The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Barbara Cummings Director of Planning & Performance	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 2013
Report Title: Performance Report

Purpose:

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

Summary:

The enclosed reports identify performance to October 2013 against the Trusts KPIs and where appropriate the forecast for year end to March 2014, including the key risks to operational performance.

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 forecast at the end of the current quarter is 1 due to the A&E indicator, however due to the on-going performance of A & E over the previous 2 quarters the governance risk rating for the Trust will default to RED.

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

d) Identify any key issues requiring further consideration.

Author: Barbara Cummings
Date: 17th November 2013

Quality & Risk Dashboard Oct 13

Indicator	Target type	Ceiling / Target	Current Month	April 13 -YTD	Rolling 12 month Trend	Variance to previous month
1.1 Crude Mortality (per 1000 admissions)	Local target	19	12.7	16.3		
1.2 RAMI*	Local target	89.3	92.0	90.0		
1.3 Friends & Family Test (Inpatient) Survey - Net promoter score	CQUIN target	End of year top 50% of country	61	67		
1.3 Friends & Family Test (A&E) Survey - Net promoter score	CQUIN target		52	50		
1.4 Friends & Family - Response rate	CQUIN target	21%	13.1%	11.9%		
1.5 MRSA	National target	1	0	0		
1.6 CDIFF	National target	19	0	9		
Serious Incidents breakdown						
1.10 Other Serious Incidents	Local target	5	0	5		
1.11 Never Events Reported	Local target	0	0	0		
1.12 Serious Medication Errors	Local target	0	1	3		
1.13 Falls Resulting in Serious injury	Local target	13	0	7		
1.14 Pressure Ulcers - Grade 3 H.A	Local target	35	9	34		
1.15 Pressure Ulcers - Grade 4 H.A	Local target		0	1		
Total Serious Incidents		53	10	50		
1.16 Number of MSA Breaches (Number of Patients)	National target	0	2	6		
1.17 Clinical Complaints	TBC		48	336		
1.18 Non-Clinical Complaints	TBC		5	12		
1.19 Compliments	N/A		169	982		
1.20 Safety Thermometer - No new harms	CQUIN target	95.0%	96.6%	96.1%		
1.21 VTE Assessment Completeness*	CQUIN target	97.2%	97.3%	97.6%		

* shown 1 month in arrears

CQC Concerns

On the 28th October 2013 the CQC announced its latest findings following inspections in August. It raised a number of concerns around staffing, quality and ability of management and caring for patients safely as a result the Trust has been placed in special measures. Further details can be found here: http://www.cqc.org.uk/node/770631

Monitor Regulatory position

Monitor have informed the Trust they have breached their License granted under section 87 of the Health & Social Act. The areas where a breach has been deemed to take place relate to Financial, Quality, Appropriateness of undertakings and A&E. The Trust has been placed in special measures.

Quality & Risk definitions

Indicator	Target type	Ceiling / Target
1.1 - Crude Mortality Mortality Rate for the Trust per 1000 Admissions, Calculation = *Total Deaths/Total spells *1000*	Local target	19
1.2 - RAMI (Risk Adjusted Mortality Index) Mortality Index Calculated by CHKS (1 month in arrears)	Local target	89.3
1.3- Net Promoter (Friends & Family) Inpatient Proportion of respondents extremely likely to recommend - the proportion of respondents who would not recommend	CQUIN target	End of year top 50% of country
1.4- Net Promoter (Friends & Family) A&E Proportion of respondents extremely likely to recommend - the proportion of respondents who would not recommend	CQUIN target	End of year top 50% of country
1.5 - MRSA Total Number of MRSA Cases that occurred within the reporting month	National target	1
1.6 - CDIFF Total Number of CDIFF Cases that occurred within the reporting month	National target	19
1.10 - Other Serious Incidents Total Number of Other Serious Incidents that occurred within the reporting month (excluding 1:11,1:12,1:13,1:14,1:15)	Local target	5
1.11 - Never Events Total number of Never Events that occurred within the reporting month	Local target	0
1.12 - Serious Medication Errors Count of the total number of patients that have had a serious medication error within the reporting month	Local target	0
1.13 - Falls Resulting in Serious Injury Total count of falls within the reporting month	Local target	13
1.14 - Pressure Ulcers - Grade 3 H.A Total count of Grade 3 H.A Pressure Ulcers within the reporting month	Local target	
1.15 - Pressure Ulcers - Grade 4 H.A Total count of Grade 4 H.A Pressure Ulcers within the reporting month	Local target	35
1.16 - Number of MSA Breaches (Patient Count) The Count of the number of patients involved in a Mixed-sex occurrence in the reporting month A mixed-sex occurrence is defined as: The placement of a patient within a clinical setting where one or more of the following criteria applies: a. The patient occupies a bed in a bay or room that is occupied by a patient of the opposite gender. b. The patient occupies a bed that does not have access to co-located same-sex toilet and washing facilities. c. The patient must pass through an area designated for occupation by members of the opposite sex to gain access to toilet and washing facilities. d. The patient occupies a bed in a bay or room that is occupied by a patient of the opposite gender where a clinical justification previously applied is no longer applicable.	National target	0
1.17 - Clinical Complaints	N/A	
1.18 - Non Clinical Complaints	N/A	
1.19 - Compliments	N/A	
1.20 - Safety Thermometer (Hospital Acquired Harm)	CQUIN target	95.0%
1.21 - VTE Assessment Completeness* Proportion of admissions that have been VTE assessed within the reporting month (1 month in arrears)	CQUIN target	97.2%

Performance & Standards Oct 13

Indicator	Target type	Ceiling / Target	Current Month	April 13 -YTD	Rolling 12 month Trend	Variance to previous month
3.1 Monitor Compliance Framework Score	National target	0	1***	1		
3.2 18 Weeks - Admitted Adjusted Performance	National target	90.0%	89.5%	91.1%		
3.3 18 Weeks - Non Admitted Performance	National target	95.0%	98.3%	98.5%		
3.4 18 Weeks - Incompletes Performance	National target	92.0%	95.6%	95.4%		
3.5 Cancer - 31 Days Subsq Treatment - Surgery*	National target	94.0%	96.4%	100.0%		
3.6 Cancer - 31 Days Subsq - Drug Treatments*	National target	98.0%	100.0%	99.3%		
3.7 Cancer - 62 Days Referral to Treatment*	National target	85.0%	82.2%	89.0%		
3.8 Urgent GP Cancer - 2 Week Wait*	National target	93.0%	98.0%	97.9%		
3.9 Cancer - 31 Days Diagnosis to Treatment*	National target	96.0%	97.0%	99.0%		
3.10 A&E 4 Hour Attendance	National target	95.0%	92.7%	91.1%		
3.11 Ambulance Turnaround <= 15 mins ^^	National target	100.0%	51.0%	54.0%		
3.12 ASIs Per Direct Booking Service (DBS) %	National target	3.00%	17%	15%		
3.13 MRSA Screening - All Elective Inpatients	National target	100.0%	100.0%	100.0%		
3.14 Choose + Book - Slot Utilisation	National target	90.0%	73.0%	78.0%		
3.15 Stroke - 90% of Stay on a Stroke Unit ^ *	National target	80.0%	86.1%	84.0%		
3.16 Stroke - High Risk TIA treated in 24 Hrs ^ *	National target	60.0%	60.9%	63.4%		
3.17 Cancelled Ops	National target	0.8%	0.7%	0.9%		
3.18 Readmission Rate - Elective	Local target	3.1%	4.0%	4.2%		
3.19 Readmission Rate - Emergency	Local target	10.4%	10.1%	11.3%		
3.20 Diagnostic Over 6 Week Waiters	National target	1.0%	0.00%	0.10%		
3.21 Inpatient Waiters- Total number of patients on waiting list	Waiting list as at end of March 2013	2985	3378			
3.22 Outpatient Waiters- Total number of patients on waiting list	Waiting list as at end of March 2013	4825	6612			

Operational Efficiency

Indicator		Target	Current Month	April 13 -YTD	Rolling 12 month Trend	Variance to previous month
3.23 Day Case Rate	Local target	82%	88.3%	85.4%		
3.24 Basket of Daycase Procedures	Local target	80%	87.7%	83.7%		
3.25 New to Review Rate	Local target	2.3	2.5	2.6		
3.26 DNA Rate	Local target	5%	5.6%	6.1%		
3.27 Length of Stay - Elective	Local target	2.2	1.8	1.9		
3.28 Length of Stay - Non Elective	Local target	5.0	3.9	4.4		
3.29 Total Length Of Stay	Local target	4.3	3.6	4.0		

*Cancer, Stroke, TIA & VTE figures are shown a month in arrears, this months figures shows Sep 13 information
^ Provisional figures
^^ The trust is working with EEAST to resolve data quality issues with this indicator
*** Default to RED due to previous 2 quarters A & E performance

Performance & Standards definitions

Indicator		Target type	Ceiling / Target
3.1 - Monitor Compliance Framework Score			
3.2 - 18 Weeks – Admitted	Percentage of the number of Admitted patient pathways that were completed within 18 Weeks within the reporting month	National target	90.0%
3.3 - 18 Weeks - Non Admitted	Percentage of the number of Non - Admitted patient pathways that were completed within 18 Weeks within the reporting month	National target	95.0%
3.4- 18 Weeks - Incompletes	Percentage of the patient pathways whose clock is still running	National target	92.0%
3.5 - Cancer - 31 Days Subsq Treatment – Surgery	Percentage of above Cancer Pathway completed within 31 Days in the reporting month (1 month in arrears)	National target	94.0%
3.6 - Cancer – 31 Days Subsq – Drug Treatments	Percentage of above Cancer Pathway completed within 31 Days in the reporting month (1 month in arrears)	National target	98.0%
3.7 - Cancer – 62 Days Referral to Treatment	Percentage of above Cancer Pathway completed within 62 Days in the reporting month (1 month in arrears)	National target	85.0%
3.8 - Urgent GP Cancer – 2 Week Wait	Percentage of cancer patients first seen within 2 weeks in the reporting month (1 month in arrears)	National target	93.0%
3.9 - Cancer – 31 Days Diagnosis to Treatment	Percentage of above Cancer Pathway completed within 31 Days in the reporting month (1 month in arrears)	National target	94.0%
3.10 - A&E 4 Hour Attendance	Percentage of total A&E Attendances for the reporting month that are admitted or discharged within the 4 hour target.	National target	95.0%
3.11 Ambulance Turnaround => 15 mins		National target	100.0%
3.12 ASI's	Availability of appointment slots ASI'S	National target	3.0%
3.13 - MRSA Screening - All Elective Inpatients	Percentage completion of all Elective Admissions being screened for MRSA in a given month.	National target	100.0%
3.14 - Choose + Book - Slot Utilisation	Percentage of total Slots available on the Choose & Book system for a given month that have been filled by patients using the Choose & Book system.	National target	90.0%
3.15 - Stroke 90% of stay on a Stroke Unit	Percentage of Stroke patients that spend 90% of their hospital stay on the stroke unit (1 month in arrears)	National target	80.0%
3.16 - Stroke - High Risk TIA treated within 24 Hrs	Percentage of High Risk TIAs that are seen and treated within 24 hours (1 month in arrears)	National target	60.0%
3.17 - Cancelled Operations	Total number of cancelled operations on the day in the reporting month.	National target	0.8%
3.18 - Readmission Rate - Elective	Total number of Patients readmitted within 30 days following an Elective admission against the Total number of discharges within the reporting month	Local target	3.1%
3.19 - Readmission Rate - Emergency	Total number of Patients readmitted within 30 days following an Emergency admission against the Total number of discharges within the reporting month	Local target	10.4%
3.20 - Diagnostic over 6 Week Waiters	Total number of diagnostic waiters over 6 weeks at the end of the reporting month shown as a percentage of the total Diagnostic Waiting List.	National target	1.0%
3.21 - Inpatient waiters	Total number of Inpatient waiters at the end of the march 13	Local target	2985
3.22 - Outpatient waiters	Total number of Outpatient waiters at the end of the March 13	Local target	4825
3.23 - Day Case Rate	Percentage of Elective Activity that is Daycase within the reporting month.	National target	82.3%
3.24 - BADs	British Association of Day Surgery's "trolley" of procedures	National target	80.0%
3.25 - New to Review Rate	Ratio of total follow-up attendances against the total number of new patient attendances for the reporting month	Local target	2.3
3.26 - DNA Rate	Ratio between the total number of new and follow up appointment DNAs against the total number of Attendances and DNAs (Did not attend)	Local target	5%
3.27 - Length of Stay - Elective	The average spell length of stay for Elective Inpatients discharged within the reporting month	Local target	2.2
3.28 - Length of Stay - Non Elective	The average spell length of stay for Non Elective Inpatients discharged within the reporting month	Local target	5.0
3.29 - Total Length Of Stay	The average spell length of stay for all Inpatients (excluding Daycases) discharged within the reporting month	Local target	4.3

Finance

		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 £m	(3.0)	(11.3)	↓	(2.1)	(6.4)	↓	0.4	(0.9)
2.2	EBITDA £m	5.4	(2.5)	↓	2.9	(1.0)	↓	1.1	0.0
2.3	Liquidity Days	(11.9)	(14.6)	↓	(10.0)	(20.0)	↓	(10.2)	(19.4)
2.4	BSP - Overall Position £m	9.3	4.7	↑	4.2	2.9	↓	1.0	0.5

		Full Year Plan	Full Year Forecast	YTD Plan	YTD
2.5	Continuity of Service Risk Rating	2	1	2	1

* Liquidity days full year forecast assumes £12.840m of Department of Health cash support. The Department of health have agreed £8.065m of cash support to date.

Both sections are required for the Board report

Workforce Oct 13

Indicator	Target type	Ceiling / Target	NHSLA L3 Target	Current Month	Rolling 12 month	Rolling 12 month	Variance to previous month
4.1 Sickness Absence Rate	CQUIN	4.7%		4.1%	4.6%		
4.2 Staff Turnover Rate Complete Trust	Local target	10.0%		11.2%	11.1%		
4.3 Staff Turnover Rate Medical & Dental	CQUIN	10.0%		17.4%	12.9%		
4.4 Staff Turnover Rate Registered Nursing & Midwifery	CQUIN	10.0%		14.5%	12.7%		
4.5 Staff Turnover Rate Allied Health Professionals	Local target	10.0%		13.8%	15.4%		
4.6 Appraisal Completeness %	Local target	90.0%		65.0%	65.6%		
4.7 Medical & Dental Vacancies (as % of Medical Posts)	CQUIN	5.0%		5.0%	4.9%		
4.8 Registered Nurses & Midwives Vacancies (as % of Nurse Posts)	CQUIN	6.0%		9.1%	9.7%		
4.9 Allied Health Professional Vacancies (as % of AHP Posts)	CQUIN	6.0%		80.0%	2.0%		
4.10 Contracted staff in Post (WTE)	Trend Analysis			2520	2494		
4.11 Temporary Staff in Post (WTE)	Trend Analysis			216	185		
4.12 Exit interviews	CQUIN	Target rationale to be agreed - no data to date					
4.13 Conflict Resolution Training	NHSLA	70.0%	95.0%	77.6%	71.7%		
4.14 Consent Training	NHSLA	70.0%	95.0%	25.0%			
4.15 Equality and Diversity Training	CQC	70.0%	70.0%	76.7%			
4.16 Fire Training	Statute	70.0%	70.0%	83.7%	84.0%		
4.17 Health & Safety Training	Statute	70.0%	70.0%	84.4%	84.1%		
4.18 Incident Report Training	NHSLA	70.0%	95.0%	84.4%	84.1%		
4.19 Infection Control Training	NHSLA	70.0%	95.0%	79.4%	78.7%		
4.20 Information Governance Training	CQC	95.0%	95.0%	85.3%	85.4%		
4.21 Manual Handling Training	NHSLA	70.0%	95.0%	74.0%	76.0%		
4.22 Medicines Management Training	NHSLA	70.0%	95.0%	48.9%			
4.23 Record Keeping Training	NHSLA	70.0%	95.0%	61.4%			
4.24 Resuscitation Training	CQC	70.0%	70.0%	79.5%	77.9%		
4.25 Risk Management Training	NHSLA	70.0%	95.0%	96.7%	97.0%		
4.26 Safeguarding Adults Training	CQC	70.0%	70.0%	97.6%	97.0%		
4.27 Safeguarding Children Training	CQC	80.0%	80.0%	91.9%	90.6%		
4.28 Slips, Trips & Falls Training	NHSLA	70.0%	95.0%	92.2%			
4.29 VTE Training	NHSLA	70.0%	95.0%	75.3%			

* Provisional data

CQUIN indicator 8 states 'improvement upon baseline Q1 target'

Workforce definitions

Indicator	Target type	Ceiling / Target
4.1 - Sickness Absence rate % Percentage sickness absence for the month. Based on FTE days absent divided by FTE days available	CQUIN	4.7%
4.2 -Staff Turnover rate complete Trust (%)	Local target	10.0%
4.3 -Staff Turnover rate Registered Medical & Dental(%)	CQUIN	10.0%
4.4 -Staff Turnover rate Registered Nursing * Midwifery (%)	CQUIN	10.0%
4.5 - Staff Turnover rate Allied Health Professionals NHSLA 4014 Standard 4.6 Hand Hygiene Training	Local target	10.0%
4.6 - Appraisal Completeness %	Local target	90.0%
4.7 - Medical & Dental Vacancies (as % of Medical Posts)	CQUIN	5.0%
4.8 - Registered Nurses & Midwives Vacancies (as % of Nurse Post)	CQUIN	6.0%
4.9 - Allied Health Professional Vacancies (as % of AHP Post)	CQUIN	6.0%
4.10 - Contracted staff in post (WTE)	Trend Analysis	
4.11 - Temporary staff in post (WTE)	Trend Analysis	
4.12 - Exit interveiws	CQUIN	
4.13 - Conflict Resolution Training	NHSLA	70.0%
4.14 - Consent Training	NHSLA	70.0%
4.15 - Equality and Diversity Training	CQC	70.0%
4.16 - Fire Training	Statue	70.0%
4.17 - Health & Safety Training	Statue	70.0%
4.18 - Incident Report Training	NHSLA	70.0%
4.19 - Infection Control Training	NHSLA	70.0%
4.20 - Information governance Training % Staff trained on Information Governance. DoH operating framework requirement - Reported to CQC	CQC	95.0%
4.21 - Manual Handling Training	NHSLA	70.0%
4.22 - Medicines Management Training	NHSLA	70.0%
4.23 - Record Keeping Training	NHSLA	70.0%
4.24 - Resuscitation Training Resuscitation Council Guidelines define levels for Acute Trusts	CQC	70.0%
4.25 - Risk Management	NHSLA	70.0%
4.26 - Safeguarding Adults Training To ensure we meet CQC standards and to support the safeguarding lead	CQC	70.0%
4.27 - Safeguarding Children Training Legal Requirement under Safeguarding Children Intercollegiate Document (September 4010)	CQC	80.0%
4.28 - Slips, Trips & Falls Training	NHSLA	70.0%
4.29 - VTE Training	NHSLA	70.0%

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 has been replaced this month with a separate paper produced by the Medical Director.

