

Board Report

June 2017



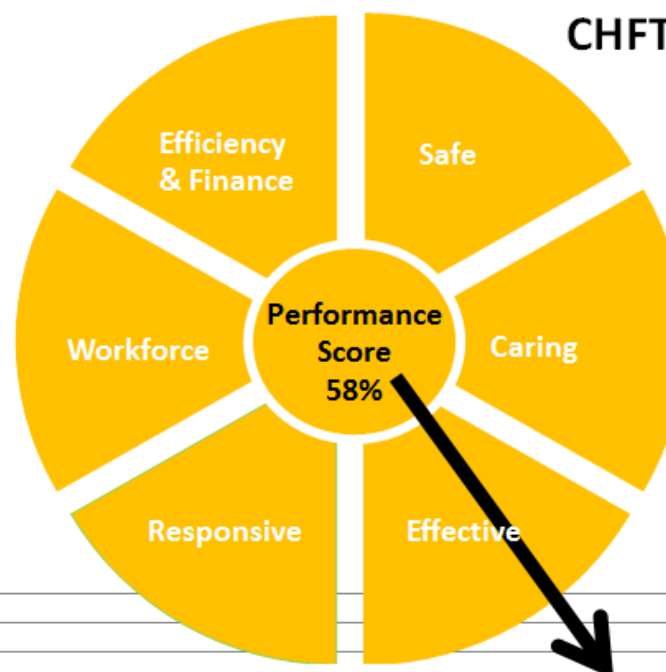
Performance Summary

June

RAG Movement

June's Performance Score stands at 58% for the Trust. The CARING domain now AMBER due to improvements in FFT performance. The RESPONSIVE domain remains Amber failing to meet the Emergency Care Standard and both Cancer 2 week wait targets. Issues are a combination of increased referrals through fast track, IR35 and EPR impact. The WORKFORCE domain has fallen 10 points in-month due to underachievement in Mandatory Training.

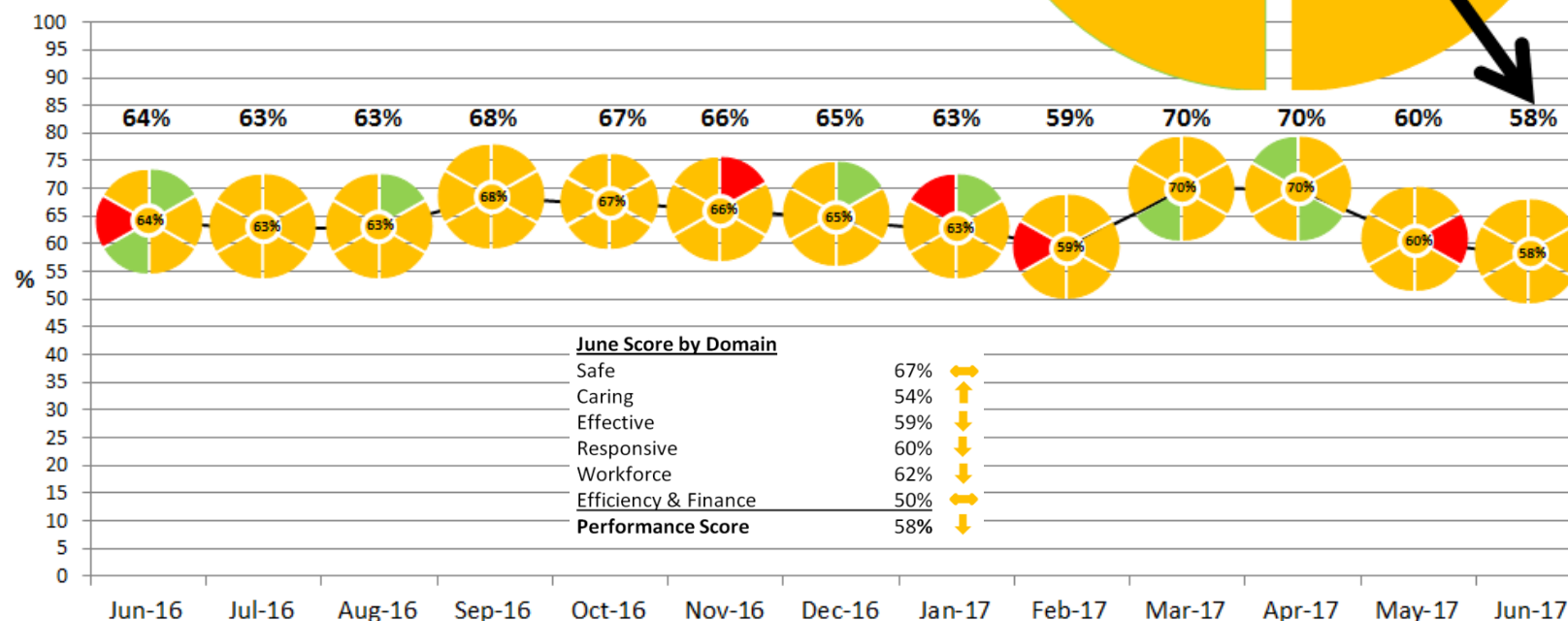
EPR still continues to impact on the provision of several indicators this month including 18 weeks admitted and non-admitted and VTE.













