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

Integrated Performance Report

Trust Board

April 2019 data

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1. EXECUTIVE SUMMARY

Safe

The Trust declared six serious incidents in April 2019. Immediate actions in response to the serious incidents were promptly implemented.

The Trust has continued to meet the safe staffing levels for the month and it has been agreed with NHSI that daily reporting is no longer required.

Harm free care has achieved the target for April 2019, which demonstrates an improvement from the previous month.

Effective

Mortality remains within expected parameters, but the Trust is working with NHSI to understand a possible recent increase in our weekend mortality.

Caring

The Trust has maintained family and friends' responses and recommendations in April 2019 for inpatient, outpatient and maternity areas but has not meet the target for ED family and friends.

The reduction in the complaints response rate relates to reduced capacity in the Complaints Team due to the impact of uncovered absence.

Responsive

The Trust's performance against the 4-hour standard improved again in April to 84.67%; national ranking increased to 50th.

Ambulance handover performance within 15 minutes improved again in April to 55.77%, the strongest performance in over 12 months.

18-week RTT performance was 79.82%, ahead of the April trajectory set at 78.95%.

The Trust achieved the 62-day referral to treatment and screening to treatment standards as well as the 31-day treatment and subsequent treatment standards. However, the Trust failed to deliver the 2 week wait standards, seeing a significant deterioration in the 2 week wait breast symptomatic performance.

Well Led (Finance)

The Trust's performance for April 2019 is a £3.4m deficit before Provider Sustainability Fund (PSF), Financial Recovery Funding (FRF) and Marginal Rate of Emergency Treatment (MRET) income is taken into account; this is £0.4m adverse to the submitted NHSI financial plan.

The Control Total deficit is £2.2m, which is £0.4m adverse to NHSI plan. £0.2m of the adverse variance (substantive/bank pay) is 'technical' only, due to profiling between the top down NHSI financial plan and the Trusts bottom up budgets by cost centre. Of the remaining £0.2m of net adverse variance most notable are the overspends in nurse agency costs (£0.2m) and drug expenditure (£0.1m).

Well Led (Workforce)

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

There has also been an increase in bank and a decrease in agency usage in April 2019. The vacancy rate for Nursing and Midwifery and Medical Staff has increased this month. The overall staffing is against the Operational Plan as additional agency reduction and increase in substantive recruitment did not take place in line with the plan.

2. TRUST PERFORMANCE OVERVIEW

	Indicator	Objective	Director	Target	Set By	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	17/18	18/19	19/20	Financial Impact *	
Safe	Falls per 1000 occupied bed days resulting in Harm	Patients	VN	<=0.98	QEH	0.00	0.16	0.00	0.08	0.00	0.00	0.00	0.08	0.17	0.08	0.18	0.33	0.09	0.07	0.09	0.09		
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	Patients	VN	>= 97.24%	QEH	97.66%	97.26%	97.50%	97.45%	97.28%	97.29%	97.36%	97.57%	97.41%	97.29%	97.36%	97.44%	Data 1 Mth in arrears	97.10%	97.41%			
	Harm-free QEH Care	Patients	VN	>= 95%	QEH	96.90%	98.50%	98.04%	96.40%	97.22%	97.66%	97.49%	98.77%	98.46%	98.62%	99.18%	96.08%	98.29%	96.84%	97.73%	98.29%		
	Never Events	Patients	NL	0	Nat	0	0	1	0	0	0	0	0	0	0	0	0	0	2	1	0		
	Serious Incidents **(OCCURRED IN MONTH)**	Patients	NL	0	Nat	3	4	5	1	4	3	3	4	7	5	3	7	2	29	49	2		
	Serious Incidents **(DECLARED IN MONTH)**	Patients	NL	0	Nat	0	5	3	4	1	1	4	3	8	3	8	7	6			6		
	Patient safety alerts not completed by deadline	Patients	NL	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
	Clostridium difficile (QEH acquired)	Patients	VN	4	Nat	3	1	0	4	6	1	1	3	2	0	1	0	2	48	22	2		
	Clostridium difficile per 100k occupied bed days (rolling 12 months)	Patients	VN	<= 17.6	Nat	32.9	31.4	28.8	28.2	30.3	27.7	23.6	23.0	23.8	21.8	19.3	15.3	14.7	32.4	15.3	14.7		
	MRSA bacteraemia (QEH acquired)	Patients	VN	0	Nat	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	£k	Penalties from CCG, fines from other statutory authorities, £10,000 in respect of each incidence in the relevant
	MRSA bacteraemia per 100k occupied bed days (rolling 12 months)	Patients	VN	0.0		1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.4	0.0	0.0	1.4	0.0		
	Safe staffing levels (overall fill rate)	Patients	VN	>= 80%	Nat	97.6%	99.3%	96.7%	95.6%	93.5%	95.2%	98.7%	98.1%	98.4%	102.6%	101.2%	111.0%	103.3%	94.6%	98.9%	103.3%		
	No. of wards below 80% fill rate	Patients	VN	0	Nat	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0		
	Cleanliness Scores - very high-risk areas	Places	VN	>= 95%	Nat	94.70%	96.28%	96.40%	94.71%	93.87%	95.45%	95.10%	94.59%	95.71%	94.60%	95.82%	95.48%	95.63%		95.23%	95.63%		
	Cleanliness Scores - high-risk areas	Places	VN	>= 95%	Nat	95.76%	95.11%	93.74%	93.78%	93.89%	93.91%	95.29%	96.08%	93.84%	95.25%	96.03%	95.89%	94.41%		94.88%	94.41%		
	Cleanliness Scores - significant-risk areas	Places	VN	>= 90%	Nat	94.66%	91.13%	84.46%	90.88%	92.20%	93.06%	92.85%	92.17%	88.11%	92.10%	92.62%	93.59%	94.19%		91.48%	94.19%		
	Cleanliness Scores - low-risk areas	Places	VN	>= 75%	Nat	90.91%	84.77%	97.22%	89.38%	84.52%	90.56%	88.40%	94.43%	0.00%	92.03%	90.01%	96.72%	92.33%		83.24%	92.33%		
	No. of cleanliness audits complete	Places	VN	37		45	26	28	46	34	29	45	35	31	47	35	34	44		435	44		
Effective	SHMI **(Trust Level - Rolling 12 Mth position, 6 mths in arrears)**	Patients	NL	Not higher than expected	QEH			97.29			99.56		6 months in arrears										
	Crude HSMR Mortality **(Trust Level - Rolling 12 Mth position, 3 mths in arrears)**	Patients	NL	-		3.55	3.50	3.49	3.53	3.46	3.43	3.36	3.35	3.25	3.14	3 months in arrears			3.60				
	HSMR (basket of 56 diagnosis groups) **(Trust Level - Rolling 12 Mth position, 3 months in arrears)**	Patients	NL	Not higher than expected	QEH	104.5	104.4	104.7	106.5	106.7	106.9	105.8	105.8	103.2	101.2				104.94				
	Rate per 1000 admissions of inpatient cardiac arrests	Patients	NL	< 2.0	QEH	1.26	1.44	1.37	1.65	1.39	1.44	1.31	1.02	2.05	0.90	1.91	0.40	1.31	1.55	1.34	1.31		
	Total C Section Rate	Patients	NL	< 25.00%	QEH	33.86%	29.71%	37.57%	34.39%	27.81%	41.71%	30.77%	30.91%	35.63%	32.18%	34.30%	31.61%	31.71%	28.78%	33.38%	31.71%		
	Stillbirth Rate per 1000 births **(Rolling 12 Mths)**	Patients	NL	< 3.85	QEH	3.68	3.71	3.71	4.22	4.26	5.21	4.80	4.34	4.31	4.29	2.38	2.82	2.38	3.23	2.82	2.38		
	Unexpected term admission to the NNU	Patients	NL	0	QEH	0	0	0	0	4	3	4	0	8	3	1	2	4	1	25	4		
	Maternal Deaths	Patients	NL	0	QEH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	National Clinical Audits participation rate	Patients	NL	=100%	QEH		95%			95%									95%				
	No. of patients recruited in NIHR studies	Patients	NL	>600 Annually	QEH	30	77	130	74	111	64	67	123	51	37	153	77	37		994	37		
Caring	Same Sex accommodation standard breaches	Patients	VN	0	Nat	6	6	2	16	8	9	8	14	2	7	11	4	6	62	93	6	£1.5k	Penalties from CCG - £250 per breach
	No. of Complaints (Clinical & Non Clinical)	Patients	VN	<=20	QEH	30	31	31	36	41	41	36	32	27	41	37	38	34	362	421	34		
	Complaints (rate as proportion of WTE staff)	Patients	VN	<= 0.60%	QEH	1.08%	1.12%	1.12%	1.29%	1.47%	1.47%	1.27%	1.12%	0.95%	1.43%	1.29%	1.32%	1.18%		1.24%	1.18%		
	% Complaints responded to within the national standard of six months from receipt of the complaint	Patients	VN	100%	Nat	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%		
	% Complaints responded to within 30 days from receipt of the complaint	Patients	VN	>=90%	QEH	62.50%	47.06%	63.16%	66.67%	71.88%	36.11%	46.34%	54.17%	33.33%	57.14%	46.43%	36.17%	6.90%		47.96%	6.90%		
	Reopened complaints (% of total complaints)	Patients	VN	<=15%	QEH	0.00%	6.45%	0.00%	0.00%	0.00%	2.44%	0.00%	3.13%	11.11%	0.00%	0.00%	0.00%	2.94%		1.66%	2.94%		
	% eligible patients who have dementia case find applied	Patients	VN	>=90.00%		50.47%	43.68%	39.42%	41.20%	48.32%	40.48%	38.76%	46.98%	45.80%	45.79%	44.66%	43.54%	Data 1 Mth in arrears	60.97%	44.09%	Data 1 Mth in arrears		
	Friends & Family (Inpatients & Daycases)	Patients	VN	>=95%	QEH	95.38%	96.18%	95.87%	95.48%	95.01%	95.50%	95.15%	96.15%	95.17%	95.05%	95.03%	96.21%	97.01%	95.53%	95.53%	97.01%		
	Sample Size: Friends & Family (Inpatients & Daycases)	Patients	VN	>=30%	QEH	31.72%	31.14%	33.96%	30.36%	34.62%	34.97%	31.47%	33.05%	28.58%	33.67%	37.26%	37.83%	30.17%	30.33%	33.21%	30.17%		
	Friends & Family (Accident & Emergency)	Patients	VN	>=95%	QEH	88.20%	90.00%	90.87%	93.15%	93.21%	90.94%	89.42%	89.80%	89.94%	94.32%	95.32%	90.57%	93.25%	93.12%	91.16%	93.25%		
	Sample Size: Friends & Family (Accident & Emergency)	Patients	VN	>=20%	QEH	10.35%	11.52%	17.67%	14.65%	12.96%	8.84%	21.32%	20.81%	14.60%	10.20%	11.59%	11.04%	11.55%	16.98%	13.79%	11.55%		
	Friends & Family (Outpatients)	Patients	VN	>=95%	QEH	96.87%	97.38%	97.34%	97.10%	97.72%	96.65%	96.03%	96.79%	97.40%	97.07%	96.88%	97.35%	96.98%	96.78%	97.05%	96.98%		
	Sample Size: Friends & Family (Outpatients)	Patients	VN		QEH	6.85%	6.70%	6.79%	6.63%	6.07%	5.90%	6.86%	6.18%	5.71%	6.86%	5.38%	6.52%	5.97%	5.39%	6.37%	5.97%		
	Friends & Family (Maternity)	Patients	VN	>=95%	QEH	92.11%	95.65%	100.00%	95.12%	100.00%	100.00%	100.00%	94.74%	94.12%	96.67%	100.00%	93.65%	98.04%	96.90%	96.57%	98.04%		
	Sample Size: Friends & Family (Maternity)	Patients	VN	>=15%	QEH	20.32%	26.74%	29.51%	21.24%	14.71%	11.58%	22.94%	23.31%	20.12%	17.05%	21.64%	34.62%	31.68%	15.20%	21.97%	31.68%		

