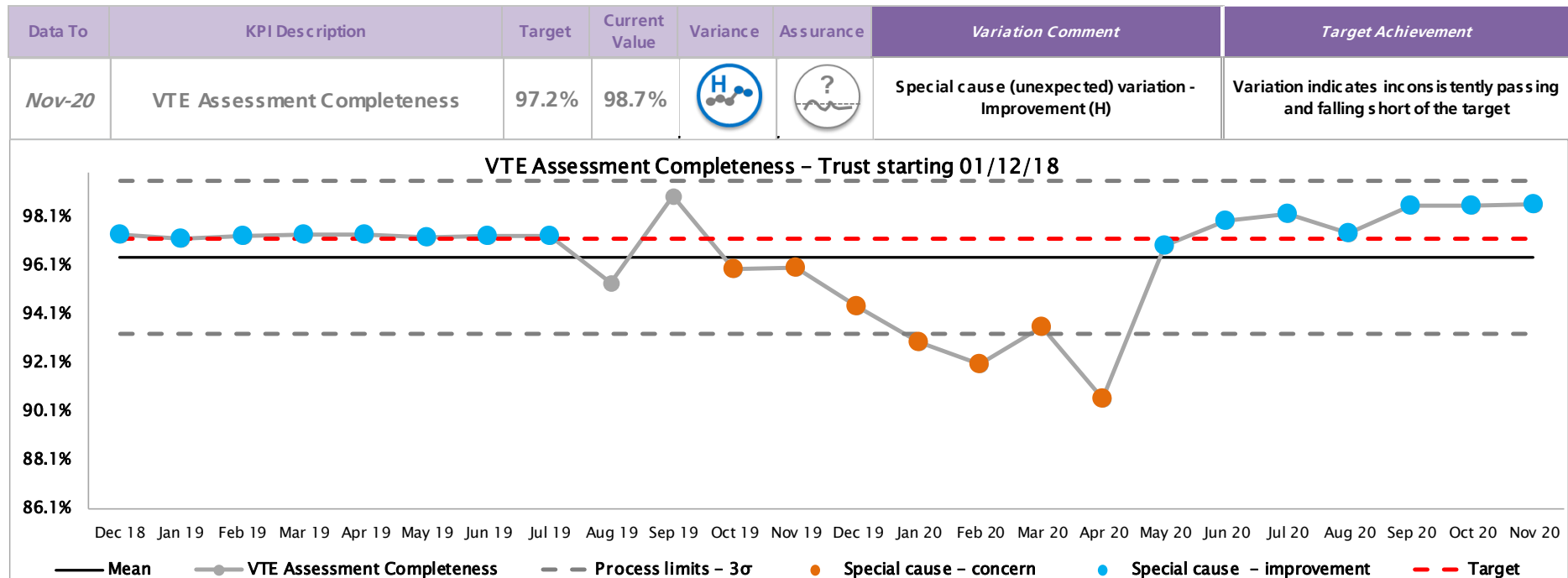


Chart 3: VTE Assessment Completeness

Key Issues (any new issues in red):

1. The VTE assessment process has been stable since June 2020 and has become business as usual.

Key Actions (new actions in green):

1. Plans to monitor compliance with prescribing and administering thromboprophylaxis are now in place.

Recovery Forecast: Not applicable

Key Risks to Forecast Improvement:

1. Current compliance may be affected due to use of additional assessment areas (due to the second wave of COVID-19) in the hospital and the frequent changes of clinical pathways due to changing use of the hospital estate. Redeployment of medical staff to unfamiliar areas and the use of locum medical staff may also affect this. The process and compliance are being monitored by the hospital thrombosis committee on a weekly basis. Awareness and education on the need to comply with the screening process is in place.
2. Slippage in compliance due to human factor issues continues to be a risk with junior doctor turnover. A forcing function in the Electronic Prescribing system is proposed as a solution which is expected to be implemented in April 2021.

Effective Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Nov-20	Stillbirth Rate	3.73	3.99		
Nov-20	Neonatal Deaths Rate	1.06	1.00		
Nov-20	Extended Perinatal Deaths Rate	4.79	4.99		
Nov-20	Total C Section Rate	25.0%	29.0%		
Nov-20	EL C Section Rate	10.0%	8.9%		
Nov-20	EM C Section Rate	15.0%	20.1%		
Nov-20	Maternal Deaths	0	0		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-20	% "Term" admissions to the NNU	6.00%	4.82%		
Dec-20	% "Avoidable Term" admissions to the NNU	0.00%	25.00%		
Sep-20	HSMR Crude Rate	3.18	3.66		
Sep-20	HSMR Relative risk	100.00	117.66		
Sep-20	HSMR Weekend Relative risk	100.00	128.53		
Jul-20	SHMI (Rolling 12 mth position)	100.00	103.43		
Dec-20	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.17		
Dec-20	No. of patients recruited in NIHR studies	50	192		

C-Section Rates

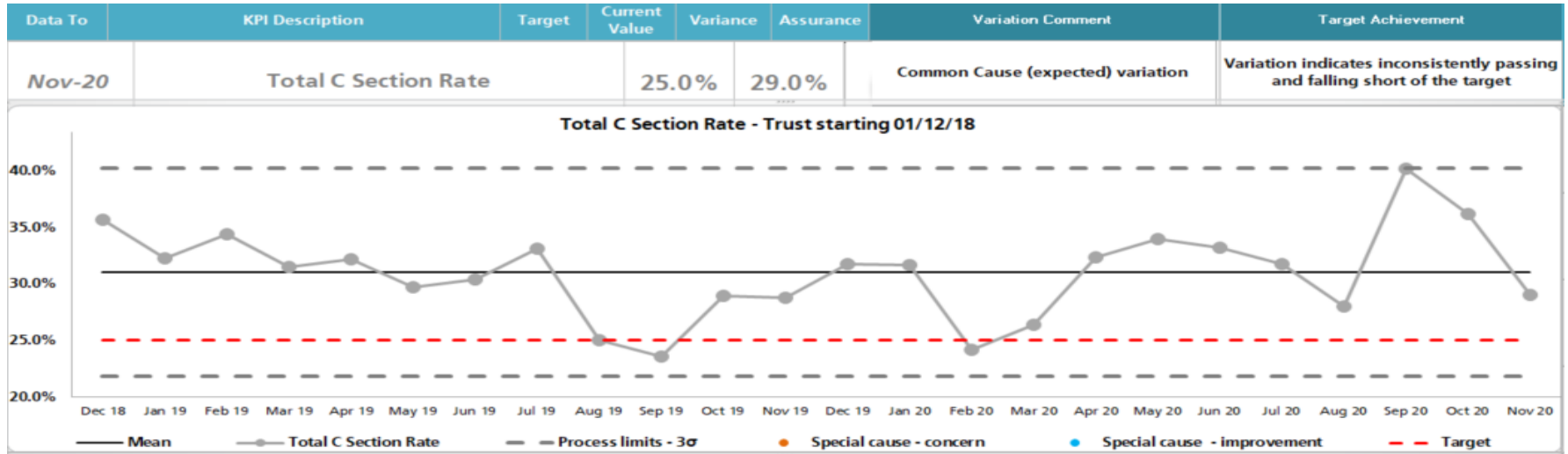


Chart 4: Caesarean Section Rates

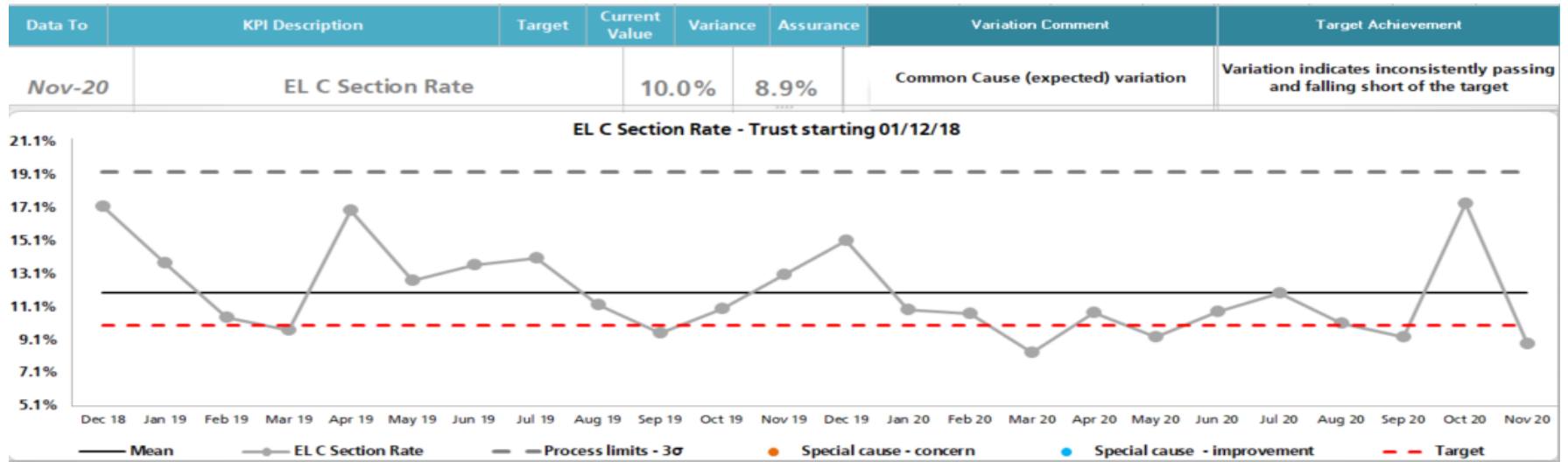


Chart 5: Elective Caesarean Section Rates

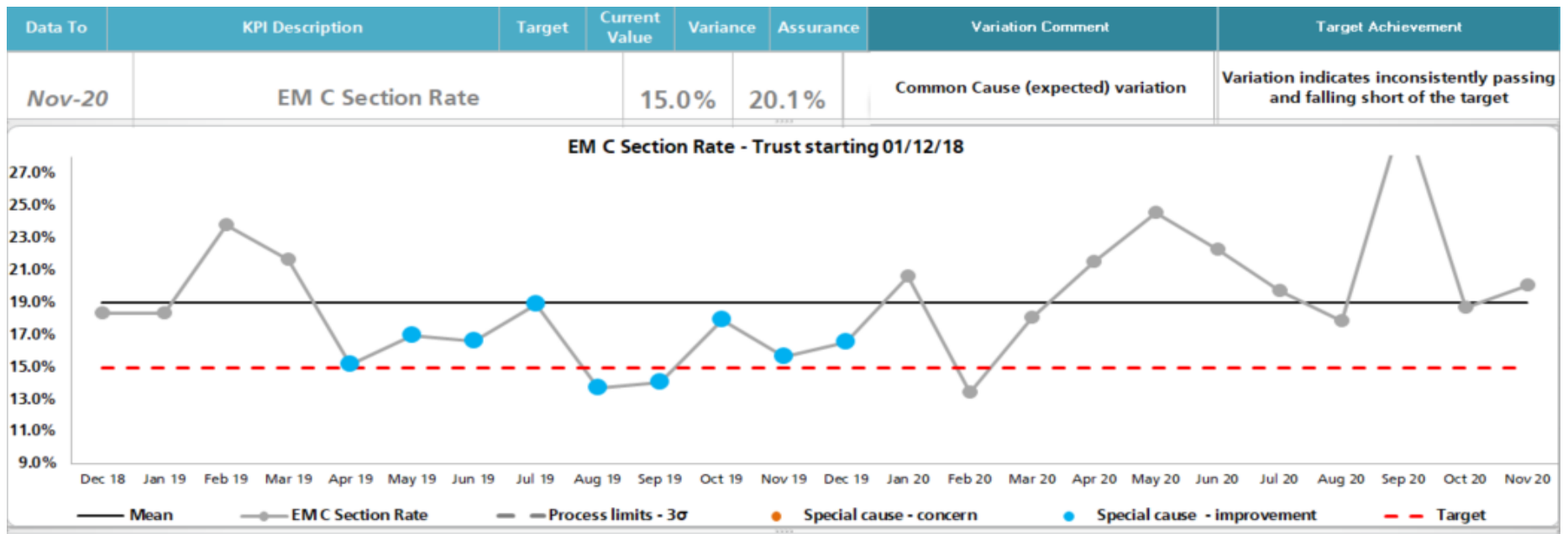


Chart 6: Emergency Caesarean Section Rates

Factors Driving Performance:

1. The total Caesarean rate for November is 28.99% against a target of 25%. After a spike in elective C sections in October (albeit within process limits), the latest figures are back below target. Emergency C section rates continue to demonstrate variability.
2. Taken together, QEH has consistently had the lowest elective, emergency, total and total year to date caesarean section rates across the Norfolk and Waveney STP.

Key actions:

1. Retrospective Multidisciplinary Team Caesarean Section (MDT CS) meetings are in place. These were not happening consistently due to staffing availability but have been reinstated from December 2020. This weekly meeting is led by the Labour Ward Consultant Lead and Inpatient Matron. The log of attendance, review outcome and learning are now reported to speciality governance meeting. Revamping the MDT review process and enabling tracking and trigger systems will help improve the consistency for emergency and out-of-hours decision making.

Risks to Recovery:

1. Consultant shielding due to the second wave of the pandemic is a challenge, however other medical staff have now returned post-sickness absence.
2. Staffing gaps and difficulty recruiting middle grade doctors puts the existing team at risk of burn out, exacerbated by frequent out of hours working.
3. The MDT CS meetings are planned with staff rostered to attend. Consultant and senior midwife attendance is regular, providing robust challenge and senior review of decisions made. However, sickness in the midwifery team means that attendance is variable for some team's members.
4. Increasing maternal requests for CS including emergency CS have been observed recently. Further education of the wider MDT team is ongoing to enable them to confidently respect the maternal voice and to manage these situations and give consistent advice.

