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: **October 2012**
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 report identifies performance to September 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 the current month is 1 (Amber / Green). The trust will be reporting a Q2 position Green

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 month is 1.0 (Amber / Green).
c) Note that the A&E 4 Hour Target was not achieved for the latest month. However, the trust achieved the quarter with a performance of 95.5%.
d) Note the comments in relation to compliments, complaints and those that have been published on the NHS Choices website.
e) Identify any key issues requiring further consideration.

Author: Michael Brown
Date: 12 October 2012

Quality & Risk Dashboard Sep 12

Indicator	Target	Current Month	YTD	Trend
1.1 Crude Mortality	19	16.1	17.0	
1.2 RAMI	75.7	67	85	
1.3 SHMI*	N/A	99.7	99	
1.4 Net Promoter - Friends & Family Survey Percentage	0.71	0.45		
1.4 Net Promoter - Friends & Family Survey Footfall	10%	14.7%		
1.8 MRSA	1	0	0	
1.9 CDIFF	4	1	10	
1.10 Serious Incidents Reported	0	10	30	
1.11 Never Events Reported	0	2	5	
1.12 Serious Medication Errors	0	0	0	
1.13 Falls Resulting in Serious injury	0	2	4	
1.14 Pressure Ulcers - Grade 3 H.A	0	9	26	
1.15 Pressure Ulcers - Grade 4 H.A	0	0	1	
1.16 Number of MSA Breaches (Number of Patients)	0	0	9	
1.17 Clinical Complaints	-10% Yr on Yr	32	205	
1.18 Non-Clinical Complaints	N/A	3	20	
1.19 Compliments	N/A	90	596	
1.20 Safety Thermometer - No new harms	95.0%	94.90%	94.50%	
1.21 VTE Assessment Completeness*	90.0%	96.5%	96.8%	

*RAMI figure is shown 1 month in arrears

*SHMI figure is for period Jan - Dec 2011

CQC Concerns

CQC Concern Regarding Outcome 21

Workforce Sep 12

Indicator	Target	Current Month	YTD	
4.1 Sickness Absence Rate	3.7%	3.7%	4.3%	
4.2 Staff Turnover Rate	10.0%	8.8%	8.3%	
4.3 Appraisal Completeness %	90.0%	75.7%	73.7%	
4.4 Fire Training	70.0%	85.9%	80.0%	
4.5 Infection Control Training	70.0%	81.1%	75.0%	
4.6 Resuscitation Training	70.0%	82.1%	81.0%	
4.7 Safeguarding Children Training	80.0%	89.0%	86.0%	
4.8 Safeguarding Adults Training	70.0%	95.9%	94.0%	
4.9 Information Governance Training	95.0%	83.7%	83.0%	
4.10 Nurse Vancancies (as % of Nurse Posts)		7.2%	6.8%	
4.11 Medical Vacancies (as % of Medical Posts)		5.4%	4.9%	
4.12 Contracted People in Post	2779	2550	2603	
4.13 Temporary Staff in Post	139	156	149	

Performance & Standards Sep 12

Indicator	Target	Current Month	YTD	Trend
3.1 Monitor Compliance Framework Score	1	0	0	
3.2 18 Weeks - Admitted 95th Percentage*	90%	n/a	91.8%	
3.3 18 Weeks - Non Admitted 95th Percentage*	95%	n/a	98.9%	
3.4 Cancer - 31 Days Subsq Treatment - Surgery*	94%	100.0%	100%	
3.5 Cancer - 31 Days Subsq - Drug Treatments*	98%	100.0%	100%	
3.6 Cancer - 62 Days Referral to Treatment	85%	87.5%	85.8%	
3.7 Urgent GP Cancer - 2 Week Wait*	93%	98.0%	96.6%	
3.8 Cancer - 31 Days Diagnosis to Treatment*	96%	99.1%	99.5%	
3.9 A&E 4 Hour Attendance	95%	94.9%	96.1%	
3.10 MRSA Screening - All Elective Inpatients	100%	100.0%	100.0%	
3.11 Choose + Book - Slot Utilisation	90%	77.0%	72.0%	
3.12 Stroke - 90% of Stay on a Stroke Unit*	80%	100.0%	88.1%	
3.13 Stroke - High Risk TIA treated in 24 Hrs*	60%	83.3%	76.2%	
3.14 Cancelled Ops	0.8%	1.6%	0.9%	
3.15 Readmission Rate - Elective	3%	3.1%	4.1%	
3.16 Readmission Rate - Emergency	9%	9.8%	10.9%	
3.17 Diagnostic Over 6 Week Waiters	1%	n/a	0.1%	

Operational Efficiency

Indicator	Target	Current Month	YTD	Trend
3.18 Day Case Rate	82%	87.1%	84.2%	
3.19 BADs	80%	87.9%	83.1%	
3.20 New to Review Rate	2.3	2.4	2.5	
3.21 DNA Rate	5%	5.5%	5.3%	
3.22 EL LOS	2.2	1.8	2	
3.23 EM LOS	5	4.4	4.6	
3.24 Total LOS	4.3	4	4.3	

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

Finance & Investment Sep 12

NHS Clinical Revenue (Excl Non PbR Drugs) By Point of Delivery	Current Period						Year To Date (YTD)					
	ACTIVITY			FINANCE			ACTIVITY			FINANCE		
	Actual	Plan	Variance	Actual	Plan £000s	Variance £000s	Actual	Plan	Variance	Actual £000s	Plan £000s	Variance £000s
A&E	4,619	4,696	(77)	460	473	(13)	28,800	28,621	179	2,858	2,881	(23)
Elective Inpatients	473	453	20	1,018	1,105	(87)	2,769	2,811	(42)	6,150	6,628	(478)
Daycases	2,652	2,664	(12)	1,708	1,599	109	16,412	16,452	(40)	9,904	9,788	116
Elective Excess bed days	51	95	(44)	12	22	(10)	333	559	(226)	77	131	(54)
Nonelective Inpatients	2,439	2,450	(11)	3,710	4,059	(349)	15,400	15,351	49	24,826	25,107	(281)
Nonelective Excess bed days	1,225	1,420	(195)	289	323	(34)	6,791	8,718	(1,927)	1,568	1,981	(413)
Emergency threshold Cap	0	0	0	(180)	(427)	247	0	0	0	(1,859)	(2,321)	462
Outpatients	23,896	24,988	(1,092)	2,603	2,746	(143)	146,059	149,244	(3,185)	16,012	16,384	(372)
Critical Care	722	713	9	551	548	3	4,414	4,341	73	3,386	3,336	50
Direct Access	40,114	39,860	254	510	406	104	252,227	239,167	13,060	2,729	2,437	292
CQUIN	0	0	0	239	287	(48)	0	0	0	1,623	1,721	(98)
Patient Transport costs	0	0	0	57	26	31	0	0	0	346	157	189
Other Clinical income	0	0	0	749	711	38	0	0	0	4,376	4,447	(71)
Total NHS Clinical Revenue (Excl NonPbR Drugs)	76,191	77,339	(1,148)	11,726	11,878	(152)	473,205	465,264	7,941	71,996	72,677	(681)

		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	1.7m	1.0m	↑	0.6m	0.1m	↓	0.0m	-0.2m
2.2	EBITDA	8.8m	8.8m	↑	4.1m	3.6m	↓	0.7m	0.5m
2.3	Cash Balance	6.3m	5.5m	↔	7.5m	15.5m	↓	7.5m	15.5m
2.4	BSP - Overall Position	10.2m	TBC	↑	2.9m	2.2m	↓	0.7m	0.6m

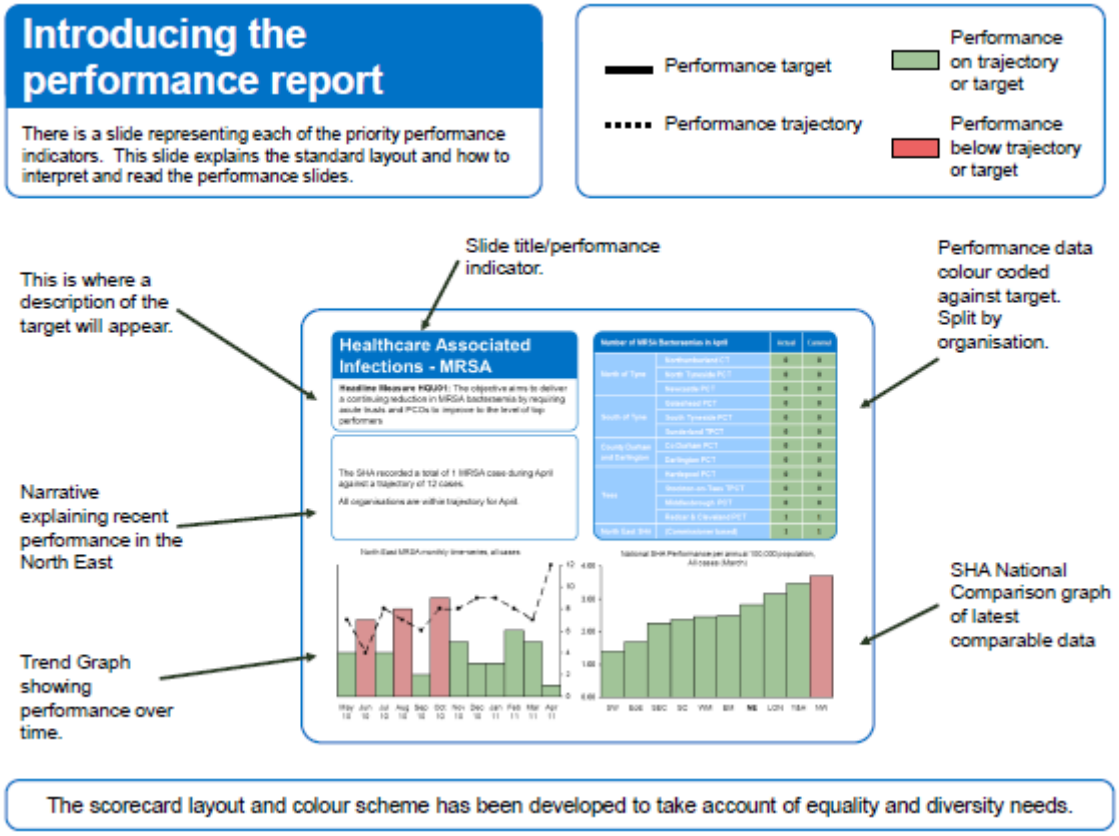
		Full Year Plan	Full Year Forecast	YTD Plan	YTD
2.5	Finance Risk Rating	3	3	3	3

Explaining the Performance Report

This performance report is provided to give an an update to the Trust Board of Directors on the key areas of performance to August 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 September 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 67 against an internal target of 75.7, this is however below the national expected position. The Trust received 32 clinical complaints out of 35 total complaints and 90 compliments across the Trust in the month. The Trust has also reported 9 Grade 3 pressure ulcers in the month.

The Trust has reported 10 serious incidents, of which 2 were never events in the month. There have previously been reported 30 serious incidents year to date, of which 5 were never events for the current year, of which 2 were reported retrospectively. An update on those still open is provided within the report.

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 is currently reporting they have not achieved the A&E four hour target for the latest month (94.9% against the 95% target) but the Trust has achieved quarter 2 with a performance of 95.5% (Although this is below the internal stretch target of 97%).

With regard to **Workforce** the current report highlights that the Trust Sickness absence rate for the month is above the target of 3.7% at 4.97%, with the reasons for absence highlighted. It also focuses on appraisal completeness across the Trust which is 75.7% below the target of 90% and the annual requirement for Information Governance Training which stands at 83.7% against a target of 90%.

Finally, the Trust is reporting a YTD Financial Risk Rating of 3 and a Governance Risk Rating of 1.0.

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 the current month is 1.0 (Amber / Green). The end of quarter 2 position is Green.
c) Note that the A&E target was not achieved for the latest month. However, the trust achieved quarter 2.
d) Note the comments in relation to compliments, complaints and those that have been published on the NHS Choices website.
e) Identify any key issues requiring further consideration.

2 QUALITY AND RISK

The Trust's performance against its Quality and Risk KPIs was mixed. For a number of indicators performance was below target level. The Trust is still awaiting the outcome of the CQC's spot check visit to the Trust on 14 August 2012.