	Indicator	Objective	Director	Target	Set By	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	17/18	18/19	19/20	Financial Impact **	
Responsive	Emergency access within four hours	Performance	DS	>= 95%	Nat	81.30%	82.63%	91.92%	88.67%	82.04%	82.14%	84.05%	78.09%	83.99%	74.85%	77.35%	81.97%	84.67%	85.53%	82.48%	84.67%		
	- Majors only	Performance	DS	>= 95%	Nat	69.84%	69.59%	84.90%	80.78%	68.99%	70.28%	73.61%	61.24%	76.29%	60.68%	65.08%	70.26%	71.82%	75.74%	70.55%	71.82%		
	- Minors only	Performance	DS	>= 100%	QEH	91.39%	93.10%	97.21%	94.92%	91.99%	91.88%	92.83%	95.02%	91.80%	90.69%	90.37%	97.09%	97.67%	94.82%	93.26%	97.67%		
	12 hour trolley waits	Performance	DS	0	Nat	0	0	0	0	1	1	1	2	0	3	0	1	0	0	9	0		
	Ambulance Handovers completed within 15 minutes	Performance	DS	100%	Nat	40.43%	40.78%	42.62%	40.62%	39.50%	52.70%	52.42%	39.90%	50.95%	49.88%	49.24%	51.38%	55.77%	21.97%	45.87%	55.77%		
	% beds occupied by Delayed Transfers Of Care	Performance	DS	<= 3.5%	Nat	5.00%	4.20%	3.50%	5.20%	4.00%	6.20%	5.90%	6.50%	5.60%	3.00%	3.48%	4.00%	2.25%	3.30%	4.00%	2.25%		
	MFFD (Medically Fit For Discharge) - Patients	Performance	DS			124	238	103	82	107	89	269	270	249	298	247	306	227		2382	227		
	MFFD (Medically Fit For Discharge) - Days	Performance	DS			1814	2023	1810	1753	1994	2092	2197	2182	1802	1991	1571	1856	1490		23085	1490		
	Occupied beds for adult inpatients staying in hospital >=21 days (rolling 3 months)	Performance	DS	162	QEH	177	178	180	178	179	182	188	194	192	189	179	170	159	167	170	159		
	18 Weeks Referral to Treatment Time (Incomplete Pathways)	Performance	DS	>= 92%	Nat	80.17%	81.88%	82.00%	83.20%	83.74%	81.20%	79.96%	80.13%	78.48%	78.80%	79.56%	79.82%	80.42%	81.05%	79.82%	80.42%		
	Specialties exceeding 18 wk Referral To Treatment time (Incomplete pathways)	Performance	DS	0	Nat	23	21	25	25	24	26	26	29	30	25	28	22	21	0	304	21		
	No. of cases exceeding 52 weeks Referral To Treatment	Performance	DS	0	Nat	0	0	0	1	5	7	1	1	1	1	1	0	0	3	18	0		
	Diagnostic Waiters, 6 weeks and over (DM01)	Performance	DS	<= 1%	Nat	7.03%	0.48%	1.35%	0.94%	0.64%	0.56%	0.46%	0.66%	0.68%	0.98%	0.52%	0.37%	0.86%	2.45%	0.37%	0.86%		
	Total non-clinical cancelled elective operations	Performance	DS	<= 3.2%	Nat	4.10%	4.8%	5.0%	5.60%	7.25%	6.74%	6.78%	6.62%	5.24%	5.74%	6.71%	5.74%	5.67%		5.9%	5.7%		
	Last minute non-clinical cancelled elective operations	Performance	DS	<= 0.8%	Nat	0.80%	1.05%	1.29%	0.89%	1.66%	0.75%	1.02%	0.90%	0.48%	1.78%	0.51%	0.60%	0.89%	1.0%	1.0%	0.89%		
	Breaches of the 28 day readmission guarantee	Performance	DS	0	Nat	9	4	11	2	2	7	2	0	2	4	5	5	2	52	53	2	£4k	Penalties from CCG - £2K per cancellation
	Urgent operations cancelled more than once	Performance	DS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	2 week GP referral to 1st OP appointment	Performance	DS	>= 93%	Nat	96.68%	96.83%	97.29%	96.04%	94.64%	93.20%	98.32%	97.30%	97.42%	95.88%	95.10%	85.98%		96.70%	95.32%			
	14 Days referral for breast symptoms to assessment	Performance	DS	>= 93%	Nat	97.62%	97.33%	100.00%	100.00%	95.56%	98.46%	96.92%	100.00%	100.00%	91.30%	86.30%	29.82%		97.97%	91.67%			
	31 Day Diagnosis to Treatment	Performance	DS	>= 96%	Nat	99.02%	98.25%	97.50%	97.41%	97.41%	97.35%	97.66%	96.15%	98.84%	97.22%	95.29%	96.46%		98.67%	97.50%			
	31 Day Second or Subsequent Treatment (Drug)	Performance	DS	>= 98%	Nat	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.92%	98.04%	100.00%	100.00%	100.00%	100.00%		99.64%	99.71%			
	31 Day Second or Subsequent Treatment (Surg)	Performance	DS	>= 94%	Nat	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	100.00%		95.91%	99.43%			
	62 Days Urgent Referral to Treatment	Performance	DS	>= 85%	Nat	72.80%	84.28%	89.73%	81.45%	80.42%	80.31%	85.94%	82.35%	80.00%	79.72%	74.58%	85.91%		83.23%	81.74%			
	62 Days Referral to Treatment from Screening	Performance	DS	>= 90%	Nat	100.00%	100.00%	100.00%	95.00%	93.33%	96.00%	100.00%	85.00%	100.00%	100.00%	92.31%	100.00%		98.51%	96.94%			
Well Led	Single Oversight Framework (SOF) - overall Score	Patients	RJ	3	SOF	3	3	3	3	3	3	4	4	4	4	4	4	4	3	4	4		
	Distance from Plan (YTD)	Patients	RJ	>= 0%	SOF	8.82%	-7.23%	-9.10%	-8.10%	-8.00%	-9.10%	-10.90%	-11.60%	-13.00%	-13.70%	-13.90%	-14.90%	-6.86%	-7.70%	-14.90%	-6.86%		
	Distance from control total (YTD)	Patients	RJ	>= 0%	QEH	8.89%	-40.85%	-69.10%	-67.68%	-75.09%	-90.87%	-127.42%	-162.36%	-188.91%	-220.57%	-226.81%	-280.82%	-19.40%	-204.48%	-280.82%	-19.40%		
	Agency spend (versus cap)	Patients	KC	<= 0%	SOF	-85.40%	-90.68%	-88.99%	-83.19%	-80.46%	-77.16%	-76.45%	-75.21%	-52.72%	-51.65%	-50.80%	-52.12%	-76.32%	-49.72%	-52.12%	-76.32%		
	% of eligible staff appraised (rolling 12 months)	Patients	KC	>= 90%	QEH	78.90%	78.19%	79.66%	81.47%	81.31%	82.66%	83.00%	83.93%	82.14%	82.61%	82.51%	84.06%	84.10%					
	% medical staff (except junior doctors) with an appraisal (rolling 12 months)	Patients	KC	>= 95%	QEH	84%	86%	88%	88%	84%	92%	95%	95%	91%	86%	87%	97%	92%					
	WTE lost as % of contracted WTE due to sickness absence (rolling 12 months)	Patients	KC	<= 3.5%	QEH	4.67%	4.55%	4.70%	4.64%	4.71%	5.08%	5.30%	5.55%	5.90%	5.82%	6.28%	5.53%	4.79%					
	% eligible staff attending core Mandatory Training (rolling 12 months)	Patients	KC	>= 95%	QEH	85.92%	85.06%	85.52%	85.15%	84.80%	85.14%	84.96%	85.04%	85.63%	85.63%	86.32%	87.25%	87.23%					
	Turnover (rolling 12 months)	Patients	KC	<= 10%	QEH	12.63%	12.38%	12.28%	12.37%	12.30%	11.90%	11.83%	11.93%	11.69%	11.89%	11.54%	11.86%	11.40%					
	Time to recruit (rolling position) *	Patients	KC	<= 65.5 days	QEH	Data not available prior to Jan 2019									106.5	102.8	101.5	100.1					
	Staff Friends and Family (quarterly)	Patients	KC			45.51%			43.22%			Not Collected			45.55%				50.91%	44.69%			
	PPM Including Statutory PPM	Patients	RJ	>= 95%	QEH	88%	91%	97%	92%	93%	94%	96%	96%	97%	92%	89%	83%	85%					
	CTG Training Compliance (Midwives)	Patients	KC	>= 90%	QEH	Data not available prior to Oct 2018						74.4%	75.8%	87.0%	97.0%	94.3%	94.1%	97.7%					
	CTG Training Compliance (Doctors)	Patients	KC	>= 90%	QEH							96.6%	96.6%	96.8%	85.7%	86.7%	86.7%	100.0%					

Staff Friends and Family for Q1 2019/20 will be available after submission in July 2019

3. DOMAIN REPORTS

Safe

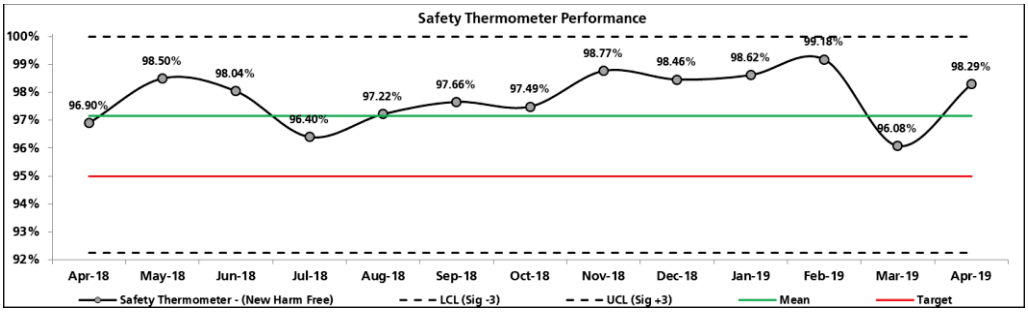
Areas of strong performance

The Trust declared no Never Events in April 2019, the last Never Event was declared in June 2018.

There were no MRSA bacteraemia. The last case was in April 2018.

The number of falls per 1000 bed day with Moderate, Major and Catastrophic harm has reduced to 0.09%, down from 0.33% in March. This was one fall with moderate harm.

Safety Thermometer scored 98.29% of Harm Free Care which is up from 96.08% in March. This is due to improved accuracy in reporting harm.



