

Agenda Item 12
Reference paper RR1

NHS
**The Queen Elizabeth
Hospital King's Lynn**
NHS Foundation Trust



Integrated Performance Report 7 February 2023

Executive: **Chris Benham, Director of Finance**

 **EXCELLENCE
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Executive Summary

Domain	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> There has been a decrease in the incidence of hospital acquire pressure ulcers during November (7) and December (4). 	<ul style="list-style-type: none"> Overall incidents of falls increased in both November and December. Substantive appointment made to the Falls Lead Nurse post and commences in February 2023.
Effective	<ul style="list-style-type: none"> VTE Assessment, SHMI, Research recruitment rates continue to remain stable and performing well against the agreed thresholds. Preventable cardiac arrest rates consistently remain below the agreed threshold. Breast feeding initiation rates remain above the agreed threshold. 	<ul style="list-style-type: none"> There were no preventable NICU admissions in the reporting period. Breast feeding at discharge remains within the agreed threshold but requires improvement. Patient compliance with advice remains an issue. HSMR remains above expected levels with the reasons for this being fully understood. Improvement plans are in place to mitigate this.
Caring	<ul style="list-style-type: none"> The level of satisfaction from inpatients and day cases remains high. The top 2 positive themes were, staff attitude and implementation of care for both areas. The level of satisfaction from Maternity- antenatal, labour and post-natal patients is high with staff attitude. 	<ul style="list-style-type: none"> There has been a slight decrease in the level of satisfaction within Outpatient services. Appointments being the main cause of dissatisfaction are late telephone appointments and patients feeling that appointments were a waste of time. The Emergency Department continues to receive some negative feedback relating to the attitude of staff and the length of waiting times. The department remains busy, resulting in long waiting times with the improvement plan being led by the Urgent and Emergency Care division.
Well Led (People)	<ul style="list-style-type: none"> Student training provision and supervision continues to improve with an established Junior Doctor Forum in place through which wellbeing, support and resolution of doctors issues as they arrive are noted. 	<ul style="list-style-type: none"> Appraisal rates continue to decline and whilst noting the significant operational pressures within the organisation, the People Committee has asked for further assurance that these important meetings are being conducted in a timely manner. Concerns remain regarding the accuracy of the establishment, vacancy and recruitment data but acknowledged that a major review is underway and is due to conclude in March.

Safe Performance Summary

KPI' shown in red are awaiting the latest data update

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
S001	Serious Incidents- No. of Incidents Declared	Dec 22	5	0		
S004	Serious Incidents - Duty of candour compliance	Dec 22	100%	100%		
S005	Serious Incidents - Compliance with 60 day Investigation	Dec 22	100%	100%		
S006	VTE - % Assessments Completed	Nov 22	99.78%	97.24%		
S007	Falls(Harm_only) - Rate per 1,000_beddays	Dec 22	0.13	0.98		
S008	Pressure Ulcers - Rate per 1,000 beddays	Dec 22	0.25	0.41		
S009	Safer Staffing - RN and NA Fill Rates	Dec 22	85.32%	80%		
S010	Safer Staffing - Care Hours Per Patient Per Day	Dec 22	7.07	8		
S011	CDiff - Rate per 100,000 beddays	Dec 22	33.03	30.1		
S012	CDiff - Actual Cases	Dec 22	5	4		
S013	MRSA - Actual Cases	Dec 22	0	0		
S014	EColi - Rate per 100,000 beddays	Dec 22	31.32	16.4		
S015	EColi - Actual Cases	Dec 22	4	2		
S016	MSSA - Rate per 100,000 beddays	Dec 22	13.1	0		
S017	MSSA - Actual Cases	Dec 22	4	0		
S018	Cleanliness Scores - Very High Risk Areas	Dec 22	96.14%	95%		
S019	Cleanliness Scores - High Risk Areas	Dec 22	95.55%	95%		
S020	Cleanliness Scores - Significant Risk Areas	Dec 22	92.36%	95%		
S021	Cleanliness Scores Low Risk Areas	Dec 22	0%	95%		
S022	Cleanliness Audits Completed	Dec 22	59	37		
S023	Patient Safety - Alerts not completed by deadline	Dec 22	0	0		

Domain Performance Summary:

Staffing:

- Staffing actual vs planned RN/HCA has continued to gradually improve during November and December with actual vs planned above 80%.
- Continued improvement trajectory for Midwifery recruitment.

Serious Incidents (SI):

- 5 reported in December - three relate to delays in treatment, one as a result of a fall and one to suboptimal care of a deteriorating patient.
- Sustained compliance against SI investigation and Duty of Candour standards

Falls:

- Falls resulting in harm/injury during November and December reduced from the 6 cases in October with 2 majors injuries November (#NOF) and 1 moderate, 1 major in December.
- Overall incidents of falls increased in both November and December.
- Despite a rise in overall falls during December both overall falls and falls resulting in harm remain below the National benchmark.
- The Falls Operational Group is currently working across the Trust to develop an incremental and consistent overall reduction in the falls trajectory.

Pressure Ulcers:

- There has been a decrease in the incidence of hospital acquired pressure ulcers during November and December.
- In November and December there was an improvement in the percentage of the HAPU assessed and identified as lapses in care.
- The assessed lapses in care were predominantly related to poor application of the ASKINS bundle.

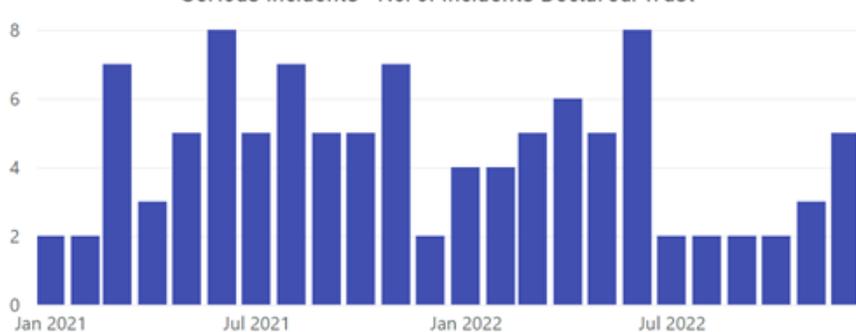
C. diff:

- Threshold set for CDI for 2022/23 -60 healthcare associated cases
- Five cases identified in December 2022 (4 HOHA,1 COHA). Total to date 45, 20 not attributed, 20 attributed and 5 under review.

E Coli:

- Threshold set for Escherichia coli (E.coli) for 2022/23 - 59 healthcare associated cases
- Three cases of hospital onset E. coli were reported in December 2022. Total to date 43

Serious Incidents- No. of Incidents Declared: Trust



5

Performance

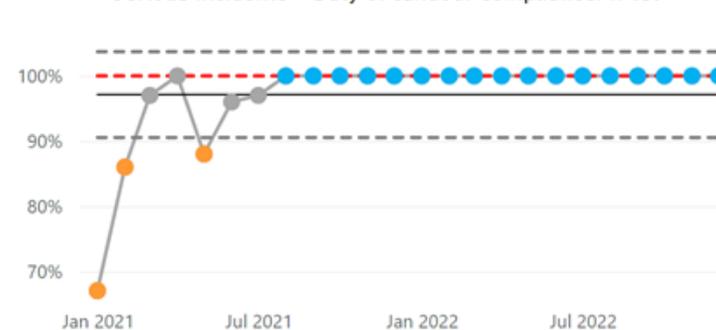
Dec 22

Latest Date

0

Target

Serious Incidents - Duty of candour compliance: Trust



Dec 22

100%

Latest Date

Performance

100%

97.13%

Target

Mean

Issues/Performance Summary

Five Serious Incidents reported in December- three relate to delays in treatment, one as a result of a fall and one relates to suboptimal care of a deteriorating patient.

Compliance against 60 day Serious Incident Investigation standard and Duty of Candour has been sustained at 100%.

Monitoring compliance against Phase 3 Duty of Candour standard (sharing the report/findings with the patient/NoK) commenced in December and included in the monthly Patient Safety Report at the Safe Executive Group. Early data captures indicates a high level of compliance against this standard.

Whilst progress is being made on the completion and evidencing of serious incident actions, there remains a concern that the current arrangements are not robust to ensure actions are undertaken in a timely manner to effectively mitigate risk.

Planned/Mitigating Actions

Continue to hold twice weekly Executive led Serious Incident Review Meetings to ensure incident themes identified and immediate actions taken for all moderate and serious incidents declared.

Monthly Serious Incident Report / themes and immediate actions included as an agenda item on Quality Committee from January 2023.

The Divisions continue to present serious incident actions for review and approval at the Evidence Assurance Group Chaired by Director of Patient Safety or Medical Director and reported monthly to the Quality Improvement Board through to Quality Committee. Plans in place to clear the existing backlog by end Q4 2022/23.

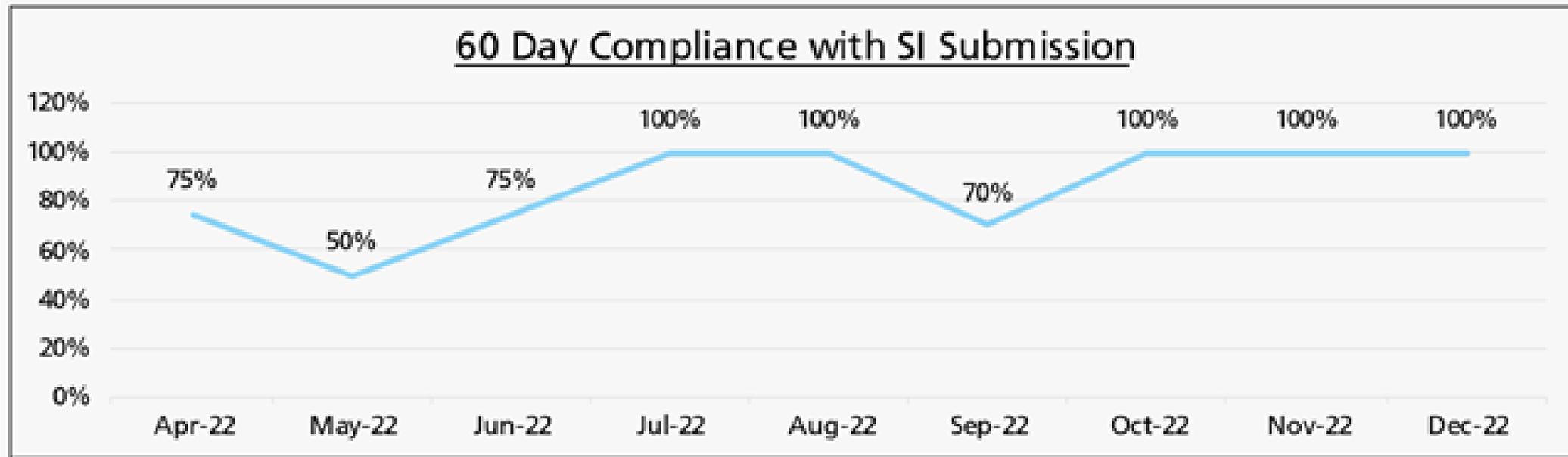
A proposal to redress the current system by prioritising Serious Incident actions into immediate, medium and long term was agreed at the Safe Executive Group in January for implementation In April 2023, with monitoring of performance to be included in the Quality Dashboard.

Assurance/Recovery Trajectory

Comprehensive review commenced to establish if any patients suffered harm and or poor experience as a result of the extreme operational pressures over the Christmas and New Year period. Report to be completed by 8th February and findings shared at Hospital Management Board (HMB) and on to Quality Committee.

Progress continues with the implementation of the national Patient Safety Incident Response Framework with engagement with system partners and stakeholders. Implementation plan in progress line with the national requirement for implementation by Sept 2023.

Monthly compliance with 60 day Investigation KPI



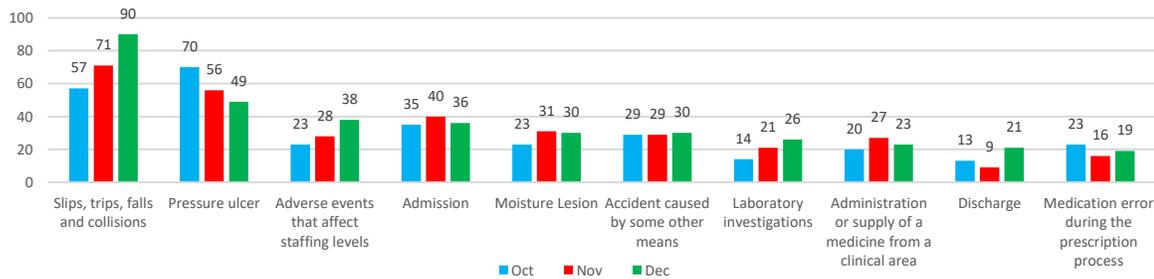
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SI's due	4	4	4	3	3	10	3	0	1
SI's submitted within 60 day KPI	3	2	3	3	3	7	3	0	1
% of compliance within 60 WD KPI	75%	50%	75%	100%	100%	70%	100%	N/A	100%
Average WD count	63	77	67	58	55	58	55	N/A	55

There was one SI due for submission within the 60 day KPI in December 2022, and this achieved the KPI having been submitted to the ICB within 55 working days.

Thematic Review of Patient Safety Incidents December 2022:

Between 01/12/2022 – 31/12/2022 there were 628 clinical incidents reported on Datix which was an increase of 21 incidents from a total of 607 reported for the previous month (November).

Themes arising are noted as; Slips, trips falls and collisions, staffing issues, abuse of staff by patients, laboratory investigations and discharge (see graph below).



Slips, trips, falls and collisions have increased in December totalling 90, which was an increase of 29 from November. Of these 90 incidents, 50 (56%) were reported as no harm, 38 (42%) were reported as minor, 0 (0%) were reported as moderate and 2 (2%) were reported as major.

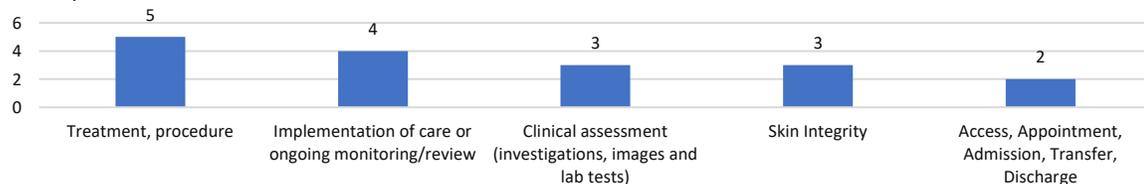
Serious Incidents (SIs)

There were five SIs declared in month (four for Urgent and Emergency Care, and one for Women & Children). These five SIs relate to:

- Slips/trips/falls **x1**
- Treatment delay **x3**
- Potential failure to escalate a deteriorating patient **x1**

Thematic Review of Moderate Incidents

Between 01/12/2022 – 31/12/2022, 25 incidents were reported on Datix and graded as Moderate Incidents at Serious Incident Review Forum (SIRF). 48% (12/25) were declared as Harm Moderate and the remaining Near Miss Moderate. The graph below identified the top 5 themes by 'Type' of moderate incidents. There were two new themes identified (clinical assessment and access, see graph below).



Whistleblowing and Freedom To Speak Up; December 2022

Whistleblowing (WB) - 2 CQC WB enquiries were received in December, both unrelated to any themes/trends

Freedom To Speak Up (FTSU) - 7 FTSU issues / concerns were raised in December which is a significant decrease from the number raised in November when there were **21** issues and concerns raised. Attitudes and behaviours of staff continues to be an ongoing theme with **3/21** FTSU concerns raised in relation to this in November and **4/7** in December. Categories identified in December are outlined below:

- Clinical areas and attitudes and behaviours of staff **x4**
- Car park concerns **x1**
- Unfair treatment of staff **x1**
- Anonymous concern that went to CQC **x1**

Identified Emerging Theme – Nutrition, Hydration and PEG/NG Feeds

In the previous 4 months (Sept – Dec 22), there have been **11** incidents discussed at SIRF regarding nutrition, delays in referral to dieticians, risk of refeeding syndrome and concerns around PEG and NG feeds for patients. Five of these incidents remained as Harm Moderates and all 11 required further investigation and review within the divisions.

A Trust-Wide action plan relating to Nutrition developed by the Safeguarding Lead and Deputy Chief Nurse

Dieticians and SALTs undertaking training on nutrition and MUST with F1 & F2 grade Doctors as well as attending Grand Rounds to further disseminate training

Future plan to include MUST training onto ESR which will be an annual mandatory training requirement (in the form of a workbook).

Trust wide action to remind all Ward Managers about ensuring their staff are competent in weighing patients and completing MUST Score (if appropriate)

Enteral Feeding Guidelines including guidance on NG and NJ management has been written by the Nutrition and Hydration Lead and is being reviewed ready for ratification.

