The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 October 2020	**Agenda item:**	13
Report Title:	Integrated Performance Report (IPR) – August data		
Author:	Carly West-Burnham, Director of Strategy		
Executive Sponsor:	Caroline Shaw, CEO		

Implications

Link to key strategic objectives
[highlight which KSO(s) this recommendation aims to support]

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	**Modernise hospital and estate**	**Staff engagement**	**Partnership working, clinical and financial sustainability**	**Healthy lives staff and patients**	**Investing in our staff**

Board assurance framework	The IPR covers all key performance indicators for the Trust, so encompasses elements of all Strategic Objectives. The appropriate BAF updates are received and reviewed within Finance and Activity Committee, Quality Committee, People Committee and Senior Leadership team.
Significant risk register	Ref to significant risks There are currently 13 approved significant risks open across the Trust which align to the Strategic Objectives and are monitored through the appropriate Committees.

	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	As monitored through the Committees
Legal and regulatory	Y	As monitored through the Committees
Financial	Y	As monitored through the Committees

Assurance route

Previously considered by:	Board of Directors in Public Quality Committee People Committee Finance and Activity Committee Senior Leadership Team

Executive summary					
Action required: [highlight **one** only]	Approval	Information	**Discussion**	Assurance	Review
Purpose of the report:	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. This is the fifth month where Plot the Dots (Statistical Process Control) has been used within the IPR. Focusing on the data in this way will enable greater visibility and oversight of areas which require clear focus due to ongoing issues in relation to performance rather than those which are delivering within the parameters of agreed statistical variation. It should be noted that this month's report (August's data) features an amended narrative format, to ensure that there is clarity around actions being taken and visibility of any risks to performance for all areas.				
Summary of Key issues:	As outlined within the report. The areas flagging with special cause variation are; • CDiff (Hospital onset) • MSSA (Hospital onset) • EColi (Hospital onset) • HSMR relative risk • HSMR weekend relative risk • Friends and Family Test • Dementia Case Finding • 18-week Referral-to-Treatment • 52-week waiters • Cancer – 104-day waiters • Diagnostic wait times • Patients transferred direct to the Stroke Unit within 4 hours • Mandatory Training • Appraisal compliance				
Recommendation:	The 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.				
Acronyms	AHP: Allied Health Professional BAF: Board Assurance Framework CCU: Critical Care Unit COPD: Chronic Obstructive Pulmonary Disease EEAST: East of England Ambulance Service Trust FFT: Friends and Family Test HSMR: Hospital Standardised Mortality Ratios				

	KPI: Key Performance Indicator LMS: Local Maternity System LSCS: Lower Segment Caesarean Section RTT: Referral to Treatment SHMI: Standardised Hospital Mortality Index VTE: Venous thromboembolism

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Board of Directors

August 2020 data

Executive Summaries

Safe

There were three new serious incidents reported to the Strategic Executive Information System (STEIS) in August 2020.

The Trust is not currently achieving the internal target of zero (0) for Hospital Onset E-Coli rate per 100 thousand bed days. The data is a 12-month rolling average. There have been two cases reported in August 2020.

The Trust is currently not achieving the internal target of zero (0) for hospital onset MSSA rate per 100 thousand bed days. There have been no cases reported for August 2020.

The Trust is not achieving the tolerance for hospital acquired pressure ulcer rate per 1000 bed days.

The Trust is not achieving the tolerance for hospital onset C.Diff rate per 1000 bed days (total number of cases both trajectory and non-trajectory).

VTE screening performance has returned to its previous position with performance at 98.3%, following a period of decline.

Effective

Patient recruitment into Clinical Trials continues to remain above target for the Trust. With Vaccine trials in the horizon, this is expected to further improve.

The Trust has the lowest caesarean section rates within the STP. Further improvements are planned to improve on the current position.

There were no avoidable admissions to NICU in August 2020 and term admissions to NICU remain under the national target levels.

Although SHMI remains as expected, HSMR has risen significantly to 115.5. Unlike SHMI, HSMR is affected by specialist palliative care coding which is extremely low in this trust. This recent increase is attributable to a significant reduction of activity in May 2020 due to the COVID-19 pandemic. Weekend mortality has also risen significantly above the tolerance limits from 126.97 to 138.21. With growing concerns on the weekend mortality, an independent clinical review of deaths has been agreed with NHSI Learning from Deaths Collaborative.

Caring

Mixed sex accommodation breaches have increased mainly due to the lack of step down beds from the reduced capacity in the stroke unit.

The Trust continues to exceed the national target of responding to complaints within 30 days of 90%. However, the number of complaints has increased in August 2020 to 28 which exceeds the Trust target of 20. The number of re-opened complaints is below the Trust target, which indicates that the quality of the responses are beginning to improve.

Dementia case finding remains below the Trust target however, special cause improvement is noted.

FFT response rates are lower than the Trust target but early signs of a rising trend are evident but still showing special cause for concern is noted. Further support is in place to ensure that teams offer FFT cards and point out QR codes for pateints to complete. Further improvements to capture patient feedback are planned.

Responsive

A&E performance for August 2020 was 87.1% against the standard of 95% and trajectory of 81.8%.

In August 2020 45% of handovers were completed within 15 minutes against a trajectory of 65% and 82% of handovers were completed within 30 minutes against a trajectory of 85%.

18-week performance in August 2020 is currently at 56.3% against the standard of 92%, and trajectory of 46.67%.

Diagnostic performance in August 2020 saw 43.6% of patients waiting greater than 6 weeks against the standard of 1%.

Cancer 62-day performance in July 2020 was 84.9% against the standard of 85% and against a trajectory of 76.2%.

Well Led (Finance)

The Trust will report a break-even position for month 5 following an assumption that the Trust will receive reimbursement for all COVID-19 related costs. This is in line with the national guidance of accounting for 'block' income, 'top-up' payments and taking account of COVID-19 reimbursements and the retrospective 'top-up' mechanism to bring the overall income and expenditure position back to a balanced position.

An additional £2.2m of top-up income is required for month 5 to achieve this break-even position. Whilst the value of the top-up required is an increase of £0.3m on month 4 (£1.9m) overall COVID-19 related-expenditure has decreased to £0.8m.

Well Led (People)

Overall sickness for the Trust has decreased in August, from 5.35% to 5.1%. COVID-19 sickness reduced to 0.39% (from 0.56% in June) and non-COVID-19 sickness increased to 5.02% (from 4.79% in June)

Trust compliance with mandatory training is 76.5% against a target of 85%.

The Trust vacancy rate is 10.57%, with nursing & midwifery staff group being below 10% target at 8.64%. Medical & Dental vacancies have risen to 16.53% from 11.90% the previous month.

The Trust appraisal rate (excluding bank staff) was at 76.8% for August against the target of 90%.

A note on SPC Charts

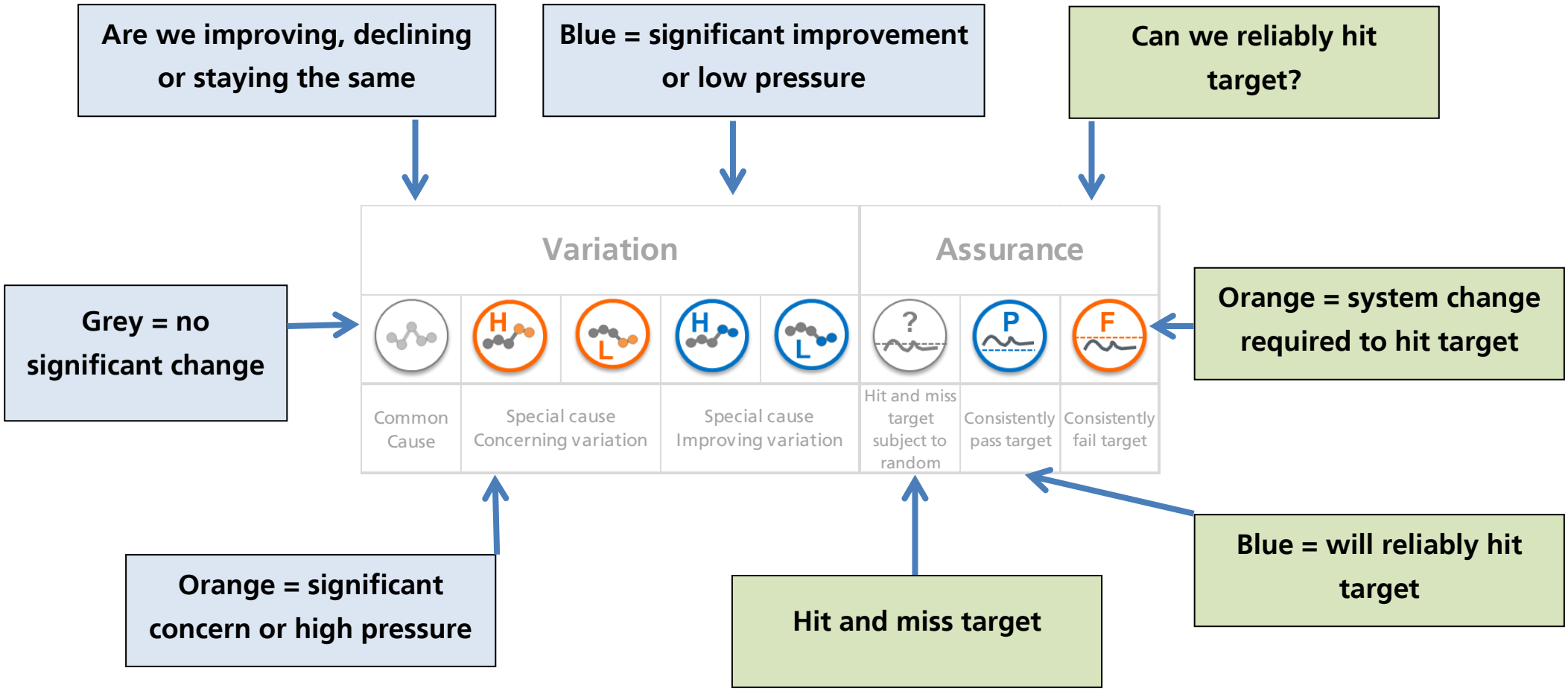
The report that follows uses the key below. A recap of using these descriptions is also included below

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

A note on SPC Charts continued

High level Key - Variation

High level Key - Assurance



Safe Dashboard

Items in blue are awaiting the latest update.

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-20	Serious Incidents (DECLARED IN MONTH)	0	3		
Aug-20	Falls (with Harm) Rate per 1000 beddays	0.98	0.00		P
Aug-20	PUs Rate per 1000 beddays	0.00	0.33		?
Aug-20	Overall Fill Rate %	80.0%	98.4%		P
Aug-20	CHPPD	8.00	8.93		?
Aug-20	Cleanliness - Very High Risk	95.0%	96.7%	H	?
Aug-20	Cleanliness - High Risk	95.0%	96.2%	H	?
Aug-20	Cleanliness - Significant Risk	95.0%	94.0%		?
Aug-20	Cleanliness - Low Risk	95.0%	96.0%		
Aug-20	Cleanliness - No. of audits complete	37.00	35		?

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-20	CDiff (Hosp Onset) Rate per 100k beddays	17.60	32.58	H	F
Aug-20	CDiff (Hosp Onset) Actual	4	3		
Aug-20	MRSA (Hosp Onset) Actual	0	0		
Aug-20	E Coli (Hosp Onset) Rate per 100k beddays	0.00	11.85	L	F
Aug-20	E Coli (Hosp Onset) Actual	0	2		
Aug-20	MSSA (Hosp Onset) Actual	0	0		
Aug-20	MSSA (Hosp Onset) Rate per 100k beddays	0.00	5.92		F
Jul-20	VTE Assessment Completeness	97.2%	98.3%		?
Aug-20	Patient Safety Alerts not completed by deadline	0	0		

Serious Incidents

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

SI Declared Date	Date Incident occurred	SI/NE Summary	SI RCA Due Date
10/08/2020	07/07/2020	Missed VTE Patient was admitted with sepsis of unknown origin and had fallen at home prior to admission. The patient had numerous co-morbidities however was recovering well on antibiotics and plans for discharge were in place. The patient suddenly collapsed and passed away. A post mortem was completed and revealed a pulmonary embolism. VTE risk identified on admission and enoxaparin 40 once a day commenced however it was identified as an insufficient dose as the patient was just over 100kg	21/10/2020
27/08/2020	19/08/2020	Mental Health 12-hour breach in ED. A patient required a voluntary inpatient bed on a Mother and Baby mental health unit, this was identified however the patient subsequently deteriorated and was assessed as having no capacity and not fit for transfer. The patient was admitted to the Acute Medical Unit but the patient	03/12/2020

		was in the emergency department for over 21 hours.	
27/08/2020	21/08/2020	A 20-day old baby was referred by the social worker for a safeguarding children medical examination. Marks to the baby's face were reported as inflicted by a sibling. Clinicians satisfied with account provided. The baby was discharged to the care of his mother with a safety plan in place and for a section 47 Enquiry to take place. The baby re-presented the next day following midwife visit as part of the safeguarding plan. Baby having seizures and a large left subdural haematoma and possible small right subdural haematoma were identified. The Trust "Joint Guidelines for the Management of Unexplained Injury in Infants" was not followed on first presentation.	23/11/2020

Table 1 - Details of SI Reported to STEIS in August

Immediate actions:

VTE Meeting SI criteria

- Patient safety alert has been issued to all clinical teams regarding correct dose of anticoagulants

Mental Health 12-hour breach in ED

- Patient moved into a cubicle for comfort and safety
- Safeguarding referral completed

- Patient discussed at all site meetings with good escalation with Silver and Gold on-call

Safeguarding Children - Management of Unexplained Injury in Infants

- Appropriate investigations and treatment provided upon re-presentation
- The baby and sibling safeguarded from further harm through involvement of children's services.
- Safeguarding children "peer" review meetings in place with clinicians.
- Email to all paediatric medical staff to regarding the joint guidelines for the Management of Unexplained Injury in Infants

There were 9 serious incidents closed by the CCG in August 2020.

Hospital Onset E-Coli Rate per 100K Bed Days

Data To	KPI Description	Target	Current Value	Variance	Assurance	*Variation Comment*	*Target Achievement*
Aug-20	E Coli (Hosp Onset) Rate per 100k beddays	0.00	11.85	L	F	Special cause (unexpected) variation - Improvement (L)	Variation indicates consistently (F)alling short of the target

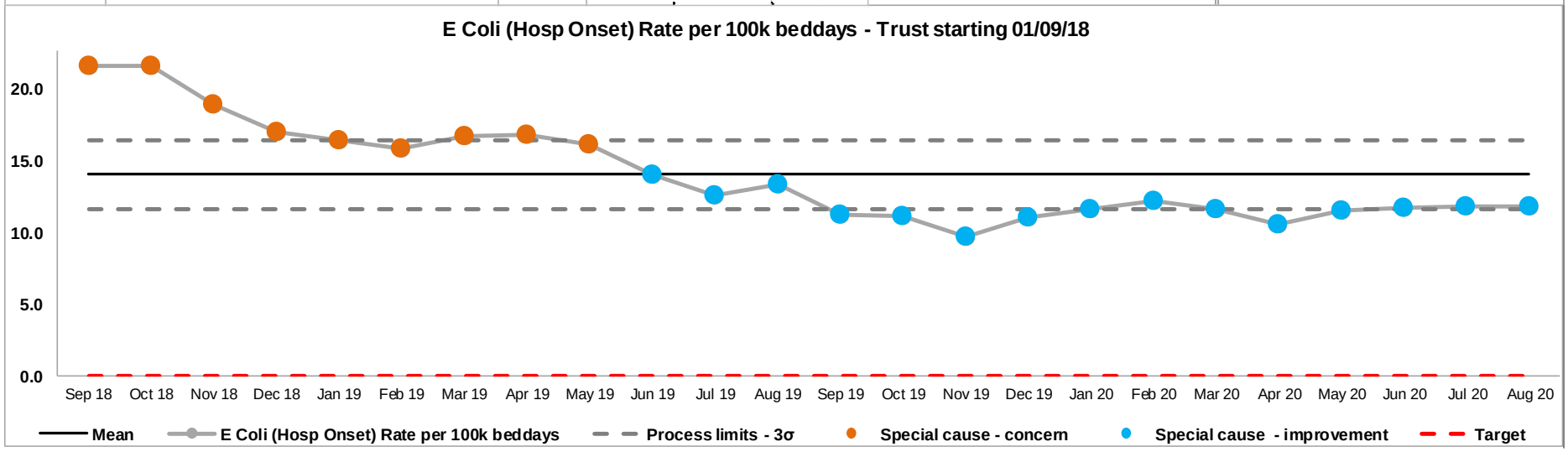


Chart 1: Hospital Onset E-Coli Rate per 100K Bed Days

Key Issues (any new issues in red):

1. Not achieving the internal target of zero (0) for Hospital Onset E-Coli rate per 100 thousand bed days. The data is a 12-month rolling average.
2. There have been two cases reported in August 2020. The Trust has had six cases reported to date (one in May 2020 and three in July 2020).