No areas fell below the safe staffing fill rate target.

It has been agreed with NHSI that staffing fill rates no longer need to be reported daily. This is due to the following;

- The reporting tool has been on-going since October 2018. The context within the organisation has now changed.
- The Trust is bringing in temporary staffing to maintain fill rates.
- Staffing is discussed and issues addressed at every site meeting that happens during the day, 7 days a week – so routinely at 8am and 2pm but more often dependent upon Opel level.
- The Trust Board and Hospital Management Board, together with the Workforce Committee all scrutinise staffing levels.
- Each weekday there is a daily staffing huddle at 11am.
- Fill rates have improved and the improvement has been sustained across 3 months.
- Planning for holiday periods has been improved.

A SOP will be designed to identify the criteria that would spark an escalation alert (minimum fill rates / length of time of issue etc.) and a process to ensure that alert is acted upon. The Trust already has a policy / procedure for escalation which is being revised and will be shared with NHSI.

Areas requiring improvement

Cleanliness high risk areas scored 94.4% (target - 95%).

With the exception of Day Surgery all the areas that have failed to reach 95% are due to estates works required or housekeeping.

The Associate Director of Facilities and Estates has indicated that a high number of the Estates requests relate to requests being made following audit completion rather than as they arise. Going forward, all wards have been requested to raise issues as they arise to ensure timely

resolution.

All estates issues have tickets raised and all ward sisters have received a copy of the report to rectify the housekeeper's issues and to ensure that housekeeper's duties are fully undertaken and a set of KPIs for housekeeper's are being devised.

Serious Incidents

The Trust declared six Serious Incidents (SIs) in April

Date SI declared	Date SI occurred	Description of incident
25.4.2019	25.3.2019	Mental health patient waiting more than 12 hours in Accident and Emergency Department
5.4.2019	27.3.2019	Baby transferred to Tertiary Centre for higher level support than available at QEH
3.4.2019	28.3.2019	Patient, with previously recognised risk of choking, choked on ward
12.4.2019	5.4.2018	Abnormal CT scan was not acted upon at time the scan was reported leading to potential delay in patient starting treatment
18.4.2019	8.4.2019	Pocketbook with patient details unaccounted for despite being stored in secure location
26.4.2019	24.4.2019	Delay in recognising that a patient's clinical condition was deteriorating

Actions from Serious Incidents declared in April;

In all cases immediate actions were taken to ensure that any urgent safety implications were addressed and these were discussed in Safety Huddles in clinical areas.

Immediate actions are reported in detail in Serious Incident reporting to Quality and Performance Committee. This month actions included implementation of a revised alert system for patients who require a modified diet due to swallowing problems, a review of the capacity of the Speech and Language team (who carry out swallowing assessments) and enhanced training for substantive and agency staff on use of NEWS2 (the process by which deteriorating patients are monitored). As a result of the delay in acting on an abnormal CT scan a wider review of abnormal CT scans has been commenced to provide assurance that there is no risk of any further delays in treatment.

Immediate actions are monitored through the Trust Clinical Governance Committee and assurance on delivery provided to Quality and Performance Committee.

Following the incident declared in April an enhanced audit on the recording and use of NEWS2 scoring was also introduced.

The incident involving the baby identified no immediate learning but was declared in line with the national "Every Baby Counts" criteria. The investigation of this incident will be led by the Healthcare Safety Investigation Branch (HSIB) in line with national best practice. The information governance incident was reported to the Information Commissioner's Office (ICO).

Staff involved in incidents were supported and managed where appropriate following the Trust's policies.

Learning from Serious Incidents;
Learning from previous incidents is monitored through the Trust Clinical Governance Committee and assurance provided to the Quality and Performance Committee.

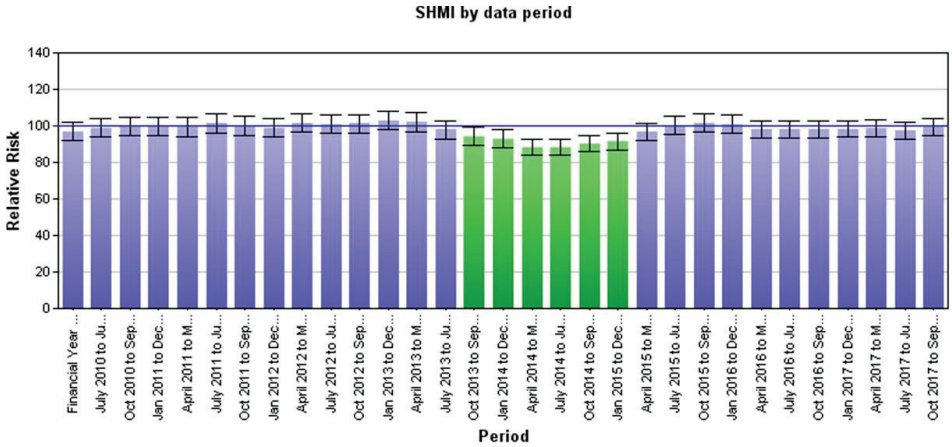
Key learning points arising from previous incidents but adopted in the last month includes adoption of a revised transfer policy to include management of oxygen, a revised alert system to ensure abnormal radiology results are highlighted to the requesting physician and completion of a review of Patient Group Directives for administration of contract in the radiology department. **The investigation process;** The number of incidents currently under investigation in the Trust is 26. This is in line with National Reporting and Learning Service (NRLS) benchmarks. The Trust has 23 investigations expected to complete within timeframes agreed with the Clinical Commissioning Group (CCG). Three are overdue and plans are now in place to ensure a revised completion date is met. There was a significant delay between incident occurrence and reporting in one case this month and this relates to the clinical detection of the incident, following which reporting occurred promptly.
Impact on performance on other domains and strategic priorities
The impact of environmental cleanliness is key to patient safety and quality of care and is a major priority for the Trust. The safe delivery of care and reduction of harm is key to the organisation and is part of the Trust's strategic quality priorities.

Effective

Areas of strong performance

There were 86 deaths in the hospital in April 2019. This number is lower than last year (100) and equates to 11.8 deaths per 1000 admissions which is lower than our previous rate in April 2018 at 14.0.

HSMR is within expected at 101.2. SHMI is also within expected at 0.99. The weekday HSMR is within expected at 97.6 but the weekend HSMR is 111.5 and above expected.



Areas requiring improvement

The weekend mortality is being audited with respect to clinical management and coding of renal disease due to possible trend data indicating potential area for improvement. The audit will be presented to the Mortality Surveillance Group in June 2019.

The high C Section rate is monitored closely by the Clinical Business Unit and an audit has been presented at Quality and Performance Committee in May 2019.

Caring

Areas of strong performance

The **Family and Friends (FFT)** test has met the Trust target in April all for the following areas:

- 97.0% recommended for inpatient and day care patients
- 30.17% response rate for inpatient and day care patients
- 96.98 % recommended for outpatients
- Maternity Labour response rate 31.68%
- Maternity 100% recommended
- The number of reopened complaints has been within target.

Areas requiring improvement

Mixed Sex Accommodation (MSA) **-** there have been 3 MSA breaches involving 6 patients all occurring within the Critical Care Unit. This is an increase from the previous month where there were 2 breaches involving 4 patients all breaches relate to a 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. The movement of patients from Critical Care is reviewed daily at the 11am bed meeting to ensure that all of the operational teams are aware of the need to move patients promptly to avoid potential MSA breaches.

Complaints - During the month of April 2019, the Trust received 35 complaints and had a response rate of 7% against the standard of 90%.

The reduction in the response rate has resulted from reduced capacity in the Complaints Team due to the impact of uncovered absence. Resource is now in place and responses will be compliant by the end of July 2019.

In addition, on review of complaints, the Chief Executive has sought further assurance around actions being undertaken and implementation of lessons learnt within the Divisions. This has resulted in complaint responses being revised which in turn has caused a delay in response compliance.

Within the Trust there are three Clinical Business Units (CBUs) which have the highest complaint rates.

Themes within General Surgery / Orthopaedic services;

- Fundamental care
- Delay in appointment
- Staff manner and attitude
- Concerns about skills of staff
- Delay in treatment

Themes within Women and Children services;

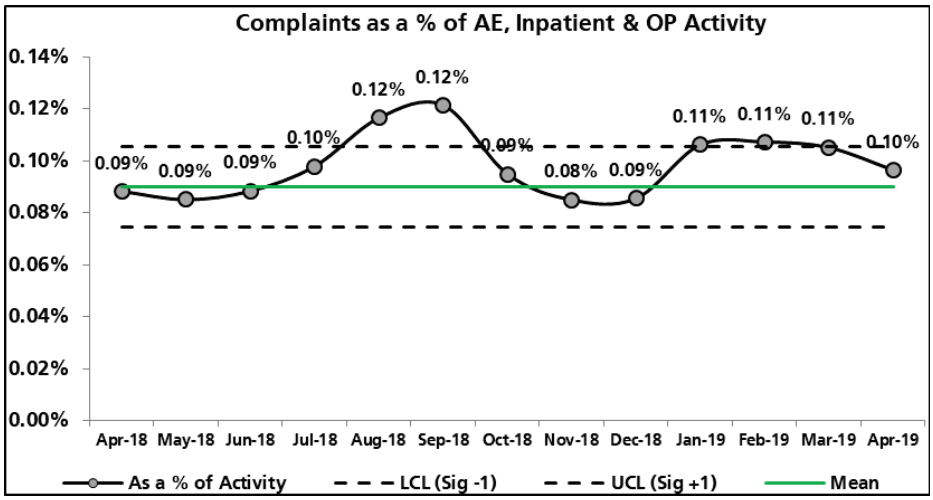
- Manner and attitude
- Communication

Themes within Emergency Department and Access areas;

- Delays in ED
- IP&C practice
- Communication
- Delays in treatment

The graph below shows the percentage of complaints based on the number of ED / Outpatient and Inpatient attendances per month. This demonstrates that complaint numbers have risen

since December and have plateaued over the past three months with a slight reduction in April.



Actions taken to reduce complaints and improve response compliance;

- The Chief Nurse Advisor has given advice and direction on content of future reports to ensure increased Board oversight. The trust complaints process is under review by the Chief Nurse Advisor which will include a simplified flow chart relating to response and timeliness expectations.
- Recommendation that patient stories are raised at divisional and HMB meetings. A patient story will be shared at the Trust Board together with actions taken and learning.
- From 20th May 2019 a clinical complaints advisor will join the complaints department to strengthen the clinical input and advice. This person will have contact with all patients on the day of receipt of the complaint. They will support the clinical teams with resolution meetings, complaints writing and provide clinical oversight of complaints and liaise with the division to support and enhance the complaints procedure. A key focus will be to remedy the backlog of complaints in place.

Assurance

An in-depth review of complaints, actions taken and learning to be shared is reported on a monthly basis to the Quality and Performance Committee.

Within Division 1, a monthly Quality Risk and Safety (QRS) meeting has been introduced where SIs, complaints and clinical issues are explored and learning from these are shared. This process will be followed in Division 2 from July 2019.

Both Divisions are introducing a quarterly newsletter to report on themes and actions taken and are reviewing processes to increase timely response rates.

