Agenda Item 16

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

Integrated Performance Report

Trust Board & Governors' Council

February 2019 data

Act well Listen well Care well

Team QEH

1. TRUST PERFORMANCE OVERVIEW

	Indicator	Objective	Director	Target	Set By	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	17/18	18/19
Safe	Falls per 1000 occupied bed days resulting in Harm	Patients	EH	<=0.98	QEH	0.16	0.07	0.00	0.16	0.00	0.08	0.00	0.00	0.00	0.09	0.17	0.08	0.19	0.07	0.07
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	Patients	EH	>= 97.24%	QEH	94.07%	97.66%	97.66%	97.26%	97.50%	97.45%	97.28%	97.29%	97.36%	97.57%	97.41%	97.29%	Data 1M th in arrears	97.10%	97.41%
	Harm-free QEH Care	Patients	EH	>= 95%	QEH	96.12%	97.8%	96.9%	98.5%	98.0%	96.4%	97.2%	97.7%	97.5%	98.8%	98.5%	98.6%	99.2%	96.84%	97.89%
	Never Events	Patients	NL	0	Nat	0	0	0	0	1	0	0	0	0	0	0	0	0	2	1
	Serious Incidents	Patients	NL	0	-	2	1	3	4	5	1	4	3	3	4	7	4	1	29	39
	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
	Clostridium difficile (QEH acquired)	Patients	EH	5	Nat	5	6	3	1	0	4	6	1	1	3	2	0	1	48	22
	Clostridium difficile per 100k occupied bed days (rolling 12 months)	Patients	EH	<= 17.6	Nat	28.0	30.3	30.8	29.4	26.9	26.4	28.3	25.8	22.1	21.5	22.2	20.5	18.1	30.3	18.1
	MRSA bacteraemia (QEH acquired)	Patients	EH	0	Nat	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
	MRSA bacteraemia per 100k occupied bed days (rolling 12 months)	Patients	EH	0.0		0.0	0.0	1.3	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	0.0	1.3
	Safe staffing levels (overall fill rate)	Patients	EH	>= 80%	Nat	93.8%	92.1%	97.6%	99.3%	96.7%	95.6%	93.5%	95.2%	98.7%	98.1%	98.4%	102.6%	101.2%	94.6%	97.9%
	No. of wards below 80% fill rate	Patients	EH	0	Nat	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1
	Cleanliness Scores - very high-risk areas	Places	EH	>= 95%	Nat	Data not available prior to April 2018		94.7%	96.3%	96.4%	94.7%	93.9%	95.4%	95.1%	94.6%	95.7%	94.6%	95.8%		95.2%
	Cleanliness Scores - high-risk areas	Places	EH	>= 95%	Nat			95.8%	95.1%	93.7%	93.8%	93.9%	93.9%	95.3%	96.1%	93.8%	95.3%	96.0%		94.8%
	Cleanliness Scores - significant-risk areas	Places	EH	>= 90%	Nat			94.7%	91.1%	84.5%	90.9%	92.2%	93.1%	92.8%	92.2%	88.1%	92.1%	92.6%		91.3%
	Cleanliness Scores - low-risk areas	Places	EH	>= 75%	Nat			90.9%	84.8%	97.2%	89.4%	84.5%	90.6%	88.4%	94.4%	0.0%	92.0%	90.0%		82.0%
	No. of cleanliness audits complete	Places	EH	37				45	26	28	46	34	29	45	35	31	47	35		401
Effective	SHMI (Quarterly in arrears)	Patients	NL	Not higher than expected	QEH	107.97			88.61			99.81							98.69	94.02
	Crude HSMR Mortality (3 mths in arrears)	Patients	NL	-		4.30%	3.10%	3.40%	3.00%	2.90%	3.40%	2.80%	3.20%	2.40%	3.10%	3 months in arrears			3.60%	3.00%
	HSMR (basket of 56 diagnosis groups) (3 months in arrears)	Patients	NL	Not higher than expected	QEH	118.70	82.10	104.27	100.86	103.18	125.21	109.48	112.77	80.54	98.67				104.50	103.94
	Rate per 1000 admissions of inpatient cardiac arrests	Patients	NL	< 2.0	QEH	1.20	1.27	1.26	1.44	1.37	1.65	1.39	1.44	1.31	1.02	2.05	0.89	1.20	1.55	1.36
	Total C Section Rate	Patients	NL	< 25.00%	QEH	35.54%	29.61%	33.86%	29.71%	37.57%	34.39%	27.81%	41.71%	30.77%	30.91%	35.63%	32.18%	34.39%	28.87%	33.56%
	Stillbirth Rate	Patients	NL	= 0.00%	QEH	2.35%	0.00%	0.53%	0.57%	0.00%	0.53%	0.00%	1.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.32%	0.26%
	Unexpected term admission to the NNU	Patients	NL	0	QEH	0	0	0	0	0	0	4	3	4	0	8	3	Not avail	1	22
	Maternal Deaths	Patients	NL	0	QEH	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	51	44	30	77	130	74	111	64	67	123	51	37	153		917
Caring	Same Sex accommodation standard breaches	Patients	EH	0	Nat	9	12	6	6	2	16	8	9	8	14	2	7	11	62	89
	No. of Complaints	Patients	EH	<= 20	QEH	26	36	30	31	31	36	41	41	36	32	27	41	37	362	383
	Complaints (rate as proportion of WTE staff)	Patients	EH	<= 0.60%	QEH	0.93%	1.29%	1.08%	1.12%	1.12%	1.29%	1.47%	1.47%	1.27%	1.12%	0.95%	1.43%	1.29%		1.24%
	% Complaints responded to within the national standard of six months from receipt of the complaint	Patients	EH	100%	Nat	Data not available prior to April		100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%		100%
	% Complaints responded to within 3 months from receipt of the complaint	Patients	EH	>= 90%	QEH			62.50%	47.06%	63.16%	66.67%	71.88%	36.11%	46.34%	54.17%	33.33%	57.14%	46.43%		52.73%
	Reopened complaints (% of total complaints)	Patients	EH	<= 15%	QEH			0.00%	6.45%	0.00%	0.00%	0.00%	2.44%	0.00%	3.13%	11.11%	0.00%	0.00%		1.83%
	% eligible patients who have dementia case find applied	Patients	EH	>= 90.00%		42.34%	49.13%	50.47%	43.68%	39.42%	41.20%	48.32%	40.48%	38.76%	46.98%	45.80%	45.79%	Data 1M th in arrears	60.97%	44.09%
	Friends & Family (Inpatients & Daycases)	Patients	EH	>= 95%	QEH	96.09%	95.07%	95.38%	96.18%	95.87%	95.48%	95.01%	95.50%	95.15%	96.15%	95.17%	95.05%	95.03%	95.53%	95.46%
	Sample Size: Friends & Family (Inpatients & Daycases)	Patients	EH	>= 30%	QEH	26.76%	30.56%	31.72%	31.14%	33.96%	30.36%	34.62%	34.97%	31.47%	33.05%	28.58%	33.67%	37.26%	30.33%	32.77%
	Friends & Family (Accident & Emergency)	Patients	EH	>= 95%	QEH	93.71%	89.73%	88.20%	90.00%	90.87%	93.15%	93.21%	90.94%	89.42%	89.80%	89.94%	94.32%	95.32%	93.12%	91.20%
	Sample Size: Friends & Family (Accident & Emergency)	Patients	EH	>= 20%	QEH	13.02%	13.84%	10.35%	11.52%	17.67%	14.65%	12.96%	8.84%	21.32%	20.81%	14.60%	10.20%	11.59%	16.98%	14.05%
	Friends & Family (Outpatients)	Patients	EH	>= 95%	QEH	96.93%	97.83%	96.87%	97.38%	97.34%	97.10%	97.72%	96.65%	96.03%	96.79%	97.40%	97.07%	96.88%	96.78%	97.02%
	Sample Size: Friends & Family (Outpatients)	Patients	EH		QEH	5.93%	7.31%	6.85%	6.70%	6.79%	6.63%	6.07%	5.90%	6.86%	6.18%	5.71%	6.86%	5.38%	5.39%	5.82%
	Friends & Family (Maternity)	Patients	EH	>= 95%	QEH	86.96%	94.74%	92.11%	95.65%	100.00%	95.12%	100.00%	100.00%	100.00%	94.74%	94.12%	96.67%	100.00%	96.90%	97.03%
	Sample Size: Friends & Family (Maternity)	Patients	EH	>= 15%	QEH	13.77%	11.66%	20.32%	26.74%	29.51%	21.24%	14.71%	11.58%	22.94%	23.31%	20.12%	17.05%	21.64%	15.20%	20.78%

