

Meeting:	Board of Directors				
Meeting Date:	4 May 2021	Agenda item:	12		
Report Title:	Integrated Performance Report (IPR) – March 2021 data				
Author:	Carly West-Burnham, Director of Strategy				
Executive Sponsor:	Caroline Shaw, CEO				
Implications					
Link to key strategic objectives [highlight which KSO(s) this recommendation aims to support]					
KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	Modernise hospital and estate	Staff engagement	Partnership working, clinical and financial sustainability	Healthy lives staff and patients	Investing in our staff
Board assurance framework	<p>The IPR covers all key performance indicators for the Trust, so encompasses elements of all Strategic Objectives.</p> <p>The appropriate BAF updates are received and reviewed within Finance and Activity Committee, Quality Committee, People Committee and Senior Leadership team.</p>				
Significant risk register	<p>Ref to significant risks</p> <p>There are currently 13 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</p> <p>Quality Committee</p> <p>People Committee</p> <p>Finance and Activity Committee</p> <p>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>Focusing on the data using Statistical Process Control enables greater visibility and oversight of areas which require clear focus due to ongoing issues in relation to performance rather than those which are delivering within the parameters of agreed statistical variation.</p>
Summary of Key issues:	<p>As outlined within the report;</p> <ul style="list-style-type: none"> - Seven Serious Incidents - One case of hospital onset E.Coli - HSMR Relative risk and HSMR weekend relative risk remain statistically significantly high - One still birth reported in February 2021 - Recruitment to NIHR studies exceeding target - Nine instances of same sex accommodation breaches - Complaints response rate improved to 73% - FFT response rates rose 50% in March 2021 - 18-week RTT performance is at 58.3% - 1,428 patients were waiting > 52 weeks - A&E 4-hour performance was at 89.3% - One patient waited > 12 hours in ED for a mental health inpatient bed - Ambulance handover within 15 minutes was 58.8% - Cancer Wait Times – 62-day referral to treatment was 73.8% - Diagnostic wait times over 6 weeks improved to 51.6% - 51.6% of patients spent 90% of their stay on the stroke unit - Appraisal rate at 83.5% - Sickness absence rate at 5.0% - Mandatory Training rate at 81.6%
Recommendation:	<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>
Acronyms	<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

March 2021 data

Executive Summaries

Safe

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

There has been an increase in the number of reported injurious inpatient falls per 1,000 beddays.

There has been a reduction in hospital acquired pressure ulcers per 1,000 beddays.

There have been eight cases of hospital associated CDiff reported. In total, the Trust has reported 49 CDiff cases in 2020/21 against a trajectory of 44, with 21 currently apportioned to the Trust with a further 11 under review.

There has been one case of hospital onset E.Coli in March 2021.

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

Effective

The SHMI rate has reduced QEH remains within the "as expected" band.

The increased 12 month rolling HSMR is anticipated to remain elevated for at least the next 8 months due to the observed increase in the crude number of deaths and the rate of deaths per 1,000 admissions due to the pandemic in December 2020/January 2021.

There was **one** still birth reported in February 2021, but no neonatal or maternal deaths.

Caring

There have been nine incidents of same sex accommodation breaches affecting 23 patients, all of whom were in the Hyper Acute Stroke Unit on West Raynham Ward.

The timeliness of responding to complaints within 30 days has improved but has not achieved the target. Performance is expected to improve as action is being delivered to improve timeliness.

FFT response rates rose to 50% in March 2021 from 1,230 to 1,854.

Responsive

4-hour performance for March was 89.3% against the standard of 95% and trajectory of 85.6%.

There was one patient waiting in the Emergency Department over 12 hours from decision to admit to admission for a Mental Health bed.

In March 58.8% of ambulance handovers were completed within 15 minutes against a trajectory of 65% and 2.1% were over 60 minutes.

18-week performance was 58.2% against the standard of 92%.

There are 1,412 patients breaching the maximum 52-week waiting time standard.

Diagnostic performance improved to 51.6% of patients waiting for longer than 6 weeks.

Cancer 62-day performance in February 2021 was 73.8% against the standard of 85% and trajectory of 82.0%.

Well Led (Finance)

The Trust submitted a final 2020/21 financial plan of a £1.9m deficit on 18 November 2020.

As part of the year end process NHSI/E have allocated the Trust £1.9m to cover additional costs and lost income from the pandemic.

This revision enables the Trust to deliver a small surplus at year end.

The Trust's in month financial position is showing a surplus of £2.6m against the plan. Year to date the trust is showing a £50k surplus against the breakeven position.

Well Led (People)

As of March 2021, the Trust currently employs 3,852 substantive headcount and 687 Bank only headcount. There has been a significant reduction in Bank staff headcount this month as a result of removing inactive assignments from ESR. The funded establishment is 3,588.59 FTE, with substantive FTE 3,372.82

Both Substantive FTE and headcount have increased. Bank usage decreased to 322.29 FTE (from 337.63 in Feb) with 11.07 FTE being coded directly to COVID-19 costs and 15.22 FTE to Vaccinator costs

Agency usage decreased to 213.30 FTE (from 219.53 in Feb) with 96.40 FTE being coded directly to COVID-19 costs, 2.80 FTE to Vaccinator costs and 5.17 FTE to Special Measures Funding

The Trust vacancy rate has increased to 6.03% from 5.95% in February 2021. The Nursing & Midwifery staff group is at 5.60% (decreased from 5.95%), AHP staff group at 14.57% (increased from 13.09%) and Medical & Dental staff group at 5.13% (decreased from 5.20%).

Turnover decreased to 9.10% from 9.18% the previous month

Monthly sickness absence in month decreased to 4.98% from 6.28% in February and from 8.04% in January 2021. 12-month cumulative sickness is at 6.28% as at 31 March 2021

COVID-19 related sickness absence in March 2021 was 0.46% which was a decrease from 1.27% in February 2021 and non- COVID-19 sickness in March 2021 was 4.52% which was a decrease from 5.01% in February.







Mandatory Training compliance for the eleven Statutory & Mandatory subjects is at 81.63% which increased from 79.62% in February 2021. This met the Trust target of 80%. This includes a 3-month expiry extension for Resus and Manual Handling Level 2.

Appraisal compliance (including bank staff but excluding medical staff) increased to 83.47% (from 80.50 % in February.) 303 appraisals were completed in month.

Medical staff appraisal compliance is 100%.

A note on SPC Charts

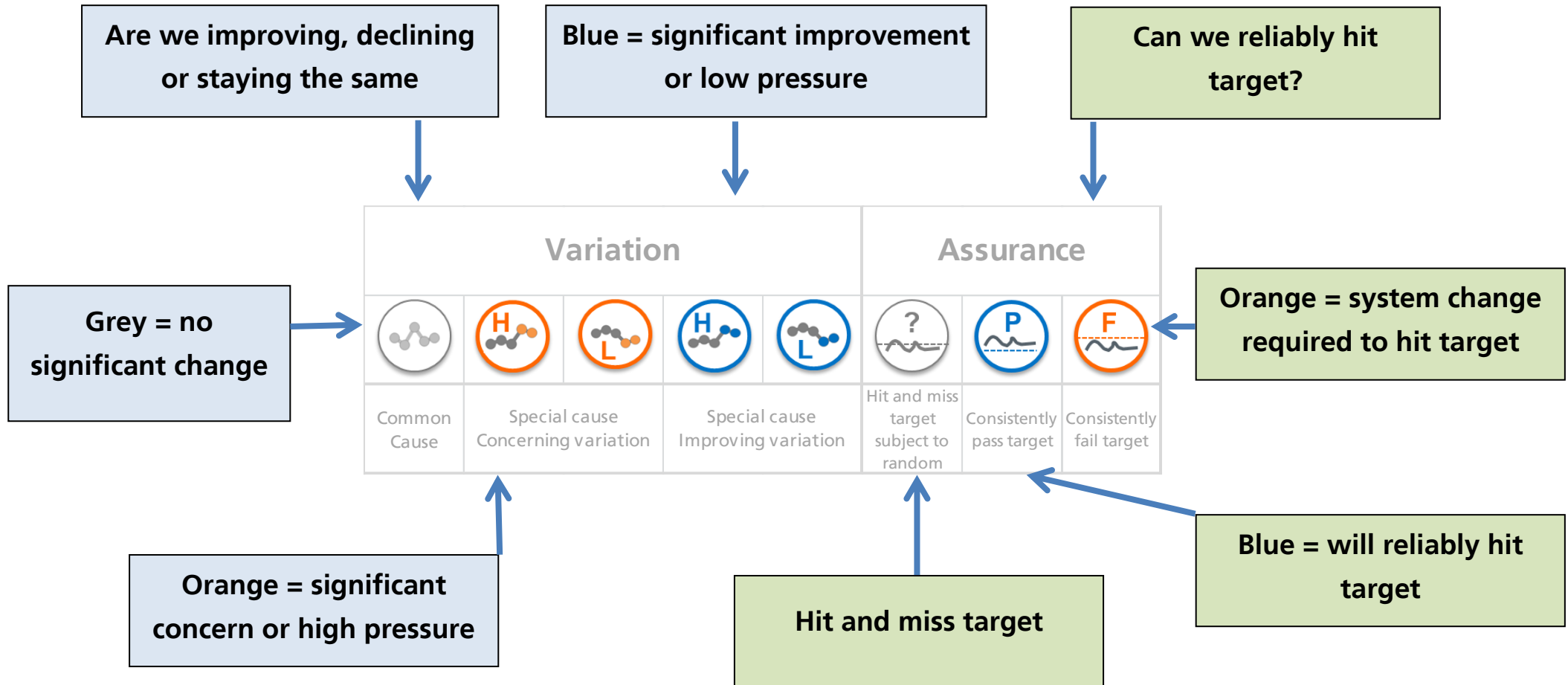
The report that follows uses the key below. A recap of using these descriptions is also included below

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

A note on SPC Charts continued

High level Key - Variation

High level Key - Assurance



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

Safe Dashboard

Items in blue are awaiting the latest update.

Data To	KPI Description	Target	Current Value	Variance	Assurance
Mar-21	Serious Incidents (DECLARED IN MONTH)	0	7		
Mar-21	Falls (with Harm) Rate per 1000 beddays	0.98	0.23		
Mar-21	PUs Rate per 1000 beddays	0.41	0.22		
Mar-21	Overall Fill Rate %	80.0%	91.6%		
Mar-21	CHPPD	8.00	9.39		
Mar-21	Cleanliness - Very High Risk	95.0%	96.8%		
Mar-21	Cleanliness - High Risk	95.0%	95.0%		
Mar-21	Cleanliness - Significant Risk	95.0%	94.8%		
Mar-21	Cleanliness - Low Risk	95.0%	94.3%		
Mar-21	Cleanliness - No. of audits complete	37.00	45		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Mar-21	CDiff (Hosp Onset) Rate per 100k beddays	30.10	34.65		
Mar-21	CDiff (Hosp Onset) Actual	4	8		
Mar-21	MRSA (Hosp Onset) Actual	0	0		
Mar-21	E Coli (Hosp Onset) Rate per 100k beddays	16.40	15.88		
Mar-21	E Coli (Hosp Onset) Actual	2	1		
Mar-21	MSSA (Hosp Onset) Actual		2		
Mar-21	MSSA (Hosp Onset) Rate per 100k beddays		9.38		
Feb-21	VTE Assessment Completeness	97.2%	98.0%		
Mar-21	Patient Safety Alerts not completed by deadline	0	0		

Serious Incidents

There were **seven** new serious incidents reported to the Strategic Executive Information System (STEIS) in March 2021.

- Missed Diagnosis within ophthalmology - not clearly identified the deterioration in visual fields.
- Missed VTE incident
- Unwitnessed fall resulting in # right NOF
- 12 Hour breach - Patient requiring mental health care
- Witnessed fall resulting in # left NOF
- Missed VTE incident
- Thematic investigation of wave 2 hospital-onset definite healthcare-associated & hospital-onset probable healthcare-associated patient deaths.

There were **seven** serious incidents closed by the CCG in March 2021

Falls

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Mar-21	Falls (with Harm) Rate per 1000 beddays	0.98	0.23			Common Cause (expected) variation	Variation indicates consistently (P)assing the target

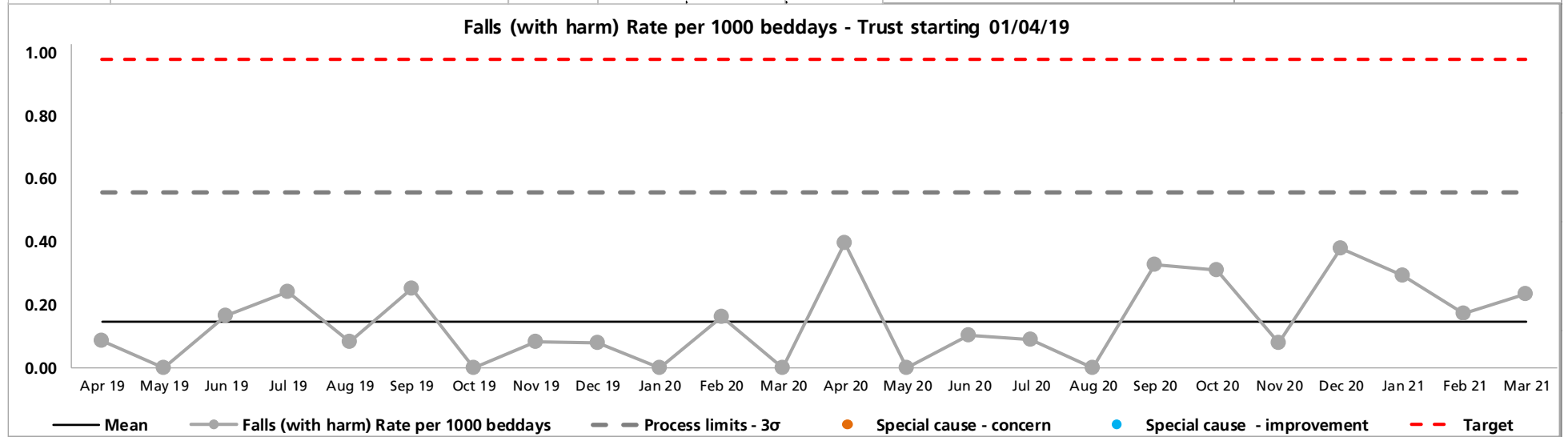


Chart 1 – Falls (with harm) rate per 1000 beddays

Key Issues (any new issues in red):

1. There has been an increase in the number of patients sustaining harm and injuries following fall incidents.
2. The falls rate per 1000 bed days for all falls during March 2021 has decreased to 4.50 from 4.94 during February 2021.

Key Actions (new actions in green):

1. The Falls Coordinator has delivered falls training to 90 staff since February 2021.
2. There are 11 staff identified to attend the National Falls Summit in April 2021. The learnings from the summit will be coordinated by the Falls Coordinator and attendees will be expected to lead a quality improvement initiative on the areas they are representing.

3. Areas reporting high number of falls have specific actions of daily monitoring via matron's review.

4. The multi-disciplinary falls task and finish group continue to oversee and implement actions to reduce the number of inpatient falls

Recovery Forecast:

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

Key Risks to Forecast Improvement:

1. Unable to maintain staffing level at optimum level all the time.

Increasing number of patients admitted with high risk of falls and staff not adhering to falls policy.

Pressure Ulcers

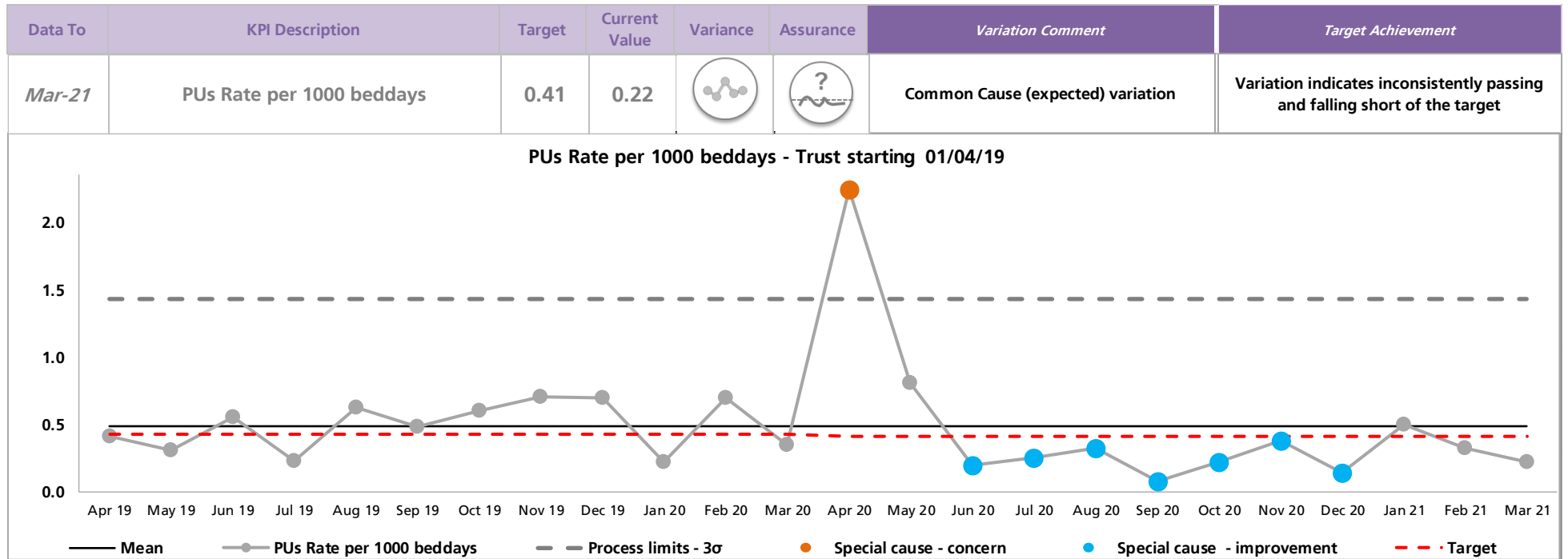


Chart 2 – Pressure Ulcer rates per 1000 beddays

Key Issues (any new issues in red):

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

Key Actions (new actions in green):

1. The Tissue Viability team continue to work with the ward to deliver and support training in pressure ulcer prevention.

2. The Tissue Viability Nurses will be delivering joint educational refresher training with external Clinical Nurse Advisors on moisture associated skin damage which is a precursor to pressure ulcer. This is planned in May 2021.

Recovery Forecast

1. The number of hospital acquired pressure ulcer start to reduce as we see reduction of admission in the hospital.

Key Risks to Forecast Improvement:

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

CDiff (Hospital onset)

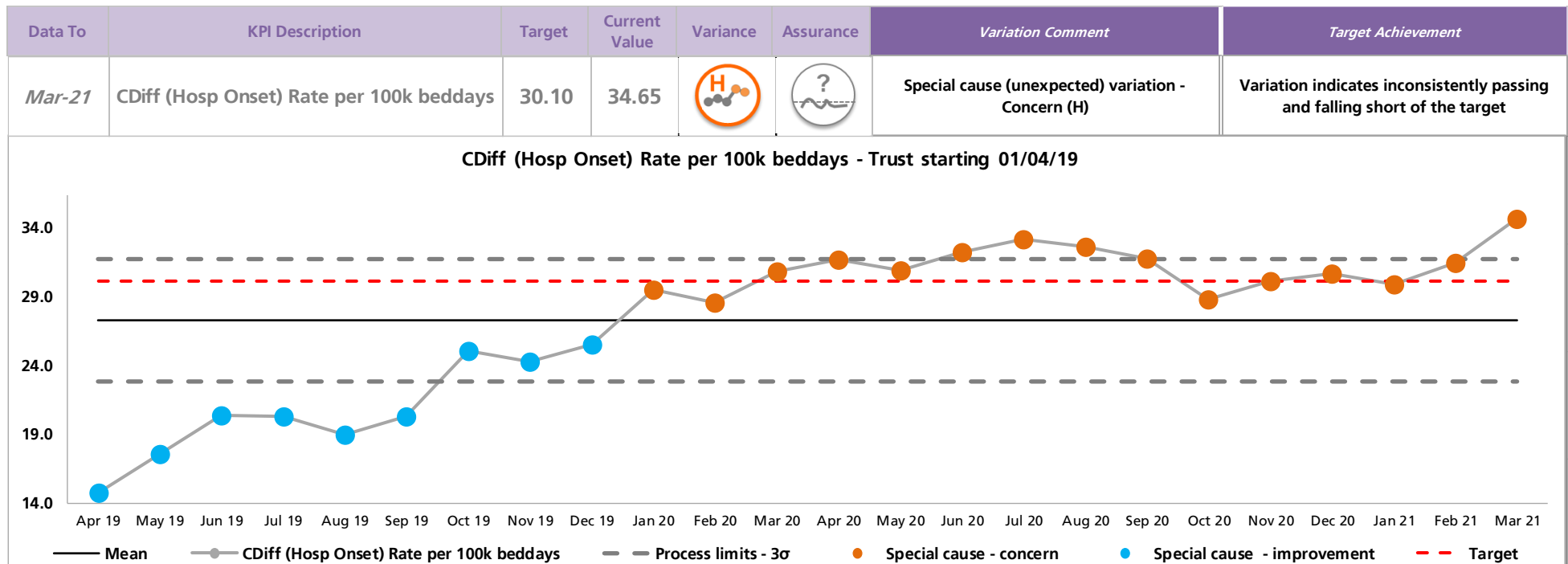


Chart 3 – CDiff (Hospital onset) per 100k beddays

Clostridioides difficile Infection - CDI (Objective = fewer than 44)

During 2020/21, the Trust Clostridioides difficile infection (CDI) objective, set by NHS Improvement/ England, remained unchanged from 2019/20 at 44 apportioned cases. The number of cases reported in 2020/21 was 49 with 21 of these cases apportioned to the Trust and 17 of these cases not apportioned to the Trust. 11 cases remain under review to determine attribution and cause.

