

Meeting:	Board of Directors (in Public)				
Meeting Date:	2 March 2021	Agenda item:	11		
Report Title:	Integrated Performance Report (IPR) – January 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 15 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"> • CDiff Hospital Onset per 100k beddays • EColi Hospital Onset per 100k beddays • MSSA Hospital Onset per 100k beddays • Neonatal Death rates • Extended Perinatal Death rates • HSMR • SHMI • Complaints receiving a response within 30 working days • Dementia Case finding • Elements of FFT • 18 weeks RTT • A&E 4 hour performance • Ambulance handover times • Medically Fit for Discharge (length of stay > 21 days) • Diagnostic Waiting Times • Elements of Stroke performance • 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</p>

	RTT: Referral to Treatment SHMI: Standardised Hospital Mortality Index VTE: Venous thromboembolism
--	--

Integrated Performance Report

Board of Directors

January 2021 data

Executive Summaries

Safe

There were two new serious incidents reported to the Strategic Executive Information System (STEIS) in January 2021;

- Clinical Incident fall – Patient sustained a fractured neck of femur following a fall
- Self-harm and 12-hour delay –Patient attempted self-harm and had a prolonged stay in the emergency department whilst awaiting a mental health inpatient bed

There is an emerging trend that more patients sustain harm and injuries following fall incidents.

The staffing fill rate is lower than anticipated due COVID-19 sickness, sickness and increased numbers of patients.

In month there has been a breach of the hospital acquired pressure ulcer tolerance following seven consecutive months of staying within tolerance. Most of the cases are in the Intensive Therapy Unit due to prone positioning.

VTE screening compliance remains well above target, with performance maintained for 8 months.

Effective

There have been no further still births or neonatal deaths since November but the 12-month combined rolling metric remains elevated. An external review of antenatal care presented to the Quality committee in January did not identify any significant causes for concern and good progress is being made with the actions recommended from the Shrewsbury and Telford review of maternity services.

Caesarean section rates remain low compared to regional peers with good systems now in place to ensure that all clinical decision making is appropriate.

Mortality metrics remain stable with an “as expected” rate for SHMI (which excludes COVID-19 deaths) and an elevated HSMR since the first wave of the pandemic (HSMR includes COVID-19 deaths and is adjusted for palliative care coding). No concerns have been identified in an external review commissioned by the trust. A detailed analysis of all COVID-19 deaths will be presented to the Quality committee March 2021. The palliative care service is undergoing redesign to improve the care and coding of patients identified as end of life.

Cardiac arrests remain low indicating good progress with the management of deteriorating patients and recognition of end of life patients.

Research activity remains high, with more than 300 patients recruited in January to both COVID-19 and other research studies.

Caring

There has been one incident of a same sex accommodation breach affecting three patients, all of whom were in the Hyperacute Stroke Unit on West Raynham Ward.

The timeliness of responding to complaints within 30 days has not been achieved for the 5th month. There are challenges in receiving responses within the 18 working day timeframe from Divisions and some responses require additional time as they were returned for amendment. The response rate for January 2021 continues to improve compared to recent months, however, it still fell marginally short of the 90% target.

FFT feedback collection has fallen during January 2021 to 774 responses compared to 1352 during December 2020. January is traditionally a month of low returns but the exceptional circumstances have impacted on returns across the Trust; of these responses only eight pieces of feedback were

negative.

Improvements to dementia screening have become embedded but full achievement remains challenged due to the pandemic.

Responsive

4-hour performance for January was 72.5% against the standard of 95% and trajectory of 83.1%.

There was 1 patient waiting in the Emergency Department over 12 hours from decision to admit to admission.

In January 47.5% of ambulance handovers were completed within 15 minutes against a trajectory of 65% and 85.1% were completed within 30 minutes against a trajectory of 85%.

18-week performance was 62.8% in January against the standard of 92% and trajectory of 48.4%. There were 1032 52-week breaches in January.

Diagnostic performance in January saw 58.69% of patients waiting for longer than 6 weeks against the standard of 1%.

Cancer 62-day performance in December was 65.66% against the standard of 85% and trajectory of 78.26%.

Well Led (Finance)

The Trust's in month financial position is showing a deficit of £410k, a positive variance in month of £5k against the plan, and a positive £66k for the year to date position.

Well Led (People)

As of January 2021, the Trust currently employs 3771 substantive headcount, working a substantive whole time equivalent of 3306.57. This is against an increased funded establishment of 3588.59 FTE.

Both Substantive FTE and headcount increased and bank usage increased to 276.92 FTE (from 274.68 in December) with 9.11 FTE being coded directly to COVID-19 costs and 2.54 FTE to Vaccinator Costs Agency usage increased to 232.47 FTE (from 197.35 in Dec) with 100.41 FTE being coded directly to COVID-19 costs, 7.56 FTE to Vaccinator costs and 2 FTE to Special Measures Funding.

The Trust vacancy rate has decreased to 7.50%. The vacancy rate for the Nursing & Midwifery staff group is at 7.19%, AHP at 13.68% and Medical & Dental 7.40%.

Turnover increased very slightly to 9.34% from 9.31% the previous month.

Sickness absence in January increased to 8.04%. 12-month cumulative sickness is at 6.28%.







COVID-19 related sickness in January was 2.70% and non-COVID-19 sickness in January was 5.34%.

Mandatory Training compliance for the 11 Statutory and Mandatory subjects is at 79.11% up from 77.03% in December.)

Appraisal compliance (including bank staff but excluding medical staff) decreased to 79.85% (from 80.52% in December.) 147 appraisals were completed in month.

A note on SPC Charts

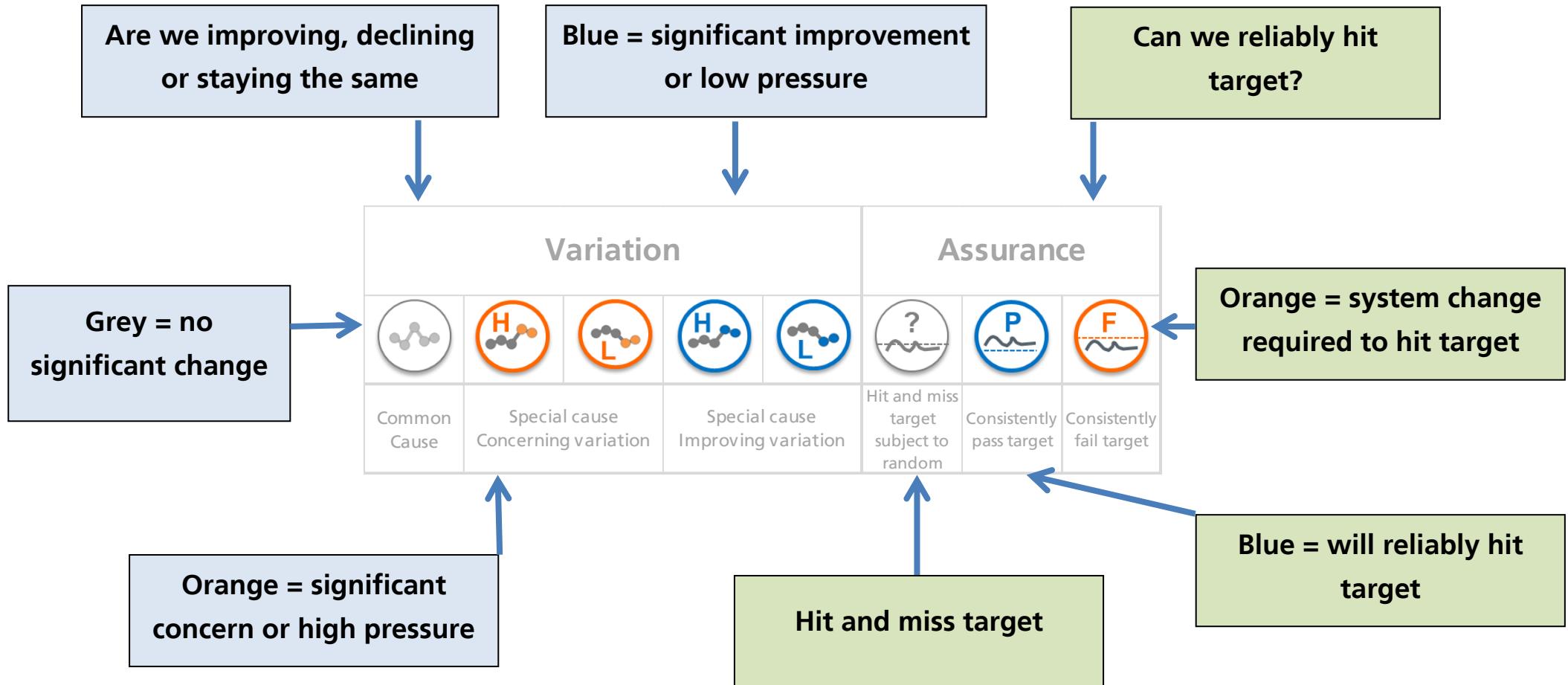
The report that follows uses the key below. A recap of using these descriptions is also included below

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



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
Jan-21	Serious Incidents (DECLARED IN MONTH)	0	2		
Jan-21	Falls (with Harm) Rate per 1000 beddays	0.98	0.22		
Jan-21	PUs Rate per 1000 beddays	0.41	0.78		
Jan-21	Overall Fill Rate %	80.0%	86.5%		
Jan-21	CHPPD	8.00	8.45		
Jan-21	Cleanliness - Very High Risk	95.0%	96.7%		
Jan-21	Cleanliness - High Risk	95.0%	97.1%		
Jan-21	Cleanliness - Significant Risk	95.0%	95.7%		
Jan-21	Cleanliness - Low Risk	95.0%	No Audit Req'd		
Jan-21	Cleanliness - No. of audits complete	37.00	38		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jan-21	CDiff (Hosp Onset) Rate per 100k beddays	30.10	29.86		
Jan-21	CDiff (Hosp Onset) Actual	4	5		
Jan-21	MRSA (Hosp Onset) Actual	0	0		
Jan-21	E Coli (Hosp Onset) Rate per 100k beddays	16.40	16.02		
Jan-21	E Coli (Hosp Onset) Actual	2	3		
Jan-21	MSSA (Hosp Onset) Actual		1		
Jan-21	MSSA (Hosp Onset) Rate per 100k beddays		9.47		
Dec-20	VTE Assessment Completeness	97.2%	98.8%		
Jan-21	Patient Safety Alerts not completed by deadline	0	0		

Serious Incidents

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

- Clinical Incident fall – Patient sustained a fractured neck of femur following a fall
- Self-harm and 12-hour delay –Patient attempted self-harm and had a prolonged stay in the emergency department whilst awaiting a mental health inpatient bed

There were eight serious incidents closed by the CCG in January 2021.

Falls

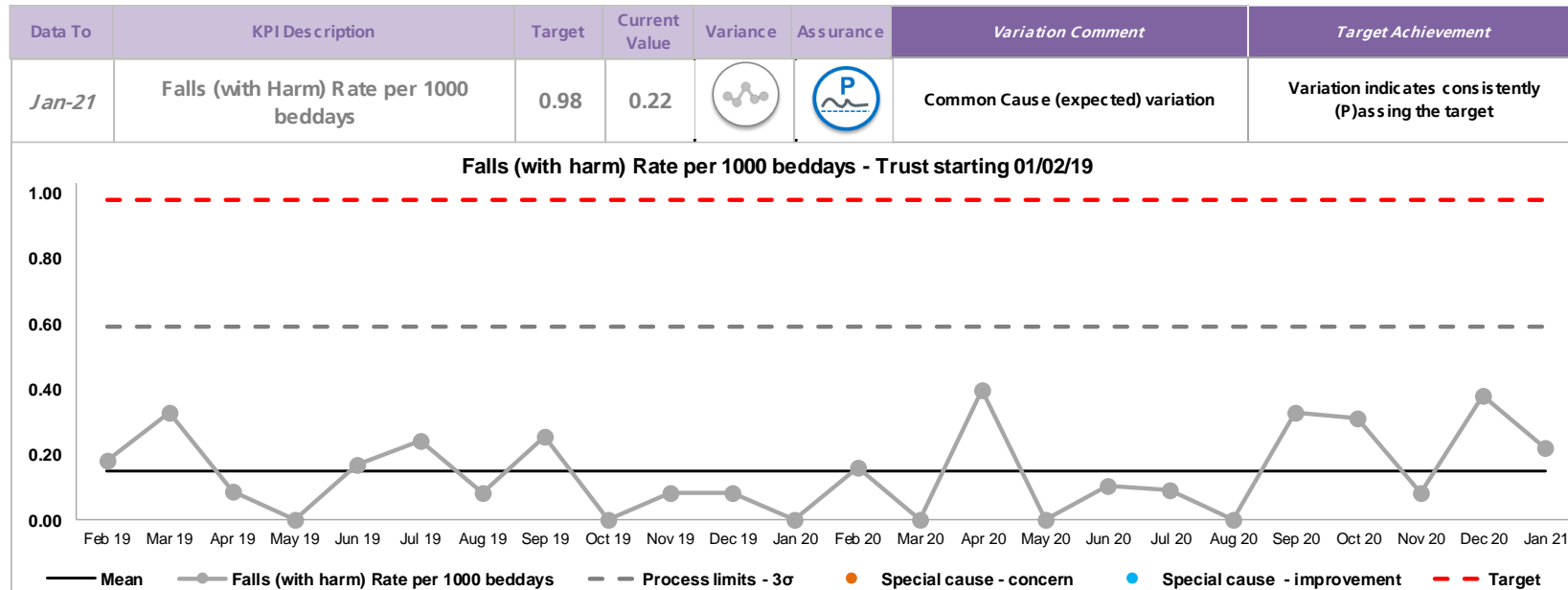


Chart 1 – Falls (with harm) rate per 1000 beddays

Key Issues (any new issues in red):

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

Key Actions (new actions in green):

1. There is a planned Deep Dive presentation on falls and reducing harm from falls to the Board of Directors on 2 March 2021.
2. Thirty-nine Health Care Support Workers were recruited following large-scale recruitment during January 2021 to support the delivery of care to patients requiring enhanced care and will commence in post during February 2021.
3. A range of high impact actions have commenced during mid-February 2021 which includes: distribution and use of Tiptree boxes, consistent bay observation, and a focussed group of nursing and AHP staff, chaired by the Deputy Chief Nurse in early March 2021 to ensure that our staff consistently adhere to the policies for reducing falls risk.

Recovery Forecast:

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

Key Risks to Forecast Improvement:

1. Unable to maintain staffing level at optimum level all the time.
2. Increasing number of patients admitted with high risk of falls.
3. Opening of additional beds to support increased demand.

Pressure Ulcer rate per 1000 bed days

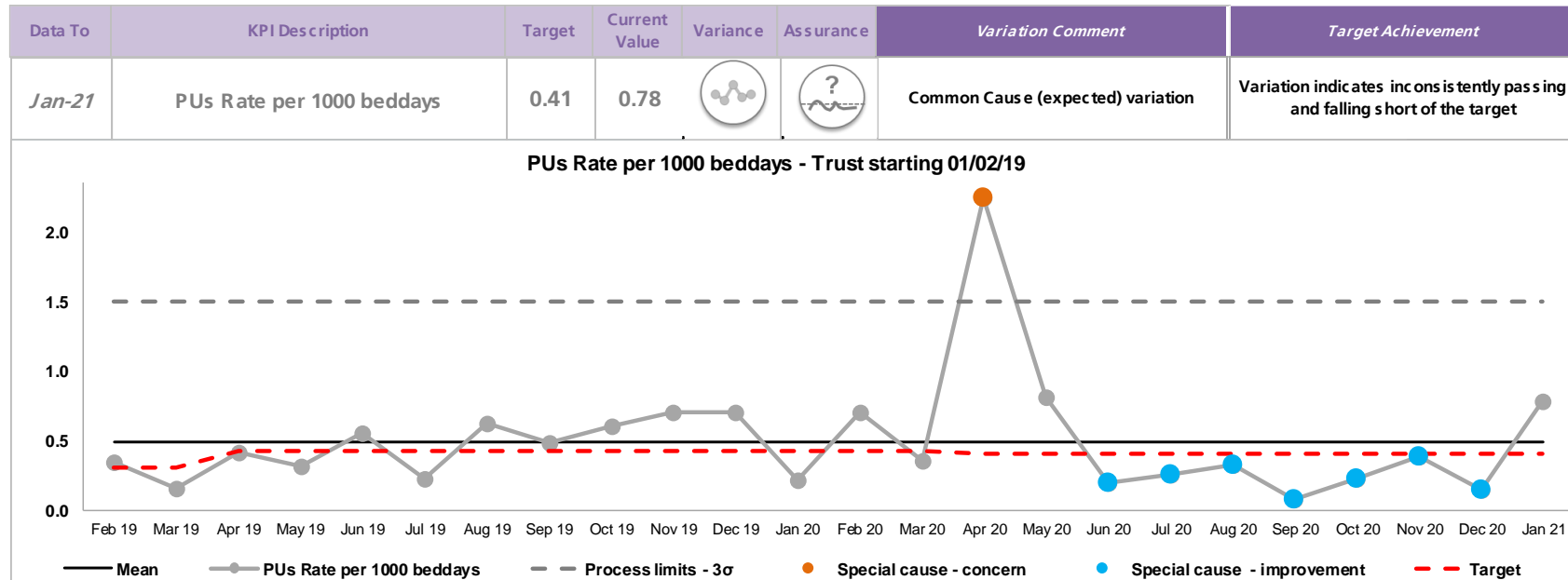


Chart 2 - PUs rate per 1000 beddays

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. Breach of the hospital acquired pressure ulcer tolerance following seven consecutive months of staying within tolerance. The majority of the cases are in the Intensive Therapy Unit due to prone positioning.

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. Enhanced support to the Intensive Therapy Unit for the prevention and management of pressure ulcers.

Recovery Forecast:

1. The number of hospital acquired pressure ulcers is starting to reduce as we see a reduction of admissions in the hospital and reduced need for prone positioning as the COVID-19 pandemic subsides.