Key Actions (new actions in green):

1. Development of the antimicrobial stewardship programme
2. Closer liaison with estates and domestics to improve the environment
3. Enhanced terminal decontamination and better education

Recovery Forecast:

1. There is currently no agreement with the commissioners on the reduction in hospital onset E. coli cases.
2. The Trust has seen a year on year reduction of hospital onset E. coli cases.

Key Risks to Forecast Improvement:

1. Failure to follow Infection Prevention and Control guidance.
2. Increase in the number of patients admitted to the hospital who are high risk.

MSSA Hospital Onset Rate per 100K Bed Days

Data To	KPI Description	Target	Current Value	Variance	Assurance	*Variation Comment*	*Target Achievement*
Aug-20	MSSA (Hosp Onset) Rate per 100k beddays	0.00	5.92		F	Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target

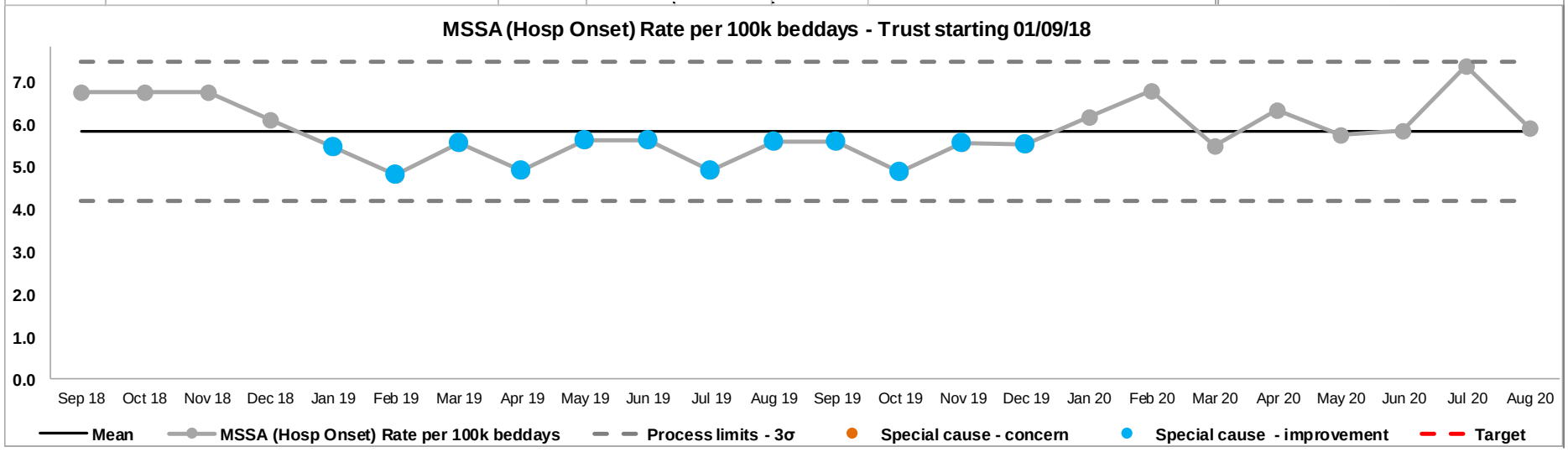


Chart 2: Hospital Onset MSSA Rate per 100K Bed Days

Key Issues (any new issues in red):

1. Not achieving the internal target of zero (0) for hospital onset MSSA rate per 100 thousand bed days. The data is a 12-month rolling average.
2. There have been no cases reported for August 2020. There are three cases to date (one in April 2020 and two in July 2020).
3. There is currently no national target reduction for MSSA.

Key Actions (new actions in green):

1. A root cause analysis is carried out for all hospital onset MSSA and feedback is given to the ward areas for any lessons learnt. There were two lessons identified from the root case analysis; the first is about the correct documentation of cannula and the second is regarding the use of Octenisan wash.

2. Development of the antimicrobial stewardship programme.
3. Closer liaison with estates and domestics to improve the environment.
4. Enhanced terminal decontamination and better education.

Recovery Forecast:

1. The cases fluctuate on a monthly basis. In comparison to similar sized Trusts, QEH have a similar number or fewer cases.
2. The Trust has seen a year on year reduction of hospital onset MSSA.

Key Risks to Forecast Improvement:

1. Increase in the number of high-risk patients admitted to the hospital.

Pressure Ulcer Rate per 1000 Bed Days

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	PUs Rate per 1000 beddays	0.00	0.33			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

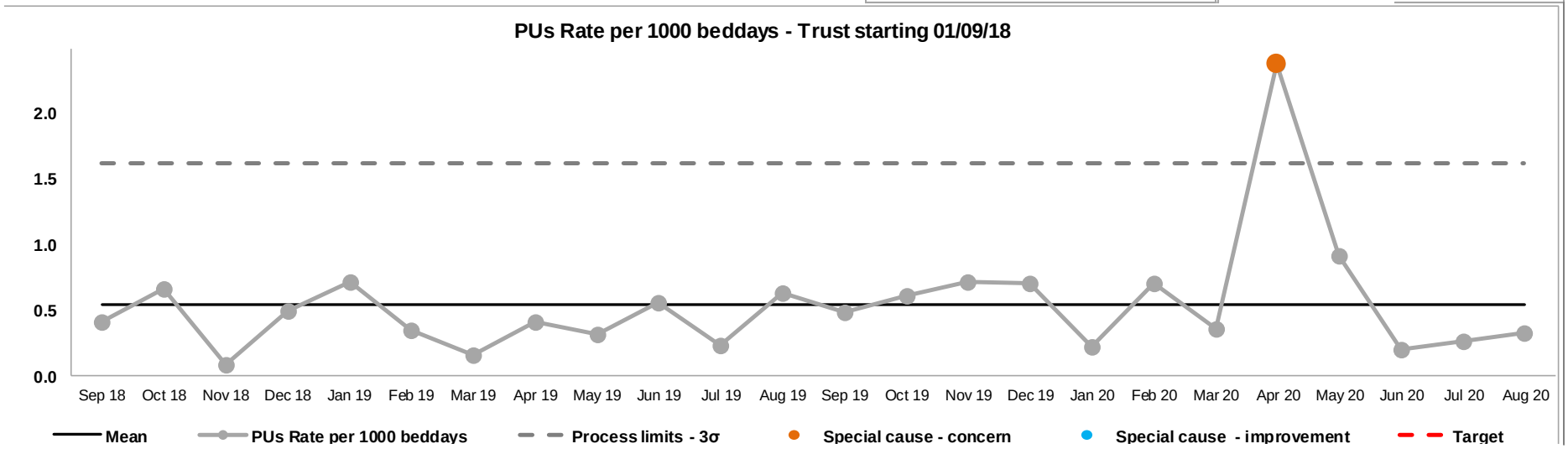


Chart 3: Pressure Ulcer Rate per 1000 Bed Days

Key Issues (any new issues in red):

1. Not achieving the tolerance for hospital acquired pressure ulcer rate per 1000 bed days. The data is a 12-month rolling average.

Key Actions (new actions in green):

1. The tolerance has been set to zero (0) and any hospital acquired pressure ulcer reported (with or without lapses in care) would automatically render a failure to achieve.
2. The lead for the Tissue Viability service is in the process of working with the information team to reset the tolerance based on an average of previously submitted data.
3. The Tissue Viability team continue to work with the wards to deliver and support training in pressure ulcer prevention. There is a planned pressure ulcer summit in November 2020.

Recovery Forecast:

Recovery forecast will be dependent on the new trajectory.

Key Risks to Forecast Improvement:

1. Non-compliance with the pressure ulcer prevention care bundle.

C Diff Hospital Onset Rate per 100K Bed Days

Data To	KPI Description	Target	Current Value	Variance	Assurance	*Variation Comment*	*Target Achievement*
Aug-20	CDiff (Hosp Onset) Rate per 100k beddays	17.60	32.58	H	F	Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (F)alling short of the target

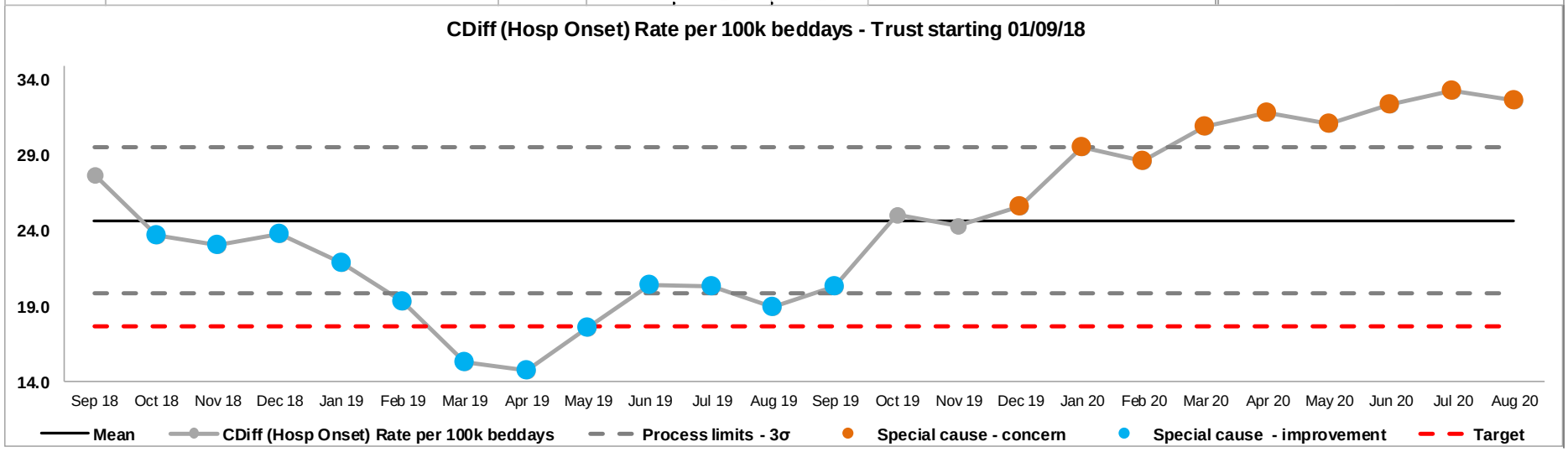


Chart 4: Hospital Onset C-Diff Rate per 100K Bed Days

Key Issues (any new issues in red):

1. Not achieving the tolerance for hospital onset C.Diff rate per 1000 bed days (total number of cases both trajectory and non-trajectory). The data is a 12-month rolling average.
2. There have been three cases of hospital associated C.Diff in August 2020 and 19 cases in total have been reported to date. Of the 19 cases, 17 root cause analyses have been completed with the remaining two completed on 23 September 2020; of the two recently completed, one was subject to appeal with the CCG as no lapses in care was identified and the second was a lapse due to time to isolate.

Key Actions (new actions in green):

1. The Infection Prevention and Control team continue to raise awareness of the appropriate management of diarrhoea and vomiting through bespoke teaching on the wards, attending Safety Huddles and sharing of lessons learnt from the root cause analyses.
2. Active antimicrobial pharmacist ward rounds.

Recovery Forecast:

1. The trajectory for the Trust is set at 44 cases for the year 2020/2021. Following the appeals meeting with the Clinical Commissioning Group, seven were declared as trajectory cases (identified with lapses in care), eight were non trajectory (no lapses in care) and two are awaiting a decision. It means that to date there are only seven cases counted as part of the trajectory for this year.
2. There was a change in the reporting of C.Diff cases for acute providers in 2019/20 by using the following two categories:
   - Hospital onset healthcare associated: cases that are detected in the hospital two or more days after admission
   - Community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks

Prior to this, acute providers were only reporting cases relating to the first category.

Key Risks to Forecast Improvement:

1. Increased number of C.Diff cases and non- compliance with Infection Prevention and Control policy.

VTE Assessment

Data To	KPI Description	Target	Current Value	Variance	Assurance	*Variation Comment*	*Target Achievement*
Jul-20	VTE Assessment Completeness	97.2%	98.3%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

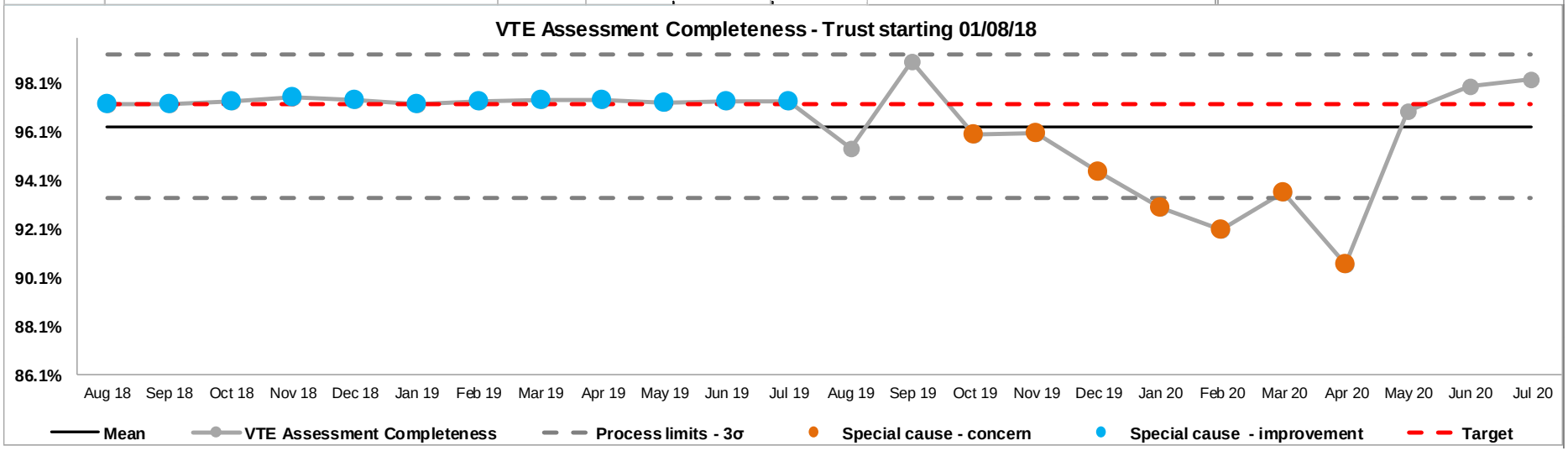


Chart 5: VTE Assessment completeness

Key Issues (any new issues in red):

1. VTE screening performance has returned to its previous state, following a period of decline. Several changes have been made to regain stability in this area including; the redesign of clerking booklets, a comprehensive review of all areas that required patient screening, awareness sessions and induction sessions for junior doctors.

Key Actions (new actions in green):

1. The importance of the need for compliance of VTE assessments is introduced at induction and reiterated at forums such as; the MD briefing and from Learning from Serious Incidents etc. to improve awareness and compliance.

2. Development of a unified approach to seek areas of capture for the coding team, through redesign of the admission booklet and review of clinical areas.

Recovery Forecast: Currently recovering and expected to be stable by January 2021.

Key Risks to Forecast Improvement:

1. This process relies on human factors to enable the screening and documentation. This can be strengthened through the implementation of a forcing function delivered through E-prescribing. Any delays in implementing this process will pose an ongoing risk.

Effective Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-20	Stillbirth Rate	3.73	3.51	H	?
Jul-20	Neonatal Deaths Rate	1.06	0.50	H	P
Jul-20	Extended Perinatal Deaths Rate	4.79	4.01	H	P
Jul-20	Total C Section Rate	25.0%	30.5%		?
Jul-20	EL C Section Rate	10.0%	12.0%	L	?
Jul-20	EM C Section Rate	15.0%	18.6%		?
Aug-20	Maternal Deaths	0	0		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-20	% "Term" admissions to the NNU	6.00%	3.47%		?
Aug-20	% "Avoidable Term" admissions to the NNU	0.00%	0.00%		?
May-20	HSMR Crude Rate	3.18	3.17		?
May-20	HSMR Relative risk	100.00	115.49	H	?
May-20	HSMR Weekend Relative risk	100.00	138.21	H	F
Mar-20	SHMI (Rolling 12 mth position)		101.47	As Expected	
Aug-20	Rate per 1000 admissions of inpatient cardiac arrests	2.00	0.52		?
Aug-20	No. of patients recruited in NIHR studies	50	37		?

