The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

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

Meeting Date: 27th August 2019

Report Title: Integrated Performance Report

PURPOSE:
This paper accompanies the attached Integrated Performance Report (IPR.)
SUMMARY:
The Trust is required to provide assurance that its approach to performance management is rigorous and appropriately identifies, escalates and deals with areas of performance which should be of concern in a timely manner. A robust sign off process is in place for the IPR with Executive Directors having responsibility for specific domains and the narrative provided in relation to support exception reporting.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):					
Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√	√	√	√

RECOMMENDATION/S:
The Trust Board are asked to note the contents of this report.

Author: Carly West-Burnham
Date: 16th August 2019
Version: 1.0

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Integrated Performance Report

Trust Board

July 2019 data

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1. EXECUTIVE SUMMARY

Safe

There were no never events in July 2019. The last Never Event to be declared occurred in June 2018.

There were a total of 66 inpatient falls in July. Two patients sustained a fractured neck of femur and one patient sustained a fractured humerus. All three falls are being investigated as Serious incidents and duty of candour was completed for all three cases.

Two hospital acquired pressure ulcers and three cases of Clostridium difficile were reported month.

There were five serious incidents declared in July (three were of a clinical nature and two were related to operational aspects of performance nature).

Cleaning Scores appear to have fallen since last month in most areas however, the trust is now reporting results from initial audits, before any remedial action is carried out; past scores reflect results after remedial action has taken place

The staffing fill rate for the Trust overall was above 95% and the CHpPD in July was 8.0 which is slightly lower in comparison to June's figure of 8.3 and remains within the Trust target.

Effective

The HSMR and SHMI remain within expected levels, as does our weekend mortality. A detailed review of weekend deaths is underway and has not revealed any concerns regarding care delivery or availability of senior review at weekends.

Caring

All areas across the Trust have met the Family and Friends test response rate target and likelihood to recommend score except the Emergency Department.

There were 38 complaints received in July 2019, an increase of 14 complaints against the 24 received in June which is above the threshold of 20 complaints per month. The number of complaints received in July is comparable with other months this year.

The complaint compliance response rate has increased from 10% in June to 26% in July. Divisions have shown commitment to reduce the backlog.

There were three occurrences of same sex accommodation breaches affecting seven patients outside Critical Care Unit in July 2019. All three occurrences happened on West Raynham.

Responsive

Four-hour emergency performance deteriorated from 84.67% in June to 81.12% in July. The Trust saw a 4% increase in attendances and an 11% increase in emergency admissions in July 2019 compared to July 2018. There was one 12-hour breach in July. The root cause of this breach was an extended waiting time for a medical assessment bed, Ambulance handover within 15 minutes has slightly deteriorated from 65.96% in June compared to 64.60% in July. ≥ 21-day length of stay remains above the baseline (60) and ambition (46) although a significant improvement has been seen since May 2019.

18-week RTT performance deteriorated from 81.77% in June to 81.14% in July. However, performance remains ahead of the July trajectory set at 80.26%. At the end of July 2019, the total Trust waiting list was 14,483, against a plan of 13,458, and the total backlog of patients

waiting over 18 weeks was 2731 against a trajectory of 2656. There were no 52-week breaches reported in July.

6-week diagnostic standard performance deteriorated from 4.54% in June to 5.17% in July. The underperformance is due to the high number of breaches in ultrasound (177). A recovery action plan is in place and a quarterly update will be provided to Board in September 2019.

The Trust achieved the 2-week wait performance standard, 31-day treatment standard, both 31-day subsequent treatment standards and the 62-day screening to treatment standard for June. 2-week wait (breast symptomatic) performance improved from 66.13% in May to 83.33% in June, against the standard of 93%. 62-day referral to treatment performance improved from 63.69% in May to 81.12% in June, against the standard of 85%.

Well Led (Finance)

The Trust's YTD performance at M4 is an adverse variance to Plan of £57k. Whilst ahead of Plan at Q1, and broadly on track at M4, the Trust will need to continue to respond to reducing monthly budgets as its CIP profile bears upon its Plan trajectory. This is critical in order to achieve its key Quarter end positions to then trigger central and STP funding support, e.g. second quarter of central funding support worth £6.96m, plus the first tranche of local system support of £2.0m, regarding end September position.

At the time of writing £4.2m of the £5.5m CIP target (excluding prior year FYEs) is now either in delivery or scheduled to be delivered, an improvement of £0.65m over the past month. The total 2019/20 in-year delivery value of the pipeline is now a maximum of £5.1m. There are a further 20 schemes currently being progressed which should bridge the gap to the £5.5m.

Well Led (Workforce)

The Trust continues to be below target for a number of workforce KPIs at the end of July 2019 specifically sickness, mandatory training and appraisal rates. Both substantive FTE and headcount have increased slightly this month and Agency and Bank usage decreased in July.

With the increase of FTE in the 2019/20 funded establishment, the Trust vacancy rate remains above target at 14.58% but has decreased this month from 14.77%.

In July 2019 there has been a slight decrease from 5.25% to 5.23%- this is higher than the trajectory of improvement for sickness absence which was agreed by the Trust Board in March 2019. The Trust trajectory target for July 2019 was 3.80% which was set in order to enable the Trust to achieve a level of 4% by the end of the financial year. A number of actions are in place to address this including all CBUs and Corporate areas being given a 12-month sickness targets which will be monitored at performance review meetings.

There are 32 live employee relations cases. The General themes of the cases are external investigation, patient dignity, patient care, non-escalation, behaviour and attitudes and actions, fraud, management decision taken and HR processes.

2. TRUST PERFORMANCE OVERVIEW

	Indicator	Objective	Director	Target	Set By	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	17/18	18/19	19/20	Financial Impact *	
Safe	Falls per 1000 occupied bed days resulting in Harm	Patients	LM	<=0.98	QEH	0.08	0.00	0.00	0.00	0.08	0.17	0.08	0.18	0.33	0.09	0.00	0.17	0.24	0.07	0.09	0.12		
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	Patients	LM	>= 97.24%	QEH	97.45%	97.28%	97.29%	97.36%	97.57%	97.41%	97.29%	97.36%	97.44%	97.45%	97.31%	97.39%	Data 1 Mth in arrears	97.10%	97.41%	97.38%		
	Harm-free QEH Care	Patients	LM	>= 95%	QEH	96.40%	97.22%	97.66%	97.49%	98.77%	98.46%	98.62%	99.18%	96.08%	98.29%	99.54%	98.14%	98.82%	96.84%	97.73%	98.70%		
	Never Events	Patients	FS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0		
	Serious Incidents **(OCCURRED IN MONTH)**	Patients	FS	0	Nat	1	5	3	3	4	7	6	4	9	3	3	7	5	29	54	18		
	Serious Incidents **(DECLARED IN MONTH)**	Patients	FS	0	Nat	4	1	1	4	3	8	3	8	7	6	4	9	6			25		
	Patient safety alerts not completed by deadline	Patients	FS	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
	Clostridium difficile (QEH acquired)	Patients	LM	4	Nat	4	6	1	1	3	2	0	1	0	2	3	4	3	48	22	12		
	Clostridium difficile per 100k occupied bed days (rolling 12 months)	Patients	LM	<= 17.6	Nat	28.2	30.3	27.7	23.6	23.0	23.8	21.8	19.3	15.3	14.7	16.2	19.0	18.2	32.4	15.3	18.2		
	MRSA bacteraemia (QEH acquired)	Patients	LM	0	Nat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	£k	Penalties from CCG, fines from other statutory authorities. £10,000 in respect of each incidence in the relevant year
	MRSA bacteraemia per 100k occupied bed days (rolling 12 months)	Patients	LM	0.0		1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.4	0.0	0.0	0.0	0.0	0.0	1.4	0.0		
	Safe staffing levels (overall fill rate)	Patients	LM	>= 80%	Nat	95.6%	93.5%	95.2%	98.7%	98.1%	98.4%	102.6%	101.2%	111.0%	103.3%	103.8%	97.3%	95.5%		98.9%	99.9%		
	No. of wards below 80% fill rate	Patients	LM	0	Nat	0	1	0	0	0	0	0	0	0	0	0	0	1		1	1		
	Cleanliness Scores - very high-risk areas	Places	LM	>= 100%	Nat	94.71%	93.87%	95.45%	95.10%	94.59%	95.71%	94.60%	95.82%	95.48%	95.63%	95.88%	98.38%	96.63%		95.23%	96.63%		
	Cleanliness Scores - high-risk areas	Places	LM	>= 100%	Nat	93.78%	93.89%	93.91%	95.29%	96.08%	93.84%	95.25%	96.03%	95.89%	94.41%	95.94%	97.59%	95.59%		94.88%	95.88%		
	Cleanliness Scores - significant-risk areas	Places	LM	>= 100%	Nat	90.88%	92.20%	93.06%	92.85%	92.17%	88.11%	92.10%	92.62%	93.59%	94.19%	94.67%	96.22%	94.64%		91.48%	94.93%		
	Cleanliness Scores - low-risk areas	Places	LM	>= 100%	Nat	89.38%	84.52%	90.56%	88.40%	94.43%	0.00%	92.03%	90.01%	96.72%	92.33%	95.50%	88.00%	93.57%		83.24%	92.35%		
	No. of cleanliness audits complete	Places	LM	37		46	34	29	45	35	31	47	35	34	44	36	35	46		435	161		
Effective	SHMI **(Trust Level - Rolling 12 Mth position, 6 mths in arrears)**	Patients	FS	Not higher than expected	QEH			99.56			99.91		6 months in arrears										
	Crude HSMR Mortality **(Trust Level - Rolling 12 Mth position, 3 mths in arrears)**	Patients	FS	-		3.53	3.46	3.43	3.36	3.35	3.25	3.14	3.09	3.02	Latest Data not avail	3 months in arrears			3.60				
	HSMR (basket of 56 diagnosis groups) **(Trust Level - Rolling 12 Mth position, 3 months in arrears)**	Patients	FS	Not higher than expected	QEH	106.5	106.7	106.9	105.8	105.8	103.2	101.2	100.5	101.5					104.94				
	WEEKEND HSMR (basket of 56 diagnosis groups) **(Trust Level - Rolling 12 Mth position, 3 months in arrears)**	Patients	FS	Not higher than expected	QEH	115.0	114.4	115.3	116.4	114.7	114.5	112.4	109.0	107.4					111.35				
	Rate per 1000 admissions of inpatient cardiac arrests	Patients	FS	< 2.0	QEH	1.65	1.39	1.44	1.31	1.02	2.05	0.90	1.91	0.40	1.70	1.37	0.53	0.72	1.55	1.34	1.08		
	Total C Section Rate	Patients	FS	< 25.00%	QEH	34.39%	27.81%	41.71%	30.77%	30.91%	35.63%	32.18%	34.30%	31.61%	31.93%	29.52%	30.72%	1 month in arrears	28.87%	33.47%	30.72%		
	Stillbirth Rate **(per 1000 births/stillbirths-Rolling 12 Mths)**	Patients	FS	< 3.73	QEH	3.21	3.24	4.17	3.76	3.31	3.30	3.29	1.88	2.32	1.88	1.88	2.84		2.71	2.32	3.91		
	Neonatal Deaths Rate **(per 1000 livebirths-Rolling 12 Mths)**	Patients	FS	< 1.06	QEH	0.46	0.46	0.93	0.94	1.90	2.36	2.36	2.82	2.79	2.82	2.83	3.32		0.90	2.79	1.96		
	Extended Perinatal Deaths Rate **(per 1000 births/stillbirths - Rolling 12 Mths)**	Patients	FS	< 4.79	QEH	3.67	3.70	5.09	4.70	5.20	5.66	5.63	4.69	5.10	4.69	4.70	6.15		3.61	5.10	5.86		
	%"Term" admissions to the NNU	Patients	FS	3.0%	QEH	Data not available prior to Apr 2019									6.5%	10.3%	5.7%	4.7%			6.7%		
	%"Avoidable Term" admissions to the NNU	Patients	FS	0.0%	QEH										36.4%	16.7%	30.0%	9.1%			22.0%		
	Maternal Deaths	Patients	FS	0	QEH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	National Clinical Audits participation rate	Patients	FS	=100%	QEH													97.5%	95%	95%	97.5%		
	No. of patients recruited in NIHR studies	Patients	FS	>600 Annually	QEH	74	111	64	67	123	51	37	153	77	37	29	59	29		994	154		
Caring	Same Sex accommodation standard breaches	Patients	LM	0	Nat	16	8	9	8	14	2	7	11	4	6	5	3	7	62	93	21	£5.3k	Penalties from CCG - £250 per breach
	No. of Complaints (Clinical & Non Clinical)	Patients	LM	<=20	QEH	36	41	41	36	32	27	41	37	38	34	47	24	38	362	421	143		
	Complaints (rate as proportion of activity)	Patients	LM		QEH	0.10%	0.12%	0.12%	0.09%	0.08%	0.09%	0.11%	0.11%	0.11%	0.09%	0.12%	0.07%	0.10%		0.10%	0.10%		
	%Complaints responded to within the national standard of six months from receipt of the complaint	Patients	LM	100%	Nat	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%		99.8%	98.8%		
	%Complaints responded to within 30 days from receipt of the complaint	Patients	LM	>=90%	QEH	66.67%	71.88%	36.11%	46.34%	54.17%	33.33%	57.14%	46.43%	36.17%	6.90%	21.28%	9.76%	25.58%		41.36%	16.88%		
	Reopened complaints (%of total complaints)	Patients	LM	<=15%	QEH	0.00%	0.00%	2.44%	0.00%	3.13%	11.11%	0.00%	0.00%	0.00%	2.94%	6.38%	20.83%	10.53%		1.66%	9.09%		
	%eligible patients who have dementia case find applied	Patients	LM	>=90.00%		41.20%	48.32%	40.48%	38.76%	46.98%	45.80%	45.79%	44.66%	43.54%	48.94%	51.46%	50.00%	Data 1 Mth in arrears	60.97%	44.09%	50.17%		
	Friends & Family (Inpatients & Daycases)	Patients	LM	>=95%	QEH	95.48%	95.01%	95.50%	95.15%	96.15%	95.17%	95.05%	95.03%	96.21%	97.01%	94.73%	95.80%	96.35%	95.53%	95.53%	95.90%		
	Sample Size: Friends & Family (Inpatients & Daycases)	Patients	LM	>=30%	QEH	30.36%	34.62%	34.97%	31.47%	33.05%	28.58%	33.67%	37.26%	37.83%	30.17%	36.67%	31.20%	31.31%	30.33%	33.21%	32.38%		
	Friends & Family (Accident & Emergency)	Patients	LM	>=95%	QEH	93.15%	93.21%	90.94%	89.42%	89.80%	89.94%	94.32%	95.32%	90.57%	93.25%	94.92%	92.68%	90.93%	93.12%	91.16%	93.03%		
	Sample Size: Friends & Family (Accident & Emergency)	Patients	LM	>=20%	QEH	14.65%	12.96%	8.84%	21.32%	20.81%	14.60%	10.20%	11.59%	11.04%	11.55%	11.70%	7.67%	9.81%	16.98%	13.79%	10.16%		
	Friends & Family (Outpatients)	Patients	LM	>=95%	QEH	97.10%	97.72%	96.65%	96.03%	96.79%	97.40%	97.07%	96.88%	97.35%	96.98%	96.17%	97.38%	95.77%	96.78%	97.05%	96.54%		
	Sample Size: Friends & Family (Outpatients)	Patients	LM		QEH	6.61%	6.05%	5.88%	6.88%	6.19%	5.73%	7.18%	5.63%	6.82%	6.14%	6.15%	6.13%	7.04%	5.41%	6.42%	6.37%		
	Friends & Family (Maternity)	Patients	LM	>=95%	QEH	95.12%	100.00%	100.00%	100.00%	94.74%	94.12%	96.67%	100.00%	93.65%	98.04%	100.00%	100.00%	96.83%	96.90%	96.57%	98.62%		
	Sample Size: Friends & Family (Maternity)	Patients	LM	>=15%	QEH	21.24%	14.71%	11.58%	22.94%	23.31%	20.12%	17.05%	21.64%	34.62%	31.68%	35.71%	26.67%	27.63%	15.20%	21.97%	30.19%		