Family and Friends in ED - The likelihood to recommend is below target at 93.25% for April, but has improved from the previous month where the result was 90.57%. The response rate of 11.55% has only slightly increased from the previous month which was at 11.04% and remains below the target.

Actions taken to improve;

All feedback from both family and friends test and complaints is shared with the ED team so they are aware of the impact of the delivery of care given by the team has had on patients, to improve and develop practice and approach to patients.
Healthwatch are due to commence listening events for patients in ED which will gather data on what issues impact of patients perception of ED and the changes to be made to improve patient

feedback in this area.

Dementia - The % of eligible patients who have dementia funding applied remains extremely low at 43.54%against the target of 90%.

Actions taken to improve;

This has been raised formally with the Associate Medical Director within Division two. This question is currently is no longer in the clerking sheet and requires to be asked of all patients, The AMD has been requested to put in a recovery plan and a process to ensure this is undertaken until the question is put back into the proforma.

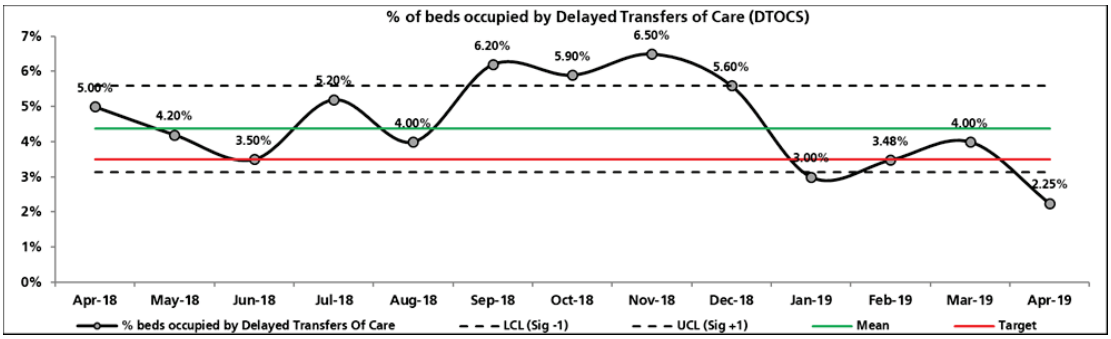
Impact on performance on other domains and strategic priorities
Increased challenges to patient flow, delays in ED and subsequent admissions to the Trust can negatively impact on the patient experience, which in turn can impact on patients' likeness to recommend the Trust. Following a recent CQC visit initial feedback raised concerns in relation to patient safety with regards to oversight of the "fit to sit" and the minor's areas. Staffing levels have been reviewed and increased to ensure that there is a supernumerary co-ordinator on every shift and that the cohort nurse shift is covered. The Trust has since received a section 31 which has placed requirement on ED to meet safety requirements. A daily breach return is completed with regards to staffing levels in ED. Poor compliance with response rates for complaints can adversely impact on the Well Led domain. 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

Areas of strong performance

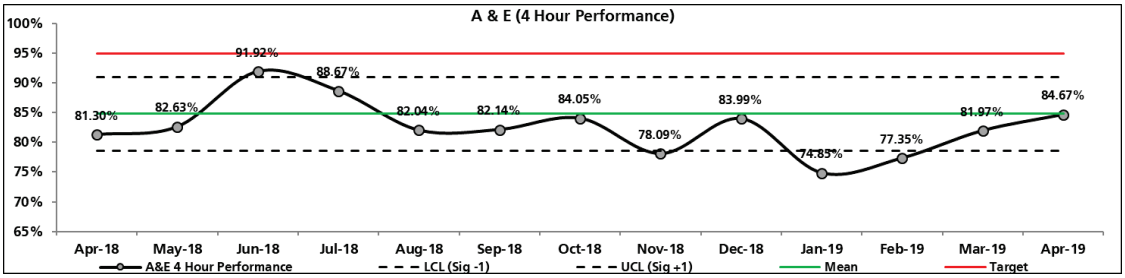
Delayed transfers of care reduced from 4.00% in March to 2.25% in April, exceeding the national standard of 3.5%.



There were no **12-hour breaches** during April.

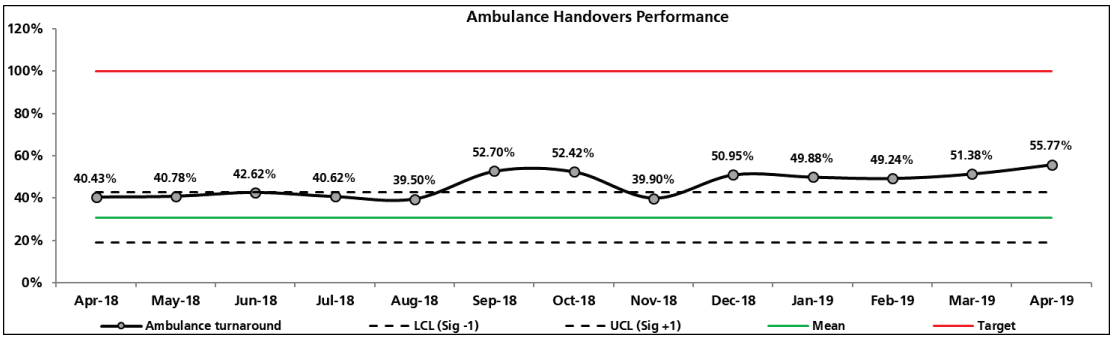
Areas requiring improvement

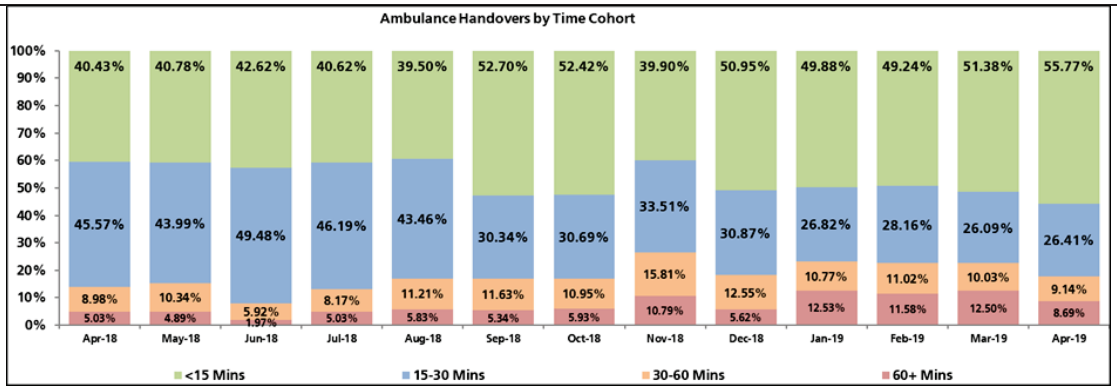
Four-hour emergency performance improved from 81.97% in March to 84.67% in April; national ranking improved from 86th to 50th.



A month on month improvement in performance has been seen since January and the Trust is on track to deliver the Q1 trajectory of 85%. The Trust has an emergency care improvement plan in place to address the CQC section 31 conditions and deliver improvements in performance, this reports to the Quality and Performance Committee.

Ambulance handover within 15 minutes has improved from 51.38% in March to 55.77% in April and is the strongest performance delivered in over 12 months.





Ambulance handovers taking 30 – 60 minutes has reduced from 10.03% in March to 9.14% in April and ambulance handovers taking over 60 minutes has reduced from 12.5% in March to 8.69% in April.

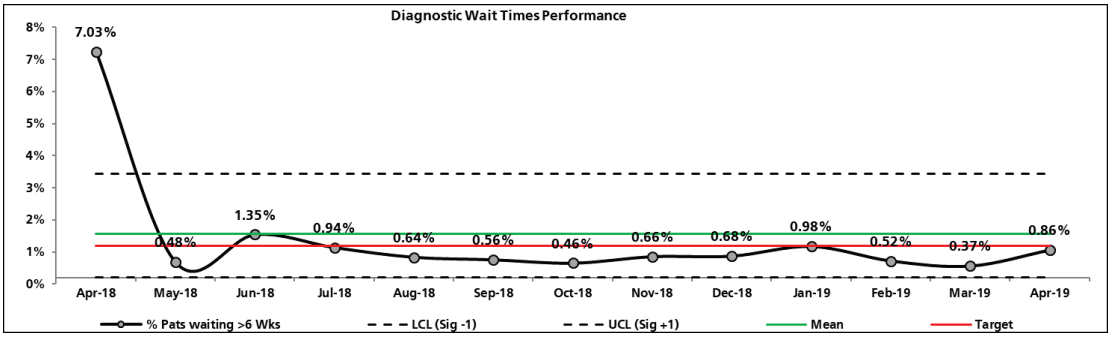
The Trust and EEAST have a joint action plan in place to deliver improvements in ambulance handover times and EEAST continue to provide dedicated management support to the Trust.

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

6-week diagnostic standard performance remains strong with April performance at 0.86%. The Trust has delivered this standard for 10 consecutive months.

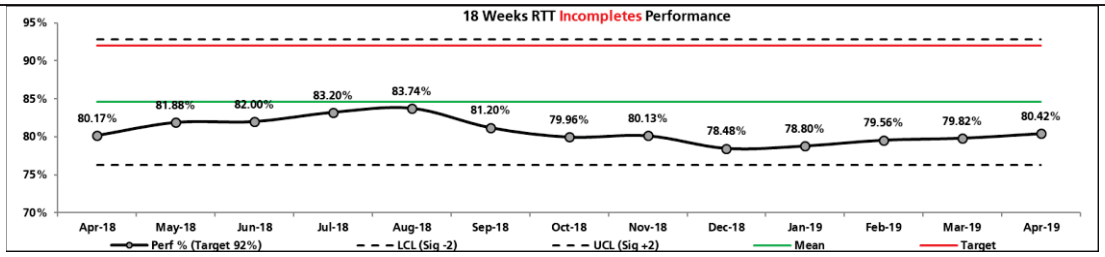


There were no **urgent operations cancelled more than once** in April.

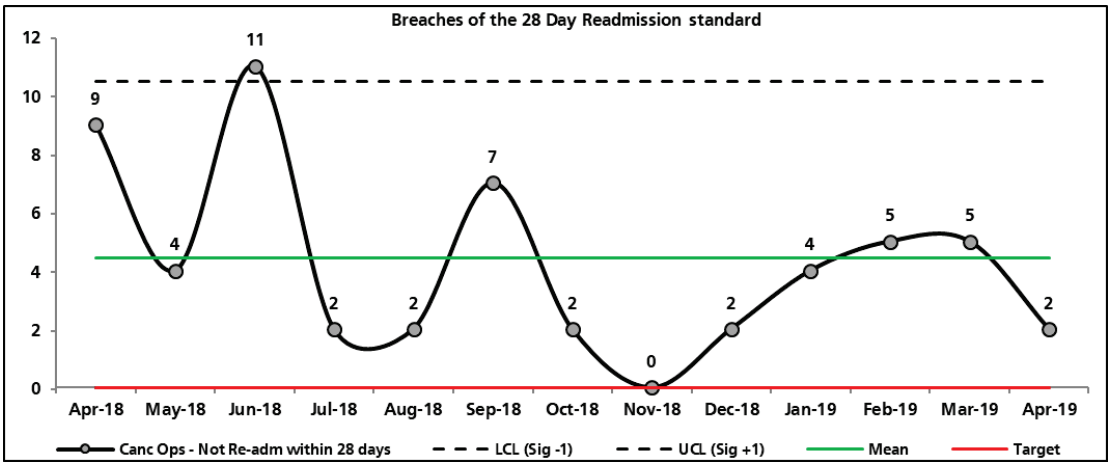
There were no **52-week breaches** reported in April.

