

Meeting:	Board of Directors (in Public)				
Meeting Date:	3 November 2020	Agenda item:	12		
Report Title:	Integrated Performance Report (IPR) – September data				
Author:	Olivia Hay, Business Manager Carly West-Burnham, Director of Strategy				
Executive Sponsor:	Caroline Shaw, CEO				
Implications					
Link to key strategic objectives [highlight which KSO(s) this recommendation aims to support]					
KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	Modernise hospital and estate	Staff engagement	Partnership working, clinical and financial sustainability	Healthy lives staff and patients	Investing in our staff
Board assurance framework	<p>The IPR covers all key performance indicators for the Trust, so encompasses elements of all Strategic Objectives.</p> <p>The appropriate BAF updates are received and reviewed within Finance and Activity Committee, Quality Committee, People Committee and Senior Leadership team.</p>				
Significant risk register	<p>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 Quality Committee People Committee Finance and Activity Committee Senior Leadership Team</p>				
Executive summary					
Action required: [highlight one only]	Approval	Information	Discussion	Assurance	Review

<p>Purpose of the report:</p>	<p>The Trust is required to provide assurance that its approach to performance management is rigorous and appropriately identifies, escalates and deals with areas of performance which are of concern in a timely manner.</p> <p>This is the sixth 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 (September's data) continues to feature an amended narrative format which was introduced last month. This is 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"> • Serious Incidents • C Diff (Hospital Onset) Rate per 100K Beddays • Stillbirth rate • Neonatal Deaths Rate • Extended Perinatal Deaths Rate • HSMR Crude Rate • HSMR Relative Risk • HSMR Weekend Relative Risk • Mixed Sex Accommodation • Friends and Family Test (IP & DC) • Friends and Family Test (AE) • Friends and Family Test (OP) • Friends and Family Test (Maternity Question 2 Labour) • Dementia Case Finding • 18 Week RTT • A&E Performance • 12 Hour Trolley Waits • Ambulance Handovers • Cancer Waits - 104 Days • Diagnostic Wait Times • Direct to Stroke Unit Within 4 Hours • Appraisal • Sickness Absence Rate • Mandatory Training • Turnover Rate

Recommendation:	The Board is asked to note the contents of this report, specifically the actions which are being taken to maintain and to improve performance where appropriate.
Acronyms	AHP: Allied Health Professional BAF: Board Assurance Framework CCU: Critical Care Unit COPD: Chronic Obstructive Pulmonary Disease EEAST: East of England Ambulance Service Trust FFT: Friends and Family Test 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



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Board of Directors

September 2020 data

Executive Summaries

Safe

There have been 9 SIs reported in September with details of immediate actions taken in the report. There have been 3 SIs closed by the CCG in month

There have been two cases of hospital associated C Diff in September 2020, a reduction from last month's three cases. In total, there have been 21 cases reported to date. Of these 21 cases, 19 root cause analyses have been completed with the remaining two due for completion at the end of October 2020.

There was a change in the reporting of C Diff cases for acute providers in 2019/20 by using the following two categories which means that as a Trust we are required to report more cases:
Hospital onset healthcare associated: cases which are detected in hospital two or more days after admission.

Community onset healthcare associated: 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

Effective

QEH has achieved the recruitment of more than 1000 patients into research trials in September 2020. A revised stretch target of 1200 patients for 2020-2021 has been set as a result of this.

Caesarean section rates remain the lowest in the region. Further work in reducing section rates is ongoing.

SHMI for April 2020 was 102.2 and is within the expected range.

HSMR for June 2020 has further worsened to 118.1 mostly attributed to reducing admissions and activities with higher number of deaths.

Weekend HSMR for June 2020 has further risen to 139.9. End of Life service provision appears to be the key theme contributing to this worsening position. Weekend deaths are now being reviewed externally to provide insight, learning and assurance.

Caring

Mixed sex accommodation breaches have increased mainly due to the lack of step down beds from the reduced capacity stroke unit. As a Trust we are reporting in line with national guidance.

The Trust's performance in relation to responding to complaints within 30 days dipped slightly. Actions have been implemented at divisional level to ensure sustained delivery at or above the 90% national target.

Dementia screening rate recording is a key focus for the Trust, with Quality Improvement (QI) Champions supporting to increase engagement. Ward Sisters and Charge Nurses are regularly sent the updated position for dementia screening for their areas, to ensure robust monitoring and scrutiny. Improvements are to be expected from September 2020 onwards.

The FFT response rates are lower than the Trust target. Early signs of a slow rising trend are evident but still show that special cause for concern is noted. Further support is in place to ensure that teams offer FFT cards and point out QR codes for patients to complete. The Trust is exploring further improvements in this field to ensure the capture of patient feedback, including preparing for an enhanced digital solution for FFT in 2021.

Responsive

4 hour performance in September 2020 was 79.3% against the standard of 95% and trajectory of 82.3%. Admitted performance was 59.19% and non-admitted performance was 91.18%. There were five 12 hour trolley waits in September, four patients awaiting admission to a mental health facility and one patient with a delayed transfer to a tertiary Neurosurgical centre.

There were 2,019 today ambulance conveyances to the Emergency Department in September 2020, of which 1,872 were conveyed by EEAST Performance data is available for EEAST only and of these, 33.7% of ambulance handovers took place in ≤ 15 minutes, against the trajectory of 65%, 72.7% of ambulance handovers took place in ≤ 30 minutes.

18 week referral to treatment performance in September is currently at 63.2% against the standard of 92%, and trajectory of 46.83%. The Trust reported 402 52-week breaches in September 2020, the majority of these Orthopaedics (148), Gynaecology (97) and Oral Surgery (53).

Diagnostic performance in September was 48.33% against the standard of 1%.

62-day cancer performance in August 2020 was 62.3% against the standard of 85% and trajectory of 67.4%.

Well Led (Finance)

The Trust will report a break-even position for month 6 following an assumption that the Trust will receive reimbursement for all COVID-19 related costs. This is in line with the national guidance of accounting for 'block' income, 'top-up' payments and taking account of COVID-19 reimbursements and the retrospective 'top-up' mechanism to bring the overall income and expenditure position back to a balanced position.

An additional £2.3m of top-up income is required for month 6 to achieve this break-even position. Whilst the value of the top-up required is an increase of £0.1m on month 5 (£2.2m) overall COVID-19 related-expenditure has remained level at £0.8m.

In month:

- The Trust completed the purchase of the former BMI Sandringham Hospital on the 30 September 2020, with 74 staff transferring as of 01 October 2020.
- The Trust completed the conversion of £134.2m of long term loans in to Public Dividend Capital in month.

Well Led (People)

Overall sickness for the Trust has increased to 5.66% from 5.0%. COVID-19 sickness reduced again to 0.24% (from 0.39% last month).

There are 521 staff members currently on the sickness improvement pathway for short term sickness.







The compliance with mandatory training has slightly increased this month to 76.80% from 76.48% against a target of 85%. COVID-19 social distancing restricts the number of attendees on each face-to-face course.

The Trust vacancy rate is 10.30% with nursing & midwifery staff group being below the 10% target at 9%. Medical & Dental & AHP's vacancies have reduced to 15.6% and 13.68% retrospectively.

The Trust appraisal rate (excluding bank staff) has increased further in September 2020. The number of appraisals completed in September 2020 was 225, an increase of 12 on the previous month. 85 appraisals remain in the seriously overdue category, 38 appraisals are overdue by 18 – 24 months and 47 appraisals are overdue by 24 months.

A note on SPC Charts

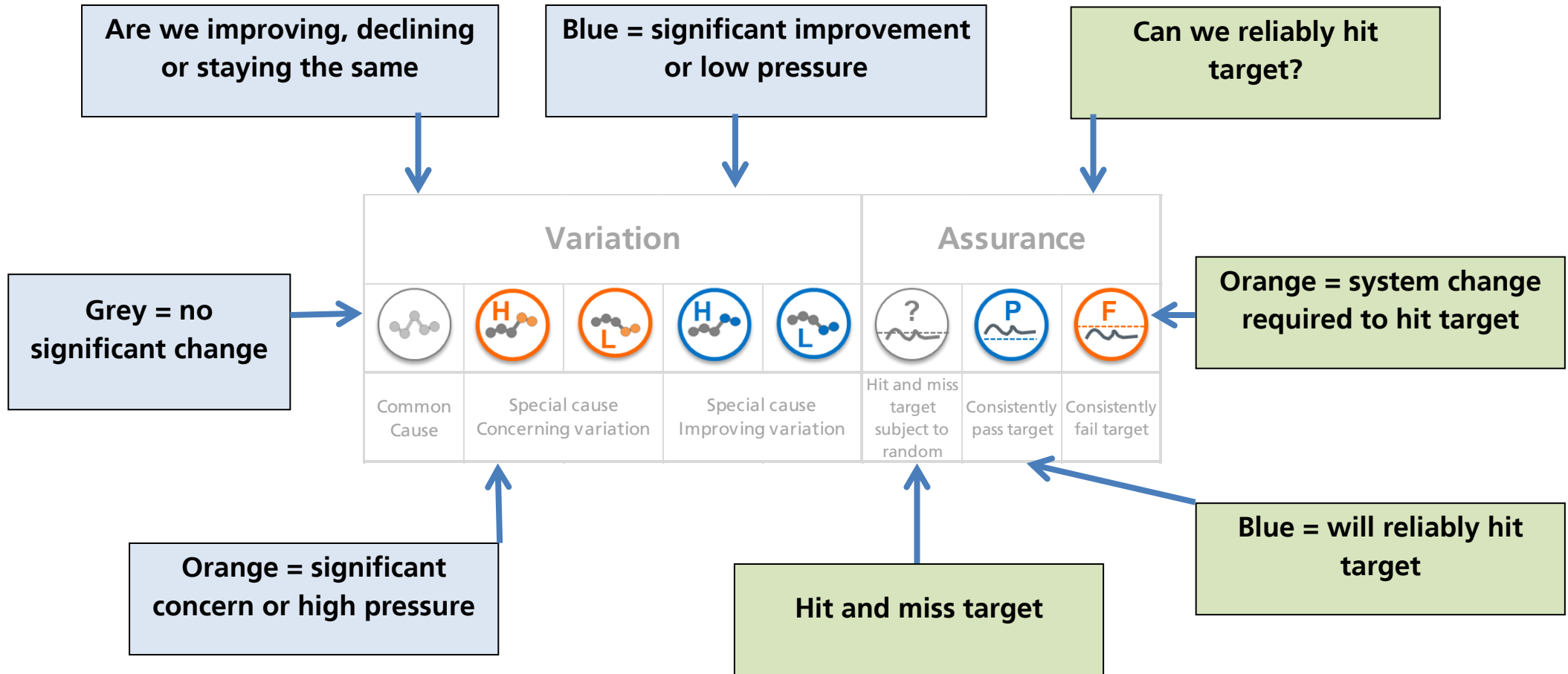
The report that follows uses the key below. A recap of using these descriptions is also included below

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

A note on SPC Charts continued

















High level Key - Variation








High level Key - Assurance



Safe Dashboard

Items in blue are awaiting the latest update.

Data To	KPI Description	Target	Current Value	Variance	Assurance
Sep-20	Serious Incidents (DECLARED IN MONTH)	0	9		
Sep-20	Falls (with Harm) Rate per 1000 beddays	0.98	0.57		
Sep-20	PUs Rate per 1000 beddays	0.00	0.08		
Sep-20	Overall Fill Rate %	80.0%	97.7%		
Sep-20	CHPPD	8.00	8.35		
Sep-20	Cleanliness - Very High Risk	95.0%	95.8%		
Sep-20	Cleanliness - High Risk	95.0%	96.3%		
Sep-20	Cleanliness - Significant Risk	95.0%	93.3%		
Sep-20	Cleanliness - Low Risk	95.0%	89.3%		
Sep-20	Cleanliness - No. of audits complete	37.00	42		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Sep-20	CDiff (Hosp Onset) Rate per 100k beddays	30.10	31.75		
Sep-20	CDiff (Hosp Onset) Actual	3	2		
Sep-20	MRSA (Hosp Onset) Actual	0	0		
Sep-20	E Coli (Hosp Onset) Rate per 100k beddays	16.40	11.82		
Sep-20	E Coli (Hosp Onset) Actual	2	0		
Sep-20	MSSA (Hosp Onset) Actual		1		
Sep-20	MSSA (Hosp Onset) Rate per 100k beddays		6.65		
Aug-20	VTE Assessment Completeness	97.2%	97.5%		
Sep-20	Patient Safety Alerts not completed by deadline	0	0		

Serious Incidents

There were nine serious incidents declared by the Trust in September 2020.

Details of SI Reported to STEIS in September

SI Declared Date	Date Incident occurred	SI/NE Summary	SI RCA Due Date
03/09/2020	16/04/2020	A child who had received bone marrow transplant due to congenital neutropenia required specific blood products which were irradiated and CMV negative. The irradiated requirement was on the laboratory system but CMV negative requirement was not. The patient received one unit of marked Irradiated red cells and one unit of marked Irradiated platelets that were not marked as CMV negative. The level of possible harm to the patient cannot yet be determined. CMV reactivation may occur in the post-transplant period. The incident was detected during a pre-transfusion check relating to giving a further unit.	01/12/2020
03/09/2020	28/08/2020	An elderly patient with a complex medical history and noted to be doubly incontinent was admitted due to increased confusion and agitation. They were placed on a Nimbus 3 pressure relieving mattress due to a high risk of pressure ulcers. The patient developed pressure damage and an unstageable pressure ulcer identified. There was no evidence of 2-hourly repositioning documented within the patient notes. The patient was transferred to a care home for end of life care.	04/12/2020

07/09/2020	31/08/2020	A patient known to be a Low risk first pregnancy under midwifery-led care presented at 39 weeks with contractions. She had a normal vaginal delivery however a delayed third stage of labour and the condition of the placenta was unclear when delivered. A significant blood loss occurred, the Obstetric emergency management followed, and the patient was taken to theatre for the placement of bakri balloon under local anaesthetic. The patient continued to bleed and returned to theatre under general anaesthetic where clots and a large piece of placenta were passed. The total blood loss was 4200ml and the patient was admitted to HDU for recovery.	02/12/2020
10/09/2020	19/08/2020	Mental Health 12-hour breach in ED. The patient originally required a voluntary inpatient bed on a Mother and Baby mental health unit, which was initially identified, however the patient subsequently deteriorated, was assessed as having no capacity and not fit for transfer. A mental health assessment (MHA) was completed resulting in the patient not being sectioned in the department and remained an informal admission. The patient was admitted to AMU to await a mental health bed and was subsequently sectioned under a Section 5(2) on the ward. Patient was in the emergency department for over 21 hours. Silver and Gold discussions with MHLT throughout the patient's time within the department.	03/12/2020
25/09/2020	21/09/2020	A high risk patient with multiple co-morbidities in her third pregnancy, who was aware of the risks and had chosen not to be admitted to hospital attended ED on the advice of the Community midwife and Central Delivery Suite after being seen with chronic high blood pressure and breathlessness. The patient had a cardiac arrest in ED and a decision made for perimortem Caesarean Section. Baby was admitted to NICU.	18/12/2020
17/09/2020	13/09/2020	A patient who had previously been seen to be safely mobilising to the toilet using mobility frame on their own was found on the floor in a sitting position in the bathroom. Patient insisted they stand, and staff supported them to sit on the commode, they were wheeled and positioned back in bed. An urgent x-ray subsequently confirmed a fracture of the left hip	17/12/2020

24/09/2020	29/08/2020	<p>Staff reported difficulties attempting to sit a patient up. It was found the sheets had been tied at the bottom of the bed. Nurse in Charge informed, who untied the sheets, made the patient comfortable for breakfast. Patient reported to have been confused. Staff reported doing this to maintain dignity as patients kept uncovering themselves and did not consider it harming. They have reflected on this and their safeguarding is up to date.</p>	24/12/2020
17/09/2020	08/09/2020	<p>Patient attended the ED following a fall where they sustained a head injury. They had been coming to the hospital for fracture clinic appointment following a fall 6/52 earlier when they had fractured his jaw.</p> <p>Clerking by doctor - they were alert and orientated and communicative. There was power in all four limbs, no facial droop, slurred speech, there was pre-existing blindness in right eye but no change in vision. The patient was observed walking and had a slightly unsteady gait.</p> <p>A CT scan was reported as bilateral cerebral subdural haematomas). The patient was discussed with Neurosurgery at another acute trust. CT images request to be transferred and advised to stop antiplatelet medication.</p> <p>There was a delay in CT images being transferred to receiving acute trust and an absence of beds culminating in a delay in transfer of over 12hrs</p> <p>The investigation will review delays at QEH and escalation arrangements for access for a tertiary bed.</p>	05/01/2021

24/09/2020	22/09/2020	<p>A patient was admitted with history of falls, reduced mobility and abdominal pain. They usually mobilise with 2 sticks. They had low sodium on admission and over-coagulation taking Warfarin. The patient was transferred to ward and appeared muddled; they were assessed as high risk for falls - trying to get out of bed by themselves and was not using the call bell provided. A falls monitor was ordered but not available. Patient had an unwitnessed fall and sustained a bump to the head. Red anti-slip socks were being used and the patient was noted to be showing worsening confusion. A CT scan of the head showed a very small shallow left haematoma. This was repeated confirming a worsening subarachnoid haemorrhage and a new mid-line shift. Acute trust identified for transfer declined surgical intervention due to age, coagulation and mortality risk. Agreed for palliation and with continued deterioration the patient is now for End of Life Care.</p>	24/12/2020
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Immediate actions

Transfusion Process Incident meeting Serious Incident Criteria

- All transfusion staff were informed of the incident via the laboratory safety huddle and e-mail on the 26.8.20.
- A process has been implemented that on receipt of a shared care notification form a second check by another member of staff is required when adding new special requirements to APEX.
- The standard operating procedure for shared care form special requirement addition process has been reviewed and updated with the new process.
- A communications email has gone out to all nursing staff on the paediatric ward to alert them to the issue and ensure that special requirements are checked when transfusing blood components.
- The nursing staff involved in the administration of the transfusion have been asked to recomplete their blood transfusion competencies.

