Agenda Item: 10

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

REPORT TO THE TRUST BOARD

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 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: **7th April 2020**
Report Title: **Integrated Performance Report**

PURPOSE:

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

Safe

- The Trust scored 99.05% for Safety Thermometer harm free care in February 2020. The harm free score remains on target and above the national average.
- There were 44 incidents of in-patient falls reported in February 2020 which is a reduction from 50 reported in January
- The overall cleaning scores for all areas this month are above the 95% pass rate.
- There have been no cases of MRSA blood stream infection reported in February
- There have been no cases of Clostridiodes difficile reported this month.
- There were no Never Events declared in February 2020
- There were six serious incidents reported to STEIS during February. All were reported within the agreed timeframe from point of declaration. There have been 7 closures by the CCG

Effective

- Our HSMR is within expected at 100.3 (Nov 2019). Our SHMI remains stable and is within expected at 100.29 (Sep 2019).
- The Queen Elizabeth Hospital has actively participated in 97.5% (40 of 41) HQIP National Audits in the reporting period.
- Clinical research remains on track to exceed our recruitment target for this year and have achieved funding targets to date.
- There were no avoidable admissions to NICU (Neonatal Intensive Care Unit) in February.

Caring

- The backlog of 36 overdue complaints at the end of January has been reduced to 5.

Responsive

- DToC performance in February was 2.74%, exceeding the national standard of 3.5%.
- There were no urgent operations cancelled more than once in February.
- There were no 52-week breaches reported in February.
- The Trust achieved six of the seven cancer waiting time standards for January;
  - Two week wait
  - Two week wait (breast symptomatic)
  - 31-day diagnosis to treatment
  - 31-day subsequent treatment (drug)
  - 31-day subsequent treatment (surgery)
  - 62-day screening

We recognise that there are areas which require further focus to enable improvements in performance including;

Safe

- There were nine hospital acquired pressure ulcer incidents reported in February which is an increase from last month's figure of two.
- VTE Assessment compliance is below the Trust target of 97.24% for the fourth month with the January compliance rate at 93.01%.

Effective

- The mortality (HSMR) of patients initially admitted on weekend days is significantly higher (114.4) than that reported for patients admitted on weekdays.
- Total Caesarean rates for January 2020 were 31.6% against a target of 25%. This was contributed by higher levels of emergency caesarean rates (20.67%) in this month.

Caring

- Mixed sex accommodation (MSA) remains red this month following six occurrences which affected thirteen patients
- There were 23 complaints received in February 2020 which is above the target threshold of 20 complaints per month.
- The complaint compliance response rate has increased from 57% in January to 72% in February and 48 complaints have been closed.
- The current Trust position (January 2020) with regard to dementia case finding is at

48.96% and remains below the Trust target of 90%.

Responsive

- Four-hour emergency performance in February was 73.49%
- There were six 12-hour trolley waits in February
- Ambulance handover within 15 minutes performance improved to 63.26% in February 2020 (compared with 51.11% in January).
- ≥ 21-day length of stay performance during February remained below the baseline but above the Trust ambition of 46 patients. The number of patients with a LoS > than 21 days rose slightly.
- Stroke – performance for February for the proportion of patients spending 90% of their inpatient stay on a stroke unit was at 67% which is below the national standard and a slight deterioration on the previous month.
- 18-week RTT performance in February was 76.22% against the trajectory of 81.53%.
- There were 419 breaches of the 6-week diagnostic standard in February, resulting in performance of 90.96% against the 99% standard
- Reportable (on the day, non-clinical) Cancelled Operations as a % of Elective Activity performance deteriorated from 0.89% in January to 1.27% in February, against the standard of 0.8%.
- There were six breaches of the 28-day guarantee in February
- The number of prior to the day non-clinical cancellations increased from 5.07% in January to 5.83% in February, against a local standard of 3.2%.
- 62-day referral to treatment performance dropped from 74.77% in December to 65.13% in January, against the standard of 85% and trajectory of 74.80%.

Well Led

- The Trust has reported an in-month adverse variance to plan of £16k, resulting in an YTD position at the end of M11 that is adverse to plan by £139k.
- The Trust appraisal rate (excluding bank staff) has increased from 82.06% to 85.23% in February 2020.
- Sickness has decreased to 5.49% in February 2020 compared to the updated January 2020 figure of 5.73%.
- Overall compliance has decreased to 84.88% in February 2020 to 86.31% in January 2020

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.

Author: **Carly West-Burnham**
Date: **1st April 2020**
Version: **1.0**

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Trust Board

February 2019 data

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Executive Summaries

Safe

Harm free care score remains above the national average. There have been no cases of MRSA bacteraemia or Clostridiodes difficile in in February.

There were nine hospital acquired pressure ulcers in February.

There were six serious incidents reported to STEIS during February. All were reported within the agreed timeframe from point of declaration. There have been 7 closures by the CCG, however following a request for an SI to be downgraded as there were no omission in care which led to the SI, the CCG have voided the entry on STEIS.

The staffing fill rate for the Trust overall was above 96.68%.

There is a sustained improvement to the overall cleaning scores for this month with achievement of above the 95% pass rate for all very high risk and high-risk areas.

VTE assessment compliance remains below the Trust target of 97.24% this month.

Effective

HSMR and SHMI mortality remain within the "As is Expected" range.

The Trust is now 97.5% compliant with submissions to national audits.

Recruitment to clinical research studies remains on track to exceed the Trust's Annual Target.

There were no still births, or unavoidable admissions to NICU during this reporting period.

Caring

There were 23 complaints received in February 2020 against a threshold of 20 per month and 48 complaints were closed this month.

72 % of complaints were responded to within 30 days.

Mixed sex accommodation (MSA) remains red this month following six occurrences which affected 13 patients.

The current Trust position (January 2020) with regard to dementia case finding is at 48.96% which is below the Trust target of 90%.

Responsive

DToC performance in February was 2.74%, exceeding the national standard of 3.5%.

There were no urgent operations cancelled more than once in February.

There were no 52-week breaches reported in February.

Four-hour emergency performance in February was 73.49% with six 12-hour trolley

The proportion of patients spending 90% of their inpatient stay on a stroke unit for February was at 67% which is below the national standard and a slight deterioration on the previous month.

18-week RTT performance in February was 76.22% against the trajectory of 81.53%.

There were 419 breaches of the 6-week diagnostic standard in February, resulting in performance of 90.96% against the 99% standard

Well Led (Finance)

The Trust has reported an in-month adverse variance to plan of £16k, resulting in an YTD position at the end of M11 that is off plan. Additionally, it should be noted that the year to date position includes a number of non-recurrent adjustments, together with the planned release of contingency (£458k in month 11)

Month 11 Performance – Key Issues

Clinical income: The under-performance against the NHSI Plan for clinical income is £0.1m adverse. There has been a clear expectation that over-performance will reduce through the final quarter of the year. In February the position includes additional revenue funding of £0.1m (£0.3m ytd) provided centrally to support the delivery of winter schemes, making the under-lying position an adverse variance of £0.2m in February. An adverse variance of £0.2m does not address the cumulative over-performance to date. Any over-performance against the Indicative Activity Plan (IAP) for Norfolk Commissioners is currently at risk of not being paid. Discussions with commissioners are on-going with regards to forecast outturn and year-end settlements.

Other income: favourable variance to plan of £0.3m, mainly due to offsetting pass through special measures costs (£0.2m).

Pay costs: In-month pay costs were adverse to plan £0.2m. Pay costs were mainly adverse due to Medical staffing cost in month, Medical agency due to staff sickness. YTD pay performance is £2.6m adverse to plan at month 11. Current forecasts are indicating total pay could be adverse by £3.0m at year end.

Non-Pay: Adverse variance of £0.2m in month mainly due secondary commissioning including additional 'send-aways' (histopathology and radiology) mostly offset by the EPA arrangement. Current forecasts are indicating non-pay could be adverse by £3.2m at year end.

Well Led (People)

The Trust appraisal rate (excluding bank staff) has increased from 82.06% to 85.23% in February 2020.

Sickness has decreased to 5.49% in February 2020 compared to the updated January 2020 figure of 5.73%.

Overall compliance has decreased to 84.88% in February 2020 to 86.31% in January 2020

2. TRUST PERFORMANCE OVERVIEW

	Indicator	Objective	Director	Target	Set By	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	17/18	18/19	19/20	Financial Impact *	
Safe	Falls per 1000 occupied bed days resulting in Harm	Patients	LM	<=0.98	QEH	0.18	0.33	0.09	0.00	0.17	0.24	0.08	0.25	0.00	0.08	0.08	0.00	0.24	0.07	0.09	0.11		
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	Patients	LM	>= 97.24%	QEH	97.36%	97.44%	97.45%	97.31%	97.39%	97.36%	95.45%	99.02%	96.02%	96.06%	94.47%	93.01%	Data 1 Mth in arrears	97.10%	97.41%	96.36%		
	Harm-free QEH Care	Patients	LM	>= 95%	QEH	99.18%	96.08%	98.29%	99.54%	98.14%	98.82%	98.27%	99.03%	98.15%	97.63%	97.77%	99.75%	99.05%	96.84%	97.73%	98.58%		
	Serious Incidents & Never Events **(DECLARED IN MONTH)**	Patients	COB	0	Nat	8	7	6	4	9	6	9	5	2	6	5	3	6			61		
	Patient safety alerts not completed by deadline	Patients	COB	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	0	2	5	4	4	4	3	8	2	4	6	0	48	22	42		
	C Difficile (QEH acquired) Rolling YTD	Patients	LM	40		22	22	2	7	11	15	19	22	30	32	36	42	42					
	C Difficile (QEH acquired) Rolling YTD Target					48	53	4	8	11	14	17	20	24	28	32	36	40					
	C Difficile per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 17.6	Nat	19.3	15.3	14.7	17.6	20.4	20.3	18.9	20.3	25.0	24.3	25.5	29.5	28.5	32.4	15.3	28.5		
	MRSA bacteraemia (QEH acquired)	Patients	LM	0	Nat	0	0	0	0	0	0	0	0	1	0	0	0	0	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	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.7	0.7	0.7	0.7	0.0	1.4	0.7		
	E Coli per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 0.0	Nat	15.8	16.7	16.8	16.2	14.0	12.6	13.3	11.2	11.1	9.7	11.0	11.7	12.2	23.6	16.7	12.2		
	MSSA per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 0.0	Nat	4.8	5.6	4.9	5.6	5.6	4.9	5.6	5.6	4.9	5.5	5.5	6.2	6.8	8.8	5.6	6.8		
	Safe staffing levels (overall fill rate)	Patients	LM	>= 80%	Nat	101.2%	111.0%	103.3%	103.8%	97.3%	95.5%	94.1%	91.3%	95.5%	95.6%	96.7%	94.5%	n/a	94.6%	98.9%	96.7%		
	No. of wards below 80% fill rate	Patients	LM	0	Nat	0	0	0	0	0	1	1	1	0	0	0	0			1	3		
	Cleanliness Scores - very high-risk areas	Places	LM	>= 95%	Nat	96.08%	95.86%	95.67%	95.67%	98.25%	96.50%	95.00%	94.75%	95.00%	96.50%	97.08%	97.50%	96.67%		94.97%	96.23%		
	Cleanliness Scores - high-risk areas	Places	LM	>= 95%	Nat	95.83%	95.71%	94.21%	96.00%	97.57%	95.50%	92.86%	92.93%	93.93%	96.71%	96.71%	96.57%	96.36%		94.84%	95.40%		
	Cleanliness Scores - significant-risk areas	Places	LM	>= 95%	Nat	92.20%	93.13%	94.00%	94.75%	95.88%	94.46%	95.80%	93.67%	95.82%	96.13%	95.25%	96.27%	97.14%		91.50%	95.38%		
	Cleanliness Scores - low-risk areas	Places	LM	>= 95%	Nat	90.01%	96.72%	92.33%	95.50%	88.00%	93.57%	96.00%	89.33%	85.67%	94.00%	91.40%	96.50%	0.00%		83.24%	83.85%		
	No. of cleanliness audits complete	Places	LM	37		35	34	44	36	35	46	39	38	40	36	39	39	33		435	425		
Effective	SHMI **(Trust Level - Rolling 12 Mth position, 6 mths in arrears)**	Patients	FS	Not higher than expected	QEH		101.02			101.05			100.29	5 months in arrears									
	Crude HSMR Mortality **(Trust Level - Rolling 12 Mth position, 3 mths in arrears)**	Patients	FS	-		3.09	3.02	2.98	2.94	2.85	2.85	2.83	2.81	2.83	2.79	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	100.5	101.5	100.6	99.1	100.0	99.7	99.5	98.7	100.6	100.3				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	109.0	107.4	104.9	104.4	105.7	113.6	113.9	114.1	114.4	115.0				111.35				
	Rate per 1000 admissions of inpatient cardiac arrests	Patients	FS	< 2.0	QEH	1.91	0.40	1.70	1.37	0.53	1.07	2.27	1.75	1.48	1.28	1.40	1.61	0.41	1.55	1.34	1.35		
	Elective C Section Rate	Patients	FS	< 10.00%	QEH	10.47%	9.71%	16.97%	12.73%	13.69%	14.10%	11.25%	9.55%	10.98%	13.07%	15.17%	10.97%	1 month in arrears	13.17%	14.13%	12.85%		
	Emergency C Section Rate	Patients	FS	< 15.00%	QEH	23.84%	21.71%	15.15%	16.97%	16.67%	18.94%	13.75%	14.04%	17.92%	15.69%	16.55%	20.65%		15.62%	19.27%	16.70%		
	Total C Section Rate	Patients	FS	< 25.00%	QEH	34.30%	31.43%	32.12%	29.70%	30.36%	33.04%	25.00%	23.60%	28.90%	28.76%	31.72%	31.61%		28.79%	33.40%	29.54%		
	Stillbirth Rate **(per 1000 births/stillbirths-Rolling 12 Mths)**	Patients	FS	< 3.73	QEH	1.85	2.29	1.85	1.85	2.80	3.21	3.68	3.24	3.70	3.72	3.77	3.80		2.25	2.32	3.49		
	Neonatal Deaths Rate **(per 1000 livebirths-Rolling 12 Mths)**	Patients	FS	< 1.06	QEH	0.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.48		0.90	0.00	0.58		
	Extended Perinatal Deaths Rate **(per 1000 births/stillbirths - Rolling 12 Mths)**	Patients	FS	< 4.79	QEH	2.31	2.29	1.85	1.85	2.80	3.21	3.68	3.24	3.70	3.72	3.77	4.28		3.16	2.32	4.65		
	%"Term" admissions to the NNU	Patients	FS	3.0%	QEH	Data not available prior to Apr 2019		6.5%	10.2%	5.7%	4.7%	4.7%	5.5%	11.4%	8.8%	7.4%	5.0%	3.3%			6.6%		
	%"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%	7.1%	27.3%	25.0%	0.0%			19.0%		
	Maternal Deaths	Patients	FS	0	QEH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	National Clinical Audits participation rate	Patients	FS	=100%	QEH								97.5%	97.5%	97.5%	97.5%			95%	95%	97.5%		
	No. of patients recruited in NIHR studies	Patients	FS	>600 Annually	QEH	153	77	37	29	59	29	44	52	50	59	55	84	103		994	601		
Caring	Same Sex accommodation standard breaches	Patients	LM	0	Nat	11	4	6	5	3	7	5	22	18	7	25	20	13	62	93	131	£32.8k	Penalties from CCG - £250 per breach
	No. of Complaints (Clinical & Non Clinical)	Patients	LM	<=20	QEH	37	38	34	47	24	38	45	32	39	24	25	34	23	362	421	365		
	Complaints (rate as proportion of activity)	Patients	LM		QEH	0.11%	0.11%	0.09%	0.12%	0.07%	0.10%	0.13%	0.09%	0.10%	0.06%	0.07%	0.09%	0.07%		0.10%	0.09%		
	%Complaints responded to <6 mths from receipt of complaint	Patients	LM	100%	Nat	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%		99.8%	99.5%		
	%Complaints responded to within 30 days from receipt of the complaint	Patients	LM	>=90%	QEH	46.43%	36.17%	6.90%	21.28%	9.76%	25.58%	17.39%	33.33%	42.86%	28.95%	50.00%	57.14%	72.73%		39.40%	30.27%		
	Reopened complaints (% of total complaints)	Patients	LM	<=15%	QEH	0.00%	0.00%	2.94%	6.38%	225.00%	10.53%	8.89%	6.25%	7.69%	4.17%	24.00%	0.00%	0.00%		1.66%	21.37%		
	%eligible patients who have dementia case find applied	Patients	LM	>=90.00%		44.66%	43.54%	48.94%	51.46%	50.00%	44.93%	48.99%	48.04%	45.52%	45.14%	50.00%	48.96%		60.97%	44.09%	48.23%		
	Friends & Family (Inpatients & Daycases)	Patients	LM	>=95%	QEH	95.03%	96.21%	97.01%	94.73%	95.80%	96.35%	93.33%	94.59%	95.19%	95.48%	94.78%	93.23%	Latest Data not avail	95.53%	95.53%	95.08%		
	Sample Size: Friends & Family (Inpatients & Daycases)	Patients	LM	>=30%	QEH	37.26%	37.83%	30.17%	36.67%	31.20%	31.31%	31.49%	33.46%	33.34%	31.98%	24.94%	27.36%		30.33%	33.21%	31.27%		
	Friends & Family (Accident & Emergency)	Patients	LM	>=95%	QEH	95.32%	90.57%	93.25%	94.92%	92.68%	90.93%	88.74%	86.74%	90.95%	92.03%	87.62%	89.38%		93.12%	91.16%	90.62%		
	Sample Size: Friends & Family (Accident & Emergency)	Patients	LM	>=20%	QEH	11.59%	11.04%	11.55%	11.70%	7.67%	9.81%	22.89%	10.31%	13.42%	13.77%	8.06%	9.36%		16.98%	13.79%	10.95%		
	Friends & Family (Outpatients)	Patients	LM	>=95%	QEH	96.88%	97.35%	96.98%	96.17%	97.38%	95.77%	98.00%	97.74%	97.04%	97.81%	98.05%	97.51%		96.78%	97.05%	97.20%		
	Sample Size: Friends & Family (Outpatients)	Patients	LM		QEH	5.63%	6.82%	6.14%	6.15%	6.13%	7.04%	6.71%	5.27%	6.44%	5.60%	4.76%	6.24%		5.41%	6.42%	5.49%		
	Friends & Family (Maternity)	Patients	LM	>=95%	QEH	100.00%	93.65%	98.04%	100.00%	100.00%	96.83%	96.77%	95.24%	92.31%	100.00%	100.00%	97.10%		96.90%	96.57%	97.76%		
	Sample Size: Friends & Family (Maternity)	Patients	LM	>=15%	QEH	21.64%	34.62%	31.68%	35.71%	26.67%	27.63%	19.02%	11.80%	15.29%	11.11%	13.19%	44.81%		15.20%	21.97%	21.89%		

