

# Public Board Meeting

# Report

**Subject:** Integrated Performance Report  
**Date:** October 2016  
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**Lead Directors:** Mandie Sunderland – Chief Nurse, Paul Robinson – Chief Financial Officer, Julie Bacon – Interim Director of HR & OD

## QUALITY & SAFETY

The purpose of this Report is to provide a monthly update to the Board of Directors against the Trusts’ 3 key Quality and Safety Priorities for 2016/17. The paper provides an overview of highlights relating to patient quality and safety and the safer staffing position. The detailed Quality and Safety, Safer Staffing reports should be read in conjunction with this paper.

### **Priority 1: Mortality**

The HSMR and SHMI position for the Trust remain within the expected normal range. The table below indicates the rolling HSMR for July 2015 – June 2016 as being 94 - that is statistically significantly better than expected and demonstrates that the improved position has been sustained over a number of months.

Table 1 indicates the cumulative HSMR, SHMI and Crude Mortality performance. It should be noted that the SHMI has shown a reduction to 95.9 for the period April 2015 – March 2016.

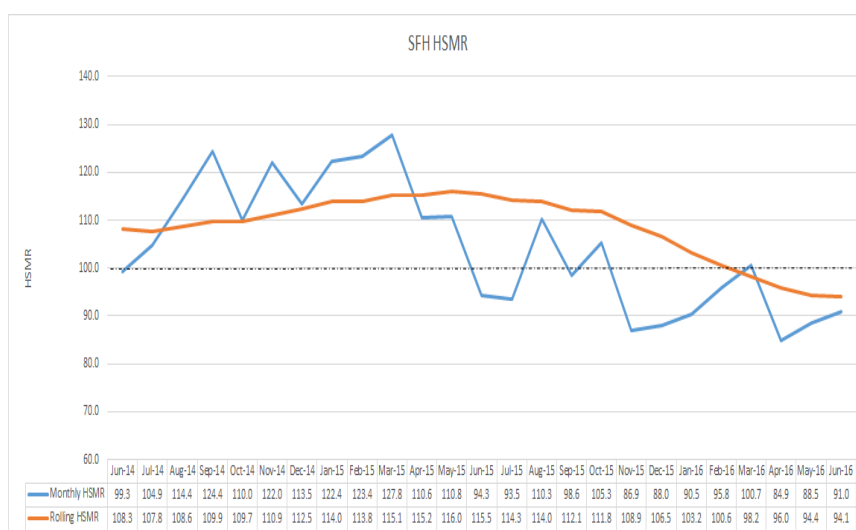
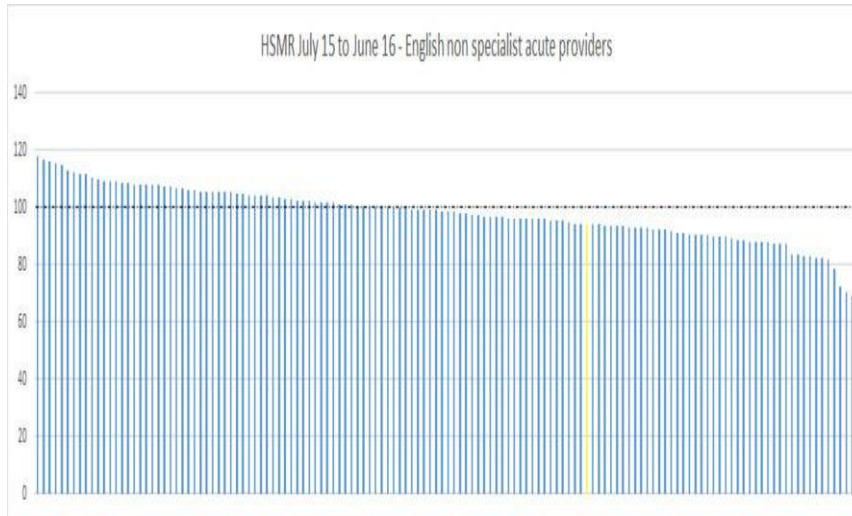


Table 2 indicates the Trust HSMR position (yellow bar) in relation to other non-specialist acute providers in England = HSMR – 92nd from 136 (high to low).



The Trust Mortality Surveillance Group (MSG) meets on the first Tuesday of the month with an established membership that has been strengthened by the appointment of the Divisional Clinical Governance Leads.

There is now a requirement of each service line Mortality & Morbidity (M&M) meeting to review all deaths, including those that were expected and there are no specific concerns as there will always be opportunities for learning, even from the expected.

However, there is also a requirement for individual specialties to present any case where the service has instigated a Level 2 Review. The Level 2 Review is initiated for those cases where following initial M&M review it is believed that the death was either avoidable or there were avoidable factors at a point in the pathway. Three Level 2 reviews are due to be presented to the October MSG.

***Priority 2: Recognise and respond effectively to deteriorating patients***

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. The groups reporting into DPG are:

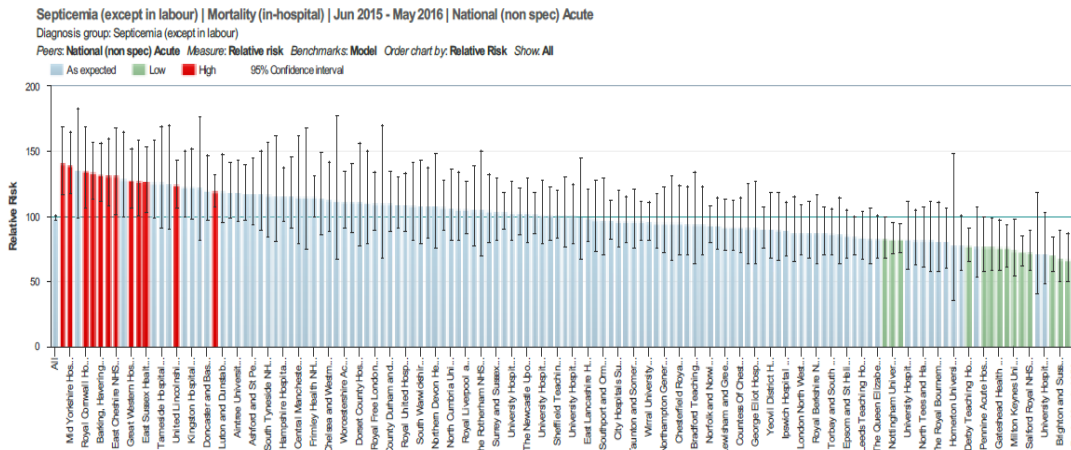
- Mortality Surveillance Group
- Sepsis Working Group
- Acute Kidney Injury Group
- Resus Advisory Group
- Critical Care Outreach

In addition to the specific reporting group each Division is expected to submit an exception

report outlining issues and risks in relation to the deteriorating patient as identified through their Governance Forums.

The full Quality and Safety Report details the specific work programmes currently underway throughout the group but it is worth noting the continued positive performance with regards to the management of patients with suspected or diagnosed Sepsis.

The graph below indicates the position of SFH in relation to other Acute Hospitals in England – relative risk score 82.7. This ranks the Trust as 109 out of 136 (high to low).



**Priority 3: Improve the safe use of Medicines**

The medicines optimisation report incorporating all medicines work programmes is presented to DPG quarterly and is due to the October meeting.

The medicines key priority encompasses a number of diverse work programmes which encompass detailed improvement activity to mitigate the risks and ensure quality.

- The Trust continues to report no medicines related never-events tracked from April 2015.
- There have been 7 reported instances YTD, where patients received a medication to which they had a documented allergy. Medicines Safety Thermometer (MST) shows good compliance with the documentation of allergy status on medication charts with an SFH average of 98.4% compliance compared to the national average of 96.5%.
- Trust wide activity to promote importance of reporting medicines incidents continues through a variety of media. All incidents identified as moderate and above are investigated, with themes and trends shared through Divisional governance.
- A review of the data collection, reporting and usage of the medicines safety thermometer is being undertaken enabling improvement work to be appropriately focused.

**Falls:**

Data from August identifies an overall increase in the number of falls with no or low harm from previous months. The increase is being reviewed by the Falls Lead Nurse for themes and trends. Initial review does not indicate any clusters or specific causal relationship. There have been no repeat fallers, i.e. patients that have fallen more than twice, for 3 months.

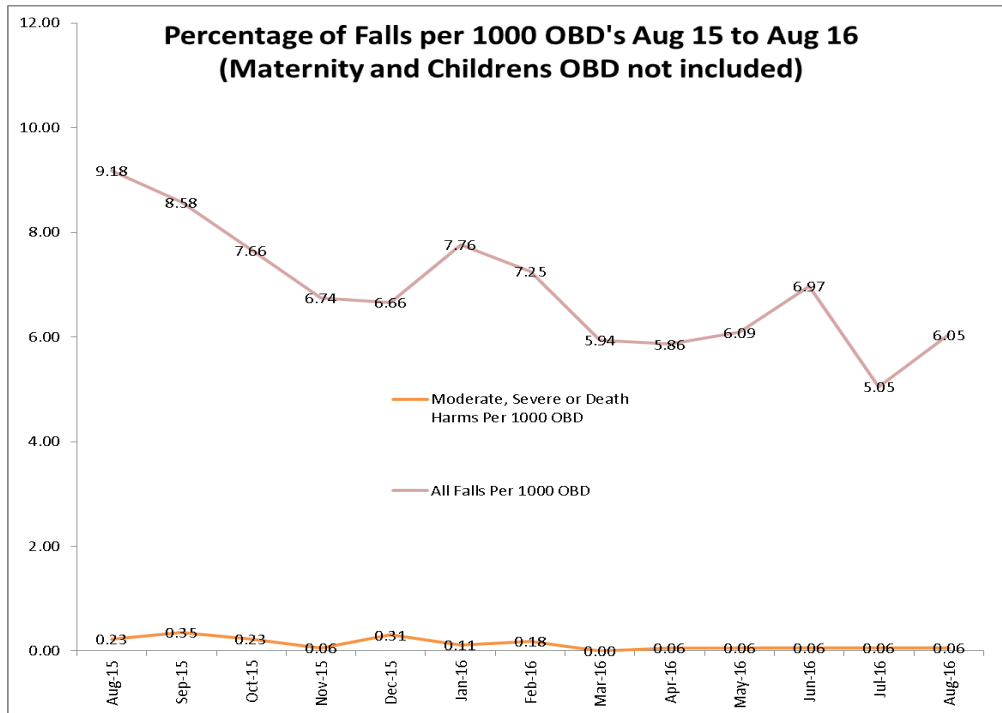
The incident in which the patient suffered a severe harm (fracture Neck of Femur), in August is currently under investigation.

Table 1 identifies falls split by severity of harm. Table 2 identifies percentage of falls per 1000 occupied patient bed days.

Table1. Incidence of in-patient falls by severity of harm.

In-patient Falls by severity of harm	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
No harm Falls	132	123	106	95	87	111	95	86	90	83	89	63	73
Low harm Falls	24	16	22	17	17	17	20	19	8	13	21	18	26
Moderate harm Falls	2	3	3	1	4	1	2	0	0	0	0	1	0
Severe harm Falls	2	3	1	0	1	1	1	0	1	1	1	0	1
Total	160	145	132	113	109	130	118	105	99	97	111	82	100

Table 2. percentage of falls by per 1000 occupied patient bed days



The lead falls nurse is working with colleagues in neighbouring Trusts to benchmark falls rates, risks and incident learning.

