Sherwood Forest Hospitals NHS
NHS Foundation Trust

Public Board Meeting

Report

Subject: Single Oversight Framework Performance Report
Date: December 2016
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INTRODUCTION

As discussed and agreed at Board previously a comprehensive review of the work programmes of the Quality and Safety elements of the Trusts committee structure has taken place. Historically an assessment and future plans against these priorities and targets has been reported directly to the Board of Directors on a monthly basis, however in future reports will be provided to the Quality Committee through the PSQB report to provide the assurance required with respect to achievement and progress. The Quality Committee will in turn provide assurance to the Board. This will mean a month's lag with regard to the indicators for this element of the report i.e. the January report to board will reflect November data which has been scrutinised through the governance process.

All other elements of the report will remain the same i.e. the January report for Performance, Finance and HR will reflect December data.

QUALITY & SAFETY

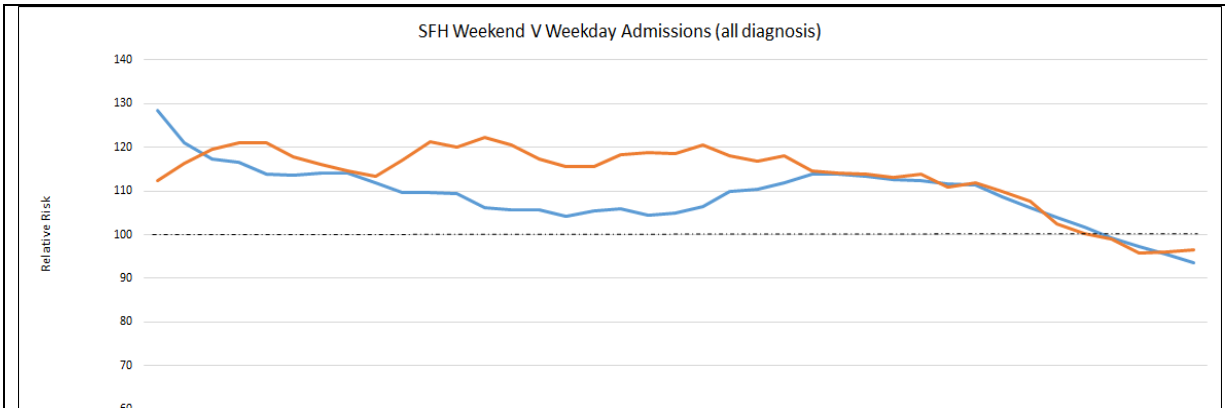
The purpose of this element of this report is to provide an update to the Board on the key patient safety and quality priorities of the Trust

The Trusts agreed 3 key quality and safety priorities for 2016/17

Hospital Standardised Mortality Ratio (HSMR)
The HSMR has consistently shown values below 100 – demonstrating mortality rates below the expected. The rolling 12 month HSMR has been statistically within expected for all of 2016.

Mortality for weekend and weekday admissions has had similar values for the last 12 months of data. The variation is extremely limited and with the current low HSMR this gives no cause for concern. This will continue to be monitored to ensure that this situation does not change.

The latest data from Dr Foster indicates the weekday v weekend position in table 1 below:



	May -12 to Apr-13	Jun-12 to May-13	Jul-12 to Jun-13	Aug-12 to Jul-13	Sep-12 to Aug-13	Oct-12 to Sep-13	Nov-12 to Oct-13	Dec-12 to Nov-13	Jan-13 to Dec-13	Feb-13 to Jan-14	Mar-13 to Feb-14	Apr-13 to Mar-14	May -13 to Apr-14	Jun-13 to May -14	Jul-13 to Jun-14	Aug-13 to Jul-14	Sep-13 to Aug-14	Oct-13 to Sep-14	Nov-13 to Oct-14	Dec-13 to Nov-14	Jan-14 to Dec-14	Feb-14 to Jan-15	Mar-14 to Feb-15	Apr-14 to Mar-15	May -14 to Apr-15	Jun-14 to May -15	Jul-14 to Jun-15	Aug-14 to Jul-15	Sep-14 to Aug-15	Oct-14 to Sep-15	Nov-14 to Oct-15	Dec-14 to Nov-15	Jan-15 to Dec-15	Feb-15 to Jan-16	Mar-15 to Feb-16	Apr-15 to Mar-16	May -15 to Apr-16	Jun-15 to May -16	Jul-15 to Jun-16
Weekday RR	128	121	117	117	114	114	114	114	112	110	110	109	106	106	106	104	106	106	104	105	106	110	110	112	114	114	113	113	112	112	112	109	106	104	102	99.1	97.2	95.5	93.5
Weekend RR	112	116	119	121	121	118	116	115	113	117	121	120	122	121	117	116	116	118	119	118	121	118	117	118	115	114	114	113	114	111	112	110	108	102	100	98.9	95.7	96	96.6

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.

How are we performing against this target:

Following the lifting of the Section 31 enforcement action by the Care Quality Commission in May 2016 the weekly Sepsis Task force was decommissioned. It had long been recognised by the Trust that a wider focus on the deteriorating patient as a cohort rather than a small, defined group was required.

The Deteriorating Patient Group (DPG) was formed in May of this year in response. DPG reports directly to the Patient Safety Quality Board. The Terms of Reference clearly set out the purpose and objectives of the group and incorporate those disparate groups that manage acutely ill patients. It holds to account and agrees the work programmes of each group in order to receive the required assurances that the Trust has robust systems and processes in place to recognise and rescue individuals when their condition deteriorates and that we respond accordingly and appropriately.

