

**Integrated Performance Report**

Trust Board

January 2019 data





**2. DOMAIN REPORTS**

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| **Safe** |
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| Areas of strong performance |
| * **Falls** per 1000 bed days with harm at 0.08 continues below the Trust threshold, and confirms a consistent strong performance. Work undertaken in relation to enhanced care and using patient cohorts has contributed to this performance which is expected to be sustained.      * **C Difficile** - The trust recorded no cases of Clostridium difficile this month, we continue with our programme of monitoring and review.      * **Safe staffing** - January saw an RN/NA fill rate of 102.59% which is above the target of 95%. No ward fell below an 80% fill rate. The RN fill rate was 99.26%. The HCA fill was 107.58%. Due to the pre-planning of temporary staffing and the commencement of overseas cohorts of registered nurses in the coming months, this fill rate is expected to continue. |
| Areas requiring improvement |
| * **Serious Incidents -** There were no Never Events declared in January 2019. The Trust declared 3 Serious Incidents during January 2019. These compromised one inpatient fall with major harm reported by staff occurring in December 2018, one delay in acting on test results identified from a patient complaint received November 2018 and one birth resulting in transfer to tertiary centre which is reportable under the ‘Each Baby Counts’ framework and referred to the Healthcare Safety Investigation Branch. * At the date of this report two Serious Incidents have been declared which occurred in January (declared in February 2019.) These include an information governance breach which was reported via a patient complaint and a significant near miss where a patient’s oxygen management was disrupted and reported by nursing staff. * No SI’s were reported as a result of any mortality cases. * **Pressure Ulcers -** January 2019 sees the implementation of the new NHSI guidance, including the introduction of new categories; Unstageable and Deep Tissue Injury (DTI).   A total of 6 incidents were reported in January;   * Two category 2 reported on Denver and West Raynham * Two category 3 reported on West Raynham and Stanhoe * Two DTI's, reported on Windsor and NICU * There were four incidences where lapses in care were focused around a lack of heel protection in the Trust. The issues which have contributed to this are; supply issues with certain products meaning alternatives have been provided causing risk of or actual harm / inaccurate Waterlow assessment resulting in missed opportunities to implement upgraded pressure relieving equipment and poor documented evidence of regular repositioning. This relates to the use of oxygen tubing, when the normal supplier was not able to provide oxygen tubing with foam inserts to protect the face/ears, procurement obtained an alternative supply. With immediate effect any alternative clinical equipment will be discussed with the Associate Chief Nurse – Corporate before any decisions are made to prevent a re-occurrence of any similar issues. * A new invigorated ‘Harm Free Care Group’ (chaired by the Associate Chief Nurse – Corporate) commences this month as a forum for communication and discussion of current issues including products and supplies. Each Hospital Acquired Pressure Ulcer will be reviewed and outcomes and updates with learning shared with both Divisions. Education and training continues both as formal training session and ward based support. * **MRSA -** There were two incidents of MRSA bacteraemia in April 2018. This is a rolling report and the indicator will appear red until the end of March 2019. Further work has been undertaken to ensure that hand hygiene is at a top priority for all staff, with a culture of challenging practice to all clinical and operational staff. The Aseptic Non Touch Technique programme has been re-launched to ensure that all clinical nursing staff are undertaking a non- touch technique for all sterile procedures.      * **C Difficile** rate per 100K bed days. The C Difficile monthly rate is reducing but the rolling rate per 100k bed days remains above target. The recent NHSI IP&C visit indicates that changes made within the Trust are embedding good practice in relation to C. Diff.      * **Cleanliness -** Areas of very high risk fell to 94.6% which is below the target of 95%.   Two areas (Theatres at 93.68% and CDS at 92.85%) were due to estates issues where water damage has affected the integrity of wall surfaces. Works have commenced and will be completed by the end of February 2019. |
| Impact on performance on other domains and strategic priorities |
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| **Effective** |
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| Areas of strong performance |
| * Both the SHMI (0.972) and HSMR (104.1) remain within expected parameters.   All learning disability deaths have been submitted to LeDeR via the portal.  End of Life patients identified within data.  Lower crude deaths per thousand admissions compared to same period last year (January).  Crude rate within HSMR basket is 3.4% compared to 3.5% regional peers.  Learning from deaths event planned for 29th March. |
| Areas requiring improvement |
| * Weekend mortality is not within expected parameters (this has been discussed with the national team). * The Trust need to increase the number of Structured Judgement Forms completed. * Pneumonia, COPD, Acute Renal Failure, Acute Bronchitis, Peripheral and visceral atherosclerosis diagnosis groups are alerting within Dr Foster (paper with more detail being submitted to Quality & Performance Committee). * Improve how we share and use learning from deaths (Learning from Deaths event arranged for March 2019). |
| Impact on performance on other domains and strategic priorities |
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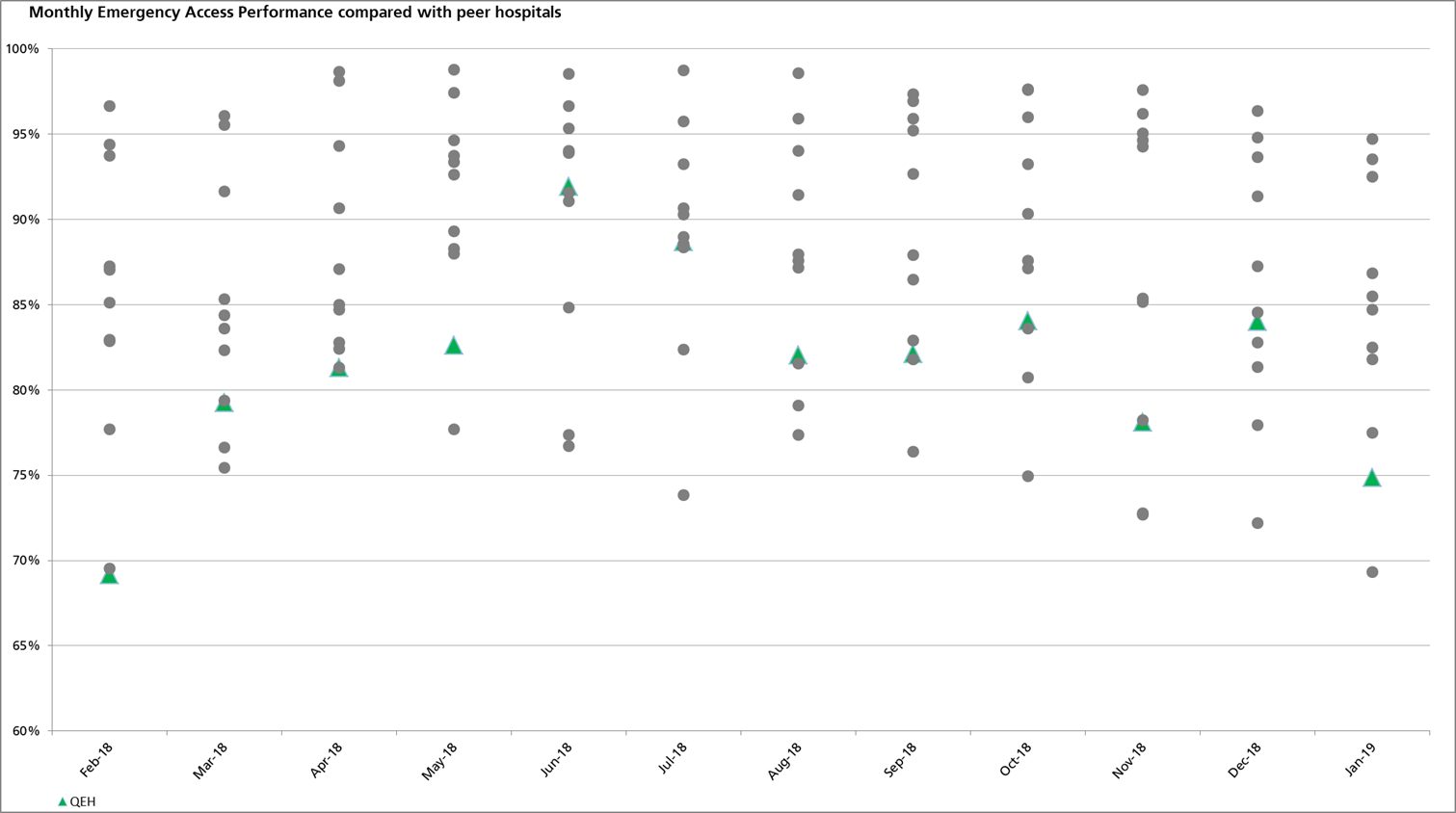
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| **Caring** |
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| Areas of strong performance |
| * There have been nil reopened complaints as a % of the total number of complaints. * The Family and Friends (FFT) test has met the targets in all for the following areas: * 95.05% recommended for inpatient and day care patients * 33.67% response rate for inpatient and day care patients * 97.07 % recommended for outpatients * Maternity– response rate 17.05% * Maternity – 96.7% recommended |
| Areas requiring improvement |