	Indicator	Objective	Director	Target	Set By	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	17/18	18/19	19/20	Financial Impact **	
Responsive	Emergency access within four hours	Performance	DS	>= 95%	Nat	88.67%	82.04%	82.14%	84.05%	78.09%	83.99%	74.85%	77.35%	81.97%	84.67%	83.80%	84.67%	81.12%	85.53%	82.48%	83.54%		
	- Majors only	Performance	DS	>= 95%	Nat	80.78%	68.99%	70.28%	73.61%	61.24%	76.29%	60.68%	65.08%	70.26%	71.82%	70.60%	73.36%	67.81%	75.74%	70.55%	70.84%		
	- Minors only	Performance	DS	>= 100%	QEH	94.92%	91.99%	91.88%	92.83%	95.02%	91.80%	90.69%	90.37%	97.09%	97.67%	97.66%	98.16%	97.23%	94.82%	93.26%	97.67%		
	12 hour trolley waits	Performance	DS	0	Nat	0	1	1	1	2	0	3	0	1	0	0	4	1	0	9	5		
	Ambulance Handovers completed within 15 minutes	Performance	DS	100%	Nat	40.62%	39.50%	52.70%	52.42%	39.90%	50.95%	49.88%	49.24%	51.38%	55.77%	59.73%	65.96%	64.60%	21.97%	45.87%	61.57%		
	% beds occupied by Delayed Transfers Of Care	Performance	DS	<= 3.5%	Nat	5.20%	4.00%	6.20%	5.90%	6.50%	5.60%	3.00%	3.48%	4.00%	2.25%	2.47%	2.98%	2.38%	3.30%	4.00%	2.38%		
	MFFD (Medically Fit For Discharge) - Patients	Performance	DS			318	313	318	269	270	249	298	247	306	227	244	241	277		3310	989		
	MFFD (Medically Fit For Discharge) - Days	Performance	DS			1753	1994	2092	2197	2182	1802	1991	1571	1856	1490	1633	1904	1849		23085	6876		
	No. of beds occupied by adult inpatients >=21 days (Mthly average over rolling 3 mths)	Performance	DS	<= 46	QEH	58	59	64	69	69	66	64	62	71	72	73	62	53					
	18 Weeks Referral to Treatment Time (Incomplete Pathways)	Performance	DS	>= 92%	Nat	83.20%	83.74%	81.20%	79.96%	80.13%	78.48%	78.80%	79.56%	79.82%	80.42%	82.55%	81.77%	81.14%	81.05%	79.82%	81.14%		
	Specialties exceeding 18 wk Referral To Treatment time (Incomplete pathways)	Performance	DS	0	Nat	25	24	26	26	29	30	25	28	22	21	20	19	24	0	304	84		
	No. of cases exceeding 52 weeks Referral To Treatment	Performance	DS	0	Nat	1	5	7	1	1	1	1	1	0	0	0	0	0	3	18	0		
	Diagnostic Waiters, 6 weeks and over (DM01)	Performance	DS	<= 1%	Nat	0.94%	0.64%	0.56%	0.46%	0.66%	0.68%	0.98%	0.52%	0.37%	0.86%	4.54%	3.62%	5.17%	2.45%	0.37%	5.17%		
	Total non-clinical cancelled elective operations	Performance	DS	<= 3.2%	Nat	5.60%	7.2%	6.7%	6.76%	6.62%	5.24%	5.74%	6.71%	5.74%	5.73%	5.36%	5.49%	6.56%		5.8%	5.8%		
	Last minute non-clinical cancelled elective operations	Performance	DS	<= 0.8%	Nat	0.89%	1.66%	0.75%	1.02%	0.90%	0.48%	1.78%	0.51%	0.60%	0.89%	0.69%	0.46%	0.76%	1.0%	1.0%	2.80%		
	Breaches of the 28 day readmission guarantee	Performance	DS	0	Nat	2	2	7	2	0	2	4	5	5	1	0	2	1	52	53	4	£8k	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	96.04%	94.64%	93.20%	98.32%	97.30%	97.42%	95.88%	95.10%	85.98%	81.05%	91.94%	95.88%		96.70%	95.32%	89.37%		
	14 Days referral for breast symptoms to assessment	Performance	DS	>= 93%	Nat	100.00%	95.56%	98.46%	96.92%	100.00%	100.00%	91.30%	86.30%	29.82%	20.90%	66.13%	83.33%		97.97%	91.67%	56.41%		
	31 Day Diagnosis to Treatment	Performance	DS	>= 96%	Nat	97.41%	97.41%	97.35%	97.66%	96.15%	98.84%	97.22%	95.29%	96.46%	96.12%	93.16%	100.00%		98.67%	97.50%	96.51%		
	31 Day Second or Subsequent Treatment (Drug)	Performance	DS	>= 98%	Nat	100.00%	100.00%	100.00%	97.92%	98.04%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		99.64%	99.71%	100.00%		
	31 Day Second or Subsequent Treatment (Surg)	Performance	DS	>= 94%	Nat	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%		95.91%	99.43%	96.55%		
	62 Days Urgent Referral to Treatment	Performance	DS	>= 85%	Nat	81.45%	80.42%	80.31%	85.94%	82.35%	80.00%	79.72%	74.58%	85.91%	70.90%	63.69%	81.12%		83.23%	81.74%	71.66%		
	62 Days Referral to Treatment from Screening	Performance	DS	>= 90%	Nat	95.00%	93.33%	96.00%	100.00%	85.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%		98.51%	96.94%	100.00%		
Well Led	Single Oversight Framework (SOF) - overall Score	Patients	RJ	3	SOF	3	3	3	4	4	4	4	4	4	4	4	4	4	3	4	4		
	Distance from Plan (YTD)	Patients	RJ	>= 0%	SOF	-8.10%	-8.00%	-9.10%	-10.90%	-11.60%	-13.00%	-13.70%	-13.90%	-14.90%	-6.86%	-2.50%	0.50%	0.10%	-7.70%	-14.90%	0.10%		
	Distance from control total (YTD)	Patients	RJ	>= 0%	QEH	-67.68%	-75.09%	-90.87%	-127.42%	-162.36%	-188.91%	-220.57%	-226.81%	-280.82%	-19.40%	-15.57%	2.17%	0.44%	-204.48%	-280.82%	0.44%		
	Agency spend (versus cap)	Patients	LM	<= 0%	SOF	-83.19%	-80.46%	-77.16%	-76.45%	-75.21%	-52.72%	-51.65%	-50.80%	-52.12%	-76.32%	-74.00%	-65.00%	-64.00%	-49.72%	-52.12%	-64.00%		
	% of eligible staff appraised (rolling 12 months)	Patients	LM	>= 90%	QEH	81.47%	81.31%	82.66%	83.00%	83.93%	82.14%	82.61%	82.51%	84.06%	84.10%	84.55%	84.62%	83.63%					
	% medical staff (except junior doctors) with an appraisal (rolling 12 months)	Patients	LM	>= 95%	QEH	88%	84%	92%	95%	95%	91%	86%	87%	97%	92%	89%	88%	87%					
	WTE lost as % of contracted WTE due to sickness absence (rolling 12 months)	Patients	LM	<= 3.5%	QEH	4.64%	4.71%	5.08%	5.30%	5.55%	5.90%	5.82%	6.28%	5.53%	4.79%	4.81%	5.25%	5.23%					
	% eligible staff attending core Mandatory Training (rolling 12 months)	Patients	LM	>= 95%	QEH	85.15%	84.80%	85.14%	84.96%	85.04%	85.63%	85.63%	86.32%	87.25%	87.23%	86.49%	86.11%	86.53%					
	Turnover (rolling 12 months)	Patients	LM	<= 10%	QEH	12.37%	12.30%	11.90%	11.83%	11.93%	11.69%	11.89%	11.54%	11.86%	11.40%	11.75%	11.96%	11.78%					
	Time to recruit (rolling position) *	Patients	LM	<= 65.5 days	QEH	Data not available prior to Jan 2019						108.3	105.6	104.4	101.9	101.1	99.6	98.4					
	Staff Friends and Family (quarterly)	Patients	LM			43.22%			Not Collected			45.55%			47.39%				50.91%	44.69%	47.39%		
	PPM Including Statutory PPM	Patients	RJ	>= 95%	QEH	92%	93%	94%	96%	96%	97%	92%	89%	83%	85%	86%	91%	88%					
	CTG Training Compliance (Midwives)	Patients	LM	>= 90%	QEH	Data not available prior			74.4%	75.8%	87.0%	97.0%	94.3%	94.1%	97.7%	95.0%	94.0%	82.0%					
	CTG Training Compliance (Doctors)	Patients	LM	>= 90%	QEH				96.6%	96.6%	96.8%	85.7%	86.7%	86.7%	100.0%	100.0%	100.0%	47.0%					

3. DOMAIN REPORTS

Safe

Areas of strong performance

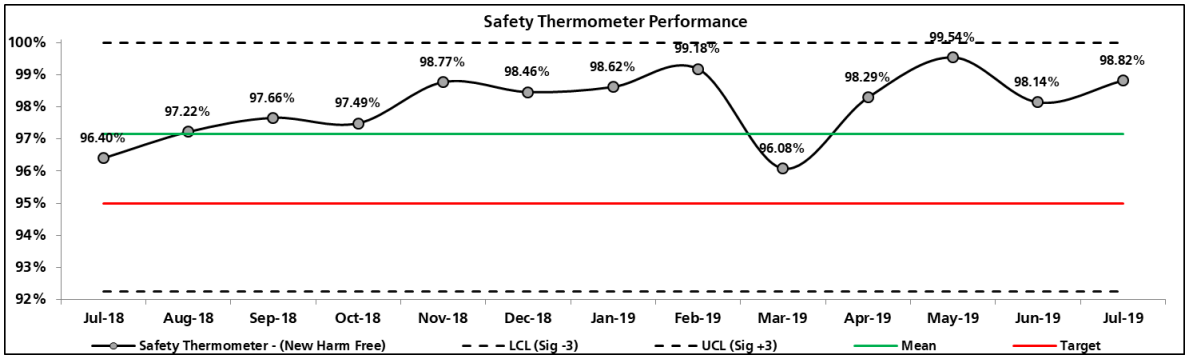
Incidents

There were no Never Events declared during July 2019. The last Never Event to be declared occurred in June 2018.

