

Meeting:	Board of Directors (in Public)				
Meeting Date:	5 October 2021	Agenda item:	11		
Report Title:	Integrated Performance Report (IPR) – August 2021 Data				
Author:	Nigel Hall, Chief Digital and Information Officer				
Executive Sponsor:	Laura Skaife-Knight, Deputy 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	The IPR covers all key performance indicators for the Trust, across all Strategic Objectives. The appropriate BAF updates are received and reviewed within Finance and Activity Committee, Quality Committee, People Committee and Senior Leadership Team.				
Significant risk register	There are currently nine approved significant risks open across the Trust which align to the Strategic Objectives. These are monitored through the Trust committee structure.				
	Y/N	If Yes state impact/ implications and mitigation			
Quality	Y	As monitored through Committees			
Legal and regulatory	Y	As monitored through Committees			
Financial	Y	As monitored through Committees			
Assurance route					
Previously considered by:	None previously				
Executive summary					
Action required:	Approval	Information	Discussion	Assurance	Review
Purpose of the report:	<p>The Trust is required to provide assurance towards performance management. Demonstrate that it is rigorous; appropriately identifying, escalating, and dealing with areas of performance which are of concern. This should all be in a timely manner.</p> <p>Focusing on the data using Statistical Process Control enables greater visibility and oversight. This, in turn, provides focus to ongoing issues in relation to performance rather than those which are delivering within the parameters of agreed statistical variation.</p>				

Summary of Key issues:

A summary of key issues highlighted in the IPR this month are detailed below:

Incidents

The number of serious incidents increased in August (7), compared to July (5).

C.Diff - Five cases of C.Diff were identified in August 2021. 3 were HOHA - Hospital onset healthcare associated: cases that are detected in the hospital two or more days after admission and 2 were COHA - Community onset healthcare associated (COHA.) Two cases were attributed to QEHKL (COHA x1) and (HOHA x1.) Three cases not attributed to QEHKL (COHA x1 and (HOHA x2.)

MSSA - Three cases of hospital onset MSSA were reported in August 2021.

E.coli - One case of hospital onset E. coli was reported in August 2021

Maternity

There were 186 births in July 2021 of which 123 (64.89%), were normal deliveries 14 (7.98%) assisted deliveries and 52 (27.66%) were LSCS.

Term Neonatal Unit Admissions

Term admissions into the Neonatal Unit remain below the 6% target.

Breast Feeding Initiation Rates

Breastfeeding initiation rate is our highest ever recorded this month – the Antenatal hand expressing pack initiative is being very well received and possibly contributing to rising initiation rates. Year to date figures are 78% initiation and 62% discharge from hospital, both above target.

Smoking cessation in pregnancy

Carbon Monoxide (CO) testing has been reintroduced following suspension during the height of the Covid 19 pandemic. CO screening rates continue to rise and are monitored through the maternity dashboard. Collaborative working continues with our system partners to implement smoking cessation services within midwifery hubs and will ensure improved access to these services during their antenatal period.

Mortality

Dr Foster have continued to experience national data reporting issues. This has prevented the issuing of reliable HSMR data for all trusts. An update will be provided when available.

Mixed Sex Accommodation Breaches

There have been two incidents of same sex accommodation breaches affecting four patients during August 2021.

Complaints

The timeliness of responding to complaints within 30 days has been achieved for three consecutive months.

Dementia Case Finding

Dementia Screening remains above the agreed threshold of 90% for a fifth month. The improved screening process has been embedded in the services of Integrated Care of Older People (ICOP)

Emergency Care

4-hour performance in August fell to 68.6% from 73.2% in July, below the standard of 95%. Admitted performance was 39.90% and non-admitted performance was 84.37%; 1,469 (67.14%) patients that breached were admitted to an inpatient bed.

During August 2021 there were 1,872 conveyances by EEA to the Emergency Department. Of those, 42.5% of handovers took place within 15 minutes against a trajectory of 48.5%. 15.81% of handovers exceeded 60 minutes.

Referral to Treatment

At the end of August 2021, there were a total of 17,543 patients on the waiting list, of which 6,242 had waited for over 18 weeks from referral, giving performance of 64.4%. The top 3 specialties with the greatest number of patients waiting over 18 weeks were Orthopaedics (1,073), Ophthalmology (779) and ENT (684).

In August the Trust had 1,035 patients waiting over 52 weeks. The Trust does not anticipate clearing the 52 week backlog this financial year.

During August 2021 the Trust implemented a new Radiology Information System (RIS) and performance reporting relating to Radiology diagnostics is temporarily suspended.

Cancer 62-day performance in July 2021 was **79.4%** against the standard of **85%** and trajectory of **85.09%**. The Trust has been able to reduce the number of 104+ day waiters significantly in recent months.

At the peak last year **38** patients were waiting over 104 days for treatment. By the end of July 9, patients were waiting for over 104 days, of which 1 was colorectal, 4 were gynaecology, 2 were Lung, 1 was Skin and 1 was Upper GI.

Well Led (Finance)

As at the end of August 2021, the Trust's in month financial position is showing a surplus of £25k against the plan and is year to date £45k positive at the end of month 5.

	<p>The financial plan was developed in the context of the first six months (H1) being a breakeven position. It is based on the 'roll-over' of the block income arrangements from 2020/21. As at the end of August the Trust is awaiting confirmation of the funding allocations for H2.</p> <p>Well Led (Workforce) Sickness absence has increased to 6.17% this month. A review of all long term sickness cases is being undertaken with a revised plan for return to work or appropriate actions to be taken – fast track process has been implemented with closer working with Occupational Health, attendance policy and toolkits ratified in July 2021</p> <p>All staff who have been shielding have returned to work.</p> <p>Review of HR policies and procedures taking place.</p> <p>Leading with values sessions attended by 350 leaders across the Trust with 30% of trust staff attending values into action workshops.</p> <p>Leadership framework is being developed.</p>
Recommendation:	<p>The Board of Directors is asked to note the contents of this report, specifically the actions which are being taken to maintain and to improve performance where appropriate.</p>
Acronyms	<p>AHP: Allied Health Professional BAF: Board Assurance Framework CCU: Critical Care Unit COPD: Chronic Obstructive Pulmonary Disease EEAST: East of England Ambulance Service Trust FFT: Friends and Family Test HSMR: Hospital Standardised Mortality Ratios KPI: Key Performance Indicator LMS: Local Maternity System LSCS: Lower Segment Caesarean Section RTT: Referral to Treatment SHMI: Standardised Hospital Mortality Index VTE: Venous thromboembolism</p>



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust







Integrated Performance Report

Board of Directors

August 2021 Data

A note on SPC Charts

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

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

A note on SPC Charts continued

High level Key - Variation

High level Key - Assurance

Are we improving, declining or staying the same

Blue = significant improvement or low pressure

Can we reliably hit target?

Grey = no significant change

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

Orange = system change required to hit target

Orange = significant concern or high pressure

Hit and miss target

Blue = will reliably hit target

Safe Dashboard

Data To	KPI Description	Limit	Current Value	Variance	Assurance
Aug-21	Serious Incidents (DECLARED IN MONTH)	0	7		
Aug-21	Falls (with Harm) Rate per 1000 beddays	0.98	0.14		
Aug-21	PUs Rate per 1000 beddays	0.41	0.27		
Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-21	Overall Fill Rate %	80.0%	87.3%		
Jul-21	CHPPD	8.00	7.63		
Aug-21	Cleanliness - Very High Risk	95.0%	96.1%		
Aug-21	Cleanliness - High Risk	95.0%	94.7%		
Aug-21	Cleanliness - Significant Risk	95.0%	93.8%		
Aug-21	Cleanliness - Low Risk	95.0%	67.0%		
Aug-21	Cleanliness - No. of audits complete	37.00	40		

Data To	KPI Description	Limit	Current Value	Variance	Assurance
Aug-21	CDiff (Hosp Acquired) Rate per 100k beddays	30.10	33.73		
Aug-21	CDiff (Hosp Acquired) Actual	3	5		
Aug-21	MRSA (Hosp Acquired) Actual	0	0		
Aug-21	E Coli (Hosp Acquired) Rate per 100k beddays	16.40	18.45		
Aug-21	E Coli (Hosp Acquired) Actual	2	1		
Aug-21	MSSA (Hosp Acquired) Actual		3		
Aug-21	MSSA (Hosp Acquired) Rate per 100k beddays		12.73		
Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-21	VTE Assessment Completeness	97.2%	99.3%		
Aug-21	Patient Safety Alerts not completed by deadline	0	0		

Serious Incidents

The Trust declared **seven** Serious Incidents during August 2021.

- **One** was a patient receiving a second infusion of intravenous Magnesium before the impact of earlier treatment was assessed.
- **Four** were A&E 12 hour breach admissions where the patients required physical health care beds.
- **One** was an A&E 12 hour breach admission of a patient requiring a mental health care bed.
- **One** was an inpatient fall where the patient suffered an acute subdural haematoma.

The Trust has continued to demonstrate improvements in the management of its serious incidents against the 60 day investigation deadline, with a sustained reduction in the number of extensions requested each month.

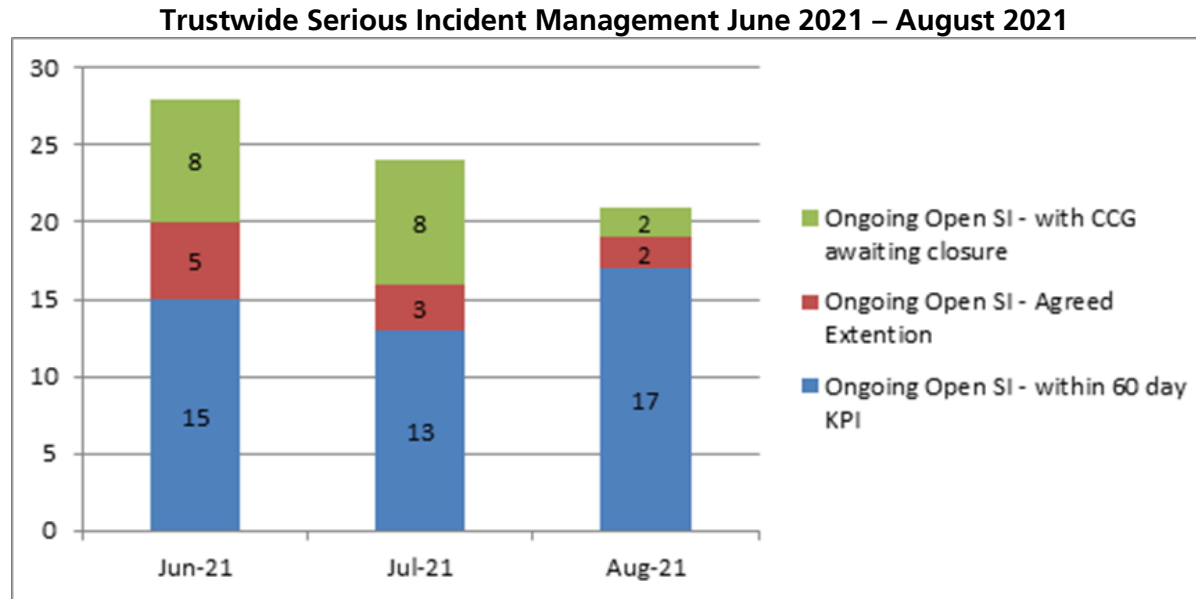


Chart 1 – Trustwide SI Management

Falls

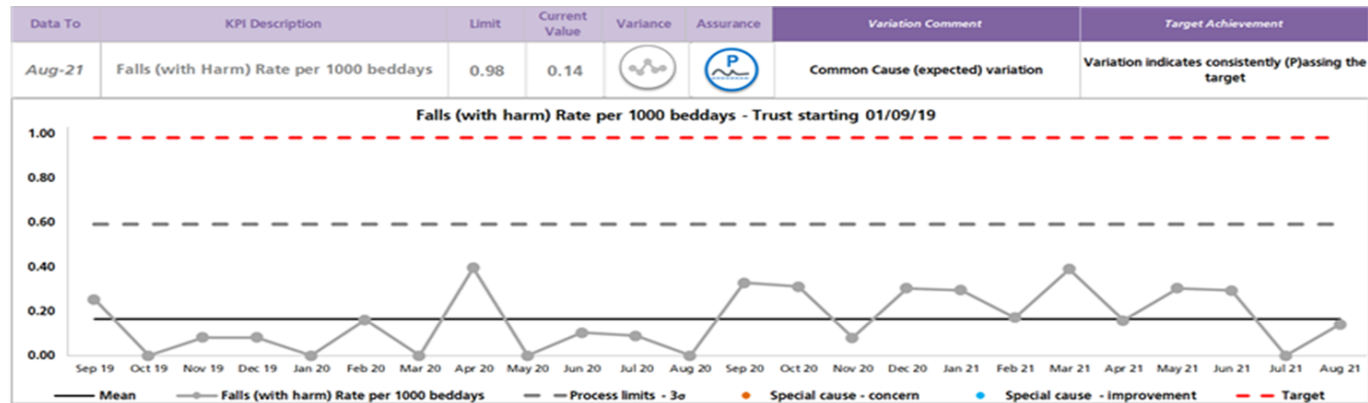


Chart 2 – Falls (with harm) Rate per 1,000 Bed Days

Key Issues (any new issues in red):

1. There is inconsistency in the number of patients sustaining harm and injuries following fall incidents.
2. The falls rate per 1,000 bed days for falls resulting in harm during August 2021 has increased slightly but remains statistically insignificant.
3. A total of 63 in-patients falls incidents reported in August 2021. 62 reported post validation.

Key Actions (new actions in green):

1. The Falls Coordinator continues to deliver micro teachings on the prevention and management of falls.
2. Focused teachings are delivered to areas with high incidents of falls.
3. Train the trainer sessions on enhanced care continue.
4. The Falls Operational Group has been established to introduce initiatives and implement actions using a multidisciplinary approach.
5. Falls awareness week will focus on key areas daily, highlighting falls awareness Trustwide.

Recovery Forecast:

1. The falls operation group will be completing a focussed review to ensure resource is effectively targeted to maximise impact.

Key Risks to Forecast Improvement:

1. Increasing number of patients admitted with high risk of falls and staff not adhering to falls policy.
2. Staffing challenges may result in inconsistent facilitation of robust enhanced care on occasions.
3. There are a high number of patients admitted to Trust who are at high risk of falls.
4. Additional medical inpatient areas have been opened to support capacity with impact on overall level of falls risk.

