

# Integrated Performance Report

November 2016  
(October data)

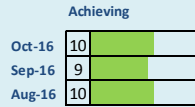
# Executive Summary

## Safe Effective Caring Reporting sub committee – SQC

### Areas of good performance

- Mortality indicators show sustained excellent performance (pages 3 & 14)
- There were no MRSA bacteraemia (pages 3 & 18)
- No medication errors causing serious harm
- Clostridium difficile was better than the monthly threshold (one case was recorded). The year to date total is 14 (against a year to date trajectory of 18 cases. The full year trajectory is for no more than 23 cases) (pages 3 & 18)
- Percentage of new harms, as measured through the Safety Thermometer, is better than the national figure

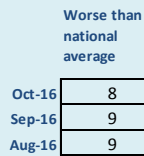
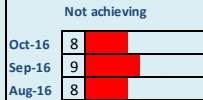
**New to category this month:**  
No reactivated complaints (pages 3 & 16) – NB new indicator



### Areas requiring performance improvement

- VTE risk assessment was below threshold (pages 4 & 20)
- Admissions to stroke ward within 4 hours was below the performance standard (pages 4 & 15)
- There were 18 mixed sex accommodation breaches (pages 3 & 22)
- Harm free care was worse than the performance standard and below the national average. New harms were better than the national average (pages 4 & 21).
- Patients spending 90% of their time on the stroke unit was worse than the performance standard (pages 4 & 15)
- Harm Free Care for the Trust was 90.67% which was worse than the national average of 93.78%.
- Complaints responded to within agreed timescales (pages 3 & 16) – NB target and trajectory added

**New to category this month:**  
• None

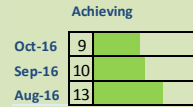


## Responsive Reporting sub committee – FIP

### Areas of good performance

- Diagnostic wait times delivered to the performance standard (pages 5 & 24)
- Cancer 31 day first and subsequent surgery, drug and the 62 day GP indicators are delivering to the performance standard (provisional) (pages 5 & 25-26)
- Hospital cancellations under 6 weeks performed better than the performance standard (pages 6 & 24)
- There were no RTT 52 week waiters (pages 5 & 23)

**New to category this month:**  
None



### Areas requiring performance improvement

- A&E 4 hour wait performance was below standard (pages 5 & 27)
- Formal DTOCs were below standard (pages 5 & 28)
- Ambulance turnaround times' performance was worse than standard (pages 5 & 27)
- The RTT incomplete indicator was worse than the standard (pages 5 & 23)
- Patients not treated within 28 days of their last minute cancellation was below standard (pages 5 & 24)
- The 2WW and breast symptomatic were below standard (provisional) (pages 5 & 25)

**New to category this month:**  
• The 62 day screening indicator was provisionally worse than the standard (pages 5 & 25)



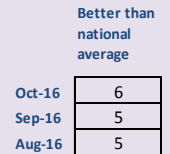
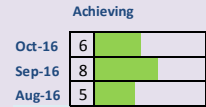
## Well led Reporting sub committee – Workforce

### Areas of good performance

- Temporary costs and overtime as % of total payroll was better than target (pages 7 & 29)
- The sickness rate was better than target (pages 7 & 29)
- Maternity Friends and Family response rate was better than target (pages 7 & 31)
- Bank pay was better than target (pages 7 & 29)

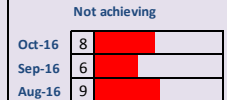
**New to category this month:**  
None

NB. A review of Bank target rates was undertaken following discussion at October's Trust Board meeting. New targets are based upon anticipated vacancy rates and agency substitution have been applied for 2016/17 and until March 2018.



### Areas requiring performance improvement

- A number of workforce indicators continue to report underperformance, including, staff turnover rate, vacancy rate, appraisals and mandatory training (pages 7 & 29-31).
  - Friends and Family response rates for A&E was below threshold (pages 7 & 31)
- New to category this month:**  
• Agency pay was worse than target (pages 7 & 29)  
• Inpatient FFT response rate was worse than the target (pages 7 & 31)



NB. Indicators achieving relate only to where targets have been set - as seen on the indicator summary. Ratings showing the number of indicators better or worse than the national average relate to only those indicators where the national average was available. Indicators which are identified in the main pack as provisional may lead to changes to achieving/not achieving counts previous months in Executive Summary.

# Indicator Summary

| Domain                  | Indicator                                                                          | Target    | Latest three data points |             |         | YTD Actual | YTD Target | Executive Lead | Month  | Included in Detailed Reports | National / Local | National avg.                    | National avg. Period | Trend | Data Quality RAG | Financial impact                                                                                                          |
|-------------------------|------------------------------------------------------------------------------------|-----------|--------------------------|-------------|---------|------------|------------|----------------|--------|------------------------------|------------------|----------------------------------|----------------------|-------|------------------|---------------------------------------------------------------------------------------------------------------------------|
|                         |                                                                                    |           | →                        | Most Recent |         |            |            |                |        |                              |                  |                                  |                      |       |                  |                                                                                                                           |
| Safe, Effective, Caring | SHMI (Rolling 12 months)                                                           | 100       | ✓ 95.5                   | ✓ 94.1      | ✓ 93.8  |            |            | MD             | Feb-16 | Y                            | National         | 100                              | Feb-16               |       | G                |                                                                                                                           |
|                         | HSMR - Total (Rolling three months)                                                | 100       | ✓ 87.9                   | ✓ 83.1      | ✓ 87.1  |            |            | MD             | Jul-16 | Y                            | National         | 100                              | Jul-16               |       | G                |                                                                                                                           |
|                         | Crude Mortality Rate (Non elective ordinary)**                                     | 3.2%      | ✓ 2.0%                   | ✓ 1.8%      | ✓ 2.4%  | ✓ 2.2%     | 3.2%       | MD             | Oct-16 | Y                            | National         | 2.7% (East of Eng.)              | Jul-16               |       | G                |                                                                                                                           |
|                         | • 30 Day Emergency Readmissions - Combined *                                       | 4.0%      | ✗ 7.4%                   | ✗ 6.9%      | ✗ 8.0%  | ✗ 7.3%     | 4.0%       | MD             | Oct-16 | Y                            | National         | 11.4%                            | 2011-12              |       | G                | £ Marginal tariff reimbursement, possible penalties                                                                       |
|                         | 30 Day Emergency Readmissions - Elective *                                         | n/a       | 3.8%                     | 3.5%        | 3.4%    | 3.5%       | n/a        | MD             | Oct-16 | Y                            | National         | n/a                              |                      |       | G                | £ Marginal tariff reimbursement, possible penalties                                                                       |
|                         | 30 Day Emergency Readmissions - Emerg *                                            | n/a       | 10.6%                    | 9.6%        | 11.8%   | 10.6%      | n/a        | MD             | Oct-16 | Y                            | National         | n/a                              |                      |       | G                | £ Marginal tariff reimbursement, possible penalties^                                                                      |
|                         | Number of patients with a length of stay > 14 days *                               | tbc       | 345                      | 369         | 372     | 2553       | tbc        | MD             | Oct-16 |                              | Local            | n/a                              |                      |       | G                | £ Reduction in reimbursement vs largely fixed costs. No penalty levied.                                                   |
|                         | Staff FFT % recommended care                                                       | tbd NHSI^ | 68.0%                    | 63.1%       | 66.8%   | 65.2%      | tbd NHSI^  | DoW            | Sep-16 | Y                            | National         | n/a                              |                      |       | G                |                                                                                                                           |
|                         | Inpatient Scores FFT % positive                                                    | tbd NHSI^ | 93.3%                    | 93.9%       | 91.3%   | 93.5%      | tbd NHSI^  | CN             | Oct-16 | Y                            | National         | 95.7%                            | Sep-16               |       | G                |                                                                                                                           |
|                         | A&E FFT % positive                                                                 | tbd NHSI^ | 92.7%                    | 91.2%       | 93.8%   | 91.1%      | tbd NHSI^  | CN             | Oct-16 | Y                            | National         | 85.7%                            | Sep-16               |       | G                |                                                                                                                           |
|                         | Daycase FFT % positive                                                             | tbd NHSI^ | 98.2%                    | 98.9%       | 98.9%   | 98.4%      | tbd NHSI^  | CN             | Oct-16 | Y                            | National         | n/a                              |                      |       | G                |                                                                                                                           |
|                         | Maternity FFT % positive                                                           | tbd NHSI^ | 95.7%                    | 95.6%       | 96.7%   | 95.2%      | tbd NHSI^  | CN             | Oct-16 | N                            | National         | 96.1%                            | Sep-16               |       | G                |                                                                                                                           |
|                         | • % Complaints responded to within one month or agreed timescales with complainant | 85%       | ✗ 41.0%                  | ✗ 46.3%     | ✗ 36.5% | ✗ 42.7%    | 85%        | CN             | Oct-16 | N                            | Local            | n/a                              |                      |       | R                |                                                                                                                           |
|                         | Complaints - rate per 10,000 bed days                                              | tbd NHSI^ | 29.8                     | 38.4        | 26.8    | 32.4       | tbd NHSI^  | CN             | Oct-16 | N                            | National         | n/a                              |                      |       | R                |                                                                                                                           |
|                         | Reactivated complaints                                                             | 0         | ✗ 6                      | ✗ 3         | ✓ 0     | 32         | n/a        | CN             |        | N                            | Local            | n/a                              |                      |       | R                |                                                                                                                           |
|                         | • Mixed sex accommodation breaches                                                 | 0         | ✗ 8                      | ✗ 17        | ✗ 18    | ✗ 77       | 0          | CN             | Oct-16 | N                            | National         | 33 Trusts breaching              | Sep-16               |       | G                | £ Penalties from CCG. £250 per day per service user.                                                                      |
|                         | ♦ Clostridium Difficile                                                            | 2         | ✗ 6                      | ✓ 0         | ✓ 1     | ✓ 14       | 18         | CN             | Oct-16 | Y                            | National         | Nationally C-diffs down by 11.8% | Apr-Sep16 vs 17      |       | G                | £ Penalties from CCG, fines from other statutory authorities. £10,000 per case above threshold.                           |
|                         | MRSA bacteraemias                                                                  | 0         | ✓ 0                      | ✓ 0         | ✓ 0     | ✓ 0        | 0          | CN             | Oct-16 | Y                            | National         | n/a                              |                      |       | G                | £ Penalties from CCG, fines from other statutory authorities. £10,000 in respect of each incidence in the relevant month. |

\* Performance may change for the current month due to data entered after the production of this report  
 \*\* Crude mortality threshold UCL upper control limit (2 standard deviations from mean)  
 tbd NHSI^ - threshold/target to be determined by Trust Development Agency guidance when available  
 NB. Where national avg. blank - information not currently available

^Calculation of emergency re-admissions penalty - Re-admission rate is applied to the value of all admitted activity. 25% of this is then applied on the basis that this proportion is avoidable.

### Exception indicators key

- Red for a minimum of two data points and amber for one, out of the latest three data points
- ◆ Red for the latest data point

### Data Quality RAG key

- Red - Data accuracy is not known, it is incomplete and inconsistent with relevant standards
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# Indicator Summary

| Domain                  | Indicator                                                                        | Target    | Latest three data points |         |         |         | YTD Actual | YTD Target | Executive Lead | Month  | Included in Detailed Reports | National / Local | National avg. | National avg. Period | Trend | Data Quality RAG | Financial impact                                                         |
|-------------------------|----------------------------------------------------------------------------------|-----------|--------------------------|---------|---------|---------|------------|------------|----------------|--------|------------------------------|------------------|---------------|----------------------|-------|------------------|--------------------------------------------------------------------------|
|                         |                                                                                  |           | Most Recent              | →       | →       | →       |            |            |                |        |                              |                  |               |                      |       |                  |                                                                          |
| Safe, Effective, Caring | Never events                                                                     | 0         | ✓ 0                      | ✓ 0     | ✓ 0     | ✓ 0     | 0          | 0          | MD             | Oct-16 | Y                            | National         | n/a           |                      |       | G                | Penalties from CCG, fines from other statutory authorities, prosecution* |
|                         | Serious incidents - number*                                                      | tdb NHSI^ | 10                       | 8       | 10      | 45      | tdb NHSI^  | MD         | Oct-16         | Y      | National                     | n/a              |               |                      | A     |                  |                                                                          |
|                         | % of patients safety incidents which are harmful*                                | n/a       | 12.3%                    | 13.2%   | 10.1%   | 12.2%   | n/a        | MD         | Oct-16         | Y      | National                     | n/a              |               |                      | A     |                  |                                                                          |
|                         | Medication errors causing serious harm *                                         | 0         | ✓ 0                      | ✓ 0     | ✓ 0     | ✗ 1     | 0          | MD         | Oct-16         | Y      | National                     | n/a              |               |                      | A     |                  |                                                                          |
|                         | • CAS Alerts: Number issued each month                                           | n/a       | 11                       | 11      | 10      | 10      | n/a        | CN         | Oct-16         | Y      | National                     | n/a              |               |                      | A     |                  |                                                                          |
|                         | CAS alerts not acknowledged within 48 hours                                      | 0         | ✓ 0                      | ✓ 0     | ✓ 0     | ✓ 0     | 0          | CN         | Oct-16         |        | National                     | n/a              |               |                      | A     |                  |                                                                          |
|                         | • Harm Free Care*/**                                                             | 95.0%     | ✗ 94.1%                  | ✗ 91.2% | ✗ 90.7% | ✗ 92.8% | 95.0%      | CN         | Oct-16         | Y      | National                     | 94.1%            | Oct-16        |                      | G     |                  |                                                                          |
|                         | Pressure Ulcers New Harms*/***                                                   | tdb NHSI^ | 5                        | 10      | 5       | 32      | tdb NHSI^  | CN         | Oct-16         | Y      | National                     | WHHT 0.81 vs 0.9 | Oct-16        |                      | G     |                  |                                                                          |
|                         | Falls New Harms*/***                                                             | tdb NHSI^ | 3                        | 3       | 1       | 9       | tdb NHSI^  | CN         | Oct-16         | Y      | National                     | WHHT 0.49 vs 0.6 | Oct-16        |                      | G     |                  |                                                                          |
|                         | Catheter & UTI New Harms*/**                                                     | tdb NHSI^ | 0                        | 3       | 5       | 13      | tdb NHSI^  | CN         | Oct-16         | Y      | National                     | WHHT 0.0 vs 0.3  | Oct-16        |                      | G     |                  |                                                                          |
|                         | VTE New Harms*/**                                                                | tdb NHSI^ | 5                        | 5       | 2       | 21      | tdb NHSI^  | CN         | Oct-16         | Y      | National                     | WHHT 0.81 vs 0.4 | Oct-16        |                      | G     |                  |                                                                          |
|                         | • VTE risk assessment*                                                           | 95.0%     | ✗ 89.2%                  | ✗ 90.5% | ✗ 89.5% | ✗ 90.4% | 95.0%      | MD         | Oct-16         | Y      | National                     | 95.7%            | Q1 2016       |                      | A     |                  |                                                                          |
|                         | • Caesarean Section rate - Combined*                                             | 26.5%     | ✗ 28.9%                  | ✗ 34.0% | ✗ 32.0% | ✗ 30.5% | 26.5%      | MD         | Oct-16         | Y      | Local                        | 26.7%            | Apr15-Aug15   |                      | A     |                  |                                                                          |
|                         | Caesarean Section rate - Emergency*                                              | n/a       | 20.0%                    | 18.3%   | 21.5%   | 19.8%   | n/a        | MD         | Oct-16         | Y      | Local                        | 15.3%            | Apr15-Aug15   |                      | A     |                  |                                                                          |
|                         | Caesarean Section rate - Elective*                                               | n/a       | 8.9%                     | 15.8%   | 10.5%   | 10.8%   | n/a        | MD         | Oct-16         | Y      | Local                        | 11.4%            | Apr15-Aug15   |                      | A     |                  |                                                                          |
|                         | Maternal deaths                                                                  | 0         | ✓ 0                      | ✓ 0     | ✓ 0     | ✓ 0     | 0          | MD         | Oct-16         | N      | National                     | n/a              |               |                      | G     |                  |                                                                          |
|                         | • Patients admitted directly to stroke unit within 4 hours of hospital arrival * | 90.0%     | ✗ 76.0%                  | ✗ 53.5% | ✗ 56.8% | ✗ 60.6% | 90.0%      | COO        | Oct-16         | Y      | National                     | 54.0%            | Jan-Mar 16    |                      | G     |                  |                                                                          |
|                         | ♦ Stroke patients spending 90% of their time on stroke unit *                    | 80.0%     | ✓ 94.0%                  | ✗ 76.7% | ✗ 78.4% | ✓ 84.8% | 80.0%      | COO        | Oct-16         | Y      | National                     | 82.4%            | Jan-Mar 16    |                      | A     |                  |                                                                          |

\* Performance may change for the current month due to data entered after the production of this report  
 tdb NHSI^ - threshold/target to be determined by Trust Development Agency guidance when available  
 \*\* Indicators reported from NHS Safety Thermometer  
 NB Exception reports not provided for FFT scores  
 NB. Where national avg. blank - information not currently available

\*Recovery of cost of procedure or episode plus any additional charge incurred for corrective procedure or care in consequence to the event.