Thematic review of nutrition & hydration related incidents, complaints and SJRs underway. Data from the last five years is being collated ready for analysis by PST and Lead for Nutrition & Hydration and other

Safe

Safer Staffing

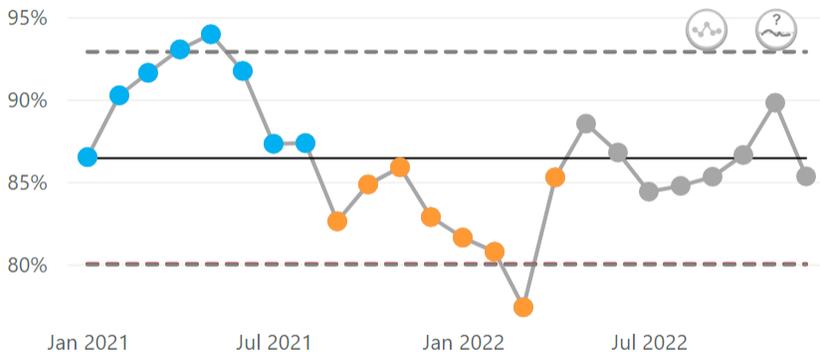
Executive Lead

Helen Blanchard

Lead

Ange Howling

Safer Staffing - RN and NA Fill Rates: Trust



Dec 22	85.32%
Latest Date	Performance

80%	86.43%
Target	Mean

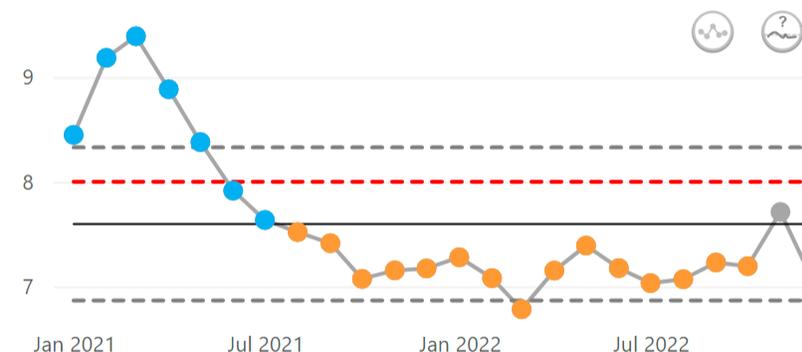
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Safer Staffing - Care Hours Per Patient Per Day: Trust



Dec 22	7.07
Latest Date	Performance

8	7.6
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

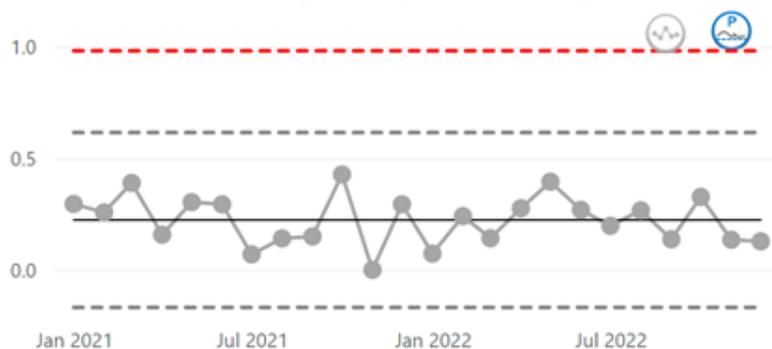
- Staffing actual vs planned RN/HCA has continued to gradually improve during November/December with actual vs planned above 80%.
- Continued progress made with improvement trajectory for Midwifery recruitment.

Planned/Mitigating Actions

- Workforce lead successfully recruited to support implementation of the Safer Care Nursing Care (SNCT) tool and starts in post January 2023.
- Bi annual nursing skill mix review data collection underway (SNCT) during January 2023.
- Staffing planning, review, and escalation processes remain in place.
- International recruitment plan (and trajectory) in place.
- Reviewed and revised HCA recruitment and induction plan Commenced June 22 and continues.

Assurance/Recovery Trajectory

- Ongoing governance processes in place to manage safe staffing.
- Recruitment/training plans being developed with improvement trajectories.

Safe**Falls and Pressure Ulcers****Executive Lead****Helen Blanchard****Lead****Karen McGuire****Falls(Harm_only) - Rate per 1,000 beddays: Trust**

Dec 22	0.13
Latest Date	Performance
0.98	0.22
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (P)assing the target

Pressure Ulcers - Rate per 1,000 beddays: Trust

Dec 22	0.25
Latest Date	Performance
0.41	0.41
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary**Falls:**

- Falls resulting in harm/injury during November and December reduced from the 6 cases in October with 2 majors injuries November (#NOF) and 1 moderate, 1 major in December.
- Overall incidents of falls increased in both November and December.
- Despite a rise in overall falls during December both overall falls and falls resulting in harm remain below the National benchmark.
- The Falls Operational Group continue working across the Trust to develop a consistent overall reduction in the falls trajectory.

Pressure Ulcers:

- There has been a decrease in the incidence of hospital acquired pressure ulcers during November (7) and December (4).
- In November and December there was a n improvement in the percentage of the HAPU assessed and identified as lapses in care.
- The assessed lapses in care, were predominantly related to poor application of the ASKINS bundle.

Planned/Mitigating Actions**Falls:**

- Lead nurse for falls has been successfully recruited into and commences in February 2023.
- Training continues with individualised training planned following Ward Managers engagement.
- Plan to provide evening and early morning sessions for permanent night staff.
- Dementia Identification Pilot – three wards in place (Feltwell, Gayton and West Dereham). To include the Yellow Project pilot (Supports findings of the thematic review of falls with harm completed by Patient Safety Manager from April 2022 to June 2022).
- Engaged in the ICS falls prevention group.
- Review/revision of the corporate falls team planned to improve cover and stability.

Pressure Ulcers:

- Collaborative working with EEAST – Repose mattresses ordered and in place.
- Training and support continues in addition to Mandatory training and the simulation training (which evaluates well).
- Increase awareness of the availability of pressure relieving aids – Repose boots now included on all ward/dept top ups.

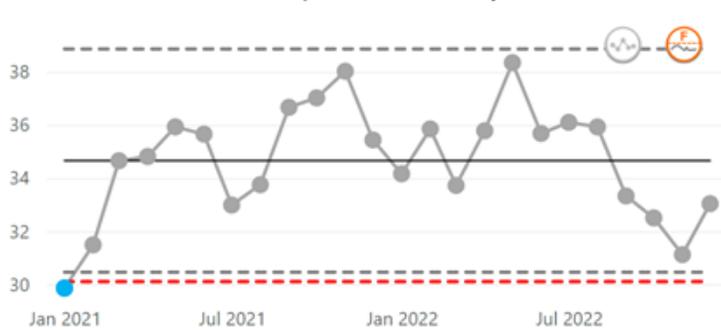
Assurance/Recovery Trajectory**Falls:**

- A reduction of falls/incidents monthly throughout 2023 following the key actions noted.
- Overall harm incident levels remain below the national benchmark of 0.98.

Pressure Ulcers:

- Continue to focus on a decrease in hospital acquired pressures ulcers in Q4 with a noted reduction in lapses of care.
- The pressure ulcer rate per 1000 bed days at the QEH is lower compared to similar sized organisations.

CDiff - Rate per 100,000 beddays: Trust



Dec 22	33.03
Latest Date	Performance
30.1	34.65
Target	Mean

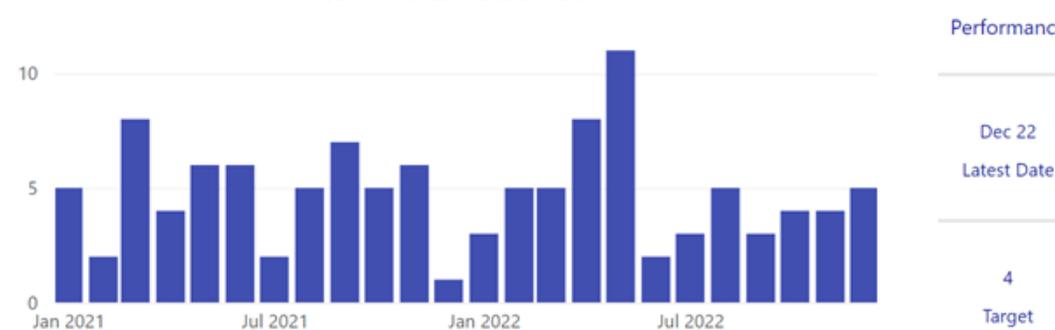
Variation Description

Common Cause - no significant change

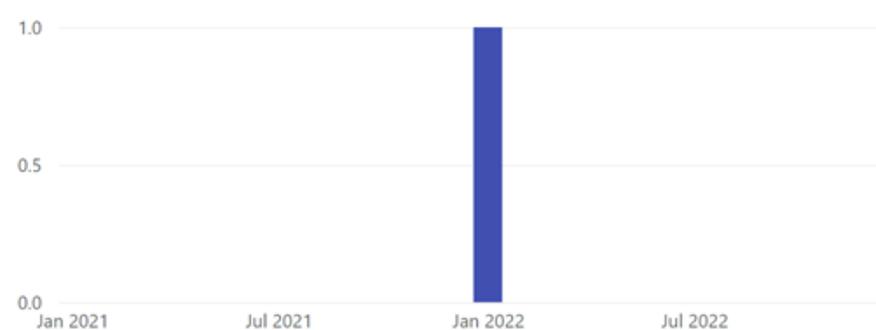
Assurance Description

Variation indicates consistently (F)alling short of the target

CDiff - Actual Cases: Trust



MRSA - Actual Cases: Trust



Dec 22	0
Latest Date	Performance
Dec 22	0
Latest Date	Performance
0	Target

Issues/Performance Summary

- Threshold set for CDI for 2022/23 - 60 healthcare associated cases.
- Five cases identified in October 2022 (4 HOHA, 1 COHA).
- Total to date 45, 20 not hospital attributed, 20 hospital attributed and 5 under review.

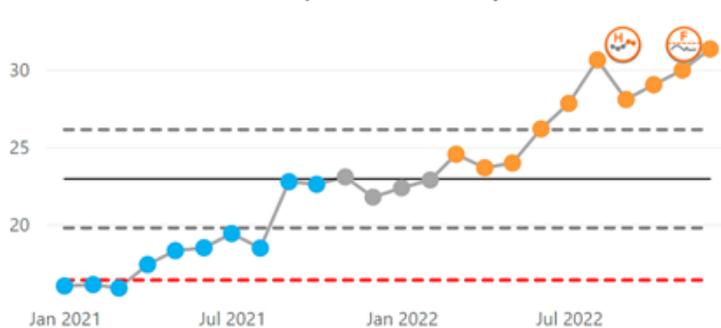
Planned/Mitigating Actions

- Post Infection Reviews undertaken for each case, process supported by Healthcare Board IPC colleagues.
- Antibiotic stewardship management and engagement (including anti-biotic ward rounds, educational sessions for junior medics, review of anti-biotic guide lines and use of broad spectrum anti-biotics).
- Antimicrobial stewardship support worker post going out to advert this week to support the AMR Team.

Assurance/Recovery Trajectory

- Initial findings suggest no lapses in care in 3 HOHA cases, these will be appealable.
- Continue to focus on appropriate antibiotic prescribing and stewardship.

EColi - Rate per 100,000 beddays: Trust



Dec 22 Latest Date	31.32 Performance
16.4	22.94
Target	Mean

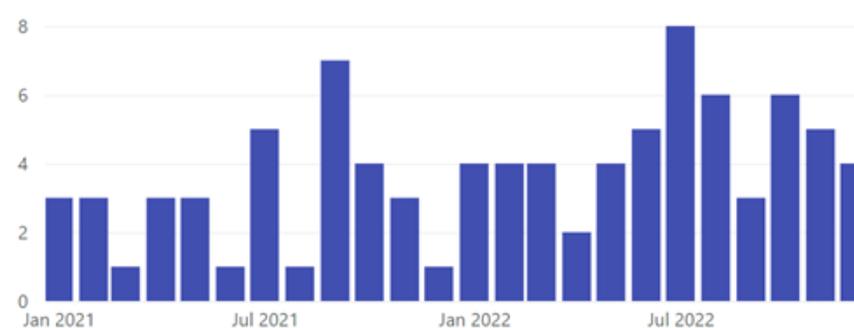
Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target

EColi - Actual Cases: Trust

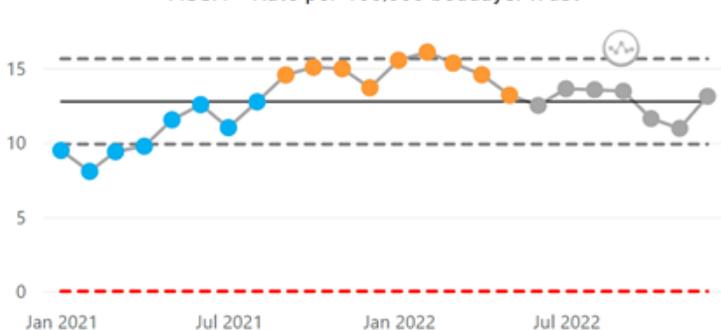


Dec 22 Latest Date	4 Performance
2	Target

Dec 22 Latest Date

2 Target

MSSA - Rate per 100,000 beddays: Trust

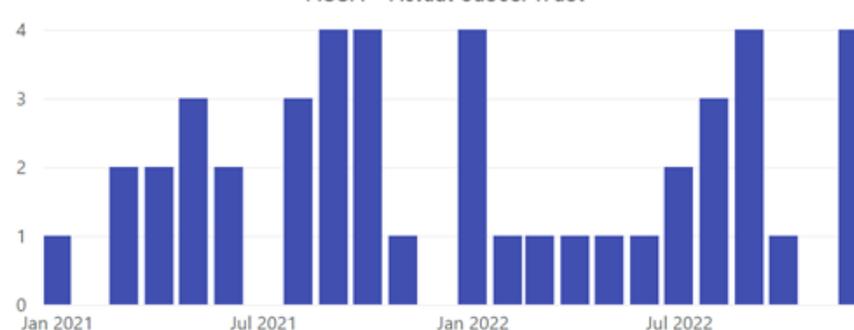


Dec 22 Latest Date	13.1 Performance
12.75	Mean

Variation Description

Common Cause - no significant change

MSSA - Actual Cases: Trust



Dec 22 Latest Date	4 Performance
1	Target

Dec 22 Latest Date

Issues/Performance Summary

- Threshold set for Escherichia coli (E.coli) for 2022/23 - 59 healthcare associated cases.
- Three cases of hospital onset E. coli were reported in December 2022. Total to date 43.
- No threshold for MSSA set.
- Four cases of hospital onset MSSA were reported in December 2022.

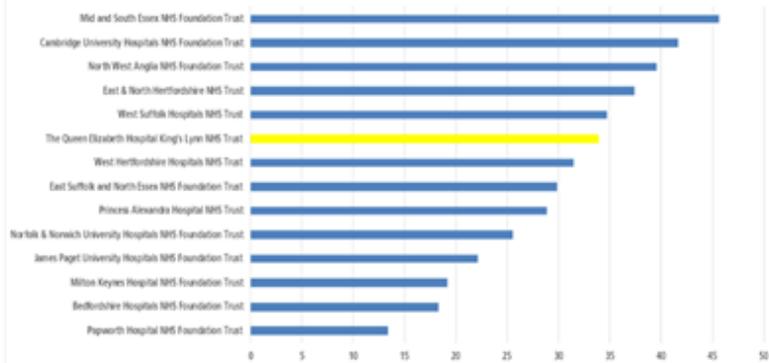
Planned/Mitigating Actions

- Cases reviewed at surveillance meeting with Infection Prevention Team, Consultant Microbiologist and Infection Control Doctor – no lapses in care identified.

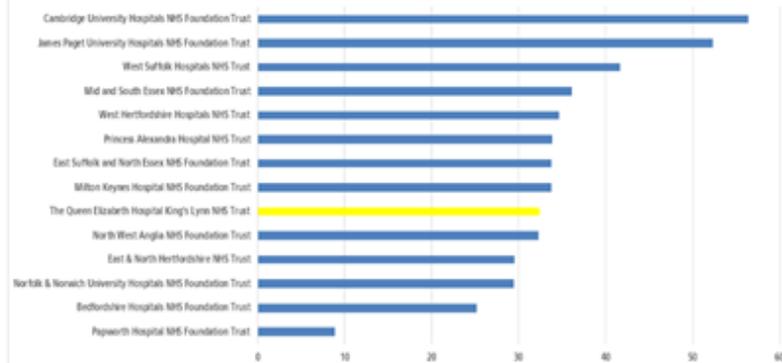
Assurance/Recovery Trajectory

- Continue to focus on appropriate antibiotic prescribing and stewardship.
- Continue to system work with ICB on HCAI reduction, targeting specifically gram negative organisms.