**Safer staffing:**

August's staffing data continues to reflect the challenge of safe staffing with 18 out of the 29 monitored areas requiring additional staffing over their plan to meet patient acuity and dependency. 5 wards identified actual staffing levels significantly lower than planned. Safe staffing issues were escalated and actioned in line with guidance. No ward reported unsafe staffing levels. An increase in patient falls was noted and is under investigation, no other significant increase in patient harms or nurse sensitive indicators identified.

Band 5 vacancies remain high across the Trust with planned recruitment activity occurring.

Following the Carter Review, published in February 2016, submission of Nursing Care Hours Per Patient Day is now being reported monthly and is included in the Planned vs Actual Nursing Hours report (Appendix 1). The purpose of this data is to enable national benchmarking with other organisations. The Trust will implement the use of CHPPD once national guidance is issued, and will triangulate this with acuity and dependency data and professional judgment to ensure that the appropriate numbers of nursing staff are available to meet the care needs of the patient group.

The Trust has undertaken extensive work on optimising nursing workforce efficiency and the use of rostering processes to improve the productive use of staff resources. This includes ward deep dives which covered: templates, roster release, roster automation, flexible working, annual leave, unused hours, additional duties, agency and bank activity. Staff flexible working reviews have been undertaken to ensure flexible working is consistently managed across all wards and areas. Standardisation of the management and use of Health Roster has been undertaken to ensure all ward leaders use a consistent approach and methodology to rostering. Ward performance dashboards are in place with key operational measures which monitor quality and effectiveness. Optimum processes, controls and reporting structures have been implemented to effectively manage the use of temporary nurse staffing.

**OPERATIONAL STANDARDS**

Cancer

In July, SFH failed to achieve the 62 day screening standard. A review of the reasons has highlighted that all of the breaches were as a consequence of patient choice. As also reported as a risk to Trust Board, SFH failed the 62 day referral to treatment standard. There were three main reasons for the July performance: diagnostic waiting times, patient choice/fitness and tertiary capacity. SFH is forecasting to fail in August due to a reduction in the number of patients treated with cancer resulting in a reduced denominator. Although we are forecasting to achieve in September, Q2 achievement is at risk due to both July and August's (un-validated) position. Action plans are in place for all specialities to recover this standard.

Four hour wait

The Trust achieved 95.84% in August. This was achieved in spite of a 9% increase in ED attendances in August 2016 compared with August 2015.

The Trust is achieving 94.87% as of 18<sup>th</sup> September (Q2 95.24%). The rise in demand has continued with 5,463 attendances at KM ED compared to 4,753 for the same period September 2015, a 15% increase. PC24 has seen 750 patients compared to 1,022 in September 2015, a 26.6% decrease.

Referral to Treatment Times (RTT)

The 'Incomplete' pathway (target 92%):

May	June	July	August
93.8%	92.56%	92.40%	95.52%

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

May	June	July	August
99.6%	98.77%	99.02%	95.85%

The Trust forecast to fail in July but managed to improve the position to achieve against the 99% target. However, as highlighted as a risk in last month's report to Trust Board, SFH failed to achieve the standard in August echocardiography (capacity), endoscopy (capacity driven by annual leave and patient group directive issue) and dexta scanning (administrative error). Endoscopy and Dexta scanning is forecast to achieve end of September however although waiting list initiatives are in place for echocardiography the backlog will take time to clear. The trajectory therefore is to achieve October 16.

As expected, due to improvements in processes and delivery, Endoscopy received JAG accreditation.

We have reduced the backlog in Radiology reporting which was created due to the implementation of the new system (part of the EMRAD contract). We are now working to achieve a 5 day turnaround for routine reporting (this is an internal standard). We will continue to monitor and report our turnaround performance.

Outpatient & Inpatient performance metrics:

- Outpatient cancellations by hospital were 3.4% compared with August 2015 at 3.9%.
- The DNA rates - new outpatients at 8% (8.71% nationally) and the follow up rate of 8% (9.21% nationally). In August 2015 the rates were 10% for new appointments and 10.9% for Follow ups.
- The new to follow up ratio is 1:1.87 (August 2015 it was 1:2.7) against a national position of 1:2.0.
- Cancelled inpatient operations stand at 0.6% remaining below the target of 0.8%.
- Theatre utilisation has improved significantly in August to 87% compared with August 2015 at 68.4%

**September 16/17 FORECAST RISKS**

As detailed above the key risks identified are:

- DMO1
- 4 hour target for September
- July 62 day cancer standard

## FINANCE

All aspects of financial delivery are in line with or better than plan, with the exceptions of capital spend which is £1.6m behind plan but is forecast to deliver to plan at year end.

	Aug In-Month			Year to Date			Annual Plan £m	Forecast £m	Forecast Variance £m
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
EBITDA	(4.12)	(3.94)	0.17	(20.20)	(19.56)	0.63	(27.58)	(27.29)	0.28
Surplus/(Deficit)	(6.59)	(6.50)	0.09	(32.32)	(31.70)	0.62	(57.08)	(57.08)	(0.00)
Long Term Partnership (LTP)	(2.58)	(2.58)	(0.00)	(12.39)	(12.39)	0.00	(15.88)	(15.88)	(0.00)
Surplus/(Deficit) - Excluding LTP	(4.01)	(3.92)	0.09	(19.93)	(19.31)	0.62	(41.20)	(41.20)	(0.00)
EBITDA % of Income	(18.0%)	(16.9%)	1.2%	(17.2%)	(16.5%)	0.7%	(9.7%)	(9.5%)	0.2%
Financial Sustainability Risk Rating YTD	2	2		2	2		2	2	0
CIPs	1.15	1.27	0.12	3.73	4.23	0.49	12.60	12.60	0.00
Capex	(0.72)	(0.58)	0.15	(4.90)	(3.26)	1.64	(9.53)	(9.53)	0.00
Closing Cash	1.45	3.26	1.81	1.45	3.26	1.81	1.45	1.45	0.00
Agency Cap (Excluding LTP costs)	(1.50)	(2.71)	(1.20)	(8.16)	(12.54)	(4.39)	(17.91)	(29.59)	(11.68)
Better Payment Practice Code - (Value / Number)		93.6% / 88.6%			92.8% / 89.5%				

