

Public Board Meeting

Report

Subject: Integrated Performance Report
Date: 28th April 2016
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QUALITY & SAFETY

The monthly report provides an update to the Board against the Trusts 3 key quality and safety priorities for 2015/16. The paper provides an overview of highlights relating to patient quality and safety, the February safer staffing position. The Quality and Safety, Safer Staffing reports should be read in conjunction with this paper.

Quality and safety Report

Priority 1: Mortality

- November HSMR is 88.12 demonstrating sustained improvement in various processes.
- There have been no Mortality Alerts

Priority 2: Sepsis

- The Trust continues to exceed the targets set within the sepsis CQUIN
- Admission area compliance: screening, bundle compliance and IV antibiotics < 1 hour is at or > 90% on weekly monitoring. For Q4 screening for sepsis in emergency admissions was 99.3%
- Joint work has commenced with NUH which encompasses sepsis as part of a wider 'Recognise & Rescue' workstream. A particular focus is on inpatient areas.

Priority 3: Falls

During March there have been a total of 19 falls causing harm to patients within our care, this is an increase of 1 from February. There were no moderate or severe harms in March. The Trust continues to demonstrate a reducing percentage of falls per 1000 bed days compared to the equivalent point 12 months previously. The Trust figure for falls/1000 bed days for March is 5.94% a reduction from 7.25% in February.

Infection Control:

The Trust remained within annual threshold of 48 cases of Clostridium Difficile with 45 cases identified by 31st March, lessons learnt through RCAs have formed part of 15/16 and 16/17 work programme. The audit programme to monitor adherence to infection prevention and control standards shows some improvement in the overall audit results for all Q4 audits.

Safeguarding

Safeguarding training continues and has been reviewed to ensure it meets the requirements of the intercollegiate document and national capability framework. The percentages of staff that have completed mandatory training are:

Mental capacity training figures	Q1- 95%	Q2 - 96%	Q3 - 96%	Q4 – 97%
Safeguarding training: Adults	Q1 – 77%	Q2 –82%	Q3 - 90%	Q4 – 94%

CQUIN

The Trust expects to achieve all CQUINS apart from ‘Reducing The Proportion Of Avoidable Emergency Admissions To Hospital (UEC)’ and ‘Better Together’ this will be confirmed in May following CCG review of evidence.

Medicines safety:

In 2016/17 medicines safety has become a key priority and will be reported monthly to Board.

SAFER STAFFING

Four wards were identified in March where fill rate fell below the 80% of the planned requirement this is a reduction on February. March saw an increase (from February) in the number of wards with an overfill. March with 34 wards, having been 26 in February, 25 January and 21 in December. 29 of these wards related to an overfill of health care assistants. This is explained by the dependency of our patients and the need to utilise staff to support enhanced patient observation. The 5 wards that required increased numbers of registered nurses and midwives is due to an increased patient acuity demand. The main reasons for this continue to be vacant posts and sickness. Ward 35 has now closed and the staff have returned to their substantive positions, this will enable safe care to begin to progress and areas that staff were provided from additional stability from having their own staff returned and should see a significant decrease in agency use in the April safer staffing report. A variety of local and international recruitment activity is being undertaken to reduce the vacancy levels. Work continues to improve rostering and escalation of patient acuity and a pilot of ‘Safercare’ (the agreed process for redflag escalation) in May.

OPERATIONAL STANDARDS

Cancer

The Trust met the 2ww cancer targets at 98.5% and all Trust cancer targets were met. Performance for 62 days in March was 91.4% against a target of 85% and achieved the Q4 target. The trajectory is for continued achievement and compliance for Q1.

Four hour wait

Four hour wait performance for March was 89.33%. The Trust received 10.37% more attendances in March 16 compared to March 15.

ED attendances	2014/15	2015/16	Change
Q1	36,990	36,772	1% decrease
Q2	36,296	36,079	1% decrease
Q3	35,415	35,580	0.5% increase
Q4	34,736	37,906	9% increase
Ambulance arrivals at ED			
Q1	7,329	7,473	2% increase
Q2	7,187	7,444	4% increase
Q3	7,725	7,781	1% increase
Q4	7,681	8,073	5% increase