To date there has been good attendance from the reporting groups and the Terms of Reference of each group has been aligned to DPG. The following summarises the actions from the groups that report into DPG:

i. Mortality Surveillance Group

- To develop a Mortality Dashboard
- To implement the use of the Mortality Data Collection tool across all specialties to ensure consistency in mortality data collection
- To achieve the required 90% of all deaths reviewed at local Mortality & Morbidity meetings by 31/03/17
- To review all Level 2 Mortality Reviews at the Mortality Surveillance Group

ii. Sepsis Working Group

- Sepsis-related HSMR continues to be reported through the Mortality Surveillance Group
- The weekly inpatient sepsis screening audit continues with exception reports for opportunities missed, including the ongoing audit of Critical Care admissions. The weekly audit also reports compliance with appropriate escalation, sepsis screening and application of the Sepsis Six Care Bundle (this includes the administration of antibiotics within 1 hour)
- An e-learning module is under development in collaboration with NUH
- Work is underway to align SFH and NUH procedures to ensure compliance with the Sepsis NICE Guidance by March 2017 (requirement to be 90%)
- An electronic Sepsis Screening Tool has been developed through NerveCentre
- SFH involved in the regional work to develop an electronic Sepsis Screening Tool for Paediatrics

Table 3 – Sepsis HSMR indicating that SFH performance remains within the expected range

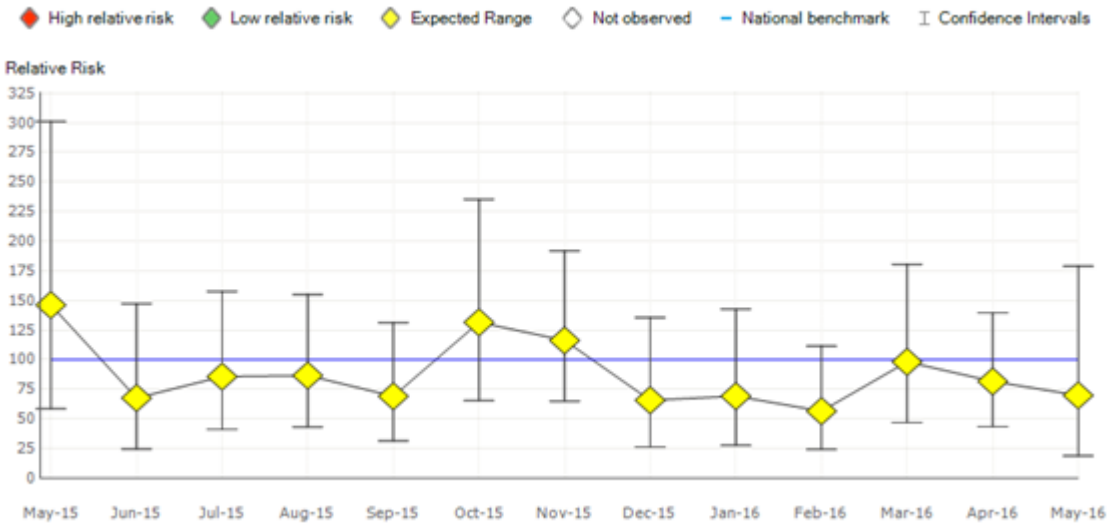
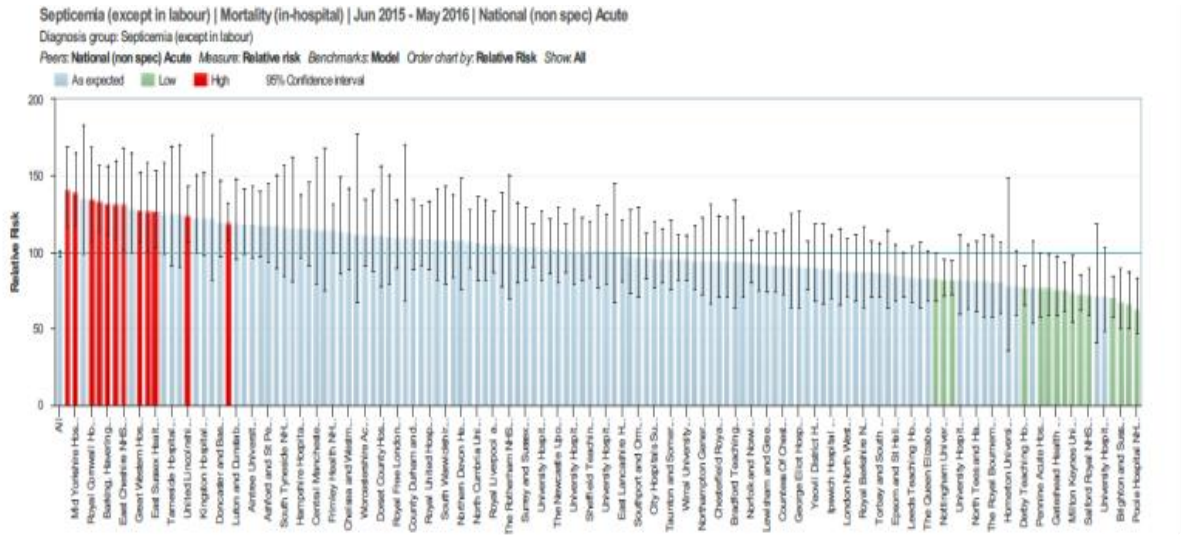


Table 4 - illustrates the position of SFH in relation to Acute Hospitals in England showing a relative risk score of 82.7



The Trust is working towards full compliance with the CQUIN in relation to the review and reduction of anti-microbial prescribing, which is a key feature of the appropriate management of Sepsis. Q1 and Q2 compliance has been met and the audit to monitor Q3 performance commenced on 1st October

iii. Acute Kidney Injury Group

The Acute Kidney Injury Group has been re-launched with NUH and SFH membership. The Terms of Reference are currently being agreed as well as the annual work programme.
The DR Foster Report had identified Acute Kidney Injury (AKI) HSMR as a clinical area that required further investigation. An audit of patients with AKI as a primary diagnosis of death has been carried out and the finding were presented to the Mortality Surveillance Group on October 4th. A further audit has been carried out indicating low compliance with the AKI DONUTS Care Bundle. Progress against this is being monitored through DPG.

iv. Resus Advisory Group

- The Paediatric Emergency Trolley replacement programme has been rolled out through November/December
- The new Manual Defibrillator rollout has commenced
- The Resus team are increasing the use of CPR feedback in training to improve the quality and standards of CPR
- Two additional EPALS (Paediatric) courses have been delivered to meet the training needs of the Trust
- The Quarter 1 National Cardiac Arrest Report (02/08/16) has been received. Key outcomes are listed below:

The National Cardiac Arrest Audit (NCAA) is the national, clinical, comparative audit for in-hospital cardiac arrest. The purpose of the NCAA is to promote local performance management through the provision of timely, validated comparative data to participating hospitals. NCAA is a joint initiative between the Resuscitation Council (UK) and the Intensive Care National Audit& Research Centre (ICNARC).

