Sherwood Forest Hospitals NHS
NHS Foundation Trust

Public Board Meeting

Report

Subject: Integrated Performance Report
Date: 24th July 2016
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Lead Directors: Suzanne Banks Chief Nurse, Jon Scott Interim Chief Operating Officer, Paul Robinson Chief Financial Officer, Julie Bacon Interim Director of HR & OD

QUALITY AND SAFETY

This monthly report specifies detail with regard to the quarter one report which provides information related to all the Trusts quality priorities and contracted quality standards for 2016/17. The paper also gives an overview of the June safer staffing position. The Quarterly Quality and Safety and Safer Staffing reports should be read in conjunction with this paper.

QUALITY AND SAFETY REPORT

Priority 1: Mortality

- HSMR remains below 100. The initial figure for 2015/16 is 94.9 whilst this may alter after national benchmarking it is unlikely to exceed 100.
- There have been no Mortality Alerts

Priority 2: Sepsis / deteriorating patient

- The deteriorating patient group has met and has a work programme providing clarity and focus for the work streams and groups aligned to it.
- A new sepsis CQUIN is in place for 2016/17. Whilst the audit criteria have changed, initial indication that the Trust is meeting the new criteria is positive. New national NICE guidance for sepsis has been issued and work is commencing to amend current Trust guidelines and policies.

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. A variety of work programmes are now in place and changes/improvements to practice are being implemented as a result.

Infection Control

Positive work continues to be undertaken in infection control and the Trust remains within its Clostridium Difficile threshold with 10 infections being reported for the quarter with (4 in June).

Falls

There has been a slight increase in total patient falls with harm to 111 in June, primarily due to an increase in low harm falls (22 in June compare to 14 in May). Percentage of falls per 1000OBDs has also slightly increased in June at 6.97% compared to 6.09% in May. Chaired by the Deputy Chief Nurse, the Trust is the leading partner across the alliance for the

alliance partnership work to reduce harms and risks associated to falls.

Learning Disabilities
The Chief Nurse will present an update on Learning Disabilities as part of the Quarterly Quality Report which is part of the Governance Declaration where Board are certifying against compliance with requirements regarding access to healthcare for people with a learning disability. The Trust has to be achieving all 6 criteria for meeting the needs of people with a learning disability, as detailed in the report, which are based on the recommendations set out in Healthcare for All (DH2008). Board are reminded of the importance of evidencing compliance in this area given the tight focus adopted by the CQC nationally where their previous reviews of learning disability services across the country found that almost half were not meeting government standards with many failings being a direct result of care that was not centered on the individual or tailored to their needs.

SAFER STAFFING FOR NURSES

June's data continues to reflect the challenge of safe staffing with 20 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 being the greatest area of concern specifically related to 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.

OPERATIONAL STANDARDS

Cancer
The Trust met all cancer standards in Quarter 4 and is forecast to achieve all standards in June (un-validated) and therefore all cancer standards for Quarter 1. There remains a risk to achieving 62 day referral to treatment standard in July. All specialities areas have developed action plans to mitigate this risk.

Four hour wait
The Trust achieved the 4 hour target in May 95.2%. In June we achieved 93.9%. Demand in June saw an increase in KMH activity and a 19.2% reduction in PC24 activity following the provider, CNCS, going into administration. July is expected to be an improvement on June's position.

Referral to Treatment Times (RTT)
The 'Incomplete' pathway (target 92%):
Achieved Q1 -

April	May	June
93.6%	93.8%	92.56%

The diagnostic RTT (DMO1) (target 99%):
The Trust achieved in April/May however has failed in June and is forecast to fail in July.

April	May	June
99.04%	99.6%	98.77%

Three key areas contributed to non-achievement on DM01 in June:

- Dexa scanning – due to staffing and management issues
- Respiratory (adult) sleep studies) – due to capacity

- Echocardiography – due to staffing issues.

Endoscopy is forecasting to fail in July due to staffing and management issues. Actions are being identified to limit impact and ensure achievement.

Outpatient & Inpatient performance metrics:

- Outpatient cancellations by hospital were 2.4%. April position was 3.3%.
- The DNA rates - new outpatients at 7.38% (8.71% nationally) and the follow up rate of 8% (9.21% nationally).
- The new to follow up ratio is 1:1.80 (May 1:1.85) against a national position of 1:2.0
- Cancelled inpatient operations stand at 0.4% against the target of 0.8% (May 0.3%).
- Theatre utilisation is currently at 81.3%. A paper has been presented at Execs seeking funding to continue the roll out of four eyes into other specialities.

