

Meeting:	Board of Directors (in Public)											
Meeting Date:	1 st September 2020		Agenda item:	11								
Report Title:	Integrated Performance Report (IPR) – July data											
Author:	Carly West-Burnham, Director of Strategy											
Executive Sponsor:	Caroline Shaw, CEO											
Implications												
Link to key strategic objectives [highlight which KSO(s) this recommendation aims to support]												
KSO1	KSO2	KSO3	KSO4	KSO5	KSO6							
Safe and compassionate care	Modernise hospital and estate	Staff engagement	Partnership working, clinical and financial sustainability	Healthy lives staff and patients	Investing in our staff							
Board assurance framework	<p>The IPR covers all key performance indicators for the Trust, so encompasses elements of all Strategic Objectives.</p> <p>The appropriate BAF updates are received and reviewed within Finance and Activity Committee, Quality Committee, People Committee and Senior Leadership team.</p>											
Significant risk register	<p>Ref to significant risks</p> <p>There are currently 12 approved significant risks open across the Trust which align to the Strategic Objectives and are monitored through the appropriate Committees.</p>											
	Y/N	If Yes state impact/ implications and mitigation										
Quality	Y	As monitored through the Committees										
Legal and regulatory	Y	As monitored through the Committees										
Financial	Y	As monitored through the Committees										
Assurance route												
Previously considered by:	Board of Directors in Public Quality Committee People Committee Finance and Activity Committee Senior Leadership Team											

Executive summary					
Action required: [highlight one only]	Approval	Information	Discussion	Assurance	Review
Purpose of the report:	<p>The Trust is required to provide assurance that its approach to performance management is rigorous and appropriately identifies, escalates and deals with areas of performance which are of concern in a timely manner.</p> <p>This is the fourth month where Plot the Dots (Statistical Process Control) has been used within the IPR.</p> <p>Focusing on the data in this way will enable greater visibility and oversight of areas which require clear focus due to ongoing issues in relation to performance rather than those which are delivering within the parameters of agreed statistical variation.</p> <p>It should be noted that from next month (August's data) the narrative format will be amended to ensure that there is clarity around actions being taken and visibility of any risks to performance for all areas.</p>				
Summary of Key issues:	<p>As outlined within the report.</p> <p>The areas flagging with special cause variation are;</p> <ul style="list-style-type: none"> • CDiff rate per thousand bed days • Stillbirth rate • Weekend mortality risk • Cancer wait times – 62 day • Diagnostic wait times • Appraisal rate • Mandatory Training rate 				
Recommendation:	<p>The Board of Directors are asked to note the contents of this report, specifically the actions which are being taken to maintain and to improve performance where appropriate.</p>				
Acronyms	<p>AHP: Allied Health Professional BAF: Board Assurance Framework CCU: Critical Care Unit COPD: Chronic Obstructive Pulmonary Disease EEAST: East of England Ambulance Service Trust FFT: Friends and Family Test HSMR: Hospital Standardised Mortality Ratios KPI: Key Performance Indicator LMS: Local Maternity System LSCS: Lower Segment Caesarean Section RTT: Referral to Treatment SHMI: Standardised Hospital Mortality Index VTE: Venous thromboembolism</p>				

Integrated Performance Report

Board of Directors

July 2020 data

Executive Summaries

Safe

There were four new serious incidents reported to the Strategic Executive Information System (STEIS) in July 2020

There is a downward trend in the occurrence of hospital acquired pressure ulcers with two reported in July which is 0.17 case per 1000 bed days and a reduction from 0.20 last month.

The number of C-Diff cases has been slowly increasing month by month for the Trust and across the system with five cases reported in July.

The VTE assessment performance is at 98% for July against a target of 97.2%.

Effective

Revised weekend mortality is in line with the reconciled coding backlog for March and is at 126.97. Although this has reduced from 128.24 (as previously recorded), this is a considerable rise outside of tolerance limits.

Total Caesarean section (CS) rates are consistently failing to achieve the national targets.

The stillbirth rate for the month of June was 3.90 against the target of 3.79 which was a reduction from 4.86 in May 2020. The neonatal death rate remains at 0.49 which is below the target of 1.06. The extended perinatal death rate in June was 4.39 which is a reduction from May and is below the target of 4.79.

Recruitment into NIHR continues to exceed the agreed targets.

Caring

The 90% target for complaint responses has been achieved in July following a sustained improvement in previous months.

Performance for dementia case screening was 60.8% in July against the target of 90%. This is in line with the agreed recovery trajectory.

Responsive

A&E performance for July was 84.6% against a standard of 95% and a trajectory of 81.75%.

In July 51.2% of handovers were within 15 minutes against a trajectory of 65% and 87.21% of handovers were within 30 minutes against a trajectory of 85%.

Within Stroke services in June 77.5% of patients spent 90% of their time on the Stroke Unit against the standard of 90%.

18-week performance in July 2020 was 46.63% against the standard of 92%. At the end of July 2020, the total Trust waiting list was 12,899 and the total backlog of patients waiting over 18 weeks was 6884.

Diagnostic performance in July saw 38.6% of patients waiting greater than 6 weeks against the standard of 1%.

Cancer 62-day performance in June 2020 was 79.4% against the standard of 85% and trajectory of 76.7%.

Well Led (Finance)

The Trust will report a break-even position for month 4 following an assumption that the Trust will receive reimbursement for all COVID-19 related costs. This is in line with the national guidance of accounting for 'block' income, 'top-up' payments and taking account of COVID-19 reimbursements and the retrospective 'top-up' mechanism to bring the overall income and expenditure position back to a balanced position.

An additional £1.9m of top-up income is required for month 4 to achieve this break-even position. Whilst the value of the top-up required is an increase of £0.8m on month 3 (£1.1m) overall COVID-19 related-expenditure has increased to £1.4m.

Well Led (People)

Overall sickness for the Trust has increased slightly in July, from 5.35% to 5.41%. COVID-19 sickness reduced to 0.39% (from 0.56% in June) and non- COVID-19 sickness increased to 5.02% (from 4.79% in June).

The pause on the majority of mandatory training has had a significant impact on the compliance for mandatory training with a further decline in compliance from 76.36% in June to 75.92%.

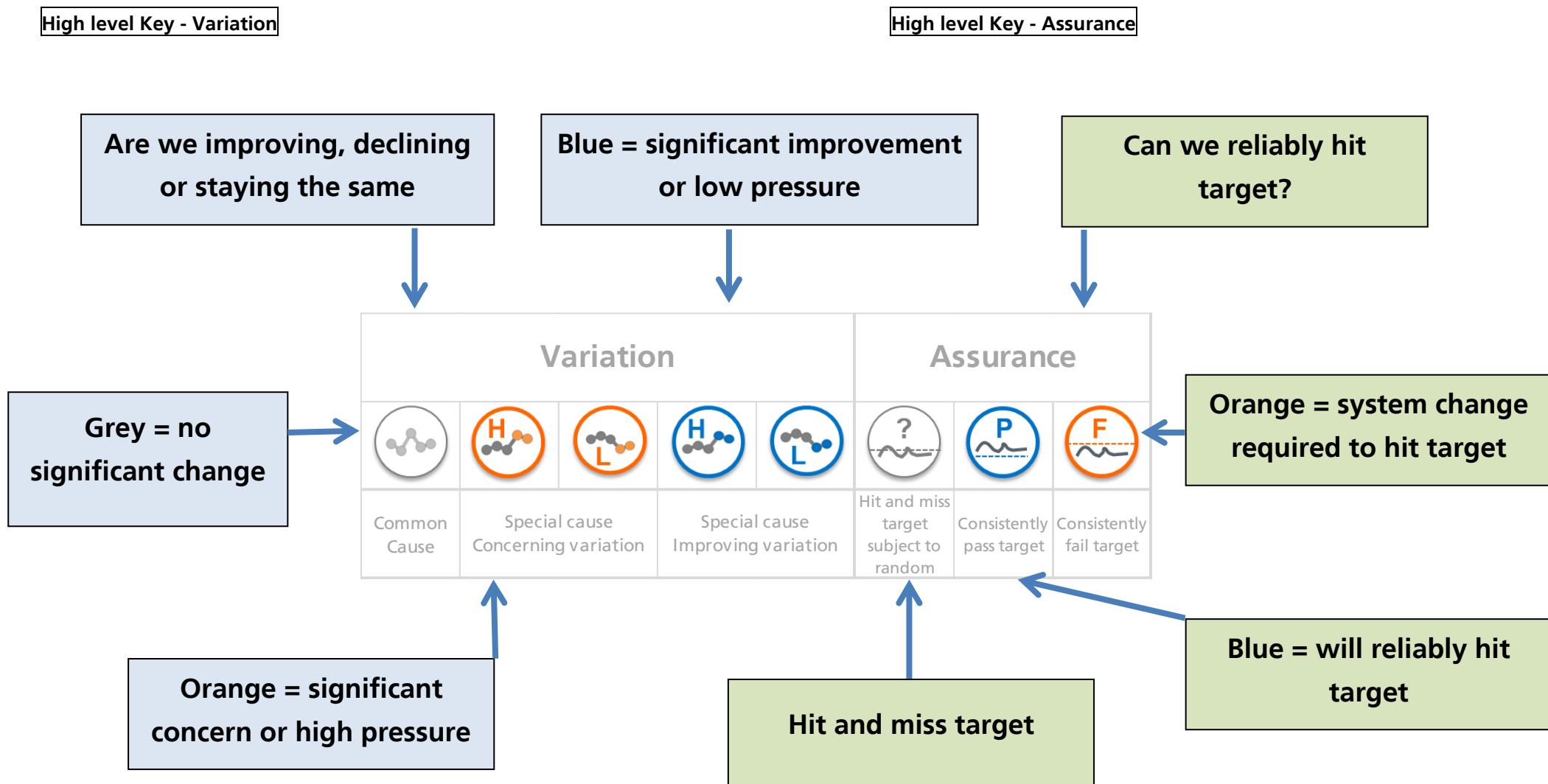
The Trust appraisal rate (excluding bank staff) has decreased further in July 2020. The number of appraisals completed in July 2020 was 177, a reduction of 75 on the previous month

A note on SPC Charts

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

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

A note on SPC Charts continued



Safe Dashboard

Items in grey are awaiting the latest update.

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-20	Serious Incidents (DECLARED IN MONTH)	0	4		
Jul-20	Falls (with Harm) Rate per 1000 beddays	0.98	0.09		
Jul-20	PUs Rate per 1000 beddays	0.00	0.17		
Jun-20	Overall Fill Rate %	80.0%	100.2%		
Jun-20	CHPPD	8.00	11.24		
Jul-20	Cleanliness - Very High Risk	95.0%	96.5%		
Jul-20	Cleanliness - High Risk	95.0%	95.5%		
Jul-20	Cleanliness - Significant Risk	95.0%	86.5%		
Jul-20	Cleanliness - Low Risk	95.0%	0.0%		
Jul-20	Cleanliness - No. of audits complete	37.00	35		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-20	CDiff Rate per 100k beddays	17.60	33.21		
Jul-20	CDiff Actual	4	5		
Jul-20	MRSA Actual	0	0		
Jul-20	E Coli Rate per 100k beddays	0.00	11.81		
Jul-20	E Coli Actual	0	3		
Jul-20	MSSA Actual	0	2		
Jul-20	MSSA Rate per 100k beddays	0.00	7.38		
Jun-20	VTE Assessment Completeness	97.2%	98.0%		
Jul-20	Patient Safety Alerts not completed by deadline	0	0		

Serious Incidents

There were 4 new serious incidents reported to the Strategic Executive Information System (STEIS) in July 2020;

SI Declared Date	Date Incident occurred	SI/NE Summary	SI RCA Due Date
07/07/2020	05/04/2020	A paediatric patient experienced a missed mandibular condyles fracture.	30/09/2020
23/07/2020	04/10/2019	A paediatric patient experienced a missed slipped capital femoral epiphysis	04/10/2020
30/07/2020	21/07/2020	A patient was walking back to their room from the toilet using their frame and supervised by staff. The patient's legs gave way and they landed on their left side. Patient sustained a fractured left neck of femur	26/10/2020
30/07/2020	06/07/2020	A patient investigated privately and by the NHS since 2017 for abdominal symptoms and pain. Imaging undertaken in 2018 but deemed not to be cancer at this time and the patient was removed from the 62-day pathway. The patient was subsequently found to have cancer of ovary.	26/10/2020

Table 1 - Details of SI Reported to STEIS in July

Immediate actions:

A paediatric patient experienced a missed mandibular condyles fracture

- Next of Kin (NoK) informed over the phone followed by a telephone call from Consultant to discuss results of the missed diagnosis and apology offered.
- Face to face appointment arranged. Apology given to patient and mother in the clinic and followed with a copy of the clinic letter.
- Governance team in ED, Radiology and OMFS to discuss the case as a learning tool.
- Reflective piece from Doctor.
- An MM form has been filed for team teaching in Oral Surgery Governance meeting.

A paediatric patient experienced a missed slipped capital femoral epiphysis

- Child admitted to Rudham ward for 3 weeks traction prior to surgery.
- The images of the pelvis and left knee have been sent externally for a second opinion.
- The Medical Director has requested a review of the discrepancy process in place at QEH.

Witnessed patient fall resulting in fractured left neck of femur

- Ensure staff have completed the falls training.
- Matron discussing with back care team to have a scoop for falls management on Windsor ward.
- New policy currently being developed for the retrieval of patients following a fall with training then to cascade.

Delayed Gynaecological cancer diagnosis

- Patient contacted and duty of candour completed.
- Activity diverted to NNUH and Addenbrookes whilst investigation undertaken.

There were 11 serious incidents submitted to the CCG for closure in July.

4 have been closed in July and 1 downgraded.

Pressure Ulcers

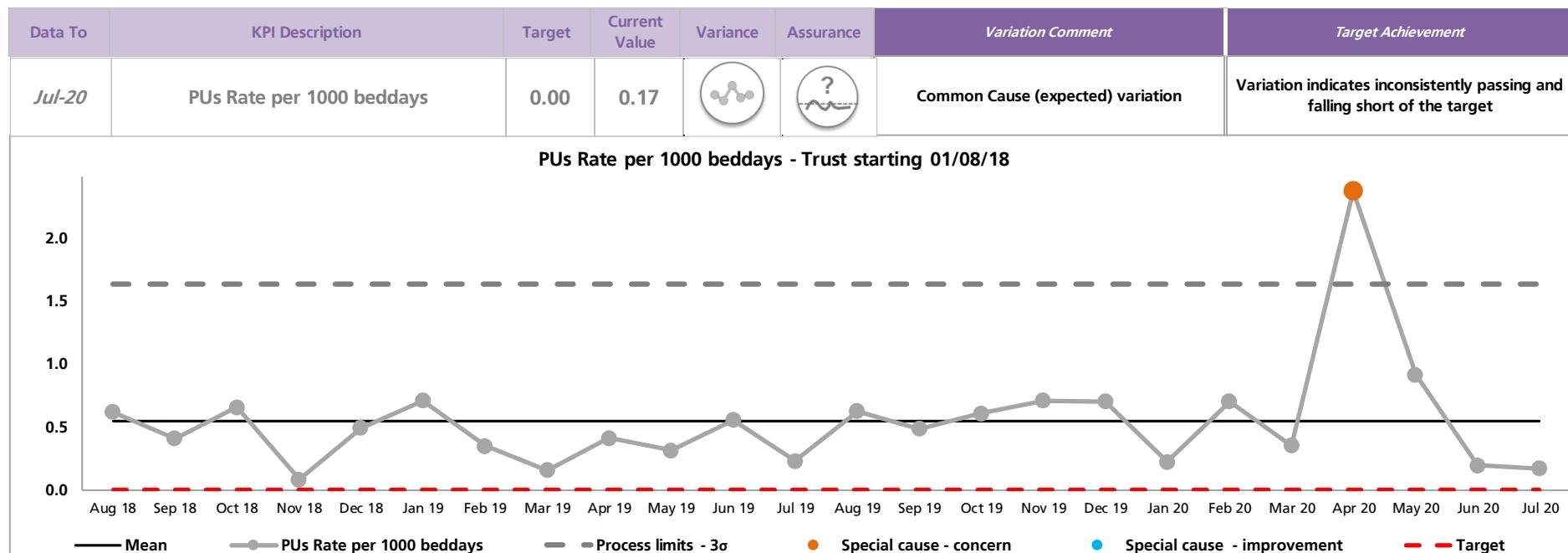


Chart 1: Pressure Ulcer rate per 1000 bed-days

Factors driving performance:

There is a downward trend in the occurrence of hospital acquired pressure ulcers with two reported in July which is 0.17 case per 1000 bed days and a reduction from 0.20 last month.

