NHS
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: **26th November 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 are of concern in a timely manner.

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

<u>Safe</u>

- The Harm free care score remains above the national average at 98.15%.
- VTE compliance this month is 99.02 % which is a significant improvement from last month's compliance of 95.45%.

<u>Effective</u>

- HMSR and SHMI mortality scores remain within the expected range.
- Recruitment to national audits is at 97.5% and recruitment to clinical research studies remains on track to exceed the Trust's annual target.
- Caesarean section rates have fallen to below 25% for October 2019, building on the reduction noted in September.

<u>Caring</u>

- The FFT score for the inpatient and day case areas has improved from 94 % last month to 95% this month.

Responsive

- Ambulance handover within 15 minutes performance improved from 37.84% in September to 45.35% in October.
- DToC performance in October was 2.91%, exceeding the national standard of 3.5%.
- The number of reportable (non-clinical) Cancelled Operations reduced from 0.74% in September to 0.63% in October.
- There were no urgent operations cancelled more than once in October.
- There were no breaches of the 28-day guarantee in October.
- There were no 52-week breaches reported in October.
- Cancer 62-day referral to treatment performance improved from 63.89% in August to 70.63% in September, against the standard of 85% and trajectory of 69.06%.
- The Trust achieved five of the seven cancer waiting time standards for September:
    - Two week wait
    - Two week wait (breast symptomatic)
    - 31-day diagnosis to treatment
    - 31-day subsequent treatment (surgery)
    - 62-day screening

Well Led

- The Trust has delivered its CIP Plan year-to-date.
- The Trust appraisal rate has increased to 85.67% in October 2019.
- The Nurse vacancy rate has improved. 119 WTE nurses have been recruited against a vacancy level of 170.82 WTE bringing the actual vacancy factor to 51.82 WTE (5.2% vacancy rate.)

There are areas of non-achievement against agreed targets and trajectories which are identified within the body of the report, including;

Safe

- There has been one case of MRSA bacteraemia in October
- There were eight hospital acquired pressure ulcers in October (one was previously reported in September); three category two pressure ulcers, one deep tissue injury, one uncategorised, and two unstageable pressure ulcers.
- There were eight cases of Clostridiodes difficile this month bringing to a total of 30 this year. The annual trajectory for the trust is 44.
- Cleaning remains an area of significant concern, based on a review of areas and identification of substandard environment; however, the overall cleaning scores for very high-risk areas, high risk areas and significant risk areas for this month have improved.
- There were 5 serious incidents declared in month, with no new themes identified.
- The Trust reported no never events in October 2019, however the Trust has subsequently reported one never event in November 2019.
- During October 2019 there were 5 serious incidents. Of these 4 were declared as serious incidents in month and the remaining serious incident was declared and reported in early November 2019.

Effective

- Avoidable term admissions to NICU remain increased in October 2019.
- The Trust did not submit any data for the national inflammatory bowel disease audit in October 2019.

- The Trust did not send questionnaires to carers about their experience to the National Audit of Care at the End of Life which represents a partial compliance metric to this audit. All other data has been supplied to date.

Caring

- There were 39 complaints received in October 2019. The complaint compliance response rate has improved from 33% in September to 43% in October and 42 complaints have been closed.
- There were seven occurrences of same sex accommodation breaches affecting 18 patients.
- The current Trust position (September 2019) with regard to dementia case finding is at 48% which is below the Trust target of 90%.

Responsive

- Four-hour emergency performance in October was 77.44% compared to 79.86% in September
- ≥ 21-day length of stay performance for September was at 57 and remains below the Trust baseline (60) but above ambition (46).
- 18-week RTT performance in October was 79.09% against the trajectory of 81.02%.
- 6-week diagnostic standard performance for October was 98.62%, against the standard of 99%. There were 54 breaches in the month.
- The number of prior to the day non-clinical cancellations decreased from 5.36% in September to 4.86% in October, against a local standard of 3.2%.
- Cancer 31-day subsequent treatment (drug) performance deteriorated from 100% in August to 97.41% in September, against the standard of 98%.

Well Led

- The Trust has reported an in-month adverse variance to Plan of £0.3m, resulting in an YTD position that is adverse to Plan by £0.2m.
- Sickness has increased from 5.18% in September to 5.73% in October 2019. This is higher than the trajectory of improvement for sickness absence which was agreed by the Trust Board in March 2019.
- Overall compliance for mandatory training has decreased from 86.46% in September 2019 to 85.77% but continues to remain below the Trust target.

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, specifically the actions which are being taken to maintain and to improve performance where appropriate.

The Trust Board are asked to note that following the recent NHSE ‘Plot the Dots’ Trust Board session, Senior Analyst training has taken place on the 14th November and training sessions for key individuals who write narrative for Trust reports will be held on the 14th January to support the planned roll out for April 2020.

Author: Carly West-Burnham
Date: 19th November 2019
Version: 1.0

The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Trust Board

October 2019 data

Contents

1. Executive Summary Page 3
2. Trust Performance Overview Page 6
3. Domain Reports
   - *Safe* Page 8
   - *Effective* Page 16
   - *Caring* Page 21
   - *Responsive* Page 26
   - *Well Led (Finance & Detailed Finance Report)* Page 37
   - *Well Led (People)* Page 44
4. Appendices Page 51

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

The Harm free care score remains above the national average and the VTE compliance this month is 99.02 % which is a significant improvement from last month's compliance of 95.45%.

There has been one case of MRSA bacteraemia in October bringing to a total of one this year. It has been 543 days since the last case of MRSA bacteraemia.

There were eight hospital acquired pressure ulcers in October (one was previously reported in September); three category two pressure ulcers, one deep tissue injury, one uncategorised, and two unstageable pressure ulcers. Five of these were reported when the tissue viability nurse was on leave and a validation did not happen to ascertain whether these are "true" pressure ulcers or not.

There were eight cases of Clostridiodes difficile this month bringing to a total of 30 this year. The annual trajectory for the trust is 44.

Cleaning is an area of significant concern, based on a review of areas and identification of substandard environment; however, the overall cleaning scores for very high-risk areas, high risk areas and significant risk areas for this month have improved.

There were five serious incidents declared in month, with no new themes identified.

Effective

Both HMSR and SHMI mortality scores remain within the expected range.

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 have fallen to below 25% for October 2019, building on the reduction noted in September. Significant work has been undertaken to address the previous high rates and an audit to determine which aspect has been most effective in delivering this reduction will report in November. Stillbirth, neonatal, extended perinatal and maternal death rates are all within or below expected rates.

Caring

The FFT score for the inpatient and day case areas has improved from 94 % last month to 95% this month**.**

There were 39 complaints received in October 2019. The complaint compliance response rate has improved from 33% in September to 43% in October and 42 complaints have been closed.

There were seven occurrences of same sex accommodation breaches affecting 18 patients. Six occurrences happened on West Raynham Ward when the Hyperacute Stoke bay is utilised to treat patients of opposite gender who need time critical interventions and one was in the Critical Care Unit.

Responsive

Four-hour emergency performance in October was 77.44% compared to 79.86% in September. There was one 12-hour trolley wait in October which related to a patient requiring a bed in a mental health facility and delays in transport availability. Ambulance handover within 15 minutes was 44.35% in October compared to 37.84% in September.

18-week RTT performance in October was 79.09% against the trajectory of 81.02%. At the end of October 2019, the total Trust waiting list was 13,956 against a trajectory of 13,317 and the total backlog of patients waiting over 18 weeks was 2,918 against a trajectory of 2,527.

6-week diagnostic standard performance for October achieved 98.64%, against a standard of 99%. There were 53 breaches in the month, of which 33 were in ultrasound.

There were no breaches of the 28-day guarantee in October.

The number of reportable patients cancelled reduced from 0.74% in September to 0.63% in October against a standard of 0.80%. The number of prior to the day, non-clinical cancellations also reduced from 5.36% in September to 4.86% in October against a local standard of 3.2%.

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

The Trust achieved five of the seven cancer waiting time standards for September. 62-day referral to treatment performance improved from 63.89% in August to 70.63% in September, against the standard of 85% and trajectory of 69.06%. There were 71.5 treatments in September, of which 21 were not treated within 62 days from referral. The 62-day backlog decreased from 87 patients in October to 68 patients at the beginning of November and the majority of the backlog is in three tumour sites (lower GI, gynaecology and urology).

Well Led (Finance)

The Trust reported an adverse variance to Plan for October of £274k, giving a year-to-date position of £196k adverse to Plan.

The key driver for the adverse in-month position was pay costs, which were £0.7m above budgeted levels, driven by both substantive and agency pay costs. The Trust incurred c. £0.2m of double-running costs in relation to pay in October, reflecting the impact of an intake of new nurses. Once these nurses have completed their inductions, we will expect to see a reduction in pay costs, in particular agency spend. Non-pay costs were also overspent compared to budget in month to a sum of £0.6m. However, c. £0.4m of these costs were off-set by matching income.

Income was ahead of Plan by £0.8m for the month although, as noted above, approximately half of this was offset by matching expenditure relating to pass through drugs cost and funding provided to support special measures work.

Delivery of the Trust's CIP Plan remains on-track.

Well Led (Workforce)

The Trust appraisal rate has increased from 82.62% to 85.67% in October 2019.

Sickness has increased from 5.18% in September to 5.73% in October 2019. This is higher than the trajectory of improvement for sickness absence which was agreed by the Trust Board in March 2019.

Overall compliance for mandatory training has decreased from 86.46% in September 2019 to 85.77% but continues to remain below the Trust target.

There has been an improvement in time to recruit timescales, although this is still above the Trust target.

Nurse vacancy rate – 119 WTE nurses recruited against a vacancy level of 170.82 WTE bringing the actual vacancy factor to 51.82 WTE (5.2% vacancy rate)

2. TRUST PERFORMANCE OVERVIEW

	Indicator	Objective	Director	Target	Set By	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	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	0.08	0.17	0.08	0.18	0.33	0.09	0.00	0.17	0.24	0.08	0.25	0.08	0.07	0.09	0.13		
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	Patients	LM	>= 97.24%	QEH	97.36%	97.57%	97.41%	97.29%	97.36%	97.44%	97.45%	97.31%	97.39%	97.36%	95.45%	99.02%	Data 1 Mth in arrears	97.10%	97.41%	97.34%		
	Harm-free QEH Care	Patients	LM	>= 95%	QEH	97.49%	98.77%	98.46%	98.62%	99.18%	96.08%	98.29%	99.54%	98.14%	98.82%	98.27%	99.03%	98.15%	96.84%	97.73%	98.61%		
	Never Events	Patients	FS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	1	0	2	1	1		
	Serious Incidents **(OCCURRED IN MONTH)**	Patients	FS	0	Nat	3	4	7	6	4	9	3	4	8	6	6	4	5	27	53	36		
	Serious Incidents & Never Events **(DECLARED IN MONTH)**	Patients	FS	0	Nat	4	3	8	3	8	7	6	4	9	6	9	6	4			44		
	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		
	C Difficile (QEH acquired)	Patients	LM	4	Nat	1	3	2	0	1	0	2	5	4	4	4	3	8	48	22	30		
	C Difficile (QEH acquired) Rolling YTD	Patients	LM	24		16	19	21	21	22	22	2	7	11	15	19	22	30					
	C Difficile (QEH acquired) Rolling YTD Target					28	33	38	43	48	53	4	8	11	14	17	20	24					
	C Difficile per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 17.6	Nat	23.6	23.0	23.8	21.8	19.3	15.3	14.7	17.6	20.4	20.3	18.9	20.3	25.0	32.4	15.3	25.0		
	MRSA bacteraemia (QEH acquired)	Patients	LM	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	1	£10k	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 mths)	Patients	LM	0.0		1.4	1.4	1.4	1.4	1.4	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	1.4	0.7		
	E Coli per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 0.0	Nat	21.6	18.9	17.0	16.4	15.8	16.7	16.8	16.2	14.0	12.6	13.3	11.2	11.1	23.6	16.7	11.1		
	MSSA per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 0.0	Nat	6.8	6.8	6.1	5.5	4.8	5.6	4.9	5.6	5.6	4.9	5.6	5.6	4.9	8.8	5.6	4.9		
	Safe staffing levels (overall fill rate)	Patients	LM	>= 80%	Nat	98.7%	98.1%	98.4%	102.6%	101.2%	111.0%	103.3%	103.8%	97.3%	95.5%	94.1%	91.3%	95.5%		98.9%	97.1%		
	No. of wards below 80% fill rate	Patients	LM	0	Nat	0	0	0	0	0	0	0	0	0	1	1	1	0		1	3		
	Cleanliness Scores - very high-risk areas	Places	LM	>= 95%	Nat	95.10%	94.59%	95.71%	94.60%	95.82%	95.48%	95.63%	95.88%	98.38%	96.63%	95.63%	94.38%	95.00%		95.23%	95.93%		
	Cleanliness Scores - high-risk areas	Places	LM	>= 95%	Nat	95.26%	96.30%	94.40%	94.97%	95.83%	95.71%	94.21%	96.00%	97.57%	95.50%	92.86%	92.93%	93.93%		94.84%	94.71%		
	Cleanliness Scores - significant-risk areas	Places	LM	>= 95%	Nat	92.57%	93.01%	88.11%	92.42%	92.20%	93.13%	94.00%	94.75%	95.88%	94.46%	95.80%	93.67%	95.82%		91.50%	94.91%		
	Cleanliness Scores - low-risk areas	Places	LM	>= 95%	Nat	88.40%	94.43%	0.00%	92.03%	90.01%	96.72%	92.33%	95.50%	88.00%	93.57%	96.00%	89.33%	85.67%		83.24%	91.49%		
	No. of cleanliness audits complete	Places	LM	37		45	35	31	47	35	34	44	36	35	46	39	55	55		435	310		
Effective	SHMI **(Trust Level - Rolling 12 Mth position, 6 mths in arrears)**	Patients	FS	Not higher than expected	QEH			99.91			101.02		6 months in arrears										
	Crude HSMR Mortality **(Trust Level - Rolling 12 Mth position, 3 mths in arrears)**	Patients	FS	-		3.36	3.35	3.25	3.14	3.09	3.02	2.98	2.94	2.85	2.85	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	105.8	105.8	103.2	101.2	100.5	101.5	100.6	99.1	100.0	99.7				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	116.4	114.7	114.5	112.4	109.0	107.4	104.9	104.4	105.7	113.6				111.35				
	Rate per 1000 admissions of inpatient cardiac arrests	Patients	FS	< 2.0	QEH	1.31	1.02	2.05	0.90	1.91	0.40	1.70	1.37	0.53	1.07	2.27	1.75	0.37	1.55	1.34	1.27		
	Elective C Section Rate	Patients	FS	< 10.00%	QEH	15.98%	14.55%	17.24%	13.79%	10.47%	9.77%	16.87%	12.65%	13.86%	14.22%	11.25%	9.60%	1 month in arrears	13.20%	14.16%	13.11%		
	Emergency C Section Rate	Patients	FS	< 15.00%	QEH	14.79%	16.36%	18.39%	18.39%	23.84%	21.84%	15.06%	16.87%	16.87%	19.11%	13.75%	14.12%		15.66%	19.31%	16.13%		
	Total C Section Rate	Patients	FS	< 25.00%	QEH	30.77%	30.91%	35.63%	32.18%	34.30%	31.61%	31.93%	29.52%	30.72%	33.33%	25.00%	23.73%		28.86%	33.47%	29.25%		
	Stillbirth Rate **(per 1000 births/stillbirths-Rolling 12 Mths)**	Patients	FS	< 3.73	QEH	3.29	3.31	3.30	3.29	1.88	2.32	1.88	1.88	2.84	3.25	3.27	2.82		2.25	2.32	4.60		
	Neonatal Deaths Rate **(per 1000 livebirths-Rolling 12 Mths)**	Patients	FS	< 1.06	QEH	0.47	0.47	0.47	0.47	0.47	0.00	0.00	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	3.76	3.78	3.77	3.76	2.34	2.32	1.88	1.88	2.84	3.25	3.27	2.82		3.16	2.32	4.60		
	% "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%	5.5%	11.4%			6.9%		
	% "Avoidable Term" admissions to the NNU	Patients	FS	0.0%	QEH							36.4%	16.7%	30.0%	9.1%	0.0%	30.0%	20.0%			20.5%		
	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%	97.5%	95%	95%	97.5%		
	No. of patients recruited in NIHR studies	Patients	FS	>600 Annually	QEH	67	123	51	37	153	77	37	29	59	29	44	52	50		994	300		
Caring	Same Sex accommodation standard breaches	Patients	LM	0	Nat	8	14	2	7	11	4	6	5	3	7	5	22	18	62	93	66	£16.5k	Penalties from CCG - £250 per breach
	No. of Complaints (Clinical & Non Clinical)	Patients	LM	<=20	QEH	36	32	27	41	37	38	34	47	24	38	45	32	39	362	421	259		
	Complaints (rate as proportion of activity)	Patients	LM		QEH	0.09%	0.08%	0.09%	0.11%	0.11%	0.11%	0.09%	0.12%	0.07%	0.10%	0.13%	0.09%	0.10%		0.10%	0.10%		
	% Complaints responded to <6 mths from receipt of complaint	Patients	LM	100%	Nat	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%		99.8%	99.3%		
	% Complaints responded to within 30 days from receipt of the complaint	Patients	LM	>=90%	QEH	46.34%	54.17%	33.33%	57.14%	46.43%	36.17%	6.90%	21.28%	9.76%	25.58%	17.39%	33.33%	42.86%		39.40%	23.10%		
	Reopened complaints (% of total complaints)	Patients	LM	<=15%	QEH	0.00%	3.13%	11.11%	0.00%	0.00%	0.00%	2.94%	6.38%	225.00%	10.53%	8.89%	6.25%	7.69%		1.66%	27.41%		
	% eligible patients who have dementia case find applied	Patients	LM	>=90.00%		38.76%	46.98%	45.80%	45.79%	44.66%	43.54%	48.94%	51.46%	50.00%	44.93%	48.99%	48.04%		60.97%	44.09%	48.79%		
	Friends & Family (Inpatients & Daycases)	Patients	LM	>=95%	QEH	95.15%	96.15%	95.17%	95.05%	95.03%	96.21%	97.01%	94.73%	95.80%	96.35%	93.33%	94.59%	95.19%	95.53%	95.53%	95.28%		
	Sample Size: Friends & Family (Inpatients & Daycases)	Patients	LM	>=30%	QEH	31.47%	33.05%	28.58%	33.67%	37.26%	37.83%	30.17%	36.67%	31.20%	31.31%	31.49%	33.46%	33.34%	30.33%	33.21%	32.55%		
	Friends & Family (Accident & Emergency)	Patients	LM	>=95%	QEH	89.42%	89.80%	89.94%	94.32%	95.32%	90.57%	93.25%	94.92%	92.68%	90.93%	88.74%	86.74%	90.95%	93.12%	91.16%	90.81%		
	Sample Size: Friends & Family (Accident & Emergency)	Patients	LM	>=20%	QEH	21.32%	20.81%	14.60%	10.20%	11.59%	11.04%	11.55%	11.70%	7.67%	9.81%	22.89%	10.31%	13.42%	16.98%	13.79%	12.59%		
	Friends & Family (Outpatients)	Patients	LM	>=95%	QEH	96.03%	96.79%	97.40%	97.07%	96.88%	97.35%	96.98%	96.17%	97.38%	95.77%	98.00%	97.74%	97.04%	96.78%	97.05%	96.99%		
	Sample Size: Friends & Family (Outpatients)	Patients	LM		QEH	6.88%	6.19%	5.73%	7.18%	5.63%	6.82%	6.14%	6.15%	6.13%	7.04%	6.71%	5.27%	6.44%	5.41%	6.42%	6.27%		
	Friends & Family (Maternity)	Patients	LM	>=95%	QEH	100.00%	94.74%	94.12%	96.67%	100.00%	93.65%	98.04%	100.00%	100.00%	96.83%	96.77%	95.24%	92.31%	96.90%	96.57%	97.64%		
	Sample Size: Friends & Family (Maternity)	Patients	LM	>=15%	QEH	22.94%	23.31%	20.12%	17.05%	21.64%	34.62%	31.68%	35.71%	26.67%	27.63%	19.02%	11.80%	15.29%	15.20%	21.97%	24.01%		

