

# Public Board Meeting

# Report

**Subject:** Single Oversight Framework Performance Report  
**Date:** November 2016  
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## Introduction

The NHSI Single Oversight Framework was introduced on 1<sup>st</sup> October 2016 and replaces Monitors Risk Assessment Framework.

The framework aims to help providers attain and maintain CQC ratings of 'good' or 'outstanding', and will also assist NHSI to identify support needs across five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

This report seeks to address the requirements of the first 3 themes and builds on the previous Integrated Performance Report. This is the first iteration of this report and is supported by the dashboard and graphs at appendix a, these will be enhanced over the next month.

## 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***

Table 1 indicates the cumulative HSMR, SHMI and Crude Mortality performance. The HSMR has consistently shown values below 100 – demonstrating mortality rates below the expected. The rolling 12 month HSMR has been statistically within expected for all of 2016.

The SHMI has shown values below 100 since Dec 15. The recent SHMI publication shows a value of 95.9 for April 15 to March 16 – this is the lowest SHMI value for SFH since the SHMI was first published covering April 10 to March 11.

Table 1: SFH- HSMR, SHIMI & Crude Mortality Trend

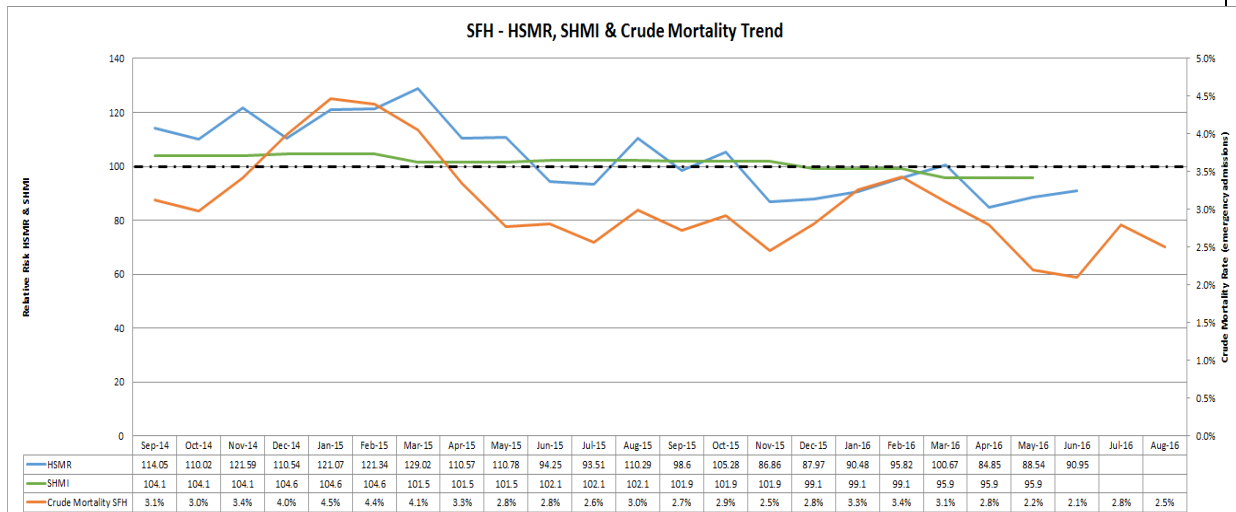
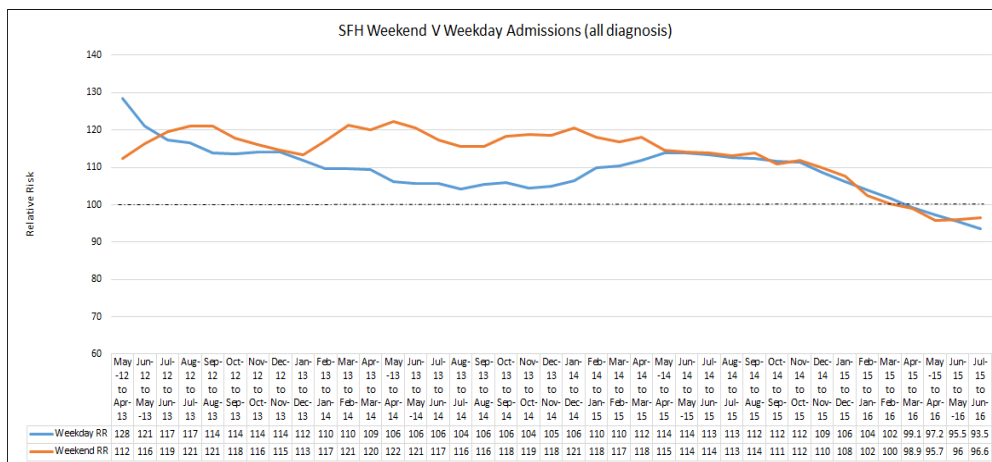


Table 2 indicates the weekday versus weekend mortality position demonstrating that there is now no significant difference between weekday and weekend mortality.

Table2: SFH Weekend vs Weekday mortality position



The Trust Mortality Surveillance Group (MSG) continues to strengthen. The meeting held on 4<sup>th</sup> October asked for assurance that each specialty has a robust process in place whereby ALL deaths are discussed at their monthly Mortality & Morbidity (M&M) meeting.

All level 2 reviews must be presented to MSG enabling emerging themes, learning points and actions/changes to be shared. The first two level 2 reviews were presented to the October MSG.

