

REPORT TO THE BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Caroline Shaw Chief Executive Officer	Decision		High	Med	Low
	Discussion	√	√		
	Information				
LEAD MANAGER:	REPORT TYPE:		BAF REFERENCES & RAG:		
Carly West-Burnham Associate Director of Strategy	Strategic	√			
	Operational	√			
	Governance	√			
PEER ASSIST:	PEER REVIEW:		RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)		
Executive Directors					
CQC Domain: (safe, caring, effective, responsive, well-led)	Well Led				

Meeting Date: 29th October 2019
Report Title: Integrated Performance Report

PURPOSE:
This paper accompanies the attached Integrated Performance Report (IPR.)
SUMMARY:
<p>The Trust is required to provide assurance that its approach to performance management is rigorous and appropriately identifies, escalates and deals with areas of performance which are of concern in a timely manner.</p> <p>There are a number of areas of good performance which are identified within the report, including;</p> <p><u>Safe</u></p> <ul style="list-style-type: none"> • There were no MRSA Bacteraemia declared in September and none have been declared in the year. • The Trust scored 99.03 % in September 2019 for Safety Thermometer harm free care. The harm free score remains on target and above the national average. • Falls resulting in moderate and above harm remain below the target of 0.98 per 1000 bed days. <p><u>Effective</u></p> <ul style="list-style-type: none"> • The latest HSMR is 99.1 and is within the expected range. • The Trust's SHMI, now published monthly 6 months in arrears, is also within the "as expected" range at 101.7 (Jun 18 to May 19) with no outlying groups. • There has been a marked reduction in elective and emergency Caesarean section (C/S) rates. This is the first time the Trust's total rate has been at the target of 25% in 12

months.

Caring

- Outpatient and maternity FFT recommended scores are above the Trust target in month.

Responsive

- DToC performance in September was 2.18%, exceeding the national standard of 3.5%.
- The number of reportable (non-clinical) cancelled operations reduced from 0.93% in August to 0.74% in September.
- There were no urgent operations cancelled more than once in September.
- There were no breaches of the 28-day guarantee in September.
- There were no 52-week breaches reported in September.
- The Trust achieved five of the seven cancer waiting time standards for August;
 - Two week wait
 - Two week wait (breast symptomatic)
 - 31-day diagnosis to treatment
 - 31-day subsequent treatment (drug)
 - 62-day screening

Well Led

- The Trust reported an adverse variance to Plan for September of £81k; however, due to the Trust being ahead of Plan at the end of August, the Trust was able to report an overall favourable variance to Plan of £13k, meaning that the Trust will receive central funding support totalling £3.9m for the quarter in the form of Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) and will be able to access £2.0m of the £6.0m system support funding made available on the basis of Plan delivery in October.
- In-month CIP delivery of £0.7m exceeded planned delivery by £0.2m and the Trust is delivering the Plan year-to-date.

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

Safe

- VTE Assessment compliance for August was at 95.45 % which is below the Trust target of 97.24 %.
- There were three cases of Clostridium Difficile reported in this month bringing the Trust total to 22 this year.
- Cleaning is an area of significant concern, based on a review of areas and identification of substandard environment.

Effective

- The Trust reported one never event in September 2019.
- There were 6 serious incidents declared in September 2019.
- The Trust did not enter any data for the national inflammatory bowel disease audit in September 2019.
- Avoidable term admissions to NICU have increased in September 2019.

Caring

- Mixed sex accommodation (MSA) remains red this month following eight occurrences which affected 22 patients.
- It is recognised that significant work still remains to be done in order to reduce the complaints backlog and to improve compliance.

- The current Trust position (August 2019) with regard to dementia case finding remains below the Trust target of 90%.

Responsive

- ED performance in September was 79.86% compared to 78.95% in August. This remains below the Trust's trajectory.
- Ambulance Handover performance within 15 minutes was 37.84% in September compared to 56.61% in August.
- Performance for September for patients with a ≥ 21 -day length of stay was at 54 and remained below the baseline (60) but above the Trust ambition of 46.
- 18-week RTT performance in September was 79.63% against the trajectory of 80.94%.
- The 6-week diagnostic standard performance for September was 96.37%, against the standard of 99%.
- The number of prior to the day non-clinical cancellations decreased from 8.19% in August to 5.62% in September, however the local standard is 3.2%.
- 31-day Subsequent Treatment (Surgery) performance deteriorated from 100% in July to 85.71% in August, against the standard of 94%.
- 62-day referral to treatment performance deteriorated from 75.19% in July to 63.89% in August, against the standard of 85% and trajectory of 55.56%.

Well Led

- The Trust appraisal rate has decreased from 83.35% to 82.62% in September 2019.
- Sickness has decreased from 5.21% in August 2019 to 5.18% in September 2019. This is higher than the trajectory of improvement for sickness absence which was agreed by the Trust Board in March 2019. The target for September 2019 was 3.80 %.
- Overall compliance for mandatory training has increased from 86.22% in August 2019 to 86.46% in September 2019 but remains below the Trust target.
- There has been an improvement in time to recruit timescales in September, but this is still above the Trust target.

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

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

RECOMMENDATION/S:

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

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Date: 24th October 2019
Version: 1.0



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Trust Board

September 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

There was one never event pertaining to wrong site surgery in ophthalmology this month. Six serious incidents were also reported this month. The key themes remain delays for patients attending the emergency department and inpatient falls (see page 13).

The Trust are pleased to advise that there have been no MRSA bacteraemia cases to date.

There were six hospital acquired pressure ulcers in September. The pressure ulcer rate this month did not meet the Trust target, however, it remains low compared to other similar sized hospitals and it continues to show an improving position.

There were three cases of Clostridium Difficile this month bringing the Trust total to 22 this year. The annual trajectory for the Trust is 44.

Cleaning remains an area of significant concern, based on a review of areas and identification of substandard environment. Details of the performance and actions are articulated in the body of the report (see page 11.)

Effective

Both HMSR and SHMI mortality scores remain within the expected range for weekday and weekend admissions although updated data has not been received from Dr Foster for this month.

Recruitment to national audits is at 97.5% and recruitment to clinical research studies remains on track to exceed our annual target.

Caesarean section rates have fallen to 25% for September 2019. Significant work has been undertaken to address the previous high rates and an audit to determine which aspect has been most effective in delivering this reduction will report this month. (see page 16). Stillbirth, neonatal, extended perinatal and maternal death rates are all within or below expected rates.

Caring

There were 32 complaints received in September 2019 which is above the target threshold of 20 complaints per month. The number of complaints received in September is less than those received in September 2018.

The complaint compliance response rate has increased from 17% in August to 33% in September. In discussion with divisions, clear actions are in place to improve compliance and reduce the current backlog. (see page 21.)

There were eight occurrences of same sex accommodation breaches affecting 22 patients in September. Five occurrences were on West Raynham Ward where the Hyper-acute Stoke bay is used to treat patients of opposite gender who need time critical interventions. The other two occurrences were in the Critical Care Unit.

Responsive

Four-hour emergency performance in September was 79.86% compared to 78.95% in August. On Type 1 attendances alone, the Trust was ranked 64 out of 133 Trusts and performance remained above the national average. Ambulance handover within 15 minutes Performance was 37.84% in September compared to 56.61% in August. There was one 12-hour trolley wait in September which related to a patient requiring admission to a mental health bed (see page 23.)

18-week RTT performance in September was 79.63% against the trajectory of 80.94%. At the end of September 2019, the total Trust waiting list was 14,088 against a trajectory of 13,623 and the total backlog of patients waiting over 18 weeks was 2,870 against a trajectory of 2,596 (see page 27.)

6-week diagnostic standard performance for September was 96.37%, against the standard of 99%. There were 138 breaches in the month, of which 120 were in ultrasound. There were 9 breaches in MRI due to a national shortage of contrast medium; this is now resolved and the patients will be seen in October.

The Trust achieved five of the seven cancer waiting time standards for July. 62-day referral to treatment performance deteriorated from 75.19% in July to 63.89% in August, against the standard of 85% and trajectory of 55.56%. There were 72 treatments in August, of which 26 were not treated within 62 days from referral. The 62-day backlog decreased from 99 patients in September to 87 in October with the majority of the backlog in three tumour sites (lower GI, gynaecology and urology) (see page 31.)

Well Led (Finance)

The Trust reported an adverse variance to Plan for September of £81k; however, due to the Trust being ahead of Plan at the end of August, the Trust was able to report an overall favourable variance to Plan of £13k, meaning that the Trust will receive central funding support totalling £3.9m for the quarter in the form of Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) and will be able to access £2.0m of the £6.0m system support funding made available on the basis of Plan delivery in October.

The key driver for the adverse in-month position was pay costs, which were £0.1m above budgeted levels. Non-pay costs, in month, were £15k lower than planned, inclusive of non-recurrent adjustments, including a review of accruals.

Overall, income was slightly ahead of plan in-month with an under-performance on clinical income offset by over performance in other income.

In-month CIP delivery of £0.7m exceeded planned delivery by £0.2m and the Trust is delivering the Plan year-to-date. The CIP requirement becomes more challenging in the final two quarters of the year. The Trust needs to maintain focus on CIP delivery whilst also enacting grip and control measures in order to deliver the overall financial plan.

Well Led (Workforce)

The Trust continues to be below target for a number of workforce KPIs at the end of September 2019 specifically sickness, mandatory training and appraisal rates. Both substantive FTE and headcount have increased slightly this month although agency usage has increased whilst Bank usage decreased in September. This is reflected in increased pay expenditure for both Bank and agency in September.

In September 2019 there has been a decrease in sickness to 5.18%, however the rate remains higher than the trajectory of improvement for sickness absence which was agreed by the Trust Board in March 2019. The Trust trajectory target for September 2019 was 3.80% which was set in order to enable the Trust to achieve a level of 4% by the end of the financial year. A number of actions are in place to address this including all clinical and corporate areas being given a 12-month sickness targets which will be monitored at performance review meetings. (see page 45.)

