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: 25th February 2013
Report Title: Performance Report

Purpose:

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

Summary:

The enclosed reports identify performance to January 2013 against the Trusts KPIs and where appropriate the forecast for year end March 2013, including the key risks to operational performance. The Monitor compliance framework position for quarter 4 is forecast as 1 (Amber / Green) due to the A&E 4 hour waiting time.

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 (Amber / Green) due to the A&E 4 hour waiting time.

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

d) Identify any key issues requiring further consideration.

Author: Michael Brown
Date: 18 February 2013

Quality & Risk Dashboard Jan 13

Indicator	Target	Current Month	YTD	Trend
1.1 Crude Mortality	19	18	16	
1.2 RAMI	75.7	69	83	
1.3 SHMI*	100	na	99.3	
1.4 Net Promoter - Friends & Family Survey Percentage	71%	50%		
1.4 Net Promoter - Friends & Family Survey Footfall	10%	15%		
1.8 MRSA	1 (YTD 1)	0	0	
1.9 CDIFF	30 (YTD 28)	2	15	
1.10 Serious Incidents Reported	0	6	73	
1.11 Never Events Reported	0	0	5	
1.12 Serious Medication Errors	0	0	0	
1.13 Falls Resulting in Serious injury	0	0	12	
1.14 Pressure Ulcers - Grade 3 H.A	0	6	60	
1.15 Pressure Ulcers - Grade 4 H.A	0	0	0	
1.16 Number of MSA Breaches (Number of Patients)	0	4	18	
1.17 Clinical Complaints	N/A	48	382	
1.18 Non-Clinical Complaints	N/A	6	46	
1.19 Compliments	N/A	88	980	
1.20 Clinical Complaints - Communication	-5% vs 11/12	10 (91% Increase)	139 (24% Increase)	
1.21 Clinical Complaints - Staff Attitude	-5% vs 11/12	10 (0% Increase)	94 (7% Increase)	
1.22 Safety Thermometer - No new harms	95%	95.8%	95.0%	
1.23 VTE Assessment Completeness*	90%	97.2%	96.8%	

*RAMI figure is shown 1 month in arrears

*SHMI figure is for period Apr - Mar 2012

CQC Concerns
3 minor concerns

Workforce Jan 13

Indicator	Target	Current Month	YTD	
4.1 Sickness Absence Rate	3.7%	4.8%	4.5%	
4.2 Staff Turnover Rate	10.0%	12.7%	9.2%	
4.3 Appraisal Completeness %	90.0%	73.0%	72.9%	
4.4 Fire Training	70.0%	86.3%	81.0%	
4.5 Infection Control Training	70.0%	80.9%	77.0%	
4.6 Resuscitation Training	70.0%	78.5%	81.0%	
4.7 Safeguarding Children Training	80.0%	90.1%	88.0%	
4.8 Safeguarding Adults Training	70.0%	84.9%	95.0%	
4.9 Information Governance Training	95.0%	84.9%	84.0%	
4.10 Nurse Vacancies (as % of Nurse Posts)		9.8%	7.2%	
4.11 Medical Vacancies (as % of Medical Posts)		3.7%	3.5%	
4.12 Contracted People in Post (WTE)	2749	2470*	2562	
4.13 Temporary Staff in Post (WTE)	139	157	154	

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

Performance & Standards Jan 13

Indicator	Target	Current Month	YTD	Trend
3.1 Monitor Compliance Framework Score	0	1	1	
3.2 18 Weeks - Admitted 95th Percentage*	90%	94.6%	93.2%	
3.3 18 Weeks - Non Admitted 95th Percentage*	95%	98.7%	98.9%	
3.4 Cancer - 31 Days Subsq Treatment - Surgery*	94%	100.0%	99.5%	
3.5 Cancer - 31 Days Subsq - Drug Treatments*	98%	100.0%	100.0%	
3.6 Cancer - 62 Days Referral to Treatment	85%	87.2%	86.1%	
3.7 Urgent GP Cancer - 2 Week Wait*	93%	97.1%	97.3%	
3.8 Cancer - 31 Days Diagnosis to Treatment*	96%	100.0%	99.2%	
3.9 A&E 4 Hour Attendance	95%	92.2%	95.3%	
3.10 MRSA Screening - All Elective Inpatients	100%	100.0%	100.0%	
3.11 Choose + Book - Slot Utilisation	90%	70.0%	71.9%	
3.12 Stroke - 90% of Stay on a Stroke Unit*	80%	97.1%	89.3%	
3.13 Stroke - High Risk TIA treated in 24 Hrs*	60%	88.5%	79.1%	
3.14 Cancelled Ops	0.8%	1.5%	0.9%	
3.15 Readmission Rate - Elective	2.7%	3.1%	4.1%	
3.16 Readmission Rate - Emergency	9.1%	9.9%	10.9%	
3.17 Diagnostic Over 6 Week Waiters	1%	0.1%	0.2%	

Operational Efficiency

Indicator	Target	Current Month	YTD	Trend
3.18 Day Case Rate	82%	89.5%	84.6%	
3.19 Basket of Daycase Procedures	80%	83.7%	82.4%	
3.20 New to Review Rate	2.3	2.7	2.5	
3.21 DNA Rate	5%	5.5%	5.3%	
3.22 EL LOS	2.2	2.0	2.4	
3.23 EM LOS	5	4.5	4.6	
3.24 Total LOS	4.3	4.1	4.3	

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

Finance Jan 13

NHS Clinical Revenue (Excl Non PbR Drugs) By Point of Delivery	Current Period						Year To Date (YTD)						Full Year Plan/ Forecast (YTD)					
	ACTIVITY			FINANCE			ACTIVITY			FINANCE			ACTIVITY			FINANCE		
	Actual	Plan	Variance	Actual £000s	Plan £000s	Variance £000s	Actual	Plan	Variance	Actual £000s	Plan £000s	Variance £000s	Actual	Plan	Variance	Actual £000s	Plan £000s	Variance £000s
Out-patients	25,919	26,964	(1,045)	2,744	2,961	(217)	247,902	254,093	(6,191)	27,097	27,889	(792)	297,358	302,863	(5,505)	32,504	33,236	(732)
Day cases	2,880	2,783	97	1,734	1,644	90	27,682	27,521	161	16,725	16,280	445	33,121	32,968	153	20,057	19,517	540
Elective In-patients	437	481	(44)	938	1,042	(104)	4,526	4,653	(127)	10,122	10,873	(751)	5,478	5,378	100	12,413	12,616	(203)
Elective Excess Bed Days	130	99	31	31	23	8	702	930	(228)	164	218	(54)	841	1,089	(248)	196	256	(60)
Planned Total Income				5,447	5,670	(223)				54,108	55,260	(1,152)				65,170	65,625	(455)
A&E	4,473	4,846	(373)	440	488	(48)	46,852	47,858	(1,006)	4,626	4,817	(191)	56,184	57,088	(904)	5,566	5,746	(180)
Non-elective In-patients	2,553	2,780	(227)	4,249	4,300	(51)	25,661	26,214	(553)	41,782	42,406	(624)	30,633	31,410	(777)	49,709	50,680	(971)
Non-elective Excess Bed Days	1,663	1,496	167	374	340	34	11,333	14,554	(3,221)	2,608	3,307	(699)	13,441	17,350	(3,909)	3,095	3,943	(848)
Emergency Threshold Cap	0	0		(386)	(297)	(89)				(2,879)	(3,630)	751			0	(3,074)	(4,161)	1,087
Unplanned Total Income				4,677	4,831	(154)				46,137	46,900	(763)				55,296	56,208	(912)
Critical Care	647	681	(34)	546	541	5	7,413	7,038	375	5,664	5,476	188	9,003	8,330	673	6,886	6,501	385
Direct Access	48,481	39,883	8,598	520	411	109	427,250	398,708	28,542	4,655	4,079	576	509,630	478,477	31,153	5,551	4,899	652
CQUIN				297	286	11				2,705	2,868	(163)			0	3,062	3,442	(380)
Patient Transport				58	26	32				572	261	311			0	693	314	379
Winter Pressures & Coding catch-up				(63)	0	(63)				155	0	155			0	150	0	150
Other				775	709	66				6,639	6,828	(189)			0	7,918	8,032	(114)
Other Clinical Total Income				2,133	1,973	160				20,390	19,512	878				24,260	23,188	1,072
Total NHS Clinical Revenue (Excl Non PbR Drugs)				12,257	12,474	(217)				120,635	121,672	(1,037)				144,726	145,021	(295)

		Full Year Plan £m	Full Year Forecast £m	Forecast Vs Prev Month	YTD Plan £m	YTD Actual £m	Variance Change to Prev Month	Current Month Plan £m	Current Month Actual £m
2.1	Surplus	1.6	-0.2	↓	1.6	0.7	↑	0.4	0.7
2.2	EBITDA	8.8	7.2	↓	7.5	6.2	↓	1.0	0.8
2.3	Cash Balance	6.3	4.5	↑	10.7	9.2	↑	10.7	9.2
2.4	BSP - Overall Position	10.2	6.7	↔	7.4	5.0	↓	1.4	0.8

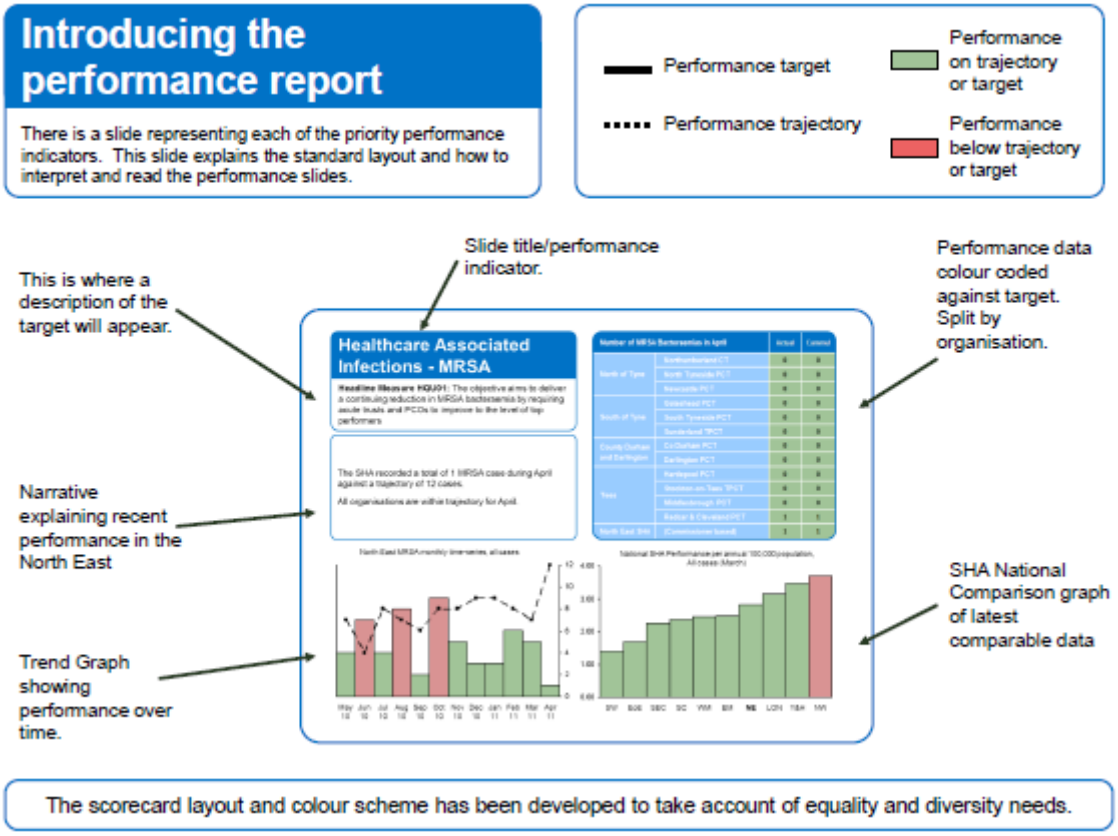
		Full Year Plan	Full Year Forecast	YTD Plan	YTD
2.5	Finance Risk Rating	3	3	3	3

Explaining the Performance Report

This performance report is provided to give an update to the Trust Board of Directors on the key areas of performance to January 2013 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 January 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 69.0 for the current month and 83.0 year to date which are above the internal target of 75.7, this is also below the national expected position. The Trust received 48 clinical complaints out of 54 total complaints and 88 compliments across the Trust in the month. The Trust has reported 6 Grade 3 pressure ulcers in the month and no Grade 4 being reported.

The Trust has reported 6 serious incidents in the current month, which means that there are 81 reported year to date. There were 0 never events for the current month, which means there are 5 never events year to date. An update on those still open is provided within the report.

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

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

The Trust achieved the following key targets: -

- All Cancer Targets
- MRSA Screening – 100% against a target of 100%
- Stroke – 90% of stay on the Stroke Unit – 97.1% against a target of 80%
- TIA – High risk, not admitted, treated within 24 hrs – 88.5% against a target of 60%
- Daycase Rate – 89.5% against a target of 82%
- Basket of Daycase Procedures – 83.7% against a target of 80%
- Emergency length of stay – 4.5 against a target of 5.0
- Elective length of stay – 2.0 against a target of 2.2

However, the Trust did not achieve: -

- A&E 4 Hour Attendance for the quarter
- The national target for the admitted 18 week RTT for Plastics
- 18 week RTT Incomplete pathways for Urology, Plastics and Gynaecology
- Choose & Book
- Cancelled Operations

The trust did not achieve on internal indicators:-

- Readmission rates
- New to Follow up ratio
- DNA rate

The Workforce scorecard highlights that the Trust Sickness absence rate for the month is above the target of 4.7% at 4.8% (4.5 YTD), with the reasons for absence highlighted. It also focuses on appraisal completeness across the Trust which is 73.0% below the target of 90% and the annual requirement for Information Governance Training which stands at 85%.

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

Recommendations

The Trust Board are asked to;

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

b) Note the Monitor Compliance framework position forecast at the end of the current quarter is 1 (Amber / Green) due to the A&E 4 hour waiting time and the likely impact on it achieving the year to date A&E target.

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

d) Identify any key issues requiring further consideration.

2 QUALITY AND RISK

The Trust's performance against its Quality and Risk KPIs was varied. For a number of indicators performance was below target level.