There have been no formal external mortality alerts for a number of months, however recent Dr Foster intelligence indicated that Acute Kidney Injury (AKI) was an outlier for HSMR. The findings from a case note review of patients with a primary diagnosis of AKI has been presented to MSG concluding that whilst there were improvements require in documentation in the majority of cases the individual died with AKI rather than because of it.

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

The Patient Safety Alert (ref number – NHS/PSA/RE/2016/005) was issued earlier in the year. The alert sets out a number of recommendations in relation to the appropriate management of the deteriorating patient. Compliance with the alert is being monitored through the monthly Deteriorating Patient Group (DPG) with a requirement for each Divisional Governance Forum to assess themselves against the requirements and provide an update to the DPG on a monthly basis.

To date there has been good attendance from the groups reporting to DPG and the Terms of Reference of each group has been aligned to DPG. Further work is underway to identify appropriate representation from each of the Divisions and that an Exception Report is provided from their Divisional Governance Meeting. A standardised template is now in place to support comprehensive reporting.

The full Quality and Safety Report details the specific work programmes currently underway but it is worth noting:

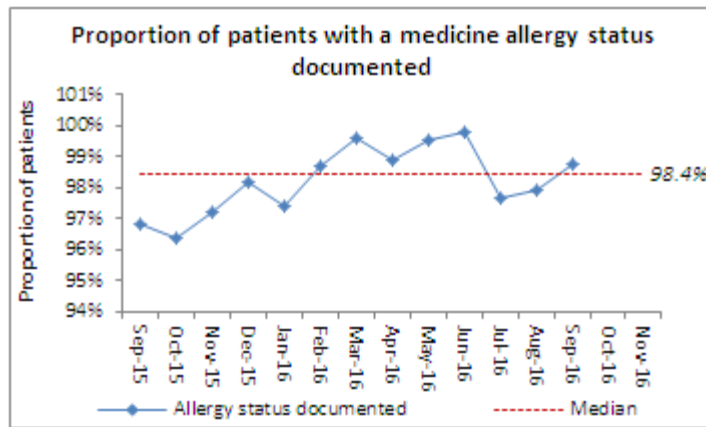
- The continued positive performance with regards to the management of patients with suspected or diagnosed Sepsis
- The Trust is working towards full compliance with the CQUIN in relation to the review and reduction of anti-microbial prescribing, which is a key feature of the appropriate management of Sepsis. Q1 and Q2 compliance has been met and the audit to monitor Q3 performance commenced on 1<sup>st</sup> October. Compliance is being monitored weekly through the Medical manager's group.
- The Paediatric Emergency Trolley replacement programme will be rolled out in December

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

Improvements continue to be made against the medicines optimisation programmes. The full Quality and Safety Report details the specific work programmes currently underway together with improvements, challenges and mitigations. However of note:

- The Trust continues to report no medicines related never-events tracked from April 2015.
- Following delays to the initial implementation work to introduce Guardrails® IV pump software to ensure appropriate governance processes were in place, training commenced in October.
- Following ratification of the revised patient self-administration policy, rollout has commenced.
- There have been nine reported instances (YTD) of patients receiving 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 average of 98.8% compliance. Graph 1 below shows allergy documentation at Sherwood Forest Hospitals. National average is 96.5% for documentation of allergy.

Graph 1: Allergy documentation at Sherwood Forest Hospitals as recorded on the Medicines Safety Thermometer.

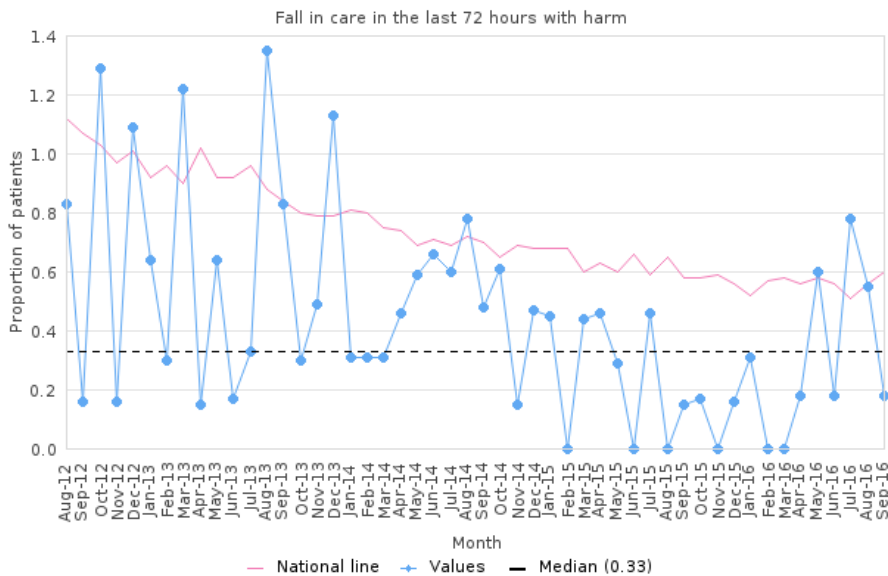


**Falls:**

Following the August increase in falls reported to Board, data from September identifies a reduction from 100 falls in August to a total of 84 falls in September. Of which there were 12 low harm falls and no moderate or severe harm falls.