Neonatal & Perinatal Mortality

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Nov-20	Neonatal Deaths Rate	1.06	1.00			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (P)assing the target

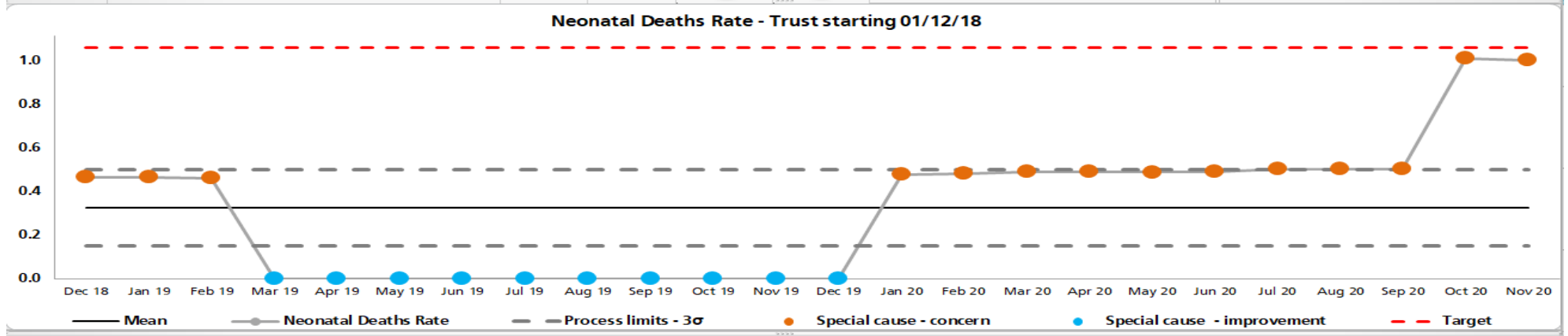


Chart 7: Neonatal Deaths Rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Nov-20	Stillbirth Rate	3.73	3.99			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

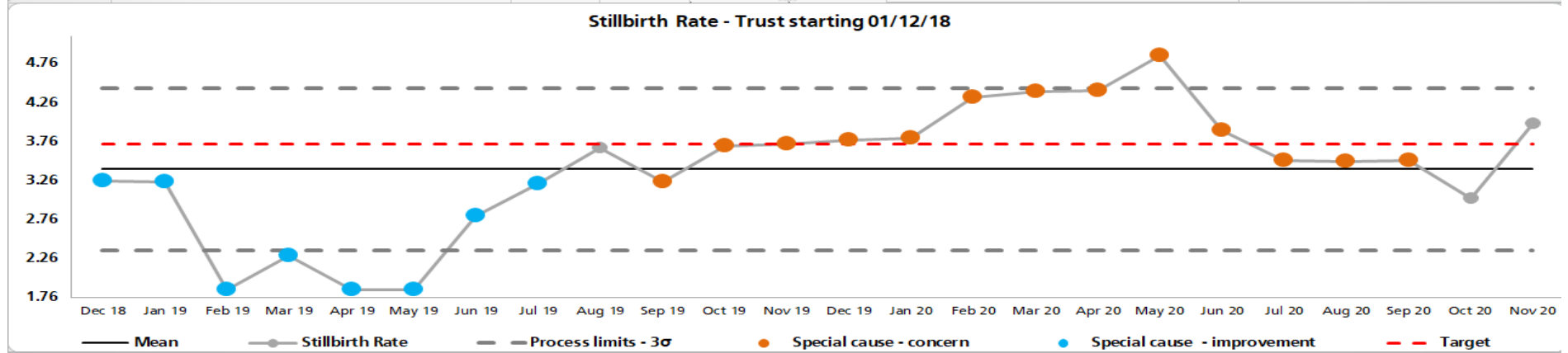


Chart 8: Stillbirth Rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Nov-20	Extended Perinatal Deaths Rate	4.79	4.99			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (P)assing the target

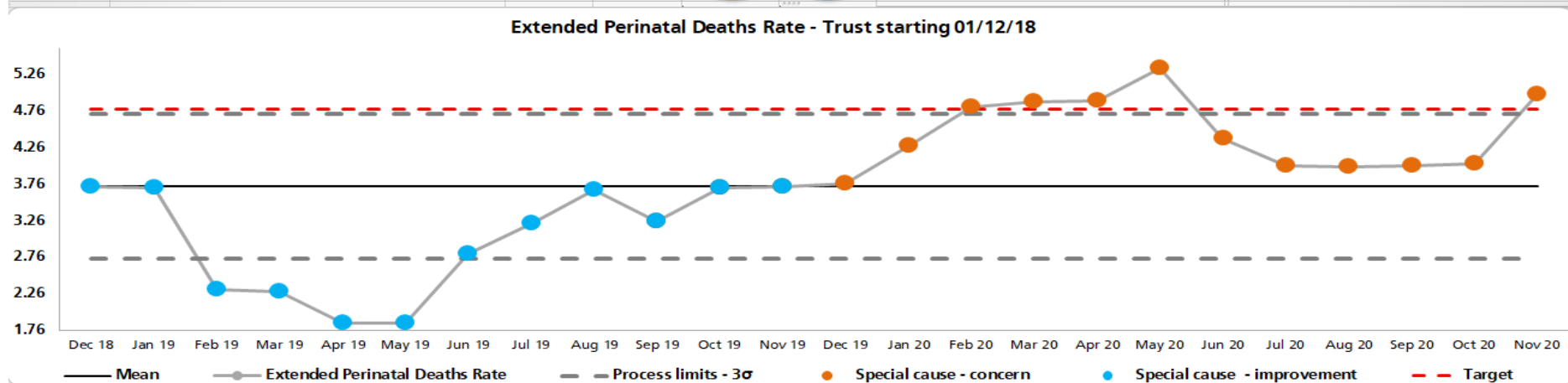


Chart 9: Perinatal Deaths Rate

Factors Driving Performance:

1. The stillbirth rate for the month of November was 3.99 which is above the target of 3.76. Tragically, two stillbirths occurred in November (on the same day). Both have been reported as SIs, with one being investigated internally and the other externally through HSIB.
2. The neonatal death rate remains below target at 1.0. Together these comprise the extended perinatal death rate: 4.99 above the target of 4.79.

Actions being taken:

1. An external review of perinatal mortality was commissioned in 2020 and is reporting to the Quality Committee in January 2021.
2. Following the Ockenden report, the Trust is ensuring the implementation of all the Immediate and Essential Actions (IEAs). The Trust is fully compliant with 9 of the 12 IEAs and plans are in place to implement the remaining three. This is being reported through the Quality Forum with assurance to the board through the Quality Committee.
3. The Trust is also implementing the elements of Saving Babies Lives care bundle to reduce still births as per the national agenda.

4. 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.

Risk to delivery:

1. Vacancy and absence within the O&G and maternity departments has resulted in a number of senior midwives and senior medical staff to be working within the clinical numbers, impacting on the ability for service development initiatives. Some members of staff continue to be absent due to the pandemic, and the Divisional Leadership Team and maternity team are developing a plan for management of transformation projects.
2. One of the key components to reduce still birth rate is growth monitoring. The maternity sonography staffing levels and scan capacity has been continuously strained by the demand from the general radiology request due to the COVID-19 backlog. This is currently listed on the risk register.
3. Midwifery Staffing: Nine new band 5 midwives have commenced and are now included within the rosters. Two members of staff started in December 2020 and another will be starting in March 2021. The Trust has also recruited four new band 7 midwives, start dates are pending. This leaves a vacancy of 4.5 Whole Time Equivalent (WTE) band 6 midwives. A business case has also been prepared to further uplift midwifery staff by 6 WTE band 6s and 4 WTE band 7s, to significantly improve midwifery staffing.

Term Neonatal unit admissions

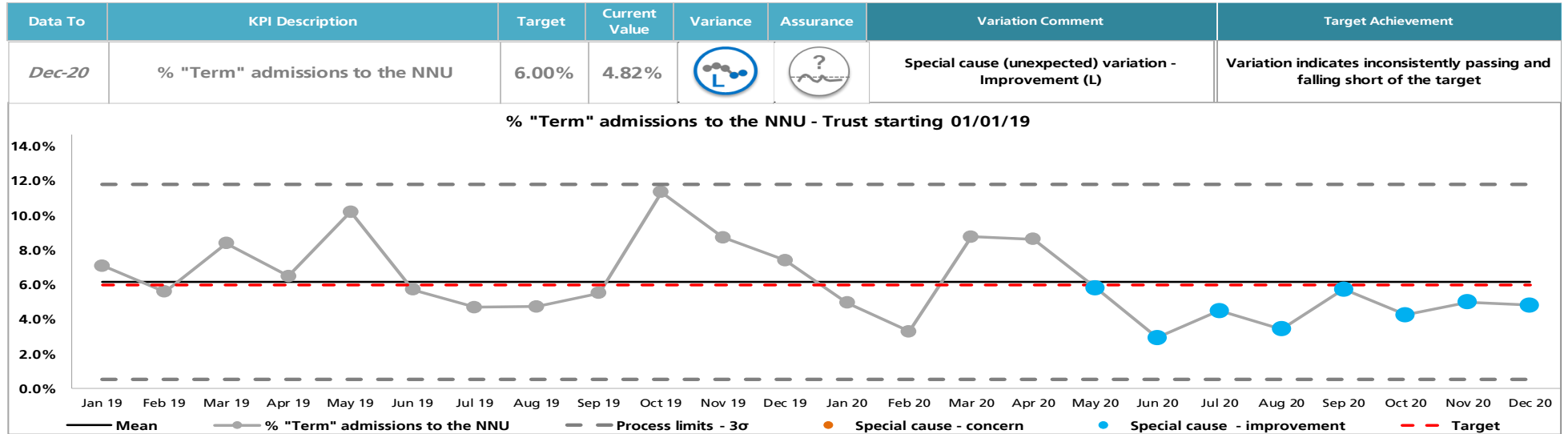


Chart 10: % Term admissions to the NNU

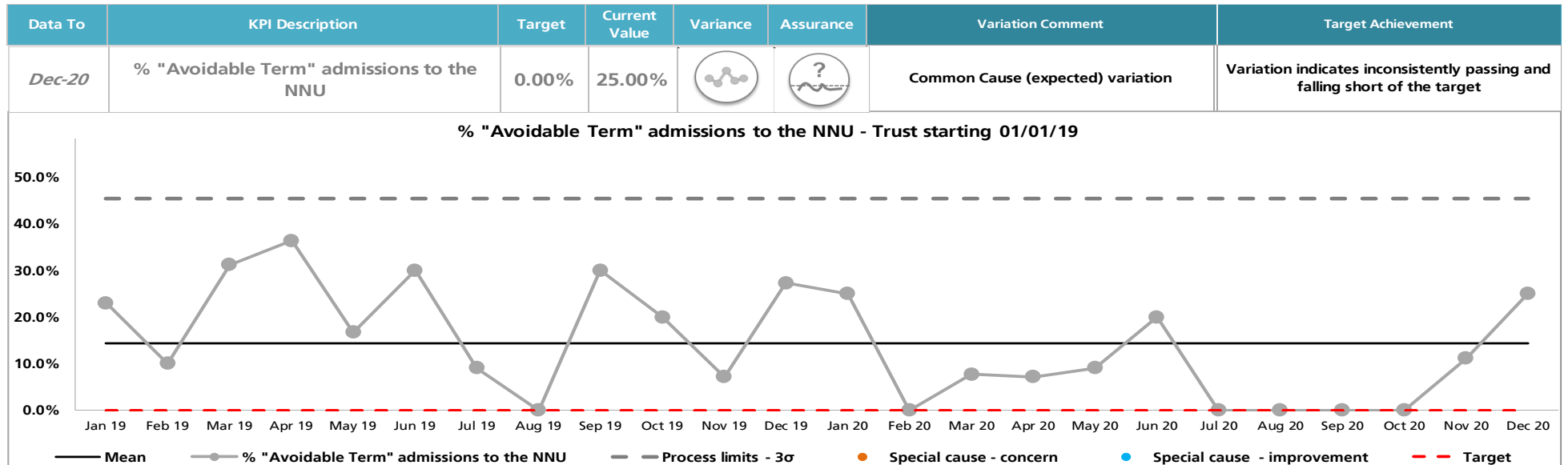


Chart 11: % Avoidable Term admissions to the NNU

Factors Driving Performance:

1. The total number of term babies admitted to NNU has consistently remained below 6% for the last eight months.
2. There was one avoidable neonatal admission in November 2020 due to hypoglycaemia and hypothermia.
3. There were two possible avoidable admissions in December 2020.
4. One baby was admitted due to hypoxia and needed cooling at NNUH. This case will be investigated externally by HSIB.
5. Another was due to maternal infection and the baby had sepsis. There is no clear evidence of a maternal risk assessment and the documentation of the baby's resuscitation was inadequate. A more robust risk assessment might have prompted earlier intervention.

Actions taken:

1. Regular MDT CTG meeting to disseminate the learning and decision-making process for acute emergencies. Real life acute CTG scenarios will be used as skills drills during ad hoc training as well as in the PROMPT multidisciplinary training days.
2. Dissemination of learning in the speciality governance meeting, maternity 'Delivery' journal and NICU newsletter emphasising the documentation of neonatal resuscitation process will also be undertaken.

Risks to Delivery:

1. Current staffing shortages and room availability due to the pandemic both threaten the ability to provide PROMPT training days.