There was a change in the reporting of C diff cases for acute providers in 2019/20 by using these two categories: Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission. Community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous four weeks prior to this, acute providers were only reporting cases relating to the first category which is (HOHA).

Key Issues:

- Eight cases identified in March 2021, resulting in 2 Periods of Increased Incidence (PII) reviews ongoing
- Antibiotic prescribing not always in line with Antimicrobial Prescribing Guidelines
- Learning identified regarding stool sampling, isolation following loose stool,
- Increased use of hand gel, however requirement is for hand washing when spores involved as preference

Key Actions:

- Post Infection Reviews undertaken for each case
- Bespoke education / training provided to affected areas completed
- Trust C Diff Policy re-launched at ward huddles
- Site Team educated in isolation room prioritisation
- Antibiotic stewardship management and engagement – refreshed Antimicrobial Guidelines issued in month
- Addressing outbreaks and periods of increased incidence promptly undertaking measure to reduce any further transmission
- Reviewed standards, methods and assurance of cleaning across the Trust
- Domestic staff trained in national cleaning standards
- Supportive programme of audit including hand hygiene, PPE usage, isolation and environmental cleaning in place

Key Risks to Forecast Improvement:

- Ageing estate compromises bed utilisation – isolation rooms make up less than 10% of the estate
- Reconfiguration of services / pathways as part of COVID-19 exit plan
- Non-compliance to IPC Policies / procedures
- Poor IPC Mandatory training compliance – challenges to access / complete training

E.coli Hospital (Onset)

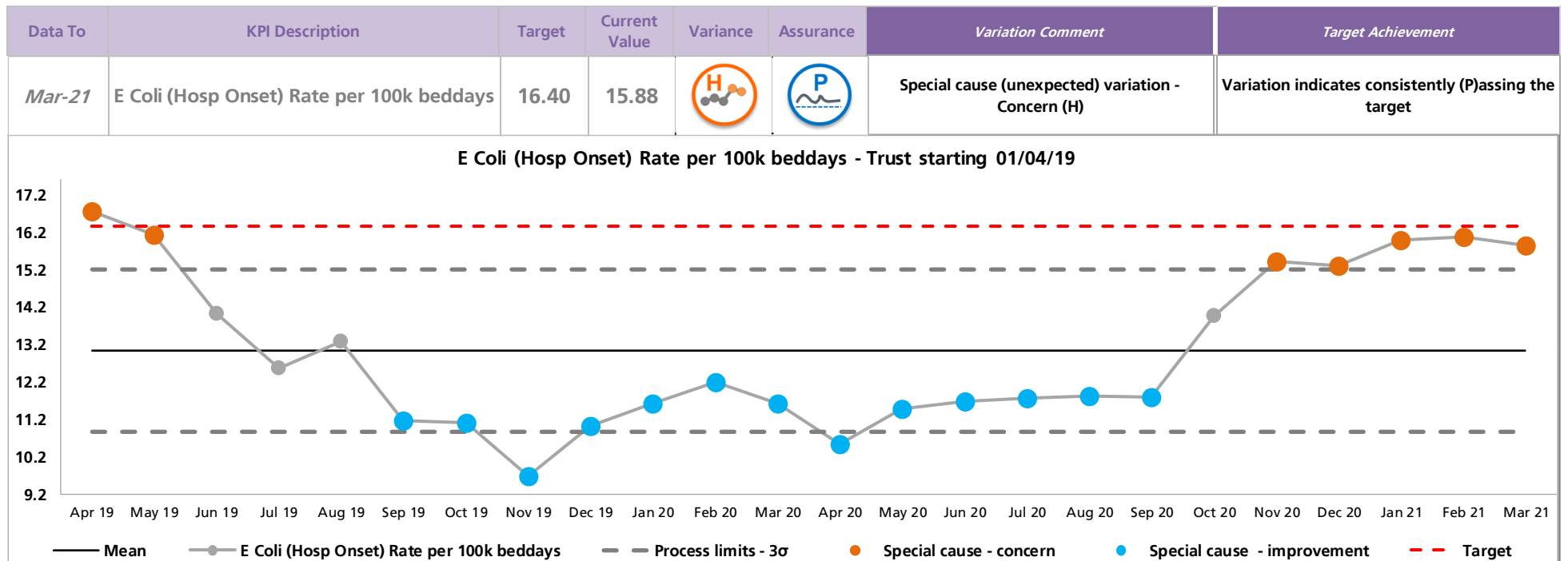


Chart 4 – E.coli (Hospital onset) rate per 100k beddays

Key Issues

- One case of hospital onset E. coli was reported in March 2021
- In total, there have been 23 cases reported to date with no set trajectory

Key Actions

QEHKL is not an outlier within the Regional on cases per month data reviewed by Consultant Microbiologist and new data set being developed for 21/22 IPR. The Infection Prevention and Control Team continue to raise awareness of appropriate management of E. coli, in line with Trust Policy, through;

- Antibiotic stewardship and engagement - IPCT presently working with Consultant Microbiologists (Infection Control Dr and Anti-microbial lead) and anti-microbial Lead for pharmacy to review the anti-microbial strategy and working group in order to influence and support future work.
- Bespoke education / training on affected areas and Practice Development Nurses provide training e.g. ANTT
- Review of individual cases and promptly undertaking measure to reduce any further transmission
- Supportive programme of audit including hand hygiene, PPE usage, isolation and environmental cleaning in place
- Discussing individual cases with Ward Managers / Matrons and escalating concerns, in a time appropriate manner, at senior meetings and via governance reporting channels

Key Risks to Forecast Improvement:

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

Methicillin Sensitive Staphylococcus (MSSA)

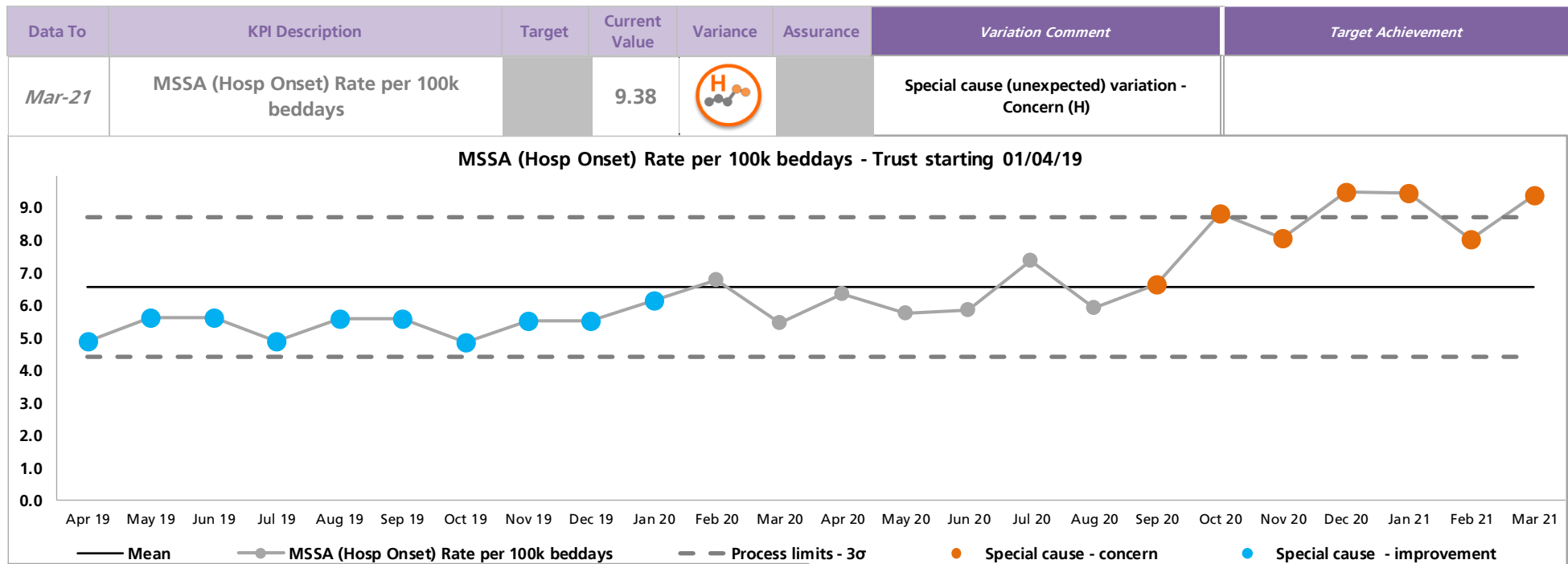


Chart 5 - MSSA (Hospital onset) rate per 100k beddays

Key Issues:

- Two cases of hospital onset MSSA were reported in March 2021.
- In total, there have been 13 cases reported to date with no set trajectory
- Both MSSA cases are presently under review
- Poor documentation in relation to skin decolonisation

Key Actions:

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

- Antibiotic stewardship and engagement -
- Bespoke education / training on affected areas
- Practice Development Nurses provide training
- Review of individual cases and promptly undertaking measure to reduce any further transmission
- Reviewed standards, methods and assurance of cleaning across the Trust and Domestic staff trained in national cleaning standards
- Supportive programme of audit including hand hygiene, PPE usage, isolation and environmental cleaning in place
- Discussing individual cases with Ward Managers / Matrons and escalating concerns, in a time appropriate manner, at senior meetings and via governance reporting channels

Key Risks to Forecast Improvement:

- Poor compliance with Infection Prevention and Control Policies
- Poor IPC Mandatory training compliance – challenges to access / complete training
- Compliance with and management of anti-microbial

VTE Assessment completeness

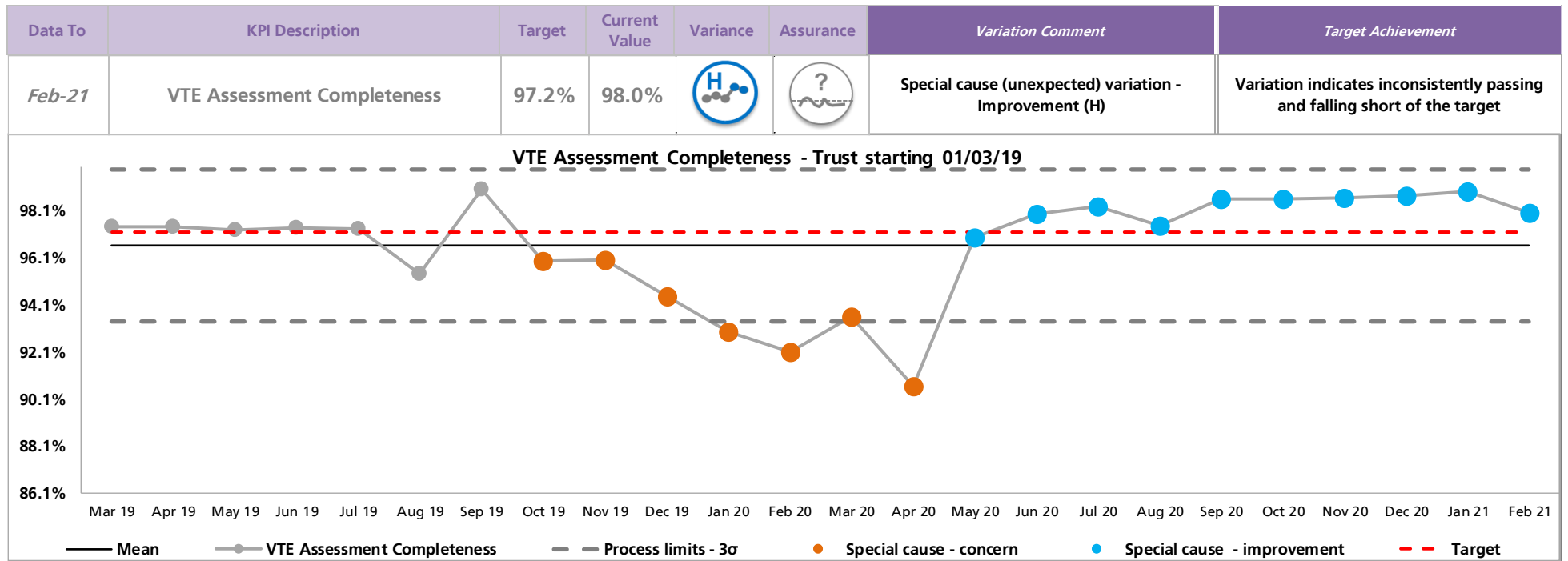


Chart 6 – VTE assessment completeness

Key Issues (any new issues in red):

1. VTE assessment process has now remained stable since process changes made in April 2020. These processes have ensured stability of the screening process and are now considered as business as usual.
2. EPMA is expected to be rolled out in April 2020 with implementation on all wards to be completed by June 2021. This process and its forcing function will further strengthen this process.

Key Actions (new actions in green):

1. Continuing reinforcement of the need to comply with the process at induction, periodic audits on compliance with screening, use of VTE prophylaxis through quarterly pharmacy audits, corroboration through mortality structured judgement reviews, case discussions of Hospital Acquired Thrombosis are all in place to monitor compliance and reinforce practice.

Recovery Forecast: Not applicable

Key Risks to Forecast Improvement:

1. Human factor failures lead to non-compliance with this process (although very low incidence currently). This is expected to be avoided through electronic forcing functionality of the EPMA system.

Items in blue are awaiting the latest update

Data To	KPI Description	Limit	Current Value	Variance	Assurance
Feb-21	Stillbirth Rate	3.73	3.95		
Feb-21	Neonatal Deaths Rate	1.06	0.50		
Feb-21	Extended Perinatal Deaths Rate	4.79	4.44		
Feb-21	Total C Section Rate	25.0%	34.0%		
Feb-21	EL C Section Rate	10.0%	11.5%		
Feb-21	EM C Section Rate	15.0%	22.4%		
Feb-21	Maternal Deaths	0	0		
Mar-21	% "Term" admissions to the NNU	6.00%	2.82%		
Mar-21	% "Avoidable Term" admissions to the NNU	0.00%	0.00%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-20	HSMR Crude Rate	3.18	4.29		
Dec-20	HSMR Relative risk	100.00	129.18		
Dec-20	HSMR Weekend Relative risk	100.00	138.18		
Oct-20	SHMI (Rolling 12 mth position)	100.00	104.67		
Feb-21	Rate per 1000 admissions of inpatient cardiac arrests	2.00	1.02		
Mar-21	No. of patients recruited in NIHR studies	50	252		