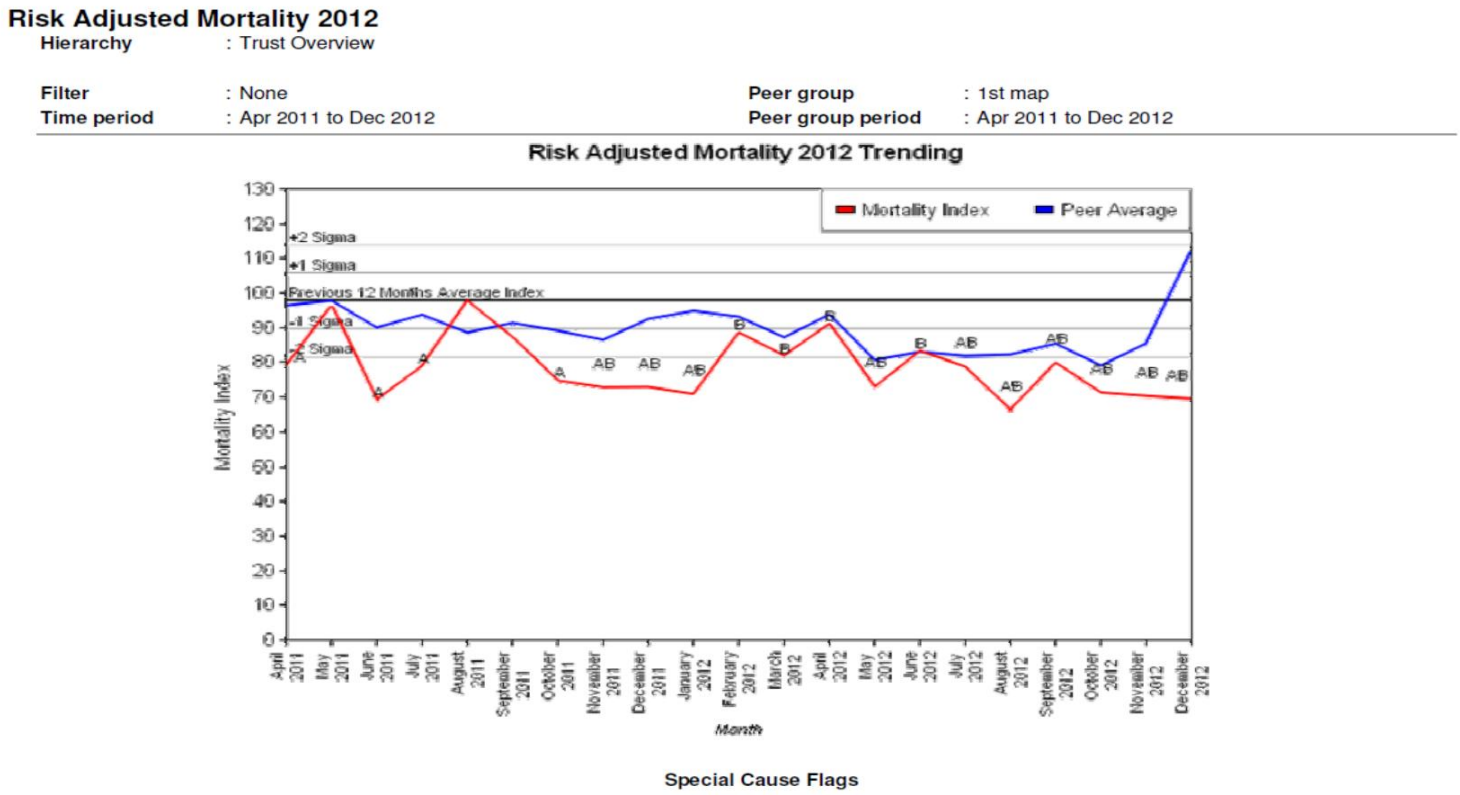
There were zero Never Events reported in the current reported month.

While the Trust is working hard to maintain its performance towards eliminating hospital acquired pressure ulcers 6 Grade 3 was reported in January (up from 1 grade 3 in December).

Patient feedback from the monthly 'Friends and Family' survey is below the 71% target identified by NHS Midlands and East however it continues to rise and is reported at 50.1% for the current month (45.9 for August, 45.4 for September, 49 for October, 44.7 for November and 50.7 for December). The Trust continues to meet the 10% footfall target of respondent's, which is part of a CQUIN target and is currently 15.3%.

2.1 Trust Mortality

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



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

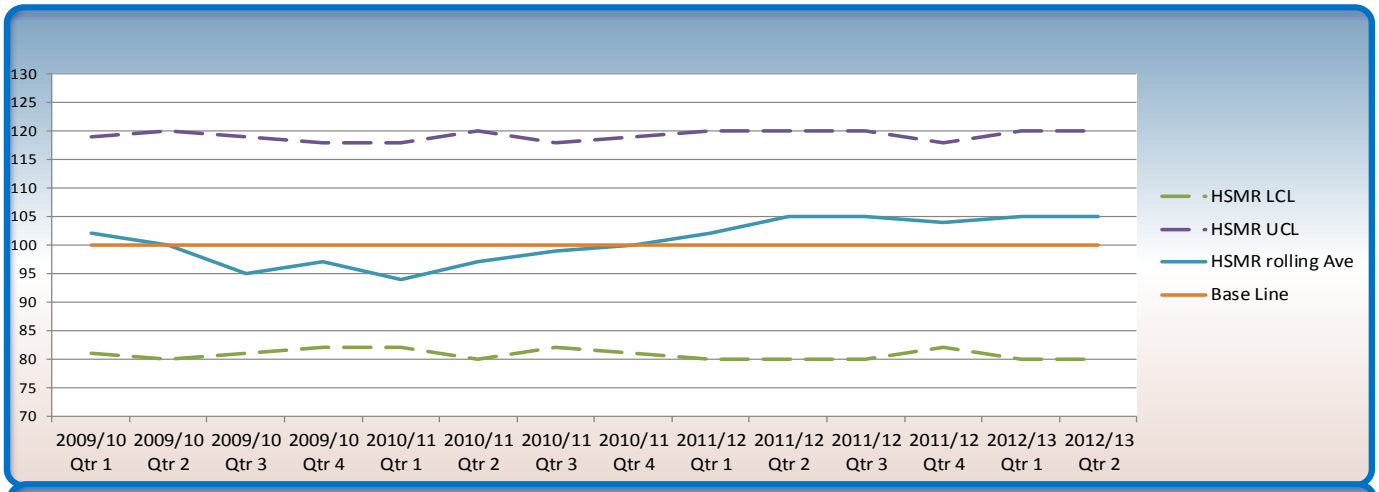
- Crude mortality per 1,000 admissions in January 2013 = 18.0 (target achieved)
- RAMI in December 2012 = 69 (target achieved)

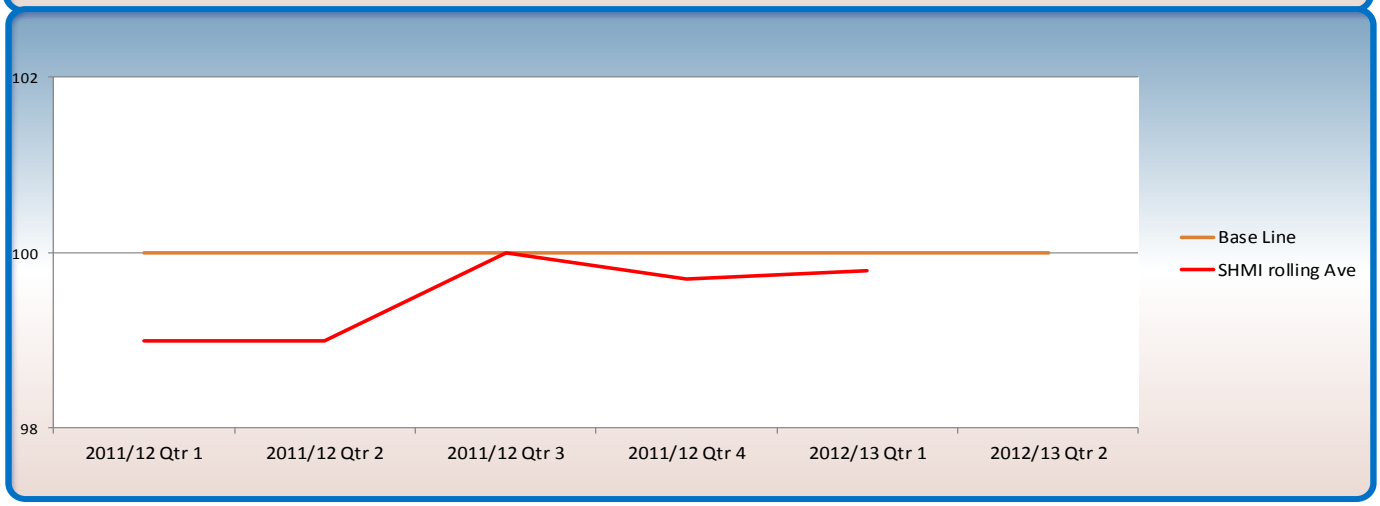
HSMR and SHMI Trend for the Queen Elizabeth Hospital

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

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

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





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

Data will be updated February 2013

Operational Actions

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

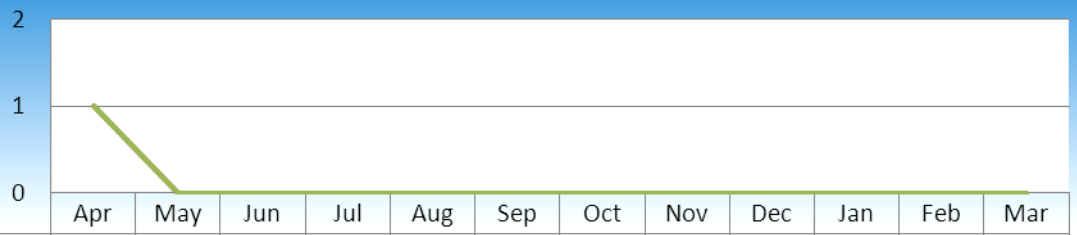
2.2 Hospital Acquired Infections

Healthcare Associated Infections - MRSA

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

The Trust reported 0 MRSA Infections in January 2013. Performance year to date is 0.

MRSA position 2012/13



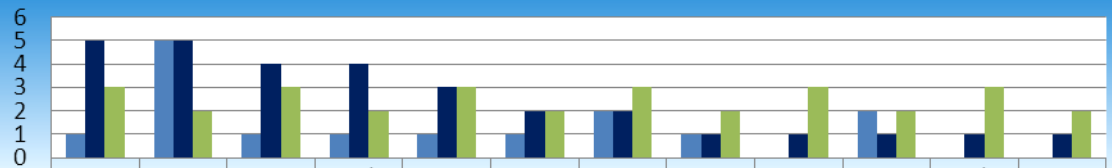
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	0	0	0	0	0	0	0	0	0	0		
Commisioner Target	1	0	0	0	0	0	0	0	0	0	0	0
Monitor Target	1	0	0	0	0	0	0	0	0	0	0	0

Healthcare Associated Infections - C -difficile

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

The Trust reported 2 Clostridium Difficile infections in January 2013.
Cumulatively the number of infections reported is 15 against a monitor trajectory of 25, and the Commissioner agreed trajectory of 28

CDIFF Position 2012/13



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	1	5	1	1	1	1	2	1	0	2		
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 Director of patient experience and the Head of nursing and non-medical professional.

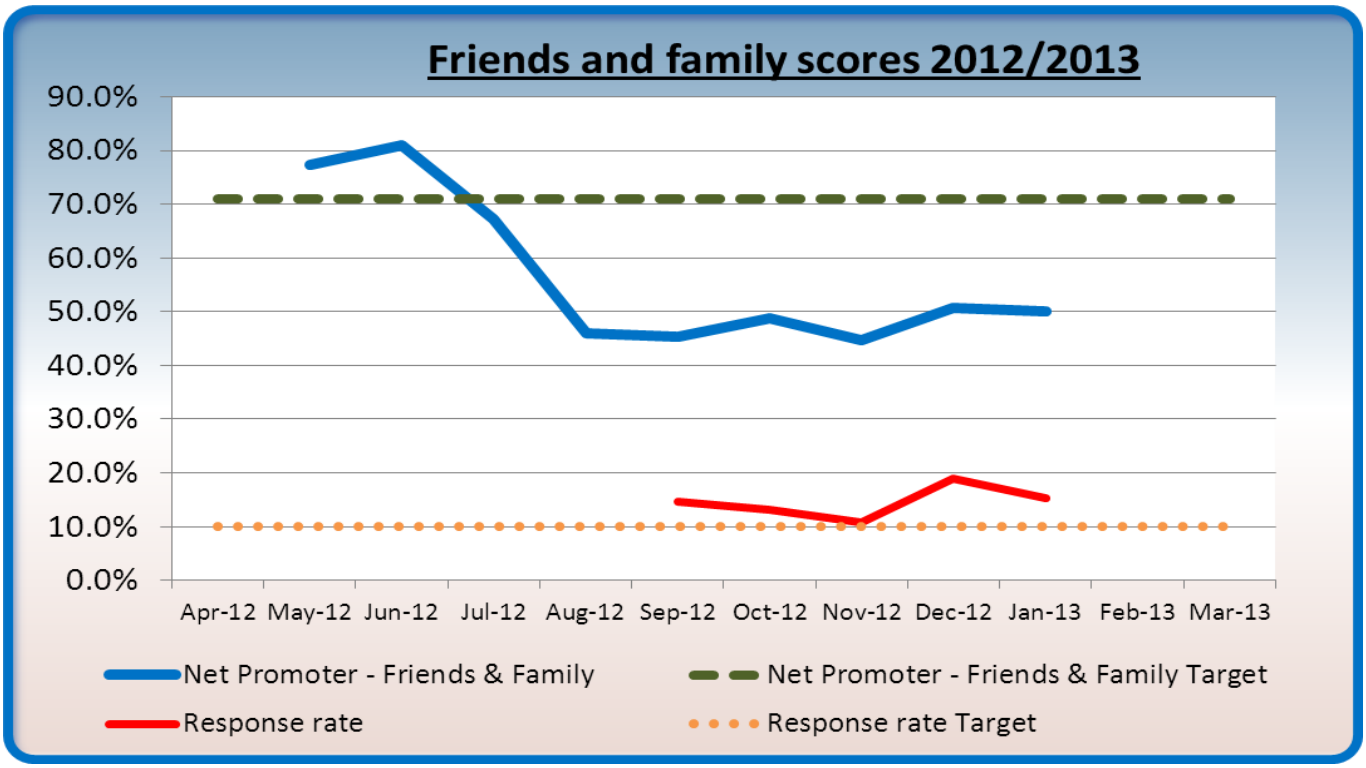
2.3 Patient Experience

Patient Experience

Headline Measure HQU04: The Friends and Family Test (Net Promoter Score) for January 2013

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

The friends and family Test score was 50.1% with a response rate of 15%, the trust score continues to improve. The target set by NHS Midlands and east is a score of 71 with a response rate of at least 10%. A graph showing the scores and response rates for May to January 2013 is shown below.



