

Public Board Meeting

Report

Subject: Integrated Performance Report
Date: 26th May 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 & SAFETY

The monthly report provides an update to the Board against the Trusts 3 key quality and safety priorities for 2016/17, these have changed and now include medicines rather than falls. The paper provides an overview of highlights relating to patient quality and safety, the April 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

- December HSMR is 80.51 and the variation between HSMR between patients admitted at weekends and those admitted on weekdays has reduced over the last year and was below 100 in both November and December.
- There have been no Mortality Alerts

Priority 2: Sepsis

- A new sepsis CQUIN is in place for 2016/17 and work is being undertaken to provide the evidence of improvement against the changed requirements.
- Internal weekly audits evidence consistent compliance >90% in 2016/17 for admission area compliance: screening, bundle compliance and IV antibiotics < 1'
- Sepsis work is being incorporated into a 'deteriorating patient group'. A particular focus is on inpatient areas.

Priority 3: Improve the safe use of Medicines

- This priority encompasses a large varied number of work streams, this represents the diversity of action being undertaken to improve medicines safety.
- There have had ben no medication related never events within the Trust YTD.
- Programme of work is in place to reduce instances where patients received a medicine they were allergic too. Year to date total is 1, total during 15/16 was 19.
- Focus is being taking in increase the uptake of self-administration of medicines, the current policy is under review.

Safer Staffing for Nurses

- April's data identified an increase in all monitoring parameters for safe staffing level
- Below the accepted level of 80%: 6 in April, 4 in March, 6 in February, 10 in January and 8 in December.
- Less than the accepted 90%, but about 80%: 9 in April, 8 in March, 11 in February.
- Greater than 110%: 36 in April, 34 in March, 26 in February, 25 January and 21 in December

All wards put actions in place to ensure the safety of patients. The main reasons for this continue to be vacant posts and sickness. Together with the increased dependency of our patients and the need to utilise staff to support enhanced patient observation. Additional national monitoring has commenced in April in for of Care Hours per Patient Day, and the Deputy Chief Nurse has worked with nursing teams to implement a more robust process for monitoring patient acuity and dependency. A variety of local recruitment activity is being undertaken to reduce the vacancy levels. Work continues to improve rostering and the requests for temporary staffing.

Patient Experience

The Trust has received embargoed results of the National Inpatient Survey. These are currently being analysed against the national data and appear generally positive. A date for presentation of these results to Quality committee by Quality Health (the Trusts survey providers) is being arranged.

OPERATIONAL STANDARDS

Cancer

The Trust met all cancer standards in March 2016 and therefore achieved compliance of all standards for Q4. All cancer standards are on track to achieve in April but May may be at risk due to waiting for providers to give diagnostic and treatment dates. A further complication is the cancer data system orian transitioning to infoflex resulting in a reduced visibility of data this is currently requiring significant manual work around.

Four hour wait

An increase in demand through ED and via ambulances in April continued the trend from the latter part of 2015/16 and continued to result 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 (91.17%) compared to earlier quarters and Q4 2014/15. The full year performance for 15/16 is 94.43% compared to 92.33% for 14/15.

Four hour wait performance for April 16 was 91.99% an improvement of 2.6% on March 16. The Trust had a 0.6% decrease in attendances in April 16 compared to April 15 although the reduction in attendances was during the last 10 days of the month (where we also delivered an average performance of 97%). Actions to improve performance will be presented in June IPR.

ED performance for the region and nationally in April shows the Trust 37th out of 135 Trusts and for 2015/16 the Trust was 19th.

Referral to Treatment Times (RTT)

The 'Incomplete' pathway (target 92%):

Achieved Q4 (93.46%) -

Dec	Jan	Feb	March	April
92.04%	92.07%	93.25%	95.07%	93.6%

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

Q4 not achieved (98.48%) - this was due primarily to paediatric sleep studies. Actions have been taken to resolve this situation and the Trust achieved in April.