Effective - Accountable Officer - Medical Director

Mortality

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
May-20	HSMR Relative risk	100.00	115.49	H	?	Special cause (unexpected) variation - Concern (H)	Variation indicates inconsistently passing and falling short of the target

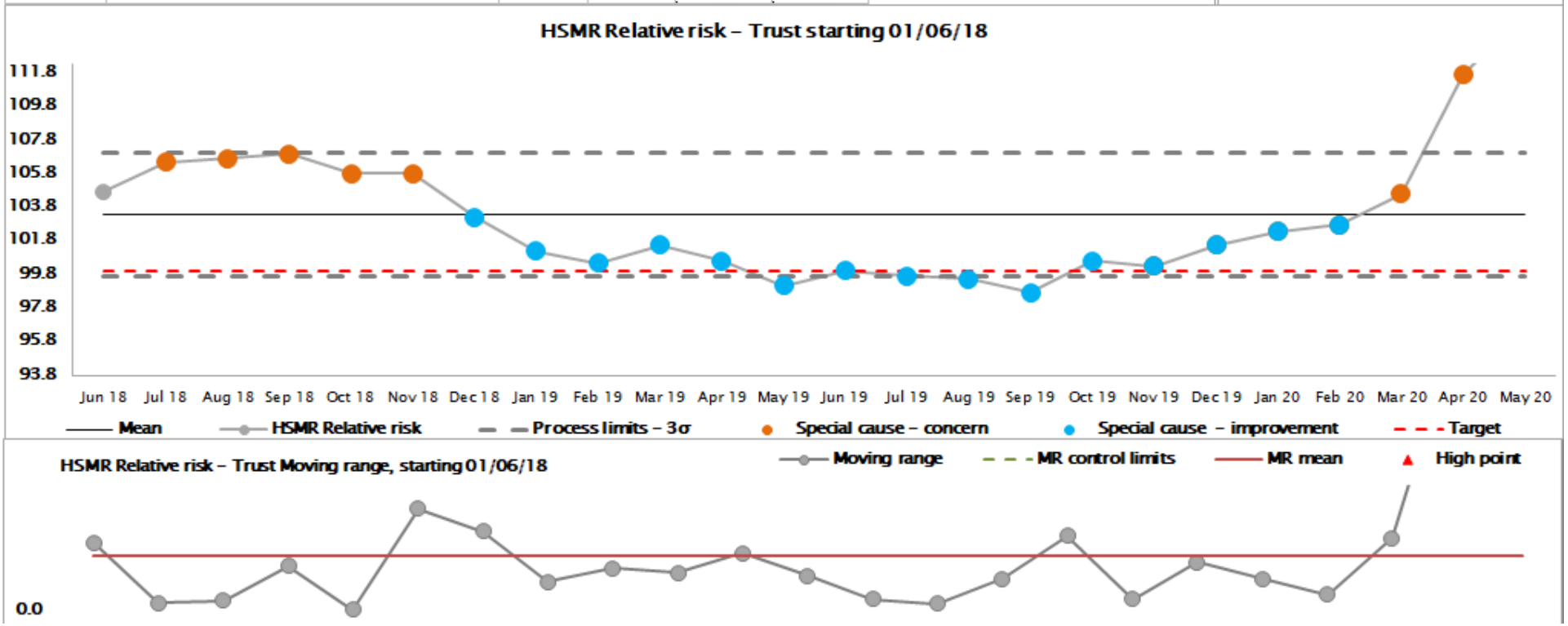
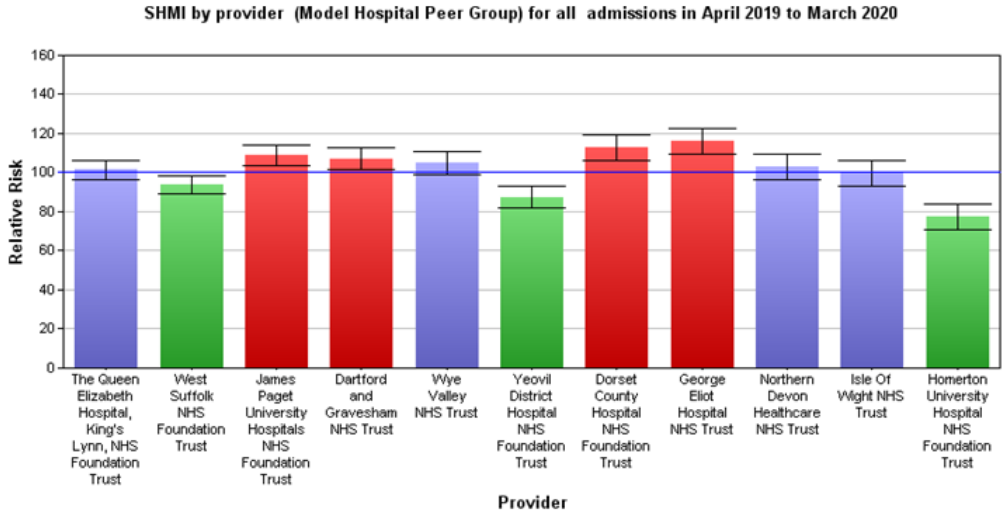


Chart 1: Hospital Standardised Mortality Ratio

Data To	KPI Description	Target	Current Value	
Mar-20	SHMI (Rolling 12 mth position)		101.47	As Expected



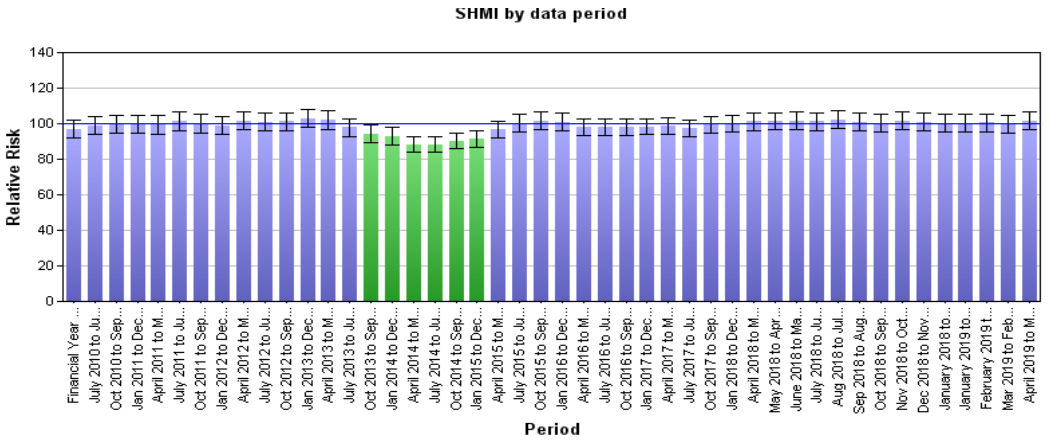
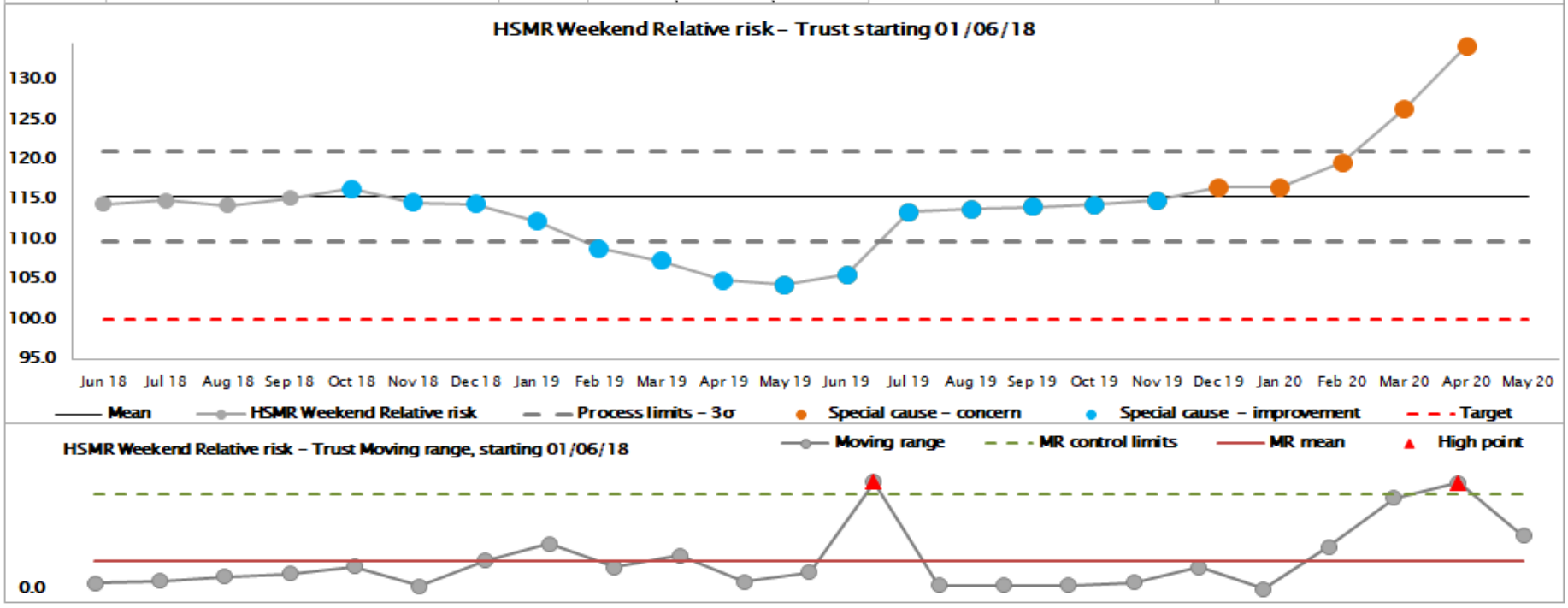


Chart 2: SHMI – Quarterly performance to March / Trust benchmarked position using a rolling 12-month SHMI score (Doctor Foster)

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
May-20	HSMR Weekend Relative risk	100.00	138.21	H	F	Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (F)alling short of the target



Key Issues (any new issues in red):

1. The SHMI at 101.47 covers the period to March 2020 and remains "as expected". QEH is one of the 6 Trusts within a peer group of 15 that remains with the expected range with a crude mortality of 2.9% against a peer group of 3.1. The SHMI will be published again in September with a predicted figure of 101 for the period to April 2020. COVID-19 related deaths have been excluded from SHMI calculations as this is not designed for this type of pandemic activity and the statistical model used for calculating SHMI will not be accurate if these deaths were included. COVID-19 deaths are however monitored in a new contextual indicator "percentage of provider spells with COVID-19 coding".

2. The HSMR ratio has shifted from 104.6 to 115.49, which is higher than expected. March and April saw a higher number of deaths due to the COVID-19 Pandemic, with the first 16 deaths in March 2020 and a subsequent 89 deaths in April. COVID-19 deaths have

been removed from the HSMR calculation, however, there was a significant fall in activity during this time (elective 23.5% and non-elective 16.9% between February and March 2020), reducing the denominator of total admissions by 20.2%. This is broadly in line with the East of England peer group.

3. There were no CUSUM (Cumulative Sum of Deaths in a particular diagnostic group) alerts in this reporting period. However, there are currently three outlying groups; Chronic Obstructive Pulmonary Disease (COPD), Acute and Unspecified Renal Failure and Other Lower Respiratory Disease (LRTI). A previous audit into deaths of patients with COPD and LRTI did not identify any lapses in care. COPD mortality was raised in March 2020, which was driven by a fall in activity, not observed mortality. An Audit on acute and unspecified Renal Failure (which is a new outlier) will be undertaken and reported in November 2020.

4. Weekend mortality has also risen significantly above the tolerance limits from 126.97 to 138.21. Previous in-depth reviews of weekend deaths did not identify any significant clinical lapses, but demonstrated low levels of End of Life provision (lack of palliative care coding) and a suggestion of poor access to other services in the community at weekends. These mortality rates are particularly high in COPD and LRTI diagnostic groups.

Key Actions (new actions in green):

1. The hospital has joined an NHS Improvement Learning from Deaths Collaborative, to improve the scrutiny and learning from deaths in our care. This collaborative will help streamline the mortality review processes and ensure alignment with good practice.

2. The Trust is also working closely with NNUH and NHS Improvement to support the recognition and care of End of Life (EOL) patients. The EOL service for the Trust is being revised and additional support has been provided from NNUH consisting of a Palliative Care Consultant and Palliative Care Specialist Nurse since 10th August 2020. In addition to this, the Trust is currently undertaking a review of the Structured Judgement Review (SJR) Processes and training in line with good practice. This includes a redesign of review processes, training in SJR and creating pan-professional reviews of deaths in collaboration with NHSI.

3. With weekend mortality remaining a persistent outlier, the Trust has undertaken two Structured Judgement Review audits of weekend deaths. No significant lapses in care were identified in these reviews. A repeat review will be presented to the Quality Committee this month. A further review of 40 deaths following admission at weekends is being undertaken by the NHS Improvement Learning from Deaths Collaborative, to provide an independent evaluation of weekend deaths.

4. A Trust-Wide Deteriorating Patient Lead Consultant has been appointed and a full-time Specialist Nurse role is to be advertised to support the recognition and management of deteriorating patients. This is expected to improve the care of seriously unwell patients and to improve the recognition of dying patients, both of which are expected to gradually lead to improvements in the HSMR.

Recovery Forecast - The forecast will be assessed following the recommendations from the external review, as EOL service redesign remains key to improving this metric.

Risks to recovery

The number of admissions remained lower than average for May, due to the deferral of elective activity, a drop in non-elective demand and changes in societal behaviour impacting on other respiratory and infectious diseases. The crude death rates are therefore likely to remain high for the next reporting period. The impact of societal changes, the wide variation in admissions and the possibility of a second COVID-19 wave remain significant unknown risks for future recovery.

The increase in crude deaths rate is likely to be reflected in the rolling 12-month SHMI to be reported from October 2020.

C-Section rates

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	Total C Section Rate	25.0%	30.5%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

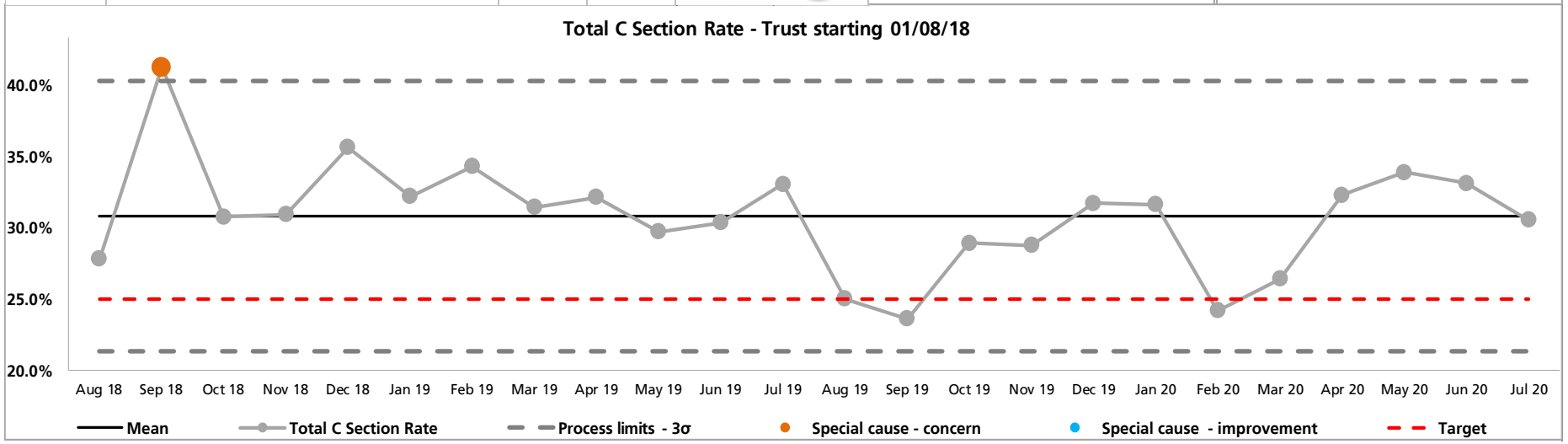


Chart 4: Caesarean Section Rates

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	EL C Section Rate	10.0%	12.0%			Special cause (unexpected) variation - Improvement (L)	Variation indicates inconsistently passing and falling short of the target