- Deficit for August of £6.50m, £0.09m ahead of plan. YTD deficit of £31.70m, £0.62m ahead of plan.
- Deficit includes Long Term Partnership costs of £12.39m, based on accruing to plan whilst discussions continue with NHS Improvement.
- FSRR is 2 against a plan of 2.
- CIP YTD delivery of £4.23m against plan of £3.73m.
- Capex expenditure position was behind plan in August with an in month spend of £0.58m. Cumulatively capex is now £1.64m behind YTD plan although forecast to deliver to plan at year end.
- Closing cash at 31<sup>st</sup> August was £1.81m above plan at £3.26m due to unexpected receipt of S&T funding.
- Agency cap (Excluding LTP costs) - at 31<sup>st</sup> August YTD agency spend totalled £12.54m against the cap of £8.16m.
- BPPC YTD performance is 92.8% by value of invoices paid and 89.5% by number of invoices paid, within 30 days.

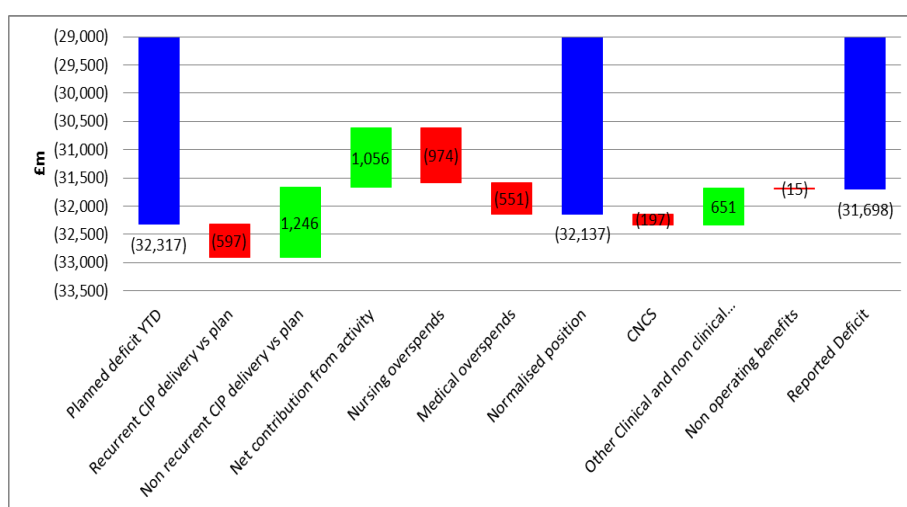
## YEAR TO DATE

	Aug In-Month			Year to Date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Income	20.02	20.76	0.74	102.71	104.10	1.39
Other Operating Income	2.82	2.62	(0.20)	14.50	14.46	(0.04)
Total Operating Income	22.84	23.38	0.54	117.21	118.56	1.35
Pay	(15.96)	(16.40)	(0.44)	(81.79)	(82.42)	(0.62)
Non Pay	(10.99)	(10.92)	0.07	(55.61)	(55.70)	(0.09)
<b>EBITDA</b>	<b>(4.12)</b>	<b>(3.94)</b>	<b>0.17</b>	<b>(20.20)</b>	<b>(19.56)</b>	<b>0.63</b>
Operating Costs Excl. from EBITDA	(0.83)	(0.85)	(0.02)	(4.14)	(4.22)	(0.08)
Non Operating Income	0.00	(0.10)	(0.10)	0.01	(0.09)	(0.10)
Non Operating Expenditure	(1.65)	(1.60)	0.05	(7.99)	(7.82)	0.17
<b>Surplus/(Deficit)</b>	<b>(6.59)</b>	<b>(6.50)</b>	<b>0.09</b>	<b>(32.32)</b>	<b>(31.70)</b>	<b>0.62</b>
Long Term Partnership	(2.58)	(2.58)	(0.00)	(12.39)	(12.39)	0.00
<b>Surplus/(Deficit) - Excluding LTP</b>	<b>(4.01)</b>	<b>(3.92)</b>	<b>0.09</b>	<b>(19.93)</b>	<b>(19.31)</b>	<b>0.62</b>

**Operating statement identifies:**

- Clinical income is ahead of plan by £0.74m in month and ahead of YTD plan by £1.39m. This is primarily as a result of continued non elective and outpatient growth. The in month position includes £0.4m of improved coding of month 4 activity.
- S&T monies are £0.43m less than plan in month due to non delivery of the cancer trajectory. This is not forecast to be recovered.
- Overall pay run rate in August is consistent with Q1, however the budget has reduced by £0.43m, reflecting CIP. Pay expenditure in month is down in nursing and medical although up in non clinical and other clinical. Agency spend continues in excess of the ceiling.
- Non pay position is in line with plan in month and £0.10m worse than plan YTD.

**Normalised year to date position**



Analysis of the YTD position shows a normalised deficit of £32.1m, slightly ahead of the deficit plan of £32.3m. Non recurrent benefits, primarily Corporate pay underspends have improved the YTD position compared to plan and these are not forecast to continue.