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# Indicator Summary

| Domain     | Indicator                                           | Target | Latest three data points<br>Most Recent |          |          | YTD Actual | YTD Target | Executive Lead | Month  | Included in Detailed Reports | National / Local | National avg.     | National avg. Period | Trend | Data Quality RAG | Financial impact                                                                                       |
|------------|-----------------------------------------------------|--------|-----------------------------------------|----------|----------|------------|------------|----------------|--------|------------------------------|------------------|-------------------|----------------------|-------|------------------|--------------------------------------------------------------------------------------------------------|
| Responsive | • Referral to Treatment - Admitted*                 | 90.0%  | ✘ 69.0%                                 | ✘ 66.8%  | ✘ 67.4%  | ✘ 66.9%    | 90.0%      | COO            | Oct-16 | Y                            | Local            | 77.0%             | Sep-16               |       | G                |                                                                                                        |
|            | • Referral to Treatment - Non Admitted*             | 95.0%  | ✘ 85.6%                                 | ✘ 85.9%  | ✘ 84.9%  | ✘ 86.7%    | 95.0%      | COO            | Oct-16 | Y                            | Local            | 90.2%             | Sep-16               |       | G                |                                                                                                        |
|            | • Referral to Treatment - Incomplete*               | 92.0%  | ✘ 87.2%                                 | ✘ 86.6%  | ✘ 87.4%  | ✘ 87.8%    | 92.0%      | COO            | Oct-16 | Y                            | National         | 90.6%             | Sep-16               |       | G                | £ CCG penalty of £100 in respect of each excess breach above the threshold                             |
|            | Referral to Treatment - 52 week waits - Incompletes | 0      | ✘ 1                                     | ✓ 0      | ✓ 0      | ✘ 4        | 0          | COO            | Oct-16 |                              | National         | 1181 (all Trusts) | Sep-16               |       | G                |                                                                                                        |
|            | Diagnostic wait times                               | 99.0%  | ✓ 99.98%                                | ✓ 99.92% | ✓ 99.85% | ✓ 99.9%    | 99.0%      | COO            | Oct-16 | Y                            | National         | 98.5%             | Sep-16               |       | G                | £ CCG penalty of £200 in respect of each excess breach above the threshold                             |
|            | • ED 4hr waits (Type 1, 2 & 3)                      | 95.0%  | ✘ 85.0%                                 | ✘ 85.2%  | ✘ 82.4%  | ✘ 83.5%    | 95.0%      | COO            | Oct-16 | Y                            | National         | 90.6%             | Sep-16               |       | G                | £ CCG penalty of £120 in respect of each excess breach above the threshold (cap off 8% of attendances) |
|            | ED 12hr trolley waits                               | 0      | ✓ 0                                     | ✓ 0      | ✓ 0      | ✓ 0        | 0          | COO            | Oct-16 | Y                            | National         | 85 (all Trusts)   | Sep-16               |       | G                | £ CCG penalty £1,000 per incidence                                                                     |
|            | • Ambulance turnaround time between 30 and 60 mins  | 0      | ✘ 368                                   | ✘ 425    | ✘ 468    | ✘ 3,005    | 0          | COO            | Oct-16 | Y                            | Local            | n/a               |                      |       | R                | £ CCG penalty £200 per service user waiting over 30 mins                                               |
|            | • Ambulance turnaround time > 60 mins               | 0      | ✘ 145                                   | ✘ 188    | ✘ 319    | ✘ 1,316    | 0          | COO            | Oct-16 | Y                            | Local            | n/a               |                      |       | R                | £ CCG penalty £1,000 per service user waiting over 60 mins                                             |
|            | • Cancer - Two week wait *                          | 93.0%  | ✘ 89.5%                                 | ✘ 90.8%  | ✘ 89.0%  | ✘ 89.5%    | 93.0%      | COO            | Oct-16 | Y                            | National         | 94.2%             | Q2 16/17             |       | A                | £ CCG penalty breaches per qtr in excess of tolerance is £200 for each breach.                         |
|            | • Cancer - Breast Symptomatic two week wait *       | 93.0%  | ✘ 68.5%                                 | ✘ 88.3%  | ✘ 84.0%  | ✘ 77.3%    | 93.0%      | COO            | Oct-16 | Y                            | National         | 93.4%             | Q2 16/17             |       | A                | £ CCG penalty breaches per qtr in excess of tolerance is £200 for each breach.                         |
|            | Cancer - 31 day *                                   | 96.0%  | ! 96.2%                                 | ✓ 97.8%  | ✓ 98.3%  | ✓ 97.0%    | 96.0%      | COO            | Oct-16 | Y                            | National         | 97.6%             | Q2 16/17             |       | A                | £ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.                       |
|            | Cancer - 31 day subsequent drug *                   | 98.0%  | ✓ 100.0%                                | ✓ 100.0% | ✓ 100.0% | ✓ 100.0%   | 98.0%      | COO            | Oct-16 | Y                            | National         | 99.3%             | Q2 16/17             |       | A                | £ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.                       |
|            | Cancer - 31 day subsequent surgery *                | 94.0%  | ✘ 88.2%                                 | ✓ 100.0% | ✓ 100.0% | ✓ 96.8%    | 94.0%      | COO            | Oct-16 | Y                            | National         | 95.7%             | Q2 16/17             |       | A                | £ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.                       |
|            | Cancer - 62 day *                                   | 85.0%  | ✓ 88.2%                                 | ✓ 92.9%  | ✓ 88.6%  | ✓ 87.8%    | 85.0%      | COO            | Oct-16 | Y                            | National         | 82.3%             | Q2 16/17             |       | A                | £ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.                       |
|            | ♦ Cancer - 62 day screening *                       | 90.0%  | ✓ 100.0%                                | ✓ 92.3%  | ✘ 69.2%  | ! 90.3%    | 90.0%      | COO            | Oct-16 | Y                            | National         | 92.4%             | Q2 16/17             |       | A                | £ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.                       |

\*RTT and cancer performance for latest month is provisional and subject to validation  
NB. Where national avg. blank - information not currently available

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|------------|-----------------------------------------------------------------------------|--------|--------------------------|-------|---|---------------|------------|------------|----------------|--------|------------------------------|------------------|---------------------|----------------------|-------|------------------|-----------------------------------------------------|
|            |                                                                             |        | ←                        | ←     | ← | Most Recent → |            |            |                |        |                              |                  |                     |                      |       |                  |                                                     |
| Responsive | Urgent operations cancelled for a second time                               | 0      | ✓                        | 0     | ✓ | 0             | ✓          | 0          | COO            | Oct-16 | Y                            | National         | n/a                 |                      |       | G                |                                                     |
|            | • Number of patients not treated within 28 days of last minute cancellation | 0      | ✗                        | 8     | ✗ | 14            | ✗          | 3          | COO            | Oct-16 | Y                            | National         | 7 (avg. all Trusts) | Q2 16/17             |       | G                |                                                     |
|            | • Delayed Transfers of Care (DToC)*                                         | 3.5%   | ✗                        | 7.8%  | ✗ | 8.4%          | ✗          | 6.0%       | COO            | Oct-16 | Y                            | National         | 6.0%                | Feb-16               |       | G                | £ Marginal tariff reimbursement, possible penalties |
|            | Delayed Transfers of Care (DToC) beddays used in month                      | 0      |                          | 1,345 |   | 1,351         |            | 1,294      | COO            | Oct-16 | Y                            | National         | n/a                 |                      |       | G                | £ Marginal tariff reimbursement, possible penalties |
|            | • Outpatient cancellation rate                                              | 8.0%   | ✗                        | 11.7% | ✗ | 10.5%         | ✗          | 11.2%      | COO            | Oct-16 | Y                            | Local            | n/a                 |                      |       | G                |                                                     |
|            | Outpatient cancellation rate within 6 weeks^                                | 5.0%   | ✓                        | 3.5%  | ✓ | 3.7%          | ✓          | 3.7%       | COO            | Oct-16 | Y                            | Local            | n/a                 |                      |       | G                |                                                     |

<sup>A</sup> Excluding valid cancellations (cancellations to provide earlier appointments, cancellations due to where patients have died and cancellations to appointments made in error)  
 NB. Where national avg. blank - information not currently available  
<sup>\*</sup>DToC benchmark estimated by total delayed patients nationally as percentage of occupied general and acute beds

**Exception indicators key**

- Red for a minimum of two data points and amber for one, out of the latest three data points
- ◆ Red for the latest data point

**Data Quality RAG key**

- Red – Data accuracy is not known, it is incomplete and inconsistent with relevant standards
- Amber – Data is assumed to be complete and accurate, although there may be limitations or unresolved queries
- Green – Data is complete, accurate and consistent with the standards set for the specific indicator

# Indicator Summary

| Domain    | Indicator                                                                    | Target    | Latest three data points<br>← Most Recent |         |         | YTD Actual | YTD Target | Executive Lead | Month  | Included in Detailed Reports | National / Local | National avg.               | National avg. Period | Trend | Data Quality RAG | Financial impact                                         |  |
|-----------|------------------------------------------------------------------------------|-----------|-------------------------------------------|---------|---------|------------|------------|----------------|--------|------------------------------|------------------|-----------------------------|----------------------|-------|------------------|----------------------------------------------------------|--|
| Well Lead | • Staff turnover rate (rolling 12 months)                                    | 12.0%     | ✘ 16.1%                                   | ✘ 16.0% | ✘ 16.5% | ✘ 16.0%    | 12.0%      | DoW            | Oct-16 | Y                            | National         | 13.5% (beds and Herts orgs) | Dec-15               |       | G                |                                                          |  |
|           | Staff turnover rate (rolling 3 months)                                       | 12.0%     | ✘ 14.3%                                   | ✘ 18.3% | ✘ 18.5% | ✘ 17.0%    | 0.0%       | DoW            | Oct-16 | Y                            | National         | 13.5% (beds and Herts orgs) | Dec-15               |       | G                |                                                          |  |
|           | % staffleaving within first year (excluding medics and fixed term contracts) |           |                                           | 16.9%   | 16.2%   | 18.1%      | 15.8%      | 0.0%           | DoW    | Oct-16                       | Y                | National                    | n/a                  |       |                  | G                                                        |  |
|           | Sickness rate                                                                | 3.5%      | ✓ 2.9%                                    | ✓ 3.1%  | ✓ 3.4%  | ✓ 3.0%     | 3.5%       | DoW            | Oct-16 | Y                            | National         | 3.8% (Excl E orgs)          | Dec-15               |       | A                | £ Payments made to staff for nil productivity            |  |
|           | • Vacancy rate                                                               | 9.0%      | ✘ 15.9%                                   | ✘ 15.7% | ✘ 15.6% | ✘ 14.9%    | 9.0%       | DoW            | Oct-16 | Y                            | National         | 11% (local survey)          | Dec-15               |       | G                | £ Costs saved in short term for nil productivity         |  |
|           | • Appraisal rate (non-medical staff only)                                    | 95.0%     | ✘ 94.0%                                   | ✘ 91.7% | ✘ 87.9% | ✘ 87.9%    | 95.0%      | DoW            | Oct-16 | Y                            | National         | 85% (local survey)          | Dec-15               |       | G                |                                                          |  |
|           | • Mandatory Training                                                         | 100.0%    | ✘ 89.4%                                   | ✘ 87.9% | ✘ 87.7% | ✘ 87.5%    | 100.0%     | DoW            | Oct-16 | Y                            | Local            | 86% (local survey)          | Dec-15               |       | G                |                                                          |  |
|           | % Bank Pay**                                                                 | 9.1%      | ✓ 8.1%                                    | ✓ 7.6%  | ✓ 7.9%  | ✓ 7.3%     | 9.1%       | DoW            | Oct-16 | Y                            | Local            | n/a                         |                      |       | G                | £ Costs at established rates rather than premium         |  |
|           | ♦ % Agency Pay**                                                             | 9.6%      | ✓ 11.6%                                   | ✓ 11.3% | ✘ 14.0% | ✘ 12.8%    | 11.9%      | DoW            | Oct-16 | Y                            | Local            | 11.4% (local survey)        | Dec-15               |       | G                | £ Costs at premium rates rather than established         |  |
|           | Temporary costs and overtime as % of total payroll** (Inc. unfunded beds)    | 22.6%     | ✓ 20.2%                                   | ✓ 19.3% | ! 22.3% | ✓ 20.4%    | 20.2%      | DoW            | Oct-16 | Y                            | National         | n/a                         |                      |       | G                | £ Premium payments of various types vs established rates |  |
|           | Temporary costs and overtime as % of total payroll** (Excl. unfunded beds)   |           | ✓ 10.9%                                   | ✓ 10.6% | ✓ 13.4% | 12.4%      | 10.9%      | DoW            | Oct-16 | Y                            | National         | n/a                         |                      |       | G                | £ Premium payments of various types vs established rates |  |
|           | ♦ Inpatient FFT response rate                                                | 54.0%     | ✘ 31.4%                                   | ✓ 58.7% | ✘ 34.0% | ✘ 46.9%    | 54.0%      | CN             | Oct-16 | Y                            | National         | 24.6%                       | Sep-16               |       | G                |                                                          |  |
|           | • A&E FFT response rate                                                      | 20%       | ✘ 4.0%                                    | ✘ 5.8%  | ✘ 3.4%  | ✘ 4.7%     | 20.0%      | CN             | Oct-16 | Y                            | National         | 13.0%                       | Sep-16               |       | G                |                                                          |  |
|           | Daycases FFT response rate                                                   | tbd NHSI^ |                                           | 31.7%   | 62.2%   | 33.8%      | 47.3%      | tbd NHSI^      | CN     | Oct-16                       | Y                | National                    | n/a                  |       |                  | G                                                        |  |
|           | • Staff FFT response rate                                                    | 50%       | ✘ 16.9%                                   | ✘ 12.2% | ✘ 16.2% | ✘ 14.2%    | 50%        | DoW            | Sep-16 | Y                            | National         | n/a                         |                      |       | G                |                                                          |  |
|           | Staff FFT % recommended work                                                 | tbd NHSI^ |                                           | 57.0%   | 56.3%   | 57.4%      | 56.9%      | tbd NHSI^      | DoW    | Sep-16                       | Y                | National                    | n/a                  |       |                  | G                                                        |  |
|           | Maternity FFT response rate                                                  | 38%       | ✘ 5.4%                                    | ✓ 52.9% | ! 38.0% | ✘ 27.8%    | 38%        | CN             | Oct-16 | N                            | National         | 22.8%                       | Sep-16               |       | G                |                                                          |  |

\*Performance for current month may change due to data entry post production of this report

\*Medication errors causing serious harm data for latest month is provisional and subject to validation. Temporary costs and overtime performance is provisional for the current month

tbd NHSI^ - threshold/target to be determined by Trust Development Agency guidance when available

NB. Exception reports not provided for FFT scores \*\* Trajectory set as target

NB. Where national avg. blank - information not currently available

### Exception indicators key

- Red for a minimum of two data points and amber for one, out of the latest three data points
- ♦ Red for the latest data point

### Data Quality RAG key

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# Finance (Overview)

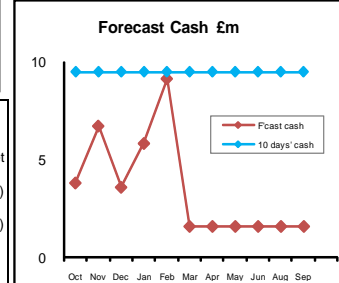
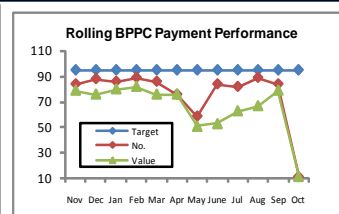
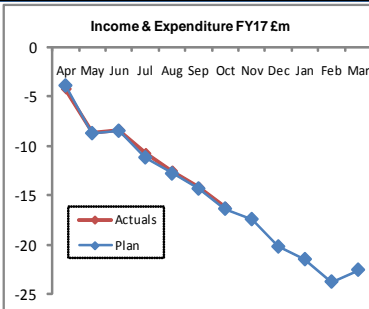
Financial Overview as at 31 October 2016

| Month 7 Income & Expenditure |       |        |          |
|------------------------------|-------|--------|----------|
| £m                           | Plan  | Actual | Variance |
| Surplus (Deficit)            | (2.0) | (2.0)  | 0.1      |

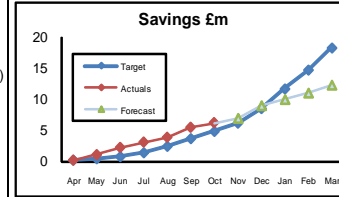
| YTD               |        |        |          |
|-------------------|--------|--------|----------|
| £m                | Plan   | Actual | Variance |
| Surplus (Deficit) | (16.4) | (16.1) | 0.3      |

| Statutory Duties |                                                                    |   |  |
|------------------|--------------------------------------------------------------------|---|--|
| Breakeven        | The Trust's plan is to deliver a deficit position in FY17.         | R |  |
| CRL              | The Trust has not exceeded its Capital Resource Limit.             | G |  |
| EFL              | The Trust has managed spend w within its External Financing Limit. | G |  |
| 10 Days' Cash    | Cash at 31/10/16 equated to 4 days' spend                          | R |  |
| BPPC             | Month 7 performance - 12% by number and 12% by value (95% target)  | R |  |

|                              |           |          |
|------------------------------|-----------|----------|
| <b>Financial Risk Rating</b> | <b>M7</b> | <b>R</b> |
|------------------------------|-----------|----------|



| YTD Variance by Division |            |          |
|--------------------------|------------|----------|
|                          | £m         | % Budget |
| Medicine                 | (0.4)      | (13)     |
| Unscheduled Care         | (1.6)      | (21)     |
| Surgery                  | 0.4        | 4        |
| Women's                  | 0.5        | 5        |
| Clinical Support         | 0.0        | 1        |
| Estates & Facilities     | (0.3)      | (3)      |
| Corporate                | 0.7        | 2        |
| Other                    | 1.1        |          |
| <b>Total</b>             | <b>0.3</b> |          |



**Savings and outlook for FY17:** Savings achieved at £0.75m in Month 7 vs plan of £1.07m (YTD £0.10m down on plan). Achievement of full £18.3m is required to meet deficit targets, all other things being equal.

Current identified savings as at M7 exceed the record FY16 figure, but the pipeline needs to be much stronger than its current £2.1m to bridge the £5.9m gap. Other projects are being risk-assessed and delivery-assisted by the PMO.

**Statutory duties:**

Reliant on cash support from DH/NHSI, but within borrowing and capital expenditure limits.

Financial risks remain high but underlying controls are strong, and alongside agreed recovery actions (embedded within FY17 plan) will strengthen the Trust's position in future months.

**Operational performance:**

Control total of £22.553m deficit received in June and accepted by the Trust. Month favourable to plan by £0.09m (£0.26m favourable YTD).

CQUIN management much improved on FY16 with agreed divisional targets and plans to implement. Contract penalties under discussion, with broad agreement reached not to levy.



