The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Caroline Shaw Chief Executive Officer	Decision		High	Med	Low
	Discussion	√	√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Carly West-Burnham 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: **4 February 2020**
Report Title: **Integrated Performance Report**

PURPOSE:

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

SUMMARY:

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

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

Safe

- The Trust scored 97.77% for Safety Thermometer harm free care in December 2019. The harm free score remains on target and above the national average.
- There were 47 incidents of inpatient falls reported in December 2019 which is a reduction from 63 reported in November.
- The overall cleaning scores for significant risk / high-risk and very high-risk areas have improved this month by achieving above the 95% pass rate.
- The staffing fill rate for the Trust overall was 96.68% and the Care Hours per Patient Day (CHpPD) in December was 8.5 which remains within the Trust target.
- There have been no cases of MRSA blood stream infection reported in December.

Effective

- The latest HSMR is 98.7 and is within the "as expected" ranged. The Trust SHMI is 102.21

and is also within the "as expected" range.

- Clinical Audit - the Trust has actively participated in 97.5% (40 of 41) Healthcare Quality Improvement Partnership (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.
- The stillbirth rate in November was 3.72 per 1,000 births which continues to be lower than the standardised adjusted rate of 3.75 per 1,000 from the 2016 MBRACE report. The neonatal death rate remains at 0.

Caring

- Friends and Family Test (FFT) - feedback from outpatient areas shows an improving likelihood to recommend score – achieving over 98% which is the highest score for the last 12 months.

Responsive

- Delayed transfers of care - performance in December was 3.13%, exceeding the national standard of 3.5%.
- There were no urgent operations cancelled more than once in December.
- There were no 52-week breaches reported in December.
- The Trust achieved six of the seven cancer waiting time standards for November;
  - 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

Well-Led

- The Trust has reported an in-month favourable variance to Plan of £0.4m, resulting in an Year-to-Date position that is on Plan.
- Delivery of the Trust's Cost Improvement Programme Plan remains on-track at month 9.

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

Safe

- There were nine hospital-acquired pressure ulcer incidents reported in December which is an increase from last month's figure of eight.
- VTE Assessment compliance is below the Trust target of 97.24% for the second month in a row with the December compliance rate at 96.06%.
- There were four cases of Clostridiodes difficile reported this month bringing the total to 36 this year.
- There were 5 serious incidents declared in December including 1 never event.

Effective

- Reported weekend HSMR - weekend mortality (HSMR) is significantly higher (114.2) compared to weekdays.

- Elective and emergency caesarean section rates in December 2019 were 31%.

Caring

- Mixed-sex accommodation (MSA) remains red this month following eleven occurrences which affected 25 patients.
- There were 25 complaints received in December 2019 which is above the target threshold of 20 complaints per month.
- 42 complaints were closed this month and 50% of complaints were responded to within 30 days.
- The current Trust position (November 2019) with regard to dementia case finding is at 45.15% which is below the Trust target of 90%.

Responsive

- Four-hour emergency performance - performance in December was 71.21% compared to 76.24% in November.
- ≥ 21-day length of stay - performance for December was at 53 and remains below the baseline (60) but above ambition (46).
- Stroke: proportion of patients spending 90% of their inpatient stay on a stroke unit - performance for November was at 70.59%.
- 18-week RTT - performance in December was 76.41% against the trajectory of 80.94%. At the end of December 2019, the total Trust waiting list was 14,776 against a trajectory of 14,782 and the total backlog of patients waiting over 18 weeks was 3,485 against a trajectory of 2,818.
- 6-week diagnostic standard - performance for December was 96.1%, against the standard of 99%.
- Reportable (on the day, non-clinical) cancelled operations as a % of elective activity - performance deteriorated from 0.8% in November to 1.22% in December, against the standard of 0.8%.
- 28-day readmission guarantee - there were 2 breaches of the 28-day guarantee in December.
- Prior to the day non-clinical cancellations - the number of prior to the day non-clinical cancellations increased from 4.46% in November to 6.83% in December, against a local standard of 3.2%.
- Cancer 62-day referral to treatment - performance improved from 63.87% in October to 64.14% in November, against the standard of 85% and trajectory of 76.56%.

Well Led

- The Trust appraisal rate has decreased from 83.53% to 81.93% in December 2019.
- Sickness absence has increased from 5.59% in November 2019 to 5.81% in December 2019.
- Overall compliance for Mandatory Training has decreased from 85.77% in November to 85.54% in December 2019.

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

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

√	√	√	√	√	√

RECOMMENDATION/S:

The Trust Board are asked to note the contents of this report, specifically the actions which are being taken to maintain and to improve performance where appropriate.

The Trust Board are asked to note that following the recent NHSE 'Plot the Dots' Trust Board session, Senior Analyst training took place on 14 November and training sessions for key individuals who write narrative for Trust reports will be held on 13 February 2020 to support the planned roll out for April 2020.

Author: **Carly West-Burnham**
Date: **29th January 2020**
Version: **1.0**

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Trust Board

December 2019 data

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1. EXECUTIVE SUMMARY

The Executive summary highlights areas of good practice and areas of concern for the Trust.

The main body of the report demonstrates further detail in relation to good practice and actions being taken in relation to improvement.

Safe

The Harm free care score remains above the national average.

There have been no cases of MRSA bacteraemia in December.

There were nine hospital acquired pressure ulcers in December.

There were four cases of Clostridiodes difficile reported in this month bringing the total to 36 this year. The Trust's year end trajectory is 44 cases and 20 cases currently count towards our trajectory.

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 this month is below the Trust target of 97.24%.

There were 5 new serious incidents reported to the Strategic Executive Information System (StEIS) occurring in December 2019, a breakdown of these relate to:

1. Never Event - wrong prosthesis/implant
2. Screening failure prior to the use of biological therapies
3. Uterine and bowel perforation during emergency procedure
4. Patient fall found deceased
5. Patient's valuables found in mortuary safe dating from 2012- 2016

Effective

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

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

The Trust has started submitting data for the national Inflammatory Bowel Disease Audit this month.

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

Business plan development has begun to improve outcomes and patient experience by delivering continuity of care to the majority of women we care for.

Caring

Response rates of FFT in all areas have decreased in December.

The FFT likelihood to recommend scores for the Inpatient / Day Care and Emergency Department are 94.78% and 87.62%, respectively which are below the target of 95%.

There were 25 complaints received in December 2019 against a threshold of 20 per month. 42 complaints were closed this month.

50% of complaints were responded to within 30 days.

Mixed sex accommodation (MSA) remains red this month following eleven occurrences which affected 25 patients.

The current Trust position (November 2019) with regard to dementia case finding is at 45.15% which is below the Trust target of 90%.

Responsive

Four-hour emergency performance in December was 71.21% compared to 76.24% in November. There was one 12-hour trolley wait in December which related to a patient requiring a side room. Ambulance handover within 15 minutes was 45.83% in December compared to 43.39% in November.

Delayed transfers of care continued to exceed the national standard of 3.5%, achieving 3.13% in December.

18-week RTT performance in December was 76.41% against the trajectory of 80.94%. At the end of December 2019, the total Trust waiting list was 14,776 against a trajectory of 14,782 and the total backlog of patients waiting over 18 weeks was 3,485 against a trajectory of 2,818.

6-week diagnostic standard performance for December achieved 96.1%, against a standard of 99%. There were 147 breaches in the month, of which 87 were in ultrasound and 36 were in echocardiography.

There were 2 breaches of the 28-day guarantee in December.

The number of reportable patients cancelled increased from 0.8% in November to 1.22% in December against a standard of 0.80%. The number of prior to the day, non-clinical cancellations also increased from 4.46% in November to 6.83% in December against a local standard of 3.2%.

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

The Trust achieved six of the seven cancer waiting time standards for November. 62-day referral to treatment performance improved from 63.87% in October to 64.14% in November, against the standard of 85% and trajectory of 76.56%. There were 72.5 treatments in November, of which 26 were not treated within 62 days from referral. The 62-day backlog increased from 63 patients in December to 107 patients at the beginning of January and the majority of the backlog is in urology.

Well-Led (Finance)

The Trust has reported an in-month positive variance to plan of £0.4m, resulting in an YTD position at the end of Q3 that is on plan. However, it should be noted that the year to date

position includes a number of non-recurrent adjustments (£565k in month 9), together with the planned release of contingency (£458k in month 9).

Key drivers for the in-month position are;

Clinical income:

- The over-performance against the NHSI Plan for clinical income excluding pass through items is £0.2m favourable. This is a lower amount than has been reported in previous months and reflects the clear expectation that over-performance recorded to date will reduce through the final quarter of the year. The position also includes additional revenue funding of £0.2m provided centrally to support the delivery of winter schemes.

- The overall deficit position at the end of December is favourable due to the over-performance of clinical income. As it is expected that the favourable clinical income position will begin to erode over future months, the Trust faces a major challenge in recovering the cost position by the end of the financial year in order to achieve the control total. Discussions with commissioners are on-going with regards to additional funding, but at this stage any clinical income above the level contracted for cannot be relied upon.

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

Pay costs: In-month pay cost were positive to plan and underlying agency costs 'run-rate' dropped in month to £1.1m (£1.2m in Month 8).

Non-Pay: Adverse variance of £0.1m in month following a review of the balance sheet which resulted in adjustments of £0.6m. YTD non-pay performance is £2.5m adverse to plan.

Delivery of the Trust's CIP Plan remains on-track at month 9.

Well-Led (Workforce)

The Trust continues to be below target for a number of workforce KPIs at the end of December 2019 specifically sickness, mandatory training and appraisal rates.

A number of actions are being taken to streamline the process for recruitment and the time to recruit timescale has reduced further this month.

A detailed analysis of sickness has been undertaken and this is detailed within the report and work is ongoing with the Divisional teams to address the increase in sickness.

There are 30 live employee relations cases. The general themes of the cases are external investigation, patient dignity, patient care, non-escalation, behaviour and attitudes and actions, fraud, management decision taken and HR processes.

2. TRUST PERFORMANCE OVERVIEW

	Indicator	Objective	Director	Target	Set By	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	17/18	18/19	19/20	Financial Impact *	
Safe	Falls per 1000 occupied bed days resulting in Harm	Patients	LM	<=0.98	QEH	0.17	0.08	0.18	0.33	0.09	0.00	0.17	0.24	0.08	0.25	0.00	0.08	0.16	0.07	0.09	0.12		
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	Patients	LM	>= 97.24%	QEH	97.41%	97.29%	97.36%	97.44%	97.45%	97.31%	97.39%	97.36%	95.45%	99.02%	96.02%	96.06%	Data 1 Mth in arrears	97.10%	97.41%	97.01%		
	Harm-free QEH Care	Patients	LM	>= 95%	QEH	98.46%	98.62%	99.18%	96.08%	98.29%	99.54%	98.14%	98.82%	98.27%	99.03%	98.15%	97.63%	97.77%	96.84%	97.73%	98.41%		
	Serious Incidents & Never Events **(DECLARED IN MONTH)**	Patients	COB	0	Nat	8	3	8	7	6	4	9	6	9	6	2	6	5			53		
	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	2	0	1	0	2	5	4	4	4	3	8	2	4	48	22	36		
	C Difficile (QEH acquired) Rolling YTD	Patients	LM	32		21	21	22	22	2	7	11	15	19	22	30	32	36					
	C Difficile (QEH acquired) Rolling YTD Target					38	43	48	53	4	8	11	14	17	20	24	28	32					
	C Difficile per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 17.6	Nat	23.8	21.8	19.3	15.3	14.7	17.6	20.4	20.3	18.9	20.3	25.0	24.3	25.5	32.4	15.3	25.5		
	MRSA bacteraemia (QEH acquired)	Patients	LM	0	Nat	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	1	£10k	Penalties from CCG, fines from other statutory authorities. £30,000 in respect of each incidence in the relevant year
	MRSA bacteraemia per 100k occupied bed days (rolling 12 mths)	Patients	LM	0.0		1.4	1.4	1.4	1.4	0.0	0.0	0.0	0.0	0.0	0.0	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	17.0	16.4	15.8	16.7	16.8	16.2	14.0	12.6	13.3	11.2	11.1	9.7	11.0	23.6	16.7	11.0		
	MSSA per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 0.0	Nat	6.1	5.5	4.8	5.6	4.9	5.6	5.6	4.9	5.6	5.6	4.9	5.5	5.5	8.8	5.6	5.5		
	Safe staffing levels (overall fill rate)	Patients	LM	>= 80%	Nat	98.4%	102.6%	101.2%	111.0%	103.3%	103.8%	97.3%	95.5%	94.1%	91.3%	95.5%	95.6%	96.7%	94.6%	98.9%	96.9%		
	No. of wards below 80% fill rate	Patients	LM	0	Nat	0	0	0	0	0	0	0	1	1	1	0	0	0		1	3		
	Cleanliness Scores - very high-risk areas	Places	LM	>= 95%	Nat	94.49%	94.51%	96.08%	95.86%	95.67%	95.67%	98.25%	96.50%	95.00%	94.75%	95.00%	96.50%	97.08%		94.97%	96.05%		
	Cleanliness Scores - high-risk areas	Places	LM	>= 95%	Nat	94.40%	94.97%	95.83%	95.71%	94.21%	96.00%	97.57%	95.50%	92.86%	92.93%	93.93%	96.71%	96.71%		94.84%	95.16%		
	Cleanliness Scores - significant-risk areas	Places	LM	>= 95%	Nat	88.11%	92.42%	92.20%	93.13%	94.00%	94.75%	95.88%	94.46%	95.80%	93.67%	95.82%	96.13%	95.25%		91.50%	95.08%		
	Cleanliness Scores - low-risk areas	Places	LM	>= 95%	Nat	0.00%	92.03%	90.01%	96.72%	92.33%	95.50%	88.00%	93.57%	96.00%	89.33%	85.67%	94.00%	91.40%		83.24%	91.76%		
	No. of cleanliness audits complete	Places	LM	37		31	47	35	34	44	36	35	46	39	55	55	54	55		435	419		
Effective	SHMI **(Trust Level - Rolling 12 Mth position, 6 mths in arrears)**	Patients	FS	Not higher than expected	QEH	99.91			101.02			101.05		5 months in arrears									
	Crude HSMR Mortality **(Trust Level - Rolling 12 Mth position, 3 mths in arrears)**	Patients	FS	-		3.25	3.14	3.09	3.02	2.98	2.94	2.85	2.85	2.83	2.81	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	103.2	101.2	100.5	101.5	100.6	99.1	100.0	99.7	99.5	98.7				104.94				
	WEEKEND HSMR (basket of 56 diagnosis groups) **(Trust Level - Rolling 12 Mth position, 3 months in arrears)**	Patients	FS	Not higher than expected	QEH	114.5	112.4	109.0	107.4	104.9	104.4	105.7	113.6	113.9	114.1				111.35				
	Rate per 1000 admissions of inpatient cardiac arrests	Patients	FS	< 2.0	QEH	2.05	0.90	1.91	0.40	1.70	1.37	0.53	1.07	2.27	1.75	1.48	1.28	0.42	1.55	1.34	1.32		
	Elective C Section Rate	Patients	FS	< 10.00%	QEH	17.24%	13.79%	10.47%	9.71%	16.87%	12.65%	13.69%	14.10%	11.25%	9.55%	10.98%	13.07%	1 month in arrears	13.17%	14.13%	12.80%		
	Emergency C Section Rate	Patients	FS	< 15.00%	QEH	18.39%	18.39%	23.84%	21.71%	15.06%	16.87%	16.67%	18.94%	13.75%	14.04%	17.92%	15.69%		15.62%	19.27%	16.25%		
	Total C Section Rate	Patients	FS	< 25.00%	QEH	35.63%	32.18%	34.30%	31.43%	31.93%	29.52%	30.36%	33.04%	25.00%	23.60%	28.90%	28.76%		28.79%	33.40%	29.04%		
	Stillbirth Rate **(per 1000 births/stillbirths-Rolling 12 Mths)**	Patients	FS	< 3.73	QEH	3.25	3.24	1.85	2.29	1.85	1.85	2.80	3.21	3.68	3.24	3.70	3.72		2.25	2.32	4.23		
	Neonatal Deaths Rate **(per 1000 livebirths-Rolling 12 Mths)**	Patients	FS	< 1.06	QEH	0.47	0.46	0.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.90	0.00	0.00		
	Extended Perinatal Deaths Rate **(per 1000 births/stillbirths - Rolling 12 Mths)**	Patients	FS	< 4.79	QEH	3.72	3.70	2.31	2.29	1.85	1.85	2.80	3.21	3.68	3.24	3.70	3.72		3.16	2.32	4.94		
	%"Term" admissions to the NNU	Patients	FS	3.0%	QEH	Data not available prior to Apr				6.5%	10.2%	5.7%	4.7%	4.7%	5.5%	11.4%	8.8%	7.4%			7.1%		
	%"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%			19.5%		
	Maternal Deaths	Patients	FS	0	QEH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	National Clinical Audits participation rate	Patients	FS	=100%	QEH								97.5%	97.5%	97.5%	97.5%	97.5%	97.5%	95%	95%	97.5%		
	No. of patients recruited in NIHR studies	Patients	FS	>600 Annually	QEH	51	37	153	77	37	29	59	29	44	52	50	59	55		994	414		
Caring	Same Sex accommodation standard breaches	Patients	LM	0	Nat	2	7	11	4	6	5	3	7	5	22	18	7	25	62	93	98	£24.5k	Penalties from CCG - £250 per breach
	No. of Complaints (Clinical & Non Clinical)	Patients	LM	<=20	QEH	27	41	37	38	34	47	24	38	45	32	39	24	25	362	421	308		
	Complaints (rate as proportion of activity)	Patients	LM		QEH	0.09%	0.11%	0.11%	0.11%	0.09%	0.12%	0.07%	0.10%	0.13%	0.09%	0.10%	0.06%	0.08%		0.10%	0.09%		
	%Complaints responded to <6 mths from receipt of complaint	Patients	LM	100%	Nat	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%		99.8%	99.4%		
	%Complaints responded to within 30 days from receipt of the complaint	Patients	LM	>=90%	QEH	33.33%	57.14%	46.43%	36.17%	6.90%	21.28%	9.76%	25.58%	17.39%	33.33%	42.86%	28.95%	50.00%		39.40%	26.11%		
	Reopened complaints (% of total complaints)	Patients	LM	<=15%	QEH	11.11%	0.00%	0.00%	0.00%	2.94%	6.38%	225.00%	10.53%	8.89%	6.25%	7.69%	4.17%	24.00%		1.66%	25.32%		
	%eligible patients who have dementia case find applied	Patients	LM	>=90.00%		45.80%	45.79%	44.66%	43.54%	48.94%	51.46%	50.00%	44.93%	48.99%	48.04%	45.52%	45.14%		60.97%	44.09%	47.92%		
	Friends & Family (Inpatients & Daycases)	Patients	LM	>=95%	QEH	95.17%	95.05%	95.03%	96.21%	97.01%	94.73%	95.80%	96.35%	93.33%	94.59%	95.19%	95.48%	94.78%	95.53%	95.53%	95.26%		
	Sample Size: Friends & Family (Inpatients & Daycases)	Patients	LM	>=30%	QEH	28.58%	33.67%	37.26%	37.83%	30.17%	36.67%	31.20%	31.31%	31.49%	33.46%	33.34%	31.98%	24.94%	30.33%	33.21%	31.73%		
	Friends & Family (Accident & Emergency)	Patients	LM	>=95%	QEH	89.94%	94.32%	95.32%	90.57%	93.25%	94.92%	92.68%	90.93%	88.74%	86.74%	90.95%	92.03%	87.62%	93.12%	91.16%	90.71%		
	Sample Size: Friends & Family (Accident & Emergency)	Patients	LM	>=20%	QEH	14.60%	10.20%	11.59%	11.04%	11.55%	11.70%	7.67%	9.81%	22.89%	10.31%	13.42%	13.77%	8.06%	16.98%	13.79%	12.20%		
	Friends & Family (Outpatients)	Patients	LM	>=95%	QEH	97.40%	97.07%	96.88%	97.35%	96.98%	96.17%	97.38%	95.77%	98.00%	97.74%	97.04%	97.81%	98.05%	96.78%	97.05%	97.17%		
	Sample Size: Friends & Family (Outpatients)	Patients	LM		QEH	5.73%	7.18%	5.63%	6.82%	6.14%	6.15%	6.13%	7.04%	6.71%	5.27%	6.44%	5.60%	4.76%	5.41%	6.42%	6.02%		
	Friends & Family (Maternity)	Patients	LM	>=95%	QEH	94.12%	96.67%	100.00%	93.65%	98.04%	100.00%	100.00%	96.83%	96.77%	95.24%	92.31%	100.00%	100.00%	96.90%	96.57%	97.89%		
	Sample Size: Friends & Family (Maternity)	Patients	LM	>=15%	QEH	20.12%	17.05%	21.64%	34.62%	31.68%	35.71%	26.67%	27.63%	19.02%	11.80%	15.29%	11.11%	13.19%	15.20%	21.97%	21.70%		