| * **Mixed Sex Accommodation (MSA) –** there have been 3 MSA breaches involving 7 patients all within the Critical Care Unit. All relate to delayed transfer out of the unit due to challenges of capacity within the organisation. This is monitored daily by the use of a RAG rated admission and discharge tool used within the unit. Any potential or actual delays are escalated daily to the senior operational manager at the 11am bed meeting. This is to address the situation as soon as is possible and actions are put in place to maintain patient dignity. All admissions and discharges are planned to reduce any potential delays.      * **Complaints** - There has been a rise in complaints as a % of WTE staff to 1.43% in January from 0.95% in December 2018. This is the highest % since October 2018. Areas of concern relate to complaints in relation to communication / staff attitude and fundamental care. Each division has developed a plan to ensure that all learning from complaints is shared at all CBU meetings and cascaded to all teams within the division. This is with the aim of learning from areas of poor practice to reduce any reoccurrence.. A process is to commence from February to share learning with incidents and complaints, led by the Deputy Chief Nurse and Deputy Director of Patient Safety.     The number of complaints was 41 in January which was an increase from 27 in December 2018. The Trust has seen an increase in complaints in relation to A&E, which relate to issues due to increased capacity, delays in treatment as well as issues in relation to communication with patients. Work is being undertaken to review and change the pathways to the assessment zone and the Acute Medical Unit with an aim of reducing delays within the A&E.  Although the 30 days response to complaints has risen from 33.33% in December to 57.14%, this is still below the Trust target of 90%. The senior leadership team in each division has been given a recovery trajectory, with an expectation that response rates will increase as follows;  February 75%,  March 85% and  April 90%.  The accountability for achievement of this trajectory will remain with the Senior Leadership Teams within Divisions 1 and 2 and will be reported at their monthly Performance Review Meetings.     * **Family and Friends in A&E** did not meet the target response rate and was at 94.32% with a response rate of 10.20%. Comments relate to long waits and a lack of communication with patients. The matron from the area is undertaking actions to improve the patient feedback and response rate. These include ensuring complaints are sent to key individuals who are able to undertaken a thorough investigation. A weekly list of complaints and time scales are circulated to ensure the complaints are answered on time. The issues from the complaints are raised with all senior staff within the CBU to cascade to all staff members.        * **Dementia** - The % of eligible patients who have dementia funding applied remains extremely low at 45.8% against the target of 90%. A review of the clerking pro-forma indicates that the question that was previously asked on admission, “has the patient had problems with memory in the last 12 months?” has been removed from the clerking sheet. This will be raised with the Medical Director and AMD for Division 1 to ensure that this is reintroduced into the clerking sheet. The CD for AMU will be responsible for co-ordinating this change to the clerking sheet within the next two months and with an expectation that the response rate will improve once the question is asked and documented by the medical staff. |
| Impact on performance on other domains and strategic priorities |
| * Increased challenges to patient flow, delays in A&E and subsequent admissions to the Trust can negatively impact on the patient experience, which in turn can impact on patients’ likelihood to recommend the Trust. The matron within A&E is working with the patient experience lead and lead governor to review the department though the ‘patient’s eyes’ to review ways of improving patient experience. * Poor compliance with response rates for complaints can adversely impact on the Well Led domain compliance. * The delay in moving patients from the Critical Care Unit, due to challenges arising from bed availability and patient flow could potentially impact on the safety domain, due to potential delays to moving patients into the Critical Care Unit following a surgical procedure. This is mitigated by the support of these patients by the critical care outreach team, who stay with any patient who has a delayed admission into the unit and deliver the enhanced care required until a bed is available within the unit. |
| **Responsive** |
| **Emergency Pathway** |
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| Areas of strong performance |
| **A & E -** The following streams of work are in place to ensure that performance in relation to achievement of the A&E target improves;   * The Rapid Assessment Team in the ED works to support admission avoidance in the over 65’s by ensuring timely mobility assessments and arranging placements / packages of care when required. The team has been assessing patients in the ambulance queue to reduce possible delays and to aid admission avoidance. * Development of the Assessment Zone in Acute Medicine. In the assessment area, medical patients will receive timely senior review, which has been evidenced nationally to reduce total length of stay. The aim is for all GP expected patients and new ED referrals to be able to go directly to the area for assessment with the mind-set of turning patients around in a timely fashion, wherever clinically appropriate. During the period that the Assessment Zone was able to close overnight, the benefits could be seen in patient flow with GP expected patients attending the Assessment Zone directly rather that attending via the Emergency Department; however, with current Trust capacity issues, the process is now being reviewed by the Senior Divisional Leadership Team. The Assessment Zone opened on the 27th December; however, since opening, it has been used as an escalation bedded area for 60% of the time. As there are currently a number of empty beds in bays closed for infection control reasons, mainly flu, a hybrid model has been agreed with the Assessment Zone team that has been implemented for the next few weeks, which plans to use the beds overnight whilst trying to maintain an Assessment Zone ethos. This will be reviewed once the number of flu patients reduces. * A Mental Health Summit has taken place between NSFT and QEH to discuss and review pathways and clarify escalation of delays for these patients. This includes a new escalation process for delays regarding the care of Mental Health patients, which supports timely assessment and early escalation of potential delays to inpatient beds. So far this process has worked well and fewer delays have been noted for mental health patients. This has been evident in a reduction of breaches of the 4 hour target, although there have been 2 twelve hour breaches relating to patients awaiting mental health beds out of area. * The working relationship between NSFT and QEH is strong with the teams working together to get the best possible outcomes for the patients. * The department has introduced ‘safety reviews’ by senior nursing colleagues. These have been undertaken when the department is at full capacity to ensure that all fundamentals of care are being met for patients. The results of the reviews have documented that all patients are receiving safe and appropriate care. * AEC continues to perform well with 605 patients treated in the unit and only 42 patients (6.9%) admitted to a ward.   **Ambulance Handovers**     * Whilst performance against the 15 minute handover target remains well below the 100% target it should be noted that compared to January 2018 there has been significant and sustained improvement from 16.03% in January 2018 to 49.88% in Jan 2019. * Relationships between EEAST and QEH continue to strengthen both at senior management level and operationally. Additional resource has been supplied by EEAST to help develop improved access for alternative pathways (e.g. AEC) and to review the methods of working of EEAST staff, which have contributed to some delays (e.g. delay in ‘pinning off’). Support has also been offered through regular HALO (Hospital/Ambulance Liaison Officer) attendance in the Emergency Department. A joint action plan has been created with the aim of improving handover times and performance * A SOP has been developed by ED medical and nursing staff, supported by EEAST to manage those patients who have a delayed handover. The SOP identifies the clinical care required and agreed escalation while patients are under the care of EEAST staff. This has been ratified at Divisional Board and will be implemented as standard practice. * A robust process is now in place to complete clinical harm reviews for patients who have been delayed for over 3 hours to off load into the Emergency Department. 65 reviews have currently been completed since January 1st 2019 with no physical harm identified to any patients. However two themes have been identified by the investigators which are delay to IV antibiotics and delay to CT scan. The harm review investigations are now awaiting round table discussion with the Medical Director. |
| Areas requiring improvement |
| * **A & E** - Escalation from ED to the Site Team and onto the wider Trust still requires improvement to ensure that we are always following our own policies and procedures. This is being reviewed as part of the Winter Project with support from the Project Management team, the aim being to understand issues that are contributing to the poor escalation and developing an action plan to improve the current situation. * Further recognition is required Trust-wide that 4 hour performance is not only a measure of how the ED is performing but a measure of how the Trust is performing as a whole. CBU7 has previously requested that 4 hour performance and ambulance handover performance be discussed at all CBU meetings across the Trust so that there is an understanding of how all elements of patient care impact on the Trust performance. This was identified as a Chairs Key Issue at the February Divisional Board meeting. * Developments to support discharge (Long length of stay reviews / Golden patients / weekend planning) need to be enhanced to support timely and earlier in the day discharges so that capacity is available before spikes in attendance develop in ED. This will also reduce the number of ‘bedded’ patients overnight. This forms part of the Discharge Project work, which is being supported by ECIST and the project management team * The streaming pilot carried out in ED took place late last year showed a real drive for change and improving patient safety. Currently estates and workforce plans are being developed to support his initiative however funding streams have yet to be agreed. * **Ambulance Handovers** - Escalation from the Department through to the Site Manager and Duty Director remains variable and an area which requires further work to ensure consistency. This communication should be supported by the Patient Navigator role; however, due to vacancy and sickness within the site team this role has not been supported in month. It is anticipated that the Bed Manager/Patient Navigator will be fully functioning again from March. * The escalation process and relevant action that should be taken (and by whom) is also being reviewed and developed as part of the Winter Strategy work currently being supported by the Project Management team jointly with EEAST. * Greater understanding across all areas of the Trust is required to recognise that ambulance delays are not just the responsibility of the Emergency Department and that poor performance is a reflection of flow and behaviours outside of the Emergency Department as well as within it. While this is well understood within CBU7 it has been difficult the share this message and understanding across the Divisions. * Further estates work is also required to support streaming at the front door (both ambulatory and ambulance arrivals). The trial that was undertaken with ECIST in November 2018 indicated that streaming at point of arrival improved handover times. Architect plans have been developed offering short, medium and long term solutions. These currently remain under discussion and review. Staffing models (both medical and nursing) to support the different ways of working have also been developed. * **Long length of stay patients (21 days +)**   At this stage it is unlikely that the original trajectory ambition of 45 patients will be achieved until May/June.  Change in how we collate MFFD/DToC list across site. This will enable greater visibility for all Partners and therefore greater focus and intervention for patients who are delayed.   * Ensure continued robust implementation of Direction of Choice policy to ensure patient receive letters at the right time to realise early/timely safe discharge. Letters being reviewed to ensure consistency. ADO Division 2 leading. To be completed 25th February 19. * Daily discharge targets for each ward updated. Roll out and implementation planned w/c 25th February, led by Divisional Triumvirates. * Review discharge staff governance, creation of integrated discharge hub (April 19.) |
| Impact on performance on other domains and strategic priorities |
| * A & E - Poor flow out of the Trust results in a back log in the Emergency Department, a back log for ambulance off load and a back log for patients requiring care and treatment in the community. All of these have patient safety and patient experience issues. * Delays for patients in ED often result in patients being admitted to inappropriate beds (i.e. just to the next bed available.) This can impact negatively on patient experience and also extends their length of stay. The Trust needs to embrace the Get It Right First Time ethos. * Ambulance Handovers - Delays to handover are a barometer for Trust performance and patient flow. They are also an early indicator to potential patient safety issues as they result from an Emergency Department that is full and overcrowded. * Delays to handover offer a poor patient experience and can contribute to complaints. * There is a direct correlation between delays in the discharge process from in-patient areas, poor patient flow resulting in a ‘blocked’ Emergency Department and delays to off load patients from ambulances. * The impact for patients waiting for paramedic attention and possible conveyance for treatment but who are delayed due to lack of vehicle and crew is acknowledged but not yet quantified. * Whilst improvements can be made in the handover process between EEAST/EMAS crews and the Hospital which will reduce the handover times for those patients currently experiencing a delay of between 15 and 30 minutes, waits over 30 minutes are a result of delays external to the Emergency Department and will need to be addressed from a multi-divisional and CBU perspective. |