# Finance (I&E)

## Statement of Comprehensive Income (I&E)

| Month 7 (Oct) |               |               | YTD            |                |                |                   |                  |
|---------------|---------------|---------------|----------------|----------------|----------------|-------------------|------------------|
| Budget        | Actual        | Var           | Budget         | Actual         | Var            | Prior Year Actual | Full Year Budget |
| 3,777         | 3,618         | (159)         | 24,600         | 24,735         | 135            | 23,927            | 43,424           |
| 4,122         | 4,424         | 302           | 30,228         | 29,304         | (924)          | 29,448            | 50,043           |
| 38,159        | 35,917        | (2,242)       | 250,549        | 250,869        | 320            | 246,460           | 455,425          |
| 9,360         | 9,963         | 603           | 69,403         | 68,959         | (444)          | 65,470            | 114,839          |
| <b>£000's</b> | <b>£000's</b> | <b>£000's</b> | <b>£000's</b>  | <b>£000's</b>  | <b>£000's</b>  | <b>£000's</b>     | <b>£000's</b>    |
| 4,839         | 4,402         | (436)         | 31,756         | 31,508         | (248)          | 29,899            | 56,058           |
| 7,722         | 8,141         | 419           | 56,796         | 56,058         | (738)          | 51,727            | 93,837           |
| 6,351         | 5,868         | (483)         | 42,183         | 41,209         | (974)          | 41,282            | 73,812           |
| 1,168         | 1,242         | 73            | 8,663          | 8,634          | (29)           | 7,968             | 14,334           |
| 1,145         | 1,041         | (104)         | 8,237          | 8,056          | (181)          | 7,968             | 13,577           |
| 3,429         | 3,536         | 107           | 23,415         | 23,983         | 568            | 21,890            | 40,191           |
| <b>24,655</b> | <b>24,231</b> | <b>(424)</b>  | <b>171,049</b> | <b>169,447</b> | <b>(1,602)</b> | <b>160,734</b>    | <b>291,809</b>   |
| 26            | 15            | (11)          | 179            | 151            | (28)           | 257               | 307              |
| 1,118         | 1,300         | 182           | 7,826          | 8,089          | 263            | 726               | 13,415           |
| <b>1,144</b>  | <b>1,314</b>  | <b>171</b>    | <b>8,005</b>   | <b>8,240</b>   | <b>235</b>     | <b>983</b>        | <b>13,723</b>    |
| 716           | 717           | 1             | 5,011          | 4,911          | (100)          | 4,885             | 8,590            |
| 1,205         | 1,273         | 68            | 8,830          | 9,467          | 637            | 9,664             | 15,279           |
| 8             | -             | (8)           | 48             | -              | (48)           | -                 | 88               |
| <b>1,929</b>  | <b>1,990</b>  | <b>61</b>     | <b>13,890</b>  | <b>14,378</b>  | <b>489</b>     | <b>14,549</b>     | <b>23,957</b>    |
| <b>27,727</b> | <b>27,535</b> | <b>(192)</b>  | <b>192,944</b> | <b>192,065</b> | <b>(878)</b>   | <b>176,267</b>    | <b>329,489</b>   |

### Volumes

Elective  
Non elective  
Outpatient  
A&E

### NHS REVENUE

Elective  
Non elective  
Outpatient  
A&E  
Critical care  
Other NHS revenue

### TOTAL NHS REVENUES

Private Patients  
Other non-NHS clinical income

### TOTAL Non NHS Clinical

Education & Training  
Other Revenue  
Income savings

### TOTAL OTHER REVENUE

### NET HOSPITAL REVENUE

### Operational performance:

NHS income for the month was £424k below plan (£630k excluding high cost drugs), broken down by: £483k below in outpatients, £436k below in admitted elective care, balanced by £419k above in admitted non-elective care.

Despite in-month improvement, non-elective care remains a concern until this is sustained.

Outpatient YTD adverse variance of £974k is a mix of negative (general surgery, obstetrics, cardiology) and positive (orthopaedics, thoracic medicine), and includes £323k of YTD savings targets added to the plan.

### FY17 outturn / FY17 plan

FY17 expected income growth is factored into the Annual Planning assumptions, and contractual HVCCG activity continues to form the bulk of all income. Small areas of block contract, but otherwise activity-related reimbursement.

CQUIN management is more robust than in previous years, with monthly formal monitoring and more regular operational controls.

# Finance (I&E)

## Statement of Comprehensive Income (I&E)

| Month 7 (Oct)  |                |              |                              | YTD             |                 |                | Prior Year Actual | Full Year Budget |
|----------------|----------------|--------------|------------------------------|-----------------|-----------------|----------------|-------------------|------------------|
| Budget         | Actual         | Var          |                              | Budget          | Actual          | Var            |                   |                  |
| 18,666         | 16,141         | 2,526        | Permanent / Bank Staff       | 127,519         | 113,320         | 14,199         | 106,738           | 221,456          |
| 485            | 2,631          | (2,146)      | Agency                       | 3,716           | 16,669          | (12,953)       | 22,022            | 6,211            |
| 33             |                | 33           | Unidentified pay savings     | 1,076           |                 | 1,076          |                   | (3,944)          |
| <b>19,184</b>  | <b>18,772</b>  | <b>412</b>   | <b>TOTAL PAY</b>             | <b>132,310</b>  | <b>129,989</b>  | <b>2,321</b>   | <b>128,761</b>    | <b>223,723</b>   |
| 1,700          | 1,902          | (202)        | Drugs                        | 12,042          | 12,656          | (614)          | 9,868             | 20,753           |
| 2,555          | 2,505          | 49           | Clinical services            | 18,344          | 18,299          | 45             | 17,015            | 30,747           |
| 5,512          | 5,529          | (17)         | Non-clinical services        | 39,517          | 40,440          | (923)          | 40,174            | 67,693           |
| (198)          |                | (198)        | Unidentified non-pay savings | (319)           |                 | (319)          |                   | (3,398)          |
| <b>9,569</b>   | <b>9,936</b>   | <b>(367)</b> | <b>TOTAL NON-PAY</b>         | <b>69,584</b>   | <b>71,395</b>   | <b>(1,811)</b> | <b>67,056</b>     | <b>115,794</b>   |
| <b>(1,026)</b> | <b>(1,173)</b> | <b>(147)</b> | <b>EBITDA</b>                | <b>(8,951)</b>  | <b>(9,319)</b>  | <b>(368)</b>   | <b>(19,550)</b>   | <b>(10,029)</b>  |
| 736            | 670            | 66           | Depreciation & Amortisation  | 4,819           | 4,480           | 339            | 4,667             | 8,500            |
| 109            | 145            | (36)         | Interest                     | 1,035           | 935             | 100            | 656               | 1,585            |
| -              |                | -            | Profit / Loss on Disposal    | -               | 33              | (33)           |                   |                  |
| 174            | (35)           | 209          | Dividends Payable            | 1,573           | 1,349           | 224            | 2,392             | 2,440            |
| <b>(2,045)</b> | <b>(1,953)</b> | <b>93</b>    | <b>Surplus / (Deficit)</b>   | <b>(16,378)</b> | <b>(16,117)</b> | <b>261</b>     | <b>(27,264)</b>   | <b>(22,553)</b>  |

### CIP schemes

The FY17 agency cost run rate of £28.6m compares with the £24.4 FY17 target, slipping back significantly in M7 and adrift by approx £4.2m if continued. Costs are now £1.3m above the trajectory required to achieve the target, with appropriate attention being given to urgent measures bringing it back in line.

All cross-cutting CIP themes are closely monitored through formal monthly meetings, and more frequent operational actions. Full year targets of £18.3m must be met in order to avoid greater financial difficulties for the Trust, the success of which will depend on Trust-wide efficiency schemes alongside smaller but consistently implemented ideas from all staff and volunteers.

### Operational performance:

Pay costs are favourable to plan in both Month 7 and YTD (See CIP & agency notes).

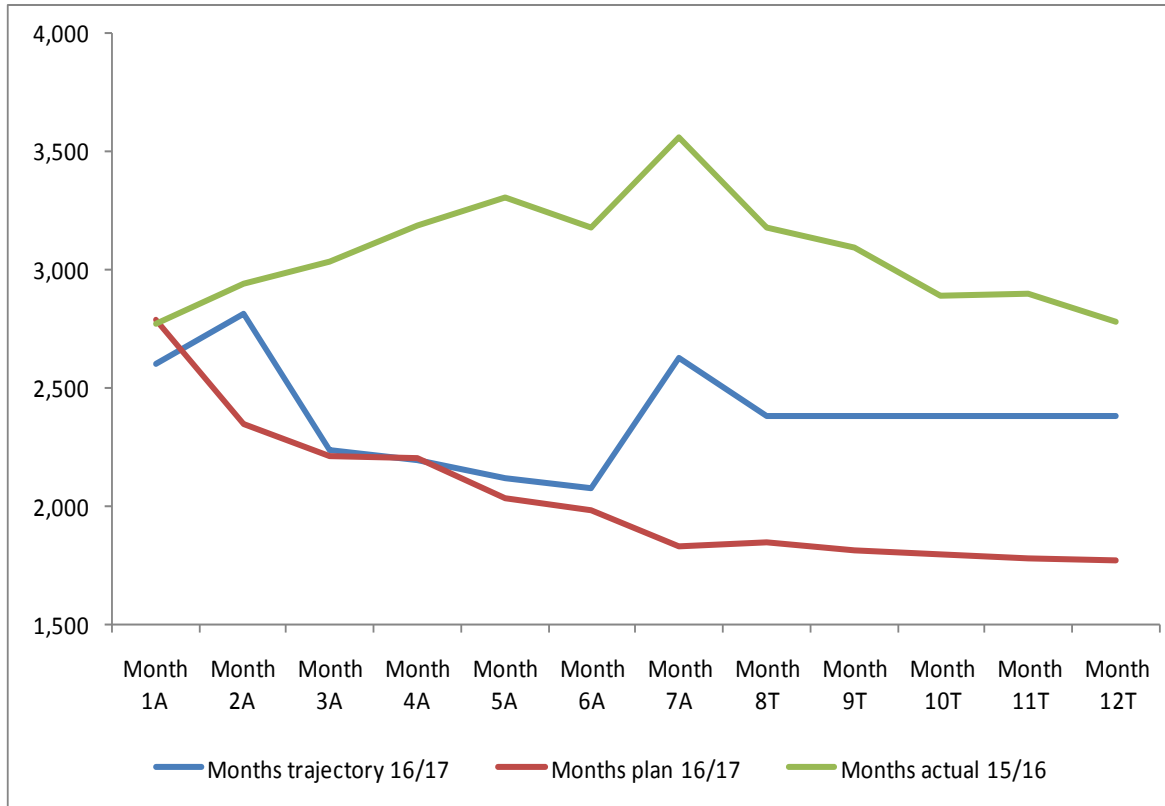
Non-pay costs were £1,811k adverse to plan for M7 YTD, with clinical services now delivering its YTD budget, with drugs and non-clinical services £614k / £923k over respectively. A number of factors contributed to both areas, and further detail is given in the main Finance Report.

The Trust continues to progress prudent planning for FY17, and the FI&P Committee monitors progress against this plan.

# Finance (Agency)

## Agency spend trajectory

|                             | Month 1A | Month 2A | Month 3A | Month 4A | Month 5A | Month 6A | Month 7A | Month 8T | Month 9T | Month 10T | Month 11T | Month 12T |
|-----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|
| Cumulative trajectory 16/17 | 2,605    | 5,416    | 7,655    | 9,846    | 11,966   | 14,038   | 16,669   | 19,050   | 21,431   | 23,813    | 26,194    | 28,575    |
| Cumulative plan 16/17       | 2,788    | 5,139    | 7,353    | 9,554    | 11,590   | 13,575   | 15,404   | 17,251   | 19,060   | 20,855    | 22,633    | 24,406    |
| Cumulative actual 15/16     | 2,772    | 5,712    | 8,744    | 11,930   | 15,236   | 18,418   | 21,978   | 25,157   | 28,255   | 31,149    | 34,046    | 36,827    |
| Months trajectory 16/17     | 2,605    | 2,811    | 2,239    | 2,191    | 2,120    | 2,072    | 2,631    | 2,381    | 2,381    | 2,381     | 2,381     | 2,381     |
| Months plan 16/17           | 2,788    | 2,351    | 2,214    | 2,201    | 2,036    | 1,985    | 1,829    | 1,847    | 1,809    | 1,795     | 1,778     | 1,773     |
| Months actual 15/16         | 2,772    | 2,940    | 3,032    | 3,186    | 3,306    | 3,182    | 3,561    | 3,179    | 3,098    | 2,894     | 2,898     | 2,780     |



**Green** - Last year, peaked in winter months and declined as agency caps and other measures were implemented.

**Blue** - This year, where we will be if YTD spend continues unchanged, i.e. missed target.

**Red** - This year, where we need to be in order to achieve target expenditure of £24.4m. Planned decline as final cap implemented, and stable expenditure in second half.

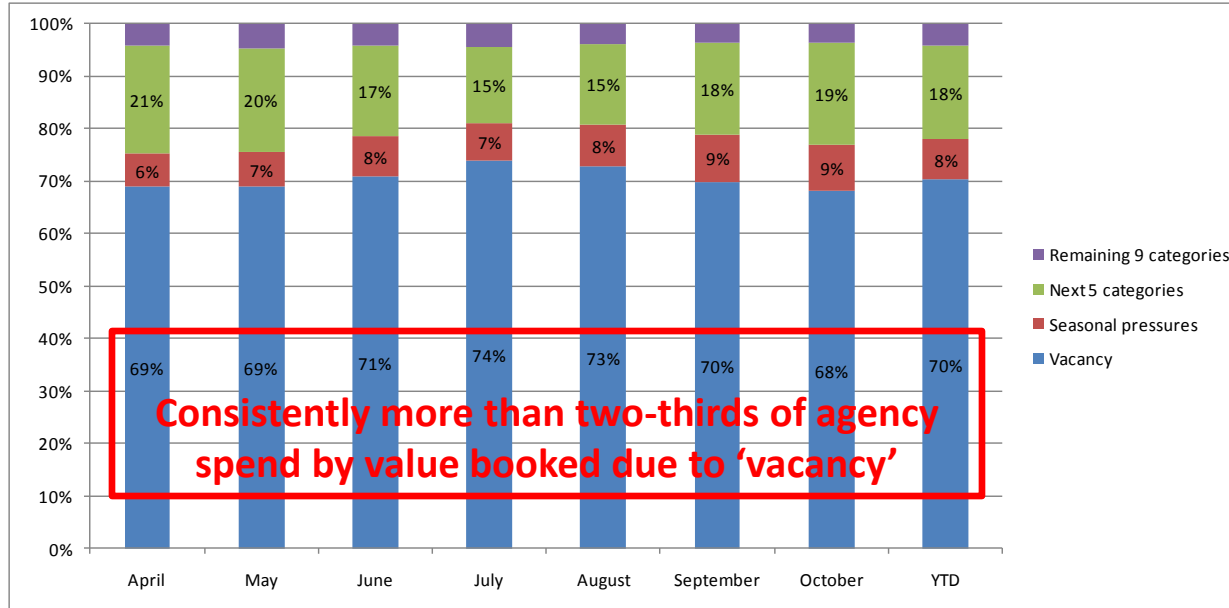
**Note:**  
The major risk to meeting the agency cap is the need to increase staffing capacity in isolated areas (e.g. cardiology) to cope with increased activity.

# Finance (Agency)

## NHSP agency spend by reason code

| Reason                 | April       | May         | June        | July        | August      | September   | October     | YTD         |
|------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Vacancy                | 69%         | 69%         | 71%         | 74%         | 73%         | 70%         | 68%         | <b>70%</b>  |
| Seasonal pressures     | 6%          | 7%          | 8%          | 7%          | 8%          | 9%          | 9%          | <b>8%</b>   |
| Next 5 categories      | 21%         | 20%         | 17%         | 15%         | 15%         | 18%         | 19%         | <b>18%</b>  |
| Remaining 9 categories | 4%          | 5%          | 4%          | 4%          | 4%          | 4%          | 4%          | <b>4%</b>   |
| <b>% of NHSP spend</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> |

| Reason                  | April        | May          | June         | July         | August       | September    | October      | YTD           |
|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Vacancy                 | 2,030        | 1,842        | 1,458        | 1,587        | 1,576        | 1,536        | 1,530        | <b>11,561</b> |
| Seasonal pressures      | 187          | 179          | 156          | 152          | 175          | 198          | 200          | <b>1,246</b>  |
| Next 5 categories       | 611          | 528          | 355          | 314          | 329          | 387          | 436          | <b>2,961</b>  |
| Remaining 9 categories  | 120          | 125          | 87           | 94           | 85           | 77           | 81           | <b>669</b>    |
| <b>NHSP spend in £k</b> | <b>2,948</b> | <b>2,674</b> | <b>2,056</b> | <b>2,147</b> | <b>2,166</b> | <b>2,198</b> | <b>2,247</b> | <b>16,436</b> |



**Note:**  
 The above charts are based on booked and worked shifts booked through NHS Professionals, and do not necessarily reflect the timing of actual cash flows.

(Total YTD agency spend across all providers on an accruals basis is £16.7m vs £16.4m NHSP)

# Detailed reports

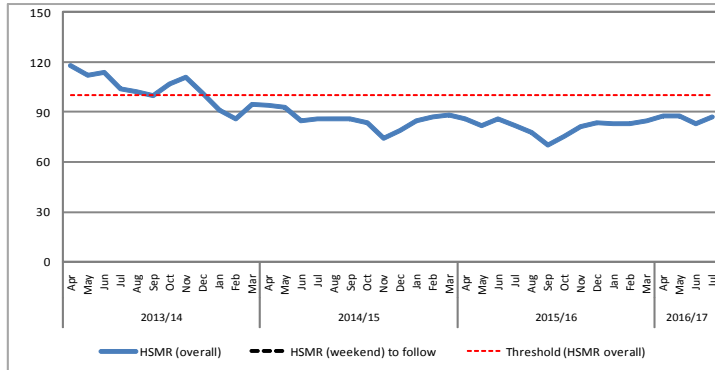
Safe, effective, caring

Reporting sub committee - PSQ

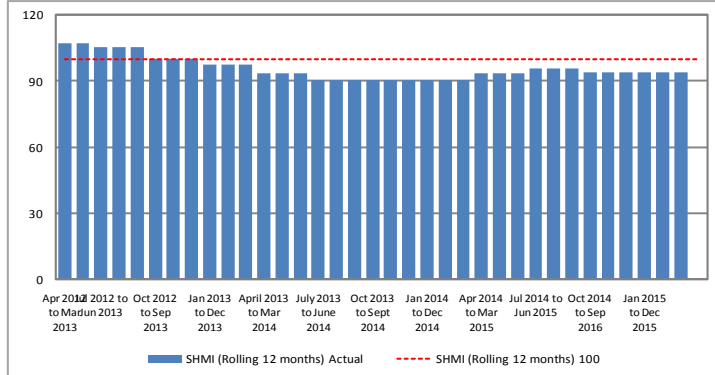
|                                        |               |                  |
|----------------------------------------|---------------|------------------|
| Executive lead                         | Clinical lead | Operational lead |
| *Dr Mike Van der Watt<br>Tracey Carter |               |                  |

| Performance relative to targets/ thresholds |           |               |
|---------------------------------------------|-----------|---------------|
|                                             | Achieving | Not achieving |
| Oct-16                                      | 5         | 4             |
| Sep-16                                      | 5         | 4             |
| Aug-16                                      | 5         | 4             |

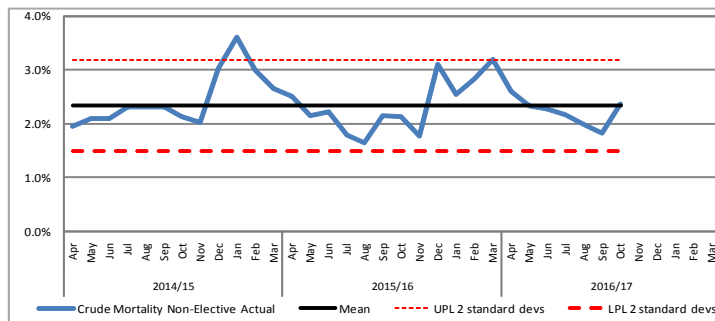
## Hospital Standardised Mortality Ratio (HSMR)\*



## Summary Hospital Mortality Indicator\*



## Crude mortality rate (non-elective)\*



**Hospital mortality** indices continue to demonstrate sustained improvements. The trust has gone from being in the bottom decile (2013) to being in the top performing quartile within the Hospital Standardised Mortality Ratio (HSMR). Within the region, the Trust is one of six (out of 17 trusts regionally) with a 'lower than expected' HSMR.