This report is based on the following numbers of admissions to SFH, 2222 calls, cardiac arrests attended by the team and the number of individuals attended to.

The report favourably indicates Trust performance in relation to response and outcomes for those patients suffering a cardiac arrest whilst an in-patient in a significant number of the audit indicators. The rate of cardiac arrests attended by the team per 1000 hospital admissions (trended) has seen a steady improvement since September 2012 and is now in line with the NCAA expected range.

The Report is being fully considered by the Resus Advisory Group and any actions required will be presented to DPG in January 2017.

v. Critical Care Outreach

- Critical Care Outreach is now provided between 8am-12midnight, 7 days per week
- Audit of sepsis-related admissions to Intensive Care Unit (ICU) is being conducted
- Audit of appropriate escalation of 'deteriorating' patient in response to National Early Warning Score (NEWS) is being conducted
- The development of a Critical Care Delivery Group is underway

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

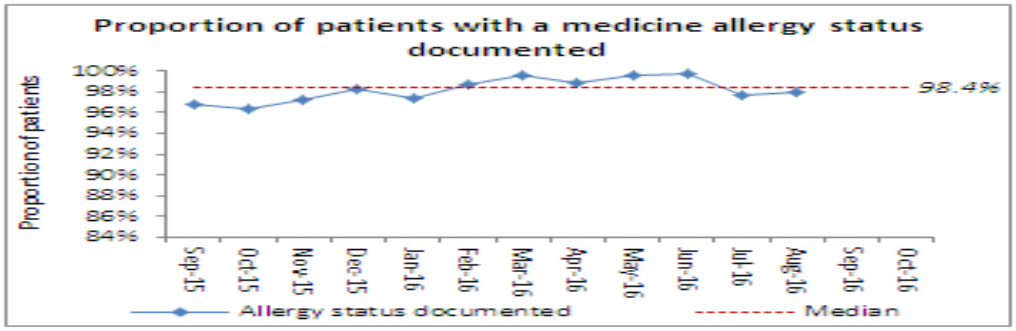
Targets for 2016/17 are:

Our priority is to:

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 hospital admission.
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% (compared to 2015/16 data), particularly for high-risk medicines such as opioids, insulin, anticoagulation etc.

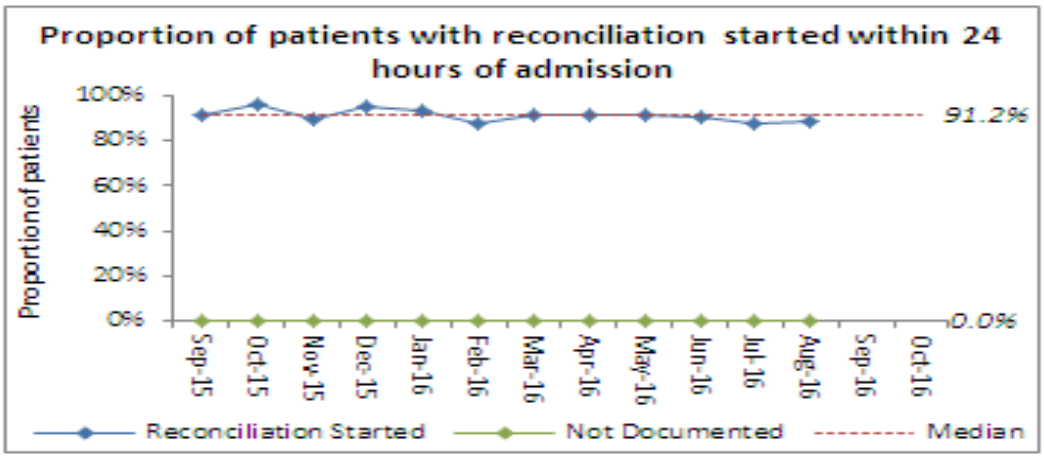
How are we performing against this target:

There has been no medication Never events reported at Sherwood Forest Hospitals from April 2015 to present day.
Medicines Safety Thermometer (MST) shows good compliance with the documentation of allergy status on medication charts with an average of 98.4% compliance. Graph 1 below shows allergy documentation at Sherwood Forest Hospitals.



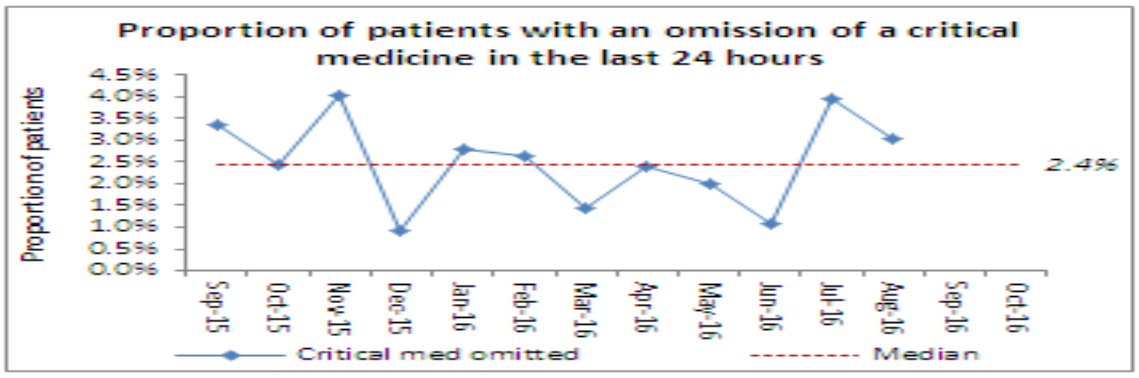
National average is 96.5% for documentation of allergy.

Medicines Safety Thermometer data shows we are starting 91.2% of all medicines reconciliation within 24 hours as shown in graph 2..



The national average for medicines reconciliation started within 24 hours of admission is 73.7%.