	Indicator	Objective	Director	Target	Set By	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	17/18	18/19
Responsive	Emergency access within four hours	Performance	JW	>= 95%	Nat	69.17%	79.26%	81.30%	82.63%	91.92%	88.67%	82.04%	82.14%	84.05%	78.09%	83.99%	74.85%	77.35%	85.53%	82.53%
	- Majors only	Performance	JW	>= 95%	Nat	51.39%	66.78%	69.84%	69.59%	84.90%	80.78%	68.99%	70.28%	73.61%	61.24%	76.29%	60.68%	65.08%	75.74%	70.59%
	- Minors only	Performance	JW	>= 100%	QEH	86.72%	90.37%	91.39%	93.10%	97.21%	94.92%	91.99%	91.88%	92.83%	95.02%	91.80%	90.69%	90.37%	94.82%	92.97%
	12 hour trolley waits	Performance	JW	0	Nat	0	0	0	0	0	0	1	1	1	2	1	3	0	0	9
	Ambulance Handovers completed within 15 minutes	Performance	JW	100%	Nat	9.76%	21.32%	40.43%	40.78%	42.62%	40.62%	39.50%	52.70%	52.42%	39.90%	50.95%	49.88%	49.24%	21.97%	45.40%
	% beds occupied by Delayed Transfers Of Care	Performance	JW	<= 3.5%	Nat	3.80%	3.30%	5.00%	4.20%	3.50%	5.20%	4.00%	6.20%	5.90%	6.50%	5.60%	3.00%	3.48%	3.30%	3.48%
	Occupied beds for adult inpatients staying in hospital >=21 days (rolling 3 months)	Performance	JW	162	QEH	160	167	177	178	180	178	179	182	188	194	192	189	179	167	179
	18 Weeks Referral to Treatment Time (Incomplete Pathways)	Performance	JW	>= 92%	Nat	82.76%	81.05%	80.17%	81.88%	82.00%	83.20%	83.74%	81.20%	79.96%	80.13%	78.48%	78.80%	79.56%	81.05%	79.56%
	Specialties exceeding 18 wk Referral To Treatment time (Incomplete pathways)	Performance	JW	0	Nat	12	12	12	12	15	15	15	16	15	15	16	14	15	122	160
	No. of cases exceeding 52 weeks Referral To Treatment	Performance	JW	0	Nat	0	0	0	0	0	1	5	7	1	1	1	1	1	3	18
	Diagnostic Waiters, 6 weeks and over (DM01)	Performance	JW	<= 1%	Nat	5.72%	2.45%	7.03%	0.48%	1.35%	0.94%	0.64%	0.56%	0.46%	0.66%	0.68%	0.98%	0.52%	1.30%	1.37%
	Total non-clinical cancelled elective operations	Performance	JW	<= 3.2%	Nat				4.80%	4.95%	5.59%	7.25%	6.73%	6.79%	6.64%	5.24%	5.74%	6.85%		5.9%
	Last minute non-clinical cancelled elective operations	Performance	JW	<= 0.8%	Nat	2.11%	1.97%	0.81%	1.05%	1.29%	0.89%	1.66%	0.75%	1.03%	0.91%	0.51%	1.80%	0.52%	1.0%	1.0%
	Breaches of the 28 day readmission guarantee	Performance	JW	0	Nat	6	26	9	4	11	2	2	7	2	0	2	5	7	52	51
	Urgent operations cancelled more than once	Performance	JW	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2 week GP referral to 1st OP appointment	Performance	JW	>= 93%	Nat	97.31%	96.96%	96.68%	96.83%	97.29%	96.04%	94.64%	93.20%	98.32%	97.30%	97.42%	95.88%		96.70%	96.31%
	14 Days referral for breast symptoms to assessment	Performance	JW	>= 93%	Nat	98.67%	100.00%	97.62%	97.33%	100.00%	100.00%	95.56%	98.46%	96.92%	100.00%	100.00%	91.30%		97.97%	97.69%
	31 Day Diagnosis to Treatment	Performance	JW	>= 96%	Nat	100.00%	98.28%	99.02%	98.25%	97.50%	97.41%	97.41%	97.35%	97.66%	96.15%	98.84%	97.22%		98.67%	97.68%
	31 Day Second or Subsequent Treatment (Drug)	Performance	JW	>= 98%	Nat	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.92%	98.04%	100.00%	100.00%		99.64%	99.66%
	31 Day Second or Subsequent Treatment (Surg)	Performance	JW	>= 94%	Nat	88.24%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%		95.91%	99.35%
	62 Days Urgent Referral to Treatment	Performance	JW	>= 85%	Nat	79.66%	81.02%	72.80%	84.28%	89.73%	81.45%	80.42%	80.31%	85.94%	82.35%	80.00%	79.72%		83.23%	81.91%
	62 Days Referral to Treatment from Screening	Performance	JW	>= 90%	Nat	100.00%	100.00%	100.00%	100.00%	100.00%	95.00%	93.33%	96.00%	100.00%	85.00%	100.00%	100.00%		98.51%	97.13%
Well Led	Single Oversight Framework (SOF) - overall Score	Patients	RJ	3	SOF	3	3	3	3	3	3	3	3	4	4	4	4	4	3	4
	Distance from Plan (YTD)	Patients	RJ	>= 0%	SOF	-7.71%	-7.70%	8.82%	-7.23%	-9.10%	-8.10%	-8.00%	-9.10%	-10.90%	-11.60%	-13.00%	-13.70%	-13.90%	-7.70%	-13.90%
	Distance from control total (YTD)	Patients	RJ	>= 0%	QEH	-173.75%	-204.48%	8.89%	-40.85%	-69.10%	-67.68%	-75.09%	-90.87%	-127.42%	-162.36%	-188.91%	-220.57%	-226.81%	-204.48%	-226.81%
	Agency spend (versus cap)	Patients	KC	<= 0%	SOF	-46.91%	-49.72%	-85.40%	-90.68%	-88.99%	-83.19%	-80.46%	-77.16%	-76.45%	-75.21%	-52.72%	-51.65%	-50.80%	-49.72%	-50.80%
	% of eligible staff appraised (rolling 12 months)	Patients	KC	>= 90%	QEH	82.49%	79.40%	78.90%	78.19%	79.66%	81.47%	81.31%	82.66%	83.00%	83.93%	82.14%	82.61%	82.51%		
	% medical staff (except junior doctors) with an appraisal (rolling 12 months)	Patients	KC	>= 95%	QEH	78%	82%	84%	86%	88%	88%	84%	92%	95%	95%	91%	86%	87%		
	WTE lost as % of contracted WTE due to sickness absence (rolling 12 months)	Patients	KC	<= 3.5%	QEH	6.33%	5.71%	4.67%	4.55%	4.70%	4.64%	4.71%	5.08%	5.30%	5.55%	5.90%	5.82%	6.28%		
	% eligible staff attending core Mandatory Training (rolling 12 months)	Patients	KC	>= 95%	QEH	84.46%	85.91%	85.92%	85.06%	85.52%	85.15%	84.80%	85.14%	84.96%	85.04%	85.63%	85.63%	86.32%		
	Turnover (rolling 12 months)	Patients	KC	<= 10%	QEH	12.25%	12.31%	12.63%	12.38%	12.28%	12.37%	12.30%	11.90%	11.83%	11.93%	11.69%	11.89%	11.54%		
	Time to recruit (rolling position) *	Patients	KC	<= 65.5 days	QEH	Data not available prior to Jan 2019											105.9	102.4		
	Consultant Job plans submitted and completed	Patients	KC	>= 0%		Data not yet available														
	Staff Friends and Family (quarterly)	Patients	KC					45.51%			43.22%			Not Collected					50.91%	44.32%
	PPM Including Statutory PPM	Patients	RJ	>= 95%	QEH	92%	95%	88%	91%	97%	92%	93%	94%	96%	96%	97%	92%	89%		
	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%		
	CTG Training Compliance (Doctors)	Patients	KC	>= 90%	QEH									96.6%	96.6%	96.8%	85.7%	86.7%		

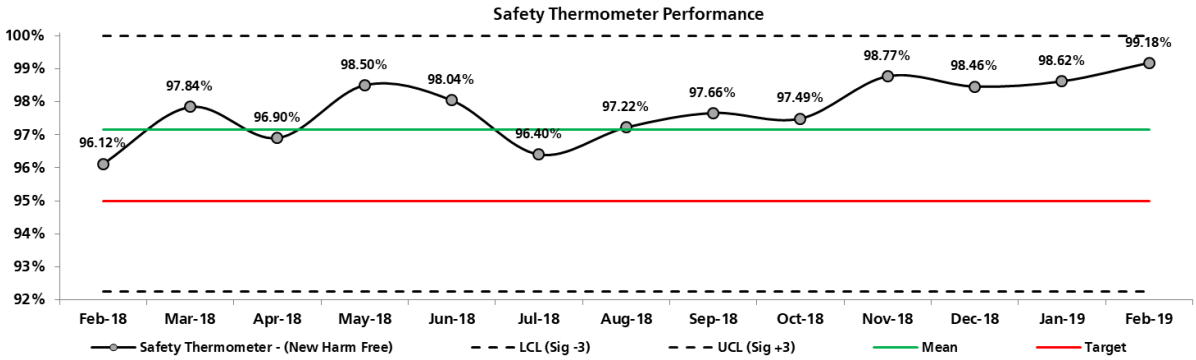
** Due to the unavailability of TRAC data pre Aug 18, the "Time To Recruit" rolling position (which should be based on a 12 month period), is currently based on a period commencing Aug 18 onwards. Therefore the Jan 2019 figure is based on a rolling 6 month period Aug 18-Jan19, & the Feb 19 figure is based on the period Aug 18-Feb 19, and so on.*

2. DOMAIN REPORTS

Safe

Areas of strong performance

- **Safety Thermometer** – The Trust has achieved a total of 99.18% Harm Free care this month compared to the national average of 93.9%. (The percentage currently showing on the National database is lower due to an error with data submission, this has been rectified and will show 99.18% by 22nd March).

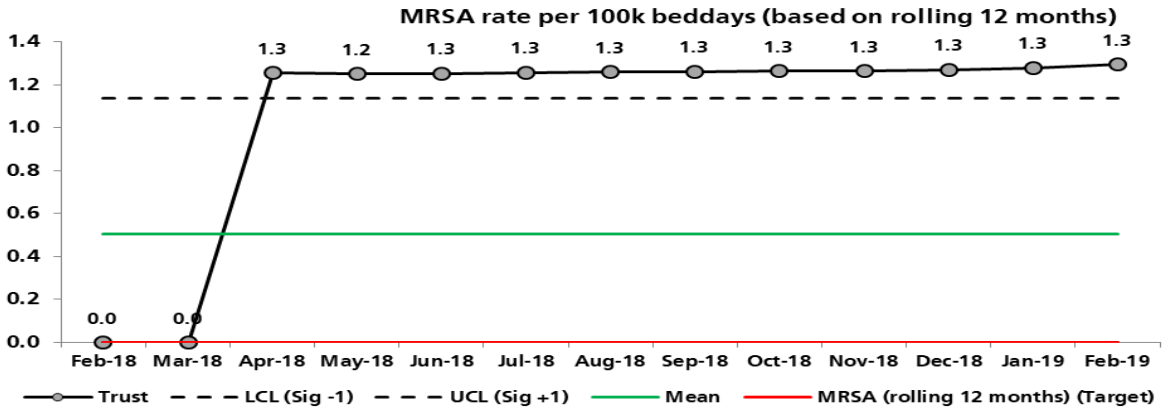


- **Never Events** – The Trust has not reported any Never events this month. The last reported Never Event was in June 2018.

- **MRSA Bacteraemia** – The Trust has reported no cases of MRSA Bacteraemia this month.

  The MRSA "per 100,000 bedday rate" below reflects our two reported cases of MRSA bacteraemia in April 2018. This rolling 12 month rate will therefore remain at around 1.3 until April 2019, barring any future cases.

  Both cases were reviewed and improvements in practice have resulted in no further cases occurring.



- **Cleanliness Audits** - All areas are scoring above target this month.
  There are now no vacancies in the domestic team and the cleaning schedules and cleaning checklists are in place and becoming embedded. Staffing levels and compliance with completion of cleaning schedules is reported via the daily Trust status report. Any issues with performance are immediately acted upon.

Areas requiring improvement

- **SI's and NE's -** There were no Never events declared in February 2019, the last never event recorded at the Trust occurred in June 2018.

- The Trust declared a total of 8 newly identified serious incidents during February 2019. These comprised of;

  - SI occurring in February 2018:
    Inaccurate diagnostic information from tertiary pathology service provider leading to inappropriate treatment (to be transferred for external investigation with tertiary provider).

  - SI's occurring in December 2018:
    An information governance breach which was reported via a patient complaint, we have responded to this complaint and are undertaking an investigation.
    A significant near-miss where a patient's oxygen management was disrupted and reported by nursing staff, a task and finish group has been established to review management of oxygen at the Trust, a Trust-wide safety briefing took place on Friday 8th February 2019.
    Influenza A transmission affecting 6 patients on a ward.

  - SI's occurring in January 2019:
    2 x12 hour operational breach in A&E (awaiting external Mental Health beds)
    A&E Ambulance waits of more than 3 hours during January 2019

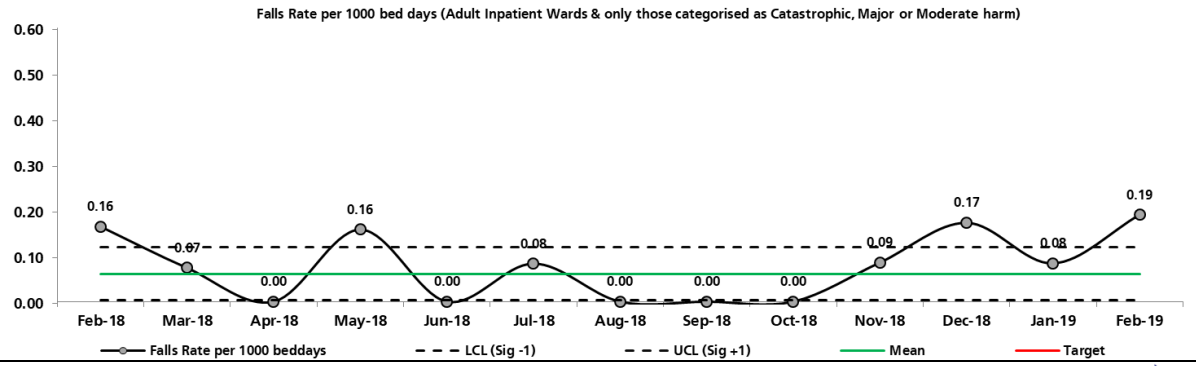
  - Si's occurring in February 2019:
    Patient stepped backwards from standing scales and fell resulting in a fractured hip.