Pressure Ulcers

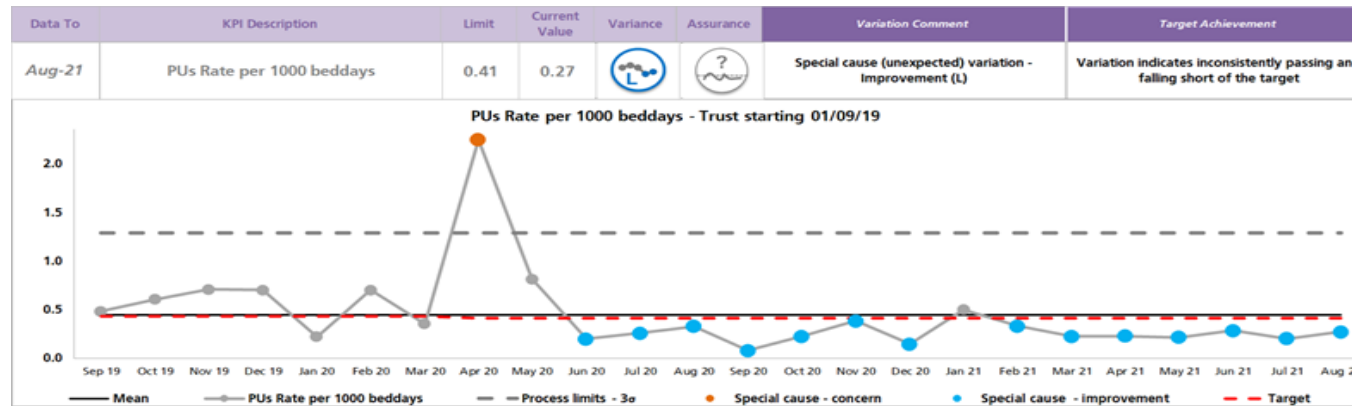


Chart 3 – Pressure Ulcer Rates per 1,000 Bed Days

Key Issues (any new issues in red):

1. The number of hospital acquired pressure ulcer has remained below the tolerance level for seven consecutive months.
2. There were 4 hospital acquired pressure ulcers in August, 2 were lapses in care. RCAs underway – action plans in place.

Key Actions (new actions in green):

3. The Tissue Viability team continue to work with the wards to deliver and support training in pressure ulcer prevention.
4. The Tissue Viability Nurses continue to deliver refresher training sessions with external Clinical Nurse Advisors.
5. 100 days free campaign commenced in June 2021 - the initiative sets every ward and clinical department the target of achieving 100 days free of hospital acquired pressure ulcer with lapses in care identified.
6. The areas with specifically identified care have an individualised plan monitored through the Divisions.

Recovery Forecast:

1. The number of hospital acquired pressure ulcers start to reduce as we realign specialties.
2. The pressure ulcer rate per 1,000 bed days at the QEH is lower compared to similar sized organisations.

Key Risks to Forecast Improvement:

1. Non-compliance with the pressure ulcer prevention care bundle.
2. Increasing number of patients admitted to the Trust who are at high risk of developing a pressure ulcer.
3. Reduced number of staff within Tissue Viability Team which is partially mitigated.

Clostridioides difficile Infection - CDI

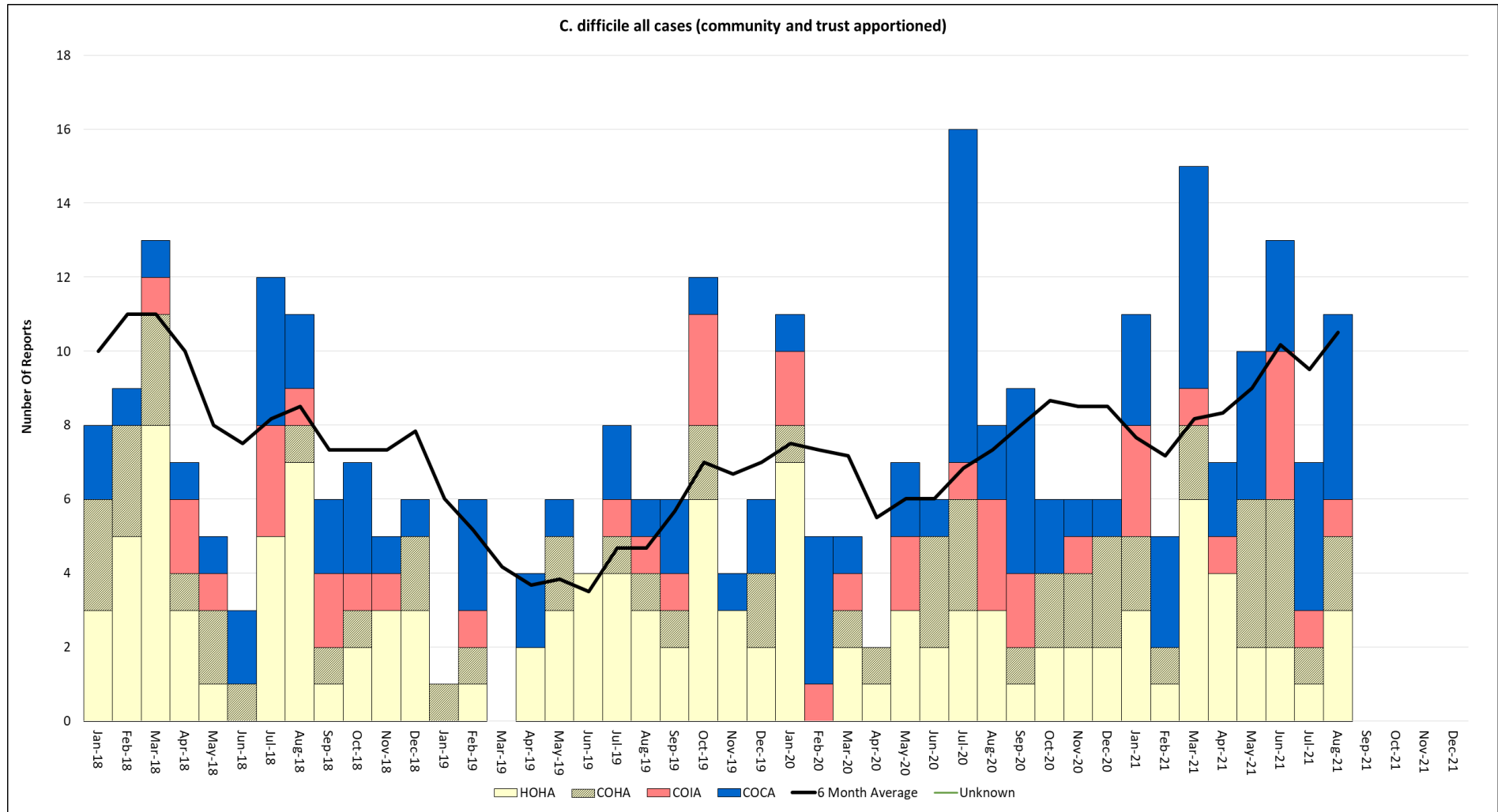


Chart 4 – C.Diff all Cases

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).

Threshold set for CDI for 2021/22 - 40 healthcare associated cases

Key Issues:

- Five cases identified in August 2021 (3 HOHA and 2 COHA).
- Two cases attributed to QEHL (COHA x1) and (HOHA x1).
- Three cases not attributed to QEHL (COHA x1 and (HOHA x2).

Findings:

- Poor completion of the PIR documentation, from nursing and medical staff, continues to be a challenge specifically with Consultant input. Without the completion of this paperwork a PIR cannot be undertaken, in line with national requirements.
- Inappropriate move from isolation room to bay whilst awaiting stool sample result.
- Delay in stool sampling.
- Delay in transferring into isolation room.

Key Actions:

- The Deputy Medical Director continues to support the PIR process required regarding timely submission of paperwork.
- Site Team / ward team reminded of isolation room prioritisation, patient bed moves and timely stool sampling as part of the PIR process.

Key Risks to Forecast Improvement:

- Ageing estate compromises bed utilisation – isolation rooms make up less than 10% of the estate.
- Timely documentation of onset of loose stools / management of.

Methicillin Sensitive Staphylococcus (MSSA)

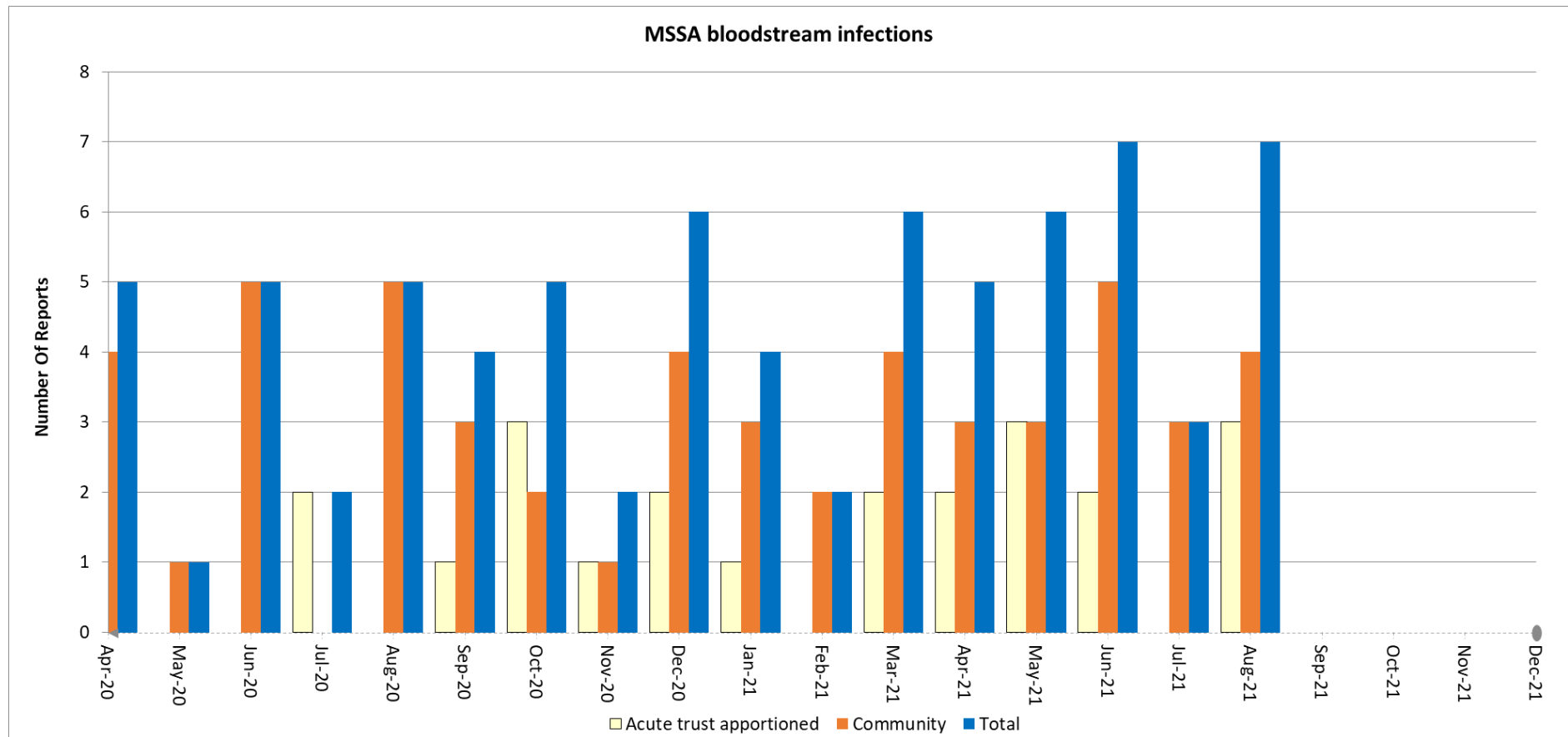


Chart 5 – MSSA Bloodstream Infections

Key Issues:

- Three cases of hospital onset MSSA were reported in August 2021.
- All cases reviewed at surveillance meeting with Infection Prevention Team, Consultant Microbiologist and Infection Control Doctor.
- Findings: Antibiotic (IV) duration identified as too short, discrepancy in Octenisan use, poor with documentation of VIP score and low compliance with ANTT training.

Key Actions:

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

- Education at Induction / Mandatory Training.
- Bespoke education / training on affected areas.
- Practice Development Nurses provide training (ANTT).
- Review of individual cases and promptly undertaking measure to reduce any further transmission.
- Discussing individual cases with Ward Managers / Matrons and escalating concerns, in a time appropriate manner, at senior meetings and via governance reporting channels.

Key Risks to Forecast Improvement:

- Poor compliance with Infection Prevention and Control Policies / practice (ANTT).
- Poor IPC Mandatory training compliance – challenges to access / complete training.
- Reduced resources in IPC Team (Registered Nurse establishment / Data analyst).

Escherichia coli (E.coli)

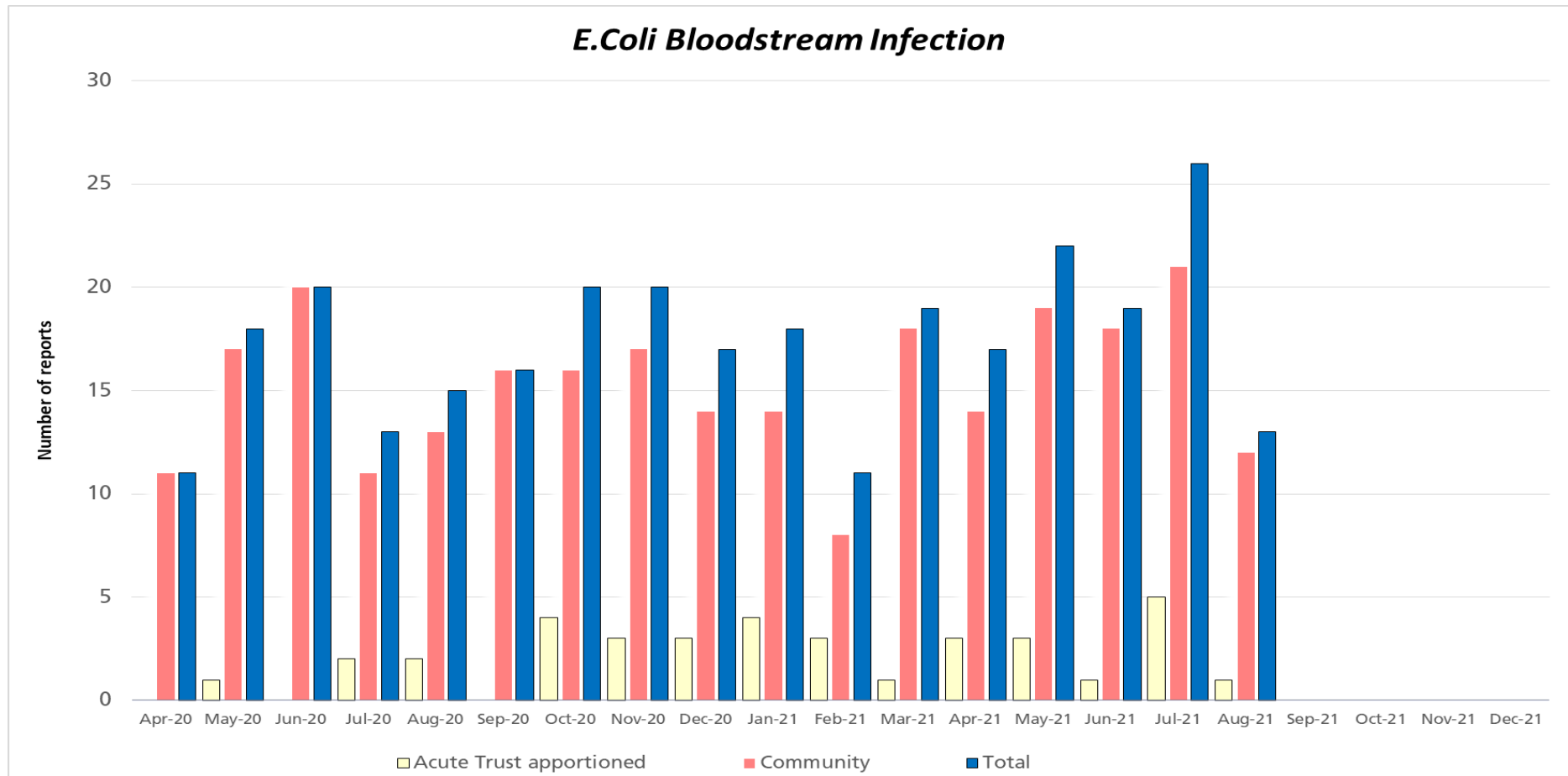


Chart 6 – E.coli Bloodstream Infections

Threshold set for Escherichia coli (E.coli) for 2021/22 - 68 healthcare associated cases.