Hospital Acquired Unstageable Pressure Ulcer

- The incident has been shared with all staff and a thorough review of the documentation has taken place.
- The ward manager, educator and matron are attending safety huddles to discuss and are frequently on the ward to check that other patients are having appropriate turns and that information is documented.
- The team are in discussion with the tissue viability nurse to ensure training is implemented and learning occurs.

Massive Obstetric Haemorrhage / HDU Admission / Potentially Avoidable General Anaesthetic

- Review of Retained placenta Guideline to ensure that it aligns with the care in labour guideline and clearly identifies the criteria and timeframes for diagnosis of retained placenta.
- Midwifery Manager to meet with the midwife undertaking intrapartum care to discuss documentation and escalation. A reflection of the management of the 3rd stage of labour and subsequent events will then be requested.
- Education lead to review management of the case with Obstetric Middle-grade to identify any training needs for the individual or educational training needs for the O&G team.
- Escalation of incomplete placenta's to be discussed at staff handover to ensure that staff are aware that this should be escalated to the coordinator.

12-Hour Mental Health Breach

- Referred to MHLT.
- Patient made move into cubicle for comfort and safety.
- Safeguarding referral (4 children at home).
- Patient discussed at 08:00 site meeting and all subsequent meetings.
- Escalated via Silver on call.

Maternal Death

- Bereavement support for family.
- Support for staff involved in incident.
- Case referred to Coroner.
- Escalation at a regional/national level as indicated.
- Safety briefing to staff with immediate learning around transfer to hospital, recording of observations and recording of EDD at booking.
- Cancellation of future appointments and suppression of communications from other agencies.

Inpatient fall resulting in fractured Neck of Femur

- Patient was referred to Orthopaedic team.
- Transferred to surgical Ward and Hip operation later that day.

Safeguarding Incident

- All staff on ward informed that this is not acceptable.
- Staff member completed a reflection on deprivation of liberty and informal file note done.
- Safeguarding referral completed.

12-Hour Breach

- Escalation to Silver and Gold
- Patient kept safe and informed of plan

Inpatient fall resulting in subarachnoid hemorrhage

- The patient was referred to another acute trust. Surgical intervention declined as an option due to patient's age and coagulation. The patient was unlikely to survive.

There were 3 SIs closed by the CCG in September.

Hospital Onset E-Coli Rate per 100K Bed Days

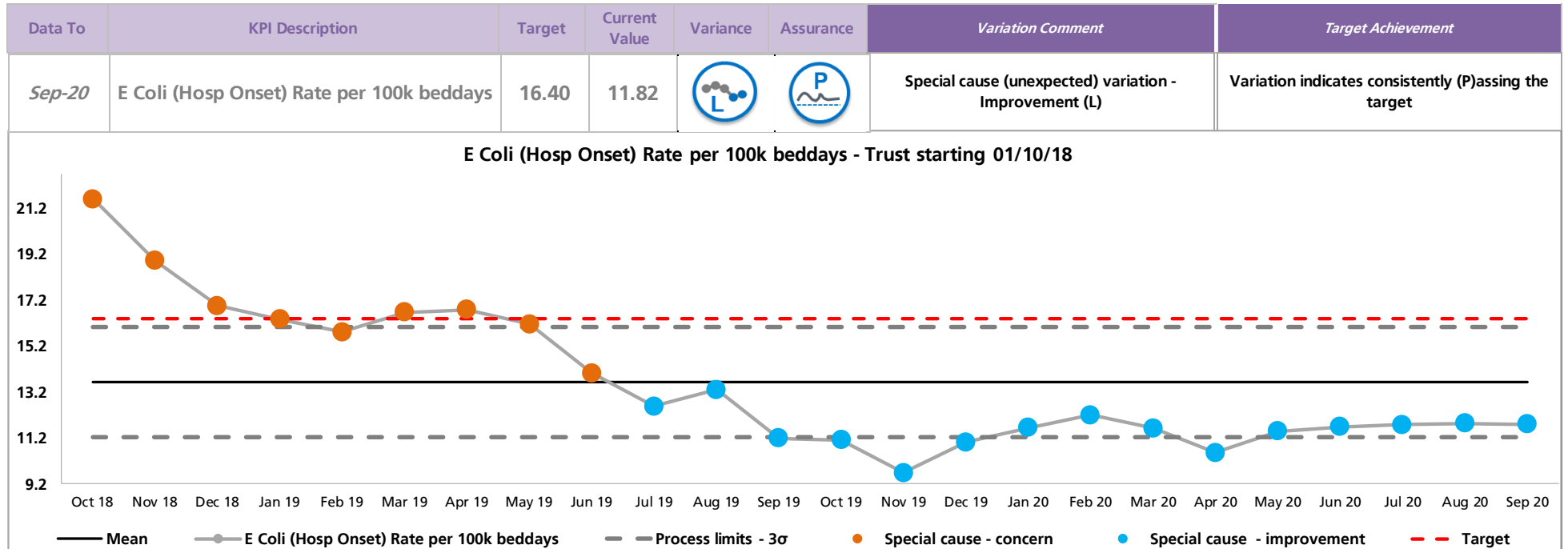


Chart 1: Hospital Onset E-Coli Rate per 100K Bed Days

Key Issues (any new issues in red):

1. Not achieving the internal target of zero (0) for hospital onset E.Coli rate per 100 thousand bed days. The data is a 12-month rolling average.
2. There have been no cases of hospital acquired E.Coli during September 2020. The Trust has had four cases reported to date (one in May 2020 and three in July 2020).

Key Actions (new actions in green):

1. Sustaining the antimicrobial stewardship programme
2. Closer liaison with Estates and Domestics to improve the environment

3. Sharing lessons learnt with staff following root cause analysis

Recovery Forecast (e.g. August):

1. There is no agreement currently in place with the CCG on the reduction of hospital onset E.Coli cases
2. The Trust has seen a year on year reduction of hospital onset E.Coli cases
3. The October 2020 data will reflect the Trust's trajectory based on the number of cases in previous years. It will detail the interim ambition of reducing hospital acquired gram negative blood stream infection by 25% by the end of 2020/21 and a full reduction of 50% by 2023/24.

Key Risks to Forecast Improvement:

1. Failure to follow Infection Prevention and Control guidance.
2. Increase in the number of patients admitted to hospital who are high risk.

Pressure Ulcer Rate per 1000 Bed Days

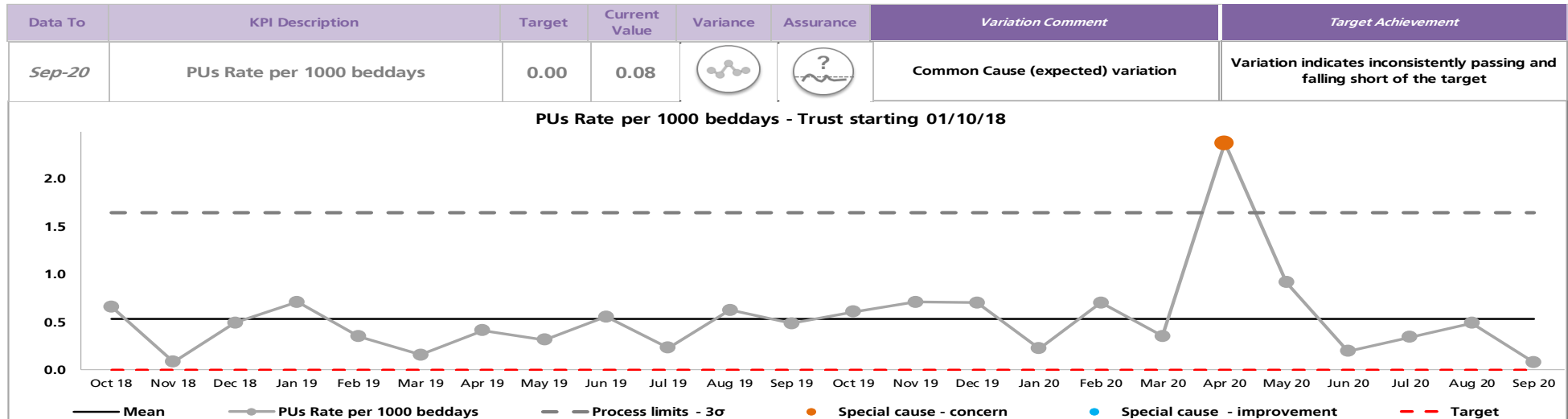


Chart 2: Pressure Ulcer Rate per 1000 Bed Days

Key Issues (any new issues in red):

1. Not achieving the tolerance for hospital acquired pressure ulcer rate per 1000 bed days. The data is a 12-month rolling average.
2. There was one patient who acquired a category 2 hospital acquired pressure ulcer, which was reported during September 2020.

Key Actions (new actions in green):

1. The tolerance has been set to zero (0) and any hospital acquired pressure ulcer reported (with or without lapses in care) would automatically render a failure to achieve.
2. The Tissue Viability team continue to work with the ward to deliver and support training in pressure ulcer prevention. There is a planned pressure ulcer and falls summit to be held on 27 November 2020, chaired by the Chief Nurse which will focus on research and evidence-based approaches.

Recovery Forecast:

1. There is a downward trajectory in hospital acquired pressure ulcers.

Key Risks to Forecast Improvement: Non-compliance with the pressure ulcer prevention care bundle.

C Diff Hospital On set Rate per 100K Bed Days

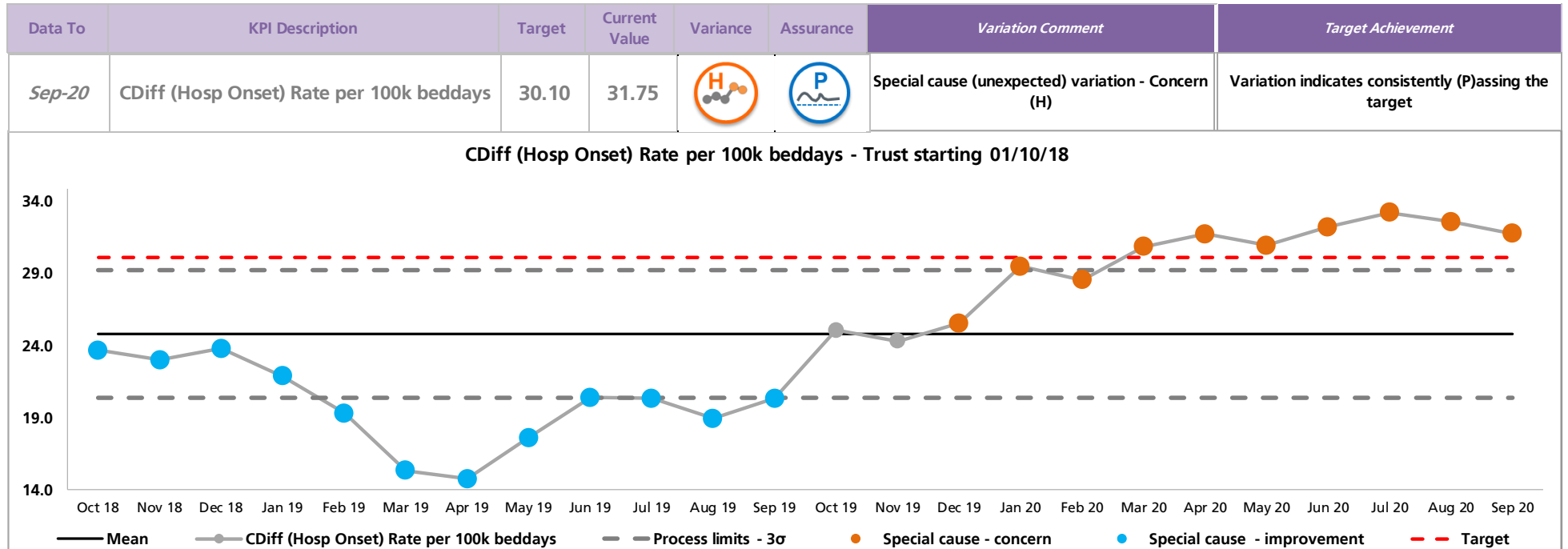


Chart 3: Hospital Onset C-Diff Rate per 100K Bed Days

Key Issues (any new issues in red):

1. 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.
2. There have been two cases of hospital associated C Diff in September 2020, a reduction from last month's three cases. In total, there have been 21 cases reported to date. Of these 21 cases, 19 root cause analyses have been completed with the remaining two due for completion on 21 October 2020 and 28 October 2020.

Key Actions (new actions in green):

1. The Infection Prevention and Control team continues to raise awareness of the appropriate management of diarrhoea and vomiting through bespoke teaching on the wards, attending Safety Huddles and sharing of lessons learnt from the root cause analyses.
2. Active Antimicrobial stewardship.

Recovery Forecast:

1. The trajectory for the Trust is set at 44 cases for the year 2020/2021. Following an appeal meeting with the Clinical Commissioning Group, nine were declared as contributing to the trajectory (identified with lapses in care), nine were declared as not contributing to the trajectory (no lapses in care).
2. There was a change in the reporting of C Diff cases for acute providers in 2019/20 by using the following two categories:
 - Hospital onset healthcare associated: cases which are detected in hospital two or more days after admission
 - Community onset healthcare associated: 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 hospital onset healthcare associated infection.

Key Risks to Forecast Improvement:

1. Increased number of C Diff cases and non-compliance with Infection Prevention and Control policies.
2. Mandatory training compliance.

VTE Assessment

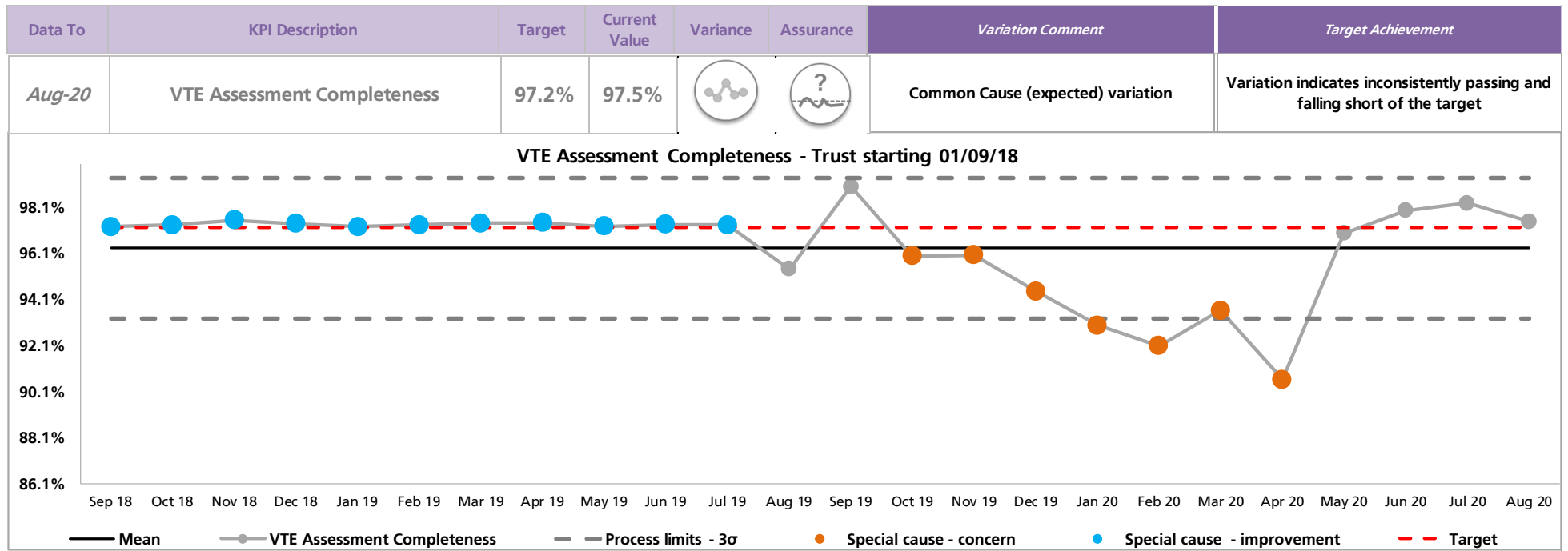


Chart 4: VTE Assessment completeness

Key Issues (any new issues in red):

1. VTE screening process has remained stable since May 2020 and is currently performing to the expected standards. Continued scrutiny of the screening process occurs on a weekly basis, along with confirm and challenge for underperforming areas.

Key Actions (new actions in green)

1. The Hospital Thrombosis Committee recently presented an audit on Hospital acquired Thrombosis which has identified areas for learning for assessments and prescribing and administration. This learning will be presented at the Grand Rounds for dissemination. This is expected to further improve awareness and compliance.
2. Medical Documentation Audit process has been embedded since August also monitors the compliance of VTE assessment checks. Dissemination of its findings to the clinical teams is expected to further improve compliance

Key Risks to Forecast Improvement:

1. The risk to consistent delivery is dependent on front line clinical staff (primarily junior doctors) diligently performing these assessments, with periodic turnover of Doctors in Training a risk in embedding these processes. This is currently managed through a robust induction and scrutiny processes. With the proposed forcing function enabled through E-prescribing software this ongoing risk will be mostly mitigated.

