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: **November 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 October 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). This is due to A&E performance being below the required standard. The Trust is forecasting 1 at the end of quarter 3, however escalation has commenced to address improved performance in this area.

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 (Amber / Green) and that the forecast for the end of quarter 3 is currently 1.
c) Note that the A&E 4 Hour Target was not achieved for the latest month.
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: 14 November 2012

Quality & Risk Dashboard Oct 12

Indicator	Target	Current Month	YTD	Trend
1.1 Crude Mortality	19	16.7	17.0	
1.2 RAMI	75.7	80	85	
1.3 SHMI*	100	99.7	99	
1.4 Net Promoter - Friends & Family Survey Percentage	0.71	0.49		
1.4 Net Promoter - Friends & Family Survey Footfall	10%	13.1%		
1.8 MRSA	1 (YTD 1)	0	0	
1.9 CDIFF	2 (YTD 25)	2	12	
1.10 Serious Incidents Reported	0	14	50	
1.11 Never Events Reported	0	0	5	
1.12 Serious Medication Errors	0	0	0	
1.13 Falls Resulting in Serious injury	0	2	6	
1.14 Pressure Ulcers - Grade 3 H.A	0	12	38	
1.15 Pressure Ulcers - Grade 4 H.A	0	0	1	
1.16 Number of MSA Breaches (Number of Patients)	0	2	11	
1.17 Clinical Complaints	N/A	40	245	
1.18 Non-Clinical Complaints	N/A	11	31	
1.19 Compliments	N/A	97	693	
1.20 Clinical Complaints - Communication	-5% vs 11/12	13 (160% Increase)	94 (27% Increase)	
1.21 Clinical Complaints - Staff Attitude	-5% vs 11/12	11 (83% Increase)	60 (-8% Decrease)	
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 Jan - Dec 2011

CQC Concerns

CQC Concern Regarding Outcome 21

Workforce Oct 12

Indicator	Target	Current Month	YTD	
4.1 Sickness Absence Rate	3.7%	5.3%	4.3%	
4.2 Staff Turnover Rate	10.0%	8.5%	8.3%	
4.3 Appraisal Completeness %	90.0%	77.1%	73.7%	
4.4 Fire Training	70.0%	86.8%	80.0%	
4.5 Infection Control Training	70.0%	81.2%	75.0%	
4.6 Resuscitation Training	70.0%	81.6%	81.0%	
4.7 Safeguarding Children Training	80.0%	89.0%	86.0%	
4.8 Safeguarding Adults Training	70.0%	96.5%	94.0%	
4.9 Information Governance Training	95.0%	84.1%	83.0%	
4.10 Nurse Vacancies (as % of Nurse Posts)		7.9%	6.8%	
4.11 Medical Vacancies (as % of Medical Posts)		5.2%	4.9%	
4.12 Contracted People in Post	2751.1	2542	2603	
4.13 Temporary Staff in Post	139	157	149	

Performance & Standards Oct 12

Indicator	Target	Current Month	YTD	Trend
3.1 Monitor Compliance Framework Score	0	1	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%	85.3%	85.8%	
3.7 Urgent GP Cancer - 2 Week Wait*	93%	97.9%	96.6%	
3.8 Cancer - 31 Days Diagnosis to Treatment*	96%	99.7%	99.5%	
3.9 A&E 4 Hour Attendance	95%	92.5%	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%	85.7%	88.1%	
3.13 Stroke - High Risk TIA treated in 24 Hrs*	60%	77.8%	76.2%	
3.14 Cancelled Ops	0.8%	1.2%	0.9%	
3.15 Readmission Rate - Elective	3%	3.1%	4.1%	
3.16 Readmission Rate - Emergency	9%	9.7%	10.9%	
3.17 Diagnostic Over 6 Week Waiters	1%	0.2%	0.1%	

Operational Efficiency

Indicator	Target	Current Month	YTD	Trend
3.18 Day Case Rate	82%	87.3%	84.2%	
3.19 Basket of Daycase Procedures	80%	88.0%	83.1%	
3.20 New to Review Rate	2.3	2.3	2.5	
3.21 DNA Rate	5%	6.6%	5.3%	
3.22 EL LOS	2.2	2.3	2	
3.23 EM LOS	5	4.9	4.6	
3.24 Total LOS	4.3	4.5	4.3	

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

Finance & Investment Oct 12

NHS Clinical Revenue (Excl Non PbR Drugs) By Point of Delivery	Current Period					
	ACTIVITY			FINANCE		
	Actual	Plan	Variance	Actual £000s	Plan £000s	Variance £000s
Non-elective In-patients	2,611	2,736	(125)	4,226	4,447	(221)
Non-elective Excess Bed Days	1,222	1,465	(243)	280	332	(52)
Emergency Threshold Cap	0	0	0	(201)	(377)	176
Non-elective Total Income				4,305	4,402	(97)
Out-patients	27,184	27,708	(524)	3,038	3,039	(1)
Day cases	3,055	2,927	128	1,849	1,725	124
Elective In-patients	475	496	(21)	1,016	1,141	(125)
Elective Excess Bed Days	118	96	22	28	23	5
Elective Total Income				1,044	1,164	(120)
A&E	4,712	4,843	(131)	460	488	(28)
Critical Care	746	681	65	558	539	19
Direct Access	48,245	39,887	8,358	546	411	135
CQUIN	0	0	0	288	287	1
Patient Transport	0	0	0	54	26	28
Other	0	0	0	402	491	(89)
Other Clinical Total Income				2,308	2,242	66
Total NHS Clinical Revenue (Excl Non PbR Drugs)				12,544	12,572	(28)

		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	1.1m	↑	1.2m	0.6m	↓	0.7m	0.5m
2.2	EBITDA	8.8m	8.8m	↔	5.3m	4.7m	↓	1.2m	1.1m
2.3	Cash Balance	6.3m	5.1m	↓	8.0m	11.0m	↓	8.0m	11.0m
2.4	BSP - Overall Position	10.2m	6.6m	↔	3.8m	3.0m	↓	0.9m	0.7m

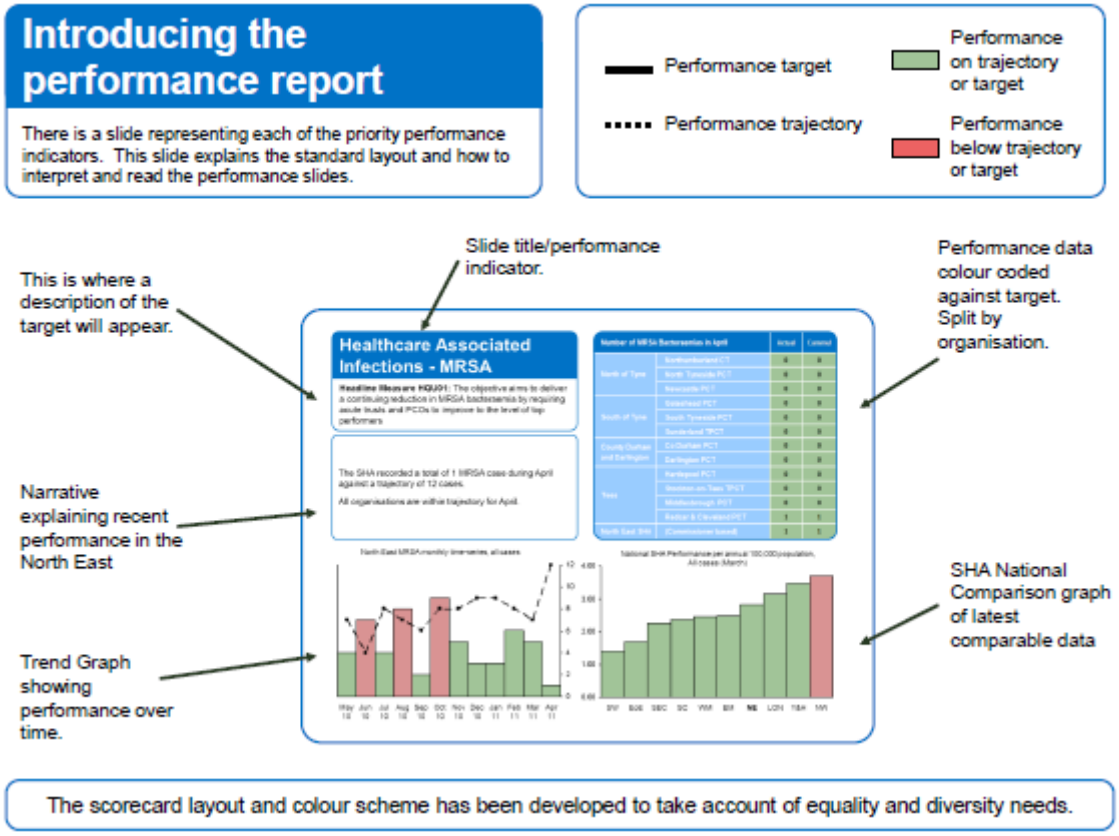
		Full Year Plan	Full Year Forecast	YTD Plan	YTD
2.5	Finance Risk Rating	3	3	3	3

Explaining the Performance Report

This performance report is provided to give an 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 October 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 80 which is above the internal target of 75.7, this is however below the national expected position. The Trust received 40 clinical complaints out of 51 total complaints and 97 compliments across the Trust in the month. The Trust has also reported 12 Grade 3 pressure ulcers in the month, with no Grade 4 being reported.

The Trust has reported 14 serious incidents in the current month, which means that there are now 50 reported year to date. There have previously been reported 36 serious incidents year to date, of which 5 were never events for the current year. An update on those still open is provided within the report.

The Trust has received a copy of the CQC report following a visit in August 2012. It is being reviewed for factual accuracy.

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 (92.5% against the 95% target).

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 5.3% (4.3 YTD), with the reasons for absence highlighted. It also focuses on appraisal completeness across the Trust which is 77.1% below the target of 90% and the annual requirement for Information Governance Training which stands at 84.1% against a target of 90%.

Finally, the Trust continue to be reporting a YTD 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 the current month is 1 (Amber / Green) and that the forecast for the end of quarter 3 is currently 1.
c) Note that the A&E 4 Hour Target was not achieved for the latest month.
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.

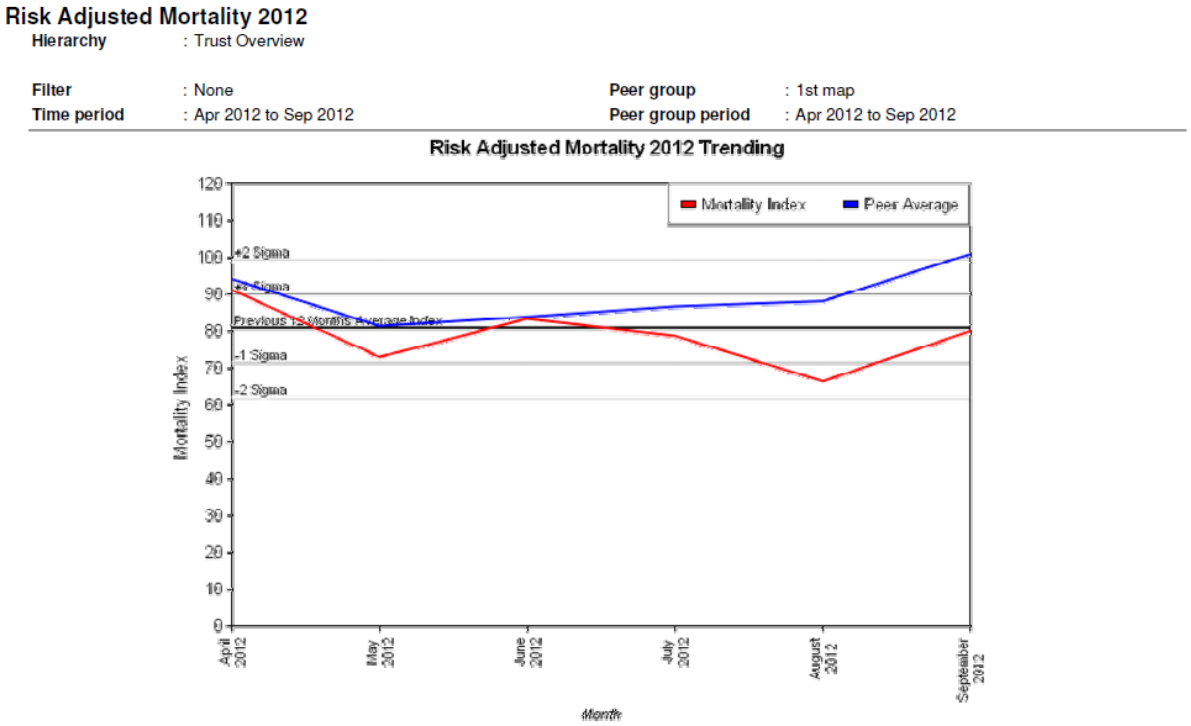
There were no Never Events reported in the current reported month.

