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

REPORT TO THE BOARD OF DIRECTORS

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Barbara Cummings **Director of 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: **September 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 August 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.

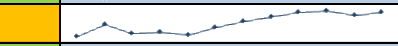
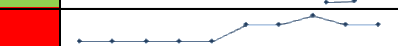
b) Note the Monitor Compliance framework position forecast at the end of the current quarter is 1 due to the A&E indicator, however due to the on-going performance of A & E over the previous 2 quarters the governance risk rating for the Trust will default to RED.

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: 16th September 2013

Quality & Risk Dashboard Aug 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	15.1	16.3		●
1.2 RAMI*	Local target	89.3	91.0	92.0		●
1.3 Friends & Family Test (Inpatient) Survey - Net promoter score	CQUIN target	End of year top 50% of country	72	68		●
1.3 Friends & Family Test (A&E) Survey - Net promoter score	CQUIN target		64	49		●
1.4 Friends & Family - Response rate	CQUIN target	18%	10.6%	11.7%		●
1.5 MRSA	National target	1	0	0		⇔
1.6 CDIFF	National target	19	0	7		●
Serious Incidents breakdown						
1.10 Other Serious Incidents	Local target	5	1	5		●
1.11 Never Events Reported	Local target	0	0	0		⇔
1.12 Serious Medication Errors	Local target	0	0	0		⇔
1.13 Falls Resulting in Serious injury	Local target	13	0	6		●
1.14 Pressure Ulcers - Grade 3 H.A	Local target	35	6	18		●
1.15 Pressure Ulcers - Grade 4 H.A	Local target		0	1		⇔
Total Serious Incidents		53	7	30		
1.16 Number of MSA Breaches (Number of Patients)	National target	0	0	4		⇔
1.17 Clinical Complaints	TBC		56	238		⇔
1.18 Non-Clinical Complaints	TBC		0	4		⇔
1.19 Compliments	N/A		154	631		●
1.20 Safety Thermometer - No new harms	CQUIN target	95.0%	97.0%	96.2%		●
1.21 VTE Assessment Completeness*	National target	90.0%	97.5%	97.8%		●

* shown 1 month in arrears

CQC Concerns

Report from the CQC visit on the 14th,15th & 23rd May published on the 21st August 2013. Trust found in breach of 9 outcome frameworks, the Trust has submitted an action plan to amend theses issues. The report and associated correspondence from CQC following a further visit on the 12th,13th and 14th August 2013 is currently being reviewed for factual accuracy.

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.

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	75.7
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	0
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)	National target	5
1.11 - Never Events Total number of Never Events that occurred within the reporting month	National 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	National target	0
1.13 - Falls Resulting in Serious Injury Total count of falls within the reporting month	National target	13
1.14 - Pressure Ulcers - Grade 3 H.A Total count of Grade 3 H.A Pressure Ulcers within the reporting month	National target	
1.15 - Pressure Ulcers - Grade 4 H.A Total count of Grade 4 H.A Pressure Ulcers within the reporting month	National 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)	Local target	95.0%
1.21 - VTE Assessment Completeness* Proportion of admissions that have been VTE assessed within the reporting month (1 month in arrears)	Local target	90.0%

Performance & Standards Aug 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%	92.2%	91.5%		●
3.3 18 Weeks - Non Admitted Performance **	National target	95.0%	98.0%	98.4%		●
3.4 18 Weeks - Incompletes Performance **	National target	92.0%	96.1%	95.2%		●
3.5 Cancer - 31 Days Subsq Treatment - Surgery*	National target	94.0%	100.0%	100.0%		⇔
3.6 Cancer - 31 Days Subsq - Drug Treatments*	National target	98.0%	100.0%	99.1%		●
3.7 Cancer - 62 Days Referral to Treatment*	National target	85.0%	94.7%	89.6%		●
3.8 Urgent GP Cancer - 2 Week Wait*	National target	93.0%	99.2%	98.1%		●
3.9 Cancer - 31 Days Diagnosis to Treatment*	National target	96.0%	99.2%	99.3%		●
3.10 A&E 4 Hour Attendance	National target	95.0%	94.2%	90.6%		●
3.11 Ambulance Turnaround <= 15 mins ^^	National target	100.0%	45.1%	55.2%		●
3.12 ASIs Per DBS Booking %	National target	3.00%	18%	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%	71.0%	78.0%		●
3.15 Stroke - 90% of Stay on a Stroke Unit **	National target	80.0%	82.1%	86.2%		●
3.16 Stroke - High Risk TIA treated in 24 Hrs **	National target	60.0%	63.6%	68.1%		●
3.17 Cancelled Ops	National target	0.8%	0.6%	0.7%		●
3.18 Readmission Rate - Elective	National target	3.1%	3.6%	4.1%		●
3.19 Readmission Rate - Emergency	National target	10.4%	9.1%	11.1%		●
3.20 Diagnostic Over 6 Week Waiters	National target	1.0%	0.0%	0.10%		⇔
3.21 Inpatient Waiters- Total number of patients on waiting list	Waiting list as at 01/03/2013	2985	3028			●
3.22 Outpatient Waiters- Total number of patients on waiting list	Waiting list as at 01/03/2013	4825	6775			●

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%	87.0%	85.1%		●
3.24 Basket of Daycase Procedures	Local target	80%	84.2%	84.7%		●
3.245New to Review Rate	Local target	2.3	2.6	2.6		●
3.26 DNA Rate	Local target	5%	8.3%	6.3%		●
3.27 Length of Stay - Elective	Local target	2.2	2.2	2.0		●
3.28 Length of Stay - Non Elective	Local target	5.0	4.2	4.6		●
3.29 Total Length Of Stay	Local target	4.3	3.9	4.0		⇔

*Cancer, Stroke, TIA & VTE figures are shown a month in arrears, this months figures shows Jul 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	96.0%
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	2.7%
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	9.1%
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 reporting month	N/A	
3.22 - Outpatient waiters Total number of Outpatient waiters at the end of the reporting month	N/A	
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	0.05
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
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 Dashboard

		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)	(5.8)	↓	(1.9)	(3.8)	↓	(0.2)	(1.2)
2.2	EBITDA £m	5.4	2.3	↓	1.5	(0.5)	↓	0.5	(0.4)
2.3	Liquidity Days	(12.0)	(12.0) *	↑	(10.0)	(17.4)	↓	(10.0)	(17.4)
2.4	BSP - Overall Position £m	9.3	8.0	↓	2.5	1.9	↓	0.7	0.4

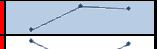
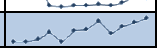
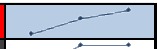
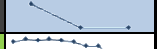
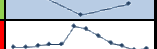
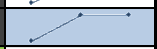
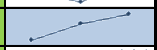
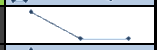
		Full Year Plan	Full Year Forecast	YTD Plan	YTD
2.5	Finance Risk Rating	2	1	2	1

* Liquidity days full year forecast assumed as per plan including expected DoH cashflow support

Finance & Investment definitions

2.1 - Surplus (£000's) Total Trust Year to date Surplus
2.2 - EBITDA (£000's) Total Trust year to date EBITDA
2.3 - Cash Balance (£000,000's) Trust's total Cash Balance at the end of the given month
2.4 - TEP - Overall Position (£'s)
2.5 - Finance Risk Rating

Workforce Aug 13

Indicator	Target type	Ceiling / Target	NHSLA L3 Target	Current Month	Rolling 12 month		Variance to previous month
4.1 Sickness Absence Rate *	CQUIN	4.7%		5.8%	4.8%		⇔
4.2 Staff Turnover Rate Complete Trust	Local target	10.0%		10.6%	10.7%		⇔
4.3 Staff Turnover Rate Medical & Dental	CQUIN	10.0%		15.6%	11.2%		●
4.4 Staff Turnover Rate Registered Nursing & Midwifery	CQUIN	10.0%		13.4%	11.9%		●
4.5 Staff Turnover Rate Allied Health Professionals	Local target	10.0%		13.9%	15.1%		⇔
4.6 Appraisal Completeness %	Local target	90.0%		58.7%	67.7%		●
4.7 Medical & Dental Vacancies (as % of Medical Posts)	CQUIN	5.0%		7.4%	4.8%		●
4.8 Registered Nurses & Midwives Vacancies (as % of Nurse Posts)	CQUIN	6.0%		9.6%	9.5%		●
4.9 Allied Health Professional Vacancies (as % of AHP Posts)	CQUIN	6.0%		1.6%	2.5%		●
4.10 Contracted staff in Post (WTE)	Trend Analysis			2501	2500		
4.11 Temporary Staff in Post (WTE)	Trend Analysis			204	177		
4.12 Exit interviews	CQUIN	Target rationale to be agreed - no data to date					
4.13 Conflict Resolution Training	NHSLA	70.0%	95.0%	75.9%	69.5%		●
4.14 Consent Training *	NHSLA	70.0%	95.0%	16.1%			⇔
4.15 Equality and Diversity Training *	CQC	70.0%	70.0%	75.0%			⇔
4.16 Fire Training	Statute	70.0%	70.0%	82.0%	84.5%		●
4.17 Health & Safety Training	Statute	70.0%	70.0%	83.2%	83.6%		●
4.18 Incident Report Training *	NHSLA	70.0%	95.0%	82.6%	83.5%		⇔
4.19 Infection Control Training	NHSLA	70.0%	95.0%	77.0%	79.1%		●
4.20 Information Governance Training	CQC	95.0%	95.0%	83.3%	85.2%		●
4.21 Manual Handling Training	NHSLA	70.0%	95.0%	72.1%	76.5%		●
4.22 Medicines Management Training *	NHSLA	70.0%	95.0%	45.5%			⇔
4.23 Record Keeping Training *	NHSLA	70.0%	95.0%	60.0%			⇔
4.24 Resuscitation Training	CQC	70.0%	70.0%	76.4%	78.5%		●
4.25 Risk Management Training	NHSLA	70.0%	95.0%	96.9%	97.2%		●
4.26 Safeguarding Adults Training	CQC	70.0%	70.0%	97.2%	96.8%		●
4.27 Safeguarding Children Training	CQC	80.0%	80.0%	91.1%	90.2%		●
4.28 Slips, Trips & Falls Training *	NHSLA	70.0%	95.0%	86.2%			⇔
4.29 VTE Training *	NHSLA	70.0%	95.0%	74.9%			⇔

* 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		70.0%
4.29 - VTE Training		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 August 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 reporting RAMI of 91.0 for the current month.

The Trust received 56 clinical complaints and no complaints relating to non-clinical service and there were 154 compliments across the Trust in the month. The Trust has reported 6 Grade 3 pressure ulcers in the month, 18 year to date. 1 Grade 3 pressure ulcer has been upgraded to a Grade 4 pressure ulcer reporting 1 year to date.

The Trust has reported 7 serious incidents in August. There were 0 never events for August.

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
- 18 Weeks at Trust level
- MRSA Screening – 100% against a target of 100%
- Daycase Rate – 87.0% against a target of 82%
- Basket of Daycase Procedures – 84.2% against a target of 80%
- TIA – High risk, not admitted, treated within 24 hrs – 63.6% against a target of 60%
- Stroke 90% of stay on a stroke unit – 82.1% against a target of 80%
- Cancelled Operations – 0.6% against a target of 0.8%
- Readmission rate emergency – 9.1% against a target of 10.4%
- Diagnostics – 0% against a target of 1.0%
- Emergency length of stay
- Elective length of stay

However, the Trust did not achieve: -

- A&E 4 Hour Attendance
- Choose & Book Target
- Ambulance turnaround <=15 mins (Using the current unvalidated data from EEAST)
- ASI's per DBS booking %
- New to Follow up ratio
- DNA
- Readmission rate elective

The Workforce scorecard highlights that the Trust Sickness absence rate for the month is above the target of 4.7% at 5.1%, with the reasons for absence highlighted. It also focuses on appraisal completeness across the Trust which is 58.7% below the target of 95% and the annual requirement for Information Governance Training which stands at 32.47% year to date this is broadly in line with last years 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

The crude mortality (deaths in hospital per 1000 discharges) continues at a satisfactory lower level following the peak in March 2013.

1. The RAMI (risk adjusted mortality indicator), continues to run slightly above the target and is rising, alongside that of the peer average.

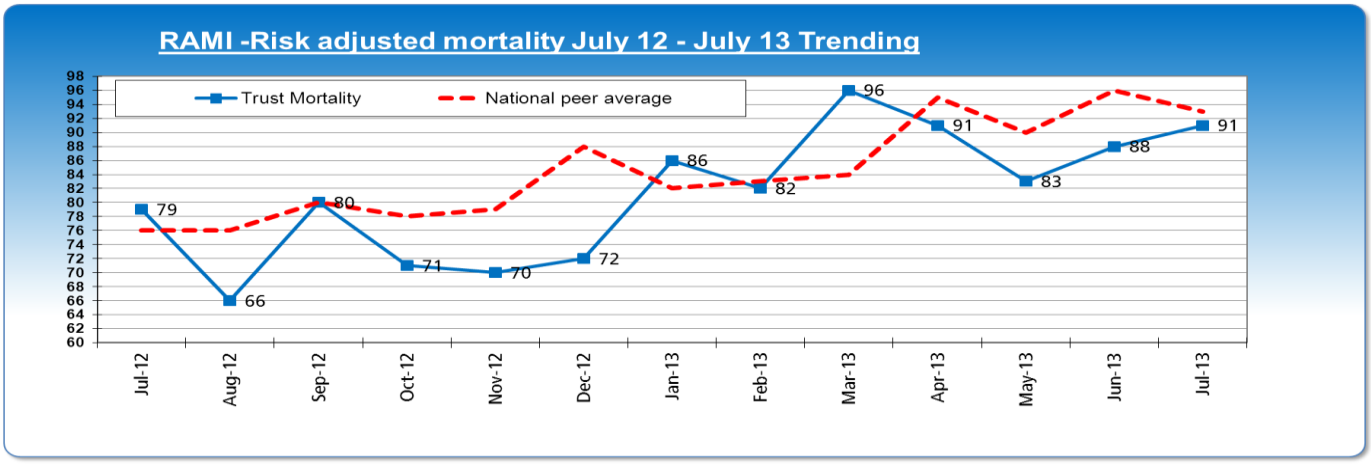
2. On page 14 of this report is a table highlighting the top HRG level alerts on mortality from CHKS benchmarking data. Work under the remit of the Clinical Governance Committee via the Clinical Outcomes Group is underway to investigate the alerts.

3. In-depth work currently underway or planned via the Clinical Outcomes Group:
    1. Audit of patients with a respiratory diagnosis who died following readmission to the Trust: the aim is to scrutinise each death and evaluate in particular whether further services in the community, or in-hospital management, might have prevented the readmission and/or death.
    2. An audit of deaths of patients with terminal malignancy to evaluate end-of life care and identify any shortage of provision.

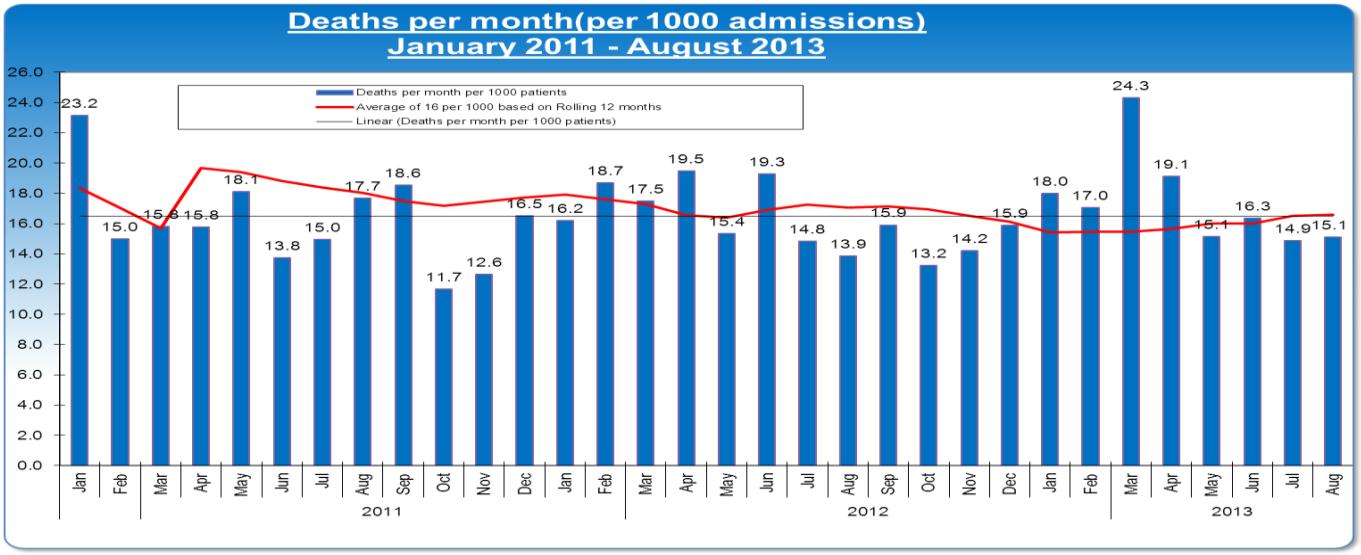
4. The rapid response review was critical of the fact that the Trust does not currently review mortality using the same standards across all specialities. We are now working with colleagues from university hospital Coventry and Warwickshire to adopt the NCEPOD (National Confidential Enquiry into Patient Outcomes and Death) method of evaluating hospital deaths in term of the standard of care provided to the patient. Speciality clinical governance leads will then escalate lessons learned for Trust-Wide schemes.

2.1 Trust Mortality

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



- RAMI in July 2013 = 91.0



- Crude mortality per 1,000 admissions in August is 15.1 YTD = 16.6 (target achieved).

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.

Individual HRG outlier alerts for high mortality

The performance paper will now include the Top HRG CHKS mortality alerts, these will also be provided to the clinical governance committee for future investigations.

The table below is providing a HRG list to identify the Trusts top potential alerts sourced from CHKS.

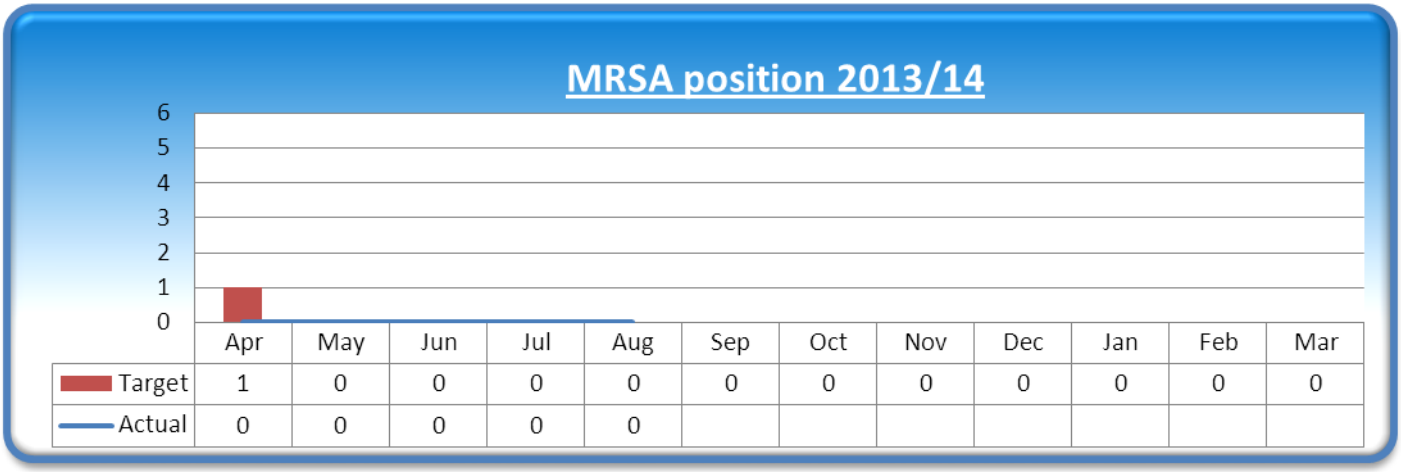
HRG Alerts April 2013-July 2013	Actual	Expected	RAMI
EB03H - Heart Failure or Shock with CC	20	18.5	108.1
AA22A - Non-Transient Stroke or Cerebrovascular Accident Nervous System Infections or Encephalopathy with CC	18	12.9	139.7
WA03V - Septicaemia with Major CC	13	12.1	107.4
DZ23A - Bronchopneumonia with Major CC	9	6.7	135.2
FZ47A - Non-Malignant General Abdominal Disorders with length of stay 2 days or more with Major CC	7	5.2	133.7
FZ31D - Disorders of the Oesophagus with length of stay 2 days or more with Major CC	6	3.4	174.4
GC12A - Malignant Liver and Pancreatic Disorders with length of stay 2 days or more	5	1.4	345.8
DZ17A - Respiratory Neoplasms with Major CC	5	1.8	278.9
WA22V - Other Specified Admissions and Counselling with Major CC	4	2.7	150.3
WA03X - Septicaemia with Intermediate CC	4	3.8	104.6
PB02Z - Minor Neonatal Diagnoses	4	0.0	
JA12A - Malignant Breast Disorders with Major CC	3	0.1	2205.9
FZ46A - Malignant Large Intestinal Disorders with length of stay 2 days or more with Major CC	3	0.4	732.2
LA04G - Kidney or Urinary Tract Infections with length of stay 1 day or less	3	1.0	289.7
LA07D - Acute Kidney Injury with Major CC with Interventions	3	2.4	123.3
DZ16A - Pleural Effusion with Major CC	3	2.7	111.0
LB06E - Kidney Urinary Tract and Prostate Neoplasms with length of stay 2 days or more with Intermediate CC	2	0.1	1477.1
WA17V - Other Admissions Related to Neoplasms with Major CC	2	0.1	1368.0
WA17X - Other Admissions Related to Neoplasms with Intermediate CC	2	0.3	680.0
DZ21F - Chronic Obstructive Pulmonary Disease or Bronchitis with NIV without Intubation with CC	2	0.3	580.6
VA12D - Multiple Trauma Diagnoses score >=51 with Interventions score 9-18	2	0.4	468.5
VA10D - Multiple Trauma Diagnoses score >=51 with no Interventions	2	0.6	340.7
FZ67A - Major Small Intestine Procedures 19 years and over with CC	2	0.6	331.8
GB02A - Endoscopic/Radiology category 3 with Major CC	2	0.7	278.8
WA22X - Other Specified Admissions and Counselling with Intermediate CC	2	0.9	220.4
EA03Z - Pace 1 - Single Chamber or Implantable Diagnostic Device	2	1.0	190.6
GC16B - Non-Malignant Pancreatic and Biliary Disorders with Severe CCs	2	1.1	181.7
CZ21V - Minor Head Neck and Ear Disorders 19 years and over with CC	2	1.3	155.0
DZ21J - Chronic Obstructive Pulmonary Disease or Bronchitis without NIV without Intubation with CC	2	1.6	124.1
HA94Z - Arm Trauma Diagnosis without Procedure	2	1.7	120.7
LB15E - Bladder Minor Procedure 19 years and over	2	1.8	114.1
DZ09A - Pulmonary Embolus with Major CC	2	1.9	107.3

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 August 2013. Performance year to date is 0.