July 16/17 FORECAST RISKS

As detailed above the key risks identified are:

- DMO1including Endoscopy
- 4 hour target
- July 62 day cancer standard

FINANCE

Financial Summary

All aspects of financial delivery are in line with or better than plan, with the exception of capital spend which has improved in June with in-month performance of £0.83m ahead of plan.

	Annual Plan	June In-Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m
EBITDA	(27.58)	(3.76)	(3.69)	0.07	(12.55)	(12.02)	0.53
Surplus/(Deficit)	(57.08)	(6.15)	(6.05)	0.10	(19.74)	(19.16)	0.58
Long Term Partnership (LTP)	(15.88)	(2.45)	(2.45)	0.00	(7.24)	(7.24)	0.00
Surplus/(Deficit) - Excluding LTP	(41.20)	(3.70)	(3.60)	0.10	(12.50)	(11.92)	0.59
EBITDA % of Income	(9.7%)	(15.7%)	(15.3%)	0.4%	(17.7%)	(16.8%)	0.9%
Financial Sustainability Risk Rating YTD	2	2	2	2	2	2	0
CIPs	12.60	0.57	0.86	0.29	1.38	2.05	0.67
Capex	9.53	1.44	2.27	0.83	2.87	2.52	(0.35)
Closing Cash	1.45	1.45	1.45	0.00	1.45	1.45	0.00
Better Payment Practice Code - (Value / Number)			94.8% / 90.5%			92.7% / 89.3%	

- Deficit for June of £6.05m, £0.10m ahead of plan. YTD deficit of £19.74m, £0.59m ahead of plan.
- Deficit includes Long Term Partnership costs of £7.24m, based on accruing to plan whilst discussions continue with NHS Improvement.
- FSRR is 2 against a plan of 2.
- CIP YTD delivery of £2.05m against plan of £1.38m.
- Capex expenditure position has improved in June with an in month spend of £2.27m. Cumulatively capex is now £0.35m behind YTD plan (was £1.18m behind YTD plan at May) with cumulative expenditure of £2.52m against cumulative plan of £2.87m.
- Closing cash at 30th June was on plan at £1.45m.
- BPPC YTD performance is 92.7% by value of invoices paid and 89.3% by number of invoices paid, within 30 days.

Operating Statement

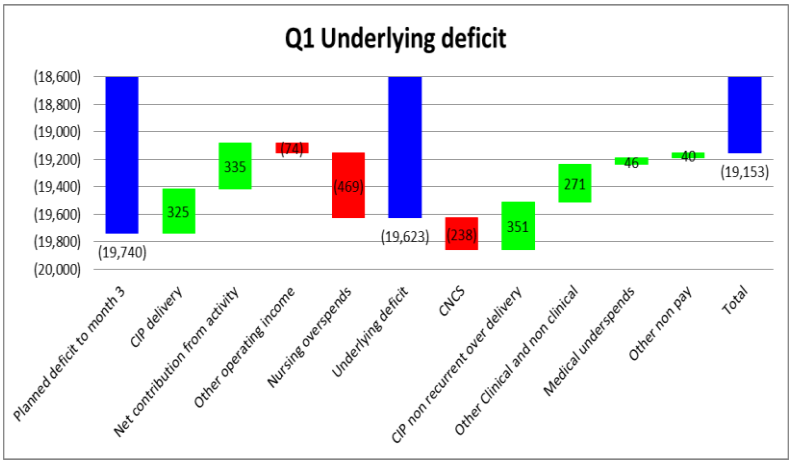
Operating statement identifies:

- Clinical income in excess of plan by £0.20m in month and £0.70m YTD. This is primarily as a result of continued non elective growth.
- Pay is within budget overall, but nursing is £0.14m worse than plan in month and £0.47m worse than plan YTD although spend in June has reduced. Agency spend continues in excess of the ceiling.
- Non pay position is £0.07m worse than plan in month and £0.43m worse than plan YTD. A full provision of £0.24m has been made for non payment of CNCS debt.