2. TRUST PERFORMANCE OVERVIEW

	Indicator	Objective	Director	Target	Set By	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	17/18	18/19	19/20	Financial Impact **	
Responsive	Emergency access within four hours	Performance	DS	>= 95%	Nat	83.99%	74.85%	77.35%	81.97%	84.67%	83.80%	84.67%	81.12%	78.95%	79.86%	77.43%	76.24%	71.21%	85.53%	82.48%	79.75%		
	- Majors only	Performance	DS	>= 95%	Nat	76.29%	60.68%	65.08%	70.26%	71.82%	70.60%	73.36%	67.81%	66.92%	67.94%	64.17%	60.20%	53.98%	75.74%	70.55%	66.45%		
	- Minors only	Performance	DS	>= 100%	QEH	91.80%	90.69%	90.37%	97.09%	97.67%	97.66%	98.16%	97.23%	93.91%	93.60%	90.58%	90.24%	88.55%	94.82%	93.26%	94.07%		
	12 hour trolley waits	Performance	DS	0	Nat	0	3	0	1	0	0	4	1	0	1	1	1	1	0	9	9		
	Ambulance Handovers completed within 15 minutes	Performance	DS	100%	Nat	50.95%	49.88%	49.24%	51.38%	55.77%	59.73%	65.96%	64.60%	56.61%	37.84%	44.35%	43.39%	45.83%	21.97%	45.87%	52.66%		
	% beds occupied by Delayed Transfers Of Care	Performance	DS	<= 3.5%	Nat	5.60%	3.00%	3.48%	4.00%	2.25%	2.47%	2.98%	2.38%	2.52%	2.18%	2.91%	2.80%	3.13%	3.30%	4.00%	3.13%		
	MFFD (Medically Fit For Discharge) - Patients	Performance	DS			249	298	247	306	227	244	241	277	275	282	321	287	308		3310	2462		
	MFFD (Medically Fit For Discharge) - Days	Performance	DS			1802	1991	1571	1856	1490	1633	1904	1849	1634	1980	2222	2039	2396		23085	17147		
	No. of beds occupied by adult inpatients >=21 days (Mthly average over rolling 3 mths)	Performance	DS	<= 46	QEH	66	64	62	71	72	73	62	53	57	54	57	61	53					
	18 Weeks Referral to Treatment Time (Incomplete Pathways)	Performance	DS	>= 92%	Nat	78.48%	78.80%	79.56%	79.82%	80.42%	82.55%	81.77%	81.14%	80.69%	79.63%	79.09%	78.13%	76.41%	81.05%	79.82%	76.41%		
	Specialties exceeding 18 wk Referral To Treatment time (Incomplete pathways)	Performance	DS	0	Nat	30	25	28	22	21	20	19	24	22	21	24	24	23		304	198		
	No. of cases exceeding 52 weeks Referral To Treatment	Performance	DS	0	Nat	1	1	1	0	0	0	0	0	0	0	0	0	0	3	18	0		
	Diagnostic Waiters, 6 weeks and over (DM01)	Performance	DS	<= 1%	Nat	0.68%	0.98%	0.52%	0.37%	0.86%	4.54%	3.62%	5.17%	9.10%	3.63%	1.36%	0.48%	3.90%	2.45%	0.37%	3.90%		
	Total non-clinical cancelled elective operations	Performance	DS	<= 3.2%	Nat	4.86%	5.4%	6.4%	5.53%	5.54%	5.24%	5.44%	6.48%	8.11%	5.36%	4.81%	4.46%	6.83%		5.6%	5.8%		
	Last minute non-clinical cancelled elective operations	Performance	DS	<= 0.8%	Nat	0.48%	1.78%	0.51%	0.60%	0.89%	0.69%	0.46%	0.73%	0.93%	0.74%	0.60%	0.80%	1.22%	1.0%	1.0%	0.78%		
	Breaches of the 28 day readmission guarantee	Performance	DS	0	Nat	2	4	5	5	1	0	2	1	0	0	0	0	2	52	53	6	£12k	Penalties from CCG - £2K per cancellation
	Urgent operations cancelled more than once	Performance	DS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2 week GP referral to 1st OP appointment	Performance	DS	>= 93%	Nat	97.42%	95.88%	95.10%	85.98%	81.05%	91.94%	95.88%	96.70%	96.22%	97.13%	97.10%	96.69%		96.70%	95.32%	94.02%		
	14 Days referral for breast symptoms to assessment	Performance	DS	>= 93%	Nat	100.00%	91.30%	86.30%	29.82%	20.90%	66.13%	83.33%	93.22%	98.00%	98.11%	97.47%	98.55%		97.97%	91.67%	81.39%		
	31 Day Diagnosis to Treatment	Performance	DS	>= 96%	Nat	98.84%	97.22%	95.29%	96.46%	96.12%	93.16%	100.00%	97.25%	98.13%	97.89%	99.21%	99.17%		98.67%	97.50%	97.67%		
	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%	100.00%	100.00%	97.56%	100.00%	100.00%		99.64%	99.71%	99.71%		
	31 Day Second or Subsequent Treatment (Surg)	Performance	DS	>= 94%	Nat	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	85.71%	100.00%	90.91%	100.00%		95.91%	99.43%	95.65%		
	62 Days Urgent Referral to Treatment	Performance	DS	>= 85%	Nat	80.00%	79.72%	74.58%	85.91%	70.90%	63.69%	81.12%	75.19%	63.89%	70.63%	62.56%	64.14%		83.23%	81.74%	68.59%		
	62 Days Referral to Treatment from Screening	Performance	DS	>= 90%	Nat	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	94.12%	100.00%	90.91%	100.00%	100.00%		98.51%	96.94%	98.46%		
	Stroke 90% of time on a Stroke Unit	Performance	DS	>= 90%	Nat	86.67%	76.92%	71.43%	85.11%	80.85%	76.74%	81.82%	87.50%	80.49%	71.79%	69.81%	70.59%		83.33%	82.35%	77.09%		
	Stroke 90% of time (SSNAP Level)			(A)>=90%, (B) >=85%		B	D	E	B	C	D	C	B	C	E	E	E		C	C	D		
	Direct to Stroke Unit within 4 hours	Performance	DS	>= 90%	Nat	64.44%	53.85%	57.14%	61.70%	68.09%	67.44%	60.00%	58.54%	62.79%	56.41%	53.70%	53.85%		68.40%	65.14%	59.89%		
	Direct to SU <4 hrs (SSNAP Level)			(A)>=90%, (B) >=75%		C	E	D	C	C	C	C	D	C	D	E	E		C	C	D		
	Patient scanned within 1 hour of clock start	Performance	DS	>= 48%	Nat	48.89%	40.00%	48.84%	41.67%	44.68%	50.00%	53.19%	43.90%	47.73%	28.95%	59.26%	46.15%		50.47%	44.96%	47.41%		
	Pat scanned <1hr of clock start (SSNAP Level)			(A)>=48%, (B) >=43%		A	C	A	C	B	A	A	B	B	D	A	B		A	B	B		
	Patient scanned within 12 hours of clock start	Performance	DS	>= 95%	Nat	95.56%	87.50%	88.37%	97.92%	93.62%	95.45%	91.49%	95.12%	86.36%	84.21%	90.74%	96.15%		93.59%	93.17%	91.83%		
	Pat scanned <12hrs of clock start (SSNAP Level)			(A)>=95%, (B) >=90%		A	C	C	A	B	A	B	A	C	D	B	A		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	-13.00%	-13.70%	-13.90%	-14.90%	-6.86%	-2.50%	0.50%	0.10%	0.30%	0.20%	-0.10%	-0.10%	0.10%	-7.70%	-14.90%	0.10%		
	Distance from control total (YTD)	Patients	LS	>= 0%	QEH	-188.91%	-220.57%	-226.81%	-280.82%	-19.40%	-15.57%	2.17%	0.44%	1.91%	1.44%	-0.15%	-0.85%	1.11%	-204.48%	-280.82%	1.11%		
	Agency spend (versus cap)	Patients	LM	<= 0%	SOF	-52.72%	-51.65%	-50.80%	-52.12%	-76.32%	-74.00%	-65.00%	-64.00%	-62.00%	-59.00%	-60.00%	-57.00%	-25.00%	-49.72%	-52.12%	-25.00%		
	% of eligible staff appraised (rolling 12 months)	Patients	LM	>= 90%	QEH	82.14%	82.61%	82.51%	84.06%	84.10%	84.55%	84.62%	83.63%	80.28%	79.91%	82.16%	80.33%	78.88%					
	% medical staff (except junior doctors) with an appraisal (rolling 12 months)	Patients	LM	>= 95%	QEH	91%	86%	87%	97%	92%	89%	88%	87%	88%	88%	92%	89%	86%					
	WTE lost as % of contracted WTE due to sickness absence (rolling 12 months)	Patients	LM	<= 3.5%	QEH	5.90%	5.82%	6.28%	5.53%	4.79%	4.81%	5.25%	5.23%	5.14%	5.18%	5.73%	5.51%	5.81%					
	% eligible staff attending core Mandatory Training (rolling 12 months)	Patients	LM	>= 95%	QEH	85.63%	85.63%	86.32%	87.25%	87.23%	86.49%	86.11%	86.53%	86.22%	86.46%	85.77%	85.77%	85.54%					
	Turnover (rolling 12 months)	Patients	LM	<= 10%	QEH	11.69%	11.89%	11.54%	11.86%	11.40%	11.75%	11.96%	11.78%	11.98%	11.92%	12.42%	12.21%	11.82%					
	Time to recruit (rolling position) *	Patients	LM	<= 65.5 days	QEH	n/a	108.3	105.6	104.4	101.9	101.1	99.5	97.9	97.6	99.4	73.7	65.7	60.6					
	Staff Friends and Family (Place to Work)	Patients	LM				45.55%			47.39%			44.23%			Not Collected			50.91%	44.69%	46.15%		
	Staff Friends and Family (Care)	Patients	LM				62.33%			63.23%			63.14%			Not Collected			71.67%	63.90%	63.20%		
	PPM Including Statutory PPM	Patients	LS	>= 95%	QEH	97%	92%	89%	83%	85%	86%	91%	88%	88%	92%	91%	89%	93%					
	CTG Training Compliance (Midwives)	Patients	LM	>= 90%	QEH	87%	97.0%	94.3%	94.1%	97.7%	95.0%	94.0%	82.0%	94.0%	96.0%	95.0%	94.0%	90.0%					
	CTG Training Compliance (Doctors)	Patients	LM	>= 90%	QEH	96.8%	85.7%	86.7%	86.7%	100.0%	100.0%	100.0%	47.0%	71.0%	100.0%	100.0%	100.0%	100.0%					

3. DOMAIN REPORTS

Safe
Accountable Officer – Medical Director / Chief Nurse

Areas of strong performance

Harm Free Care

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

The Trust scored 97.77% for Safety Thermometer harm free care in December 2019. The harm free score remains on target and above the national average.

Performance will be maintained by;

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

New harms for the month of December are as follows:

- Pressure ulcers – two category two and three category three pressure ulcers occurred during the collection period
- Falls resulting in harm - three patients sustained low harm and one was a moderate incident

There were 404 patients surveyed and nine patients were identified to have new harms during the data collection period.

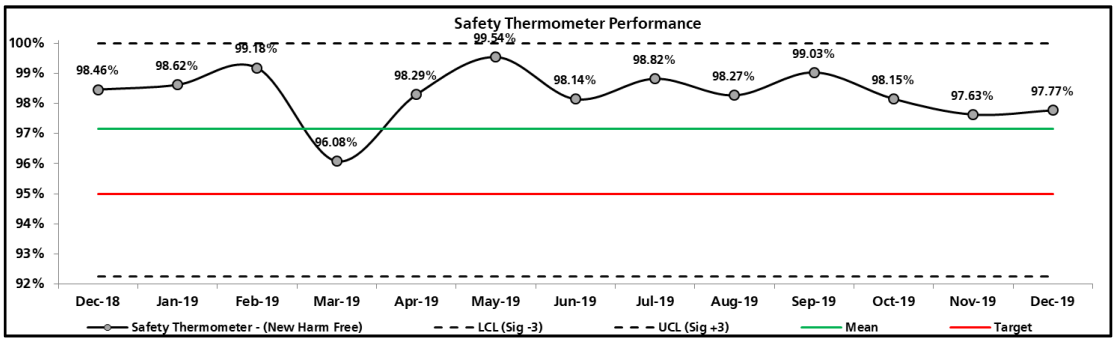


Chart 1 – Safety Thermometer performance (Harm Free Care)

Falls for December

There were 47 incidents of inpatient falls reported in December 2019 which is a reduction from 63 reported in November. Of the 47, one resulted in a catastrophic harm which is being investigated as a serious incident, 1 was moderate, 12 were minors and 33 were negligible.

Performance will be maintained by;

- Ensuring that there is ongoing training for all staff starting from induction, HCA

training, ward away day training and bimonthly training provided by our specialist nurse.

Falls resulting in Serious Injury during Dec 2019					
Ref	Incident date	Severity	Location Exact	Division	Specialty/Area
WEB66280	14/12/2019	Catastrophic	Stanhoe Ward	MED Div	Gastroenterology
WEB66655	30/12/2019	Moderate	Elm Ward	SUR Div	General Surgery

Table 1 – Falls resulting in serious Injury during October 2019

Cleaning

The overall cleaning scores for all areas have improved this month by achieving above the 95% pass rate. However, the overall cleaning score for low areas was at 91%. The reason for not achieving the 95% cleaning score for the low risk areas was due to a targeted cleaning approach on very high risk and high-risk areas rather than on low risk areas.

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

Areas	Cleaning scores November 2019	Cleaning scores December 2019
Very high-risk areas	96.25%	97.25%
High risk areas	96.71%	96.77%
Significant risk areas	96.13%	95.25%
Low risk areas	94%	91.40%

Table 2 – Cleaning scores November 2019 vs December 2019

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 96.68% and the Care Hours per Patient Day (CHpPD) in December was 8.5 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 7.8 and 8.0, respectively (Model Hospital latest data, October 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 December. 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.

Areas requiring improvement

Hospital Acquired Pressure Ulcers

There were nine hospital acquired pressure ulcer incidents reported in December which is an increase from last month's figure of eight. The pressure ulcer rate per 1000 bed days this month is 0.70 which off track from the trust target of 0.42.

Pressure Ulcer Grading System (NHSi, 2018)

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

Table 3 – Pressure Ulcer Grading system (NHSi, 2018)

December saw a sharp spike in hospital acquired pressure ulcers with a total of 35 being reported. Of these, 9 were validated as being pressure damage;

- 2 x Category Unstageable (Necton and ITU)
- 1 x Category 3 (Gayton Ward)
- 6 x Category 2 (AMU, Shouldham, Marham, Tilney, and 2 on ITU)

Of these incidents, 5 showed lapses in care in relation to non-compliance of care bundles, mainly around incorrect Waterlow assessment and implementation of pressure relieving equipment.

Performance will be improved by;

- Focused teaching on the wards about pressure ulcer prevention.
- A tissue viability nurse has commenced to support the tissue viability lead nurse.
- The "100 Days Free" campaign of hospital-acquired avoidable pressure to increase compliance with the care bundle started in December 2019.

