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

REPORT TO THE BOARD OF DIRECTORS

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Barbara Cummings **Director of Performance** **Mark Henry** **Director of Clinical Services**	**Decision**		**High**	**Med**	**Low**
CONSULTATION:	**Information**	√	√		
Trust Executive Committee members	**REPORT TYPE:**		**RELATED WORK:**		
	Strategic	√			
	Operational	√			
	Governance	√			
BAF ref:	√				
Monitor Compliance Framework:	√				
CQC Essential Standard Reference:	√				
NHSLA Standard Reference:					
Media / Communications:	√				

Meeting Date: **January 2013**
Report Title: **Performance Report**

Purpose:

The paper provides Board members with a performance dashboard which brings together the reporting of key Trust indicators on Quality & Risk, Performance & Standards, Finance & Investment and Workforce.

Summary:

The enclosed reports identify performance to December 2012 against the Trusts KPIs and where appropriate the forecast for year end March 2013, including the key risks to operational performance. The Monitor compliance framework position for quarter 3. This is due to performance against the A&E 4 hour waiting time being at 94.5%.

Financial Implications / Efficiency Savings / Quality Improvement:

Risk Assessment (cross-reference with Risk Register where appropriate):

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

Recommendations:
The Board is asked to;

a) Review performance achievement across the Trust and sign-off the performance report.

b) Note the Monitor Compliance framework position at the end of the current quarter is 1 (Amber / Green) due to the A&E 4 hour waiting time.

c) Note the comments in relation to compliments, complaints and those that have been published on the NHS Choices website.

d) Identify any key issues requiring further consideration.

Author: Michael Brown
Date: 21 January 2013

Quality & Risk Dashboard Dec 12

Indicator	Target	Current Month	YTD	Trend
1.1 Crude Mortality	19	15.9	17.0	
1.2 RAMI	75.7	71.5	80	
1.3 SHMI*	100		99.3	
1.4 Net Promoter - Friends & Family Survey Percentage	71%	51%		
1.4 Net Promoter - Friends & Family Survey Footfall	10%	19%		
1.8 MRSA	1 (YTD 1)	0	0	
1.9 CDIFF	1 (YTD 27)	0	13	
1.10 Serious Incidents Reported	0	4	66	
1.11 Never Events Reported	0	0	6	
1.12 Serious Medication Errors	0	0	0	
1.13 Falls Resulting in Serious injury	0	2	11	
1.14 Pressure Ulcers - Grade 3 H.A	0	1	46	
1.15 Pressure Ulcers - Grade 4 H.A	0	0	1	
1.16 Number of MSA Breaches (Number of Patients)	0	3	14	
1.17 Clinical Complaints	N/A	34	334	
1.18 Non-Clinical Complaints	N/A	3	40	
1.19 Compliments	N/A	76	892	
1.20 Clinical Complaints - Communication	-5% vs 11/12	10 (11% Increase)	84 (8% Increase)	
1.21 Clinical Complaints - Staff Attitude	-5% vs 11/12	8 (60% Increase)	119 (18% Increase)	
1.22 Safety Thermometer - No new harms	95%	95.8%	95.0%	
1.23 VTE Assessment Completeness*	90%	97.3%	96.8%	

*RAMI figure is shown 1 month in arrears

*SHMI figure is for period Apr - Mar 2012

CQC Concerns
None

Workforce Dec 12

Indicator	Target	Current Month	YTD	
4.1 Sickness Absence Rate	3.7%	4.5%	4.4%	
4.2 Staff Turnover Rate	10.0%	8.7%	8.3%	
4.3 Appraisal Completeness %	90.0%	74.9%	73.7%	
4.4 Fire Training	70.0%	87.0%	80.0%	
4.5 Infection Control Training	70.0%	82.0%	75.0%	
4.6 Resuscitation Training	70.0%	81.0%	81.0%	
4.7 Safeguarding Children Training	80.0%	92.0%	86.0%	
4.8 Safeguarding Adults Training	70.0%	97.0%	94.0%	
4.9 Information Governance Training	95.0%	85.0%	83.0%	
4.10 Nurse Vacancies (as % of Nurse Posts)		8.9%	6.8%	
4.11 Medical Vacancies (as % of Medical Posts)		3.3%	4.9%	
4.12 Contracted People in Post (WTE)	2757	2478*	2256	
4.13 Temporary Staff in Post (WTE)	139	176	151	

* This figure includes the removal of staff transferred under the EPA arrangemen. The target figure will be recalculated by fiannce to include this reduction from April 2013.

Performance & Standards Dec 12

Indicator	Target	Current Month	YTD	Trend
3.1 Monitor Compliance Framework Score	0	0	0	
3.2 18 Weeks - Admitted 95th Percentage*	90%	96.2%	93.1%	
3.3 18 Weeks - Non Admitted 95th Percentage*	95%	99.1%	98.9%	
3.4 Cancer - 31 Days Subsq Treatment - Surgery*	94%	95.2%	100%	
3.5 Cancer - 31 Days Subsq - Drug Treatments*	98%	100.0%	100%	
3.6 Cancer - 62 Days Referral to Treatment	85%	85.4%	85.8%	
3.7 Urgent GP Cancer - 2 Week Wait*	93%	98.9%	96.6%	
3.8 Cancer - 31 Days Diagnosis to Treatment*	96%	98.9%	99.5%	
3.9 A&E 4 Hour Attendance	95%	95.6%	96.1%	
3.10 MRSA Screening - All Elective Inpatients	100%	100.0%	100.0%	
3.11 Choose + Book - Slot Utilisation	90%	66.0%	72.0%	
3.12 Stroke - 90% of Stay on a Stroke Unit*	80%	83.7%	88.1%	
3.13 Stroke - High Risk TIA treated in 24 Hrs*	60%	76.3%	76.2%	
3.14 Cancelled Ops	0.8%	0.5%	0.9%	
3.15 Readmission Rate - Elective	3%	3.4%	4.1%	
3.16 Readmission Rate - Emergency	9%	9.8%	10.9%	
3.17 Diagnostic Over 6 Week Waiters	1%	0.1%	0.1%	

Operational Efficiency

Indicator	Target	Current Month	YTD	Trend
3.18 Day Case Rate	82%	89.9%	84.2%	
3.19 Basket of Daycase Procedures	80%	84.5%	83.1%	
3.20 New to Review Rate	2.3	2.5	2.5	
3.21 DNA Rate	5%	5.1%	5.3%	
3.22 EL LOS	2.2	2.8	2.4	
3.23 EM LOS	5	4.5	4.6	
3.24 Total LOS	4.3	4.3	4.3	

*18 Weeks, Cancer, Stroke, TIA & VTE figures are shown a month in arrears, this months figures shows Nov 12 information

Finance & Investment Dec 12

NHS Clinical Rev By Point of Deli	Current Period ACTIVITY Actual	Current Period ACTIVITY Plan	Current Period ACTIVITY Variance	Current Period FINANCE Actual £000s	Current Period FINANCE Plan £000s	Current Period FINANCE Variance £000s	Year To Date (YTD) ACTIVITY Actual	Year To Date (YTD) ACTIVITY Plan	Year To Date (YTD) ACTIVITY Variance	Year To Date (YTD) FINANCE Actual £000s	Year To Date (YTD) FINANCE Plan £000s	Year To Date (YTD) FINANCE Variance £000s	Operational Recovery Plan Board 29/10/12 Var £000s
Out-patients	22,389	23,237	(848)	2,414	2,548	(134)	221,983	227,129	(5,146)	24,353	24,928	(575)	(257)
Day cases	2,442	2,525	(83)	1,475	1,466	9	24,802	24,738	64	14,991	14,636	355	136
Elective In-patie	344	403	(59)	892	923	(31)	4,089	4,172	(83)	9,184	9,831	(647)	(287)
Elective Excess	49	82	(33)	12	19	(7)	572	831	(259)	133	195	(62)	(66)
Planned Total Income				4,793	4,956	(163)				48,661	49,590	(929)	(474)
A&E	4,508	4,848	(340)	435	488	(53)	42,379	43,012	(633)	4,186	4,329	(143)	
Non-elective In-	2,543	2,792	(249)	4,229	4,454	(225)	23,108	23,434	(326)	37,533	38,106	(573)	
Non-elective Ex	739	1,461	(722)	177	332	(155)	9,670	13,058	(3,388)	2,234	2,967	(733)	
Emergency Threshold Cap				(26)	(304)	278				(2,493)	(3,333)	840	
Unplanned Total Income				4,815	4,970	(155)				41,460	42,069	(609)	
Critical Care	760	678	82	548	538	10	6,766	6,357	409	5,118	4,935	183	
Direct Access	34,374	39,885	(5,511)	383	410	(27)	378,769	358,825	19,944	4,135	3,668	467	
CQUIN				267	287	(20)				2,408	2,582	(174)	
Patient Transport				52	26	26				514	235	279	
Winter Pressures Funding & coding catch-up				218	0	218				218	0	218	
Other				468	488	(20)				5,864	6,119	(255)	
Other Clinical Total Income				1,936	1,749	187				18,257	17,539	718	
Total NHS Clinical Revenue (Excl Non PbR Drugs)				11,544	11,675	(131)				108,378	109,198	(820)	

		Full Year Plan	Full Year Forecast	Forecast Vs Prev Month	YTD Plan	YTD Actual	Variance Change to Prev Month	Current Month Plan	Current Month Actual
2.1	Surplus	1649	847	↔	1.2m	0.1m	↓	-0.2m	-0.4m
2.2	EBITDA	8761	8695	↔	6.4m	5.4m	↓	0.4m	0.2m
2.3	Cash Balance	6.3m	4.2m	↔	9.7m	8.0m	↓	9.7m	8.0m
2.4	BSP - Overall Position	10.2m	6.7m	↔	6.0m	4.2m	↓	1.2m	0.7m

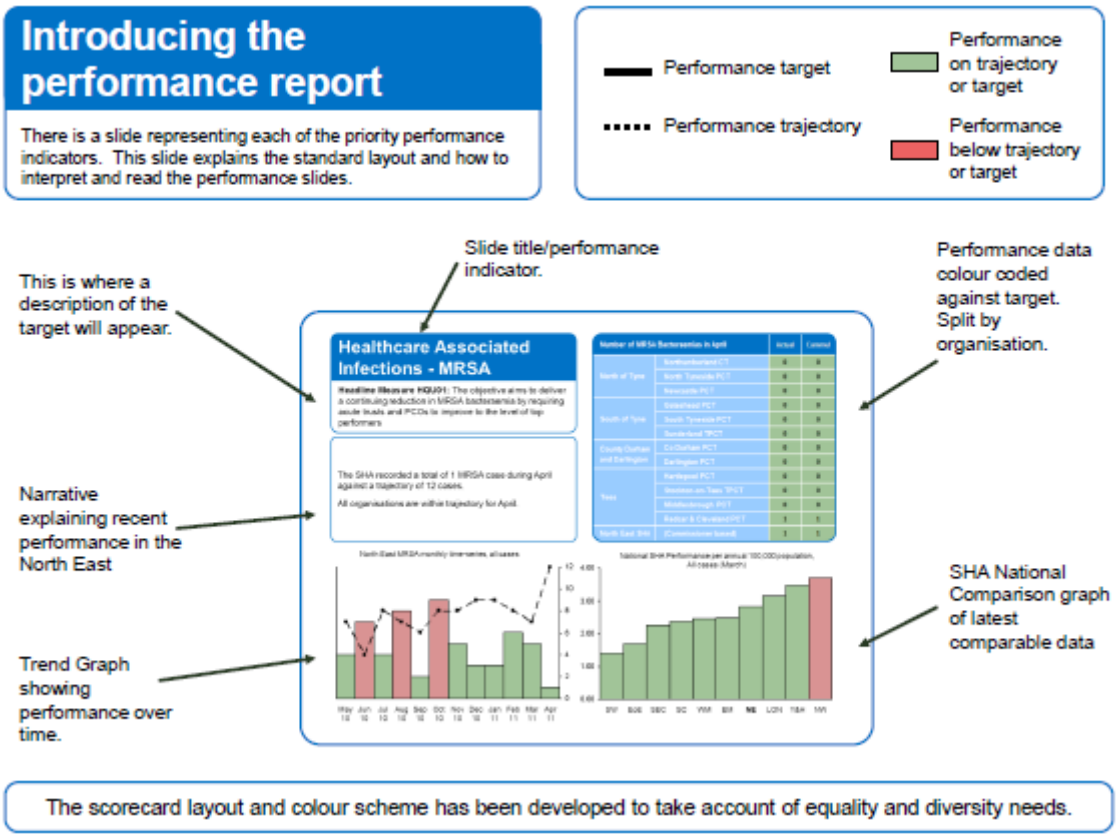
		Full Year Plan	Full Year Forecast	YTD Plan	YTD
2.5	Finance Risk Rating	3	3	3	3

Explaining the Performance Report

This performance report is provided to give an update to the Trust Board of Directors on the key areas of performance to December 2012 and the associated forecast to the end of the current quarter.
The current report identifies key performance indicators linked to the four key governance areas within the Trust;

- Quality & Risk
- Finance & Investment
- Performance and Standards
- Workforce

The report currently provides performance against the key national target, with a comment on performance and a graphical trend of performance over a period of time. It is intended that future reports will be developed further to include the appropriate benchmark and comparison information similar to that outlined in the diagram below.