	Indicator	Objective	Director	Target	Set By	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	17/18	18/19	19/20	Financial Impact **	
Responsive	Emergency access within four hours	Performance	DS	>= 95%	Nat	77.35%	81.97%	84.67%	83.80%	84.67%	81.12%	78.95%	79.86%	77.43%	76.24%	71.21%	76.78%	73.49%	85.53%	82.48%	78.97%		
	- Majors only	Performance	DS	>= 95%	Nat	65.08%	70.26%	71.82%	70.60%	73.36%	67.81%	66.92%	67.94%	64.17%	60.20%	53.98%	61.23%	56.57%	75.74%	70.55%	65.25%		
	- Minors only	Performance	DS	>= 100%	QEH	90.37%	97.09%	97.67%	97.66%	98.16%	97.23%	93.91%	93.60%	90.58%	90.24%	88.55%	91.12%	89.26%	94.82%	93.26%	93.37%		
	12 hour trolley waits	Performance	DS	0	Nat	0	1	0	0	4	1	0	1	1	1	1	1	6	0	9	16		
	Ambulance Handovers completed within 15 minutes	Performance	DS	100%	Nat	49.24%	51.38%	55.77%	59.73%	65.96%	64.60%	56.61%	37.84%	44.35%	43.39%	45.83%	51.11%	63.26%	21.97%	45.87%	53.44%		
	% beds occupied by Delayed Transfers Of Care	Performance	DS	<= 3.5%	Nat	3.48%	4.00%	2.25%	2.47%	2.98%	2.38%	2.52%	2.18%	2.91%	2.80%	3.13%	2.58%	2.74%	3.30%	4.00%	2.74%		
	MFFD (Medically Fit For Discharge) - Patients	Performance	DS			247	306	227	244	241	277	275	282	321	287	308	356	294		3310	3112		
	MFFD (Medically Fit For Discharge) - Days	Performance	DS			1571	1856	1490	1633	1904	1849	1634	1980	2222	2039	2396	2301	2324		23085	21772		
	No. of beds occupied by adult inpatients >=21 days (Mthly average over rolling 3 mths)	Performance	DS	<= 46	QEH	62	71	72	73	62	53	57	54	57	61	53	51	56					
	18 Weeks Referral to Treatment Time (Incomplete Pathways)	Performance	DS	>= 92%	Nat	79.56%	79.82%	80.42%	82.55%	81.77%	81.14%	80.69%	79.63%	79.09%	78.13%	76.41%	76.70%	Data not yet avail	81.05%	79.82%	76.70%		
	Specialties exceeding 18 wk Referral To Treatment time (Incomplete pathways)	Performance	DS	0	Nat	28	22	21	20	19	24	22	21	24	24	23	23			304	221		
	No. of cases exceeding 52 weeks Referral To Treatment	Performance	DS	0	Nat	1	0	0	0	0	0	0	0	0	0	0	0		3	18	0		
	Diagnostic Waiters, 6 weeks and over (DM01)	Performance	DS	<= 1%	Nat	0.52%	0.37%	0.86%	4.54%	3.62%	5.17%	9.10%	3.63%	1.36%	0.48%	3.90%	10.31%		2.45%	0.37%	10.31%		
	Total non-clinical cancelled elective operations	Performance	DS	<= 3.2%	Nat	6.44%	5.6%	5.5%	5.21%	5.41%	6.43%	8.11%	5.38%	4.83%	4.47%	6.63%	5.07%	5.83%		5.6%	5.7%		
	Last minute non-clinical cancelled elective operations	Performance	DS	<= 0.8%	Nat	0.51%	0.60%	0.89%	0.68%	0.46%	0.73%	0.93%	0.75%	0.60%	0.80%	1.19%	0.89%	1.27%	1.0%	1.0%	0.83%		
	Breaches of the 28 day readmission guarantee	Performance	DS	0	Nat	5	5	1	0	2	1	0	0	0	0	2	3	6	52	53	15	£30k	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	95.10%	85.98%	81.05%	91.94%	95.88%	96.70%	96.22%	97.13%	97.10%	96.69%	95.97%	97.10%		96.70%	95.32%	94.47%		
	14 Days referral for breast symptoms to assessment	Performance	DS	>= 93%	Nat	86.30%	29.82%	20.90%	66.13%	83.33%	93.22%	98.00%	98.11%	97.47%	98.55%	96.88%	93.33%		97.97%	91.67%	84.10%		
	31 Day Diagnosis to Treatment	Performance	DS	>= 96%	Nat	95.29%	96.46%	96.12%	93.16%	100.00%	97.25%	98.13%	97.89%	99.21%	99.17%	100.00%	98.06%		98.67%	97.50%	97.90%		
	31 Day Second or Subsequent Treatment (Drug)	Performance	DS	>= 98%	Nat	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.56%	100.00%	100.00%	100.00%	98.25%		99.64%	99.71%	99.55%		
	31 Day Second or Subsequent Treatment (Surg)	Performance	DS	>= 94%	Nat	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	85.71%	100.00%	90.91%	100.00%	93.75%	100.00%		95.91%	99.43%	96.00%		
	62 Days Urgent Referral to Treatment	Performance	DS	>= 85%	Nat	74.58%	85.91%	70.90%	63.69%	81.12%	75.19%	63.89%	70.63%	62.56%	64.14%	74.77%	65.13%		83.23%	81.74%	68.70%		
	62 Days Referral to Treatment from Screening	Performance	DS	>= 90%	Nat	92.31%	100.00%	100.00%	100.00%	100.00%	94.12%	100.00%	90.91%	100.00%	100.00%	95.24%	93.33%		98.51%	96.94%	97.59%		
	Stroke 90% of time on a Stroke Unit	Performance	DS	>= 90%	Nat	71.43%	85.11%	80.85%	76.74%	81.82%	87.50%	80.49%	71.79%	69.81%	70.59%	88.37%	67.57%		83.33%	82.35%	77.40%		
	Stroke 90% of time (SSNAP Level)			(A)>=90%, (B) >=85%		E	B	C	D	C	B	C	E	E	E	B	E		C	C	D		
	Direct to Stroke Unit within 4 hours	Performance	DS	>= 90%	Nat	57.14%	61.70%	68.09%	67.44%	60.00%	58.54%	62.79%	56.41%	53.70%	53.85%	72.73%	54.05%		68.40%	65.14%	60.67%		
	Direct to SU <4 hrs (SSNAP Level)			(A)>=90%, (B) >=75%		D	C	C	C	C	D	C	D	E	E	C	E		C	C	C		
	Patient scanned within 1 hour of clock start	Performance	DS	>= 48%	Nat	48.84%	41.67%	44.68%	50.00%	53.19%	43.90%	47.73%	28.95%	59.26%	46.15%	47.73%	44.74%		50.47%	44.96%	47.22%		
	Pat scanned <1hr of clock start (SSNAP Level)			(A)>=48%, (B) >=43%		A	C	B	A	A	B	B	D	A	B	B	B		A	B	B		
	Patient scanned within 12 hours of clock start	Performance	DS	>= 95%	Nat	88.37%	97.92%	93.62%	95.45%	91.49%	95.12%	86.36%	84.21%	90.74%	96.15%	95.45%	92.11%		93.59%	93.17%	92.20%		
	Pat scanned <12hrs of clock start (SSNAP Level)			(A)>=95%, (B) >=90%		C	A	B	A	B	A	C	D	B	A	A	B		B	B	B		
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	-13.90%	-14.90%	-6.86%	-2.50%	0.50%	0.10%	0.30%	0.20%	-0.10%	-0.10%	0.10%	-0.40%	Data not yet avail	-7.70%	-14.90%	-0.40%		
	Distance from control total (YTD)	Patients	LS	>= 0%	QEH	-226.81%	-280.82%	-19.40%	-15.57%	2.17%	0.44%	1.91%	1.44%	-0.15%	-0.85%	1.11%	-0.85%		-204.48%	-280.82%	-0.85%		
	Agency spend (versus cap)	Patients	LM	<= 0%	SOF	-50.80%	-52.12%	-76.32%	-74.00%	-65.00%	-64.00%	-62.00%	-59.00%	-60.00%	-57.00%	-25.00%	-52.00%		-49.72%	-52.12%	-52.00%		
	% of eligible staff appraised (rolling 12 months)	Patients	LM	>= 90%	QEH	82.51%	84.06%	84.10%	84.55%	84.62%	83.63%	80.28%	79.91%	82.16%	80.33%	78.88%	79.06%						
	% medical staff (except junior doctors) with an appraisal (rolling 12 months)	Patients	LM	>= 95%	QEH	87%	97%	92%	89%	88%	87%	88%	88%	92%	89%	86%	89%	83%					
	WTE lost as % of contracted WTE due to sickness absence (rolling 12 months)	Patients	LM	<= 3.5%	QEH	6.28%	5.53%	4.79%	4.81%	5.25%	5.23%	5.14%	5.18%	5.73%	5.51%	5.81%	5.74%	Data not yet avail					
	% eligible staff attending core Mandatory Training (rolling 12 months)	Patients	LM	>= 95%	QEH	86.32%	87.25%	87.23%	86.49%	86.11%	86.53%	86.22%	86.46%	85.77%	85.77%	85.54%	86.31%						
	Turnover (rolling 12 months)	Patients	LM	<= 10%	QEH	11.54%	11.86%	11.40%	11.75%	11.96%	11.78%	11.98%	11.92%	12.42%	12.21%	11.82%	11.46%						
	Time to recruit (rolling position) *	Patients	LM	<= 65.5 days	QEH	105.6	104.4	101.9	101.1	99.5	97.9	97.6	99.4	73.7	65.7	60.6	0.0						
	Staff Friends and Family (Place to Work)	Patients	LM					47.39%			44.23%			Not Collected					50.91%	44.69%	46.15%		
	Staff Friends and Family (Care)	Patients	LM					63.23%			63.14%			Not Collected					71.67%	63.90%	63.20%		
	PPM Including Statutory PPM	Patients	LS	>= 95%	QEH	89%	83%	85%	86%	91%	88%	88%	92%	91%	89%	93%	91%	91%					
	CTG Training Compliance (Midwives)	Patients	LM	>= 90%	QEH	94%	94.1%	97.7%	95.0%	94.0%	82.0%	94.0%	96.0%	95.0%	94.0%	90.0%	98.0%	not avail					
	CTG Training Compliance (Doctors)	Patients	LM	>= 90%	QEH	86.7%	86.7%	100.0%	100.0%	100.0%	47.0%	71.0%	100.0%	100.0%	100.0%	100.0%	95.0%						

3. DOMAIN REPORTS

Safe
Accountable Officer – Chief Nurse/Director of Patient Safety

Areas of strong performance

Serious Incidents

There were six serious incidents reported to the Strategic Executive Information System (StEIS) in February, however 2 occurred in December 2019, 2 occurred in January 2020 and 2 in February 2020. Investigations will include review of the delays in reporting the Incidents. All six were reported to STEIS within the appropriate timeframe of being declared a SI.
breakdown of these relate to:

1. 12-hour breach in the Emergency Department
2. Failure to monitor deteriorating patient
3. 12-hour mental health breach in the Emergency Department
4. Clinical management of AAA patient transferred to NNUH (QIR)
5. Inappropriate feeding regime resulting in hospital acquired pneumonia
6. Safeguarding concern

SI Declared Date	SI/NE Summary	SI RCA Due Date
06/02/2020	12-hour A&E breach	06/05/2020
06/02/2020	Unexpected deterioration of patient who had a cardiac arrest and passed away.	06/05/2020
06/02/2020	12-hour breach for a mental health patient	06/05/2020
18/02/2020	QIR raised by NNUH for patient transferred from QEH - possible poor clinical management of AAA	15/05/2020
18/02/2020	Failure to provide appropriate feeding regime resulting in hospital acquired pneumonia	15/05/2020
25/02/2020	Safeguarding concern	22/05/2020

Table 1 - Details of SI reported to StEIS in February 2020

Immediate actions

12-hour A&E breach;

- Delay escalated to Silver, further review and escalation at the 8am capacity and flow meeting
- Side room allocated once capacity available

Unexpected deterioration of patient who had a cardiac arrest and passed away;

- Chief Nurse and Head of Nursing (Medicine) reviewing actions of individual nurses on shift and intensive support to ward
- NEWS 2, Alert and escalation refresher training for all staff to be completed

12-hour breach for a mental health patient;

- Patient escalated to NSFT on-call team by QEH silver on-call manager to expedite the bed for the patient
- Escalated to Gold on-call and CCG on-call at 8 hours post DTA as per Trust escalation policy

QIR raised by NNUH for patient transferred from QEH - possible poor clinical management of AAA;

- The patient's deterioration was noted quickly and escalated appropriately
- There was a timely response from the medical team and all appropriate actions appear to have been taken to treat the patient.
- A wide team from all appropriate specialities was included in the care and treatment of this patient – this included discussion with the family and included them in the decision-making process

Failure to provide appropriate feeding regime resulting in hospital acquired pneumonia;

- All staff reminded of importance to check the medical notes thoroughly and ensure adequate handover of the patient's needs has taken place.
- Incident to be discussed at safety huddles with all members of the multi-disciplinary team.
- A robust investigation is underway to identify learning needs and system learning

Safeguarding concern;

- Safeguarding referral was completed
- Documentation training in progress including assessments, standards, escalation
- Additional training to Medical and Nursing staff on Delirium, MCA, Dementia scoring, AMTS

All investigations are ongoing.

The Director of Patient Safety and Medical Director have convened a weekly meeting for Divisional Leads to present the final investigations following Divisional approval There were 7 Investigation reports closed by the CCG during February, whilst a number of these relate to historic SIs the CCG leads have confirmed that there has been an improvement in the quality of reports received and have since voided and entry on STEIS as the outcome of the investigations was that there were no omissions in care delivery

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 99.05% for Safety Thermometer harm free care in February 2020. 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.

There were 419 patients surveyed and one patient was identified to have new harm during the data collection period.

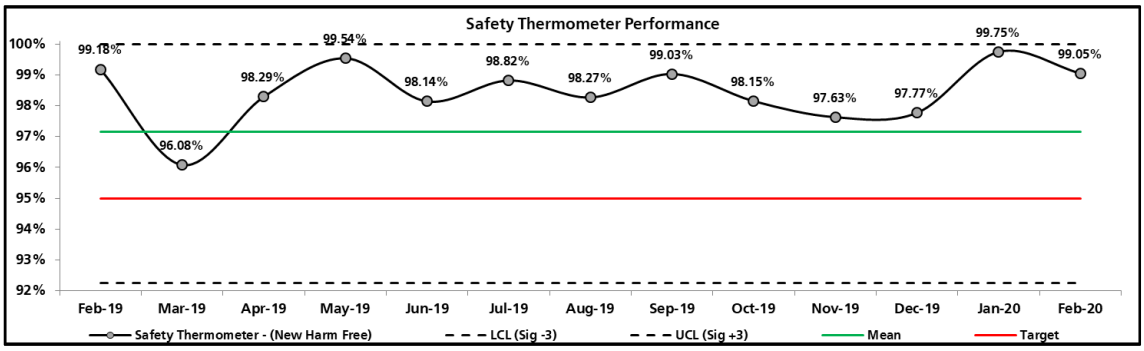


Chart 1 – Safety Thermometer performance (Harm Free Care)

Falls for December

There were 44 incidents of in-patient falls reported in February 2020 which is a reduction from 50 reported in January. Three of these resulted in moderate harm and the rest were minor and negligible.

Performance will be maintained by;

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

Cleaning

The overall cleaning scores for all areas this month are above the 95% pass rate.

The table below shows the comparison from last month's scores;

Areas	Cleaning scores	Cleaning scores
	January 2020	**February 2020**
Very high-risk areas	97.50%	97.67%
High risk areas	96.57%	96.36%
Significant risk areas	96.27%	97.14%
Low risk areas	96.50%	Not applicable

Table 2 – Cleaning scores January 2020 vs February 2020

Performance will be sustained by;

- Monitoring the consistency of cleaning by regular checks of domestic

supervisors in conjunction with the nursing staff and by escalating cleaning issues to the domestic team immediately.
- Maintaining the current staffing level within the domestic services department.

Staffing

The staffing fill rate for the Trust overall was 95.86% and the Care Hours per Patient Day (CHpPD) in February was 8.0 which remains within the Trust target. CHpPDs 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 8.0, respectively (Model Hospital latest data, December 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.

Methicillin Resistant Staphylococcus Aureus (MRSA) Bloodstream Infection

There have been no cases of MRSA blood stream infection reported in February. There has been one case of MRSA bacteraemia reported in October bringing the Trust total to one this year which is above the Trust's year end trajectory of zero (0) cases.

Clostridiodes difficile (previously known as Clostridium difficile)

There have been no cases of Clostridiodes difficile reported this month. The total number of cases to date is 42 and the Trust's year end trajectory is 44. To date 5 cases are awaiting the appeals procedure, 12 have been successfully appealed as there were no lapses in care identified therefore 25 cases currently count towards the trajectory of 44.

