

# Public Board Meeting Report

**Subject:** Single Oversight Framework Integrated Performance Report  
**Date:** 22<sup>nd</sup> February 2017  
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## QUALITY, SAFETY AND PATIENT EXPERIENCE

### FALLS

**Context:** The measure within the SOF dashboard considers falls per 1000 OBDs measured by moderate harm and above only.

The trust continues to demonstrate a falls rate (by this measure) which is lower than the national level. However a slight increase has been identified during November and December. Comparison of all falls with harm shows a decrease in December from November with a reducing percentage of falls per 1000 bed days compared to the equivalent point 13 months previously. The current Trust figure for all falls December 2016 is 6.00. The National average is currently 6.63.

Appropriate identification of patients who receive the correct plan of care with appropriate supportive measures is critical to ensuring safety. In addition to improvement programmes across the Trust, bespoke work is being undertaken in areas where the patient group is specifically at risk of falls e.g. Health Care of Older People, orthopaedic trauma, rehabilitation.

### HARM FREE CARE

**Context:** This is an accumulated point prevalence measure of 4 potential harms (falls, pressure ulcers, VTE, Catheter Acquired UTIs).

The harm free care rate continued to show an overall positive trend over the 12 month period to December 2016. The rate fell from 96.72% in November to 95.42% in December, which correlates with an increase in the rate of patient falls with harm that month; The Trust continues to exceed the national threshold of 95%.

## **FRIENDS AND FAMILY TEST**

**Context:** National reporting measure of patient recommendation of care and treatment.

The response rates for both A&E and Inpatients Friends and Family Tests remain below the standards set internally; although both trends show that rates are increasing, if the rate of change remains the same they are unlikely to reach the standards in the near future.

Teams continue to be supported to increase the response rates by corporate nursing, patient experience teams and the Trust volunteers. The weekly reports are received by wards and departments and FFT is reviewed at Divisional Performance meetings. Data continues to be collected via various mechanisms, including text messaging in ED, iPad's and paper format. A QR code which links directly to the FFT web page is in place and is being widely displayed.

## **SAFER STAFFING REPORT**

The Trust continued to have additional inpatient capacity open during January 2017 and experienced challenges in ensuring that staffing levels and required skills both met patient acuity and dependency, and were also safely distributed across the Trust. Achieving this resulted in frequent movement of staff between wards to ensure that no ward or department was left with unsafe staffing levels. The Divisions have continued to improve the utilisation of rostering, virtual ward and temporary staffing and as a result, despite the staffing challenges, fewer wards reported actual staffing lower than planned staffing. Increased numbers of patients requiring enhanced observations continued to be identified and cared for during January. This correlated with increases in the number of wards requiring staffing above their planned levels. A review of the staffing information for the preceding 12 months demonstrates a narrowing of the gaps reported by wards between planned and actual staffing based on patient care requirements.

No significant changes or correlations related to patient harm were identified in this month's review.

Work aimed to improve recruitment continues as do the opportunities to support Registered Nurses who are not registered with the NMC to gain approval to practice.

Senior nurses, AHP's and the Executive Team have been involved in various presentations by NHS Improvement during February to gain a greater understanding of how to use Care Hours Per Patient Day and the Model Hospital to improve analysis of patient and staffing safety.

SafeCare continues to be rolled out and will result in improved real-time information of both staffing levels and patient acuity levels. Completion of this rollout will support the Trust in becoming compliant with all aspects of the national NICE guidance.

## **IMPROVING PATIENT SAFETY**

Two significant pieces of work have commenced within the nursing team. These are:

- Improvements to the handover process between nursing teams both in relation to the transfer of patients between wards and the handover of care information about patient between shifts.
- Patient status at a Glance: This is the process by which patient safety risks which pertain to a specific patient are identified and the wider multidisciplinary team are aware.

## **OPERATIONAL STANDARDS**

1. **Emergency Access within 4 hours**
2. **Ambulance handover delays >30 minutes and >60 minutes**

### **1. Context – emergency access**

Patients who attend the ED (Emergency Department) department must be seen, treated and discharged within 4 hours of arrival (regardless of decision to treat).

### **2. Context – ambulance handover delays**

Handing over a patient from an ambulance to an ED is expected to take no more than 15 minutes.

The Emergency Access standard was achieved both in October and November. The Trust also achieved the standard in Q3 overall at 95.1% although the standard wasn't achieved in December 2016, the achievement of 94.05% in the challenging times of Winter Pressures resulted in the Trust being, 8th in the country.

