

Board of Directors

Report

Subject: Integrated Performance Report –Exception Summary Report

Date: 28 January 2016

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Quality and Safety

The quarterly report provides an update to the Board against all the agreed quality and safety priorities for 2015/16. The paper provides an overview of any highlights relating to patient quality and safety, the December safer staffing position and patient experience. The quality and safety, safer staffing and patient experience reports should be read in conjunction with this paper.

Priority 1: Mortality

- October HSMR is 98.4 creating the 5th consecutive month at or below 100.
- Crude mortality for Sep to Dec has remained in the 2- 2.5% range which is significantly lower than the last 3 years at this time.
- Expected HSMR for August and September is 100.
- There have been no Mortality Alerts

Priority 2: Sepsis

- Admission area compliance: screening, bundle compliance and IV antibiotics < 1 hour is at or > 90% on weekly monitoring
- Neutropenic sepsis antibiotic administration <1hour >90% on monthly audit
- CQUIN part 1: 100% compliance in November(Sepsis screening in admission areas)
- CQUIN part 2: 94% compliance in November (Antibiotic administration < 1 hour in severe sepsis)
- There is still work to create consistent screening and management of sepsis in ward areas

Priority 3: Falls

- During December there has been a total of 22 falls causing harm to patients within our care, this is an increase of 4 from November. 1 fall was categorised as grade 4 (severe) and 3 were category 4 harm (moderate) this is an increase. All patients have received appropriate care post fall and investigations are in place. Falls with harm per 1000 bed days has reduced in quarter 3 to **1.31** compared to **1.41** in quarter 2. Work to implement a new falls strategy is in place.

Infection prevention and control: The Trust has recorded one case of C Diff for December. The year to date performance is 30 cases against a threshold of 48 cases. Deep clean programme for wards is on schedule. No MRSA bacteraemia were reported.

Learning Disabilities: the trust continues to meet the 6 Learning Disability Standards.

Dementia: the trust continues to improve its care of and for patients with Dementia

Serious incidents; There were 21 serious incidents initiated during quarter 3 of which 11 were STEIS reportable.

CQUIN: the trust has received full payment for all CQUINs in Quarter 2 with the exception of:

- Dementia: *part 3 carers survey* – this is being challenged by the Trust,
- Avoidable Emergency Admissions – partial compliance achieved
- Better Together - on-going discussions occurring with the CCG

Safer Staffing for Nurses

Overall for the month of December saw an increase in the actual fill rate for day shifts for Registered Nurses from last month to 94.5% and for other care staff 99.86% against the planned levels. At night, these fill rates were increased to 95.97% for Registered Nurses and remained static at 103% for other care staff. On 4 wards, the fill rate for Registered Nurses or care staff fell below 90%. The main reasons for this continue to be vacant posts and sickness. At an individual ward level, staff were moved across wards to ensure patient safety and care was maintained. The planned staffing levels include shifts that were filled through temporary staffing (bank and agency nurses) and therefore is not a reflection of Trust employed staff on wards. Ward 35 was planned to be closed in December, the ward remains open, maintaining optimum staffing levels and skill mix remains a significant concern.

Revalidation

Work to ensure the trust meets its obligations on nursing revalidation, which comes into place in April 2016, remains on schedule. This plan includes a detailed gap analysis and associated work programme and identification of nurses who require revalidation in April 2016.

Patient experience

The Trust continues to achieve the target, in accordance with NHS Complaints Regulations, of 90% all complaints to be managed within 25 working days. During this reporting period the Trust achieved a **98%** response rate. This response rate includes all complainants who have agreed to a local resolution meeting or an extension due to the complexity of the complaint / response.

During Quarter 3 2015/16, the Patient Experience Team received the following contacts, this is shown below as a percentage increase or decrease compared to Quarter 2 2015/16:

- **988 concerns – 30% decrease**
- **99 formal complaints – 52% increase**
- **304 compliments – 11% decrease**

The majority of the concerns continue relate to the Outpatient Department. Following the publication of the CQC Report in October 2015, the Trust received a significant increase in complaints during October and November 2015. This matches internal historical data

following similar publications and anecdotal experience shared from other organisations. The Trust has procured a new external provider for the Friends and Family Test which will commence from January 2016. The new package will include additional methods of data collection with a view to improve the response rate in real-time and analyst of qualitative feedback, compared to the current mechanisms in place.