Performance will be maintained by;

- The IPAC team have been increasing staff awareness of the appropriate management of patients with diarrhoea and /or vomiting through scheduled training
- One to one teaching with clinical staff on the wards.

Never Events

There were no Never Events declared in February 2020

Areas requiring improvement

Hospital Acquired Pressure Ulcers

There were nine hospital acquired pressure ulcer incidents reported in February which is an increase from last month's figure of two. The pressure ulcer rate per 1000 bed days this month is 0.70 which is below the trust target of 0.44.

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 – Pressure Ulcer Grading system (NHSi, 2018)

The nine hospital acquired pressure ulcers are described as below;

- 5 Deep Tissue Injury (Shouldham, West Newton, Marham, Critical Care Unit, West Raynham)
- 2 Unstageable (Oxborough ward)
- 2 Category 2 (Necton, Shouldham)

Performance will be recovered by;

- Focused teaching on the wards about pressure ulcer prevention.
- Continuously promote the "100 Days Free" campaign of hospital-acquired avoidable pressure to increase compliance with the care bundle

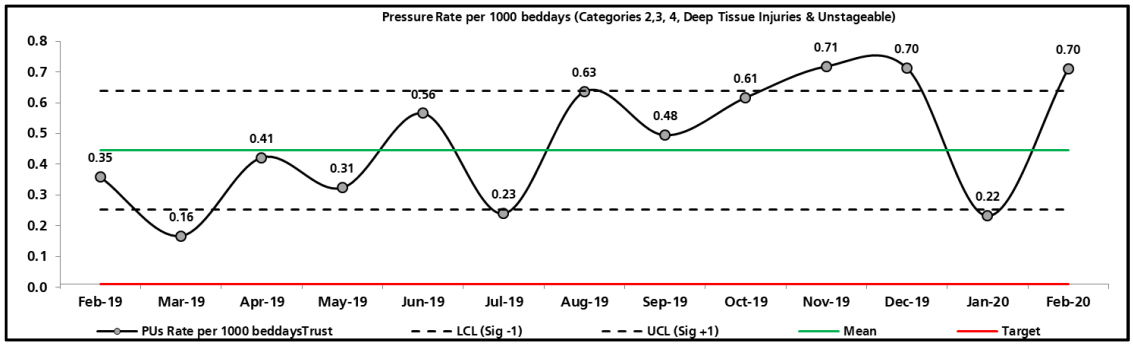


Chart 2 – Pressure Rates per 1000 bed-days

VTE Assessment

VTE Assessment compliance is below the Trust target of 97.24% for the fourth month with the January compliance rate at 93.01%.

Performance will be improved by;

- The Medical Director has discussed with the divisional teams in order to improve compliance and follow up conversations will take place in relation to targeted actions required.

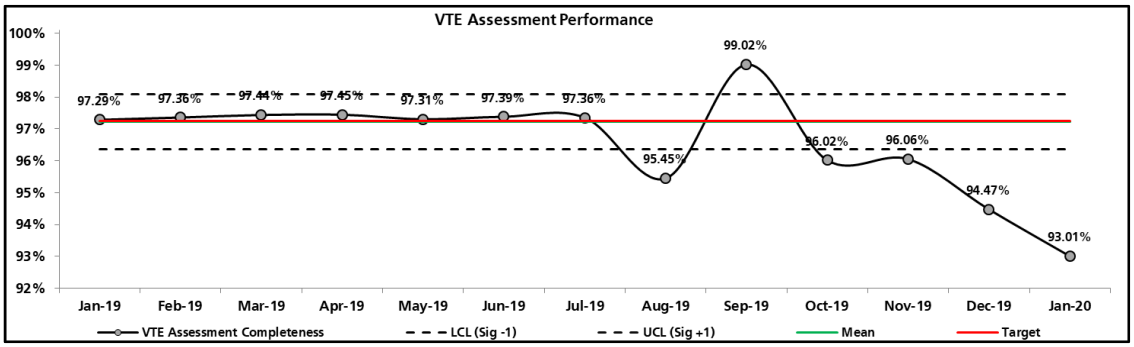


Chart 3 – VTE Assessment performance

Effective
Accountable Officer – Medical Director

Areas of strong performance

Mortality

Our HSMR is within expected at 100.3 (Nov 2019). Our SHMI remains stable and is within expected at 100.29 (Sep 2019).

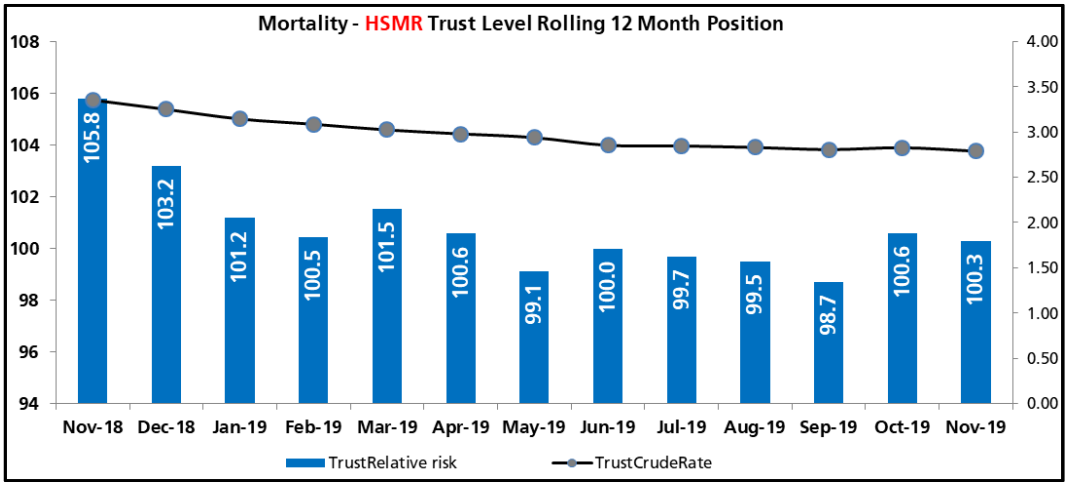


Chart 1- Hospital Standardised Mortality Ratio

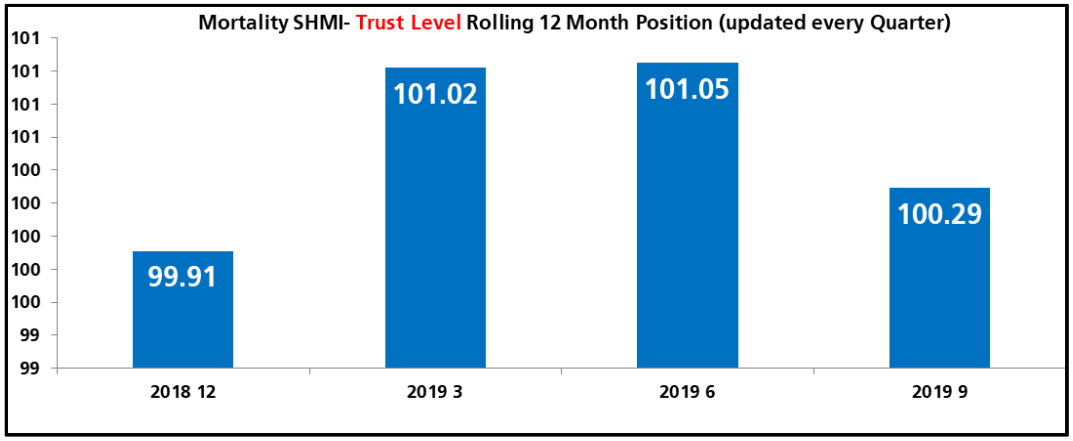


Chart 2 – Mortality SHMI – Trust Level (Rolling 12-month position)

There were 87 deaths in the hospital in February 2020, this number is lower than last year (94) and equates to 12.7 deaths per 1000 admissions which is lower than our previous rate in February 2019 at 13.8.

The highest number of deaths occurred on our care of the elderly (18) and ITU wards (9). The most common diagnosis recorded against our deaths was Pneumonia.

There are no CUSUM alerts this month.

Performance will be maintained by;

The Mortality Surveillance Group (MSG) under the leadership of the Deputy Medical Director has completed a review of its terms of reference, core membership requirements, accountability structures and processes in line with the Trust accountability framework.

Through this change, there will be;

- screening of all deaths for any learning opportunities,
- structured reviews of care in some patients where missed opportunities could be identified and learning shared,
- continuous surveillance of quality of care provided for patients on End of Life pathways and
- learning from avoidable cardiac arrest resuscitations.

Strengthening these processes is expected to improve mortality outcomes for the Trust.

Work also continues on medical job plans to ensure every patient has an early and senior led review to ensure appropriate and timely treatment is provided.

Clinical Audit

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

Clinical Research and Development

Clinical research remains on track to exceed our recruitment target for this year and have achieved funding targets to date. Following a long period of inactivity, recruitment into maternity trials have commenced since February 2020. For the first time, the Trust has recruited 2 Nurses into Principle Investigator roles. This move is expected to improve recruitment into clinical trials further in future.

Maternity

There were no avoidable admissions to NICU (Neonatal Intensive Care Unit) in February. There is ongoing scrutiny and discussions on any avoidable admissions to the unit. This is part of the ATAIN action plan that is in place to obtain CNST level 2 licence. The jaundice pathway review which is a major contributor for avoidable admissions to NICU and audit of all cases of term admission due to jaundice is under way. The findings of this audit will be reported in June 2020.

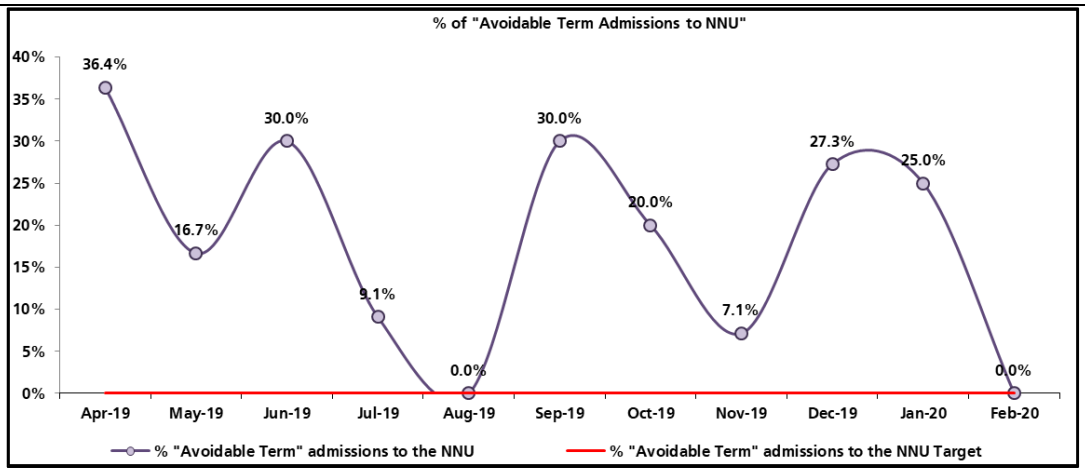


Chart 3 - % of Avoidable term admissions to NNU

Cardiotocograph (CTG) training rates for doctors and Midwives have shown a consistent increase to above recommended rates. This training is believed to help staff to improve awareness of potential deterioration of babies and also to help with interventions where needed. This will have an impact on caesarean rates over time.

Areas requiring improvement

Reported weekend HSMR

The mortality (HSMR) of patients initially admitted on weekend days is significantly higher (114.4) than that reported for patients admitted on weekdays. Previous investigation of this metric (presented to Board in September 2019) did not reveal any concerns regarding the clinical care of patients admitted at the weekend, and appropriate and timely senior review had taken place. Dr Foster have also supported us and their initial analysis shows that our weekend deaths are lower than many of our regional peers, and suggests that our proportion of superspells with admissions on a Sunday are higher - suggesting that patients admitted on Sundays have more comorbidities (ie are sicker) than those admitted on other days.

However, due to this metric continuing to alert an audit of all weekend deaths in underway and all weekend deaths are now undergoing a formal structured judgement review to determine whether there may be any underlying concerns with the care provided to these patients. This is expected to report by May 2020.

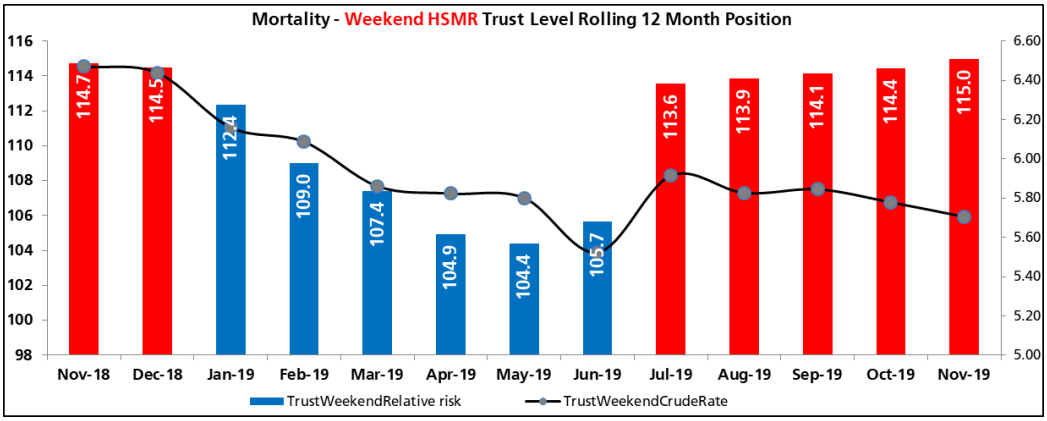


Chart 5 – Weekend HSMR Trust rolling 12-month position

Maternity

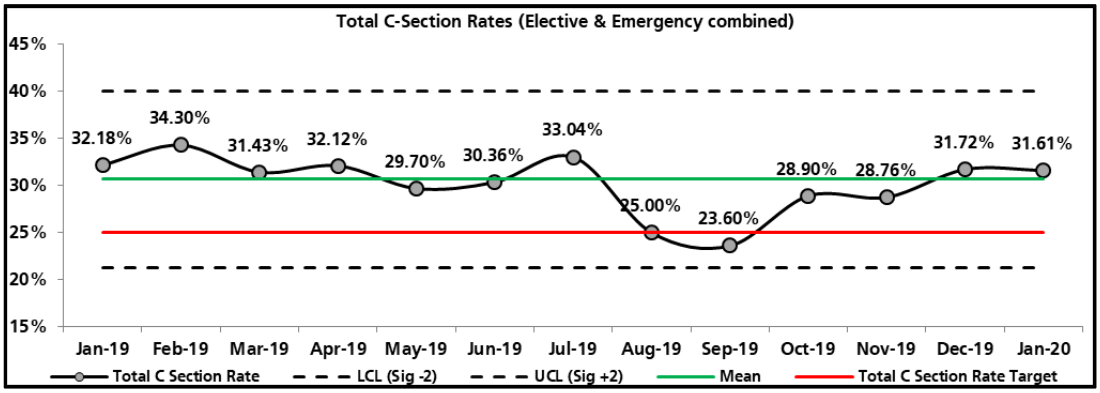


Chart 6 – Total C-Section rates (Elective and Emergency combined)

Total Caesarean rates for January 2020 were 31.6% against a target of 25%. This was contributed by higher levels of emergency caesarean rates (20.67%) in this month.

Multiple interventions have been in place since May 2019 to improve caesarean section rates through:

- Dedicated Senior medical cover of the central delivery suite 7 days a week,
- Improve continuity of carer teams
- Senior input into VBAC clinics
- Weekly Instrumental Delivery MDT meetings.

A new Medical Rota is planned to commence from 23 March 2020 to further enhance senior support in decision making for caesarean sections.
An audit of all Caesarean sections from April – September 2019 was presented at Quality Committee in February to explore trends and learning from this cohort. Data collection and analysis currently underway for subsequent months expected to report June 2020.

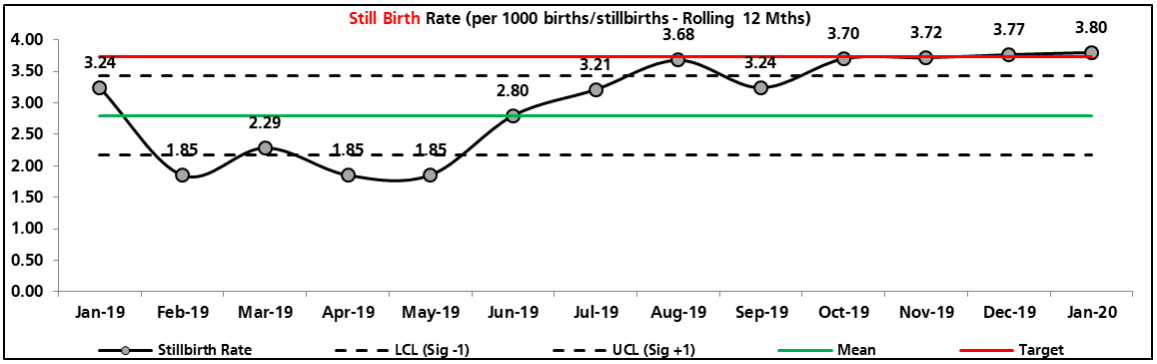


Chart 7 – Still Birth rate (per 1000 births/stillbirths – rolling 12 months)

There were no still births in January, with the last still birth at the QEH reporting in October 2019. However, the fall in delivery rates nationally and locally means that the rolling percentage rate has increased for January to 3.8 per 1,000 births which is slightly above the standardised adjusted rate of 3.75 per 1,000 from the 2016 MBRACE report.