	Indicator	Objective	Director	Target	Set By	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	17/18	18/19	19/20	Financial Impact **	
Responsive	Emergency access within four hours	Performance	DS	>= 95%	Nat	84.05%	78.09%	83.99%	74.85%	77.35%	81.97%	84.67%	83.80%	84.67%	81.12%	78.95%	79.86%	77.44%	85.53%	82.48%	81.48%		
	- Majors only	Performance	DS	>= 95%	Nat	73.61%	61.24%	76.29%	60.68%	65.08%	70.26%	71.82%	70.60%	73.36%	67.81%	66.92%	67.94%	64.17%	75.74%	70.55%	68.93%		
	- Minors only	Performance	DS	>= 100%	QEH	92.83%	95.02%	91.80%	90.69%	90.37%	97.09%	97.67%	97.66%	98.16%	97.23%	93.91%	93.60%	90.61%	94.82%	93.26%	95.53%		
	12 hour trolley waits	Performance	DS	0	Nat	1	2	0	3	0	1	0	0	4	1	0	1	1	0	9	7		
	Ambulance Handovers completed within 15 minutes	Performance	DS	100%	Nat	52.42%	39.90%	50.95%	49.88%	49.24%	51.38%	55.77%	59.73%	65.96%	64.60%	56.61%	37.84%	44.35%	21.97%	45.87%	55.11%		
	% beds occupied by Delayed Transfers Of Care	Performance	DS	<= 3.5%	Nat	5.90%	6.50%	5.60%	3.00%	3.48%	4.00%	2.25%	2.47%	2.98%	2.38%	2.52%	2.18%	2.91%	3.30%	4.00%	2.91%		
	MFFD (Medically Fit For Discharge) - Patients	Performance	DS			269	270	249	298	247	306	227	244	241	277	275	282	321		3310	1867		
	MFFD (Medically Fit For Discharge) - Days	Performance	DS			2197	2182	1802	1991	1571	1856	1490	1633	1904	1849	1634	1980	2222		23085	12712		
	No. of beds occupied by adult inpatients >=21 days (Mthly average over rolling 3 mths)	Performance	DS	<= 46	QEH	69	69	66	64	62	71	72	73	62	53	57	54	57					
	18 Weeks Referral to Treatment Time (Incomplete Pathways)	Performance	DS	>= 92%	Nat	79.96%	80.13%	78.48%	78.80%	79.56%	79.82%	80.42%	82.55%	81.77%	81.14%	80.69%	79.63%	79.09%	81.05%	79.82%	79.09%		
	Specialties exceeding 18 wk Referral To Treatment time (Incomplete pathways)	Performance	DS	0	Nat	26	29	30	25	28	22	21	20	19	24	22	21	24		304	151		
	No. of cases exceeding 52 weeks Referral To Treatment	Performance	DS	0	Nat	1	1	1	1	1	0	0	0	0	0	0	0	0	3	18	0		
	Diagnostic Waiters, 6 weeks and over (DM01)	Performance	DS	<= 1%	Nat	0.46%	0.66%	0.68%	0.98%	0.52%	0.37%	0.86%	4.54%	3.62%	5.17%	9.10%	3.63%	1.36%	2.45%	0.37%	1.36%		
	Total non-clinical cancelled elective operations	Performance	DS	<= 3.2%	Nat	6.48%	6.3%	4.9%	5.36%	6.41%	5.53%	5.54%	5.24%	5.44%	6.48%	8.14%	5.36%	4.86%		5.6%	5.8%		
	Last minute non-clinical cancelled elective operations	Performance	DS	<= 0.8%	Nat	1.02%	0.90%	0.48%	1.78%	0.51%	0.60%	0.89%	0.69%	0.46%	0.73%	0.93%	0.74%	0.63%	1.0%	1.0%	0.72%		
	Breaches of the 28 day readmission guarantee	Performance	DS	0	Nat	2	0	2	4	5	5	1	0	2	1	0	0	0	52	53	4	£8k	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	98.32%	97.30%	97.42%	95.88%	95.10%	85.98%	81.05%	91.94%	95.88%	96.70%	96.22%	97.13%		96.70%	95.32%	93.01%		
	14 Days referral for breast symptoms to assessment	Performance	DS	>= 93%	Nat	96.92%	100.00%	100.00%	91.30%	86.30%	29.82%	20.90%	66.13%	83.33%	93.22%	98.00%	98.11%		97.97%	91.67%	74.51%		
	31 Day Diagnosis to Treatment	Performance	DS	>= 96%	Nat	97.66%	96.15%	98.84%	97.22%	95.29%	96.46%	96.12%	93.16%	100.00%	97.25%	98.13%	97.89%		98.67%	97.50%	97.10%		
	31 Day Second or Subsequent Treatment (Drug)	Performance	DS	>= 98%	Nat	97.92%	98.04%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.56%		99.64%	99.71%	99.63%		
	31 Day Second or Subsequent Treatment (Surg)	Performance	DS	>= 94%	Nat	100.00%	92.86%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	85.71%	100.00%		95.91%	99.43%	96.00%		
	62 Days Urgent Referral to Treatment	Performance	DS	>= 85%	Nat	85.94%	82.35%	80.00%	79.72%	74.58%	85.91%	70.90%	63.69%	81.12%	75.19%	63.89%	70.63%		83.23%	81.74%	70.73%		
	62 Days Referral to Treatment from Screening	Performance	DS	>= 90%	Nat	100.00%	85.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	94.12%	100.00%	90.91%		98.51%	96.94%	98.28%		
Well Led	Single Oversight Framework (SOF) - overall Score	Patients	LS	3	SOF	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4		
	CQC Rating						Inadequate														Inadequate		
	Distance from Plan (YTD)	Patients	LS	>= 0%	SOF	-10.90%	-11.60%	-13.00%	-13.70%	-13.90%	-14.90%	-6.86%	-2.50%	0.50%	0.10%	0.30%	0.20%	-0.10%	-7.70%	-14.90%	-0.10%		
	Distance from control total (YTD)	Patients	LS	>= 0%	QEH	-127.42%	-162.36%	-188.91%	-220.57%	-226.81%	-280.82%	-19.40%	-15.57%	2.17%	0.44%	1.91%	1.44%	-0.15%	-204.48%	-280.82%	-0.15%		
	Agency spend (versus cap)	Patients	LM	<= 0%	SOF	-76.45%	-75.21%	-52.72%	-51.65%	-50.80%	-52.12%	-76.32%	-74.00%	-65.00%	-64.00%	-62.00%	-59.00%	-60.00%	-49.72%	-52.12%	-60.00%		
	% of eligible staff appraised (rolling 12 months)	Patients	LM	>= 90%	QEH	83.00%	83.93%	82.14%	82.61%	82.51%	84.06%	84.10%	84.55%	84.62%	83.63%	80.28%	79.91%	82.16%					
	% medical staff (except junior doctors) with an appraisal (rolling 12 months)	Patients	LM	>= 95%	QEH	95%	95%	91%	86%	87%	97%	92%	89%	88%	87%	88%	88%	92%					
	WTE lost as % of contracted WTE due to sickness absence (rolling 12 months)	Patients	LM	<= 3.5%	QEH	5.30%	5.55%	5.90%	5.82%	6.28%	5.53%	4.79%	4.81%	5.25%	5.23%	5.14%	5.18%	5.73%					
	% eligible staff attending core Mandatory Training (rolling 12 months)	Patients	LM	>= 95%	QEH	84.96%	85.04%	85.63%	85.63%	86.32%	87.25%	87.23%	86.49%	86.11%	86.53%	86.22%	86.46%	85.77%					
	Turnover (rolling 12 months)	Patients	LM	<= 10%	QEH	11.83%	11.93%	11.69%	11.89%	11.54%	11.86%	11.40%	11.75%	11.96%	11.78%	11.98%	11.92%	12.42%					
	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	99.4	73.7					
	Staff Friends and Family (Place to Work)	Patients	LM			Not Collected			45.55%			47.39%			44.23%			Not Collected	50.91%	44.69%	46.15%		
	Staff Friends and Family (Care)	Patients	LM			Not Collected			62.33%			63.23%			63.14%			Not Collected	71.67%	63.90%	63.20%		
	PPM Including Statutory PPM	Patients	LS	>= 95%	QEH	96%	96%	97%	92%	89%	83%	85%	86%	91%	88%	88%	92%	91%					
	CTG Training Compliance (Midwives)	Patients	LM	>= 90%	QEH	74%	75.8%	87.0%	97.0%	94.3%	94.1%	97.7%	95.0%	94.0%	82.0%	94.0%	96.0%	95.0%					
	CTG Training Compliance (Doctors)	Patients	LM	>= 90%	QEH	96.6%	96.6%	96.8%	85.7%	86.7%	86.7%	100.0%	100.0%	100.0%	47.0%	71.0%	100.0%	100.0%					

3. DOMAIN REPORTS

Safe
Accountable Officer – Medical Director / Chief Nurse

Areas of strong performance

Harm Free Care

Safety thermometer is a 'temperature check' on safety and data is collected through a point of care survey on a single day each month by measuring the most commonly occurring harms in healthcare: pressure ulcers, falls, catheter associated urinary tract infection and venous thromboembolism (VTE)

The Trust scored 98.15% for Safety Thermometer harm free care in October 2019. The harm free score remains on target and above the national average.

Performance will be maintained by;

- Adherence to appropriate clinical guidelines and staff awareness of the impact of harm to patient care.

New harms for the month of October are as follows:

- VTE- three patients developed VTE during the data collection period
- Pressure ulcers – three category two pressure ulcers occurred during the collection period
- Catheter associated urinary catheter infection - two patients developed a catheter associated urinary tract infection during the collection period

There were 432 patients surveyed and eight patients were identified to have new harms during the data collection period.

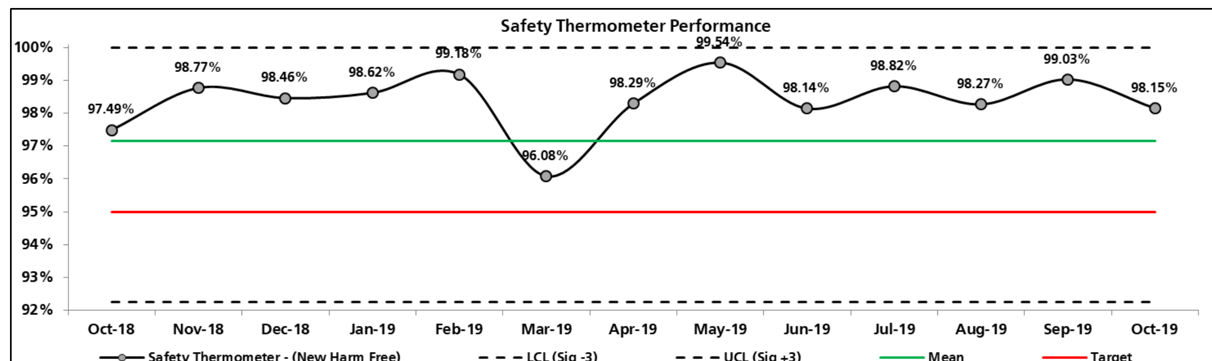


Chart 1 – Safety Thermometer performance (Harm Free Care)

Falls for October

Falls resulting in moderate and above harm this month is 0.08 per 1000 bed days which is below the target of 0.98 and an improvement from September's position of 0.25. Following review at the moderate harm panel meeting, the moderate harm incident was downgraded to minor resulting in no serious injuries being reported this month.

There were a total of 51 inpatient falls reported in the month of October which is a slight reduction from last month's total of 53. Of these, five patients were identified as repeat fallers with each having two falls this month.

Performance will be maintained by;

- Ensuring that there is on- going training starting from induction, HCA's training, ward away day training and bimonthly training provided by our specialist nurse.

Falls resulting in Serious Injury during Oct 2019					
Ref	Incident date	Severity	Location Exact	Division	Specialty/Area
WEB64458	07/10/2019	Moderate	Marham Ward	SUR Div	General Surgery

Table 1 – Falls resulting in serious Injury during October 2019

VTE Assessment

VTE Assessment compliance for October is 99.02 % which is above the Trust target of 97.24 %.

Performance will be maintained by;

- Targeted support and teaching provided by the Anticoagulation and Thrombosis Nurse Specialists in relation to the importance of VTE assessment.