As of 14<sup>th</sup> February the Trust was achieving 91.97%. This is primarily due to an increased acuity of patients and increase in length of stay and DTOC

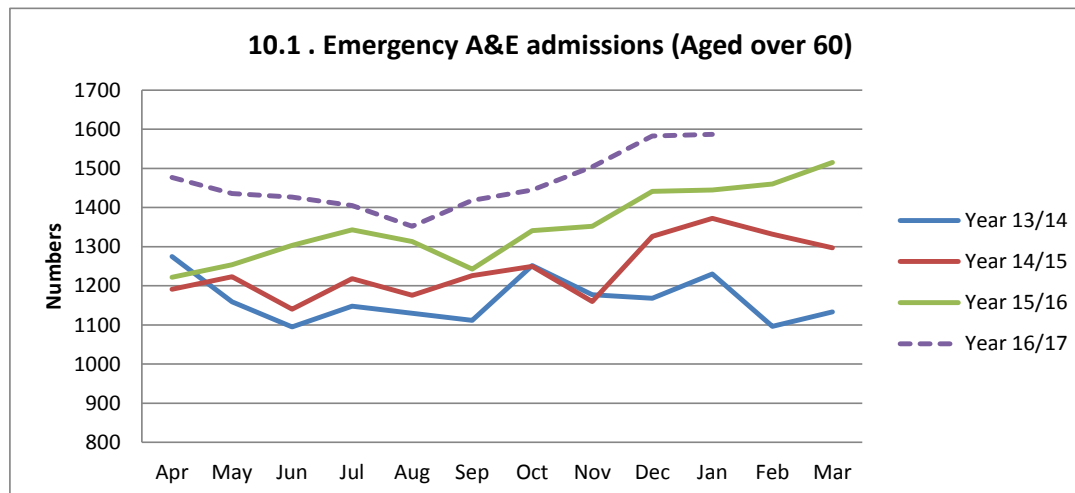
There have been high levels of demand, 5.6% increase for first 10 days of January 17 compared with January 16. Demand decreased from 9<sup>th</sup> January, resulting in an overall increase of 0.3% in ED attendances in January 17 compared with January 16 (KMH only). However higher than

expected levels of ambulance attendances (see graph 3), attendance to conversion rates in over 60s (see graph 1), increased acuity of patients (see graph 2) and an increase in the average length of stay, have also impacted on the achievement of the standard with up to 59 medically fit patients within the hospital who were delayed waiting for social care packages, healthcare packages, DSTs etc.

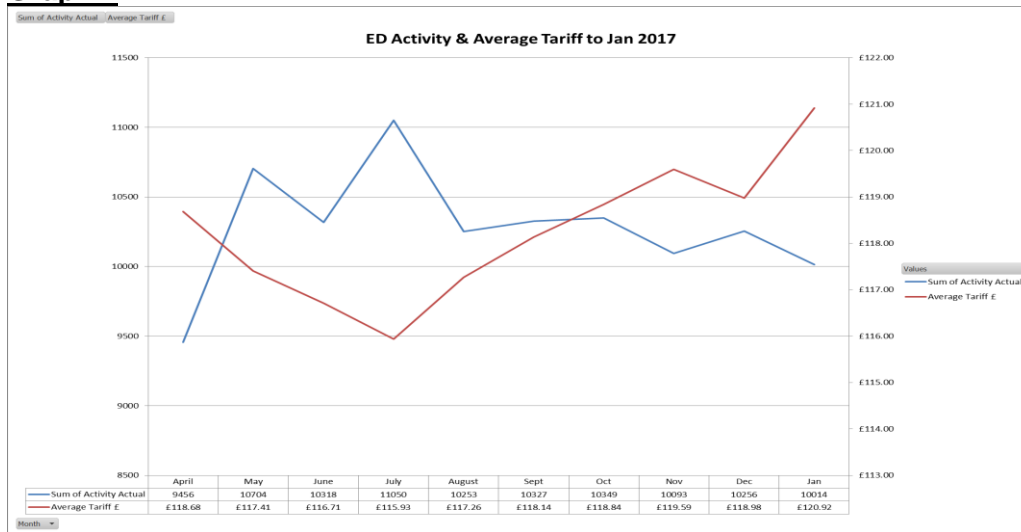
A number of actions have been put in place:

- Daily calls set up as required with partners to resolve any key blockages on a daily basis.
- Attendance and admission avoidance strategies identified at the Better Together Alliance meeting.
- EMAS conveyance rates discussed with CCG.
- As part of the winter planning, staffing increased in CDU to reduce admissions into the main organisation.
- Extra capacity is being utilised at Newark and at KMH to sustain flow.