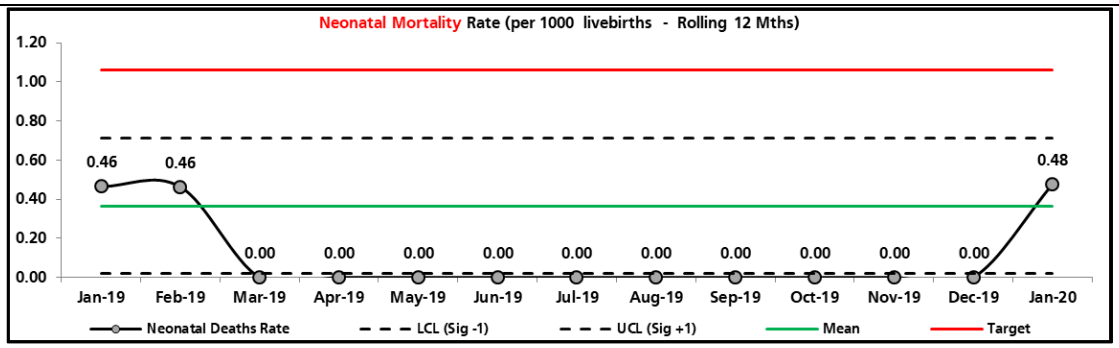


Chart 8 – Neonatal Mortality rate (per 1000 livebirths – rolling 12 months)

There was one neonatal death in January 2020 which occurred 8 days following birth. No care issues were identified within this case and cause of death has been reported as Sudden infant death syndrome.

Caring
Accountable Officer – Chief Nurse

Areas requiring improvement

Friends and Family Test (FFT)

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

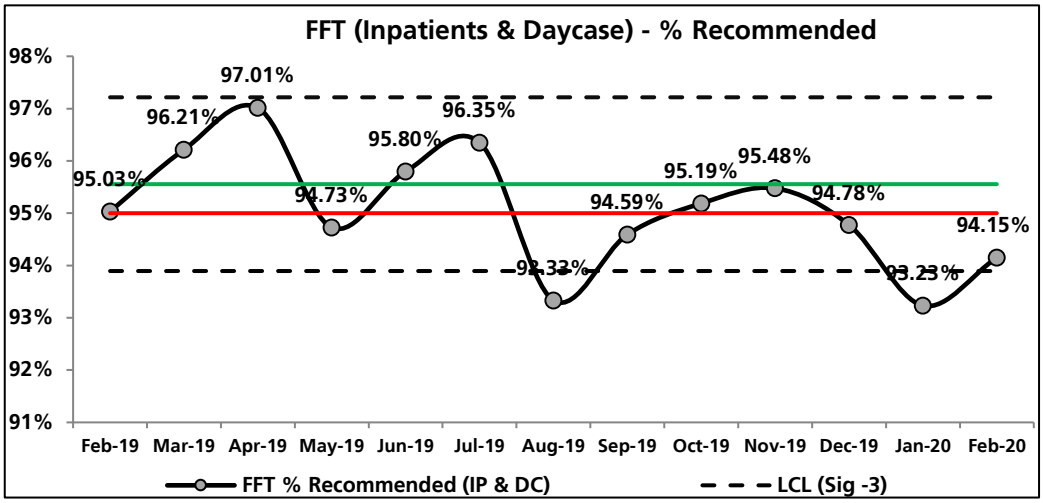


Chart 1 – FFT (Inpatients and Daycase) % recommended

The latest figure is below the target of 95% but has recovered above the LCL. Having reviewed the feedback provided by patients there has been an decrease in negative responses and nearly 50% of negative comments have come from AEC comments cited waiting and environment (not enough chairs, heat) . In other inpatient and day case areas (only 6 patients selected a negative response and provided a comment) concerns were raised about staff attitude, waiting, noise at night and basic care.

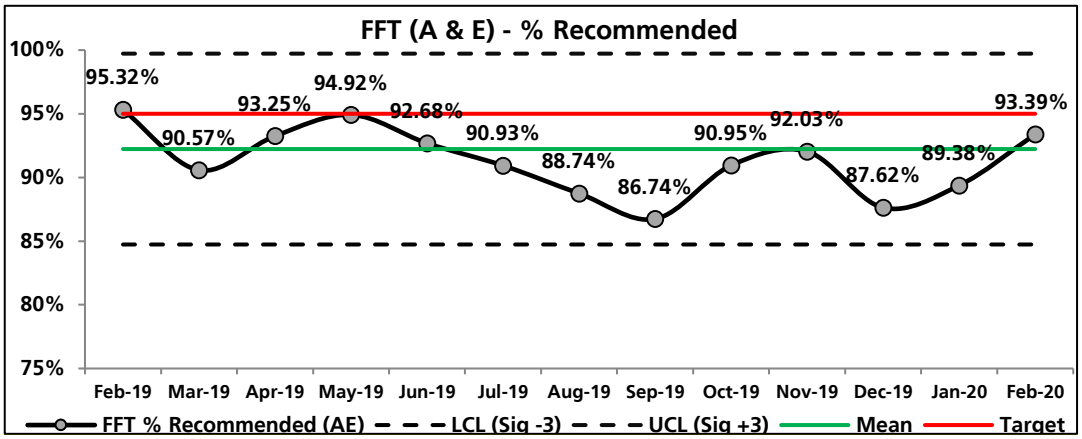


Chart 2 – FFT (A&E) - % recommended

In A&E waiting times were the only reason for patients being unlikely to recommend. The likelihood to recommend score exceeds the LCL and the mean but below target.

The response rate remains low and is now at the lowest point since June 2019.

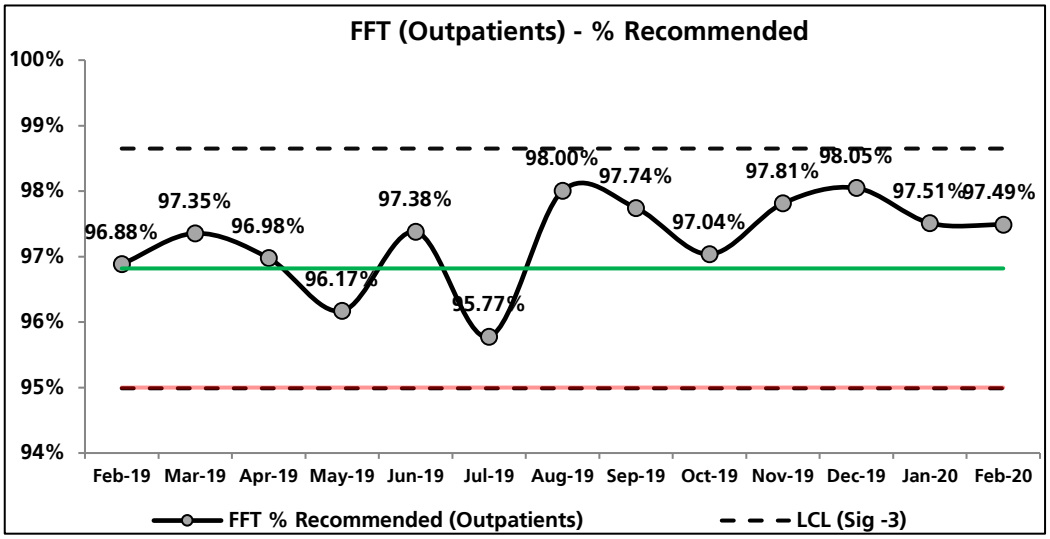


Chart 3 – FFT (Outpatients) - % recommended

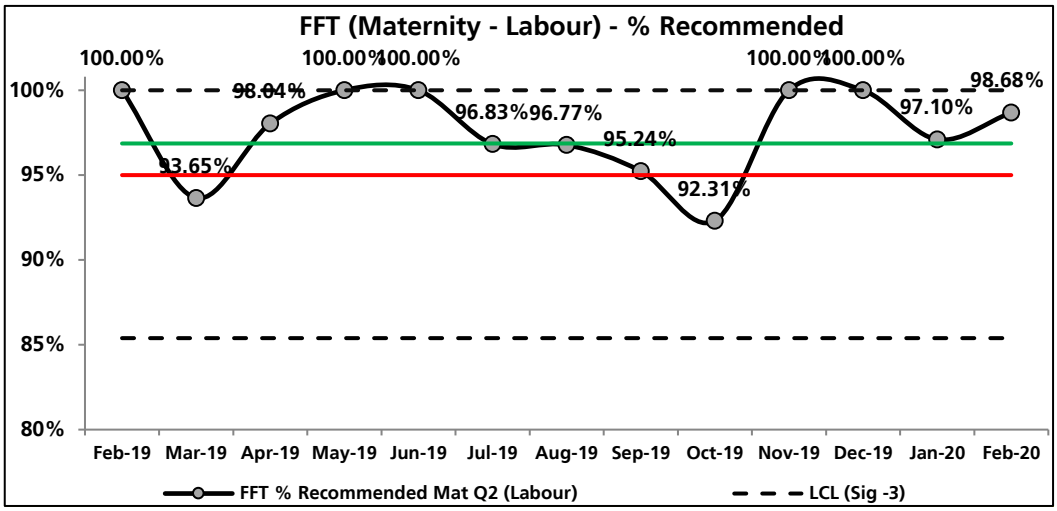


Chart 4 – FFT (Maternity - Labour) - % recommended

Performance will be improved by;

- The Patient Experience Team are continuously working with wards to address the common negative feedback received.
- The Medicine Division is holding a series of extra-ordinary "re-sets", to make staff aware of the impact of the care we deliver to patients.
- Back to the floor Friday. The initiative started in February where nurses and midwives work clinically on the wards/units every Friday. It gives the chance to audit and to maintain a presence on the unit enabling senior nurses/midwives to role model for the junior staff. It is important for ward staff to see senior nurses/midwives willing to participate in delivering patient care. It also allows the senior team to hear the current thoughts, ideas and objectives at the Back to the Floor Friday briefings

Mixed Sex Accommodation

Mixed sex accommodation (MSA) remains red this month following six occurrences which affected thirteen patients which is a reduction from last month's eight. All occurrences were in the hyperacute stroke unit. The main reason for the breaches was due to unavailability of suitable beds when patients are ready to be stepped down from high level to ward level care.

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

Performance will be improved by;

- Continuous monitoring at the divisional governance meeting and escalation at the daily patient flow meeting.
- Active conversation with patients of the reason for breaches and maintaining their privacy and dignity.

Complaints

	2019						2020												
Week Ending	24/11	1/12	8/12	15/12	22/12	29/12	5/1	12/1	19/1	26/1	2/2	9/2	16/2	23/2	1/3	8/3	15/3	22/3	29/3
Total Outstanding	*81*	*78*	*75*	*72*	*70*	*70*	*67*	*64*	*61*	*58*	*55*	*53*	*51*	*49*	*47*	*45*	*43*	*41*	*38*
Backlog	*51*	*48*	*45*	*42*	*42*	*42*	*39*	*36*	*33*	*30*	*27*	*24*	*21*	*18*	*15*	*12*	*9*	*6*	*2*
95% Compliant rate	*37.0%*	*38.5%*	*40.0%*	*41.7%*	*40.0%*	*40.0%*	*41.8%*	*43.8%*	*45.9%*	*48.3%*	*50.9%*	*54.7%*	*58.8%*	*63.3%*	*68.1%*	*73.3%*	*79.1%*	*85.4%*	*94.7%*
Actual	*74*	*70*	*66*	*51*	*54*	*54*	*54*	*61*	*59*	*57*	*46*	*43*	*38*	*30*	*29*				
Backlog	*48*	*46*	*39*	*35*	*36*	*36*	*36*	*34*	*31*	*31*	*12*	*16*	*12*	*6*	*5*				
Performance	*35.1%*	*34.3%*	*40.9%*	*31.4%*	*33.3%*	*33.3%*	*33.3%*	*44.3%*	*47.5%*	*45.6%*	*73.9%*	*62.8%*	*68.4%*	*80.0%*	*82.8%*				
Reopened	*15*	*14*	*13*	*12*	*11*	*10*	*9*	*8*	*7*	*6*	*5*	*4*	*3*	*2*	*1*	*0*	*0*	*0*	*0*
Reopened Actual	*11*	*11*	*12*	*12*	*11*	*10*	*7*	*5*	*4*	*5*	*6*	*6*	*6*	*3*	*3*				

Table 1 – complaints performance vs trajectory

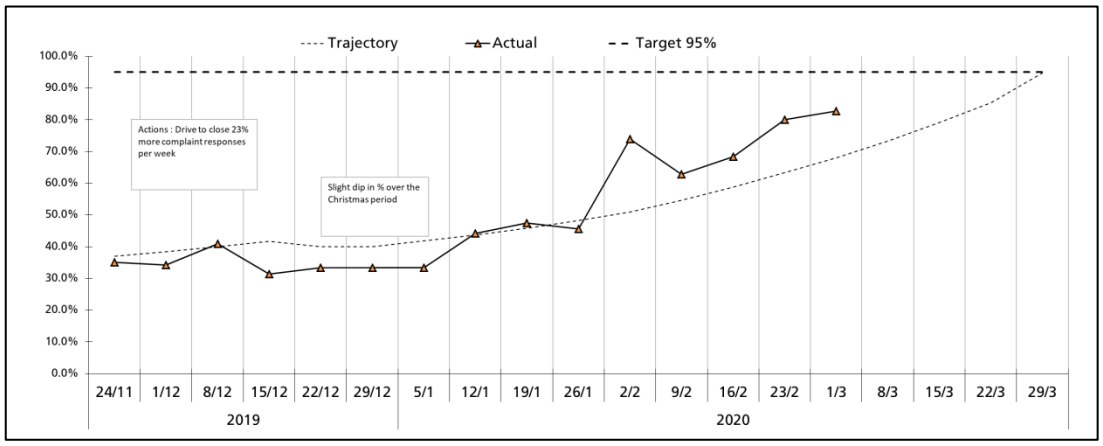


Chart 5 – complaints performance vs trajectory

There were 23 complaints received in February 2020 which is above the target threshold of 20 complaints per month.

The complaint compliance response rate has increased from 57% in January to 72% in February and 48 complaints have been closed.

The backlog of 36 overdue complaints at the end of January has been reduced to 5.

Main categories of complaints for February 2020

The main categories of complaints for February 2020 were:

- Communication with patient
- Treatment delays
- Delays in diagnosis
- Discharge arrangements

Re-Opened Complaints for February 2020

There were no complaints re-opened in February 2020.

PHSO

There were no PHSO findings reported in February.

De-escalated

There were in excess of 16 concerns resolved and closed in February that did not require escalation to complaints management process.

Performance will be improved by;

- The new complaints process has been launched. This includes regular follow up meetings by the complaints team with the divisional teams responsible for the completion of complaints which will help to maintain focus and momentum.
- The new process includes greater accountability for the divisional teams completing complaint responses with the introduction of meetings with executive directors to follow up on non-compliance to the process.
- Complaints team will manage individual case load of complaints as part of the new process to keep track of progress and support divisional teams with the process.

Dementia Case Finding

The current Trust position (January 2020) with regard to dementia case finding is at 48.96% and remains below the Trust target of 90%.

Performance will be improved by;

- The Medical Director has cascaded the importance of completing dementia case finding to all medical staff in meetings and a blog in both December 2019 and January 2020. An action plan is in development from the divisional team in order to improve compliance. This will be in place with an agreed

trajectory for February board.

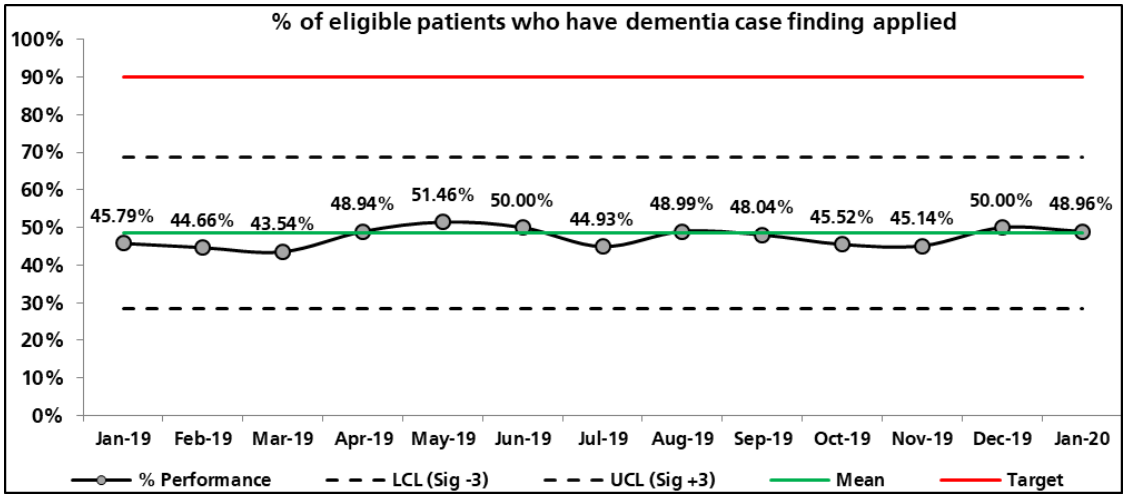


Chart 6 - % of eligible patients who have dementia case finding applied

Responsive
Accountable Officer – Chief Operating Officer

Emergency Pathway

Areas of strong performance

Delayed transfers of care

Performance in February was 2.74%, exceeding the national standard of 3.5%.