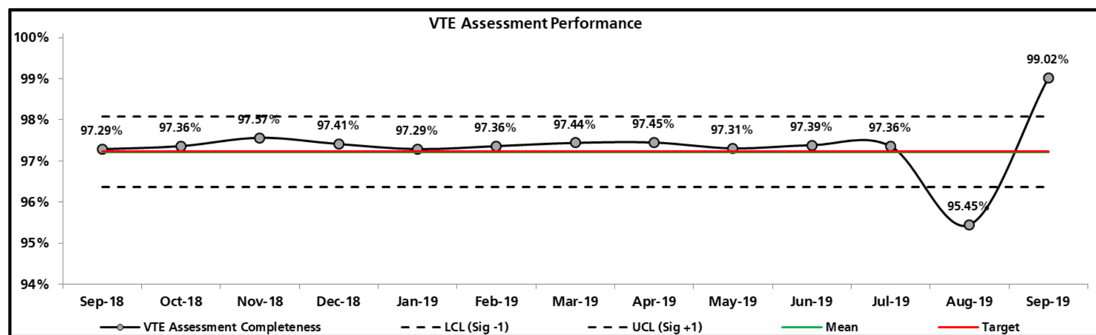


Chart 2 – VTE Assessment performance

Staffing

The staffing fill rate for the Trust overall was above 95.50 % and the Care Hours per Patient Day (CHpPD) in October was 8.0 which remains within the Trust target. CHpPD are calculated by dividing the total numbers of nursing hours on a ward or unit by the number of patients in beds at the midnight census. This calculation provides the average number of care hours available for each patient on the ward or unit.

The Trust CHpPD is in line with the peer median and national median scores of 7.9 and 8.2, respectively (Model Hospital latest data, July 2019).

Performance will be maintained by;

- Inpatient areas that fell below the 85% fill rate are supported by moving staff from other wards and utilising Clinical Educators to support the ward.
- Nursing staffing at the Trust is monitored through a daily staffing meeting which is chaired by a Head of Nursing or Deputy Chief Nurse to identify and mitigate staffing shortfalls.

Areas requiring improvement

Never Events

The Trust reported no never events in October 2019.

The Trust has subsequently reported one never event in November 2019 which was a wrong side anaesthetic block event during an orthopaedic procedure.

Immediate actions and harm reviews

The November never event incident has been shared widely with the anaesthetic and surgical teams. Current processes for regional anaesthesia have been reviewed and the HSIB nationally recommended but not mandated "stop before you block" process has now been mandated for use in all of our regional anaesthetic procedures with a repeat stop before you block check and challenge after every patient repositioning.

A second change in practise has also been agreed whereby the anaesthetist performing the block will disinfect the body area in which the block is to be performed for all regional anaesthetics. This is a change from our current process in which an assistant performs this step.

A Trust wide patient safety alert has also been issued to highlight this mistake and the key learning from it.

The patient came to a minor level of harm (they required an additional local anaesthetic injection).

Serious Incidents

During October 2019 there were 5 serious incidents as detailed in the table below. Of these 4 were declared as serious incidents in month and the remaining serious incident was declared and reported in early November 2019. All were reported within 72 hours of confirmation.

Date of Incident	Date SI Declared	Date reported to StEIS	Incident Description
15/10/2019	21/10/2019	22/10/2019	Patient with diabetic neuropathy sustained a finger wound with signs of necrotic injury in keeping with a burn, thought to be a hospital acquired injury.
16/10/2019	25/10/2019	25/10/2019	Potential mislabelling of Products of conception (POC). POC received from theatres did not reconcile with the theatre list.
17/10/2019	21/10/2019	22/10/2019	Patient was admitted to the medical unit from A&E with a deteriorating condition and presumed diagnosis of lower respiratory tract infection/sepsis with inadequate assessment, management and handover.

17/10/2019	18/10/2019	18/10/2019	12-hour MH breach in A&E
29/10/2019	04/11/2019	05/11/2019	Patient underwent an unrequired surgical procedure.

Table 2 – Serious Incidents, October 2019

Immediate actions and harm reviews

Detailed assessment of patients with diabetic neuropathy is crucial as these patients are at increased risk of harm from extreme hot and cold contact. An immediate action was taken to ensure this is recorded on admission for all patients with this condition to enable close monitoring and prevent tissue injury.

A short 72-hour investigation revealed that the product of conception tissue received from theatres was labelled accurately. This is a procedural non-conformity with no harm caused. Actions have been taken to ensure the theatre team do not accept specimens for processing from other areas of the hospital. We have requested for this declared SI to be stood down.

The early recognition of deteriorating patients is a key strategic priority for this trust and an externally facilitated action plan is under development as part of our integrated quality improvement plan.

Themes and learning

Delays to patients in our ED, and access to community Mental Health beds remains an issue in keeping with previous months. A thematic review is underway of these incidents.

WHO and other checklists are of vital importance to maintain patient safety during invasive procedures in the Trust. The trust regularly audits compliance with the mandatory WHO checklist (reported through the clinical governance committee) and has undertaken a gap analysis to see where other local checklists (LocSSIPs) are required. The lead is developing a generic checklist to accompany procedure specific consent forms to improve compliance with these and a trust wide patient safety alert has been sent to highlight the need for the stop before you block checking process.

Meticillin Resistant Staphylococcus Aureus (MRSA) Bloodstream Infection

There has been one case of MRSA bacteraemia reported in this month bringing the Trust total to one this year which is above the Trust's year end trajectory of zero (0) cases. It has been 543 days since the last case of MRSA bacteraemia.

Bacteraemia is a presence of microorganisms in the the bloodstream causing an infection.

The infection occurred in the Intensive Care Unit and the post infection review meeting was held on 5th November 2019 which was attended by the Deputy DIPC, IPAC team, clinical staff (medical and nursing) and the Consultant Microbiologist.

A post infection review (PIR) is carried out for cases of MRSA bacteraemia to assist the Trust in understanding the causes of bacteraemia, identifying factors that may have contributed to the infection, and helping to promptly identify the lessons learnt from the case thereby improving practice for the future. The PIR is also undertaken to determine if it is avoidable or unavoidable (lapse in care). A full root cause analysis will be carried out.

The patient was treated with appropriate antibiotics and infection control measures were put in place.

Lesson learned from the PIR:

- Lapses in documentation were identified with regard to MRSA swabbing / screening

Performance will be improved by;

- The Unit manager will cascade to staff the initial findings of the review including adherence to the policy

Hospital Acquired Pressure Ulcers

There were eight hospital acquired pressure ulcer incidents reported in October which is an increase from last month's figure of six. The pressure ulcer rate per 1000 bed days this month is 0.61 which is slightly off track the trust target of 0.42.

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 3 – NHSI PU definitions

The eight hospital acquired pressure ulcers (one was previously reported in September) were categorised as follows; three category two pressure ulcers, one deep tissue injury, one uncategorised, and two unstageable pressure ulcers.

The acquired pressure ulcers were reported on the following wards:

- Assessment Zone - one category two

- Critical Care Unit - uncategorised
- Oxborough - one unstageable
- Shouldham -one category two (was reported in September)
- Marham - one category two
- Tilney - one category two
- West Raynham - one deep tissue injury
- Gayton - one unstageable

Performance will be improved by;

- The Medicine division is involved in a focused work with the improvement team to address issues with documentation.
- A tissue viability nurse has been appointed and will commence in December 2019 to support the tissue viability lead nurse
- Celebrating the “Stop the pressure” day on 20th November 2019 by encouraging staff to wear a red dot anywhere on the body a pressure ulcer may appear. The red dot is a simple symbol that will bring attention nationally to the impact of pressure ulcers and enable health professionals to continue the conversation around prevention.

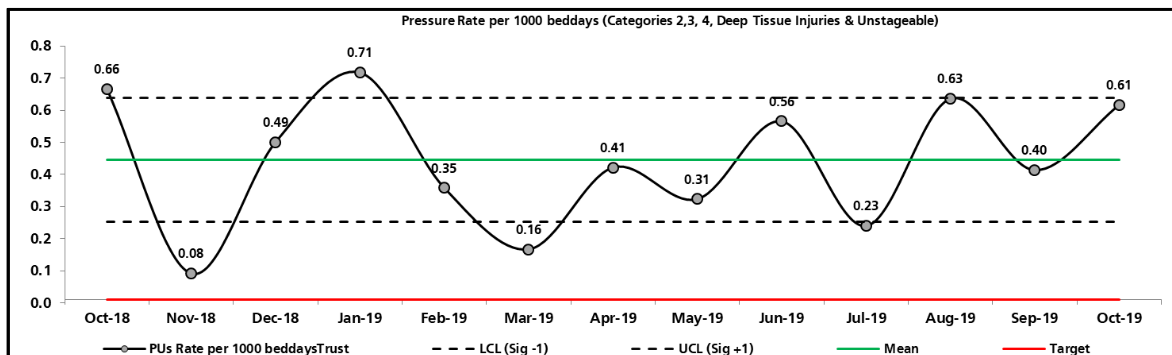


Chart 3 – Pressure rate per 1000 beddays

Clostridiodes difficile (*previously known as Clostridium difficile*)

There were eight cases of Clostridiodes difficile reported in this month bringing the total to 30 this year. The Trust’s year end trajectory is 44 cases. The interim Lead nurse for IP&C is currently completing a timeline for all C. *diff* cases in September and October to identify the possible link between patient placement, flow and environment.

The Root Cause Analyses (RCA) will have been carried out within the 30-day target.

Two cases have been appealed with the CCG and we are awaiting the outcome.

The RCA reviews identified the following issues:

- Poor risk assessment and management of diarrhoea resulting in delays in sending stool specimen for testing
- Delayed isolation of patients with possible infection
- Inappropriate stool chart completion (missing date/ stool description)

Performance will be improved by;

- Ward based training by the IP&C team as required.
- The interim Lead nurse for Infection Prevention and Control has delivered five sessions on IP&C in October and November. These sessions were attended by 134 staff.

Cleaning

Cleaning is an area of significant concern, based on a review of areas and identification of a substandard environment. One of the reasons for not achieving the expected cleaning scores are due to changes in rotas of domestic staff.

The overall cleaning score for each area as reflected on the dashboard is a combination of domestic cleaning, housekeeping and estate issues.

The areas that failed to achieve the 95% cleaning standard pass rate are detailed below:

Very High-Risk areas

The overall cleaning score for very high-risk areas has slightly improved from 94% last month to 95% this month with a standard set at 95%. Two areas fell below the domestic cleaning standard.

- Emergency Department - Domestic cleaning score was 86% and the housekeeping score was 71%. A re-audit was carried out and scores improved to 98% and 96% respectively.
- Central Delivery Suite – The overall cleaning score was 94% with domestic cleaning and estates at 93% and 87% respectively. The re-audit score was 98% for cleaning and the estates scores remained at 87%.

Issues identified with domestic cleaning were related to high dusting and scale on taps whilst equipment not cleaned adequately contributed to a fail score for housekeeping. The estates issues identified were: holes in walls, chipped paintwork and cracked windows and frames.

All these areas were re-audited with domestic and housekeeping scores achieving 95% or above, however, there are estates issues that remain outstanding which are being addressed based on priority.

High-Risk Areas

The overall cleaning score for high risk areas was 93.93 % which is an improvement from last month's score of 92%. Five out of the seventeen areas failed to achieve the 95% pass rate for the audit.

The areas that failed to achieve the 95% cleaning pass rate for October are detailed below:

Ward	Audit score cleaning	Re audited cleaning score	Audit score Housekeeping/ nursing	Re audited Housekeeping score
Tilney	93%	96%	100%	100%
Oxborough	92%	96%	80%	100%
Marham	89%	91%	87%	100%
Denver	92%	97%	86%	100%
Elm	87%	98%	71%	97%

Table 4 – Cleaning Audit (High Risk Areas)

Marham remained at 91% following the re-audit and cleaning issues were addressed immediately thereafter.

Performance will be improved by;

- Additional staff have been sourced and requested to support the current domestic staffing

An urgent review of the domestic and housekeeping roles. This is to identify how each other's role complement the delivery of cleaning standards. The housekeeping roles have now been reviewed and the monthly meeting between the IP&C team and the housekeeping staff will start on 27th November 2019.

Effective
Accountable Officer – Medical Director

Areas of strong performance

Mortality

The latest HSMR is 99.7 and is within the expected range.

The Trust's SHMI is now updated monthly and published six months in arrears. This is based on the observed v expected number of deaths occurring during or within 30 days of admission during the last twelve-month rolling period (July 18 to June 19). This is also within expected at 101.29. There are no individual diagnostic alerts this month.

Reported weekend HSMR increased into the above expected range at 113.6 for the first time in 7 months. This will be monitored closely with a further investigation if sustained.

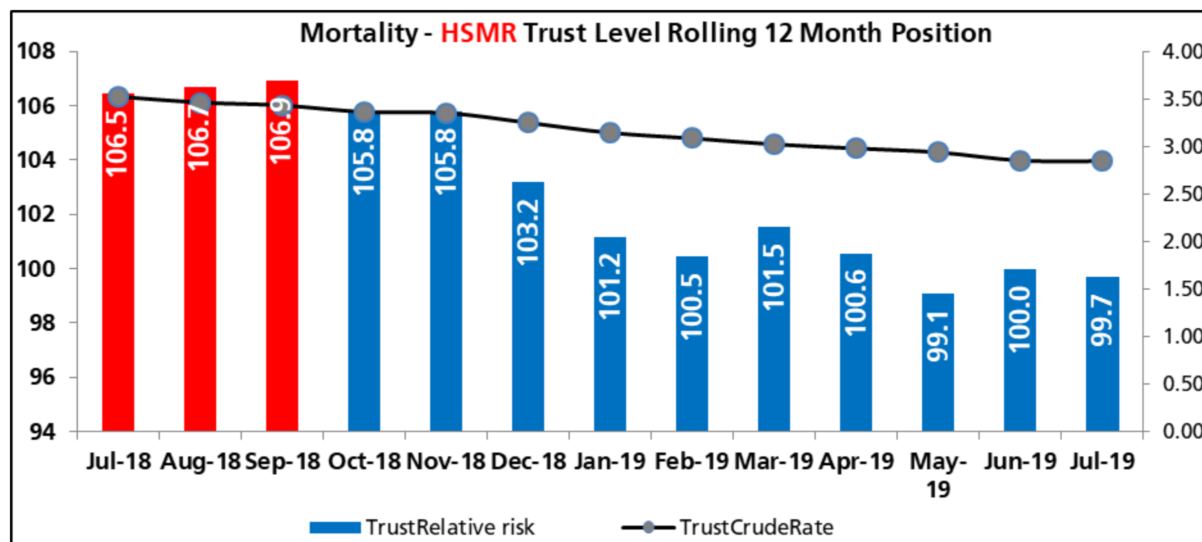


Chart 5 – monthly Trust HSMR

There were 87 deaths in the hospital in October 2019. This number is higher than last year (75) and equates to 10.8 deaths per 1000 admissions which is higher than our previous rate in October 2018 at 9.9.

The highest number of deaths this month occurred on our care of the elderly (12) and respiratory (10) wards, in line with previous months. The highest numbers of deaths were recorded against a final diagnosis of Sepsis (10).

How will we maintain performance;

A dashboard is now in place to track outstanding completion of mortality reviews using the Royal College of Physicians Structured Judgement Review process which will be led by the new deputy medical director and trust mortality lead, starting 18 November 2019 and supported by our lead medical examiner.

Work is ongoing on medical job plans to ensure every patient has an early, daily senior

review and with clinical support services to provide access to rapid diagnostics 7 day services. External support is also in place to improve emergency care and flow which is also known to impact on mortality.

Maternity

The recent reduction in elective and emergency Caesarean section rates has been sustained and remains below the target of 25%.

Multiple measures have been undertaken over the last 4 months to address increased C/S rates and an audit has been undertaken to understand which has made the most impact and to identify themes for continued improvement. The reporting of this audit has been delayed due to ongoing data collection but will report in November.

