The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Caroline Shaw Chief Executive Officer	Decision		High	Med	Low
	Discussion	√	√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Carly West-Burnham Associate Director of Strategy	Strategic	√			
	Operational	√			
	Governance	√	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Executive Directors					
CQC Domain: (safe, caring, effective, responsive, well-led)	Well Led				

Meeting Date: **1st October 2019**
Report Title: **Integrated Performance Report**

PURPOSE:

This paper accompanies the attached Integrated Performance Report (IPR.)

SUMMARY:

The Trust is required to provide assurance that its approach to performance management is rigorous and appropriately identifies, escalates and deals with areas of performance which should be of concern in a timely manner.

There are several areas of good performance which are identified within the report, including;

- No never events or MRSA Bacteraemia reported in August
- VTE assessment continues to deliver strongly above the Trust target
- 18-week RTT performance is in line with the Trust trajectory for August
- No 52-week breaches reported in August
- Six of the seven cancer waiting time standards were achieved for July
- The Trust reported a positive variance to plan for August and in month CIP delivery exceeded the plan

There are areas of concern which are identified within the body of the report. The narrative for these areas include clear articulation of actions to rectify the issues which are present.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√	√	√	√

RECOMMENDATION/S:
The Trust Board are asked to note the contents of this report

Author: **Carly West-Burnham**
Date: **25th September 2019**
Version: **1.0**

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Trust Board

August 2019 data

Contents

1. EXECUTIVE SUMMARY

The Executive summary highlights areas of good practice and areas of concern for the Trust. The main body of the report demonstrates further detail in relation to good practice and actions being taken in relation to improvement.

Safe

There were nine serious incidents reported this month. The key themes remain delays for patients attending the emergency department and inpatient falls (see page 8).

There were six hospital acquired pressure ulcers in August; five were category two and one deep tissue injury. Although this is an increase of three from last month's figure of three, the pressure ulcer incidence remains low compared to other similar sized hospitals (see page 9).

There were four cases of Clostridium Difficile this month bringing to a total of 19 Hospital acquired CDiff cases this year. This is in comparison to three cases in July 2019 (see page 11).

Cleaning Scores for areas of significant risk and low risk have improved this month however, very high- and high-risk areas have deteriorated. Very high-risk areas were at 96.63% in July and are at 95.63% in August. High-risk areas were at 95.59% in July and are at 92.82% in August. There is a focused action plan in place to rectify performance and actions are articulated in the body of the report (see page 11).

Effective

Both HMSR and SHMI mortality scores continue to fall and remain within the expected range for both weekday and weekend admissions.

Recruitment to national audits is at 97.5% and recruitment to clinical research studies remains on track to exceed our annual target.

Caesarean section rates remain above the target of 25% at 33.33% for July 2019 in comparison to 30.72% for June 2019. Significant work is underway to address this with further details in the body of the report (see page 16). Stillbirth, neonatal, extended perinatal and maternal death rates are all within or below expected rates, with no avoidable admissions to NICU.

CTG training compliance (reported at page 15) had fallen in month, but this has now been addressed by the divisional leadership team with compliance now standing at 94% for both medical and midwifery staff (target >90%).

Caring

Complaints remain at a high level with 45 complaints received in August 2019 in comparison to a total of 38 received in July 2019. The CEO has requested further work and actions from the Chief Nurse, Medical Director and Chief Operating Officer to address areas of concern.

The complaint compliance response rate has decreased from 26 % in July to 17 % in August. Clear actions are in place to improve compliance and reduce the backlog. These actions are articulated in the main body of the report (see page 20).

There were two occurrences of same sex accommodation breaches affecting five patients and all occurrences happened on West Raynham (see page 20).

Responsive

Four-hour emergency performance in August was 78.96% compared to 81.12% in July. On Type 1 attendances alone, the Trust was ranked 62 out of 133 Trusts and performance remained above the national average. Ambulance handover within 15 minutes was 56.61% in August compared to 64.60% in July. There were no 12-hour breaches during the month (see page 23).

18-week RTT performance in August was 80.69% against the trajectory of 80.96%. At the end of August 2019, the total Trust waiting list was 13,814 against a trajectory of 13,861 and the total backlog of patients waiting over 18 weeks was 2,667 against a trajectory of 2,639 (see page 25).

6-week diagnostic standard performance for August achieved 90.90%, against a standard of 99%. There were 362 breaches in the month, of which 341 were in ultrasound (see page 26.)

There were two breaches of the 28-day guarantee in August; one in respiratory and one in rheumatology. Both patients were offered alternative dates within 28 days but declined (see page 26.)

The number of reportable patients cancelled increased from 0.75% in July to 0.93% in August against a standard of 0.80%. The number of prior to the day non-clinical cancellations increased from 6.75% in July to 8.14% in August against a local standard of 3.2% (see page 27.)

There were no urgent operations cancelled more than once in August and there were no 52-week breaches reported in August.

The Trust achieved six of the seven cancer waiting time standards for July. 62-day referral to treatment performance deteriorated from 81.12% in June to 75.19% in July, against the standard of 85% and trajectory of 63.72%. There were 66.5 treatments in July, of which 16.5 were not treated within 62 days from referral. The 62-day backlog increased from 60 patients in August to 99 patients in September and the majority of the backlog is in three tumour sites (lower GI, gynaecology and urology) (see page 31.)

Well Led (Finance)

The Trust reported a positive variance to plan for August, resulting in an overall positive variance to plan for the year-to-date of £0.14m.

Key drivers for the in-month position were a higher than planned level of income, specifically non-elective and emergency income was higher than planned which reflects the level of activity that occurred during August. Pay costs were also at their lowest level for the year to date (see page 38)

In-month CIP delivery of £0.6m exceeded planned delivery by £0.1m, but there remains a year-to-date adverse variance to Plan of £0.1m. There is a pipeline in place to support delivery of the overall Plan of £6.0m and the Trust continues to forecast full delivery.

Well Led (Workforce)

The Trust continues to be below target for a number of workforce KPIs at the end of August 2019 specifically sickness, mandatory training and appraisal rates. Both substantive FTE and headcount have increased slightly this month and Agency usage has decreased whilst Bank

usage increased in July. This is reflected in reduced pay expenditure for both Bank and agency in August.

In August 2019 there has been an increase in sickness from 5.06% in July 2019 to 5.14% (see page 42.) This is higher than the trajectory of improvement for sickness absence which was agreed by the Trust Board in March 2019. The Trust trajectory target for August 2019 was 3.80% which was set in order to enable the Trust to achieve a level of 4% by the end of the financial year. A number of actions are in place to address this including all clinical and corporate areas being given a 12-month sickness targets which will be monitored at performance review meetings.

There are 28 live employee relations cases. The general themes of the cases are external investigation, patient dignity, patient care, non-escalation, behaviour and attitudes and actions, fraud, management decision taken and HR processes (see page 46.)

2. TRUST PERFORMANCE OVERVIEW

	Indicator	Objective	Director	Target	Set By	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	17/18	18/19	19/20	Financial Impact *	
Safe	Falls per 1000 occupied bed days resulting in Harm	Patients	LM	<=0.98	QEH	0.00	0.00	0.00	0.08	0.17	0.08	0.18	0.33	0.09	0.00	0.17	0.24	0.08	0.07	0.09	0.12		
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	Patients	LM	>= 97.24%	QEH	97.28%	97.29%	97.36%	97.57%	97.41%	97.29%	97.36%	97.44%	97.45%	97.31%	97.39%	97.36%	Data 1 Mth in arrears	97.10%	97.41%	97.37%		
	Harm-free QEH Care	Patients	LM	>= 95%	QEH	97.22%	97.66%	97.49%	98.77%	98.46%	98.62%	99.18%	96.08%	98.29%	99.54%	98.14%	98.82%	98.27%	96.84%	97.73%	98.62%		
	Never Events	Patients	FS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0		
	Serious Incidents **(OCCURRED IN MONTH)**	Patients	FS	0	Nat	5	3	3	4	7	6	4	9	3	4	8	6	4	29	54	25		
	Serious Incidents **(DECLARED IN MONTH)**	Patients	FS	0	Nat	1	1	4	3	8	3	8	7	6	4	9	6	9			34		
	Patient safety alerts not completed by deadline	Patients	FS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
	Clostridium difficile (QEH acquired)	Patients	LM	4	Nat	6	1	1	3	2	0	1	0	2	3	4	3	4	48	22	16		
	Clostridium difficile per 100k occupied bed days (rolling 12 months)	Patients	LM	<= 17.6	Nat	30.3	27.7	23.6	23.0	23.8	21.8	19.3	15.3	14.7	16.2	19.0	18.2	16.8	32.4	15.3	16.8		
	MRSA bacteraemia (QEH acquired)	Patients	LM	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	£k	Penalties from CCG, fines from other statutory authorities. £10,000 in respect of each incidence in the relevant year
	MRSA bacteraemia per 100k occupied bed days (rolling 12 months)	Patients	LM	0.0		1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.4	0.0	0.0	0.0	0.0	0.0	0.0	1.4	0.0		
	Safe staffing levels (overall fill rate)	Patients	LM	>= 80%	Nat	93.5%	95.2%	98.7%	98.1%	98.4%	102.6%	101.2%	111.0%	103.3%	103.8%	97.3%	95.5%	94.1%		98.9%	98.7%		
	No. of wards below 80% fill rate	Patients	LM	0	Nat	1	0	0	0	0	0	0	0	0	0	0	1	1		1	2		
	Cleanliness Scores - very high-risk areas	Places	LM	>= 100%	Nat	93.87%	95.45%	95.10%	94.59%	95.71%	94.60%	95.82%	95.48%	95.63%	95.88%	98.38%	96.63%	95.63%		95.23%	96.43%		
	Cleanliness Scores - high-risk areas	Places	LM	>= 100%	Nat	93.89%	93.91%	95.29%	96.08%	93.84%	95.25%	96.03%	95.89%	94.41%	95.94%	97.59%	95.59%	92.82%		94.88%	95.27%		
	Cleanliness Scores - significant-risk areas	Places	LM	>= 100%	Nat	92.20%	93.06%	92.85%	92.17%	88.11%	92.10%	92.62%	93.59%	94.19%	94.67%	96.22%	94.64%	95.91%		91.48%	95.13%		
	Cleanliness Scores - low-risk areas	Places	LM	>= 100%	Nat	84.52%	90.56%	88.40%	94.43%	0.00%	92.03%	90.01%	96.72%	92.33%	95.50%	88.00%	93.57%	96.00%		83.24%	93.08%		
	No. of cleanliness audits complete	Places	LM	37		34	29	45	35	31	47	35	34	44	36	35	46	39		435	200		
Effective	SHMI **(Trust Level - Rolling 12 Mth position, 6 mths in arrears)**	Patients	FS	Not higher than expected	QEH		99.56			99.91			6 months in arrears										
	Crude HSMR Mortality **(Trust Level - Rolling 12 Mth position, 3 mths in arrears)**	Patients	FS	-		3.46	3.43	3.36	3.35	3.25	3.14	3.09	3.02	2.98	2.94	3 months in arrears			3.60				
	HSMR (basket of 56 diagnosis groups) **(Trust Level - Rolling 12 Mth position, 3 months in arrears)**	Patients	FS	Not higher than expected	QEH	106.7	106.9	105.8	105.8	103.2	101.2	100.5	101.5	100.6	99.1				104.94				
	WEEKEND HSMR (basket of 56 diagnosis groups) **(Trust Level - Rolling 12 Mth position, 3 months in arrears)**	Patients	FS	Not higher than expected	QEH	114.4	115.3	116.4	114.7	114.5	112.4	109.0	107.4	104.9	104.4				111.35				
	Rate per 1000 admissions of inpatient cardiac arrests	Patients	FS	< 2.0	QEH	1.39	1.44	1.31	1.02	2.05	0.90	1.91	0.40	1.70	1.37	0.53	1.07	1.57	1.55	1.34	1.24		
	Elective C Section Rate	Patients	FS	< 10.00%	QEH	11.24%	19.25%	15.98%	14.55%	17.24%	13.79%	10.47%	9.77%	16.87%	12.65%	13.86%	14.22%	1 month in arrears	13.20%	14.16%	14.38%		
	Emergency C Section Rate	Patients	FS	< 15.00%	QEH	16.57%	22.46%	14.79%	16.36%	18.39%	18.39%	23.84%	21.84%	15.06%	16.87%	16.87%	19.11%		15.66%	19.31%	17.15%		
	Total C Section Rate	Patients	FS	< 25.00%	QEH	27.81%	41.71%	30.77%	30.91%	35.63%	32.18%	34.30%	31.61%	31.93%	29.52%	30.72%	33.33%		28.86%	33.47%	31.54%		
	Stillbirth Rate**(per 1000 births/stillbirths-Rolling 12 Mths)**	Patients	FS	< 3.73	QEH	2.78	3.70	3.29	3.31	3.30	3.29	1.88	2.32	1.88	1.88	2.84	3.25		2.25	2.32	5.38		
	Neonatal Deaths Rate**(per 1000 livebirths-Rolling 12 Mths)**	Patients	FS	< 1.06	QEH	0.46	0.46	0.47	0.47	0.47	0.47	0.47	0.00	0.00	0.00	0.00	0.00		0.90	0.00	0.00		
	Extended Perinatal Deaths Rate **(per 1000 births/stillbirths - Rolling 12 Mths)**	Patients	FS	< 4.79	QEH	3.24	4.17	3.76	3.78	3.77	3.76	2.34	2.32	1.88	1.88	2.84	3.25		3.16	2.32	5.38		
	%"Term" admissions to the NNU	Patients	FS	3.0%	QEH	Data not available prior to Apr 2019								6.5%	10.3%	5.7%	4.7%	4.8%			6.3%		
	%"Avoidable Term" admissions to the NNU	Patients	FS	0.0%	QEH									36.4%	16.7%	30.0%	9.1%	0.0%			19.0%		
	Maternal Deaths	Patients	FS	0	QEH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	National Clinical Audits participation rate	Patients	FS	=100%	QEH												97.5%	97.5%	95%	95%	97.5%		
	No. of patients recruited in NIHR studies	Patients	FS	>600 Annually	QEH	111	64	67	123	51	37	153	77	37	29	59	29	44		994	198		
Caring	Same Sex accommodation standard breaches	Patients	LM	0	Nat	8	9	8	14	2	7	11	4	6	5	3	7	5	62	93	26	£6.5k	Penalties from CCG - £250 per breach
	No. of Complaints (Clinical & Non Clinical)	Patients	LM	<= 20	QEH	41	41	36	32	27	41	37	38	34	47	24	38	45	362	421	188		
	Complaints (rate as proportion of activity)	Patients	LM		QEH	0.12%	0.12%	0.09%	0.08%	0.09%	0.11%	0.11%	0.11%	0.09%	0.12%	0.07%	0.10%	0.13%		0.10%	0.10%		
	%Complaints responded to within the national standard of six months from receipt of the complaint	Patients	LM	100%	Nat	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%		99.8%	99.0%		
	%Complaints responded to within 30 days from receipt of the complaint	Patients	LM	>=90%	QEH	71.88%	36.11%	46.34%	54.17%	33.33%	57.14%	46.43%	36.17%	6.90%	21.28%	9.76%	25.58%	17.39%		39.58%	16.99%		
	Reopened complaints (%of total complaints)	Patients	LM	<=15%	QEH	0.00%	2.44%	0.00%	3.13%	11.11%	0.00%	0.00%	0.00%	2.94%	6.38%	20.83%	10.53%	8.89%		1.66%	9.04%		
	%eligible patients who have dementia case find applied	Patients	LM	>=90.00%		48.32%	40.48%	38.76%	46.98%	45.80%	45.79%	44.66%	43.54%	48.94%	51.46%	50.00%	44.93%	Data 1 Mth in arrears	60.97%	44.09%	48.93%		
	Friends & Family (Inpatients & Daycases)	Patients	LM	>=95%	QEH	95.01%	95.50%	95.15%	96.15%	95.17%	95.05%	95.03%	96.21%	97.01%	94.73%	95.80%	96.35%	93.33%	95.53%	95.53%	95.44%		
	Sample Size: Friends & Family (Inpatients & Daycases)	Patients	LM	>=30%	QEH	34.62%	34.97%	31.47%	33.05%	28.58%	33.67%	37.26%	37.83%	30.17%	36.67%	31.20%	31.31%	31.49%	30.33%	33.21%	32.21%		
	Friends & Family (Accident & Emergency)	Patients	LM	>=95%	QEH	93.21%	90.94%	89.42%	89.80%	89.94%	94.32%	95.32%	90.57%	93.25%	94.92%	92.68%	90.93%	88.74%	93.12%	91.16%	91.41%		
	Sample Size: Friends & Family (Accident & Emergency)	Patients	LM	>=20%	QEH	12.96%	8.84%	21.32%	20.81%	14.60%	10.20%	11.59%	11.04%	11.55%	11.70%	7.67%	9.81%	22.89%	16.98%	13.79%	12.87%		
	Friends & Family (Outpatients)	Patients	LM	>=95%	QEH	97.72%	96.65%	96.03%	96.79%	97.40%	97.07%	96.88%	97.35%	96.98%	96.17%	97.38%	95.77%	98.00%	96.78%	97.05%	96.85%		
	Sample Size: Friends & Family (Outpatients)	Patients	LM		QEH	6.05%	5.88%	6.88%	6.19%	5.73%	7.18%	5.63%	6.82%	6.14%	6.15%	6.13%	7.04%	6.71%	5.41%	6.42%	6.43%		
	Friends & Family (Maternity)	Patients	LM	>=95%	QEH	100.00%	100.00%	100.00%	94.74%	94.12%	96.67%	100.00%	93.65%	98.04%	100.00%	100.00%	96.83%	96.77%	96.90%	96.57%	98.39%		
	Sample Size: Friends & Family (Maternity)	Patients	LM	>=15%	QEH	14.71%	11.58%	22.94%	23.31%	20.12%	17.05%	21.64%	34.62%	31.68%	35.71%	26.67%	27.63%	19.02%	15.20%	21.97%	28.14%		