Actions being taken:

The tissue viability team are conducting a daily audit on the ward with regard to prevention and management of pressure ulcers that allows timely feedback and responsive teachings.

Risks to recovery:

Compliance with the guidance

Clostridioides Difficile (C-Diff)

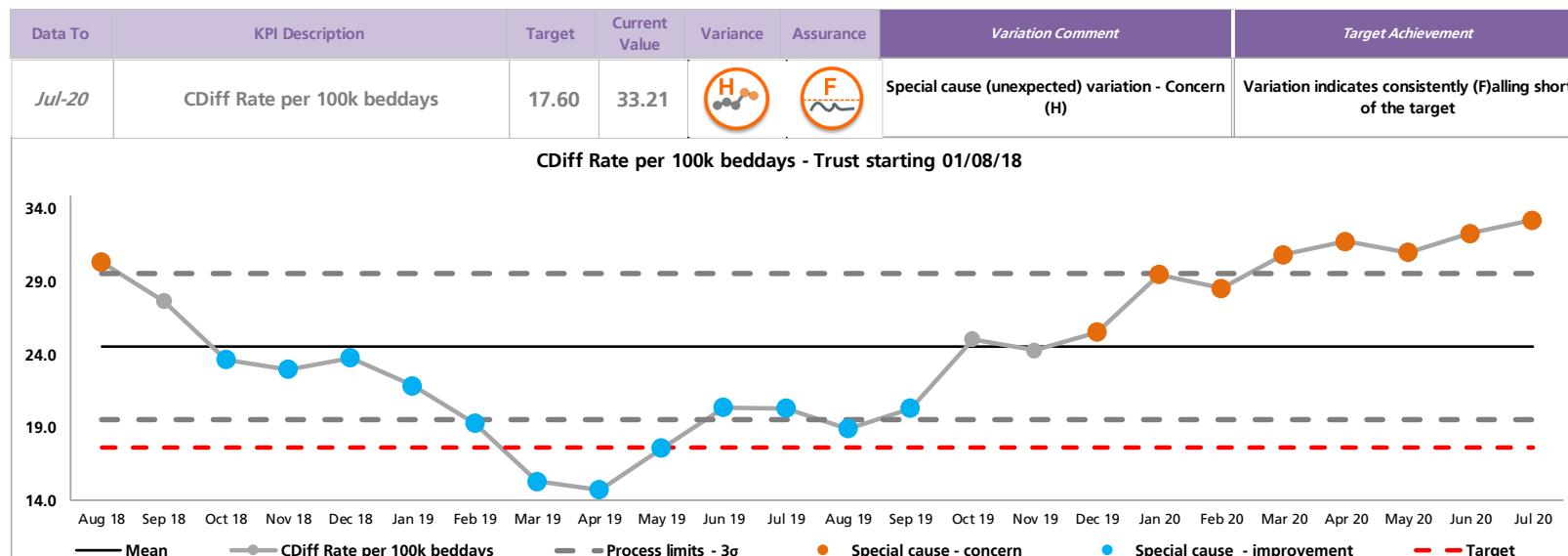


Chart 2: C-Diff rate per 100k bed days

Factors driving performance:

The number of C-Diff cases has been slowly increasing month by month for this Trust and across the system. There are five cases reported in July - 2 hospital acquired and 3 community acquired (the trust upper limit for cases of C-Diff per month is four). 2 PIRs were completed on the 19th of August – 1 pending appeal (Medical notes required) and 1 – countable towards the objective. It should be noted that side room capacity is a constraint.

In addition, a period of increased incidence was declared on Marham ward as there has been two cases of positive C-Diff toxin within 28 days on the same ward.

As a result of the PIRs, good practice has been identified in respect of:

- Prompt isolation and testing of patient
- Sampling and isolation policy followed correctly

Improvement practice has been identified as;

- Stool chart missing and limited documentation within medical notes to support evidence
- Prescription drug chart not completed in line with policy e.g. missing review date and indication
- Missed opportunity to send sample

Actions being taken:

- One to one teaching with clinical staff on the wards
- Bi-weekly emails that are sent out to IP&C link practitioners include learning from the reviews and reminders on policy and procedures
- Regular C-Diff ward round consisting of Microbiologist, Antimicrobial pharmacist and Infection Prevention and Control Nurse to support the appropriate prescribing of antimicrobials

Risks to recovery:

- Lack of awareness and non -compliance with the policy and procedures
- Side room capacity and timeliness for isolation

VTE Assessment

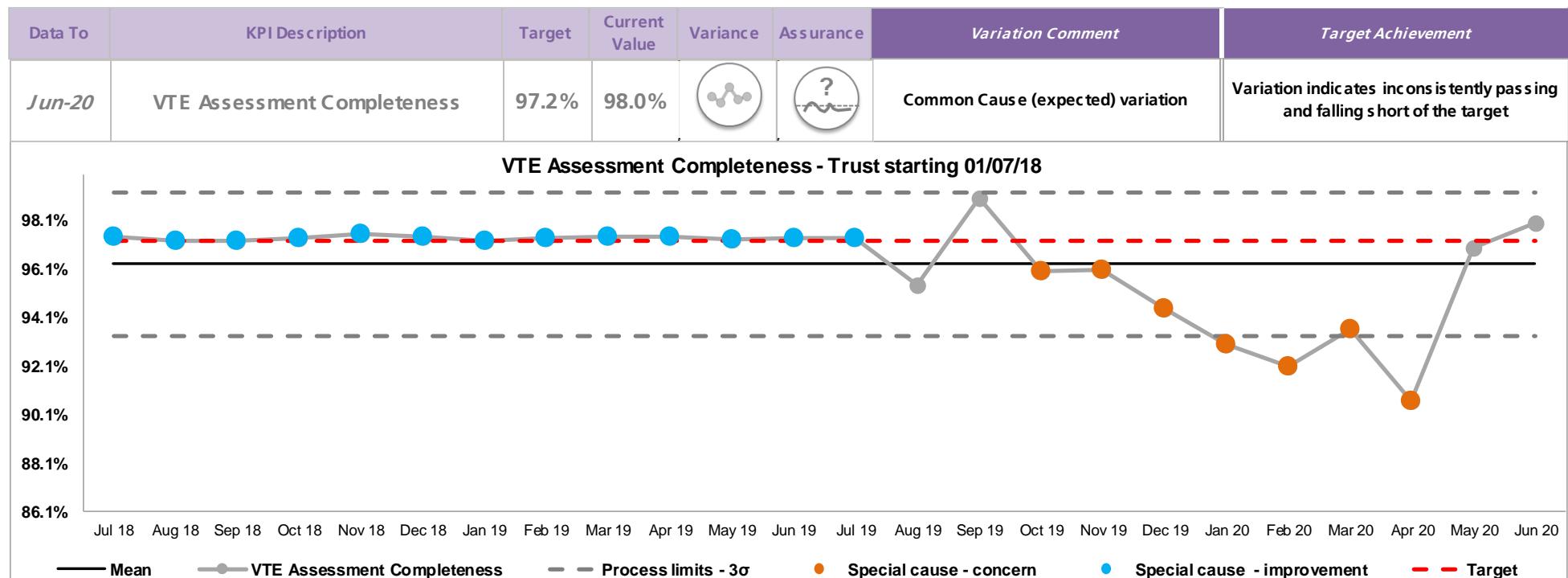


Chart 3: VTE Assessment completeness

Factors driving performance:

The VTE assessment process has returned to its previous position after a few months of a decline in performance. The recent review of pathways for assessment, improving awareness amongst clinical staff, divisional confirm and challenge at Performance Review Meetings, and follow up meetings with clinical leads, Divisional Directors and the Hospital Thrombosis Committee chair could be attributed to this improved performance.

Actions being taken:

The key action is to continue to embed the recent changes made in the process with close monitoring of the performance through the hospital thrombosis committee. New admission booklet has been introduced with key mandatory sections that include VTE assessment, Dementia Screening to help prompt doctors to complete these assessments during the admission process.

E-prescribing with a forcing function is scheduled to be introduced by quarter 4 20/21. This will help with retaining the compliance of VTE assessments

Risks to recovery:

- Sustaining the change due to a decline in interest from relevant people can impact on the performance.
- Delays in E-Prescribing implementation could affect the performance in the long term.

Effective Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jun-20	Stillbirth Rate	3.73	3.90		
Jun-20	Neonatal Deaths Rate	1.06	0.49		
Jun-20	Extended Perinatal Deaths Rate	4.79	4.39		
Jun-20	Total C Section Rate	25.0%	33.1%		
Jun-20	EL C Section Rate	10.0%	12.0%		
Jun-20	EM C Section Rate	15.0%	21.1%		
Jul-20	Maternal Deaths	0	0		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-20	% "Term" admissions to the NNU	6.00%	4.47%		
Jul-20	% "Avoidable Term" admissions to the NNU	0.00%	0.00%		
Mar-20	HSMR Crude Rate	3.18	2.86		
Mar-20	HSMR Relative risk	100.00	104.58		
Mar-20	HSMR Weekend Relative risk	100.00	126.47		
Dec-19	SHMI		100.21		As Expected
Jul-20	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.33		
Jul-20	No. of patients recruited in NIHR studies	50	56		

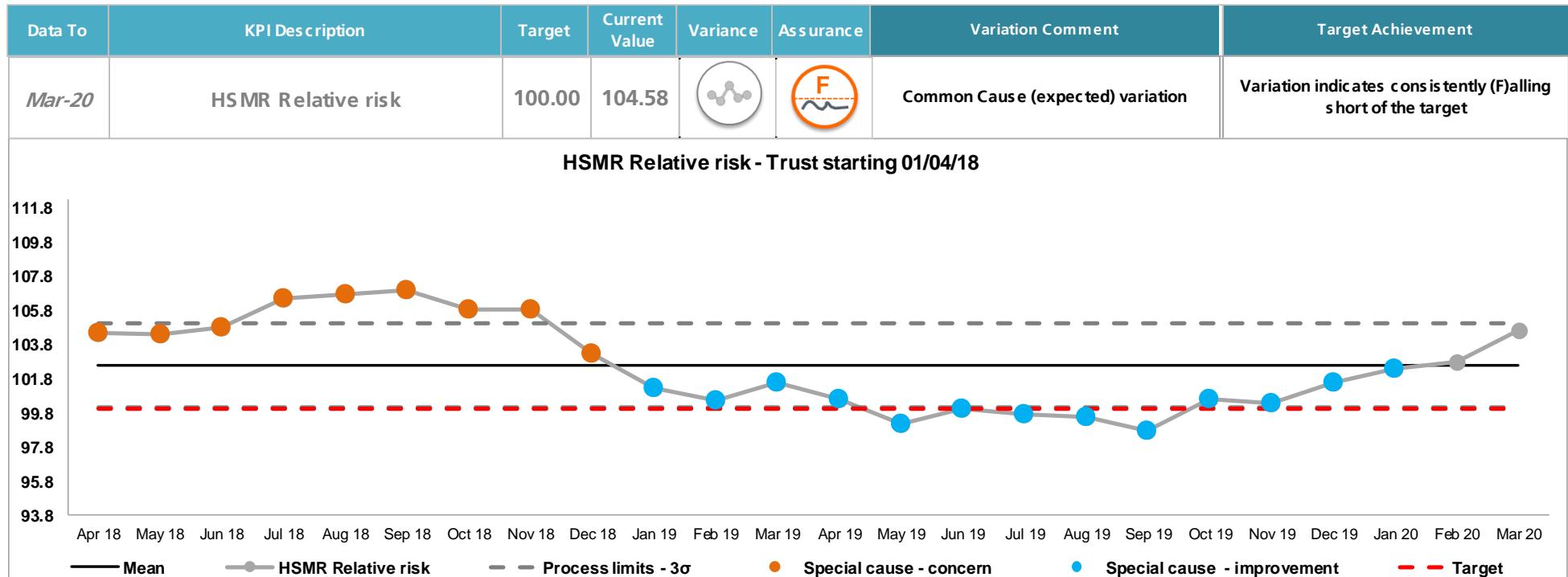
Mortality

Chart 1: Hospital Standardised Mortality Ratio

Data To	KPI Description	Target	Current Value
Dec-19	SHMI		100.21

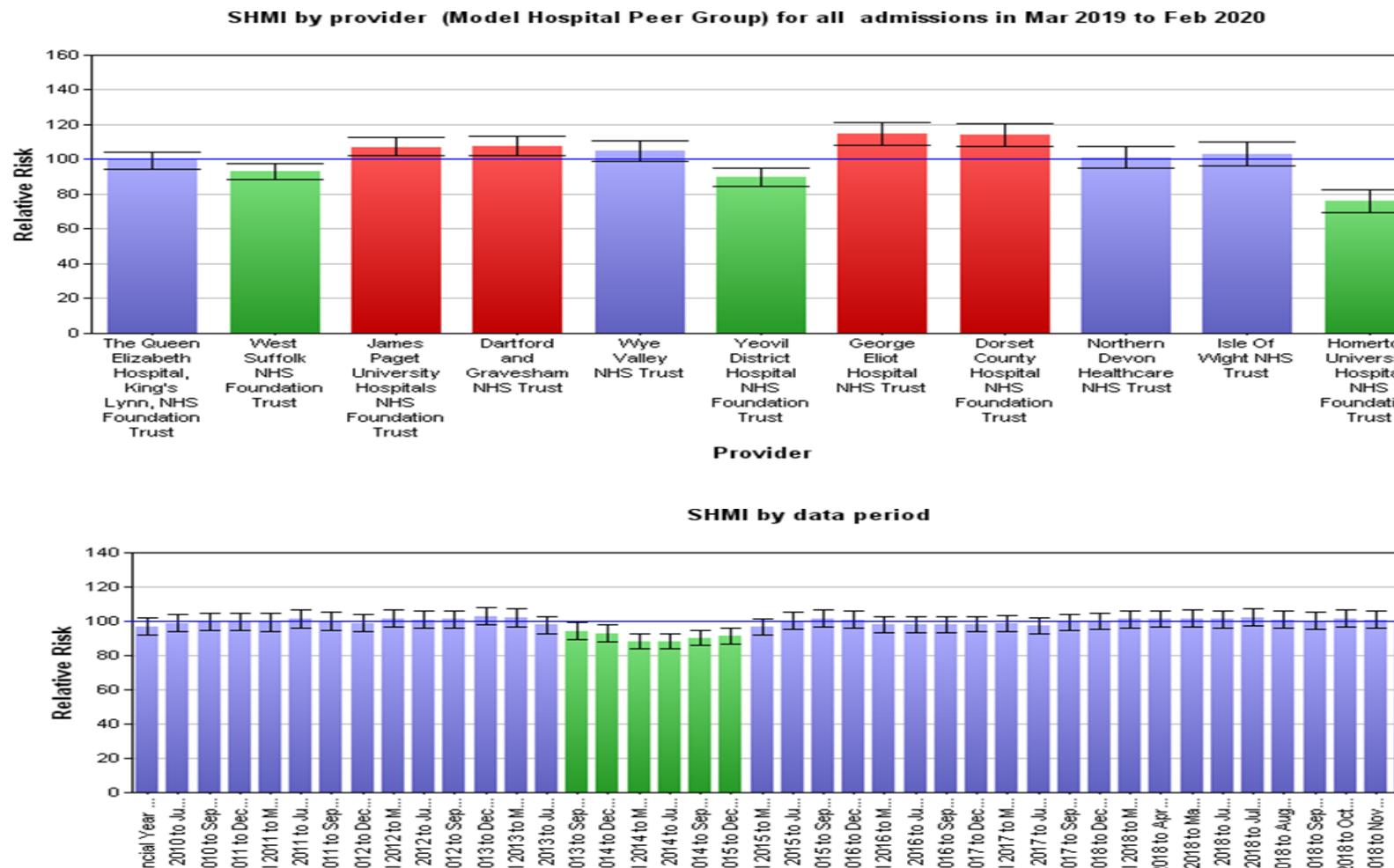


Chart 2: SHMI – Quarterly performance to December / Trust benchmarked position using a rolling 12 month SHMI score (Doctor Foster)

