Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of Directors Report

Subject: Integrated Performance Report –Exception Summary Report

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Quality and Safety

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

Priority 1: Mortality

- November HSMR is 88.13 creating the 6th consecutive month at or below 100.
- Rolling 12 month HSMR is 107 compared to 115 at this point last year
- Weekend mortality continues to be within the same range as weekday.
- 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
- CCG have confirmed the Trust has achieved CQUIN compliance for quarter 3.
- Focused audit and review work has been undertaken in inpatient areas to create consistent screening and management of sepsis
- Dr Foster review of Sepsis Pathway completed with report expected by the end of February

Priority 3: Falls

A total of 19 falls causing harm to patients within our care was recorded during January, this is a reduction of 3 from December:

- 1 patient fall was categorised as level 4 (severe). The patient died a number of days following the fall, which is still being investigated as a serious incident.
- 1 fall was a category 3 harm (moderate). The patient has recovered well and been discharged. Planned education, audit and clinical review activities have occurred in line with the improvement programme.

Infection prevention and control:

The Trust has seen an increase recorded five cases of C. Diff for January. The year to date performance is 35 cases against a threshold of 48 cases. Deep clean programme for wards is on schedule, all ward teams have been reminded of the required vigilance and adherence to policy.

Safer Staffing for Nurses

Seven wards were identified in January where fill rate fell below the 80% of the planned requirement. No increases in patient harms were identified reallocation of staff achieved the minimum 1 registered nurse to 8 patients. In January the average fill rate for the Trust for day shifts for Registered Nurses was 95.84% compared to 93.5% in December. For other care staff 97.44 from 99.86% against the planned levels. At night, these fill rates were increased to 100.8% from 95.97% in December for Registered Nurses and remained static at 103% for other care staff. The main reasons for this continue to be vacant posts and sickness. The trust continues to use large numbers of temporary staffing to deliver safe staffing, this is a result of gaps in the duty roster created by vacancies and staff absence and increase patient acuity. Ward 35 remains open and creates a significant staffing pressure and concern across the Trust. A core of Trust substantive staff have been transferred to the ward. Maintaining optimum staffing levels and skill mix across the trust remains a significant concern.

Revalidation

Further communications have been planned and implemented to ensure all nursing and midwifery staff are aware of their obligations of nursing revalidation, which comes into place in April 2016, remains on schedule. The associated work programme remains on track and all nurses who require revalidation in April 2016 have had support to achieve this.

Monitor Compliance

The Trust has had 35 incidents of C-diff which is within the target.

Apart from 62 days, all cancer targets are met. Performance for 62 days in January was 83.6% against a target of 85%. The trajectory is for achievement in late February/March and compliance for Q1.

ED performance for January was 92.2% compared to 89.94% for Jan 2015 and (as at 15th Feb) performance for Quarter 4 is at 92.06%. Performance has improved from 10th February (average daily performance 10-15 Feb is 96.34%) with better engagement in preparation and management of weekend flow.

Acute Contract

Referral to Treatment Times (RTT)

The 'Incomplete' pathway (target 92%):

Nov	Dec	Jan
92.5%	92.04%	92.07%

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

Nov	Dec	Jan
98.23%	98.23%	98.39%

The Recovery Action Plan for endoscopy did not achieve for January but is expected to achieve for February. Sleep studies were the major cause of failure and remain the major cause for concern in February. Increased capacity in adult and paediatric sleep studies are now in place. Radiology achieved in all modalities.

The total number of patients currently on the outpatient review list is 20,833 (of which 4,344 are overdue). This is a decreasing number. Monitoring is undertaken through a weekly outpatient planning meeting. The areas of most concern are neurology and diabetes/endocrinology with all other specialties steadily decreasing in number.

Cancer:

2WW performance for December was 96.3% (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 December achieved 83.6% (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 97% (Target 90%).

31 day 1st treatment targets achieved 97.4% (Target 96%)

4 hr Access:

Nov	Dec	Jan
93.9%	95.4%	92.2%

The Trust achieved 95.4% for December which put it 15th of all 135 English providers and at the top for local providers. In December England achieved 91.0% The Trust has confirmed Q3 figure of 94.77%.

Outpatient & Inpatient:

Outpatient cancellations by hospital are 2.9%.

Cancelled operations stand at 0.4% (Target 0.8%). Theatre utilisation is 80.6% and following an upward trend (compared to a national target of 85%).

The DNA rates and showing an improving trend with new outpatients at 8.9% (8.71%

nationally) and the follow up rate at 9.6% (9.21% nationally). The new to follow up ratio is 1:2.1 compared to 1:2.0 nationally.

Q1 15/16 Forecast Risks
As detailed above the key risks identified are:

- Diagnostic RTT times for sleep studies and endoscopy.
- Q4 A&E 95% compliance

Financial Performance

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

Income and expenditure

The Trust's financial position for the 10 months to January 2016 is a deficit of £42.78m, against the year to date original plan deficit of £35.15m, £7.63m worse than plan. Pay expenditure continues to be the main driver of the increased deficit with Medical pay accounting for £5.13m of the total year to date pay overspend of £7.71m.