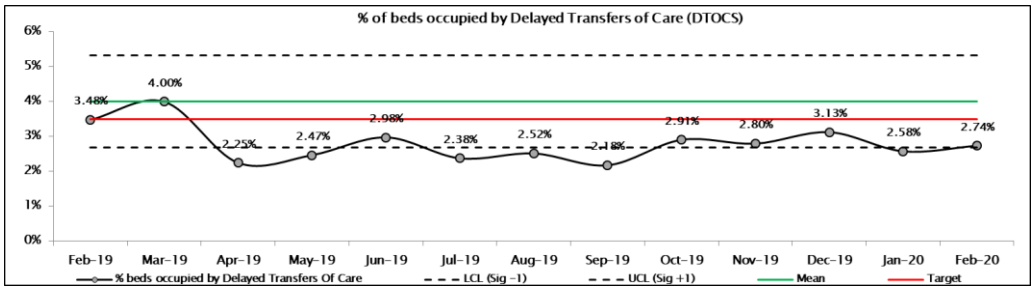


Chart 1 - Delayed Transfers of Care

Performance will be maintained by;

- Continued focus on weekly long length of stay reviews with daily specialty-based board rounds to minimise internal and external delays
- Divisional General Manager with lead responsibility for monitoring and escalating joint CCG plans
- Ongoing effective and integrated discharge planning through the discharge hub

Areas requiring improvement

Four-hour emergency performance

Performance in February was 73.49%

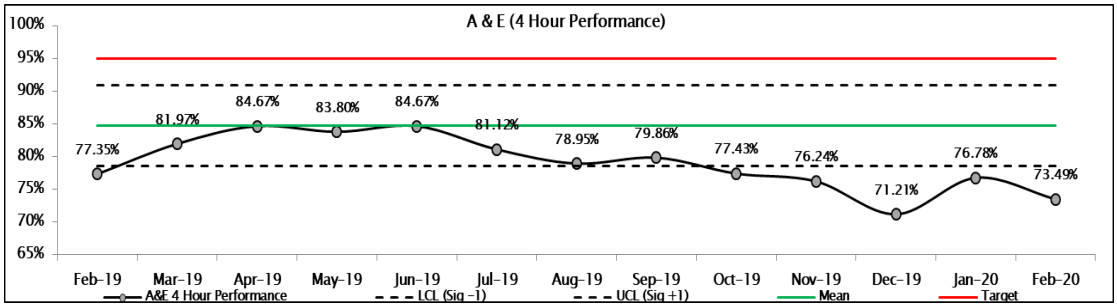


Chart 2 - 4-hour performance

There were six 12-hour trolley waits in February;

- 2 patients were complex mental health delays
- 4 patients were failures to ensure appropriate capacity to transfer out of ED on time and failure to escalate

Further work is required to ensure that Mental Health delays do not occur, particularly when specialist inpatient capacity is not locally available. One of the patients refused inpatient treatment but later was admitted to a bed in Ipswich.

The four other breaches were avoidable with earlier escalation and improved capacity and flow management earlier in the day (two of these breaches occurred during the night). Actions to prevent in future include;

- Minimum number of discharges per ward and minimum of 1 discharge per ward by 11am
- Optimising use of discharge lounge to create early capacity in the ward areas
- 2pm and 5pm bed meetings to have a plan for evening and overnight capacity plans, including escalation capacity if required to prevent 12-hour breaches
- Every patient to have plan by 8 hours

4-hour performance is off track due to;

- Inconsistent application of Internal Professional Standards and lack of escalation of delays for non-admitted and minors category patients
- Recurring delays to initial medical assessment of majors level patients (up to 2 hours to initial assessment) and particularly long delays for patients arriving overnight
- Inconsistent in-reach from specialties into the Emergency Department to prevent delays (admitted and non-admitted)

Performance will be improved by;

- Shifting to a new model of care which has now been agreed (Urgent Care Stream for minors and ED stream for Majors & Resus patients). Staff modelling and consultations / briefings commenced. Target is to ensure minors & paediatric performance maintained at a minimum of 95%.
- Revised model of care for Emergency Department medical team to support national best-practice systems e.g. RAT to assure early medical assessment to commence in March
- Detailed specialty level in-reach plans through each DGM to align with Internal Professional Standards

Ambulance handover within 15 minutes

Performance improved to 63.26% in February 2020 (compared with 51.11% in January).

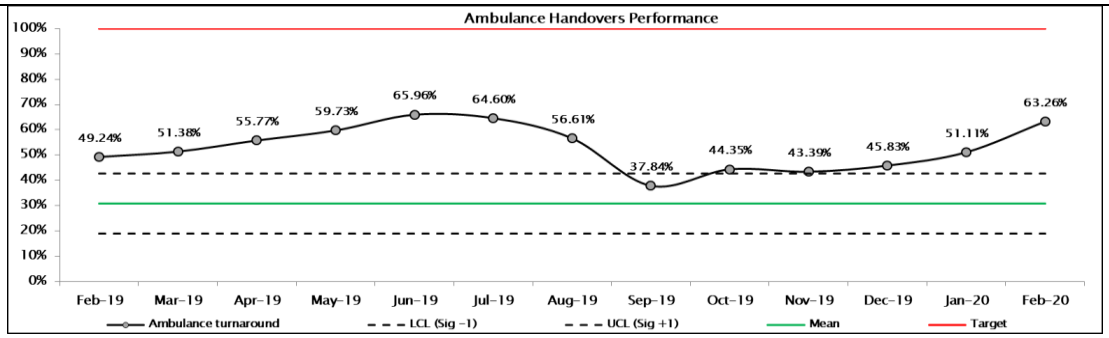


Chart 3 - Ambulance handover within 15 minutes

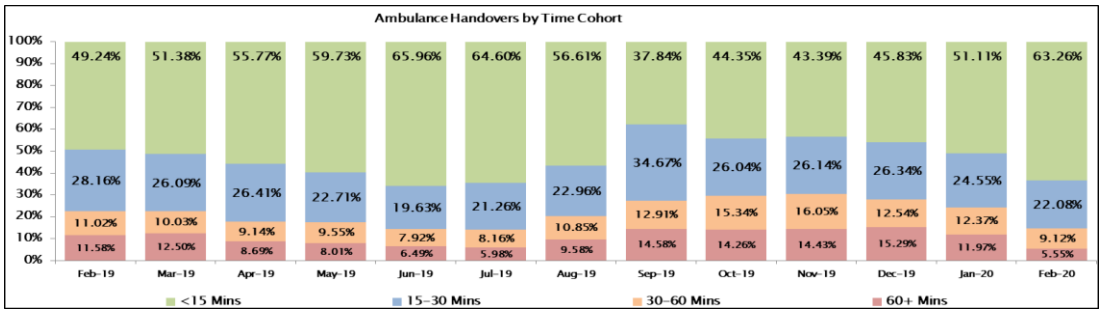


Chart 4- Ambulance handover by time band

Performance is off-track due to;

- Ongoing internal delays due to inconsistent flow & capacity to enable timely handovers
- Embedding of acute medicine capacity to enable a higher proportion of hand-overs direct to Acute Medical Assessment Unit
- Requirement to review cohorting capacity as a consequence of Covid-19 planning preparations (ED observation area was being used for cohorting but will be required to support the Covid-19 isolation plan for high-risk patients)

Performance will be improved by;

- Continued embedding of the acute medical admission pathway (performance improvement observed in February in part is due to the initial success of the reviewed acute medicine pathway)
- Implementation of the revised cohorting arrangements in line with the Covid-19 plan
- Implementation of the new model of care within ED in March

≥ 21-day length of stay

Performance during February remained below the baseline but above the Trust ambition of 46 patients. The number of patients with a LoS > than 21 days rose slightly.

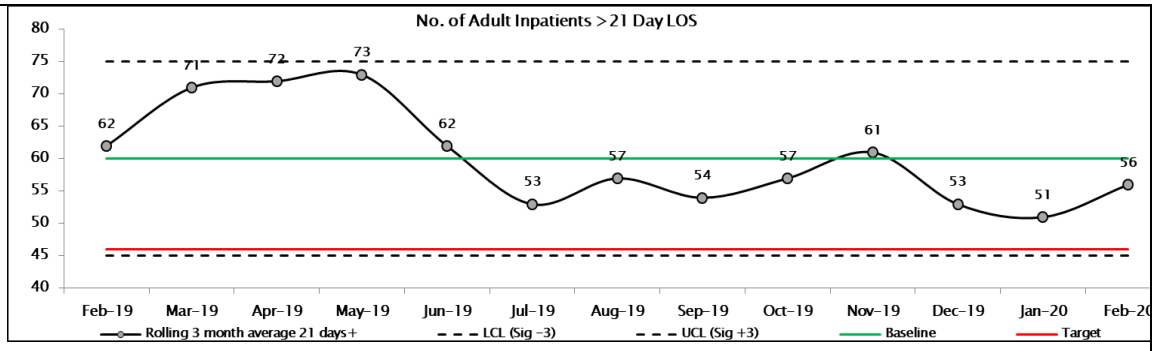


Chart 5- ≥ 21-day length of stay

Performance will be improved by;

- MADE event during the second week of February to both reduce the current cohort of patients waiting over 21 days and highlight learning opportunities for improving ongoing processes
- Embedding of complex discharge pathway planning from 2020 Delivery agreed action plans
- Lead DGM for delayed transfers of care identified and commencement of a named patient list to be managed at DLT level to monitor escalations for patients stranded 21 days and longer

Stroke: proportion of patients spending 90% of their inpatient stay on a stroke unit

Performance for February was at 67% which is below the national standard and a slight deterioration on the previous month.

Performance is off-track due to;

- High number of non-stroke patients on West Raynham ward

Performance will be improved by;

- Improving flow and capacity to increase current direct to stroke unit access from 54% (improvement of this links with the DLTs action plan for standardised discharges per ward)

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

Elective pathway

Areas of strong performance

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

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

Areas requiring improvement

18-week RTT

Performance in February was 76.22% against the trajectory of 81.53%. At the end of February 2020, the total Trust waiting list was 15,094 against a trajectory of 15,009 and the total backlog of patients waiting over 18 weeks was 3,589 against a trajectory of 2,772.

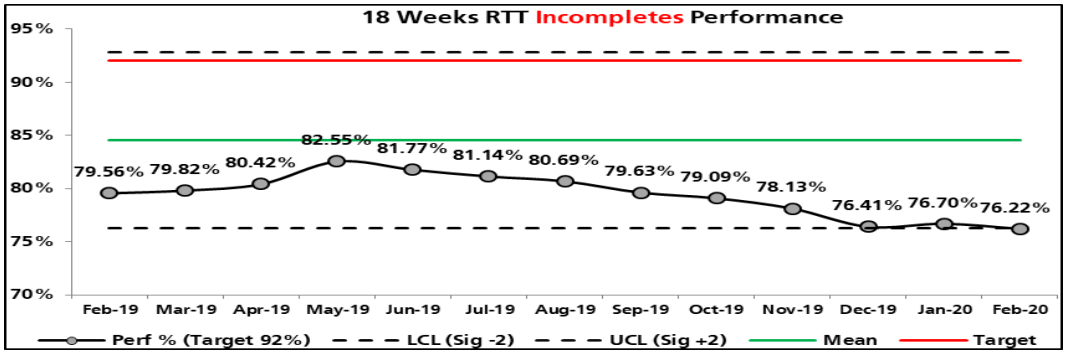


Chart 1 - 18-week referral to treatment performance

The Trust has achieved the waiting list size trajectory for the six months to January, but the number of patients waiting over 18 weeks has been steadily increasing. The impact of winter bed pressures and more recently Covid-19 preparations is likely to result in a further deterioration against this standard.

The backlog in February is off trajectory by 817 referrals which is mainly driven by Trauma and Orthopaedic (229 referrals off trajectory) and Urology (476 referrals off trajectory).

- The Trauma and Orthopaedic total backlog continues to deteriorate driven by elective activity reducing in November due to bed pressures and continued reduced capacity on the Surgical Enhanced Recovery Unit due to emergency patients.
- The Urology total backlog is driven by an overall capacity shortfall, redirection of capacity to clear outpatient follow-up backlog, and a focus on cancer related activity e.g. template biopsies.

Performance will be improved by;

- Trauma and Orthopaedics will continue to manage the impact of peaks in

winter demand via the daily Patient Flow Meeting and a focus on reducing the number of emergency patients on the Surgical Enhanced Recovery Unit.

- The Urology department is undertaking a detailed capacity and demand review with colleagues from NNUH. Additional capacity is being set-up on an ad-hoc basis via WLIs and the service continues to look for a locum consultant.

6-week diagnostic standard

There were 419 breaches of the diagnostic standard in February, resulting in performance of 90.96% against the 99% standard. 377 of these were in non-obstetric ultrasound, 29 in echo-cardiology, 10 MRI, 2 urodynamics and 1 audiology.

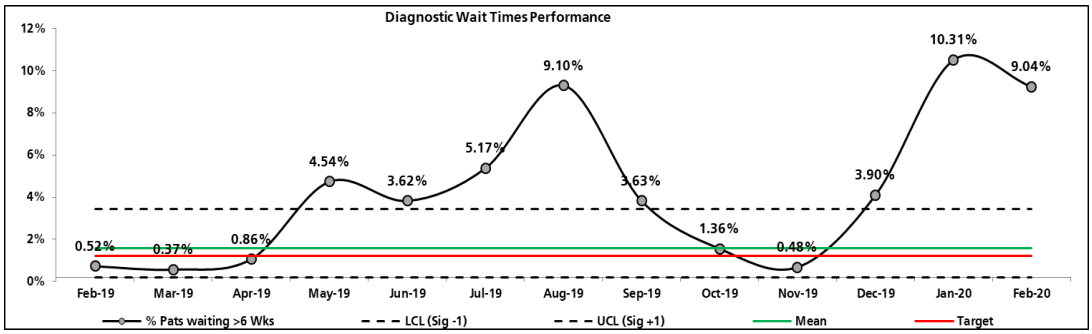


Chart 2 - 6-week diagnostic performance

The breach performance is shown below by diagnostic tests. The areas of concern are non-obstetric ultrasound 22.36%, echo-cardiology 5.95% and urodynamics 5.56%.

Month > > > >	2020/02
Magnetic Resonance Imaging	1.26%
Computed Tomography	0.00%
Non-obstetric ultrasound	22.36%
Barium Enema	0.00%
DEXA Scan	0.00%
Audiology - Audiology Assessments	0.24%
Cardiology - echocardiography	5.95%
Cardiology - electrophysiology	0.00%
Neurophysiology - peripheral neurophysiology	0.00%
Respiratory physiology - sleep studies	0.00%
Urodynamics - pressures & flows	5.56%
Colonoscopy	0.00%
Flexi sigmoidoscopy	0.00%
Cystoscopy	0.00%
Gastroscopy	0.00%
% of patients waiting >6 weeks	**9.04%**

Table 1 - 6-week diagnostic performance by type

Capacity remains the main reason for breaches in ultrasound and echo-cardiology. Non- obstetric ultrasound capacity was an issue for 339 breaches and 30 due to reasonableness of appointments.

Performance will be improved by;

- Ultrasound – additional capacity has been sourced with agency and bank sonographers to support the delivery of non-obstetric ultrasound. There has been a shortfall of 400 – 500 slots per month to meet demand over recent months. The additional capacity provides an average of 400 slots which will significantly impact the breaches. As the capacity is being booked well in advance will also have an impact on the reasonableness of appointments offered.
  Sickness in the ultrasound team still remains an issue with 2 members of the team on long term sick. This is being managed in line with Trust policy.
- Echo-cardiology all 29 breaches were due to capacity issues.
  Additional hours have been secured from within the medical team. This is however ad hoc and not sufficient to meet demand. The team are working with HR to source a locum to support the team and provide capacity. A business case for an additional substantive staff member is being developed.

Reportable (on the day, non-clinical) Cancelled Operations as a % of Elective Activity

Performance deteriorated from 0.89% in January to 1.27% in February, against the standard of 0.8%.

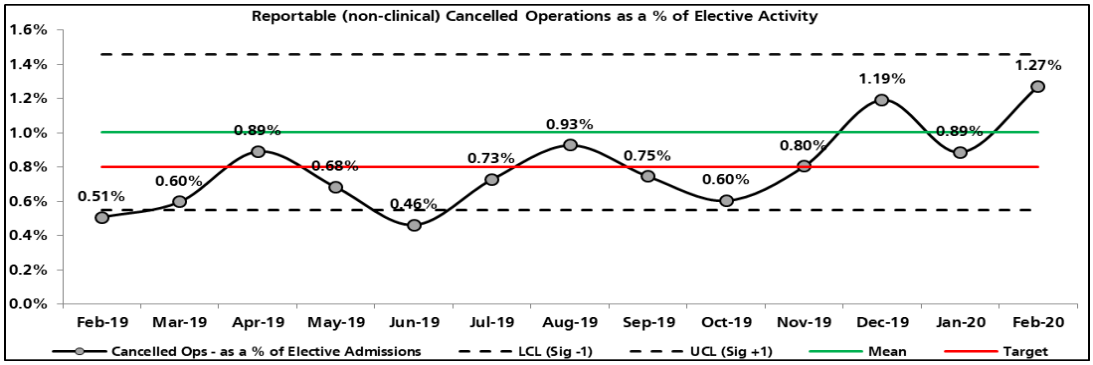


Chart 3 - Reportable cancelled operations as a % of elective activity

There were 47 patients cancelled on the day of their surgery across 14 specialities. Most specialities averaged 2 cancellations each, with the exception of ophthalmology (12 cancellations) and Orthopaedics (7 cancellations).

Performance is off track due to;

- 17 patients cancelled due to bed pressures and lack of inpatient bed availability.
- 17 patients cancelled due to consultant sickness, the majority in ophthalmology accounting for 9 cancellations.
- 4 patients cancelled due to emergency/clinically urgent patients taking priority over electives lists.

Performance will be improved by continuing;

- Focus on management of staff sickness in line with Trust policy
- Continuing to mitigate the impact of peaks in winter demand via Patient Flow

Meeting and a focus on reducing the number of emergency patients on Surgical Enhanced Recovery Unit.

28-day readmission guarantee

There were six breaches of the 28-day guarantee in February, across three specialities:

Two ENT patients were cancelled initially due to a lack of inpatient beds. Both patients were rebooked within 28 days but were cancelled again due to consultant sickness.

Two Urology patients were cancelled due to bed pressures on two occasions and it was not possible to offer a third appointment within the original 28-day window.

One ophthalmology patient breached due to a change in clinical decision.

One colorectal patient was cancelled due to no HDU bed and the next available capacity for the surgeon was outside the 28-day window due to the complex cancer patients which took clinical priority.