Dec	Jan	Feb	March	April
98.23%	98.39%	98.66%	98.39%	99.04%

Endoscopy achieved the required performance for the three months of February to April and JAG have been invited to reassess the unit for accreditation.

Outpatient & Inpatient performance metrics:

- The total number of patients currently on the outpatient review list is 21,484 (of which 2,151 are overdue a reduction of 1,000 from March 16).
- Outpatient cancellations by hospital were 3.31%. This position has worsened by 0.3% due to the strike. This is expected to improve in May and to be maintained unless further industrial action is called.
- The DNA rates are continuing to show improvements - new outpatients at 6.95% (8.71% nationally) and the follow up rate at 8.69% (9.21% nationally).
- The new to follow up ratio is 1:2.17. As part of the contractual agreement the Divisions are working with Primary Care GPs to determine the clinically appropriate rates for the year.
- Cancelled inpatient operations stand at 0.94% (Target 0.8%). This position has worsened by 0.14% due to the strike. This is expected to improve in May and to be maintained unless further industrial action is called.
- Theatre utilisation is continuing to improve at 81.2%. Work continues in order to achieve the national standard of 85%.

Q1 16/17 FORECAST RISKS

As detailed above the key risks identified are:

- Q1 A&E 95% compliance
- DM01 Sleep Studies (Adult)
- May 62 day cancer standard.

FINANCE

The key aspects of the Trust's financial performance for April 2016 are:

Financial Summary

	Annual Plan £m	April In-Month			Year to Date		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
EBITDA	(27.58)	(4.57)	(4.38)	0.18	(4.57)	(4.38)	0.18
Surplus/(Deficit)	(57.08)	(6.93)	(6.74)	0.18	(6.93)	(6.74)	0.18
Surplus/(Deficit) - Excluding LTP	(41.20)	(4.41)	(4.23)	0.18	(4.41)	(4.23)	0.18
EBITDA % of Income	(9.7%)	(19.4%)	(18.4%)	0.9%	(19.4%)	(18.4%)	0.9%
Financial Sustainability Risk Rating YTD	2				2	2	0
CIPs	12.60	0.39	0.42	0.03	0.39	0.42	0.03
Capex	9.53	0.66	0.12	(0.54)	0.66	0.12	(0.54)
Closing Cash	1.45	1.45	1.52	0.07	1.45	1.52	0.07
Better Payment Practice Code - (Value / Number)			93.9% / 87.0%			93.9% / 87.0%	

- Deficit for April £6.74m, £0.18m ahead of plan.
- Deficit includes Long Term Partnership costs of £2.51m, based on accruing to plan whilst discussions continue with NHS Improvement.
- FSRR is 2 against a plan of 2.
- CIP YTD delivery of £0.42m against plan of £0.39m.
- Capex is behind plan in April with expenditure of £0.12m against plan of £0.66m.
- Closing cash at 30th April was £1.52m, £0.07m higher than plan.
- BPPC YTD performance is 93.9% by value of invoices paid and 87.0% by number of invoices paid, within 30 days.

Operating Statement

	Annual Plan £m	April In-Month			Year to Date		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Income	247.05	20.55	20.85	0.30	20.55	20.85	0.30
Other Operating Income	38.34	3.01	2.92	(0.10)	3.01	2.92	(0.10)
Total Operating Income	285.39	23.56	23.77	0.21	23.56	23.77	0.21
Pay	(192.49)	(16.77)	(16.59)	0.18	(16.77)	(16.59)	0.18
Non Pay	(120.48)	(11.36)	(11.56)	(0.20)	(11.36)	(11.56)	(0.20)
EBITDA	(27.58)	(4.57)	(4.38)	0.18	(4.57)	(4.38)	0.18
Operating Costs Excl. from EBITDA	(9.92)	(0.83)	(0.84)	(0.02)	(0.83)	(0.84)	(0.02)
Non Operating Income	0.26	0.00	(0.01)	(0.01)	0.00	(0.01)	(0.01)
Non Operating Expenditure	(19.84)	(1.54)	(1.51)	0.02	(1.54)	(1.51)	0.02
Surplus/(Deficit)	(57.08)	(6.93)	(6.74)	0.18	(6.93)	(6.74)	0.18
Long Term Partnership	(15.88)	(2.51)	(2.51)	0.00	(2.51)	(2.51)	0.00
Surplus/(Deficit) - Excluding LTP	(41.20)	(4.41)	(4.23)	0.18	(4.41)	(4.23)	0.18