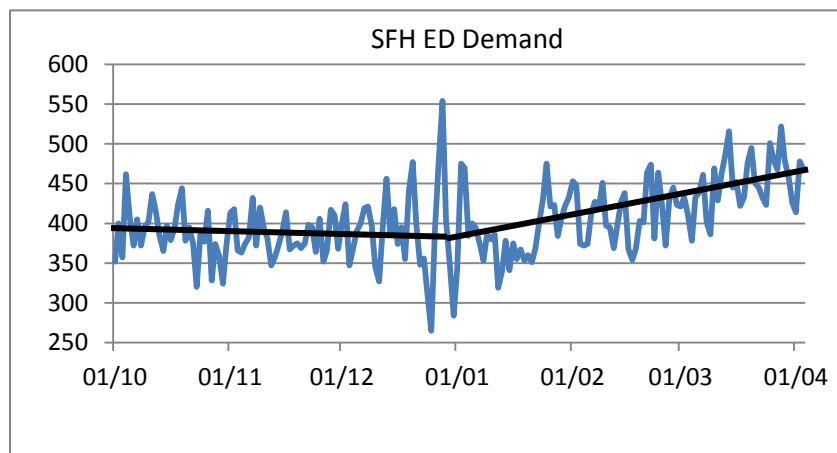
Emergency Admissions from ED

Q1	8,033	8,314	3% increase
Q2	8,159	8,417	3% increase
Q3	8,342	8,914	7% increase
Q4	8,464	9,178	8% increase

ED 4 hour Performance

Q1	94.27%	96.01%
Q2	93.99%	95.91%
Q3	88.52%	94.77%
Q4	92.43%	91.17%

Year	92.33%	94.43%
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A large increase in demand through ED and via ambulances in the latter part of the year resulted in a higher number of emergency admissions and significant challenges to the 'flow' of patients through their clinical pathways towards discharge. This is reflected in a reduced performance in the Four hour wait target for Q4 compared to earlier Quarters and Q4 2014/15.

The February performance put the Trust in 22nd place nationally out of 135 Trusts and ahead of the England average.

Referral to Treatment Times (RTT)

The 'Incomplete' pathway (target 92%):

Dec	Jan	Feb	March
92.04%	92.07%	93.28%	93.8%

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

Dec	Jan	Feb	March
98.23%	98.39%	98.66%	98.39%

Sleep studies were the cause of failure and remain the major cause for concern in March. Increased capacity in adult and paediatric sleep studies are now in place. Radiology achieved in all modalities.

Outpatient & Inpatient performance metrics:

- The total number of patients currently on the outpatient review list is 21,661 (of which 3,151 are overdue). This is a decreasing number.
- Outpatient cancellations by hospital are 3%. This is an improved position.
- The DNA rates are showing new outpatients at 7.67% (8.71% nationally) and the follow up rate at 8.77% (9.21% nationally).
- The new to follow up ratio is 1:2.17 compared to 1:2.0 nationally.
- Cancelled inpatient operations stand at 0.8% (Target 0.8%).
- Theatre utilisation is 80.8% and stable. This needs further work to achieve the national standard of 85%

Q1 16/17 FORECAST RISKS

As detailed above the key risks identified are:

- Q4 A&E 95% compliance
- DM01 Sleep Studies

FINANCE

The key aspects of the Trust's financial performance for 2015/16 are:

Income and expenditure

The Trust's 2015/16 outturn financial position is a deficit before impairment gain of £55.05m. This is a £10.55m adverse variance against the annual plan submitted to Monitor on 14th May 2015. At the end of September 15 the Trust submitted its forecast outturn of £53.26m, after adjusting for LTP costs the Trust improved on this forecast by £0.26m.

	£000s
Reported deficit per Annual Accounts	(26,531)
Reversal of impairment	(28,515)
Underlying deficit before impairment gain	(55,046)
LTP costs	(2,040)
Trust deficit	(53,006)
Control total	(53,263)
Improvement on Control Total	257

	Annual Plan	March In-Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m
Clinical Income	220.21	18.21	19.69	1.47	220.21	226.45	6.24
Other Operating Income	35.59	2.99	3.65	0.66	35.59	37.41	1.83
Total Operating Income	255.80	21.20	23.33	2.13	255.80	263.87	8.07
Pay	(175.27)	(16.15)	(17.11)	(0.96)	(175.27)	(185.60)	(10.33)
Non Pay	(97.36)	(8.17)	(10.66)	(2.49)	(97.36)	(105.46)	(8.11)
Operating Costs Excl. from EBITDA	(9.49)	(0.82)	27.68	28.51	(9.49)	19.06	28.55
Total Operating Expenditure	(282.12)	(25.14)	(0.09)	25.05	(282.12)	(272.01)	10.12
Profit/(Loss) from Operations	(26.32)	(3.95)	23.24	27.19	(26.32)	(8.14)	18.18
Non Operating Income	0.25	0.24	0.20	(0.05)	0.25	0.27	0.02
Non Operating Expenditure	(18.43)	(1.77)	(1.78)	(0.01)	(18.43)	(18.66)	(0.24)
Surplus/(Deficit)	(44.50)	(5.48)	21.66	27.13	(44.50)	(26.53)	17.97
Reverse impairment gain	0.00	0.00	(28.52)	(28.52)	0.00	(28.52)	(28.52)
Surplus/(Deficit) before impairment gain	(44.50)	(5.48)	(6.86)	(1.39)	(44.50)	(55.05)	(10.55)

Cash

The Trust's cash balance as at 31st March was £1.46m, 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 March the Trust had drawn down £59.49m relating to 2015/16.