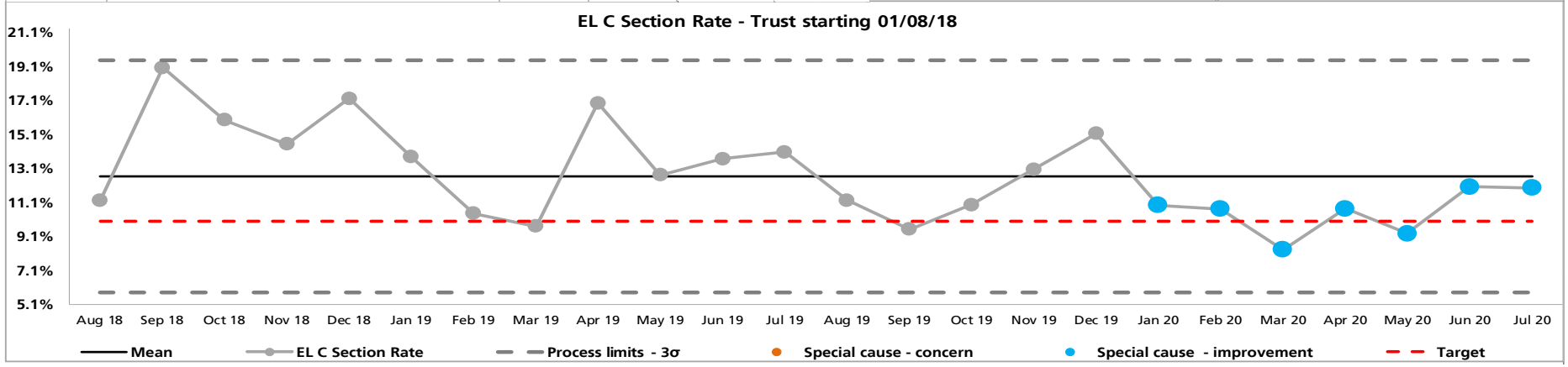


Chart 5: Elective Caesarean Section Rates

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	EM C Section Rate	15.0%	18.6%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

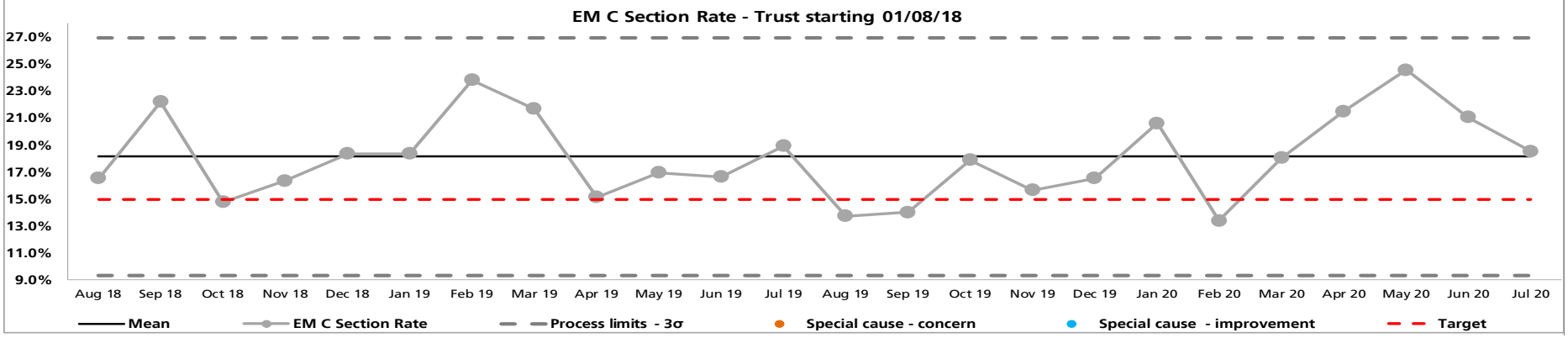


Chart 6: Emergency Caesarean Section Rates

Total Caesarean rates for July 2020 remains variable at 30.5%. However, the actions taken to reduce elective Caesarean section rates have now led to a sustained significant improvement in these rates. QEH has the lowest elective, emergency, total and total year to date caesarean section rates across the Norfolk and Waveney STP.

Retrospective Multidisciplinary reviews of all caesarean sections, Vaginal Birth after Caesarean (VBAC) clinics to risk assess and plan for patients and Consultant-Led High risk pregnancy clinics have been implemented since December 2019, prompting this improvement in performance.

Hospital	Elective LSCS	Emergency LSCS	Total	Total YTD
QEH	11.98%	18.56%	30.5%	32.59%
JPUH	15%	22%	37%	39.2%
NNUH	17.9%	21%	38.9%	36.5%

Key Issues (any new issues in red):

1. On-going sickness / delay in return from shielding for consultant staff within the department may be exacerbated by a second wave of the pandemic. This would present ongoing difficulties in meeting service level demands, though this is curretnly predicted to improve from October 2020.
2. Attendances at MDT/CS reviews is not yet well established leading to ongoing variability in decision making. A full quota of consultant staff with robust job planning is required to ensure attendance at the MDT to ensure that robust confirm and challenge is in place.
3. Late commencement of Induction of Labour (IOL) due to reduced midwifery staffing levels during the day can lead to overnight decision making by less experienced staff (relayed to the on call consultant). Late starts to IOL can also lead to poor client expereience which can then prompt an increase in requests for LSCS.

Key Actions (any new actions in green):

1. Request for log of attendance at MDT and minutes of the meeting along with spot visits by MD/ Deputy MD to improve rigour in this process.
2. Clinical Director to oversee the IOL process and provide a weekly report on the timings along with outcomes of IOL. This is expected to improve early induction of labour which in turn reduces LSCS rates.
3. Consultant level section rate details have been requested to be shared with the team to highlight individual variation of decision making and to share best practice across the team.

4. Nine new midwifery staff have been recruited and are due to start in October. They will be supernumerary initially, but will be in the schedules from November.

Recovery Forecast: It is anticipated that with the increase in midwifery numbers, the timing of Induction of labour should improve and reduce the requirement for emergency sections in some cases. The improved staffing levels should also allow sufficient staff to support the elective caesarean section pathways. These measures are predicted to lead to performance meeting the national target from January 2021.

Key Risks to Forecast Improvement:

Ongoing sickness / delay in return to work from shielding staff and potential impact on the new midwifery workforce.

Admissions to NICU

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	% "Term" admissions to the NNU	6.00%	3.47%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

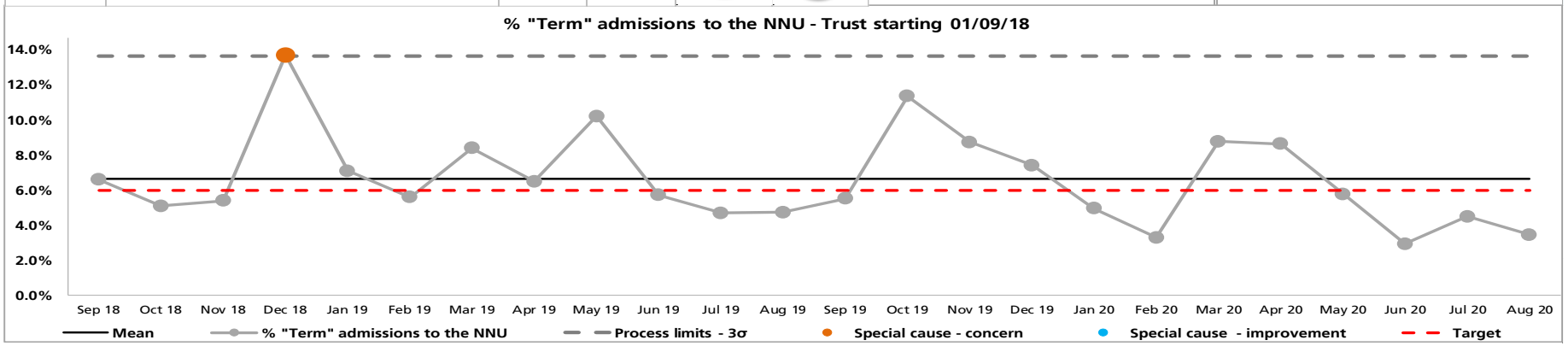


Chart 7: % Term Admissions to NICU

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	% "Avoidable Term" admissions to the NNU	0.00%	0.00%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

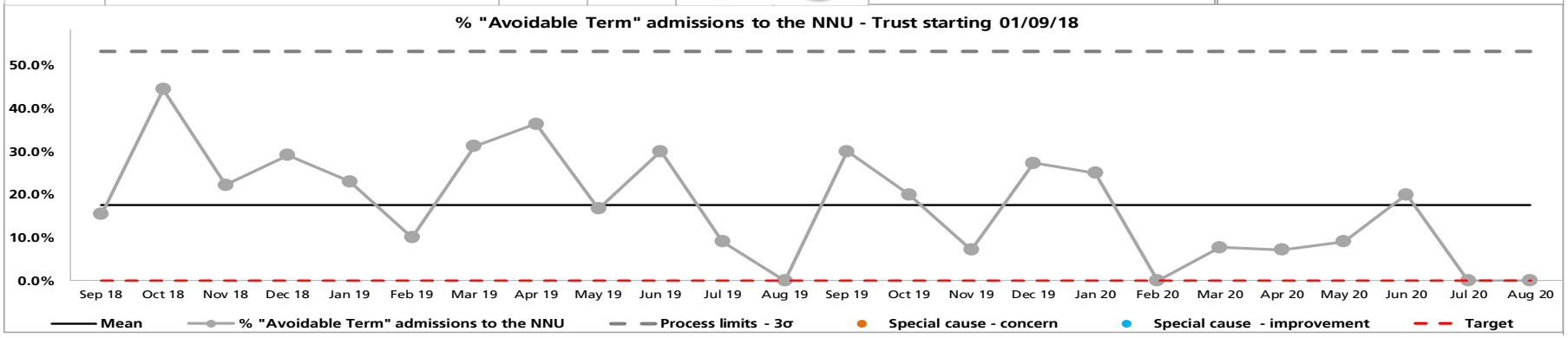


Chart 8: Avoidable Term Admissions to NICU

Key Issues (any new issues in red):

1. Term admissions to NICU for August were below the national target of 6% at 3.47%.
2. For the second consecutive month, there were no avoidable admissions to NICU. Continuous monitoring of this domain with feedback through ATAIN reviews are in place to ensure learning and feedback in areas of improvement.
3. Previous issues such as lack of senior level reviews to enable safe and timely discharges, careful planning of care through periodic reviews by appropriate medical personnel is in place and is beginning to take effect. However, the performance is still fragile and requires constant re-enforcement and improved awareness.

Key Actions (new actions in green):

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

Recovery Forecast: Expected to recover in December, in keeping with the current trend.

Key Risks to Forecast Improvement:

Turnover of staff will affect the awareness and learning on this issue. Regular need to improve awareness and monitoring to enable embedding the changes introduced in this pathway.

Neonatal and Perinatal Mortality

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	Stillbirth Rate	3.73	3.51	H	?	Special cause (unexpected) variation - Concern (H)	Variation indicates inconsistently passing and falling short of the target

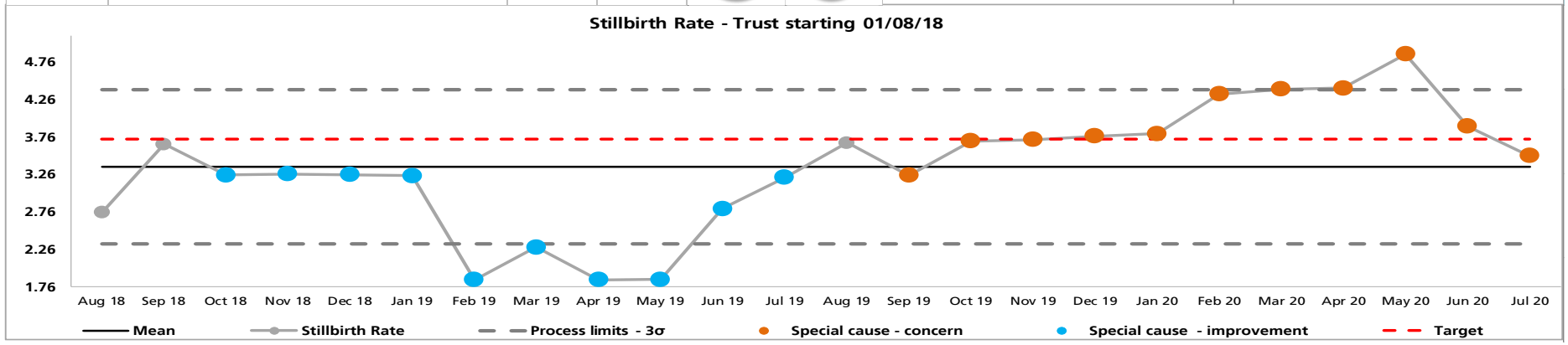


Chart 9: Stillbirth Rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	Neonatal Deaths Rate	1.06	0.50	H	P	Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (P)assing the target

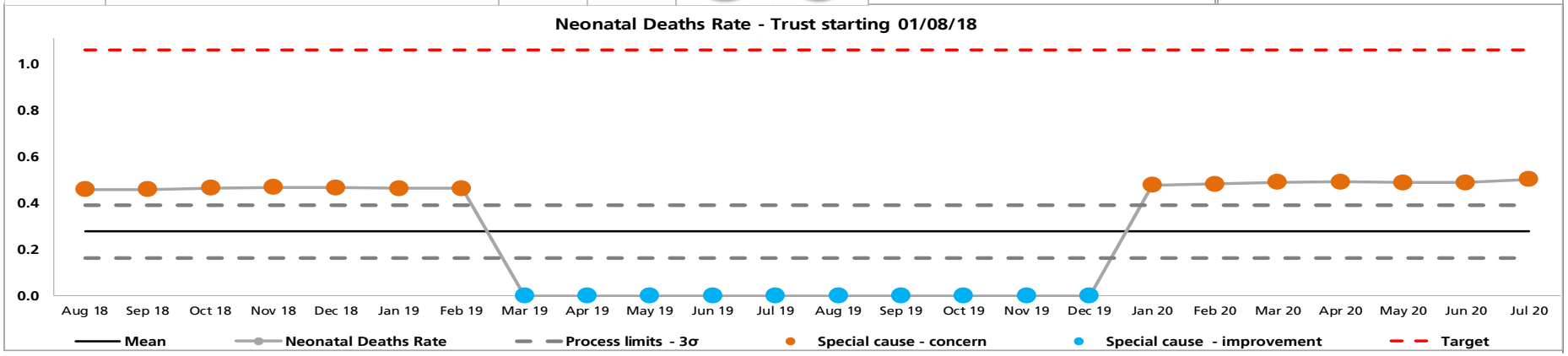


Chart 10: Neonatal Deaths Rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	Extended Perinatal Deaths Rate	4.79	4.01	H	P	Special cause (unexpected) variation - Concern (H)	Variation indicates consistently (P)assing the target

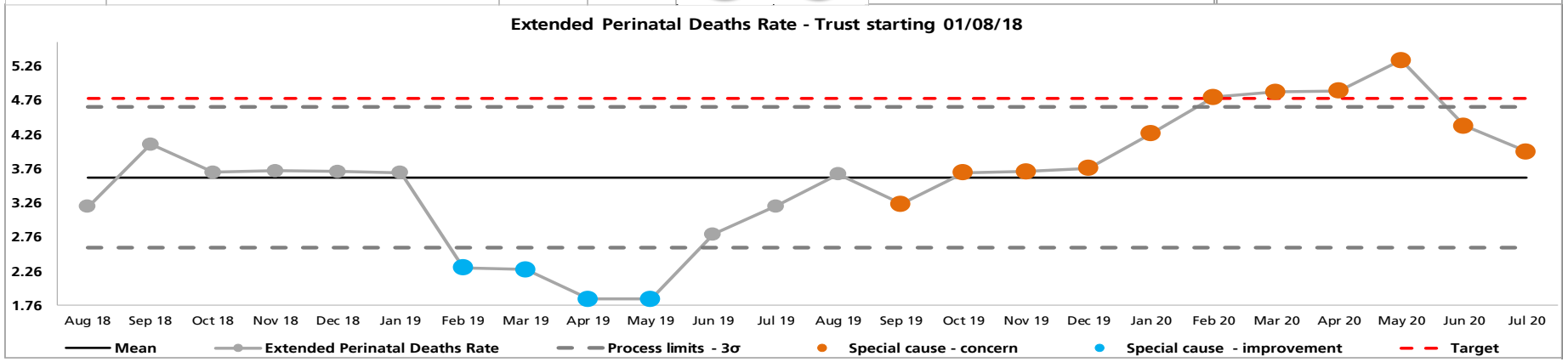


Chart 11: Perinatal Deaths Rate

Key Issues:

1. The stillbirth rate for the month of July was 3.51 (against a national target of 3.73). The increasing value over the past year is attributable to decreasing birth rates nationally (5% proportionate reduction at QEH) for the past 3 years. With a decreasing denominator still birth rates appear increased.
2. There have been 10 still births over the period covering August 2019 to July 2020 with 3 of these having planned medical termination of their pregnancy due to genetic / growth abnormalities detected in their follow up periods.
3. We had one stillbirth in July; growth was on the 90th centile with 1 episode of reduced Fetal Movements (FM) in a lady who was 33+3 weeks pregnant where all care was appropriate. Information given re monitoring FM, leaflets given and reduced FM checklist completed. No care quality concerns have been identified but regionally we have noticed an increase in still birth rates. The family are receiving appropriate bereavement support.
4. All the still births have been reported internally (Datix) and reviewed by the multidisciplinary team for any lapses in clinical care. There has been no recorded clinical deviation (from the guidelines) in care for these patients in these reviews. The last reported serious incident due to lapses in care was in July 2019.