The MST shows SFHFT is below the national average for missed critical medications, graph 3 below shows the proportion of patients with a missed critical medication.



The national average for a missed critical medication is currently 6.3%.

Mitigation plan (actions to date and future planning)

Regional sharing of information relating to Never Events occurs via the Medicines Safety

Officer (MSO). The MSO group allows us to learn from other Trusts. A programme of work is underway in relation to the never events to ensure processes are embedded to prevent future issues.

The Trust MSO is involved in a national project to identify potential work streams to improve prescribing in relation to allergy status. Pharmacy Pre-Registration Pharmacist will audit the uptake of the red bands against the local guidance. This will be completed early 2017. All medication related incidents are reviewed by the Pharmacy Medication Safety team and feedback provided. All incidents causing patient harm – grade 2 or above are discussed as part of the Medicine Safety Group (MSG) agenda on a monthly basis.

Medicines Safety Bulletin is released on a monthly basis via the MSG for Trust wide distribution to highlight medication related safety issues and to share learning from incidents. The Medication Safety Facebook group is now available online. Prescriber newsletters are published on a regular basis to share the learning from incidents as they are reported.

Pharmacy continues to prioritise the service to the admissions areas to ensure timely medicines reconciliation. The MST is a national data collection tool where data is collected on one day per month, the same day nationally, and then uploaded onto a central database. Missed dose data is collected as part of the MST on a monthly basis. The missed dose incident reports are analysed on a quarterly basis by the Practice Development Matron and any themes addressed through the MSG.

Clostridium Difficile

C.Diff had an increase on one in November however the Trusts remains below the identified 2016/17 threshold both as a cumulative figure, for the quarter and remains below the equivalent period in the preceding year (2015/16). The increase equates to a single person identified, compared to no patients identified in the preceding month.

Of note is the increasing numbers of patients identified with Norovirus. The screening process for Norovirus also screens for C.Diff and as a result asymptomatic patients may be identified. In line with national reporting requirements, if these patients have been in the organisation for longer than 72 hours these patients who are C.Diff carriers will be counted in our hospital acquired numbers. The CCG have been notified of our concern and the Infection Prevention and Control Team are keeping a log of all patients who are screened for Norovirus who are 'incidentally' identified as a C.Diff carrier.
The increasing levels of Norovirus seen within the hospital reflect the local and national increase identified by Public Health England.

Harm Free Care

The 95% harm free care for patients threshold is measured by the national Safety Thermometer, which allows healthcare professionals to measure the prevalence of harm, over a 72 hour period, and the proportion of patients that are 'harm free' in relation to 4 harms:

- Grade 2, 3 and 4 pressure ulcers
- Catheter associated urinary tract infections (CAUTI)
- Falls
- Venous thrombo-embolism (VTE)

This measure will include patients who may have acquired harm outside the Trust i.e. a pressure ulcer or CAUTI but are treated for this harm during the monitoring period. Since

January 2015 we have continued to achieve above the 95% threshold, with exception of October 2016. The slight deterioration in % of Harm Free care relates to the increased number of falls reported previously to Trust Board.

SAFER STAFFING

November's staffing data continues to reflect the challenge of ensuring optimum safe staffing levels in response to fluctuating patient acuity and dependency against a challenging vacancy position. However the balance between planned and actual staffing this month is much closer with a slight reduction in areas identifying staffing levels at below 80% or 110% above planned staffing. Safe staffing issues were escalated appropriately during November and actions taken in line with Trust guidance. No ward reported unsafe staffing levels.

Analysis of the nurse sensitive indicators identifies an increase in the reported medicine related incidents at ward level. These are low level harms and on review appear related to improved reporting of medicines incidents.

The Trust continues with the recruitment process for the allocated 15 Nursing Associates, with planned shortlisting occurring on the 19th and 20th of December.

During December recruitment activity has commenced focus on 2017. An external branding, communications and design agency has been contracted to support the Trust's recruitment and retention activity. Activity, including a survey, has been undertaken to gauge employee's views and the organisation as a place to work.

The Chief Nurse and Deputy Chief Nurse are following up the release of further guidance and information on the utilization and monitoring of Care Hours per Patient day (CHPPD). Once the senior nursing leadership team is able to access this information, comparisons of the Trust's data will be undertaken internally and with other organisations.

As identified in the November Board paper, work to pilot *SafeCare* has begun, with a pilot on one of the KMH wards commencing early January 2017.

OPERATIONAL STANDARDS

Cancer

7 out of 9 cancer standards achieved in October. As described as a risk at the last Board meeting the 62 day referral to treatment standard was not achieved in October. Breach analysis has been undertaken that confirms that the main breach reasons are: achieving the diagnostic turnaround time standards and patients requiring treatments in tertiary centres (NUH and Derby). Recovery plans are in place for all specialities however as described previously there are risks associated with endoscopy impacting upon; lower gastrointestinal, lung, urology and upper gastrointestinal.

The 62 day screening standard was not achieved in October (81.8% - 2 breaches) these were both due to patient initiated delays.

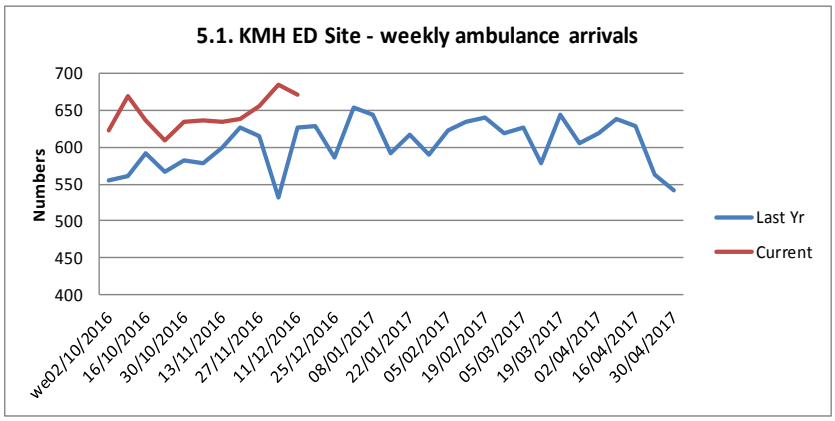
We are forecasting to achieve all 9 standards in November.