Key areas of challenge to the position are medical and nursing pay and CIP delivery.

**FORECAST OUTTURN POSITION**

The forecast continues to evolve and month 5 results are better than forecast by £0.15m. Delivery of the planned deficit of £57.1m is still forecast to be achievable. Key assumptions include 100% delivery of CIP, Alliance Outcomes and no further slippage against S&T monies. A forecast risk range exercise has been undertaken.



### Forecast outturn – Trust Wide

	Forecast Outturn		
	Plan £m	Actual £m	Variance £m
Clinical Income	247.05	250.23	3.18
Other Operating Income	38.42	38.34	(0.08)
Total Operating Income	285.47	288.57	3.10
Pay	(192.35)	(198.05)	(5.70)
Non Pay	(120.70)	(117.81)	2.89
<b>EBITDA</b>	<b>(27.58)</b>	<b>(27.29)</b>	<b>0.28</b>
Operating Costs Excl. from EBITDA	(9.92)	(10.12)	(0.20)
Non Operating Income	0.26	0.17	(0.09)
Non Operating Expenditure	(19.84)	(19.84)	(0.00)
<b>Surplus/(Deficit)</b>	<b>(57.08)</b>	<b>(57.08)</b>	<b>(0.00)</b>
Long Term Partnership	(15.88)	(15.88)	(0.00)
<b>Surplus/(Deficit) - Excluding LTP</b>	<b>(41.20)</b>	<b>(41.20)</b>	<b>(0.00)</b>

The forecast outturn identifies that delivery of the planned deficit of £57.1m is on track. Assumed within this is 100% delivery of CIP target of £12.6m, Alliance Outcomes income in full and no further deterioration against S&T monies (under plan YTD due to cancer non delivery). Income over-performance seen to M5 is forecast to continue with no Commissioner QIPP. Many of the non recurrent pay benefits seen in Q1 are not forecast to continue so leading to a pay overspend.

### Forecast outturn – by Division

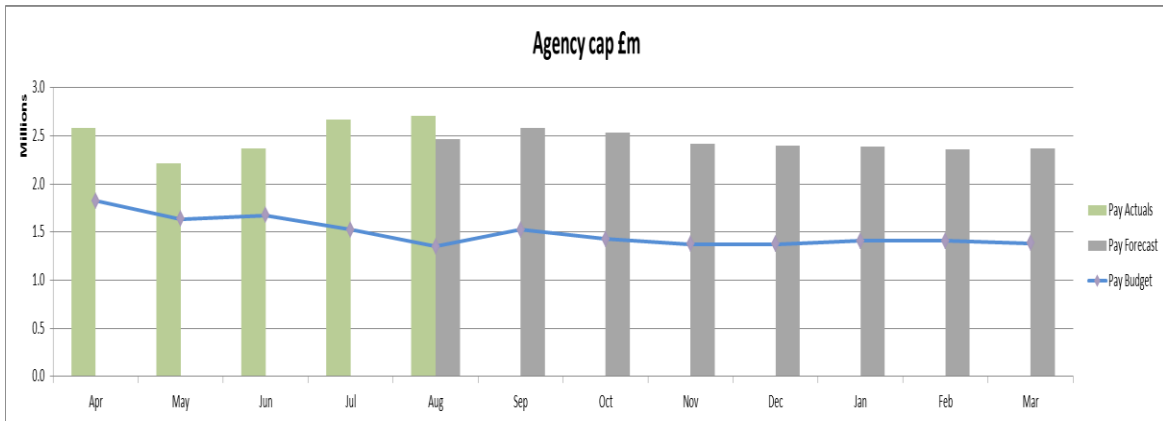
	Forecast Outturn		
	Plan £m	Actual £m	Variance £m
Diagnostic and Outpatients	(11.50)	(11.49)	0.00
Medicine	11.33	9.09	(2.24)
Surgery	14.38	14.46	0.08
Urgent and Emergency Care	5.90	3.83	(2.07)
Women & Children	11.65	10.97	(0.69)
Central Income	12.95	13.29	0.34
Corporate*	(73.45)	(68.41)	5.05
Corporate Finance	(28.35)	(28.82)	(0.48)
<b>Total</b>	<b>(57.08)</b>	<b>(57.08)</b>	<b>(0.00)</b>

\* NB includes central assumptions about CIP delivery

Progress has been made since the last report with 2 divisions now forecasting to deliver to plan. Specific actions underway are:-

- Development of Medicine and Urgent Care recovery plans following further deterioration in the forecast.
- Ongoing work with Corporate directorates to ensure robust and realistic forecasts are in place
- Development of case for change to trajectory for the 4 hour target to ensure S&T monies are forthcoming
- Ongoing development of CIP to deliver target in full.
- Early engagement with commissioners to ensure payment for activity undertaken.

**PAY ANALYSIS**



Agency spend continues in excess of the ceiling set by NHSI. The YTD ceiling is £8.00m with a spend of £12.54m excluding LTP costs. The forecast for agency spend for the year is £29.59m against a ceiling of £17.91m.