- Ongoing work to launch continuity of carer teams.
- Continued education and promotion in VBAC clinics.
- Weekly instrumental delivery MDT

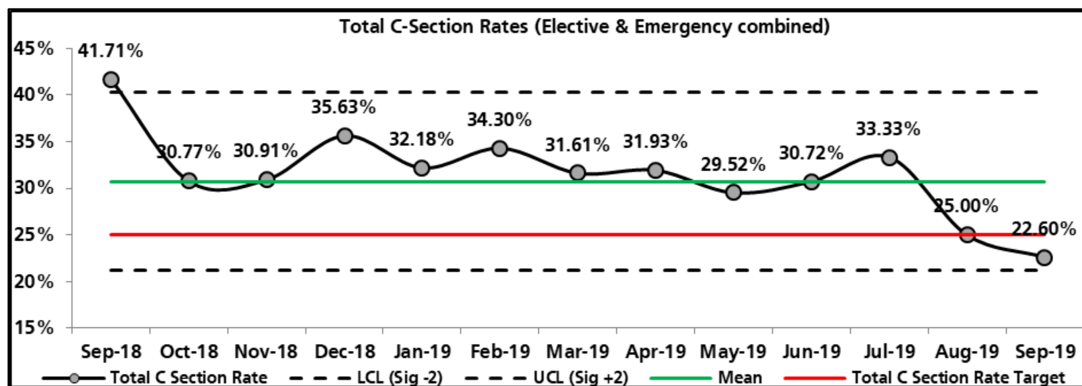


Chart 6 – Total C-Section rates (Elective and Emergency combined)

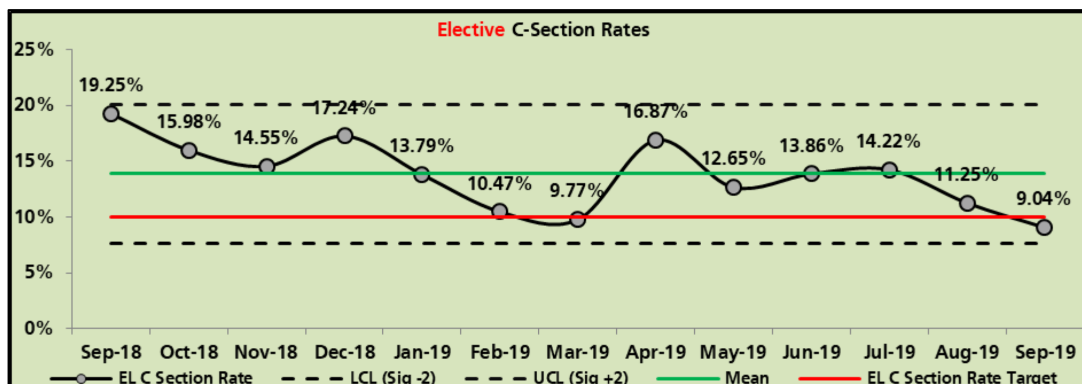


Chart 7 – Elective C-Section rates

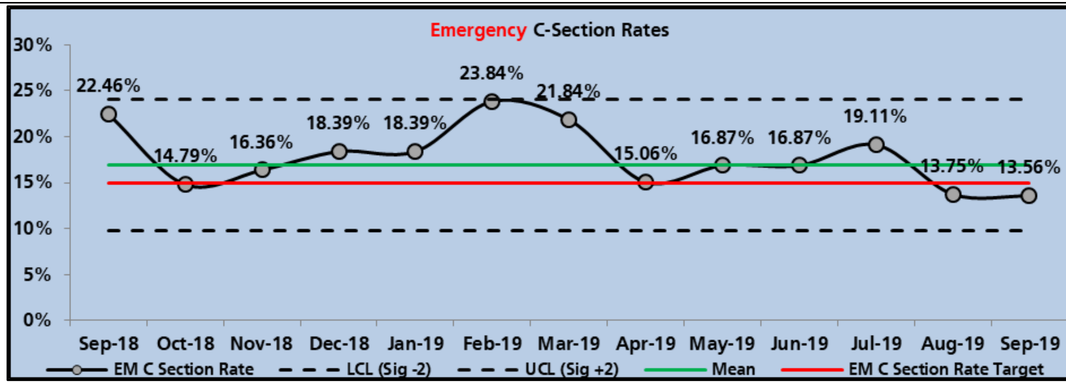


Chart 8 – Emergency C-Section rates

The stillbirth rate in August was 2.82 per 1,000 births which continues to be lower than the standardised adjusted rate of 3.75 per 1,000 from the 2016 MBRACE report. The neonatal death rate is 0. Ongoing service changes are taking place within the department to align with national drivers which aim to half the number of stillbirths, neonatal deaths, maternal deaths and brain injuries by 2030.

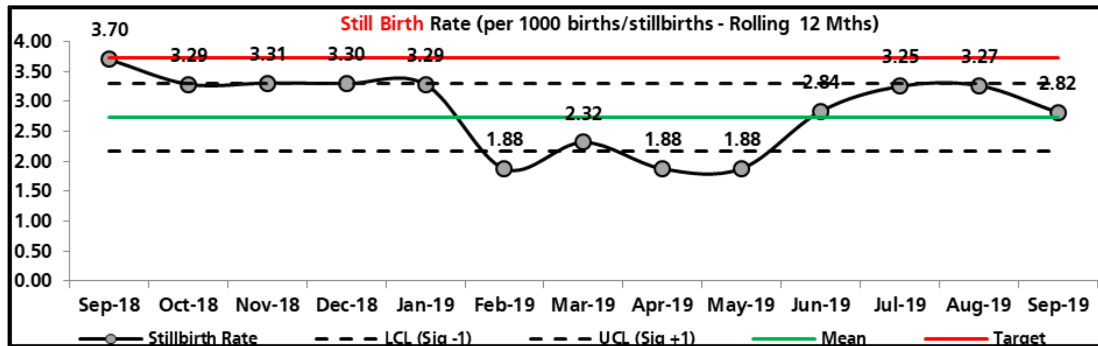


Chart 9 – Stillbirth rates per1000 births/stillbirths

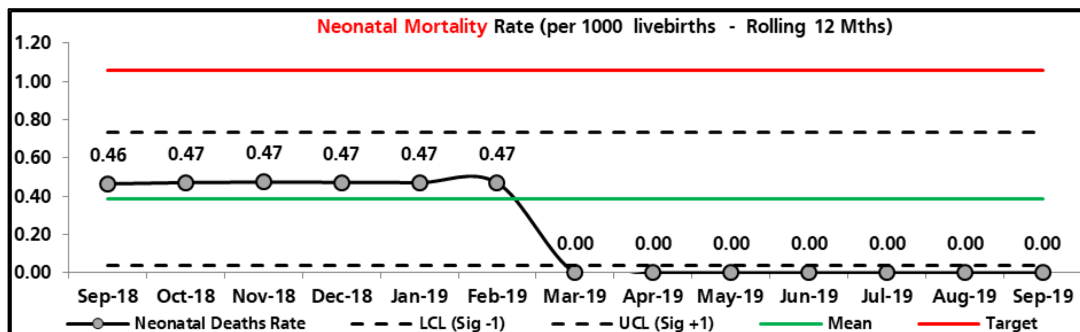


Chart 10 – Neonatal Mortality rates per1000 livebirths

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. There is active participation with the National Audit of Care at the End of Life, however this is currently showing partial compliance against the full audit requirements.

Clinical Research and development

Clinical research remains on track to exceed our recruitment target for this year and have achieved funding targets to date.

Areas requiring improvement

Avoidable term admissions to NICU remain increased this month.

Why is the performance off track;

Two of these admissions were avoidable as these babies could have been cared for under Transitional care.

How we will recover performance;

New Transitional Care admission criteria have been agreed to prevent unnecessary admissions to NICU.

When we will recover the standard;

We anticipate recovering the standard as a whole by April 2020.

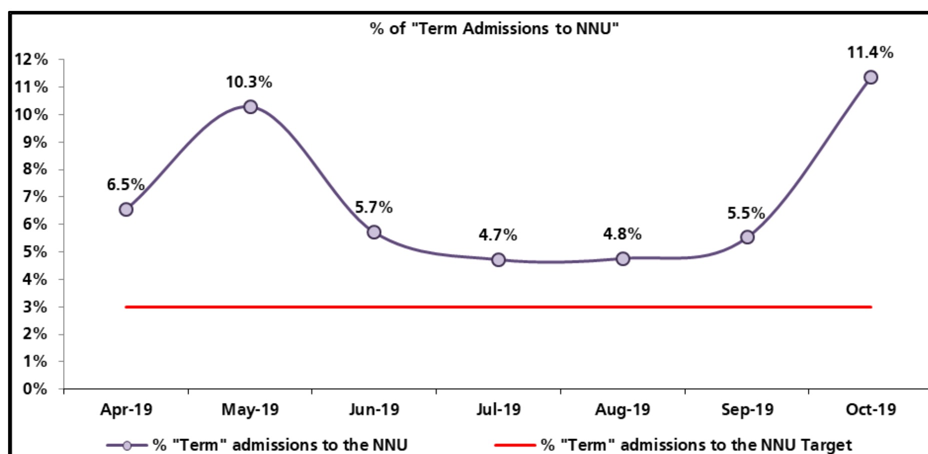


Chart 11 - % of term admissions to NNU

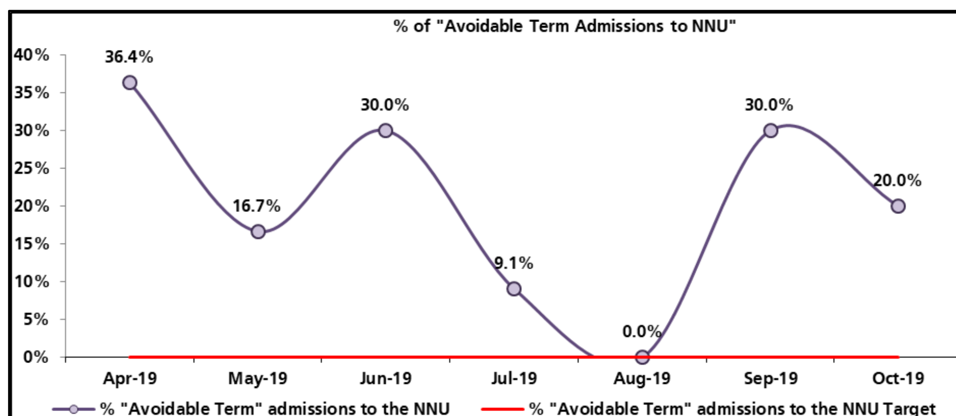


Chart 12 - % of avoidable term admissions to NNU

Clinical Audit

The Trust did not submit any data for the national inflammatory bowel disease audit this month.

Why are we off track;

There were previous issues accessing the necessary software which has now been resolved. Data collection is time consuming and requires senior clinical input which has not been prioritised by the clinical team due to clinical workload pressures.

How we will recover performance;

The gastroenterology team are reviewing their workforce to ensure that appropriate clinical staff have sufficient time to review the data for submission to this audit.

When we will recover the standard;

Data will be submitted regularly to the audit from January 2020.

The Trust did not send questionnaires to carers about their experience to the National Audit of Care at the End of Life which represents a partial compliance metric to this audit, all other data has been supplied to date.

Why are we off track;

The clinical team carrying out this audit did not disseminate the user experience questionnaire requirement for this audit.

How will we recover performance;

The Trust Board has agreed End of Life Care as a strategic priority, with the Chief Nurse as Executive Lead. There is a comprehensive action plan for end of life care within the Trust's quality improvement plan, one action is to ensure full compliance with the audit when completed. This will allow for a fully comparable national benchmark data for future participation in the National Audit of Care at the End of Life.

When will we recover the standard;

When the omission was noted, an extension request was made to allow us to complete the full audit standard but this was not possible. We will therefore not be able to ensure full compliance with the National Audit of Care at the End of Life for 2019/2020 but will comply fully for 20/21.

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.

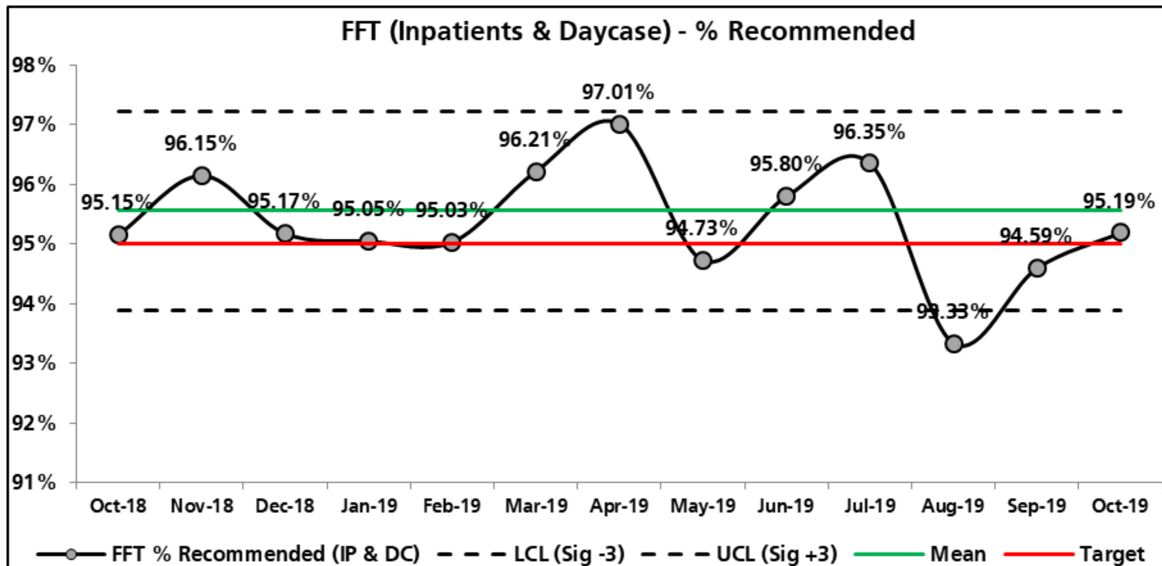


Chart 13 – FFT (Inpatients and Daycase) % recommended

The latest figure has returned inside the control and exceeds the target of 95%. Having reviewed the feedback provided by patients there has been a slight decrease in negative responses and those providing comments cited waiting, noise at night, communication and doctors not listening as being the main areas for concern.

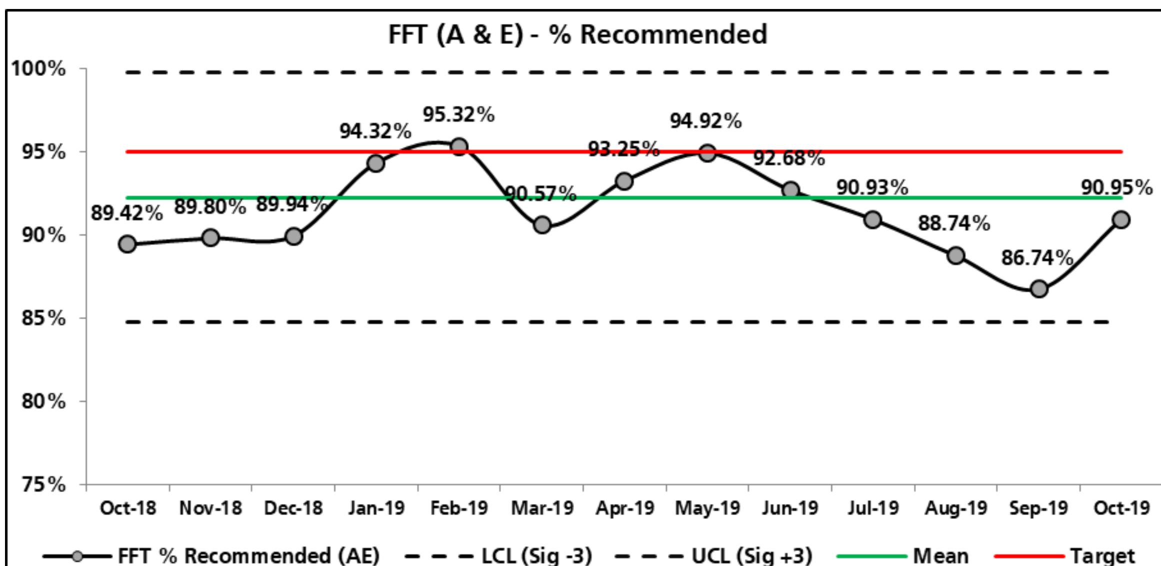


Chart 14 – FFT (AE) % recommended

In the Emergency Department, waiting times were still the main reason for patients being unlikely to recommend although cleanliness and staff attitude were also concerns. The likelihood to recommend score has returned to 90% (target of 95%) similar to the levels in March and July this year. Waiting times and communicating the current expected wait times are a concern across the hospital but are most acute in A&E due to the unpredictable number of patients coming into the hospital at this point.

Performance will be improved by;

- There is a plan to implement a new nurse streaming model at the front door that will improve in seeing patients more quickly. This is pending final approval of the business case.
- New building work completed (phase 1 involving the streaming and minors area) and will have an impact on waiting time as physical location has played a part in extending waiting times.
- The matron is working with the staff in ED to sustain and improve the scores.