Key Risks to Forecast Improvement:

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

Clostridioides Difficile (CDiff)

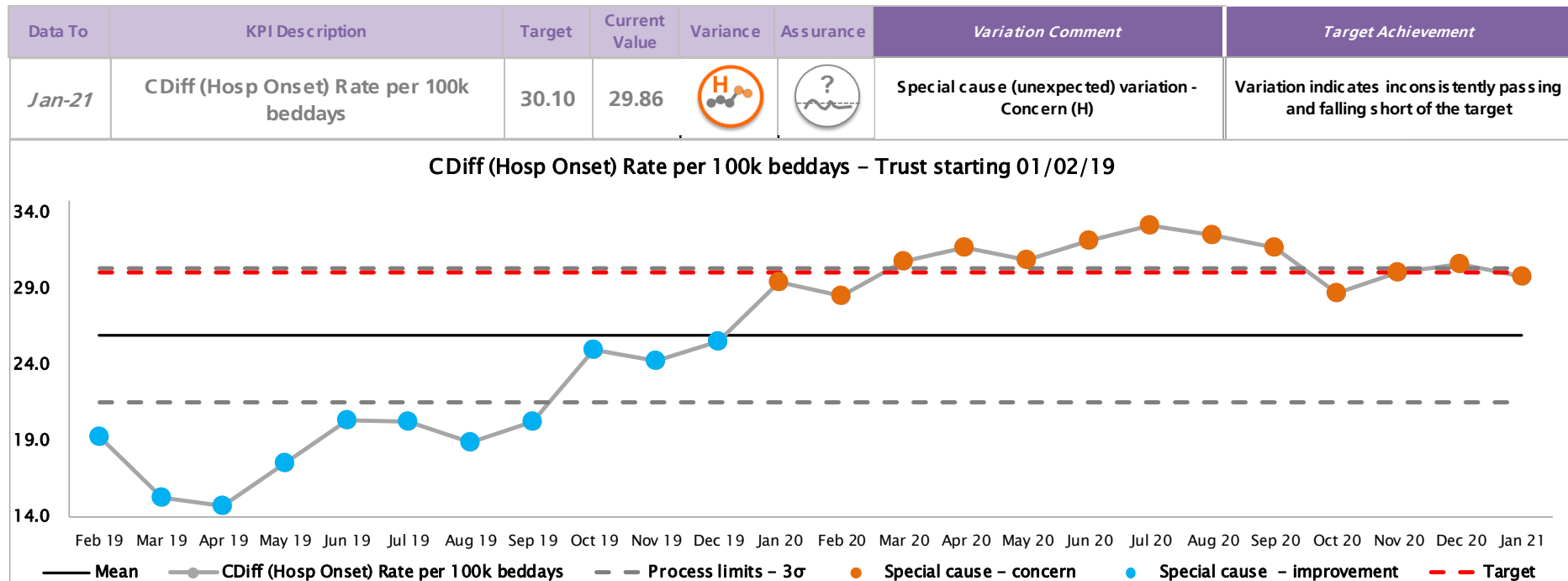


Chart 3 – CDiff (Hosp Onset) rate per 100k beddays

Key Issues

- Not achieving the tolerance for hospital onset C diff rate per 1000 bed days (total number of cases both trajectory and non-trajectory). The data is a 12-month rolling average.
- Five cases of hospital associated C diff were reported in January 2021, (3 Hospital onset and 2 community onset), this number mirrors reported cases in December 2020.
- In total, there have been 40 cases reported to date for 21/22. Of the 40 cases, 30 Post Infection Reviews (PIR's) have been completed. The remaining ten (2 from November 3 from December and 5 from January) are scheduled for PIR's week beginning 22nd February 2021.
- Completion of the PIR documentation, from nursing and medical staff, has been a challenge over recent months due to responding to COVID-19.

Key Actions

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

- bespoke education and training at ward level
- cohesive working relationships with procurement and facilities colleagues to ensure most effective sporicidal products are readily available in wards and departments
- regular and increased auditing (to affected areas) of commodes and bedpans
- increased visibility and support from IPC Team in wards and departments
- mandatory training for clinical staff continues
- IPC attendance at Safety Huddles
- sharing of lessons learned from the Post Infection Reviews (PIR).
- attending and supporting weekly C. diff ward rounds with a Consultant Microbiologist, Antimicrobial Pharmacist
- discussing individual cases with Ward Managers and Matrons and escalating concerns, in a time appropriate manner, at senior meetings and via governance reporting channels
- supporting staff with the completion of PIR documentation

Recovery Forecast

- The trajectory for the Trust is set at 44 cases for the year 2020/2021
- Following previous meetings with the Clinical Commissioning Group (CCG) , ten of the 40 cases, to date, have been declared as trajectory cases (identified with lapses in care), ten were non-trajectory (no lapses in care), 20 cases remain to be reviewed by the CCG (10 outstanding and 10 awaiting Trust PIR). Meetings with the CCG have ceased during the recent COVID -19 response:
- There was a change in the reporting of C diff cases for acute providers in 2019/20 by using these two categories:
 - hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission
 - community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous four weeks

Prior to this, acute providers were only reporting cases relating to the first category which is (HOHA).

Key Risks to Forecast Improvement:

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

Escherichia coli (E. Coli)

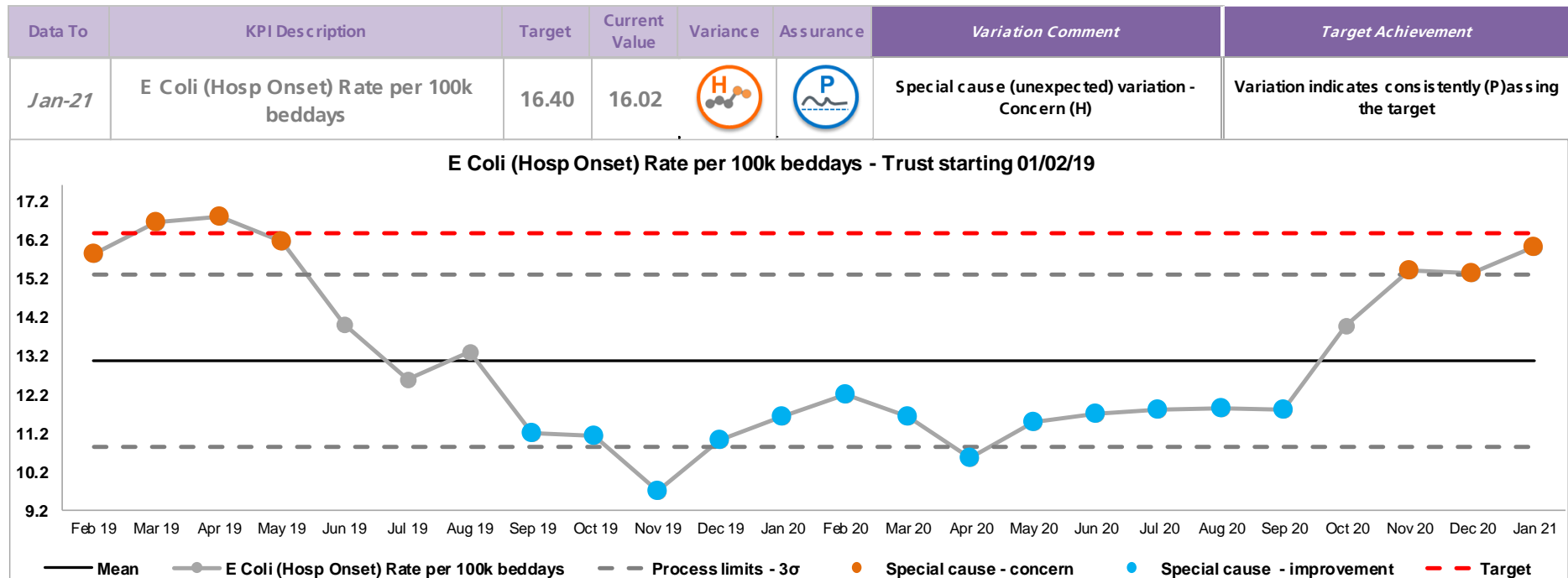


Chart 4 – E Coli (Hospital Onset) rate per 100k beddays

Key Issues:

- Three cases of hospital onset E. coli were reported in January 2021 this number mirrors reported cases in December 2020.
- In total, there have been 18 cases reported to date

Key Actions:

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

- Antibiotic stewardship and engagement
- Education at Induction and Mandatory Training

- Bespoke education and training for affected areas
- Practice Development Nurses provide training e.g. ANTT
- Review of individual cases and promptly undertaking measure to reduce any further transmission
- Attendance at the daily Harm Free Care meetings to raise awareness
- Monitoring in place across the Trust for catheter related infections
- Reviewed standards, methods and assurance of cleaning across the Trust
- Domestic staff trained in national cleaning standards
- IPC Team support procurement colleagues to ensure effective and efficient cleaning products are purchased and in place for use
- Supportive programme of audit including hand hygiene, PPE usage, isolation and environmental cleaning in place
- discussing individual cases with Ward Managers and Matrons and escalating concerns, in a time appropriate manner, at senior meetings and via governance reporting channels

Key Risks to Forecast Improvement:

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

Methicillin Sensitive Staphylococcus (MSSA)

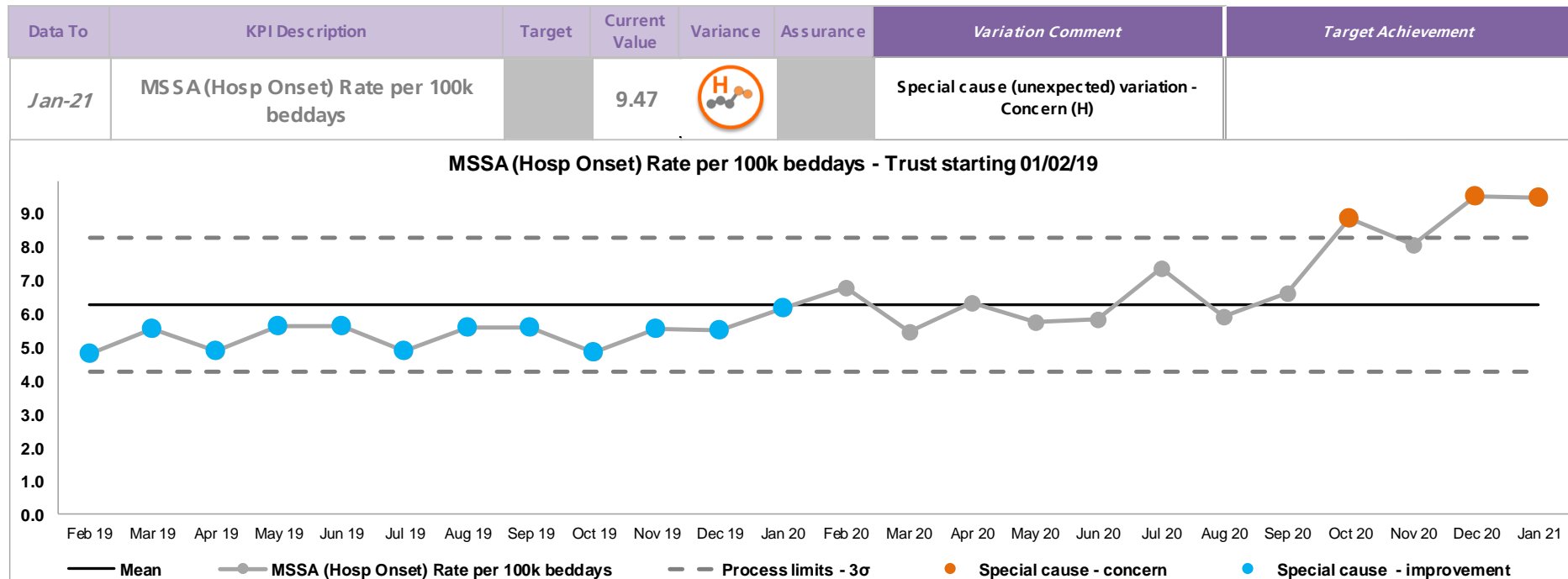


Chart 5 - MSSA (Hospital Onset) rate per 100k beddays

Key Issues:

- One case of hospital onset MSSA were reported in January 2021 this number mirrors reported cases in December 2020.
- In total, there have been 10 cases reported to date. PIR's have been undertaken on 5 cases. The additional 5 PIR's have been scheduled for February and March 2021.

Key Actions:

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

- Antibiotic stewardship and engagement

- Education at Induction and Mandatory Training
- Bespoke education and training on affected areas
- Practice Development Nurses provide training
- Review of individual cases and promptly undertaking measure to reduce any further transmission
- Attendance at the daily Harm Free Care meetings to raise awareness
- Reviewed standards, methods and assurance of cleaning across the Trust
- Domestic staff trained in national cleaning standards
- IPC Team support procurement colleagues to ensure effective and efficient cleaning products are purchased and in place for use
- Supportive programme of audit including hand hygiene, PPE usage, isolation and environmental cleaning in place
- discussing individual cases with Ward Managers and Matrons and escalating concerns, in a time appropriate manner, at senior meetings and via governance reporting channels

Key Risks to Forecast Improvement:

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

VTE Assessment completeness

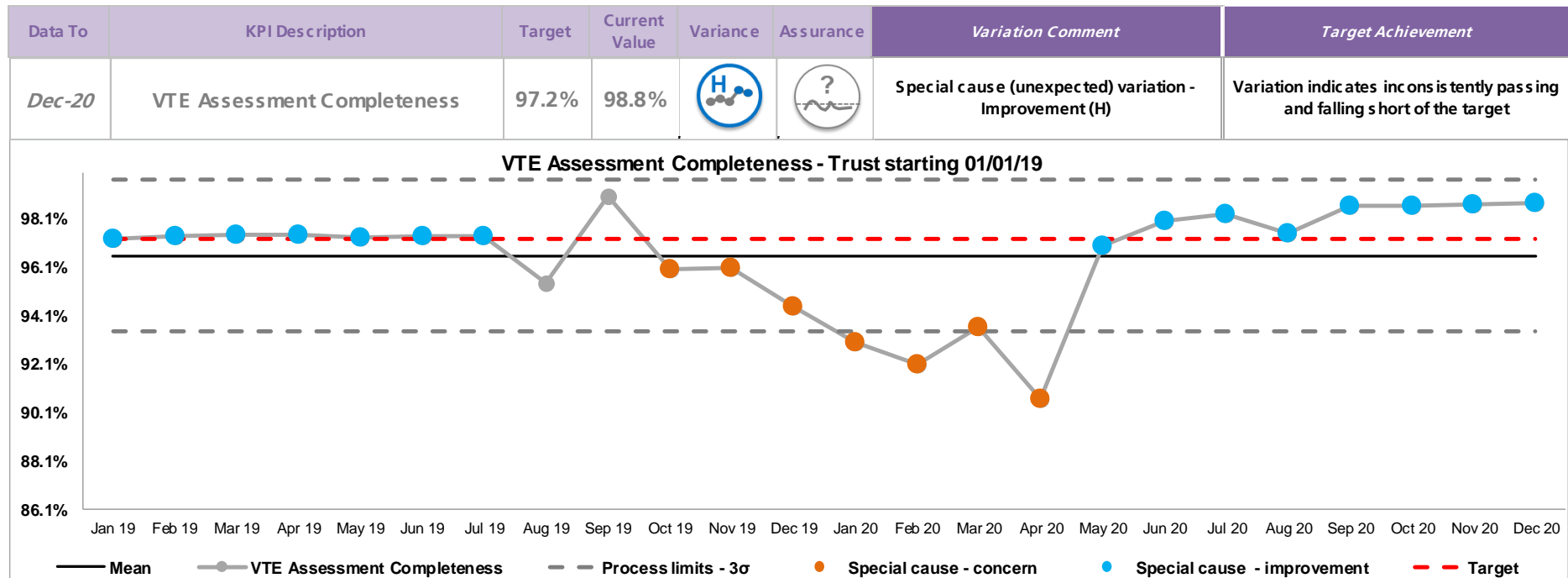


Chart 6 – VTE assessment completeness

Key Issues (any new issues in red):

Factors Driving Performance:

1. Currently VTE screening process is stable and continues to exceed targets. This has now moved to business as usual as a result of this consistent delivery.
2. Plans to ensure stability of this process are still in place with ongoing awareness during induction of junior doctors, regular documentation audit process to corroborate this improved compliance.

Key Actions (new actions in green):

1. Audit into compliance with prescribing thromboprophylaxis (pharmacy audit) has been introduced to ensure prevention of Hospital Acquired Thrombosis. Learning from this audit will further reinforce patient safety.
2. All reviews conducted by the anticoagulation team for hospital acquired thrombosis and deemed avoidable are now reported through the datix incident reporting systems and learning disseminated to the frontline teams.

Recovery Forecast:

N/A

Key Risks to Forecast Improvement:

1. This stable process is still subject to the risk of fluctuations due to human factors. Forcing function via Electronic prescribing still is vital to not only ensure ongoing compliance but also to manage treatment compliance.