The national safety thermometer measures any falls a patient has experienced over a defined 72 hour period each month. Table 3 shows SFH monthly falls with harm (blue line) compared to the national data (red line) for acute care. National median is 0.53, SFH median is 0.33.

Table 3 SFH- Falls with harm as recorded on the safety thermometer.



**Hand Hygiene compliance:**

Overall Hand Hygiene compliance was audited at 99% during September and training compliance reports 93% of all staff. The attendance of 77% of medical staff at their hand hygiene mandatory update has been escalated to Divisions.

## **SAFER STAFFING REPORT**

September's staffing data continues to reflect the challenge of ensuring optimum safe staffing levels in response to fluctuating patient acuity and dependency with a challenging vacancy position. However improvements have been noted by the senior nursing team in proactive decision making (where possible) to alter staffing levels related to patient need and/or activity.

Nineteen out of the twenty nine monitored areas required additional staffing over their plan to meet patient acuity and dependency. This predominantly related to an increase in patient dependency particularly those requiring enhanced observations. This matches the national picture. Work is being developed to further optimise care and the staffing required for this group of patients.

Four wards identified actual staffing levels significantly lower than planned. In three of these wards this directly related to decisions to proactively reduce staffing due to reductions in patient acuity or activity.

Band 5 vacancies remain high across the Trust and various recruitment activities continue. However the virtual ward has now been fully recruited to with Health Care Assistants. The implementation of the virtual ward concept should both improve the quality and safety of care provided to specific vulnerable patients and reduce staffing costs.

This month's detailed staffing report includes the six month detailed review of adult inpatient areas.

## **OPERATIONAL STANDARDS**

### Cancer

8 out of 9 cancer standards achieved in August. The 62 day referral to treatment standard was not achieved in August due to a reduction in the number of patients treated with cancer resulting in a reduced denominator. As described at the last Board meeting the standard is unlikely to be achieved in September and there is a risk to achieving in October. Previous trajectories were based upon achieving the diagnostic turnaround time standards. As described previously a high demand for endoscopy (18% over three years) has impacted on both diagnostics and staging in some patient pathways. Recovery plans are in place for all specialities.

### Four hour wait

The Trust achieved 95.16% in Q2. This was achieved in spite of a 12% increase in ED attendances in Q2 2016 compared with Q2 2015.

The Trust achieved 94.9% for September 2016. ED attendances were up on last September by 14%. As of 20<sup>th</sup> October SFH has achieved the 4 hour standard for 18 consecutive days (aggregate Oct figure = 96.77%). Significantly more patients have as a result of the joint streaming project been managed by primary care (1411 patients seen October 1<sup>st</sup> to 20<sup>th</sup> compared with 825 seen in the same time frame in September).

Referral to Treatment Times (RTT)

The 'Incomplete' pathway (target 92%):

May	June	July	August	Sept
93.8%	92.56%	92.40%	92.52%	92.3%

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

May	June	July	August	Sept
99.6%	98.77%	99.02%	95.85%	95.98%

As highlighted as a risk in last month's report to Trust Board SFH failed to achieve the standard in September due to capacity in echocardiography (vacancies). Although a significant amount of the backlog has now been cleared SFH is expecting the target to be achieved in November and not October as previously forecast.

It should be noted that following replacement of the Reverse Osmosis units at KMH, salt levels are too high requiring a replacement part. Currently the division is looking at mitigating the impact of this on endoscopy.

Risks continue to manifest in Dexa due to staff health related issues and vacancy. The Division is seeking to appoint temporary resource to mitigate the risks.

The implementation of Medway v4.6 has caused some difficulties with CAS date transfer and correct RTT start dates. The suite of data fixes has been implemented and a test phase is in progress. It is therefore difficult to convey an accurate reporting picture for RTT for the month of October.

Outpatient & Inpatient performance metrics:

- Outpatient cancellations by hospital were 3.1% compared with September 15 at 3.5%.
- The DNA rates - new outpatients at 7.61% (8.71% nationally) and the follow up rate of 8.14% (9.21% nationally).
- The new to follow up ratio is 1:1.84 (September 15 it was 1:2.0) against a national position of 1:2.0.
- Cancelled inpatient operations stand at 0.6% remaining below the target of 0.8%.
- Theatre utilisation performance remains good at 85% compared with September 15 at 72.4%.

**October 16/17 Forecast Risks**

As detailed above the key risks identified are:

- DMO1
- September/October 62 day cancer standard
- September cancer 62 day screening standard – patient choice

## **FINANCE**

### **Financial Summary**

Financial performance remains strong. Capital expenditure is £0.70m behind plan but is forecast to deliver to plan at year end. The Trust is forecasting to achieve its control total and discussions are on-going with NHSI regarding costs for LTP and their impact on the control total.