Year to Date

	Annual Plan	June In-Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m
Clinical Income	247.05	20.94	21.14	0.20	61.90	62.59	0.70
Other Operating Income	38.34	2.96	2.92	(0.04)	8.85	8.83	(0.02)
Total Operating Income	285.39	23.90	24.06	0.16	70.75	71.42	0.67
Pay	(192.22)	(16.43)	(16.45)	(0.02)	(49.83)	(49.54)	0.29
Non Pay	(120.75)	(11.22)	(11.29)	(0.07)	(33.47)	(33.90)	(0.43)
EBITDA	**(27.58)**	**(3.76)**	**(3.69)**	**0.07**	**(12.55)**	**(12.02)**	**0.54**
Operating Costs Excl. from EBITDA	(9.93)	(0.83)	(0.82)	0.01	(2.48)	(2.50)	(0.02)
Non Operating Income	0.26	0.00	0.00	0.00	0.00	0.00	(0.00)
Non Operating Expenditure	(19.84)	(1.57)	(1.55)	0.02	(4.71)	(4.64)	0.07
Surplus/(Deficit)	**(57.08)**	**(6.15)**	**(6.05)**	**0.10**	**(19.74)**	**(19.16)**	**0.59**
Long Term Partnership	(15.88)	(2.45)	(2.57)	(0.12)	(7.24)	(7.24)	(0.00)
Surplus/(Deficit) - Excluding LTP	**(41.20)**	**(3.70)**	**(3.48)**	**0.22**	**(12.50)**	**(11.92)**	**0.59**

Analysis of Q1 results



Analysis of the Q1 position shows an underlying deficit of £19.6m, a position £0.1m better than plan.

The reported position includes a number of non recurrent benefits in Q1 which have made the position better than plan. These include non recurrent CIP delivery and non clinical underspends. These benefits are not expected to continue in future months at the current rate.

Forecast Outturn Position

A first forecast has been completed at the end of Q1. This demonstrates that the planned deficit of £57.1m is achievable. Key assumptions include 100% delivery of CIP, Alliance Outcomes & CQUIN and full receipt of S&T monies.

Forecast outturn – Trust Wide

	Forecast outturn		
	Plan £m	Actual £m	Variance £m
Clinical Income	247.05	250.15	3.09
Other Operating Income	38.34	38.28	(0.05)
Total Operating Income	285.39	288.43	3.04
Pay	(192.22)	(195.15)	(2.93)
Non Pay	(120.75)	(120.89)	(0.15)
EBITDA	**(27.58)**	**(27.61)**	**(0.03)**
Operating Costs Excl. from EBITDA	(9.93)	(9.92)	0.00
Non Operating Income	0.26	0.29	0.03
Non Operating Expenditure	(19.84)	(19.84)	0.00
Surplus/(Deficit)	**(57.08)**	**(57.08)**	**(0.00)**
Long Term Partnership	(15.88)	(15.88)	0.00
Surplus/(Deficit) - Excluding LTP	**(41.20)**	**(41.20)**	**(0.00)**

The forecast outturn identifies that delivery of the planned deficit is on track. Assumed within this is 100% delivery of CIP target of £12.6m, Alliance Outcomes and CQUIN income of £5m, full receipt of £10.3m of S&T funding, and full utilisation of the £15.9m LTP control total.

Income over-performance seen in Q1 is forecast to continue with no Commissioner QIPP. Many of the non recurrent pay benefits seen in Q1 are not forecast to continue so leading to a pay overspend.

Next steps are to work further on this forecast, including phasing and challenging of assumptions.

Forecast outturn – by Division

	Forecast outturn		
	Plan £m	Actual £m	Variance £m
Diagnostic and Out Patients	(11.40)	(12.04)	(0.64)
Medicine	9.60	6.87	(2.73)
Surgery	16.76	16.16	(0.59)
Urgent Care	5.91	4.47	(1.44)
Women and Children	11.67	11.41	(0.26)
Central Income	12.95	12.97	0.01
Corporate*	(74.23)	(68.49)	5.74
Corporate Finance	(28.35)	(28.44)	(0.09)
Total	**(57.08)**	**(57.08)**	**(0.00)**

*NB includes central assumptions about CIP delivery

Divisional overspends are primarily a result of a cautious approach to the delivery of CIP. The CIP assurance process is confident of delivery of the £12.6m target and this has been reflected in Corporate for the purposes of reporting. Next steps include working with Divisions to ensure they reflect agreed PIDS and CIP plans.