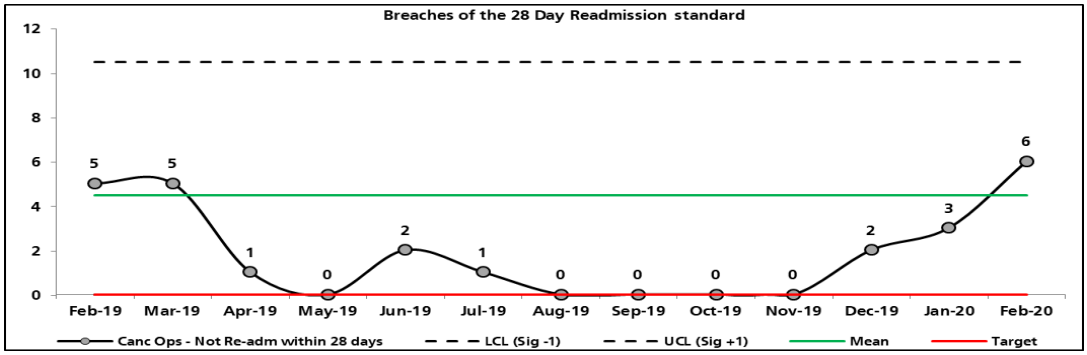


Chart 4- Breaches of the 28-day readmission standard

Prior to the day non-clinical cancellations

The number of prior to the day non-clinical cancellations increased from 5.07% in January to 5.83% in February, against a local standard of 3.2%.

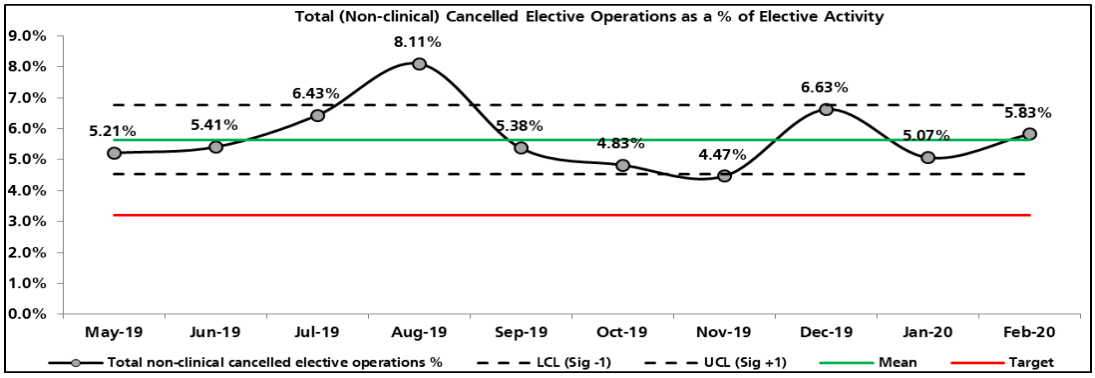


Chart 5 - Total cancellations for non-clinical reasons

Performance is off track due to 211 patients being cancelled prior to the day of procedure. The main cancellation reasons were as follows;

- Lack of inpatient beds (42 patients). This was mainly due to peaks in significant bed pressures which resulted in having to flexibly use SERU to accommodate emergency patients, thereby displacing elective activity.
- Staff shortages due to sickness (36 patients). Sickness was distributed across 11 specialities with ENT accounting for 11 patients being cancelled.
- Cancellations due to emergency/clinically urgent patients (21 patients) taking priority. This was across 6 specialities with orthopaedics and urology accounting for the majority.
- Changes to lists (25 patients) were mainly due to dermatology rota changes with less than 6 weeks' notice.

Performance will be improved by;

- Proactive planning for the use of SERU for emergency patients as required to meet demand.
- Successful delivery of theatre improvement work-stream initiatives.
- Ensure Trust's absence policy is adhered to along with ensuring adequate training is provided.

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

Cancer pathway

Areas of strong performance

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

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

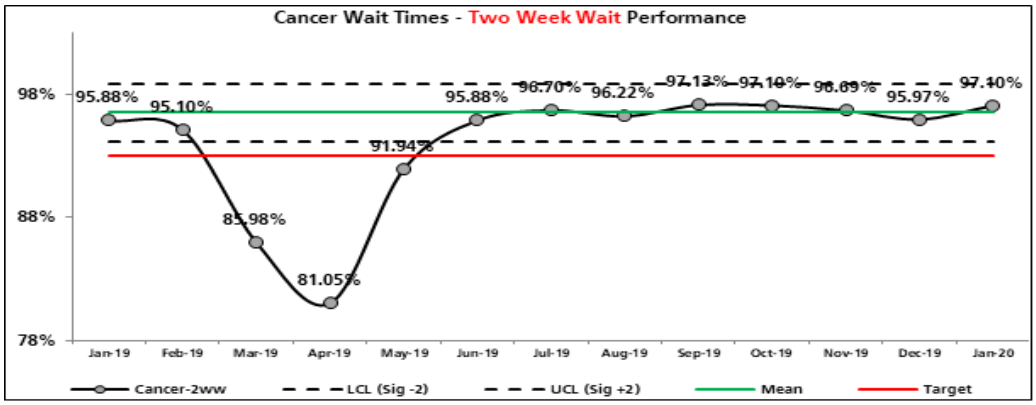


Chart 1 - Cancer 2-week wait performance

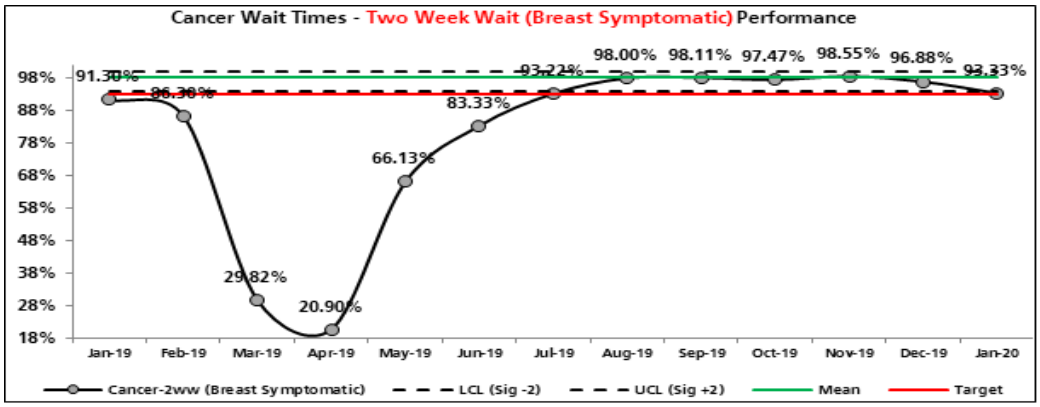


Chart 2 - Cancer 2-week wait performance for breast symptomatic patients

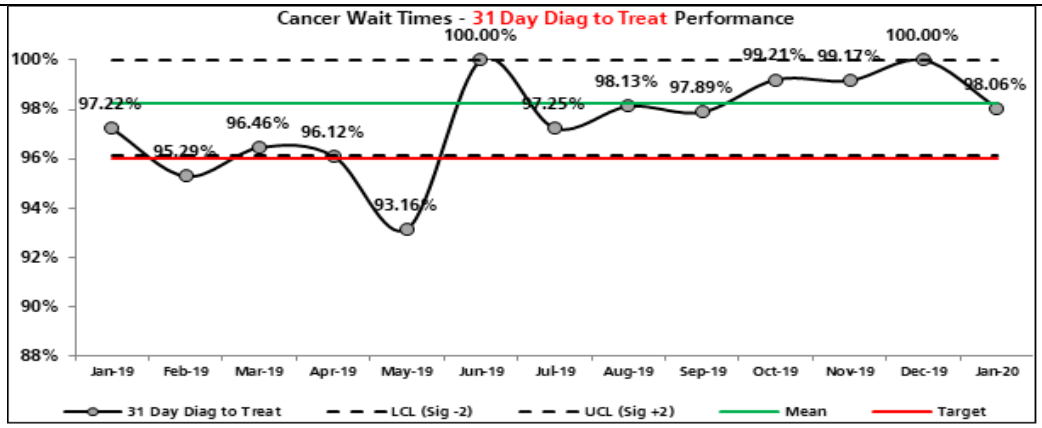


Chart 3 - Cancer 31-day diagnostic to treatment performance

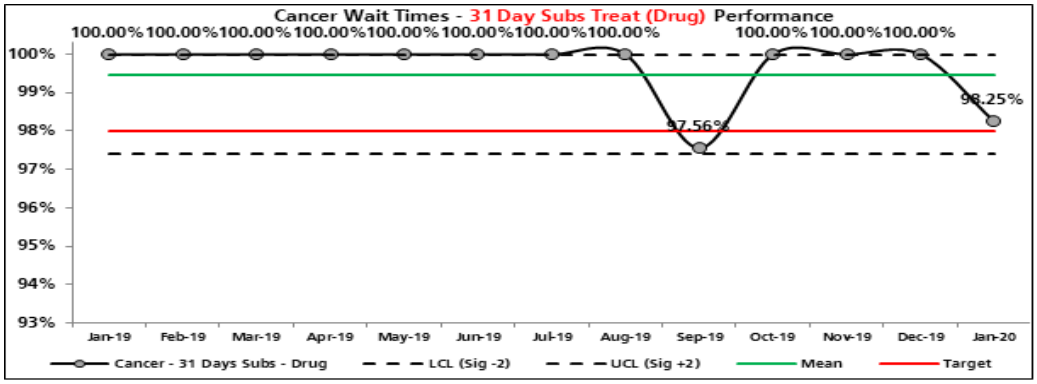


Chart 4 - Cancer 31-day subsequent treatment (drug) performance

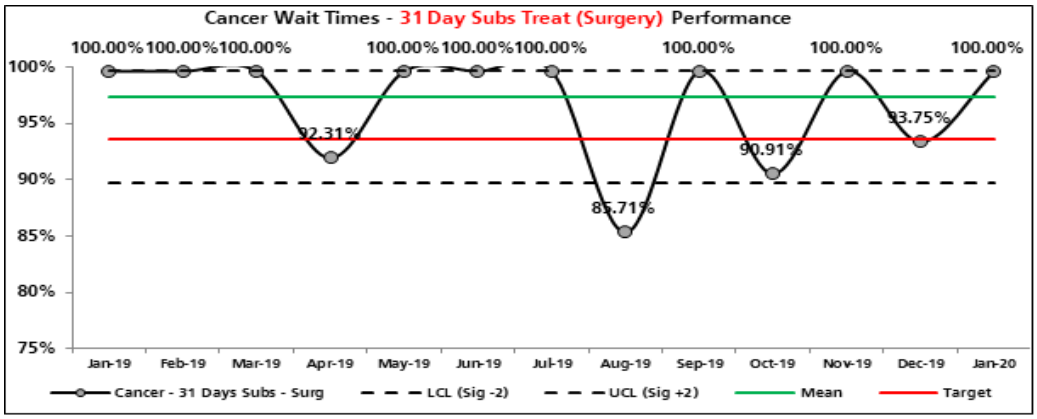


Chart 5 - Cancer 31-day subsequent treatment (surgery) performance

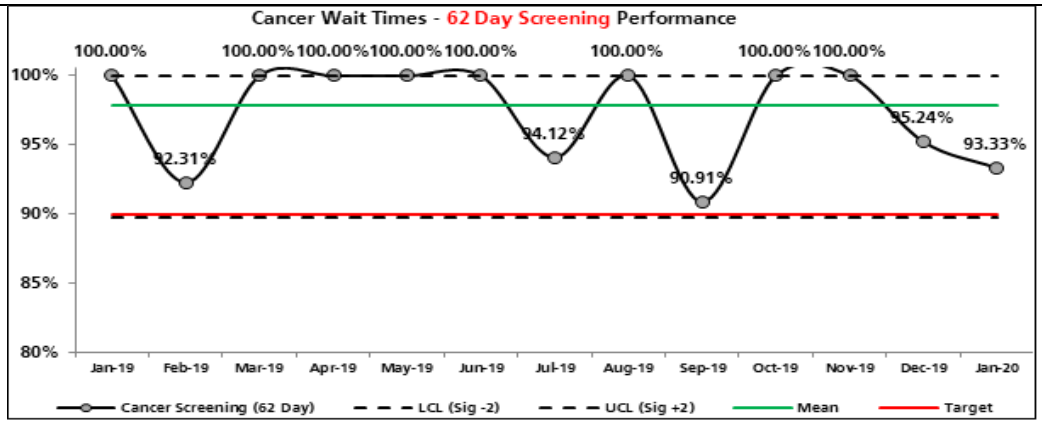


Chart 6 - Cancer 62-day screening performance

Performance will be sustained through the delivery 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 / escalation of capacity pressures.
- Support from the Intensive Support Team through quarter 4. Diagnostic phase complete, report delivered January 2020, further visit required to agree next steps.

Areas requiring improvement

62-day referral to treatment

Performance dropped from 74.77% in December to 65.13% in January, against the standard of 85% and trajectory of 74.80%.

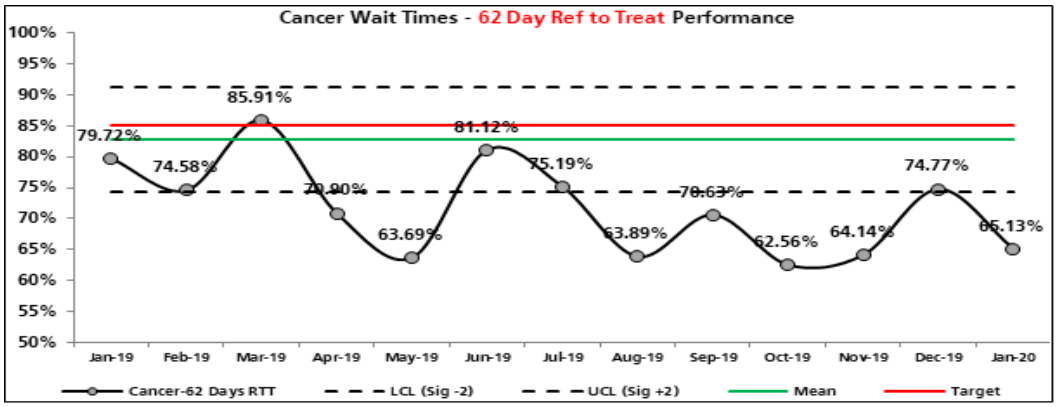


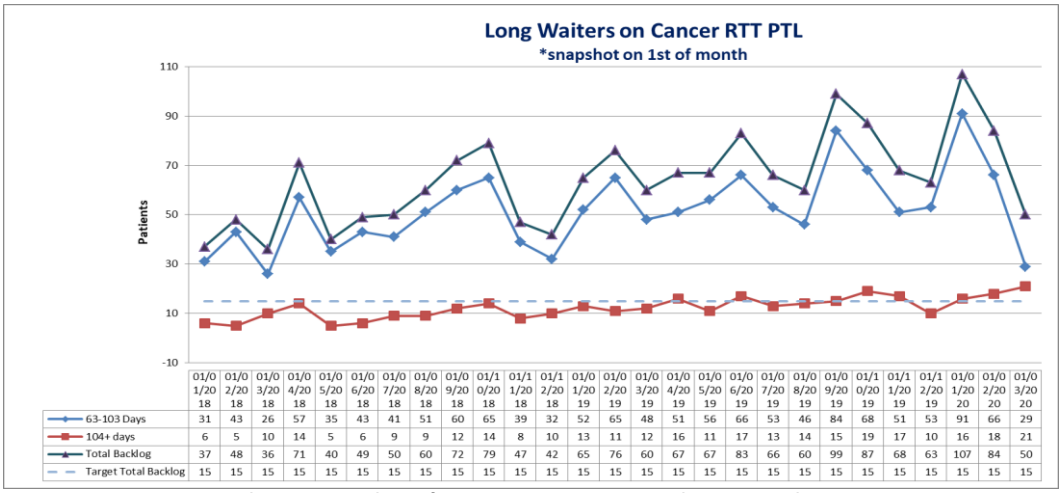
Chart 7 - Cancer 62-day referral to treatment performance

There were 76 treatments in January, of which 26.5 were not within 62 days from referral. A breakdown by tumour site is detailed as follows:

Tumour Site	No. Treatments	No. Breaches	Performance
Breast	12	0	100.00%
Haematology	5	1	80.00%
Head & Neck	4	2	50.00%
Lower GI	6	5	16.67%
Lung	2.5	0	100.00%
Skin	12	1	91.67%
Upper GI	6.5	4.5	30.77%
Urology	28	13	53.57%
Total	76	26.5	65.13%

Table 2 - Number of cancer treatments and breaches by tumour site

The 62-day backlog decreased from 84 in February to 50 in March with the majority of the backlog in two tumour sites (26 in Urology and 12 in Gynaecology).



	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	01/12/2019	01/01/2020	01/02/2020	01/03/2020
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	53	91	66	29
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	10	16	18	21
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	63	107	84	50
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	15	15	15	15

Chart 8 - Number of patients on a cancer pathway ≥ 62 days

Performance is off track due to;

- Backlog clearance following a large increase in December
- Delays in pathway improvement initiatives in Gynaecology, Lower GI and Head & Neck
- Operational and capacity issues within the Urology service
- Delays in diagnostic tests and reporting, resulting in delays to diagnosis and treatment

Performance will be improved by;

- Lower GI - straight to test initiative commenced 27 January
- Gynaecology – one stop PMB clinic pilot 25 January with regularly scheduled clinics due to commence March 23rd.
- Head and Neck – trans-nasal oesophagoscopy scopes purchased to enable scoping and biopsies at first appointment to commence by the end of March.
- Additional operational support remains in place for Urology and Lower GI through Q4.
- Same day contrast imaging capability is planned via a new eGFR point of care testing machine; machine has now been delivered and training is scheduled for

March 26th. • Provision of additional mobile CT capacity through to the end of May to shorten waiting times for scans. • Support from the Intensive Support Team through Q4. Diagnostic phase complete, report delivered January 2020, further visit to agree next steps
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 put in place mitigating actions in order to forecast the delivery of its Financial Plan and Cost Improvement Programme for the year ending 31 March 2020.
Areas requiring improvement
The Trust has reported an in-month adverse variance to plan of £16k, resulting in an YTD position at the end of M11 that is adverse to plan by £139k.
Impact on performance on other domains and strategic priorities
None to report.