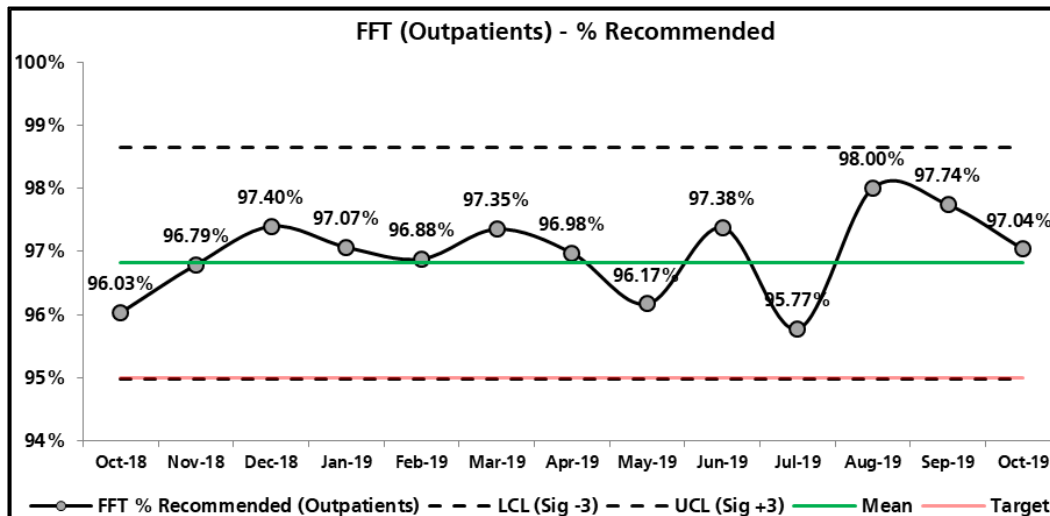


Chart 15– FFT (Outpatients) % recommended

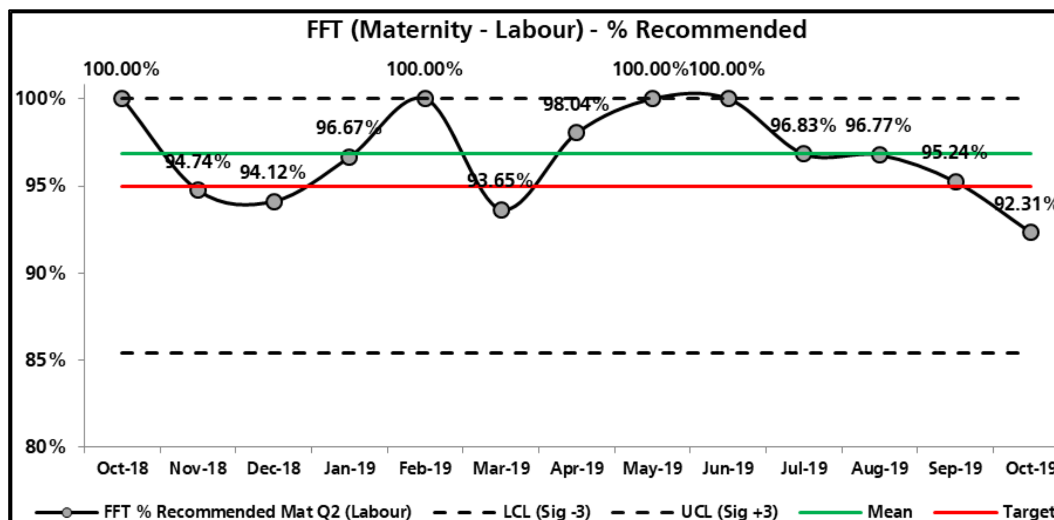


Chart 16– FFT (Maternity - Labour) % recommended

This is the first time since March 2019 that the likelihood to recommend has dipped below the target of 95%. Two patients were unlikely to recommend which (due to low numbers of respondents) can have quite an impact on the response rate – 35 patients told us of their experience at the labour touch point. One patient provided positive feedback but chose a negative option, the other patient wanted a natural breech delivery but this had to be converted to a caesarean following a scan. All other patients provided positive responses.

Areas requiring improvement

Mixed Sex Accommodation

Mixed sex accommodation (MSA) remains red this month following seven occurrences which affected eighteen patients. Six occurrences happened on West Raynham Ward when the Hyper-acute Stoke bay is utilised to treat patients of opposite gender who need time critical interventions and one was in the Critical Care Unit.

There have been no concerns raised by patients or relatives with regard to same sex accommodation breaches.

Performance will be improved by;

- These breaches are discussed and reviewed at the divisional governance meeting.
- In addition they will be now included as part of the site team handover.
- The Head of Nursing for medicine will meet with the matron and ward manager for West Raynham to discuss a standard operating procedure to minimise the occurrence of mixed sex accommodation.

Complaints

Numbers at date of report	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Complaints Received	34	47	24	38	45	32	39
Complaints remaining open	90	136	90	85	105	73	80
Complaints closed	28	29	51	41	34	64	32
Re-opened Complaints	1	3	54	4	4	2	3
Performance	7%	21%	10%	26%	17%	33%	43%
Complaints acknowledged in three working days	68%	45%	96%	100%	95%	100%	100%
Complaints receiving a response within 30 working days	2 out of 29 = 7%	10 out of 47 = 21%	4 out of 41 = 10%	11 out of 43 = 26%	8 out of 46 = 17%	14 out of 42 = 33%	18 out of 42 = 43%
Responses meeting agreed extended timeframe beyond 30 working days	4	0	44	2	20	2	9
Total complaints responded to within 30 working days OR by agreed extension date	6	10	48	12	28	16	25
Severity Grading							
Of those closed: no or low impact on patient care/patient experience	25	25	29	17	16	2	11
Of those closed: moderate impact on care/patient experience	3	1	9	9	3	7	2
Of those closed: high impact on care/patient experience	0	0	0	2	0	0	0
% of complaints responded to within the national standard of six months from receipt of complaint	100%	100%	100%	95%	100%	100%	100%

Table 6 – Complaints performance to October 2019

There were 39 complaints received in October 2019 which is above the target threshold of 20 complaints per month.

The complaint compliance response rate has improved from 33% in September to 43% in October and 42 complaints have been closed.
Of the 41 overdue complaints at the end of September 24 were responded to in October.

Main categories of complaints for October 2019

The main categories of complaints for October 2019 were:

- Communication
- Attitude and failure to act in a professional manner
- Delay or failure to diagnose

Re-Opened Complaints for October 2019

There were three complaints reopened in October as the complainants felt that there was an inadequate investigation and incorrect information in the response.

PHSO

There were no PHSO findings reported in October, however, there were requests for information for three complaints in October 2019 which have all been sent.

De-escalated

There were in excess of thirty concerns resolved and closed in October that did not require escalation to complaints management.

Performance will be improved by;

The following actions are in place to improve response compliance and help reduce the complaints backlog;

- The complaints team meet with the divisions on a bi-weekly basis to chase progress of complaints responses.
- The Chief Nurse and Chief Executive sign off all complaints and feedback where responses and timeliness can be improved.
- Accountability for complaints is managed at performance review meetings.
- A daily meeting with the Chief Nurse and/or Deputy Chief Executive Officer commenced on 11th November to provide direct oversight of activity, assessment and appropriate management of patient concerns.
- Communication from the Chief Executive Officer to the organisation on the 14th November 2019 to highlight both the process in complaints handling and learning from complaints as a priority within the organisation.

Dementia Case Finding

The current Trust position (September 2019) with regard to dementia case finding is at 48% which is below the Trust target of 90%.

Performance will be improved by;

- The lead nurse for older people delivering targeted training on the completion of dementia assessment tool in the Emergency Department and Assessment Zone
- There was a communication between the Medical Consultants and the lead

nurse for older people emphasizing the importance of completing the case finding questions

- The new "stickers" were applied on 15th October 2019 and started to be filled out on 18th October 2019. An increase in compliance is anticipated by end of November.

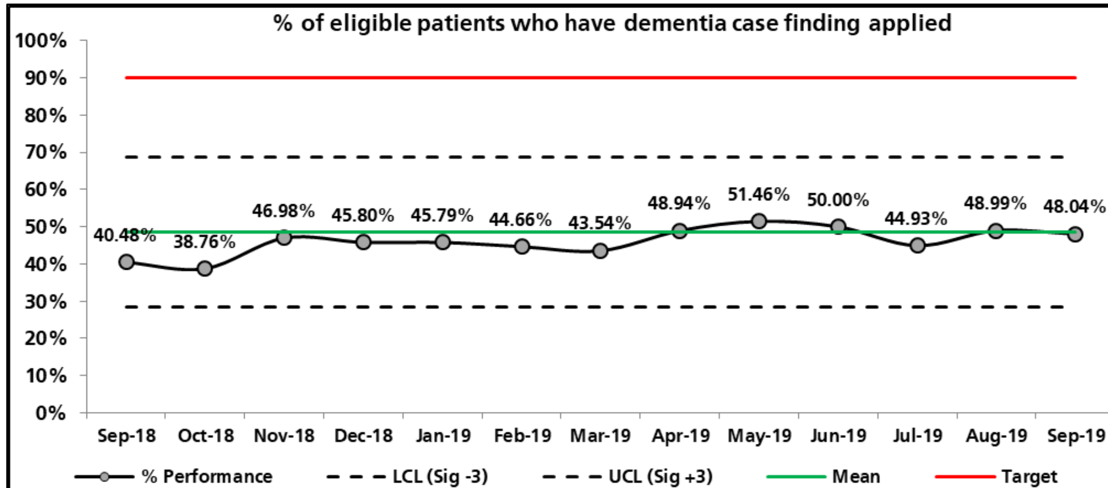


Chart 17 – Dementia Case Finding

Responsive

Accountable Officer – Chief Operating Officer

Emergency Pathway

Areas of strong performance

Delayed transfers of care

Performance in October was 2.91%, exceeding the national standard of 3.5%.

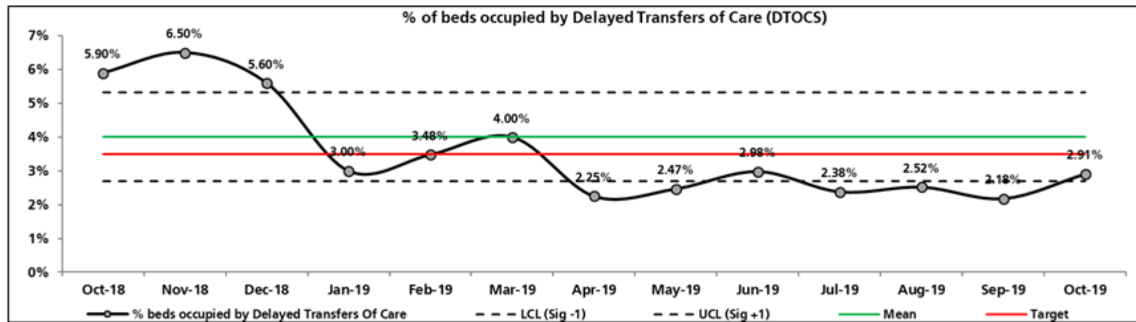


Chart 18 - Percentage of beds occupied by patients with a delayed transfer of care

Performance will be maintained by;

- minimising internal delays through effective board round and the weekly longer length of stay reviews.
- effective and integrated discharge planning through the discharge hub
- timely and effective utilisation of the Direction of Choice Policy

Areas requiring improvement

Four-hour emergency performance

Performance in October was 77.44% compared to 79.86% in September.

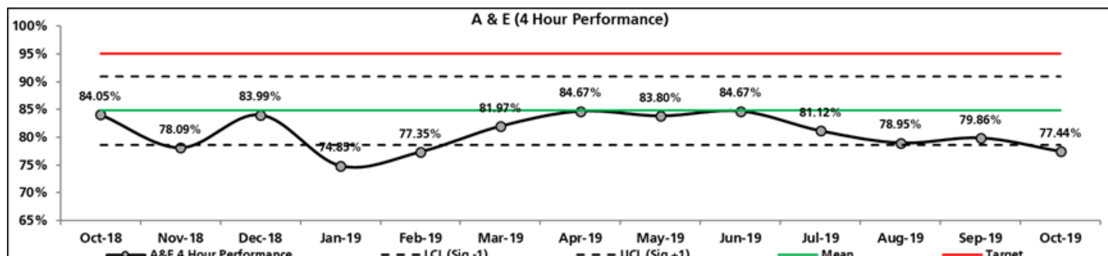


Chart 19 - 4-hour performance

The table below shows the weekly Trust national and regional ranking for all types and type 1 only:

	4 hour performance weekly rank (all types)		4 hour performance weekly rank (Type 1)	
	National	Regional	National	Regional
week ending 6 Oct 2019	102/123	30/40	61/123	15/40
week ending 13 oct 2019	96/123	26/40	49/123	12/40
week ending 20 oct 2019	46/123	11/40	22/123	6/40
week ending 27 oct 2019	104/123	28/40	73/123	20/40

Table 8 – national and regional rankings for all types and type 1 only

There was one 12-hour trolley wait in October which related to a patient requiring admission to a mental health bed and delays to appropriate transport being available.

Performance is off track due to;

- A sustained increase in the average number of attendances per day since May 2019 and an 8.6% increase in attendances in October 2019 compared to October 2018.
- Overcrowding in and exit block from the ED. The ED estate is not fit for purpose and flow out of the department continues to be challenging.
- ED medical and nurse staffing capacity and rota pattern not always matching changes in demand.

Performance will be improved by;

- Capital investment in the ED and emergency floor to improve the environment and increase capacity. Minor estates work in ED is in progress.
- The sustain phase of the urgent and emergency care improvement plan; this focusses on embedding the SAFER bundle on all wards across the Trust and increasing pre-noon discharges.
- A review of the medical and nursing staff establishment and rota; the nurse staffing business case complete and the medical staff business case is in progress.

Ambulance handover within 15 minutes

Performance improved from 37.84% in September to 45.35% in October.

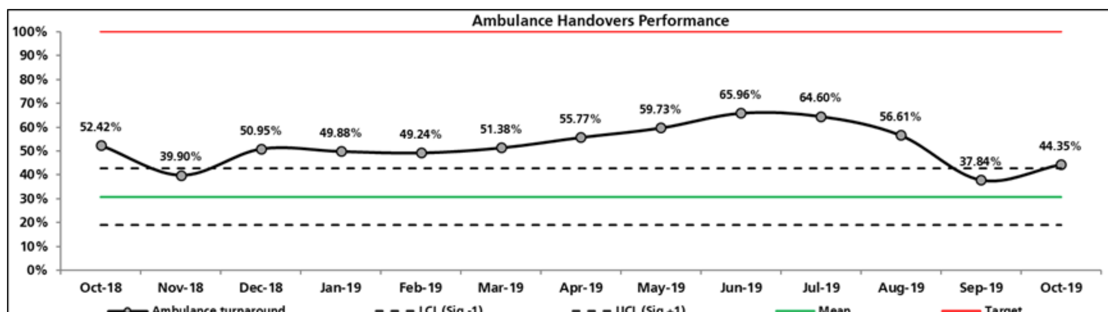


Chart 20- Ambulance handover within 15 minutes

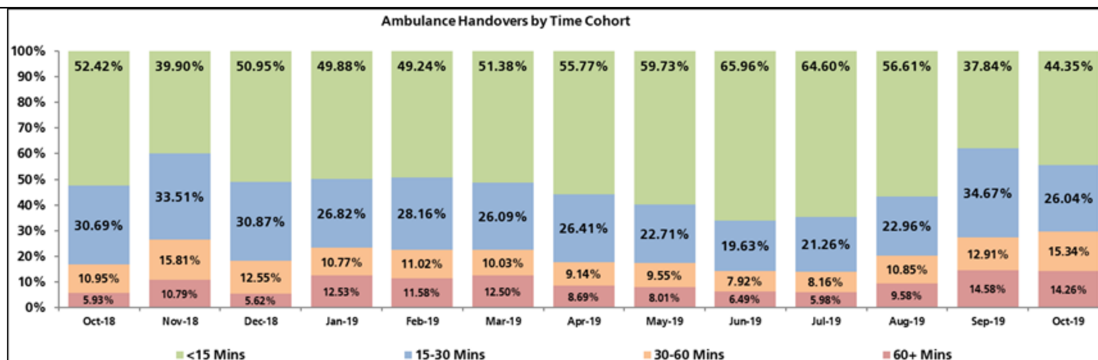


Chart 21 - Ambulance handover by time band

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

<u>Performance will be improved by;</u>

- Capital investment in the ED and emergency floor to improve the environment and to increase capacity for ambulance handovers.
- The sustain phase of the urgent and emergency care improvement plan continues, which focusses on embedding the SAFER bundle on all wards across the Trust.
- Standardisation of the ambulance handover process. Joint work continues with the ambulance services and is supported by NHS E/I.

