

# Board of Directors

# Report

**Subject: INTEGRATED PERFORMANCE REPORT**

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**Authors: Suzanne Banks, Chief Nurse, Jon Scott Chief Operating Officer, Paul Robinson Chief Financial Officer, Graham Briggs HR Director**

## **Quality and Safety**

The report provides an update to the Board against our three agreed quality and safety priorities for 2015/16. In addition, the paper provides an overview of any highlights relating to patient safety and the November safer staffing position. Both the quality and safety report and safer staffing should be read in conjunction with this paper.

### **Priority 1: Mortality**

- July HSMR is 87.5. Predicted annual HSMR for April to September is 99.
- Crude mortality October 2.9%.
- Expected HSMR for August and September is 100.
- The fluid and electrolyte alert has shown 13 deaths over 1 year compared to 9 expected. There were no avoidable deaths

### **Priority 2: Sepsis**

- Admission area compliance: screening > 90%, bundle >90% and IV antibiotics < 1 hour is > 90%
- Neutropenic sepsis antibiotic administration <1hour >90%
- CQUIN part 1: 100% compliance in November(Sepsis screening in admission areas)
- CQUIN part 2: 94% compliance in November (Antibiotic administration < 1 hour in severe sepsis)

### **Priority 3: Falls**

- During November there has been a total of 18 falls causing harm to patients within our care, a reduction of 8 on the previous month. Of these, none were categorised as grade 4 or 5 harm (severe or catastrophic). There was one category 3 harm (moderate), where a patient sustained a subdural haematoma and a fracture to their cheekbone. Following this incident the patient has not required further treatment for the fall.

### **Infection prevention and control**

The Trust has recorded one case of C Diff for November. The year to date performance is 29 cases against a threshold of 48 cases.

### **Safer Staffing for Nurses**

Overall for the month of November, the actual fill rate for day shifts for Registered Nurses was 90.21% and for other care staff 96.68% against the planned levels. At night, these fill rates were 92.2% for Registered Nurses and 103.26% for other care staff. On 14 wards, the fill rate for Registered Nurses or care staff fell below 90%. The main reasons for this

continue to be vacant posts and sickness. At an individual ward level, staff were moved across wards to ensure patient safety and care was maintained.

### **Temporary staffing for Nursing and Medical Staff**

From November, the Trust is required to submit weekly returns to Monitor on Agency / locum use for both Nursing and Medical staff. This relates to those agencies used that are breaching the financial cap and / or breaching the Agency framework. Bank and Agency controls have been put in place with standard operating procedures developed for nursing and under development for medical staff and all agency / locum worker assignments are being reviewed.

### **Operational Report**

The cancer waiting times for all reportable waits except 62 days have achieved the targets waits. This includes 2 week waits at 96.2% (Target 93%) and 31 day treatments at 99.1% (Target 96%). The 62 days target achieved 83.2% (Target 85%) against a trajectory of 79.4%. The trajectory for 62 days for December is 69.5% and for Qtr 3 a total of 78.3%. The trajectory agreed with the CCG's see return to compliance in February and compliant Qtr 4. This has been assisted by improved diagnostic compliance, MDT's safeguarded during the holiday period and improved working with tertiary centres.

The Referral to Treatment Times (RTT) are at 98.23% for diagnostics (Target 99%) with the issues being in endoscopy and sleep studies. The endoscopy action plan is on track to achieve the trajectory from mid-December. The sleep studies trajectory sees return to compliance from February. This has involved additional paediatric inpatient studies over winter and additional purchase of home recording equipment for adults. The total trajectory is for Trust compliance from January.

The Incomplete pathway RTT is compliant at 92.44% (Target 92%) and improving month on month. Both the admitted and non-admitted pathways are non compliant but gradually improving. Admitted is at 81.14% (Target 90%) and Non-admitted 89.06% (Target 95%).

The 4 hour access target failed in November, at 93.9% (Target 95%) and will required December to achieve approximately 96.5% in order to achieve the quarter. There has been a high focus on ED staffing at peak times and improving flow through the inpatient wards plus increasing the patients discharged from ED via either the Clinical Decisions Unit or Community colleague's support.

