Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

TRUST BOARD
January 2018

Details of the Paper

Title	Operational Performance Report for December 2017
Responsible Director	Chief Operating Officer
Purpose of the paper	To present the integrated operational performance scorecard for December 2017
Action / decision required (e.g., approve, support, endorse)	To note the report and review the relevant exception reports

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	*Strategy*	*Workforce performance*	*New or elevated risk*
Legal	*Regulatory/ Compliance*	*Public Engagement /Reputation*	*Equality & Diversity*	*Partnership Working*	*Information Technology / Property Services*

ANNUAL OBJECTIVE

High quality emergency care

Improved access and performance in planned care

RISK	
Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*: Operational performance against the 4 hour emergency access standard & Referral to Treatment Times
	Financial Risk: Ability to control costs in light of unplanned growth in urgent care demand

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY	
Which CQC standard/s does this paper relate to?	Regulation 10 Dignity and respect Regulation 12 Safe care and treatment Regulation 17 Good governance

Author of paper: Chief Operating Officer	
Presenter of Paper: Chief Operating Officer	

Other committees / groups where this paper / item has been considered: Finance and Business Performance
Date of Paper: January 2017

<u>**Integrated Operational Performance Report**</u>

<u>**Executive Summary**</u>

1. This summary outlines the operational performance of the Trust for the month of December 2017, and identifies the key successes and risks for the organisation in its agreed operational indicators against Quality, People and Money.

2. Emerging / Continued Risks

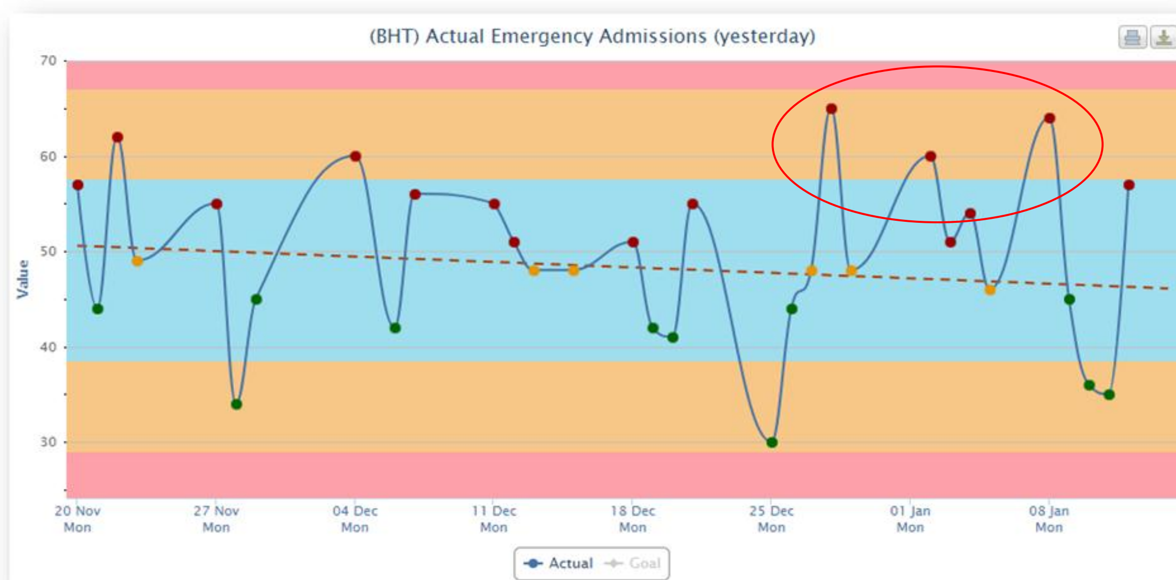
2.1 Emergency Access

The system's 4 hour performance through December and into January, along with the national and regional picture, was extremely challenging, and should be of concern to board members both in terms of quality of patient care, and financial impact (30% of Q3 Sustainability and Transformation Funding).

The Trust took a number of measures as part of its winter plan implementation:

- The launch of additional domiciliary care capacity in the first week of December (the equivalent of 20 'beds' worth of capacity).
- The cancellation of non urgent inpatient operating from the 22nd December – as per national guidance this was extended through to the end of January. This freed up additional bed capacity and front line clinicians to support emergency activity.
- Use of additional internal escalation bed capacity (16 beds).