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| **Responsive (continued)** |
| **Elective Pathway** |
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| Areas of strong performance |
| • **The 6 week diagnostic** was met in January for the seventh month in a row.     * Planning guidance for 2018/19 states that the Trusts total waiting list at the end of March 2019 should be no greater than it was at 31st March 2018. * The Trust has been working to a trajectory, achievement of which has proved particularly challenging given the disruption to the elective programme earlier in the year. * The total waiting list size has been reducing over the last 3 months after reaching a peak of 15,817 in October 2018. This has reduced to 14,901 in January and the operational teams have plans in place to ensure that this number continues to fall. The target position for the end of January was 14693 so the Trust is currently 258 off trajectory. * Particularly good performance has been seen in Urology and Respiratory where waiting lists have reduced from 1275 in March to 799 in Jan for Urology and from 414 to 183 in Respiratory. It should be noted that achieving the target of 13,596 remains a challenge but there are robust processes in place to monitor weekly progress. * Performance against the 28 day readmission target has continued to improve through the year with January performance slightly increased at 5 patients. One of these breaches will be removed as the patient no longer requires her procedure. The other 4 are all dated and were breaches as a result of consultant sickness.      * Cancellations of elective inpatients due to a lack of ward bed capacity have reduced year on year from 17 in Jan 2018 to 4 in Jan 2019. This can largely be accounted for by the newly introduced Surgical Extended Recovery Unit (SERU), where overnight stay elective patients are cared for by theatre recovery staff. The unit is open Monday to Friday and therefore accommodates overnight patients Monday to Thursday. Day cases are also booked and discharged from SERU throughout the week. |
| Areas requiring improvement |
| * The 18 week RTT performance position is 78.8% in January.     The backlog of patients waiting over 18 weeks for treatment has increased since the start of April 2018, now standing at 3159 from 2580 in April 2018.  The impact of the interruption to the elective programme had a particular impact on the backlog, as for a 3 month period (Oct – Dec) only cancer and urgent patients and those approaching a 52 week wait were treated. The backlog increased over this period by 400 patients.  There are particular challenges within CBU 2 in respect of Orthopaedics and General Surgery, where the impact of bed pressures in Q3 had a marked effect on both waiting list size and backlog. Revised trajectories have been agreed with the operational team and an improvement is expected and will be monitored through the weekly COO escalation meetings.  The number of patients waiting over 40 weeks at the end of January had increased to 185 but 159 of these patients were dated in time. There are now robust waiting list coding and monitoring meetings in place to ensure that patients are booked well below 52 weeks to reduce the risk of 52 week breaches, however this will take some time to take effect so the risk remains at present.   * Actions taken in January included: * The opening of the SERU on 14th January. This is now fully operational and is accommodating between 50 and 60 patients per week. * Establishment of the Planned Care Programme Board * Contract signed with the Fitzwilliam Private Hospital in Peterborough. 23 patients have been treated at the Fitzwilliam in January. * Medinet were engaged to provide additional capacity for Neurology. This has had a positive impact and the Neurology waiting list has fallen from 908 (December) to 795 (January). * A clean joint bay was created on Marham ward towards the end of January to accommodate elective orthopaedic patients, which has resulted in the ring-fencing of elective orthopaedic activity. An average of 15 orthopaedic patients per week are accommodated on Marham ward. * All of these actions have seen a part month effect and are expected to have a greater impact over a full month. * Further actions going forward include: * Maximising the use of weekend capacity, largely outpatient which will deliver higher numbers of “clock stops” and patients taken off the waiting list than if day case or elective activity were to be undertaken. * Focus on robust management of clinic cancellations within 6 weeks and ensuring that lost activity is re-provided according to Trust policy. * A new clinic utilisation tool has been launched and is now being used by the operational teams to ensure all outpatient clinic slots are booked appropriately. * A ‘new way of working’ has been agreed for Ophthalmology and is planned to start in March. This will enable 1 additional day case to be added per list. * Cancelled ops as a % of elective activity remains above the trust target of 3.2%, at 5.68% in January 2019. Some of this is accounted for by pressures within Critical Care (so cancellations of patients requiring a high dependency bed post-operatively), but the majority is due to a particularly high level of consultant sickness in January.      * There is one 52 week breach reported in January. This relates to, an ENT patient who had their procedure cancelled due to surgeon sickness. This patient has been treated in February. As the work and focus on over 40 week patients takes effect, the risk of 52 week breaches will reduce however remains a risk at present. |
| Impact on performance on other domains and strategic priorities |
| * Long waits for treatment of our elective patients may impact on quality and patient experience indicators. Clinical harm reviews are being undertaken on patients who have been waiting for their procedure for over 40 weeks. * There may be an impact on the financial position due to higher than forecast levels of premium cost activity. |