- One case of hospital onset E. coli was reported in August 2021.
- Case reviewed at surveillance meeting with Infection Prevention Team, Consultant Microbiologist and Infection Control Doctor.
- Findings: urine specimen collected day prior to culture as patient was under treatment for a urinary tract infection – nil specific identified.

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

Key Risks to Forecast Improvement:

- Compliance with Infection Prevention and Control Policies.
- Compliance with nutrition / hydration.

Effective - Accountable Officer - Medical Director

Effective Dashboard

Data To	KPI Description	Limit	Current Value	Variance	Assurance
Jul-21	Total Births (inc Home, BBA's & Stillbirths)		188		
Jul-21	Stillbirth Rate	3.73	3.45		
Jul-21	Neonatal Deaths Rate	1.06	0.49		
Jul-21	Extended Perinatal Deaths Rate	4.79	3.94		
Jul-21	Total C Section Rate		28.3%		
Jul-21	EL C Section Rate		10.9%		
Jul-21	EM C Section Rate		17.4%		
Jul-21	Maternal Deaths	0	0		
Aug-21	% "Term" admissions to the NNU	6.00%	4.24%		
Aug-21	% "Avoidable Term" admissions to the NNU	0.00%	0.00%		
Jul-21	Breastfeeding initiation	70.0%	85.5%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-21	Breastfeeding on discharge from hospital	60.0%	66.3%		
Jul-21	Smoking at Booking	18.6%	16.8%		
Jul-21	Stopped smoking by delivery	44.7%	48.1%		
Jun-21	Smoking at Time of Delivery		14.5%		
Jul-21	Post-Partum Haemorrhage	3.0%	3.8%		
Jul-21	3rd & 4th degree tears, exc C-Sections	3.5%	1.2%		
Mar-21	HSMR Crude Rate	3.18	5.29		Dr Foster has provided no further update since last month therefore the position opposite represents the latest position available at this time (07/09)
Mar-21	HSMR Relative risk	100.00	137.46		
Mar-21	HSMR Weekend Relative risk	100.00	148.87		
Feb-21	SHMI (Rolling 12 mth position)	100.00	104.84		
Jul-21	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.14		
Aug-21	No. of patients recruited in NIHR studies	63	98		

LSCS rates

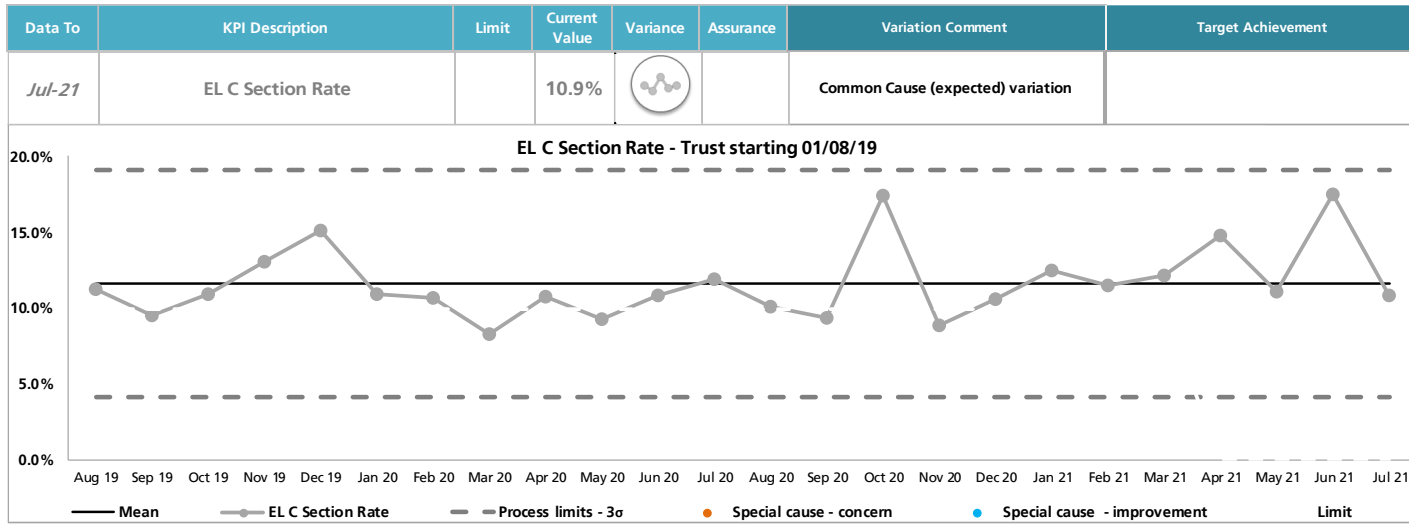


Chart 7 – Elective C-Section Rates

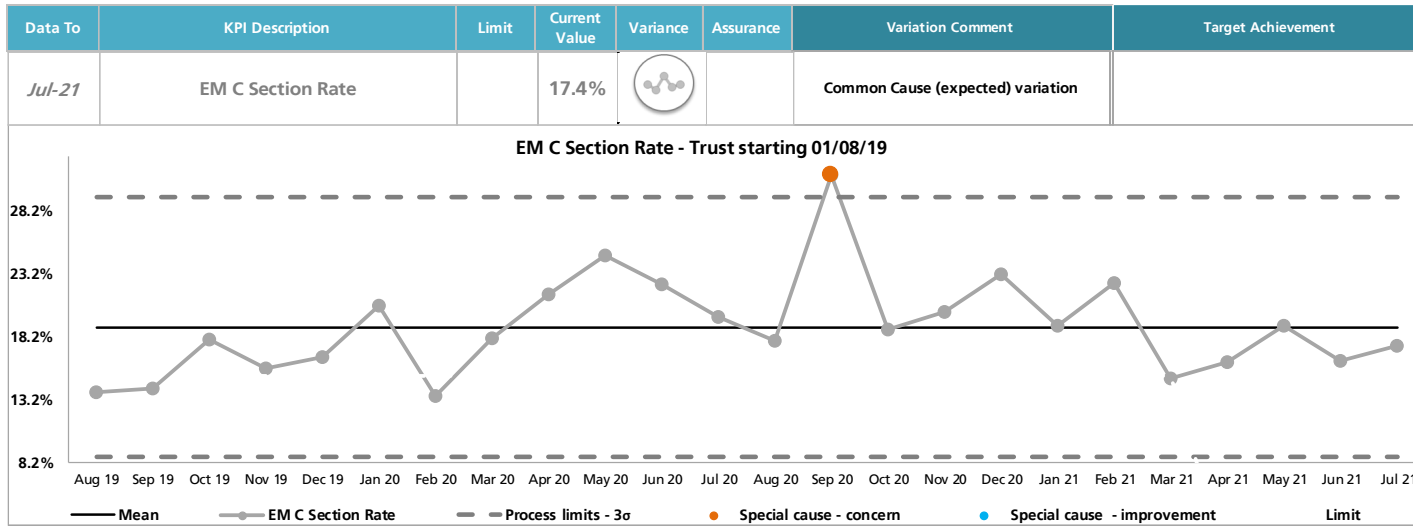


Chart 8 – Emergency C-Section Rates

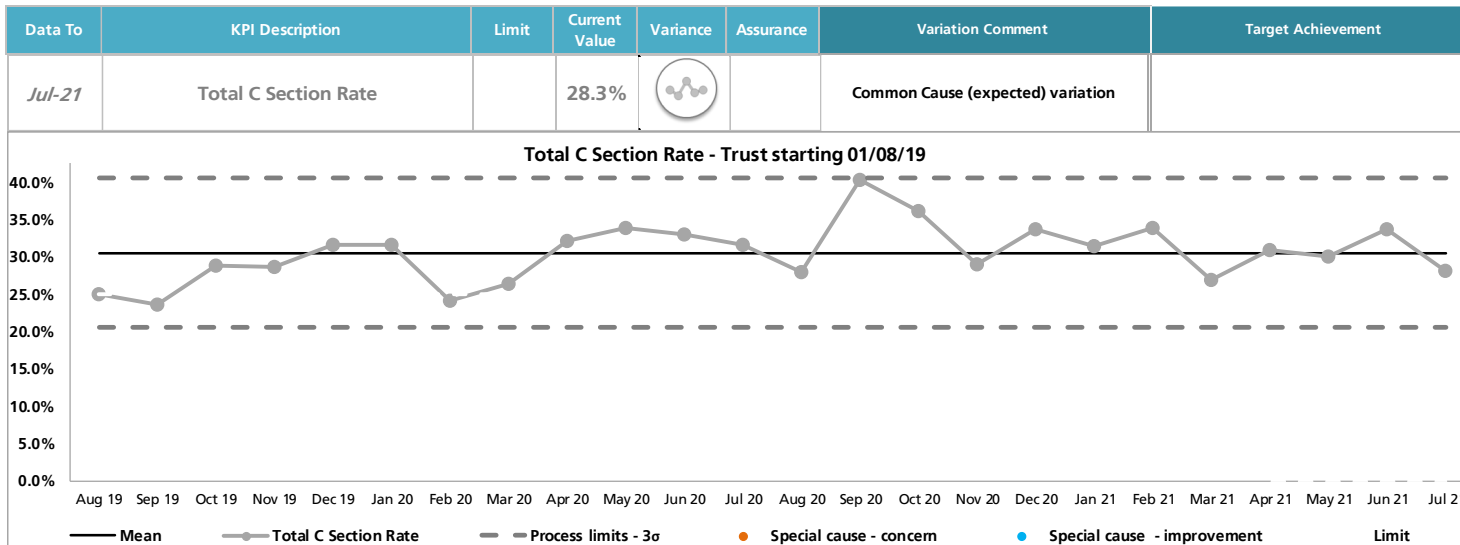


Chart 9 – Total C-Section Rate

Factors driving performance

There were 186 births in July 2021 of which 123 [64.89%], were normal deliveries 14 [7.98%] assisted deliveries and 52 [27.66%] were LSCS. From the regular MDT reviews of the emergency LSCS cases, we noticed most common indication was delayed progress in labour in primigravida.

Actions taken:

Most of the emergency LSCS were managed appropriately with few of them needing individual feedback for middle grade doctors. Two key themes were identified in the reviews of caesarean. Shortages of midwifery staff leading to delayed induction of labour with low thresholds to continue by dissatisfied mothers and suboptimal documentation on the reasons for sections by doctors. This has been fed back and will be monitored closely for compliance.