Operational Actions

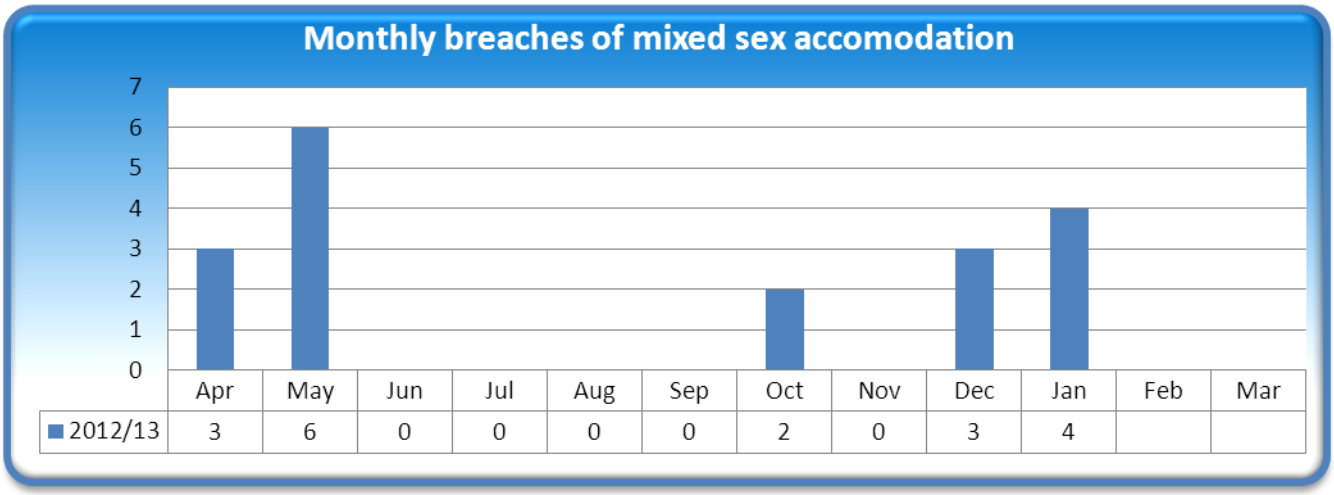
The Friends and Family Test looks at how likely a patient is to recommend this service to their friends and family. The Trust is implementing the following actions to support this:

- From 1 February 2013 we have begun using a new provider for the analysis of this test whose score cards include a space in which patients may leave free text comments. It is expected that the addition of this facility will enable us to be clearer about what patient's value about our services which we can then replicate in other wards and what areas they feel could be improved so that we can take action to deal with these.
- Also, from 1 February, we are trialling this test in A&E prior to its national roll-out from 1 April and maternity national roll-out due in October 2013.
- To ensure that the new system is well embedded the trust has temporarily suspended local inpatient satisfaction surveys. These will be reviewed and resumed later in the year.

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 4 breaches for January 2013.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012/13	3	6	0	0	0	0	2	0	3	4		

Operational Actions

There were 4 MSA breaches on 2 occasions due to capacity from Norovirus. The Trust has reported 18 breaches year to date.

2.5 Complaints

Complaints

Headline Measure: Complaints activity by service line

The Trust received 54 formal complaints during the month of January 2013, which was a 45.9% (37 last month) increase in comparison to the previous month. The number of formal complaints received in January 2013 is 10.2% (5) higher than the number of formal complaints received in the same period in 2011/12.

Of the 54 formal complaints received in January 2013; a total of 104 issues were raised.

51 complaints were clinical and 3 were non clinical. The themes identified for this month were 14 clinical complaints related to Communication, 8 were in relation to appointment Issues (majority of which were cancelled appointments), and 7 were regarding Staff attitude and 5 related to Discharge Arrangements. Non clinical complaints consisted of 1 Car Parking concern, 1 Security Officer Issue and a HR staff attitude complaint.

The Trust has received one request from the Health Service Ombudsman to review in January 2013. Papers were sent out and a decision on whether they are to investigate will be received in due course. In addition to this, the Trust received an outcome to an investigation by the Health Service Ombudsman at the end of December 2012 in which the complaint was not upheld; however there were lessons to be learned and these have been shared. The Medical Director is leading the recommendations from this report.

The performance by Service line has been given a red, amber or green indicator for the month. 74% (45 out of 61) of the complaints received in November 2012 were responded to within the target of 30 working days. There were 16 complaints that did not meet the required target and where chased regularly and reported to the Department Heads for support. To manage this non-compliance, an escalation process is being developed.

An email has been sent out to those involved in complaints investigation process to remind them to ensure the tracker is dated and sign by each individual handling the green folder. This will ensure that the complaint is turned around in sufficient time and will identify areas of concern.

Also a complaints proforma is being designed in order to capture information regarding who has been involved in the complaints investigation i.e. staff members who have provided statements, who has put the response letter together and who has read and approved the final document.

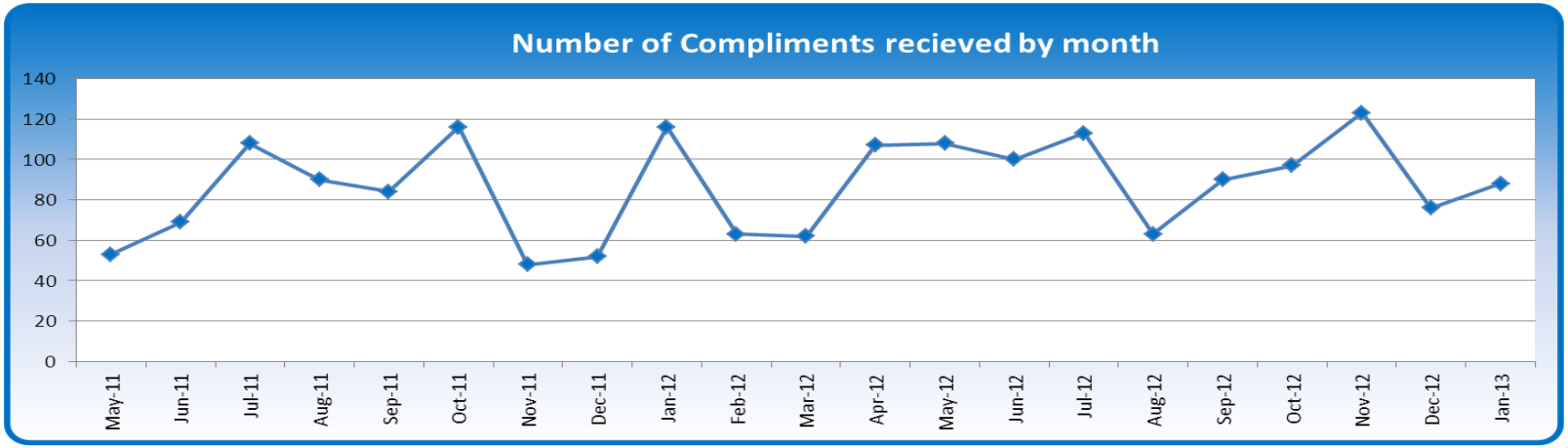
As part of the Trusts Quality Strategy Implementation programme 2012/13 we aim to reduce the number of clinical complaints for the top scoring areas of communication & staff attitude by 5% which equates to:

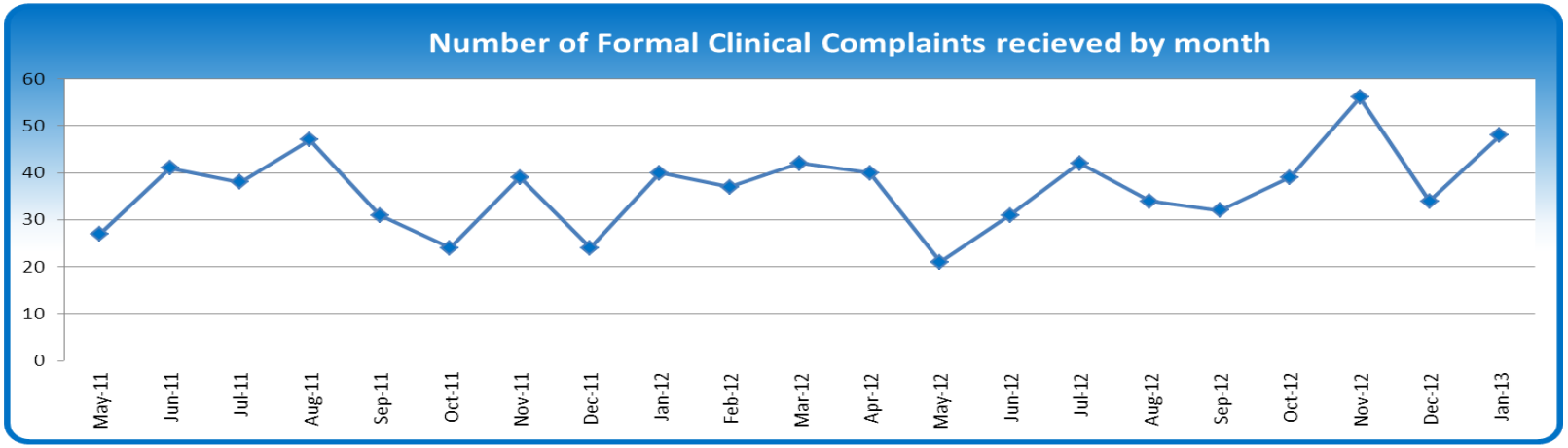
- a reduction of 6 clinical complaints relating to communication based on last year – from 127 to 121
- a reduction of 5 clinical complaints relating to staff attitude based on last year – from 102 to 97

		Current Month			Year to date		
Clinical Complaints	Target	11/12	12/13	Percentage	11/12	12/13	Percentage
Communication	-5%	11	21	91%	112	139	24%
Staff Attitude	-5%	10	10	0%	88	94	7%

The data identifies that during November and December 2012 PALS contacts had reduced significantly. Upon investigation a similar drop was seen in the same period for the previous year. Also it was found that not all of the enquiries were being logged onto Datix, the team have been reminded to ensure that every contact is logged in a timely manner to ensure accurate data is captured. Following this action it can be seen in the report that January's figures have significantly risen.
There were 88 written compliments received by the Trust during January 2013, this was an increase of 15.8% compared to 76 in December 2012.

Divisional Activity in January 2013						Divisional Performance in November 2012			
Service Line	Formal Complaints	Compliments	Informal Contacts	Compliments : Formal Complaints Ratio	Number of cases referred to Parliamentary and Health Service Ombudsman (PHSO)	First Response date Target Met	Number of conciliation meetings	Number of complaints upheld	Number of returning complaints where first response targets were provided
Accident & Emergency	4	10	0	2.5:1		3 of 6	1	4	1
Anaesthestics	1	0	0						
Audiology	0	0	0						
Breast Care	0	0	0						
Breast Screening	0	0	0			1 of 1	2	1	
Car Parking	1	0	0			4 of 4		3	
Cardio Respiratory Dept	0	0	0						
Cardiology	2	14	0	7:1		1 of 1			
Clinical Haemotology	0	0	0						
Critical Care	0	0	0						
Care of the Elderly	0	2	0			1 of 1		1	1
Dermatology	0	0	0						
Day Surgery	0	0	0						
Diabetes	2	0	0						
Orthodontics	0	0	0						
ECG/EEG	0	0	0						
Endoscopy	0	0	0			2 of 2		2	1
ENT	1	0	1			1 of 1		1	
Estates	0	0	0			1 of 1		1	
Gastroenterology	1	12	0	12:1					
General Surgery	4	14	0	2.5:1		9 of 14	1	7	
Gynaecology	0	0	0						
Human Resources	1	0	0						
Medical Assessment Unit	3	2	0	0.67:1		1 of 1		1	
Medical Day Unit (West Walton)		16	0						
General Medicine	2	2	0	1:1		1 of 3	2	2	
Legal Services	0	0	0						
Midwifery	2	0	0			1 of 2		1	
Neonatalology	0	10	0						
Neurology	0	0	0						
Obstetrics & Gynaecology	1	0	0			3 of 6	2	5	
Occupational Health	0	0	0					0	
Occupational Therapy	0	0	0			1 of 1			
Oncology	2	0	1			1 of 1		1	
Ophthalmology	1	0	0						
Trauma & Orthopaedics	3	1	0	0.33:1	1	2 of 3	1	3	
Outpatients	0	0	0			3 of 3		0	
Paediatrics	2	0	0			1 of 1		1	
Pain Management	0	0	0						
Palliative Medicine	0	1	0						
PALS	0	0	0						
Pathology	0	0	0			1 of 1	1	1	
Pharmacy	0	0	1						
Patient Services	11	0	0			1 of 1		1	
Performance & Informatics	1	0	0						
Portering Services	1	0	0			1 of 1		0	1
Radiology	0	0	0						
Respiratory	0	0	0			0 of 1	1	1	
Rheumatology	0	0	0						
Security	1	0	0						
Stroke	4	2	0	0.5:1		1 of 1			
Surgical Assessment Unit	0	0	0			0 of 1		0	
Terrington - Short Stay	0	2	0						
Trust wide	2	0	0			2 of 2		0	
Urology	1	0	0			1 of 1		1	
TOTAL	**54**	**88**	**3**	**1.63:1**	**1**	**44 of 61**	**11**	**38**	**4**


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
Nov-12
Dec-12
Jan-13


Number of Formal Clinical Complaints recieved by month
60
50
40
30
20
10
0
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
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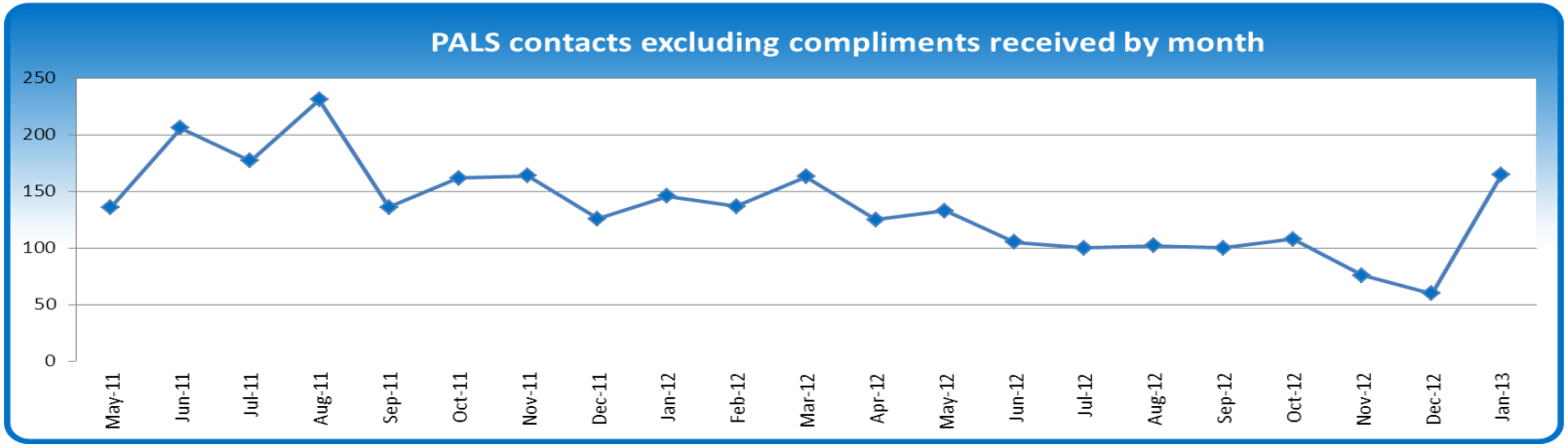
Oct-12
Nov-12
Dec-12
Jan-13


PALS contacts excluding compliments received by month
250
200
150
100
50
0
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13

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 Wrong Site Surgery
- November 2012 retained guide wire

Open Serious Incidents as at 31/01/2013

As at 31st January 2013, YTD there were 32 open incidents (41closed). Of those 32 open incidents, 26 RCA's have been submitted.