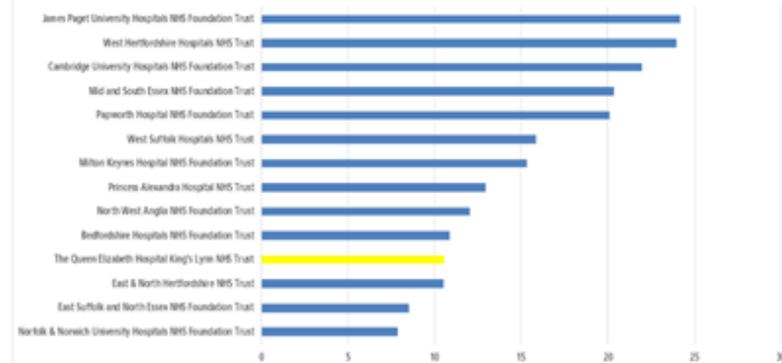
Regional HCAI *C.diff* rate per 100K bed days April - December



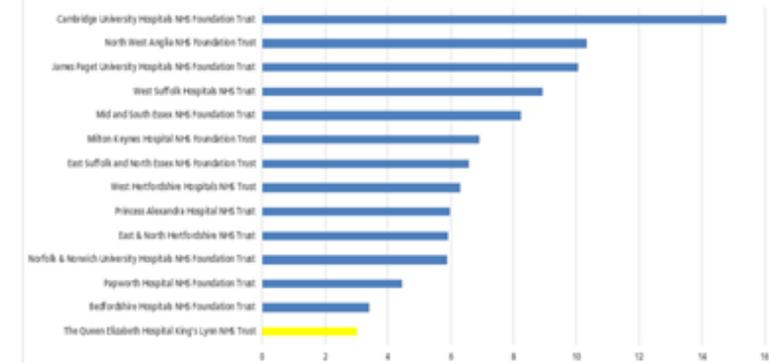
Regional HCAI *E.coli* rate per 100K bed days April - December



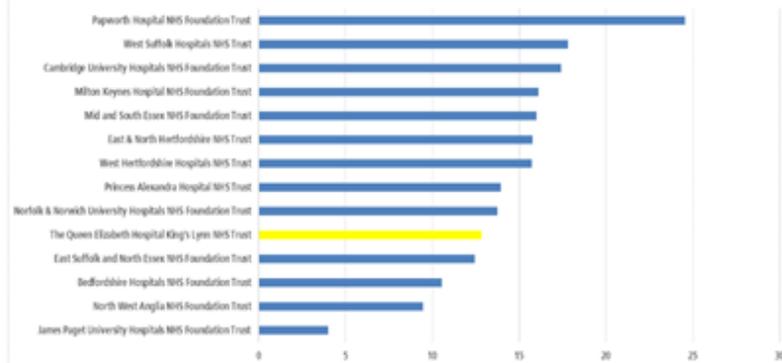
Regional HCAI *Klebsiella BSI* rate per 100K bed days April - December



Regional HCAI *Pseudomonas.aeruginosa* BSI rate per 100K bed days April - December



Regional HCAI *MSSA* BSI rate per 100K bed days April - December



Peer Benchmarking Summary

Safe Peer Benchmarking

Key Performance Indicator	Period	Last 12 months	National Rank	Peers Rank
C.difficile (Hospital Onset)	10/2022		102/137	10/15
Care Hours per Patient Day - Overall	09/2022		156/181	9/14
E.coli (Hospital Onset)	10/2022		45/137	4/15
MRSA (Hospital Onset)	10/2022		71/137	3/9
MSSA (Hospital Onset)	10/2022		23/137	2/15
VTE Risk Assessment	12/2019		100/139	5/15

Peer Benchmark Trusts

Name

Chesterfield Royal Hospital NHS Foundation Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust
Shrewsbury and Telford Hospital NHS Trust
St Helens and Knowsley Teaching Hospitals NHS Trust
The Princess Alexandra Hospital NHS Trust
University Hospitals of Morecambe Bay NHS Foundation Trust
Warrington and Halton Hospitals NHS Foundation Trust
West Suffolk NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wye Valley NHS Trust
Yeovil District Hospital NHS Foundation Trust
Plymouth Hospitals NHS Trust

Effective Performance Summary

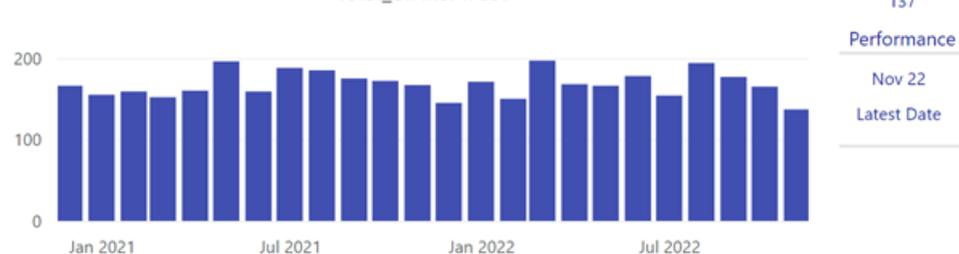
KPI' shown in red are awaiting the latest data update

KPI ID	KPI Description	Latest Date	Value	Threshold	Variation	Assurance
E001	Total_Births	Nov 22	137	0		
E002	Maternity - Stillbirth Rate	Nov 22	2.5	3.73		
E003	Maternity - Neonatal Deaths_Rate	Nov 22	1	1.06		
E004	Maternity - Extended Perinatal Deaths Rate	Nov 22	3.5	4.79		
E005	Maternity - Maternal_Deaths	Nov 22	0	0		
E006	Maternity - Total LSCS rate	Nov 22	38.97%			
E007	Maternity - Emergency LSCS rate	Nov 22	26.47%			
E008	Maternity - Elective LSCS rate	Nov 22	12.5%			
E009	Maternity - Term admissions to the NNU	Nov 22	5.46%	6%		
E010	Maternity - Avoidable Term admissions to the NNU	Nov 22	42.85%	0%		
E011	Maternity - Breastfeeding initiation	Nov 22	81.02%	70%		
E012	Maternity - Breastfeeding on_discharge from_hospital	Nov 22	59.25%	60%		
E013	Maternity - PPH	Nov 22	2.91%	3%		
E014	Maternity - 3rd 4th degree tears	Nov 22	0.83%	3.5%		
E015	Maternity - Smoking at booking	Nov 22	18.33%	18.6%		
E016	Maternity - Stopped smoking by delivery	Nov 22	36.73%	44.7%		
E017	Maternity - Smoking at time of delivery	Nov 22	16.05%			
E018	HSMR - Crude Rate	Sep 22	4.52	3.18		
E019	HSMR - Relative Risk	Sep 22	121.78	0		
E020	HSMR - Relative Risk (Weekday)	Sep 22	119.31	0		
E021	HSMR - Relative Risk (Weekend)	Sep 22	127.4	0		
E022	SHMI	Nov 21	101.44	100		
E023	Cardiac Arrest - Rate per 1000 Admissions	Nov 22	1.21	2		
E024	Research - No. of patients recruited in NIHR studies	Dec 22	133	63		

Domain Performance Summary:

- There were no still births or neonatal deaths in this reporting period.
- Maternal choice and prolonged labour remains the common cause of caesarean sections.
- There was one avoidable admission to NICU in the reporting period attributable to early discharge into the community prior to establishing feeding.
- Breastfeeding at birth continues to improve as staffing levels have increased. However breastfeeding at discharge remains within common cause variation. These are being addressed through increased training sessions and supporting parents.
- SHMI remains within the agreed threshold of 103.17.
- HSMR has remained as 'above expected' at 121.8 for the period October 21 to September 22. Reasons for this drift and mitigations are currently worked through.
- VTE screening rates, research recruitment and reportable cardiac arrests remain within the agreed thresholds.

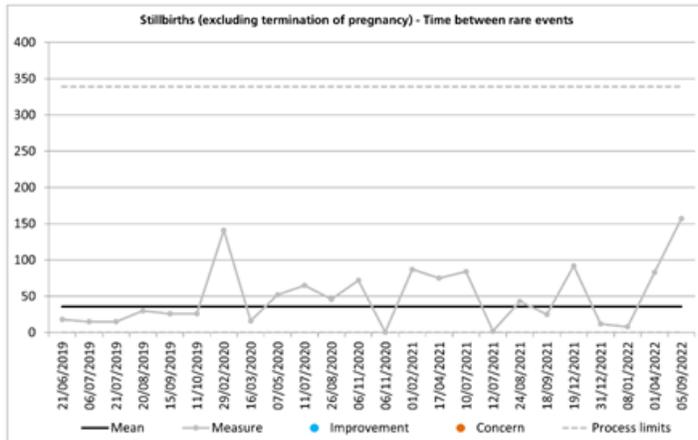
Total_Births: Trust



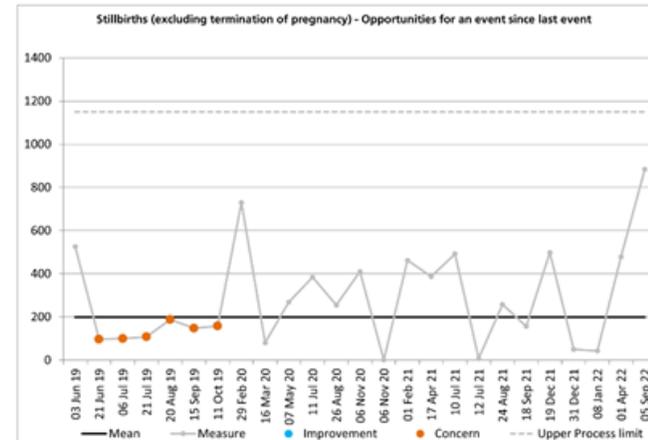
Maternity - Stillbirth Rate: Trust



Stillbirths (excluding termination of pregnancy) - Time between rare events



Stillbirths (excluding termination of pregnancy) - Opportunities for an event since last event



Issues/Performance Summary

There were 302 births in the months of October and November 2022.

165 of these births were in October 2022.
137 were births in November 2022.

In October:

95 were spontaneous vaginal deliveries.
12 were instrumental deliveries.
58 were caesarean sections (18 planned and 40 were emergency).

In November

79 were spontaneous vaginal deliveries.
5 were instrumental deliveries.
53 were caesarean sections (17planned and 36 were emergency).

Planned/Mitigating Actions

- There were no still births in either October or November.
- Currently review of high risk pregnancy pathway is being undertaken to improve care and escalation where needed. Peer review of the current service provision is in progress and is planned to complete in March 2023 following which further redesigns will be made.
- Vaginal Birth after Caesarean Section (VBAC) pathways have been reviewed to improve consultant led service for these high risk patients. Audit on this pathway is currently in place which will be presented to Evidence Assurance Group in April 2023.
- Concerns escalated with regards to consultant delivered services have now been rectified. Multidisciplinary team meeting to discuss high risk patients are now in place to strengthen decision making and implementing the right care.

Assurance/Recovery Trajectory

- Currently this domain is performing within accepted thresholds.

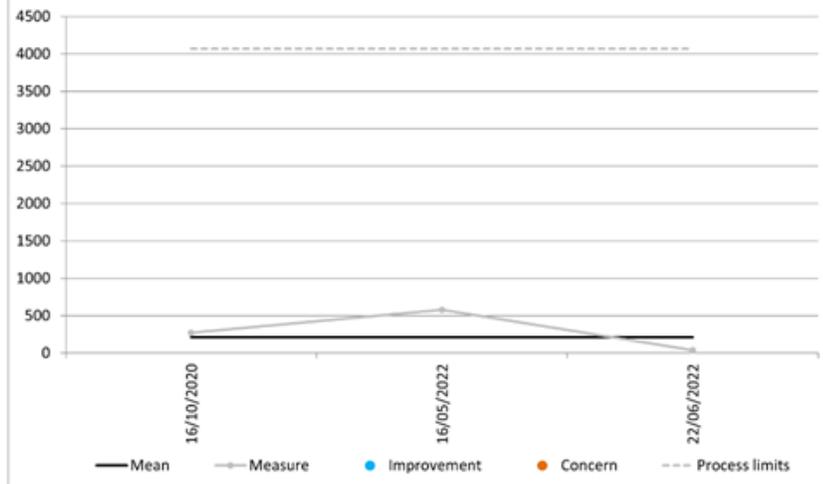
Maternity - Neonatal Deaths_Rate: Trust



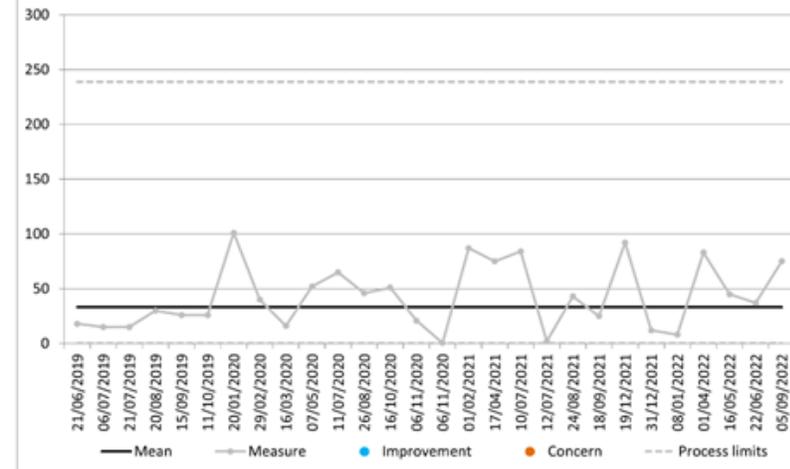
Maternity - Extended Perinatal Deaths Rate: Trust



Neonatal Deaths - Time between rare events



Extended Perinatal Deaths - Time between rare events



Issues/Performance Summary

There were no neonatal death in the reporting period of October and November 22.

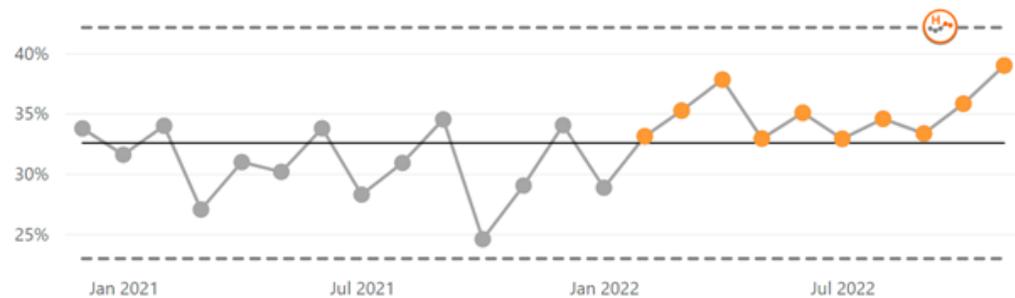
Planned/Mitigating Actions

Currently there are adequate monitoring and surveillance processes to ensure each event is adequately investigated internally and where appropriate externally for assurance.

Assurance/Recovery Trajectory

These are within agreed thresholds currently.

Maternity - Total LSCS rate: Trust



Latest Date	Performance
Nov 22	38.97%
	32.54%
	Mean

Variation Description

Special Cause (unexpected)
variation - Concern (H)

Maternity - Elective LSCS rate: Trust



Latest Date	Performance
Nov 22	12.5%
	12.22%
	Mean

Variation Description

Common Cause - no significant
change

Maternity - Emergency LSCS rate: Trust



Latest Date	Performance
Nov 22	26.47%
	20.31%
	Mean

Variation Description

Common Cause - no significant
change

Issues/Performance Summary

- Overall Caesarean section rates is in line with peers both nationally (45/119) and regionally (8/14):

Robson category:	Oct	Nov
Induction of labour	2a-14	12
	2b- 4	4
Failure to progress	1- 6	3
Maternal choice	5- 16	17

- With implementation of Ockendon report where the emphasis was on improving child birth and reducing adverse events, there has been an increase in induction of labour which has inevitably increased caesarean section rates. This in addition to increasing preferences of mothers for caesarean sections there has been an increase section rates.

Planned/Mitigating Actions

- Continuous audits of caesarean section based on Robson Categories is in place to monitor appropriate decision making and also learning from themes of section.
- Induction of labour audit is in progress to capture any themes for learning. This will be presented to EEG for assurance in March 2023.

Assurance/Recovery Trajectory

- Currently there are no concerns. There are sufficient track and trigger systems in place to intervene where needed.

Maternity - Breastfeeding initiation: Trust



Latest Date	Performance
Nov 22	81.02%
Target	Mean
70%	79.76%

Variation Description

Special Cause (unexpected) variation - Improvement (H)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Maternity - Breastfeeding on_discharge from_hospital: Trust



Latest Date	Performance
Nov 22	59.25%
Target	Mean
60%	60.4%

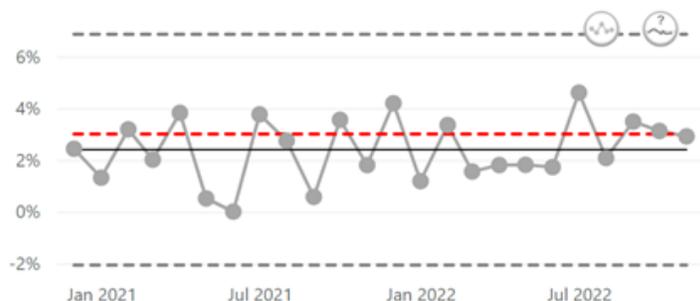
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Maternity - PPH: Trust



Latest Date	Performance
Nov 22	2.91%
Threshold	Mean
3%	2.39%

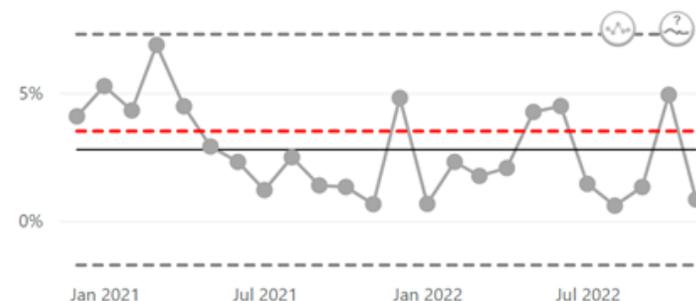
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Maternity - 3rd 4th degree tears: Trust



Latest Date	Performance
Nov 22	0.83%
Threshold	Mean
3.5%	2.78%

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

Following improvement in staffing levels within the maternity department, feeding initiation rates have continued to improved since March 2022.