Areas requiring improvement

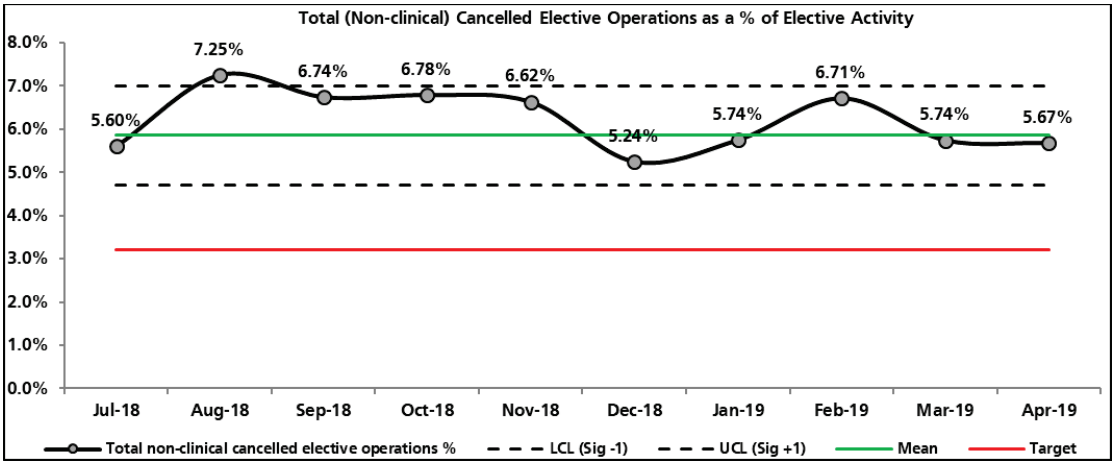
18-week RTT performance improved from 79.82% in March to 80.42% in April, ahead of the April trajectory set at 78.95%. At the end of April 2019, the total Trust waiting list was 13,707 and the total backlog was 2,684.



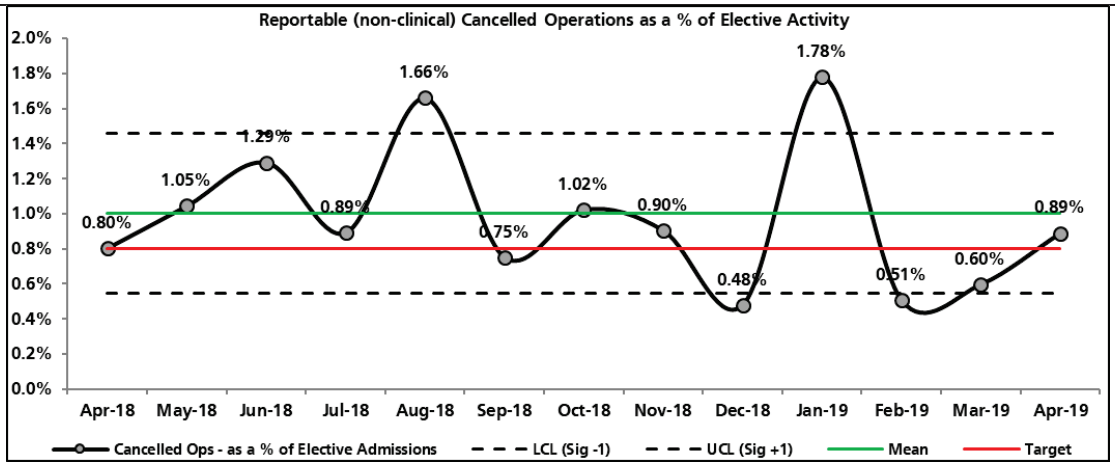
There were 2 **breaches of the 28-day guarantee** in April, an improvement on March. Both patients were cancelled due to a lack of HDU bed and both were offered a date within 28 days. However, one patient was not medically fit for surgery on this revised date and the second patient declined the revised date.



The number of **'prior to the day' non-clinical cancellations** improved from 5.74% in March to 5.67% in April; however, this is still above the local target.



The number of reportable, **on the day, non-clinical cancellations** increased from 0.6% in March to 0.89% in April, against the standard of 0.8%. This equated to 34 patients; there were two main causes of these cancellations, (i) lack of anaesthetic cover and (ii) lack of theatre time as preceding cases overran.

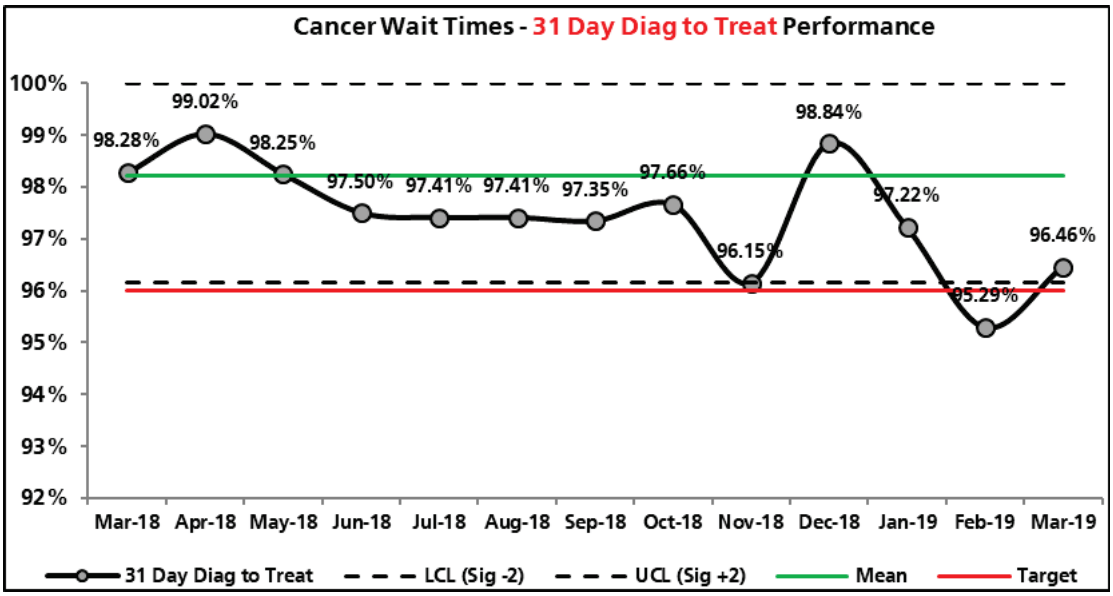


Impact on performance on other domains and strategic priorities
Extended waiting times for elective care can have a detrimental impact on patient experience and patient outcomes. Actions to address extended waiting times can include additional activity at premium rate sessions, thereby impacting on financial performance.

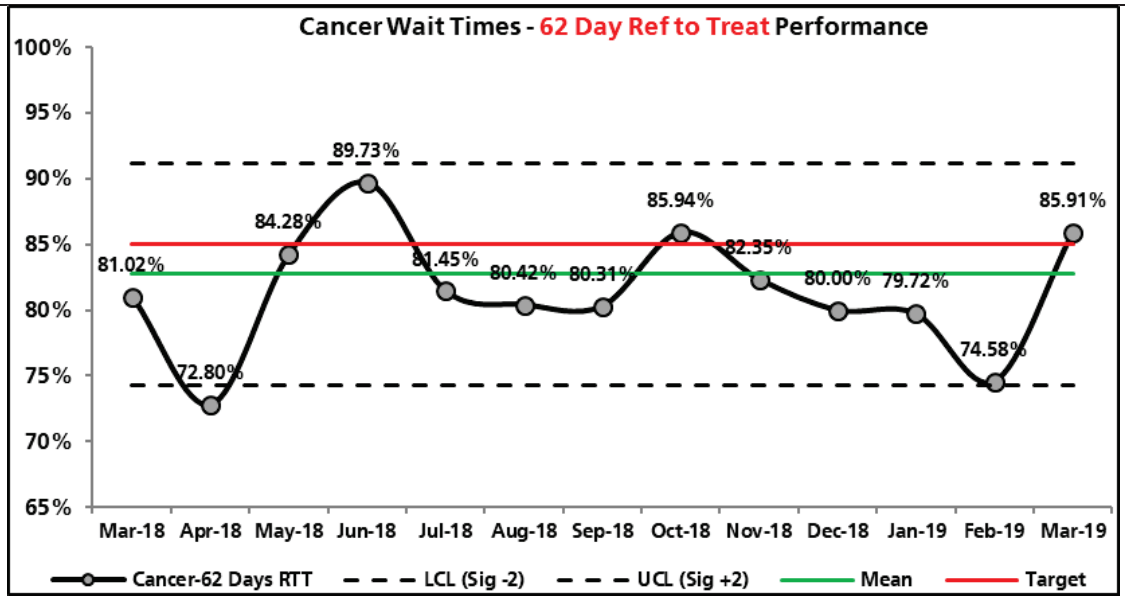
Cancer pathway

Areas of strong performance

The Trust achieved the **31-day treatment** standard (96.46%) and **31-day subsequent treatment** standards (100%) for March.



The Trust achieved the **62-day referral to treatment** standard (85.91%) and **62-day screening to treatment** standard (100%) for March.



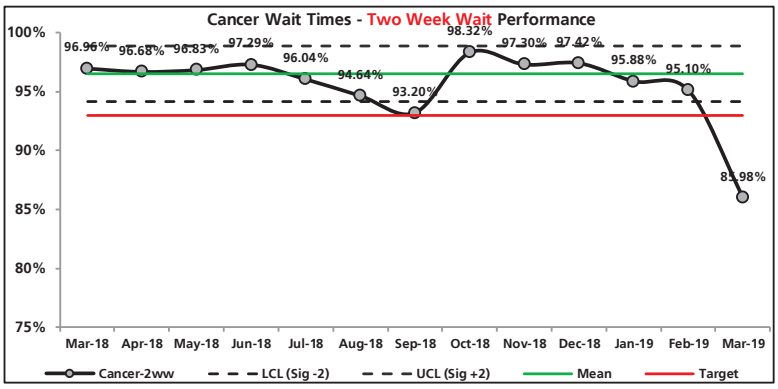
Due to the current backlog across a number of tumour sites the Trust is forecasting a deterioration in performance from April (reported in June) with recovery forecast by August (reported in October). The current backlog is c.65 patients, this needs to reduce to 15 – 20 for the Trust to deliver sustainable 62-day performance. The Trust has a recovery action plan in place, oversight of this is through the monthly Cancer Board.