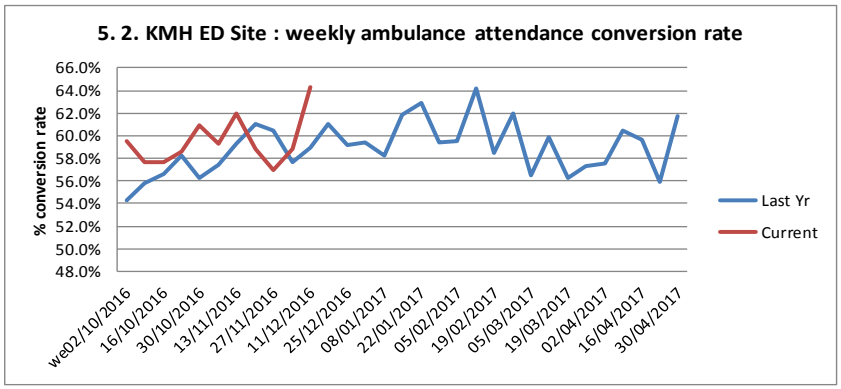
Four hour wait

The Trust achieved 95.16% in Q2.

The Trust achieved 96.01% in October and 95.25% in November.

As of 13th November SFH is currently at 91.05% for December and 94.86% for Q3. ED attendances over the past 13 days have been 8% higher than December 15. Ambulance attendances have been higher as have ambulance conversion rates (see graph 1 and 2 below):





A number of actions identified in the winter plan have been implemented; The Respiratory Assessment Unit pilot commenced on 7th November and the Frailty Assessment Unit pilot commenced on 16th November. The discharge lounge is now opening on a Saturday to enable earlier flow and staffing numbers have been increased in CDU to reduce zero to 1 day length of stay patients going into the main hospital. Extra bed capacity has been opened in December to manage flow in a safe and effective manner.

Referral to Treatment Times (RTT)

The 'Incomplete' pathway (target 92%):

May	June	July	August	Sept	Oct	Nov
93.8%	92.56%	92.40%	92.52%	92.3%	92.25%	92.3%

There were 4 breaches of the 52 day standard in November. 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 14th December 2016.

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

May	June	July	August	Sept	Oct	Nov
99.6%	98.77%	99.02%	95.85%	95.98%	98.1%	99.5%

Note: With current demand and non-elective pressures there are risks to achieving DMO1 in December due to the need to cancel non-urgent electives e.g. sleep studies. There is an on-going risk with endoscopy raised with Board previously.

Outpatient & Inpatient performance metrics:

- DNA rates - new outpatients at 6.88% (8.71% nationally) and the follow up rate of 6.39% (9.21% nationally).
- The new to follow up ratio is 1:1.93 against a national position of 1:2.0.
- Cancelled inpatient operations stand at 1.17% above the target of 0.8%.

Main reasons in month were:

- Lack of HDU Bed x 11 patients
- Sickness of Surgeon x 19 patients
- Cancelled due to Trauma needs x 6 patients
- Microscope broken x 8 patients

Of the above, 8 patients have not been dated within 28 days – all were offered a date within 28 days however they all declined preferring a date after Xmas.

Theatre utilisation performance remains good at 84.3% compared with November 15 at 72.9%.

November 16/17 Forecast Risks

None for November.

FINANCE

Financial Summary

Financial performance compared with plan remains good. The Trust is £0.66m ahead of the planned deficit YTD excluding LTP costs. Capital expenditure is £2.22m behind plan but is forecast to deliver to plan at year end. The Trust is forecasting to achieve its control total and discussions are ongoing with NHSI regarding costs for LTP.

	Nov In-Month			Year to Date			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
EBITDA	(0.68)	(1.58)	(0.90)	(24.87)	(17.87)	6.99	(27.58)	(26.59)	0.98
Surplus/(Deficit)	(3.13)	(4.08)	(0.95)	(44.38)	(37.54)	6.84	(57.08)	(56.40)	0.68
Long Term Partnership (LTP)	(0.16)	(1.03)	(0.87)	(15.26)	(9.07)	6.18	(15.88)	(15.23)	0.65
Surplus/(Deficit) - Excluding LTP	(2.98)	(3.06)	(0.08)	(29.12)	(28.47)	0.66	(41.20)	(41.16)	0.04
EBITDA % of Income	(2.8%)	(6.4%)	(3.6%)	(13.2%)	(9.4%)	3.8%	(9.7%)	(9.2%)	0.4%
Use of Resources Metric YTD				3	3		3	3	
CIPs	1.28	1.25	(0.03)	7.31	8.26	0.95	12.60	12.60	0.00
Capex	0.80	0.39	(0.41)	7.69	5.47	(2.22)	9.53	9.53	0.00
Closing Cash	1.45	3.27	1.82	1.45	3.27	1.82	1.45	1.45	0.00
Agency Cap - Excluding LTP	(1.35)	(1.86)	(0.51)	(12.42)	(19.09)	(6.67)	(17.91)	(27.63)	(9.72)
Better Payment Practice Code - (Value / Number)		95.1% / 84.2%			93.7% / 89.1%				

- In month, excluding LTP, the Trust is £0.08m ahead of plan. YTD the deficit is £28.47m, £0.66m ahead of plan.
- YTD Long Term Partnership costs of £9.07m, £6.18m better than plan, discussions continue with NHS Improvement regarding total costs for 2016/17. YTD costs reflect real costs incurred for both SFH and NUH: SFH £0.97m vs a plan of £1.69m and NUH £8.10m vs a plan of £13.57m.
- The finance element of the Single Oversight Framework is a score of 3 against a plan of 3.
- CIP YTD delivery of £8.26m against plan of £7.31m.
- Capex expenditure position was behind plan in November with an in month spend of £0.39m due most significantly to slippage in IT projects delayed when merger was being actively progressed. Cumulatively capex is now £2.22m behind YTD plan although forecast to deliver to plan at year end.
- Closing cash at 30th November was £3.27m against plan of £1.45m, due to late notification of the receipt of S+T funding on 30th November.
- Agency cap excluding LTP costs - at 30th November YTD agency spend totalled £19.09m against the cap of £12.42m.
- BPPC YTD performance is 93.7% by value of invoices paid and 89.1% by number of invoices paid, within 30 days.

