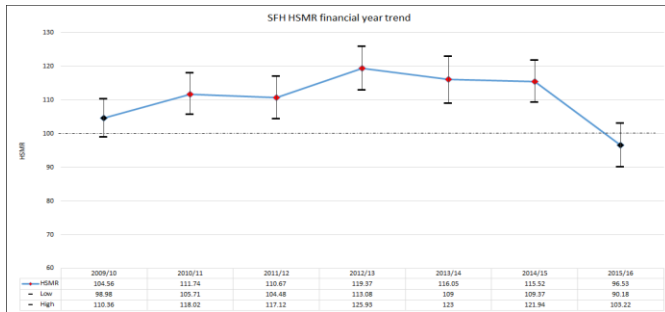


Stories of Success

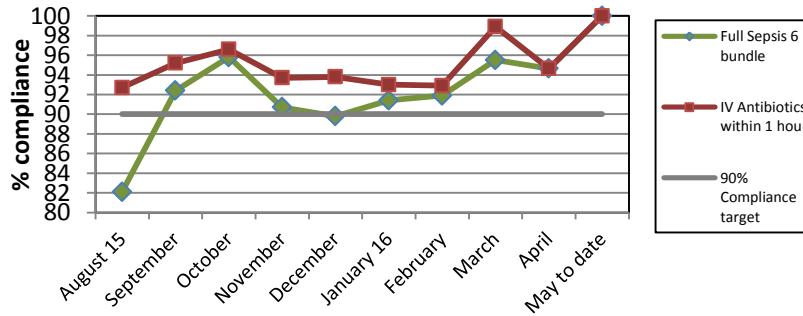
**Board of Directors
Thursday 26th May 2016**

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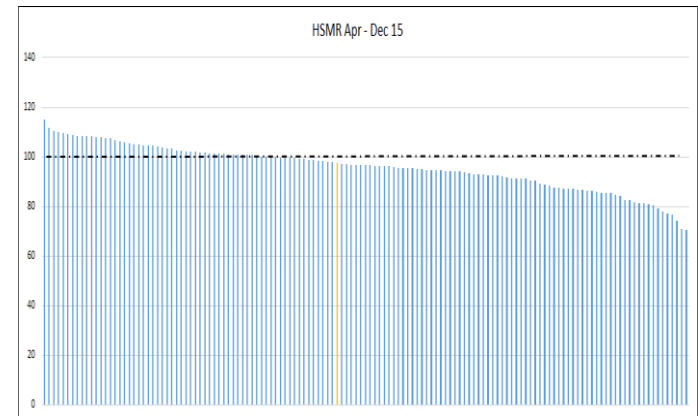
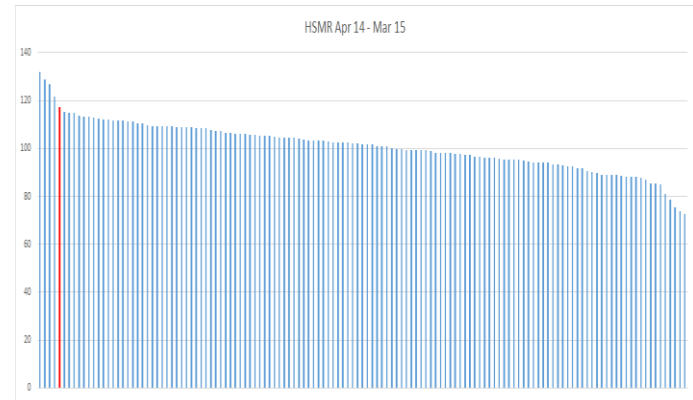
The national measure of death rates, the HSMR, has been within the normal range for 7 consecutive months. This has resulted in the **2015-16 HSMR falling below 100** for the first time since 2009-10



The management of patients with Sepsis has improved in terms of **completing all elements of the sepsis six bundle** in a timely way in admission areas.