Breast feeding at discharge continues to remain within agreed thresholds although there is a need to improve. Patient choice remains an issue in this area.

3rd and 4th degree perineal tear are within agreed thresholds. We saw a brief spike in 3rd and 4th degree tears in October (8 in total) and only 1 incidence in November. These have been reviewed by the MDT review panel and no common themes have been identified. None of these are being reviewed as moderate harm reviews as no care issues were identified.

PPH rates remain stable and within common cause variation.

Planned/Mitigating Actions

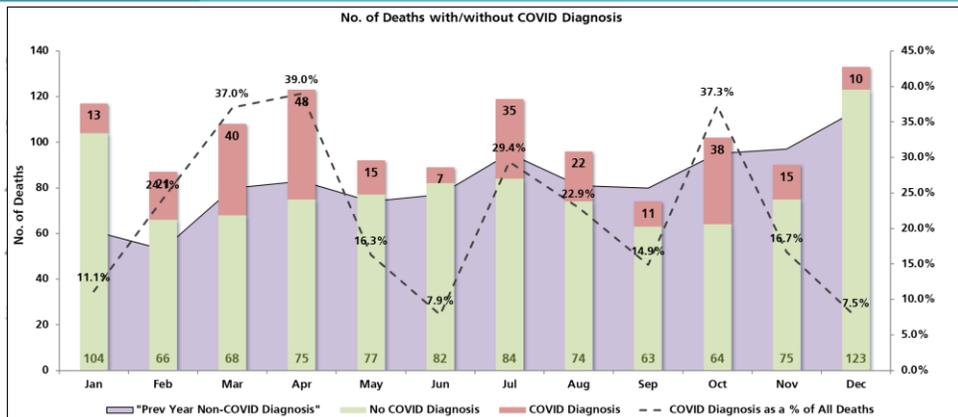
Feeding training updates are being rolled out to all staff who have missed their mandatory training due to acuity within the unit. This will ensure sustained improvements over time.

MDT reviews are in place to monitor, review and identify any themes or trends.

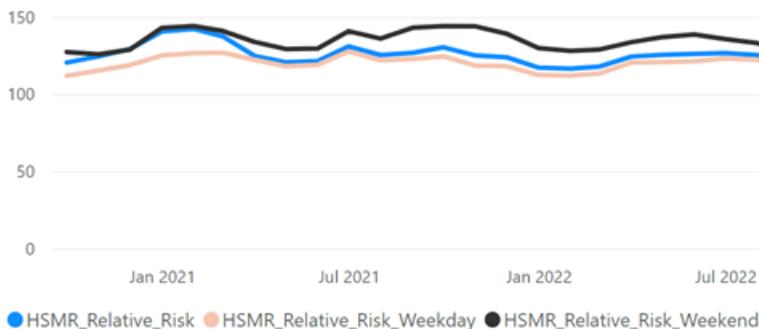
One of the actions that is being undertaken to improve Breastfeeding on discharge is improving the rate of breast feeding at the point of transfer to the community or health visitor (which has increased month on month since September 2022 – from 49.04% to 53.45% as of the end of November 2022). We continue to provide advise and refer to support available.

Assurance/Recovery Trajectory

Breastfeeding, PPH and perineal tear are within agreed thresholds.



HSMR - Relative Risk

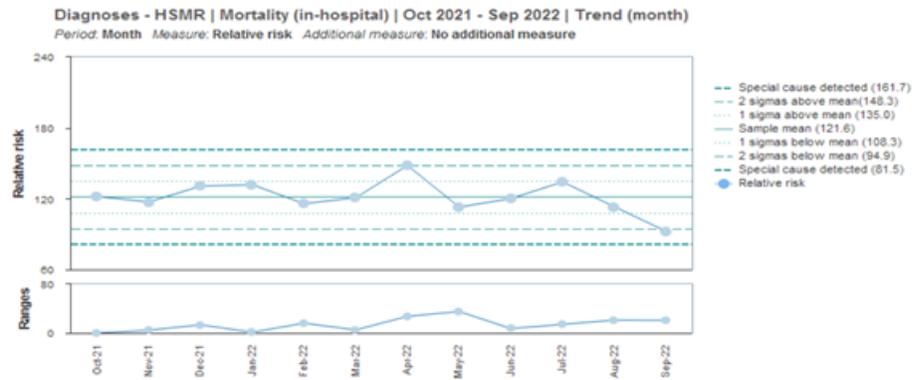


121.78

Performance

Sep 22

Latest Date



Issues/Performance Summary

HSMR has remained as 'above expected' at 121.8 for the period October 21 to September 22.

Activity in December was still below pre-pandemic levels and lower than 2021 with 6687 Spells this year compared to 6965 last year. Hospital Spell numbers for HSMR calculation are reduced due to changing Chemo to Regular Attenders from Day Cases as previously reported.

In December 2022 there were 133 deaths. There were 121 deaths in December 2021 and 138 in 2020. 75 out of the 132 deaths in December were in patients aged 80 or over, of this number 26 were aged 90 or above.

Planned/Mitigating Actions

The Trust Mortality is undertaking further analysis on key adverse diagnosis groups which are adverse in Dr Foster, the largest of which is Pneumonia.

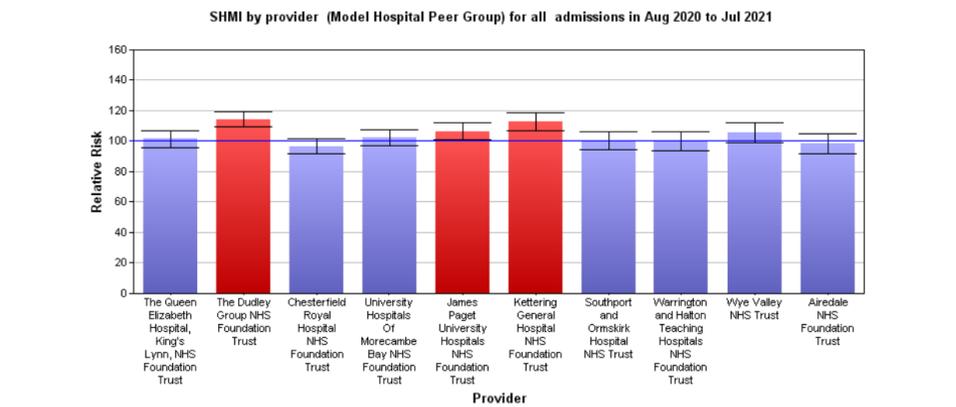
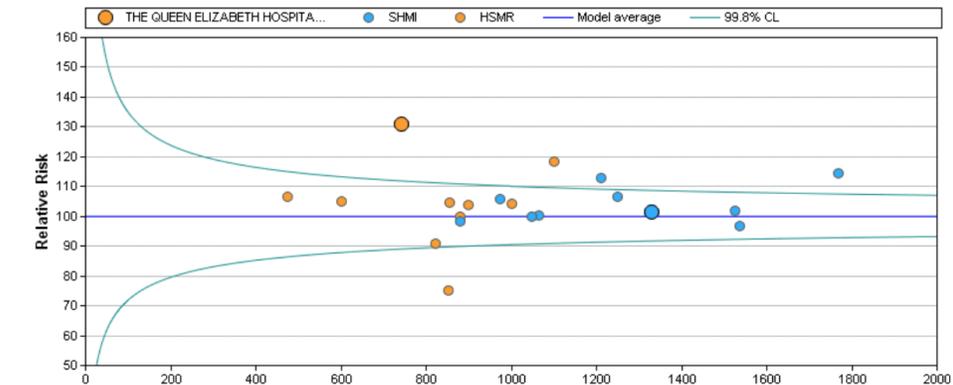
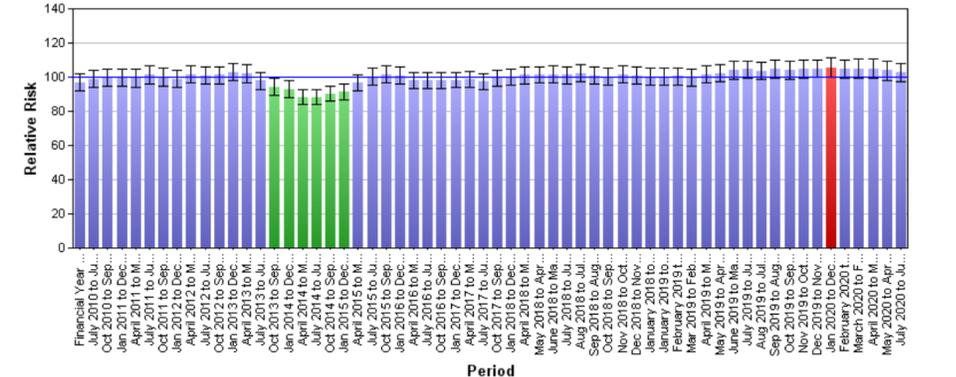
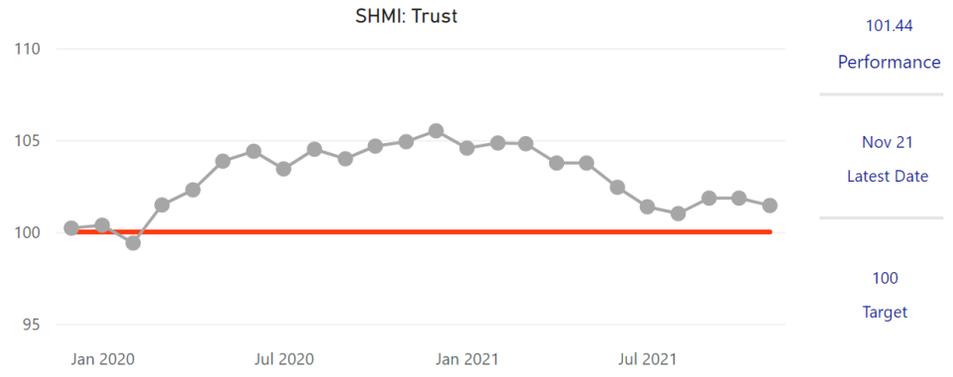
100% scrutiny of all of our deaths from the Medical Examiner helps provide reassurance regarding provision of care.

The impact of the increased palliative care team is expected to provide an improved HSMR where a higher percentage of deaths can be identified as end of life and supportive care provided.

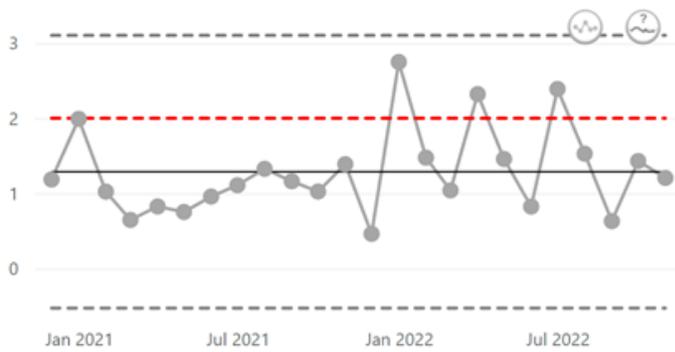
Following a successful visit from NHSE/I we hope to remove the increased support and work to plan a programme of continuous improvement.

Assurance/Recovery Trajectory

COVID deaths, a reduced denominator has impacted our HSMR recovery. Work will continue on analysing the primary diagnosis to improve documentation. We better understand our drivers but are not yet in a position to predict our future performance due to the fluctuating deaths against a reduction in hospital spells. We continue to work with NHSE/I to improve our outcomes.



Cardiac Arrest - Rate per 1000 Admissions: Trust



Latest Date	Performance
Nov 22	1.21
Target	2.0
Mean	1.29

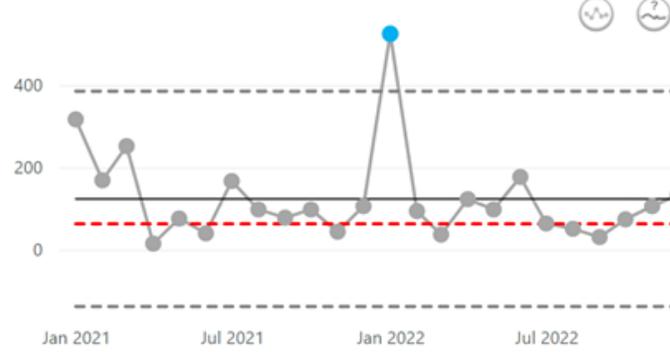
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Research - No. of patients recruited in NIHR studies: Trust



Latest Date	Performance
Dec 22	133
Target	63
Mean	123.88

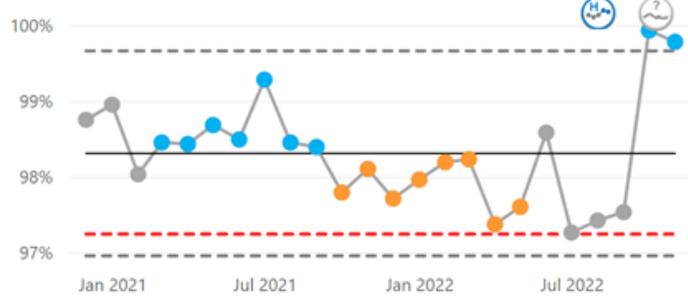
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

VTE - % Assessments Completed: Trust



Latest Date	Performance
Nov 22	99.78%
Target	97.24%
Mean	98.31%

Variation Description

Special Cause (unexpected) variation - Improvement (H)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

- Research performance is currently ahead of its agreed monthly and annual thresholds. 93% of expected recruitment is fulfilled for this fiscal year. Trust equalling larger research departments.
- Lack of specific clinical trials pharmacist could impact future commercial studies.
- Preventable cardiac arrests remain well below the agreed thresholds. Predominant contributory factor remains inadequate decision making on withdrawal of care of terminally ill patients.

Planned/Mitigating Actions

Plan to employ specific Clinical Trials Pharmacist, covering precise needs required by Research & Development. Job description revised to improve recruitment into this role.

Wider teaching and awareness plans are being made to improve RESPECT training within the clinical teams.

Assurance/Recovery Trajectory

R&D is looking prospectively to ensure department is ready for potential upcoming commercial clinical trials.

Peer Benchmarking Summary

Effective Peer Benchmarking

Key Performance Indicator	Period	Last 12 months	National Rank	Peers Rank
3rd or 4th degree tear at delivery	09/2022			
Breast Feeding Initiation	09/2022		86/116	10/13
Elective C-section	09/2022		114/119	14/14
Emergency C-section Rate	09/2022		45/119	8/14
Smoking at booking	09/2022		112/114	11/12
Smoking at delivery	09/2022		94/99	12/13
Post-Partum Haemorrhage	09/2022		37/108	3/10
Summary Hospital Mortality Indicator	08/2022		82/121	9/15

Peer Benchmark Trusts

Name	
Chesterfield Royal Hospital NHS Foundation Trust	University Hospitals of Morecambe Bay NHS Foundation Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Warrington and Halton Hospitals NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust	West Suffolk NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust	Wirral University Teaching Hospital NHS Foundation Trust
Shrewsbury and Telford Hospital NHS Trust	Wye Valley NHS Trust
St Helens and Knowsley Teaching Hospitals NHS Trust	Yeovil District Hospital NHS Foundation Trust
The Princess Alexandra Hospital NHS Trust	Plymouth Hospitals NHS Trust

Caring Performance Summary

KPI shown in red are awaiting the latest data update

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
C001	Mixed Sex Accommodation - No. of Incidents	Dec 22	10	0		
C002	Mixed Sex Accommodation - No. of Breaches	Dec 22	25	0		
C003	Dementia - Screening Performance	Nov 22	94.58%	90%		
C004	FFT - (IP & DC) % "Very Good" or "Good"	Dec 22	96.54%	95%		
C005	FFT - (AE) % "Very Good" or "Good"	Dec 22	71.35%	95%		
C006	FFT - (OP) % "Very Good" or "Good"	Dec 22	93%	95%		
C007	FFT - (Mat - Antenatal) % "Very Good" or "Good"	Dec 22	95.23%	95%		
C008	FFT - (Mat - Labour) % "Very Good" or "Good"	Dec 22	100%	95%		
C009	FFT - (Mat - Postnatal) % "Very Good" or "Good"	Dec 22	100%	95%		
C010	FFT - (Mat - Comm Postnatal) % "Very Good" or "Good"	Dec 22	100%	95%		
C011	Complaints - No. of Clinical & Non-Clinical	Dec 22	6	0		
C012	Complaints - 30 Day Response Rate	Dec 22	50%	90%		
C013	Complaints - Rate per AE/IP/OP Activity	Dec 22	0.02%	0%		
C014	Complaints - % Reopened Complaints	Dec 22	0%	15%		

Domain Performance Summary:

MSA:

- There continue to be significant numbers of MSA breaches however there has been a decreasing both incidents and patients affected in both November and December.
- The incidents have occurred on the Hyperacute Stroke Unit (HASU) on West Raynham Ward, Same Day Emergency Dare (SDEC) Necton ward (NIV bay), Surgical Assessment Unit (SAU) and the Critical Care Unit (CCU).