We have commissioned Investigations to be undertaken for all reported Serious Incidents.

No SI's were reported as a result of any mortality cases and there were no mortality issues identified on any of the reported SI's in this period.

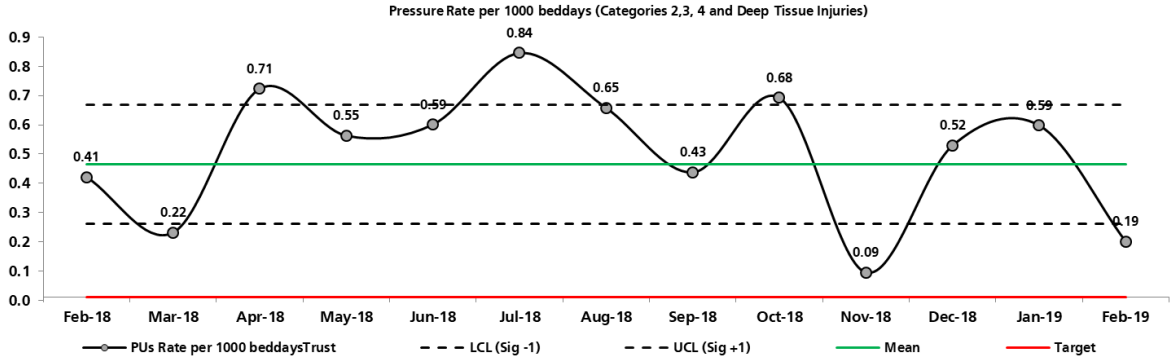
Falls - 54 falls were reported in February. Two patients sustained a fractured neck of femur / one patient on Gayton ward slipped whist mobilising and one TIU patient lost balance when stepping off stand on scales. Both fractured neck of femur patients received surgical intervention and are recovering.

Actions in place
Immediate action was implemented in TIU and seat scales are now in place and details shared with nursing teams across the Trust.
Any further learning that is identified from these serious incidents will be addressed and shared once the SI report has been completed and published.



- **HAPU** - Two HAPU were reported this month; one category 3 was on the Critical Care Unit. This HAPU was as a result of the patient needing to be nursed prone in order to enable adequate ventilation and oxygenation to sustain life. Every measure was in place to support skin integrity. The second HAPU was a category 2 on the lower back of a patient on Oxborough ward.

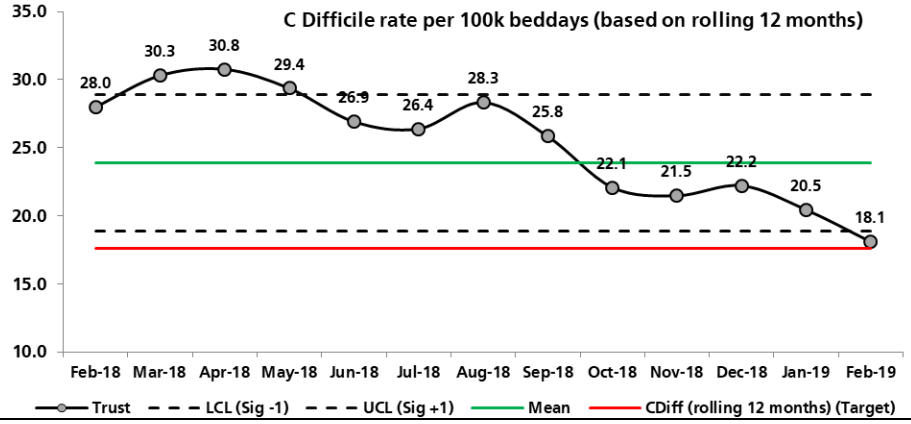
- Following investigation from the Tissue Viability Team it was identified that in both cases all possible preventative measure were in place and there were no lapses in care were found. Details of both cases were shared with the senior nursing teams and area teams to support learning.



- **Clostridium Difficile -** The rolling Clostridium Difficile rate is 18.1/100k occupied bed days. This remains higher than the national target for our Trust size of 13/100k. The Trust total cases are 22 year to date, which is a 50% reduction in incidence from 2017/18.

- There was one reported case of C Diff this month. This case will undergo a post infection review on 22.03.19. The Clostridium difficile prevention and control programme continues with actions as summarised below:
  - Monitoring of cases via clinical multidisciplinary meetings.
  - Wards with periods of increased incidence have undergone enhanced environmental cleanliness and auditing of hand hygiene compliance; environmental cleanliness including commodes; antimicrobial usage and isolation (including within required timescale). There is ongoing monitoring through the divisional reporting structure to the Hospital Infection Prevention and Control Committee.

- Due to difficulties in appointing an Antimicrobial Pharmacist, an opportunity for a junior doctor with a special interest in antimicrobial prescribing has been advertised and recruited to.



- **Safe Staffing Levels Overall Fill Rate –** During the month of February, some wards had a documented fill rate of above 100%. This was due to escalation beds being open due to flow constraints across the Trust and the clinical priority of supporting the enhanced care needs of patients.

  In February, one ward fell below the 80% fill rate. Marham ward recorded a fill rate of 79.7%, falling below the 80% fill rate for Registered Nurses. This was due to vacancies, sickness and roster gaps. The ward remained safe as during this period Marham had reopened one orthopaedic joint bay which resulted in lower patient acuity and empty beds at times through the month. This enabled a reduced number of RNs supported by an increase in HCA's and also supported by theatre staff. This situation was carefully monitored by the Matron and ACN.

Impact on performance on other domains and strategic priorities
• When Clostridium difficile is confirmed in clinical areas it impacts on bed availability and can potentially hinder effective patient flow impacting on indicators in the responsive domain. • Patient and staff feedback may impact on the caring domain.

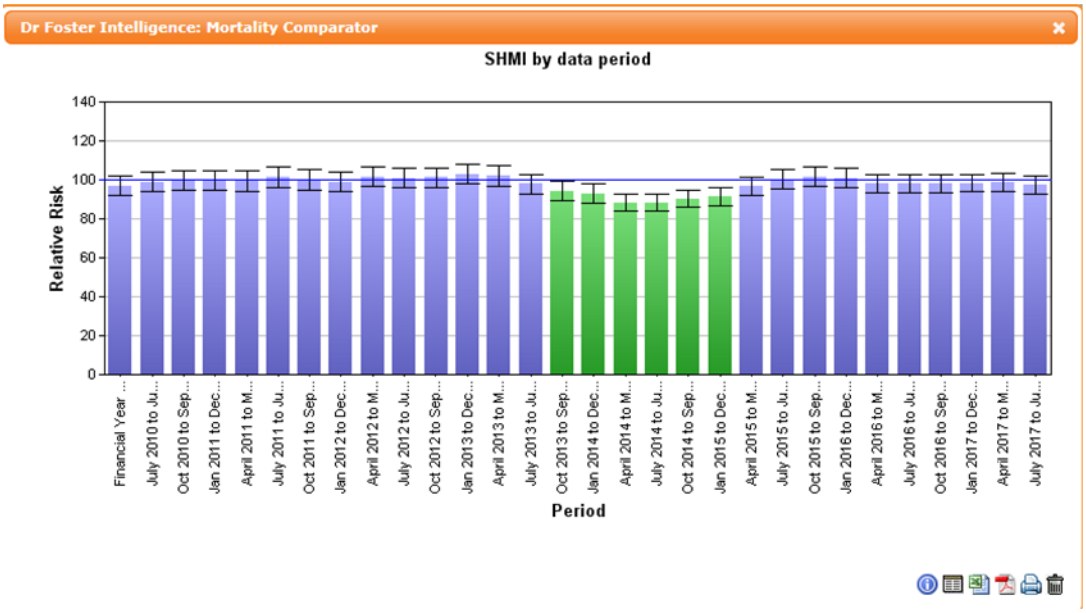
Effective

Areas of strong performance

- **Mortality** - Both the SHMI (0.99.8) and HSMR (98.7) remain within expected parameters. The Trust is reporting lower crude deaths per thousand admissions (14.1) compared to the same period last year (16.2).

  The crude rate within the HSMR basket is 3.4% compared to performance of 3.5% by our regional peers.

  3 members of staff attended a regional learning from deaths event and have brought the learning back to the Trust.



Areas requiring improvement

- Weekend mortality is still outside expected parameters (this has been discussed with the national team).

- The Trust need to increase the number of Structured Judgement Forms completed.

- The outliers from last month remain largely unchanged with the highest numbers in Pneumonia, COPD, Acute Renal Failure, Acute Bronchitis diagnosis groups alerting within Dr Foster. A paper with more detail is being submitted to the Quality & Performance Committee.

Impact on performance on other domains and strategic priorities

Caring

Areas of strong performance

- The **Family and Friends (FFT)** test has met the Trust target in February for the following areas:
  - 95.35% recommended for inpatient and day care patients.
  - 37.26% response rate for inpatient and day care patients. This is an increase from 33.67% in January 2019.
  - 96.88 % recommended for outpatients.
  - Response rate of 21.64% for Maternity.
  - 100% recommended for Maternity.
  - A&E likelihood to recommend was 95.32%.
- There have been no **reopened complaints** in the month.

Areas requiring improvement

- **Mixed Sex Accommodation (MSA) –** Within February there have been 5 MSA breaches involving 11 patients all occurring within the Critical Care Unit. This is an increase from the previous month where there were 3 breaches involving 7 patients.

  All breaches relate to the delayed transfer of patients out of the unit due to bed capacity challenges within the organisation. The situation 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 to the senior operational manager with continued oversight throughout the day. 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 reduction in complaints as a % of WTE staff to 1.29% in February from 1.43% in January. However this remains significantly higher than the target of 0.6%.

  The number of complaints was 37 in February and while this is a reduction from the number received in January this continues to be above the trust target level of <20 per month. The Trust has seen an increase in complaints in relation to A&E. These complaints relate to issues associated with pressures on the department resulting in delays in treatment. There continue to be themes in relation to issues with effective communication with patients.

  A recent visit from the CQC raised immediate concerns in relation to patient safety oversight within the ED department in the minors and "fit to sit" areas as well as concerns in relation to privacy and dignity. A review of staffing and leadership within the department has resulted in increased senior nurses within A&E on each shift to ensure oversight and continuous quality review.

  During February 2019, A&E and General Surgery have had 5 complaints each; Urology and Gynaecology have had 4 each. The complaints regarding these areas included the following issues:

  - Delay or failure in treatment or procedure
  - Discharged too early
  - Delay or failure to diagnose (includes e.g. missed fracture)

Actions to improve
The poor response rate in each division has been highlighted to the divisional leadership teams and a clear trajectory for recovery has been agreed. Performance against this will be overseen at the monthly Divisional Performance Review meetings with the executive team.