	Sep In-Month			Year to Date			Annual Plan	Forecast	Forecast Variance
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
EBITDA	(3.20)	(2.21)	0.99	(23.40)	(21.78)	1.62	(27.58)	(27.36)	0.21
Surplus/(Deficit)	(5.64)	(4.73)	0.90	(37.95)	(36.43)	1.52	(57.08)	(57.08)	0.01
Long Term Partnership (LTP)	(2.56)	(1.69)	0.87	(14.95)	(14.08)	0.86	(15.88)	(16.03)	(0.15)
Surplus/(Deficit) - Excluding LTP	(3.08)	(3.04)	0.04	(23.01)	(22.35)	0.66	(41.20)	(41.04)	0.16
EBITDA % of Income	(13.4%)	(9.2%)	4.2%	(16.6%)	(15.3%)	1.3%	(9.7%)	(9.5%)	0.2%
Financial Sustainability Risk Rating YTD	2	2		2	2		2	2	0
CIPs	1.18	1.67	0.50	4.76	5.90	1.14	12.60	12.60	0.00
Capex	0.66	1.60	0.94	5.56	4.86	(0.70)	9.53	9.53	0.00
Closing Cash	1.45	1.46	0.01	1.45	1.46	0.01	1.45	1.45	0.00
Agency Cap - Excluding LTP	(1.50)	(2.45)	(0.95)	(9.66)	(15.12)	(5.46)	(17.91)	(29.85)	(11.94)
Better Payment Practice Code - (Value / Number)		95.4% / 93.1%			93.2% / 90.2%				

- Including LTP, deficit for September of £4.73m, £0.90m ahead of plan. YTD deficit of £36.43m, £1.52m ahead of plan.
- Excluding LTP, deficit for September of £3.04m, £0.04m ahead of plan. YTD deficit of £22.35m, £0.66m ahead of plan.
- YTD Long Term Partnership costs of £14.08m, £0.86m ahead of plan, discussions continue with NHS Improvement regarding total costs for 2016/17. SFH costs reflect real costs incurred (£0.5m vs a plan of £1.4m). NUH costs continue to be accrued to plan.
- FSRR is 2 against a plan of 2.
- CIP YTD delivery of £5.90m against plan of £4.76m.
- Capex expenditure position was ahead of plan in September with an in month spend of £1.60m. Cumulatively capex is now £0.70m behind YTD plan although forecast to deliver to plan at year end.
- Closing cash at 30<sup>th</sup> September was £1.46m against plan of £1.45m.
- Agency cap excluding LTP costs - at 30<sup>th</sup> September YTD agency spend totalled £15.12m against the cap of £9.66m.
- BPPC YTD performance is 93.2% by value of invoices paid and 90.2% by number of invoices paid, within 30 days.

### **Operating statement (Including LTP)**

The Trust is ahead of its planned deficit by £1.52m at the end of September, due to income over-performance and early delivery of CIP. Income over-performance and pay underspends were significant in September. Overall the position was £0.93m better than forecast in month.

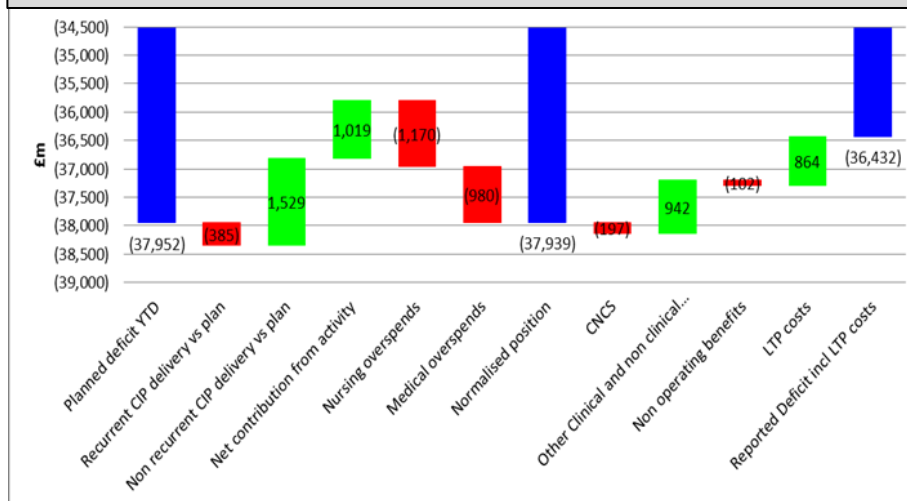
Year to date

	Sep In-Month			Year to Date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Income	20.94	21.55	0.61	123.65	125.65	2.00
Other Operating Income	2.94	2.60	(0.33)	17.43	17.06	(0.37)
Total Operating Income	23.88	24.15	0.27	141.08	142.71	1.62
Pay	(15.82)	(15.34)	0.48	(97.61)	(97.76)	(0.15)
Non Pay	(11.26)	(11.02)	0.24	(66.87)	(66.73)	0.15
<b>EBITDA</b>	<b>(3.20)</b>	<b>(2.21)</b>	<b>0.99</b>	<b>(23.40)</b>	<b>(21.78)</b>	<b>1.62</b>
Operating Costs Excl. from EBITDA	(0.83)	(0.90)	(0.08)	(4.96)	(5.12)	(0.16)
Non Operating Income	0.00	(0.00)	(0.00)	0.01	(0.09)	(0.10)
Non Operating Expenditure	(1.61)	(1.62)	(0.01)	(9.60)	(9.44)	0.16
<b>Surplus/(Deficit)</b>	<b>(5.64)</b>	<b>(4.73)</b>	<b>0.90</b>	<b>(37.95)</b>	<b>(36.43)</b>	<b>1.52</b>
Long Term Partnership	(2.56)	(1.69)	0.87	(14.95)	(14.08)	0.86
<b>Surplus/(Deficit) - Excluding LTP</b>	<b>(3.08)</b>	<b>(3.04)</b>	<b>0.04</b>	<b>(23.01)</b>	<b>(22.35)</b>	<b>0.66</b>

Operating statement identifies:

- Clinical income is ahead of plan by £0.61m in month and ahead of YTD plan by £2.00m. This is primarily as a result of continued non elective and outpatient growth.
- S&T monies are £0.43m less than plan in month and £0.86m less than plan YTD due to non delivery of the cancer trajectory. This is not forecast to be recovered.
- Overall pay run rate in September is £1.1m down on previous trend. £0.75m is due to the restatement of LTP costs to reflect actual costs rather than accruing to plan. Pay is overspent in month by £0.3m after adjusting for LTP costs, continuation of which represents a risk to delivery of the financial plan.