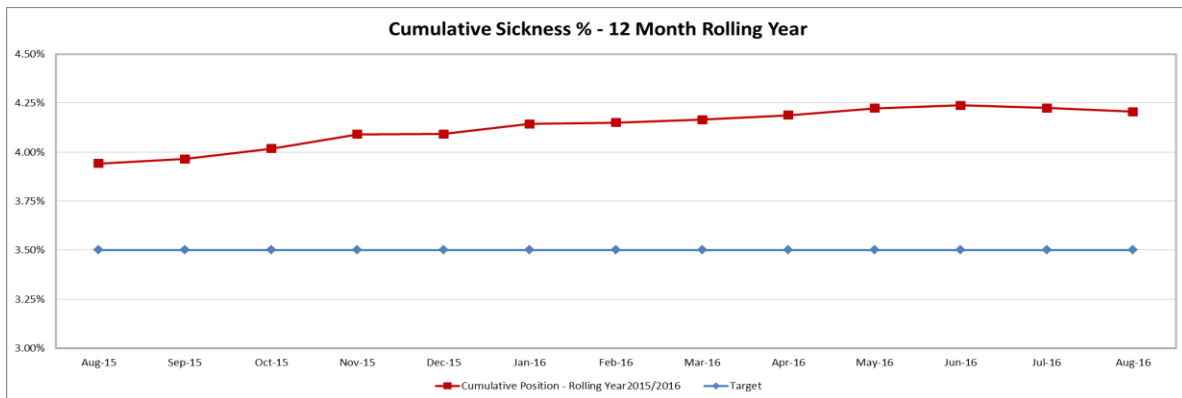
**WORKFORCE**

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

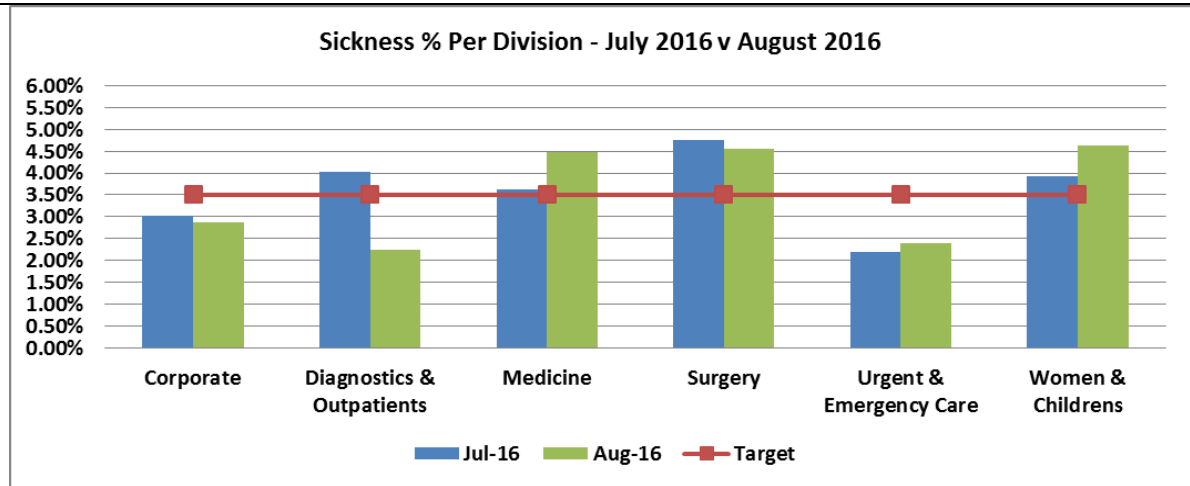
**SICKNESS ABSENCE**

**Trust wide sickness absence**

Overall sickness levels have reduced by 0.21% in month to 3.59% (July, 3.80%). This is now very close to the target of 3.50%. Short term sickness has decreased by 0.28% (1.77%) and long term sickness has increased by 0.07% (1.82%)



Cumulative (rolling 12 month) sickness absence for August 2016 is 4.21% which is an increase in year of 0.27% when compared to August 2015 (3.94%). This is because these figures represent two completely different 12 month periods. August 2015 figure comprises of data from 1 September 2014 to 31 August 2015 and the August 2016 figure comprises of data from 1 September 2015 to 31 August 2016.



The Divisions with the highest increase are **Medicine** rising by 0.86% to 4.48% and **Women & Childrens**, rising by 0.72% to 4.64%. The Division with the largest reduction was **Diagnostics & Outpatients** which decreased by 1.80% to stand at 2.23%. This means that the Trust now has three divisions below the 3.5% threshold.

2016-2017	Jul	Aug
Unregistered Nurse 2016/2017	4.96%	5.13%
<b>Registered Nurse 2016/2017</b>	<b>4.28%</b>	<b>4.52%</b>
Ancillary	1.60%	4.10%
Admin & Clerical	3.99%	3.25%
Technical & Other	3.63%	2.76%
Scientific & Professional	4.20%	2.62%
Medical & Dental	1.19%	1.87%
Allied Health Professionals	2.70%	1.32%
Trust Total	3.80%	3.59%
<b>Band 5 Registered Nurse 2016/2017</b>	<b>5.42%</b>	<b>3.05%</b>

The most significant increase in absence by staff group is within Ancillary with 7 episodes of sickness absence in August 2016.

Anxiety and stress, as usual has the highest FTE days lost (1182.38) which totals 80 episodes of absence in month. This is compared with July figures of 1129.12 FTE days lost with 73 episodes. The Registered Nurse staff group has the highest number of episodes in month, 28 with 20 episodes of this figure being for Band 5 Nurses, Unregistered Nurse, 18 and Admin & Clerical, 18.

Very positively, Band 5 Registered Nurse sickness absence has decreased by 2.37%. The biggest decrease in absence for this group was for Anxiety and stress which decreased by 79.68 FTE days lost to 231.50.