Harm Free Care

The Trust scored 98.82 % for Safety Thermometer harm free care (98.14% in June). It means that 1.28% of our patients have had new harms whilst in our care.

Scores continue to be above the National average due to education and training and sustained scrutiny of audit completion by the Associate Chief Nurses.



Staffing

The staffing fill rate for the Trust overall was above 95% and the (Care Hours per Patient Day) CHpPd in July was 8.0 which is a slightly lower in comparison to June's figure of 8.3 but remains within the Trust target range. Inpatient areas that fell below the 90% fill rate were supported by moving staff from other wards. There is a daily staffing meeting chaired by an Associate Chief Nurse/ Deputy Associate Chief Nurse or Deputy Chief Nurse to identify staffing shortfalls and put mitigation in place.

The Trust CHpPD is in line with the peer median and national median scores of 8.0 and 8.1, respectively (Model Hospital latest data, April 2019).

Areas requiring improvement

Serious Incidents

There were 5 serious incidents declared in July 2019.

Date SI declared	Date SI occurred	Description of incident
05/07/2019	29/06/2019	12 Hour A&E breach whilst waiting for a Mental Health Bed
16/07/2019	10/06/2019	Wrong Rh D blood group (+/-) was transfused to patient
19/07/2019	17/07/2019	Patient fall in Assessment Zone resulting in a fractured neck of right Femur

18/07/2019	26/07/2019	Patient fall in Assessment Zone resulting in a fractured neck of right Femur
26/07/2019	22/07/2019	12 Hour A&E breach whilst waiting for admission

Our key theme continues to be operational breaches of the 12 hour A&E standard and a system based thematic review of 12 hour breaches for A&E patients waiting for a mental health bed allocation has been commissioned. There was one further incident where a patient waited for admission for over 12 hours during a period of exceptional demand, this patient did not come to any harm.

There was one transfusion incident reported in this period, with a compatible ABO blood type but wrong +/- blood group, the trust has commissioned a comprehensive investigation.
Three Serious incidents into security issues have now been completed and the key theme from these incidents demonstrates a need for specific training in restraint techniques; this has now been completed for our security team.

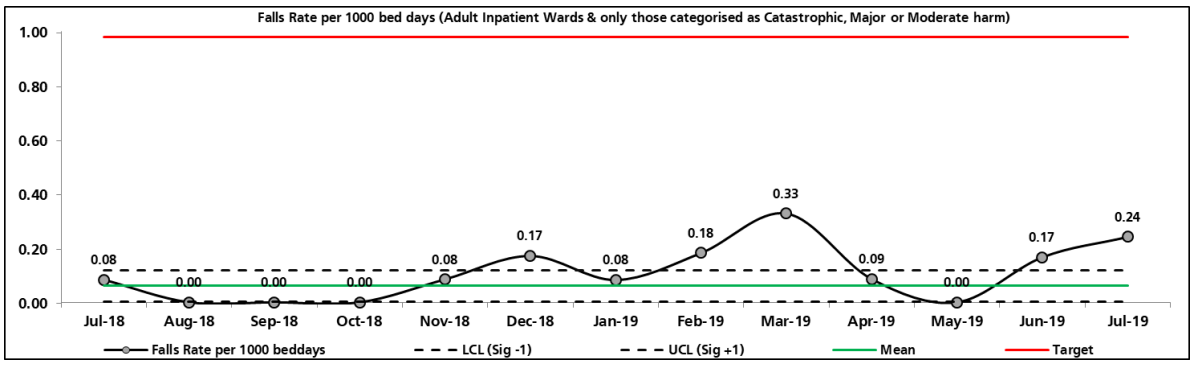
Falls

There were a total of 66 inpatient falls in July, this is a decrease of three from last month's incidents of 69, however, there is an increase on incident of falls resulting in harm as there was none in June.

Two patients sustained a fractured neck of femur on the Assessment Zone, one patient sustained a fractured humerus on Oxborough ward and this fall has since been re-graded as moderate harm. All three falls are being investigated as Serious incidents and investigation outcomes and lessons learnt are awaited.

Detailed work into falls occurring at night is currently being carried out with the support of the trust research team; early results suggest a link with male falls at night and the use of urinals at the bedside.

The total number and rate of falls per thousand bed days remains below the National average.



Hospital Acquired Pressure Ulcers

There were two Hospital Acquired Pressure Ulcers reported in July.

Pressure Ulcer Grading System (NHSi, 2018)

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

The reported incidence on Stanhoe was, on further investigation, not due to pressure and caused by moisture.

Tilney reported a Category two pressure ulcer which occurred despite no lapses in care (all assessments were carried out in a timely manner and appropriate pressure relieving equipment was in place) and was due to the patient's complex needs.

Gayton reported one unstageable and one deep tissue injury which resolved within seven days.

Clostridium difficile

There were three cases of Clostridium difficile in July which equates to nine cases since April 2019. The Trust ceiling for the year is 44.

Cleaning

Cleaning Scores appear to have fallen since last month in most areas however, the trust is now reporting results from initial audits, before any remedial action is carried out; past scores reflect results after remedial action has taken place.

Effective

Areas of strong performance

The HSMR and SHMI remain within expected levels.

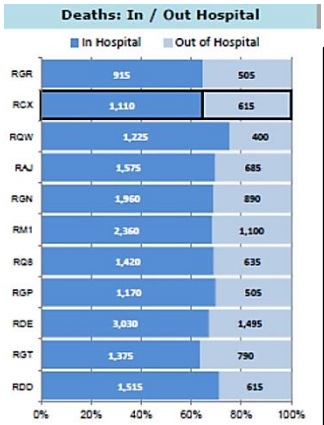
There were 87 deaths in the hospital in July 2019, this number is lower than last year (97) and equates to 12.1 deaths per 1000 admissions which is lower than our previous rate in July 2018 at 12.3

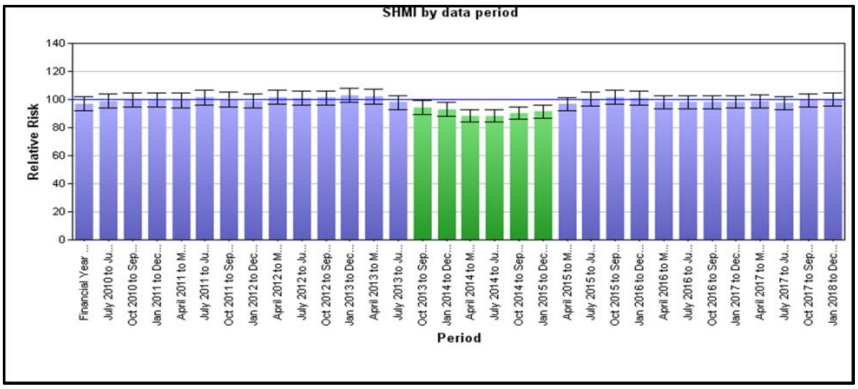
Most deaths occurred on our assessment area (14) and care of the elderly (12) wards.

The highest number of deaths were recorded against a final diagnosis of Pneumonia.

Our HSMR is within expected at 101.5. Our SHMI is also within expected at 101.6. The weekday non elective HSMR is within expected at 99.2, the weekend non elective HSMR is raised at 108.0.

Feb 2018 to Jan 2019 comparison with peer group trusts (Dr Foster data).





The national Healthcare Quality Improvement Program (HQIP) of National clinical audits forms part of the trust quality account. Of the definitive list of 58 HQIP National audits, the Queen Elizabeth Hospital is eligible for participation in 41 which is the denominator for this indicator on the integrated Performance report. The trust actively participated in 97.5% of these clinical audits during the reporting period.

The trust is exempt from 17 of the 58 HQIP national clinical audits as these relate to services not provided by QEH.

In addition the QEH also provides clinical data to 11 national clinical audits which are not part of the HQIP list.

Areas requiring improvement

The audit of COPD notes relating to the request from the CQC to explain our raised mortality within COPD has been completed and a full report has been provided. We are not alerting for COPD within the HSMR currently.

The trust did not provide data to the National Inflammatory Bowel Disease clinical audit in the reporting period. Actions are in place to address this.

Caring

Areas of strong performance

The Friends and Friends (FFT) results against target in July:

Response rate:

Area	Achieved	Target
Inpatient and Day Case	31.31%	30%
Maternity (Birth)	27.63%	15%
Outpatient	N/A	N/A

Likelihood to recommend

Area	Achieved	Target
Inpatient and Day Case	96.35%	95%
Maternity (Birth)	96.83%	95%
Outpatient	95.77%	95%

For Inpatient and Daycase areas, the Trust ranked 1st out of eleven trusts (peer trusts as recommended by Model Hospital) for response rate and 9th for recommended score from April 2019 to June 2019.

Emergency Department ranked 3rd for recommended score and 4th for response rate.

Maternity services ranked 3rd for recommended scores and Outpatient services ranked 4th for recommended scores.

Areas requiring improvement

Friends and Family Test (FFT)

Area	Achieved	Target
A&E (Response rate)	9.81%	20%
A&E (Likelihood to recommend)	90.93%	95%

The Trust did not achieve the response rate or likelihood to recommend score for A&E in July (whilst response rate is slowly rising, likelihood to recommend has fallen again). Due to the nature of the area it is difficult to obtain feedback. The matron for the Emergency Department is putting in place a team approach to collecting FFT responses from patients in A&E and this has been positive during the first 2 weeks in August.

The Patient Experience Team will work with A&E to see what additional measures can be put into place to support patients in providing this feedback – through encouragement of reception staff to hand out the cards on admission to the area and also to work with the team to identify other possibilities to promote feedback collection as well as the patient experience team visiting the area to talk to patients.

All other areas across the Trust met their response rate target and likelihood to recommend score.

Patient Feedback

Healthwatch Norfolk and Governors continue to visit outpatient areas across the Trust monthly to collect feedback about what was good about their experience and what we

could do better. In August, Healthwatch will be visiting either Dermatology or Ophthalmology clinics as well as the Discharge Lounge and selected Governors are visiting Brancaster antenatal and gynaecology clinics.

Mixed Sex Accommodation

Mixed sex accommodation (MSA) remains red this month following three occurrences which affected seven patients. All of these occurrences happened on West Raynham Ward when the Hyperacute Stoke bay is utilised to treat patients of opposite gender who need time critical interventions. These breaches are discussed at divisional governance meeting to identify mitigations of its reoccurrence.

Complaints

Numbers at date of report	Apr-19	May-19	Jun-19	Jul-19
Complaints Received	34	47	24	38
Complaints remaining open	90	136	90	85
Complaints closed	28	29	51	41
Re-opened Complaints	1	3	5	4
Performance	7%	21%	10%	26%
Complaints acknowledged in three working days	68%	45%	96%	100%
Complaints receiving a response within 30 working days	2 out of 29 = 7%	10 out of 47 = 21%	4 out of 41 = 10%	11 out of 43 = 26%

There were 38 complaints received in July 2019, an increase of 14 complaints against the 24 received in June which is above the threshold of 20 complaints each month.

The response rate compliance has increased from 10% in June 19 to 26% in July 19. Divisions have shown commitment to reduce the backlog.