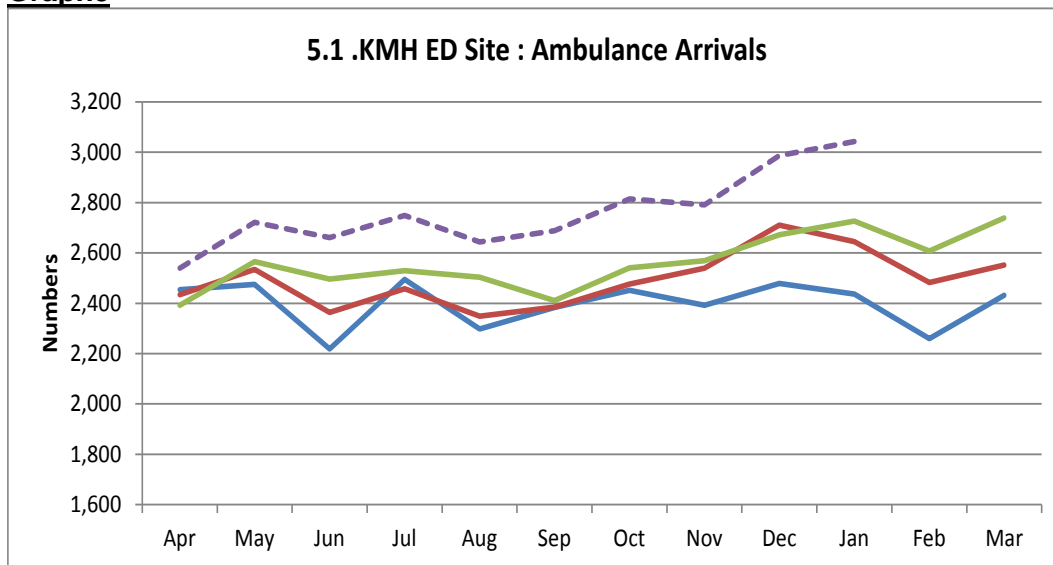
**Graph 1**



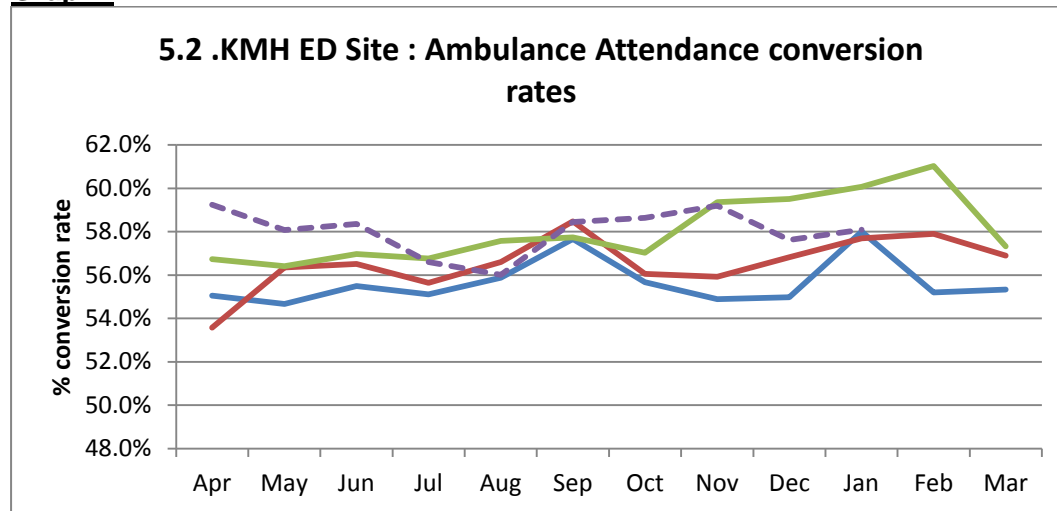
**Graph 2**



**Graph3**



**Graph4**



High numbers of ambulance conveyances continues (see graph). . Flow out of the hospital has been constrained by high acuity of patients and high length plus DTOCs