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

Cost Centre	Department / Ward	Staff headcount
WP02401	PPC Community Paediatrics	20
TN05725	Governance Support Unit	18
TF11651	Financial Management	18
TH17700	GP Rotation	18
EG17063	Gastroenterology Medical	17

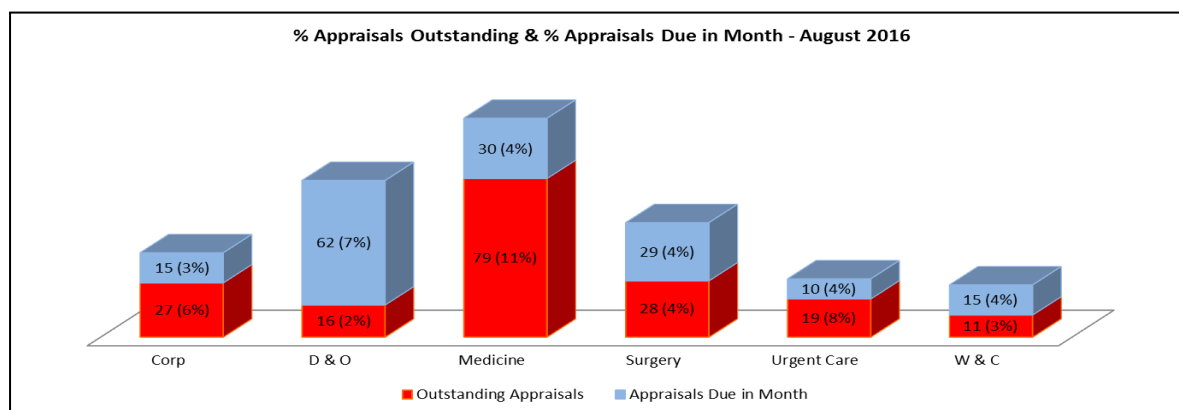
July's top 5 headcount with 0% sickness are:

Cost Centre	Department / Ward	Staff headcount
PG17262	General Surgery - Medical Staff	42
PO17273	Trauma & Orthopaedics	37
EH17064	HCOP Medical	21
WP02401	PPC Community Paediatrics	20
TN05725	Governance Support Unit	19

### APPRAISAL:

Trust wide appraisal compliance increased by 3% to 95%. The Trust appraisal compliance target is 98%.

There were 180 (5%) appraisals required in August to reach 100%. However there were also an additional 161 appraisals due to be completed which expired in month, a total of 341 (10%) required to be completed in August 2016. These were spread across the Divisions below:-



### STAFFING:

This table shows the net position with staff in post against establishment in August 2016 across the Trust.

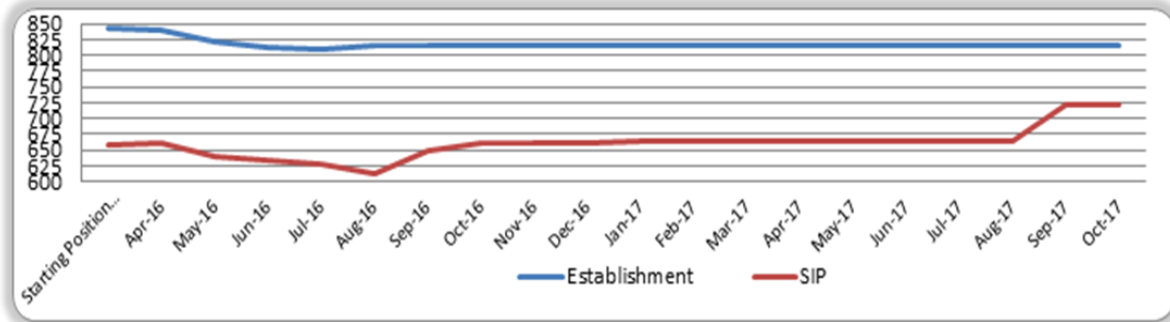
	Aug-16					Starters	Leavers	% Turnover
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap			
<b>Total Trust</b>								
Admin & Clerical	1092.46	993.10	1216	99.36	9.10%	19.95	10.69	1.08%
Allied Health Professionals	213.59	193.38	239	20.21	9.46%	8.00	4.60	2.38%
Ancillary	39.63	38.23	44	1.40	3.54%	0.00	0.00	0.00%
Medical & Dental	483.57	413.30	433	70.27	14.53%	125.20	144.60	34.99%
<b>Registered Nurse</b>	<b>1368.21</b>	<b>1123.65</b>	<b>1313</b>	<b>244.56</b>	<b>17.87%</b>	<b>5.56</b>	<b>10.87</b>	<b>0.97%</b>
Scientific & Professional	216.60	189.51	205	27.09	12.51%	8.00	1.72	0.91%
Technical & Other	263.64	245.31	299	18.33	6.95%	4.03	2.47	1.01%
Unregistered Nurse	549.97	511.69	611	38.28	6.96%	7.67	1.00	0.20%
<b>Total - Trust</b>	<b>4227.67</b>	<b>3708.16</b>	<b>4360</b>	<b>519.51</b>	<b>12.29%</b>	<b>178.40</b>	<b>175.94</b>	<b>4.74%</b>
<b>Band 5 Registered Nurse Only</b>	<b>814.33</b>	<b>613.58</b>	<b>729</b>	<b>200.75</b>	<b>24.65%</b>	<b>4.64</b>	<b>6.87</b>	<b>1.12%</b>

Please note, the high starters and leavers for Medical and Dental are due to the junior doctors changeover.

**Band 5 Registered Nurses (RN) Trajectory:**

The gap between establishment and staff in post has risen to 200 WTE this month for band 5 nurses. It is expected that this will improve next month with the addition of our intake of newly qualified nurses and the first 4 nurses from the Philippines.