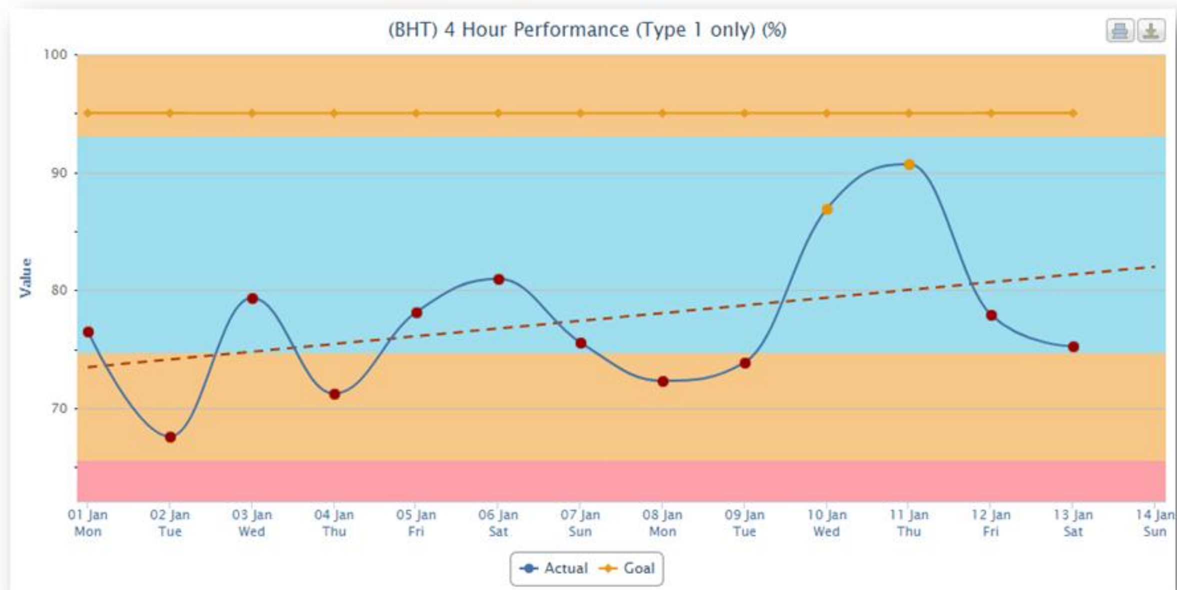
The levels of demand in terms of emergency admissions peaked just after Christmas, and despite extensive reductions in 'stranded' patients over this time period, the weight of admissions drove a significant flow problem from the 28th December:



The Trust has also seen rising level of demand for inpatient care for patient with flu since the turn of the year, peaking at the week commencing 15th Jan with 31 inpatient admissions.

Details of the Trust's recovery plan and actions to improve in the exception report provided:

performance is recovering through January, despite the Trust having seen its highest number of type 1 attendances ever over a weekend (20-21st January):



2.2 Planned Care Access

The Trust's 62 day caner performance remains too variable, despite actions to recover the monthly position in December. Key challenges remain in capacity especially in lung and urology services, pathology turnaround times and tertiary pathways.

The Trust has recruited an additional urologist, who started in December, and in February will be launching a transformational pathway that sees lung urgent referrals going directly to CT and be followed up 'virtually' if required to reduce demand and waits in outpatients.

In addition, the Trust will be receiving in quarter 4 and 18/19 funding from the Cancer Alliance to deliver the following changes amongst others:

- Rapid access into services from screening programmes
- Implementing Multi-disciplinary Diagnostic Clinics
- Roll out of best practice pathways in prostate, lung and upper / lower GI
- Training and education for primary care

The Trust's Referral to Treatment Time performance is reflective of the on-going pressure on its elective programme following demands on the emergency pathway, almost exclusively in orthopaedics, and is subject to the attached exception report.

2.3 Quality

The following areas are subject to exception reports to be reviewed by the Quality Committee:

- MRSA bacteraemia
- Avoidable pressure damage
- Inpatient falls

The Trust sits at risk of delivery of underdelivery of some of its key performance improvement trajectories against harm indicators: these are subject of detail recovery work from the clinical teams and should be picked up in detail through the quality report.

2.4 People

The largest risk presented here and in the Workforce Report is the challenging performance against trajectory on the nurse vacancy rate, and turnover rate, and the board should be drawn to scrutiny over the recovery actions presented and their link to the operational and quality pressures on the organisation.