	Indicator	Objective	Director	Target	Set By	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	17/18	18/19	19/20	Financial Impact **	
Responsive	Emergency access within four hours	Performance	DS	>= 95%	Nat	82.04%	82.14%	84.05%	78.09%	83.99%	74.85%	77.35%	81.97%	84.67%	83.80%	84.67%	81.12%	78.96%	85.53%	82.48%	82.60%		
	- Majors only	Performance	DS	>= 95%	Nat	68.99%	70.28%	73.61%	61.24%	76.29%	60.68%	65.08%	70.26%	71.82%	70.60%	73.36%	67.81%	66.92%	75.74%	70.55%	70.01%		
	- Minors only	Performance	DS	>= 100%	QEH	91.99%	91.88%	92.83%	95.02%	91.80%	90.69%	90.37%	97.09%	97.67%	97.66%	98.16%	97.23%	93.91%	94.82%	93.26%	96.94%		
	12 hour trolley waits	Performance	DS	0	Nat	1	1	1	2	0	3	0	1	0	0	4	1	0	0	9	5		
	Ambulance Handovers completed within 15 minutes	Performance	DS	100%	Nat	39.50%	52.70%	52.42%	39.90%	50.95%	49.88%	49.24%	51.38%	55.77%	59.73%	65.96%	64.60%	56.61%	21.97%	45.87%	60.53%		
	% beds occupied by Delayed Transfers Of Care	Performance	DS	<= 3.5%	Nat	4.00%	6.20%	5.90%	6.50%	5.60%	3.00%	3.48%	4.00%	2.25%	2.47%	2.98%	2.38%	2.52%	3.30%	4.00%	2.52%		
	MFFD (Medically Fit For Discharge) - Patients	Performance	DS			313	318	269	270	249	298	247	306	227	244	241	277	275		3310	1264		
	MFFD (Medically Fit For Discharge) - Days	Performance	DS			1994	2092	2197	2182	1802	1991	1571	1856	1490	1633	1904	1849	1634		23085	8510		
	No. of beds occupied by adult inpatients >=21 days (Mthly average over rolling 3 mths)	Performance	DS	<= 46	QEH	59	64	69	69	66	64	62	71	72	73	62	53	57					
	18 Weeks Referral to Treatment Time (Incomplete Pathways)	Performance	DS	>= 92%	Nat	83.74%	81.20%	79.96%	80.13%	78.48%	78.80%	79.56%	79.82%	80.42%	82.55%	81.77%	81.14%	80.69%	81.05%	79.82%	80.69%		
	Specialties exceeding 18 wk Referral To Treatment time (Incomplete pathways)	Performance	DS	0	Nat	24	26	26	29	30	25	28	22	21	20	19	24	22		304	106		
	No. of cases exceeding 52 weeks Referral To Treatment	Performance	DS	0	Nat	5	7	1	1	1	1	1	0	0	0	0	0	0	3	18	0		
	Diagnostic Waiters, 6 weeks and over (DM01)	Performance	DS	<= 1%	Nat	0.64%	0.56%	0.46%	0.66%	0.68%	0.98%	0.52%	0.37%	0.86%	4.54%	3.62%	5.17%	9.10%	2.45%	0.37%	9.10%		
	Total non-clinical cancelled elective operations	Performance	DS	<= 3.2%	Nat	7.25%	6.7%	6.8%	6.62%	5.24%	5.74%	6.71%	5.74%	5.73%	5.36%	5.49%	6.75%	8.14%		5.8%	6.3%		
	Last minute non-clinical cancelled elective operations	Performance	DS	<= 0.8%	Nat	1.66%	0.75%	1.02%	0.90%	0.48%	1.78%	0.51%	0.60%	0.89%	0.69%	0.46%	0.75%	0.93%	1.0%	1.0%	0.74%		
	Breaches of the 28 day readmission guarantee	Performance	DS	0	Nat	2	7	2	0	2	4	5	5	1	0	2	1	2	52	53	6	£12k	Penalties from CCG - £2K per cancellation
	Urgent operations cancelled more than once	Performance	DS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2 week GP referral to 1st OP appointment	Performance	DS	>= 93%	Nat	94.64%	93.20%	98.32%	97.30%	97.42%	95.88%	95.10%	85.98%	81.05%	91.94%	95.88%	96.70%		96.70%	95.32%	91.37%		
	14 Days referral for breast symptoms to assessment	Performance	DS	>= 93%	Nat	95.56%	98.46%	96.92%	100.00%	100.00%	91.30%	86.30%	29.82%	20.90%	66.13%	83.33%	93.22%		97.97%	91.67%	64.96%		
	31 Day Diagnosis to Treatment	Performance	DS	>= 96%	Nat	97.41%	97.35%	97.66%	96.15%	98.84%	97.22%	95.29%	96.46%	96.12%	93.16%	100.00%	97.25%		98.67%	97.50%	96.69%		
	31 Day Second or Subsequent Treatment (Drug)	Performance	DS	>= 98%	Nat	100.00%	100.00%	97.92%	98.04%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		99.64%	99.71%	100.00%		
	31 Day Second or Subsequent Treatment (Surg)	Performance	DS	>= 94%	Nat	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%		95.91%	99.43%	97.30%		
	62 Days Urgent Referral to Treatment	Performance	DS	>= 85%	Nat	80.42%	80.31%	85.94%	82.35%	80.00%	79.72%	74.58%	85.91%	70.90%	63.69%	81.12%	75.19%		83.23%	81.74%	72.49%		
	62 Days Referral to Treatment from Screening	Performance	DS	>= 90%	Nat	93.33%	96.00%	100.00%	85.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	94.12%		98.51%	96.94%	98.67%		
Well Led	Single Oversight Framework (SOF) - overall Score	Patients	LS	3	SOF	3	3	4	4	4	4	4	4	4	4	4	4	4	3	4	4		
	Distance from Plan (YTD)	Patients	LS	>= 0%	SOF	-8.00%	-9.10%	-10.90%	-11.60%	-13.00%	-13.70%	-13.90%	-14.90%	-6.86%	-2.50%	0.50%	0.10%	0.30%	-7.70%	-14.90%	0.30%		
	Distance from control total (YTD)	Patients	LS	>= 0%	QEH	-75.09%	-90.87%	-127.42%	-162.36%	-188.91%	-220.57%	-226.81%	-280.82%	-19.40%	-15.57%	2.17%	0.44%	1.91%	-204.48%	-280.82%	1.91%		
	Agency spend (versus cap)	Patients	LM	<= 0%	SOF	-80.46%	-77.16%	-76.45%	-75.21%	-52.72%	-51.65%	-50.80%	-52.12%	-76.32%	-74.00%	-65.00%	-64.00%	-62.00%	-49.72%	-52.12%	-62.00%		
	% of eligible staff appraised (rolling 12 months)	Patients	LM	>= 90%	QEH	81.31%	82.66%	83.00%	83.93%	82.14%	82.61%	82.51%	84.06%	84.10%	84.55%	84.62%	83.63%	80.28%					
	% medical staff (except junior doctors) with an appraisal (rolling 12 months)	Patients	LM	>= 95%	QEH	84%	92%	95%	95%	91%	86%	87%	97%	92%	89%	88%	87%	88%					
	WTE lost as % of contracted WTE due to sickness absence (rolling 12 months)	Patients	LM	<= 3.5%	QEH	4.71%	5.08%	5.30%	5.55%	5.90%	5.82%	6.28%	5.53%	4.79%	4.81%	5.25%	5.23%	5.14%					
	% eligible staff attending core Mandatory Training (rolling 12 months)	Patients	LM	>= 95%	QEH	84.80%	85.14%	84.96%	85.04%	85.63%	85.63%	86.32%	87.25%	87.23%	86.49%	86.11%	86.53%	86.22%					
	Turnover (rolling 12 months)	Patients	LM	<= 10%	QEH	12.30%	11.90%	11.83%	11.93%	11.69%	11.89%	11.54%	11.86%	11.40%	11.75%	11.96%	11.78%	11.98%					
	Time to recruit (rolling position) *	Patients	LM	<= 65.5 days	QEH	Data not available prior to Jan 2019					108.3	105.6	104.4	101.9	101.1	99.5	97.9	97.6					
	Staff Friends and Family (quarterly)	Patients	LM					Not Collected			45.55%			47.39%					50.91%	44.69%	47.39%		
	PPM Including Statutory PPM	Patients	LS	>= 95%	QEH	93%	94%	96%	96%	97%	92%	89%	83%	85%	86%	91%	88%	88%					
	CTG Training Compliance (Midwives)	Patients	LM	>= 90%	QEH	Data not available prior			75.8%	87.0%	97.0%	94.3%	94.1%	97.7%	95.0%	94.0%	82.0%	94.0%					
	CTG Training Compliance (Doctors)	Patients	LM	>= 90%	QEH				96.6%	96.8%	85.7%	86.7%	86.7%	100.0%	100.0%	100.0%	47.0%	71.0%					

3. DOMAIN REPORTS

Safe

Accountable Officer – Medical Director / Chief Nurse

Areas of strong performance

Incidents

We are pleased to present that there were no MRSA Bacteraemia declared in August 2019.

Harm Free Care

The Trust scored 98.27 % for Safety Thermometer harm free care. This compares favourably to other NHS Trusts.

Scores continue to be above the National average due to education and training and sustained scrutiny of audit completion by the Associate Chief Nurse.

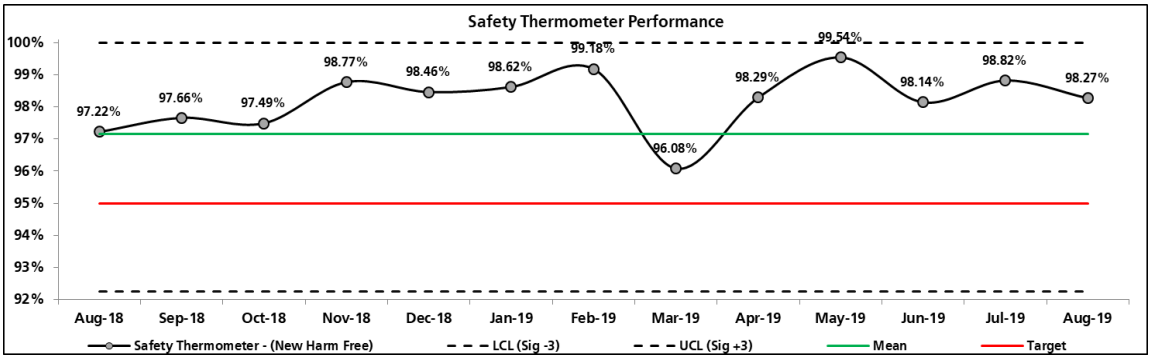


Chart 1 – Safety Thermometer performance (Harm Free Care)

VTE Assessment

We continue to have strong performance in relation to VTE Assessment which continues to be above the Trust target of 97%.

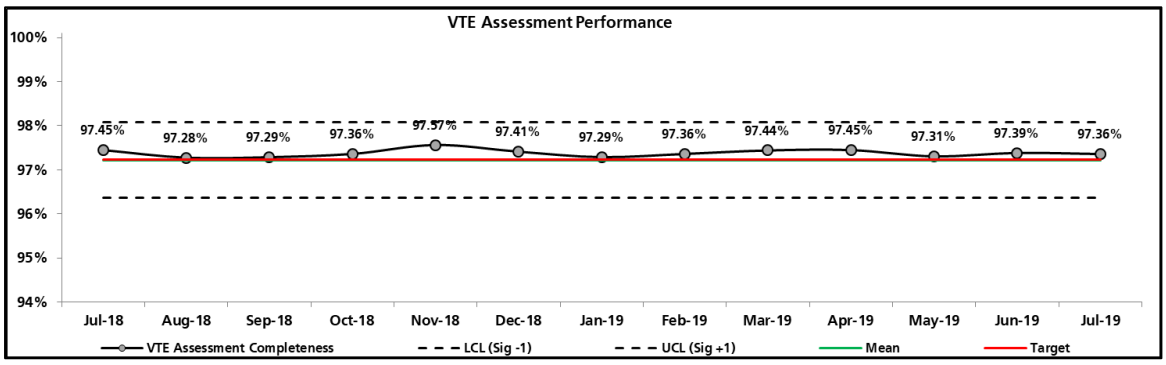


Chart 2 – VTE Assessment performance

Areas requiring improvement

Never Events

There were no Never Events declared during the reporting period of August 2019. However, there has since been one never event pertaining to a wrong site procedure in Ophthalmology although no harm was reported to the individual patient. Duty of candour was undertaken; an investigation has been launched and our Regulators informed. Previously, the last Never Event to be declared was in June 2018.

Serious Incidents

There were nine serious incidents reported this month which are described below;

Date SI Declared	Date SI Occurred	Incident Description
01/08/2019	19/07/2019	Stillbirth
02/08/2019	27/07/2019	Fall resulting in fractured humerus.
13/08/2019	31/05/2019	20 patients were delayed for 3 or more hours in May 2019 being offloaded from ambulance.
13/08/2019	30/06/2019	21 patients were delayed being offloaded for 3 or more hours in June 2019 from an ambulance.
13/08/2019	31/07/2019	26 patients were delayed for 3 or more hours being offloaded from an ambulance in July 2019.
15/08/2019	09/08/2019	Patient went without nutritional intake from time of admission (31st July) to 9th August when the NG tube was inserted; a total of 9 days.
19/08/2019	16/08/2019	Patient slipped on ward and sustained a fractured neck of femur
29/08/2019	22/08/2019	Induction of labour for reduced foetal movements believed to be 39+2. Actual gestation 34+5
30/08/2019	26/08/2019	Unexpected patient death in theatres

Table 1 - SIs declared in August 2019

Themes, learning and actions required

Key themes this month remain delays to patients waiting in ambulances for the emergency department. A thematic review is underway of these incidents.

Actions

- A standard operating procedure to cover the care of patients waiting in ambulances has been drafted and will be agreed with the ambulance service by the end of October.
- The Trust is engaged with external partners (2020 consulting) who are supporting transformational change.
- The Trust has appointed two internal Emergency Care improvement leads to improve flow for non-elective patients throughout the hospital which should

reduce delays due to exit block in the emergency department.
- A vacancy has now been filled for a Patient Flow Navigator within the emergency department.

To ensure further learning, the Trust has commissioned a thematic multiagency review of delays experienced by patients within the emergency department awaiting admission to mental health beds. This is a joint review which has been commissioned by the Trust. This is a complex piece of work across multiple providers. The consultant on the project is Dr Jane Carthey. The outcome of the work is expected to be available at the end of October.

The Trust is undertaking a further piece of work around falls with harm and is working with the falls collaborative to identify any learning to reduce this. Learning to date includes the need to identify frailty and links to the current CQUIN on the taking of lying and standing blood pressures to identify patients at high risk of falls. This learning is shared across the trust though the Harm Free Care Forum.

Falls

Falls with moderate and above harm remain below the monitored level of 1.00 per 1000 bed days, down to 0.08 from 0.24 in July. This compares favourably with other NHS Trusts.

There were a total of 52 falls reported in the month of August; 51 in-patients and 1 out-patient who fell in the Radiology department

All falls with major or catastrophic harm are investigated as a serious incident as above.

Hospital Acquired Pressure Ulcers

There were six Hospital Acquired Pressure Ulcers reported in August; five were category two and one deep tissue injury. Although this is an increase from last month's figure of three, the pressure ulcer incidence remains low compared to other similar sized hospitals.

Pressure Ulcer Grading System (NHSi, 2018);

CATEGORY	DEFINITION
Category 2	Superficial skin loss, not breaching the first few layers of skin
Category 3	Full thickness skin loss which may extend into the subcutaneous tissue
Category 4	Full thickness tissue loss where bone and or tendon is exposed or directly palpable
Category Unstageable	Wound of undetermined depth with surrounding non-blanching erythema. Wound bed is unable to be assessed due to the presence of slough or necrosis
Deep Tissue Injury	Presents as a deep purple/black discolouration of intact skin over the bony prominence with surrounding non-blanching erythema. Tissue damage has occurred within the deep tissues, close to the bone, but has not broken the skin

Table 2 – Pressure Ulcer Grading System (2018)

The acquired pressure ulcers were reported on the following wards:

Gayton, Stanhoe, Necton, Critical Care and Denver wards each reported a category two hospital acquired pressure ulcer; Oxborough ward reported a deep tissue injury.

The four wards where lapses in care were identified have completed a mini root cause analysis and identified the following lapses in care:

- Oxborough: lapses in care were around skin and nutritional assessment and delay in the provision of pressure relieving equipment. The analysis highlighted insufficient evidence to support that two hourly repositioning was taking place.
- Gayton: lapses were around poor evidence to support that two hourly repositioning was taking place.
- Necton: failure to implement appropriate pressure relieving equipment.
- ITU: failure to reposition two hourly and failure to implement pressure relieving equipment.

Oxborough: are due to present/feedback at the next Harm Free Care Forum.

Actions

The wards have discussed the care delivery problems identified at their safety huddles and they will feedback the actions instigated at the Harm Free Care forum in October.

The medical wards have developed outstanding examples of completed documentation for staff to learn from. This is part of an educational initiative to improve documentation across all ward areas. Stanhoe and Necton will feed back to Harm Free Care forum in October, presenting their work and improvements in practice.