The Cancelled operation rate , on day of operation, is 0.25% against a national target of 0.8%. The LOS is slowly improving and work has commenced with community staff to attempt to improve this further by avoiding admissions where there is a community nurse already involved in care .

### **Finance Report**

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

### **Monitor Financial Sustainability Risk Rating**

Following the issue of Monitor's revised Risk Assessment Framework (RAF) in August 2015 the Trust's rating increased from 1 Continuity of Service Risk Rating (COSRR) to 2 Financial Sustainability Risk Rating (FSRR), related to the variance to our planned I+E margin rather than the Trust's financial results. The financial position of the Trust and its reliance on cash support mean that the Trust will remain a 2 for the foreseeable future until

the Trust achieves an Income and expenditure surplus and positive cashflow.

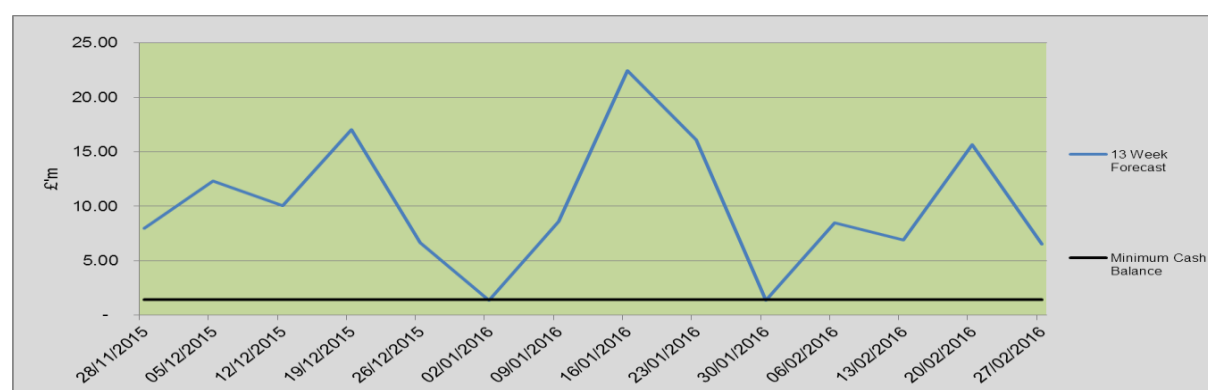
### Income and expenditure

The Trust's financial position for the 8 months to November 2015 is a deficit of £33.42m, against the year to date original plan deficit of £28.20m, £5.22m worse than plan. Pay expenditure continues to be the main driver of the increased deficit with Medical pay accounting for £4.11m of the total year to date overspend of £5.68m.

	Annual Plan £m	November In-Month			Year to Date		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Income	220.21	18.32	19.52	1.20	147.56	151.06	3.50
Other Operating Income	35.59	2.99	3.10	0.12	23.64	24.37	0.73
<b>Total Operating Income</b>	<b>255.80</b>	<b>21.31</b>	<b>22.62</b>	<b>1.32</b>	<b>171.20</b>	<b>175.43</b>	<b>4.23</b>
Pay	(175.27)	(14.31)	(15.35)	(1.04)	(116.19)	(121.87)	(5.68)
Non Pay	(97.36)	(8.11)	(8.61)	(0.50)	(64.89)	(68.77)	(3.88)
Operating Costs Excl. from EBITDA	(9.49)	(0.81)	(0.81)	(0.00)	(6.23)	(6.23)	(0.00)
<b>Total Operating Expenditure</b>	<b>(282.12)</b>	<b>(23.22)</b>	<b>(24.77)</b>	<b>(1.54)</b>	<b>(187.31)</b>	<b>(196.87)</b>	<b>(9.56)</b>
<b>Profit/(Loss) from Operations</b>	<b>(26.32)</b>	<b>(1.92)</b>	<b>(2.15)</b>	<b>(0.23)</b>	<b>(16.11)</b>	<b>(21.45)</b>	<b>(5.33)</b>
Non Operating Income	0.25	0.00	0.00	0.00	0.01	0.09	0.08
Non Operating Expenditure	(18.43)	(1.51)	(1.51)	0.01	(12.09)	(12.07)	0.02
<b>Surplus/(Deficit)</b>	<b>(44.50)</b>	<b>(3.43)</b>	<b>(3.65)</b>	<b>(0.22)</b>	<b>(28.20)</b>	<b>(33.42)</b>	<b>(5.22)</b>

### Cash

The Trust's cash balance as at 30<sup>th</sup> November was £1.49m, which is marginally above the WCF requirement to hold a minimum balance of £1.45m. Notification has been received that both the revenue and capital loans based on £41m I&E stretch target have been approved. Discussions to be held with DoH regarding shortfall to forecast outturn. The latest 13 week cash forecast is included below.