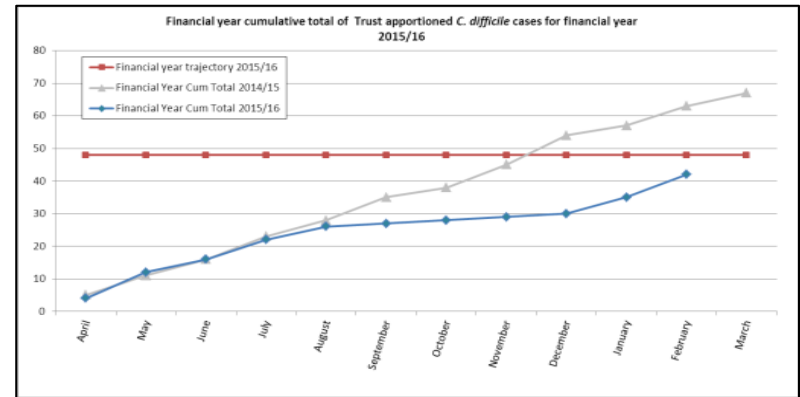
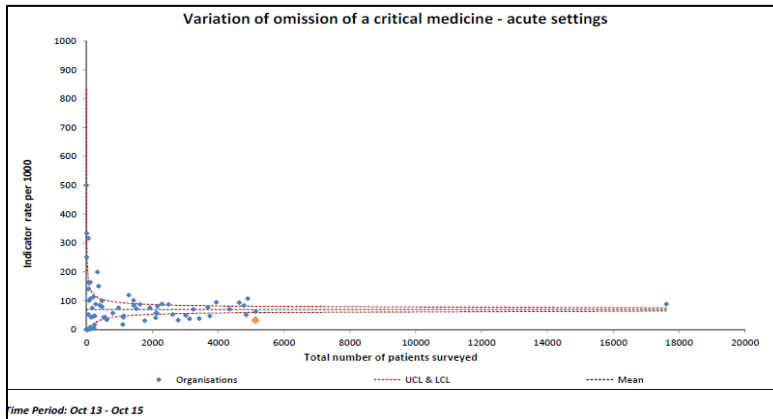
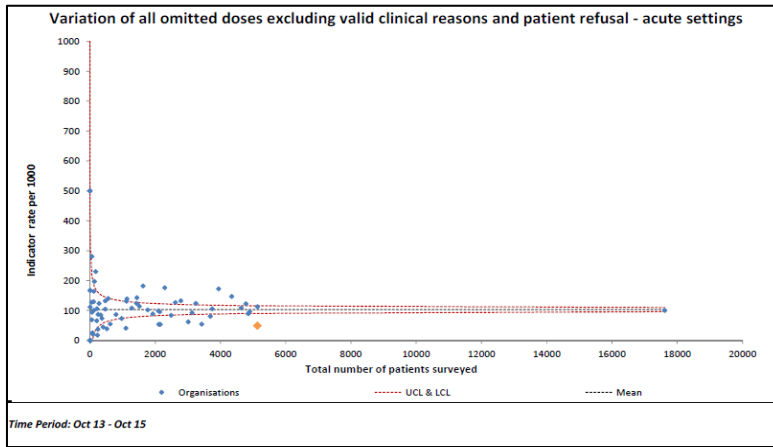


The national ranking for HSMR has improved significantly from 2014 to 2015 by reducing the number of observed deaths and accurate coding.

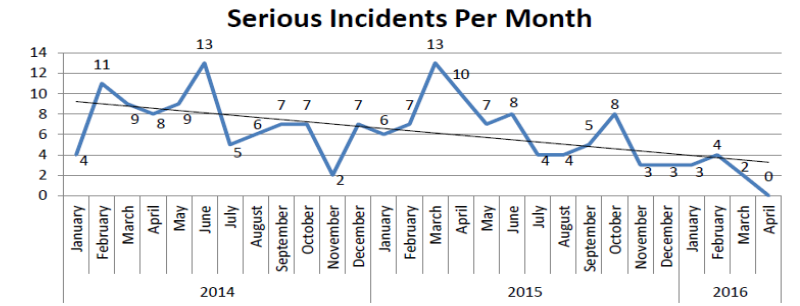


We have significantly reduced the errors in drug administration and particularly omitted doses of critical drugs. The Trust is better than the national average.

We met the Clostridium Difficile Infection target for 2015-16 with a significant 33% reduction in hospital acquired cases compared to 2014-15.