The Trust received 48 clinical complaints and 5 complaints relating to non-clinical service and there were 169 compliments across the Trust in the month. The Trust has reported 9 Grade 3 pressure ulcers in the month. There has been 34 year to date (1 Grade 3 pressure ulcer has been upgraded to a Grade 4 pressure ulcer reporting 1 year to date). The Trust had 1 serious medication error.

The Trust has reported 10 serious incidents in October. There were 0 never events for October.

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 areas of performance where the Trust did not achieve

- A&E 4 Hour Attendance (Oct- 92.7% against a target of 95%)
- Choose & Book Target (Oct- 73% against a target of 90%)
- Ambulance turnaround <=15 mins (Using the current unvalidated data from EEAST) (Oct- 51% against a target of 100%)
- ASI's per DBS booking % (Oct- 17% against a target of 3%)
- New to Follow up ratio (Oct- 2.5 against a target of 2.3)
- DNA (Oct- 5.6% against a target of 5%)
- Readmission rate elective (Oct- 4% against a target of 3.1%)
- 62 days referral to treatment Cancer Target (Sept- 89.5% against a target of 90%)

The **Workforce scorecard** highlights that the Trust sickness absence rate for the month is at the target of 4.1%, with the reasons for absence highlighted. Appraisal completeness across the Trust which was 65.0% in October was below the target of 95%. The requirement for Information Governance Training which stands at 47.1% year to date this is broadly in line with last year's position at the same time.

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 forecast at the end of the current quarter is 1 due to the A&E indicator, however due to the on-going performance of A & E over the previous 2 quarters the governance risk rating for the Trust will default to RED.

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

d) Identify any key issues requiring further consideration.

2 QUALITY AND RISK

Mortality

A comprehensive paper was presented to the Quality Committee in October 2013. Our overall mortality data continues to be within the expected range. The local target originates from the Quality strategy 2010-13, in which the aim was to reduce mortality by 5% per year, a target which has not been achieved.

The Trust has received one alert from the Dr Foster unit on 4th November regarding outlying mortality. Data for the 3 month period to August 2013 refers to patients with an admission diagnosis of 'deficiency and other anaemia' who had a higher than expected mortality rate. Patients who died during the alerting period will be audited in detail by clinicians from the haematology department and reported via the Clinical Outcomes Group in the usual way.

Response to new CQC Intelligence Monitoring Indicators

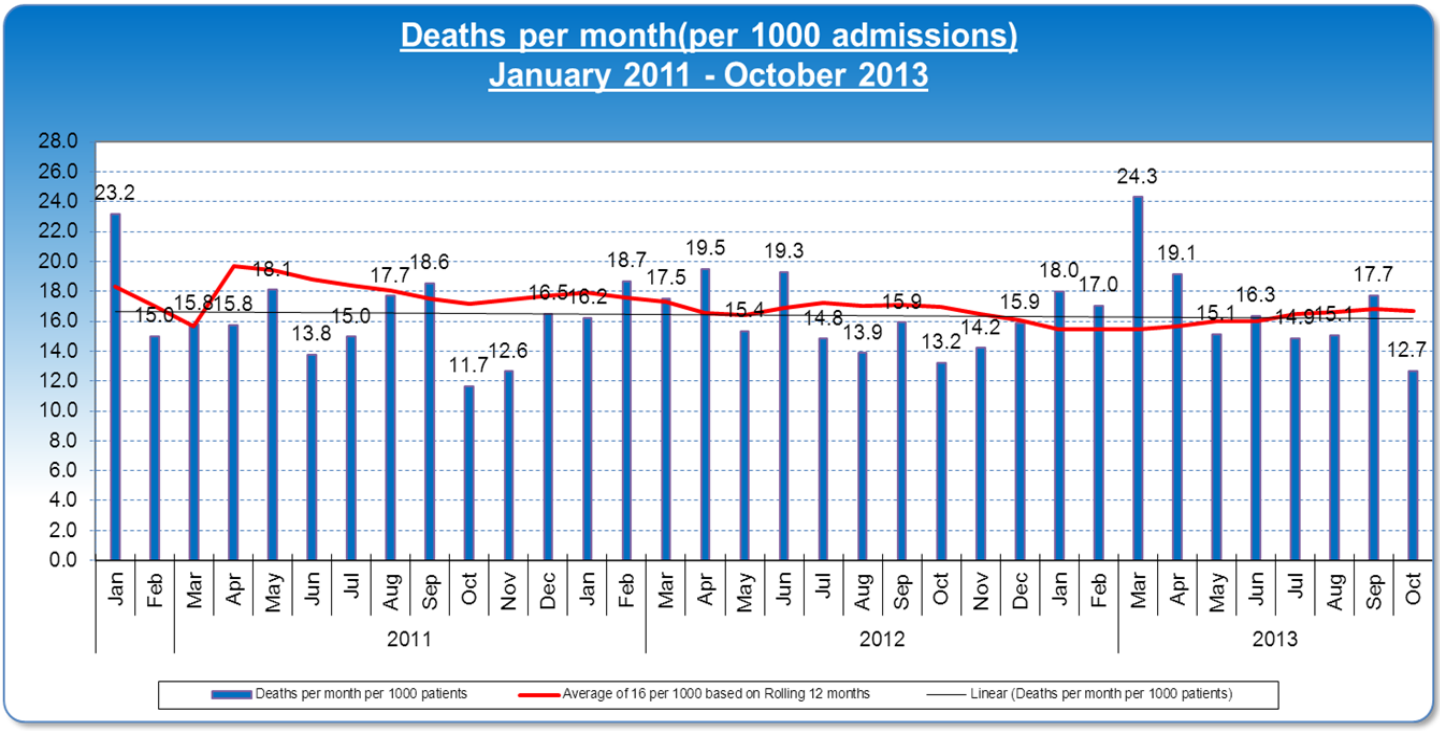
The CQC have published the indicators that will be used for intelligence monitoring. The Medical Director and Director of Planning and Performance have requested that CHKS, who currently provide our data analysis including mortality data, routinely supply us with the indicators contained within the CQC's new monitoring tool. In addition, CHKS will present a 6 monthly report to the Quality Committee, commencing February 2014 to provide external assurance to the Board.

Dr Foster is the market competitor to whom we do not currently subscribe. However, the Medical Director and Director of Performance and Planning attended the Dr Foster 'Good Hospital Guide' pre-launch meeting in October and will be evaluating their new 'Care Quality Tracker'. This tool is also designed to help acute Trusts to evaluate the data that will be used by the CQC inspectors.

Regarding the Dr Foster Good Hospital Guide 2013 which will be published this month, the only QEH outlying data refers to our lower than expected rate of hospital acquired pneumonia in patients who have suffered from stroke.

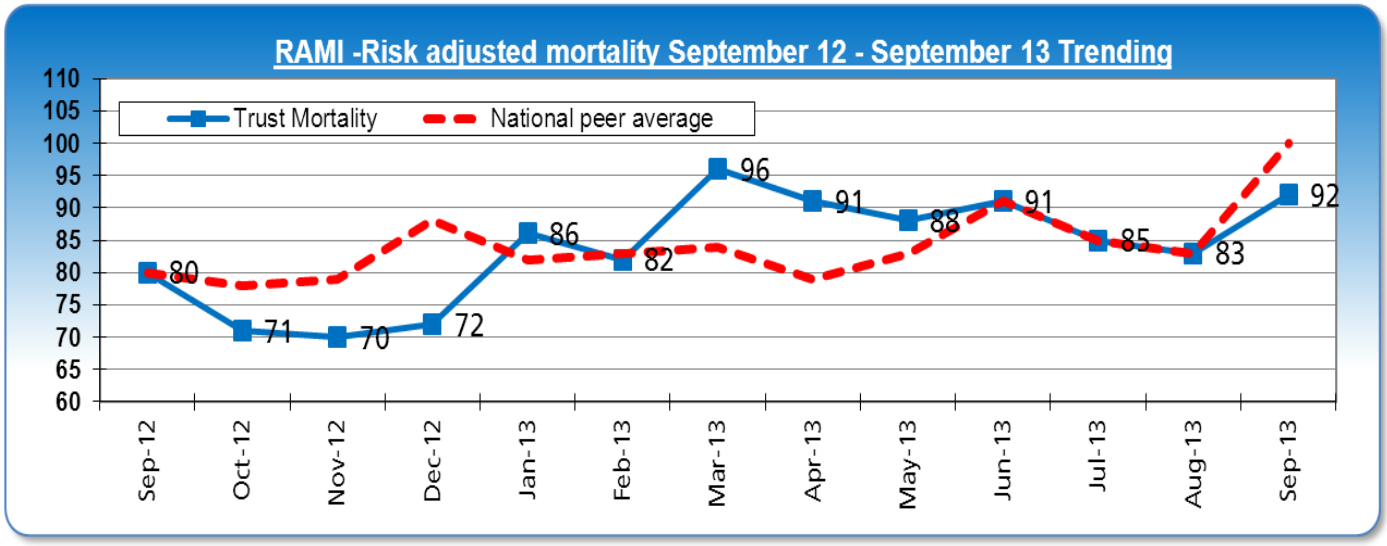
2.1 Trust Mortality

- Crude mortality per 1,000 admissions in October is 12.7 YTD = 16.8 (target achieved).



The table above shows the crude mortality per 1,000 admissions position by month.

The Trust's RAMI performance over the past 13 months and deaths per 1000 admissions are shown in the graphs below:-

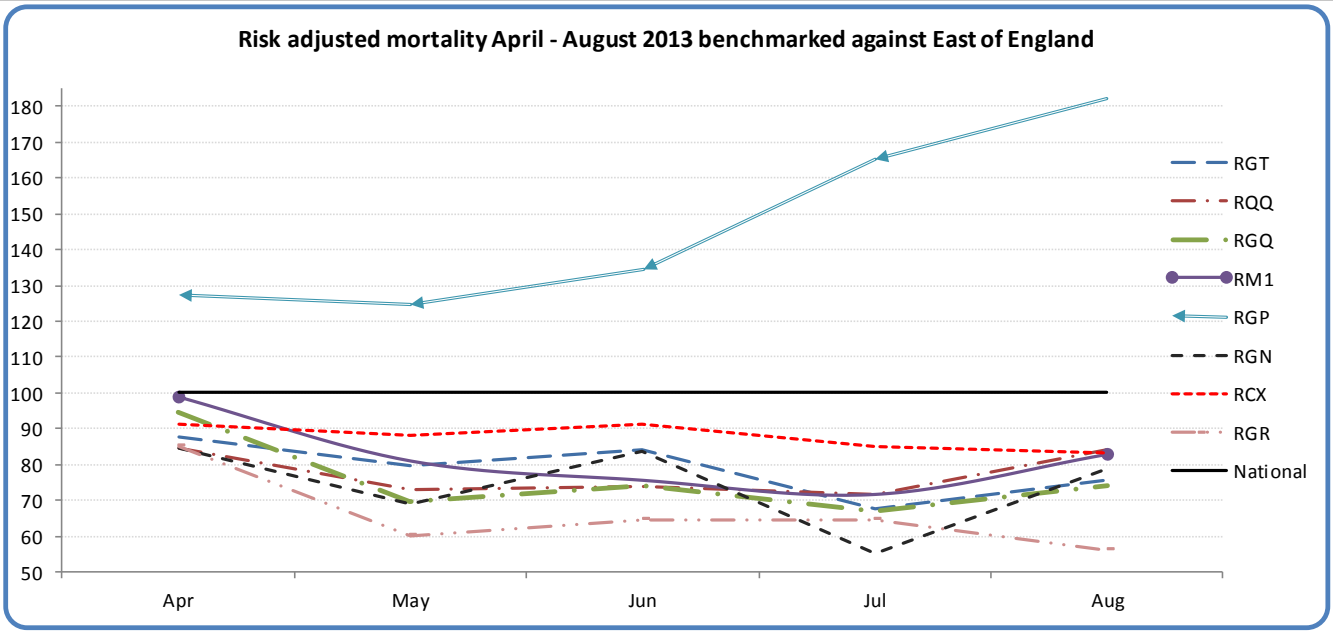


- RAMI in September 2013 = 92.0

The Table and graph below shows the RAMI benchmarked against East of England.

RAMI Latest available reporting April - August 2013

CHKS	Mortality	Apr	May	Jun	Jul	Aug	Sep	Ytd
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87	80	84	67	76		79
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	84	73	74	72	84		77
RGQ	IPSWICH HOSPITAL NHS TRUST	94	70	74	67	74		76
RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	127	125	134	165	182		146
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	99	81	76	72	83		83
RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	84	69	84	55	79		74
RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	91	88	91	85	83	92	88
RGR	WEST SUFFOLK NHS FOUNDATION TRUST	85	60	64	65	56		66
	National	100	100	100	100	100		100



Operational Actions

The Trust continues in its efforts to lower the RAMI across all areas and this is being monitored via the clinical governance committee. Feeding into this work is the output report from CHKS on mortality. With the National peer average at 100 for October 2013 the Trust continues to outperform its peer group.

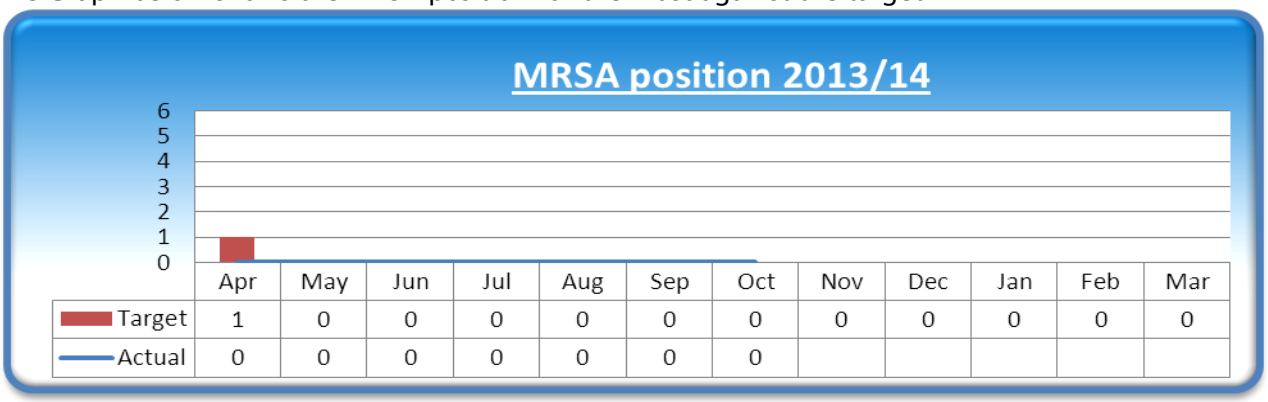
2.2 Hospital Acquired Infections

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 2013. Performance year to date remains at 0.

The Graph below shows the MRSA position for the Trust against the target.

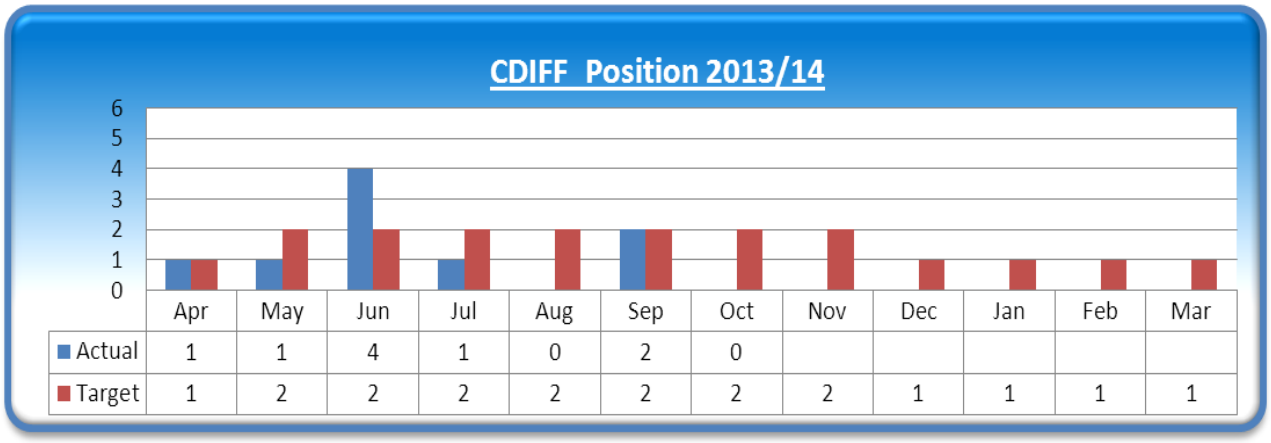


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	1	0	0	0	0	0	0	0	0	0	0	0
Actual	0	0	0	0	0	0	0					

Healthcare Associated Infections - C -difficile

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

The Trust reported 0 Clostridium Difficile infections in October 2013.
Cumulatively the number of infections reported is 9



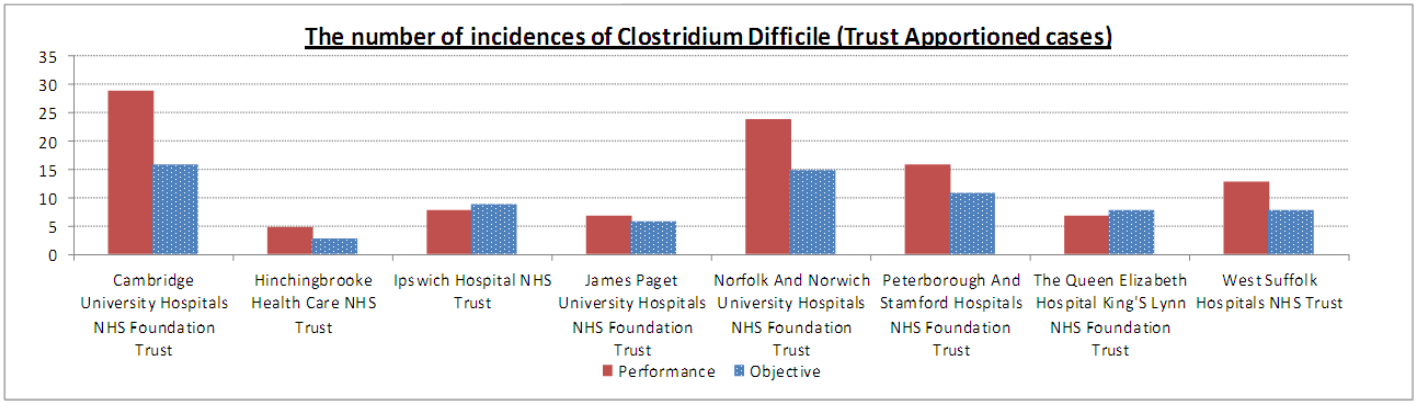
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	1	1	4	1	0	2	0					
Target	1	2	2	2	2	2	2	2	1	1	1	1