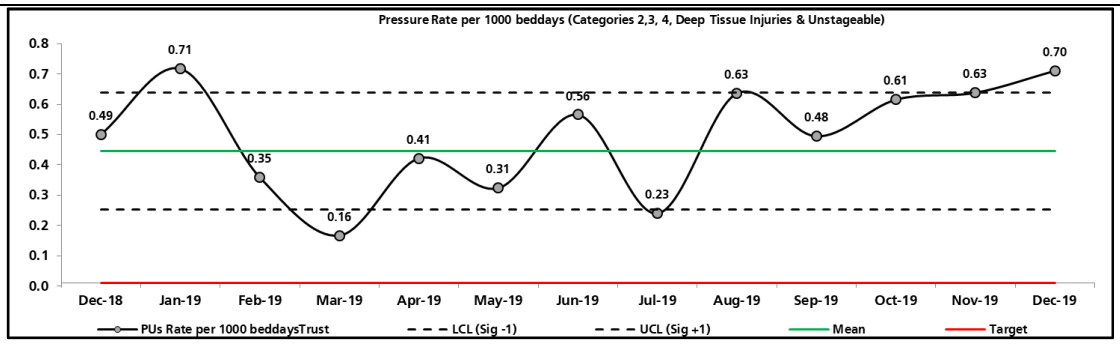


Chart 2 – Pressure Rates per 1000 bed-days

VTE Assessment

VTE Assessment compliance is below the Trust target of 97.24% for the second month in a row with the December compliance rate at 96.06%. The Assessment Zone and Ambulatory Emergency Care Unit are the areas with the highest number of patients without their VTE assessments completed.

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.

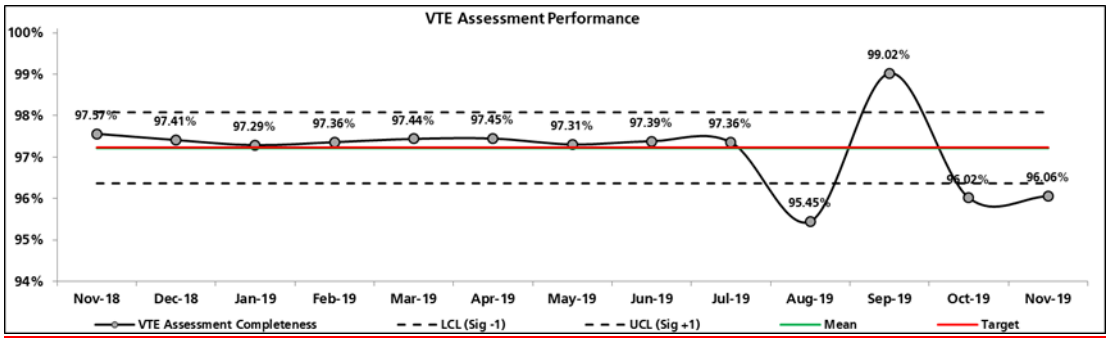


Chart 3 – VTE Assessment Performance

Clostridiodes difficile (*previously known as Clostridium difficile*)

There were four cases of Clostridiodes difficile reported this month bringing the total to 36 this year. The Trust's year end trajectory is 44 cases and to date, 5 cases are awaiting the appeals procedure. 11 have been successfully appealed as there were no lapses in care identified therefore 20 cases currently count towards the trajectory of 44.

The PIR reviews have identified the following issues;

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

- Poor decontamination of equipment and the environment

Actions taken to address non- compliance;

- 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.
- The Antimicrobial pharmacist is now in post to support antimicrobial stewardship

Serious Incidents

There were five serious incidents (SIs) declared in the month of December including one never event, all were reported to STEIS within the required 48-hour timeframe of being declared an SI.

SI Declared	SI/NE Summary	RCA Due Date
06/12/2019	Failure to screen patient via CXR and IGRA prior to biological therapies	04/03/2020
09/12/2019	Uterine and bowel perforation sustained during elective evacuation of retained products of conception (ERPC)	09/03/2020
18/12/2019	Rapidly deteriorating patient with terminal confusion and agitation found face down beside their bed. Observations un-recordable certified dead at 05:20	16/03/2020
18/12/2019	78 small envelopes containing patient's valuables found in mortuary safe dating from 2012 to 2016	16/03/2020
24/12/2019	Never Event: Wrong implant used during total right hip replacement. Patient went back to theatre to have it removed/replaced	23/03/2020

Table 4 – Serious Incidents declared (December 2019)

The immediate actions taken are as follows;

Failure to screen patient via CXR and IGRA prior to biological therapies;

- The IBD team have reviewed the evidence around indeterminate IGRA tests and devised a checklist of exactly what needs to be undertaken prior to starting biologics.
- The team are retrospectively checking patients in receipt of biological therapies IGRA results.
- The case was discussed at the Gastroenterology MDT on the 29th November 2019
- A Patient Safety Alert was issued alerting all teams that use biologic therapy to highlight the risk and outcome for this patient, as well as the need to follow the checklist before starting any patients on biological therapies
- From the 1st December 2019 there will be no paper copies of laboratory results. All results are available electronically and must be filed as actioned (on webice)

to confirm that the result has been reviewed and actioned.

Uterine and bowel perforation sustained during elective evacuation of retained products of conception (ERPC);

- Review of consent form to ensure that the patient was informed of all risks
- Review theatre case to ensure that there were no identified complexities, which were not appropriately identified / escalated.

Rapidly deteriorating patient with terminal confusion and agitation found on the floor by their bed;

- Education regarding enhanced care needs
- Education to team reading capacity assessment
- Education to the medical team that even if a patient has expressed a desire for full active treatment and has not accepted that they are approaching end of life, treatment decisions still reside with the medical team.

78 small envelopes containing patient's valuables found in the mortuary safe dating from 2012 to 2016;

- All ward managers to ensure that ward safes are checked for items belonging to deceased patient. Any such items to be recorded on proformas and returned to the Chief Nurse by 18th December.
- Matrons to establish with wards and departments any other areas where deceased patient property could be held.
- To agree a series of spot checks both in the mortuary and on the wards.

Never Event: Wrong implant used during total right hip replacement. Patient went back to theatre to have it removed/replaced;

- Whiteboard to be placed in each theatre purely for implant sizes. This will be rolled out to all theatres to standardise practice.
- The opening of an implant is a "stop" moment. This means that the surgeon, scrub practitioner and circulating practitioner stop what they are doing and read out loud the information on the implant box.
- The "stop" moment must be respected and supported by the surgeons and theatre staff.
- Senior support to review the processes in place

All investigations are ongoing.

Effective
Accountable Officer – Medical Director

Areas of strong performance

Mortality

The latest HSMR is 98.7 and is within the "as expected" ranged. The Trust SHMI is 102.21 and is also within the "as expected" range. There are no CUSUM alerts in the latest available data.

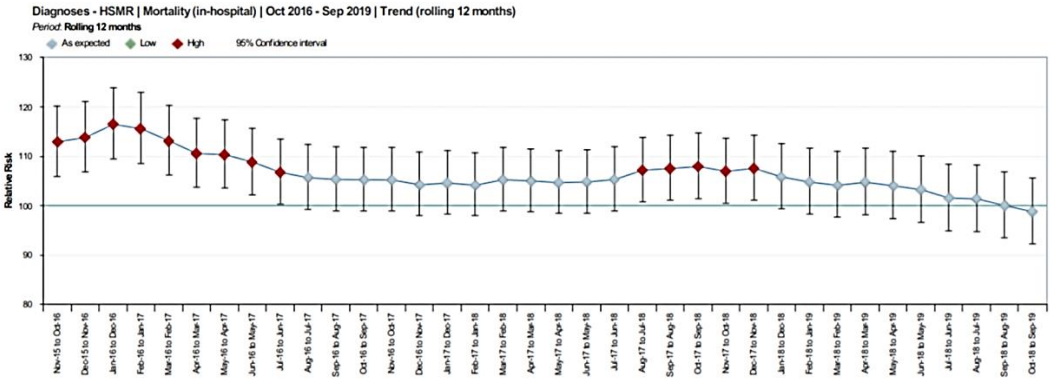


Chart 4 - Hospital Standardised Mortality Ratio

There were 108 deaths in the hospital in December 2019. This number is higher than last year (88) and equates to 15.1 deaths per 1000 admissions which is higher than our previous rate in December 2018 at 12.9. The highest number of deaths occurred on our care of the elderly wards (17 and 15).

Performance will be maintained by;

The Mortality Surveillance Group (MSG) is now in place to ensure screening of all deaths, completion of outstanding Structured Judgment reviews (SJR) and to ensure the timely completion of SJRs to learn and improve on the standards of care for patients. Four further medical examiners have been appointed to support MSG in its functions. Individual specialties will commence training on Dr. Foster's data to understand Mortality at a service level and initiate improvements in their areas. This work is expected to commence shortly with all the current Medical Examiners undergoing training in February 2020. End of Life (EOL) led by the Associate Chief Nurse will also be reporting into MSG to provide assurances on provisions of Individualised Plans of Care. MSG is expected to scrutinise all deaths, learn and disseminate this learning to the clinical teams to improve standards of care and where offered treatment is futile, provide assurances on provision of compassionate End of Life Care. MSG will be reporting to the Clinical Governance Executive Group for assurance.

Work is ongoing on medical job plans to ensure that every patient has an early and senior led review to ensure appropriately and timely treatment is provided. External support is also in place to improve emergency care and flow which is also known to impact on mortality.

Clinical Audit:

The national Healthcare Quality Improvement Program (HQIP) of National Clinical Audits forms part of the Trust Quality account. QEH has actively participated in 97.5% (40 of 41) HQIP National Audits in the reporting period. There is active participation with the national Audit of Care at the End of Life, however this is showing partial compliance against full audit requirements. The Trust has commenced submitting data towards National Inflammatory Bowel Disease Audit.

Clinical Research and Development

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

Maternity

The stillbirth rate in November was 3.72 per 1,000 births which continues to be lower than the standardised adjusted rate of 3.75 per 1,000 from the 2016 MBRACE report. The neonatal death rate remains at 0. This continued improvement within the department is in line with the maternity transformation programme to achieve the national ambition which aims to halve the number of stillbirths, neonatal deaths, maternal deaths and brain injuries by 2030.

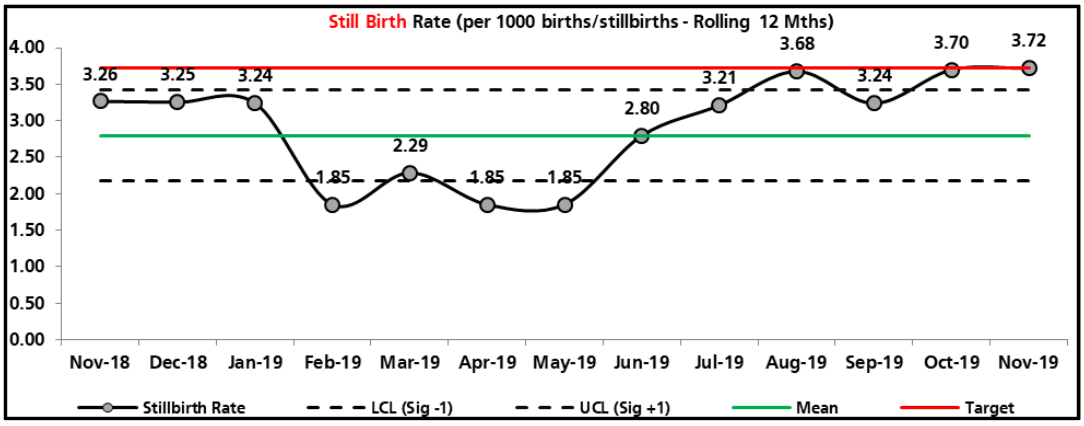


Chart 5 – Still birth rate (per 1000 births/stillbirths)

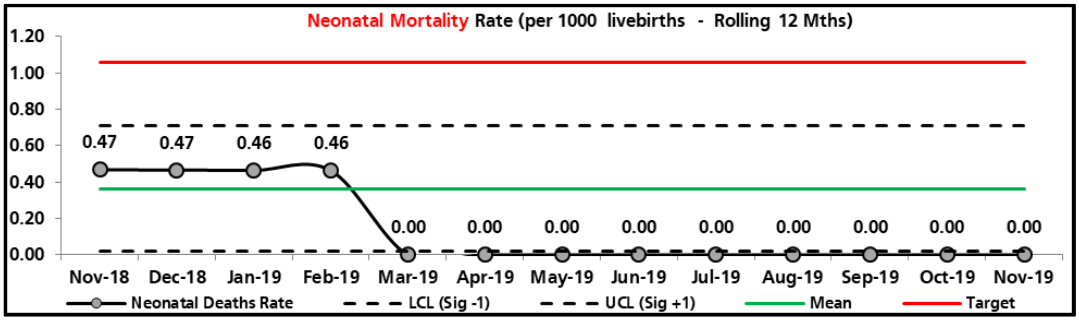


Chart 6 – Neonatal mortality rate (per 1000 live births)

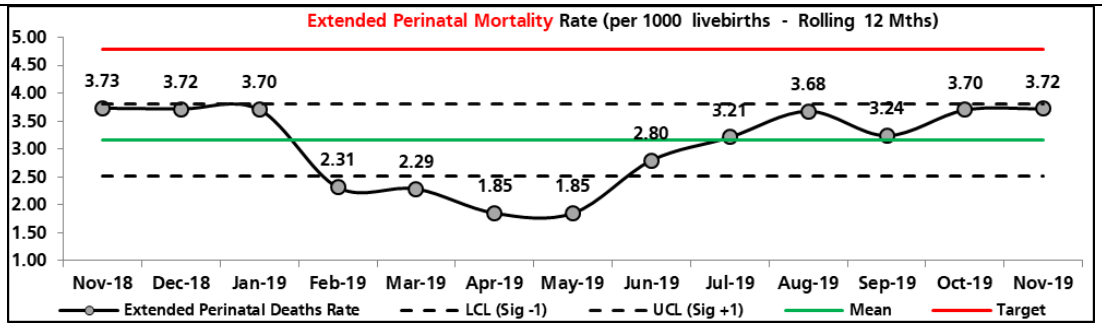


Chart 7 – Extended perinatal Mortality rate (per 1000 livebirths)

Areas requiring improvement

Reported weekend HSMR

Weekend mortality (HSMR) is significantly higher (114.2) compared to Weekdays. However, no individual day has been identified as being significant. This change has been driven by a significant increase in mortality during July in particular with patients admitted with Pneumonia. Although earlier audits into identifying issues revealed no significant lapses in care.

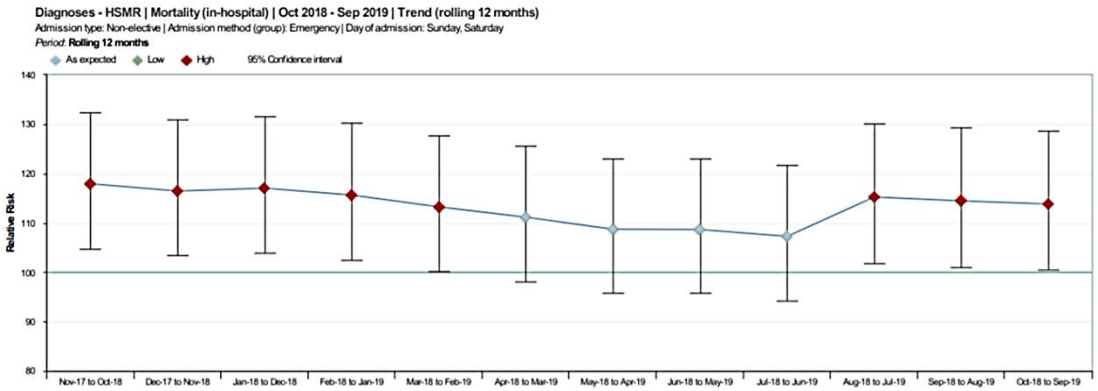


Chart 8 – HSMR Mortality in Hospital Trend (rolling 12 months)

Dr Foster are assisting us with analysis surrounding Cancer of Bronchus / Lung and CF as this is showing as significantly high within the SHMI (however as above the SHMI overall is within expected limits). It is possible that these patients with these diagnoses are likely to be End of Life Care as SHMI is not adjusted for palliative care.

Further audits will also be undertaken to understand any learning from deaths following admission at weekends.

