Sherwood Forest Hospitals NHS
NHS Foundation Trust

Public Board Meeting

Report

Subject: Integrated Performance Report
Date: 6th July 2016
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QUALITY & SAFETY REPORT (REPORTING PERIOD MAY 2016)

1. INTRODUCTION

The monthly Quality & Safety report to the Board of Directors provides an overview of performance / achievement against our key quality priorities for 2016/17 as described within the Quality Report & Accounts (2015/16), in addition highlighting and referencing a range of other quality (including patient experience) and safety indicators. This report complements the quarterly Quality and Safety report which provides a more detailed and comprehensive review of progress against the Trust's quality and safety priorities. This report concentrates on the Key priorities.

The following section provides an overview of our agreed key quality and safety priorities for 2016/17, they include;

Key Priority 1	Reduce mortality as measured by HSMR	Headline & specific HSMR within the expected range and to have an embedded mortality reporting system visible from service to board. To eliminate the difference in weekend and weekday mortality as measured by HSMR
Key Priority 2	Recognise and respond effectively to deteriorating patients	To improve care of the deteriorating patient by screening both emergency admissions and deteriorating in-patients for possible sepsis To improve sepsis care by administering intravenous antibiotics, to patients identified with severe sepsis, within 60 minutes and ensuring appropriate review of antimicrobial prescription.
Key Priority 3	To Improve the Safe Use of Medicines	Achieve Zero medication-related 'never-events' Introduce Guardrails® IV pump software to minimise infusion incidents Revitalise the self-administration of medicines across the Trust Improve the management of patients with allergies and adverse reactions to medication. Increase the reporting rate for medication-related incidents and near-misses reported on Datix® and improve learning from the incidents. Increase the number of patients whose medicines are reconciled within 24 hours of admission to hospital. Increase access to the Summary Care Record (SCR) database Reduce the number of patients with omitted doses of critical medicines. Reduce the number of medication-related incidents resulting in moderate / severe harm by 25%

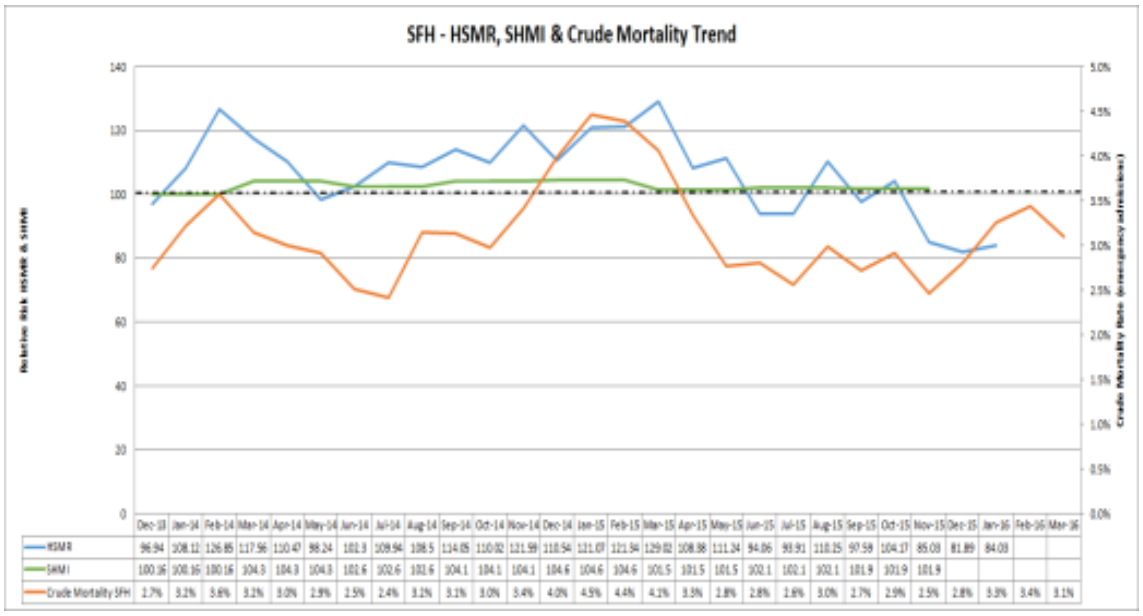
Reduce mortality as measured by HSMR (Quality Priority 1)