Effective Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-20	Stillbirth Rate	3.73	3.50		
Aug-20	Neonatal Deaths Rate	1.06	0.50		
Aug-20	Extended Perinatal Deaths Rate	4.79	4.00		
Aug-20	Total C Section Rate	25.0%	28.0%		
Aug-20	EL C Section Rate	10.0%	10.1%		
Aug-20	EM C Section Rate	15.0%	17.9%		
Aug-20	Maternal Deaths	0	0		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Sep-20	% "Term" admissions to the NNU	6.00%	5.75%		
Sep-20	% "Avoidable Term" admissions to the NNU	0.00%	0.00%		
Jun-20	HSMR Crude Rate	3.18	3.40		
Jun-20	HSMR Relative risk	100.00	118.06		
Jun-20	HSMR Weekend Relative risk	100.00	138.84		
Apr-20	SHMI (Rolling 12 mth position)	100.00	102.29		
Sep-20	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.00		
Sep-20	No. of patients recruited in NIHR studies	50	36		

Mortality

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jun-20	HSMR Relative risk	100.00	118.06			Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (F)alling short of the target

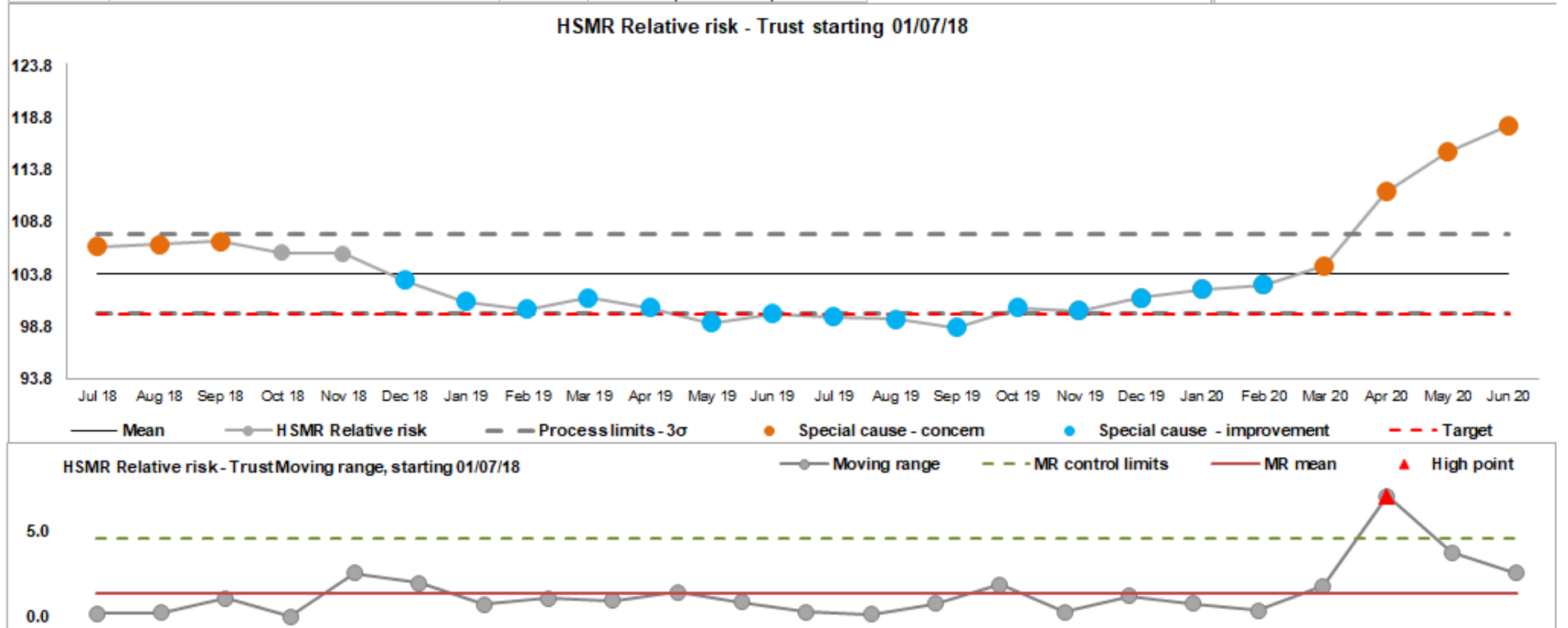


Chart 5: Hospital Standardised Mortality Ratio

Data To	KPI Description	Target	Current Value	Variance	Assurance
Apr-20	SHMI (Rolling 12 mth position)	100.00	102.29		

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

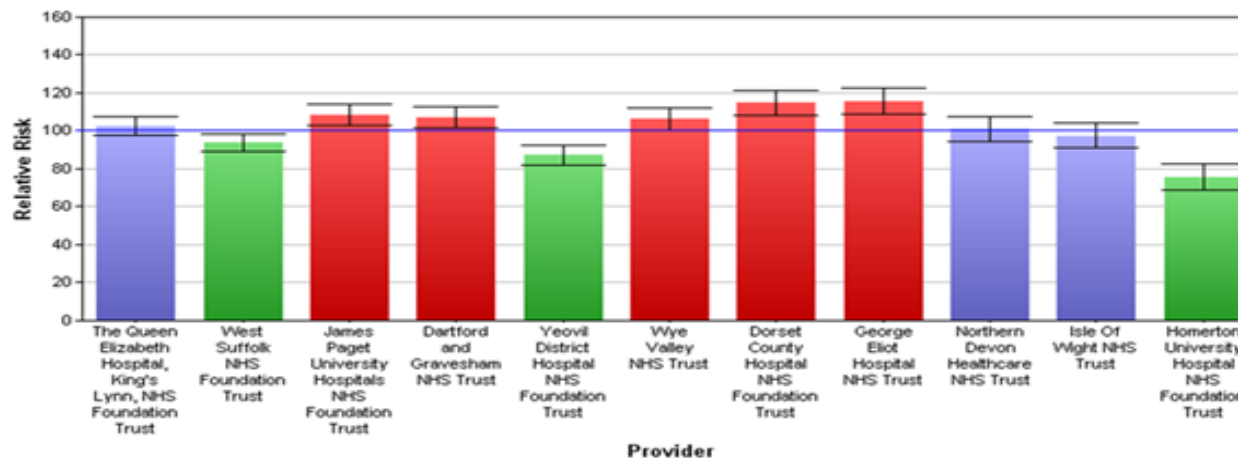


Chart 2: SHMI – Quarterly performance to April/ Trust benchmarked position using a rolling 12 month SHMI score (Doctor Foster)

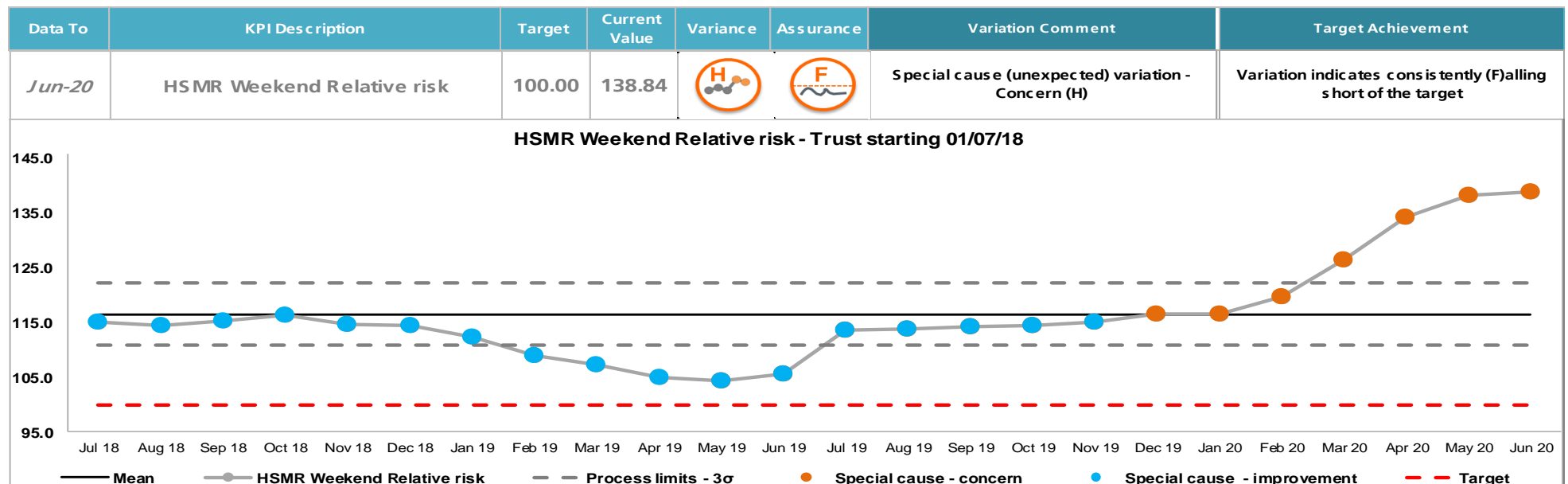


Chart 6: HSMR weekend relative risk

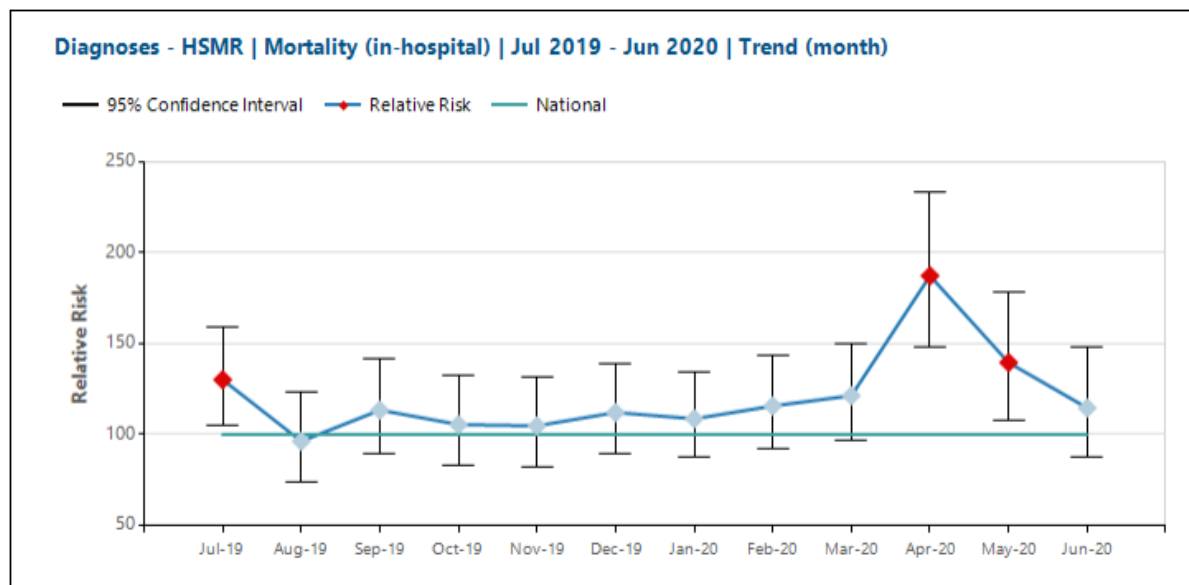


Chart 4: HSMR July 2019 to June 2020

Key Issues (any new issues in red):

1. The SHMI at 102.29 covers the period to June 2020 and remains “as expected”. COVID-19 related deaths have been excluded from SHMI calculations as it is not designed for this type of pandemic activity and the statistical model used for calculating SHMI will not be accurate if these deaths were included. COVID-19 deaths are however monitored in a new contextual indicator “percentage of provider spells with COVID-19 coding”.
2. QEH is one of eight trusts currently recording a crude mortality of 3.4% vs regional rate of 3.3%. This is the first time that QEH’s crude rate has been higher than our East of England peer organisations. It should be noted that observed mortality profile across an East of England sample group and the national average saw a fall in mortality within the HSMR between March 20 – June 20, however QEH saw an increase in March, April and June compared with 2019. This will have a profound impact on the HSMR as the denominator is falling and the numerator increasing. There were an increased number of deaths relating to COVID-19 during this period, but Dr Foster will undergo further analysis using a more focussed peer group for assurance.

3. HSMR has moved from 115.49 to 118.1 and is higher than expected. As per the SHMI, COVID-19 deaths have been removed from the HSMR calculation, however the low number of admissions and high number of deaths are having a detrimental impact on our HSMR which is likely to continue for some time, given the HSMR is expressed over a rolling 12 month period.
4. Factors driving this rise are attributable to significant fall in activity from February to May 2020 across elective (23.5%) and non-elective (16.9%) thereby reducing the denominator of total admissions by 20.2%. This broadly in line with the East of England peer group.
5. There are 10 CUSUM (Cumulative Sum of Deaths in a particular diagnostic group) alerts in this reporting period. There are currently 3 outlying groups in Chronic Obstructive Pulmonary Disease (COPD), Pneumonia and Viral Infections (with the final 2 diagnoses being driven by COVID-19). A previous audit into deaths of patients with COPD did not identify lapses in care. COPD mortality was raised in March 2020 driven by a fall in activity, not observed mortality.
6. Weekend mortality has also risen from 138.21 to 139.9. Previous in-depth reviews of weekend deaths did not identify any significant clinical lapses but demonstrated low levels of End of Life provision (lack of palliative care coding). NHSE/I are undertaking an audit of weekend activity versus weekday admissions to help better understand this variation.
7. There were 67 deaths reported in September 2020, which was lower than the previous year for September 2019 at 88. The greatest number of deaths occurred on the Care of the Elderly ward (12) and within Cardiology.

Key Actions (new actions in green):

1. Dr Foster will undertake bespoke analysis on our COVID-19 deaths and the impact that this has caused on our HSMR.
2. The hospital has joined an NHS Improvement learning from deaths collaborative to improve the scrutiny and learning from deaths in our care. This collaborative will help streamline the mortality review processes and ensure alignment with good practice.
3. The Trust is also working closely with NNUH and NHS Improvement to support the recognition and care of End of Life (EoL) patients. The EoL service for the Trust is being revised with additional support provided from NNUH with a Palliative Care Consultant (part time) and Senior Palliative Care Nurse.
4. With weekend mortality remaining a persistent outlier, the Trust has undertaken two Structured Judgement Review audits of weekend deaths. No significant clinical lapses in care were identified in these reviews. An independent review of weekend deaths is in progress. This independent review and its findings will help support the learning process and provide assurance to the board.

Recovery Forecast

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

The increase in crude deaths rate is likely to be reflected in the rolling 12-month SHMI to be reported from October 2020.

Risks to recovery

If the Trust is subject to a second wave of COVID-19 deaths it will further impede our ability to predict and benchmark our deaths against other.