The table below shows C Difficile position benchmarked to the East of England

The Queen Elizabeth Hospital King's Lynn NHS Trust compared to East of England

The number of incidences of Clostridium Difficile (Trust Apportioned cases)

Latest available reporting April - August 2013



Operational Actions

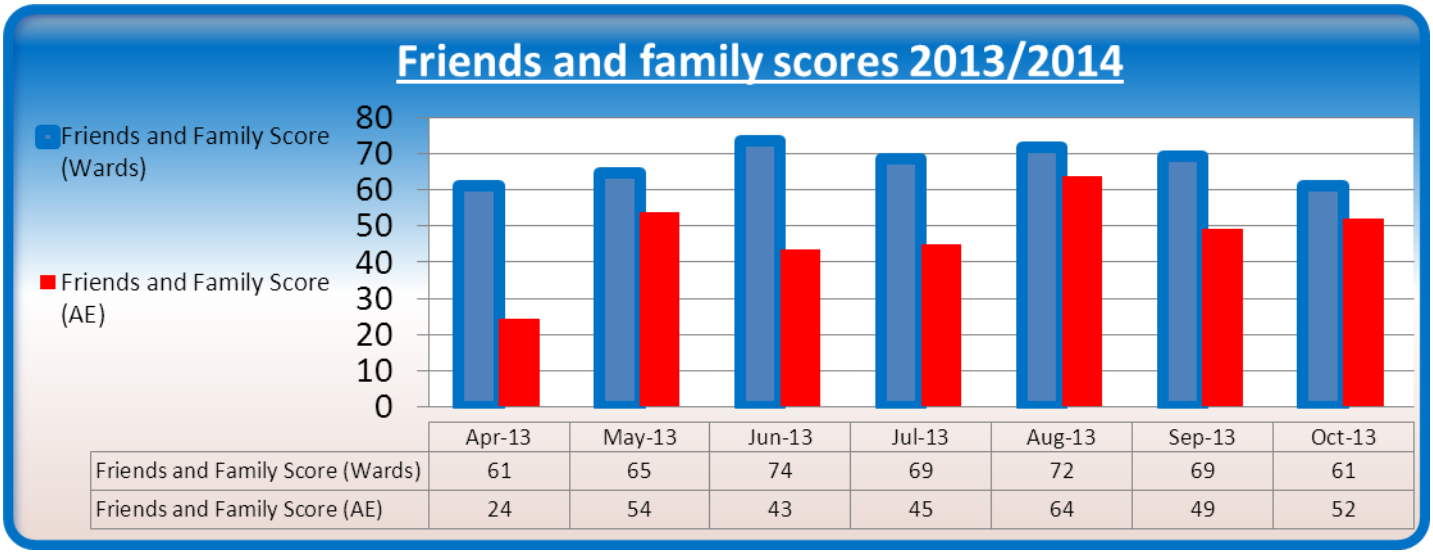
The levels remain within our threshold. The Trust continues with the actions plans put in place in previous months.

2.3 Patient Experience

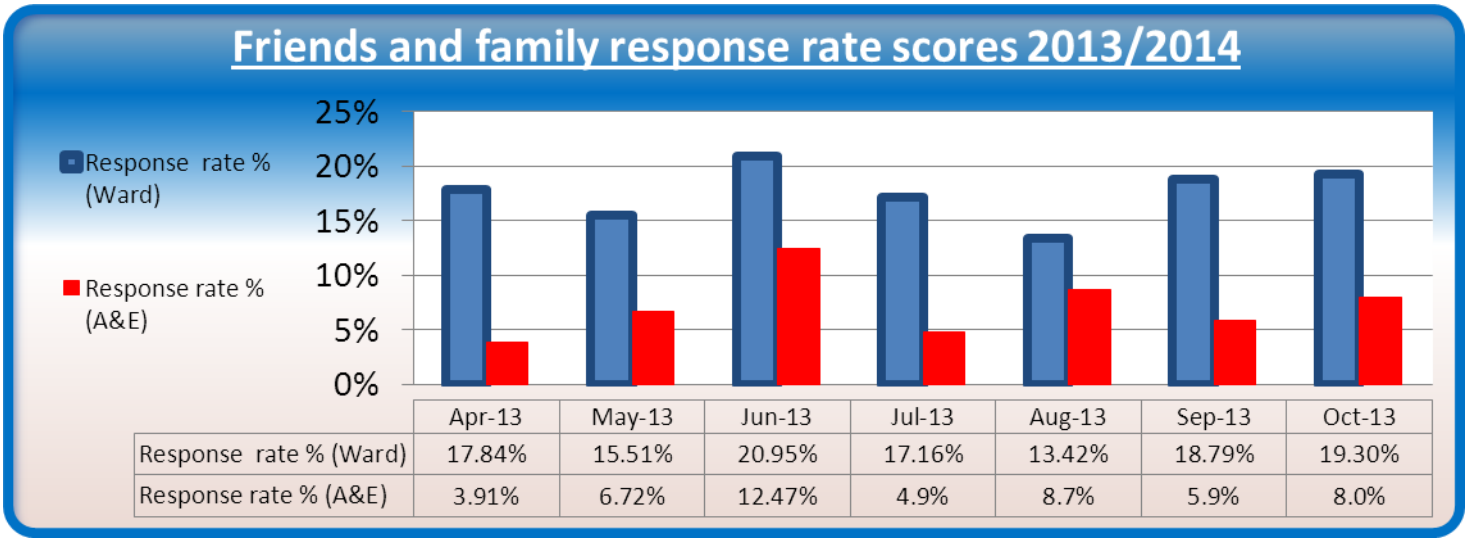
Patient Experience

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

The Trust remains below target for the friends and family response rate with a score of 61 in October.



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Friends and Family Score (Wards)	61	65	74	69	72	69	61
Friends and Family Score (AE)	24	54	43	45	64	49	52



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Response rate % (Ward)	17.84%	15.51%	20.95%	17.16%	13.42%	18.79%	19.30%
Response rate % (A&E)	3.91%	6.72%	12.47%	4.9%	8.7%	5.9%	8.0%

1. The Friends and Family Test (FFT) Results for October 2013

The Friends and Family Test looks at how likely a patient is to recommend this service to their friends and family. In October, 629 patients submitted an FFT survey provided by iWantGreatCare. Some of these surveys were about wards and departments which are not yet included in the national FFT system such as Paediatrics.

Our **A & E** FFT Score for October was +52, an increase of 3 points on last month's score of +49, and the response rate was 8.03% compared with 5.93% in September.

Our **Inpatient** FFT Score for September was +61, down by 8 points from last month's score of +69, although the response rate was higher at 19.3% compared to September's rate of 18.79%.

This is the first month for mandatory reporting of the maternity results which were:

Maternity Touch Point	FFT Score	Response rate %
36 weeks antenatal appointment	79	7.5
Birth	74	16.5
Postnatal Ward	81	18.0
10 days postnatal	86	3.5

Progress against CQUIN Targets

There is currently no national target for the scores. The locally agreed CQUIN target response rate has been set as follows:

Quarter 1: 15%
Quarter 2: 18%
Quarter 3: 21%
Quarter 4: 24%

These will be the response rates for the non-maternity inpatient wards and the A&E department *combined*. The response rate is calculated as:
Total number of FFT surveys returned / Total number of patients eligible to respond x 100.

The **combined** score for October was 58, down 5 points from last month whilst the response rate was higher at 13.1% compared with 11.51% last month.

Results by Ward at The QEHKL for September 2013:

Ward Name	Total Responses	Total Eligible	Response Rate	Friends and Family Test Score	Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't Know
Critical Care	0	7	0.00%	NA	0	0	0	0	0	0
Denver	0	131	0.00%	NA	0	0	0	0	0	0
Elm	73	266	27.40%	82	58	8	1	0	1	5
Gayton	5	106	4.70%	60	*	*	*	*	*	*
Leverington	24	115	20.90%	68	15	7	0	0	0	2
Leverington (S	15	80	18.80%	80	12	3	0	0	0	0
MAU	17	82	20.70%	56	10	5	0	1	0	1
Necton	6	82	7.30%	50	2	2	0	0	0	2
Oxborough	15	62	24.20%	92	12	1	0	0	0	2
Pentney	9	88	10.20%	13	3	3	0	1	1	1
Shouldham	13	43	30.20%	100	13	0	0	0	0	0
Stanhoe	8	65	12.30%	29	4	1	2	0	0	1
Terrington Sho	78	335	23.30%	59	44	20	2	2	0	10
Tilney	40	95	42.10%	69	26	9	1	0	0	4
West Raynham	1	61	1.60%	100	*	*	*	*	*	*

***** This data is not given where the number of responses was 5 or less.

Benchmarking and Comparison with other Trusts Scores and Response Rates

The FFT data is reported nationally at the end of the **following** month so the following two tables compare the results of this Trust for **September** with those of other acute Trusts in the East of England:

A & E:

Name	Total Responses	Total Eligible	Response Rate	Friends and Family Test Score
England	**90,295**	**682,782**	**13.20%**	**52**
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	536	3,976	13.50%	50
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	484	3,984	12.10%	61
HINCHINGBROOKE HEALTH CARE NHS TRUST	359	1,764	20.40%	78
IPSWICH HOSPITAL NHS TRUST	1,047	3,575	29.30%	62
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	572	3,639	15.70%	60
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	366	4,041	9.10%	54
PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	154	3,972	3.90%	70
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	**125**	**2,109**	**5.90%**	**49**
WEST SUFFOLK NHS FOUNDATION TRUST	465	2,711	17.20%	59
BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	176	4,814	3.70%	6
COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	392	3,529	11.10%	69
MID ESSEX HOSPITAL SERVICES NHS TRUST	302	3,181	9.50%	26
SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	344	5,009	6.90%	70
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1,105	5,382	20.50%	89
BEDFORD HOSPITAL NHS TRUST	299	3,172	9.40%	36
EAST AND NORTH HERTFORDSHIRE NHS TRUST	563	4,403	12.80%	47
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	704	3,354	21.00%	43
LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	488	3,727	13.10%	59
MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST	12	3,572	0.30%	50
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	682	5,213	13.10%	55
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81	3,206	2.50%	54
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	469	7,256	6.50%	50

Name	Total Responses	Total Eligible	Response Rate	Friends and Family Test Score
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	409	1,661	24.60%	72
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	695	3,167	21.90%	45
HINCHINGBROOKE HEALTH CARE NHS TRUST	401	830	48.30%	80
IPSWICH HOSPITAL NHS TRUST	434	2,223	19.50%	75
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	640	1,633	39.20%	78
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	919	3,883	23.70%	77
PAPWORTH HOSPITAL NHS FOUNDATION TRUST	651	1,118	58.20%	84
PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	763	2,184	34.90%	71
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	**304**	**1,618**	**18.80%**	**69**
WEST SUFFOLK NHS FOUNDATION TRUST	342	1,248	27.40%	87
BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	562	2,315	24.30%	57
COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	863	2,384	36.20%	75
MID ESSEX HOSPITAL SERVICES NHS TRUST	803	2,259	35.50%	64
SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	379	2,423	15.60%	86
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	410	1,626	25.20%	82
BEDFORD HOSPITAL NHS TRUST	210	1,118	18.80%	67
EAST AND NORTH HERTFORDSHIRE NHS TRUST	434	1,543	28.10%	74
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	711	1,925	36.90%	65
LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	928	1,890	49.10%	62
MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST	310	1,315	23.60%	73
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	512	1,878	27.30%	74
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	767	2,569	29.90%	76
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	827	3,041	27.20%	64

Source of data
http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/

Analysis and Operational Actions arising from the Friends and Family Test (FFT):

An analysis of the free-text comments given in October is given in appendix 1.

The FFT results and free-text comments have been shared with the Matrons and Ward Charge-nurses / Sisters who will ensure that the comments given about each ward and about the A & E department are discussed by the ward / department team and issues addressed.

All the scores and free-text comments will be made available on the Trust website at: http://www.qehkl.nhs.uk/FriendsFamily.asp?s=information&p=friendsandfamily by the end of November 2013.

NB Some patients complete the Friends and Family Test online via the iWantGreatCare website – their free-text comments are included in the analysis of the free-text comments received from iWGC as part of the family and Friends Test returns.

1. Comments on Internet Websites

Patients and their carers leave postings on a range of websites including: iWantGreatCare, NHS Choices and Patient Opinion and also on Twitter and Facebook. All postings are seen by colleagues in either the Communications Team or the Patient Experience Department and those which require a detailed response are directed to the Deputy Director of Nursing and Patient Experience who ensures that this is provided.

The postings may be viewed on these websites as follows:

IWantGreatCare: https://www.iwantgreatcare.org/

NHSChoices:
http://www.nhs.uk/Services/hospitals/ReviewsAndRatings/DefaultView.aspx?id=493&SortType=1#cmnt147553

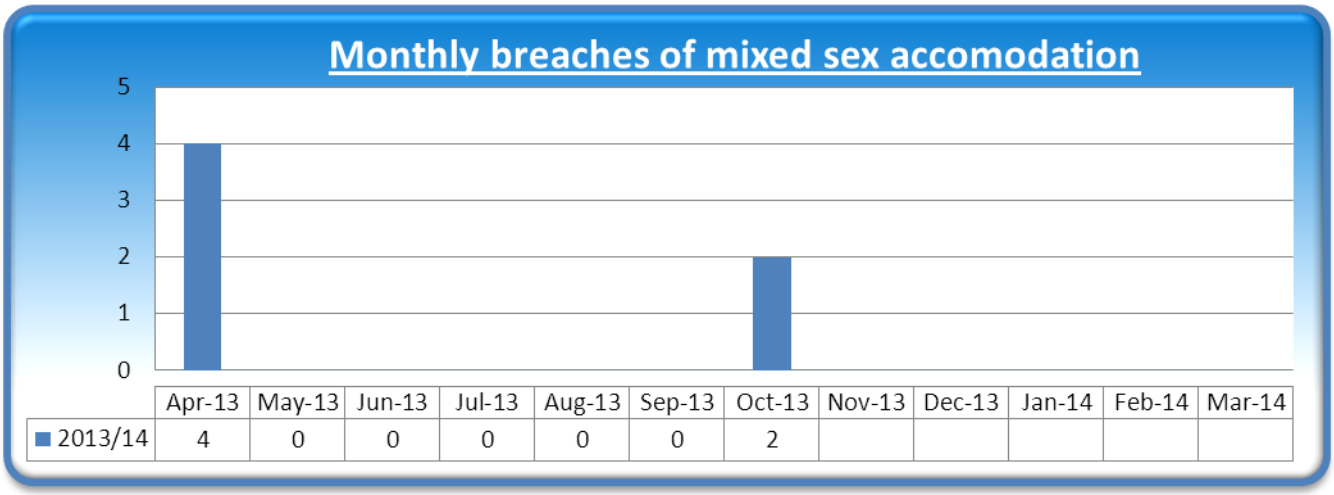
Patient Opinion: https://www.patientopinion.org.uk/

2.4 Mixed Sex Accommodation

Mixed Sex Accommodation

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

The QEH recorded 2 breaches for October 2013 waiting times



The table below shows MSA breaches and breach rate benchmarked against East of England and England.

Area Team Code	code	Trust	April		May		June		July		Aug		Sept	
			Breaches	Breach Rate	Breaches	Breach Rate	Breaches	Breach Rate	Breaches	Breach Rate	Breaches	Breach Rate	Breaches	Breach Rate
Q56	RGT	Cambridge University Hospitals NHS Foundation Trust	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Q56	RQQ	Hinchingbrooke Health Care NHS Trust	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Q56	RGQ	Ipswich Hospital NHS Trust	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Q56	RGP	James Paget University Hospitals NHS Foundation Trust	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.3
Q56	RM1	Norfolk And Norwich University Hospitals NHS Foundation Trust	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Q56	RGN	Peterborough And Stamford Hospitals NHS Foundation Trust	7	0.9	0	0.0	3	0.4	0	0.0	0	0.0	0	0.0
Q56	RCX	The Queen Elizabeth Hospital, King's Lynn. NHS Foundation Trust	4	0.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Q56	RGR	West Suffolk NHS Foundation Trust	3	0.5	0	0.0	0	0.0	0	0.0	2	0.3	0	0.0
Q56		East of England	14	0.2	0	0.0	3	0.0	0	0.0	2	0.0	4	0.1
		England	**276**	**0.2**	**187**	**0.1**	**198**	**0.1**	**259**	**0.2**	**181**	**0.1**	**162**	**0.1**

2.5 Complaints

Complaints

Headline Measure: Complaints activity by service line

During the month of October, the Trust received 53 complaints; this is a decrease of 5.35%% (3), in relation to the previous month. The number of formal complaints received in October 2013 in comparison with October 2012, is an increase of 1.92% (1).

The Trust received 5 non-clinical complaints in October 2013 and these were in relation to communication from the PALS Department to a patient, a delayed FOI request, the personal life of a nurse, office workers not being available and the length of time it takes to leave the car park during rush hour.

The Trust received no informal complaints in October 2013.

The top 5 themes were in relation to appointment to come in – 10, Staff Attitude – 9, Communication – 7, with cancellation and discharge receiving 4 concerns. As can be seen from October's data, communication and staff attitude remain the top 5 concerns. Although 'Appointment to come in' received the most concerns; this concern is in relation to patients not receiving an appointment, when they expected.

The Trust received one referral from the Parliamentary and Health Service Ombudsman (PHSO) in relation to the Ophthalmology department. The department has been requested to provide the PHSO with all relevant documentation and are awaiting their decision whether to review the case.

The Trust received 169 compliments, which was an increase of 77.8%, in comparison to 95 compliments received in September 2012.

The performance by service line has been given red, amber and green for the month of August. 31 out of 56 (55.35%) complaints were answered within the 30 working day target (with the target being above 80%). The complaints department are aware that this is not acceptable and is below the standard which the complaints department and the Trust expect. The interim complaints manager for the medical division is currently working on all complaints that were due to be sent to the complainant in September 2013. The poor figures reflect the increased pressure on all staff members and the department expects the figures to remain relatively low, until the 'backlog' has been addressed.

The complaints department designated meeting room underwent renovation following feedback from patients. The aim being that the room will become less clinical and more user friendly.