Detailed finance report

1.0 Financial performance – month 11 (February 2020)

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)	(835)	(851)	(16)	(6,733)	(6,872)	(139)	(25,589)	(25,589)	0

Table 1 - Actual and underlying variance to plan

The Trust has reported an in-month adverse variance to plan of £16k, resulting in an YTD position at the end of M11 that is off plan £139k. Additionally, it should be noted that the year to date position includes a number of non-recurrent adjustments, together with the planned release of contingency (£83k in month 11).

Key drivers for the in-month position are:

Clinical income: The under-performance against the NHSI Plan for clinical income is £0.1m adverse. There has been a clear expectation that over-performance will reduce through the final quarter of the year. In February the position includes additional revenue funding of £0.1m (£0.3m ytd) provided centrally to support the delivery of winter schemes, making the under-lying position an adverse variance of £0.2m in February. Any over-performance against the Indicative Activity Plan (IAP) for Norfolk Commissioners is at risk of not being paid. Discussions with commissioners are on-going with regards to forecast outturn and year-end settlements.

Other income: favourable variance to plan of £0.3m, mainly due to offsetting pass through special measures costs (£0.2m).

Pay costs: In-month pay costs were adverse to plan £0.2m. Pay costs were mainly adverse due to Medical staffing cost in month, Medical agency due to staff sickness. YTD pay performance is £2.6m adverse to plan at month 11. Current forecasts are indicating total pay could be adverse by £3.0m at year end.

Non-Pay: Adverse variance of £0.2m in month mainly due secondary commissioning including additional 'send-aways' (histopathology and radiology) mostly offset by the EPA arrangement. Current forecasts are indicating non-pay could be adverse by £3.2m at year end.

2.0 Statement of comprehensive income

I&E	In Month Plan £'000s	In Month Actual £'000s	In Month Fav / (Adv) £'000s		Year to Date Plan £'000s	Year to Date Actual £'000s	Year to Date Fav / (Adv) £'000s	
Clinical Income	14,362	14,264	(98)	(1%)	164,691	167,004	2,313	1%
Other income - Education, Training & Research, Non Clinical Revenue (Including MRET)	1,581	1,867	286	18%	18,179	20,079	1,900	10%
Total Income	**15,943**	**16,131**	**188**	**1%**	**182,870**	**187,083**	**4,213**	**2%**
Pay Costs - Substantive	(10,986)	(11,406)	(420)	(4%)	(119,057)	(120,673)	(1,616)	(1%)
Pay costs - Bank	(1,079)	(868)	211	20%	(11,851)	(10,594)	1,257	11%
Pay Costs - Agency	(1,053)	(1,047)	6	1%	(12,147)	(14,411)	(2,264)	(19%)
Total Pay	(13,118)	(13,321)	(203)	(2%)	(143,055)	(145,678)	(2,623)	(2%)
Non Pay	(5,095)	(5,320)	(225)	(4%)	(55,255)	(58,091)	(2,836)	(5%)
Total Operating Costs	**(18,213)**	**(18,641)**	**(428)**	**(2%)**	**(198,310)**	**(203,769)**	**(5,459)**	**(3%)**
EBITDA	**(2,270)**	**(2,510)**	**(240)**	**(11%)**	**(15,440)**	**(16,686)**	**(1,246)**	**(8%)**
Non Operating Costs	(895)	(672)	223	25%	(9,015)	(7,839)	1,176	13%
Control Total before PSF/FRF	**(3,165)**	**(3,182)**	**(17)**	**(1%)**	**(24,455)**	**(24,525)**	**(70)**	**(0%)**
Adjust Donated Assets	24	25	1	4%	261	192	(69)	(26%)
PSF, FRF funding	2,306	2,306	0	0%	17,461	17,583	122	1%
(Deficit) / Surplus	(835)	(851)	(16)	(2%)	(6,733)	(6,750)	(17)	(0%)
Additional PSF	0	0	0	0%	0	(122)	(122)	100%
TOTAL	(835)	(851)	(16)	(2%)	(6,733)	(6,872)	(139)	(2%)

Table 2 – Income and Expenditure position year to date

Year to Date:

Income:

Clinical income: The under-performance against the NHSI Plan for clinical income is £0.1m adverse. There has been a clear expectation that over-performance will reduce through the final quarter of the year. In February the position includes additional revenue funding of £0.1m (£0.3m ytd) provided centrally to support the delivery of winter schemes, making the under-lying position an adverse variance of £0.2m in February. An adverse variance of £0.2m does not address the cumulative over-performance to date. Any over-performance against the Indicative Activity Plan (IAP) for Norfolk Commissioners is currently at risk of not being paid. Discussions with commissioners are on-going with regards to forecast outturn and year-end settlements.

Other income: favourable variance to plan of £0.3m, mainly due to offsetting pass through special measures costs (£0.2m).

Pay costs:

There is a year-to-date adverse variance to plan of £2.6m. This is mainly pay-budgets being overspent in the following areas: Emergency Department, Cancer Services, Outpatients, Admissions Unit, Critical Care, Corporate Nursing, Hotel Services and Corporate Services. Within this, both substantive and agency pay is overspent compared to Plan levels.

Non-pay costs:

The Trust reported an in month non-pay position of £0.2m adverse to Plan and YTD non-pay performance is £2.6m adverse to Plan. The main drivers behind the YTD adverse variance are: the external purchase of healthcare and International nurse recruitment costs.

Efficiency savings:

In-month delivery of CIPs was £0.7m against a Plan of £0.7m. Year to date, the Trust has delivered £5.2m of CIPs which is £0.1m adverse to the Plan.

3.0 Balance Sheet

		31st Mar 2019	31st Jan 2020	29th Feb 2020	Month Movement	YTD Movement
		£m	£m	£m	£m	£m
Non current assets		85	86	87	1	2
Current Assets						
	Inventories	2	2	2	-	0
	Trade & Other Receivables	14	20	17	(3)	3
	Cash	4	2	6	4	1
Current liabilities						
	Trade & Other Payables	(13)	(12)	(14)	(2)	(1)
	Accruals	(12)	(15)	(15)	-	(3)
	Other current liabilities (exc. borrowings)	(1)	(1)	(1)	0	(0)
Non current liabilities		(1)	(1)	(1)	-	-
Borrowings		(120)	(127)	(127)	(1)	(7)
Total assets employed		(41)	(45)	(46)	(1)	(5)
Tax payers' equity						
	Public Dividend Capital	53	54	54	-	1
	Revaluation Reserve	12	13	13	-	1
	Income & Expenditure Reserve	(105)	(111)	(112)	(1)	(7)
Tax payers' equity		(41)	(45)	(46)	(1)	(5)

Table 3 – Trust balance sheet

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

Non-Current Assets

Monthly movement of £1.5m of assets additions less depreciation £0.5m.

Current Assets

Receivables have decreased month on month due to decreased income accrual for FRF £4.443m which is also reflected in an increase in cash

Current Liabilities

Payables have increased as a result of resolution of NWAFT invoice issues

4.0 Statement of financial position – working capital

		Target	Jan-20	Feb-20
Debtor Days		30	27	29
Creditor Days		60	58	53
BPPC (Cumulative)				
NHS				
	Value	95%	7.8%	7.8%
	Volume	95%	7.3%	7.6%
Non-NHS				
	Value	95%	32.3%	30.5%
	Volume	95%	5.5%	4.9%
Aged Debt		£000s	£000s	£000s
	Current < 30 Days		797	1,705
	>30 days <60 Days		1,673	282
	>60 Days < 90 Days		131	610
	Over 90 Days	<5%	3,235	2,450
Total			5,836	5,047
% over 90 days			55.4%	48.5%
Liquidity				
	Liquidity Days	> -20 days	(19.4)	(17.5)

Table 4 – Working capital

Debtor and Creditors days

Creditor days have fallen due to skewed data in January caused by late authorisation of invoices

In terms of creditor management, the Trust has a policy of paying small local business and pharmaceutical companies to 30 days to ensure no detrimental impact on their cash flow and that the supply chain is maintained for drugs and other essential supplies.

The Trust has not incurred any interest charges as a result of payment outside of suppliers stated terms.

Better Payment Practice

The Trust's BPPC performance remains relatively static by value, and by volume. 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.

Aged Debt (Sales Ledger)

Aged debts over 90 days have decreased due to agreement and settlement of old NHS debts.

Liquidity days

These have improved due to agreement and settlement of old NHS debts.

Well Led (continued)
People
Accountable Officer – Acting HRD

KPI Performance

The Trust currently employs 3532 substantive headcount, working a substantive whole time equivalent of 3073.77. This is against an increased funded establishment for 2019/20 of 3437.35, as of February 2020

February 2020 FTE Split:

Establishment:	3437.35
Substantive:	3073.77
Bank:	253.23
Agency	97.72
Difference between establishment and staffing	**12.63 WTE**

Substantive WTE continues to increase. Up 30.73 wte from January 2020

Workforce Plan against Operational Plan

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

	Plan	**Actual**
	29/02/2020	29/02/2020
	Month 11	Month 11
	WTE	WTE
ALL STAFF	3288.83	3424.72
Bank	270.64	253.23
Agency staff (including, Agency, Contract and Locum)	87.37	97.72
Substantive WTE	2930.82	3073.77
Total Substantive Non-Medical - Clinical Staff	2026.68	2167.08
Total Substantive Non-Medical - Non-Clinical Staff	522.54	546.18
Total Substantive Medical and Dental Staff	381.60	360.51

Table 1 - operational plan 19/20 vs actual

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

plan were made on assumptions to bank and agency reduction and rota changes.

We have commenced the annual planning cycle for 2020/2021. All areas have been asked to produce a plan on the page which details any identified workforce changes for their services. These have been incorporated into next year's work plan along with financial assumptions particularly in relation to a reduction in bank and agency staffing. In addition, the Trust is working collaboratively with STP partners to produce an STP wide workforce plan in line with their agreed timescales.

Areas of strong performance

Time to Recruit

There has been a slight increase in time to recruit timescales this month to 63.7 days. However, we have had a number of staff, particularly within Domestic services who have not engaged with the recruitment process following a recruitment event at the job centre.

Leadership Development Programmes

Cohorts 1-3 are continuing to run for the band 7 programme and the invitations have been sent for cohorts 4-6. This programme us provided by an external training company to deliver a 4-day 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.

Institute of Healthcare Management

The Trust has been selected as the regional hub for the Institute of Healthcare Management – enabling us to expand our leadership development opportunities for bands 5s and 6s.

Every member of staff in a band 5 and 6 role is being asked to sign-up to the leadership development programme – which consists of 4 days of training.

- Session 1 - High-performing leadership in the NHS
- Session 2 – Leading to influence others
- Session 3 – Leading change
- Session 4 Team working and system working

Alongside the development programme all staff will have access to a range of on-line materials and training materials.

HEE Healthcare Academies

The trust is working with HEE as 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.

Areas requiring improvement

Bank and Agency Spend

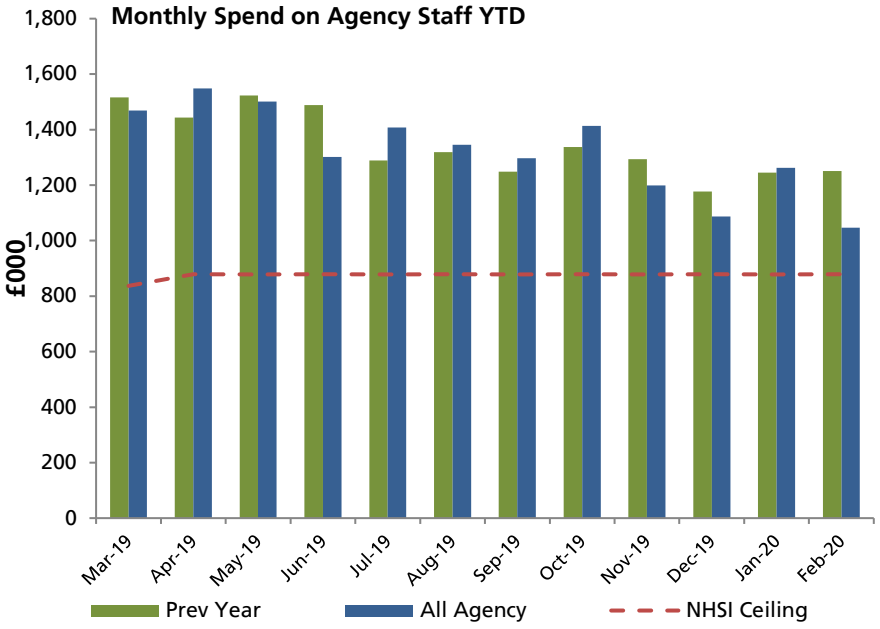


Chart 1 – monthly spend on agency staff

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. The Trust has undertaken a tendering process for the master vendor for the Trust which has resulted in a change of master vendor for the Trust. The Trust is also part of an East of England Agency and bank collaboration programme to review rates of pay and incentives for bank and agency staff across the region for nursing and medical staff.

Appraisals

The Trust appraisal rate (excluding bank staff) has increased from 82.06% to 85.23% in February 2020. 264 appraisals were recorded as being completed. This is in part, due to the cleansing of the data.

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. This will continue to be monitored through Divisional Performance Review meetings. Further appraisal training was undertaken with additional sessions planned to take place in March 2020.

The HRBP team are working with the Divisions and Corporate areas to review compliance and also to amend the trajectories as outlined above. A number of bank staff who have not worked on the bank for six months have been removed from the system. This will also have an impact on appraisal compliance.

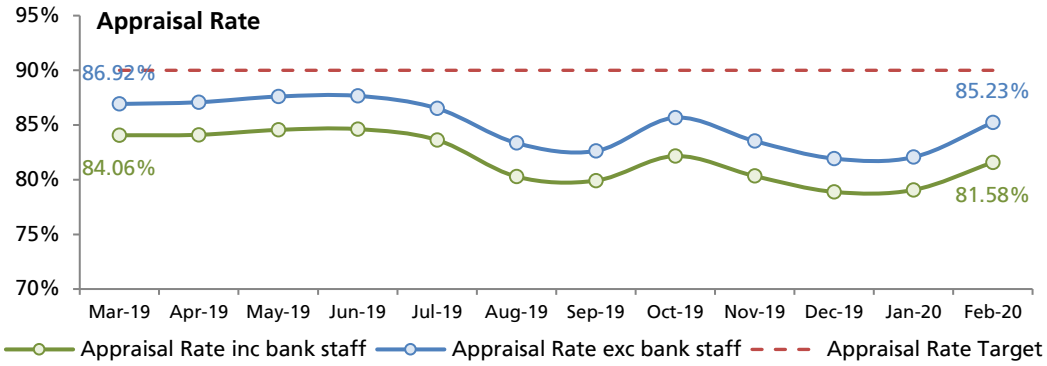


Chart 2 – Trust appraisal rate

Sickness Absence

Sickness has decreased to 5.49% in February 2020 compared to the updated January 2020 figure of 5.73%. The graph and table below shows the sickness rates over the last 12 months and the overall cost of absence.

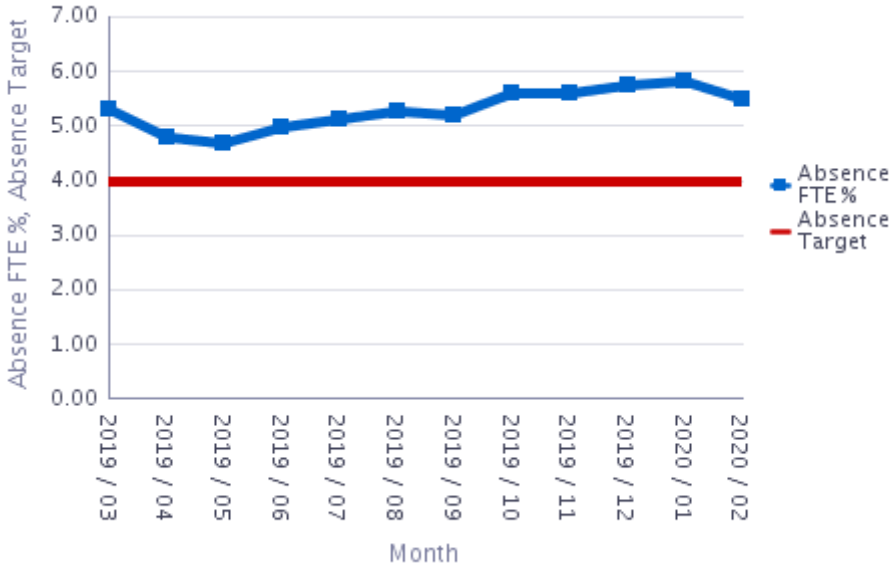


Chart 3 – Monthly sickness rate

Month	Absence FTE %	Absence FTE	Available FTE
2019 / 03	5.30%	4,743.93	89,501.39
2019 / 04	4.79%	4,149.66	86,566.16
2019 / 05	4.69%	4,212.18	89,758.17
2019 / 06	4.98%	4,324.67	86,906.54
2019 / 07	5.11%	4,597.06	90,023.05
2019 / 08	5.28%	4,746.77	89,965.90
2019 / 09	5.19%	4,586.59	88,298.93
2019 / 10	5.60%	5,196.11	92,761.03
2019 / 11	5.60%	5,079.71	90,720.32
2019 / 12	5.75%	5,422.91	94,317.01
2020 / 01	5.83%	5,515.88	94,624.54
2020 / 02	5.49%	4,903.19	89,319.29

Chart 2 – Monthly absence rate and FTE hours lost

Long term vs Short term absence

The table below demonstrates the split of short and long term sickness and also includes the number of episodes and days lost through sickness. The table demonstrates that 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.