There are 29 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	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	17/18	18/19	19/20	Financial Impact *	
Falls per 1000 occupied bed days resulting in Harm	Patients	LM	<=0.98	QEH	0.00	0.00	0.08	0.17	0.08	0.18	0.33	0.09	0.00	0.17	0.24	0.08	0.25	0.07	0.09	0.14		
Eligible patients having Venous Thromboembolism (VTE) risk assessment	Patients	LM	>= 97.24%	QEH	97.29%	97.36%	97.57%	97.41%	97.29%	97.36%	97.44%	97.45%	97.31%	97.39%	97.36%	95.45%	Data 1Mth in arrears	97.10%	97.41%	97.02%		
Harm-free QEH Care	Patients	LM	>= 95%	QEH	97.66%	97.49%	98.77%	98.46%	98.62%	99.18%	96.08%	98.29%	99.54%	98.14%	98.82%	98.27%	99.03%	96.84%	97.73%	98.69%		
Never Events	Patients	FS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1		
Serious Incidents (OCCURRED IN MONTH)	Patients	FS	0	Nat	3	3	4	7	6	4	9	3	4	8	6	5	6	27	53	32		
Serious Incidents & Never Events (DECLARED IN MONTH)	Patients	FS	0	Nat	1	4	3	8	3	8	7	6	4	9	6	9	8			42		
Patient safety alerts not completed by deadline	Patients	FS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
C Difficile (QEH acquired)	Patients	LM	4	Nat	1	1	3	2	0	1	0	2	5	4	4	4	3	48	22	22		
C Difficile (QEH acquired) Rolling YTD	Patients	LM	24		15	16	19	21	21	22	22	2	7	11	15	19	22					
C Difficile (QEH acquired) Rolling YTD Target					24	28	33	38	43	48	53	4	8	12	16	20	24					
C Difficile per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 17.6	Nat	27.7	23.6	23.0	23.8	21.8	19.3	15.3	14.7	17.6	20.4	20.3	18.9	20.3	32.4	15.3	20.3		
MRSA bacteraemia (QEH acquired)	Patients	LM	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	£k	
MRSA bacteraemia per 100k occupied bed days (rolling 12 mths)	Patients	LM	0.0		1.3	1.4	1.4	1.4	1.4	1.4	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4	0.0	Penalties from CCG, fines from other statutory authorities, £10,000 in respect of each incidence in the relevant year	
E Coli per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 0.0	Nat	21.6	21.6	18.9	17.0	16.4	15.8	16.7	16.8	16.2	14.0	12.6	13.3	11.2	23.6	16.7	11.2		
MSSA per 100k occupied bed days (rolling 12 mths)	Patients	LM	<= 0.0	Nat	6.7	6.8	6.8	6.1	5.5	4.8	5.6	4.9	5.6	5.6	4.9	5.6	5.6	8.8	5.6	5.6		
Safe staffing levels (overall fill rate)	Patients	LM	>= 80%	Nat	95.2%	98.7%	98.1%	98.4%	102.6%	101.2%	111.0%	103.3%	103.8%	97.3%	95.5%	94.1%	91.3%		98.9%	97.4%		
No. of wards below 80% fill rate	Patients	LM	0	Nat	0	0	0	0	0	0	0	0	0	0	1	1	1		1	3		
Cleanliness Scores - very high-risk areas	Places	LM	>= 95%	Nat	95.45%	95.10%	94.59%	95.71%	94.60%	95.82%	95.48%	95.63%	95.88%	98.38%	96.63%	95.63%	94.38%		95.23%	96.08%		
Cleanliness Scores - high-risk areas	Places	LM	>= 95%	Nat	93.98%	95.26%	96.30%	94.40%	94.97%	95.83%	95.71%	94.21%	96.00%	97.57%	95.50%	92.86%	92.93%		94.84%	94.85%		
Cleanliness Scores - significant-risk areas	Places	LM	>= 95%	Nat	92.71%	92.57%	93.01%	88.11%	92.42%	92.20%	93.13%	94.00%	94.75%	95.88%	94.46%	95.80%	93.67%		91.50%	94.76%		
Cleanliness Scores - low-risk areas	Places	LM	>= 95%	Nat	90.56%	88.40%	94.43%	0.00%	92.03%	90.01%	96.72%	92.33%	95.50%	88.00%	93.57%	96.00%	89.33%		83.24%	92.46%		
No. of cleanliness audits complete	Places	LM	37		29	45	35	31	47	35	34	44	36	35	46	39	55		435	255		
SHM (Trust Level - Rolling 12 Mth position, 6 mths in arrears)	Patients	FS	Not higher than expected	QEH	99.56			99.91			n/a from Dr Foster	6 months in arrears										
Crude HSMR Mortality (Trust Level - Rolling 12 Mth position, 3 mths in arrears)	Patients	FS	-		3.43	3.36	3.35	3.25	3.14	3.09	3.02	2.98	2.94					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	106.9	105.8	105.8	103.2	101.2	100.5	101.5	100.6	99.1					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	115.3	116.4	114.7	114.5	112.4	109.0	107.4	104.9	104.4					111.35				
Rate per 1000 admissions of inpatient cardiac arrests	Patients	FS	< 2.0	QEH	1.44	1.31	1.02	2.05	0.90	1.91	0.40	1.70	1.37	0.53	1.07	2.27	1.08	1.55	1.34	1.32		
Elective C Section Rate	Patients	FS	< 10.00%	QEH	19.25%	15.98%	14.55%	17.24%	13.79%	10.47%	9.77%	16.87%	12.65%	13.86%	14.22%	11.25%		13.20%	14.16%	13.82%		
Emergency C Section Rate	Patients	FS	< 15.00%	QEH	22.46%	14.79%	16.36%	18.39%	18.39%	23.84%	21.84%	15.06%	16.87%	16.87%	19.11%	13.75%		15.66%	19.31%	16.53%		
Total C Section Rate	Patients	FS	< 25.00%	QEH	41.71%	30.77%	30.91%	35.63%	32.18%	34.30%	31.61%	31.93%	29.52%	30.72%	33.33%	25.00%		28.86%	33.47%	30.35%		
Stillbirth Rate(per 1000 births/stillbirths-Rolling 12 Mths)	Patients	FS	< 3.73	QEH	3.70	3.29	3.31	3.30	3.29	1.88	2.32	1.88	1.88	2.84	3.25	3.27		2.25	2.32	4.41		
Neonatal Deaths Rate(per 1000 livebirths-Rolling 12 Mths)	Patients	FS	< 1.06	QEH	0.46	0.47	0.47	0.47	0.47	0.47	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	4.17	3.76	3.78	3.77	3.76	2.34	2.32	1.88	1.88	2.84	3.25	3.27		3.16	2.32	4.41		
% Term admissions to the NNU	Patients	FS	3.0%	QEH	Data not available prior to Apr 2019							6.5%	10.3%	5.7%	4.7%	4.8%	4.3%				5.9%	
% Avoidable Term admissions to the NNU	Patients	FS	0.0%	QEH	Data not available prior to Apr 2019							36.4%	16.7%	30.0%	9.1%	0.0%	30.0%				20.6%	
Maternal Deaths	Patients	FS	0	QEH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
National Clinical Audits participation rate	Patients	FS	=100%	QEH											97.5%	97.5%	97.5%	95%	95%	97.5%		
No. of patients recruited in NHR studies	Patients	FS	>600 Annually	QEH	64	67	123	51	37	153	77	37	29	59	29	44	52		994	250		
Same Sex accommodation standard breaches	Patients	LM	0	Nat	9	8	14	2	7	11	4	6	5	3	7	5	22	62	93	48	£12.0k	
No. of Complaints (Clinical & Non Clinical)	Patients	LM	<=20	QEH	41	36	32	27	41	37	38	34	47	24	38	45	32	362	421	220		
Complaints (rate as proportion of activity)	Patients	LM		QEH	0.12%	0.09%	0.08%	0.09%	0.11%	0.11%	0.11%	0.09%	0.12%	0.07%	0.10%	0.13%	0.09%		0.10%	0.10%		
% Complaints responded to <6 mths from receipt of complaint	Patients	LM	100%	Nat	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				99.8%		
% Complaints responded to within 30 days from receipt of the complaint	Patients	LM	>=90%	QEH	36.11%	46.34%	54.17%	33.33%	57.14%	46.43%	36.17%	6.90%	21.28%	9.76%	25.58%	17.39%	33.33%		39.18%	19.76%		
Reopened complaints (% of total complaints)	Patients	LM	<=15%	QEH	2.44%	0.00%	3.13%	11.11%	0.00%	0.00%	0.00%	2.94%	6.38%	225.00%	10.53%	8.89%	6.25%		1.66%	30.91%		
% eligible patients who have dementia case find applied	Patients	LM	>=90.00%		40.48%	38.76%	46.98%	45.80%	45.79%	44.66%	43.54%	48.94%	51.46%	50.00%	44.93%	48.99%		60.97%	44.09%	48.93%		
Friends & Family (Inpatients & Daycases)	Patients	LM	>=95%	QEH	95.50%	95.15%	96.15%	95.17%	95.05%	95.03%	96.21%	97.01%	94.73%	95.80%	96.35%	93.33%	94.59%	95.53%	95.53%	95.30%		
Sample Size: Friends & Family (Inpatients & Daycases)	Patients	LM	>=30%	QEH	34.97%	31.47%	33.05%	28.58%	33.67%	37.26%	37.83%	30.17%	36.67%	31.20%	31.31%	31.49%	33.46%	30.33%	33.21%	32.41%		
Friends & Family (Accident & Emergency)	Patients	LM	>=95%	QEH	90.94%	89.42%	89.80%	89.94%	94.32%	95.32%	90.57%	93.25%	94.92%	92.68%	90.93%	88.74%	86.74%	93.12%	91.16%	90.79%		
Sample Size: Friends & Family (Accident & Emergency)	Patients	LM	>=20%	QEH	8.84%	21.32%	20.81%	14.60%	10.20%	11.59%	11.04%	11.55%	11.70%	7.67%	9.81%	22.89%	10.31%	16.98%	13.79%	12.45%		
Friends & Family (Outpatients)	Patients	LM	>=95%	QEH	96.65%	96.03%	96.79%	97.40%	97.07%	96.88%	97.35%	96.98%	96.17%	97.38%	95.77%	98.00%	97.74%	96.78%	97.05%	96.98%		
Sample Size: Friends & Family (Outpatients)	Patients	LM		QEH	5.88%	6.88%	6.19%	5.73%	7.18%	5.63%	6.82%	6.14%	6.15%	7.04%	6.71%	5.27%		5.41%	6.42%	6.24%		
Friends & Family (Maternity)	Patients	LM	>=95%	QEH	100.00%	100.00%	94.74%	94.12%	96.67%	100.00%	93.65%	98.04%	100.00%	100.00%	96.83%	96.77%	95.24%	96.90%	96.57%	98.15%		
Sample Size: Friends & Family (Maternity)	Patients	LM	>=15%	QEH	11.58%	22.94%	23.31%	20.12%	17.05%	21.64%	34.62%	31.68%	35.71%	26.67%	27.63%	19.02%	11.80%	15.20%	21.97%	25.40%		

	Indicator	Objective	Director	Target	Set By	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	17/18	18/19	19/20	Financial Impact **			
Responsive	Emergency access within four hours	Performance	DS	>= 95%	Nat	82.14%	84.05%	78.09%	83.99%	74.85%	77.35%	81.97%	84.67%	83.80%	84.67%	81.12%	78.95%	79.86%	85.53%	82.48%	82.15%				
	- Majors only	Performance	DS	>= 95%	Nat	70.28%	73.61%	61.24%	76.29%	60.68%	65.08%	70.26%	71.82%	70.60%	73.36%	67.81%	66.92%	67.94%	75.74%	70.55%	69.67%				
	- Minors only	Performance	DS	>= 100%	QEH	91.88%	92.83%	95.02%	91.80%	90.69%	90.37%	97.09%	97.67%	97.66%	98.16%	97.23%	93.91%	93.60%	94.82%	93.26%	96.40%				
	12 hour trolley waits	Performance	DS	0	Nat	1	1	2	0	3	0	1	0	0	4	1	0	1	0	9	6				
	Ambulance Handovers completed within 15 minutes	Performance	DS	100%	Nat	52.70%	52.42%	39.90%	50.95%	49.88%	49.24%	51.38%	55.77%	59.73%	65.96%	64.60%	56.61%	37.84%	21.97%	45.87%	56.88%				
	% beds occupied by Delayed Transfers Of Care	Performance	DS	<= 3.5%	Nat	6.20%	5.90%	6.50%	5.60%	3.00%	3.48%	4.00%	2.25%	2.47%	2.98%	2.38%	2.52%	2.18%	3.30%	4.00%	2.18%				
	MFFD (Medically Fit For Discharge) - Patients	Performance	DS			318	269	270	249	298	247	306	227	244	241	277	275	282		3310	1546				
	MFFD (Medically Fit For Discharge) - Days	Performance	DS			2092	2197	2182	1802	1991	1571	1856	1490	1633	1904	1849	1634	1980		23085	10490				
	No. of beds occupied by adult inpatients >=21 days (Mthly average over rolling 3 mths)	Performance	DS	<= 46	QEH	64	69	69	66	64	62	71	72	73	62	53	57	54							
	18 Weeks Referral to Treatment Time (Incomplete Pathways)	Performance	DS	>= 92%	Nat	81.20%	79.96%	80.13%	78.48%	78.80%	79.56%	79.82%	80.42%	82.55%	81.77%	81.14%	80.69%	79.63%	81.05%	79.82%	79.63%				
	Specialities exceeding 18 wk Referral To Treatment time (Incomplete pathways)	Performance	DS	0	Nat	26	26	29	30	25	28	22	21	20	19	24	22	21		304	127				
	No. of cases exceeding 52 weeks Referral To Treatment	Performance	DS	0	Nat	7	1	1	1	1	1	0	0	0	0	0	0	0	3	18	0				
	Diagnostic Waiters, 6 weeks and over (DM01)	Performance	DS	<= 1%	Nat	0.56%	0.46%	0.66%	0.68%	0.98%	0.52%	0.37%	0.86%	4.54%	3.62%	5.17%	9.10%	3.63%	2.45%	0.37%	3.63%				
	Total non-clinical cancelled elective operations	Performance	DS	<= 3.2%	Nat	6.74%	6.8%	6.6%	5.24%	5.74%	6.71%	5.74%	5.73%	5.36%	5.49%	6.75%	8.19%	5.62%		5.9%	6.2%				
	Last minute non-clinical cancelled elective operations	Performance	DS	<= 0.8%	Nat	0.75%	1.02%	0.90%	0.48%	1.78%	0.51%	0.60%	0.89%	0.69%	0.46%	0.75%	0.93%	0.74%	1.0%	1.0%	0.74%				
	Breaches of the 28 day readmission guarantee	Performance	DS	0	Nat	7	2	0	2	4	5	5	1	0	2	1	0	0	52	53	4	£8k			
	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	93.20%	98.32%	97.30%	97.42%	95.88%	95.10%	85.98%	81.05%	91.94%	95.88%	96.70%	96.22%		96.70%	95.32%	92.26%				
	14 Days referral for breast symptoms to assessment	Performance	DS	>= 93%	Nat	98.46%	96.92%	100.00%	100.00%	91.30%	86.30%	29.82%	20.90%	66.13%	83.33%	93.22%	98.00%		97.97%	91.67%	70.39%				
	31 Day Diagnosis to Treatment	Performance	DS	>= 96%	Nat	97.35%	97.66%	96.15%	98.84%	97.22%	95.29%	96.46%	96.12%	93.16%	100.00%	97.25%	98.13%		98.67%	97.50%	96.96%				
	31 Day Second or Subsequent Treatment (Drug)	Performance	DS	>= 98%	Nat	100.00%	97.92%	98.04%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		99.64%	99.71%	100.00%				
	31 Day Second or Subsequent Treatment (Surg)	Performance	DS	>= 94%	Nat	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	85.71%		95.91%	99.43%	95.45%				
	62 Days Urgent Referral to Treatment	Performance	DS	>= 85%	Nat	80.31%	85.94%	82.35%	80.00%	79.72%	74.58%	85.91%	70.90%	63.69%	81.12%	75.19%	63.89%		83.23%	81.74%	70.75%				
62 Days Referral to Treatment from Screening	Performance	DS	>= 90%	Nat	96.00%	100.00%	85.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	94.12%	100.00%		98.51%	96.94%	99.05%					
Single Oversight Framework (SOF) - overall Score	Patients	LS	3	SOF	3	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4					
CQC Rating						Inadequate																			
Distance from Plan (YTD)	Patients	LS	>= 0%	SOF	-9.10%	-10.90%	-11.60%	-13.00%	-13.70%	-13.90%	-14.90%	-6.86%	-2.50%	0.50%	0.10%	0.30%	0.20%		-7.70%	-14.90%	0.20%				
Distance from control total (YTD)	Patients	LS	>= 0%	QEH	-90.87%	-127.42%	-162.36%	-188.91%	-220.57%	-226.81%	-280.82%	-19.40%	-15.57%	2.17%	0.44%	1.91%	1.44%		-204.48%	-280.82%	1.44%				
Agency spend (versus cap)	Patients	LM	<= 0%	SOF	-77.16%	-76.45%	-75.21%	-52.72%	-51.65%	-50.80%	-52.12%	-76.32%	-74.00%	-65.00%	-64.00%	-62.00%	-59.00%		-49.72%	-52.12%	-59.00%				
% of eligible staff appraised (rolling 12 months)	Patients	LM	>= 90%	QEH	82.66%	83.00%	83.93%	82.14%	82.61%	82.51%	84.06%	84.10%	84.55%	84.62%	83.63%	80.28%	79.91%								
% medical staff (except junior doctors) with an appraisal (rolling 12 months)	Patients	LM	>= 95%	QEH	92%	95%	95%	91%	86%	87%	97%	92%	89%	88%	87%	88%									
WTE lost as % of contracted WTE due to sickness absence (rolling 12 months)	Patients	LM	<= 3.5%	QEH	5.08%	5.30%	5.55%	5.90%	5.82%	6.28%	5.53%	4.79%	4.81%	5.25%	5.23%	5.14%	5.18%								
% eligible staff attending core Mandatory Training (rolling 12 months)	Patients	LM	>= 95%	QEH	85.14%	84.96%	85.04%	85.63%	85.63%	86.32%	87.25%	87.23%	86.49%	86.11%	86.53%	86.22%	86.46%								
Turnover (rolling 12 months)	Patients	LM	<= 10%	QEH	11.90%	11.83%	11.93%	11.69%	11.89%	11.54%	11.86%	11.40%	11.75%	11.96%	11.78%	11.98%	11.92%								
Time to recruit (rolling position) *	Patients	LM	<= 65.5 days	QEH	Data not available prior to Jan 2019													108.3	105.6	104.4	101.9	99.5	97.9	99.4	
Staff Friends and Family (Place to Work)	Patients	LM				Not Collected			45.55%				47.39%			44.23%			50.91%	44.69%	46.15%				
Staff Friends and Family (Care)	Patients	LM				Not Collected			62.33%				63.23%			63.14%			71.67%	63.90%	63.20%				
PPM Including Statutory PPM	Patients	LS	>= 95%	QEH	94%	96%	96%	97%	92%	89%	83%	85%	86%	91%	88%	88%	92%								
CTG Training Compliance (Midwives)	Patients	LM	>= 90%	QEH	Not avail			75.8%	87.0%	97.0%	94.3%	94.1%	97.7%	95.0%	94.0%	82.0%	94.0%	96.0%							
CTG Training Compliance (Doctors)	Patients	LM	>= 90%	QEH	Not avail			96.6%	96.8%	85.7%	86.7%	86.7%	100.0%	100.0%	100.0%	47.0%	71.0%	100.0%							

3. DOMAIN REPORTS

Safe

Accountable Officer – Medical Director / Chief Nurse

Areas of strong performance

Incidents

We are pleased to report that there was no MRSA Bacteraemia declared in September and none have been declared in the year.

Harm Free Care

The safety thermometer is a 'temperature check' on safety. Data is collected through a point of care survey on a single day each month by measuring the most commonly occurring harms in healthcare including; pressure ulcers, falls, catheter associated urinary tract infections and venous thromboembolism.

The Trust scored 99.03 % in September 2019 for Safety Thermometer harm free care. 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 September are as follows;

- Falls - two fall incidents occurred during the data collection period but not as inpatient falls.
- Pressure ulcers – one category two pressure ulcer occurred during the collection period.
- Catheter associated urinary catheter infection - one patient developed a catheter associated urinary tract infection during the collection period

There were 412 patients surveyed and four patients were identified to have new harms during the data collection period.