Long Term Partnership costs of £2.04m are included in the 2015/16 outturn. PDC to support the cash implications of these costs (£0.38m in 2015/16) has been received in March, with the remainder due in May.

Capital

Actual capital expenditure (excluding donated purchases) cumulative to the end of March was £7.44m, this is an underspend of £1.70m on the original capital plan (£0.41m on the revised capital plan). This represents achievement of 81% of original plan and 95% of revised plan.

CIP

Outturn CIP delivery is £6.89m against plan of £6.50m.

WORKFORCE

SICKNESS ABSENCE

Overall sickness levels have decreased by 0.19% in month to 4.14% (February 4.33%). Short term sickness has decreased by 0.21% to 2.09% (February 2.30%) however long term sickness has increased from 2.03% to 2.05%.

The Division which had the highest increase in total sickness was Corporate, increasing by 0.32% to 3.46% (February 3.14%). Corporates short term sickness decreased to 1.66% (February 1.75%) and long term sickness increased to 1.80% (February 1.39%).

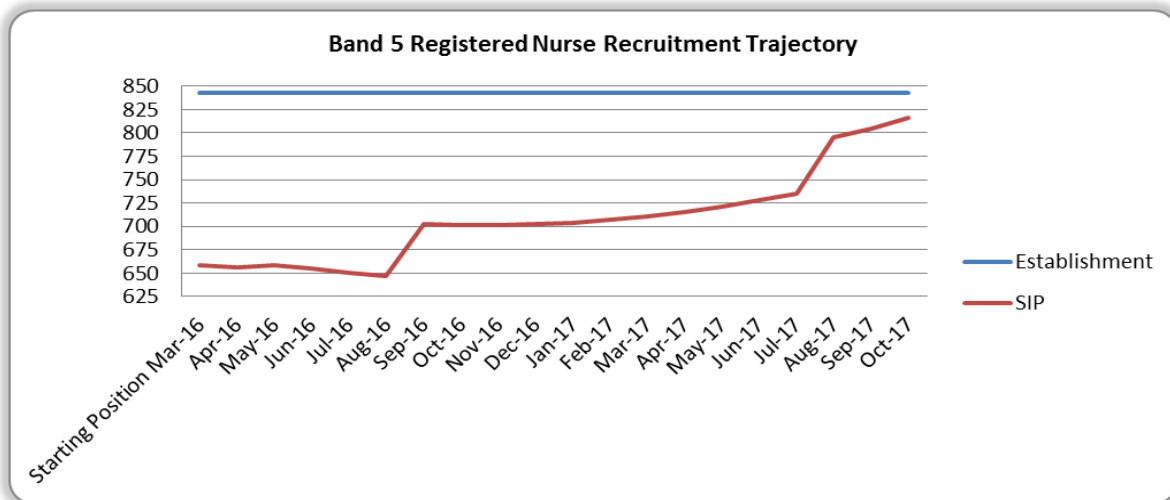
APPRAISAL

Trust wide appraisal compliance has increased in month to 90% for March 2016 (89% for February).

Trust-wide there are 352 outstanding appraisals compared to 364 in February.

STAFF IN POST

Staff in post numbers has decreased by 2.03 WTE's. Registered Nurses decreased by 2.43 WTE, Planned Care & Surgery reduced by a further 1.41 WTE in month having had a 4.87 WTE reduction in February. However, the recruitment trajectory for band 5 Registered Nurses does show an expected increase of 64 nurses in September and the number of nurse leavers fell slightly in February and March.



VARIABLE PAY

Variable pay was £4.7m in March against the actual budget of £1m. This has increased by £1.17m from February and an overspend of £3.69m against budget across all divisions with Emergency Care & Medicine having the highest increase in variable pay, rising from £1.93m to £2.53m, an increase of £603k in month.

TRAINING AND EDUCATION

The overall compliance rate for Mandatory Training has increased by 1% to 85%. This rate refers to the number of competencies completed and not the number of staff compliant. All divisions have increased their compliance rate.

RECRUITMENT ACTIVITY

The number of vacancies advertised increased in March compared to February from 73 to 85. The main activity remains in Nursing, Medical and Admin roles.

VACANCY CONTROL:

Following the implementation of Trac, the authorisation process has now been extended for all vacancies including bank, temporary agency requests and interims to be done electronically within the system allowing for a full audit trail.

RECRUITMENT KPI's

TRAC the new applicant tracking system went live in February 2016. Recruitment activity is going through a transitional period with the aim to get all activity into Trac as soon as

possible. Currently there is not enough data to show a trend analysis however progress is being made across the whole process to reduce time to hire. An example of how quick the system can be is where a candidate had an interview at 10am, the manager had updated the system straight after the interview and the candidate had received their offer letter before they returned home from the interview. In summary, it took approximately 24 days for the candidate to receive their offer letter, now TRAC has reduced this to approximately 3 days.

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.