Normalised year to date position



Analysis of the YTD position shows a normalised deficit of £37.9m, exactly in line with the planned deficit. This is a slight worsening of the normalised position in month 6 reflecting the pay bill not decreasing in line with plan and beginning to overspend. Non recurrent benefits, primarily Corporate pay underspends have improved the YTD position compared to plan and these are not forecast to continue for the whole year.

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



The forecast continues to evolve and month 4 results are better than forecast by £0.60m excluding LTP. Delivery of the planned deficit of £57.1m is still forecast to be achievable. Key assumptions include; 100% delivery of CIP, no further slippage against S&T monies, non delivery of £0.3m of CQUIN income. A forecast risk range exercise has been undertaken.

### Forecast Outturn Position (Including LTP)

The forecast continues to evolve and month 4 results are better than forecast by £0.60m excluding LTP. Delivery of the planned deficit of £57.1m is still forecast to be achievable. Key assumptions include; 100% delivery of CIP, no further slippage against S&T monies, non delivery of £0.3m of CQUIN income. A forecast risk range exercise has been undertaken.

Forecast outturn – Trust Wide			
	Forecast Outturn		
	Plan £m	Actual £m	Variance £m
Clinical Income	247.05	251.43	4.38
Other Operating Income	38.28	37.52	(0.75)
<b>Total Operating Income</b>	<b>285.33</b>	<b>288.96</b>	<b>3.63</b>
Pay	(192.40)	(195.79)	(3.40)
Non Pay	(120.51)	(120.53)	(0.02)
<b>EBITDA</b>	<b>(27.58)</b>	<b>(27.36)</b>	<b>0.21</b>
Operating Costs Excl. from EBITDA	(9.92)	(10.36)	(0.44)
Non Operating Income	0.26	0.20	(0.06)
Non Operating Expenditure	(19.84)	(19.55)	0.29
<b>Surplus/(Deficit)</b>	<b>(57.08)</b>	<b>(57.08)</b>	<b>(0.00)</b>
Long Term Partnership	(15.88)	(16.03)	(0.15)
<b>Surplus/(Deficit) - Excluding LTP</b>	<b>(41.20)</b>	<b>(41.04)</b>	<b>0.16</b>

The forecast outturn identifies that delivery of the planned deficit of £57.1m including LTP is on track. Assumed within this is 100% delivery of CIP target of £12.6m, no further deterioration against S&T monies (under plan YTD due to cancer non delivery) and non-achievement of £0.3m of CQUIN income. Income over-performance seen to M6 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.

The forecast outturn ranges from £12.6m worse than plan to £3.6m favourable to plan. The downside risk relates principally to commissioner non-payment and the deteriorating position would mean no S&T funding payable in Q3 and Q4.

Forecast outturn – by Division			
	Forecast Outturn		
	Plan £m	Actual £m	Variance £m
Diagnostic and Outpatients	(11.74)	(11.67)	0.07
Medicine	11.25	10.15	(1.10)
Surgery	13.79	14.03	0.25
Urgent and Emergency Care	5.68	3.23	(2.44)
Women & Children	11.39	10.77	(0.62)
Central Income	12.71	12.95	0.24
Corporate*	(71.83)	(67.93)	3.90
Corporate Finance	(28.32)	(28.61)	(0.29)
<b>Total</b>	<b>(57.08)</b>	<b>(57.08)</b>	<b>(0.00)</b>
Long Term Partnership	(15.88)	(16.03)	(0.15)
<b>Total (Excluding LTP)</b>	<b>(41.20)</b>	<b>(41.04)</b>	<b>(0.15)</b>

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

- On-going development of Medicine, Urgent Care and Women’s and Children’s recovery plans.
- On-going work with Corporate directorates to ensure robust and realistic forecasts are in place
- On-going development of CIP to deliver target in full.
- On-going engagement with commissioners to ensure payment for activity undertaken.