CHFT

SINGLE OVERSIGHT FRAMEWORK

SAFE	Emergency C-Section Rate
VTE Assessments	Never Events
CARING	FFT Maternity
FFT Community FFT OP	FFT IP FFT A&E
Mixed sex accommodation breaches	% Complaints closed
EFFECTIVE	
CDiff Cases	Avoidable Cdiff
MRSA	SHMI
HSMR	HSMR - Weekend
Emergency Readmissions GHCCG	Emergency Readmissions CCCG



RESPONSIVE	Diagnostics 6 weeks
RTT Incomplete Pathways	ECS 4 hours
Cancer 62 day Screening to Treatment	Cancer 62 day Referral to Treatment
FINANCE	
Variance from Plan	Use of Resources
WORKFORCE	
Proportion of Temporary Staff	Sickness
Staff turnover	Executive Turnover

RESPONSIVE	 % Last Minute Cancellations to Elective Surgery	0.66%	0.93%		0.6%
	Emergency Care Standard 4 hours	92.03%	85.11%		95%
	% Incomplete Pathways <18 Weeks	92.58%	94.34%		92%
	62 Day GP Referral to Treatment	88.1%	91.5%		85%
SAFE	 % Harm Free Care	93.14%	93.96%		95.0%
	Number of Outliers (Bed Days)	537	1045		495
	Number of Serious Incidents	6	4		0
	Never Events	0	0		0

Executive Summary

The report covers the period from June 2016 to allow comparison with historic performance. However the key messages and targets relate to June 2017 for the financial year 2017/18.