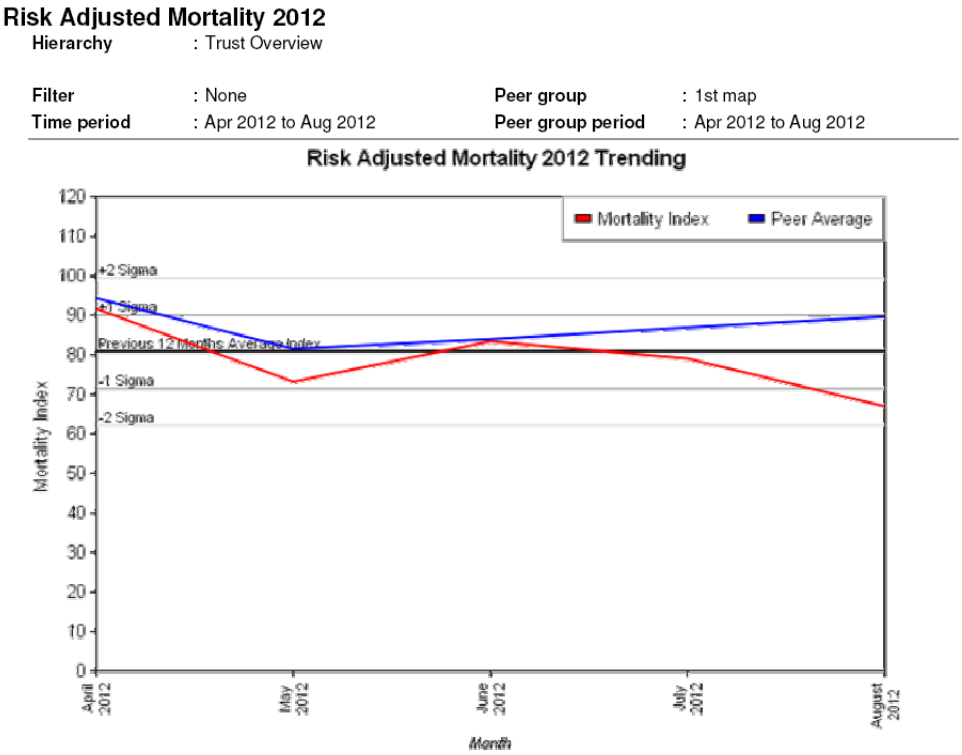
Two never events have been reported in September 2012. This is the fourth consecutive month a never event has occurred at the Trust.

While the Trust is working hard to maintain its performance towards eliminating hospital acquired pressure ulcers an increase to 9 Grade 3's in September (up from 4 grade 3 in August) has occurred.

Patient feedback from the monthly 'Friends and Family' survey is below the 71% target (45.9 for August and 45.4 for September) identified by NHS Midlands and East. 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.

2.1 Trust Mortality

The Trust's RAMI performance over the past 15 months is show 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). Whilst crude mortality is within target levels, and the Trust' RAMI is not above benchmarked peers' performance.

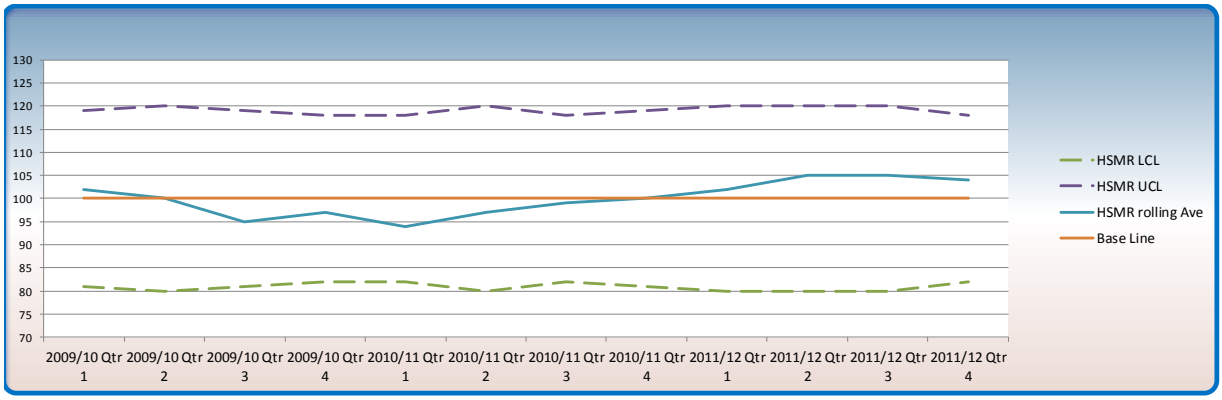
- Crude mortality per 1,000 admissions in September 2012 = 16.1 (target achieved)
- RAMI in August 2012 = 67 (target achieved)

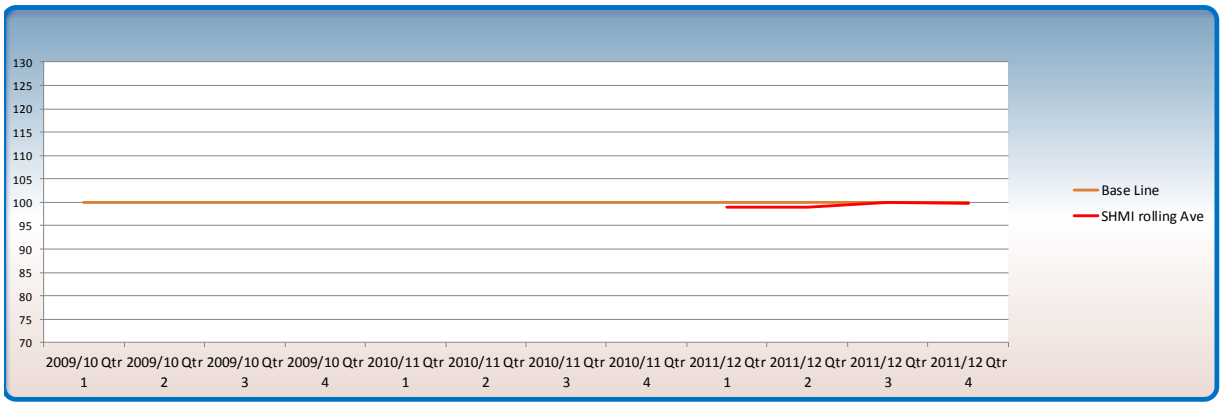
HSMR and SHMI Trend for The Queen Elizabeth Hospital

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 graphs are 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.

To be updated November 2012

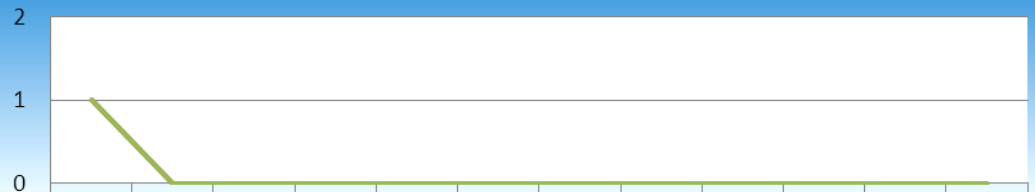
2.2 Hospital Acquired Infections

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 September 2012. Performance year to date is 0.

MRSA position 2012/13



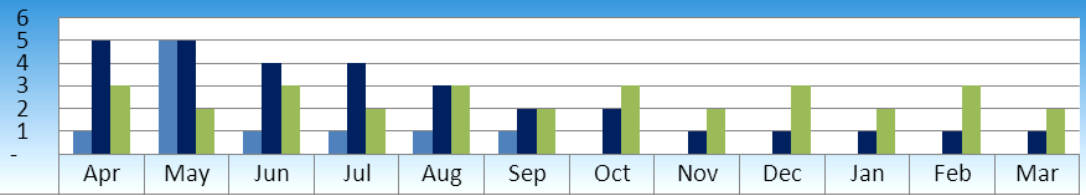
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	0	0	0	0	0	0						
Commisioner Target	1	0	0	0	0	0	0	0	0	0	0	0
Monitor Target	1	0	0	0	0	0	0	0	0	0	0	0

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 1 Clostridium Difficile infection in September 2012.
Cumulatively the number of CDiffs reported is 10 against a monitor trajectory of 15.

CDIFF Position 2012/13



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CDIFF	1	5	1	1	1	1						
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

2.3 Patient Experience

Patient Experience

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

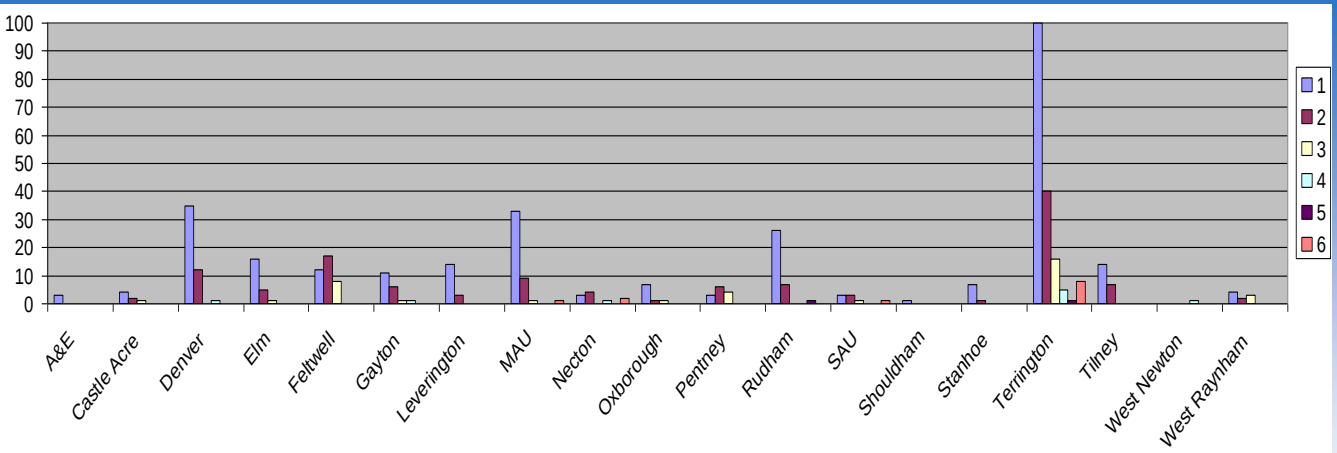
There were no new comments posted on the NHS Choices or Patient Opinion websites during September 2012.

The FFT score was 45.4 with a response rate of 14.4%. The targets set by NHS Midlands and East are a score of 71 and a response rate of 10%.

The results for **August** and **September** for each ward are shown below as bar charts.

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

Friends & Family Test Scores August 2012



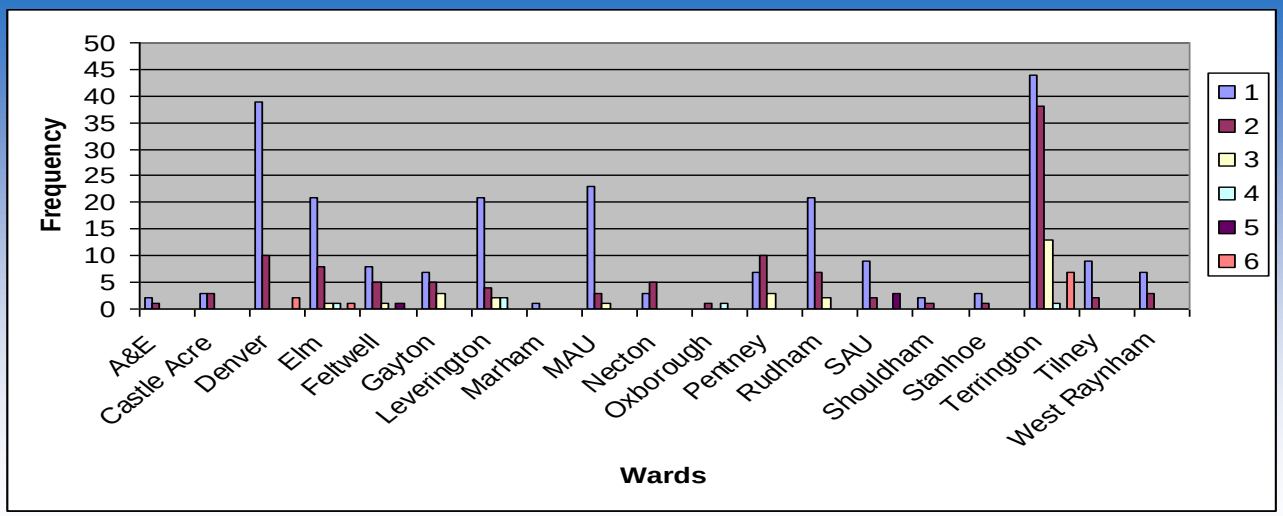
"How likely is it that you would recommend this service to friends and family"

KEY:

1. Extremely likely
2. Likely
3. Neither likely nor unlikely
4. Unlikely
5. Not at all
6. Don't know

Response rate: >10 %

Friends and Family Test Scores for September 2012 by Ward



Key As Above

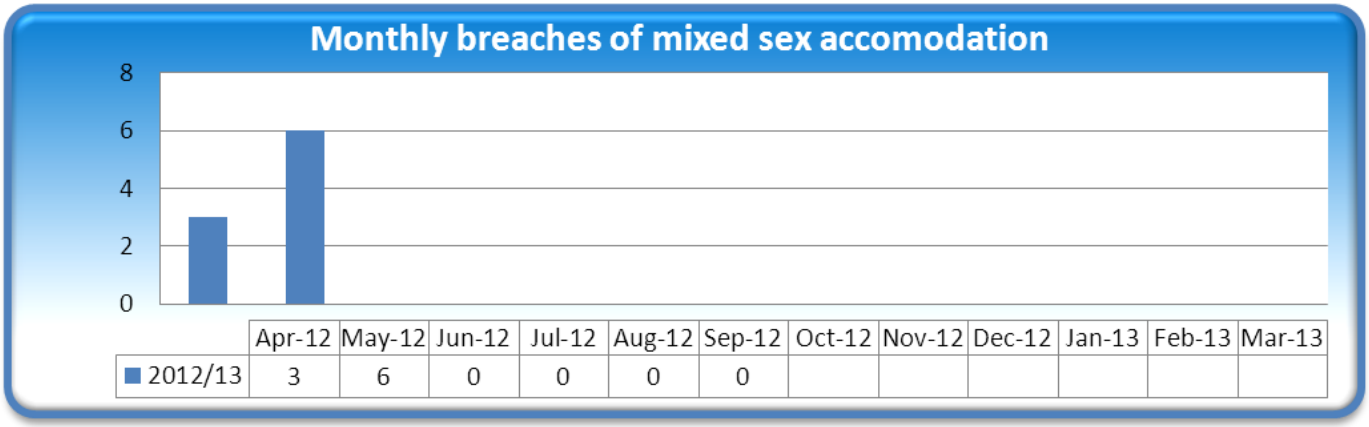
Response Rate: 14%

2.4 Mixed Sex Accommodation

Mixed Sex Accomodation

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

The QEH recorded 0 breaches for August 2012.



