

Public Board Meeting

Report

Subject: Integrated Performance Report
Date: 31 March 2016
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QUALITY AND SAFETY

The monthly report provides an update to the Board against the Trusts 3 key quality and safety priorities for 2015/16. The paper provides an overview of highlights relating to patient quality and safety, the February safer staffing position. The Quality and Safety, Safer Staffing and Senior Leadership Walk round reports should be read in conjunction with this paper.

PRIORITY 1: MORTALITY

- November HSMR is 88.12 demonstrating sustained improvement in various processes.
- Crude mortality for December to February y is 2.8 – 3.4 which is slightly higher than September to October 2.7 – 2.5.
- The reformed Mortality Surveillance group chaired by the Medical Director has now met and is supporting consistent mortality reviews, encouraging robust discussions at speciality level. An electronic mortality review tool is now available for use and has been mandated as the data collection method across the organisation.
- There have been no Mortality Alerts

PRIORITY 2: SEPSIS

- Admission area compliance: screening, bundle compliance and IV antibiotics < 1 hour is at or > 90% on weekly monitoring
- Neutropenic sepsis antibiotic administration <1hour >90% on monthly audit
- The Trust continues to exceed the targets set within the sepsis CQUIN.
- Focused audit and review work has been undertaken in inpatient areas to create consistent screening and management of sepsis

PRIORITY 3: FALLS

During February there have been a total of 23 falls causing harm to patients within our care, this is an increase of 4 from January. 1 fall was categorised as grade 4 (severe) and 2 falls were category 3 harm (moderate). All falls remain subject to investigation and the outcome of 2 patients have who died several day post fall is awaited. The Trust continues to demonstrate a reducing percentage of falls per 1000 bed days compared to the equivalent point 12 months previously. The Trust figure for falls/1000 bed days for February is 7.25% which is a reduction from 7.76% in January. Total number of falls have reduced to 118 in

February from 130 in January. Planned education, audit and clinical review activities have occurred in line with the improvement programme.

SAFER STAFFING FOR NURSES

Five wards were identified in February where fill rate fell below the 80% of the planned requirement this is a reduction on January. A slight increase in patient harms from falls were identified and a reduction in Pressure Ulcers. Reallocation of staff across wards achieved the minimum 1 registered nurse to 8 patients. In February the average fill rate for the Trust for day shifts for Registered Nurses was 95.84% compared to 95.84% in January. For other care staff a slight deterioration from 97.44% to 95.87% in February against the planned levels was noted. At night, these fill rates were increased to 104.35% in February from 100.8% (in January) for Registered Nurses and has increased for care staff to 105.33% from 103%. The main reasons for this continue to be vacant posts and sickness. There are indications from the increase in the number of wards with an over fill that wards are experiencing an increased patient acuity and dependency. Ward 35 remains open and creates a significant staffing pressure and concern across the Trust. A core of Trust substantive staff have been transferred to the ward. Maintaining optimum staffing levels and skill mix across the trust remains a significant concern.

SENIOR LEADERSHIP WALK ROUNDS

Senior leadership walk rounds led by the Board of Directors have been in place since January 2016. An initial evaluation suggested the process has presented an opportunity to discuss issues raised at Board and review practices, routines and ward/department based care, enabling views to be formed about the quality of care within an area and across the different areas visited. Over the next 6 months the process will be consolidated, transferred to an electronic monitoring system and collation of themes and trends captured.

REVALIDATION

Work to ensure the trust meets its obligations on nursing revalidation, which comes into place in April 2016, remains on schedule.

MONITOR COMPLIANCE

The Trust has had 42 incidents of C-diff which is within the target to date of 44.

The Trust met the 2ww cancer targets at 98.4%. Performance for 62 days in February was 88.9% against a target of 85%. The trajectory is for continued achievement in March and compliance for Q1. The 62 day screening 1st treatment achieved 71.4% because of two joint tertiary failures from low numbers of cases; the quarter is still expected to achieve compliance.

ED performance for February was 92.3% compared to 90.45% for Feb 2015, despite an 11% rise in attendances compared to Feb '15, and (as at 16th March) performance for Quarter 4 is at 91.52%.