5. The neonatal death rate remains below target at 0.5. There have been no further neonatal deaths.
6. The extended perinatal death rate in July is 4.01 which is a reduction from June and is below the target of 4.79.

Key Actions:

1. The smoking cessation work stream as part of the LMS has commenced and will focus on delivering midwifery smoking cessation support as opposed to routine Stop Smoking Services in a small cohort of women with the plan to roll-out the delivery of this service across the maternity system once initial PDSA cycles have been completed.

Recovery Forecast: N/A

Key Risks to Forecast Improvement:

Vacancy and absence within the O&G department has resulted in a number of senior midwives and senior medical staff working within the clinical numbers which has reduced the ability for service development initiatives. Some members of staff continue to be absent following the lifting of shielding restrictions and the Divisional Leadership Team with the support of the senior midwives are developing a plan for management of transformation projects.

Research and Innovation

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	No. of patients recruited in NIHR studies	50	37			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

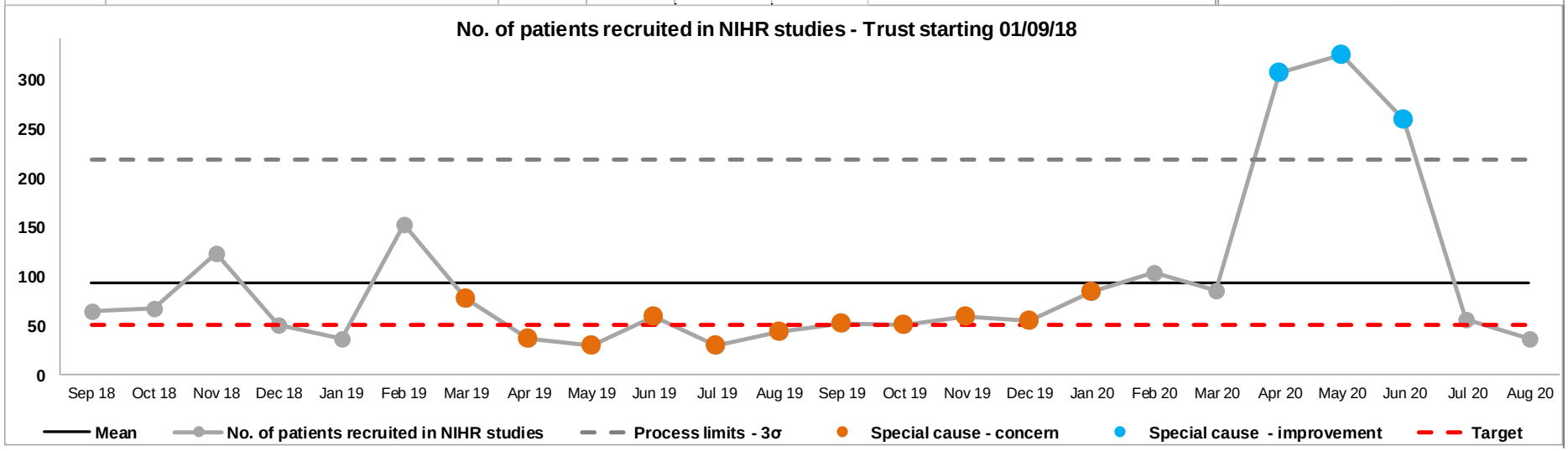


Chart 12: No.of patients recruited in NIHR studies

Key Issues (any new issues in red):

1. Recruitment to research trials has fallen, as the number of patients eligible to be entered into COVID-19 related trials has fallen dramatically since July.
2. The Research department is currently planning for the delivery of vaccine studies. Norfolk has been selected to deliver the Vaccine Task Force Novovax clinical trial, which will begin recruitment towards the end of this month. The Norfolk hub is led by the QEHKL Research lead and the Co-Principal Investigator for Novovax is Chris Jeanes (Consultant Microbiologist). At QEH we will be identifying, screening and following up patients, with the immunisations occurring in Norwich. This is the first trial to be run STP wide. The region has received £500k in pump priming funding for vaccine task force studies. Norfolk has a second study in the pipeline for the Sanofi-Pasteur-GSK vaccine (assuming it comes to UK).

3. We have opened a new lung cancer study to which 37 patients have been recruited into over August.

Key Actions (new actions in green):

1. All non-COVID-19 related studies which were paused during the pandemic have now reopened.
2. The department will be setting up a post for the CE marking study for SAFIRA, an automated pressure regulated local anaesthetic delivery device. This device is a QEH patented innovation by two of our consultant anaesthetists (Dr. Young and Dr. Gibson). This study is expected to commence imminently. The use of this device is expected to prevent inadvertent injection of local anaesthetic solutions directly into the nerves and hence prevent long lasting nerve injuries in patients.

Recovery Forecast: N/A

Key Risks to Forecast Improvement:

Staff who were unable to work clinically during the pandemic for occupational health reasons have now returned to their previous roles. The research lead has also resigned following the COVID-19 pandemic and this post is currently out to advert. Failure or delay to recruit to this position would present a significant risk to our continued excellent research and innovation performance.

Caring Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-20	MSA Incidents	0	8		?
Aug-20	MSA Breaches	0	19		?
Aug-20	Total Clinical & Non_Clinical Complaints	20	28	L	?
Aug-20	Complaints Rate per AE Atts, IP Adms & OP Activity	0.00%	0.10%		?
Aug-20	Complaints receiving a response within 30 working days %	90.0%	100.0%	H	F
Aug-20	Complaints - Reopened (% of Total)	15.0%	3.6%		?
Aug-20	Complaints - Rate per Staff In Post	0.60%	0.90%	L	?
Jul-20	Dementia Case Finding	90.0%	58.7%	H	F

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-20	FFT % Recommended (IP & DC)	95.00%	93.67%		?
Aug-20	FFT Resp Rate (IP & DC)	30.00%	15.65%	L	?
Aug-20	FFT % Recommended (AE)	95.00%	93.75%		?
Aug-20	FFT Resp Rate (AE)	20.00%	1.63%	L	F
Aug-20	FFT % Recommended (OP)	95.00%	99.07%		P
Aug-20	FFT Resp Rate (OP)		1.59%	L	P
Aug-20	FFT % Recommended Mat Question 1 (Antenatal)	95.00%	66.7%	L	?
Aug-20	FFT % Recommended Mat Question 2 (Labour)	95.00%	95.2%		?
Aug-20	FFT % Recommended Mat Question 3 (Postnatal)	95.00%	97.9%		?
Aug-20	FFT % Recommended Mat Question 4 (Comm Postnatal)	95.00%	0.0%	L	?
Aug-20	FFT Resp Rate Mat Question 2 (Labour)	15.00%	12.6%		?

Caring - Accountable Officer - Chief Nurse

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	FFT Resp Rate (IP & DC)	30.00%	15.65%	L	?	Special cause (unexpected) variation - Concern (L)	Variation indicates inconsistently passing and falling short of the target

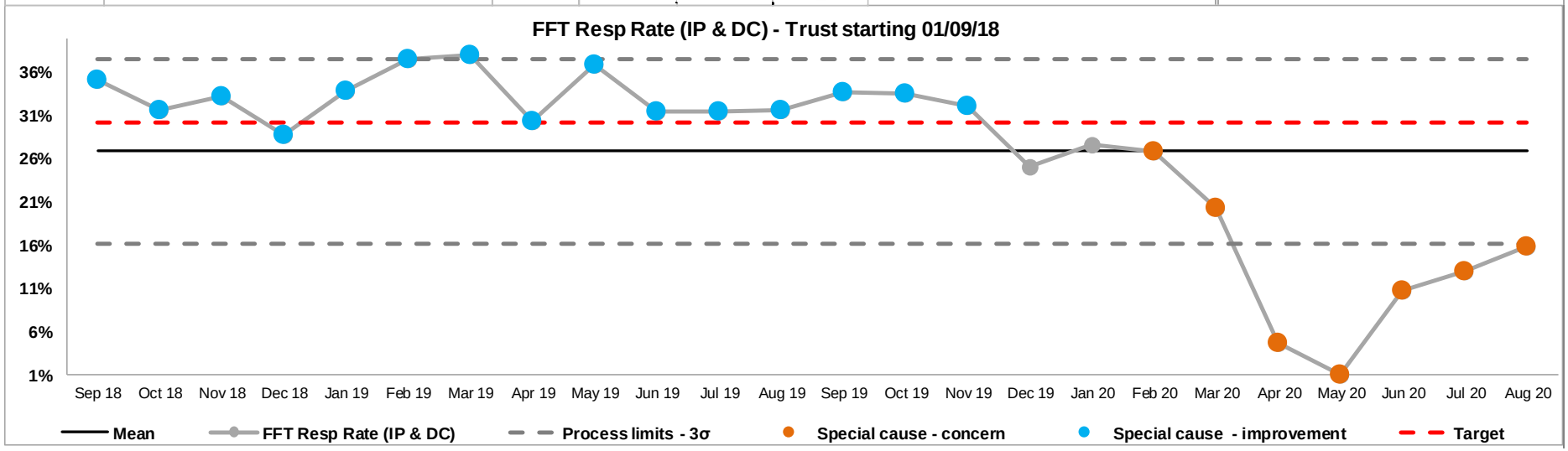


Chart 1 – FFT response rate (Inpatient and Day Case)

Key Issues (any new issues in red):

1. Friends and Family Test (FFT) feedback collection was at a low point of 166 responses in May 2020 (there were 3601 responses collected in January 2020) and this has slowly increased to 1220 responses in August 2020.
2. A particular area of concern relates to the response rate for the Emergency Department (1.63% which equates to 64 responses). A&E has always been a challenging area from which to collect feedback as patients are keen to leave once discharged.
3. The number of online responses has fallen from 166 in June 2020 to 118 in August 2020.

Key Actions (new actions in green):

1. Relaunch of FFT in Autumn 2020 with the assistance of the Communications team.
2. Specific actions have been implemented to support the Emergency Department to collect feedback. These include displaying posters in different languages describing how to provide feedback, creating 'wordclouds' for the comments and feedback received for staff to see and displaying the weekly response rate to encourage staff to increase this.
3. Wards are contacted weekly to remind them to return all cards collected in the internal mail and to contact the Patient Experience team for additional cards.
4. QR (Quick Response) Code posters continue to be created for areas across the Trust to offer an alternative method of providing feedback which has no infection control implications as patients use their own smart phones to scan the link; this should increase the number of online responses received in preparation for an enhanced digital solution for FFT in 2021.

Recovery Forecast:

FFT response rate is improving month by month.

Key Risks to Forecast Improvement:

1. Staff not giving FFT cards to patients and a failure to return the cards to the Patient Experience Team.
2. Staff awareness of the importance of FFT feedback.

Dementia Case Finding

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	Dementia Case Finding	90.0%	58.7%	H	F	Special cause (unexpected) variation - Improvement (H)	Variation indicates consistently (F)alling short of the target

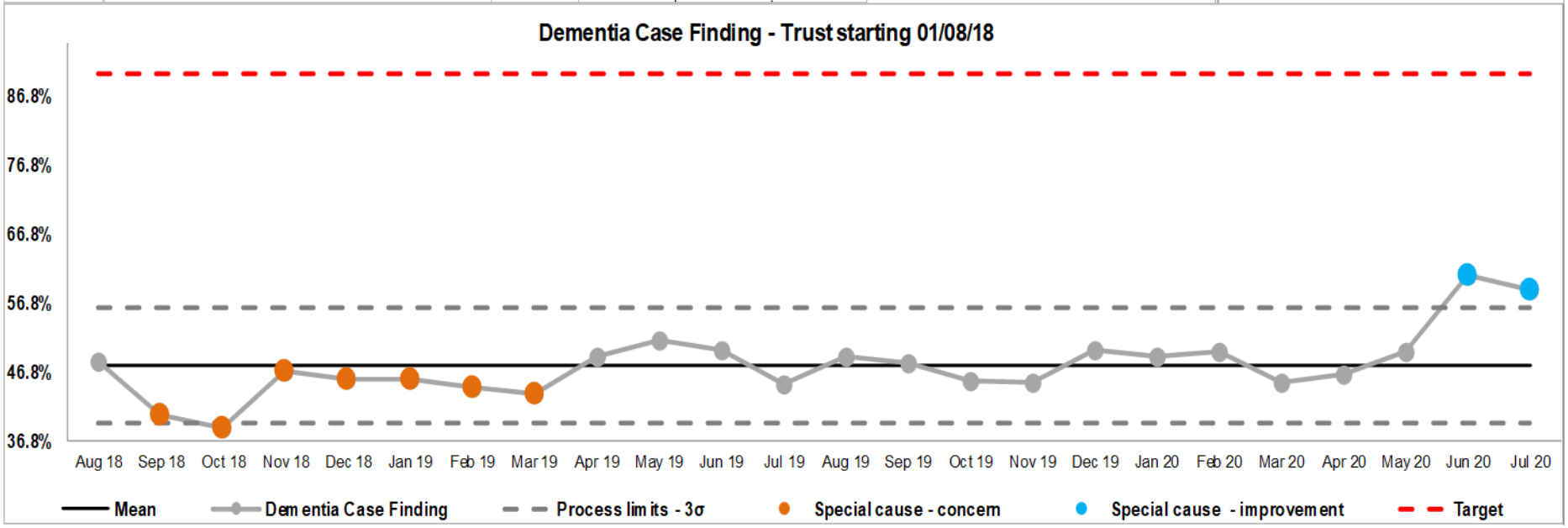


Chart 2: Dementia Case finding

Key Issues (any new issues in red):

1. Increased visibility and tracking of the completion of Dementia Case Finding at Divisional Boards, revised discharge letters and daily reminders to Consultants started at the end of May. This has led to a step change in performance in line with the trajectory of 60%.
2. The performance for July has sustained at 60% against a trajectory of 70%. New clerking documentation was due to be in place from June, which was predicted to lead to the improvement for July to 70%. However, the revised documentation was only implemented at the start of September, which explains the failure to meet this improvement trajectory.

3. Due to the recent changeover of new doctors in the Trust, the relevant training and education has been rolled out to the new cohort. The training and focus around this issue is currently not supported by an automated process (such as mandatory e-learning).
4. Additional issues have been identified regarding data capture methods, which have now been addressed and this is expected to improve the screening rates for September onwards.

Key Actions (new actions in green):

1. A 'Forcing function' is planned to be implemented within the Discharge letters for eligible patients to aid with compliance. There is an optional function currently in place, however changing this to a forcing function is a robust way to improve compliance with screening.
2. The expansion of the Integrated Care of Older People (ICOP) Consultant team has been approved and interviews are scheduled for September. This expansion will improve the screening process and also enable improved outreach care for patients identified with or at risk of dementia.

Recovery Forecast: January 2021

Improvement to 70% is predicted for September, increasing to 90% by January 2021 with the expansion of the ICOP team, with the aim to achieve 100% shortly after March 2021 following the implementation of EPMA with the forcing function.

Key Risks to Forecast Improvement:

1. Human Factors remain a key risk to improving and retaining the screening rates.
2. The continuous turnover of junior doctors, who are key to compliance, means that a constant focus and reiteration on the need to screen patients, which could be supported by a sustainable training program. Enabling a forcing function through E-prescribing is a more sustainable way of improving screening rates in the Trust. Until this is deployed, the risk of underperformance remains.
3. Using alternative clinical workforce, such as the Frailty In-reach team will improve the screening rates. This is reliant on the success of recruitment of additional staff.