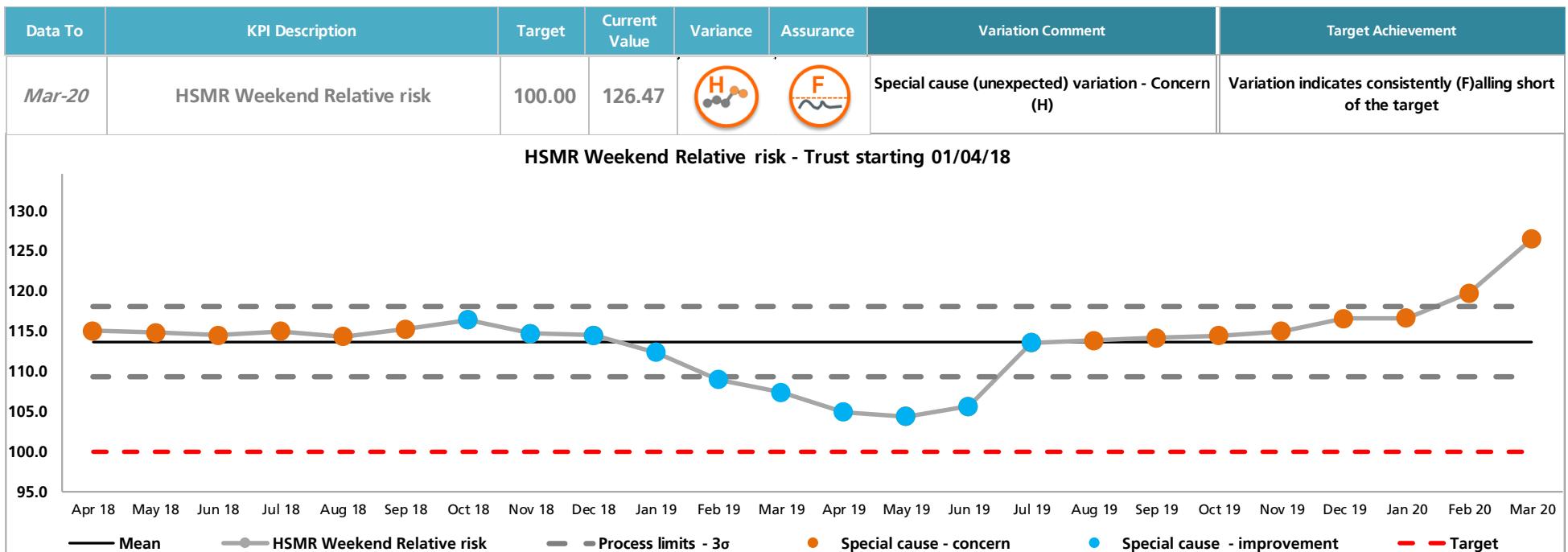


Chart 3: HSMR weekend relative risk

Factors driving performance:

The SHMI at 0.99 covers the period to February 2020 and remains "as expected". QEH is one of the 6 Trusts within a peer group of 15 that remains with the expected range with a crude mortality of 2.9% against a peer group of 3.1. The SHMI will be published again on the 13th of August with a predicted figure of 101 for the period to March 2020 and remains "as expected". COVID-19 related deaths have been excluded from SHMI calculations as this is not designed for this type of pandemic activity and the statistical model used for calculating SHMI will not be accurate if these deaths were included. Covid-19 deaths are however monitored in a new contextual indicator "percentage of provider spells with COVID-19 coding".

- Due to delays in Dr. Foster reporting, HSMR for April 2020 will be reported on the 20th of August 2020. However, the residual coding backlog of c900 in March 2020 has now been updated and as a result HSMR has moved from 106.17 to 104.6. March had a high number of deaths and the first 16 deaths of the COVID-19 Pandemic. With the shift of HSMR to 104.6, it has moved back to the "as

expected" range. However, the HSMR is still higher than previous months. The relevant changes made will be reflected in next months' report.

- Factors driving this rise are attributable to a significant fall in activity from February to March 2020 across elective (23.5%) and non-elective (16.9%) thereby reducing the denominator of total admissions by 20.2%. This is broadly in line with the EoE peer group.
- There are no CUSUM (Cumulative Sum of Deaths in a particular diagnostic group) alerts in this reporting period. However, there are currently 3 outlying groups in Chronic Obstructive Pulmonary Disease (COPD), Acute and Unspecified Renal Failure and Other Lower Respiratory Disease (LRTI). A previous audit into deaths of patients with COPD and LRTI did not identify lapses in care. COPD mortality was raised in March 2020 driven by a fall in activity not observed mortality. An audit on acute and unspecified Renal Failure (which is a new outlier) will be undertaken and reported in November 2020.
- Revised weekend mortality is in line with the reconciled coding backlog for March and is at 126.97. Although this has reduced from 128.24 (as previously recorded), this is yet again a considerable rise outside of tolerance limits. Previous in-depth reviews of weekend deaths did not identify any significant clinical lapses but demonstrated low levels of End of Life provision (lack of palliative care coding) and some suggestion of a lack of weekend access to other services in the community. These mortality rates are particularly high in COPD and LRTI diagnostic groups.
- There were 79 deaths reported in July 2020 which was lower than the previous year for July 2019 of 101. In April 89 (out of 169), May 47 (out of 118), June 2 (out of 70) and July 1(out of 79) deaths were attributed to COVID-19.

Actions being taken:

- The hospital has joined an NHS Improvement learning from deaths collaborative to improve the scrutiny and learning from deaths in our care. This collaborative will help streamline the mortality review processes and ensure alignment with good practice.
- The Trust is also working closely with NNUH and NHS Improvement to support the recognition and care of End of Life (EOL) patients. The EOL service for the Trust is being revised with additional support provided from NNUH with a Palliative Care consultant (part time) and a Senior Palliative Care Nurse. They have commenced their work from 10th August and will assist in revising the existing pathways and enabling an STP wide service collaborative to strengthen the services for patients. In addition to this, the Trust is currently undertaking a review of Structured Judgement Review (SJR) processes in line with good practice. This includes a redesign of the review processes, training in SJR, creating pan-professional reviews of deaths in collaboration with NNUH.
- With weekend mortality remaining a persistent outlier, the Trust has undertaken two Structured Judgement Review audits of weekend deaths. No significant clinical lapses in care were identified in these reviews. An independent review of weekend deaths is proposed, and discussions are ongoing with Sherwood Forest Hospital. This independent review and its findings will help support the learning process and provide assurance to the Board.

Risks to recovery:

- The number of admissions remained lower than average for April, due to the deferral of elective activity and a drop in non-elective demand. COVID-19 associated admissions also peaked with 89 (of 167) deaths attributed to COVID-19 in April and so the crude death rates are likely to be high next month. Dr Foster has reported that they will remove COVID-19 deaths from the HSMR calculation, as this metric is not designed to be used in a pandemic. However, the reduction in the number of admissions may still impact on our overall HSMR rate.
- The increase in crude deaths rate is likely to be reflected in the rolling 12-month SHMI to be reported from October 2020.
- Lack of consistent palliative care services within the Trust restricts standardised EOL care provided to patients.

C-Section rates

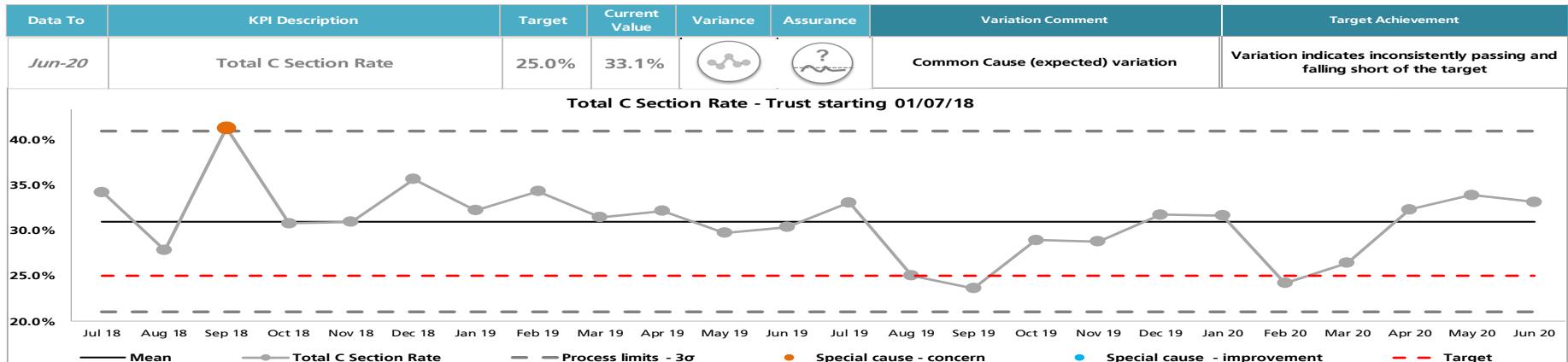


Chart 4: Caesarean Section Rates

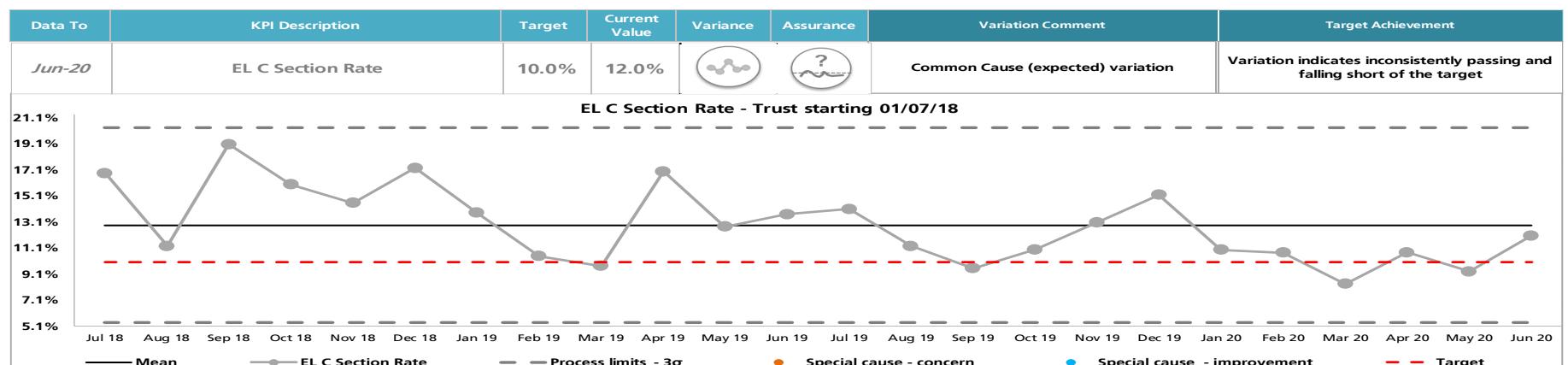


Chart 5: Elective Caesarean Section Rates

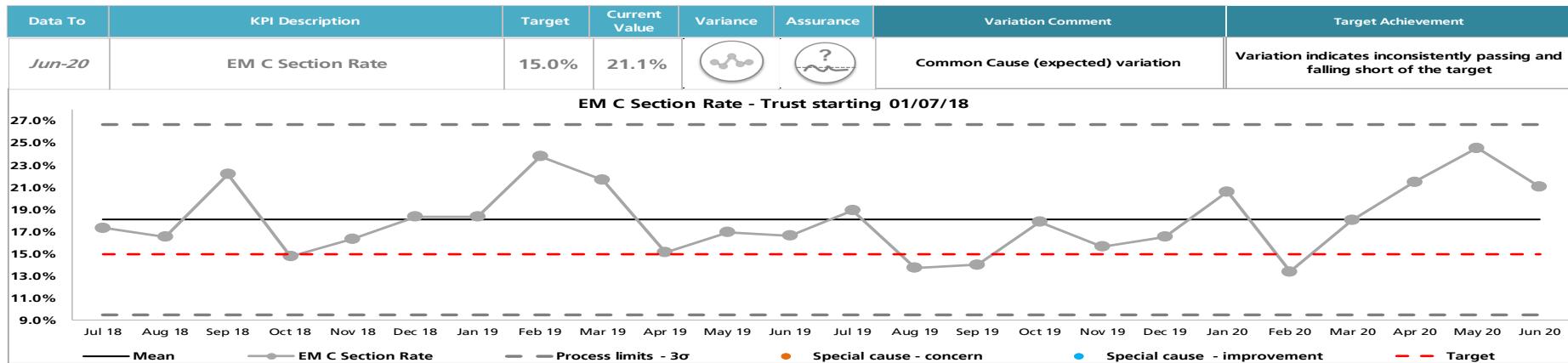


Chart 6: Emergency Caesarean Section Rates

Factors Driving Performance:

Total Caesarean section (CS) rates are consistently failing to achieve the national targets. Complications arising during labour, variations in practice with regards to decision making and issues with timing of induction of labour are some of the identified reasons that contribute to the high caesarean rates.

Actions being taken:

A detailed audit into Caesarean sections was presented to the Quality Committee in June 2020. There is a positive trend towards the uptake of women for vaginal delivery after one previous LSCS. The monthly LSCS and indications are monitored and narrative presented to the governance meeting. A dedicated clinic for previous LSCS women has helped this aspect. There is a steady increase in women requesting LSCS due to anxiety and previous experience. We have a combined obstetric and clinical psychology clinic to address these issues.

There is an ongoing weekly review of emergency Caesarean section cases and plan for individual feedback to be provided. These sessions are affected due to significant shortage of staffs in the team at the moment. This is expected to be back to normal in September 2020 when substantive clinical staff are expected to be back at work.

A guideline for managing women who request LSCS for non-medical indication is being drafted in line with NICE guidance and LMS team. This has been delayed and planned to be ratified by the end of September 2020. A working group in order to embed the strategies to reduce caesarean section is being developed. This has been delayed due to staff shortage on both medical and midwifery rota

Risks to Recovery:

Caesarean section rates are on the rise nationally. This is in the context of increased age of the maternal population, increasing complexity in maternal births (for example due to obesity, diabetes and smoking) and reducing birth rates. The changing demographics of the population, patient choice and societal influences and lifestyle issues remain a significant challenge to achieving this reduction. There is an increasing number of women requesting LSCS for non-medical reasons

The current medical staffing is variable due to agency locum involvement. The medical sickness and reduced hours of work due to shielding has impacted on the stability of the workforce for the last 3 months. To achieve a visible impact on the CS rates from the strategies planned might take few months when the adequate substantive workforce is in place from September 2020.