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

C-Section rates

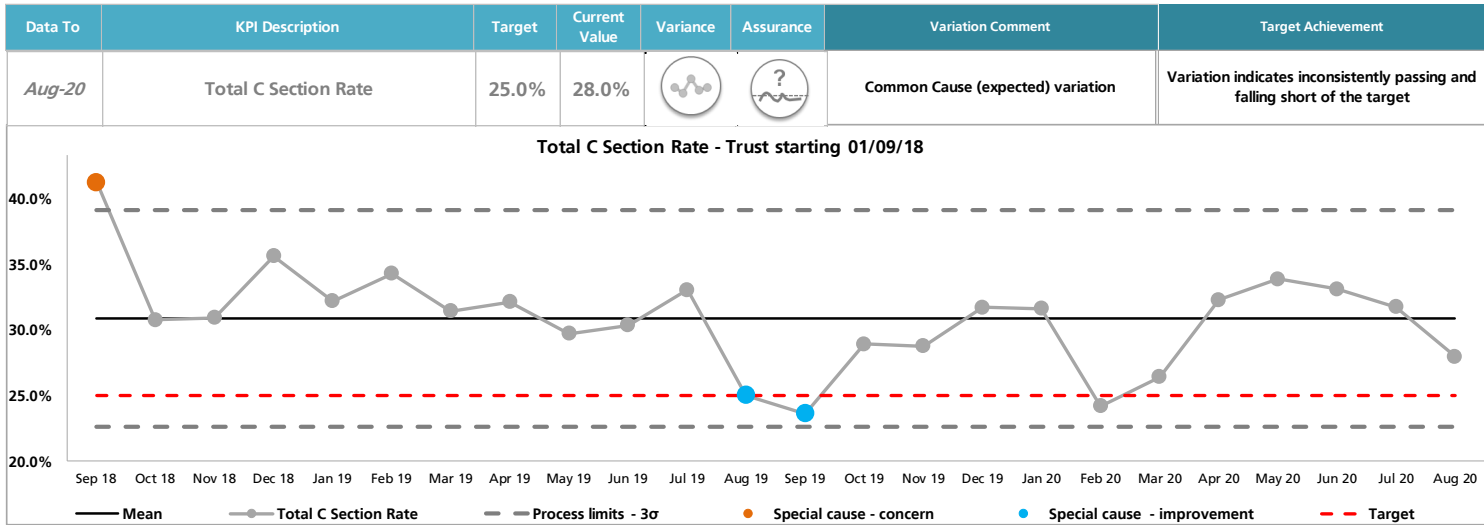


Chart 7: Caesarean Section Rates

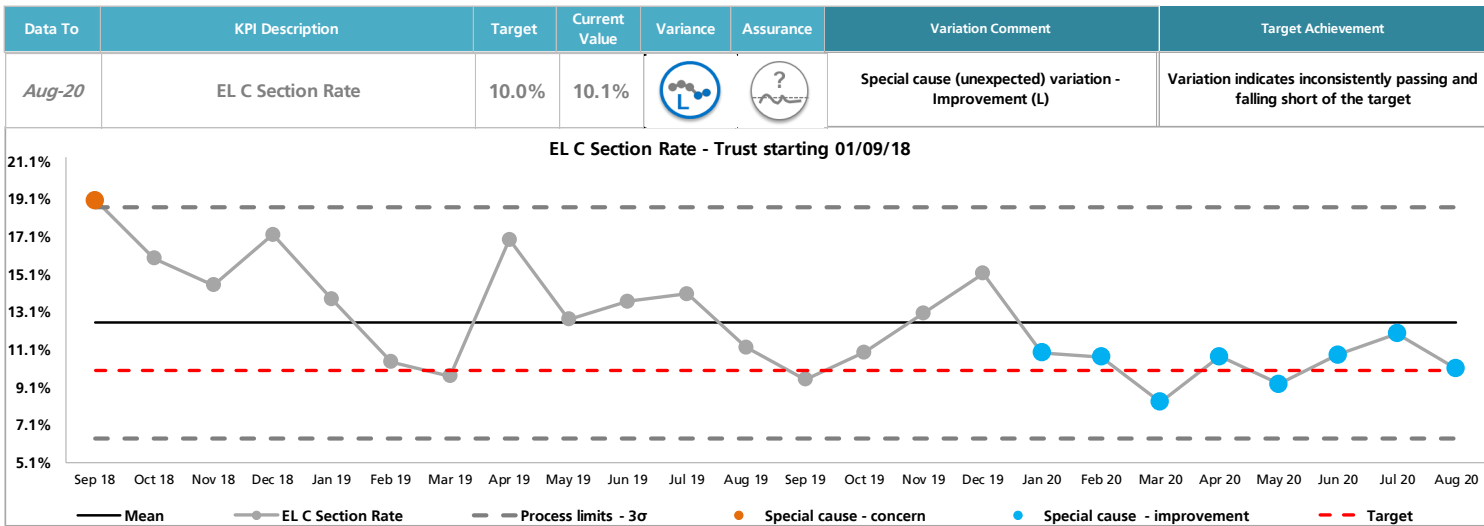


Chart 8: Elective Caesarean Section Rates

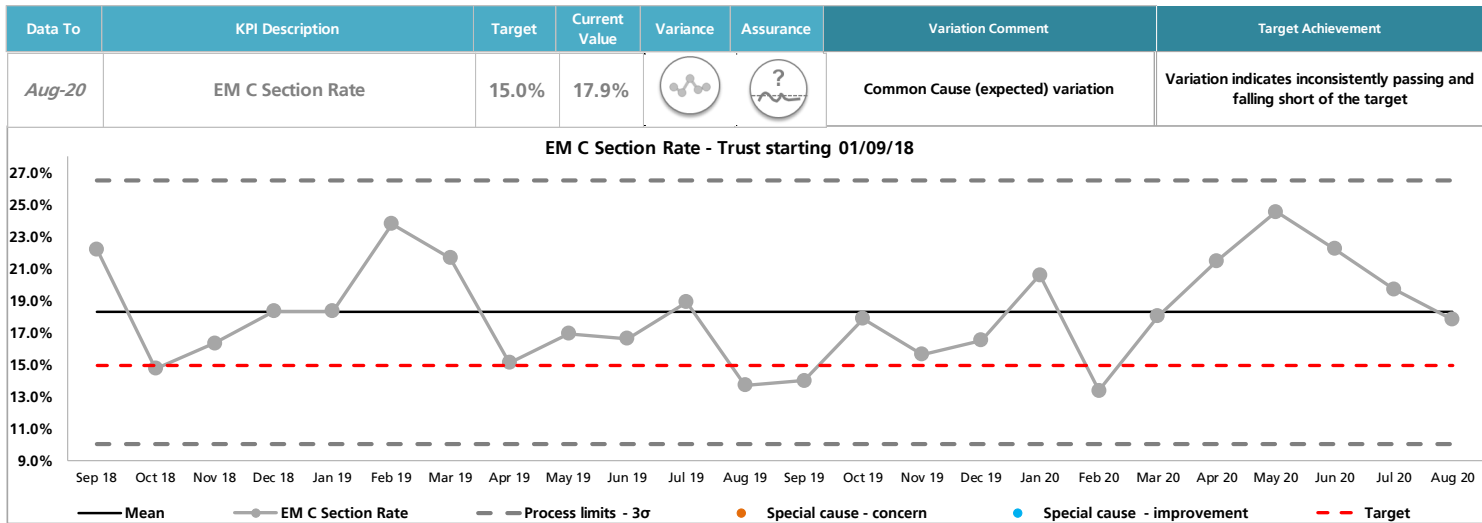


Chart 9: Emergency Caesarean Section Rates

Key Issues (any new issues in red):

Total Caesarean rates for August 2020 is 28% which is a reduction from the month of July at 30.5% with a target of 25.0%. Elective and Emergency C-section rates remain variable and above the targets.

Hospital	Elective LSCS	Emergency LSCS	Total
QEH	10.1%	17.9%	28%
JPUH	17.3%	22.9%	40.2%
NNUH	15.3%	18.9%	34.2%

Chart 10: QEH, JPUH and NNUH Elective and Emergency LSCS

Key Actions (any new actions in green):

1. The retrospective MDT reviews of all caesarean sections (CS) were delayed due to staff sickness from June 2020. These have now restarted. All staff groups are invited to attend the CS MDT review, led by the Service Manager and Inpatient Matron. Any learning from this meeting will be feedback and shared in the governance meeting. Attendance of this meeting will be included in the job plans for Consultants. This will help to ensure that robust confirm and challenge is in place.
2. The induction of labour audit for July, August and September (Quarter 2) is on going and results will be presented in next month's IPR review
3. Nine band 5 midwives have started and will be supernumery until November 2020. QEH is also in the process of recruiting additional Band 5/6 midwives (nine midwives will be interviewed this month) and an additional Band 7.

Key Risks to Forecast Improvement:

1. Consultants who are in a phased return / delayed in a return from shielding within the department may be exacerbated by a second wave of the pandemic. This would present ongoing difficulties in meeting service level demands, though the sickness is currently predicted to improve from October 2020.
2. Late commencement of Induction of Labour (IOL) due to reduced midwifery staffing levels during the day can lead to overnight decision making by less experienced staff (relayed to the on call Consultant). Late starts to IOL can also lead to poor client experience which can then prompt an increase in requests for LSCS. This needs to be verified by audit findings which will be presented in November 2020.

Neonatal and Perinatal Mortality

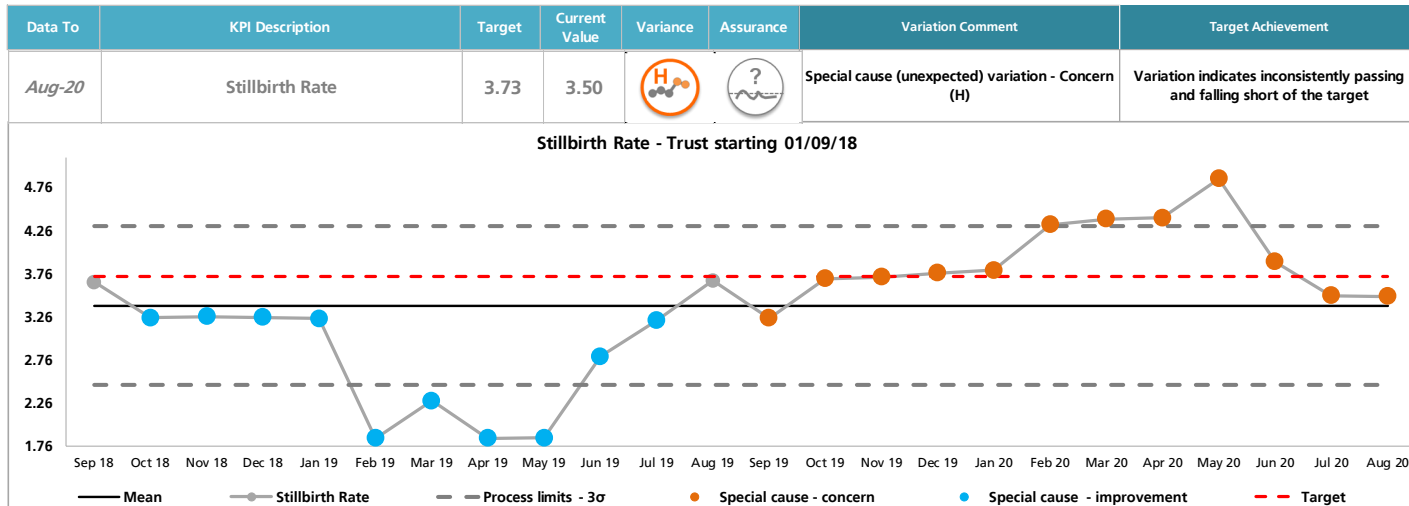


Chart 11: Stillbirth Rate

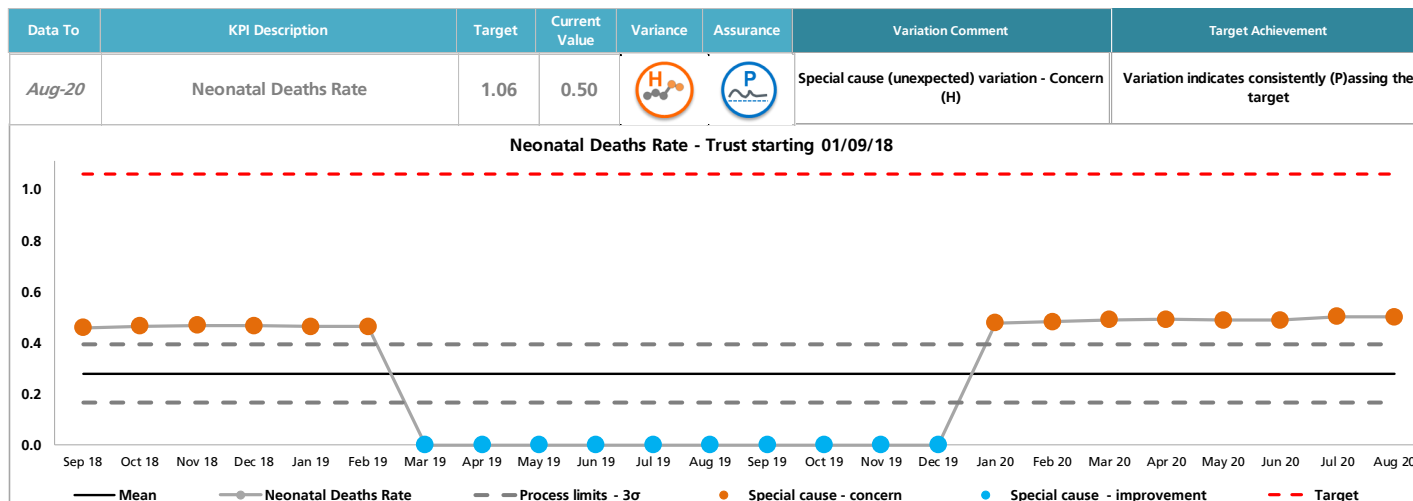


Chart 12: Neonatal Deaths Rate

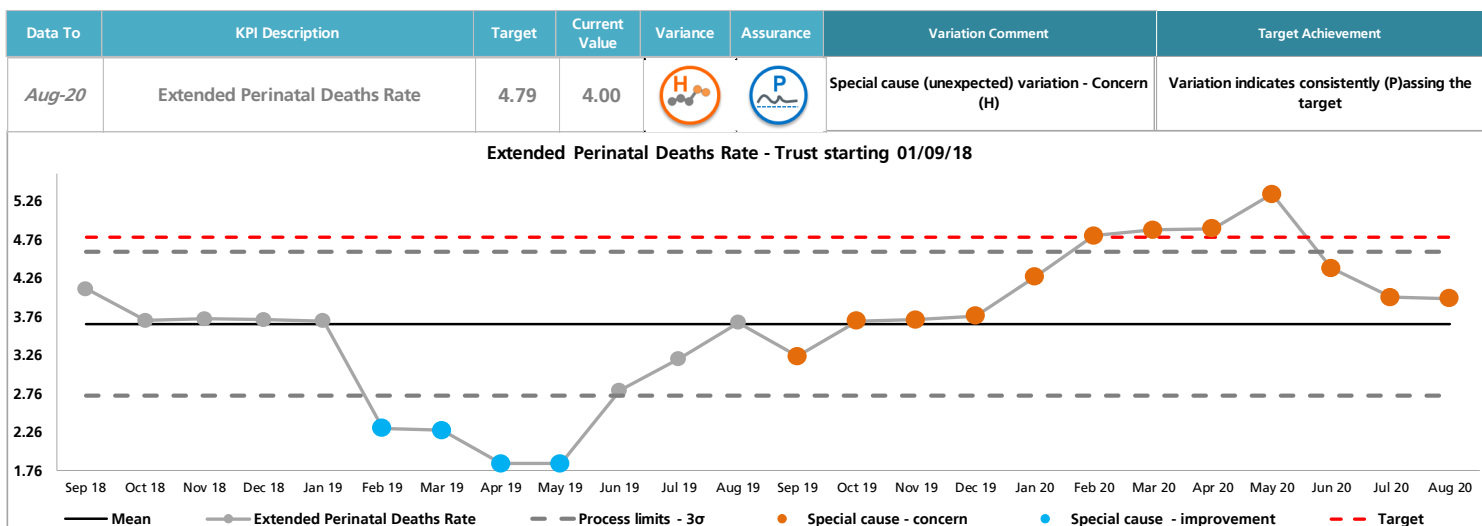


Chart 13: Perinatal Deaths Rate

Key Issues:

1. The stillbirth rate for the month of August was 3.50 which is below target and was a reduction from 3.51 in July 2020. The neonatal death rate remains below target at 0.5. The extended perinatal death rate in August is 4.00 and is below the target of 4.79.

Key Actions:

1. The smoking cessation work stream as part of the LMS has commenced and will focus on delivering midwifery smoking cessation support as opposed to routine Stop Smoking Services in a small cohort of women with the plan to roll-out the delivery of this service across the maternity system once initial PDSA cycles have been completed.

Recovery Forecast: N/A

Key Risks to Forecast Improvement:

Vacancy and absence within the Obstetrics & Gynaecology department has resulted in a number of senior midwives and senior medical staff working within the clinical numbers which has reduced the ability for service development initiatives. Some members of staff continue to be absent following the lifting of shielding restrictions and the Divisional Leadership Team with the support of the senior midwives are developing a plan for the management of transformation projects.

Research and Innovation

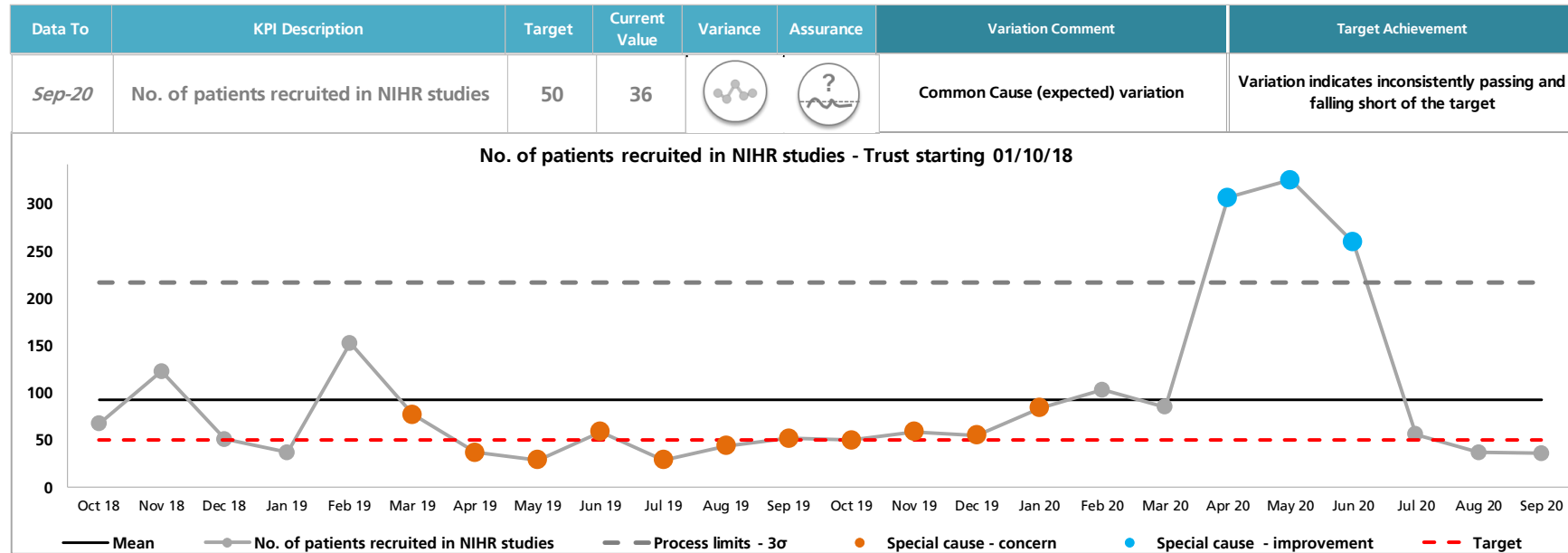


Chart 14: No.of patients recruited in NIHR studies

Key Issues (any new issues in red):

1. The Trust has recruited more than 1,000 participants in the first half of the year, which has not been achieved before by QEH. The majority of the recruitment is from COVID-19 studies, but we have re-opened and recruited to the usual NIHR portfolio studies in addition to this.
2. An Urgent Public Health Research trial has opened, which is looking at the Impact of biologic and immunomodulatory therapy on COVID-19 infections in patients with IBD, and a new trial to reduce gestational diabetes.
3. The NOVAVAX vaccine trial will now be happening solely in Norwich, as the trial monitor refused to allow other sites to take part. QEH staff have been offered the chance to take part in the NOVAVAX trial.
4. The Trust is awaiting to hear from Sanofi Pasteur GSK as to whether the trial will run in the UK as Norfolk & Waveney has expressed an interest in running the trial.

Key Actions (new actions in green):

1. We have set ourselves a new target of recruitment to reach of 1,200 this year
2. The SAFIRA devices have been used in humans for the first time and has received good feedback about their performance. A clinical trial is in preparation
3. As part of the Prime Minister's "Moonshot" programme, the Trust is exploring setting up Point of Care Testing trials to accelerate the country's testing capacity.

Recovery Forecast (e.g. August): If Applicable

Currently no risks to recovery

Key Risks to Forecast Improvement:

1. The "Moonshot" Programme is directly linked to the laboratories being able to run samples nationally, in which there is not much additional capacity to support this currently.