Neonatal and Perinatal Mortality

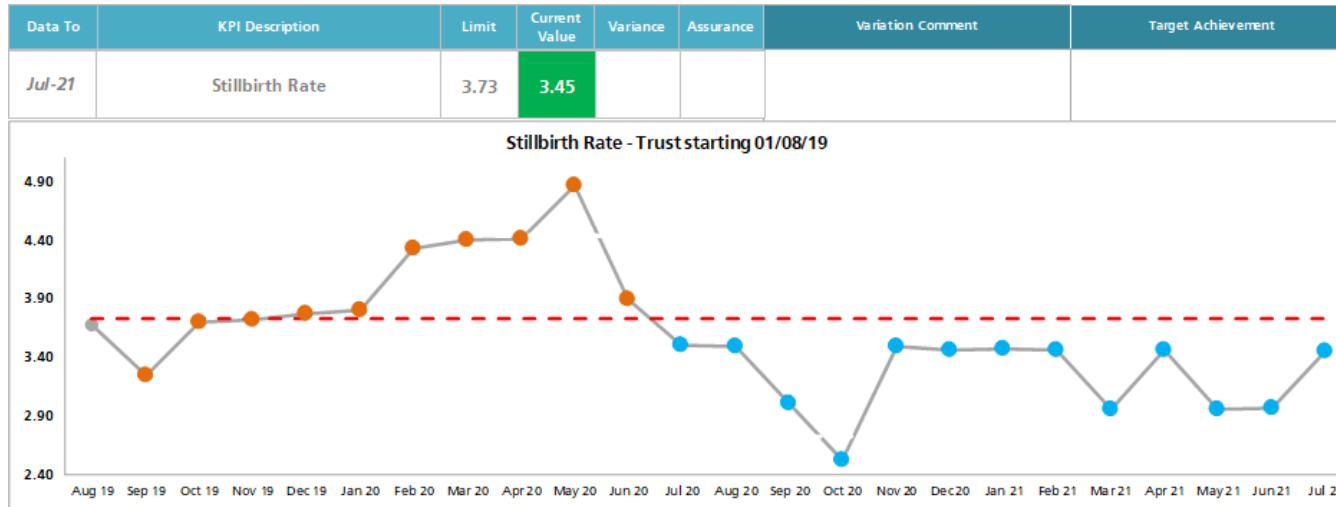


Chart 10 – Stillbirth Rate

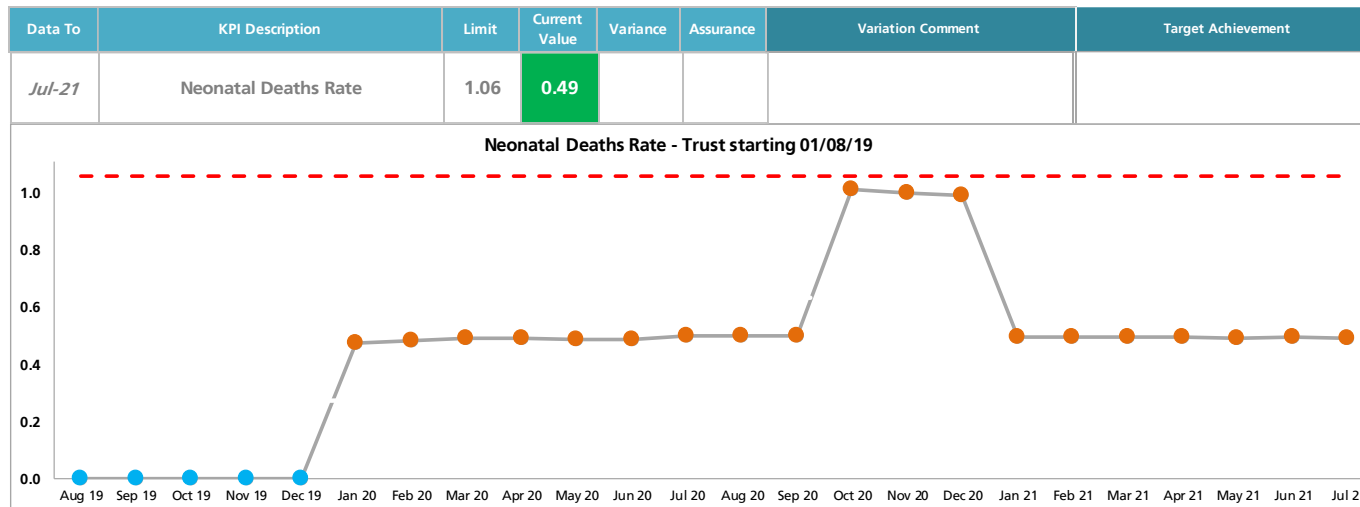


Chart 11 – Neonatal Deaths Rate

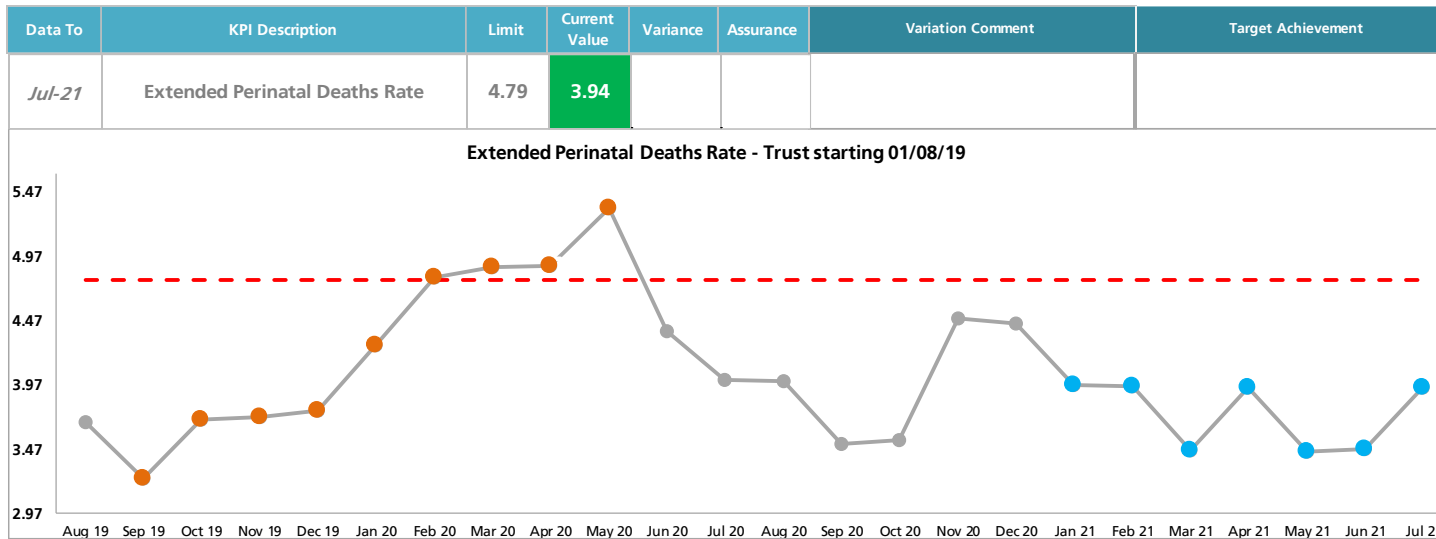


Chart 12 – Extended Perinatal Deaths Rate

Factors Driving Performance:

There were 2 stillbirths during the month of July which has increased the overall stillbirth and extended perinatal death rate, however this remains below the upper control limit.

Actions being taken:

1. The division has almost completed implementation of the Saving Babies Lives Care Bundle (SBLCB) Version 2. This is specifically aimed at reducing perinatal mortality in line with the national ambition to half the number of stillbirths, neonatal deaths, brain injuries and maternal deaths by 2025.
2. Following the launch of the Maternity Incentive Scheme Year 4, a scheme which supports the delivery of safer maternity care, on the 9th August, the Maternity Department is working to ensure compliance with the 10 safety actions.
3. Work on the Maternity Improvement plan continues with allocated workstream leads and a steering group which has been launched.

Risk to delivery:

- **Nursing and Midwifery Staffing:** We currently have a midwifery vacancy rate of 16.8%; this is significant. We have 2 band 6 midwives commencing in post this month along with 4 more newly qualified midwives commencing early October. We are also working closely with the Comms Team to formulate a recruitment campaign across the division to support, not only the recruitment of new midwives, but also paediatric nurses.
- **Medical staffing:** We have planned team job planning meetings for the middle grade doctors and consultants to ensure our establishment of workforce is sustainable and able to meet the changes in service provision. The service was significantly affected by sickness and shielding issues during the pandemic. These have gradually been resolved.

Term Neonatal unit admissions

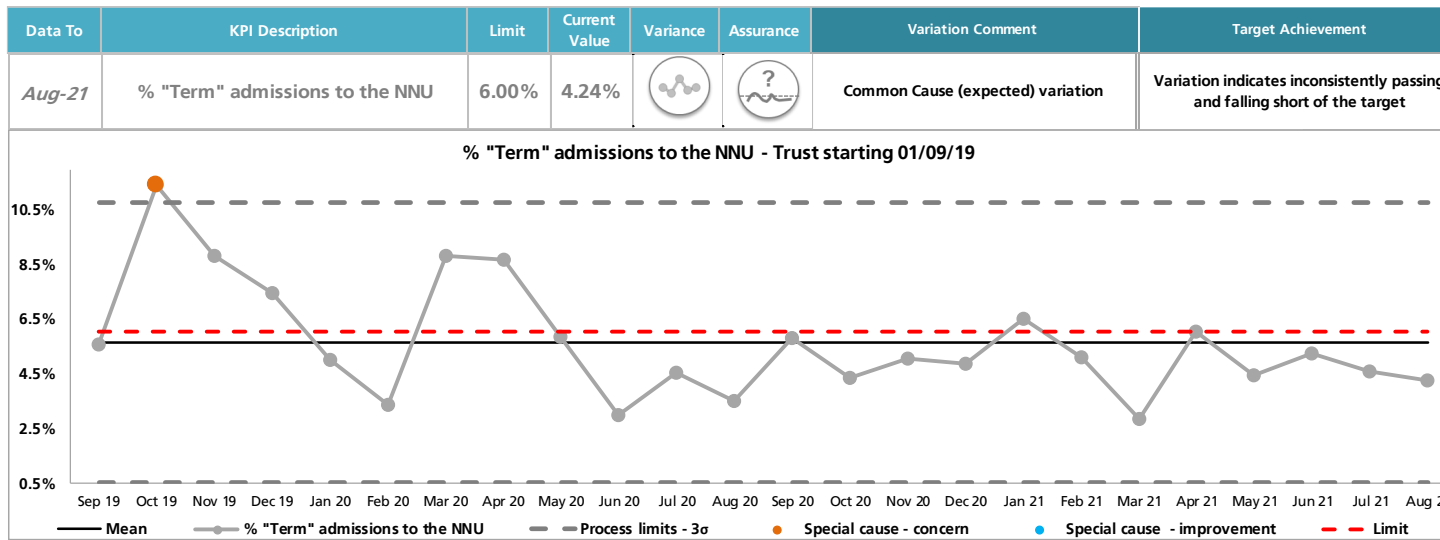


Chart 13 - % Term Admissions to the NNU

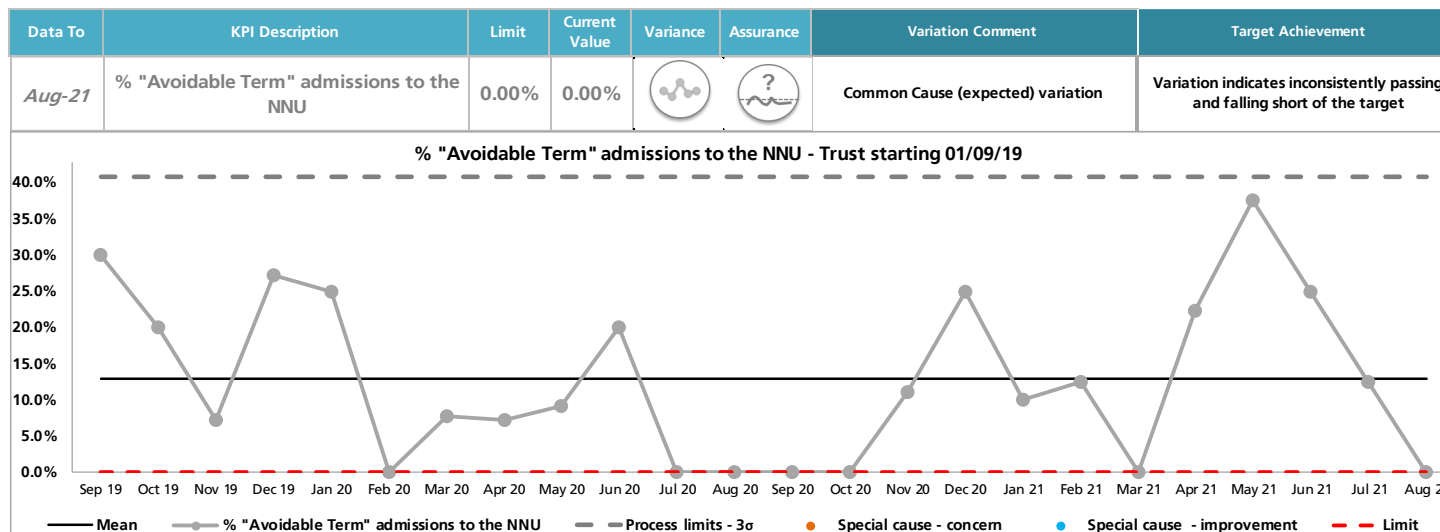


Chart 14 - % Avoidable Term Admissions to the NNU

Factors Driving Performance:

Term admissions into the Neonatal Unit remain below the 6% target.

Avoidable Term admissions

Of the 8 unexpected admissions during July 2021, 1 was deemed to be avoidable at the ATAIN MDT review meeting. Baby was born by Forceps delivery at 39+1 weeks, APGAR score 8 and 10 @ 1 and 5 minutes requiring no resuscitation at birth. Raised lactate on routine cord gas sample prompted four-hourly observations. Following a low temperature, the observations were not repeated at the appropriate interval and care was not managed in line with guidance – hence baby admitted to NICU for 21 hours to stabilise temperature which may have been avoidable.

Breast Feeding Initiation rates

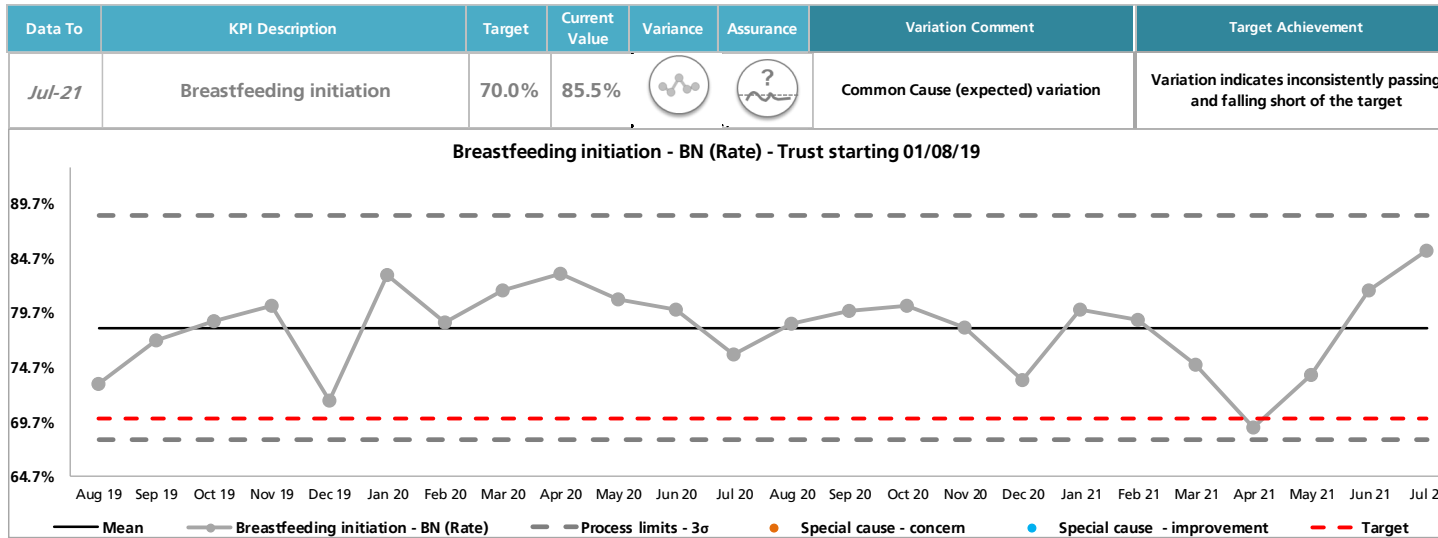


Chart 15 – Breastfeeding Initiation – BN (rate)

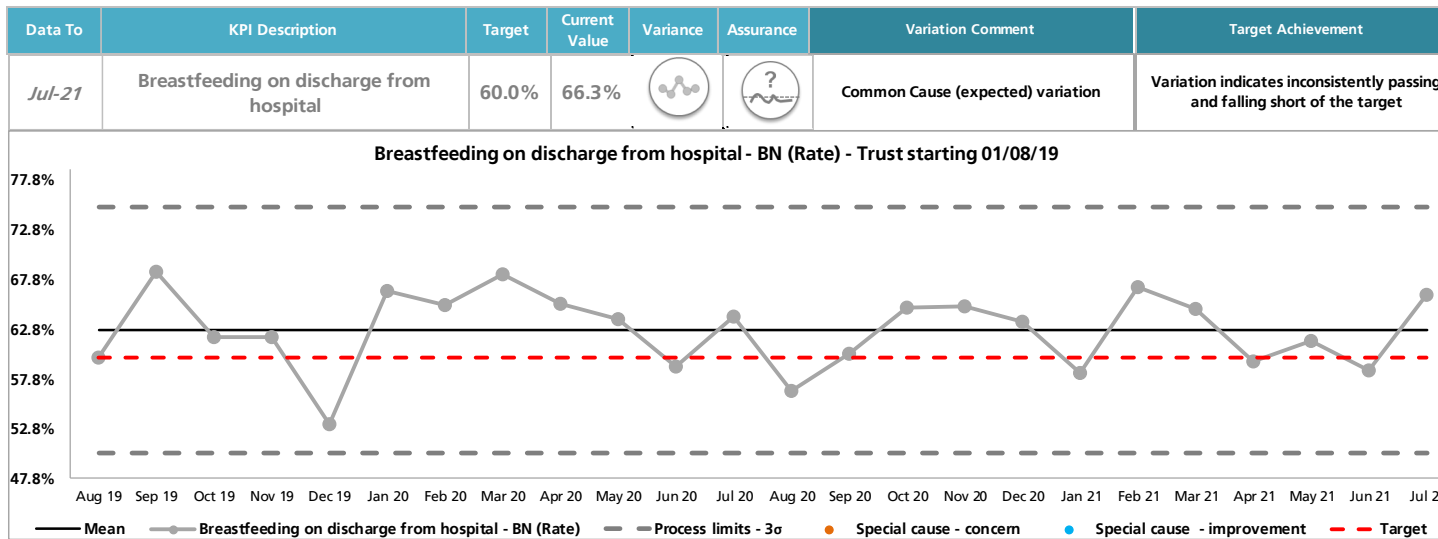


Chart 16 – Breastfeeding on Discharge from Hospital – BN (rate)

Factors driving performance:

Breastfeeding initiation rate is our highest ever recorded this month – the Antenatal Hand Expressing Pack initiative is being very well received and possibly contributing to rising initiation rates. Year to date figures are 78% initiation and 62% discharge from hospital, both above target.