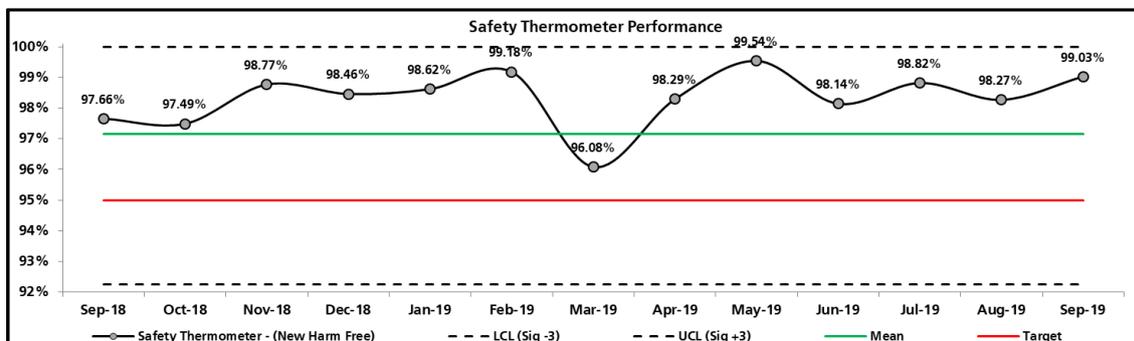


Chart 1 – Safety Thermometer performance (Harm Free Care)

Falls for September

Falls resulting in moderate and above harm to patients remain below the target of 0.98 per 1000 bed days. This is a slight increase to 0.25 from 0.08 in September.

There were a total of 58 falls reported in the month of September; 53 in-patients, 3 out-patients and 2 were near misses.

Three falls resulted in one major and two moderate harms. The major harm being a fractured hip and the two others being a fractured wrist and an undisplaced spinal fracture. The fall resulting in a fractured hip is being investigated as a serious incident and lessons learned will be shared at the Harm Free Care Group meeting.

To support further reduction of falls resulting in harm there is an on-going training starting from induction, HCA training, ward away day training and bi-monthly training provided by our specialist nurse.

Falls resulting in Serious Injury during Sep 2019					
Ref	Incident date	Severity	Location Exact	Division	Specialty/Area
WEB63831	13/09/2019	Moderate	Tilney Ward	MED Div	Respiratory
WEB64144	25/09/2019	Moderate	Windsor Ward	MED Div	Frailty
WEB64252	30/09/2019	Major	Oxborough Ward	MED Div	General Medicine

Patient Safety Alerts

All actions required pertaining to patient safety alerts continue to be undertaken within national deadlines. A robust system is in place to monitor this.

Areas requiring improvement

VTE Assessment

VTE Assessment compliance for August was at 95.45 % which is below the trust target of 97.24 %.

Performance will be improved by;

- The Anticoagulation and Thrombosis Nurse Specialists providing targeted teaching for those areas not meeting the trust target.

One of the considerations for the decrease in performance has been due to a change in medical staff when the new doctors started in August.

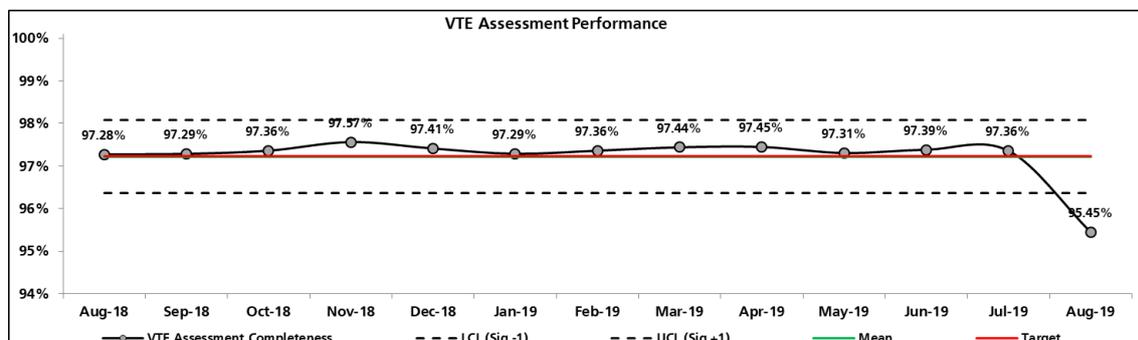


Chart 2 – VTE Assessment performance

Hospital Acquired Pressure Ulcers

There were six hospital acquired pressure ulcer incidents reported in September which is the same as August's figure.

The pressure ulcer rate per 1000 bed days this month is 0.48. This is slightly off track from the Trust target of 0.42, however, this is an improvement from August's rate of 0.62 per 1000 bed days. The Trust pressure ulcer figure remains low compared to other similar sized hospitals and it continues to show an improving position.

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

There were six patients with hospital acquired pressure ulcers in September; one category three, one deep tissue injury, one unstageable and three category two pressure ulcers.

The patients who had acquired pressure ulcers were reported on the following wards;

- Necton - two category two and one unstageable
- Critical Care Unit - one deep tissue injury
- Oxborough - one category three
- Shouldham - one category two

The tissue viability nurse reviewed the patients with the ward sisters and there were no lapses in care identified. All the necessary actions were put in place i.e. appropriate equipment and skin assessment, however, some gaps in the documentation were identified to support and evidence such actions being completed.

The division is involved in focused work with the improvement team to address issues with documentation.

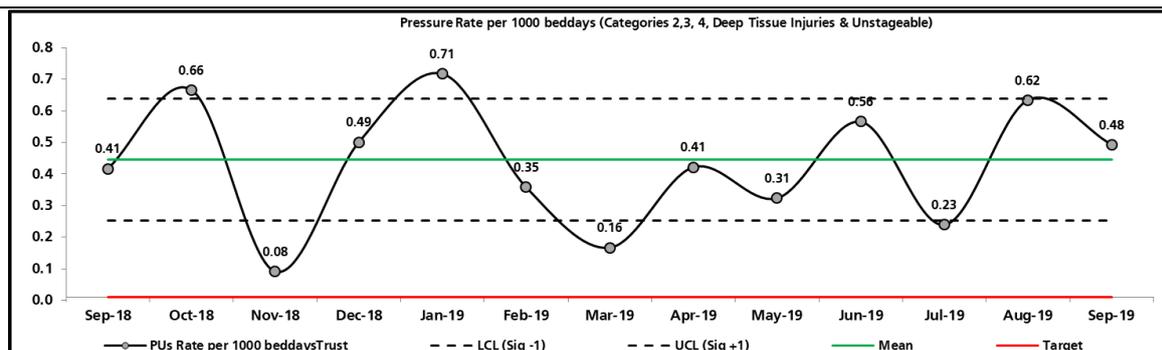


Chart 3 – Pressure rate per 1000 beddays

Clostridium Difficile

There were three cases of Clostridium Difficile reported in this month bringing the Trust total to 22 this year. The Trust's year end trajectory is 44 cases.

Dates for the Root Cause Analysis (RCA) reviews for these cases have been identified.

Staffing

The staffing fill rate for the Trust overall was above 91.28 % and the (Care Hours per Patient Day) ChpPd in September was 8.1 which remains within the Trust target.

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

Performance will be maintained by;

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

Mitigations for staffing shortfalls are discussed at the staffing meeting. Mitigations may include;

- Non- ward-based nurses working clinically on the wards.
- Postponing non- essential study days.
- Reviewing rosters which may result in swapping allocated shifts if necessary, to support staffing shortfalls.

Cleaning

Cleaning is an area of significant concern, based on a review of areas and identification of substandard environment.

The following urgent actions have been undertaken to improve performance;

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

domestic staffing.

- An urgent review of the domestic and housekeeping roles. This is to identify how each other's role complement the delivery of cleaning standards.

In addition, the Quality and Performance Committee requested a deep dive into all areas of concern which include;

- Ward Managers oversight of cleanliness.
- Matrons and Heads of Nursing ward rounds.
- Domestic services staffing and the model of service delivery.

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

Very High-Risk areas

Three areas failed to achieve the 95% pass rate;

- ED
- Critical Care
- Waterlily

The reasons for the failure are;

- ED – the cleaning score was 86% and the housekeeping score was 66%. Cobwebs, high dusting, dust in radiators and stains on floor were noted during the cleaning audit.
- Critical Care – the housekeeping score was 79% due to an issue of high dusting of beam and beds.
- Waterlily – there was a cleaning failure due to dust in radiators, stains on floors and scale build up. Stains and scale were noted in birthing pool.

The immediate actions taken to resolve the issues were;

- ED - The issues were resolved and re-audited. Cleaning then scored 99% and housekeeping 95%.
- Critical Care - Following re-audit, the scores for cleaning and housekeeping improved to 100%
- Waterlily - The re-audit scores were 100%

High Risk Areas

9 out of the 17 areas failed to achieve the 95% pass rate for the audit;

Ward	Audit score cleaning	Re audited cleaning score	Audit score Housekeeping/ nursing	Re audited Housekeeping score	Re audited Estates	Audit score Estates
Assessment Zone	94%	99%	97%	100%	89%	87%
Ox borough	91%	97%	90%	100%	89%	87%
Necton	71%	CLOSED	100%	100%		
Leverington	90%	98%	86%	89%	100%	99%
Gayton	91%	95%	100%	100%	64%	64%
Denver	90%	100%	100%	95%	100%	100%
Elm	85%	99%	76%	91%	92%	100%
Castleacre	92%	100%	100%	100%	85%	82%
West Newton	94%	100%	100%	100%	100%	100%

Table 1 – Cleaning Audit (High Risk Areas)

Failure to achieve the 95% pass rate was attributed to multiple reasons which include both domestic and / housekeeping staff cleaning standards and estates issues.

Necton was not re audited as the ward was closed. The ward and communal area has had a full deep clean bay by bay this month due to infection control issues and this has been addressed with the relevant supervisor.

The Leverington re-audit score was below 95%, however, cleaning issues for both domestic and housekeeping staff were addressed.

Never Events

The Trust reported one never event in September 2019;

Date SI Occurred	Date SI Declared	Incident Description
03/09/2019	04/09/2019	Ophthalmology - Invasive procedure treatment given to unintended site

Table 2 – September 2019 Never Event

Immediate actions and harm reviews

The incident was shared in detail with the ophthalmology clinical team for immediate learning. An additional laterality check has been included as part of the patient pathway for verification of intended site prior to all ophthalmology procedures. The division has also been required to introduce formal WHO checklists for all procedures undertaken in this clinical area.

The patient did not suffer any resulting harm due to this incident.

Serious Incidents

There were 6 serious incidents declared in September 2019, including the never event above. Eight were originally uploaded onto DATIX (and so are included on the main scorecard on page 7). However, three pertain to ambulance delays occurring in month, and so have since been combined for investigation together and are reported externally as one SI.

Date SI Occurred	Date SI Declared	Incident Description
03/09/2019	04/09/2019	Never Event (see above)
11/09/2019	16/09/2019	12 Hour Mental Health breach
31/08/2019	16/09/2019	3 Hour ambulance waits for August 2019
17/09/2019	23/09/2019	Sensitive information shared only with Private Board
16/09/2019	30/09/2019	Patient with known vascular issue conveyed to a non-tertiary centre leading to treatment delay
30/09/2019	30/09/2019	Patient fell and sustained a fracture hip on Ward

Table 3 – September 2019 Serious Incidents

Immediate actions and harm reviews

Harm reviews have been undertaken for all patients waiting on ambulances greater than three hours in the month of August 2019. Reviews have not identified any specific harm for these patients as a result of ambulance waits.

In response to the incident involving a patient with a known vascular problem, immediate actions were undertaken by the Medical Director to agree with our lead ambulance provider that all patients presenting with suspected vascular emergencies are to be conveyed directly to the nearest vascular centre with immediate effect. This has also been escalated to the Clinical Commissioning Group as it involves service and care delivery from multiple providers.

Themes and learning

Key themes this month remain delays to patients waiting in ambulances for the emergency department and for patients awaiting admission to a mental health bed. A thematic review is underway of these incidents.

A further fall with harm occurred this month and the Trust falls lead is working with the falls collaborative to identify any further learning to reduce this. Learning immediately identified the need for ward leaders to focus on adherence to the recommendations made from falls risk assessments.

Effective

Accountable Officer – Medical Director

Areas of strong performance

Mortality

Dr Foster mortality data has not been refreshed since the previous board report. However, our latest HSMR is 99.1 and is within the expected range.

Our SHMI, now published monthly 6 months in arrears, is also within the “as expected” range at 101.7 (Jun 18 to May 19) with no outlying groups.

The weekday non-elective HSMR is at 97.1. The weekend non-elective HSMR is at 104.8. Both measures remain as expected within a raised relative risk.

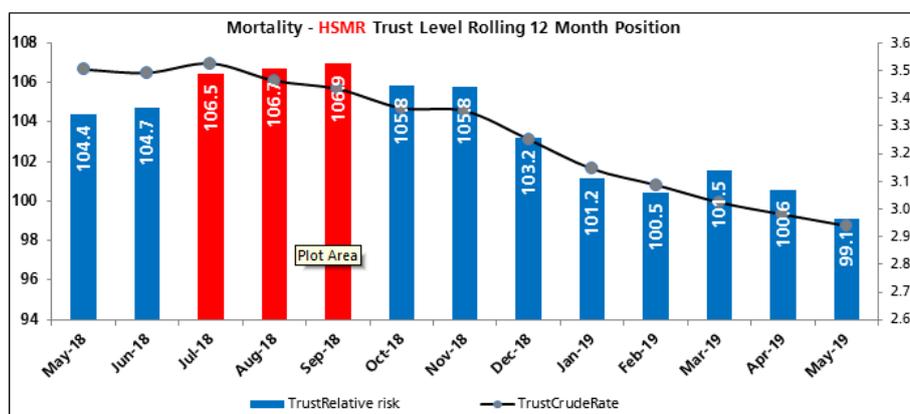


Chart 4 – monthly Trust HSMR

There were 88 deaths in the hospital in September 2019. This number is higher than last year (84) but equates to 11.8 deaths per 1000 admissions which is lower than our rate in September 2018 which was at 12.1.

The highest number of deaths occurred on our assessment area (13) and care of the elderly (12) wards. The highest numbers of deaths were recorded against a final diagnosis of Pneumonia (13) and Sepsis (12).

Performance will be maintained by;

- A medical examiner is now in post and a Trust lead for mortality starts next month to ensure learning is identified and shared.
- A dashboard has been created to track completion of mortality reviews from October 2019.
- Work is ongoing on medical job plans to ensure that every patient has an early, daily senior review. Alongside this, work is ongoing with clinical support services to provide access to rapid diagnostics 7-day services.
- External support is also in place to improve emergency care and flow which is also known to impact on mortality.

Maternity

There has been a marked reduction in elective and emergency Caesarean section (C/S) rates. This is the first time our total rate has met the target of 25% in 12 months.

Performance will be maintained by;

Multiple measures have been undertaken over the last four months to address increased C/S rates and an audit has been undertaken to understand what has made the most impact and to identify themes for continued improvement. This reports in October.