Effective Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Limit	Current Value	Variance	Assurance
Dec-20	Stillbirth Rate	3.73	3.95		
Dec-20	Neonatal Deaths Rate	1.06	0.99		
Dec-20	Extended Perinatal Deaths Rate	4.79	4.94		
Dec-20	Total C Section Rate	25.0%	33.8%		
Dec-20	EL C Section Rate	10.0%	10.6%		
Dec-20	EM C Section Rate	15.0%	23.1%		
Dec-20	Maternal Deaths	0	0		
Jan-21	% "Term" admissions to the NNU	6.00%	6.45%		
Jan-21	% "Avoidable Term" admissions to the NNU	0.00%	10.00%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Oct-20	HSMR Crude Rate	3.18	3.85		
Oct-20	HSMR Relative risk	100.00	120.48		
Oct-20	HSMR Weekend Relative risk	100.00	132.17		
Aug-20	SHMI (Rolling 12 mth position)	100.00	104.50		
Jan-21	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.40		
Jan-21	No. of patients recruited in NIHR studies	50	317		

LSCS rates

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-20	Total C Section Rate	25.0%	33.8%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

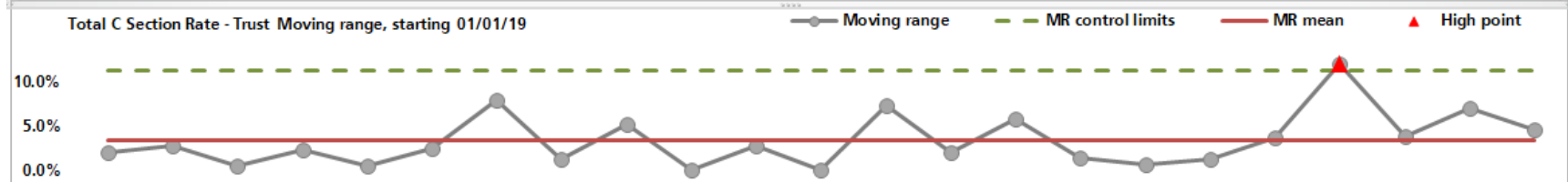
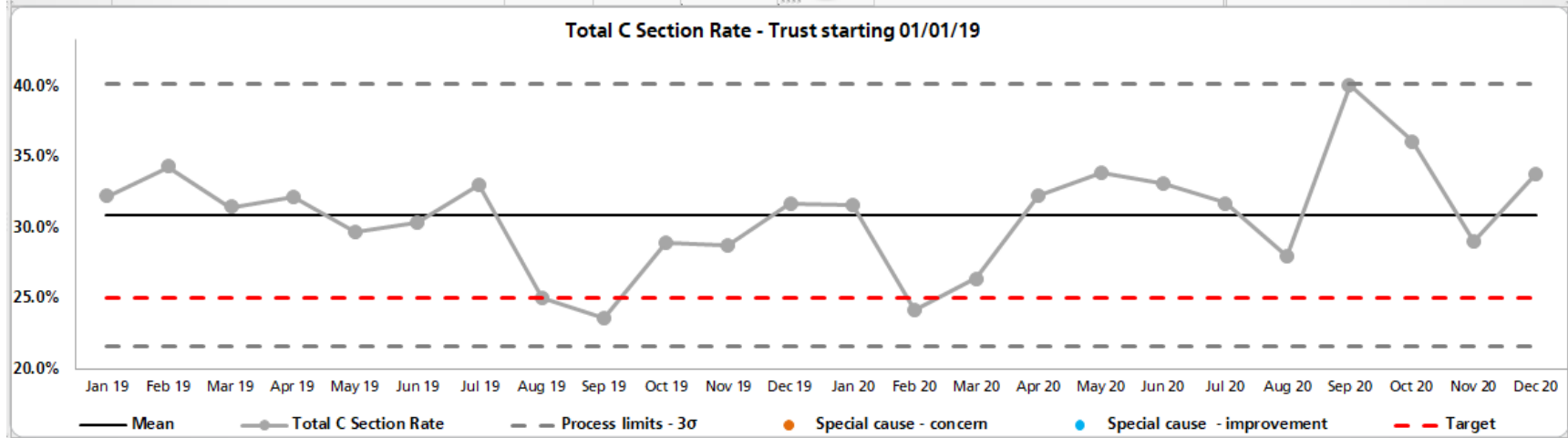


Chart 7 – Total C-Section rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-20	EM C Section Rate	15.0%	23.1%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

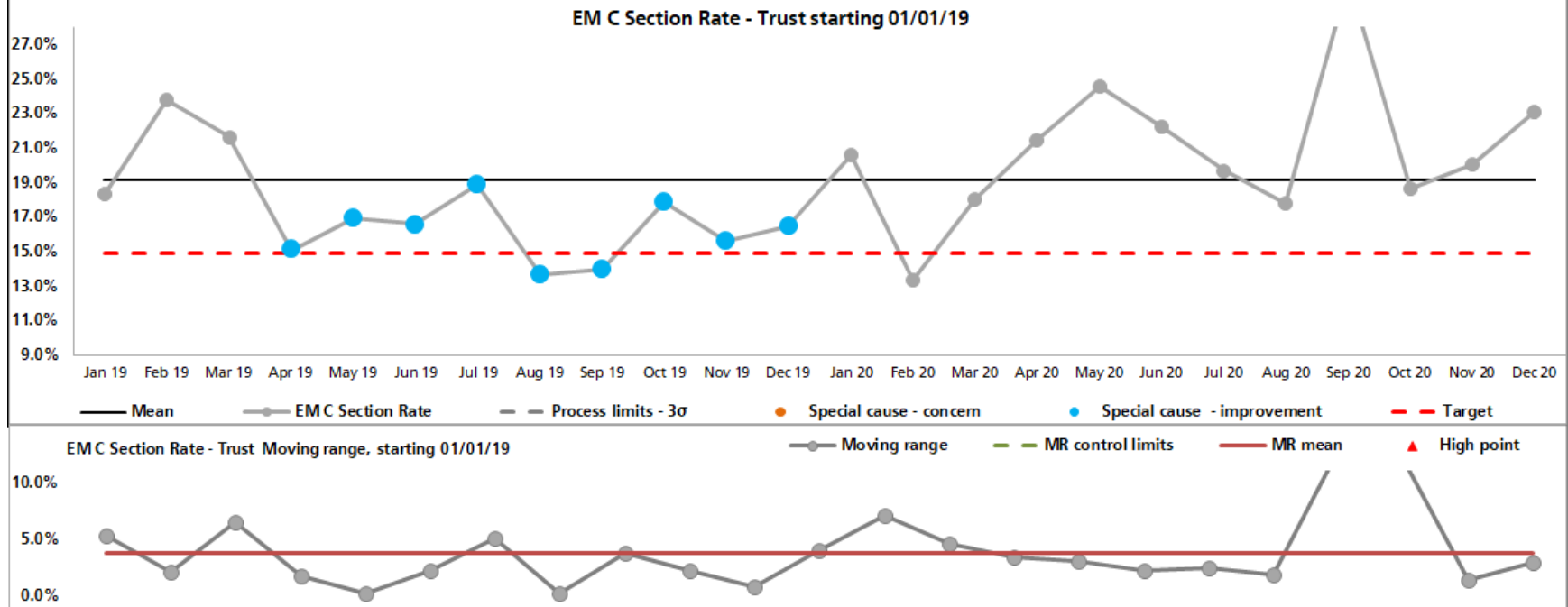


Chart 8 – Emergency C-Section rate

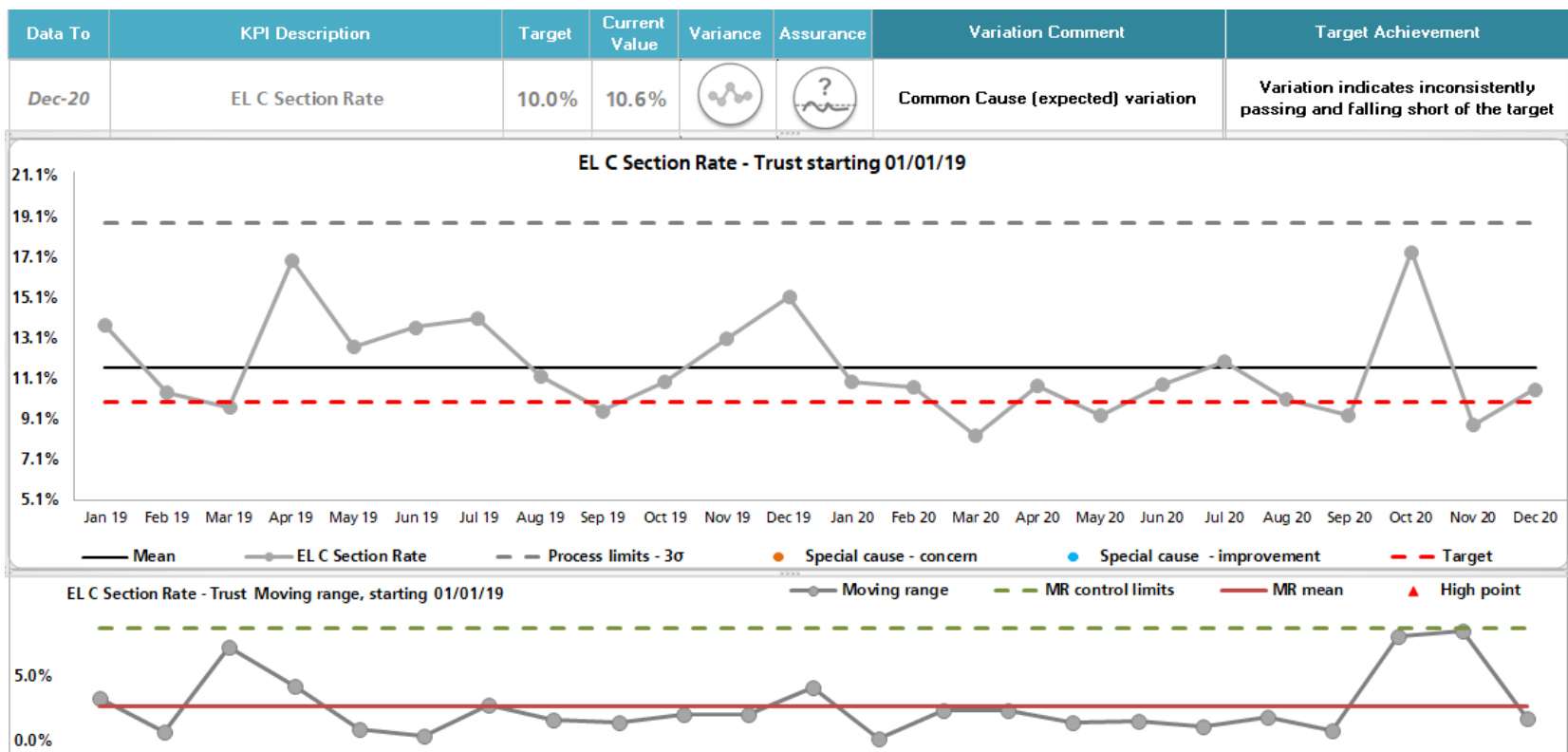


Chart 9 – Elective C-Section rate

Factors Driving Performance:

Total Caesarean rates for December are 33.8% against a current target of 25%. Following a review of our maternity quality indicators we plan to continue to monitor LSCS rates but will be removing the 25% target from April 2021.

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:

- Retrospective multidisciplinary reviews are in place. This weekly meeting is led by the labour ward consultant lead and inpatient matron.

- All emergency caesarean sections are reviewed and a quarterly audit report on caesarean section rates, avoidability and themes for learning will be presented to Clinical Governance.

Risks to Recovery:

1. The MDT CS meetings are planned with staff rostered to attend. Consultant and senior midwife attendance is now good providing robust challenge and senior review of decisions made, but sickness in the midwifery team means that attendance is not yet robust for all team members.
2. Increasing maternal requests for CS including emergency CS have been observed recently. Plans to implement Continuity of Carer should improve this trend but it will take time to see the results.

Neonatal and Perinatal Mortality

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-20	Stillbirth Rate	3.73	3.95			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

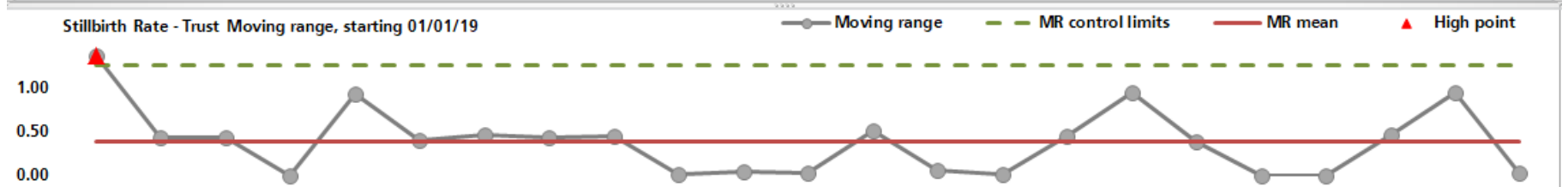
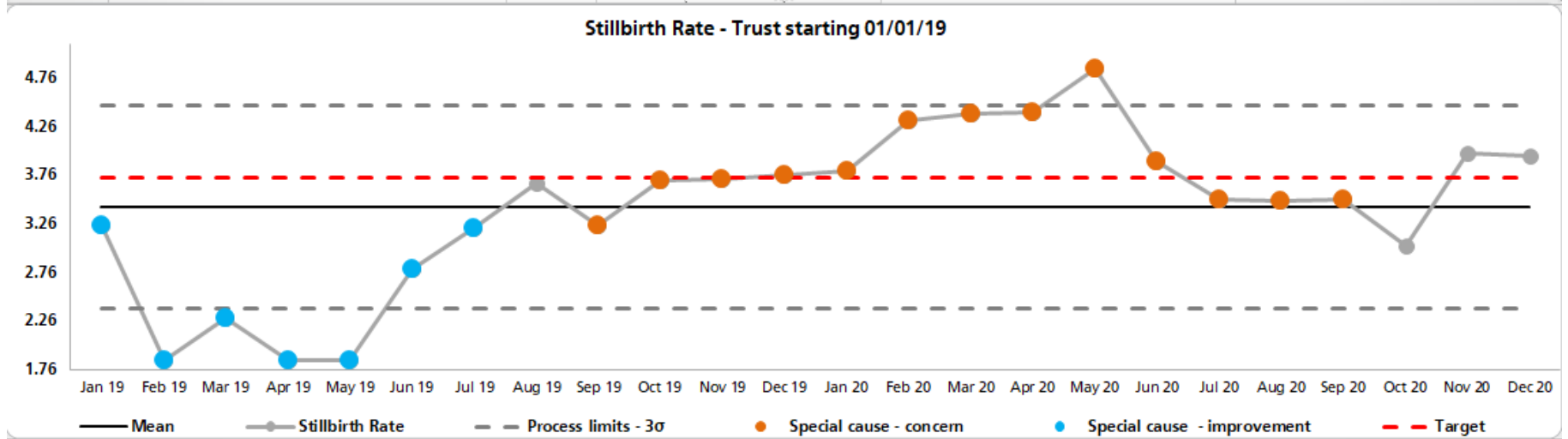


Chart 10 – Stillbirth rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Dec-20	Neonatal Deaths Rate	1.06	0.99			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (P)assing the target

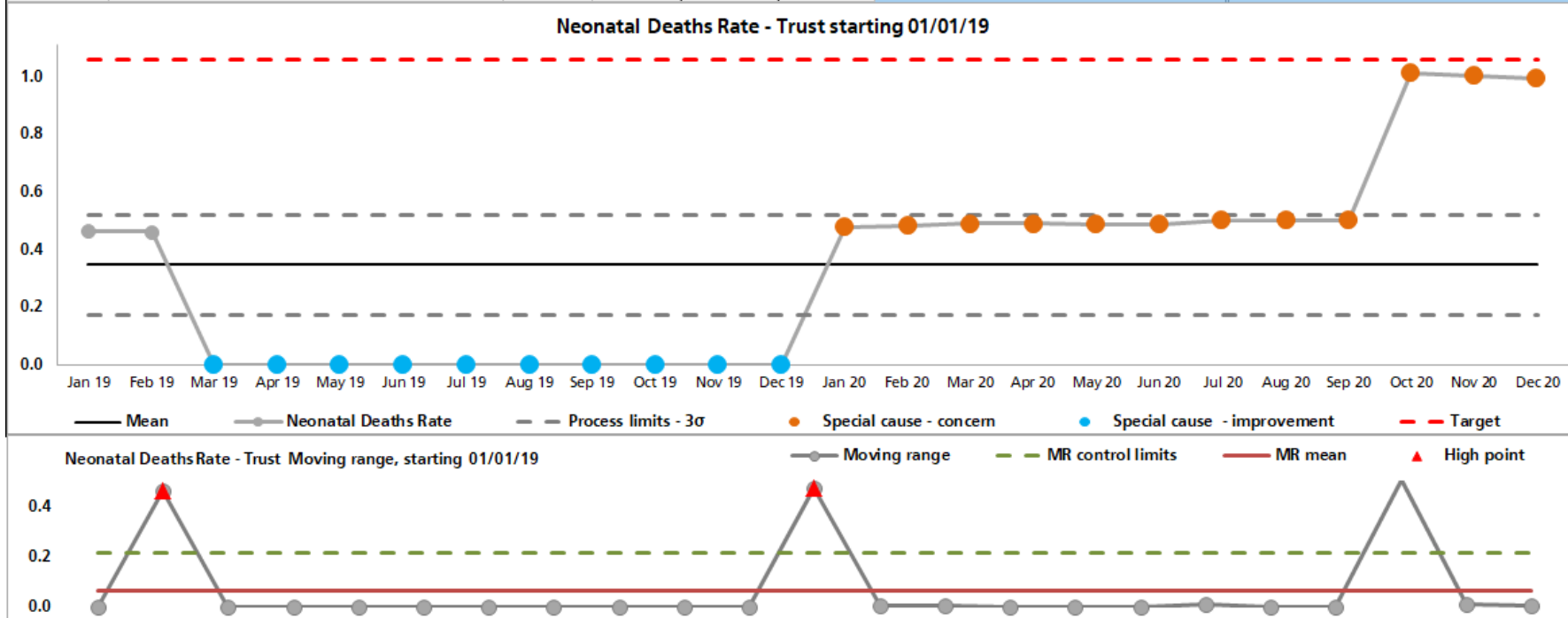


Chart 11 – Neonatal Deaths rate

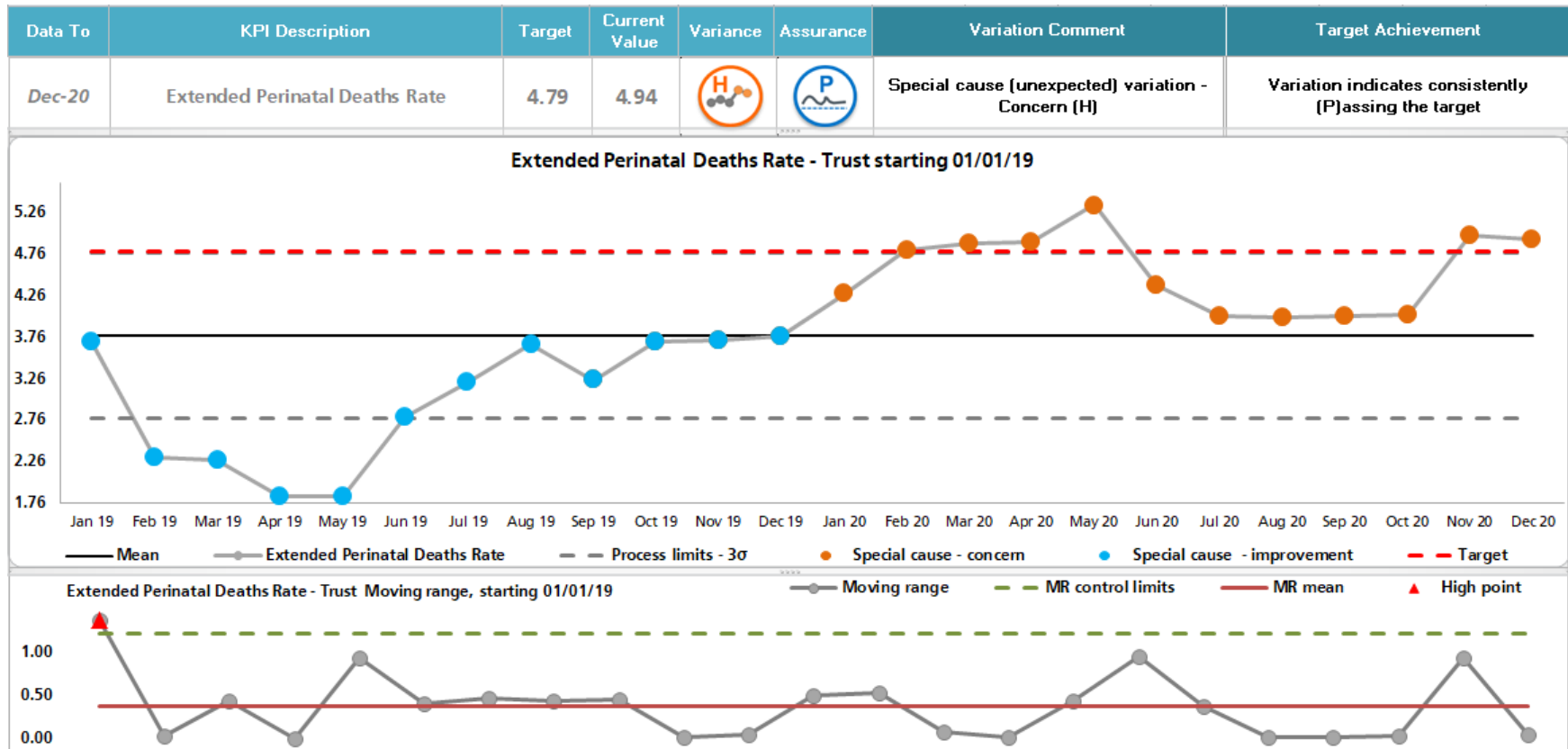


Chart 12 – Extended Perinatal Deaths rate

Factors Driving Performance:

The stillbirth rate for the month of December was 3.95% which is above the target of 3.73%. We had no stillbirths in the month of December.