The operating statement identifies:

- Clinical income in excess of plan by £0.30m continued non elective growth.
- Pay is within budget overall, but nursing, £0.18m above plan in April, remains an issue.
- Non pay challenge in non-clinical supplies.

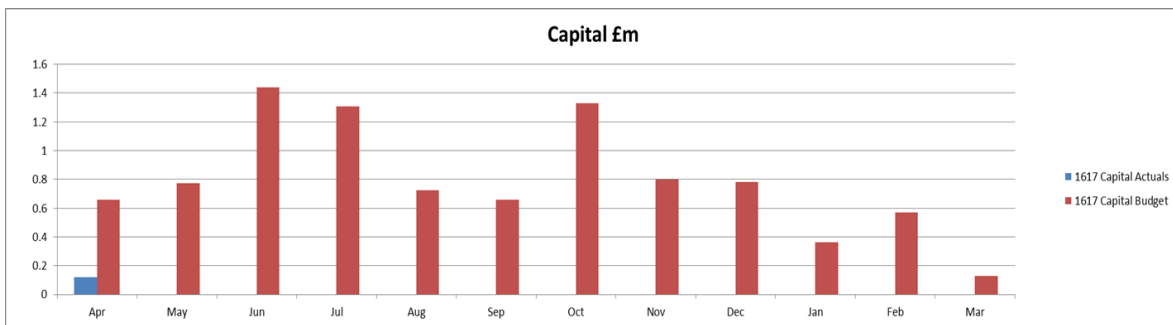
Cash

The Trust's cash balance as at 30th April was £1.52m, 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 identified below:

	WCF Loan £m	Revenue Loan £m	Capital Loan £m	Total Loans £m
Opening at 01/04/16	12.287	47.814	5.600	65.701
April Drawdown	4.763			4.763
At 30/04/16	17.050	47.814	5.600	70.464

Capital



Capital expenditure in April was £0.12m against plan of £0.66m (18% delivery). Funding source for the entire capital plan is still outstanding from NHS Improvement following submission of the annual plan on 18th April.

CIP

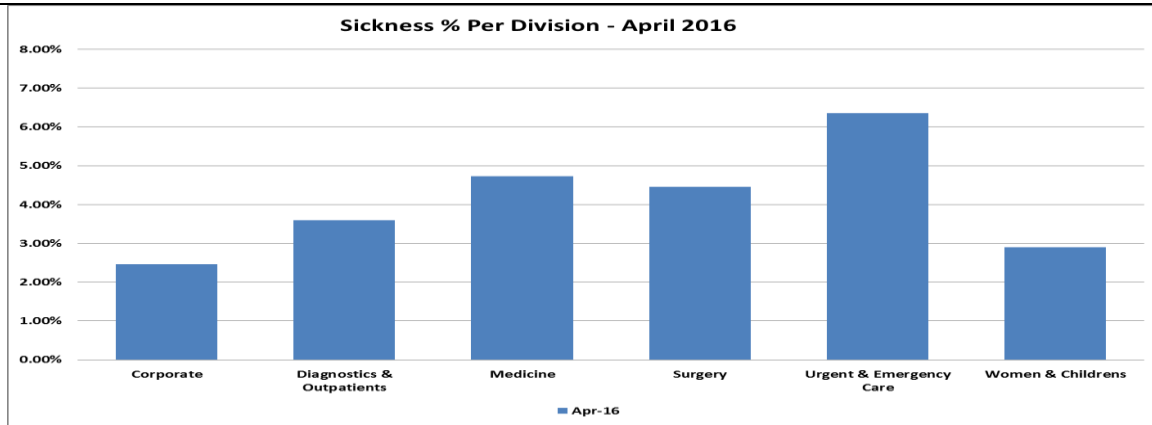
April CIP delivery is £0.42m against April plan of £0.39m.