A dramatic increase in PALS enquiries can be noted this month (which is the highest recorded since Datix began in 2004). The PALS Department has work extremely hard to ensure all enquiries are logged, to show an accurate figure of patient contacts. With the move to the front of the hospital and the increased ward presence, patient contact has doubled, which had proved difficult to initially log. This has now been identified by the complaints officer and targets have been set within the department. The department feel that this increase is not an anomaly, but will be maintained.

As can be seen from the data, the number of complaints has slightly decreased in the month of October, with PALS concerns and compliments increasing dramatically.

Activity in October 2013

	Formal Complaints	Compliments	Informal Complaints	Number of cases referred to the Parliamentary Health Service Ombudsman	First Response date target	Number of conciliation meetings	Number of complaints upheld	Number of returning complaints where first response targets were provided
Accident & Emergency	5	15	0	0	**2 out of 12**	1	7	0
Anesthetics	1	0	0	0		0	0	0
Audiology	0	0	0	0	1 out of 1	0	1	0
Breast Care	0	1	0	0		0	0	0
Car Parking	1	0	0	0		0	0	0
Cardiology	0	8	0	0	2 out of 3	1	1	0
Cardio Respiratory Department	0	2	0	0		0	0	0
Care of Elderly	1	5	0	0		0	0	0
Catering	0	1	0	0		0	0	0
Critical Care Complex	0	5	0	0	**0 out of 1**	0	**0**	0
Day Surgery	0	1	0	0	**0 out of 1**	1	**0**	0
Dermatology	0	9	0	0		0	0	0
Diabetes	0	8	0	0	**0 out of 2**	0	**1 Still open**	0
Dietetics	0	0	0	0	1 out of 1	0	0	0
Endoscopy	0	5	0	0		0	0	0
ENT	1	0	0	0		0	0	0
Gastroenterology	0	6	0	0	**0 out of 1**	0	**Still open**	0
General Surgery	6	20	0	0	3 out of 5	3	3	1
Human Resources	2	0	0	0		0	0	0

Activity in October 2013

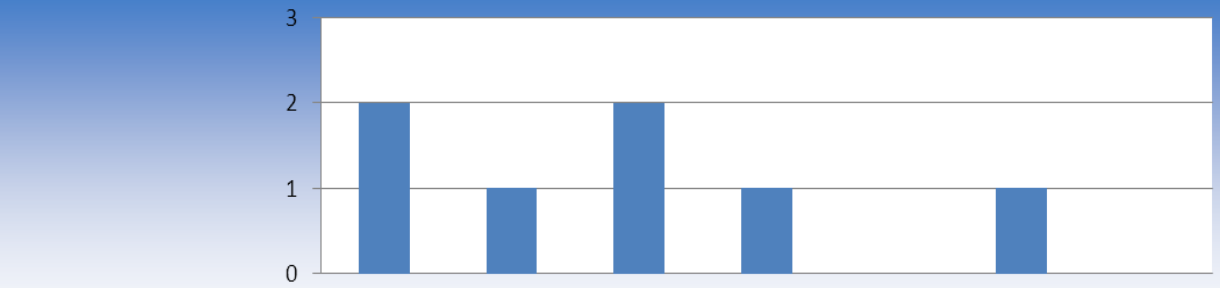
	Formal Complaints	Compliments	Informal Complaints	Number of cases referred to the Health Service	First Response date target	Number of conciliation	Number of complaints upheld	complaints where response targets were provided
Legal Services	1	0	0	0		0	0	0
Medical Assessment Unit	2	0	0	0	**0 out of 2**	0	**1 Still open**	0
General Medicine	5	23	0	0	3 out of 4	1	3	0
Midwifery	1	2	0	0	2 out of 2	0	0	0
Mortuary	1	0	0	0		0	0	0
Neurology	0	0	0	0	1 out of 1	0	1	0
Obstetrics & Gynaecology	4	0	0	0	3 out of 4	0	3	1
Oncology	1	1	0	0		1	0	0
Ophthalmology	1	1	0	1		0	0	0
Oral Surgery	1	0	0	0		0	0	0
Orthodontics	0	0	0	0	1 out of 1	0	1	0
Outpatients	0	2	0	0		0	0	0
Trauma & Orthopaedics	2	4	0	0	**0 out of 2**	1	1	0
Paediatrics	2	8	0	0		0	0	0
PALS	1	5	0	0		0	0	0
Palliative Medicine	0	12	0	0		0	0	0
Pathology	1	0	0	0		0	0	0
Patient Services	8	0	0	0	10 out of 10	0	9	1
Radiology	0	2	0	0	1 out of 1	0	1	0
Respiratory	2	7	0	0	1 out of 1	0	0	0
Short Stay	0	9	0	0		0	0	0
Surgical Assessment Unit	1	3	0	0		0	0	0
Stroke	1	2	0	0	**0 out of 1**	2	0	0
Trust Wide	0	2	0	0		0	0	0
Urology	1	0	0	0		1	0	0
Totals:	53	169	0	1	**31 out of 56**	12	31	3

2.6 Falls

Falls Resulting in a Severe Injury

Number of falls resulting in a severe injury during the month

There were zero falls resulting in serious harm reported October 2013.



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Falls Resulting in Serious injury	2	1	2	1	0	1	

Operational Actions

Zero falls were reported in October 2013. Year to date we have had 7 falls resulting in severe injury.
Since last month's board paper where zero was reported for September, a fall has been identified and is reported in the above graph.

2.7 Nursing Indicators

Strategy	Criteria Adult Inpatients	Frequency	Targets	Surgical Services	Emergency Services	Medical Services	Adult Trust Totals	Criteria Nos. Women & Children	Women & Children
Patient Safety	Fluid Chart	Monthly	>95%	75	49	47	57	Standard 1	-
	Frequency of obs	Monthly	>95%	88	97	96	93	Standard2	-
	EWS >3	Monthly	>95%	100	100	100	100	Standard3	-
	MUST Assessment	Monthly	>95%	78	87	83	82	Standard4	-
	Waterlow Assessment	Monthly	>95%	85	97	94	92	Standard5	-
	Falls Assessment	Monthly	>95%	88	97	97	94	Standard 6	-
	Continence Assessment	Monthly	>95%	83	93	86	87	Standard7	-
	Care Rounding	Monthly	>95%	63	67	58	63	Standard8	-
	Estimated Discharge Date	Monthly	>95%	33	67	86	62	Standard9	-
	Pressure ulcer -G 2 HA	Monthly	0	2	0	7	9	Standard10	-
	Pressure ulcer -G 3 HA	Monthly	0	2	0	5	7	Patient ID - Wristband	0
	Pressure ulcer -G 4 HA	Monthly	0	0	0	0	0	Pressure ulcer -G 2 HA	0
	PU Deterioration CA-G3	Monthly	0	1	0	1	2	Pressure ulcer -G 3 HA	0
	PU Deterioration CA-G4	Monthly	0	0	0	0	0	Pressure ulcer -G 4 HA	0
	New Harms - Catheter Ass. UTIs	Monthly	0	0	0	1	1	New Harms Cath Assoc. UTIs	0
	Falls Total	Monthly	0	8	7	38	53	Falls Total	0
	Drug Admin Errors	Monthly	0	6	3	14	23	Drug Admin Errors	-
	New Harms - VTEs	Monthly	0	0	0	0	0	New Harms - VTEs	0
	not meeting minimum sta	Monthly	0	0	0	0	0	Shifts meeting minimum	0
Performance	Bed Moves out of hours	Monthly	0	0	0	0	0	Bed Moves out of hours	-
	Escalation Beds Open	Monthly	0	0	0	0	0	Escalation Beds Open	0
	Discharge before midday	Monthly	%	0	0	0	0	Discharge before midday	-
	Average Length of stay	Monthly	0	0	0	0	0	Length of stay	-
	Staff Morale	Monthly		-	-	-	#DIV/0!	Staff Morale	-
	Sickness Reg %	Monthly	<3.5%	2	3	4	3	Sickness Reg %	0
	Sickness Unreg %	Monthly	<3.5%	7	2	11	6	Sickness Unreg %	0
	Vacancies Reg %	Monthly		12	7	25	44	Vacancies Reg %	0
	Vacancies Unreg %	Monthly		-5	0	3	-2	Vacancies Unreg %	0
Patient Experience	Thank you notes	Monthly	0	34	15	32	81	Thank you notes	0
	Complaints Nursing Care	Monthly	0	2	4	3	9	Complaints Nursing Care	0
	nily & Friends Response R	Monthly	>95%	0	0	0	0	nily & Friends Response R	0
	Family & Friends Results	Monthly	>95%	-	0	0	0	Family & Friends Results	0

Key: 95% & above | 85% - 94% | 84% & below

Operational Actions

Operational Actions

The Nursing metrics identify a number of clinical indicators by ward. Where a standard is not achieved a performance framework is involved.
Issues noted this month include:

- Poor completion of fluid charts
- Poor documentation of care rounds.
- Estimated Date of Discharge not documented.

Fluid charts: Teaching has taken place at ward level on the correct completion of fluid charts (including the calculation of total input and output) and ward sisters are monitoring the charts. There has been an improvement in results from the September Trust total of 39%
Care Rounds: Observational data from mock CQC visits indicates that care rounds are being carried out but not always documented accurately, leading to a low audit score. An example of a correctly completed form has been distributed to wards and teaching provided at ward level. There has been an improvement in the score from 49% in September to 63% in October.
Estimated Date of Discharge: Ward sisters continue to monitor the multidisciplinary notes to ensure an Estimated Date of Discharge (EDD) is documented. The roll-out of the daily board rounds across the wards will help to ensure that EDD is considered on a daily basis.

2.8 Serious Incidents

Below is a summary of all open and recently closed Serious Incidents.

1 STATUS OF OPEN SI's as at end of October 2103

Reference	Incident date	STEIS	STEIS Date	Adverse Event	Ward	RCA Sent
WEB10679	16/10/2013	2013 30841	21/10/2013	Pressure Ulcer as an inpatient	STANHO	
WEB10681	16/10/2013	2013 30844	21/10/2013	Pressure Ulcer as an inpatient	STANHO	
WEB10668	14/10/2013	2013 30327	16/10/2013	Pressure Ulcer as an inpatient	GAYT	
WEB10652	27/09/2013	2013 30314	16/10/2013	Pressure Ulcer as an inpatient	WRAYN	
WEB10598	13/10/2013	2013 30308	16/10/2013	Pressure Ulcer as an inpatient	NECT	
WEB10489	09/10/2013	2013 30302	16/10/2013	Pressure Ulcer as an inpatient	STANHO	
WEB10450	08/10/2013	2013 29872	11/10/2013	Dose or strength was wrong or unclear	CCC	
WEB10410	30/09/2013	2013/29717	10/10/2013	Pressure Ulcer as an inpatient	NECT	30/10/2013
WEB10457	06/10/2013	2013 29731	10/10/2013	Pressure Ulcer as an inpatient	NECT	
WEB10341	03/10/2013	2013 28993	04/10/2013	Pressure Ulcer as an inpatient	GAYT	
WEB3982	18/01/2013	2013 28242	27/09/2013	Delay or failure to monitor	TERRSS	
WEB10131	23/09/2013	2013 28004	25/09/2013	Pressure Ulcer as an inpatient	NECT	15/10/2013
WEB10133	23/09/2013	2013 28000	25/09/2013	Pressure Ulcer as an inpatient	NECT	15/10/2013
WEB10130	28/08/2013	2013 28006	25/09/2013	Pressure Ulcer as an inpatient	PENT	
WEB10132	23/09/2013	2013 28002	25/09/2013	Pressure Ulcer as an inpatient	GAYT	
WEB9756	10/09/2013	2013 26569	11/09/2013	Fall from a height, bed or chair	OXB	28/10/2013
WEB9759	10/09/2013	2013 26560	11/09/2013	Pressure Ulcer as an inpatient	NECT	
WEB9663	07/09/2013	2013 26225	09/09/2013	Respiratory arrest	MAU	
WEB9450	30/08/2013	2013 25527	02/09/2013	Pressure Ulcer as an inpatient	STANHO	03/10/2013
WEB7088	14/05/2013	2013 25334	30/08/2013	Other medication incident	STANHO	18/09/2013
WEB9393	28/08/2013	2013 25213	29/08/2013	Pressure Ulcer as an inpatient	STANHO	03/10/2013
WEB9193	18/08/2013	2013 24383	20/08/2013	Pressure Ulcer as an inpatient	NECT	31/10/2013
WEB9133	15/08/2013	2013 23934	15/08/2013	Pressure Ulcer as an inpatient	STANHO	03/10/2013
WEB8956	09/08/2013	2013 23772	14/08/2013	Pressure Ulcer as an inpatient	NECT	18/10/2013
WEB6793	09/05/2013	13956	10/05/2013	Neonatal death	CDS	18/07/2013

2 SI'S FORMALLY CLOSED BY CCG

Reference	Incident date	STEIS	STEIS Date	Adverse Event	Ward	Closed
WEB9394	28/08/2013	2013 25206	29/08/2013	Pressure Ulcer as an inpatient	STANHO	04/10/2013
WEB8290	01/07/2013	2013 20791	16/07/2013	Pressure Ulcer as an inpatient	GAYT	04/10/2013

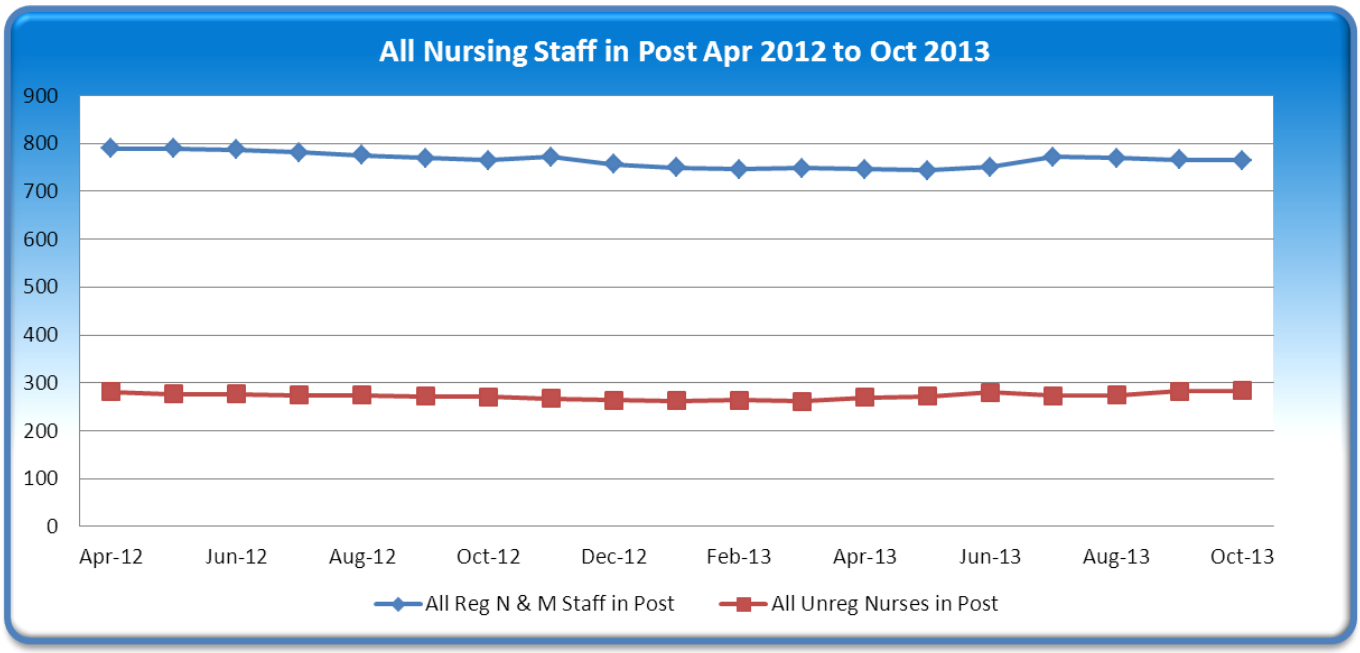
3 WORKFORCE

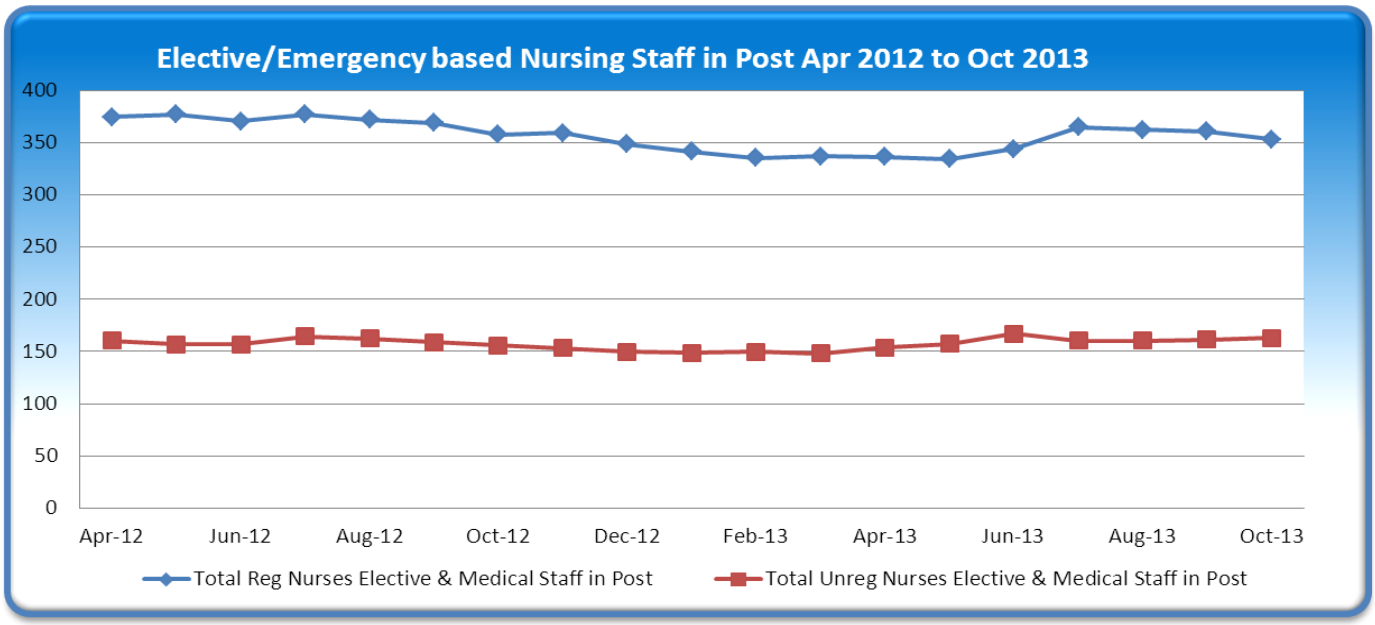
3.1 Nursing staff numbers

Nursing Staff Numbers

The latest cohort of Portuguese nurses (19) joined the Trust on 1st November, they are currently undertaking an extensive induction prior to commencing on the wards later in the month. A further 17 will join at the end of November.