3.0 The Board is asked to note the Integrated Performance Report for December 2017, associated risks and improvement trajectories.

TRUST INTEGRATED OPERATIONAL FLOODLIGHT REPORT - DECEMBER 2017

CQC RATING				REQUIRES IMPROVEMENT			
QUALITY							
↑	Oct16 to Sep17	**HSMR**	**89.6**	↓	Nov-17	**Readmissions**	**8.0%**
↓	Oct16 to Sep17	**SHMI**	**0.98**	↓	Nov-17	**Cancer 104 day waits**	**3**
↑	Nov-17	**RTT Open Pathways**	**91.8%**	↓	Dec-17	**A&E - 4 hours**	**82.5%**
↓	Nov-17	**Complaints - response in 25 days**	**80%**	↑	Nov-17	**RTT 52 week waits**	**0**
↓	Nov-17	**Complaints - response o/s > 90 days**	**20**	→	Dec-17	**12 Hour Trolley Waits**	**0**
↓	Nov-17	**Cancer 62 days**	**79.2%**	→	Dec-17	**Never events**	**0**
↑	Dec-17	**% Harm free care**	**93.7%**	↓	Dec-17	**Inpatient falls**	**117**
→	Dec-17	**Outstanding patient safety alerts**	**0**	→	Dec-17	**Mixed sex breaches**	**0**
↓	Dec-17	**Avoidable pressure ulcers (3/4)**	**2**	↑	Dec-17	**Statutory training**	**87%**
↓	Dec-17	**Cdiff**	**2**	→	Dec-17	**MRSA Bacteraemia**	**1**
→	Nov-17	**VTE Risk Assessments**	**97.0%**	→	Dec-17	**Medication errors (severe harm)**	**0**
↓	Dec-17	**FFT % positive (inpatient)**	**94.2%**	↑	Dec-17	**% Optimum Staffing (RN) (Safe Staffing)**	**87.8%**
EFFICIENCY							
↑	Nov-17	**Delayed transfer of care (DTOC)**	**4.2%**	↓	Dec-17	**Community - POA referrals**	**970**
↑	Dec-17	**SMH - Medical length of stay (days)**	**7.9**	↑	Dec-17	**% Staff Temporary Spend**	**10.6%**
↑	Nov-17	**Clinical Coding backlog (> 6 weeks)**	**246**	→	Nov-17	**Coded within target**	**96%**
↓	Dec-17	**Liquidity Ratio**	**0.56:1**	↓	Dec-17	**Theatre Utilisation**	**76.4%**
↑	Nov-17	**CIP plan delivered**	**61.0%**	↑	4Dec to 31Dec	**Rosters KPI**	**67%**
PEOPLE							
↑	Nov-17	**Sickness rate**	**3.9%**	↑	Dec-17	**Appraisals completed**	**83%**
↓	Dec-17	**Staff turnover**	**15.8%**	↓	Jun17 to Sep17	**Staff FFT - recommend place to work**	**60%**
↓	Dec-17	**Nursing vacancy rate**	**18.2%**	↓	Jun17 to Sep17	**Leadership Index (BHT way)**	**36%**

MOST IMPROVED

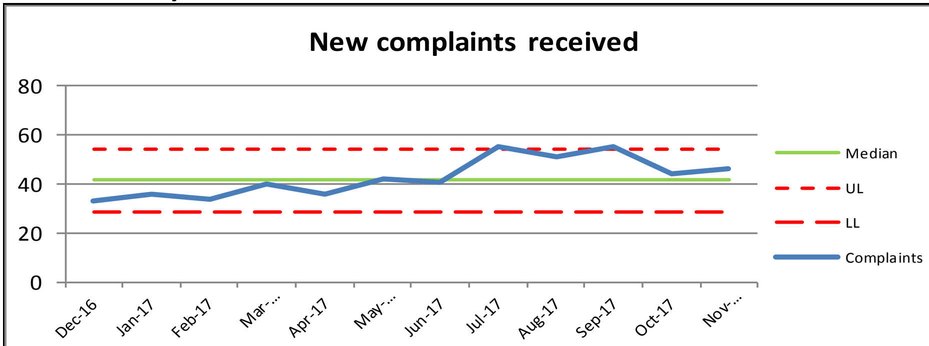
>Statutory training
>% temporary staffing spend
>Clinical coding backlog
>Sickness rate
>Appraisals