Caring Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Sep-20	MSA Incidents	0	17		
Sep-20	MSA Breaches	0	36		
Sep-20	Total Clinical & Non_Clinical Complaints	20	11		
Sep-20	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.04%		
Sep-20	Complaints receiving a response within 30 working days %	90.0%	87.0%		
Sep-20	Complaints - Reopened (% of Total)	15.0%	18.2%		
Sep-20	Complaints - Rate per Staff In Post	0.60%	0.35%		
Aug-20	Dementia Case Finding	90.0%	55.8%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Sep-20	FFT % "Very Good" or "Good" (IP & DC)	95.00%	97.21%		
Sep-20	FFT Resp Rate (IP & DC)	30.00%	20.35%		
Sep-20	FFT % "Very Good" or "Good" (AE)	95.00%	95.45%		
Sep-20	FFT Resp Rate (AE)	20.00%	1.80%		
Sep-20	FFT % "Very Good" or "Good" (OP)	95.00%	96.90%		
Sep-20	FFT Resp Rate (OP)		2.72%		
Sep-20	FFT % "Very Good" or "Good" Mat Question 1 (Antenatal)	95.00%	100.0%		
Sep-20	FFT % "Very Good" or "Good" Mat Question 2 (Labour)	95.00%	100.0%		
Sep-20	FFT % "Very Good" or "Good" Mat Question 3 (Postnatal)	95.00%	98.2%		
Sep-20	FFT % "Very Good" or "Good" Mat Question 4 (Comm Postnatal)	95.00%	100.0%		
Sep-20	FFT Resp Rate Mat Question 2 (Labour)	15.00%	10.7%		

Mixed Sex Accommodation Breaches

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Sep-20	MSA Breaches	0	36			Special cause (unexpected) variation - Concern (H)	Variation indicates inconsistently passing and falling short of the target

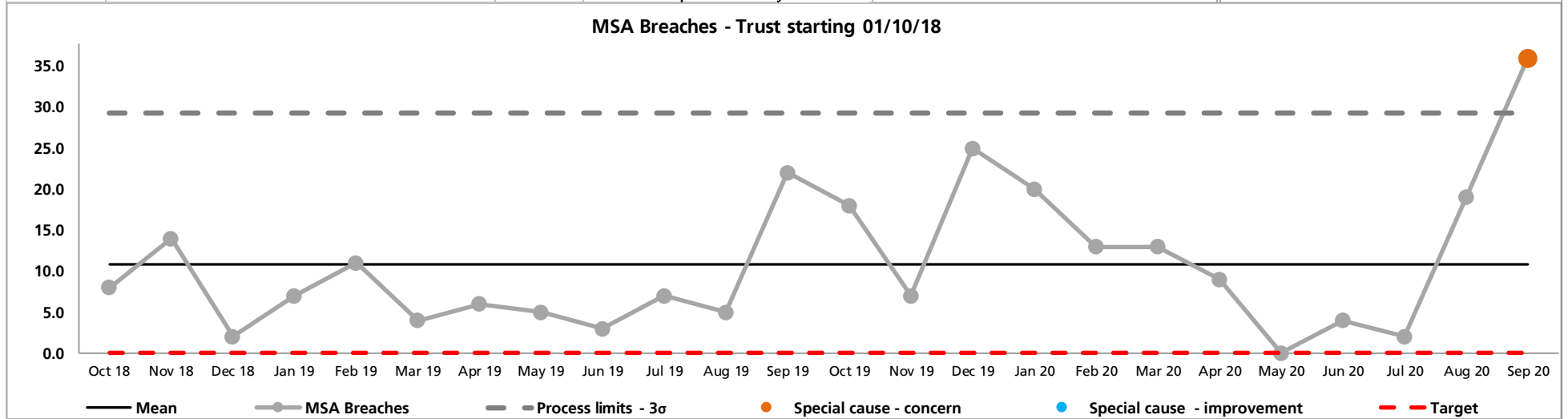


Chart 15: Mixed Sex Accommodation Breaches

Key Issues (any new issues in red):

1. There have been eight incidents of same sex accommodation breaches affecting 18 patients, all in the Hyperacute Stroke Unit on West Raynham Ward.
2. These incidents occurred when patients in the stroke bay were not stepped down in a timely manner following completion of time critical interventions.
3. These breaches are reported in line with the national guidance.
4. There have been no concerns raised by patients or relatives with regard to same sex accommodation breaches.

Key Actions (new actions in green):

1. These breaches are discussed and reviewed at the divisional governance meeting.
2. Same sex accommodation breaches are escalated to the clinical site team.

Recovery Forecast

1. Unable to forecast recovery due to capacity challenges.

Key Risks to Forecast Improvement:

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

Friends and Family Test

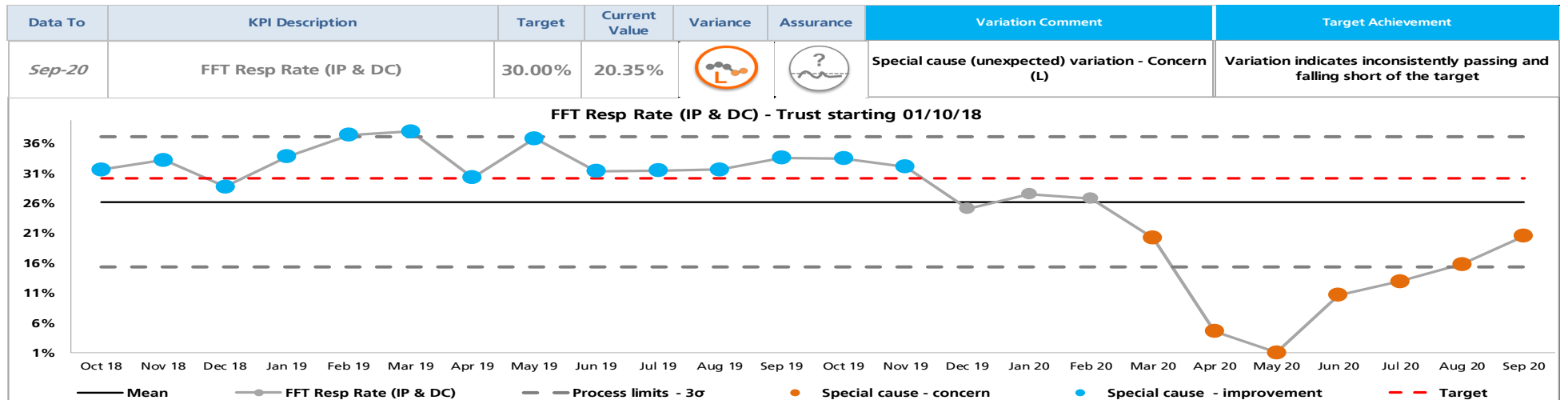


Chart 16: FFT Response Rate (IP & DC)

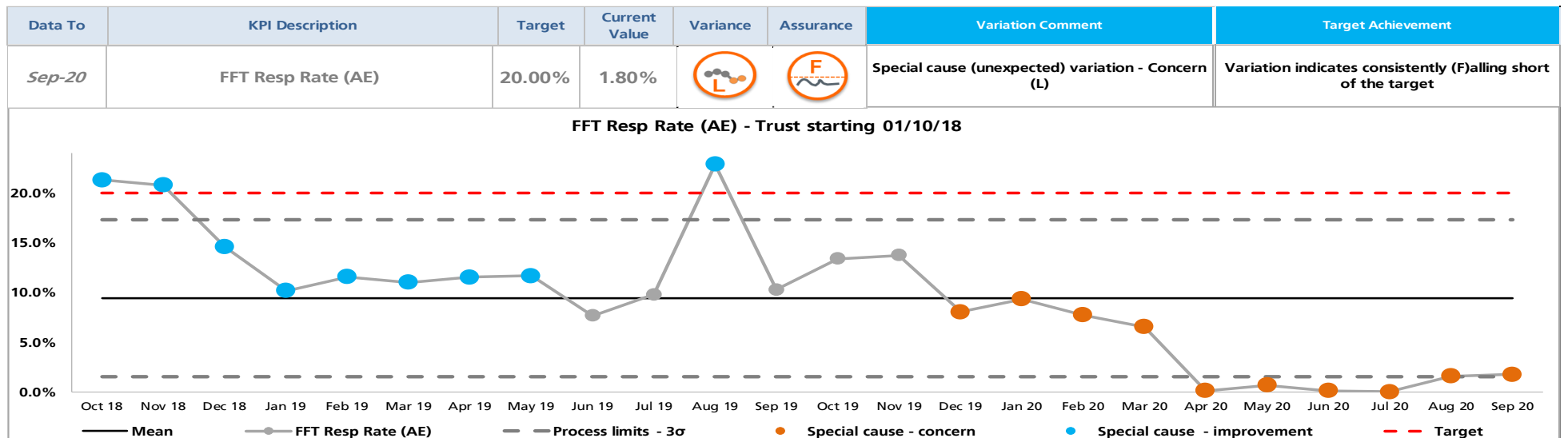


Chart 17: FFT Response Rate (AE)

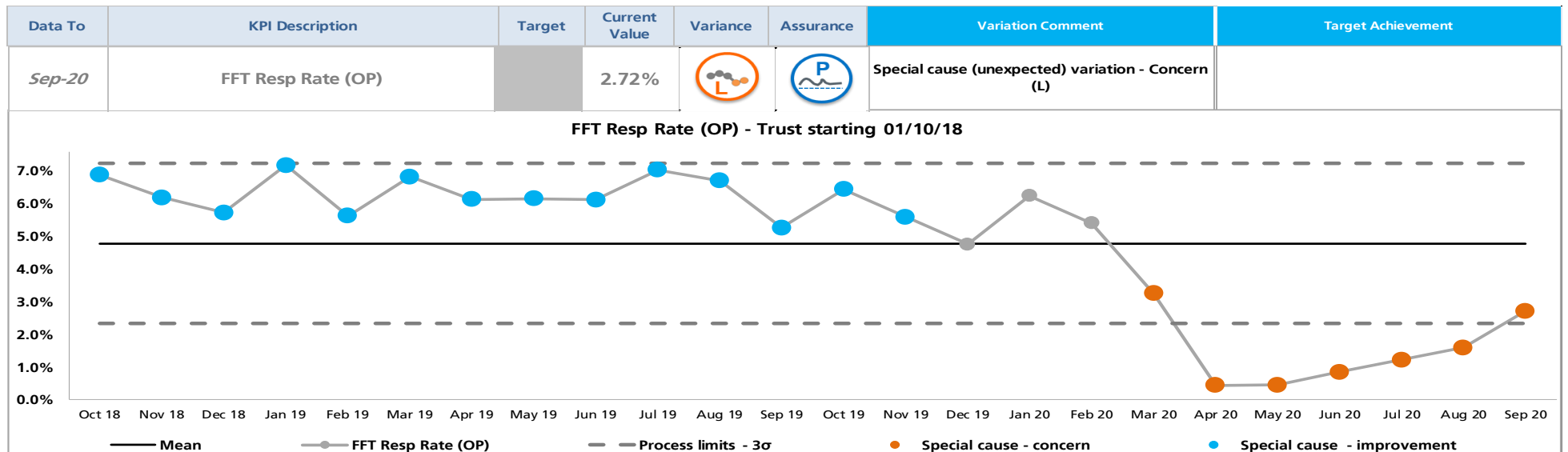


Chart 18: FFT Response Rate (OP)

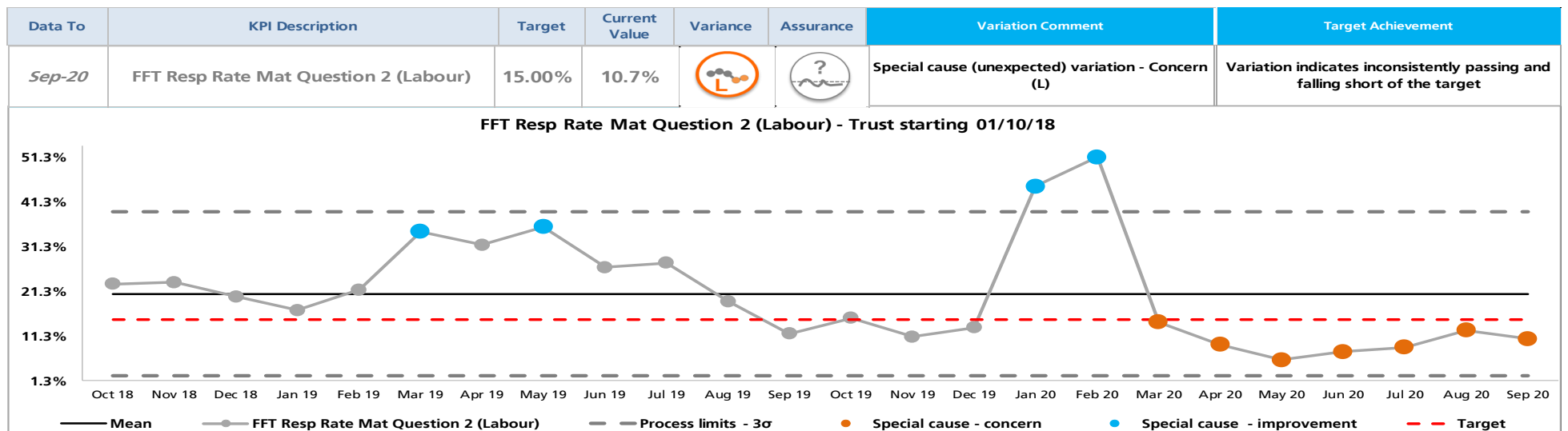


Chart 19: FFT Response Rate (Maternity Question 2 Labour)

Key Issues (any new issues in red):

1. Friends and Family Test (FFT) feedback collection was at a low point of 166 responses in May 2020 (there were 3601 responses collected in January 2020). This has slowly increased to 1220 in August 2020 and there has been a further increase to 1770 responses in September 2020.
2. A particular area of concern relates to response rates within the Emergency Department (1.80% which equates to 68 responses). A&E remains a challenging area from which to collect feedback

Key Actions (new actions in green):

1. Relaunch of FFT in Autumn 2020 with the assistance of Communications team.
2. Specific actions have been implemented to support the Emergency Department to collect feedback. They include displaying posters in different languages on how to provide feedback / creating a 'wordcloud' for the comments and feedback received for staff to see and displaying the weekly response rate to encourage staff to increase this.
3. Wards are contacted weekly to remind them to return all cards collected in the internal mail and to contact the Patient Experience team for additional cards as needed.
4. Training has been offered to staff to share how to use the QR Code posters with patients. This will be extended out to all areas currently with QR code posters and others that want to use this method of feedback.
5. QR (Quick Response) Code posters continue to be created for areas across the Trust to offer an alternative method of providing feedback which has no infection control implications as patients use their own smart phones to scan the link. This will hopefully increase the number of online responses received in preparation for an enhanced digital solution for FFT in 2021.

Recovery Forecast:

The FFT response rate is improving month by month.

Key Risks to Forecast Improvement:

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

Dementia Case Finding

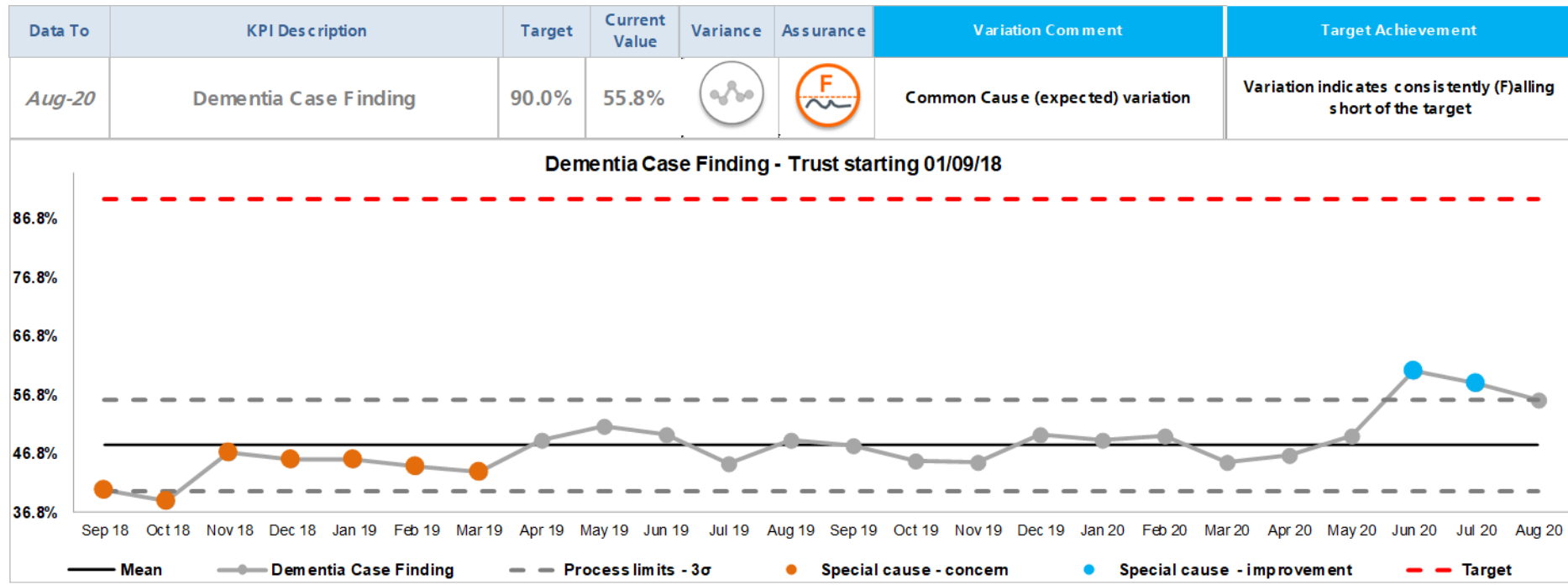


Chart 20: Dementia Case finding

Key Issues (any new issues in red):

1. Whilst Dementia screening rates have begun to show improvement, many of the changes implemented to improve the screening rates will only take effect from September 2020 (with this being visible to the Trust Board from November). A new booklet was implemented in August 2020 (2 weeks later than planned) which shortens the screening process, is user friendly and therefore is expected to improve compliance.

Key Actions (new actions in green):

1. Several steps have been taken to improve the screening rates over the past months. Recently, we have identified two Quality improvement (QI) Champions who have been tasked with improving the processes to improve the screening rates. The QI Champions

are middle grade trainee Doctors in Care of the Elderly, who have a special interest in this area. They have identified underperforming areas on a daily basis (weekdays), with plans to target ward areas to improve compliance.

2. Ward based champions identified on Windsor Ward that has tremendously improved compliance and plans to replicate this success across all the other wards over the next few months.
3. A daily list of pending compliance assessments is sent to ward managers to remind and encourage completion.
4. League tables of compliance within departments/wards will be compiled on a weekly basis to promote competition amongst the teams

Recovery Forecast: The current steps taken to improve compliance are expected to take full effect and be visible to the board by February 2021.