October saw a slight reduction in nurse numbers. 15.60 FTE registered Nurses & Midwives commenced and 16.37 FTE left. Increased agency nursing usage together with bed reductions has helped ensure minimum staffing levels are achieved.

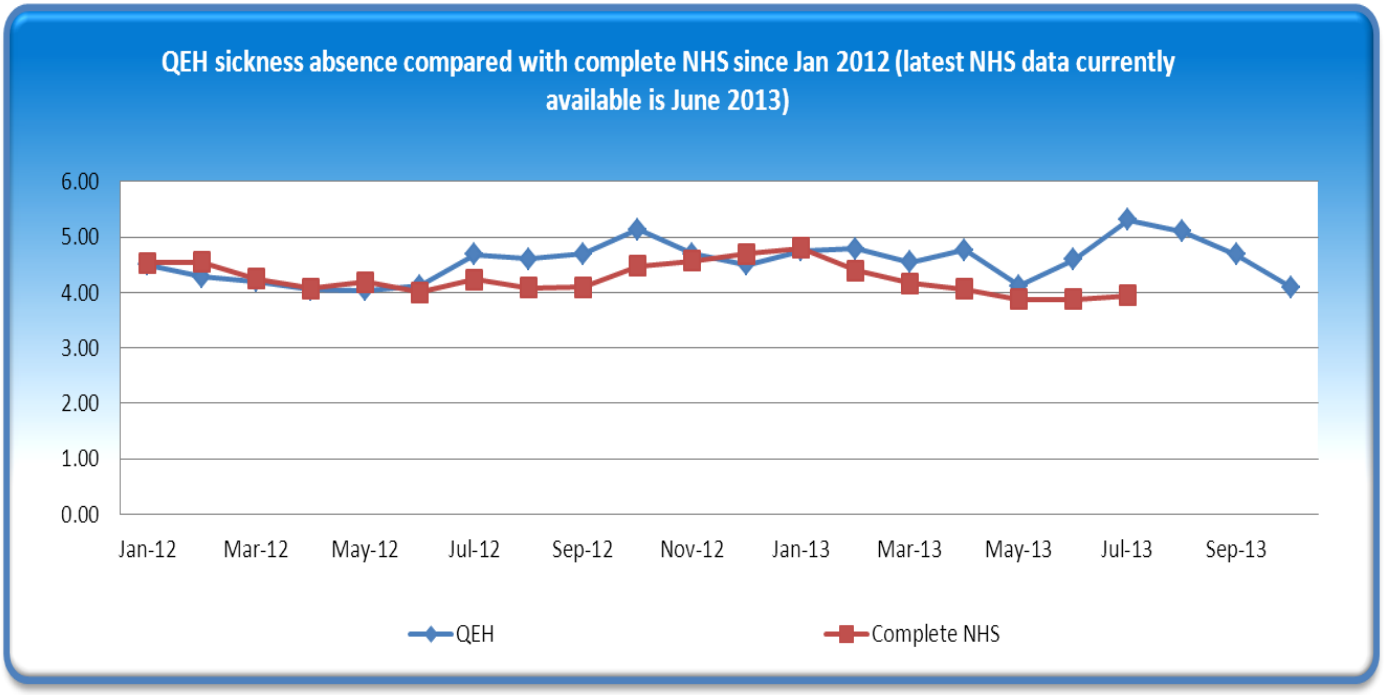


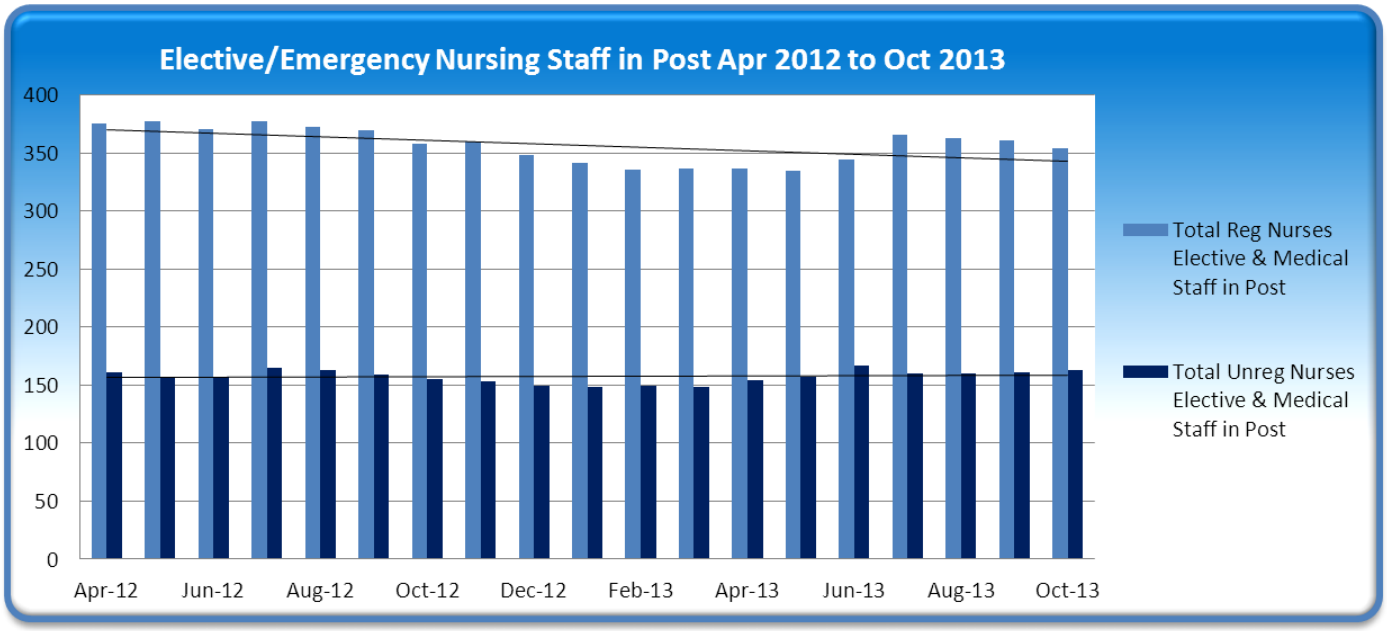


3.2 Sickness Absence

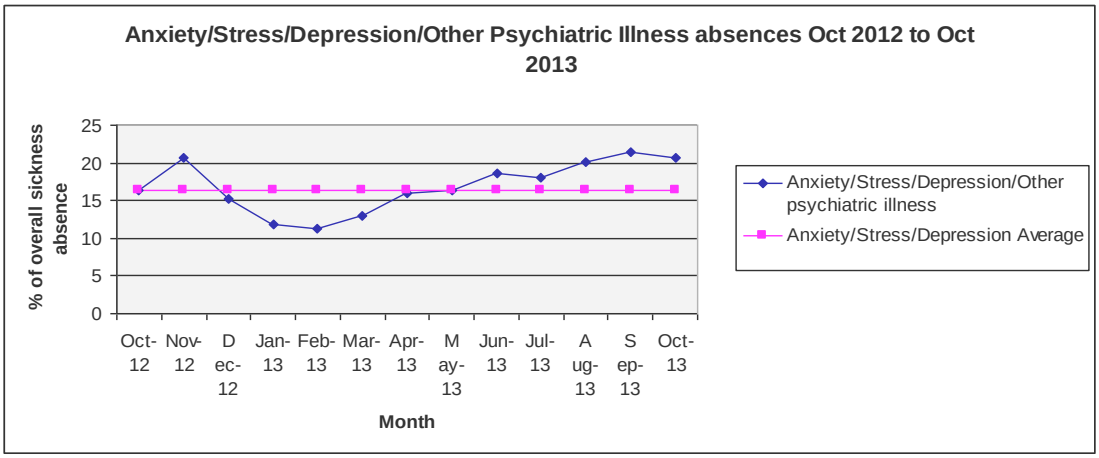
Provisional figures for October show a continued reduction in the sickness absence rate, from 4.6% for September to 4.1% for October. This brings levels back to the national average.

Figures for registered and unregistered nurses & midwives also show reductions (5.7% to 4.3% for registered and 7.8% to 6.6% for unregistered).

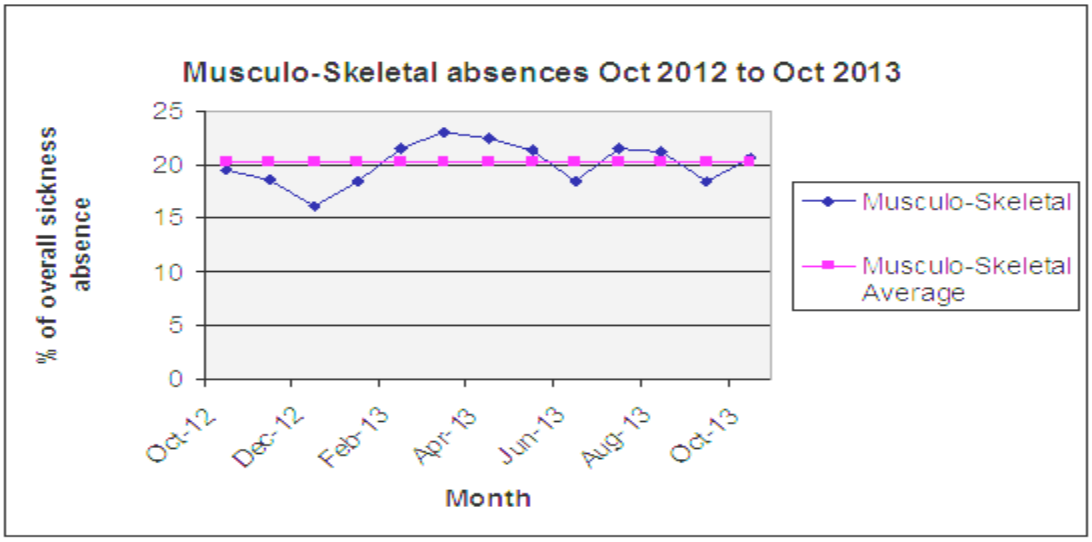




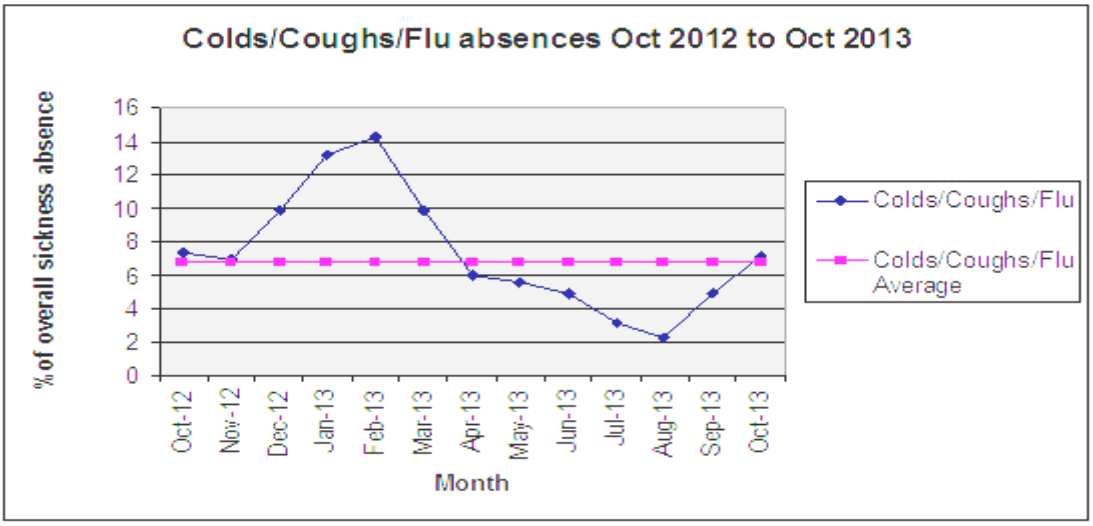
Further analysis concerning the peaks in absence seen in October 2012 (5.1%) and July 2013 (5.3%) and August 2013 (5.1%) has been undertaken to see if there is any particular absence reason leading to this. The conclusion is that higher levels of absence due to anxiety/stress/depression/other psychiatric illness were the cause of the peaks in sickness absence.



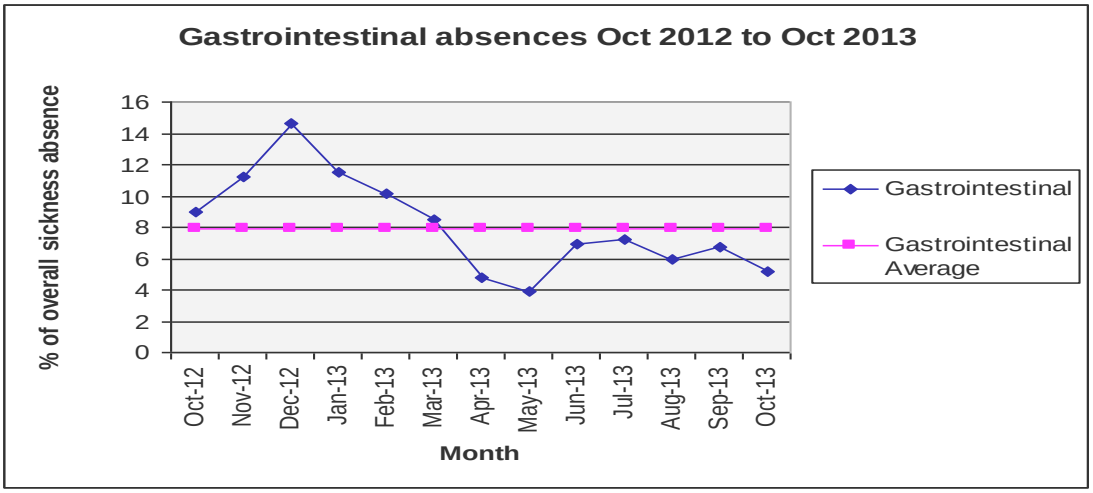
Higher than average in the peak months.



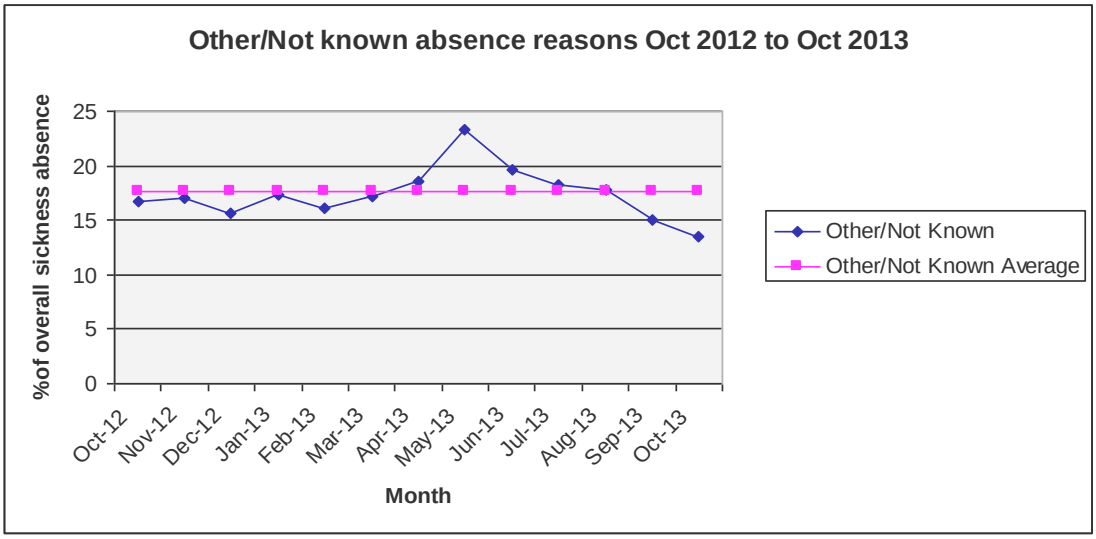
Around the average for each month.



As expected, higher in winter months

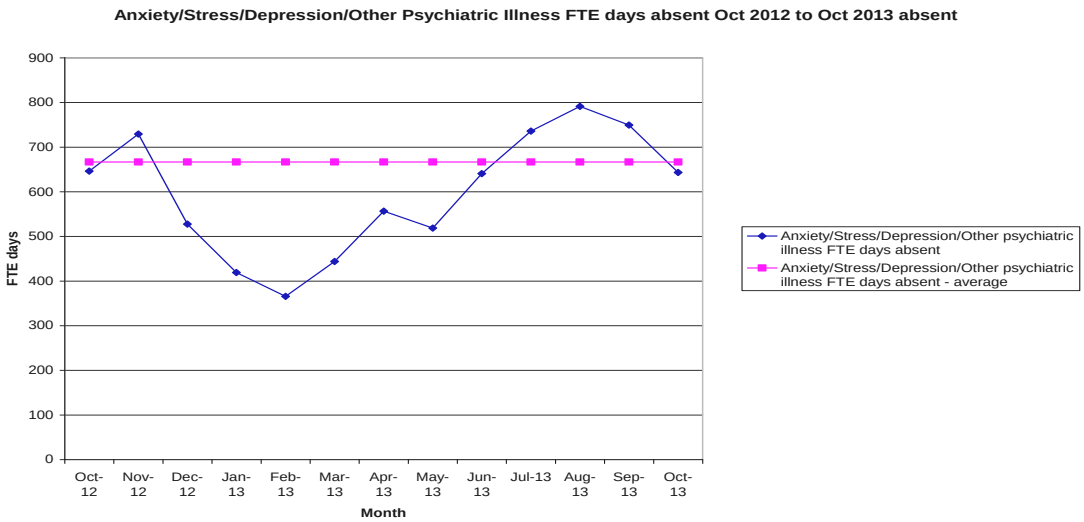


As expected, higher in winter months.