It is recognised that significant work still remains to be done in order to reduce the backlog.

The following actions have been taken to improve response compliance and help reduce complaints backlog:

- The Complaints team will triage complaints as simple or complex, with relevant dates and complaint handler/investigator
- A letter sent to complaint handlers outlining the priority and giving a clear target time line
  a) Over 18 days < 30 days – 2 day response
  b) Backlog – simple – 5 day response
  c) Backlog complex – 10 day response
- Quality Assurance process to be coordinated by the Deputy Chief Nurse

Dementia Case Finding

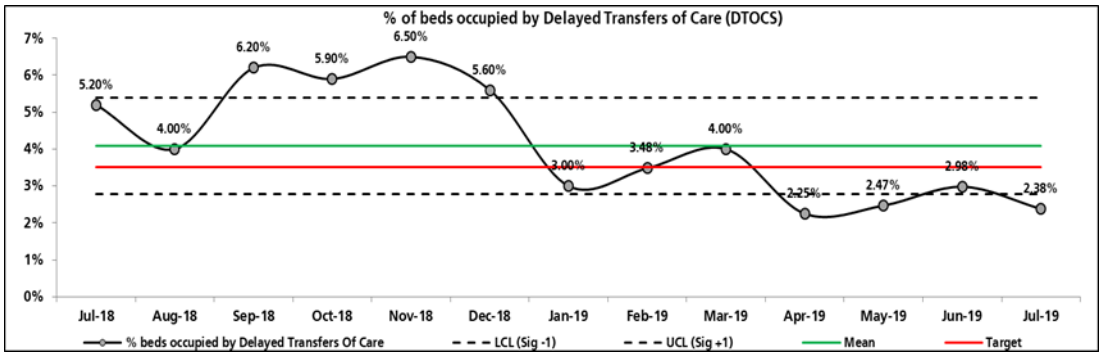
Although the current Trust position (June 2019) with regard to dementia case findings remains below the Trust target of 90%, key supportive measures will be implemented in August 2019. The clerking document has been now redrafted to meet the national guidelines and reporting requirements. Whilst waiting for the new documents, an interim measure of using stickers will be implemented to expedite the change, prevent wastage of current printed documents and to allow for printing lead in times.

Responsive

Emergency Pathway

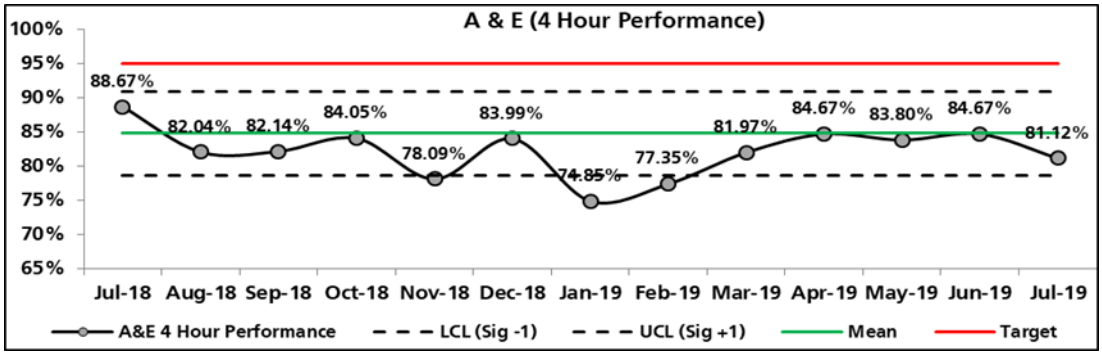
Areas of strong performance

Delayed transfers of care performance in July was 2.38%, exceeding the national standard of 3.5%.



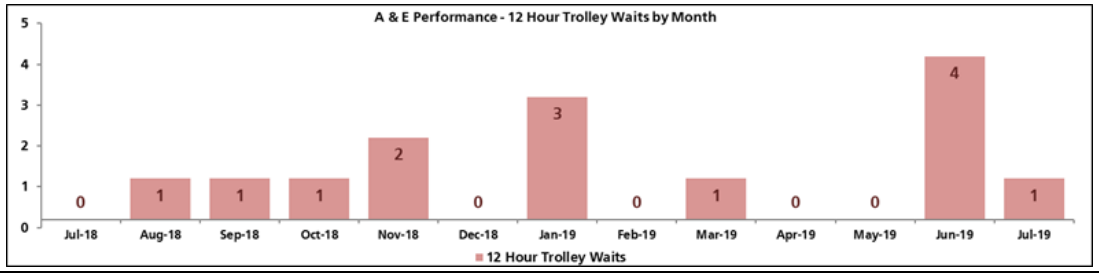
Areas requiring improvement

Four-hour emergency performance deteriorated from 84.67% in June to 81.12% in July.

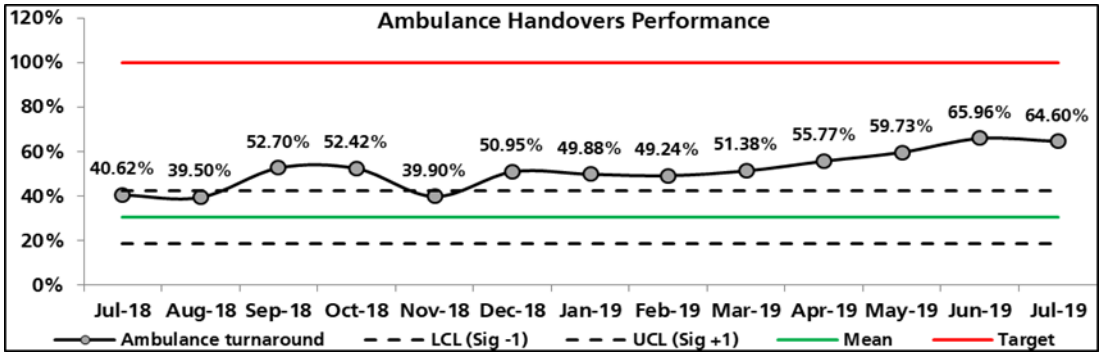


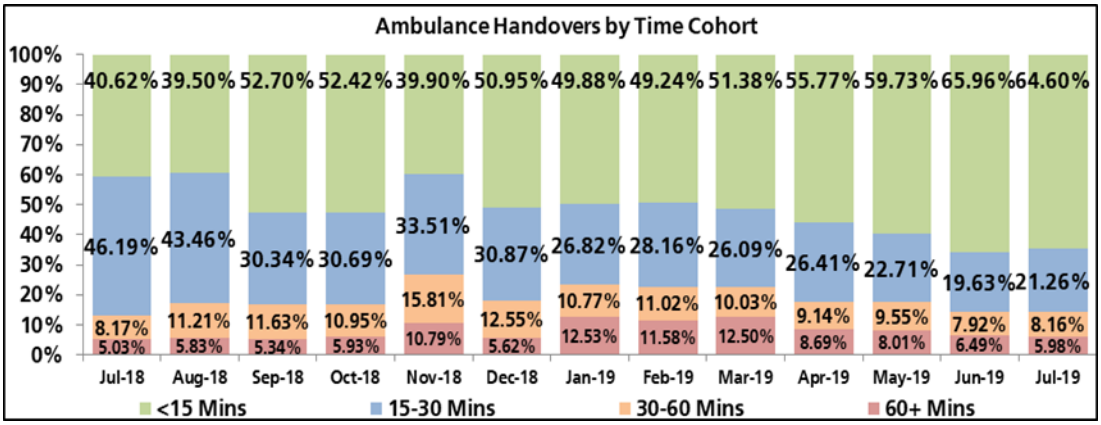
The Trust saw a 4% increase in attendances and an 11% increase in emergency admissions in July 2019 compared to July 2018. The Trust has an urgent and emergency care action plan in place; this is being supported by 2020 Delivery and a quarterly update is provided to Trust Board.

There was one **12-hour breach** in July. The root cause of this breach was an extended waiting time for a medical assessment bed; however, this was exacerbated by infection control issues resulting in bed closures.

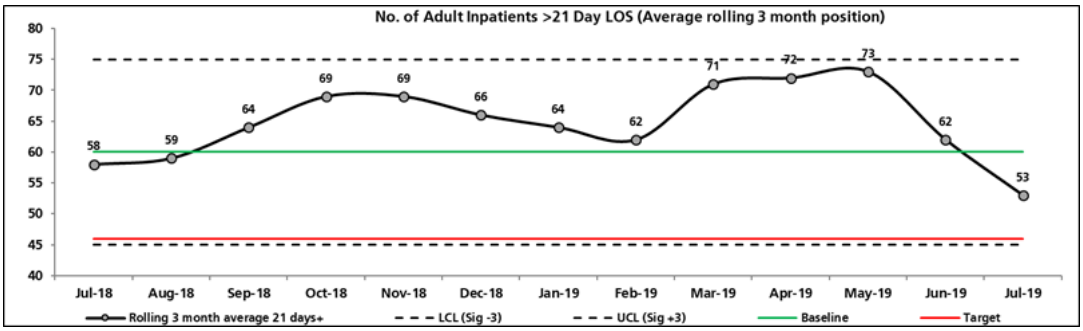


Ambulance handover within 15 minutes has slightly deteriorated from 65.96% in June compared to 64.60% in July. Ambulance handovers taking 30 – 60 minutes has deteriorated from 7.92% in June to 8.16% in July. Ambulance handovers taking over 60 minutes has improved from 6.49% in June to 5.98% in July.





≥ 21-day length of stay remains above the baseline (60) and ambition (46) although a significant improvement has been seen since May 2019. The Trust continues to undertake long stay reviews and actions to improve performance are incorporated into the urgent and emergency care improvement plan.

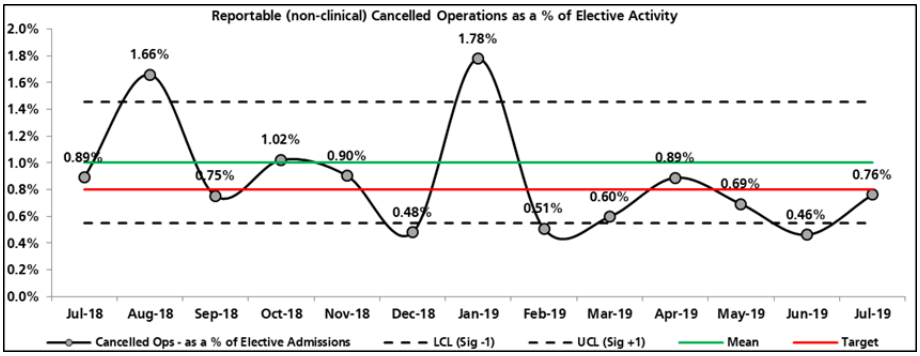


Impact on performance on other domains and strategic priorities
ED overcrowding can have an adverse impact on patient safety and patient experience. In addition, long waits in ED can have a detrimental impact on patient outcomes and lead to longer lengths of stay.

Elective pathway

Areas of strong performance

Reportable (non-clinical) cancelled operations as a proportion of elective activity deteriorated from 0.46% in June to 0.76% in July but performance remains above the national standard.

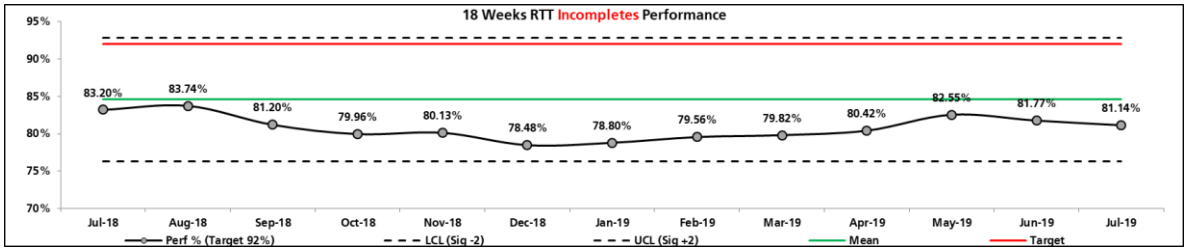


There were no **urgent operations cancelled more than once** in July.