FFT:

- The level of satisfaction from inpatients and day cases remains high. The top 2 positive themes were, staff attitude and implementation of care for both areas.
- There has been a slight decrease in level of satisfaction in OP The word mentioned most often in a negative context is "Appointment" i.e. late telephone appointment, outpatients feeling that appointments were a waste of time.
- A&E continue to receive negative feedback relating to Staff attitude and waiting times, the department has been busy, resulting in long waiting times, parents unhappy waiting with sick children.
- The level of satisfaction from Maternity- antenatal, labour and post-natal patients is high with staff attitude, implementation of care and patient/mood feeling, being the top 3 themes.

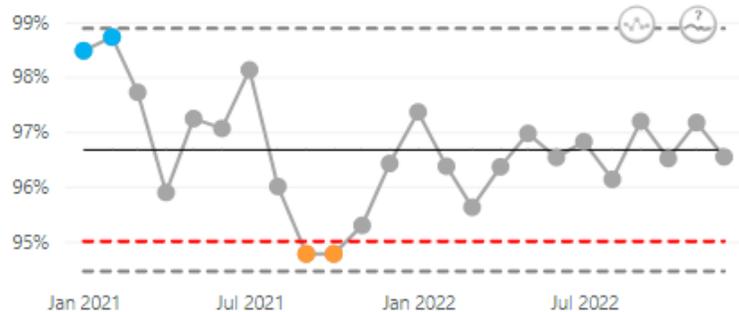
Complaints:

- No significant concerns within formal complaints 30-day response rate. However 2 formal complaints contributed to the reduced response rate - both had significant complexities and agreed extensions for both in place.

Caring

Friends & Family Test - Inpatient & Daycase, AE & Outpatients

FFT - (IP & DC) % "Very Good" or "Good": Trust



Latest Date	Performance
Dec 22	96.54%
95%	96.67%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Executive Lead

Helen Blanchard

Lead

Lisa Le Count

FFT - (AE) % "Very Good" or "Good": Trust



Latest Date	Performance
Dec 22	71.35%
95%	79.71%
Target	Mean

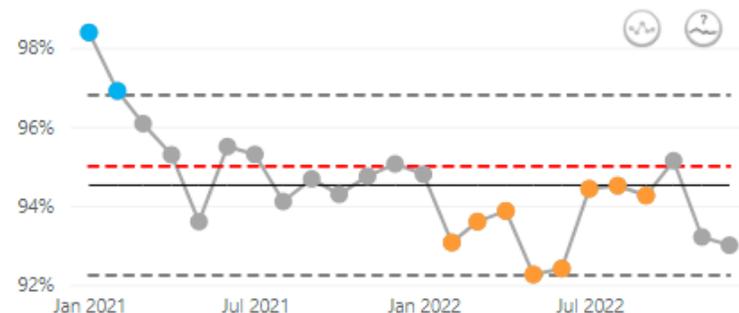
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

FFT - (OP) % "Very Good" or "Good": Trust



Latest Date	Performance
Dec 22	93%
95%	94.52%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

- The level of satisfaction from inpatients and day cases exceeds the target of 95% satisfaction.
- There has been a reduction in the level of satisfaction rates in OP to <95%.
- The areas of concern continue to relate to A&E which doesn't achieve the levels of satisfaction target of 95%.
- Positive themes - Staff attitude, implementation of care and environment.
- Areas for improvement - Staff attitude, waiting times and implementation of care.

Planned/Mitigating Actions

- There is ongoing focus within the Divisions and the departments to improve the response rate. FFT advocates remain.
- FFT results, are reviewed within the Divisions (and addressed at PRMs) to ensure focus is given to improvements and sharing of learning.
- The number of areas requesting QR code posters has increased which allows patients additional ways to provide feedback.
- There has been an increase in the number of areas wanting to collect FFT feedback which has been enabled.

Assurance/Recovery Trajectory

- Caring with Kindness programme has been rolled out to increased numbers staff with plans to expand to staff of various banding and the planned roll out to include a course for medical colleagues is also underway.
- Continued upgrade/new environment projects in progress currently including the opening of the Emerson Unit, West Norfolk Eye Centre and the opening of our new Endoscopy Unit.

Complaints - No. of Clinical & Non-Clinical: Trust



Latest Date	Performance
Dec 22	6
0	8.96
Target	Mean

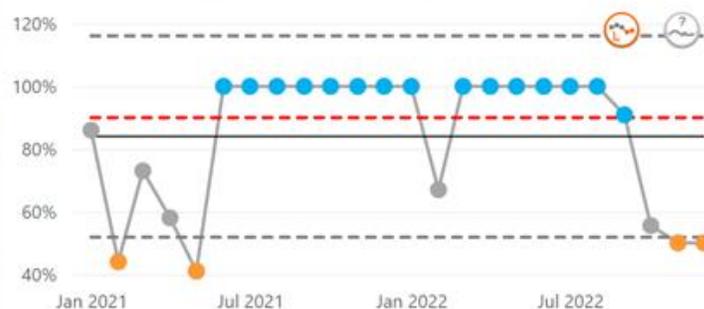
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Complaints - 30 Day Response Rate: Trust



Latest Date	Performance
Dec 22	50%
90%	83.98%
Target	Mean

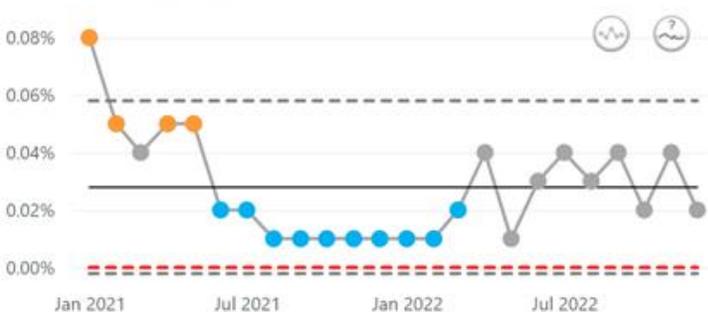
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Complaints - Rate per AE/IP/OP Activity: Trust



Latest Date	Performance
Dec 22	0.02%
0%	0.03%
Target	Mean

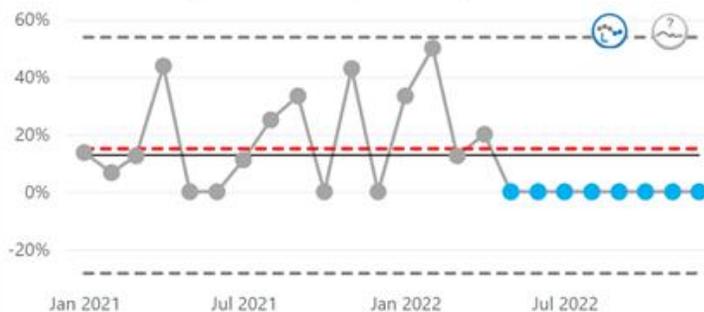
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Complaints - % Reopened Complaints: Trust



Latest Date	Performance
Dec 22	0%
15%	12.69%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Improvement (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Issues/Performance Summary

- There have been no breaches in Complaint responses. Two complaint required a short extension to the response time, and the complainants agreed.
- One case has been re-opened and is being addressed in conjunction with Legal Services.
- Themes for complaints and concerns are staff attitudes, waiting times in ED, clinical decision-making, and issues with the discharge process.
- There is no backlog of complaints.

Planned/Mitigating Actions

- The complaints process is under review ahead of the new Parliamentary and Health Service Ombudsman complaints standards which come into effect from April 2023.

Assurance/Recovery Trajectory

- All complaints remain under review within the governance structure.

Peer Benchmarking Summary

Caring Peer Benchmarking

Key Performance Indicator	Period	Last 12 months	National Rank	Peers Rank
Complaints - Response Backlog	03/2022		40/209	5/10
Complaints Rate	03/2022		10/192	2/15
Friends & Family A&E Score	11/2022		75/123	11/14
Friends & Family Antenatal Score	11/2022		1/95	5/8
Friends & Family Birth Score	11/2022		1/111	1/12
Friends & Family Inpatient Score	11/2022		32/135	4/14
Friends & Family Outpatient Score	11/2022		92/133	13/14
Friends & Family Postnatal Score	11/2022		1/104	1/13
Mixed Sex Accommodation Breaches	11/2022		165/196	7/9

Peer Benchmark Trusts

Name

Chesterfield Royal Hospital NHS Foundation Trust

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

James Paget University Hospitals NHS Foundation Trust

Sherwood Forest Hospitals NHS Foundation Trust

Shrewsbury and Telford Hospital NHS Trust

St Helens and Knowsley Teaching Hospitals NHS Trust

The Princess Alexandra Hospital NHS Trust

University Hospitals of Morecambe Bay NHS Foundation Trust

Warrington and Halton Hospitals NHS Foundation Trust

West Suffolk NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Wye Valley NHS Trust

Yeovil District Hospital NHS Foundation Trust

Plymouth Hospitals NHS Trust

Responsive Performance Summary

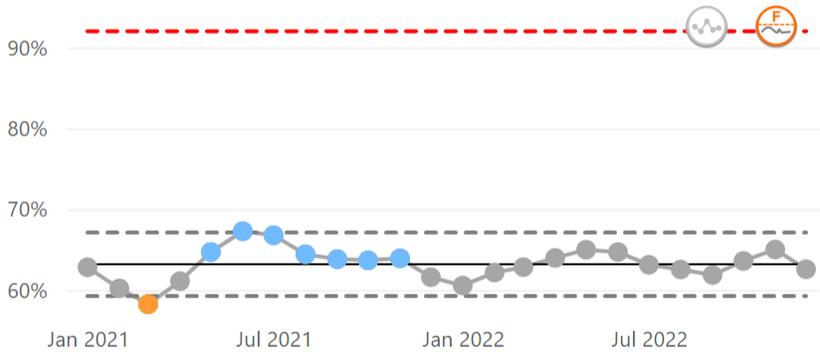
KPI' shown in red are awaiting the latest data update

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
R001	18 Weeks RTT - % of patients waiting over 18 weeks	Dec 22	62.56%	92%		
R002	18 Weeks RTT - No. of patients waiting over 52 weeks	Dec 22	637	0		
R003	Diagnostics - % of Patients waiting over 6 weeks	Dec 22	50.42%	1%		
R004	AE - 4 Hour Performance	Dec 22	55.83%	95%		
R005	AE - 4 Hour Performance (Non Admitted)	Dec 22	69.4%	95%		
R006	AE - 4 Hour Performance (Admitted)	Dec 22	19.6%	95%		
R007	AE - 12 Hour Trolley Waits (All Atts)	Dec 22	655	0		
R008	CWT - Two Week Wait Performance	Nov 22	94.23%	93%		
R009	CWT - 31 Day Diag to Treatment	Nov 22	97.61%	96%		
R010	CWT - 62 Day Ref to Treatment Performance	Nov 22	72.41%	85%		
R011	CWT - Two Week Wait Performance (Breast Symptomatic)	Nov 22	92.3%	93%		
R012	CWT - 31 Day Subsequent Treatment (Surg)	Nov 22	100%	94%		
R013	CWT - 31 Day Subsequent Treatment (Drug)	Nov 22	100%	98%		
R014	CWT - 62 Day Screening	Nov 22	100%	90%		
R015	CWT - Consultant Upgrade (62 Day)	Nov 22	54.54%	90%		

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
R016	CWT - 28 Day FDS Performance	Nov 22	62.3%	75%		
R017	CWT - 104_Day_Waiters Performance	Nov 22	7	0		
R018	Ambulance Handover - % handovers within 15 mins	Dec 22	11.71%	100%		
R019	Length of Stay - No. of Patients with Length of stay >21 days	Dec 22	88	46		
R020	Medically Fit for Discharge - No. of Patients	Dec 22	350	0		
R021	Medically Fit for Discharge - No. of Days	Dec 22	3444	0		
R022	Canc Ops - No. of "Reportable" Canc Ops as a % of elective activity	Dec 22	2.01%	0.8%		
R023	Canc Ops - No. of cases not readm <28 days	Dec 22	11	0		
R024	Canc Ops - Hospital_Non-Clinical_Canc_Ops as a % of EL activity	Dec 22	7.68%	3.2%		
R025	Canc Ops - No. of Urgent Ops Cancelled more than once	Dec 22	0	0		
R026	Stroke - % of Pats on SU for 90% of their hospital stay	Nov 22	36.06%	90%		
R027	Stroke - % of Pats admitted direct to SU <4 hours	Nov 22	14.51%	90%		
R028	Stroke - % of Pats scanned <1 hr of admission	Nov 22	30.64%	48%		
R029	Stroke - % of Pats scanned <12 hrs of admission	Nov 22	91.93%	95%		
R030	TIA - % of Pats seen & scanned <24 hrs of referral by HC professional	Nov 22	23.52%	60%		

Responsive **18 Weeks Referral To Treatment**

18 Weeks RTT - % of patients waiting over 18 weeks: Trust



Dec 22	62.56%
Latest Date	Performance
92%	63.17%
Target	Mean

Variation Description

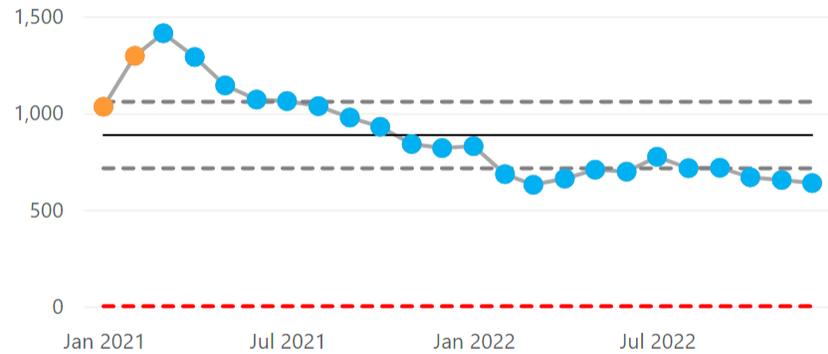
Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

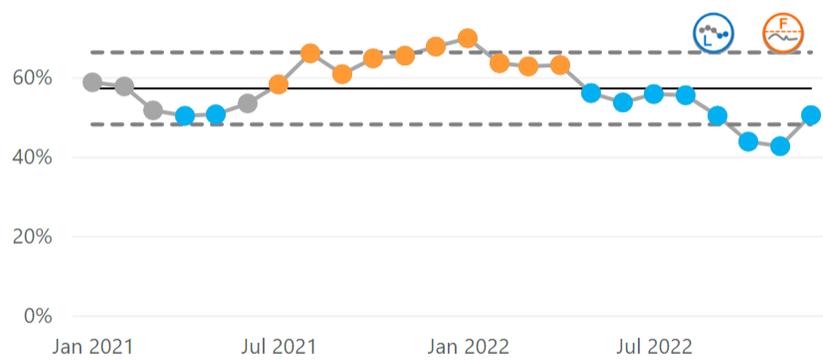
Executive Lead **George Briggs**

18 Weeks RTT - No. of patients waiting over 52 weeks: Trust



Dec 22	637
Latest Date	Performance
0	885.71
Target	Mean

Diagnostics - % of Patients waiting over 6 weeks: Trust



Dec 22	50.42%
Latest Date	Performance
1%	57.15%
Target	Mean

Variation Description

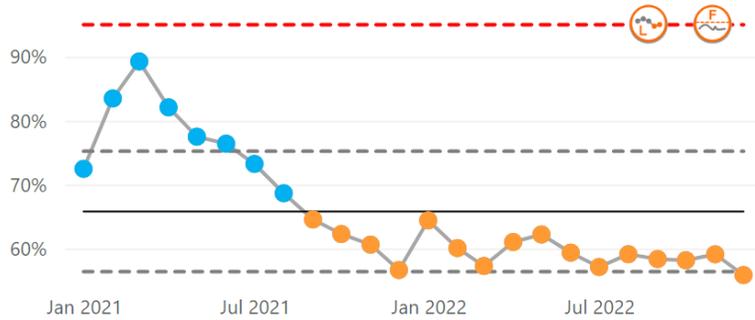
Special Cause (unexpected) variation - Improvement (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

Modality	Total Waiters	> 6 Weeks	% > 6 Weeks
Magnetic Resonance Imaging	1857	1238	66.67%
Computed Tomography	1177	502	42.65%
Non-obstetric ultrasound	2081	1062	51.03%
Barium Enema	0	0	0.00%
DEXA Scan	150	0	0.00%
Audiology - Audiology Assessments	334	8	2.40%
Cardiology - echocardiography	738	406	55.01%
Cardiology - electrophysiology	0	0	0.00%
Neurophysiology - peripheral neurophysiology	384	278	72.40%
Respiratory physiology - sleep studies	0	0	0.00%
Urodynamics - pressures & flows	34	31	91.18%
Colonoscopy	139	2	1.44%
Flexi sigmoidoscopy	19	1	5.26%
Cystoscopy	81	30	37.04%
Gastroscopy	80	9	11.25%
Total DM01 Waiting List Size	7074	3567	50.42%