A total of 6 new serious incidents were reported during January.

Pressure Ulcer update January 2013

Following completion of work undertaken with the SHA pressure ulcer collaborative the Trust has developed a roll out plan to implement the learning for the work piloted on stanhoe ward throughout the Trust.

This has commenced on Shouldham and Terrington with the support of the ward sisters, matrons and PDNs in those areas.

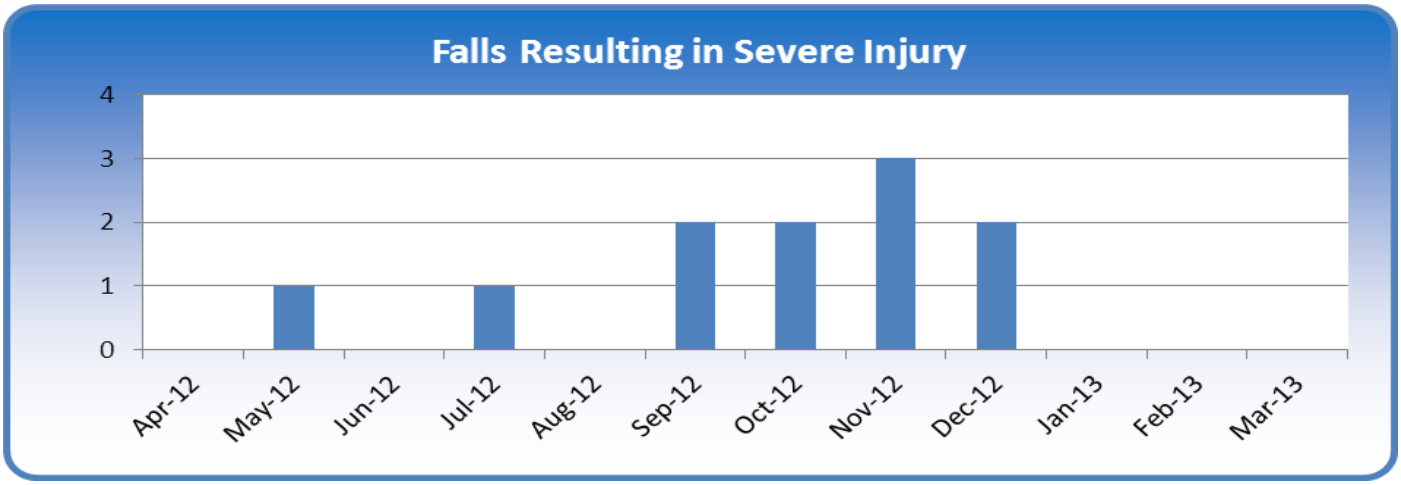
All pressure ulcer RCAs are now reviewed at the pressure ulcer forum and then any actions escalated to the divisional QRS meetings.

2.7 Falls

Falls Resulting in a Severe Injury

Number of falls resulting in a severe injury during the month

The Trust reported that there were 0 falls where severe harm was caused for January 2013.



Operational Actions

No falls reported for January 2013.

3 WORKFORCE

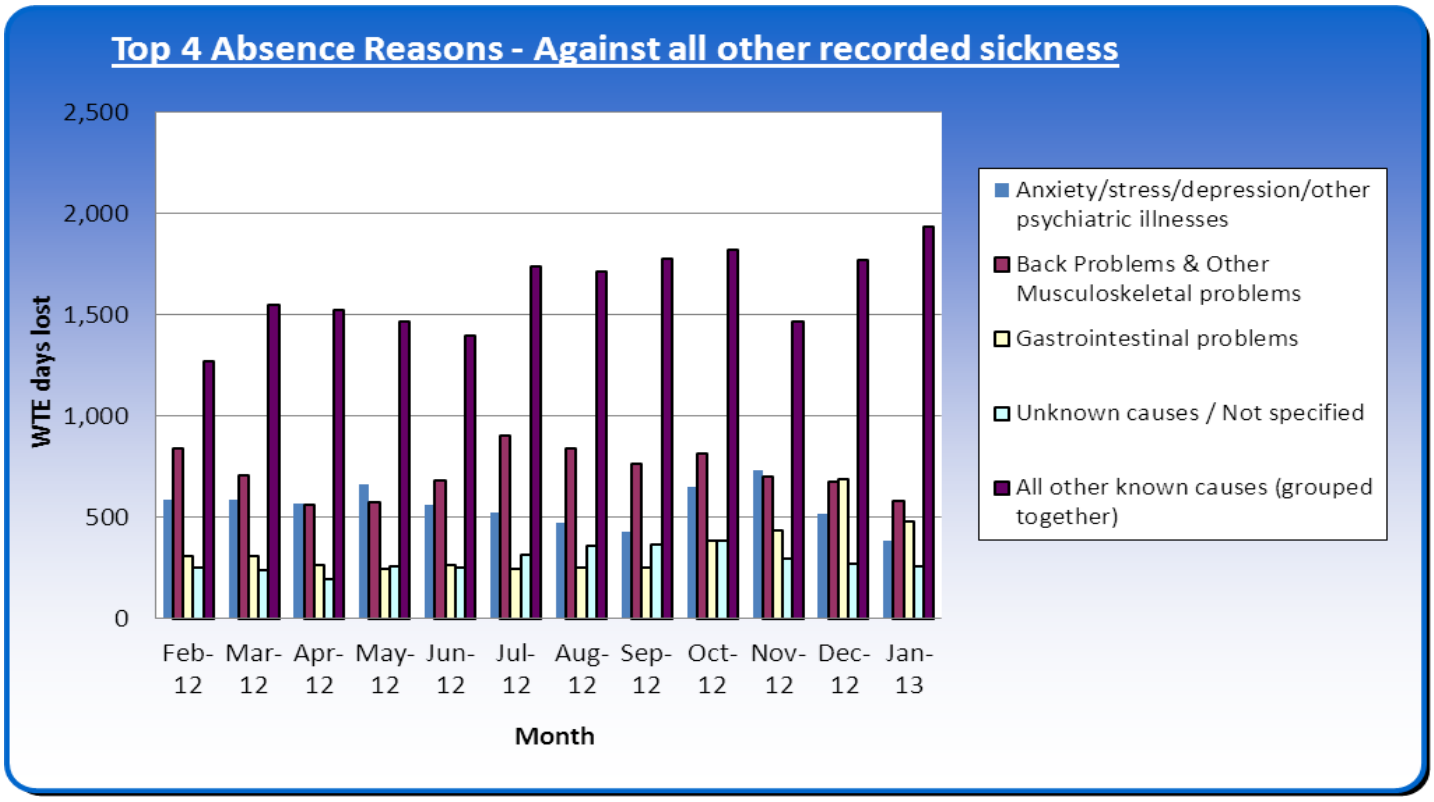
The January 2013 trust absence is 4.77% (red) but, once final figures are calculated, this is anticipated to reduce. The staff turnover figure has returned to a within target levels.

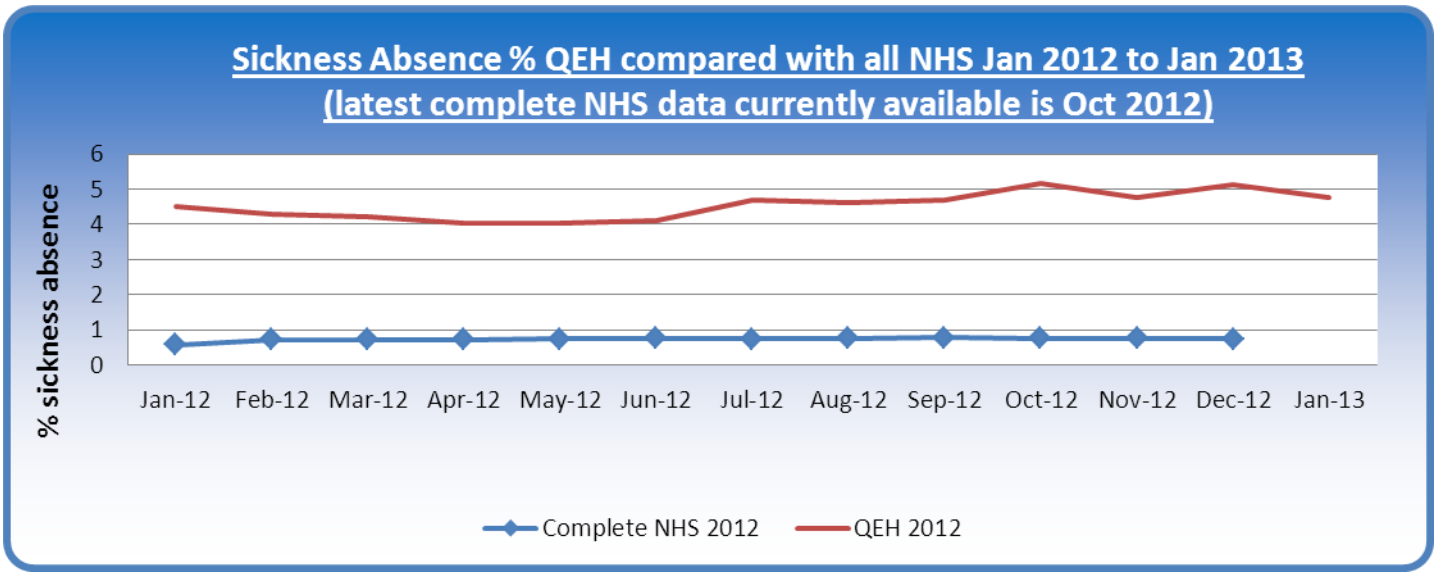
3.1 Sickness Absence

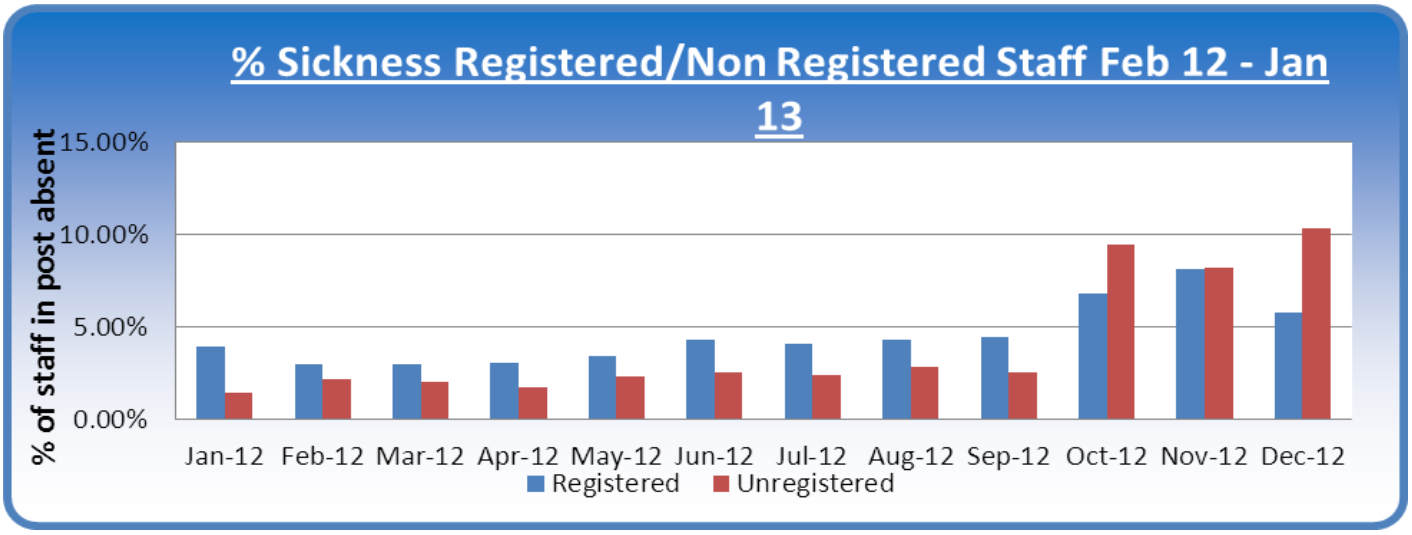
Absence Reasons

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

Inevitably linked to staffing levels and recruitment strategy is the management of absence. A considerable effort is being made to mitigate current levels with initiatives including.







Operational Actions

Robust management of the 'Top 50' cases determined by (a) total time absent and (b) the number of episodes of absence. Management and HR have developed action plans for each case with several 'concluding' each month.

Close collaboration with Unions/Staff Side representatives to apply the Managing Attendance Policy terms swiftly and effectively.