Admissions to NICU

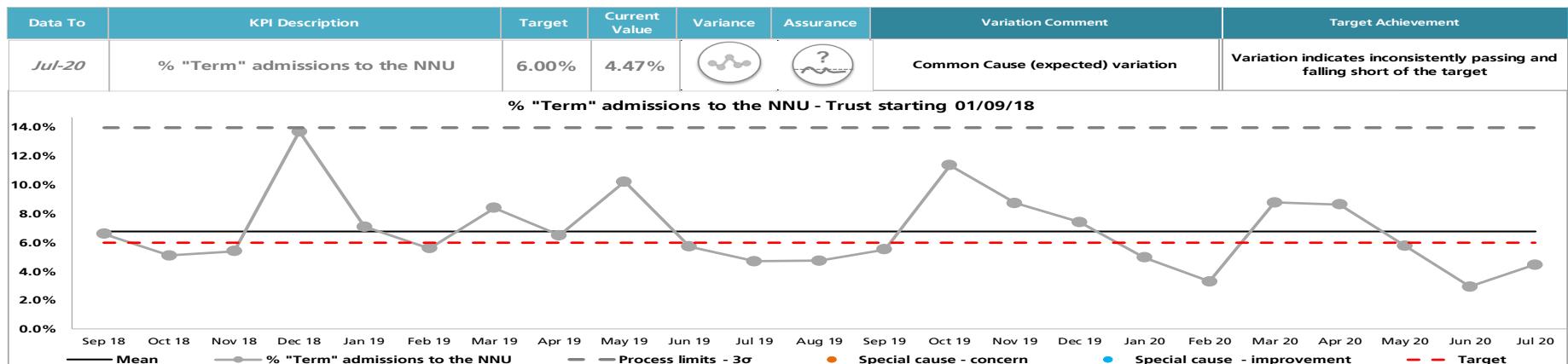


Chart 7: % Term Admissions to NICU

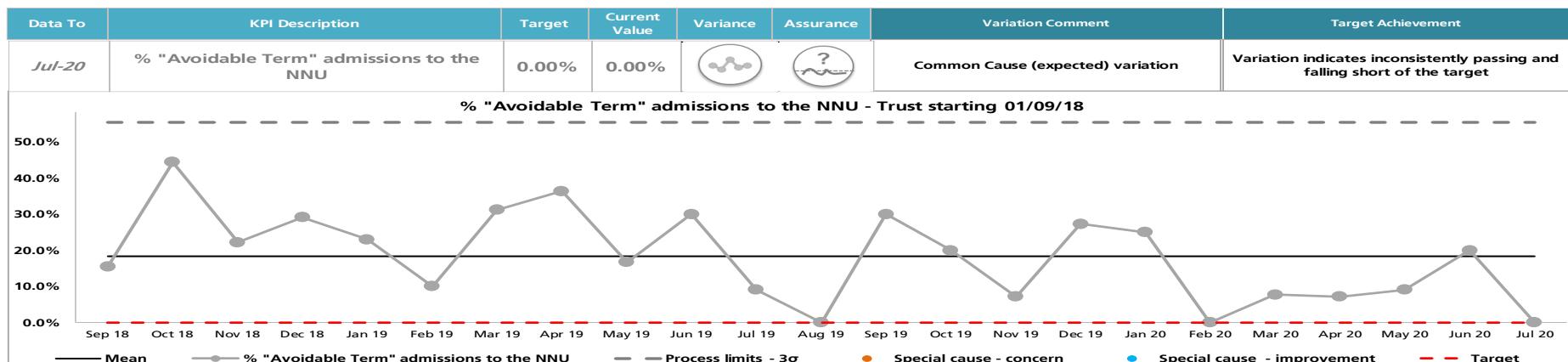


Chart 8: Avoidable Term Admissions to NICU

Factors Driving Performance:

Term admissions to NICU for July were below the national target of 6% at 4.47%.

There were no avoidable admissions to NICU.

Actions Being Taken:

Actions and learning continue to be embedded throughout the Division and monitored through the Clinical Governance Pathways. ATAIN reviews continue to be reported and investigated as per the requirements of the programme of work.

Risks to Recovery:

Nil at present.

Neonatal and Perinatal Mortality

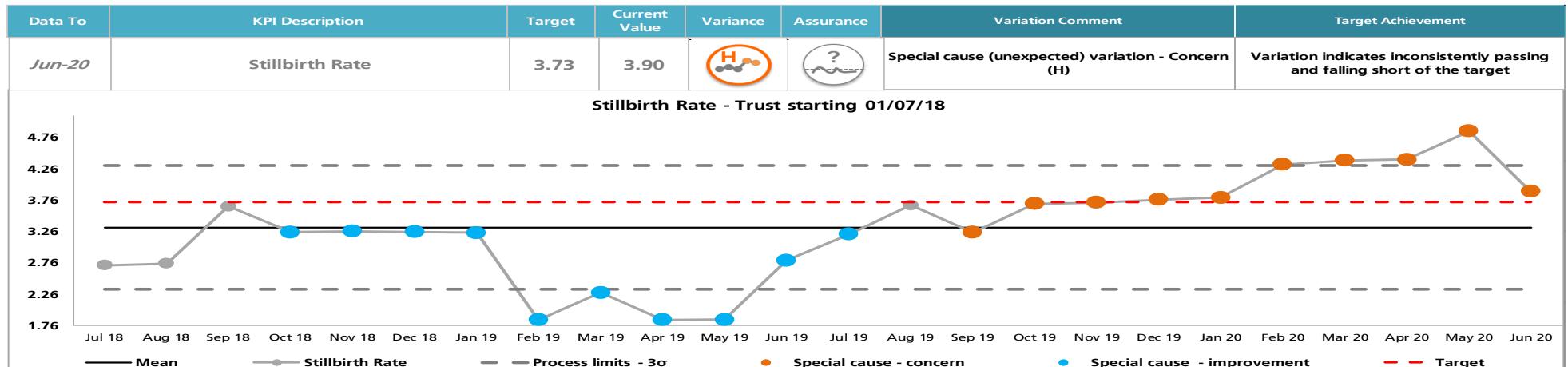


Chart 9: Stillbirth Rate

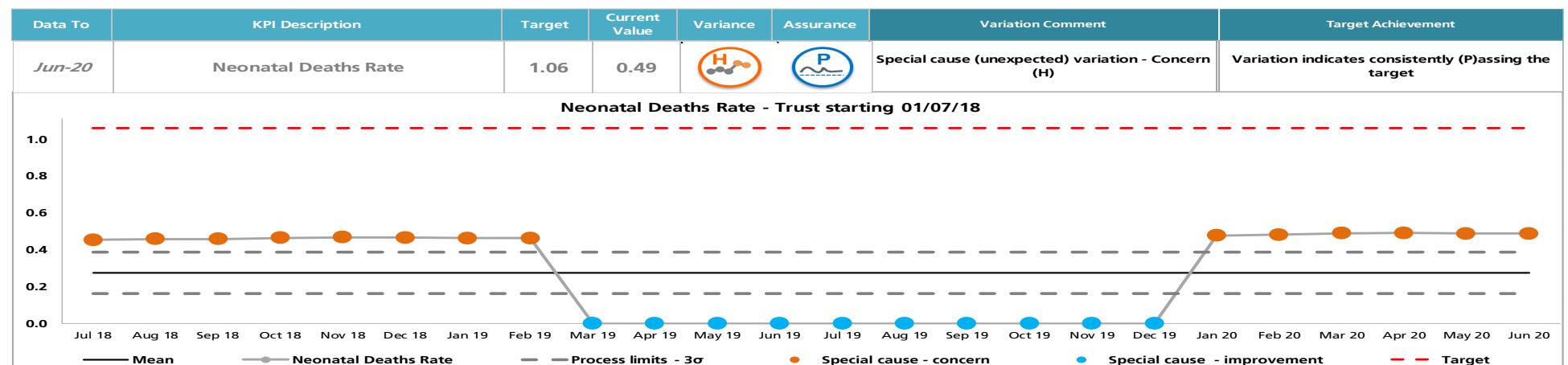


Chart 10: Neonatal Deaths Rate

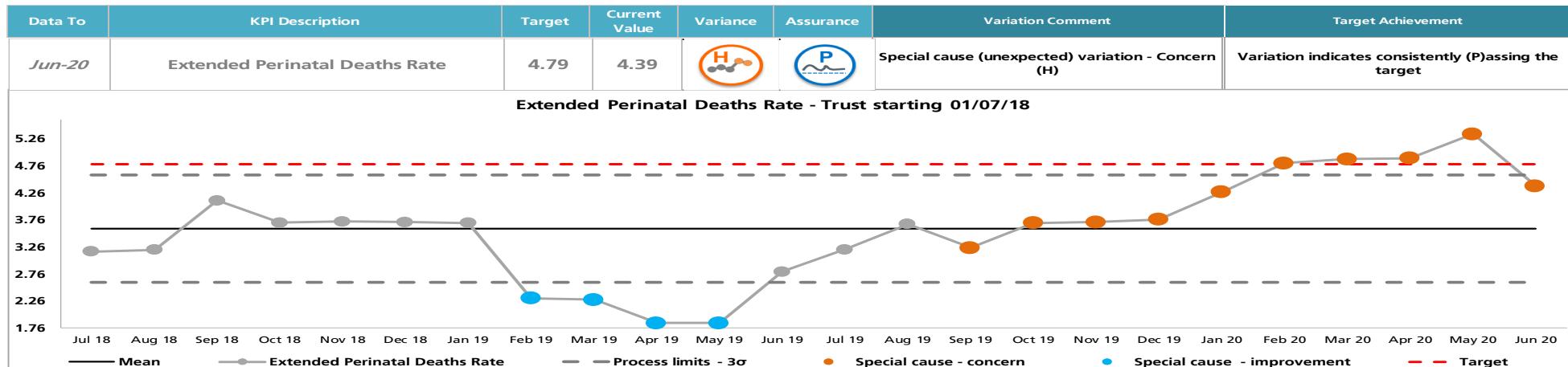


Chart 11: Perinatal Deaths Rate

Factors Driving Performance:

The stillbirth rate for the month of June was 3.90 (target 3.79) which was a reduction from 4.86 in May 2020. The neonatal death rate remains at 0.49 which is below the target of 1.06. The extended perinatal death rate in June was 4.39 which is a reduction from May and is below the target of 4.79.

There have been no further neonatal deaths. There was a 27+2 week stillbirth in the month of June. A review of the incident has taken place and all care delivered was in line with guidance and the death was deemed unavoidable. The family are receiving appropriate bereavement support.

Actions being taken:

The smoking cessation work stream as part of the LMS has commenced and will focus on delivering smoking cessation initiatives in a small cohort of women who are smoking at booking with the plan to roll-out the delivery of this service across the maternity system once initial 'Plan Do Study Act' cycles have been completed.

Risk to delivery:

Vacancies and absence within the O&G department have resulted in a number of senior midwives and senior medical staff to be working within the clinical numbers which has reduced the ability for service development initiatives. Some members of staff continue to be absent

following the lifting of shielding restrictions and the Divisional Leadership Team with the support of the senior midwives are developing a plan for management of transformation projects. This is expected to be resolved by September 2020.

Research and Innovation

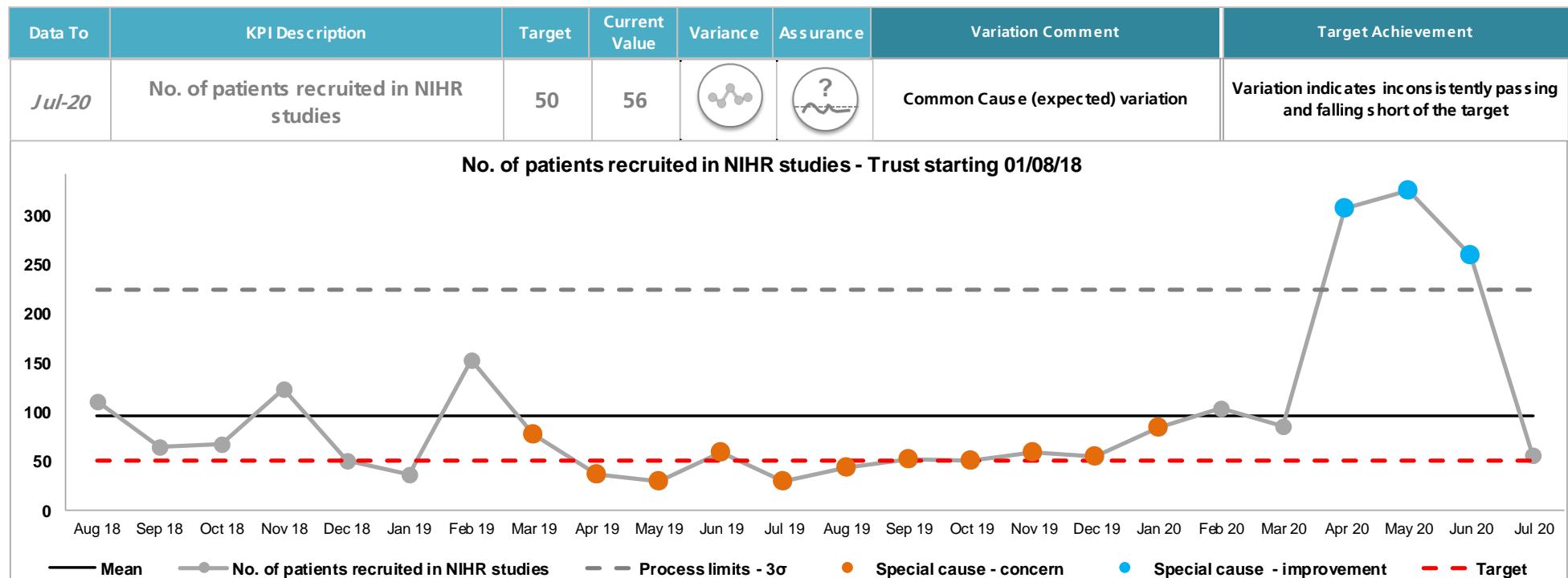


Chart 12: No.of patients recruited in NIHR studies

Factors driving performance:

Recruitment into NIHR has consistently exceeded targets over the past 2 years. Hence currently we are considering stretching the targets for this financial year. A revised target of 1000 patients has been agreed for this financial year and if achieved early, this will be expanded further.

As COVID-19 rates have slowed we have turned our attention back to NIHR portfolio studies. Of the 31 studies we have re-opened so far, we have recruited to 13. We recruited the first (and second patient) into the EMBED trial which is looking for blood markers to identify those at increased risk of developing breast cancer. We are working towards opening multiple myeloma and lung cancer studies shortly. Research Lead is working across the region on National COVID-19 vaccine trials – and trying to get them to come to Norfolk.

Actions being taken:

Our Research lead is leading the Norfolk Vaccine Delivery group and working across the region on National COVID-19 vaccine trials.

There are 8 COVID-19 vaccine trials that are expected to run in the UK, with recruitment starting between September 2020 and January 2021. The majority of these are in Phase 1 trials at present (assessing safety). As a regional group we are enjoying the chance to work collaboratively.

This opportunity will help us sustain the research related activities within the Trust for the immediate future.

With re-opening of other clinical trials, our research staff are being actively redeployed to support these trials.

Risks to recovery:

Currently there are no risks identified to safely achieve the target.

Caring Dashboard - Trust Level

Items in grey are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-20	MSA Incidents	0	1		
Jul-20	MSA Breaches	0	2		
Jul-20	Total Clinical & Non_Clinical Complaints	20	21		
Jul-20	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.07%		
Jul-20	Complaints receiving a response within 30 working days %	90.0%	95.0%		
Jul-20	Complaints - Reopened (% of Total)	15.0%	28.6%		
Jul-20	Complaints - Rate per Staff In Post	0.60%	0.67%		
Jun-20	Dementia Case Finding	90.0%	60.8%		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-20	FFT % Recommended (IP & DC)	95.00%	95.50%		
Jul-20	FFT Resp Rate (IP & DC)	30.00%	12.75%		
Jul-20	FFT % Recommended (AE)	95.00%	0.00%		
Jul-20	FFT Resp Rate (AE)	20.00%	0.03%		
Jul-20	FFT % Recommended (OP)	95.00%	97.56%		
Jul-20	FFT Resp Rate (OP)		1.22%		
Jul-20	FFT % Recommended Mat Question 1 (Antenatal)	95.00%	80.0%		
Jul-20	FFT % Recommended Mat Question 2 (Labour)	95.00%	100.0%		
Jul-20	FFT % Recommended Mat Question 3 (Postnatal)	95.00%	100.0%		
Jul-20	FFT % Recommended Mat Question 4 (Comm Postnatal)	95.00%	100.0%		
Jul-20	FFT Resp Rate Mat Question 2 (Labour)	15.00%	8.8%		

Complaints

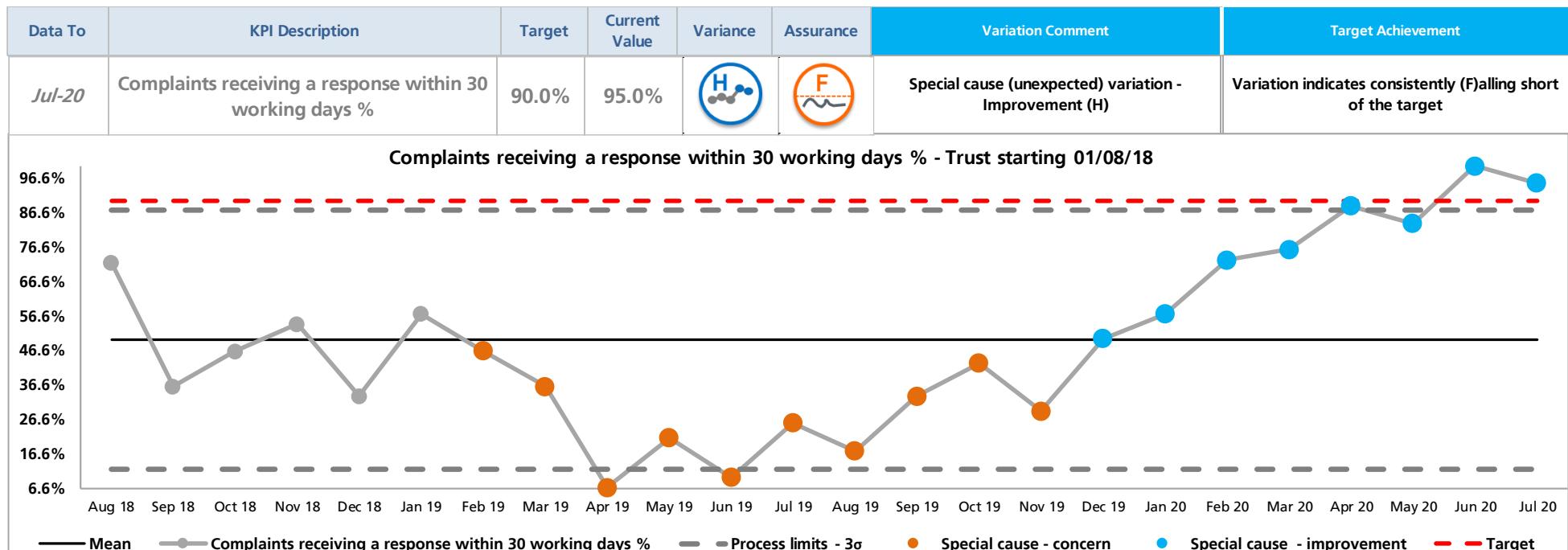


Chart 1: Complaints receiving a response within 30 working days (%)

Factors driving performance:

- The 90% target for complaint responses has been achieved in July following a sustained improvement in previous months.