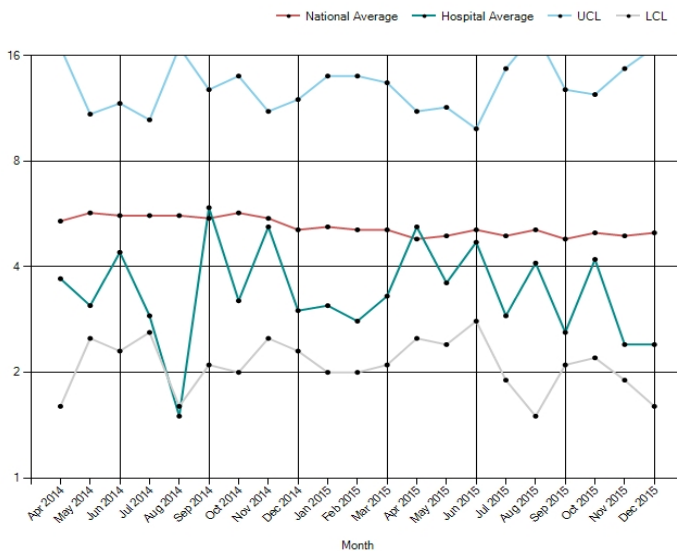


There has been a sustained reduction in the frequency of serious incidents at the Trust. The Trust had no serious incidents in April 2016



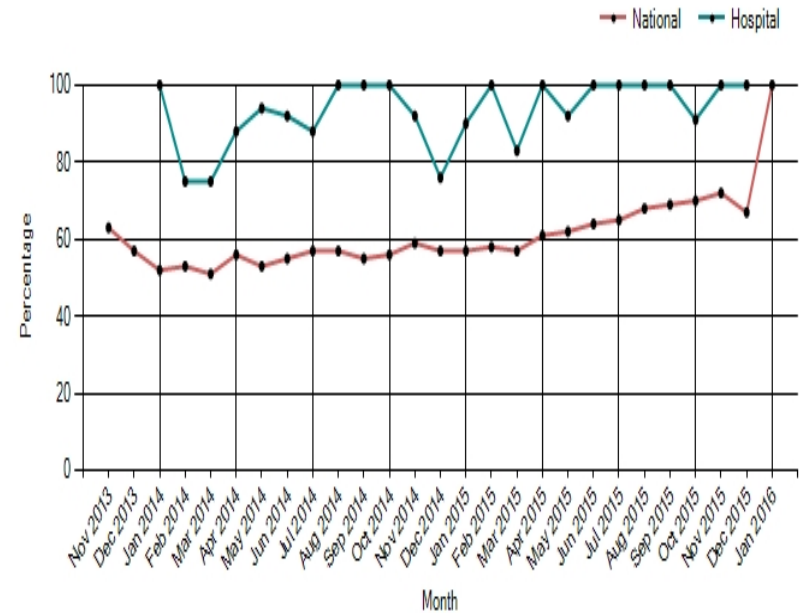
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We have been flagged as one of the top improving sites in the National **Emergency Laparotomy** Audit (NELA) for 2015 and in the top 5 nationally for post operative geriatric assessment in the over 70's.



Our patients reach theatre in a faster time than the national average (the vertical axis is hours)

The Trust is also above the national average for **preoperative risk assessment**.



Care Of The Dying

Considerable work has been undertaken to improve awareness and training for our staff in this area and our results in the national audit are very encouraging