WORKFORCE

SICKNESS ABSENCE:

Overall sickness levels have decreased by 0.11% in month to 4.03% (March 4.14%). Short term sickness has remained static (2.09%) and long term sickness has decreased from 2.05% to 1.94% (0.11%).

The three Divisions which had the highest total sickness % rate was Urgent & Emergency Care, 6.35% (ST at 2.23% and LT at 4.12%); Medicine, 4.72% (ST at 2.14%, LT at 2.59%); Surgery, 4.46% (ST at 2.75%, LT at 1.72%).



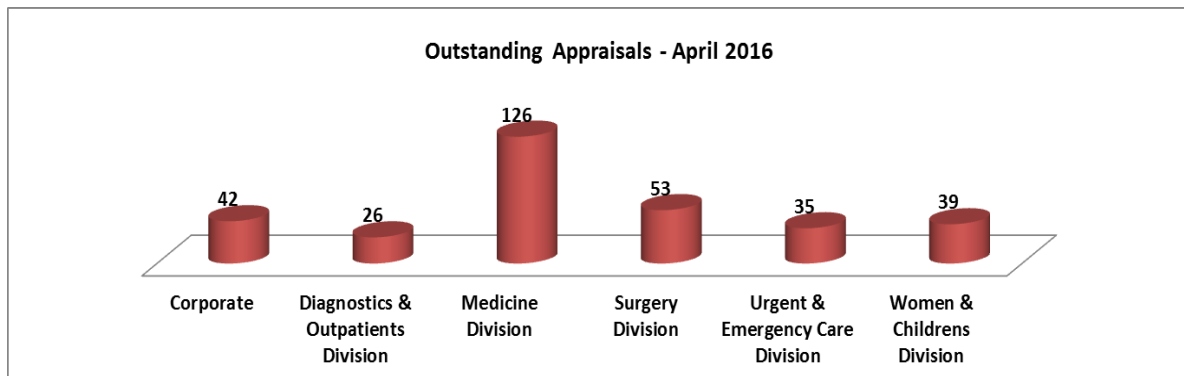
The 3 highest absence reasons for April were S10 Anxiety/stress/depression/other psychiatric illnesses with 1071.2 FTE days lost a decrease of 44.45 (March 1115.65), S25 Gastrointestinal problems with 404.97 FTE days lost and S12 Other musculoskeletal problems, 403.18.

The Top 3 staff groups with the highest total absence rate are: Unregistered Nurse, 5.50% (846.33 FTE days lost); Registered Nurse, 5.24% (1813.33 FTE days lost); Technical & Other, 5.06% (366.71 FTE days lost). These were also the same top 3 areas in March 2016.

APPRAISAL:

Trust wide appraisal compliance has remained static at 90% for April 2016 (90% for March and 89% for February).