Area	Domain
Safe	<ul style="list-style-type: none">• % Harm Free Care - Performance has dipped again to 93.14% and remains below target. A deep dive review has now been completed and will be shared through divisional teams and improvement leads.• Number of Incidents with Harm - Numbers peaked in June with 219. This is a higher than usual level of incidents with harm but is still within normal variation. The underlying themes are being explored and will be monitored for any trends.
Caring	<ul style="list-style-type: none">• Complaints closed within timeframe - Of the 54 complaints closed in June, 46% of these were closed within target timeframe. The number of overdue complaints was 29 at the end of June; which was an 11.5% increase from the end of May. This increase was to be expected with the introduction of EPR at the beginning of May, which has had a knock-on effect on workload within the Divisions. The overall percentage for complaints closed within target timeframe last year (2016-17) was 45%.• Friends & Family Test (IP Survey) - % would recommend the Service - this is the first time that performance has dipped below target. The Trust recognises that there are specific clinical areas that need to be targetted to improve performance.• Friends and Family Test Outpatients Survey - % would recommend the Service - Performance has improved to pre-EPR levels but is still not achieving target.• Friends and Family Test A & E Survey - Response Rate - improved to 10.75% in month. The ED team have revisited and refreshed their FFT action plan and refocused the team in encouraging patient participation.• Friends and Family Test A & E Survey - % would recommend the Service - improved in month to 85% just below 86.5% target.• Friends and Family Test Community Survey - Community FFT reported 87% would recommend the service against a 96% national average. 4% of people would not recommend services. The division is waiting for the new server that has been ordered to move to the new web form for collecting FFT data which will provide more accurate and helpful information about how services can be improved.
Effective	<ul style="list-style-type: none">• Mixed Sex Accommodation Breaches - There were 5 breaches in month in ICU. All Duty of Candour requirements have been met. Root Cause Analysis has been undertaken and an action plan has been put in place.• Total Number of Clostridium Difficile Cases - 4 in month in Medicine. Shared learning has heightened awareness of SIGHT acronym regarding prompt isolation of symptomatic patients.• Number of E.Coli - Post 48 Hours - 5 in month (Medicine 4). Analysis being undertaken by the lead ICPN And Consultant microbiologist.• Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge - June's performance continued at May's level underachieving against target. A new process is now in place to improve the overall management of Trauma and hip fracture patients. A draft surgical pathway has been developed and circulated to the Consultant body.

Background Context

The Electronic Patient Record (EPR) deployed in May is still presenting some challenges within the Trust, particularly in relation to productivity, capacity and the recording and reporting of data. The Trust continues to work through these issues alongside teams from Cymbio who were enlisted during go-live to assist with subsequent data quality issues.

The Appointment team have had a challenging couple of months as they continue to adapt to EPR and new processes for the booking of patients - their hard work is paying off as call wait times continue to improve but some configuration issues remain which result in longer contact time required for each transaction. DNA rates have been reducing in June but overall actiity and income are reduced across most points of delivery.

The Medical division is continuing to work through post EPR related issues regarding ECS and the flow of patients through both hospitals. Whilst ECS performance has not been sustained at 95% the Trust is on an upward trajectory. On the back of two very challenging days in June we conducted a deep dive into issues and have now formulated a Trustwide action plan to address themes picked up in this review. This forms the foundation for improvement work in the coming months.

Similarly, the acute admissions units and inpatient wards are continuing to focus on timely discharges and tackling delays on a day to day basis which will help flow; again the action plan referenced above will address the movement of patients through our hospitals.

Clinical leaders within Medicine have initiated a number of action plans improve all aspects of patient experience.

The strategy going forward will be about identifying the one or two actions individual teams need to undertake to make an impact rather than providing broad action plans across the division. This methodology which is intelligence driven is already making an impact and hopefully will provide a marked improvement for the division.

Executive Summary

The report covers the period from June 2016 to allow comparison with historic performance. However the key messages and targets relate to June 2017 for the financial year 2017/18.