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Table A: National achievement against End of Life Care Quality Indicators				ORGANISATIONAL AUDIT		National result	Your site
CLINICAL AUDIT		National result	Your site	Sites in organisational audit		142	YES
Cases in clinical audit		9302	81	ORGANISATIONAL AUDIT INDICATOR		% OF SITES	Your site
CLINICAL AUDIT INDICATOR		% OF CASES	% of YOUR cases				
1	Is there documented evidence within the last episode of care that it was recognised that the patient would probably die in the coming hours or days? %YES	83%	85%	6	Is there a lay member on the Trust board with a responsibility/role for End of Life Care?	49%	No
2	Is there documented evidence within the last episode of care that health professional recognition that the patient would probably die in the coming hours or days (imminent death) had been discussed with a nominated person(s) important to the patient? %YES	79%	84%	7	Did your Trust seek bereaved relatives' or friends' views during the last two financial years (i.e. from 1st April 2013 to 31st March 2015)?	80%	Yes
3	Is there documented evidence that the patient was given an opportunity to have Concerns listened to? %YES or NO BUT	84%	91%	8A	Between 1st April 2014 and 31st March 2015 did formal in-house training include/cover specifically communication skills training for care in the last hours or days of life for Medical staff	63%	Yes
4	Is there documented evidence that the needs of the person(s) important to the patient were asked about? %YES or NO BUT	56%	69%	8B	Between 1st April 2014 and 31st March 2015 did formal in-house training include/cover specifically communication skills training for care in the last hours or days of life for Nursing (registered) staff	71%	Yes
5	Is there documented evidence in the last 24 hours of life of a holistic assessment of the patient's needs regarding an individual plan of care? %YES	66%	95%	8C	Between 1st April 2014 and 31st March 2015 did formal in-house training include/cover specifically communication skills training for care in the last hours or days of life for Nursing non-registered) staff	62%	Yes
				8D	Between 1st April 2014 and 31st March 2015 did formal in-house training include/cover specifically communication skills training for care in the last hours or days of life for Allied Health professional staff	49%	Yes
				9	Access to specialist palliative care for at least 9-5 Mon-Sun	37%	Yes
				10	Does your trust have 1 or more End of Life Care Facilitators as of 1st May 2015?	59%	Yes

Safeguarding & Mental Capacity Act

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	Safeguarding Adults	Safeguarding Children Level 1	Safeguarding Children Level 2	Safeguarding Children Level 3	MCA	Prevent
Apr-15	74%	60%	88%	67%	96%	87%
May-15	75%	60%	87%	69%	96%	86%
Jun-15	77%	63%	87%	69%	96%	85%
Jul-15	78%	60%	81%	71%	97%	85%
Aug-15	81%	58%	88%	79%	96%	86%
Sep-15	81%	70%	82%	69%	96%	84%
Oct-15	83%	72%	85%	72%	96%	84%
Nov-15	88%	73%	84%	73%	96%	86%
Dec-15	89%	73%	85%	71%	96%	88%
Jan-16	92%	80%	84%	76%	97%	89%
Feb-16	93%	84%	82%	81%	97%	90%
Mar-16	95%	88%	83%	77%	97%	91%
Apr-16	96%	92%	85%	78%	97%	on no figure currently

Training

- Dementia training level 1 compliance is 88%
- Mental health awareness training including anti ligature measures implemented to ensure appropriate staff are fully trained to identify patients who may self-harm, identify and mitigate environmental risks (including ligature, poisoning and cutting) and use relevant equipment such as a ligature cutter.
- Ward/Department training KMH is 75% staff have completed ward based training up to March 2016 with MIU 100%. This training has been replaced by 3 hour mental health awareness training from April 2016.
- Ligature training on Mandatory training programme for all staff commenced April 2016
- Abbreviated Mental Assessment for over 75 's implemented in ED 86% nursing compliance and 48% medical compliance

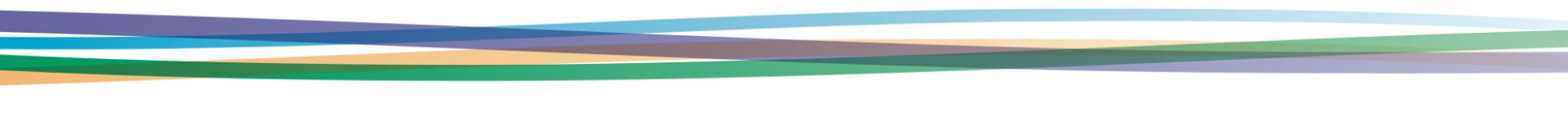
Personalise Care

S All of our training programmes equip our staff with the knowledge and skills to deliver patient centred care. Our courses are updated to reflect evidenced based practices approach and embed our quality for values. Staff value these courses immensely as part of their on-going continuing professional development.