The neonatal death rate remains below target at 1.06. Together these comprise the extended perinatal death rate: 4.94 which is marginally above the target of 4.79.

Actions being taken:

- Following the Ockenden report we have undertaken a gap analysis against the immediate and essential national actions. We are fully compliant with 9 of the 12 and are working with our system partners and regional colleagues to implement the Perinatal Quality Surveillance model. This is being reported through the Quality Forum with assurance to the board through the Quality Committee.
- We are also implementing all 5 of the elements of saving babies lives care bundle to reduce still births as per the national agenda and this will be captured in our new Saving Babies Lives Dashboard (from April 2021).
- An independent audit of antenatal care was also commissioned to help understand the reasons behind our extended perinatal mortality figures. This was presented to the Quality committee January 2021. It did not uncover any significant lapses in care but did highlight several areas worthy of future audit to ensure that all of our highest risk and most vulnerable mothers have access to the very best care. These are being addressed through the integrated maternity action plan.
- We have had trust board approval to increase midwifery establishment. Recruitment is underway to expand the team by 5 immediately and to recruit an additional 5 midwives in September 2021.

Risk to delivery:

- 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 on the risk register.
- **Midwifery Staffing:** Gaps and sickness in the team remain a risk to the delivery of this service. We are working with the Communication team to ensure we recruit successfully to these new posts.
- **Obstetrics and Gynaecology Staffing:** Gaps and sickness in this team also remain a risk, exacerbated by COVID-19 related shielding in this staff group. Locums are being used to maintain safe levels of staffing in particular out of hours.

Term Neonatal unit admissions

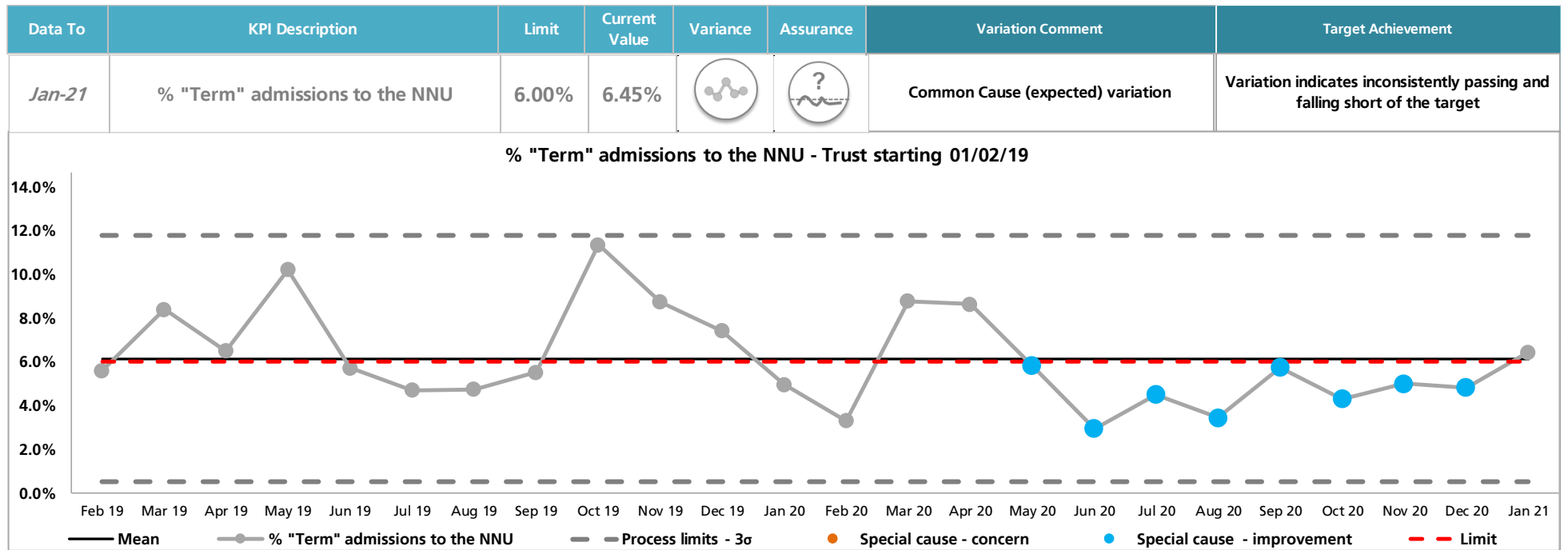
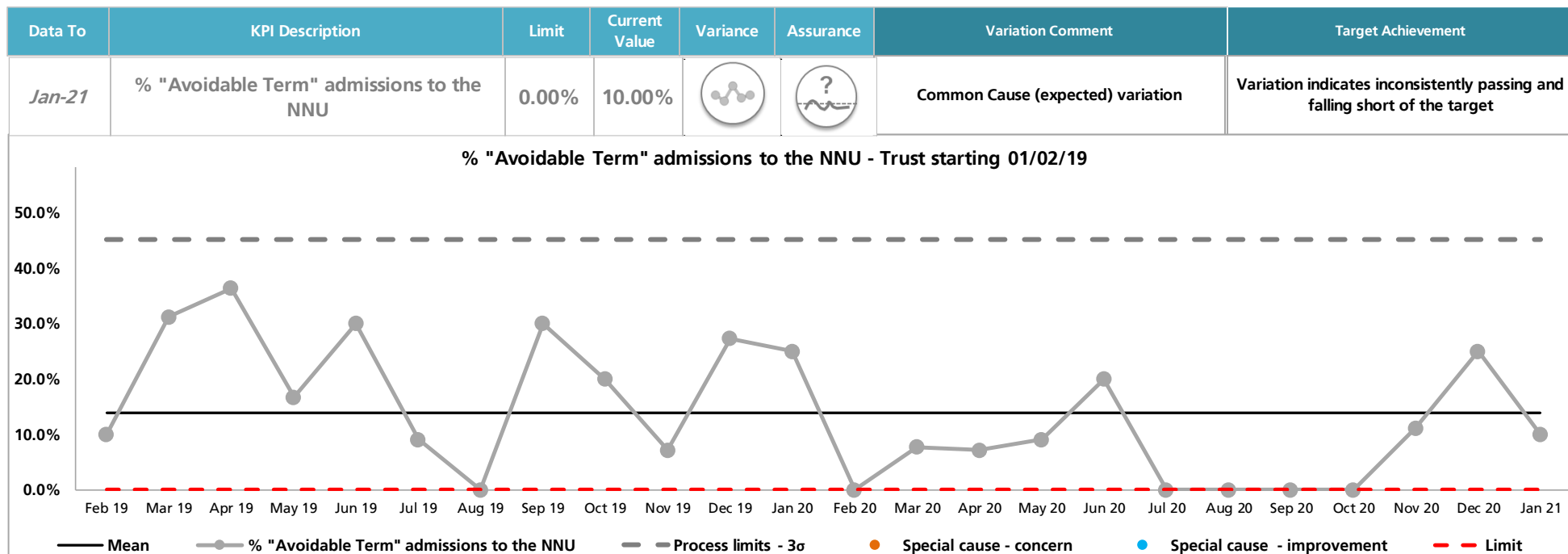


Chart 13 – Term admissions to the NNU



Factors Driving Performance:

- The number of term babies admitted to NNU has moved slightly above the 6% target for the first time in 9 months.
- There were a total of 10 admissions to NICU with one of those being avoidable in January 2021. This was due to hypoglycaemia and care delivery issue was identified (by way of delayed review) that is being investigated as a moderate harm

Actions taken:

- Regular MDT CTG meetings are held to disseminate learning and discuss decision making process for acute emergencies. These real life acute CTG scenarios will be used as skills drills during ad hoc training as well as in the PROMPT multidisciplinary training days.
- Communications to be shared around maintain correct ambient temperatures in the deliver rooms.
- Review of current guidance for paediatric attendance at delivery to come in line with our partner organisations.
- Review process for daily paediatric reviews

Risks to Delivery:

- Current gaps in the junior doctor rota – although working with Advanced Neonatal Nurse Practitioners (ANNPs) to mitigate this risk. Junior Doctors who were redeployed to Medicine during the pandemic have now returned back to the obstetrics rota. This should help to improve clinical cover.

SHMI

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

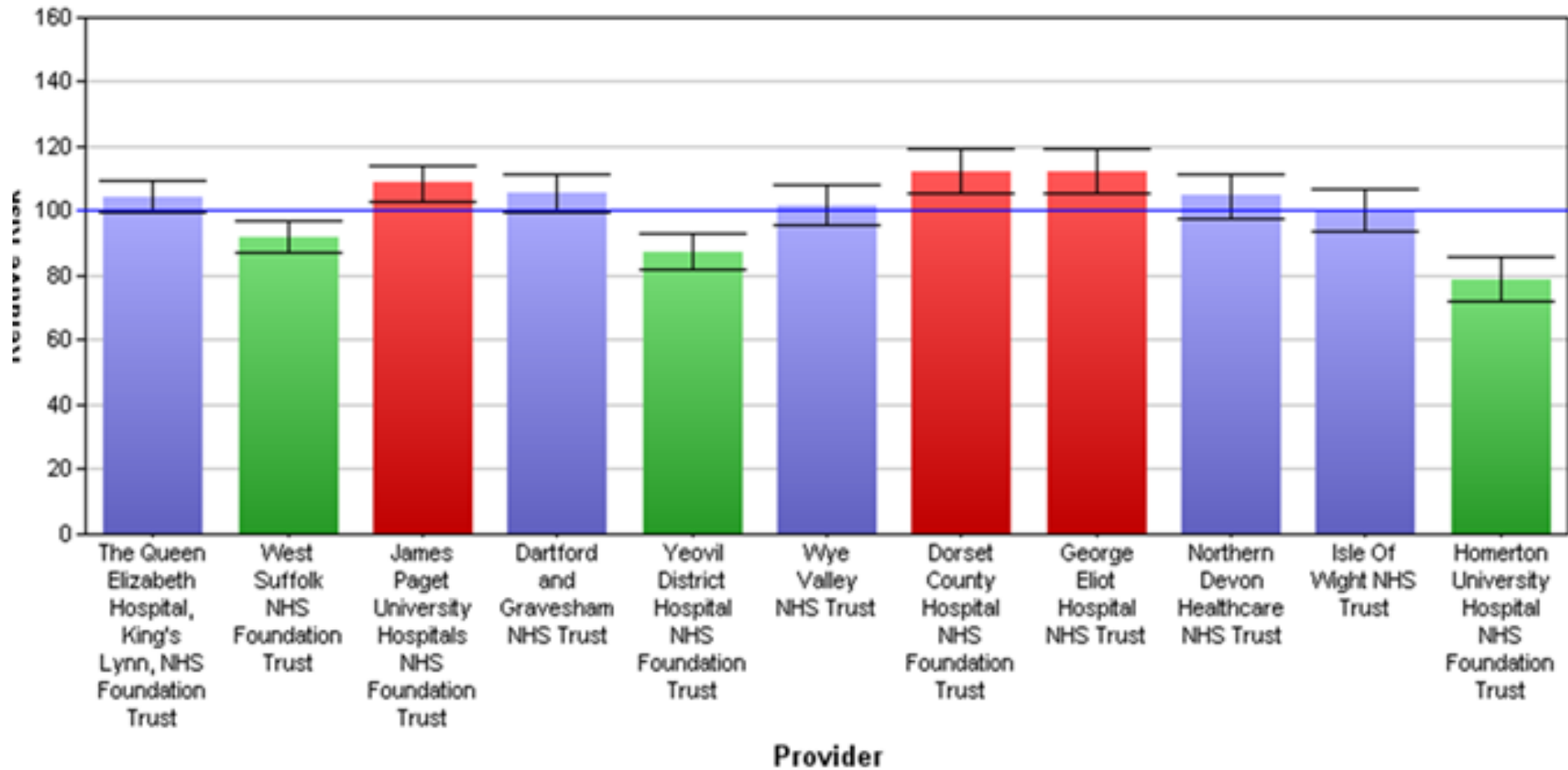



Chart 15 – SHMI by Provider

HSMR Relative Risk

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Oct-20	HSMR Relative risk	100.00	120.48			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (F)alling short of the target

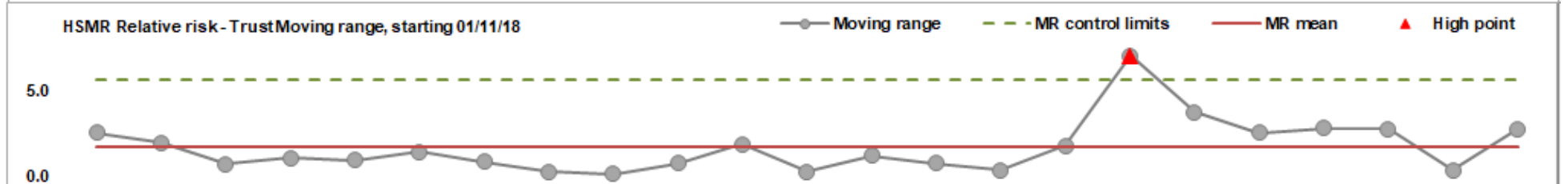
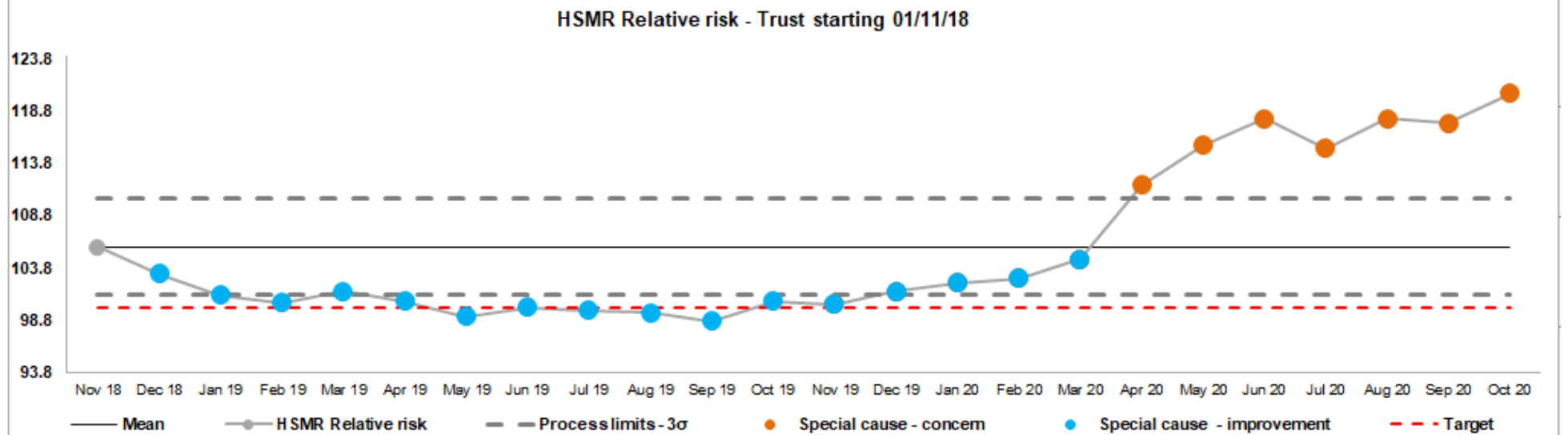


Chart 16 – HSMR relative risk

Weekend HSMR

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Oct-20	HSMR Weekend Relative risk	100.00	132.17			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (F)alling short of the target

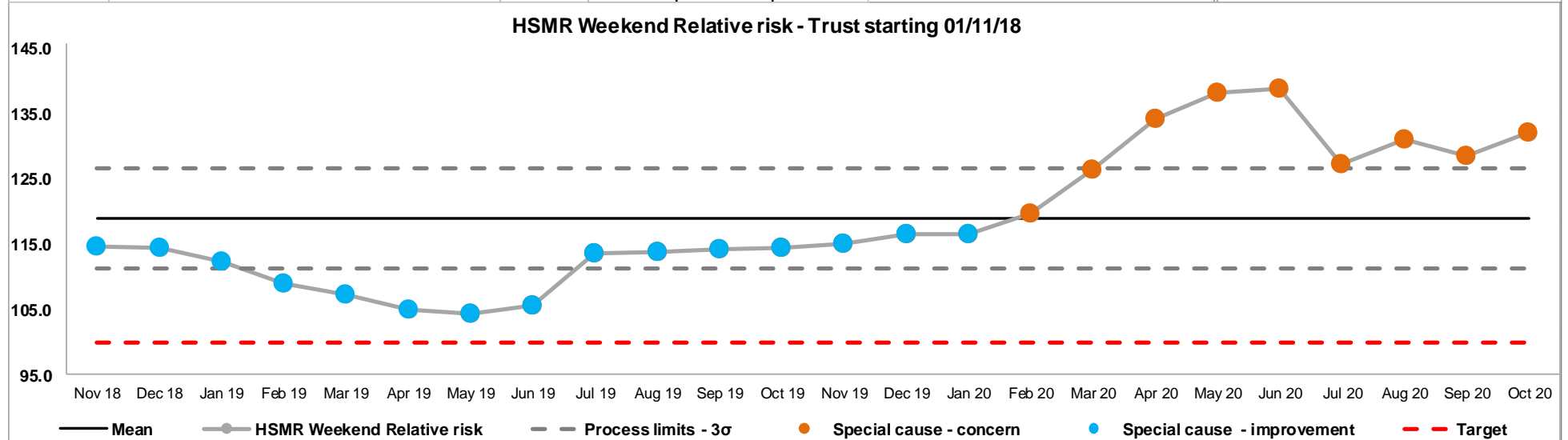


Chart 17 – HSMR weekend relative risk

Factors Driving the Performance

- The SHMI rate has risen slightly to 104.50 but remains within the “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 further to 120.48 and remains above expected. Dr Foster and NHSEI reviews both confirm that this is largely due to 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%). This has been exacerbated by reduced activity within the period.
- 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.