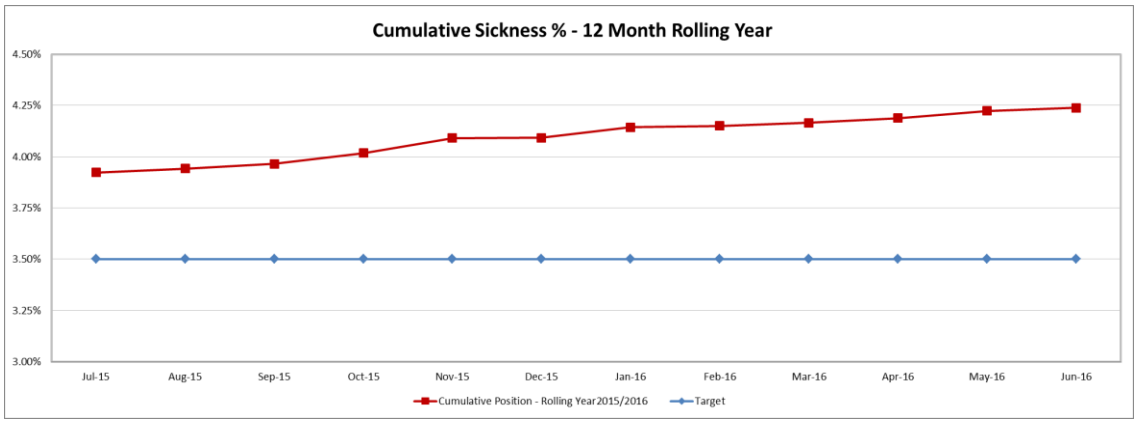
WORKFORCE

SICKNESS ABSENCE

NOTE: A Divisional restructure has taken place which prevents trend analysis across the Divisions prior to April 2016.

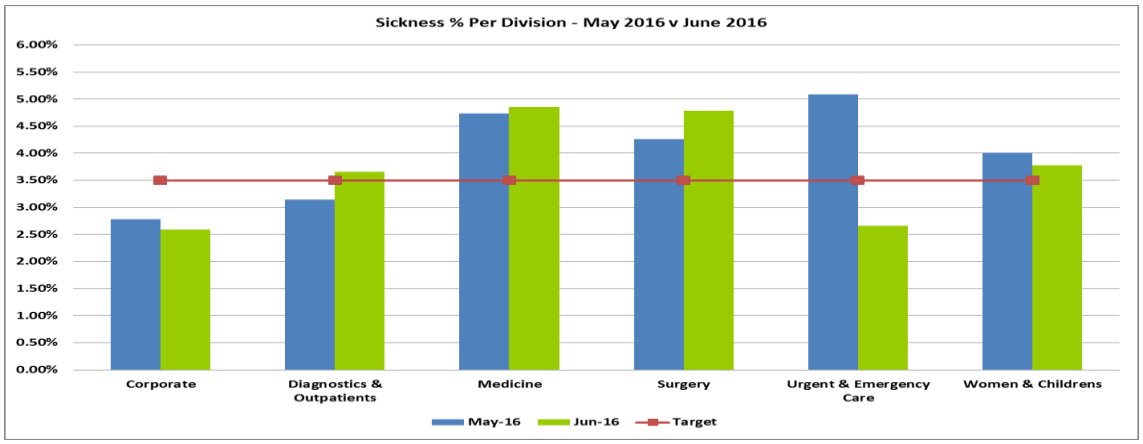
Trust wide sickness absence

Overall sickness levels have increased by 0.02% in month to 3.96% (May, 3.94%). Short term sickness has increased by 0.13% (2.18%) and long term sickness has decreased for the third month by 0.12% (1.78%).



Cumulative (12 month) sickness absence for June 2016 is 4.24% which is an increase in year of 0.32% when compared to June 2015 (3.92%). However, this is still relatively low when compared to many other Acute Trusts.

Sickness Absence by Division



The Divisions with the highest increase are Diagnostics & Outpatients, rising by 0.52% to 3.66% and Surgery rising by 0.53% to 4.79%.