Targets for 2016/17 are:

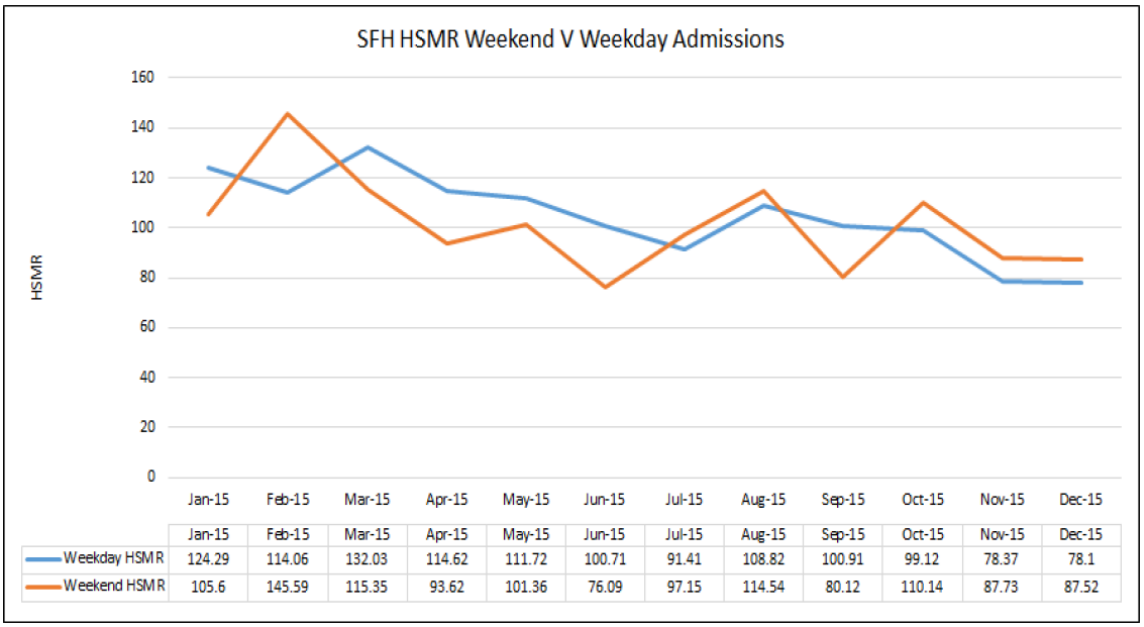
1. To reduce mortality as measured by HSMR to within the expected range
2. To implement a robust mortality reporting system that is visible from service to board
3. To eliminate the variation between weekend and weekday HSMR

How are we performing against this target:

The most recent data released by HSCIC/Dr Foster shows the HSMR position up to January 2016. The January HSMR is currently reported as 85 and the February HSMR is 90 the Trust awaits confirmation of this position.



The variation between HSMR of patients admitted at weekends and those admitted on weekdays has reduced over the last year and was below 100 in both November and December.



Mitigation plan (actions to date and future planning):
The Mortality Surveillance Group (MSG) is supporting the use of our electronic mortality review tool by all specialties to provide the information that they need in their local mortality and morbidity groups. This learning is then to be reported and shared at divisional level and trust level through the MSG. Specialties will be required to present regularly to the MSG.

Use of the electronic tool will mean that most deaths in the trust will be reviewed before even the data is available from Dr Foster. The MSG is able to take that data and analyse it, looking for themes and trends that need to be reviewed. Any areas of concern, whether from this internal analysis or from external alerts, is assigned to the appropriate division/specialty to investigate and report back to the MSG so that learning and improvements is shared. This results in a continuous improvement cycle aimed at sustaining the optimal care for our patients and an HSMR that reflects our patients and that care.
The Mortality Surveillance Group reports into the recently formed Deteriorating Patient Group (DPG). Assurance around Mortality is provided to the Patient Safety and Quality Board through the reporting from the DPG and escalates any concerns.