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| **Responsive (continued)** |
| **Cancer Pathway** |
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| Areas of strong performance |
| * Cancer standards have been consistently achieved for 2 week wait, Breast Symptomatic 2 week wait and 31 day diagnosis to treatment. * 31 day subsequent surgery and 62 day cancer screening both achieved the standard again after recovery from a dip in November performance. * All Cancer measures with the exception of 62 day (83.00%) achieved the standard for Quarter 3. |
| Areas requiring improvement |
| * **62D Cancer -–** The standard was not achieved in December (this standard was last achieved in October, 2018). Performance was in line with the submitted trajectory, but below the National Average of 81%.      * There were 10 breaches in total in December, with 3 in Lower GI, 2 in Urology, 2 in Haematology and single breaches in H&N, Lung (shared with NNUH), Dermatology, Breast (shared with Kent) and CUP. * **2WW referrals** remain high with an overall 16% year on year increase, and Lower GI specifically showing an increase of 29%, equivalent to 10 extra patients per week. These additional referrals place additional stress on the whole pathway, including diagnostics. * The >62 day backlog has increased significantly over the Christmas and New Year period from 47 to 70 due to the lower numbers of patients seen and treated in December and the first half of January. This backlog will impact on performance over Q4, as patients are treated and cleared from the pathway. 30% of the backlog are Urology, 24.3% Lower GI and 21.4% are Gynaecology. * Of greatest concern are the 14 patients >104 day. Specialties have been tasked with developing clear individualised patient plans to clear these patients, and to avoid subsequent 104 day breaches where possible. These are due to be received by February 20th. * We have received support from the IST for Cancer and funding from NHSE for a dedicated IST resource to develop specific QEH Cancer Action Plans to improve robustness and sustainable 62 day performance. * Initiatives in development currently to improve pathways and performance include:   **Timed Pathways**  The templates for the pathway analysers have been completed for the tumour sites currently focussed on – Colorectal, Prostate and Gynaecology. These have been set to milestones to align with the challenge of the 28 day standard, to raise awareness and to start discussions prior to the introduction of this standard in April 2020. The completed templates have been sent to the IST and feedback will be provided ahead of the check and challenge sessions in March.  **Straight to Test**  A new “straight to test” model for Colorectal will be introduced on 1st March. Consultant triaging of referrals will ensure that appropriate patients are directed to endoscopy rather than an outpatient appointment thereby saving around 2 weeks on the pathway. Approximately 12 patients per week are expected to benefit from this service.  **Demand and Capacity**  2 week wait models for the Colorectal, Urology and Lung are complete. Gynaecology data is due by February 20th, and the model completed by the end of the week. Additional analysis is taking place around the potential year on year forecasting for 2 week wait referrals. Radiology information is currently being extracted for all tumour sites and will be ready by w/e 22nd Feb. Endoscopy demand and capacity is ongoing.  **Training**  An initial meeting has been held with the Head of Learning and Development to develop the cancer waiting times training session. Further sessions with the working group to arrange and develop an action plan for this including a training needs analysis are planned. The action plan will be available at the end of March.  The IST have already conducted two cancer waiting times training sessions with key administration functions (PPCs, MDT co-ordinators, Operational Teams and Administrative Staff) prior to Christmas.  **Governance**  Terms of Reference and key policies have been sent to the IST with some feedback received. A review of a new governance structure for meetings is under way around cancer services. The draft has been completed and sent to the Operations Manager for review and potential discussion at the Cancer Board. A number of meetings (including Breach meeting, PTL meetings, MDT’s) have been attended by the IST for review.  The Cancer Board has been moved to monthly and it is proposed to focus more on quality going forward.  The establishment of a Cancer Operational Group is under discussion.  **Cancer Dashboard**  A comprehensive Cancer Dashboard has been developed and licences acquired for 30 initial users. Discussions around 70 further licenses for the broader rollout of the dashboard are ongoing with IT. Total investment for the licences is approximately £7,000. |
| Impact on performance on other domains and strategic priorities |
| * Excessive delays on pathways may affect outcomes and patient experience negatively (Safe, Caring and Responsive). * Continued increases in referrals may impact inpatient and outpatient 18 week capacity, negatively impacting 18 week performance. There is also additional pressure on the diagnostic standard, in particular endoscopy and imaging. |
| **Well Led** |
| **Finance** |
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| Areas of strong performance |
| * Year to date the trust is £0.1m favourable to the re-forecast trajectory. * The Trust forecast has improved by c. £1.1m primarily via negotiations with local commissioners. |
| Areas requiring improvement |
| * The Trust’s performance for January 2019 is a £3m deficit before Provider Sustainability Fund (PSF), this is £2.3m adverse to the financial plan. The January deficit after PSF is £3m, which is £3m adverse to plan. * The year to date position is a £29.9m deficit before PSF which is £15.9m adverse to plan. * The year to date deficit after PSF is £29.9m, £20.5m adverse to plan. * Under-delivery of CIPs has been recognised as an area of particularly poor performance, the Trust is engaging external support to assist with making improvement to 2018/19 FOT and to reduce expenditure run-rates in 2019/20. |
| Impact on performance on other domains and strategic priorities |
| * The Trust being so far off from planned control totals has meant that unplanned borrowings have occurred, loan interest charges then impact on the longer term financial projections. * Also as a consequence, the regulator may lack confidence in the Trust’s ability to plan appropriately for 2019/20 and deliver the revised control total. |