Monitor Compliance

The Trust has had 30 incidents of C-diff which is within the target to date of 36.

All cancer targets are met with the exception of 62 days. This was 81.9% against a target of 85%. The trajectory is for achievement in February and compliance for Q1.

ED performance was 95.4% but appears to have failed the quarter at 94.77% which is still subject to validation.

Acute Contract

Referral to Treatment Times (RTT)

The incomplete pathway:

| | | |
|--------|-------|--------|
| Oct | Nov | Dec |
| 92.04% | 92.5% | 92.04% |

General Surgery, ENT, Ophthalmology, Vascular Surgery and Oral Surgery remain the areas of concern. Oral Surgery stopped taking referral which is currently the subject of discussion with NHSE and subject to e Remedial Action Plan (RAP). Ophthalmology have a RAP in place and delivering against a trajectory to have no overdue patients at the end March.

The diagnostic RTT (DMO1):

| | | |
|-------|--------|--------|
| Oct | Nov | Dec |
| 94.8% | 98.23% | 98.23% |

The RAP for endoscopy has delivered and is expected to achieve for January. The only significant risks are MRI (which has a plan to deliver a maximum of 16 by month end) and sleep studies. The loss of beds due to Black Alerts in the first 10 days of January impacted on the number of sleep studies delivered. Adult sleep studies are developing an action plan. Paediatric sleep studies are potentially going to have compliance issues until March 2016.

The total number of patients currently on the outpatient review list is 21,052 (of which 4,464 are overdue). This is an increasing number due to sickness in ophthalmology, ENT and Urology. The sickness has ended in Urology and ENT and locum working is correcting ophthalmology. Christmas and, to a small extent, the Doctors strike also had an effect. The most significant numbers are in ophthalmology (1580) and ENT (980) which both have a plan in place for all of their patients by the end of March 2016. The other surgical specialties are working with Consultants to utilise clinics more fully on a weekly basis to see all overdue patients by the end of March. Rheumatology, cardiology, gastroenterology, paediatrics, dermatology, endocrine and diabetes are all using additional clinics through their own staff or locums to catch up by the year end. Job plan reviews are also occurring to ensure efficiency and weekly monitoring is in place within the Diagnostic and Outpatient Division.

Cancer:

2WW performance for November was 96.1% (Target 93%). The only specialty not achieving the standard was Upper GI. However, performance in this area has improved and all tumour sites hit the 93% target for Q3.

Diagnosis to 1st Treatment for November achieved 97.1% (Target 96%).

Cancer 62 day target for November achieved 81.9% (Target 85%). The trajectory is still on track to deliver compliance from mid-February (and for Q1). In addition, the number of patients waiting over 100 days is reducing.

62 day Screening Standard achieved 100% (Target 90%).

31 day 1st treatment targets achieved 100% in subsequent drug and surgical treatment as well as the 31 day target.

4 hr Access:

| | Oct | Nov | Dec |
|--|-------|-------|-------|
| | 95.0% | 93.9% | 95.4% |

The Trust achieved the 95% target for December but not for the quarter. A review of Q3 breaches has only achieved a reduction of 1 patient following initial validation, which is yet to complete. This gives an unconfirmed Q3 figure of 94.77%.

C Diff:

The Trust target is 48 for the year (4 per month) and had a cumulative position of 30 cases at the end of Dec. There was 1 case in Dec 15.

Outpatient & Inpatient:

The partial booking review list is 20,926 with 4,225 patients overdue (represents an in month increase). There is a plan to reduce this number by March 16 through a RAP in ophthalmology which has the largest specialty numbers.

Outpatient cancellations by hospital are 2.9% of the total at 1,382 for December 15.

Cancelled operations stand at 11 (0.3%). Theatre utilisation is 71% (compared to a national target of 85%). The Theatre Utilisation Group and Theatre Management Group are in the process of drawing plans together to improve performance.

The DNA rates for new outpatients are 10% (8.71% nationally) and the follow up rate is 11.27% (9.21% nationally). There is work underway rolling out texting patients to remind them of their appointments. The new to follow up ratio is 1.99 compared to 2.0 nationally.

Q1 15/16 Forecast Risks

As detailed above the key risks identified are:

- Diagnostic RTT times for sleep studies.