Alongside this work, the following actions are in place;

- Ongoing work to launch continuity of carer teams.
- Continued education and promotion in vaginal birth after caesarean clinics.
- Weekly instrumental delivery MDT
- Extended obstetric presence on Central Delivery Suite

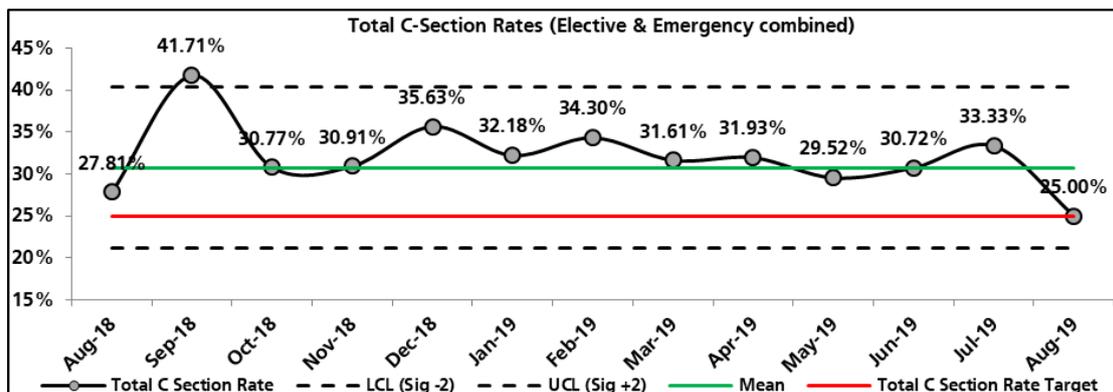


Chart 5 – Total C-Section rates (Elective and Emergency combined)

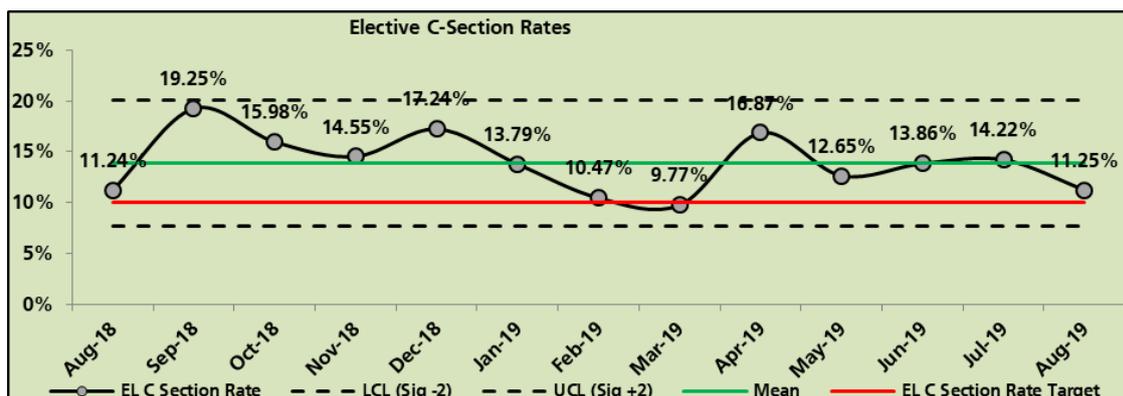


Chart 6 – Elective C-Section rates

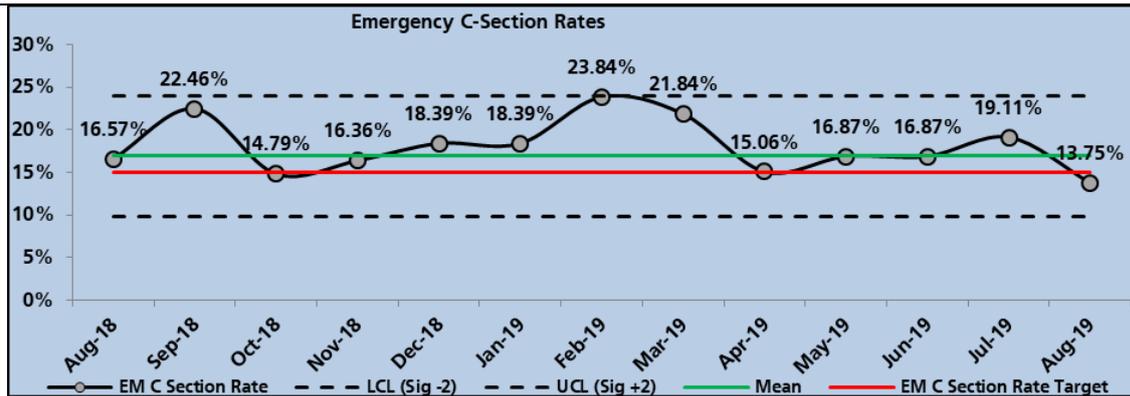


Chart 7 – Emergency C-Section rates

Clinical Audit

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

Clinical Research and development

The department have achieved the recruitment needed to earn £20,000 Research Capacity Funding from the Department of Health and Social Care. The department remains on track to exceed the recruitment target for this year.

Areas requiring improvement

Clinical Audit

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

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

Performance will be improved by;

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

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

Maternity

Avoidable term admissions to NICU have increased this month.

There is evidence of incomplete risk assessments, management plans not being followed and decisions made to admit to NICU instead of Transitional Care.

Performance will be improved by:

- The Matneo project continues to focus on the completion of risk assessments and management plans.

The standard will be achieved by April 2020.

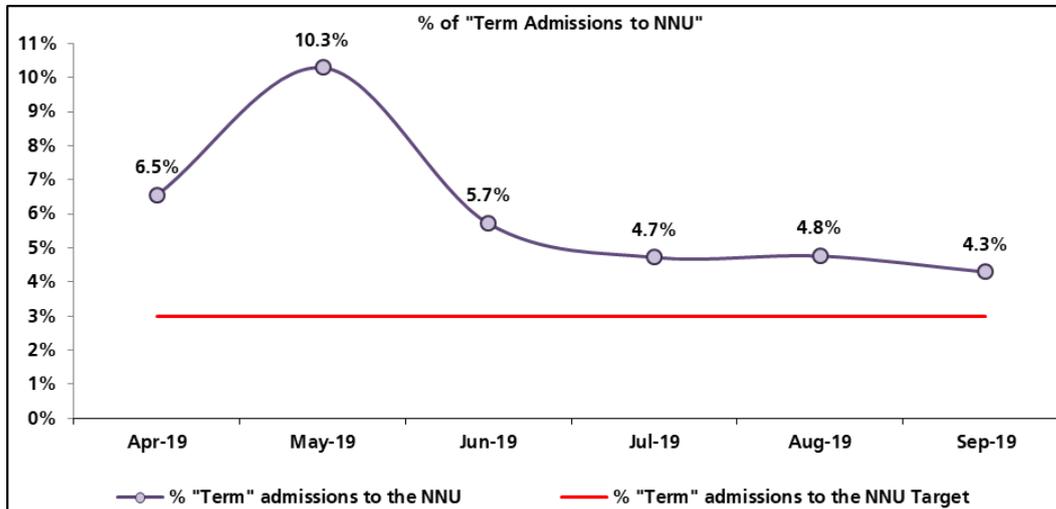


Chart 8 - % of term admissions to NNU

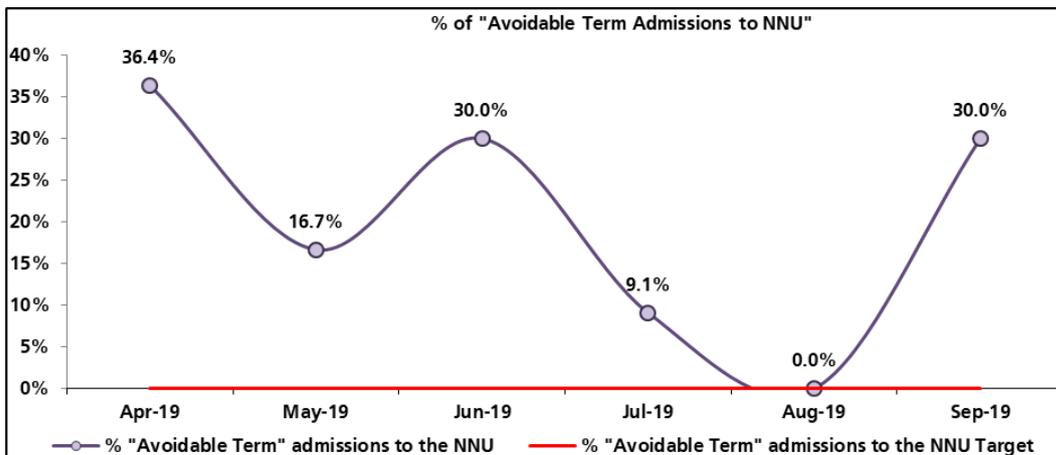


Chart 9 - % of avoidable term admissions to NNU

Caring

Accountable Officer – Chief Nurse

Areas of strong performance

Friends and Family Test

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

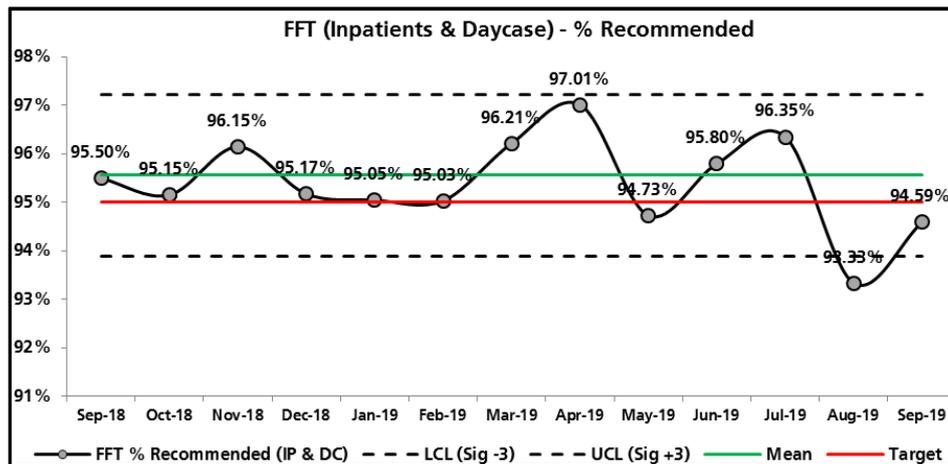


Chart 10 – FFT (Inpatients and Daycase) % recommended

The latest figure has returned inside the control. Having reviewed the feedback provided by patients there has been a slight increase in negative responses over the last few months and those providing comments cited waiting, noise at night, communication, uncomfortable beds and hygiene as being the main areas for concern.

Performance will be improved by:

- Concerns are discussed at divisional meetings and are picked up by the matrons on their daily ward rounds.

Both outpatients and maternity FFT recommended scores are above the Trust target.

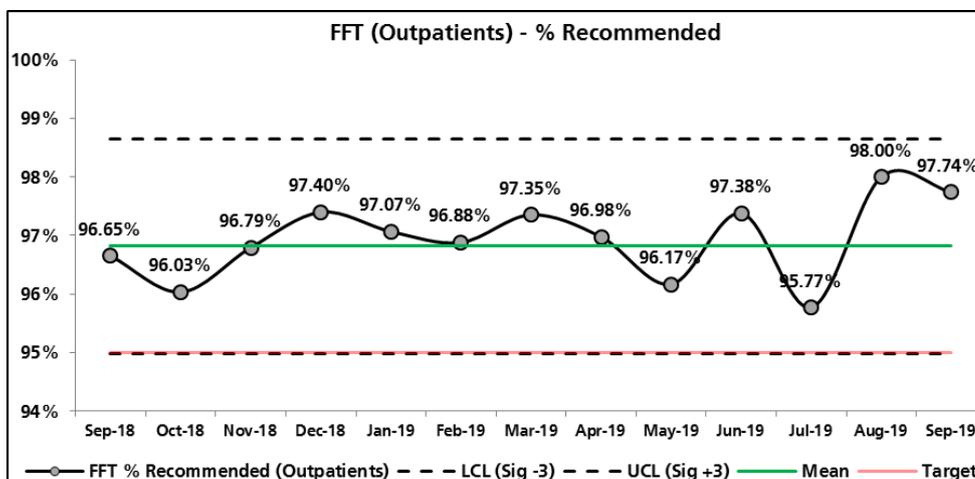


Chart 12 – FFT (Outpatients) % recommended

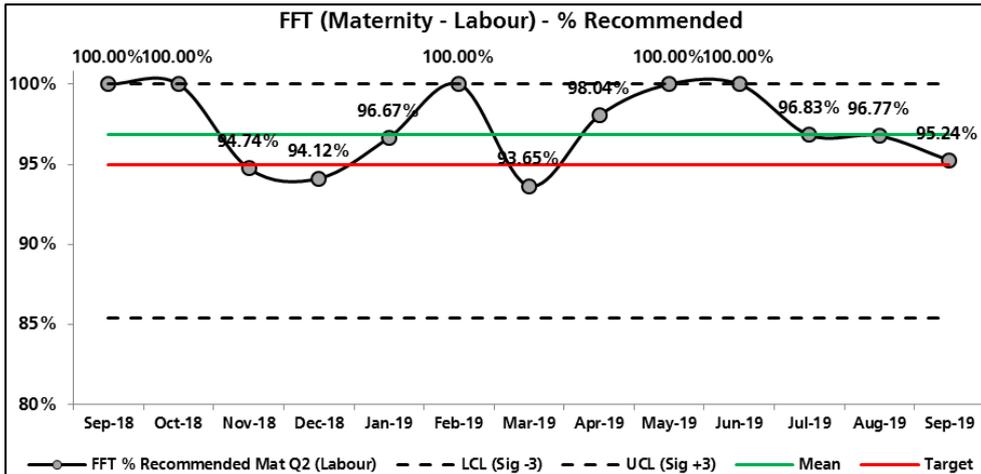


Chart 13- FFT (Maternity - Labour) % recommended

Areas requiring improvement

In our Emergency Department (ED), waiting times is one of the factors in the downward movement of likelihood to recommend. Although currently this is not outside the control, it is however the poorest score for over 12 months.

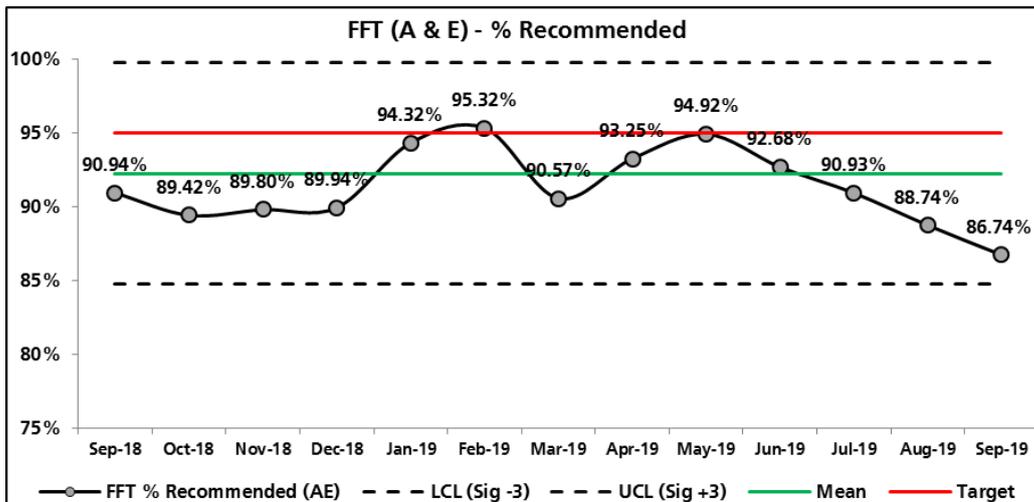


Chart 11 - FFT (A&E) % recommended

Performance will be improved by:

- The Patient Experience team are working with (ED) to give staff confidence in communicating waiting time to patients and their families as well as designing a set of posters to highlight additional information to those waiting in the paediatric waiting area.
- Emergency care improvements are focussed on reducing waiting time in ED.
- Implementing a new nurse streaming model at the front door means we will see patients more quickly.