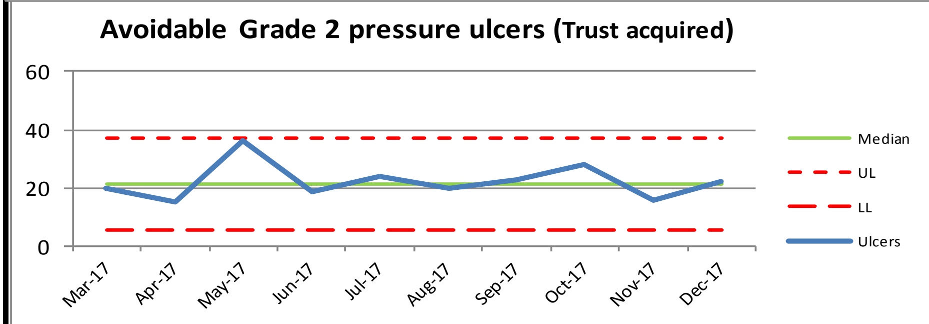
MOST DETERIORATED

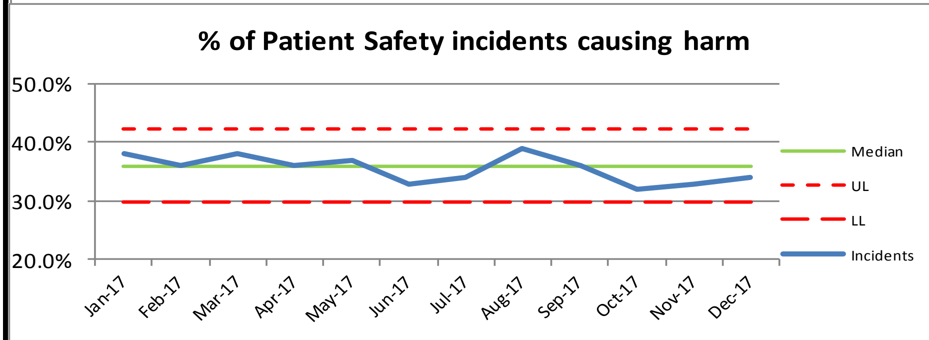
>Complaint responses
>Pressure ulcers
>Inpatient falls
> A&E - 4 hours
> Cancer 62 days
> Nurse vacancy rate

QUALITY - LEADING INDICATORS (SPC) (rolling 12 months)