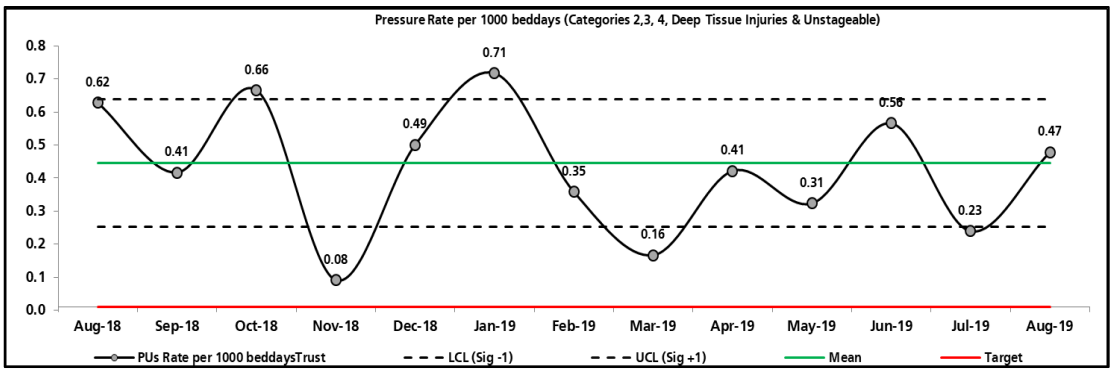


Chart 3 – Pressure rate per 1000 beddays

Clostridium Difficile

There were four cases of Clostridium Difficile in this month. To date the Trust has had 19 cases of Clostridium Difficile of which three were successfully appealed. The Trust's year end trajectory is 44 cases. The Trust is on line to meet this trajectory.

Actions

In three of the four cases no lapses of care were identified. In the fourth case, lapses of care were identified. This case occurred on Denver ward and the following actions have been put in place;

- An alert to highlight if a patient has a previous history of CDiff has been added to Patient Centre and staff have been selected for refresher training in October and November.
- As poor stool documentation was identified as one of the lapses in care, this is on the ward agenda in October and has been discussed at ward briefings/safety huddles.

Cleaning

Cleaning scores for areas of significant risk and low risk have improved this month however, very high- and high-risk area have deteriorated from 96.63% in July to 95.63% in August for very high risk and from 95.59% in July to 92.82% in August for high-risk areas. Several wards failed the monthly audit, with deteriorating scores.

Very High-Risk areas

Two areas failed to achieve the 95% pass rate; ED and Critical Care.

- ED - The issues were resolved and re-audited.
- Critical Care – The score was 94% due to issues of high dusting of beams and beds.

High Risk Areas

9 out of the 17 areas failed to achieve the 95% pass rate for the audit.

Ward	Audit score cleaning	Re audited cleaning score	Audit score Housekeeping/ nursing	Re audited Housekeeping score	Re audited Estates	Audit score Estates
Castle Acre	88%	100%	91%	100%		
Denver	90%	98%	86%	100%		
Elm	84%	99%	68%	100%	91%	90%
Gayton	90%	98%	86%	100%		
Leverington	93%	99%	83%	77%		
Marham	92%		70%			
Necton	83%	98%	89%	100%	80%	72%
Oxborough	93%	97%	93%	100%		
Rudham	92%	100%	89%	100%	80%	90%

Table 3 – August 2019 Cleaning Audit results

The reasons for failure are due to both domestic and housekeeper cleaning issues. The areas were re-audited and the scores have improved.

Actions

Marham was not re audited and this has been addressed with the relevant supervisor. The Leverington re-audit score was below 95%, however, cleaning issues for both domestic and housekeeping staff were addressed.

Timely feedback was given at the time of audit. Although nursing staff participate in the audits, this is inconsistent. Following discussion with the senior nursing team and the domestic services team, going forward a member of nursing staff will be present when audits are carried out to ensure consistency.

Starting on the 23rd September 2019, the Matrons will be refocussing on how they are able to use their "ward round" time.

Their focus will be on a whole range of care and professional issues including;

- Patient experience
- Staffing support
- Cleanliness issues
- Infection Prevention and Control issues
- Incidents
- Board rounds

Effective

Accountable Officer – Medical Director

Areas of strong performance

Mortality

HSMR has reduced to 99.1 and is within the expected range.

Our SHMI, now published monthly six months in arrears, is also within the expected range at 100.36 with no outlying groups.

The weekday non-elective HSMR is at 97.1. The weekend non-elective HSMR is at 104.8. Both measures remain as expected and no care delivery issues were identified in a recent review of mortalities occurring following weekend admission. This review was supported by independent analysis by Dr Foster.

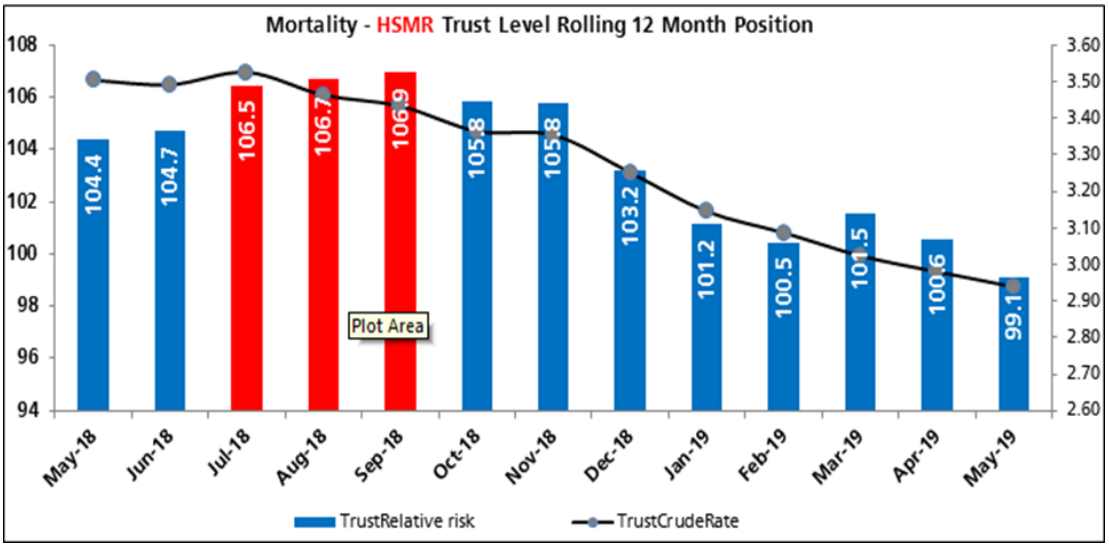


Chart 1- Fall in mortality as assessed by HSMR from above (red) to within expected (blue) levels

There were 76 deaths in the hospital in August 2019. This number is lower than last year (83) and equates to 10.8 deaths per 1000 admissions which is lower than our previous rate in August 2018 at 12.3.

The highest number of deaths occurred on our respiratory (9) and critical care (9) wards and the most frequent diagnosis was sepsis (16). The new medical examiner post has not identified any areas of concern to date.

This improvement will be maintained by a continued focus on the recruitment of substantive clinical staff, improving flow throughout the hospital, and access to seven-day services including senior medical review for all non-elective patients.

Clinical Audit

The national Healthcare Quality Improvement Program (HQIP) of national clinical audits forms part of the Trust quality account. The Queen Elizabeth Hospital has actively participated in 97.5% (40 of 41) HQIP National audits in the reporting period.

Clinical Research and development

Research recruitment is on track to deliver our annual target.

Maternity Services

The reported Neonatal death rate is 0 for July 2019. Previously reported data included medical terminations of pregnancy and those babies born before 24 weeks of pregnancy. This was not in line with national MBRACE reporting recommendations. This discrepancy was identified in the annual report on neonatal mortalities. This has been clarified with the national MBRACE lead. It was agreed at the Quality Committee to align our reporting with national recommendations going forward which underlies the fall in perinatal mortality. This confirms that our perinatal mortality is in fact lower than the stabilised/ adjusted rates of the MBRACE report.

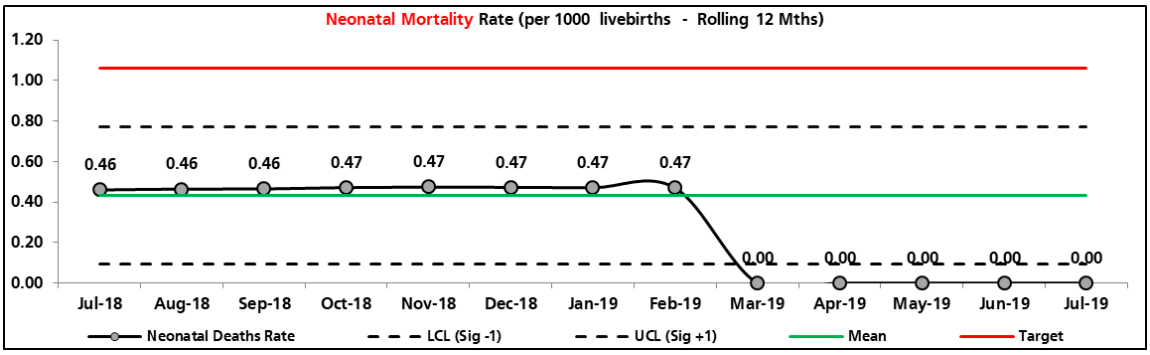


Chart 2 - Fall in neonatal mortality rate due to change in reporting arrangements in line with national recommendations

4.8% term babies (8) required admission to NICU in this reporting period which is stable though above our target of 3%. ATAIN reviews are undertaken for all NICU admissions to understand if they could have been potentially avoided, with learning shared throughout the Division. ATAIN reviews confirmed that none of these NICU admissions were avoidable.

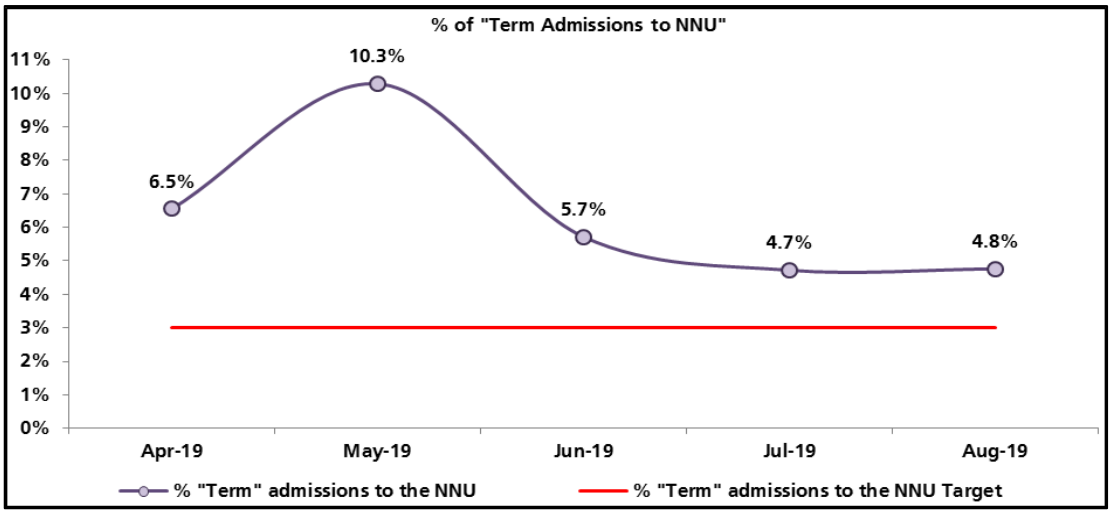


Chart 3- Fall in the proportion of term babies requiring admission to NICU following sharing of lessons learnt from the ATAIN reviews.

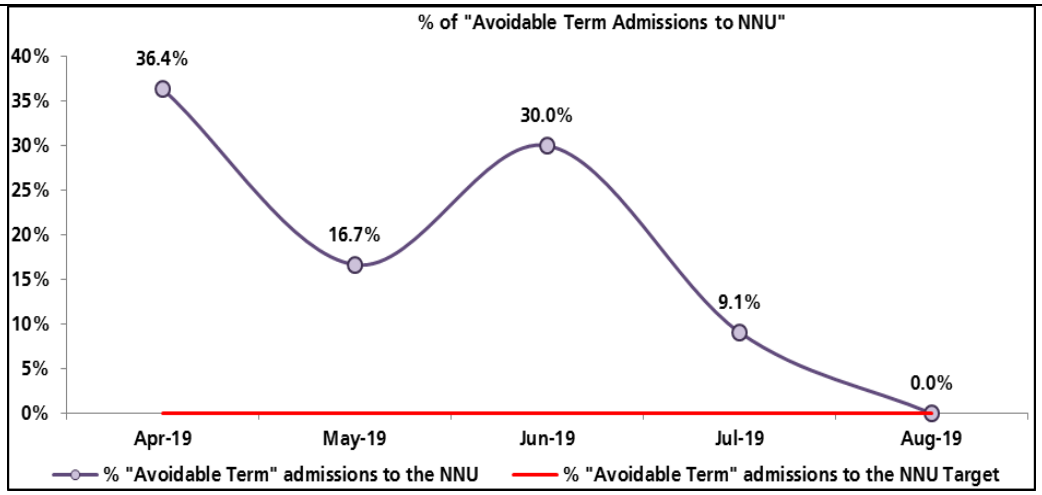


Chart 4 - Graph demonstrating fall in avoidable admissions to neonatal unit. In August 2019, all admissions to the Neonatal Unit were deemed to be appropriate / unavoidable.

CTG Training compliance

On the 9th September it was confirmed that both Medical and Midwifery staff were at 94% training compliance for CTG. This change will be reflected on the scorecard for the October Integrated performance Report.

Areas requiring improvement

Mortality

Key learning points are discussed at the mortality surveillance group and are circulated to all Divisions for shared learning. However, there is no robust mechanism to ensure that all deaths have been screened for avoidability and that all structured judgement reviews have been undertaken where required.

Actions

The head of coding has been asked to produce a dashboard by October, to track completion and learning from mortality reviews and structured judgement reviews. The Medical Director is planning to appoint a mortality lead to work closely with the medical examiner to ensure that themes and learning are identified from our mortality data and triangulated with other data from complaints, compliments and incident investigations.

Clinical Audit

The Trust did not enter any data for the national inflammatory bowel disease audit this month. This was initially due to a technical issue regarding the availability of software which has now been addressed. The clinical team have also reported difficulty in updating this audit due to time constraints and current staffing issues.

Action

The Divisional leadership team has been asked to provide an action plan to address this by October. Gastroenterology are leading on this work.

Maternity Services

The dashboard has been separated to demonstrate the emergency and elective Caesarean Section (C/S) rates as well as the total C/S rate.

The total C/S rate was 33.33%, a slight increase from 30.72% in June 2019 and remains above our target of 25% for this reporting period (one month in arrears, data validated to July 2019).

New processes to expand consultant cover on the labour ward are in place to improve continuity and access to senior decision making which aims to reduce emergency C/S rates. A new vaginal birth after caesarean section (VBAC) clinic is also now in place with the aim of reducing elective C/S rates, and a weekly multidisciplinary review of all planned instrumental deliveries is also in place although this is not yet fully embedded.

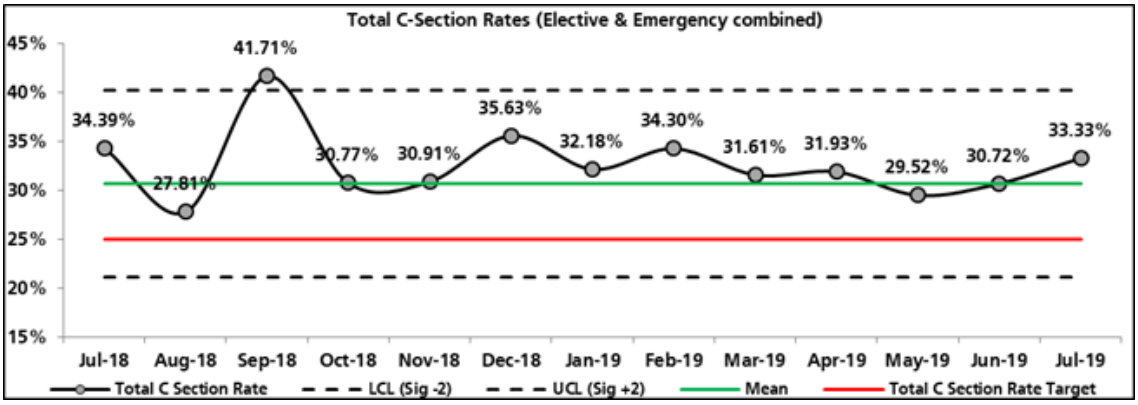
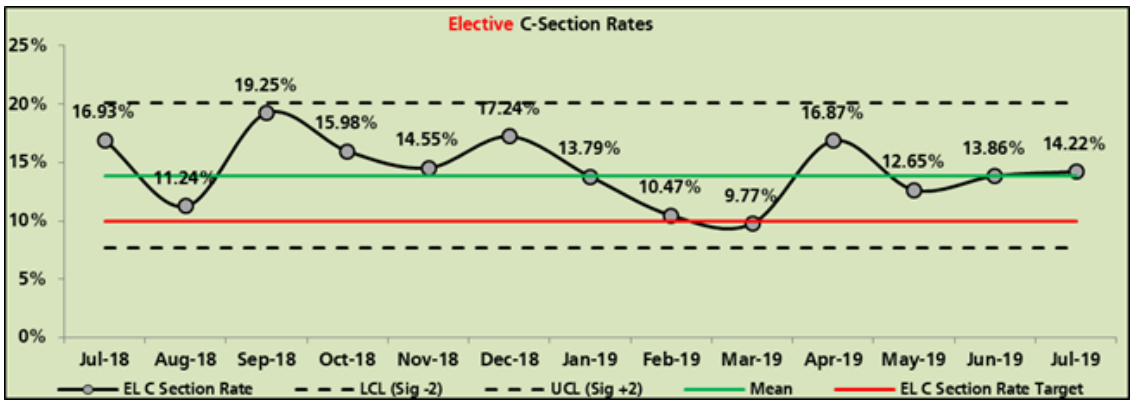
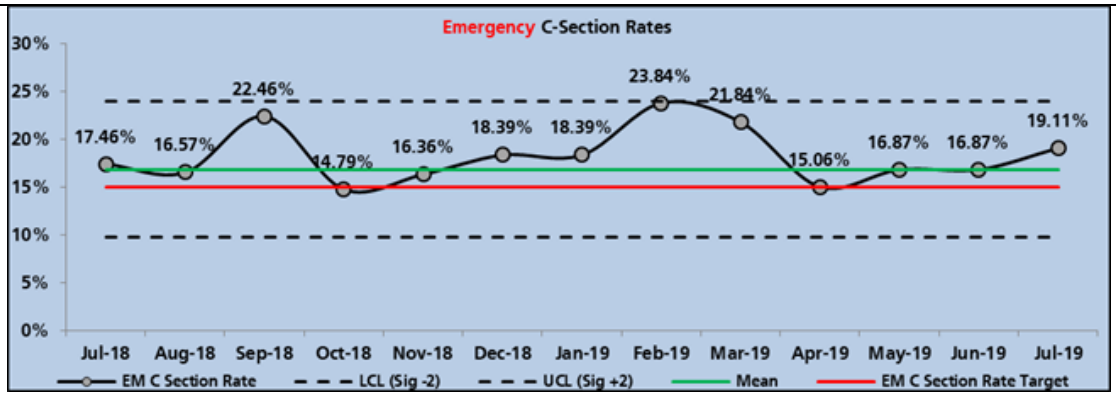


Chart 5 - Stable total C/S rates which remain above the 25% target





Charts 6 & 7 - Stable elective and emergency C/S rates

Actions

The Obstetrics and gynaecology CD is leading ongoing cultural work to embed multidisciplinary working and the VBAC service and will review the information provided to women attending the VBAC clinic by November 2019.