- Dr Foster are working on their 5th refresh of data for the bespoke analysis on our COVID-19 deaths. The second wave of COVID-19 deaths commenced in September with 1, 7 in October, 20 in November, 70 in December and 148 in January. This detailed analysis including comparison to peer trusts will be presented to the Quality Committee.
- In January 2021 there were 212 deaths, 148 of which were COVID-19 deaths; this is the highest number of COVID-19 deaths at this hospital in month. In comparison there were 112 deaths in January 2020. The greatest number of deaths occurred on our COVID-19 wards (148). 132 (out of 212) of the deaths occurred in patients aged 80 and over, with a high proportion (50) aged 90 and over.
- Weekend mortality continues to remain high at 132.17. Access to community and palliative care services which might have prevented the need for admission in end of life patients, a sicker and older patient cohort admitted at weekends, and lower overall numbers of admissions at weekends were deemed to be the main contributory factors identified in the previous 3 audits and the NHSEI external review.

Key Actions Taken:

- A structured review of all COVID-19 deaths to understand and disseminate learning will commence this month. The findings will be shared upon completion in two 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.
- The redesign of Palliative Care team is ongoing. The job description for the posts of Palliative Care Consultants have been finalised and agreed with NCHC, NNUH and the Norfolk Hospice. The CCG has also confirmed a change in funding to support this from 1 April 2021. These posts are currently being advertised. The End of Life Co-ordinator role has commenced in January and she is integral to the current redesign plan. Clinical Nurse Specialist interviews were held on 5th of February but appointments could not be made as the candidates were deemed unsuitable due to a lack of experience. This post has been re-advertised since and in the meanwhile a replacement will be sought through agencies.
- Talks with the CCG to improve on discharge planning and community access are ongoing. Currently the Hospital discharge process is being redesigned to improve visibility of the process and also to identify constraints in access to End of Life services. This redesign is expected to improve flow out of the hospital as well as weekend access for patients.

Risks to recovery

- The impact of COVID-19 deaths on our HSMR and SHMI will continue for the duration of the time this metric is shown in the rolling 12 month report. The second wave of COVID-19 deaths will further impede our ability to predict and benchmark our deaths against others. We have therefore received some bespoke analysis from Dr Foster.
- Lack of consistent palliative care services within the Trust restricts standardised EOL care provided to patients

Rate per 1000 admissions of inpatient cardiac arrests

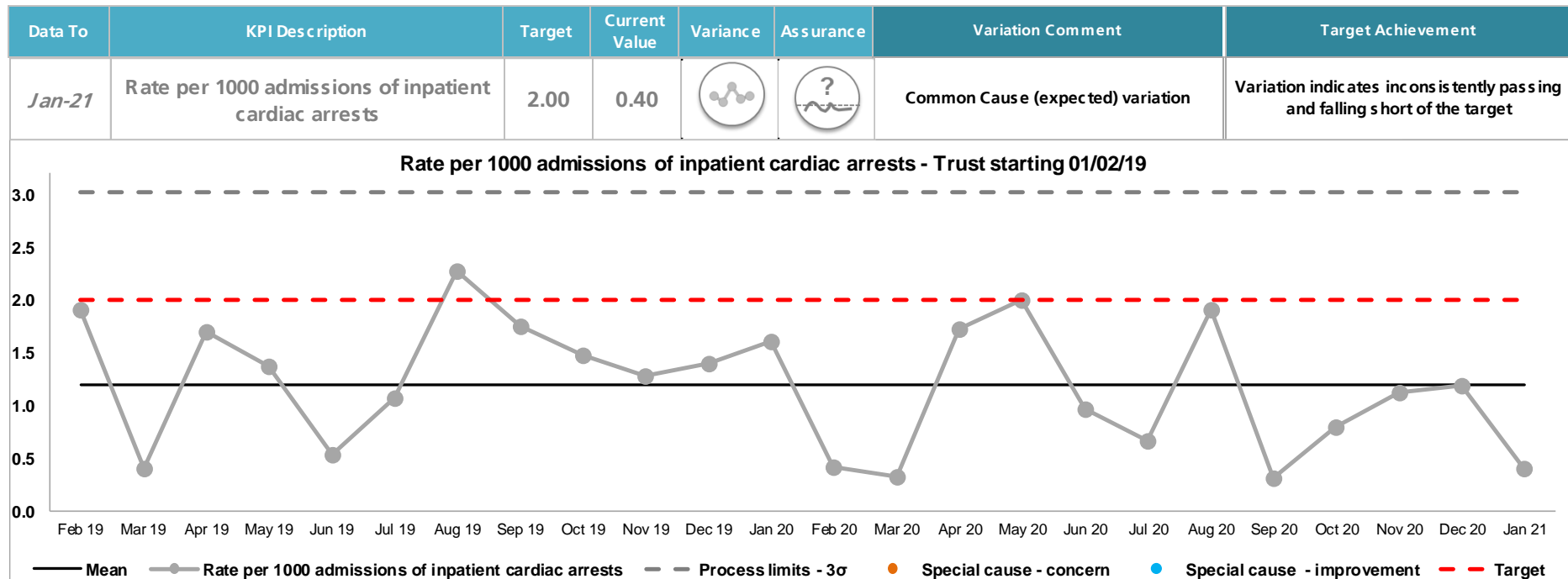


Chart 18 – Rate per 1000 admissions of inpatient cardiac arrests

Key Issues (any new issues in red):

- Cardiac arrests continue to be below our agreed target limits. This is despite an increased number of deaths in January (212 deaths in total of which 148 deaths were COVID-19 infected related). This signifies that the majority of these patients had been recognised to be end of life by the treating team, and hence appropriate decisions on resuscitations and treatment limitations were made with the patients and or relatives.

Key Actions (new actions in green):

- All deaths following unexpected cardiac arrests are currently subject to Structured Judgement reviews. The learning is then disseminated to the divisions for wider learning. Patient case study is now regularly presented in the Recognise and Respond Forum to improve engagement of the members.
- ReSPECT compliance with revised metrics of measurement has been agreed. This has 3 components:
 - a. Training compliance with ReSPECT
 - b. Quality of documentation in ReSPECT
 - c. Capture of the target patients for the ReSPECT conversations at admissions.

Recovery Forecast:

Not Applicable

Key Risks to Forecast Improvement:

Human factor issues with staff wanting to avoid having difficult conversations around death with patients and their relatives can lead to delays in decision making regarding resuscitation and the ReSPECT process. Failure to recognise the deteriorating patient can also result in higher number of cardiac arrests. Constant reinforcement through regular training in the recognition and management of the deteriorating or dying patient and update refreshers on NEWS2 and ReSPECT are essential to maintain this focus.

Research

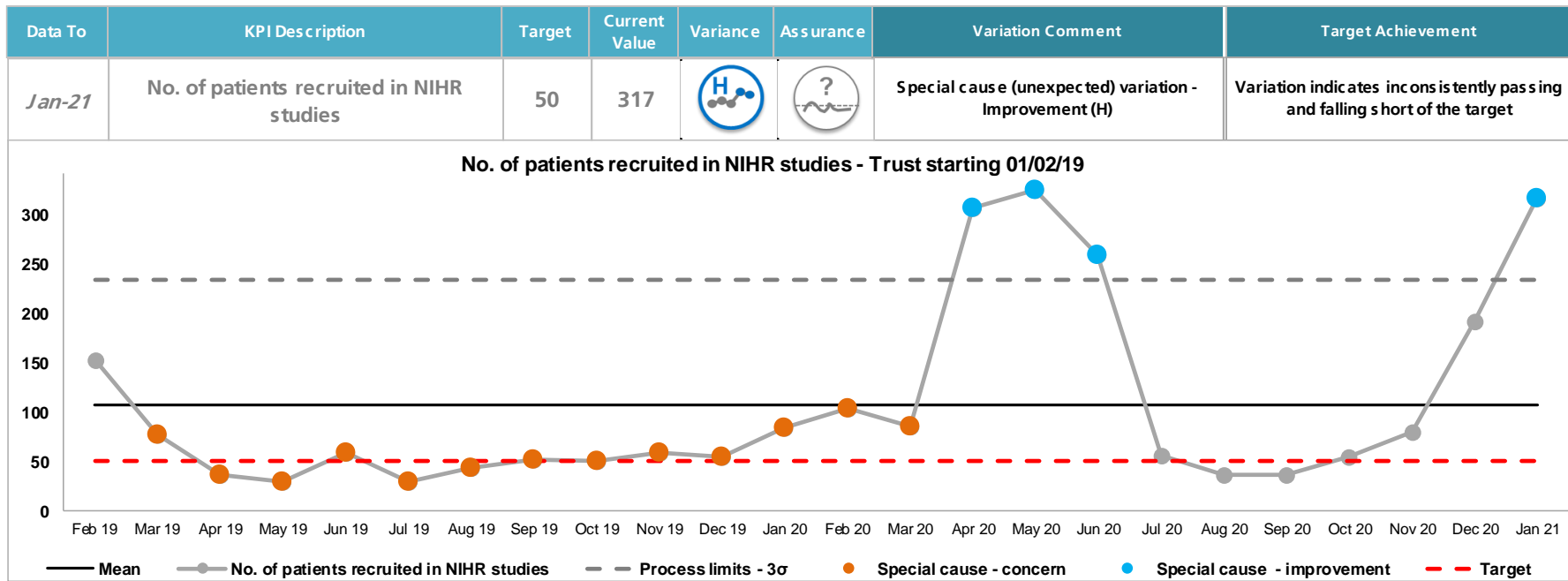


Chart 19 – No of patients recruited in NIHR studies

Key Issues (any new issues in red):

1. Wave three of COVID-19 has boosted our recruitment figures to the highest ever achieved by QEHL
2. Research Lead has started in post in mid-January
3. Opened and recruited to a continence study, and opened a further prostate cancer study
4. Our main COVID-19 study has reduced its requirements to recruiting 1 in 10 patients, plus those on remdesivir and tocilizumab. We have found new ways of data capture regarding vaccination of both covid-19 and flu as this is part of the information required.
5. There has been much publicity about the loan of EXOVENT, a negative pressure ventilator, to QEHL. We are performing the usability and clinical testing of the system for the charity.

Key Actions (new actions in green):

1. We have increased our target to 2000 for the year
2. RECOVERY trial clinician engagement is poor except in 2 wards. Currently scoping giving patient information in Red ED
3. Another nurse (0.4WTE) has been redeployed to the team from the NIHR to improve uptake in RECOVERY trial

Recovery Forecast:

N/A

Key Risks to Forecast Improvement:

1. The key risk to lack of clinician engagement is patients not being able to join clinical trials which may help their recovery.

Caring Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jan-21	MSA Incidents	0	1		
Jan-21	MSA Breaches	0	3		
Jan-21	Total Clinical & Non_Clinical Complaints	20	22		
Jan-21	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.09%		
Jan-21	Complaints receiving a response within 30 working days %	90.0%	88.9%		
Jan-21	Complaints - Reopened (% of Total)	15.0%	13.6%		
Jan-21	Complaints - Rate per Staff In Post	0.60%	0.67%		
Dec-20	Dementia Case Finding	90.0%	61.9%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jan-21	FFT % "Very Good" or "Good" (IP & DC)	95.00%	98.48%		
Jan-21	FFT Resp Rate (IP & DC)	30.00%	7.03%		
Jan-21	FFT % "Very Good" or "Good" (AE)	95.00%	71.43%		
Jan-21	FFT Resp Rate (AE)	20.00%	0.29%		
Jan-21	FFT % "Very Good" or "Good" (OP)	95.00%	98.39%		
Jan-21	FFT Resp Rate (OP)		2.19%		
Jan-21	FFT % "Very Good" or "Good" Mat Question 1 (Antenatal)	95.00%	90.0%		
Jan-21	FFT % "Very Good" or "Good" Mat Question 2 (Labour)	95.00%	100.0%		
Jan-21	FFT % "Very Good" or "Good" Mat Question 3 (Postnatal)	95.00%	100.0%		
Jan-21	FFT % "Very Good" or "Good" Mat Question 4 (Comm Postnatal)	95.00%	100.0%		
Jan-21	FFT Resp Rate Mat Question 2 (Labour)	15.00%	15.3%		

Mixed Sex Accommodation

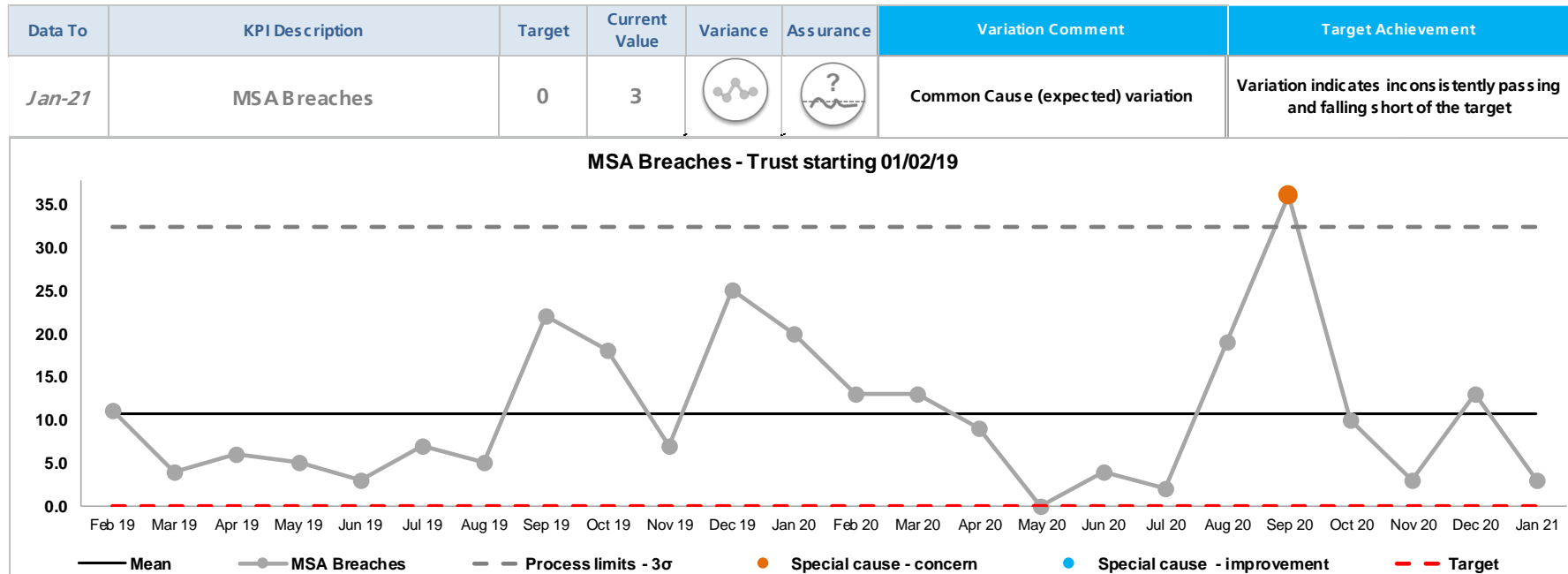


Chart 20 – MSA breaches

Key Issues (any new issues in red):

1. There has been one incident of a same sex accommodation breach affecting three patients, all of whom were in the Hyperacute Stroke Unit on West Raynham Ward.
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 regarding same sex accommodation breaches.

Key Actions (new actions in green):

1. Nurse in charge has active conversations with patients regarding their experiences whilst being cared for in a mixed sex bay.

2. Same sex accommodation breaches are a focus of site team planning.

Recovery Forecast:

- Unable to forecast recovery due availability of step down beds compounded by the complexities of appropriate patient placement due to COVID-19.

Key Risks to Forecast Improvement:

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

Complaints

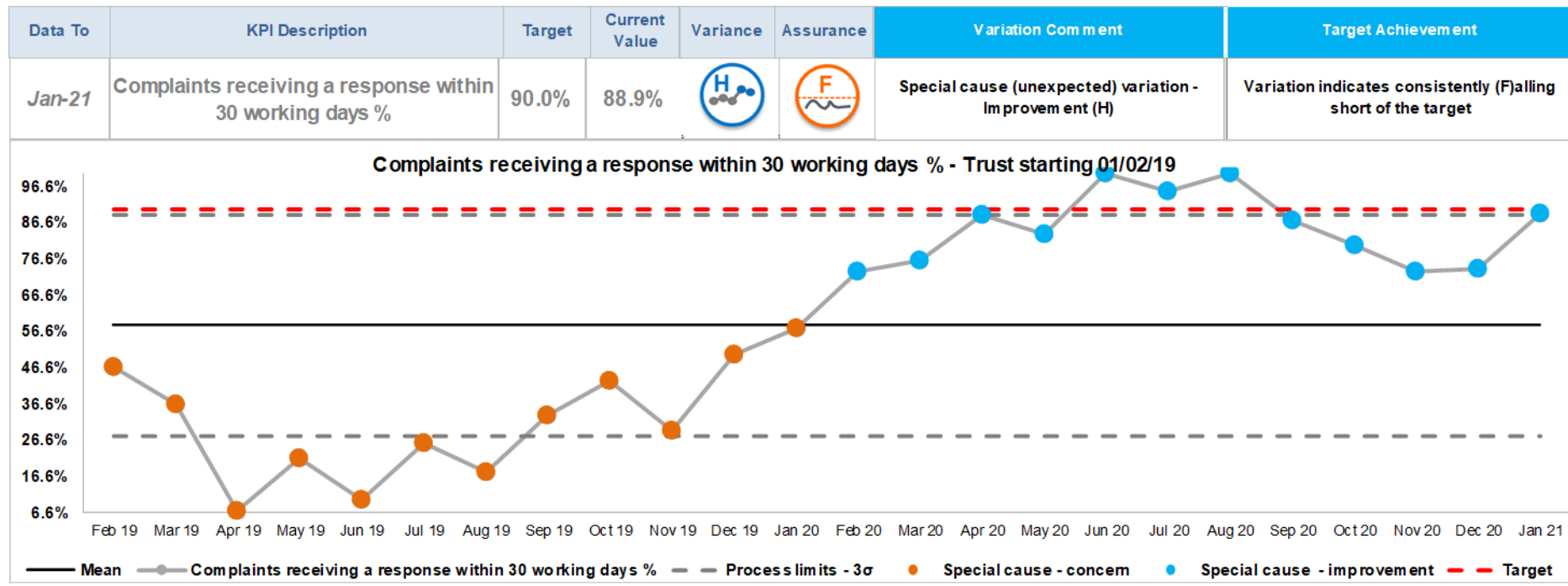


Chart 21 – Complaints receiving a response within 30 working days

Key Issues (any new issues in red):

- The timeliness of responding to complaints within 30 days has not been achieved for the 5th month.
- There are challenges in receiving responses within the 18 working day timeframe from Divisions and some responses require additional time as they were returned for amendment.
- The response rate for January 2021 continues to improve compared to recent months, however, it still fell marginally short of the 90% target.