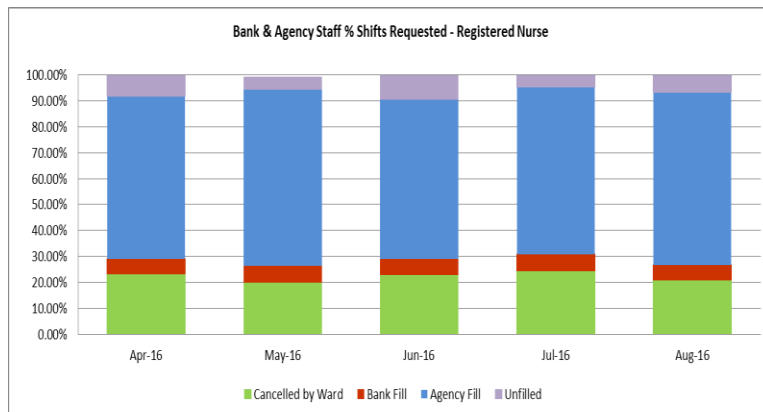
A poster campaign to encourage more nurses to join the Bank has been carried out along with a new agreed rate of pay in line with neighbouring Trusts.



**PAY SPEND:**

Variable pay was £3.82m in August (£3.94m, July) against the actual budget of £1.60m. Although it was £2.22m above budget in month, it was a decrease in spend of £122k spend in month. Fixed pay actually has an underspend of £1.52m against budget. The Trust has a financial cap (monitored by NHSI) of a total variable pay spend of £17.91m for 16/17. So, the monthly ceiling is £1.49m.

**SHIFT REQUESTS FOR BANK AND AGENCY STAFF:**



Registered Nurse requests increased by 9.47% to 2544, (July 2016, 2303), showing an upward trend. 72.17% of requests were filled (July 2016, 70.65%).

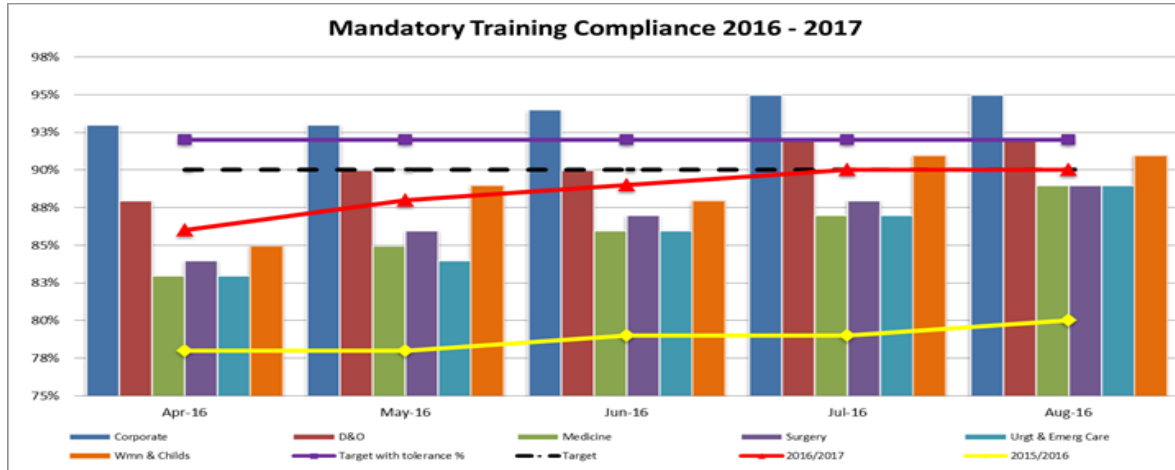
The % of agency nurses supplied by the tier 1 and 2 (cheaper) agencies is still 95%+, as opposed to 30% prior to the new system being introduced on 1 August 2016

Unregistered Nurse requests increased by 6.81% to 3581, (July 2016, 3337). This appears to be because of more 1 to 1 enhanced care being requested. The use of the protocol for triggering this is currently being looked at.

All agency unregistered nurses meet the NHSI agency pay cap. 77.13% of requests were filled (July 2016, 78.24%).

**TRAINING AND EDUCATION:**

The overall compliance rate for Mandatory Training has remained static at 90%, the target is 90% (92% with a 2% tolerance). This rate refers to the number of competencies completed and not the number of staff compliant. (there is an update in the OD and Workforce Committee paper on the calculation of mandatory training compliance) All divisions have remained static or increased their compliance for the past two months.



**STAFF FRIENDS AND FAMILY TEST:**

The Staff Family and Friends Test (SFFT) is a tool which provides an opportunity for staff to feedback their views on the Trust and stimulate local improvement work. The Trust undertakes three SFFT per year and the annual NHS Staff Survey. SFFT consists of two standard questions which ask staff how likely they are to recommend the Trust to friends and family if they needed care or treatment and as a place to work.

The Trust's latest SFFT results for Q1 2016/17 which surveyed 302 members of staff, showed a significant improvement in both areas when compared to the 2015 staff survey which was undertaken in Autumn 2015:

Q1) How likely are you to recommend this organisation to friends and family if they needed care or treatment? 2015 Staff Survey was 57% compared to Q1 SFFT 2016/17 which was 83.44%.

Q2) how likely are you to recommend this organisation to friends and family as a place to work? 2015 Staff Survey was 48% compared to Q1 SFFT 2016/17 which was 71.53%.

There has been a major staff engagement initiative during the intervening period which should account for the change.

Recommending the Trust as a place to received care	Recommending the Trust as a place to work																																												
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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	

<b>How has organisational learning been disseminated</b>	
<b>Links to the BAF</b>	All risks identified on the BAF
<b>Financial Implications/Impact</b>	The financial implications associated with any performance indicators underachieving against the standards are identified.
<b>Legal Implications/Impact</b>	Failure to deliver key indicators results in Monitor placing the trust in breach of its authorisation

<b>Partnership working &amp; Public Engagement Implications/Impact</b>	
<b>Committees/groups where this item has been presented before</b>	The Board receives monthly updates on the reporting areas identified with the IPR.