New building work completed and will have an impact on waiting time as physical location has played a part in extending waiting times

Mixed Sex Accommodation

Mixed sex accommodation (MSA) remains red this month following eight occurrences which affected 22 patients.

Five occurrences happened on West Raynham Ward when the Hyperacute Stoke bay was utilised to treat patients of the opposite gender who needed time critical interventions. The other three breaches were in the Critical Care Unit.

Performance will be improved by:

- These breaches are discussed and reviewed at the divisional governance meeting.
- In addition they will be now included as part of the site team handover.

Complaints

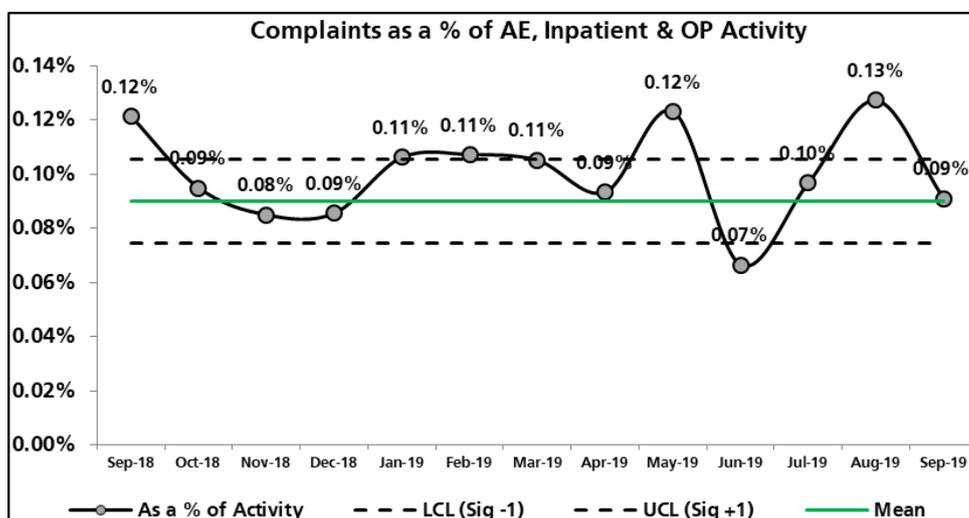


Chart 14 – Complaints performance

There were 32 complaints received in September 2019 which is above the target threshold of 20 complaints per month. However, this was a decrease from last month's figure of 45 complaints received.

It is recognised that significant work still remains to be done in order to reduce the backlog and to improve compliance. There is some improvement this month as the complaint compliance response rate has increased from 17% in August to 33% in September and 62 complaints have had a formal response.

Of the 55 overdue complaints at the end of August, 32 were responded to in September.

Main categories of complaints for September 2019

The main categories of complaints for September 2019 were;

- Communication

- Delay or failure to diagnose and
- Inappropriate treatment

De-escalated complaints

30 complaints were resolved and closed in September that did not require a formal response. This was supported by a senior nurse working within the complaints team.

Performance will be improved by:

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

- The complaints team meet with the divisions on a bi-weekly basis to chase progress of complaints responses.
- A robust tracking process is in place to identify reasons for delays in response.
- The importance of timely response to complaints has been emphasised to the divisions.
- The Chief Nurse and Chief Executive sign off all complaints and feedback where responses and timeliness can be improved.
- Accountability for complaints is discussed at performance management meetings.

Dementia Case Finding

The current Trust position (August 2019) with regard to dementia case finding remains below the Trust target of 90%.

Performance will be improved by:

- The required stickers have now been placed on to the existing clerking documentation.
- The Lead nurse for older people had been doing ad-hoc teaching on the completion of the dementia assessment tool in the Emergency Department and Assessment Zone.

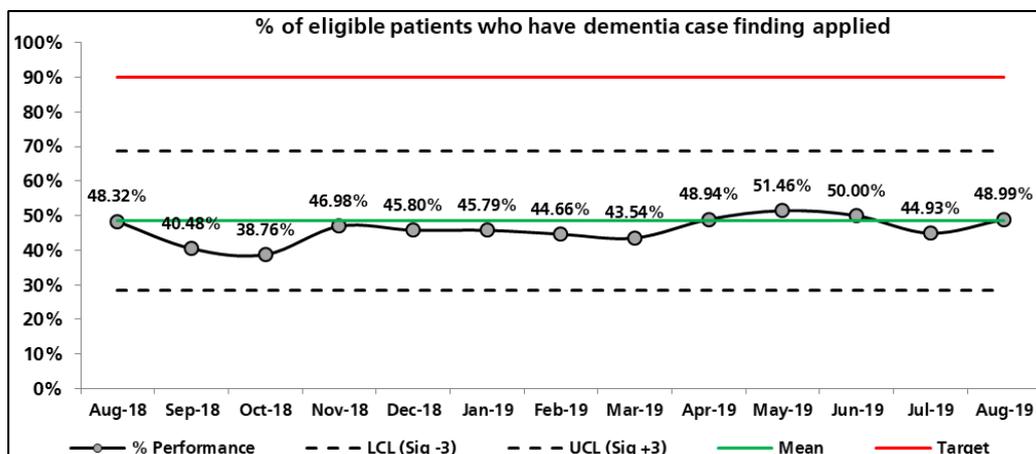


Chart 15 – Dementia Case Finding

Responsive

Accountable Officer – Chief Operating Officer

Emergency Pathway

Areas of strong performance

Delayed transfers of care

Performance in September was 2.18%, exceeding the national standard of 3.5%.

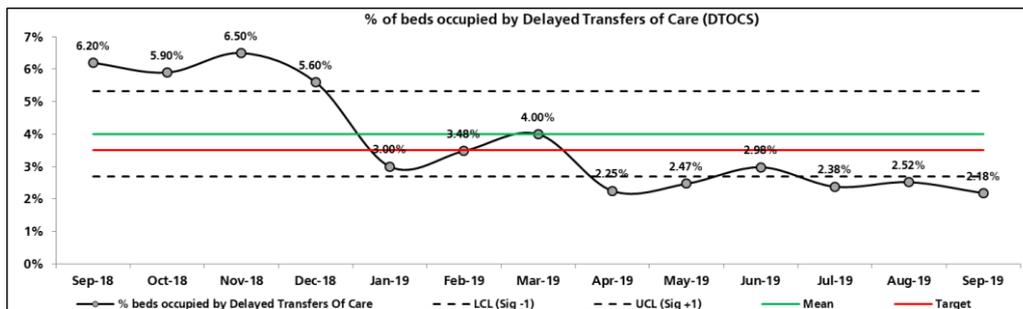


Chart 16 - Percentage of beds occupied by patients with a delayed transfer of care

Performance will be maintained by;

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

Areas requiring improvement

Four-hour emergency performance

Performance in September was 79.86% compared to 78.95% in August. On Type 1 attendances alone, the Trust was ranked 64 out of 133 Trusts and performance remained above the national average.

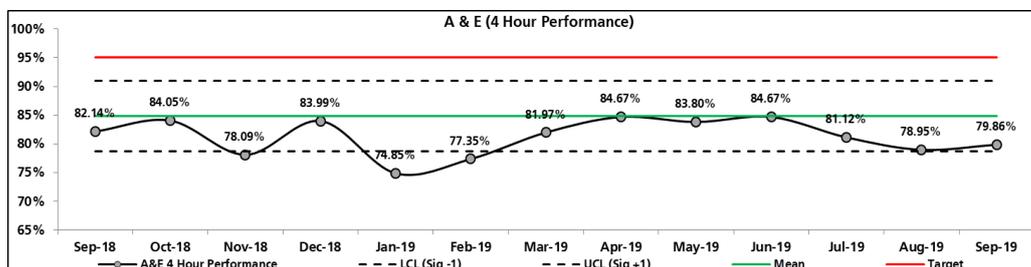


Chart 17 - 4-hour performance

There was one 12-hour trolley wait in September which related to a patient requiring admission to a mental health bed.

Performance is off track due to;

- A sustained increase in the average number of attendances per day since May 2019 and a 3.68% increase in attendances in September 2019 compared to September 2018.
- Overcrowding in and exit block from the ED. The ED estate is not fit for purpose and flow out of the department has again been challenged during the month.
- ED medical and nurse staffing capacity and rota pattern not always matching changes in demand.

Performance will be improved by;

- Capital investment in the ED and emergency floor to increase capacity and improve the environment. Minor estate works in ED are in progress and due for completion in February 2020. Estates work to increase discharge lounge capacity and capacity for same day emergency care is due to commence during quarter 3.
- The sustain phase of the urgent and emergency care improvement plan which focusses on embedding the SAFER bundle on all wards across the Trust.
- A review of the medical and nursing staff establishment and rota; the nursing element of this is complete and the medical element will be completed by the end of October.

Ambulance handover within 15 minutes

Performance was 37.84% in September compared to 56.61% in August.

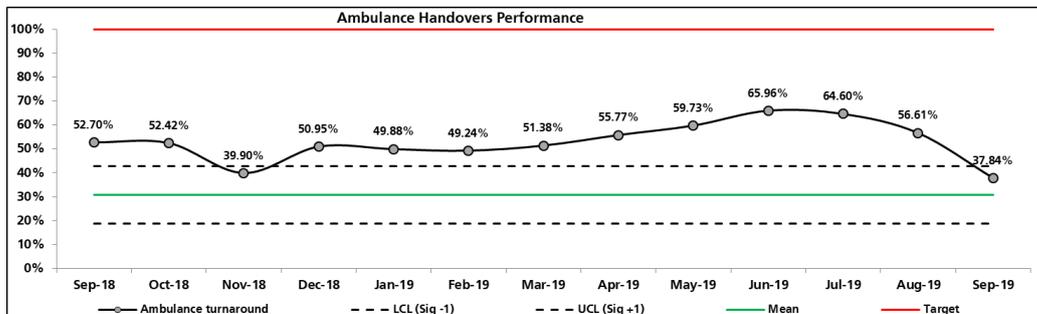


Chart 18- Ambulance handover within 15 minutes

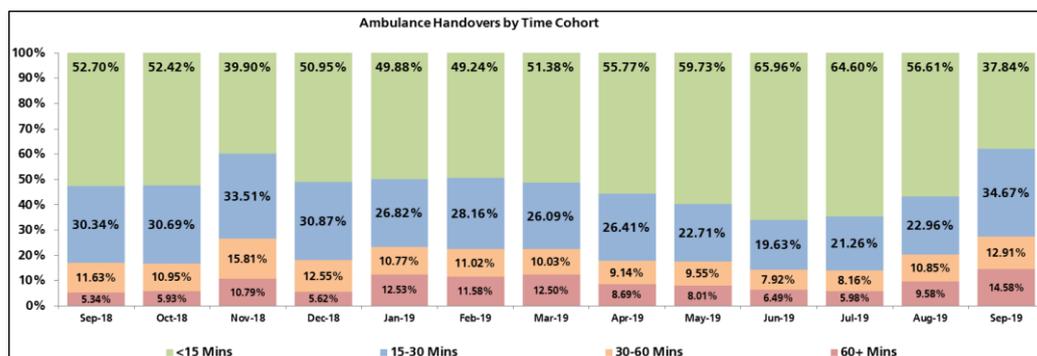


Chart 19 - Ambulance handover by time band

Performance is off track due to;

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

Performance will be improved by:

- Capital investment in the ED and emergency floor to increase capacity and improve the environment. Minor estate works in ED are in progress and due for completion in February 2020. Estates work to increase discharge lounge capacity and capacity for same day emergency care is due to commence during quarter 3.
- The sustain phase of the urgent and emergency care improvement plan which focusses on embedding the SAFER bundle on all wards across the Trust.
- Standardisation of the ambulance handover process. Joint work is in progress with the ambulance service, this is now being supported by NHS E & I.

≥ 21-day length of stay

Performance for September was at 54 and remained below the baseline (60) but above ambition (46).

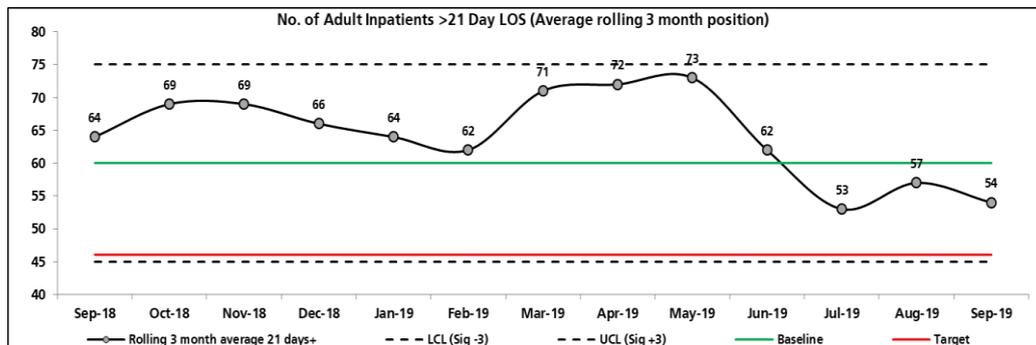


Chart 20 - Number of adult inpatients with a length of stay ≥ 21 days (rolling 3-month average)

Performance is off track due to;

- the proportion of patients who are medically fit for discharge but who remain in an acute hospital bed.

Performance will be improved by;

- Improved, proactive discharge planning to ensure a consistent MDT approach across all inpatient areas. This includes the embedding of the new discharge checklist Direction of Choice Policy.
- A review of community capacity to ensure that this matches demand. This review is being undertaken in partnership with the CCG and will be completed by the end of October 2019.
- A re-launch of the weekly longer lengths of stay review to ensure senior

leadership of the process, oversight of the resulting actions and escalation of any delays.

Impact on performance on other domains and strategic priorities

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

Elective pathway

Areas of strong performance

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

The number of patients cancelled reduced from 0.93% in August to 0.74% in September.

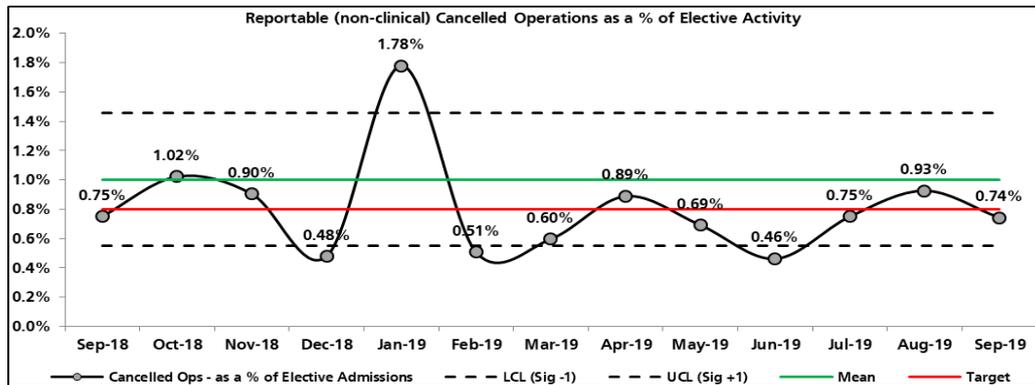


Chart 21 – Number of non-clinical cancelled operations as a percentage of elective activity

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

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

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

Performance will be maintained by:

- Proactive management of the patient tracking list and close monitoring of plans for all patients waiting ≥ 40 weeks.