Operating statement (Including LTP)

The Trust is ahead of its planned deficit by £0.66m at the end of November excluding LTP, driven by income over-performance and CIP delivery. This is £0.18m better than forecast in month. Including LTP costs the Trust is £6.84m ahead of plan with costs in the position to date representing those incurred.

	Nov In-Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Clinical Income	20.94	19.58	(1.36)	165.39	166.05	0.66
Other Operating Income	2.98	4.90	1.92	23.46	24.89	1.42
Total Operating Income	23.92	24.48	0.57	188.85	190.93	2.08
Pay	(15.77)	(15.99)	(0.22)	(129.05)	(129.81)	(0.76)
Non Pay	(8.83)	(10.07)	(1.24)	(84.67)	(78.99)	5.67
EBITDA	**(0.68)**	**(1.58)**	**(0.90)**	**(24.87)**	**(17.87)**	**6.99**
Operating Costs Excl. from EBITDA	(0.83)	(0.88)	(0.06)	(6.62)	(6.87)	(0.26)
Non Operating Income	0.00	0.00	0.00	0.01	(0.09)	(0.10)
Non Operating Expenditure	(1.63)	(1.62)	0.01	(12.91)	(12.70)	0.21
Surplus/(Deficit)	**(3.13)**	**(4.08)**	**(0.95)**	**(44.38)**	**(37.54)**	**6.84**
Long Term Partnership	(0.16)	(1.03)	(0.87)	(15.26)	(9.07)	6.18
Surplus/(Deficit) - Excluding LTP	**(2.98)**	**(3.06)**	**(0.08)**	**(29.12)**	**(28.47)**	**0.66**

Operating statement identifies:

- The Trust has received £1.9m 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 in November. The overall impact to the Trust is nil.
- If this technical adjustment is disregarded then clinical income is above plan by £0.54m in month and ahead of YTD plan by £2.56m. This is primarily as a result of continued non elective and outpatient growth.
- S&T monies are below plan by £0.04m in month and £0.22m less than plan YTD due to non-delivery of the cancer trajectory. This is not forecast to be recovered and will continue until the end of the year.

Forecast Outturn Position

The forecast continues to evolve and month 8 results are better than forecast (at M7) by £0.18m excluding LTP. Delivery of the planned SFH deficit of £41.2m is still forecast to be achievable with total costs for LTP forecast to be £0.68m better than the £15.88m control total. Key assumptions include; 100% delivery of CIP, payment by commissioners of income over-performance net of provisions made for counting and coding challenges and assumes delivery to the winter plan.

	Forecast Outturn		
	Plan	Actual	Variance
	£m	£m	£m
Clinical Income	247.05	249.62	2.57
Other Operating Income	38.31	38.29	(0.02)
Total Operating Income	285.36	287.91	2.55
Pay	(193.01)	(195.27)	(2.26)
Non Pay	(119.93)	(119.23)	0.70
EBITDA	**(27.58)**	**(26.59)**	**0.98**
Operating Costs Excl. from EBITDA	(9.92)	(10.44)	(0.51)
Non Operating Income	0.26	0.16	(0.10)
Non Operating Expenditure	(19.84)	(19.53)	0.31
Surplus/(Deficit)	**(57.08)**	**(56.40)**	**0.68**
Long Term Partnership	(15.88)	(15.23)	0.65
Surplus/(Deficit) - Excluding LTP	**(41.20)**	**(41.16)**	**0.04**

The forecast outturn identifies that delivery of the planned deficit of £57.1m including LTP is on track. Assumed within this is 100% delivery of CIP target of £12.6m, continuation of and payment by commissioners of over-performance net of provisions made and delivery to the winter plan.

The forecast outturn ranges from £8.3m worse than plan to £2.7m favourable to plan. The downside risk relates principally to commissioner non-payment and the deteriorating position would mean no S&T funding payable in Q3 and Q4.

NHSI only permit changes to forecast at quarter ends, therefore at M8 the previous forecast of £57.07m deficit will be reported to NHSI.

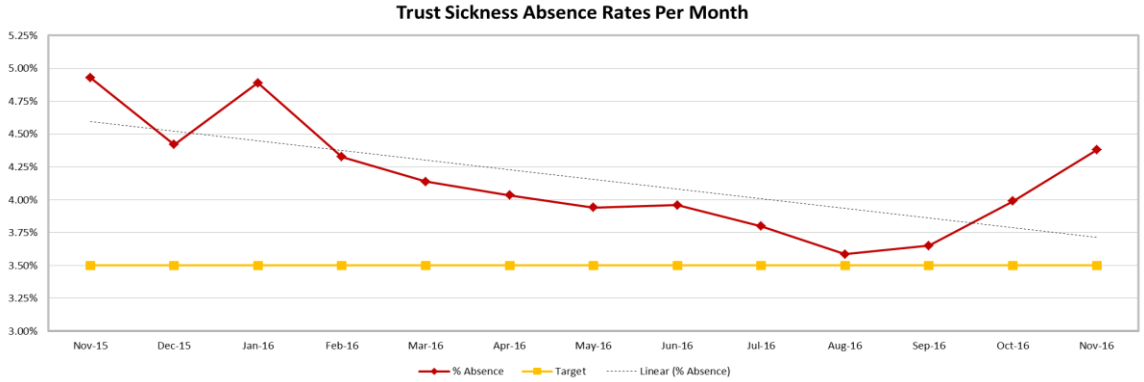
WORKFORCE

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

SICKNESS ABSENCE:

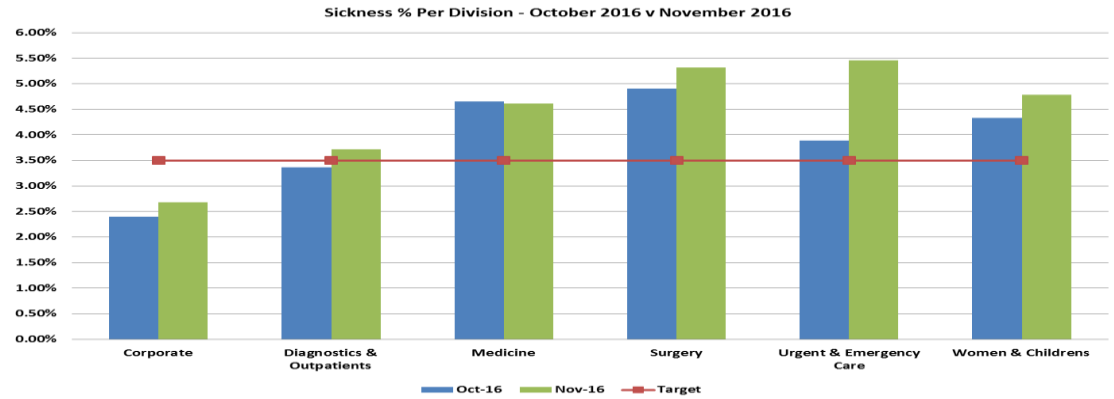
Trust wide sickness absence

Overall sickness levels increased by 0.39% in month to 4.38% (October, 3.99%). Short term sickness increased by 0.25% (2.55%) and long term sickness increased by 0.14% (1.83%).



There has been a downward trend in sickness absence across the year. Absence rates in November 2016 were 4.38%. This was 0.55% lower than the absence rates in the same month a year ago.

Sickness Absence by Division:



The Divisions with the highest increase are Urgent & Emergency Care rising by 1.57% (5.46%), Women & Children's, rising by 0.45% (4.78%) and Surgery rising by 0.41% (5.32%). The only Division with a reduction was Medicine which decreased by 0.04% (4.61%).

Long term sickness across the Trust increased by 0.14% (1.83%) in month with short term sickness increasing by 0.25% (2.55%). Women & Children's had the most significant increase in LT Sickness increasing by 0.59% (2.41%) with ST sickness decreasing by 0.15%.

Sickness by staff group:

2016-2017	Oct	Nov	Difference in Month
Ancillary	4.43%	10.27%	5.84%
Band 5 Registered Nurse 2016/2017	2.83%	5.51%	2.68%
Allied Health Professionals	2.57%	3.59%	1.02%
Registered Nurse 2016/2017	3.74%	4.48%	0.74%
Unregistered Nurse 2016/2017	6.89%	7.56%	0.67%
Scientific & Professional	3.68%	3.88%	0.20%
Admin & Clerical	3.37%	3.48%	0.11%
Medical & Dental	2.61%	2.37%	-0.24%
Technical & Other	5.06%	4.32%	-0.74%
Trust Total	**3.99%**	**4.38%**	0.39%

Ancillary had the highest differential in month, 110 FTE days lost, an increase of 5.84% (10.27%). However there is only 42 staff in post.

Sickness absence of unregistered nurses is now 7.56% and the HR Business Partners have been asked to focus on this group.

Band 5 Registered Nurse sickness absence increased by 2.68% (5.51%) with the 3 highest increases being Chest/Respiratory with 89.45 FTE days lost, Gastro with 126.78 FTE days lost, and Anxiety/Stress with 282.36 .

Allied Health Professionals sickness absence increased by 1.02% the highest increase being Gastro with 47.03 FTE days lost, (Oct 15.82).

Overall, the top 3 highest increases in absence reasons are Gastro increasing by 252.97 FTE days lost, Chest & Respiratory increasing by 121.65 FTE days lost and Genitourinary & Gynaecology increasing by 115.37 FTE days lost.

The areas with the top 5 headcount which have had 0% sickness in November 2016 are:

Cost Centre	Department / Ward	Staff headcount - SIP
WM34214	Ward 14 (Gynaecology)	36
TH15660	Human Resources	15
EC17057	Cardiology Medical	13
PH17270	Medical Staff - Ophthalmology	12
EC03005	Resoiratory Technical	11

The areas with the top 5 headcount which have had 0% sickness in October 2016 were:

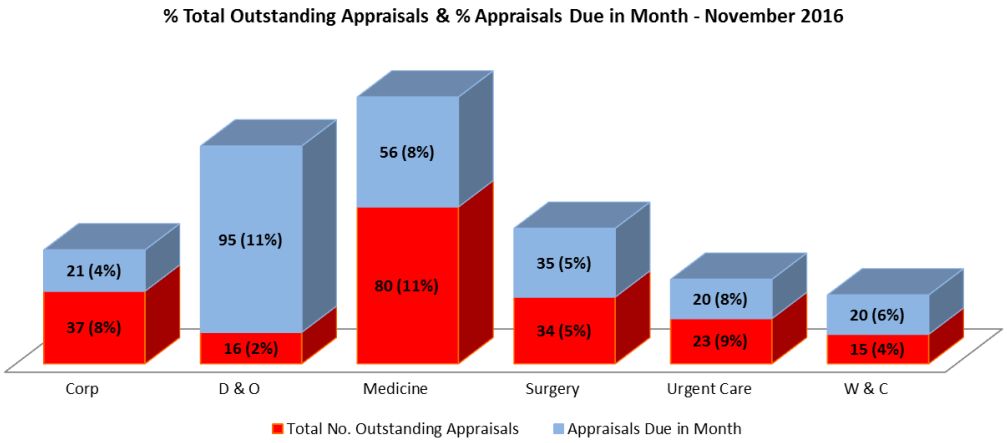
Cost Centre	Department / Ward	Staff headcount - SIP
TN05729	Research & Development	18
TF11651	Financial Management	18
TH17700	GP Rotation	18
PG17263	Medical Staff - Urology	13
PH17270	Medical Staff - Ophthalmology	12

Additional information:
According the HSE Stress Bulletin which was published on 08/12/2016:

In 2015/2016 stress accounted for 45% of all working days lost due to ill health. For the same period this compares to 20.04% for Sherwood Forest Hospitals (SFH). However the Bulletin also states that the total number of working days lost due to this condition equated to an average of 23.9 days per case, with SFH at 31.8 days lost per case. This shows that although SFH has a lesser number of cases the length of time that an individual takes in absence is actually longer than the national figure.

APPRAISAL:
Trust wide appraisal compliance remained static at 94%. The Trust appraisal compliance target is 98%.