Barbara Cummings
Director of Performance and Informatics

1 EXECUTIVE SUMMARY OF PERFORMANCE

The following report provides an overall review of progress against Trust performance targets and local and national targets. Included within this report are the Performance Dashboard, Key Performance Indicators, Monitor Compliance and any associated exceptions to performance.

The **Performance Dashboard** provides an indication of the position at the end of December regarding the performance of the Trust against national and local key performance indicators.

The **Quality and Risk** section of the report includes the Trust Mortality position and how patients view the Trust. The Trust mortality position is currently 71.5 for the current month and 80 year to date which are below the internal target of 75.7, this is also below the national expected position. The Trust received 34 clinical complaints out of 37 total complaints and 76 compliments across the Trust in the month. The Trust has also reported no Grade 3 pressure ulcers in the month and no Grade 4 being reported.

The Trust has reported 4 serious incidents in the current month, which means that there are now 66 reported year to date. There have previously been reported 62 serious incidents year to date, of which 6 were never events for the current year. An update on those still open is provided within the report.

The Trust latest CQC report following a visit in August 2012 has been published on the CQC website during December. This has been reported separately to the Trust Board.

The **Performance and Standards** section of the report highlights performance against national and local KPI's, along with the Trust position against the Monitor compliance framework.

The Trust achieved the following key targets: -

- All Cancer Targets
- MRSA Screening – 100% against a target of 100%
- Stroke – 90% of stay on the Stroke Unit – 83.7% against a target of 80%
- TIA – Urgent TIA referrals assessed within 1 hour – 76.3% against a target of 60%
- Daycase Rate – 89.9% against a target of 82%
- Basket of Daycase Procedures – 84.5% against a target of 80%
- Emergency length of stay – 4.5 against a target of 5.0
- Cancelled Operations – 0.5% Of operations cancelled on the day against a target of 0.8%

However, the Trust did not achieve: -

- A&E 4 Hour Attendance for the quarter
- Choose & Book
- Readmission rates

The Workforce scorecard highlights that the Trust Sickness absence rate for the month is above the target of 3.7% at 4.5% (4.4 YTD), with the reasons for absence highlighted. It also focuses on appraisal completeness across the Trust which is 74.9% below the target of 90% and the annual requirement for Information Governance Training which stands at 85% (a slight improvement on last month) against a target of 90%.

Finally, the Trust has reported for the end of quarter 3 Financial Risk Rating of 3 and a Governance Risk Rating of 1.

Recommendations

The Trust Board are asked to;

a) Review performance achievement across the Trust and sign-off the performance report.
b) Note the Monitor Compliance framework position at the end of quarter 3 is 1 (Amber / Green) due to the A&E 4 hour waiting time.
c) Note the comments in relation to compliments, complaints and those that have been published on the NHS Choices website.
d) Identify any key issues requiring further consideration.

2 QUALITY AND RISK

The Trust's performance against its Quality and Risk KPIs was varied. For a number of indicators performance was below target level. The Trust has received the outcome of the CQC's spot check visit to the Trust on 14 August 2012 and is now published on the CQC website http://www.cqc.org.uk/statement/01/315156 .

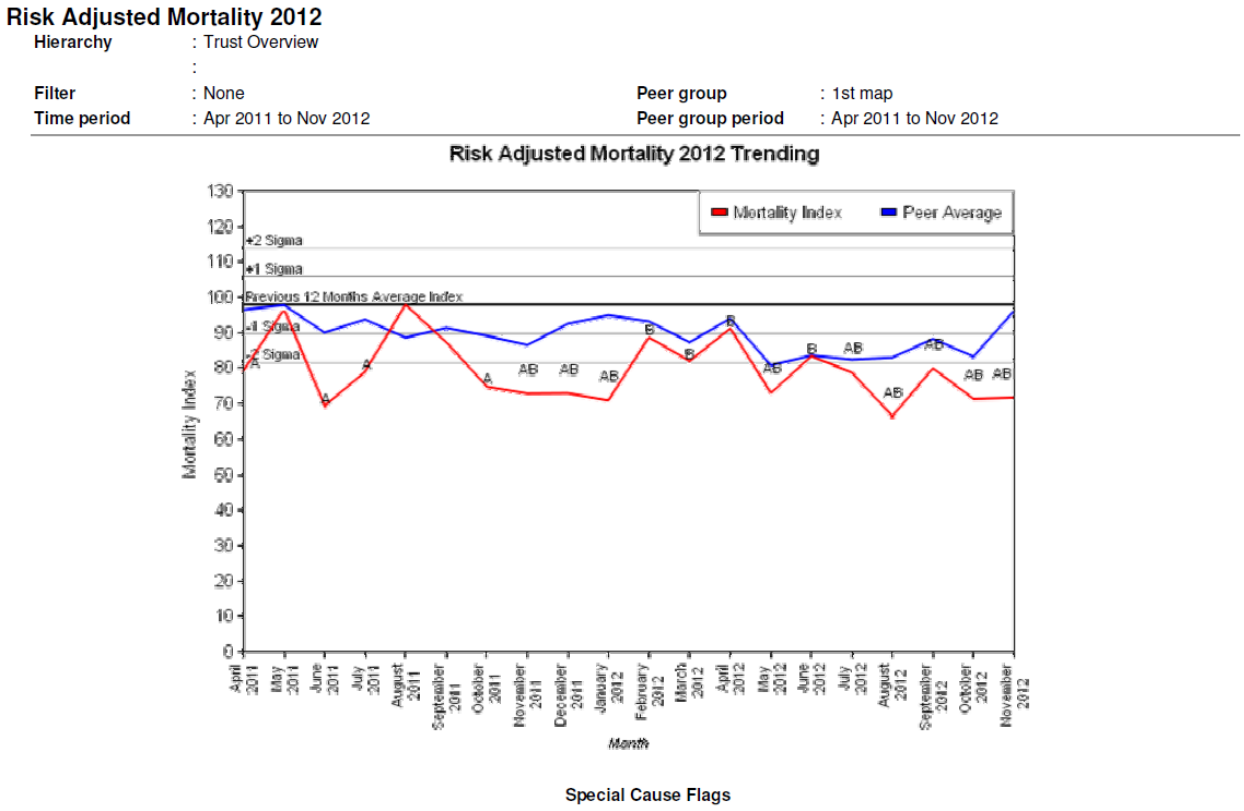
There were zero Never Events reported in the current reported month.

While the Trust is working hard to maintain its performance towards eliminating hospital acquired pressure ulcers 1 Grade 3 was reported in December (down from 7 grade 3 in November).

Patient feedback from the monthly 'Friends and Family' survey is below the 71% target identified by NHS Midlands and East at 50.7% for the current month (45.9 for August, 45.4 for September 49 for October and 44.7 for November). After being under target in April 2012, the Trust continues to meet the 10% footfall target of respondent's, which is part of a CQUIN target and is currently 19%.

2.1 Trust Mortality

The Trust's RAMI performance over the past 18 months is shown in the graph below:-



The Trust aims to reduce RAMI by 5% per year (target of 75.7 in 2012/13), and the crude death rate per 1,000 admissions (16 per 1,000 admissions). Crude mortality is within target levels, and the Trust' RAMI is not above benchmarked peers' performance.

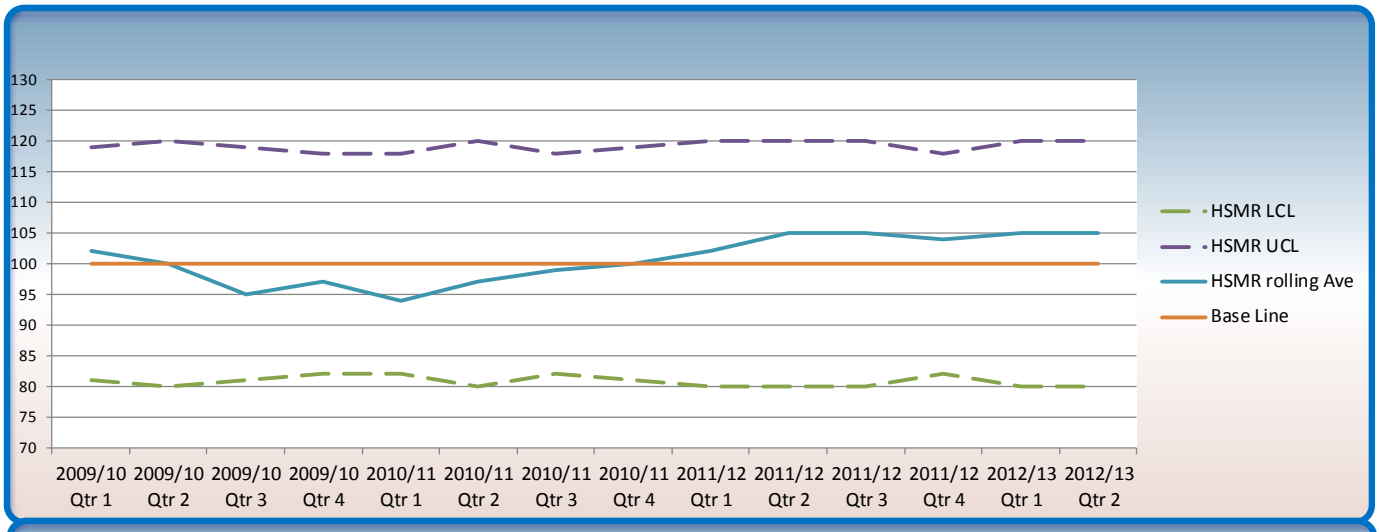
- Crude mortality per 1,000 admissions in November 2012 = 15.9 (target achieved)
- RAMI in November 2012 = 71 (target achieved)

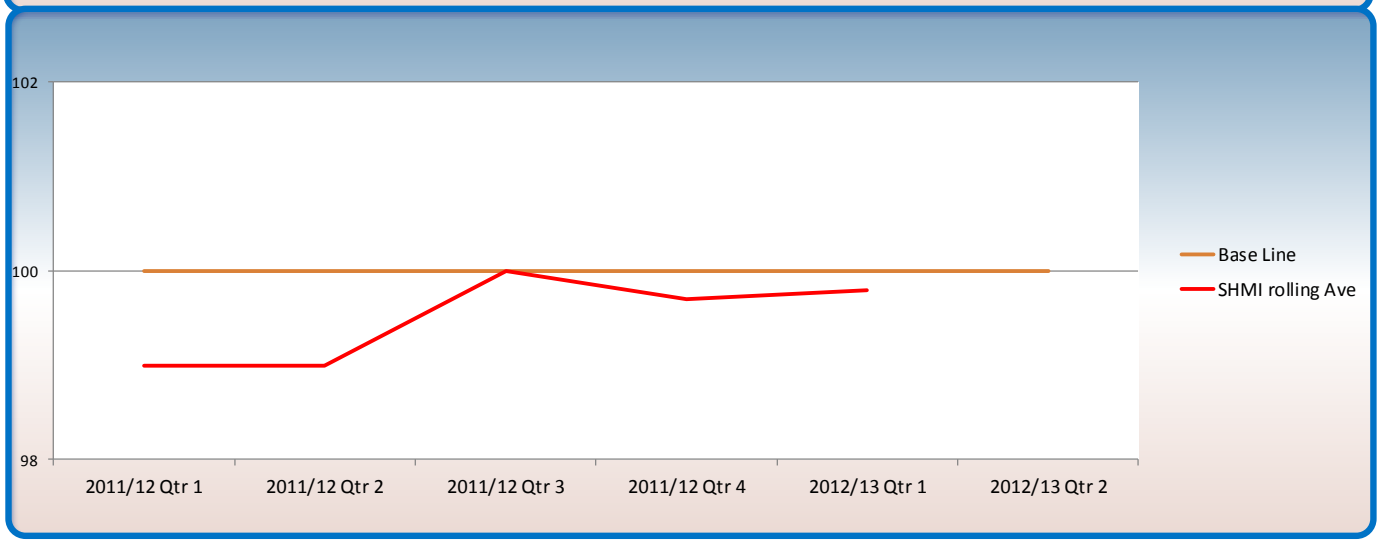
HSMR and SHMI Trend for the Queen Elizabeth Hospital

Alongside the RAMI, the Trust is continuing to monitor the HSMR of the Trust. The first graph below shows the latest position available.