Responsive Dashboard - Trust Level

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-20	18 Weeks RTT - Incomplete Perf	92.0%	56.3%	L	F
Aug-20	18 Weeks RTT - No. of Specialties failing the target of 92%	0	29		
Aug-20	18 Weeks RTT - Over 52 Wk waiters	0	324		
Aug-20	A&E 4 Hour Performance	95.0%	87.1%		F
Aug-20	A&E 4 Hour Performance (Majors only)	95.0%	78.4%		F
Aug-20	A&E 4 Hour Performance (Minors only)	100.0%	94.4%		F
Aug-20	A&E 12 Hour Trolley Waits	0	2		
Aug-20	Ambulance Handovers	100.0%	45.0%		F
Aug-20	Last minute non-clinical cancelled elective operations	0.8%	0.95%		?
Aug-20	Breaches of the 28 day readmission guarantee	0	2		
Aug-20	Total non-clinical cancelled elective operations	3.2%	3.78%		?
Aug-20	Urgent operations cancelled more than once	0	0		
Aug-20	% of beds occupied by Delayed Transfers of Care	3.5%	0.0%	L	?
Aug-20	Medically Fit For Discharge - Patients		295		
Aug-20	Medically Fit For Discharge - Days		2064		

Data To	KPI Description	Target	Current Value	Variance	Assurance
Jul-20	Cancer Wait Times - Two Week Wait Performance	93.0%	97.8%		?
Jul-20	Cancer Wait Times - 31 Day Diag to Treatment Performance	96.0%	100.0%		?
Jul-20	Cancer Wait Times - 62 Day Ref to Treatmemt Performance	85.0%	84.9%		?
Jul-20	Cancer Wait Times - 104 Day waiters	0	2		
Jul-20	Cancer Wait Times - Two Week Wait (Breast Symptomatic) Performance	93.0%	100.0%	H	?
Jul-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Surgery) Performance	94.0%	100.0%	H	?
Jul-20	Cancer Wait Times - 31 Day Subsequent Treatment - (Drug) Performance	98.0%	100.0%		P
Jul-20	Cancer Wait Times - 62 Day Screening Performance	90.0%	100.0%		?
Aug-20	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	43.6%	H	?
Jul-20	Stroke - 90% of time on a Stroke Unit	90.0%	71.2%		?
Jul-20	Stroke - Direct to Stroke Unit within 4 hours	90.0%	62.3%		F
Jul-20	Stroke - Patient scanned within 1 hour of clock start	48.0%	43.3%		?
Jul-20	Stroke - Patient scanned within 12 hours of clock start	95.0%	98.3%		?
Jul-20	Trust - Seen <24 hrs (1st contact to investigations complete)	60.0%	48.9%		?
Aug-20	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	6	L	?

Responsive - Accountable Officer - Chief Operating Officer

Emergency Access Within 4 Hours

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	A&E 4 Hour Performance	95.0%	87.1%		F	Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target

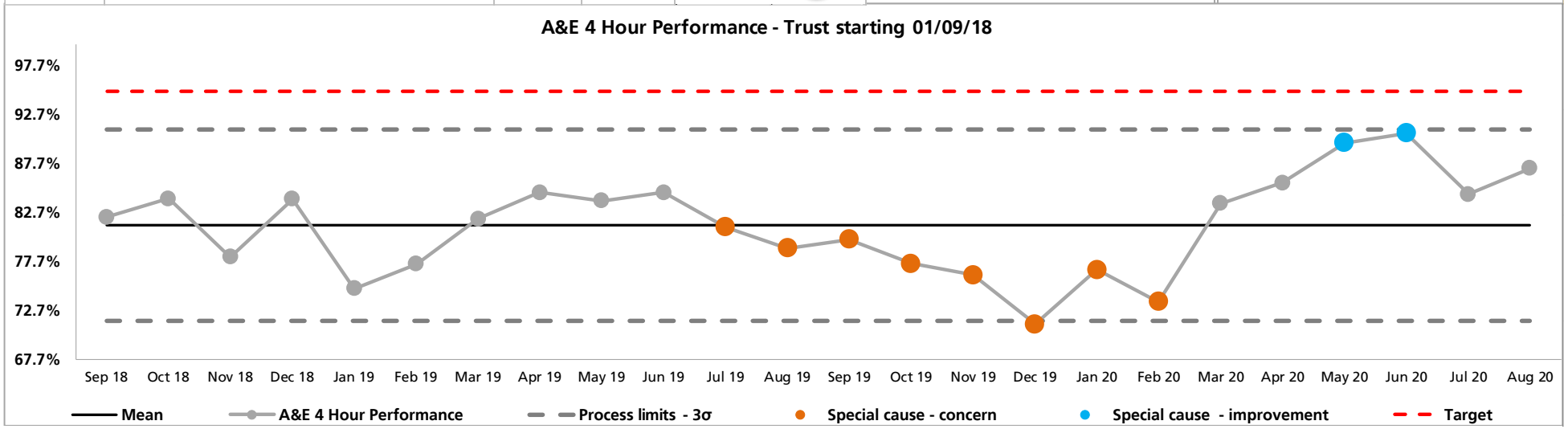


Chart 1: A&E 4-hour performance

Performance in August 2020 was 87.1% against the standard of 95% and trajectory of 81.8%. Majors performance was 78.4% and Minors performance was 94.4%. There were two 12-hour trolley waits in August, both relating to patients awaiting transfer to an inpatient mental health facility.

Ambulance Handover Completed Within 15 Minutes

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	Ambulance Handovers	100.0%	45.0%		F	Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target

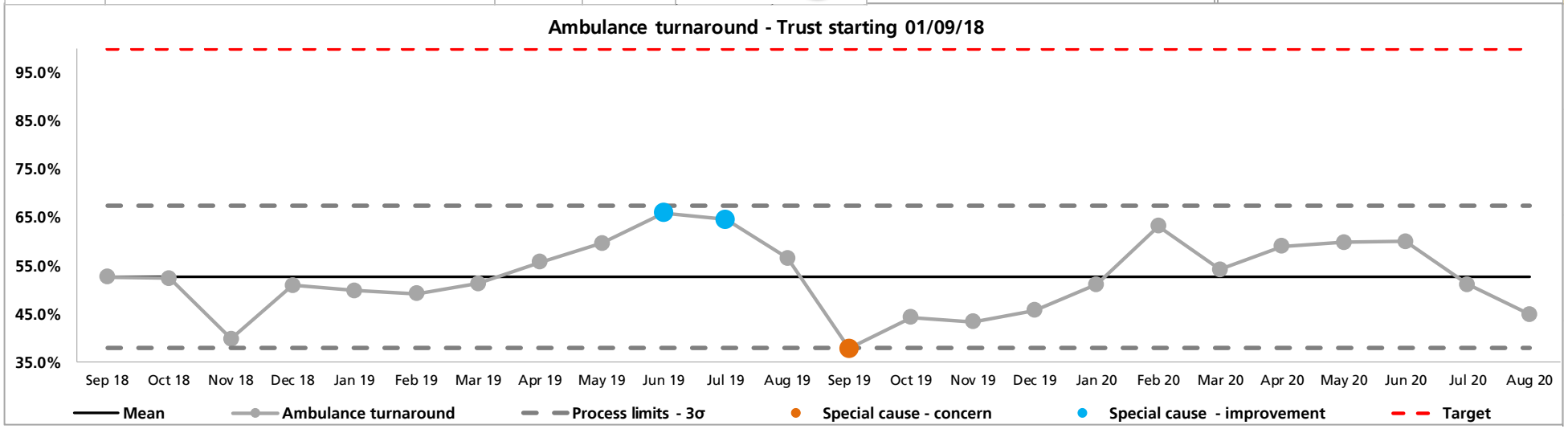


Chart 2: Ambulance turnaround

Key Issues (any new issues in red):

1. In August 2020 45% of handovers were completed within 15 minutes against a trajectory of 65% and 82% of handovers were completed within 30 minutes against a trajectory of 85%.
2. Activity levels were higher than forecast in month, there were a total of 6240 attendances (majors and minors) against a trajectory of 6077. NB – the trajectory already forecasts increased demand for the months of July, August and September to allow for seasonal variation.
3. Reduced capacity in the department due to the co-location of both Yellow and Green ED resulting in delays for patients to be seen by ED doctors and onward referral of patients.

Key Actions (new actions in green):

1. Appointment of an Associate Director for Urgent and Emergency Care Improvement providing dedicated resource to lead on the improvement programme, which covers the entire urgent and emergency care pathway from pre-arrival through to discharge.
2. Relocation of the Yellow ED to Fracture Clinic releasing cubicle space for both major patients and ambulance offload to support more timely assessment and treatment of patients – timescales for the works are currently being reviewed by the Division and the Estates team.

Recovery Forecast:

1. Emergency Access within 4 hours is currently in line with agreed trajectory.
2. Ambulance Handovers completed within 15 minutes recovery forecast is March 2021.

Key Risks to Forecast Improvement:

1. Yellow and Green ED co-located at the start of August which may impact department level crowding
2. Increasing activity levels and patient acuity for both Yellow and Green pathways
3. Engagement of specialty teams and timely in-reach into ED in line with Internal Professional Standards
4. Engagement of community teams in timely discharge processes to reduce the exit block from ED

Beds occupied by adult inpatients >=21 days

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	No. of beds occ by inpatients >=21 days - (Mthly average over rolling 3 mths)	46	6	L	?	Special cause (unexpected) variation - Improvement (L)	Variation indicates inconsistently passing and falling short of the target

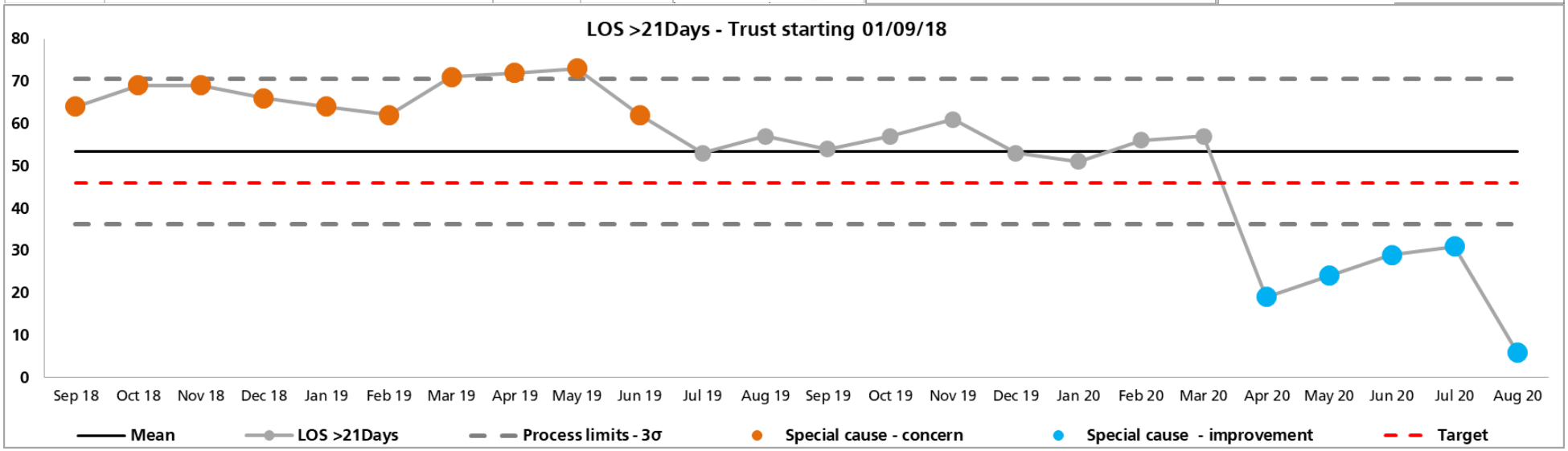


Chart 3: LoS > 21 days

Key Issues (new actions in red):

1. Performance continues to be attributed to the impact of pathway changes associated with COVID-19 and additional support and actions from System Partners to reduce the number of stranded patients in the hospital
2. Recent delays with the processing of NEAT referrals

Key Actions (new actions in green):

1. Weekly length of stay reviews to re-commence supported by the Discharge Matron.
2. Recruitment to the role of Discharge Matron is underway.

3. Weekly Community Capacity and Discharge Delivery Group meetings are ongoing.
4. Restoration of Social Services and Community provisions Steering Group ongoing.

Recovery Forecast:

Performance is currently ahead of target.

Key Risks to Forecast Improvement:

1. Failure to recruit Discharge Matron.
2. Increase in risk-averse nature of community care providers.
3. Failure or delay to implementation of Discharge to Assess (D2A)
4. Capacity within the NEAT Team

Elective Care 18-week RTT

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	18 Weeks RTT - Incomplete Perf	92.0%	56.3%	L	F	Special cause (unexpected) variation - Concern (L)	Variation indicates consistently (F)alling short of the target

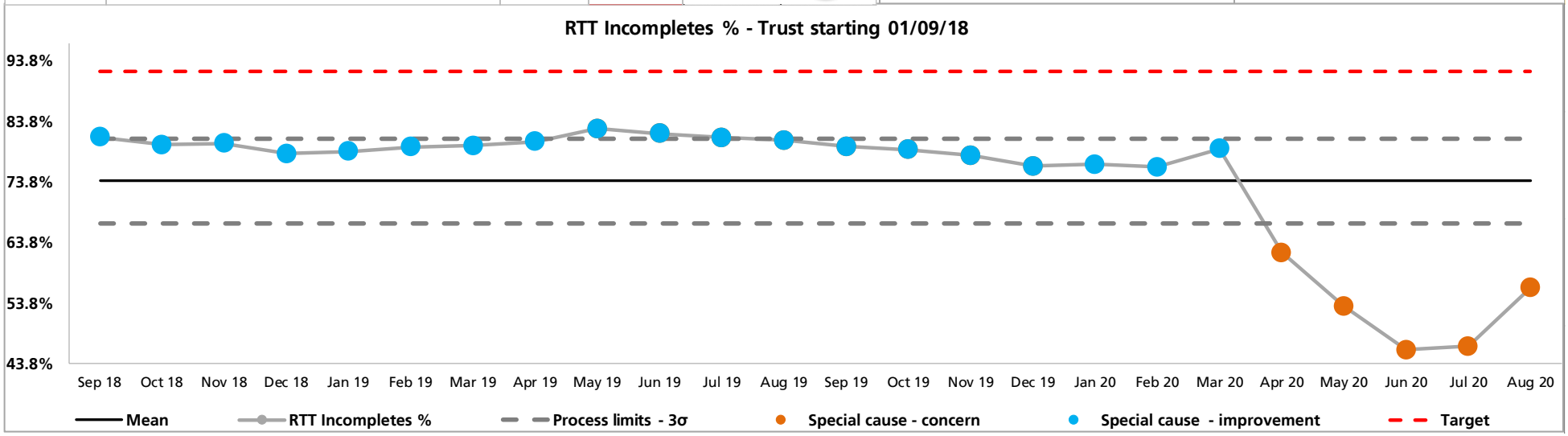


Chart 4: RTT Incomplete performance

Key Issues

1. Performance in August is currently at 56.3% against the standard of 92%, and trajectory of 46.67%
2. Reduced capacity in main outpatients due to loss of area A following the expansion of the ED footprint into outpatients.
3. The increase in backlog relates predominantly in Trauma and Orthopaedic (2085) Ophthalmology (1530) and ENT (1460)
4. Limited availability of clinical Staff due to vacancies, shielding and sickness

Key Actions

1. Main theatre is in full operation since August and Day Surgery Unit (DSU) from the 17th August
2. Appointments on elective list are prioritised on their urgency and their waiting time
3. Additional capacity via WLIs
4. Additional capacity is being explored via the Independent Sector

Recovery Forecast:

The 18-week performance is not expected to recover to 92% during this financial year.

Key Risks to Forecast Improvement:

1. Second peak of COVID-19
2. Willingness of patients to attend hospital and COVID-19 risks associated with procedure
3. Patients not following isolation guidance or developing symptoms resulting in short cancellation

52 Week Breaches

The Trust reported no 52-week breaches in 2019/20, however, waiting times significantly increased as a result of the cessation of routine elective activity in response to the COVID-19 pandemic. There were 324 breaches in In August 2020, the majority of these in Gynaecology (87), Orthopaedics (139), ENT (35) and Oral Surgery (49).

Harm reviews are being undertaken for all patients waiting longer than 52 weeks and the Deputy Medical Director is leading on the development of a revised harm review process

Key Issues

1. Reduced capacity in main outpatients due to loss of area A for the yellow ED expansion
2. Limited availability of clinical staff due to shielding, sickness, and vacancies

Key Actions (new actions in green):

1. Weekly 52-week dashboard
2. Weekly harm review report
3. Appointments on elective list are prioritised on their urgency and their waiting time
4. Explore capacity available at independent sector

Recovery Forecast:

The trust is forecasting clearing the backlog of 52-week breaches by the end of March 2021; however, this is reliant on Independent Sector capacity of 60 patients per month from October. Discussions are taking place with the Fitzwilliam Hospital in Peterborough to secure this capacity across a number of specialties.

Key Risks to Forecast Improvement:

1. Availability of clinical staff
2. Second peak of COVID-19
3. Risk of patients not following isolation guidance or developing symptoms resulting in short notice cancellation
4. Willingness of patients to attend hospital and COVID-19 risk associated with procedure
5. Failure to secure contract with independent sector

Breaches of the 28-day readmission guarantee

There were two breaches reported in August 2020.