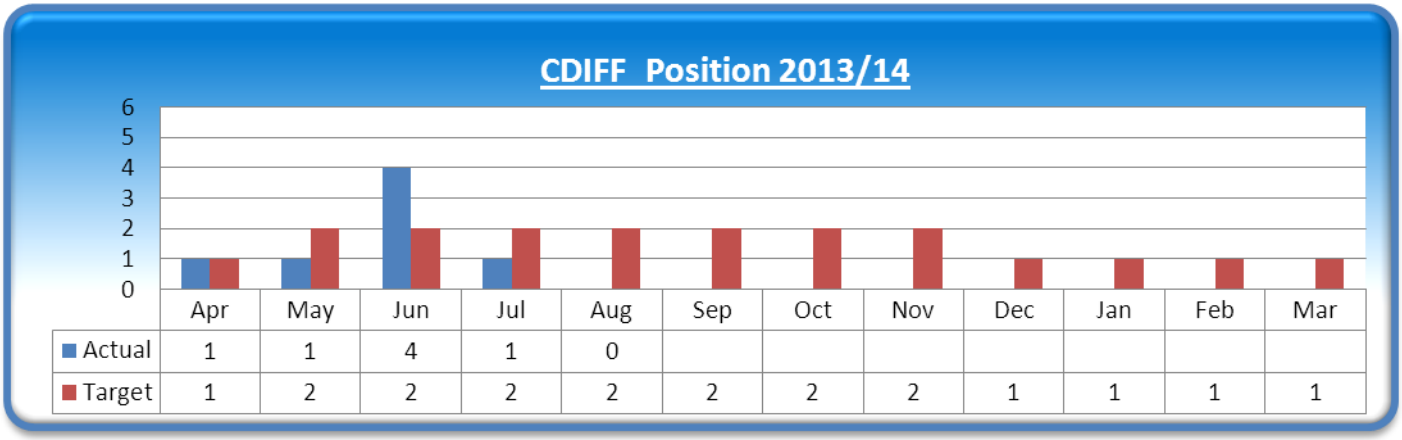


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	1	0	0	0	0	0	0	0	0	0	0	0
Actual	0	0	0	0	0							

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 August 2013.
Cumulatively the number of infections reported is 7



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

Operational Actions

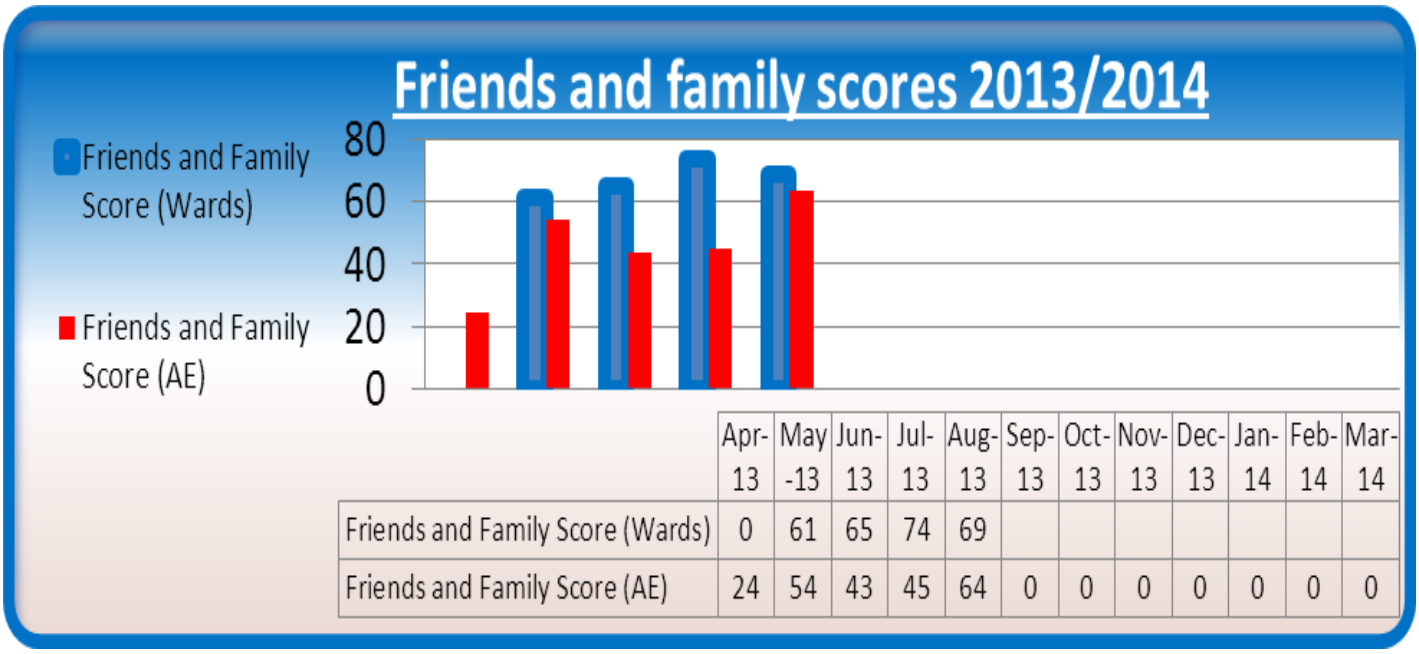
The levels have fallen back to within our target. The Trust continues with the actions plans put in place in previous months.

2.3 Patient Experience

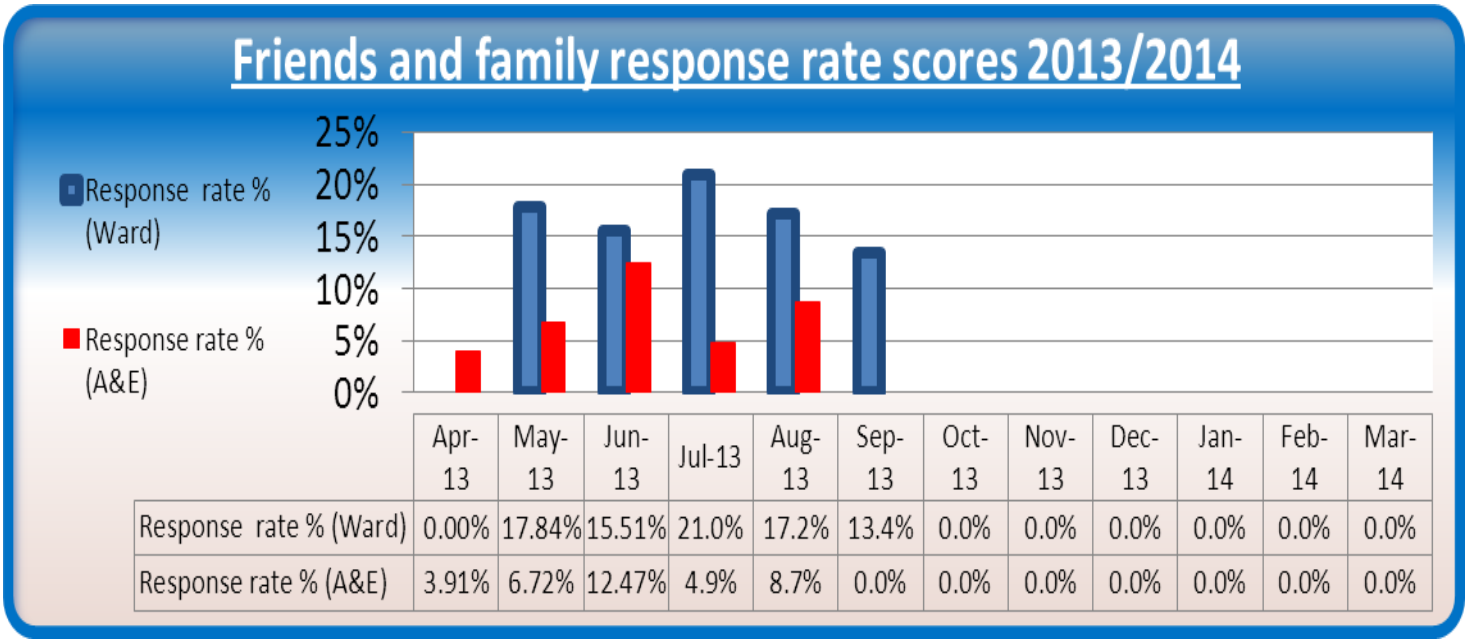
Patient Experience

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

The Trust remains below target for the friends and family response rate but scores highly on the question response score.



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Friends and Family Score (Wards)	0	61	65	74	69							
Friends and Family Score (AE)	24	54	43	45	64	0	0	0	0	0	0	0



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Response rate % (Ward)	0.00%	17.84%	15.51%	21.0%	17.2%	13.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Response rate % (A&E)	3.91%	6.72%	12.47%	4.9%	8.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Friends and Family Test Monthly Report - Trust Level Summary

The performance paper will now include the Trust level summary Friends and Family report as shown below;

To Note - * The "Total No. of people eligible to respond" does not include "maternity" patients, or patients under 16

Monthly Combined AE & Inpatient Response Rate

	A	B	C	D	E	F	G	H	I	J	K	L	M	
Month	1 - Extremely Likely	2 - Likely	3 - Neither likely or unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know	Total responses (exc "Don't knows")	Total responses (inc don't knows")	Proportion of respondents who would be extremely likely to recommend (response category: "extremely likely"), ie; (A / G) *100	Proportion of respondents who would not recommend (response category: "neither likely nor unlikely","unlikely","extremely unlikely") ie; (C + D + E) / G *100	Monthly FFT Score, (I - J)	Total No. of people eligible to respond *	Combined AE/Inpt Response Rate (H / L)	CQUIN Target
2013/04	229	92	18	8	12	32	359	391	63.79	10.58	53	3830	10.21%	*15.00%*
2013/05	273	95	15	7	8	22	398	420	68.59	7.54	61	3949	10.64%	*15.00%*
2013/06	412	128	26	8	14	35	588	623	70.07	8.16	62	3768	16.53%	*15.00%*
2013/07	282	97	17	5	5	21	406	427	69.46	6.65	63	4051	10.54%	*18.00%*
2013/08	296	97	9	4	4	23	410	433	72.20	4.15	68	4067	10.65%	*18.00%*
2013/09	0	0	0	0	0	0	0	0	0.00	0.00	0	0	0.00%	*18.00%*
2013/10	0	0	0	0	0	0	0	0	0.00	0.00	0	0	0.00%	*21.00%*
2013/11	0	0	0	0	0	0	0	0	0.00	0.00	0	0	0.00%	*21.00%*
2013/12	0	0	0	0	0	0	0	0	0.00	0.00	0	0	0.00%	*21.00%*
2014/01	0	0	0	0	0	0	0	0	0.00	0.00	0	0	0.00%	*24.00%*
2014/02	0	0	0	0	0	0	0	0	0.00	0.00	0	0	0.00%	*24.00%*
2014/03	0	0	0	0	0	0	0	0	0.00	0.00	0	0	0.00%	*24.00%*
YTD	**1492**	**509**	**85**	**32**	**43**	**133**	**2161**	**2294**	**69.04**	**7.40**	**62**	**19665**	**11.67%**	

Quarterly Combined AE & Inpatient Response Rate

	A	B	C	D	E	F	G	H	I	J	K	L	M	
Qtr	1 - Extremely Likely	2 - Likely	3 - Neither likely or unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know	Total responses (exc "Don't knows")	Total responses (inc don't knows")	Proportion of respondents who would be extremely likely to recommend (response category: "extremely likely"), ie; (A / G) *100	Proportion of respondents who would not recommend (response category: "neither likely nor unlikely","unlikely","extremely unlikely") ie; (C + D + E) / G *100	Monthly FFT Score, (I - J)	Total No. of people eligible to respond *	Combined AE/Inpt Response Rate (H / L)	CQUIN Target
Qtr 1	914	315	59	23	34	89	1345	1434	67.96	8.62	59	11547	12.42%	*15.00%*
Qtr 2	578	194	26	9	9	44	816	860	70.83	5.39	65	8118	10.59%	*18.00%*
Qtr 3	0	0	0	0	0	0	0	0	0.00	0.00	0	0	0.00%	*21.00%*
Qtr 4	0	0	0	0	0	0	0	0	0.00	0.00	0	0	0.00%	*24.00%*

See commentary below on Friends and Family.

Friends and Family Test Monthly Report - Ward Level

Month	Ward Name	1 - Extremely Likely	2 - Likely	3 - Neither likely or unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know	Total responses (exc "Don't knows")	Total responses (inc don't knows")	Proportion of respondents who would be extremely likely to recommend (response category: "extremely likely"), ie; (A / G) *100	Proportion of respondents who would not recommend (response category: "neither likely nor unlikely","unlikely","extremely unlikely") ie; (C + D + E) / G *100	Monthly FFT Score, (I - J)	Total No. of people eligible to respond *	Response Rate (H / L)
2013/08	Critical Care	1	0	0	0	0	0	1	1	100.00	0.00	100	13	7.7%
2013/08	Denver	4	0	0	0	0	1	4	5	100.00	0.00	100	112	4.5%
2013/08	Elm	33	10	0	0	0	3	43	46	76.74	0.00	77	231	19.9%
2013/08	Feltwell	17	11	0	0	0	1	28	29	60.71	0.00	61	94	30.9%
2013/08	Gayton	2	1	0	0	0	0	3	3	66.67	0.00	67	132	2.3%
2013/08	Leverington (Escalation Ward)	0	4	0	0	0	0	4	4	0.00	0.00	0	4	100.0%
2013/08	Leverington (SAU)	2	0	0	0	0	0	2	2	100.00	0.00	100	130	1.5%
2013/08	MAU	19	3	0	0	0	1	22	23	86.36	0.00	86	101	22.8%
2013/08	Necton	12	3	0	0	1	0	16	16	75.00	6.25	69	81	19.8%
2013/08	Oxborough	6	0	0	1	2	0	9	9	66.67	33.33	33	87	10.3%
2013/08	Pentney	4	2	0	0	0	0	6	6	66.67	0.00	67	78	7.7%
2013/08	Shouldham	0	1	0	0	0	0	1	1	0.00	0.00	0	52	1.9%
2013/08	Stanhoe	5	1	0	0	0	1	6	7	83.33	0.00	83	85	8.2%
2013/08	Terrington Short Stay	36	9	2	0	0	3	47	50	76.60	4.26	72	326	15.3%
2013/08	Tilney	14	2	0	0	0	1	16	17	87.50	0.00	88	82	20.7%
2013/08	West Raynham	5	1	0	0	0	0	6	6	83.33	0.00	83	68	8.8%

Report on Patient Experience for the Period 1 – 31 August 2013

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

The Friends and Family Test looks at how likely a patient is to recommend this service to their friends and family. In August, 502 patients submitted an FFT survey provided by iWantGreatCare. Some of these surveys were about wards which are not yet included in the national FFT system: maternity results cannot be included until October 2013 when the national Maternity FFT Survey will go live and Paediatric survey results are also excluded.

Our **A & E** FFT Score for August was 64, a large improvement on last month's score of 45, and the response rate nearly doubled from 4.86 to 8.7%.

Our **Inpatient** FFT Score for August was 72, up 3 points on last month's score, although the response rate dropped to 13.42% compared to last month's rate of 17.16%.
There is currently *no national* target for the scores. The *local* CCG-set 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 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.

We are currently **below** the CQUIN response rate target for Q2 and are making efforts to increase our response rate for September to 33% to enable us to achieve at least the 18% CQUIN target for the quarter.

Operational Actions
We are identifying FFT champions for each ward and a lead for each shift to encourage completion of the profroma by patients. A paper outlining the above suggestion was presented to the Trusts Executive Committee.

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 table compares the results of this Trust for **July:**

July 2013 Scores: Trust name	Inpatient scores	A&E scores	Combined FFT score
England (including Independent Sector Providers)	71	54	64
England (without Independent Sector Providers)	70	54	63
Cambridge University Hospitals NHS Foundation Trust	53	58	55
Ipswich Hospital NHS Trust	72	74	73
James Paget University Hospitals NHS Foundation Trust	76	45	60
Norfolk And Norwich University Hospitals NHS Foundation Trust	74	43	70
Papworth Hospital NHS Foundation Trust	89	-	89
Peterborough And Stamford Hospitals NHS Foundation Trust	74	72	74
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	**69**	**45**	**63**
West Suffolk NHS Foundation Trust	85	61	75
Basildon And Thurrock University Hospitals NHS Foundation Trust	63	21	49
Colchester Hospital University NHS Foundation Trust	77	78	77
Mid Essex Hospital Services NHS Trust	67	12	52
Southend University Hospital NHS Foundation Trust	85	66	75
The Princess Alexandra Hospital NHS Trust	71	87	82
Bedford Hospital NHS Trust	64	67	65
East And North Hertfordshire NHS Trust	79	66	74
Kettering General Hospital NHS Foundation Trust	61	49	54
Luton And Dunstable Hospital NHS Foundation Trust	65	49	61
Milton Keynes Hospital NHS Foundation Trust	68	75	68
Northampton General Hospital NHS Trust	69	55	62
West Hertfordshire Hospitals NHS Trust	77	45	75
United Lincolnshire Hospitals NHS Trust	66	44	60
University Hospitals Of Leicester NHS Trust	66	57	63

Source: 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):

At the time of writing the free-text comments have not been analysed statistically due to staff leave but the types and ratios of the comments appear to be similar to those received in previous months.

The results 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 September 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.

2. Comments on "NHS Choices" and "Patient Opinion" Websites

Patients and carers are uploading comments about their care on a range of websites including NHS Choices, Patient Opinion, I want Great Care, Twitter, etc. Starting next month Board members will be provided with themes and high level messages from the various postings. Where applicable all postings are responded to and action taken as required.

This month the following comments were uploaded onto NHS Choices and Patient Opinion:

1. **Wonderful care at QEH, Kings Lynn**
   My relative was admitted to hospital recently. The care he received was very good. He was treated with kindness and respect by everyone who met him. All staff we met, regardless of their jobs, were friendly, approachable, cheerful and kind to us too. The hospital should be very proud of its caring, professional staff.

   The Trust would like to thank you for your kind words (Valerie Newton – Deputy Director of Nursing and Patient Experience)

2. **Surgeon has made me feel terrified about operation**
   Last Friday I had an appointment to see my surgeon at the Queen Elizabeth Hospital in Kings Lynn in regards to a hip replacement.

   Of the half an hour I spent with him about 15 minutes was spent telling me what could go wrong, with great emphasis on the possibility that I could get an infection and have to have the implant removed and how would I feel about living the rest of my life with no hip.

   Whilst I appreciate that I should be made aware of the downside of the major surgery I would be undergoing it made me feel very uneasy indeed, in fact it made me feel positively queasy to keep listening to him telling me over and over again that I could end up with no hip and bedridden for the rest of my life.

   It appeared that as far as he was concerned there were no positives and I wonder why he is still performing this operation when he feels so negative about it. As I am on maximum pain killers and need a walking stick now there is no alternative but to have this operation as without it I will end up in a wheelchair anyway. I have already had one hip replaced and it has been very successful.

   I will still go ahead with this operation when I eventually get to the top of the 4 month waiting list, but when the time comes I know I will be absolutely terrified, which is surely not conducive to the healing process.

   Surely there should be a balance between the positive and negative results to be gained from such an operation. As it is I am left feeling fearful of what is to come.