An audit of C/Ss is due to be presented at divisional clinical governance in September to share themes and learning with the team. Unvalidated figures for August show a much-improved total rate of C/S.

Caring

Accountable Officer – Chief Nurse

Areas of strong performance

Friends and Family Test

The Friends and Family Test (FFT) is a national tool which allows patients the opportunity to provide anonymous feedback at any point during their time in our care about how likely they would be to recommend their experience. Below are SPC (Statistical Process Charts) for the different touch points.

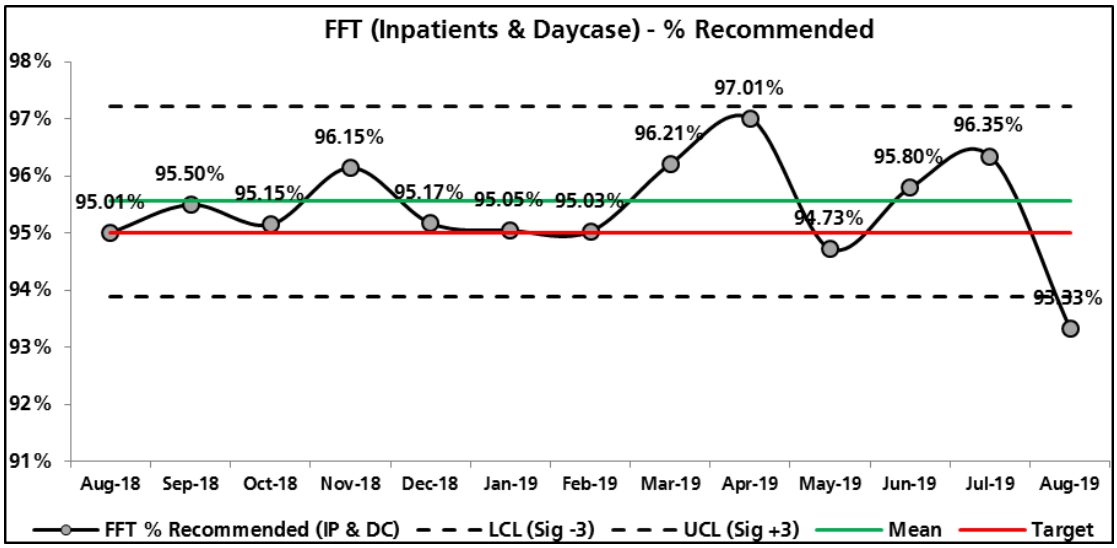


Chart 1 – FFT (Inpatients and Daycase) % recommended

The latest figure for % recommended for inpatients and daycase is outside control as it breaches the LCL (Lower Control Limit). Having reviewed the feedback provided by patients there has been an increase in neutral responses which has affected the rating. This will be closely monitored going forward.

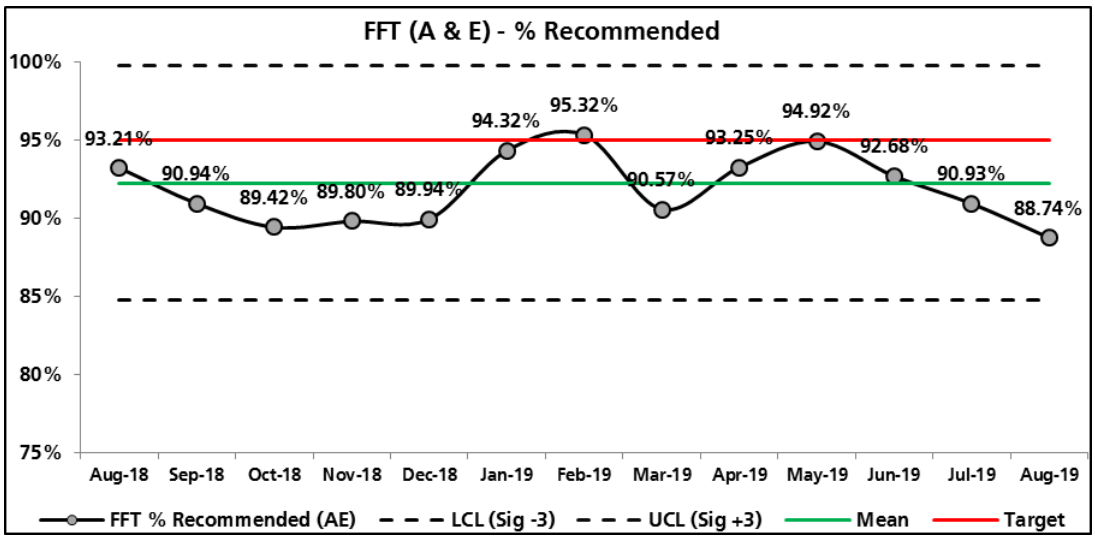


Chart 2 – FFT (A&E) % recommended

Based on the feedback received in A&E, waiting times seem to be a factor in the

downward movement of likelihood to recommend although currently this is not significant. This will be monitored and actions will be identified and taken as required.

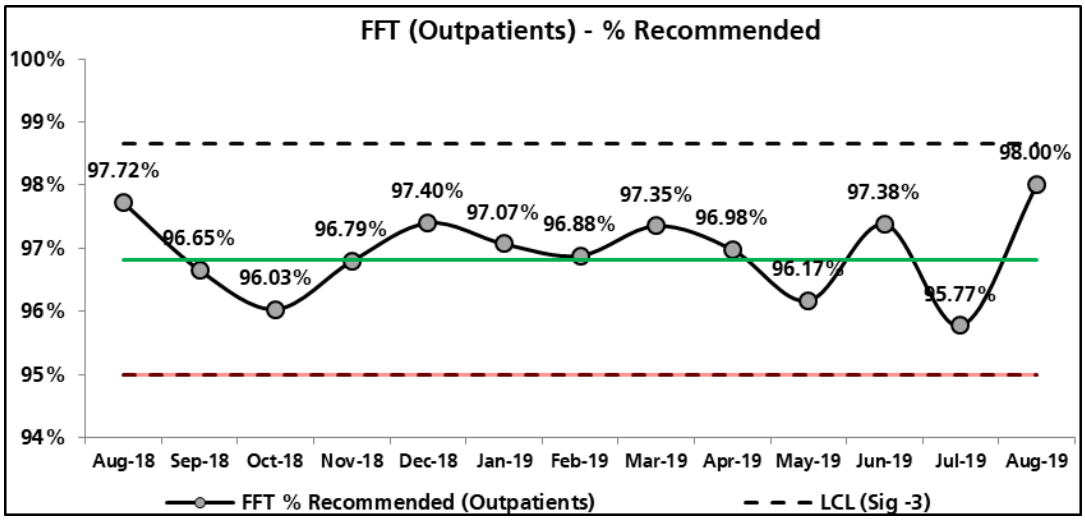


Chart 3 – FFT (Outpatients) % recommended

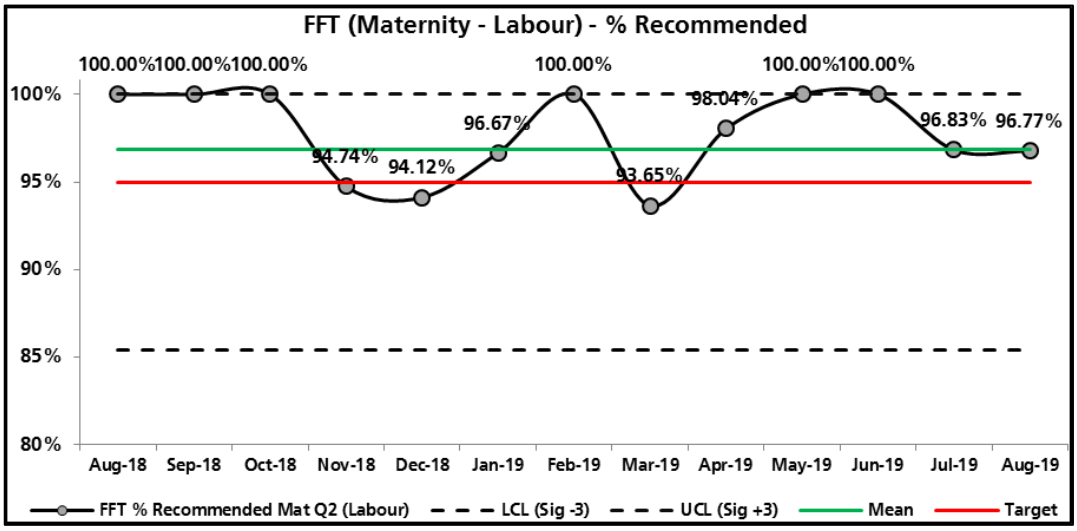


Chart 4 – FFT (Maternity - Labour) % recommended

Staffing

The staffing fill rate for the Trust overall was above 94.08 % and the Care Hours per Patient Day (CHpPd) in August was 8.1 which is slightly higher in comparison than July's figure of 8.0 but remains within the Trust target.

Action

Inpatient areas that fell below the 90% fill rate in August 2019 were supported by moving staff from other wards. There is a daily staffing meeting chaired by an Associate Chief Nurse / Deputy Associate Chief Nurse or Deputy Chief Nurse to identify staffing shortfalls and put mitigations in place.

The Trust CHpPD is in line with the peer median and national median scores of 8.0 and 8.1, respectively (Model Hospital latest data, April 2019).

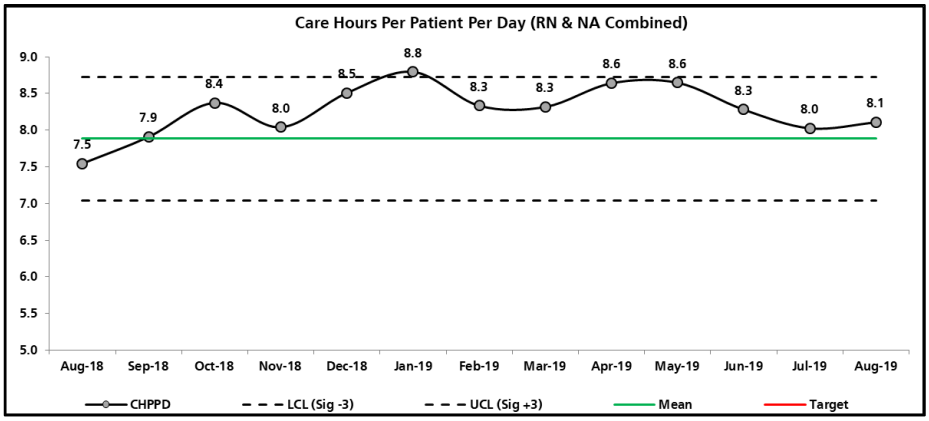


Chart 5 – CHpPd (Trust total)

Areas requiring improvement

Mixed Sex Accommodation

Mixed sex accommodation (MSA) remains red this month following two occurrences which affected five patients. All of these occurrences happened on West Raynham Ward when the Hyperacute Stoke bay is utilised to treat patients of opposite gender who need time critical interventions.

Action

These breaches are discussed at divisional governance meetings to identify mitigations of their reoccurrence.

Complaints

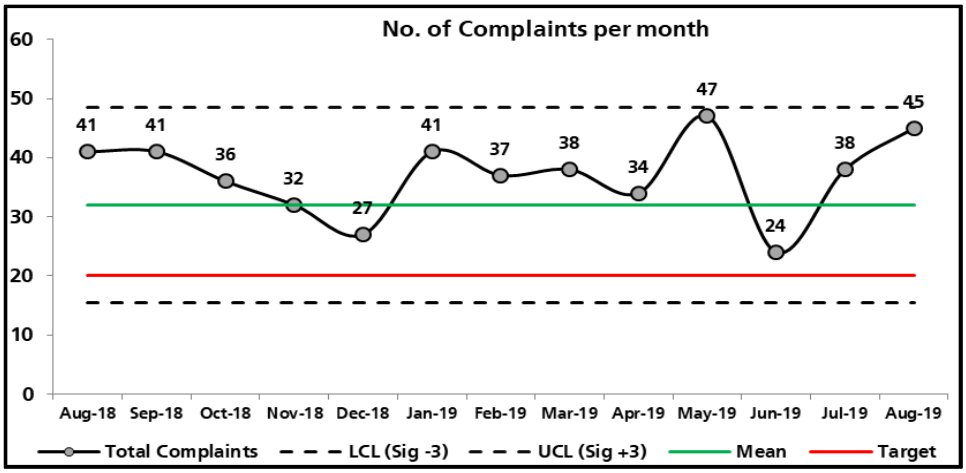


Chart 6 – Complaints performance

There were 45 complaints received in August 2019 which is above the threshold of 20 complaints per month. The number of complaints received in August is comparable to the same month last year.

The complaint compliance response rate has decreased from 26 % in July to 17 % in August. Clear actions are in place to improve compliance and trajectories have been agreed to reduce the current backlog.

It is recognised that significant work still remains to be done in order to reduce the backlog. The complaint response quality continues to require improvement.

Actions

The following actions have been introduced from 9th September 2019 to improve response compliance and help reduce the complaints backlog;

- Introduction of a complaints handling tracker sheet which will highlight where there has been a hold up in the complaints process and who is responsible for both investigation and reply.
- The complaints team meet with the divisions on a bi-weekly basis to chase progress.
- The complaints department are currently focusing on quality assuring complaint responses with a target of completing 10 backlog and 10 current responses per week.

These actions are expected to deliver a reduction in backlog to 5% of the total complaints.

Dementia Case Finding

The current Trust position (July 2019) with regard to dementia case finding remains below the Trust target of 90%.

Action

The clerking document has been now redrafted to meet the national guidelines and reporting requirements. As an interim measure, stickers will be used temporarily and have been ordered to prevent wastage of current printed documents and to allow for printing lead in times.

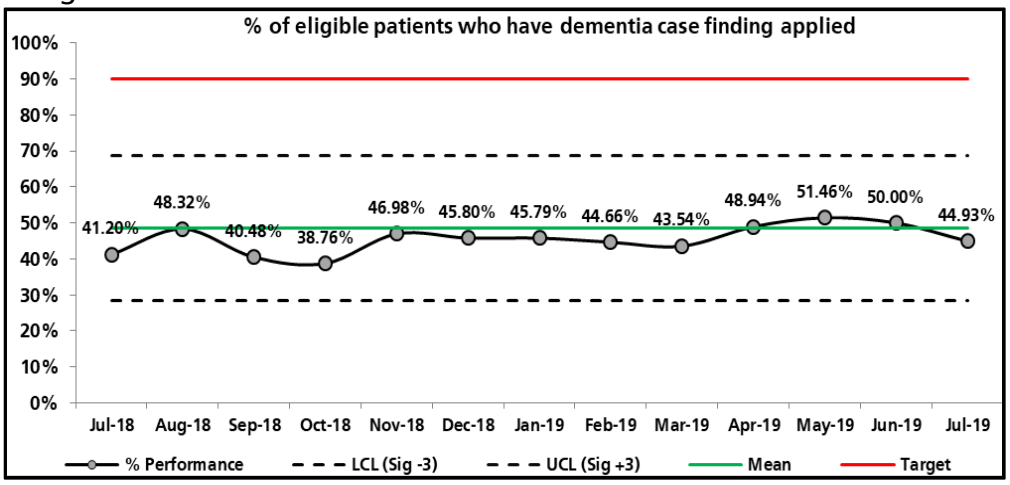


Chart 7 – Dementia Case Finding

Responsive

Accountable Officer – Chief Operating Officer

Emergency Pathway

Areas of strong performance

Delayed transfers of care

Performance in August was 2.52%; exceeding the national standard of 3.5%.