There were 205 (6%) appraisals required in November to reach 100%. However there were also an additional 247 (7%) appraisals due to be completed which expired in month, a total of 452 (13%) required to be completed in November 2016. These were spread across the Divisions below:



STAFFING:

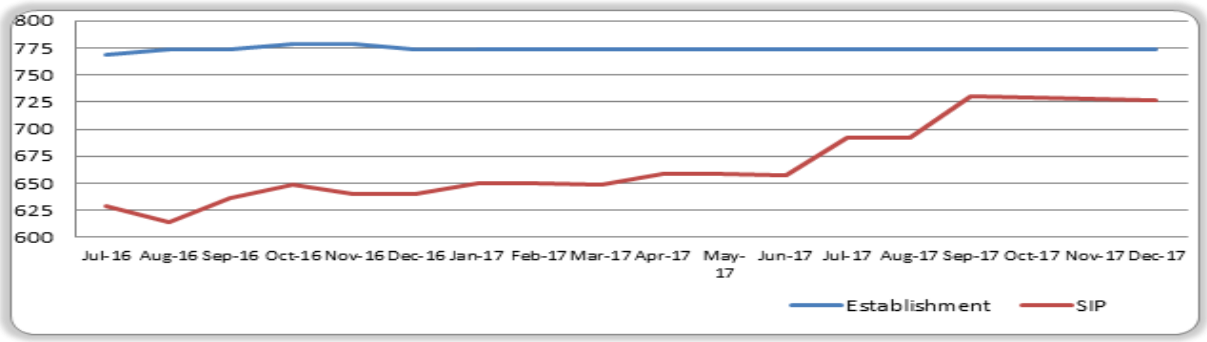
This table shows the net position with staff in post against establishment in November 2016 across the Trust:

	Nov-16								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover	Active Adverts
Total Trust									
Admin & Clerical	1104.30	1023.99	1255	80.31	7.27%	13.09	5.33	0.52%	40
Allied Health Professionals	213.56	206.99	254	6.57	3.08%	6.40	0.80	0.39%	7
Ancillary	38.46	36.10	42	2.36	6.15%	0.43	0.00	0.00%	1
Medical & Dental	484.42	414.94	433	69.48	14.34%	2.00	6.00	1.45%	26
Registered Nurse Operating Line *	1309.33	1169.86	1364	139.47	10.65%	7.84	3.11	0.27%	27
Scientific & Professional	214.16	188.11	203	26.05	12.16%	1.00	2.75	1.46%	8
Technical & Other	267.37	239.70	297	27.67	10.35%	2.23	1.00	0.42%	1
Unregistered Nurse	553.75	539.41	641	14.34	2.59%	3.43	1.75	0.32%	4
Total - Trust	4254.26	3819.10	4489.00	435.16	10.23%	36.42	20.74	0.54%	114.00
Band 5 Registered Nurse Only operating line *	782.43	640.21	757	142.22	18.18%	5.84	0.51	0.08%	15

**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 20.74 FTE leavers compared to 36.42 FTE starters, the turnover rate reduced to 0.54% in November which is a reduction of 0.39% from October (0.93%).

Band 5 Registered Nurses (RN) Trajectory:



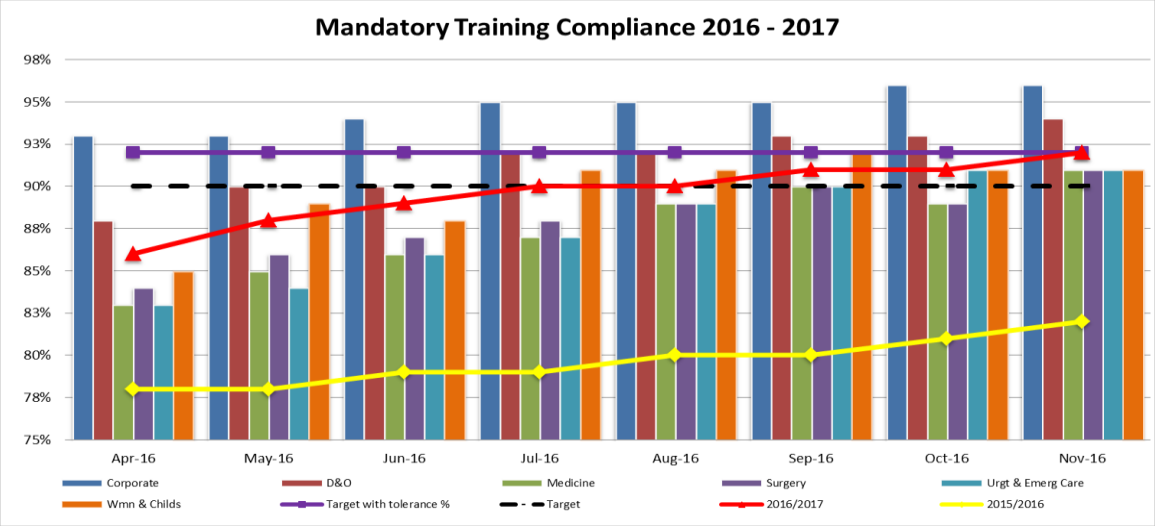
The only Band 5 nurse to leave this month was a planned retirement, keeping attrition rate lower than expected for the 4th month in succession.

The pooled approach to Healthcare Support Workers was successful with all HCSW vacancies now filled and the Trust is on track to remove the need for agency HCSWs by the end of January 2017.

Filming has taken place for the promotional video which will be used across key recruitment and on social media campaigns. Insight work internally and externally is taking place to understand why nurses choose to work where they do and what attracts them to roles. The results of this work will form the basis of the new nurses' campaign in the new year.

TRAINING AND EDUCATION:
Mandatory training has increased by 1% from October to 92% in November. 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.*



Recommendation:

For the Board of Directors to receive this high level summary report and the attached dashboard and trend graphs for discussion 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	Work in partnership to keep people well in the

by reducing costs, improving utilisation of resources and productivity, and achieving best value for money	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 NHSI placing the trust in breach of its authorisation
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	Board Sub Committees and relevant management Committees, e.g. PSQB, CIP Board