   Please could you contact me to advise me who you saw so they can be advised of the impact of their advice on your cancer (Valerie Newton – Deputy Director of Nursing and Patient Experience, Telephone: 01553 613582)

3. **Very high efficient standards**
   I would like to thank all members of staff from the doctors right down to the cleaning staff especially all the nurses who cared for me right from A&E the MAU Ward and Terrington Ward I was treat with the upmost courtesy, kindness and dignity while in hospital the food was very good and nothing was too much trouble for the people who cared for me right up to my transfer to

Papworth I cannot praise and thank the staff enough for my treatment they were cheerful funny and sympathetic to my illness all in one go I had a heart attack and if not for them things could have gone wrong. again many many thanks

The Trust would like to thank you for your very kind comments about the staff on MAU, Terrington and A&E. We will ensure that they are informed of your comments (Valerie Newton – Deputy Director of Nursing and Patient Experience)

4. **Disgraceful**
   The entrance stinks of cigarette smoke. The main reception areas are scruffy and untidy. The cafe is smelly and the food dried out and tasteless. Staff are too busy filling in forms and talking to each other to help. Inflexible and unresponsive to patients' needs.

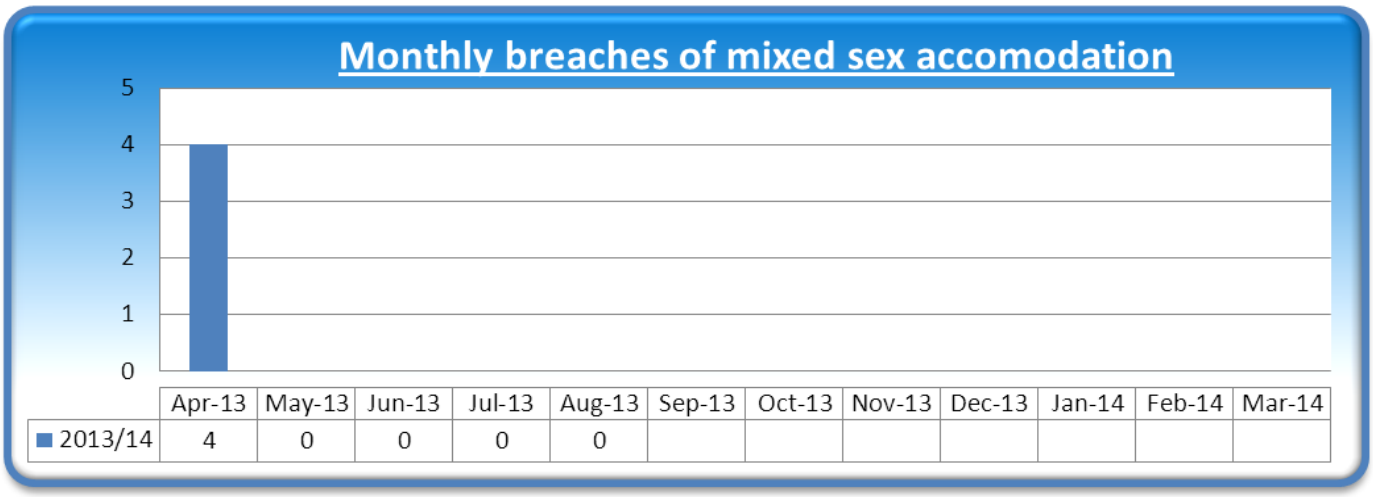
   We apologise that your visit to the hospital was not to the standard we would expect and apologise for the presentation of the environment. We will ensure that the Head of Facilities is informed of the issues you raised to address all of your concerns. (Valerie Newton – Deputy Director of Nursing and Patient Experience)

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 0 breaches for August 2013 waiting times



2.5 Complaints

Complaints

Headline Measure: Complaints activity by service line

Complaints Report August 2013

The Trust received 56 complaints during the month of July 2013, which is a 30% (39 last month) increase in comparison to the previous month. The number of formal complaints received in July 2013 is 2% increase (1) than the number of formal complaints received in the same period in 2012.

There were no non-clinical complaints received in July 2013.

The top 5 themes identified this month were communication with 13 concerns, admission concerns were 12, diagnosis and medication issues were 9 and staffing levels were 4.

One complaint has been received regarding pressure ulcers; a Route Cause Analysis is currently being undertaken.

The Trust has received one request from the Parliamentary and Health Service Ombudsman (PHSO) to review in July 2013. This complaint is in relation to the incorrect administration of medicine, when it was documented in the notes that the patient was allergic. This complaint is currently under review and the department is yet to hear of the PHSO's findings.

The performance by Service Line has been awarded green and amber for the month of May (these complaints are now closed) 86% (37 of 43) of the complaints received during this period were responded to within the target of 30 working days.

A new report is now compiled and distributed each month, incorporating information from the Friends and Family Test. This report is broken down by Service Line, sharing how many complaints and PALS enquiries have been received, if they upheld and if they were responded to within 30 working days. The report also lists the staff group and the top themes for the month.

There were 175 compliments received by the Trust during July 2013, this was an increase of 44% compared to 121 in June 2013.

The Complaints and PALS Team have now moved into their new office and the front of the hospital. It has moved a positive move as we are much more accessible and we hope to see an increase of compliments received in person.

The PALS Team are no longer responsible for issuing travel expenses to patients, with the removal of this service, it has afforded the team with new full time PALS member, who now assists the PALS Support Officer. With this new dedicated role, it has allowed the department to act more efficiently when dealing with concerns and compliments and has increased our presence around the Trust.

The PALS Team now have a daily ward round, where each ward is visited once a day on a specific day and time. This information has been shared with all the Matrons and has been made visible in the PALS Notice Board. We aim to place posters outside each area, highlighting this fact. PALS also have a new uniform to make them unique and 'Here to Help' badges have also been ordered.

Within the notice board, information depicting the number of complaints and compliments received per month for 2013 is now on display, promoting transparency.

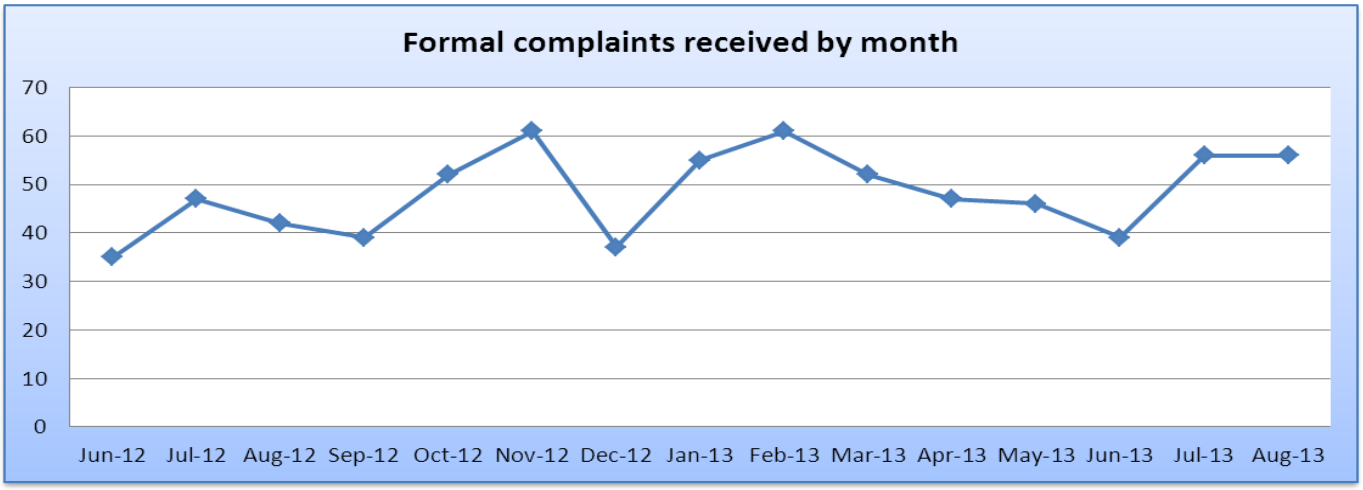
All leaflet stands have been audited and the PALS and Complaints leaflets, including foreign leaflets, have been refilled in all locations to ease the process of complaining or raising concerns.

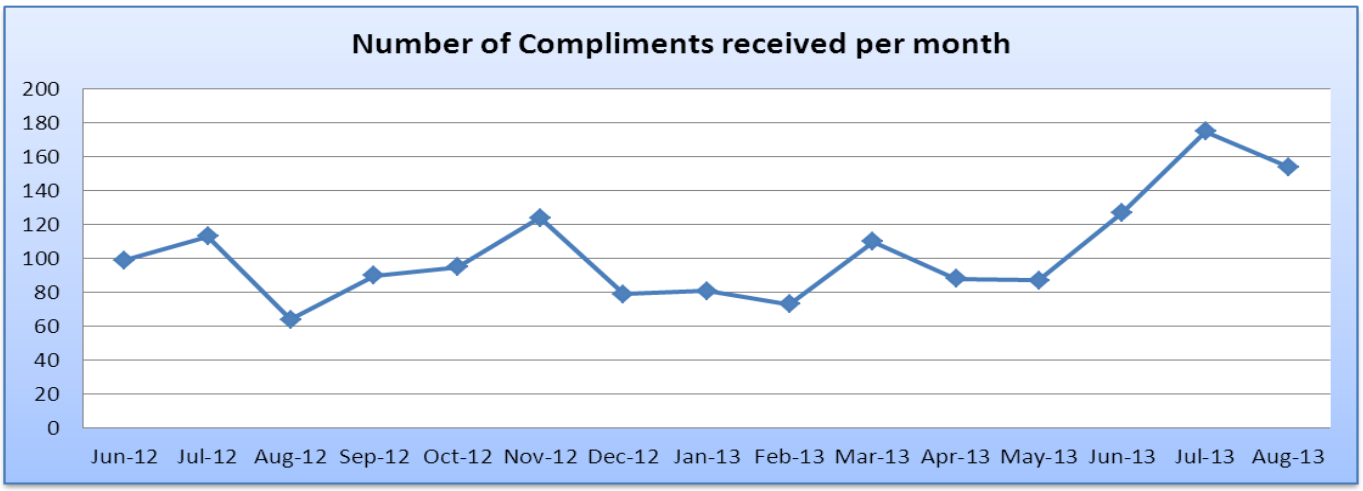
Unfortunately, the department has been unable to identify why there has been an anomaly in the figures from April to July 2013. This will be investigated further, to identify the change in data.

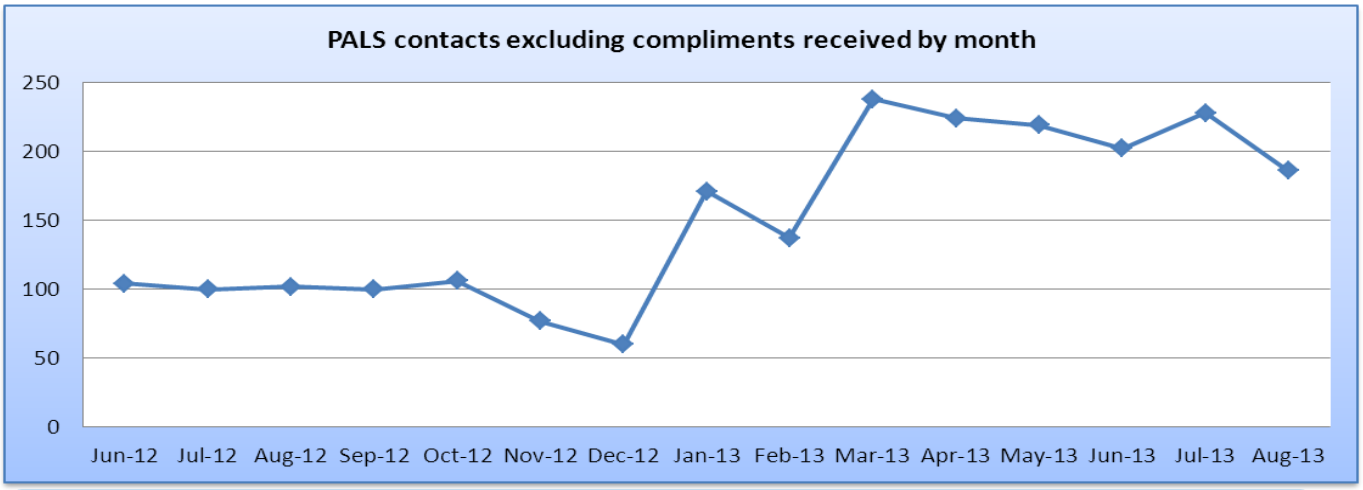
Divisional Activity in August 2013							Division Performance in June 2013		
Service Line	Formal Complaints	Compliments	Informal Complaints	Ratio: Formal Complaints Ratio	Number of cases referred to the Parliamentary Health Service Ombudsman	First Response date target	Number of conciliation meetings	Number of complaints upheld	Number of returning complaints where first response targets were provided
Accident and Emergency	12	9	0		0	3 of 5	1	3	0
Anaesthetics	0	0	0		0		0	0	0
Audiology	1	1	0		0		0	0	0
Breast Care	0	2	0		0		0	0	0
Breast Screening	0	0	0		0		0	0	0
Car Parking	0	0	0		0		0	0	0
Cardio Respiratory	0	9	0		0		0	0	0
Cardiology	3	3	0		0	2 of 2	1	1	0
Clinical Haematology	0	0	0		0		0	0	0
Critical Care	1	8	0		0	0 of 1	0	0	0
Care of the Elderly	0	4	0		0		0	0	0
Cancer Services	0	0	0		0		0	0	0
Catering	0	0	0		0		0	0	0
Day Surgery	1	1	0		0	1 of 1	0	0	0
Dermatology	0	2	0		0		0	0	0
Diabetes	2	11	0		0	1 of 1	0	1	0
Dietetics	1	0	0		0		0	0	0
Discharge Team	0	1	0		0		0	0	0
ECG/EEG	0	0	0		0	1 of 1	0	1	0
Endoscopy	0	5	0		0		0	0	0
ENT	0	0	0		0		1	0	0
Estates	0	0	0		0		0	0	0
Fundraising	0	1	0		0		0	0	0
Gastroenterology	1	9	0		0		0	0	0
General Surgery	5	23	0		0	4 of 8	1	2	0
Human Resources	0	0	0		0		0	0	0
Medical Assessment Unit	2	3	0		0	1 of 2	0	1	0
Medical Day Unit (West Walton)	0	0	0		0		0	0	0

Divisional Activity in August 2013						Division Performance in June 2013			
Service Line	Formal Complaints	Compliments	Informal Complaints	Ratio: Formal Complaints Ratio	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
General Medicine	4	33	0		0	2 of 4	4	1	0
Legal Services	0	0	0		0		0	0	0
Midwifery	2	0	0		0		1	0	0
Mortuary	0	0	0		0		0	0	0
Neonatology	0	4	0		0		0	0	0
Neurology	1	0	0		0		0	0	0
Nephrology	0	0	0		0		0	0	0
Obstetrics and Gynaecology	4	0	0		0	3 of 4	0	3	0
Occupational Health	0	0	0		0		0	0	0
Occupational Therapy	0	0	0		0	1 of 1	0	1	0
Oncology	0	0	0		0	2 of 2	1	1	0
Ophthalmology	0	0	0		0	1 of 2	0	0	1
Oral Surgery	0	0	0		0		0	0	0
Orthodontics	1	0	0		0		0	0	0
Trauma and Orthopaedics	2	4	0		0	1 of 3	2	1	0
Outpatients	0	3	0		0		0	0	0
Paediatrics	0	3	0		0		1	0	0
Pain Management	0	1	0		0		0	0	0
Palliative Medicine	0	1	0		0		0	0	0
PALS	0	2	0		0		0	0	0
Pathology	0	0	0		0		0	0	1
Patient Flow Group	0	0	0		0		0	0	0
Pharmacy	0	0	0		0		0	0	0
Patient Services	10	0	0		0	8 of 12	0	10	0
Performance and Informatics	0	0	0		0		0	0	0
Physiotherapy	0	0	0		0	1 of 1	0	1	0
Plastics	0	0	0		0	1 of 1	0	0	0
Portering Services	0	0	0		0		0	0	0
Psychology	0	0	0		0		0	0	0
Radiology	1	0	0		0		0	0	0
Rehab Services	0	0	0		0		0	0	0
Respiratory	1	8	0		0	0 of 1	1	0	0
Rheumatology	0	0	0		0		0	0	0
Security	0	0	0		0		0	0	0
Stroke	1	0	0		0	1 of 1	0	0	0
Surgical Assessment Unit	0	0	0		0	0 of 2	0	2	0
Terrington - Short Stay	0	3	0		0		0	0	0
Therapies	0	0	0		0	1 of 1	0	0	0
Trust Wide	0	0	0		0		0	0	0
Urology	0	0	0		0		0	0	0
Total	**56**	**154**	**0**		**0**	**35 of 56**	**14**	**29**	**2**

The Graphs below show the general trend of complaint reporting across the Trust.







Operational Actions

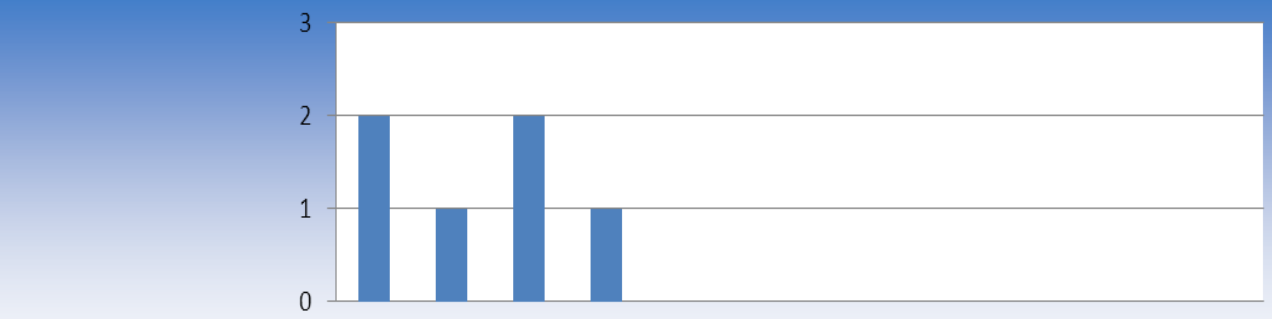
The slight decrease in PALs contacts during August corresponds with the hospital being generally quieter for outpatients and inpatients during the summer months. The PALs team has now bee located at the front of the hospital to make them more accessible to our patients.

2.7 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 August 2013.



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Falls Resulting in Serious injury	2	1	2	1	0							

Operational Actions

Zero falls were reported in August 2013. Year to date we have had 6 falls resulting in severe injury.