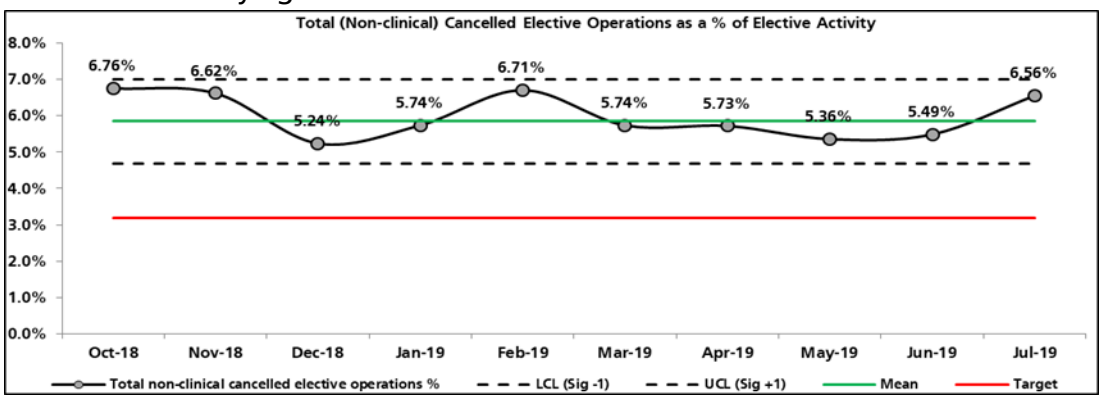
There were no **52-week breaches** reported in July.

Areas requiring improvement

18-week RTT performance deteriorated from 81.77% in June to 81.14% in July. However, performance remains ahead of the July trajectory set at 80.26%. At the end of July 2019, the total Trust waiting list was 14,483, against a plan of 13,458, and the total backlog of patients waiting over 18 weeks was 2,731 against a trajectory of 2,656.



The number of **'prior to the day' non-clinical cancellations** increased from 5.36% in June to 6.56% in July against a standard of 3.2%.

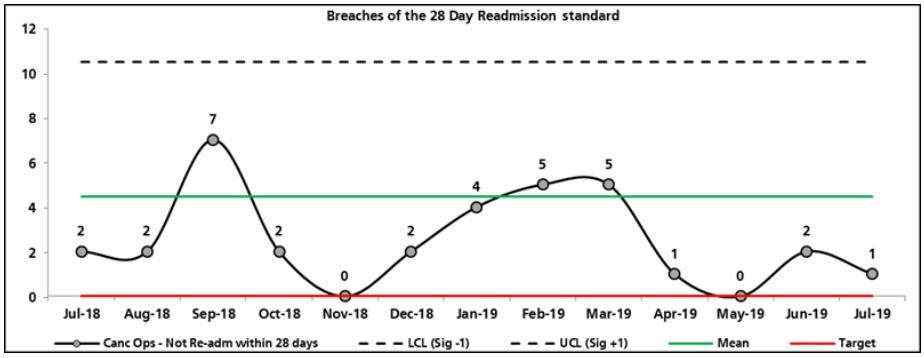


This equated to 284 patients; the main causes of cancellations were as follows:

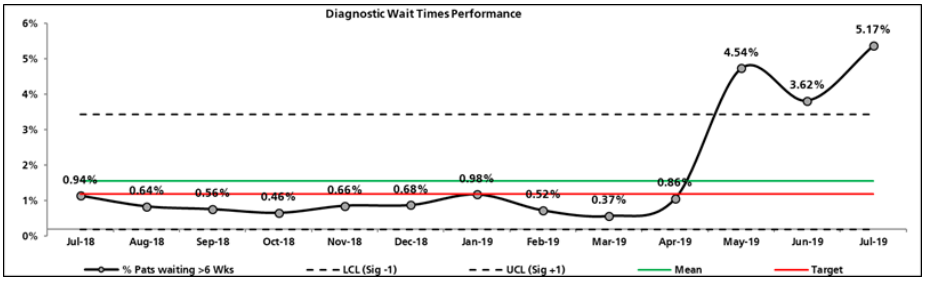
- List cancellation / list change 18%
- More urgent case 17%
- Staff sickness 8%
- Staff shortage 8%

A trajectory for improvement will be provided in September 2019.

There was **1 breach of the 28-day guarantee** in July. The patient was cancelled due to a more clinically urgent patient on an emergency pathway. The patient was re-booked within 28 days; however, this date was also cancelled due to equipment failure.



6-week diagnostic standard performance deteriorated from 4.54% in June to 5.17% in July. The underperformance is due to the high number of breaches in ultrasound (177). A recovery action plan is in place and a quarterly update will be provided to Board in September 2019.

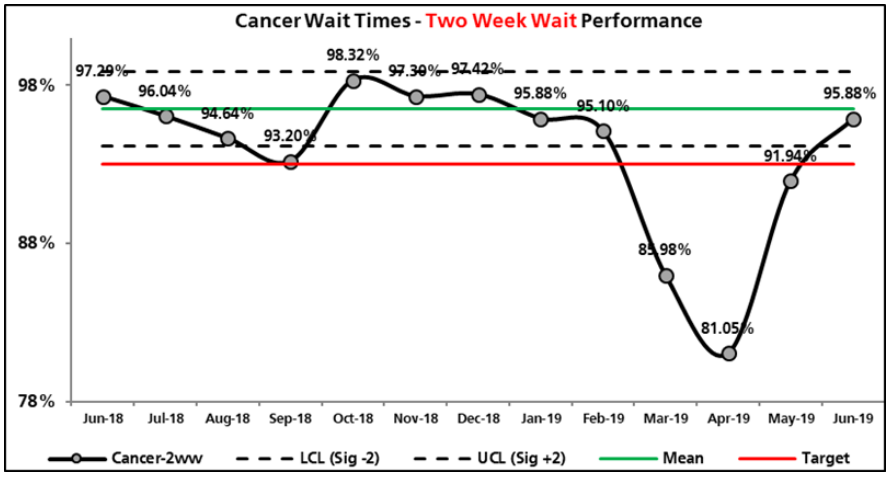


Impact on performance on other domains and strategic priorities
Extended waiting times for elective care can have a detrimental impact on patient experience and patient outcomes. Actions to address extended waiting times can include additional activity at premium rate sessions, thereby impacting on financial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

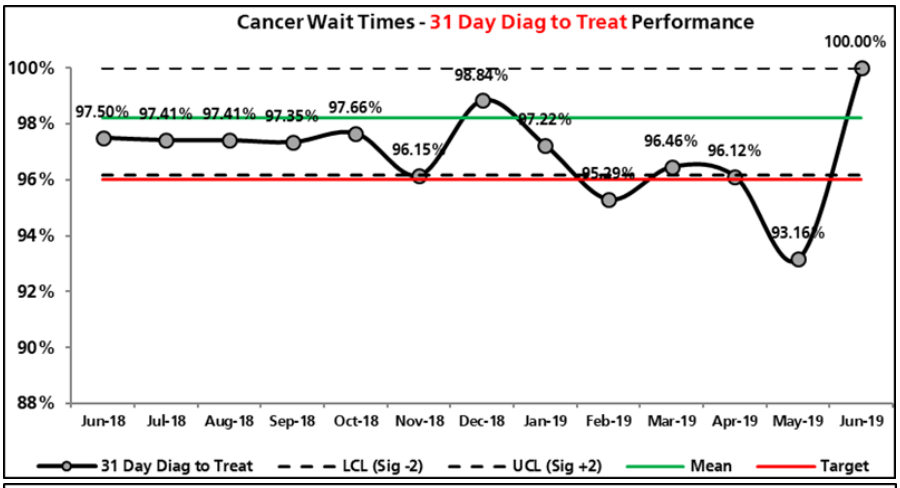
Cancer pathway

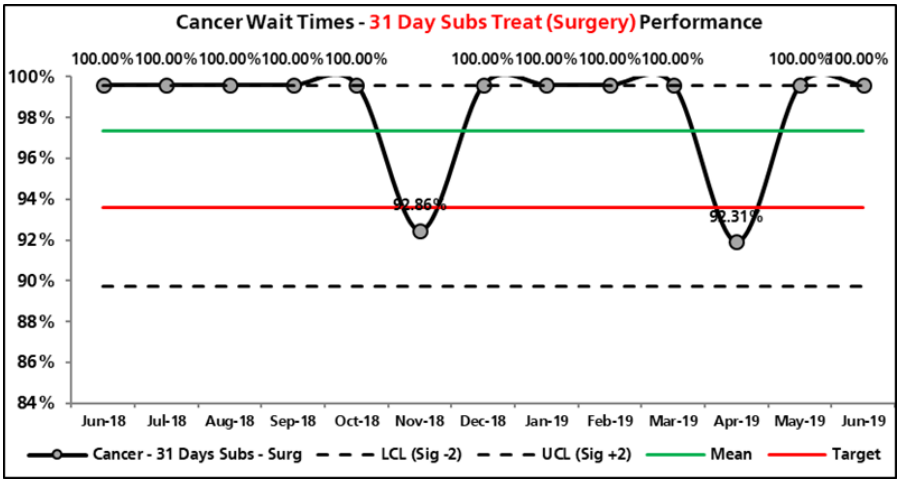
Areas of strong performance

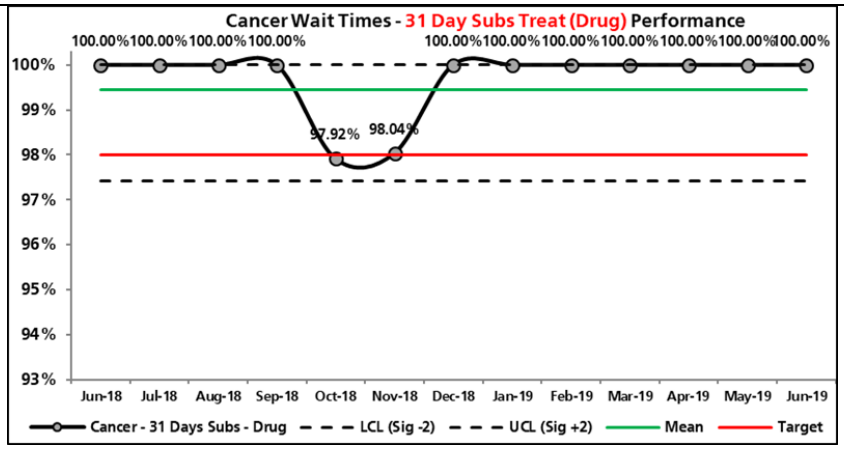
The Trust achieved the **2-week wait performance** standard for June.



The Trust achieved the **31-day treatment** standard and both **31-day subsequent treatment** standards for June.



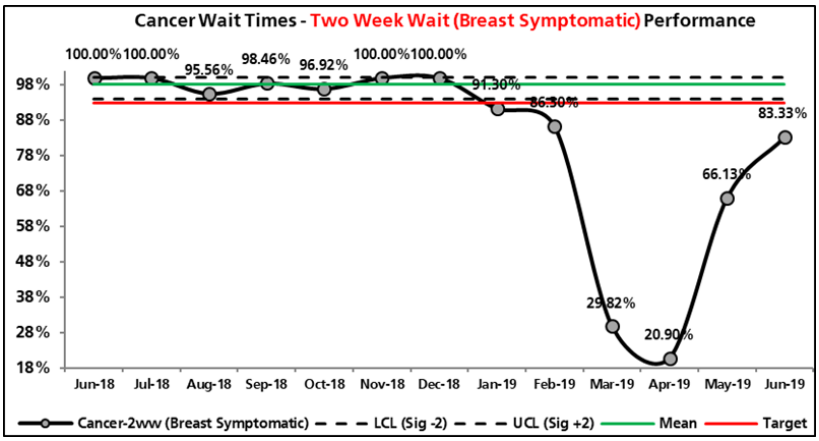




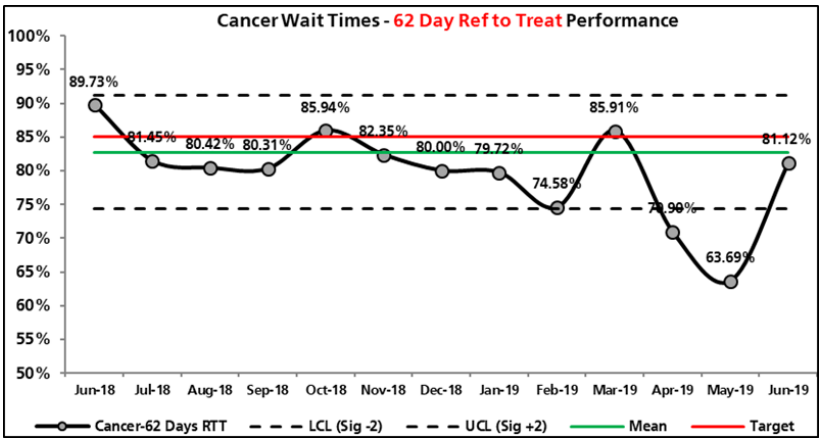
The Trust achieved the **62-day screening to treatment** standard for June.