The Trust is also monitoring the SHMI. The bottom graph shows this position as published by the Information Centre.

Neither graph is alerting the Trust of any issues at this level.





HSMR data has been sourced from MEQO (published by Dr Foster).
SHMI has been provided by the NHS Information Centre.
Rami has been provided by CHKS.

Data will be updated February 2013

Operational Actions

Mortality trends continue to be monitored by the Clinical Outcomes Group which commissions specific audits where deaths from a specific diagnosis or HRG appear to be greater than expected. At present, the Group has not identified any specific concerns related to any trends in mortality but will continue to monitor this. The trust is in the process of developing patient safety reports with CHKS for the new service lines, which will include mortality trends. Training will be provided for the new Clinical Directors in February enabling them to conduct more detailed analysis of any patient safety alerts.

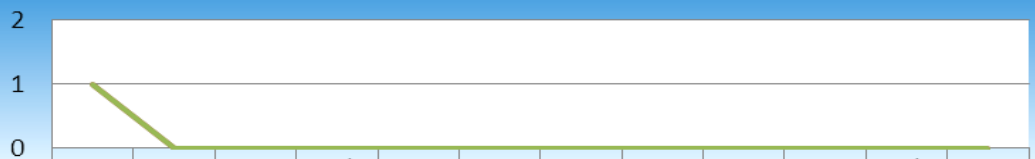
2.2 Hospital Acquired Infections

Healthcare Associated Infections - MRSA

Headline Measure HQU01: The objective aims to deliver a continuing reduction in MRSA bacteraemia by requiring acute trusts and PCOs to improve to the level of top performers.

The Trust reported 0 MRSA Infections in December 2012. Performance year to date is 0.

MRSA position 2012/13



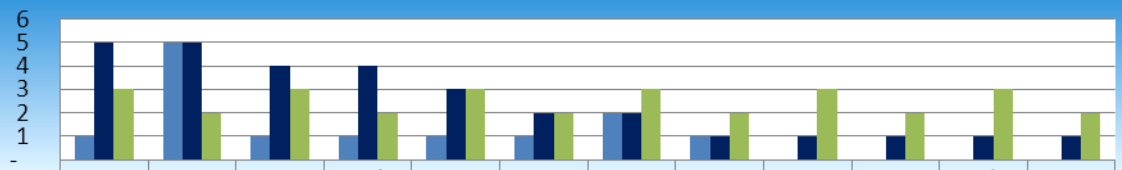
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	0	0	0	0	0	0	0	0	0			
Commisioner Target	1	0	0	0	0	0	0	0	0	0	0	0
Monitor Target	1	0	0	0	0	0	0	0	0	0	0	0

Healthcare Associated Infections - C -difficile

The objective aims to deliver a continuing reduction in Clostridium *difficile infections.* Organisations with higher baseline rates will be required to deliver larger reductions.

The Trust reported 0 Clostridium Difficile infections in December 2012.
Cumulatively the number of infections reported is 13 against a monitor trajectory of 23, and the Commissioner agreed trajectory of 27

CDIFF Position 2012/13



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	1	5	1	1	1	1	2	1	0			
Commisioner Target	5	5	4	4	3	2	2	1	1	1	1	1
Monitor Target	3	2	3	2	3	2	3	2	3	2	3	2

Operational Actions

The Trust remains below trajectory for MRSA and Clostridium Difficile with infections being closely monitored by the Medical Director.

2.3 Patient Experience

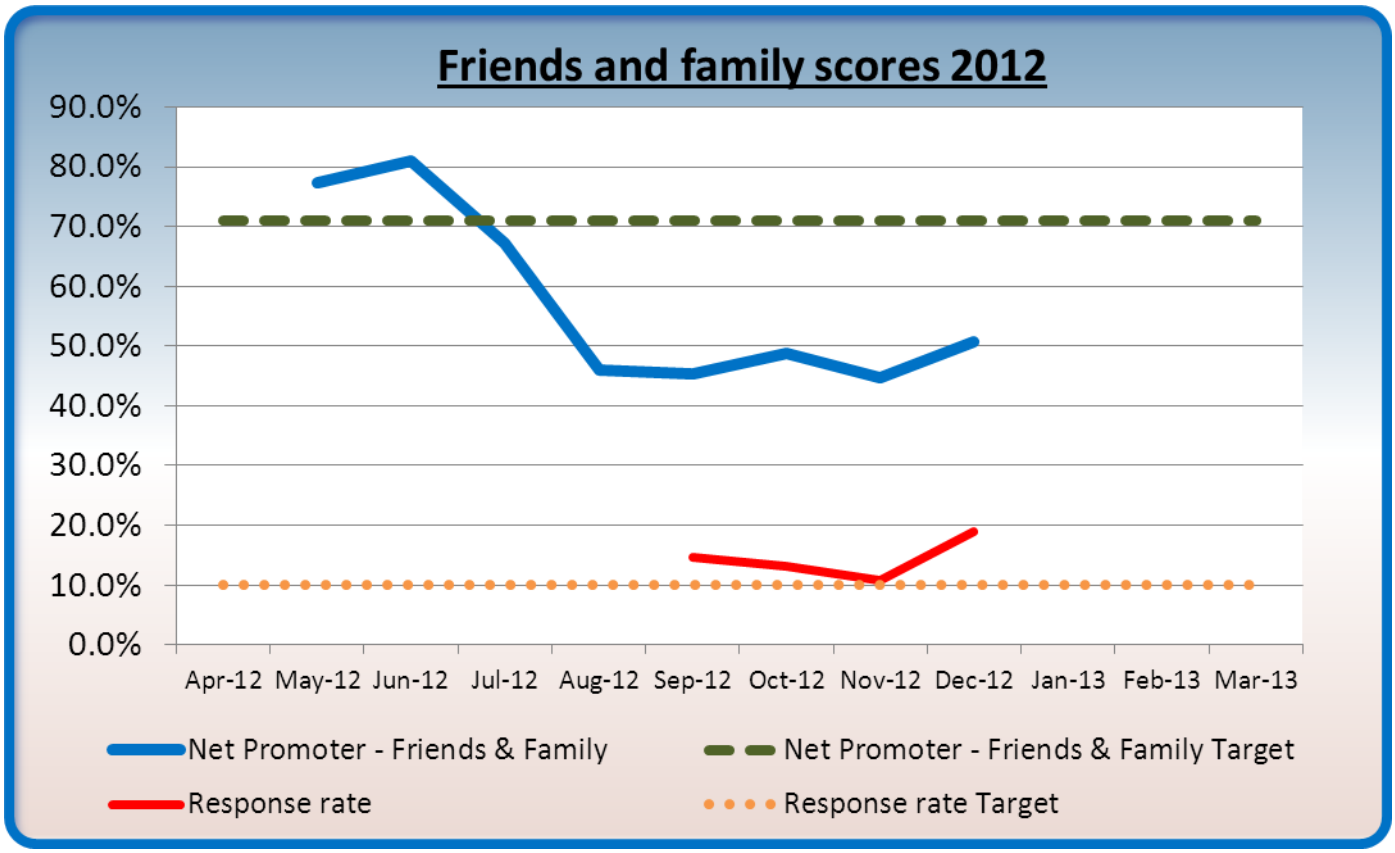
Patient Experience

Headline Measure HQU04: The Friends and Family Test (Net Promoter Score) for October 2012

There were no new comments posted on the NHS Choices or Patient Opinion websites

The F&F Test score was 50.7% with a response rate of 19%. The target set by NHS Midlands and east is a score of 71 with a response rate of at least 10%. A graph showing the scores and response rates for May to December 2012 is shown below.

The Department of Health has announced that the Family and Friends Test (FFT) will be rolled out nationally from April 2013.



Operational Actions

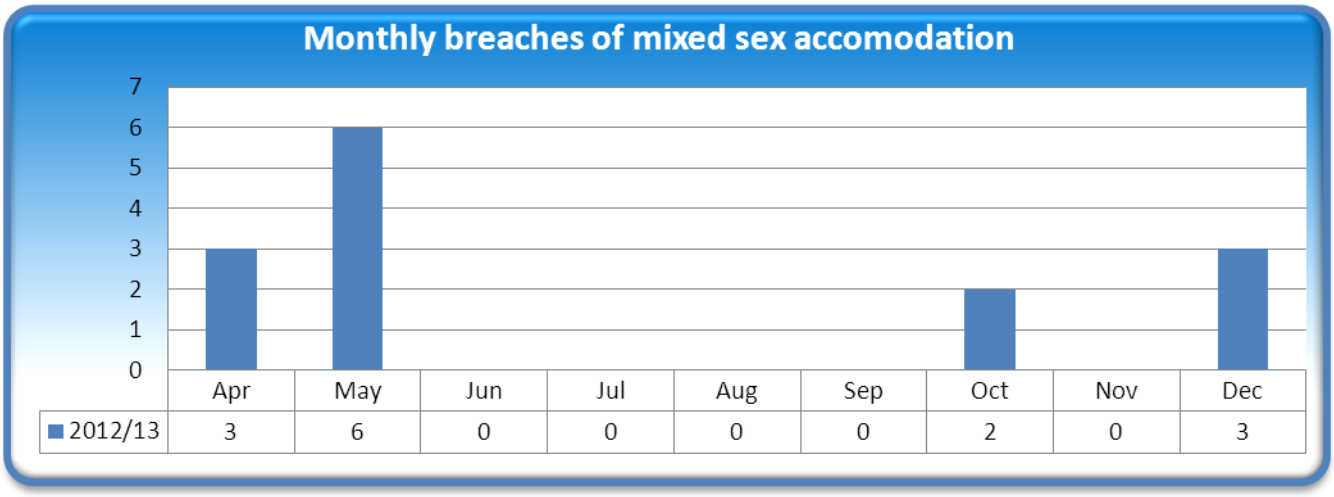
The Friends and Family Test looks at how likely a patient is to recommend this service to their friends and family. The Trust is implementing the following action to support this:
At present we are unable to ascertain from the FFT why patients give a particular score. From 1 February 2013 we shall be moving to a new provider for the analysis of this test because their score cards include a space in which patients may leave free text comments. It is expected that the addition of this facility will enable us to be clearer about what patient's value about our services which we can then replicate in other wards and what areas they feel could be improved so that we can take action to deal with these.