	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
2012/13	3	6	0	0	0	0						

2.5 Complaints

Complaints

Headline Measure: Complaints activity by division

The Trust received 35 formal complaints during the month of September 2012, which was a 14.6% (41 last month) decrease in comparison to the previous month. However, the number received is 9% (3) higher than the number of formal complaints received in the same period in 2011/12.

Of the 35 formal complaints received in September 2012; a total of 61 issues were raised.

32 complaints were clinical and 3 were non clinical. The themes identified for this month were 5 clinical complaints related to Communication, 4 were regarding Staff Attitude and 4 were in relation to Diagnosis. Non clinical complaints consisted of 2 car parking concerns and a delay in replying to several answer phone messages regarding an insurance claim.

The performance by Service line has been given a red, amber or green indicator for the month. 62% (29 out of 47) of the complaints received in July 2012 were responded to within the target of 30 working days. The 18 complaints that did not meeting the required target where chased regularly and reported to the Department Heads for support.

As many as 8 out of 10 complaints are returned to the divisions for amendments, where the responses have not addressed the issues or there are clerical errors.

Actions have been taken in relation to this which include;

- the issue of new policies and guidelines
- information on HSO Principles of Good Complaints Handling
- Questionnaires (for complainants and staff members involved in the complaints process).

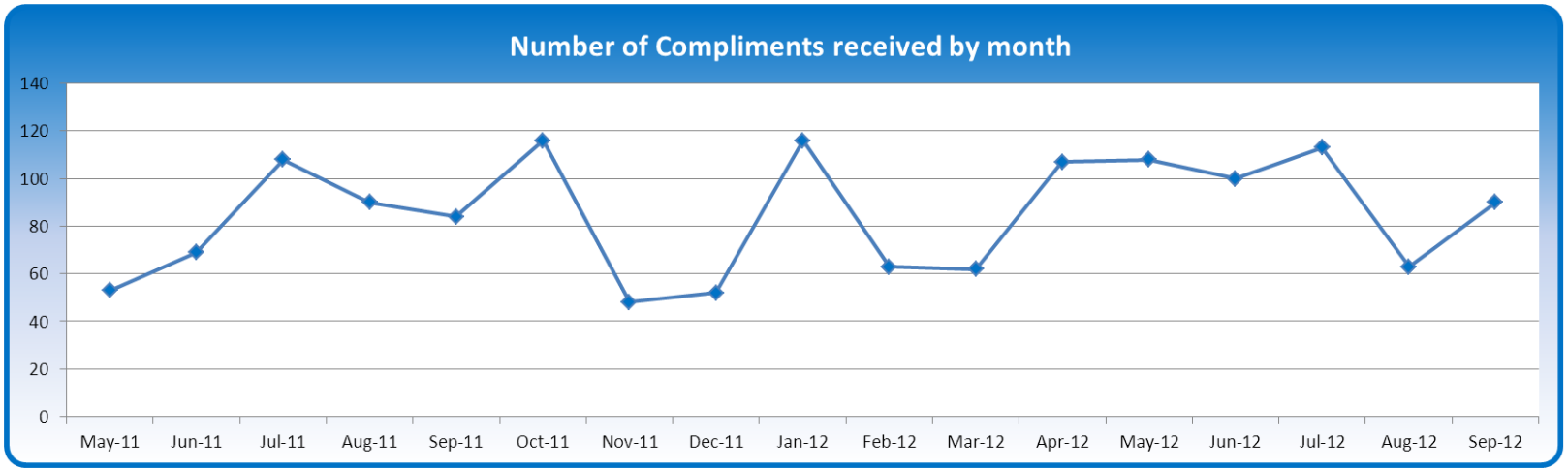
Further action is planned in the form of complaints training.

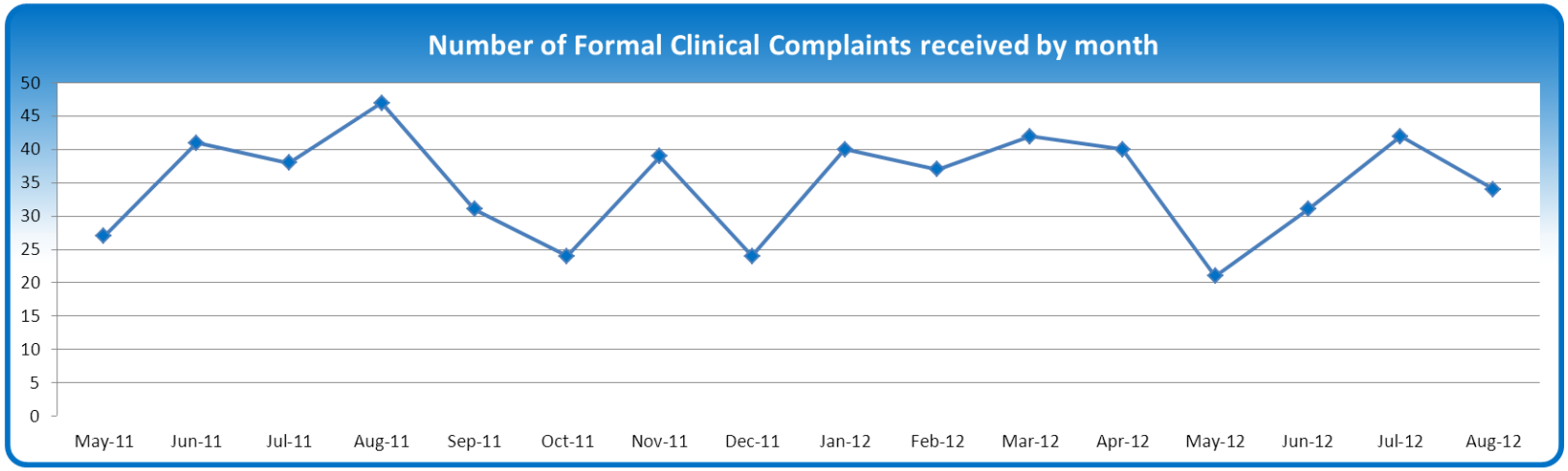
As part of the Trusts Quality Strategy Implementation programme 2012/13 we aim to reduce the number of clinical complaints for the top scoring areas of communication & staff attitude by 5% which equates to:

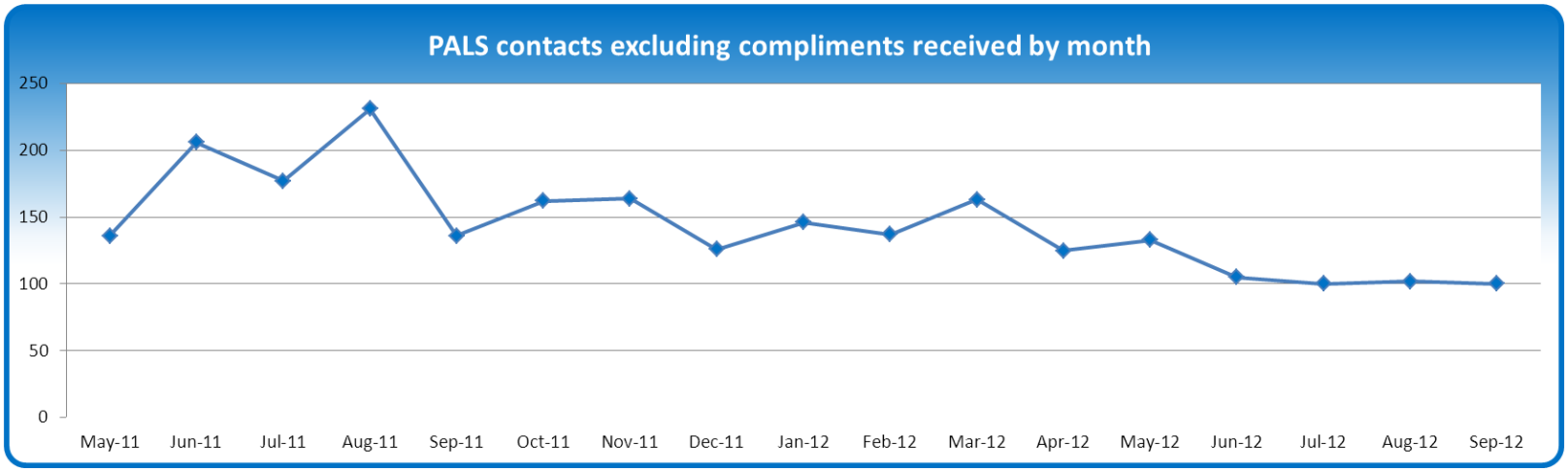
- a reduction of 6 clinical complaints relating to communication based on last year – from 127 to 121
- a reduction of 5 clinical complaints relating to staff attitude based on last year – from 102 to 97

There were 90 written compliments received by the Trust during September 2012, this was an increase of 30% compared to August 2012.

Divisional Activity in September 2012					Divisional Performance in July 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 following a first response
Accident & Emergency	3	17	0	5.7:1	1 of 2		1		
Breast Care	0	0	0		1 of 1		0		
Car Parking	2	0	0		2 of 2		1		
Cardio Respiratory Dept	0	2	0						
Clinical Haemotology	0	1	0						
Critical Care	0	4	0						
Dermatology	0	1	0						
Orthodontics	1	0	0						
Endoscopy	0	0	0		1 of 1		1		1
ENT	0	0	0		1 of 1		0		
Estates	1	0	2		0 of 1		0		1
General Surgery	2	20	1	10:1	7 of 9	2	8		
Gynaecology	1	0	0		1 of 2		1		
General Medicine	2	35	0		5 of 9	3	8		
Obstetrics & Gynaecology	2	0	0		1 of 2		2		
Occupational Health	1	0	0						
Oncology	0	0	2		0 of 1		1		
Ophthalmology	0	0	0		1 of 2		2		1
Trauma & Orthopaedics	1	0	0		2 of 5		3		
Paediatrics	4	9	0	2.3:1	1 of 1		1		
Pathology	2	0	0						
Pharmacy	1	0	0						
Patient Services	6	0	0		1 of 2		2		
Radiology	1	1	0	1:1					
Respiratory	2	0	0		0 of 1		0		
Surgical Assessment Unit	3	0	0						
Trust wide	0	0	0		2 of 2		2		
Urology	0	0	0		2 of 3		3		1
TOTAL	**35**	**90**	**5**	**2.6:1**	**29/47**	**5**	**36**	**0**	**4**


Number of Compliments received 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
Jul-12
Aug-12
Sep-12


Number of Formal Clinical Complaints received by month
50
45
40
35
30
25
20
15
10
5
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


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

2.6 Never Events and Serious Incident Reporting

NEVER EVENTS REPORTED TO DATE

The Trust has identified five 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

Open Serious Incidents as at 30/9/12

As at 30/9/12 there were a total of 30 incidents with an open status, Of the open incidents, RCA's and action plans are completed and have been submitted for 21 of the incidents, the remaining 9 incidents were under investigation.