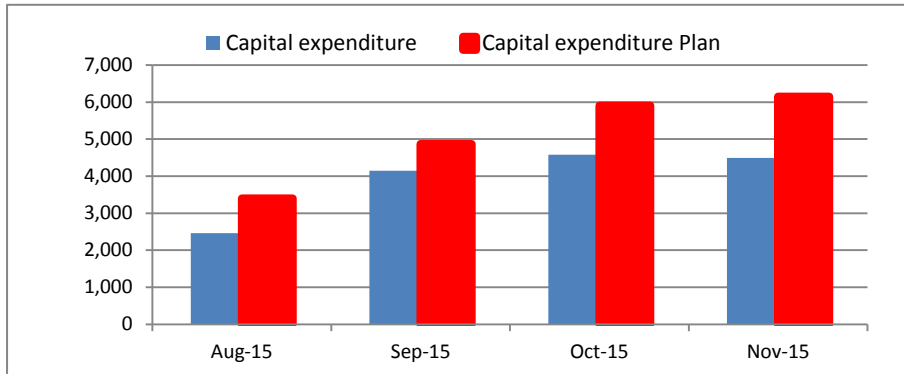
### Capital

Capital expenditure at November 2015 is £4.49m, this is:

- 73% of the original plan of £6.15m,
- 78% of the capital reforecast and
- 82% allowing for the deferment of projects to 2016/17 requested by the Department

of Health.

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



### **CIP**

The risk adjusted CIP and cost avoidance forecast outturn position at November is £6.30m which is derived from schemes worth £4.55m that are currently delivering (with no further actions necessary), schemes that have credible plans to deliver a further £1.21m and schemes valued at £0.55m that have credible plans with a higher level of risk.

Actual CIP cumulative delivery year to date is £3.73m against a plan of £3.74m.

Programme Summary		
	Number/£k	RAG
Forecast Outturn Value (CYE)	6,303	Yellow
Existing scheme revisions	206	Green
Value of new schemes added	107	Yellow
Change since previous report	313	Green
Number of approved PIDs	36	Yellow
Change since last reporting period	3	Yellow

### **Forecast Outturn and Risks / Opportunities**

The Trust's forecast outturn deficit at 30<sup>th</sup> September was £53.26m. At the end of November the Trust was £2.52m ahead of its forecast trajectory to a £53.26m deficit outturn.

There remain a number of significant risks to the year-end position including commissioner potential sanctions and CQINN shortfalls which could be in the range of £1.0m - £3.2m.

Work continues to refine the forecast and the latest version based on October position is for the outturn to be in the range £51.50m to £55.34m as outlined in the table below.

SFH Forecast Outturn Summary Risks and Opportunities Based on information at 31 October 2015					
Risk/Opportunity	Month 7 Result	Full year Risk/ Mitigation			Comment
		Best	Likely	Worst	
	£000	£000	£000	£000	
2015/16 Forecast Out Turn deficit at September 2015	(29,768)	(53,268)	(53,268)	(53,268)	
Further Risks / Mitigation are below :					
Commissioner fines		(500)	(800)	(1,700)	Commissioner Fines total £3.2m in worst case . £1.4m extra winter spend already in £53.3m forecast. Divisional review of forecast Additional recovery / quality investment required
Winter pressures		400	0	0	
Divisional mitigations		1,677	605	(373)	
Corporate mitigations		189	150	0	
<b>Total Further Risks /Mitigations at month 7</b>		1,765	(45)	(2,073)	
<b>Forecast - October review</b>	<b>(29,768)</b>	<b>(51,503)</b>	<b>(53,313)</b>	<b>(55,341)</b>	

### Detailed Financial Report

This report is a summary of the Trust's Financial position. As in previous months a detailed report will be compiled for consideration by Finance Committee (note no December meeting) and a copy will be placed in the Board Library for Board members to access as required.