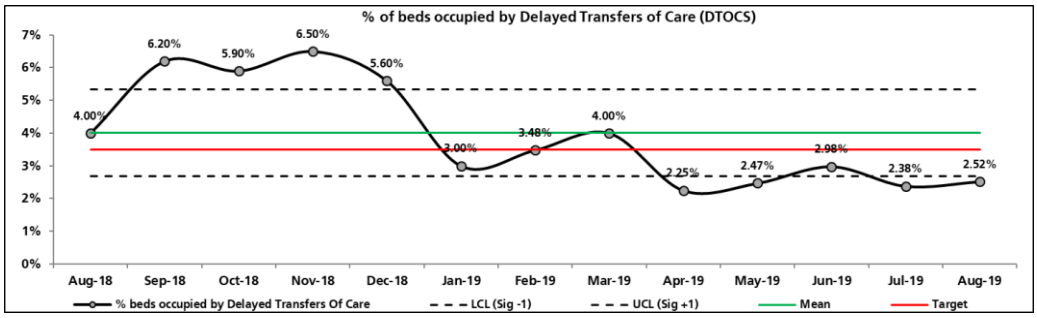


Chart 1- Percentage of beds occupied by patients with a delayed transfer of care

Performance will be maintained by:

- minimising internal delays through effective board rounds and weekly longer length of stay reviews
- the creation of a discharge hub in September 2019 to facilitate effective communication and discharge planning
- implementation of the Direction of Choice Policy in September 2019

There were no **12-hour breaches** during the month.

Areas requiring improvement

Four-hour emergency performance

Performance in August was 78.96% compared to 81.12% in July. On Type 1 attendances alone, the Trust was ranked 62 out of 133 Trusts and performance remained above the national average.

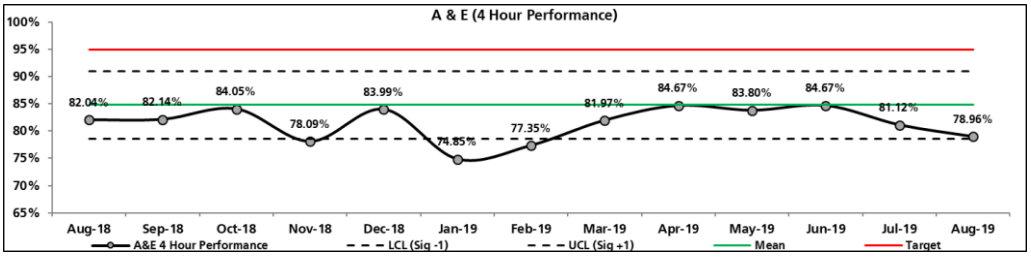


Chart 2 - 4-hour performance

Performance is off track due to:

- a sustained increase in the average number of attendances per day since May 2019 and a 3% increase in attendances in August 2019 compared to August 2018. In addition, there was a 5% increase in emergency admissions in August 2019

compared to August 2018.

- Overcrowding in and exit block from the ED. The ED estate is not fit for purpose and flow out of the department has been challenged during the month.
- ED medical and nurse staffing capacity and rota pattern not always matching demand.

Performance will be improved by:

- Capital investment in the ED and emergency floor to increase capacity and improve the environment. Phase 1a is complete and phase 3 is due for completion in February 2020.
- The urgent and emergency care improvement plan; including plans to minimise delays between ED and assessment areas; embed the SAFER bundle across the Trust and improve discharge planning. The initial improvement phase is due for completion at the end of October 2019.
- A review of the medical and nursing staff establishment and rota. This will be complete by the end of October 2019.

Ambulance handover within 15 minutes

Performance was 56.61% in August compared to 64.60% in July.

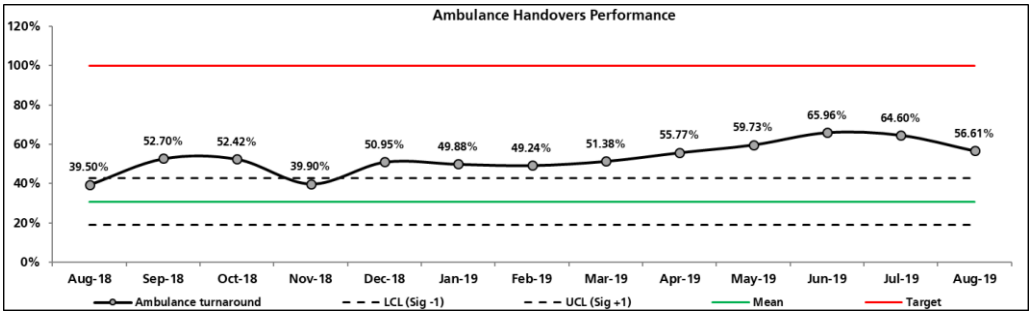


Chart 3 - Ambulance handover within 15 minutes

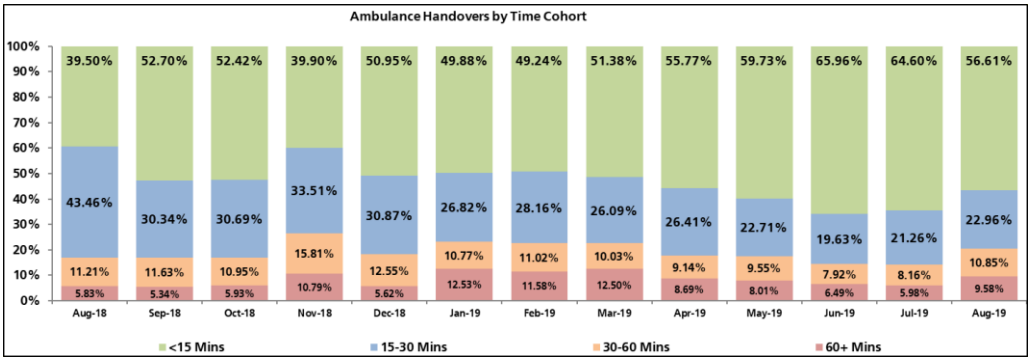


Chart 4 - Ambulance handover by time band

Performance is off track due to overcrowding in and exit block from the ED; the department is limited in capacity to cohort patients which leads to delays in ambulance handover.

Performance will be improved by:

- Capital investment in the ED and emergency floor to increase capacity and

improve the environment. Phase 1a is complete and phase 3 is due for completion in February 2020.

- The urgent and emergency care improvement plan; including plans to minimise delays between ED and assessment areas; embed the SAFER bundle across the Trust and improve discharge planning. The initial improvement phase is due for completion at the end of October 2019.
- Standardisation of the ambulance handover process. Joint work is in progress with the ambulance service; this will be embedded by the end of quarter 4.

≥ 21-day length of stay

Performance for August was at 57 and remained below the baseline (60) but above ambition (46).

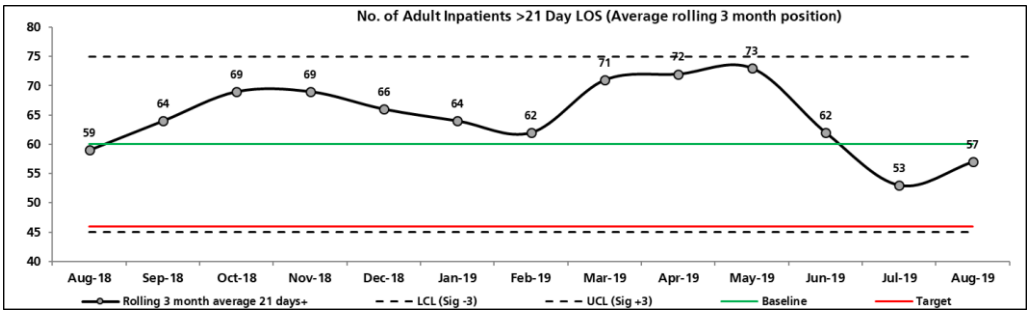


Chart 5 - Number of adult inpatients with a length of stay ≥ 21 days (rolling 3-month average)

Performance is off track due to the proportion of patients who are medically fit for discharge but who remain in an acute hospital bed (c. 60%).

Performance will be improved by:

- Improved, proactive discharge planning. This is a key workstream in the urgent and emergency care improvement plan, with the first improvement phase due for completion at the end of October 2019.
- A review of community capacity to ensure this matches demand. This review is being undertaken in partnership with the CCG and will be completed by the end of October 2019.
- Implementation of the Direction of Choice Policy; this is being rolled out across all wards from October 2019.

Impact on performance on other domains and strategic priorities

ED overcrowding can have an adverse impact on patient safety and patient experience. In addition, long waits in ED can have a detrimental impact on patient outcomes and lead to longer lengths of stay.

Elective pathway

Areas of strong performance

There were no **urgent operations cancelled more than once** in August.

There were no **52-week breaches** reported in August.

Performance will be maintained by:

- Proactive management of the patient tracking list and close monitoring of plans for all patients waiting ≥ 40 weeks.

Areas requiring improvement

18-week RTT

Performance in August was 80.69% against the trajectory of 80.96%. At the end of August 2019, the total Trust waiting list was 13,814 against a trajectory of 13,861 and the total backlog of patients waiting over 18 weeks was 2,667 against a trajectory of 2,639.

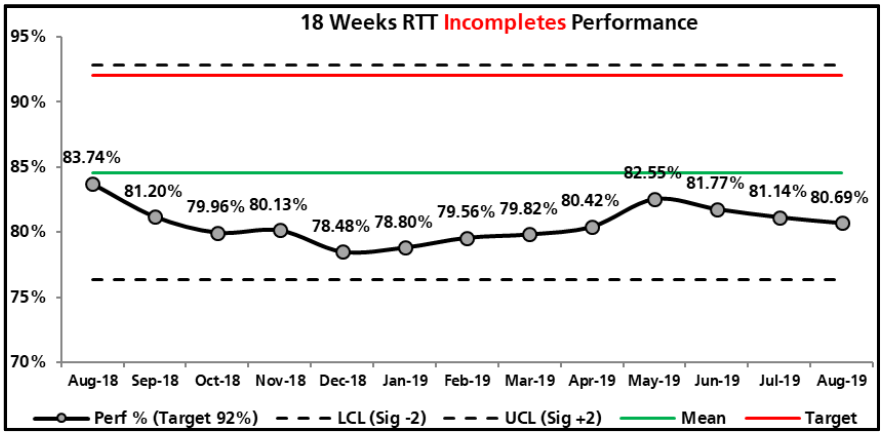


Chart 6 - 18-week referral to treatment performance

Performance remains in line with the agreed trajectory and will be maintained by performance management at specialty level.

6-week diagnostic standard

Performance for August achieved 90.90%, against a standard of 99%. There were 362 breaches in the month, of which 341 were in ultrasound.

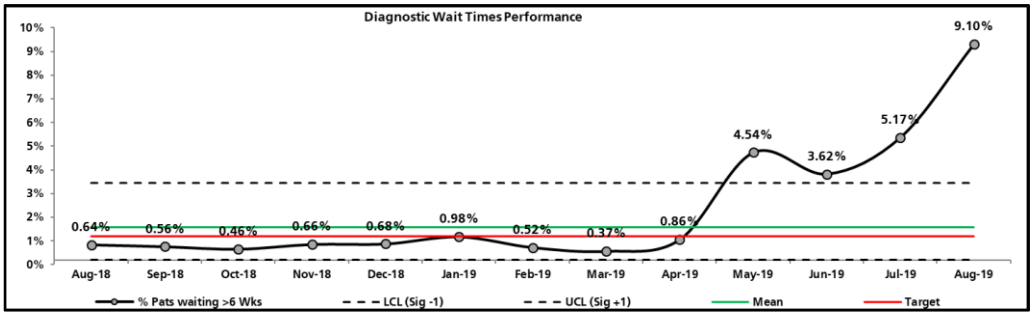


Chart 7- 6-week diagnostic performance

Performance is off track due to:

- An increase in demand of c.10% and an inability to increase capacity due to radiographer and radiologist vacancies.
- Ineffective processes to manage referrals.

Performance will be improved by:

- Recruitment to two consultant posts; one starting in September and the other in October
- Reviewing administration and booking processes to ensure optimum utilisation of all capacity
- Training of radiographers to undertake sonography work; one member of staff is currently being trained.

Performance is forecast to recover by October 2019.

28-day guarantee

There were two breaches of the 28-day guarantee in August; one in respiratory and one in rheumatology. Both patients were offered alternative dates within 28 days but declined.

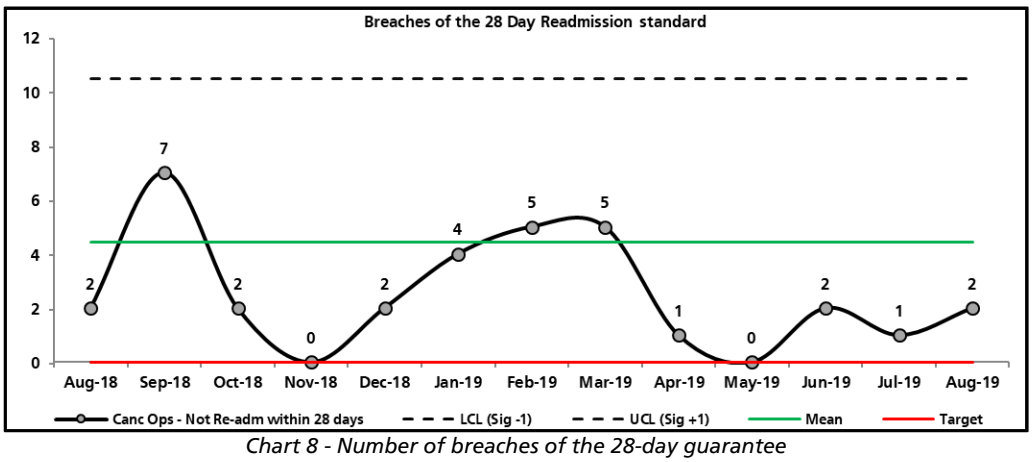


Chart 8 - Number of breaches of the 28-day guarantee

Performance will be improved by weekly oversight at specialty level and appropriate data validation.

Reportable (non-clinical) Cancelled Operations as a % of Elective Activity

The numbers of reportable patients cancelled increased from 0.75% in July to 0.93% August against a standard of 0.80%.

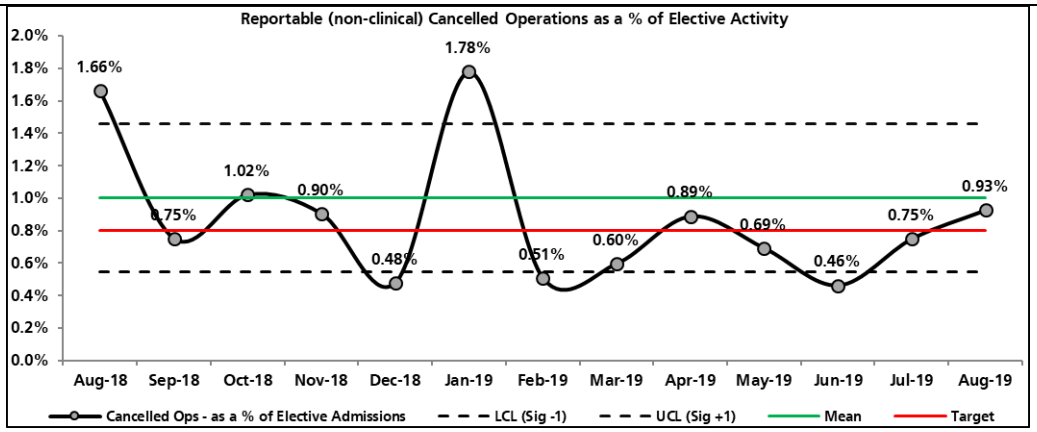


Chart 9 - On the day cancellations for non-clinical reasons

Performance is off track due to 32 patients being cancelled on the day of procedure. The cancellation reasons were as follows:

- Staff sickness (63%)
- More urgent cases and / or running out of theatre time (19%)
- Other reasons (including lack of HDU bed) (18%)

Performance will be improved by the theatre productivity workstream which includes revised theatre scheduling to ensure effective utilisation of all sessions and minimisation of over runs.

Prior to the day non-clinical cancellations

The numbers of prior to the day non-clinical cancellations increased from 6.75% in July to 8.14% in August against a local standard of 3.2%.

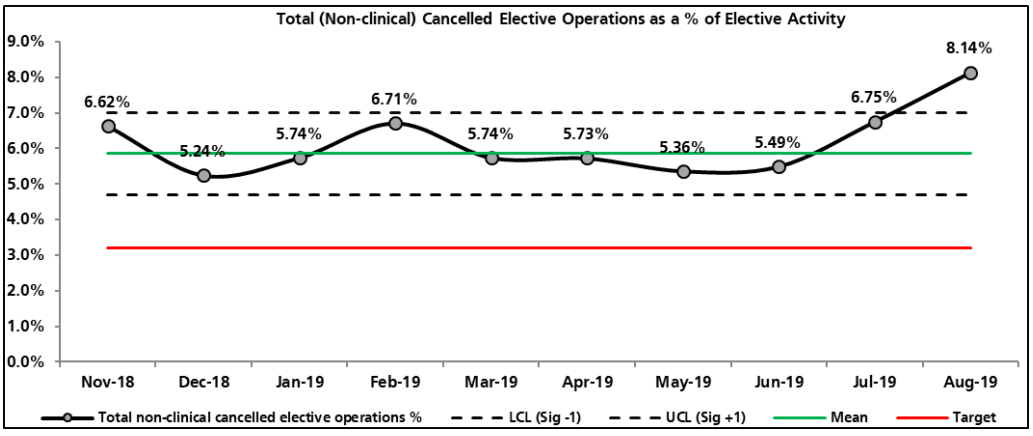


Chart 10 - Total cancellations for non-clinical reasons

Performance is off track due to 281 patients being cancelled prior to the day of procedure. The main cancellation reasons were as follows:

- Staff shortages (83 patients)
- More clinically urgent cases taking priority (43 patients)
- List changes or treatment changes (39 patients)

Performance will be improved by the theatre productivity workstream which includes revised processes to ensure adherence to annual leave policies and minimisation of cancellations through revised scheduling arrangements.
Impact on performance on other domains and strategic priorities
Extended waiting times for elective care can have a detrimental impact on patient experience and patient outcomes.