Actions being taken:

- The complaints team will continue to support divisional teams with their understanding of the new process and keeping focus on the required deadlines.

Risks to recovery:

- Increase in the number of complaints received into the Trust.

FFT

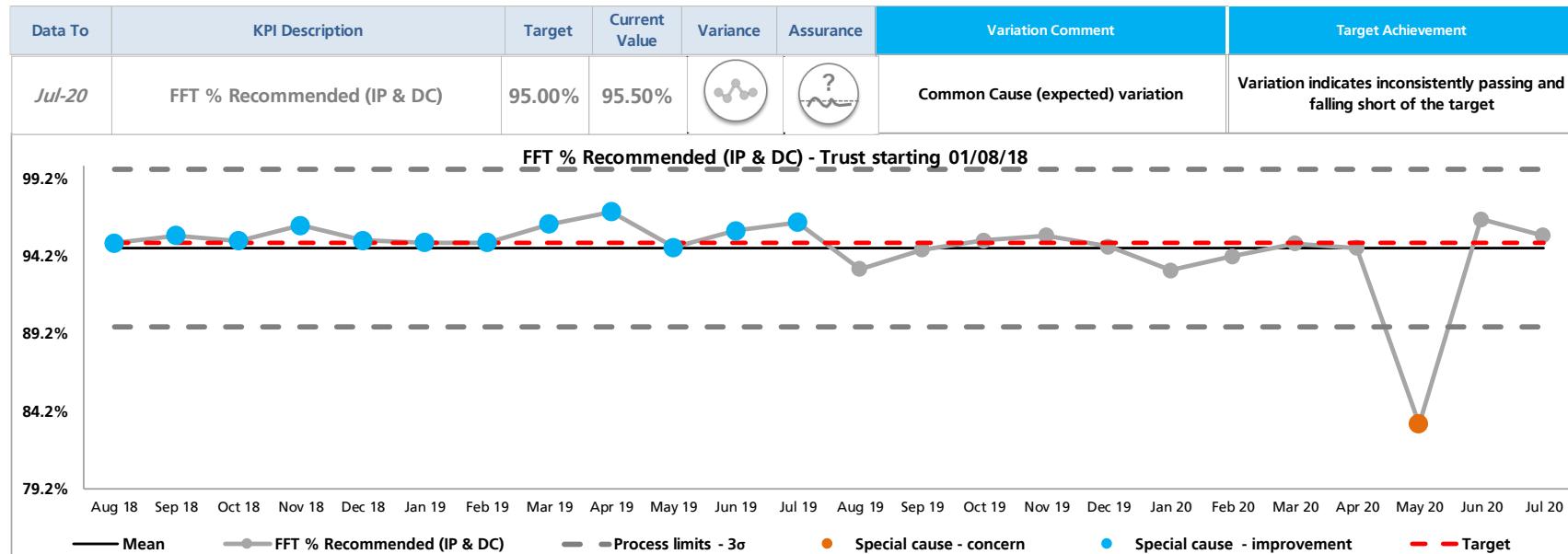


Chart 2: FFT % recommended (Inpatient and Day Case)

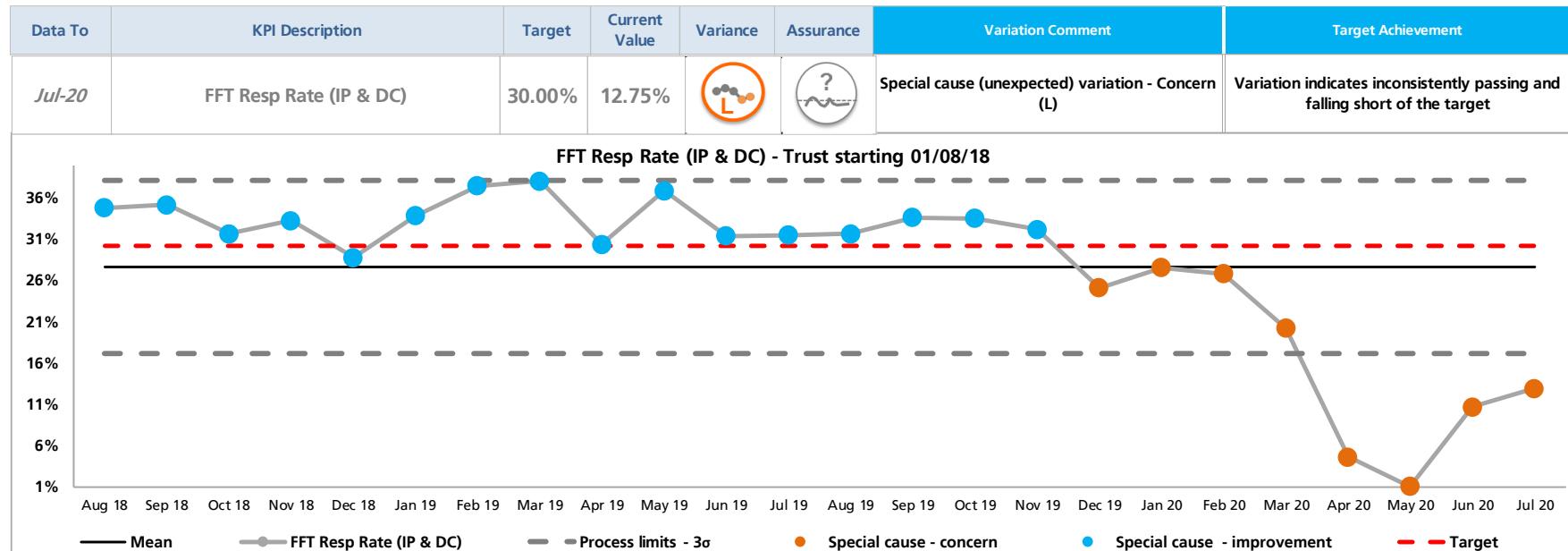


Chart 3: FFT response rate (Inpatient and Day Case)

Factors driving performance:

- Due to COVID-19, NHSE advised organisations to halt using cards and tablets to collect FFT feedback because of the potential infection risk. In June, the use of cards and tablets was reintroduced, and the response rate has been slow initially but improving month by month. In May, there were 166 responses followed by 613 in June and finally, 924 in July.

Actions being taken:

- Wards are called weekly with the support of the PALS team to post completed FFT cards to the Patient Experience team on a weekly basis.
- It is proposed to relaunch the FFT with the support of Communications in September, whilst encouraging staff to support the FFT now through phone calls to wards and weekly collections from outpatients.
- Tablet collections have recommenced in maternity.
- QR Code posters (patients scan the code on the poster and can provide feedback through a link to the website)

Risks to recovery:

- Staff awareness that cards and tablets can be utilised to collect feedback again.

Dementia Case Finding

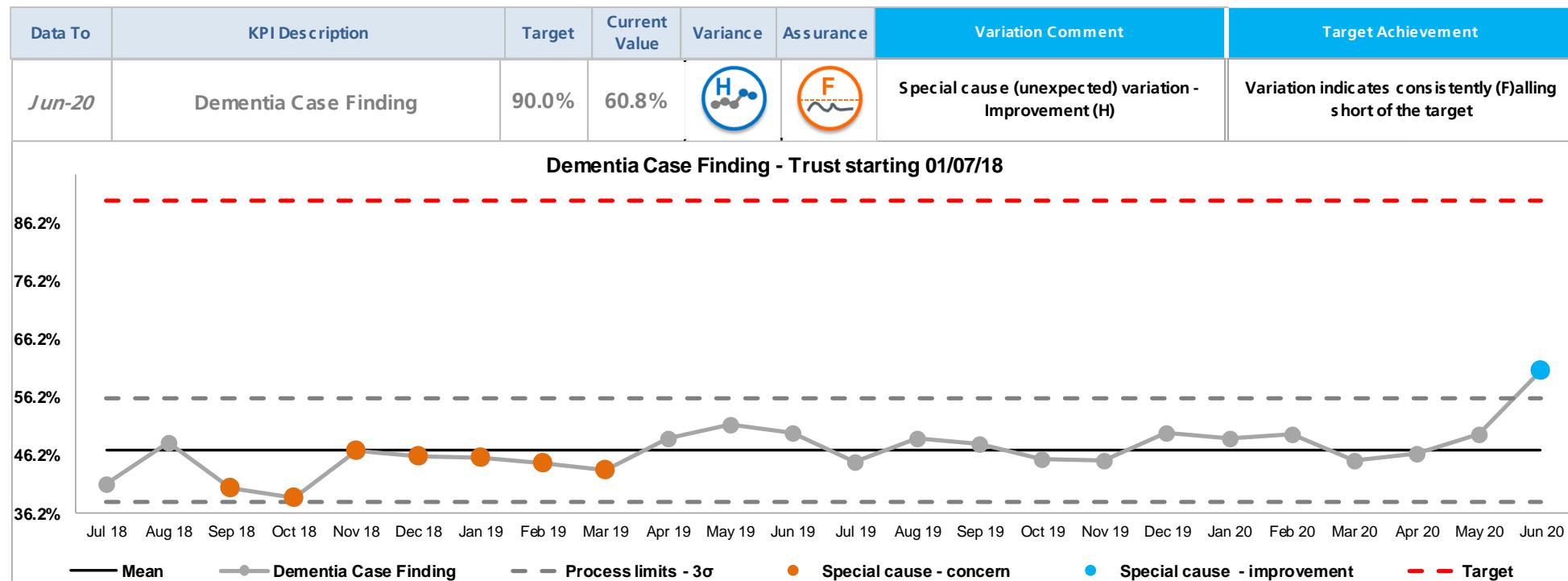


Chart 4: Dementia Case finding

Factors driving performance:

Some of the actions described recently in a paper to the Quality Committee have been implemented to enable this upward positive shift for the first time in two years. These included the introduction of an amended admission booklet that not only is helpful with prompting but also has a simplified version of the assessment process. The continuing presence of the older versions of admission booklets still remains a constraint in enabling improving assessments.

Reminders to the clinical teams through the ward clerks and patient administration teams initially had an effect. This process needs refining to improve accuracy of contacting the right clinical teams to ensure completion. However, awareness overall has improved with the new initiatives. The changes require embedding into business as usual to realise the full impact of the redesign.

Performance is in line with the agreed recovery trajectory.

Actions being taken:

1. Replacing the old admission booklets with a newer version (that contains the simplified assessment process) has been sanctioned. This should further increase the screening process. Older versions are expected to be replaced by October 2020.
2. A list of all potential patients who qualify for assessment will be created within 48 hours of their admissions along with a reminder to the clinical teams to complete assessments which will be in place from week commencing 17th August to support the screening process. The earlier reminders were ineffective for a variety of reasons. These have now been refined and will be in place shortly.
3. Regular updates to the frontline clinical teams of the need to improve screening rates equally with this positive re-enforcement will support the positive behaviours in clinical staff.
4. The advertisement for the posts to support Integrated Care of Older People (ICOP) is in place and there are 2 potential candidates who if appointed, will support the Frailty team to enable early assessment and treatment of these patients. However, their deployment may not be until February 2021.
5. Tracking of performance at a divisional level is in place. This is being discussed at Performance Review Meetings. This has certainly helped improve awareness amongst the team.
6. Regular meetings with the ICOP team to monitor and inspire are in place to help with the screening process.

Risks to recovery:

1. The initial flurry of positive impact may not be sustainable due to the regular turnover of junior doctors in the Trust. This will require constant re-enforcement until automated electronic forcing functions (Electronic Prescribing) are available.
2. A delay in the implementation of E-prescribing is a risk to sustaining and improving on this improvement.

Responsive Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-20	18 Weeks RTT - Incomplete Perf	92.0%	46.6%		
Jul-20	18 Weeks RTT - No. of Specialties failing the target of 92%	0	36		
Jul-20	18 Weeks RTT - Over 52 Wk waiters	0	314		
Jul-20	A&E 4 Hour Performance	95.0%	84.6%		
Jul-20	A&E 12 Hour Trolley Waits	0	0		
Jul-20	Ambulance Handovers	100.0%	51.2%		
Jul-20	Last minute non-clinical cancelled elective operations	0.8%	0.59%		
Jul-20	Breaches of the 28 day readmission guarantee	0	1		
Jul-20	Total non-clinical cancelled elective operations	3.2%	2.05%		
Jul-20	Urgent operations cancelled more than once	0	0		
Jul-20	% of beds occupied by Delayed Transfers of Care	3.5%	0.0%		
Jul-20	Medically Fit For Discharge - Patients		385		
Jul-20	Medically Fit For Discharge - Days		2074		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jun-20	Cancer Wait Times - Two Week Wait Performance	93.0%	97.7%		
Jun-20	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	97.5%		
Jun-20	Cancer Wait Times - 62 Day Ref to Treatmentmmt Performance	85.0%	79.4%		
Jun-20	Cancer Wait Times - 104 Day waiters	0	6		
Jun-20	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	92.7%		
Jun-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	100.0%		
Jun-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	100.0%		
Jun-20	Cancer Wait Times - 62 Day Screening Performance	90.0%	66.7%		
Jul-20	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	38.6%		
Jun-20	Stroke - 90% of time on a Stroke Unit	90.0%	77.5%		
Jun-20	Stroke - Direct to Stroke Unit within 4 hours	90.0%	62.5%		
Jun-20	Stroke - Patient scanned within 1 hour of clock start	48.0%	42.5%		
Jun-20	Stroke - Patient scanned within 12 hours of clock start	95.0%	100.0%		
Jun-20	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	37.0%		
Jul-20	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	31		

Responsive - Accountable Officer - Chief Operating Officer

4 Hour Performance

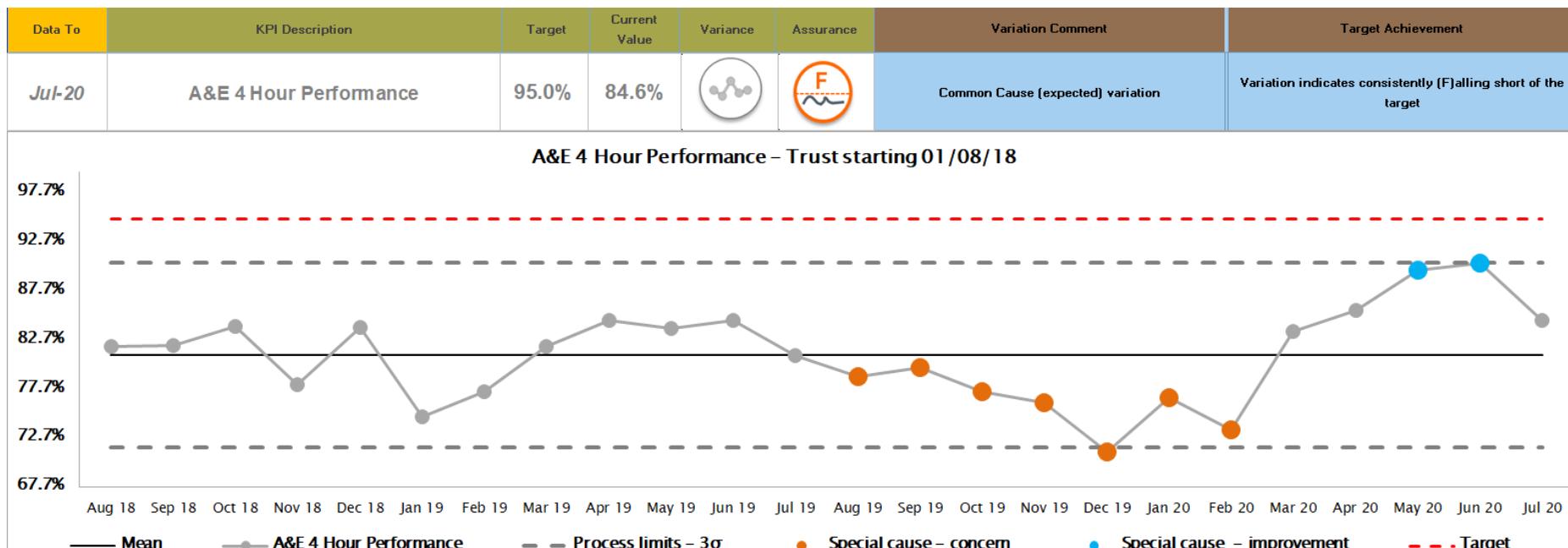


Chart 1: A&E 4-hour performance

Factors driving performance:

- Performance for July was 84.62% against a standard of 95% and a trajectory of 81.75%. Admitted performance was 73.54% and non-admitted was 91.4%.
- Historically, the Trust sees a peak in attendances in July each year.
- The top three reasons for breaches in month were patients awaiting a bed (25.8%) with the majority of these relating to non-COVID-19 beds; delays in specialty reviews (20.0%) and clinical deterioration of patients prior to transfer or discharge (15.0%).