Risk to delivery:

1. Breastfeeding longevity / continuation is our area of weakness, both at discharge from hospital and to Health Visitors.
2. Results of a recent survey highlight gaps. Moving forward, a training needs analysis is required.

Smoking Cessation in Pregnancy

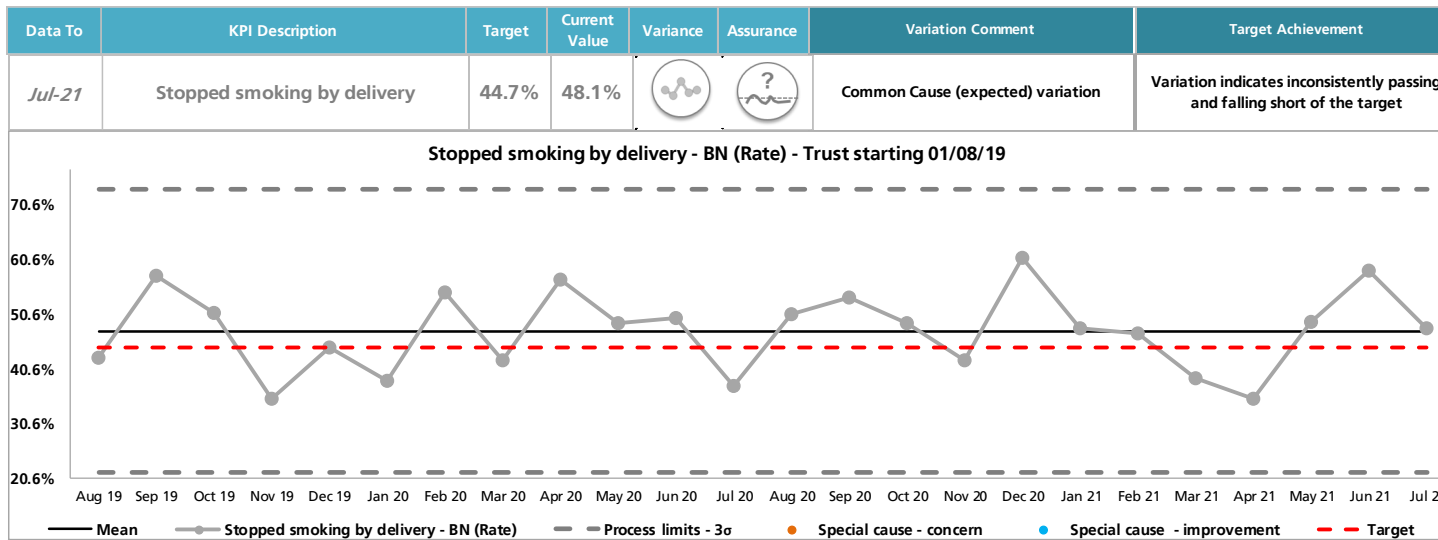


Chart 17 – Stopped Smoking by Delivery – BN (rate)

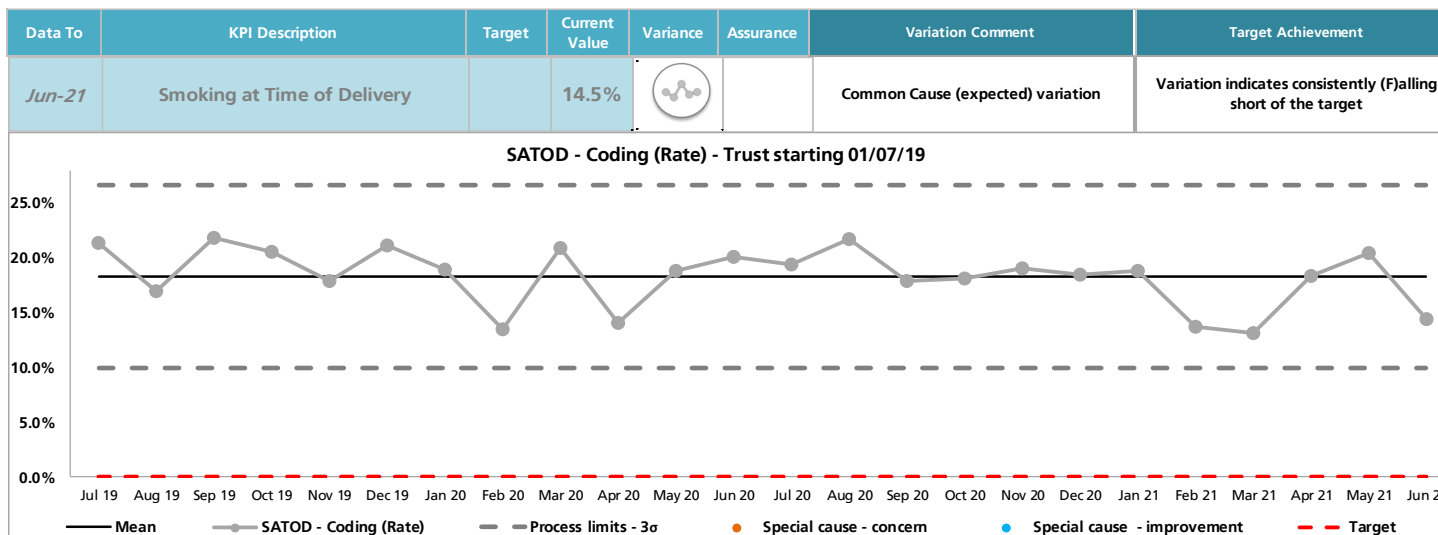


Chart 18 – Smoking at Time of Delivery – Coding (rate)

Factors driving performance:

Carbon Monoxide (CO) testing has been reintroduced following suspension during the height of the Covid 19 pandemic. CO screening rates continue to rise and are monitored through the maternity dashboard. Collaborative working continues with our system partners to implement smoking cessation services within midwifery hubs. This will ensure improved access to these services during their antenatal period.

Risks to delivery:

Changes in the model of maternity delivery (implementing Continuity of Carer) will further support this work, but may cause a period of instability as ways of working change.

Post-partum Haemorrhage (PPH)

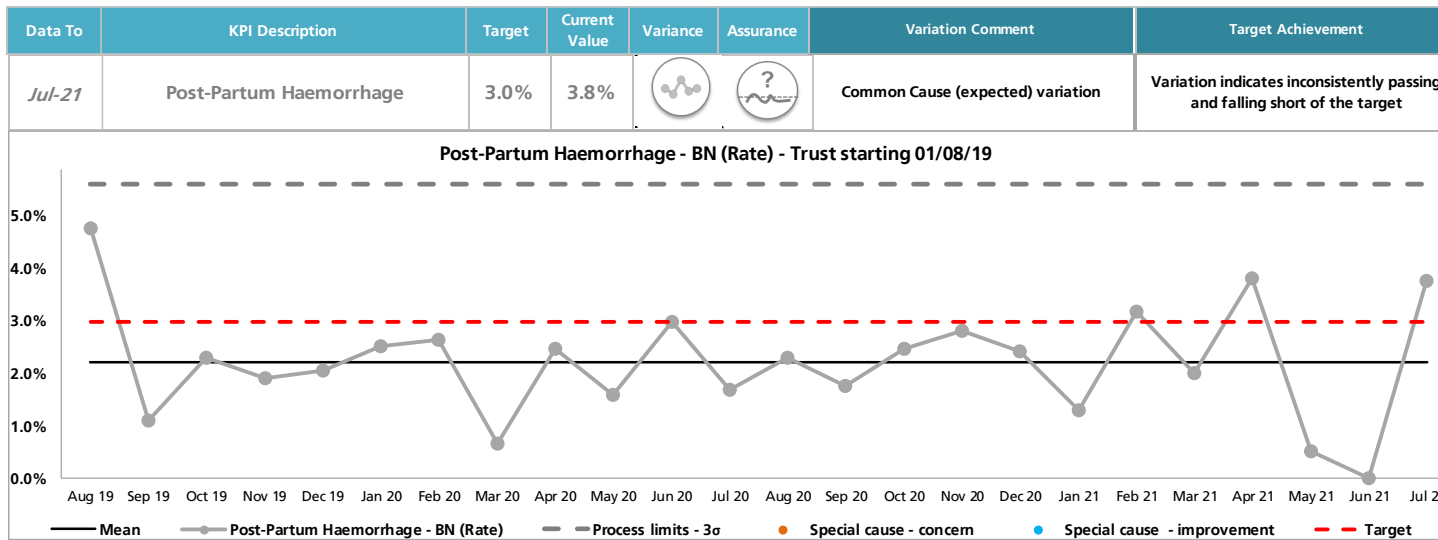


Chart 19 – Post-Partum Haemorrhage - BN (rate)

Factors Driving Performance:

There has been a noted increase in PPH >1,500mls during July 2021, however the mean remains below the national average. All incidents are reported and reviewed at the Serious Incident Review Panel (SIRP) to identify if the management of the case was appropriate, where indicated a more detailed investigation is requested and to ensure learning is captured and shared.

Actions Taken:

Continuing awareness and training on minimising blood loss with proactive screening and early interventions.

3rd & 4th Degree Perineal Trauma

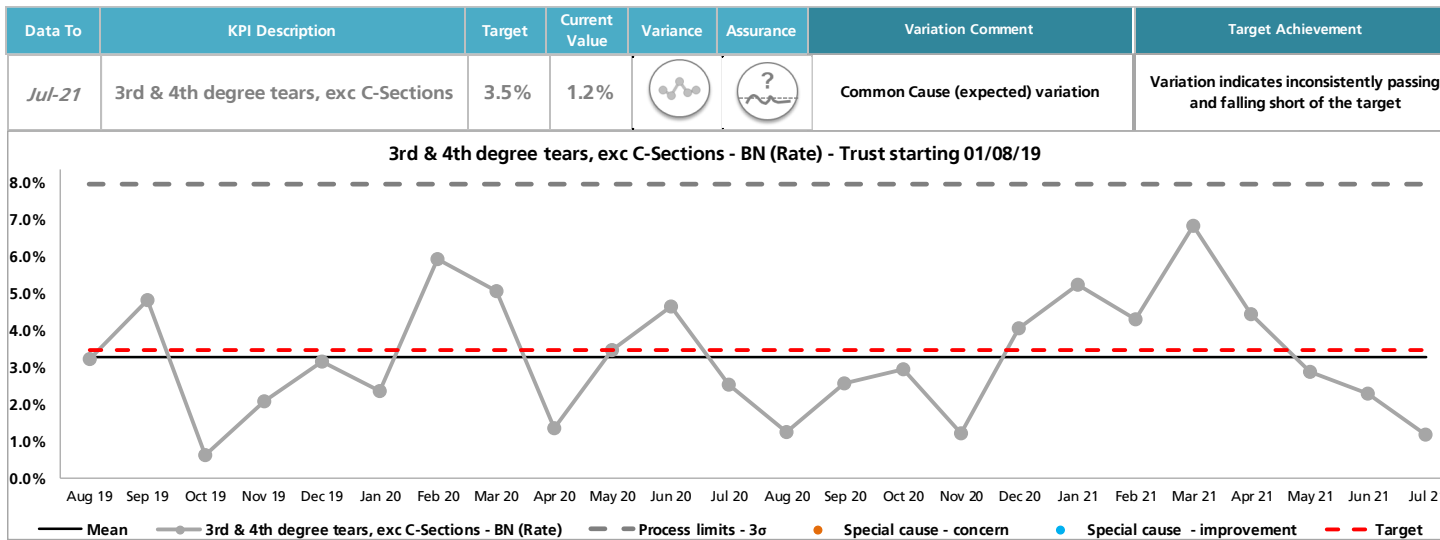


Chart 20 – 3rd and 4th Degree Tears, exc C-Sections - BN (rate)

Factors Driving Performance:

Following the launch of the Perineal Care Bundle in January 2021, we have evidenced a continued reduction in obstetric anal sphincter injuries (OASI) since March. All cases continue to be reviewed monthly by a multi disciplinary team, including an Obstetrician, Midwife and Specialist Physiotherapist. Quarterly reports are submitted to the Transforming Maternity Strategy and Safety Forum.

Actions Taken

Simulation based training.

Risks to Delivery:

Skill mix of the individuals. Both midwives and medical can impact on the rates.