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| **Well Led (continued)** |
| **People** |
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| Areas of strong performance |
| * **Vacancy rate** –decreased to 9.92% from10.18% and is now below Trust 10% target. Rate has been declining since May 2018 when the vacancy rate was 12.41%. * Medical vacancy rate 7.36%, (May 2018 vacancy rate was 20.30%) a result of recruitment into substantive posts. * 80% of staff flu vaccinated. |
| Areas requiring improvement |
| * **Sickness Absence**   Increased from 5.76% to 5.82% in January 2019, which is lower than January 2018 when it was 6.72%. 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.  **Top reasons for sickness**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Absence Reason** | **Headcount** | **Abs Occurrences** | **FTE Days Lost** | **Abs Estimated Cost** | **%** | | S13 Cold, Cough, Flu - Influenza | 276 | 281 | 979.58 | £89,452.89 | 19.1 | | S10 Anxiety/stress/depression/other psychiatric illnesses | 50 | 51 | 707.12 | £70,409.89 | 13.8 | | S99 Unknown causes / Not specified | 84 | 85 | 619.29 | £51,389.48 | 12.1 | | S12 Other musculoskeletal problems | 42 | 43 | 422.70 | £26,993.48 | 8.2 | | S25 Gastrointestinal problems | 105 | 105 | 382.67 | £38,298.26 | 7.4 | | S15 Chest & respiratory problems | 44 | 46 | 371.89 | £32,531.70 | 7.2 |   **Actions taken to address** - Mindfulness and resilience training, pro-active support and signposting to Insight services, quicker referrals to Occupational Health. Work ongoing to address absence recorded as unknown and continued work with IP&C.  **Staff in post, bank and agency usage**   * Increase from 2848 to 2859 for substantive staff resulting in a decrease in temporary staff * 203 WTE bank reduction from 220 WTE * Agency decrease from 132 to 130 WTE   **Turnover** - Increased from 11.69% to 11.89%. Stay conversations continuing with staff, ask and act sessions in place, further work to look at retention to start end of February  Turnover for medical and dental - from11.80% to 11.86% but this declined in the last six months from 15.08%.  Nurse turnover decreased from 15.28% to 14.97% - a workforce prediction tool in development, predicted a decrease in vacancy rate from 136.73 WTE to 71.8 WTE in December 2019.  AHP turnover has increased to 16.70% due to 5 leavers/retirements in January - 3 Radiographers, 1 Dietitian and 1 Physio. AHP vacancy rate is 4.57%    **Appraisals** – Increased from 82.14% to 82.61% for all staff and 85.61% to 86.12% (excluding bank staff). Trajectories in place for all areas. Operational Pressures and sickness has caused a delay in completion. Paperwork refreshed and implemented which now concentrates on recording the appraisal discussion.    **Mandatory training** - Although slight increases for all 10 subjects overall compliance remains the same at 85.63%. Mandatory training compliance being tracked on a weekly basis. More emphasis being placed on workbook completion and e-learning extending the flexibility to complete the training. |
| Impact on performance on other domains and strategic priorities |
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The Trust received a letter from Dale Bywater on the 14th February 2019. The letter confirmed that as per a letter shared in September 2018;