Maternity

Elective and emergency caesarean section rates in December 2019 were 31%. There has been an increase in section rates since October and currently an audit is underway to identify themes for further interventions. Multiple interventions have been in place since May to improve caesarean section rates through;

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

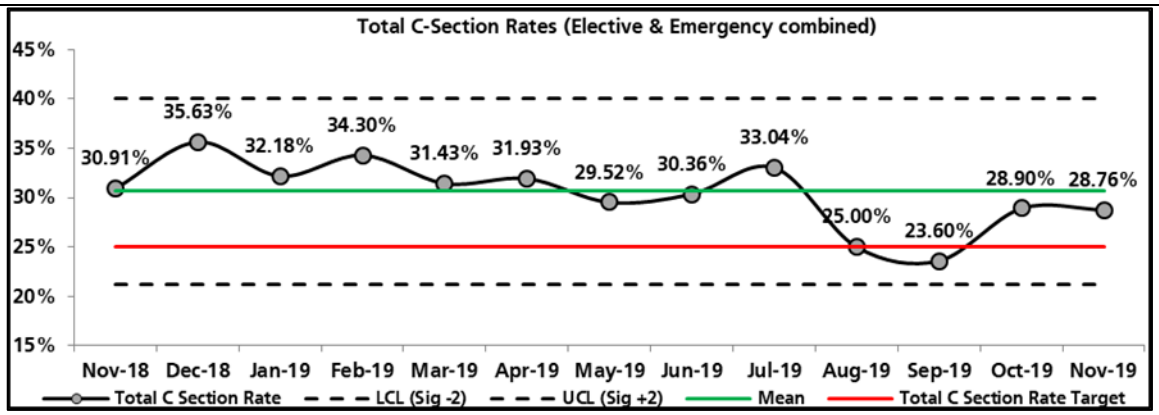


Chart 9 – Total C-Section rates (Elective and Emergency combined)

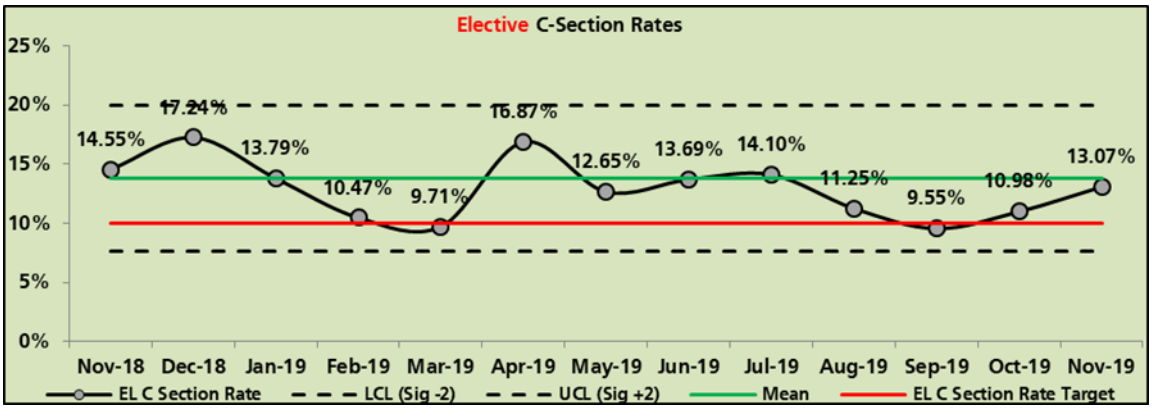


Chart 10 – Elective C-Section rates

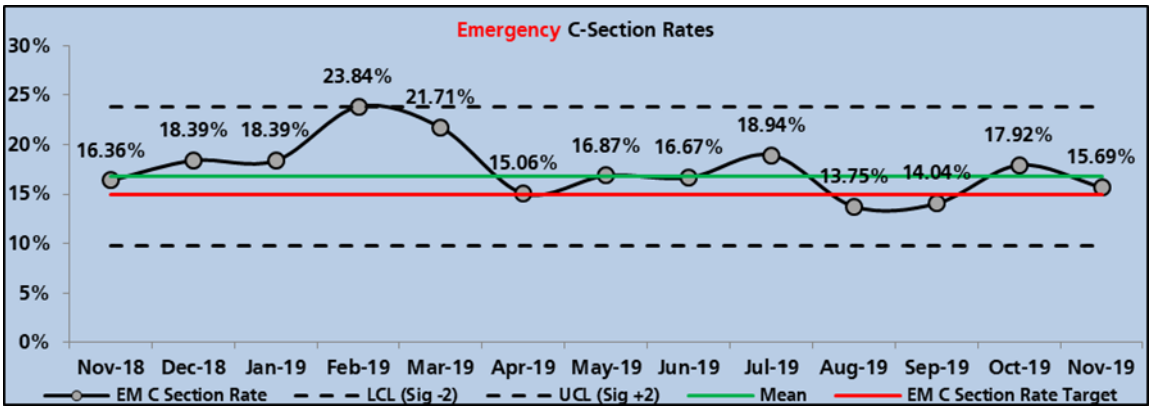


Chart 11 – Emergency C-Section rates

Avoidable term admissions to NICU remain increased in December.

- There were three avoidable admissions to NICU in December 2019.

All of these cases have been reviewed by the ATAIN group.

There were two avoidable admissions from the postnatal ward;

- Hypothermia and phototherapy – multiple risks factors? Should have been admitted to NICU at delivery –feedback given to Paediatric team.
- Weight loss 17.8% - baby did not feed well prior to discharge. Query more support needed from infant feeding team. On readmission, the mother was

expressing less milk each time - to feed back to maternity team.

There was one avoidable admission from Central Delivery Suite;

- Hypothermia, hypoglycaemia, grunting, delay of 3 hours for first feed baby observations over an hour late - thermometer covers unavailable. The baby was transferred into hospital as small for gestational age ate birth. The community teams have had a reminder about ensuring that all kit (including thermometer covers) is complete and correct prior to attending a home birth.

Other lessons learnt include communication / recording of information to be improved.

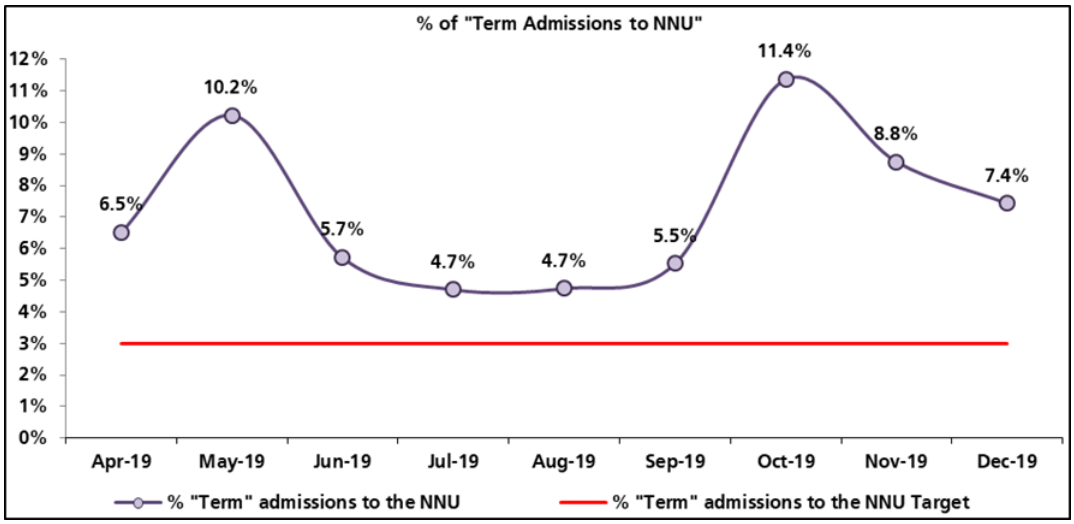


Chart 12 - % of term admissions to NNU

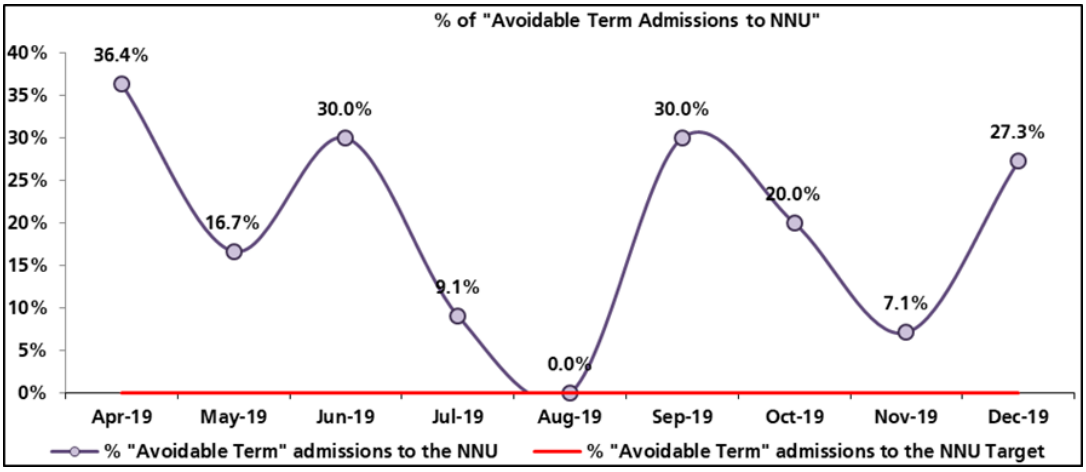


Chart 13 - % of Avoidable term admissions to NNU

Caring
Accountable Officer – Chief Nurse

Areas of strong performance

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;

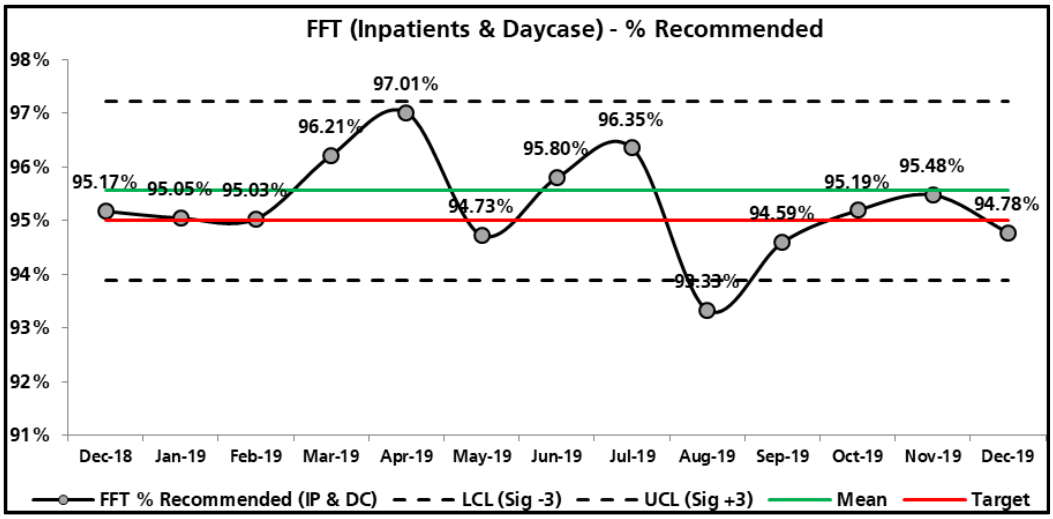


Chart 14 – FFT (Inpatients and Daycase) % recommended

The latest figure has returned inside the control and but dips slightly below the target of 95%. Having reviewed the feedback provided by patients there has been a slight increase in negative responses and those providing comments cited waiting (especially in Ambulatory Emergency Care), staff attitudes, care from staff, noise at night, staff numbers, end of life care and call bell answering as the main areas for concern.

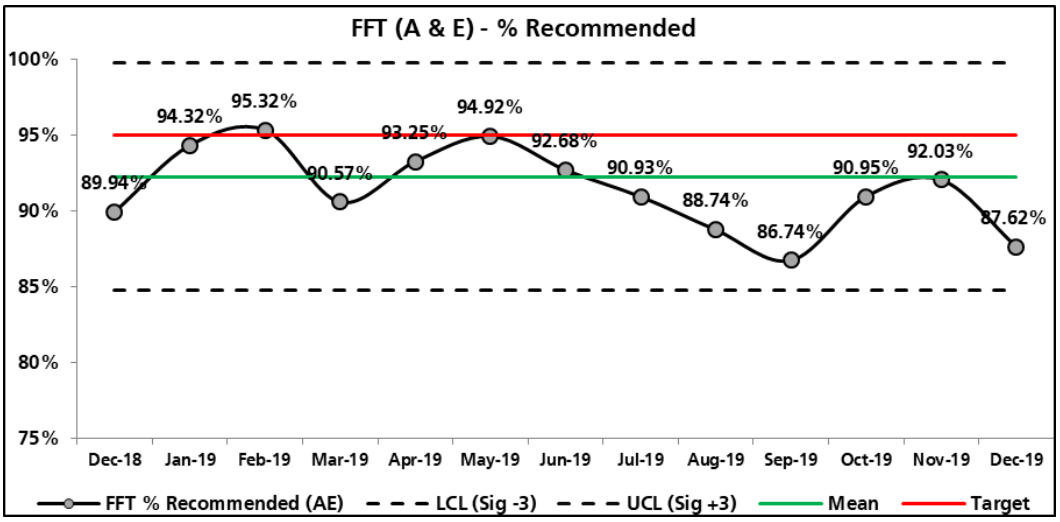


Chart 15 – FFT (AE) % recommended

In A&E, waiting times remain the main reason for patients being unlikely to recommend although staff attitude and stress, pressure and chaos were also raised. The likelihood to recommend score has dipped to below 88% (target of 95%) similar to the levels in September this year. Waiting times and communicating the current expected wait times are a concern across the hospital but are most acute in A&E due to the unpredictable nature of the patients coming into the hospital at this point.

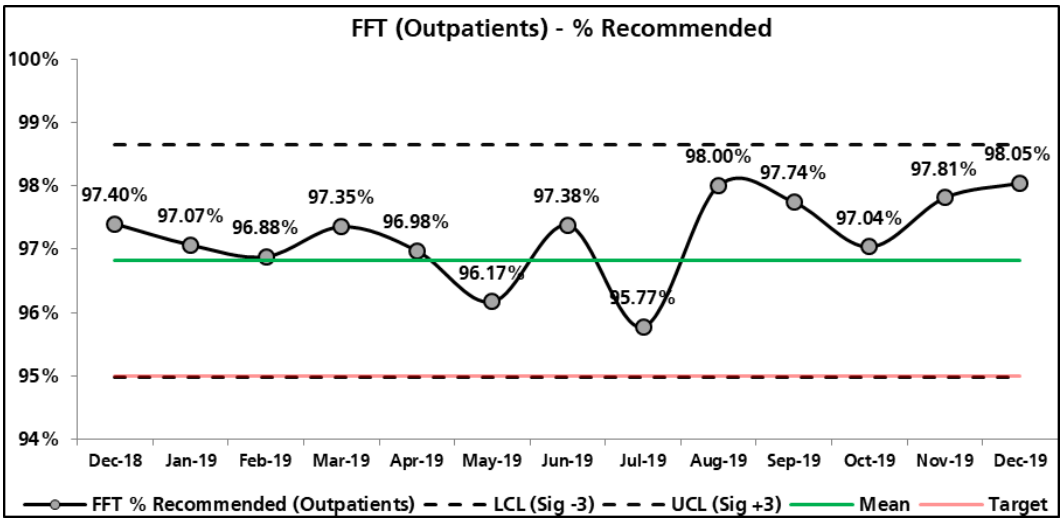


Chart 16- FFT (Outpatients) % recommended

Feedback from outpatient areas bucks the trend with an improving likelihood to recommend score – achieving over 98% which is the highest for the last 12 months.

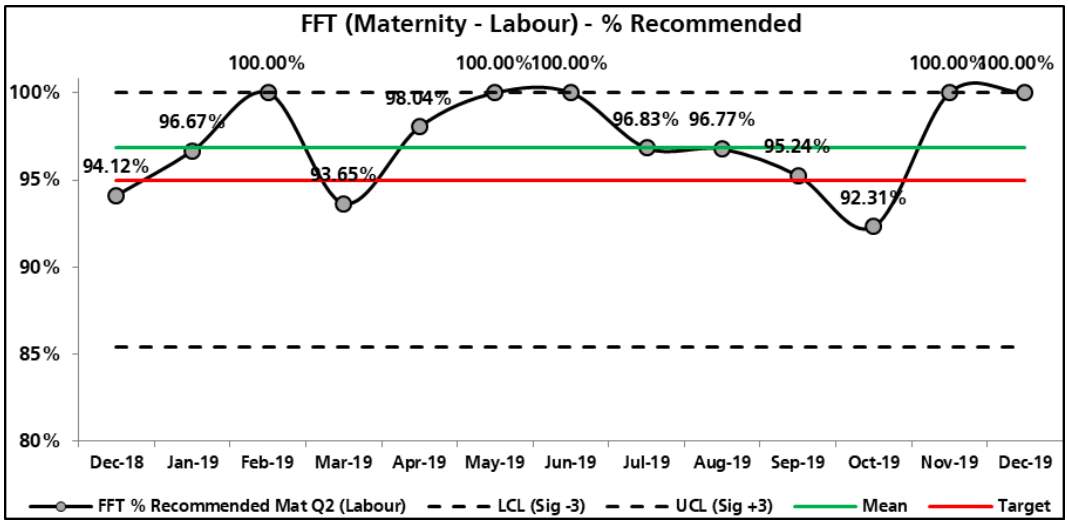


Chart 17– FFT (Maternity - Labour) % recommended

Following the dip in performance in October 2019, in November and December all patients were 100% likelihood to recommend.

Performance will be improved by;

- The nurse led streaming model at the front door will lead to an improvement in patients being seen more quickly.
- The Patient Experience team are working with the wards to address the common negative feedback received and they are captured in the Inpatient

survey action plan.

Areas requiring improvement

Mixed-Sex Accommodation

Mixed-Sex Accommodation (MSA) remains red this month following eleven occurrences which affected 25 patients. Nine occurred in the hyperacute stroke unit and two were in the Critical Care 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.
- The medicine division have agreed a protocol for the management of mixed sex accommodation in the Hyper Acute Stroke Unit on West Raynham.
- 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*													
Backlog	*48*	*46*	*39*	*35*	*36*	*36*													
Performance	*35.1%*	*34.3%*	*40.9%*	*31.4%*	*33.3%*	*33.3%*													

Table 5 – Complaints performance vs trajectory

There were 25 complaints received in December 2019 which is above the target threshold of 20 complaints per month.

42 complaints were closed this month and 50% of complaints were responded to within 30 days. There is evidence of improvement in the management of complaints process.

Performance will be improved by;

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

- Rapid process and best practice review (including visit to Papworth Hospital)
- Urgent and rapid review of all current complaints by senior teams
- Utilisation of focussed Patient Tracking List (PTL) methodology to ensure complaints are responded to in priority and date order
- Accountability for complaints is managed at performance review meetings.
- Additional support will be provided to the complaints process from the Director of Transformation.

- The Chief Operating Officer met the Divisional Leadership Teams on 27 January 2020 and reinforced the need for each Division to ensure that a targeted approach to the management of complaints is in place.

Dementia Case Finding

The current Trust position (November 2019) with regard to dementia case finding is at 45.15% which is 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.

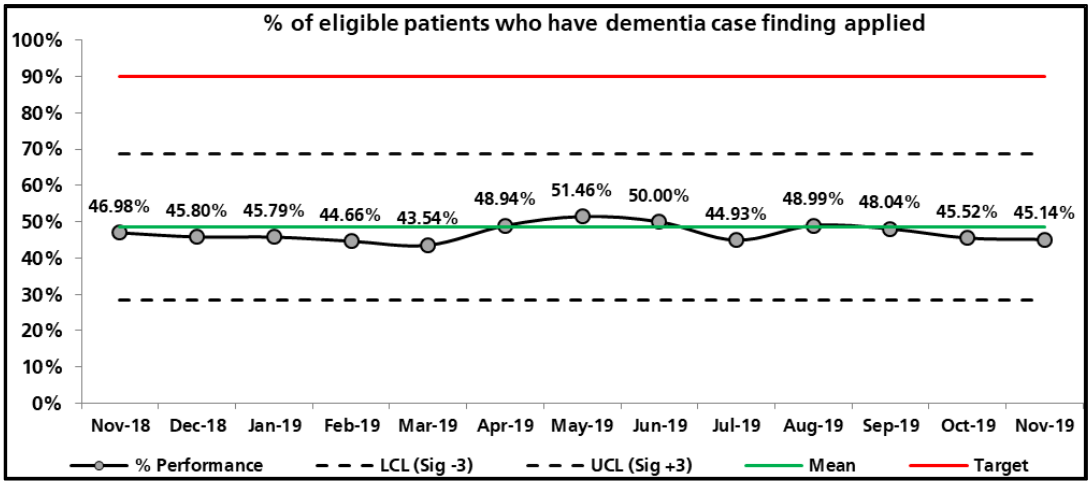


Chart 18 - % of eligible patients who have dementia case finding applied

Responsive
Accountable Officer – Chief Operating Officer

Emergency Pathway

Areas of strong performance

Delayed transfers of care

Performance in December was 3.13%, exceeding the national standard of 3.5%.