A total of 10 new serious incidents were reported during August and these were as follows:-

- 1 x Women and Children division
- 2 x Surgical division
- 1 x Fall
- 2 x Never events
- 4 x Pressure ulcers

3 WORKFORCE

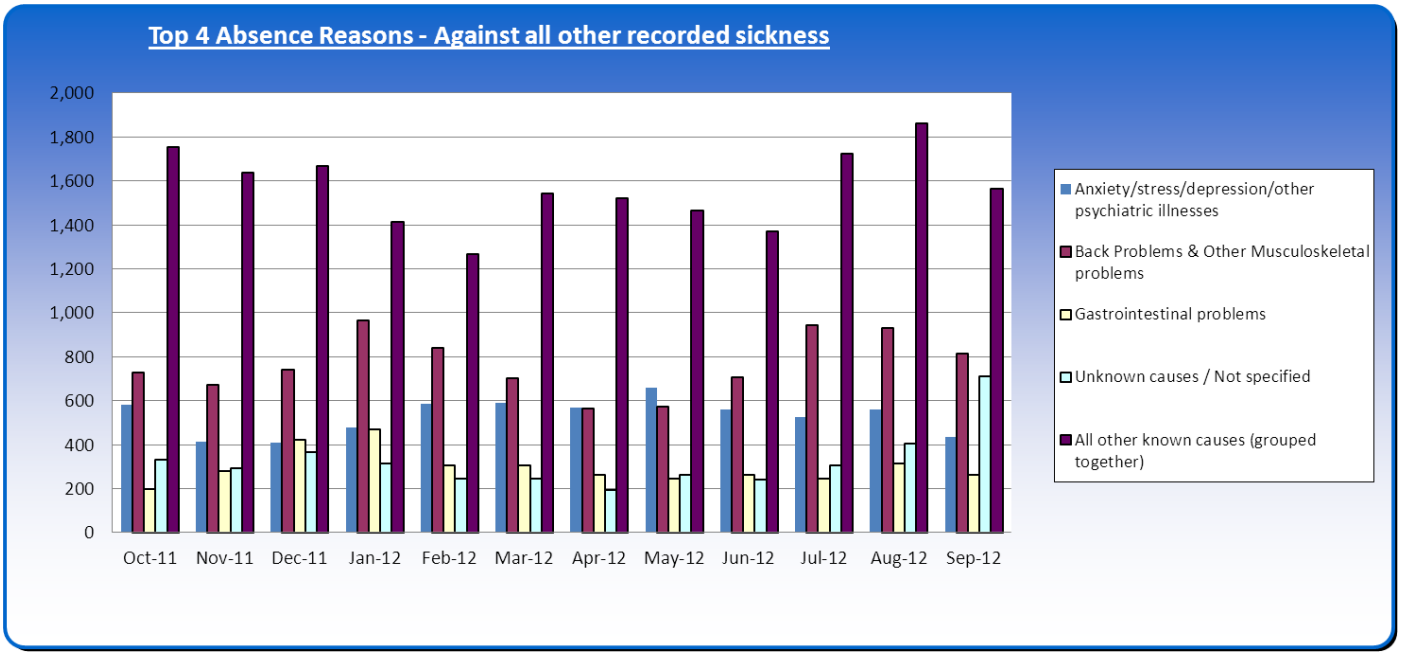
The September 2012 Trust absence figure is 4.97% (amber) which represents an initial decrease on the August 2012 figure of 5.1% (red). It should be noted that when re-run, following late 'last day of absence' entries onto ESR, the revised figure for August 2012 is 4.62% (amber). As such, a similar decrease in the September 2012 figure can be anticipated (see (2) below):

3.1 Sickness Absence

Absence Reasons

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

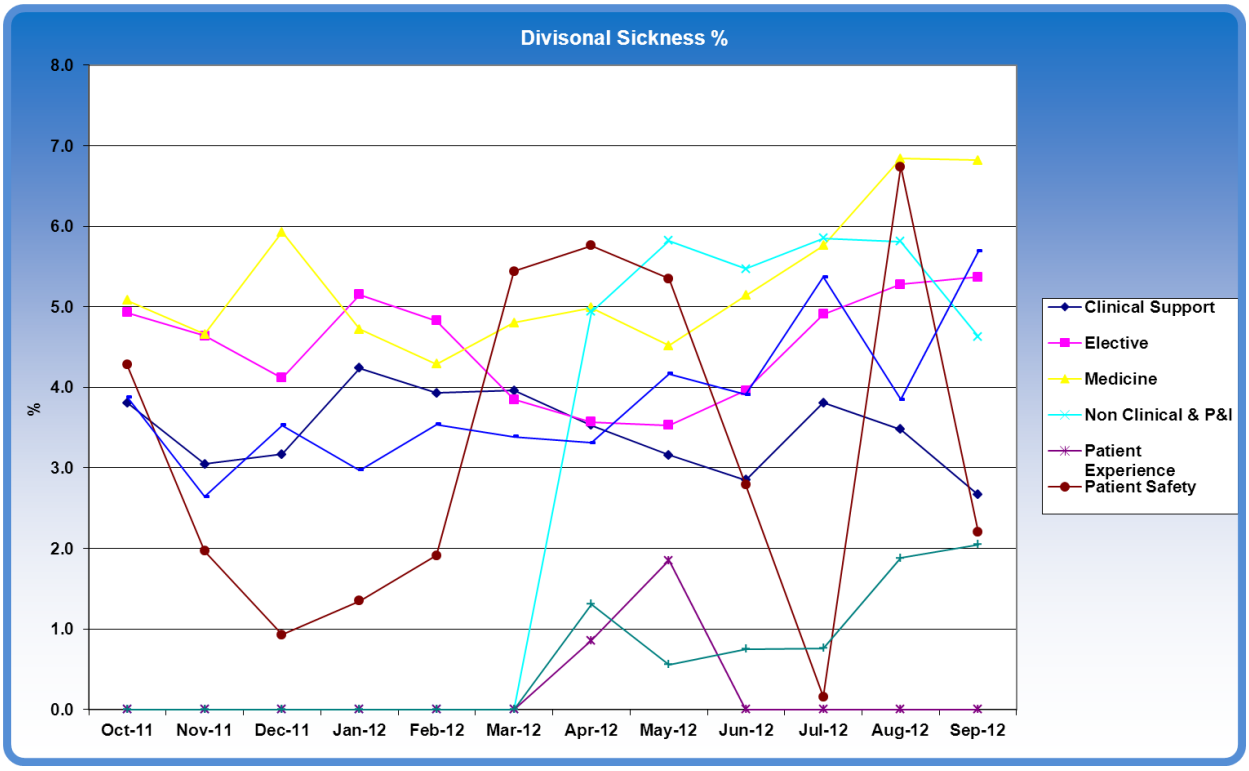
Long Term Sickness has increased this month with the number of staff currently off for more than 28 days of 93.



Sickness Absence Rate

Headline Measure: % Absence rate by staff group over the last 12 months

The target for the spring and summer months was for sickness to reduce to 3.5%. However, the rate remains at the winter levels of around 4.5 – 5.5%.



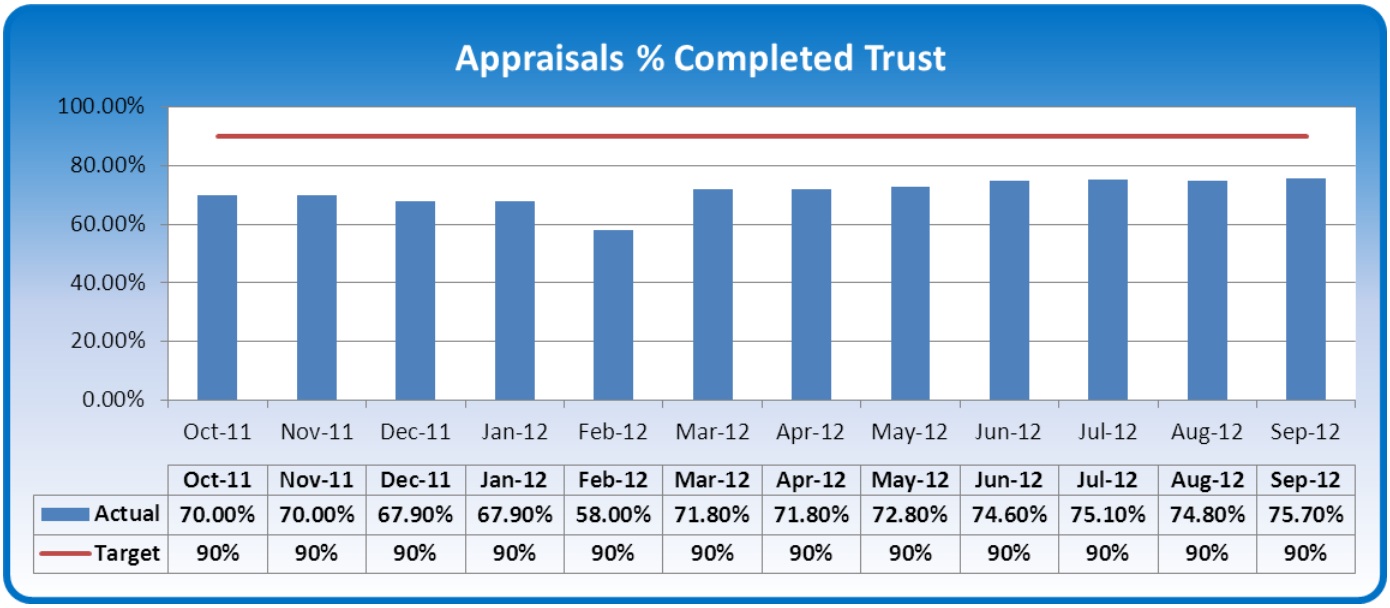
In order to help address the current absence rates, the reasons for which will be many and varied in the current climate, the following remedial action has been undertaken/is planned:

(1) The Top 50 sickness absence reporting methodology has been extended. The most recent reports concentrating on those Top 50 individuals with the highest (a) total %age absence over the previous 12 months and (b) total periods of absence over the previous 12 months, have now been produced at 'divisional' level. This is based on the 'old' divisional structure as the new structure, following the management review, is yet to be reflected in the ESR reporting infrastructure. For smaller areas, such as Women & Children, a 'Top 25' report has been produced. The '%age' report incorporates an indication of whether the employee (who may well have since returned to work) is on (or will be 'on', if absent again in the near future) full pay/half pay/no pay. The initial recipients of these reports, distributed this month, are the Divisional HR Business Partners whom together, with Divisional Management, OH & Staff Side Representatives will use this as the focus for addressing the most significant cases over the coming months (whilst remaining sensitive to the extremely complex conditions and circumstances that may arise in certain cases).

(2) Those staff responsible for entering absence data onto ESR will be reminded via WIS of the importance of timely and accurate data entry. Monthly absence figures are produced on or around the 15th of the month following the month in question, which should give plenty of time to ensure all 'in month' Return to Work dates are entered. The Trust Managing Attendance Policy requires entry with 2 working days to ensure that declared monthly figures are not negatively 'skewed'.

(3) Following a recent internal audit report, the current Managing Attendance Policy will be reviewed and amended if necessary to help ensure compliance. One of the key areas seen as conducive to effective absence management is the 'Return to Work' interview and the report reveals that adherence to this policy/process requirement is inconsistent. It is anticipated that once the review is undertaken a campaign via Team Brief, Quest, etc will be launched to remind all staff of their obligations in this area.

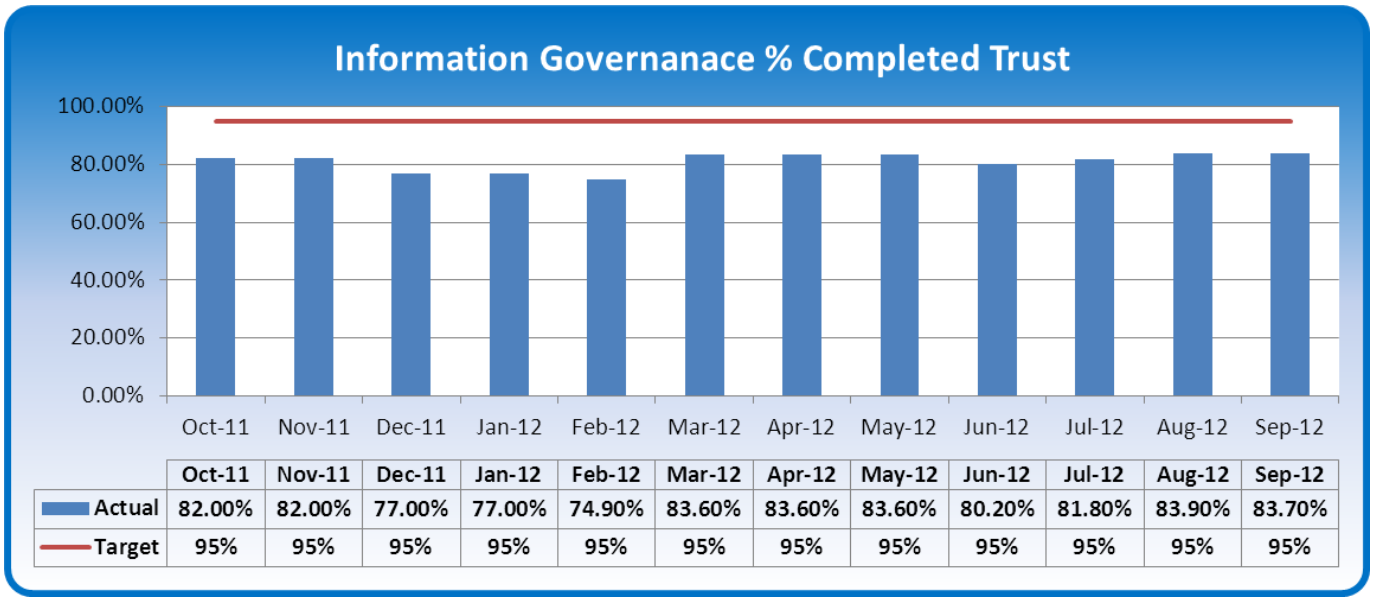
3.2 Appraisals % Complete Trust



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Actual	70.00%	70.00%	67.90%	67.90%	58.00%	71.80%	71.80%	72.80%	74.60%	75.10%	74.80%	75.70%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Appraisals Continue to show a steady increase, up from 74.9% last month to 75.7% this month. This upward trend is expected to continue but it will be several months before the target of 90.0% is reached.