*“By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as ‘higher-risk’. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2.”*

The Trust’s response is outlined below;

1. Total uptake and opt-out rates (all trusts) [DN: this may not be required as is published monthly] Data as at 17/02/19 – NHSI submission

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|  | Total numbers | Rates |
| Number of frontline HCW | 2596 | 100% |
| Uptake of vaccine by frontline HCW | 2072 | 80% |
| Opt-out of vaccine by frontline HCW | 32 | 1.5% |

1. Higher-risk areas (only trusts with relevant areas – a minimum of which are set out in 7 September letter) Data to be provided 25/02/19 and a verbal update to be given at Board.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Area name | Total number of frontline staff | Number who have had vaccine | Number who have opted-out | Staff redeployed? Y/N | Actions taken |
| A&E Doctors |  |  |  |  |  |
| Other staff in A&E |  |  |  |  |  |
| Cancer Unit |  |  |  |  |  |
| ITU |  |  |  |  |  |
| ITU Medical Staff |  |  |  |  |  |
| NICU |  |  |  |  |  |

1. Actions taken to reach 100% uptake ambition (all trusts)

|  |
| --- |
| The Trust are proactively working to ensure a 100% uptake of all frontline HCW.  The following actions are in place;   * Regular clinics held * Drop in option available * Regular reminders to all frontline staff at departmental / corporate meetings * Staff are reminded at Induction |

Reasons given for opt-out (all trusts)

|  |  |
| --- | --- |
| Reason | Number |
| I don’t like needles | 2 |
| I don’t think I’ll get flu | 14 |
| I don’t believe the evidence that being vaccinated is beneficial | - |
| I’m concerned about possible side effects | 11 |
| I don’t know how or where to get vaccinated | - |
| It was too inconvenient to get to a place where I could get the vaccine | - |
| The times when the vaccination is available are not convenient | - |
| Other reason | 5 |

DETAILED FINANCE REPORT

**1.0 FINANCIAL PERFORMANCE – MONTH 10 – JANUARY 2019**

**In month I&E**

* The Trust’s performance for January 2019 is a £3m deficit before Provider Sustainability Fund (PSF), this is £2.3m adverse to the financial plan. The January deficit after PSF is £3m, which is £3m adverse to plan.

**Year to date I&E**

* The year to date position is a £29.9m deficit before PSF which is £15.9m adverse to plan. The year to date deficit after PSF is £29.9m, £20.5m adverse to plan.

**Forecast Outturn I&E**

* The Trust is forecasting to deliver a pre-PSF control total deficit of £36.6m, a £1m improvement compared to the month 9 re-forecast.
* Performance in January is £0.1m adverse to the re-forecast trajectory.
* Year to date the trust is £0.1m favourable to the re-forecast trajectory.
* The improvement in forecast is a result of the final financial value of the 2018/19 contract agreed with West Norfolk CCG (benefit of £1.7m), year-end contract value estimate for Cambridgeshire and Peterborough CCG (reduction of £0.6m), a small reduction in external financial support costs offset by additional cost through a change in VAT treatment of agency staff remunerated through umbrella companies. The latter has significant cost implications for future years.

**Performance against total agency cap**

* The Trust’s monthly agency spend is £1.2m, this is £0.5m adverse to our monthly cap (£0.4m adverse to our budget).