ACUTE CONTRACT

Referral to Treatment Times (RTT)

The 'Incomplete' pathway (target 92%):

Dec	Jan	Feb
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92.04% 92.07% 93.28%

The diagnostic RTT (DMO1) (target 99%):

Dec	Jan	Feb
98.23%	98.39%	98.66%

The Recovery Action Plan for endoscopy did achieve for February and is expected to achieve for March. Sleep studies were the major cause of failure and remain the major cause for concern in March. Increased capacity in adult and paediatric sleep studies are now in place. Radiology achieved in all modalities.

The total number of patients currently on the outpatient review list is 21,179 (of which 3,915 are overdue). This is a decreasing number.

Cancer:

2WW performance for December was 98.4% (Target 93%) and achieved the target in all specialties except haematology with 1 failure from 7 referrals. Diagnosis to 1st Treatment for 31 days achieved 92.5% (Target 96%). Urology and Skin were the areas of failure. The urology patients were unfit, the dermatology patients were due to capacity problems.

Cancer 62 day target for February achieved 88.9% (Target 85%). The trajectory is still on track to deliver compliance from mid-February (and for Q1). In addition, the number of patients waiting over 100 days is reducing.

The 62 day screening achieved 71.4% because of two joint tertiary failures from low numbers of cases; the quarter is still expected to achieve compliance.

31 day 1st treatment targets achieved 98.8% (Target 96%)

4 hr Access:

Dec	Jan	Feb
95.4%	92.2%	92.3%

The January position of 92.2% was ahead of the England average of 88.7% and put the Trust in 26th place out of 135 acute providers.

C Diff:

The Trust target is 48 for the year (4 per month) and had a cumulative position of 42 cases at the end of Feb.

Outpatient & Inpatient:

Outpatient cancellations by hospital are 3.7%. This is a deterioration partly effected by the Junior Doctor strike.

Cancelled operations stand at 0.5% (Target 0.8%). Theatre utilisation is 81% and following an upward trend (compared to a national target of 85%).

The DNA rates are showing an improving trend with new outpatients at 6% (8.71%

nationally) and the follow up rate at 8.47% (9.21% nationally). The new to follow up ratio is 1:2.07 compared to 1:2.0 nationally.

15/16 FORECAST RISKS

As detailed above the key risks identified are:

- Diagnostic RTT times for sleep studies.
- Q4 A&E 95% compliance

FINANCE

The key aspects of the Trust's financial performance to the end of February are:

INCOME AND EXPENDITURE

The Trust's financial position for the 11 months to February 2016 is a deficit of £48.19m, against the year to date original plan deficit of £39.02m, £9.17m worse than plan. Pay expenditure continues to be the main driver of the increased deficit with Medical pay accounting for £5.82m of the total year to date pay overspend of £9.36m.

	Annual Plan £m	February In-Month			Year to Date		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Income	220.21	17.89	18.23	0.35	202.00	206.77	4.77
Other Operating Income	35.59	2.99	3.35	0.36	32.60	33.77	1.17
Total Operating Income	255.80	20.87	21.58	0.71	234.60	240.53	5.94
Pay	(175.27)	(14.31)	(15.96)	(1.65)	(159.12)	(168.48)	(9.36)
Non Pay	(97.36)	(8.09)	(8.67)	(0.58)	(89.18)	(94.81)	(5.62)
Operating Costs Excl. from EBITDA	(9.49)	(0.82)	(0.81)	0.02	(8.67)	(8.63)	0.04
Total Operating Expenditure	(282.12)	(23.22)	(25.44)	(2.22)	(256.98)	(271.92)	(14.94)
Profit/(Loss) from Operations	(26.32)	(2.35)	(3.86)	(1.51)	(22.38)	(31.38)	(9.01)
Non Operating Income	0.25	0.00	(0.00)	(0.00)	0.01	0.08	0.07
Non Operating Expenditure	(18.43)	(1.52)	(1.54)	(0.02)	(16.65)	(16.88)	(0.23)
Surplus/(Deficit)	(44.50)	(3.87)	(5.40)	(1.53)	(39.02)	(48.19)	(9.17)

CASH

The Trust's cash balance as at 29th February was £1.47m, which is marginally above the WCF requirement to hold a minimum balance of £1.45m. Interim support funding support continues to be drawn down as agreed with Monitor and at the end of February the Trust had drawn down £53.64m relating to 2015/16. The Trust expects to draw down a further £4.53m of WCF and £1.31m of capital loans in March. In addition the Trust has secured an addition sum of £0.38m PDC funding for long term partnership transitional support in March.