While the Trust is working hard to maintain its performance towards eliminating hospital acquired pressure ulcers an increase to 12 Grade 3's in October (up from 9 grade 3 in September) has occurred.

Patient feedback from the monthly 'Friends and Family' survey is below the 71% target identified by NHS Midlands and East at 49% for the current month (45.9 for August and 45.4 for September). 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 13.1%.

2.1 Trust Mortality

The Trust's RAMI performance over the past 15 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.

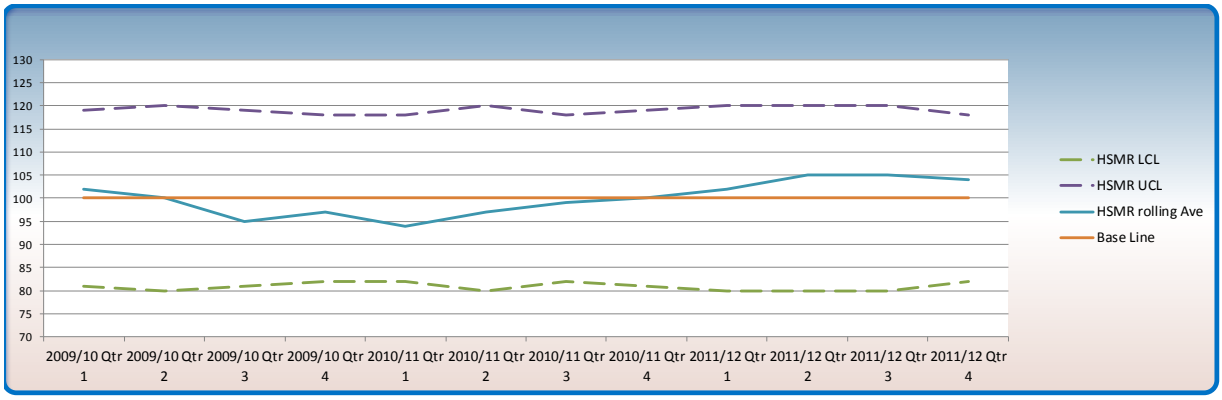
- Crude mortality per 1,000 admissions in October 2012 = 14.7 (target achieved)
- RAMI in September 2012 = 80 (target not achieved)

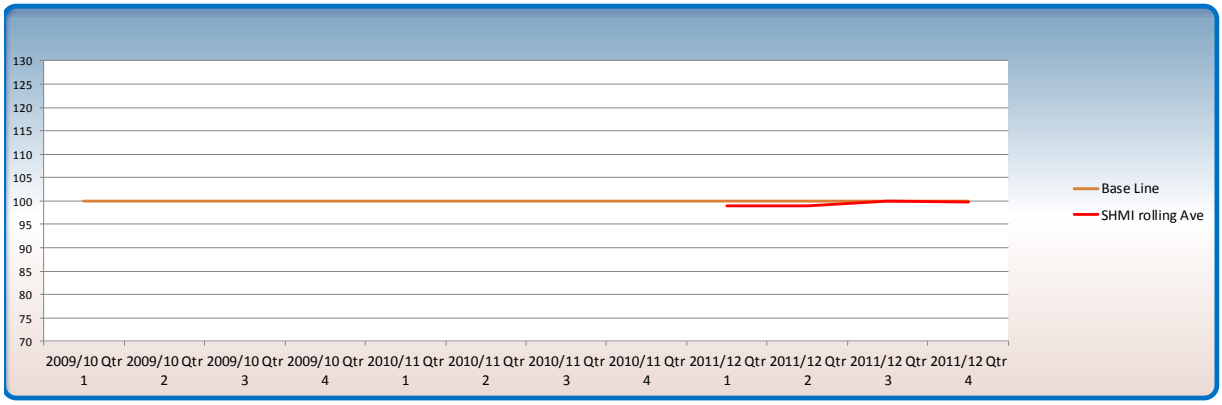
HSMR and SHMI Trend for The Queen Elizabeth Hospital

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

Operational Actions

A report produced by the Medical Director went to Quality and Risk Committee on 21st November defining the trend analysis of mortality

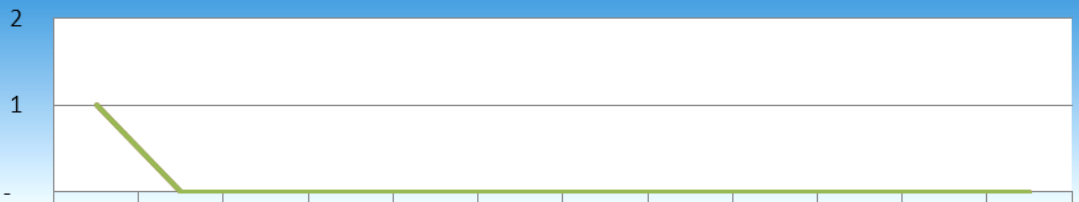
2.2 Hospital Acquired Infections

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 October 2012. Performance year to date is 0.

MRSA position 2012/13



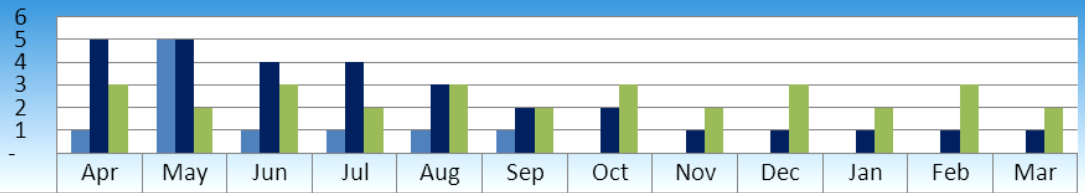
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	-	-	-	-	-	-	-					
Commisioner Target	1	-	-	-	-	-	-	-	-	-	-	-
Monitor Target	1	-	-	-	-	-	-	-	-	-	-	-

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 2 Clostridium Difficile infection in October 2012.
Cumulatively the number of infections reported is 12 against a monitor trajectory of 18, and the Commissioner agreed trajectory of 25

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

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

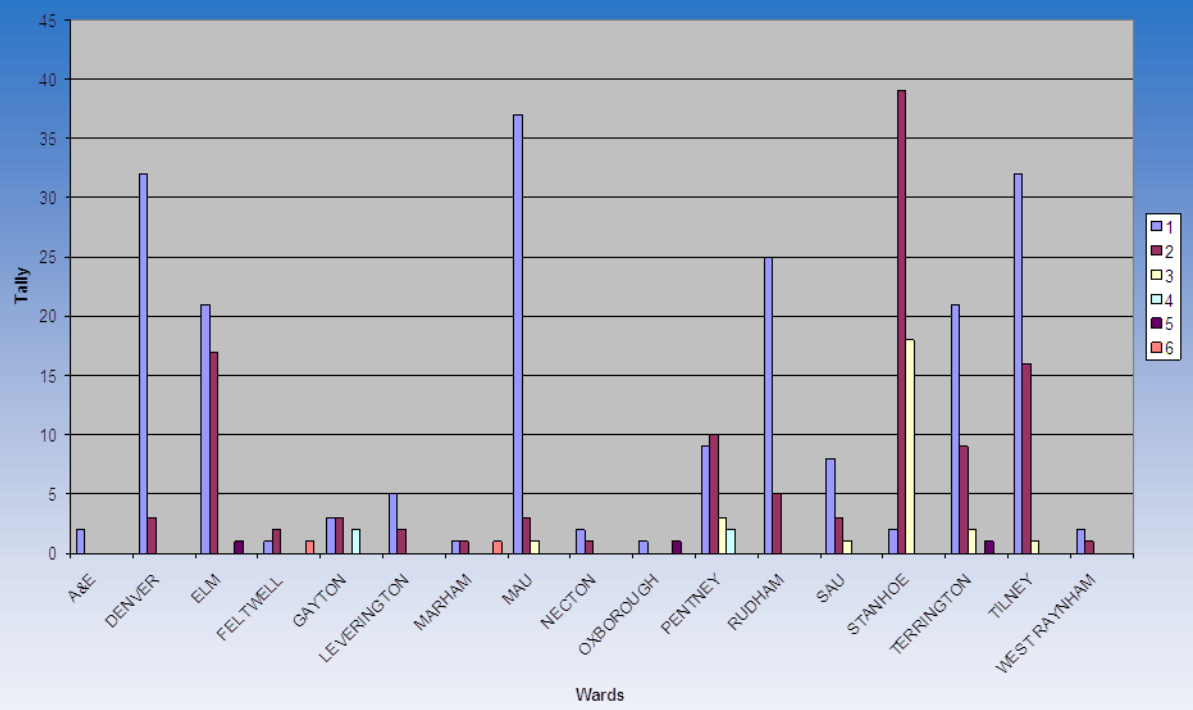
There were no new comments posted on the NHS Choices or Patient Opinion websites during October 2012.

The FFT score was 48.75 with a response rate of 13.1%. The targets set by NHS Midlands and East are a score of 71 and a response rate of 10%.

The results for October for each ward is below as a bar chart.

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 October 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 %

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 has implemented the following actions to support this;

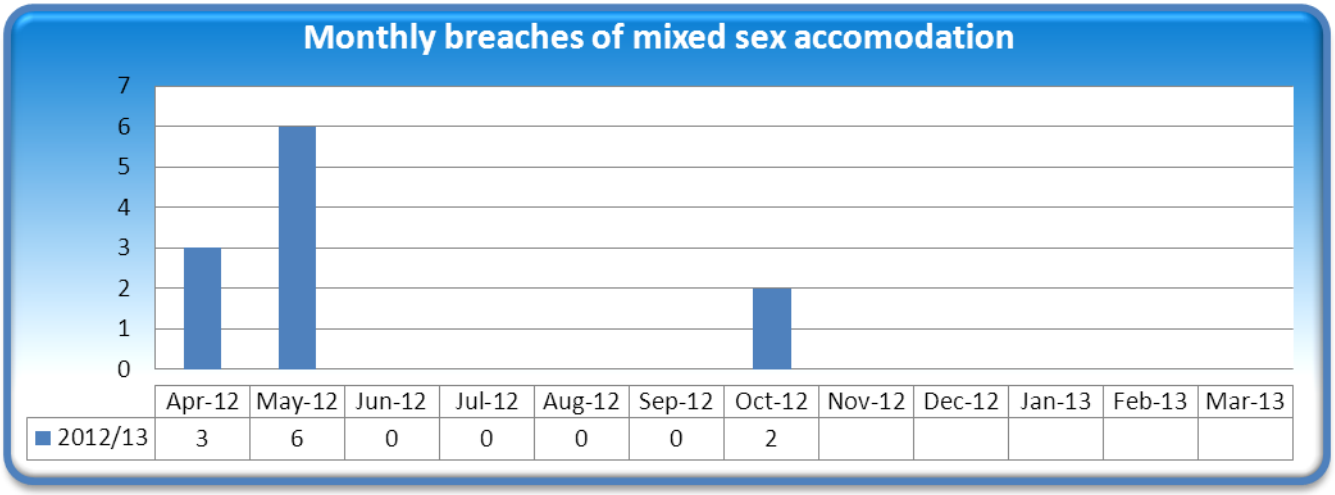
- With effect from the last week of October the Patient and Public involvement lead is visiting the wards most weekdays to meet patients who are to be discharged to explain the card to patients and invite them to complete it at that point.
- With effect from 1st December the department will have access to an apprenticeship student to assist in undertaking this task.
- An explanatory leaflet has been designed for patients which will be distributed once approved by the readers panel

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 1 breach for October 2012. Which affected two patients.



	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					

Operational Actions

Two patients were identified as breaching MSA in the critical care complex during October 2012 – one male and one female. Neither patient's treatment was effected and neither patient complained as their privacy and dignity was maintained with the use of curtains and portable screens. A full root cause analysis has been undertaken, concluding that there was no medical bed available to transfer the patient to and recommending that;

- Consideration should be given to moving the patients to another bed space as long as this does not interfere with service delivery on the unit.
- The patient's privacy and dignity should be maintained with the use of curtains and portable screens should this situation re-occur.

2.5 Complaints

Complaints

Headline Measure: Complaints activity by division

The Trust received 51 formal complaints during the month of October 2012, which was a 45.7% (35 last month) increase in comparison to the previous month. The number of formal complaints received in October 2012 is 65% (20) higher than the number of formal complaints received in the same period in 2011/12.

Of the 51 formal complaints received in October 2012; a total of 103 issues were raised.