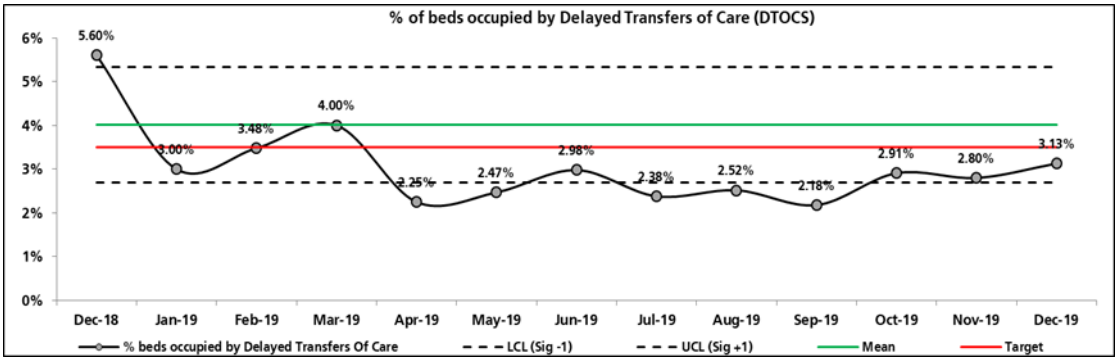


Chart 19 - Delayed Transfers of Care

Performance will be maintained by;

- Continued focus on weekly long length of stay reviews and effective board rounds to minimise internal and external delays.
- Effective and integrated discharge planning through the discharge hub.
- Integration of the fast track team with the discharge planning team.

Areas requiring improvement

Four-hour emergency performance

Performance in December was 71.21% compared to 76.24% in November.

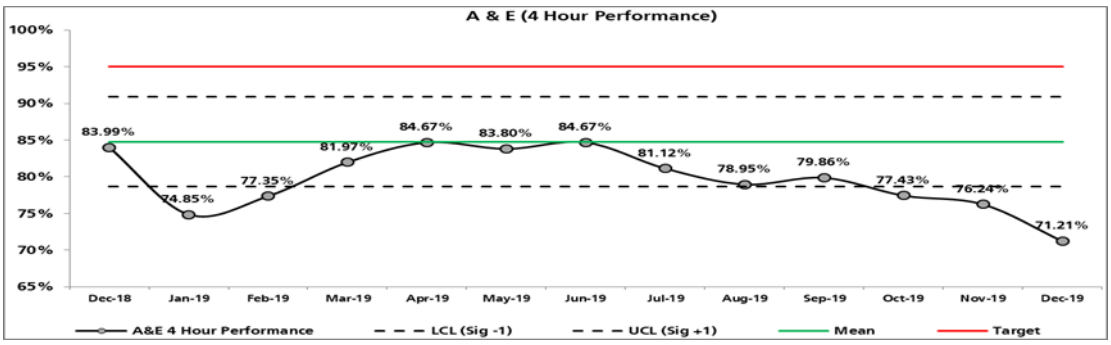


Chart 20- 4-hour performance

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

Week ending	Performance	All types		Type 1 only	
		National	Regional	National	Regional
01-Dec-19	80.78%	46 / 123	13 / 40	19 / 123	4 / 40
08-Dec-19	78.88%	57 / 123	13 / 40	30 / 123	9 / 40
15-Dec-19	69.20%	105 / 123	32 / 40	55 / 123	14 / 40
22-Dec-19	67.28%	106 / 123	32 / 40	54 / 123	15 / 40
29-Dec-19	69.52%	Not available		Not available	

Table 6 – national and regional rankings for all types and type 1 only

There was one 12-hour trolley wait in December which related to a patient requiring a side room. A harm review has been completed and it has been confirmed that no harm was caused to the patient as a result of the extended wait in the Emergency Department.

Performance is off track due to;

- Overcrowding in the ED. There has been a sustained increase in the average number of attendances per day since May 2019 and an 8.9% increase in attendances in December 2019 compared to December 2018.
- Exit block from the ED. There has been a 3.8% increase in emergency admissions in December 2019 compared to December 2018.
- The incidence and impact of influenza, creating an increased demand for side rooms and closure of bays on base wards.

Performance will be improved by;

- Capital investment in the ED to improve the environment and increase capacity. Phase 2 of this scheme started on 13 January 2020.
- Capital investment in Acute Medicine to improve the environment and increase capacity, enabling direct access for GP referred patients and rapid transfer from ED to Acute Medicine. The new Same Day Emergency Care Unit (SDEC) opened on 13 January 2020.
- Capital investment in the Discharge Lounge to provide capacity for stretcher patients and providing base ward capacity earlier in the day. The expanded Discharge Lounge opened on 23 January 2020.

Ambulance handover within 15 minutes

Performance improved from 43.39% in November to 45.83% in December.

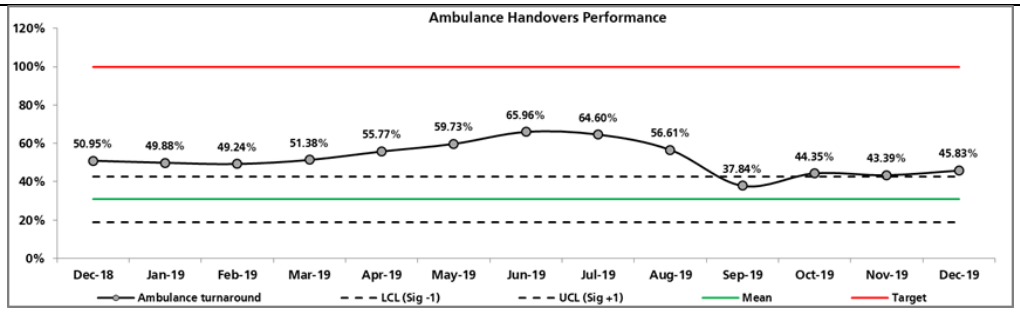


Chart 21- Ambulance handover within 15 minutes

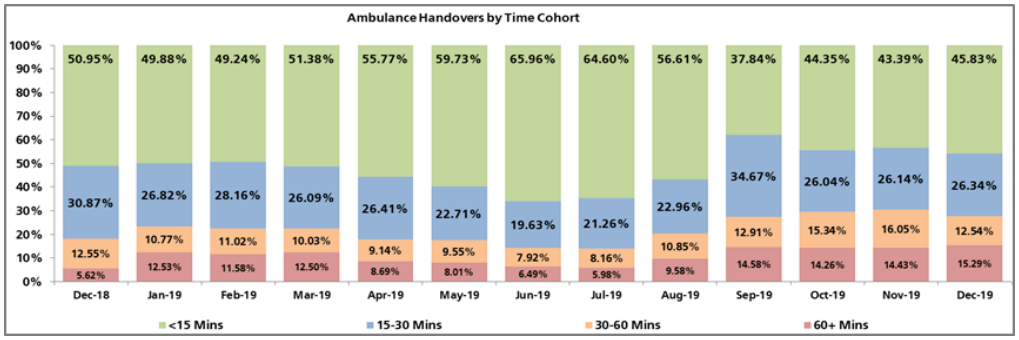


Chart 22- Ambulance handover by time band

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

Performance will be improved by;

- Capital investment in the ED to improve the environment and increase capacity. Phase 2 of this scheme started on 13 January 2020.
- Capital investment in Acute Medicine to improve the environment and increase capacity, enabling direct access for GP referred patients and rapid transfer from ED to Acute Medicine. The new Same Day Emergency Care Unit (SDEC) opened on 13 January 2020.
- Increased cohort capacity out of hours and weekends. A standard operating procedure has been agreed with the ambulance service with clear escalation triggers for utilisation of this additional capacity

≥ 21-day length of stay

Performance for December was at 53 and remains below the baseline (60) but above ambition (46).

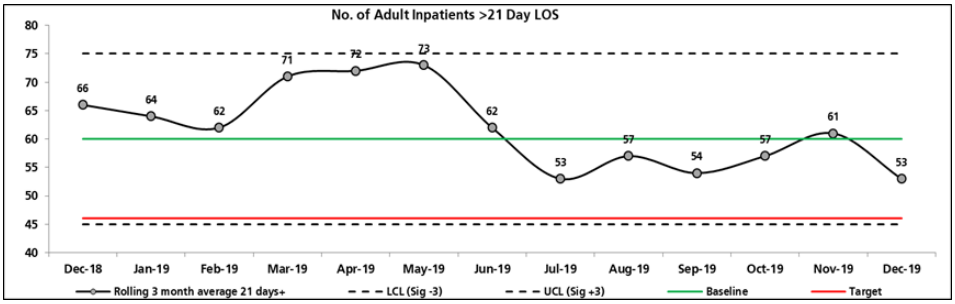


Chart 23 - ≥ 21-day length of stay

The long lengths of stay reviews for December provide a snapshot of the main reasons patients remained in an acute hospital bed at the time the review was undertaken;

- Ongoing treatment
- Waiting for tests, specialist opinion, investigation
- Reablement / rehabilitation / intermediate care
- External agency assessment

Performance will be improved by;

- Further analysis, in conjunction with the clinical teams, to understand the rationale for patients requiring an inpatient stay where the NEWS is ≤ 4.
- Reviewing the waiting times for inpatient tests, specialist opinion and investigations to provide same day / next day access wherever possible.
- Working in partnership with community and social care providers to minimise waiting times for assessment and community / social care.

Stroke: proportion of patients spending 90% of their inpatient stay on a stroke unit
Performance for November was at 70.59%; this is below the standard but in line with the national average.

Performance is off track due to;

- 11 of the 15 breaches in month (73%) were due to a lack of stroke bed being available.

Performance will be improved by;

- Root cause analysis of each breach to identify the bed capacity pressures to be addressed

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 December. There were no **52-week breaches** reported in December.
Areas requiring improvement

18-week RTT

Performance in December was 76.41% against the trajectory of 80.94%. At the end of December 2019, the total Trust waiting list was 14,776 against a trajectory of 14,782 and the total backlog of patients waiting over 18 weeks was 3,485 against a trajectory of 2,818. The impact of winter on the 18-week backlog is an increase of 167 patients waiting over 18 weeks over the last two months.

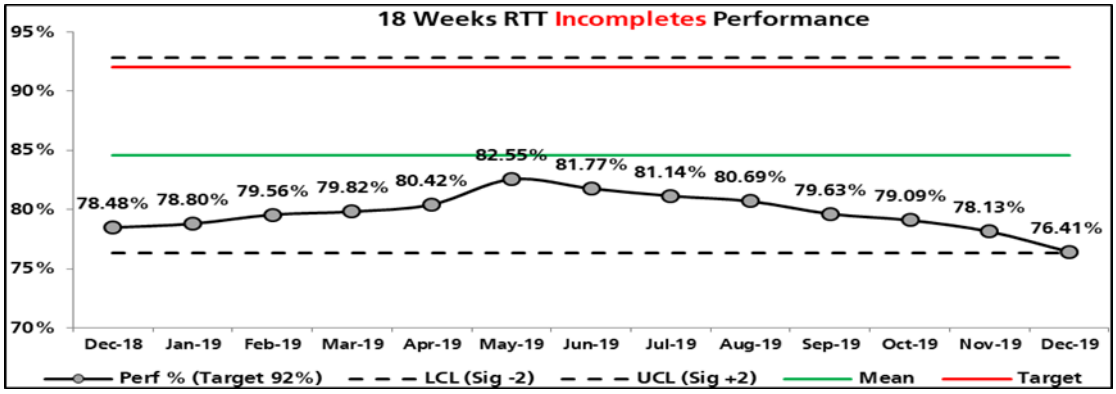


Chart 24 - 18-week referral to treatment performance

Whilst the waiting list size is meeting trajectory, the number of patients waiting over 18 weeks for treatment is higher than planned, resulting in an adverse impact on performance.

Total backlog is off track by 667 referrals due to the following high-volume specialties;

- Trauma & Orthopaedics total backlog is above trajectory by 150 referrals, driven by demand increasing by 20% year to date and reduction in elective activity from November, due to bed pressures, resulting in loss of joint elective bays.
- Urology total backlog is above trajectory by 440 referrals, driven by capacity redirected to clear outpatient follow-up backlog, reduction in additional activity and a focus on cancer related activity e.g. template biopsies.

Performance will be improved by;

- Trauma & Orthopaedics activity for 2020/21 will be profiled for January and February to take account of winter pressures and an improvement in session utilisation is expected as a result of the theatre improvement plan.

- Urology – substantive consultants are now in post and a fortnightly escalation meeting with the Consultant team commenced in December with the purpose of developing and overseeing a recovery plan.

6-week diagnostic standard

Performance for December was 96.1%, against the standard of 99%. There were 147 breaches in the month, of which the majority were in ultrasound (87), echocardiography (36) and MRI (8).

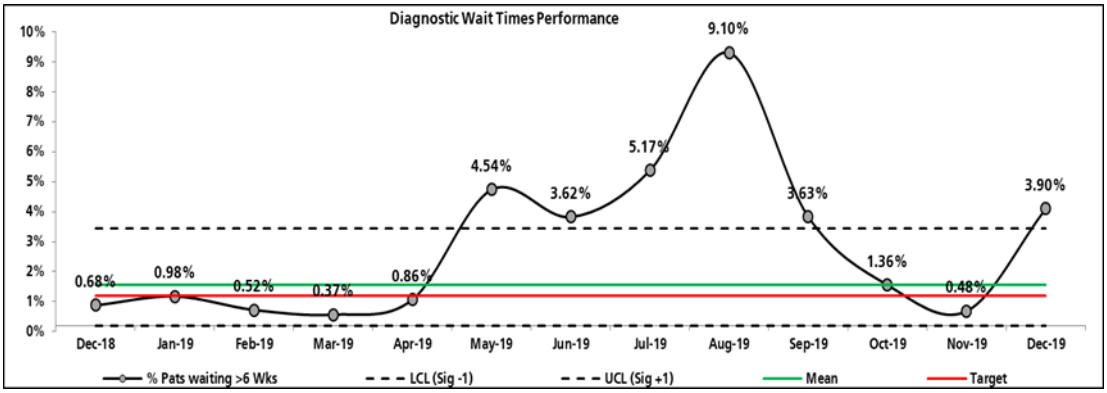


Chart 25- 6-week diagnostic performance

Performance is off track due to;

- Ultrasound (87 breaches) – 72 of these breaches were due to a lack of capacity and the majority were for pelvic ultrasound. Two members of staff who undertake pelvic ultrasound were off sick and an ultra-sonographer left without giving notice. The remaining 15 breaches were due to reasonableness criteria not being met when offering an appointment.
- Echocardiography (36 breaches) – these were all due to a lack of capacity. Staff were unable to undertake additional weekend sessions and outpatient slots were switched to inpatient slots on 23 and 27 December to support patient flow.
- MRI (8 breaches) – 1 of these was due to a lack capacity and 4 were due to a breakdown of the scanner. The remaining 3 breaches were for arthrograms.

Performance will be improved by;

- An increase in capacity following the recruitment of two agency ultra-sonographers, one started at the end of December and one is due to start at the end of January.
- Improvements in administration and booking processes to ensure optimum utilisation of all capacity and compliance with 'reasonableness' criteria. Training has now been provided to all administrative staff.
- Continued training of radiographers to undertake sonography work.

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

Performance deteriorated from 0.8% in November to 1.22% in December, against the standard of 0.8%, with 41 patients being cancelled.

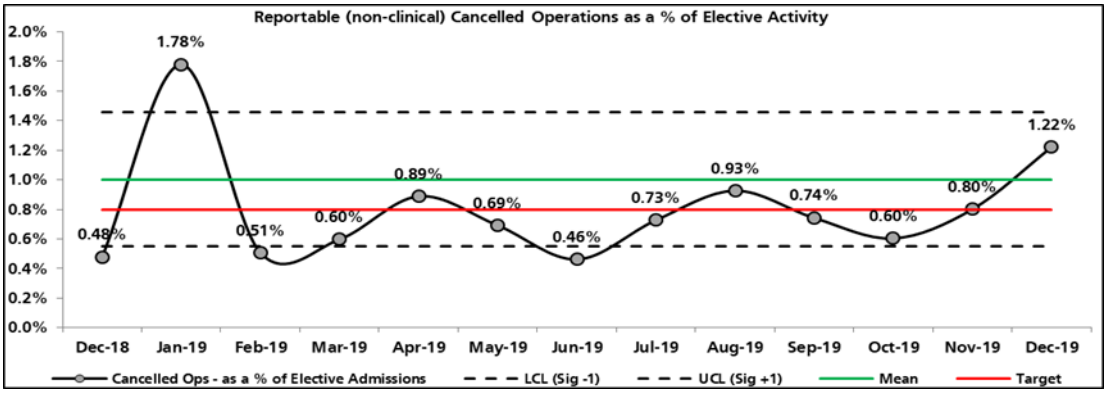


Chart 26 - Reportable cancelled operations as a % of elective activity

Performance is off track due to;

- 54% of the cancellations were due to staff sickness, mainly in Rheumatology and Ophthalmology
- 17% were due to administrative errors, the majority of which were in the Treatment and Investigation Unit
- 10% were due to a lack of inpatient bed availability

Performance will be improved by;

- Management of staff sickness in line with Trust policy.
- A review of the TIU administration process, to be complete by the end of February
- Continuing to mitigate the impact of peaks in winter demand through the cessation of routine, inpatient elective surgery during January and February.