**Cash**

* Cash at the 31st January is £3.1m, £2.0m higher than 31st December. The December position was lower than usual due to reduced loan financing facilities for December.
* Distressed financing revenue support loans of £0.6m were received in January and further loans of £3.0m were requested, and have been received in February.
* The Trust has requested distressed financing loans of £9.0m in March.
* Interim capital loan repayments of £0.2m are due in February and a further £0.2m in March.

**Capital**

* At the 31st January total capital expenditure of £2.5m has been committed against the revised forecast plan of £5.4m. The current assessment of scheme expenditure from the Estates team and the Procurement Team re: purchase of medical equipment remain on plan to deliver as per forecast in the final two months of 2019/20.

**Finance Ratios**

* The agency to total pay ratio of 10.5% is higher than the same period last year (10.3%). This is because the year on year increase in agency pay costs of 9% (principally driven by nurse agency) has outstripped the year on year increase in substantive and bank pay costs of 6% (2.6% relates to pay awards).
* Both the EBITDA to income and net deficit to income ratios have deteriorated significantly compared to the same period last year (by 8% and 8.5% respectively). Both ratios have deteriorated due to operating pay and non pay costs increasing by 7.5% and income remaining flat whilst the net deficit to income ratio has been further impacted by the increase in depreciation and borrowing costs.

**2.0 STATEMENT OF COMPREHENSIVE INCOME**



**Year to Date:**

**Patient care income, £6.4m adverse to plan:** Planned Care (In-patient elective activity and outpatient activity) is £4.5m adverse to plan. This is primarily as a result of elective inpatient activity being 1,563 spells behind the plan (£3.2m adverse). The elective plan included a CIP target of £1.8m year to date. Unplanned care is £1.1m adverse to plan year to date as a result of activity being behind plan by 1,090 spells. Contract penalties incurred to date are £1.2m adverse to plan whilst all other PODs are £0.4m overall favourable to plan.

**Non-Patient care income (Education, Training & Research & Other Non-Clinical Revenue combined), net nil variance to plan:** Other income is £0.1m favourable to plan, £0.2m of the favourable variance is due to unplanned income receivable from the NHSI Special Measures Fund (offset by Quality Improvement agency and non pay project costs).

**Pay costs, £5.2m adverse to plan:** £1.9m relates to impact of the Agenda for Change pay award above the anticipated level. Pay CIPs (primarily medical and nursing cost reduction projects) are £2m adverse to budget. The need to improve ward rota fill rates has added £1.4m in unplanned nurse staffing cost (over and above the failed CIP cost reduction). Other variances net to £0.1m favourable.

**Non pay costs, £4.2m adverse to plan:** The failed CIP programme accounts for £1.7m of the adverse variance, the outsourcing to private sector providers of planned patient care (to reduce the number of patients on the waiting list) accounts for £0.5m, unplanned Fellow Doctor recruitment costs of £0.5m and Four Eyes consultancy costs of £0.4m contribute further to the adverse variance. Further adverse variances are due to histopathology contract £0.2m, re-imbursement of business rates to commercial front of house operators £0.1m, failed VAT reclaim £0.1m, maternity incentive fund £0.1m and spend on Quality Improvement projects £0.1m. Other variances net to £0.5m adverse.

**Efficiency savings have delivered £0.9m, £5.0m below plan.**

**Forecast:** The Trust’s forecast has improved from £37.6m control total deficit to £36.6m control total deficit as a result of the 2019/20 contractual agreements reached with West Norfolk and Cambridgeshire and Peterborough CCGs.

**3.0 STATEMENT OF FINANCIAL POSITION**



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

**Non Current Assets**

* The value of non-current assets reduced as depreciation of £0.6m was £0.3m greater than the value of asset additions in the month.

**Working capital**

* Cash balances increased by £2.0m to £3.1m, returning to “normal” end of month balances required to cover expected cash outflows that occur between the receipt of distressed financing loans which are received on the Monday before the 18th of any month (unless the 18th is a Monday and then it’s the Monday before).
* Accruals decreased in the month associated with the relationship between the monthly cash payment profile agreed with WNCCG and the level of actual clinical activity undertaken.
* Borrowings increased by the £6.0m distressed financing loan received in January.

**Reserves**

The deterioration in the I&E reserve of £3.1m reflects the adverse trading position in January, including a failure to secure PSF funds.

**4.0 STATEMENT OF FINANCIAL POSITION: WORKING CAPITAL**



# Debtor and Creditor Days

Debtor days have increased from 15 to 19 between December and January. January figures are comparable to March 2018, an improvement on the Q2 position and remain better than target.

Creditor days remain consistent at 59 days between December and January. For a number of years the Trust plan has been to operate at around 60 days, due to stretching creditor payments over a number of prior years to support lower deficit loan drawdowns.

**Better Payment Practice Code (BPPC)**

The Trust’s BPPC performance remains around 20% for value and 10% for volume. The low performance is associated with the stretching of creditor days over a number of years to minimise loan requirements.

For material improvement 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 debtor over 90 days is associated with long standing dispute between the Trust and local NHS organisations (NNUH & NCH&C). The disputes are around the provision of Trust staff and the use of Trust premises to these partner organisations. The STP is facilitating the resolution of these debts at DoF level.

**Liquidity Days**

Liquidity days have deteriorated from Q2 by 1 day, but improved against December by 5 days. The worse position than March 18 and target is caused by the additional operating cost driving the Trust’s deficit variance from plan.