Diagnostic waiting times

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	Diagnostic Wait Times - % of over 6 Week Waiters	1.0%	43.6%	H	?	Special cause (unexpected) variation - Concern (H)	Variation indicates inconsistently passing and falling short of the target

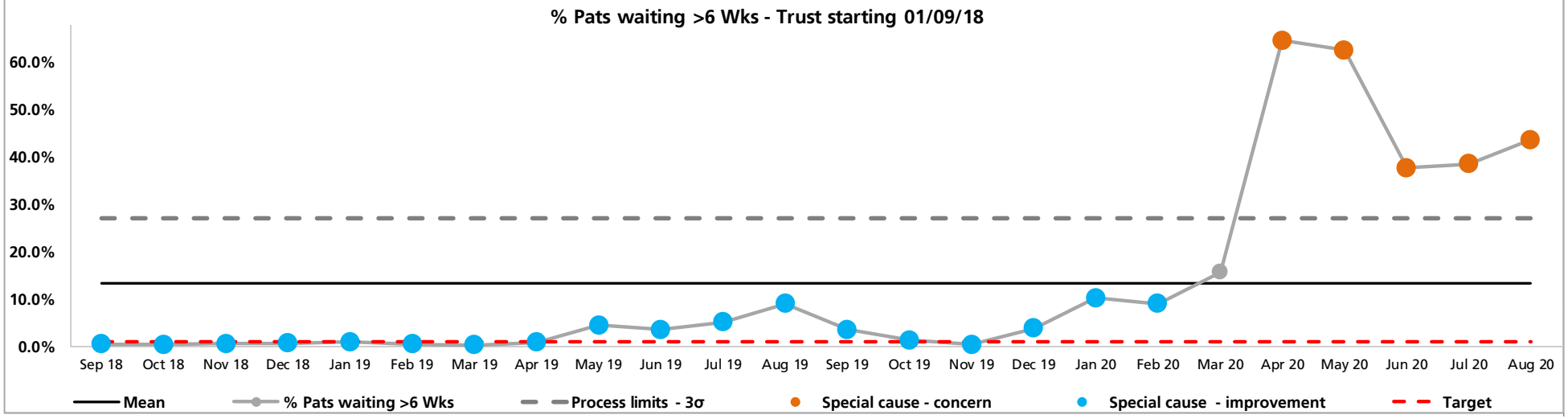


Chart 5: % patients waiting > 6 weeks for diagnostics

Diagnostic Test	2020/08	% of Total
Magnetic Resonance Imaging	470	18.9%
Computed Tomography	479	19.3%
Non-obstetric ultrasound	645	26.0%
Barium Enema	0	0.0%
DEXA Scan	0	0.0%
Audiology - Audiology Assessments	149	6.0%
Cardiology - echocardiography	422	17.0%
Cardiology - electrophysiology	0	0.0%
Neurophysiology - peripheral neurophysiology	191	7.7%
Respiratory physiology - sleep studies	0	0.0%
Urodynamics - pressures & flows	67	2.7%
Colonoscopy	9	0.4%
Flexi sigmoidoscopy	2	0.1%
Cystoscopy	32	1.3%
Gastroscopy	18	0.7%
Total	**2484**	**100%**

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

Key Issues (any new issues in red):

1. Increasing backlog due to increased demand across all area
2. Staffing shortfalls due to agency unavailability, sickness and self-isolation

Key Actions (new actions in green):

1. Exploring the potential to outsource/insource echocardiography
2. Business case approved for additional capacity for MR and non-obstetric ultrasound
3. The approved additional endoscopy lists have commenced

Recovery Forecast:

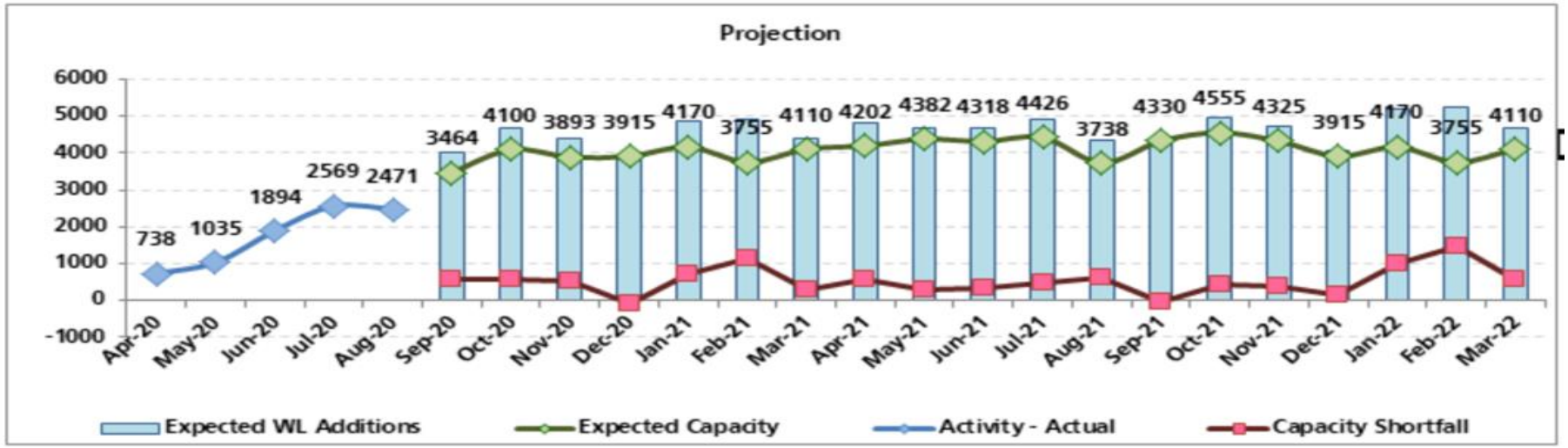


Chart 6: Recovery Forecast

Key Risks to Forecast Improvement:

1. Increased DNA rate
2. Increased demand
3. Delays to additional lists or outsourcing

Cancer Care 2-Week-Wait

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	Cancer Wait Times - Two Week Wait Performance	93.0%	97.8%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

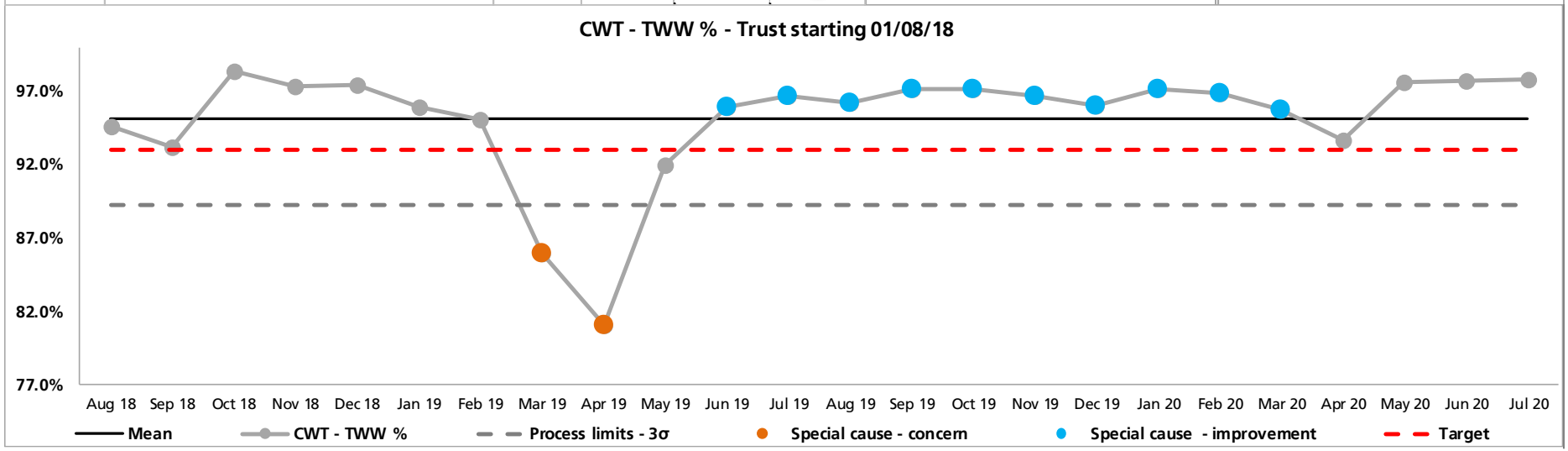


Chart 7: CWT 62-day performance

2 week wait referrals have not yet returned to pre-COVID-19 levels but are increasing monthly. There are currently no concerns around the ongoing achievement of this standard.

Cancer Care 62-day referral to treatment

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Jul-20	Cancer Wait Times - 62 Day Ref to Treatmemt Performance	85.0%	84.9%			Common Cause (expected) variation	Variation indicates inconsistently passing and falling short of the target

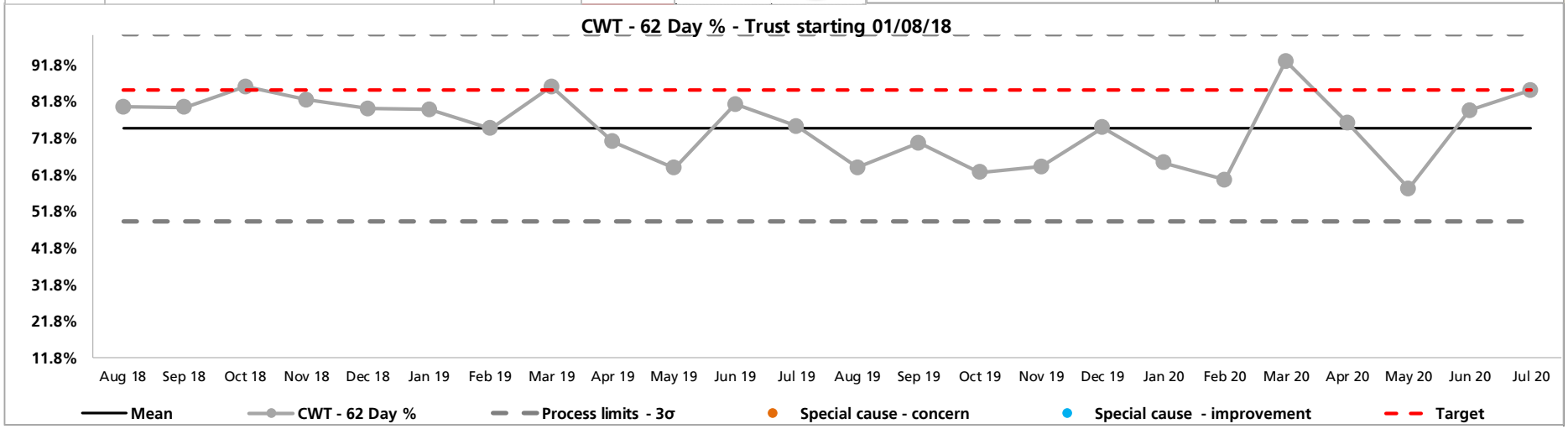


Chart 8: CWT 62-day performance

Key Issues (any new issues in red):

1. Performance in June 2020 was **84.9%** against the standard of **85%** and trajectory of **76.2%**.
2. Complex pathways leading to late diagnosis and treatment
3. Patients shielding due to COVID-19 delaying diagnosis and treatment

Key Actions (new actions in green):

1. Working with IST on pathway analysis to improve diagnosis and treatment times
2. Additional endoscopy lists and Radiology business case to improve diagnostic times

3. Outsourcing some Gynaecology patients to CUH to assist with capacity and long waiters

Recovery Forecast:

Performance is expected to recover by January 2021

Key Risks to Forecast Improvement:

1. Imaging capacity causing delays to all pathways
2. Cancer referrals are returning to normal levels whilst diagnostic capacity is reduced
3. Continued patient and staff shielding causing delays in pathways

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

Statement of comprehensive income: Month 5 – 2020/21

		In Month				Year to Date			
		Plan £'000s	Actual £'000s	Fav / (Adv) £'000s		Plan £'000s	Actual £'000s	Fav / (Adv) £'000s	
I&E	Clinical Income	17,914	17,716	(198)	(1%)	89,570	88,311	(1,259)	(1%)
	Other Income - Education, Training & Research, Non Clinical Revenue	1,564	922	(642)	(41%)	7,820	5,654	(2,166)	(28%)
	COVID 19 Additional Top-up Income	0	2,189	2,189	100%	0	5,880	5,880	100%
	Total Income	**19,478**	**20,827**	**1,349**	**7%**	**97,390**	**99,845**	**2,455**	**3%**
	Pay Costs - Substantive	(11,312)	(11,714)	(402)	(4%)	(56,560)	(57,886)	(1,326)	(2%)
	Pay Costs - Bank	(918)	(928)	(10)	(1%)	(4,590)	(4,886)	(296)	(6%)
	Pay Costs - Agency	(1,206)	(1,063)	143	12%	(6,030)	(4,197)	1,833	30%
	Pay Costs - Additional COVID 19	0	(611)	(611)	(100%)	0	(4,019)	(4,019)	(100%)
	Total Pay	(13,436)	(14,316)	(880)	(7%)	(67,180)	(70,988)	(3,808)	(6%)
	Non Pay - Additional COVID 19	0	(200)	(200)	(100%)	0	(1,423)	(1,423)	(100%)
	Non Pay	(5,378)	(5,781)	(403)	(7%)	(26,890)	(24,749)	2,141	8%
	Total Operating Costs	**(18,814)**	**(20,297)**	**(1,483)**	**(8%)**	**(94,070)**	**(97,160)**	**(3,090)**	**(3%)**
	EBITDA	**664**	**530**	**(134)**	**(20%)**	**3,320**	**2,685**	**(635)**	**(19%)**
	Non Operating Costs	(693)	(558)	135	19%	(3,465)	(2,827)	638	18%
	Adjust Donated Assets	29	28	(1)	(3%)	145	142	(3)	(2%)
	TOTAL (Deficit) / Surplus	**0**	**0**	**0**	**0%**	**0**	**0**	**0**	**0%**

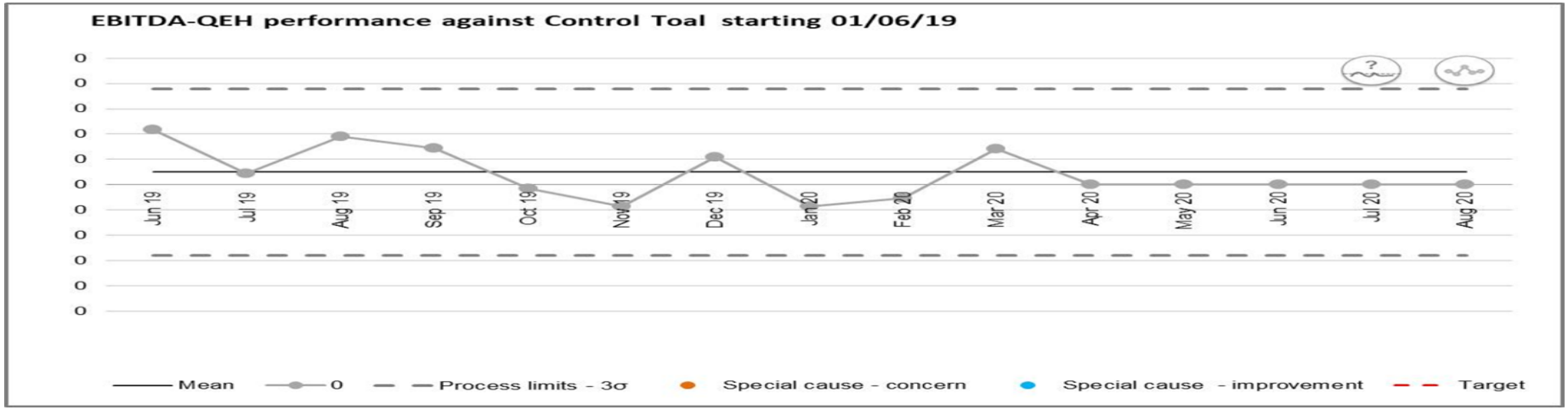


Chart 1 - EBITDA

The Trust will report a break-even position for month 5 following an assumption that the Trust will receive reimbursement for all COVID-19 related costs. This is in line with the national guidance of accounting for 'block' income, top-up payments and taking account of COVID-19 reimbursements and the retrospective 'top-up' mechanism to bring the overall income and expenditure position back to a balanced position. The block' income / top-up arrangement was initially put in place for months 1 to 4 but has now been extended to include months 5 and 6.

An additional £2.2m of top-up income is required for month 5 to achieve this break-even position. Whilst the value of the top-up required is an increase of £0.3m on month 4 (£1.9m) overall COVID-19 related-expenditure has decreased to £0.8m (£1.4m in month 4).

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

Key drivers for the in-month position are:

The month 5 position includes £600k of additional non-pay expenditure/provisions that have been put aside. Additionally, a further £958k provision has been set aside to create an annual leave accrual, to cover the COVID-19 annual leave guidance (5 days per member of staff).

- Clinical income is £0.2m adverse to Plan in month. This is as a result of less than planned Non-Contract Activity. Additional income to cover this is currently reflected via the "Top-Up" process.