Areas requiring improvement

18-week RTT

Performance in September was 79.63% against the trajectory of 80.94%. At the end of September 2019, the total Trust waiting list was 14,088 against a trajectory of 13,623 and the total backlog of patients waiting over 18 weeks was 2,870 against a trajectory of 2,596.

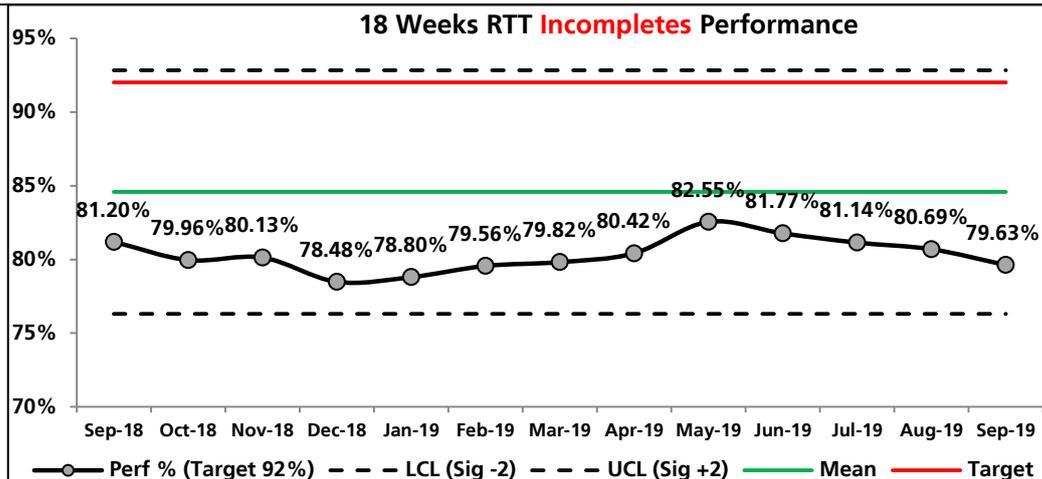


Chart 22 - 18-week referral to treatment performance

Performance is off track due to;

The variance in the following high-volume specialties;

- Urology waiting list is 50% above trajectory; performance is 17% below trajectory
- Ophthalmology waiting list is 30% above trajectory; performance is 10% below trajectory
- Gastroenterology waiting list is 36% above trajectory; performance is 16% below trajectory

Performance will be improved by;

- Urology – two new Consultants appointed, start dates in October and November
- Ophthalmology – additional locum capacity and outpatient utilisation improvement
- Gastroenterology: triage of referrals has commenced, and a locum Consultant starts in October

6-week diagnostic standard

Performance for September was 96.37%, against the standard of 99%. There were 138 breaches in the month, of which 120 were in ultrasound. There were 9 breaches in MRI due to a national shortage of contrast medium, this is now resolved and the patients will be seen in October.

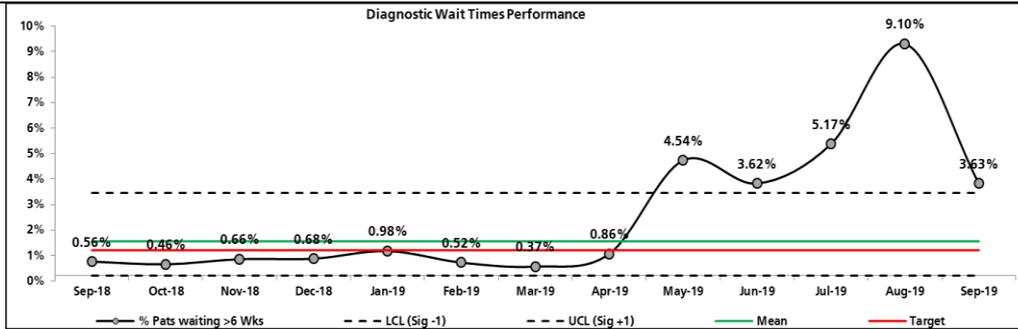


Chart 23- 6-week diagnostic performance

Performance is off track due to;

- A national shortage of contrast medium
- A sustained increase in demand of c.10% and an inability to increase capacity due to radiographer and radiologist vacancies.

Performance will be improved by;

- Recruitment to two consultant posts; one started in September and the second consultant is due to start in October.
- Continued improvements in administration and booking processes to ensure optimum utilisation of all capacity.
- Continued training of radiographers to undertake sonography work.

Performance is forecast to recover in October 2019.

Prior to the day non-clinical cancellations

The number of prior to the day non-clinical cancellations decreased from 8.19% in August to 5.62% in September against a local standard of 3.2%.

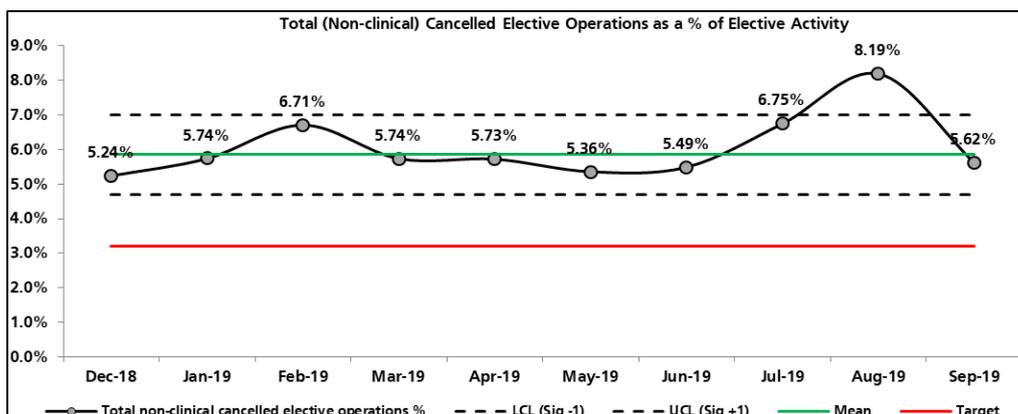


Chart 24 - Total cancellations for non-clinical reasons

Performance is off track due to;

212 patients being cancelled prior to the day of procedure. The main cancellation

reasons were as follows:

- Staff shortages due to sickness (43 patients)
- More clinically urgent cases taking priority (31 patients)
- List changes or treatment changes (33 patients)
- Administration errors (29 patients)

Performance will be improved by:

- Divisional oversight of all cancellations prior to the decision to cancel being made
- Adherence to annual leave policies
- Improved theatre scheduling

Impact on performance on other domains and strategic priorities

Extended waiting times for elective care can have a detrimental impact on patient experience and patient outcomes.

Cancer pathway

Areas of strong performance

The Trust achieved five of the seven cancer waiting time standards for August:

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

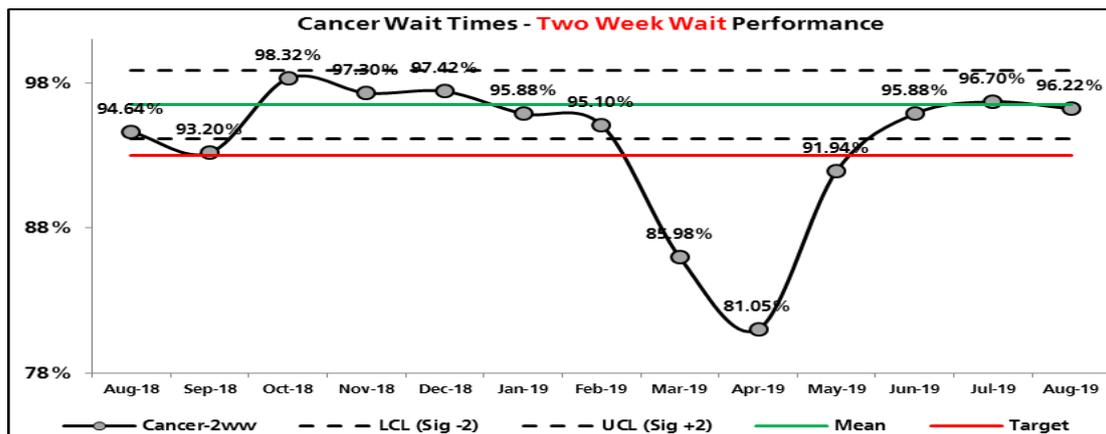


Chart 25- Cancer 2-week wait performance

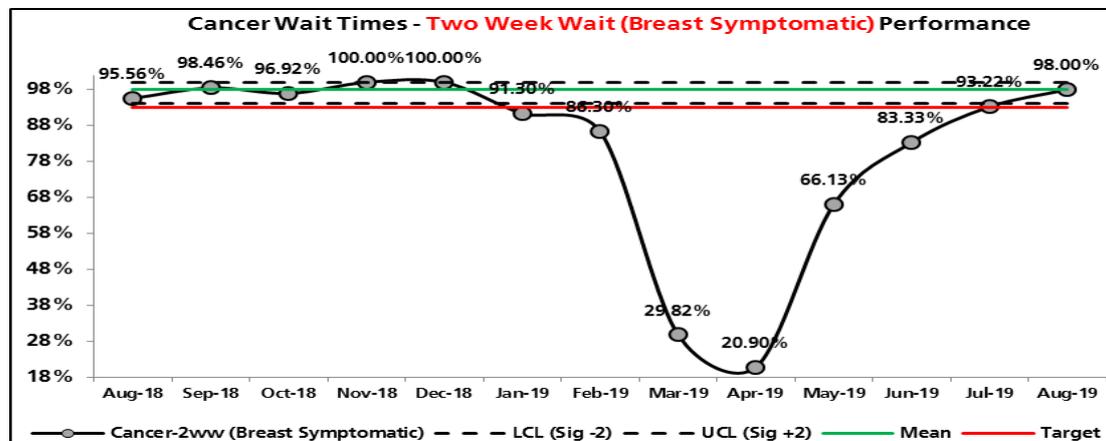


Chart 26 - Cancer 2-week wait performance for breast symptomatic patients

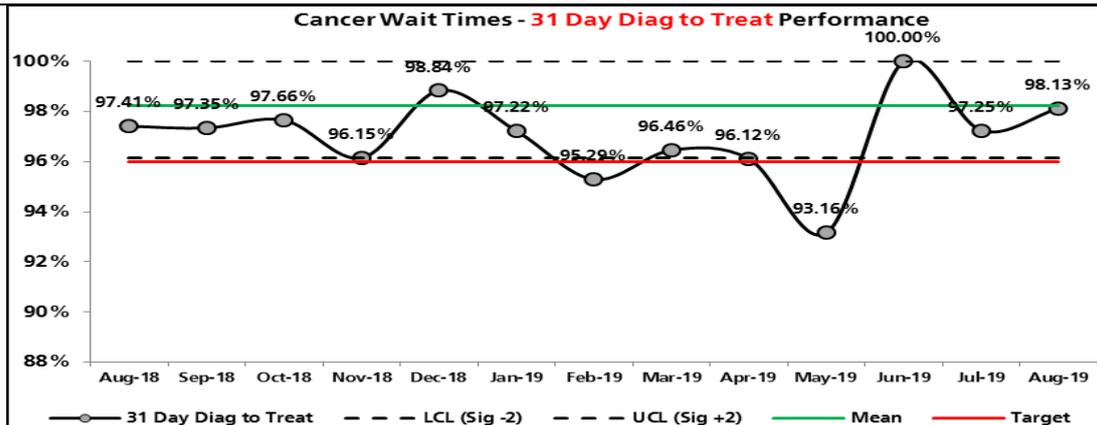


Chart 27 - Cancer 31-day diagnostic to treatment performance

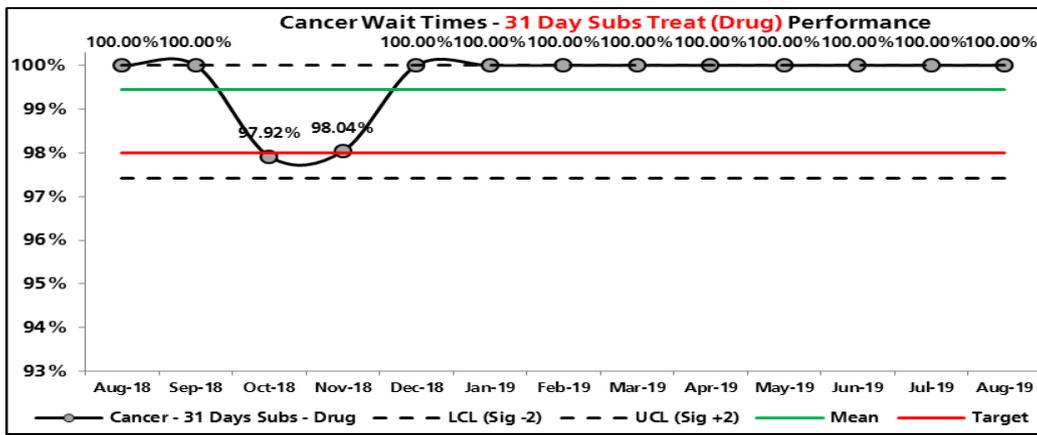


Chart 28 - Cancer 31-day subsequent treatment (drug treatment) performance

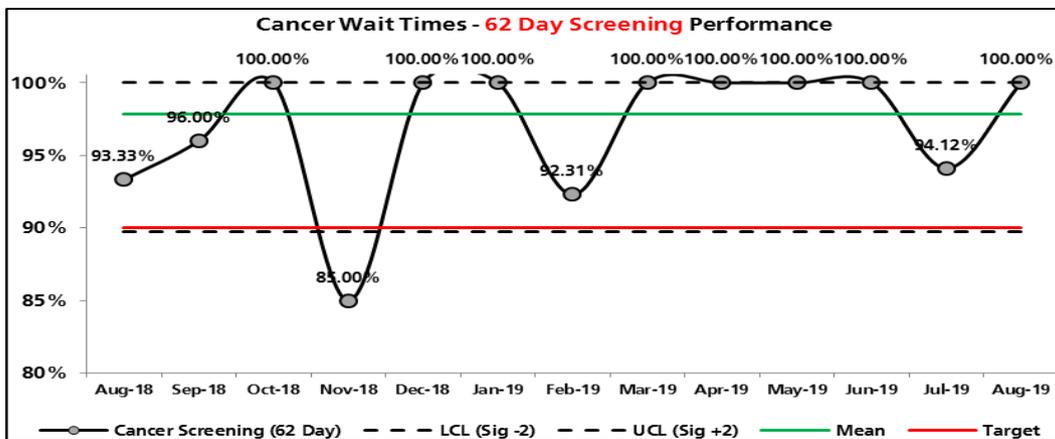


Chart 29 - Cancer 62-day screening performance

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

- Weekly tumour site patient tracking list meetings
- Weekly corporate cancer patient tracking list meetings
- Addressing specific tumour site capacity pressures and pathway improvements, including lower GI straight to test, one stop gynaecology clinics and prostate referral management

Areas requiring improvement

31-day Subsequent Treatment (Surgery)

Performance deteriorated from 100% in July to 85.71% in August, against the standard of 94%.