Cancer pathway

Areas of strong performance

The Trust achieved six of the seven cancer waiting time standards for July:

- Two week wait
- Two week wait (breast symptomatic)
- 31-day diagnosis to treatment
- 31-day subsequent treatment (drug)
- 31-day subsequent treatment (surgery)
- 62-day screening

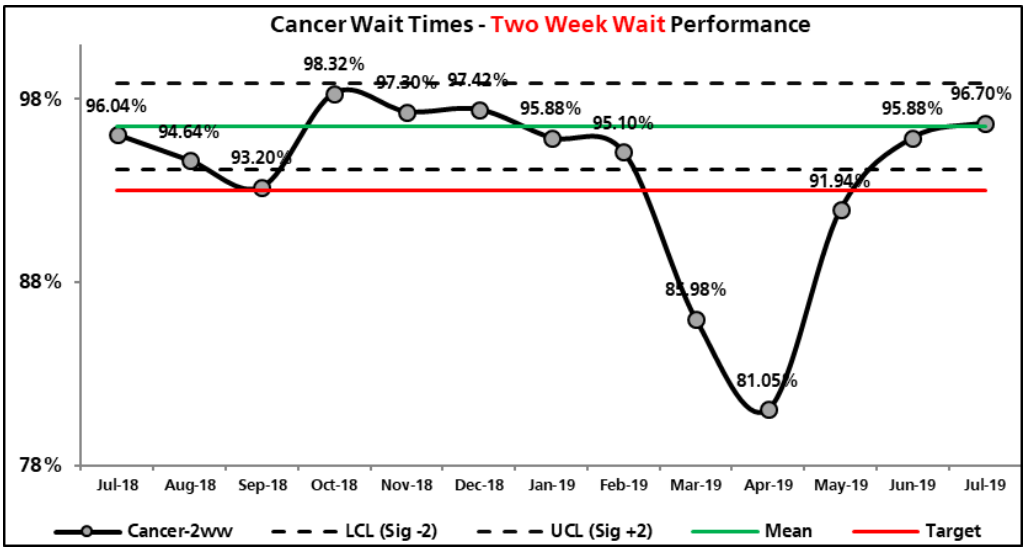


Chart 11- Cancer 2-week wait performance

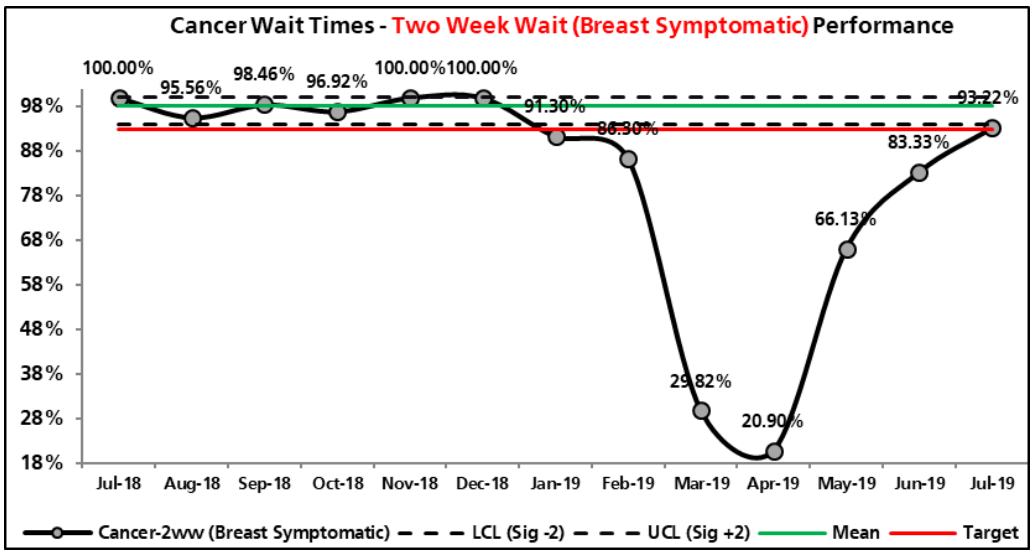


Chart 12 - Cancer 2-week wait performance for breast symptomatic patients

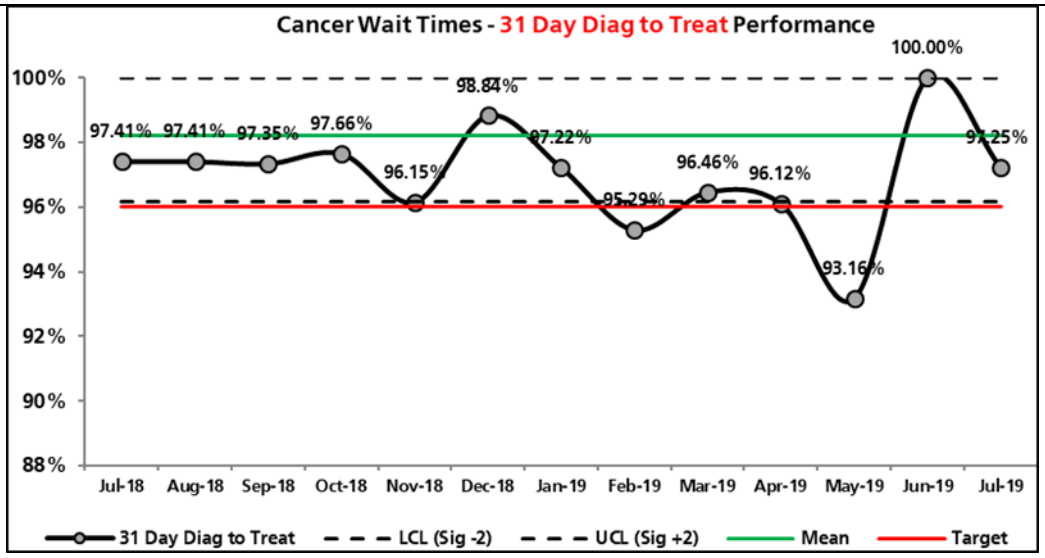


Chart 13 - Cancer 31-day diagnostic to treatment performance

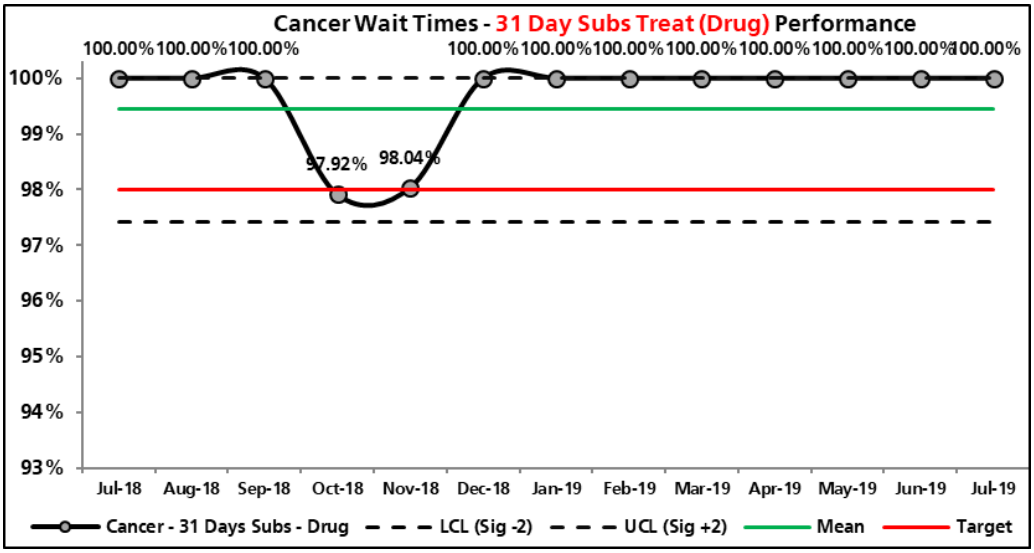


Chart 14- Cancer 31-day subsequent treatment (drug treatment) performance

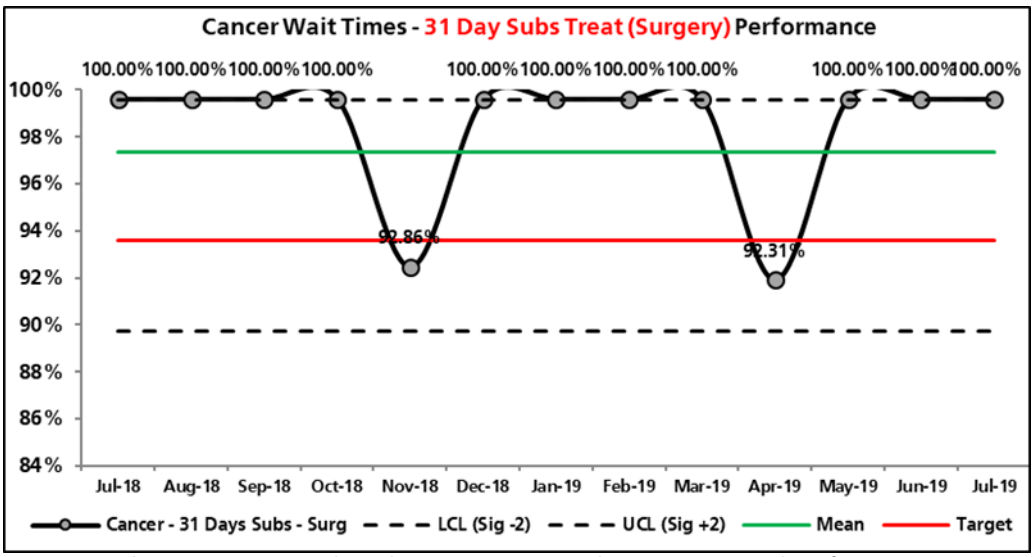


Chart 15 - Cancer 31-day subsequent treatment (surgery treatment) performance

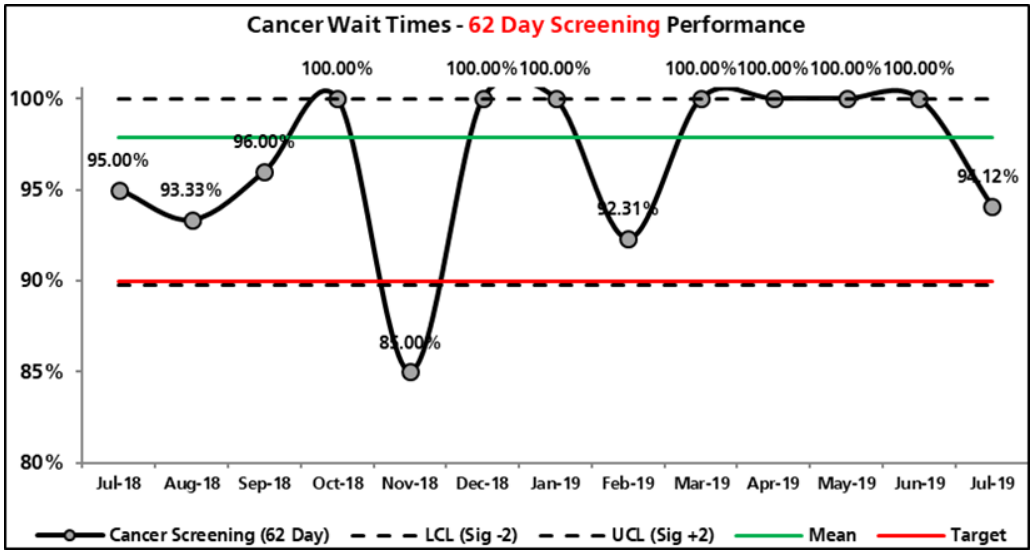


Chart 16 - Cancer 62-day screening performance

Performance will be sustained by implementation of the cancer services improvement plan which includes:

- Weekly tumour site patient tracking list meetings
- Weekly corporate cancer patient tracking list meetings
- Addressing specific tumour site capacity pressures and pathway improvements

Areas requiring improvement

62-day referral to treatment

Performance deteriorated from 81.12% in June to 75.19% in July, against the standard of 85% and trajectory of 63.72%.

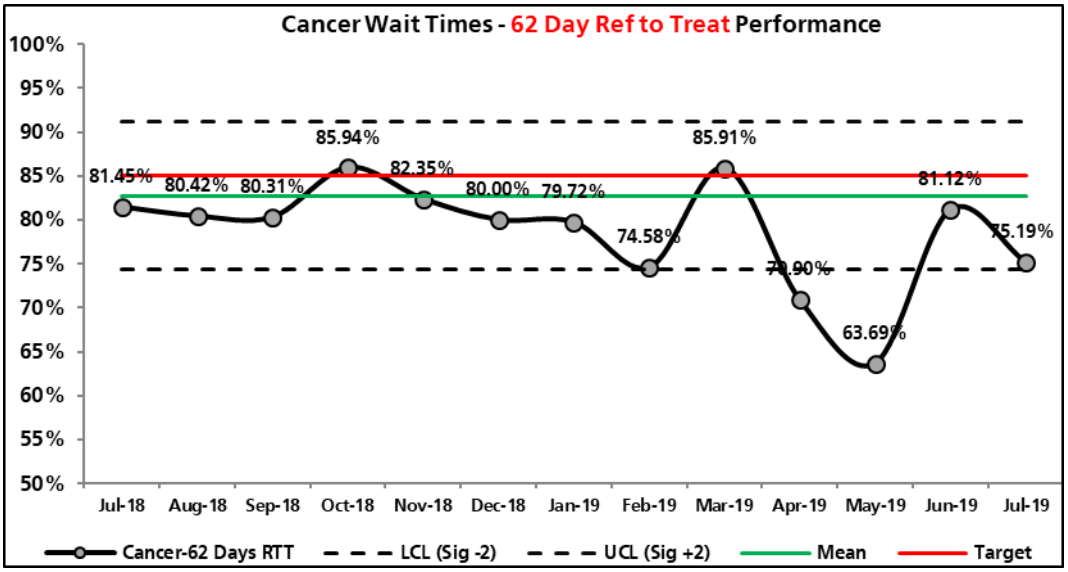


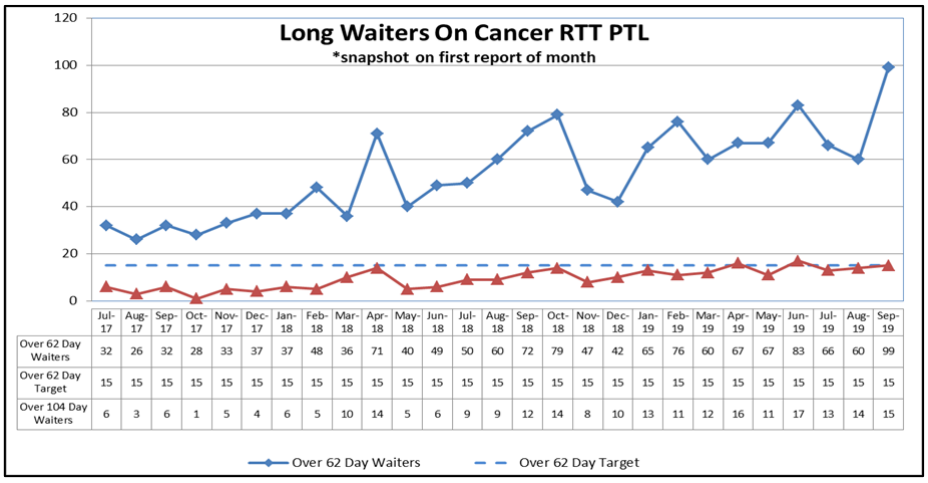
Chart 17 - Cancer 62-day referral to treatment performance

There were 66.5 treatments in July, of which 16.5 were not treated within 62 days from referral. A breakdown by tumour site is detailed below:

Tumour site	No. treatments	No. breaches	Performance
Breast	17	0	100%
Gynaecology	2	2	0%
Haematology	2	0	100%
Head and Neck	1.5	1.5	0%
Lower GI	7.5	3.5	53.33%
Lung	4	3	25%
Sarcoma	0.5	0.5	0%
Skin	10.5	0.5	95.24%
Upper GI	3.5	1	71.43%
Urology	17.5	4	77.14%
Other	0.5	0.5	0%
TOTAL	**66.5**	**16.5**	**75.19**

Chart 18 - Number of cancer treatments and breaches by tumour site

The 62-day backlog increased from 60 patients in August to 99 patients in September and the majority of the backlog is in three tumour sites (lower GI, gynaecology and urology).



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Over 62 Day Waiters	32	26	32	28	33	37	37	48	36	71	40	49	50	60	72	79	47	42	65	76	60	67	67	83	66	60	99
Over 62 Day Target	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Over 104 Day Waiters	6	3	6	1	5	4	6	5	10	14	5	6	9	9	12	14	8	10	13	11	12	16	11	17	13	14	15

Chart 19 - Number of patients on a cancer pathway ≥ 62 days

In addition to the cancer improvement plan, performance will be improved by the provision of additional operational support to urology and lower GI. This additional support will be in place for three months (October – December) and will increase the pace in improvement work in these tumour sites.

Impact on performance on other domains and strategic priorities
Extended waiting times for cancer care can have a detrimental impact on patient experience and patient outcomes.