The Division with the largest reduction was Urgent & Emergency Care which decreased by 2.43% to stand at 2.66%. Short term sickness decreased by 1.63% (1.90%) and Long term sickness decreased by 0.82% (0.74%). This significant reduction was due to the HR Team working closely with the Matron, Ward and Department Leaders to manage both long term and short term sickness absence through monthly confirm and challenge meetings and informal coaching and support. Each individuals on long term sickness has an individual plan for the management of their absence.

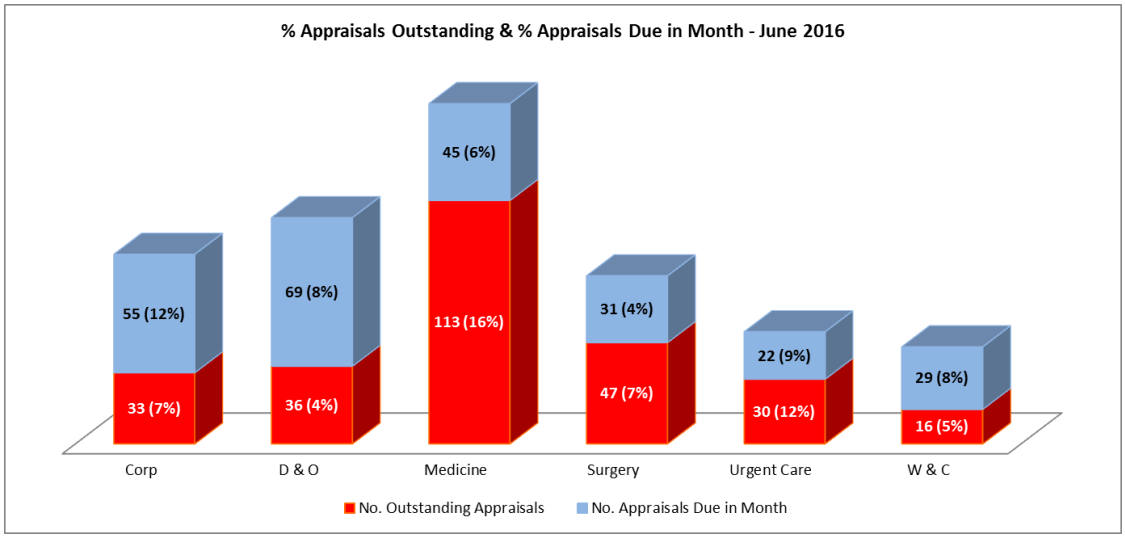
2016-2017	May	Jun
		Descending Order
Technical & Other	4.70%	6.22%
Registered Nurse	5.19%	5.19%
Unregistered Nurse	5.39%	5.08%
Admin & Clerical	3.47%	3.35%
Ancillary	2.07%	2.63%
Scientific & Professional	1.74%	2.31%
Allied Health Professionals	2.19%	2.18%
Medical & Dental	1.09%	0.87%
Trust Total	**3.94%**	**3.96%**
Band 5 Registered Nurse only	**5.36%**	**4.06%**

The most significant increase in absence by staff group is within Technical & Other, although this group has less than 250 staff in it, so a small change can make a larger % difference.
Anxiety and stress, as usual has the highest FTE days lost for both short (26.88 FTE) and long term sickness (60.00 FTE).
Band 5 Registered Nurses have shown a significant decrease in sickness absence in month.

APPRAISAL

Trust wide appraisal compliance has increased by 1% to 92% (May 2016, 91%). The Trust appraisal compliance target is 98%.

There are 275, (8%) appraisals required in June to reach 100%. However there were also an additional 251 appraisals due to be completed which expire in month, a total of 526 (16%) required to be completed in June 2016. These are spread across the Divisions below.