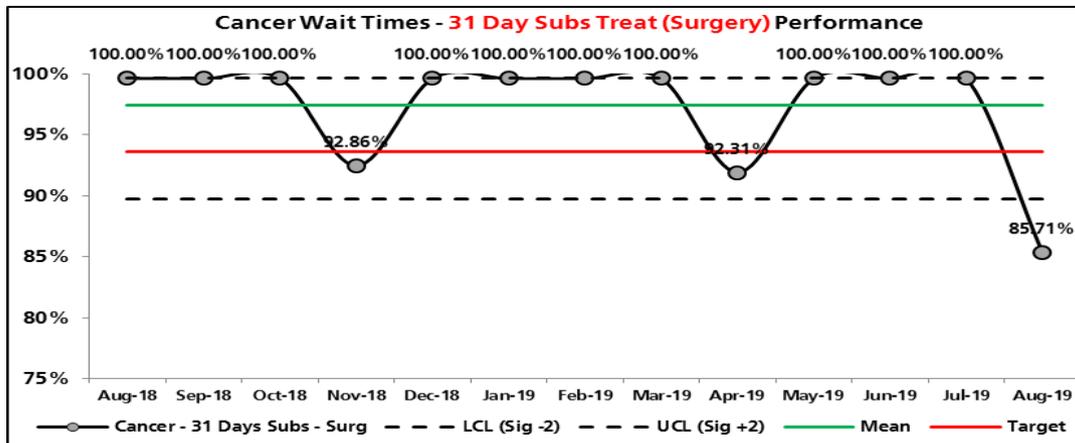


Chart 30 - Cancer 31-day subsequent treatment (surgery treatment) performance

Performance is off track due to:

One patient on a breaching the standard due to a lack of capacity.

Performance will be improved by:

- Timely booking of surgery
- Early identification and escalation of surgical capacity issues
- Development of a 31-day PTL to ensure visibility of potential breaches

62-day referral to treatment

Performance deteriorated from 75.19% in July to 63.89% in August, against the standard of 85% and trajectory of 55.56%.

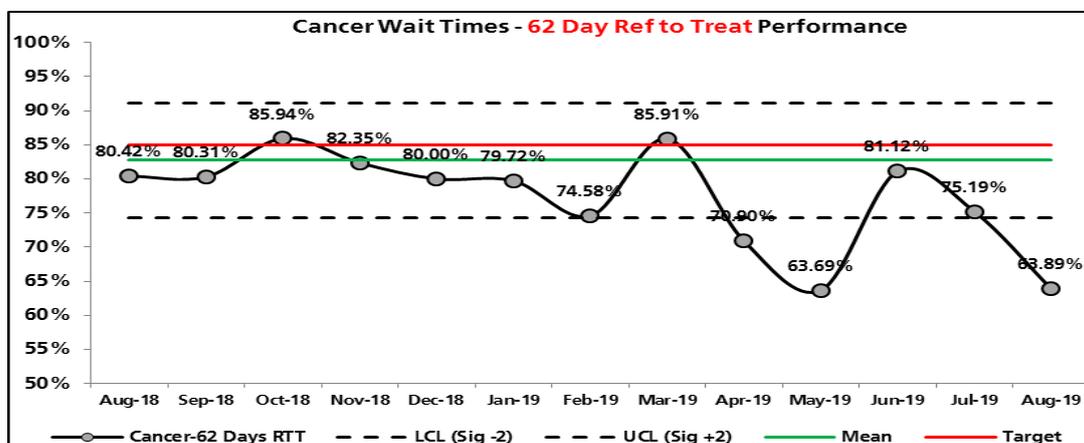


Chart 31 - Cancer 62-day referral to treatment performance

There were 72 treatments in August, of which 26 were not treated within 62 days from referral. A breakdown by tumour site is detailed as follows:

Tumour Site	No. Treatments	No. Breaches	Performance
Breast	10	0	100.00%
Gynaecology	6.5	4	38.46%
Haematology	5	2	60.00%
Head and Neck	2.5	1	60.00%
Lower GI	5	4	20.00%
Lung	6	4	33.33%
Skin	12	0	100.00%
Upper GI	1.5	1.5	0.00%
Urology	22.5	8.5	62.22%
Other	1	1	0.00%
TOTAL	72	26	63.89%

Table 4 - Number of cancer treatments and breaches by tumour site

The 62-day backlog decreased from 99 patients in September to 87 in October with the majority of the backlog in three tumour sites (lower GI, gynaecology and urology).

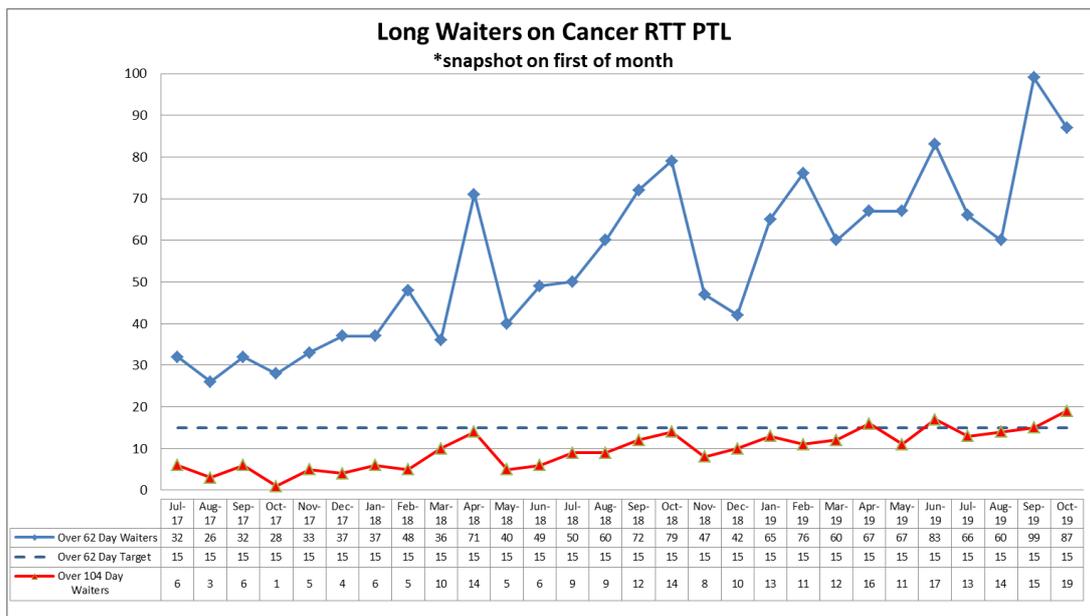


Chart 32 - Number of patients on a cancer pathway ≥ 62 days

Performance is off track due to;

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

Performance will be improved by;

- Pathway improvements in specific tumour sites, such as an increase in the number of patients who are able to go straight to test in lower GI and the implementation of STP-wide referral guidelines for patients in urology
- Additional operational support to urology and lower GI for three months (October – December) and will increase the pace in improvement work in these tumour sites
- Reduction in diagnostic delays in radiology through improved booking and administration processes

Impact on performance on other domains and strategic priorities

Extended waiting times for cancer care can have a detrimental impact on patient experience and patient outcomes.

Well Led

Finance

Accountable Officer – Director of Finance and Resources

Areas of strong performance

The Trust reported an adverse variance to Plan for September of £81k; however, due to the Trust being ahead of Plan at the end of August, we were able to report an overall favourable variance to Plan of £13k, meaning that the Trust will receive central funding support totalling £3.9m for the quarter in the form of Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) and will be able to access £2.0m of the £6.0m system support funding made available on the basis of Plan delivery in October.

In-month CIP delivery of £0.7m exceeded planned delivery by £0.2m and the Trust is delivering the Plan year-to-date. The CIP requirement becomes more challenging in the final two quarters of the year. The Trust needs to maintain focus on CIP delivery whilst also enacting grip and control measures in order to deliver the overall financial plan.

Areas requiring improvement

The Trust needs to continue to review its underlying position to ensure that recovery actions are being delivered as planned and support a sustainable financial performance.

Impact on performance on other domains and strategic priorities

None to report.

Detailed finance report

1.0 Financial performance – month 6 (September 2019)

Actual and Underlying variance to Plan

£'000s	In Month			Year To Date			Forecast		
	Plan	Act	Var	Plan	Act	Var	Plan	Act	Var
Performance against Plan (excl. PSF & FRF)	(1,844)	(1,925)	(81)	(14,319)	(14,306)	13	(25,589)	(25,589)	0

Table 5 - Actual and underlying variance to plan

Whilst the Trust has reported a favourable variance to Plan at month 6, the year-to-date position has been supported by a number of non-recurrent adjustments. When these are adjusted for, the Trust's underlying position is an adverse variance to Plan of £2.1m.

Month 6 Performance – Key Issues

The Trust has reported an in-month adverse variance to Plan of £81k, resulting in an YTD position that is favourable to Plan by £13k.

Key drivers for the in-month position are;

- Clinical income: adverse variance to Plan of £0.4m. Mainly due to activity levels in September being lower than planned.
- Other income: favourable variance to Plan of £0.4m. Mainly due to £0.2m of additional funding for the Junior Doctors pay award received centrally.
- Pay costs: Underlying agency costs run-rate return to the pre-holiday period level of £1.4m which is £0.4m above the budgeted run-rate.

Other issues to note;

- Non-pay was favourable in month due to non-recurrent adjustments and unwinding of accruals.
- In-month CIP delivery of £0.7m exceeded planned delivery by £0.2m and the Trust is delivering the Plan year-to-date. The CIP requirement becomes more challenging in the final two quarters of the year

Actions, Risks and Opportunities

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

- Pay expenditure is not managed in line with overall budget. In order to deliver to budget a reduction of £0.4m per month is required on the current run-rate. **Actions:** A number of grip and control measures and CIP schemes have been implemented or are planned to reduce pay expenditure. A plan which changes the nursing skill mix in ED is unfunded and requires investment, but will reduce run-rate. Exit plans for a number of medical locums being progressed.
- Income assumptions included in the Plan are not delivered. Activity needs to be managed to ensure that commissioner contracts are not exceeded. **Actions:** A detailed activity forecast has been prepared. This will be considered and

compared to the Indicative Activity Plans agreed with Commissioners and progressed accordingly dependent upon the outcome of the review.

- Under-delivery of CIP Plan. **Actions:** CIP in implementation totalling £6.0m as at 14 October, further £0.4m of schemes in development. Risk of non-delivery quantified at £0.5m.

Additional risks to delivery of the Plan include;

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

2.0 Statement of comprehensive income

	In Month				Year to Date			
	Plan	Actual	Fav / (Adv)		Plan	Actual	Fav / (Adv)	
	£'000s	£'000s	£'000s		£'000s	£'000s	£'000s	
Clinical Income	14,803	14,448	(355)	(2%)	88,552	90,078	1,526	2%
Other income - Education, Training & Research, Non Clinical Revenue (Including MDEET)	1,669	2,048	379	23%	10,015	10,908	893	9%
Total Income	16,472	16,496	24	0%	98,567	100,986	2,419	2%
Pay Costs - Substantive	(10,728)	(10,931)	(203)	(2%)	(64,588)	(65,037)	(449)	(1%)
Pay costs - Bank	(1,150)	(840)	310	27%	(6,732)	(6,145)	587	9%
Pay Costs - Agency	(1,054)	(1,297)	(243)	(23%)	(7,293)	(8,401)	(1,108)	(15%)
Total Pay	(12,932)	(13,068)	(136)	(1%)	(78,613)	(79,583)	(970)	(1%)
Non Pay	(4,585)	(4,570)	15	0%	(29,611)	(31,067)	(1,456)	(5%)
Total Operating Costs	(17,517)	(17,638)	(121)	(1%)	(108,224)	(110,650)	(2,426)	(2%)
EBITDA	(1,045)	(1,142)	(97)	(9%)	(9,657)	(9,664)	(7)	(0%)
Non Operating Costs	(799)	(783)	16	2%	(4,662)	(4,642)	20	0%
Control Total before PSF/FRF	(1,844)	(1,925)	(81)	(4%)	(14,319)	(14,306)	13	0%
Adjust Donated Assets	(1)	26	27		91	156	65	71%
PSF, FRF funding	1,317	1,317	0	0%	6,918	7,040	122	2%
(Deficit) / Surplus	(528)	(582)	(54)	(10%)	(7,310)	(7,110)	200	3%
Additional PSF	0	0	0	0%	0	(122)	(122)	100%
TOTAL	(528)	(582)	(54)	(10%)	(7,310)	(7,232)	78	1%

Table 6 – Income and Expenditure position year to date

Year to Date:**Income:**

Income is ahead of Plan by £2.4m year-to-date. This includes £1.3m of income relating to outsourced activity which is matched by offsetting costs. It also includes £0.6m of income relating to developmental support and additional pay award funding which is also off-set by expenditure and is non-recurrent.

Income elsewhere is £0.5m above plan primarily driven by Planned Care being above Plan by £0.7m (excluding outsourced activities). This is predominantly outpatient activity which is above plan by £0.7m. Activity has been increased in follow-up outpatients to address some back-log.

The commissioners have made it clear that activity above contracted levels is not affordable. The divisions have made it clear that activity will reduce and we are not expecting to deliver above the plan. However, further discussion is required with regards to the impact on waiting times in the face of increased demand for services.

Pay costs:

There is a year-to-date adverse variance to plan of £1.0m. This mainly pay-budgets being overspent in the following areas: Emergency Department, Cancer Services, Outpatients, Admissions Unit, Critical Care, Corporate Nursing, Hotel Services, Corporate Services. Within this, both substantive and agency pay is overspent compared to budgeted levels.

Non-pay costs:

The Trust reported an in month non-pay position of £0.8m adverse to budget and YTD non-pay performance is £1.4m adverse to Plan. £0.94m of the YTD adverse variance is due to the external purchase of healthcare.

Efficiency savings:

In-month delivery of CIPs was £0.7m against a Plan of £0.5m. Year to date, the Trust has delivered £2.1m of CIPs which is in-line with the Plan.

3.0 Balance Sheet

	31st Mar 2019 £m	31st Aug 2019 £m	30th Sep 2019 £m	Month Variance £m	YTD Variance £m
Non current assets	85	83	83	0	(2)
Current Assets					
Inventories	2	2	2	0	0
Trade & Other Receivables	14	18	18	0	4
Cash	4	6	6	(0)	1
Current liabilities					
Trade & Other Payables	(13)	(12)	(13)	(2)	(1)
Accruals	(12)	(15)	(14)	1	(2)
Other current liabilities (exc. borrowings)	(1)	(1)	(1)	0	(1)
Non current liabilities	(1)	(1)	(1)	0	0
Borrowings	(120)	(128)	(128)	0	(8)
Total assets employed	(41)	(48)	(48)	(1)	(7)
Tax payers' equity					
Public Dividend Capital	53	53	53	0	0
Revaluation Reserve	12	12	12	0	0
Income & Expenditure Rese	(105)	(112)	(113)	(1)	(7)
Tax payers' equity	(41)	(48)	(48)	(1)	(7)

Table 7 – Trust balance sheet

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

Non-Current assets

Movement relates to £0.782m of additions offset by £0.6m depreciation.