40 complaints were clinical and 11 were non clinical. The themes identified for this month were 6 clinical complaints related to Staff Attitude, 5 were regarding Communication and 4 were in relation to Medication Issues. Non clinical complaints consisted of 8 Car Parking concerns (2 last month), 1 Smoking outside the main entrance, 1 in relation to no seating in corridors and 1 concerning ward closures.

The performance by Service line has been given a red, amber or green indicator for the month. 69% (29 out of 42) of the complaints received in August 2012 were responded to within the target of 30 working days. The 13 complaints that did not meeting the required target where chased regularly and reported to the Department Heads for support.

In order to improve performance the Complaints Manager and the Deputy Director of Patient Experience will be developing training sessions where further guidance will be given on good complaints handling.

A review of complaints relating to Communication has been undertaken as part of the Patient Experience Steering Group. Also a further review is also underway in relation to Lack of Treatment.

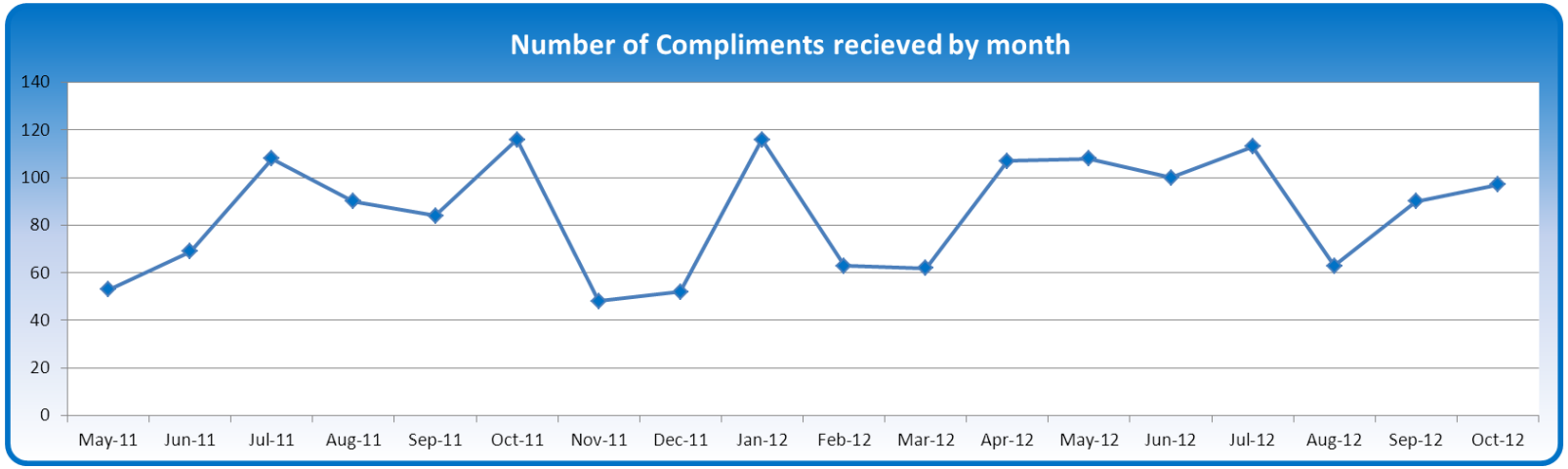
As part of the Trusts Quality Strategy Implementation programme 2012/13 we aim to reduce the number of clinical complaints for the top scoring areas of communication & staff attitude by 5% which equates to:

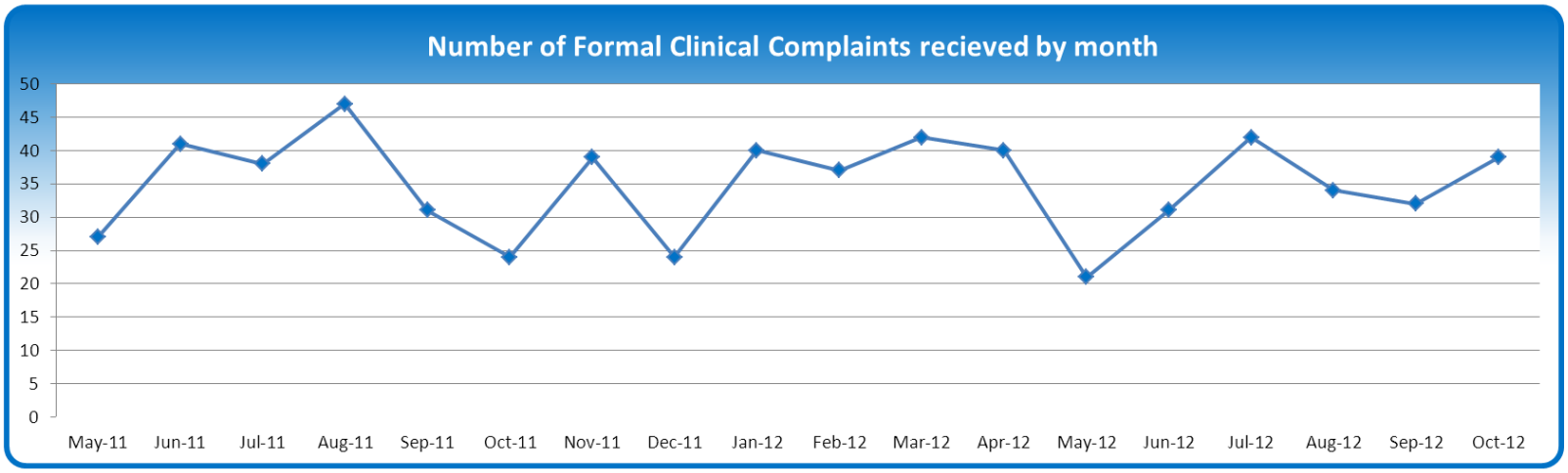
- a reduction of 6 clinical complaints relating to communication based on last year – from 127 to 121
- a reduction of 5 clinical complaints relating to staff attitude based on last year – from 102 to 97

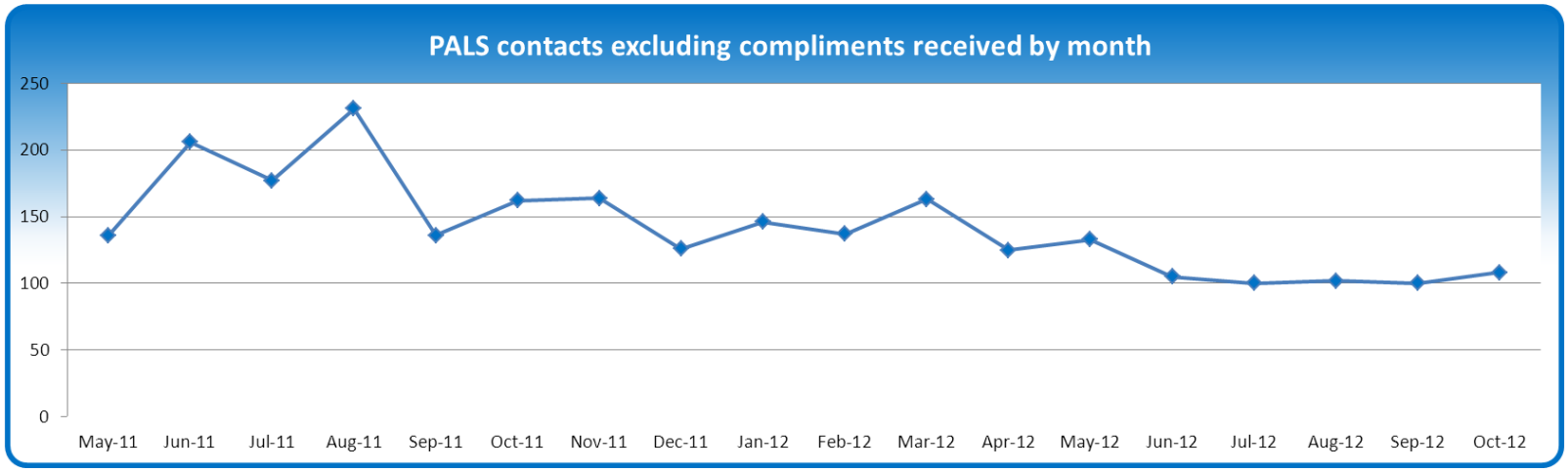
		Current Month			Year to date		
Clinical Complaints	Target	11/12	12/13	Percentage	11/12	12/13	Percentage
Communication	-5%	5	13	160%	74	94	27%
Staff Attitude	-5%	6	11	83%	65	60	-8%

There were 97 written compliments received by the Trust during October 2012, this was an increase of 8% compared to September 2012.

Divisional Activity in October 2012					Divisional Performance in August 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	5	0	1:1	3 of 5		3		
Audiology	1	0	0						
Breast Care	0	0	0						
Breast Screening	1	0	0						
Car Parking	8	0	0		3 of 3		2		
Cardio Respiratory Dept	0	0	0						
Cardiology	0	1	0						
Clinical Haemotology	0	0	0		1 of 1	1	1		
Critical Care	1	6	0	6:1					
Care of the Elderly	2	7	0						
Dermatology	1	0	0						
Day Surgery	1	2	0						
Orthodontics	0	0	0		1 of 1		1		
Endoscopy	0	0	0		1 of 1				
ENT	2	0	0		1 of 1		1		
Estates	3	0	0						
Gastroenterology	2	1	0	1:0.5					
General Surgery	3	31	0		3 of 3	1	3		
Gynaecology	1	0	0		0 of 1				
Medical Assessment Unit	1	0	0						
General Medicine	5	20	0	4:1	6 of 8	2	7		
Legal Services	0	0	0		1 of 1		1		
Midwifery	1	0	0						
Obstetrics & Gynaecology	1	0	0		0 of 4	1			
Occupational Health	0	0	0						
Oncology	0	0	1						
Ophthalmology	1	0	0						
Trauma & Orthopaedics	5	4	0	1:0.8	2 of 3		3		
Paediatrics	0	6	0						
PALS	0	3	0						
Pathology	0	0	0						
Pharmacy	1	0	0		1 of 1				
Patient Services	1	0	0		2 of 3		2		
Performance & Informatics	0	0	0		0 of 1		1		
Radiology	0	1	0						
Respiratory	2	6	0	3:1	2 of 3		1		
Stroke	0	3	0						
Surgical Assessment Unit	0	0	0		1 of 1				
Terrington - Short Stay	0	1	0						
Trust wide	1	0	0		1 of 1		1		
Urology	1	0	0						
TOTAL	**51**	**97**	**1**	**1.9:1**	**29 of 42**	**4**	**27**	**0**	**0**


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
Jul-12
Aug-12
Sep-12
Oct-12


Number of Formal Clinical Complaints recieved 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
Sep-12
Oct-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

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 31/10/12

As at 31/10 /12 there were a total of 40 incidents with an open status, of these incidents 26 have had RCAs carried out and 14 are under investigation

A total of 14 new serious incidents were reported during October and these were as follows:-

- Falls resulting in # neck of femur x 2
- Pressure ulcers grade 3 x 12

Pressure Ulcer update October / November 2012

The pressure ulcer collaborative work is now entering the 3rd month and the MAU team have now integrated their activities with the original Stanhoe team. This has included joining them at the second SHA training session which has provided opportunities to share ideas and learning across organisations. Other initiatives include:

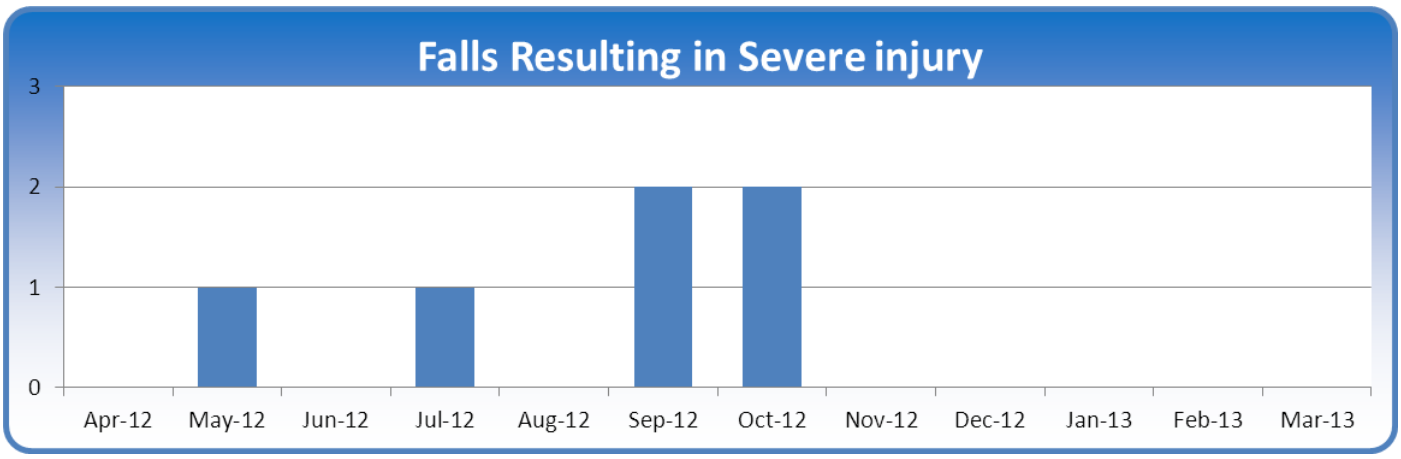
- Business case for the purchase of Softform Active premier mattresses
- Data cleansing exercise to provide a true picture of pressure ulcer prevalence
- Introduction of pressure ulcer help line
- Bespoke training for all staff by the TVNs
- Introduction of turning clocks on Stanhoe
- Ensuring that pillows are available for positioning patients
- Introduction of pink dot (high risk indicators) above beds
- Work has started on making a DVD which will facilitate improvement in patient and family engagement to `Keep Moving` and relieve the pressure.
- Robust process for reviewing learning from RCAs to be implemented

Plans are being put in place to roll the learning out across the Trust

2.7 Falls

Falls Resulting in a Severe Injury

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



Operational Actions

For the two patients that fell resulting in severe harm (1 Gayton and 1 Feltwell) root cause analysis investigations have yet to be concluded. Once these are concluded the results will be discussed at the Patient Safety Committee with lessons learnt implemented.