A Revised medical documentation developed to support a patient centred approach; Emergency Care admission, Rehabilitation, ED, Dementia care plan, Falls care plan

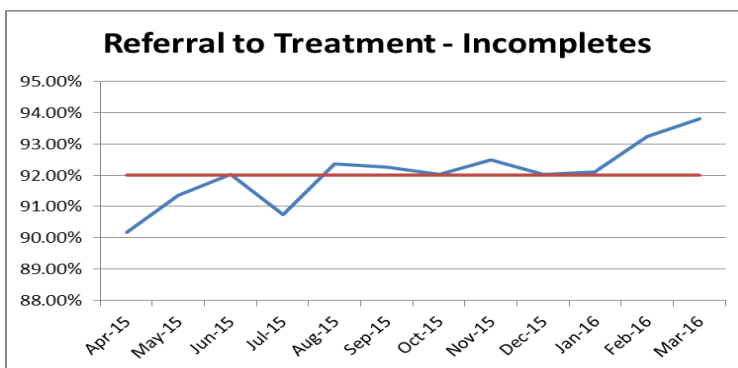
Falls

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E A sustained reduction in the number of falls with harm per 1000 bed days from 8.15% March 2015. to 5.94% in March 2016 Learning is now shared systematically to all wards through numerous processes. A falls safety improvement programme has been implemented which includes additional falls safety equipment. A substantive appointment of a Falls Nurse has been made, enabling regular attendance at external meetings and involvement in shared learning across the network.

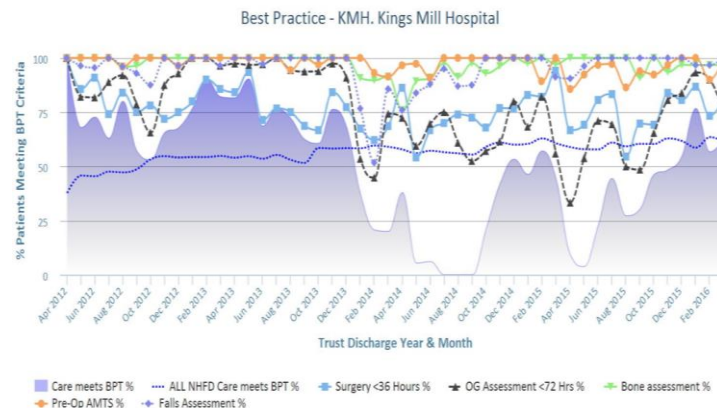


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RTT target achieved. A New Access Policy has been devised and implemented. The Trust has been praised by National IMAS visit.



The **Fracture Neck of Femur** performance has improved significantly in 2015 and we have improved Ortho Geriatric assessment.



As at the end of April 2016, the Trust has achieved a marked improvement in **Duty of Candour** compliance. We took the decision to focus on Duty of Candour from January 2016 so as not to cause additional distress to patients by writing to them retrospectively. We have achieved sustained improvement by empowering front line colleagues to grade incidents at source of reporting, and for all moderate, severe or catastrophic incidents introduced a Duty of Candour module in Datix to ensure the requirement is met there and then.

We now have 100% compliance with Duty of Candour for all Serious Incidents, and 93% compliance for all moderate and severe harm events.

C

- 'Woodland Ward' was opened as a Dementia Friendly Ward for the Trust with Development of Dementia Champions
- The Trust implemented a Sexual Health Outreach Worker to focus on hard to reach groups

A

- The Trust has seen a 30% reduction in 'Falls' in the past year
- Clinical pathways changed in Outpatients to improve outpatient flow and reduce delays in clinics and long waits for patients

R

- Concerns relating to patients accessing the call centre for Outpatients reduced from 132 per month to 16 per month

I

- The Trust developed letters in Outpatients for patients with specialist needs that met Accessible Information Standards
- Nurse specialist in ophthalmology, clinics introduced in Newark to follow up patients following surgery

N

- Expansion of Newark medical daycase, staff training undertaken and SOPs developed to support the introduction of new procedures for rheumatology patients; methatrexate injections and zoledronic acid infusions

G

- Introduction of AMD for ophthalmology patients at Newark
- Introduction of nerve conduction studies to deliver a one stop service for orthopaedic patients at Newark

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Indicator	2015	2016
Patients with extended LoS (average for April)	245 > 14 days	257 > 10 days
Occupied bed days of those patients (average for April)	9323 (average LoS 38 days)	6834 (average LoS 26.5 days)
Use of the discharge lounge (avg for April)	55 pts/week	93 pts/week
Outliers (taken on the last day of April)	13 patients	4 patients
Number of beds (April)	681	589
Savings in CIP scheme from closing wards and increasing BPT from #NoF	£1.5m	Planned for £2.5m
'In Session Utilisation' within T&O		Up by 16%-23%
Newark Theatre utilisation	68.41%	74.18%
Newark Outpatient utilisation	73.5%	85.2%

W Revised our clinical structures moving to 5 clinical divisions with Clinical Director accountability, and aligned the corporate support functions. The Divisional management triumvirate of DGM, Clinical Director and Head of Nursing / Clinical Lead have undertaken MBTI assessment, coaching and a development programme.