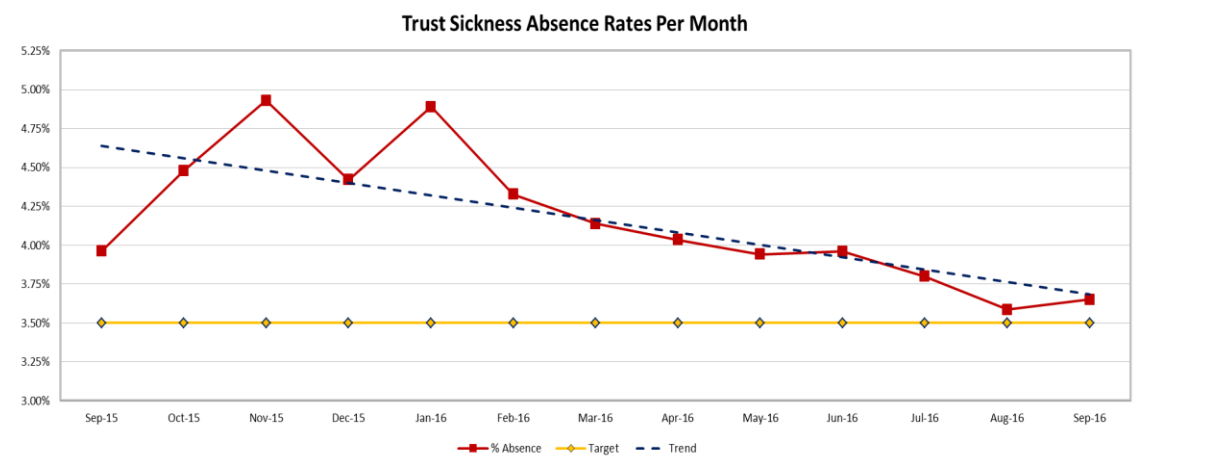
**WORKFORCE**

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

**SICKNESS ABSENCE:**

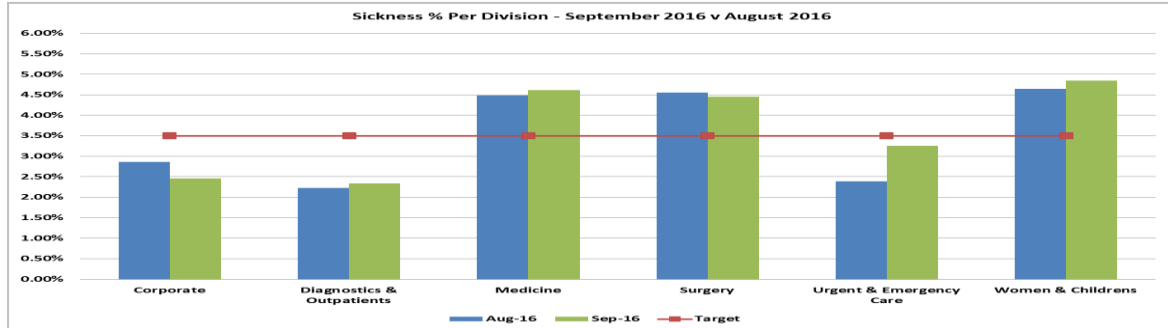
**Trust wide sickness absence**

Overall sickness levels has increased by 0.06% in month to 3.65% (August, 3.59%). Short term sickness has increased by 0.20% (1.97%) and long term sickness has reduced by 0.14% (1.68%).



There has been a downward trend in sickness absence across the year. Absence rates in September 2016 were 3.65%. This was 0.31% lower than the absence rates in the same month a year ago.

**Sickness Absence by Division:**



The Divisions with the highest increase are Urgent & Emergency Care rising by 0.86% to 3.25% and Women & Childrens, rising by 0.21% to 4.85%. The Division with the largest reduction was Corporate which decreased by 0.40% to stand at 2.46%. For the second month in a row the Trust now has three divisions below the 3.5% target.

**Sickness by staff group**

2016-2017	Aug	Sep
Ancillary	4.10%	8.02%
Unregistered Nurse 2016/2017	5.13%	5.91%
Registered Nurse 2016/2017	4.52%	3.85%
Technical & Other	2.76%	3.29%
Admin & Clerical	3.25%	3.18%
Allied Health Professionals	1.32%	2.86%
Scientific & Professional	2.62%	2.74%
Medical & Dental	1.87%	1.94%
<b>Trust Total</b>	<b>3.59%</b>	<b>3.65%</b>
Band 5 Registered Nurse 2016/2017	3.05%	2.61%

For the second month in a row, the most significant increase in absence by staff group is within Ancillary, however, this staff group comprises of only 43 staff. Of concern is the rise to 5.91% for unregistered nurses which is a large group.

Anxiety and stress, as usual has the highest FTE days lost (1011.73) which totals 74 episodes of absence in month. This is compared with August figures of 1182.38 FTE days lost with 80 episodes. Admin & Clerical and Unregistered Nurse staff groups have the highest % absence rate for Anxiety & Stress, both 0.25%

Band 5 Registered Nurse sickness absence has once again decreased in September 2016 (2.61%). The biggest decrease was for Other musculoskeletal which decreased by 66.97 FTE days lost to 127.2.

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

Cost Centre	Department / Ward	Staff headcount
TM19655	Clinical Coding	27
ER34145	Oakham Ward	25
CS19442	Admissions - Days	24
TH17700	GP Rotation	18
TN05725	Governance Support Unit	17
CR24425	KMH - Breast Screening	17