Actions being taken:

- Participation in the implementation of 'NHS 111 First' which is aimed at reducing the number of patients presenting directly to Emergency Departments. The project team was established in July 2020.

- Co-location of the Emergency Department into the original footprint from August 2020, as part of the COVID-19 recovery and restoration phase, improves the medical and nursing workforce plans as the team is no longer working across two areas.
- Review of and adherence to the internal professional standards in order to minimise delays to be seen by specialty teams.

Risks to recovery:

- Emergency Department footprint and design is inadequate to meet the needs of the service.
- Sustained increase in demand and / or peaks in demand of patients with suspected COVID-19.
- Clinical engagement with and adherence to the internal professional standards.

Ambulance Handover Performance

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	Ambulance Handovers	100.0%	51.2%			Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target

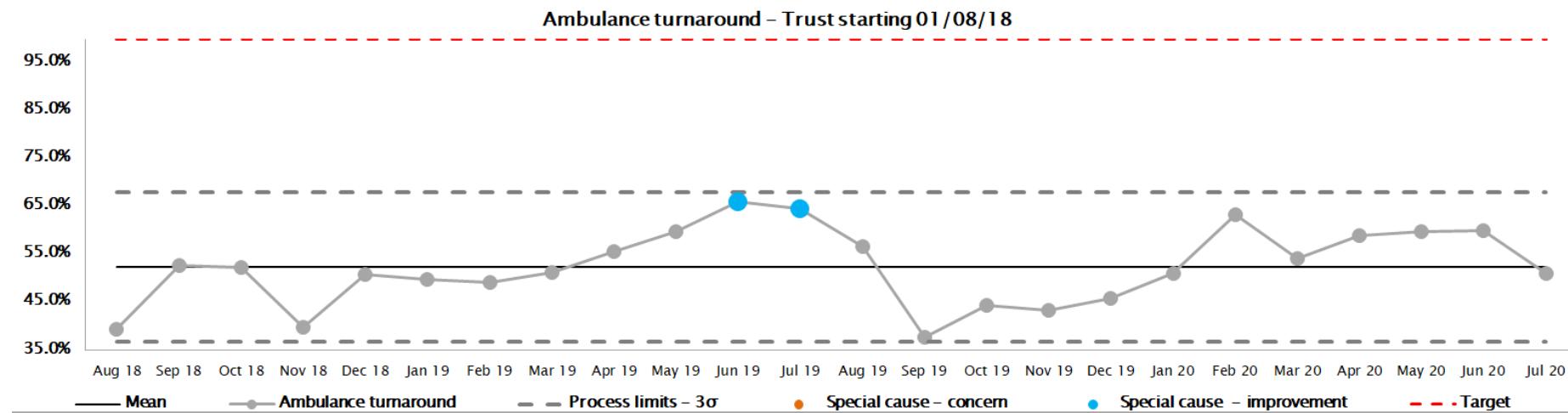


Chart 2: Ambulance turnaround

Factors driving performance:

- In July 51.2% of handovers were within 15 minutes, against a trajectory of 65%, and 87.21% of handovers were within 30 minutes, against a trajectory of 85%. 4% of handovers (77 ambulances) exceeded 60 minutes.
- The number of ambulance arrivals is at pre-COVID-19 levels with peaks in demand occurring in month.

Actions being taken:

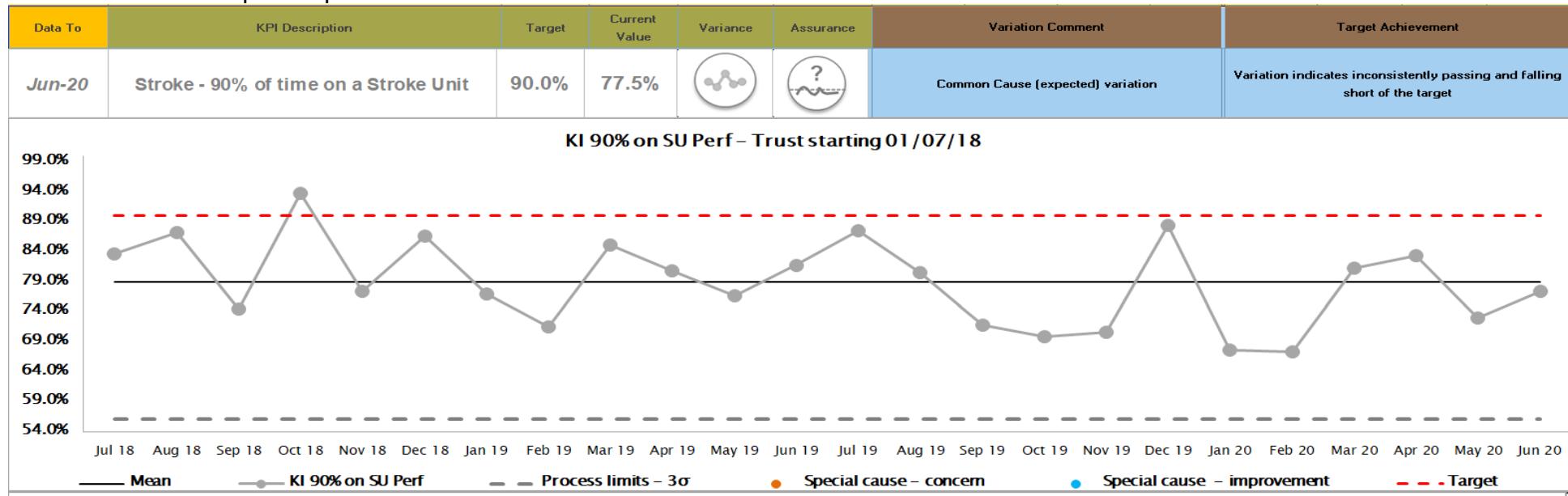
- Participation in the implementation of 'NHS 111 First' which is aimed at reducing the number of patients presenting directly to Emergency Departments. The project team was established in July 2020.
- Review of the acute medical pathway to ensure patients arriving by ambulance present directly to acute medicine where this is clinically appropriate.

Risks to recovery:

- The co-location of the COVID-19 Emergency Department into the original footprint reduces ambulance handover capacity as this area is now utilised for patients with suspected COVID-19.

Stroke Performance – 90% of time on a Stroke Unit

June is the current reported position



Factors driving performance:

- In June 2020, nine patients breached the standard. Five patients were suspected COVID-19 and so required admission to Tilney ward; two patients had a challenging diagnosis where Stroke was not initially suspected; one patient breached due to bed availability on the Stroke unit; one patient had a length of stay of less than 24 hours and was not directly admitted to the Stroke unit.
- Coronary Care continues to be co-located with the stroke unit on West Raynham ward, thereby reducing the overall stroke unit capacity from 29 beds to 24.
- Delays in discharging West Norfolk patients who do not have access to an Early Supported Discharge (ESD) service increases the length of stay for these patients.

Actions being taken:

- A bed modelling exercise has been undertaken to determine the seasonal demand for all inpatient services. This is being progressed with Clinical Directors and Divisional Leadership Teams to review the ward reconfiguration and ensure all services have the inpatient capacity to meet demand.
- Continued engagement with system partners to develop stroke rehabilitation services, thereby reducing the inpatient length of stay.

Risk to recovery:

- Delays in ward reconfiguration and the continued colocation of Coronary Care on West Raynham ward.
- Continued extended length of stay for West Norfolk patients due to stroke rehabilitation.

Length Of Stay > 21 Days

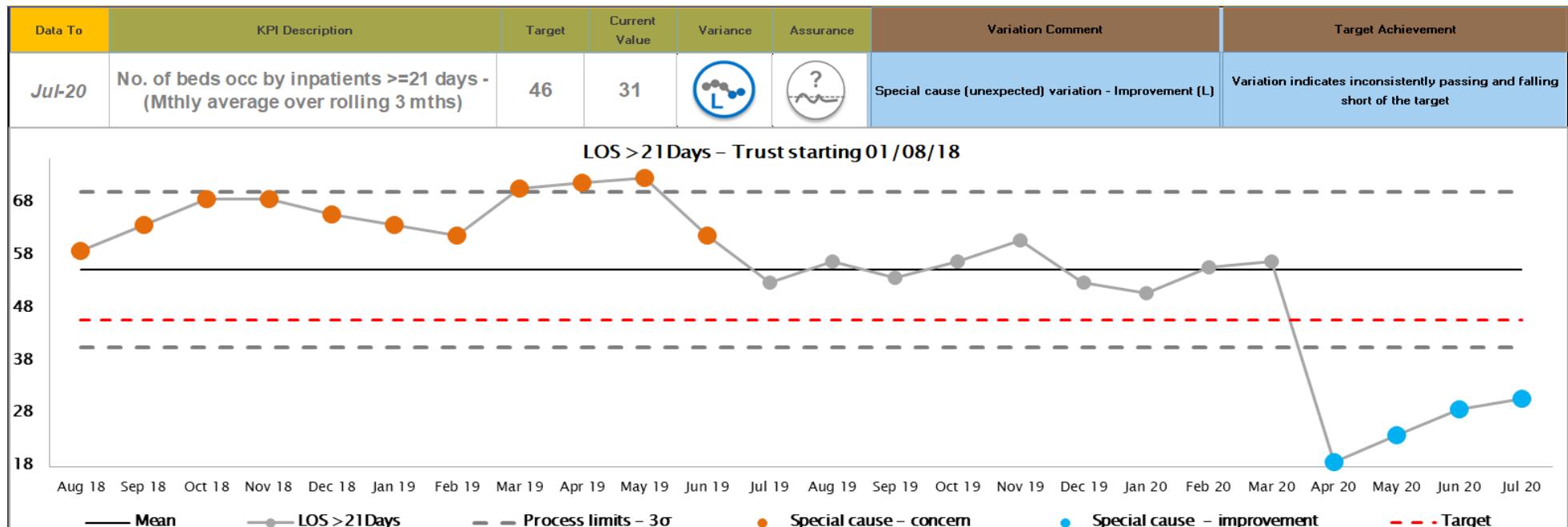


Chart 4: LoS < 21 days

Factors driving performance:

- Performance remains above target although a deterioration in performance has been seen over the last three months. Long stay reviews were suspended due to COVID-19, these will recommence in August 2020.

Actions being taken:

- Weekly longer length of stay reviews recommenced on 17 August 2020.
- Recruitment to a Lead Nurse for Discharge in progress.
- National expectation that Discharge to Assess will be embedded by September 2020 as part of COVID-19 Phase 3 Recovery.

Risks to recovery:

- Failure to embed Discharge to Assess.
- Insufficient capacity within community and social care services.

Elective Care

18-week RTT

Performance in July 2020 was 46.63% against the standard of 92%. At the end of July 2020, the total Trust waiting list was 12,899 and the total backlog of patients waiting over 18 weeks was 6,884.

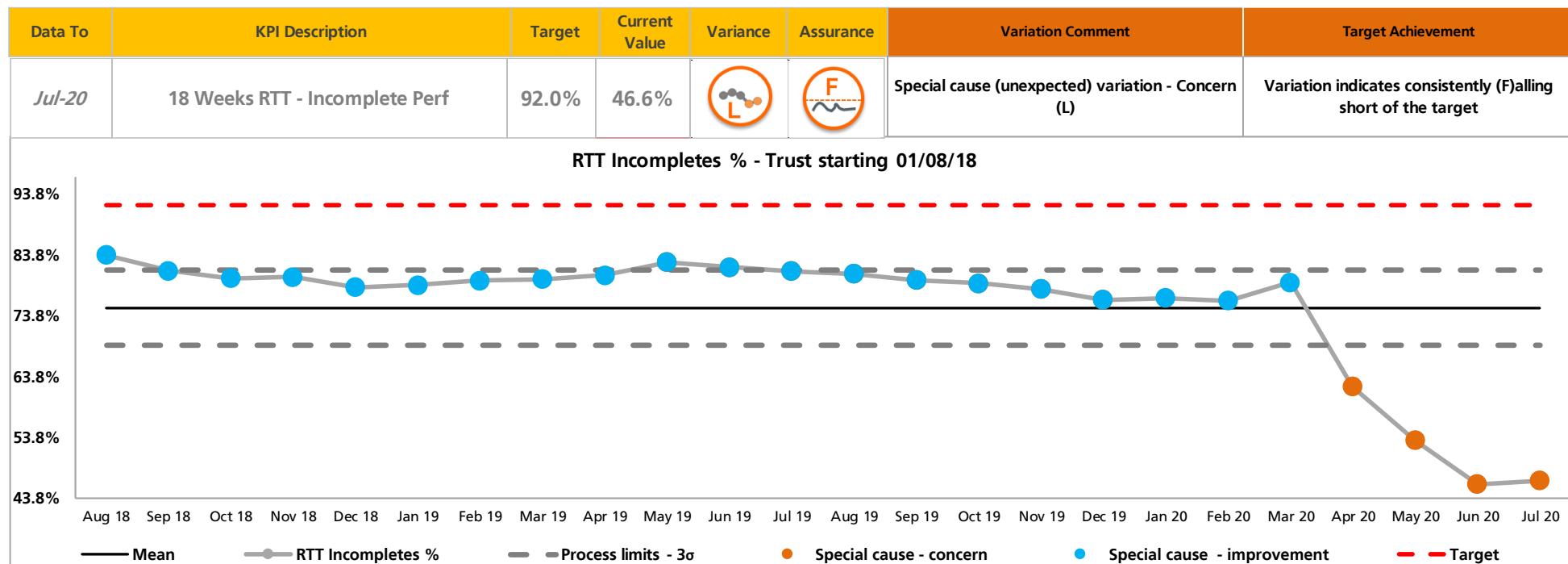


Chart 5: RTT Incomplete performance

Factors driving performance:

- Reduced capacity in main theatres as endoscopy was utilising one theatre and a further was reserved for COVID-19 positive patients.
- The increase in backlog relates predominantly to the following specialties: Trauma & Orthopaedics (1283), ENT (913) and Ophthalmology (780).
- The number of patients waiting over 40 weeks has increased.

Actions being taken:

- Day Surgery Unit reopened on 17 August 2020.
- All main theatres will be fully utilised for elective surgery from 17 August 2020.
- Additional capacity is being provided through the use of the independent sector and premium rate sessions during August and September.