Well Led

Finance **Accountable Officer – Director of Finance and Resources**

Areas of strong performance
The Trust reported an in-month favourable variance to Plan of £0.2m, moving our year-to-date position to a positive variance to Plan of £0.1m. Our 2019/20 forecast outturn remains as per the Operational Plan's expected £2.3m deficit. The Trust's CIP Plan continues to move towards delivering the £6.0m target for the year. There has been good progress in developing the plan this month with £5.7m of CIP schemes now in implementation with £0.3m pending approval for a total of £6m. In-month CIP delivery was £0.6m compared to a Plan of £0.5m for the month. Year-to-date, the Trust is behind Plan by £0.1m. The Trust continues to pursue recovery in those areas that are year to date adverse to budget. This will serve to provide additional financial resilience in support of delivering our Operating Plan's financial objectives.
Areas requiring improvement
The Trust's Capital spending is behind its straight-line Operating Plan profile and it remains partially dependent upon approval to its capital loan application.
Impact on performance on other domains and strategic priorities
None to report.

Detailed finance report

1.0 Financial performance – month 5 (August 2019)

Actual and Underlying variance to Plan

£'000s	In Month			YTD			Forecast		
	Plan	Act	Var	Plan	Act	Var	Plan	Act	Var
Performance against Plan (excl. PSF, FRF & MRET)	(2,971)	(2,777)	194	(12,475)	(12,236)	139	(25,589)	(25,589)	0

Table 1 - Actual and underlying variance to plan

Whilst the Trust has reported a positive variance to Plan at month 5, the year-to-date position has been supported by a number of non-recurrent adjustments. When these are adjusted for, the Trust's underlying position is an adverse variance to Plan of £1.23m.

Month 5 Performance – Key Issues

The Trust has reported an in-month positive variance to Plan of £196k, resulting in an YTD position that is positive to Plan by £139k.

Key drivers for the in-month position are:

- Income: positive variance to Plan of £1.0m. Whilst this is partly as a result of income from outsourced activity which is offset by matching costs, planned income levels in August were lower than in previous months. Specifically, non-elective and emergency activity was higher than planned levels.
- Pay costs: the overall Trust pay-bill was at its lowest level for the year, although agency costs remained above planned levels and remain a key risk to delivery of the financial plan.

Other issues to note:

- Non-pay was £0.8m adverse in month. This is largely as a result of outsourcing costs which were at their highest level in month 5.
- In-month CIP delivery of £0.6m compared to a Plan of £0.5m. Year-to-date, CIP delivery is behind Plan by £0.1m.

Actions, Risks and Opportunities

Key risks to delivery of the Plan based on year-to-date performance include:

- Pay expenditure is not managed in line with overall budget. In order to deliver to budget a reduction of £0.4m per month is required on the current run-rate.

Actions: A number of grip and control measures and CIP schemes have been implemented or are planned to reduce pay expenditure. A plan which changes the nursing skill mix in ED is unfunded and requires investment but will reduce run-rate. There are exit plans for a number of medical locums in place.

- Income assumptions included in the Plan are not delivered.

Actions: Outstanding contracts to be agreed and signed. This will provide additional assurance around planned levels of income.

- Under-delivery of CIP Plan.

Actions: Work is on-going to identify and implement additional CIP schemes and grip and control measures. The current pipeline is in excess of the required value of the CIP Plan.

- Actual activity delivered is ahead of planned levels and results in affordability issue for commissioners. This becomes a risk if it results in a waiting list that betters the March 2019 position.

Actions: A review of activity plans compared to Indicative Activity Plans is in progress along with a forecast of expected wait list at March 2020. Outcome of this work to be reported on completion (to be completed by end September).

2.0 Statement of comprehensive income

		In Month				Year to Date			
		Plan	Actual	Fav / (Adv)		Plan	Actual	Fav / (Adv)	
		£'000s	£'000s	£'000s		£'000s	£'000s	£'000s	
I&E	Clinical Income	13,998	14,910	912	7%	73,749	75,611	1,862	3%
	Other income - Education, Training & Research, Non Clinical Revenue (Including MRET)	1,670	1,826	156	9%	8,346	8,860	514	6%
	Total Income	**15,668**	**16,736**	**1,068**	**7%**	**82,095**	**84,471**	**2,376**	**3%**
	Pay Costs - Substantive	(10,772)	(10,644)	128	1%	(53,860)	(54,105)	(245)	(0%)
	Pay costs - Bank	(953)	(966)	(13)	(1%)	(5,582)	(5,306)	276	5%
	Pay Costs - Agency	(1,231)	(1,346)	(115)	(9%)	(6,239)	(7,105)	(866)	(14%)
	Total Pay	(12,956)	(12,956)	0	0%	(65,681)	(66,516)	(835)	(1%)
	Non Pay	(4,887)	(5,727)	(840)	(17%)	(25,026)	(26,528)	(1,502)	(6%)
	Total Operating Costs	**(17,843)**	**(18,683)**	**(840)**	**(5%)**	**(90,707)**	**(93,044)**	**(2,337)**	**(3%)**
	EBITDA	**(2,175)**	**(1,947)**	**228**	**10%**	**(8,612)**	**(8,573)**	**39**	**0%**
	Non Operating Costs	(796)	(830)	(34)	(4%)	(3,863)	(3,763)	100	3%
	Control Total before PSF/FRF	**(2,971)**	**(2,777)**	**194**	**7%**	**(12,475)**	**(12,336)**	**139**	**1%**
	Adjust Donated Assets	24	26	2		92	92	0	0%
	PSF, FRF funding	1,318	1,318	0	0%	5,601	5,723	122	2%
	(Deficit) / Surplus	**(1,629)**	**(1,433)**	**196**	**12%**	**(6,782)**	**(6,521)**	**261**	**4%**
	Additional PSF	0	0	0		0	(122)	(122)	100%
	TOTAL	(1,629)	(1,433)	196	12%	(6,782)	(6,643)	139	2%

Table 2 – Income and Expenditure position year to date

Year to Date:

Income:
Overall, income is ahead of Plan by £2.4m year-to-date. This includes £1.18m of income relating to outsourced activity which is matched by offsetting costs. There is also a favourable variance of £0.6m to Plan relating to planned expectations around contractual penalties. The main variance in relation to non-clinical income relates to income received by the Trust for development support, £183k, for which expenditure has been incurred. This income is non-recurrent in nature.

Pay costs:
The Trust reported an in-month position for total pay of £1k favourable to budget (£387k adverse in M4).

YTD the adverse variance net (£833k) against total pay mainly results from the following adverse areas: Emergency Department, Cancer Services, Outpatients, Admissions Unit, Critical Care, Corporate Nursing, Hotel Services, Corporate Services.

Non-pay costs:
The Trust reported an in month non-pay position of £840k adverse to budget and YTD non-pay performance is £1,439k adverse to Plan. £940 of the YTD adverse variance is due to the external purchase of healthcare.

Efficiency savings:
In-month delivery of CIPs was £635k against a Plan of £472k (£163k favourable variance to Plan). Year to date, the Trust has delivered £1,482k of CIPs against a Plan of £1,614k (£132k adverse).

3.0 Balance Sheet

	31st Mar 2019 £m	31-Jul-19	31-Aug-19	Month Variance £m	YTD Variance £m
Non current assets	84.9	**83.4**	**83.0**	(0.4)	(1.9)
Current Assets					
Inventories	2.1	**2.2**	**2.3**	0.1	0.2
Trade & Other Receivables	13.9	**16.3**	**17.7**	1.4	3.8
Cash	4.4	**7.5**	**5.9**	(1.6)	1.5
Current liabilities					
Trade & Other Payables	(12.7)	**(12.7)**	**(11.6)**	1.1	1.1
Accruals	(12.1)	**(12.8)**	**(15.0)**	(2.2)	(2.9)
Other current liabilities (exc. borrowings)	(0.7)	**(1.3)**	**(1.2)**	0.1	(0.5)
Non current liabilities (exc. borrowings)	(0.8)	**(0.8)**	**(0.8)**	0.0	0.0
Borrowings	(120.0)	**(128.2)**	**(128.0)**	0.2	(8.0)
Total assets employed	(41.0)	**(46.4)**	**(47.7)**	(1.3)	(6.7)
Tax payers' equity					
Public Dividend Capital	52.7	**52.7**	**52.7**	0.0	0.0
Revaluation Reserv	11.6	**11.6**	**11.6**	0.0	0.0
Income & Expenditure Reserve	(105.3)	**(110.5)**	**(112.0)**	(1.5)	(6.7)
Tax payers' equity	(41.0)	**(46.2)**	**(47.7)**	(1.5)	(6.7)

Table 3 – Trust balance sheet

The key movements in the monthly balance sheet in July are highlighted below:

Non-Current Assets:
The value of non-current assets has moved by £0.4m due to the net of depreciation charge £600k and additions £169k

Working capital:
Trade and other receivables increased by £1.1m primarily due to increased income invoiced.

Cash balances decreased by £1.6m to £5.9m due to larger payment runs to suppliers in the month resulting in a reduction of 3 creditor days. This is also reflected in the reduction to net trade payables and accruals

Borrowings decreased by £0.2m due to scheduled capital loan repayment

Reserves:
The deterioration in the I&E reserve of £1.5m reflects the adverse trading position in August

4.0 Statement of financial position – working capital

Key Performance Indicators					
Debtor/Creditor Days	Target	Mar-19	Jul-19	Aug-19
Debtor Days	30	27	28	30
Creditor Days	60	57	58	52
BPPC (Cumulative)	Target	Mar-19	Jul-19	Aug-19
Value	95%	18.5%	13.9%	13.5%
Volume	95%	8.8%	6.3%	6.9%
Aged Debt	Target	Mar-19	Jul-19	Aug-19
	£000s	£000s	£000s	£000s
Current < 30 Days		22,175	233	573
>30 days <60 Days		467	3,143	779
>60 Days < 90 Days		269	433	1,877
Over 90 Days	<5%	1,581	2,473	2,741
Total		24,492	6,282	5,970
% over 90 days		6.5%	39.4%	45.9%
Liquidity	Target	Mar-19	Jul-19	
Liquidity Days	> -20 days	(14.3)	(6.9)	(9.1)

Table 4 – Working capital

Debtor and Creditor Days:
Debtor days have increased due to non-resolution of NHS queries and under-payments (being chased).

Creditor days have decreased by 8 days between July and August due to increasing levels of payment runs in August. The Trust is currently paying suppliers on 45-52 days (reduced from 47-54 days two weeks ago), this is down from 50-57 in December 2017. The exceptions to this are small local and pharmacy suppliers who are paid to 30 days.

Better Payment Practice Code (BPPC):
The Trust's BPPC performance remains relatively static. For material improvement in the BPPC to occur, the Trust would require additional working capital loans in the region of £4.2m i.e. 3 weeks of creditor payments. In the absence of significant cessation in the supply of goods/services to the Trust, the Regulator is highly unlikely to approve any such loan request.

Aged Debt (Sales Ledger):
The majority of aged debt over 90 days is associated with long standing disputes between the Trust and local NHS organisations. Due to the commissioning reconciliation process and AOB agreement for 2018/19, a level of outstanding debt has slipped from current i.e. >30 days <60 Days. To >60 <90 days.

Liquidity Days:
Liquidity days have deteriorated between July and August; the poorer position is associated with the decreased cash position due to larger payment runs.

Well Led (continued)
People
Accountable Officer – Chief Nurse

KPI Performance

In month bank usage increased by 7.5 FTE whilst agency usage decreased by 7.39 FTE.

Turnover increased to 11.94% from 11.80% the previous month. This includes junior doctors' changeover in the leaver's analysis and internal transfer between areas.

Workforce Plan against Operational Plan

In respect of the Operational Plan submission the following details apply;

	Plan	Actual
	31/08/2019	31/08/2019
	Month 5	Month 5
	WTE	WTE
ALL STAFF	3301.66	3315.57
Bank	270.58	294.76
Agency staff (including, Agency, Contract and Locum)	99.28	122.75
Substantive WTE	2931.8	2898.06
Total Substantive Non-Medical - Clinical Staff	2026.95	1998.2
Total Substantive Non-Medical - Non-Clinical Staff	522.54	543.71
Total Substantive Medical and Dental Staff	382.31	356.15

Table 1 - operational plan 19/20 vs actual

The operational workforce plan was developed on the basis that there would be no changes to current workforce and any additional capacity / service changes would be delivered within existing resources. The reduction in WTE in this years' operational plan were made on assumptions to bank and agency reduction and rota changes.

We have commenced the annual planning cycle for 2020/2021. All areas have been asked to produce a plan on the page which details any identified workforce changes for their services. These will be incorporated into next year's workplan. In addition, the Trust is working collaboratively with STP partners to produce an STP wide workforce plan in line with their agreed timescales.

Areas requiring improvement

Bank and Agency Spend

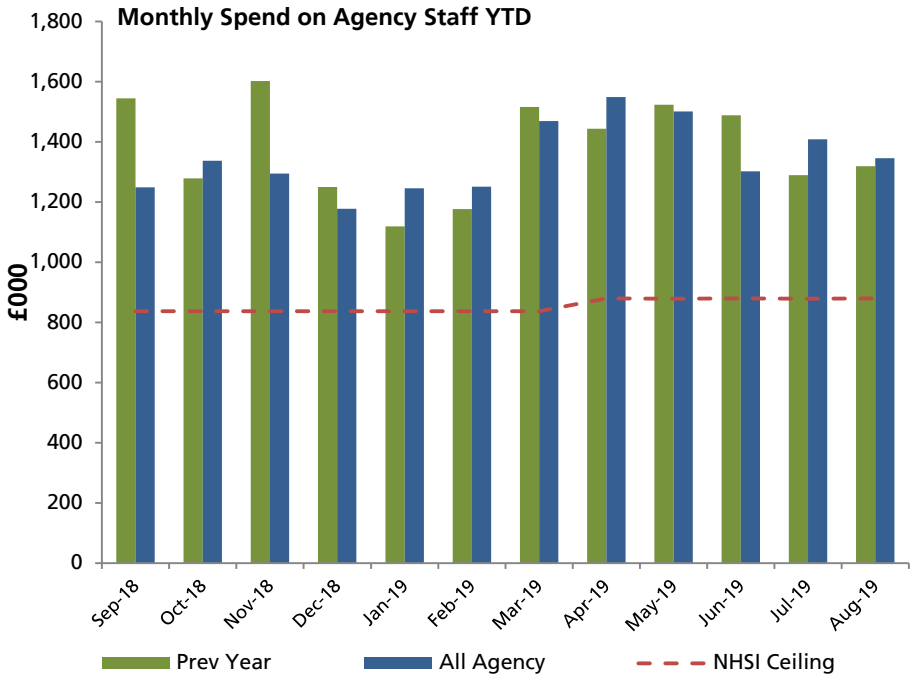


Chart 1 – monthly spend on agency staff

Appraisals

The Trust appraisal rate has decreased from 86.52% to 83.35%. 253 appraisals were completed in June 2019. 190 appraisals were completed in July. Due to holiday and sickness the number of appraisals completed in August 2019 was 128.

Actions

Trajectories for achievement of the Trust target are in place for all areas but these will be refreshed and presented to the People Committee in October 2019. Further appraisal training has been undertaken with managers during August and September 2019.

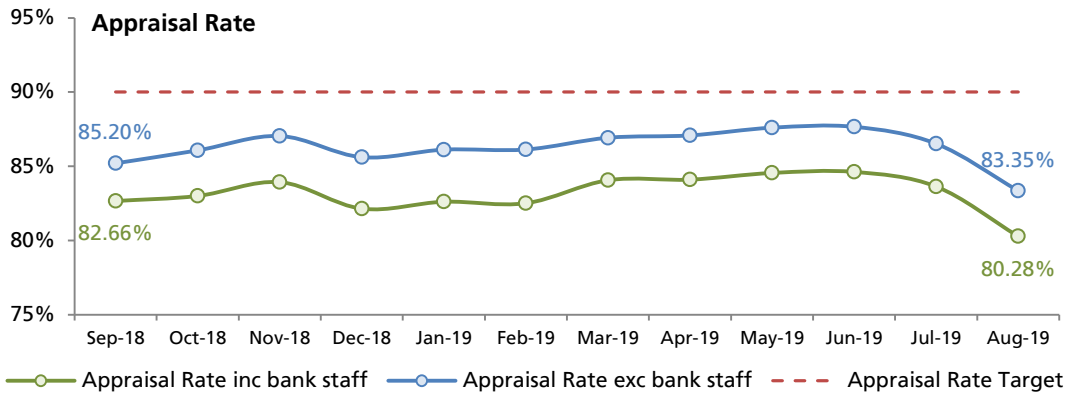


Chart 2 - Trust appraisal rate

Sickness Absence

Sickness has increased from 5.06% in July 2019 to 5.14% in August 2019. This is higher than the trajectory of improvement for sickness absence which was agreed by the Trust Board in March 2019. The target for August 2019 was 3.80 %.

Areas continue to experience a mixture of short- and long-term sickness cases which are being managed in accordance with the relevant Trust Policies and Procedures.

The reason for absence as a result of stress and anxiety has increased for the fourth month in a row and now equates to 21.5% of the overall absence total.