Current Assets

Year-to-date movement on trade and other receivables includes system support funding billed in September.

Current Liabilities

Trade and other payables increase in the month is due to increased capital spend in September and receipt of annual managed service invoice for haematology (£0.82m) Accruals reduction is due to decrease in interest due to payments being made in the month.

Non-current Liabilities

Borrowing has decreased due to capital loan repayments in the month.

Tax payers equity

Reduction due to deficit outturn.

4.0 Statement of financial position – working capital

	Target	Mar-19	Aug-19	Sep-19
Debtor Days	30	27	30	30
Creditor Days	60	57	51	58
BPPC (Cumulative)				
Value	95%	18.50%	13.50%	13.90%
Volume	95%	8.80%	6.90%	6.30%
Aged Debt	£000s	£000s	£000s	£000s
Current < 30 Days		22,175	573	1,399
>30 days <60 Days		467	779	284
>60 Days < 90 Days		269	1,877	129
Over 90 Days	<5%	1,581	2,741	1,132
Total		24,492	5,970	2,944
% over 90 days		6.50%	45.90%	38.50%
Liquidity				
Liquidity Days	> -20 days	(14.3)	(9.1)	(10.3)

Table 8 – Working capital

Debtor and Creditor Days

Debtor days have remained the same.

Creditor days have increased by 7 days between August and September. The Trust is currently paying suppliers on 45-52 days), this is down from 50-57 in December 2017. The exceptions to this are small local and pharmacy suppliers who are paid to 30 days.

Better Payment Practice Code (BPPC)

The Trust's BPPC performance remains relatively static. 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. Due to the commissioning reconciliation process and AOB agreement for 2018/19, a level of outstanding debt has slipped from current i.e. >30 days <60 Days. To >60 <90 days

Liquidity Days

Liquidity days have deteriorated between August and September due to the poorer position is associated with the decreased cash position due to larger payment runs.

Well Led (continued)**People****Accountable Officer – Chief Nurse****KPI Performance**

In month bank usage increased by 7.5 FTE whilst agency usage decreased by 7.39 FTE.

Turnover increased to 11.94% from 11.80% the previous month. This includes junior doctors' changeover in the leaver's analysis and internal transfer between areas.

Workforce Plan against Operational Plan

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

	Plan	Actual
	30/09/2019	30/09/2019
	Month 6	Month 6
	WTE	WTE
ALL STAFF	3301.34	3339.92
Bank	271.19	259.60
Agency staff (including, Agency, Contract and Locum)	99.28	135.85
Substantive WTE	2930.87	2944.47
Total Substantive Non-Medical - Clinical Staff	2026.32	2051.75
Total Substantive Non-Medical - Non-Clinical Staff	522.54	540.64
Total Substantive Medical and Dental Staff	382.01	352.08

Table 9 - operational plan 19/20 vs actual

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

We have commenced the annual planning cycle for 2020/2021. All areas have been asked to produce a plan on the page which details any identified workforce changes for their services. These will be incorporated into next year's workplan. In addition, the Trust is working collaboratively with STP partners to produce an STP wide workforce plan in line with their agreed timescales. The second submission was made on 17th October 2019.

Areas requiring improvement

Bank and Agency Spend

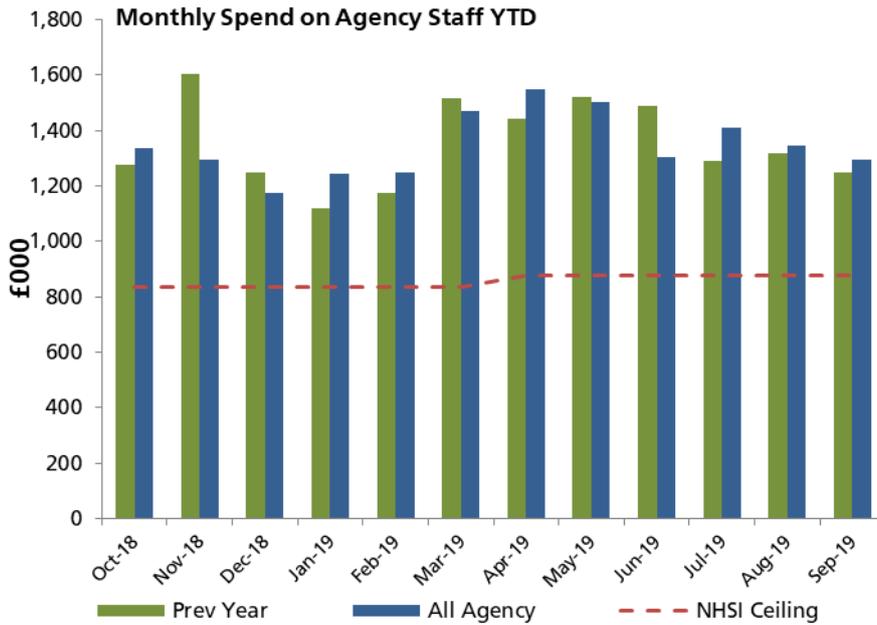


Chart 33 – monthly spend on agency staff

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.

Appraisals

The Trust appraisal rate has decreased from 83.35% to 82.62% in September 2019. 150 appraisals were completed in September 2019, due to holiday and sickness of both appraises and appraisers. The number of appraisals completed in August 2019 was 128.

Performance will be improved by:

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

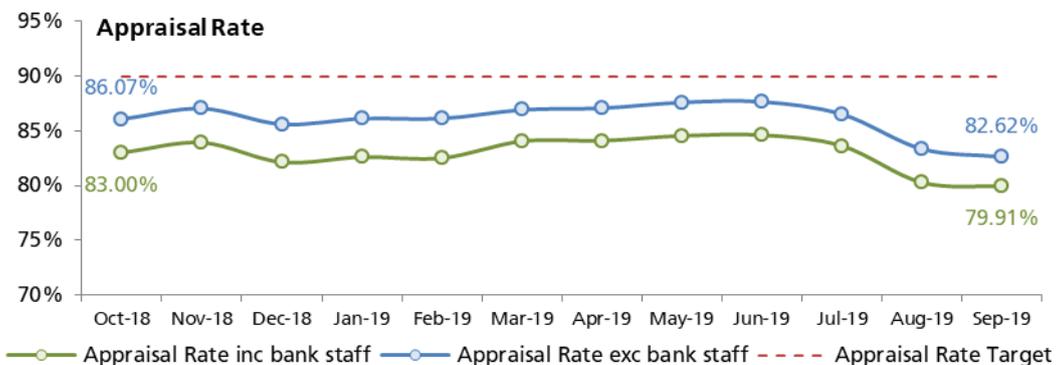


Chart 34 - Trust appraisal rate

Sickness Absence

Sickness has decreased from 5.21% in August 2019 to 5.18% in September 2019. This is higher than the trajectory of improvement for sickness absence which was agreed by the Trust Board in March 2019. The target for September 2019 was 3.80%.

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

Areas continue to experience a mixture of short and long-term sickness cases which are being managed in accordance with the relevant Trust Policies and Procedures.

The reason for absence as a result of stress and anxiety has decreased this month to for the fourth month in a row and now equates to 20.8% of the overall absence total.

Top reasons for sickness

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

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

Table 10 – Top 5 absence reasons August 2019

Performance will be improved by:

- Non-recording of sickness absence is highlighted at Divisional Boards and speciality meetings with all managers asked to amend their records to show the actual reasons for sickness.
- 'Supporting you' session has been run with managers.
- Absence training has been undertaken for managers. Further training is planned in October and November 2019.
- All long-term sickness cases have been reviewed and plans are in place to inform next steps.
- There has been a roll out of OU 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.
- Mindfulness training is being made available to all staff during September and October which is being funded and run in conjunction with Macmillan.
- 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

- Review of our Health and Wellbeing offering will be reviewed and updated, with closer working with the College of West Anglia.
- Leadership Development training will be commencing in November 2019 for 200 leaders across the Trust.
- 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.

Mandatory training

Overall compliance has increased from 86.22% in August 2019 to 86.46% in September 2019.

Performance will be improved by:

- More emphasis is being placed on workbook completion and e-learning thereby extending the flexibility to complete the training.
- A complete review of mandatory training is being undertaken as part of the Workforce Development programme. Steve Finney, NHS ESR Regional Account Manager, attended the Trust in July to look at E-learning opportunities and mandatory compliance.
- In September, visits have been made to two Trusts to review their mandatory training and process.
- A benchmarking exercise has been undertaken to review target and compliance rates for mandatory training.
- An East of England streamlining event will be taking place on 31st October to review systems and processes across the region. The Trust is actively engaged in this piece of work.

Time to Recruit

Although there has been an improvement in time to recruit timescales this is still above the target.

Performance will be improved by:

A number of actions are being taken to streamline the process for recruitment. This should be further reduced over the next three months.

It is worth noting that TRAC is used for the recruitment of international nurses which is a minimum of a 6-month recruitment process and due to the number currently being recruited this is increasing the non-compliance.

In addition, the number of medical recruits also increase the time to recruit timeframes due to the length of their notice periods.

Nurse recruitment

50 WTE Registered staff commenced in the trust in October 2019. Of these, 17 WTE were recruited from local and national recruitment.

The remaining 33 WTE are international nurses with 31 WTE employed via an agency. 2 WTE are existing staff who were previously working as Health Care Assistants within the trust. These Nurses are currently undertaking the international nurses' programme prior to undertaking their OSCE in November. It is predicted that 46 International nurses will arrive in November 2019 over two cohorts.

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

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

Nursing & Midwifery Qualified Nursing Forecast 2019/20

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Forecast SIP	700.31	705.31	739.15	714.25	743.25	745.25	745.25	746.25	756.25	756.25	756.25	746.25	756.25	756.25	776.25
Predicted New Starters	14.00	11.00	27.00	17.40	36.00	12.00	10.00	11.00	20.00	10.00	10.00	0.00	20.00	20.00	20.00
Predicted leavers	3.00	6.00	4.00	7.65	7.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
New Starters 19 (FTE)	13.00	22.80	4.00	7.64	24.00	2.85	13.00	17.00	30.00	50.00	46.00	0.00	35.00		
Leavers 19 (FTE)	3.27	6.96	15.65	11.32	6.48	7.27	7.00	8.83	4.30						
Turnover Rate (in month)	0.47%	0.97%	2.22%	1.62%	0.90%	1.02%	0.97%	1.21%	0.56%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Forecast Vacancies	155.01	150.01	116.17	141.07	112.07	137.08	137.08	136.08	126.08	126.08	126.08	136.08	126.08	116.08	106.08
Establishment (Budget)	855.32	855.32	855.32	855.32	855.32	882.33	882.33	882.33	882.33	882.33	882.33	882.33	882.33	882.33	882.33
Staff in Post (FTE)	700.31	716.15	704.50	700.82	718.34	713.92	719.92	728.09	753.89	803.89					
Vacancies	155.01	139.17	150.82	154.50	136.98	168.41	162.41	154.24	128.44	78.44	882.33	882.33	882.33	882.33	882.33
5% Operating Line (95% of Establishment)	812.55	812.55	812.55	812.55	812.55	838.21	838.21	838.21	838.21	838.21	838.21	838.21	838.21	838.21	838.21
Variance (vacancies) to Operating line	112.24	96.40	108.05	111.73	94.21	124.29	118.29	110.12	84.32	34.32	838.21	838.21	838.21	838.21	838.21

Table 11 – recruitment trajectory

Employee relations cases

There are currently the following outstanding cases as at 30th September 2019;

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

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

In September 2019 there are a total of 29 employee relations cases, this has increased from 28 cases in August 2019.

Leadership Development Programmes

The Trust has completed a procurement process to secure an external training company to deliver a 4.5-day leadership programme for those staff members in

band 7 roles and above focusing on;

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

All participants will complete a 360 degree appraisal prior to commencing the programme and will engage with action learning throughout the programme. The procurement exercise completed on 11th October with a contract awarded to the successful company.

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

HEE Healthcare Academies

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

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

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

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

4. APPENDICES

Appendix A

2019/20 YEAR TO DATE PERFORMANCE COMPARED WITH PEER HOSPITALS (To August-19)

Indicator	Target	QEH	Dartford & Gravesham	Dorset County Hospital FT	George Eliot Hospital	Homerton Uni Hospital FT	Isle of Wight	James Paget Uni Hospitals FT	Northern Devon Healthcare	West Suffolk FT	Wye Valley	Yeovil District Hospital FT
MRSA Bacteraemia (Hospital acquired)	0	0	1	0	0	0	0	0	0	2	0	0
Friends & Family Inpatients & Daycases	95.00%	95.44%	97.23%	97.79%	88.00%	93.95%	96.86%	96.08%	98.76%	97.30%	97.59%	98.31%
Sample Size: Friends & Family Inpatients & Daycases	30.00%	32.21%	10.66%	10.91%	31.12%	14.88%	17.87%	18.41%	24.44%	24.50%	25.11%	26.23%
Friends & Family Accident & Emergency	95.00%	91.41%	74.23%	82.51%	85.79%	93.08%	81.41%	91.18%	55.50%	89.95%	93.89%	98.07%
Sample Size: Friends & Family Accident & Emergency	20.00%	12.87%	0.68%	28.35%	20.92%	1.87%	2.00%	9.95%	1.41%	8.07%	11.13%	2.40%
Emergency Access within four hours	95%	82.60%	81.27%	91.84%	81.03%	94.42%	77.06%	87.63%	85.69%		80.57%	96.00%
18 Weeks Referral to Treatment time - Incomplete pathways	92%	80.68%	91.29%	73.30%	79.37%	95.59%	70.38%	81.48%	79.92%	83.27%	79.51%	90.39%
Diagnostic Waiters, 6 weeks and over - DM01	1%	9.0%	0.9%	14.5%	1.0%	0.1%	1.6%	1.5%	10.2%	4.6%	0.1%	3.6%
2 week GP referral to 1st Outpatient appointment	93.00%	92.26%	96.12%	65.54%	95.72%	94.72%	94.54%	90.17%	94.73%	94.16%	93.78%	85.46%
31 day Diagnosis to Treatment	96.00%	96.96%	99.75%	97.62%	99.12%	100.00%	97.67%	99.03%	96.47%	99.50%	96.10%	96.77%
31 day second or subsequent treat (Surgery)	94.00%	95.45%	100.00%	86.36%	100.00%	93.75%	95.65%	100.00%	91.78%	98.48%	87.50%	94.44%
31 day second or subsequent treat (Drug)	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.24%	100.00%	90.91%	99.28%
62 days urgent referral to treatment	85.00%	70.75%	88.52%	78.35%	78.16%	84.79%	72.57%	77.51%	82.64%	77.43%	79.68%	88.15%
62 day referral to treatment from screening	90.00%	99.05%	98.59%	79.27%	94.44%	0.00%	93.83%	97.03%	83.33%	94.62%	81.82%	86.67%
14 days referral for breast symptoms to assessment	93.00%	70.39%	94.44%	8.47%	95.12%	93.70%	94.42%	72.99%	91.08%	90.21%	93.95%	93.55%

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.

Appendix B