FINANCE

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

Income and expenditure

The Trust's financial position for the 9 months to December 2015 is a deficit of £39.12m, against the year to date original plan deficit of £31.88m, £7.24m worse than plan. Pay expenditure continues to be the main driver of the increased deficit with Medical pay accounting for £4.58m of the total year to date overspend of £6.57m.

| | Annual Plan £m | December In-Month | | | Year to Date | | |
|--------------------------------------|-------------------|-------------------|---------------|----------------|----------------|----------------|----------------|
| | | Plan £m | Actual £m | Variance £m | Plan £m | Actual £m | Variance £m |
| Clinical Income | 220.21 | 18.08 | 18.43 | 0.36 | 165.63 | 169.49 | 3.86 |
| Other Operating Income | 35.59 | 2.99 | 2.91 | (0.08) | 26.63 | 27.27 | 0.65 |
| Total Operating Income | 255.80 | 21.06 | 21.34 | 0.28 | 192.26 | 196.77 | 4.51 |
| Pay | (175.27) | (14.31) | (15.20) | (0.89) | (130.50) | (137.07) | (6.57) |
| Non Pay | (97.36) | (8.11) | (9.31) | (1.20) | (73.00) | (78.08) | (5.08) |
| Operating Costs Excl. from EBITDA | (9.49) | (0.81) | (0.79) | 0.01 | (7.03) | (7.02) | 0.01 |
| Total Operating Expenditure | (282.12) | (23.23) | (25.30) | (2.07) | (210.54) | (222.17) | (11.64) |
| Profit/(Loss) from Operations | (26.32) | (2.16) | (3.96) | (1.80) | (18.28) | (25.41) | (7.13) |
| Non Operating Income | 0.25 | 0.00 | 0.01 | 0.00 | 0.01 | 0.10 | 0.09 |
| Non Operating Expenditure | (18.43) | (1.52) | (1.74) | (0.22) | (13.61) | (13.80) | (0.20) |
| Surplus/(Deficit) | (44.50) | (3.68) | (5.69) | (2.01) | (31.88) | (39.12) | (7.24) |

Cash

The Trust's cash balance as at 31st December was £1.57m, which is marginally above the WCF requirement to hold a minimum balance of £1.45m. Interim support funding support continues to be drawn down as agreed with Monitor and at the end of December the Trust had drawn down £43.81m relating to 2015/16. Additional funding (WCF and/or additional loans) above currently approved loans will be required during Q4 and is subject to ongoing discussions Monitor / DoH.

Capital

Capital expenditure at December 2015 is £5.71m, this is:

- 75% of the original plan of £7.61m, and
- 87% of the capital reforecast.

This timing difference is expected to unwind and the Trust is forecasting delivery of the full year capital plan.

CIP

The risk adjusted CIP and cost avoidance forecast outturn position at December is £6.32m which is derived from schemes worth £5.66m that are currently delivering (with no further actions necessary), schemes that have credible plans to deliver a further £0.13m and schemes valued at £0.53m that have credible plans with a higher level of risk.

Actual CIP cumulative delivery year to date is £4.19m against a plan of £4.42m.

Forecast Outturn and Risks / Opportunities

The Trust's forecast outturn deficit at 30th September was £53.26m. At the end of December the Trust was £1.52m ahead of its forecast trajectory to a £53.26m deficit outturn.

There remain a number of significant risks to the year-end position including commissioner potential sanctions and CQUIN shortfalls which could be in the range of £1.0m - £3.2m.

The forecast has been updated in December to reflect additional income opportunities and the latest version is for the outturn to be in the range £51.10m to £55.34m as outlined in the table below.

| SFH Forecast Outturn Summary Risks and Opportunities Based on information at 31 December 2015 | | | | | |
|--|------------------|----------------------------|-----------------|-----------------|--|
| Risk/Opportunity | Month 7/9 Result | Full year Risk/ Mitigation | | | Comment |
| | | Best | Likely | Worst | |
| | £000 | £000 | £000 | £000 | |
| 2015/16 Forecast Out Turn deficit at September 2015 | (29,768) | (53,268) | (53,268) | (53,268) | |
| Further Risks / Mitigation are below : | | | | | |
| Commissioner fines | | (500) | (800) | (1,700) | Commissioner Fines total £3.2m in worst case £1.4m extra winter spend already in £53.3m Divisional review of forecast Additional recovery / quality investment required |
| Winter pressures | | 400 | 0 | 0 | |
| Divisional mitigations | | 1,677 | 605 | (373) | |
| Corporate mitigations | | 189 | 150 | 0 | |
| Total Further Risks /Mitigations at month 7 | | 1,765 | (45) | (2,073) | |
| Forecast - October review | (29,768) | (51,503) | (53,313) | (55,341) | |
| Clinical income | | 407 | 286 | 0 | ADHD Drugs £0.286m, Respiratory follow up |
| Forecast - December review | (39,115) | (51,096) | (53,027) | (55,341) | |

A quarterly review of the forecast is being undertaken reflecting the December outturn and the 2016/17 financial planning / budget setting work. The outcome will be reported to the February Board.