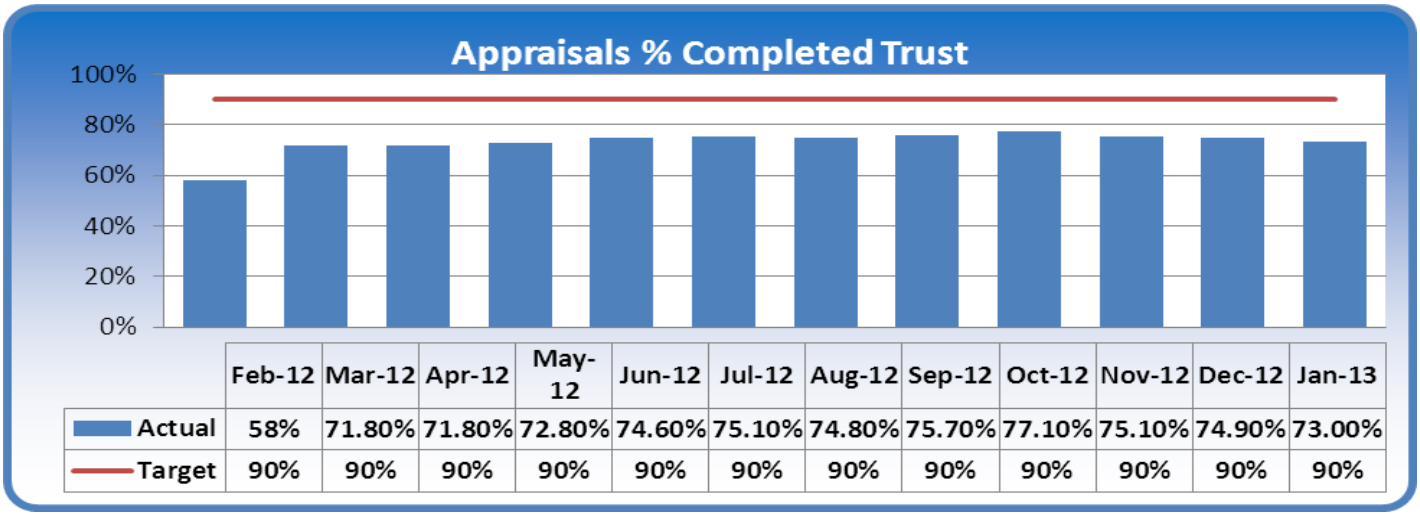
Increased reporting activity including requests for detailed 'ward level' data for registered and unregistered nursing absence.

Increased application of the 10 Point Plan including; prompt 'end dating' onto ESR; completion of 'Return to Work' interviews and adopting a 'clinic' approach to case management.

Promoting 'Wellbeing' initiatives including successful flu vaccination campaign, smoking cessation and social groups for walking, running, dance, etc….

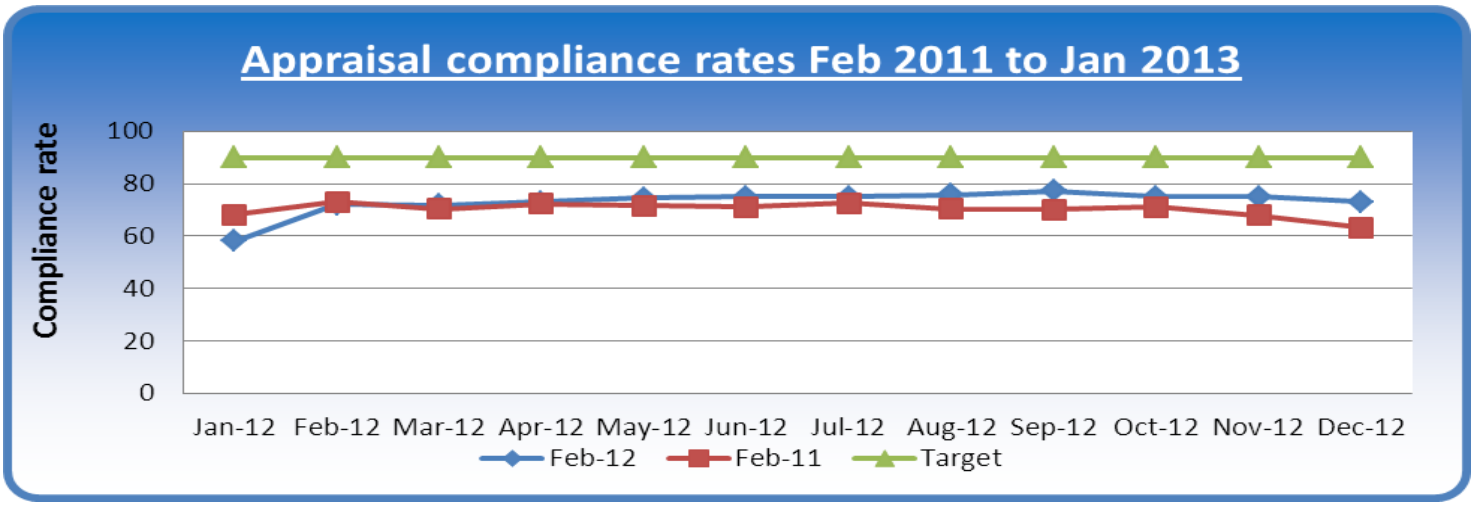
Although challenging in the current climate, it is also important to ensure staff are supported in taking breaks, maintaining a sensible home/work life balance and being adequately rested.

3.2 Appraisals % Complete Trust



	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Actual	58%	71.80%	71.80%	72.80%	74.60%	75.10%	74.80%	75.70%	77.10%	75.10%	74.90%	73.00%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

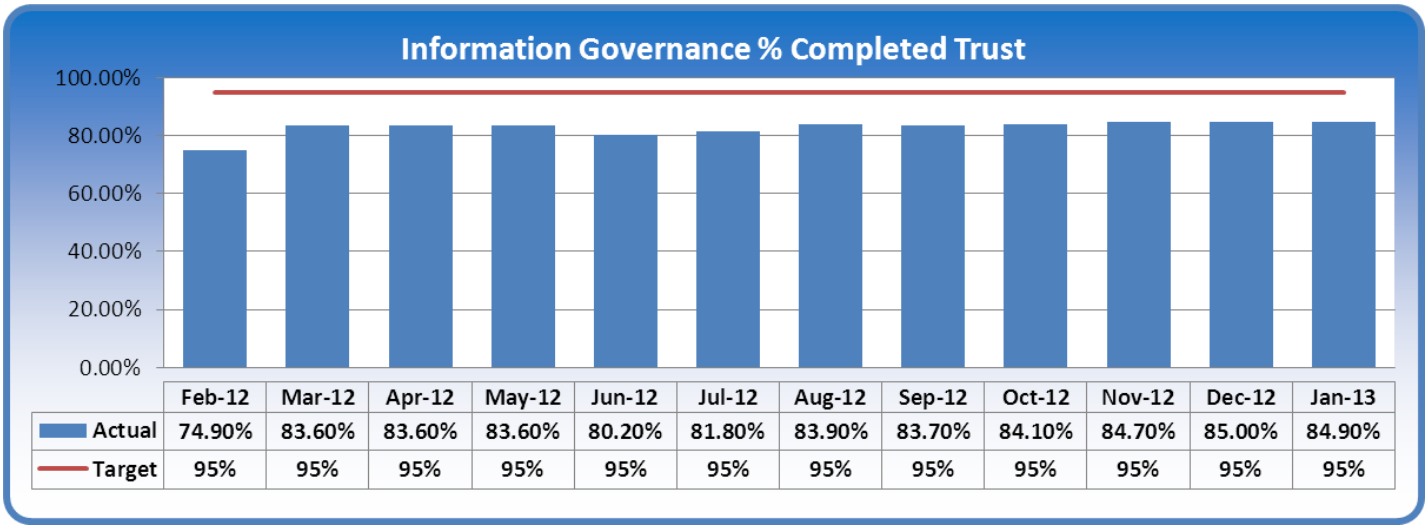
Month	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Target	90	90	90	90	90	90	90	90	90	90	90	90
Actual	58	72.1	71.8	73.1	74.6	75.1	74.9	75.7	77.1	75.1	74.9	73
	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12
Actual	68	73	70.3	72.4	71.5	71	72.5	70.3	70	71	67.9	63.3



Operational Actions

Appraisals are still below the 90% target but show an improved performance on last year. For non-clinical areas the objective setting exercise will be increasing appraisal activity in those areas and through the bedding in of the new management structure.

3.3 Information Governance Training % Complete Trust



	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Actual	74.90%	83.60%	83.60%	83.60%	80.20%	81.80%	83.90%	83.70%	84.10%	84.70%	85.00%	84.90%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

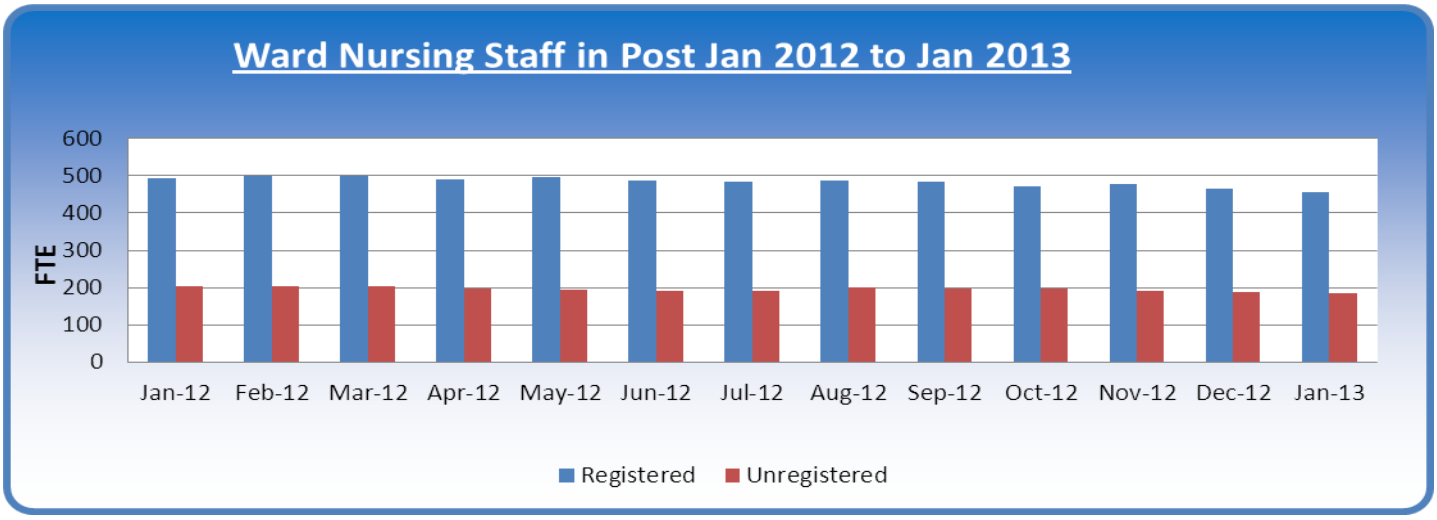
Operational Actions

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

There is approximately 892 staff that still requires training by the end of March. Details of how staff can complete their training are listed below:

- Classroom sessions are open to all members of staff in February and March(2 per month)
- IG training is included in the Clinical Training Days (3 per month) and Doctor Training Days(1 per month)
- IG Training is delivered as part of the Trust Induction Day
- All managers have been informed of staff that are required to complete their IG training by the end of March
- IG training Workbooks are available online to all with access to a PC
- Certain areas have been targeted and provided with hardcopies of the IG training workbook e.g. Bank office, Porters, Estates, MRL, Domestics, Secretary's
- All staff with PC access can complete their training online using the National Training Tool
- The trust has trained 1000 more staff in Information Governance than at the same time in 2011/12
- The IG team are confident that each individual still to be trained has the opportunity to undertake their training and these are being followed up on a one to one basis.

3.4 Nursing Staff Numbers



Operational Actions

A multi-disciplinary 'Task and Finish Group' has been established to explore and develop a range of 'immediate' and longer term initiatives aimed at addressing the impact of increased turnover at registered nurse level. Senior nursing staff/management, HR, Finance and Communications are working closely and have launched/are launching the following initiatives:

- International recruitment exercise in Portugal scheduled for 25th-27th March seeking to secure up to 40 registered nurses
- Increased booking activity with all approved agencies on the National Procurement Framework, optimising the HB Retinue VAT recovery mechanism wherever possible
- High profile advertising campaign via the Lynn News, both in a Friday edition of the paper and 'on-line', Consideration also being given to 'local' free papers; Wisbech, Swaffham, Downham, etc.
- Radio advertisement through KLFM played as a 'loop' throughout the day during key listening times; breakfast, lunch, travelling to/from work, etc.
- 'Refreshing' the wording on NHS Jobs adverts and establishing a local library of service specific 'bespoke' adverts for future use as required
- Contacting local registered nurse 'retirees' re short term/bank assignments
- Revisiting the Trust Relocation Policy as a key component of attracting staff to 'hard to fill' vacancies
- Band 5 & Band 6 advert requests 'fast-tracked' through VSP to avoid recruitment delay
- Review of pay arrangements re use of overtime, etc. to assist in filling shifts
- On a longer term basis, continuing to review the student nurse 'supply chain', the student placement experience and further developing links with local schools and colleges re ambassador schemes and career events

4 PERFORMANCE AND STANDARDS

The Trust achieved the following key targets: -

- All Cancer Targets
- MRSA Screening – 100% against a target of 100%
- Stroke – 90% of stay on the Stroke Unit – 97.1% against a target of 80%
- TIA – High Risk, not admitted, treated within 24hr – 88.5% against a target of 60%
- Daycase Rate – 89.5% against a target of 82%
- Basket of Daycase Procedures – 83.7% against a target of 80%
- Emergency length of stay – 4.5 against a target of 5.0
- Elective length of stay – 2.0 against a target of 2.2