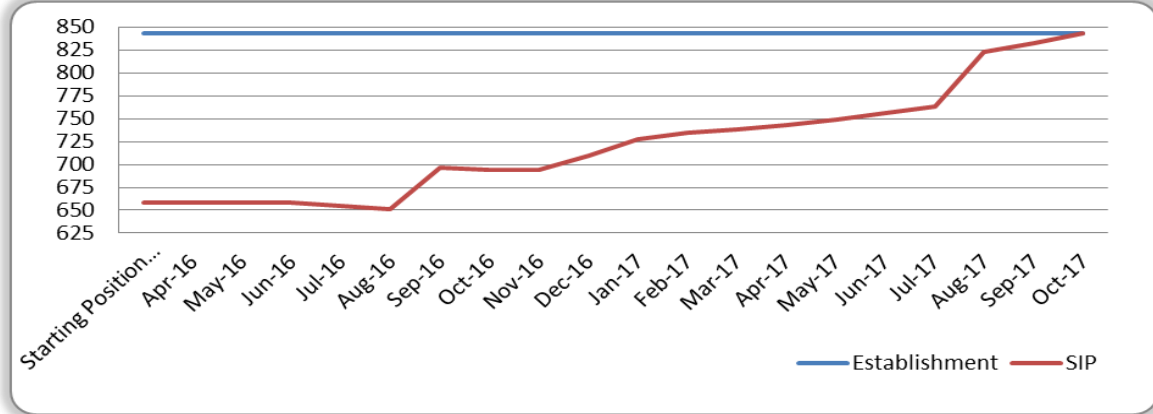
Trust-wide there are 321 outstanding appraisals compared to 352 in March.



STAFF IN POST:

Staff in post numbers has decreased by 20.60 WTE's. Medical Staff decreased by 5.71 WTE; Allied Health Professionals decreased by 4.11WTE's; Unregistered Nurses decreased by 3.91 WTE.

Nurse leavers continue to fall, the number of leavers in April was 4.23WTE (March 5.71WTE) and is much better than the average expectation of 8.26WTE. The projection for Registered Nurses starting in September 16 is currently at 53.00WTE. The trust is paying for extra English language training for 35 international nurses in the hope that they will start by the end of the year.



VARIABLE PAY:

Variable pay was £3.88m in April against the actual budget of £2.02m. This has decreased by £825k from March but is an overspend of £1.86m against budget across all divisions. However, the actual budget in month for variable pay has increased by £1m when compared to March 2016.

BANK AND AGENCY STAFF BY SHIFT

	Reg					Unreg					
	Requests	Cancelled by Ward	Bank Fill	Agency Fill	Unfilled	Requests	Cancelled by Ward	Bank Fill	Agency Fill	Unfilled	
May-15	1450	385	170	844	180	May-15	2723	302	1636	110	456
Jun-15	1442	215	160	914	153	Jun-15	2491	267	1634	100	490
Jul-15	1774	350	156	1008	260	Jul-15	2614	281	1605	158	570
Aug-15	1769	336	135	981	317	Aug-15	2652	354	1706	164	428
Sep-15	1684	283	143	1023	235	Sep-15	2765	311	1711	194	549
Oct-15	1763	265	175	1081	242	Oct-15	3060	335	1740	355	630
Nov-15	1622	239	180	1005	198	Nov-15	2785	188	1752	339	506
Dec-15	1489	134	136	982	237	Dec-15	2933	254	1643	478	558
Jan-16	2231	389	182	1370	290	Jan-16	3596	290	2051	553	702
Feb-16	2203	374	138	1417	274	Feb-16	3295	248	1980	495	572
Mar-16	2611	470	166	1667	308	Mar-16	3923	369	2082	665	807
Apr-16	2,226	518	131	1397	180	Apr-16	3308	302	1796	759	451

TRAINING AND EDUCATION:

The overall compliance rate for Mandatory Training has increased by 1% to 86%. This rate refers to the number of competencies completed and not the number of staff compliant. All divisions have increased their compliance rate.

RECRUITMENT KPI's

Following the implementation of Trac, the recruitment process is monitored on a weekly basis through a series of KPIs. This show that week on week there has been a steady improvement in all key processes for example the time taken to shortlist and invite to interview has gone from 15 days to just 5 on average and the time to receive references has gone from a peak of 20 days to 13 days.

A follow up survey will be carried out in May to ascertain if the improvements are felt by recruiting managers.

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.