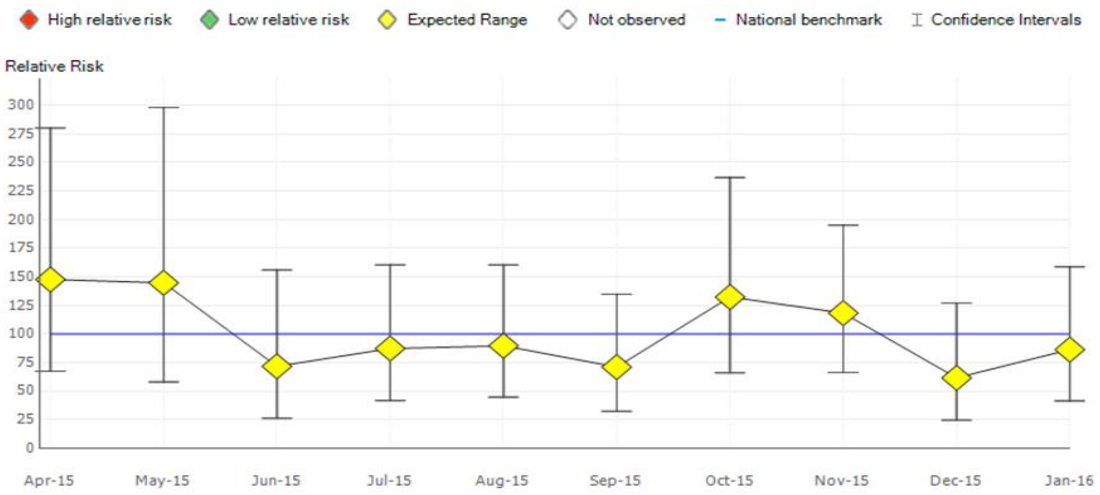
Recognise and respond effectively to deteriorating patients (Quality Priority 2)

Targets for 2016/17 are:
Our priority is to recognise and respond effectively to deteriorating patients.

1. To improve care of the deteriorating patient by screening both emergency admissions and deteriorating in-patients for possible sepsis

2. To improve sepsis care by administering intravenous antibiotics, to patients identified with severe sepsis, within 60 minutes and ensuring appropriate review of antimicrobial prescription.

How are we performing against this target:
Baseline data collection in April and May, against the 2016-17 CQUIN standards, evidences admission sepsis screening is > 90% compliance. This is consistent with our internal audit work which forms part of our sepsis improvement program and screening is embedded practice in our admission areas. The April and May data for in-patient sepsis screening showed compliance >88%. This element of the improvement program is audited and monitored weekly and is showing positive results.
Administration of antibiotics is a crucial element of the sepsis treatment bundle however antimicrobial resistance has risen over recent years. The CQUIN measures the number of cases where antibiotics have been delivered and subsequently reviewed within 72 hours, to promote good antibiotic stewardship. Both of these outcomes have to be completed, in order for a positive measure. Initial baseline data for emergency admissions evidences 89.5% (n=19) of patients with severe sepsis received both timely delivery of antibiotics and prescription review. The sample of patients that develop severe sepsis whist an in-patient is very small (n=2) and one patient received both timely delivery of antibiotics and prescription review within 72 hours. From this data our CQUIN targets for the year will be agreed with commissioners.
Sepsis related HSMR remains within the expected range as shown in the graph below. At time of writing accurate information was available up to January 2016.



Mitigation plan (actions to date and future planning)
The CQUIN work runs alongside the Trust's ongoing sepsis improvement work. This includes:

- Sepsis is now incorporated into the agenda of the Deteriorating Patient Group. This enables formal links to other aspects of the deteriorating patient to give a more holistic approach to improvement.
- Continuation and evolution of current audit programs, with ownership at a local level to encourage staff engagement.
- Sepsis mortality reviews to identify themes and concerns to be shared across both internal divisions and across Primary /Secondary care boundaries. Sepsis mortality is monitored by the Mortality Surveillance Group.
- On-going education and training of Trust staff
- Preparation for publication of NICE sepsis guidelines in July 2016. This will result in changes to our policies and procedures.

To Improve the Safe Use of Medicines (Quality Priority 3)

Targets for 2016/17 are:
Our priority is to:

1. Achieve Zero medication-related *Never Events*
2. Introduce Guardrails® IV pump software to minimise infusion incidents
3. Revitalise the self-administration of medicines across the Trust
4. Improve the management of patients with allergies and adverse reactions to medication.
5. Increase the reporting rate for medication-related incidents and near-misses reported on Datix® and improve learning from the incidents.
6. Increase the number of patients whose medicines are reconciled within 24 hours of admission to hospital.
7. Increase access to the Summary Care Record (SCR) database
8. Reduce the number of patients with omitted doses of critical medicines (e.g. antibiotics, insulin etc.).
9. Reduce the number of medication-related incidents resulting in moderate / severe harm by 25% (compared to 2015/16 data), particularly for high-risk medicines such as opioids, insulin, anticoagulation etc.