SHMI

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

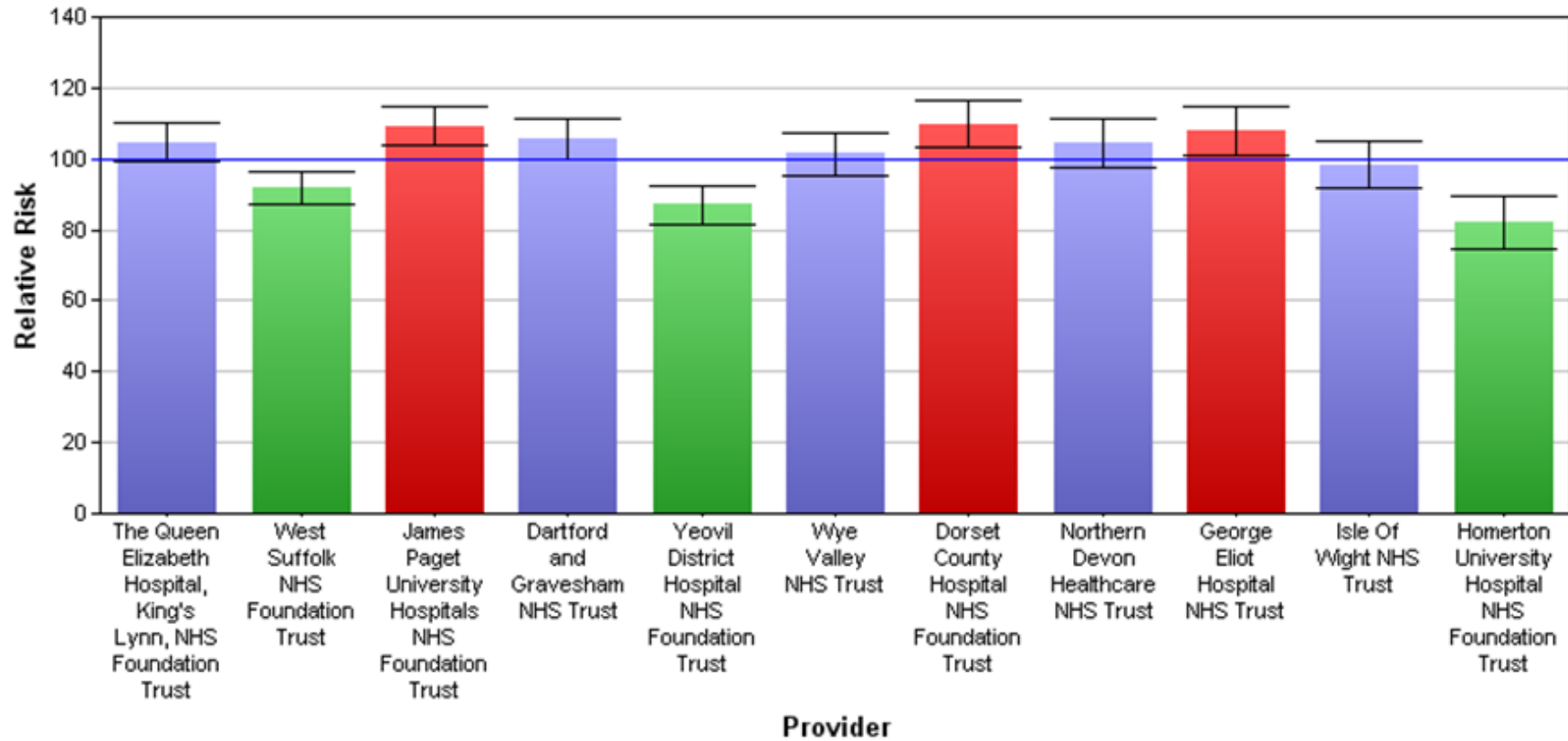


Chart 7 – SHMI by Provider

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

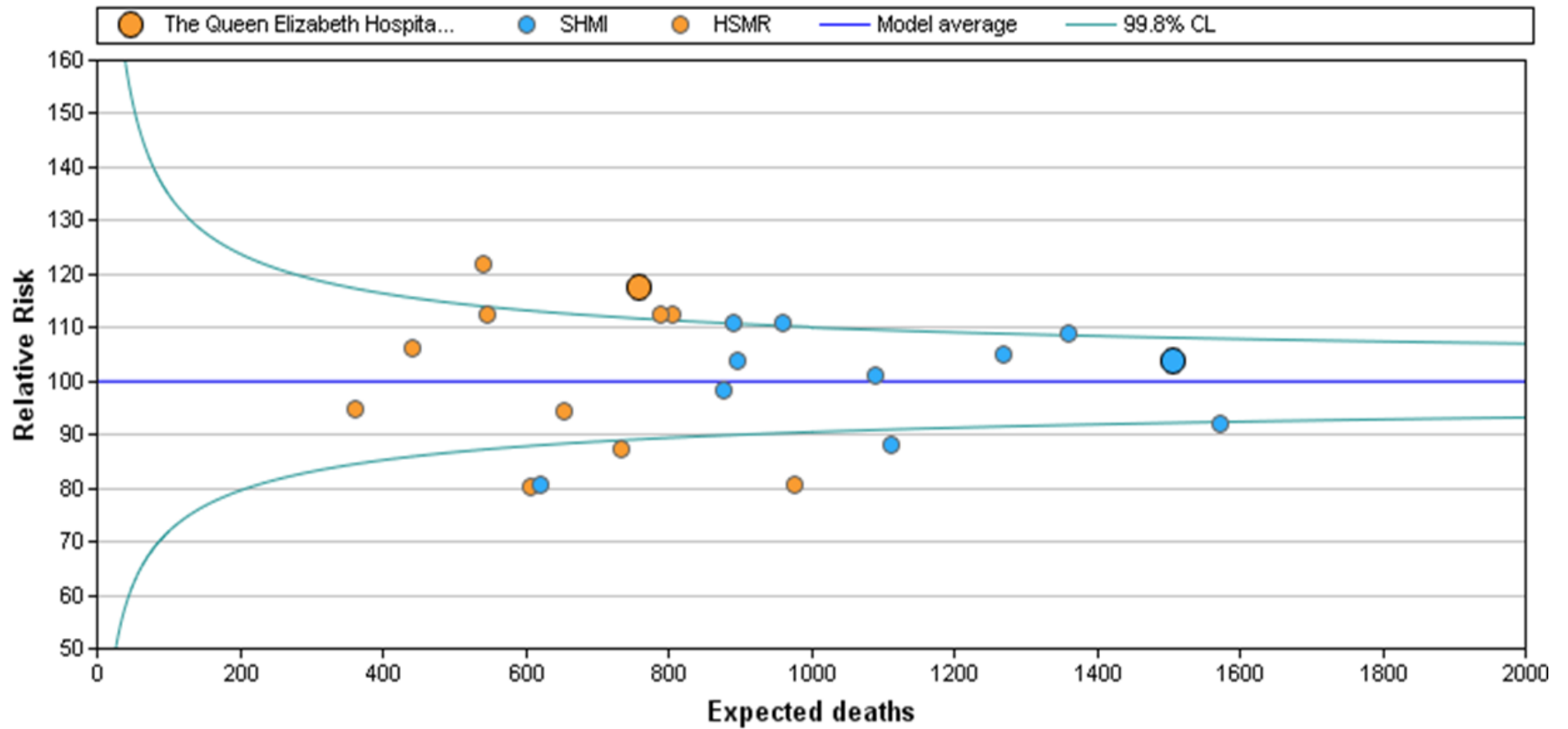


Chart 8 – SHMI and HSMR by provider

Crude Death Rate per 1000 admissions - Monthly Trend

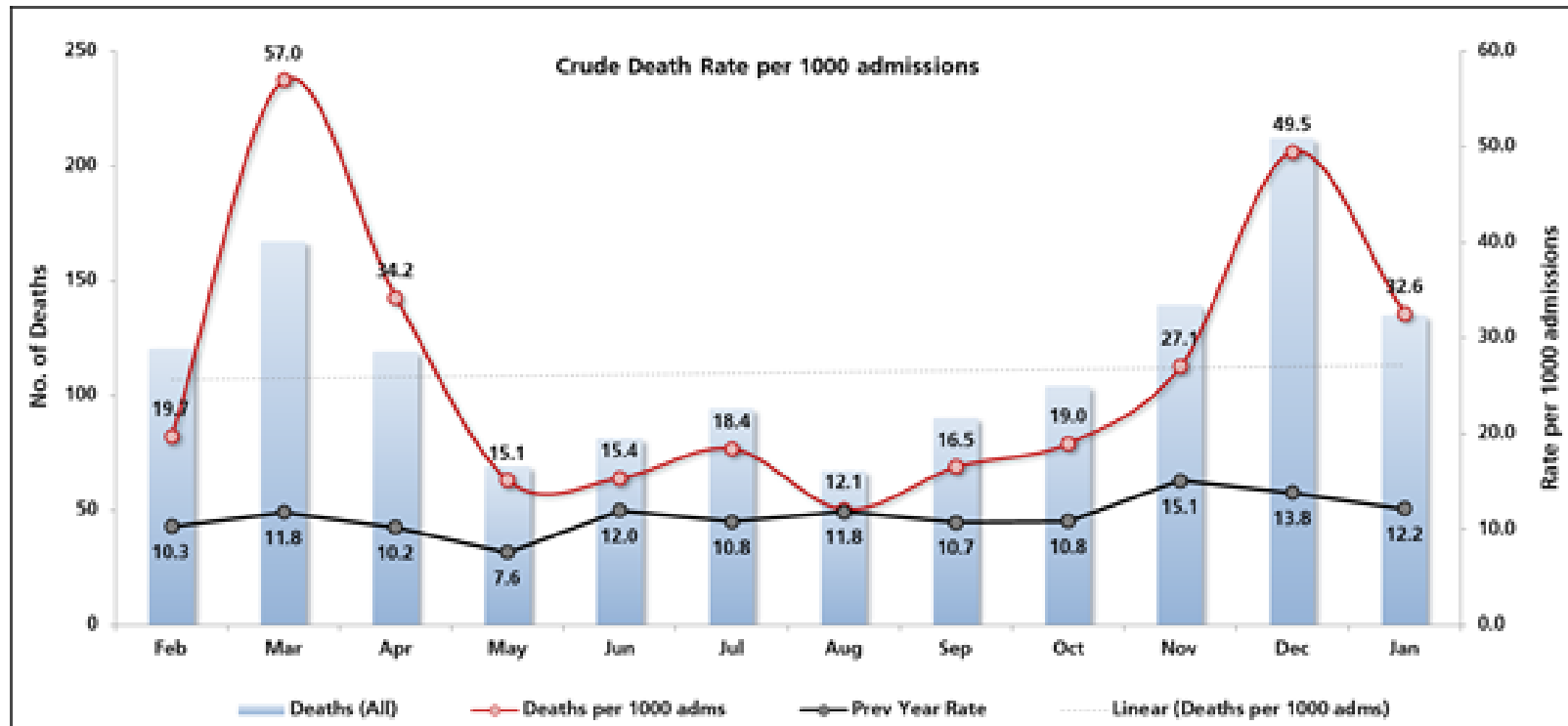


Chart 9 – Crude death rate per 1,000 admissions

Factors Driving the Performance

- This is the first report using the new style means of presentation as agreed by the Quality Committee 2021. This moves away from a plot the dots format for 12 months rolling data points and instead demonstrates crude data on a monthly basis as well as a funnel plot to demonstrate both HSMR and SHMI.
- The SHMI rate has fallen slightly to 104.67 (September 2020). This is demonstrated in the histogram and funnel plot, which both indicate that SHMI for QEH remains within the “as expected band”. Covid-19 related deaths have been excluded from SHMI calculations as this is not designed for this type of pandemic activity.
- The HSMR has risen to 129.18 and remains above expected.

- The funnel plot demonstrates that for HSMR, our “expected” rate of deaths is far lower (further to the left on the X axis of this plot) than the expected rate of deaths using the SHMI metric. The main reason behind this is the very low rate of palliative care coding: Dr Foster and NHSEI reviews both confirm a very low and falling rates of palliative care provision and coding for end of life patients at this trust (6% v peer and national averages of 33.2% and 33.6%).
- However, the funnel plot also reveals an increased rate of deaths (further up the Y axis). This is due to the increased number of deaths during this period due to COVID, as well as due to a reduction in overall activity (the numerator is larger and the denominator is smaller in this case).
- The increased 12 month rolling HSMR is anticipated to remain elevated for at least the next 8 months due to the observed increase in the crude number of deaths (blue bars) and the rate of deaths per 1000 admissions (red line) due to the pandemic in December 2020/January 2021. This more recent data is demonstrated in the crude death rate monthly trend figure.
- The coding backlog over the last few months has increased meaning that data used by Dr Foster when making an analysis of our HSMR is incomplete. In December there were 654 un-coded records. We have requested Dr Foster recalculate our HSMR based on a full data set. We are likely to need to submit the revised data on a monthly basis until the backlog has been cleared. The last time we undertook this exercise the HSMR changed by 3 points and therefore the predictor when this work is complete is that our HSMR is likely to be 126.
- Aside from the alert for viral infection (COVID) 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. Work regarding the validation of the primary diagnosis is underway.
- The extra data procured from Dr Foster for COVID analysis is now complete and was presented to the Quality committee March 2021.
- In March 2021 there were 95 deaths, 7 of which were COVID deaths. In comparison there were 120 deaths in March 2020. 66 (out of 95) of the deaths occurred in patients aged 80 and over, with a high proportion (24) aged 90 and over.

Key Actions Taken:

- The Palliative Care team have been established and commenced interventions from March 2021, this impact should be seen within our data from June 2021 (HSMR)
- Structured review of ME requested COVID deaths to understand and disseminate learning is underway. The findings will be shared upon completion in 2 months’ time. The delays in review of these deaths have been due to redeployment of all clinical staff in the front line to manage the staffing challenges.

Risks to recovery

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

COVID-19 sit rep review - update

- On 6 January 2021, the Information Services team undertook a proactive validation of all COVID-19 deaths during December 2020. This was instigated as a result of known gaps in service provision due to staffing challenges and absence over the Christmas and New Year period.
- Due to the above reporting delays, 41 patients who died with COVID-19 at the Trust in December 2020 were not uploaded to the national COVID-19 reporting system in the timeframe they should have been, although all had been reported via death certification and through the trust IPR in real time.
- The deaths were added retrospectively to the national reporting system on 12 and 13 January 2021.
- In order to ensure that this does not happen again, steps were immediately taken to strengthen reporting processes.
- Alongside this, an external review of the mandated daily situation reports was agreed.
- KPMG have been appointed to undertake the review and started this work on 12 April 2021.
- The review will focus on providing assurance that appropriate processes and sign-off measures are in place for the following mandated daily sit reps – UEC Daily / COVID-19 Daily and Daily COVID Discharge collection, alongside a review of the process for collation and sign off of COVID-19 deaths.
- It is anticipated that the review will take between 2 to 4 weeks to complete, the results of which and any learning/recommendations will be shared via the Quality Committee and the Audit Committee in June 2021, subject to finalisation of the report within the agreed timescales.

LSCS rates

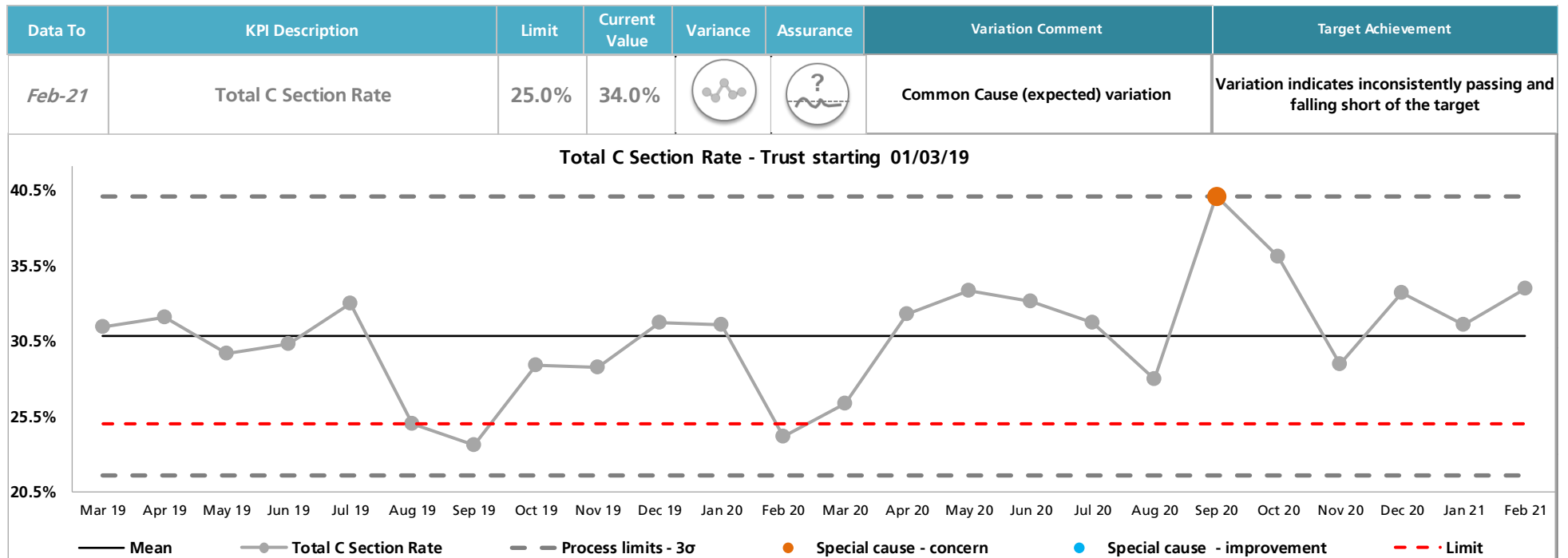


Chart 10 – Total C-Section rate

Data To	KPI Description	Limit	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Feb-21	EL C Section Rate	10.0%	11.5%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

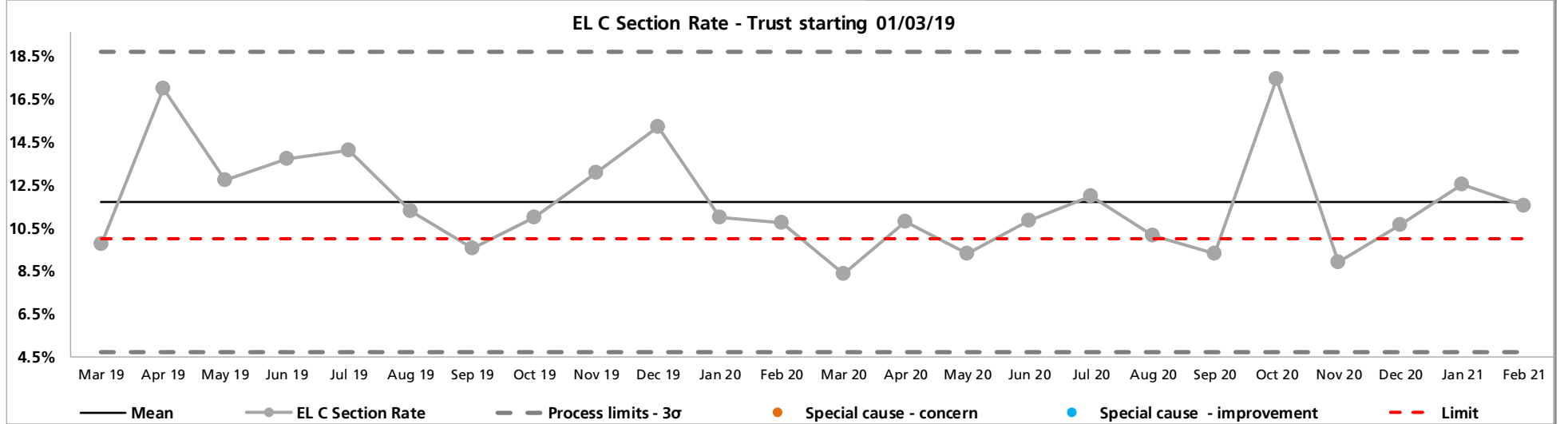


Chart 11 – Elective C-Section rate

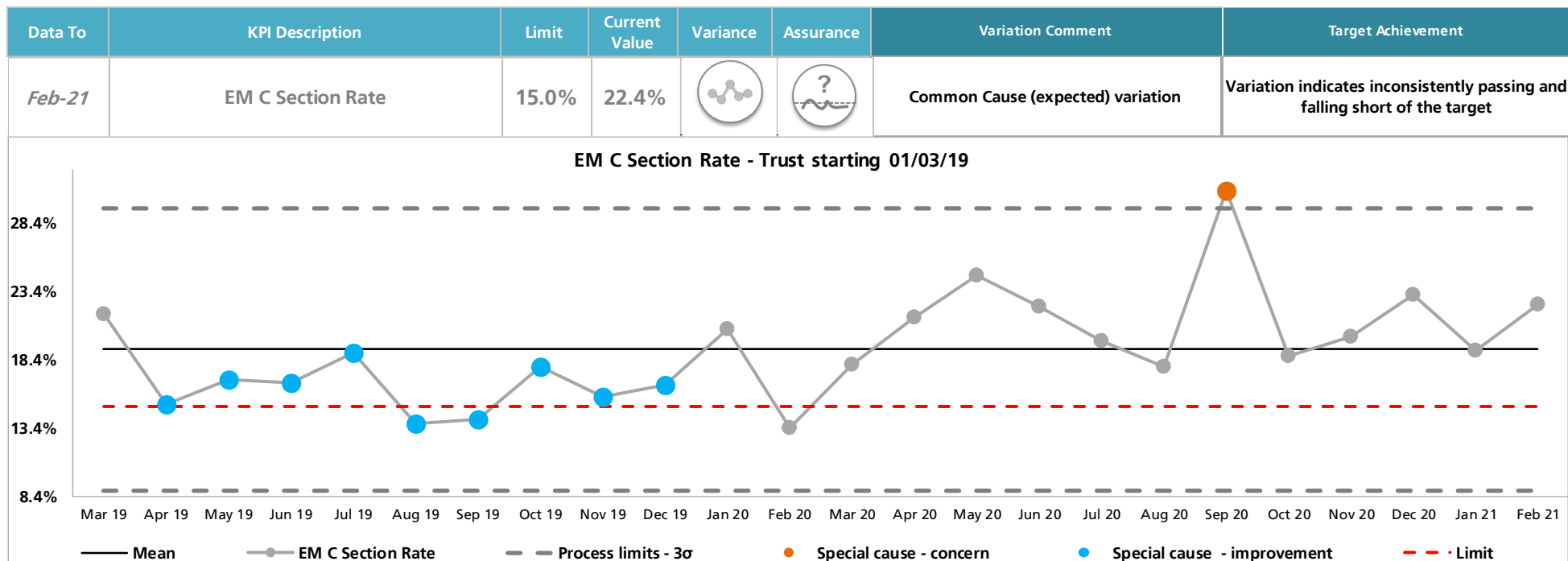


Chart 12 – Emergency C-Section rate

Factors Driving Performance:

- Although caesarean section rates (34%) are currently above the previously agreed thresholds, these remain the lowest in our integrated care system. These rates alone are no longer recommended as a quality indicator and as agreed at the Quality committee in March 2021, the 25% target rate will be removed from next month. This is in line with the Independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust recommendations to promote individualised decision making and to support informed maternal choice.

Actions taken:

- The retrospective, weekly, multidisciplinary reviews of all caesarian sections are now embedded with good attendance from midwifery, consultants and junior doctors to ensure that all decisions were clinically appropriate and in line with maternal choice. An Induction task and finish group has set up to explore strategies to improve maternal experience especially for those with prolonged

Induction of labour. Reviewing the Cases of LSCS undertaken for possible fetal distress there were 2 potential cases where normal labour could have been allowed to continue. This feed back has been given to the individual doctors.

- From next month, standardised Robsons criteria will be used to classify the indications for LSCS during all MDT LSCS reviews.