AE - 4 Hour Performance: Trust



Dec 22	55.83%
Latest Date	Performance
95%	65.78%
Target	Mean

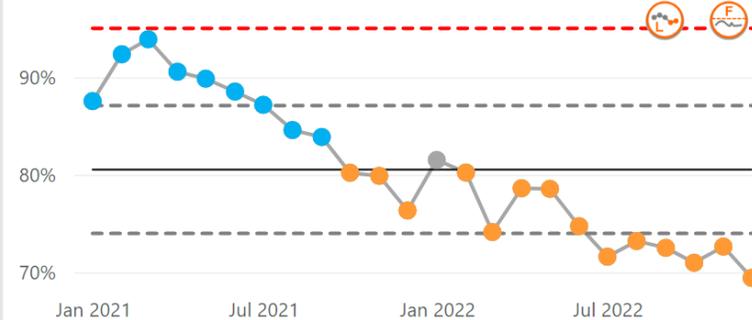
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

AE - 4 Hour Performance (Non Admitted): Trust



Dec 22	69.4%
Latest Date	Performance
95%	80.51%
Target	Mean

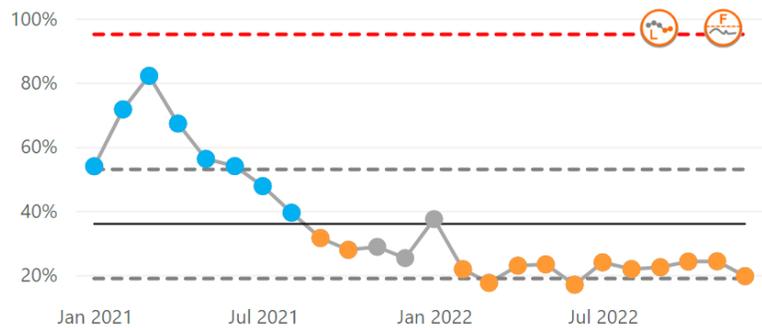
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

AE - 4 Hour Performance (Admitted): Trust



Dec 22	19.6%
Latest Date	Performance
95%	35.87%
Target	Mean

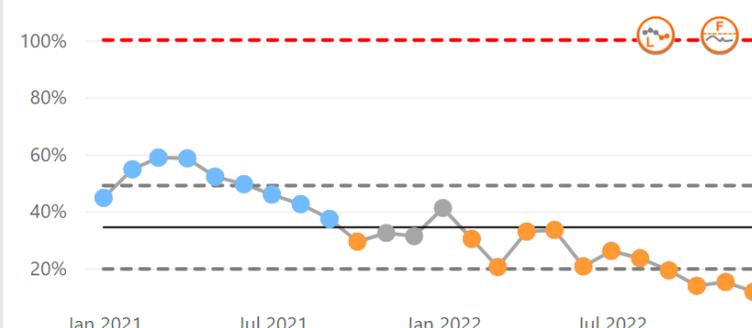
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

Ambulance Handover - % handovers within 15 mins: Trust



Dec 22	11.71%
Latest Date	Performance
100%	34.37%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

CWT - Two Week Wait Performance: Trust



Latest Date	Performance
Nov 22	94.23%
93%	90.94%
Target	Mean

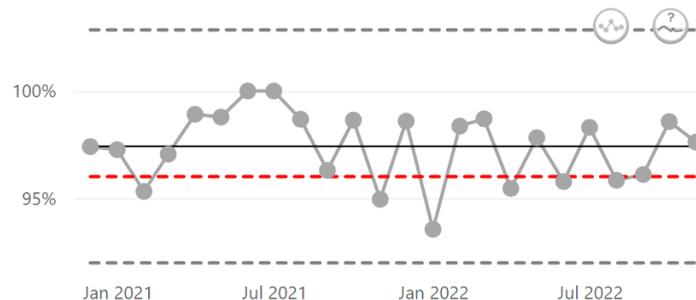
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - 31 Day Diag to Treatment: Trust



Latest Date	Performance
Nov 22	97.61%
96%	97.41%
Target	Mean

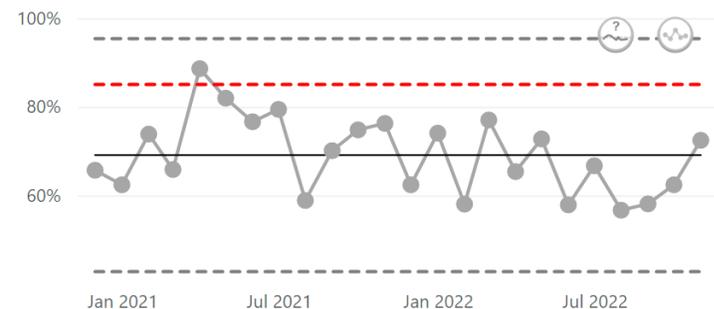
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - 62 Day Ref to Treatment Performance: Trust



Latest Date	Performance
Nov 22	72.41%
85%	69.06%
Target	Mean

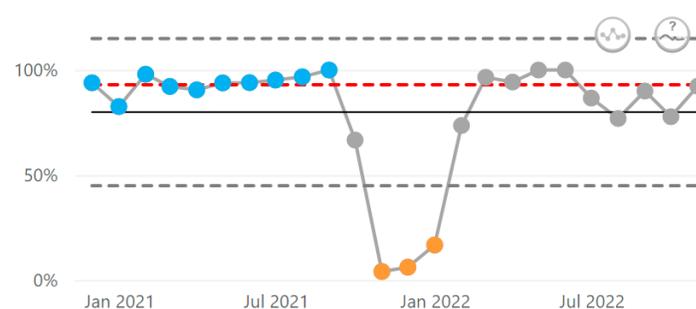
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - Two Week Wait Performance (Breast Symptomatic): Trust



Latest Date	Performance
Nov 22	92.3%
93%	79.94%
Target	Mean

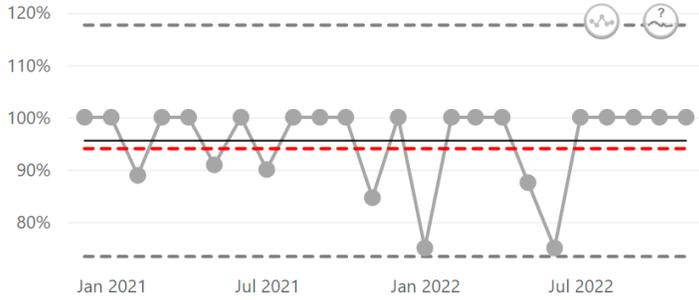
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - 31 Day Subsequent Treatment (Surg): Trust



Nov 22	100%
Latest Date	Performance
94%	95.5%
Target	Mean

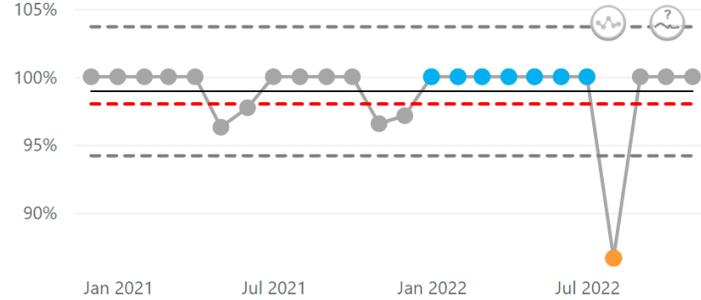
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - 31 Day Subsequent Treatment (Drug): Trust



Nov 22	100%
Latest Date	Performance
98%	98.93%
Target	Mean

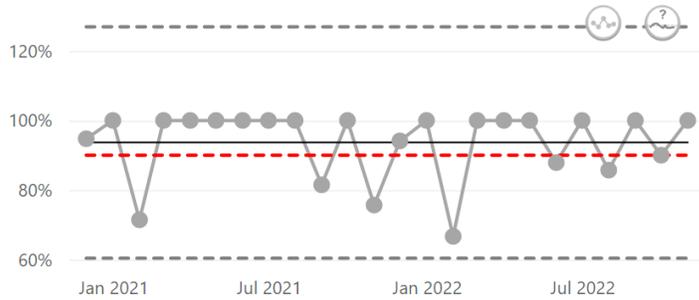
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - 62 Day Screening: Trust



Nov 22	100%
Latest Date	Performance
90%	93.65%
Target	Mean

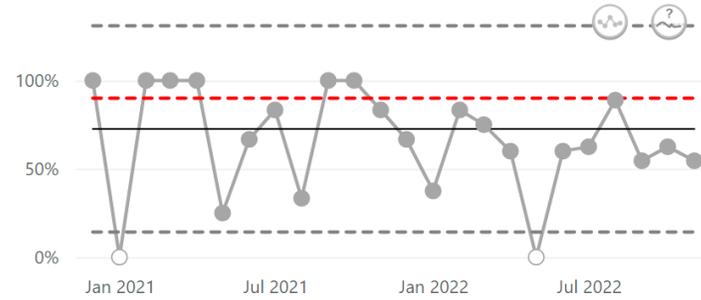
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - Consultant Upgrade (62 Day): Trust



Nov 22	54.54%
Latest Date	Performance
90%	72.6%
Target	Mean

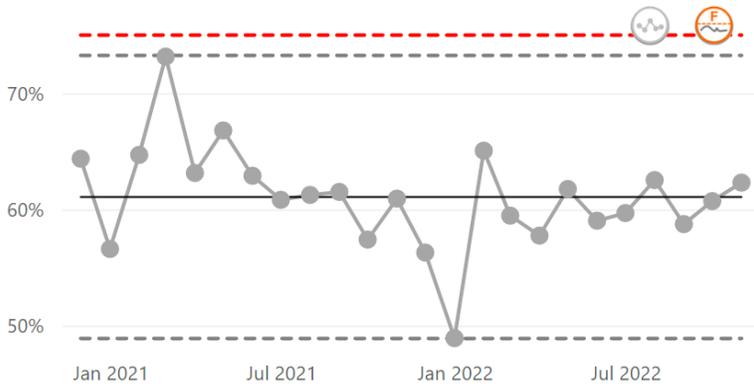
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

CWT - 28 Day FDS Performance: Trust



Latest Date	Performance
Nov 22	62.3%
75%	61.07%
Target	Mean

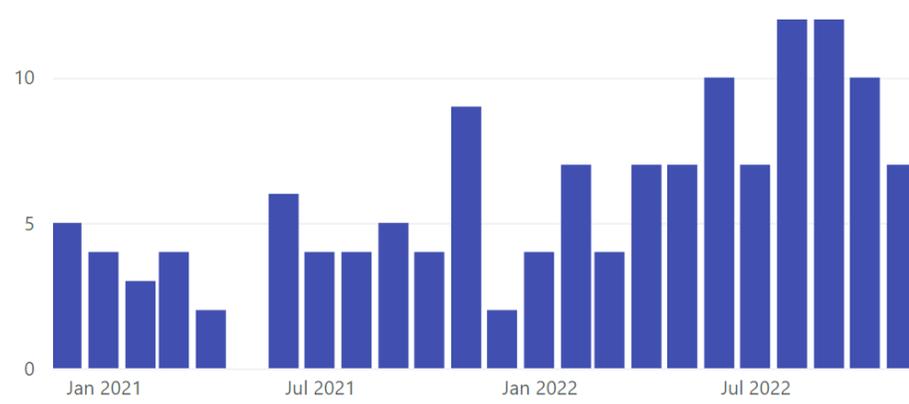
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

CWT - 104_Day_Waiters Performance: Trust

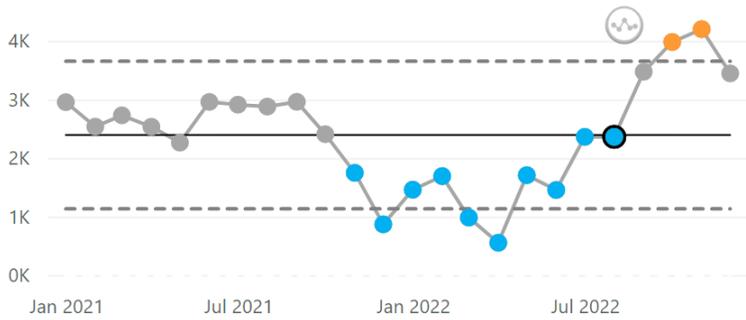


7
Performance

Nov 22
Latest Date

0
Target

Medically Fit for Discharge - No. of Days: Trust

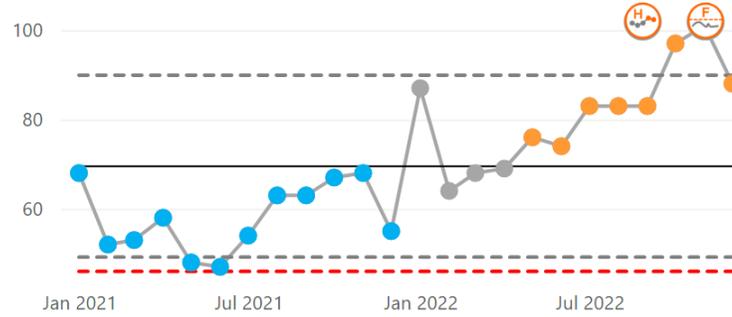


Latest Date	Performance	Mean
Dec 22	3444	2390.96

Variation Description

Common Cause - no significant change

Length of Stay - No. of Patients with Length of stay >21 days: Trust



Latest Date	Performance	Mean
Dec 22	88	69.54

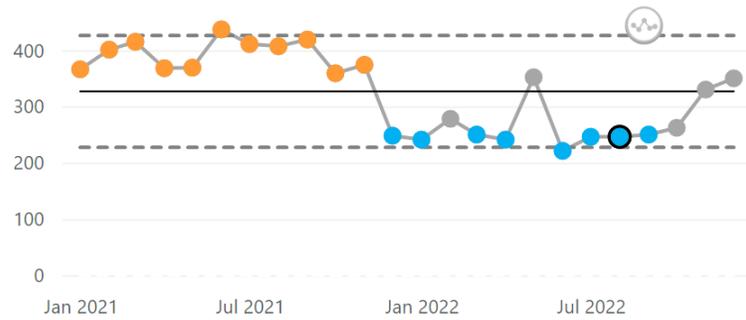
Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target

Medically Fit for Discharge - No. of Patients: Trust



Latest Date	Performance	Mean
Dec 22	350	326.71

Variation Description

Common Cause - no significant change

Canc Ops - No. of "Reportable" Canc Ops as a % of elective activity: Trust



Dec 22	2.01%
Latest Date	Performance
0.8%	0.87%
Target	Mean

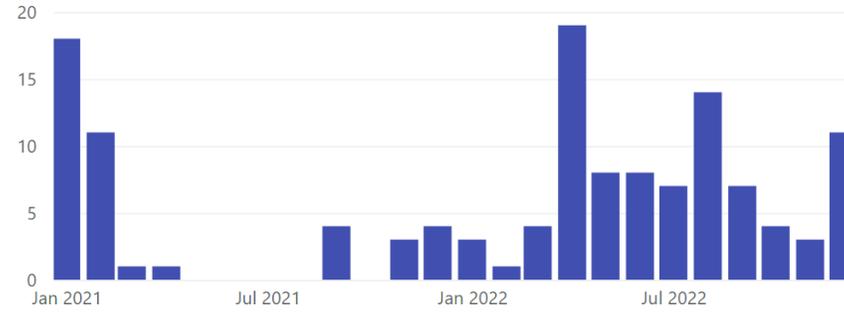
Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Canc Ops - No. of cases not readm <28 days: Trust

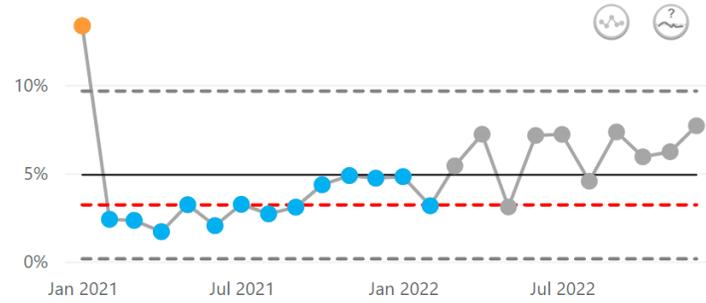


Dec 22	11
Latest Date	Performance

Dec 22 Latest Date

0 Target

Canc Ops - Hospital_Non-Clinical_Canc_Ops as a % of EL activity: Trust



Dec 22	7.68%
Latest Date	Performance
3.2%	4.9%
Target	Mean

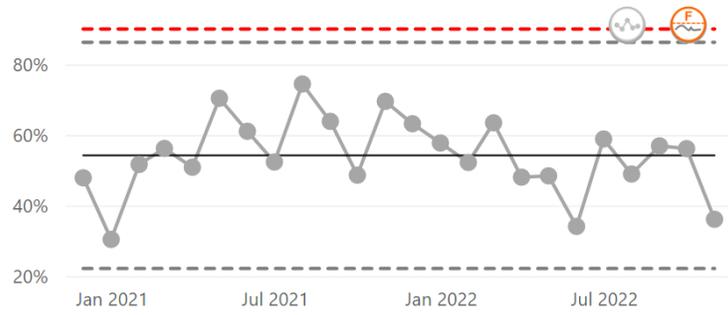
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Stroke - % of Pats on SU for 90% of their hospital stay: Trust