How are we performing against this target:
We are currently reviewing the data and the presentation on the data related to this quality priority. A comprehensive report will be included in the next Board report. There are no known concerns at the time of writing this report.

SAFER STAFFING

The monthly report provides an update to the Board against the Trusts 3 key quality and safety priorities for 2016/17. The paper provides an overview of highlights relating to patient quality and safety, the May safer staffing position. The Quality and Safety, Safer Staffing reports should be read in conjunction with this paper.

Quality and safety Report
Priority 1: Mortality
- HSMR remains below 100
- There have been no Mortality Alerts

Priority 2: Sepsis / deteriorating patient
- A new sepsis CQUIN is in place for 2016/17 and work is being undertaken to provide the evidence of improvement against the changed requirements.
- Sepsis work is now incorporated into a 'deteriorating patient group' this group has met and has a work programme

Priority 3: Improve the safe use of Medicines
- This priority encompasses a large varied number of workstream which represents the diversity of action being undertaken to improve medicines safety. Data which supports the information for this report is being reviewed.

Safer Staffing for Nurses
May's data continues to reflect the challenge of safe staffing with 18 out of the 29 monitored areas requiring additional staffing over their plan to meet patient acuity and dependency. No areas were identified as unsafe and no increase in patient harms or nurse sensitive indicators was identified

The main reasons for this continue to be vacant posts and sickness with the Division of Medicine having over 90 wte band 5 vacancies. Additional national monitoring commenced on 1st May to include Care Hours per Patient Day, further analysis of this information will be included in subsequent months. Local recruitment activity on 4th June resulted in 16 offers of employment.

Patient Experience
The Trust has received a presentation from Quality Health of the results of the 2015 National Inpatient Survey. The survey present feedback from patients which is generally positive with indicated areas of improvement. The information is currently being reviewed by Divisions to identify plans to support the improvement of patient experience.

OPERATIONAL STANDARDS

Cancer
The Trust met the cancer standards for April 16 (validated) however there remains a risk to achieving 62 day referral to treatment standard in May (81.8% un-validated) and June. There is also a risk to achieving 62 day screening target in June (2 patients breaching due to choice = 1 breach point).

Four hour wait
The Trust achieved the 4 hour target in May 95.2%. This was achieved in spite of rising numbers of ED attendances at KMH (There was a 9% increase in ED attendances May 16/17 compared to May 15/16).

Referral to Treatment Times (RTT)
The 'Incomplete' pathway (target 92%):

Achieved Q4 (93.46%) -

Dec	Jan	Feb	March	April	May
92.04%	92.07%	93.25%	95.07%	93.6%	93.8%

Validation continues in a number of specialties following the move to the new PTL. Internal action plans have been produced to improve the incomplete position of neurology and cardiology.

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

The Trust has achieved in April/May.

April	May
99.04%	99.6%

Outpatient & Inpatient performance metrics:

- The total number of patients currently on the outpatient review list is 21,848. This position has worsened from April. The three main speciality areas of concern are: dermatology, cardiology and neurology. Internal action plans are in place for each speciality.
- Outpatient cancellations by hospital were 2.5%. This position has improved from April by 0.8%.
- The DNA rates are continuing to show improvements - new outpatients at 7.27% (8.71% nationally) and the follow up rate at 9.1% (9.21% nationally).
- The new to follow up ratio is 1:85 against a national position of 2.0. As part of the contractual agreement the Divisions are continuing to work with Primary Care GPs to determine the clinically appropriate rates for the year.
- Cancelled inpatient operations stand at 0.3% (Target 0.8%). This position has improved from April by 0.6%.
- Theatre utilisation hit the national standard of 85% in May an improvement of 4.2%.

Q1 16/17 FORECAST RISKS
As detailed above the key risks identified are:

- Q1 A&E 95% compliance
- May 62 day cancer standard/June

FINANCE

FINANCIAL SUMMARY

All aspects of the financial delivery are in line with or better than plan, with the exception of capital spend. This is behind plan in part due to uncertainty of cash availability during May.