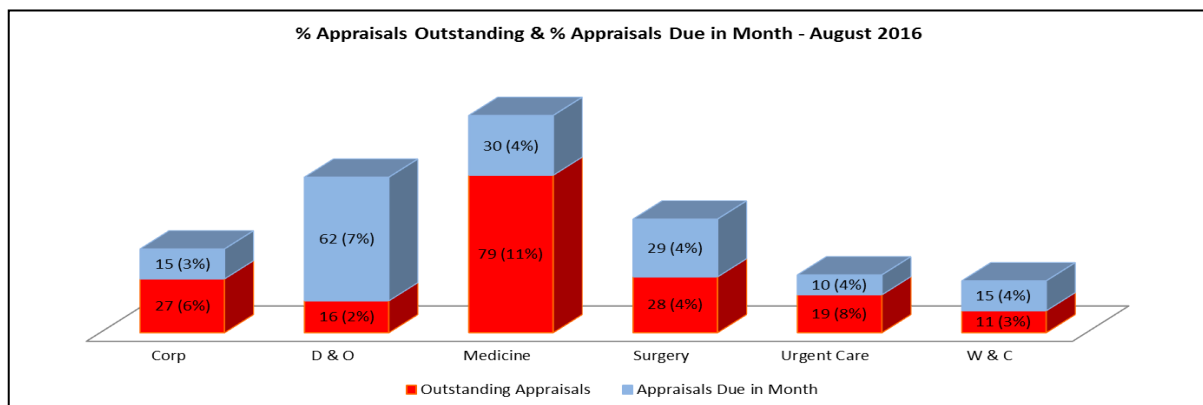
August's top 5 headcount with 0% sickness were:

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

#### APPRAISAL:

Trust wide appraisal compliance reduced by 2% to 93%. The Trust appraisal compliance target is 98%.

There were 218 (7%) appraisals required in September to reach 100%. However there were also an additional 202 appraisals due to be completed which expired in month, a total of 420 (20%) required to be completed in September 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:

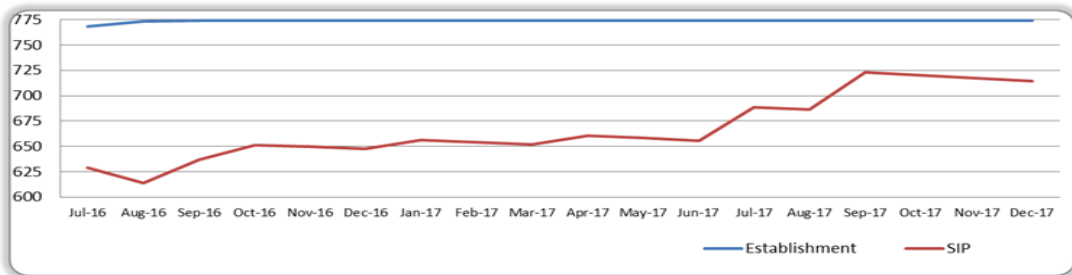
	Sep-16								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover	Active Adverts
<b>Total Trust</b>									
Admin & Clerical	1099.73	1002.92	1230	96.81	8.80%	22.66	8.60	0.86%	33
Allied Health Professionals	213.60	196.53	243	17.07	7.99%	5.00	4.00	2.04%	5
Ancillary	39.63	37.35	43	2.28	5.75%	0.43	0.75	2.01%	1
Medical & Dental	483.42	414.33	434	69.09	14.29%	14.50	10.09	2.44%	19
<b>Registered Nurse Operating Line</b>	<b>1304.07</b>	<b>1151.90</b>	<b>1342</b>	<b>152.16</b>	<b>11.67%</b>	<b>30.60</b>	<b>5.11</b>	<b>0.44%</b>	<b>28</b>
Scientific & Professional	215.10	187.83	203	27.27	12.68%	2.00	4.97	2.65%	1
Technical & Other	267.04	240.80	297	26.24	9.83%	2.40	3.85	1.60%	4
Unregistered Nurse	549.73	527.90	630	21.83	3.97%	15.90	1.80	0.34%	5
<b>Total - Trust</b>	<b>4240.95</b>	<b>3759.55</b>	<b>4422</b>	<b>481.40</b>	<b>11.35%</b>	<b>93.49</b>	<b>39.17</b>	<b>1.04%</b>	<b>96</b>
<b>Band 5 Registered Nurse Operating Line</b>	<b>773.73</b>	<b>636.65</b>	<b>751</b>	<b>137.07</b>	<b>17.72%</b>	<b>28.20</b>	<b>2.56</b>	<b>0.40%</b>	<b>15</b>

Establishment and thereby vacancies in the Band 5 RN category have been reduced by 5% of establishment (40.72 fte) in order to reflect the margin that would usually be left unfilled to fund the cover for unplanned absences such as sickness with bank and agency. This margin is never filled with substantive staff. This impacts both the band 5 RN figure and the total RN figure.

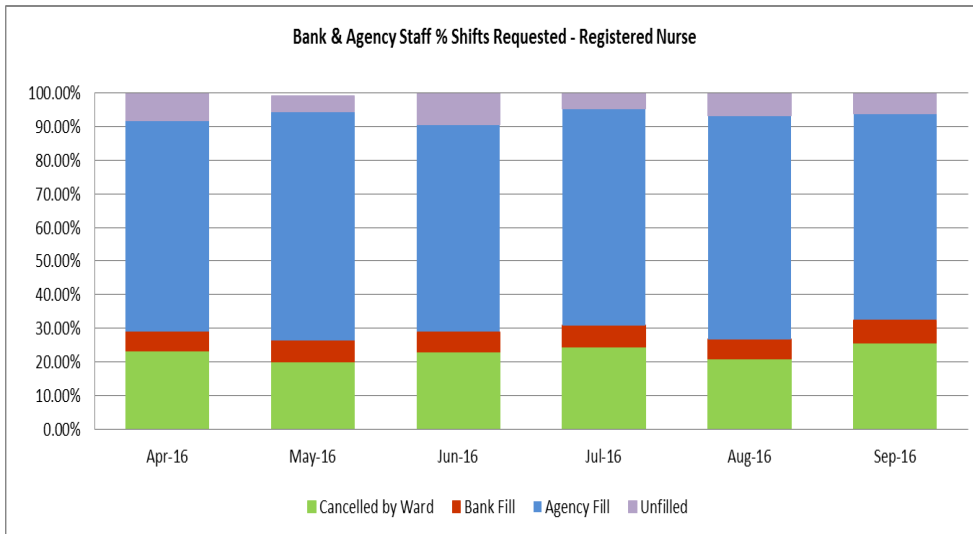
**Band 5 Registered Nurses (RN) Trajectory:**

Band 5 nurse vacancies have reduced this month as expected. A further intake of Newly Qualified nurses will be shown fully in October report but is reflected in the updated trajectory.