≥ 21-day length of stay

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

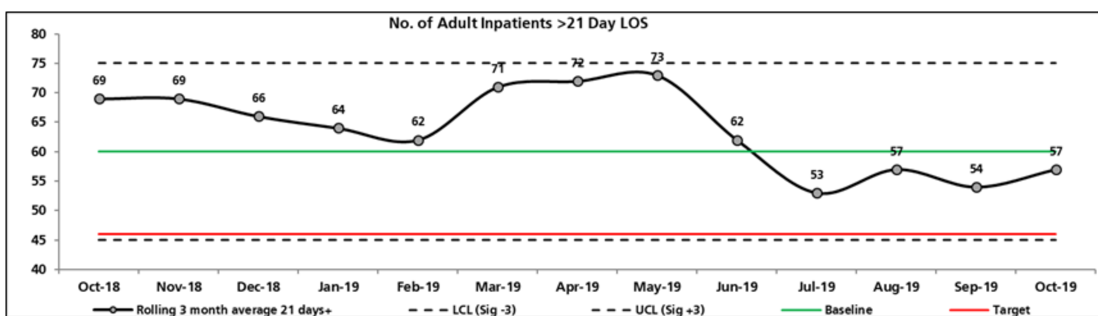


Chart 22 - Number of adult inpatients with a length of stay ≥ 21 days (rolling 3-month average)

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

<u>Performance will be improved by;</u>

- Improved, proactive discharge planning to ensure a consistent MDT approach across all inpatient areas. This includes the embedding of the new discharge checklist Direction of Choice Policy with further training being offered through November to ward teams.
- A revised approach to the weekly longer lengths of stay review to provide

senior oversight of the process, monitoring of actions and escalation of any delays.
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

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

The number of patients cancelled reduced from 0.74% in September to 0.63% in October.

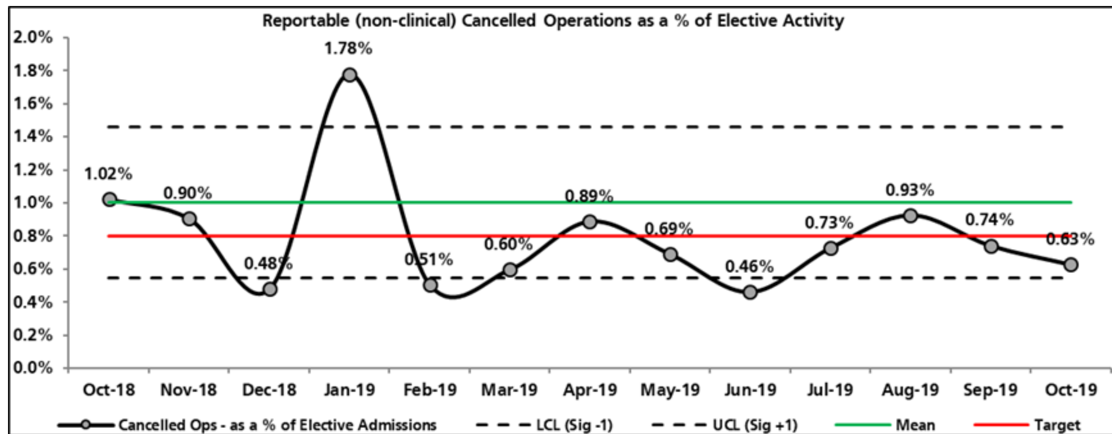


Chart 23 – Number of non-clinical cancelled operations as a percentage of elective activity

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

There were no breaches of the **28-day guarantee** in October.

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

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 October was 79.09% against the trajectory of 81.02%. At the end of October 2019, the total Trust waiting list was 13,956 against a trajectory of 13,317 and the total backlog of patients waiting over 18 weeks was 2,918 against a trajectory of 2,527.

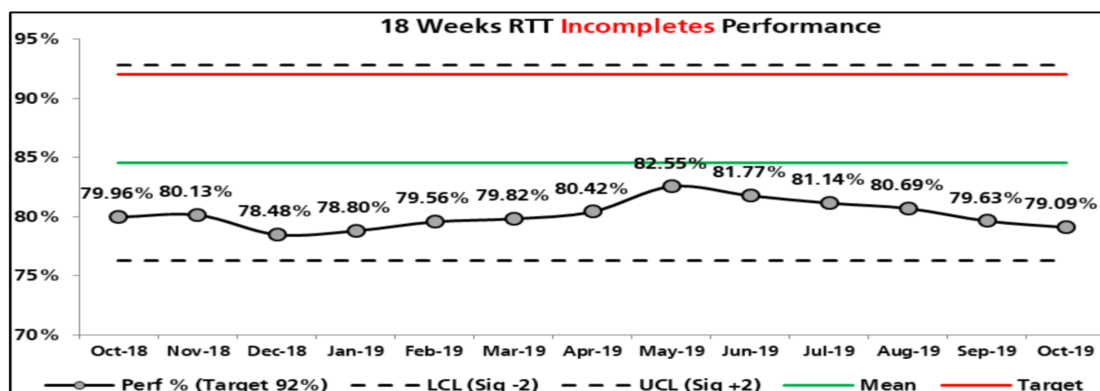


Chart 24 - 18-week referral to treatment performance

Performance is off track due to the variance in the following high-volume specialties;

- Urology waiting list 66% above trajectory; performance 24% below trajectory
- Ophthalmology waiting list 28% above trajectory; performance 16% below trajectory
- Gastroenterology waiting list is 41% above trajectory; performance 17% below trajectory

Performance will be improved by;

- Urology – triage of referrals to commence and two new Consultants are now in post.
- Ophthalmology – additional locum capacity secured and improvements in outpatient utilisation.
- Gastroenterology: triage of referrals continues and a locum Consultant started in October.

6-week diagnostic standard

Performance for October was 98.62%, against the standard of 99%. There were 54 breaches in the month.

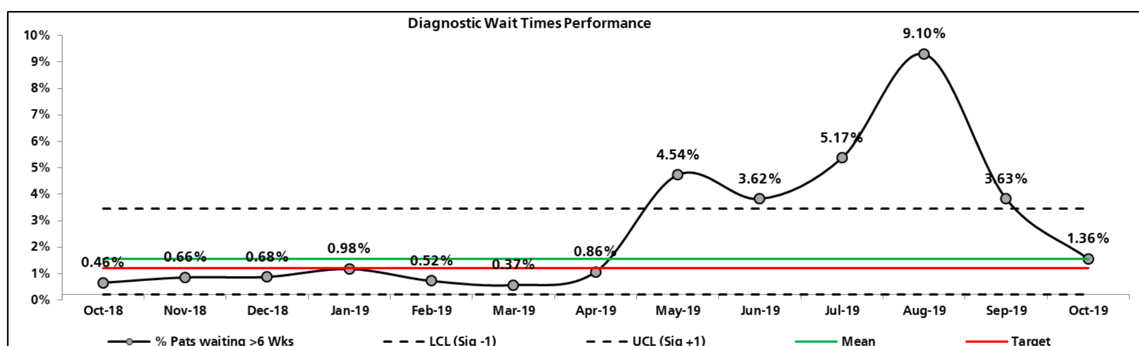


Chart 25- 6-week diagnostic performance

Performance is off track due to;

- 39 breaches in ultrasound due to the 'reasonableness' criteria not being fulfilled, i.e. patients should be offered at least two appointment dates and have at least three weeks' notice of the appointment.
- 13 breaches in MRI due to the recent national shortage of contrast medium. 9 of these patients were reported in September and were expected to be seen in October once the medium became available. Due to high national demand, the supply of the contrast medium was not delivered on the date expected. This has now been received and 8 of the 13 patients have dates in November, the remaining patients will be offered appointments before the end of the month.
- Sustained increase in demand of c.10% in ultrasound

Performance will be improved by;

- An increase in capacity following the recruitment of two Consultant Radiologists who are now in post.
- Continued improvements in administration dan booking processes to ensure optimum utilisation of all capacity and compliance with 'reasonableness' criteria.
- Continued training of radiographers to undertake sonography work.

Prior to the day non-clinical cancellations

The number of prior to the day non-clinical cancellations decreased from 5.36% in September to 4.86% in October, against a local standard of 3.2%.

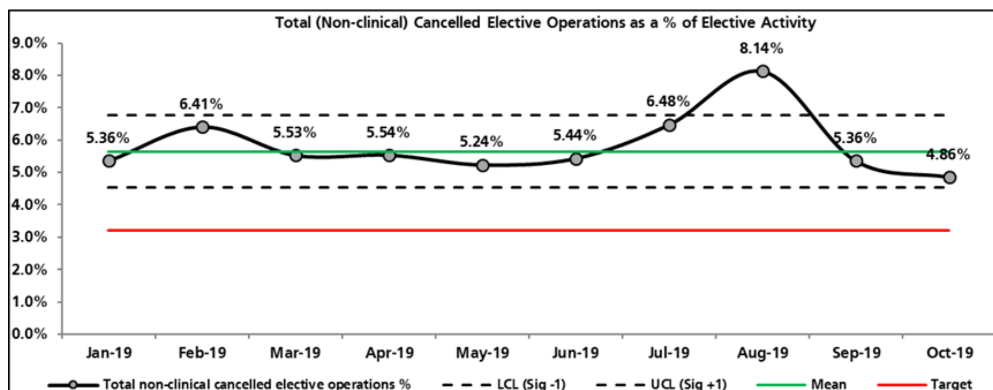


Chart 26 - Total cancellations for non-clinical reasons

Performance is off track due to 201 patients being cancelled prior to the day of procedure. The main cancellation reasons were as follows:

- More clinically urgent cases taking priority (40 patients)
- Administration errors (38 patients)
- Staff shortages due to sickness (28 patients)
- List changes or treatment changes (21 patients)

Performance will be improved by;

- Divisional oversight of all cancellations prior to the decision to cancel being made, in line with the current SOP
- Relaunch of the theatre operational policy, which has been updated
- Successful delivery of theatre improvement work-stream initiatives, with key milestones at the end of December 19 and March 20.

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 five of the seven cancer waiting time standards for September:

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

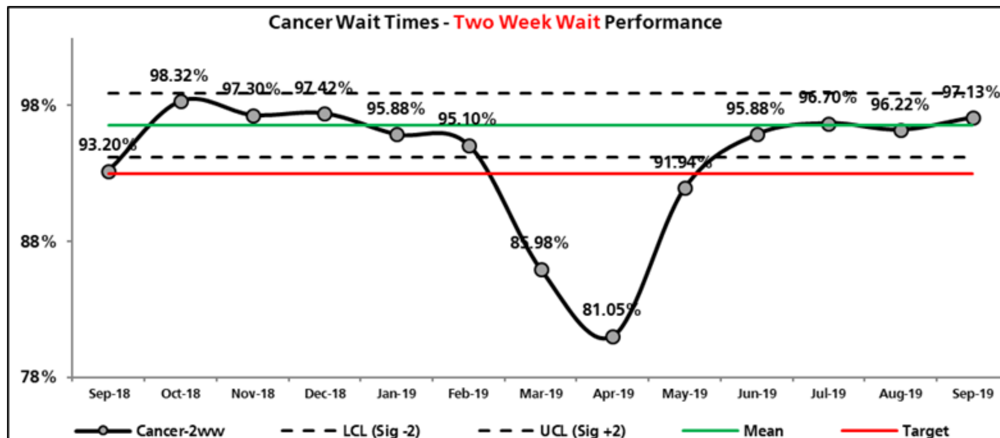


Chart 27- Cancer 2-week wait performance

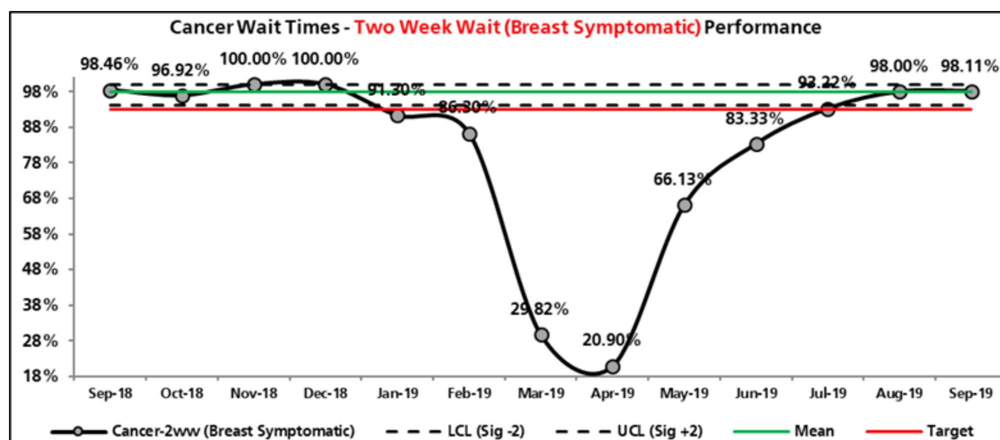


Chart 28 - Cancer 2-week wait performance for breast symptomatic patients

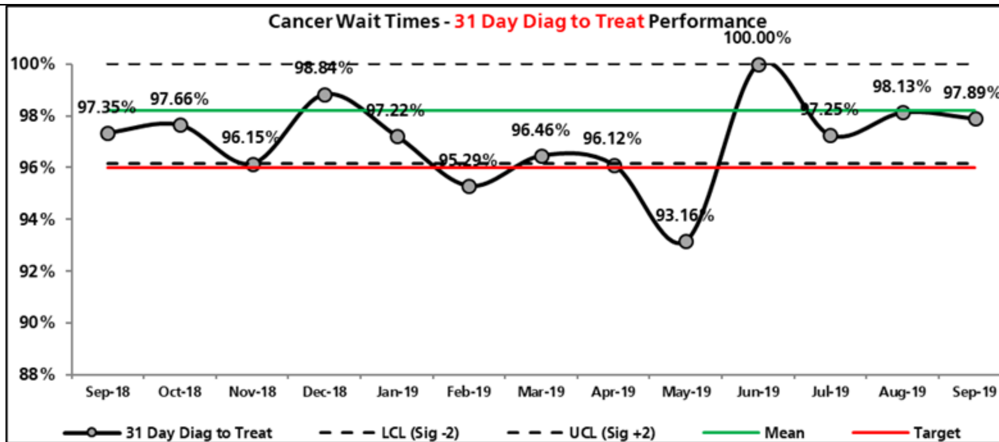


Chart 29 - Cancer 31-day diagnostic to treatment performance

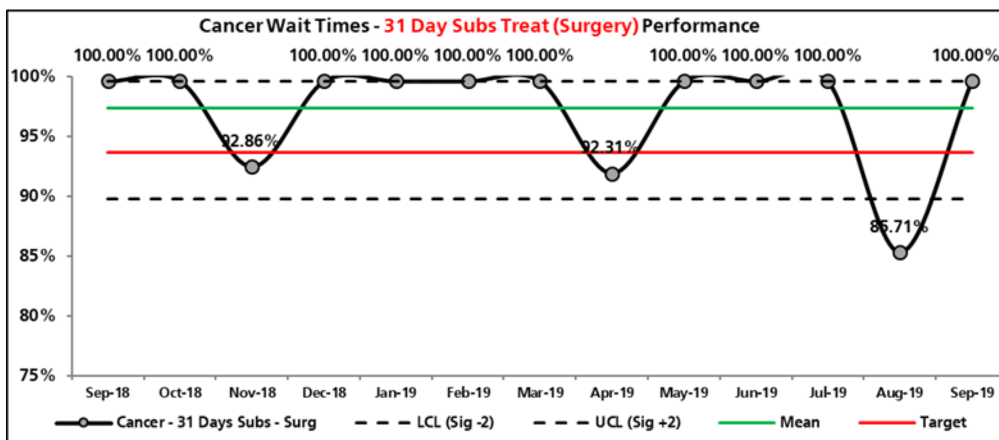


Chart 30- Cancer 31-day subsequent treatment (Surgery) performance

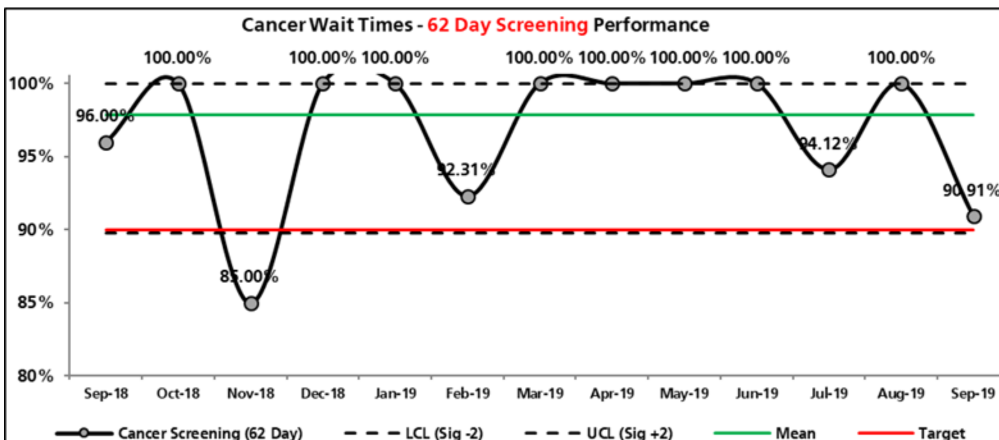


Chart 31 - Cancer 62-day screening performance

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

- Weekly tumour site patient tracking list meetings and weekly corporate cancer escalation meeting
- Timely booking of treatments and early identification and escalation of capacity pressures
- Addressing specific tumour site capacity pressures and pathway improvements

Areas requiring improvement

31-day subsequent treatment (drug)

Performance deteriorated from 100% in August to 97.41% in September, against the standard of 98%.