	Annual Plan	In-Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m
EBITDA	(27.58)	(4.23)	(3.95)	0.28	(8.79)	(8.33)	0.46
Surplus/(Deficit)	(57.08)	(6.66)	(6.36)	0.30	(13.59)	(13.10)	0.48
Surplus/(Deficit) - Excluding LTP	(41.20)	(4.39)	(4.09)	0.30	(8.80)	(8.32)	0.48
EBITDA % of Income	(9.7%)	(18.2%)	(16.7%)	1.4%	(18.8%)	(17.6%)	1.2%
Financial Sustainability Risk Rating YTD	2	2	2	-	2	2	0
CIPs	12.60	0.42	0.78	0.36	0.81	1.19	0.39
Capex	9.53	0.77	0.14	(0.64)	1.43	0.26	(1.18)
Closing Cash	0.00	1.45	1.46	0.01	1.45	1.46	0.01
Better Payment Practice Code - (Value / Number)			88.9% / 90.4%			91.2% / 88.9%	

- Deficit for May of £6.36m, £0.30m ahead of plan. YTD deficit of £13.1m, £0.48m ahead of plan
- Deficit includes Long Term Partnership costs of £4.78m, based on accruing to plan whilst discussions continue with NHS Improvement.
- FSRR is 2 against a plan of 2
- CIP YTD delivery of £1.19m against plan of £0.81m
- Capex is behind plan YTD with expenditure of £0.26m against plan of £1.43m
- Closing cash at 31st May was £1.46m, £0.01m higher than plan
- BPPC YTD performance is 91.2% by value of invoices paid and 88.9% by number of invoices paid, within 30 days

OPERATING STATEMENT

We are ahead of our planned deficit by £0.48m at the end of May, due to income over-performance and early delivery of CIP. Looking forward the planned deficit reduces as CIP plans increase and variable pay is planned to decrease.