Mixed Sex Accommodation

Mixed Sex Accommodation

Headline Measure HQU08: Number of breaches of mixed sex accommodation (MSA) sleeping accommodation, per 1,000 finished consultant episodes

The QEH recorded 3 breaches for December 2012.



Operational Actions

There were 3 MSA breaches in December 2012, the trust have reported 14 year to date. This was due to one incident. A root cause analysis has been undertaken and shared with commissioners.

It should be noted that all three patients were on critical care.

2.5 Complaints

Complaints

Headline Measure: Complaints activity by division

The Trust received 37 formal complaints during the month of December 2012, which was a 40.3% (62 last month) decrease in comparison to the previous month. The number of formal complaints received in December 2012 is 23.3% (7) higher than the number of formal complaints received in the same period in 2011/12.

Of the 37 formal complaints received in December 2012; a total of 63 issues were raised.

34 complaints were clinical and 3 were non clinical. The themes identified for this month were 5 clinical complaints related to Staff Attitude, 5 were in relation to appointment Issues (of the 5 identified there were no occurring themes) and 4 were regarding Communication. Non clinical complaints consisted of 2 Car Parking concerns and 1 relating to a concern that there are no chairs in the corridors for patients.

The performance by Service line has been given a red, amber or green indicator for the month. 71% (37 out of 52) of the complaints received in October 2012 were responded to within the target of 30 working days. There were 15 complaints that did not meet the required target and where chased regularly and reported to the Department Heads for support.

As an outcome following a review of complaints relating to Communication and Lack of Treatment the Datix database has been updated to include additional descriptors to capture the specific concerns in more detail.

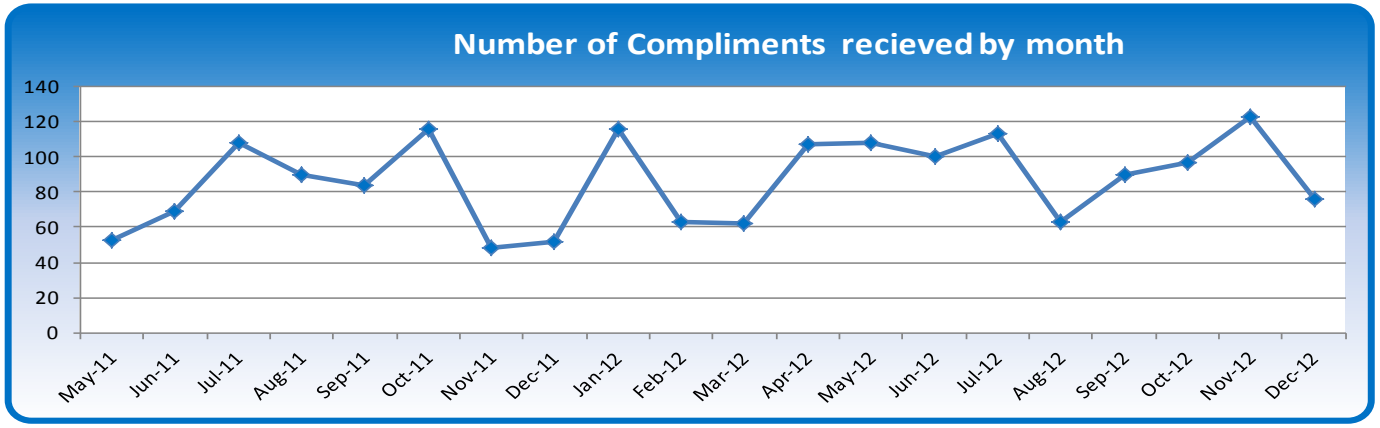
As part of the Trusts Quality Strategy Implementation programme 2012/13 we aim to reduce the number of clinical complaints for the top scoring areas of communication & staff attitude by 5% which equates to:

- a reduction of 6 clinical complaints relating to communication based on last year – from 127 to 121
- a reduction of 5 clinical complaints relating to staff attitude based on last year – from 102 to 97

		Current Month			Year to date		
Clinical Complaints	Target	11/12	12/13	Percentage	11/12	12/13	Percentage
Communication	-5%	9	10	11%	101	119	18%
Staff Attitude	-5%	5	8	60%	78	84	8%

There were 76 written compliments received by the Trust during December 2012, this was a decrease of 38% compared to 123 in November 2012.

Divisional Activity in December 2012					Divisional Performance in October 2012				
Service Line	Formal Complaints	Compliments	Informal Contacts	Compliments : Formal Complaints Ratio	First Response date Target Met	Number of conciliation meetings	Number of complaints upheld	Number of cases referred to Parliamentary and Health Service Ombudsman (PHSO)	Number of returning complaints where first response targets were provided
Accident & Emergency	5	1	0	0.2:1	4 of 6		4		
Audiology	0	0	0		1 of 1				
Breast Care	0	0	0						
Breast Screening	0	1	0		1 of 1				
Car Parking	2	0	0		7 of 8		6		
Cardio Respiratory Dept	0	0	0						
Cardiology	0	0	0						
Clinical Haemotology	0	0	0						
Critical Care	0	9	0		1 of 1				
Care of the Elderly	0	15	0		1 of 2		1		
Dermatology	0	0	0		1 of 1				
Day Surgery	0	0	0		1 of 1	1			
Diabetes	0	10	0						
Orthodontics	0	0	0						
ECG/EEG	0	0	1						
Endoscopy	0	0	0						
ENT	2	0	0		2 of 2		2		
Estates	1	0	0		3 of 3		3		
Gastroenterology	0	5	0						
General Surgery	5	5	0	1:1	1 of 3	1	2		
Gynaecology	0	0	0		0 of 1	1	1		
Medical Assessment Unit	0	5	0		1 of 1		1		
General Medicine	0	12	0		3 of 7	3	5		1
Legal Services	0	0	0						
Midwifery	2	0	0		0 of 1		1		
Neonatalology	0	0	0						
Neurology	1	0	0						
Obstetrics & Gynaecology	0	0	0		1 of 1		1		
Occupational Health	0	0	0						
Occupational Therapy	0	0	0						
Oncology	1	0	3					1	
Ophthalmology	0	0	0		0 of 1		1		
Trauma & Orthopaedics	4	0	0		5 of 5	1	4		
Outpatients	0	1	0						
Paediatrics	1	4	0	1:0.25					
Pain Management	1	0	0						
Palliative Medicine	0	0	0						
PALS	0	1	0						
Pathology	0	0	0						
Pharmacy	0	0	0		1 of 1		1		1
Patient Services	1	0	0		1 of 1		1		
Performance & Informatics	0	0	0						
Portering Services	0	0	0						
Radiology	2	0	0						
Respiratory	1	3	0	1:0.33	1 of 2				
Rheumatology	1	0	0						
Stroke	3	0	0						
Surgical Assessment Unit	2	0	0						
Terrington - Short Stay	0	3	0						
Trust wide	0	0	0		1 of 1				
Urology	2	1	0	1:0.5	0 of 1		1		
TOTAL	**37**	**76**	**4**	**2.05:1**	**37 of 52**	**7**	**35**	**1**	**2**


Number of Compliments recieved by month
140
120
100
80
60
40
20
0
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
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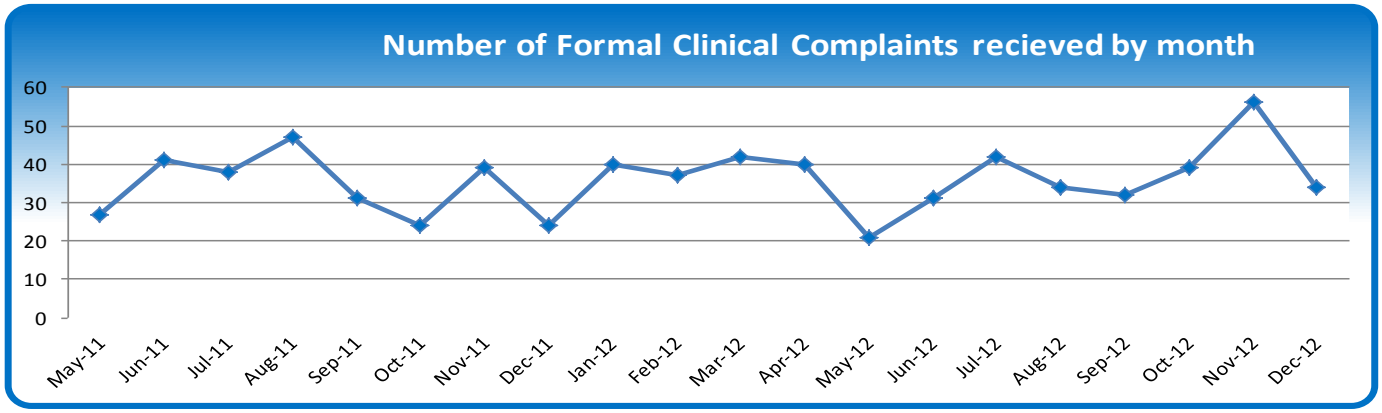
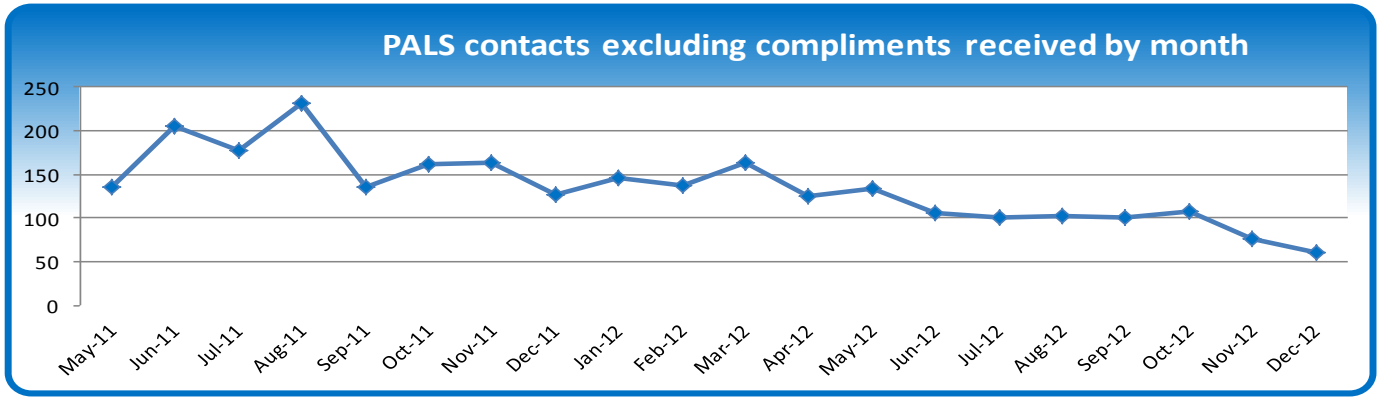
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12


Number of Formal Clinical Complaints recieved by month
60
50
40
30
20
10
0
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12


PALS contacts excluding compliments received by month
250
200
150
100
50
0
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12

2.6 Never Events and Serious Incident Reporting

Never Events Reported To Date

The Trust has identified six Never Events year to date. These were as follows;

- June 2012 Retained Swab
- August 2012 Retained Swab
- August 2012 Incorrect Medication
- September 2012 Retained Swab
- September 2012 Wrong Site Surgery
- November 2012 retained guide wire

Open Serious Incidents as at 31/12/2012

As at 31st December there were 34 open incidents. Of those incidents, 29 RCA's have been submitted and 5 incidents were under investigation.