2.8 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	Addressograph	Monthly	>95%	100	97	100	99	Standard 1	100
	Frequency of Obs	Monthly	>95%	83	90	88	87	Standard2	97
	Temp. Pulse, Resps.	Monthly	>95%	100	100	100	100	Standard3	93
	BP	Monthly	>95%	100	100	100	100	Standard4	93
	Fluid chart	Monthly	>95%	43	27	19	29	Standard5	90
	Early Warning Score >3	Monthly	>95%	100	100	100	100	Standard 6	100
	EWS scored in full	Monthly	>95%	100	100	99	100	Standard7	100
	Bowels Open/Not open	Monthly	>95%	100	97	98	98	Standard8	93
		Monthly	>95%	-	-	-	-	Standard9	93
		Monthly	>95%	-	-	-	-	Standard10	100
	Patient ID - Wristband	Monthly	>95%	-	-	100	100	Patient ID - Wristband	100
	Pressure ulcer -G 2 HA	Monthly	0	3	0	14	17	Pressure ulcer -G 2 HA	0
	Pressure ulcer -G 3 HA	Monthly	0	0	0	5	5	Pressure ulcer -G 3 HA	0
	Pressure ulcer -G 4 HA	Monthly	0	0	0	0	0	Pressure ulcer -G 4 HA	0
	PU Deterioration CA-G3	Monthly	0	0	0	1	1	PU Deterioration CA-G3	0
	PU Deterioration CA-G4	Monthly	0	0	0	0	0	PU Deterioration CA-G4	0
	Must Assessment Tool	Monthly	>95%	70	83	78	77	Must Tool	-
	Waterlow Risk score	Monthly	>95%	90	97	94	93	Waterlow score	-
	Falls Total	Monthly	0	6	11	37	54	Falls Total	1
	Falls Risk Assessment	Monthly	>95%	93	97	95	95	Falls Risk Assessment	-
Clinical Effectiveness	Sickness Reg %	Monthly	<3.5%	6	4	12	7	Sickness Reg %	3
	Sickness Unreg %	Monthly	<3.5%	3	13	26	14	Sickness Unreg %	9
	Vacancies WTE -Reg	Monthly	0	6	9	23	37	Vacancies WTE -Reg	8
	Vacancies WTE -Unreg	Monthly	0	0	0	1	0	Vacancies WTE -Unreg	1
	Intentional Care Rounding	Monthly		51	56	46	51		-
Patient Experience	Thank you notes	Monthly		22	6	32	60	Thank you notes	0
	Complaints nursing care	Monthly	0	3	9	10	22	Complaints nursing care	1

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

Key to Nursing Indicators - Adults

Indicators	Outcome Measure	Results	Frequency
Patient Observation	**Spot audit 10 sets of notes per ward post discharge/transfer**		
Addressograph	Check that the Obs chart has an addressograph label - full name, Hospital/K No	% conformity	Monthly
Frequency	Frequency of obs to be shown at the top of the chart	% conformity	Monthly
TPR	Temperature, Pulse, Respirations Correctly recorded	% conformity	Monthly
BP	Recorded using arrows (seagulls) & Nos if necessary	% conformity	Monthly
Fluid Chart	Recorded ins/outs, running totals and variance at least 12 hrly- signature of nurse	% conformity	Monthly
EWS >3	If early warning score > 3 then evidence of Dr or Snr Nurse contacted and action taken recorded in Nursing Notes	% conformity	Monthly
EWS	Early warning score all factors scored and totalled	% conformity	Monthly
Bowels	To be recorded daily either BO (Bowels Open) or BNO (Bowels Not Open)	% conformity	Monthly
Patient ID - wristband	Patients from wards are checked from time to time to see whether ID is correct and in good condition	% conformity	Monthly
Pressure sores - grade 2 HA	No. of patients diagnosed with Hospital Acquired Pressure ulcers - Grade 2	Total No.	Monthly
Pressure sores - grade 3 HA	No. of patients diagnosed with Hospital Acquired Pressure ulcers - Grade 3	Total No.	Monthly
Pressure sores - grade 4 HA	No. of patients diagnosed with Hospital Acquired Pressure ulcers - Grade 4	Total No.	Monthly
Pressure sores - grade 3 CA	Community acquired deterioration of patient with pressure sores - Grade 3	Total No.	Monthly
Pressure sores - grade 4 CA	Community acquired deterioration of patient with pressure sores - Grade 4	Total No.	Monthly
Must Tool	To be scored showing nutritional risk score within 12 hours of admission	% conformity	Monthly
Waterlow score	10 sets of patient notes per ward checked to see if Waterlow score is recorded within 12 hours of admission	% conformity	Monthly
Falls	Total number of falls taken place on wards	Total No.	Monthly
Falls Risk Assessment	To be calculated and documented within 12 hours of admission	% conformity	Monthly
Sickness Reg %	Band 5 and above sickness levels	Total staff Nos	Monthly
Sickness Untrained %	Band 4 and below sickness levels	Total staff Nos	Monthly
Vacancies Reg WTE	Nursing vacancies within Trust by Ward	Total vacancies	Monthly
Vacancies Unreg WTE	Nursing vacancies within Trust by Ward	Total vacancies	Monthly
Thank you notes	Thank you and appreciation notes received from patients	Total received	Monthly
Complaints	Inadequate nursing care complaints	Total received	Monthly

Ward name	Patient Observation Criteria
Castleacre	Are mother & Baby charts labelled correctly
NICU	Addressograph label
Rudham	Addressograph label
Women & Children	**Standard Addressograph Total**
Castleacre	Has w oman been risk assessed / VTE
NICU	Frequency
Rudham	Frequency
Women & Children	**Standard 2 Total**
Castleacre	Mother daily checks completed
Women & Children	**Standard 3 Total**
Castleacre	Baby daily score completed
NICU	BP recorded correctly
Rudham	Pulse recorded
Women & Children	**Standard 4 Total**
Castleacre	If IV Catheter in have fluid charts been completed INS/OUTS/VARIANCE
NICU	Fluids/Feed chart
Rudham	Respirations recorded
Women & Children	**Standard 5 Total**
Castleacre	If NEWS >0 is NEWS chart completed
NICU	Pt bow els recorded
Rudham	O2 Saturations recorded
Women & Children	**Standard 6 Total**
Castleacre	If triggered by 2 yellow s or 1 red check for other obs
NICU	Pt ID labels checked
Rudham	Child>5y, BP recorded once
Women & Children	**Standard 7 Total**
Castleacre	If MEOWS >0 has maternity MEOWS been completed
NICU	Weight documented
Rudham	Pain score>0, pain assessment completed
Women & Children	**Standard 8 Total**
Castleacre	Are colour scores entered if applicable
NICU	Weight recorded on graph
Rudham	VIP score recorded if applicable
Women & Children	**Standard 9 Total**
Castleacre	If 2 yellow or 1 red is intervention documented
NICU	Head circumference recorded w eekly
Rudham	PEWS score been recorded
Women & Children	**Standard 10 Total**

Operational Actions

The Nursing metrics identify a number of clinical indicators by ward. Where there is non compliance a performance framework is involved.

Non compliance this month includes poor completion of fluid balance charts. A number of mandatory updates have been provided with good attendance. Each ward sister has been provided with the reasons identified for their wards non-compliance and a clear expectation that the completion of the charts must improve and that ward sister\charge nurses are responsible and accountable for this improvement.

There has been an increases in hospital acquired grade 2 pressure ulcers. The director of nursing has initiated a full review of all pressure ulcers during August and the identification of reasons and recommendations required.

The patient safety team have been asked to inform the Associate Chief Nurse of all Datix received and they will identify the most appropriate investigator. Following completion of the RCA a meeting will be held to identify lessons to be learnt. The patient safety team have also been asked to provide a weekly report of all Datix received in relation to pressure ulcers and nursing practice, patient safety and experience.

2.9 Serious Incidents

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

SI status as @ 31st August 2013

Reference	Incident date	STEIS	STEIS Date	Adverse Event	Ward	RCA Due	RCA Sent	Closed
WEB9759	10/09/2013	2013 26560	11/09/2013	Pressure Ulcer as an inpatient	NECT	13/11/2013		
WEB9756	10/09/2013	2013 26569	11/09/2013	Fall from a height, bed or chair	OXB	11/11/2013		
WEB9663	07/09/2013	2013 26225	09/09/2013	Respiratory arrest	MAU	11/11/2013		
WEB9450	30/08/2013	2013 25527	02/09/2013	Pressure Ulcer as an inpatient	STANHO	04/11/2013		
WEB9394	28/08/2013	2013 25206	29/08/2013	Pressure Ulcer as an inpatient	STANHO	04/11/2013		
WEB9393	28/08/2013	2013 25213	29/08/2013	Pressure Ulcer as an inpatient	STANHO	04/11/2013		
WEB9309	23/08/2013	2013 24742	23/08/2013	Pressure Ulcer as an inpatient	NECT	28/10/2013		
WEB9193	18/08/2013	2013 24383	20/08/2013	Pressure Ulcer as an inpatient	NECT	23/10/2013		
WEB9133	15/08/2013	2013 23934	15/08/2013	Pressure Ulcer as an inpatient	STANHO	17/10/2013		
WEB9105	12/08/2013	2013 24859	27/08/2013	Dose or strength was wrong or unclear - potential overdose of Paracetemol	STANHO	29/10/2013		
WEB8956	09/08/2013	2013 23772	14/08/2013	Pressure Ulcer as an inpatient	OXB	17/10/2013		
WEB8290	01/07/2013	2013 20791	16/07/2013	Pressure Ulcer as an inpatient	GAYT	18/09/2013	20/09/2013	
WEB8087	04/07/2013	2013 19614	04/07/2013	Fall on level ground	TERRSS	06/09/2013	15/07/2013	11/09/2013
WEB7875	27/06/2013	2013 19486	04/07/2013	Pressure Ulcer as an inpatient	WRAYN	05/09/2013	06/09/2013	18/09/2013
WEB7699	18/06/2013	2013 18036	20/06/2013	Unintended injury in the course of an operation or clin task - chest drain	MAU	26/08/2013	23/08/2013	06/09/2013
WEB7654	17/06/2013	2013 17925	19/06/2013	Failure to act on adverse test results or images	NICU	23/08/2013	20/08/2013	
WEB7088	14/05/2013	2013 25334	30/08/2013	Other medication incident Tramadol	STANHO	30/09/2013	18/09/2013	
WEB6793	09/05/2013	2013 13956	10/05/2013	Neonatal death	CDS	16/07/2013	18/07/2013	

2.10 Cancer Peer Review outcome

A Cancer Peer Review visit was undertaken on 11 September 2013 and 3 trust services were assessed – Dermatology, colorectal surgery and Upper GI surgery. The external team were complementary on the way in which the Trust prepared and presented themselves during the review and gave specific praise to the Dermatology and Colorectal teams participating. Several areas of good practice were highlighted but a number of immediate risks and serious concerns were identified.

An immediate risk is something identified in the Cancer Peer Review handbook as an issue that is likely to result in harm to the patient or staff or have a direct impact on patient outcome and requires immediate action. The Trust is required to respond where there are 'immediate risks' identified within 10 days, outlining the action being taken by the Trust to resolve the issue.

A serious concern is an issue that whilst not presenting an immediate risk to patients or staff safety could seriously compromise the quality of outcome of patient care and requires urgent action. The Trust is required to respond where there are 'serious concerns' identified within 20 days, outlining the action being taken by the Trust to resolve the issue.

This was particularly in relation to the Upper GI MDT.

Upper GI:

Immediate Risks:

- The running of the Multi-Disciplinary Team which reviews and plans the care of all patients with UPI cancer was found to be functioning poorly.
- Communication with patients on their diagnosis and treatment was not found to meet best practice;

Serious Concerns:

- Storage, access and availability of nursing notes was stored separately to the main clinical record.
- Clinician validation of clinical data uploaded onto the Somerset Database needs to be in place.

Skin:

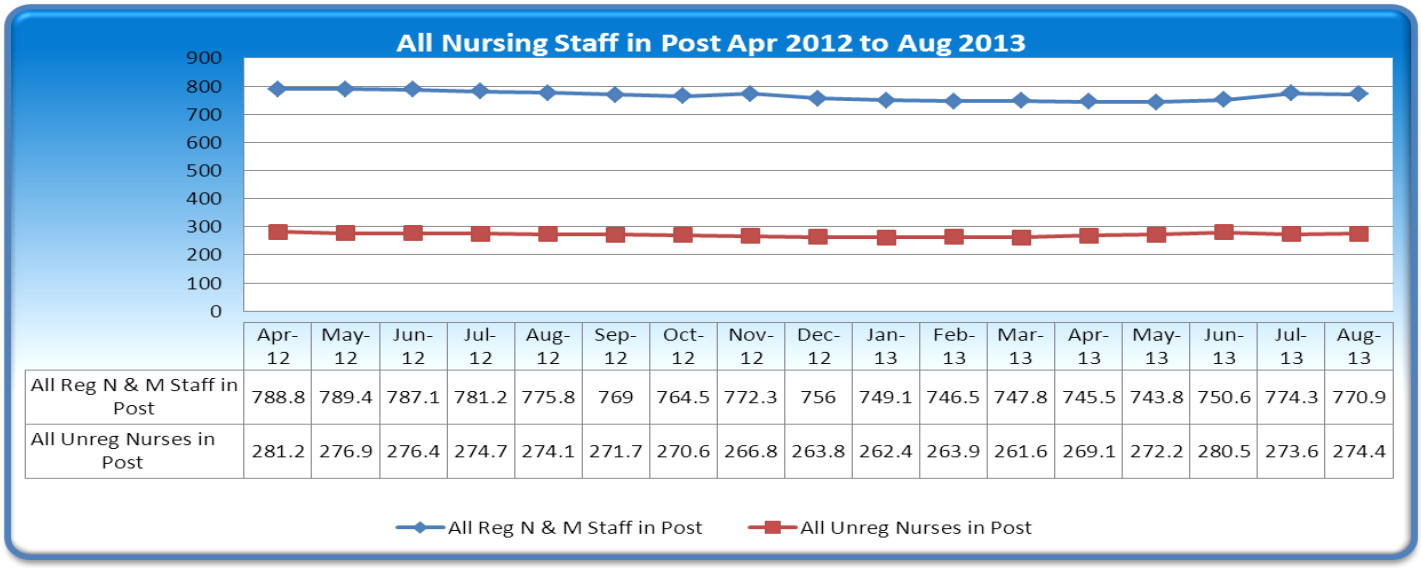
Serious Concerns:

- MDT membership completeness – no pathologist. Situation currently mitigated by SMDT double reporting any suspicious lesions.

Colorectal MDT: No immediate risks or serious concerns.

3 WORKFORCE

3.1 Nursing staff numbers

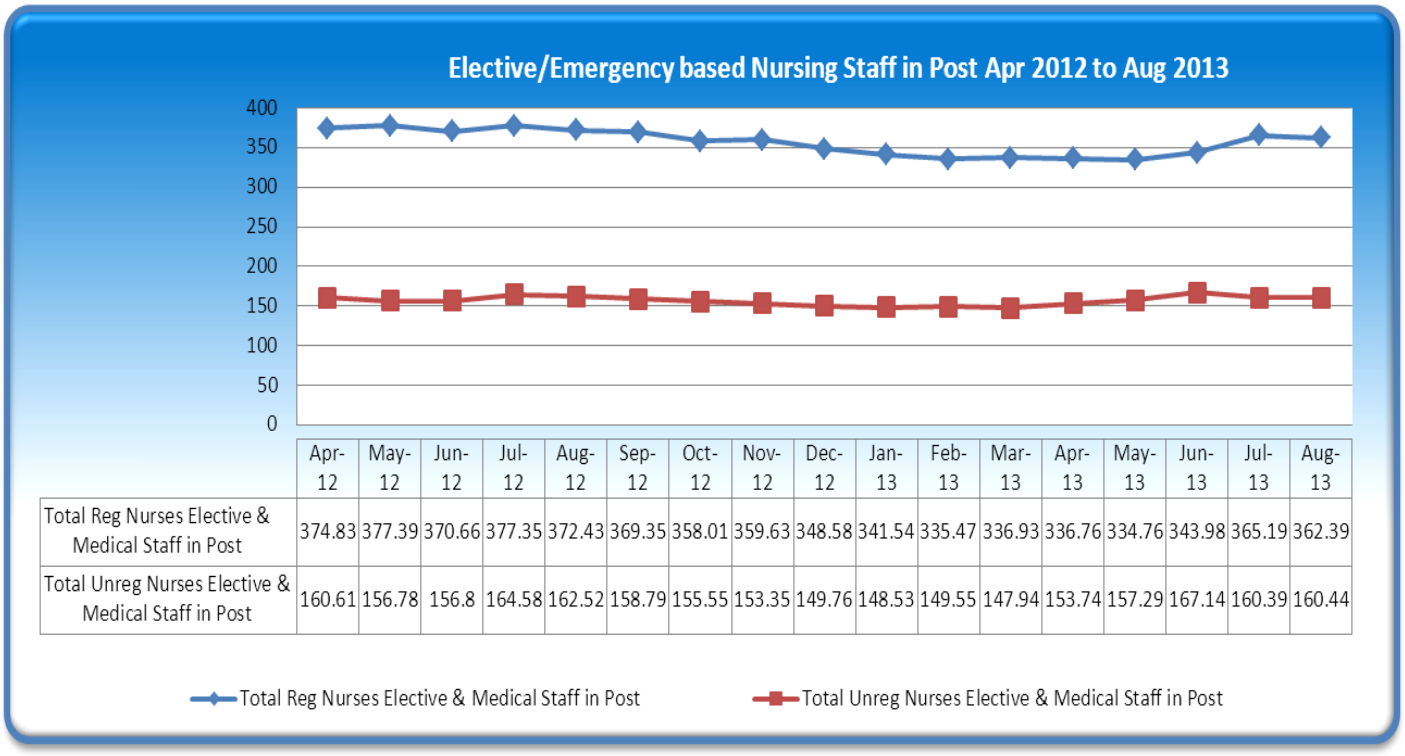


	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
All Reg N & M Staff in Post	788.8	789.4	787.1	781.2	775.8	769	764.5	772.3	756	749.1	746.5	747.8	745.5	743.8	750.6	774.3	770.9
All Unreg Nurses in Post	281.2	276.9	276.4	274.7	274.1	271.7	270.6	266.8	263.8	262.4	263.9	261.6	269.1	272.2	280.5	273.6	274.4

August saw a slight reduction in registered nursing staff numbers whilst we await the next intake of staff via the various on-going recruitment activities. Over the month's leading up to Christmas it's planned to recruit a further 65 WTEs. This will be via local recruitment in addition to the Portuguese recruitment activity, and the job fairs in Manchester and Ireland.

A trip will be made to Glasgow for another Job Fair in October. We are monitoring whether existing plans will deliver the full extent of improved skill mix.

In addition we are seeking to recruit an additional 33 WTE unregistered staff.



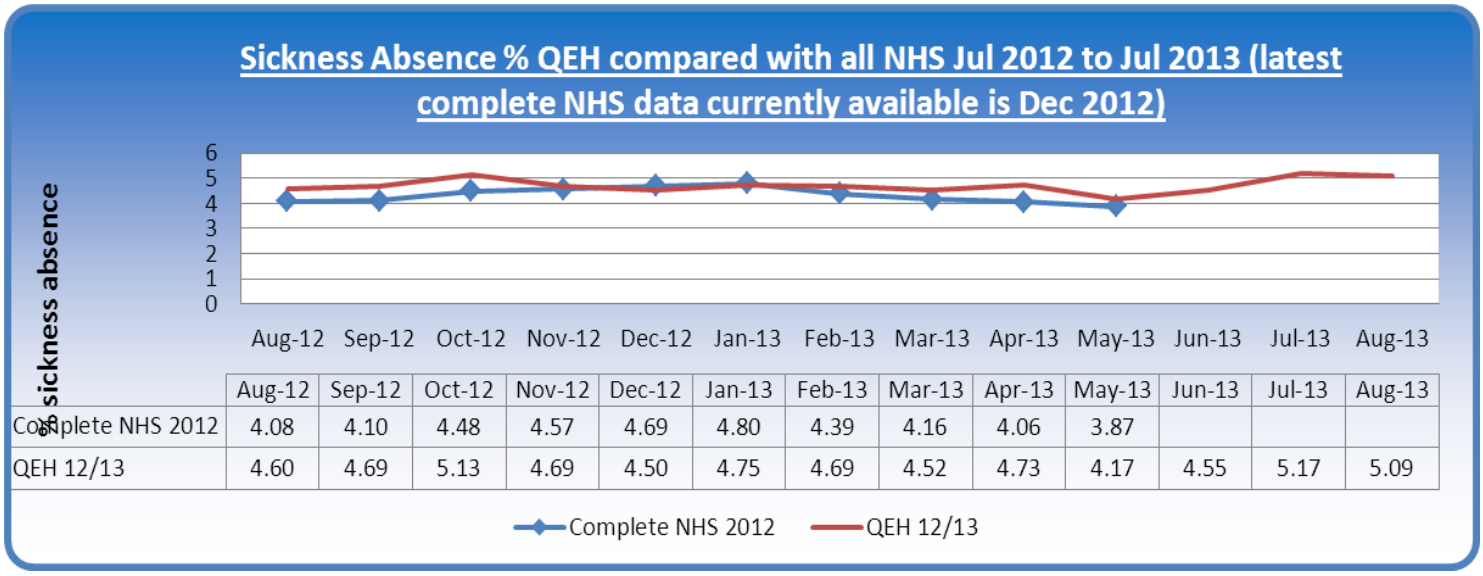
	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Total Reg Nurses Elective & Medical Staff in Post	374.83	377.39	370.66	377.35	372.43	369.35	358.01	359.63	348.58	341.54	335.47	336.93	336.76	334.76	343.98	365.19	362.39
Total Unreg Nurses Elective & Medical Staff in Post	160.61	156.78	156.8	164.58	162.52	158.79	155.55	153.35	149.76	148.53	149.55	147.94	153.74	157.29	167.14	160.39	160.44

The Trust is now monitoring nurse to patient ratios on each ward on a regular basis. The targets acknowledge by NHS England is a maximum of 1 registered nurse to 8 patients during the day and 1 registered nurse to 11 patients over night. Appendix 2 details the last report of this position (As at Week Commencing 9th September 2013).