Area	Domain
Responsive	<ul style="list-style-type: none">Emergency Care Standard 4 hours was at 92% for June - still experiencing gaps in service around staffing levels, surge in activity and capacity issues with increased focuss and earlier escalation implemented.Stroke - % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival has remained at 54.2% in month. 36% Stroke patients were scanned within 1 hour of hospital arrival (where indicated) against 48% target.Two Week Wait From Referral to Date First Seen - missed the 93% target for the 2nd month. Extra Locums have been brought in to meet the increased demand however routine appointments are being cancelled to ensure the 2ww patients are being seen, resulting in routine patients having to wait longer.Two Week Wait From Referral to Date First Seen: Breast Symptoms - missed the 93% for the first time in last 12 months.38 Day Referral to Tertiary - at 20% still well below the 85% target and below 42.4% achieved in 2016/17.
	<ul style="list-style-type: none">Return to work Interviews have fallen again in month to 45.13%, worst position in over 12 months. HR Advisers are identifying episodes of sickness absence without return to work interviews being undertaken and will contact line managers to understand the reasons why and encourage them to be completed and recorded without further delay.
	<ul style="list-style-type: none">Finance: Reported year to date Deficit position in line with agreed control total of £8.02m,<ul style="list-style-type: none">Capital expenditure is below plan,Cash position is in line with plan at £1.90m.Delivery of CIP is behind the planned level at £2.15m against a planned level of £2.32m.A Use of Resources score of level 3, in line with the plan.The Month 3 planned position is a deficit of £8m on a control total basis, including year to date Sustainability and Transformation funding (STF) of £1.52m. However, the financial position remains extremely precarious with activity and income even further below the planned level seen last month. EPR implementation continues to have a significant impact on both productivity and the capture of activity data. Prior to any action being taken to assume either clawback of activity capture or overlay of other non-recurrent benefits, the month 3 position was a deficit of £13m, a £5m adverse variance to plan.
	<p>Month 3 prior to action: adverse variance to plan (£5m)</p> <p>Add back: Assessment of missing activity data £2.4m</p> <p>Non-recurrent benefits M2 £1.1m</p> <p>Non-recurrent benefits M3 £1.5m</p> <p>Month 3 position to report: nil variance to plan £0.0m</p> <p>Total reported agency spend in month was £1.46m; as planned and in line with the NHS Improvement Agency Ceiling, however this value excludes agency expenditure capitalised as part of EPR implementation costs.</p> <p>The number of reported Agency Cap breaches remained very high, but was slightly lower than the level seen in May.</p> <p>The forecast continues to assume that the Trust will achieve its Control Total and secure the £10.1m STF allocation.</p> <p>However, the forecast assumes that activity returns to the planned level from July, with no further EPR relate income losses. It also assumes that the remaining £3.2m of unidentified CIP is delivered. The risk of failing to achieve the target deficit of £15.94m therefore remains extremely high and further action is required to stabilise the financial position.</p>
Workforce	
Finance	

Background Context

Consultant vacancies remain a challenge in Medical specialities particularly A&E, Elderly Care and Respiratory which have been further compounded by sickness in Cardiology. Within Surgical specialties Urology and Ophthalmology continue to be underestablished impacting on activity.

Several workforce initiatives have been actioned in month with a large cohort of Physician Associates, Advanced Clinical Practitioners and Cardiophysiologists appointed into training to ensure a more robust clinical workforce in the future, this has been positively received by clinical teams.

A large cohort of Enhanced Care Workers to provide 1:1 care commenced in-month improving care and support to vulnerable patients whilst also reducing agency costs.

The MSK First point of contact went Live 1st June. This service provides triage of all referrals to Orthopaedics with new pathways for joint, pain and muscular conditions so that patients can benefit from conservative treatment wherever possible.

The physiotherapy service has commenced a telephone assessment service. This is intended to reduce the number of people requiring face to face contact with a physiotherapist to shorten waiting times and enable people in need of hands on therapy to receive this in a timely manner.

Pathology and Radiology teams have seen a peak in referrals in June and fast track referrals have also increased putting pressure on support services and impacting on cancer performance.

Regulatory reporting continues however internal reports required to support the management of activity are not yet available for operational use impacting on ability to proactively track activity.