WORKFORCE

SICKNESS ABSENCE:

November sickness - data was not available at the time of production of the November report, however we can confirm that the sickness levels did increase to 4.93% which was an increase of 0.45% from October's figure of 4.48%. Although short term sickness did show a decrease of 0.18%, it was long term that had a significant increase, rising from 2.07% to 2.70%, a total increase of 0.63%. Newark (increased by 1.67%) and Planned Care & Surgery (increased by 1.11%) were the areas which had the highest total increase of sickness, with Emergency Care & Medicine increasing by 0.40% and Diagnostics & Rehabilitation and Corporate both decreasing.

December sickness – sickness levels have reduced to 4.42% from November (4.93%). Short term sickness has reduced from 2.23% to 1.86% in month and long term sickness has also reduced from 2.70% to 2.56%, however long term sickness continues to be an area of concern as this is now higher than at any time in the previous two years. The Division which made the most impact on reducing the sickness levels in December was Newark, which reduced by 2.27% to 5.22%. Planned Care & Surgery saw their levels reduce by 0.67% in month but Emergency Care & Medicine only decreased by 0.29%.

APPRAISAL

Trust wide appraisal compliance has increased in month to 88% for December 2015 (87% for November).

With the exception of Newark (which has decreased by 5% since November) and Corporate (which remains static) all areas have shown an increase in month.

VACANCIES:

The vacancy rate for December is 8.19% which has decreased from November (8.61%). The total number of vacancies was 330.52 WTE which has increased from November by 0.75WTE. There are currently 198.09 WTE Registered Nurse vacancies compared to 196.09 WTE in November.

STAFF IN POST:

Staff in post numbers have decreased by 0.64 WTE's the only area which has increase in number is Unregistered Nurses has increased by 13.59 WTEs.

VARIABLE PAY:

Variable pay was £2.85m in December against the actual budget of £1m. This has reduced by £190k from November and an overspend of £1.8m against budget

TRAINING AND EDUCATION

HEEM focused on the following areas during their visit.

- Acute Medicine and GP trainees
- Nursing and AHP Practice Development
- Royal College Tutors
- Urology
- Trainer recognition
- Trauma and Orthopaedics
- ED
- Nursing re-validation
- Geriatrics and Respiratory recruitment
- Cardiology
- Medical Students teaching session
- Obs and Gynae and Surgery trainees
- Progress on 7 day working

Overall the visit was largely positive with recognition being received for the improvements in Trauma and Orthopaedics, our educational facilities, under graduate medical education examination training, trainees were well supported, excellent portfolio of leadership and management provision and our Library and Knowledge Service.

Areas of concern remain around:

- The Trust's ability to recruit to substantive consultant posts in ED and Health Care of the Older Person.
- Development of consultant clinical supervision roles.
- ED referral Pathway development.
- Development of Advanced Nurse Practitioner roles.
- Publishing of rotas in timely a manner.
- Quality and reliance of locums in ED and HCCOP.

A detailed action plan is being developed to address these concerns and will be monitored by the Workforce and OD Committee.

MANDATORY TRAINING:

The overall compliance rate for Mandatory Training has increased in December by 1% to 83%. The target is set at 92% with a 2% tolerance. This is the third continual month where an increase has been made.

Recommendation

The Board of Directors are invited to discuss the report and make any recommendations for actions.

Relevant Strategic Objectives (please mark in bold)

| | |
|---|--|
| Achieve the best patient experience | Achieve financial sustainability |
| Improve patient safety and provide high quality care | Build successful relationships with external organisations and regulators |
| Attract, develop and motivate effective teams | |

| | |
|---|--|
| Links to the BAF and Corporate Risk Register | |
| Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i> | |
| Links to NHS Constitution | Key Quality and Performance Indicators provide assurances on delivery of rights of patients accessing NHS care. |
| 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. |
| Monitoring and Review | |
| Is a QIA required/been completed? If yes provide brief details | |