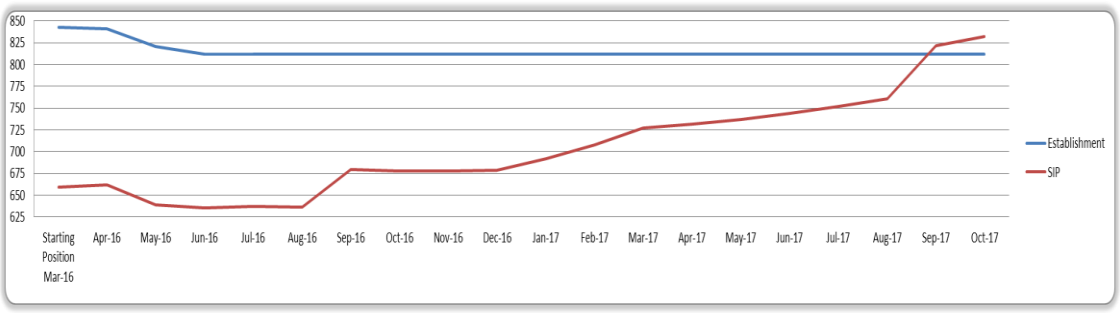
STAFFING

This table shows the net position with staff in post against establishment across the Trust. It is encouraging that turnover remains low this month, with more new starters than leavers.

	Jun-16								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover	No. Active Adverts
Total Trust									
Admin & Clerical	1086.65	969.94	1187	116.71	10.74%	12.89	6.84	0.71%	36
Allied Health Professionals	210.54	187.29	233	23.25	11.04%	1.31	1.63	0.87%	6
Ancillary	39.63	44.31	51	-4.68	-11.80%	0.00	0.00	0.00%	2
Medical & Dental	485.41	398.82	417	86.59	17.84%	3.47	0.00	0.00%	9
Registered Nurse	1362.09	1144.57	1336	217.52	15.97%	13.97	8.43	0.74%	48
Scientific & Professional	216.86	192.71	207	24.15	11.14%	2.00	1.00	0.52%	10
Technical & Other	265.10	241.69	296	23.41	8.83%	2.00	1.40	0.58%	7
Unregistered Nurse	548.42	504.02	602	44.40	8.10%	1.64	2.96	0.59%	5
Total - Trust	**4214.70**	**3683.36**	**4329**	**531.34**	**12.61%**	**37.27**	**22.26**	**0.60%**	**123**
Band 5 Registered Nurse Only	811.59	635.06	750	176.53	21.75%	7.17	7.63	1.20%	22

The reported over established position in in Ancillary is due to a coding difference between ESR and the ledger for Theatre Orderlies, which will be rectified next month.
Band 5 Registered Nurses (RN) Trajectory:

The nursing trajectory indicates that the Trust should be up to establishment for band 5 nurses by September 2017. Based on unconditional job offers, it is anticipated that there will be 51 wte RN's starting in September 2016



RECRUITMENT PERFORMANCE

This chart details the time from when the job advert went live to the unconditional offer stage. The East Midlands Streamlining Perfect Process has a target of 62 days.

Time to Hire *from advert to ready to start*	Days	Weeks
Nov'15 - Feb'16 *before Trac*	76.7	10.9
Mar'16 - Jun'16 *using Trac*	47.6	6.8

Since the implementation of Trac (applicant tracking system) there has been a 38% improvement in time to hire. The Trust now exceeds the local NHS target by over 2 weeks. Plus, managers are reporting a higher degree of satisfaction with the recruitment process.

Pharmacy recruitment and retention

Below is a table showing the no of pharmacist vacancies

Band	Establishment - FTE	Vacancies	Gaps	Other leavers	starters	Net 3 month position (October 2016)
6	17.06	6	1 (illness)	0	6	0
7	11.18	4	1 (mat leave)	2	0	6 + 1 x mat leave
8	12.30	0	2 (mat leave)	2	0	2 + 2 x mat leave

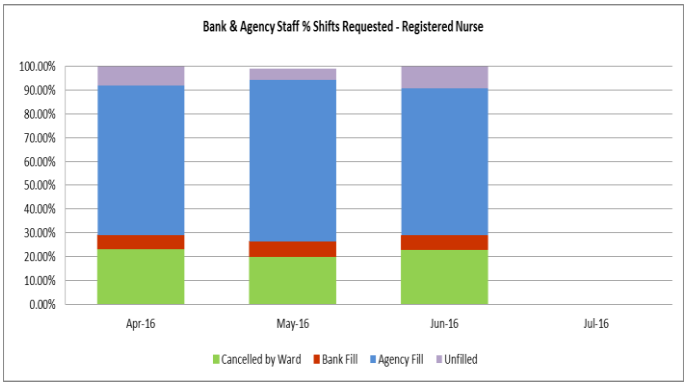
These gaps are being addressed by:

- investigating possible European recruitment as other Trusts have done this successfully
- creating a transitional package for community pharmacists to come as band 6, gain skills and competencies in acute care than move into to the vacant band 7 roles
- having an open day on 11th Sept, on a Sunday as community pharmacists work Saturdays
- considering recruitment and retention premia
- considering rotational posts with NUH

PAY SPEND

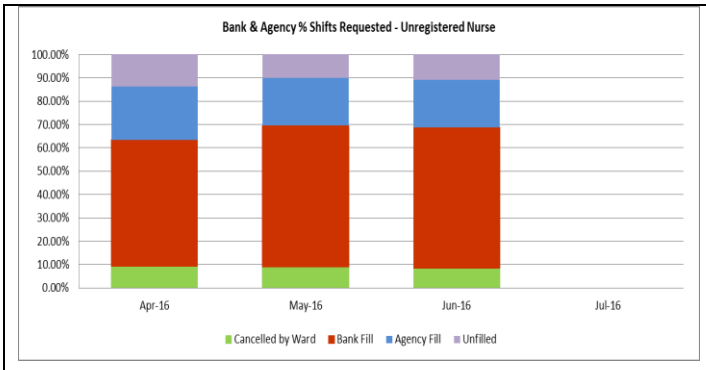
Variable pay was £3.67m in June (£3.6m, May 2016) against the actual budget of £1.79m, £1.87m above budget in month. However, fixed pay actually has an underspend of £1.85m against budget.

Shift requests for bank and agency staff



Registered Nurse requests increased by 13.64% to 2155, (May 2016, 1861).

67.84% of requests were filled (May 2016, 74.48%).



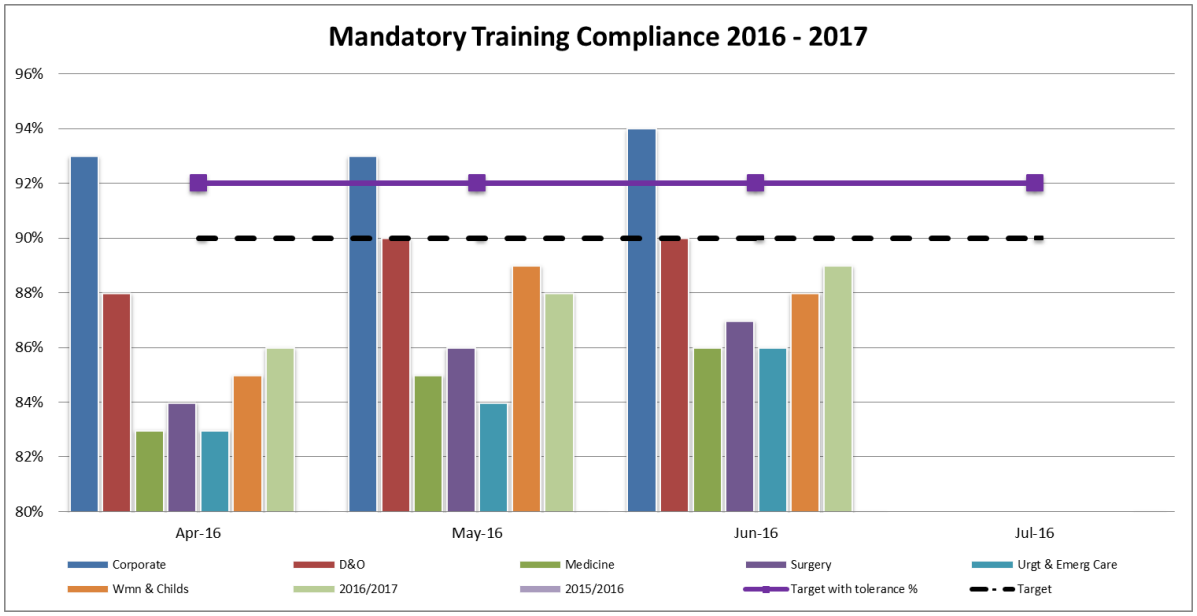
Unregistered Nurse requests reduced by 3.42% to 3102, (May 2016, 3208).

80.69% of requests were filled (May 2016, 80.92%).

The Trust has committed to removing all agency usage of unregistered nurses from September 2016

TRAINING AND EDUCATION

The overall compliance rate for Mandatory Training has increased by 1% to 89%. 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. In June all divisions have increased their compliance



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.