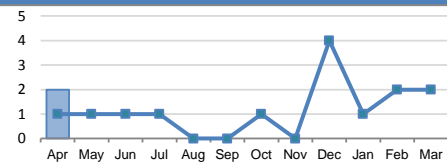
Safe, Effective, Caring, Responsive - Community Key messages

Area	Reality	Response	Result
Safe	<p>Wound care</p> <p>Focus on wound care and pressure ulcer management has been undertaken in community in recent months.</p>	<p>Wound care</p> <p>New wound care pathways have been developed with the support of the TVN. This links to the CQUIN that requires all wounds to be assessed regularly and care plans reviewed at least every 4 weeks.</p>	<p>Wound care</p> <p>We aim to have fully achieved the CQUIN and reduced wound healing rates with the new pathways.</p> <p>By when: Review September 2017 Accountable: ADN</p>
Effective	<p>Length of stay in intermediate tier services</p> <p>Length of stay in intermediate tier services has reduced this month and there have been fewer delays into reablement or out of reablement into packages of care.</p>	<p>Length of stay in intermediate tier services</p> <p>LOS will continue to be monitored. A new model for intermediate care is being developed to support the new rehab pathway and the reduction in rehabilitation beds in the hospital.</p>	<p>Intermediate Tier services</p> <p>Improved intermediate tier service offer will be developed and offered by October 2017.</p> <p>By when: October 2017 Accountable: Intermediate Tier service manager</p>
Caring	<p>End of life patients</p> <p>We continue to focus on ensuring that patients are supported appropriately at the end of their life and that they die in their preferred place of death. 3 patients died in the hospice in June when they indicated a preferred place of death was home. All patients deteriorated rapidly and the family requested patient moved to hospice.</p>	<p>End of life patients</p> <p>We monitor each patient and review each case where the preferred place of death and the actual place of death are different.</p>	<p>End of life patients</p> <p>To support patients and their families so that anyone wishing to die at home gets the support they need to remain at home even when they deteriorate.</p> <p>By when: Review September 2017 Accountable: ADN</p>
Responsiveness	<p>Physiotherapy waiting times</p> <p>Physiotherapy waiting times are now at 15 weeks.</p>	<p>Physiotherapy waiting times</p> <p>The physiotherapy service has commenced a telephone assessment service. This is intended to reduce the number of people requiring face to face contact with a physiotherapist to shorten waiting times and enable people in need of hands on therapy to receive this in a timely manner.</p>	<p>Physiotherapy waiting times</p> <p>Physiotherapy waiting times to return to an acceptable performance level of 6 weeks.</p> <p>By when: September 2017</p>

Dashboard - Community

Safe

Community acquired grade 3 or 4 pressure ulcers



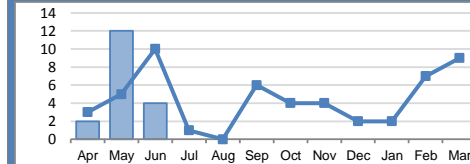
One month in arrears

Falls that caused harm whilst patient was in receipt of Community Services inc IC Beds & Comm Place



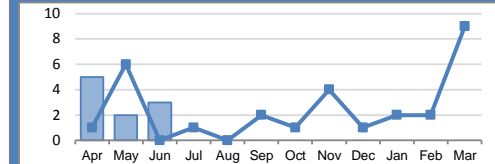
One month in arrears

Incidents - New Harms



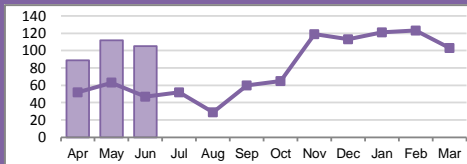
Bar Chart = 17/18 figures Line graph = 16/17 figures

Medication Incidents

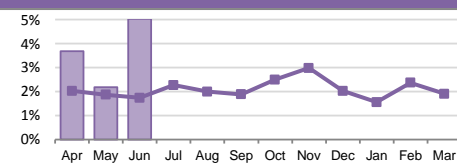


Effective

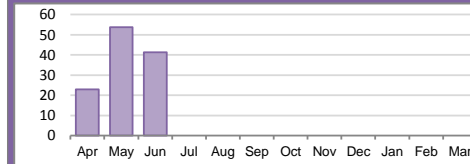
Number of Hospital admissions avoided by Community Nursing services