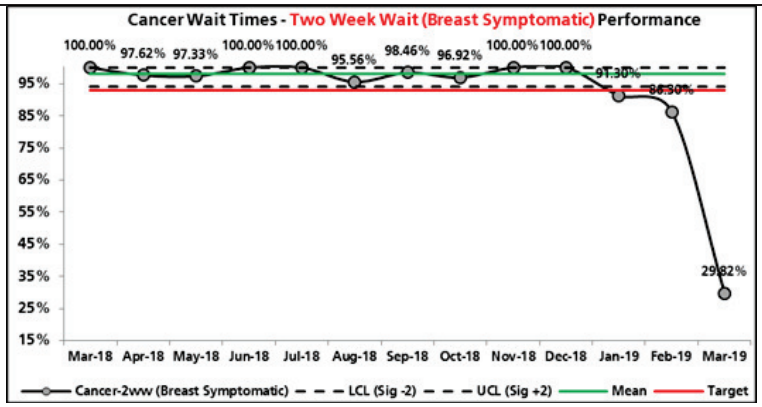
Areas requiring improvement

2 week wait performance was 85.98% in March, against the standard of 93%, and 2 week wait (breast symptomatic) performance was 29.82%, against the standard of 93%.

Whilst there has been an increase in out of area referrals to the service, this was compounded by a 25% loss of capacity in March due to both breast screening Radiologists being absent for one week in the month.

The Trust has a plan in place to clear the backlog created by this loss of capacity and performance is forecast to recover, for both of these standards, in June 2019 (reported in August).





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. Actions to address extended waiting times can include additional activity at premium rate sessions, thereby impacting on financial performance.

Well Led

Finance

Areas of strong performance

The Trust resubmitted its updated Control Total compliant final Operational Plan 2019/20 to NHSI on the 15 May.

In April the Trust negotiated £6m of STP support for 2019/20 to enable it to finalise its Operational Plan to a Control Total compliant position.

Areas requiring improvement

A £0.4m deficit outturn position for Month 1. £0.2m of the adverse variance (substantive pay) is 'technical' only, due to profiling between the top down NHSI financial plan and the Trust's bottom up budgets by cost centre. Of the remaining £0.2m of net adverse variance most notable are overspends on nurse agency costs (£0.2m) and drug expenditure (£0.1m). The Chief Nurse Advisor is engaging with senior nursing staff as to where actions can occur to recover the nurse agency overspending.

Whilst the Trust's development of its existing CIP scheme pipeline to final Gateway 4 delivery stage was ahead of trajectory in April, there is a need for the Trust to be better able (and at greater pace) to generate further ideas at scale as the total pipeline value has plateaued in recent weeks. Pace on the pipeline quantum will be clearer at the end of May once all of the Hospital Management Board follow-up sessions have been held and most workstream meetings concluded. A focus on the upper range level of opportunity at the workstream meetings is expected to drive ideas at scale.

Prioritisation and ownership of ongoing CIP development in Divisions is being brought into w/c 20th May Divisional PRMs to increase the focus on financial sustainability in general and CIPs in particular. To support CIP planning & delivery PMO posts have been advertised and good initial interest has been received. Given the scheduled withdrawal of PwC provided support, contingent planning is underway to ensure PMO lead role continuity if a post-interview notice period gap should arise.

Impact on performance on other domains and strategic priorities

Poor financial performance against plan reduces the Trust's credibility with stakeholders, particularly the Regulator. As a consequence, the Trust's decisions-making and performance comes under greater scrutiny, adding further cost whilst diverting time from the quality improvement agenda.

Contingent planning to beat the Operational Plan in other areas is underway to ameliorate the effect of any CIP target shortfall upon the Trust's ability to still deliver its Control Total position by end March 2020.

There is a link between the quality and safety of clinical services with the strength of financial performance. Improving the quality of clinical services will help the Trust to improve financial performance, making better use of tax payers' money.

DETAILED FINANCE REPORT

1.0 FINANCIAL PERFORMANCE – MONTH 1 – APRIL 2019

The Annual Plan

The Trust is measuring its financial performance against a plan to deliver a 2019/20 deficit Control Total of £2.3m as submitted to NHSI in May 2019.

This includes £6m of STP support and £23.3m in relation to Financial Recovery Fund (FRF), Performance Sustainability Fund (PSF) and Marginal rate Emergency threshold (MRET). The Trust must achieve a deficit of £25.6m in order to release the additional £23.3m of additional support from the DoH.

In month I&E

The Trust's performance for April 2019 is a £3.4m deficit before Provider Sustainability Fund (PSF), Financial Recovery Funding (FRF) and Marginal Rate of Emergency Treatment (MRET) income is taken into account; this is £0.4m adverse to the submitted NHSI financial plan. The Control Total deficit is £2.2m, which is £0.4m adverse to NHSI plan. £0.2m of the adverse variance (substantive/bank pay) is due to profiling between the top down NHSI financial plan and the Trusts bottom up budgets by cost centre. Of the remaining £0.2m of net adverse variance most notable are the overspends in nurse agency costs (£0.2m) and drug expenditure (£0.1m).

Year to date I&E

The year to date position is also a £3.4m deficit before PSF which is £0.4m adverse to plan.

Outturn I&E

The Trust's 2019/20 outturn control total deficit is currently forecast to be £2.3m. At the end of month 1, the plan is forecast to be achieved.

Performance against total agency cap

The Trust's monthly agency spend is £1.5m, this is £0.7m adverse to our monthly cap (£0.25m adverse to our budget).

Cash

Cash at the 30th April is £3.4m, a £1.0m reduction from 31st March.

Distressed financing revenue support loans of £1.7m were received in April. Further loans of £2.3m were requested, and have been received in May.

Interim capital loan repayments of £0.2m are forecast for late May.

Capital

As at the end of April 2019 total capital expenditure of £0.2m has been spent. The expected capital programme for 2019/20 remains dependent upon £9.6m of capital loan finance and is subject to formal approval at the May 2019 Board meeting. National decision making on a further externally financed element, relating to £0.6m of matched funding, has been deferred to September.

Finance Ratios

The agency to total pay ratio is 11.2%. This has been affected by the year on year increase in agency pay costs (principally driven by nurse agency) which has outstripped the year on year increase in substantive and bank pay costs.

2.0 STATEMENT OF COMPREHENSIVE INCOME

	£m	In Month				Year to Date				Forecast Out-turn			
		Plan	Actual	Fav / (Adv)		Plan	Actual	Fav / (Adv)		Plan	Actual	Fav / (Adv)	
I&E	Clinical Income	14.5	14.7	0.2	2%	14.5	14.7	0.2	2%	184.1	184.1	0.0	0%
	Education, Training & Research Income	0.6	0.6	(0.0)	(7%)	0.6	0.6	(0.0)	(7%)	6.8	6.8	0.0	0%
	Other Non Clinical Revenue (ex PSF)	0.8	1.0	0.2	20%	0.8	1.0	0.2	20%	9.6	9.6	0.0	0%
	Total Income	**15.9**	**16.2**	**0.3**	**2%**	**15.9**	**16.2**	**0.3**	**2%**	**200.5**	**200.5**	**0.0**	**0%**
	Pay Costs - Substantive	(10.8)	(11.1)	(0.3)	(3%)	(10.8)	(11.1)	(0.3)	(3%)	(130.0)	(130.0)	0.0	0%
	Pay costs - Bank	(1.2)	(1.1)	0.1	7%	(1.2)	(1.1)	0.1	7%	(12.8)	(12.8)	0.0	0%
	Pay Costs - Agency	(1.3)	(1.5)	(0.2)	(19%)	(1.3)	(1.5)	(0.2)	(19%)	(13.2)	(13.2)	0.0	0%
	Total Pay	(13.3)	(13.8)	(0.5)	(4%)	(13.3)	(13.8)	(0.5)	(4%)	(156.0)	(156.0)	0.0	0%
	Non Pay	(5.0)	(5.2)	(0.2)	(5%)	(5.0)	(5.2)	(0.2)	(5%)	(68.0)	(68.0)	0.0	0%
	Total Operating Costs	**(18.2)**	**(19.0)**	**(0.7)**	**(4%)**	**(18.2)**	**(19.0)**	**(0.7)**	**(4%)**	**(224.0)**	**(224.0)**	**0.0**	**0%**
	EBITDA	**(2.3)**	**(2.7)**	**(0.4)**	**(17%)**	**(2.3)**	**(2.7)**	**(0.4)**	**(17%)**	**(23.5)**	**(23.5)**	**0.0**	**0%**
	Non Operating Costs	(0.7)	(0.7)	(0.0)	(1%)	(0.7)	(0.7)	(0.0)	(1%)	(2.3)	(2.3)	0.0	0%
	Adjust Donated Assets	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.2	0.2	0.0	0%
	Control Total before PSF	**(3.0)**	**(3.4)**	**(0.4)**	**(13%)**	**(3.0)**	**(3.4)**	**(0.4)**	**(13%)**	**(25.6)**	**(25.6)**	**0.0**	**0%**
	PSF, FRF and MRET funding	1.3	1.3	0.0	0%	1.3	1.3	0.0	0%	23.3	23.3	0.0	0%
	Control Total	**(1.8)**	**(2.2)**	**(0.4)**	**(23%)**	**(1.8)**	**(2.2)**	**(0.4)**	**(23%)**	**(2.3)**	**(2.3)**	**0.0**	**0%**
Ratios	Agency : Total Pay	9.8%	11.2%			9.8%	11.2%			8.5%	8.5%		
	EBITDA : Income	(14.6%)	(16.8%)			(14.6%)	(16.8%)			(11.7%)	(11.7%)		
	Net Deficit : Income	(19.2%)	(21.3%)			(19.2%)	(21.3%)			(12.9%)	(12.9%)		

Key

- EBITDA refers to Earnings Before Interest, Taxes, Depreciation and Amortisation
- Fav refers to a favourable variance to plan
- (Adv) refers to an adverse variance to plan

Year to Date:

Clinical Income, £0.2m favourable to plan:

Planned Care (In-patient elective activity and outpatient activity) is £0.4m favourable to plan. This is primarily as a result of elective inpatient activity being 47 spells above the plan (£0.3m Fav) in specialties with a high unit value (T&O, General Surgery). Outpatient Attendances are also above planned level by 852 attendances (£0.2m Fav). Day case activity however is below plan by 344 spells (£0.1m Adv). £166k of the favourable to Plan position is income relating to sub-contracted care provided by other providers which carried matching non-pay costs.

Unplanned care activity is 41 spells below the plan at the end of April. ED attendances are 104 above the plan.

Commissioner agreements have been agreed for the Norfolk CCGs whereby unplanned activity is paid for in a block value and is not therefore impacted by performance.

The planned care favourable variance of £355k has been off-set by the impact of block agreements by £166k; making the overall position a favourable variance in April of £189k. (£0.2m in the table above).

Education, Training, Research & Other Non-Clinical Income, £0.2m favourable to plan:

£60k has been received in April for winter support funding and £66k of deferred income has also been received which have offset non-pay cost incurred in April. £26k has been received to off-set pay training costs incurred. A number of smaller items have combined to create a favourable variance of £44k in April.

Pay costs

YTD pay costs including substantive, bank and agency are £13.8m. This is adverse to the YTD budget of £13.3m by £0.5m. Agency costs are £255k adverse to budget (mainly Nursing), Bank costs are £85k favourable to budget and substantive costs are £338k adverse to budget (budgeting profile issue currently being resolved).

Non pay costs

The Trust reports an in month non pay position of £232K adverse to budget. This takes the YTD position to £232k adverse against the budget. This adverse variance was mainly due to the additional purchase of healthcare from other providers £161k (which is offset by matching income within our planned care favourable variance), and additional spend on drugs £98k.