Mortality

Data To	KPI Description	Target	Current Value
Jul-20	SHMI (Rolling 12 mth position)	100.00	103.43

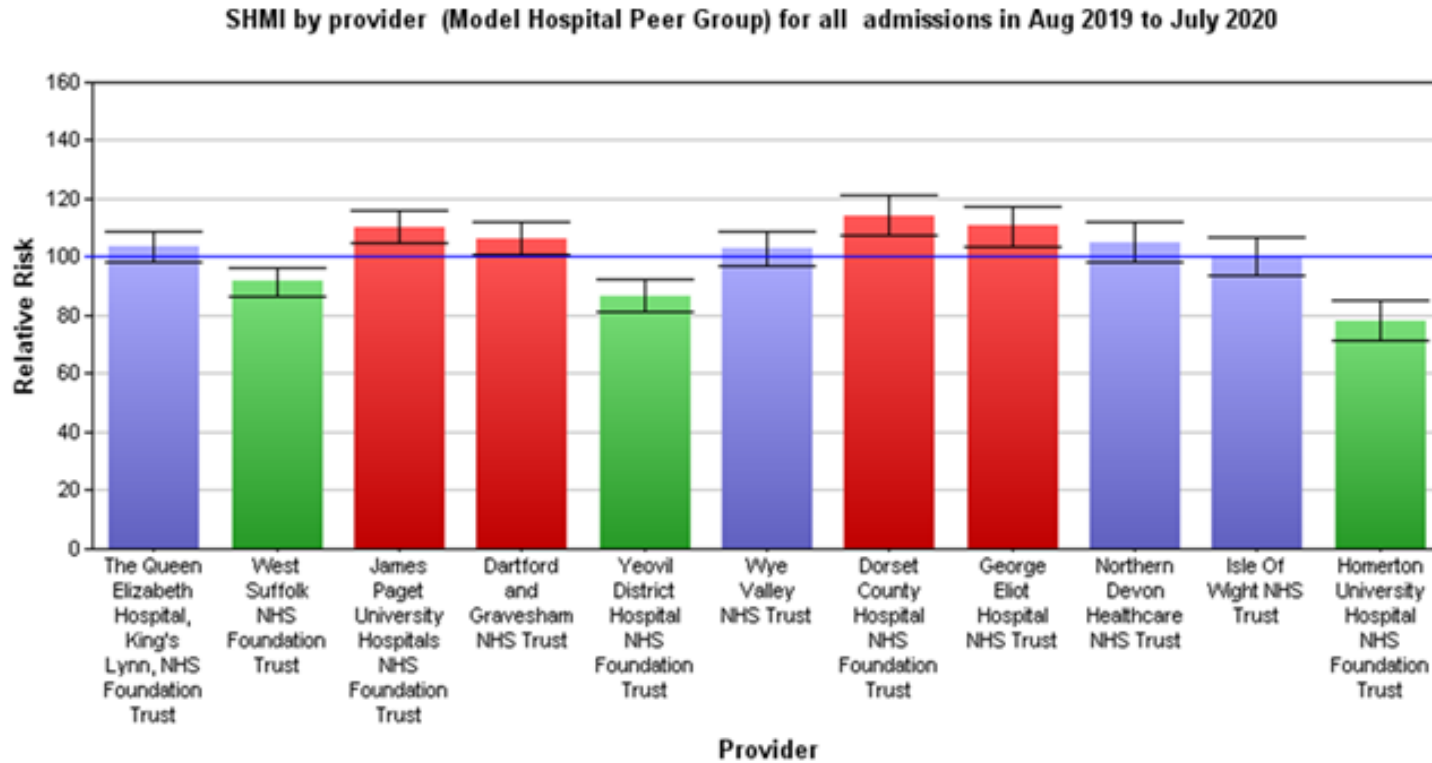


Chart 12: SHMI – Quarterly performance to March / Trust benchmarked position using a rolling 12-month SHMI score (Doctor Foster)

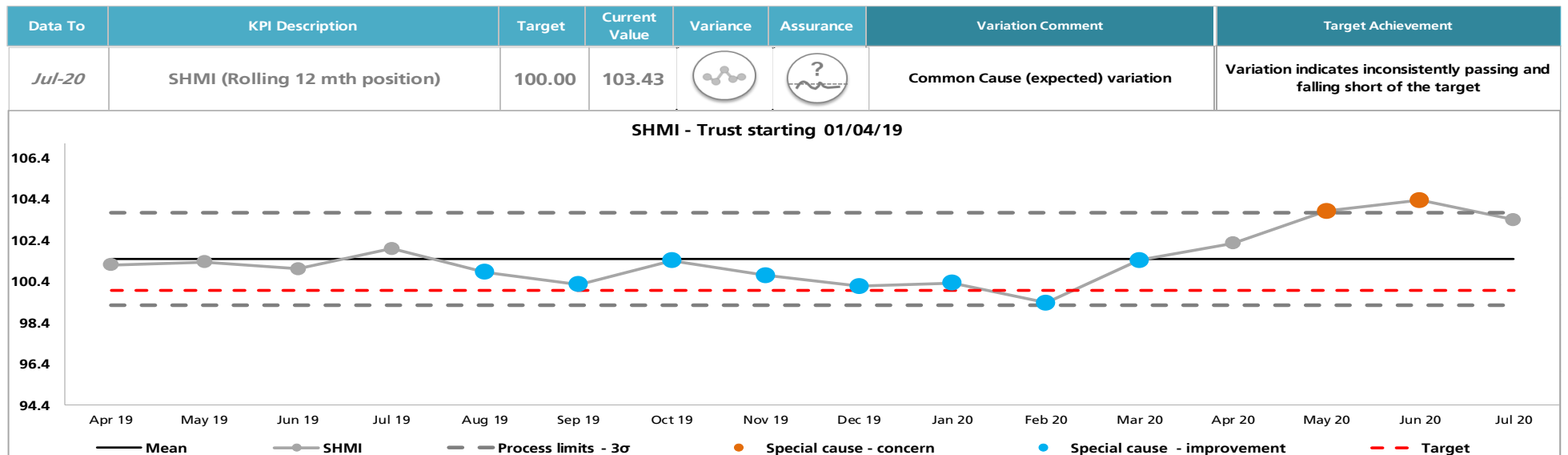


Chart 13: SHMI

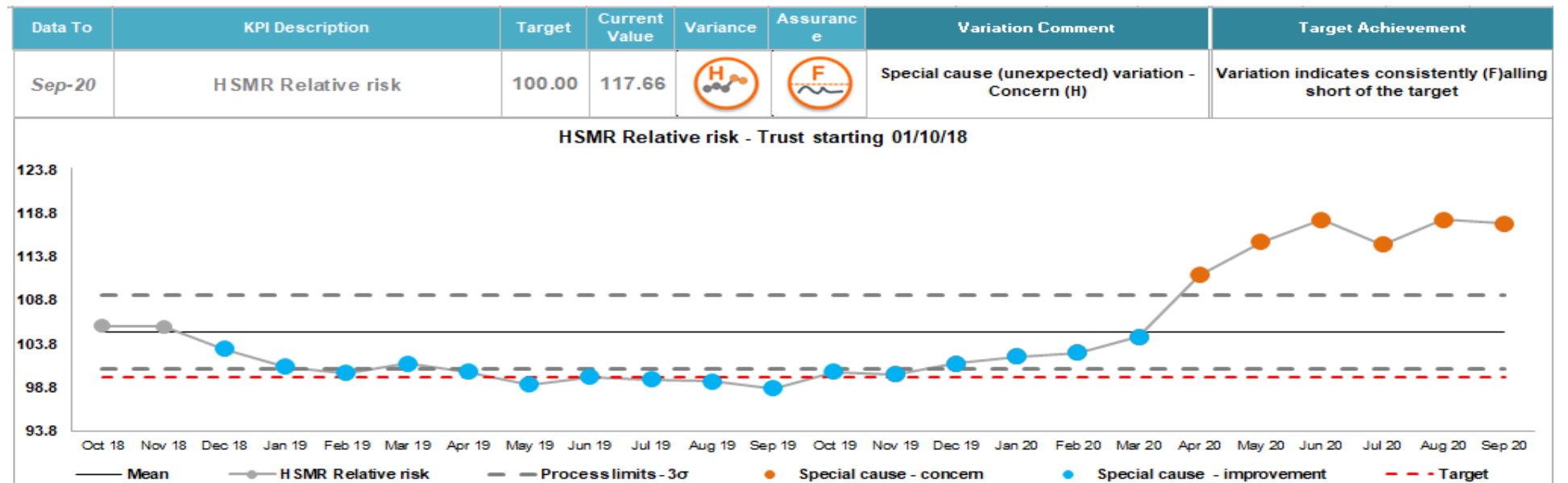


Chart 14: Hospital Standardised Mortality Rate

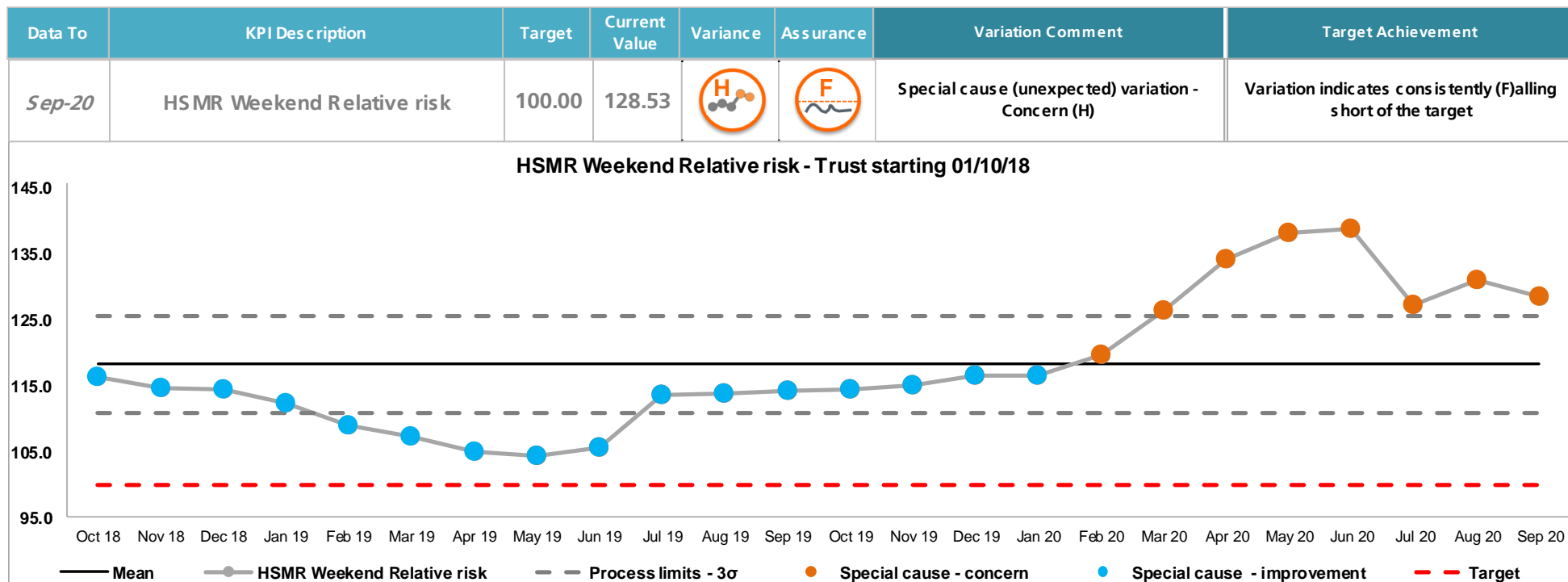


Chart 15: HSMR weekend relative risk

Factors Driving Performance:

1. SHMI has fallen slightly to 103.43 and remains within the “as expected” band.
2. The HSMR has fallen to 117.66 from 118.03 and still remains above expected. The Trust is now 1 of 5 Trusts (within the Regional peer group of 14) with an HSMR within statistically significantly high banding.
3. The crude mortality rate is 3.6% (vs 3.4% for the peer group). This is largely due to the reduced activity and fewer elective admissions in this period. COVID-19 related deaths have been excluded from SHMI calculations as this is not designed for this type of pandemic activity.
4. Weekend Mortality continues to remain high (128.53). However, there were no significant lapses in care identified in the three internal reviews and one external review. Access to community care provision for end of life & palliative care provisions were the attributable reasons which requires redressal.
5. Dr Foster are working on their 5th refresh of data for the bespoke analysis on our COVID-19 deaths. During the second wave, the Trust has had 98 COVID-19 deaths; 1 in September, 7 in October, 20 in November and 70 in December.

6. In December 2020 there were 138 deaths, 70 of which were COVID-19 deaths. This compares to 108 deaths in December 2019. The greatest number of deaths occurred on a COVID-19 ward (22). 94 of the deaths occurred in patients aged 80 and over, with a high proportion (28) aged 90 and over.

Actions being taken

1. Redesign of Palliative care services within QEH is underway with appointments of senior nurse and patient co-ordinator. Two Consultant posts have been agreed with job descriptions currently being reviewed with system partners to support the service.
2. The Learning from Deaths Collaborative with NHSE/I is ongoing with further strengthening of the review processes by increasing number of trained reviewers is in place. This collaborative is also expected to introduce service level changes in line with national recommendations such as improved Consultant (senior decision maker) cover for wards 7 days a week, improving documentation at the first episode of contact etc. This is currently impacted by operational pressures relating to the pandemic but will continue once the situation improves.
3. Aside from the alert for Viral infection (COVID-19) the four alerts with the highest number of patients are; Acute Renal Failure, COPD, Congestive Heart Failure and Pneumonia. Although CQC has suspended using the CUSUM (Cumulative Summary) alert during the pandemic, it is important that we do not lose sight of these key diagnosis groups. Further analysis and education regarding the recording of the primary diagnosis will continue. It is likely that the increase in Pneumonia is linked to the defined coding of COVID-19. Structured Judgement reviews of all COVID-19 deaths continue. Learning from the second wave will be disseminated once the reviews are completed.

Risks to recovery

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

Research & Innovation

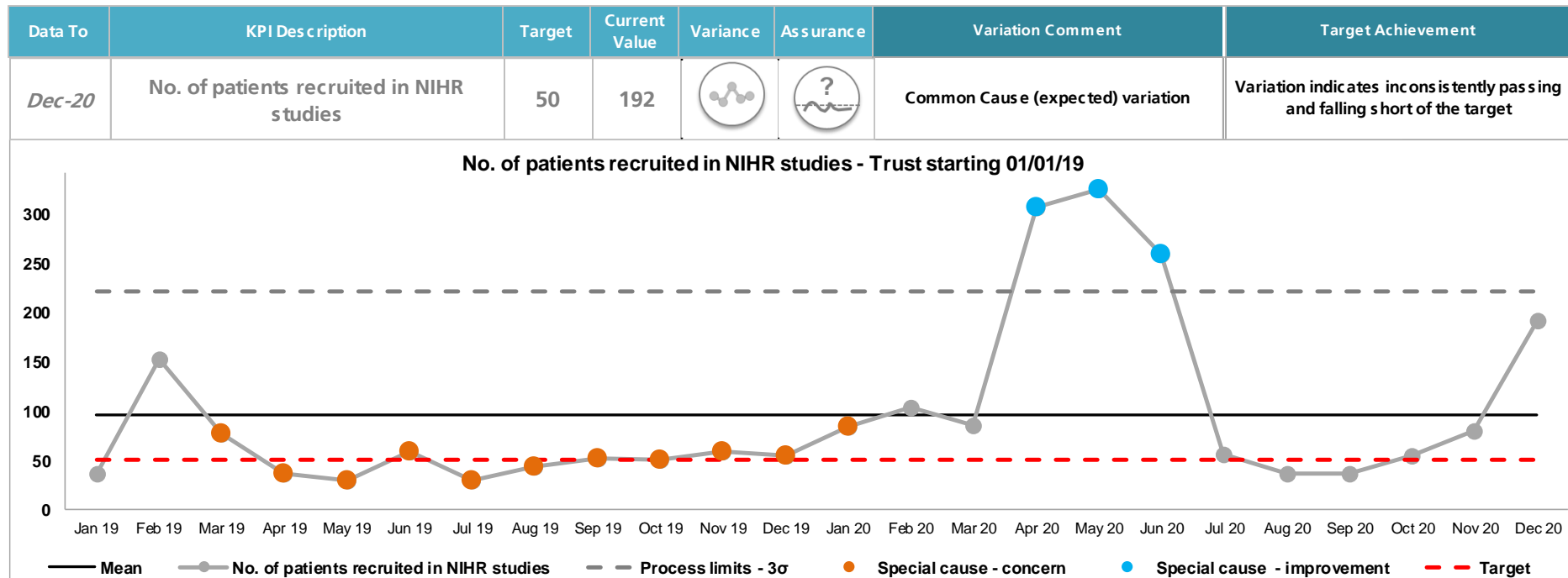


Chart 16: Number of Patients recruited onto NIHR studies

Key Issues (any new issues in red):

1. Recruitment into NIHR clinical trials continues to exceed expectations.
2. The Trust has recruited 1348 patients into 30 different trials this year, covering 19 specialities.
3. The recruitment target was reset in mid-December to 1200, but this was exceeded within one week. A new target of 1500 has been set.