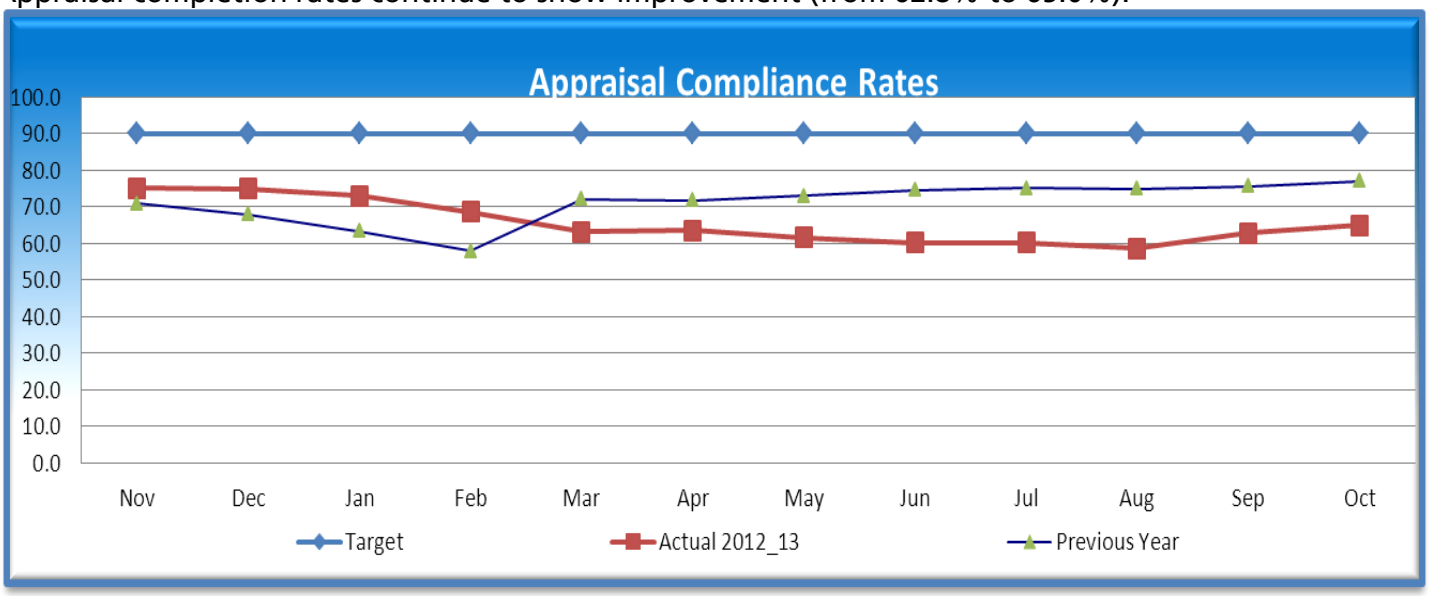
Peak in May does not have a significant impact.

Further analysis of anxiety/stress/depression/other psychiatric illness has been completed, using FTE days absent, to ensure that the higher rates are not due to compensatory factors due to colds/coughs/flu and gastrointestinal being higher in the winter.



3.3 Appraisals and Training

Appraisal completion rates continue to show improvement (from 62.8% to 65.0%).



An action plan has been drafted by the Assistant Director of OD. Actions include;

- Workforce Information Services to identify Trust wide non-compliance levels to the end of December 2013.
- Workforce Information Services to issue exception reports to all Department Managers for information.
- HR Business Partners to reinforce the need to undertake all outstanding appraisals by the end of December 2013 and remind managers of the range of appraisal delivery options available.
- OD managers to meet with senior nursing team to offer to conduct group appraisal for bank staff and those permanent staff who are performing as required.
- Senior nursing team to inform OD managers if the above proposal is acceptable.
- Department managers to submit evidence to the Director of Resources of planned appraisal dates to ensure recovery of position by the end of December 2013.
- Department managers/ Executive Directors/Clinical Directors to commit to the release of staff for appraisal purposes going forward, phased throughout the year to avoid the current situation recurring.
- Revisit resources/materials to ensure appraisal supports the identifying of skills development to ensure high quality patient care by the Workforce Development team reviewing appraisal training materials to ensure the above is achieved and Learning and Development reviewing appraisal paperwork to ensure this is achieved.

A recent audit report recommended that seriously overdue appraisals (defined as being at least 18 months overdue) should be prioritised to ensure that appraisals are conducted at the earliest opportunity.

Analysis of these areas is as follows;

Directorate/Service Group	% appraisal compliance rate	% of overdue appraisals greater than 18 months	Number of appraisals overdue by greater than 18 months
Diagnostic Services	66.93	7.03	9
Emergency Services	73.99	12.68	9
Medical Services	61.39	25.64	20
Oncology & Non Acute Services	74.36	16.67	5
Patient Flow	59.38	15.38	2
Specialist Surgical Services	60	30	6
Support Services	13.62	9.78	18
Surgical Services	59.6	35	14
Theatre Services	62.1	12	11
Women & Children Services	78	7.3	4
Non Clinical Services	62	13.8	16
Patient Experience	86	10.6	5
Patient Safety	90.4	50	1
Resources	64.5	18.4	9
TOTAL	65	13.9	130

In order to achieve 90% compliance by the end of December over 400 appraisals will need to be conducted in both November and December.

If extended until the end of March 2014 an average of 300 appraisals will need to be conducted each month.

3.4 Mandatory Training Compliance

The following matrix identifies mandatory training compliance levels by clinical/non clinical staff groups.

Subject	Clinical Staff	Non Clinical Staff
Fire	80.4	90.4
Infection Control	70.3	98
Resuscitation	70	99
Safeguarding Children	87.9	100
Information Governance	80.9	94.4
Health & Safety	87.6	77.5
Manual Handling	65.5	91.5
Conflict Resolution	69.6	94.2
Risk Management	96	98.2
Safeguarding Adults	96.4	99.9

Further analysis of the non-compliance for Manual Handling and Conflict Resolution indicates that it is the Medical & Dental staff – 34.5% Manual Handling and 38.3% for Conflict Resolution.

The Head of Mandatory Training has raised with the Medical Directors about these particular concerns, with a view to appropriate scheduling of additional training sessions to support achieving target compliance.

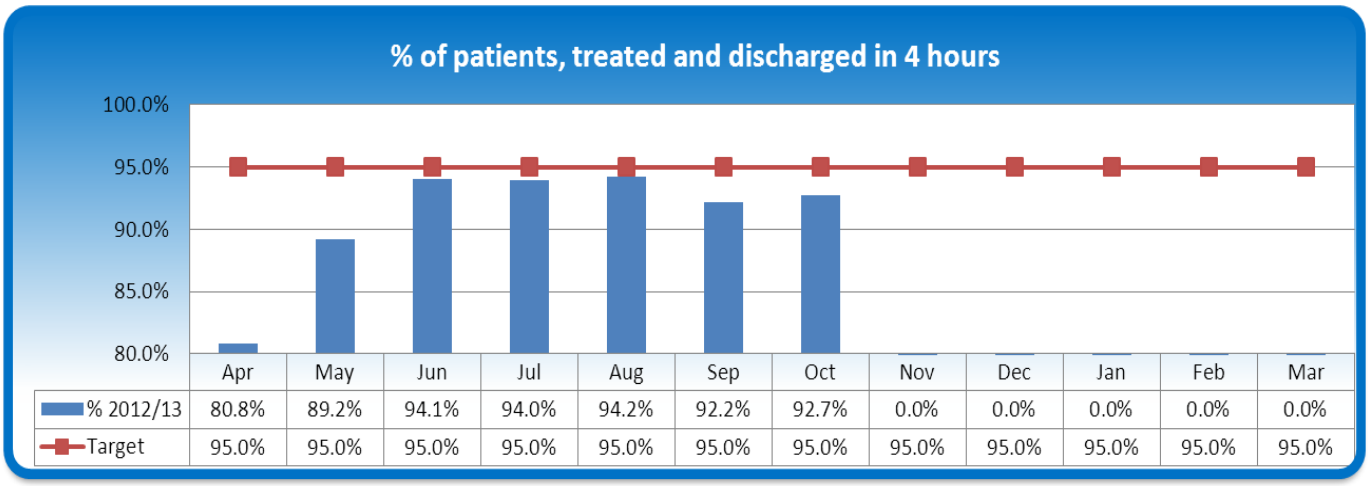
4.1 Emergency Care Performance

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 performance was 92.7% for October 2013.
The Trust has not achieved the 95% since Dec 2012 at a monthly level.

The graph below shows that A&E performance has continued to be below the target of 95%. Please see operational actions below for recovery details.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% 2012/13	80.8%	89.2%	94.1%	94.0%	94.2%	92.2%	92.7%	0.0%	0.0%	0.0%	0.0%	0.0%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Operational Actions

The West Norfolk Health system urgent care board now meets on a weekly basis and has collectively taken responsibility for delivering emergency system wide performance. The previous RAP that was in place has now become part of the action plan for the UCB and it also forms part of the quality improvement plan.

4.2 Choose and Book

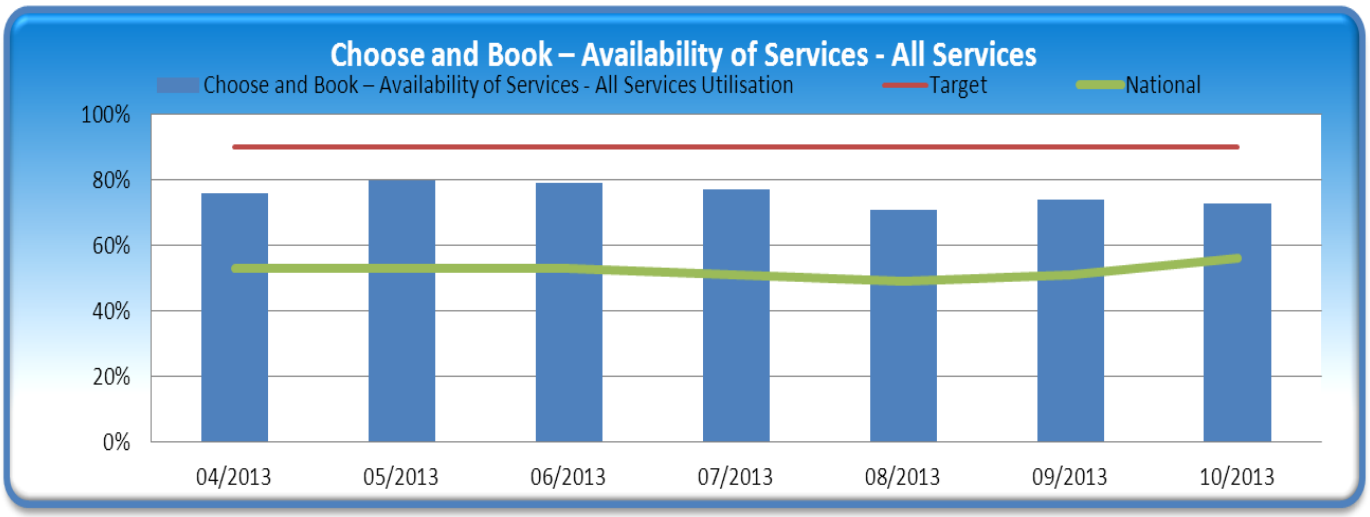
Choose and book performance against the booking target and Appointment Slot Issues (ASIs) ratio is detailed below. QEH performance is benchmarked against the national position. Performance is below the expected national and contractual position.

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 <0.03 3%

The Trust currently has 73% of its services available through Choose and Book.

Its ASI performance for September is 17%



Month	Choose and Book – Availability of Services - All 2WW Services	Choose and Book – Availability of Services - All Services Utilisation		Choose and Book – Availability of Appointment slots ASI'S	
	QEH	National	QEH	National	QEH
Target	90%	90%		< 3%	
Apr-13	100%	53%	76%	9%	13%
May-13	100%	53%	80%	10%	17%
Jun-13	100%	53%	79%	9%	13%
Jul-13	100%	51%	77%	12%	19%
Aug-13	100%	49%	71%	10%	18%
Sep-13	100%	51%	74%	8%	20%
Oct-13	100%	56%	73%	9%	17%

Operational Actions

The Trusts position has improved slightly on previous month, work continues to increase outpatient capacity to resolve ASI issues.

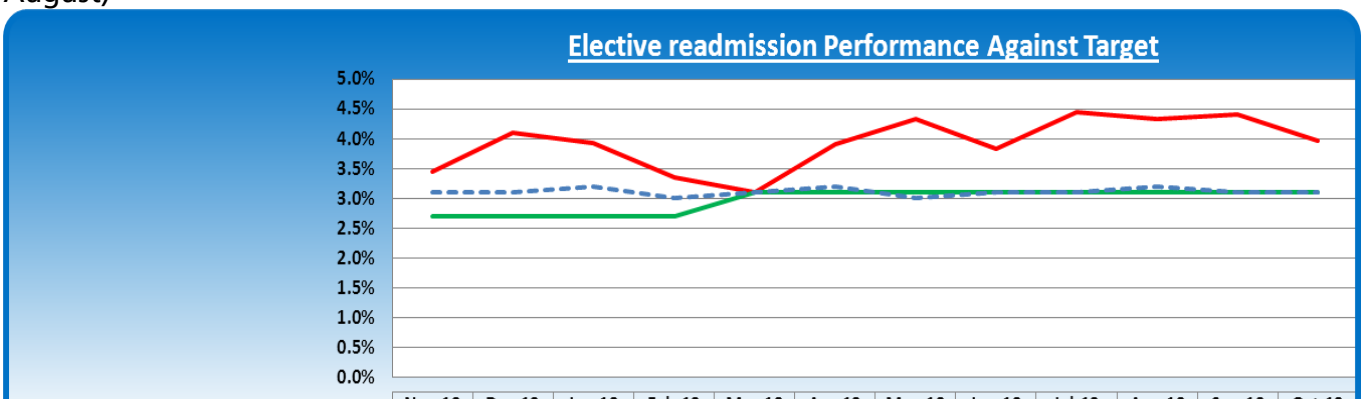
4.3 Readmission Rates – Emergency and Elective

Readmission rate

Elective readmissions target is 2.7%.
Emergency readmissions target is 9.1%.

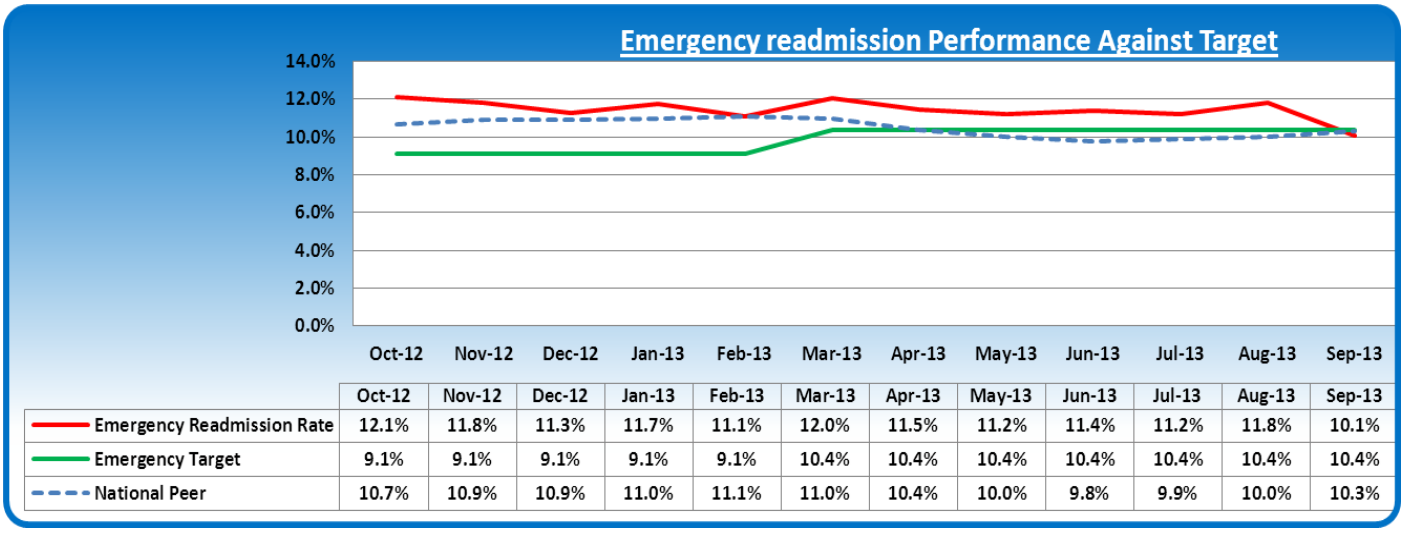
The Elective Readmissions rate for September was above target with performance of 4.0%. Emergency readmissions for September were below target, with a performance of 10.1% against a target of 10.4%

The graph shows the Elective readmission against our local target and National peer group (up to August)



	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Elective Readmission Rate	3.4%	4.1%	3.9%	3.4%	3.1%	3.9%	4.3%	3.8%	4.4%	4.3%	4.4%	4.0%
Elective Target	2.7%	2.7%	2.7%	2.7%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
National Peer	3.1%	3.1%	3.2%	3.0%	3.1%	3.2%	3.0%	3.1%	3.1%	3.2%	3.1%	3.1%

The graph shows the Emergency readmission against our local target and National peer group (up to August)



	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Emergency Readmission Rate	12.1%	11.8%	11.3%	11.7%	11.1%	12.0%	11.5%	11.2%	11.4%	11.2%	11.8%	10.1%
Emergency Target	9.1%	9.1%	9.1%	9.1%	9.1%	10.4%	10.4%	10.4%	10.4%	10.4%	10.4%	10.4%
National Peer	10.7%	10.9%	10.9%	11.0%	11.1%	11.0%	10.4%	10.0%	9.8%	9.9%	10.0%	10.3%

Operational Actions

This continues to be monitored as part of the Clinical Governance Committee work.

4.4 18 weeks

RTT: Admitted and Non Admitted

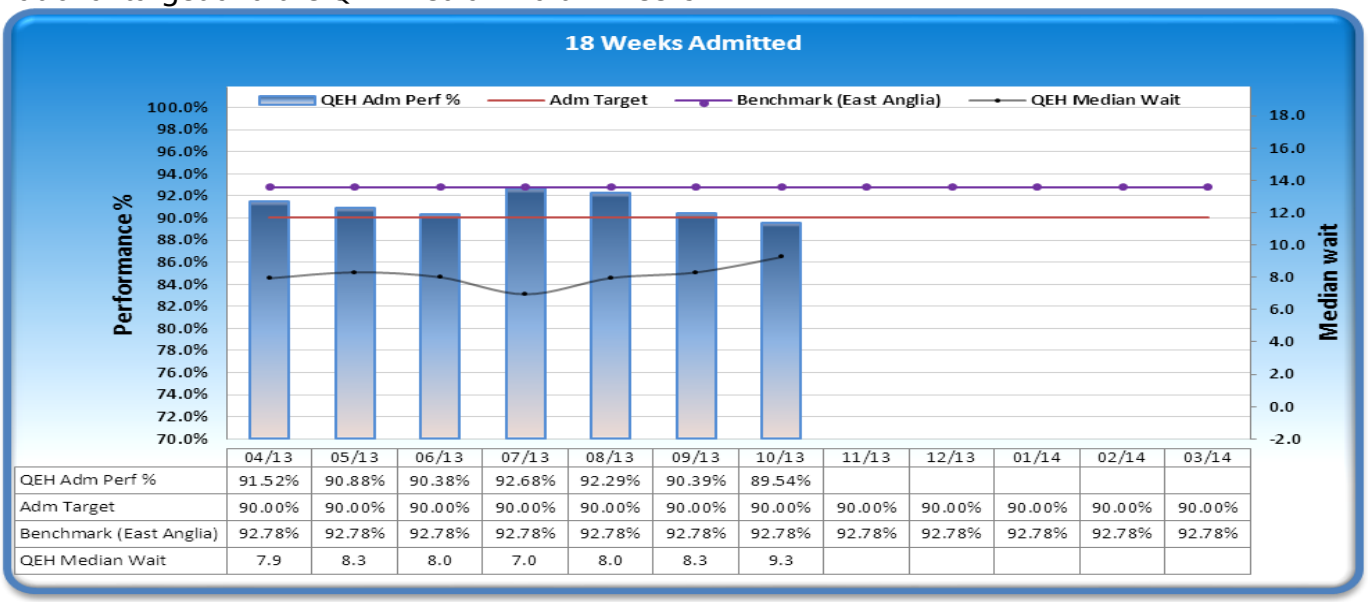
Headline Measure:

Referral to treatment waiting times – admitted (90% Target within 18 Weeks.)
Referral to treatment waiting times – non-admitted (95% Target within 18 Weeks)
Referral to treatment waiting times - Incompletes (92%)

The Trust continues to achieve the 18 week RTT waiting times for non-admitted patients and incompleted episodes at trust level.