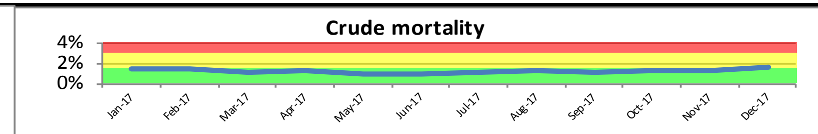
Lead - Quality Committee

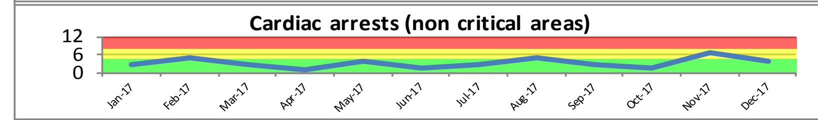


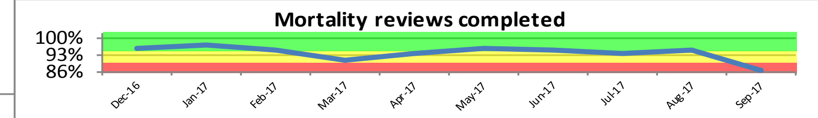


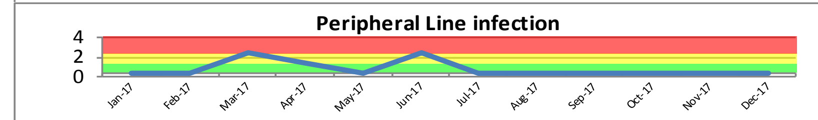


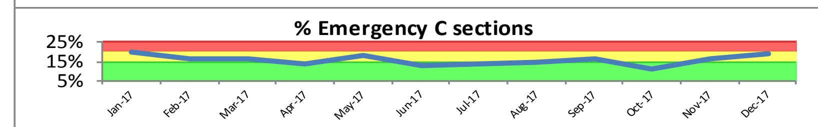
QUALITY - TREND INDICATORS

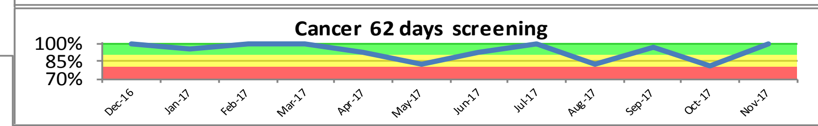


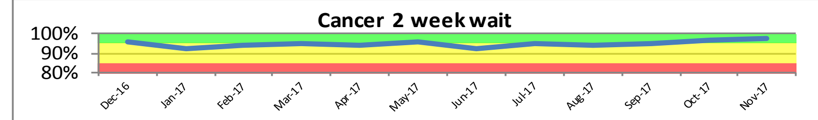


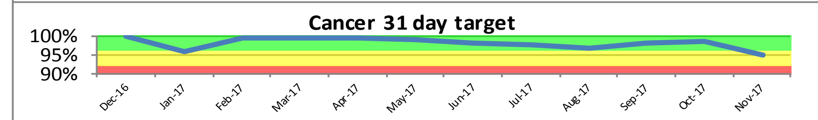


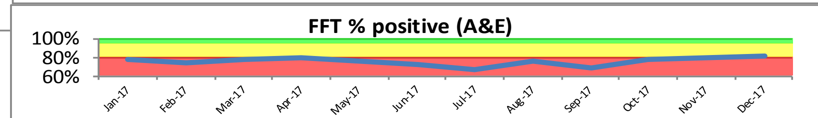


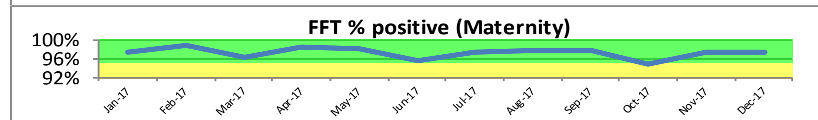


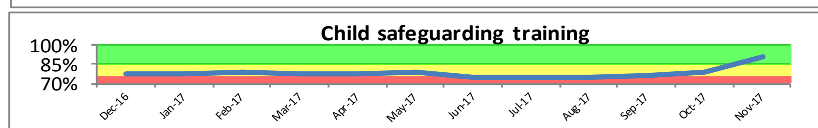






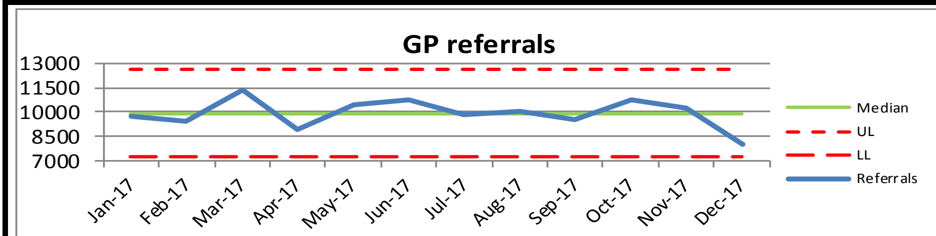