However, the Trust did not achieve: -

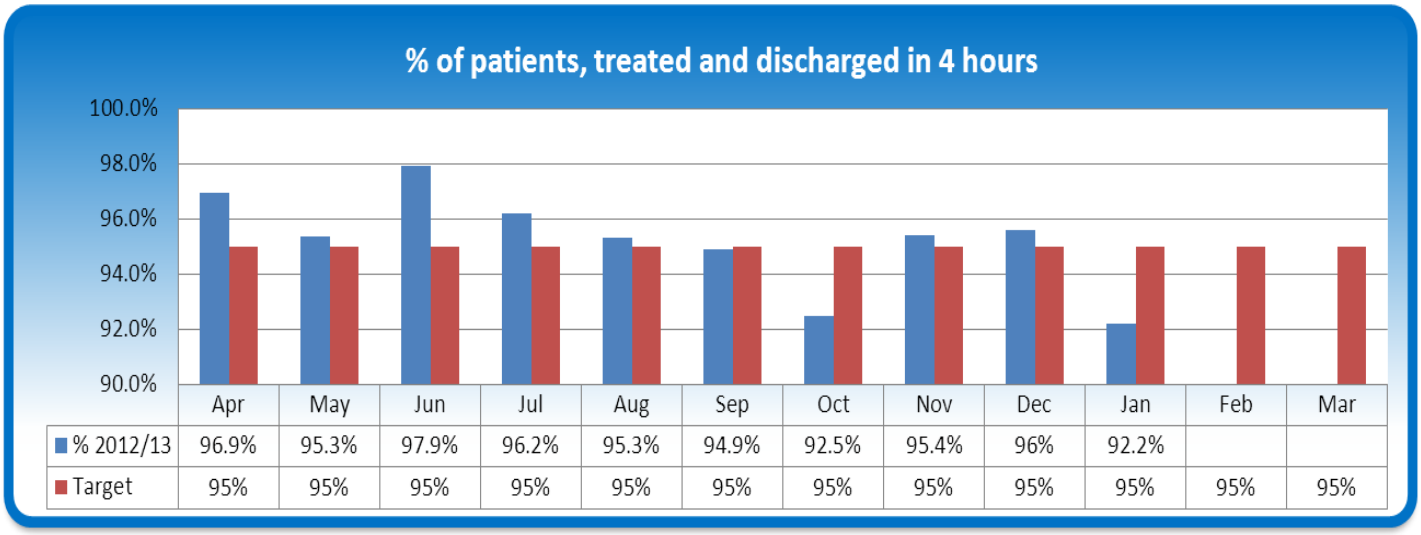
- A&E 4 Hour Attendance for the quarter
- The national target for the admitted 18wk RTT for Plastics
- Incomplete pathways for Urology, Plastics and Gynaecology
- Choose & Book
- Readmission rates
- Cancelled Operations
- New to Follow up ratio
- DNA rate

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 92.2% for January 2013.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% 2012/13	96.9%	95.3%	97.9%	96.2%	95.3%	94.9%	92.5%	95.4%	96%	92.2%		
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Operational Actions

A&E performance continues to be below performance target level. For the month of January performance was 92.2% and the year to date position is 95.3%. During the latter part of the month, pressure on availability of beds severely impacted on patient flow out of the department and the ability of the admissions unit to accept direct referrals from primary care.

Performance in February has not improved and as at Week ending 17/02/2013 the trust statistically cannot achieve the 95% target for the month, the quarterly position is significantly at risk. The consequences of non-achieving the quarter will need to be discussed with monitor, but the consequences with the commissioner will be the application of a withholding of 2% of the contract income line for A&E.

Actions being taken to improve performance continue with increased focus on an increased availability service at weekends, with up to 4 acute physicians in at peak periods over the weekend. This has resulted in an increased number of discharges from short stay but there is more to do in terms of ward based discharges.

The number of bed days lost due to patients being medically unfit for transfer (which is not reportable) continues to rise. The numbers on the trust internal monitoring has deteriorated to over 400 bed days a month from a reduction of 250. This has been reviewed by the East team who are clear that the model to be recommended is discharge to assess. The letter is attached and the operational teams are working with system wide colleagues to review the recommendations.

The patient flow manager started on the 04/02/2013 and has immediately recommended changes to day to day operational management and practice in relation to patient flow. The responsibility for the Ops Centre and discharge teams have been transferred to her to further integrate and streamline patient flow management. We reported the importance of daily board rounds and the Ops team has adapted a ward to monitor adherence to the new policy.

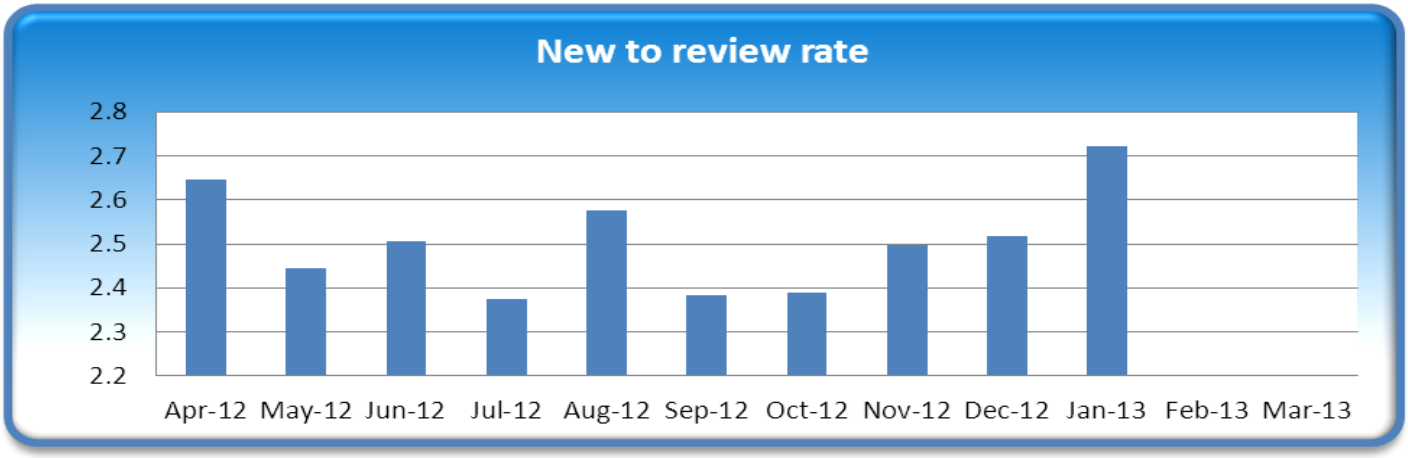
The trust continues to engage with the West Norfolk CCG particularly in terms of the system wide responses to emergency pressure on the acute system.

4.2 New to review rate

New to review rate

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

The Trust's new to review ratio is 2.7

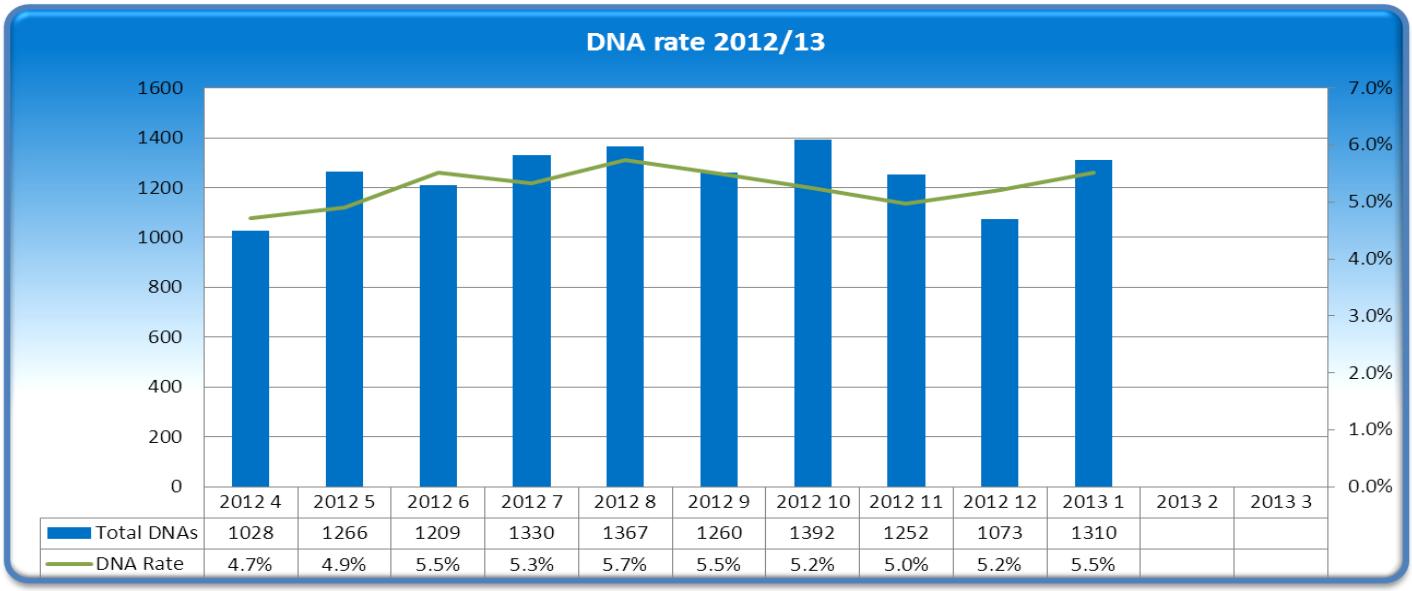


4.3 DNA rate

DNA rate

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

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



	2012 4	2012 5	2012 6	2012 7	2012 8	2012 9	2012 10	2012 11	2012 12	2013 1	2013 2	2013 3
Total DNAs	1028	1266	1209	1330	1367	1260	1392	1252	1073	1310		
DNA Rate	4.7%	4.9%	5.5%	5.3%	5.7%	5.5%	5.2%	5.0%	5.2%	5.5%		

Operational Actions

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

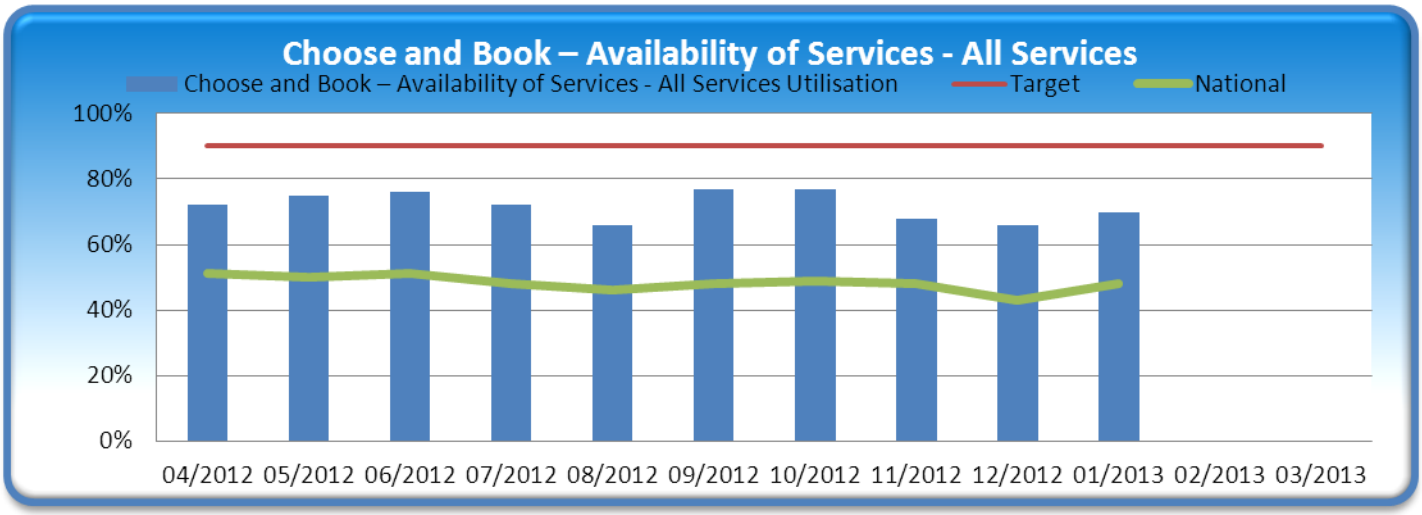
4.4 Choose and Book

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

Choose and Book

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

The Trust currently has 70% of its services available through Choose and Book.



Month	Choose and Book – Availability of Services - All 2WW Services	Choose and Book – Availability of Services - All Services Utilisation		Choose and Book – Availability of Appointment slots ASI'S	
	QEH	National	QEH	National	QEH
Target	90%	90%		< 0.05 (5%)	
Apr-12	100%	51%	72%	0.09	0.19
May-12	100%	50%	75%	0.10	0.23
Jun-12	100%	51%	76%	0.09	0.18
Jul-12	100%	48%	72%	0.10	0.22
Aug-12	100%	46%	66%	0.08	0.24
Sep-12	100%	48%	77%	0.07	0.21
Oct-12	100%	49%	77%	0.08	0.20
Nov-12	100%	48%	68%	0.09	0.22
Dec-12	100%	43%	66%	0.08	0.15
Jan-13	100%	48%	70%	0.06	0.07
Feb-13					
Mar-13					

Operational Actions

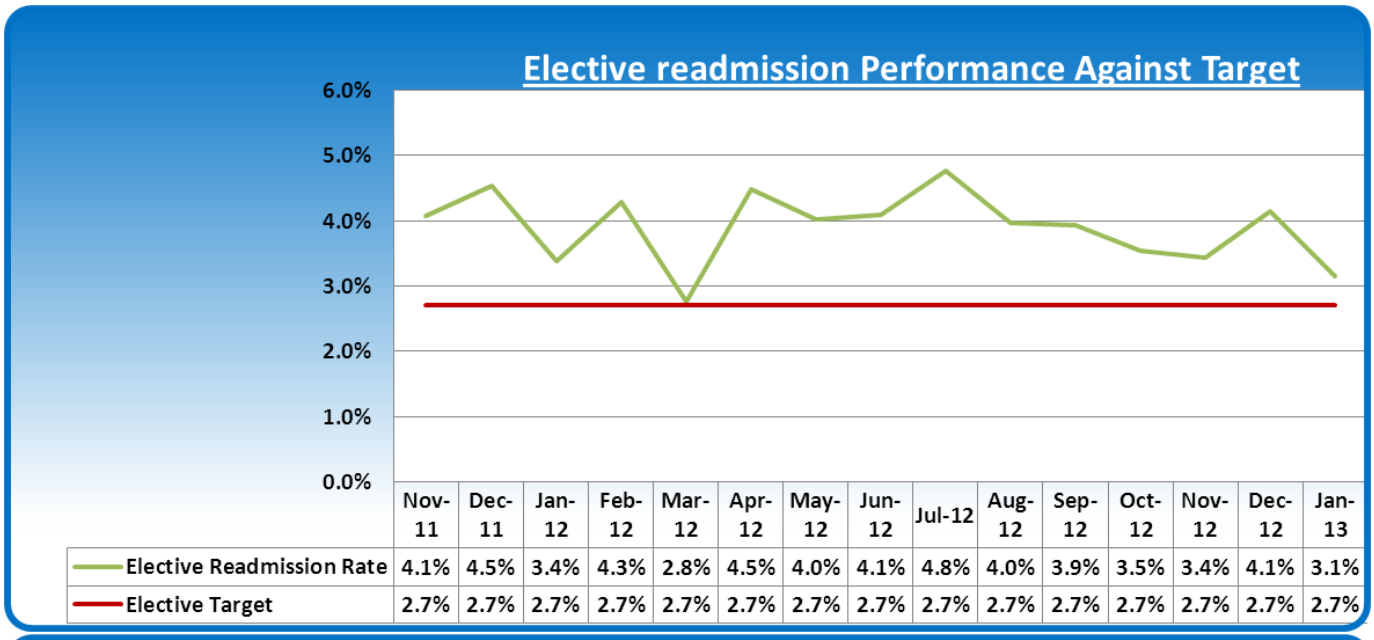
A separate report on Choose and Book was presented to the Performance and Standards committee for 20th February 2013.