Key Risks to Forecast Improvement:

This process is reliant on human factors for compliance and there are multiple variables that currently constrain the compliance process. Firstly unlike VTE screening process (applicable to all relevant patients in the admitted pathways), this selectively applies to patients with unknown dementia and are > 75 years of age. Hence in many instances, a prompt is required to remind people to complete this process. Forcing function through e-prescribing would enable this prompt and ensure compliance. E-prescribing is expected to be fully implemented by April 2021, following which we can expect consistency in the compliance on this attribute. However, the changes and subsequent refinements required to enable compliance is expected to bear effects by February 2021.

Responsive Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Sep-20	18 Weeks RTT - Incomplete Perf	92.0%	63.2%		
Sep-20	18 Weeks RTT - No. of Specialties failing the target of 92%	0	26		
Sep-20	18 Weeks RTT - Over 52 Wk waiters	0	402		
Sep-20	A&E 4 Hour Performance	95.0%	79.3%		
Sep-20	A&E 4 Hour Performance (Majors only)	95.0%	65.7%		
Sep-20	A&E 4 Hour Performance (Minors only)	100.0%	91.3%		
Sep-20	A&E 12 Hour Trolley Waits	0	5		
Sep-20	Ambulance Handovers	100.0%	33.7%		
Sep-20	Last minute non-clinical cancelled elective operations	0.8%	1.41%		
Sep-20	Breaches of the 28 day readmission guarantee	0	0		
Sep-20	Total non-clinical cancelled elective operations	3.2%	4.74%		
Sep-20	Urgent operations cancelled more than once	0	0		
Sep-20	% of beds occupied by Delayed Transfers of Care	3.5%	0.0%		
Sep-20	Medically Fit For Discharge - Patients		369		
Sep-20	Medically Fit For Discharge - Days		2770		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-20	Cancer Wait Times - Two Week Wait Performance	93.0%	95.8%		
Aug-20	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	100.0%		
Aug-20	Cancer Wait Times - 62 Day Ref to Treatment Performance	85.0%	62.3%		
Aug-20	Cancer Wait Times - 104 Day waiters	0	3		
Aug-20	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	100.0%		
Aug-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	100.0%		
Aug-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	100.0%		
Aug-20	Cancer Wait Times - 62 Day Screening Performance	90.0%	100.0%		
Sep-20	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	48.3%		
Aug-20	Stroke - 90% of time on a Stroke Unit	90.0%	66.7%		
Aug-20	Stroke - Direct to Stroke Unit within 4 hours	90.0%	59.6%		
Aug-20	Stroke - Patient scanned within 1 hour of clock start	48.0%	43.1%		
Aug-20	Stroke - Patient scanned within 12 hours of clock start	95.0%	96.1%		
Aug-20	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	34.0%		
Sep-20	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	48		

Emergency Access within 4 hours

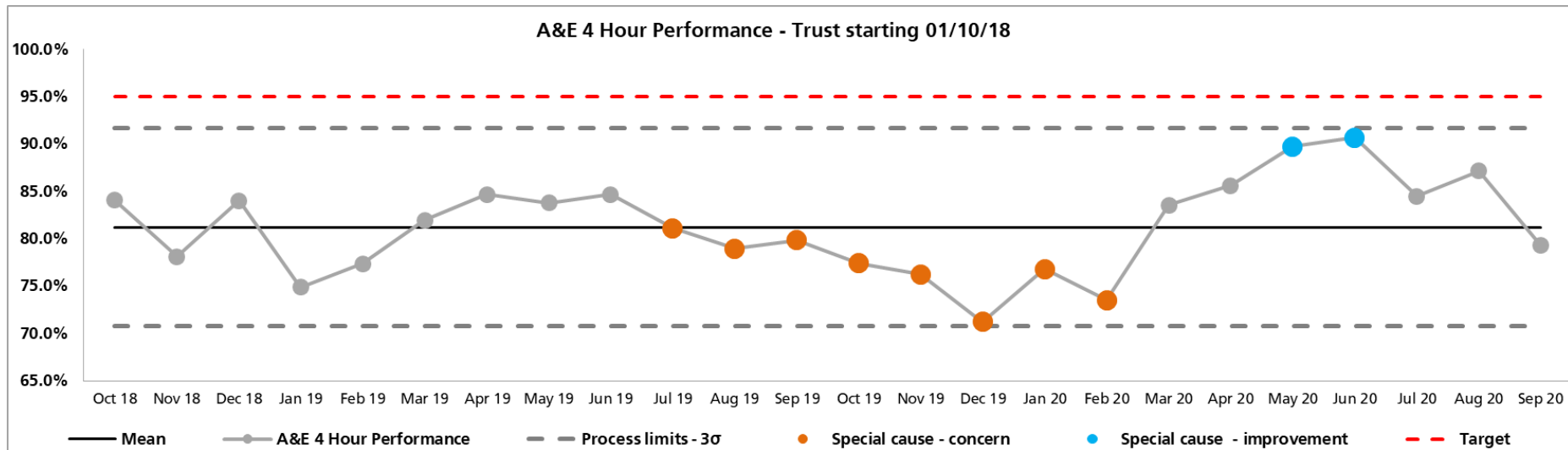


Chart 21: A&E 4 Hour Performance

Performance in September 2020 was 79.3% against the standard of 95% and trajectory of 82.3%. Admitted performance was 59.19% and non-admitted performance was 91.18%. 94.62% of all attendances presented to green ED, 5.38% to yellow ED. 41.39% of patients breached awaiting a bed. Performance in quarter 1 was 88.89%, against the trajectory of 86.3% and performance in quarter 2 was 83.71% against the trajectory of 82%.

There were five 12 hour trolley waits in September, four patients awaiting admission to a mental health facility and one patient with a delayed transfer to a tertiary Neurosurgical centre.

Ambulance Handovers completed within 15 minutes

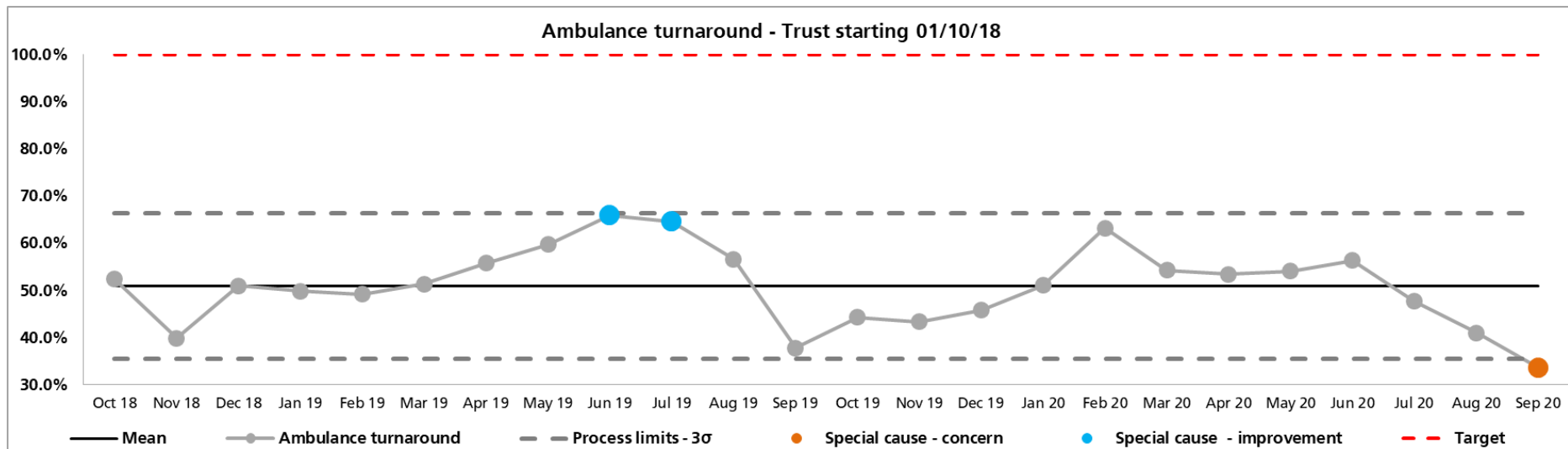


Chart 22: Ambulance handovers completed within 15 minutes

In September 2020 there were 2,019 today ambulance conveyances to the Emergency Department, of which 1,872 were conveyed by EEAST and 147 were conveyed by EMAS. Performance data is available for EEAST only and of these, **33.7%** of ambulance handovers took place in ≤ 15 minutes, against the trajectory of 65%, **72.7%** of ambulance handovers took place in ≤ 30 minutes and 10.8% of handovers exceeded 60 minutes. The average handover time in September 2020 was 29 minutes and the longest handover took 4 hours 14 minutes.

Key Issues (any new issues in red):

1. Increasing presentations of patients with mental health needs requiring admission to a mental health bed and no bed availability locally, resulting in an increasing number of 12 hour trolley waits and patients having an extended length of stay in ED
2. Activity levels were 4% higher than forecast in month. NB – the trajectory already forecasts increased demand for the months of July, August and September to allow for seasonal variation.
3. Reduced capacity in the department due to the co-location of both Yellow and Green ED resulting in handover delays for patients to be seen by ED doctors and onward referral of patients

Key Actions (new actions in green):

1. Seasonal bed modelling undertaken and re-configuration of bed base for patients with suspected COVID-19 (Stanhoe and Tilney) to reduce delays in admission
2. In September 2020, the Trust commenced an Urgent and Emergency Care Improvement programme; this is led by the Associate Director Urgent and Emergency Care Improvement includes the following workstreams:
 - Pre arrival
 - Front door
 - Inpatient care
 - Discharge
3. Relocation of the Yellow ED to Fracture Clinic releasing cubicle space for both major patients and ambulance offload to support more timely assessment and treatment of patients – timescales for the works are currently being reviewed by the Division and the Estates team

Recovery Forecast:

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

Key Risks to Forecast Improvement:

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

Beds occupied by adult inpatients >=21 days

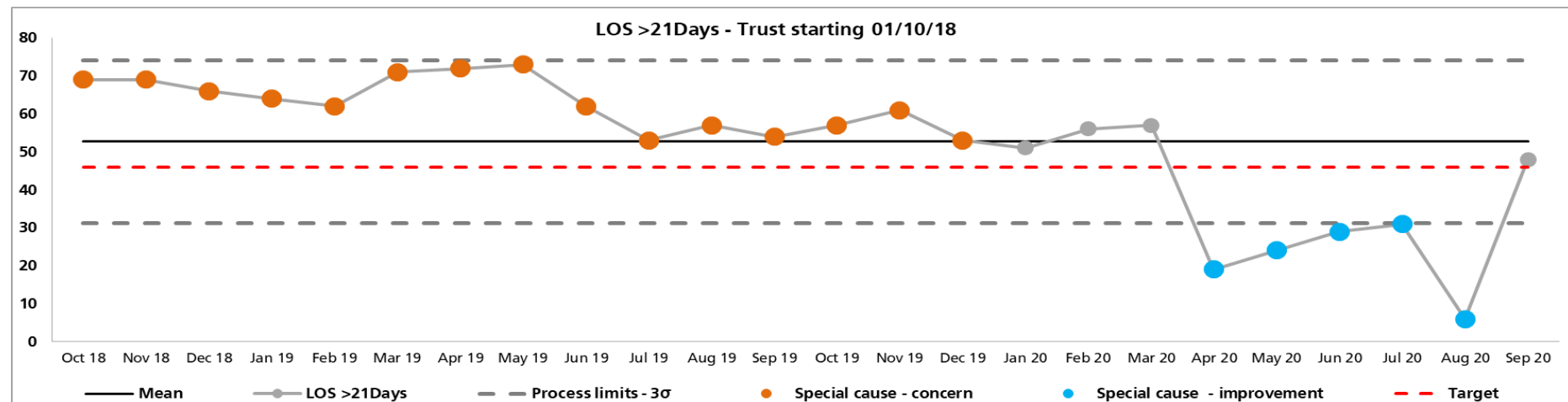


Chart 23: LoS > 21 days

Key Issues (new actions in red):

1. Increasing presentations of acutely unwell patients through both Yellow and Green pathways
2. Recent delays with the processing of NEAT referrals

Key Actions (new actions in green):

1. Weekly length of stay reviews to re-commence in November 2020 supported by the Discharge Lead Nurse
2. Weekly Community Capacity and Discharge Delivery Group meetings continue
3. Restoration of Social Services and Community provisions Steering Group ongoing

Recovery Forecast:

Performance is currently on target

Key Risks to Forecast Improvement:

1. Failure to recruit Discharge Matron
2. Increase in risk-averse nature of community care providers
3. Failure or delay to implementation of Discharge to Assess (D2A)
4. Capacity within the NEAT Team

Elective Care

18-week RTT

Performance in September is currently at 63.2% against the standard of 92%, and trajectory of 46.83%.

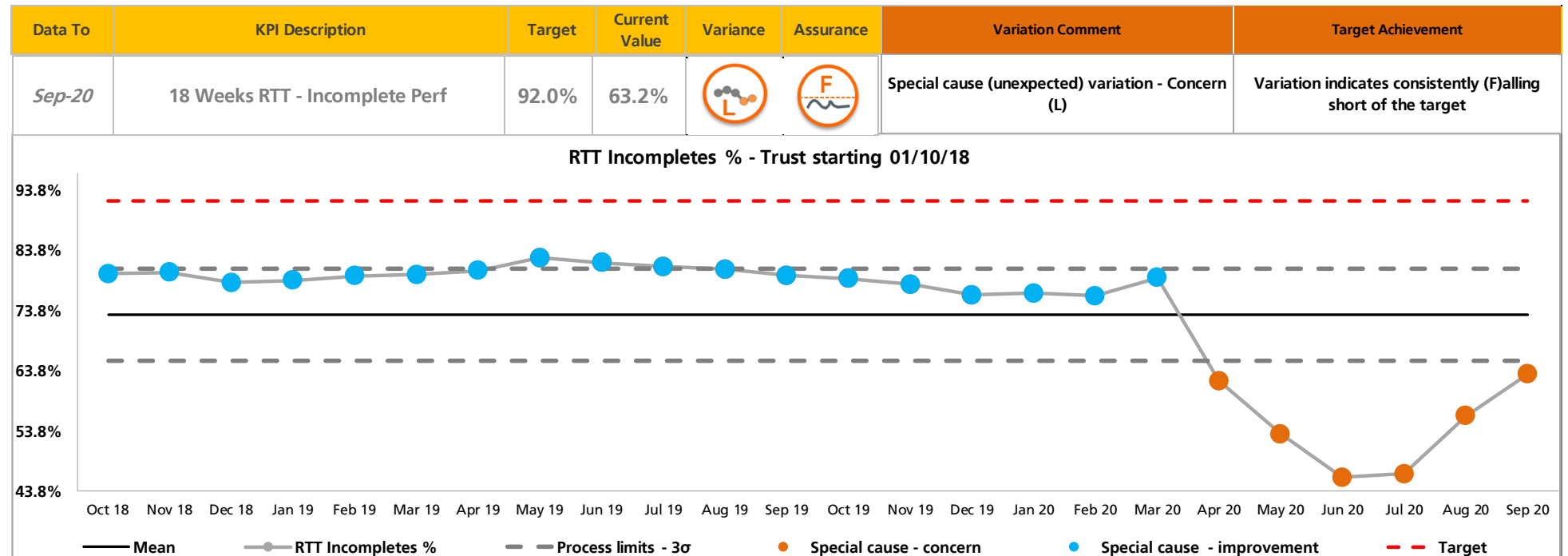


Chart 24: 18 Week RTT

Key Issues

1. Reduced capacity in main outpatients due to loss of area A following the expansion of the ED footprint into outpatients specifically for general surgery (50% reduction in capacity).
2. The increase in backlog relates predominantly to Trauma and Orthopaedics (2119) Ophthalmology (1633) and ENT (1244). Orthopaedic elective bed capacity has been reduced in September to accommodate emergency patients within the elective bed base. Ophthalmology medical staff vacancies and reduced outpatient capacity as a result of enhanced cleaning between patients both contribute to the increase in backlog. Within the ENT establishment of 4 consultants, 1 is still shielding and therefore unable to undertake face to face appointments and on call.

3. Limited availability of clinical staff due to vacancies, shielding and sickness. In September, 1 consultant vacancy and 4 specialty doctor vacancies were covered by 1 locum specialty doctor. 2 specialty doctors will join the Trust in October, the other 2 are re advertised with good interest. The glaucoma consultant post is advertised and a locum is being sought.

Key Actions

1. Recruitment to vacancies and secure locum cover.
2. Appointments on elective list are prioritised on their urgency and their waiting time
3. Additional capacity to be secured via WLIs for orthopaedics and gynaecology.

Recovery Forecast:

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

Key Risks to Forecast Improvement:

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

52 week breaches

The Trust reported no 52 week breaches in 2019/20, however, waiting times significantly increased as a result of the cessation of routine elective activity in response to the COVID-19 pandemic. There were 402 breaches in September 2020, the majority of these Orthopaedics (148), Gynaecology (97) and Oral Surgery (53).

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

Key Issues

1. Cancellation of list due to pressure on emergency capacity across the Trust.
2. Availability of clinical staff due to shielding, sickness, and vacancies, and a delay in recruitment for specialty doctors.

Actions (new actions in green):

1. Weekly 52 week reporting at patient level
2. Weekly harm review report
3. Appointments on elective list are prioritised on their urgency and their waiting time

Recovery Forecast:

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

Key Risks to Forecast Improvement:

1. Availability of clinical staff
2. Second peak of COVID-19
3. Failure to secure contract with independent sector

28 days readmission breach

There was no breaches reported in September 2020

Diagnostic waiting times

Diagnostic performance in September was 48.33% against the standard of 1%.