Areas requiring improvement

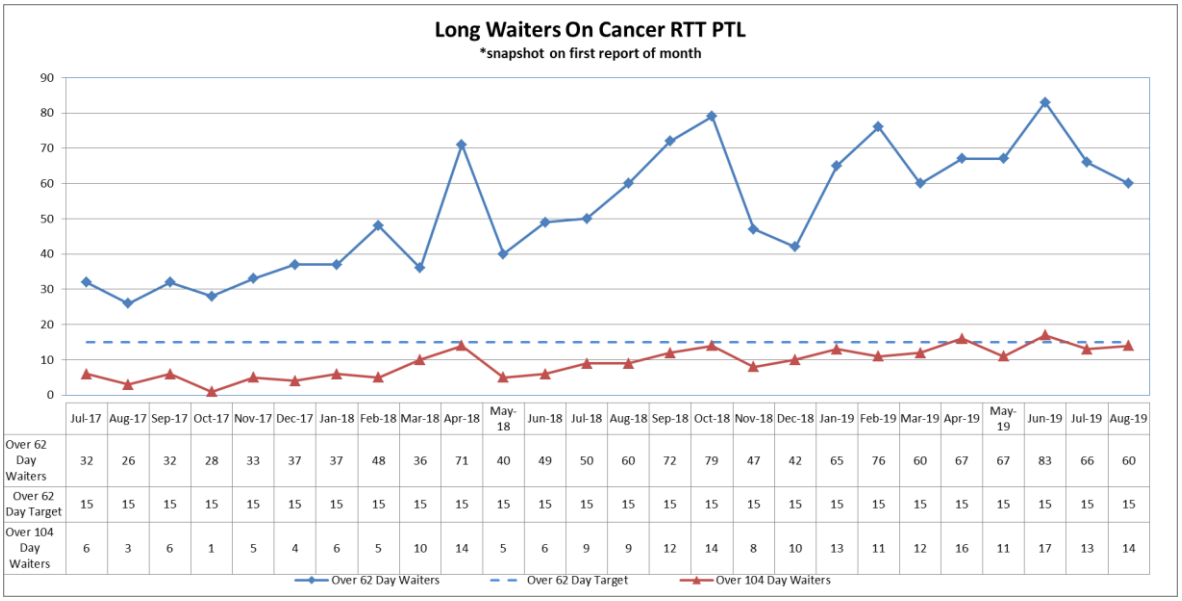
2-week wait (breast symptomatic) performance improved from 66.13% in May to 83.33% in June, against the standard of 93%. Performance for this standard is still forecast to recover in August (reported in September).



62-day referral to treatment performance improved from 63.69% in May to 81.12% in June, against the standard of 85%.



The 62-day backlog was 69 as at 13 August 2019. As previously noted, the backlog needs to reduce to 15 – 20 for the Trust to deliver sustainable performance against this standard. A cancer improvement plan is in place and the quarterly update is provided to Board this month.



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Over 62 Day Waiters	32	26	32	28	33	37	37	48	36	71	40	49	50	60	72	79	47	42	65	76	60	67	67	83	66	60
Over 62 Day Target	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Over 104 Day Waiters	6	3	6	1	5	4	6	5	10	14	5	6	9	9	12	14	8	10	13	11	12	16	11	17	13	14

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 was ahead of our Operating Plan's financial profile at Q1, and broadly on track at M4 being year to date adverse to Plan by £57k at end July. Our 2019/20 forecast outturn remains as per the Operational Plan's expected £2.3m deficit. The Trust's CIP continues to move towards its £5.5m in-year target for new savings schemes, with £4.2m either in delivery or scheduled to be delivered and a total pipeline value of £5.1m; improvements of £0.65m and £0.2m respectively since last month. The Trust continues to pursue recovery in those areas that are year to date adverse to budget. This will serve to provide additional financial resilience in support of delivering our Operating Plan's financial objectives. The Trust has positively responded to the capital expenditure strictures sought by the STP during July in bringing all providers' capital spending plans to within its Capital limit set by NHSI. This has been achieved without prejudicing care quality or patient safety.
Areas requiring improvement
The Trust's Capital spending is behind its straight line Operating Plan profile and it remains partially dependent upon approval to its capital loan application.
Impact on performance on other domains and strategic priorities
None to report.

DETAILED FINANCE REPORT

1.0 FINANCIAL PERFORMANCE – MONTH 4 – 2019

The Operational Plan

The Trust is measuring its financial performance against a plan to deliver a 2019/20 Control Total complaint deficit of £2.3m, as submitted to NHSI in May 2019. This includes £6m of STP support and £19.8m in relation to Financial Recovery Fund (FRF) and Provider Sustainability Fund (PSF). Following Control Total acceptance, £3.5m of central Marginal Rate Emergency Threshold (MRET) funding is receivable by the Trust in full. The Trust must achieve an initial post-MRET funding operational deficit of £28.1m in order to release the total £25.8m of additional support from the DHSC and our STP.

In month and year to date I&E

For Month 4 (July) the Trust had an adverse variance against plan of £178k (£0.147m deficit vs £0.031m plan surplus). This adverse balance took the YTD variance to £57k adverse to Plan.

The Trust's in month performance for July 2019 is a £1.4m deficit before Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) income is taken into account; this is £0.1m adverse to the submitted NHSI financial plan.

The Trust's year to date position is for a £9.5m deficit before PSF/FRF and Donated Assets, which is £57k adverse to Plan.

When considering the year-to-date position, the following issues should be noted:

- £332k of Contingency budget has been Plan released in the reported position to support the budgeted I&E position to M4, against which unplanned non-recurrent items have included £150k as a result of the bank rate supplement trial which was in place during Quarter 1; a £70k national income reduction charge for unrecoverable Road Traffic Act charges; and a £13k pensions charge, the latter two arising in M4.
- Emergency Department pay continues to be above budgeted levels, with an overspend against budget of £471k year-to-date.

Delivery of the budget becomes more challenging as we progress through the year. For instance, profiling reflected a step increase required in delivery of CIPs from Month 4 onwards, e.g. where Plan anticipated pay CIPs increased from £28k in Month 3 to £255k in Month 4, and where the July total pay budget was £0.5m less than June's.

Outturn I&E trajectory

The Trust's 2019/20 Operational Plan has an outturn forecast deficit of £2.3m. At the end of Month 4, the forecast remains for the Trust to deliver its Plan. The Trust is continuing to identify in-year financial resilience actions to support delivery of the Plan.

Performance against total agency cap

The Trust's monthly agency spend is £1.4m, this is £500k adverse to our monthly cap (and adverse to the Trust's in-month budget by £430k). Year to date, agency spend is £751k adverse to Plan.

Cash

Cash at the 30th June is £7.6m, a £5m increase from 30th June. Distressed financing revenue support loans of £2.64m were received in July. At the time of the loan submission request the Trust had received none of the MRET funding (two quarters worth at £1.766m) and had been informed that this would not be available until September. Similarly the 2018/19 PSF funding of £1.3m was not expected until August. Both these amounts were received on 15th July, had it been known that the monies would be paid in July, the July loan would not have been requested. The cash flow forecast shows repayment of the first quarter loans received being repaid during November 2019.

No loan request has been made for August nor is any anticipated for September.

No Interim capital loan repayments were paid in July, but £0.258m to be paid in August.

Capital

As at the end of July 2019 total capital expenditure of £1.366m has been spent, against the plan of £5.949m. The Trust is behind its Capital trajectory due to a number of schemes being unable to progress until our capital loan has been approved. £5.4k of expenditure YTD has been funded by Charitable Funds. The expected capital programme for 2019/20 remains dependent upon £8.515m of capital loan finance. National decision making on a further externally financed element, relating to £0.6m of matched funding, has been deferred to September. A confirmatory loan approval decision is expected in September, when a revised internal spending profile will be established. The Trust still expects to complete its planned level of expenditure for the year by the end of March.

2.0 STATEMENT OF COMPREHENSIVE INCOME

	£m	In Month Plan	In Month Actual	Change	Fav / (Adv)		Year to Date Plan	Year to Date Actual	Fav / (Adv)	
I&E	Clinical Income	14.5	14.4	↑	(0.2)	(1%)	55.4	55.3	(0.1)	(0%)
I&E	Pass through 3rd party health care	0.0	0.2	↓	0.2	0%	0.0	0.9	0.9	0%
I&E	Pass through drugs & devices	1.1	1.2	↑	0.1	12%	4.3	4.5	0.2	5%
I&E	Other income - Education, Training & Research, Non Clinical Revenue (Including MRET)	1.7	1.8	↑	0.1	9%	6.7	7.1	0.4	6%
I&E	**Total Income**	**17.3**	**17.6**	↑	**0.3**	**2%**	**66.4**	**67.8**	**1.3**	**2%**
I&E	Pay Costs - Substantive	(10.7)	(10.7)	↓	(0.0)	(0%)	(43.1)	(43.5)	(0.4)	(1%)
I&E	Pay costs - Bank	(1.1)	(1.0)	↓	0.1	10%	(4.6)	(4.3)	0.3	6%
I&E	Pay Costs - Agency	(1.0)	(1.4)	↑	(0.4)	(44%)	(5.0)	(5.8)	(0.7)	(15%)
I&E	Total Pay	(12.8)	(13.1)		(0.3)	(3%)	(52.7)	(53.6)	(0.8)	(2%)
I&E	Pass through 3rd party health care	0.0	(0.2)	↑	(0.2)	0%	0.0	(0.9)	(0.9)	0%
I&E	Pass through drugs & devices	(1.1)	(1.2)	↑	(0.1)	(12%)	(4.3)	(4.5)	(0.2)	(5%)
I&E	Non Pay	(4.0)	(3.8)	↑	0.2	4%	(15.8)	(15.3)	0.5	3%
I&E	**Total Operating Costs**	**(17.8)**	**(18.3)**	↑	**(0.5)**	**(3%)**	**(72.9)**	**(74.3)**	**(1.4)**	**(2%)**
I&E	**EBITDA**	**(0.5)**	**(0.7)**	↑	**(0.2)**	**(37%)**	**(6.4)**	**(6.5)**	**(0.1)**	**(1%)**
I&E	Non Operating Costs	(0.8)	(0.7)		0.1	8%	(3.1)	(2.9)	0.1	4%
I&E	**Control Total before PSF/FRF**	**(1.3)**	**(1.4)**	↑	**(0.1)**	**(10%)**	**(9.5)**	**(9.5)**	**0.0**	**0%**
I&E	Adjust Donated Assets	0.0	0.0		0.0	0%	(0.1)	(0.1)	(0.0)	(4%)
I&E	PSF, FRF funding	1.3	1.3		0.0	0%	4.3	4.3	0.0	0%
I&E	**(Deficit) / Surplus**	**0.0**	**(0.1)**	↑	**(0.1)**	**(410%)**	**(5.3)**	**(5.3)**	**0.0**	**1%**
I&E	Additional PSF	0.0	0.0		0.0	100%	0.0	0.1	0.1	100%
I&E	TOTAL	0.0	(0.1)	↑	(0.1)	(410%)	(5.3)	(5.2)	0.1	2%
Ratios	Agency : Total Pay	7.7%	0.107				9.5%	10.8%		
Ratios	EBITDA : Income	(3.0%)	(0.040)				(9.7%)	(9.6%)		
Ratios	Net Deficit : Income	(7.6%)	(0.082)				(14.3%)	(14.0%)		

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, £1m favourable to plan:

Planned Care (In-patient elective activity and outpatient activity) is £1.7m favourable to plan. This is primarily as a result of work undertaken in the private sector which is £0.9m favourable, but attracts matching costs. In addition, Elective inpatient activity is a further £0.3m above plan and outpatient attendances are also a further £0.5m above planned level.

Unplanned care is £0.4m favourable to plan at the end of July. ED attendances are very marginally below the plan, but the financial value (before the application of the block) is a favourable variance of £0.3m. This is due to the pricing included in the plan being on average below the level being experienced. Non-elective admitted inpatient activity as a whole, including excess bed days, is £0.1m adverse to plan at the end of Month 4.

The impact of commissioner agreements as a whole has been assessed as £0.4m adverse to plan.

Other types of income combined are £0.7m adverse to plan at the end of month 4. The main areas of under-performance are within the maternity pathway (£0.2m) and Critical Care (£0.5m).