A total of 4 new serious incidents were reported during December and these were as follows:-

- Fall resulting in # neck of femur
- Fall resulting in a head injury
- Pressure ulcers grade 3 x 2

Pressure Ulcer update December 2012

An awareness raising campaign with all nursing staff during the month of December included

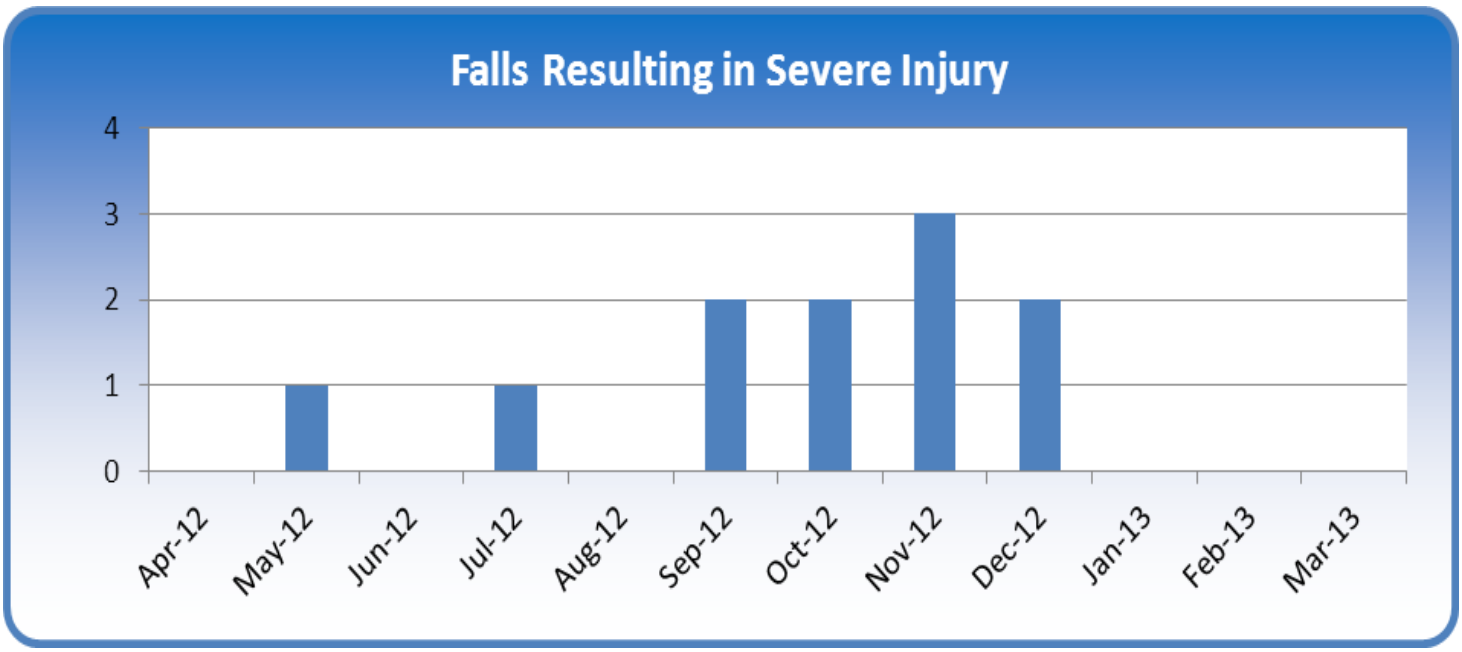
- Countdown calendar to goal of eradicating all non-avoidable pressure ulcers by 31 Dec
- All bank staff received daily texts during the month to remind them of pressure ulcer principles
- Weekly prize for a member of staff who has made an outstanding contribution to pressure ulcer care during the previous week
- A roll out programme to share good practice from the Stanhoe the pilot ward has been devised and commences in January 2013
- Deputy Director of Patient Experience attends the ward to discuss with the staff when a clinical area has a grade 3 or 4 pressure ulcer

2.7 Falls

Falls Resulting in a Severe Injury

Number of falls resulting in a severe injury during the month

For the current month the Trust reported that there were 2 falls where severe harm was caused



Operational Actions

For the two patients that fell resulting in severe harm (1 West Raynham and 1 Tilney) root cause analysis investigations have been carried out and the reports have been submitted to the Commissioners.

3 WORKFORCE

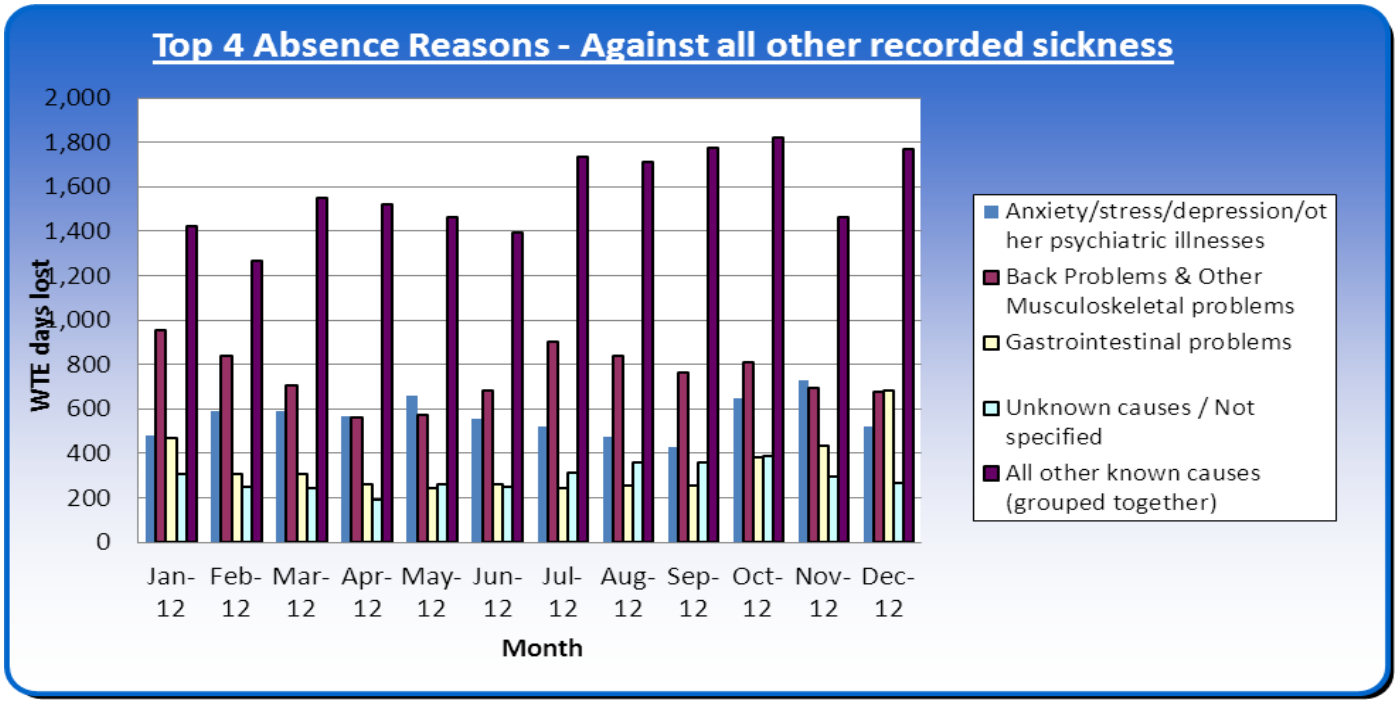
The December 2012 trust absence is 4.5% (red) but, once final figures are calculated, this is anticipated to reduce.
The staff turnover figure has returned to a within target levels.

3.1 Sickness Absence

Absence Reasons

Headline Measure: Top 10 Absence reasons over the last 12 month period

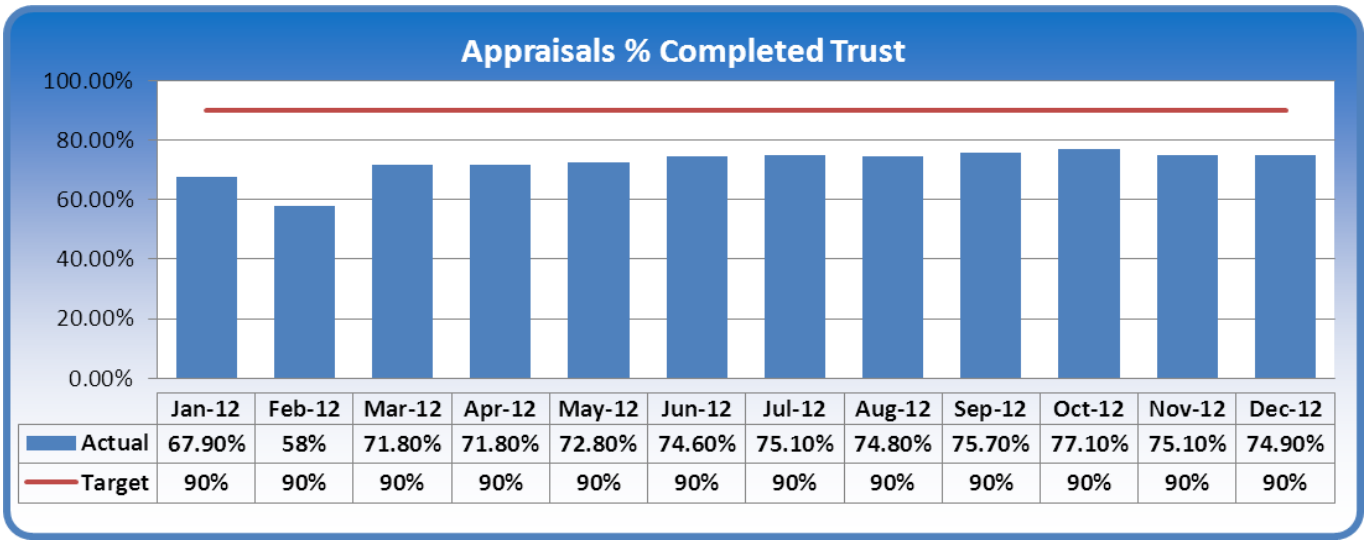
Sickness levels remain above target levels. One reason why the anticipated decrease in sickness levels has not occurred may be because the current ward changes, skill mix reviews etc., has led to a greater strain being placed on the remaining staff which is resulting in an increase in sickness levels. There has also been an increase in maternity leave.



Operational Actions

The 10 point plan previously reported to the Board is now being implemented across the Trust.

3.2 Appraisals % Complete Trust



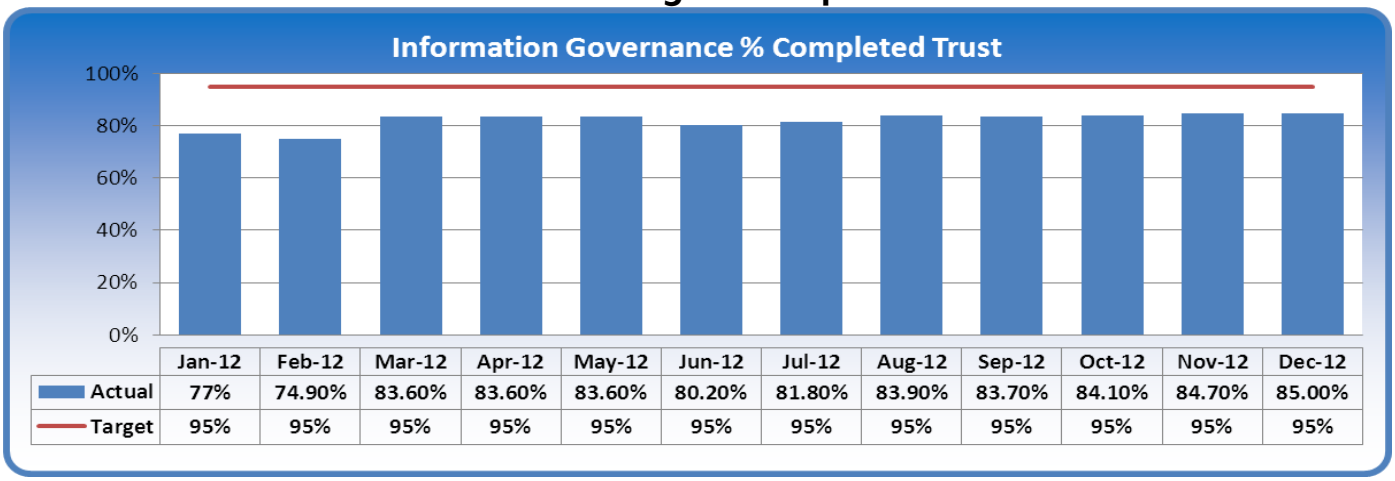
	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	67.90%	58%	71.80%	71.80%	72.80%	74.60%	75.10%	74.80%	75.70%	77.10%	75.10%	74.90%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

The rate continues to decrease, from 75.1% to 74.9%. There was a similar dip last year, falling as low as 58% in February, so the general trend remains upwards.