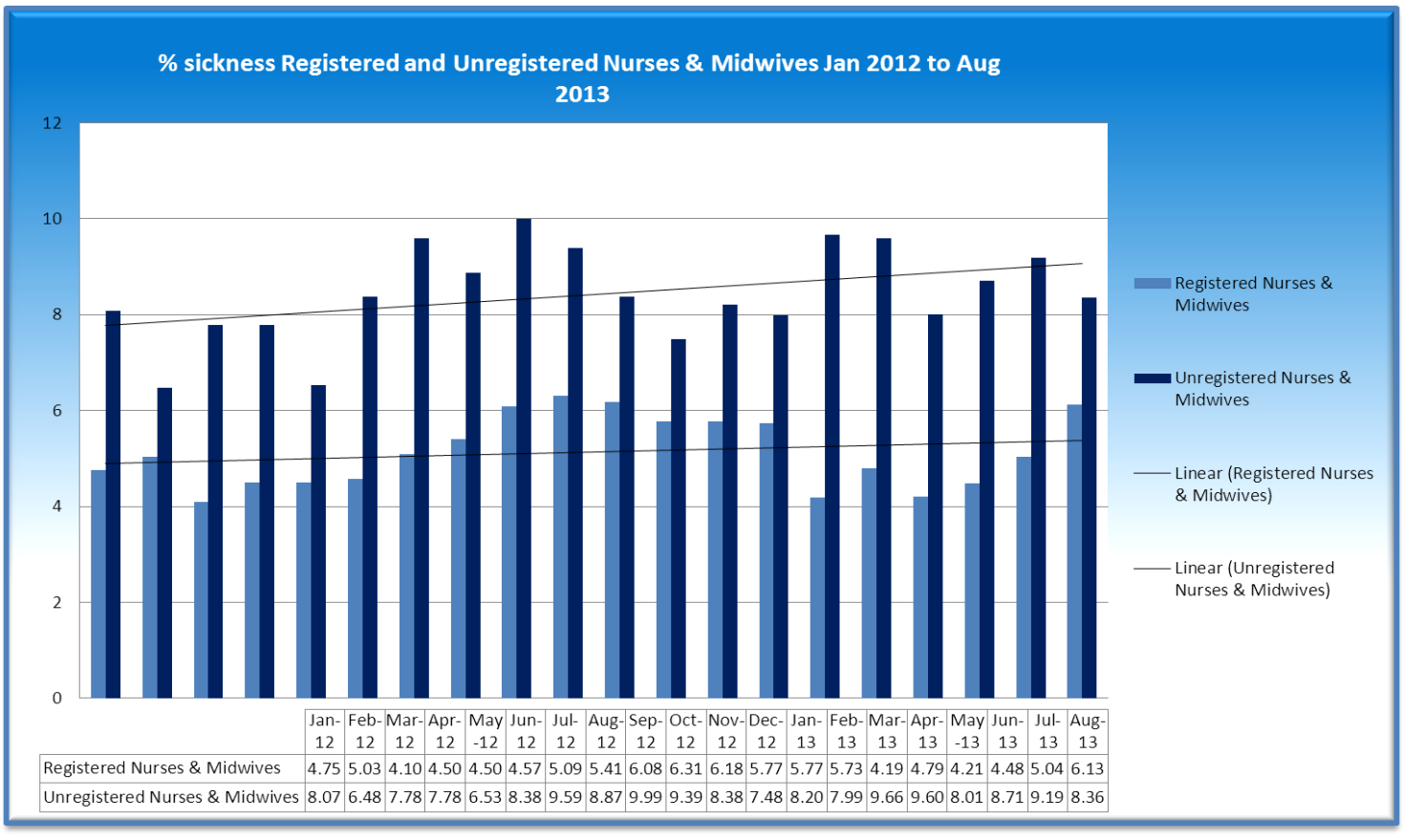
3.2 Sickness Absence

Sickness absence rate remains high. 5.1% for August, but this is expected to reduce when final figures are available.

Figures for the complete Trust show unregistered nurses & midwives at 8.7%. Although reduced from last month's high at 12.2% it still remains the highest staff group. Registered nurses and midwives is 6.1% for the complete Trust.



	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Complete NHS 2012	4.08	4.10	4.48	4.57	4.69	4.80	4.39	4.16	4.06	3.87			
QEH 12/13	4.60	4.69	5.13	4.69	4.50	4.75	4.69	4.52	4.73	4.17	4.55	5.17	5.09



	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	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Registered Nurses & Midwives	4.75	5.03	4.10	4.50	4.50	4.57	5.09	5.41	6.08	6.31	6.18	5.77	5.77	5.73	4.19	4.79	4.21	4.48	5.04	6.13
Unregistered Nurses & Midwives	8.07	6.48	7.78	7.78	6.53	8.38	9.59	8.87	9.99	9.39	8.38	7.48	8.20	7.99	9.66	9.60	8.01	8.71	9.19	8.36

Sickness absence alone only accounts for part of the pressure placed on ward based staff. The following table also shows absence due to maternity leave and vacancies.

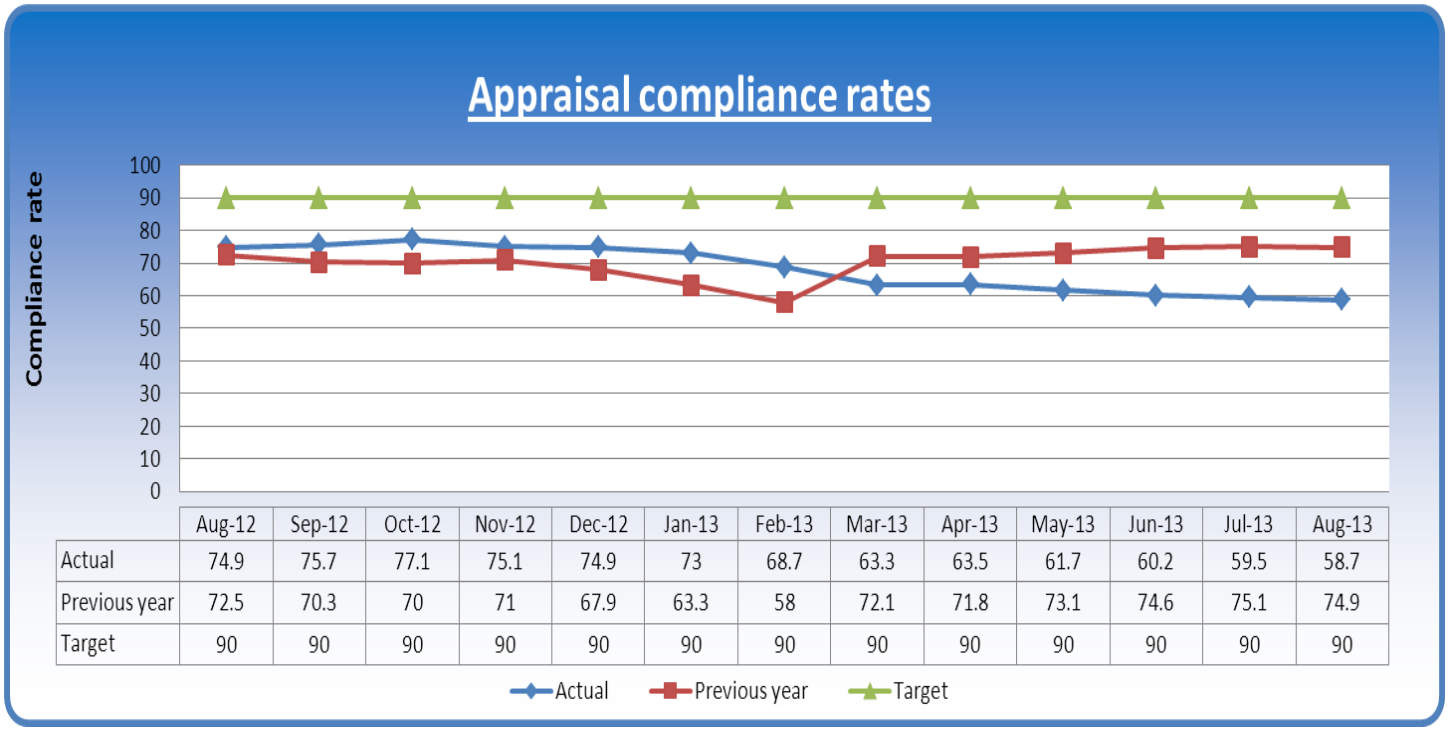
Ward	Sickness%	Maternity %	Vacancy %	Total %
A & E Reg	7.36	0.54	25.33	33.23
A & E Unreg	11.28	0	8.46	19.74
Feltwell Reg	6.37	5.66	2.59	14.62
Feltwell Unreg	0	0	12.95	12.95
Gayton Reg	4.78	6.83	6.97	18.58
Gayton Unreg	0.66	0	20.11	20.77
I.T.U. Reg	5.13	6.16	8.84	20.13
I.T.U. Unreg	30.56	0	0	30.56
M.A.U. Reg	6	3.7	12.52	22.22
M.A.U. Unreg	11.1	0	-26.21	-15.11
S.A.U. Reg	6.22	0	6	12.22
S.A.U. Unreg	27.47	27.47	48.35	103.29
Terrington Reg	0.07	10.62	27.74	38.44
Terrington Unreg	0	0	-0.96	-0.96
Necton Reg	9.33	3.8	13.8	26.93
Necton Unreg	11.22	0	-22.3	-11.08
Oxborough Reg	9.92	0	35.3	45.22
Oxborough Unreg	7.08	5.24	2.07	14.39
Pentney Reg	1.9	0	43.08	44.98
Pentney Unreg	26.04	7.51	7.95	41.5
Stanhoe Reg	18.84	10.66	17.36	46.86
Stanhoe Unreg	7.41	4.57	-2.8	9.18
Tilney Reg	5.91	0	3.32	9.23
Tilney Unreg	40.24	0	22.37	62.61
West Raynham Reg	8.27	0	12.33	20.6
West Raynham Unreg	0.79	6.64	3.07	10.5
Denver Reg	5.27	3.38	6.16	14.81
Denver Unreg	8.44	8.44	15.64	32.52
Elm Reg	10.1	0	12.24	22.34
Elm Unreg	3.49	4.7	-12.75	-4.55
Average Reg	6.9	3.76	14.55	25.21
Average Unreg	9.67	3.42	1.97	15.06

12,489 bank hours were used during August (9,500 unregistered and 2,989 registered). The use of bank, agency and temporary redeploying staff from other areas is currently being used to mitigate risk whilst recruitment for registered and unregistered staff continues.

At present, these actions, combined with temporary bed closures, do not always enable the achievement of staff to bed ratios at the minimum staffing levels. HR Business Partners continue to work on sickness audits with managers, ensuring that a plan is in place for all staff.

3.3 Appraisals and Training

The appraisal completion rate remains at around 60%.



	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Actual	74.9	75.7	77.1	75.1	74.9	73	68.7	63.3	63.5	61.7	60.2	59.5	58.7
Previous year	72.5	70.3	70	71	67.9	63.3	58	72.1	71.8	73.1	74.6	75.1	74.9
Target	90	90	90	90	90	90	90	90	90	90	90	90	90

1109 staff has not had an appraisal within the last 12 months and a further 342 require an appraisal within the next 4 months. In order to achieve a 90% compliance rate by the end of December 1182 staff will need to be appraised within the next 4 months.
Reports detailing staff who require appraisals has been sent at department level giving managers the opportunity to inform Workforce Information Services regarding any dates which require updating. HR Business Partners continue to work on trajectories in the various service groups with a view to recovering the position as soon as possible.

While training performance appears solid on the dashboard, there are a number of sub areas that need to increase performance. The Trust has action plans in place to resolve this and these are ongoing.

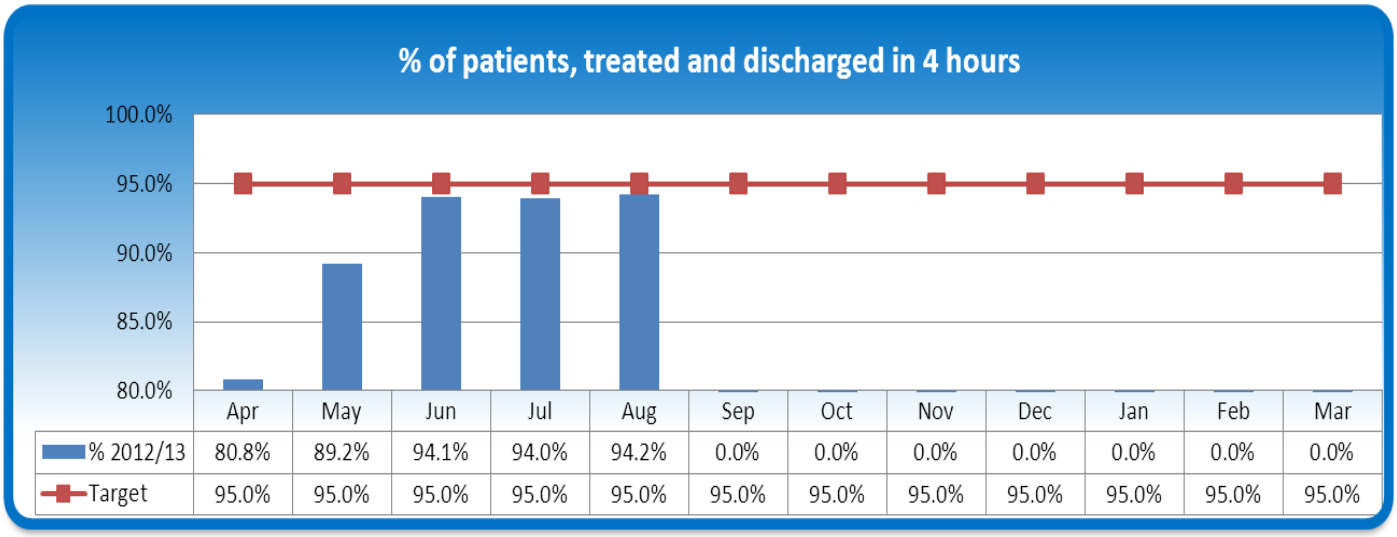
4.1 Emergency Care Performance

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 94.2% for August 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%	0.0%	0.0%	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

A Remedial Action Plan (RAP) remains in place between The Trust and Commissioners, following the contract query notice rose in April 2013. The action plan was originally developed around commissioner requested actions. The Trust has now been asked to feed into this plan and these actions now form part of a joint plan. The Trust has been awarded winter monies which will be used to support the achievement of 95% through a number of schemes.
The Trust has also received feedback from the Rapid Response Review Team. The Trust is currently developing action plans to tackle the issues that have been raised.

One 12 hour Trolley wait in A&E did occur in August. A full RCA has been written and learning's are currently being reviewed.

4.2 Choose and Book

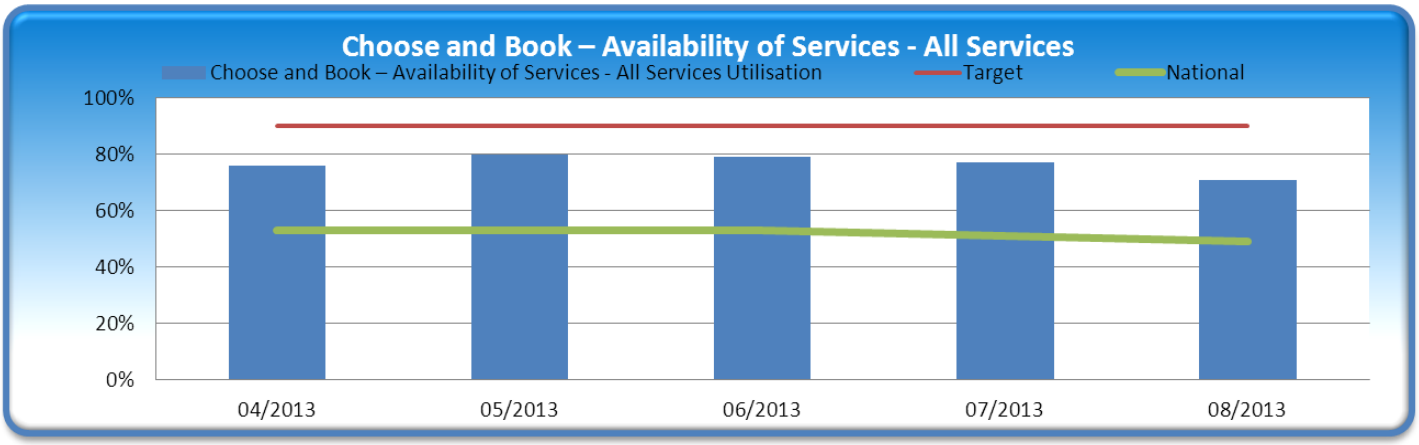
Choose and book performance against the booking target and Appointment Slot Issues (ASIs) ratio is detailed below. QEH performance is benchmarked against the national position. Performance is below the expected national and contractual position.

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 71% of its services available through Choose and Book.

Its ASI performance for August is 18%



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%

Operational Actions

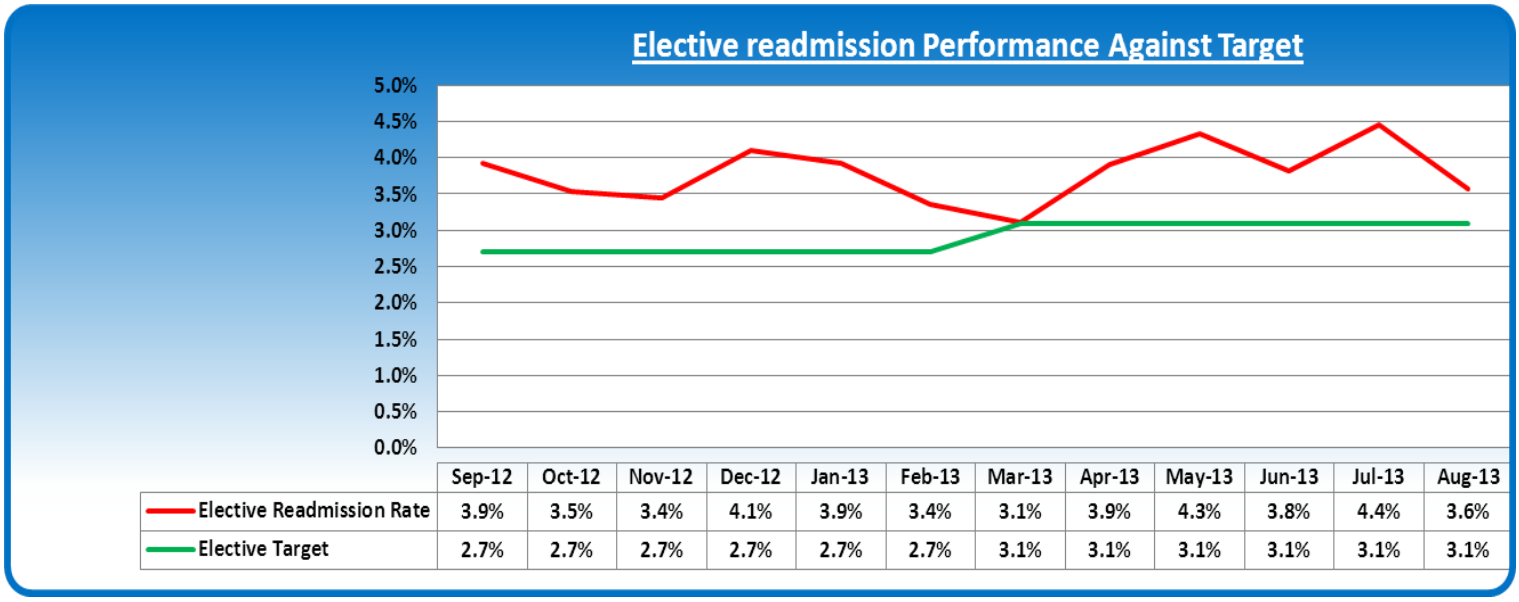
The summer holiday season has impacted on the availability of some consultants which in turn has led to slightly higher ASI's, however there has been a slight improvement from the previous month. PTL management of issues continue and we expect to see improvements in September 2013.