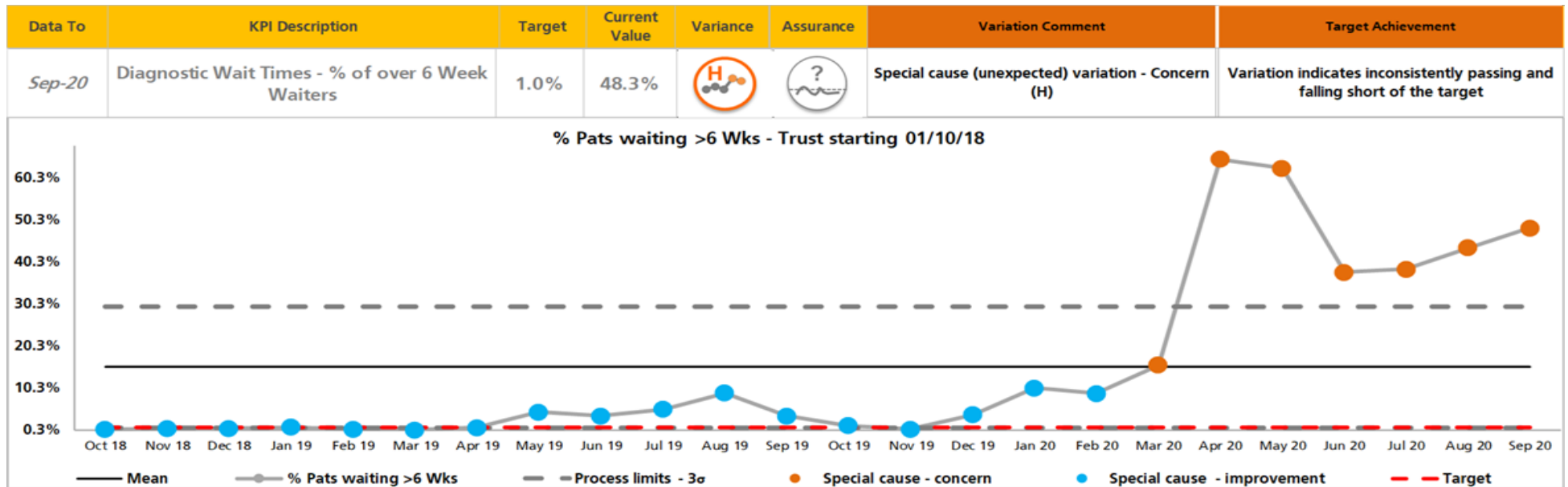


Chart 25: Diagnostic Wait Times

Diagnostic test	Pts waiting over 6 weeks	% of Total
Magnetic Resonance Imaging	693	23.76%
Computed Tomography	587	20.12%
Non-obstetric ultrasound	731	25.06%
Barium Enema	0	0.00%
DEXA Scan	0	0.00%
Audiology - Audiology Assessments	97	3.33%
Cardiology - echocardiography	427	14.64%
Cardiology - electrophysiology	0	0.00%
Neurophysiology - peripheral neurophysiology	143	4.90%
Respiratory physiology - sleep studies	0	0.00%
Urodynamics - pressures & flows	96	3.29%
Colonoscopy	45	1.54%
Flexi sigmoidoscopy	27	0.93%
Cystoscopy	25	0.86%
Gastroscopy	46	1.58%
Total	2917	100.00%

Chart 26: Diagnostic Wait Times

Key Issues (any new issues in red):

1. Increasing backlog due to increased demand across specific areas; CT referrals are 954 higher than at the same point last year.
2. Staffing shortfalls due to agency unavailability, sickness and self-isolation have exacerbated the issues in certain specialities. Ultrasound and echocardiography had gaps in capacity pre-COVID-19. Echocardiography was short of 204 slots per month, Ultrasound 430 slots per month.

Key Actions (new actions in green):

1. Exploring the potential to outsource/insource echocardiography, business case is being written

- The additional capacity for Endoscopy, MR and ultrasound has commenced. The endoscopy lists at weekend have commenced and to end of September 50 additional lists completed = 250 patients. MR and Ultrasound referrals have been forwarded to Healthshare, 25 MR and 100 Ultrasound to ensure the pathways are clear
- The team are investigating the availability of a mobile unit for additional CT capacity.

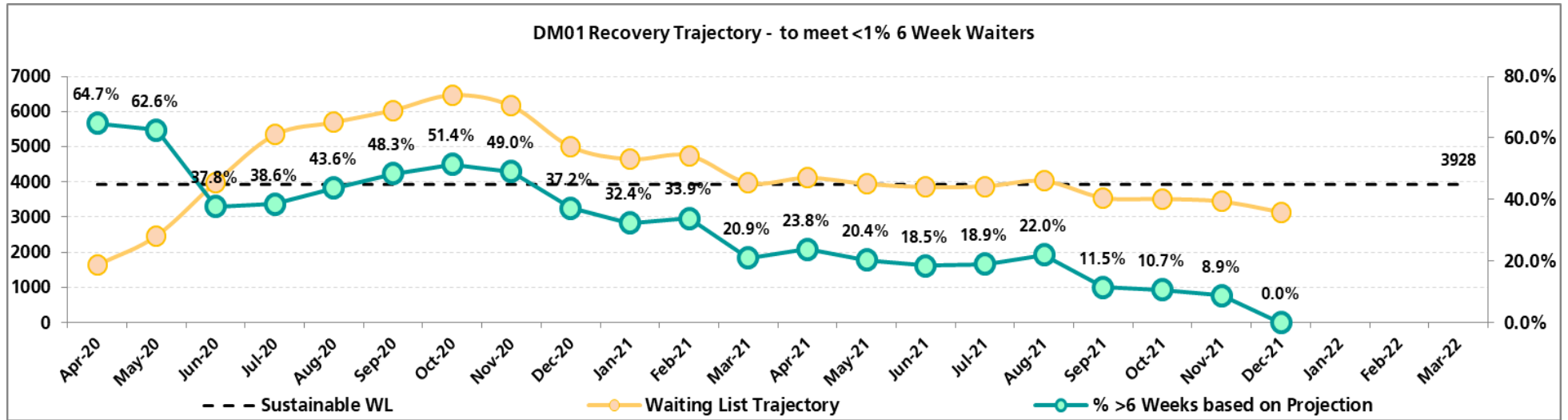


Chart 27: DMO1 Recovery Trajectory

Key Risks to Forecast Improvement:

- Increased DNA rate
- Increased demand for CT - Data demonstrates an increase in demand year on year over last three years. Demand for CT in September shows a growth from 1762 referrals in 2019/20 to 1959 this year. This equates to an additional 65 hours scanning per month (based on average 20 minute scan)
- Delays to additional lists or outsourcing

Cancer Care

2 week wait

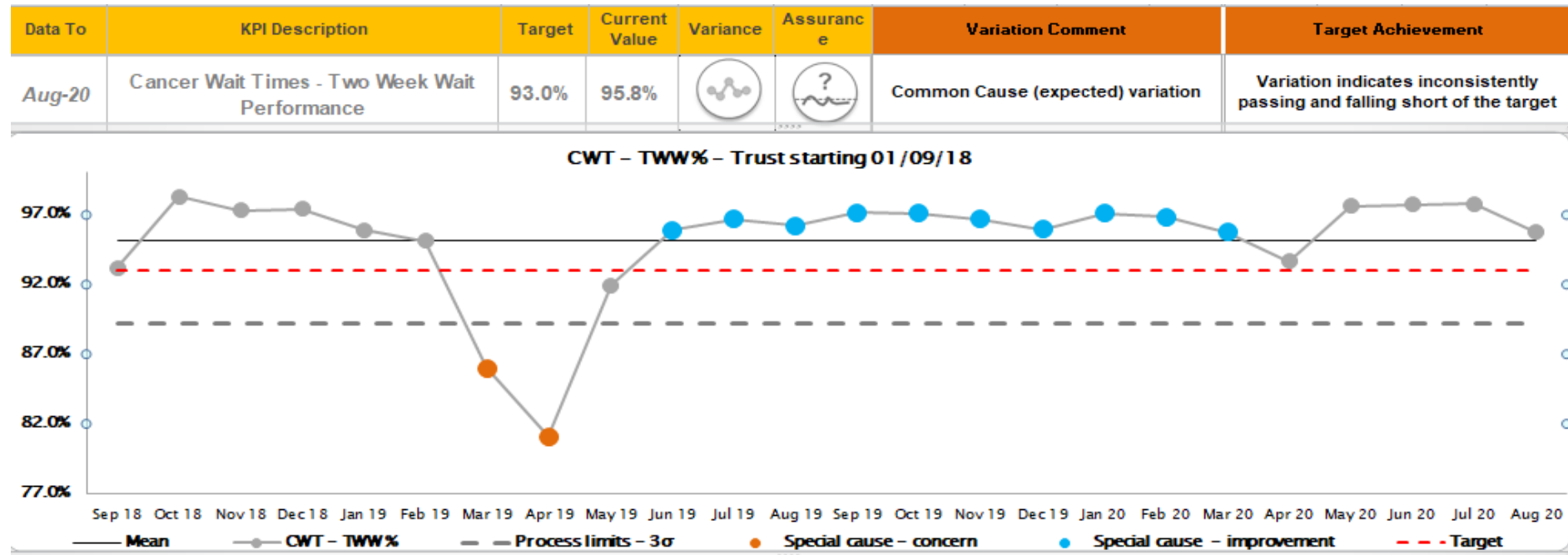


Chart 28: 2 Week Wait %

2 week wait performance remains above the national standard. Referral numbers have risen again in August and are predicted to return to pre COVID-19 levels in September. There are currently no concerns around the ongoing achievement of this standard.

62-day referral to treatment

Performance in August 2020 was **62.3%** against the standard of **85%** and trajectory of **67.4%**.

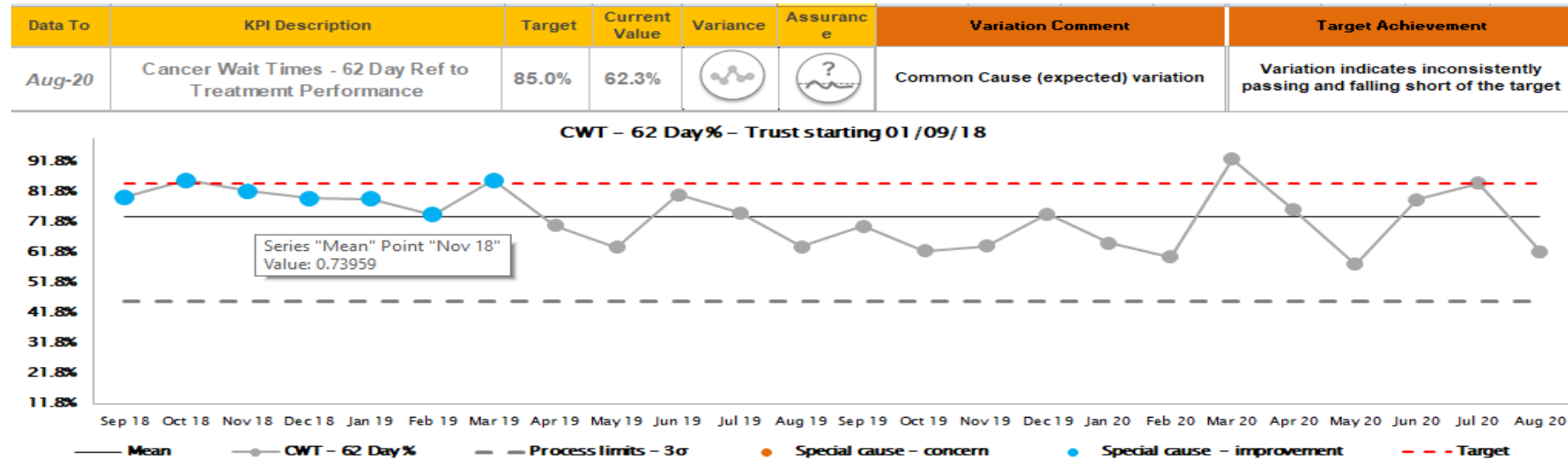


Chart 29: 62 Day Referral to Treatment %

Key Issues (any new issues in **red**):

1. Long Waits for CT, MRI and CTVC tests and reporting (4-5 weeks)
2. Cystoscopy capacity causing delays in diagnostic pathway

Key Actions (new actions in **green**):

1. One Stop clinic introduction in Head & Neck pathway commenced on 13th October.
2. Triaging of referrals across multiple sites
3. Implementation of successful Capsule Endoscopy bid

Recovery Forecast:

Performance is expected to recover by January 2021

Key Risks to Forecast Improvement:

1. Imaging capacity causing delays in all pathways
2. Cancer referrals are returning to Pre COVID-19 levels whilst diagnostic capacity is continues to run at reduced rate
3. Changes in national COVID-19 guidance will potentially result in a rise in DNA rates

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

Statement of comprehensive income: Month 6 – 2020/21

	In Month				Year to Date			
	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s		Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	
Clinical Income	17,914	17,764	(150)	(1%)	107,484	106,075	(1,409)	(1%)
Other Income - Education, Training & Research, Non Clinical Revenue	1,564	1,153	(411)	(26%)	9,384	6,807	(2,577)	(27%)
COVID 19 Additional Top-up Income	0	2,301	2,301	100%	0	8,181	8,181	100%
Total Income	19,478	21,218	1,740	9%	116,868	121,063	4,195	4%
Pay Costs - Substantive	(11,312)	(11,928)	(616)	(5%)	(67,872)	(69,814)	(1,942)	(3%)
Pay Costs - Bank	(918)	(880)	38	4%	(5,508)	(5,766)	(258)	(5%)
Pay Costs - Agency	(1,206)	(1,216)	(10)	(1%)	(7,236)	(5,413)	1,823	25%
Pay Costs - Additional COVID 19	0	(740)	(740)	(100%)	0	(4,759)	(4,759)	(100%)
Total Pay	(13,436)	(14,764)	(1,328)	(10%)	(80,616)	(85,752)	(5,136)	(6%)
Non Pay - Additional COVID 19	0	(35)	(35)	(100%)	0	(1,458)	(1,458)	(100%)
Non Pay	(5,378)	(5,890)	(512)	(10%)	(32,268)	(30,639)	1,629	5%
Total Operating Costs	(18,814)	(20,689)	(1,875)	(10%)	(112,884)	(117,849)	(4,965)	(4%)
EBITDA	664	529	(135)	(20%)	3,984	3,214	(770)	(19%)
Non Operating Costs	(693)	(557)	136	20%	(4,158)	(3,384)	774	19%
Adjust Donated Assets	29	28	(1)	(3%)	174	170	(4)	(2%)
TOTAL (Deficit) / Surplus	0	0	0	0%	0	0	0	0%

Chart 29: Statement of Comprehensive Income – Month 6 – 2020/21

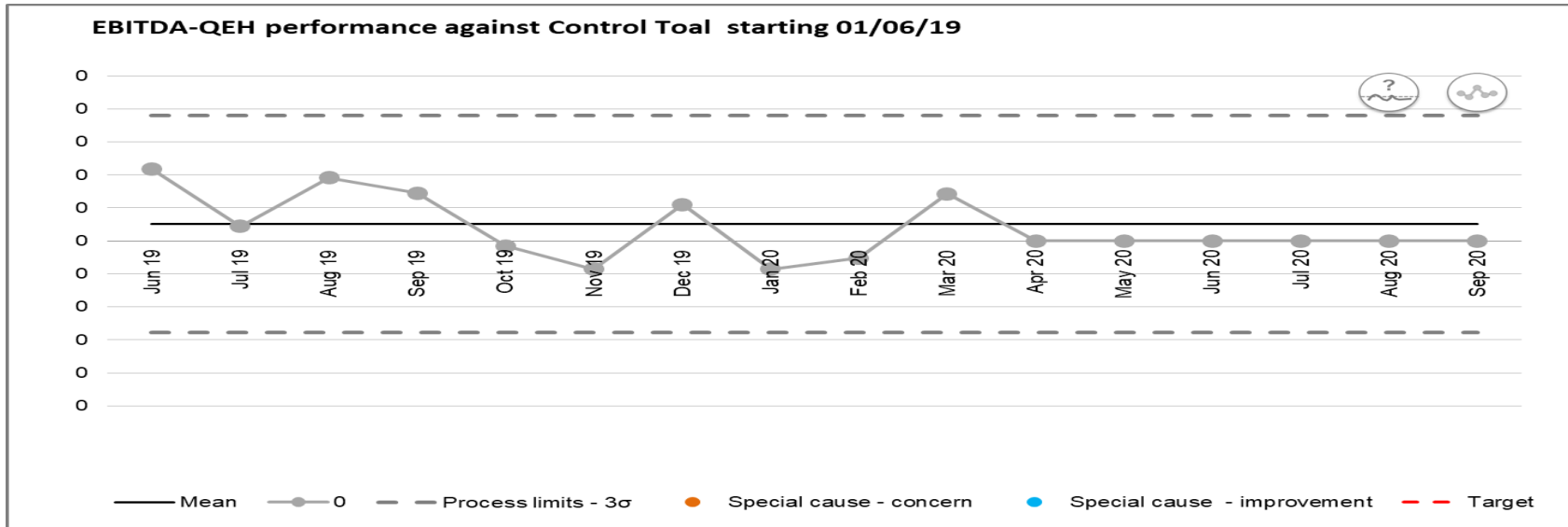


Chart 30: EBITDA-QEH performance against Control Total

The Trust will report a break-even position for month 6 following an assumption that the Trust will receive reimbursement for all COVID-19 related costs. This is in line with the national guidance of accounting for 'block' income, top-up payments and taking account of COVID-19 reimbursements and the retrospective 'top-up' mechanism to bring the overall income and expenditure position back to a balanced position. The 'block' income / top-up arrangement was initially put in place for months 1 to 4 but has been extended to include months 5 and 6.

An additional £2.3m of top-up income is required for month 6 to achieve this break-even position. The value of the top-up required is consistent with month 5 (£2.2m). In September overall COVID-19 related-expenditure has remained at £0.8m (£0.8m in month 5).

Key drivers for the in-month position are:

The month 6 position includes £0.5m of additional expenditure provisions that have been created as part of the half year review process. Additionally the COVID-19 annual leave accrual has been increased by a further £0.2m to reflect the assessment at the half year point.