Caring Dashboard - Trust Level

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-21	MSA Incidents	0	2		
Aug-21	MSA Breaches	0	6		
Aug-21	Total Clinical & Non_Clinical Complaints	20	4		
Aug-21	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.01%		
Aug-21	Complaints receiving a response within 30 working days %	90.0%	100.0%		
Aug-21	Complaints - Reopened (% of Total)	15.0%	25.0%		
Jul-21	Dementia Case Finding	90.0%	91.5%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-21	FFT % "Very Good" or "Good" (IP & DC)	95.00%	96.00%		
Aug-21	FFT % "Very Good" or "Good" (AE)	95.00%	84.93%		
Aug-21	FFT % "Very Good" or "Good" (OP)	95.00%	94.11%		
Aug-21	FFT % "Very Good" or "Good" Mat Question 1 (Antenatal)	95.00%	100.0%		
Aug-21	FFT % "Very Good" or "Good" Mat Question 2 (Labour)	95.00%	94.1%		
Aug-21	FFT % "Very Good" or "Good" Mat Question 3 (Postnatal)	95.00%	92.3%		
Aug-21	FFT % "Very Good" or "Good" Mat Question 4 (Comm Postnatal)	95.00%	0.0%		

Mixed Sex Accommodation breaches

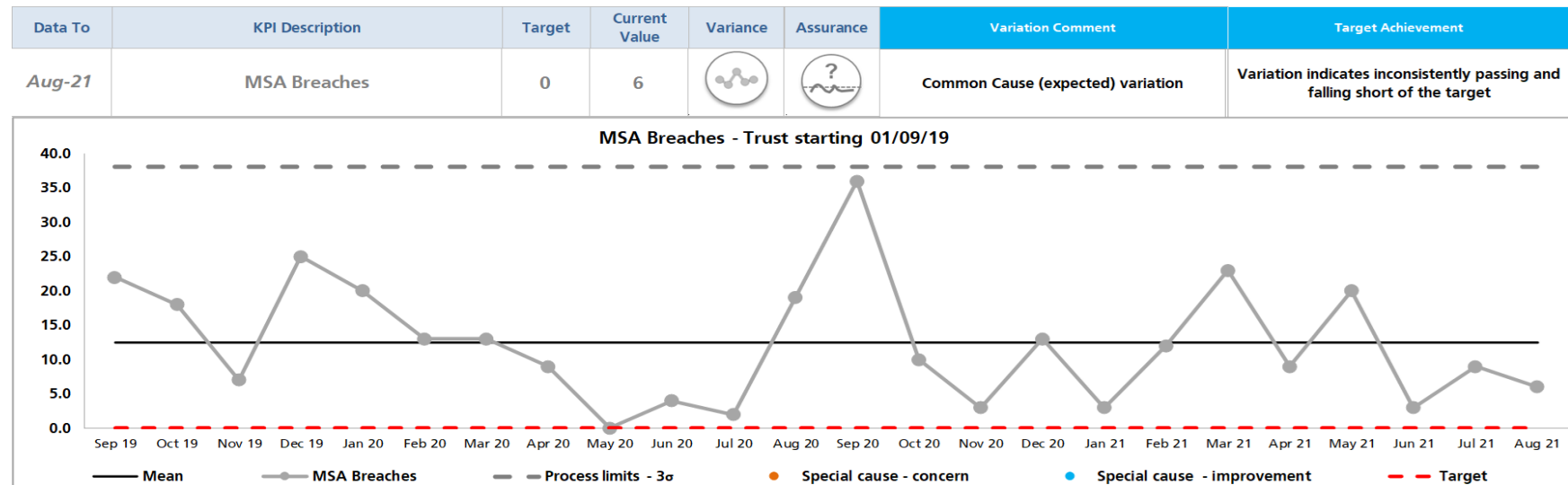


Chart 21 – MSA Breaches

Key Issues (any new issues in red):

1. There have been two incidents of same sex accommodation breaches affecting four patients during August 2021. The incident occurred in the Hyperacute Stroke Unit (HASU) on West Raynham Ward.
2. The Trust breaches are reported in line with the national guidance.

Key Actions (new actions in green):

1. Nurse in charge has active conversation with patients with regard to their experiences whilst being cared for in a mixed sex bay and there have been no concerns raised by patients.
2. Same sex accommodation breaches are discussed and possible mitigations are considered during the Board round.
3. Same sex accommodation breaches are escalated to the clinical site team and are reflected on the bed template in the operations centre.

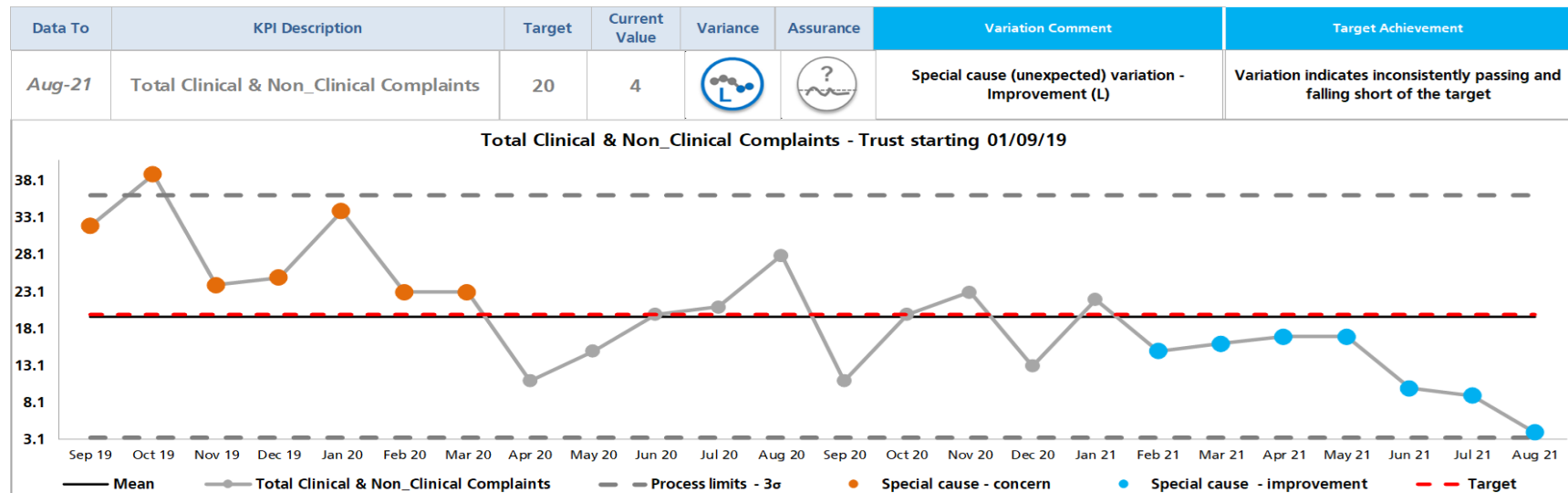
Recovery Forecast:

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.
2. Bed capacity will be a factor for future breaches.

Complaints



Key Issues (any new issues in red):

1. The timeliness of responding to complaints within 30 days has been achieved for three consecutive months.
2. The actions put into place during April/May continue to assist the improvement and will remain in place to ensure sustained performance and delivery.

Key Actions (new actions in green):

1. The reviewed and revised process remains in place with senior leadership and governance.
2. Initial triage by a senior member of staff continues with Division senior to ring complainant (define options, agree timescales, offer LRM or de-escalation of the complaint in some cases).
3. Continue to sustain an increase in Local Resolution Meetings (LRMs).
4. Share point for all to access with PTL information.
5. Review each response with coaching to improve quality.

Recovery Forecast:

1. The recovery plan includes sustained improvement in the coming months.
2. The actions include a continued scrutiny on quality, LRMs being offered and timeliness which are expected to positively impact on reduction in re-opened complaints.

Key Risks to Forecast Improvement:

1. The ability of the teams to prioritise complaint responses in the expected time frames and provide patient focussed responses.
2. Maintenance of the streamlined processes.
3. Planned dates for complaints and customer services training for medical consultants.

Dementia Case Finding

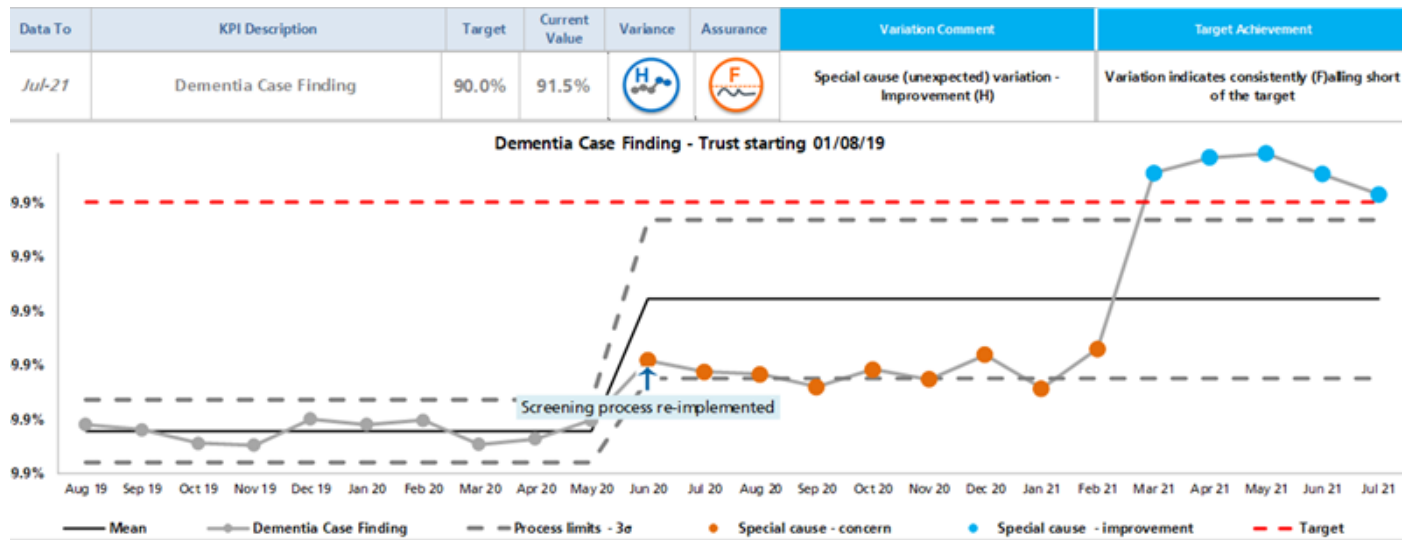


Chart 23 – Dementia Case Finding

Key Issues (any new issues in red):

1. Dementia Screening remains above the agreed threshold of 90% for a fifth month.
2. The improved screening process has been embedded in the services of Integrated Care of Older People (ICOP).

Key Actions (new actions in green):

1. Plans to bring comprehensive a geriatric assessment process into the Front door (assessment areas) is progressing well with the appointment of a Nurse Consultant and service redesign. This will not only strengthen the screening process, but also enable place-based care through admission avoidance plans such as telephone advice and guidance. All such advanced care planning will improve care for patients identified with dementia.
2. Increased access to memory clinics will be provided in January 22 through an additional neurologist joining us at QEH.

Recovery Forecast: Not applicable

Key Risks to Forecast Improvement:

Currently all risks have been mitigated.

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
Aug-21	18 Weeks RTT - Incomplete Perf	92.0%	64.4%		
Aug-21	18 Weeks RTT - No. of Specialties failing the target of 92%	0	28		
Aug-21	18 Weeks RTT - Over 52 Wk waiters	0	1035		
Aug-21	A&E 4 Hour Performance	95.0%	68.6%		
Aug-21	A&E 4 Hour Performance (Majors only)	95.0%	51.7%		
Aug-21	A&E 4 Hour Performance (Minors only)	100.0%	84.5%		
Aug-21	A&E 12 Hour Trolley Waits	0	9		
Aug-21	Ambulance Handovers	100.0%	42.5%		
Aug-21	Last minute non-clinical cancelled elective operations	0.8%	0.49%		
Aug-21	Breaches of the 28 day readmission guarantee	0	0		
Aug-21	Total non-clinical cancelled elective operations	3.2%	2.98%		
Aug-21	Urgent operations cancelled more than once	0	0		
Aug-21	% of beds occupied by Delayed Transfers of Care	3.5%	5.8%		
Aug-21	Medically Fit For Discharge - Patients		407		
Aug-21	Medically Fit For Discharge - Days		2878		
Aug-21	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	63		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-21	Cancer Wait Times - Two Week Wait Performance	93.0%	93.2%		
Jul-21	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	100.0%		
Jul-21	Cancer Wait Times - 62 Day Ref to Treatment Performance	85.0%	79.4%		
Jul-21	Cancer Wait Times - 104 Day waiters	0	4.0		
Jul-21	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	95.2%		
Jul-21	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	90.0%		
Jul-21	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	100.0%		
Jul-21	Cancer Wait Times - 62 Day Screening Performance	90.0%	100.0%		
Jul-21	Cancer Wait Times - Consultant Upgrade (62 day)	90.0%	83.3%		
Jul-21	Cancer Wait Times - 28 Day FDS - Two week wait	75.0%	60.8%		
Aug-21	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	66.0%		
Jun-21	Stroke - 90% of time on a Stroke Unit	90.0%	61.0%		
Jun-21	Stroke - Direct to Stroke Unit within 4 hours	90.0%	32.2%		
Jun-21	Stroke - Patient scanned within 1 hour of clock start	48.0%	32.2%		
Jun-21	Stroke - Patient scanned within 12 hours of clock start	95.0%	94.9%		
Click here to view other National Stroke (SSNAP Domain) Results					
Jul-21	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	39.3%		

Emergency Care

Emergency access within 4 hours

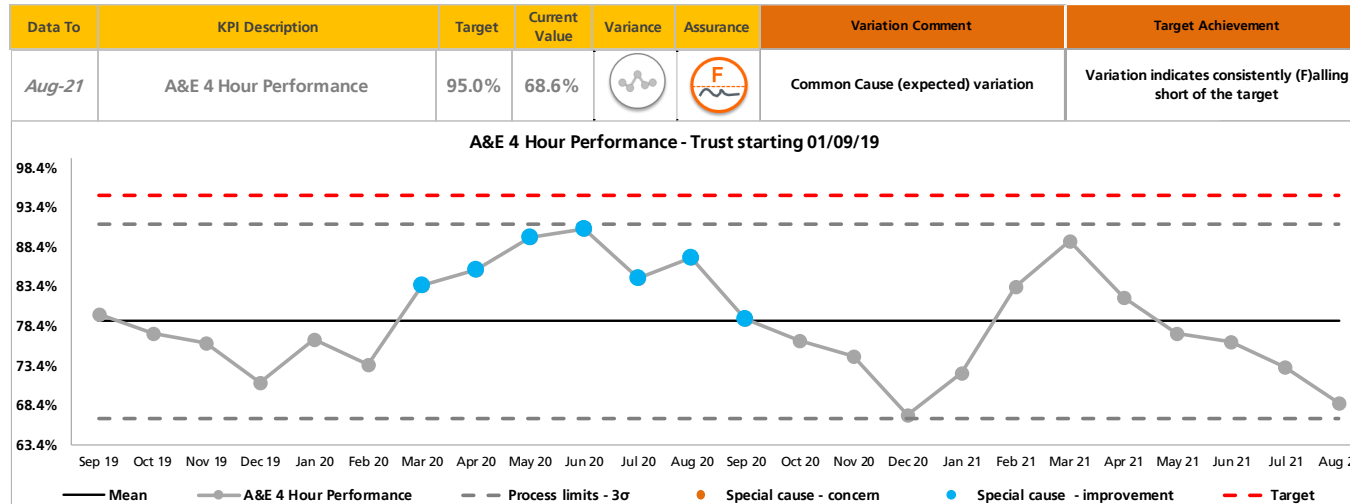


Chart 24 – A&E 4-hour Performance

During August 2021, 6,979 patients attended the Emergency Department (ED) and of these, 2,188 patients were in department over 4 hours before admission, discharge, or transfer. Performance was 68.6% against the standard of 95% and trajectory of 80.00%. Admitted performance was 39.90% and non-admitted performance was 84.37%.