3 WORKFORCE

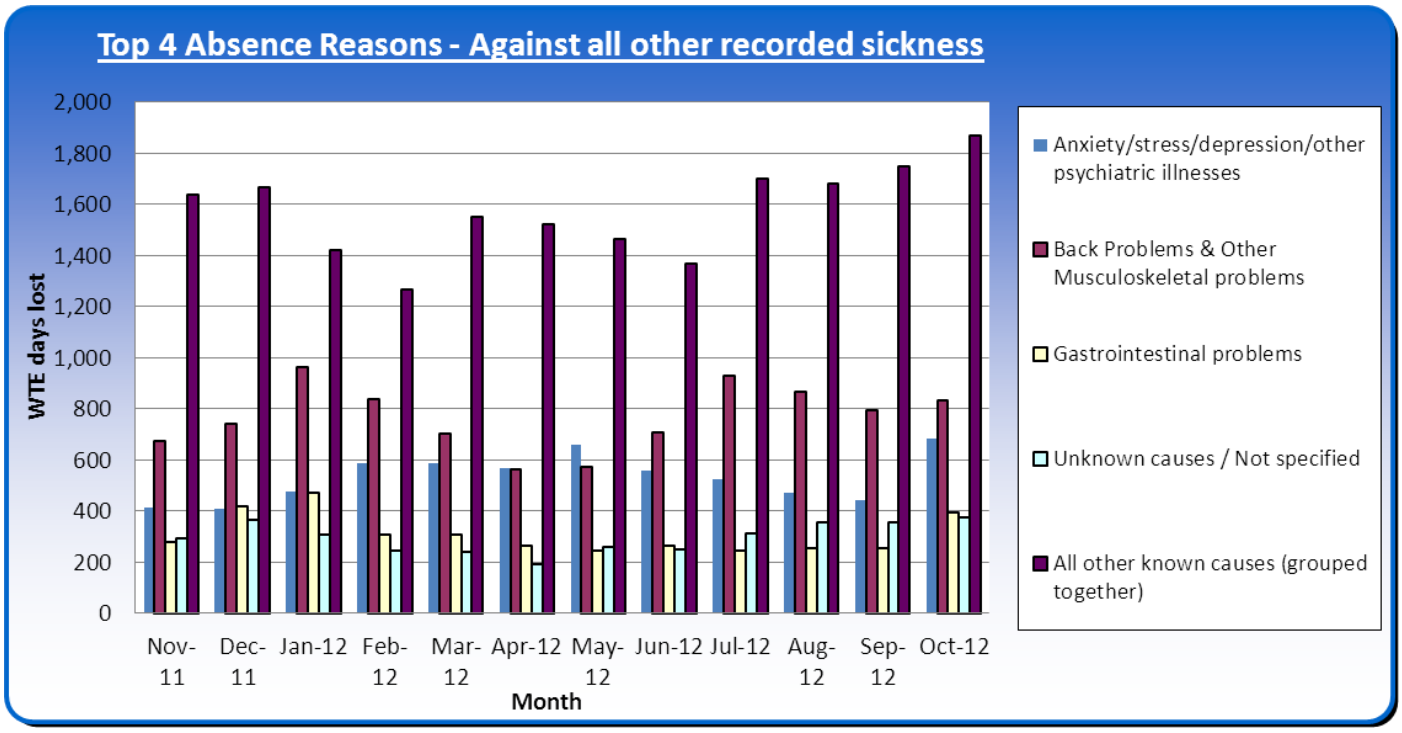
The October 2012 Trust absence figure is 5.3% (amber) which represents an increase on the September 2012 figure of 4.97% (amber).

3.1 Sickness Absence

Absence Reasons

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

Sickness levels remain at around the 5.0% mark. 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.



A '10 Point Plan' aimed at reducing sickness absence levels has been developed for consideration and comment at senior committee level across the Trust. The 'Plan' aims to balance the reinforcement of current policy and 'best practice' with the support required by staff in these challenging times. The '10 Points' are as follows: -

1. Insist on the employee reporting absence to their line manager

The Trust Managing Attendance Policy (MAP) requires staff to report sickness absence to their Line manager or designated Lead Officer prior to 'shift'. This is important in preventing 'casual' reporting via colleagues and encourages an immediate dialogue in identifying and supporting patterns, themes and underlying medical causes.

2. Input promptly onto ESR

The MAP requires 'absence commencement' dates and 'return to work' dates to be input into the Electronic Staff Record (ESR) at the latest within 2 days of the event. Current indications show that late entry of 'return' dates serves to reflect a monthly average absence rate of 0.5% higher than actual levels.

3. Carry out prompt and effective 'Return to Work' interviews
Widely considered to be the most effective intervention in managing sickness absence, this meeting allows for the sharing of concerns and the development of action plans at the earliest opportunity. It is an opportunity to welcome the team member back to duty, acknowledge their return and value to the team and if applicable, discuss where their absence record places them within the MAP processes.

4. Introduce a departmental monthly absence management 'clinic'
Utilised to good effect several years ago, some larger Departments/areas preferred to hold a monthly 'absence clinic'. This reserved a day/half day to fully concentrate on managing those individual cases that are cause for concern. This 'intensive' approach often highlighted the number of staff absent and the areas struggling as a consequence and served to engender a wider 'team' approach to managing sickness absence.

5. Publicise departmental 'league table' against challenge target
To generate a level of healthy competition within and amongst staff groups and teams, consideration to be given to a comparing current sickness absence rates with a team target. Care must be taken to achieve a balance with encouraging resilience amongst staff and not demanding attendance at all costs.

6. Reinforce attendance expectation
It essential that all staff (particularly those new to the NHS and/or the Trust) are fully aware of our attendance expectations. This should be stressed at the earliest possible stage; organisational induction, departmental induction, etc and reinforced at appraisal, team meetings, etc. Role-modelling the required attendance behaviours is key to creating the required 'attendance culture'.

7. Promote and support 'wellbeing'
We must be proactive in supporting staff to prevent sickness absence; honouring breaks, leaving the shift on time, considering flexible working requests, encouraging good hand hygiene, etc, etc. Whilst it is accepted that staff may work through breaks, etc at times of high activity, good management practice requires a 'give and take' approach in ensuring service delivery and maintaining the health and attendance of staff. A progressive and rewarding work environment is crucial to maintaining optimum attendance levels.

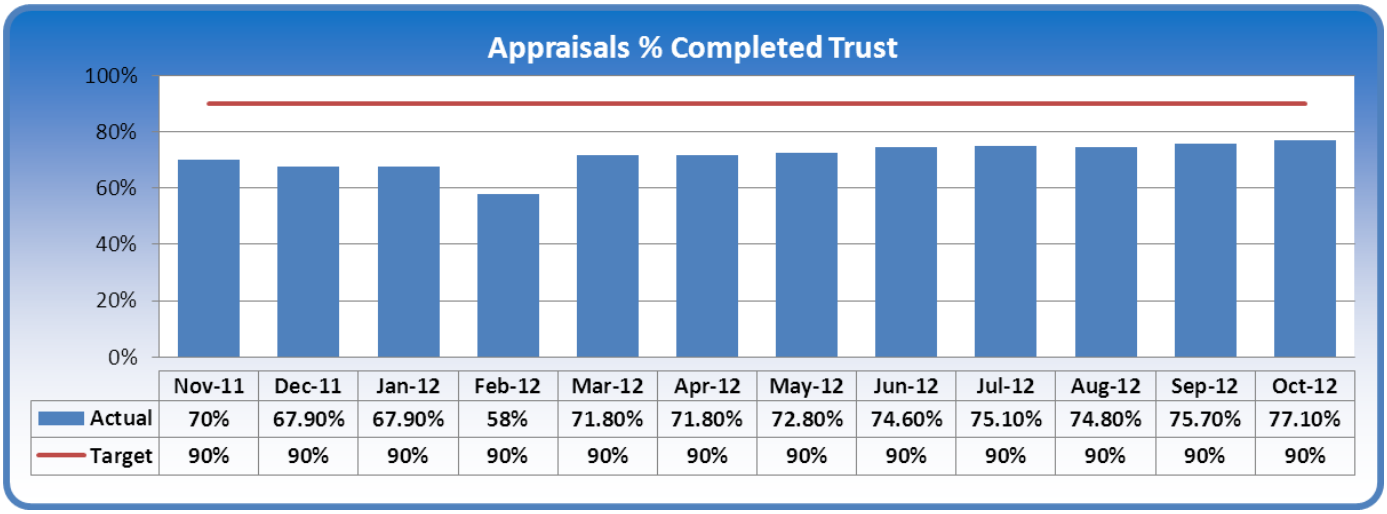
8. Use reports and apply the policy!
All sickness absence is assumed to be genuine, however staff will need to understand and accept that in some cases the level of genuine absence may put an individuals job at risk on the grounds of incapacity. The MAP seeks to support staff in maintaining required attendance levels but if this cannot be achieved the policy does also allow for the termination of the employment contract. Managers need to utilise the wide range of sickness reports and associated data to identify trends, patterns and problem areas at the earliest possible stage. Early and effective intervention is key.

9. The people benefits
We are a team. Whether clinical or non-clinical, we are all working together to achieve the same aim. To do so, we need to look after ourselves and each other. We need to ensure maximum attendance to deliver the service and help our team mates to do the same. We will need the support of the Trust and our colleagues to get us through the health and personal challenges that occur from time to time. Early intervention and support, with the understanding that some cases may eventually end in departure, are all crucial to taking us forward.

10. The financial benefits
Average absence levels currently run @ 4.5%. A reduction of 1% would recover £807,000 of 'lost' time per annum and save £170,000* of cover costs per annum.

* assumes cover for 25% of absences at the same rate of pay as the absentee

3.2 Appraisals % Complete Trust



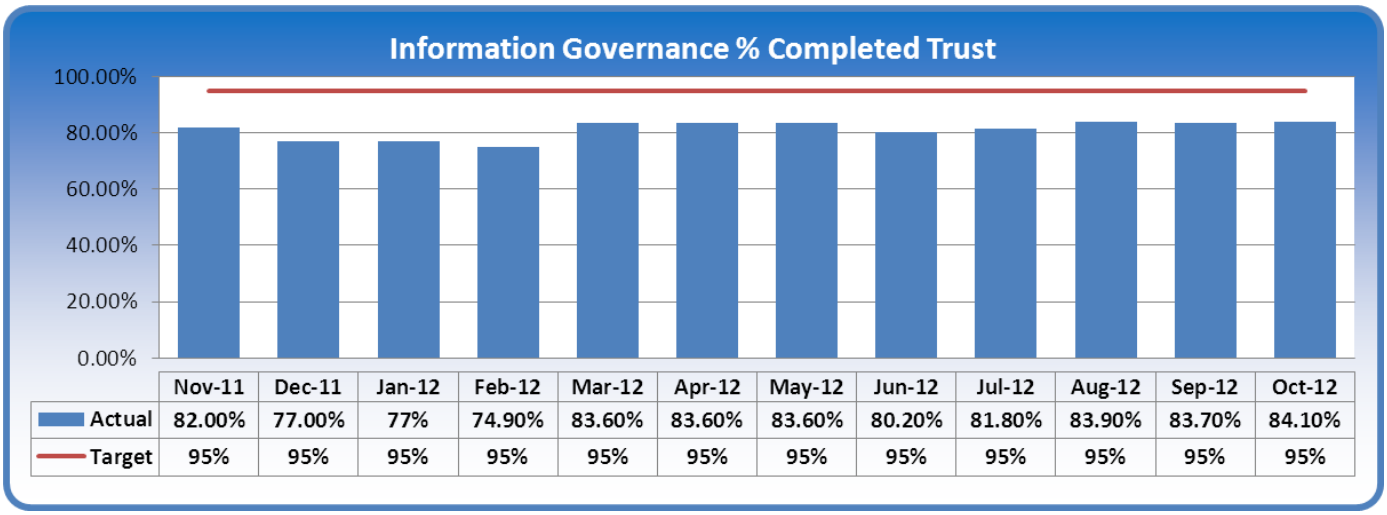
	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	70%	67.90%	67.90%	58%	71.80%	71.80%	72.80%	74.60%	75.10%	74.80%	75.70%	77.10%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Appraisals continue to show a steady increase, up from 75.7% last month to 77.1% this month. This upward trend is expected to continue but it will be several months before the target of 90.0% is reached.