- Clinical income is £0.1m adverse to Plan in month. This is as a result of less than planned Non Contract Activity. Additional income to cover this is currently reflected via the "Top-Up" process.
- Other operating income is under-performing to Plan in month by £0.4m. This reflects the loss of income in areas such as Education income, car park income, retail income and catering. Again, the loss of income is currently retrospectively covered via the "Top-up" process.
- Month 6 substantive pay, excluding COVID-19 pay costs, shows an increase on the 3 month rolling average of £0.2m. This is mainly due to backdated medical pay award costs of £0.3m.
- Agency expenditure is on plan in month and remains positive to plan for the year to date position.
- Non-pay costs, excluding COVID-19 costs, are adverse to plan by £0.5m mainly due to the inclusion of the additional expenditure provisions.
- COVID-19 expenditure across pay and non-pay totals £0.8m which is in line with August's claimed amount of £0.8m.
- Depreciation remains above planned levels and is reflective of the additional capital funding secured by the Trust, over our initial plan.
- Capital – The purchase of Sandringham Hospital was completed on the 30 September 2020 for £1.3m, the additional works will be recognised within October.
- Financing - £134.2m of Trust deficit loans were converted to PDC in the month.

Statement of Financial Position (SOFP) Update

	31 st Mar 2020 £m	31 st August 2020 £m	30 th September 2020 £m	Month Movement £m	YTD Movement £m
Non current assets	96.1	95.3	96.4	1.1	0.2
Current Assets					
Inventories	2.2	2.1	2.2	0.1	0.0
Trade & Other Receivables	21.9	11.7	12.0	0.3	(9.9)
Cash	14.2	34.7	34.1	(0.6)	19.8
Current liabilities					
Trade & Other Payables	(23.5)	(13.5)	(13.6)	(0.1)	9.9
Accruals	(8.7)	(28.8)	(29.8)	(1.0)	(21.1)
Other current liabilities (exc. borrowings)	(1.8)	(1.5)	(1.4)	0.0	0.3
Non current liabilities:	(0.7)	(0.7)	(0.7)	(0.0)	0.0
Borrowings	(135.2)	(134.7)	(0.4)	134.3	134.8
Total assets employe	(35.4)	(35.4)	98.7	134.1	134.2
Tax payers' equity					
Public Dividend Capital Revaluation Reserve	57.5	57.7	191.8	134.2	134.4
Income & Expenditure Reserve	12.5	12.5	12.5	-	0.0
	(105.4)	(105.5)	(105.6)	(0.0)	(0.2)
Tax payers' equity	(35.4)	(35.4)	98.7	134.1	134.2

Month-on-Month Key movements

Increase in fixed asset due to acquisition of Sandringham Hospital - £1.3m

Decrease in borrowings due to receipt of Public Dividend Capital to capitalise Loans - £134.2m











Increase in Public Dividend Capital - £134.2m

No other material movements in month

Chart 31: Statement of Financial Position (SOFP) Update

Well Led (People) Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
<i>Sep-20</i>	Appraisal Rate	90.0%	78.1%		
<i>Sep-20</i>	Appraisal Rate (Med Staff exc Jnr Drs)	95.0%	94.0%		
<i>Sep-20</i>	Sickness Absence Rate	4.0%	5.7%		
<i>Sep-20</i>	Mandatory Training Rate	85.0%	76.8%		
<i>Sep-20</i>	Turnover Rate	10.0%	9.9%		

Appraisals

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Sep-20	Appraisal Rate	90.0%	78.1%			Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target

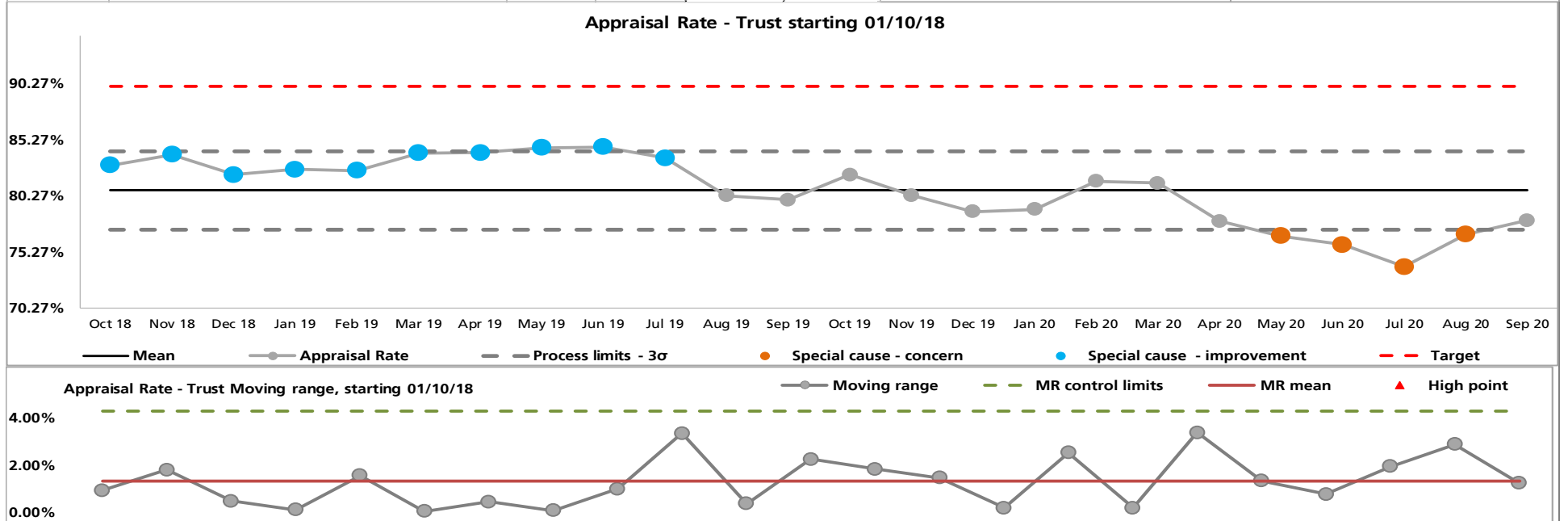


Chart 32: Appraisal Rate

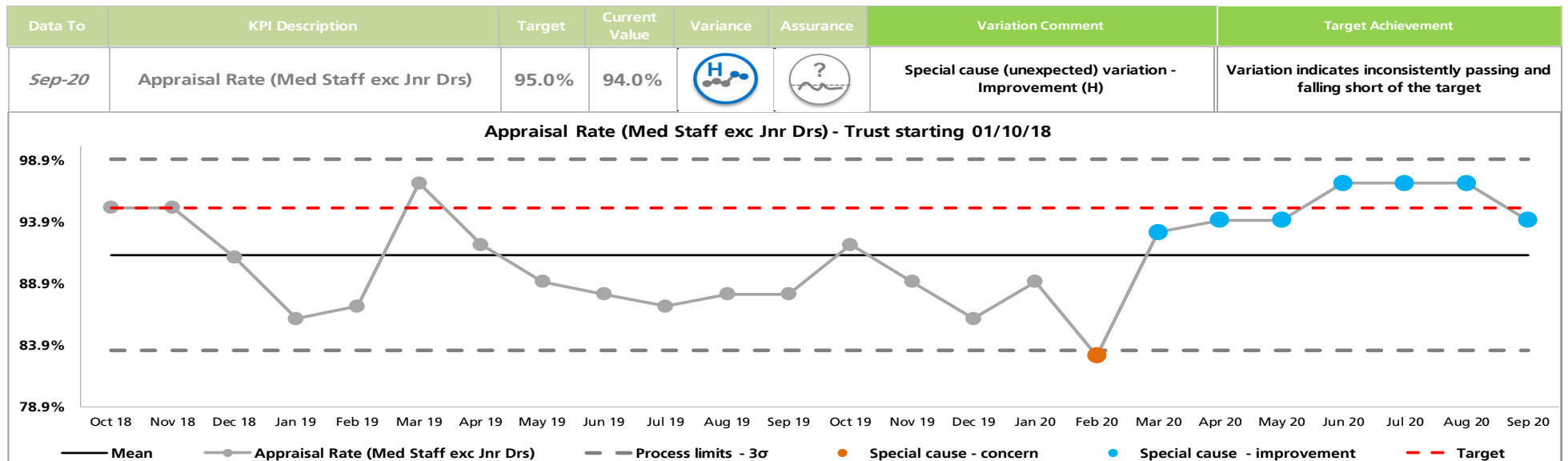


Chart 33: Appraisal Rate (Medical Staff excl Junior Doctors)

Key Issues (any new issues in red):

1. The Trust appraisal rate (excluding bank staff) has increased further in September 2020. The number of appraisals completed in September 2020 was 225, a decrease of 12 on the previous month.
2. 85 appraisals remain in the seriously overdue category, which is an increase of 12 on the previous month, 38 appraisals are overdue by 18 – 24 months and 47 appraisals are overdue by 24 months.

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 complete through either telephone calls or Teams with those staff working from home.
2. The new pay progression policy will mandate that staff appraisals are up to date before an individual or manager can progress onto the next increment in the band.

Key Risks to Forecast Improvement:

There are a number of staff on sickness leave at present, which is a risk to achieving the appraisal targets.

Mandatory Training Rate

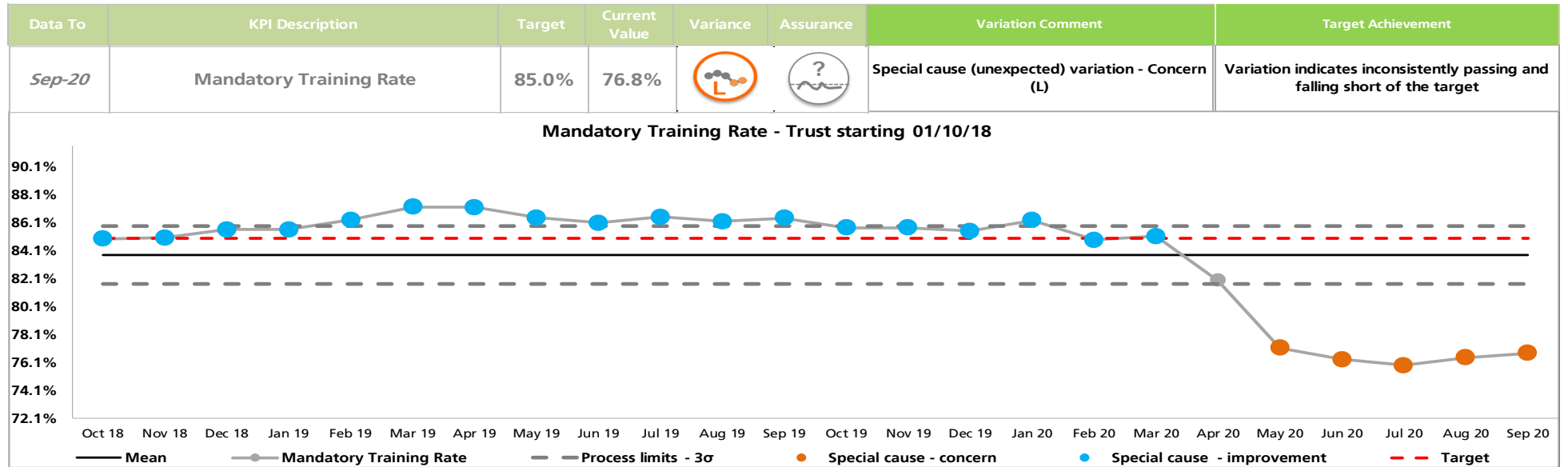


Chart 34: Mandatory Training Rate

Division of Clinical Management	80.99
Division of Clinical Support	86.46
Division of Medicine	75.13
Division of Surgery	75.12
Division of Women & Children	78.28
Estates Division	95.87
Facilities Division	65.09
Finance Division	91.99
Governance Division	84.18
Human Resources Division	90.91
ICT & Information Division	90.24
Patient Experience Division	57.98
Patient Safety Division	92.73
Trust Board	89.33
	76.80

Chart 35: Mandatory Training Rate per Division/Area

Key Issues (any new issues in red):

1. COVID-19 social distancing restricts the number of attendees on each face-to-face course
2. COVID-19 Second wave will have an impact on improved targets

Key Actions (new actions in green):

1. We will continue with targeted communications which are being sent to all staff and managers to remind users how to log in to ESR to complete their mandatory training. FAQs and 'How to' guide has also been developed.
2. The Mandatory Training Intranet pages have been updated with latest training course information and availability of dates.
3. Where face to face training is the only option e.g. Manual handling, we are encouraging colleagues to self-serve and book onto the face to face training themselves through ESR to reduce administration.
4. With COVID-19 social distancing restricting the number of attendees on each course we are putting on additional sessions and are also proposing to record training sessions where possible which can be hosted on ESR so as to negate the need to attend a face to face session.
5. Additional staffing has been agreed for a temporary Agency Manual Handling Trainer to cover sickness absence in this team.
6. A task and finish group has been established to feed into mandatory training requirements and ensure collaborative working across the Trust and the region. The Mandatory Training Policy is being reviewed with the NNUH and JPUH to ensure best practice and consistent approaches across Trusts.
7. As per last month the move to e-learning (digital first) will be led by the new Head of OD who is starting in post on 10th November 2020.
8. The new pay progression policy will mandate that staff mandatory training is up to date before the individual/ manager can progress onto the next increment in the band.

Recovery Forecast:

1. The expectation will be that mandatory training will improve over October/November as sessions are re-established and all training restarted.

Sickness Absence Rate

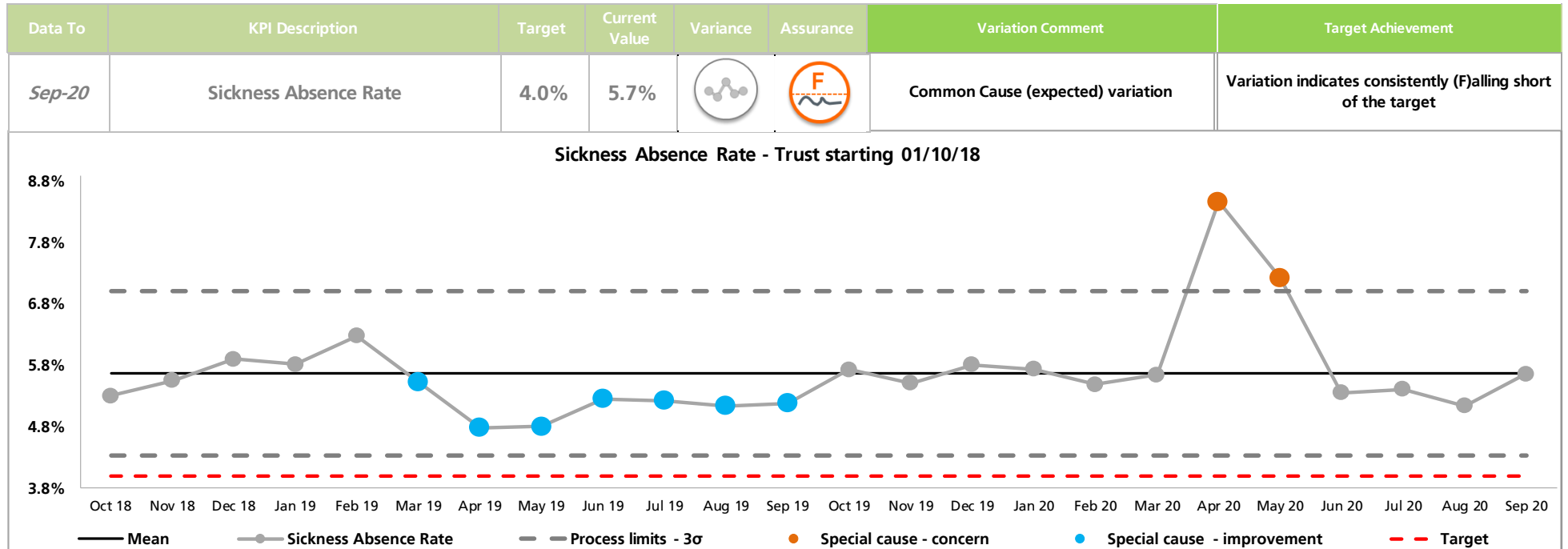


Chart 36: Sickness absence rate

Key Issues (any new issues in red):

1. Overall sickness for the Trust has increased to 5.66% from 5.0%. COVID-19 sickness reduced again to 0.24% (from 0.39% last month).
2. Stress and anxiety still remains the highest cause of sickness absence and the largest single cost. **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.**
3. **There are 521 staff members' currently on the sickness improvement pathway for short term sickness.**

Key Actions (new actions in green):

1. DLT and department meetings are currently being scheduled to complete a deep dive into all sickness related absence. The first took place on 20th October 2020 with W&C to ensure all long term sickness staff has a sickness management plan in place.

2. Similar to the 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. A new checklist and flow chart have been implemented to ensure consistency and clarity in respect of the process.
3. The on boarding of the new clinical psychologist to assist with the backlog in stress related cases has had a major improvement to reduce the backlog of stress related sickness and the new fasttrack process is now in place to be seen within 48 hours by the clinical psychologist.
4. On boarding of two new PTSD clinical leads (recruitment ongoing) two candidates identified.

Recovery Forecast

1. 5.1% forecast next month

Key Risks to Forecast Improvement:

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

Vacancies

Key Issues (any new issues in red):

1. The Trust vacancy rate is 10.30% with nursing & midwifery staff group being below 10% target at 9% Medical & Dental & AHP's vacancies have reduced to 15.6% and 13.68% retrospectively.
2. As of September 2020, the Trust currently employs 3581 substantive headcount, working a substantive whole time equivalent of 3136.82. This is against the 2020/21 funded establishment of 3508.55 FTE
3. Substantive FTE and headcount has remained the same this month.
4. Bank usage increased to 222.86 .32 FTE (from 254.32 in August) with 6.77 FTE being coded directly to COVID-19 costs.
5. Agency usage increased to 171.48 FTE (from 143.92 in August) with 54.79 FTE being coded directly to COVID-19 costs.