Key Actions (new actions in green):

1. The new wave of COVID-19 has refocused the work onto the Recovery Trial, and the Trust has opened Re Map Cap which is another Urgent Public Health COVID-19 trial. This work has just reported that two IL-6 receptors tocilizumab and sarilumab are effective in

deteriorating patients. Recruitment into RECOVERY is not as high as desired, primarily due to the study being much more complicated now due to the monoclonal and convalescent plasma arms.

2. The NIHR has advised us to slow down, rather than stop, all non-COVID-19 trials. The Trust is assessing the capacity to maintain a broader service on a weekly basis.
3. Medovate, QEHs partner in the SAFIRA device has announced a new agreement with Mercury Medical to ensure 100% distributor coverage for SAFIRA in the USA. The Trust has applied for national ethical approval to run the post marketing clinical follow up trial for SAFIRA and will be leading this international study. Two other trial sites are working with us on this study, based in Texas, USA and the other in Australia.

Recovery Forecast: Not applicable

Key Risks to Forecast Improvement: Currently no risks identified.

Rate per 1000 admissions of inpatient cardiac arrests

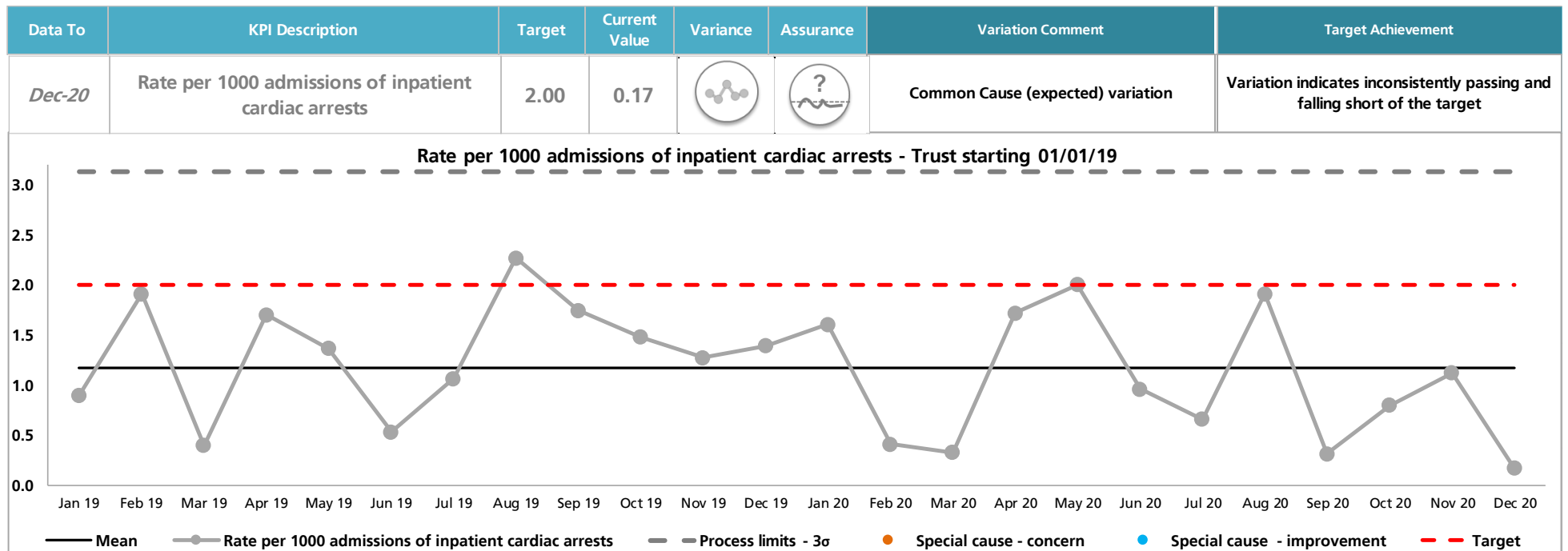


Chart 17: Rate per 1000 admissions of inpatient cardiac arrests

Key Actions (new actions in green):

1. All cardiac arrests are subject to reviews for learning. This process will enable us to scrutinise avoidability and share learning from incidents going forwards.
2. The Recognise and Respond Forum manage this target, tracking its progress along with initiating any changes required to improve performance. This forum reports to the Clinical Governance Executive Group and will provide assurance to the Trust Board.
3. All deaths following attempted cardiac resuscitation will also be reviewed through a structured Judgement Review (SJR) for any learning. SJRs from cardiac arrests will report to Learning from Deaths Forum (LDF).

Recovery Forecast (e.g. August):

The process currently remains stable and hence recovery forecast is not required. However, measures to seek reduction in this target are ongoing

Key Risks to Forecast Improvement:

1. Lack of e-observation system poses a risk to initiating and sustaining the improvements in managing deteriorating patients.
2. Recognising deteriorating patients and where appropriate escalating care and where necessary decisions to abstain treatment should help reduce preventable cardiac arrests. Training in this area is critical to ensuring reduction on preventable cardiac arrests. Equally where ongoing treatment is deemed futile, discussion on futility and burden versus benefits enables timely decisions. Training in and appropriate use of the ReSPECT documentation is vital to ensure patients are fully involved in this process. Formal ReSPECT training has been suspended during the pandemic but abbreviated ReSPECT training has instead been built into the COVID-19 training for medical staff. The large number of high acuity patients admitted with COVID-19 makes this a particularly important focus to reduce inappropriate cardiac arrest calls which are clinically futile, lead to a poor end of life patient experience as well as being upsetting for both staff and relatives.

Caring Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-20	MSA Incidents	0	6		
Dec-20	MSA Breaches	0	13		
Dec-20	Total Clinical & Non_Clinical Complaints	20	13		
Dec-20	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.05%		
Dec-20	Complaints receiving a response within 30 working days %	90.0%	73.7%		
Dec-20	Complaints - Reopened (% of Total)	15.0%	0.0%		
Dec-20	Complaints - Rate per Staff In Post	0.60%	0.40%		
Nov-20	Dementia Case Finding	90.0%	57.3%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-20	FFT % "Very Good" or "Good" (IP & DC)	95.00%	98.58%		
Dec-20	FFT Resp Rate (IP & DC)	30.00%	10.47%		
Dec-20	FFT % "Very Good" or "Good" (AE)	95.00%	96.23%		
Dec-20	FFT Resp Rate (AE)	20.00%	1.76%		
Dec-20	FFT % "Very Good" or "Good" (OP)	95.00%	98.63%		
Dec-20	FFT Resp Rate (OP)		3.64%		
Dec-20	FFT % "Very Good" or "Good" Mat Question 1 (Antenatal)	95.00%	100.0%		
Dec-20	FFT % "Very Good" or "Good" Mat Question 2 (Labour)	95.00%	91.3%		
Dec-20	FFT % "Very Good" or "Good" Mat Question 3 (Postnatal)	95.00%	100.0%		
Dec-20	FFT % "Very Good" or "Good" Mat Question 4 (Comm Postnatal)	95.00%	100.0%		
Dec-20	FFT Resp Rate Mat Question 2 (Labour)	15.00%	14.4%		

MSA Breaches

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-20	MSA Breaches	0	13			Common Cause (expected) variation	Variation indicates inc ons is tently passing and falling s hort of the target

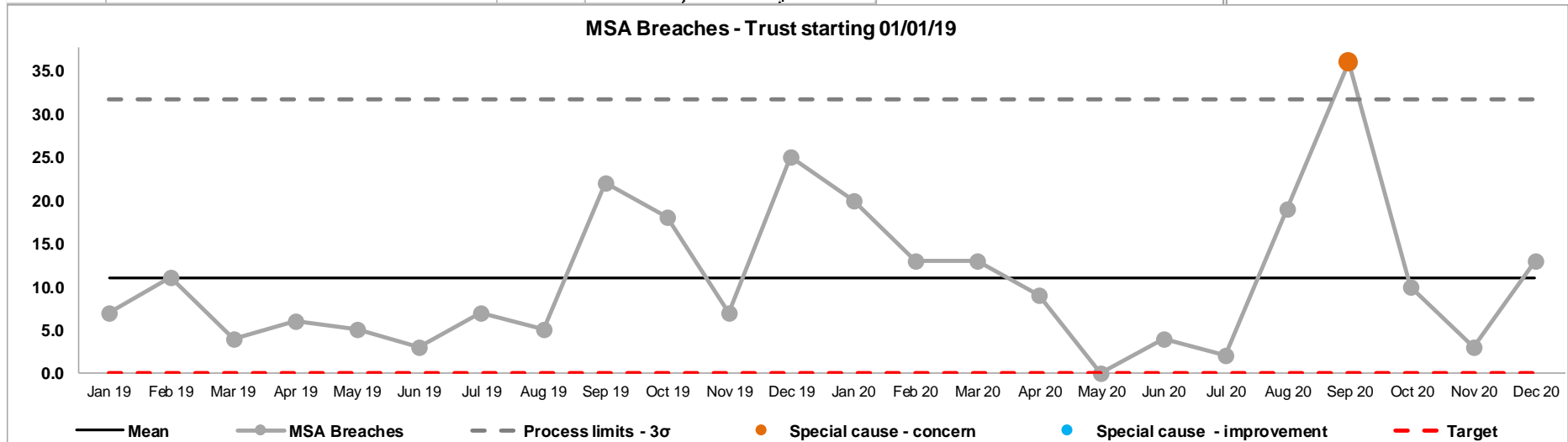


Chart 18: MSA Breaches

Key Issues (any new issues in red):

1. There have been six incidents of same sex accommodation breach, affecting thirteen patients, one in the Intensive Care Unit affecting three patients and five in the Hyperacute Stroke Unit on West Raynham Ward affecting ten patients.
2. The incident 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 about same sex accommodation breaches.

Key Actions (new actions in green):

1. The Trust is awaiting response from The Norfolk and Waveney CCG about reporting of breaches specifically in the Hyperacute Stroke Units to ensure that all Trusts are reporting in accordance with national guidance.
2. Same sex accommodation breaches are escalated to the clinical site team.

Recovery Forecast:

1. Unable to forecast recovery due to significant capacity challenges due to the current COVID-19 global pandemic.

Key Risks to Forecast Improvement:

1. Beds for patients who need to be stepped down are not always available and the challenge is compounded by having available beds during the height of the COVID-19 pandemic.

Complaints

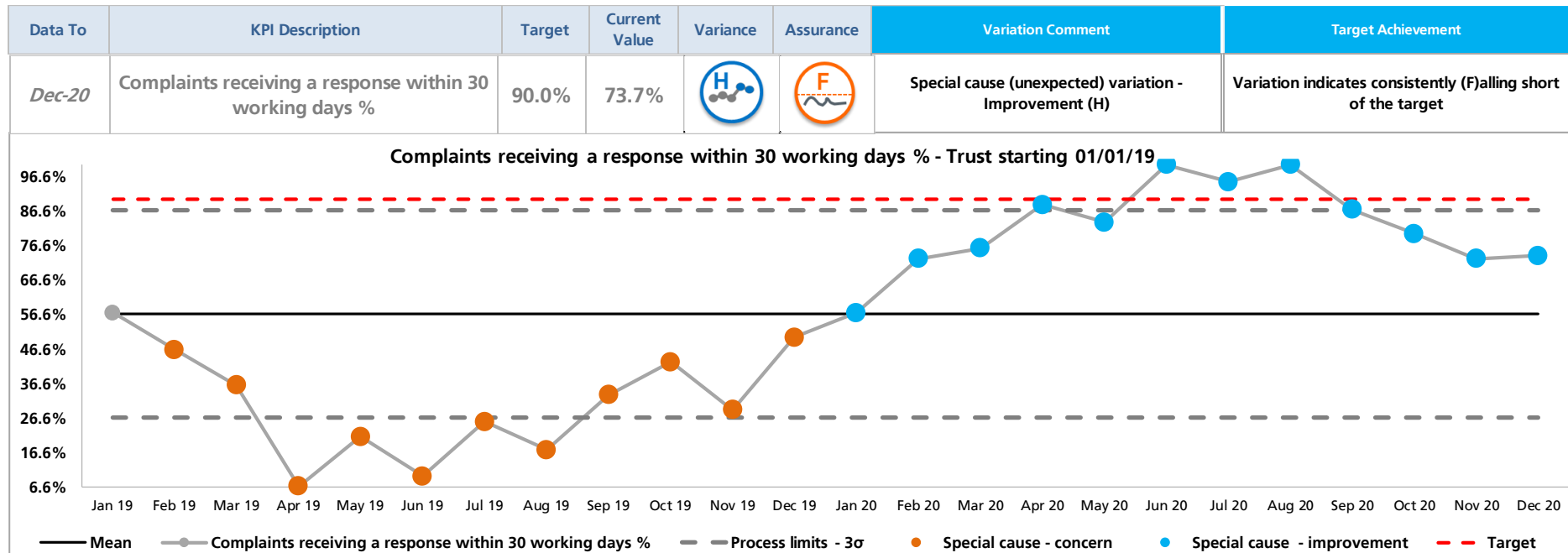


Chart 19: Complaints receiving a response within 30 working days %

Key Issues (any new issues in red):

1. Increase in the number of complaints 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.

Key Actions (new actions in green):

1. An interim Complaints Manager is in post to support the team for the next six months
2. Weekly performance review meetings with the Chief Executive Officer, Chief Operating Officer and Chief Nurse.
3. Increased capacity and a review of quality and our processes is in progress.

Recovery Forecast: Recovery

Key Risks to Forecast Improvement:

1. There have been staff changes and sickness within the complaints team which have limited the support to Divisions impacting on performance.
2. The ability of the teams to prioritise complaint responses in the expected time frames and provide patient focussed responses.
3. The training session on complaints report writing was cancelled due to operational pressures.