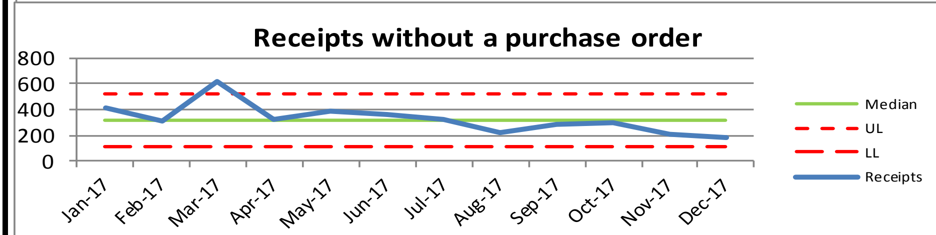


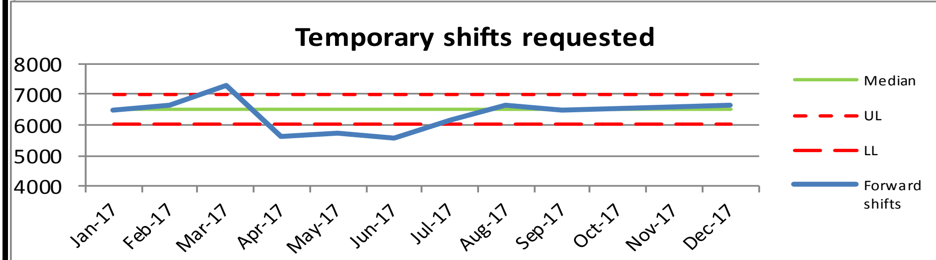


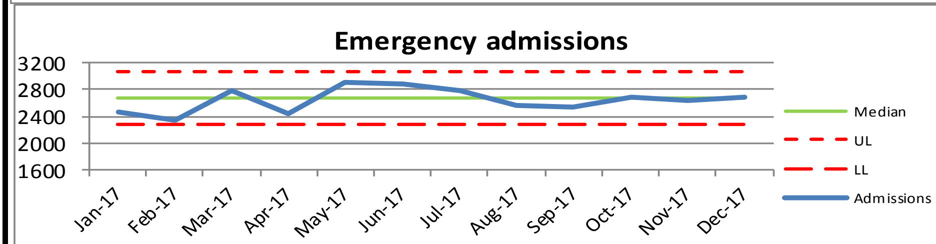
EFFICIENCY - LEADING INDICATORS (SPC) (rolling 12 months)

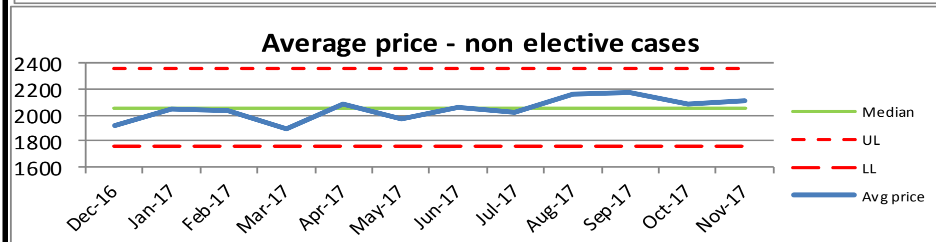
Lead - Finance and Business Performance Committee











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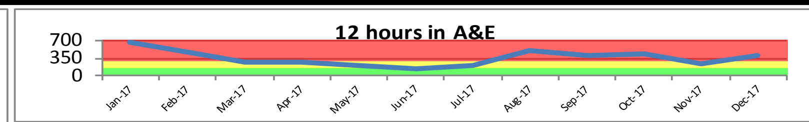
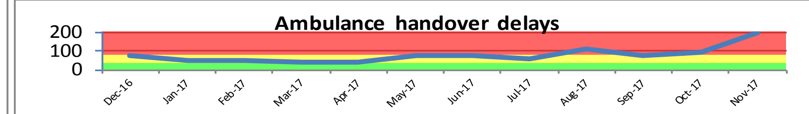
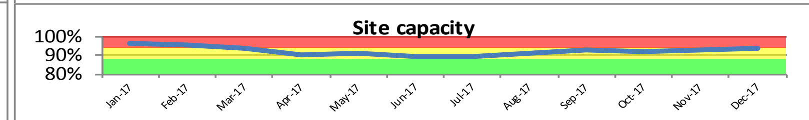
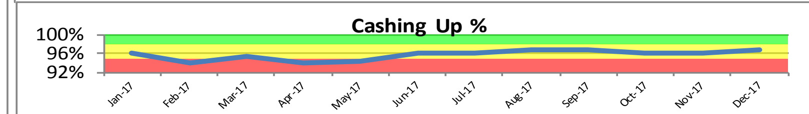
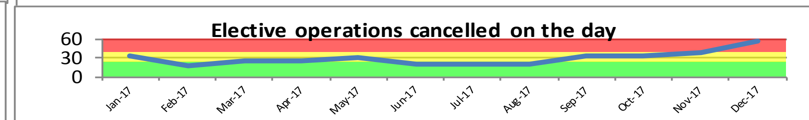
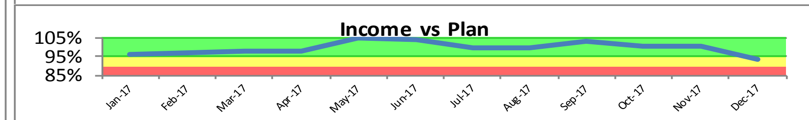