4.5 Readmission Rates – Emergency and Elective

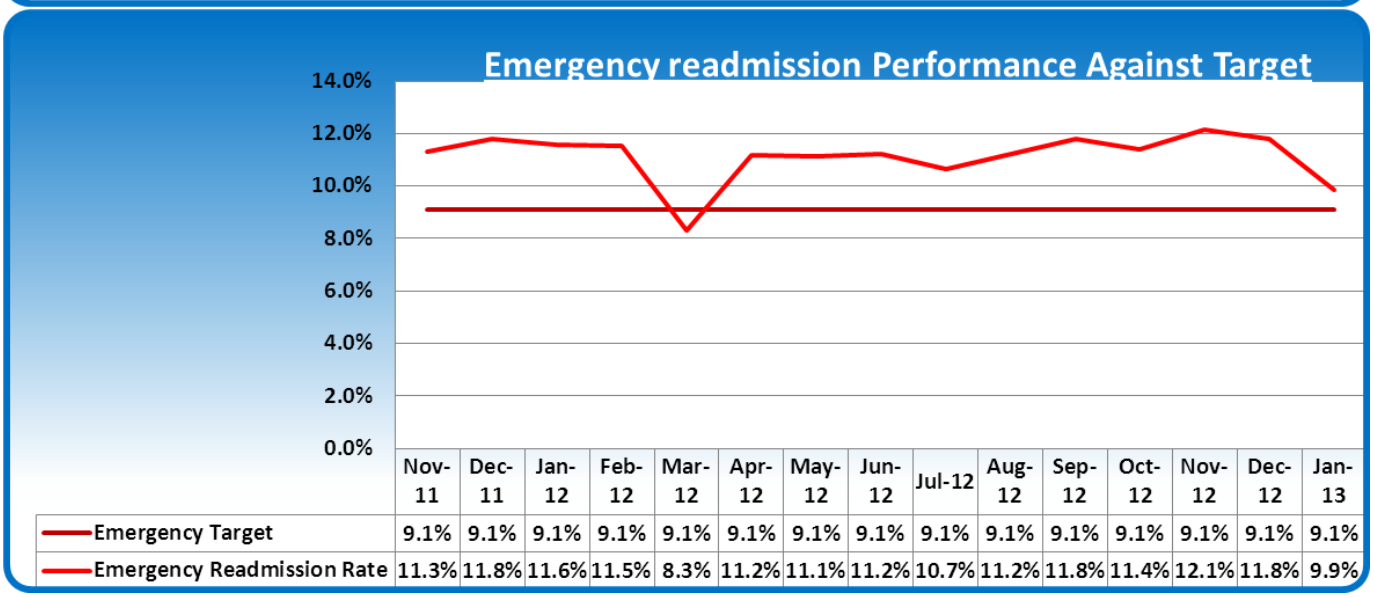
Readmission rate

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

The Elective Readmission rate for January was 3.1% which was above its target of 2.7% Emergency readmissions for November were above target, with a performance of 9.9% against a target of 9.1%.



	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Elective Readmission Rate	4.1%	4.5%	3.4%	4.3%	2.8%	4.5%	4.0%	4.1%	4.8%	4.0%	3.9%	3.5%	3.4%	4.1%	3.1%
Elective Target	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%



	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Emergency Target	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%
Emergency Readmission Rate	11.3%	11.8%	11.6%	11.5%	8.3%	11.2%	11.1%	11.2%	10.7%	11.2%	11.8%	11.4%	12.1%	11.8%	9.9%

Operational Actions

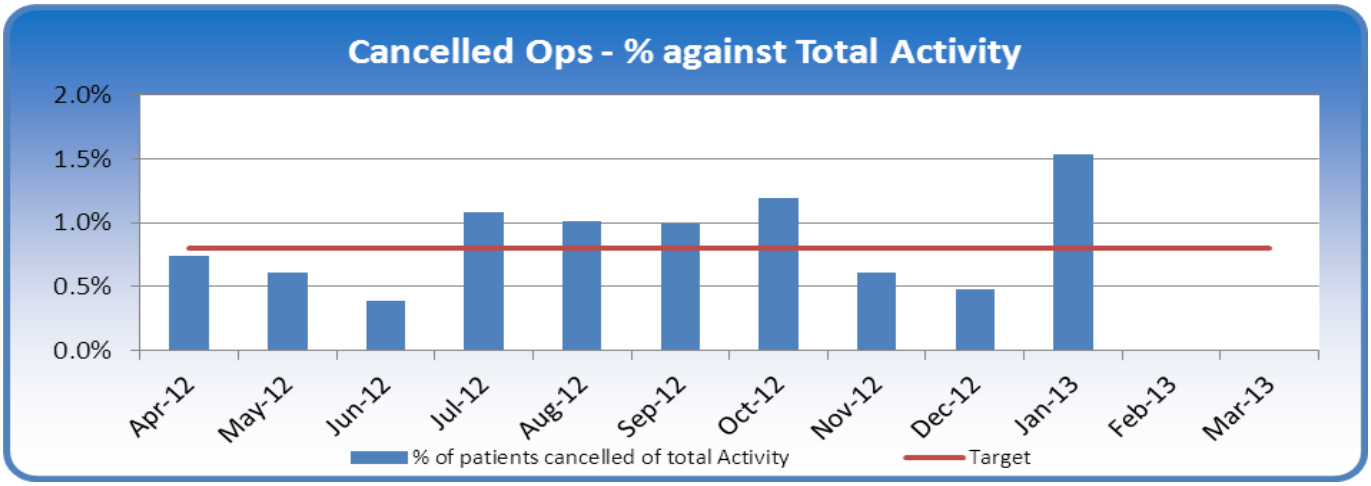
The Quality and Risk committee have been presented with a deep dive review into the specialties with the highest readmission rates. The agreed actions have been captured in the sub-committee minutes and a further report and review is planned in the forthcoming months. This will then be triangulated with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

4.6 Cancelled Ops

Cancelled Operations

% of Cancelled operations against Total Activity for the month

The Trust reported 51 Cancellations on the day for January 2013, this equates to 1.5% of Activity within the Trust for the month, 0.7% below the national target of 0.8%



Specialty	Dated within 28 days
COL	2
DER	1
ENT	1
GONC	1
ORT	5
SUR	4
URO	3
Grand Total	17

Operational Actions

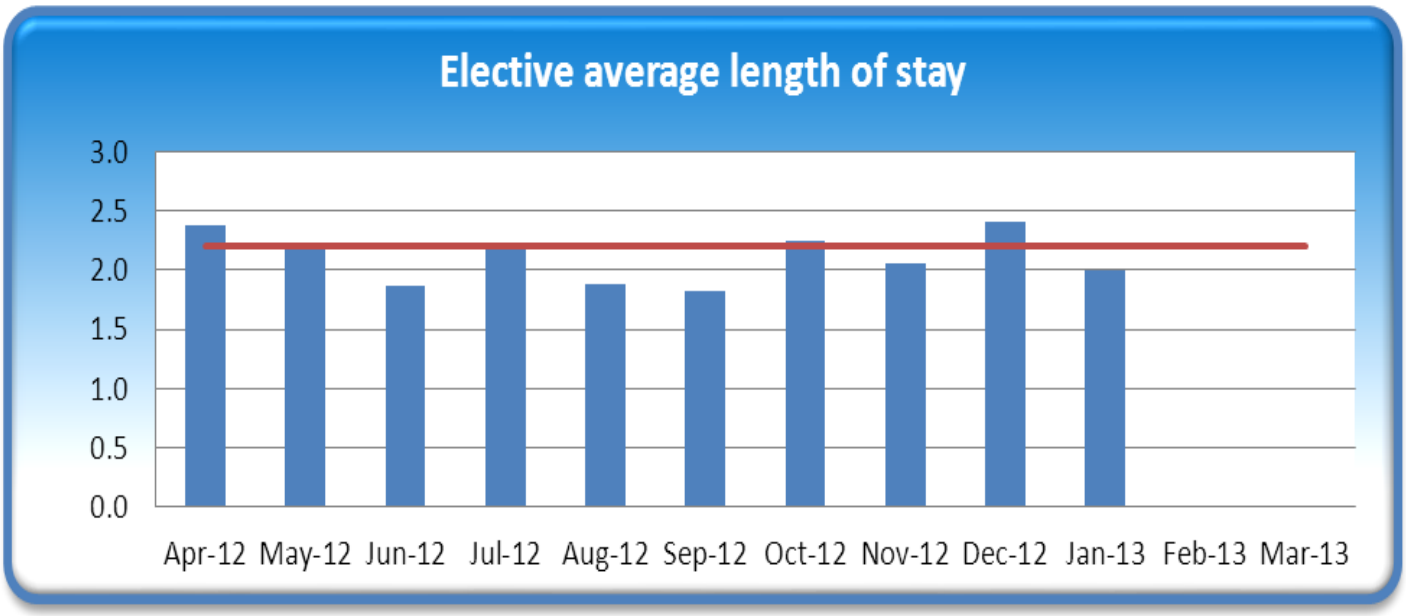
Despite the designation of ring fenced beds, pressure on the trust in terms of patient flow saw an increase in the number of patients who had their operation cancelled on the day of surgery. This was 51 in January the highest number reported in a single month in the current financial year. Of these cancellations 28 have been treated (25 of which were treated within 28 days), 17 have a new date within 28 days. There are still 6 untreated.

4.7 Elective length of stay

Elective length of stay

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

The current level of performance is 2.0 days against a target of 2.2 days, YTD is 2.4 days



Operational Actions

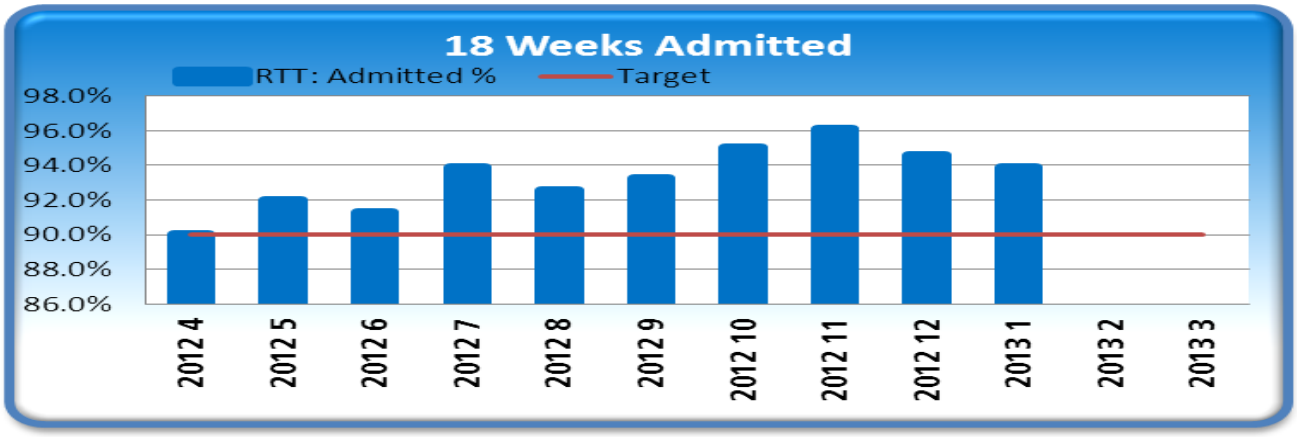
LOS in January for Elective patients is back down to 2.0 days against an internal trust target of 2.2 days. Investigation of December's increase highlighted that due to the unscheduled cancellations this had an adverse impact on this indicator.