Operational Actions

HR Business partners continue to target the key areas where the appraisal target is not being met, with the introduction of group appraisals in large staff groups and discussions around protected time to ensure this internal target is met.

3.3 Information Governance Training % Complete Trust



	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	82.00%	77.00%	77%	74.90%	83.60%	83.60%	83.60%	80.20%	81.80%	83.90%	83.70%	84.10%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Information Governance remains much the same as last month, up from 83.7% last month to 84.1% this month.

Operational Actions

The IG team continue to monitor and send compliance reports to departmental managers on a monthly basis. A refresher training programme is in place and booklets are available for individuals unable to attend these sessions as an alternative should they not be able to attend a classroom session.

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 Trust achieved the following key targets: -

- 18 Weeks Admitted and Non Admitted, 93.3% and 98.3% against the national targets of 90% and 95% respectively
- All Cancer Targets
- MRSA Screening – 100% against a target of 100%
- Stroke – 90% of stay on the Stroke Unit – 100% against a target of 80%
- TIA – Urgent TIA referrals assessed within 1 hour – 83.3% against a target of 60%
- Diagnostic Over 6 week waiters – 0.9% of total activity against a target of 1%
- Daycase Rate – 87.1% against a target of 82%
- Basket of Daycase Procedures – 87.9% against a target of 80%
- Length of Stay – The Trust achieved all Length of Stay targets for the month

However there are risks to delivery in relation to: -

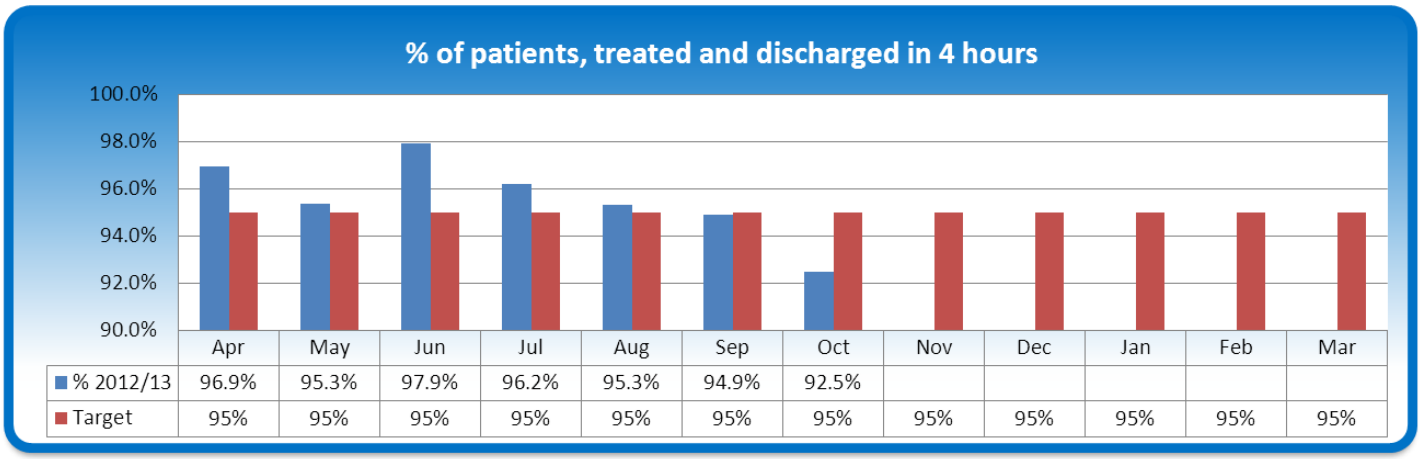
- A&E 4 Hour Attendance
- Choose & Book
- Cancelled Operations
- Readmissions

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 92.5% for October 2012.



	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%					
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%

Accident and Emergency 2012-13 Quarter 2 (includes w/e 08/07/2012 to 30/09/2012)	Percentage in 4 hours or less (all)
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%

Operational Actions

The Executive Team have enacted their Performance Framework and issued notice to the Division that they are on 'special measures' in relation to A&E performance and as such will meet weekly with the Director of Planning and Performance and the Director of Clinical Services to account for the actions being taken to improve performance and deliver Quarter 3 performance.

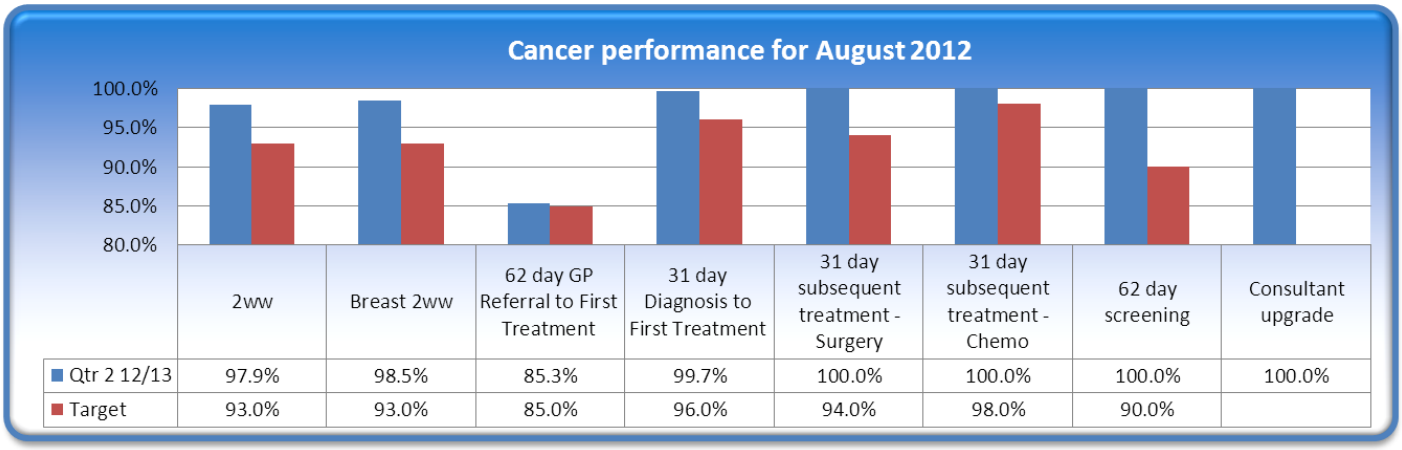
The Division have already begun to address the underperformance. Whilst 95% was not achieved last week weekly performance was 94.7% the highest since the beginning of the 3rd Quarter and this recovery has rolled forward into the current week.

4.2 Cancer

Cancer reporting 2012/13

Ensuring Better Treatment:
Going Further on Cancer Waits

The Trust has passed all Cancer targets for September 2012 and Quarter 2 2012/13



	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
Qtr 2 12/13	97.9%	98.5%	85.3%	99.7%	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 September 2012, the Trust achieved all targets and achieved all targets for Quarter 2 12/13.

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.

Operational Actions

All standards are being achieved. A separate more detailed report was presented to the Performance & Standards Committee in October 2012.

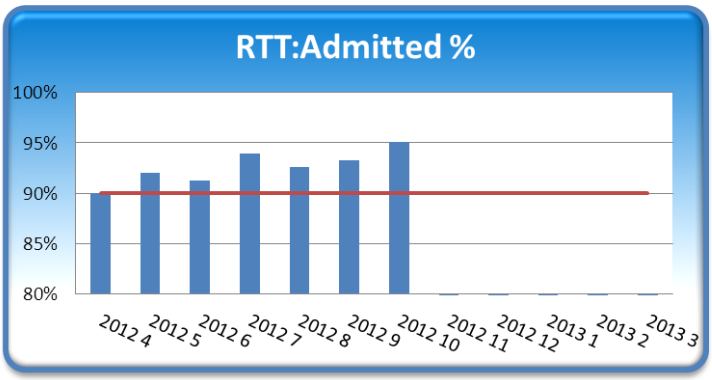
4.3 18 Weeks – RTT Treatment Times & Waiting Times (For Patients Treated In October 2012)

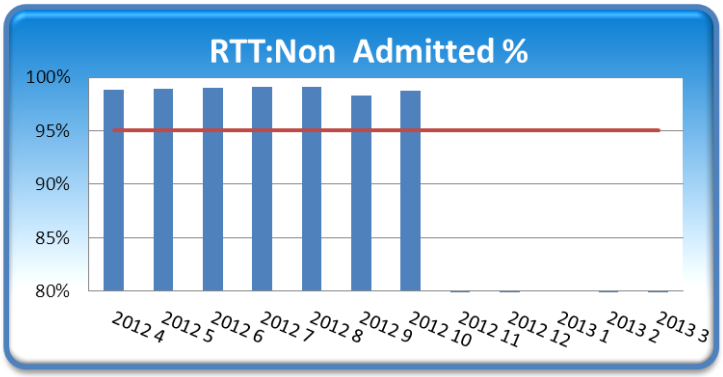
The Trust continues to achieve the 18 week RTT waiting times for admitted and non-admitted patients. As reported in last month's report a Contract Performance Notice was received from NHS Norfolk in respect of operational performance against the orthopaedics specialties performance against this target.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





Operational Actions

The Trust is targeting incomplete pathways to ensure patients are not waiting longer than their constitutional right, regular weekly reviews of activity and waiting list patients are in place to ensure patients are selected in line with their waiting time. The Trust have achieved both admitted and non-admitted target for October 2012 and are above the target of 92% for incomplete pathways.

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: **September 2012**
Source: Unify2 data collection - RTT

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Provider Level Data

	Org Code	Provider Name	Average (median) waiting time (in weeks)	95th percentile waiting time (in weeks)	% within 18 weeks
Q35	5PT	SUFFOLK PCT	3.0	11.1	100.0%
Q35	RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	11.5	19.0	92.2%
Q35	RC1	BEDFORD HOSPITAL NHS TRUST	7.3	18.6	94.7%
Q35	RC9	LUTON AND DUNSTABLE HOSPITAL NHS FOUNDATION TRUST	7.2	18.7	94.6%
Q35	RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUS	7.4	19.7	93.3%
Q35	RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRU	10.7	23.7	90.1%
Q35	RDE	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	11.3	18.0	95.0%
Q35	RGM	PAPWORTH HOSPITAL NHS FOUNDATION TRUST	7.5	20.0	93.2%
Q35	RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	10.8	20.9	92.1%
Q35	RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	8.2	34.8	75.5%
Q35	RGQ	IPSWICH HOSPITAL NHS TRUST	11.3	18.0	95.2%
Q35	RGR	WEST SUFFOLK NHS FOUNDATION TRUST	4.8	15.3	100.0%
Q35	RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	10.6	25.6	84.3%
Q35	RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUS	8.7	24.0	90.2%
Q35	RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	11.0	20.2	93.6%
Q35	RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	7.9	17.9	95.3%
Q35	RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	8.7	20.4	91.7%
Q35	RRD	NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST	-	-	100.0%
Q35	RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	11.5	22.1	89.1%
Q35	RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	8.1	21.5	90.4%

Title: **Referral to Treatment (RTT) Waiting Times**
Summary: Monthly Referral to Treatment (RTT) waiting times for completed non-admitted pathways.
Period: **September 2012**
Source: Unify2 data collection - RTT