**Actions:**

- Daily review of all ambulance waits over 30 minutes by Head of Service
- Additional staffing resource put into ED to support handovers on an evening
- Improved outflow with resilient winter pressures plan in place
- Improved enhanced streaming of patients with greater presence of ED consultants
- Transfer team has been launched to support outflow and patient moves which have released ED nurses to support ambulance handovers.
- New dashboard and screens in place to proactively monitor handover times.
- Waits of over 60 minutes (termed 'black breaches') escalated to silver and gold in real time


## Specialties exceeding 18 week referral to treatment time (incomplete pathways)

### Context

Since October 2015, the RTT (Referral to Treatment) waiting times are reported solely in terms of the Incomplete Pathways Standard – this measures the proportion of patients waiting under 18 weeks as a snapshot at month end (with a target of 92% under 18 weeks). RTT achieved consistently, January performance 92.4%. Number of specialties failing has reduced from 9 in December to 4.

The failing specialties from the latest extract are; General Surgery, T&O, ENT, vascular and respiratory. The need to pace elective operating to cope with non-elective demand has impacted in January for T&O. Operating recommenced Wednesday 18th January. There are significant risks to achieving the standard in February; these being high levels of non-elective demand resulting in medical outliers in surgery plus trauma is having an impact on elective Orthopaedic operating. In addition the laminar flow has broken and to date this remains broken. Operating has continued (albeit reduced) by utilising the day case unit for major joints. Further actions to mitigate the risks are:

- Recovery plans being refreshed due 17th February 2017
- Micro-manage Patient Transfer Lists (PTLs) expediting long waiters
- Re-modeling of demand and capacity
- Additional sessions arranged in key specialties
- Additional Divisional Validators recruited
- Evening and weekend clinics
- Utilisation of IS (for ENT) and weekend theatres
- Recruitment of key personnel - respiratory
- Partnership working with NUH in ENT and Plastic Surgery.
- Business case for endoscopy agreed at execs.

Target	January	YTD	Forecast
0	4		February 
Expected date to achieve target			June 17
Lead Director			Roz Howie

## Number of cases exceeding 52 weeks referral to treatment

### Context

Since October 2015, the RTT (Referral to Treatment) waiting times are reported solely in terms of the Incompletes Pathways Standard – this measures the proportion of patients waiting under 18 weeks as a snapshot at month end (with a target of 92% under 18 weeks). Any patients exceeding 52 weeks are reported.


Two patients breached 52 weeks:

**General Surgery patient:** This patient has been very complex and has breached due to lack of HDU capacity (cancelled twice). We are attempting to bring the patient in for surgery ASAP. Patient being treated on 15<sup>th</sup> February 2017.

**Vascular patient:** The root cause has been identified as “human error”. A number of actions have been taken over the last year to improve booking processes including; additional staff being appointed in the booking and call-centre, changes in booking team structure, training in RTT, training matrix to monitor admin competencies, specialty audits and developing a suite of DQ reports to identify errors. Further recommendations have been suggested to tighten up the validation processes and training of staff. A paper with a full overview of recommendations was presented to Execs on 14<sup>th</sup> December 2016. A further paper will be discussed at Execs on Wednesday 22<sup>nd</sup> February 2017.

There are ongoing risks to identifying potential 52 week breaches and this have been described in a report to the Executive Team, Divisional General Managers are reviewing high risk specialties in order to:

- Identify priorities
- Agree month cut off for bulk closure i.e. patients not seen for 6M, 12M,18M
- Which ‘hold reasons’ we could potentially bulk close and which will require further validation (i.e. if the hold reason is ‘waiting list’ do we need to validate that there has been a corresponding waiting list addition that is now actioned and subsequent admission)
- Agree funding of 2 further “clock stop validators”
- 

Target	December	YTD	Forecast
0	0		February 
Expected date to achieve standard			April 17
Lead Director			Roz Howie



## Diagnostic Monitoring (DMO1)

### Context

The DMO1 reports on a suite of diagnostic tests grouped into categories of Imaging, Physiological Measurement and Endoscopy. Any patient waiting over 6 weeks for a specific diagnostic test constitutes a breach.


Two key issues impacted on DMO1 achievement in January;

- 1) Clearing the backlog from December in Endoscopy
- 2) a combination of technician shortages and equipment failure led to a number of echocardiograph breaches.

Demand is currently being met by running waiting list initiatives (WLIs) as described at the last Board meeting.

### Further actions implemented are:

- Waiting lists booked for February and on-going.
- Business case for a 4<sup>th</sup> room and additional staffing approved at Execs – Impact April 17

Target	January	YTD	Forecast
99%	97.78%		February 
Expected date to achieve standard		February	
Lead Director		Roz Howie	

**62 day referral to treatment from screening**


**Context**

**62 days** from urgent referral from NHS Cancer Screening Programmes (breast, cervical and bowel) to first treatment (**90%**).