Operational Actions

Group appraisals in large staff groups have now been introduced and discussions are continuing across the Trust to look at how protected time can be allocated to ensure this internal target is met.

3.3 Information Governance Training % Complete Trust



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	77%	74.90%	83.60%	83.60%	83.60%	80.20%	81.80%	83.90%	83.70%	84.10%	84.70%	85.00%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The Information Governance rate has stalled at around the 85% mark. It should be noted that 1869 staff were trained between November and March last year. To achieve the 95% target this will need to increase to 2209 over the same period this year.

Operational Actions

In order to improve, departments that have low compliance rates are being specifically targeted with reports detailing those non-compliant individuals, and the booklet promoted. These are often followed up by visits from the IG team, to ensure managers are taking appropriate action, and the number of completed booklets being returned has started to increase. In addition, broadcast emails highlighting imminent classroom sessions and clinical training days are beginning to see an increase in attendance.

4 PERFORMANCE AND STANDARDS

The Trust achieved the following key targets: -

- All Cancer Targets
- MRSA Screening – 100% against a target of 100%
- Stroke – 90% of stay on the Stroke Unit – 83.7% against a target of 80%
- TIA – Urgent TIA referrals assessed within 1 hour – 76.3% against a target of 60%
- Day case Rate – 89.9% against a target of 82%
- Basket of Day case Procedures – 84.5% against a target of 80%
- Emergency length of stay – 4.5 against a target of 5.0
- Cancelled Operations – 0.5% Of operations cancelled on the day against a target of 0.8%

However, the Trust did not achieve: -

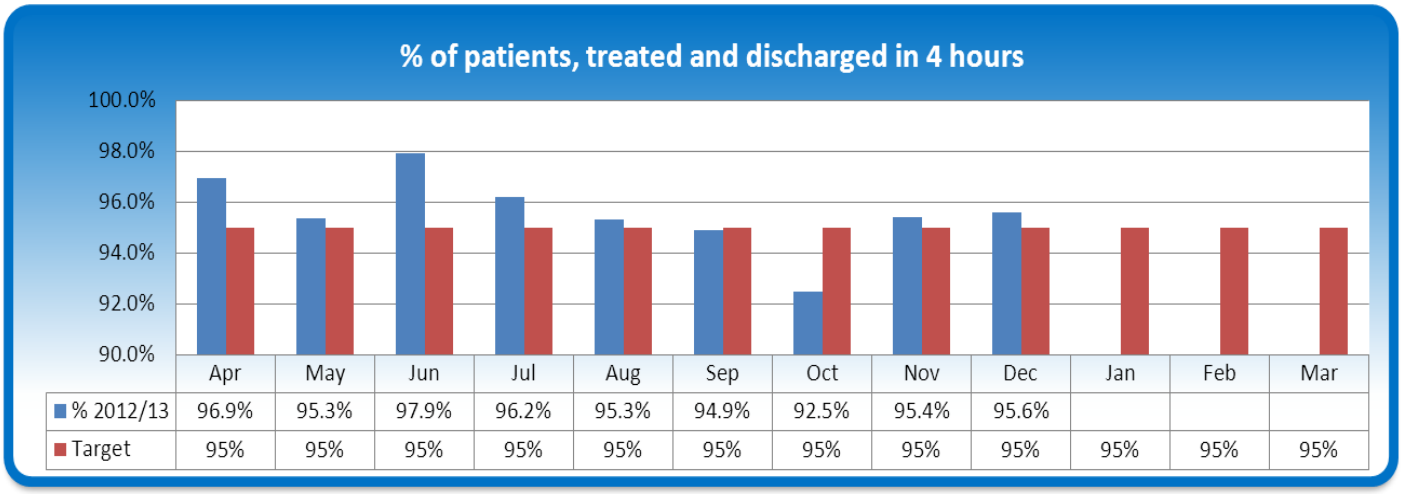
- A&E 4 Hour Attendance for the quarter
- Choose & Book
- Readmission rates

4.1 Emergency Care Performance

Accident and emergency patient waiting times

Existing Commitment: Proportion of all patients attending A&E department seen, treated and discharged or admitted within 4 hours of arrival

The Trust achieved performance of 95.4% for November 2012 and 95.6% for December.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% 2012/13	96.9%	95.3%	97.9%	96.2%	95.3%	94.9%	92.5%	95.4%	95.6%			
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Operational Actions

The Trust continues to struggle to sustain performance at 95%. Whilst the month of December was achieved the Quarter 3 target saw performance below the national target of 95%, recording performance of 94.5%. The major contributory factor to failing the quarter was performance for the month of October which was 92.6%. At the same time the Trust experienced an increase in the number of patients who were deemed fit for transfer to an alternate setting. The impact of this is a lack of patient flow in the hospital and a lack of immediate access to medical beds.

Failing the target in Quarter 3 attracts 1 point on Monitor's Compliance Framework scorecard. A&E was the only target failed in Q3 with the Trust therefore reporting a position of Green/Amber for the Quarter to Monitor.

Following performance in October 2012 the Board approved the remedial actions proposed by the Director of Clinical Services to strengthen particular management support for emergency services in the Trust out of hours and at weekends. This included requiring silver on call managers to be on site at weekends and strengthening of escalation triggers (i.e. reducing tolerance levels) to ensure as soon as possible management support can be re-directed. The Trust has led the re-introduction of the silver and gold interagency teleconferences and with the CCG has applied for additional winter pressures monies to increase availability of staff in key areas over the weekend. The Trust was successful in this bid, however the proposal which requested support to fund escalation bids was not supported by the CCG. The CCG instead supported the spot purchase of an additional 3 community beds with the aim for these beds to be quick access to support the Trust in times of severe pressure. The revised protocols are being developed by all organisations involved.

In December 2011 the Trust asked the DH Emergency Intensive Support Team (ECIST) to visit the Trust and advise on improvements it could make to its management of A&E and emergency patient pathways. This resulted in an agreed action plan for the Trust and also recommendations across the health and social care system. The Director of Clinical Services invited the Director of ECIST to visit the Trust and review progress against the Trust's action plan. This visit took place on 18/1/13. In the feedback discussion ECIST congratulated the Trust on the significant progress it had made since the last visit but highlighted 3 areas where further support might be beneficial. They confirmed that the Trust did not require any intensive intervention by them. The areas where the agreed to provide further advice/support were:-

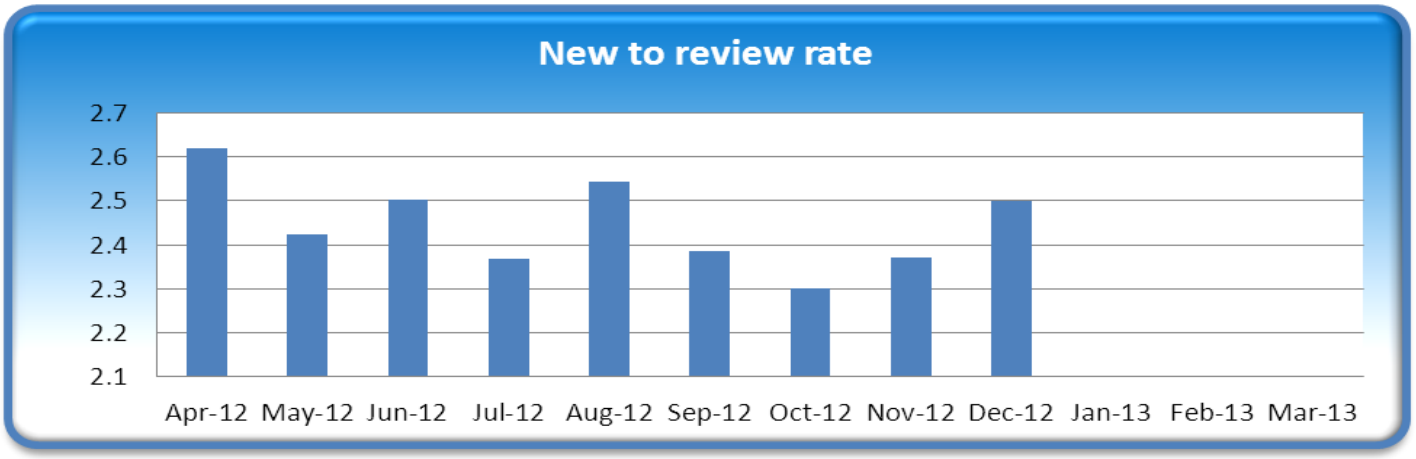
- Acute medical take arrangements for medical staff
- Looking at introducing PITSTOP in A&E
- Advice on the application of the guidance on DTOCs

The Trust is awaiting the final letter but has agreed to work with ECIST to take forward the above 3 pieces of work.

New to review rate

The numbers of outpatient follow up appointments seen versus the number of new outpatient appointments seen.

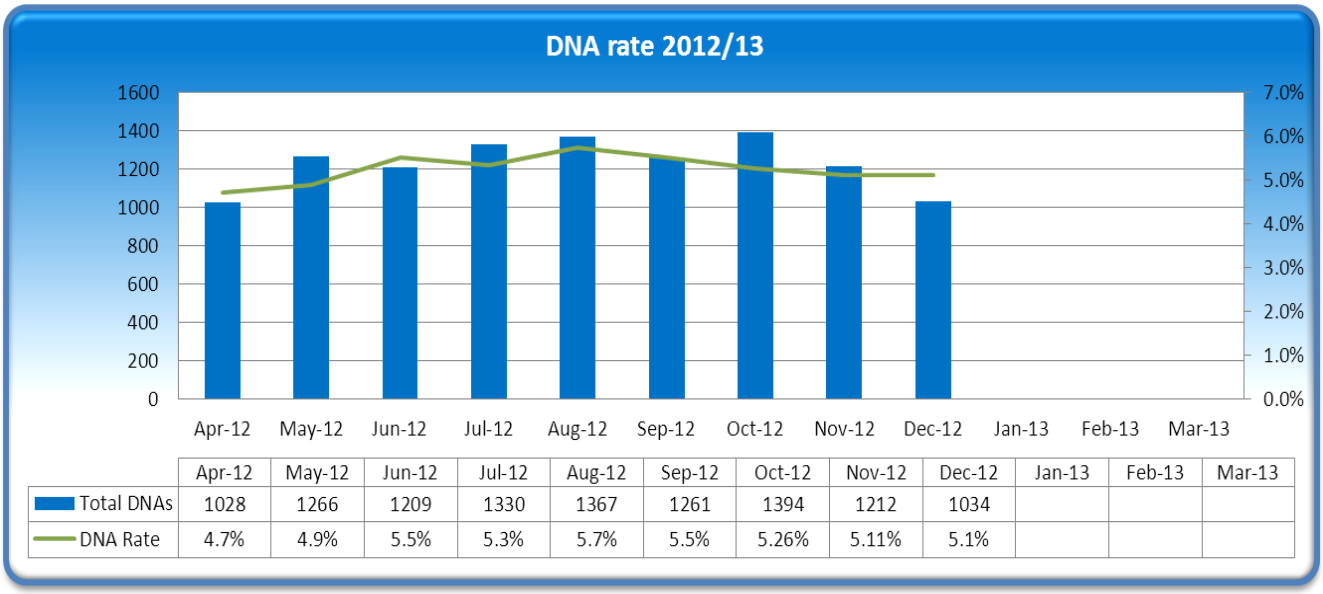
The Trust's new to review ratio is 2.5



DNA rate

Existing Commitment: DNA rate target to achieve is < 5%

The Trust DNA Rate is currently below the nationally reported figure of 10% but slightly above the local target of 5%.