Friends and Family Test (FFT)

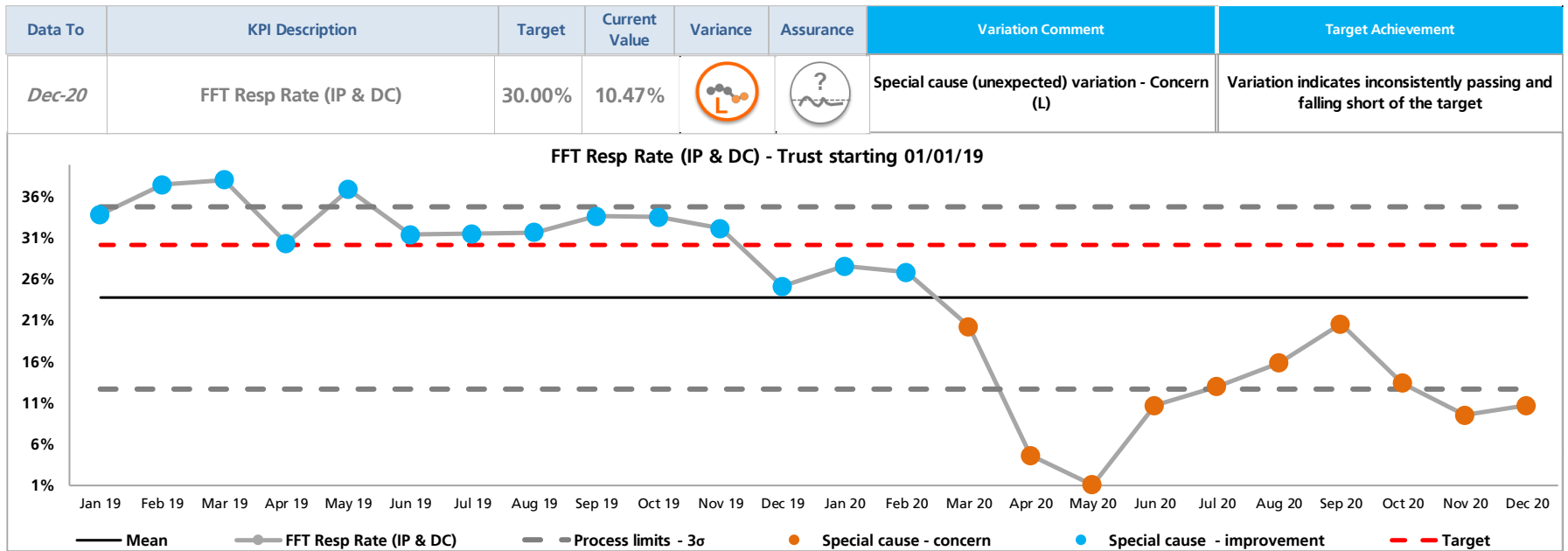


Chart 20: FFT Resp Rate (IP & DC)

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-20	FFT Resp Rate (AE)	20.00%	1.76%			Special cause (unexpected) variation - Concern (L)	Variation indicates consistently (F)alling short of the target

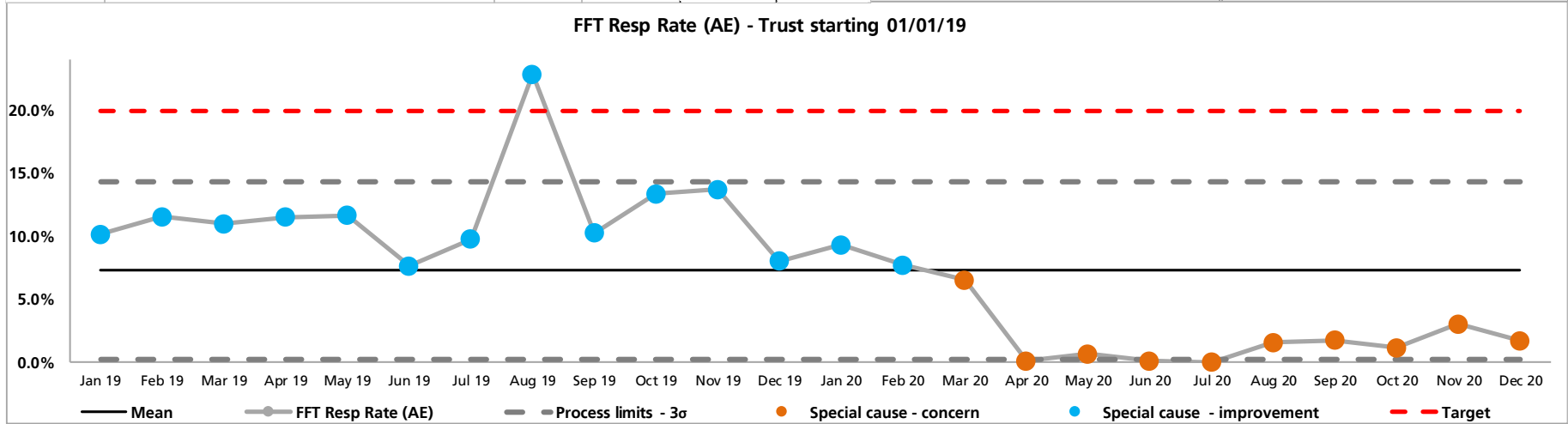


Chart 21: FFT Resp Rate (A&E)

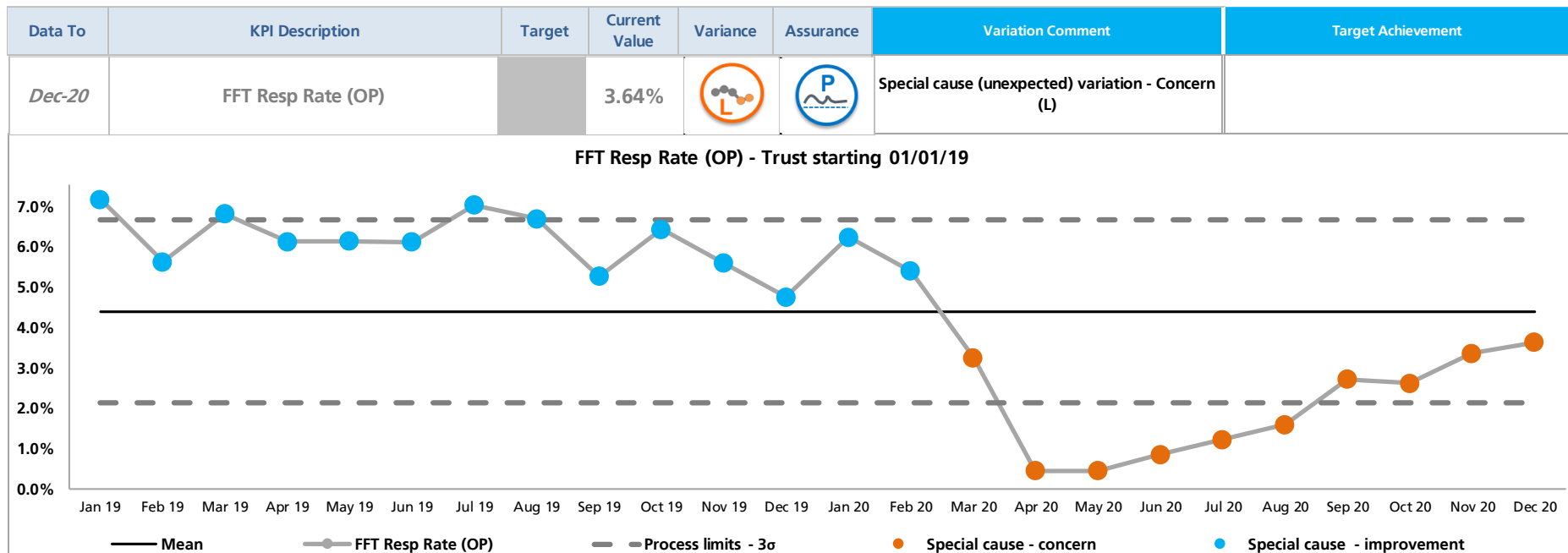


Chart 22: FFT Resp Rate (OP)

Key Issues (any new issues in red):

1. FFT feedback collection has risen in December to 1352 responses, the highest number of responses since September (1770). This is reassuring as normally responses for December are lower than other months.
2. Of these responses only 16 pieces of feedback were negative
3. ED (1.76% - 53 responses) saw a decline from November – 92 responses were received, linked to the COVID-19 pandemic. It is proposed in our new FFT contract that ED responses are collected using all the current methods but also via SMS texting.
4. Across the hospital the number of online responses has risen to 116.

Key Actions (new actions in green):

1. Specific actions have been implemented to support A&E 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 will continue to promote the FFT to staff and patients offering different opportunities to provide feedback.

Key Risks to Forecast Improvement:

1. Improvements to response rates are unlikely to increase due to the need to focus on delivery of direct patient care.
2. A new electronic FFT capture system will be implemented during Q1, eliminating the need for paper capture.
3. Increases are not likely to be seen until footfall in outpatient areas is increased.

Dementia Case Finding

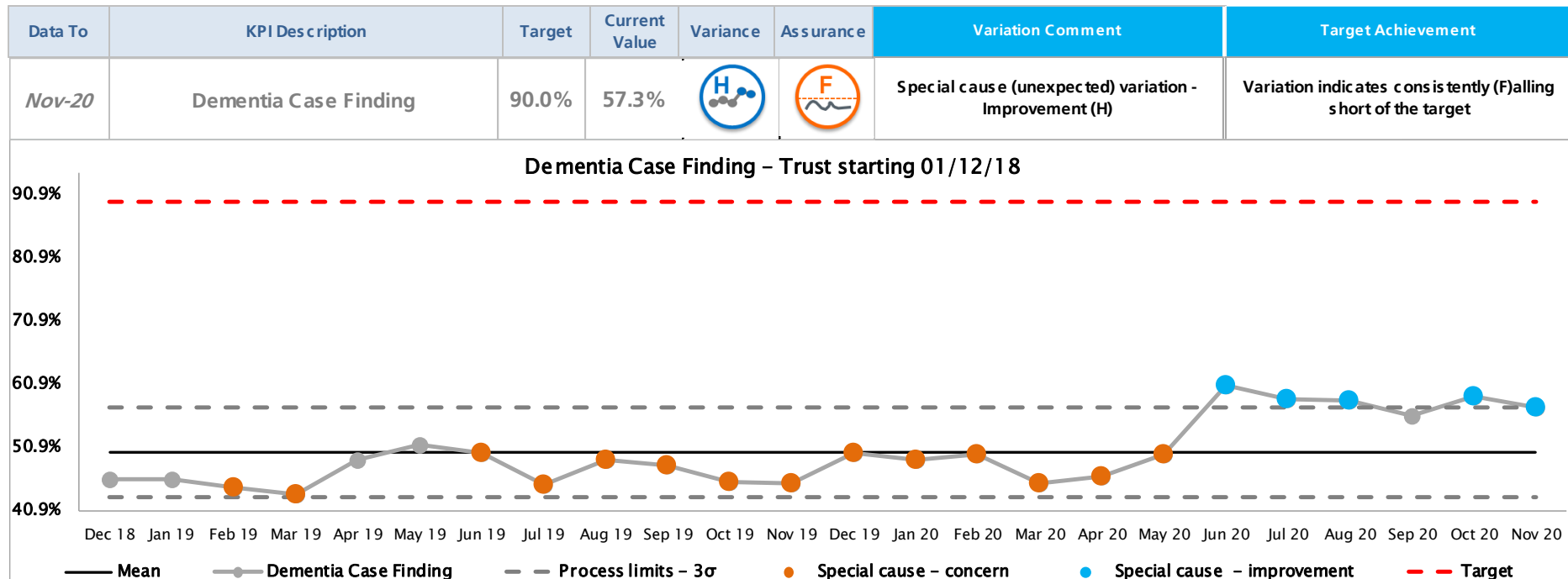


Chart 23: Dementia Case finding

Key Issues (any new issues in red):

1. Dementia screening rates improved in June 2020 and this improvement has been sustained. However, this is still far from the target of 90%.
2. Performance has been further impacted by multiple changes in the pathways through the hospital including ward moves relating to infection prevention and control requirements and the opening of additional escalation beds, the redeployment of junior doctors (who complete the initial dementia screen) to unfamiliar areas and the use of locum consultant staff to mitigate staff shortages and sickness as well as to support staffing in new escalation areas.
3. Multiple further changes e.g. the redesign admission booklets for Surgical Admission Unit (SAU) aimed at improving performance further was also put on hold due to the second wave of pandemic but compensated for by the reduction in surgical admissions.
4. Sickness and shielding within the frailty teams and also the dementia champions, has also affected their ability to drive improved compliance.

Key Actions (new actions in green):

1. The newly appointed Consultant is expected to join the Trust this month. With this expansion, it is expected that the focus on the screening process will be rejuvenated and improved.

Recovery Forecast:

April 2021.

Key Risks to Forecast Improvement:

1. Lack of digital forcing function continues to remain a key risk to improving the compliance rates.
2. Ongoing pandemic with associated frequent changes to patient pathways, clinical staffing challenges, and increased non-elective workload all pose a risk to these quality improvement initiatives.