Neonatal and Perinatal Mortality

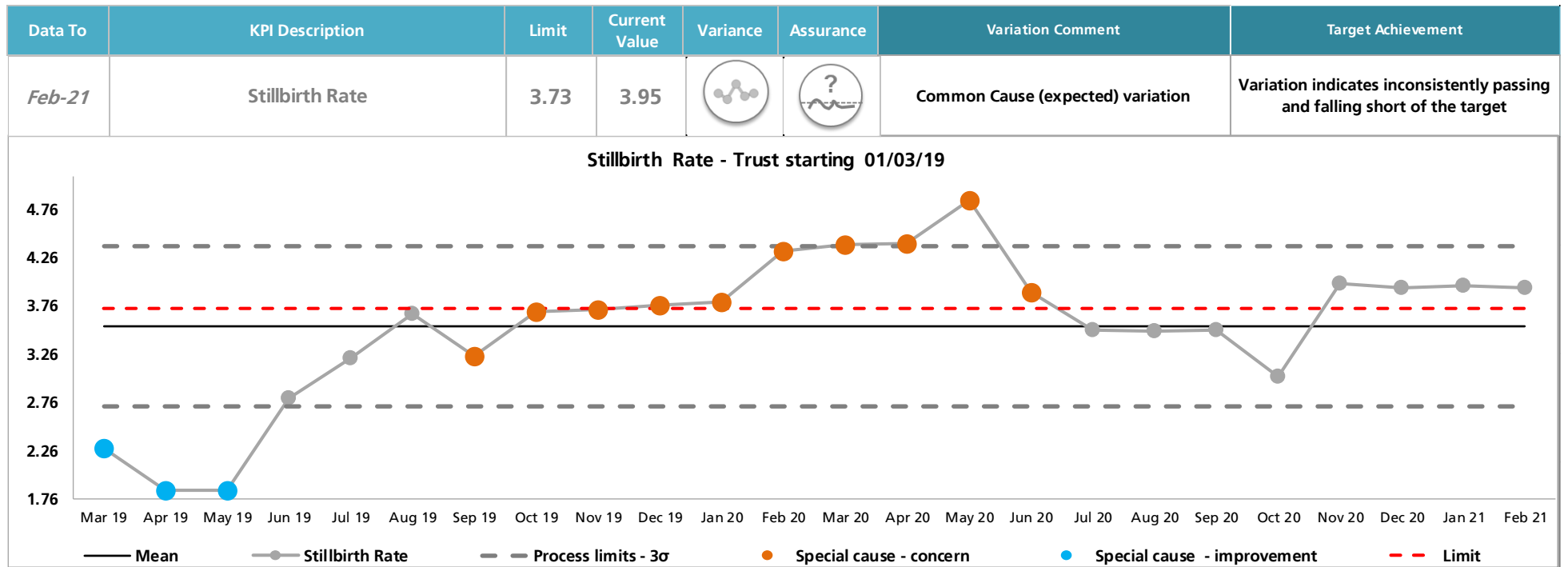


Chart 13 – Stillbirth rate

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

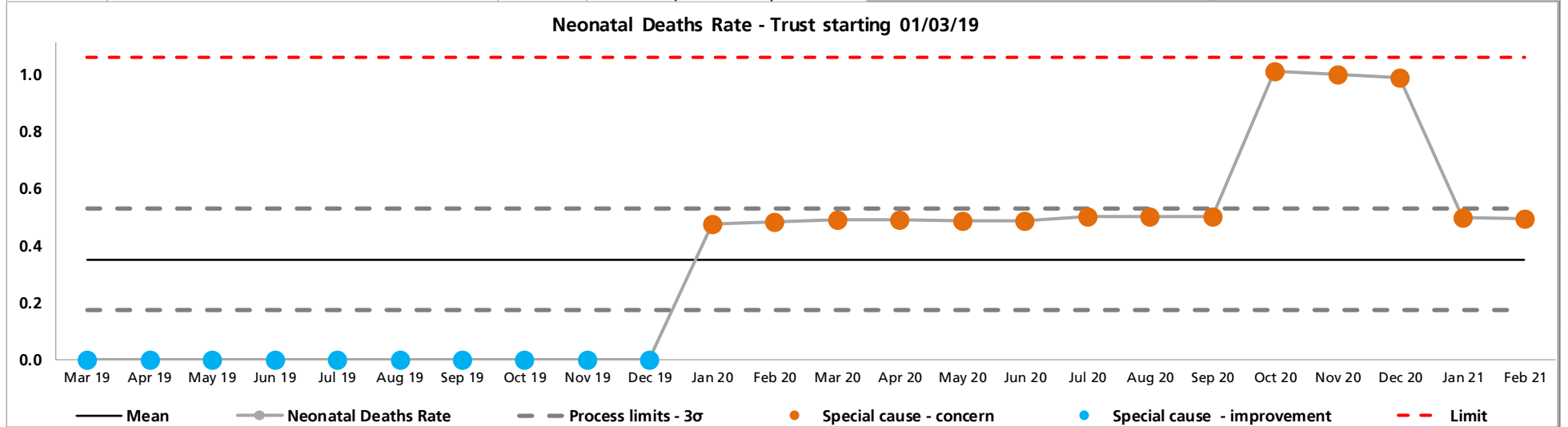


Chart 14 – Neonatal Deaths rate

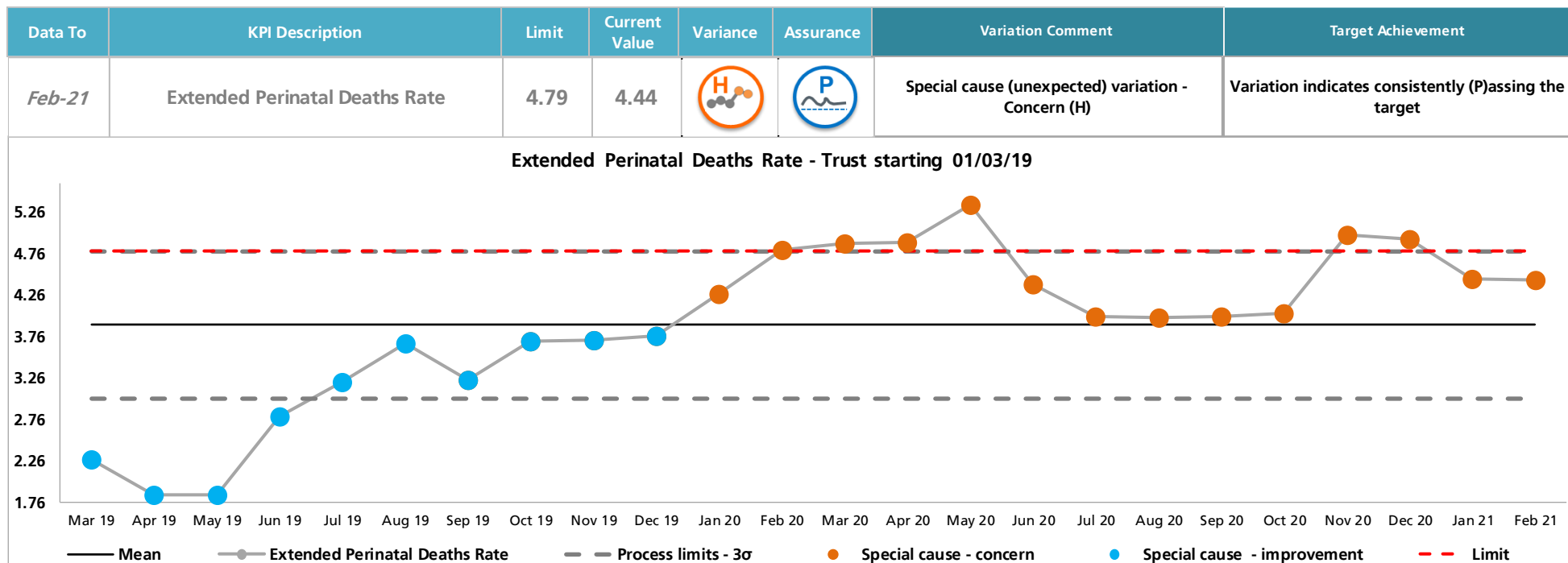


Chart 15 – Extended perinatal deaths rate

Factors Driving Performance:

There was one stillbirth in this reporting period (February 2021). The 12-month rolling rate for stillbirths, neonatal and extended perinatal death rates all remain below the upper thresholds.

Actions being taken:

- We are continuing to work towards full compliance with the immediate and essential actions that have come out of the Independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. We are engaging with our LMNS partners in the implementation of the Perinatal Quality Surveillance model.
- We are working on our Maternity Improvement plan, with evidence submitted through the Trust wide EAG, before any actions are marked as completed. The significant Culture Improvement work is also ongoing to support team working, a just and kind culture, and the national patient safety agenda.

Risk to delivery:

- **Midwifery Staffing:** Recruitment is underway to expand our midwifery team and we are working closely with the Comms team to develop a recruitment plan to support this ambition. Our midwifery vacancy rate is currently 3.78%, although the additional uplift in midwives agreed at Board in February, this will increase the rate to just over 8% until we are able to fill these posts.
- **Medical staffing:** Service redesign has significantly improved 7 day working patterns for consultants. However, working patterns now require further revision in view of the recommendations for twice daily consultant ward rounds from the Independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust Ockendon Report which may be difficult to achieve with current staffing numbers.
- **Collaborative style of team working:** Prevailing cultural issues within the department and the resultant silo/ compartmentalised working poses a risk to enable strengthened clinical decision making. These are being addressed by the maternity improvement plan.

Term Neonatal unit admissions

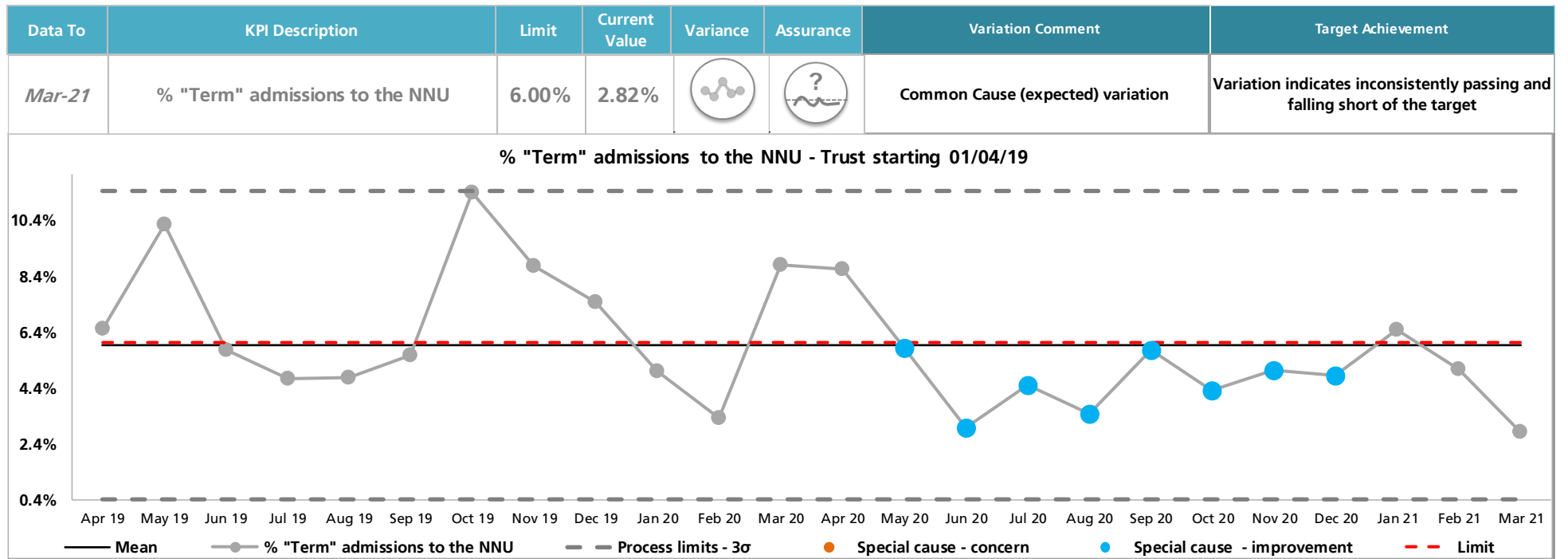


Chart 16 - % term admissions to the NNU

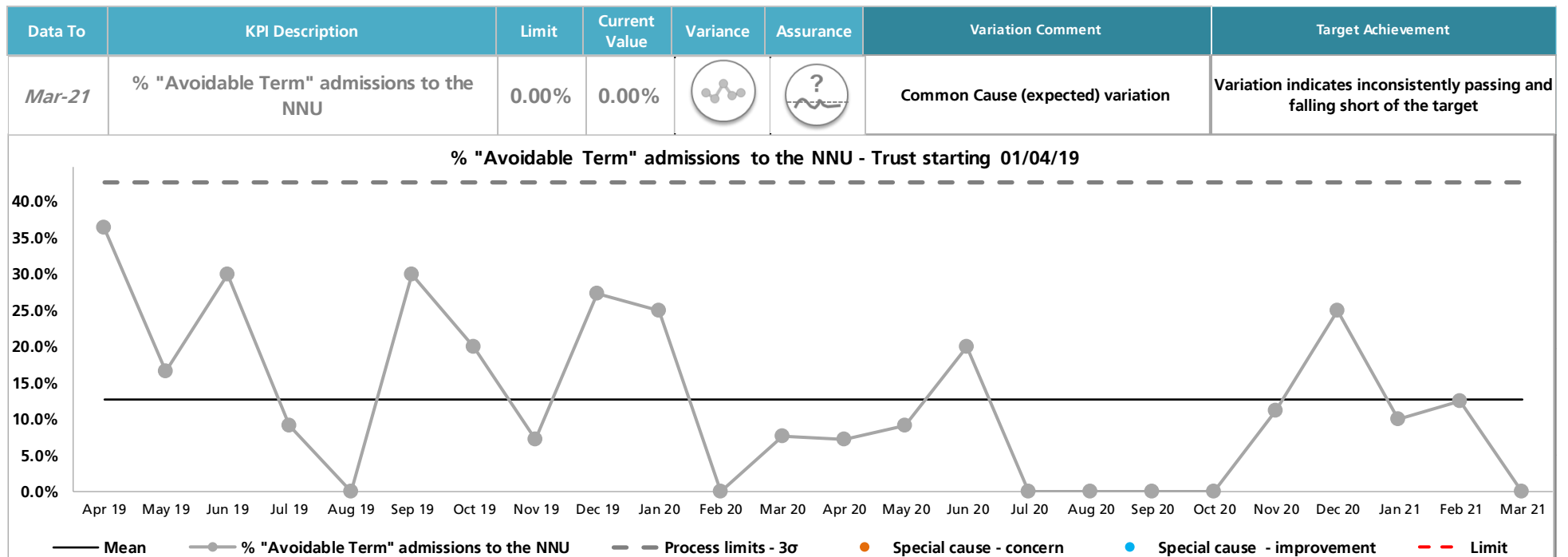


Chart 17 - % avoidable term admissions to the NNU

Factors Driving Performance:

- We continue to have very low numbers of term babies admitted to the neonatal unit. There were a total of 4 term admissions to NICU with none deemed as unavoidable in March 2021. ATAIN reviews of all cases continue, with additional administrative support to ensure accurate documentation.
- There were no unavoidable admissions to NICU in March 2021.

Actions taken:

- Learning from the March ATAIN review revealed the need for improved documentation from the Obstetricians regarding the risk of Transient Tachypnoea of Newborn (TTN) that mimics distress when mum requests LSCS earlier than 39 weeks. This message will be disseminated via the Biweekly email-based Newsletter (RISCOVERY) for awareness of staff.
- Some amendments were required in the neonatal guideline to improve on the timing for measurement of serum bilirubin which will help identify avoidable admissions to NICU. This has been clarified and amended. This will be disseminated to relevant staff shortly.

Risks to Delivery

Current Gaps in the medical rota and reliance on locum staff poses a risk.

Rate per 1000 admissions of inpatient cardiac arrests

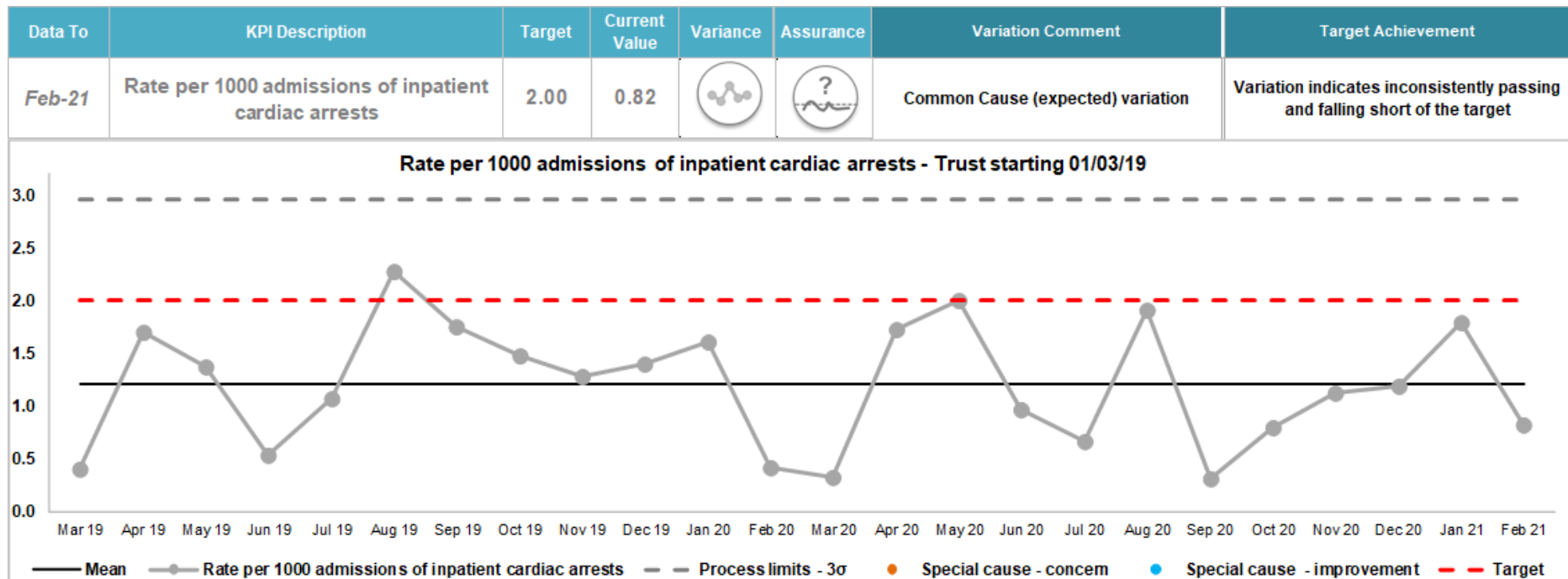


Chart 18 – rates per 1000 admissions of inpatient cardiac arrests

Key Issues (any new issues in red):

1. Cardiac arrest rates remain within the expected limits.
2. There were 4 reportable cardiac arrests in February.
3. Data is now presented 1 month in arrears to allow for full processing of coding data, in order to reduce retrospective validation of figures.

Key Actions (new actions in green):

1. All cardiac arrests are subject to reviews for learning. This process enables us to scrutinise whether any of these might have been avoidable – for example by earlier escalation to prevent deterioration in an unstable patient, or by earlier recognition and discussion of end of life wishes with the patient. Findings are shared with the clinical teams and reported to the Learning from Deaths Forum
2. The Recognise and Respond Forum manage this metric, tracking its progress and initiating any changes required to prevent inpatient cardiac arrests.
3. The forum is also overseeing a planned relaunch of training, strategy and version 3 of ReSPECT.

Recovery Forecast:

The process currently remains stable and hence recovery forecast is not required. However, measures to seek a reduction in this target are ongoing, especially through work in the deteriorating patient and ReSPECT agendas.

Key Risks to Forecast Improvement:

1. Monitoring of deteriorating patients via the early warning scoring system remains paper based and audits on these are done on a monthly basis (snapshot and not continuous). The introduction of Electronic observation systems is expected to improve the accuracy and timeliness of identification of at-risk patients. This will also help support any service level changes that are required to improve quality of care.
2. Failure to recognise patients, for whom a cardiac arrest would represent a natural death in a timely fashion, and to make and document an appropriate resuscitation decision in advance, will lead to avoidable cardiac arrests. Expansion of the palliative and end of life care team, and dedicated PMO support is now in place to provide additional training for this decision-making and associated communication to assist clinicians. However, this requires continuous on-going support for training delivery, and depends on frontline clinical staff prioritising the time to attend this training.

Research

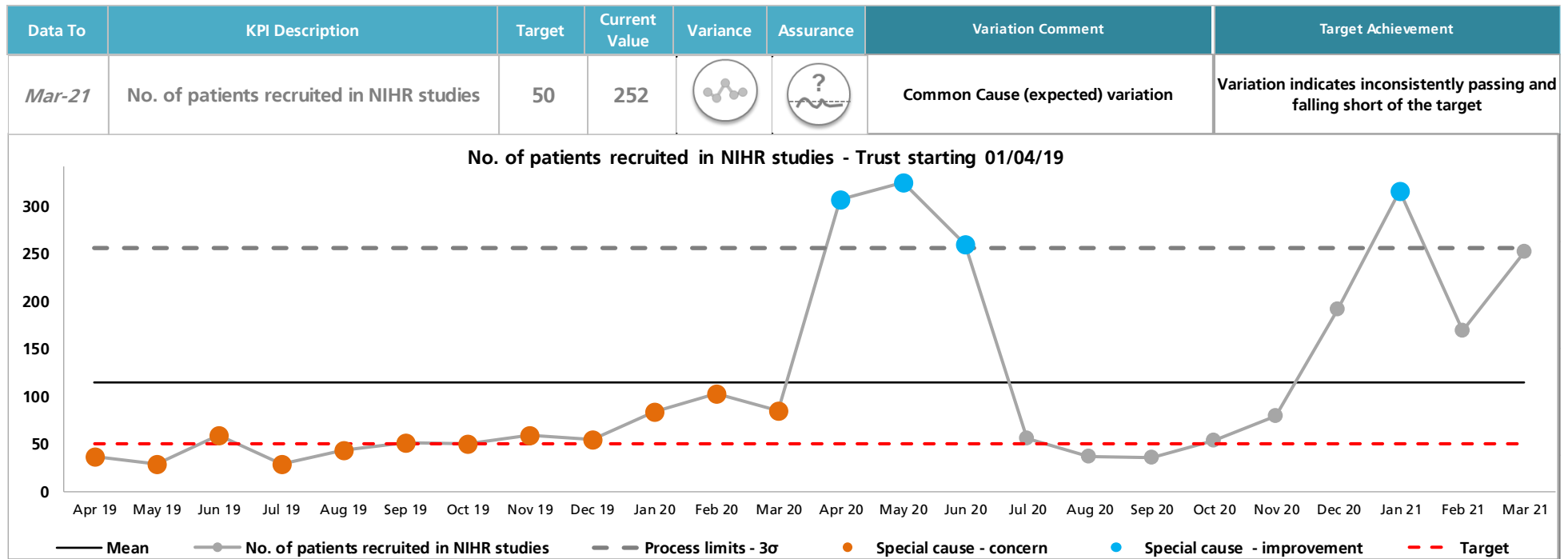


Chart 19 – number of patients recruited in NIHR studies

Introduction

To date we have recruited > 2,000 participants to NIHR clinical studies. The recruitment figures continue to exceed monthly targets at 252 in the month of March 2021, exceeding figures in previous financial years (Mar 2020=108). March 2021 sees the end of a successful financial year for research, the winding down of Urgent Public Health (UPH) priority 1 (COVID-19) studies and a shift of focus to non-COVID studies.

Key Drivers

Despite a reduction in numbers of admissions with COVID-19, the department has recruited 238 participants (94% of total) to COVID studies in March 2021. The team continues to demonstrate the need to contribute to Urgent Public Health studies, still deemed a national priority. All staff have now completed their first round of bi-monthly supervision. In line with developing research capacity among health staff, the

unit has successfully supported an Allied Health Practice (AHP) with interests in pain and anaesthesia to obtain HRA approval for a study to explore the feasibility of Virtual Reality (VR) in the management of chronic pain. On the innovation front, SAFIRA has secured ethics to conduct a post-market feasibility study in QEH to assess its safety and performance in the UK, with a view to testing in USA and Australia. The team continues to use NHS Improvement Quality Improvement methods to maintain high performance in terms and plan for delivery in 2021. Other key drivers of high performance include excellent motivation among team and the abundance of diverse and complementary skills, ideas, and experience.

Key Actions

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

- Existing non-COVID studies restarted
- End of Life feasibilities for new studies started
- Vacancies are at different stages of recruitment
- Delays in recruitment process escalated to ensure timely appointment of staff.
- Change ideas to be implemented by team to engage health staff
- Bi-monthly 1:1 supervision to continue

Risks

The past year's success has been helped by the demand for COVID-19 related research. However, for sustainability, the recruitment figures for 2021/22 have been revised down to 750. Still, research is expected to experience challenges in restarting non-COVID studies, which will be influenced by the timeline for recovery of clinical services (e.g. elective and cancer) in QEH. Other key challenges include:

1. Engaging health staff in research in face of pressures to reduce long waitlist
2. Recruiting to existing vacancies in research (3.6 WTE).