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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	6.8	14.3	100.0%
Q35	RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	4.2	14.7	98.0%
Q35	RC1	BEDFORD HOSPITAL NHS TRUST	5.6	16.1	97.2%
Q35	RC9	LUTON AND DUNSTABLE HOSPITAL NHS FOUNDATION TRUST	3.1	14.8	98.2%
Q35	RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUS	5.3	15.7	98.3%
Q35	RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRU	7.7	18.0	95.0%
Q35	RDE	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	8.2	16.1	98.1%
Q35	RGM	PAPWORTH HOSPITAL NHS FOUNDATION TRUST	6.4	16.1	97.8%
Q35	RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	4.6	16.5	97.0%
Q35	RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4.3	15.9	99.0%
Q35	RGQ	IPSWICH HOSPITAL NHS TRUST	6.0	17.0	96.8%
Q35	RGR	WEST SUFFOLK NHS FOUNDATION TRUST	5.4	12.6	100.0%
Q35	RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6.0	16.9	96.6%
Q35	RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUS	5.7	16.9	96.1%
Q35	RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	3.1	14.8	98.5%
Q35	RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	4.3	14.0	99.4%
Q35	RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	4.7	16.2	97.6%
Q35	RRD	NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST	4.0	7.8	100.0%
Q35	RT1	CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	-	-	100.0%
Q35	RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	5.4	15.1	97.7%
Q35	RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	6.4	16.1	97.4%
Q35	RWN	SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	-	-	100.0%
Q35	RY3	NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST	5.2	16.7	98.9%
Q35	RY4	HERTFORDSHIRE COMMUNITY NHS TRUST	2.5	12.2	99.7%
Q35	RYV	CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST	7.1	16.5	99.1%

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

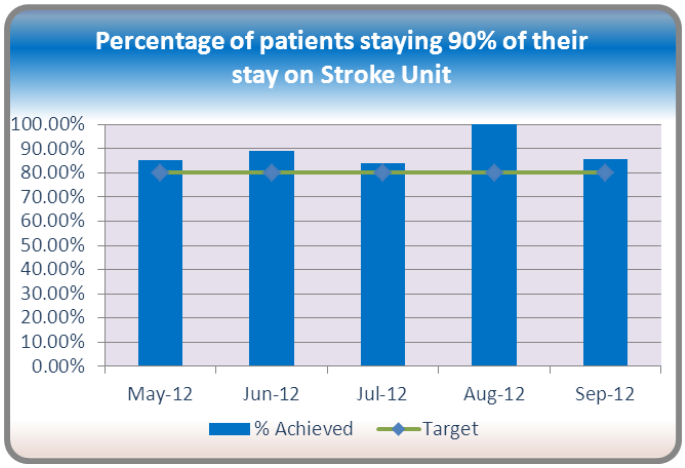
While stroke targets are not included within the 2012/13 Monitor compliance Framework, there are 2 targets being measured within the contract. These are:-

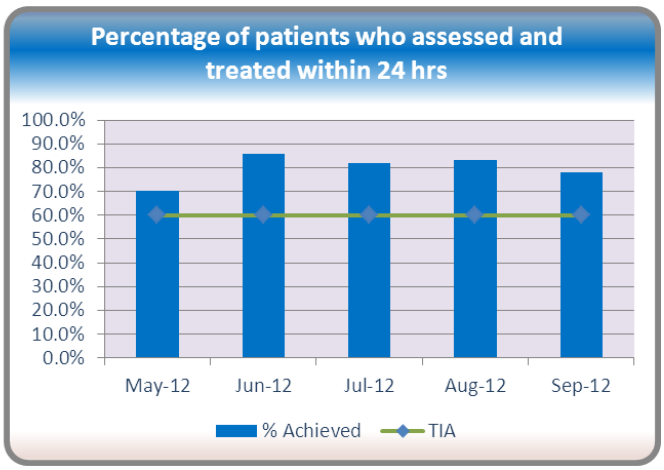
Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit. The position for the Trust on this at the end of September is 85.7% against a national target of 80%.

- This equates to 36 patients achieved out of 42 (85.7%)

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 September is 77.8% against a national target of 60%.

- This represents - 21 Patients achieved out of a total of 27 (77.8%)





Operational Actions

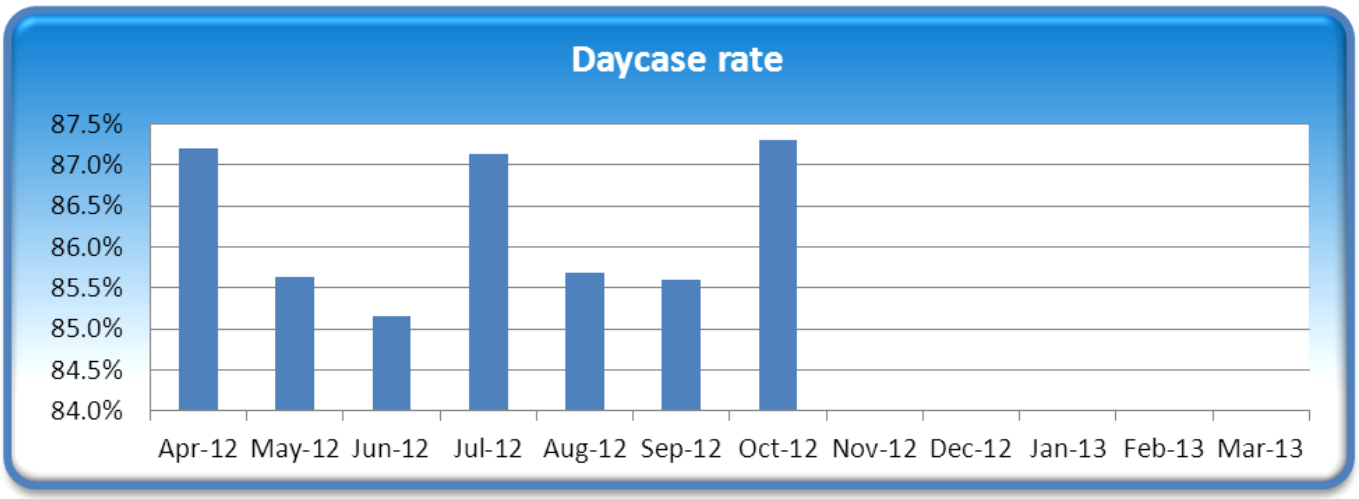
The Trust continues to perform above the target level for the Stroke metrics with next day clinics in place and early referral to specialist clinicians in place when suspected stroke patients arrive at the Trust.

4.5 Operational Efficiency Indicators

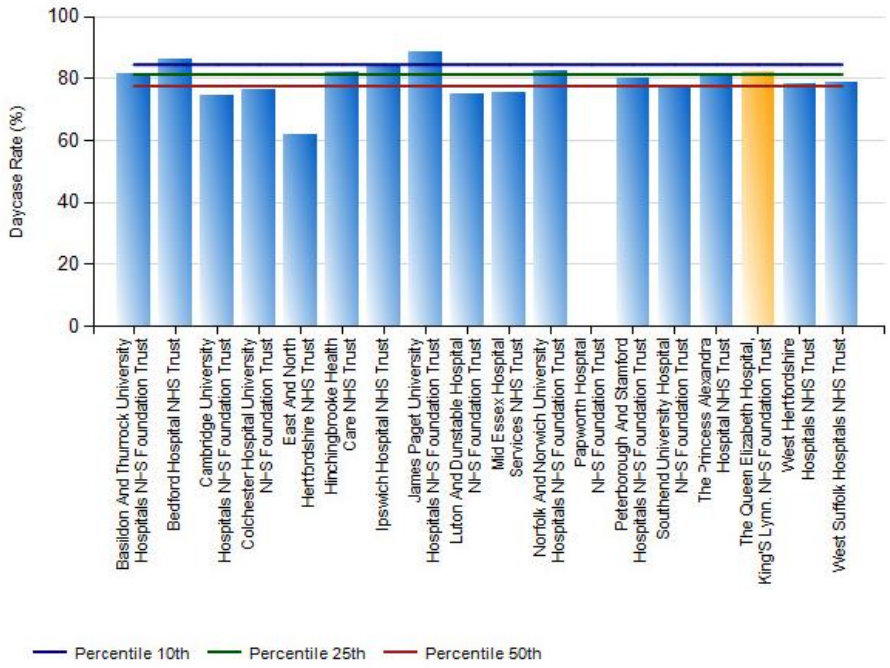
Day Case Rate

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.



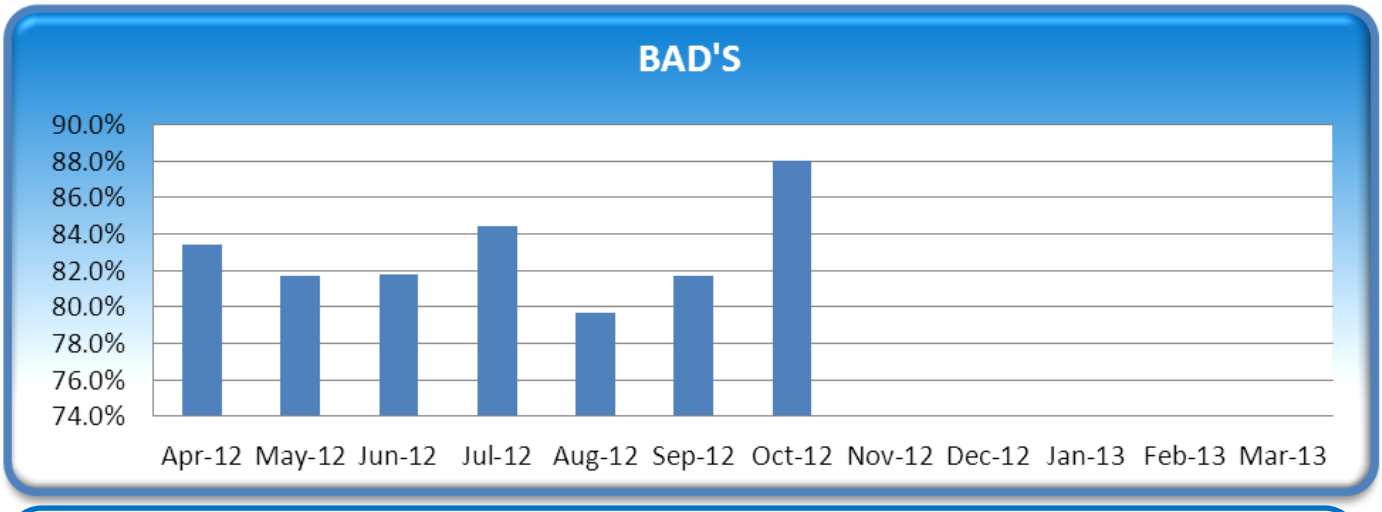
Operational Actions

Included within the "British Association of Day Surgery" Operational actions.

British Association of Day surgery

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 88%, against an audit commission recommended level of around 80%



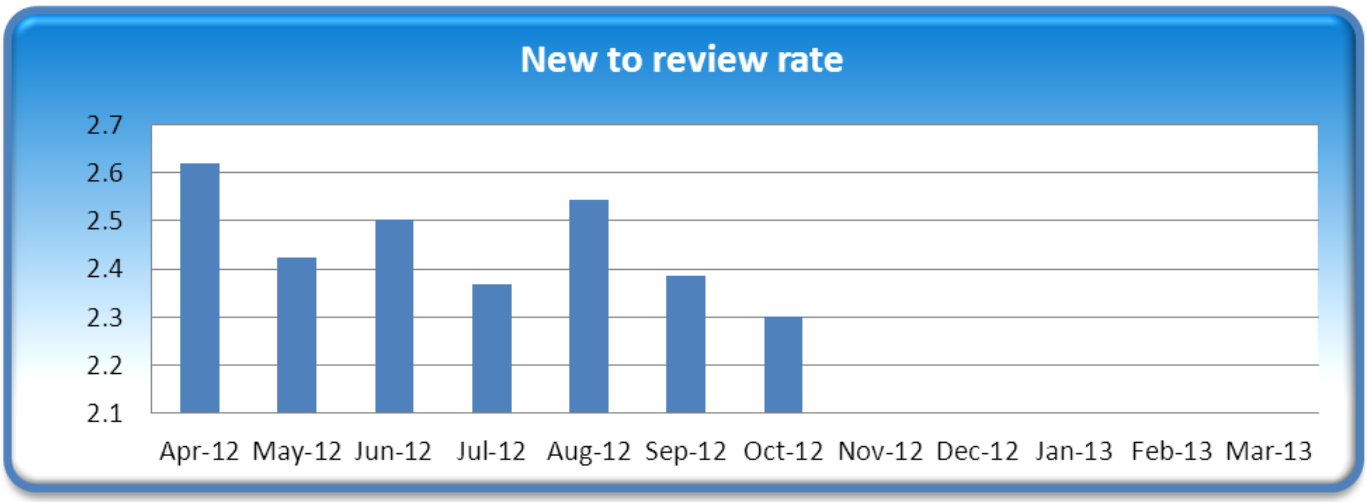
Operational Actions

Led by the Medical Director, the Trust are reviewing the location of those procedures included within the Basket of 25. For example, for Laproscopic Cholocystectomy only a couple of surgeons are working in Day Surgery Unit bi weekly, therefore patients are listed as Elective admissions through main theatre rather than day cases. This is being addressed by the new Clinical Director for the service.