3.3 Information Governance Training % Complete Trust



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Actual	82.00%	82.00%	77.00%	77.00%	74.90%	83.60%	83.60%	83.60%	80.20%	81.80%	83.90%	83.70%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Information Governance remains much the same as last month, down from 83.9% last month to 83.7% this month. The IG team continue to monitor and send compliance reports to departmental managers on a monthly basis.

4 PERFORMANCE AND STANDARDS

Overall the Trusts performance in September 2012 was excellent against Monitor's Compliance Framework Targets with 7 targets achieved in month.

The report now includes a number of additional operational key performance indicators. These are as follows;

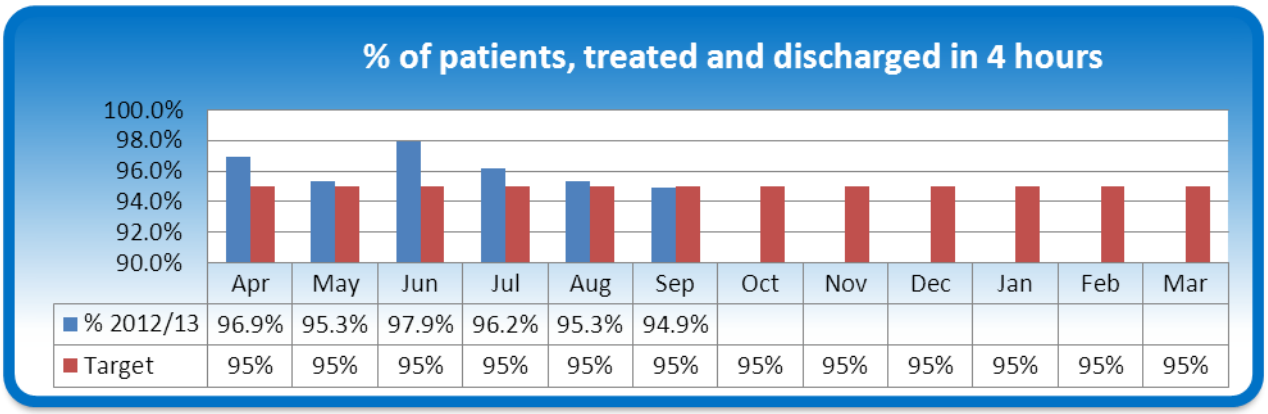
- Day case rate
- British Association of Day Surgery (BADS Rate) – Basket of 25 procedures
- New to review ratio
- Elective Average Length of Stay
- Emergency Average Length of Stay

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 94.9% for September 2012. Quarter 2 2012/13 performance finished at 95.5% which means that the trust achieved the quarter.



	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%						
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

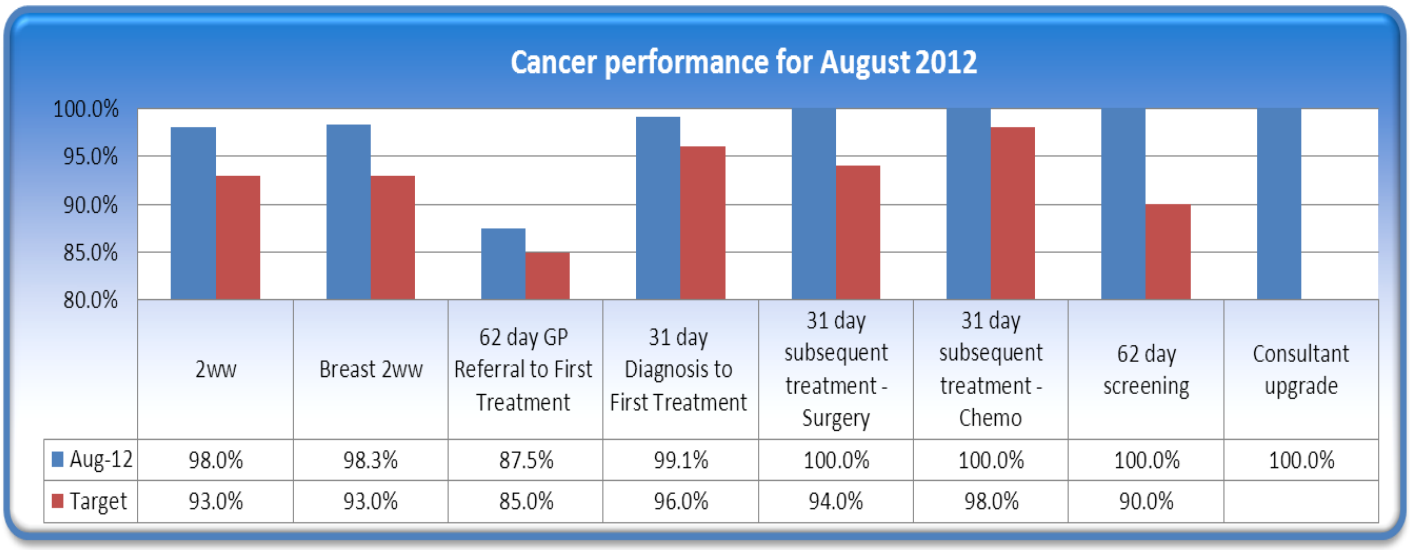
Accident and Emergency 2012-13 Quarter 2 (includes w/e 08/07/2012 to 30/09/2012)	Percentage in 4 hours or less (all)
ENGLAND	96.9%
Hinchingbrooke Health Care	98.8%
Luton & Dunstable Hospital	98.7%
James Paget University Hospitals	98.4%
East & North Hertfordshire	97.0%
Bedford Hospital	96.4%
Colchester Hospital University	96.3%
West Hertfordshire Hospitals	96.2%
Norfolk & Norwich University Hospitals	96.0%
Cambridge University Hospitals	96.0%
West Suffolk Hospitals	96.0%
Mid Essex Hospital Services	95.8%
The Queen Elizabeth Hospital King's Lynn	95.4%
Basildon & Thurrock University Hospitals	95.3%
Ipswich Hospital	95.2%
Southend University Hospital	95.2%
Peterborough & Stamford Hospitals	94.5%
Princess Alexandra Hospital	93.8%

4.2 Cancer

Cancer reporting 2012/13

Ensuring Better Treatment:
Going Further on Cancer Waits

The Trust has passed all Cancer targets for August 2012. The trust is on course to achieve all cancer targets for quarter 2.



	2ww	Breast 2ww	62 day GP Referral to First Treatment	31 day Diagnosis to First Treatment	31 day subsequent treatment - Surgery	31 day subsequent treatment - Chemo	62 day screening	Consultant upgrade
Aug-12	98.0%	98.3%	87.5%	99.1%	100.0%	100.0%	100.0%	100.0%
Target	93.0%	93.0%	85.0%	96.0%	94.0%	98.0%	90.0%	

There are 6 operational standards that are applicable to the Trust, 2ww, 62 day standard, 31 day first treatment, 62 day screening, 31 day subsequent for both surgery and chemo. In August 2012, the Trust passed all targets.

As per the Cancer Services Operational Policy, timelines were completed on all patients breaching by the 28th of the following month. These were then submitted to divisions to complete a root cause analysis on each breach.

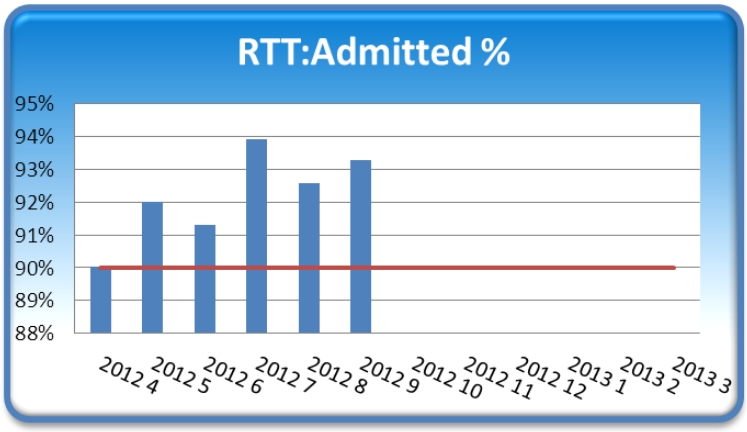
4.3 18 Weeks – RTT Treatment Times & Waiting Times (For Patients Treated In September 2012)

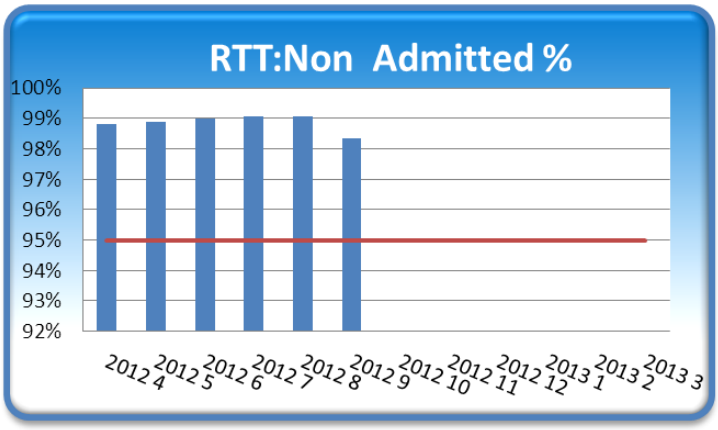
The Trust continues to achieve the 18 week RTT waiting times for admitted and non-admitted patients. As reported in last month's report a Contract Performance Notice was received from NHS Norfolk in respect of operational performance against the orthopaedics specialties performance against this target. The Trust responded to this Performance Notice with an Excusing Notice and a trajectory of recovery of 90% which the Trust have achieved.

RTT: Admitted and Non Admitted

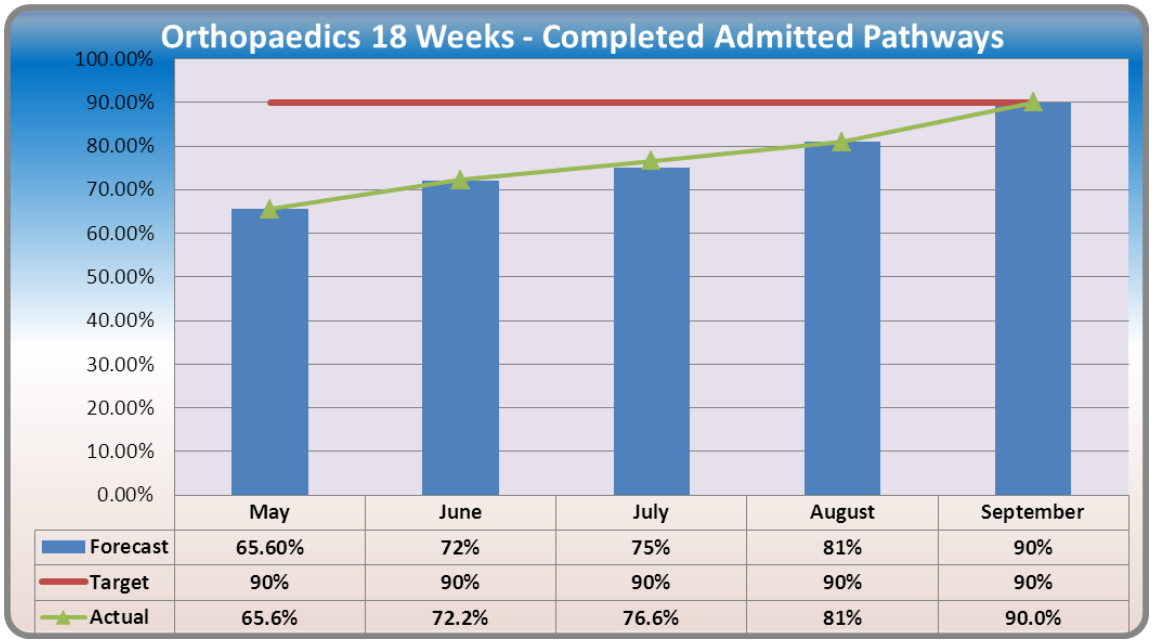
Referral to treatment waiting times – admitted (90% Target within 18 Weeks.)
Referral to treatment waiting times – non-admitted (95% Target Within 18 Weeks)

The Trust continues to achieve the 18 week RTT waiting times for admitted and non-admitted patients.





The current position for Orthopaedics has reached the agreed commissioner trajectory and national target of 90%, achieving 90%.



	May	June	July	August	September
Forecast	65.60%	72%	75%	81%	90%
Target	90%	90%	90%	90%	90%
Actual	65.6%	72.2%	76.6%	81%	90.0%

The tables below show benchmarked data produced by the Department of Health and show the Trusts performance in relation to other Eastern Hospitals with regards to waiting times.