Ambulance Handovers

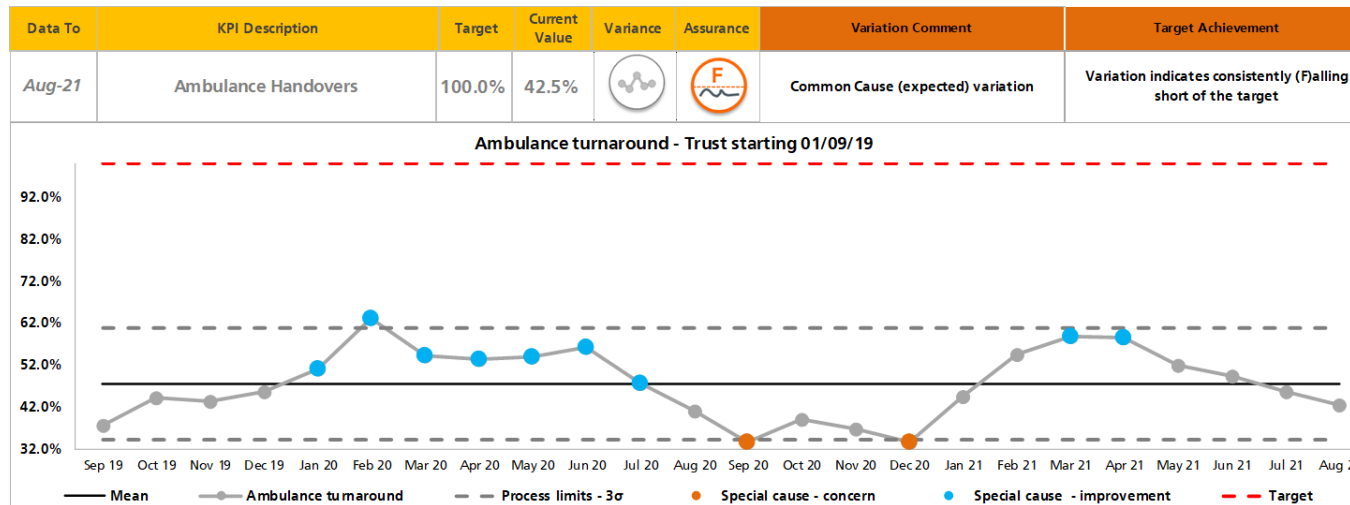


Chart 25 – Ambulance Turnaround

During August 2021 there were 1,872 conveyances by E EAST to the Emergency Department. Of those, 42.5% of handovers took place within 15 minutes against a trajectory of 48.5%. 15.81% of handovers exceeded 60 minutes.

Key Issues (any new issues in red):

1. Delays in specialty decision making.
2. Limited capacity with Red and Amber ED combined in one footprint.
3. Sustained increase in ED demand compared to 2019/20.

Key Actions (new actions in green):

1. Urgent and Emergency Care Improvement Programme in place.
2. Development of expansion plans for the Emergency Department.
3. Pilot of a revised staffing model for walk in patients presenting with minor illness / minor injury.

Recovery Forecast:

1. The trajectory for the 4 hour standard is to achieve performance of 85% by October 2021 and 90% by March 2022.
2. The trajectory for ambulance handovers completed within 15 minutes is to achieve performance of 70% by March 2022.

Key Risks to Forecast Improvement:

1. Continued increase in Emergency Department attendances.
2. Increased incidence of suspected COVID-19 presentations.
3. The capacity of health and social care partners to facilitate timely discharges for patients on pathways 1 - 3.

Emergency Department – number of waits for admission over 12 hours from decision to admit

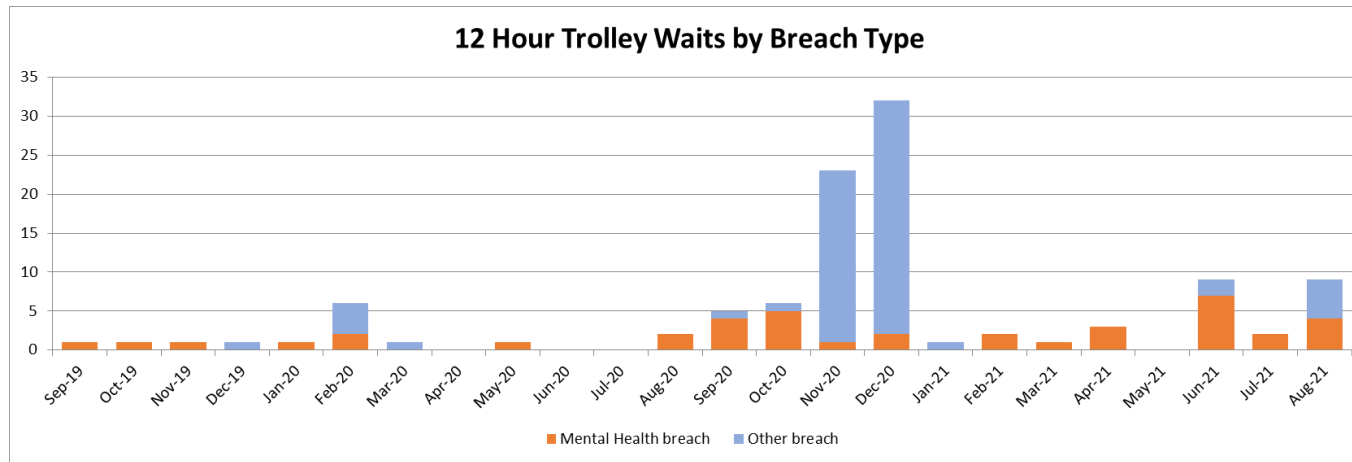


Chart 27 – 12 Hour Trolley Waits by Breach Type

During August 2021, there were nine (9) patients who waited over 12 hours from decision to admit to admission. Out of these, five (5) were waiting inpatient medical beds and four (4) waiting for mental health. There were no reported cases of patients coming to clinical harm. During this period, the five (5) patients required an Amber medical bed but no bed was available, resulting in the delay to admit.

Elective Care

18 weeks referral to treatment

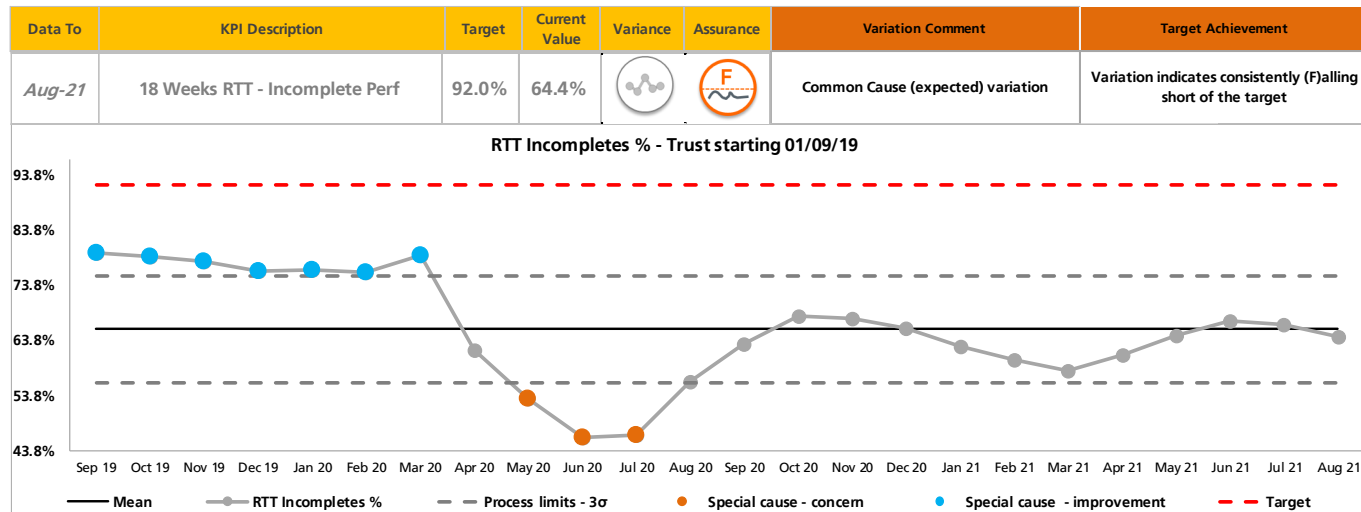


Chart 28 – 18 weeks RTT %

At the end of August 2021, there were a total of 17,543 patients on the waiting list, of which 6,242 had waited for over 18 weeks from referral, giving performance of 64.4%. The top 3 specialties with the greatest number of patients waiting over 18 weeks were Orthopaedics (1,073), Ophthalmology (779) and ENT (684).

Key Issues (new issues in red):

1. Prioritisation of urgent P2 cases in line with national guidance.
2. Cancer referrals remain at an increased level.

Key Actions (new actions in green):

1. Effective utilisation of all theatre lists.
2. Review of booking processes to identify areas for improvement.
3. Waiting list initiative sessions in outpatients and theatres.

Recovery Forecast:

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

Key Risks to Forecast Improvement:

1. A further wave of COVID-19 necessitating the return of Day Surgery to a Red ED.
2. Disruption to theatre capacity due to RAAC plank issues.
3. Increase in number of P2 clinical prioritisation category extends the timeframe for clearance of patients with longer waits.

52-week breaches

Waiting times significantly increased during 2020/21 because of the cessation of routine elective activity in March to May 2020 in response to the COVID-19 pandemic. At the end of August 2021 there were 1,035 patients waiting longer than 52 weeks for treatment. The majority of these were in Orthopaedics (338), Gynaecology (214) and General Surgery (204). The longest waiting patient is a Gynaecology patient (P4) at 120 weeks; this patient is a joint case with the Colorectal team and a TCI date is being arranged through the theatre planning meeting.

Key Issues (new issues in red):

1. Prioritisation of urgent P2 cases in line with national guidance; however, the sustained increased in cancer referrals has subsequently increased the number of P2 patients requiring priority of treatment.
2. There has been an increased number of P2 patients who have been expedited due to a change in clinical risk.
3. Acute staff shortage in admission team has affected advanced booking to theatre list.

Actions (new actions in green):

1. Flexible allocation of surgeon to theatre lists.
2. Recruitment to vacant posts in the theatre booking team and additional short-term staffing identified.
3. External support to improving the theatre booking process.

Recovery Forecast:

The backlog of patients waiting over 52 weeks will not be cleared in this financial year.

Key Risks to Forecast Improvement:

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

Breaches of the 28-day readmission guarantee:

There were no breaches of the 28-day readmission guarantee in August 2021.

Diagnostic Waiting Times

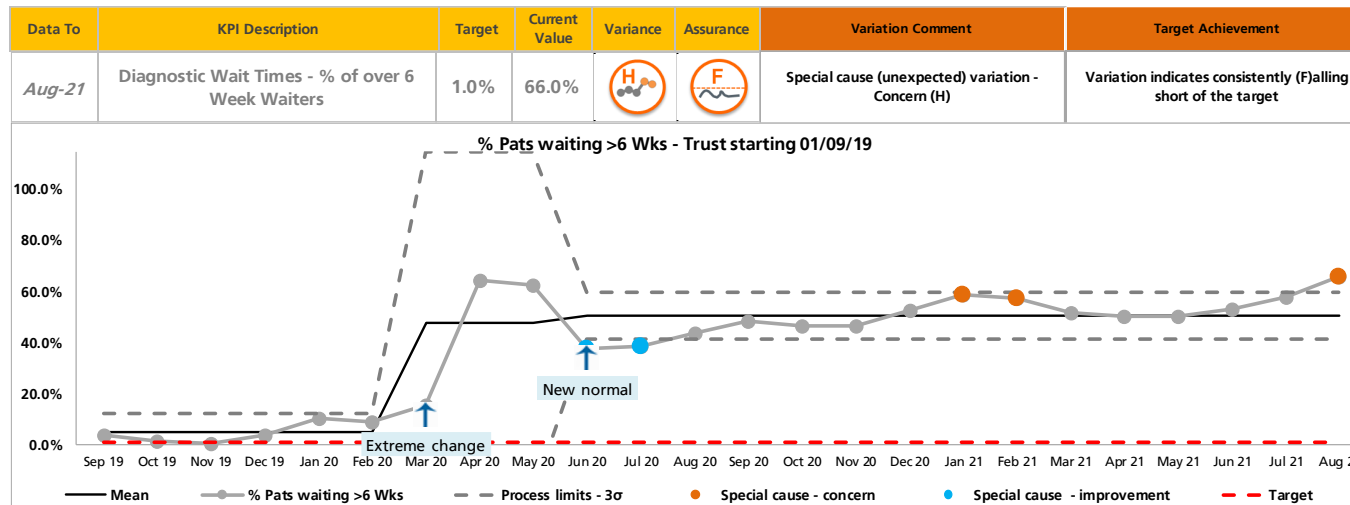


Chart 29 - % Diagnostic Patients waiting over 6 weeks (Aug 21 excludes radiology)

During August 2021 the Trust implemented a new Radiology Information System (RIS) and performance reporting relating to Radiology diagnostics is temporarily suspended.