Responsive Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-20	18 Weeks RTT - Incomplete Perf	92.0%	66.0%		
Dec-20	18 Weeks RTT - No. of Specialties failing the target of 92%	0	23		
Dec-20	18 Weeks RTT - Over 52 Wk waiters	0	717		
Dec-20	A&E 4 Hour Performance	95.0%	67.1%		
Dec-20	A&E 4 Hour Performance (Majors only)	95.0%	51.0%		
Dec-20	A&E 4 Hour Performance (Minors only)	100.0%	87.8%		
Dec-20	A&E 12 Hour Trolley Waits	0	32		
Dec-20	Ambulance Handovers	100.0%	33.8%		
Dec-20	Last minute non-clinical cancelled elective operations	0.8%	1.31%		
Dec-20	Breaches of the 28 day readmission guarantee	0	5		
Dec-20	Total non-clinical cancelled elective operations	3.2%	16.89%		
Dec-20	Urgent operations cancelled more than once	0	0		
Dec-20	% of beds occupied by Delayed Transfers of Care	3.5%	0.0%		
Dec-20	Medically Fit For Discharge - Patients		408		
Dec-20	Medically Fit For Discharge - Days		2457		
Dec-20	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	55		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Nov-20	Cancer Wait Times - Two Week Wait Performance	93.0%	96.6%		
Nov-20	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	99.1%		
Nov-20	Cancer Wait Times - 62 Day Ref to Treatment Performance	85.0%	77.9%		
Nov-20	Cancer Wait Times - 104 Day waiters	0	6		
Nov-20	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	93.1%		
Nov-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	100.0%		
Nov-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	100.0%		
Nov-20	Cancer Wait Times - 62 Day Screening Performance	90.0%	100.0%		
Dec-20	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	53.0%		
Oct-20	Stroke - 90% of time on a Stroke Unit	90.0%	56.1%		
Oct-20	Stroke - Direct to Stroke Unit within 4 hours	90.0%	44.8%		
Oct-20	Stroke - Patient scanned within 1 hour of clock start	48.0%	46.6%		
Oct-20	Stroke - Patient scanned within 12 hours of clock start	95.0%	94.8%		
Click here to view other National Stroke (SSNAP Domain) Results					
Nov-20	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	35.9%		

Emergency Access within 4 hours

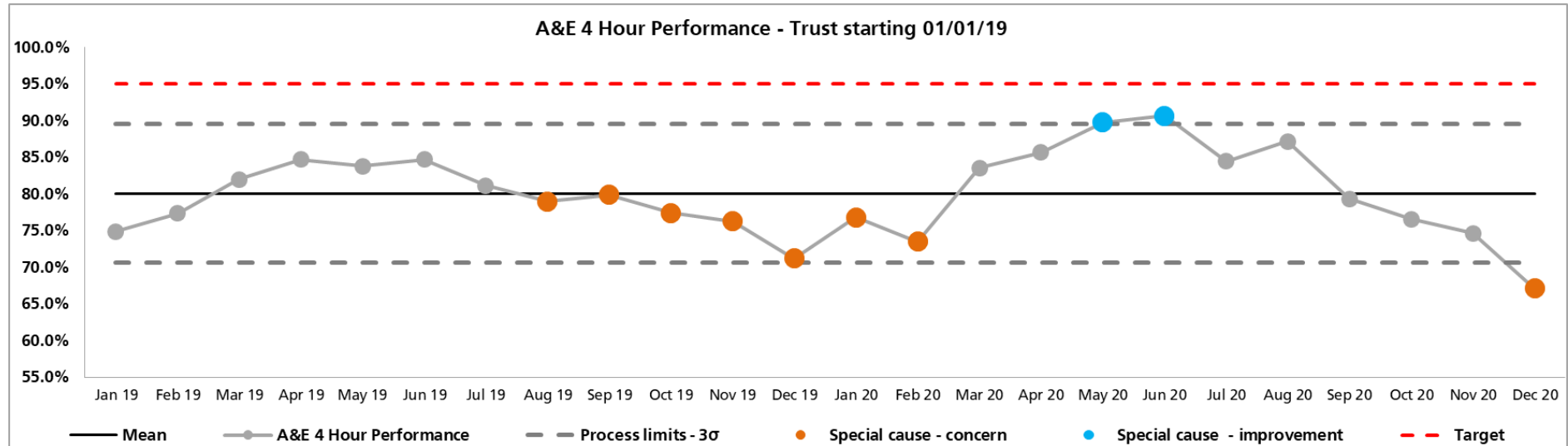
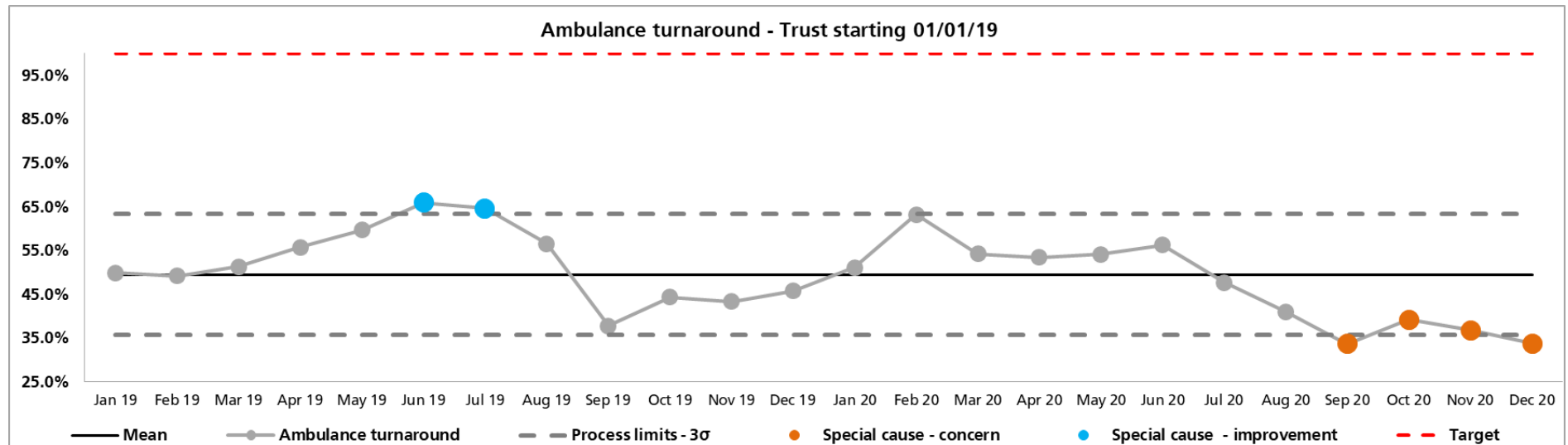


Chart 24: A&E 4-hour performance

Performance in December 2020 was **67.1%** against the standard of **95%** and trajectory of **83.0%**. Admitted performance was 40.9% and non-admitted performance was 84.3%. 71.6% of all breaches were admitted patients. 28.2% of breaches were from Red ED and 71.8% were from Amber ED. 41.9% of patients breached awaiting a bed. Performance in quarter 1 was **88.9%**, against the trajectory of 86.3%, 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%.

There were 32 patients waiting in the Emergency Department over 12 hours from decision to admit to admission. Of these, two patients were awaiting admission to a mental health bed and 30 patients awaiting admission to a QEH inpatient bed (12 red medical, 11 amber medical, 7 surgical).

Ambulance Handovers completed within 15 minutes



In December 2020 there were 1,877 E EAST conveyances to the Trust. Of these, **33.6%** of ambulance handovers took place in ≤ 15 minutes against the trajectory of **65%**, **66.7%** of ambulance handovers took place in ≤ 30 minutes and **20.4%** of handovers exceeded 60 minutes. The average handover time for the month was 44 minutes. The longest handover delay was over 7 hours.

Key Issues (any new issues in red):

1. Most delays occurred as a result of amber patient flow out of the ED. Amber capacity was restricted through the incidence of positive patients on amber wards and subsequent closure of the bays in line with IPAC guidance.
2. Number of patients presenting with 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
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 to specialty teams

Key Actions (new actions in green):

1. Relocation of Red ED to the Day Surgery Unit to increase capacity available for patients on the red pathway (suspected or confirmed COVID-19), planned for the week commencing 4 January 2021
2. Opening of a Red Same Day Emergency Care unit (SDEC) co-located with Red ED to support rapid decision making and turnaround for this cohort of patients that are currently admitted to a Red ward bed
3. Bed base reconfiguration to respond to demand for patients with suspected and confirmed cases of COVID-19 to reduce delays in admission

Recovery Forecast:

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

Key Risks to Forecast Improvement:

1. Increasing activity levels and patient acuity for both Red and Amber pathways
2. Community and social care capacity to support patient discharge, particularly for recovered COVID-19 positive patients

Beds occupied by adult inpatients >=21 days

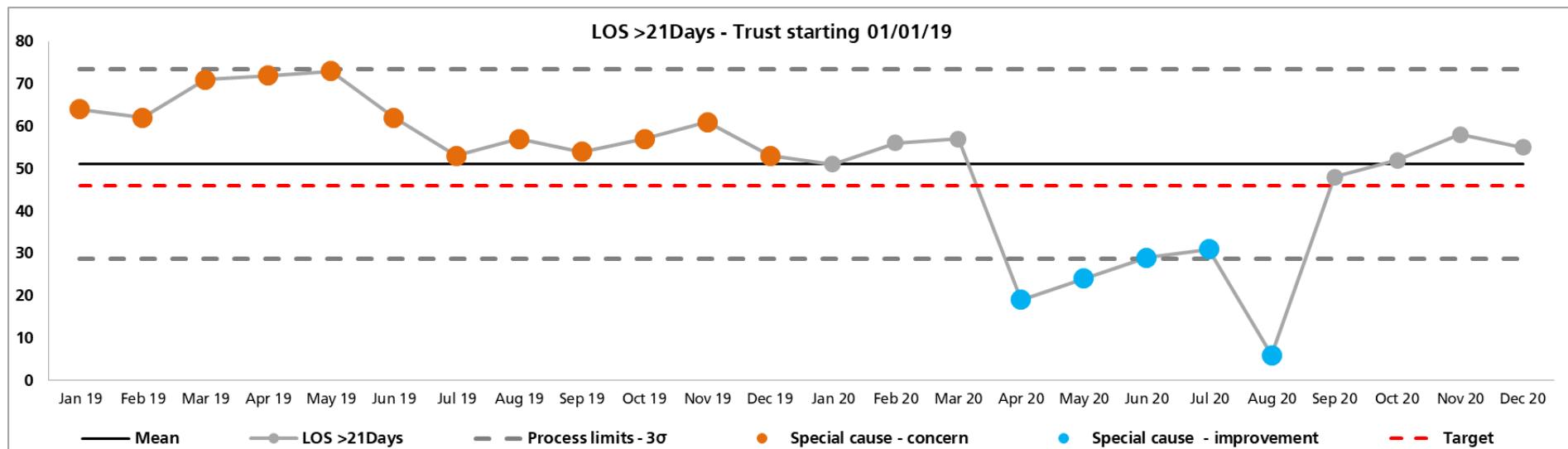


Chart 26: LoS >21 days

Key Issues (new actions in red):

1. Primary reasons for patients remaining in hospital over 21 days:
 - a. COVID-19 positive patients awaiting new package of care or placement
 - b. Patients requiring on-going clinical treatment (triggering criteria to reside)
 - c. Patients awaiting a new placement
 - d. Patients requiring intravenous therapy that cannot be delivered in the community
 - e. Patients awaiting a new package of care

Key Actions (new actions in green):

1. Additional senior manager support secured via the CCG to lead the discharge planning team
2. Relaunch and embedding of 21-day length of stay reviews, in line with national guidance
3. Newly appointed Discharge Lead Nurse in post and working closely with ward teams

Recovery Forecast:

Recovery forecast is to delivery trajectory by March 2021

Key Risks to Forecast Improvement:

1. Community and social care capacity to support patient discharge, particularly for recovered COVID-19 positive patients

Elective Care

18-week RTT

Performance for December is 66% against a target of 92% and a trajectory of 47.9%.

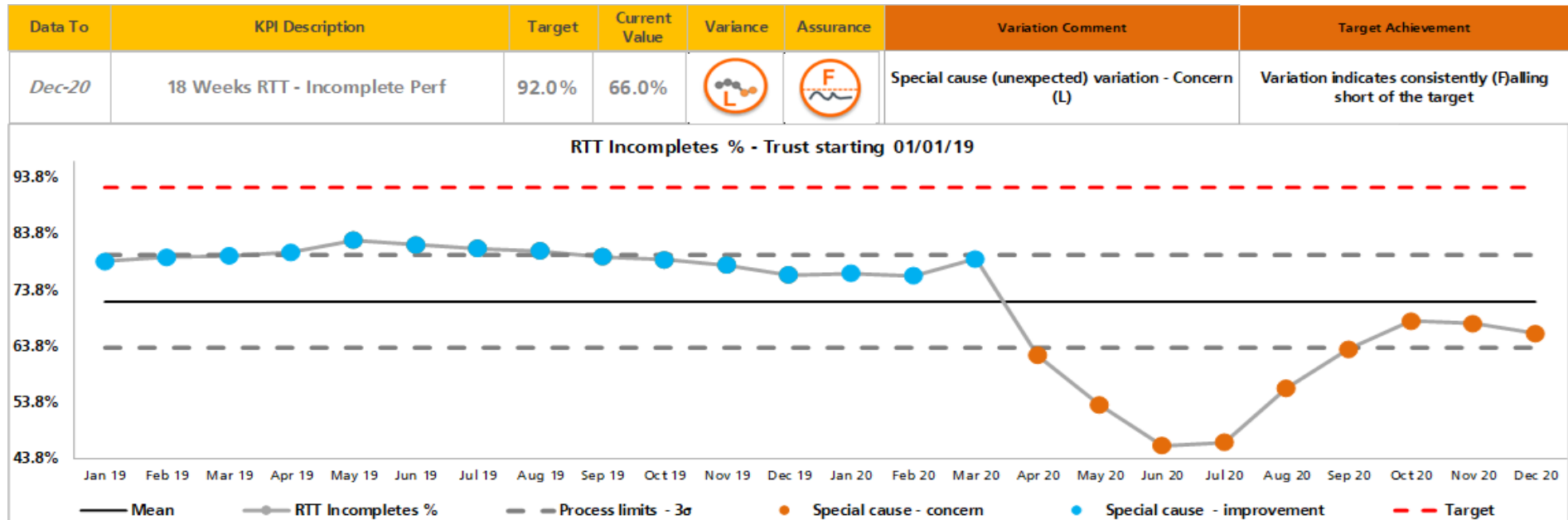


Chart 27: RTT incompletes

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. Conversion of Sandringham Ward to amber capacity surgical, the only green ward beds remaining are on the endoscopy unit, and are used to accommodate patients requiring clinically urgent and cancer surgery
3. Limited availability of clinical staff due to vacancies, shielding and sickness.

Key Actions (new actions in green):

1. Additional capacity has been secured for Orthopaedic and Gynaecology activity through Independent Sector Providers
2. Creation of green bed capacity on the endoscopy unit

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. Delays to the reintroduction of a full elective programme as a result of emergency bed pressures
2. Willingness of patients to attend the hospital and COVID-19 risks associated with their procedure

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 December there were 717 patients who have been waiting longer than 52 weeks for treatment; the majority of these were in Orthopaedics (232), Gynaecology (152), Oral Surgery (100) and ENT (84).

Key Issues (new issues in red):

1. Suspension of all non-urgent elective activity in line with national guidance

Actions (new actions in green):

1. Capacity available for orthopaedic and gynaecology active Independent Sector Providers has been identified

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. Continued suspension of routine elective surgery in line with national guidance
2. Continued demand for COVID-19 inpatient beds and corresponding impact on elective surgical capacity

Diagnostic waiting times

There were 3,437 breaches of the 6 week diagnostic standard resulting in 52.95% of patients waiting for more than 6 weeks for a diagnostic test at the end of December.