Latest Date	Performance
Nov 22	36.06%
90%	54.18%
Target	Mean

Variation Description
Common Cause - no significant change

Assurance Description
Variation indicates consistently (F)alling short of the target

Stroke - % of Pats admitted direct to SU <4 hours: Trust

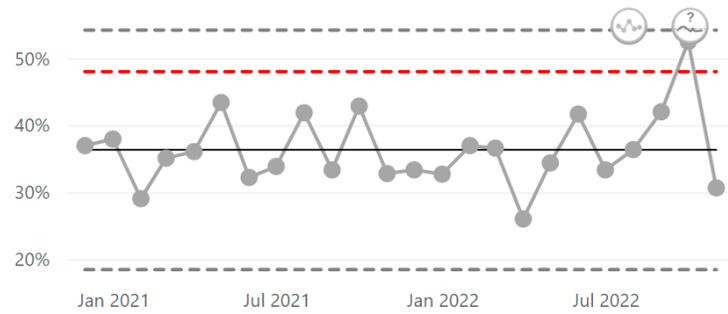


Latest Date	Performance
Nov 22	14.51%
90%	31.44%
Target	Mean

Variation Description
Common Cause - no significant change

Assurance Description
Variation indicates consistently (F)alling short of the target

Stroke - % of Pats scanned <1 hr of admission: Trust

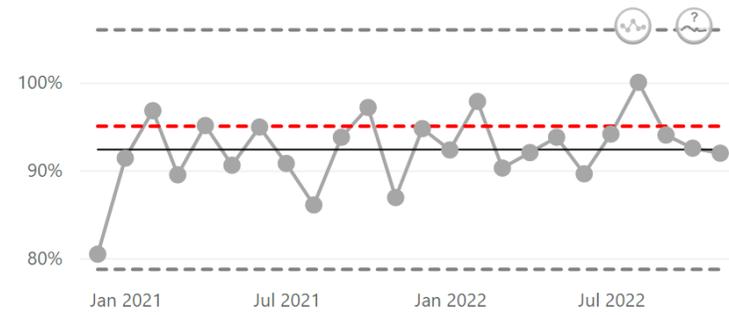


Latest Date	Performance
Nov 22	30.64%
48%	36.32%
Target	Mean

Variation Description
Common Cause - no significant change

Assurance Description
Variation indicates inconsistently passing and falling short of the target

Stroke - % of Pats scanned <12 hrs of admission: Trust

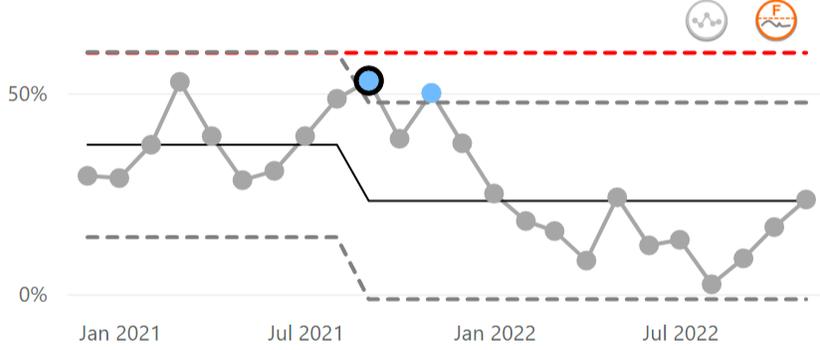


Latest Date	Performance
Nov 22	91.93%
95%	92.34%
Target	Mean

Variation Description
Common Cause - no significant change

Assurance Description
Variation indicates inconsistently passing and falling short of the target

TIA - % of Pats seen & scanned <24 hrs of referral by HC professional: Trust



Nov 22	23.52%
Latest Date	Performance
60%	23.17%
Target	Mean

Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates consistently (F)alling short of the target

Responsive - Peer Benchmarking Summary

Data Source: [Public View](#)

Responsive Peer Benchmarking

Key Performance Indicator	Period	Last 12 months	National Rank	Peers Rank
A&E - 4 Hour Standard	12/2022		93/130	7/13
A&E - DTA to Admission >12 Hours#	12/2022		117/152	10/14
A&E - DTA to Admission >4 Hours	12/2022		105/131	14/15
A&E - Total Time in A&E (Admitted)	11/2022		83/114	10/15
A&E - Total Time in A&E (Non-Admitted)	11/2022		63/141	7/15
Additional Bed Days LOS 21+	12/2022		102/121	15/15
Admitted to stroke Unit < 4 hours	09/2022		93/111	11/14
Cancelled Operations	09/2022		120/136	14/15
Cancer - 28 Day Faster Diagnosis	11/2022		107/136	13/15
Cancer 2 Week Wait	11/2022		32/136	2/15
Cancer 2 Week Wait Breast Symptomatic	11/2022		50/112	7/14
Cancer 31 Day First Treatment	11/2022		41/140	4/15
Cancer 31 Day Subsequent Treatment	11/2022		1/135	1/15
Cancer 62 Day Consultant Upgrade	11/2022		118/135	14/15
Cancer 62 Day Screening	11/2022		1/126	1/15
Diagnostics - 6 Week Standard	11/2022		139/156	15/15
RTT 52 Week Breach	11/2022		71/167	2/15
RTT 78 Week Breach	11/2022		86/168	3/15
RTT Incomplete 18 Week Standard	11/2022		79/168	5/15
Scanned withing 1 hour	09/2022		103/111	12/14
Spent >90% of stay on stroke unit	09/2022		101/111	14/14
Treated Within 28 Days of Cancellation	09/2022		72/136	9/15
Urgent Operations Cancelled Twice or More	02/2020		1/133	1/15

Peer Benchmark Trusts

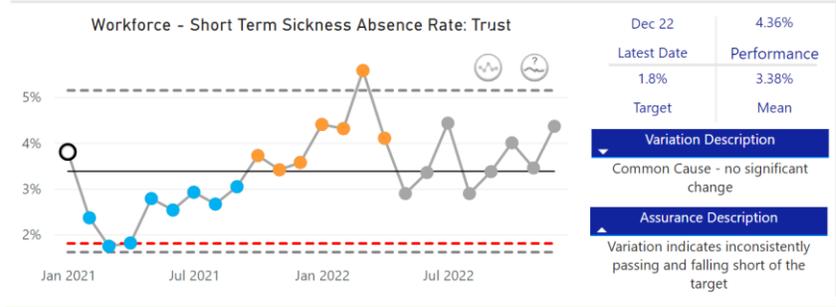
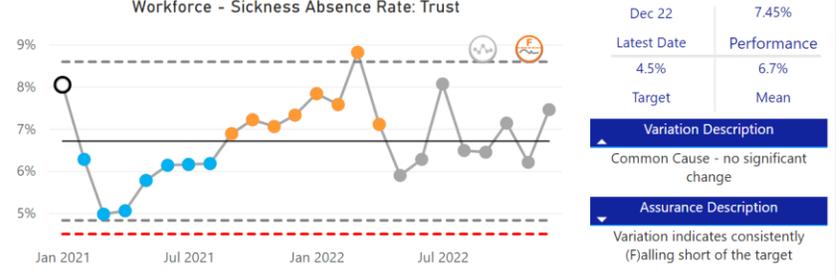
Name	
Chesterfield Royal Hospital NHS Foundation Trust	University Hospitals of Morecambe Bay NHS Foundation Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Warrington and Halton Hospitals NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust	West Suffolk NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust	Wirral University Teaching Hospital NHS Foundation Trust
Shrewsbury and Telford Hospital NHS Trust	Wye Valley NHS Trust
St Helens and Knowsley Teaching Hospitals NHS Trust	Yeovil District Hospital NHS Foundation Trust
The Princess Alexandra Hospital NHS Trust	Plymouth Hospitals NHS Trust

Well Led Performance

KPI' shown in red are awaiting the latest data update

KPI ID	KPI Description	Latest Date	Value	Target	Variation	Assurance
W001	Workforce - Sickness Absence Rate	Dec 22	7.45%	4.5%		
W0011	Workforce - Sickness Absence Rate exc COVID	Dec 22	6.96%			
W0012	Workforce - Sickness Absence COVID only	Dec 22	0.5%			
W002	Workforce - Long Term Sickness Absence Rate	Dec 22	3.1%	2.7%		
W003	Workforce - Short Term Sickness Absence Rate	Dec 22	4.36%	1.8%		
W004	Workforce - Appraisal Rate	Dec 22	73.2%	90%		
W005	Workforce - Appraisal Rate (Medical)	Dec 22	92%	90%		
W006	Workforce - Mandatory Training Rate	Dec 22	79.41%	80%		
W007	Workforce - Turnover Rate	Dec 22	14.13%	10%		
W008	Workforce - Vacancy Rate	Dec 22	9.55%	10%		
W009	Workforce - Time to hire overall	Dec 22	64.7	53		
W010	Workforce - Time to approve vacancy request	Dec 22	7.1	6		
W011	Workforce - Approval to advert	Dec 22	1	2		
W012	Workforce - Time to shortlist	Dec 22	6.8	3		
W013	Workforce - Time to send interview invites	Dec 22	0.7	2		
W014	Workforce - Interview date to conditional offer	Dec 22	4.3	2		
W015	Workforce - Pre-employment checks completed	Dec 22	24.3	30		
W016	Workforce - Conditional offer to contract sent	Dec 22	33.1	32		
W017	Workforce - Number of posts out to recruit (in month)	Dec 22	137	0		
W018	Workforce - % BAME representative IV panels	Dec 22	60%			

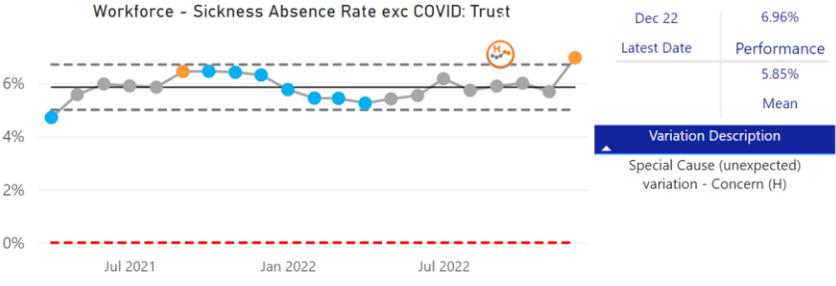
Well Led **Sickness Absence (including Long and Short Term Sickness Absence)**



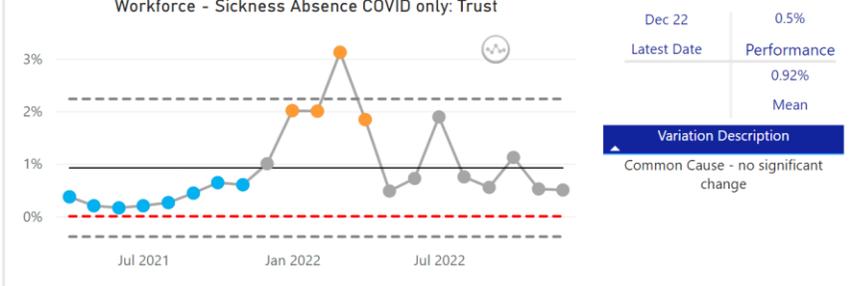
Executive Lead **Jo Humphries** **Lead** **Cath Castleton**



Well Led **Sickness Absence (COVID and Non-COVID related)**



Executive Lead **Jo Humphries** **Lead** **Cath Castleton**



Issues/Performance Summary

- Sickness absence increased to 7.45% in December of which
 - 6.94% underlying
 - 0.51% COVID
- Primary reason for sickness absence
 - 23.4% cold and flu

Planned/Mitigating Actions

- Delay to regional improved sickness absence policy. Trust only policy to be proposed to policy review group and JSCC.

Assurance/Recovery Trajectory

- Ongoing improvement trajectories and management actions in place across all business units.

Well Led

Appraisals, Mandatory Training and Turnover

Workforce - Appraisal Rate: Trust



Dec 22	73.2%
Latest Date	Performance
90%	75.72%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates consistently (F)alling short of the target

Executive Lead

Jo Humphries

Lead

Cath Castleton

Workforce - Appraisal Rate (Medical): Trust



Dec 22	92%
Latest Date	Performance
90%	91.25%
Target	Mean

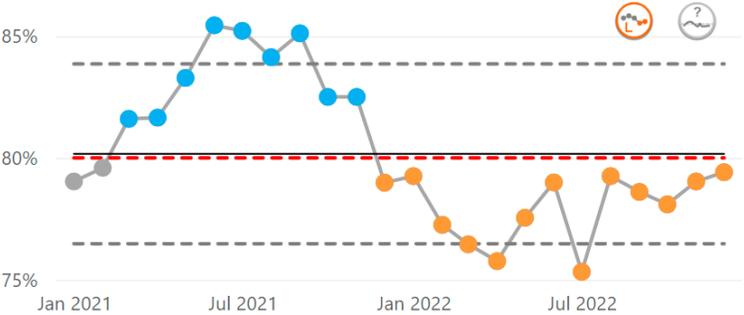
Variation Description

Common Cause - no significant change

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Mandatory Training Rate: Trust



Dec 22	79.41%
Latest Date	Performance
80%	80.17%
Target	Mean

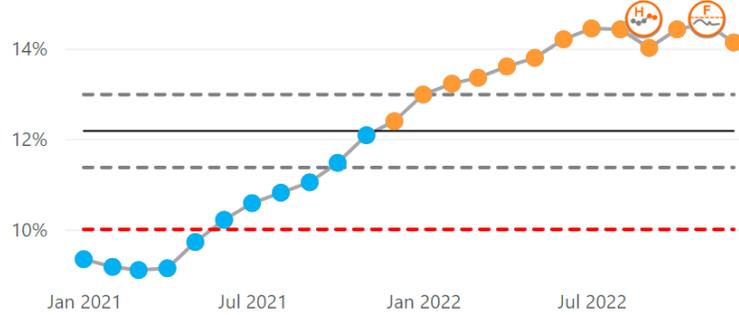
Variation Description

Special Cause (unexpected) variation - Concern (L)

Assurance Description

Variation indicates inconsistently passing and falling short of the target

Workforce - Turnover Rate: Trust



Dec 22	14.13%
Latest Date	Performance
10%	12.17%
Target	Mean

Variation Description

Special Cause (unexpected) variation - Concern (H)

Assurance Description

Variation indicates consistently (F)alling short of the target

Issues/Performance Summary

- Medical Appraisals on target at 82%.
- Non-medical appraisals impacted by operational pressures and remain at 73.2%.
- Operating pressures saw many appraisals cancelled in month.

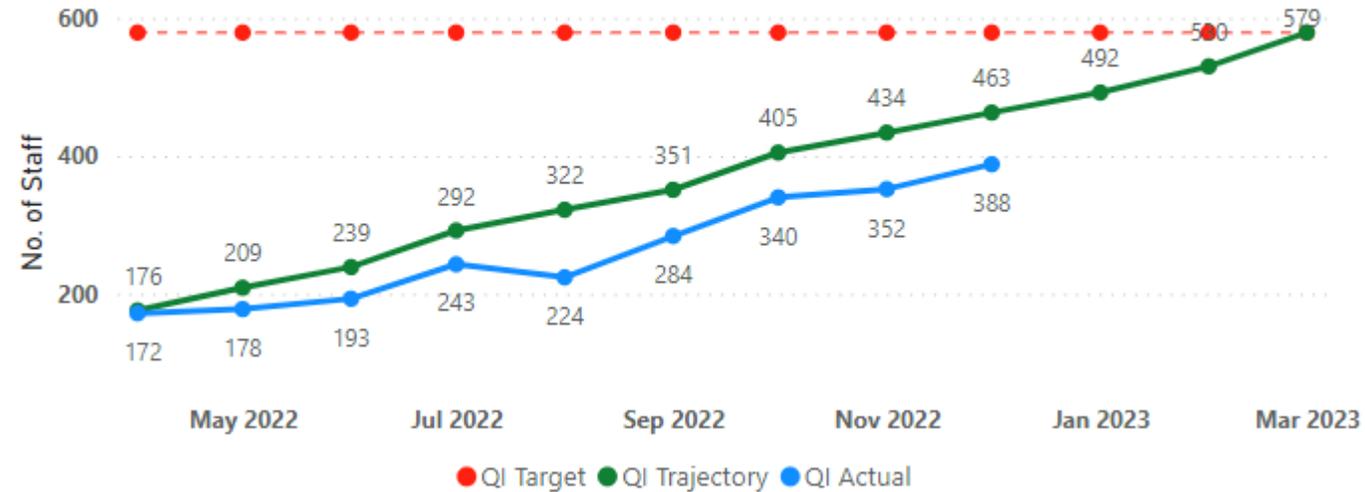
Planned/Mitigating Actions

- Revised appraisal methodology, timing and improvement trajectories asked of each business unit to target:
 - More even spread of work through a year.
 - Alignment to re-registration as per medical appraisals.
 - Simplification of process.
 - Improved quality of conversation.

Assurance/Recovery Trajectory

- In place in all Business units.