28-day readmission guarantee

There were 2 breaches of the 28-day guarantee in December, both general surgical patients. One patient breached due to staff sickness extending beyond 28 days and no other surgeon being able to undertake the procedure. The second patient was cancelled initially due to post-operative bed availability; the patient was offered another day within 28 days but then cancelled this date close to day 28, leaving insufficient time to offer a third date within 28 days.

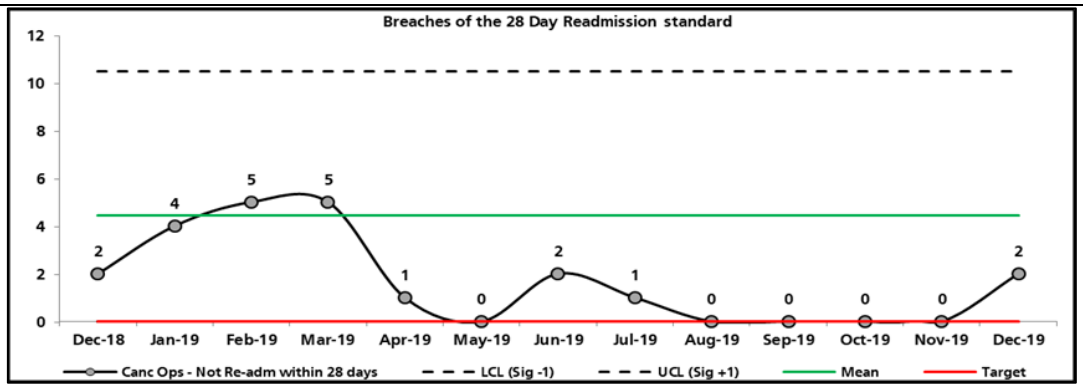


Chart 27 – Breaches of the 28-day readmission standard

Prior to the day non-clinical cancellations

The number of prior to the day non-clinical cancellations increased from 4.46% in November to 6.83% in December, against a local standard of 3.2%.

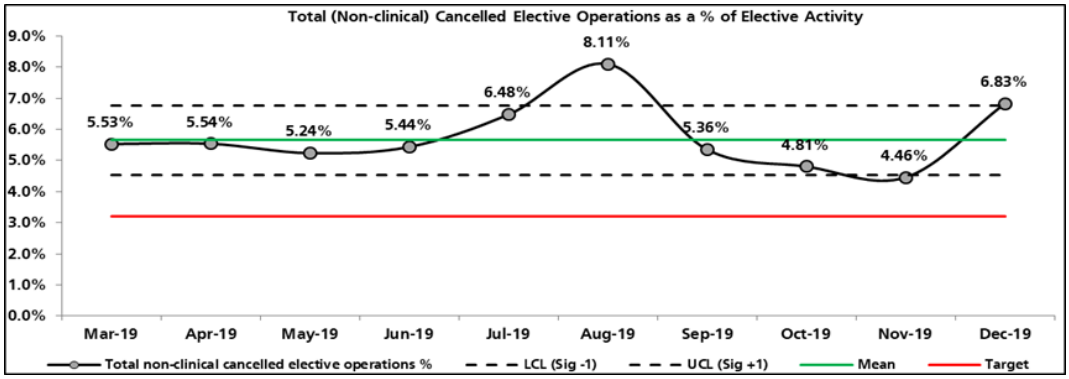


Chart 28 - Total cancellations for non-clinical reasons

Performance is off track due to 231 patients being cancelled prior to the day of procedure. The main cancellation reasons were as follows;

- Staff shortages due to sickness (66 patients). This was mainly driven by general surgery and ophthalmology due to Consultant sickness. Internal processes are followed to ensure backfilling of sessions where possible
- Lack of inpatient bed (52 patients). This was mainly due to the loss earlier than planned of the orthopaedic joint bay, and the flexible use of SERU to accommodate emergency patients, thereby displacing elective activity
- Administration errors (36 patients), of which 27 were medical patients. A Trust wide review of booking processes will take place in February to ensure these are minimised in future.

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, with key milestones at the end of December 19 and March 20.
- Review of booking processes as described above.

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 November;

- 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

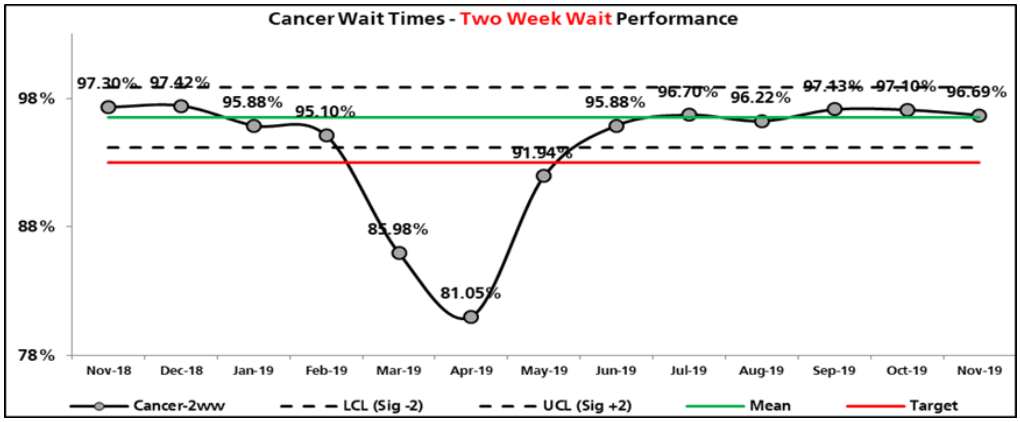


Chart 29- Cancer 2-week wait performance

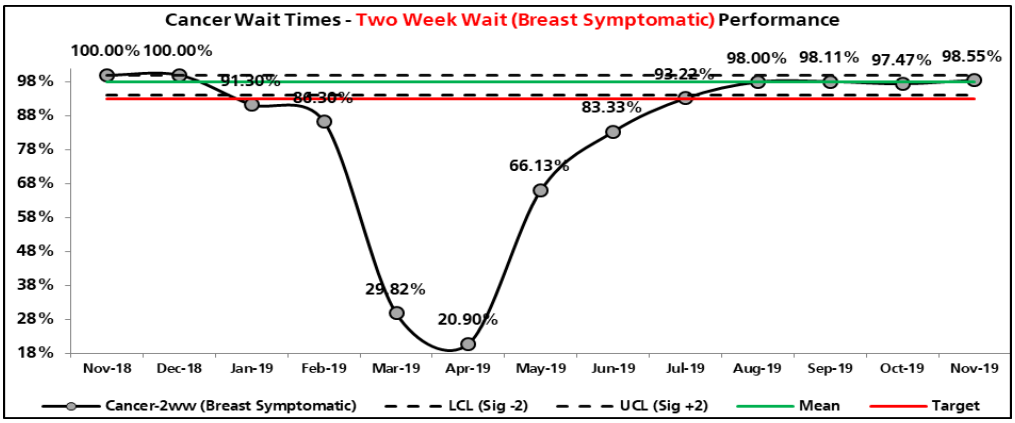


Chart 30 - Cancer 2-week wait performance for breast symptomatic patients

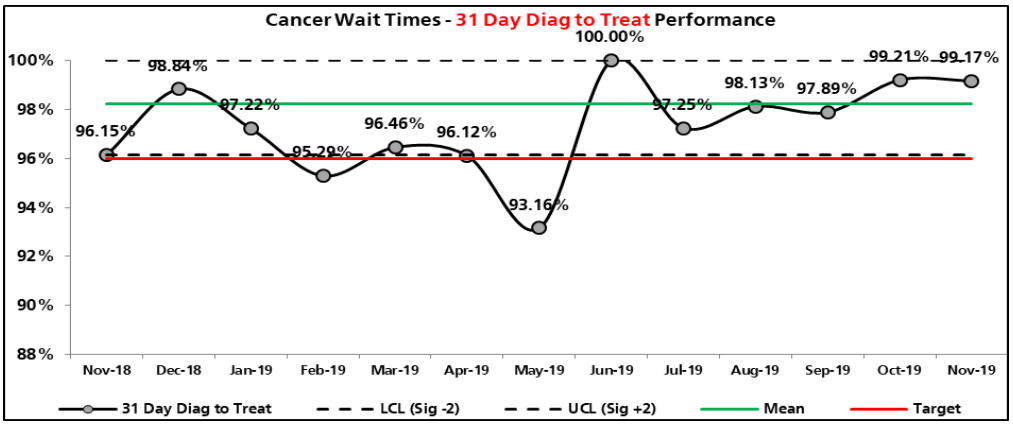


Chart 31 - Cancer 31-day diagnostic to treatment performance

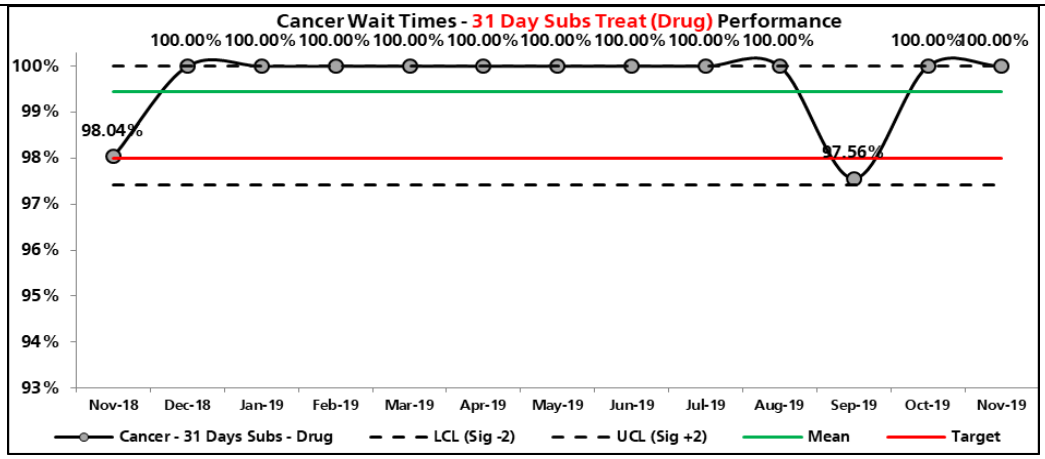


Chart 32- Cancer 31-day subsequent treatment (Drug) performance

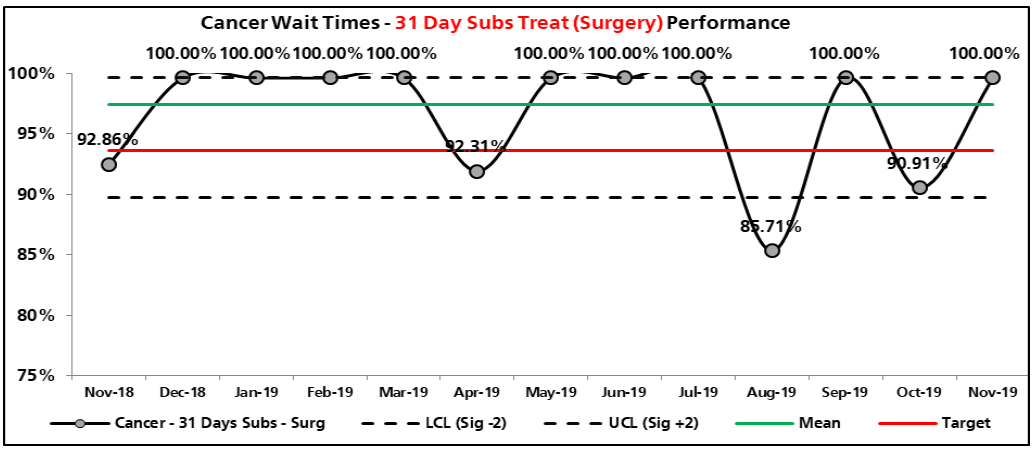


Chart 33 - Cancer 31-day subsequent treatment (surgery) performance

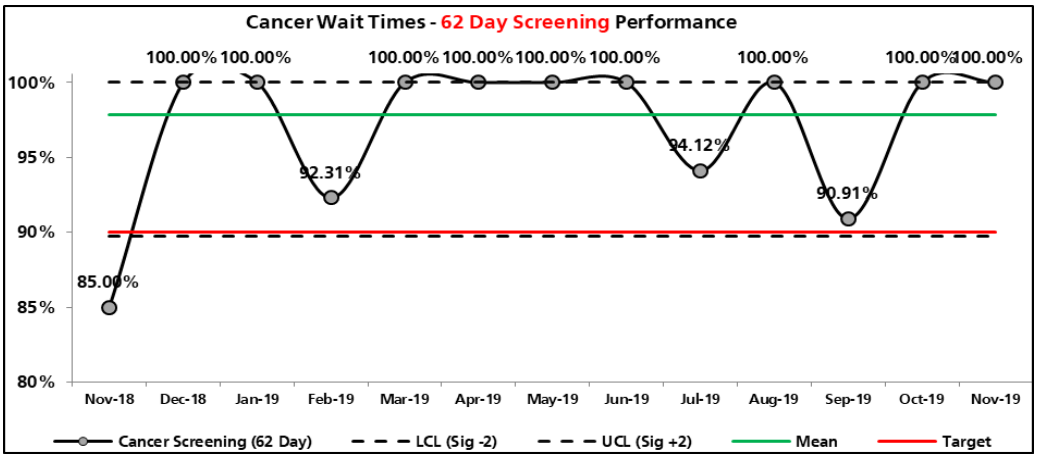


Chart 34 - Cancer 62-day screening performance

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.
- Continued support from the Intensive Support Team through quarter 4. Diagnostic phase complete, report expected January 2020

Areas requiring improvement

62-day referral to treatment

Performance improved from 63.87% in October to 64.14% in November, against the standard of 85% and trajectory of 76.56%.

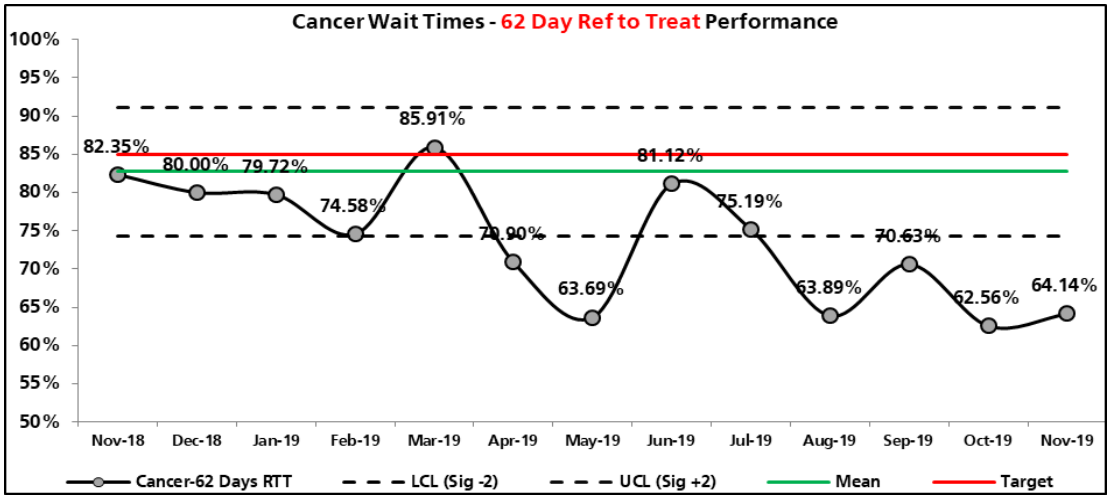


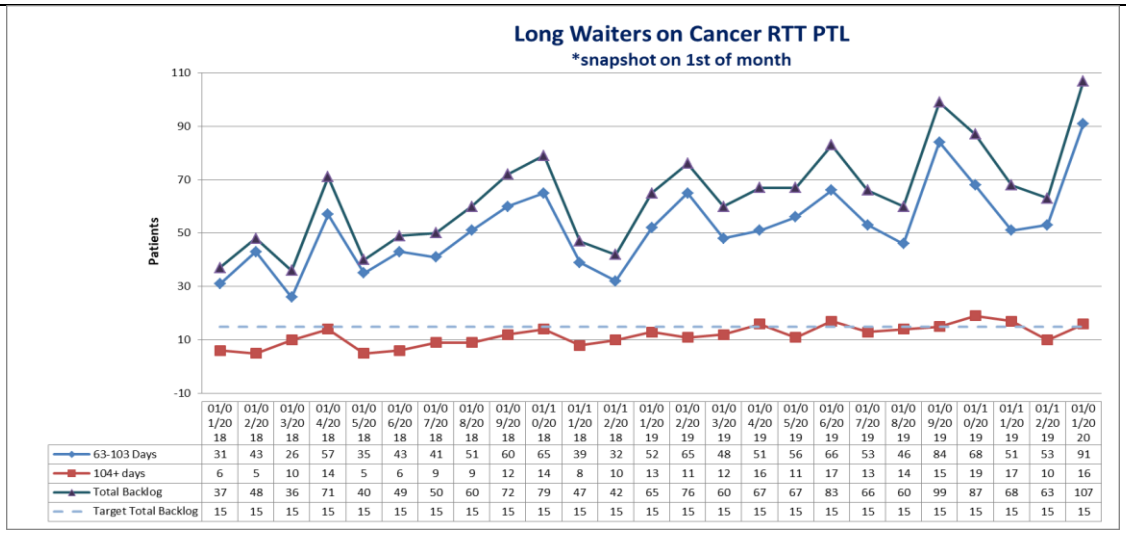
Chart 35 - Cancer 62-day referral to treatment performance

There were 72.5 treatments in November, of which 26 were not within 62 days from referral. A breakdown by tumour site is detailed as follows:

Tumour Site	No. Treatments	No. Breaches	Performance
Breast	8	0	100.00%
Gynaecology	2.5	2	20.00%
Haematology	3	1	66.67%
Head and Neck	0.5	0	100.00%
Lower GI	10	6	40.00%
Lung	1	0	100.00%
Sarcoma	1	1	0.00%
Skin	21.5	1	95.35%
Upper GI	0.5	0.5	0.00%
Urology	24.5	14.5	40.82%
TOTAL	**72.5**	**26**	64.14%

Table 7 - Number of cancer treatments and breaches by tumour site

The 62-day backlog increased from 63 in December to 107 in January with the majority of the backlog and increase in three tumour sites (61 in Urology, 15 in Gynaecology and 11 in Lower GI).