Performance has deteriorated from last month (46.56%) mainly due to:

- One of the MRI scanners was unavailable for 7 days during late December due to a mechanical issue. This left only one scanner during this time to service all inpatient and urgent requests. The majority of outpatient appointments, excluding 2WW, were cancelled.
- Patients' reluctance to attend for appointments due to COVID-19 situation

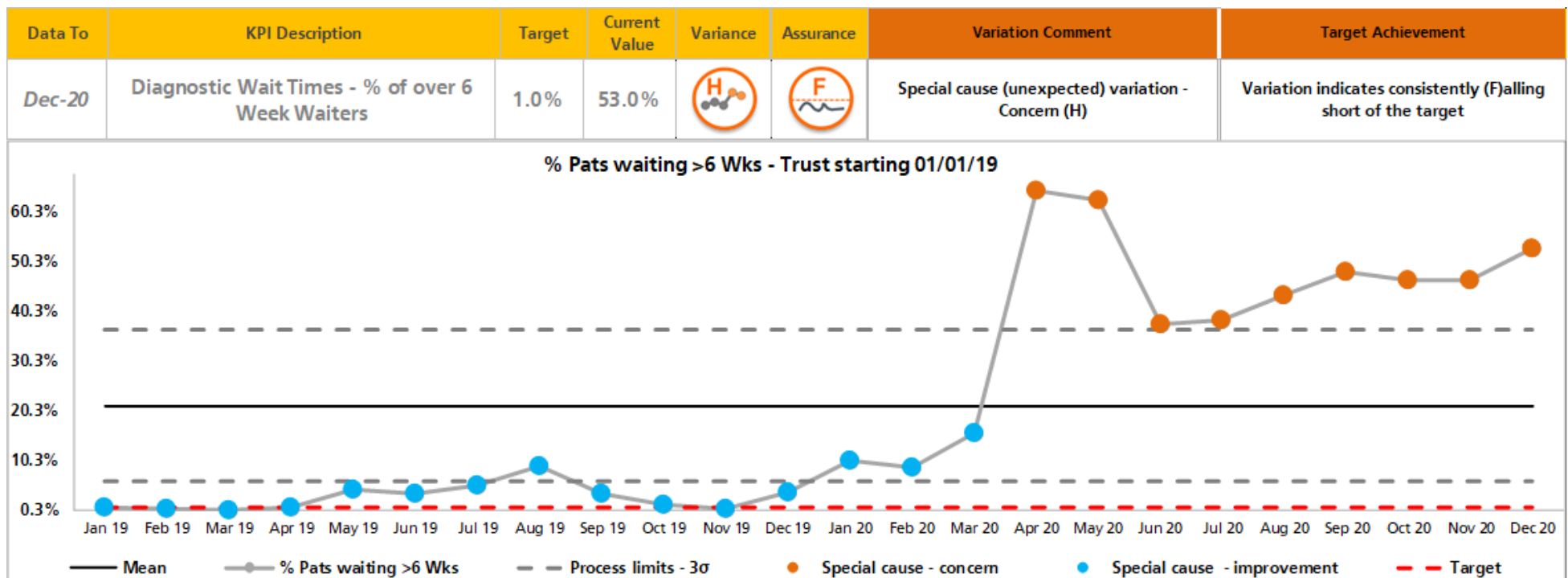


Chart 28: Diagnostic Wait times

The waiting list has decreased for the first time since April 2020, as shown in the table below. The significant waiting list increase in MRI is due to the lack of capacity due to mechanical issue with one of the scanners. It is noted that activity reduced from 3173 in November to 2842 in December and it is likely the waiting list reduced due to a decrease in the number of referrals during the Christmas and New Year period.

Total Waiters		
Month >>>>	2020/12	2020/11
Magnetic Resonance Imaging	1849	1615
Computed Tomography	1406	1520
Non-obstetric ultrasound	1161	1214
Barium Enema	0	
DEXA Scan	134	150
Audiology - Audiology Assessments	230	262
Cardiology - echocardiography	992	989
Cardiology - electrophysiology	0	
Neurophysiology - peripheral neurophysiology	261	275
Respiratory physiology - sleep studies	0	
Urodynamics - pressures & flows	167	163
Colonoscopy	101	120
Flexi sigmoidoscopy	38	40
Cystoscopy	64	68
Gastroscopy	88	105
Total DM01 Waiting List Size	6491	6521

Key Issues (new issues in red):

1. Pre-COVID-19 capacity is not being delivered due to the additional cleaning required between examinations and the increased numbers of positive patients requiring diagnostic tests
2. Staffing shortfalls, due to agency unavailability, sickness, self-isolation and shielding, have exacerbated existing issues in certain areas, such as ultrasound and echocardiography
3. Loss of capacity due to mechanical issues with one MRI scanner

Key Actions (new actions in green):

1. Additional CT capacity secured through a mobile unit on site from 26 December until 4 January. Further dates have been arranged for 10, 24 and 25 January.
2. Locum staff continue to undertake weekend CT lists.
3. Outsourcing of MRI and ultrasound continues, with MRI activity increasing to 125 per week

Key Risks to Forecast Improvement:

1. Increased staff sickness, self-isolation and shielding within the team
2. Insufficient outsourced capacity
3. Increasing inpatient demand due to sustained increase in bed numbers

Cancer Care

2 week wait

Performance in November 2020 was 96.6% against the standard of 93%.

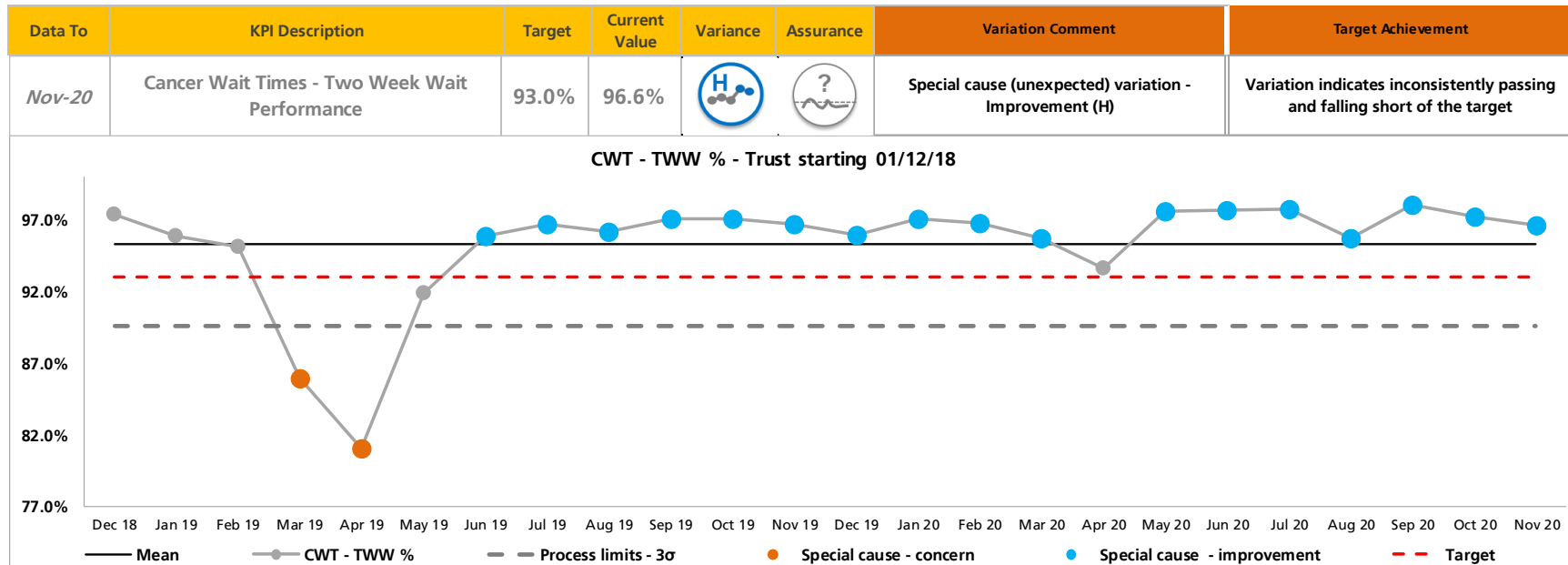


Chart 29: Cancer 2 week wait

2 week wait performance remains above the national standard. The number of referrals in November are above pre-COVID-19 levels however there are no concerns regarding continued delivery of this standard.

62-day referral to treatment

Performance in November 2020 was **77.86%** against the standard of **85%** and trajectory of **77.19%**.

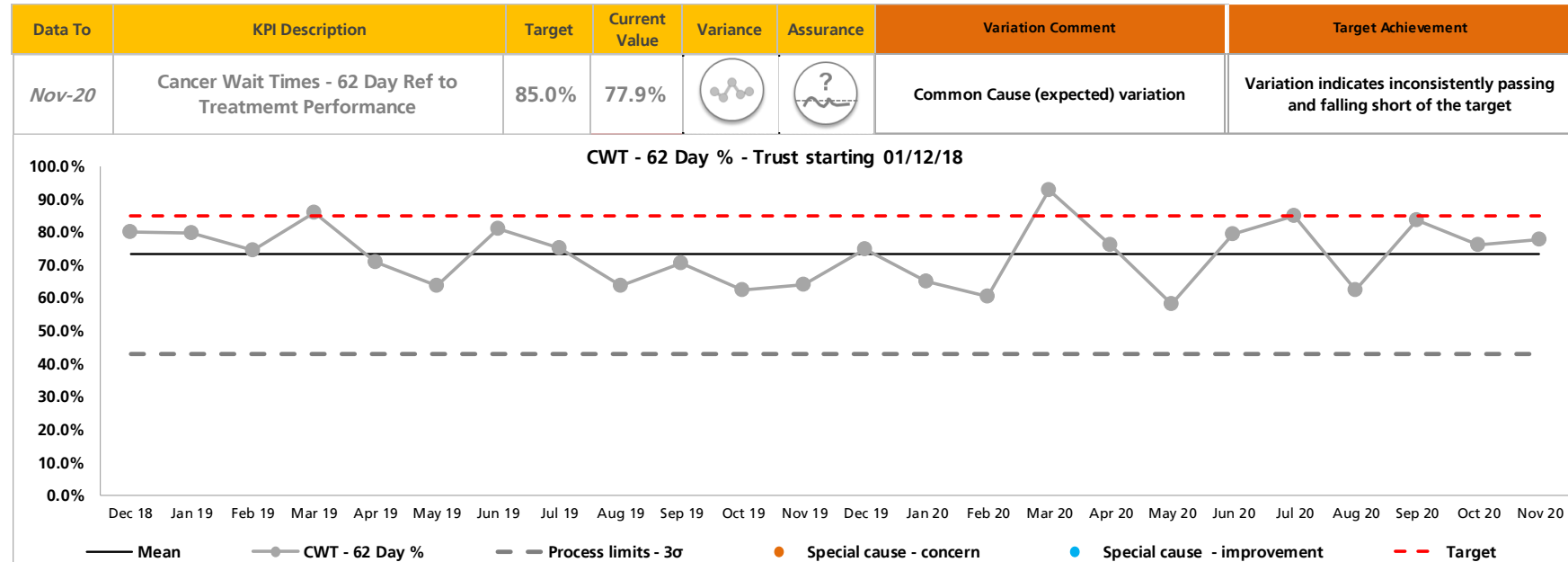


Chart 30: Cancer 62 day

Key Issues (any new issues in red):

1. Waiting times for diagnostic tests has increased. Current waits are c. 3 weeks for MRI and 4-5 weeks for CT-Virtual Colonoscopy
2. **Lack of capacity in tertiary centres, due to COVID-19 demand, is leading to delays for treatment for some patients**

Key Actions (new actions in green):

1. **Mobile CT now on site and supporting the backlog recovery**
2. Funding has been secured to continue weekend working in endoscopy to maintain waiting targets for patients referred with suspected cancer.

3. Use of the endoscopy suite at North Cambridgeshire hospital is to be extended to increase capacity

Recovery Forecast:

The Trust is working towards meeting the 62-day cancer standard and is reviewing the forecast in detail at tumour site level with the operational teams.

Colorectal and Gynaecology are the two challenged areas which require focussed support to achieve this standard. These tumour sites were most affected during the first wave of Covid-19 and subsequently a backlog of patients waiting over 62 days grew.

The teams in both of these areas are now working with the NHSE/I Intensive Support Team to redesign the patient pathways in line with best practice.

The trust has managed to maintain cancer activity throughout the pandemic. However there is continued pressure on services that support cancer pathways. Reduced capacity, staff sickness and patient deferrals are all potential risks to the achievement of the 62-day target.

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	18,615	50	0%	163,179	161,869	(1,310)	(1%)
Other Income	1,351	1,301	(50)	(4%)	13,398	10,697	(2,701)	(20%)
Donated Asset Income	44	0	(44)	(100%)	547	155	(392)	(72%)
COVID-19 Additional Income	1,258	1,258	0	0%	3,774	11,955	8,181	
Total Income	21,218	21,174	(44)	(0%)	180,898	184,676	3,778	2%
Pay Costs - Substantive	(11,555)	(12,163)	(608)	(5%)	(102,803)	(106,017)	(3,214)	(3%)
Pay Costs - Bank	(1,002)	(946)	56	6%	(8,811)	(8,447)	364	4%
Pay Costs - Agency	(685)	(1,105)	(420)	(61%)	(9,820)	(9,036)	784	8%
Pay Costs - Additional COVID-19	(1,026)	(1,005)	21	2%	(3,078)	(7,528)	(4,450)	
Total Pay	(14,268)	(15,219)	(951)	(7%)	(124,512)	(131,028)	(6,516)	(5%)
Non Pay - Additional COVID-19	(232)	(128)	104	45%	(696)	(1,719)	(1,127)	
Non Pay	(5,410)	(4,563)	847	16%	(49,204)	(46,611)	1,746	4%
Total Operating Costs	(19,910)	(19,910)	0	0%	(174,412)	(179,358)	(4,946)	(3%)
EBITDA	1,308	1,264	(44)	(3%)	6,486	5,318	(1,168)	(18%)
Non-Operating Costs	(797)	(775)	22	3%	(6,525)	(5,680)	845	13%
Adjust Donated Assets	(14)	29	43	307%	(283)	101	384	136%
TOTAL (Deficit) / Surplus	497	518	21	4%	(322)	(261)	61	19%

The Trust's in month financial position is showing a surplus of £518k, a positive variance in month of £21k against the plan, and a positive £61k for the year to date position.

Key points of note in month:

- At the end of December, the Trust had 166 COVID-19 positive patients with an additional 62 beds open, with additional beds opened within Day Surgery Unit for short stay patients (up to a maximum 18 beds).
- The staff absence rate has increased by 4% from month 8.
- Clinical income is in line with the revised plan.
- Other operating income is also in line with the revised plan.
- Month 9 substantive pay, excluding COVID-19 19 pay costs, shows an £0.2m increase on the 3 month rolling average.
- Agency expenditure is £0.4m adverse to plan in month.
- COVID-19 pay is in line with the revised plan.
- Non-pay costs, excluding COVID-19 costs, are positive to plan by £0.9m. In month £0.3m benefits due to the settlement of outstanding historic debts with the NNU and £0.7m contingency released from provisions.
- COVID-19 non-pay costs are increasing as the second wave of the pandemic progresses.
- Capital – capital expenditure continues to be behind plan, we have spent £5.4m, with a further £1.8m committed.