Key Actions (new actions in green):

- An interim Complaints Manager is in post to support the team until June 2021.

- Weekly performance review meetings with the Chief Executive Officer, Chief Operating Officer and Chief Nurse.
- Actions have been initiated to streamline and modernise the complaints process and improve the quality of our responses to patients and their families.
- A senior nurse has been seconded into the role of Associate Director of Patient Experience to lead the complaints and patient experience functions. Access to a newly appointed part time Associate Medical Director who has a governance remit and a small proportion of that role is to work with fellow consultants to support particularly challenging medically complex complaint responses.
- Training sessions are planned in Quarter 1 of 2021/22 to focus on customer service, complaints handling and report writing.

Recovery Forecast:

- It is anticipated that the target of 90% response rate will be met by the first quarter of the financial year 2021/22.

Key Risks to Forecast Improvement:

- The ability of the Divisional Leadership Teams to reprioritise complaint responses in the expected time frames and provide patient focussed responses.
- Increase in the number of complaints received.
- Maintenance of the streamlined processes.

FFT

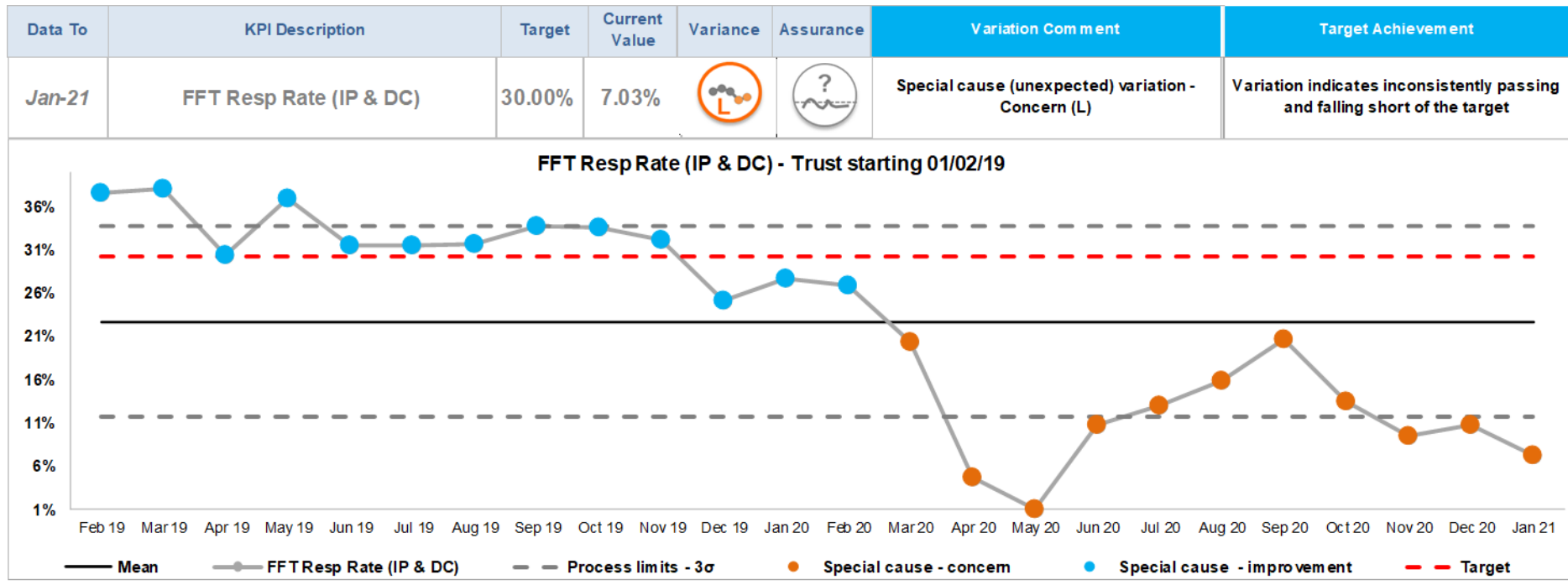


Chart 22 – FFT response rate (IP & DC)

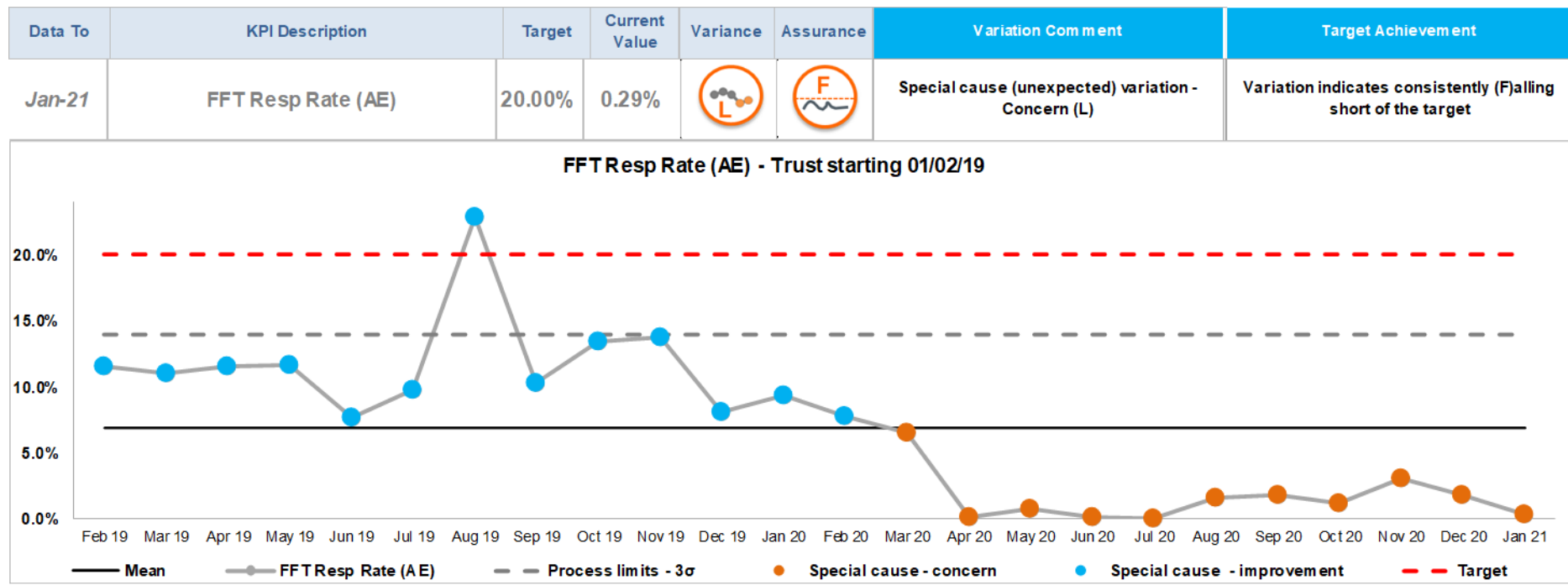


Chart 23 – FFT response rate (AE)

Key Issues (any new issues in red):

1. FFT feedback collection has fallen during January 2021 to 774 responses compared to 1352 during December 2020. January is traditionally a month of low returns but the exceptional circumstances have impacted on returns across the Trust; of these responses only eight pieces of feedback were negative.
2. Particular area of concern relating to response rate remains to be the Emergency Department (0.29% - seven responses) which is a reduction from the 53 responses received during December 2020, the lowest since July 2020. It is proposed in our new FFT contract that the ED responses are collected using all the current methods but also via SMS texting.
3. Across the hospital the number of online responses has risen to 283 during January 2021 from 116 during December 2020.

Key Actions (new actions in green):

- Specific actions have been implemented to support A&E to collect feedback.

- 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.
- Patient Experience support will continue to promote the FFT to staff and patients offering different opportunities to provide feedback.
- The COVID-19 Vaccination Centre, Neonatal Community Team and Lung Function Clinic are now been added to the FFT system.
- The Patient Experience Lead has attended senior nurse meetings in Women and Children, Medicine and Surgery divisions to promote FFT and advise of the initial changes expected from March 2021.

Key Risks to Forecast Improvement:

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

Dementia Case Finding

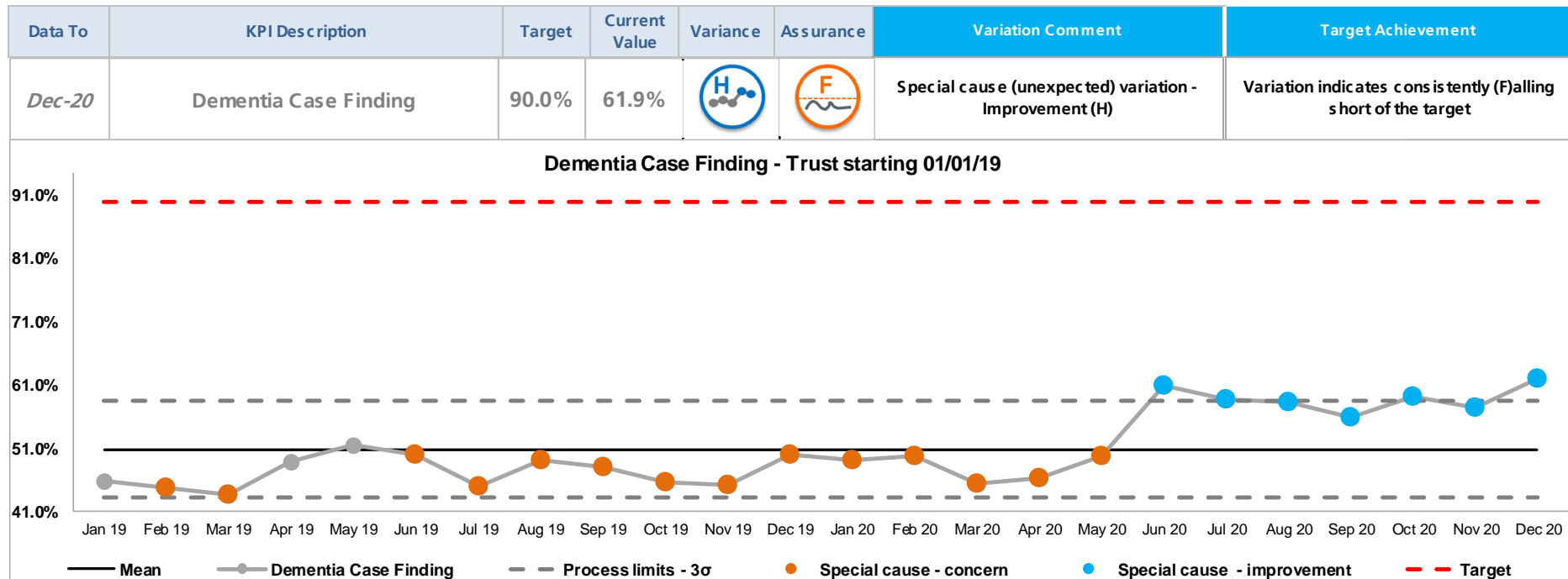


Chart 24 – Dementia Case Finding

Key Issues (any new issues in red):

- Dementia case finding continues to fail albeit the improvements made in May 2020 have been sustained.
- Compliance in Medicine has improved to 69% of eligible patients. Performance is most challenged in AMU, Stanhoe and Tilney wards (all of which are currently assessment areas). A targeted approach to support these areas to improve screening is required.
- Performance is much lower for Surgery at 36%. The main focus and changes to date have predominantly targeted Medicine as the majority of eligible patients are admitted under the care of medical rather than surgical (or gynaecology) teams. The implementation of measures to improve screening rates in surgery have been delayed due to the operational pressures and changes in ward usage caused by the current pandemic.

Key Actions (new actions in green):

- Targeted work in low uptake areas (AMU, Tilney, and Stanhoe) through dedicated staff is now being piloted to improve performance. Funding has now been and bank staff are being explored pending formal recruitment to the role. This approach is expected to improve performance for patients admitted from February onwards (April 2021 IPR).
- The integrated older people medicine team is also expanding by 2 consultants (1 following maternity leave and one new appointee due to start February) in line with the frailty plan to improve long term focus on this area.
- Plans to redesign the surgical admission booklet will recommence this month to help improve uptake of the screening process in Surgery to be launched when the surgical admissions pathway resumes as the pandemic subsides.

Recovery Forecast: April 2021.**Key Risks to Forecast Improvement:**

- Human factors related issue continue to contribute heavily to ongoing failure in achieving the desirable rates. This continues to pose a significant risk to achieving the target. A forcing function through electronic means is expected to improve compliance, although the start date of EPMA and the procurement of E-observations have both been impacted by the pandemic and are likely to be delayed.

The current pandemic and its associated clinical workload remains a barrier to initiating quality improvement projects.

Responsive - Accountable Officer - Chief Operating Officer

Responsive Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jan-21	18 Weeks RTT - Incomplete Perf	92.0%	62.8%		
Jan-21	18 Weeks RTT - No. of Specialties failing the target of 92%	0	22		
Jan-21	18 Weeks RTT - Over 52 Wk waiters	0	1032		
Jan-21	A&E 4 Hour Performance	95.0%	72.5%		
Jan-21	A&E 4 Hour Performance (Majors only)	95.0%	59.7%		
Jan-21	A&E 4 Hour Performance (Minors only)	100.0%	89.8%		
Jan-21	A&E 12 Hour Trolley Waits	0	1		
Jan-21	Ambulance Handovers	100.0%	44.7%		
Jan-21	Last minute non-clinical cancelled elective operations	0.8%	1.20%		
Jan-21	Breaches of the 28 day readmission guarantee	0	18		
Jan-21	Total non-clinical cancelled elective operations	3.2%	13.34%		
Jan-21	Urgent operations cancelled more than once	0	0		
Jan-21	% of beds occupied by Delayed Transfers of Care	3.5%	0.0%		
Jan-21	Medically Fit For Discharge - Patients		366		
Jan-21	Medically Fit For Discharge - Days		2953		
Jan-21	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	68		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Dec-20	Cancer Wait Times - Two Week Wait Performance	93.0%	96.4%		
Dec-20	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	97.4%		
Dec-20	Cancer Wait Times - 62 Day Ref to Treatment Performance	85.0%	65.7%		
Dec-20	Cancer Wait Times - 104 Day waiters	0	5		
Dec-20	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	93.9%		
Dec-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	100.0%		
Dec-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	100.0%		
Dec-20	Cancer Wait Times - 62 Day Screening Performance	90.0%	94.7%		
Jan-21	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	58.7%		
Dec-20	Stroke - 90% of time on a Stroke Unit	90.0%	47.8%		
Dec-20	Stroke - Direct to Stroke Unit within 4 hours	90.0%	32.6%		
Dec-20	Stroke - Patient scanned within 1 hour of clock start	48.0%	37.0%		
Dec-20	Stroke - Patient scanned within 12 hours of clock start	95.0%	80.4%		
<i>Click here to view other National Stroke (SSNAP Domain) Results</i>					
Dec-20	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	28.0%		

Emergency Access within 4 hours

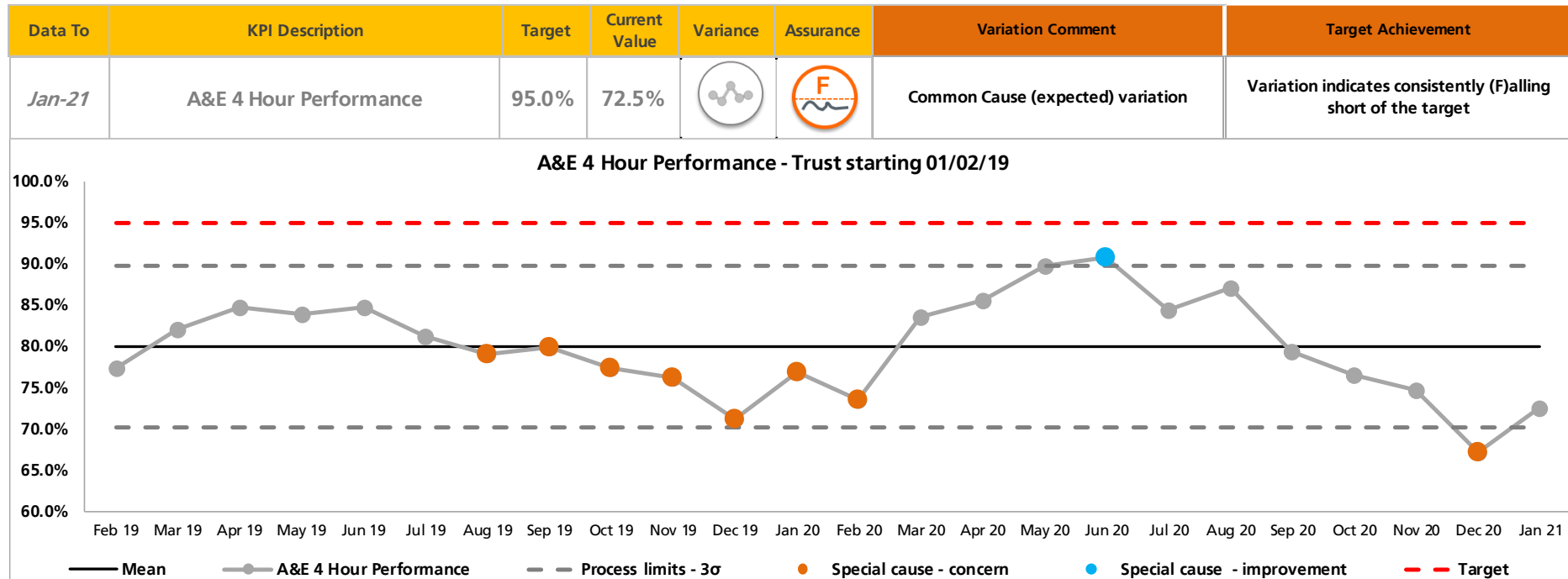


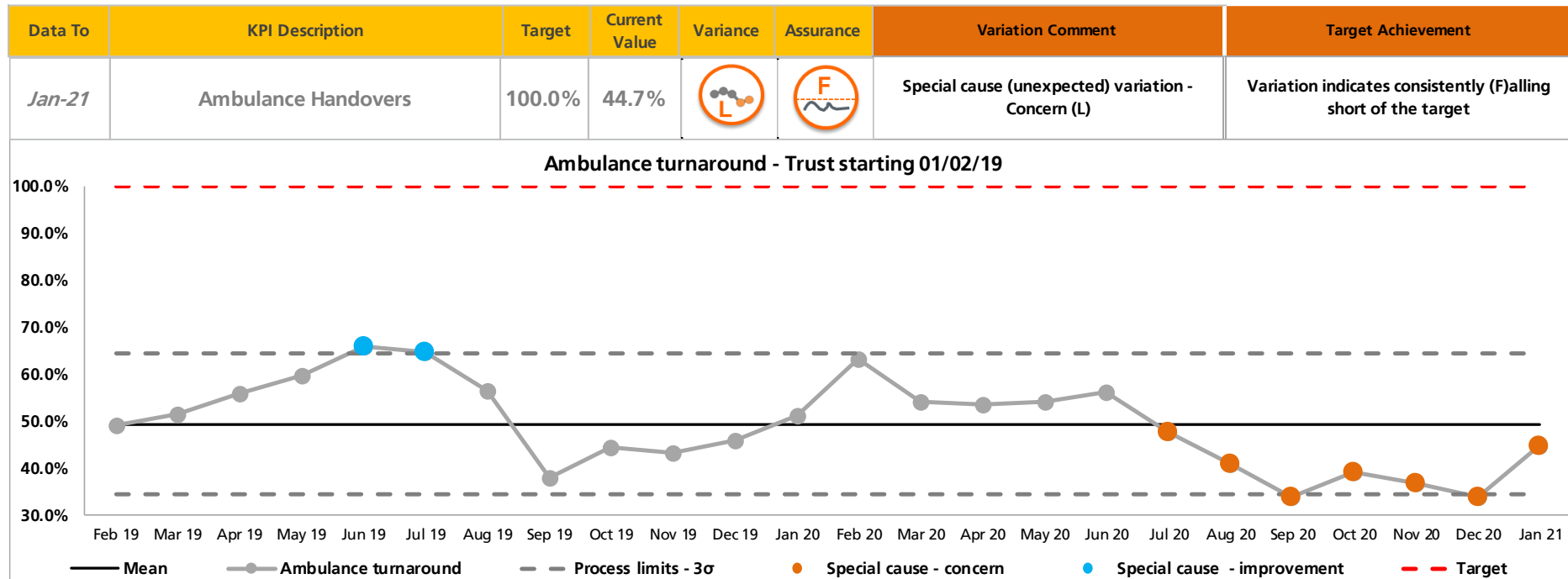
Chart 25 – A&E 4 hour performance

Performance in January 2021 was **72.5%** against the standard of **95%** and trajectory of **83.1%**. Admitted performance was 53.4% and non-admitted performance was 87.7%. 75.1% of all breaches were admitted patients. 82.1% of all attendances presented to Amber ED, 17.9% to Red ED. 38.9% of all breaches were from Red ED. 39.2% of patients breached awaiting a bed. 10.4% of patients breached awaiting a specialty review, of these 60.8% were Red patients requiring a review before transfer.