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 2.3, this is equal to 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.



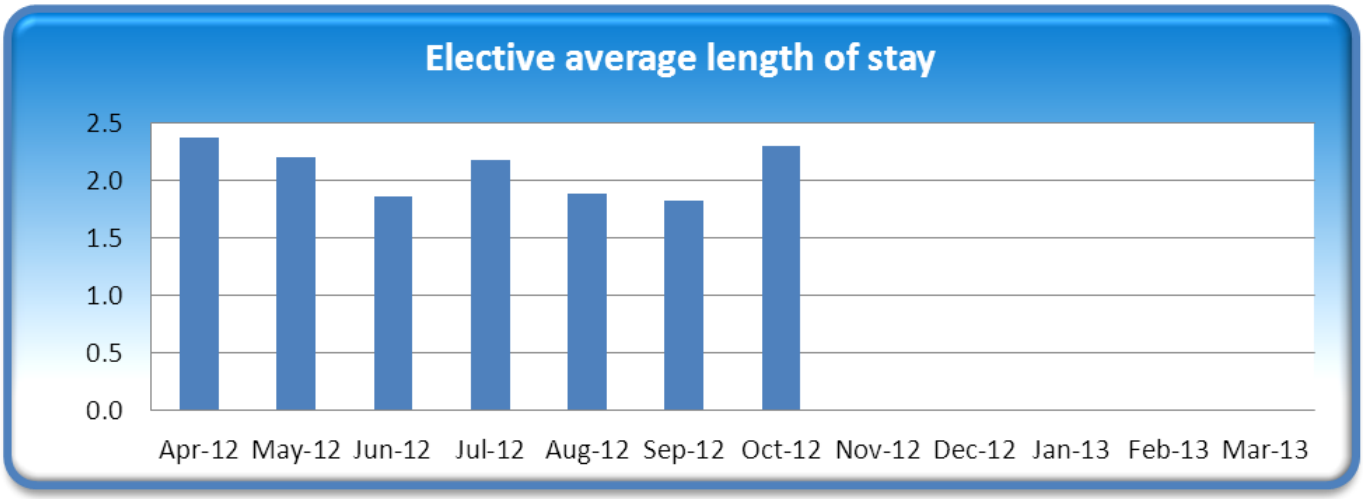
Operational Actions

As part of the outpatient POD (37) a plan is being developed, led by the interim Outpatient Manager to see follow-ups "by exception". A pilot is also underway looking at the partial booking of follow-ups within ENT to reduce DNA's and cancelled / rebooked appointments.

Elective average length of stay

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

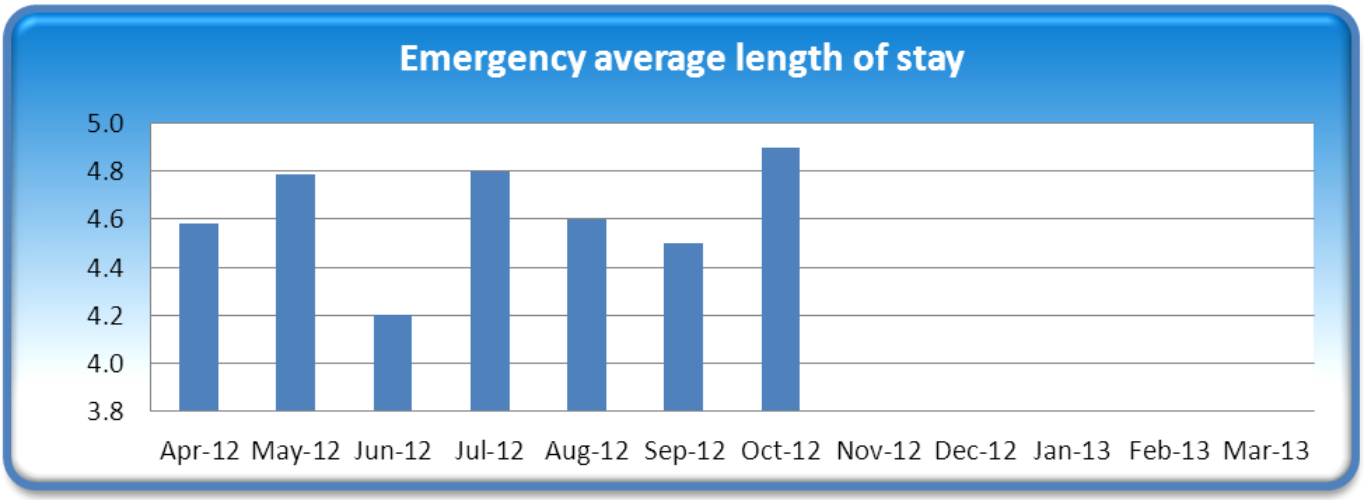
The Length of stay for Elective Care is being targeted with the planned reconfiguration of the surgical beds from the 1st October 2012. This work has resulted in the reduction seen below.



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.



Operational Actions

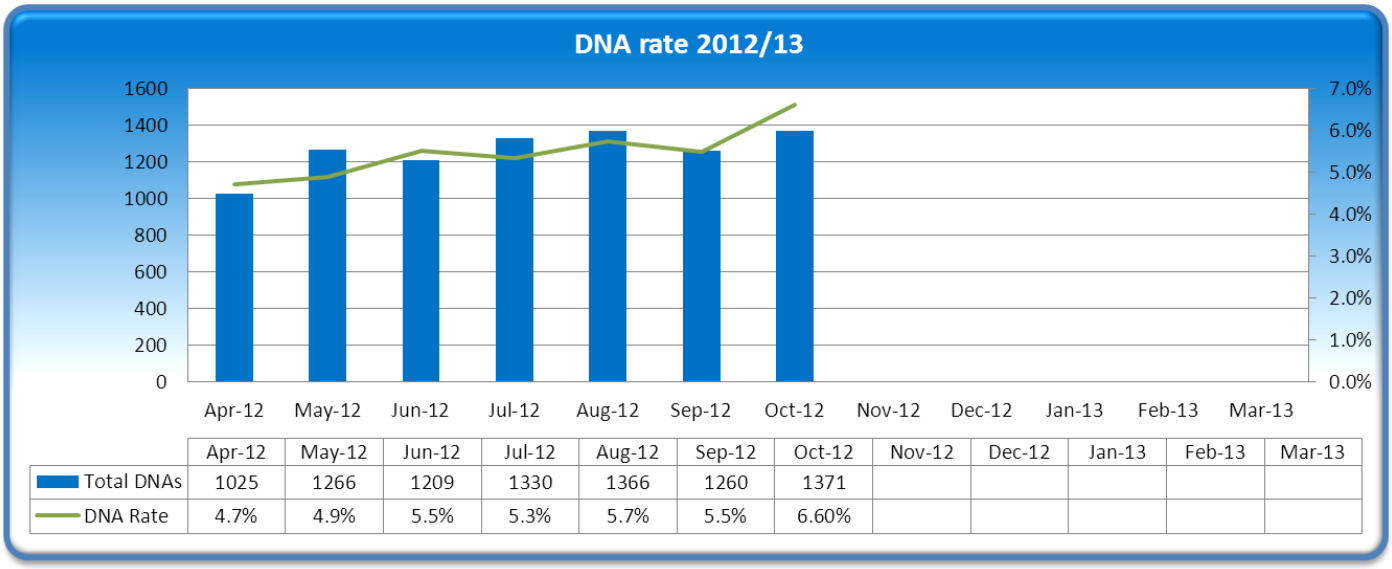
A detailed paper on Length of stay will be presented to the Performance & Standards committee this month.

A paper was presented to Trust Executive Committee on the 6th November 2012 proposing that a plan is worked up for a further ward close before the end of the current financial year. This was signed off and a full implementation plan is now being worked up by the Deputy Director of Clinical Services.

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	1025	1266	1209	1330	1366	1260	1371					
DNA Rate	4.7%	4.9%	5.5%	5.3%	5.7%	5.5%	6.60%					

Operational Actions

The Trust continues to target a reduction of DNA's through the Chronos Service and actions within POD37 Outpatient Transformation. These include the development of 6 workstreams. The work-streams consist of:

1. Outpatient Scheduler
2. Demand and Capacity Management
3. Patient Journey with Improved booking processes and Improved clinical pathways
4. Nursing Skill Mix
5. Centralised Reception
6. 18 Weeks PTL Management

An interim Outpatient Manager has now been appointed to take forward the POD with a paper on next steps being taken to Trust Executive committee on the 20th November 2012 and a presentation is planned for the Performance and Standards committee following this.

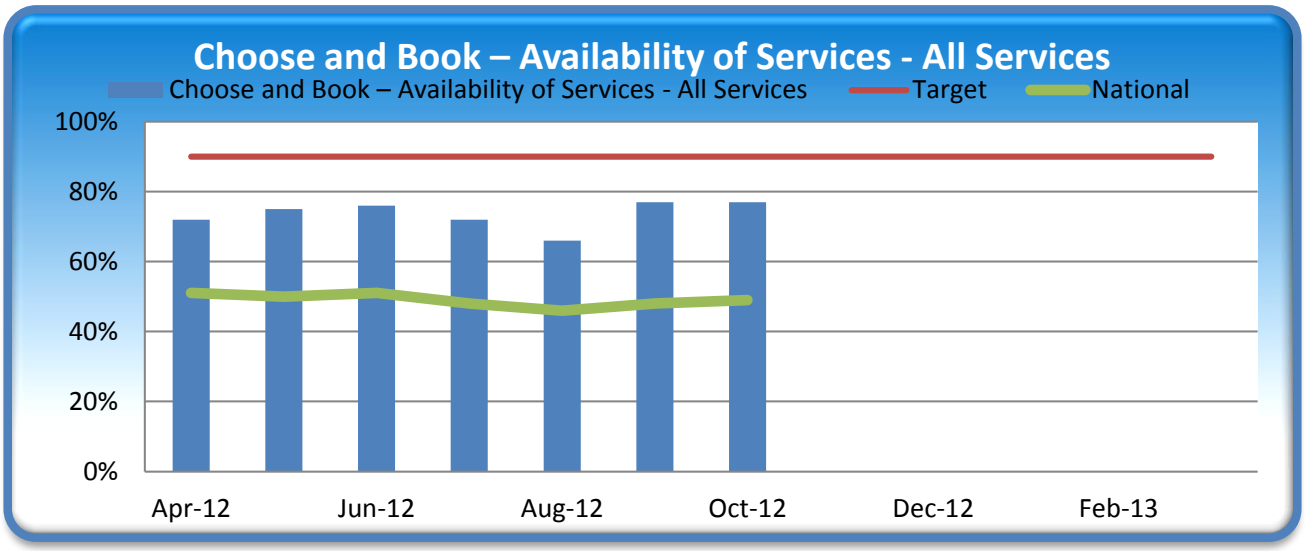
4.6 Choose and Book

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	100%	49%	77%	0.08	0.20
Nov-12					
Dec-12					
Jan-13					
Feb-13					
Mar-13					

Operational Actions

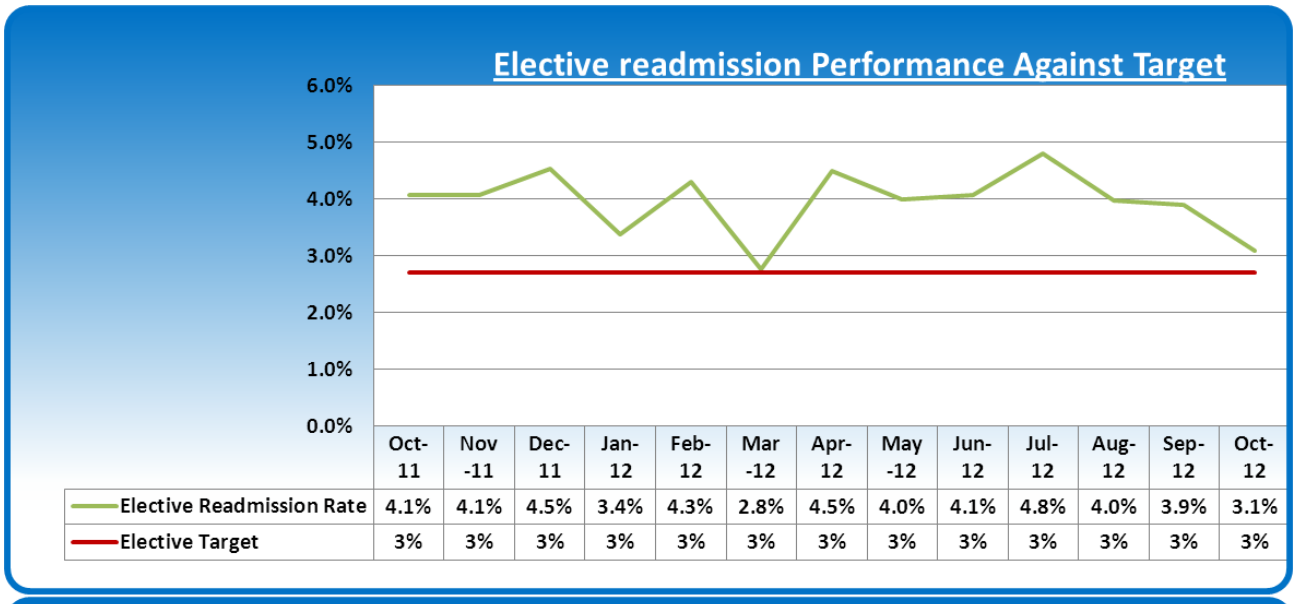
Update included within the "DNA Rate" Operational actions.