Risks to recovery:

- Risk of patients not following isolation guidance or developing COVID-19 symptoms resulting in short notice cancellations.
- Willingness of patients to attend hospital due to concerns regarding COVID-19.
- Risk of reduced staffing due to COVID-19.

52-week breaches

There have been 314 breaches in July 2020, the majority of these occurred in Orthopaedics (118) and Gynaecology (78).

Actions being taken:

- Weekly review of the plans for all long waiting patients, this is chaired by the Chief Operating Officer.
- Prioritisation of clinically urgent and long waiting patients on all theatre lists.
- Expansion of theatre capacity with the opening of Day Surgery Unit and all main theatres restarting from 17 August 2020.

Risks to recovery:

- Risk of patients not following isolation guidance or developing COVID-19 symptoms resulting in short notice cancellations.
- Willingness of patients to attend hospital due to concerns regarding COVID-19.
- Risk of reduced staffing due to COVID-19.

Breaches of the 28-day readmission guarantee

There was 1 breach reported in July 2020, this was within the Haematology service. This breach was incorrectly reported, this has been rectified.

Diagnostic waiting times

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	38.6%			Special cause (unexpected) variation - Concern (H)	Variation indicates inconsistently passing and falling short of the target
<p>% Pats waiting >6 Wks - Trust starting 01/08/18</p> <p>Aug 18 Sep 18 Oct 18 Nov 18 Dec 18 Jan 19 Feb 19 Mar 19 Apr 19 May 19 Jun 19 Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20</p> <p>— Mean — % Pats waiting >6 Wks — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target</p>							

Chart 6: % patients waiting > 6 weeks for diagnostics

There were 2,058 breaches in July and the percentage of patients waiting over six weeks for diagnostic test was 38.6% against the standard of 1%.

The number of breaches by diagnostic test is detailed below; this shows that the majority of breaches occurred in non-obstetric ultrasound (25.07%) and echocardiography (21.28%).

Diagnostic Test	2020/07	% of total
Magnetic Resonance Imaging	234	11.37%
Computed Tomography	340	16.52%
Non-obstetric ultrasound	516	25.07%
Barium Enema	0	0.00%
DEXA Scan	32	1.55%
Audiology - Audiology Assessments	193	9.38%
Cardiology - echocardiography	438	21.28%
Cardiology - electrophysiology	0	0.00%
Neurophysiology - peripheral neurophysiology	214	10.40%
Respiratory physiology - sleep studies	0	0.00%
Urodynamics - pressures & flows	41	1.99%
Colonoscopy	8	0.39%
Flexi sigmoidoscopy	4	0.19%
Cystoscopy	34	1.65%
Gastroscopy	4	0.19%
Total	2058	100.00%

Table 1: number of breaches by diagnostic test – July 2020

Factors driving performance:

- Diagnostic capacity is being utilised for clinically urgent referrals and the size of the waiting list is increasing.
- Although staff are returning from shielding, not all are in patient facing roles, this has an impact on capacity, particularly in echocardiography and radiology.
- Agency staff availability is limited, radiology has been unable to recruit to three of the vacant posts

Actions being taken:

- Business case for additional capacity for MR and non-obstetric ultrasound is in progress.
- Additional lists being undertaken at weekends within endoscopy to manage demand.
- Alternative solutions for echocardiography are being explored as there are no independent sector providers locally.

- All inpatient radiology requests are vetted prior to booking and patients brought back for outpatient appointment where clinically appropriate.

Risks to recovery:

- Continued shortage of staff and agency staff.
- Delays in tendering for outsourcing.
- Limited outsource capacity to meet demand.

Cancer Care

62-day referral to treatment

Performance in June 2020 was **79.4%** against the standard of **85%** and trajectory of **76.7%**.

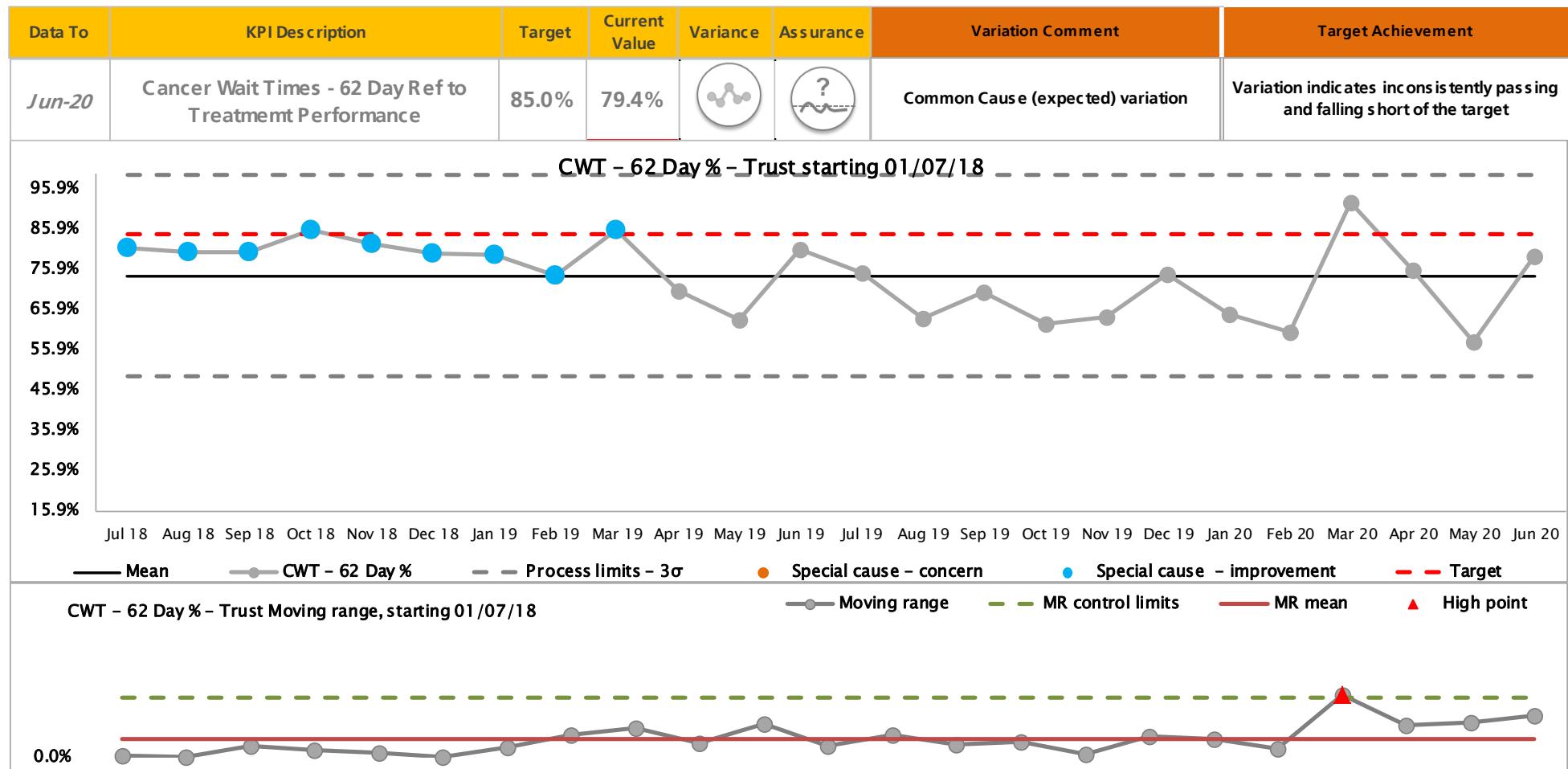


Chart 7: CWT 62-day performance

Factors driving performance:

- During June 2020, the Trust treated 51 patients, of which 10.5 waited more than 62 days from referral to treatment (2 lung, 2 skin, 1.5 haematology, 1.5 head & neck, 1 colorectal, 1 gynaecology, 1 upper GI and 1 urology).
- Root cause analysis shows the key breach reasons as patients shielding and delays in diagnostics due to COVID-19 thereby delaying diagnosis and treatment planning.

Actions being taken:

- Additional weekend lists for endoscopy through July and August to clear the 2WW backlog.
- Business case for outsourcing additional imaging capacity submitted for approval to reduce diagnostic waiting times.
- Support from the Intensive Support Team remains in place.

Risks to Recovery:

- Insufficient imaging capacity.
- Significant increase in 2ww referrals before diagnostic capacity is fully restored.
- Staff or patients unable to attend appointments due to self-isolating.

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

Statement of comprehensive income: Month 4 – 2020/21

		In Month				Year to Date			
		Plan £'000s	Actual £'000s	Fav / (Adv) £'000s		Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	
	Clinical Income	17,914	17,749	(165)	(1%)	71,656	70,595	(1,061)	(1%)
	Other Income - Education, Training & Research, Non Clinical Revenue	1,564	1,176	(388)	(25%)	6,256	4,732	(1,524)	(24%)
	COVID 19 Additional Top-up Income	0	1,850	1,850	100%	0	3,691	3,691	100%
	Total Income	19,478	20,775	1,297	7%	77,912	79,018	1,106	1%
I&E	Pay Costs - Substantive	(11,312)	(11,452)	(140)	(1%)	(45,248)	(46,172)	(924)	(2%)
	Pay Costs - Bank	(918)	(951)	(33)	(4%)	(3,672)	(3,958)	(286)	(8%)
	Pay Costs - Agency	(1,206)	(781)	425	35%	(4,824)	(3,134)	1,690	35%
	Pay Costs - Additional COVID 19	0	(1,245)	(1,245)	(100%)	0	(3,408)	(3,408)	(100%)
	Total Pay	(13,436)	(14,429)	(993)	(7%)	(53,744)	(56,672)	(2,928)	(5%)
	Non Pay - Additional COVID 19	0	(181)	(181)	(100%)	0	(1,223)	(1,223)	(100%)
	Non Pay	(5,378)	(5,620)	(242)	(4%)	(21,512)	(18,968)	2,544	12%
	Total Operating Costs	(18,814)	(20,230)	(1,416)	(8%)	(75,256)	(76,863)	(1,607)	(2%)
	EBITDA	664	545	(119)	(18%)	2,656	2,155	(501)	(19%)
	Non Operating Costs	(693)	(572)	121	17%	(2,772)	(2,269)	503	18%
	Adjust Donated Assets	29	27	(2)	(7%)	116	114	(2)	(2%)
	TOTAL (Deficit) / Surplus	0	0	0	0%	0	0	0	0%

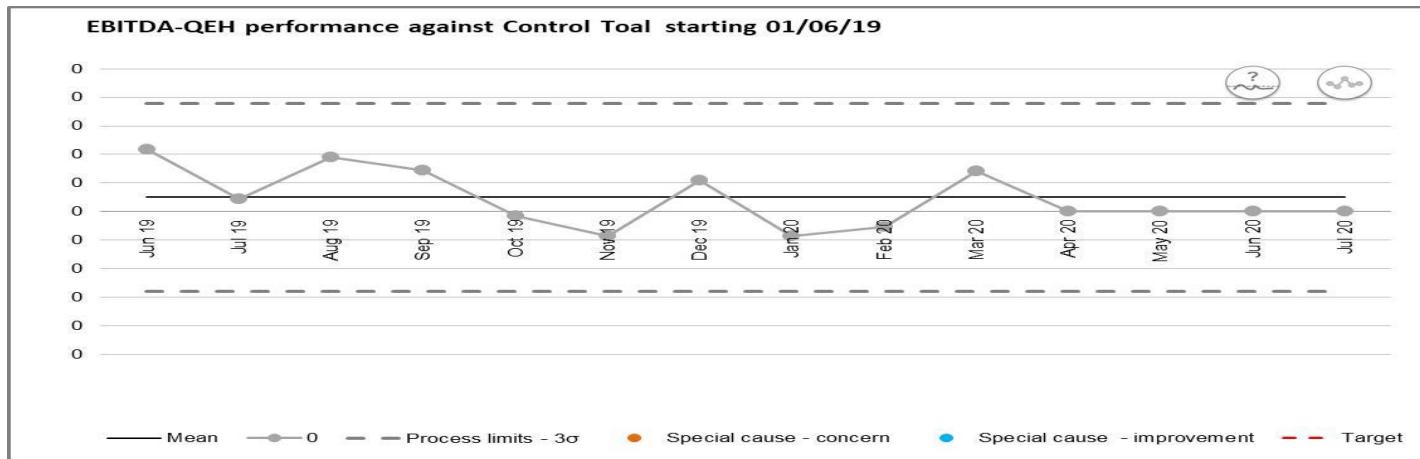


Chart 1: EBITDA performance against control total

The Trust will report a break-even position for month 4 following an assumption that the Trust will receive reimbursement for all COVID-19 related costs. This is in line with the national guidance of accounting for 'block' income, 'top-up' payments and taking account of COVID-19 reimbursements and the retrospective 'top-up' mechanism to bring the overall income and expenditure position back to a balanced position.

An additional £1.9m of top-up income is required for month 4 to achieve this break-even position. Whilst the value of the top-up required is an increase of £0.8m on month 3 (£1.1m) overall COVID-19 related-expenditure has increased to £1.4m.

The increase in top-up required this month reflects that our non-COVID-19 non-pay costs have increased as we start to increase levels of 'business as usual' activity.

Key drivers for the in-month position are:

- Clinical income is £0.2m adverse to Plan in month. This is as a result of less than planned Non-Contract Activity. Additional income to cover this is currently reflected via the "Top-Up" process.
- Other operating income is adverse to Plan in month by £0.4m. This reflects the loss of income in areas such as car parking, retail and catering income. The plan was set on the basis of previous years income levels. The loss of income is currently retrospectively covered via the "Top-up" process.

- Month 4 pay, excluding Covid 19 pay costs, shows a reduction on the 3-month rolling average of £0.2m.
- Non-pay costs, excluding COVID-19 costs, are adverse to plan by £0.3m mainly due to a review and subsequent increase of provisions.
- COVID-19 expenditure across pay and non-pay totals £1.4m and compares to a June claimed amount of £1.1m.
 - Pay costs increased by c£0.3m compared to June (£1.2m in month v £ 0.9m). This has been mostly driven by additional A&E agency usage.

Statement of Financial Position (SOPP) Update

	31 Mar 2020 £m	30 June 2020 £m	31 July 2020 £m	Month Movement £m	YTD Movement £m	
Non current assets	96	96	95	(1)	(1)	
Current Assets						
Inventories	2	2	2	0	0	
Trade & Other Receivables	22	11	11	(1)	(11)	
Cash	14	34	33	1	19	
Current liabilities						
Trade & Other Payables	(24)	(16)	(13)	(2)	10	
Accruals	(9)	(25)	(27)	1	(18)	
Other current liabilities (exc. borrowings)	(2)	(1)	(1)	0	0	
Non current liabilities	(1)	(1)	(1)	0	0	
Borrowings	(135)	(135)	(135)	0	0	
Total assets employed	(36)	(36)	(35)	(0)	(0)	
Tax payers' equity						
Public Dividend Capital	57	57	58	1	0	
Revaluation Reserve	12	12	12	0	0	
Income & Expenditure Reserve	(105)	(105)	(105)	(0)	(0)	
Tax payers' equity	(36)	(36)	(35)	(0)	(0)	

Non-Current Assets

The nil movement in value masks additions of £578k less a depreciation charge of £565k.

There are no other significant month-to-month movements to report on.

Cash:

The Trust's cash balance increased from £33.9m as at 30 June to £32.8m as at the 3 August 2020.

Well Led (People) Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-20	Appraisal Rate	90.0%	74.0%		
Jul-20	Appraisal Rate (Med Staff exc Jnr Drs)	95.0%	97.0%		
Jul-20	Sickness Absence Rate	4.0%	5.4%		
Jul-20	Mandatory Training Rate	85.0%	75.9%		
Jul-20	Turnover Rate	10.0%	10.3%		

Staff in post

	Jul-20	Jun-20	
Establishment	3506.74	3500.58	▲
Substantive staff headcount	3617	3593	▲
Substantive staff FTE	3157.22	3134.49	▲
Bank use	196.69	206.55	▼
Agency use	74.04	73.43	▲
Under establishment	78.79	85.61	▲

COVID-19 bank and agency staffing usage for June and July is set out below:

	Jul-20	Jun-20	
Bank use (COVID-19)	46.69	48.31	▼
Agency use (COVID-19)	71.90	66.15	▲

Factors driving performance;

As of July 2020, the Trust currently employs 3617 substantive headcount, (full time equivalent FTE of 3157.22). This is against the 2020/21 funded establishment of 3500.58 FTE. This is an increase from June 2020 of 24 substantive headcount and 22.73 FTE. Although there has been an increase in substantive headcount, agency use has slightly increased in July; although it still remains beneath the NHSI ceiling since April 2020.