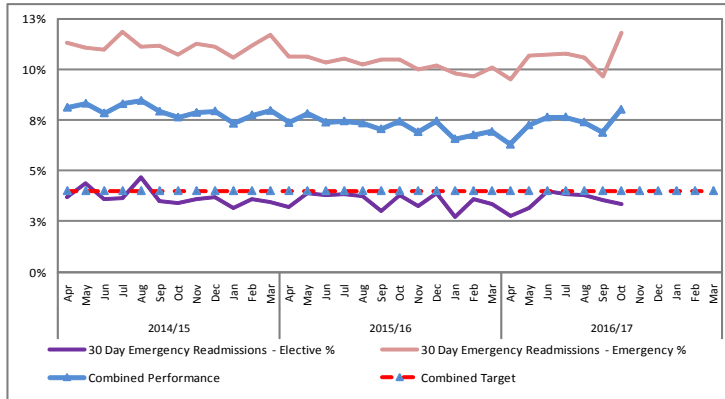
For the most recent 12 month period, the Trust's HSMR of 89.3 is lower than expected and our Trust compares favourably against others nationally. For the full year 2014/15 we had the 14th lowest HSMR out of 136 non specialist trusts nationally puts us in the top 10.3% when compared across England. Within the East of England region, we have the fourth lowest HSMR.

There was a peak over the winter period in crude mortality which was mirrored nationally.

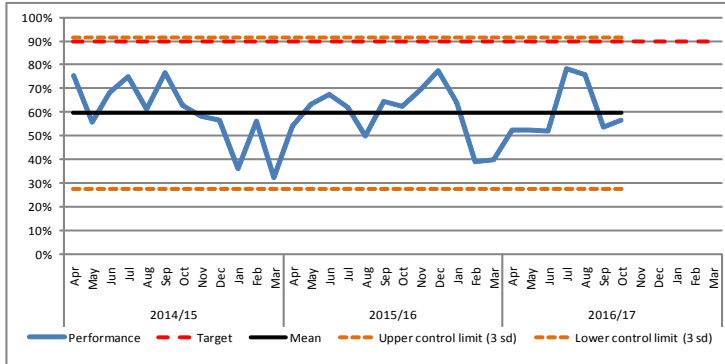
The Summary Hospital Mortality Indicator (SHMI) is as expected.

The Trust continues to hold monthly divisional Mortality Review meetings and a Trust wide Mortality Review bi-monthly, chaired by the Medical Director.

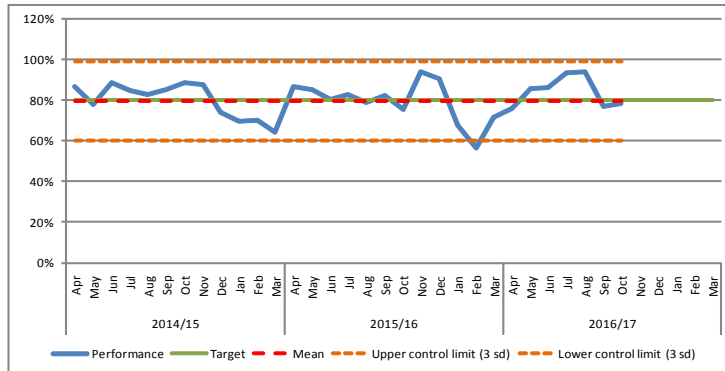
% Emergency re-admissions within 30 days following an elective or emergency spell\*



Patients admitted directly to stroke unit within 4 hours of hospital arrival\*



Stroke patients spending 90% of their time on stroke unit\*



Stroke 60 mins, stroke care and STeMI 150 mins\* (to follow)

**Emergency Readmissions**

Emergency readmission rates have dropped overall since Q4 of last year. There was an increase earlier this year, however, in the last 2 months there is a continuing downward trend. The trust is intending to do a formal audit shortly to see what further measures can be taken.

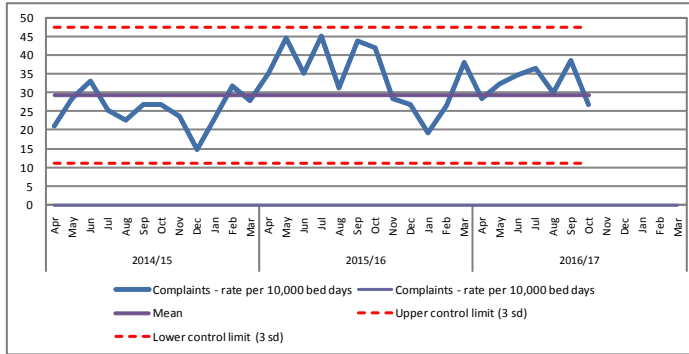
**Stroke**

October performance has recovered slightly from September, however, stroke performance continues to reflect emergency pressures across the Trust which impact on both targets: access to the stroke unit within 4 hours and overall time spent on the stroke unit. The stroke team continue to drive the pathway to ensure appropriate awareness of the 4 hour standard. The Trust is currently reviewing the bed configuration for stroke and work continues with operational teams to increase the awareness and visibility of outlying stroke patients, aiming for patients to get to a specialist stroke bed as soon as possible, once available.

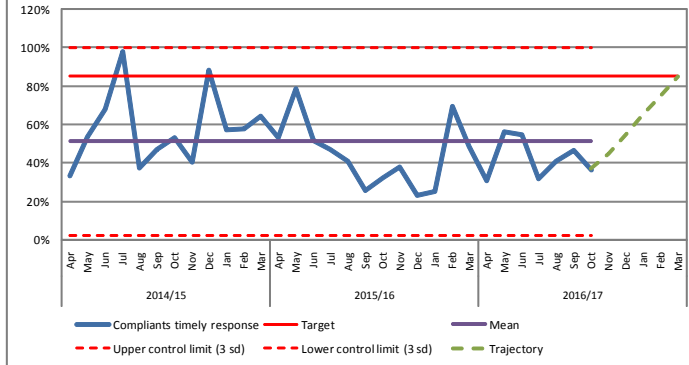
For the reporting quarter of April - July 2016 SSNAP result was an overall "A".

Safe, effective, caring (continued)

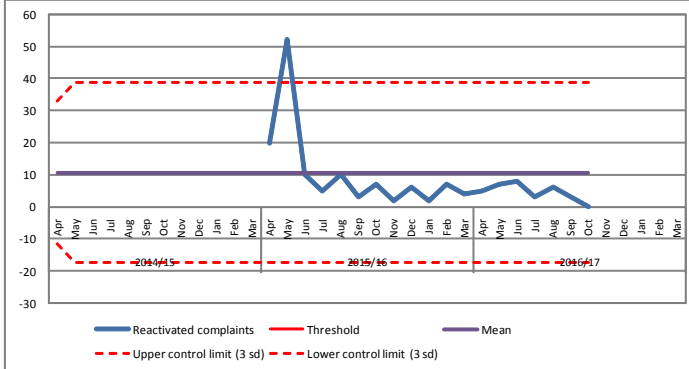
Complaints - rate per 10,000 bed days



% Complaints responded to within one month or agreed timescales with complainant



Number of reactivated complaints



**Complaints rate per 10,000 bed days**

In October, 53 new complaints were received. 30% relate to Unscheduled Care (USC), 28% relate to Surgery, Anaesthetics and Cancer (SAC), 19% relate to Medicine, 9% relate to Women and Children’s (WACS), 9% relate to CSS to Clinical Support, 2% relate to environment and 2% to corporate including finance. This month the three highest themes were Communication/information, attitude of staff and appointments. The Trust had 26 upheld complaints, 9 partially upheld and 13 which were not upheld.

**% Complaints responded to within one month or agreed timescales with complainant**  
% of complaints responded to on time have decreased in month. There were 52 complaints due to be responded to during October; 19 were responded to on time. 45 responses were sent in total. The reasons for this include:

- Continued focus to improve the quality of the complaint investigation and responses
- Managing the increase in complaints received from the previous month as there is a correlation between volume of complaints received and % response time; there is limited capacity and capability within the Division and the corporate complaints team to respond to significant variations in volumes and complexity of complaints as seen recently
- Validation of response times has improved data quality resulting in a more accurate performance measure.

Complaints responded to on time broken down by each division is as follows

|                | August | September | October |
|----------------|--------|-----------|---------|
| Trust wide     | 41%    | 49%       | 37%     |
| Medicine       | 29%    | 86%**     | 64%     |
| USC            | 20%    | 9%        | 9%      |
| SAC            | 56%    | 73%       | 41%     |
| WACS           | 20%    | 20%       | 14%     |
| Environment*** | 0%     | 0%        | 67%     |
| CSS            | 50%    | N/A*      | 33%     |

Performance timescales continue to be monitored weekly. The 90 day complaints improvement plan is completed; changes to processes and procedures have been made. Further work continues to ensure that the target for responding to 80% of complaints within one month or agreed timescales is met, as set out in the trajectory, by the end of March 2107. This includes (but not limited to):

- Improved triaging of all complaints on receipt
- Focus on complaints response times at Divisional Performance Review Meetings
- Support from Corporate Complaints Team to complete complaint responses

The number of complaints reactivated was 0 in month; this is an improvement from previous months and demonstrates the impact of the improvement to the quality of complaint investigations and responses.

\*N/A denotes – no complaints capable of being replied to this month.  
 \*\*Improvements in response times under the Medicine division can partly be attributed to the Lead Nurse for Resolution whose workload includes complaints from this division.  
 \*\*\*The Environment division altered their approach to responding to complaint and will be telephoning complainants at an early stage in a complaint to address their concerns.



Intentionally blank

Safe, effective, caring

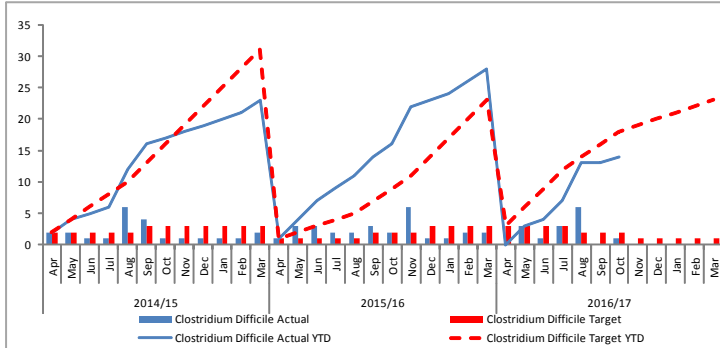
Reporting sub committee - PSQ

|                                        |               |                  |
|----------------------------------------|---------------|------------------|
| Executive lead                         | Clinical lead | Operational lead |
| *Dr Mike Van der Watt<br>Tracey Carter |               |                  |

Performance relative to targets/ thresholds

|        | Achieving | Not achieving |
|--------|-----------|---------------|
| Oct-16 | 3         | 3             |
| Sep-16 | 2         | 4             |
| Aug-16 | 3         | 3             |

**Clostridium Difficile**



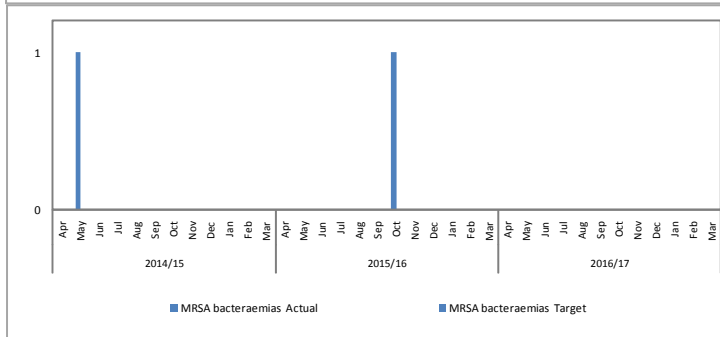
**Clostridium difficile Infection (CDI)**

The target ceiling for WHHT apportioned CDI is 23. There was 1 case reported in October. Up to end of October we have reported 14 cases. Following the *Clostridium difficile* Outbreak on Cassio in August there has not been any further cases reported on Cassio ward. The IPCNs are continuing with support audits for Cassio ward.

4 CDI cases where there was no lapse in care that contributed to the patient's acquisition of *Clostridium difficile* infection, have been approved by the CCG for exclusion from contractual sanctions. There are a further 5 cases that have been put forward for exclusion.

RCAs continue to be undertaken for all WHHT apportioned CDI cases. Lessons continue to be shared through Divisional Governance, CAG, Grand round and Infection Prevention and Control Panel meetings. The lessons from the RCAs informs of the key issues to be addressed in the education and training by the IPCT. A Trust wide CDI reduction plan has been produced to assist clinical areas to focus on patients with diarrhoea and to assess their risk of *Clostridium difficile* infection.

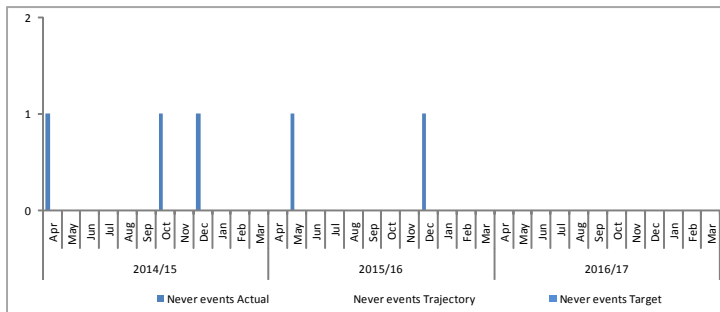
**MRSA bacteraemias**



**MRSA bacteraemia**

The target ceiling target for MRSA bacteraemia is zero avoidable cases. In October we reported no cases of MRSA bacteraemia. Year to date is 0. The last WHHT apportioned case was in October 2015. The Trust continues to screen all relevant emergency admissions for MRSA. Those that are found to be positive for MRSA are placed in isolation rooms and commenced on the decolonisation protocol for MRSA (to reduce the amount of MRSA living on the skin or nose) and reduces the risk of spreading it to other patients. All previous MRSA positive patients have an Alert on their Clinicom records, this alerts staff on appropriate placement and management of the patients on admission. A Vascular Access nurse commenced in February 2016, to support the management of vascular devices.

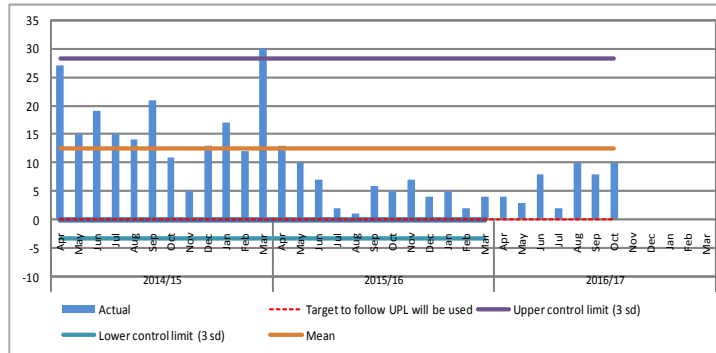
**Never events\***



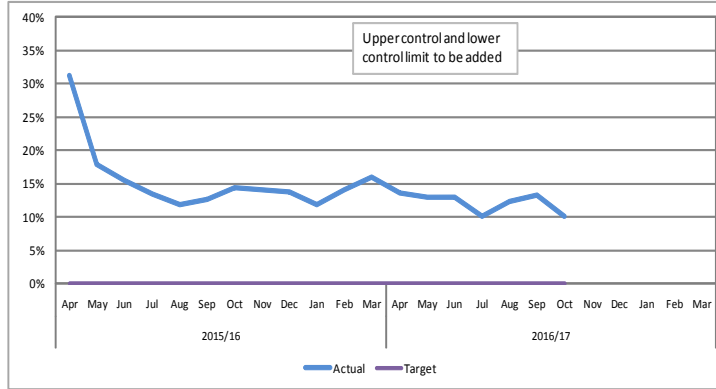
**Never Events**

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There were no never events recorded in October 2016.

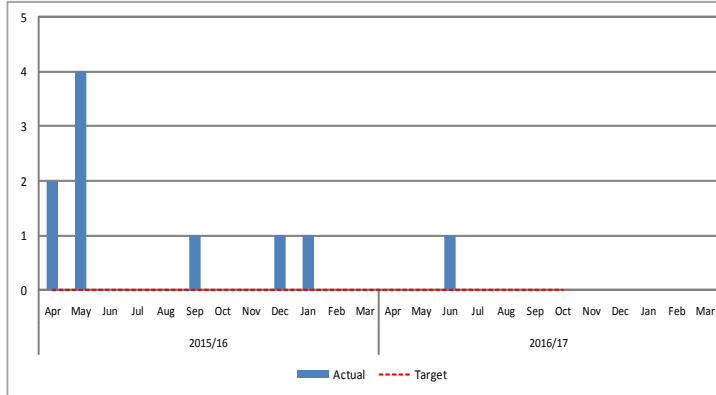
**Serious incidents**



**% of reported patient safety incidents that are harmful**



**Medication errors causing serious harm\***



There were 10 Serious Incidents (SIs) declared in October, which is an increase compared to 8 in September. Among them there were 4 Grade 3 Pressure Ulcers incidents. Following an increase in avoidable hospital acquired pressure ulcers in August and September 2016, a thematic review has been commissioned to examine all such incidents between July and October 2016. The thematic review is currently underway; it uses the Root Cause Analysis approach to find common themes and root causes to these incidents. As part of the process, each of the incidents has had a separate RCA analysis report completed; this has been shared with the authors for inclusion into the overarching RCA analysis. All 4 October pressure ulcers have been incorporated into the thematic review.