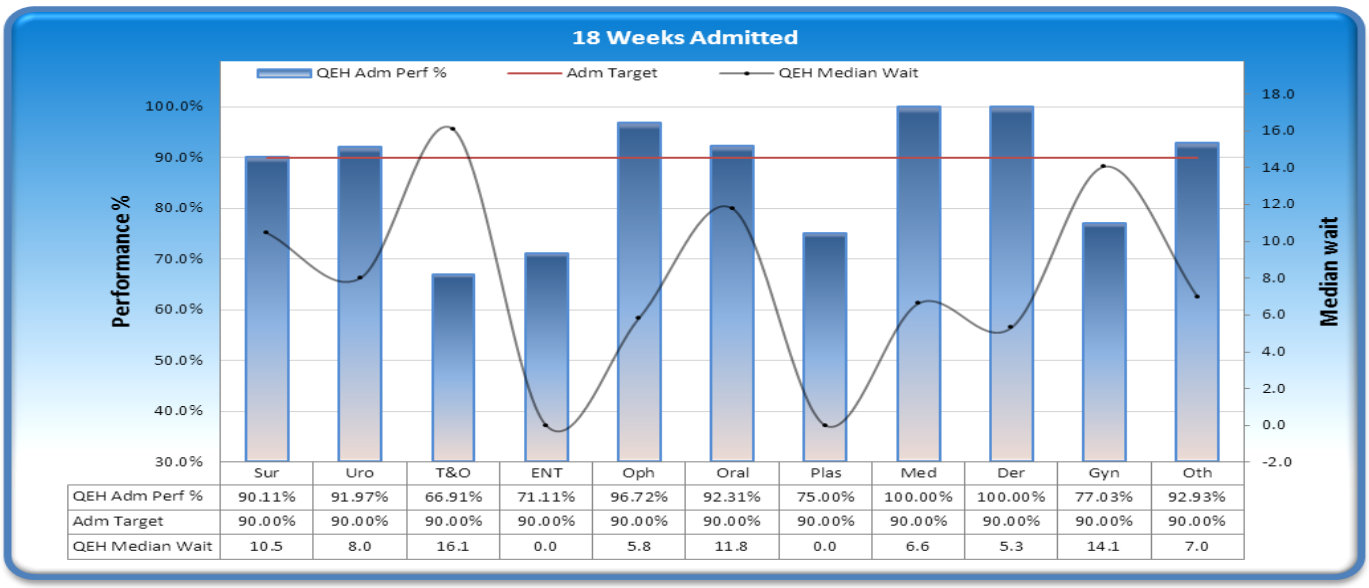
The 18 week RTT waiting times for admitted patients at trust level have not been achieved with a performance of 89.5% below the target of 90%.

The graph below shows 18 Weeks admitted benchmarked against East of England, it also includes the National target and the QEH median wait in weeks.



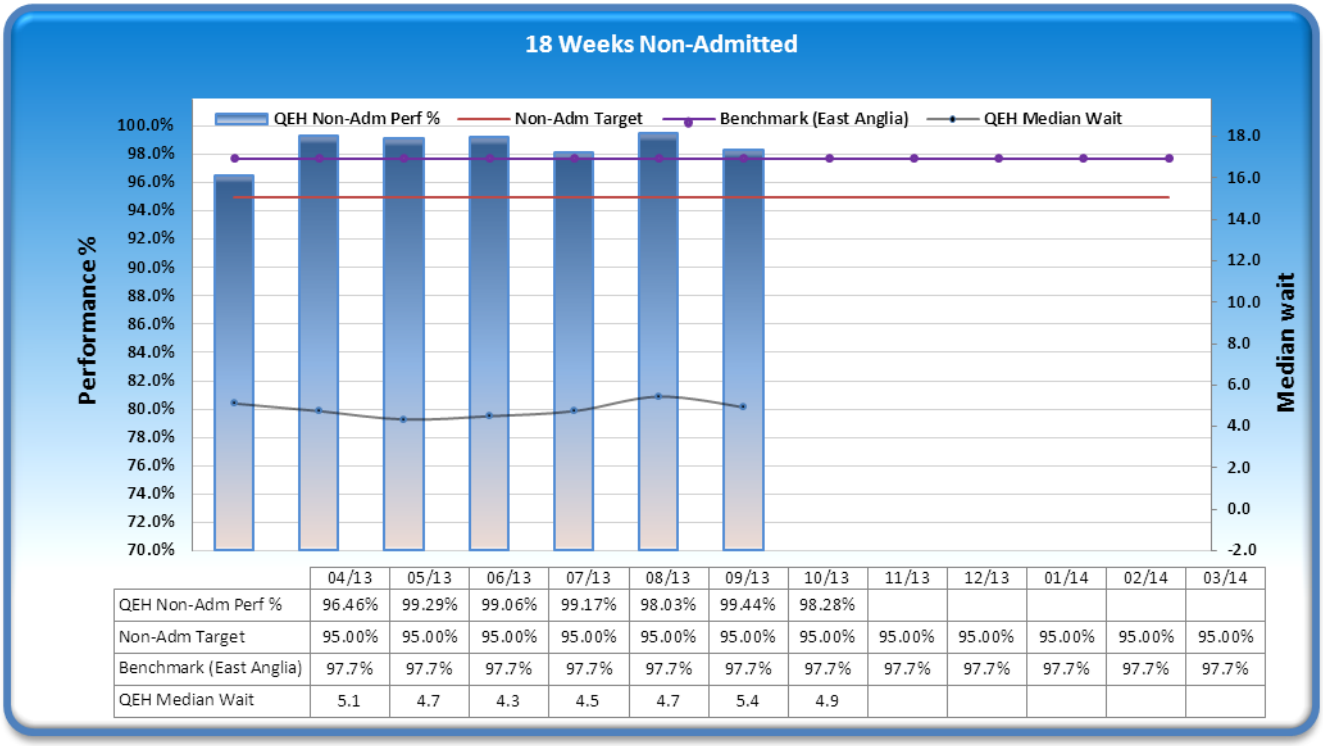
	04/13	05/13	06/13	07/13	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14
QEH Adm Perf %	91.52%	90.88%	90.38%	92.68%	92.29%	90.39%	89.54%					
Adm Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Benchmark (East Anglia)	92.78%	92.78%	92.78%	92.78%	92.78%	92.78%	92.78%	92.78%	92.78%	92.78%	92.78%	92.78%
QEH Median Wait	7.9	8.3	8.0	7.0	8.0	8.3	9.3					

The graph below shows 18 Weeks admitted performance by specailty with the National target and the QEH median wait in weeks.



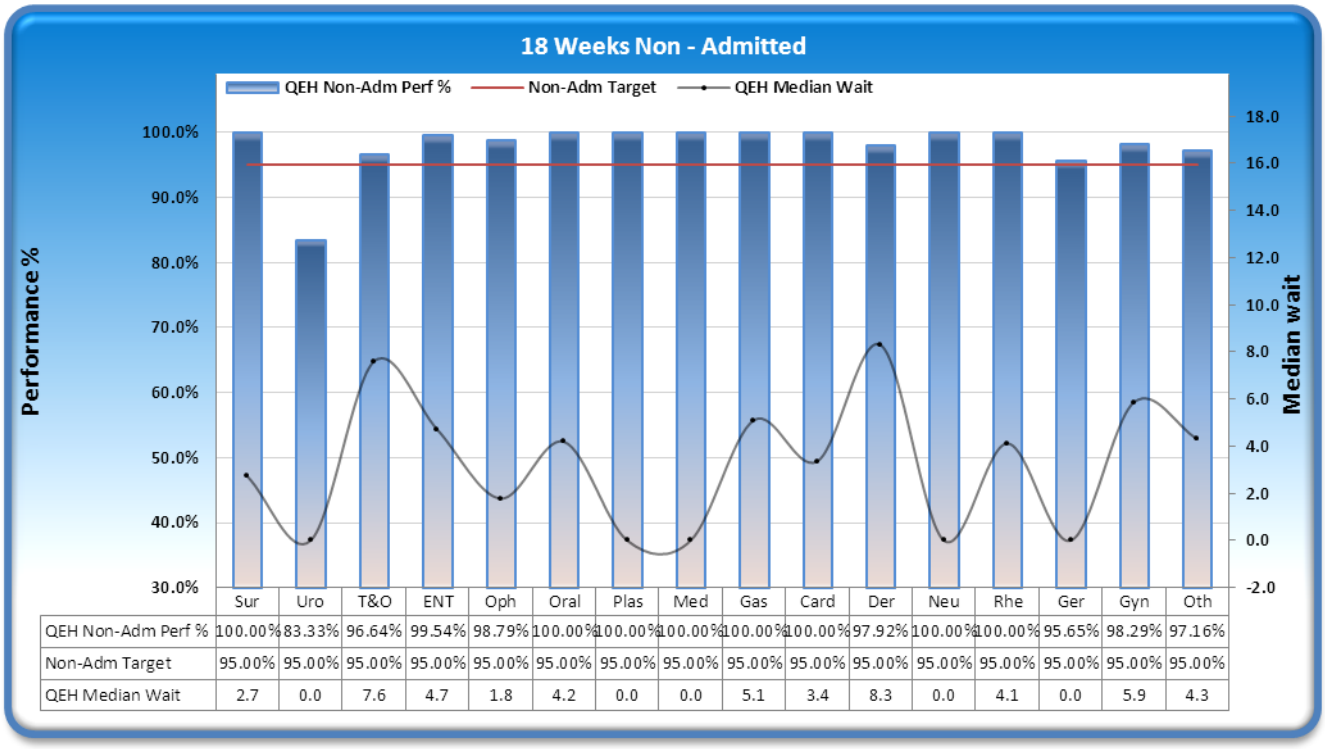
	Sur	Uro	T&O	ENT	Oph	Oral	Plas	Med	Der	Gyn	Oth
QEH Adm Perf %	90.11%	91.97%	66.91%	71.11%	96.72%	92.31%	75.00%	100.00%	100.00%	77.03%	92.93%
Adm Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
QEH Median Wait	10.5	8.0	16.1	0.0	5.8	11.8	0.0	6.6	5.3	14.1	7.0

The graph below shows 18 Weeks non-admitted benchmarked against East of England, it also includes the National target and the QEH median wait in weeks.



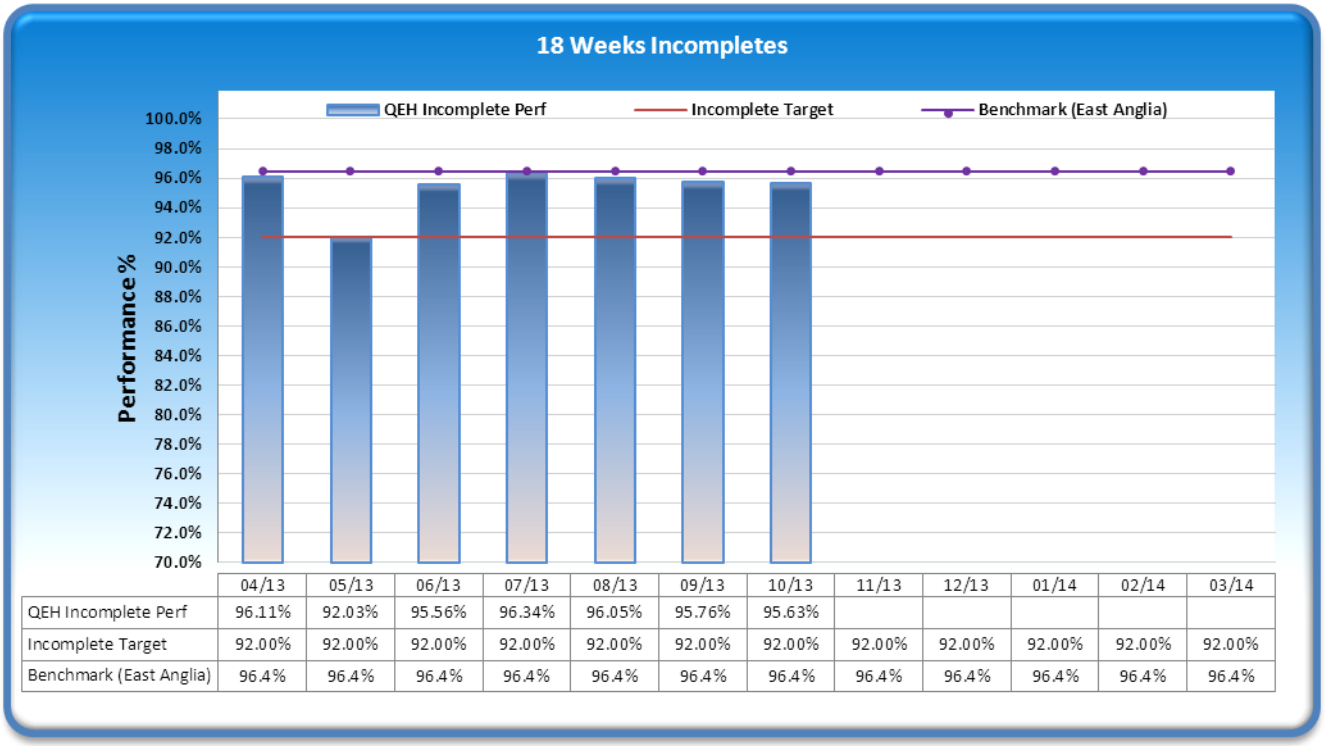
	04/13	05/13	06/13	07/13	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14
QEH Non-Adm Perf %	96.46%	99.29%	99.06%	99.17%	98.03%	99.44%	98.28%					
Non-Adm Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
Benchmark (East Anglia)	97.7%	97.7%	97.7%	97.7%	97.7%	97.7%	97.7%	97.7%	97.7%	97.7%	97.7%	97.7%
QEH Median Wait	5.1	4.7	4.3	4.5	4.7	5.4	4.9					

The graph below shows 18 Weeks non admitted perfromance by specailty with the National target and the QEH median wait in weeks.



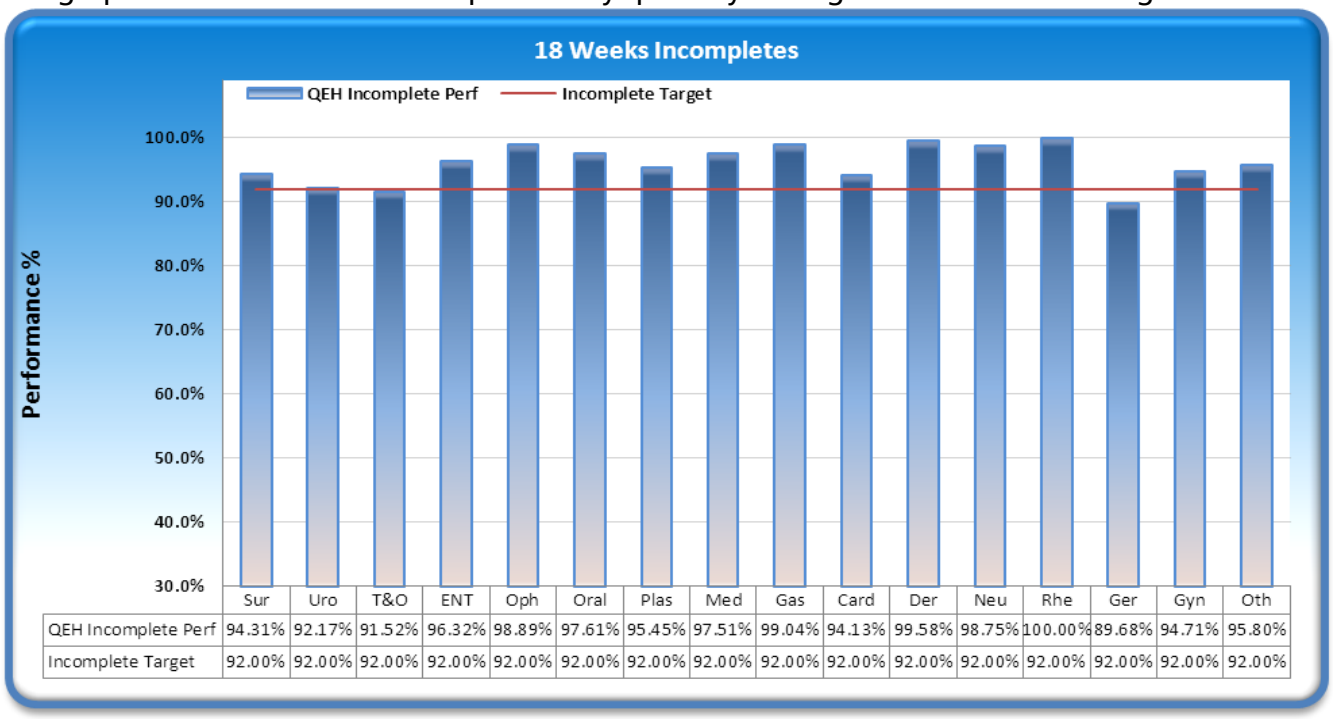
	Sur	Uro	T&O	ENT	Oph	Oral	Plas	Med	Gas	Card	Der	Neu	Rhe	Ger	Gyn	Oth
QEH Non-Adm Perf %	100.00%	83.33%	96.64%	99.54%	98.79%	100.00%	100.00%	100.00%	100.00%	100.00%	97.92%	100.00%	100.00%	95.65%	98.29%	97.16%
Non-Adm Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
QEH Median Wait	2.7	0.0	7.6	4.7	1.8	4.2	0.0	0.0	5.1	3.4	8.3	0.0	4.1	0.0	5.9	4.3

The graph below shows 18 Weeks incomplete performance benchmarked against East of England.