### Human Resources

#### **SICKNESS ABSENCE:**

*November sickness data not available at the time of production of this report.*

#### **APPRAISAL and M&ST:**

Trust wide appraisal compliance has increased in month to 87% for November 2015 (85% for October and September). All divisions have shown an increase in month.

The overall compliance rate for Mandatory & Statutory Training has increased in November by 1% to 82%. The target is set at 92% with a 2% tolerance.

The QIP is focussed on these areas. The QIP group for M&ST is well established and making progress. The plan for all staff to be either compliant or have a date for compliance booked by 31 03 16 is on target.

#### **VACANCIES and STAFF IN POST:**

The vacancy rate for November is 8.61% which is an increase of 0.36% from October. The total number of vacancies was 329.77WTE of which 196.09 were Registered Nurses. Staff in post numbers have increased by 5.37 WTE's however the number of Registered Nurses has decreased by 8.40 WTEs.

#### **RECRUITMENT UPDATE**

The number of vacancies advertised increased slightly in November compared to October from 72 to 74. The main activity remains in Nursing, Medical and Admin roles.

#### **CONSULTANT CONTRACT UPDATE:**

Formal negotiations with the BMA have now come to an end and a joint report from NHS Employers and the BMA will be submitted shortly to ministers for their consideration. This report will be used as the basis for the construction of a 'best achievable by negotiation' offer. Information on the offer has not been shared with Trusts this will be shared once underpinning financial modelling work has been finalised and agreement from ministers on the next steps is reached.

The BMA has also written to its members, informing them that a report will be submitted to

the government shortly, this will outline the areas where provisional acceptance has been reached and those areas where it has not.

BMA members will have the opportunity to ask questions or raise concerns around the proposals at regional road shows being held prior to the ballot.

**JUNIOR DOCTORS' CONTRACT UPDATE:**

The negotiations continue and NHS Employers are seeking to reach agreement on a small number of points of contention. Talks will continue with a view to reaching an agreed position by 5 January.

**2015 STAFF SURVEY Update**

The final response rate for Sherwood Forest Hospitals NHS Foundation Trust is **45%**. This is a 1% improvement on the response rate for 2014.

**REVIEW OF RETENTION DATA:**

The overall Trust turnover rate from April 2014 – March 2015 was 1.23%. As at October 2015 it stands at 1.57% In 2014/15 there was a marginal net increase of 46.48 between the numbers of starters and leavers.

Analysis of our data shows that we lose a number of staff in their first and second year of employment with the Trust.

This would suggest that local induction may not be as robust as required. Specifically within nursing there is a high turnover of leavers within the first two years.

**Recommendation**

Members are asked to note the report and make recommendations for action.

**Relevant Strategic Priorities (please mark in bold)**

<b>To consistently deliver a high quality patient experience safely and effectively</b>	To develop extended clinical networks that benefit the patients we serve
<b>To eliminate the variability of access to and outcomes from our acute services</b>	<b>To provide efficient and cost-effective services and deliver better value healthcare</b>
To reduce demand on hospital services and deliver care closer to home	

<b>How has organisational learning been disseminated</b>	
<b>Links to the BAF and Corporate Risk Register</b>	This issue relates financial and access risks on the register
<b>Details of additional risks associated with this paper</b> ( <i>may include CQC Essential Standards, NHSLA, NHS Constitution</i> )	Monitor scorecard affected by non-delivery of key access targets.
<b>Links to NHS Constitution</b>	The NHS constitution clearly sets out a series of pledges and rights for what patients can expect from the NHS with regard to waiting times
<b>Financial Implications/Impact</b>	Avoids costly additional working through failure to plan appropriately. Treats patients within target timescales and avoids penalties

<b>Legal Implications/Impact</b>	Avoids CCG financial penalties
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	NA
<b>Committees/groups where this item has been presented before</b>	NA
<b>Monitoring and Review</b>	Single PTL being developed. The IPR is reported monthly with RTT reported to Divisional Teams weekly.
<b>Is a QIA required/been completed? If yes provide brief details</b>	No