Title: Referral to Treatment (RTT) Waiting Times
Summary: Monthly Referral to Treatment (RTT) waiting times for completed admitted pathways (on an adjusted basis).
Period: April 2012
Source: Unify2 data collection - RTT
Basis: Provider

Provider Level Data

SHA Code	Org Code	Provider Name	Average (median) waiting time (in weeks)	95th percentile waiting time (in weeks)	% within 18 weeks
Q35	5PT	SUFFOLK PCT	4.2	12.5	100.0%
Q35	RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	12.1	30.1	83.2%
Q35	RC1	BEDFORD HOSPITAL NHS TRUST	8.1	19.6	93.8%
Q35	RC9	LUTON AND DUNSTABLE HOSPITAL NHS FOUNDATION TRUST	6.7	22.8	91.5%
Q35	RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TR	7.0	22.6	90.0%
Q35	RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION	9.3	23.2	92.0%
Q35	RDE	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	11.5	21.5	91.5%
Q35	RGM	PAPWORTH HOSPITAL NHS FOUNDATION TRUST	8.2	20.3	93.2%
Q35	RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUS	8.6	22.9	86.4%
Q35	RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6.8	32.5	82.5%
Q35	RGQ	IPSWICH HOSPITAL NHS TRUST	9.6	22.9	90.7%
Q35	RGR	WEST SUFFOLK NHS FOUNDATION TRUST	5.4	15.5	100.0%
Q35	RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	8.9	25.3	85.6%
Q35	RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION T	8.9	24.7	87.1%
Q35	RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	9.5	19.3	93.9%
Q35	RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	7.7	17.7	96.1%
Q35	RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	7.3	18.9	93.5%
Q35	RRD	NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST	-	-	0.0%
Q35	RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	9.2	21.5	90.9%
Q35	RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	7.6	22.8	92.8%

Title: Referral to Treatment (RTT) Waiting Times
Summary: Monthly Referral to Treatment (RTT) waiting times for completed non-admitted pathways.
Period: April 2012
Source: Unify2 data collection - RTT
Basis: Provider
Published: 21st June 2012

Provider Level Data

SHA Code	Org Code	Provider Name	Average (median) waiting time (in weeks)	95th percentile waiting time (in weeks)	% within 18 weeks
Q35	5PT	SUFFOLK PCT	6.6	13.7	100.0%
Q35	RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	3.9	13.0	98.6%
Q35	RC1	BEDFORD HOSPITAL NHS TRUST	4.3	13.9	98.2%
Q35	RC9	LUTON AND DUNSTABLE HOSPITAL NHS FOUNDATION TRUST	2.1	13.6	97.8%
Q35	RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	4.6	14.2	99.0%
Q35	RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6.5	17.9	95.1%
Q35	RDE	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	6.6	15.8	97.9%
Q35	RGM	PAPWORTH HOSPITAL NHS FOUNDATION TRUST	6.2	14.3	98.1%
Q35	RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	4.6	16.0	97.1%
Q35	RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4.1	16.5	98.0%
Q35	RGQ	IPSWICH HOSPITAL NHS TRUST	5.0	14.6	98.7%
Q35	RGR	WEST SUFFOLK NHS FOUNDATION TRUST	4.0	12.3	100.0%
Q35	RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4.9	15.3	97.8%
Q35	RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3.3	14.9	97.1%
Q35	RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	1.7	13.7	98.3%
Q35	RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	3.9	12.0	98.8%
Q35	RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	4.0	16.3	97.5%
Q35	RRD	NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST	4.2	10.5	99.5%
Q35	RT1	CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	-	-	100.0%
Q35	RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	3.2	14.2	97.9%
Q35	RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	5.0	14.8	98.0%
Q35	RWN	SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	-	-	100.0%
Q35	RY3	NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST	4.7	19.4	94.0%
Q35	RY4	HERTFORDSHIRE COMMUNITY NHS TRUST	1.9	10.8	100.0%
Q35	RYV	CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST	6.5	16.6	97.0%

4.4 Stroke Services

Stroke Services

Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit
Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours.

The Trust continues to achieve the two key measures for the Stroke pathway

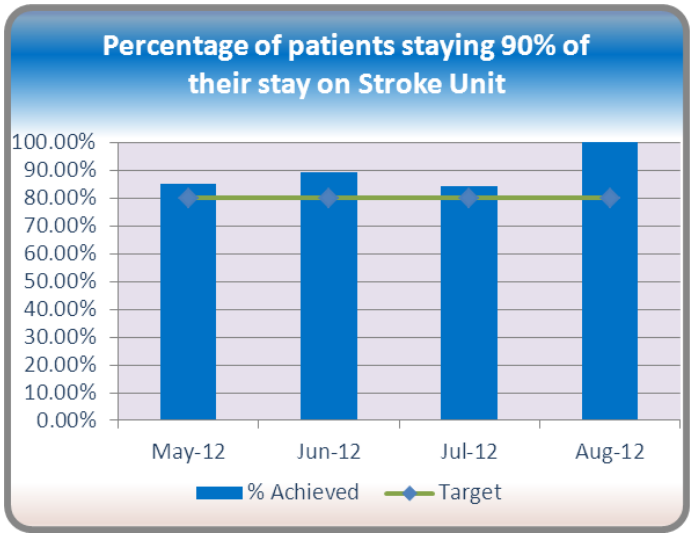
While stroke targets are not included within the 2012/13 Monitor compliance Framework, there are 2 targets being measured within the contract. These are:-

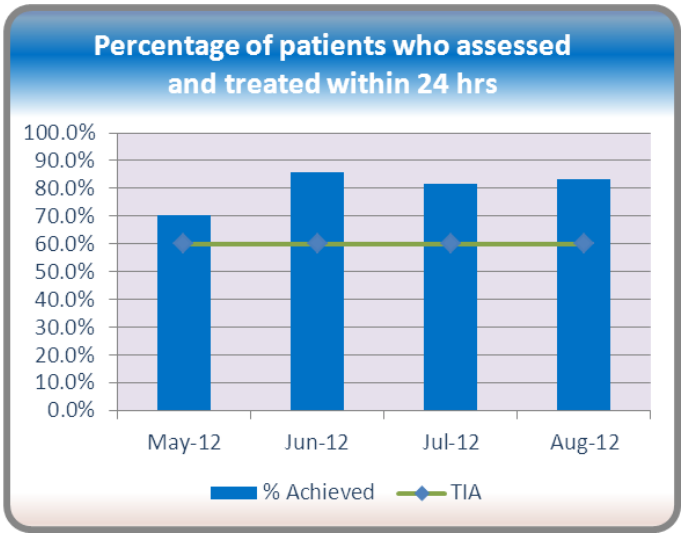
Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit. The position for the Trust on this at the end of August is 100% against a national target of 80%.

- This equates to 51 patients achieved out of 51 (100%)

Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours. The position at the end of August is 83.3% against a national target of 60%.

- This represents - 25 Patients achieved out of a total of 30 (83.3%)





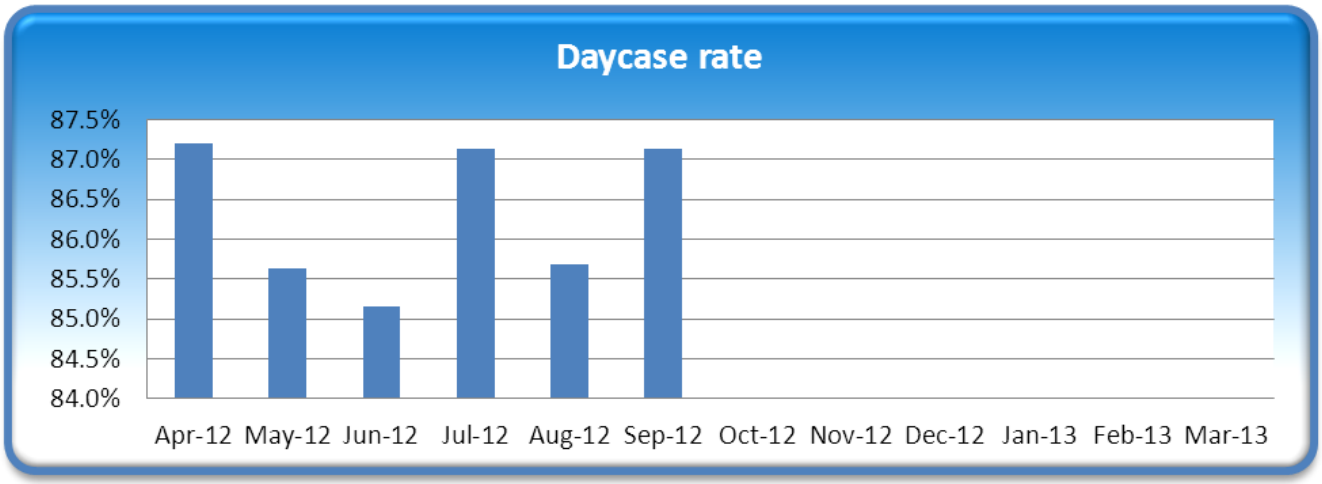
Ref	Indicator	Targ	Apr-1	May-1	Jun-1	Jul-1	Aug-1
SQU06_01	Stroke Indicator – Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	80%	84.9%	85.1%	89.1%	84.1%	100.0%
	EOE Indicator	80%	83.4%	84.6%	82.3%	82.7%	86.3%
SQU06_02	Stroke Indicator – Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours	60%	64.7%	71.4%	85.7%	81.8%	83.3%
	EOE Indicator	60%	56.1%	58.2%	62.5%	68.2%	59.1%

4.5 Operational Efficiency Indicators

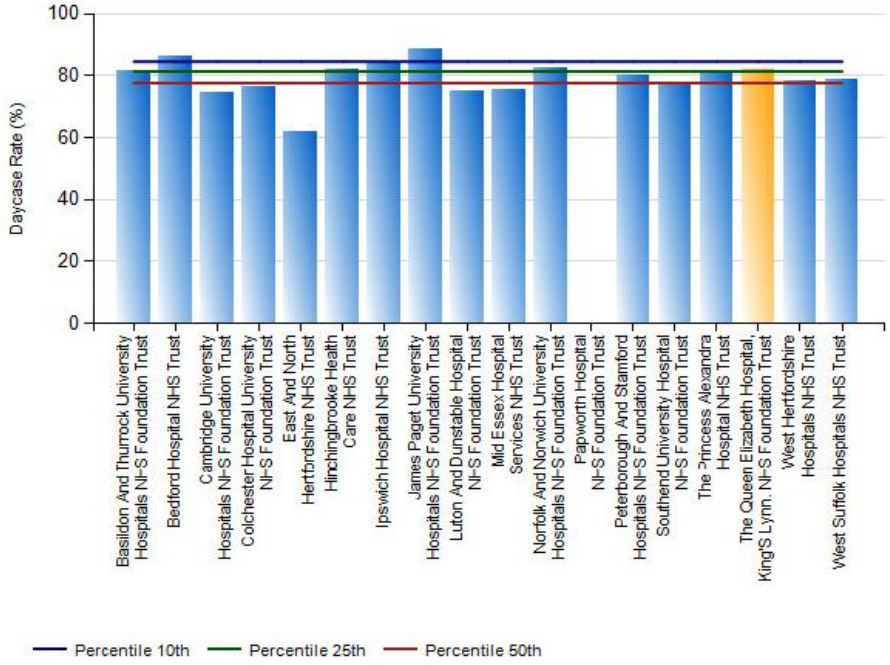
Day Case Rate

The number of day cases undertaken at the Trust as a percentage of total elective activity

The Trust continues to achieve a high volume of day case activity in comparison to elective activity with a number of additional lists being undertaken within the Day Surgery Unit to support the Trusts financial position



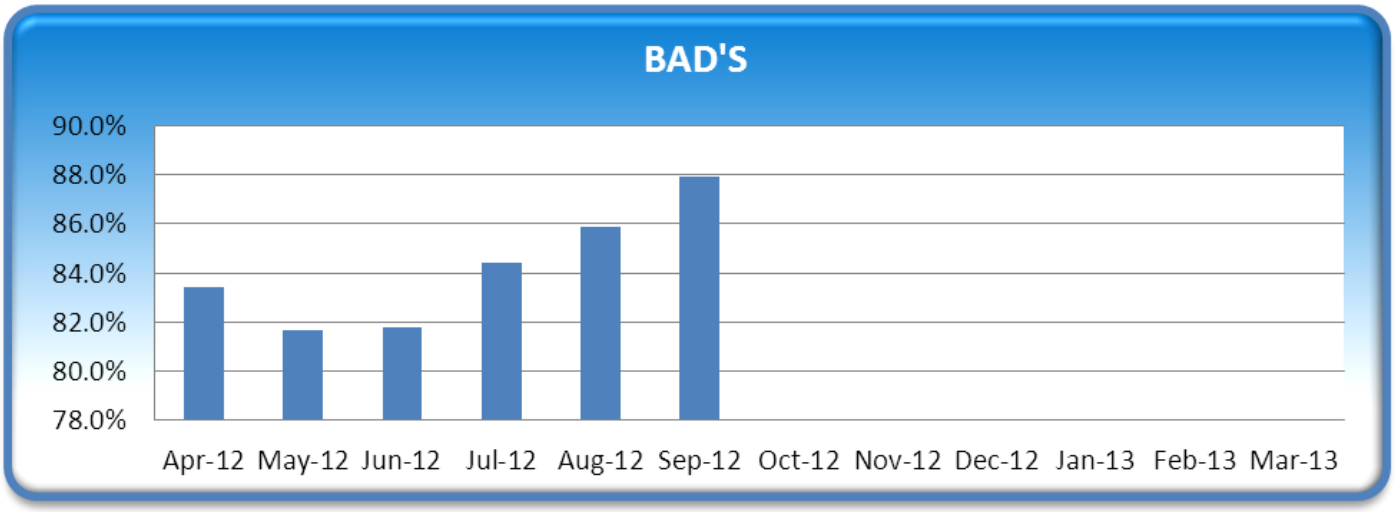
The graph below benchmarks our performance against other Eastern providers. This puts us fourth highest in the region.