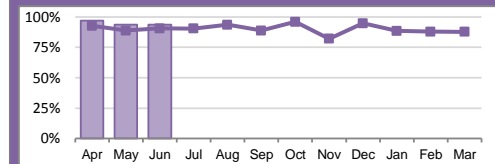
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Intermediate Care Bed base (Average Days)

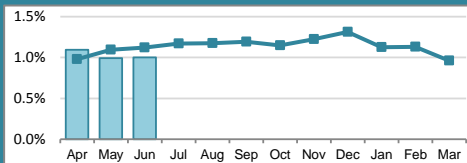


House Bound leg ulcers healed within 12 weeks

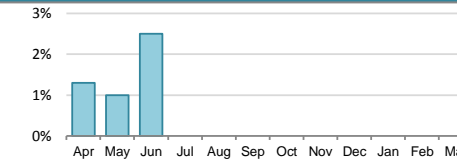


Caring

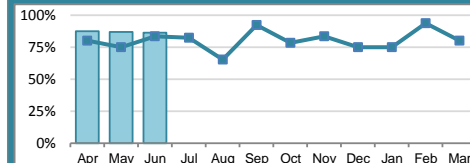
Community No Access Visits Adult Nursing



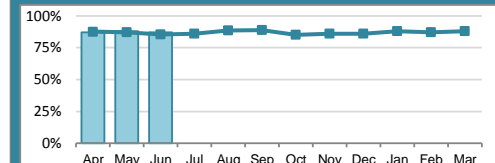
Intermediate Care Readmission rate



End of life patient died in preferred place of death

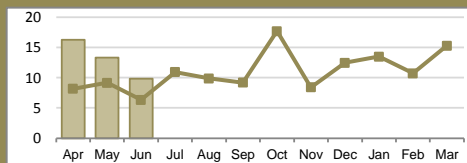


Friends and Family Test- Likely to recommend

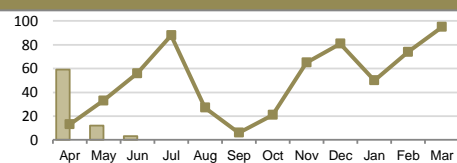


Responsive

Average time to start of reablement (days)



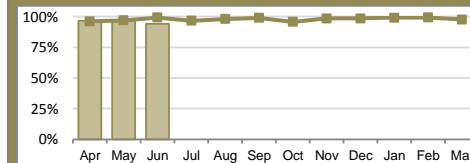
Appointment Slot Issues for MSK & Podiatry



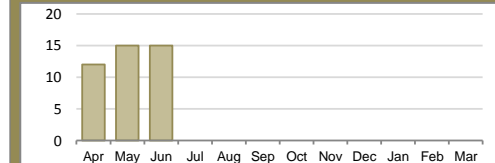
MSK

Podiatry

Waiting Times - 18 week RTT

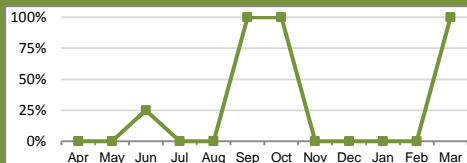


Waiting Times - Physiotherapy Routine (Weeks)

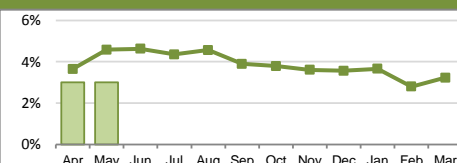


Well Led

% Complaints closed within target timeframe

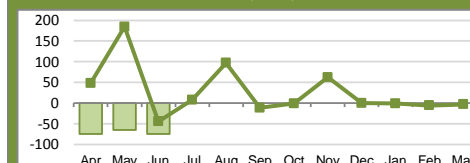


Staff sickness rate

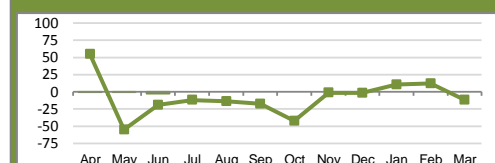


One month in arrears

Finance - Planned variance against actual (£'000)