	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
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
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
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
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

Chart 36 - Number of patients on a cancer pathway ≥ 62 days

Performance is off track due to;

- 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 due to commence 27 January; launched at a GP forum 15 January
- Gynaecology – one stop Postmenopausal Bleeding (PMB) clinic pilot to commence 25 January
- Head and Neck – radiology capacity and demand analysis to be undertaken to identify the support required for a one stop clinic, at which biopsies can be taken
- Additional operational support remains in place for Urology and Lower GI
- Continued additional operational support to Urology and Lower GI
- Same day imaging capability is planned via a new eGFR point of care testing machine; delivery is expected by the end of February with implementation planned by the end of March
- Support from the Intensive Support Team through quarter 4. Diagnostic phase complete, report expected January 2020

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

Areas of strong performance
The Trust has delivered its Financial Plan at the end of Q3.
Areas requiring improvement
To achieve plan at Q3 the position includes a number of non-recurrent adjustments (£565k in month 9), together with the planned release of contingency (£458k in month 9).
Impact on performance on other domains and strategic priorities
None to report.

Detailed finance report

1.0 Financial performance – month 9 (December 2019)

Actual and Underlying variance to Plan

£'000s	In Month			YTD			Forecast		
	Plan	Act	Var	Plan	Act	Var	Plan	Act	Var
Performance against Plan (include. PSF, FRF & MRET)	(1,398)	(1,028)	370	(6,166)	(6,158)	8	(25,589)	(25,589)	0

Table 8 - Actual and underlying variance to plan

The Trust has reported an on-plan position at the end of Q3. This has been supported by a number of non-recurrent adjustments, together with the planned release of contingency. When these are adjusted for, the Trust's underlying position is an adverse variance to Plan of £3.6m.

Month 9 Performance – Key Issues

The Trust has reported an in-month favourable variance to Plan of £0.4m, resulting in an YTD position that is on Plan.

Key drivers for the in-month position are;

Clinical income: The over-performance against the NHSI Plan for clinical income excluding pass through items is £0.2m favourable. This is a lower amount than has been reported in previous months and reflects the clear expectation that over-performance recorded to date will reduce through the final quarter of the year. The position also includes additional revenue funding of £0.2m provided centrally to support the delivery of winter schemes.

The overall deficit position at the end of December is favourable due to the over performance of clinical income. As it is expected that the favourable clinical income position will begin to erode over future months, the Trust faces a major challenge in recovering the cost position by the end of the financial year in order to achieve the control total. Discussions with commissioners are on-going with regards to additional funding, but at this stage any clinical income above the level contracted for cannot be relied upon.

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

Pay costs: In-month pay cost were positive to plan and underlying agency costs 'run-rate' dropped in month to £1.1m (£1.2m in Month 8).

Non-Pay: Adverse variance of £0.1m in month following a review of the balance sheet which resulted in adjustments of £0.6m. YTD non-pay performance is £2.5m adverse to plan.

Delivery of the Trust's CIP Plan remains on-track at month 9.

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	13,834	14,007	173	1%	134,892	137,549	2,657	2%
Other income - Education, Training & Research, Non Clinical Revenue (Including MRET)	1,609	1,783	174	11%	14,938	16,453	1,515	10%
Total Income	**15,443**	**15,790**	**347**	**2%**	**149,830**	**154,002**	**4,172**	**3%**
Pay Costs - Substantive	(10,937)	(10,899)	38	0%	(97,073)	(98,004)	(931)	(1%)
Pay costs - Bank	(1,037)	(813)	224	22%	(9,692)	(8,795)	897	9%
Pay Costs - Agency	(882)	(1,087)	(205)	(23%)	(10,087)	(12,101)	(2,014)	(20%)
Total Pay	(12,856)	(12,799)	57	0%	(116,852)	(118,900)	(2,048)	(2%)
Non Pay	(5,130)	(5,263)	(133)	(3%)	(44,980)	(47,472)	(2,492)	(6%)
Total Operating Costs	**(17,986)**	**(18,062)**	**(76)**	**(0%)**	**(161,832)**	**(166,372)**	**(4,540)**	**(3%)**
EBITDA	**(2,543)**	**(2,272)**	**271**	**11%**	**(12,002)**	**(12,370)**	**(368)**	**(3%)**
Non Operating Costs	(856)	(760)	96	11%	(7,226)	(6,768)	458	6%
Control Total before PSF/FRF	**(3,399)**	**(3,032)**	**367**	**11%**	**(19,228)**	**(19,138)**	**90**	**0%**
Adjust Donated Assets	24	27	3	13%	213	131	(82)	(38%)
PSF, FRF funding	1,977	1,977	0	0%	12,849	12,971	122	1%
(Deficit) / Surplus	(1,398)	(1,028)	370	26%	(6,166)	(6,036)	130	2%
Additional PSF	0	0	0	0%	0	(122)	(122)	100%
TOTAL	(1,398)	(1,028)	370	26%	(6,166)	(6,158)	8	0%

Table 9 – Income and Expenditure position year to date

Year to Date:

Income:

For Month 9 both clinical and other income is above plan, £0.2m and £0.2m respectively. These favourable variances include income to offset additional costs, such as pass through drugs. However, it should be noted that over-performance, at this stage, is not secured from commissioners and discussions are on-going with a view that the Trust will return in line with plan by year end. Crucially the divisional trajectory is to meet the contracted values, which if realised would have the effect of seeing under-performance in future months to balance out the year to date over-performance.

Pay costs:

There is a year-to-date adverse variance to plan of £2.0m. 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 £0.1m adverse to Plan and YTD non-pay performance is £2.5m 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 £0.6m. Year to date, the Trust has delivered £3.9m of CIPs which is £0.1m adverse to the Plan.

3.0 Balance Sheet

	31st Mar 2019 £m	30th Nov 2019 £m	31st Dec 2019 £m	Month Movement £m	YTD Movement £m
Non current assets	85	83	85	2	(0)
Current Assets					
Inventories	2	2	2	0	0
Trade & Other Receivables	14	16	17	1	3
Cash	4	6	6	0	2
Current liabilities					
Trade & Other Payables	(13)	(12)	(15)	(3)	(2)
Accruals	(12)	(13)	(13)	(0)	(1)
Other current liabilities (exc. borrowings)	(1)	(1)	(1)	0	(0)
Non current liabilities	(1)	(1)	(1)	0	0
Borrowings	(120)	(127)	(127)	(1)	(7)
Total assets employed	**(41)**	**(46)**	**(47)**	**(1)**	**(6)**
Tax payers' equity					
Public Dividend Capital	53	53	53	0	0
Revaluation Reserve	12	12	12	0	0
Income & Expenditure Reserve	(105)	(110)	(112)	(1)	(6)
Tax payers' equity	(41)	(46)	(47)	(1)	(6)

Table 10 – Trust balance sheet

The key movements in the monthly balance sheet in December are highlighted below;

Non-Current assets

Monthly movement represents investment in AEC and Discharge Lounge of £1.15m funded by winter pressures monies from DHSC, £0.2m for flexible scopes, £0.2m for replacement PC's, £0.14m for new autoclaves, £0.125m for C-arm and various other projects between £15k and £30k.

Current Assets

Cash YTD movement is due to loan taken in July 2019 to manage liquidity.

Current Liabilities

Trade and Other payables in-month increase mainly related to capital purchases £1.5m.

4.0 Statement of financial position – working capital

	Target	Mar-19	Nov-19	Dec-19
Debtor Days	30	27	25	31
Creditor Days	60	57	53	60
BPPC (Cumulative)				
Value	95%	18.5%	13.3%	13.0%
Volume	95%	8.8%	7.2%	7.3%
Aged Debt	£000s	£000s	£000s	£000s
Current < 30 Days		22,175	615	626
>30 days <60 Days		467	(913)	181
>60 Days < 90 Days		269	1,290	73
Over 90 Days	<5%	1,581	3,205	1,356
Total		**24,492**	**4,197**	**2,236**
% over 90 days		6.5%	76.4%	60.6%
Liquidity				
Liquidity Days	> -20 days	(20.1)	(19.4)	(17.5)

Table 11 – Working capital

Debtor and Creditor Days

Debtor days have increased between November and December mainly due to the Christmas break.
Creditor days have increased by 7 days between November and December due to no payment run being made during the Christmas week. The Trust is currently paying suppliers on 45-52 days, the exceptions to this are small local businesses and pharmacy suppliers who are paid to 30 days.

Better Payment Practice Code (BPPC)

The Trust's BPPC performance remains relatively static by value, 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. In the absence of significant cessation in the supply of goods/services to the Trust, the Regulator is highly unlikely to approve any such loan request.

Aged Debt (Sales Ledger)

The majority of aged debt over 90 days is associated with long standing disputes between the Trust and local NHS organisations. The disputes are around the provision of Trust staff and the use of Trust premises to these partner organisations. Work is on-going to resolve these issues as is evident from the drop in debts over 90 days.

Liquidity Days

Liquidity days have improved between November and December.

Well Led (continued)
People
Accountable Officer – Acting HRD

KPI Performance

The Trust currently employs 3495 substantive headcount, working a substantive whole time equivalent of 3041.42. This is against the 2019/20 funded establishment of 3395.92, as of December 2019

December 2019 FTE Split:

Establishment:	3395.92
Substantive:	3041.42
Bank:	211.86
Agency:	94.66
Difference between establishment and staffing	**47.98 WTE**

Both substantive FTE and headcount continue to increase with an increase to 3041 in December 2019 from 3029 in November 2019.

In December 2019 bank usage increased by 3.19 FTE whilst agency usage decreased by 22.54 FTE.

The Trust vacancy rate has decreased to 10.20%; just above the 10% target.

Turnover decreased to 11.79% from 12.18% the previous month.

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

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 of bank and agency reduction and rota changes.

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

Areas requiring improvement

Bank and Agency Spend

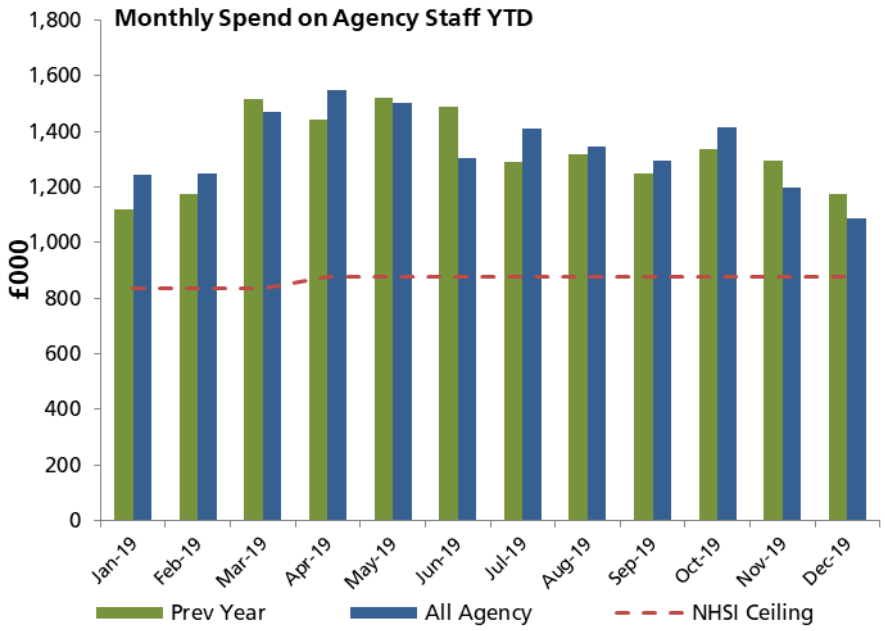


Chart 37 – monthly spend on agency staff

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 is currently undertaking a tendering process for the master vendor for the Trust and is 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.

Appraisals

The Trust appraisal rate has decreased from 83.53% to 81.93% in December 2019. 161 appraisals were recorded as being completed. Due to operational pressures the number of appraisals completed were below the trajectory for December 2019.

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 has been planned until March 2020.

The HRBP team will work with the Divisions and Corporate areas to review compliance and also to amend the trajectories as outlined above.

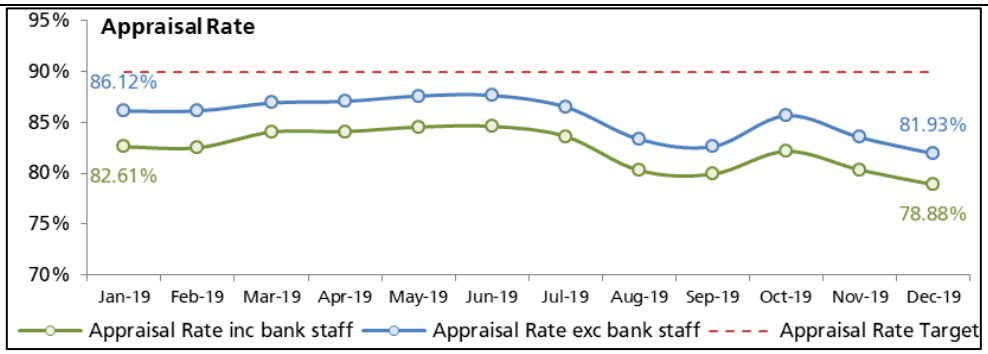


Chart 38 - Trust appraisal rate

Sickness Absence

Sickness absence has increased from 5.59% in November 2019 to 5.81% in December 2019. The graph and table below shows the sickness rates over the last 12 months and the overall cost of absence.

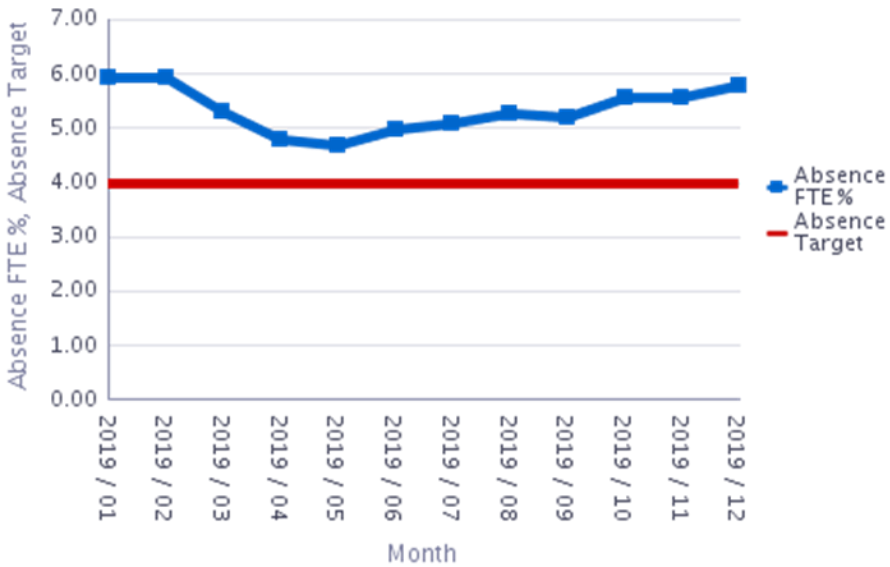


Chart 39 – Monthly sickness absence rate

Month	Absence FTE %	Absence FTE	Available FTE
2019 / 01	5.91%	5,225.48	88,355.36
2019 / 02	5.94%	4,763.84	80,178.37
2019 / 03	5.30%	4,743.93	89,470.39
2019 / 04	4.80%	4,152.66	86,536.16
2019 / 05	4.69%	4,212.18	89,727.17
2019 / 06	4.98%	4,322.27	86,876.54
2019 / 07	5.10%	4,591.46	89,992.05
2019 / 08	5.28%	4,746.77	89,935.90
2019 / 09	5.19%	4,584.21	88,269.17
2019 / 10	5.58%	5,173.77	92,728.57
2019 / 11	5.57%	5,051.16	90,670.83
2019 / 12	5.80%	5,464.70	94,181.66

Table 12 – Monthly absence rate and FTE hours lost

Long term vs Short term absence

The table above 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	LT FTE %	ST FTE %	Total FTE %	LT Days Lost	ST Days Lost	Total Days Lost	LT Episodes	ST Episodes	Total Episodes
2019 / 01	88,355.36	2,748.21	2,477.27	5,225.48	3.11 %	2.80%	5.91%	3,361	2,834	6,195	155	730	885
2019 / 02	80,178.37	2,410.59	2,353.25	4,763.84	3.01 %	2.94%	5.94%	2,917	2,687	5,604	139	698	837
2019 / 03	89,470.39	2,933.99	1,809.94	4,743.93	3.28 %	2.02%	5.30%	3,557	2,080	5,637	151	508	659
2019 / 04	86,536.16	2,582.61	1,570.06	4,152.66	2.98 %	1.81%	4.80%	3,178	1,756	4,934	134	520	654
2019 / 05	89,727.17	2,514.97	1,697.21	4,212.18	2.80 %	1.89%	4.69%	3,093	1,954	5,047	137	517	654
2019 / 06	86,876.54	2,682.46	1,639.81	4,322.27	3.09 %	1.89%	4.98%	3,182	1,862	5,044	148	486	634
2019 / 07	89,992.05	2,794.18	1,797.28	4,591.46	3.10 %	2.00%	5.10%	3,418	2,043	5,461	149	565	714
2019 / 08	89,935.90	2,957.02	1,789.75	4,746.77	3.29 %	1.99%	5.28%	3,600	1,990	5,590	153	459	612
2019 / 09	88,269.17	2,835.92	1,748.29	4,584.21	3.21 %	1.98%	5.19%	3,452	1,952	5,404	160	510	670
2019 / 10	92,728.57	3,135.90	2,037.87	5,173.77	3.38 %	2.20%	5.58%	3,820	2,335	6,155	166	636	802
2019 / 11	90,670.83	3,024.24	2,026.91	5,051.16	3.34 %	2.24%	5.57%	3,587	2,353	5,940	156	630	786
2019 / 12	94,181.66	2,911.03	2,553.67	5,464.70	3.09 %	2.71%	5.80%	3,551	2,942	6,493	134	687	821

Table 13 – Long- and Short-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	£205,690
Additional Clinical Services	£868,828
Administrative and Clerical	£741,310
Allied Health Professionals	£220,731
Estates and Ancillary	£594,795
Healthcare Scientists	£20,581
Medical and Dental	£751,632
Nursing and Midwifery Registered	£1,495,354
Grand Total	**£4,898,921**

Table 14 – Absence cost per staff group.