Caring - Accountable Officer - Chief Nurse

Caring Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Mar-21	MSA Incidents	0	9		
Mar-21	MSA Breaches	0	23		
Mar-21	Total Clinical & Non_Clinical Complaints	20	16		
Mar-21	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.05%		
Mar-21	Complaints receiving a response within 30 working days %	90.0%	73.0%		
Mar-21	Complaints - Reopened (% of Total)	15.0%	12.5%		
Mar-21	Complaints - Rate per Staff In Post	0.60%	0.47%		
Feb-21	Dementia Case Finding	90.0%	62.9%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Mar-21	FFT % "Very Good" or "Good" (IP & DC)	95.00%	97.72%		
Mar-21	FFT Resp Rate (IP & DC)	30.00%	18.96%		
Mar-21	FFT % "Very Good" or "Good" (AE)	95.00%	89.21%		
Mar-21	FFT Resp Rate (AE)	20.00%	4.01%		
Mar-21	FFT % "Very Good" or "Good" (OP)	95.00%	96.09%		
Mar-21	FFT Resp Rate (OP)		4.20%		
Mar-21	FFT % "Very Good" or "Good" Mat Question 1 (Antenatal)	95.00%	90.0%		
Mar-21	FFT % "Very Good" or "Good" Mat Question 2 (Labour)	95.00%	100.0%		
Mar-21	FFT % "Very Good" or "Good" Mat Question 3 (Postnatal)	95.00%	100.0%		
Mar-21	FFT % "Very Good" or "Good" Mat Question 4 (Comm Postnatal)	95.00%	100.0%		
Mar-21	FFT Resp Rate Mat Question 2 (Labour)	15.00%	5.5%		

MSA breaches

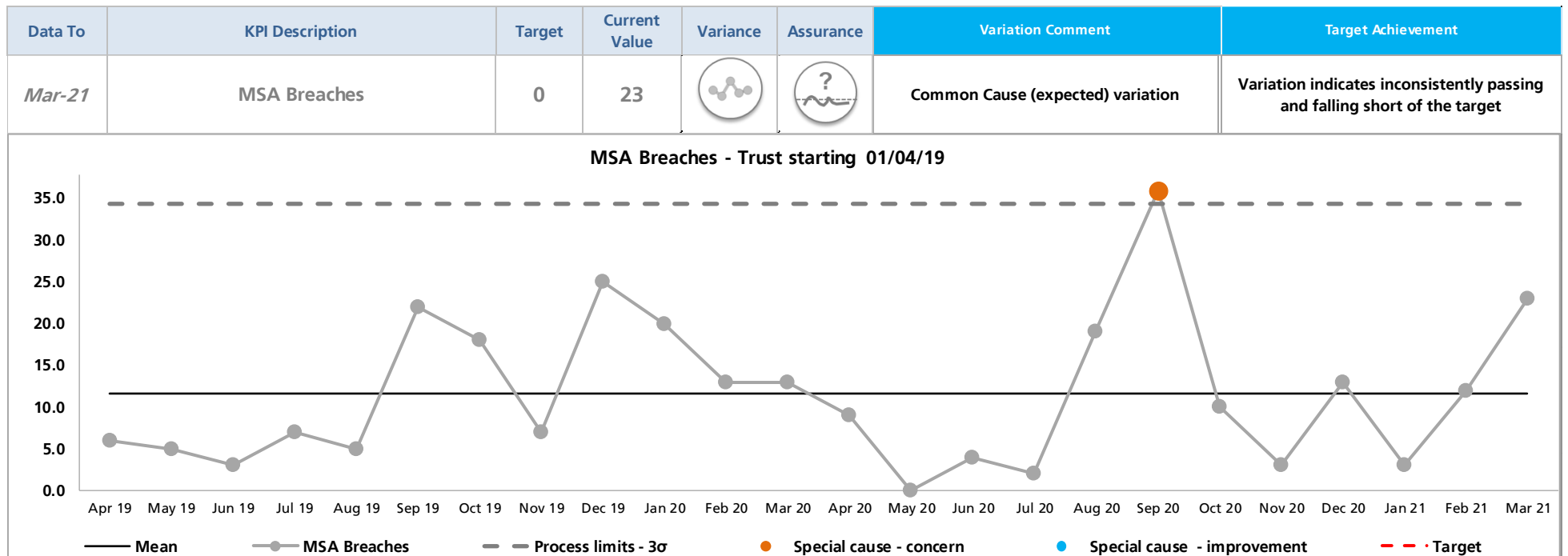


Chart 20 – MSA breaches

Key Issues (any new issues in red):

1. There have been nine incidents of same sex accommodation breach affecting 23 patients and all of them were in the Hyper Acute Stroke Unit (HASU) on West Raynham Ward.
2. The Trust breaches are reported in line with the national guidance.
3. There has been an increase in the utilisation of HASU for patients requiring thrombolysis during March 2021 (nine) in comparison to February 2021(three).
4. There have been no concerns raised by patients or relatives with regard to same sex accommodation breaches.

Key Actions (new actions in green):

1. Nurse in charge has active conversation with patients with regard to their experiences whilst being cared for in a mix sex bay.
2. Same sex accommodation breaches are discussed, and possible mitigations are considered at the ward Board round.
3. Same sex accommodation breaches are escalated to the clinical site team and are reflected on the bed template in the operations centre.

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

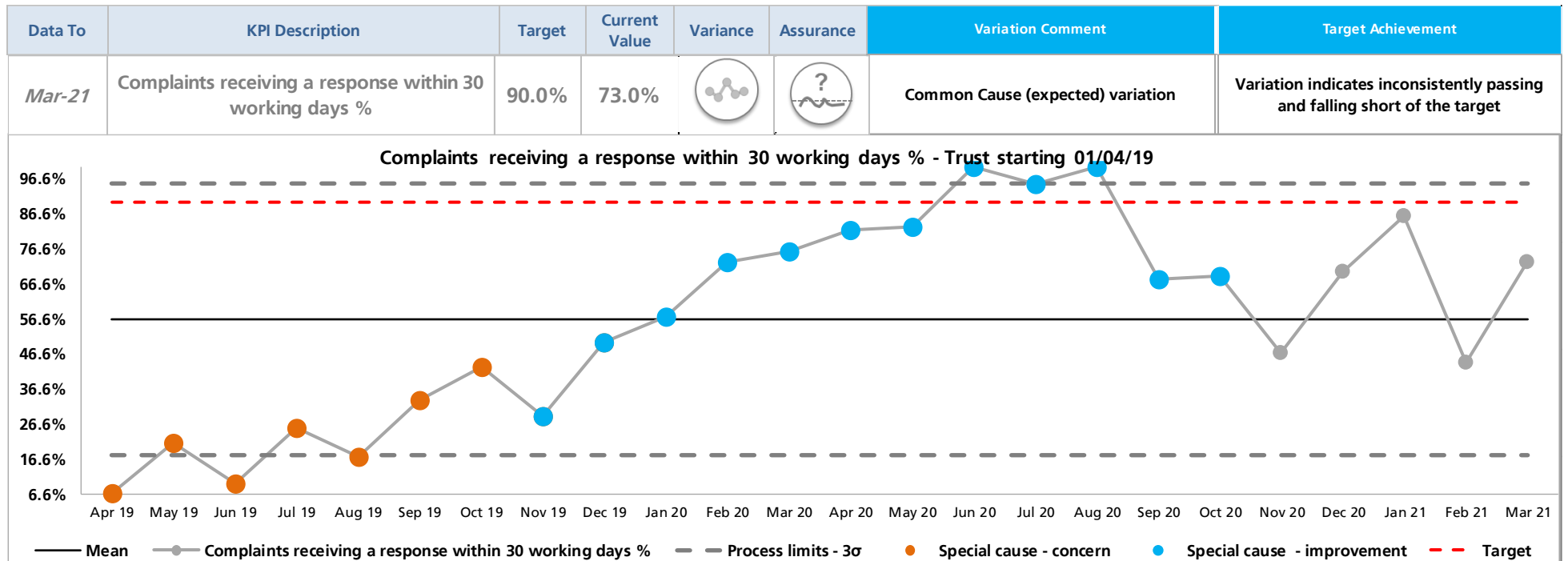


Chart 21 – complaints receiving a response within 30 working days

Key Issues (any new issues in red):

1. The timeliness of responding to complaints within 30 days has not been achieved.
2. There was a slight improvement in the response rate during March 2021.

Key Actions (new actions in green):

1. A review of the performance for February 2021 identified the following factors that caused poor compliance:
 - Lack of clarity with regard to roles and expectations following staffing changes within the Complaints team. Support was put in place to address the issue.

- Impact of the COVID-19 pandemic with regard to availability of some of the divisions to complete the complaint responses in the agreed time that impinges on the next stage of the complaints process. Following the complaints whole system review undertaken in February 2021, there has been a better communication between the Complaints team and the Divisions leading to an improvement in the response rate during March 2021

2. A second Deputy Chief Nurse is in post who will have an oversight of Patient Experience.

Recovery Forecast:

1. The response compliance has improved during March 2021 and it is expected to see a sustained improvement in the coming months.

Key Risks to Forecast Improvement:

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

Dementia Case Finding

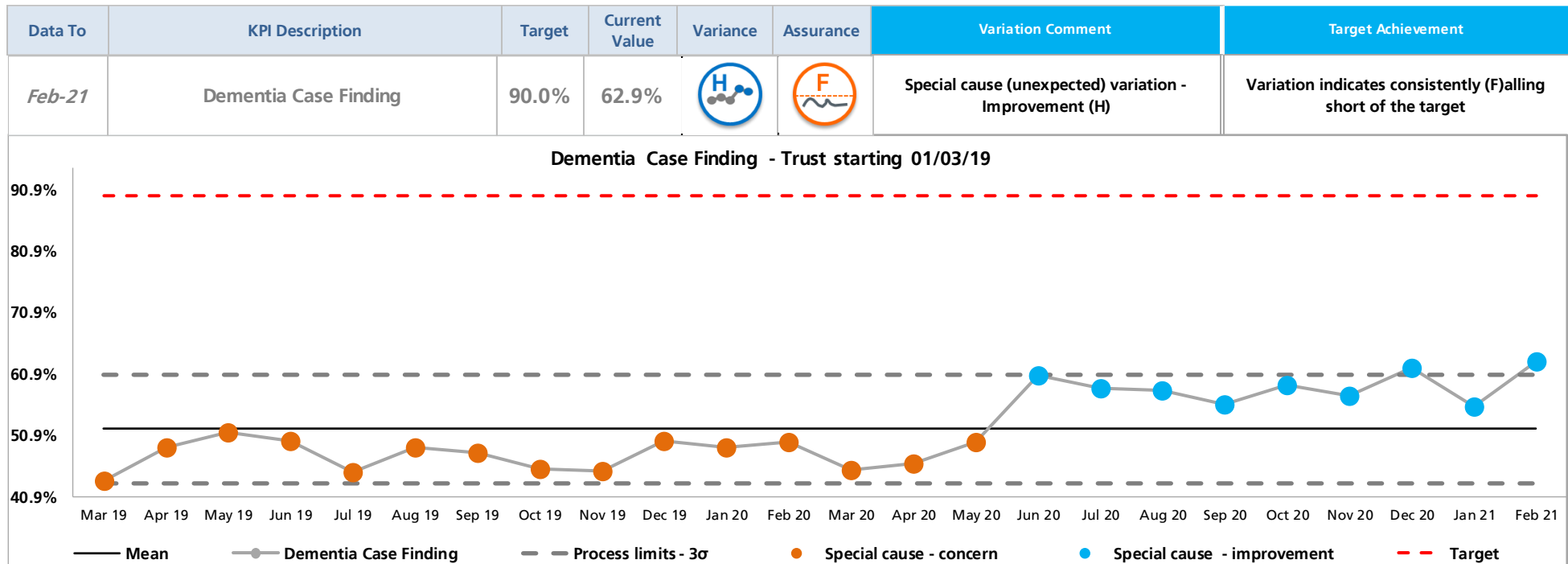


Chart 22 – Dementia Case finding

Key Issues (any new issues in red):

1. Dementia screening has improved and reached the highest rate for 2 years at 62.9% for February.
2. February coding was not completed until 31/3/21 and so it is possible that this is an underestimate of actual performance as a result. This will be ratified in the May 2021 IPR report.

Key Actions (new actions in green):

1. Cognitive Impairment Assessors (CIA) started at the end of February and are now identifying all patients who require screening for dementia within 72 hours of their admission. Hence screening rates are expected to continue to improve significantly in the coming months.

2. Improving awareness –monthly dementia hubs, teaching and dementia champions in each ward are all now in place. The expansion of the integrated care for old People (ICOP) and frailty service have also strengthened this and is expanding across the medical wards as pandemic pressures ease.
3. Orthopaedic admission booklets have now been updated to include the new assessment tool. This is awaiting approval from the Multidisciplinary Documentation Forum. Similar changes to the surgical booklets are also expected to be approved in May 2021 to simplify the capture of these data in these patient groups.

Recovery Forecast: Due to delayed coding completion of February figures, it is expected that accurate figures will be represented in the May 2021 IPR. Compliance is anticipated by May 2021 as the CIA team will be embedded to identify all patients requiring dementia screening, the new booklets will be in place to capture these reviews more easily and training will have been delivered across surgery by this point.

Key Risks to Forecast Improvement:

1. Achievement of this screening relies entirely on human factors, and so all improvements from improved paper processes, additional staffing and education and staff processes require constant vigilance to maintain.

Full compliance is expected to be achieved once the reliance on human factors has been removed and a robust electronic solution including a forcing function is in place. It had been hoped that EPMA would address this requirement, but the digital team have reported that this may be more appropriately included in Electronic observations. Robust long-term delivery of this metric is therefore dependent on the successful business case and then implementation of E-observations (expected to be in place by Quarter 3 2021/2022).

Friends and Family Test

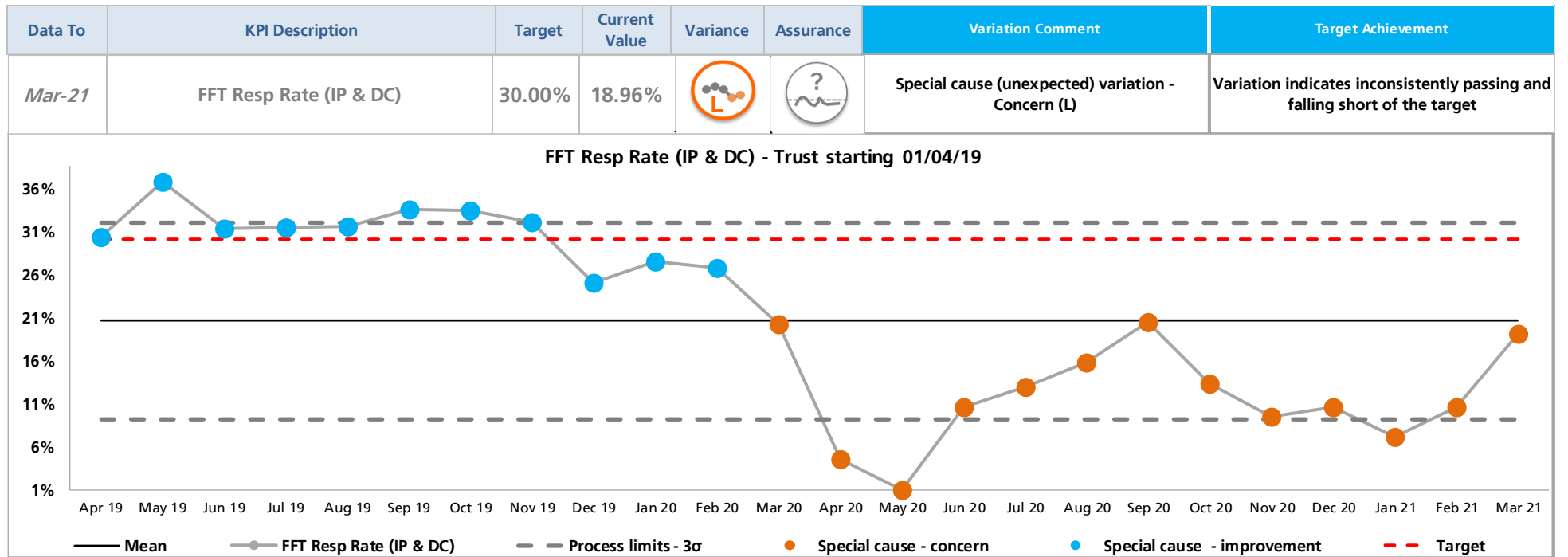


Chart 23 – FFT response rate (IP and DC)

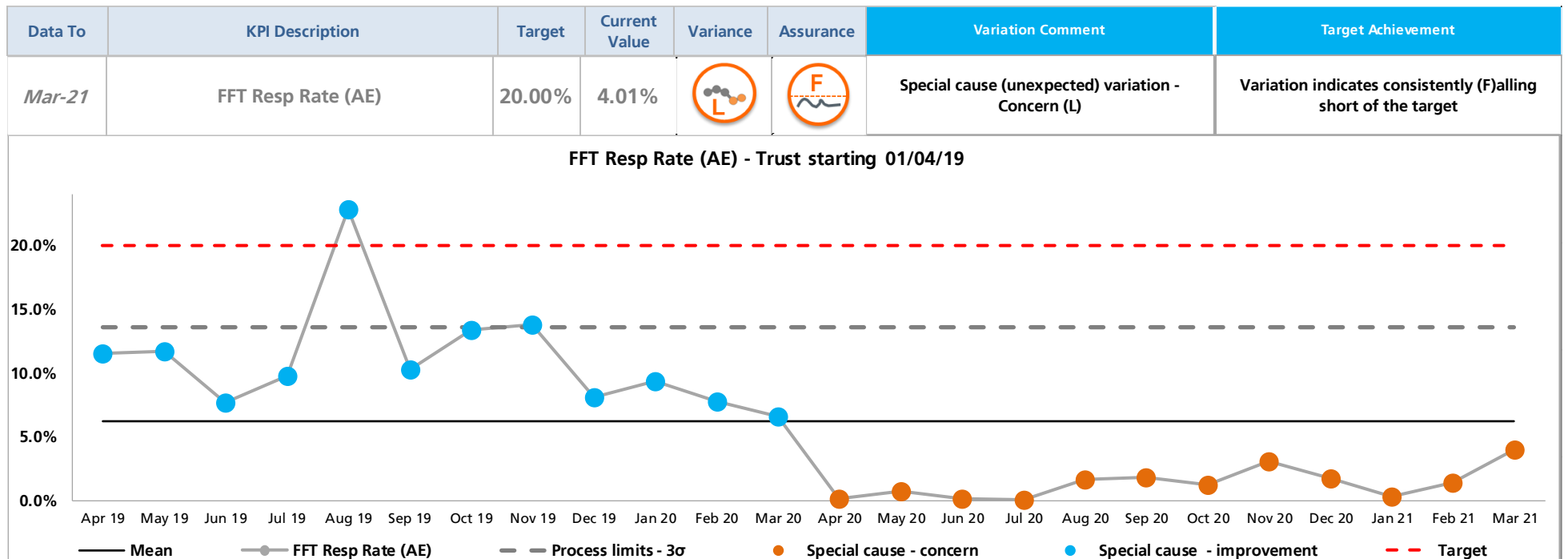


Chart 24 – FFT response rate (A&E)

Key Issues (any new issues in red):

1. FFT feedback collection has risen during March 2021 to 1,854 responses (up from 1,230 responses during February 2021).
2. Particular area of concern relating to response rate remains to be the Emergency Department although this has increased from 1.36% in February 2021 to 4.01% in March 2021 which is the highest number of monthly responses for the whole 12-month period. Collection of FFT via SMS texting commenced in March for all adult ED patients who were discharged home following treatment. Other methods of collecting feedback remain such as QR Code posters, access to the website and hardcopy cards.
3. Across the hospital the number of electronic responses (web submissions and tablet responses combined) was 800 during March 2021 (165 during February 2021).

Key Actions (new actions in green):

1. Specific actions have been implemented to support the Emergency Department and outpatients to collect feedback including **most notably the introduction of SMS texting.**
2. QR (Quick Response) Code posters continue to be created for areas across the Trust to offer an alternative method of providing feedback which has no infection control implications as patients use their own smart phones to scan the link.
3. Patient Experience support will continue to promote the FFT to staff and patients offering different opportunities to provide feedback.
4. All new areas requiring FFT cards have been put on hold until April 2021 in anticipation of the new FFT system being implemented in March 2021.
5. **Increases are likely to be seen in outpatient areas as feedback is collected from video consultations at the end of the appointment via a link, all telephone and face to face appointments receive an SMS text (unless excluded – exclusions list available on request) during the five days following the appointment. QR Code posters and hard copy cards remain accessible for patients.**

Recovery Forecast:

1. **Recovery forecast to be articulated once the current system is embedded.**

Key Risks to Forecast Improvement:

It is expected that there will be some disruptions with the change from one FFT provider to our new provider but every effort will be taken to make the transition as smooth as possible, staff training is due to start in April 2021.