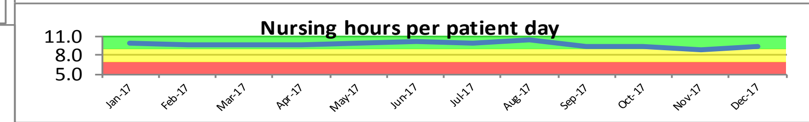


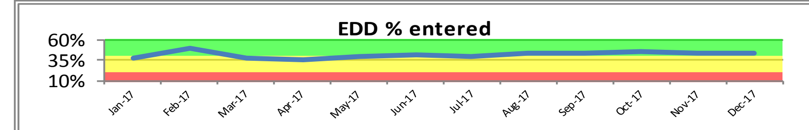


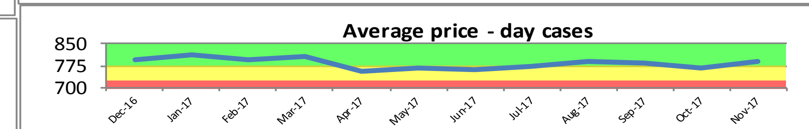


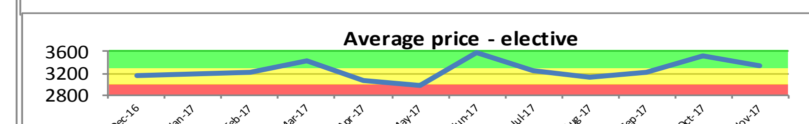






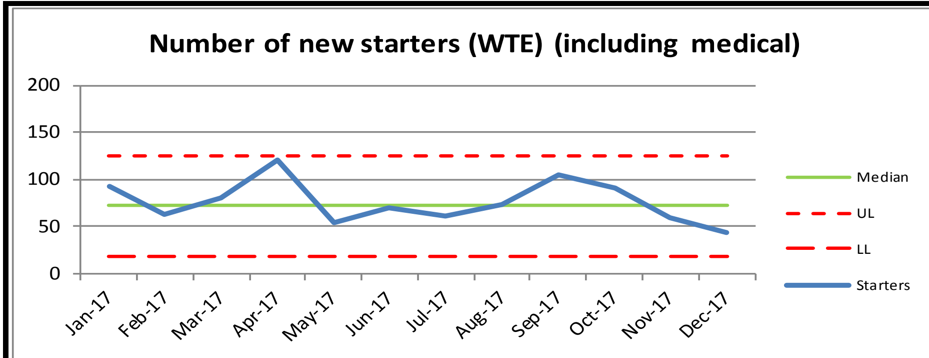


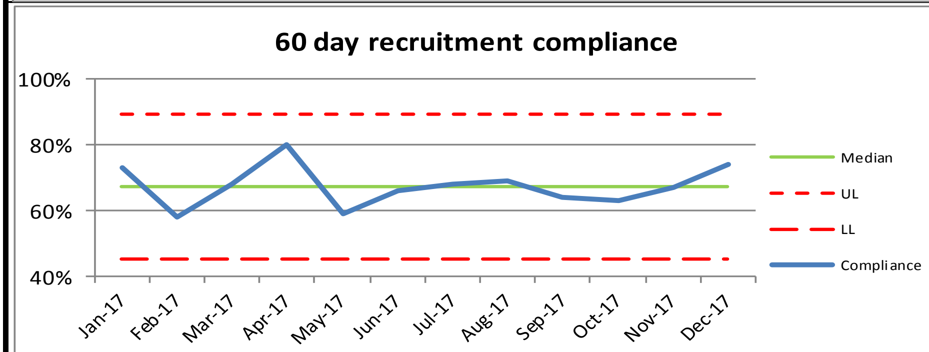


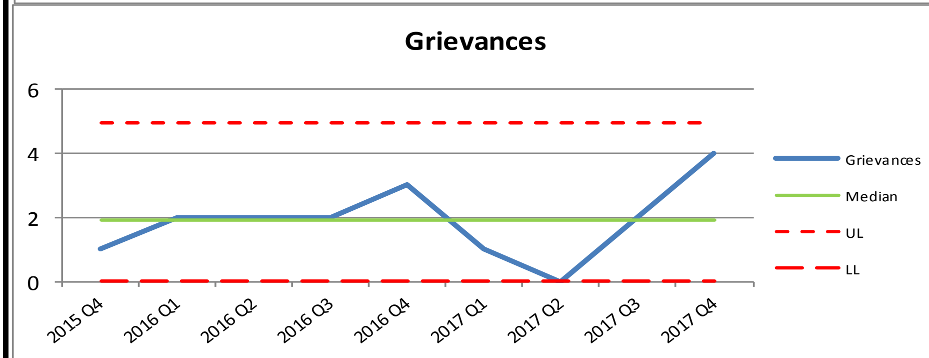


PEOPLE - LEADING INDICATORS (SPC) (rolling 12 months)