Education, Training, Research & Other Non-Clinical Income, £0.4m favourable to plan:

Year to date non clinical income is £383k above the plan. This is primarily associated with income received by the Trust for development support £178k for which expenditure has been incurred. Other notable items include:

£30k – income from CCG for the cost of beds in the community.
£56k – deferred income used for winter support (off-set by expenditure)
£24k – additional income via LDA for training (off-set by expenditure)
£22k – grant from Macmillan charity (off-set by expenditure)
£21k – a number of smaller items of income generation across the Trust primarily associated with income received for development support £111k which will also have expenditure incurred (primarily staffing).

Pay costs

The Trust reported an in month position for total pay of £338k adverse to budget (£4k favourable in M3).

YTD the adverse variance net (£834k) against total pay mainly results from the following adverse areas:

- Emergency Department
- Cancer Services
- Outpatients
- Admissions Unit, Critical Care
- Patient Experience
- Hotel Services
- Corporate Services

The YTD Non Clinical overspend includes a variances in Hotel Services (£198k), where a 25 point recovery plan is in development. Actions include implementation of a new roster, restrictions on overtime & bank, and a reduction in stock holding.

Non pay costs

The Trust reported an in month non-pay position of £188k adverse to budget and YTD non-pay performance is £588k adverse to Plan.

Efficiency savings

In-month delivery of CIPs was £142k against a Plan of £412k (£270k adverse variance to Plan). Year to date, the Trust has delivered £502k of CIPs against a Plan of £797k (£295k adverse). This YTD adverse position is expected to be partially addressed once all Procurement savings in play have been fully assessed ahead of Month 5.

3.0 STATEMENT OF FINANCIAL POSITION

Statement of Financial Position

	31st Mar 2019 £m	30th June 2019 £m	31-Jul-19	Month Variance £m	YTD Variance £m
Non current assets	84.9	84.1	83.4	(0.7)	(1.5)
Current Assets					
Inventories	2.1	2.5	2.2	(0.3)	0.1
Trade & Other Receivables	13.9	21.0	16.3	(4.7)	2.4
Cash	4.4	2.3	7.6	5.3	3.2
Current liabilities					
Trade & Other Payables	(12.7)	(14.4)	(12.7)	1.7	0.0
Accruals	(12.1)	(13.8)	(12.7)	1.1	(0.6)
Other current liabilities (exc. borrowings)	(0.7)	(1.4)	(1.3)	0.1	(0.6)
Non current liabilities (exc. borrowings)	(0.8)	(0.8)	(0.8)	0.0	0.0
Borrowings	(120.0)	(125.6)	(128.2)	(2.6)	(8.2)
Total assets employed	(41.0)	(46.1)	(46.2)	(0.1)	(5.2)
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)	(110.4)	(110.5)	(0.1)	(5.2)
Tax payers' equity	(41.0)	(46.1)	(46.2)	(0.1)	(5.2)

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

Non-Current Assets

The value of non-current assets has moved by £0.7m due to the depreciation charge.

Working capital

Trade and other receivables decreased by £4.7m primarily due to receipt of non-contract NHS receipts.

Cash balances increased by £5.3m to £7.6m as a result of receipt of MRET & PSF funding (£1.766m & £1.343m respectively) and distressed loan financing of £2.64m.

Net Trade Payables and accruals increased by £1.7m due to capital spend and management of cash flow.

Borrowings increased by £2.6m, a net increase associated with receipt of distressed financing loan.

Reserves

The deterioration in the I&E reserve of £0.1m reflects the adverse trading position in July.

4.0 STATEMENT OF FINANCIAL POSITION: WORKING CAPITAL

Key Performance Indicators

Debtor/Creditor Days	Target	Mar-19	Jun-19	Jul-19
Debtor Days	30	27	36	27
Creditor Days	60	57	66	58
BPPC (Cumulative)	Target	Mar-19	Jun-19	Jul-19
Value	95%	18.5%	14.1%	13.9%
Volume	95%	8.8%	6.5%	6.3%
Aged Debt	Target	Mar-19	Jun-19	Jul-19
	£000s	£000s	£000s	£000s
Current < 30 Days		22,175	5,226	233
>30 days <60 Days		467	475	3,143
>60 Days < 90 Days		269	217	433
Over 90 Days	<5%	1,581	2,121	2,473
Total		24,492	8,039	6,282
% over 90 days		6.5%	26.4%	39.4%
Liquidity	Target	Mar-19	Jun-19	Jul-19
Liquidity Days	> -20 days	(14.3)	(19.9)	(6.9)

Debtor and Creditor Days

Debtor days have decreased due to receipt of non-contract invoiced income

Creditor days have decreased by 12 days between June and July due to increasing levels of payment runs in July. 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 years to support lower deficit loan drawdowns.

Better Payment Practice Code (BPPC)

The Trust's BPPC performance has remained basically the same. The consistent low performance is associated with the stretching of creditor days.

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. 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.

Liquidity Days

Liquidity days have improved between June and July, the improved position is associated with the increased cash receipts for 2018/19 final freeze invoices following credit control successes and receipt of MRET & PSF.

Well Led (continued)

People

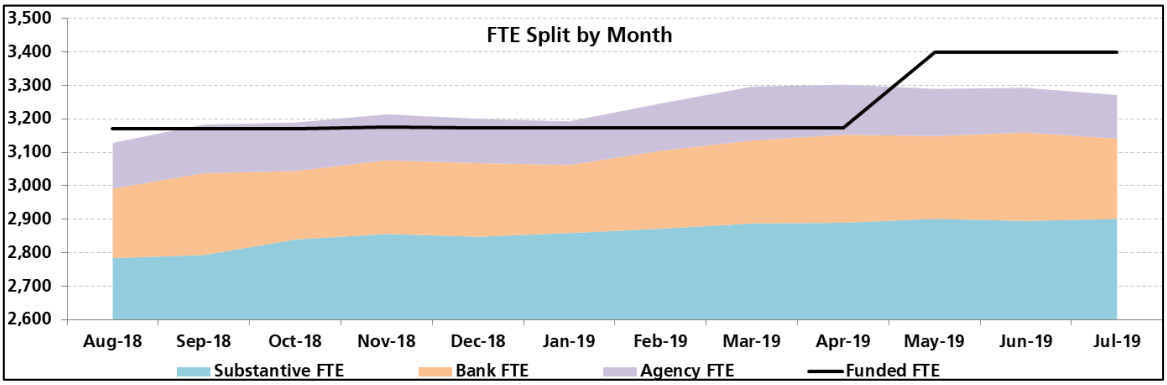
Areas of strong performance

KPI Performance

KPI	Change over the year	Change since last month
Vacancy	2.60%	-0.19%
Sickness	0.53%	0.05%
Stability	-3.82%	-0.41%
Turnover	-0.50%	-0.06%
Appraisal (exc Bank)	3.14%	-1.14%
Appraisal (inc Bank)	2.32%	-0.99%

Areas requiring improvement

Staff in post



Staff in post, bank and agency usage;

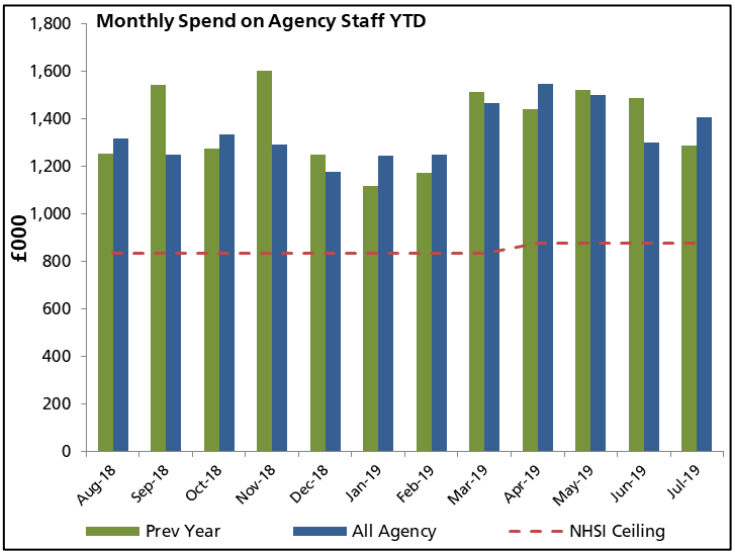
The Trust currently employs 3,334 substantive headcount, working a substantive whole time equivalent of 2,901.01. This is against the 2019/20 funded establishment of 3,400.05, as of July 2019.

July 2019 FTE Split:

Establishment	3,400.05
Substantive	2,901.01
Bank	240.15
Agency	130.14
Difference	**128.75**

Both substantive FTE and headcount have increased slightly this month.
Both Agency and Bank usage decreased in July.
With the increase of FTE in the 2019/20 funded establishment, the Trust vacancy rate

remains above target at 14.58% but has decreased this month from 14.77%.



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

	Plan	Actual
	31/07/2019	31/07/2019
	Month 4	Month 4
	WTE	WTE
ALL STAFF	3300.53	3271.3
Bank	271.58	240.15
Agency staff (including, Agency, Contract and Locum)	99.28	130.14
Substantive WTE	2929.67	2901.01
Total Substantive Non-Medical - Clinical Staff	2025.82	1981.61
Total Substantive Non-Medical - Non-Clinical Staff	522.54	547.65
Total Substantive Medical and Dental Staff	381.31	370.74

Sickness Absence

In July 2019 there has been a slight decrease from 5.25% to 5.23% - this is higher than the trajectory of improvement for sickness absence which was agreed by the Trust Board in March 2019. The Trust trajectory target for July 2019 was 3.80% which was set in order to enable the Trust to achieve a level of 4% by the end of the financial year.

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 table below shows the top five reasons for sickness in July 2019:

Top reasons for sickness:

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	55	55	866.11	£71,574.59	18.4
S99 Unknown causes / Not specified	103	111	745.04	£66,408.00	15.9
S12 Other musculoskeletal problems	48	51	497.82	£33,786.38	10.6
S25 Gastrointestinal problems	145	147	455.76	£37,541.91	9.7
S98 Other known causes - not elsewhere classified	43	43	380.72	£28,711.67	8.1

Actions taken

- Non-recording of sickness absence is highlighted at Divisional Board and CBU meetings with all managers asked to amend their records to show the actual reasons for sickness.
- 'Supporting you' session run with managers.
- Managing Absence training has been undertaken for managers, further training is planned
- All long-term sickness cases have been reviewed and plans are in place to inform next steps.
- There has been a roll out of OU training for mental health.
- Support package agreed with UNISON will commence in September 2019
- All CBUs and Corporate areas have been given 12-month sickness targets which will be monitored at performance review meetings.

It is to be noted that there had 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. These are monitored and reviewed by the People Committee.

Turnover

Turnover decreased from 11.96% from 11.80%.

Turnover for Medical and Dental staff has decreased from 9.62% to 8.53% which is as a result of recruitment into substantive posts.

Nurse turnover has decreased from 14.14% to 13.80%.

Nurse Recruitment Pipeline

- June 2019 – RN vacancies 182.87 WTE
- The following International Nurse recruitment is in the pipeline
    - 9 International nurses joined on 3rd July – 78% (7) passed OSCE
    - 15 International Nurses joined on 30th July 2019
    - 20 International nurses due to start in September
    - 20 per month until March 2020
    - Further trip to Philippines due to take place in February 2020
    - Additional cohort to be run in October due to oversubscribed numbers
- 11 student nurses joining the Trust in September (predicted 16)
- 24 trainee Nursing Associates registering with NMC in Feb 2020
- 12 trainee Nursing Associates commencing apprenticeship with OU in September 2020
- 16 undertaking BSC Nursing Degree (6 qualify in February 2020)

Career development opportunities

Career development has been identified as a factor within the leavers analysis that would have aided retention. One way in which this is currently addressed is through the allocation of funds to continuing professional development activities. The Trust is invited to bid for learning beyond registration funding (LBR) from Health Education

England annually. Each division is requested to identify developmental needs for the workforce, which is collated, prioritised on workforce need and then included in the bid submission. This year, the bid was approved in full and individuals are currently in the process of applying for modules through our partner HEIs. In addition to the LBR funding, the Trust has been successful in obtaining funding for specific specialty funding including Advanced Care Practitioner programmes and Neonatal Specialist programmes.

In addition to the LBR funding from Health Education England, the Head of Education and Development is working in partnership with the widening participation lead to maximise the use of the apprenticeship levy. There are currently a high number of both clinical and non-clinical staff undertaking apprenticeships within the trust. These apprenticeships include:

- BSC in leadership
- MSC in advanced clinical practice
- MBA in senior leadership
- Nursing Associate apprenticeship
- Nursing Degree apprenticeship
- Foundation degrees in health sciences

AHP turnover has increased from 18.87% to 20.09%. This higher level of turnover is predominantly due to a number of retirements within the service.