Training has been put in place for both the medical and nursing staff involved in writing complaints responses. All the timescales for complaint responses have been shared with all teams and the expectation is that the divisional team are held to account if improvements are not seen.

The Learning and Improving forum commenced in March 2019 and following staff feedback a monthly newsletter of complaints and incidents is being implemented to ensure these are visible to frontline staff.

The newsletter will include short examples from complaints to share at all levels including Divisional, CBU and frontline meetings. The aim of this is to strengthen awareness of the impact that poor care has on the patient's experience and to understand their personal and professional responsibilities in relation to learning and preventing a reoccurrence of themes.

Family and Friends in A&E - although the likelihood to recommend met the target the response rate was 11.59%.

Actions to improve
The Matron is to put in place a robust system to ensure that patients in A&E complete the Family and Friends test. The importance of completion is being discussed at the daily huddle as a reminder to ensure all staff are aware of the importance of the FFT.

Dementia - The % of eligible patients who have dementia funding applied remains extremely low at 45.79% against the target of 90%.

Actions to improve
This has been raised formally with the Associate Medical Director within division two to address.

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' 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.

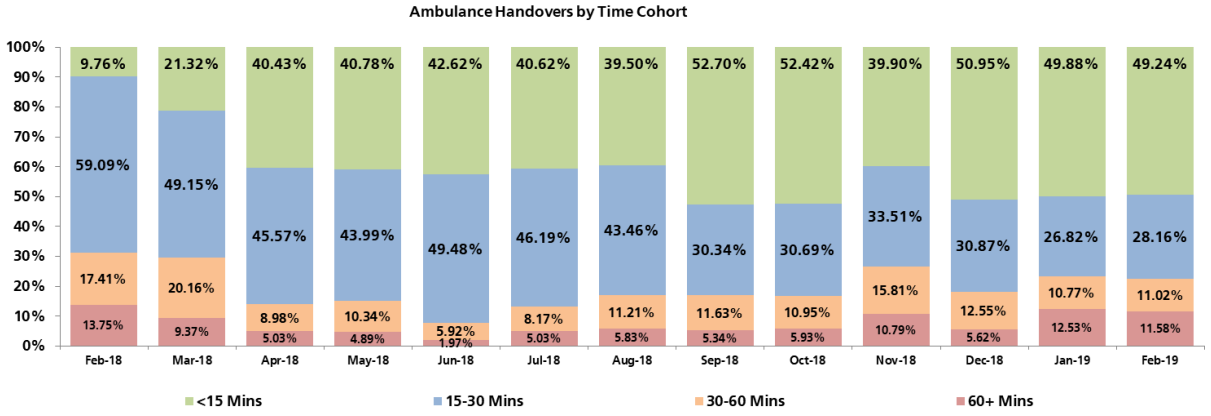
- Poor compliance with response rates for complaints can adversely impact on the Well Led domain.

- 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 Critical Care Outreach team, who support this cohort of patients and stay with any patient who has a delayed admission into the unit and deliver the enhanced care required by the patient until a bed is available within the Unit.

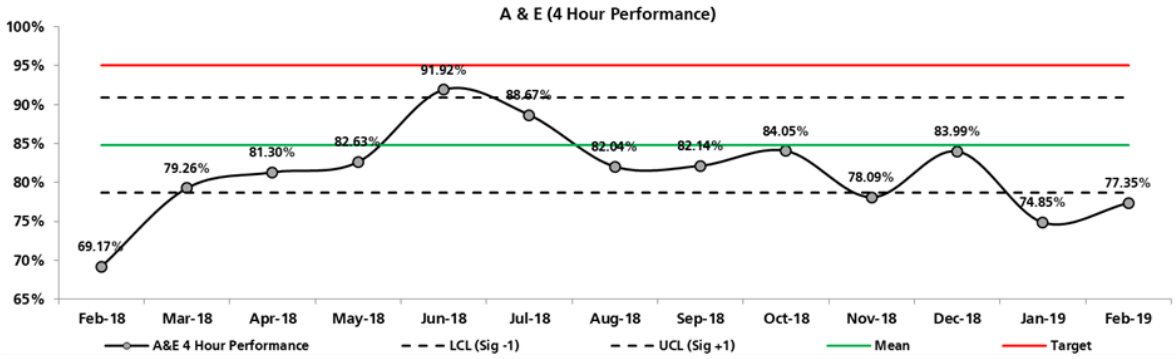
Responsive

Emergency Pathway

Areas of strong performance



- **Ambulance handovers** - During 2018/19 the Trust has consistently delivered ≥ 40% of ambulance handovers within 15 minutes.



- **A & E Performance** - In February 2019 the Trust showed a marginal improvement in performance compared to January 2019.

Areas requiring improvement

- **Ambulance Handovers** - The Trust remains an outlier within the region with regard to the number and proportion of ambulance handovers taking ≥ 30 minute and ≥ 60 minutes. Short term actions to address this are as follows:

Action	Lead	Timescales
Additional RN (band 5), 07:00 – 19:00, 7 days per week to ensure dedicated nurse support is available to receive ambulance handover	ED Matron	Complete
Supernumerary ED shift coordinator, 24/7 to oversee ED, including ambulance handover times	ED Matron	Complete
ED Patient Navigator, 09:00 – 17:00, Monday to Friday, to provide administrative support to ambulance handover, including pre-arrival alert and EPR location	QEH Ops Manager	Complete
Ensure EEAST crews utilise the DoS prior to conveyance to ED to ensure opportunities for hear and treat / see and treat are maximised	EEAST Ops Manager	Complete
Regular review of ambulance conveyances to gaps in the DoS	EEAST Ops Manager / QEH	In progress during February / March

	Ops Manager	2019
Review and embed the ambulance handover escalation process	Associate Director (EC Pathways)	Commenced 11 March 2019
Review 'Fit to Sit' process	Associate Director (EC Pathways)	Complete
Pilot Norfolk Care Record, to reduce ambulance conveyance rate	CCG	15 April 2019

- **A & E Performance** - For February 2019 the Trust ranked 98 out of 131 for performance against the 4 hour standard. Short term actions to improve this are as follows:

Action	Lead	Timescales
Supernumerary ED shift coordinator, 24/7 to oversee the department	ED Matron	Complete
ED Consultant in charge on the shop floor 08:00 – 22:30 to provide leadership and oversight of the department. Out of hours cover provided by SpR.	ED Clinical Director	Complete
Review capacity and flow systems and processes	Associate Director (EC Pathways)	Complete
Review of escalation systems and processes	Associate Director (EC Pathways)	Complete
Implement revised capacity and flow process	Associate Director (EC Pathways)	18 March 2019
Implement revised escalation process	Associate Director (EC Pathways)	18 March 2019
Complete estates work within streaming area	ADO Medicine	23 March 2019
Implement streaming nurse	ED Matron	12 April 2019
Clinical variation meetings with General Practice where attendances are above average	CCG	14 April 2019

Impact on performance on other domains and strategic priorities

- **Ambulance Handovers** - Delays in ambulance handover increase the risk to patients due to delays in diagnosis and treatment in the Emergency Department as well as the risk of deterioration due to prolonged waits on an ambulance trolley. In addition, ambulance handover delays increase risk in the community if there are insufficient ambulances available to respond to new calls. As evidenced above, clear actions are being implemented to reduce ambulance handover delays.

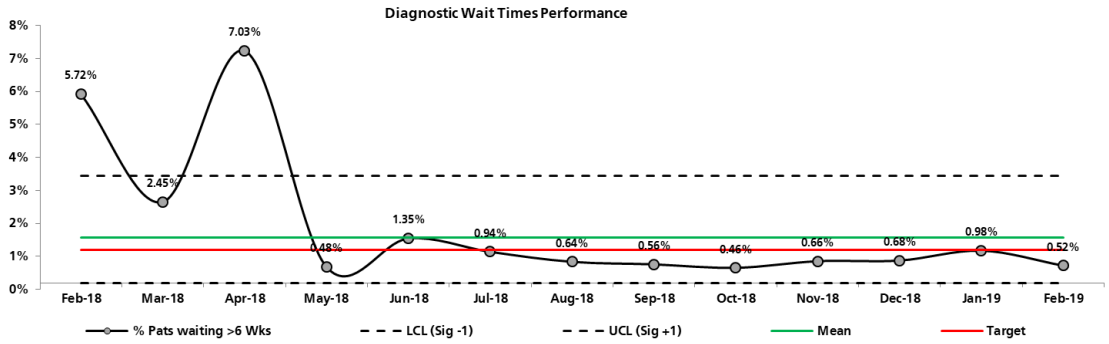
  A & E Performance - Evidence suggests that long waiting times in the Emergency Department can have a detrimental effect on patient outcomes, patient experience and lead to an increase in inpatient length of stay. The Trust are proactively working to improve performance against the A&E target.

Responsive (continued)

Elective Pathway

Areas of strong performance

- **The 6 week diagnostic** was met in February for the eight month in a row.



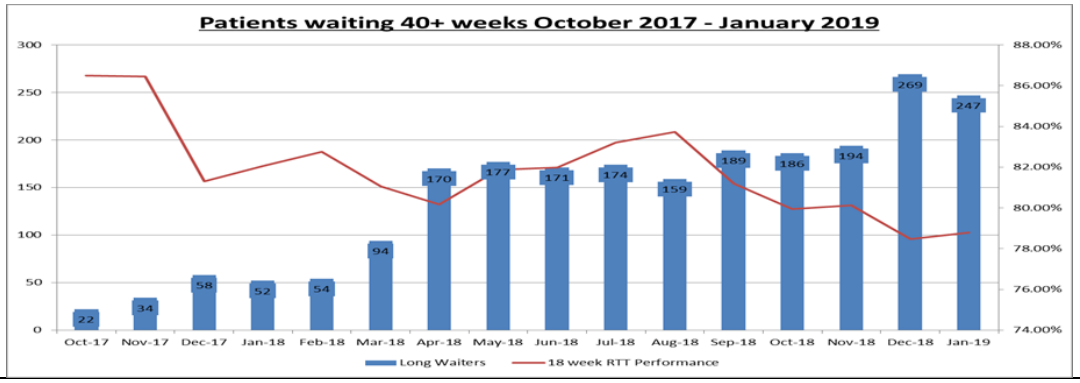
The Trust has achieved the 1.00% target for diagnostic performance in February with actual performance at 0.52%, a 0.46% improvement to January's reported position of 0.98%. This improvement in performance brings the Trust to the best reported diagnostic performance level since October 2018 and a continued favourable position against the national mean.

Waiting time for scopes continues to be a challenge and there is an in-month underperformance in urodynamics which is due to workforce constraints. Both services have been requested to develop a recovery trajectory which will be monitored at weekly performance meetings.

- **RTT Waiting List Size**
  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 which has proved particularly challenging given the disruption to the elective programme earlier in the year.

  The waiting list size has been reducing over the last 3 months and has achieved a 9% reduction during this period. The Trust trajectory for February was 14,107 and currently the Trust is on track for achieving the February trajectory (please note at the time of this report the RTT validation process had not been completed).

  The number of patients waiting over 40 weeks at the end of February was 165. This is lower than the previous month's total of 247. A key driver to this achievement is the introduction of the Surgical Extended Recovery Unit which was introduced in January 2019.