Responsive Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Mar-21	18 Weeks RTT - Incomplete Perf	92.0%	58.2%		
Mar-21	18 Weeks RTT - No. of Specialties failing the target of 92%	0	23		
Mar-21	18 Weeks RTT - Over 52 Wk waiters	0	1412		
Mar-21	A&E 4 Hour Performance	95.0%	89.3%		
Mar-21	A&E 4 Hour Performance (Majors only)	95.0%	83.7%		
Mar-21	A&E 4 Hour Performance (Minors only)	100.0%	95.5%		
Mar-21	A&E 12 Hour Trolley Waits	0	1		
Mar-21	Ambulance Handovers	100.0%	58.8%		
Mar-21	Last minute non-clinical cancelled elective operations	0.8%	0.15%		
Mar-21	Breaches of the 28 day readmission guarantee	0	1		
Mar-21	Total non-clinical cancelled elective operations	3.2%	2.33%		
Mar-21	Urgent operations cancelled more than once	0	0		
Mar-21	% of beds occupied by Delayed Transfers of Care	3.5%	3.0%		
Mar-21	Medically Fit For Discharge - Patients		415		
Mar-21	Medically Fit For Discharge - Days		2728		
Mar-21	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	53		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Feb-21	Cancer Wait Times - Two Week Wait Performance	93.0%	95.4%		
Feb-21	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	95.3%		
Feb-21	Cancer Wait Times - 62 Day Ref to Treatment Performance	85.0%	73.8%		
Feb-21	Cancer Wait Times - 104 Day waiters	0	3		
Feb-21	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	98.0%		
Feb-21	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	88.9%		
Feb-21	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	100.0%		
Feb-21	Cancer Wait Times - 62 Day Screening Performance	90.0%	71.4%		
Mar-21	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	51.6%		
Feb-21	Stroke - 90% of time on a Stroke Unit	90.0%	51.6%		
Feb-21	Stroke - Direct to Stroke Unit within 4 hours	90.0%	38.7%		
Feb-21	Stroke - Patient scanned within 1 hour of clock start	48.0%	29.0%		
Feb-21	Stroke - Patient scanned within 12 hours of clock start	95.0%	96.8%		
Click here to view other National Stroke (SSNAP Domain) Results					
Feb-21	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	37.1%		

Emergency Care

Emergency access within 4 hours

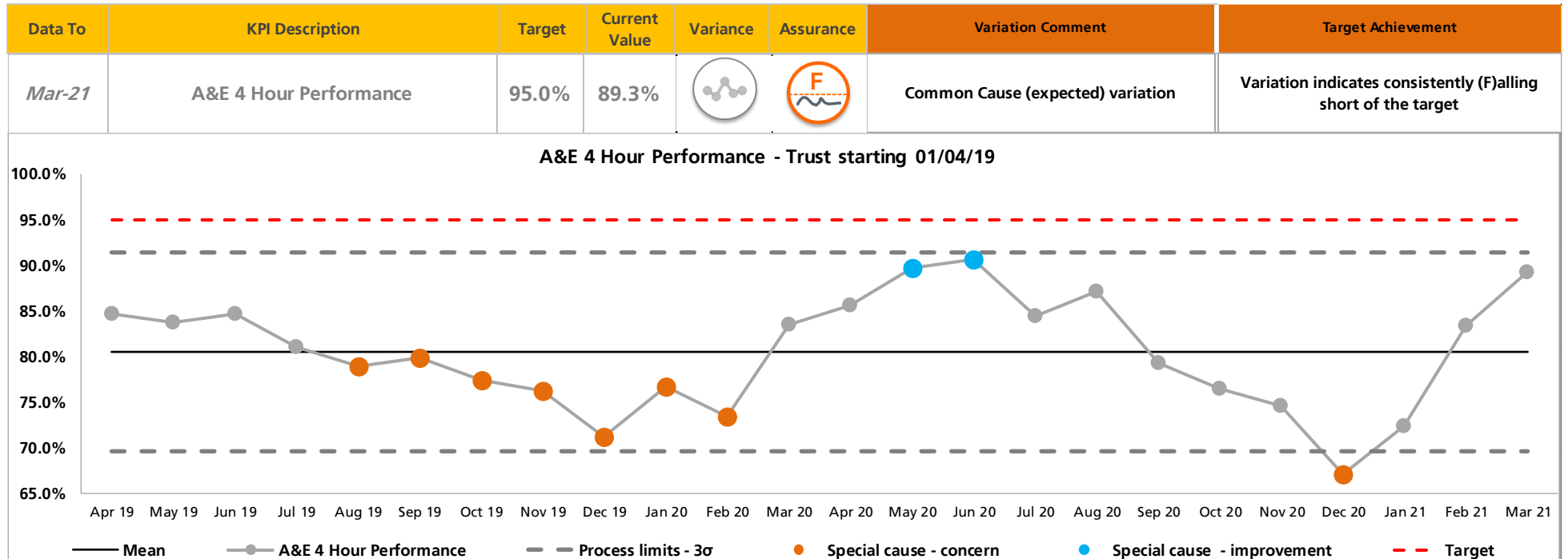


Chart 25 – A&E 4-hour performance

In March 2021 5,742 patients attended the Emergency Department (ED) and of these, 617 patients were in department over 4 hours before admission, discharge or transfer. Performance was 89.3% against the standard of 95% and trajectory of 85.6%.

Admitted performance was 82.0% and non-admitted performance was 93.9%; 65.5% of all breaches were admitted patients.

92.9% of all attendances presented to Amber ED, 7.1% to Red ED showing a 6.3% decrease in attendances to Red ED compared to February 2021. 17.5% of all breaches were from Red ED.

The main breach reasons were as follows:

- 104 patients waiting for a bed (16.9%). Of these;
 - 57 patients were awaiting a bed on an Amber Medical ward
 - 32 patients were awaiting a bed on a Surgical ward
 - 14 patients were awaiting a bed on a Red ward
 - 1 patient was awaiting a bed on ITU

- 96 patients awaiting specialty review or decision (15.6%). Of these the top three were;
 - 28 patients were Amber Medical patient requiring review in ED i.e. clinically unstable or direct transfers to ward beds
 - 22 patients were Surgical patients
 - 16 patients were awaiting decision making by the Stroke team

Performance by quarter is summarised in the table below:

Quarter	Performance	Trajectory
Q1	88.9%	86.3%
Q2	83.7%	82.0%
Q3	72.9%	83.1%
Q4	82.4%	84.2%

One patient waited in the Emergency Department over 12 hours from decision to admit to admission. The patient was awaiting transfer to a mental health inpatient bed.

Ambulance Handovers completed within 15 minutes

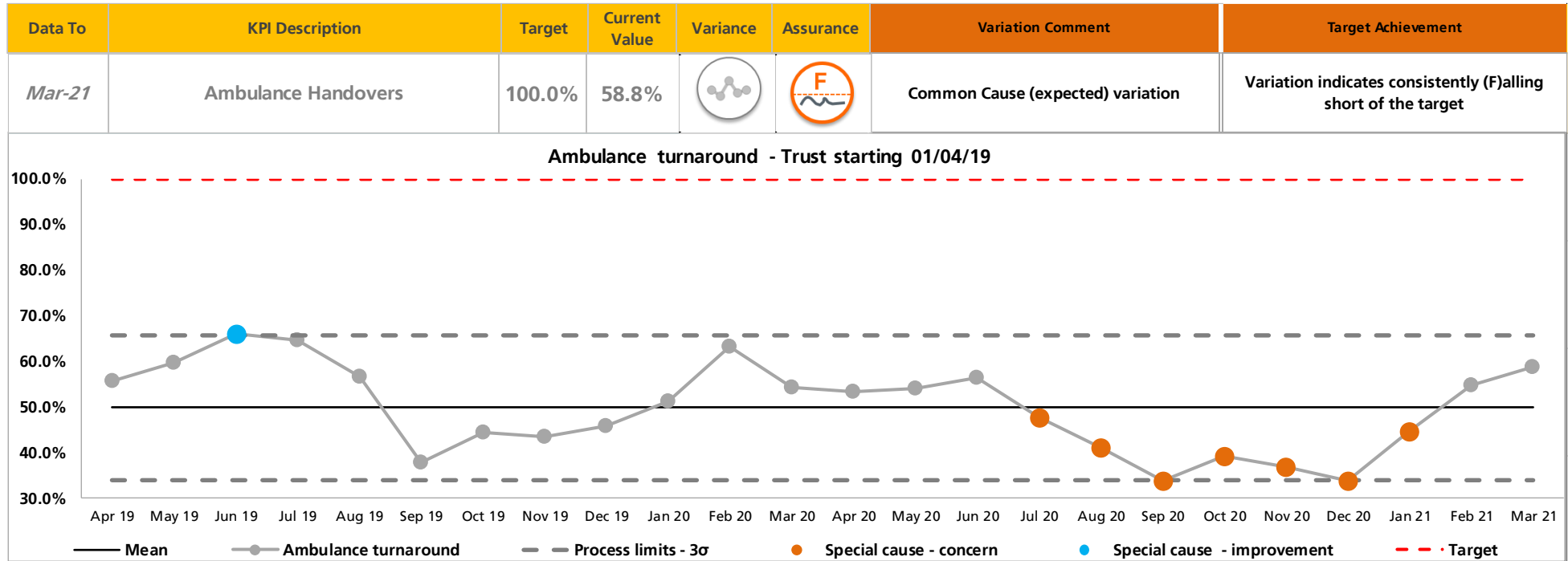


Chart 26 – Ambulance handover performance

In March 2021 there were 1,939 conveyances by Eeast to the Emergency Department (ED). 58.8% of all handovers took place within 15 minutes against the trajectory of 65.0%. 93.0% of handovers were completed within 30 minutes against a trajectory of 85.0%.

The average handover time was 19 minutes and 2.1% of handovers exceeded 60 minutes. In month, the Trust ranked 3rd out of 17 hospitals within the region for the percentage of handovers completed within 15 minutes.

Key Issues (any new issues in red):

- ED attendances increasing back to pre-COVID levels with insufficient Amber capacity to meet the demand for new admissions and patients being stepped down from the Red pathway.
- Poor compliance with the Trust Internal Professional Standards resulting in delays for specialty reviews and decision making within the ED.

Key Actions (new actions in green):

1. Implementation of the approved ward configuration to ensure sufficient Red and Amber inpatient capacity is available to meet demand.
2. Development of a long-term space solution for ED to increase capacity for majors and ambulance offload. A weekly working group has been established to monitor actions and progress.
3. Reinforce the internal professional standards and ensure appropriate escalation and action is taken to address non-compliance

Recovery Forecast:

Emergency access within 4 hours was better than trajectory in month. Ambulance handovers completed within 15 minutes is forecast to deliver to trajectory from July 2021.

Key Risks to Forecast Improvement:

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

Beds occupied by adult inpatients >=21 days

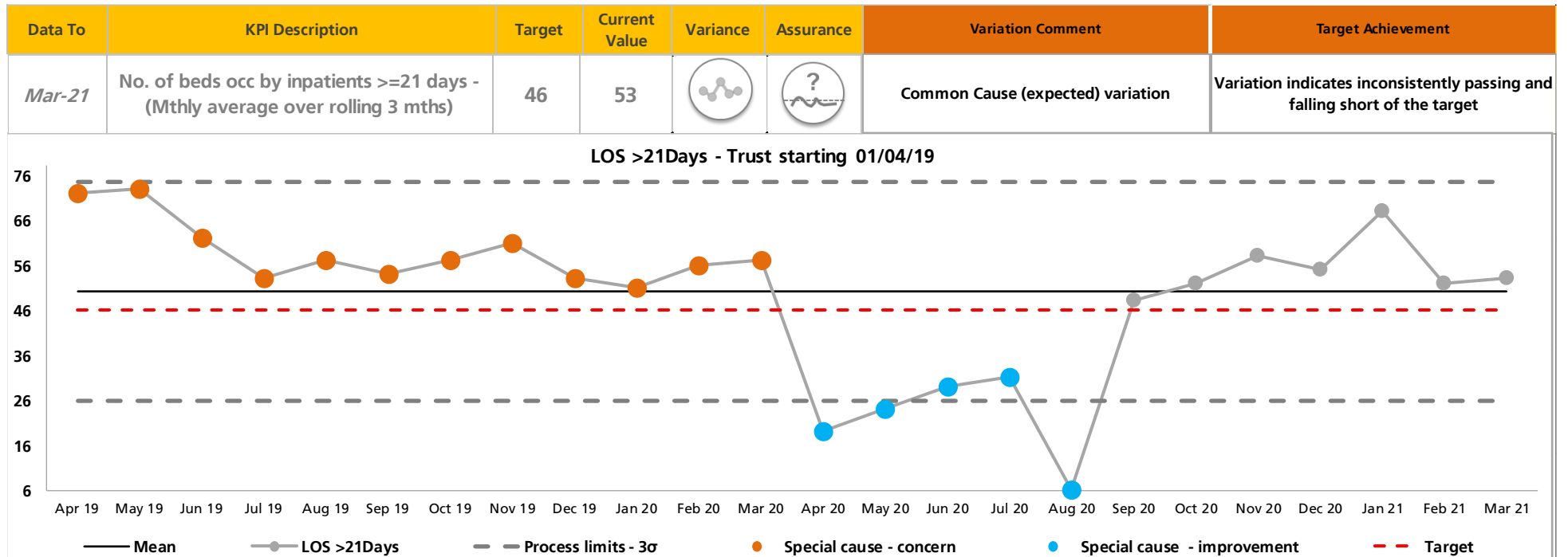


Chart 27 – LoS <21 days

At the end of March, 53 patients had a length of stay over 21 days, against target of 46.

Primary reasons for patients in hospital where the criteria to reside were met:

- Patients requiring on-going clinical treatment or treatment that can only be provided in an acute setting
- Patients requiring intravenous therapy that cannot be delivered in the community
- Waiting for diagnostic or internal test or specialist opinion

Primary reasons for patients in hospital where the criteria to reside was not met

- Waiting for social care reablement or home-based intermediate care

- Waiting for residential or nursing home
- Waiting for transfer of care to specialist unit

Key Issues (new actions in red):

1. Lack of community IV antibiotics therapy service for patients needing treatment more than twice a day
2. Lack of community capacity for patients requiring health and social care input after discharge

Key Actions (new actions in green):

1. An Accelerated Discharge and Multi-Agency Discharge Event (MADE) is planned for 28 – 29 April. This will bring together colleagues across the system to recognise and unblock delays to discharge

Recovery Forecast:

Recovery forecast to trajectory 46 (10%) >21 days LOS in April 2021

Key Risks to Forecast Improvement:

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

Elective Care

18 weeks referral to treatment (unvalidated)

At the end of March 2021, there were a total of 16,220 patients on the waiting list. 6,769 of these patients had waited for over 18 weeks from referral, giving performance of 58.26%. The top 3 specialties with the highest number of patients waiting over 18 weeks were Orthopaedics (1,399), Ophthalmology (842) and General Surgery (723)

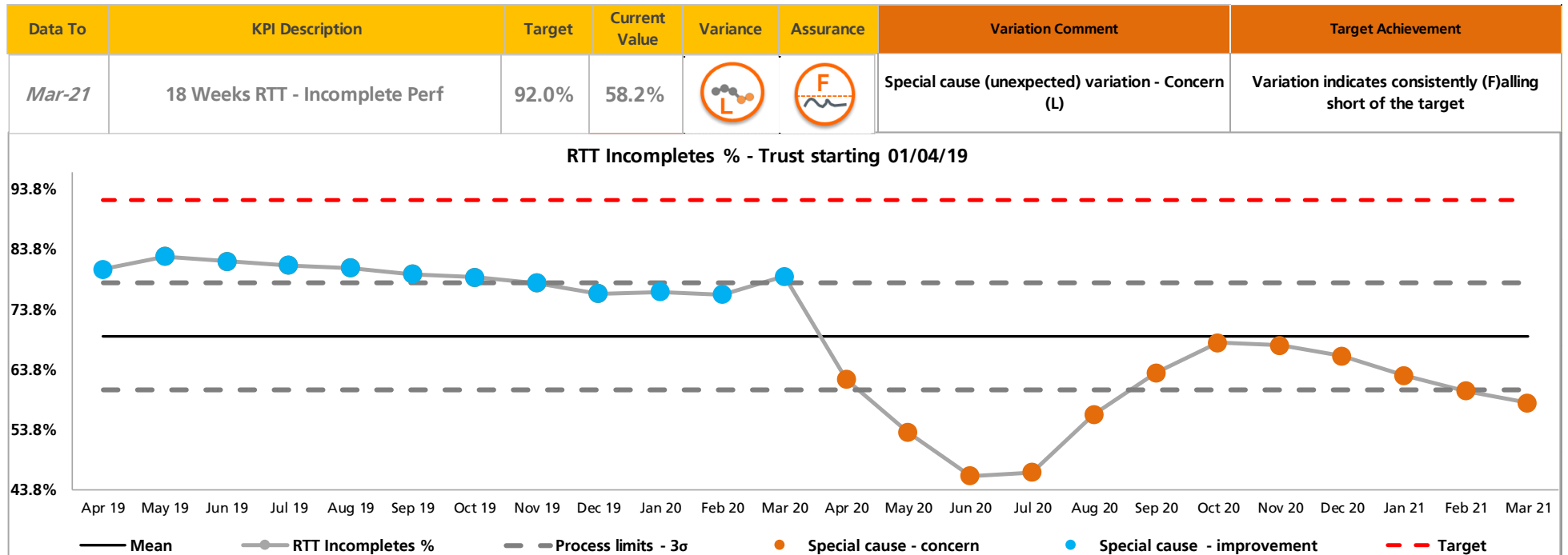


Chart 28 – RTT Incompletes

Key Issues (new issues in red):

1. Suspension of non-urgent elective admitted activity and reduction of outpatient face to face activity. Patients referred on a suspected cancer or urgent pathways are still being seen either virtually or face to face.

2. 3 theatres were closed to accommodate the Critical Care Unit from 18 – 30 March while remedial roof repairs were carried out. This resulted in the cancellation of 41 theatre lists in main theatres although 13 lists were relocated to Sandringham theatres

Key Actions (new actions in green):

1. Additional capacity has been secured for Orthopaedic and Gynaecology activity through Independent Sector Providers until end of March 2021 (Total treated by end of March - 49 Orthopaedic and 15 gynaecology)
2. Critical Care Unit returned to the Critical Care Unit on 30 March enabling all elective main theatres to re-open
3. Increases theatre capacity from April 2021 as all main theatres will be back open

Recovery Forecast:

The 18-week performance is not expected to recover to 92% during the 2021/22 financial year.

Key Risks to Forecast Improvement:

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

52-week breaches

The Trust reported no 52-week breaches in 2019/20, however, waiting times significantly increased as a result of the cessation of routine elective activity in response to the COVID-19 pandemic. At the end of March 2021 there were 1,412 patients who have been waiting longer than 52 weeks for treatment; the majority of these were in Orthopaedics (458), General Surgery (224) Gynaecology (218), and Oral Surgery (197)

Key Issues (new issues in red):

1. Routine elective surgery remains paused
2. Day Surgery unit remains as a Red Emergency Department
3. 3 theatres were closed from 18 March until 30 March to accommodate Critical Care Unit

Actions (new actions in green):

1. 49 orthopaedic and 15 gynaecology elective procedures were completed by independent Sector by the end of March 2021
2. Oral Surgery and Ophthalmic activity displaced from the Day Surgery Unit is being undertaken in the Sandringham theatres from 8 March 2021
3. Reopening of all elective theatres by the end of March 2021 when the Critical Care Unit relocates.

Recovery Forecast:

A recovery forecast for the reduction of patients waiting for over 52 weeks will be in place from the end of May 2021

Key Risks to Forecast Improvement:

1. Theatre capacity to meet waiting list backlog
2. Effective utilisation of all available theatre capacity

Breaches of the 28-day readmission guarantee

In March there was 1 breach of the 28-day readmission guarantee. This related to an ophthalmology patient whose procedure was cancelled in February and re-booked for 1 April 2021.

Diagnostic Waiting Times

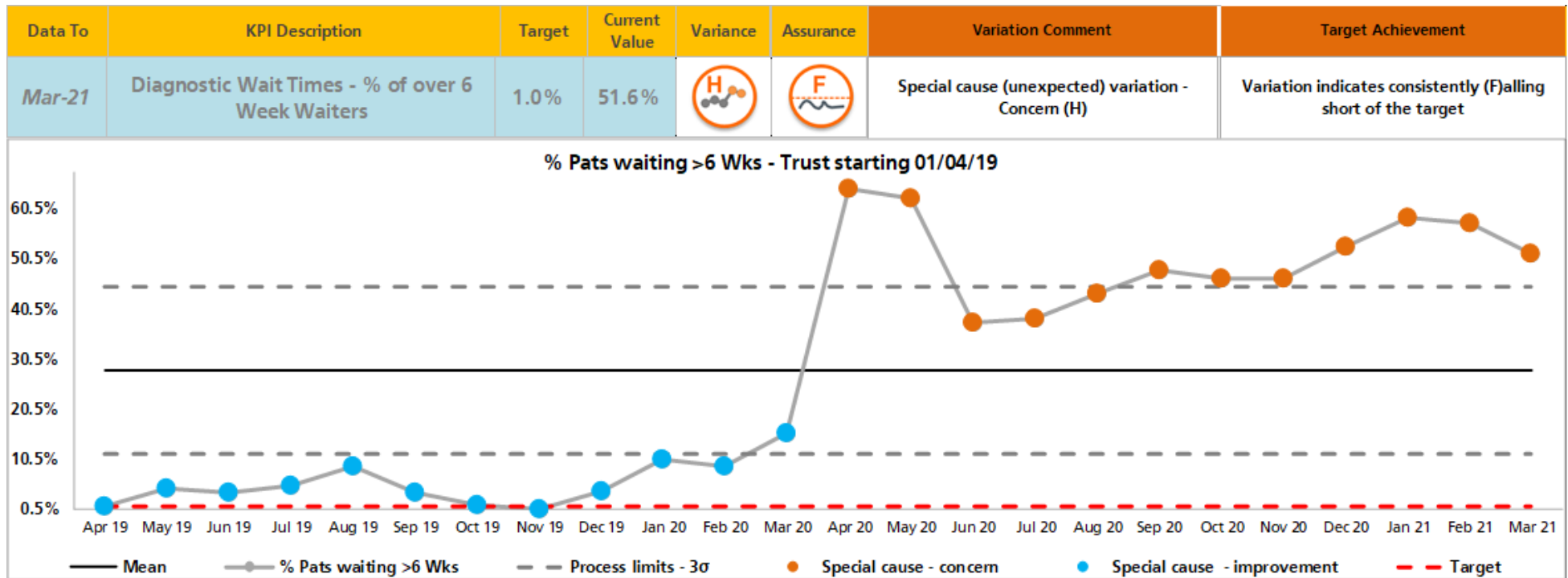


Chart 29 - % waiting > 6 weeks

In March performance was 51.63% against the standard of 1%. There were 3266 patients waiting over 6 weeks at the end of the month with the majority of these in MRI (989), Echocardiogram (903) and CT (721).