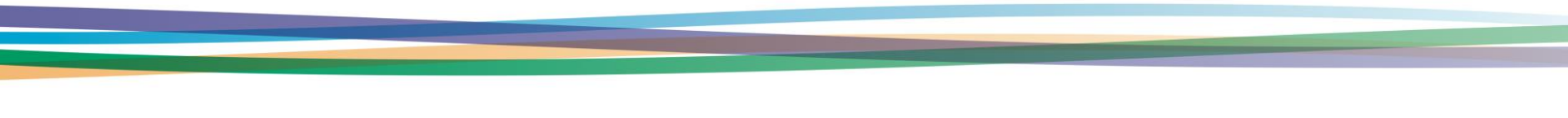
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L 39 Medical Leaders / Consultants undertaken Leadership and Managerial Development over past 3 years. These development programmes have led to Consultants taking up leadership positions in the Divisions (eg. Clinical Director posts, Clinical Governance posts).

L
E Established a revised Performance Management Framework and review process Chief Operating Officer and other Executives meet with Divisional Senior Management teams on 'Performance Tuesdays' to review performance.

D Board Development Programme has been on-going from December 2015, with sessions from external providers including Duty of Candour, Mental Capacity Act, Board Assurance, Managing through Mergers and Acquisitions. An outcome is Non-Executive and Executive Directors are ensuring greater assurance of reported Trust activity on sub-committees they chair or support. Senior Leadership walk around visits provides assurance on clinical areas.



W Financial

- E • Delivered 2015/16 financial outturn in line with September forecast and achieved CIP plan
 - L • Revised planning arrangements to produce robust 2016/17 budget
 - L • Robust CIP planning and PMO arrangements embedded
 - Baseline review undertaken providing clarity and transparency of underlying financial position
 - L • Agreement to 2016/17 control total and access to sustainability and transformation monies
 - E • April 2016 actuals in line with financial and CIP plans
 - D • 2015/16 Regulatory requirements for short term actions, financial governance action plan and long term action all submitted and delivered within required timescales
- 

W Risk Management

E

- We have enhanced risk management policy and procedures to meet the British Standard Code of Practice for Risk Management.

L

- We simplified and rationalised the risk grading matrix, and clarified risk treatment approaches that colleagues can consider when improving control over risk.

L

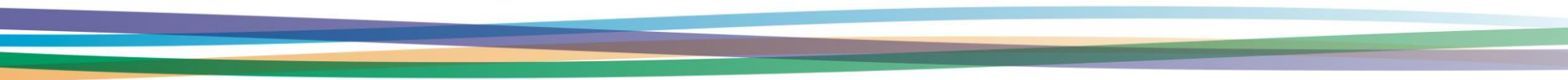
- We are using these changes to refresh and rebuild risk registers at corporate and divisional levels, and plan to review more directly risk exposures through the proceedings of the Board Risk Committee.

L

- We have further developed the Datix incident reporting system to speed up access to information for front line teams, and monitor performance and learning more directly.

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Indicator	2014-15	2015-16
ED 4 hour target	92.28%	94.48%
Number of ambulance conveyances	2547	2737
12 hour breaches in ED (Nov – April)	17 patients	0 patients
CDU admissions (April)	160 patients	242 patients
EAU Zero day LoS (April)	172 patients	157 patients
Average LoS (Excluding Neonates, Critical Care, Paeds)	7.73 days	6.45 days
Cancer targets ALL achieved in Quarter 4 2015-16		
<p>Stroke Stroke patients get a CT scan on average at 69 minutes after admission and received clot busting treatment when appropriate within 45 minutes of admission. We have achieved a top A rating in the national SSNAP audit in each of the last two quarters of reported data. Within the East Midlands, 2 Trusts are rated B and the other 4 are rated D.</p>		