	Annual Plan	January In-Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m
Clinical Income	220.21	18.48	19.04	0.56	184.11	188.54	4.43
Other Operating Income	35.59	2.99	3.14	0.16	29.61	30.42	0.80
Total Operating Income	255.80	21.47	22.19	0.72	213.72	218.95	5.23
Pay	(175.27)	(14.31)	(15.45)	(1.14)	(144.81)	(152.52)	(7.71)
Non Pay	(97.36)	(8.09)	(8.05)	0.04	(81.09)	(86.13)	(5.04)
Operating Costs Excl. from EBITDA	(9.49)	(0.82)	(0.80)	0.02	(7.85)	(7.82)	0.03
Total Operating Expenditure	(282.12)	(23.22)	(24.30)	(1.09)	(233.75)	(246.47)	(12.72)
Profit/(Loss) from Operations	**(26.32)**	**(1.75)**	**(2.12)**	**(0.37)**	**(20.03)**	**(27.52)**	**(7.49)**
Non Operating Income	0.25	0.00	(0.02)	(0.02)	0.01	0.08	0.07
Non Operating Expenditure	(18.43)	(1.52)	(1.54)	(0.01)	(15.13)	(15.34)	(0.21)
Surplus/(Deficit)	**(44.50)**	**(3.27)**	**(3.67)**	**(0.40)**	**(35.15)**	**(42.78)**	**(7.63)**

Cash

The Trust's cash balance as at 31st January was £1.44m, which is marginally below 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 January the Trust had drawn down £49.44m relating to 2015/16. The Trust expects to draw down a further £8.73m of WCF and £1.31m of capital loans in February and March.

Capital

Capital expenditure (excluding donated purchases) to January 2016 is £5.61m, this is:

- 69% of the original phased plan of £8.13m, and
- 86% of the capital reforecast phased plan of £6.56m as agreed with Monitor.

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

CIP

The risk adjusted CIP and cost avoidance forecast outturn position at January is £6.82m which is derived from schemes worth £6.21m that are currently delivering (with no further actions necessary), schemes that have credible plans to deliver a further £0.15m and schemes valued at £0.46m that have credible plans with a higher level of risk.

Actual CIP cumulative delivery year to date is £5.43m against a plan of £5.11m.

Forecast Outturn and Risks / Opportunities

A full reforecast has been undertaken at month 10 and this has confirmed the 30th September forecast likely deficit of £53.26m. The forecast has a range of downside case £54.29m deficit to upside case £52.87m deficit.

	Downside £000	Likely £000	Upside £000
Income			
Risk Adjusted Total Income	**260,959**	**261,691**	**261,691**
Expenditure			
Gross Expenditure FOT at month 10	(314,954)	(314,954)	(314,954)
Divisional Downside and Upside	(294)	0	391
Risk Adjusted Expenditure FOT at month 10	**(315,248)**	**(314,954)**	**(314,563)**
FOT at month 10	**(54,289)**	**(53,263)**	**(52,872)**

Delivery of the £53.3m deficit is achievable and requires maintained financial control in the remaining weeks as achievement of an overall income level of £261.7m. Any income above this level would improve the deficit position if expenditure could be maintained within revised forecast levels.

WORKFORCE

KEY METRIC: SICKNESS ABSENCE:
Sickness levels have increased by 0.47% in month to 4.89% (December 4.42%). Short term sickness has increased by 1.11% to 2.98% (December 1.86%) however long term sickness has reduced from 2.56% to 1.92%.

The short term increase is reportedly due Cold, Cough, Flu (689.27 FTE days lost, a rise of 231.04 FTE days on the previous month), and chest & respiratory problems (352.58 FTE days lost, a rise of 166.48 FTE days on the previous month)

KEY METRIC: APPRAISAL:
Overall compliance has increased in month by 1% to 88% (NB latest data is for December 2015 (87% for November)).

KEY METRIC:MANDATORY AND STATUTORY TRAINING
The overall compliance rate for Mandatory Training has increased in January by 1% to 84%.

KEY METRIC: VACANCIES:

The vacancy rate for January is down from 8.19% (December) to 8.01%. In addition to the known medical staff shortages in ED, Radiology, Care of the Elderly and Stroke, new non medical risk areas are emerging. Pharmacy – anticipating 10.6 wte vacancies following maternity leave departures next month Agency staff are being approached to support in the short term whilst recruitment continues.

Therapies – across physiotherapy and OT a total of 25 wte vacancies. Agency staff are being approached to support in the short term whilst recruitment continues. Consideration is being given to paying the first year's HCPC registration in order to try and newly qualified staff, in line with paying for the first year's NMC registration for Nurses.

Nurse recruitment
A nursing open day took place on 6th February 2016 with over 20 offers of employment being made. Candidates are currently going through the recruitment checking exercise.

KEY METRIC: STAFF IN POST:
The overall Trust position is largely static with an in month increase of 8.52 WTE's.