The table below shows the number of FTE hours lost per staff group on a monthly basis from January 2019 to December 2019;

Staff Group	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Add Prof Scientific and Technic	281.14	280.08	211.37	175.99	137.83	113.65	92.49	102.87	53.05	165.56	150.94	165.92
Additional Clinical Services	1,420.06	1,186.36	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	1,591.77
Administrative and Clerical	814.08	703.34	715.06	618.45	592.98	568.74	678.27	912.38	852.63	870.74	729.20	793.43
Allied Health Professionals	223.62	245.26	262.60	156.69	175.60	151.68	143.04	165.40	178.36	190.05	124.08	103.47
Estates and Ancillary	784.16	708.76	823.80	778.74	865.11	864.89	958.36	964.64	972.02	998.63	1,043.58	1,083.11
Healthcare Scientists	9.00	12.00	21.00	7.00	0.00	2.00	11.60	6.00	6.00	9.00	34.00	52.00
Medical and Dental	319.73	306.65	250.80	271.00	257.00	267.90	381.60	214.00	206.00	328.40	384.60	347.33
Nursing and Midwifery Registered	1,373.69	1,321.39	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	1,303.92
Grand Total	**5,225.48**	**4,763.84**	**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**	**5,440.94**

Table 15 – FTE hours lost per staff group

The data has been further analysed by looking at all absences over a 12-month period and the days of the week for these absences and length of each absence. It is clear to see that the majority of absences are between one and two days. This is also reviewed on an individual basis once an individual hits a trigger point in line with the policy.

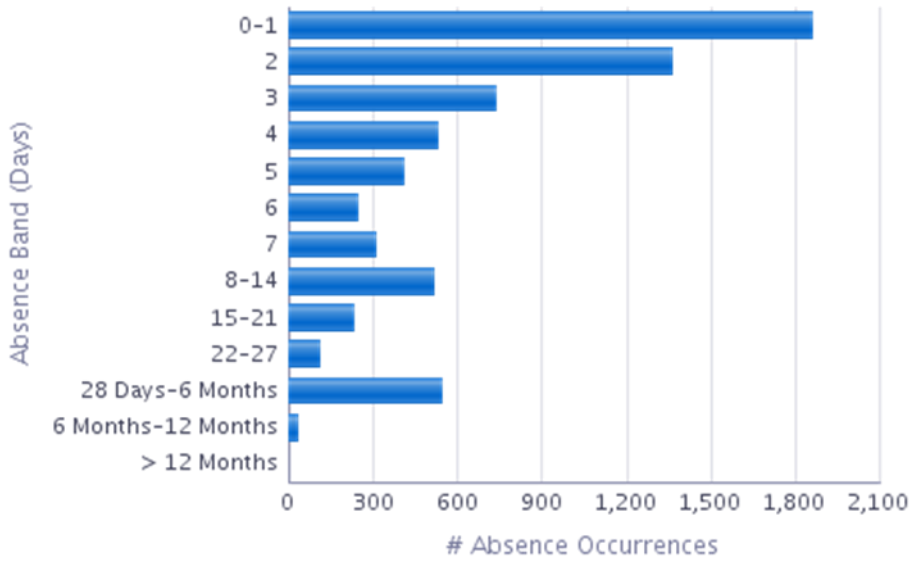


Chart 40 – Length of absence for absences from January 2019 to December 2019

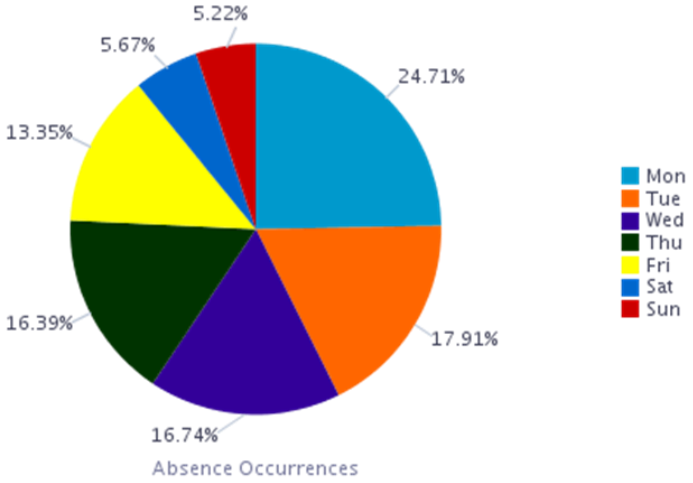


Chart 41 – Days of absence for absences from January 2019 to December 2019

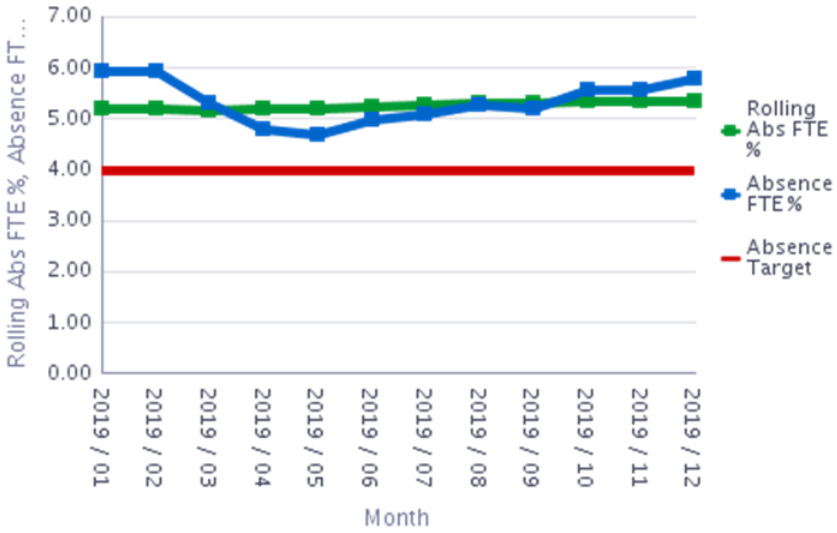


Chart 42 – Rolling Absence rate from January 2019 to December 2019

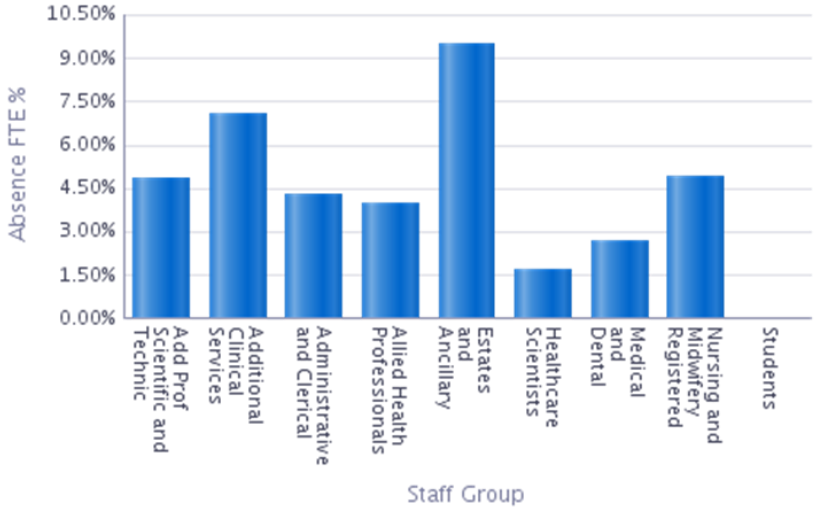


Chart 43 – Rolling Absence rate from January 2019 to December 2019 per staff group

Top reasons for sickness;

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

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	53	54	1,000.43	£73,566.89	18.3
S99 Unknown causes / Not specified	120	124	852.51	£90,402.09	15.6
S13 Cold, Cough, Flu - Influenza	205	211	714.29	£60,572.91	13.1
S12 Other musculoskeletal problems	43	43	557.97	£44,928.85	10.2
S25 Gastrointestinal problems	117	120	419.31	£41,303.69	7.7

Table 16 – Top 5 absence reasons September 2019

The reason for absence as a result of stress and anxiety has decreased this month for the fourth month in a row and now equates to 18.3% of the overall absence total.

Performance will be improved by;

- Non-recording of sickness absence is highlighted at Divisional Boards and speciality meetings with all managers asked to amend their records to show the actual reasons for sickness.
- 'Supporting you' session has been run with managers.
- Absence training has been undertaken for managers. Further training is planned.
- All long-term sickness cases have been reviewed and plans are in place to inform next steps.
- A review of all December absences is being undertaken and this will be reviewed as part of the Divisional Performance reviews in January 2020.
- A new sickness tracker has been developed for medical staff with clear actions highlighted.
- A review of reporting arrangements for medical staff is taking place to ensure all staff know how to report their absence and that their absence is recorded accurately on the system.
- There has been a roll out of Open University training for mental health.
- Support package agreed with UNISON and commenced in September 2019. This will provide training on mental health first aid, resilience training, and mental health awareness.
- Further work planned to recruit Mental Health Ambassadors for the Trust.
- Mindfulness training was available to all staff during September and October which is being funded and run in conjunction with Macmillan. Meeting with Macmillan planned to agree a programme going forward.
- All Divisions and Corporate areas will be given 12-month sickness targets which will be monitored at performance review meetings. This will be in place in December 2019 – slightly delayed implementation based on the divisional restructure.

- A review of our Health and Wellbeing offering will be undertaken and updated, with closer working with the College of West Anglia. Improvements in this area are a priority in our staff engagement programme.
- Leadership Development training will be commencing in January 2020 for 200 leaders across the Trust. The delay has been caused by running a procurement exercise.
- Listening events will continue with all staff groups.
- A joint paper was presented to the STP board on initiatives which can be rolled out collaboratively across the STP including addressing stress and anxiety and musculoskeletal absences and concentrating on preventative health and well-being measures.
- Well- being offering to be reviewed and updated.
- Further triangulation to be undertaken between turnover, sickness and mandatory training.
- Divisional teams requested to present as part of the performance review process.
- Further analysis to be undertaken to review trend information across all areas.
- Emphasis to be placed on completion of return to work interviews.

Mandatory training

Overall compliance has decreased from 85.77% in November to 85.54% in December 2019

Performance will be improved by;

- More emphasis is being placed on workbook completion and e-learning thereby extending the flexibility to complete the training.
- A complete review of mandatory training is being undertaken as part of the Workforce Development programme. Steve Finney, NHS Electronic Staff Record (ESR) Regional Account Manager, attended the Trust in July and on 11tNovember to look at E-learning opportunities, mandatory training compliance and utilisation of ESR. A report will be sent back to the Trust by middle of December highlighting opportunities available.
- In September, visits were made to two Trusts to review their mandatory training and processes. Further meetings took place with Papworth and Addenbrookes in November 2019.
- A benchmarking exercise has been undertaken to review target and compliance rates for mandatory training.
- An East of England streamlining event took place on the 31st October to review systems and processes across the region. The Trust is actively engaged in this piece of work.
- A project plan has been developed for the review of mandatory training and the move to E-learning.

Time to Recruit

There continues to be a significant improvement in time to recruit timescales and it has

reduced from 97.3 days in September 2019 to 60.6 days in December 2019. This has been a reduction in four consecutive months. A number of actions continue to be taken to streamline the process for recruitment.

Employee relations cases

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

- 15 x Disciplinary
- 2 x Mutual respect
- 8 x Grievances
- 2 x Tribunal
- 1 x Capability
- 3 x Failing probationary reviews
- 3 x Fraud investigations

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

Leadership Development Programmes

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

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

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

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

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.

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

STP System Leadership Programme.

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

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

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

4. APPENDICES

Appendix A

2019/20 YEAR TO DATE PERFORMANCE COMPARED WITH PEER HOSPITALS (To November-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	73	166	67	0	0	115	0	0	24	107	0
Friends & Family Inpatients & Daycases	95.00%	95.31%	96.64%	97.84%	87.93%	94.08%	97.10%	96.22%	98.72%	97.56%	97.89%	97.97%
Sample Size: Friends & Family Inpatients & Daycases	30.00%	32.48%	10.70%	10.82%	31.67%	14.70%	22.27%	18.23%	23.20%	24.73%	25.11%	27.76%
Friends & Family Accident & Emergency	95.00%	90.96%	79.55%	83.20%	85.01%	92.74%	79.75%	91.30%	66.67%	91.14%	94.03%	97.78%
Sample Size: Friends & Family Accident & Emergency	20.00%	12.73%	0.59%	29.90%	22.32%	1.79%	1.64%	8.49%	1.53%	10.42%	9.89%	2.49%
Emergency Access within four hours	95%	80.84%	78.66%	91.44%	79.51%	94.11%	75.21%	85.45%	85.70%		78.27%	95.26%
18 Weeks Referral to Treatment time - Incomplete pathways	92%	78.12%	89.54%	68.18%	77.36%	94.84%	73.55%	79.35%	75.61%	80.13%	80.09%	89.56%
Diagnostic Waiters, 6 weeks and over - DM01	1%	0.5%	2.9%	3.6%	1.0%	0.2%	1.2%	0.6%	10.2%	3.3%	0.0%	0.6%
2 week GP referral to 1st Outpatient appointment	93.00%	94.02%	95.62%	70.07%	95.15%	94.94%	94.33%	90.91%	94.59%	93.31%	94.57%	83.71%
31 day Diagnosis to Treatment	96.00%	97.67%	98.91%	97.94%	99.20%	100.00%	97.62%	99.10%	96.90%	99.61%	94.09%	96.42%
31 day second or subsequent treat (Surgery)	94.00%	95.65%	100.00%	89.33%	100.00%	96.67%	97.52%	100.00%	92.24%	99.19%	90.24%	94.17%
31 day second or subsequent treat (Drug)	98.00%	99.71%	99.70%	99.02%	100.00%	100.00%	100.00%	100.00%	99.55%	100.00%	92.86%	99.11%
62 days urgent referral to treatment	85.00%	68.59%	87.09%	76.74%	74.19%	88.97%	74.09%	78.05%	82.42%	79.51%	79.98%	86.76%
62 day referral to treatment from screening	90.00%	98.46%	88.46%	75.42%	96.15%	60.00%	90.73%	97.10%	85.71%	92.68%	92.86%	78.26%
14 days referral for breast symptoms to assessment	93.00%	81.39%	94.59%	16.92%	94.74%	94.10%	94.55%	70.47%	90.32%	89.23%	94.44%	93.48%

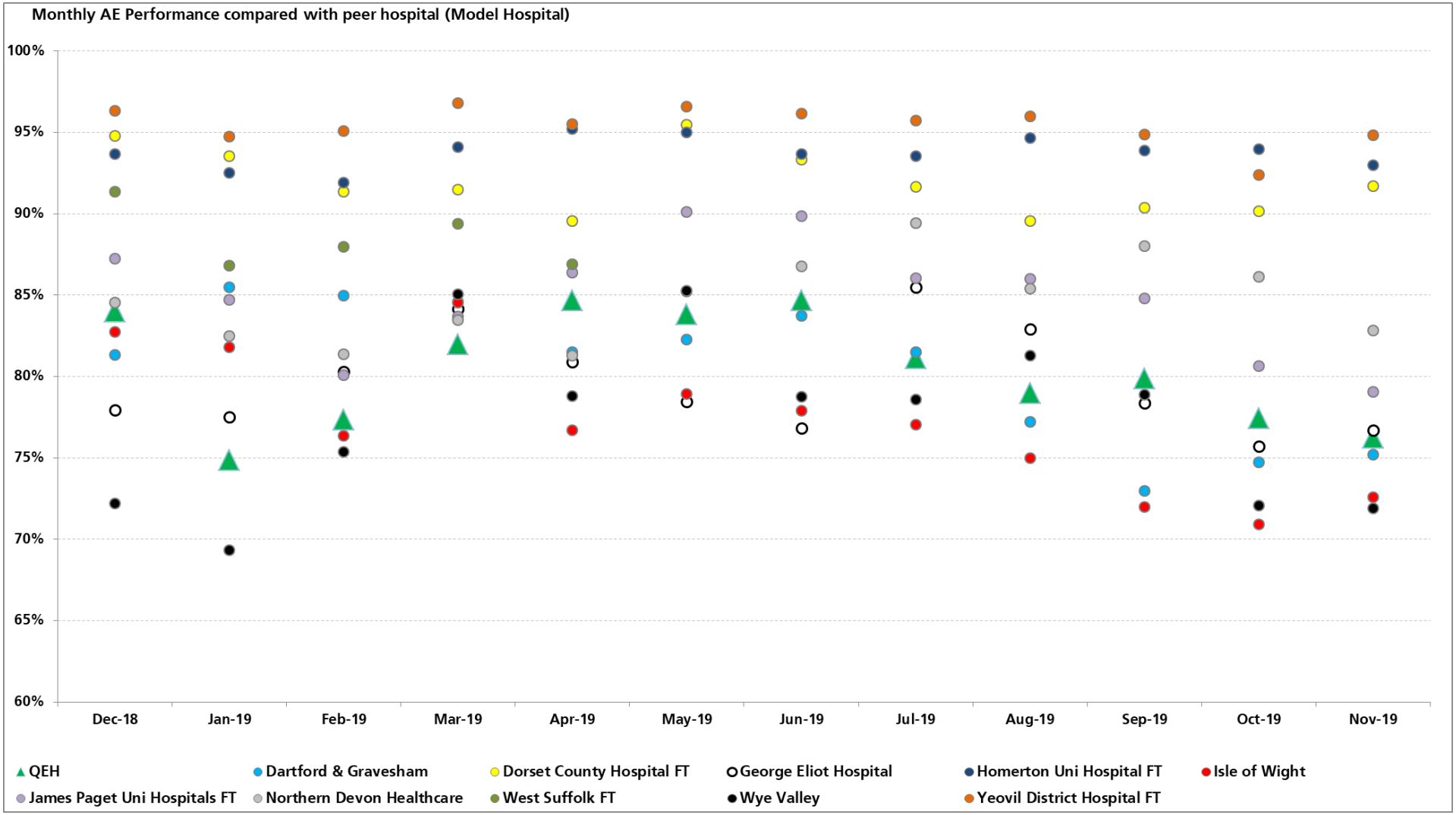
Data Source: ***www.england.nhs.uk/statistics/statistical-work-areas***

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%
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-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