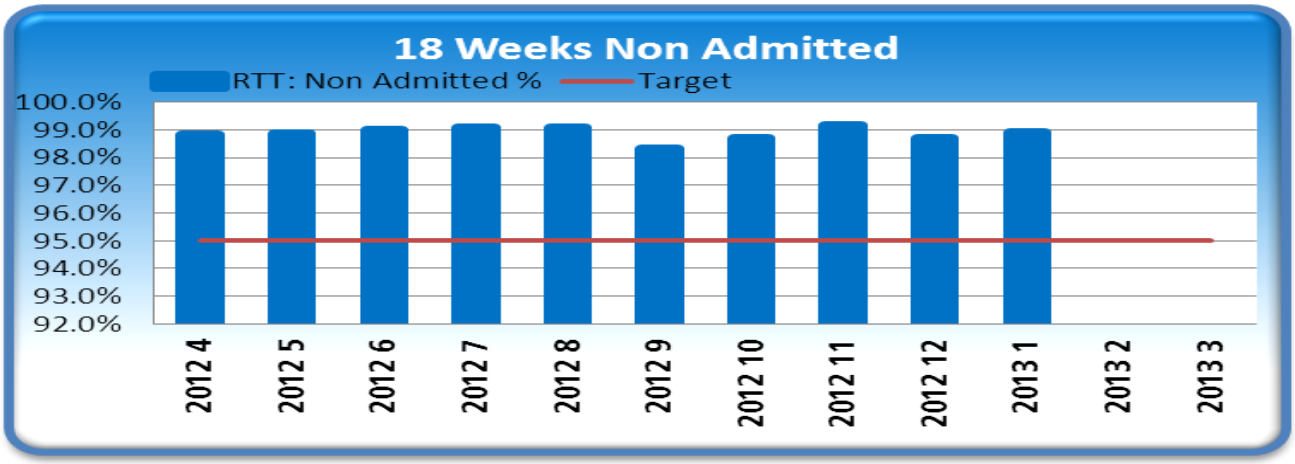
4.8 18 weeks

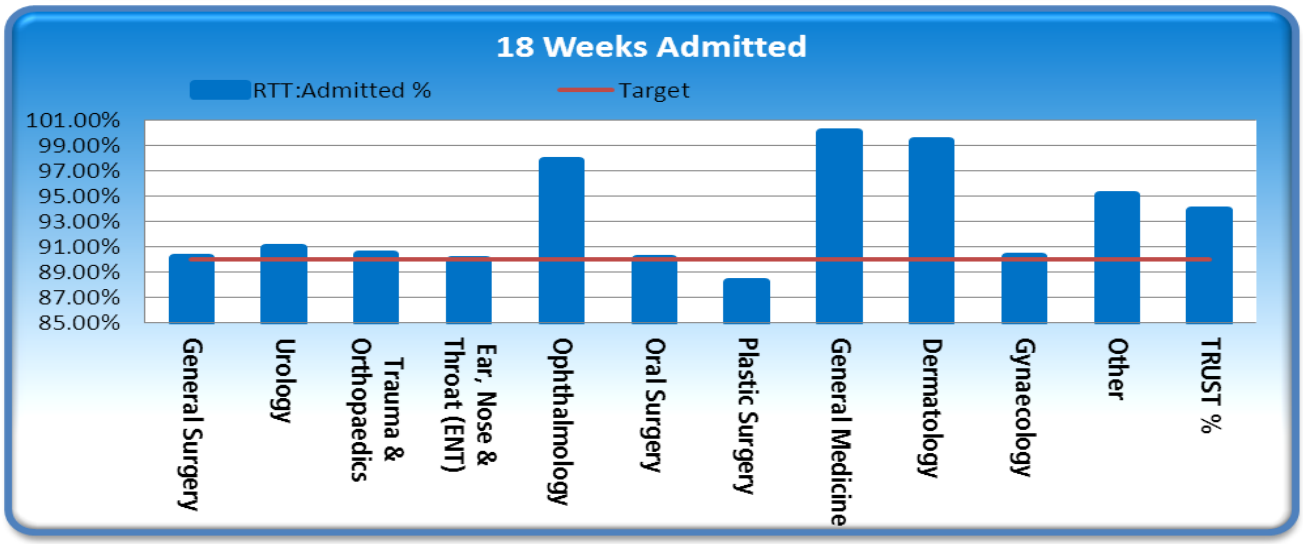
RTT: Admitted and Non Admitted

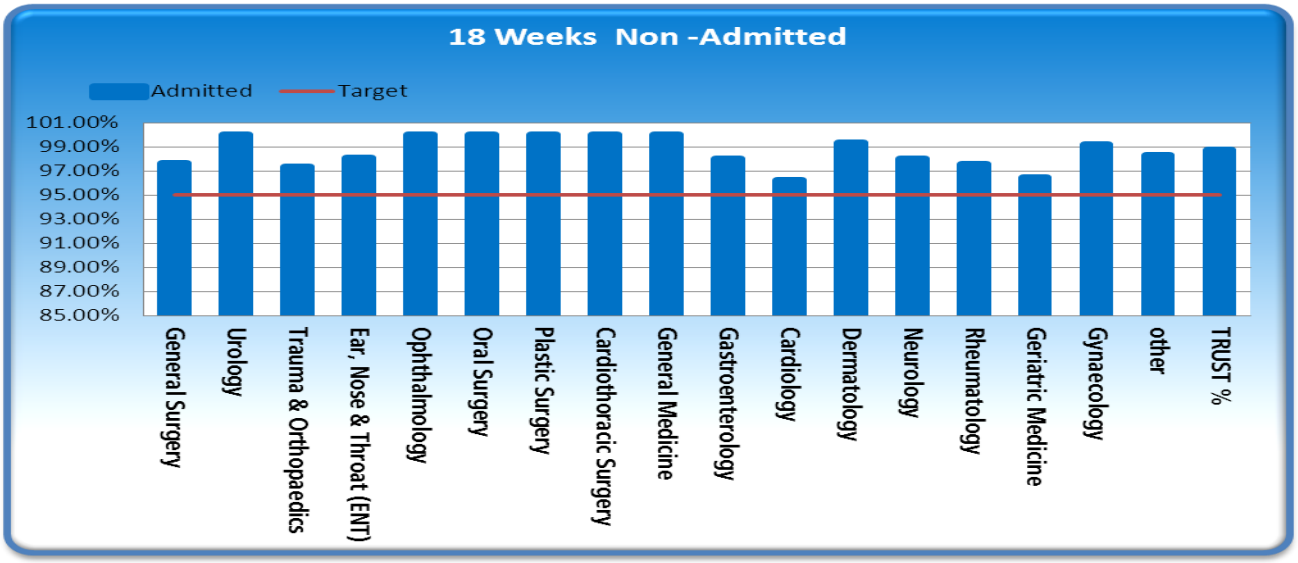
Headline Measure:
Referral to treatment waiting times – admitted (90% Target within 18 Weeks.)
Referral to treatment waiting times – non-admitted (95%

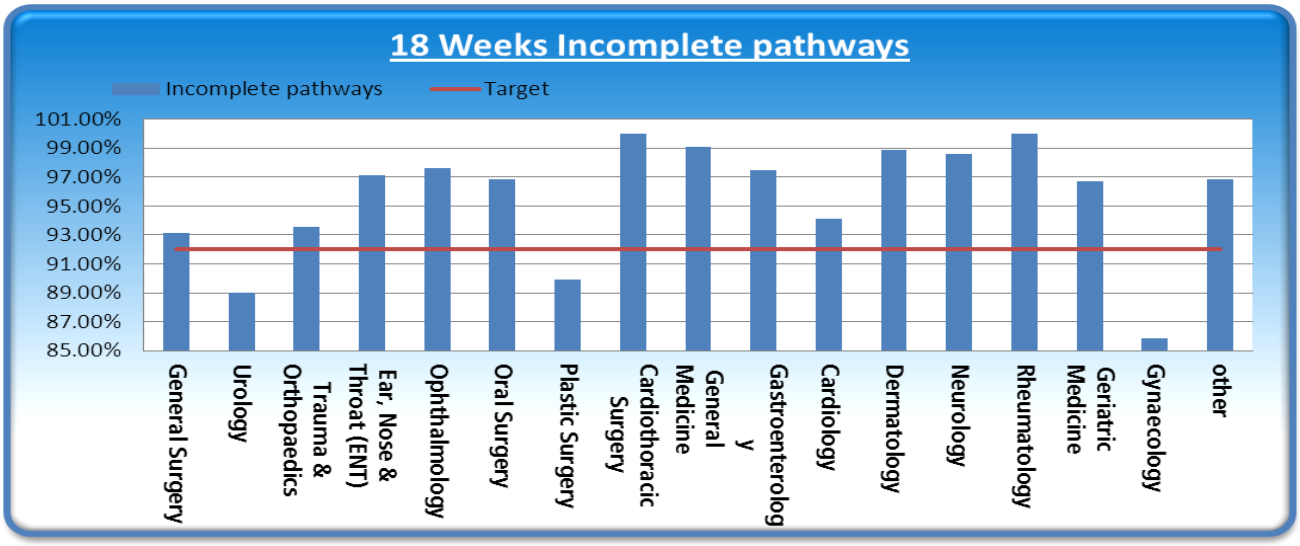
The Trust continues to achieve the 18 week RTT waiting times for admitted and non-admitted patients at trust level.











Operational Actions

The Trust continues to achieve the 18 week RTT waiting times for admitted and non-admitted patients at trust level, however the plastic surgery specialty 18 week admitted was not achieved.

Nationally scrutiny is on achieving the 92% target for incomplete pathways. The trust has 3 services which have not yet achieved this target.

5 FINANCE

SUMMARY FINANCIAL POSITION

1.1 For the month the Trust achieved an EBITDA of £772k against a planned EBITDA of £1,020k, an adverse variance of £248k. For the month the Trust reported a net surplus of £663k against a planned net surplus of £391k, a favourable variance of £272k. The Trust EBITDA margin was 5.4% against a planned EBITDA margin of 7.2%, 1.8% below plan.

1.2 In the month, clinical income was below original plan and hence the financial position has further deteriorated in terms of planned activity catch up and recovery assumptions. For the second month in a row, emergency demand was also lower than anticipated causing further under recovery of clinical income.

1.3 In the month, pay overspent against original plan by £131k and non-pay underspent by £31k. The pay overspend in the month was caused by the correct re-classification of previous months pathology staff costs, £151k as a result of EPA. The consequence of this is that the underlying non pay variance was a £120k overspend, primarily caused by the expected under delivery of BSP savings.

1.4 Year to date the Trust has achieved an EBITDA of £6,206k against a plan of £7,453k, an adverse variance of £1,247k. The Trust reported a surplus of £718k against a planned surplus of £1,599k, an adverse variance of £881k. Year to date the Trust EBITDA margin is 4.5% against a plan of 5.4%, 0.9% below plan. The year to date surplus position has only been achieved because of donated income of £820k. The majority of this income is associated with the capital development of the McMillian unit, if this had not been received the Trust would now be in a deficit position.

1.5 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 the year to date is as per plan, EBITDA remains lower than planned at this point in the year, so the margin between an FRR of 3 and an FRR of 2 is narrower than desirable. As highlighted in previous reports, this is of concern to the Trust as Monitor view an FRR score of 2 as an indicator that a NHS Foundation Trust is facing an unacceptably high level of financial risk.

1.6 Due to the continued operational pressures experienced by the Trust with regard to the flow of emergency patients in the month, clinical income catch up has not occurred as planned. With this in mind it is now appropriate to significantly reassess the forecast assumptions around clinical income associated with catch up of activity.

From the month 9 forecast, outpatients have been reduced by 5,423 attendances, £723 and daycase activity by 986 cases, £134k. Whilst elective inpatient forecast activity has been increased by 158 cases, the speciality mix has caused a reduction in forecast income of £67k. Emergency activity in the last two months has also been less than expected and hence the forecast income has been reduced. The reduced forecast for emergency patients has also impacted on critical care and forecast activity in this area has also been reduced.

1.7 The forecast outturn for pay costs has increased by £134k to £112,462k, the main driver being increased agency costs of £39k per month in chemical pathology and the Emergency Service Group. The monthly pay cost bill is forecast to increase slightly in February and March with the aforementioned agency costs, new starters expected in the Diagnostic Services Group and

increased use of nursing bank across a number of the service groups. The forecast outturn for non-pay costs have increased by £78k due to an increase in the monthly run rate for clinical supplies costs.

1.8 After identifying the activity risk in last month's report, reviewing the month 10 performance and the first two weeks of February, the Trust can no longer expect to deliver the originally planned EBITDA of £8.8m. The revised forecast is for an EBITDA of £7.2m, which still just achieves a FRR of 3. Also the consequence of the non-delivery of clinical activity catch up and the subsequent downward revision of the forecast means that February is expected to score an FRR of 2, in the month and cumulatively year to date.

1.9 If the delivery of planned care activity falters further, EBITDA could reduce to £6.7m which would mean a year end FRR of 2 (£7.2m EBITDA is the minimum requirement for an FRR of 3). Considerable effort is still being undertaken by the operational teams to deliver additional planned care activity so a £7.2m EBITDA and an FRR of 3 is achieved.

1.10 The Trust currently is forecasting to be in a deficit position of £168k after the one off income received from donated sources and making a provision for costs associated with restructuring pathology services.

BOARD REPORT APPENDIX 1 – PERFORMANCE DASHBOARDS

Declaration of performance against healthcare targets and indicators

Targets as per Compliance Framework 2012/13		Threshold	Quarter 1		Jul-12		Aug-12		Sep-12		Quarter 2		Oct-12		Nov-12		Dec-12		Quarter 3		Jan-13	
			Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight
C.difficile year on year reduction		30	7		1		1		1		3		2		1		0		3		2	
MRSA - meeting the MRSA objective		1	0		0		0		0		0		0		0		0		0		0	
All cancers: 31-Day Wait For Second Or Subsequent Treatment	Anti Cancer Drug Treatments	98%	100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%			
	Surgery	94%	100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		95.2%		100.0%		100.0%			
	Radiotherapy (from 1 January 2011)	94%	n/a		n/a		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 Referr	90%	95.2%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%			
	Urgent GP Referral To Treatment	85%	86.4%		82.5%		87.5%		85.2%		85.3%		85.5%		85.4%		87.2%		85.3%			
A&E: Total time in A&E 95% Patients withing 4 Hr Target		95%	96.7%		96.6%		96.3%		96.1%		95.5%		92.6%	1	95.5%		95.6%		94.5%	1	95.3%	
Referral to treatment waiting times – admitted (90% Target within 18 Weeks)		90%	91.1%		93.9%		92.6%		93.3%		93.7%		95.0%		96.1%		94.6%		95.2%		93.9%	
Referral to treatment waiting times – non-admitted (95% Target Within 18 Weeks)		95%	98.9%		99.1%		99.1%		98.3%		98.7%		98.7%		99.2%		98.7%		98.9%		98.9%	
Referral to treatment waiting times – Incomplete (92% Target Within 18 Weeks)		92%																				
31-Day (Diagnosis To Treatment) Wait For First Treatment	All cancers	96%	99.4%		100.0%		99.1%		100.0%		99.7%		97.1%		98.9%		100.0%		100.0%			
Two week wait from referral to date first seen	All cancers	93%	95.8%		97.4%		98.0%		98.4%		97.9%		98.6%		98.9%		100.0%		100.0%			
	For symptomatic breast patients (cancer no	93%	97.1%		100.0%		98.3%		96.8%		98.5%		96.0%		94.8%		93.6%		98.5%			
Thrombolysis within 60 minutes (where this is the preferred local treatment)		68%	n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
Screening all elective in-patients for MRSA		100%	100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%	
Care Programme Approach (CPA) patients	Follow up contact within 7 days of discharg	95%	n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
	Having formal review within 12 months	95%	n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
Minimising delayed transfer of care		<=7.5%	2.0%		2.4%		1.7%		4.0%		2.7%		3.0%		2.2%		2.3%		2.5%		2.1%	
Admissions had access to crisis resolution home treatment teams		90%	n/a		n/a		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%	n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
Data completeness: identifiers		99%	n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
Data completeness: outcomes		50%	n/a		n/a		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%	n/a		n/a		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%	n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
Ambulance FTs - Category B call – a response within 19 minutes		95%	n/a		n/a		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 v		N/A																				
Moderate CQC concerns regarding the safety of healthcare provision		N/A																				
Major CQC concerns regarding the safety of healthcare provision		N/A																				
Failure to rectify a compliance or restrictive condition(s) by the date set by CQC within the conditio		N/A																				
Does the Trust have outstanding compliance actions applied by the CQC ?																						
Does the Trust have outstanding enforcement actions applied by the CQC																						
Registration conditions imposed by Care Quality Commission																						
Restrictive registration conditions imposed by Care Quality Commission																						
Restrictive registration conditions imposed by Care Quality Commission																						