Efficiency savings

The CIP target for April was a total of £234k and £164k was delivered, £58k of which arose from new 2019/20 schemes that moved into delivery during April. A number of actions are being undertaken with the aim of improving CIP performance, and these are noted at page 20 of this report.

3.0 STATEMENT OF FINANCIAL POSITION

Statement of Financial Position

	31st Mar 2019 £m	**31st Mar 2019 £m**	**30th Apr 2019 £m**	Month Variance £m	YTD Variance £m
Non current assets	84.9	**84.9**	**84.5**	(0.4)	(0.4)
Current Assets					
Inventories	2.1	**2.1**	**2.2**	0.1	0.1
Trade & Other Receivables	13.9	**13.9**	**16.6**	2.7	2.7
Cash	4.4	**4.4**	**3.4**	(1.0)	(1.0)
Current liabilities					
Trade & Other Payables	(12.7)	**(12.7)**	**(14.6)**	(1.9)	(1.9)
Accruals	(12.1)	**(12.1)**	**(11.6)**	0.5	0.5
Other current liabilities (exc. borrowings)	(0.7)	**(0.7)**	**(1.2)**	(0.5)	(0.5)
Non current liabilities (exc. borrowings)	(0.8)	**(0.8)**	**(0.8)**	0.0	0.0
Borrowings	(120.0)	**(120.0)**	**(121.7)**	(1.7)	(1.7)
Total assets employed	(41.0)	**(41.0)**	**(43.2)**	(2.2)	(2.2)
Tax payers' equity					
Public Dividend Capital	52.7	**52.7**	**52.7**	0.0	0.0
Revaluation Reserve	11.6	**11.6**	**11.6**	0.0	0.0
Income & Expenditure Reserve	(105.3)	**(105.3)**	**(107.5)**	(2.2)	(2.2)
Tax payers' equity	(41.0)	**(41.0)**	**(43.2)**	(2.2)	(2.2)

The key movements in the monthly balance sheet (subject to Audit) in April are highlighted below:

Non-Current Assets

The value of non-current assets has decreased by 0.4m, this being the net charge of depreciation and the low value of capital additions in April.

Working capital

Trade and other receivables increased by £2.7m primarily due to the final reconciliations of activity volumes for CCGs. The comprehensive agreement of contract values for 2018/19 means that these debts are expected to be settled early 2019/20.

Cash balances decreased by £1.0m to £3.4m as a result of the timing of cash inflows and outflows and the planning assumptions around the availability of loan financing. Net Trade Payables and accruals increased by £1.4m also due to a cautious creditor payment assessment, also associated with the availability of loan availability and the commencement of the new financial year.

Borrowings increased by £1.7m, a net increase associated with receipt of distressed financing loan of £1.7m.

Reserves

The deterioration in the I&E reserve of £2.2m reflects the adverse trading position in April.

4.0 STATEMENT OF FINANCIAL POSITION: WORKING CAPITAL

Key Performance Indicators

Debtor/Creditor Days	Target	Mar-19	Apr-19
Debtor Days	30	27	29
Creditor Days	60	57	65

BPPC (Cumulative)	Target	Mar-19	Apr-19
Value	95%	18.5%	13.3%
Volume	95%	8.8%	7.7%

Aged Debt	Target £000s	Mar-19 £000s	Apr-19 £000s
Current < 30 Days		22,175	15,230
>30 days <60 Days		467	6,964
>60 Days < 90 Days		269	168
Over 90 Days	**<5%**	1,581	1,923
Total		24,492	**24,285**
% over 90 days		**6.5%**	**7.9%**

Liquidity	Target	Mar-19	Apr-19
Liquidity Days	> -20 days	(14.3)	**(13.9)**

Debtor and Creditor Days

Debtor days remain comparable to the year end and target at 29 days.

Creditor days have increased by 8 days between March and April. 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. The increase to 65 days is associated with cautious creditor payments made in April due to the level of loan facility availability.

Better Payment Practice Code (BPPC)

The Trust's BPPC performance has deteriorated slightly due to the further stretch in creditor days as described above. The consistent low performance is associated with the stretching of creditor days over a number of years to minimise loan requirements.

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 (NNUH & NCH&C). The disputes are around the provision of Trust staff and the use of Trust premises to these partner organisations. The STP remains aware of the requirement to broker the resolution of these debts at DoF level. Due to the commissioning reconciliation process and AOB agreement for 2018/19, a level of outstanding debt has slipped from current i.e. <30 day, to >30 days <60 Days. It is usual that April & May see this increase in NHS o/s debt, but usually by end of Q1 final agreements and discussions have concluded, reducing the overall debt value.

Liquidity Days

Liquidity days have improved between February and March by 11 days, the improved position is associated with the reduction in net current liabilities (high NHS debt level as described above).

Well Led (continued)

People

Areas of strong performance

Sickness absence has decreased to 4.79% from 5.27% for the month of April.

Medical vacancy rate remains below 6% at 5.74%.

AHP vacancy rate has fallen this month to 4.81% from 6.09%.

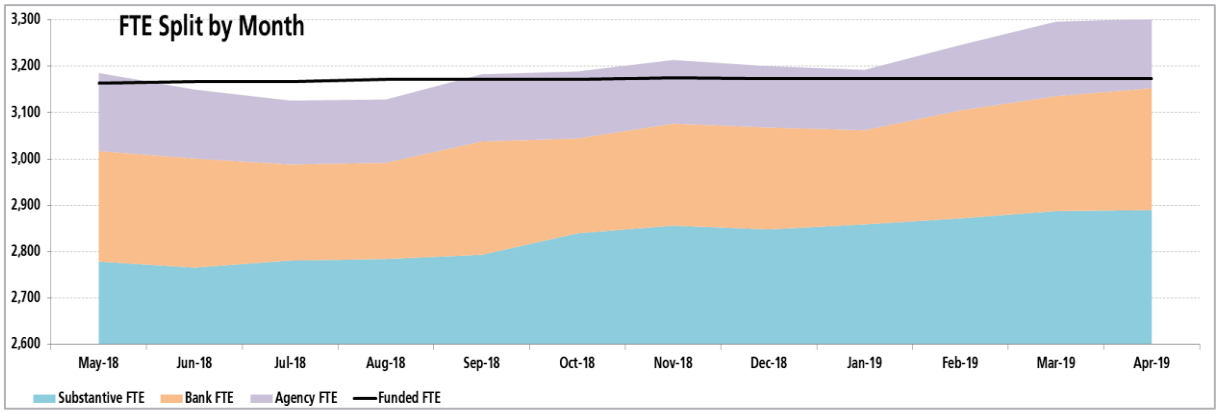
Stability (staff staying in post for longer than 12 months) has increased to 87.67%.

KPI performance;

KPI	Change over the year	Change since last month
Vacancy	-12.06%	-8.85%
Sickness	0.38%	-0.48%
Stability	-2.94%	0.10%
Turnover	-1.08%	-0.45%
Appraisal (exc Bank)	6.33%	0.16%
Appraisal (inc Bank)	5.91%	0.04%

Areas requiring improvement

Staff in post

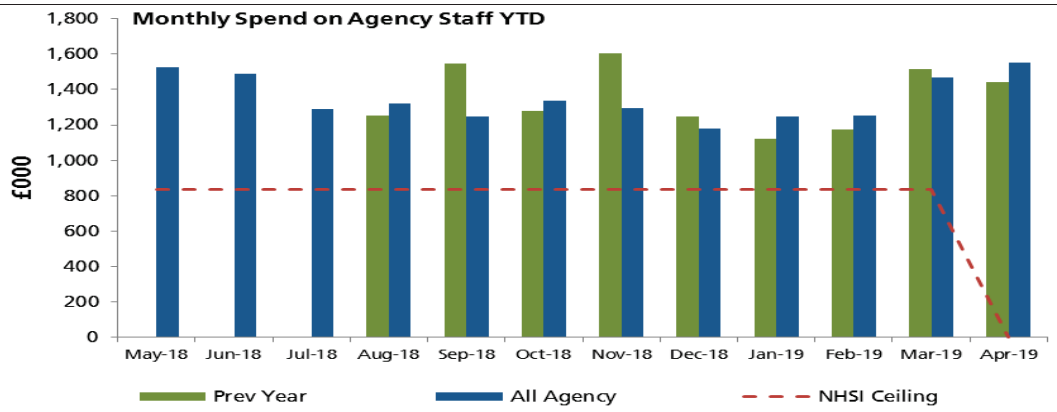


Staff in post, bank and agency usage;

The Trust currently employs 3321 substantive headcount, working a substantive whole time equivalent of 2889.76, against a funded establishment of 3172.98 (18/19 Establishment as 19/20 not finalised at the time of writing the report) as of April 2019.

Both substantive FTE and headcount increased for the fifth consecutive month.

Bank usage increased in April but agency decreased.



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

	Plan	Actual
	30/04/2019	30/04/2019
	Month 1	Month 1
	WTE	WTE
ALL STAFF	3306.64	3303.52
Bank	271.48	263.09
Agency staff (including, Agency, Contract and Locum)	105.15	149.67
Substantive WTE	2930.01	2890.76
Total Substantive Non-Medical - Clinical Staff	2026.81	1598.29
Total Substantive Non-Medical - Non-Clinical Staff	522.54	560.8
Total Substantive Medical and Dental Staff	380.66	371.67

Sickness Absence

Although sickness has decreased this month from 5.53% in March 2019 to 4.79% as at 30th April 2019 this is higher than the trajectory improvement for sickness agreed by the Trust Board in March 2019. The trajectory target for April 2019 was 3.58% which was set to achieve 4% by the end of the year.

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. Table below shows the top five reasons for sickness in April 2019.

Top reasons for sickness;

Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	54	55	836	16
S99 Unknown causes / Not specified	86	89	630	12
S98 Other known causes - not elsewhere classified	40	40	536	10
S12 Other musculoskeletal problems	41	44	501	10
S25 Gastrointestinal problems	108	109	413	8

Actions taken to address;

The Trust is implementing the following to support staff;

- A support package on mental health awareness that is being supported by UNISON. An open day is planned for the 24th May.
- Mindfulness, mental health first aid and resilience training to commence in July 2019.
- Ensuring all absences have a reason for absence recorded.
- Work continues with IP&C.
- The Occupational Health team ran a pamper day for staff on 26th April 2019 to support staff well-being which was well attended and will be ran again later in the year.
- Additional "supporting you" training commencing in May 2019 for all Managers to attend.
- Dedicated HR support now in place to support the formal review process. Commenced in April 2019.

It is to be noted there has been a month on month improvement in sickness levels for the last three months. There are individuals currently on long term sickness which are attributable to the impact of undergoing a HR process. All employee relations cases are being reviewed and timescales added to draw the cases to conclusion and from June 2019 these will be monitored and reviewed by the Workforce Committee.

Turnover

Turnover has decreased from 11.82% to 11.37%. Stay conversations are continuing with staff, ask and act sessions are in place. An Interim Head of Workforce has been employed to review recruitment and retention. In addition as part of the Experience of Care week, further why do I stay conversations took place.