**Note all other cancer targets achieved in January.**

Two patients breached this target; both were due to patient choice. The specialties are establishing if the patients were sent the 2ww leaflet.

There are two potential breaches identified in February 1 due to patient choice and 1 due to delay in being discussed at MDT at NUH.

Target	December	YTD	Forecast
90%	86.4%		February 
Expected date to achieve standard		March 17	
Lead Director		Roz Howie	

## **ORGANISATIONAL HEALTH**

### **Sickness Absence**

The Trust has made positive progress over the last 12 months in relation to managing sickness absence effectively. More recently sickness absence figures increased marginally in November and December (as can be expected during winter months), but following target intervention it has dropped slightly to a figure of 4.4% in January. However, it is unlikely that the 3.5% target will be met in the final quarter of 2016/17, although continued reduction is expected.

HR Business Partners are working proactively with manager across divisions to apply the policy and manage absence. Since the start of the year managers are asked to sign the notes from meetings to confirm the information recorded is correct, and assurance over the actions agreed.

Managers are encouraged to keep in touch with employees during sickness absence and to reassure staff who are off long term of support on their return.

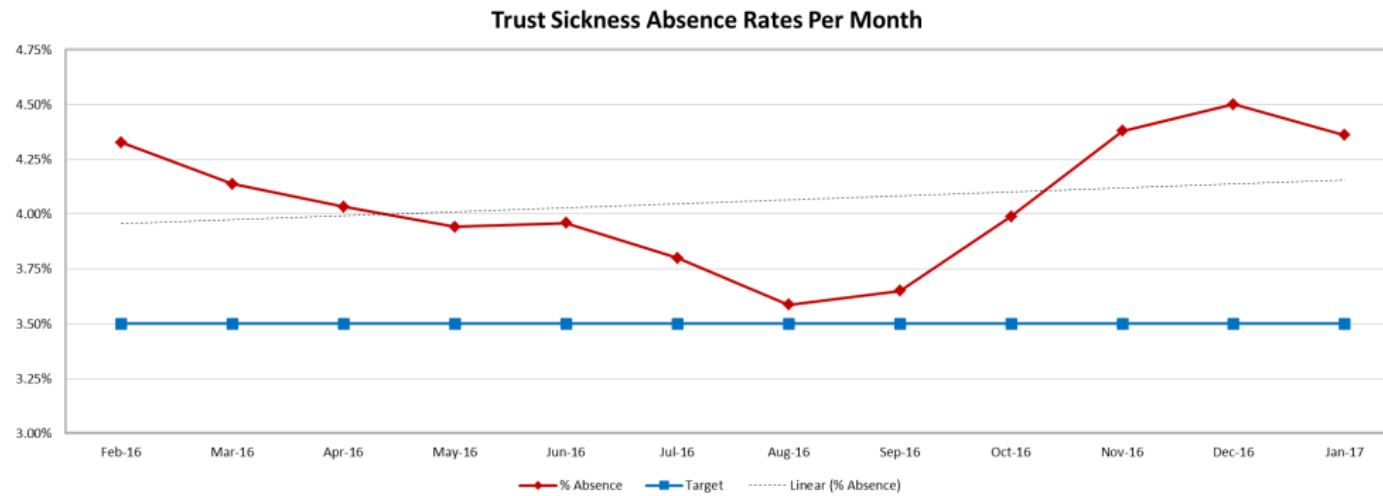
Reasonable adjustments are explored more creatively, occupational health advice is considered and where possible implemented to support an early return to work. Resilience is discussed and how employees are maintaining their own well-being, and lifestyle choices. .

At present 34 cases are being dealt with through a formal process, this is a significant increase since the turn of the year and has been a main focus of the HR department during the winter period.


A Happy Healthy Here campaign is about to be launched across the Trust that will include a Trust wide poster campaign and employee booklet that will be distributed across all sites.

### Trust wide sickness absence

Overall sickness levels decreased by 0.14% in month to 4.36% (December, 4.50%). Short term sickness reduced by 0.02% (2.46%) and long term sickness decreased by 0.12% (1.90%).



Absence rates in January 2017 were 4.36%. This was 0.53% lower than the absence rate in the same month a year ago.