Finance - Planned CIP saving against actual savings (£'000)



Hard Truths: Safe Staffing Levels

Description	Aggregate Position	Trend	Variation
Registered Staff Day Time Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	84.56% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - WARD 5AD : 73.1% - WARD 5B : 73.2% - WARD 8C : 63.6% - WARD 17 : 61.2% - WARD 19 : 67.7%
Registered Staff Night Time Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	92.27% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - WARD 12 : 69.1% - WARD 17 : 68.2% - WARD 8AB : 68.3% - WARD 8D : 66.7% - WARD 15 : 68.9%
Clinical Support Worker Day Time Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	102.67 % of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at day <75% - WARD 8AB : 69.0% - WARD LDRP : 67.5% - WARD NICU : 69.1% - WARD 3ABCD : 66.7% - WARD 18 : 54.5%
Clinical Support Worker Night Time Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	113.60 % of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - WARD LDRP : 73.3%

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

Ward	Main Specialty on Each Ward	DAY						NIGHT					
		Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses(%)	Average Fill Rate - Care Staff (%)
		Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual		
CRH MAU	GENERAL MEDICINE	2430	2053	1620	1485	84.5%	91.7%	1320	1336.3	990	1023	101.2%	103.3%
HRI MAU	GENERAL MEDICINE	2655	2559	1620	2040	96.4%	125.9%	1320	1529	990	1295	115.8%	130.8%
WARD 2AB	GENERAL MEDICINE	1845	1506.5	1170	1437.2	81.7%	122.8%	1320	1287	660	770	97.5%	116.7%
HRI Ward 5 (previously ward 4)	GERIATRIC MEDICINE	1620	1300.5	1170	1485.5	80.3%	127.0%	990	979	990	1056	98.9%	106.7%
HRI Ward 11 (previously Ward 5)	CARDIOLOGY	2010	1638.5	975	1011	81.5%	103.7%	1320	1309	660	660	99.2%	100.0%
WARD 5AD	GERIATRIC MEDICINE	2070	1513.5	1530	1872.5	73.1%	122.4%	1320	1280	1320	1324	97.0%	100.3%
WARD 5C	GENERAL MEDICINE	1035	961	810	767	92.9%	94.7%	660	660	330	385	100.0%	116.7%
WARD 6	GENERAL MEDICINE	1620	1530	1170	1095	94.4%	93.6%	990	935	660	651	94.4%	98.6%
WARD 6BC	GENERAL MEDICINE	1620	1544	1170	1198	95.3%	102.4%	1320	1293.4	660	810	98.0%	122.7%
WARD 5B	GENERAL MEDICINE	1170	856.5	720	1247.5	73.2%	173.3%	660	660	660	747	100.0%	113.2%
WARD 6A	GENERAL MEDICINE	945	763.5	945	833	80.8%	88.1%	660	660	330	341	100.0%	103.3%
WARD 8C	GENERAL MEDICINE	552	351	504	491.5	63.6%	97.5%	352	293.5	176	154	83.4%	87.5%
WARD CCU	GENERAL MEDICINE	1620	1374.5	360	312.5	84.8%	86.8%	990	991.5	0	0	100.2%	-
WARD 6D	GENERAL MEDICINE	1620	1224	810	838	75.6%	103.5%	957	860	638	627	89.9%	98.3%
WARD 7AD	GENERAL MEDICINE	1620	1387.5	1530	1552.5	85.6%	101.5%	990	979	990	1012	98.9%	102.2%