4.3 Readmission Rates – Emergency and Elective

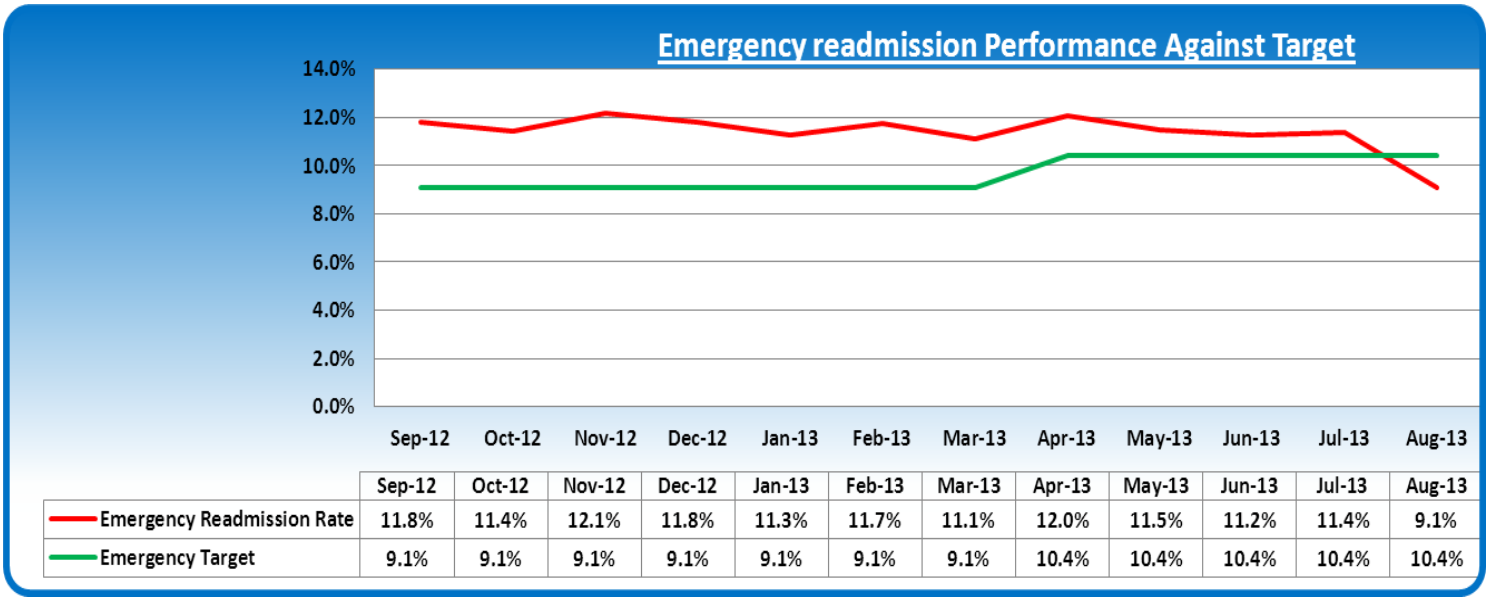
Readmission rate

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

The Elective Readmissions rate for August was above target with performance of 3.4%. Emergency readmissions for August were below target, with a performance of 9.1% against a target of 10.4%



	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Elective Readmission Rate	3.9%	3.5%	3.4%	4.1%	3.9%	3.4%	3.1%	3.9%	4.3%	3.8%	4.4%	3.6%
Elective Target	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%



	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Emergency Readmission Rate	11.8%	11.4%	12.1%	11.8%	11.3%	11.7%	11.1%	12.0%	11.5%	11.2%	11.4%	9.1%
Emergency Target	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	10.4%	10.4%	10.4%	10.4%	10.4%

4.4 18 weeks

RTT: Admitted and Non Admitted

Headline Measure:

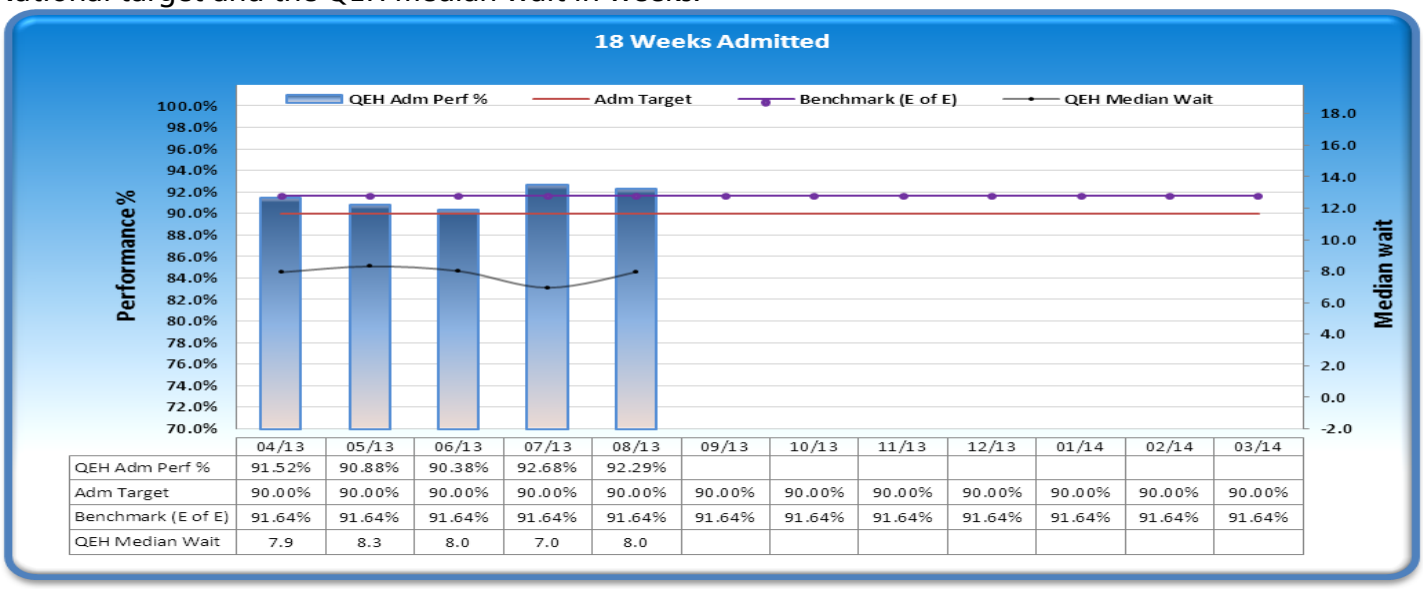
Referral to treatment waiting times – admitted (90% Target within 18 Weeks.)

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

Referral to treatment waiting times - Incompletes (92%)

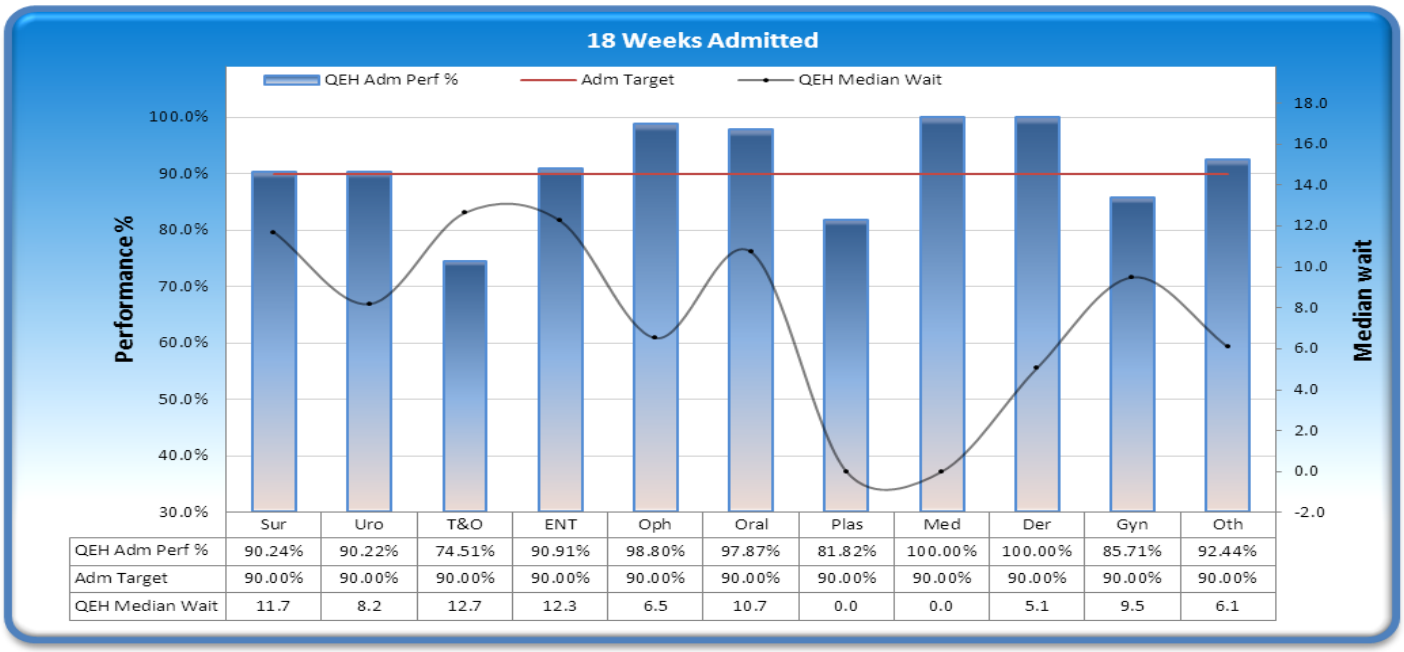
The Trust continues to achieve the 18 week RTT waiting times for admitted and non-admitted patients and incompleted episodes at trust level. The Trust has agreed recover trajectory's for ENT, T&O, Urology, Plastics, Gynaecology and General surgery. These are detailed below.

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.



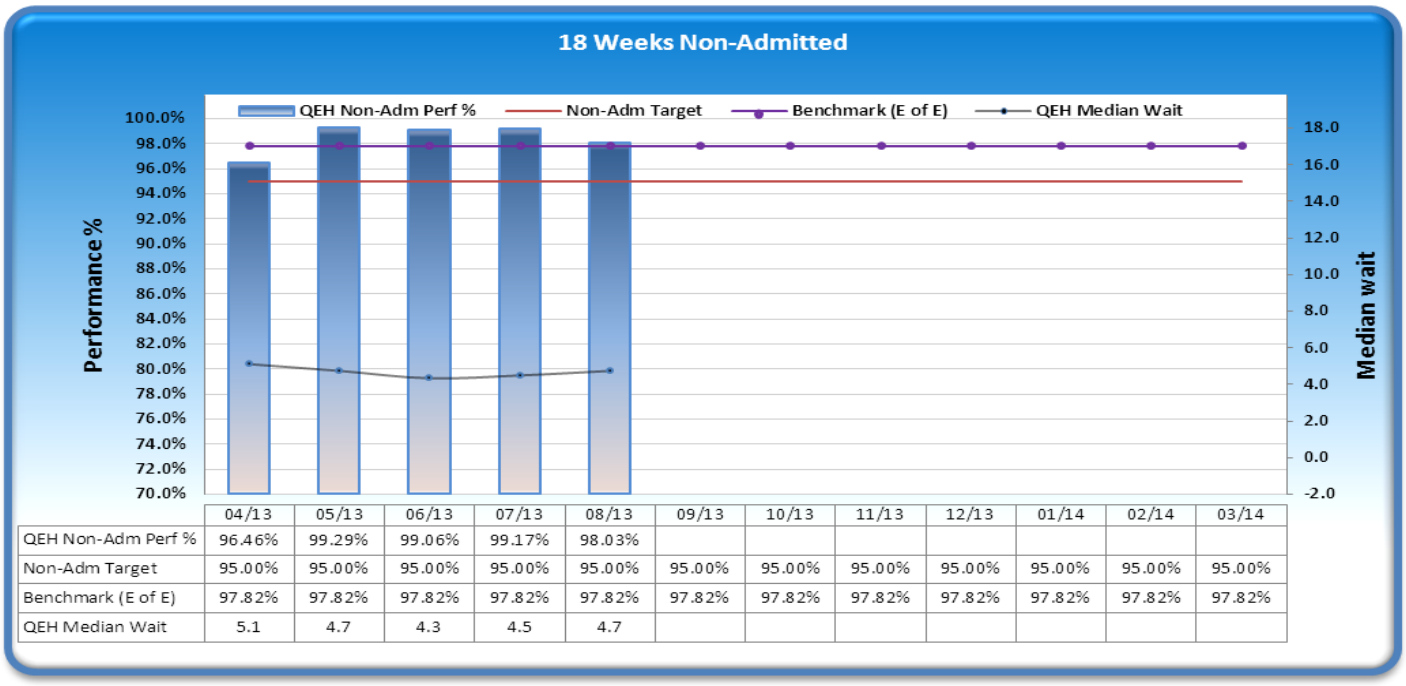
	04/13	05/13	06/13	07/13	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14
QEH Adm Perf %	91.52%	90.88%	90.38%	92.68%	92.29%							
Adm Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Benchmark (E of E)	91.64%	91.64%	91.64%	91.64%	91.64%	91.64%	91.64%	91.64%	91.64%	91.64%	91.64%	91.64%
QEH Median Wait	7.9	8.3	8.0	7.0	8.0							

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



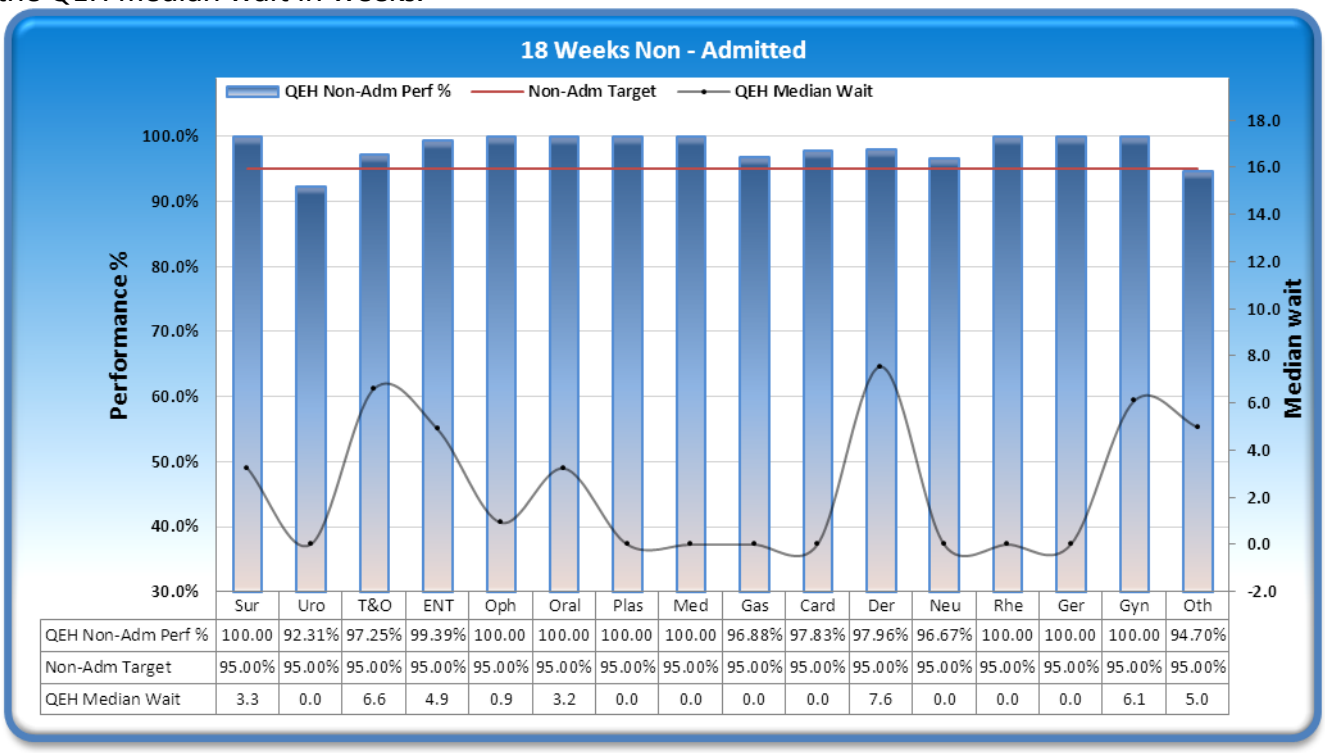
	Sur	Uro	T&O	ENT	Oph	Oral	Plas	Med	Der	Gyn	Oth
QEH Adm Perf %	90.24%	90.22%	74.51%	90.91%	98.80%	97.87%	81.82%	100.00%	100.00%	85.71%	92.44%
Adm Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
QEH Median Wait	11.7	8.2	12.7	12.3	6.5	10.7	0.0	0.0	5.1	9.5	6.1

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.



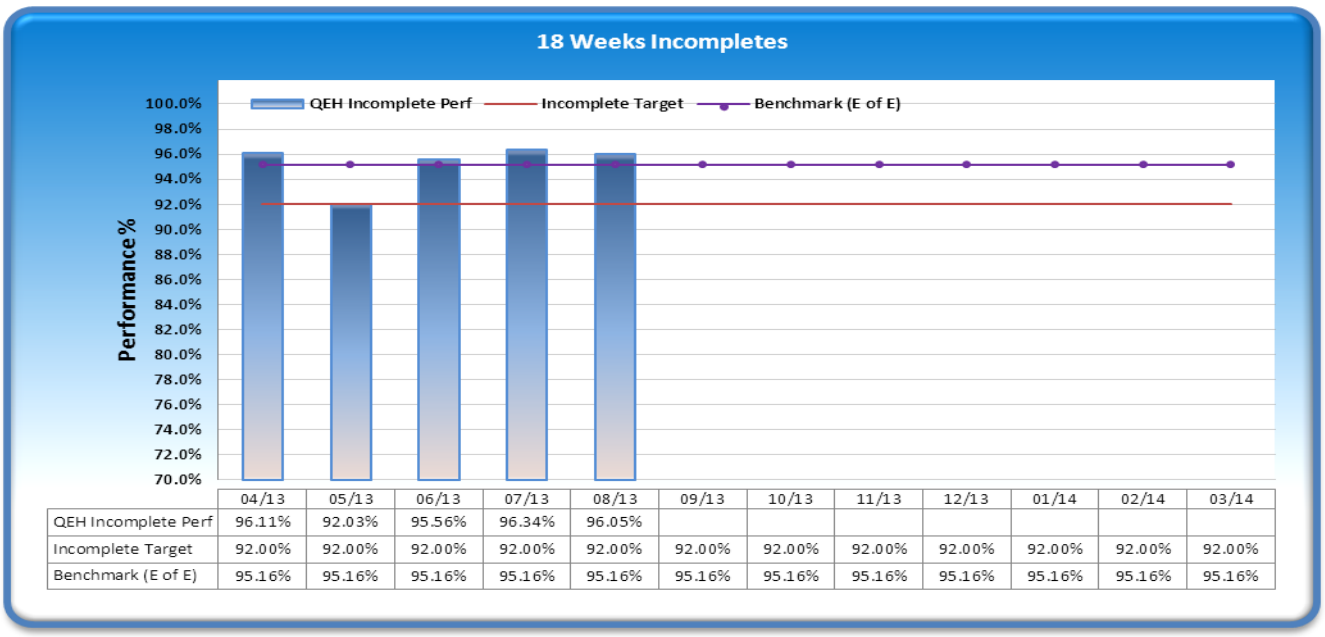
	04/13	05/13	06/13	07/13	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14
QEH Non-Adm Perf %	96.46%	99.29%	99.06%	99.17%	98.03%							
Non-Adm Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
Benchmark (E of E)	97.82%	97.82%	97.82%	97.82%	97.82%	97.82%	97.82%	97.82%	97.82%	97.82%	97.82%	97.82%
QEH Median Wait	5.1	4.7	4.3	4.5	4.7							

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



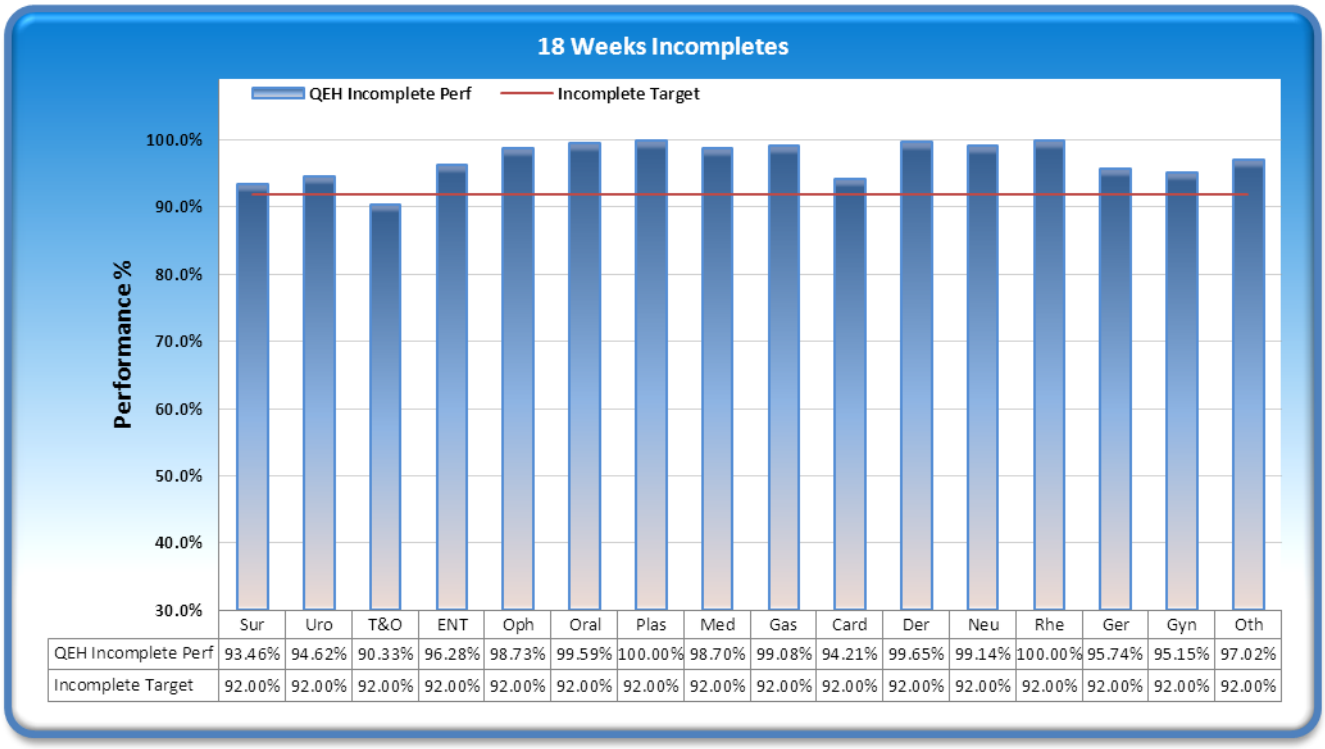
	Sur	Uro	T&O	ENT	Oph	Oral	Plas	Med	Gas	Card	Der	Neu	Rhe	Ger	Gyn	Oth
QEH Non-Adm Perf %	100.00	92.31%	97.25%	99.39%	100.00	100.00	100.00	100.00	96.88%	97.83%	97.96%	96.67%	100.00	100.00	100.00	94.70%
Non-Adm Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
QEH Median Wait	3.3	0.0	6.6	4.9	0.9	3.2	0.0	0.0	0.0	0.0	7.6	0.0	0.0	0.0	6.1	5.0

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%							
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 (E of E)	95.16%	95.16%	95.16%	95.16%	95.16%	95.16%	95.16%	95.16%	95.16%	95.16%	95.16%	95.16%

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	93.46%	94.62%	90.33%	96.28%	98.73%	99.59%	100.00%	98.70%	99.08%	94.21%	99.65%	99.14%	100.00%	95.74%	95.15%	97.02%
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%

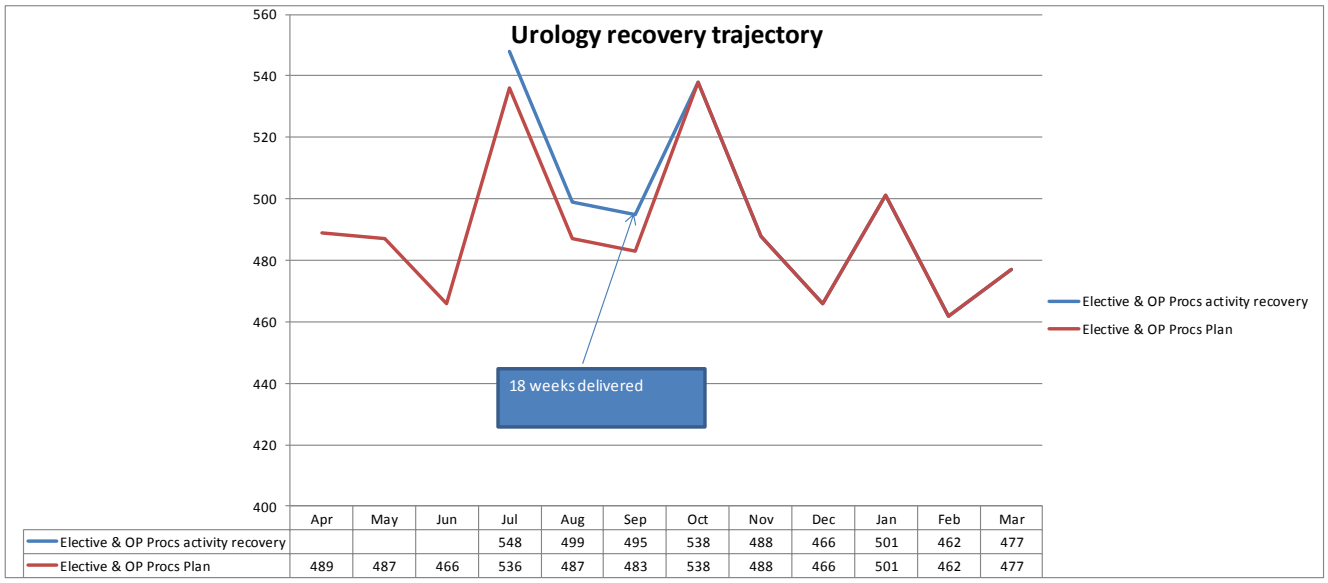
Recovery Trajectories

General Surgery

The Trust achieved 18 week performance for admitted patients in June 2013 and now expects to maintain above target performance.