- Other operating income is under-performing to Plan in month by £0.6m. This reflects the loss of income in areas such as Education income, car park income, retail income and catering. Again, the loss of income is currently retrospectively covered via the "Top-up" process.
- Month 5 pay, excluding COVID-19 pay costs, shows an increase on the 3-month rolling average of £0.4m. This is mainly due to staff returning to normal duties from COVID-19 related work (Yellow ED etc.)
- Agency expenditure is positive to plan in-month and year to date.
- Non-pay costs, excluding COVID-19 costs, are adverse to plan by £0.4m due to the inclusion of the new provisions as part of the process described above.
- COVID-19 expenditure across pay and non-pay totals £0.8m a decrease on July's claimed amount of £1.4m.
- Financing costs remain under plan due to changes in the financial architecture (no interest charges on loans for first 6 months of year prior to loan to PDC conversion).
- Depreciation remains above planned levels and is reflective of the additional capital funding secured by the Trust, over our initial plan

Statement of Financial Position (SOFP) Update

	31st Mar 2020	31st July 2020	31st August 2020	Month Movement	YTD Movement
	£m	£m	£m	£m	£m
Non current assets	96	95	95	(0)	(1)
Current Assets					
Inventories	2	2	2	(0)	(0)
Trade & Other Receivables	22	11	12	0	(10)
Cash	14	33	35	2	20
Current liabilities					
Trade & Other Payables	(24)	(13)	(13)	(0)	10
Accruals	(9)	(27)	(29)	(2)	(20)
Other current liabilities (exc. borrowings)	(2)	(1)	(1)	0	0
Non current liabilities	(1)	(1)	(1)	(0)	(0)
Borrowings	(135)	(135)	(135)	0	0
Total assets employed	**(36)**	**(35)**	**(36)**	**(0)**	**(0)**
Tax payers' equity					
Public Dividend Capital	57	58	58	-	0
Revaluation Reserve	12	12	12	-	0
Income & Expenditure Reserve	(106)	(105)	(106)	(0)	0
Tax payers' equity	**(36)**	**(35)**	**(35)**	**(0)**	**0**

Month-on-Month Key movements

Increase in accruals due to £0.6m of additional expenditure/provisions in month and a further £1.0m provision set aside to create an annual leave accrual, as per the COVID-19 annual leave guidance.

Cash held increased by £2.0m

No other material movements in month

September Movements

The relevant forms have been completed and approved to action the nationally driven initiative to transfer debt into PDC. This transfer will be recognised within the September balance sheet and is for a value of £134.2m.

Well Led (People) Dashboard

Items in blue are awaiting the latest update

Data To	KPI Description	Target	Current Value	Variance	Assurance
Aug-20	Appraisal Rate	90.0%	76.8%	L	F
Aug-20	Appraisal Rate (Med Staff exc Jnr Drs)	95.0%	97.0%	H	?
Aug-20	Sickness Absence Rate	4.0%	5.1%		F
Aug-20	Mandatory Training Rate	85.0%	76.5%	L	?
Aug-20	Turnover Rate	10.0%	10.1%	L	F

Well Led (People) - Accountable Officer - Acting HRD

Appraisals

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	Appraisal Rate	90.0%	76.8%	L	F	Special cause (unexpected) variation - Concern (L)	Variation indicates consistently (F)alling short of the target

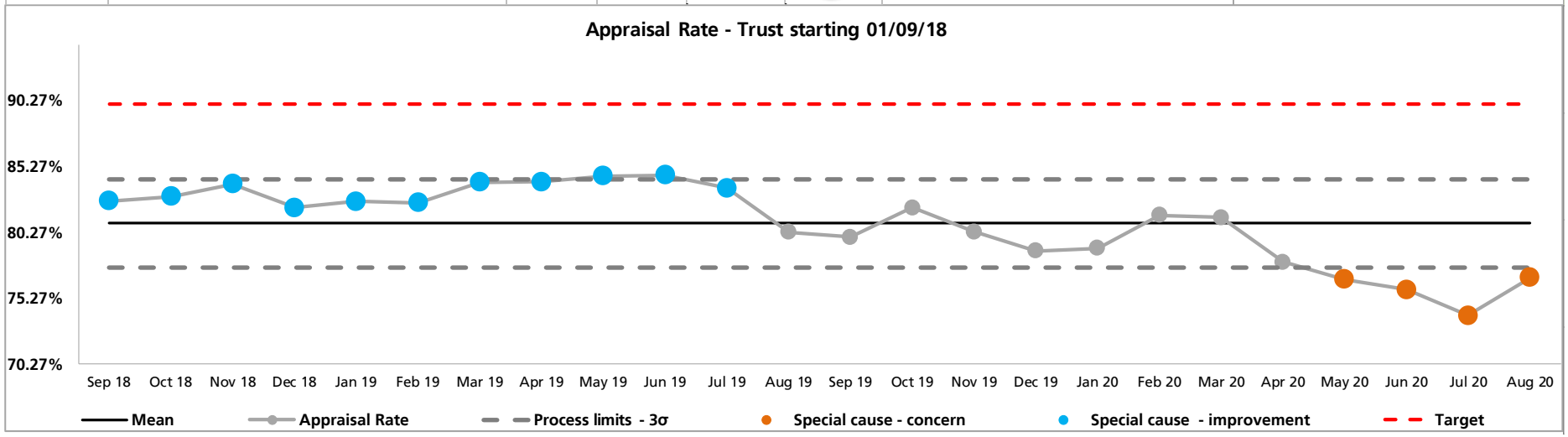


Chart 1: Appraisal Rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	Appraisal Rate (Med Staff exc Jnr Drs)	95.0%	97.0%	H	?	Special cause (unexpected) variation - Improvement (H)	Variation indicates inconsistently passing and falling short of the target

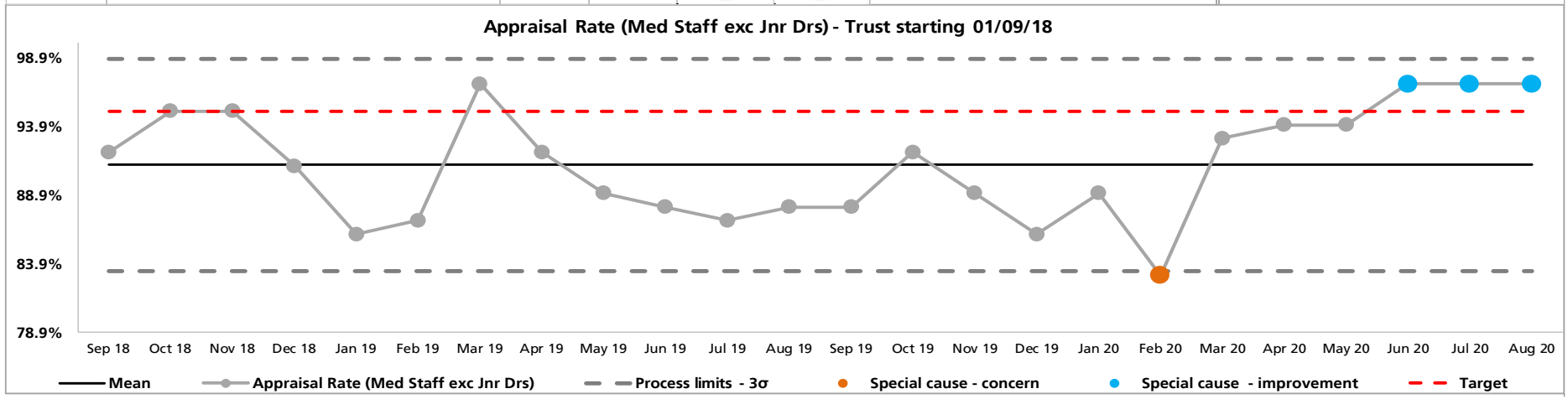


Chart 2: Appraisal Rate (Medical Staff excl Junior Doctors)

Key Issues (any new issues in red):

1. The Trust appraisal rate (excluding bank staff) has increased further in August 2020. The number of appraisals completed in August 2020 was 203, a decrease of 3 on the previous month.
2. 73 appraisals remain in the seriously overdue category, which is an increase of 21 on the previous month, 37 appraisals are overdue by 18 – 24 months and 36 appraisals are overdue by 24 months.

Key Actions (new actions in green):

1. Where appraisals are overdue, or seriously overdue, managers have been written to with the explicit instruction to undertake all outstanding appraisals either face to face or completed through either telephone calls or Teams with those staff working from home before 11 September 2020.

Key Risks to Forecast Improvement:

There are a number of staff on sickness leave at present, which is a risk to achieving the appraisal targets.

Mandatory Training Rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	Mandatory Training Rate	85.0%	76.5%	L	?	Special cause (unexpected) variation - Concern (L)	Variation indicates inconsistently passing and falling short of the target

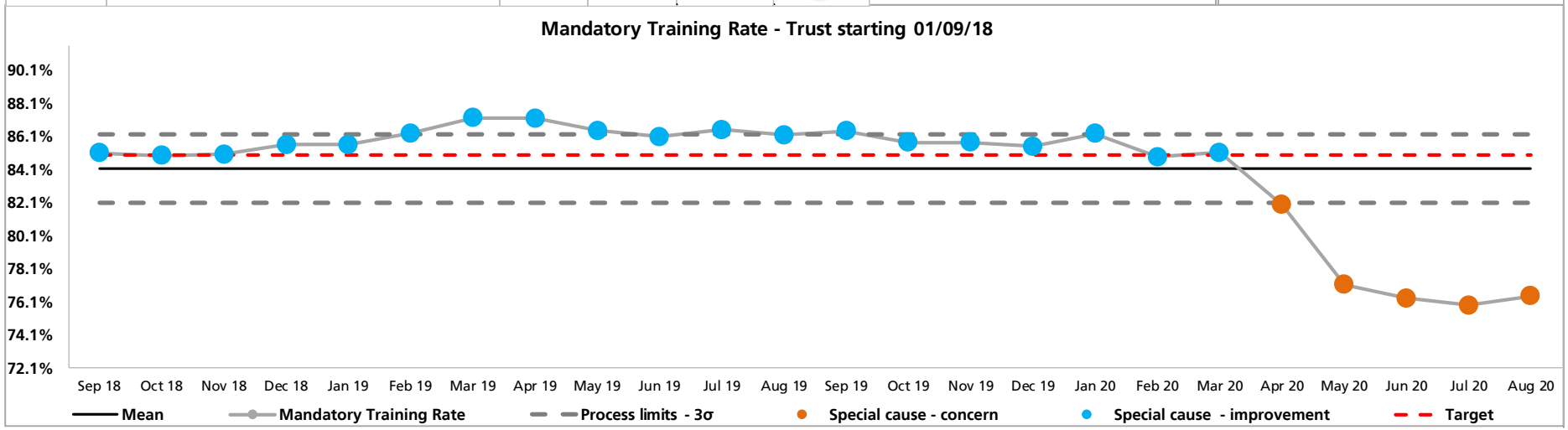


Chart 3: Mandatory Training Rate

Service Group/Division	Core 11 subjects %
Division of Clinical Management	82.15
Division of Clinical Support	86.68
Division of Medicine	75.32
Division of Surgery	75.06
Division of Women & Children	77.10
Estates Division	95.67
Facilities Division	64.95
Finance Division	90.61
Governance Division	81.12
Human Resources Division	89.90
ICT & Information Division	89.47
Patient Experience Division	56.30
Patient Safety Division	91.82
Trust Board Division	84.97
Trust Total	76.48

Table 1: Mandatory Training Rate per Division/Area

Key Issues (any new issues in red):

1. COVID-19 social distancing restricts the number of attendees on each face-to-face course

Key Actions (new actions in green):

1. We will continue with targeted communications which are being sent to all staff and managers to remind users how to log in to ESR to complete their mandatory training. FAQs and 'How to' guide has also been developed.
2. The Mandatory Training Intranet pages have been updated with latest training course information and availability of dates.
3. Where face to face training is the only option e.g. Manual handling, we are encouraging colleagues to self-serve and book onto the face to face training themselves through ESR to reduce administration.
4. With COVID-19 social distancing restricting the number of attendees on each course we are putting on additional sessions and are also proposing to record training sessions where possible which can be hosted on ESR so as to negate the need to attend a face to face session.
5. Additional staffing has been agreed for a temporary Agency Manual Handling Trainer to cover sickness absence in this team.
6. A task and finish group has been established to feed into mandatory training requirements and ensure collaborative working across the Trust and the region. The Mandatory Training Policy is being reviewed with the NNUH and JPUH to ensure best practice and consistent approaches across Trusts.
7. As per last month the move to e-learning (digital first) will be led by the new head of OD who is starting on 10th November 2020.

Recovery Forecast:

1. The expectation will be that mandatory training will improve over the September/October as sessions are re-established and training restarted.

Sickness Absence Rate

Data To	KPI Description	Target	Current Value	Variance	Assurance	Variation Comment	Target Achievement
Aug-20	Sickness Absence Rate	4.0%	5.1%		F	Common Cause (expected) variation	Variation indicates consistently (F)alling short of the target

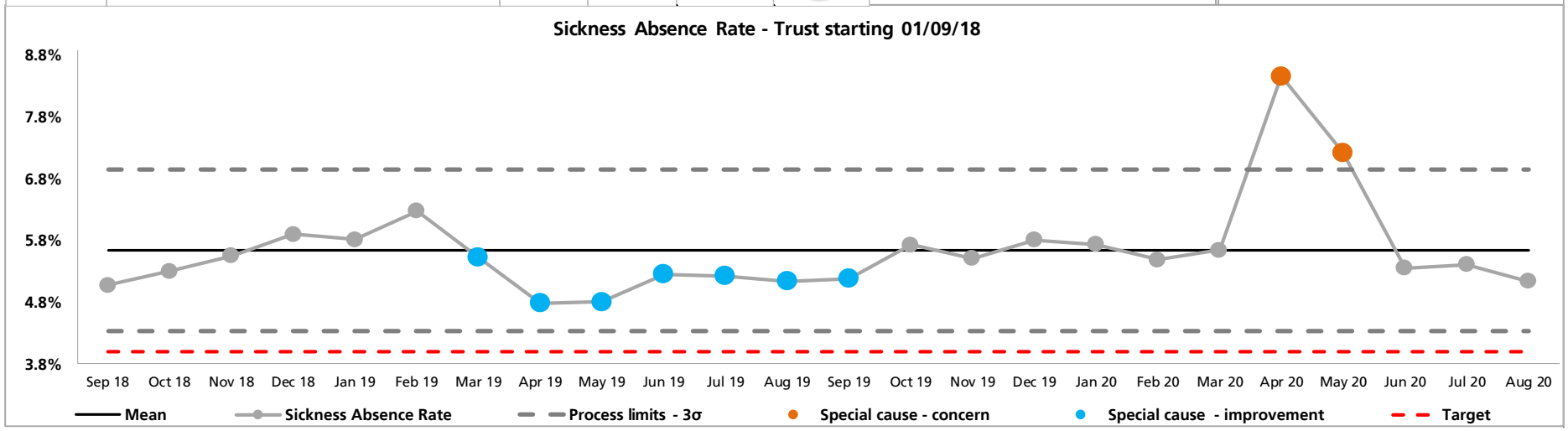


Chart 4: Sickness absence rate

Key Issues (any new issues in red):

1. Overall sickness for the Trust has decreased in August, from 5.35% to 5.1%. COVID-19 sickness reduced to 0.39% (from 0.56% in June) and non-COVID-19 sickness increased to 5.02% (from 4.79% in June)
2. Although stress and anxiety has reduced from last month to 3.3% of total absences, it still remains the highest cause of sickness absence and the largest single cost. This remains a concern to the Trust as the wellbeing of staff and supporting them is at the core of its values. Musculoskeletal absences have increased along with 'unknown causes'. Managers will be asked to ensure the accurate reason for sickness absence is recorded.

Key Actions (new actions in green):

1. Managers continue to code any sickness that is related to stress and anxiety caused by COVID-19 separately to COVID-19 sickness so this can be monitored. A full breakdown of sickness is included within the Workforce KPI appendix which shows sickness per area and a full split between COVID-19 and non-COVID-19 sickness.
2. On boarding of the new clinical psychologist to assist with the backlog in stress related cases
3. On boarding of two new PTSD clinical leads (recruitment ongoing) two candidates identified.

Recovery Forecast (e.g. August):

1. 5.0% forecast next month

Key Risks to Forecast Improvement:

1. Second COVID-19 Spike
2. Staff sickness increase due to COVID-19 PTSD

Vacancies

Key Issues (any new issues in red):

1. The Trust vacancy rate is 10.57%, with nursing & midwifery staff group being below 10% target at 8.64%. Medical & Dental vacancies have risen to 16.53% from 11.90% the previous month.
2. As of August 2020, the Trust currently employs 3581 substantive headcount, working a substantive whole time equivalent of 3129.01. This is against the 2020/21 funded establishment of 3508.55 FTE
3. Substantive FTE and headcount have decreased this month.
4. Bank usage increased to 254.32 FTE (from 243.38 in July) with 38.98 FTE being coded directly to COVID-19 costs.