Actions being taken;

The Trust continues to employ staff within the Swabbing team. The bank PPE Safety Officers who worked across A&E, Critical Care, Stanhoe and Tilney wards have been stood down and their rotas have been discontinued. All PPE Safety Officers were invited to apply for bank work as a Healthcare Assistant, and the recruitment process for this is currently underway.

There are also additional bank staff working across Domestic Services and Catering as well as both Registered and Unregistered nursing staff.

Risks to recovery;

In response to COVID-19 additional triggers have been established within the medical and nursing workforce to ensure that safe staffing is maintained at all times and at what stage there is a requirement to redeploy staff from other areas. This will have an impact on the level of agency and bank usage

The workforce recovery plan will address how capacity and use of agency and bank staff will return to 'normal'. Learning from this phase of COVID-19 will inform future workforce planning to address future spikes and need for additional staff.

Vacancy levels

Factors driving performance;

The Trust vacancy rate has decreased from 10.22% to 9.77%

The vacancy level is in line with the Trust target and has remained fairly static in the last 12 months. The nursing vacancy rate for all areas currently sits at 9.06% and is below the target. This is partly due to the deferment of International recruitment for the last five months due to COVID-19. The Trust is restarting international recruitment in September 2020, with an increased number of nurses, and an additional cohort in October 2020.

Actions being taken;

The Better Hospital Nursing workstream is continuing to meet, and progress being made by the group will be reviewed by the new Chief Nurse, Dr April Brown.

Phase 2 of the recruitment campaign is currently being prepared by the Communications team in conjunction with AHP Service leads and Recruitment, with a focus on AHPs. Case studies are being created to attract candidates to come and work at the Trust, and focused advertising materials are being prepared.

Risks to recovery;

The workforce changes have taken place to address COVID-19 and we are in the process of stepping down the requirement for additional staff and recruiting these individuals into substantive roles.

Appraisals

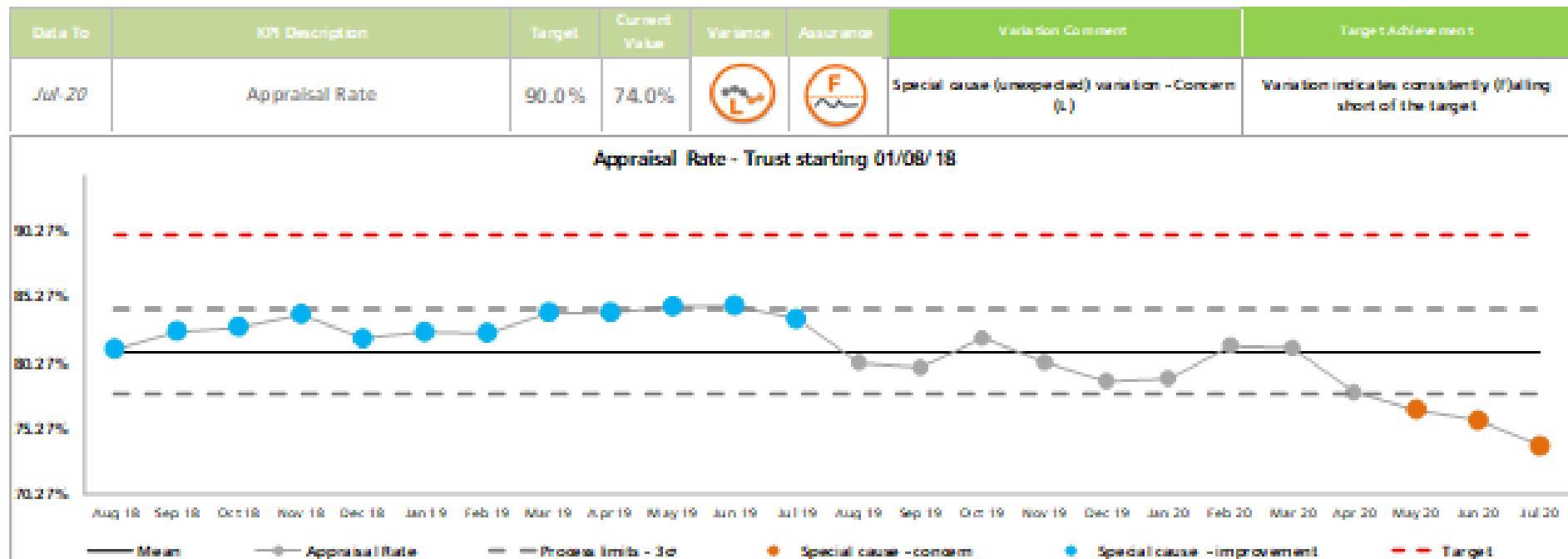


Chart 1 – Appraisal Rate

Factors driving performance;

The Trust appraisal rate (excluding bank staff) has decreased further in July 2020. The number of appraisals completed in July 2020 was 177, a reduction of 75 on the previous month.

Going forward management of appraisals will be categorised as follows;

- In date
- Overdue (6 – 12 months)
- Seriously overdue (18 – 24 months)

58 appraisals remain in the seriously overdue category.

- 22 appraisals are overdue by 18 – 24 months
- 36 appraisals are overdue by 24 months.

Completion of appraisals will continue to be a key area for focus at the monthly performance review meetings; including any outstanding appraisals linked to the action above.

Actions being taken;

Where appraisals are overdue, or seriously overdue, managers have been written to with the explicit instruction to undertake all outstanding appraisals either face to face or completed through either telephone calls or Teams with those staff working from home before the 11 September 2020. The exception to this will be where a member of staff is on sickness absence.

Appraisal completion will be monitored through Divisional Performance Review meetings.

Risks to recovery;

Managers fail to undertake outstanding appraisals due to other work pressures resulting in an increasing backlog.

Staff do not feel supported and development and practice needs are not identified.

Sickness

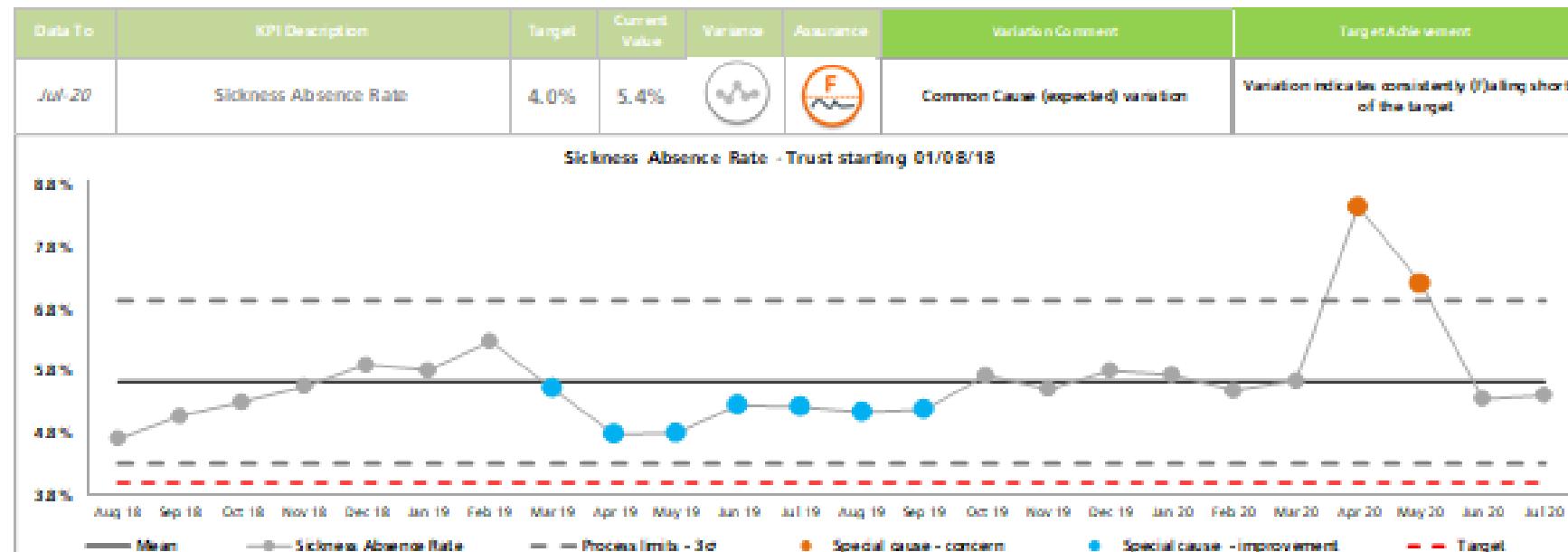


Chart 2 – Sickness Absence Rate

Factors driving performance;

Overall sickness for the Trust has increased slightly in July, from 5.35% to 5.41%. COVID-19 sickness reduced to 0.39% (from 0.56% in June) and non- COVID-19 sickness increased to 5.02% (from 4.79% in June).

Sickness absence levels (non- COVID-19) in June and July are at levels last observed in November 2019 and above same period last year (July 2019). To maintain and reduce further levels of absence support for staff set out below need to be put in place and maintained.

Although stress and anxiety has reduced by from last month by 3.3% of total absences, it still remains the highest cause of sickness absence and largest single cost. This remains a concern to the Trust as the wellbeing of staff and supporting them is at the core of its values. Musculoskeletal absences have increased along with 'unknown causes'. Managers will be asked to ensure the accurate reason for sickness absence is recorded.

Managers continue to code any sickness that is related to stress and anxiety caused by COVID-19 separately to COVID-19 sickness so this can be monitored.

Actions being taken:

Alongside the activity highlighted last month, divisional leadership teams supported by HR colleagues continue to focus on absence as part of the monthly performance management review meetings.

The Trust needs to balance its approach to 'managing absences' and supporting staff when they are not well. 'Looking after our People' is a key focus for the NHS People Plan for 2020/21 and QEH has reiterated its focus on this through the actions set down in its People Plan to:

- Put in place effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.
- Ensure frontline healthcare workers involved in direct patient care to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza.
- To ensure risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, are undertaken and actioned.
- Make sure their people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.

As reported last month recruitment is currently underway for a part-time specialist in Post-Traumatic Stress Disorder (PTSD) and full-time Clinical Psychologist to support staff and in turn reduce absences.

The HR team has also started to work collaboratively with Trusts from across the region and to benchmark the QEH performance using NHS (Digital) absence data.

From September 2020 benchmark data will form part of this report so the Trust can understand its performance better and also learn from best practice.

Risks to recovery:

Winter pressures and a potential further COVID-19 spike will have a direct impact on the wellbeing of staff; potentially resulting in an increased absence level.

Staff need to be encouraged and supported to stay physically and mentally healthy and take annual leave to have a balance between work and home.

Mandatory training

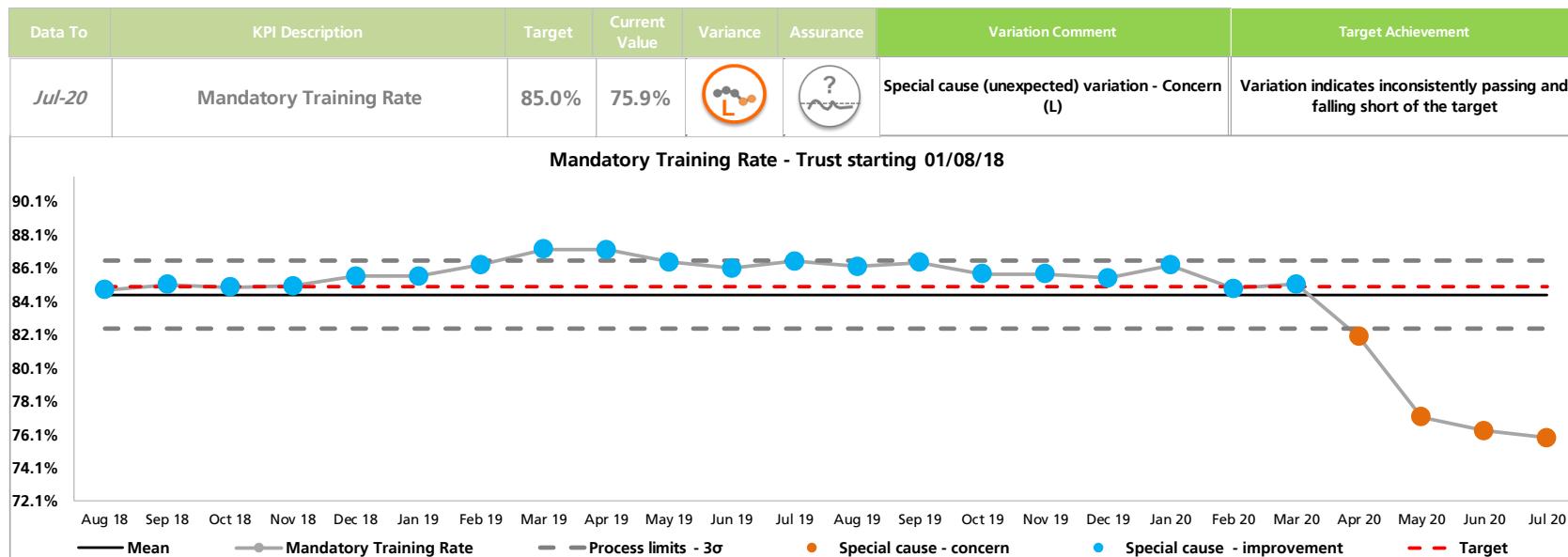


Chart 3 – Mandatory Training rate

Factors driving performance:

The overall Trust mandatory training rate for July has reduced further in July and now stands at 75.92%.

Actions being taken:

- To support the move to e-learning, targeted communications are being sent to all staff and managers to remind users how to log in to ESR to complete their mandatory training. FAQs and 'How to' guide has also been developed. Managers are being prompted to protect time for training and where this is not possible we have communicated that with the prior agreement of line managers, staff can be paid to undertake their e-learning training in their own time.
- The Mandatory Training Intranet pages are being updated with latest training course information and availability of dates. Where face to face training is the only option e.g. Manual handling, we are encouraging colleagues to self-serve and book onto the face to face training themselves through ESR to reduce administration. With COVID social distancing restricting the number of attendees on

each course we are putting on additional sessions and are also proposing to record training sessions where possible which can be hosted on ESR so as to negate the need to attend a face to face session.

- A business case has been submitted for a temporary Agency Manual Handling Trainer to cover sickness absence in this team. The long term need and aim is for key workers to be trained within the Trust to cover this essential duty. A business case is also being written to request a pool of laptops which staff can 'hire' out to complete their mandatory training.
- A task and finish group is being established to feed into mandatory training requirements and ensure collaborative working across the Trust. A team of mandatory training 'super users/experts' will be trained and within the Trust who can be 'go to' colleagues to support with mandatory training requirements. E-learning solutions are being researched and rolled out through ESR where possible for both Core and Trust Mandatory Training. A Project plan is being developed to support this piece of work.
- The Mandatory Training Policy is being reviewed with the NNUH and JPUH to ensure best practice and consistent approaches across Trusts. Strategies to be written to ensure delivery and compliance.
- Review of Induction, Mandatory Training and Recruitment is taking place to streamline current processes and ensure a great on boarding experience for all new starters. Amongst many other things, this includes ensuring IATs are happening and new starters have applicant access to ESR to enable e-learning to be completed prior to their start date.
- Consequences for non-compliance and a procedure developed for non-attendance/DNA's at scheduled training events needs to be considered to ensure there are consequences for non-compliance.

Risks to recovery;

- Where e-learning is not an option e.g. Manual handling, the unavailability of trainers means that training cannot take place. Whilst additional trainers are trained, agency trainers are to be used so mandatory training can be delivered.
- The lack of sufficient training space for face to face training (where this is the only form of delivery) alongside space restrictions due to COVID-19 means sufficient accommodation is not available. All available accommodation has been located including off site provision and where necessary, meetings that are currently booked in rooms that could be used for training may be asked to relocate. A paper has been written to present the case for the need of a dedicated training venue in the short and also long term.