Quality Improvement Training Trajectory



Issues/Performance Summary

- QI Training is below agreed trajectory at the Dec by 2% (75 staff). Current training compliance is 10% (388 staff) against a trajectory of 12% (463 staff) by end of December 2022. This is due in part by data cleansing carried out earlier in the year of staff who have left the Trust and the more recent impact of sustained operational pressures on staff training.
- As part of the QI Network, reciprocal training arrangements are under development across Norfolk & Waveney ICS which will involve the QEH QSIR College team, building both resilience and shared learning into QI training programmes.

Planned/Mitigating Actions

- Recovery actions in place including – the introduction of QI Awareness training on Trust Induction Programme for all staff from January 2023.
- Three QEH staff members are accredited QSIR College facilitators with 5-day QSIR Practitioner courses are planned quarterly throughout 2023, with the first course in February 2023.
- From January 2023 a Quality Improvement Manager and Quality Improvement Coordinator have been appointed to strengthen the Trustwide QI programme with a focus on increasing staff awareness and a focus on Room For Improvement (RFI) schemes to improve patient experience and care.

Assurance/Recovery Trajectory

- Recovery actions are in place as detailed in mitigating actions to ensure the Trust meets its agreed target of 15% of staff having undertaken QI training by the end Q4.
- A QEH specific animated video is in production to raise awareness of QI throughout the Trust including training opportunities.
- A Communication plan has been drafted including the use of Social Media platforms and visibility around the Trust to raise the profile of QI.

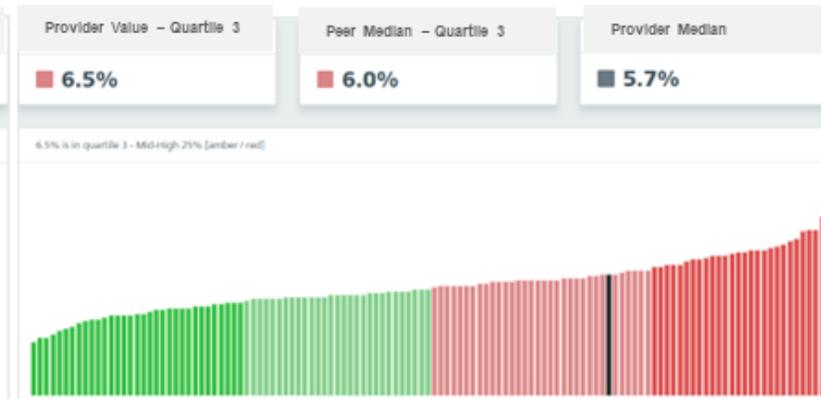
Well Led - Benchmarking Summary

Sickness Absence	Data period	Provider value	Peer average	National value	National value method	Chart
Sickness Absence Rate - All Nursing and Midwifery Staff	Oct 2022	7.5%	7.9%	7.2%	Provider median	
Sickness Absence Rate - All Medical & Dental	Oct 2022	3.0%	3.3%	2.3%	Provider median	
Sickness Absence Rate - All AHPs	Oct 2022	6.5%	6.0%	5.7%	Provider median	
Sickness Absence Rate - All Radiography Staff	Oct 2022	6.7%	5.8%	6.2%	Provider median	

Sickness Absence Rate - All Nursing and Midwifery Staff



Sickness Absence Rate - All Medical and Dental



Source: NHS Model Hospital, October 2022
 Benchmark: Recommended Peers and National

Key:

Dashboard

- Circle = QEH

- Diamond = Peer Median

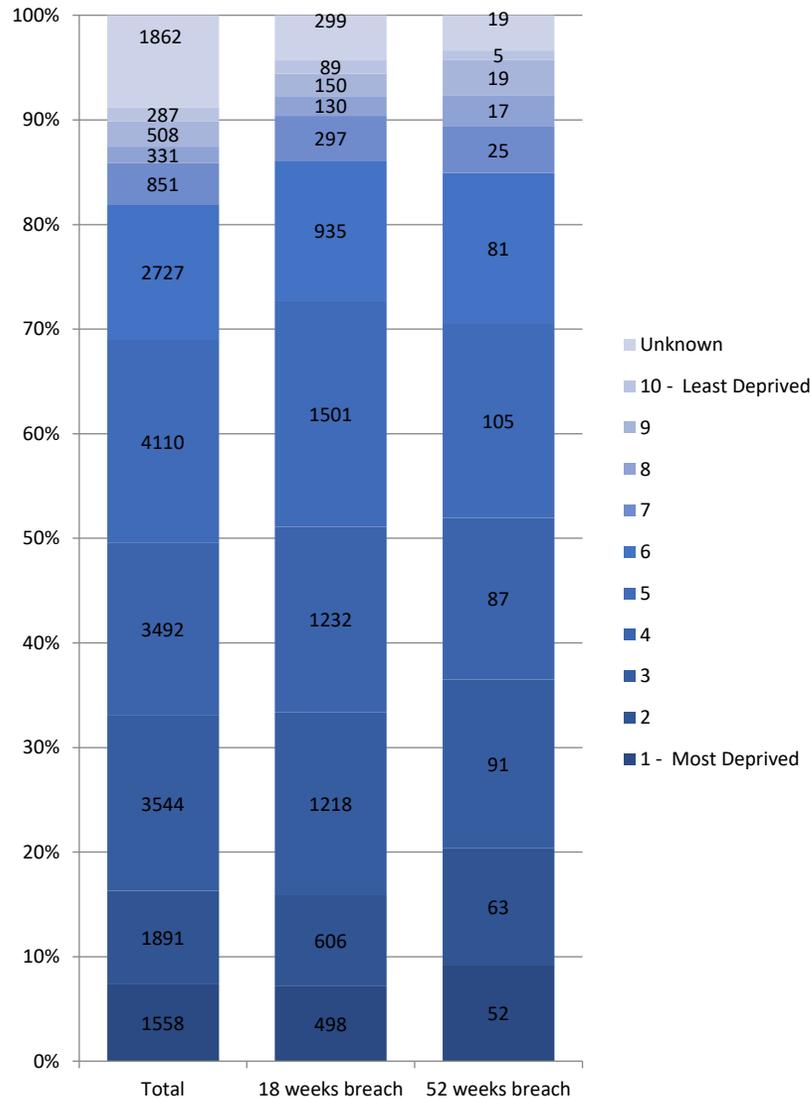
Bar Chart

Dark Green --- Red = Quartile 1 - 4

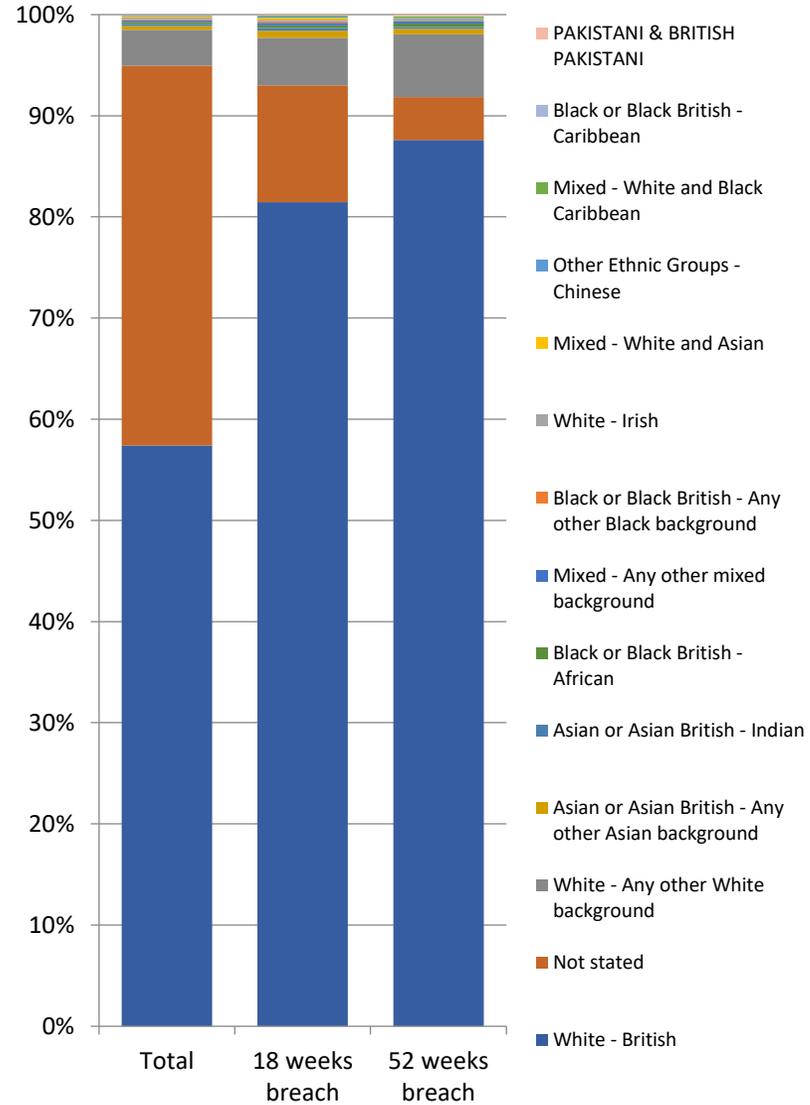
Black = QEH

Health Inequalities – Waiting Times Analysis – December 2022

By Index of Multiple Deprivation



By Ethnicity



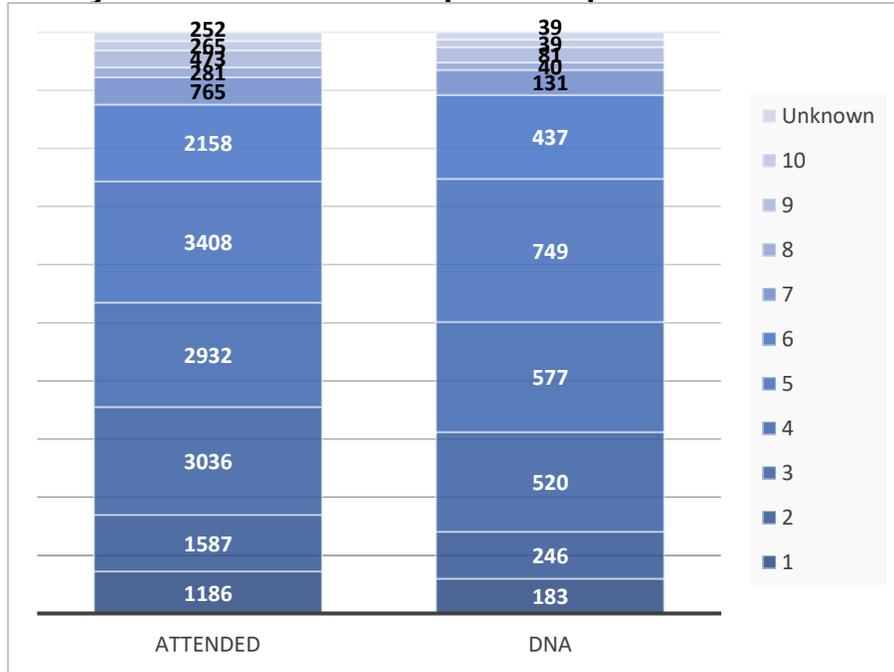
Waiting Time Summary

Comparing those patients waiting longest by the expected level of deprivation based on a patients recorded address shows no linear correlation. The greatest adverse variance in patients waiting over 52 weeks for treatment is in decile 5, with the next highest being in decile 3.

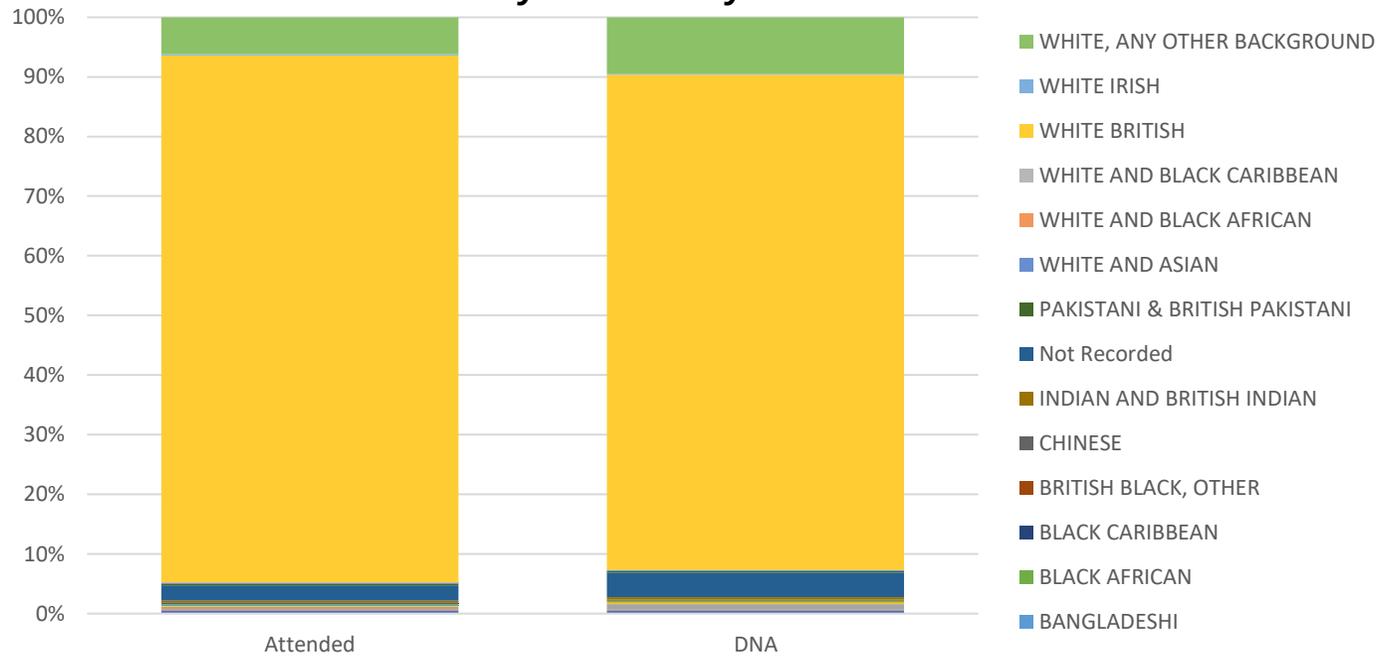
Comparing those patients waiting longest by ethnicity, the greatest adverse expected variance is in the 'White-British' category where 41.0% more patients are waiting over 52 weeks to be seen than the total number of patients waiting in that category overall. It is worth noting, that some of the ethnic categories only have a small number of patients in the cohort, with only three out of the fifteen ethnic categories reported having over 100 patients waiting in total.

Health Inequalities – DNA Analysis – December 2022

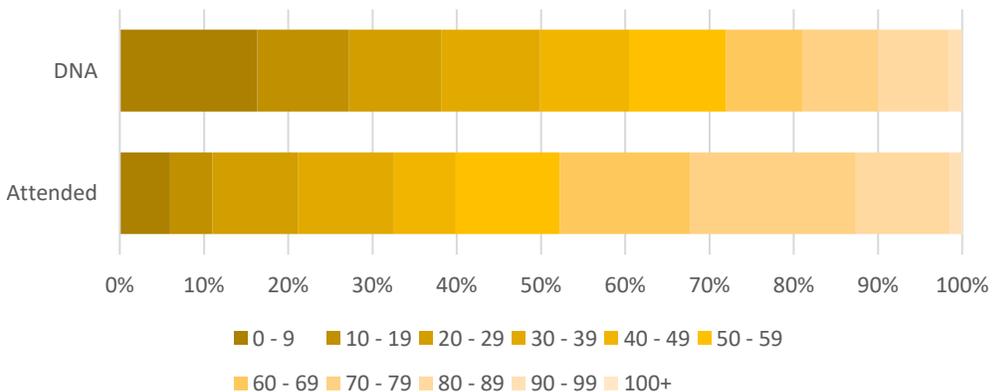
By Index of Multiple Deprivation



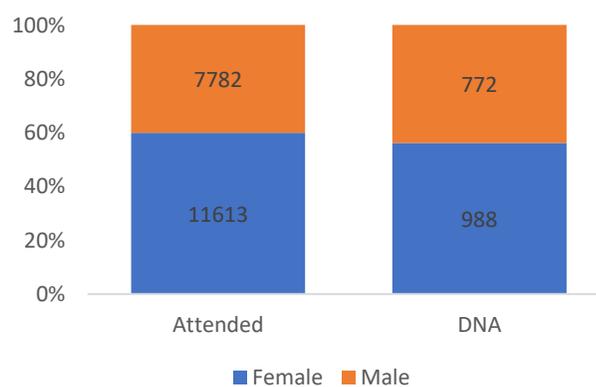
By Ethnicity



By Age



By Gender



Outpatient DNA Summary

Patients from the least deprived areas are less likely to miss an appointment with those in the middle categories (4-6) more likely than others to DNA.

Patients from a White British background are more likely to attend an appointment, whereas those from a White – Other background most likely to DNA or those where the patient ethnicity is not recorded.

Females are more likely to attend, and males more likely to DNA.

There is a strong correlation between age and failure to attend, with the likelihood to DNA increasing in younger age groups.