	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Total DNAs	1028	1266	1209	1330	1367	1261	1394	1212	1034			
DNA Rate	4.7%	4.9%	5.5%	5.3%	5.7%	5.5%	5.26%	5.11%	5.1%			

Operational Actions

Demand and capacity plans for outpatients are complete and being discussed with Clinical Directors. This is being aligned to consultant level and informing the job planning exercise. These actions and the implementation continue to be managed with POD37 – Outpatient Transformation.

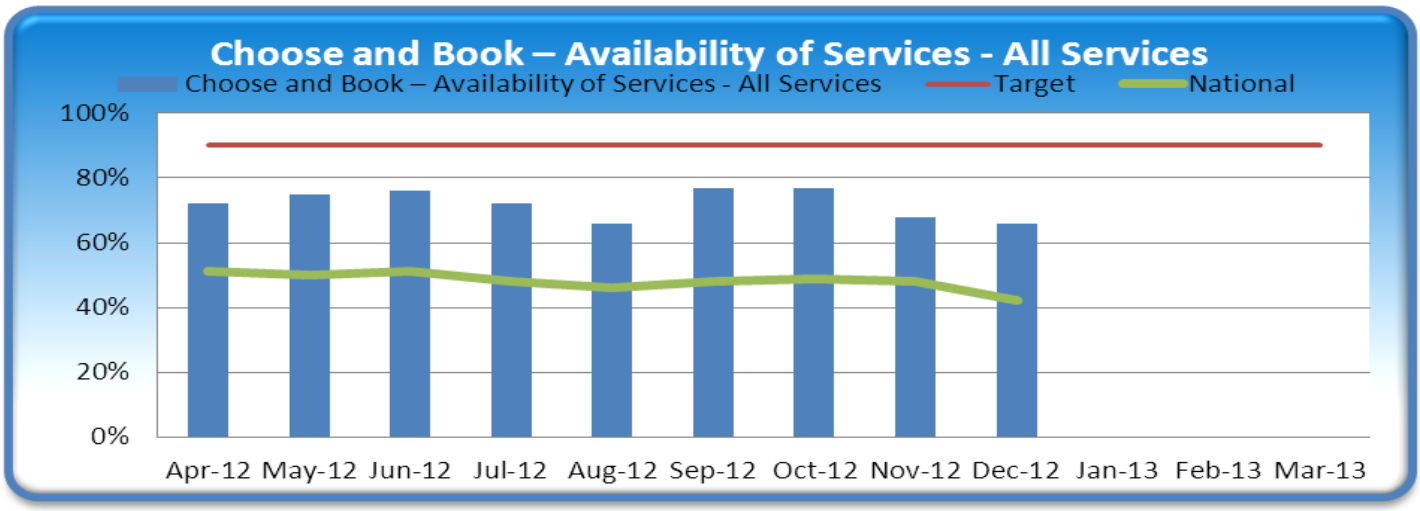
4.6 Choose and Book

Choose and book performance against the booking target and Appointment Slot Issues (ASIs) ratio is detailed below. QEH performance is benchmarked against the national position. Performance is below the expected national and contractual position.

Choose and Book

Existing commitment: Choose and Book – Availability of Services - All 2WW Services 90% target
Choose and Book – Availability of Services - All Services 90% target
Choose and Book – Availability of Appointment slots >0.05

The Trust currently has 66% of its services available through Choose and Book.



Month	Choose and Book – Availability of Services - All 2WW Services	Choose and Book – Availability of Services - All Services		Choose and Book – Availability of Appointment slots	
	QEH	National	QEH	National	QEH
Target	90%	90%		< 0.05 (5%)	
Apr-12	100%	51%	72%	0.09	0.19
May-12	100%	50%	75%	0.10	0.23
Jun-12	100%	51%	76%	0.09	0.18
Jul-12	100%	48%	72%	0.10	0.22
Aug-12	100%	46%	66%	0.08	0.24
Sep-12	100%	48%	77%	0.07	0.21
Oct-12	100%	49%	77%	0.08	0.20
Nov-12	100%	48%	68%	0.09	0.22
Dec-12	100%	42%	66%	0.08	0.15
Jan-13					
Feb-13					
Mar-13					

Operational Actions

The Trust continues to target a reduction of DNA's through the Chronos Service and actions within POD37 Outpatient Transformation.

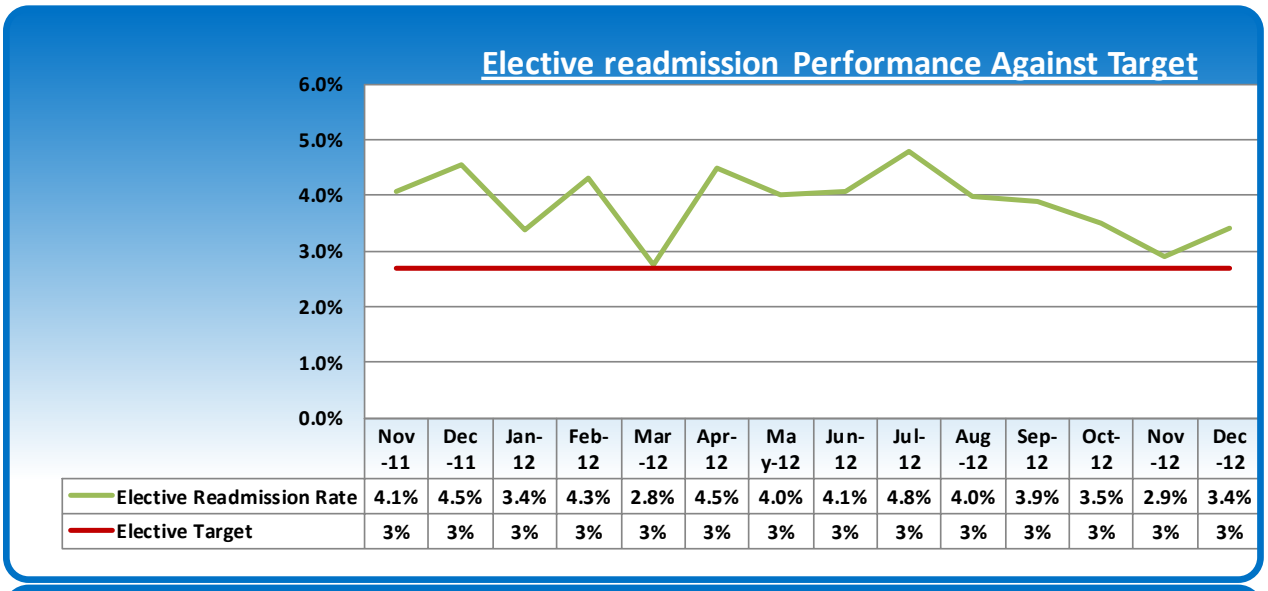
First cut demand and capacity plans for outpatients complete to be shared and discussed with the Clinical Directors and Divisions, with the introduction of partial booking for all follow-up appointments planned for mid-quarter 4.

4.7 Readmission Rates – Emergency and Elective

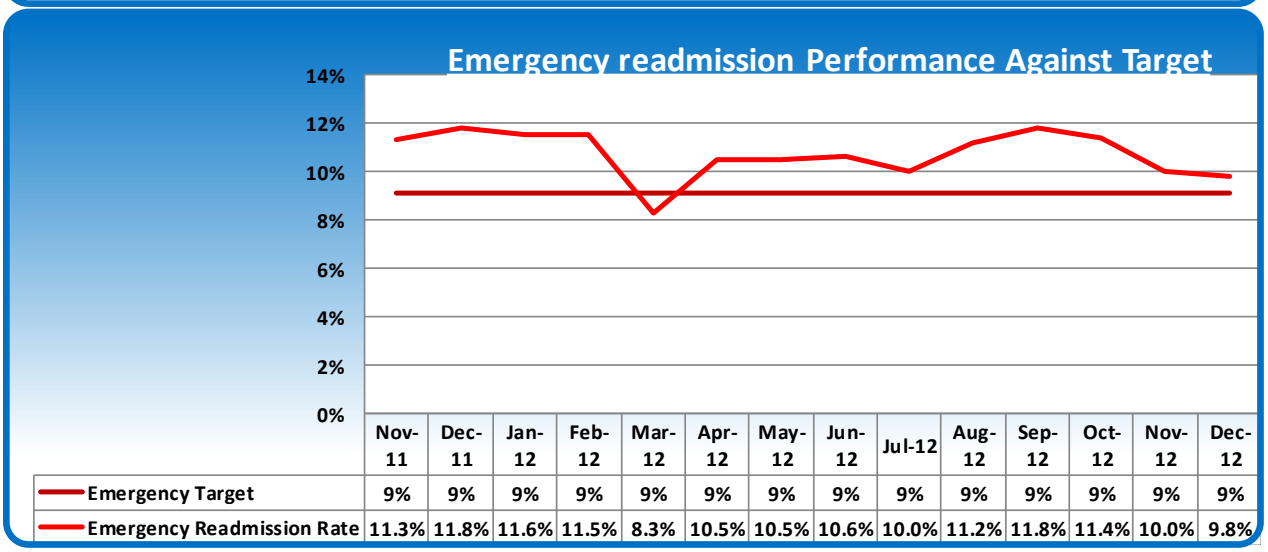
Readmission rate

Elective readmissions target is 3%.
Emergency readmissions target is 9%.

The Elective Readmission rate for December was 3.4% which was above its target of 2.7%. Emergency readmissions for November were above target, with a performance of 9.8% against a target of 9.1%.



	Nov -11	Dec -11	Jan-12	Feb-12	Mar -12	Apr-12	May-12	Jun-12	Jul-12	Aug -12	Sep-12	Oct-12	Nov -12	Dec -12
Elective Readmission Rate	4.1%	4.5%	3.4%	4.3%	2.8%	4.5%	4.0%	4.1%	4.8%	4.0%	3.9%	3.5%	2.9%	3.4%
Elective Target	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%



	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Emergency Target	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%
Emergency Readmission Rate	11.3%	11.8%	11.6%	11.5%	8.3%	10.5%	10.5%	10.6%	10.0%	11.2%	11.8%	11.4%	10.0%	9.8%

Operational Actions

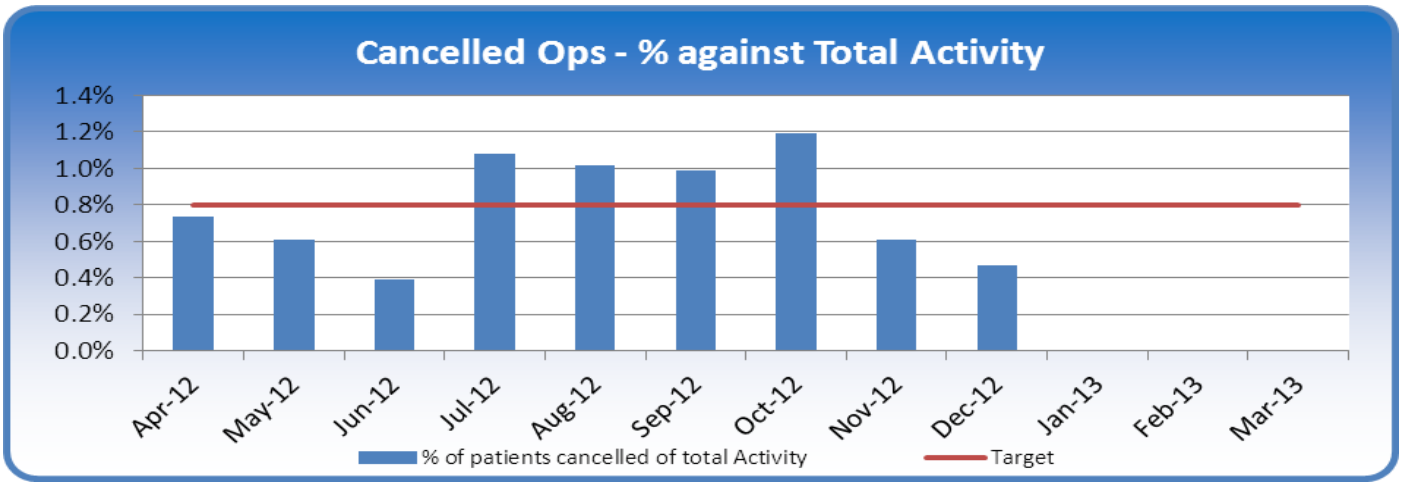
The Quality and Risk committee have been presented with a deep dive review into the specialties with the highest readmission rates. The agreed actions have been captured in the sub-committee minutes and a further report and review is planned in the forthcoming months. This will then be triangulated with PbR guidance.