KEY METRIC: VARIABLE PAY:
Variable pay was £3.07m in January against the actual budget of £1m.

This represents an increase by £217k from December. Emergency Care was the only area which increased in month by £300k in month. All other Divisions decreased.

THEMES
Exit Interviews – Q3 leavers 1st October to 31st December 2015
Of the 130 leavers during Q3, 39 staff responded to the offer to provide feedback either by completing an exit questionnaire or having a face to face interview. This equates to 30% compared to 43.36% staff responding in Q2 2015.

- There has been a significant reduction (14.23%) in the number of staff feeling under pressure to work additional hours.
- An increase in the number of staff saying that they had full or adequate support from their line manager
- Following an increase in staff engagement in Q2 (46.94% saying that engagement in their work area is generally good or very good compared to 36.67% in Q1) there has been a 1.78% increase in Q3.
- For the third consecutive quarter training opportunities have improved.
- There has been a reduction in the number of staff saying that they would be unlikely are extremely unlikely to recommend that Trust as a place to work.
- There has been a small increase (4.44%) in the number of staff saying that they would be extremely likely or likely to recommend the Trust as a place to receive treatment and a 12.72% decline in the number stating that they would be unlikely or extremely unlikely.

Improvements:
As part of the QIP the exit interview process, questionnaire and feedback mechanism have been reviewed to improve response rates by offering leavers a variety of ways to provide feedback to managers to enable them to work to improve staff experiences. The changes will be trialled in Q4 and a full review of impact will be undertaken at the end of March.

In addition HRBPs will report the quarterly exit interview data to divisional boards with supplementary breakdown of feedback for each division. This will facilitate the utilisation of exit interview feedback for local improvement across divisions.

Staff Survey
The annual NHS Staff Survey was undertaken between September and December 2015. The overall Trust response rate was 45%- a 1% increase on the 2014 rate (44%) in 2014. The Trust's 2015 response rate is classified as average for acute trusts in England.

The Trust's ranking for the overall staff satisfaction has increased in compared to 2014 (table below) but remains in the lowest (worst) 20% of acute Trusts in England.

Overall Staff Engagement 2015	3.68	Average for acute trusts in England	3.79
Overall Staff Engagement 2014	3.67	Average for acute trusts in England	3.74

The overall staff satisfaction score is calculated using the questions that make up Key Findings 1, 4 and 7 of the survey:
KF 1 - Staff recommendation of the trust as a place to work or receive treatment- Lowest (worst) 20%
KF 4 - Staff motivation - Lowest (worst) 20%
KF 7 - Staff ability to contribute to work improvements –Below (worse) than average

Where staff experience has improved
KF 24 - % of staff/colleagues reporting most recent experience of violence
KF 22 - % of staff experiencing physical violence from patients, relatives or the public in the last 12 months

Where the staff experience has deteriorated
KF 32 - Effective use of patient/service user feedback

Summary table of top rankings and lowest rankings

Top 5 Ranking Scores	**Bottom 5 Ranking Scores**
KF24. % of staff/colleagues reporting most recent experience of violence. This has improved since 2014 and the Trust is in the Highest (best) 20% of acute trusts in England.	KF6. % of staff reporting good communica between senior management and staff. N change. The Trust is in the lowest (worst) of acute trusts.
KF 16. % of staff working extra hours. No change. The Trust is in the lowest (best) 20% of acute trusts in England.	KF10. Support from immediate managers. change. The Trust is in the lowest (worst) of acute trusts.
KF28. % of staff witnessing potentially harmful error, near misses or incidents in the last month. No change. The Trust is below (better) than average.	KF18. % of staff feeling pressure in the las months to attend work when feeling unwel change. The Trust is in the highest (worst of acute trusts.
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver. The Trust is above (better) than average.	KF32. Effective use of patient/service user feedback. Decrease (worse than 2014). T Trust is in the lowest (worst) 20% of acute
KF3. % of staff agreeing that their role makes a difference to patients/service users. The Trust is above (better) than average.	KF30. Fairness and effectiveness of proce for reporting errors, near misses and incid The Trust is in the lowest (worst) 20% of a

Staff Engagement QIP Workstream
Good progress is being made, with all actions on track to deliver within the agreed timescales. Four of the twelve actions are now complete, with the establishment of an effective workstream group, engaging staff from across the Trust; the development of an Engagement Toolkit for Managers, to be launched in March 2016 in a series of Master

classes which cross-link to the Leadership workstream. The Masterclasses aim to develop manager's communication and engagement skills.

Additionally a baseline assessment of staff engagement has been undertaken using staff's feedback from various sources, themed under the Institute for Employment Studies (2004) engagement drivers, to identify the high impact engagement interventions. Ian McBride, OD Specialist from Nottingham University Hospital has been seconded to lead and support delivery of this QIP workstream.

The Staff Survey results and the feedback from the QIP Staff Engagement workstream will be triangulated to produce an integrated action plan response which will be presented to the March Board meeting.

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 *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	
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	