BADs

The Audit Commissions recommended basket of 25 surgical procedures that should be performed in a day case setting.

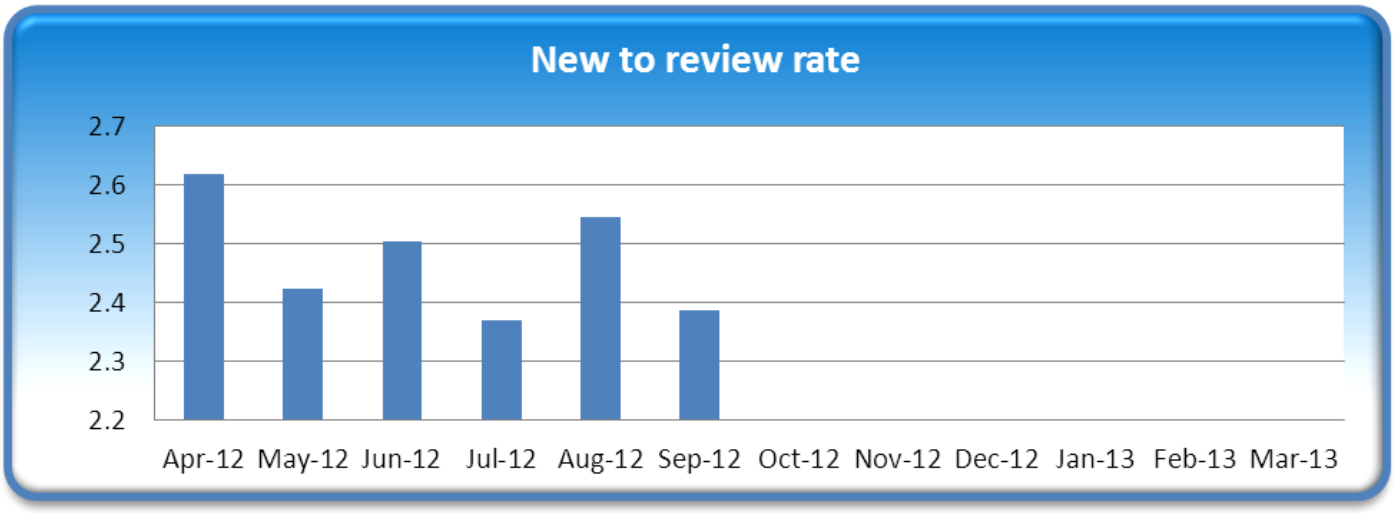
The Trusts current Basket of Procedure rate is 87.9%, against an audit commission recommended level of around 80%



New to review rate

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

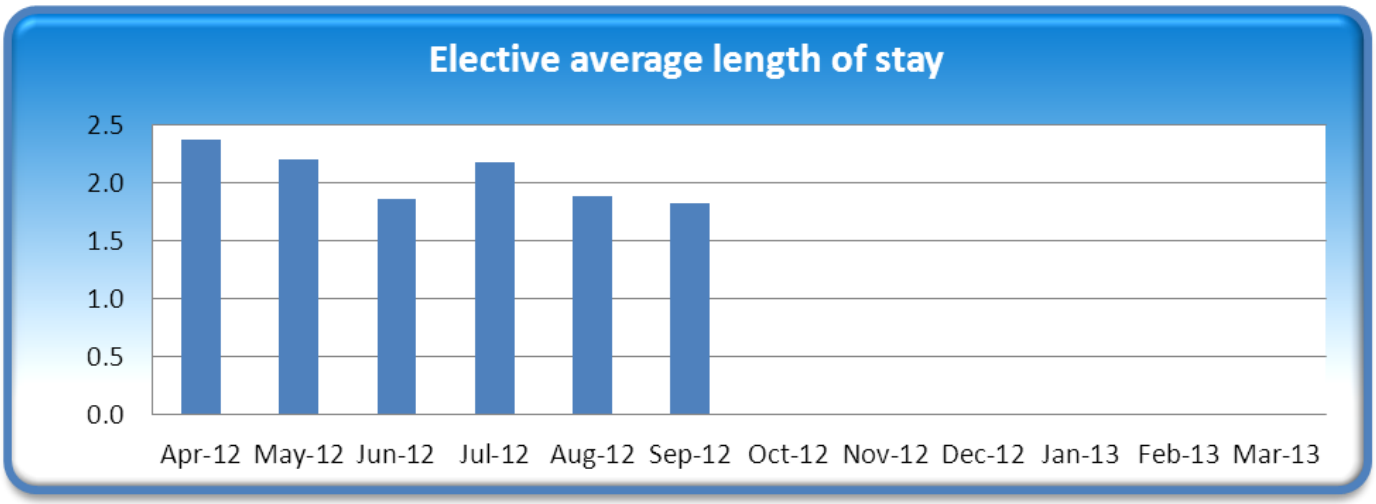
The Trust's new to review ratio is 2.4, this is slightly above the contracted target of 2.3. The trend is downwards from the start of the year, which is to be expected with the organisations renewed focus on this target.



Elective average length of stay

Average number of days spent in an acute trust for Elective treatment (excluding day case).

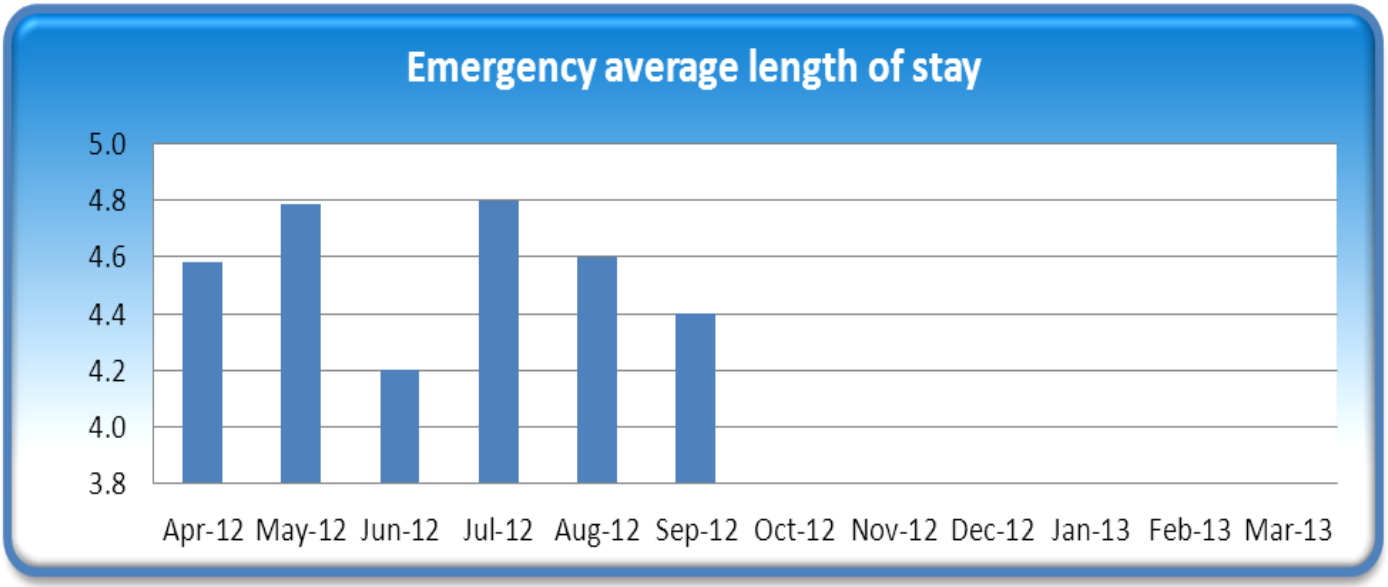
The Length of stay for Elective Care is being targeted with the planned reconfiguration of the surgical beds from the 1st October 2012. This work has resulted in the reduction seen below.



Emergency average length of stay

The Average number of days spent in an acute trust for Emergency treatment.

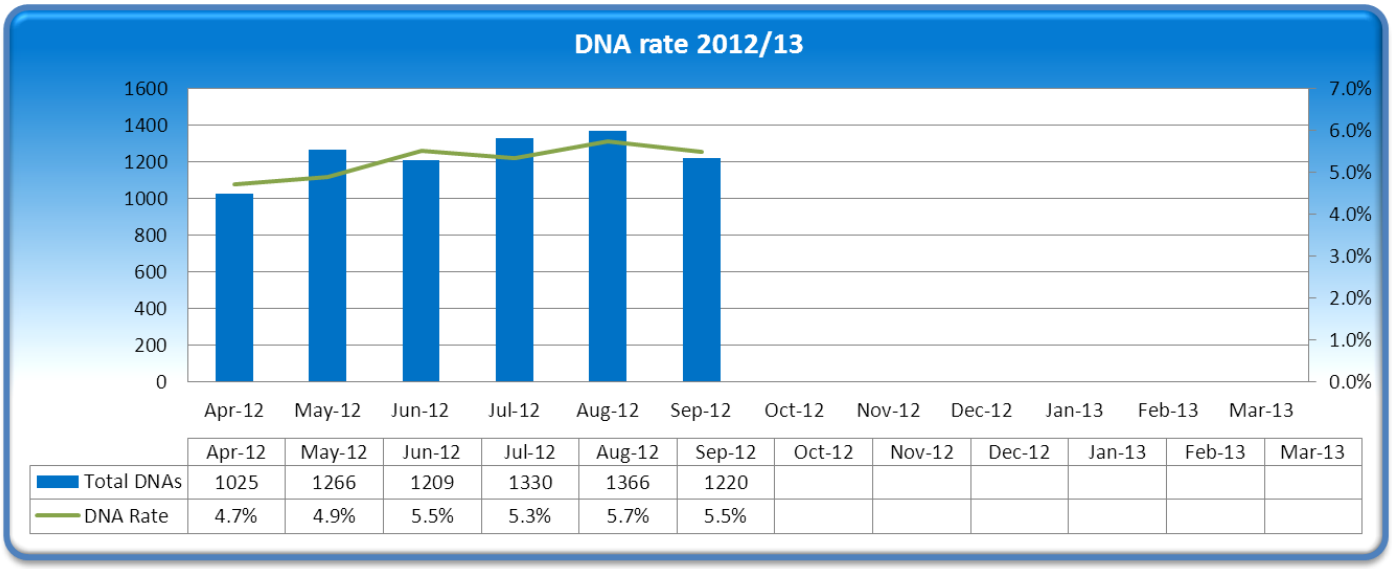
The Length of stay for Emergency Care is being targeted by POD19 with the closure of a ward last month and the planned future reconfiguration of the ward base at the Trust. The reduction that has been achieved can be seen on the graph below.