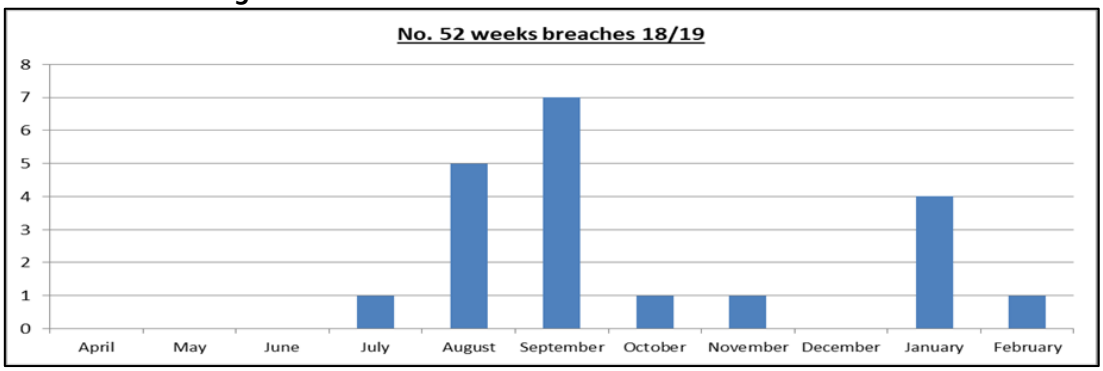
Areas requiring improvement

- **Referral to Treatment (RTT)**
  The Trust has failed to achieve the RTT trajectory in month with performance of 79.30% against trajectory of 85.58%. The Trust did not meet the RTT backlog (number of patients waiting over 18 weeks) trajectory, reporting 3074 against trajectory of 2034. The impact of bed pressures through various parts of the year has resulted in non-urgent operations being cancelled. Although reporting short of planned trajectory, both positions are an improvement to January performance. Remedial action plans are in place for Divisions where performance is an issue and these are monitored on a weekly basis and reported to the CCG fortnightly.

  11 specialties achieved the RTT standard in February however 16 specialities failed to achieve the standard. There are a number of challenges across these 16 pathways including increased backlogs as a result of non-urgent elective procedures cancellations, consultant vacancies and insufficient capacity to meet demand. Consultant and locum recruitment in challenged specialties is progressing.

  Key actions for March:
  - Increased validation of the waiting list and identifying themes where clock stops have been missed.
  - Maximise the use of weekend capacity, largely outpatient, which will deliver higher numbers of "clock stops" and patients taken off the waiting list where day case or elective activity is undertaken.
  - Review clinical templates to achieve maximum productivity and reduce variation within specialities.
  - Undertake a detailed review of clinic utilisation data alongside job planning discussion with consultants.

  Patients waiting over 52 weeks



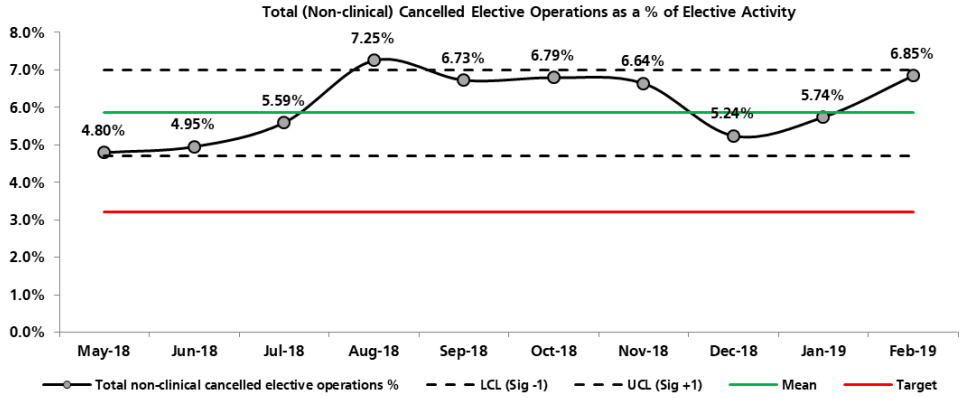
  Actions implemented and being continued include:
  - Weekly PTL has been centralised within Division One and is chaired by the Operations Manager.
  - Compliance with the Access policy has improved and is monitored via the PTL. This process includes clinician review and sign off for any patients removed from waiting list.
  - RCAs are being produced for every patient at 48 weeks or above and reviewed with the ADO.
  - Weekly update are being provided to COO outlining potential breaches and forecast.

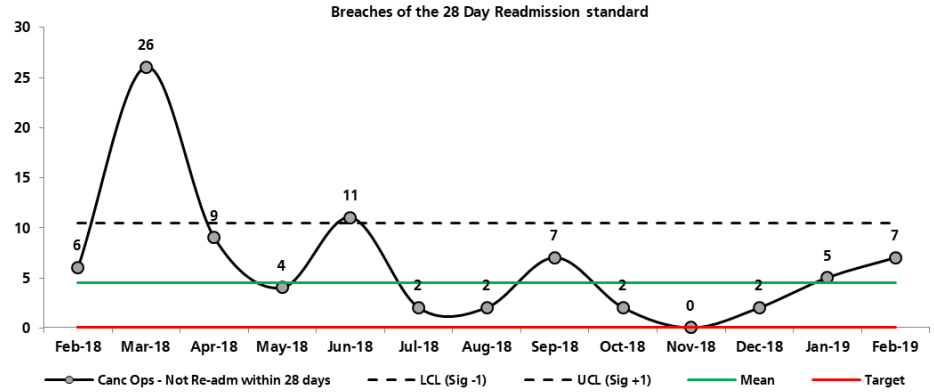
  It should be noted that backlogs of patients beyond 40 weeks increases the likelihood of 52-week breaches. These may be due to patient choice and other factors impacting at a late stage in the pathway. For this reason, the Divisions are proactively working to reduce waits over 40 weeks and need to achieve a further reduce of 100 patients in

order to reach a sustainable position.

Cancelations of operations - Cancelled operations as a % of elective activity remains above the trust target of 3.2%, at 6.85% in February 2019.

A contributing factor (3 cases) were due to bed pressures within Critical Care. On further investigation there were no other common themes with the cancellation of operations and Division One will continue to closely monitor and reinforce the cancellation of operations escalation policy.





- **Breaches of the 28-day readmission standard** have increased and the Trust reported 7 breaches for February.

  Breach reasons include: capacity issues (x2), no HDU bed (x2) and two patients were re-dated within the 28 days target but were unwell and therefore unable to have their operations. One patient has been removed from the waiting list since this report and the operation was completed as an inpatient.

- **Gynaecology Follow Up Waits**
  During the CQC inspection in March 2019, a number of patients were highlighted who were waiting an extended period of time for their follow up appointments. These patients had waited between 1 and 6 months for their appointment. In order to ensure that these patients received their follow-up appointments, additional clinics have been put in place and all identified follow-up patients will have received their follow up appointment by the 6th of April 2019.

Impact on performance on other domains and strategic priorities
• Extended waits on our elective pathway may impact on quality and patient experience indicators in the safe, effective and caring domains. • There will be an impact on the Trust's financial position due to premium costs associated with additional activity.

Responsive (continued)

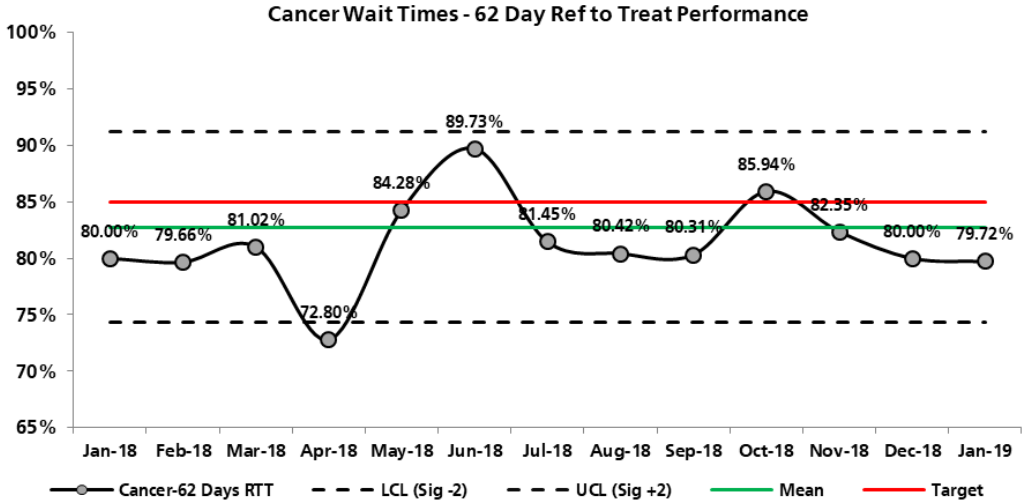
Cancer Pathway

Areas of strong performance

- All Cancer standards were achieved in January with the exception of 62 Day / 2 Week Wait and Breast Symptomatic 2 Week Wait.

Areas requiring improvement

62 Day Cancer – The standard was not achieved in January (this standard was last achieved in October, 2018). Performance was also below the submitted trajectory of 81.90%, but above the national average performance.



- There were 14.5 breaches in total in January, with 5.5 in Lower GI, 3 in Lung, 2.5 in Urology, 2 in Head & Neck and 1.5 in Gynaecology.

- Whilst transformation work continues on the most challenged tumour sites, continued high levels of referrals and pressure on the whole pathway, including diagnostics will result in further breaches. It is expected that as a consequence the Trust's 62 Day performance will not be sustainably compliant until August 2019, although every effort will be made to bring that date forward.

- Transformation work continues on Lower GI, Prostate, Lung and Gynaecology pathways both within QEH and also at an STP level.

- Clinical Nurse Specialist engagement has been a key focus over the last 4-6 weeks and has resulted in improved understanding and resolution of specific issues. Clinical Nurse Specialists are now in attendance at PTL meetings.

- The >62-day backlog has now been brought down from the peak of 72 five weeks ago to 42, which is ahead of trajectory. The target for the >62 Day backlog is 15-20 patients and focus remains on reaching that range sustainably in order to enable sustainable achievement of 62 Day performance. Efforts continue on decision making, diagnostic reporting, capacity and completion of admin.

- >104-day patients are down from 14 last month to 10 now: These patients are a subgroup of the 42 patients within the total backlog. The goal is to continue bringing this number down, with the ultimate aim to eliminate all >104 Day waits by the end of May 2019 unless there have been exceptional circumstances. Harm reviews are required for all patients who reach 104 days, and on completion of their pathway if they are confirmed as cancer patients.

- Demand and Capacity work has now completed and will form an integral part of the forthcoming Check and Challenge sessions and designing timed pathways. The first Check and Challenge session has been completed with the Gynaecology team and feedback from the team has been very positive. Further work is being undertaken to look at tailoring pathways for the 4 main Gynaecology Cancer pathways. There is an agreement for Radiology and Gynaecology to look at how to develop a one-stop shop for 2WW referrals.

- The next Check and Challenge session is scheduled for March 15th with the Prostate team. Lower GI is yet to be confirmed, but Cancer Services have requested that the sessions take place week commencing April 22nd.