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

There was one patient waiting in the Emergency Department over 12 hours from decision to admit to admission. This patient was awaiting a surgical inpatient bed.

Ambulance Handovers completed within 15 minutes



In January 2021 there were 1,764 conveyances by EEAST to the Emergency Department. **47.5%** of ambulance handovers took place in ≤ 15 minutes, against the trajectory of **65%** and 7.9% of handovers exceeded 60 minutes.

On 9 January 2021, Red ED re-located to the Day Surgery Unit as a result of meeting following the triggers previously approved by the Incident Control Team (ICT). A co-located Red Same Day Emergency Care Unit (SDEC) was set up to support rapid decision making and turnaround for patient's cohort that had previously been admitted to a Red ward. Since opening, Red SDEC has seen 111 patients, 18 of these patients required admission after assessment; conversion rate for the month was 16.2%.

Key Issues (any new issues in red):

1. Delays for patients being transferred directly to Red wards due to the requirement for clerking and senior prior to transfer
2. Delays as a result of Red patient flow out of ED due increasing presentations of patients with COVID-19 symptoms

3. Continued delays as a result of Amber patient flow out of the ED. Amber capacity was significantly restricted through the incidence of positive patients on amber wards and subsequent closure of the bays and wards in line with IPAC guidance

Key Actions (new actions in green):

1. Strengthen the use of Stanhoe as an assessment area supported by a medical staffing model allowing for clerking and senior review in line with the national seven day working audit metrics; clerking within 60 minutes and senior review within 4 hours (14 hours during the out of hours period)
2. Maximise use of Red SDEC co-located with Red ED to support rapid decision making and turnaround for 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

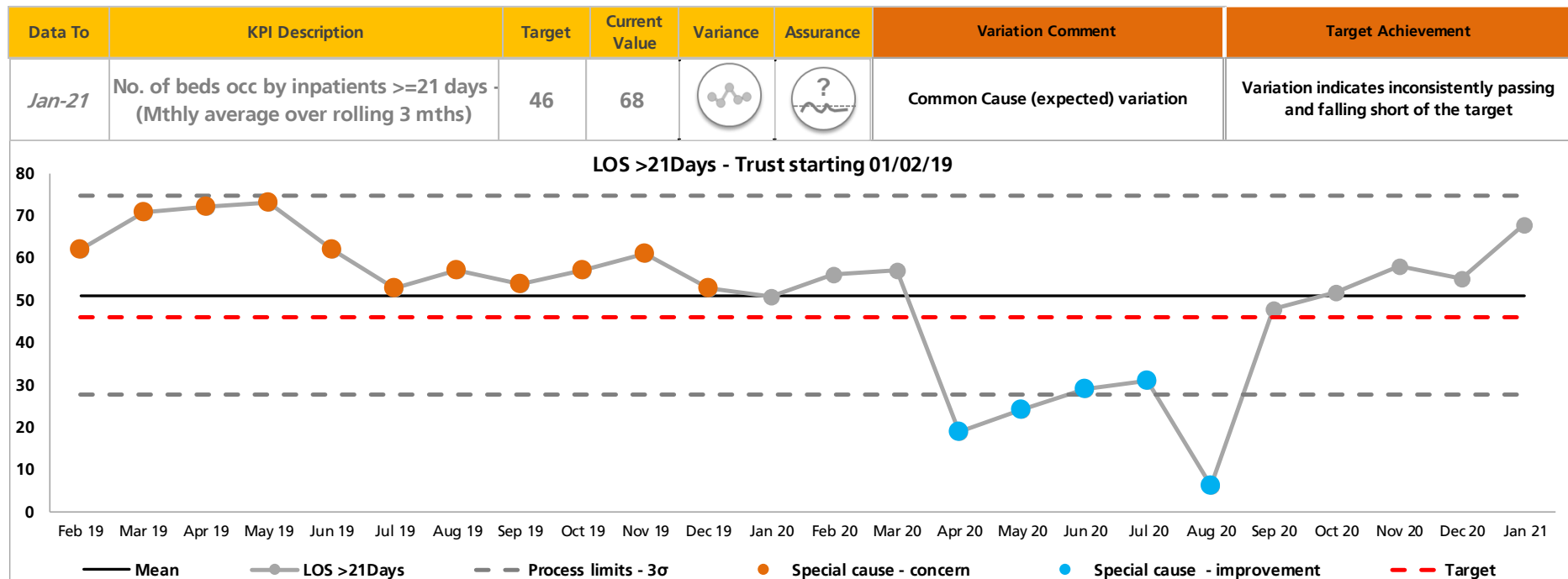
Recovery Forecast:

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



In January there was an increase in the number of beds occupied by inpatient with a length of stay over 21 days to 68. This is 22 patients over the trust target of 46.

Key Issues (new actions in red):

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

Key Actions (new actions in green):

1. Relaunch and embedding of 21-day length of stay reviews, in line with national guidance and with support from ECIST
2. Newly appointed Discharge Lead Nurse in post and working closely with Divisions

Recovery Forecast:

Recovery forecast to trajectory is March 2021

Key Risks to Forecast Improvement:

1. Clinical engagement with exploring alternative pathways of care
2. Community and social care capacity to support patient discharge, particularly for recovered COVID-19 positive patients

Elective Care

18 weeks RTT

At the end of January 2021, there were a total of 14365 patients on the 18-week RTT waiting list. 5343 of these patients had waited for over 18 weeks from referral, giving performance of 62.8%.

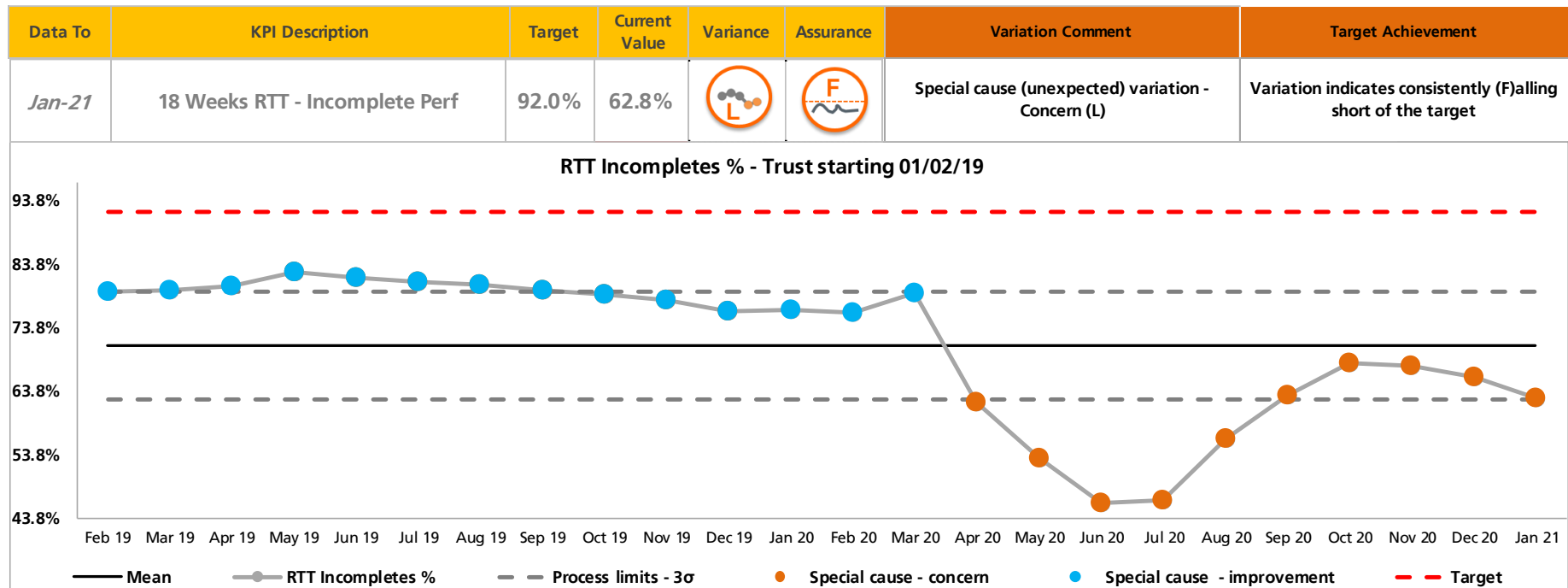


Chart 28 – RTT incompletes %

Key Issues (new issues in red):

1. Suspension of non-urgent elective admitted activity and reduction of outpatient face to face activity, 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 surgical capacity, 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
3. Sandringham will become a green surgical ward from 22/02/2021 with 26 inpatient beds

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 January there were 1032 patients who have been waiting longer than 52 weeks for treatment; the majority of these were in Orthopaedics (344), Gynaecology (187), Oral Surgery (144) and ENT (129).

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. Independent Sector capacity for orthopaedics and gynaecology has been identified at the Fitzwilliam Hospital in Peterborough through national contract arrangements. 90 patients are expected to be treated by the end of March 2021.
2. Ophthalmology capacity has been secured at Anglia Community Eye Service in Wisbech. 46 patients have been referred for treatment.

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 3651 breaches, 58.69% of patients waiting over 6 weeks in January

The breach % has increased from last month (52.95%) mainly due to

- Patients' reluctance to attend for appointments due to COVID-19 situation; 115 more patient referrals were cancelled in January 2021 compared to January 2020.
- Increase in 6-week breaches in MRI due to sickness in radiology staff. On average 6 staff off at any one time.

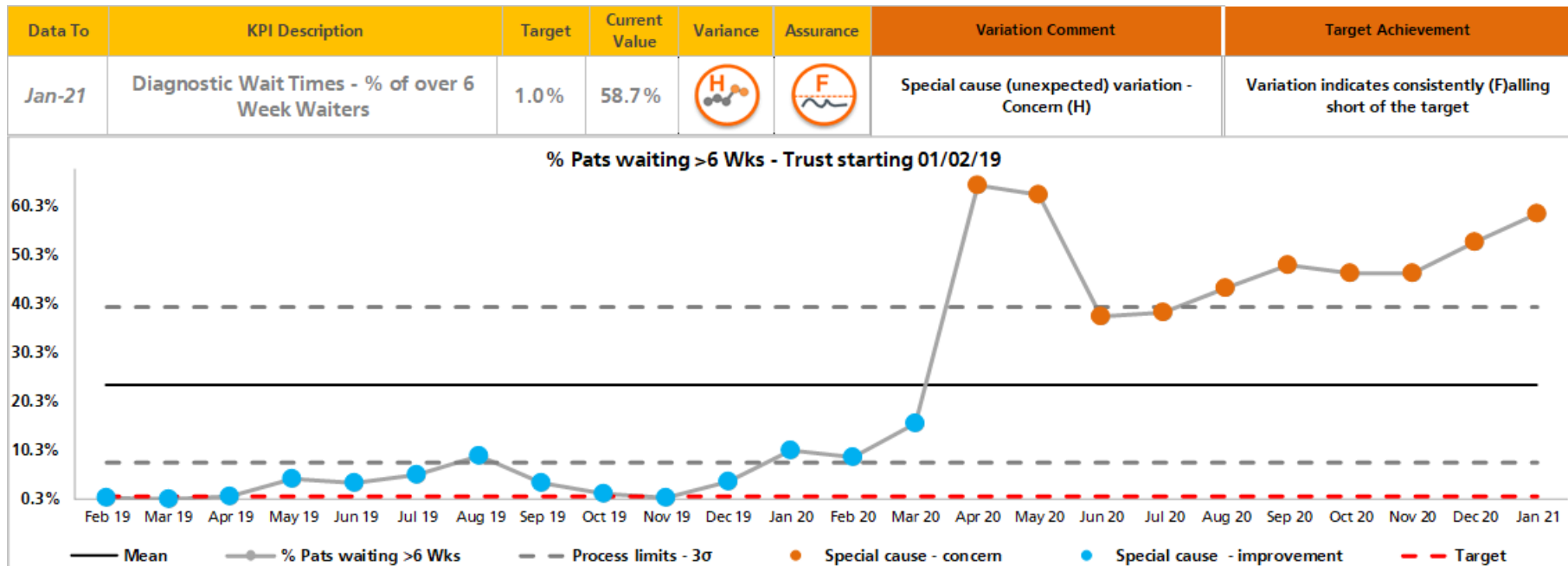


Chart 29 – Patients waiting > 6 weeks

The total waiting list size has decreased for the third month running. This is mainly attributed to an increase in ultrasound activity combined with a reduction in referrals for this service in January.

Total Waiters

Month > > > >	2020/11	2020/12	2021/01
Magnetic Resonance Imaging	1615	1849	1905
Computed Tomography	1520	1406	1340
Non-obstetric ultrasound	1214	1161	789
Barium Enema	0	0	0
DEXA Scan	150	134	204
Audiology - Audiology Assessments	262	230	188
Cardiology - echocardiography	989	992	1044
Cardiology - electrophysiology	0	0	0
Neurophysiology - peripheral neurophysiology	275	261	234
Respiratory physiology - sleep studies	0	0	0
Urodynamics - pressures & flows	163	167	177
Colonoscopy	120	101	113
Flexi sigmoidoscopy	40	38	46
Cystoscopy	68	64	79
Gastroscopy	105	88	102
Total DM01 Waiting List Size	6521	6491	6221

Chart 30 – DM01 waiting list by specialty

Key Issues (new issues in red):

1. The opening of the RED Emergency Department and an increase in mobile radiography across the Trust has created staffing pressures across Radiology. This has been addressed through the temporary redeployment of staff from the DEXA scan service, leading to increased waiting times for DEXA scans.
2. Staffing shortfalls due to agency unavailability, sickness, self-isolation, and shielding have exacerbated the capacity pressures in some diagnostic services.

3. Continuing issues with the MRI scanners will have a detrimental impact on capacity

Key Actions (new actions in green):

1. To address the increasing waits for CT extra resource has been procured. A mobile CT scanner arrived 4th Feb for 28 days. 25 patients to be booked daily which releases capacity to undertake urgent, 2 week waits and cancer scans. Locum staff continue to undertake weekend CT lists.
2. Outsourcing of MRI is continuing, and weekly numbers have increased to 125

Key Risks to Forecast Improvement:

1. Increased numbers of sickness, self-isolation and shielding within the team
2. Additional resource to accommodate red radiology and red ED which opened in January
3. Increased bed base with high referral numbers for diagnostics requiring first call on resource

62-day referral to treatment

Performance in December 2020 was **65.66%** against the standard of **85%** and trajectory of **78.26%**.

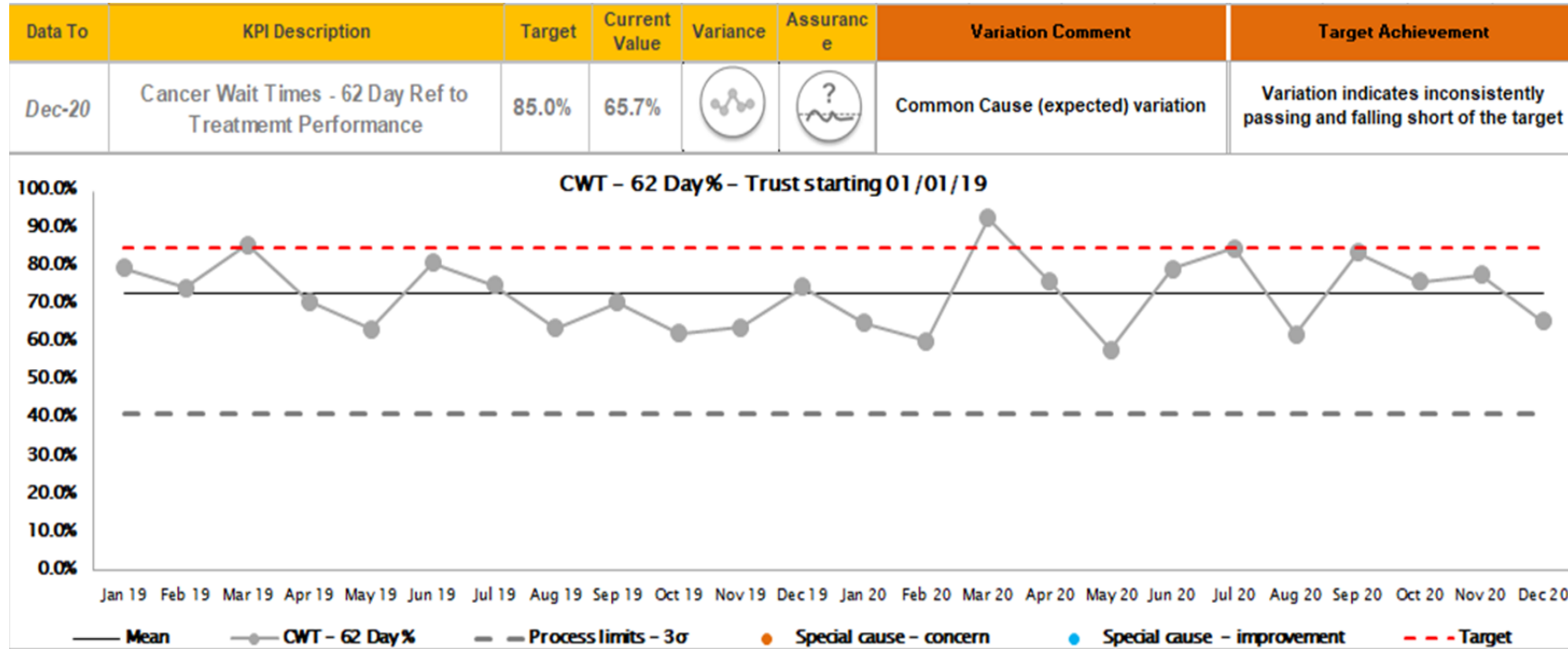


Chart 31 – CWT 62 day %

Key Issues (any new issues in red):

1. Referrals numbers have begun to fall in recent weeks compared to those in November and December and they are significantly down on the same period from last year
2. Lack of capacity in tertiary centres, due to COVID-19 demand, is leading to delays for treatment for some patients. Delays for gynaecology patients at CUH hospital and also Skin and Head and Neck patients at NNUH.