WARD 7BC	GENERAL MEDICINE	1458	1278	1377	1522.5	87.7%	110.6%	891	891	891	957	100.0%	107.4%
WARD 8	GERIATRIC MEDICINE	1395	1120	1170	1926	80.3%	164.6%	990	825	990	1441	83.3%	145.6%
WARD 12	MEDICAL ONCOLOGY	1458	1111	729	605	76.2%	83.0%	891	616	297	550	69.1%	185.2%
WARD 17	GASTROENTEROLOGY	1980	1211	1170	1129.66	61.2%	96.6%	990	675.5	660	691	68.2%	104.7%
WARD 21	REHABILITATION	1170	946.5	945	1120	80.9%	118.5%	660	660	660	660	100.0%	100.0%
ICU	CRITICAL CARE	3900	3479.5	795	644	89.2%	81.0%	3795	3317.75	0	0	87.4%	-
WARD 3	GENERAL SURGERY	915	917.85	735	754.5	100.3%	102.7%	690	690	345	349	100.0%	101.2%
WARD 8AB	TRAUMA & ORTHOPAEDICS	1034	864	945	652.5	83.6%	69.0%	943	644	253	514.5	68.3%	203.4%
WARD 8D	ENT	795	798.5	795	676	100.4%	85.0%	690	460	0	230	66.7%	-
WARD 10	GENERAL SURGERY	1260	1175	570	749.5	93.3%	131.5%	1035	899	345	851	86.9%	246.7%
WARD 15	GENERAL SURGERY	1516.5	1408	1049	958	92.8%	91.3%	1035	713	345	966	68.9%	280.0%
WARD 19	TRAUMA & ORTHOPAEDICS	1695	1147	1245	1341.5	67.7%	107.8%	1035	955.5	1035	1070.5	92.3%	103.4%
WARD 20	TRAUMA & ORTHOPAEDICS	1870.5	1407	1319.5	1440.5	75.2%	109.2%	966	943	966	915.5	97.6%	94.8%
WARD 22	UROLOGY	1140	1060	1140	1060	93.0%	93.0%	690	690	690	701.5	100.0%	101.7%
SAU HRI	GENERAL SURGERY	1830	1542	943	891.5	84.3%	94.5%	1380	1292.5	345	351	93.7%	101.7%
WARD LDRP	OBSTETRICS	4140	3597	915	617.3	86.9%	67.5%	4140	3564.5	690	506	86.1%	73.3%
WARD NICU	PAEDIATRICS	2175	1935.5	900	622	89.0%	69.1%	2070	1897.5	690	540.5	91.7%	78.3%
WARD 1D	OBSTETRICS	1200	1092.5	345	345	91.0%	100.0%	690	687	345	328	99.6%	95.1%
WARD 3ABCD	PAEDIATRICS	3037.5	2537.5	1170	780	83.5%	66.7%	2415	2397	345	284	99.3%	82.3%
WARD 4C	GYNACEOLOGY	690	690	450	383.3	100.0%	85.2%	667	655.5	333.5	333.5	98.3%	100.0%
WARD 9	OBSTETRICS	1035	908.5	345	274.3	87.8%	79.5%	690	690	345	322	100.0%	93.3%
WARD 18	PAEDIATRICS	767	701	132	72	91.4%	54.5%	690	653.5	0	11.5	94.7%	-
Trust		60893.5	51490.35	35288.5	36231.3	84.56%	102.67%	43212	39870	20624.5	23428.5	92.27%	113.60%

Hard Truths: Safe Staffing Levels

Care Hours per Patient Day

STAFFING - CHPPD & FILL RATES (QUALIFIED & UNQUALIFIED STAFF)

	Apr-17	May-17	Jun-17
Fill Rates Day (Qualified and Unqualified)	92.80%	95.10%	91.20%
Fill Rates Night (Qualified and Unqualified)	99.10%	102.10%	99.20%

Planned CHPPD (Qualified and Unqualified)	8.3	8.1	8.0
Actual CHPPD (Qualified and Unqualified)	7.9	8.0	7.5

A review of June 2017 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 27 clinical areas of the 37 reviewed had CHPPD less than planned.

2 areas reported CHPPD as planned. 8 areas' reported CHPPD slightly in excess of those planned.

Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.