- A 'Straight to Test' trial has been agreed within Lower GI and commenced on March 18th. Final communication has been sent out to GP's via West Norfolk CCG confirming the process. The trial is planned for 3 months for patients aged <60 years.

- 3 tumour site STP meetings were held in the last month (Lower GI, Lung & Prostate) with QEH clinical attendance and good engagement.

- Work continues with the Learning and Development Team for development of a Cancer Training Needs analysis to embed the principles, rules and understanding of Cancer treatment within QEH.

- The development of a more robust governance structure has continued and will be presented for confirmation at the next Cancer Delivery Board on March 22nd. It is proposed this will consist of specific groups for Data Validation and Quality, Training, Capacity Planning and Management, PTL Management & Action Group, Breach & Clinical Harm and Communications all sitting under a Cancer Oversight Group.

- Already established weekly Cancer PTL and Assurance Groups will continue and inform the above groups.

- Cancer Action Plans are being finalised for Lower GI, Prostate and Gynaecology to incorporate the above work, with completion due March 29th.

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

Areas of strong performance
• The Trust is on course to achieve the year-end re-forecast deficit of £36.6m. • A deficit of £36.6m is £1m favourable to the deficit forecast at Q3 2018/19.
Areas requiring improvement
• Whilst the deficit forecast has improved by £1m since Q3, this has been achieved through the negotiation of additional clinical income. Future sustainability will depend on reducing operational costs, for which the Trust has a poor recent track record, as evidenced by the failure of the 2018/19 CIP programme. • Ideas are being generated to improve financial performance and the need is for the Trust to be better able (and at greater pace) to convert ideas into detailed delivery plans with clear assignment of responsibilities and accountabilities.
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. • 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.

Well Led (continued)

People

Areas of strong performance

- Vacancy rate – has decreased again this month from 9.92% to 9.31% which is below the Trust target of 10%. The rate has been declining since May 2018 when the vacancy rate was at 12.41%.
- The Medical vacancy rate is currently 5.42%. (The May 2018 vacancy rate was 20.30%.) This improvement has been as a direct result of recruitment into substantive posts.
- Across the organisation, 80% of staff have been flu vaccinated.

Areas requiring improvement

- **Sickness Absence –** Has increased from 5.82% to 6.28% in February. Areas continue to experience a mixture of short and long term sickness cases which are being managed in accordance with the relevant Trust Policies and Procedures. The February absence rate is currently the highest it has been in last 12 months.

Top reasons for sickness

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	Abs Estimated Cost	%
S13 Cold, Cough, Flu - Influenza	258	262	1,094.24	£104,361.55	21.7
S99 Unknown causes / Not specified	109	111	677.45	£61,098.58	13.5
S10 Anxiety/stress/depression/other psychiatric illnesses	42	42	670.73	£76,479.97	13.3
S25 Gastrointestinal problems	104	106	442.31	£43,258.44	8.8
S98 Other known causes - not elsewhere classified	44	44	390.69	£27,443.72	7.8
S12 Other musculoskeletal problems	31	31	358.09	£22,789.27	7.1

Actions taken to address – The Trust is implementing the following to support staff; Mindfulness and Resilience training, pro-active support and signposting to Insight services and quicker referrals to Occupational Health. Work is ongoing to address the fact that a proportion of absences are being recorded as unknown. In addition work continues with IP&C.

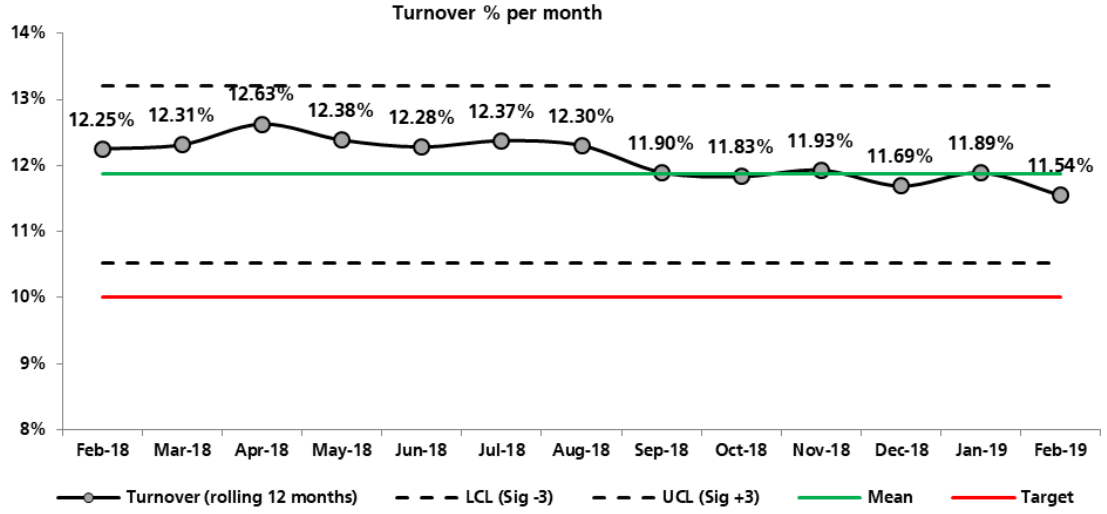
- **Staff in post, bank and agency usage**
  - There has been an increase from 2859 to 2872 for substantive staff
  - There has been a 233 WTE bank increase from 203 WTE
  - There has been an increase in agency from 130 to 141 WTE predominantly to cover sickness absence

- **Turnover –** Has decreased from 11.89% to 11.51%. 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.

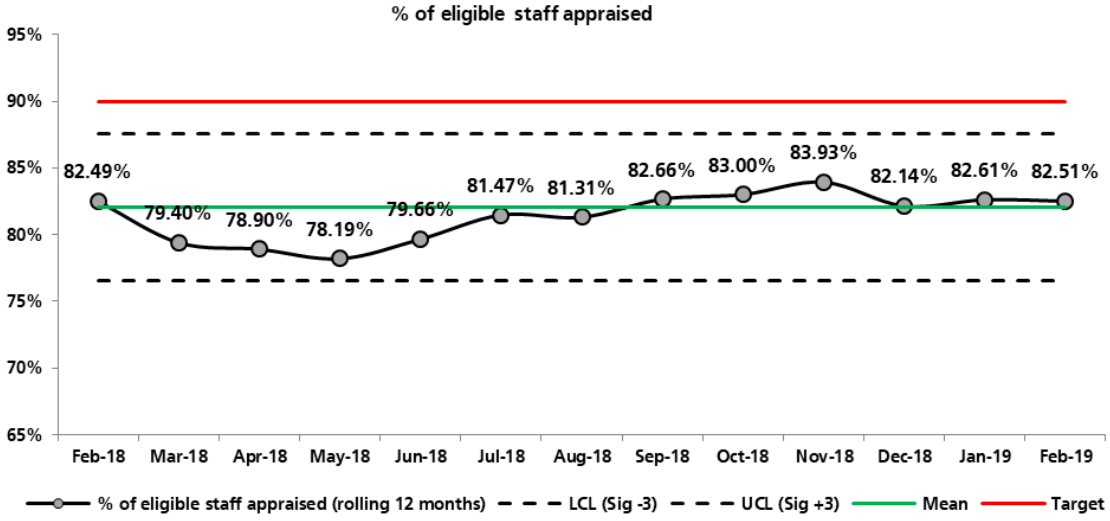
  Turnover for Medical and Dental staff has decreased slightly from 11.86% to 11.83%. This figure has declined in the last six months from 15.08%.

  Nurse turnover decreased from 14.97% to 14.65% in February (it was at 15.28% in December 2018.) 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.

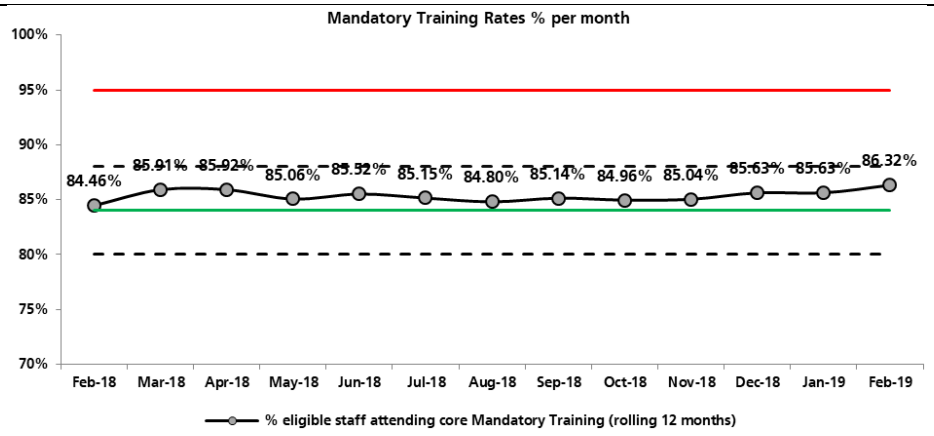
  AHP turnover has decreased to 15.45 % from 16.70%



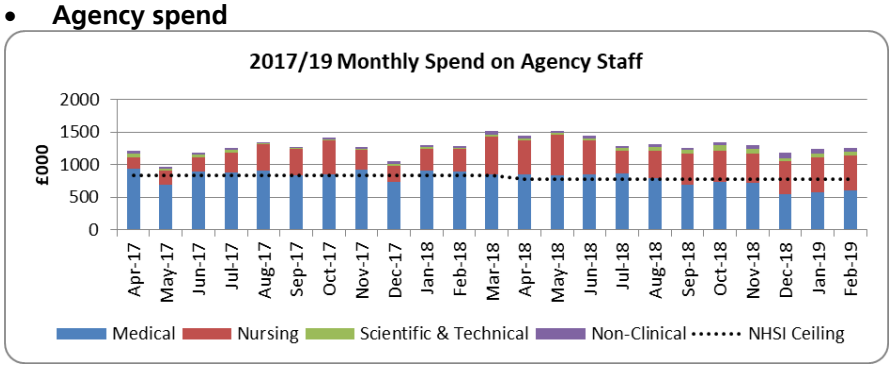
- **Appraisals** – The Trust appraisal rate has increased from 86.12% to 86.13%. 228 appraisals have been completed in month. Trajectories for achievement of the Trust target are in place for all areas. Operational Pressures and sickness have caused a delay in completion. Paperwork has been refreshed and implemented which now concentrates on recording the appraisal discussion.



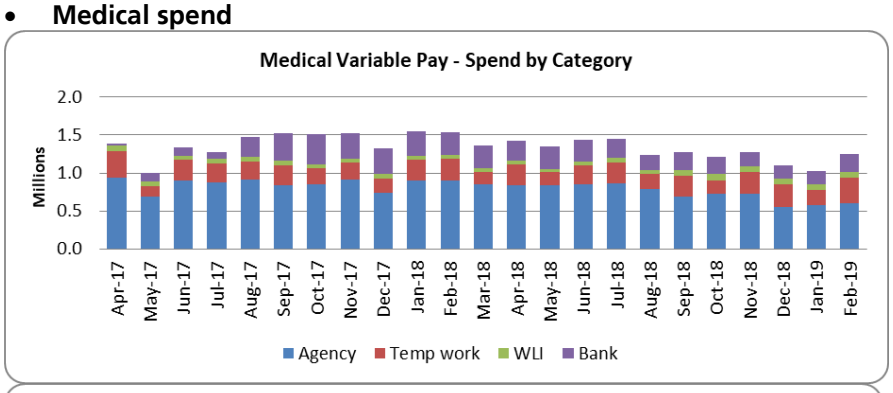
- **Mandatory training -** There have been slight increases for all 10 subjects which means that overall compliance has increased from 85.63% to 86.32%. Mandatory training compliance is being tracked on a weekly basis. More emphasis is being placed on workbook completion and e-learning thereby extending the flexibility to complete the training.