A table showing waits by modality is included below;

	Mar-21	>6 week waiters	Longest weeks waits
Magnetic Resonance Imaging		989	46
Computed Tomography		721	51
Non-obstetric ultrasound		39	28
Barium Enema		0	NA
DEXA Scan		217	26
Audiology - Audiology Assessments		48	57
Cardiology - echocardiography		903	29
Cardiology - electrophysiology		0	NA
Neurophysiology - peripheral neurophysiology		47	17
Respiratory physiology - sleep studies		0	NA
Urodynamics - pressures & flows		170	54
Colonoscopy		40	24
Flexi sigmoidoscopy		14	18
Cystoscopy		58	55
Gastroscopy		20	23
Total DM01 >6 Week Waiters		3266	

Key Issues (any new issues in red):

1. Continued mechanical issues with MRI
2. Activity levels have not yet returned to pre-COVID-19 levels in Echocardiography and CT

Key Actions (new actions in green):

1. A service review of capacity and demand in CT and MRI is in progress. This will identify the underlying capacity gap in both services
2. Outsourcing to increase CT and MRI capacity is being explored
3. The potential to increase echocardiography at North Cambridgeshire Hospital is being explored

Recovery Forecast:

A recovery trajectory will be in place by the end of quarter 1, 2021/22.

Key Risks to Forecast Improvement:

1. Continued mechanical failure of the MRI
2. Availability of MRI and CT outsourced capacity

Stroke – 90% of time on a Stroke Unit

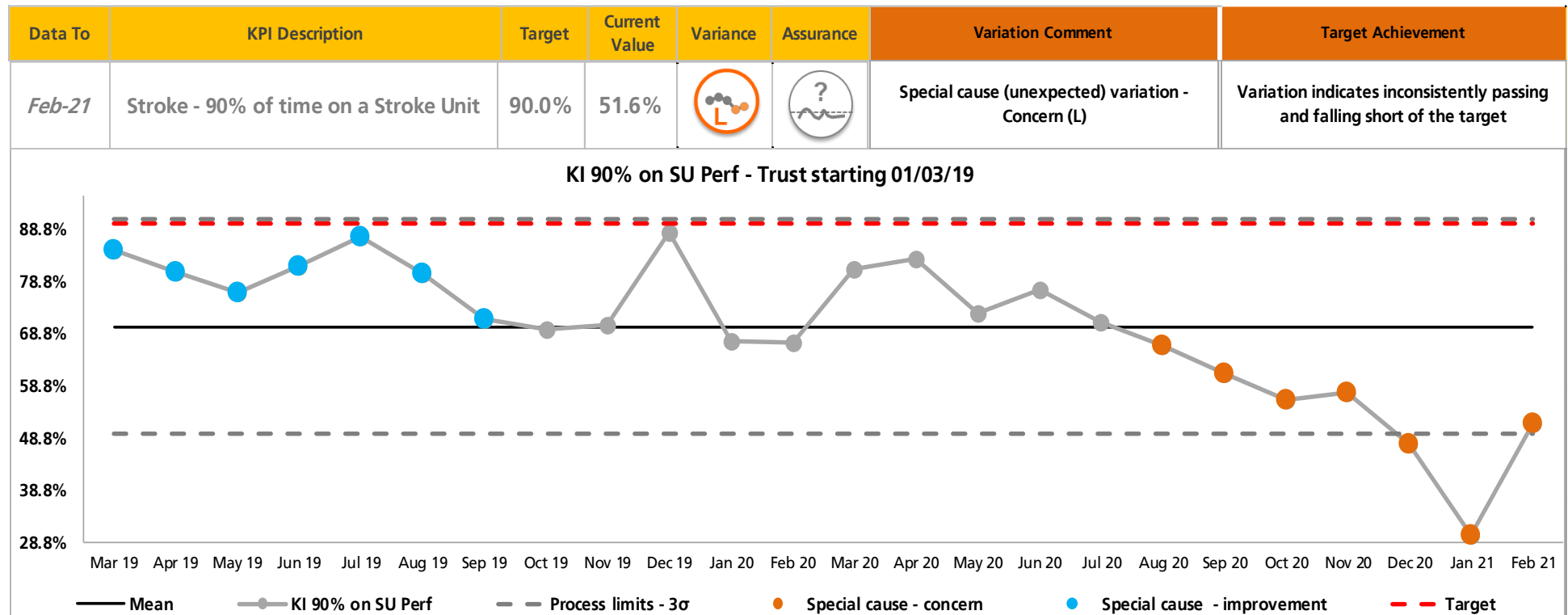


Chart 30 – 90% of time on Stroke Unit

In February 2021, 51.6% of patients spent 90% of their stay on the stroke unit (SSNAP audit score 'E') against the standard of 90%. This equated to 15 patients and the breach reasons were as follows:

- 6 patients did not meet the standard due to a lack of bed availability on the Stroke Unit
- 6 patients did not meet the standard due to being admitted or transferred via the COVID-19 pathway
- 2 patients were not referred on admission
- 1 patient was due to an agreed clinical management plan with Oncology

Key Issues (any new issues in red):

1. The Coronary Care Unit (CCU) remains Stroke Unit reducing the Stroke bed base from 29 to 24 beds
2. Stroke patients presenting with suspected COVID-19 and requiring admission to a COVID-19 ward

Key Actions (new actions in green):

1. Relocation of the coronary care unit in line with the finalised seasonal bed modelling
2. To continue to work with the Integrated Stroke Delivery Network (ISDN) to improve stroke outcomes and pathway efficiencies

Recovery Forecast:

A recovery trajectory will be in place once the timescales for the relocation of the coronary care unit are confirmed

Key Risks to Forecast Improvement:

- Coronary care unit remaining on the Stroke Unit
- Continued impact of COVID-19 – Stroke patients with suspected COVID-19 cannot be admitted directly to the Stroke Unit

Cancer waiting times

2 week wait from referral to first outpatient appointment

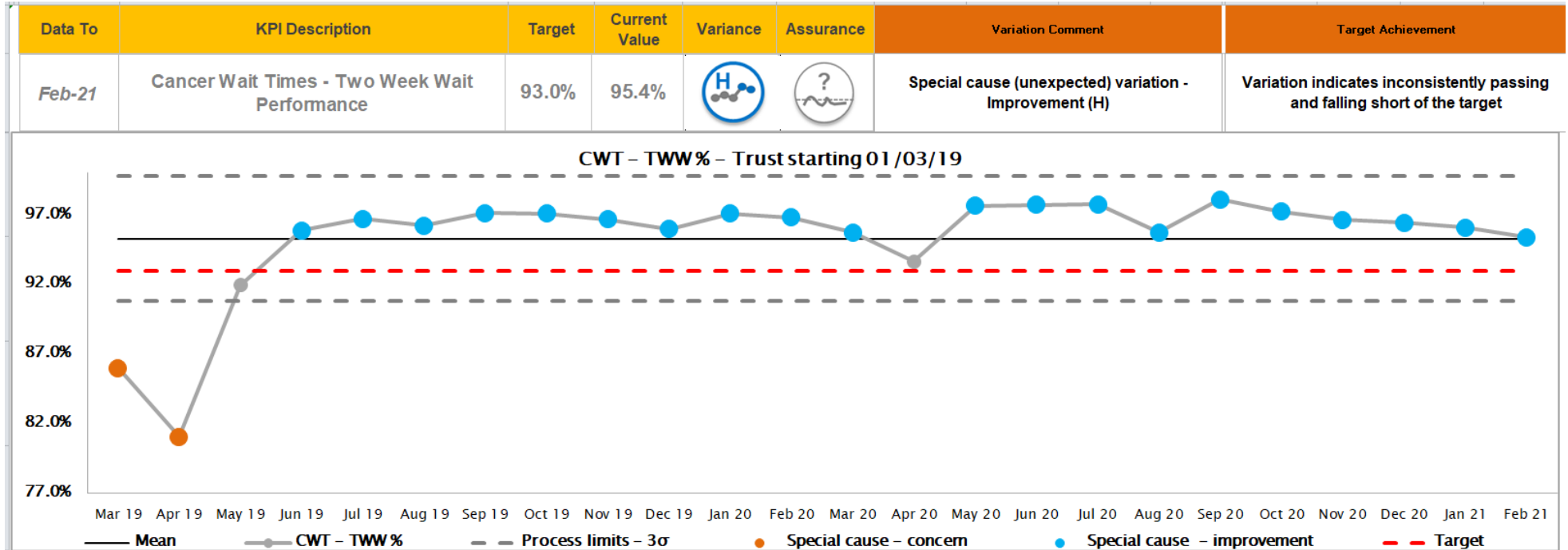


Chart 31 – CWT 2 week wait performance

Performance in February 2021 was **95.4%** against the standard of **93%**, there are no current concerns regarding the ongoing delivery of this standard.

62-day referral to treatment

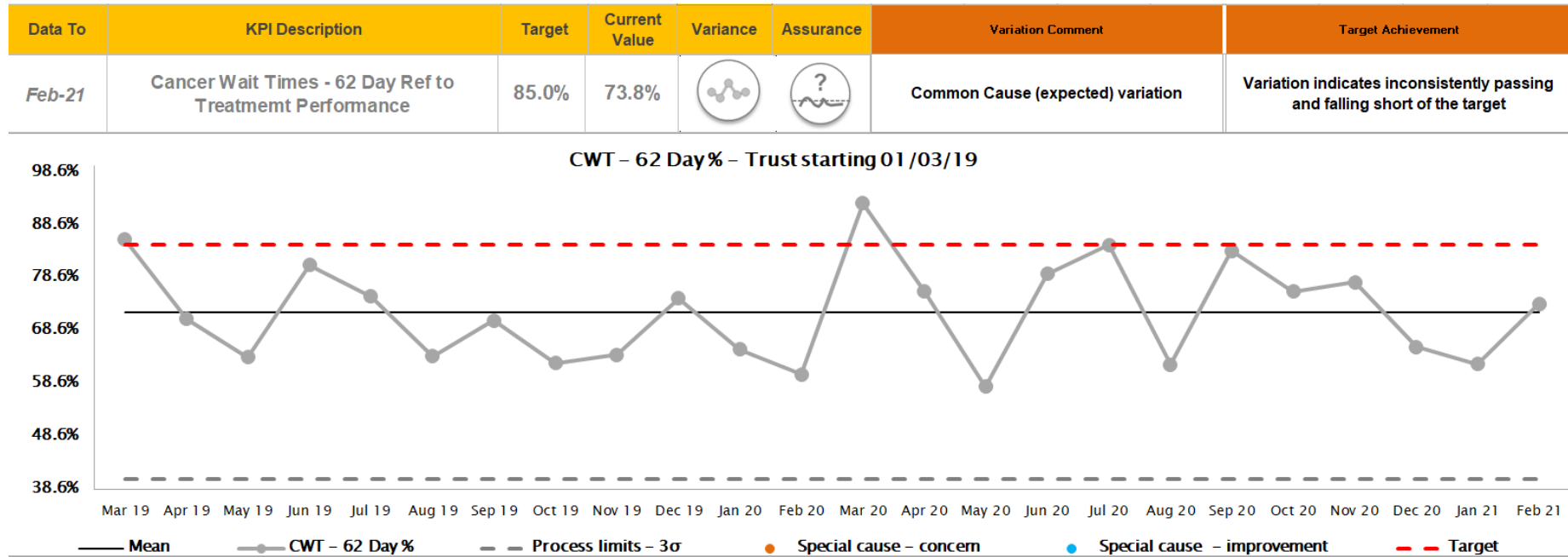


Chart 32 – CWT 62-day referral to treatment

Performance in February 2021 was **73.81%** against the standard of **85%** and trajectory of **82%**. There were 42 treatments in month, of which 11 breached the standard:

- 5 Colorectal
- 2 Skin
- 2 Upper GI
- 1 Head and Neck
- 1 Haematology

Key Issues (any new issues in red):

1. Capacity pressures at tertiary centres leading to delays in surgical treatment in some tumour sites

Key Actions (new actions in green):

1. Tertiary centres have developed plans to increase surgical capacity. Weekly tertiary PTL discussions have been increased to twice weekly and discuss individual patient plans.
2. Additional Colorectal surgery has been undertaken to continue focus on reducing the backlog in this tumour site.

Patients waiting for 104+ days

At the end of March, 5 patients were on a cancer pathway \geq 104 days of which, 3 are on a colorectal pathway, 1 on a gynaecology pathway and 1 on a lung pathway. Two of these patients have a decision to treat and are awaiting surgery at a tertiary centre; the remaining three do not have confirmed diagnosis / decision to treat.

Recovery Forecast:

The Trust is forecasting delivery of the standard in June 2021 (reported in August 2021)

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

Statement of comprehensive income: Month 12– 2020/21

	In Month				Year to Date			
	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	%	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	%
Clinical Income	16,689	24,417	7,728	46%	216,998	224,012	7,014	3%
Other Income	1,378	2,051	673	49%	17,511	15,443	(2,068)	(12%)
Donated Asset Income	0	974	974		650	1,294	644	99%
COVID-19 Additional Income	3,134	3,134	0	0%	9,424	17,605	8,181	
Notional Income	0	10,654	10,654		0	10,654	10,654	
Total Income	21,201	41,230	20,029	94%	244,583	269,008	24,425	10%
Pay Costs - Substantive	(11,947)	(12,541)	(594)	(5%)	(138,676)	(142,709)	(4,033)	(3%)
Pay Costs - Bank	(1,152)	(1,064)	88	8%	(12,198)	(11,648)	550	5%
Pay Costs - Agency	(999)	(1,403)	(404)	(40%)	(12,333)	(12,749)	(416)	(3%)
Pay Costs - Additional COVID-19	(1,026)	(1,779)	(753)	(73%)	(6,156)	(12,369)	(6,213)	(101%)
Total Pay	(15,124)	(16,787)	(1,663)	(11%)	(169,363)	(179,475)	(10,112)	(6%)
Non Pay - Additional COVID-19	(232)	(217)	15	6%	(1,392)	(2,122)	(730)	(52%)
Non Pay	(6,172)	(9,278)	(3,106)	(50%)	(66,255)	(67,760)	(1,505)	(2%)
Notional Expenditure	0	(10,654)	(10,654)		0	(10,654)	(10,654)	
Total Operating Costs	(21,528)	(36,936)	(15,408)	(72%)	(237,010)	(260,011)	(23,001)	(10%)
EBITDA	(327)	4,294	4,621	1413%	7,573	8,997	1,424	19%
Non-Operating Costs	(812)	(726)	86	11%	(9,163)	(7,966)	1,197	13%
Adjust Donated Assets	34	(945)	(979)	(2879%)	(286)	(981)	(695)	(243%)
TOTAL (Deficit) / Surplus	(1,105)	2,623	3,728	337%	(1,876)	50	1,926	

Key

- EBITDA refers to Earnings Before Interest, Taxes, Depreciation and Amortisation
- Fav refers to a favourable variance to plan
- (Adv) refers to an adverse variance to plan

Key points of note in month:

- As part of year end the opportunity has been taken to review various contingences including a further increase to the pandemic related annual leave accrual.
- M12 includes notional accounting adjustments of **£6.4m** pension contributions, **£0.5m** apprentice levy and **£3.8m** donated PPE stock.
- Excluding Covid-19 expenditure, agency spend is **£0.4m adverse** to plan in month and is adverse to the agency ceiling (which at M12 was set at **£879k**).
- COVID-19 pay has increased again but now includes the Downham Market vaccination centre costs that are recoverable.
- CIP programme has achieved planned efficiencies of **£4.4m** by year end, with **£684k** delivered in month.
- Capital expenditure incurred/committed at year end is **£14.4m**.

Statement of Financial Position (SOFP) update

	31-Mar-20 £m	28-Feb-21 £m	31-Mar-21 £m	Month on Month Movement £m	YTD Movement £m
Non current assets	96	98	104	6	8
Current Assets				-	-
Inventories	2	2	2	-	-
Trade & Other Receivables	22	9	13	4	(9)
Cash	14	39	27	(12)	13
Current liabilities				-	-
Trade & Other Payables	(24)	(14)	(19)	(5)	5
Accruals	(9)	(33)	(18)	15	(9)
PDC dividend	-	(1)	-	1	-
Other current liabilities	(2)	(3)	(2)	1	-
Non current liabilities	(1)	(1)	(1)	-	-
Borrowings	(135)	-	-	-	135
Total assets employed	(37)	96	106	10	143
Tax payers' equity					
Public Dividend Capital	57	192	198	6	141
Revaluation Reserve	12	12	12	-	-
Income & Expenditure Reserve	(106)	(108)	(104)	4	2
Tax payers' equity	(37)	96	106	10	143

Month-on-Month Key movements

Non-current assets increase is comprised of additions of **£6.8m** less depreciation of **£0.9m**

Cash reduction of **£12m** reflects the non-receipt of CCG income due to two months of cash receipts in April 2020 (**£15m**) and the receipt of holiday accruals monies in March 2021 (**£1.5m**).

Accruals have reduced by **£15m** because there is no longer the accrual for the prepaid CCG monies as described above.

PDC increase relates to PDC drawn down in March 2021.

Year-to-Date Key Movements

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

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

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

Well Led (People) Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Mar-21	Appraisal Rate	90.0%	83.5%		
Mar-21	Appraisal Rate (Med Staff exc Jnr Drs)	95.0%	100.0%		
Mar-21	Sickness Absence Rate	4.0%	5.0%		
Mar-21	Mandatory Training Rate	85.0%	81.6%		
Mar-21	Turnover Rate	10.0%	9.1%		

Well-Led (People)

As of March 2021, the Trust currently employs **3,852** substantive headcount and **687** Bank only headcount. There has been a significant reduction in Bank staff headcount this month as a result of removing inactive assignments from ESR. The following table illustrates FTE.

The funded establishment is **3,588.59** FTE, with substantive FTE **3,372.82**

	December (FTE)	January (FTE)	February (FTE)	March (FTE)
Funded Establishment:	3583.74	3588.59	3588.59	3588.59
Substantive:	3289.21	3306.57	3365.67	3372.82
Bank usage:	274.68	276.92	337.63 *	322.29 *
Agency usage	197.35	232.47	219.53 *	213.30 *

*Table 1: Staff in post for last four months * see further breakdown in Table 2*

Vacancy Levels and Turnover

The Trust vacancy rate has increased to **6.03%** from **5.95%** in February 2021.

Nursing & Midwifery staff group vacancy rate has decreased further to **5.60%** (**5.95%** in February, **7.19%** in January, **and 7.95%** in December 2020). The Trust continues to recruit International nurses both working locally and across the ICS. A further successful recruitment event took place for Healthcare Support workers on 6 March 2021 with **39** appointments made and this will be repeated bi-monthly.

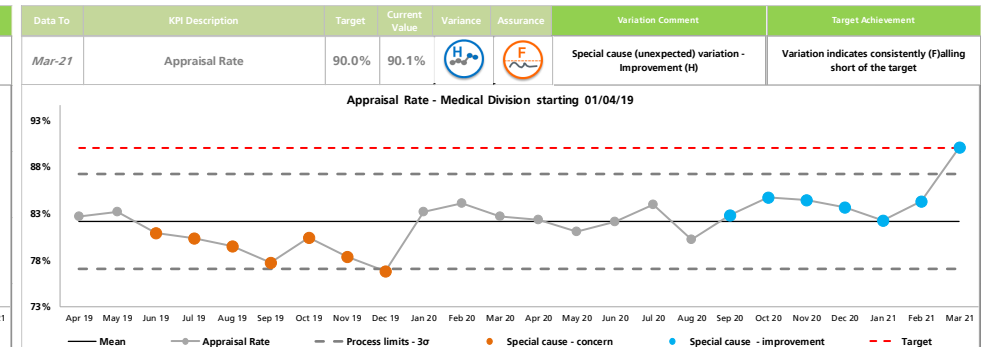
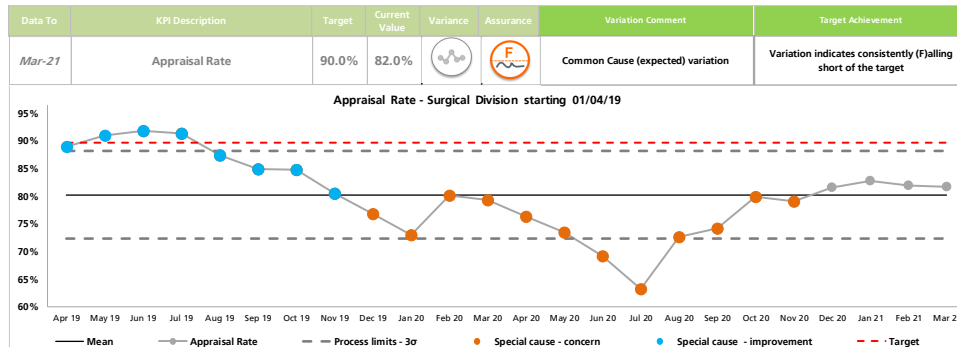
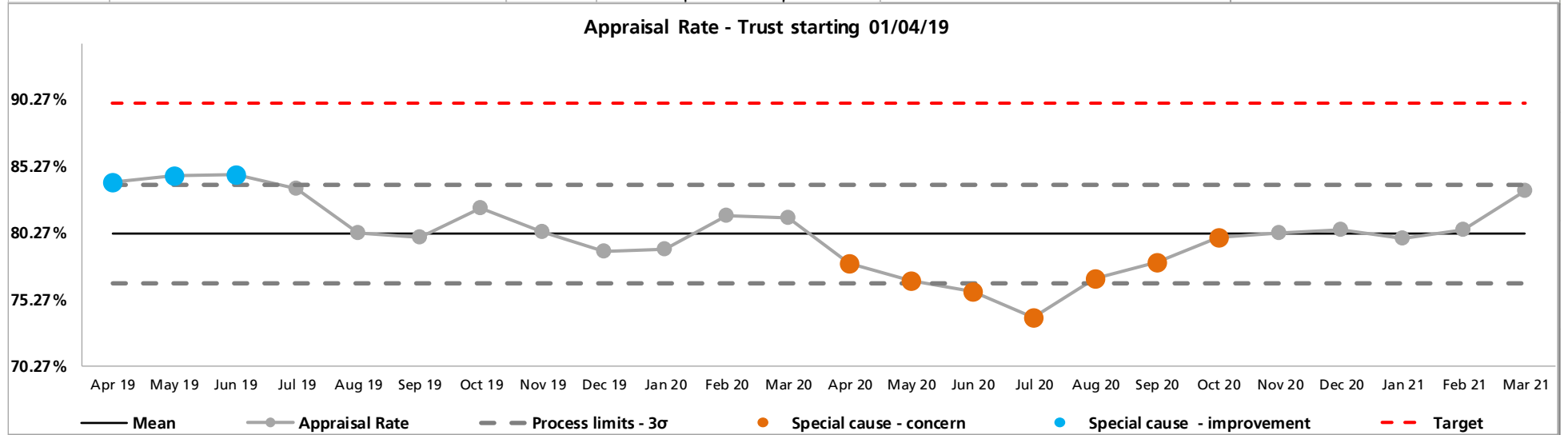
The Medical & Dental vacancy rate has decreased further from **5.20%** to **5.13%** with continued recruitment into key posts across all divisions. In August 2020 the vacancy rate for medical and dental staff group was **16.53%**.