- The Trust currently has a total of 39 open SIs. 29 of those are in the investigation stage; 10 have been completed and are with the Commissioners pending closure. 2 of the declared SIs have been downgraded.
- At the end of October there were 5 overdue SI investigations waiting to be submitted to the CCG. This is noted as a significant increase in overdue SIs. The current review of the SI process with focus on improving quality has contributed to some delays.
- The following actions and processes are in place to enable learning from SIs and assurance that learning has taken place and changes have been implemented:
  - 45 day review meetings allow the SI draft report to be discussed and challenged by the relevant clinical and management teams prior to the action plan being written;
  - each action plan is developed, signed off and owned by the division owning the incident;
  - the SI review group (SIRG), chaired by the Medical Director, reviews all SI action plans with senior divisional representation for assurance that actions have been implemented before agreeing closure.
- There were four 45 day review meetings in September and October.
- There was one SIRG meeting, which was held in October. At the October meeting 7 action plans were discussed with further evidence requested before closure.

As part of a current ongoing revision of the SI process a new scoping meeting has been introduced, which is expected to take place within 5 working days of SI declaration; the purpose is to clarify and agree the scope of the investigation, terms of reference, what evidence is required, roles and responsibilities of those assisting or advising the investigation, and a time plan.

**% of Patient Safety Incidents which are harmful**  
10.13% of patient safety incidents reported in October 2016 were recorded as causing harm, this is a decrease from September 2016 where 13.23% of incidents were recorded as harmful. Of the 7 catastrophic incidents reported in Oct 16 only 1 incident has had the harm validated. and therefore this number may change as the validation of harm for these incidents is completed.

**Medication incidents causing serious harm**  
There were 0 medication errors causing serious harm on October 2016.

**Safe, effective, caring**

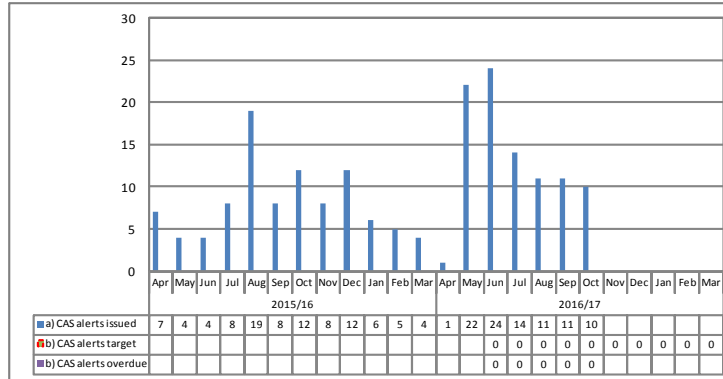
Reporting sub committee - PSQ

**CAS alerts:**

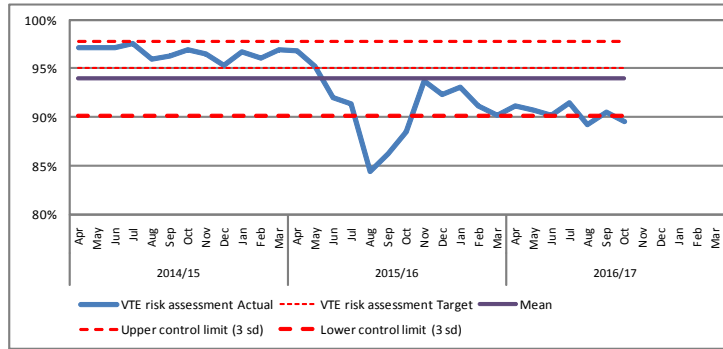
a) number issued per month (not target)  
 b) number where acknowledgement overdue\* (target = 0)  
 (Class 4: for information only and class 2: Action within 48 hours)

| Executive lead                         | Clinical lead | Operational lead |
|----------------------------------------|---------------|------------------|
| *Dr Mike Van der Watt<br>Tracey Carter |               |                  |

| Performance relative to targets/ thresholds |           |               |
|---------------------------------------------|-----------|---------------|
|                                             | Achieving | Not achieving |
| Oct-16                                      | 1         | 3             |
| Sep-16                                      | 1         | 3             |
| Aug-16                                      | 1         | 3             |



**VTE risk assessment\***



All alerts received in October were acknowledged within the 48hr deadline. There were no breaches and all alerts due to be closed in October were closed within timescales.

1 patient safety alert has been added to the risk register (NHS/PSA/RE/2015/008 Supporting the introduction of the national safety standards for invasive procedures) as there are outstanding actions which require completion before this alert can be closed internally, this alert has been closed on CAS.

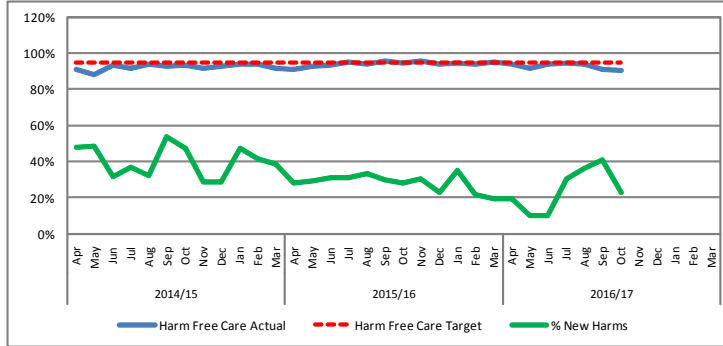
|                                          |    |
|------------------------------------------|----|
| Opened CAS alerts                        | 10 |
| Closed in month                          | 8  |
| Breached in month                        | 0  |
| Currently overdue                        | 0  |
| CAS alerts not acknowledged within 48hrs | 0  |

**VTE**

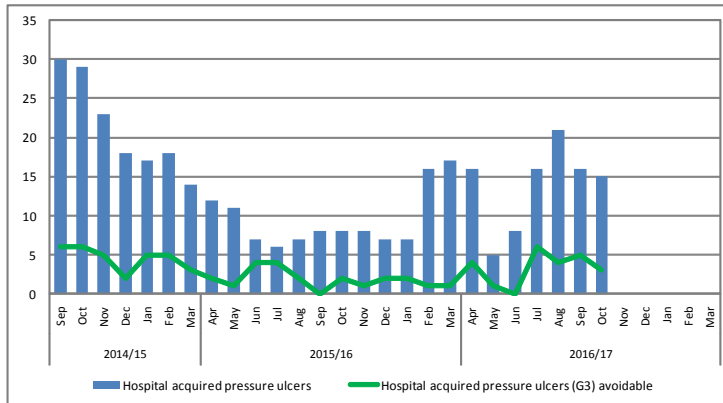
The Trust has adopted a far more rigorous approach regarding compliance with VTE risk assessment, in that if the assessment has been done but is not signed, this is considered non-compliant even if the treatment / prophylaxis is prescribed.

The new continuation sheets piloted last month have been issued, and due to the two week lag, the effects should become evident in a month. Initial results are encouraging and show improvement.

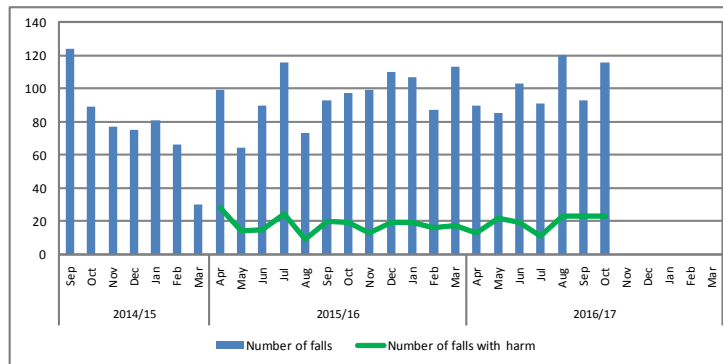
Percentage of Harm Free Care and New Harms



Hospital acquired pressure ulcers



Falls and falls with harm



Harm Free Care – Safety Thermometer

‘Harm free’ care as defined by the absence of pressure ulcers, harm from a fall, urine infection (in patients with a catheter) and new VTE.

In October Harm Free Care for the Trust was 90.67% which was worse than the national average of 93.78%. This includes harms acquired in and outside of the Trust.

New Harm Free care for October 2016 is 98.04% which is better than the national figure of 97.87%. This only includes harms acquired in the Trust. This is an improvement of new harm free care by 2% in October for the Trust.

In October, as measured in the Safety Thermometer audit, the Trust has seen new pressure ulcers decrease to 5 (4 new grade 2 and 1 new grade 3) this equates to 0.82%, better than the national average of 0.90. This reflects the same trend as seen with all new hospital pressure ulcers reported (as shown in chart to the left).

New VTE decreased in October to 2 which equates to 0.33%, better than the national average of 0.39%

Falls with harm is 0.16, better than the national figure of 0.56 for October; this is reflected in the number of falls with harm reported for the month as shown in the chart to the left.

Catheters and new UTI is worse than the national average of 0.33 for October.

Action to address

- The Trust has a CQUIN for urinary catheters to see how it can reduce the numbers of catheters inserted which in turn will help to reduce the number of catheter associated UTI’s.

October 2016

Pressure Ulcers - New

Catheter & New UTI

Catheters

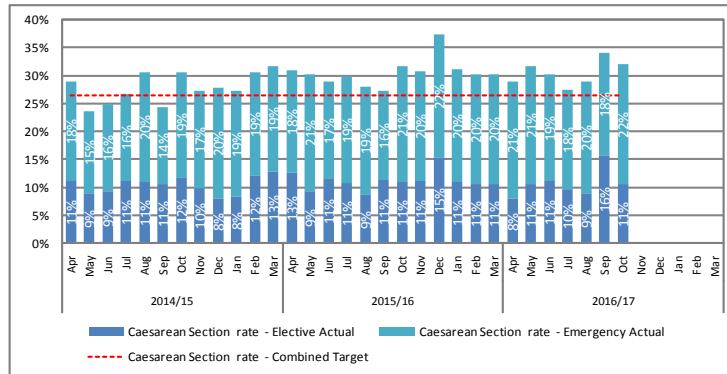
Falls with Harm

All New VTEs

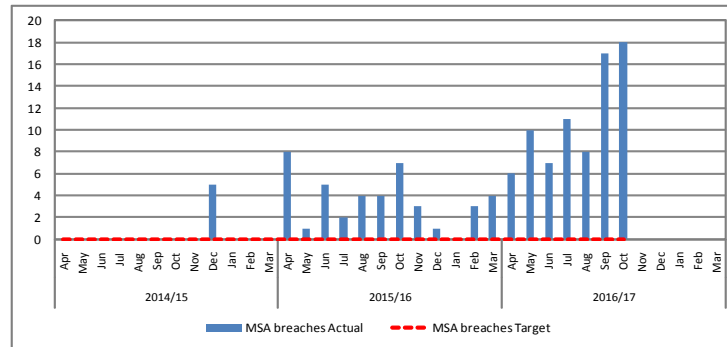
New Harm Free

|                       | National | WHHT  | Milton Keynes | East and North | The Hillingdon |
|-----------------------|----------|-------|---------------|----------------|----------------|
| Pressure Ulcers - New | 0.90     | 0.82  | 0.95          | -              | 0.97           |
| Catheter & New UTI    | 0.33     | 0.82  | 0.24          | 0.17           | 0.24           |
| Catheters             | 13.93    | 15.71 | 19.67         | 21.75          | 19.81          |
| Falls with Harm       | 0.56     | 0.16  | -             | 0.17           | -              |
| All New VTEs          | 0.39     | 0.33  | 0.24          | 0.51           | 0.24           |
| New Harm Free         | 97.87    | 98.04 | 98.58         | 99.14          | 98.55          |

C-section rate



Mixed sex accommodation



Mixed sex accommodation (MSA)

All of the breaches occurred in ITU and were due to limited capacity for the care of step down patients requiring ongoing acute medical and surgical care.

The monitoring and management of patients requiring step down is being reviewed with the intention of reducing where possible the number of mixed sex accommodation breaches that occur.

The Trust is conducting an unmet need audit to determine the required breakdown of ITU and HDU beds, with a view to reallocation of beds within ITU to reduce the MSA risk. This will be presented to CAG in December who will advise TEC.

**Responsive**

Reporting sub committee - F&P

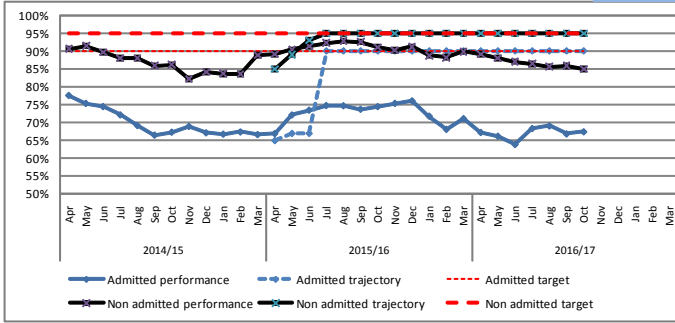
Access indicators - RTT, diagnostics, cancelled operations and outpatient appointments

| Executive lead | Clinical lead      | Operational lead |
|----------------|--------------------|------------------|
| Sally Tucker   | Jeremy Livingstone | Jane Shentall    |

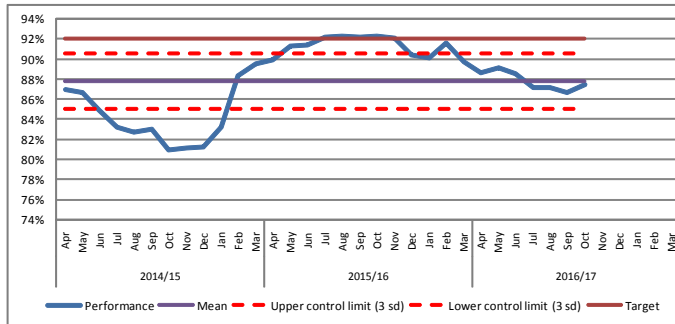
Performance relative to targets/ thresholds

|        | Achieving | Not achieving |
|--------|-----------|---------------|
| Oct-16 | 2         | 4             |
| Sep-16 | 2         | 4             |
| Aug-16 | 2         | 4             |

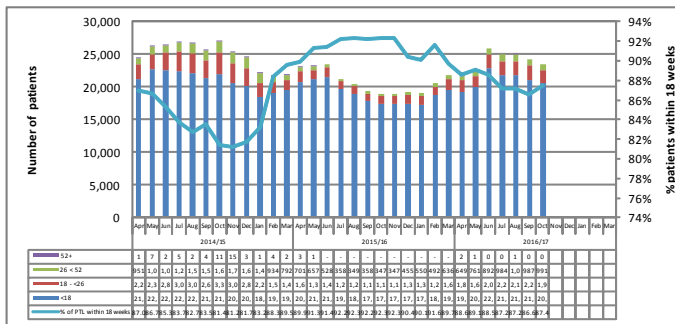
Completed pathways within 18 weeks



Incomplete pathways within 18 weeks



Incomplete pathways WL profile



**RTT**

October's performance against the 92% incomplete pathway standard was 87.4%, (against the STF plan of 90.44%) up from 86.6% in September and the best position since June 2016.

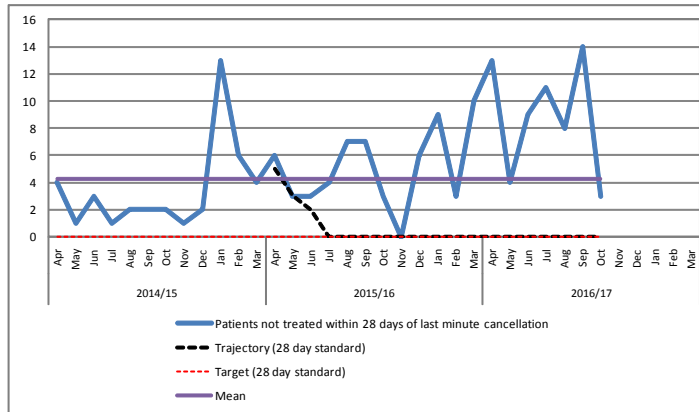
Elective Medicine (94.38%) & WACS (94.75%) have sustained performance. Performance improved but remained below the standard in CSS (Orthotics 87.76% - 6 breaches) & Surgery (82.59%).