Urology

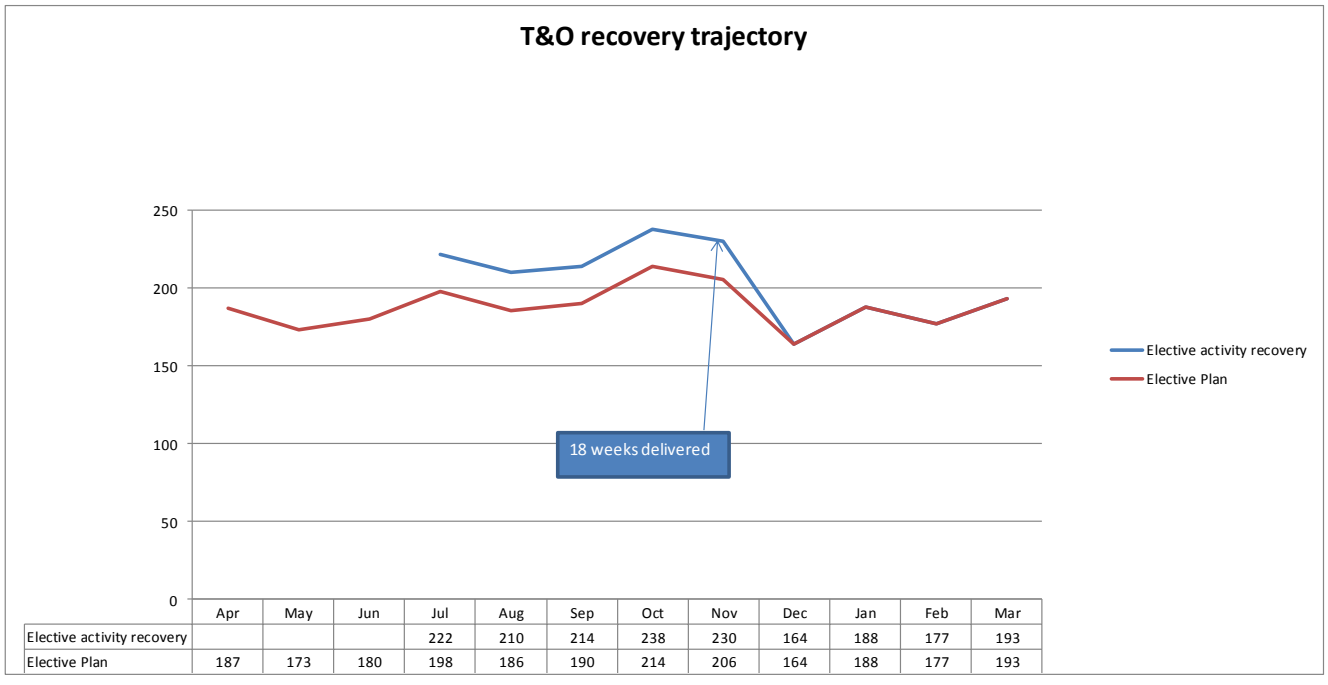
The Trust is expecting to achieve 18 week performance for admitted patients in September 2013. The graph below details the trajectory and activity plan for this period.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Elective & OP Procs activity recovery				548	499	495	538	488	466	501	462	477
Elective & OP Procs Plan	489	487	466	536	487	483	538	488	466	501	462	477

Trauma and Orthopaedics

The Trust is expecting to achieve 18 week performance for admitted patients in November 2013. Achievement for incomplete pathways will be made at the same point. The Graph below details the trajectory and activity plan for this period.



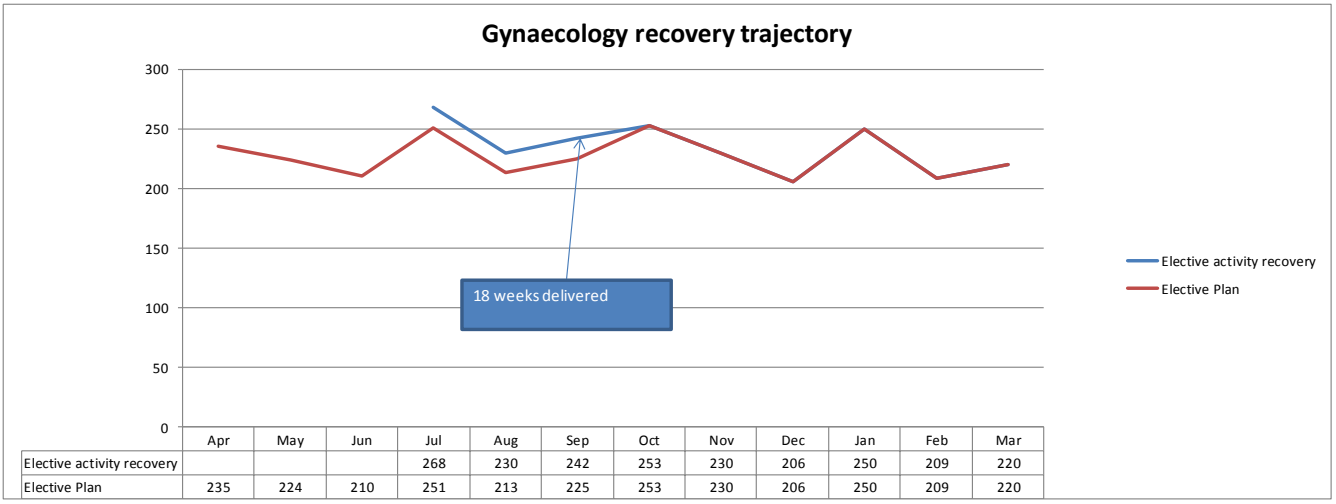
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Elective activity recovery				222	210	214	238	230	164	188	177	193
Elective Plan	187	173	180	198	186	190	214	206	164	188	177	193

Plastic Surgery

The Trust receives a very low number of plastic referrals each month (normally less than 7) that require an inpatient treatment, so there is no tolerance available for hitting the 90% admitted target. The Trust will continue to endeavour to treat all patients within 18 weeks, but requests Commissioners note that a number of situations outside the Trusts control (such as patient choice) can impact on the ability to achieve this target when there is absolutely no tolerance available.

Gynaecology

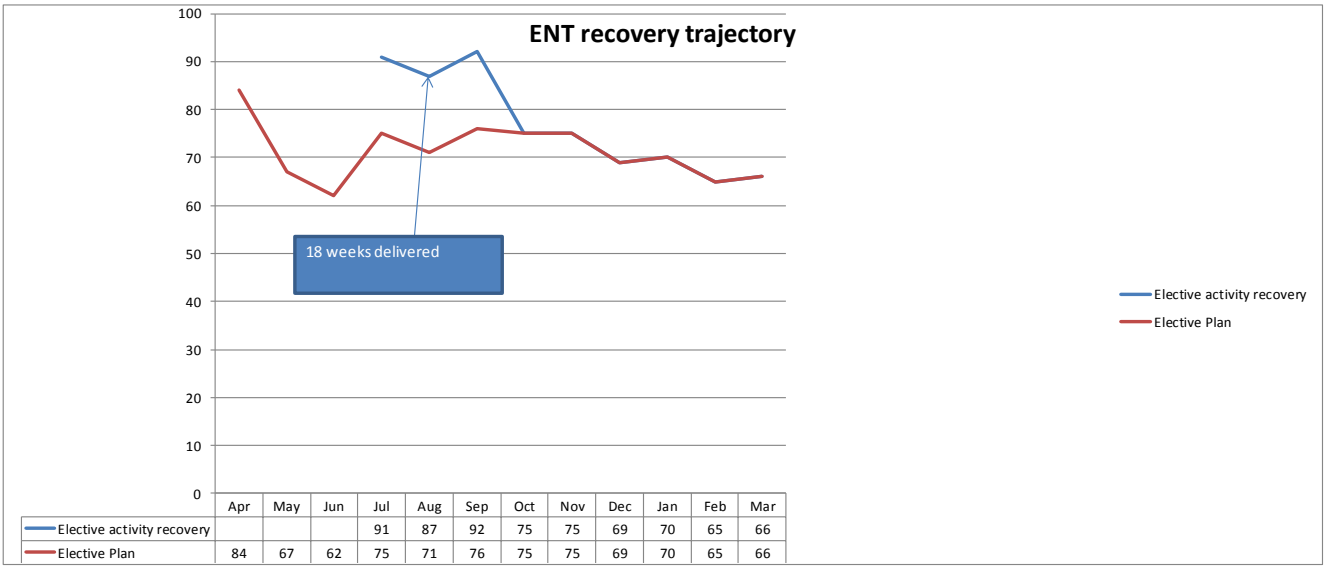
The Trust is expecting to achieve 18 week performance for admitted, non-admitted and incomplete pathways in September 2013. The graph below details the trajectory and activity plan for admitted patients.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Elective activity recovery				268	230	242	253	230	206	250	209	220
Elective Plan	235	224	210	251	213	225	253	230	206	250	209	220

Ear, Nose and Throat

The Trust is expecting to achieve 18 week performance for admitted patients in August 2013. The graph below details the trajectory and activity plan for this period.



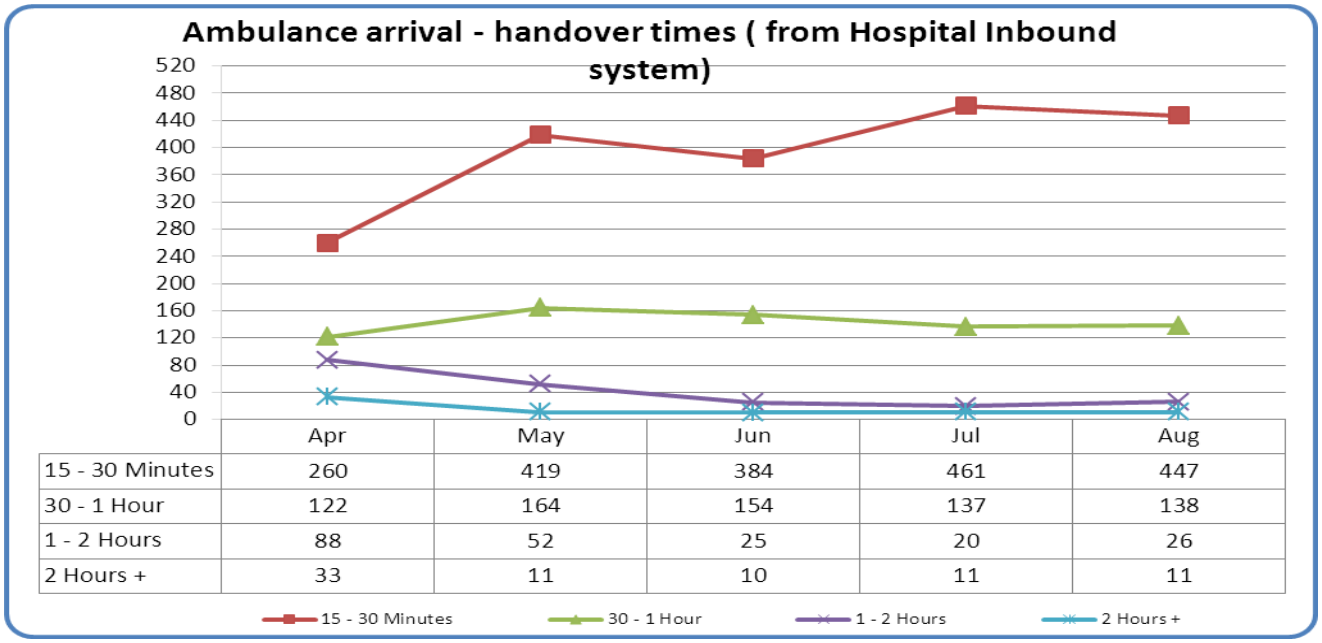
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Elective activity recovery				91	87	92	75	75	69	70	65	66
Elective Plan	84	67	62	75	71	76	75	75	69	70	65	66

4.5 Ambulance data

Ambulance data

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

The Ambulance turnaround <= 15 mins August is 45.1%, YTD is 55.2%.



	Apr	May	Jun	Jul	Aug
15 - 30 Minutes	260	419	384	461	447
30 - 1 Hour	122	164	154	137	138
1 - 2 Hours	88	52	25	20	26
2 Hours +	33	11	10	11	11

Ambulance arrival - handover times (from Hospital Inbound system)

	Apr	May	Jun	QTR1	Jul	Aug
0 - 15 Minutes	568	738	797	2103	804	758
15 - 30 Minutes	260	419	384	1063	461	447
30 - 1 Hour	122	164	154	440	137	138
1 - 2 Hours	88	52	25	165	20	26
2 Hours +	33	11	10	54	11	11
Total	1071	1384	1370	3825	1433	1380

Ambulance Information	
	Potential fine
0 - 15 Minutes	£0 Per Case
15 - 30 Minutes	£0 Per Case
30 - 1 Hour	£200 Per Case
1 - 2 Hours	£1000 Per Case
2 Hours +	£1000 Per Case

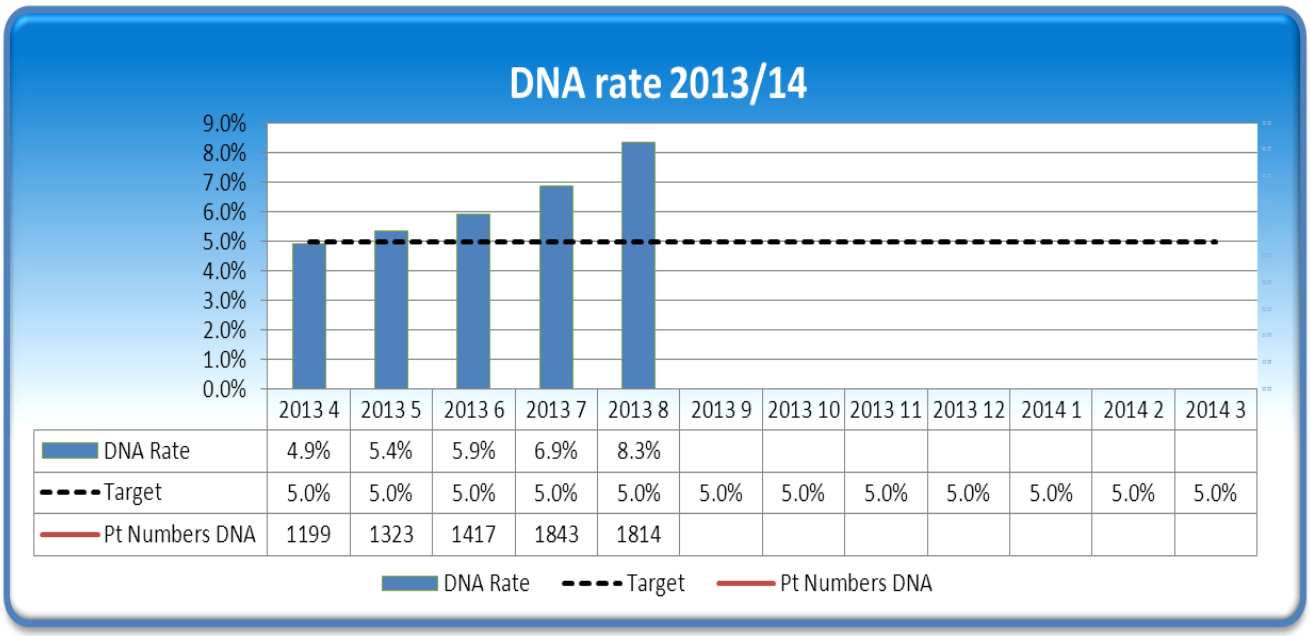
The Trust had a further meeting with the Ambulance Trust and Commissioners in August 2013. At this meeting solutions were discussed around the data collection proposed by the Trust, details are currently being finalised.

4.6 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 is 3.3% 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	4.9%	5.4%	5.9%	6.9%	8.3%							
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%
Pt Numbers DNA	1199	1323	1417	1843	1814							

Operational Actions

DNA rates have increased to 8.3% in August 2013. Following investigations into the high DNA percentage it has been found that whilst the summer holidays has had an impact (which is a trend we have not seen in the past), it does also correspond to the suspension of the Chronos call reminding service.
The evaluation of the impact of the suspension of Chronos is being presented to the Out Patient Programme Board with a recommended way forwards.

5 SUMMARY INCOME & EXPENDITURE POSITION

For the month the Trust delivered negative £0.392m EBITDA against a plan of £0.457m, an under delivery of £0.849m. Cumulatively the Trust is now behind its planned EBTIDA by £2.026m. Cumulative EBITDA margin was planned to be 2.2%, but is now negative 0.7%, an under achievement of 2.9%.

For the month the Trust made a loss of £1.201m against a planned loss of £0.181m, an underachievement of £1.020m. Cumulatively the Trust deficit is £3.816m, a greater deficit position than originally planned by £1.879m.

Whilst clinical income had been achieving to the monthly plan for June & July, in August this was significantly off track by £0.402m. Operational pressure and premium costs to deliver clinical activity levels continue to impact negatively on EBITDA.

In the month pay costs were £9.653m, the previous month's forecast spend in August for pay was £9.661m. Whist the actual spend of £9.653m is £0.264m in excess of original plan due to non delivery of BSP savings, £0.159m and additional medical agency costs of £0.304m. Other vacancies account for the balance. From a forecast and run rate perspective this is as per expectations by being £8k less than expected for the month.

In the month operational non pay costs were £3.377m, the previous month's forecast operational non pay spend for August was £3,360m. Whist the actual spend of £3.377m is £0.212m in excess of original plan due to the early termination of a microbiology agreement, £0.098m, pathology consumables £0.039m, one to one patient supervision cost of £0.018m and unachieved BSP savings £0.032m. From a forecast and run rate perspective this is as per expectations by being marginally, £14k greater, than expected for the month.

Non delivery of BSP schemes in August has caused a total of £0.251m adverse variance in the month. Cumulatively the Business Sustainability Programme has delivered £1.879m savings against the Trust's board approved financial plan of £2.546m. This is an under achievement of £0.667m, additional detail of individual scheme performance is included in the BSP report.

The forecast deficit for the Trust is £5.8m, which includes an expectation of BSP savings of £8.0m for the year. Key movements in forecast between July and August are associated with clinical income pricing variances of £200k, primarily associated with outpatient procedure activity and £186k on other activities and income reductions e.g. removal of the Norfolk TOPs service.

Forecast expenditure on pay has deteriorated by £405k. Of this sum, £267k is due to revised BSP forecasts and the balance is due to additional nursing and medical staff costs to mitigate quality concerns. Non pay expenditure forecasts have deteriorated by £413k, primarily associated with run-rate forecasts for pathology consumables and £80k of additional energy costs have been forecast due to the precarious nature of the Trusts CHP plant. £180k of the increased expenditure forecast is matched by additional income and hence does not impact on EBITDA.