Top reasons for sickness

The table below shows the top five reasons for sickness in August 2019;

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	64	64	995.41	£81,681.38	21.5
S99 Unknown causes / Not specified	82	84	697.51	£62,952.78	15.1
S12 Other musculoskeletal problems	46	47	525.88	£38,246.62	11.4
S25 Gastrointestinal problems	106	106	464.18	£35,033.76	10.0
S28 Injury, fracture	18	18	307.09	£19,809.92	6.6

Table 2 – Top 5 absence reasons August 2019

Actions planned and taken to address

- Non-recording of sickness absence is highlighted at Divisional Boards and speciality meetings with all managers asked to amend their records to show the actual reasons for sickness. This demonstrates a slight reduction in absence, but this is not shown until the next month. For example, in July at the time of writing the IPR report sickness was reported at 5.24%, once all sickness was closed it decreased to 5.06%.
- 'Supporting you' session has been run with managers.
- Absence training has been undertaken for managers. Further training is planned in October and November 2019.
- All long-term sickness cases have been reviewed and plans are in place to inform next steps.
- There has been a roll out of OU training for mental health.
- Support package agreed with UNISON and commenced in September 2019.This will provide training on mental health first aid, resilience training, and mental health awareness.
- Mindfulness training is being made available to all staff during September and October which is being funded and run in conjunction with Macmillan.
- All Divisions and Corporate areas will be given 12-month sickness targets which will be monitored at performance review meetings. This will be agreed at HMB

in October 2019.

- Review of our Health and Wellbeing offering will be reviewed and updated, with closer working with the College of West Anglia. A meeting has taken place on the 20th September with representatives of the college, Chief Nurse and Associate Director of HR.
- Leadership Development training will be commencing in November 2019 for 200 leaders across the Trust.
- Listening events will continue with all staff groups.

It should be noted that there had been a month on month improvement in sickness levels for the first three months of the financial year and that there are individuals who are currently on long term sickness absence the reason for which can be attributed to the impact of undergoing a HR process. All employee relations cases are being reviewed and timescales added to draw the cases to conclusion. These are monitored and reviewed by the People Committee.

Mandatory training

Overall compliance has decreased from 86.53% in July 2019 to 86.22% in August 2019.

Actions

More emphasis is being placed on workbook completion and e-learning thereby extending the flexibility to complete the training. A complete review of mandatory training is being undertaken as part of the Workforce Development programme. Steve Finney, NHS ESR Regional Account Manager, attended the Trust in July to look at E-learning opportunities and mandatory compliance.

In September, visits have been made to two Trusts to review their mandatory training and processes. A benchmarking exercise is being undertaken to review target and compliance rates for mandatory training. An East of England streamlining event will be taking place on 31st October to review systems and processes across the region. The Trust is actively engaged in this piece of work.

Time to Recruit

Although there has been an improvement in time to recruit timescales this is still above the target. A number of actions are being taken to streamline the process for recruitment. This should be further reduced over the next three months. It is worth noting that TRAC is used for the recruitment of international nurses which is a minimum of a 6-month recruitment process and due to the number currently being recruited this is increasing the non-compliance. In addition, the number of medical recruits also increase the time to recruit timeframes due to the length of their notice periods.

Nurse recruitment

- There has been a slight vacancy reduction for RNs and Midwives in August and a lower turnover rate.
- 13 local Registered Nurses have commenced in post.
- International nurse recruitment continues with an additional cohort planned in November 2019. (82 are planned to commence in October / November.)

- All student midwives have been successful in securing a midwifery post with the Trust.
- 36 TNAs are currently on an apprenticeship route. The first ones will register in September 2020. The process has been amended whereby any TNA who successfully completes their training at the Trust will be guaranteed a nursing post within the Trust. Their area of work will be decided on completion of their training and will be dependent on vacancies at that point in time.
- There has been a change in nurse recruitment to individualised recruitment for ward areas which is proving to be more successful with an increase in applications.
- A successful internal transfer process has been implemented with 46 individuals utilising this process between June and July 2019.

The trajectory for recruitment which details the anticipated positive impact of students, local and International nurses up to March 2020 is shown below;

Nursing & Midwifery Qualified Nursing Forecast 2019/20

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Forecast SIP	700.31	705.31	716.15	709.85	721.85	719.85	728.85	733.85	752.85	765.85	776.85	786.85	804.85	820.85	830.85
Predicted New Starters	14.00	11.00	4.00	13.00	19.00	8.00	19.00	15.00	29.00	23.00	21.00	20.00	28.00	26.00	20.00
Predicted Leavers	3.00	6.00	4.00	7.65	7.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
New Starters 19 (FTE)	13.00	22.80	4.00	7.64	24.00	2.85	13.00	17.00	30.00	31.00	50.00				
Leavers 19 (FTE)	3.27	6.96	15.65	11.32	6.48	7.27	7.00	8.83							
Turnover Rate (in month)	0.47%	0.97%	2.22%	1.62%	0.90%	1.02%	0.97%	1.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Forecast Vacancies	155.01	150.01	139.17	145.47	133.47	162.48	153.48	148.48	129.48	116.48	105.48	95.48	77.48	61.48	51.48
Establishment (Budget)	855.32	855.32	855.32	855.32	855.32	882.33	882.33	882.33	882.33	882.33	882.33	882.33	882.33	882.33	882.33
Staff In Post (FTE)	700.31	716.15	704.50	700.82	718.34	713.92	719.92	728.09	758.09	789.09	839.09	839.09	839.09	839.09	839.09
Vacancies	155.01	139.17	150.82	154.50	136.98	168.41	162.41	154.24	124.24	93.24	43.24	43.24	43.24	43.24	43.24
5% Operating Line (95% of Establishment)	812.55	812.55	812.55	812.55	812.55	838.21	838.21	838.21	838.21	838.21	838.21	838.21	838.21	838.21	838.21
Variance (vacancies) to Operating line	112.24	96.40	108.05	111.73	94.21	124.29	118.29	110.12	80.12	49.12	-0.88	-0.88	-0.88	-0.88	-0.88

Table 3 – recruitment trajectory

Starters and Leavers from 1st September 2018 to 31st August 2019

The table below shows the numbers of starters and leavers from 1st September 2018 to 31st August 2019

Staff Group	Starters	Leavers	Net Gain
Add Prof Scientific and Technic	14	14	0
Additional Clinical Services	168	67	101
Administrative and Clerical	96	61	35
Allied Health Professionals	28	33	-5
Estates and Ancillary	60	42	18
Healthcare Scientists	4	4	0
Medical and Dental	173	23	150
Nursing and Midwifery Registered	55	118	-63
Grand Total	**598**	**362**	236

Table 4 – Sept 18 – Aug 19 Starters and Leavers

Starters and Leavers from 1st August 2019 to 31st August 2019

The table below shows the numbers of starters and leavers from 1st August 2019 to 31st August 2019

Staff Group	Starters	Leavers	Net Gain
Add Prof Scientific and Technic	1	1	0
Additional Clinical Services	18	6	12
Administrative and Clerical	6	4	2
Allied Health Professionals	5	2	3
Estates and Ancillary	1	4	-3
Healthcare Scientists	1	0	1
Medical and Dental	52	8	44
Nursing and Midwifery Registered	4	9	-5
Grand Total	**88**	**34**	54

Table 5 –Aug 19 Starters and Leavers

Employee relations cases

There are currently the following outstanding cases as at 31st August 2019;

- 16 x Disciplinary
- 3 x Mutual respect
- 4 x Grievances
- 1 x Tribunal
- 1 x Capability
- 0 x Failing probationary reviews
- 3 x Fraud investigations

General themes of the cases are external investigation, patient dignity, patient care, non-escalation, behaviour and attitudes and actions, fraud, management decision taken and outcome of HR processes.

In July 2019 there were a total of 33 employee relations cases. This has decreased in August 2019 to 28 cases.

Leadership Development Programmes

Funding has been agreed with the Leadership Academy to support 240 leaders to undertake 360 appraisals.

A band Seven and above Leadership programme is in development and will be funded by NHSi. This is out for tender with a return deadline of 11th October 2019. There will be three cohorts of 30 staff beginning in November 2019. Triumvirate leadership training is also being secured and will commence in October 2019 when key posts are recruited into. Additional training is also being provided to Obstetrics and Gynaecology.

Other actions taken in month

A talent management diagnostic review was undertaken within the Trust and submitted on 13th September 2019.

Staff Awards were launched on the 15th July with the event planned to take place on the 7th November. 390 nominations had been received across all 11 categories. Shortlisting is being undertaken.

Charitable funds have agreed to fund continuation of the Schwartz Rounds for a further two years and a yearly internship for a member of staff who has completed project search pathway as a first step into the workplace.

The STP have established a workforce operational group. The first meeting took place on 21st August and was attended by QEH representatives. In addition, the STP will be producing an STP annual workforce plan which the QEH are engaged with, and we will seek to align to the Trust's internal planning process.

Pulse Check

Following agreement at HMB in July 2019, additional questions were added to the standard questions within the annual staff survey of would staff recommend the Trust as a place to receive care and a place to work.

The six additional questions were introduced to support the measurement of organisational leadership support, culture and engagement by focusing on themes of leadership support, safety, quality of care, equality and engagement.

When comparing these results with the annual Staff Survey results which were published in March 2019, we can see some positive changes.

A number of areas have improved, in particular immediate managers valuing staff members work and being involved in deciding on changes that affect their work or department;

- 'Care of patients is a top priority' improved from 64.4% to 71.99%
- 'Satisfied with the quality of care I give to patients/service users' decreased from 71.99% to 64.4% but 22.36% of respondents responded as not applicable
- 'My immediate manager values my work' improved from 65.0% to 74.94%
- 'I am involved in deciding on changes that affect my work or department' improved from 18.7% to 57.74%
- 'Does your organisation act fairly with regard to career progression/promotion' improved from 77.9% to 51.60%

4. APPENDICES

Appendix A

2019/20 YEAR TO DATE PERFORMANCE COMPARED WITH PEER HOSPITALS (To July-19)

Indicator	Target	QEH	Dartford & Gravesham	Dorset County Hospital FT	George Eliot Hospital	Homerton Uni Hospital FT	Isle of Wight	James Paget Uni Hospitals FT	Northern Devon Healthcare	West Suffolk FT	Wye Valley	Yeovil District Hospital FT
Clostridium Difficile (Hospital acquired)	16	12	8	5	2	2	9	5	3	5	5	4
MRSA Bacteraemia (Hospital acquired)	0	0	1	0	0	0	0	0	0	1	0	0
Friends & Family Inpatients & Daycases	95.00%	95.90%	97.05%	98.31%	88.45%	93.57%	96.57%	96.46%	98.88%	97.18%	97.05%	98.46%
Sample Size: Friends & Family Inpatients & Daycases	30.00%	32.38%	10.86%	11.14%	30.33%	15.13%	16.91%	19.00%	24.63%	24.28%	22.94%	23.37%
Friends & Family Accident & Emergency	95.00%	93.03%	68.94%	83.13%	85.64%	93.60%	92.70%	91.46%	45.70%	90.21%	92.74%	97.88%
Sample Size: Friends & Family Accident & Emergency	20.00%	10.16%	0.70%	27.76%	20.15%	1.93%	2.27%	10.93%	1.35%	7.27%	11.25%	2.39%
Emergency Access within four hours	95%	83.54%	82.23%	92.47%	80.55%	94.37%	77.62%	88.06%	85.77%		80.39%	96.00%
18 Weeks Referral to Treatment time - Incomplete pathways	92%	81.13%	92.04%	76.25%	81.45%	95.96%	71.68%	81.85%	79.24%	84.37%	80.27%	90.80%
Diagnostic Waiters, 6 weeks and over - DM01	1%	3.6%	0.6%	10.8%	0.9%	0.4%	3.8%	0.9%	15.9%	9.5%	0.2%	2.2%
2 week GP referral to 1st Outpatient appointment	93.00%	91.37%	96.44%	67.37%	96.46%	94.94%	94.25%	89.66%	94.68%	94.15%	93.55%	87.58%
31 day Diagnosis to Treatment	96.00%	96.69%	99.70%	97.60%	99.46%	100.00%	97.03%	99.27%	96.42%	99.36%	95.82%	96.95%
31 day second or subsequent treat (Surgery)	94.00%	97.30%	100.00%	93.94%	100.00%	93.33%	94.83%	100.00%	91.53%	98.15%	86.05%	93.75%
31 day second or subsequent treat (Drug)	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.00%	100.00%	90.00%	99.15%
62 days urgent referral to treatment	85.00%	72.49%	87.86%	79.16%	78.85%	84.40%	71.79%	76.05%	82.53%	76.58%	81.10%	86.70%
62 day referral to treatment from screening	90.00%	98.67%	100.00%	81.82%	100.00%	0.00%	92.54%	98.80%	83.33%	92.96%	87.50%	83.33%
14 days referral for breast symptoms to assessment	93.00%	64.96%	94.56%	8.47%	94.80%	93.39%	94.21%	73.29%	90.65%	90.19%	96.06%	94.19%

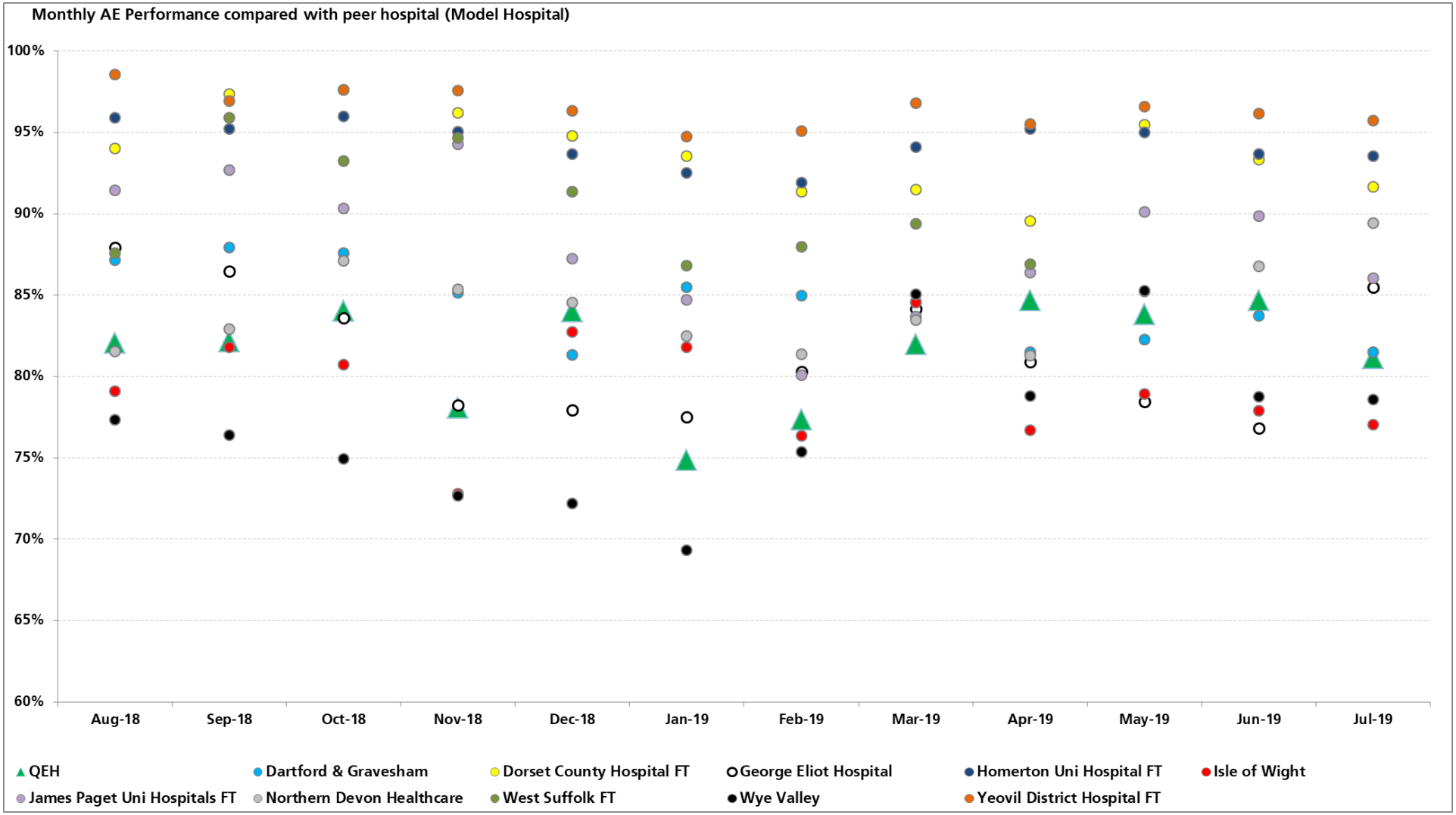
Data Source: ***www.england.nhs.uk/statistics/statistical-work-areas***

Please note:

- *Peer Hospitals are selected according to the "Recommended Peers" as chosen by Model Hospital and can be subject to change over time.*
- *Indicators in the table above may show different periods to the same Indicators in the rest of the report. This is because data for peer hospitals is only available once it is made public.*
- *The Cancer 62 day indicator may differ slightly from that reported previously as NHS England include rarer cancers in this indicator.*
- *The RTT Incomplete indicator may differ slightly from that reported previously as non-English pathways are not included in the published data.*
- *Friends and Family RAG Rating for Peer Trusts is based on QEH FFT Targets.*
- *C Diff and MRSA cannot be RAG rated for Peer Trusts as targets are set locally.*
- *West Suffolk are participating in field testing and are being monitored against proposed new measures rather than the extant four hour A&E standard. 4 hour performance data is not being reported.*

C Diff Target is YTD Target adjusted each month as we move through the financial year

Appendix B


Monthly AE Performance compared with peer hospital (Model Hospital)
100%
95%
90%
85%
80%
75%
70%
65%
60%
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
QEH
Dartford & Gravesham
Dorset County Hospital FT
George Eliot Hospital
Homerton Uni Hospital FT
Isle of Wight
James Paget Uni Hospitals FT
Northern Devon Healthcare
West Suffolk FT
Wye Valley
Yeovil District Hospital FT