This was due to small numbers of patients and one breach recorded for the month. Performance will be improved by:

- Ensuring all decision to treat dates are recorded in a timely and accurate way
- Weekly oversight at the cancer escalation meeting

62-day referral to treatment

Performance improved from 63.89% in August to 70.63% in September, against the standard of 85% and trajectory of 69.06%.

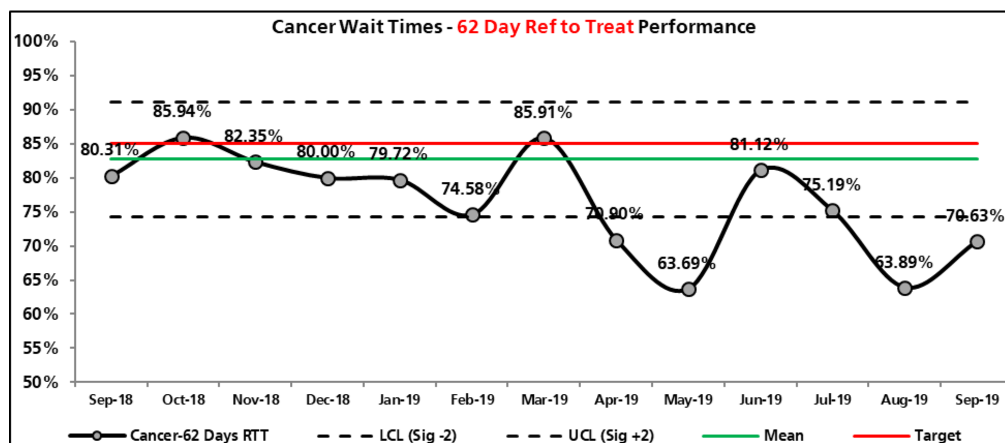


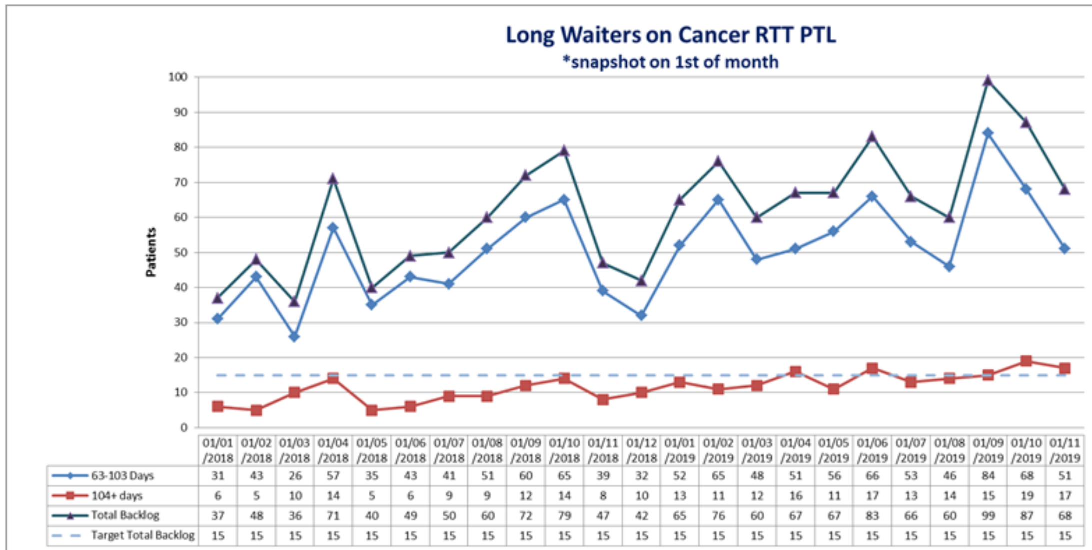
Chart 32 - Cancer 62-day referral to treatment performance

There were 71.5 treatments in September, of which 21 were not treated within 62 days from referral. A breakdown by tumour site is detailed as follows:

Tumour Site	No. Treatments	No. Breaches	Performance
Breast	15	0	100%
Gynaecology	6	4	33.33%
Haematology	3	2	33.33%
Head and Neck	3.5	2.5	28.60%
Lower GI	6	5	16.70%
Lung	2	1	50%
Skin	21	0	100%
Upper GI	2	1	50%
Urology	12.5	5.5	56.00%
Other	0.5	0	100%
TOTAL	**71.5**	**21**	63.89%

Table 9 – September treatments

The 62-day backlog decreased from 87 in October to 68 in November with the majority of the backlog in three tumour sites (lower GI, gynaecology and urology).



	01/01/2018	01/02/2018	01/03/2018	01/04/2018	01/05/2018	01/06/2018	01/07/2018	01/08/2018	01/09/2018	01/10/2018	01/11/2018	01/12/2018	01/01/2019	01/02/2019	01/03/2019	01/04/2019	01/05/2019	01/06/2019	01/07/2019	01/08/2019	01/09/2019	01/10/2019	01/11/2019
63-103 Days	31	43	26	57	35	43	41	51	60	65	39	32	52	65	48	51	56	66	53	46	84	68	51
104+ days	6	5	10	14	5	6	9	9	12	14	8	10	13	11	12	16	11	17	13	14	15	19	17
Total Backlog	37	48	36	71	40	49	50	60	72	79	47	42	65	76	60	67	67	83	66	60	99	87	68
Target Total Backlog	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15

Chart 33 - Number of patients on a cancer pathway ≥ 62 days

Performance is off track due to;

- A continued focus on reducing the 62 day backlog, resulting in an increase in the number of breaches in month
- Delays in diagnostic tests and reporting, resulting in a delay in diagnosis and treatment planning
- Delays in treatment capacity at tertiary centres

Performance will be improved by;

- Pathway improvements in specific tumour sites, such as an increase in the number of patients who are able to go straight to test in lower GI (due to start in December) and the application of STP-wide referral guidelines for prostate patients (due to start 11 November)
- Additional operational support to urology and lower GI for three months (October – December) which will increase the pace in improvement work in these tumour sites
- Reduction in diagnostic delays in Radiology through increased scanning and reporting capacity
- Reduction in diagnostic delays in histology reporting; bi-weekly escalation meetings in place.

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 has delivered its CIP Plan year-to-date.
Areas requiring improvement
The Trust is £0.2m off-Plan as at month 7. A number of additional recovery actions have been identified to support financial recovery and the delivery of the Plan.
Impact on performance on other domains and strategic priorities
None to report.

Detailed finance report

1.0 Financial performance – month 7 (October 2019)

Actual and Underlying variance to Plan

£'000s	In Month			YTD			Forecast		
	Plan	Act	Var	Plan	Act	Var	Plan	Act	Var
Performance against Plan (include. PSF, FRF & MRET)	2,578	2,304	(274)	(4,732)	(4,928)	(196)	(25,589)	(25,589)	0

Table 10 - Actual and underlying variance to plan

The Trust has reported an adverse variance to Plan at month 7, with the year-to-date position 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 £2.4m.

Month 7 Performance – Key Issues

The Trust has reported an in-month adverse variance to Plan of £0.3m, resulting in an YTD position that is adverse to Plan by £0.2m.

Key drivers for the in-month position are:

- Clinical income: favourable variance to Plan of £0.6m. Whilst this position includes additional income to offset costs associated with pass through drugs it should be noted that over-performance, at this stage, is not secured from commissioners. Discussions are on-going with a view that the Trust return in line with plan by year-end. Crucially, the divisional trajectory is to meet the contracted values, which if realised would have the effect of seeing under-performance in future months to balance out the year to date over-performance.
- Other income: favourable variance to Plan of £0.3m. Mainly due to offsetting pass through special measures expenditure in month.
- Pay costs: Underlying agency costs run-rate remains at the level of £1.4m per month, which is £0.4m above the budgeted run-rate.
- Non Pay: Adverse variance of £0.6m in month. Mainly due to pass through expenditure (recovered through additional income) and other non-recurrent costs.

Other issues to note:

- In-month CIP delivery of £0.5m

Actions, Risks and Opportunities

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

- Specialised Commissioning contractual challenges of c. £0.7m.
- 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 & 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. Exit plans for a number of medical locums being progressed.
- Activity needs to be managed to ensure that commissioner contracts are not exceeded. This is crucial given that the year to date performance is above plan. Theatre closure and winter plans will support activity management, but currently there is a risk that the income plan will not be achieved which will incur more cost than required, and also paid for.
- Under-delivery of CIP Plan. **Actions:** There are a number of actions planned to support the delivery of the CIP Plan including on-going identification of opportunities to increase the pipeline.

Additional risks to delivery of the Plan include:

- Revenue implications of the additional capital funding for winter received from NHSE&I
- Cost implications of any additional resources required to deliver the winter plan
- Revenue implications of the Emergency Department nursing skills mix review

2.0 Statement of comprehensive income

I&E	In Month Plan £'000s	In Month Actual £'000s	In Month Fav / (Adv) £'000s	In Month Fav / (Adv) %	Year to Date Plan £'000s	Year to Date Actual £'000s	Year to Date Fav / (Adv) £'000s	Year to Date Fav / (Adv) %
Clinical Income	17,602	18,159	557	3%	106,154	108,236	2,082	2%
Other income - Education, Training & Research, Non Clinical Revenue (Including MRET)	1,662	1,917	255	15%	11,677	12,827	1,150	10%
Total Income	**19,264**	**20,076**	**812**	**4%**	**117,831**	**121,063**	**3,232**	**3%**
Pay Costs - Substantive	(10,810)	(11,100)	(290)	(3%)	(75,398)	(76,137)	(739)	(1%)
Pay costs - Bank	(937)	(882)	55	6%	(7,669)	(7,028)	641	8%
Pay Costs - Agency	(992)	(1,413)	(421)	(42%)	(8,285)	(9,814)	(1,529)	(18%)
Total Pay	(12,739)	(13,395)	(656)	(5%)	(91,352)	(92,979)	(1,627)	(2%)
Non Pay	(5,094)	(5,685)	(591)	(12%)	(34,705)	(36,751)	(2,046)	(6%)
Total Operating Costs	**(17,833)**	**(19,080)**	**(1,247)**	**(7%)**	**(126,057)**	**(129,730)**	**(3,673)**	**(3%)**
EBITDA	**1,431**	**996**	**(435)**	**(30%)**	**(8,226)**	**(8,667)**	**(441)**	**(5%)**
Non Operating Costs	(854)	(595)	259	30%	(5,516)	(5,231)	285	5%
Control Total before PSF/FRF	**577**	**401**	**(176)**	**(31%)**	**(13,742)**	**(13,898)**	**(156)**	**(1%)**
Adjust Donated Assets	24	(74)	(98)		115	75	(40)	(35%)
PSF, FRF funding	1,977	1,977	0	0%	8,895	9,017	122	1%
(Deficit) / Surplus	2,578	2,304	(274)	(11%)	(4,732)	(4,806)	(74)	(2%)
Additional PSF	0	0	0	0%	0	(122)	(122)	100%
TOTAL	2,578	2,304	(274)	(11%)	(4,732)	(4,928)	(196)	(4%)

Table 11 – Income and Expenditure position year to date

Year to Date:

Income:
For Month 7 both clinical and other income is above plan, £0.6m and £0.3m respectively. As highlighted above, these favourable variances include income to offset additional costs, such as pass through drugs. However, it should be noted that over-performance, at this stage, is not secured from commissioners and discussions are on-going with a view that the Trust will return in line with plan by year end. Crucially the divisional trajectory is to meet the contracted values, which if realised would have the effect of seeing under-performance in future months to balance out the year to date over-performance.

Pay costs:
There is a year-to-date adverse variance to plan of £1.6m. This mainly relates to pay-budgets being overspent in the following areas: Emergency Department, Cancer Services, Outpatients, Admissions Unit, Critical Care, Corporate Nursing, Hotel Services, Corporate Services. Within this, both substantive and agency pay is overspent compared to budgeted levels.

Non-pay costs:
The Trust reported an in month non-pay position of £0.6m adverse to budget and YTD non-pay performance is £2.0m adverse to Plan. £0.9m of the YTD adverse variance is due to the external purchase of healthcare.

Efficiency savings:
In-month delivery of CIPs was £0.5m against a Plan of £0.6m. Year to date, the Trust has delivered £2.7m of CIPs which is in-line with the Plan.

3.0 Balance Sheet

	31st Mar 2019 £m	30th Sep 2019 £m	31th Oct 2019 £m	Month Movement £m	YTD Movement £m
Non current assets	85	83	83	0	(2)
Current Assets					
Inventories	2	2	2	(0)	0
Trade & Other Receivables	14	18	19	1	5
Cash	4	6	6	0	2
Current liabilities					
Trade & Other Payables	(13)	(13)	(14)	(0)	(1)
Accruals	(12)	(14)	(13)	2	(1)
Other current liabilities (exc. borrowings)	(1)	(1)	(1)	0	(1)
Non current liabilities	(1)	(1)	(1)	0	0
Borrowings	(120)	(128)	(128)	(0)	(8)
Total assets employed	**(41)**	**(48)**	**(46)**	**2**	**(5)**
Tax payers' equity					
Public Dividend Capital	53	53	53	0	0
Revaluation Reserve	12	12	12	0	0
Income & Expenditure Reserve	(105)	(113)	(110)	2	(5)
Tax payers' equity	(41)	(48)	(46)	2	(5)

Table 12 – Trust balance sheet

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

Non-Current assets
YTD movement: slow investment due to late approval of capital loan, therefore, depreciation is greater than investment

Current Assets
Trade and other receivables in month movement due to increase in PSF & FRF accrual £2m, decrease in LDA & Special Measure accruals of £(0.5)m & £(0.4)m respectively.
Cash YTD movement is due to loan taken in July. We are planning to repay a revenue loan funding of £1.0m in November.

Current Liabilities
Trade and Other payables in-month increase linked to cash management.
Accruals reduction is due to decrease in NHS accruals £1.5m and old year invoices £0.2m (due to resolution of old disputes). Reduction in accrual of Siemens £(0.2)m due to invoice being processed.

Tax payers equity
Reduction due to deficit outturn YTD.

4.0 Statement of financial position – working capital

	Target	Mar-19	Sep-19	Oct-19
Debtor Days	30	27	30	31
Creditor Days	60	57	58	60
BPPC (Cumulative)				
Value	95%	18.50%	13.90%	13.50%
Volume	95%	8.80%	6.30%	7.10%
Aged Debt	£000s	£000s	£000s	£000s
Current < 30 Days		22,175	1,399	766
>30 days <60 Days		467	284	1064
>60 Days < 90 Days		269	129	139
Over 90 Days	<5%	1,581	1,132	1,184
Total		**24,492**	**2,944**	**3,153**
% over 90 days		6.50%	38.50%	37.60%
Liquidity				
Liquidity Days	> -20 days	(14.3)	(10.3)	(12.4)

Table 13 – Working capital

Debtor and Creditor Days

Creditor days have increased by 2 days between September and October due to cash flow management. The Trust is currently paying suppliers on 45-52 days, this is down from 50-57 in December 2017. The exceptions to this are small local businesses and pharmacy suppliers who are paid to 30 days.

Better Payment Practice Code (BPPC)

The Trust's BPPC performance remains relatively static by value but has improved by volume by 0.8%. 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. The disputes are around the provision of Trust staff and the use of Trust premises to these partner organisations. Work is on-going to resolve these issues.

Liquidity Days

Liquidity days have deteriorated between September and October.

Well Led (continued)

People

Accountable Officer – Chief Nurse

KPI Performance

In month bank usage decreased by 20 FTE whilst agency usage decreased by 126 FTE.

Turnover increased to 12.39 % from 11.94% the previous month.