Month	Available FTE	LT FTE Lost	ST FTE Lost	Total FTE Lost	Long Term Absence FTE %	Short Term Absence FTE %	Total Absence FTE %	LT Days Lost	ST Days Lost	Total Days Lost	LT Occurrences	ST Occurrences	Total Occurrences
2019 / 03	89,501.39	2,933.99	1,809.94	4,743.93	3.28%	2.02%	5.30%	3,659	2,112	5,771	156	516	672
2019 / 04	86,566.16	2,582.61	1,567.06	4,149.66	2.98%	1.81%	4.79%	3,258	1,796	5,054	138	530	668
2019 / 05	89,758.17	2,514.97	1,697.21	4,212.18	2.80%	1.89%	4.69%	3,190	2,059	5,249	142	533	675
2019 / 06	86,906.54	2,682.46	1,642.21	4,324.67	3.09%	1.89%	4.98%	3,299	1,904	5,203	153	494	647
2019 / 07	90,023.05	2,794.18	1,802.88	4,597.06	3.10%	2.00%	5.11%	3,521	2,081	5,602	154	575	729
2019 / 08	89,965.90	2,957.02	1,789.75	4,746.77	3.29%	1.99%	5.28%	3,650	2,033	5,683	156	466	622
2019 / 09	88,298.93	2,836.19	1,750.41	4,586.59	3.21%	1.98%	5.19%	3,458	1,983	5,441	161	517	678
2019 / 10	92,761.03	3,109.21	2,086.90	5,196.11	3.35%	2.25%	5.60%	3,800	2,395	6,195	164	644	808
2019 / 11	90,720.32	3,011.98	2,067.73	5,079.71	3.32%	2.28%	5.60%	3,601	2,435	6,036	156	648	804
2019 / 12	94,317.01	3,309.83	2,113.09	5,422.91	3.51%	2.24%	5.75%	4,027	2,514	6,541	167	679	846
2020 / 01	94,624.54	3,000.45	2,515.44	5,515.88	3.17%	2.66%	5.83%	3,721	2,914	6,635	172	710	882
2020 / 02	89,319.29	2,253.29	2,649.90	4,903.19	2.52%	2.97%	5.49%	2,868	3,158	6,026	118	643	761

Table 3 – short and long-term absence

Absence cost per staff group

As requested by the People Committee the table below shows the estimated cost of sickness by staff group over the last 12 months

Staff Group	Estimated Cost
Add Prof Scientific and Technic	£165,365
Additional Clinical Services	£876,142
Administrative and Clerical	£746,991
Allied Health Professionals	£196,810
Estates and Ancillary	£607,667
Healthcare Scientists	£25,959
Medical and Dental	£731,094
Nursing and Midwifery Registered	£1,494,526
Grand Total	**£4,844,554**

Table 4 – short and long-term absence

FTE hours lost per staff group, absence days and length of absence

The table below shows the number of FTE hours lost per staff group on a monthly basis from March 2019 to February 2020.

Staff Group	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Add Prof Scientific and Technic	211.37	175.99	137.83	113.65	92.49	102.87	53.05	165.56	150.94	147.92	111.69	112.51
Additional Clinical Services	1,203.21	962.65	1,152.25	1,218.91	1,253.75	1,210.19	1,184.30	1,336.81	1,298.25	1,579.27	1,581.39	1,463.74
Administrative and Clerical	715.06	618.45	592.98	568.74	678.27	912.38	852.63	870.74	729.2	798.33	896.56	810.38
Allied Health Professionals	262.6	156.69	175.6	151.68	143.04	165.4	178.36	190.05	124.08	104.47	111.48	182.04
Estates and Ancillary	823.8	778.74	865.11	864.89	958.36	964.64	972.02	998.63	1,043.58	1,062.11	986.70	861.65
Healthcare Scientists	21	7	0	2	11.6	6	6	9	34	39.00	35.80	37
Medical and Dental	250.8	271	257	267.9	381.6	214	206	328.4	384.6	345.73	236.50	227.45
Nursing and Midwifery Registered	1,256.09	1,182.13	1,031.39	1,134.51	1,072.36	1,171.30	1,131.84	1,286.23	1,309.70	1,324.79	1,468.32	1,218.43
Grand Total	**4,743.93**	**4,152.66**	**4,212.18**	**4,322.27**	**4,591.46**	**4,746.77**	**4,584.21**	**5,185.43**	**5,074.36**	**5,401.61**	**5,428.43**	**4,903.19**

Table 5 – number of FTE hours lost per staff group on a monthly basis

Rolling absence rate Trust wide and per staff group

The charts below show the rolling absence rate Trust wide, and per staff group on a monthly basis from March 2019 to February2020.

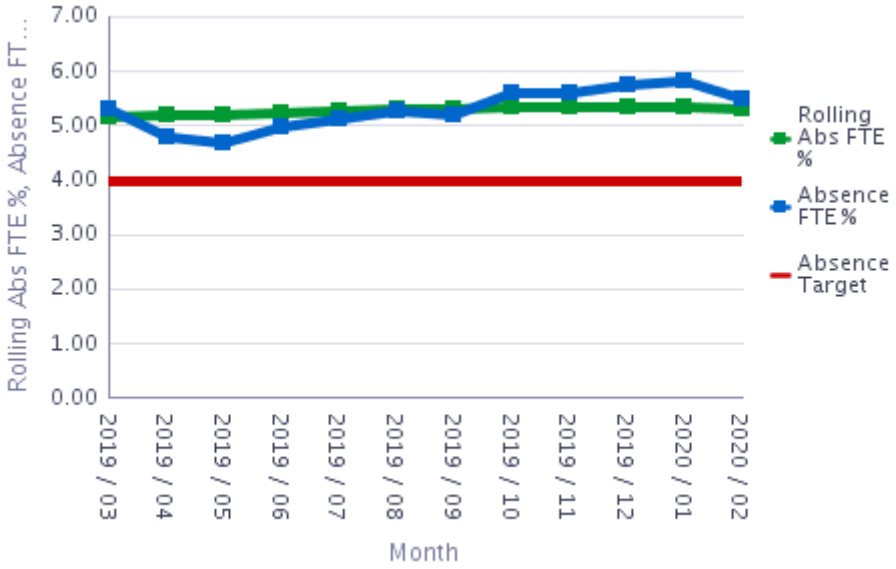


Chart 4 - Rolling Absence rate from March 2019 to February 2020

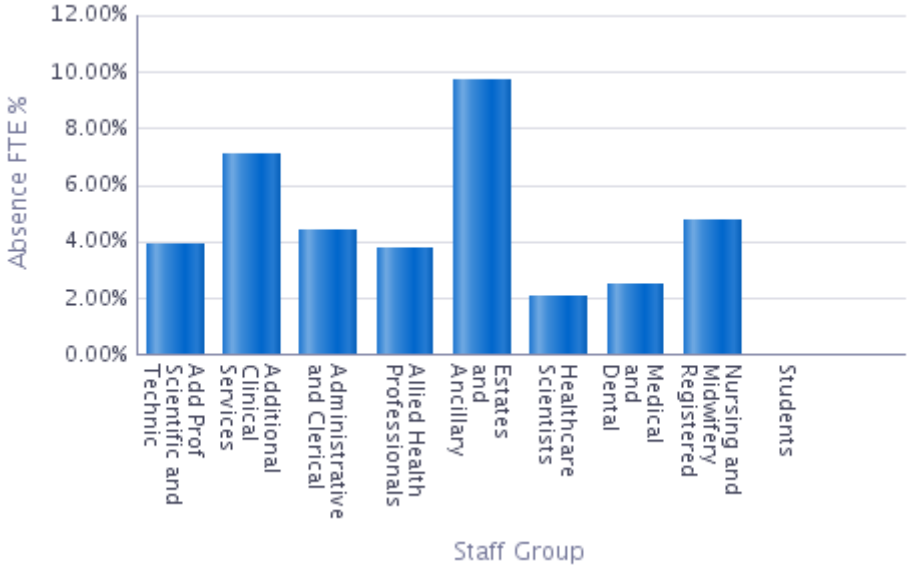


Chart 5 - Rolling Absence rate from March 2019 to February 2020 per staff group

Top reasons for sickness

The table below shows the top five reasons for sickness in February 2020;

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	62	65	846.30	£58,154.78	17.3
S13 Cold, Cough, Flu - Influenza	168	169	686.27	£56,124.88	14.0
S99 Unknown causes / Not specified	103	105	656.75	£64,779.65	13.4
S12 Other musculoskeletal problems	42	42	436.52	£28,566.53	8.9
S98 Other known causes - not elsewhere classified	42	42	424.27	£38,819.20	8.7

Table 6 - Top 5 absence reasons February 2020

The reason for absence as a result of stress and anxiety has decreased this month to for the fourth month in a row and now equates to 17.3% of the overall absence total. The HRBP team are working with the divisional and corporate areas to expand on unknown absences. The analysis data has shown that there is a mix of areas reporting unknown absences and these are being rectified.

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.
- All long-term sickness cases have been reviewed and plans are in place to inform next steps which has shown a decrease in the number of long-term cases
- A new sickness tracker has been developed for medical staff with clear actions highlighted
- Training undertaken with clinical leads in relation to absence management which has highlighted a need to run additional training sessions.
- A change to reporting arrangements for medical staff has taken place to ensure all staff know how to report their absence and that their absence is recorded accurately on the system.
- Further work planned to recruit Mental Health Ambassadors for the Trust
- All Divisions and Corporate areas will be given 12-month sickness targets which will be monitored at performance review meetings.
- Our Health and Wellbeing offering and updated, with closer working with the

College of West Anglia.

- Leadership Development training commenced in January 2020 for 3 cohorts of staff at band 7 and above with 78 attendees. Invitations for cohorts 4-6 have been sent out to the remaining 120 leaders across the Trust.
- New listening events with members of the Executive Team have been put into place.
- Further triangulation to be undertaken between turnover, sickness and mandatory training
- Emphasis to be placed on return to work interviews
- Divisional teams requested to present as part of the performance review process at People Committee

Mandatory training

Overall compliance has decreased to 84.88% in February 2020 to 86.31% in January 2020

Performance will be improved by;

- More emphasis is being placed on workbook completion and e-learning thereby extending the flexibility to complete the training. All competencies have been mapped to the training that individuals need to complete and these are all available on MyESR
- A benchmarking exercise has been undertaken to review target and compliance rates for mandatory training.
- Streamlining exercise is being undertaken across the STP
- A project plan has been developed for the review of mandatory training and the move to move to E-learning.
- Amendments to the requirements for particular training sessions and levels required by staff groups have caused a decline in compliance rates but the levels are representative of changes to national guidance ie safeguarding and moving and handling.
- A Head of Learning and Development is in the process of being appointed to review the mandatory training programme and how these are rolled out across the Trust including compliance rates, number of sessions and move to E-learning.

Employee relations cases

There are currently the following outstanding cases as at 29th February 2020;

15 x Disciplinary (see below for breakdown)
2 x Mutual respect
8 x Grievances – 6 relate to individuals behaviours of bullying and harassment
1 x Tribunal
1 x Capability
4 x Failing probationary reviews

3 x Fraud investigations

4. APPENDICES

Appendix A

2019/20 YEAR TO DATE PERFORMANCE COMPARED WITH PEER HOSPITALS (To December-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	1	1	0	0	1	0	0	0	2	0	0
Same Sex Accommodation Standards breaches	0	98	177	75	0	0	124	0	0	27	115	0
Friends & Family Inpatients & Daycases	95.00%	95.26%	96.80%	97.89%	87.80%	94.11%	97.37%	96.37%	98.63%	97.56%	97.70%	98.00%
Sample Size: Friends & Family Inpatients & Daycases	30.00%	31.73%	10.58%	10.75%	31.32%	14.53%	23.38%	18.04%	23.14%	24.43%	24.99%	27.43%
Friends & Family Accident & Emergency	95.00%	90.71%	79.65%	83.74%	84.60%	92.72%	79.15%	91.13%	67.89%	90.83%	93.90%	97.70%
Sample Size: Friends & Family Accident & Emergency	20.00%	12.20%	0.54%	30.01%	22.68%	1.60%	1.55%	8.13%	1.47%	10.65%	9.10%	2.41%
Emergency Access within four hours	95%	79.75%	77.75%	91.43%	78.93%	93.82%	75.16%	85.30%	85.61%		77.09%	94.97%
18 Weeks Referral to Treatment time - Incomplete pathways	92%	76.42%	89.02%	66.95%	75.00%	95.01%	72.24%	77.35%	74.43%	79.71%	80.08%	89.23%
Diagnostic Waiters, 6 weeks and over - DM01	1%	3.9%	5.1%	2.7%	0.6%	0.4%	1.8%	0.2%	9.7%	4.5%	0.3%	0.8%
2 week GP referral to 1st Outpatient appointment	93.00%	94.22%	95.50%	71.93%	95.32%	94.89%	94.50%	91.52%	93.95%	93.34%	94.21%	84.98%
31 day Diagnosis to Treatment	96.00%	97.89%	98.92%	97.92%	99.30%	99.69%	97.42%	99.19%	97.07%	99.65%	94.03%	96.60%
31 day second or subsequent treat (Surgery)	94.00%	95.29%	100.00%	90.36%	100.00%	97.22%	97.67%	100.00%	92.31%	99.25%	90.91%	93.89%
31 day second or subsequent treat (Drug)	98.00%	99.74%	99.73%	99.15%	100.00%	100.00%	100.00%	100.00%	99.60%	100.00%	93.75%	99.19%
62 days urgent referral to treatment	85.00%	69.12%	87.71%	77.71%	73.56%	88.77%	73.73%	77.99%	82.49%	80.00%	79.50%	87.06%
62 day referral to treatment from screening	90.00%	98.01%	86.67%	75.00%	96.97%	75.00%	91.48%	96.18%	85.71%	93.26%	92.86%	72.41%
14 days referral for breast symptoms to assessment	93.00%	83.13%	94.88%	18.18%	94.56%	93.96%	95.06%	73.29%	88.68%	89.36%	93.88%	93.31%

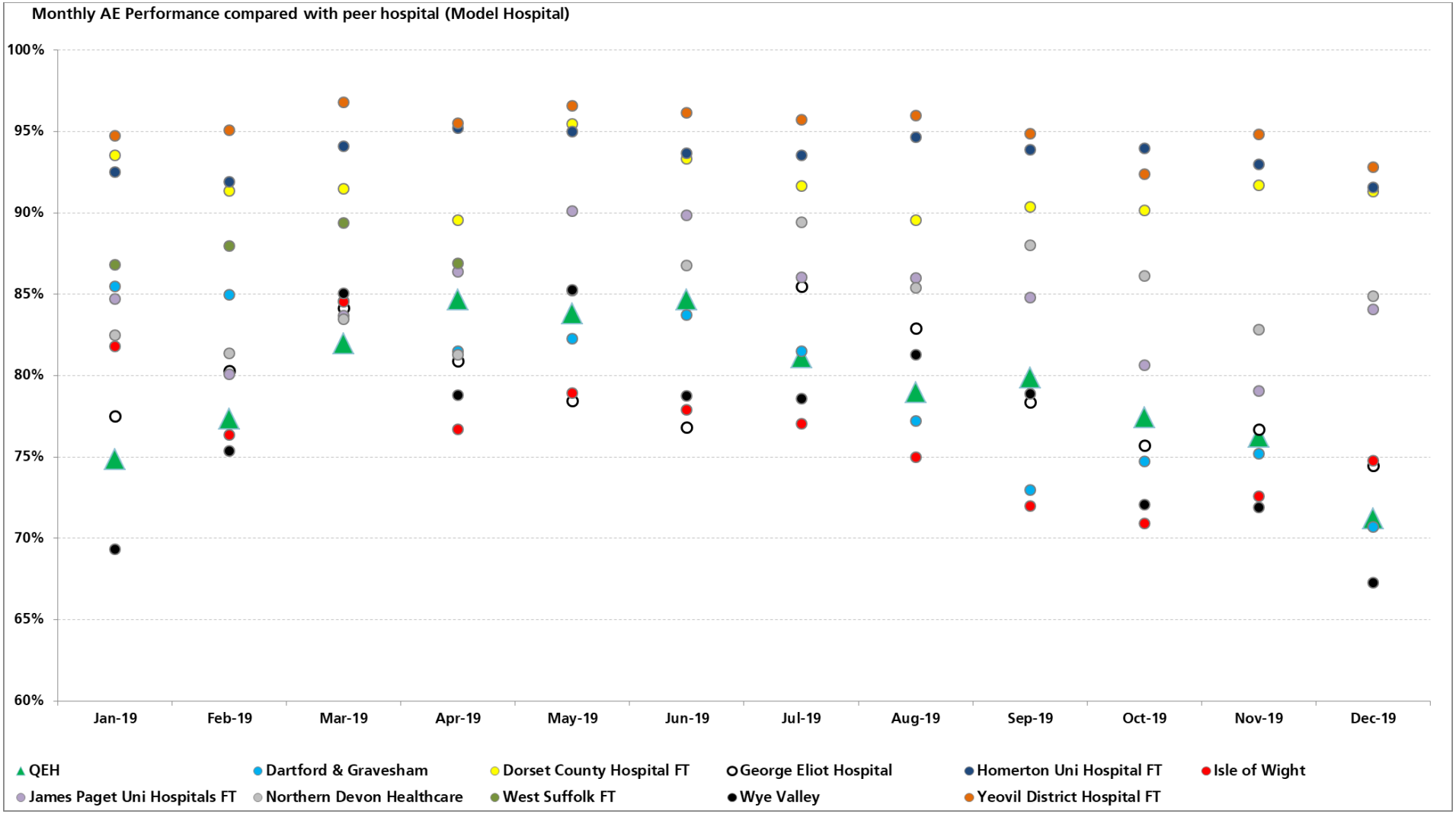
Data Source: *www.england.nhs.uk/statistics/statistical-work-areas*

Please note:

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

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

Appendix B


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