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



	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	1025	1266	1209	1330	1366	1220						
DNA Rate	4.7%	4.9%	5.5%	5.3%	5.7%	5.5%						

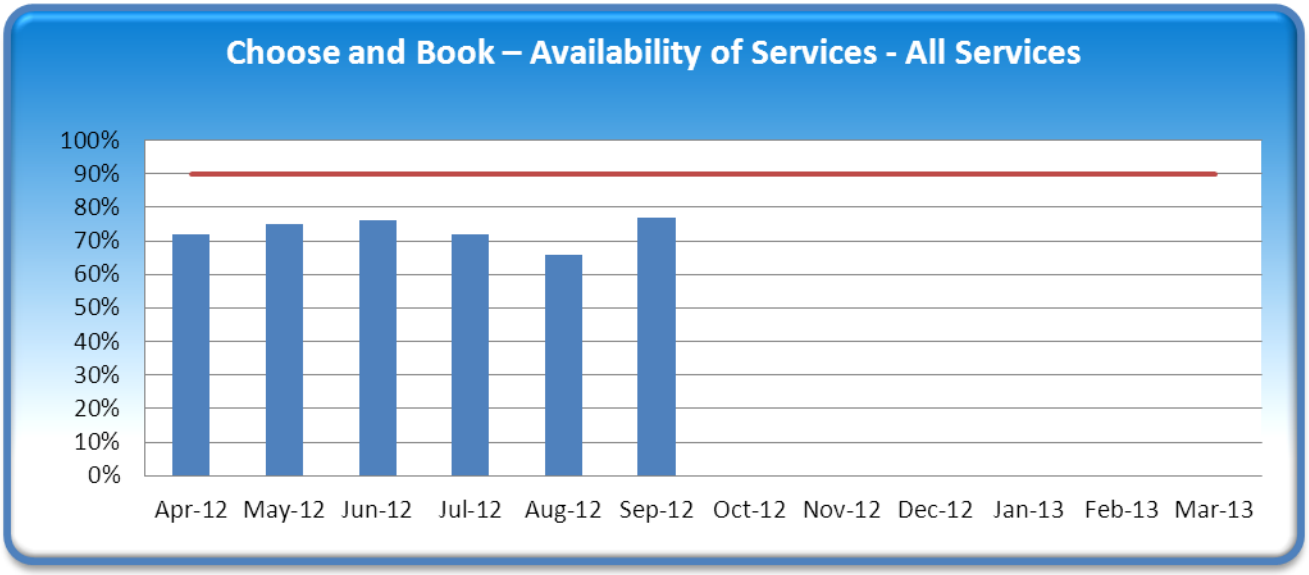
4.6 Choose and Book

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 5%

The Trust currently has 77% of its services available through Choose and Book. The Chief Executive and the Medical Director have written to all clinicians to confirm that outpatient templates will be reviewed as part of the job planning exercise over the next 6-8 weeks to maximise availability of C&B slots and the OP policy has been updated to ensure unused C&B slots are filled.



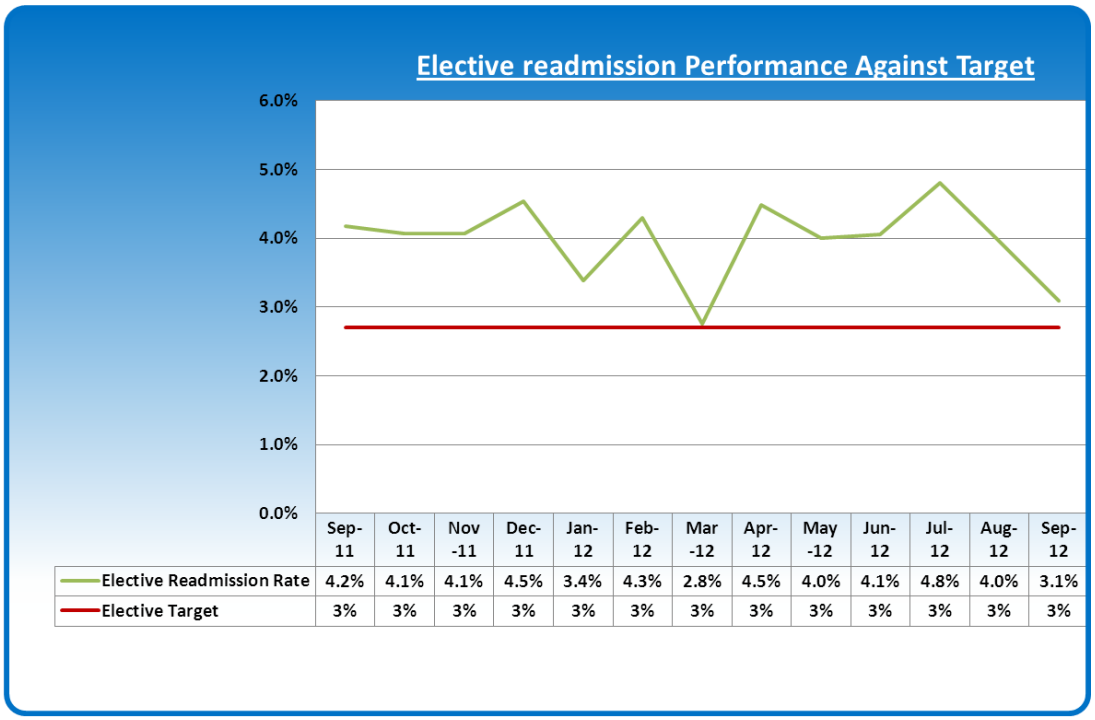
Month	Choose and Book – Availability of Services - All 2WW Services	Choose and Book – Availability of Services - All Services		Choose and Book – Availability of Appointment slots	
	QEH	National	QEH	National	QEH
Target	90%	90%		< 0.05 (5%)	
Apr-12	100%	51%	72%	0.09	0.19
May-12	100%	50%	75%	0.10	0.23
Jun-12	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					
Nov-12					
Dec-12					
Jan-13					
Feb-13					
Mar-13					

Readmission Rates – Emergency and Elective

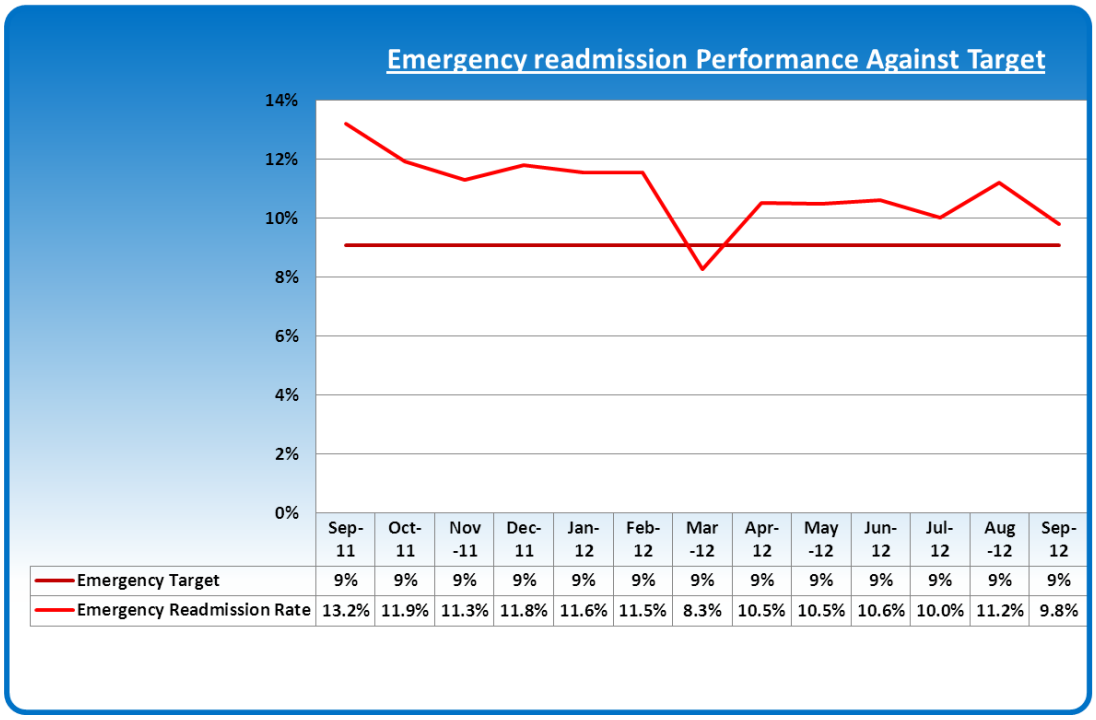
Readmission rate

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

The Elective Readmission rate for September was 3.1% which was above its target of 2.7%. Emergency readmissions for September were above target, with a performance of 9.8% against a target of 9.1%. Elective readmissions rate have fallen 1% over the previous year and the current trend is downwards. Emergency rates have fallen 2%.



	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
Elective Readmission Rate	4.2%	4.1%	4.1%	4.5%	3.4%	4.3%	2.8%	4.5%	4.0%	4.1%	4.8%	4.0%	3.1%
Elective Target	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%



	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
Emergency Target	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%
Emergency Readmission Rate	13.2%	11.9%	11.3%	11.8%	11.6%	11.5%	8.3%	10.5%	10.5%	10.6%	10.0%	11.2%	9.8%

5 FINANCE & INVESTMENT

For the month the Trust achieved an EBITDA of £453k against a planned EBITDA of £661k, an adverse variance of £208k. For the month the Trust reported a net deficit of £202k against a planned surplus of £26k, an adverse variance of £228k. The Trust EBITDA margin was 3.4% against a planned EBITDA margin of 4.9%, 1.5% below plan.

Combined elective inpatient and daycase income was marginally over the original plan for the month but there is still not any catch up on the prior month's underperformance. Outpatient activity for the month was significantly below plan and is the main driver for clinical income being £152k below plan for the month. Non elective activity was also lower than expected in the month causing a further £136k reduction in clinical income. Direct Access income over performed by £104k, although improved recoding generated £80k of this as a one off benefit in the month.

Pay was overspent in the month by £53k and non pay by £136k. The non pay overspend was generated by underachievement of BSP savings

Year to date the Trust has achieved an EBITDA of £3,600k against a plan of £4,140k, an adverse variance of £540k. The Trust reported a surplus of £80k against a planned surplus of £583k, an adverse variance of £503k. Year to date the Trust EBITDA margin is 4.4% against a plan of 5.0%, 0.6% below plan.

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. Current EBITDA of £3,600k is £591k greater than EBITDA at Q2 2011/12.

In compiling the forecast, during the month the Executive Team has carried out a baseline financial review of clinical income, forecast operational expenditure run-rates and BSP. The summarisation of the EBITDA Forecast Movement (month 5 to month 6) is shown below:

2012/13 forecast EBITDA at month 5	£8.1m
Improvement in Clinical Income Forecast	+£0.3m
Improvement in operation expenditure run-rates	+£0.3m
Improvement in BSP savings forecast	+£0.1m
2012/13 forecast EBITDA at month 6	£8.8m

An EBITDA of £8.8 in line with original plan and delivers an FRR 3 for 2013/14

Assertive management action is being undertaken to deliver the forecast "catch-up" of clinical activity so as to achieve speciality income plans, to deliver the original BSP savings plans and to deliver the improvement in forecast operational expenditure run-rates. Plans are in place to achieve and monitor the achievement over the coming months.

6 Reference/contacts

6.1 Further information can be obtained from:

6.1.1 Barbara Cummings
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The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

Declaration of performance against healthcare targets and indicators

Targets as per Compliance Framework 2012/13		Threshold	2012/13 CF Weighting	Annual Plan 2012/13	Apr-12		May-12		Jun-12		Quarter 1		Jul-12		Aug-11		Sep-11	
					Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight
C.difficile year on year reduction		30	1.0		1		5		1		7		1		1		1	
MRSA - meeting the MRSA objective		1	1.0		0		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%		100.0%		100.0%		100.0%		n/a	
	Surgery	94%	1.0		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		n/a	
	Radiotherapy (from 1 January 2011)	94%	1.0		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
All cancers: 62-Day Wait For First Treatment	From Consultant Screening Service Referral	90%	1.0		100.0%		93.8%		92.3%		95.2%		100.0%		100.0%		n/a	
	Urgent GP Referral To Treatment	85%	1.0		90.5%		81.5%	1	90.7%		86.4%		82.5%	1	87.5%		n/a	
A&E: Total time in A&E 95% Patients withing 4 Hr Target		95%	1.0		96.9%		96.1%		96.7%		96.7%		96.2%		95.2%		94.9%	1
Referral to treatment waiting times – admitted (90% Target within 18 Weeks		90%	1.0		90.0%		92.0%		91.3%		91.1%		93.9%		92.6%		n/a	
Referral to treatment waiting times – non-admitted (95% Target Within 18 Weeks)		95%	1.0		98.8%		98.9%		99.0%		98.9%		99.1%		99.1%		n/a	
Referral to treatment waiting times – Incomplete (92% Target Within 18 Weeks)		92%	1.0		94.4%		94.2%		93.3%		94.0%		93.9%		95.9%		n/a	
31-Day (Diagnosis To Treatment) Wait For First Treatment	All cancers	96%	0.5		99.0%		100.0%		99.0%		99.4%		100.0%		99.1%		n/a	
Two week wait from referral to date first seen	All cancers	93%	0.5		94.4%		95.9%		97.1%		95.8%		97.4%		98.0%		n/a	
	For symptomatic breast patients (cancer not initially suspe	93%	0.5		98.6%		98.0%		94.0%		97.1%		100.0%		98.3%		n/a	
Thrombolysis within 60 minutes (where this is the preferred local treatment)		68%	0.5		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
Screening all elective in-patients for MRSA		100%	0.5		100%		100%		100%		100%		100%		100%		100%	
Care Programme Approach (CPA) patients	Follow up contact within 7 days of discharge	95%	0.5		n/a		n/a		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		n/a		n/a	
Minimising delayed transfer of care		<=7.5%	1.0		1.6%		2.0%		2.6%		2.0%		2.4%		2.1%		2.0%	
Admissions had access to crisis resolution home treatment teams		90%	1.0		n/a		n/a		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		n/a		n/a	
Data completeness: identifiers		99%	0.5		n/a		n/a		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		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		n/a		n/a	
Self certification against compliance with requirements regarding access to healthcare for people with a learning dis		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 condition(s) (or as subse		N/A	4.0															
Does the Trust have outstanding compliance actions applied by the CQC ?				YES	1	1												
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																		
				Rating		1		1						1				1