	04/13	05/13	06/13	07/13	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14
QEH Incomplete Perf	96.11%	92.03%	95.56%	96.34%	96.05%	95.76%	95.63%					
Incomplete Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Benchmark (East Anglia)	96.4%	96.4%	96.4%	96.4%	96.4%	96.4%	96.4%	96.4%	96.4%	96.4%	96.4%	96.4%

The graph below shows the Incomplete % by specialty and against the National target.



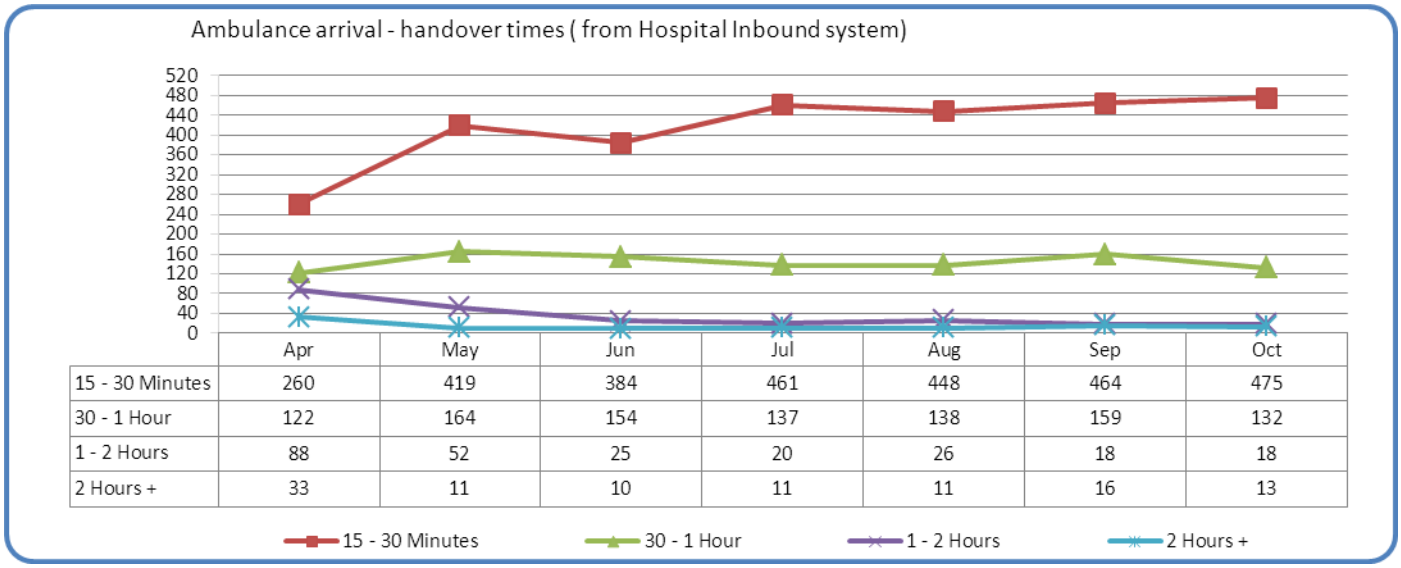
	Sur	Uro	T&O	ENT	Oph	Oral	Plas	Med	Gas	Card	Der	Neu	Rhe	Ger	Gyn	Oth
QEH Incomplete Perf	94.31%	92.17%	91.52%	96.32%	98.89%	97.61%	95.45%	97.51%	99.04%	94.13%	99.58%	98.75%	100.00%	89.68%	94.71%	95.80%
Incomplete Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

4.5 Ambulance data

Ambulance data

Ambulance Turnaround <= 15 mins and treated within 24 hours National target 100%

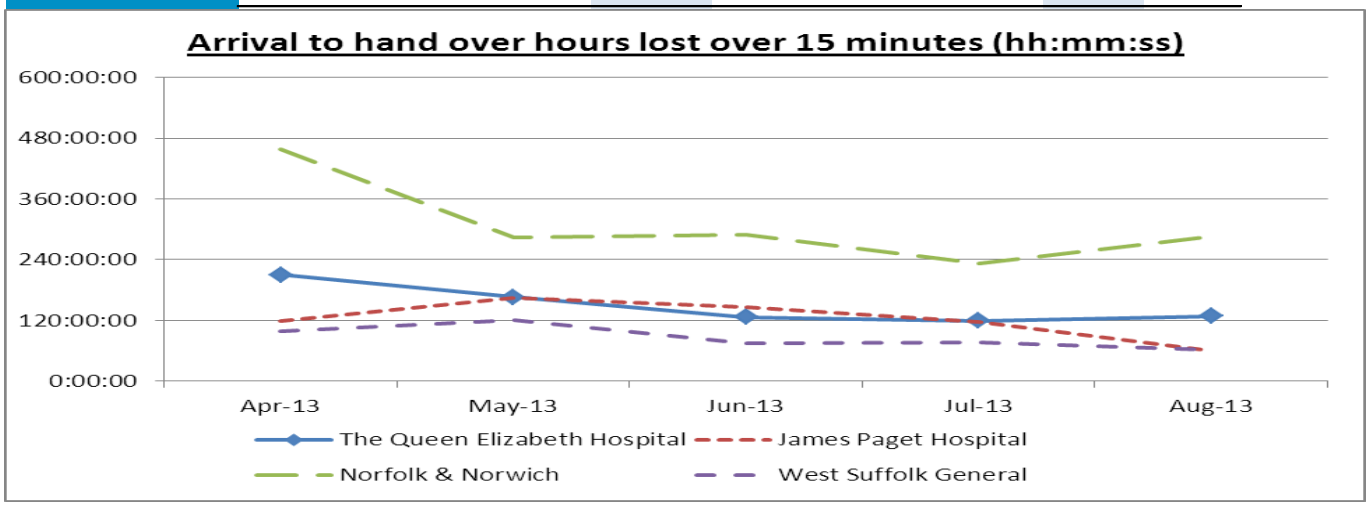
The Ambulance turnaround <= 15 mins October is 51.04%, YTD is 54.02%.



	Apr	May	Jun	Jul	Aug	Sep	Oct
15 - 30 Minutes	260	419	384	461	448	464	475
30 - 1 Hour	122	164	154	137	138	159	132
1 - 2 Hours	88	52	25	20	26	18	18
2 Hours +	33	11	10	11	11	16	13

Ambulance arrival - handover times (from Hospital Inbound system)

	Apr	May	Jun	QTR1	Jul	Aug	Sep	QTR2	Oct
0 - 15 Minutes	568	738	797	2103	804	758	685	2247	665
15 - 30 Minutes	260	419	384	1063	461	448	464	1373	475
30 - 1 Hour	122	164	154	440	137	138	159	434	132
1 - 2 Hours	88	52	25	165	20	26	18	64	18
2 Hours +	33	11	10	54	11	11	16	38	13
Total	**1071**	**1384**	**1370**	**3825**	**1433**	**1381**	**1342**	**4156**	**1303**



4.6 Cancer

Cancer

The Trust has achieved all cancer targets for October 2013 excluding the 62 Day GP referral to first treatment.
The performance for the 62 Day GP referral to first treatment was 82.2% below the target of 85%.

Cancer Wait Times Report

		2013/14 TOTAL						
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	YTD
2ww	93%	491	485	432	521	467	445	2396
		18	6	9	4	13	9	50
		96.3%	98.8%	97.9%	99.2%	97.2%	98.0%	97.9%
Breast Symptoms 2ww	93%	77	98	86	96	61	72	418
		0	1	2	4	0	0	7
		100.0%	99.0%	97.7%	95.8%	100.0%	100.0%	98.3%
31 day	96%	113	75	95	128	83	100	494
		0	0	2	1	2	3	5
		100.0%	100.0%	97.9%	99.2%	97.6%	97.0%	99.0%
62 day	85%	56.5	41.5	46.5	57	47.5	59	249
		7.5	4.5	6	3	6.5	10.5	27.5
		86.7%	89.2%	87.1%	94.7%	86.3%	82.2%	89.0%
Subsequent Treatments (31 day) - Drug Treatments	98%	62	51	64	49	45	55	271
		1	0	1	0	0	0	2
		98.4%	100.0%	98.4%	100.0%	100.0%	100.0%	99.3%
Subsequent Treatments (31 day) - Surgery	94%	20	18	26	23	14	28	101
		0	0	0	0	0	1	0
		100.0%	100.0%	100.0%	100.0%	100.0%	96.4%	100.0%
Screening (62 day)	90%	4	8	10	6	4	3	32
		0	0	1	0	0	0	1
		100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	96.9%
Consultant Upgrade (62 day)	-	1	1	1	5	0	2	8
		0	1	0	0	0	0	1
		100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	87.5%

Boxes shaded in green denotes a pass of the national target
Boxes shaded in red denotes a fail of the national target
Boxes shaded in white do not have a national target set

Operational Actions

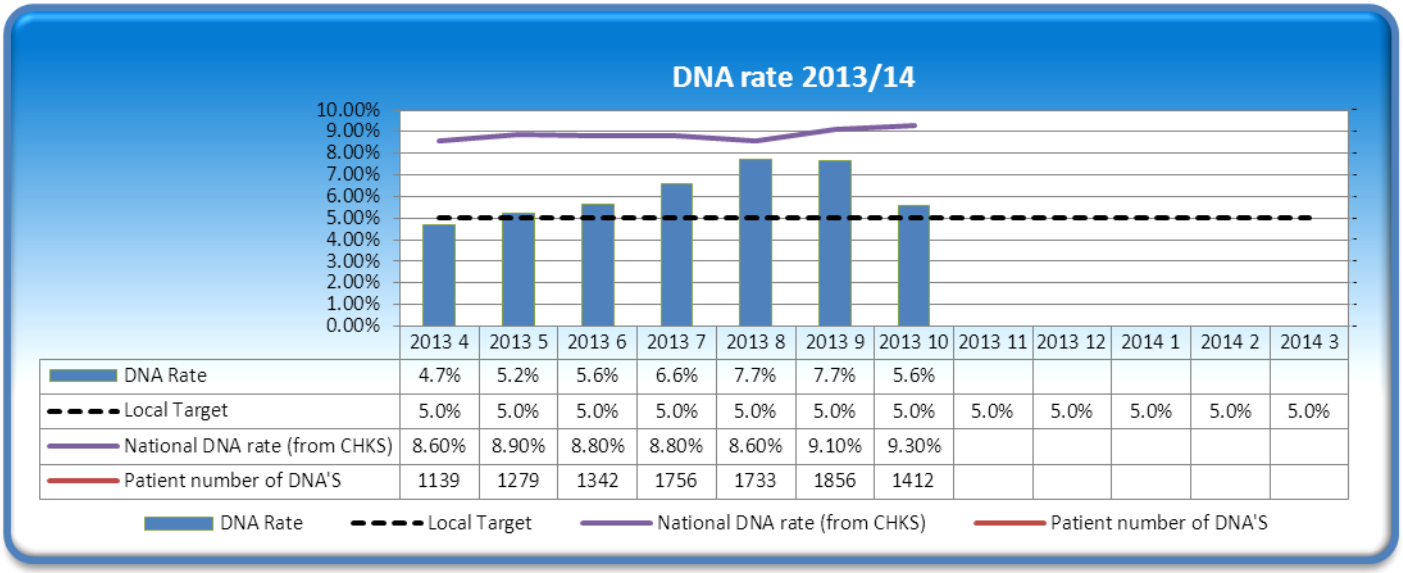
Root cause analysis has been completed and reviewed by the Operations Director and the Performance and Informatics Director. Actions were identified and implemented resulting in an improved performance for October 2013, we currently expect to achieve the target.
We did achieve the quarter 2 position.

4.7 DNA rate

DNA rate

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

The Trust DNA Rate is currently below the nationally reported figure of 9.3% but is 0.6% above the local target of 5%.



	2013 4	2013 5	2013 6	2013 7	2013 8	2013 9	2013 10	2013 11	2013 12	2014 1	2014 2	2014 3
DNA Rate	4.7%	5.2%	5.6%	6.6%	7.7%	7.7%	5.6%					
Local Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
National DNA rate (from CHKS)	8.60%	8.90%	8.80%	8.80%	8.60%	9.10%	9.30%					
Patient number of DNA'S	1139	1279	1342	1756	1733	1856	1412					

Operational Actions

DNA rates has decreased in October 2013 to the lowest levels this year, this corresponds directly with the reimplementation of Chronos.

5 SUMMARY INCOME & EXPENDITURE POSITION

SUMMARY POSITION

For the month the Trust made a loss of £0.904m against a planned surplus of £0.424m, an underachievement of £1.328m. The Trust has made a loss in each of the last nine months. Cumulatively the Trust deficit is £6.370m, a greater deficit position than originally planned by £4.254m.

In terms of the Trust's operating financial position (EBITDA), for the month the Trust delivered an operating surplus of £0.027m against a plan of an operating surplus of £1.061m, an under delivery of £1.034m. Cumulatively the Trust is now behind its planned operating surplus by £3.968m. Cumulative operating margin was planned to be 3.0%, but is now negative 1.1%, an under achievement of 4.1%.

Clinical income in the month was again below plan by £0.110m. Operational pressure leading to under delivery of clinical activity plans, and premium costs to deliver clinical activity levels continue to impact negatively on EBITDA.

Operational management teams have prepared detailed revised activity trajectories. The trajectories indicate that the planned level of clinical income for 2013/14 will not be achieved. As a result, £1.3m has been removed from the clinical income forecast. The reduction in clinical income from lower levels of forecast patient activity has been partly offset by £0.9m of non-recurrent winter pressures funding for A&E. Meaning the net deterioration in forecast clinical income is £0.4m.

In the month pay costs were £10.095m which is £0.682m in excess of original plan. The adverse variance is due to under delivery of Business Sustainability Programme (BSP) savings (£0.168m) and additional medical, nursing and managerial agency costs (£0.576m). The in-month pay costs of £10.095m are £0.182m higher than the previous month's forecast pay spend for October of £9.913m. The main difference in the forecast is due to unforeseen nursing agency invoices received in October that related to September and earlier.

In the month non pay costs were £3.448m which is £0.255m in excess of original plan. The adverse variance is due to under delivery of Business Sustainability Programme (BSP) savings (£0.136m) and a variety of operational issues (£0.119m). The in-month non pay costs of £3.448m are £0.057m higher than the previous month's forecast operational non pay spend for October of £3.391m. The main difference in the forecast is an increased provision of £0.062m for bad debts relating to income from Road Traffic Accident (RTA) compensation claims.

Non delivery of BSP schemes in month has caused a total of £0.501m adverse variance in the month. Cumulatively the (BSP) has delivered £2.878m savings against the Trust's board approved financial plan of £4.246m, an under achievement of £1.368m.

The Trust's continuity of service risk rating for the month and cumulative to October is 1 (on a scale where 1 is an organisation facing the highest financial risk to 5 being the lowest financial risk). The Trust plan was to achieve a continuity of service risk rating of 3 in the month and 2 on a cumulative basis.

The forecast deficit for the Trust is £11.305m, with a Continuity of Service risk rating of 1. The deterioration in the Trust's forecast of £2.062m is driven by;

- a reduction in forecast clinical activity and income
- and an increase in the costs required to implement the quality improvement, principally nursing and agency costs.

The deterioration in the Trust's financial position means that further Department of Health cash flow support of £4.8m will be required over and above the £8.1m already secured.

The Trust has submitted a financial recovery plan to Monitor. The cost saving opportunities quantified to date do not bring the Trust back into recurrent balance in the short or medium term. However, it is important that the recovery plan is implemented speedily and effectively in order to minimise the size of the Trust's in-year and forecast deficits.

BOARD REPORT APPENDIX 1 – PERFORMANCE DASHBOARDS

Declaration of performance against healthcare targets and indicators

C.difficile year on year reduction

Targets as per Compliance Framework 2013/14		Threshold			Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		YTD	
					Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight
MRSA - meeting the MRSA objective		1	1.0		0		0		0		0		0		0		0		0	
C.difficile year on year reduction		19	1.0		1		1		4		1		0		2		0		9	
All cancers: 31-Day Wait For Second Or Subsequent Treatment	Anti Cancer Drug Treatments	98%	1.0		98.4%		100.0%		98.4%		100.0%		100.0%		100.0%				99.3%	
	Surgery	94%	1.0		100.0%		100.0%		100.0%		100.0%		100.0%		96.4%				100.0%	
	Radiotherapy (from 1 January 2011)	94%	1.0		n/a		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%		100.0%		90.0%		100.0%		100.0%		100.0%				96.9%	
	Urgent GP Referral To Treatment	85%	1.0		86.7%		89.2%		87.1%		94.7%		86.3%		82.2%				89.0%	
A&E: Maximum waiting time of 4 hours from arrival to admission/transfer / discharge		95%	1.0		80.8%		89.2%		94.1%		94.0%		94.2%		92.2%		92.7%		90.8%	
Referral to treatment waiting times – admitted (90% Target within 18 Weeks)		90%	1.0		91.5%		90.9%		90.4%		92.7%		92.3%		90.4%		89.5%		91.1%	
Referral to treatment waiting times – non-admitted (95% Target Within 18 Weeks)		95%	1.0		96.5%		99.3%		99.1%		99.2%		98.0%		99.4%		98.3%		98.5%	
Referral to treatment waiting times – Incomplete (92% Target Within 18 Weeks)		92%	1.0		96.1%		92.0%		95.6%		96.3%		96.0%		95.8%		95.6%		95.4%	
31-Day (Diagnosis To Treatment) Wait For First Treatment	All cancers	96%	0.5		100.0%		100.0%		97.9%		99.2%		97.6%		97.0%				99.0%	
Two week wait from referral to date first seen	All urgent referrals (cancer suspected)	93%	0.5		96.3%		98.8%		97.9%		99.2%		97.2%		98.0%				97.9%	
	For symptomatic breast patients (cancer not initially	93%	0.5		100.0%		99.0%		97.7%		95.8%		100.0%		100.0%				98.3%	
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		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		n/a	
Minimising Mental Health delayed transfer of care		<=7.5%	1.0																	
Admissions to inpatients services had access to crisis resolution / home treatment teams		95%	1.0		n/a		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		n/a	
Mental Health Data completeness: identifiers		97%	0.5		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
Mental Health Data completeness: outcomes for patients on CPA		50%	0.5		n/a		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		n/a	
Ambulance FTs - Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	No Risk	n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
Self certification against compliance with requirements regarding access to healthcare for people with a learning di		N/A	0.5																	
Data Completeness: Community Services, comprising:-	Referral to treatment information	50%	1.0																	
	Referral information	50%	1.0																	
	Treatment activity information	50%	1.0																	
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 subseq		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																	