Cancer waiting times

2 week wait from referral to first outpatient appointment

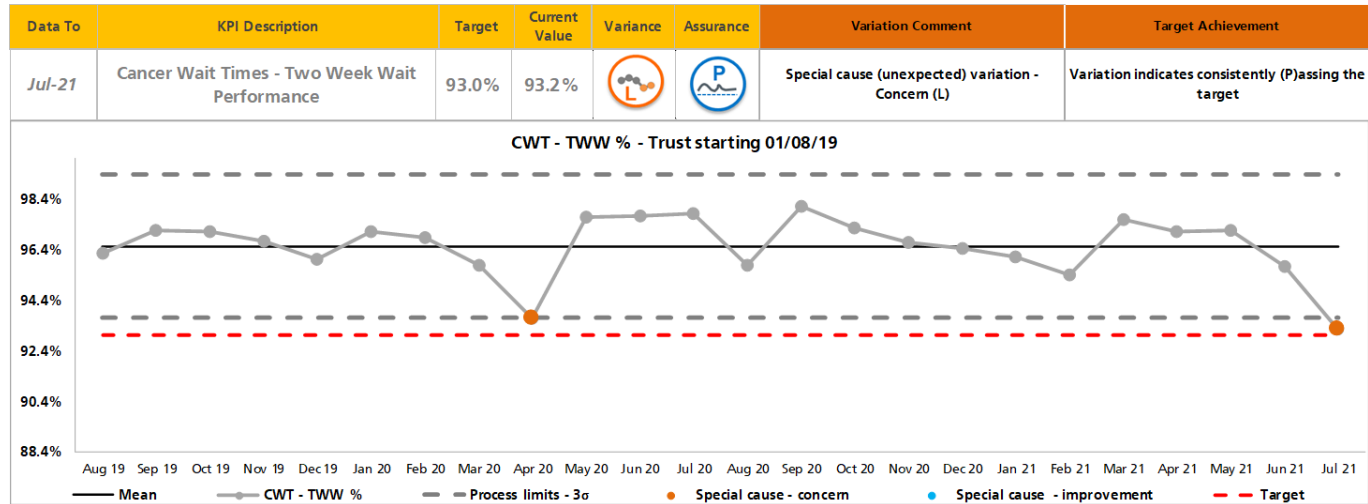
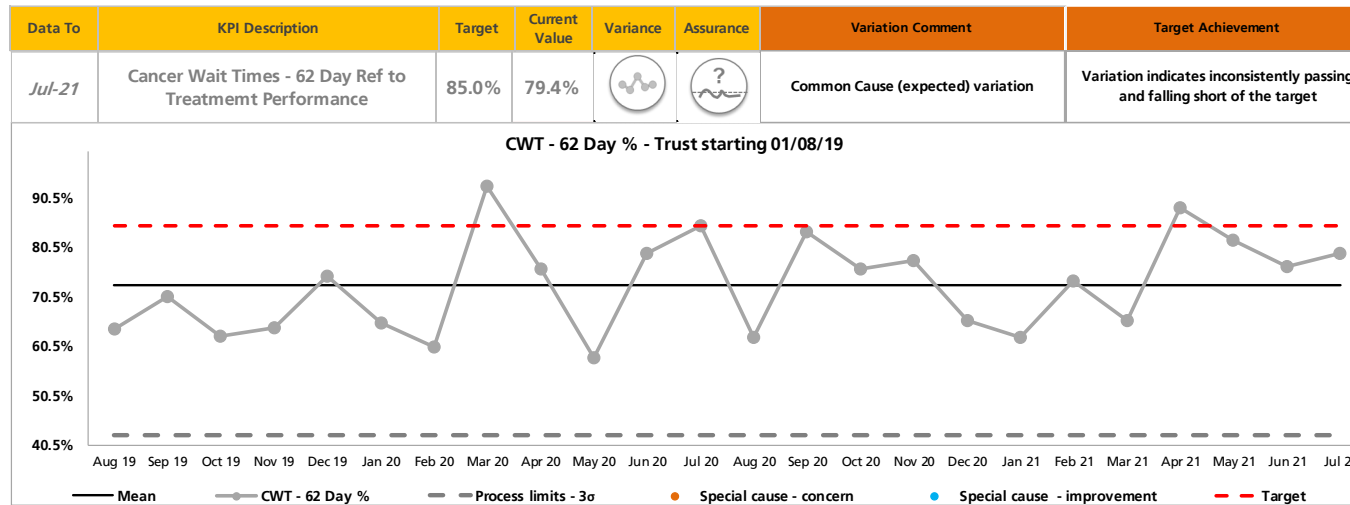


Chart 30 – Cancer two week wait performance

The Trust consistently delivers the 2-week waiting time standard. Performance in July 2021 was 93.2% against the standard of 93%, there are no current concerns regarding the ongoing delivery of this standard.

62-day referral to treatment



Performance in July 2021 was **79.4%** against the standard of **85%** and trajectory of **85.09%**.

There were 48.5 treatments of which **10** breached the 62-day standard, (1 Gynaecology, 4 Colorectal, 1.5 Head & Neck, 1 Lung, 1.5 Skin, and 1 Upper GI).

Key Issues (any new issues in red):

1. Sustained increase in two week wait referrals.
2. Waiting Times for CT and MRI scans causing delays in patient pathways.

Key Actions (new actions in green):

1. Additional 2 week wait clinics to maintain 2 week wait performance.
2. Additional theatre lists as required to manage demand.

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

Statement of comprehensive income: Month 5 – 2021/22

	In Month				Year to Date			
	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	%	Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	%
Clinical Income	18,886	18,716	(170)	(1%)	94,430	94,497	67	0%
Other Income	1,347	1,309	(38)	(3%)	6,735	6,660	(75)	(1%)
COVID-19 Additional Income	1,282	1,288	6	0%	6,410	7,198	788	12%
Total Income	21,515	21,313	(202)	(1%)	107,575	108,355	780	1%
Pay Costs - Substantive	(12,174)	(12,324)	(150)	(1%)	(60,872)	(62,510)	(1,638)	(3%)
Pay Costs - Bank	(1,130)	(915)	215	19%	(5,646)	(4,887)	759	13%
Pay Costs - Agency	(1,326)	(810)	516	39%	(6,613)	(4,386)	2,227	34%
Pay Costs - Additional COVID-19	(549)	(393)	156	28%	(3,487)	(3,611)	(124)	(4%)
Pay Costs - Vaccination Centres	0	(95)	(95)		0	(741)	(741)	
Total Pay	(15,179)	(14,537)	642	4%	(76,618)	(76,135)	483	1%
Non Pay - Additional COVID-19	(75)	(29)	46	61%	(525)	(238)	287	55%
Non Pay	(5,097)	(5,785)	(688)	(13%)	(26,080)	(28,289)	(2,209)	(8%)
Total Operating Costs	(20,351)	(20,351)	(0)	(0%)	(103,223)	(104,662)	(1,439)	(1%)
EBITDA	1,164	962	(202)	(17%)	4,352	3,693	(659)	(15%)
Non-Operating Costs	(944)	(721)	223	24%	(4,715)	(4,031)	684	15%
Adjust Donated Assets	28	32	4	14%	144	164	20	14%
TOTAL (Deficit) / Surplus	248	273	25	10%	(219)	(174)	45	21%
Ratios								
Agency : Total Pay	9.1%	5.8%			9.0%	6.1%		
EBITDA : Income	5.4%	4.5%			4.0%	3.4%		
Net Deficit : Income	1.2%	1.3%			(0.2%)	(0.2%)		

Key

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

Key points of note in month / Material variances:

- Leverington and Feltwell wards remain open to provide additional bed capacity. This is creating a c. £0.5m to £0.6m cost pressure per month.
- Covid-19 vaccination costs incurred and reimbursed in month are £0.1m.
- Total pay expenditure is positive to plan by £0.6m.
- Agency expenditure is favourable to plan by £0.5m.
- Non-pay is adverse to plan by £0.7m mainly in drugs and clinical supplies.
- Trust provisions/contingencies held was increased by £250k in month.
- The CIP/ waste reduction programme has achieved £0.5m of efficiencies in month, which is on plan. YTD delivery of the CIP/ waste reduction programme is £0.6m ahead of plan.

Statement of Financial Position (SOFP) Update















	31-Mar-21	31-Jul-21	31-Aug-21	Month on Month Movement	YTD Movement
	£m	£m	£m	£m	£m
Non current assets	101	100	100	-	(1)
Current Assets					
Inventories	2	2	2	-	-
Trade & Other Receivables	13	14	8	(6)	(5)
Cash	27	22	26	4	(1)
Current liabilities					
Trade & Other Payables	(19)	(16)	(15)	1	4
Accruals	(18)	(12)	(12)	-	6
PDC dividend	-	(1)	(1)	-	(1)
Other current liabilities	(2)	(2)	(2)	-	-
Non current liabilities	(1)	(1)	(1)	-	-
Borrowings	-	-	-	-	-
Total assets employed	103	106	106	(1)	2
Tax payers' equity					
Public Dividend Capital	198	198	198	-	-
Revaluation Reserve	9	9	9	-	-
Income & Expenditure Reserve	(104)	(101)	(101)	-	3
Tax payers' equity	103	106	106	-	3

Month-on-Month Key movements / variances

- There has been a significant reduction in debtors due to increased collections from both NHS and Non NHS.
- Cash balances have increased by £4m as a result of increased collections from debtors.

Well Led (People) Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
<i>Aug-21</i>	Appraisal Rate	90.0%	81.0%		
<i>Aug-21</i>	Appraisal Rate (Med Staff exc Jnr Drs)	90.0%	82.0%		
<i>Aug-21</i>	Sickness Absence Rate	4.50%	6.17%		
<i>Aug-21</i>	Long Term Sick	2.7%	3.5%		
<i>Aug-21</i>	Short Term Sick	1.8%	2.7%		
<i>Aug-21</i>	Mandatory Training Rate	80.0%	84.1%		
<i>Aug-21</i>	Turnover Rate	10.0%	10.8%		

Sickness Absence rate

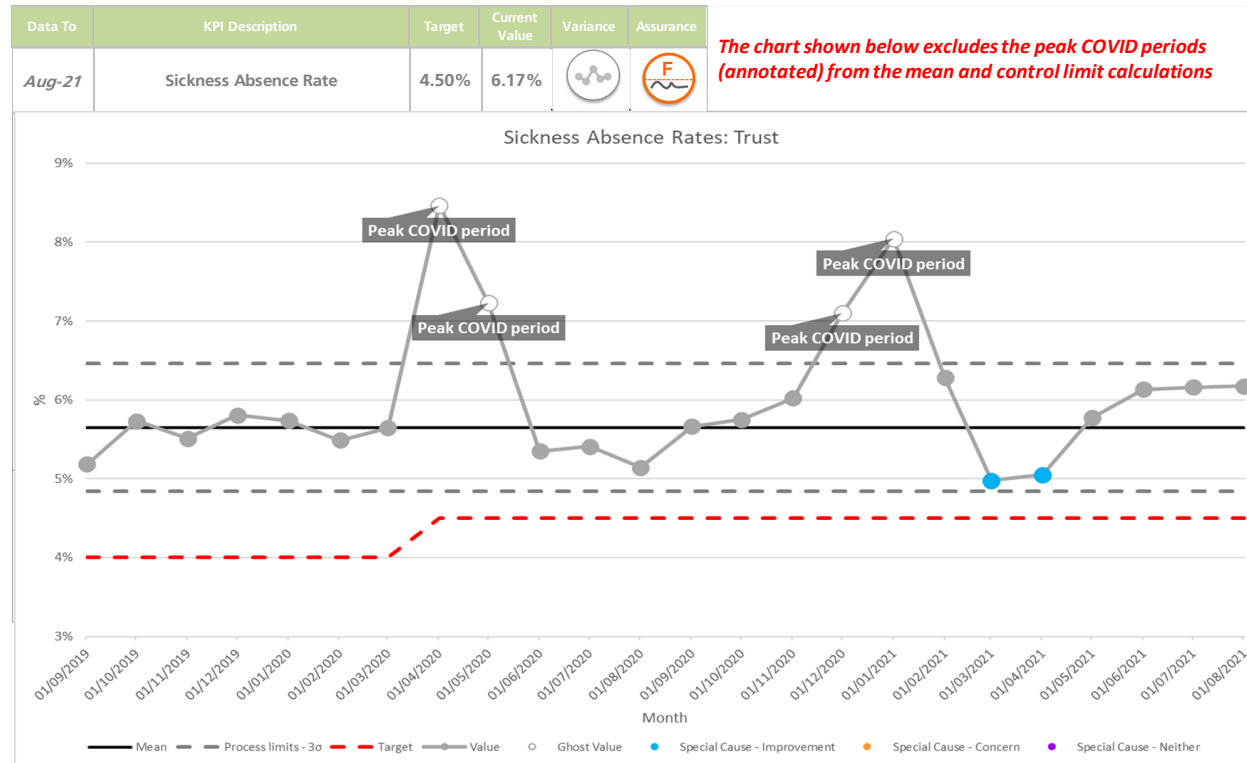


Chart 32 – Sickness Absence Rate

- Improved reporting – “ghost” Covid data
- Within common cause variation but consistently underperforming the target (achieved x2 in 3 years)
- Trust attendance workshop 28th September
- Regional Attendance workshop 18th October
- Grant Thornton (Internal Audit) approved actions

Labour Turnover

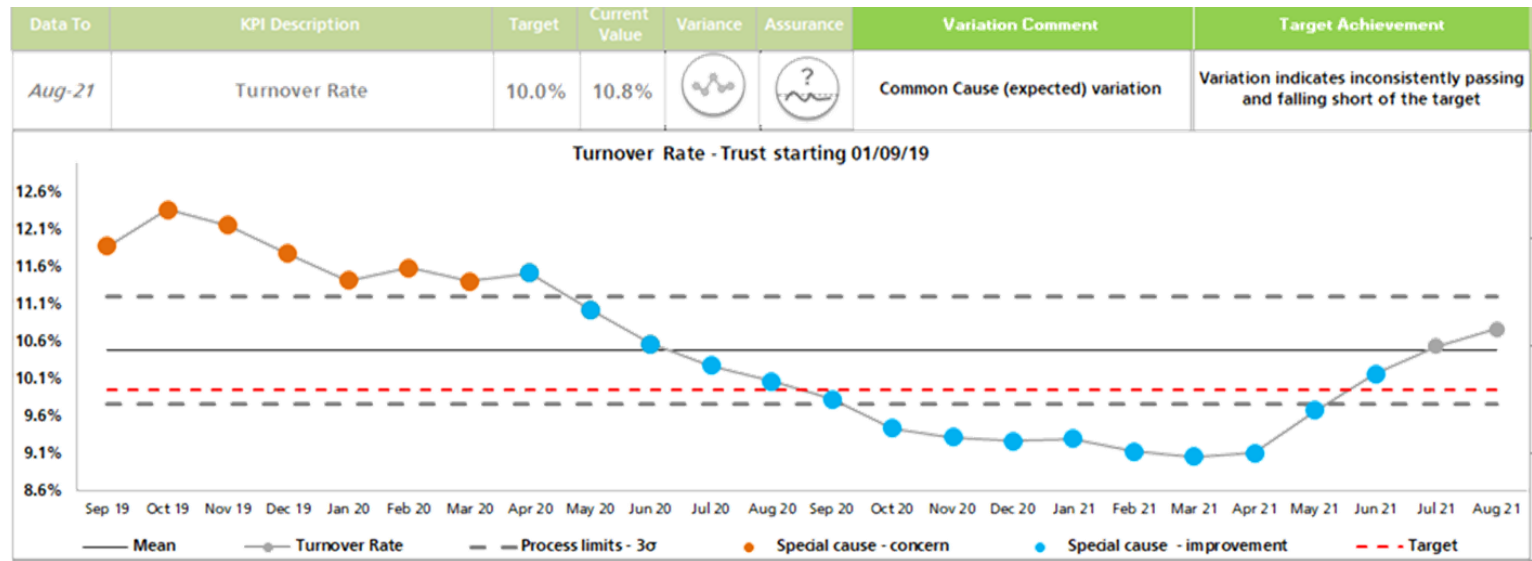


Chart 33 – Turnover Rate

- Labour turnover has increased month on month to 0.8% above Trust Target
- Although within common cause variation, 4 consecutive points towards the upper control limit
- Further analysis required to confirm if, as in June, this is driven by the expiry of temporary/fixed term contracts