CAPITAL

Capital expenditure (excluding donated purchases) to February 2016 is £6.09m, this is:

- 73% of the original phased plan of £8.34m, and
- 87% of the capital reforecast phased plan of £6.97m as agreed with Monitor.

This timing difference is expected to unwind and the Trust is forecasting delivery of the full

year reforecast capital plan.

CIP

The risk adjusted CIP and cost avoidance forecast outturn position at February is £6.82m which is derived from schemes worth £6.29m that are currently delivering (with no further actions necessary), schemes that have credible plans to deliver a further £0.09m and schemes valued at £0.44m that have credible plans with a higher level of risk.

Actual CIP cumulative delivery year to date is £6.11m against a plan of £5.81m.

FORECAST OUTTURN AND RISKS / OPPORTUNITIES

The February actual deficit of £48.19m is an improvement of £1.64m on the phased forecast outturn deficit to February of £49.83m. The year to date deficit reflects the 2015/16 outturn clinical income of £208m agreed with local commissioners. The Trust remains on track to achieve an outturn position of £53.3m deficit.

WORKFORCE

SICKNESS ABSENCE:

Overall sickness levels have decreased by 0.56% in month to 4.33% (January 4.89%). Short term sickness has decreased by 0.67% to 2.30% (January 2.97%) however long term sickness has increased from 1.92% to 2.03%.

APPRAISAL:

Trust wide appraisal compliance has increased in month to 89% for February 2016 (87% for January).

All areas have increased with the exception of Newark which continues to be an area of concern and has decreased by 17% to 78% from 95% in October.

Trust-wide there are 364 outstanding appraisals compared to 421 in January.

STAFF IN POST:

Staff in post numbers have decreased by 10.42 WTE's. Registered Nurses decreased by 5.14 WTE (Planned Care & Surgery reduced by 4.87 WTE). Allied Health Professionals reduced by 4.16 WTE.

VARIABLE PAY:

Variable pay was £3.53m in February against the actual budget of £1m. This has increased by £463k from January and an overspend of £2.48m against budget across all divisions with Corporate having the highest increase in variable pay, rising from £402k to £609k, an increase of 207k in month.

TRAINING AND EDUCATION:

The overall compliance rate for Mandatory Training has remained static at 84%. This rate refers to the number of competencies completed and not the number of staff compliant. Newark has increased in month by 9% the areas which have not improved in month are

Emergency Care & Medicine decreasing by 1% to 82% and Planned Care & Surgery decreasing by 2% to 81%.

RECRUITMENT ACTIVITY:

The number of vacancies advertised reduced in February compared to January from 99 to 73. The main activity remains in Nursing, Medical and Admin roles

VACANCY CONTROL:

Following the implementation of Trac, the authorisation process for vacancies is now done electronically within the system allowing for a full audit trail.

Whilst the requirement to complete a vacancy request remains in place via Trac, non-patient facing and corporate roles still go forward to full vacancy control panel before being fully authorised. All other posts are authorised via Trac by operational managers and directorate finance before being scrutinised by HR for completeness and then approved for release.

Recruitment team performance:

TRAC the new applicant tracking system went live in February 2016. Training for the team and recruiting managers took place throughout February and more sessions have been planned throughout March.

Recruitment activity is going through a transitional period with the aim to get all activity into Trac as soon as possible.

For the Board of Directors to receive this high level summary report for information and to raise any queries for clarification.

Relevant Strategic Priorities (please mark in bold)

Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments	Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events
Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital	Raise the level of staff engagement through strong leadership, communication, feedback and recognition
Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money	Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital
Develop and implement a programme of work in conjunction with Nottingham University Hospital NHST to create a new combined organisation	

How has organisational learning been disseminated	
Links to the BAF	All risks identified on the BAF
Financial Implications/Impact	The financial implications associated with any

	performance indicators underachieving against the standards are identified.
Legal Implications/Impact	Failure to deliver key indicators results in Monitor placing the trust in breach of its authorisation
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	The Board receives monthly updates on the reporting areas identified with the IPR.