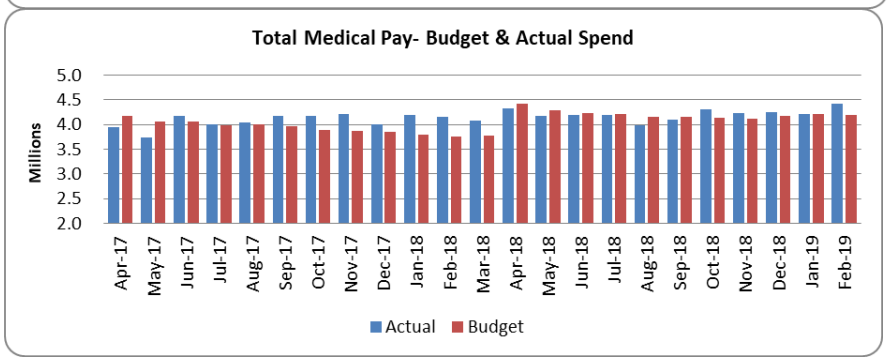


- **Agency spend**



- **Medical spend**





- **Average agency price paid compared to Cap**

Grade	Capped Rate Per Hour	Paid Rate Per Hour	Change from last month
Consultant	£76.10	£110.27	↓ £0.44
Speciality Doctor	£52.00	£79.71	↓ £1.90
Registrar	£35.73	£79.50	↓ £0.50
F2	£25.27	£56.74	↓ £0.52
F1	£20.37	£0.00	£0.00

- **Specialties have the highest spend (Top 5)**

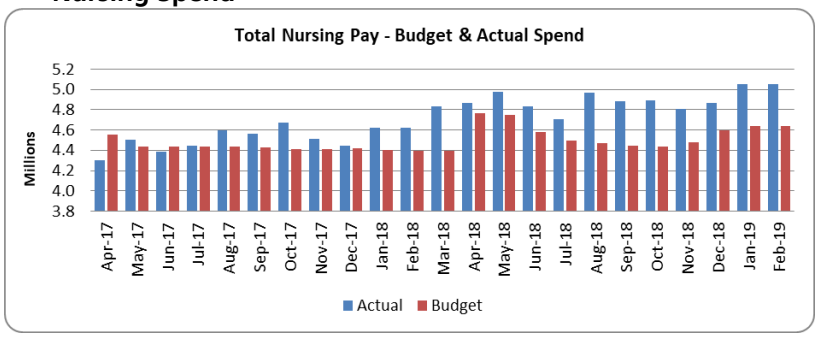
Specialty	Feb-19			YTD Average	
	Vacancy Rate %	Total Spend	% of Total Spend	Total Spend	% of Total Spend
Obs & gynae	9.42%	111,303	18.33%	114,233	15.6%
A&E	1.79%	86,006	14.17%	79,698	10.9%
CoE /Stroke	-10.14%	83,450	13.75%	130,355	17.8%
Acute Medicine	31.28%	65,909	10.86%	111,891	15.3%
General Medicine	-38.87%	34,856	5.74%	85,970	11.7%
Others		225,542	37.15%	210,467	28.7%
Total		607,066		732,614	

The paid hourly rates to doctors have been reduced as high earners are being replaced.

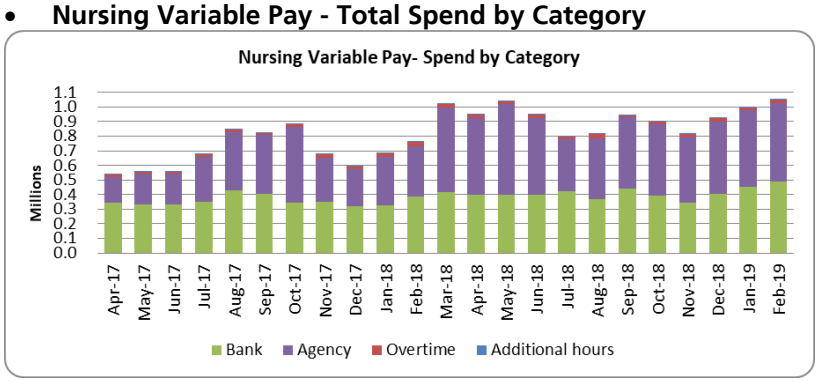
Reducing medical agency cost is predicated on recruitment and further hourly rate reductions.

The Trust has implemented a new process for the approval and extension of agency doctors with greater challenge and an increased focus on cost and alternative solutions The commission rate ranges from £7.00 per hour to £16.30 per hour.

- **Nursing Spend**



- **Nursing Variable Pay - Total Spend by Category**



Nursing variable costs are being driven by vacancies and high rate of sickness absenteeism. Rates are currently 3.76% Short Term and 2.21% Long Term, totalling 5.97% N&M Sickness. Nursing pay cost budget has increased in 2017/18 to reflect the agreed pay award, apprenticeship levy, agency cost out-turn 2016/17 and expansion of medical in-patient capacity. Both agency and bank hours have increased in recent months with the aim of increasing the fill rate on the wards.

There are currently 153.64 FTE (16.00%) Registered Nurse and Midwifery vacancies across the Trust. The contracted staff level for Registered Nurses has remained fairly steady. International Nurse recruitment has contributed to maintenance of staffing levels as well as local and national recruitment. The Trust has invested in 'growing our own' staff through apprenticeships and other programmes to develop staff into Registered Nurses. The Band 5 agency nurse average cost has increased to £38.10 per hour and Band 6 agency nurse has increased to £46.24 per hour. The Trust has improved compliance with NHS Improvement Overall Price Caps for agency nurses particularly for night shift/Saturday and Sundays. Compliance with the NHS Improvement Band 5 Day Rate has been more difficult to achieve.
Impact on performance on other domains and strategic priorities

3. BENCHMARKING

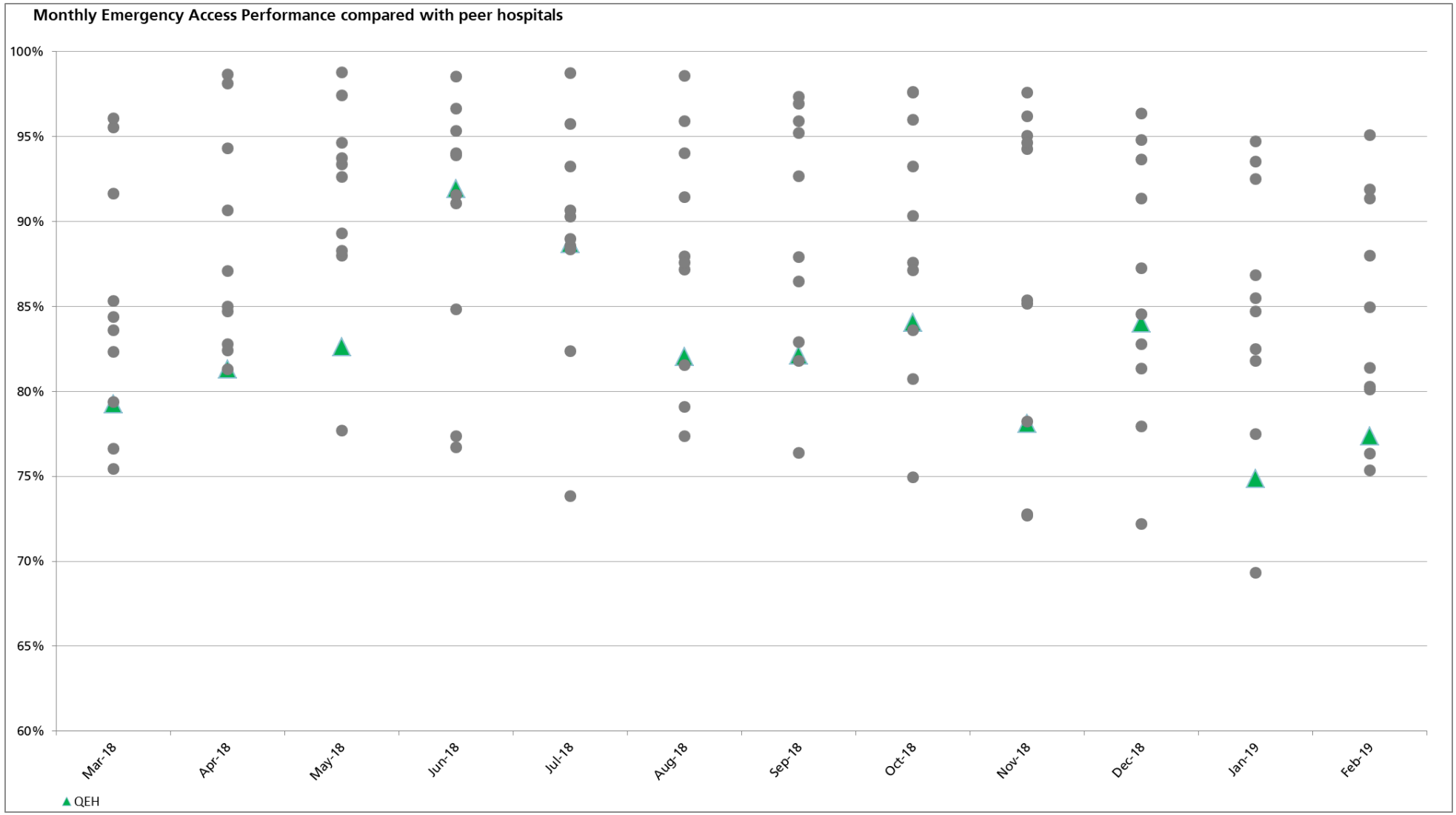
3.1 2018/19 YEAR TO DATE PERFORMANCE COMPARED WITH PEER HOSPITALS (To January-19)