Target	YTD	Forecast
≥3.5%	4.5%	January 
Expected date to achieve standard		May 2017
Lead Director		Julie Bacon

### Staffing:

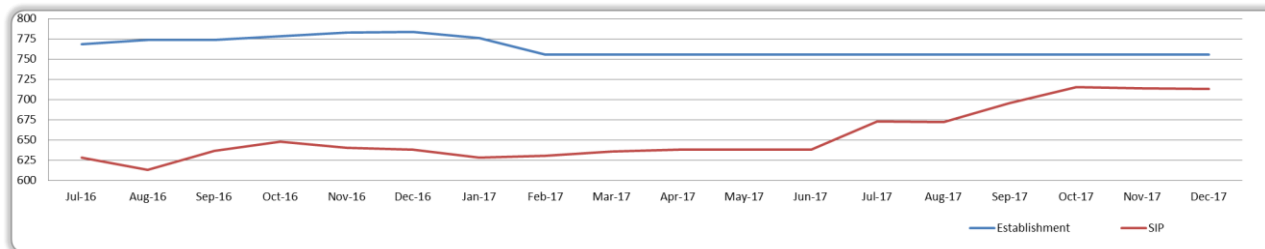
This table shows the net position with staff in post against establishment in January 2017 across the Trust:

	Jan-17								
	Budget -FTE	SIP - FTE	SIP - Headcount	Vac -FTE/ Gap - FTE	% Vacancy/ % Gap	Starters	Leavers without Rotational Doctors	% Turnover without Rotational Doctors	Active Adverts
<b>Total Trust</b>									
Admin & Clerical	1111.50	1030.03	1266	81.47	7.33%	13.91	8.97	0.87%	26
Allied Health Professionals	213.96	203.84	252	10.12	4.73%	1.00	4.60	2.26%	8
Ancillary	38.46	37.27	43	1.19	3.09%	0.00	0.00	0.00%	0
Medical & Dental	482.02	421.79	440	60.23	12.50%	12.00	1.00	0.24%	18
Registered Nurse Operating Line *-ALL Bands	1327.73	1162.21	1359	165.52	12.47%	13.16	13.28	1.14%	29
Scientific & Professional	214.72	186.99	201	27.73	12.91%	2.00	2.00	1.07%	4
Technical & Other	268.64	244.76	303	23.88	8.89%	5.50	2.00	0.82%	6
Unregistered Nurse	550.75	566.69	666	-15.94	-2.89%	24.51	3.76	0.66%	4
<b>Total - Trust</b>	<b>4248.60</b>	<b>3853.58</b>	<b>4530</b>	<b>395.02</b>	<b>9.30%</b>	<b>72.08</b>	<b>35.60</b>	<b>0.92%</b>	<b>95.00</b>
<b>Band 5 Registered Nurse Only operating line *</b>	<b>775.59</b>	<b>628.83</b>	<b>744</b>	<b>146.76</b>	<b>18.92%</b>	<b>8.91</b>	<b>3.50</b>	<b>0.56%</b>	<b>15</b>

\*Establishment and thereby vacancies in the Band 5 RN category have been reduced by 5% of establishment in order to reflect the margin that would usually be left unfilled to fund the cover for unplanned absences such as sickness with bank and agency. This margin is never filled with substantive staff. This impacts both the band 5 RN figure and the total RN figure.

There were 35.60 FTE leavers compared to 72.08 FTE starters, the turnover rate increased to 1.68% in January which is an increase of 0.55% from December (1.13%). However, the turnover rate without the rotational doctors was 0.92%, which remains below the 1% threshold.

### Band 5 registered nurses (RN) trajectory:



Of the 11 (8.84WTE) RNs who left in January four were retirements, one was dismissal, five were lost to local organisations, and one is unknown

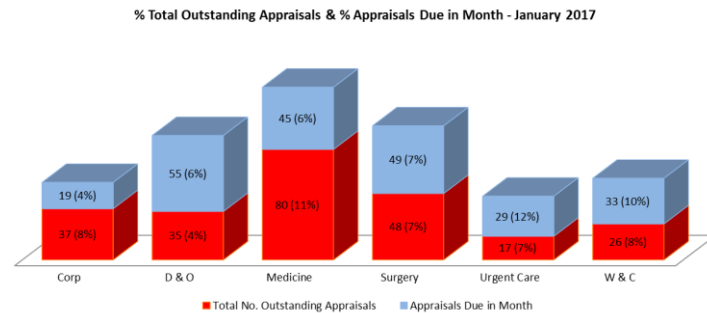
The Assessment Days for Healthcare Support Workers are now established with the next assessment day happening on the 27<sup>th</sup> February. Specific recruitment campaigns for Band 5 nurses are taking place for Wards 23, 11, 7, 12 and EAU, utilising bespoke social media.