Statement of Financial Position (SOPF) Update

	31-Mar-20	30-Nov-20	31-Dec-20	Month Movement	YTD Movement
	£m	£m	£m	£m	£m
Non current assets	96	96	96	-	-
Current Assets					
Inventories	2	2	2	-	-
Trade & Other Receivables	22	11	8	-	(14)
Cash	14	37	40	2	26
Current liabilities					
Trade & Other Payables	(24)	(13)	(13)	(1)	11
Accruals	(9)	(31)	(31)	-	(22)
PDC dividend	-	-	(1)	-	(1)
Other current liabilities	(2)	(3)	(3)	(1)	(1)
Non current liabilities	(1)	(1)	(1)	-	-
Borrowings	(135)	-	-	-	135
Total assets employed	(37)	98	99	(1)	134
Tax payers' equity					
Public Dividend Capital	57	192	192	-	135
Revaluation Reserve	12	12	12	-	-
Income & Expenditure Reserve	(106)	(106)	(106)	-	-
Tax payers' equity	(37)	98	99	(1)	134

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 income monies in April.

Trade and other payables have decreased due to the Trust paying suppliers in a more timely manner.

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>Dec-20</i>	Appraisal Rate	90.0%	80.5%		
<i>Dec-20</i>	Appraisal Rate (Med Staff exc Jnr Drs)	95.0%	84.0%		
<i>Dec-20</i>	Sickness Absence Rate	4.0%	7.1%		
<i>Dec-20</i>	Mandatory Training Rate	85.0%	77.0%		
<i>Dec-20</i>	Turnover Rate	10.0%	9.3%		

As of December 2020, the Trust currently employs 3752 substantive headcount, working a substantive whole time equivalent of 3289.21. This is against an increased funded establishment of 3583.74 FTE.

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

<u>Establishment:</u>	3583.74
Substantive:	3289.21
Bank usage:	266.75
Agency usage	122.68
Over Established:	94.90

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

- Bank usage **increased** to 274.68 FTE (from 232.06 in Nov) with 7.93 FTE being coded directly to COVID-19 costs
- Agency usage **increased** to 197.35 FTE (from 195.98 in Nov) with 72.67 FTE being coded directly to COVID-19 costs and 2 FTE to Special Measures Funding

Vacancy Levels

The Trust vacancy rate has risen to 8.14%, as a result of the additional FTE added to establishment.

The vacancy rate for the Nursing & Midwifery staff group is 7.95% which has increased from 6.28%. The Trust continue to recruit international nurses both working locally and across the STP and have 100 due to start in the next 6 months.

The Medical & Dental vacancy rate has decreased from 14.20% to 10.26% with continued recruitment into key posts across all divisions.

Turnover continues to decrease with a further reduction this month to 9.3% from 9.36% the previous month.

Appraisals

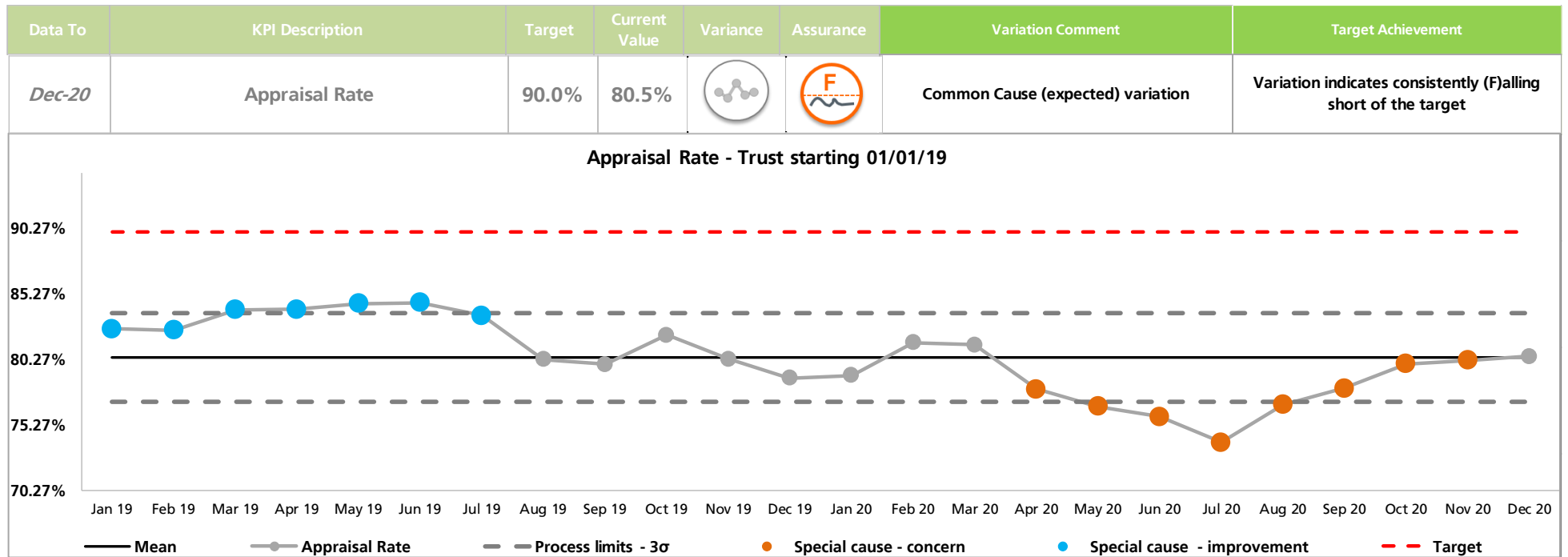


Chart 31: Trust Wide Appraisal Rate

Key Issues (any new issues in red):

1. Trust appraisal rate compliance (including bank staff but excluding medical staff) increased further this month to 80.52% (from 80.23% in Nov.) 157 appraisals were completed in month.
2. 72 appraisals remain in the seriously overdue category, which is a decrease of 10 on the previous month, 36 appraisals are overdue by 18 – 24 months and 36 appraisals are overdue by 24 months. These predominantly relate to bank members of staff.

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. 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 January 2021
5. Staff who are shielding or working from home have been mandated to complete their appraisals
6. Appraisal trajectories are in place across all areas, with an agreed trajectory for the Trust
7. Trust appraisal rate compliance (including bank staff but excluding medical staff) increased further this month to 80.52% (from 80.23% in Nov) 157 appraisals were completed in month.
8. 72 appraisals remain in the seriously overdue category, which is a decrease of 10 on the previous month, 36 appraisals are overdue by 18 – 24 months and 36 appraisals are overdue by 24 months. These predominantly relate to bank members of staff.

Mandatory Training Rate

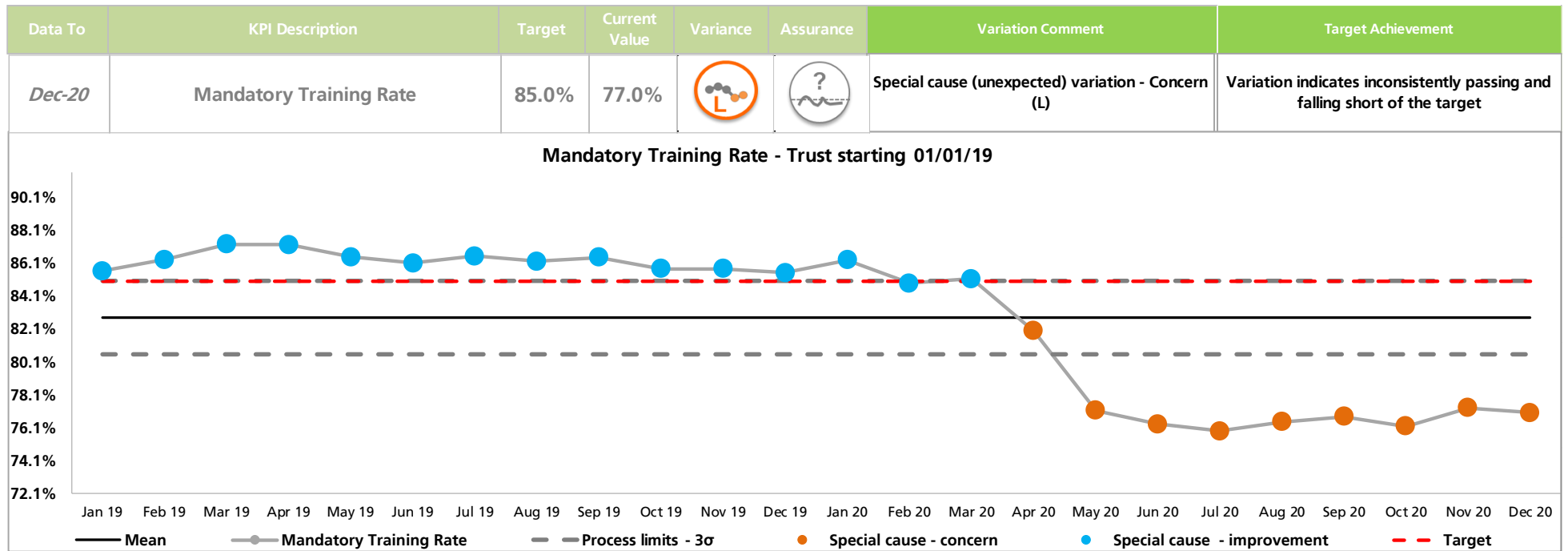


Chart 32: Mandatory Training Rate

Mandatory Training compliance for the 11 Statutory & Mandatory subjects is at 77.03% which has decreased from 77.32% in November 2020

Key Issues (any new issues in red):

1. COVID-19 social distancing restricts the number of attendees on each face-to-face course
2. The 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 the 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. This should be in place by the end of January 2021.
5. The move to e-learning (digital first) will be led by the new Head of Learning and Development who started in post on 16th November 2020. The Head of Learning and Development will also be responsible for setting up and running a mandatory training task and finish group. The group will be established by the end of January 2021.
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. This comes into effect for new starters from April 2021.
7. 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. From December 2020 where such cases are older than two months it will be referred to the relevant directors for action.
8. Induction sessions increased to run twice a month and existing staff can book onto where necessary a face to face session.
9. Mandatory training to become e-learning based. The eLearning modules provide up-to-date training, with an assessment and compliance is automatically recorded on ESR. If a user fails the assessment, s/he knows immediately and can retake the assessment. This should be in place by the end of January 2021
10. All assessments will be completed using an electronic form instead of a workbook This should be in place by the end of January 2021
11. Wider access to PCs to complete the training
12. 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.
13. It has been mandated that staff that are shielding, self-isolating or working from home complete all outstanding mandatory training.
14. 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

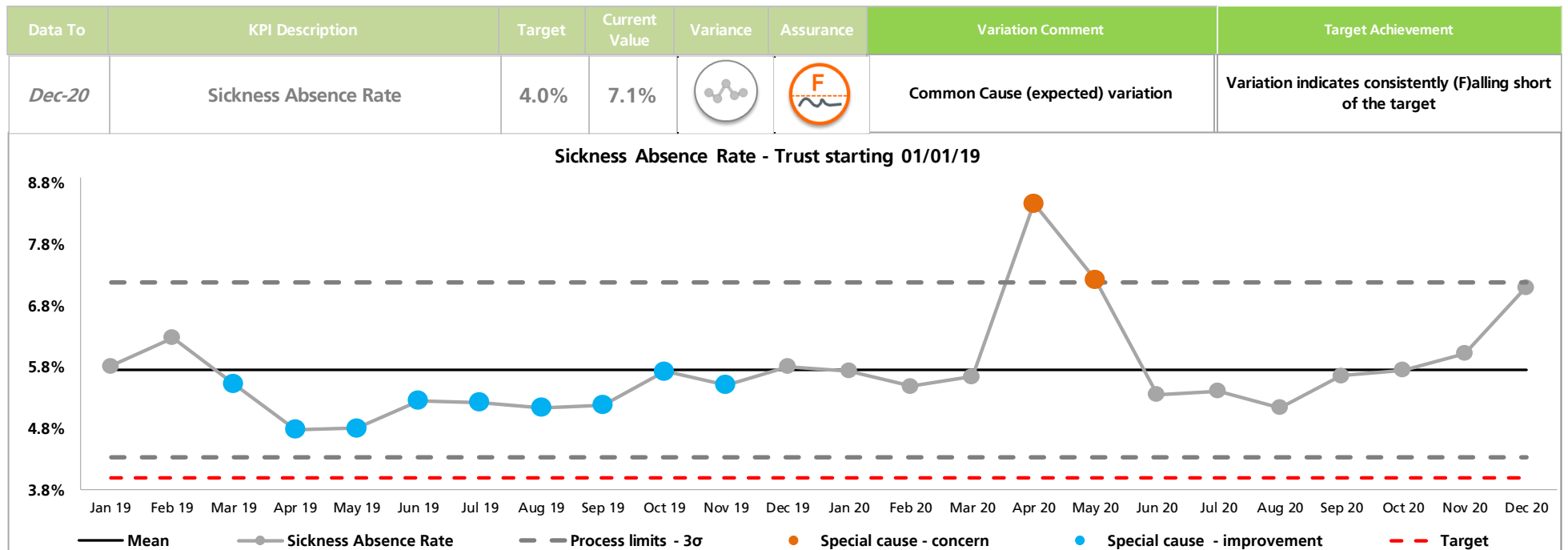


Chart 33: Sickness absence rate

Key Issues (any new issues in red):

- Overall sickness for the Trust has increased to 7.10% from 6.02 % in November 2020 and 5.8% in October 2020. 12-month cumulative sickness has increased to 6.09% from 5.99%. This continues to be challenging for the Trust and is increasing on a week by week basis.
- The overall absence rate which includes those staff shielding and isolating as at 13th January was **12.59%**, 4.89% isolating and shielding, 5.16% non-COVID-19 sickness and 2.54% COVID-19 related sickness
- COVID-19 related sickness in October was 0.22%, in November this increased to 0.42% and in December this was 1.53%. Non-COVID-19 sickness in October was 5.53%, this increased to 5.60% in November and decreased to 5.57% in December.
- Stress and anxiety still remain the highest cause of sickness absence and the largest single cost. This has decreased in December to 21% from 26% in November of the total number of absences

5. 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.

Key Actions (new actions in green):

1. DLT and department meetings are currently taking place 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 due to start in Quarter four**
4. The Trust is providing the COVID-19 vaccination to our staff, with priority being given to those considered to be at high risk and those working in red areas.
5. 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. All risk assessments were reviewed in December 2020

Key Risks to Forecast Improvement:

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