4.7 Readmission Rates – Emergency and Elective

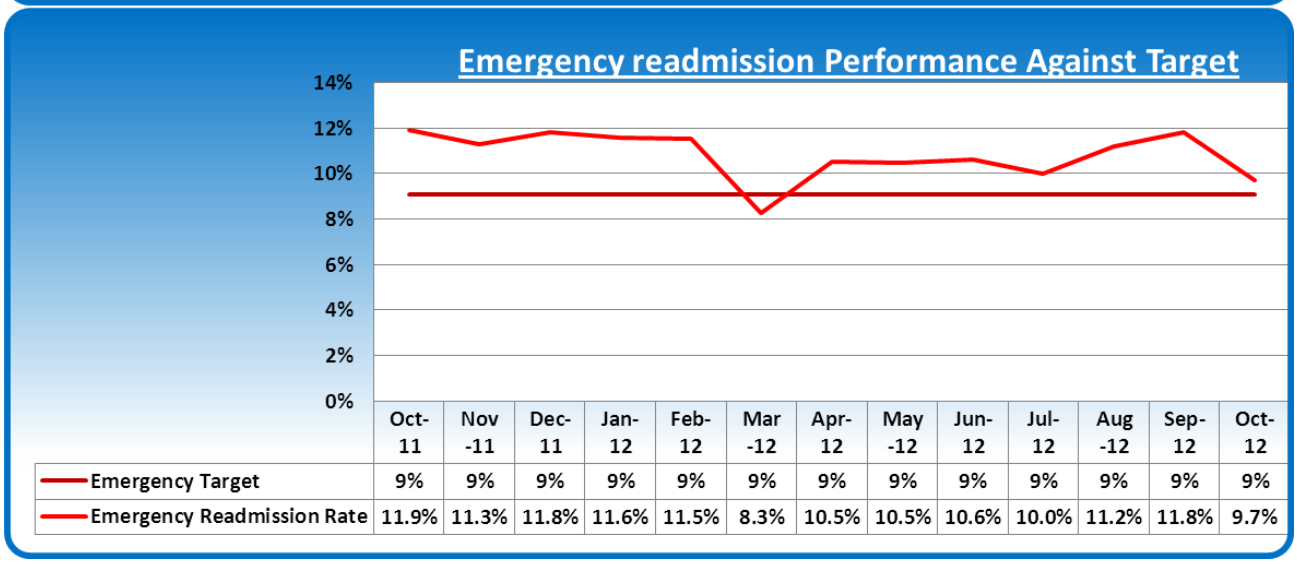
Readmission rate

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 9.7% 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%.



	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
Elective Readmission Rate	4.1%	4.1%	4.5%	3.4%	4.3%	2.8%	4.5%	4.0%	4.1%	4.8%	4.0%	3.9%	3.1%
Elective Target	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%



	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
Emergency Target	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%
Emergency Readmission Rate	11.9%	11.3%	11.8%	11.6%	11.5%	8.3%	10.5%	10.5%	10.6%	10.0%	11.2%	11.8%	9.7%

Operational Actions

A report was presented to the Quality and Risk committee last month. This report showed that there were a number of specialties and pathways of care where a review of the readmissions would provide the Quality and Risk Committee with assurance concerning the peer rate variances. It was agreed this would provide assurance from a quality of care perspective to ensure that care provision is consistent and appropriate and from a financial aspect, to ensure that the Trust avoids where possible, any potential financial penalty for readmissions.

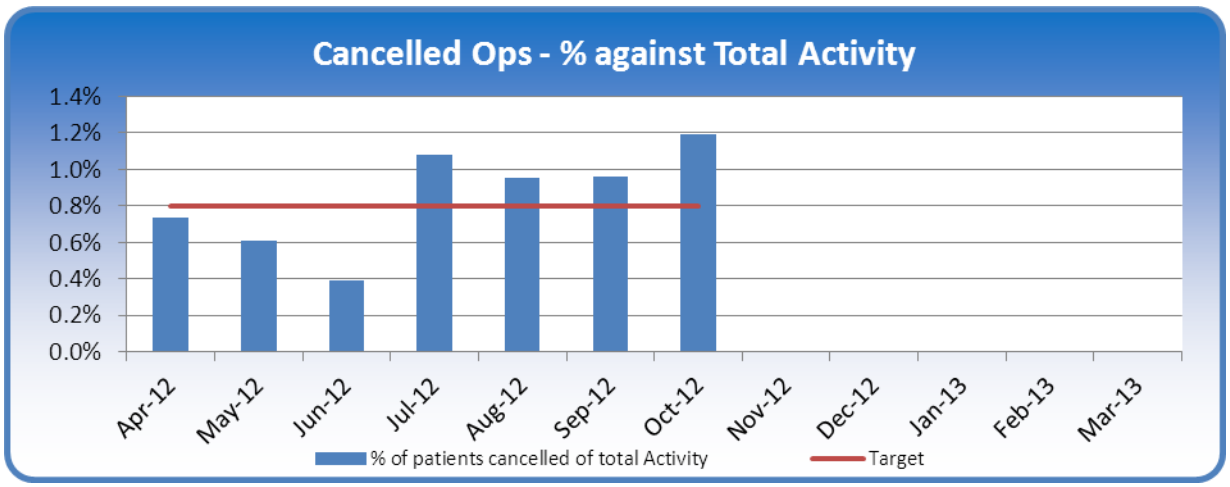
The committee reviewed the Trust's readmission over a 12 month period, and agreed that the Medical Director would undertake a 'deep dive' review into the specialties with the highest readmission rates and would also review any potential data anomalies and would report the results to the committee in December 2012.

4.8 Cancelled Ops

Cancelled Operations

% of Cancelled operations against Total Activity for the month

The Trust reported 42 Cancellations on the day for October 2012, this equates to 1.2% of Activity within the Trust for the month, 0.4% above the national target of 0.8%



Cancelled Ops By Specialty

Specialty	Count
Ophthalmology	13
Urology	7
Orthopaedics	6
General Surgery	6
General Medicine	5
ENT	3
Colorectal	1
Gynaecology	1

Cancelled Ops by Reason

Breach Reason	Count
More Urgent to Do	13
No Bed Available	12
Administrative Error	6
Out of Theatre Time	5
Staff Sickness	5
Equipment Failure	1

Operational Actions

Following a visit by the West Norfolk Clinical Commissioning group on 07/10/2012, a paper has been requested on issues affecting discharge and patient flow within the hospital. This is being completed to be presented to the West Norfolk Urgent Care Board on 30/11/2012. This will support the Trust in freeing up bed capacity for Elective activity and as a consequence reduce cancellations.

5 FINANCE & INVESTMENT

For the month the Trust achieved an EBITDA of £1,103k against a planned EBITDA of £1,214k, an adverse variance of £111k. For the month the Trust reported a surplus of £524k against a planned surplus of £657k, an adverse variance of £133k. The Trust EBITDA margin was 7.6% against a planned EBITDA margin of 8.5%, 0.9% below plan.

October is a high month with regard to achievement of EBITDA, although this is expected as the month has a high level of working days to deliver planned care.

Combined elective inpatient and daycase income was as per the original plan for the month which means it was appropriate to assume limited "catch up" on previous month's underperformance during October. Outpatient income for the month was also as per plan. Non elective activity was lower than expected in the month, causing a further £97k reduction in clinical income and direct access income over performed by £135k in the month. Overall this means that the Trust marginally under achieved against the original plan clinical income levels for the month, but as expected the Trust didn't deliver any significant "catch-up" on previous underperformance of activity.

In the month, pay underspent against original plan by £135k and non pay overspent by £318k. The non pay overspend was caused by additional costs on clinical consumables and supplies and underachievement of BSP savings.

Year to date the Trust has achieved an EBITDA of £4,706k against a plan of £5,354k, an adverse variance of £648k. The Trust reported a surplus of £607k against a planned surplus of £1,240k, an adverse variance of £633k. Year to date the Trust EBITDA margin is 4.9% against a plan of 5.5%, 0.6% below plan.

In the month the Trust scored an FRR of 4 against an expected FRR of 4 and year to date the Trust is reporting an FRR of 3 against a planned FRR of 3. Whilst this is as per plan EBITDA is 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.

The clinical income forecast assumptions remain as per last month's report, these are:

- For clinical income, specialities that are currently under performing against their original plan will deliver their original plan on a weekly basis **and** catch up all their prior month's underperformance from November 2012 to March 2013 (excluding Ophthalmology and ENT outpatients).

- Specialities that are currently over performing are required, as a minimum, to deliver to their original plan, by week for the remainder of the year.

The delivery of the activity and income assumptions are being monitored against a weekly plan as per the Trust's Operational Activity Recovery Plan paper update.

The monthly review of forecast expenditure run-rates with Divisional management teams continued during October and the Trust Business Sustainability Programme forecast savings has remained at the same level of £6.6m. These have been reflected in the overall Trust forecast position.

The change in assumption re: the cost of pathology transformation, £400k in Q3 & £400k in Q4 effectively results in an increased level of contingency in Q3 to offset the risk around increased level of expected BSP delivery. BSP delivery needs to deliver in line with current forecasts i.e. ramping up in Q4 to support delivery of the year end plan and providing underlying financial strength going into 2013/14.

The Trust remains committed to deliver a forecast EBITDA of £8.8m in line with original plan, which delivers an FRR 3 for 2012/13.

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
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Michael.brown@qehkl.nhs.uk

The Queen Elizabeth Hospital 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	Quarter 1		Quarter 2		Oct-11	
					Perf	Weight	Perf	Weight	Perf	Weight
C.difficile year on year reduction		30	1.0		7		10		n/a	
MRSA - meeting the MRSA objective		1	1.0		0		0		n/a	
All cancers: 31-Day Wait For Second Or Subsequent Treatment	Anti Cancer Drug Treatments	98%	1.0		100.0%		100.0%		n/a	
	Surgery	94%	1.0		100.0%		100.0%		n/a	
	Radiotherapy (from 1 January 2011)	94%	1.0		n/a		n/a		n/a	
All cancers: 62-Day Wait For First Treatment	From Consultant Screening Service Referral	90%	1.0		95.2%		100.0%		n/a	
	Urgent GP Referral To Treatment	85%	1.0		86.4%		85.3%		n/a	
A&E: Total time in A&E 95% Patients withing 4 Hr Target		95%	1.0		96.7%		95.5%		92.5%	1
Referral to treatment waiting times – admitted (90% Target within 18 Weeks		90%	1.0		91.1%		93.3%		n/a	
Referral to treatment waiting times – non-admitted (95% Target Within 18 Weeks)		95%	1.0		98.9%		98.8%		n/a	
Referral to treatment waiting times – Incomplete (92% Target Within 18 Weeks)		92%	1.0		94.0%		94%		n/a	
31-Day (Diagnosis To Treatment) Wait For First Treatment	All cancers	96%	0.5		99.4%		99.7%		n/a	
Two week wait from referral to date first seen	All cancers	93%	0.5		95.8%		97.9%		n/a	
	For symptomatic breast patients (cancer not initially suspe	93%	0.5		97.1%		98.5%		n/a	
Thrombolysis within 60 minutes (where this is the preferred local treatment)		68%	0.5		n/a		n/a		n/a	
Screening all elective in-patients for MRSA		100%	0.5		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	
	Having formal review within 12 months	95%	0.5		n/a		n/a		n/a	
Minimising delayed transfer of care		<=7.5%	1.0		2.0%		1.7%		n/a	
Admissions had access to crisis resolution home treatment teams		90%	1.0		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	
Data completeness: identifiers		99%	0.5		n/a		n/a		n/a	
Data completeness: outcomes		50%	0.5		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	
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						
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							