| Description           | Less than 18 Weeks | 18 Weeks Plus | % Under 18 Weeks | Change from prev month | Description                | Less than 18 Weeks | 18 Weeks Plus | % Under 18 Weeks | Change from prev month |
|-----------------------|--------------------|---------------|------------------|------------------------|----------------------------|--------------------|---------------|------------------|------------------------|
| PAIN MANAGEMENT       | 525                | 194           | 73.02%           | ↑                      | RESPIRATORY MEDICINE       | 509                | 17            | 96.77%           | ↔                      |
| ENT                   | 1466               | 469           | 75.76%           | ↑                      | CLINICAL HAEMATOLOGY       | 197                | 6             | 97.04%           | ↑                      |
| VASCULAR SURGERY      | 71                 | 21            | 77.17%           | ↓                      | PAED CLINICAL HAEMATOLOGY  | 35                 | 1             | 97.22%           | ↑                      |
| UPPER GI SURGERY      | 12                 | 3             | 80.00%           | ↓                      | GASTROENTEROLOGY           | 951                | 25            | 97.44%           | ↑                      |
| ORAL SURGERY          | 920                | 224           | 80.42%           | ↓                      | BREAST SURGERY             | 271                | 6             | 97.83%           | ↑                      |
| TRAUMA & ORTHOPAEDICS | 3204               | 669           | 82.73%           | ↓                      | PAED GASTROENTEROLOGY      | 83                 | 1             | 98.81%           | ↑                      |
| GENERAL SURGERY       | 1710               | 336           | 83.58%           | ↑                      | BLANK **                   | 179                | 0             | 100.00%          | ↔                      |
| OPHTHALMOLOGY         | 1792               | 308           | 85.33%           | ↑                      | GENERAL MEDICINE           | 7                  | 0             | 100.00%          | ↔                      |
| COLORRECTAL SURGERY   | 303                | 52            | 85.35%           | ↔                      | GERIATRIC MEDICINE         | 78                 | 0             | 100.00%          | ↔                      |
| ORTHOTICS             | 43                 | 6             | 87.76%           | ↑                      | ACCIDENT & EMERGENCY       | 12                 | 0             | 100.00%          | ↔                      |
| UROLOGY               | 1081               | 148           | 87.96%           | ↑                      | CRITICAL CARE MEDICINE     | 2                  | 0             | 100.00%          | ↑                      |
| CARDIOLOGY            | 1001               | 120           | 89.30%           | ↑                      | PAED EPILEPSY              | 34                 | 0             | 100.00%          | ↑                      |
| PAEDCARDIOLOGY        | 10                 | 1             | 90.91%           | ↓                      | PAED DERMATOLOGY           | 17                 | 0             | 100.00%          | ↔                      |
| PAEDUROLOGY           | 86                 | 8             | 91.49%           | ↓                      | HEPATOLOGY                 | 2                  | 0             | 100.00%          | ↔                      |
| GYNAECOLOGY           | 756                | 63            | 92.31%           | ↓                      | STROKE MEDICINE            | 48                 | 0             | 100.00%          | ↔                      |
| RHEUMATOLOGY          | 433                | 30            | 93.52%           | ↓                      | TRANSIENT ISCHAEMIC ATTACK | 3                  | 0             | 100.00%          | ↔                      |
| ORTHODONTICS          | 89                 | 6             | 93.68%           | ↑                      | MEDICAL ONCOLOGY           | 11                 | 0             | 100.00%          | ↔                      |
| NEUROLOGY             | 841                | 52            | 94.18%           | ↑                      | CLINICAL NEUROPHYSIOLOGY   | 1                  | 0             | 100.00%          | ↔                      |
| DERMATOLOGY           | 2323               | 142           | 94.24%           | ↓                      | NEONATOLOGY                | 18                 | 0             | 100.00%          | ↔                      |
| PAED ENDOCRINOLOGY    | 57                 | 3             | 95.00%           | ↑                      | GYNAECOLOGICAL ONCOLOGY    | 47                 | 0             | 100.00%          | ↔                      |
| DIABETIC MEDICINE     | 84                 | 4             | 95.45%           | ↓                      | ORTHOPTICS                 | 3                  | 0             | 100.00%          | ↔                      |
| PAED OPTHALMOLOGY     | 70                 | 3             | 95.89%           | ↑                      | CLINICAL ONCOLOGY          | 36                 | 0             | 100.00%          | ↔                      |
| PAEDIATRICS           | 658                | 25            | 96.34%           | ↑                      | <b>Total</b>               | <b>20581</b>       | <b>2959</b>   | <b>87.43%</b>    | <b>↑</b>               |
| ENDOCRINOLOGY         | 430                | 15            | 96.63%           | ↑                      |                            |                    |               |                  |                        |

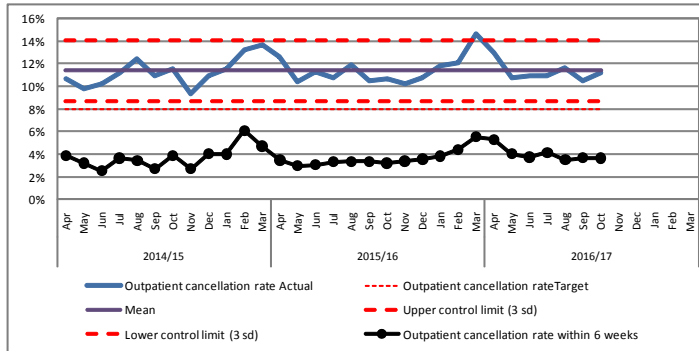
The total PTL size reduced again (by 504 pathways) and the total backlog decreased (by 291 pathways) to 2959. Referrals from HVCCG GPs continued to fall, by 2.6% since September although ENT, Ophthalmology and Pain all received more referrals than the previous month.

Outsourcing is underway, with 396 patients currently considered appropriate, of which 224 have agreed to treatment with an alternative provider and 74 have been dated.

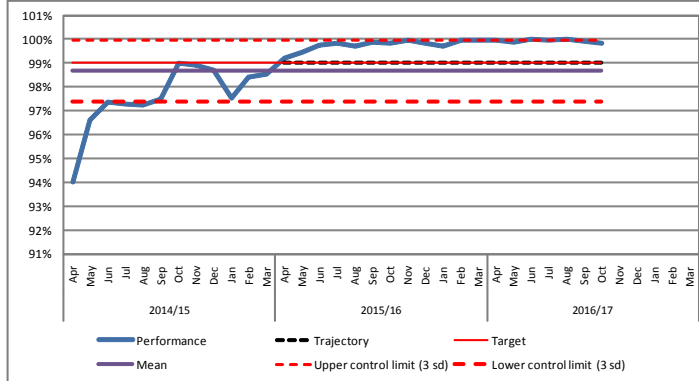
Patients not treated within 28 days of last minute cancellation and urgent operations cancelled for 2nd time



Hospital outpatient cancellations all and % cancelled\* within 6 weeks (\*excluding cancellations to provide earlier appointments, where patients have



Diagnostics



**Hospital cancellations – patients not treated within 28 days of last minute cancellation**

There were 3 breaches of the 28 day rebooking requirement in October, down from 14 the previous month.

| Specialty       | Reason for cancellation | Cancellation date | 28 day breach date | Number of days | Treated / New TCI date | 28 day breach reason                                                                                                                                                                                |
|-----------------|-------------------------|-------------------|--------------------|----------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Orthopaedics    | Emergency took priority | 26/09/2016        | 24/10/2016         | 37             | 07/11/2016             | Second TCI 24/10/2016 cancelled 12/10/16 due to Medical Emergency taking priority.                                                                                                                  |
| General Surgery | No bed                  | 26/09/2016        | 24/10/2016         | 56             | W/L Cancelled          | Patient cancelled TCI 07/10/2016 but only 11 days notice. Not a reasonable offer. Second TCI 26/10/2016 cancelled 25/10/16 at Hospital request. New TCI 21/11/2016 cancelled by patient 01/11/2016. |
| ENT             | Emergency took priority | 28/09/2016        | 26/10/2016         | 56             | 23/11/2016             | Second TCI 26/10/2016 cancelled 25/10/16 Consultant postponed. New TCI 23/11/2016                                                                                                                   |

**Hospital cancellations – patients cancelled within 6 weeks and overall**

Short notice cancellations in October remained below the Trust tolerance (5%) at 3.7%. Outliers include some of the paediatric subspecialties, Gastroenterology, Hepatology, Stroke Medicine and Respiratory Medicine.

The overall cancellation rate has risen slightly to 11.2% (from 10.5%). Although this indicator is within the gift of the Trust to improve, the October half term is a contributory factor to the cancellation rate.

**Diagnostic wait times**

The diagnostic waiting time standard is for 99% of patients referred for 15 diagnostic tests/procedures, should wait no longer than 6 weeks. Consistently strong performance against this standard continues and remains better than the national position.



Responsive

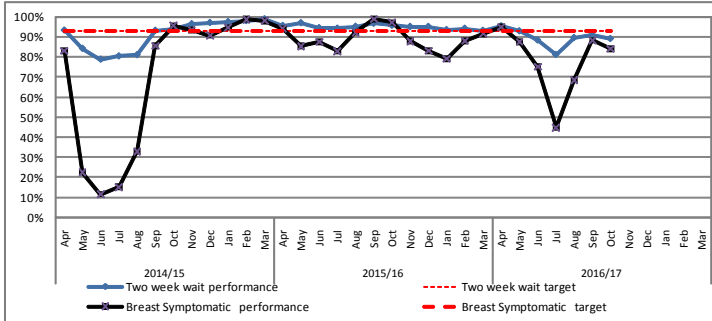
Reporting sub committee - F&P

CWTs

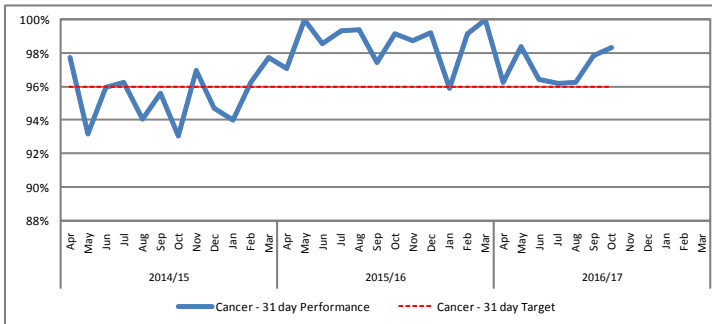
|                |                    |                  |
|----------------|--------------------|------------------|
| Executive lead | Clinical lead      | Operational lead |
| Sally Tucker   | Jeremy Livingstone | Jane Shentall    |

| Performance relative to targets/ thresholds |           |               |
|---------------------------------------------|-----------|---------------|
|                                             | Achieving | Not achieving |
| Oct-16                                      | 5         | 2             |
| Sep-16                                      | 4         | 3             |
| Aug-16                                      | 4         | 3             |

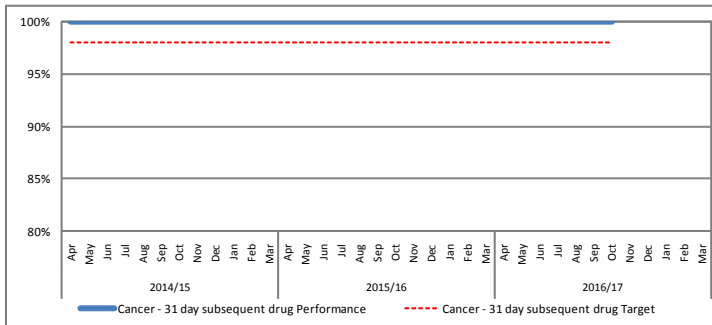
Two week standard and breast symptom two week standard



31 day standard



31 day subsequent drug standard



Breast symptomatic

The October provisional position is non compliant but is still to be validated. Patient choice represents 72% of the breaches.

An audit has been conducted to assess what information the patients are given from their GPs. This demonstrated that in the audit sample 48% of breast symptomatic patients were not told they had to be seen in 2 weeks and 44% were not told anything about the appointment. This information has been broken down by practice and passed to the CCG.

2ww

The October provisional position is non compliant and also still to be fully validated. Patient choice represented 50% of the breaches. In the audit ,68% of 2ww pts were told they had to be seen in 2ww (15% were not) but 59% of patients were not told anything about their appointment.

Capacity issues in colorectal represented 28% of the 2ww breaches for October.

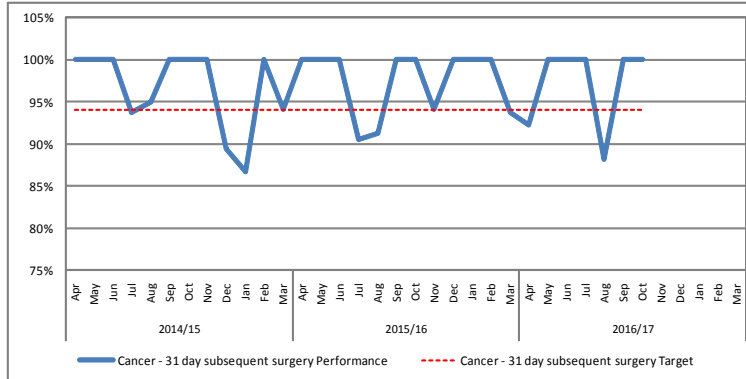
31 day first

October provisional position is compliant at 98.3%.

31 day subsequent – drugs

October provisional position is compliant at 100%

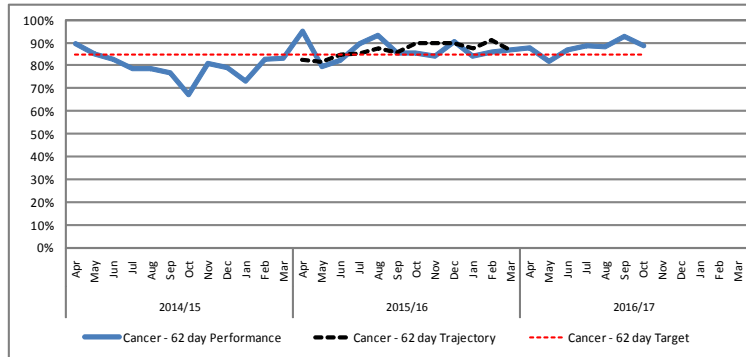
**31 day subsequent surgery standard**



**31 day subsequent - surgery**

The October provisional position is compliant at 100%

**62 day standard**



**62 day GP - urgent**

The October provisional position is compliant at 88.6%.

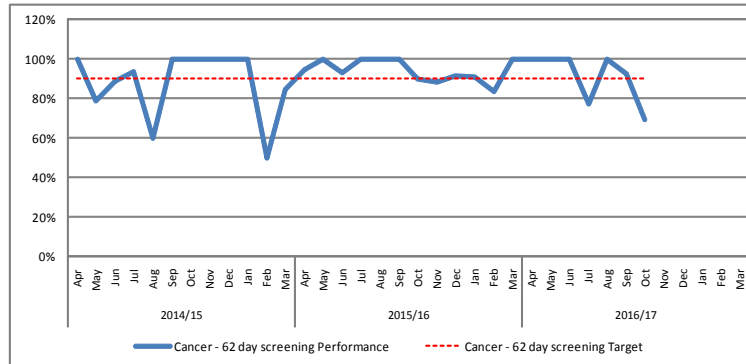
The specialties contributing to the breaches were lung, UGI, head and neck, LGI, gynae and urology.

Common reasons for breaches included patient choice, delays at tertiary centres, complex pathways ,capacity delays in diagnostics and clinics.

| Tumour site                                                     | October - provisional performance |
|-----------------------------------------------------------------|-----------------------------------|
| Suspected breast cancer                                         | 100                               |
| Suspected lung cancer                                           | 75                                |
| Suspected haematological malignancies excluding acute leukaemia | -                                 |
| Suspected upper gastrointestinal cancers                        | 80                                |
| Suspected lower gastrointestinal cancers                        | 80                                |
| Suspected skin cancers                                          | 100                               |
| Suspected gynaecological cancers                                | 85.7                              |
| Suspected brain or central nervous system tumours               | 100                               |
| Suspected urological cancers (excluding testicular)             | 90                                |
| Suspected head and neck cancers                                 | 0                                 |
| <b>Total</b>                                                    | <b>88.6</b>                       |

**Please note: many tumour sites have low patient numbers, therefore compliance is vulnerable to low numbers of breaches at tumour site level. However it should be noted that aggregate performance is compliant and in line with the STF.**

**62 day screening standard**



**62 day screening**

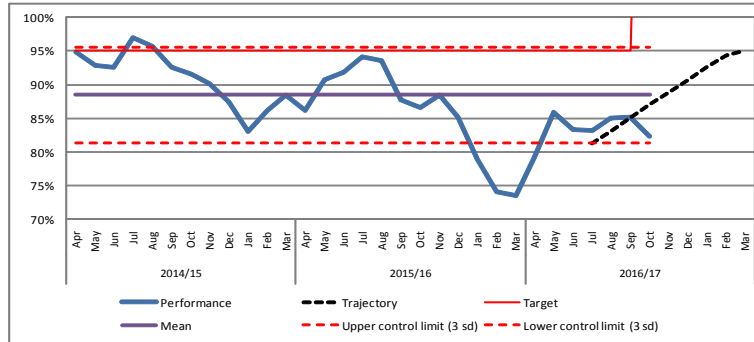
The October provisional position is non compliant at 69.2%. There are low patient numbers therefore compliance is vulnerable to low number of breaches,.

## Unscheduled care indicators - A&E, ambulance turnaround and DToC

|                |                |                  |
|----------------|----------------|------------------|
| Executive lead | Clinical lead  | Operational lead |
| Sally Tucker   | Dr David Gaunt |                  |

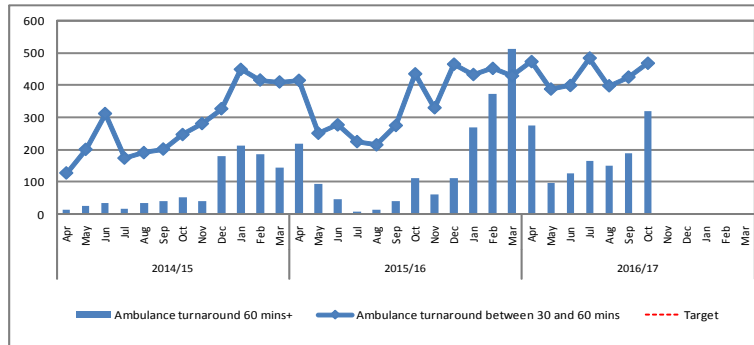
|        | Performance relative to targets/ thresholds |               |
|--------|---------------------------------------------|---------------|
|        | Achieving                                   | Not achieving |
| Oct-16 | 1                                           | 4             |
| Sep-16 | 1                                           | 4             |
| Aug-16 | 1                                           | 4             |

### A&E



\* Please note that the A&E trajectory is a working trajectory and awaiting final approval

### Ambulance turnaround time



A&E performance in October deteriorated further to 82.4% and we are not currently in line with our revised trajectory to meet compliance. Both ambulance turnaround standards have deteriorated again in October. This is due to surges in ambulance arrivals both on individual days and at particular times of day. The number of patients coming by ambulance has increased this year. Furthermore EoE colleagues have not been able to provide full HALO (Hospital Ambulance Liaison Officer) cover due to vacancies and sickness. This has impacted both on flow and data quality. However, we understand that all posts have been recruited to and we have been given assurance that the shift fill rate will improve soon.

The number of DTOC patients decreased slightly to 6.0% - a loss of 1,294 bed days. This equates to 42 beds.

An activity comparison of the last 6 weeks (to 13.11.16) compared with the same period last year has shown:

- Type 1 attendances are up 0.7% for the last six weeks,
- Admissions from A&E (ambulatory and non-ambulatory) are down -5.3% for the last six weeks.

#### Front Door Flow, including acute assessment units

- The GP service in A&E commenced in September. The GP is based within minors and has integrated well. However, post review it has been agreed that we need to see more patients through this service.
- Twilight Service – the first substantive staff are now in post and working on the shop floor. We continue to try and fill unfilled shifts through NHSP.
- Plan to trial RaTing (rapid assessment and treatment) in ED (w/c 5/12) and a relocation of CDU.
- Op managers to be located in ED from w/c 7<sup>th</sup> November to support front door flow.