The next nursing open day has been set for 6<sup>th</sup> January 2017. A new pooled approach is planned to coincide with a new branding campaign in November.

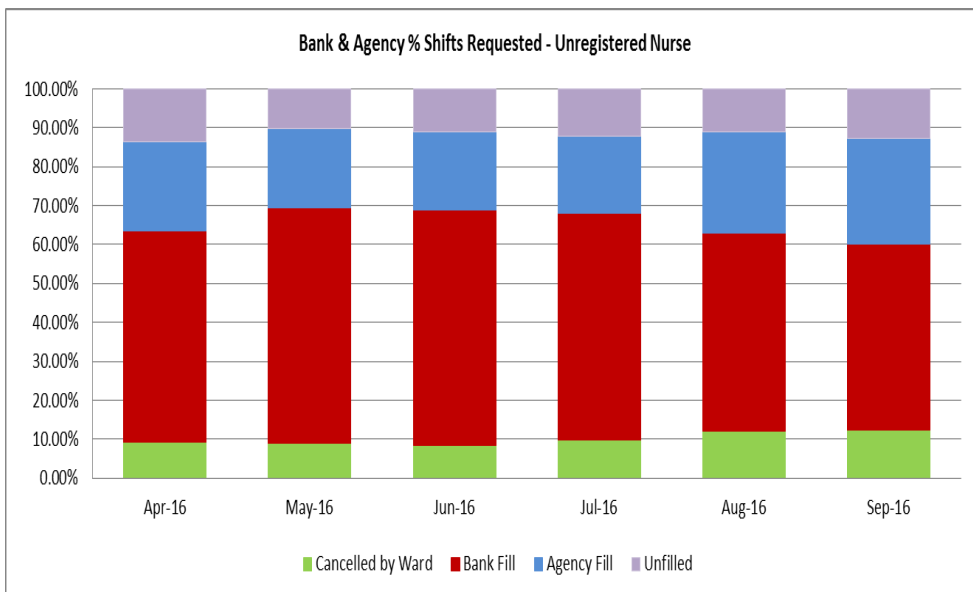


**SHIFT REQUESTS FOR BANK AND AGENCY STAFF:**



Registered Nurse requests increased by 0.58% to 2559, (August 2016, 2544). 68.23% of requests were filled (August 2016, 72.17%).

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.



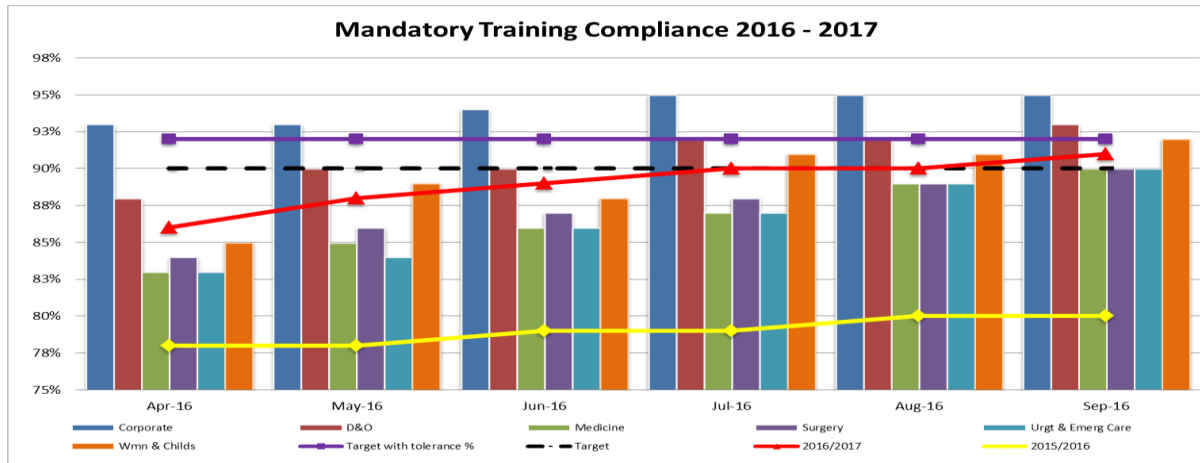
Unregistered Nurse requests reduced by 6.83% to 3352, (August 2016, 3581).

All agency unregistered nurses meet the NHSI agency pay cap.

74.91% of requests were filled (August 2016, 74.91%).

**TRAINING AND EDUCATION:**

Mandatory training has increased by 1% to 91%, 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. With the exception of the Corporate Division, all divisions have increased their compliance in month, Corporate remained static.



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)**

<b>Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments</b>	Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events
<b>Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital</b>	Raise the level of staff engagement through strong leadership, communication, feedback and recognition
<b>Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money</b>	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.