Risk to the forecast is associated with the catch up of clinical income assumptions, £2.0m, specific clinical income risks for CQUIN delivery and contracting issues of £0.6m and pay, non pay and other income BSP savings risk of £2.4m.

In terms of planned income risk the teams are reviewing activity trajectories. We are mid-way through the sustainability work with PWC and will be assessing a mitigated position in the October forecast. As these mitigations are not quantified at this stage, the forecast remains at £5.8m with a clear risk that if mitigating savings are not identified the forecast deficit will deteriorate.

The imperative to have short and longer term sustainability actions in the context of ensuring we deliver high quality services remains an imperative for the Trust.

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		YTD	
					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	
C.difficile year on year reduction		19	1.0		1		1		4		1		0		7	
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%				99.1%	
	Surgery	94%	1.0		100.0%		100.0%		100.0%		100.0%				100.0%	
	Radiotherapy (from 1 January 2011)	94%	1.0		n/a		n/a		n/a		n/a				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%				96.4%	
	Urgent GP Referral To Treatment	85%	1.0		86.7%		89.2%		87.1%		94.7%				89.6%	
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%		90.6%	
Referral to treatment waiting times – admitted (90% Target within 18 Weeks)		90%	1.0		91.5%		90.9%		90.4%		92.7%				91.4%	
Referral to treatment waiting times – non-admitted (95% Target Within 18 Weeks)		95%	1.0		96.5%		99.3%		99.1%		99.2%				98.5%	
Referral to treatment waiting times – Incomplete (92% Target Within 18 Weeks)		92%	1.0		96.1%		92.0%		95.6%		96.3%				92.3%	
31-Day (Diagnosis To Treatment) Wait For First Treatment	All cancers	96%	0.5		100.0%		100.0%		97.9%		99.2%				99.3%	
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%				98.1%	
	For symptomatic breast patients (cancer not initially suspected)	93%	0.5		100.0%		99.0%		97.7%		95.8%				98.0%	
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	
	Having formal review within 12 months	95%	0.5		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	
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	
Mental Health Data completeness: identifiers		97%	0.5		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	
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	
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	
Self certification against compliance with requirements regarding access to healthcare for people with a lea		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		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												

BOARD REPORT APPENDIX 2 – NURSING RATIOS

Ward V		09/09/2013 Mon			10/09/2013 Tue			11/09/2013 Wed			12/09/2013 Thu			13/09/2013 Fri			14/09/2013 Sat			15/09/2013 Sun		
		Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift
NEONATAL INTENSIVE CARE UNIT	No. of trained Nurses	1		1	1		1	1		1	1		1	1		1	1		1	1		1
	No. of Reg'd Nurses	3		3	3		3	3		3	3		3	3		3	3		3	3		3
	Total No. of trained + Reg'd Nurses	4		4	4		4	4		4	4		4	4		4	4		4	4		4
	Ratio of Beds/Nurses	4.0		4.0	4.0		4.0	4.0		4.0	4.0		4.0	4.0		4.0	4.0		4.0	4.0		4.0
	No. of established beds	12			12			12			12			12			12			12		
	Delayed Transfer of Care	0			0			0			0			0			0			0		
	No. of Medically Fit	0			0			0			0			0			0			0		
	No. of discharges (inc tranfers to other wards)	0			0			0			2			0			1			0		
	No. of discharges (exc transfers to other wards)	0			0			0			2			0			1			0		
CRITICAL CARE	No. of trained Nurses	1	1	0	2	1	0	1	1	0	1	1	0	1	1	0	1	0	0	1	0	0
	No. of Reg'd Nurses	9	9	8	9	9	8	9	9	8	8	8	8	7	7	7	8	8	7	7	7	8
	Total No. of trained + Reg'd Nurses	10	10	8	11	10	8	10	10	8	9	9	8	8	8	7	9	8	7	8	7	8
	Ratio of Beds/Nurses	1.4	1.4	1.6	1.4	1.4	1.6	1.4	1.4	1.6	1.6	1.6	1.6	1.9	1.9	1.9	1.6	1.6	1.9	1.9	1.9	1.6
	No. of established beds	13			13			13			13			13			13			13		
	Delayed Transfer of Care	0			0			0			0			0			0			0		
	No. of Medically Fit	0			0			0			0			0			0			0		
	No. of discharges (inc tranfers to other wards)	3			3			5			3			3			2			0		
	No. of discharges (exc transfers to other wards)	0			0			1			0			0			1			0		
CORONARY CARE	No. of trained Nurses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. of Reg'd Nurses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Total No. of trained + Reg'd Nurses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Ratio of Beds/Nurses	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
	No. of established beds	3			3			3			3			3			3			3		
	Delayed Transfer of Care	0			0			0			0			0			0			0		
	No. of Medically Fit	0			0			0			0			0			0			0		
	No. of discharges (inc tranfers to other wards)	1			1			2			1			1			0			1		
	No. of discharges (exc transfers to other wards)	0			1			0			1			0			0			1		
SHOULDHAM	No. of trained Nurses	0	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1
	No. of Reg'd Nurses	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	Total No. of trained + Reg'd Nurses	2	3	3	4	3	3	4	3	3	4	3	3	4	3	3	4	3	3	4	3	3
	Ratio of Beds/Nurses	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
	No. of established beds	12			12			12			12			12			12			12		
	Delayed Transfer of Care	0			0			0			0			0			0			0		
	No. of Medically Fit	0			0			0			0			0			0			0		
	No. of discharges (inc tranfers to other wards)	1			1			1			2			6			1			2		
	No. of discharges (exc transfers to other wards)	1			1			1			2			6			1			1		
RUDHAM WARD	No. of trained Nurses	1		1	1		1	1		1	1		1	1		1	1		1	1		1
	No. of Reg'd Nurses	5		3	5		3	5		3	5		3	5		3	5		3	5		3
	Total No. of trained + Reg'd Nurses	6		4	6		4	6		4	6		4	6		4	6		4	6		4
	Ratio of Beds/Nurses	3.4		5.7	3.4		5.7	3.4		5.7	3.4		5.7	3.4		5.7	3.4		5.7	3.4		5.7
	No. of established beds	17			17			17			17			17			17			17		
	Delayed Transfer of Care	0			0			0			0			0			0			0		
	No. of Medically Fit	0			0			0			0			0			0			0		
	No. of discharges (inc tranfers to other wards)	6			6			6			6			4			5			7		
	No. of discharges (exc transfers to other wards)	5			6			6			6			4			5			7		
DENVER WARD	No. of trained Nurses	3	3	2	4	3	2	4	3	2	4	3	1	3	2	2	3	4	2	4	3	2
	No. of Reg'd Nurses	4	4	2	4	4	2	3	4	3	4	3	3	4	4	2	4	4	2	4	3	2
	Total No. of trained + Reg'd Nurses	7	7	4	8	7	4	7	7	5	8	6	4	7	6	4	7	8	4	8	6	4
	Ratio of Beds/Nurses	7.0	7.0	14.0	7.0	7.0	14.0	9.3	7.0	9.3	7.0	9.3	9.3	7.0	7.0	14.0	7.0	7.0	14.0	7.0	9.3	14.0
	No. of established beds	28			28			28			28			28			28			28		
	Delayed Transfer of Care	0			0			0			1			1			1			1		
	No. of Medically Fit	1			1			1			2			2			2			2		
	No. of discharges (inc tranfers to other wards)	5			8			8			8			8			7			3		
	No. of discharges (exc transfers to other wards)	5			7			8			8			8			7			3		

		09/09/2013			10/09/2013			11/09/2013			12/09/2013			13/09/2013			14/09/2013			15/09/2013		
		Mon			Tue			Wed			Thu			Fri			Sat			Sun		
Ward V		Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift
ELM WARD	No. of trained Nurses	2	2	2	2	2	2	2	2	2	3	3	2	3	1	1	2	1	1	2	1	2
	No. of Reg'd Nurses	4	4	2	4	4	2	5	5	2	3	4	2	4	4	2	3	2	2	3	3	2
	Total No. of trained + Reg'd Nurses	6	6	4	6	6	4	7	7	4	6	7	4	7	5	3	5	3	3	5	4	4
	Ratio of Beds/Nurses	8.3	8.3	16.5	8.3	8.3	16.5	6.6	6.6	16.5	11.0	8.3	16.5	8.3	8.3	16.5	11.0	16.5	16.5	11.0	11.0	16.5
	No. of established beds		33			33			33			33			33			33			33	
	Delayed Transfer of Care		0			1			0			0			0			0			0	
	No. of Medically Fit		1			1			0			0			0			0			0	
	No. of discharges (inc tranfers to other wards)		12			18			18			20			21			6			3	
	No. of discharges (exc transfers to other wards)		11			15			15			17			20			6			2	
GAYTON WARD	No. of trained Nurses	3	3	2	5	3	2	5	2	3	5	3	3	4	2	2.5	4	3	3.5	5	4	3
	No. of Reg'd Nurses	6	7	3	5	7	3	5	6	3	5	6	3	7	5	3	5	5	3	5	4	3
	Total No. of trained + Reg'd Nurses	9	10	5	10	10	5	10	8	6	10	9	6	11	7	5.5	9	8	6.5	10	8	6
	Ratio of Beds/Nurses	5.7	4.9	11.3	6.8	4.9	11.3	6.8	5.7	11.3	6.8	5.7	11.3	4.9	6.8	11.3	6.8	6.8	11.3	6.6	8.3	11.0
	No. of established beds		34			34			34			34			34			34			33	
	Delayed Transfer of Care		2			5			2			2			3			3			3	
	No. of Medically Fit		6			9			10			7			9			9			9	
	No. of discharges (inc tranfers to other wards)		6			4			7			6			10			1			4	
	No. of discharges (exc transfers to other wards)		6			2			4			6			8			1			3	
LEVERINGTON ASSESSMENT UNIT	No. of trained Nurses	1	2	1	2	2	1	1	1	1	1	1	2	1	1	1	2	1	1	1	1	1
	No. of Reg'd Nurses	2	3	2	2	3	2	2	2	2	2	2	2	2	2	2	3	2	2	2	2	2
	Total No. of trained + Reg'd Nurses	3	5	3	4	5	3	3	3	3	3	3	4	3	3	3	5	3	3	3	3	3
	Ratio of Beds/Nurses	6.5	4.3	6.5	6.5	4.3	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	4.3	6.5	6.5	6.5	6.5	6.5
	No. of established beds		13			13			13			13			13			13			13	
	Delayed Transfer of Care		0			0			0			0			0			0			0	
	No. of Medically Fit		0			0			0			0			0			0			0	
	No. of discharges (inc tranfers to other wards)		21			18			21			12			24			21			14	
	No. of discharges (exc transfers to other wards)		4			10			12			4			12			7			6	
LEVERINGTON ESCALATION WARD	No. of trained Nurses	1	2	2	3	2	2	3	1	2	2	1	1	1	2	1	3	2	1	2	2	2
	No. of Reg'd Nurses	5	5	2	4	5	2	3	4	2	4	6	2	5	3	2	3	3	2	3	3	2
	Total No. of trained + Reg'd Nurses	6	7	4	7	7	4	6	5	4	6	7	3	6	5	3	6	5	3	5	5	4
	Ratio of Beds/Nurses	3.8	3.8	9.5	4.8	3.8	9.5	6.3	4.8	9.5	4.8	3.2	9.5	3.8	6.3	9.5	6.3	6.3	9.5	6.3	6.3	9.5
	No. of established beds		19			19			19			19			19			19			19	
	Delayed Transfer of Care		0			0			0			0			0			0			0	
	No. of Medically Fit		0			0			0			0			0			0			0	
	No. of discharges (inc tranfers to other wards)		8			3			6			5			4			1			2	
	No. of discharges (exc transfers to other wards)		5			3			6			5			4			1			2	
MEDICAL ASSESSMENT UNIT	No. of trained Nurses	1	2	1	1	2	1	1	1	1	1	1	1	2	1	1	2	1	1	1	2	1
	No. of Reg'd Nurses	5	5	5	5	5	5	4	5	4	5	6	3.5	4	4	4	4	4	3.5	3	4.5	4
	Total No. of trained + Reg'd Nurses	6	7	6	6	7	6	5	6	5	6	7	4.5	6	5	5	6	5	4.5	4	6.5	5
	Ratio of Beds/Nurses	3.8	3.8	3.8	3.8	3.8	3.8	4.8	3.8	4.8	3.8	3.2	5.4	4.8	4.8	4.8	4.8	4.8	5.4	6.3	4.2	4.8
	No. of established beds		19			19			19			19			19			19			19	
	Delayed Transfer of Care		0			0			0			0			0			0			0	
	No. of Medically Fit		0			0			0			0			0			0			0	
	No. of discharges (inc tranfers to other wards)		31			29			37			39			30			45			24	
	No. of discharges (exc transfers to other wards)		7			9			9			10			5			10			4	
NECTON	No. of trained Nurses	3	2	3	4	2	3	4	4	2	5	2	2	5	3	3	3	3	2	4	4	3
	No. of Reg'd Nurses	3	4	2	4	4	3	4	3	2.5	4	4	3	4	4	3	5	4	3	4	3	3
	Total No. of trained + Reg'd Nurses	6	6	5	8	6	6	8	7	4.5	9	6	5	9	7	6	8	7	5	8	7	6
	Ratio of Beds/Nurses	11.3	8.5	17.0	8.5	8.5	11.3	8.5	11.3	13.6	8.5	8.5	11.3	8.5	8.5	11.3	6.8	8.5	11.3	8.5	11.3	11.3
	No. of established beds		34			34			34			34			34			34			34	
	Delayed Transfer of Care		3			4			2			2			3			3			3	
	No. of Medically Fit		10			13			12			11			12			12			12	
	No. of discharges (inc tranfers to other wards)		3			4			4			7			5			2			1	
	No. of discharges (exc transfers to other wards)		3			2			3			4			5			1			1	

Ward V		09/09/2013 Mon			10/09/2013 Tue			11/09/2013 Wed			12/09/2013 Thu			13/09/2013 Fri			14/09/2013 Sat			15/09/2013 Sun		
		Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift	Day Shift	Late Shift	Night Shift
OXBOROUGH	No. of trained Nurses	2	4	3	3	4	4	4	2	3	3	2	3	3	3	2.5	3	2	2	5	4	2.5
	No. of Reg'd Nurses	4	2	2	4	2	2	4	4	3	4	4	3	5	4	3	4	4	3	4	4	3
	Total No. of trained + Reg'd Nurses	6	6	5	7	6	6	8	6	6	7	6	6	8	7	5.5	7	6	5	9	8	5.5
	Ratio of Beds/Nurses	8.3	16.5	16.5	8.3	16.5	16.5	8.3	8.3	11.0	8.3	8.3	11.0	6.6	8.3	11.0	8.3	8.3	11.0	7.5	7.5	10.0
	No. of established beds		33			33			33			33			33			33			30	
	Delayed Transfer of Care		1			1			0			1			1			1			1	
	No. of Medically Fit		9			9			9			9			8			8			8	
	No. of discharges (inc tranfers to other wards)		4			3			4			3			1			4			1	
	No. of discharges (exc transfers to other wards)		4			2			2			2			1			4			1	
PENTNEY WARD	No. of trained Nurses	3	2	3	2	2	1	4	1	1.5	3	4	1	5	2	1.5	5	2	2	6	3	3
	No. of Reg'd Nurses	4	4	2	6	4	2	4	5	3	5	6	3	5	4	3	4	4	3	4	4	3
	Total No. of trained + Reg'd Nurses	7	6	5	8	6	3	8	6	4.5	8	10	4	10	6	4.5	9	6	5	10	7	6
	Ratio of Beds/Nurses	8.3	8.3	16.5	5.5	8.3	16.5	8.3	6.6	11.0	6.6	5.5	11.0	6.6	8.3	11.0	8.3	8.3	11.0	8.3	8.3	11.0
	No. of established beds		33			33			33			33			33			33			33	
	Delayed Transfer of Care		2			2			1			1			1			1			1	
	No. of Medically Fit		6			6			5			10			9			9			9	
	No. of discharges (inc tranfers to other wards)		5			6			2			11			6			1			2	
	No. of discharges (exc transfers to other wards)		4			4			2			4			5			1			0	
STANHOE WARD	No. of trained Nurses	3	4	3	2	4	2	4	4	3	4	4	3	4	3	3	4	4	2	5	2	3
	No. of Reg'd Nurses	4	4	3	6	4	3	5	4	3	5	4	3	4	4	3	4	4	3	4	5	3
	Total No. of trained + Reg'd Nurses	7	8	6	8	8	5	9	8	6	9	8	6	8	7	6	8	8	5	9	7	6
	Ratio of Beds/Nurses	7.0	7.0	9.3	4.7	7.0	9.3	5.6	7.0	9.3	5.6	7.0	9.3	7.0	7.0	9.3	7.0	7.0	9.3	7.0	5.6	9.3
	No. of established beds		28			28			28			28			28			28			28	
	Delayed Transfer of Care		0			0			0			0			0			0			0	
	No. of Medically Fit		2			2			2			1			0			0			0	
	No. of discharges (inc tranfers to other wards)		3			3			7			2			1			2			2	
	No. of discharges (exc transfers to other wards)		1			2			5			1			1			1			0	
TERRINGTON	No. of trained Nurses	2	2	2	2	2	2	2	2	2.5	3	2	3	2	3	2	3	3	3	2	2	2
	No. of Reg'd Nurses	4	4	2	5	4	3	5	5	3	5	5	3.5	5	4	3	4.5	5	3	5	5	3
	Total No. of trained + Reg'd Nurses	6	6	4	7	6	5	7	7	5.5	8	7	6.5	7	7	5	7.5	8	6	7	7	5
	Ratio of Beds/Nurses	8.5	8.5	17.0	6.8	8.5	11.3	6.8	6.8	11.3	6.8	6.8	9.7	6.8	8.5	11.3	7.6	6.8	11.3	6.8	6.8	11.3
	No. of established beds		34			34			34			34			34			34			34	
	Delayed Transfer of Care		0			0			0			0			0			0			0	
	No. of Medically Fit		0			0			2			2			3			3			3	
	No. of discharges (inc tranfers to other wards)		20			10			18			14			18			13			8	
	No. of discharges (exc transfers to other wards)		12			8			16			12			13			10			8	
TILNEY WARD	No. of trained Nurses	2	2	2	2	2	1	2	2	2	2	1	1	2	2	1.5	3	2	1	2	2	1
	No. of Reg'd Nurses	3	3	3	4	3	3	4	4	3	5	2	3	4	3	3	3	4	3	4	4	2
	Total No. of trained + Reg'd Nurses	5	5	5	6	5	4	6	6	5	7	3	4	6	5	4.5	6	6	4	6	6	3
	Ratio of Beds/Nurses	9.0	9.0	9.0	6.8	9.0	9.0	6.8	6.8	9.0	5.4	13.5	9.0	6.8	9.0	9.0	9.0	6.8	9.0	6.8	6.8	13.5
	No. of established beds		27			27			27			27			27			27			27	
	Delayed Transfer of Care		0			0			1			0			1			1			1	
	No. of Medically Fit		1			0			1			2			4			4			4	
	No. of discharges (inc tranfers to other wards)		7			4			5			8			4			1			5	
	No. of discharges (exc transfers to other wards)		5			3			3			8			3			1			5	
WEST RAYNHAM WARD	No. of trained Nurses	1	3	1	4	3	1	3	2	2	5	3	1.5	3	2	1	4	3	3	4	2	2
	No. of Reg'd Nurses	4	5	3	4	5	3	5	3	2.5	3	3	3	4	3.5	3.5	4	4	3	4	4	3
	Total No. of trained + Reg'd Nurses	5	8	4	8	8	4	8	5	4.5	8	6	4.5	7	5.5	4.5	8	7	6	8	6	5
	Ratio of Beds/Nurses	7.3	5.8	9.7	7.3	5.8	9.7	5.8	9.7	11.6	9.7	9.7	9.7	7.3	8.3	8.3	7.3	7.3	9.7	7.3	7.3	9.7
	No. of established beds		29			29			29			29			29			29			29	
	Delayed Transfer of Care		1			1			1			1			2			2			2	
	No. of Medically Fit		2			2			4			5			5			5			5	
	No. of discharges (inc tranfers to other wards)		5			6			3			2			5			1			4	
	No. of discharges (exc transfers to other wards)		3			2			3			1			4			1			0	
CASTLEACRE WARD	No. of trained Nurses	2		1	2		1	2		1	2		1	2		1	2		1	2		1
	No. of Reg'd Nurses	3		3	3		3	3		3	3		3	3		3	3		3	3		3
	Total No. of trained + Reg'd Nurses	5		4	5		4	5		4	5		4	5		4	5		4	5		4
	Ratio of Beds/Nurses	7.0		7.0	7.0		7.0	7.0		7.0	7.0		7.0	7.0		7.0	7.0		7.0	7.0		7.0
	No. of established beds		21			21			21			21			21			21			21	
	Delayed Transfer of Care		0			0			0			0			0			0			0	
	No. of Medically Fit		0			0			0			0			0			0			0	
	No. of discharges (inc tranfers to other wards)		10			12			6			5			7			11			3	
	No. of discharges (exc transfers to other wards)		8			10			3			5			4			7			2	