The vacancy rate for AHPS has increased this month to **14.57%** from **13.09%**. There continues to be a focus on AHP recruitment in the second phase of the recruitment campaign, but the challenge remains that there is a national shortage for a number of key roles for Allied Health Professionals. The Division are prioritising recruitment into leadership roles, roles which support the development of the teams and supporting trainees where staffing is challenged. A new General Manager has been appointed who will commence in post in June 2021

Turnover decreased to **9.10%** from **9.18%** the previous month and remains below the Trust target of 10.00%

Appraisals

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Mar-21	Appraisal Rate	90.0%	83.5%			Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target



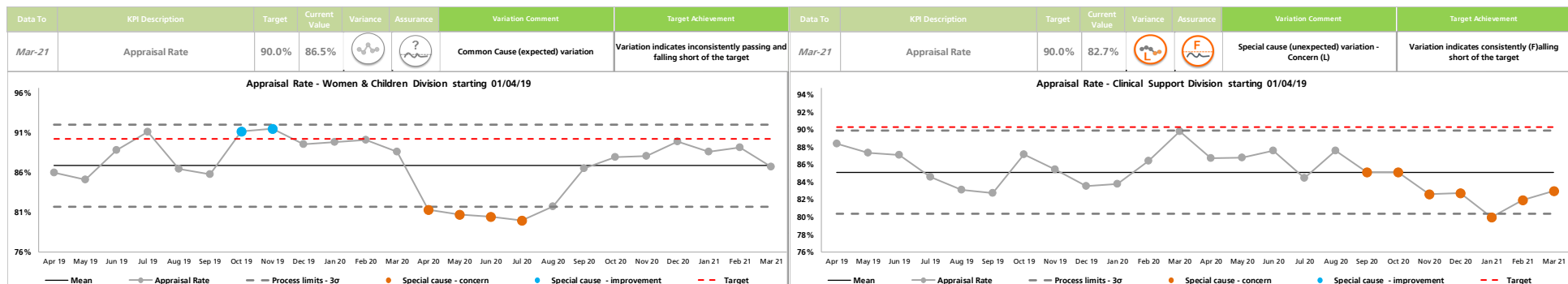


Chart 33 – Appraisal rate

Key Issues (any new issues in red):

- Trust appraisal rate compliance (including bank staff but excluding medical staff) increased this month to **83.47%** (from **80.50%** in February 2021) **303** appraisals were completed in month. Trajectories are being revised and we have made it mandatory that all staff who are working from home or shielding undertake their appraisals.
- Seriously Overdue appraisals (in excess of 18 months overdue) **62** appraisals remain in the seriously overdue category, which is a decrease of **24** on the previous month, 18 appraisals are overdue by 18 – 24 months and **37** appraisals are overdue by 24 months. **28** of these overdue appraisals are substantive employees and **34** are for bank workers within Central Nurse Bank. Bank workers will be unable to complete a shift without having an appraisal in place.

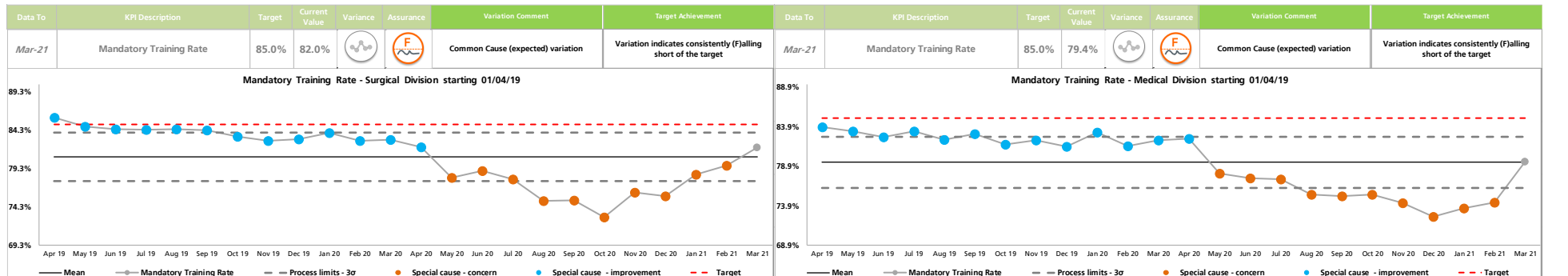
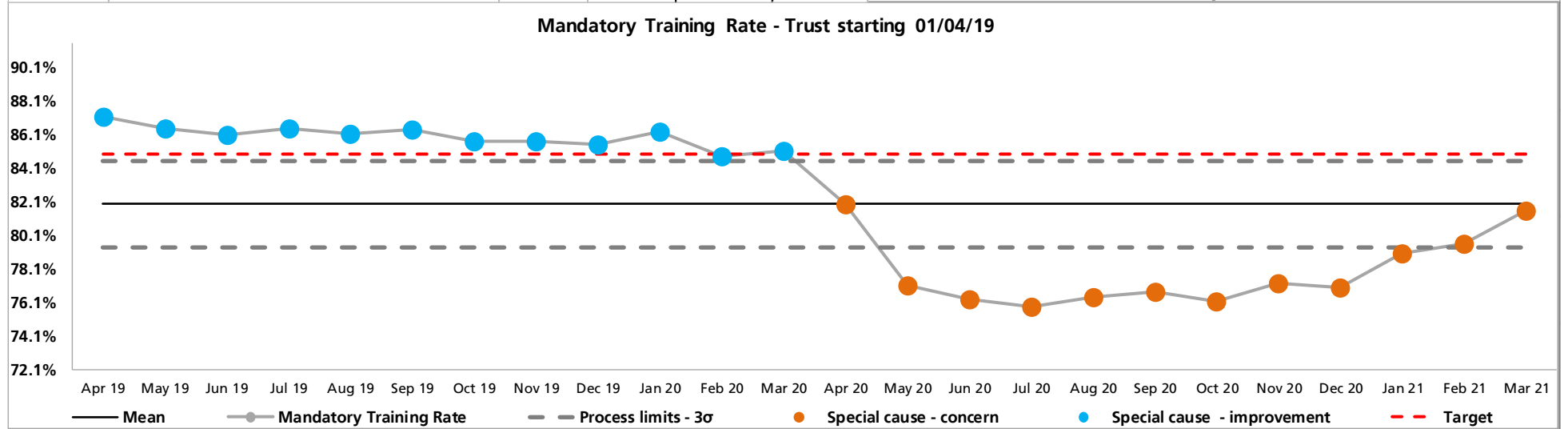
Key Actions (new actions in green):

- 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.
- 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.
- A pay progression policy is under development and will mandate that staff appraisals are up to date before they can progress onto the next increment in the band. As part of the national review this automatically applies to new starters from April 2021.
- As part of the cultural transformation programme the appraisal documentation has been amended to incorporate the Trust's values into the process and documentation. This will be included in the leadership values masterclasses taking place in April 2021.

5. Additional training has been provided in Quarter 4 with further training planned, to ensure the workforce feel confident to conduct appraisals and personal development plans.
6. Managers are reminded of their outstanding appraisals with a focus also on seriously overdue appraisals. It was mandated that any staff that were shielding or self-isolating completed their appraisals and mandatory training.
7. Recovery plans and trajectories for appraisals are reviewed by the People Committee on a monthly basis and reported to Trust Board.

Mandatory Training

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Mar-21	Mandatory Training Rate	85.0%	81.6%			Special cause (unexpected) variation - Concern (L)	Variation indicates consistently (F)alling short of the target



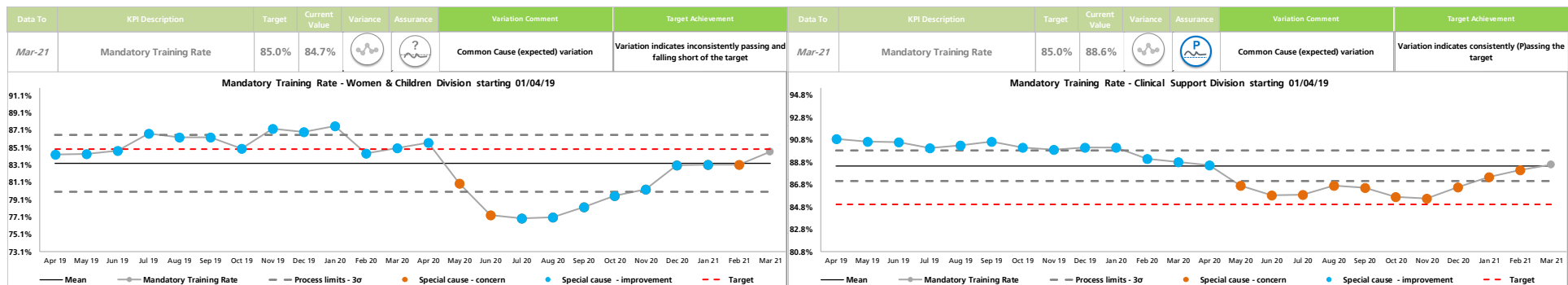


Chart 34 – Mandatory Training rate

Mandatory Training compliance for the 11 Statutory & Mandatory subjects is at 81.63% (against at target of 80%) increased from 79.62% in February 2021. This met the Trust target of 80%. This includes a 3-month expiry extension for Resus and Manual Handling Level 2.

Key Issues (any new issues in red):

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

Key Actions (new actions in green):

1. We will continue with targeted communications which are being sent to all staff and managers to remind users how to log in to ESR to complete their mandatory training. FAQs and 'How to' guide has also been developed.
2. With COVID-19 social distancing restricting the number of attendees on each course we are putting in additional sessions and have recorded training sessions where possible which can be hosted on ESR so as to negate the need to attend a face to face session.
3. A three-month expiry extension has been agreed for Resus and Manual Handling Level 2 which are the two courses which can only be provided face to face
4. The benefits of E-Learning have been realised during the COVID-19 pandemic and its use is being maximised across the organisation. The focus continues to be on building and improving an E-Learning portal, to improve access for staff.
5. The Trust has implemented the digital staff passport from 1st April 2021, which allows for the transfer of training between trusts.
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. Work continues in relation to Policy Convergence and Alignment to develop an aligned Mandatory Training policy across the three acute trusts
 8. A task and finish group has been in place since 15th February 2021 to recommend improvements to the Trust Mandatory training. This group has representation from Medical, Clinical and Non-Clinical Workforce teams, Subject Matter Experts, Education and Training Leads and Clinical Leads. A proposal has been approved by the task and finish group and work is ongoing to create a comprehensive role-specific training requirement for medical, clinical and non-clinical roles across the trust.
- Where staff hold a professional registration, they remain expected to complete the Mandatory Training aligned to their role.
 - Where a higher level of training is obtained, e.g. Dementia 2, this will provide compliance at the lower level, e.g. Dementia 1. In time, this will look to be automated on ESR and in the interim period will necessarily require a manual intervention in reporting.

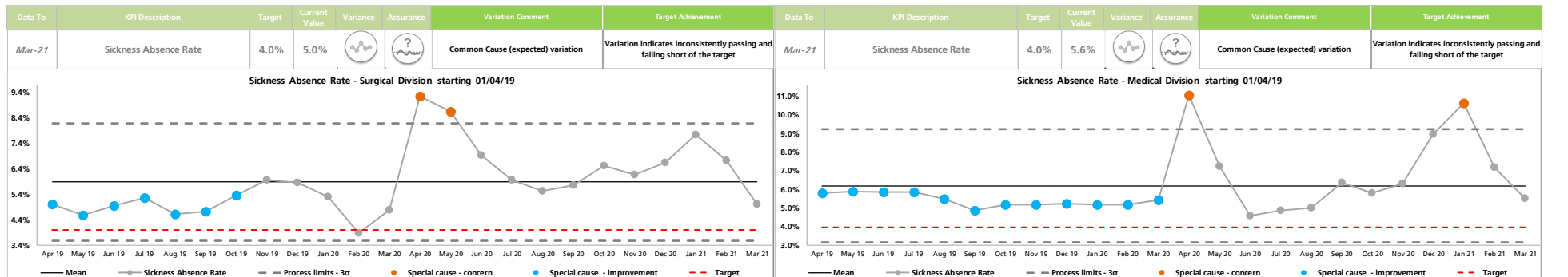
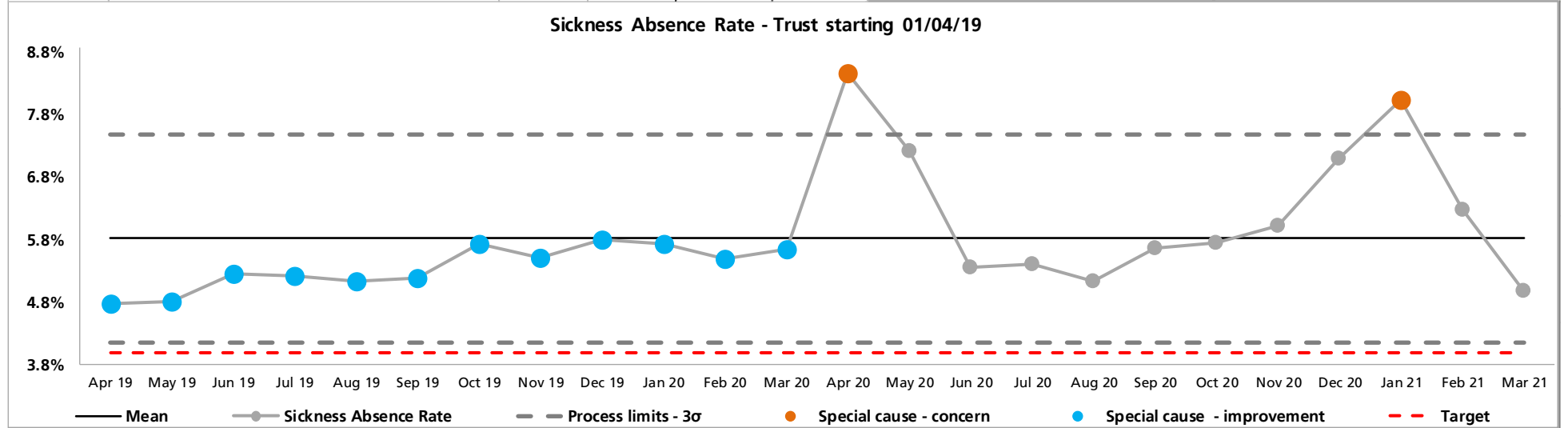
The proposal has been approved by the Task and Finish membership and was presented for review at the CELM prior to progressing through to the PEG and SLT for final approval. This will then provide assurance to the People Committee and Boards that the necessary evidence will be provided to the CQC on the 31st May 2021.

The following principles have been used in the decision-making process:

1. Patient and Staff safety is of primary importance and any recommendations to reduce Trust Mandatory training requirements must not jeopardise this in any way.
2. There will be a focus on ensuring training requirements where possible are role specific rather than generic.
3. The Trust Mandatory training refresh periods will align to the Core Skills Training Framework (CSTF).
4. E-Learning is the default training option unless physical face to face learning elements are essential for the effective delivery of the training.
5. The development of a flexible workforce whereby staff can readily share their knowledge and skills across the Trust if required.

Sickness Absence Rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Mar-21	Sickness Absence Rate	4.0%	5.0%			Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target



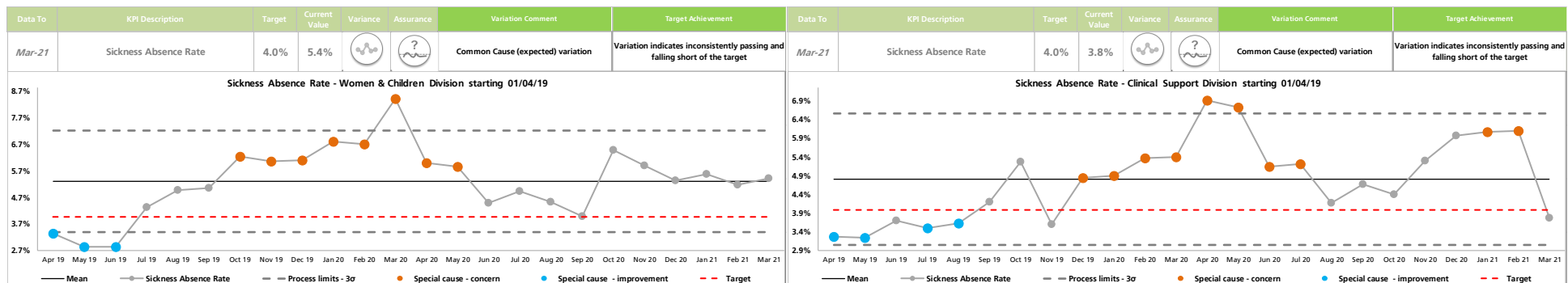


Chart 35 – Sickness Absence rate

Key Issues (any new issues in red):

1. Overall sickness for the Trust has decreased to **4.98%** from **6.28%** in February 2021. 12-month cumulative sickness has decreased to **6.28%** from **6.36%**.
2. COVID-19 related sickness absence in March 2021 was **0.46%** decreased from **1.27%** in February and non- COVID-19 sickness in March 2021 was **4.52%** decreased from **5.01%** in February.
3. Stress and anxiety still remains the highest cause of sickness absence and the largest single cost. The number of occurrences has declined this month to **80** from **83**. Musculoskeletal, injury/fracture and back problems remain the next highest causes of absence. Infectious diseases are the fifth highest cause of absence and are mainly attributable to COVID.

Key Actions (new actions in green):

1. The Trust is providing the COVID-19 vaccination to our staff; **>33,000** COVID vaccinations to patients and NHS/care workers since December (including 92% QEH staff)
2. The Trust continues to ensure risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, are undertaken and actioned and work is being undertaken to ensure staff have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.
3. Alongside the activity highlighted last month, divisional leadership teams supported by HR colleagues continue to focus on absence as part of the monthly performance management review meetings. **Separate check and challenge meetings with the divisions are now in place**. These meetings with the DLT's and individual departments will ensure improvement trajectories for individual staff and ensure managers have grip and control and support they need for managing problem areas.

4. The Trust needs to balance its approach to 'managing absences' and supporting staff when they are unwell. 'Looking after our People' is a key focus for the NHS People Plan for 2020/21. QEH has reiterated its focus on this through the actions set down in its People Plan; ensuring frontline healthcare workers involved in direct patient care receive seasonal influenza vaccination annually, to protect themselves and their patients from influenza. This year the 100% of trust front line staff have received their 'flu vaccination. The flu campaign for 2021 is under development at the present time.
5. Shielding staff are now able to return to work and this is being managed with the support of individualised risk assessments being put in place.
6. Staff wellness remains a top priority for QEH and the Trust's health and wellbeing programme has been strengthened including securing 7/7 Clinical Psychology support for staff in addition to the dedicated full-time Clinical Psychologist and PTSD specialist now in post. The Mental Health Lodge open 15 hours a day Mon-Friday to support staff – led by Trust's Mental Health First Aiders and a Successful bid for staff training and 12-month running costs for a staff Menopause Clinic
7. The Trust has agreed an additional day of leave for all staff in 2021/22 to support rest and recuperation and to say 'thank you' (subject to business case approval) and encouraging staff to take leave and days owing (and carry over 5 days of leave into 2021/22 if choose to do so or be paid for this leave)

The next steps will include :-

- Focus on better sleep
- Supporting Stress Awareness Month
- Free wellbeing Apps promoted to staff
- Wagestream financial support launched for staff allowing staff to access earnings more quickly
- Wellbeing Guardian (Non-Executive Director) to be in place by end of Quarter One
- Wellness Conversations for staff part of People Recovery Plan
- Development of tender for integrated Staff Wellness and Occupational Health Service – to be in place by Quarter 4 21/22. The Trust is developing an Integrated Staff Wellness Service to replace the existing Occupational Health offer which will be modern, fit for purpose and recognising the effectiveness of the clinical psychological support introduced through the pandemic.20 Mental Health First Aiders have been recruited and trained

Key Risks to Forecast Improvement:

1. COVID-19 recovery