The Recruitment & Retention Workstream Work has reviewed its focus for the coming year and work is starting to create the Assessment Day approach for registered nurses and establishing a support programme for employees who are nurses in their home country but are not registered in the UK.

### Appraisal:

Trust wide appraisal compliance was 93% which is a decrease of 1% from December 2016 (94%). The Trust appraisal compliance target is 98%. Although appraisal is not quite up to standard, it is remaining fairly constant and is only 1% away from the new April target of 95%.

There were 243 (7%) appraisals required in January to reach 100%. However there were also an additional 230 (7%) appraisals due to be completed which expired in month, a total of 473 (14%) required to be completed in January 2017. These were spread across the Divisions below:



### Training and Education

Mandatory training remained static at 92% in January; this is the third month in a row at this rate. This is continuing to exceed the target of 90% (92% with a 2% tolerance).

*\*This rate refers to the number of competencies completed and not the number of staff compliant.*

## FINANCE REPORT

Financial performance compared with plan remains good. The Trust is £0.81m ahead of its YTD control total excluding LTP costs. Capital expenditure is £1.37m behind plan but is forecast to deliver to NHSI capital review control total at year end, subject to cash availability. The Trust continues to forecast achievement of its control total and as a result is forecasting receipt of an additional £0.50m of SFT incentive funding.

	Jan In-Month			Year to Date			Annual Plan £m	Forecast £m	Forecast Variance £m
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m			
Surplus/(Deficit) - Control Total Basis	(3.38)	(3.05)	0.33	(52.13)	(45.10)	7.02	(57.02)	(50.09)	6.93
Long Term Partnership (LTP)	(0.16)	(0.15)	0.01	(15.57)	(9.36)	6.21	(15.88)	(9.75)	6.13
Surplus/(Deficit) - Excluding LTP - Control Total Basis	(3.23)	(2.91)	0.32	(36.56)	(35.75)	0.81	(41.14)	(40.34)	0.80
Use of Resources Metric YTD				3	3		3	3	
CIPs	1.32	1.31	(0.01)	9.94	11.11	1.17	12.60	12.98	0.38
Capex (including donated)	0.36	0.71	0.35	8.83	7.46	(1.37)	9.53	9.29	(0.24)
Closing Cash	1.45	1.45	(0.00)	1.45	1.45	(0.00)	1.45	1.45	0.00
Agency Cap - Excluding LTP	(1.39)	(2.44)	(1.05)	(15.16)	(23.72)	(8.56)	(17.91)	(28.34)	(10.43)
Better Payment Practice Code - (Value / Number)		94.0% / 87.9%			93.6% / 89.1%				

- In month, excluding LTP, the Trust is £0.32m ahead of control total. YTD the control total deficit is £35.75m, £0.81m ahead of plan (on control total basis).
- YTD Long Term Partnership costs are £9.36m, £6.21m better than plan.
- The finance element of the Single Oversight Framework is a score of 3 against a plan of 3.
- CIP YTD delivery of £9.80m against plan of £8.62m.
- Capex expenditure position was ahead of plan in January with an in month spend of £0.71m, cumulatively capex is now £1.37m behind YTD plan. Following deferment of non committed schemes to 17/18 by NHSI, capex is forecast to be £0.24m below plan at year end.
- Closing cash at 31<sup>st</sup> January was on plan at £1.45m.
- Agency cap excluding LTP costs - YTD agency spend totalled £23.72m against the cap of £15.16m.
- BPPC YTD performance is 93.6% by value of invoices paid and 89.1% by number of invoices paid, within 30 days.

The Trust is ahead of its planned deficit by £0.81m at the end of January excluding LTP, driven by income over-performance and CIP delivery. This is £0.52m better than forecast in month. Including LTP costs the Trust is £7.02m ahead of plan.