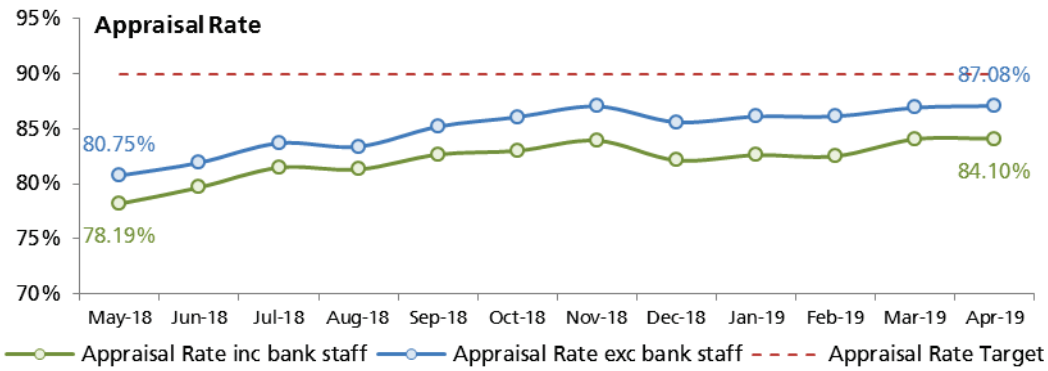
Turnover for Medical and Dental has decreased from 11.83% to 9.13%. This figure has declined in the last six months from 15.08%.

Nurse turnover decreased from 15.13% to 14.57%. A workforce prediction tool has been developed which predicts a decrease in vacancy rate from 136.73 WTE to 71.8 WTE in December 2019.

AHP turnover has decreased to 15.39% from 16.03%

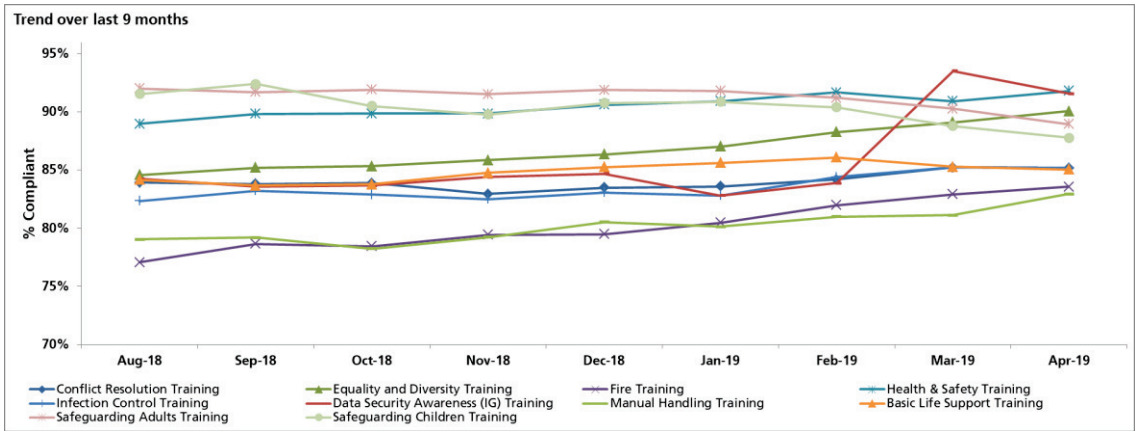
Appraisals

The Trust appraisal rate has increased from 86.92% to 87.08%. 205 appraisals have been completed in month. Trajectories for achievement of the Trust target are in place for all areas. Operational Pressures and sickness have caused a delay in completion. Paperwork has been refreshed and implemented which now concentrates on recording the appraisal discussion.



Mandatory training

There has been a slight decrease for all 10 subjects which means that overall compliance has decreased from 87.25% to 86.10%. 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 with support from the PMO team.



Other key actions;

- Initial recruitment and retention strategy and principles agreed at Trust Board in April 2019.
- 12-month action plan to be presented to Workforce Committee in June.
- Staff Survey action plans and progress against action plans presented to Workforce Committee in May. Committee noted progress against the agreed action plan. Work continues.

4. APPENDICES

Appendix A

2018/19 YEAR TO DATE PERFORMANCE COMPARED WITH PEER HOSPITALS (To March-19)

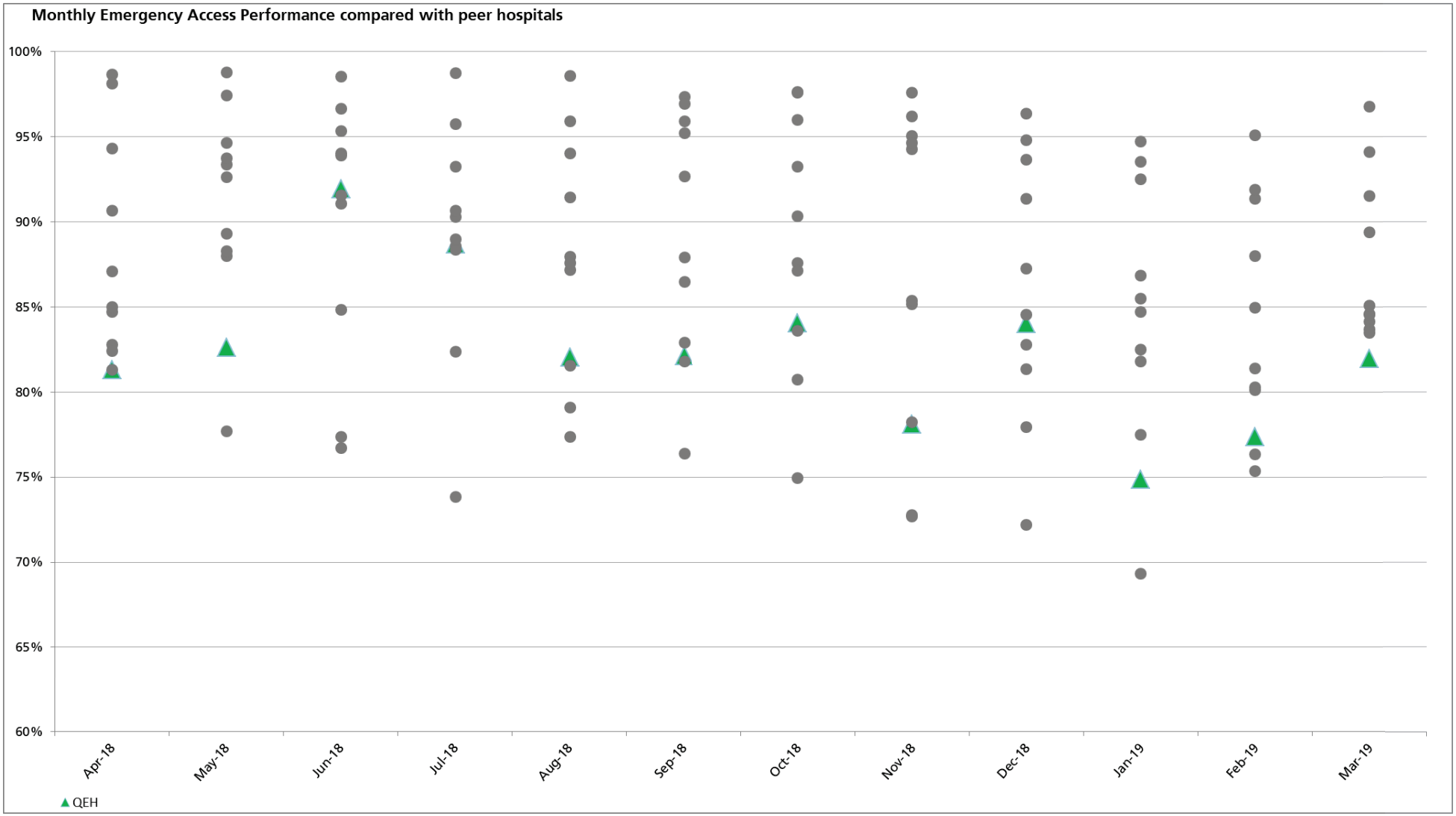
Indicator	Target	QEH	Dartford & Gravesham	Dorset County Hospital FT	George Eliot Hospital	Homerton Uni Hospital FT	Isle of Wight	James Paget Uni Hospitals FT	Northern Devon Healthcare	West Suffolk FT	Wye Valley	Yeovil District Hospital FT
Clostridium Difficile (Hospital acquired)	53	22	15	10	12	3	8	15	5	12	24	5
MRSA Bacteraemia (Hospital acquired)	0	2	2	0	0	2	0	0	0	0	1	0
Same Sex Accomodation Standards breaches	0	93	572	31	0	0	148	0	0	30	229	0
Friends & Family Inpatients & Daycases	95.00%	95.53%	97.32%	98.97%	92.86%	94.47%	96.66%	97.17%	98.25%	98.36%	97.15%	95.52%
Sample Size: Friends & Family Inpatients & Daycases	30.00%	33.21%	9.79%	13.99%	30.30%	19.15%	15.26%	19.42%	20.23%	22.37%	22.12%	26.83%
Friends & Family Accident & Emergency	95.00%	91.16%	96.63%	85.83%	86.10%	92.94%	90.75%	91.22%	54.62%	95.86%	93.30%	94.70%
Sample Size: Friends & Family Accident & Emergency	20.00%	13.79%	2.69%	30.21%	25.89%	2.08%	1.60%	7.40%	2.90%	5.76%	11.23%	3.18%
Emergency Access within four hours	95%	82.49%	86.99%	95.45%	84.55%	94.31%	80.84%	89.23%	84.66%	90.71%	76.11%	97.32%
18 Weeks Referral to Treatment time - Incomplete pathways	92%	79.80%	92.03%	76.11%	82.43%	95.58%	77.24%	84.37%	79.19%	84.76%	80.02%	90.53%
Diagnostic Waiters, 6 weeks and over - DM01	1%	1.3%	0.7%	13.8%	0.6%	0.2%	5.0%	0.6%	25.4%	3.2%	0.2%	1.6%
2 week GP referral to 1st Outpatient appointment	93.00%	95.32%	95.70%	86.47%	96.44%	95.90%	96.12%	95.73%	80.40%	90.60%	91.23%	91.83%
31 day Diagnosis to Treatment	96.00%	97.42%	100.00%	99.04%	99.46%	99.33%	99.19%	99.85%	97.38%	99.73%	90.58%	97.37%
31 day second or subsequent treat (Surgery)	94.00%	99.43%	100.00%	98.97%	100.00%	94.44%	98.68%	100.00%	96.13%	99.42%	82.47%	93.33%
31 day second or subsequent treat (Drug)	98.00%	99.71%	99.70%	99.70%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.12%
62 days urgent referral to treatment	85.00%	81.74%	89.57%	77.71%	78.87%	87.71%	74.72%	81.75%	78.06%	84.52%	80.43%	80.12%
62 day referral to treatment from screening	90.00%	96.94%	93.04%	93.85%	91.95%	66.67%	92.93%	97.94%	80.39%	93.75%	79.39%	83.67%
14 days referral for breast symptoms to assessment	93.00%	91.67%	95.93%	64.26%	93.44%	94.90%	93.61%	91.13%	84.77%	79.17%	28.05%	93.92%

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 ony available once it is made public.*
- *The Cancer 62 day indicator may differ slightly from that reported previously as NHS England 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.*

Appendix B


Monthly Emergency Access Performance compared with peer hospitals
100%
95%
90%
85%
80%
75%
70%
65%
60%
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
QEH