Starters and Leavers from 1st August 2018 to 31st July 2019

The table below shows the numbers of starters and leavers from 1st August 2018 to 31st July 2019

Staff Group	Starters	Leavers	Net Gain
Add Prof Scientific and Technic	15	14	1
Additional Clinical Services	164	66	98
Administrative and Clerical	65	68	-3
Allied Health Professionals	26	34	-8
Estates and Ancillary	63	39	24
Healthcare Scientists	3	4	-1
Medical and Dental	51	16	35
Nursing and Midwifery Registered	58	119	-61
Grand Total	**445**	**360**	**85**

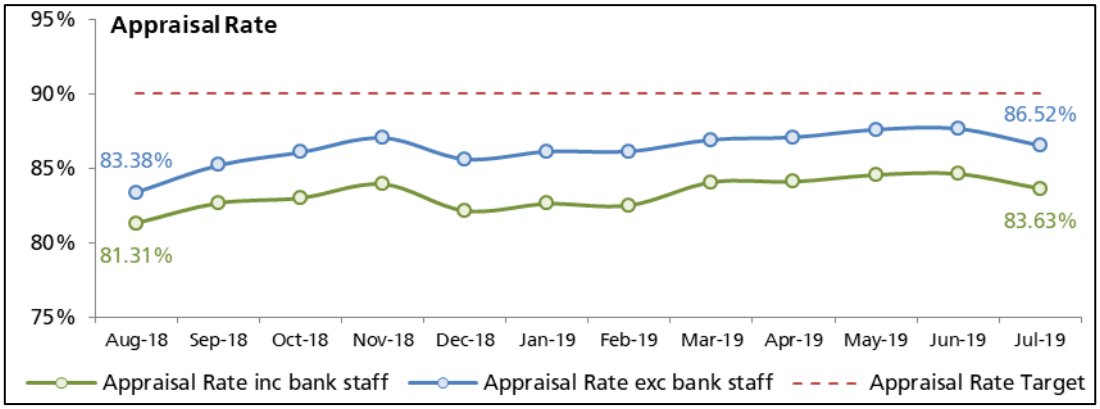
Starters and Leavers from 1st July 2019 to 31st July 2019

The table below shows the numbers of starters and leavers from 1st July 2019 to 31st July 2019

Staff Group	Starters	Leavers	Net Gain
Add Prof Scientific and Technic	2	0	2
Additional Clinical Services	18	5	13
Administrative and Clerical	6	5	1
Allied Health Professionals	2	2	0
Estates and Ancillary	5	3	2
Healthcare Scientists	1	0	1
Medical and Dental	1	8	-7
Nursing and Midwifery Registered	3	8	-5
Grand Total	**38**	**31**	**7**

Appraisals

The Trust appraisal rate has decreased from 84.62% to 83.63% including bank staff and from 87.66% to 86.52% excluding bank staff. 253 appraisals were completed in June 2019 and 190 have been completed in July. Trajectories for achievement of the Trust target are in place for all areas. Operational Pressures and sickness have caused a delay in completion in some areas. These are being prioritised. Further appraisal training has been undertaken with managers during July and August 2019.



Mandatory training

Overall compliance has increased from 86.11% to 86.53%. More emphasis is being placed on workbook completion and e-learning thereby extending the flexibility to complete the training. A complete review of mandatory training is being undertaken as part of the Workforce Development programme. Steve Finney NHS ESR Regional Account Manager attended the Trust in July to look at E-learning opportunities and mandatory compliance. Contact has been made with West Herts and Sherwood HR teams to review processes and systems for mandatory training. A benchmarking exercise is being undertaken to review targets and compliance rates for mandatory

training. An East of England streamlining event will be taking place on 31st October to review systems and processes across the region. The Trust is actively engaged in this piece of work.

Employee relations cases

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

- 18 x Disciplinary
- 4 x Mutual respect
- 6 x Grievances
- 1 x Tribunal
- 1 x capability
- 0 failing probationary reviews
- 2 x Fraud investigations

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

Leadership Development Programmes

Funding has been agreed with the Leadership Academy to support 240 leaders to undertake 360° appraisals.

Band Seven and above Leadership Programme is in development and will be funded by NHSI. There will be 3 cohorts of 30 beginning in October 2019. Triumvirate leadership training is also being secured and will commence in October 2019 when key posts are recruited into. Additional training is also being provided to Obstetrics and Gynaecology.

Other actions taken in month

Talent management diagnostic review being undertaken within the Trust which will be completed by 13th September 2019.

Staff Awards launched on 15th July with details of the event taking place on 7th November. When compiling the report, 256 nominations had been received across all 11 categories.

Charitable funds also agreed to fund the continuation of Schwartz Rounds for a further two years, and a yearly internship for a member of staff who has completed the Project Search pathway, as a first step into the workplace.

The STP is establishing a workforce operational group, with the first meeting to take place on 21st August and will be attended by QEH representatives. In addition, the STP will be producing an STP annual workforce plan which the QEH are engaged with.

4. APPENDICES

Appendix A

2019/20 YEAR TO DATE PERFORMANCE COMPARED WITH PEER HOSPITALS (To June-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)	12	9	7	4	2	2	5	2	2	3	3	2
MRSA Bacteraemia (Hospital acquired)	0	0	0	0	0	0	0	0	0	1	0	0
Friends & Family Inpatients & Daycases	95.00%	95.75%	96.90%	98.51%	88.02%	93.82%	96.76%	96.68%	98.67%	97.10%	96.83%	98.17%
Sample Size: Friends & Family Inpatients & Daycases	30.00%	32.76%	11.38%	10.61%	30.55%	16.09%	14.27%	19.42%	23.82%	22.27%	23.70%	21.28%
Friends & Family Accident & Emergency	95.00%	93.74%	54.76%	83.25%	85.52%	93.31%	97.69%	91.94%	62.73%	92.06%	91.51%	99.55%
Sample Size: Friends & Family Accident & Emergency	20.00%	10.29%	0.61%	28.35%	19.68%	1.75%	3.05%	12.31%	1.34%	6.29%	6.47%	2.19%
Emergency Access within four hours	95%	84.38%	82.50%	92.79%	78.75%	94.65%	77.83%	88.79%	84.42%		81.03%	96.09%
18 Weeks Referral to Treatment time - Incomplete pathways	92%	81.76%	92.05%	76.02%	82.10%	95.90%	71.42%	83.46%	80.69%	85.39%	81.22%	90.74%
Diagnostic Waiters, 6 weeks and over - DM01	1%	3.0%	0.6%	10.9%	0.9%	0.3%	4.4%	0.9%	17.2%	10.8%	0.3%	2.0%
2 week GP referral to 1st Outpatient appointment	93.00%	89.37%	96.67%	68.19%	96.88%	95.05%	94.23%	87.82%	94.59%	93.76%	93.15%	85.15%
31 day Diagnosis to Treatment	96.00%	96.51%	99.61%	98.68%	99.23%	100.00%	96.20%	99.35%	96.63%	99.39%	96.04%	96.67%
31 day second or subsequent treat (Surgery)	94.00%	96.55%	100.00%	100.00%	0.00%	90.00%	95.00%	100.00%	93.02%	97.62%	84.21%	94.12%
31 day second or subsequent treat (Drug)	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.82%
62 days urgent referral to treatment	85.00%	71.66%	89.71%	81.89%	79.05%	83.23%	70.65%	79.87%	80.85%	74.72%	79.72%	87.13%
62 day referral to treatment from screening	90.00%	100.00%	100.00%	88.37%	100.00%	0.00%	90.57%	98.28%	80.00%	89.80%	85.71%	88.89%
14 days referral for breast symptoms to assessment	93.00%	56.41%	94.35%	8.62%	94.58%	92.79%	94.59%	70.50%	89.11%	89.81%	94.87%	93.97%

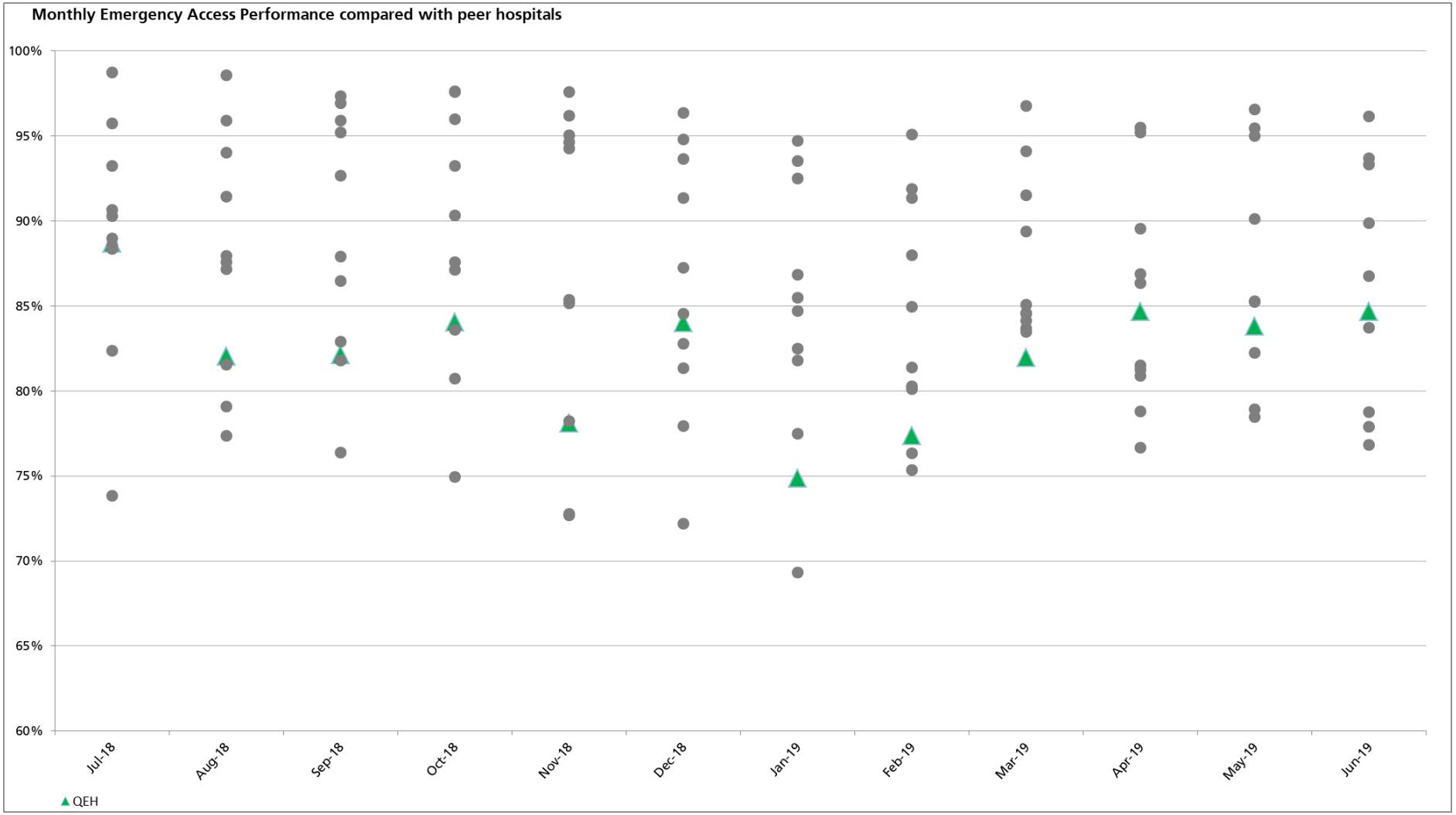
Data Source: ***www.england.nhs.uk/statistics/statistical-work-areas***

Please note:

- *Peer Hospitals are selected according to the "Recommended Peers" as chosen by Model Hospital and can be subject to change over time.*
- *Indicators in the table above may show different periods to the same Indicators in the rest of the report. This is because data for peer hospitals is only available once it is made public.*
- *The Cancer 62 day indicator may differ slightly from that reported previously as NHS England include rarer cancers in this indicator.*
- *The RTT Incomplete indicator may differ slightly from that reported previously as non-English pathways are not included in the published data.*
- *Friends and Family RAG Rating for Peer Trusts is based on QEH FFT Targets.*
- *C Diff and MRSA cannot be RAG rated for Peer Trusts as targets are set locally.*
- *West Suffolk are participating in field testing and are being monitored against proposed new measures rather than the extant four hour A&E standard. 4 hour performance data is not being reported.*

C Diff Target is YTD Target adjusted each month as we move through the financial year

Appendix B


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