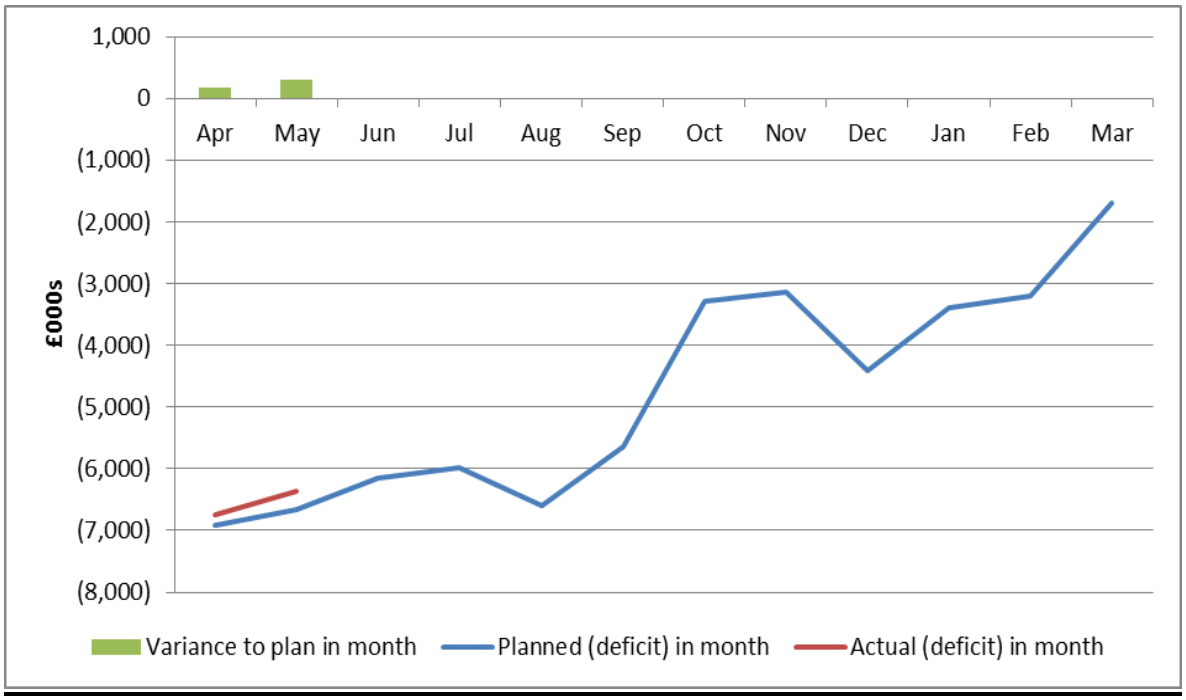
Year to date

	Annual Plan	May In-Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m
Clinical Income	247.05	20.41	20.60	0.20	40.96	41.45	0.50
Other Operating Income	38.46	2.88	2.99	0.11	5.89	5.91	0.02
Total Operating Income	285.51	23.28	23.59	0.31	46.85	47.36	0.51
Pay	(192.76)	(16.61)	(16.49)	0.12	(33.38)	(33.08)	0.30
Non Pay	(120.33)	(10.90)	(11.05)	(0.15)	(22.26)	(22.60)	(0.35)
EBITDA	**(27.58)**	**(4.23)**	**(3.95)**	**0.28**	**(8.79)**	**(8.33)**	**0.46**
Operating Costs Excl. from EBITDA	(9.93)	(0.83)	(0.84)	(0.02)	(1.65)	(1.69)	(0.03)
Non Operating Income	0.26	0.00	0.00	0.00	0.00	(0.00)	(0.00)
Non Operating Expenditure	(19.84)	(1.60)	(1.57)	0.03	(3.14)	(3.09)	0.06
Surplus/(Deficit)	**(57.08)**	**(6.66)**	**(6.36)**	**0.30**	**(13.59)**	**(13.10)**	**0.48**
Long Term Partnership	(15.88)	(2.27)	(2.27)	(0.00)	(4.78)	(4.78)	(0.00)
Surplus/(Deficit) - Excluding LTP	**(41.20)**	**(4.39)**	**(4.09)**	**0.30**	**(8.80)**	**(8.32)**	**0.48**

Operating statement identifies:

- Clinical income in excess of plan by £0.31m in month and £0.51m YTD. This is primarily as a result of continued non elective growth.
- Pay is within budget overall, but nursing is £0.15m worse than plan in month and £0.33m worse than plan YTD although spend in May has reduced. Agency spend continues in excess of the ceiling.
- Non pay position is £0.15m worse than plan in month and £0.35m worse than plan YTD. A full provision of £0.24m has been made for non payment of CNCS debt.

Looking forward



Looking forward:

- The trend is for the planned deficit to improve each month.
- In June this is driven by a £0.5m increase in clinical income as there are more working days and a £0.15m reduction to pay through planned decreases in variable pay.
- Without any reduction to pay expenditure the financial position will return to closer to plan in June.
- The CIP target for July is £0.5m higher than June leading to a corresponding improvement in the deficit.
- From October a large part of the LTP costs are planned to cease, an improvement in the deficit of £2.5m a month.
- A full forecast will be completed at the end of Q1 and reported to F&IC

RISK SUMMARY

Risk	Detail	Mitigation
Delivery of control total deficit	There is a risk of non delivery of the control total as the plan requires an improved position over the course of the year. Areas of risk particularly are CIP and control of variable pay	The Trust is performing better than plan at month 2 as CIP schemes are delivering earlier than planned and income performance is higher than plan. The CIP programme is actively managed and PIDS are in place for £7.2m of the £12.6m target. A full forecast will be undertaken at month 3 and reported to the Finance Committee
	The control total could be at risk through non delivery of income plan, specific risk areas being CQUIN, new to follow up ratios and commissioner affordability for income over performance	Work is ongoing to identify leads for CQUIN and develop forecasts . A proposal has been submitted to commissioners regarding new to follow up ratios based on clinically led discussions As the year progresses early conversations will be had with commissioners about payment of over performance
Management of cash and liquidity	The Trust is reliant on borrowings to support the deficit and NHSI have yet to provide certainty on loan arrangements for 2016/17	The DH have agreed a term loan arrangement for cash borrowings for July and August as the Trust has reached the WCF ceiling. Further borrowing mechanism are still under discussion by DH. The Trust has developed a working capital strategy to support the liquidity position.
	There is a lack of clarity from NHSI on how and when sustainability and transformation funding will be received	Regular conversations are had with NHSI regarding access to these monies which are in the forecast cash flow in August. NHSI are aware of the assumed timing and the possible implications for increased borrowings if there is no resolution