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

	Plan	Actual
	31/10/2019	31/10/2019
	Month 7	Month 7
	WTE	WTE
ALL STAFF	3295.57	3364.86
Bank	270.58	242.41
Agency staff (including, Agency, Contract and Locum)	93.41	125.82
Substantive WTE	2931.58	2996.63
Total Substantive Non Medical - Clinical Staff	2026.44	2095.06
Total Substantive Non Medical - Non-Clinical Staff	522.54	546.19
Total Substantive Medical and Dental Staff	382.60	355.38

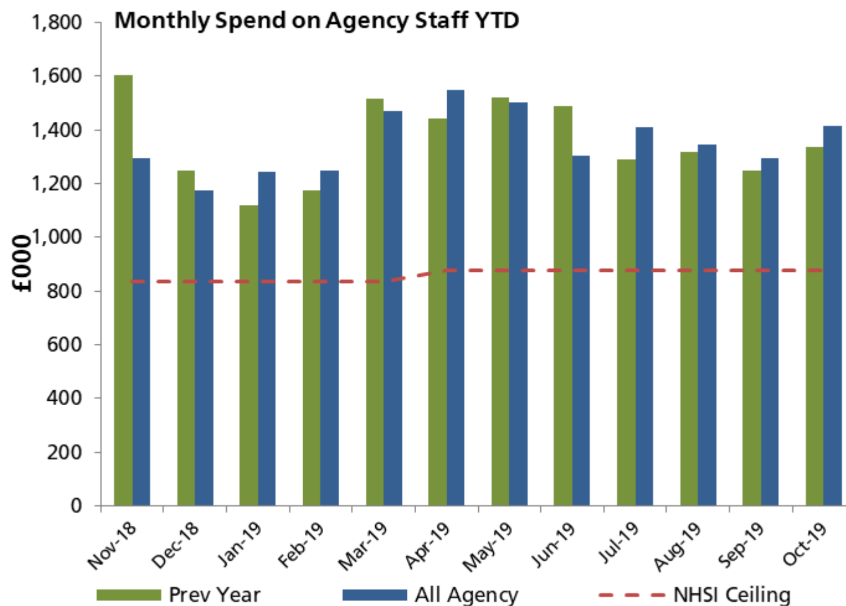
Table 14 - operational plan 19/20 vs actual

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 work plan. In addition, the Trust is working collaboratively with STP partners to produce an STP wide workforce plan in line with their agreed timescales. The second submission was made on 17th October 2019.

Areas requiring improvement

Bank and Agency Spend



Bank and agency spend is monitored at divisional performance review meetings and scrutiny panels are in place to authorise any additional spend. The Trust is also reviewing agency supply and agency rates.

Appraisals

The Trust appraisal rate has increased from 82.62% to 85.67% in October 2019. 300 appraisals were recorded as being completed. This is in part, due to cleansing of the data and ensuring all appraisals completed were accurately recorded onto ESR. In comparison, the number of appraisals completed in in September was 150 and in August 2019 was 128.

Performance will be improved by;

Trajectories for achievement of the Trust target are in place for all areas and these have been amended further to bring the target up to 90% by March 2020, with all overdue appraisals being completed by December 2019. This will be monitored through Divisional Performance Review meetings. Further appraisal training was undertaken with managers during September 2019.

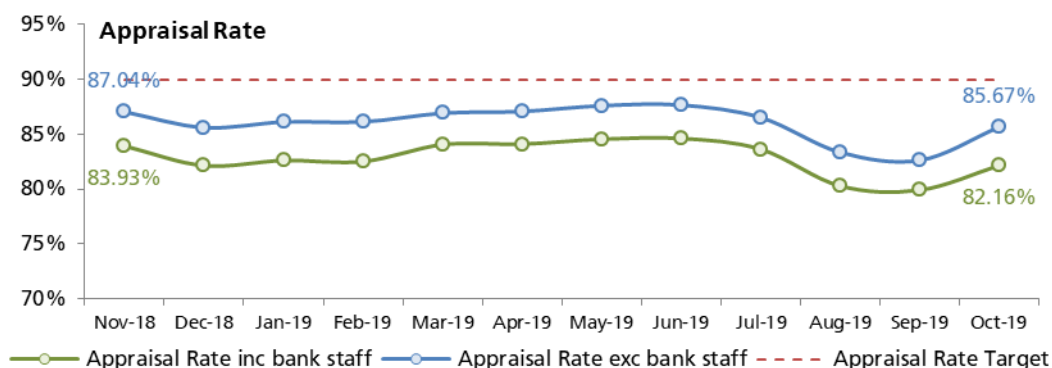


Chart 34 - Trust appraisal rate

Sickness Absence

Sickness has increased from 5.18% in September 2019 to 5.73%.

A benchmarking exercise was completed for all Trusts within the Norfolk and Waveney STP and the Trust is ranked with the third highest sickness rate.

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 decreased this month for the fourth month in a row and now equates to 16.4% of the overall absence total.

Top reasons for sickness

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

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	67	69	943.68	£79,057.08	20.8
S99 Unknown causes / Not specified	103	106	704.92	£77,819.62	15.5
S12 Other musculoskeletal problems	40	43	538.09	£39,471.37	11.9
S25 Gastrointestinal problems	134	135	482.90	£35,686.80	10.6
S11 Back Problems	34	35	258.00	£20,332.63	5.7

Table 15 – Top 5 absence reasons September 2019

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

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	57	57	861.40	£87,026.31	16.4
S99 Unknown causes / Not specified	101	106	753.47	£89,016.30	14.4
S25 Gastrointestinal problems	128	131	603.15	£52,910.88	11.5
S13 Cold, Cough, Flu - Influenza	162	164	552.23	£49,968.96	10.5
S12 Other musculoskeletal problems	44	44	521.20	£40,417.48	9.9

Table 16 – Top 5 absence reasons October 2019

Performance will be improved by;

- 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.
- 'Supporting you' session has been run with managers.
- Absence training has been undertaken for managers. Further training is planned in 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 Open University training for mental health.
- Support package has been agreed with UNISON and commenced in September 2019. This will provide training on mental health first aid, resilience training, and mental health awareness.

- Further work planned to recruit Mental Health Ambassadors for the Trust. This is in the initial stages of development.
- Mindfulness training was available to all staff during September and October which is being funded and run in conjunction with Macmillan. A meeting with Macmillan is planned to agree a programme going forward.
- All Divisions and Corporate areas will be given 12-month sickness targets which will be monitored at performance review meetings. This will be in place in December 2019 – the slight delayed implementation has been due to the divisional restructure.
- The Trust's Health and Wellbeing offering will be reviewed and updated, with closer working with the College of West Anglia.
- Leadership Development training will be commencing in January 2020 for 200 leaders across the Trust. The delay has been caused by running a required procurement exercise.
- Listening events will continue with all staff groups.
- A joint paper was presented to the STP Board on initiatives which can be rolled out collaboratively across the STP including addressing stress and anxiety and musculoskeletal absences and concentrating on preventative health and well-being measures.
- Further triangulation to be undertaken between turnover, sickness and mandatory training to address areas of underperformance
- Divisional teams have been requested to present to the People Committee starting in December 2019 on actions which are being taken to address sickness.
- Further analysis is to be undertaken to review trend information across all areas by 31st December 2019
- Emphasis to be placed on completion of return to work interviews.

Mandatory training

Overall compliance has decreased from 86.46% in September 2019 to 85.77% in October 2019

Performance will be improved by;

- 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 and on 11th November to look at E-learning opportunities, mandatory training compliance and utilisation of ESR. A report will be sent back to the Trust by the middle of December highlighting opportunities available.
- In September, visits were made to two Trusts to review their mandatory training and processes. Further meetings are scheduled to take place with Papworth and Addenbrookes in November 2019.
- A benchmarking exercise has been undertaken to review target and compliance rates for mandatory training.
- An East of England streamlining event took 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 to 73.7 days this is still above the gold standard target but is in line with silver standard for this month. It has reduced from 97.3 days in September 2019.

Performance will be improved by;

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

In September 2019, the vacancies for all RNs and midwifes reported on ESR was 170.82 WTE compared to 198.44 WTE in September 2019, however this does not take into account those international nurses who are currently undertaking the OSCE preparation programme, those awaiting their NMC registration or those awaiting to start. When considering this information, 119 WTE of the reported vacant positions have been recruited to resulting in a true vacancy factor of 51.82 WTE which equates to a 5.2% vacancy rate.

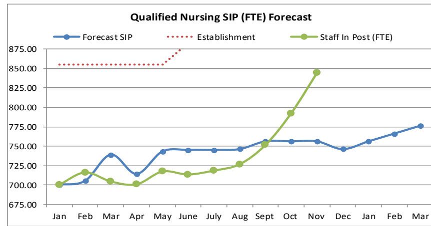
52 WTE Registered staff are due to commence in the trust in November 2019. Of these 4 WTE were recruited through local and national recruitment and 48 WTE are international nurses with 2 of these being existing staff who were previously working as Health Care Assistants within the trust. Of the 48 WTE international nurses, 25 arrived on the 4th of November and are currently undertaking the OSCE preparation programme and a further 23 are due to arrive on 28th November.

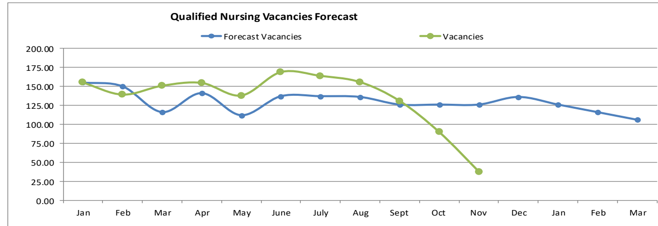
The trajectory for recruitment is shown below detailing student, local and International nurses joining the Trust until March 2020.

This demonstrates that the number of staff in post is higher than the predicted trajectory due mainly to the successful international recruitment and a lower than expected number of Registered Nurse leavers per month.

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	739.15	714.25	743.25	745.25	745.25	746.25	756.25	756.25	756.25	746.25	756.25	766.25	776.25
Predicted New Starters	14.00	11.00	27.00	17.40	36.00	12.00	10.00	11.00	20.00	10.00	10.00	0.00	20.00	20.00	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	50.00	52.00	0.00	20.00		
Leavers 19 (FTE)	3.27	6.96	15.65	11.32	7.48	6.65	8.00	8.83	5.20	9.11					
Turnover Rate (in month)	0.47%	0.97%	2.22%	1.62%	1.04%	0.93%	1.11%	1.22%	0.69%	1.15%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Forecast Vacancies	155.01	150.01	116.17	141.07	112.07	137.08	137.08	136.08	126.08	126.08	126.08	136.08	126.08	116.08	106.08
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	717.34	713.54	718.54	726.71	751.51	792.40	844.40				
Vacancies	155.01	139.17	150.82	154.50	137.98	168.79	163.79	155.62	130.82	89.93	37.93	882.33	882.33	882.33	882.33
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	95.21	124.67	119.67	111.50	86.70	45.81	-6.19	838.21	838.21	838.21	838.21





Recruitment Activity Info	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
Overseas starters - projected	6.00	21.00	0.00	5.00	11.00	0.00	10.00	15.00	17.00	33.00	48.00	0.00	20.00	20.00	20.00
Student Activity - known	3.00				1.00				9.00	1.00	1.00				
Student Activity - projected													3.00		
Local recruitment					7.00		9.00	2.00		17.00	3.00				
Nursing Degree Apprentices - projected														6.00	

17 international nurses commence trust induction in Dec (Arrived 4th Nov - in figures for Nov)

Table 18 – recruitment trajectory

The Trust is working with Health Education England to increase clinical placement capacity as it is recognised nationally that there needs to be an increase in the pipeline into Nursing and Midwifery. HEE have provided funding for 2 WTE band 6 clinical educators on a 12-month fixed term contract to implement a coaching model throughout the Trust and to develop a health academy programme to promote health care careers to the local school population.

Employee relations cases

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

- 22 x Disciplinary
- 1 x Mutual respect
- 8 x Grievances
- 1 x Tribunal
- 2 x Capability
- 1 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 October 2019 there are a total of 38 employee relations cases, this has increased from 29 cases in September 2019.

Leadership Development Programmes

The Trust has completed a procurement process to secure an external training company to deliver a 4 leadership programme for those staff members in band 7 roles and above focusing on;

1) Self-awareness and leading self
2) Leading others
3) Quality improvement and leading change
4) Applying learning to practice

All participants will complete a 360 degree appraisal prior to commencing the programme and will engage with action learning throughout the programme. The procurement exercise completed on 11th October with a contract awarded to the successful company. The programme will commence in the middle of January with 3 cohorts of 30 attending their first session.

The first session of the Triumvirate leadership training took place on 14th October 2019 and additional training is also being provided to Obstetrics and Gynaecology.

HEE Healthcare Academies

The trust is working with HEE to be a pilot site for the Healthcare Academy programme.

The Health Care Academy allows young people to gain an increased awareness of roles in the NHS; in particular nursing and midwifery with the aim of providing a pipeline for individuals to join healthcare, with enhanced partnership working with the Higher Education institutions.

Whilst the aim of the Academy is to attract people into the workforce and healthcare degree programmes, the approach can be utilised to strengthen our 'grow your own' initiatives and career development pathways.

Initial discussions have taken place with the HEE project lead and development work is underway to appoint an internal project lead for this utilising funds provided by HEE.
It will commence in January 2020.

STP System Leadership Programme.

Four individuals have been selected to be a part of a an STP wide Leadership Programme. This programme has been designed to provide the time and thinking space for Director/Associate Director level leaders across Norfolk and Waveney to consider their role in strategic system change, identify any learning needs, and to work through system issues with the help of local and national expert facilitators.

Over an eight month period, participants will work with experts to

- Develop relationships and trust through joint working; shared experiences; and 'stepping into each other's shoes'
- Rethink their role as a change agent through access to coaching and mentoring; being empowered to think and act differently; and engaging in challenge and debate
- with peers on hot topics and wicked issues
- Gain an improved understanding of the scale of the challenge faced by the system through access to key speakers; change theory; national policy; and insights into the STP and its long term plan
- Build their own 'toolkit' of resources to help them be more effective leaders

4. APPENDICES

Appendix A

2019/20 YEAR TO DATE PERFORMANCE COMPARED WITH PEER HOSPITALS (To September-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
MRSA Bacteraemia (Hospital acquired)	0	0	1	0	0	1	0	0	0	2	0	0
Same Sex Accommodation Standards breaches	0	48	125	52	0	0	84	0	0	22	80	0
Friends & Family Inpatients & Daycases	95.00%	95.30%	97.10%	97.75%	87.93%	94.01%	96.90%	96.25%	98.83%	97.38%	97.82%	98.17%
Sample Size: Friends & Family Inpatients & Daycases	30.00%	32.41%	10.60%	11.16%	31.05%	14.84%	18.51%	18.12%	24.21%	24.89%	25.32%	27.06%
Friends & Family Accident & Emergency	95.00%	90.79%	75.94%	82.71%	85.38%	93.06%	81.71%	91.11%	59.35%	90.58%	93.74%	97.51%
Sample Size: Friends & Family Accident & Emergency	20.00%	12.45%	0.66%	28.86%	21.28%	1.87%	1.86%	9.34%	1.46%	9.26%	11.16%	2.33%
Emergency Access within four hours	95%	82.15%	79.91%	91.61%	80.61%	94.34%	76.25%	87.17%	86.04%		80.29%	95.81%
18 Weeks Referral to Treatment time - Incomplete pathways	92%	79.62%	90.86%	71.50%	78.55%	95.40%	70.61%	80.40%	78.83%	81.95%	79.78%	89.49%
Diagnostic Waiters, 6 weeks and over - DM01	1%	3.6%	1.2%	9.3%	1.9%	0.1%	1.2%	0.7%	8.8%	5.0%	0.0%	3.5%
2 week GP referral to 1st Outpatient appointment	93.00%	93.01%	96.08%	66.18%	95.33%	94.82%	94.50%	90.17%	95.05%	94.05%	94.44%	82.76%
31 day Diagnosis to Treatment	96.00%	97.10%	99.58%	97.69%	98.90%	100.00%	97.71%	99.17%	96.73%	99.58%	95.49%	96.00%
31 day second or subsequent treat (Surgery)	94.00%	96.00%	100.00%	86.27%	100.00%	95.24%	96.43%	100.00%	91.76%	98.81%	86.67%	94.51%
31 day second or subsequent treat (Drug)	98.00%	99.63%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.38%	100.00%	90.91%	99.35%
62 days urgent referral to treatment	85.00%	70.73%	88.51%	77.72%	76.13%	85.94%	73.39%	78.54%	82.21%	77.95%	80.60%	89.05%
62 day referral to treatment from screening	90.00%	98.28%	96.47%	78.95%	95.56%	0.00%	93.20%	96.12%	83.33%	91.80%	89.47%	86.67%
14 days referral for breast symptoms to assessment	93.00%	74.51%	94.69%	11.48%	95.43%	94.55%	94.53%	70.88%	91.62%	90.41%	93.27%	93.24%

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