#### Hospital Patient Flow

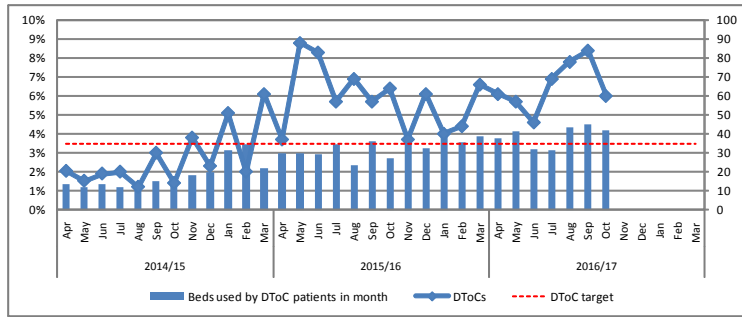
A Clinical Champion and Programme Lead have been identified for SAFER and training is going well. The System is planning a 'Perfect (Red to Green) week w/c 5<sup>th</sup> Dec.

Refurbished Patient Lounge to open end November.

Ward Based MDT LoS review meetings to start late November.

The Trust continues to work closely with ECIP and system partners to improve flow both internally and externally.

## Delayed Transfers of Care (DToc)

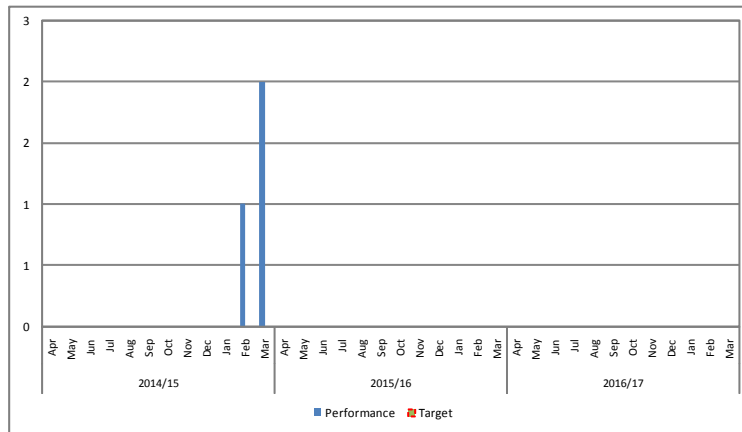


The Trust reports the national figure of the percentage of DToc. This is based on a snapshot of the number of patients waiting at a point in time in the month, rather than the total across the entire month. The total beds occupied by DToc patients is therefore a more useful measure to illustrate the impact of DToc.

The number of DToc patients decrease 6.0% - a loss of 1,294 bed days and a loss of 42 beds. There are regular audits of both DToc and other stranded patients (over 7 day length of stay) to identify issues and remove avoidable causes of delay.

There are consistently > 100 patients stranded for external reasons. Social care capacity remains a system-wide constraint to achieving target DToc rates. The longer term development of the IDT and the links with Social Care and Community services is still being reviewed.

## 12 hour trolley waits



Ongoing escalation to system partners via A&E Delivery Board continues, with significant resource directed to generating additional capacity and improving discharge processes.

An IDT improvement plan is underway, however its impact will be marginal until capacity matches demand for onward health and social care services.

Streamlined processes for data monitoring and reported have been introduced, as well as daily "live" patient monitoring with board briefings with the discharge planning nurses held daily. Lead roles have been introduced in relation to self-funders, and continuing healthcare (CHC) assessments, and a number of staff have been re-allocated to different areas to tackle issues of bottle necked referrals.

Well led

Reporting sub committee - Workforce

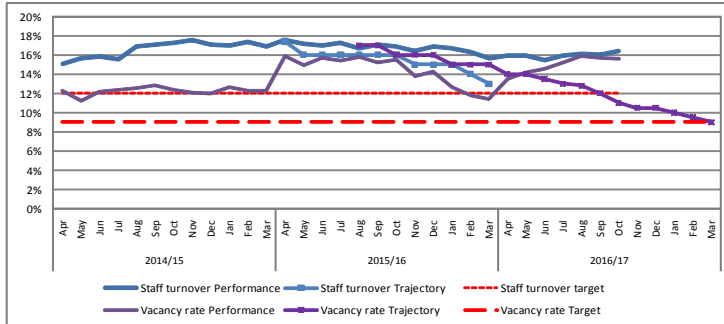
Workforce indicators - staff turnover, sickness, bank & agency, vacancy, appraisal, and mandatory training

|                |               |                  |
|----------------|---------------|------------------|
| Executive lead | Clinical lead | Operational lead |
| Paul da Gama   |               |                  |

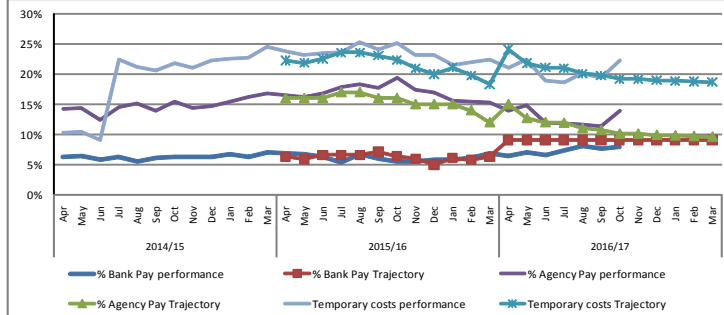
Performance relative to targets/ thresholds

|        | Achieving | Not achieving |
|--------|-----------|---------------|
| Oct-16 | 5         | 3             |
| Sep-16 | 5         | 3             |
| Aug-16 | 5         | 3             |

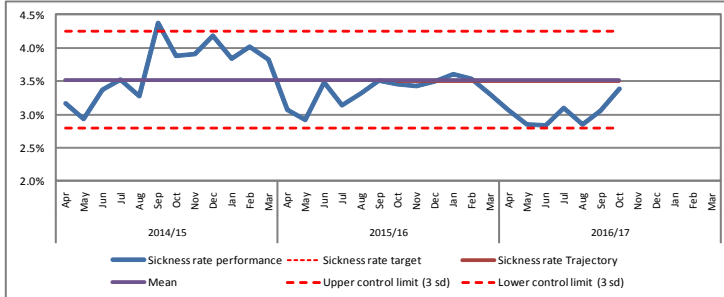
Staff turnover and vacancy rate



% bank, agency and temporary pay



Sickness rate



Turnover and Vacancies

At the end of October the Trust vacancy rate fell slightly from 15.7% to 15.6%. There were more joiners than leavers in October, but there was also a further increase in the establishment of 27 whole-time equivalents (WTEs). Since the end of March when the vacancy rate was at 11.4%, the establishment has increased by 278 WTEs. Had the establishment remained at March figures, the vacancy rate would now only be 10.3%. Within the overall vacancy rate, the figure for the qualified nursing workforce fell quite significantly in October from 18.9% to 16.3%. The rate for Band 5 nurses also fell slightly to 17.3%. Increased recruitment activity is building up a large pipeline of new recruits (currently 297 registered and 81 unregistered nurses), so these figures are forecast to reduce significantly over the next few months. The 12-month rolling turnover rate rose from 16.0% to 16.5%, slightly above average compared to our Herts & Beds peers.

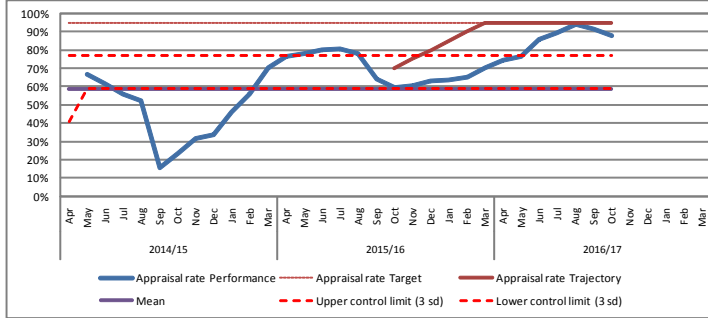
% Bank and Agency Expenditure

After four consecutive months of falling agency spend, and after monthly spend in September that was the lowest since July 2013, unfortunately October saw an increase to £2.63m, reflecting increased demands on the service. This represented 14% of the overall pay-bill compared to 11.3% in September. We have achieved considerable reductions in agency use and spend, but despite October 2016's spend being 22% less than that of October last year, we have now built up a cumulative negative variance against the NHSI ceiling of £1.26m year to date. Through the Agency Steering Group, Divisions and Corporate areas have been tasked to prepare plans for bringing their agency use back on target with support from HR, and we continue to work with the Herts & Beds Partnership to reduce rates. Bank spend also increased slightly, to 7.9% of pay-bill compared to 7.8% in September.

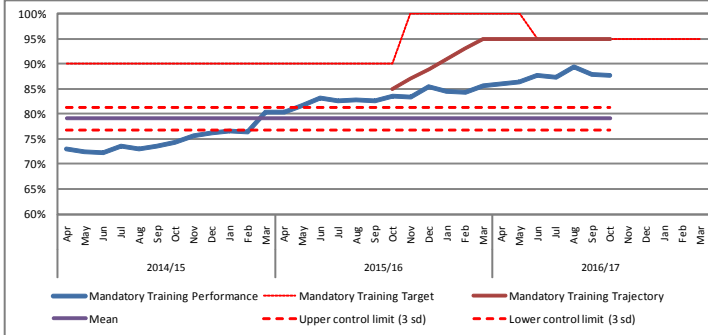
Sickness rate

The sickness absence rate increased to 3.4% in October from 3.1% last month, but remains below target. The Trust continues to run with a sickness rate below peers, which averaged 3.8% across Beds & Herts measured in quarter 2 of 2016/17. A major review of sickness absence is ongoing. This includes auditing of local absence figures to ensure robust reporting.

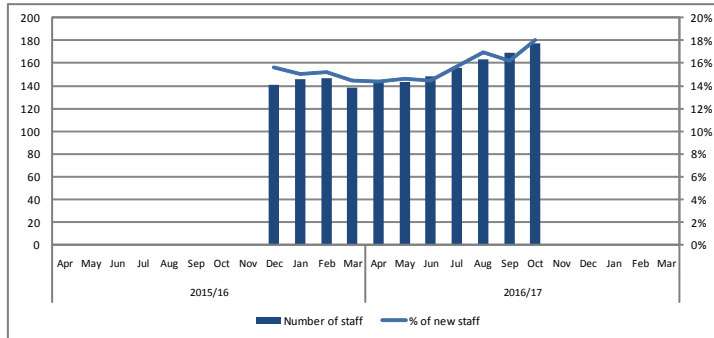
**Appraisal rate**  
(non medical staff only)



**Mandatory training**



**Number of staffleaving within first year** (excluding medics and fixed term contracts)



**Appraisal – non medical staff**

The appraisal rates peaked in late September at 93% month which is a significant improvement on previous months. During October that has dipped and clearly the challenge post CQC is to maintain the focus and start to ensure the appraisal dates are aligned to staff increments to further improve organisational performance whilst working to hit the 95% target and beyond. Work is underway to develop a simpler ‘appraisal lite’ form to capture appraisals for staff as we transition to aligning appraisals to increments effectively.

**Mandatory training**

Mandatory training compliance in core training subjects peaked at 90% in September and greater uptake is now through e-learning. This has also dipped slightly to 88% in October and retained focus is required to sustain the improved compliance rates and better these.

Work is underway to introduce the new learning management system with Think Associates. This is being run as a project and is anticipated to take approximately 4 months to implement. As a self-serve system this will alert staff to the need to complete training in a timely way and automate many of the processes involved in logging training which also drive a step change in compliance figures.

**Number of staff leaving within first year**

The Trust is closely monitoring staff leavers and has recently introduced a new exit questionnaire process to gather more intelligent data about staff reasons for leaving. The introduction of reconnect sessions further to corporate induction bring new starters back together and offer an opportunity to resolve any issues arising and gather information to further improve the staff experience of their first year in post

Safe, effective, caring

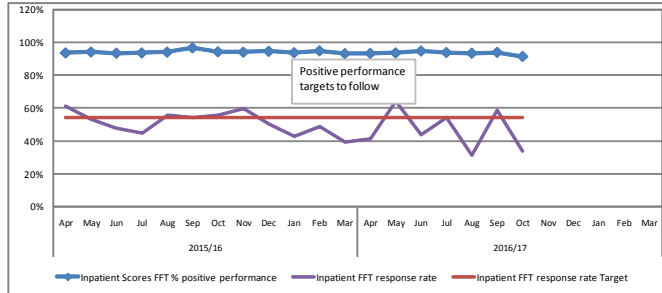
Well led

Reporting sub committees - PSQ and Workforce

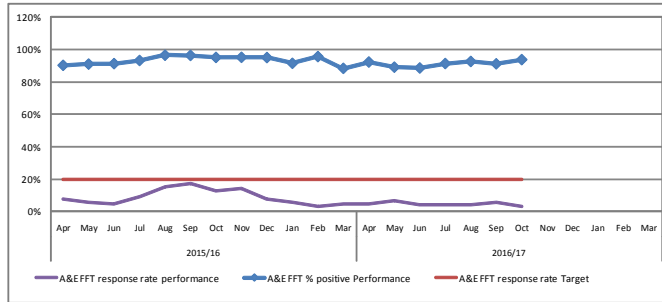
### Friends and family

| Executive lead                 | Clinical lead | Operational lead |
|--------------------------------|---------------|------------------|
| Tracey Carter and Paul Da Gama |               |                  |

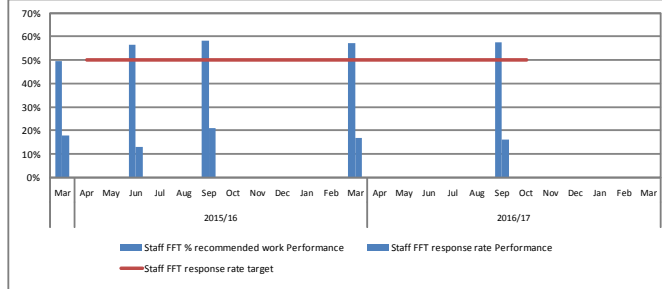
Inpatient scores (% positive and negative) and response rate



A&E scores (% positive and negative) and response rate



Staff scores (% recommended and not recommended) and response rate



| Well led | Achieving | Not achieving |
|----------|-----------|---------------|
| Oct-16   | 1         | 3             |
| Sep-16   | 0         | 4             |
| Aug-16   | 0         | 4             |

#### Inpatients

A fall in response rate this month is noted although remains better than the national average.

#### A&E

The response rate has dropped again when compared to September but the positive rate of response has increased.

#### Maternity Question 2

The rate of responses is better than the national average and has maintained the improvement in the positive response rate.

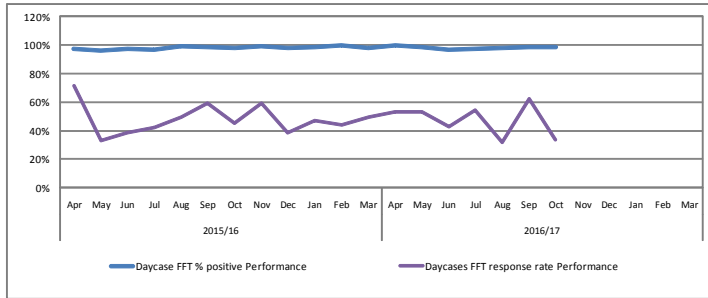
Preliminary discussions to pilot SMS (text) messaging in A&E are being held and a redesign of the children's service survey form has commenced.

The changeover in supplier for the FFT contract took place on 1 November and awareness raising sessions for the patient FFT have been held with formal training for staff planned for January/February 2017.

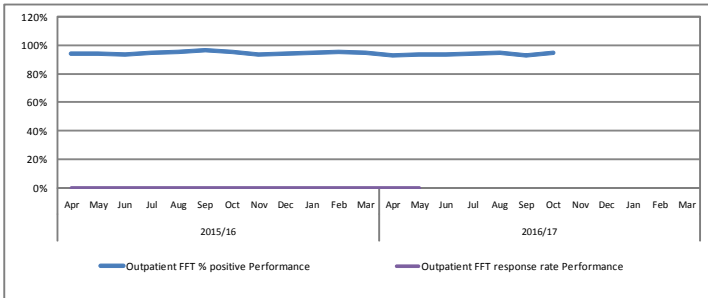
#### Staff

The Staff Friends and Family Test is not running during Q3 due to the National Staff Survey which has been running since 3 October and will continue to run until 2 December. It will next run in Q4, February, when it will be managed by Optimum who have been awarded the new contract for the Friends and Family Test for both patients and staff.

## Daycases scores (% positive and negative) and response rate



## Outpatient scores (% positive and negative) and response rate



### Daycase

The Trust is now measuring both the main DSU at SACH and also the Surgical admission lounge at WGH.

### Outpatients

The results are better this month with an improvement in both positive and negative responses. The focus of activity in this area will be to improve the number of responses received.