WORKFORCE

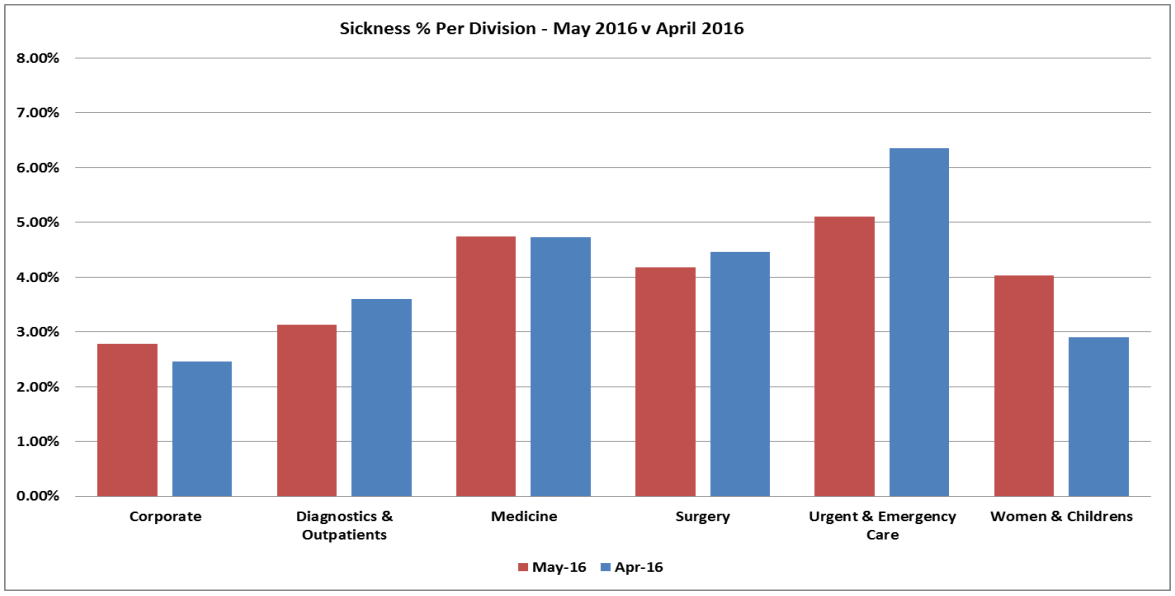
NOTE: as from 1st April 2016 a Divisional restructure has taken place and therefore comparisons between the Divisions may not be available.

SICKNESS ABSENCE

Overall sickness levels have decreased by 0.09% in month to 3.94% (April 4.04%). Short term sickness has decreased by 0.04% (2.05%) and long term sickness has also decreased by 0.04% (1.90%)

Although Urgent & Emergency Care had the highest reduction in the total sickness % rate reducing by 1.26% to 5.09% (April 2016, 6.35%), it is still the Division with the highest sickness absence % rate. Short term sickness increased by 1.30% to 3.53% (April 2016, 2.23%) and long term sickness decreased by 2.56% to 1.56% (April 2016, 4.12%).

The Division with the highest increase was Women and Children's which increased by 1.11%. However, total sickness stands now at 4.01% (April 2016, 2.90%) which is still only just above the Trust average.



The 3 highest absence reasons for May 2016 were:

- S10 Anxiety/stress/depression/other psychiatric illnesses with 1100.61 WTE days lost an increase of 29.41 WTE (April, 1071.2)
- S12 Other musculoskeletal problems with 478.04 WE days lost
- S98 Other known causes with 406.50 WTE days lost

The Top 3 staff groups with the highest total sickness absence % rate are:

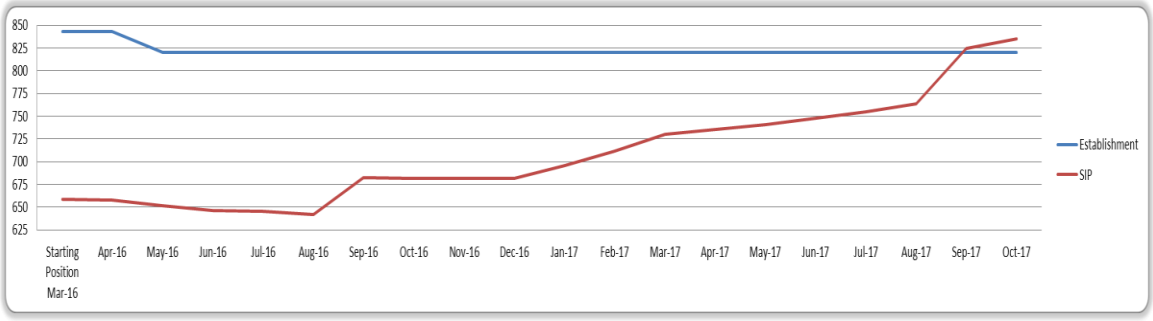
- Registered Nurse, 4.70% (1845.48 WTE days lost)
- Technical & Other, 4.70% (351.02 WTE days lost)
- Admin & Clerical, 3.47% (1024.31 WTE days lost)

Band 5 Registered Nurse is 5.36% which has reduced from April 2016 (5.51%).

APPRAISAL
Trust wide appraisal compliance has increased by 1% to 91% (April 2016, 90%). Trust-wide there are 301 outstanding appraisals compared to 321 in April 2016.

STAFF IN POST
Staff in post numbers has decreased by 17.37 WTE's. Registered Nurse decreased by 11.11 WTE; Scientific & Professional decreased by 3.31WTE's; Unregistered Nurses decreased by 2.93 WTE.

Nurse budgeted establishment for band 5 Registered Nurses has reduced by 20.16 WTE however we had 15.55 WTE band 5 Registered Nurse (RGN) leavers this month which is higher than expected. 9 RGN's started this month so even factoring in the high number of leavers, the number of Band 5 RGN vacancies has reduced from 184 to 168. The projection for Registered Nurses starting in September is currently at 51 WTE.



BUDGETED ESTABLISHMENT

Budgeted establishment decreased in month by 25.95 WTE to 4222.72 WTE (April 2016, 4248.67) with Registered Nurse being reduced by 20.80 WTE to 1363.73 WTE (April 2016, 1384.53). This reduction in WTE is due to the closure of Ward 35.

VARIABLE PAY

Variable pay was £3.6m in May against the actual budget of £1.75m. This spend has decreased by £286k from April but remains an overspend of £1.84m against budget across all divisions. However, the actual budget in month for variable pay has decreased by £268k when compared to April 2016 this is mainly due to a reduction in Medicine and Urgent Care, Nursing and Medical agency/locum.

However, fixed pay actually has an underspend of £1.97m against budget.

TRAINING AND EDUCATION

The overall compliance rate for Mandatory Training has increased by 2% to 88%. This is against a target of 90% (92% with a 2% tolerance). This rate refers to the number of competencies completed and not the number of staff compliant. All divisions have increased their compliance rate.

RECRUITMENT

The total vacancy rate was 13.13% across the Trust in May. The number of vacancies advertised increased in May 2016 to 111 compared to April 2016 of 62. The main activity remains in Admin, Medical and Nursing roles.

Authorisations for all vacancies including bank, temporary agency requests and interims are now done electronically within the Trac system allowing for a full audit trail.
A survey was undertaken with Recruiting Managers before the new applicant tracking system (Trac) was implemented and 4 months after go live. Analysis shows significant improvements have been noted across the whole process:

Overall, are you satisfied with the recruitment process?		
Answer Options	**Jan-16**	**May-16**
Extremely satisfied	9.10%	48.80%
Moderately satisfied	35.10%	23.30%
Slightly satisfied	18.20%	14.00%
Neither satisfied nor dissatisfied	10.40%	7.00%
Slightly dissatisfied	10.40%	2.30%
Moderately dissatisfied	10.40%	0.00%
Extremely dissatisfied	6.50%	4.70%

However the survey has highlighted the need for further work to clearly explain the new process, who does what and when and guides need to be readily available in the Intranet.

Diagnostic and Outpatients – HRBP Review
Recruitment to two hard to fill roles within the Division has been successful. Following an open evening, we recruited to all Band 5 Physiotherapist vacancies. Due to the high annual turnover, work was undertaken with Finance to over-recruit to these posts, whilst remaining in budget, with the aim to stay fully established throughout the year as staff leave. Another area the Division managed to fully recruit to following interviews were Band 5 Radiographers. They are due to commence in September 2016 following confirmation of their degree results.

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.