Key Actions (new actions in green):

1. Further mobile CT unit is now on site for 4 weeks and supporting the backlog recovery
2. Endoscopy services have relocated to the Sandringham unit, freeing up elective inpatient capacity in the endoscopy unit for cancer surgical patients
3. NNUH are now undertaking surgery at the Spire centre in Norwich; QEH patients on skin and head and neck pathways can be referred into this service

Recovery Forecast:

The 62 day cancer waiting time standard is not forecast to be delivered during this financial year.

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

Statement of comprehensive income: Month 10 – 2020/21

	Plan £'000s	In Month				Plan £'000s	Year to Date			
		Actual £'000s	Fav / (Adv) £'000s	%	Actual £'000s		Fav / (Adv) £'000s	%		
Clinical Income		18,565	18,740	175	1%		181,744	180,609	(1,135)	(1%)
Other Income		1,374	1,274	(100)	(7%)		14,772	11,971	(2,801)	(19%)
Donated Asset Income		26	0	(26)	(100%)		573	155	(418)	(73%)
COVID-19 Additional Income		1,258	1,473	215	17%		5,032	13,428	8,396	
Total Income		21,223	21,487	264	1%		202,121	206,163	4,042	2%
Pay Costs - Substantive		(11,939)	(12,042)	(103)	(1%)		(114,742)	(118,059)	(3,317)	(3%)
Pay Costs - Bank		(1,160)	(957)	203	18%		(9,971)	(9,404)	567	6%
Pay Costs - Agency		(912)	(1,432)	(520)	(57%)		(10,732)	(10,515)	217	2%
Pay Costs - Additional COVID-19		(1,026)	(1,418)	(392)	(38%)		(4,104)	(8,899)	(4,795)	
Total Pay		(15,037)	(15,849)	(812)	(5%)		(139,549)	(146,877)	(7,328)	(5%)
Non-Pay - Additional COVID- 19		(232)	(301)	(69)	(30%)		(928)	(2,020)	(1,092)	
Non-Pay		(5,480)	(5,012)	468	9%		(54,684)	(51,623)	3,061	6%
Total Operating Costs		(20,749)	(21,162)	(413)	(2%)		(195,161)	(200,520)	(5,359)	(3%)
EBITDA		474	325	(149)	(31%)		6,960	5,643	(1,317)	(19%)
Non-Operating Costs		(896)	(763)	133	15%		(7,421)	(6,443)	978	13%
Adjust Donated Assets		7	28	21	300%		(276)	129	405	147%
TOTAL (Deficit) / Surplus		(415)	(410)	5	1%		(737)	(671)	66	9%

I&E

The Trust's in month financial position is showing a deficit of £410k, a positive variance in month of £5k against the plan, and a positive £66k for the year to date position.

Key points of note in month:

- At the end of January the Trust had 188 COVID-19 positive patients with an additional 62 beds open with Day Surgery Unit operating as the COVID-19 emergency department
- The staff absence rate remains high.
- Month 10 substantive pay, excluding COVID-19 pay costs, is in line with the rolling average of the last 3 months.
- Agency expenditure is £0.5m adverse to plan in month.
- COVID-19 pay is adverse to the revised plan partly due to the cost of running the vaccination centre.
- Non-pay costs, excluding COVID-19 costs, are positive to plan by £0.5m.
- COVID-19 non-pay costs have increased due to the high levels of activity.
- Capital – capital expenditure continues to be behind plan, we have spent £6.5m, with a further £2.1m committed.

Statement of Financial Position (SFP) Update

	31- Mar-20 £m	31- Dec-20 £m	31-Jan- 21 £m	Month Movement £m	YTD Movement £m
Non-current assets	96	96	97	1	1
Current Assets					
Inventories	2	2	2	-	-
Trade & Other Receivables	22	8	8	-	(14)
Cash	14	40	38	(2)	24
Current liabilities					
Trade & Other Payables	(24)	(13)	(12)	1	12
Accruals	(9)	(31)	(31)	-	(22)
PDC dividend	-	(1)	(1)	-	(1)
Other current liabilities	(2)	(2)	(2)	-	-
Non-current liabilities	(1)	(1)	(1)	-	-
Borrowings	(135)	-	-	-	135
Total assets employed	(37)	98	98	-	135
Taxpayers' equity					
Public Dividend Capital	57	192	192	-	135
Revaluation Reserve	12	12	12	-	-
Income & Expenditure Reserve	(106)	(106)	(106)	-	-
Tax payers' equity	(37)	98	98	-	135

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 and resolution of long-term queries

Cash and Accruals have 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 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
Jan-21	Appraisal Rate	90.0%	79.8%		
Jan-21	Appraisal Rate (Med Staff exc Jnr Drs)	95.0%	88.0%		
Jan-21	Sickness Absence Rate	4.0%	8.0%		
Jan-21	Mandatory Training Rate	85.0%	79.1%		
Jan-21	Turnover Rate	10.0%	9.3%		

Well-Led (People)

As of January 2021, the Trust employs 3771 substantive headcount, working a substantive whole time equivalent of 3306.57. This is against an increased funded establishment of 3588.59 FTE.

Jan 2021 FTE Split: (excluding COVID-19 bank & agency)

<u>Establishment:</u>	<u>3588.59</u>
Substantive:	3306.57
Bank usage:	265.27
Agency usage	122.50
Over Established:	105.75

- Bank usage **increased** 276.92 FTE (from 274.68 in Dec) with 9.11 FTE being coded directly to COVID-19 costs and 2.54 FTE to Vaccinator Costs
- Agency usage increased to 232.47 FTE (from 197.35 in Dec) with 100.41 FTE being coded directly to COVID-19 costs, 7.56 FTE to Vaccinator costs and 2 FTE to Special Measures Funding

Vacancy Levels

The Trust vacancy rate has decreased to 7.50% from 8.14%

Nursing & Midwifery staff group is 7.19% which has decreased from 7.95% in December 2020. The Trust continues to recruit International nurses both working locally and across the STP and have 80 due to start in the next 6 months.

Medical & Dental vacancy rate has decreased further from 10.26% to 7.40% with continued recruitment into key posts across all divisions. In August 2020 the vacancy rate for medical and dental staff group was 16.53%.

The vacancy rate for AHPS has also declined this month from 14.28% to 13.68%, the 2nd phase of the recruitment campaign has highlighted a number of key AHP vacancies across the Trust.

Turnover has seen a slight increase this month from 9.31% to 9.34%.

Two recruitment events were held in early January for Health Care Assistants and Domestic staff. Both events were successful and this will be repeated every quarter.

Appraisals

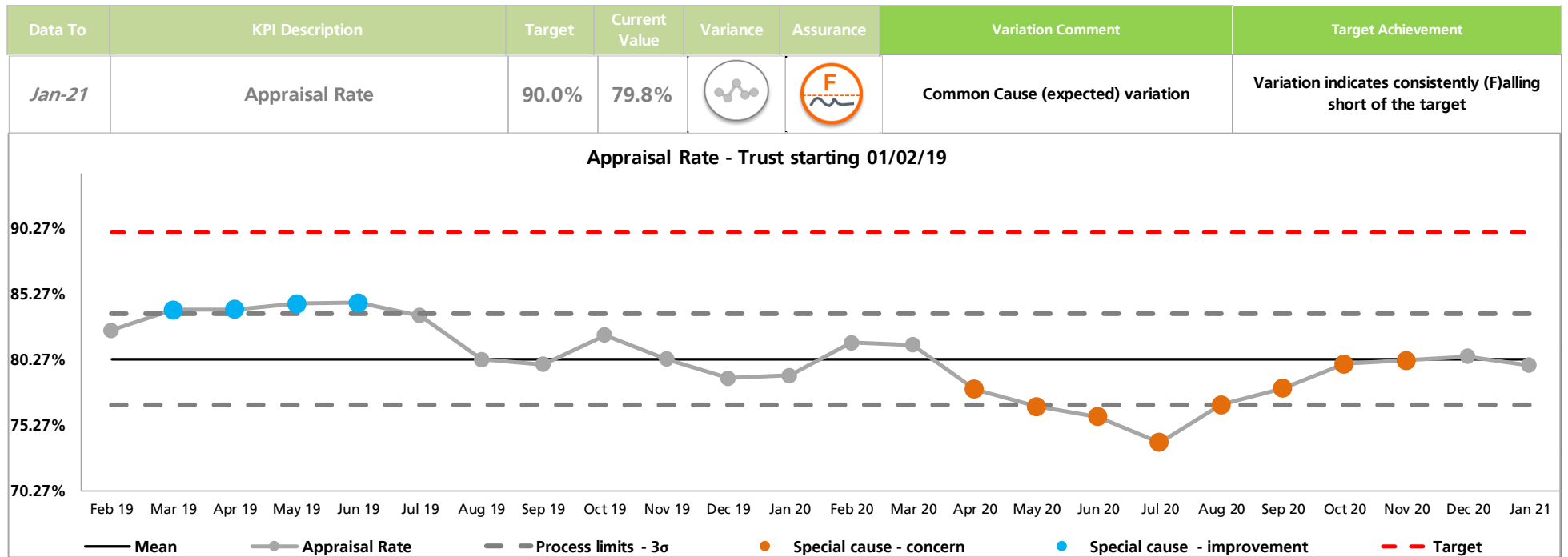


Chart 32 – Appraisal rate

Key Issues (any new issues in red):

- Trust appraisal rate compliance (including bank staff but excluding medical staff) decreased this month to 79.85% (from 80.52% in Nov) 147 appraisals were completed in month. Trajectories remain in place however these are being reviewed regularly as due to the current pressures appraisals are being cancelled. We have made it mandatory that all staff who are working from home or shielding undertake their appraisals.
- 87 appraisals remain in the seriously overdue category, which is a decrease of 8 on the previous month, 46 appraisals are overdue by 18 – 24 months and 41 appraisals are overdue by 24 months. 38 of these remaining appraisals due for completion are within Central Nurse Bank for members of staff who have not worked for the Trust in the last six months. 22 appraisals have been completed in January / February. 23 were due to be completed in December or January but were cancelled.

Key Actions (new actions in green):

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

Mandatory Training

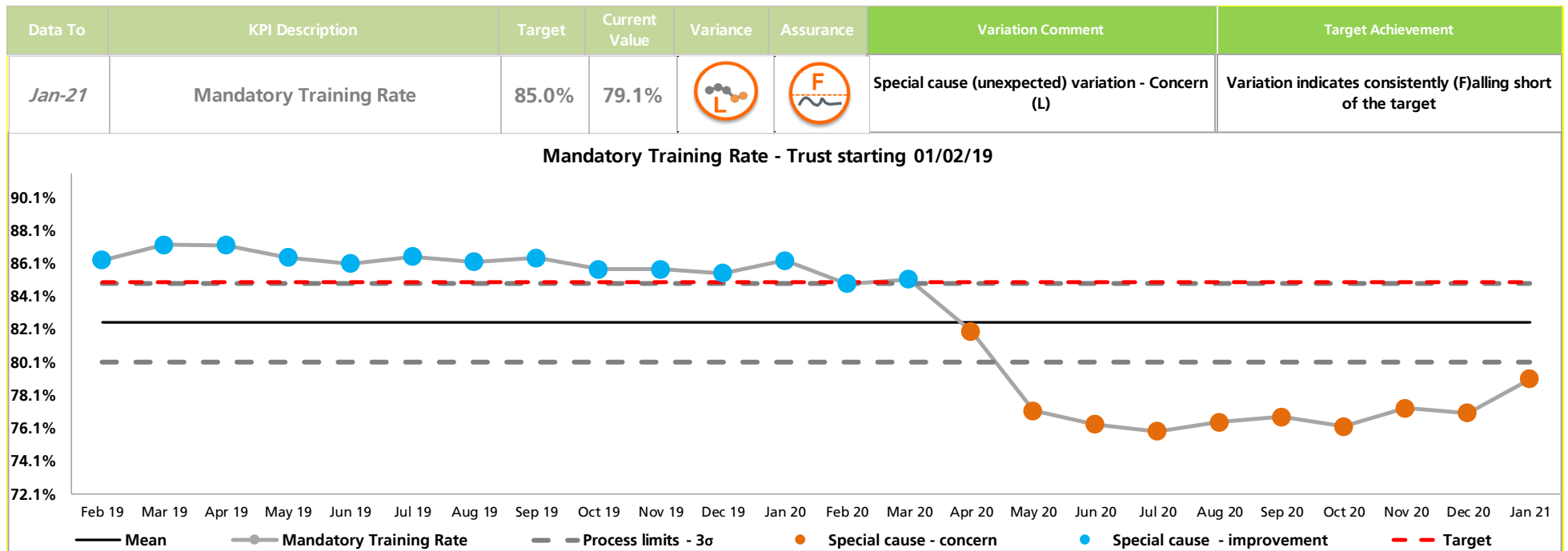


Chart 33 – Mandatory Training Rate

Mandatory Training compliance for the 11 Statutory & Mandatory subjects is at 79.11% (against a target of 80%) which has increased from 77.03% in December 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. COVID-19 second wave is now impacting on improved targets.

Key Actions (new actions in green):

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

2. The Mandatory Training Intranet pages have been updated with latest training course information and availability of dates.
3. Where face to face training is the only option e.g. Manual handling, we are encouraging colleagues to self-serve and book onto the face to face training themselves through ESR to reduce administration.
4. With COVID-19 social distancing restricting the number of attendees on each course we are putting 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.
5. The move to e-learning (digital first) will be led by the Head of Learning and Development. The Head of Learning and Development will also be responsible for setting up and running a mandatory training task and finish group. The group met on 11th February 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

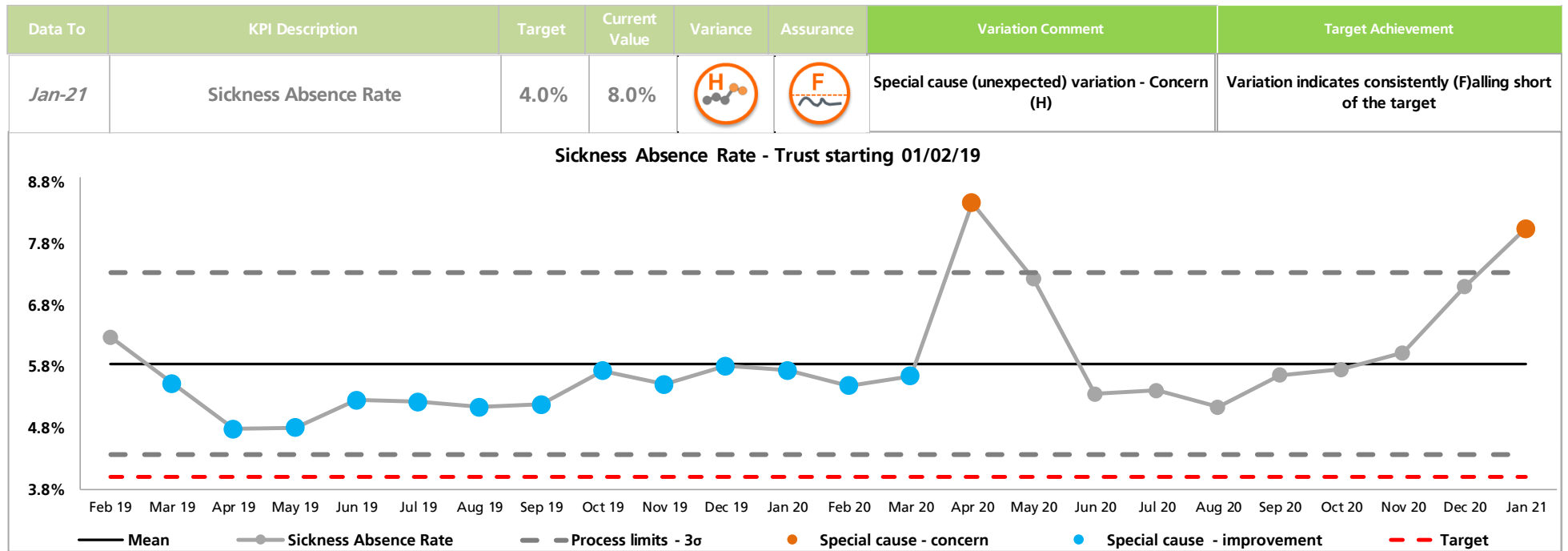


Chart 34 – Sickness Absence rate

Key Issues (any new issues in red):

- Overall sickness for the Trust has increased to 8.04% from 7.10% in December 2020. 12-month cumulative sickness has increased to 6.28% from 6.09%. This continues to be challenging for the Trust and is monitored and escalated on a daily basis to GOLD command to ensure safe staffing levels are maintained.
- The overall absence rate which includes those staff shielding and isolating as at 9th February was 9.78%, 3.27% isolating and shielding, 5.26% non-COVID-19 sickness and 1.25% COVID 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%. January this increased to 2.70. Non COVID-19 sickness decreased to 5.34% in January 2021.
- Stress and anxiety still remains the highest cause of sickness absence and the largest single cost. This has decreased further in January to 18% from 21% in December 2020 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. The Trust is providing the COVID-19 vaccination to our staff
4. 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