	Jan In-Month			Year to Date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Income	19.94	21.32	1.38	197.23	199.99	2.76
STF	0.86	0.86	0.00	8.58	8.41	(0.17)
Other Operating Income	3.07	3.12	0.05	29.56	31.41	1.85
Total Operating Income	23.86	25.30	1.44	235.37	239.81	4.44
Pay	(15.76)	(16.40)	(0.64)	(160.61)	(162.14)	(1.53)
Non Pay	(8.95)	(9.44)	(0.48)	(102.36)	(98.12)	4.24
<b>EBITDA</b>	<b>(0.85)</b>	<b>(0.53)</b>	<b>0.32</b>	<b>(27.60)</b>	<b>(20.46)</b>	<b>7.15</b>
Operating Costs Excl. from EBITDA	(0.83)	(0.88)	(0.05)	(8.27)	(8.64)	(0.37)
Non Operating Income	0.00	0.08	0.08	0.01	(0.01)	(0.03)
Non Operating Expenditure	(1.71)	(1.73)	(0.02)	(16.32)	(16.05)	0.27
<b>Surplus/(Deficit)</b>	<b>(3.39)</b>	<b>(3.06)</b>	<b>0.33</b>	<b>(52.18)</b>	<b>(45.16)</b>	<b>7.02</b>
Technical Adjustments to Control Total	(0.01)	(0.01)	0.00	(0.05)	(0.05)	0.00
<b>Surplus/(Deficit) - Control Total Basis</b>	<b>(3.38)</b>	<b>(3.05)</b>	<b>0.33</b>	<b>(52.13)</b>	<b>(45.10)</b>	<b>7.02</b>
Long Term Partnership	(0.16)	(0.15)	0.01	(15.57)	(9.36)	6.21
<b>Surplus/(Deficit) - Excluding LTP - Control Total Basis</b>	<b>(3.23)</b>	<b>(2.91)</b>	<b>0.32</b>	<b>(36.56)</b>	<b>(35.75)</b>	<b>0.81</b>

Operating statement identifies:

- The Trust has received £2.26m of income from NHSE on behalf of the CCGs, which has been transferred to them. This income has to be accounted for as other operating income with an offsetting adjustment to clinical income. The overall impact to the Trust is nil.
- If this technical adjustment is disregarded then clinical income is above plan by £1.38m in month and ahead of YTD plan by £5.02m. This is primarily as a result of continued non elective and outpatient growth.
- STF monies are on plan in month and £0.17m less than plan YTD due to non delivery of the cancer trajectory. STF rules mean that the loss cannot be recovered.
- The valuation agency has reviewed and increased the rateable value of the Trust's estate wef 1/4/15. The YTD position includes additional expenditure of £0.25m for 15/16 and £0.21m for 10 months of 16/17. This is being disputed.



The forecast at M10 remains at £0.80m ahead of control total (excluding LTP), this includes £0.50m of STF incentive monies. Total costs for LTP are forecast to be £6.13m better than the £15.88m control total.

	Forecast Outturn		
	Plan £m	Actual £m	Variance £m
Clinical Income	236.75	240.81	4.06
STF	10.30	10.62	0.32
Other Operating Income	38.31	38.13	(0.18)
Total Operating Income	285.36	289.57	4.21
Pay	(193.07)	(195.14)	(2.07)
Non Pay	(119.87)	(114.86)	5.01
<b>EBITDA</b>	<b>(27.58)</b>	<b>(20.43)</b>	<b>7.14</b>
Operating Costs Excl. from EBITDA	(9.92)	(10.44)	(0.51)
Non Operating Income	0.26	0.15	(0.11)
Non Operating Expenditure	(19.84)	(19.55)	0.29
<b>Surplus/(Deficit)</b>	<b>(57.08)</b>	<b>(50.27)</b>	<b>6.81</b>
Technical Adjustments to Control Total	(0.06)	(0.18)	(0.12)
<b>Surplus/(Deficit) - Control Total Basis</b>	<b>(57.02)</b>	<b>(50.09)</b>	<b>6.93</b>
Long Term Partnership	(15.88)	(9.75)	6.13
<b>Surplus/(Deficit) - Excluding LTP - Control Total Basis</b>	<b>(41.14)</b>	<b>(40.34)</b>	<b>0.80</b>

The overall forecast outturn is unchanged in month at £0.80m better than plan on a control total basis.

STF income is forecast to be £0.32m above plan at year end, this comprises STF incentive monies of £0.50m offset by non achievement of 4 months of the cancer target of £0.18m.

The forecast outturn ranges from £4.1m worse to £1.7m favourable to control total an improvement of £9m relative to month 9. The downside risk relates principally to commissioners non payment, premium costs if activity continues and loss of STF for ED performance and financial performance. The upside opportunity is principally additional STF incentive monies and a positive contribution from income over-performance in respect of winter.

Agreement with the CCG on challenges has removed £3.6m of risk.