4.8 Cancelled Ops

Cancelled Operations

% of Cancelled operations against Total Activity for the month

The Trust reported 13 Cancellations on the day for December 2012, this equates to 0.5% of Activity within the Trust for the month, 0.3% below the national target of 0.8%



Operational Actions

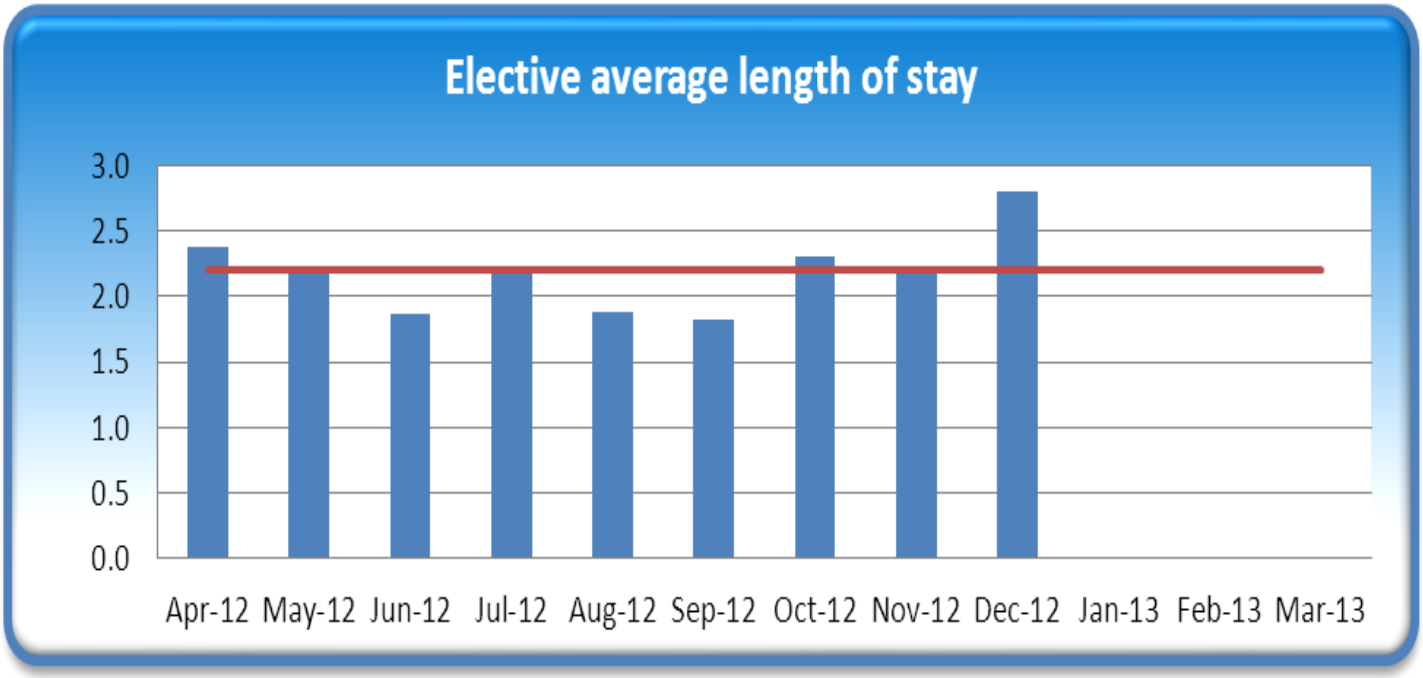
The Elective Care Unit was opened on the 3rd December 2012 with ring fenced beds for surgery. This has seen a reduction in the percentage of cancellations for December against previous months. Where cancellations occur the Trust works to offer patients a binding date within 28 days.

4.9 Elective length of stay

Elective length of stay

The average length of stay in an elective bed across the hospital

The current level of performance is 2.8 days against a target of 2.2 days



Operational Actions

Further work is being undertaken to investigate further the specialties where length of stay has extended. This will be reported back next month when we will also be more informed in terms of determining if the increase is a one – off scenario due to case mix.

5 FINANCE & INVESTMENT

1.0 SUMMARY INCOME & EXPENDITURE POSITION

1.1 For the month the Trust achieved an EBITDA of £190k against a planned EBITDA of £360k, an adverse variance of £170k. For the month the Trust reported a net deficit of £499k against a planned net deficit of £163k, an adverse variance of £254k. The Trust EBITDA margin was 1.4% against a planned EBITDA margin of 2.7%, 1.3% below plan.

1.2 In the month clinical income was below original plan and hence our position has deteriorated in terms of activity catch up recovery assumptions. Whilst this was in part due to scheduling issues, we struggled as a result of patients not choosing appointments over the holiday period and therefore the Trust not fully utilising available capacity. Emergency demand was also lower than anticipated.

1.3 In the month, pay underspent against original plan by £81k and non-pay overspent by £278k. A re-classification of pathology staff costs of £151k as a result of EPA to non-pay means that the underlying variance is a £70k overspend on pay and a £127k overspend on non-pay. The variances are primarily due to the failure to deliver BSP savings as expected.

1.4 Year to date the Trust has achieved an EBITDA of £5,434k against a plan of £6,433k, an adverse variance of £999k. The Trust reported a surplus of £55k against a planned surplus of £1,208k, an adverse variance of £1,153k. Year to date the Trust EBITDA margin is 4.4% against a plan of 5.2%, 0.8% below plan.

1.5 In the month the Trust scored an FRR of 2 against an expected FRR of 2 and year to date the Trust is reporting an FRR of 3 against a planned FRR of 3. Whilst the year to date is as per plan, EBITDA remains lower than planned, so the margin between an FRR of 3 and an FRR of 2 is narrower than desirable. The importance of highlighting this issue is that Monitor view an FRR score of 2 as an indicator that a NHS Foundation Trust is facing an unacceptably high level of financial risk.

1.6 Due to the reductions in activity and clinical income in the month, forecast assumptions have been further reworked in speciality detail to ensure year-end delivery for day cases, elective in-patients and out-patients by the operational team. All other areas of the contract have also been reviewed, taking into account actual performance year to date and historical trends. The expenditure forecast has been reviewed inclusive of BSP delivery. Agency medical staffing is now anticipated to continue through the remainder of the year as they are currently vital to maintaining patient flow.

1.7 Having carried out the above review of forecast activity the Trust is still expecting to achieve its originally planned EBITDA. It should be noted that if the clinical activity and income were not to increase in Q4 but instead continue at the average weekly rate achieved to date in this financial year, the Trust will only just achieve an FRR of 3. This does not give any contingency to cover the other risks described in this report.

1.8 It is clear there is significant risk within the current forecast to deliver the original plan, however, this is still achievable provided we;

- Have rigour in managing weekly activity performance for planned care
- Maintain tight financial control on pay and non-pay expenditure, the BSP savings programme although below plan is set to deliver 4% in efficiencies.
- Maintain emergency patient flow with the appropriate support from the wider health system.

6 Reference/contacts

6.1 Further information can be obtained from:

6.1.1 Barbara Cummings
Director of Performance and Planning
Barbara.cummings@qehkl.nhs.uk

6.1.2 Michael Brown
Deputy Director - Performance and Informatics
Michael.brown@qehkl.nhs.uk

Declaration of performance against healthcare targets and indicators

Targets as per Compliance Framework 2012/13		Threshold			Quarter 1		Quarter 2		Oct-12		Nov-12		Dec-12	
					Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight
C.difficile year on year reduction		30	1.0		7		3		2		1		0	
MRSA - meeting the MRSA objective		1	1.0		0		0		0		0		0	
All cancers: 31-Day Wait For Second Or Subsequent Treatment	Anti Cancer Drug Treatments	98%	1.0		100.0%		100.0%		100.0%		95.2%			
	Surgery	94%	1.0		100.0%		100.0%		100.0%		100.0%			
	Radiotherapy (from 1 January 2011)	94%	1.0		n/a		n/a		n/a		n/a			
All cancers: 62-Day Wait For First Treatment	From Consultant Screening Service Referr	90%	1.0		95.2%		100.0%		100.0%		100.0%			
	Urgent GP Referral To Treatment	85%	1.0		86.4%		85.3%		85.5%		85.4%			
A&E: Total time in A&E 95% Patients withing 4 Hr Target		95%	1.0		96.7%		95.5%		92.6%	1	95.5%		95.6%	
Referral to treatment waiting times – admitted (90% Target within 18 Weeks)		90%	1.0		91.1%		93.7%		95.0%		96.1%		94.6%	
Referral to treatment waiting times – non-admitted (95% Target Within 18 Weeks)		95%	1.0		98.9%		98.7%		98.7%		99.2%		98.7%	
Referral to treatment waiting times – Incomplete (92% Target Within 18 Weeks)		92%	1.0										97.0%	
31-Day (Diagnosis To Treatment) Wait For First Treatment	All cancers	96%	0.5		99.4%		99.7%		97.1%		98.9%			
Two week wait from referral to date first seen	All cancers	93%	0.5		95.8%		97.9%		98.6%		98.9%			
	For symptomatic breast patients (cancer no	93%	0.5		97.1%		98.5%		96.0%		94.8%			
Thrombolysis within 60 minutes (where this is the preferred local treatment)		68%	0.5		n/a		n/a		n/a		n/a		n/a	
Screening all elective in-patients for MRSA		100%	0.5		100.0%		100.0%		100.0%		100.0%		100.0%	
Care Programme Approach (CPA) patients	Follow up contact within 7 days of discharg	95%	0.5		n/a		n/a		n/a		n/a		n/a	
	Having formal review within 12 months	95%	0.5		n/a		n/a		n/a		n/a		n/a	
Minimising delayed transfer of care		<=7.5%	1.0		2.0%		2.7%		3.0%		2.2%		2.3%	
Admissions had access to crisis resolution home treatment teams		90%	1.0		n/a		n/a		n/a		n/a		n/a	
Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5		n/a		n/a		n/a		n/a		n/a	
Data completeness: identifiers		99%	0.5		n/a		n/a		n/a		n/a		n/a	
Data completeness: outcomes		50%	0.5		n/a		n/a		n/a		n/a		n/a	
Ambulance FTs - Category A call – emergency response within 8 minutes		75%	1.0	No Risk	n/a		n/a		n/a		n/a		n/a	
Ambulance FTs - Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	No Risk	n/a		n/a		n/a		n/a		n/a	
Ambulance FTs - Category B call – a response within 19 minutes		95%	1.0	No Risk	n/a									
Self certification against compliance with requirements regarding access to healthcare for people v		N/A	0.5											
Moderate CQC concerns regarding the safety of healthcare provision		N/A	1.0											
Major CQC concerns regarding the safety of healthcare provision		N/A	2.0											
Failure to rectify a compliance or restrictive condition(s) by the date set by CQC within the conditio		N/A	4.0											
Does the Trust have outstanding compliance actions applied by the CQC ?				YES										
Does the Trust have outstanding enforcement actions applied by the CQC				No										
Registration conditions imposed by Care Quality Commission														
Restrictive registration conditions imposed by Care Quality Commission														
Restrictive registration conditions imposed by Care Quality Commission														
			Rating											