## Ward Scorecard October 2016

| Alert Trigger Point |                   | <90%                           | <90%                        | <90%        | <90%            | >0              | >4           | >0               | <90%          | <90%               | >0                       | >0                             | <90%                  | <54%               | >0                                                  | >1                                                            | <90%                          | <95%              | n/a                    | Number of Alerts |         |   |
|---------------------|-------------------|--------------------------------|-----------------------------|-------------|-----------------|-----------------|--------------|------------------|---------------|--------------------|--------------------------|--------------------------------|-----------------------|--------------------|-----------------------------------------------------|---------------------------------------------------------------|-------------------------------|-------------------|------------------------|------------------|---------|---|
| Number of Alerts    | Process           | 5 / 28                         | 6 / 30                      | 14 / 34     | 12 / 29         |                 |              |                  | 10 / 26       | 0 / 27             |                          |                                |                       | 26 / 33            |                                                     | 26 / 33                                                       | 16 / 28                       | 5 / 29            | n/a                    |                  |         |   |
|                     | Safety            |                                |                             |             |                 | 10 / 40         | 6 / 29       | 12 / 29          |               |                    | 1 / 37                   | 10 / 36                        | 12 / 34               |                    | 0 / 37                                              |                                                               |                               |                   | n/a                    |                  |         |   |
| Division            | Ward              | Matron Quality Checks/Patients | Matron Quality Checks/Staff | TYC Overall | TYC/TVN section | Pressure Ulcers | No. of Falls | Falls with Harms | Commode Audit | Hand Hygiene Audit | Hospital acquired C.diff | Hopsital acquired MRSA isolate | % Extremely Likely>90 | iWGC Response >54% | Red Flag Number of shifts less than 2 RN's on shift | Red Flag Number of shifts more than 8 hours less than planned | % of Supervisory filled Hours | Overall Fill Rate | Care hours per patient | Safety           | Process |   |
| Unscheduled Care    | AAU B/Y 3         | 89%                            | 93%                         | 67%         | 44%             | 4               | 11           | 1                | 89%           | NA                 | 1                        | 1                              | 82%                   | 42%                | 0                                                   | 7                                                             | 103%                          | 98%               | 7.70                   | 6                | 6       |   |
|                     | AAU B1            | 86%                            | 89%                         | 95%         | 96%             | 0               | 3            | 1                | 91%           | 100%               | 0                        | 1                              | 85%                   | 20%                | 0                                                   | 3                                                             | 105%                          | 98%               | 8.02                   | 3                | 4       |   |
|                     | AAU G1            | 84%                            | 86%                         | 90%         | 93%             | 1               | 4            | 1                | 91%           | 100%               | 0                        | 0                              | 100%                  | 24%                | 0                                                   | 11                                                            | 48%                           | 94%               | 7.83                   | 2                | 6       |   |
|                     | AAU P1            | 92%                            | 84%                         | 95%         | 97%             | 0               | 3            | 0                | 91%           | NA                 | 0                        | 1                              | 95%                   | 10%                | 0                                                   | 10                                                            | 60%                           | 96%               | 8.85                   | 1                | 4       |   |
|                     | AAU Y1            | 91%                            | 89%                         | 79%         | 81%             | 0               | 3            | 0                | 91%           | 93%                | 0                        | 0                              | 100%                  | 10%                | 0                                                   | 4                                                             | 52%                           | 96%               | 7.83                   | 0                | 6       |   |
|                     | CCU/ P/G 3        | 95%                            | 100%                        | 100%        | 99%             | 0               | 3            | 0                | 88%           | 100%               | 0                        | 1                              | 89%                   | 49%                | 0                                                   | 4                                                             | 76%                           | 99%               | 7.30                   | 2                | 4       |   |
|                     | A&E               | 89%                            | 84%                         | 78%         | 56%             | 0               | 2            | 0                | 94%           | NA                 | 0                        | 0                              | 97%                   | 2%                 | 0                                                   | 19                                                            | NA                            | NA                | NA                     | 0                | 6       |   |
|                     | MIU               | NA                             | NA                          | 76%         | NA              | 0               | 0            | 0                | NA            | NA                 | 0                        | 0                              | 77%                   | 3%                 | 0                                                   | 0                                                             | NA                            | NA                | NA                     | 1                | 2       |   |
|                     | UCC               | NA                             | NA                          | 87%         | NA              | 0               | 0            | 0                | NA            | NA                 | 0                        | 0                              | 94%                   | 4%                 | 0                                                   | 0                                                             | NA                            | NA                | NA                     | 0                | 2       |   |
| Medicine            | Aldenham          | 90%                            | 98%                         | 93%         | 100%            | 1               | 2            | 0                | 92%           | 97%                | 0                        | 2                              | 84%                   | 53%                | 0                                                   | 14                                                            | 71%                           | 98%               | 6.45                   | 3                | 3       |   |
|                     | Bluebell          | 92%                            | 89%                         | 89%         | 84%             | 0               | 6            | 2                | 100%          | 100%               | 0                        | 3                              | 100%                  | 7%                 | 0                                                   | 34                                                            | 67%                           | 97%               | 11.25                  | 3                | 5       |   |
|                     | Cassio            | 97%                            | 100%                        | 99%         | 100%            | 0               | 10           | 5                | 90%           | 100%               | 0                        | 1                              | 90%                   | 51%                | 0                                                   | 0                                                             | 71%                           | 111%              | 6.23                   | 3                | 2       |   |
|                     | Croxley           | 94%                            | 93%                         | 76%         | 64%             | 2               | 2            | 1                | 100%          | 100%               | 0                        | 0                              | 83%                   | 40%                | 0                                                   | 2                                                             | 100%                          | 110%              | 7.05                   | 3                | 4       |   |
|                     | Heronsgate & Gade | 96%                            | 93%                         | 91%         | 81%             | 1               | 4            | 0                | 100%          | 100%               | 0                        | 0                              | 79%                   | 15%                | 0                                                   | 2                                                             | 43%                           | NA                | NA                     | 2                | 4       |   |
|                     | Oxhey             | 93%                            | 90%                         | 98%         | 100%            | 0               | 4            | 0                | 100%          | 100%               | 0                        | 0                              | 100%                  | 82%                | 0                                                   | 2                                                             | 76%                           | 119%              | 9.40                   | 0                | 2       |   |
|                     | Red               | 99%                            | 93%                         | 87%         | 72%             | 0               | 3            | 0                | 100%          | 100%               | 0                        | 0                              | 90%                   | 69%                | 0                                                   | 1                                                             | 91%                           | 96%               | 7.97                   | 0                | 2       |   |
|                     | Sarratt           | 85%                            | 89%                         | 56%         | 57%             | 2               | 10           | 1                | 85%           | 100%               | 0                        | 0                              | 67%                   | 6%                 | 0                                                   | 8                                                             | 50%                           | 93%               | 6.39                   | 4                | 9       |   |
|                     | Simpson           | NA                             | NA                          | 96%         | 72%             | 1               | 3            | 1                | na            | 100%               | 0                        | 1                              | 100%                  | 76%                | 0                                                   | 4                                                             | 29%                           | 111%              | 6.90                   | 3                | 3       |   |
|                     | Stroke            | 94%                            | 93%                         | 99%         | 100%            | 1               | 6            | 0                | 100%          | 100%               | 0                        | 1                              | 91%                   | 36%                | 0                                                   | 5                                                             | 93%                           | 101%              | 7.98                   | 3                | 2       |   |
|                     | Tudor             | 96%                            | 94%                         | 89%         | 83%             | 0               | 6            | 0                | 86%           | NA                 | 0                        | 0                              | 91%                   | 19%                | 0                                                   | 1                                                             | 144%                          | 102%              | 10.92                  | 1                | 4       |   |
|                     | Winyard           | 96%                            | 91%                         | 89%         | 91%             | 0               | 1            | 1                | 91%           | 100%               | 0                        | 0                              | 90%                   | 91%                | 0                                                   | 9                                                             | 67%                           | 115%              | 7.04                   | 1                | 3       |   |
| Surgery             | Cleves            | 100%                           | 98%                         | 93%         | 88%             | 0               | 4            | 2                | 88%           | 100%               | 0                        | 0                              | 83%                   | 44%                | 0                                                   | 2                                                             | 84%                           | 102%              | 6.31                   | 2                | 5       |   |
|                     | DLM               | 90%                            | 93%                         | 95%         | 97%             | 0               | 2            | 1                | NA            | 100%               | 0                        | 0                              | 99%                   | 27%                | 0                                                   | 16                                                            | 52%                           | 101%              | 9.49                   | 1                | 3       |   |
|                     | Flaunden          | 100%                           | 100%                        | 90%         | 89%             | 0               | 0            | 0                | 56%           | 100%               | 0                        | 0                              | 87%                   | 40%                | 0                                                   | 6                                                             | 100%                          | 98%               | 5.18                   | 1                | 4       |   |
|                     | ICU               | 99%                            | 97%                         | 100%        | 100%            | 1               | 0            | 0                | 86%           | 100%               | 0                        | 0                              | 100%                  | 43%                | 0                                                   | 16                                                            | 100%                          | 96%               | 24.70                  | 1                | 3       |   |
|                     | Langley           | 100%                           | 100%                        | 98%         | 95%             | 1               | 0            | 0                | 100%          | NA                 | 0                        | 0                              | 98%                   | 57%                | 0                                                   | 21                                                            | 95%                           | 101%              | 6.32                   | 1                | 1       |   |
|                     | Letchmore         | 100%                           | 100%                        | 99%         | 100%            | 0               | 4            | 0                | 63%           | 100%               | 0                        | 0                              | 92%                   | 59%                | 0                                                   | 0                                                             | 100%                          | 100%              | 5.09                   | 0                | 1       |   |
|                     | Ridge             | 100%                           | 99%                         | 95%         | 97%             | 0               | 3            | 0                | 100%          | 100%               | 0                        | 0                              | 91%                   | 33%                | 0                                                   | 19                                                            | 100%                          | 96%               | 5.66                   | 0                | 2       |   |
|                     | Elizabeth         | 98%                            | 90%                         | 92%         | 98%             | 0               | 4            | 3                | 86%           | 100%               | 0                        | 0                              | 87%                   | 46%                | 0                                                   | 9                                                             | 62%                           | 98%               | 5.47                   | 2                | 4       |   |
| Paeds               | SCBU              | NA                             | NA                          | 91%         | 100%            | 0               | NA           | NA               | NA            | 100%               | 0                        | 1                              | 100%                  | 180%               | 0                                                   | 31                                                            | NA                            | 81%               | 9.41                   | 1                | 2       |   |
|                     | Starfish          | 99%                            | 100%                        | 86%         | 100%            | 0               | NA           | NA               | 67%           | 100%               | 0                        | 0                              | 88%                   | 9%                 | 0                                                   | 4                                                             | 76%                           | 96%               | 7.70                   | 1                | 5       |   |
|                     | CED               | 100%                           | 96%                         | 100%        | NA              | 0               | NA           | NA               | NA            | 100%               | 0                        | 0                              | 97%                   | 3%                 | 0                                                   | 22                                                            | NA                            | NA                | NA                     | 0                | 2       |   |
|                     | Safari            | 100%                           | 99%                         | NA          | NA              | 0               | NA           | NA               | NA            | 100%               | 0                        | 0                              | NA                    | NA                 | 0                                                   | 0                                                             | 100%                          | NA                | NA                     | NA               | 0       | 0 |
| Maternity           | Delivery Suite    | NA                             | NA                          | 77%         | NA              | 0               | NA           | NA               | NA            | 1000%              | 0                        | 0                              | 100%                  | 8%                 | 0                                                   | NA                                                            | NA                            | 84%               | 20.21                  | 0                | 3       |   |
|                     | Katherine         | NA                             | NA                          | 78%         | NA              | 0               | NA           | NA               | NA            | NA                 | NA                       | NA                             | 93%                   | NA                 | 0                                                   | NA                                                            | NA                            | 77%               | 4.39                   | 0                | 2       |   |
| Green               |                   |                                | >=90                        | >=90        | >=90            | >=90            | 0            | 0                | 0             | >=90               | >=90                     | 0                              | 0                     | >=90               | >=54                                                | 0                                                             | 0                             | >=90              | >=95                   | n/a              |         |   |
| Amber               |                   |                                | 80-89                       | 80-89       | 80-89           | 80-89           | n/a          | 1-4              | n/a           | 80-89              | 80-89                    | n/a                            | n/a                   | 80-89              | 50-53                                               | 1                                                             | n/a                           | 75-89             | 90-94                  | n/a              |         |   |
| Red                 |                   |                                | <=79                        | <=79        | <=79            | <=79            | >=1          | >=5              | >=1           | <=79               | <=79                     | >=1                            | >=1                   | <=79               | <=49                                                | >=2                                                           | >=1                           | <=74              | <=89                   | n/a              |         |   |

# Ward Scorecard

The ward score card is now being ranked by Safety and Process measures . Safety measures being taken as the leading indicator

## October 2016 Data

Scorecard weighting is separated into process (documentation) and safety (harm free care.

- 1<sup>st</sup> Letchmore – 0 safety and 1 process measure
- 2nd Oxhey , Ridge , UCC,CED Katherine and Red suite 0 safety and 1 process measures
- 11 Clinical areas had 0 safety trigger for October and 10 have 1 safety trigger.

## TYC Indicators : October 16

There are 5 indicators that are green for October ( above 90%)

- Infection control/Medication/Pain/ Resuscitation and continence
- 4 that are below 90% with one Red indicator (below 79% ) Nutrition is 78%
- Overall October results for adult inpatient wards remain at 90%
- The ward scorecard is highlighting an increased number of MRSA hospital acquired isolates. The infection control team reviewing this.

## October 2016 Data

Wards triggering 2 safety alerts, and if the total of safety and process alerts are greater than 7.

- **Sarratt**- 4 safety and 9 process measures. The safety measures are 1 grade 3 pressure ulcer, 1 grade 2, 10 Falls, 1 with low harm, below 90% in FFT feedback. Process measures are low in 8 of the care indicators in Test your care such as nutrition, tissue viability and infection control.
- **AAU BY3** – 6 safety and 6 process measures- The safety measures are 4 pressure ulcer grade 2, 11 falls, 1 with low harm. 1 MRSA isolate and 1 hospital acquired C diff, below 90% in FFT feedback. The process measures are low for Test Your Care- 7 of the care indicators are below 90%
- **Croxley** – 3 safety and 4 process measures- safety measures are 2 pressure ulcer 1 grade 3 and 1 Grade 2, 2 falls, 1 with low harm. The percentage on extremely likely is low. The process measures are overall Test Your Care results, tissue viability and number of shifts 8 hours less than planned, FFT results.
- **Bluebell** 3 safety 5 Process measures- 6 falls, 2 with low harm, 3 hospital acquired MRSA isolate . Process measures are supervisory shifts, a number of shifts more than 8 hours less than planned, FFT response rate and overall Test your care result.
- **AAU Blue 1** – 3 safety 4 process measures. 1 fall with low harm, 1 MRSA isolate . The process measures are Matron quality checks with Staff and patients, FFT response and likely recommend. 3 shifts less than 8 hours planned.
- **AAUGreen 1**- 2 safety and 6 process measures. 1 pressure ulcer grade 2 4 falls 1 with low harm. Process measures are matrons quality checks with staff and patients, response rate with FFT and numerous shifts with less than 8 hours planned, supervisory hours and fill rate at 94% (target 95%)
- **Cleves** – 2 safety and 5 process measures- 4 falls 2 with low harm, low Extremely likely rate with FFT. Process measures are Test your Care, commode audit, response rate FFT, 2 shifts less than 8 hour planned and supervisory shifts low.

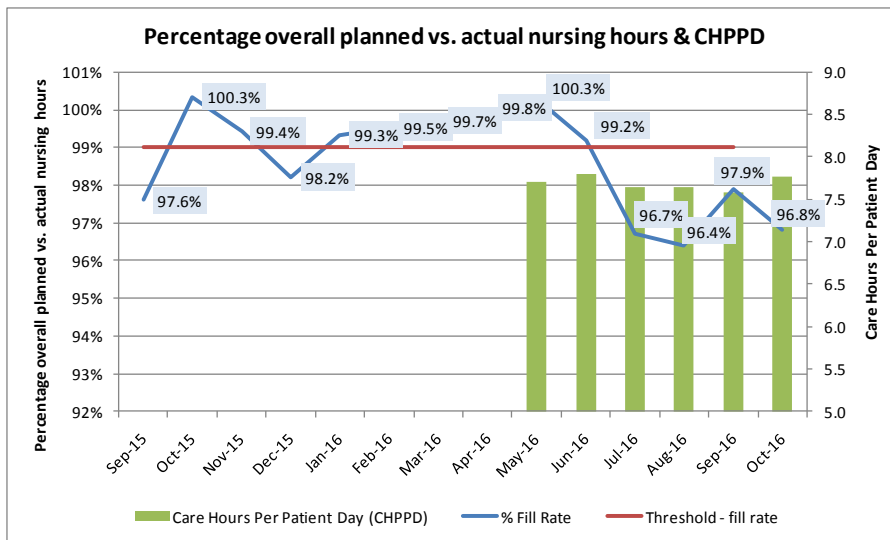
Improved from September 2016 Data – Heronsgate / Gade

## Action

- Safety huddles to reinforce Harms, deteriorating patients, and issues with medicines.
- Master documentation folder available in ward areas
- Ward Accreditation Tool to be launched in 2017
- Competencies framework agreed and band 5 competencies booklet in place.
- Band 6 competencies being looked at.
- Band 7 staff undertaking refresher clinical skills updates to support competency assessment framework.
- Clinical supervision training sessions have begun to support implementation of the new policy.
- Trialling immediate Response teams to deep dive following incidents such as falls , pressure ulcers ( grade 3 and above)
- Reviewing e- learning Nutritional tool by BAPEN
- Focus on Harm Free care by the specialist nurses using Mr B Harmfree
- Trial on new Falls prevention slipper socks in key wards.
- Thematic review of all grade 3 pressure ulcers with ward sisters and a focus on Harm Free care via the Pressure Ulcer Review and the Bone Health and Falls groups
- Safety Thermometer Deep dive completed and shared with staff.
- Power micro training on the wards by TVNs to re enforce the basics in pressure management and grading.
- Once a month 'Harm Free Friday' – Specialist nurses visiting clinical areas

# Safer staffing

| Indicator                      | Performance (October) | Threshold | Trend      | Forecast next month |
|--------------------------------|-----------------------|-----------|------------|---------------------|
| % Nursing hours versus planned | 96.8%                 | >95%      | Up         | >99%                |
| Care hours per patient day     | 7.8                   | n/a       | Consistent | 7.8                 |



| Indicator by shift and skill mix | Shift | RN    | Care staff |
|----------------------------------|-------|-------|------------|
| % Nursing hours versus planned   | Day   | 93.7% | 97.8%      |
|                                  | Night | 96.9% | 102.8%     |
| Care hours per patient day       | All   | 5.0   | 2.7        |

### What actions have been taken to improve performance

- Continued focus on recruiting nurses from overseas and retaining new staff. Continued focus on recruitment of HCA
- On-going focus on reducing reliance on high cost temporary agency staff monitored and continue with the monthly meetings with HONs/HOM
- On-going focused support in specialist areas where reliance on temporary workers remains high, e.g maternity, through to January 2017

### What is causing the variance

- Overall the % fill rate for October showed a reduction of 1.1% from last month but it continues to remain above the national target of 95%.
- The percentage of supervisory hours rate was not impacted upon, resulting in an increase of 3.8% from last month. While it is acknowledged that the fill rate is lower than planned, support staff and supervisory sisters continue to be deployed to maintain safe staffing levels
- The Spend on nursing agency as a percentage of total nursing spend showed an increase from last month due to increased activity in surge areas and high acuity in SCBU. The largest spend showing in Women and Children's and unscheduled care.
- There continues to be a downward trend on the % of Red flags reported on the daily sitrep resulting in a 2.2% decrease from last month.
- In line with revised reporting requirements to NHSI, Care Hours per Patient Day (CHPPD) has continued to be reported since May 2016. The monitoring will continue and inform targets to be set for 2017.