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)	43	21	12	8	8	2	6	13	4	7	20	4
MRSA Bacteraemia (Hospital acquired)	0	2	2	0	0	2	0	0	0	0	1	0
Same Sex Accomodation Standards breaches	0	78	523	21	0	0	119	0	0	30	181	0
Friends & Family Inpatients & Daycases	95.00%	95.50%	97.09%	98.92%	93.15%	94.68%	96.53%	97.21%	98.19%	98.55%	96.85%	95.53%
Sample Size: Friends & Family Inpatients & Daycases	30.00%	32.35%	9.26%	14.76%	30.47%	19.93%	14.43%	18.44%	20.23%	21.68%	21.74%	27.83%
Friends & Family Accident & Emergency	95.00%	90.89%	96.82%	86.23%	85.75%	92.66%	90.00%	91.96%	52.03%	95.73%	93.41%	95.13%
Sample Size: Friends & Family Accident & Emergency	20.00%	14.28%	3.07%	30.38%	25.90%	2.26%	1.49%	7.70%	3.17%	6.57%	12.01%	3.46%
Emergency Access within four hours	95%	82.53%	87.21%	95.81%	84.59%	94.32%	80.49%	89.75%	84.77%	90.85%	75.29%	97.37%
18 Weeks Referral to Treatment time - Incomplete pathways	92%	78.79%	92.02%	78.36%	84.39%	96.58%	80.61%	83.84%	79.19%	84.70%	77.40%	90.78%
Diagnostic Waiters, 6 weeks and over - DM01	1%	1.5%	0.7%	14.3%	0.6%	0.2%	4.5%	0.6%	27.0%	1.8%	0.2%	1.9%
2 week GP referral to 1st Outpatient appointment	93.00%	96.31%	95.68%	86.57%	96.66%	95.96%	96.28%	96.44%	77.93%	90.09%	91.25%	91.78%
31 day Diagnosis to Treatment	96.00%	97.68%	100.00%	98.94%	99.35%	99.19%	99.03%	99.82%	97.19%	99.69%	91.08%	97.41%
31 day second or subsequent treat (Surgery)	94.00%	99.35%	100.00%	100.00%	100.00%	94.00%	98.47%	100.00%	96.35%	99.32%	82.76%	94.74%
31 day second or subsequent treat (Drug)	98.00%	99.66%	99.62%	99.63%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.76%
62 days urgent referral to treatment	85.00%	81.91%	89.19%	77.52%	78.24%	86.99%	74.86%	81.21%	77.59%	84.06%	80.56%	79.58%
62 day referral to treatment from screening	90.00%	97.13%	93.20%	93.58%	91.30%	66.67%	93.98%	97.64%	79.59%	92.99%	79.65%	85.71%
14 days referral for breast symptoms to assessment	93.00%	97.69%	96.24%	69.27%	93.23%	94.99%	93.33%	95.20%	82.19%	81.35%	34.28%	92.00%

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.*



Act well Listen well Care well

DETAILED FINANCE REPORT

1.0 FINANCIAL PERFORMANCE – MONTH 11 – FEBRUARY 2019

In month I&E

- The Trust's performance for February 2019 is a £3.3m deficit before Provider Sustainability Fund (PSF); this is £1.8m adverse to the financial plan. The February deficit after PSF is £3.3m, which is £2.5m adverse to plan.

Year to date I&E

- The year to date position is a £33.2m deficit before PSF which is £17.7m adverse to plan. The year to date deficit after PSF is £33.2m, £23m 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 February is £0.1m adverse to the re-forecast trajectory.
- Year to date the trust is £0.1m adverse to the re-forecast trajectory.
- The improvement in forecast (compared to the forecast as at month 9) 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 28th February is £3.5m, £0.4m higher than 31st January.
- Distressed financing revenue support loans of £3m were received in February and further loans of £11.5m were requested, and have been received in March.
- The Trust will be reviewing distressed financing loan requirements for April.
- Interim capital loan repayments of £0.2m have been made in March however there are none due in April.
- £0.3m Cancer pathway funding for capital projects has been received in March by way of PDC receipt.

Capital

- At the 28th February total capital expenditure of £3.1m has been committed against the revised forecast plan of £5.4m

Finance Ratios

- The agency to total pay ratio of 10.5% is higher than the same period last year (10.4%). This is because the year on year increase in agency pay costs of 8% (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 7.5% and 8.1% respectively). Both ratios have deteriorated due to operating costs increasing by 7.9% 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

		Prior Year	Year to Date				Forecast Out-turn			
	£m	Actual	Plan	Actual	Fav / (Adv)		Plan	Actual	Fav / (Adv)	
I&E	Clinical Income	168.0	161.7	154.9	(6.8)	(4%)	177.4	170.5	(6.9)	(4%)
	Education, Training & Research Income	6.9	6.4	6.3	(0.1)	(2%)	6.9	6.8	(0.1)	(1%)
	Other Non Clinical Revenue (ex PSF)	10.0	8.7	8.9	0.2	2%	9.5	9.6	0.1	1%
	Total Income	184.9	176.8	170.1	(6.7)	(4%)	193.8	186.9	(6.9)	(4%)
	Pay Costs	(127.5)	(122.2)	(124.2)	(2.0)	(2%)	(133.5)	(135.8)	(2.3)	(2%)
	Pay Costs - Agency	(15.0)	(10.4)	(14.6)	(4.2)	(40%)	(11.3)	(16.2)	(4.9)	(43%)
	Non Pay	(56.0)	(51.9)	(56.9)	(5.0)	(10%)	(56.3)	(63.2)	(6.9)	(12%)
	Total Operating Costs	(198.5)	(184.5)	(195.7)	(11.2)	(6%)	(201.1)	(215.2)	(14.1)	(7%)
	EBITDA	(13.6)	(7.7)	(25.6)	(17.9)	(232%)	(7.3)	(28.3)	(21.0)	(288%)
	Non Operating Costs	(7.8)	(7.9)	(7.9)	0.0	0%	(8.8)	(8.6)	0.2	2%
	Adjust Donated Assets	0.2	0.2	0.3	0.1	50%	0.3	0.3	0.0	0%
	Control Total before PSF	(21.2)	(15.4)	(33.2)	(17.8)	(116%)	(15.8)	(36.6)	(20.8)	(132%)
	Provider Sustainability Fund	1.4	5.4	0.0	(5.4)	(100%)	6.1	0.0	(6.1)	(100%)
	Control Total	(19.8)	(10.0)	(33.2)	(23.2)	(232%)	(9.7)	(36.6)	(26.9)	(277%)
Ratios	Agency : Total Pay	10.5%	7.8%	10.5%			7.8%	10.7%		
	EBITDA : Income	(7.4%)	(4.4%)	(15.0%)			(3.8%)	(15.1%)		
	Net Deficit : Income	(11.6%)	(8.8%)	(19.7%)			(8.3%)	(19.7%)		

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:

Patient care income, £6.8m adverse to plan: Planned Care (In-patient elective activity and outpatient activity) is £5m adverse to plan. This is primarily as a result of elective inpatient activity being 1,778 spells behind the plan (£3.8m adverse). The elective plan included a CIP target of £1.7m year to date. Unplanned care is £1.2m adverse to plan year to date as a result of activity being behind plan by 1,102 spells. All other PODs are £0.6m overall adverse to plan.

Education, Training, Research & Other Non Clinical Income, £0.1m favourable to plan: £0.2m of the favourable variance is due to additional income receivable from the NHSI Special Measures Fund (offset by additional quality improvement agency and non-pay project costs).

Pay costs (inc. agency), £6.2m adverse to plan: £2.1m relates to impact of the Agenda for Change pay award above the anticipated level. Pay CIPs (primarily medical and nursing cost reduction projects) are £2.3m 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 £0.4m adverse.

Non pay costs, £5.0m adverse to plan: The failed CIP programme accounts for £2.1m 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 £0.7m, unplanned Fellow Doctor recruitment costs of £0.6m and

Four Eyes consultancy costs of £0.5m 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, Quality Improvement projects £0.1m and spend on external financial recovery advice £0.1m. Other variances net to £0.4m adverse.

Efficiency savings have delivered £1m, £6.0m below plan.

Forecast: The Trust's forecast control total deficit remains unchanged at £36.6m.

3.0 STATEMENT OF FINANCIAL POSITION

Statement of Financial Position

	31st Mar 2018 £m	31st Jan 2019 £m	28th Feb 2019 £m	Month Variance £m	YTD Variance £m
Non current assets	86.8	**83.6**	**83.6**	0.0	(3.2)
Current Assets					
Inventories	2.2	**2.0**	**1.9**	(0.1)	(0.3)
Trade & Other Receivables	9.9	**7.7**	**8.2**	0.5	(1.7)
Cash	5.6	**3.1**	**3.5**	0.4	(2.1)
Current liabilities					
Trade & Other Payables	(10.2)	**(12.8)**	**(13.8)**	(1.0)	(3.6)
Accruals	(14.1)	**(10.7)**	**(11.3)**	(0.6)	2.8
Other current liabilities (exc. borrowings)	(0.6)	**(1.7)**	**(1.4)**	0.3	(0.8)
Non current liabilities (exc. borrowings)	(0.9)	**(0.8)**	**(0.8)**	0.0	0.1
Borrowings	(83.7)	**(106.0)**	**(108.8)**	(2.8)	(25.1)
Total assets employed	(5.0)	**(35.6)**	**(38.9)**	(3.3)	(33.9)
Tax payers' equity					
Public Dividend Capital	52.3	**52.4**	**52.4**	0.0	0.1
Revaluation Reserve	11.6	**11.6**	**11.6**	0.0	0.0
Income & Expenditure Reserve	(68.9)	**(99.6)**	**(102.9)**	(3.3)	(34.0)
Tax payers' equity	(5.0)	**(35.6)**	**(38.9)**	(3.3)	(33.9)

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

Non-Current Assets

- The value of non-current assets remains unchanged in February.

Working capital

- Trade and other receivables increased by £0.5m due to an increase in NHS debtors.
- Cash balances increased by £0.4m to £3.5m as a result of special measures funding being received.
- Trade Payables increased in the month by £1.0m. This is due to the approval of Pathology invoices, previously placed on hold, received from Cambridge University Hospitals Trust.
- Accruals increased due to increased activity and also as a result of the block agreements now made with CCGs.
- Borrowings increased by £2.8m, a net increase associated with receipt of distressed financing loan of £3m, less repayment of capital loan of £0.2m

Reserves

The deterioration in the I&E reserve of £3.3m reflects the adverse trading position in February, including a failure to secure PSF funds.

4.0 STATEMENT OF FINANCIAL POSITION: WORKING CAPITAL

Key Performance Indicators

Debtor/Creditor Days	Target	Mar-18	Q3	Jan-18	Feb-18
Debtors		9,887	7,746	7,708	7,746
Operating Income		186,313	138,741	154,577	170,071
Debtor Days	30	19	15	15	15
Creditors		(10,118)	(12,668)	(12,583)	(13,899)
Operating Expenditure (Less Payroll)		(70,993)	(58,535)	(65,046)	(71,427)
Creditor Days	60	52	59	59	65

BPPC (Cumulative)	Target	Mar-18	Q3	Jan-18	Feb-18
Value	95%	15.3%	20.4%	20.0%	19.2%
Volume	95%	10.1%	9.1%	8.9%	8.8%

Aged Debt	Target £000s	Mar-18 £000s	Q3 £000s	Jan-18 £000s	Feb-18 £000s
Current < 30 Days		2,579	13,636	13,785	9,708
>30 days <60 Days		145	380	399	380
>60 Days < 90 Days		54	302	214	289
Over 90 Days	<5%	1,402	1,531	1,750	1,773
Total		**4,180**	**15,849**	**16,148**	**12,150**
% over 90 days		**33.5%**	**9.7%**	**10.8%**	**14.6%**

Liquidity	Target	Mar-18	Q3	Jan-19	Feb-19
Liquidity Days	> -20 days	(19.5)	(26.7)	(27.4)	(28.4)

DEBTOR AND CREDITOR DAYS

Debtor days have remained constant at 15 days.

Creditor days have increased to 65 days between January and February. 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. With the receipt of significant loans in March the February position is expected to improve to between 55 and 59 days

Better Payment Practice Code (BPPC)

The Trust's BPPC performance remains around 20% for value and 9% 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 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 is facilitating the resolution of these debts at DoF level.

Liquidity Days

Liquidity days have deteriorated from Q3 by 2 days, the worse position than March 18 and target is caused by the additional operating cost driving the Trust's deficit variance from plan.