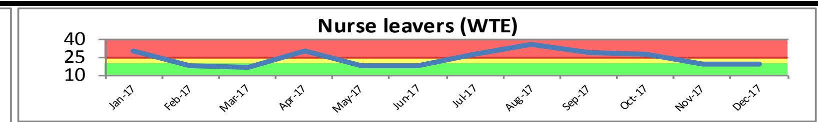
Lead - Workforce Committee

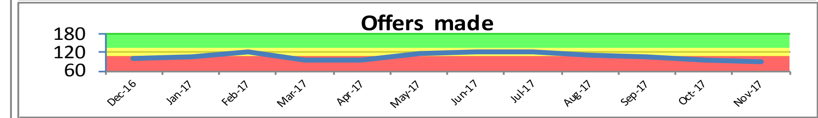


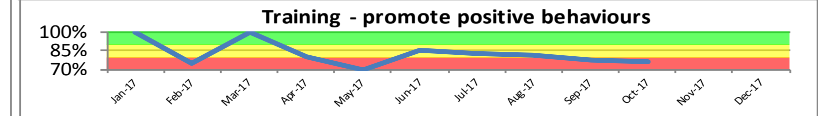


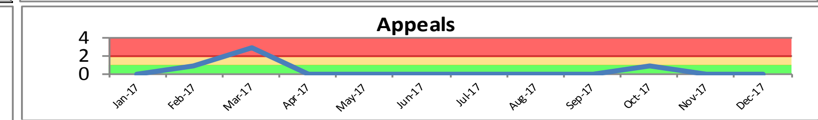


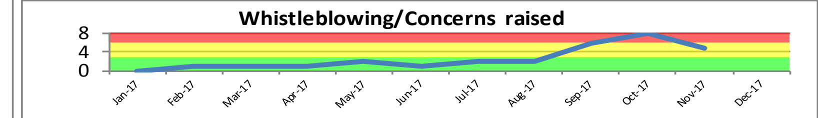
PEOPLE - TREND INDICATORS

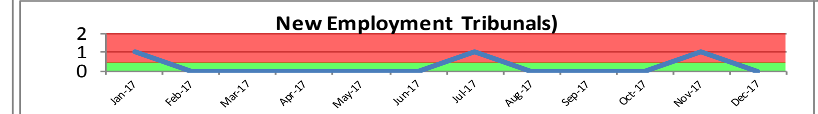


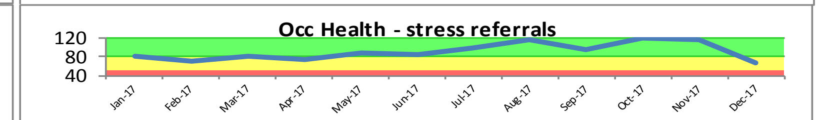


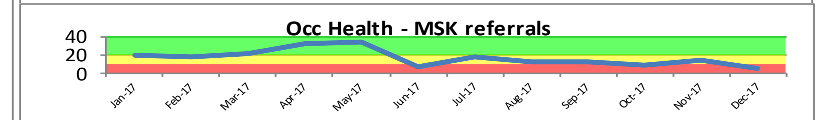












THIS APPENDIX SHOWS THE KPI's THAT APPEAR ON THE FLOODLIGHT - AND THE COMMITTEE THAT HAS LEAD RESPONSIBILITY FOR IT

Finance and Business Performance Committee

- % staff temporary spend
- 12 hour trolley waits
- A&E - 4 hours
- Cancer 104 day waits
- Cancer 62 days
- CIP plan delivered
- Clinical Coding backlog
- Coded within target
- Community - POA referrals
- Delayed transfer of care (DTOC)
- Liquidity ratio
- Readmissions
- Rosters KPI
- RTT 52 week waits
- RTT Open Pathways
- SMH - Medical length of stay (days)
- Theatre utilisation

Quality Committee

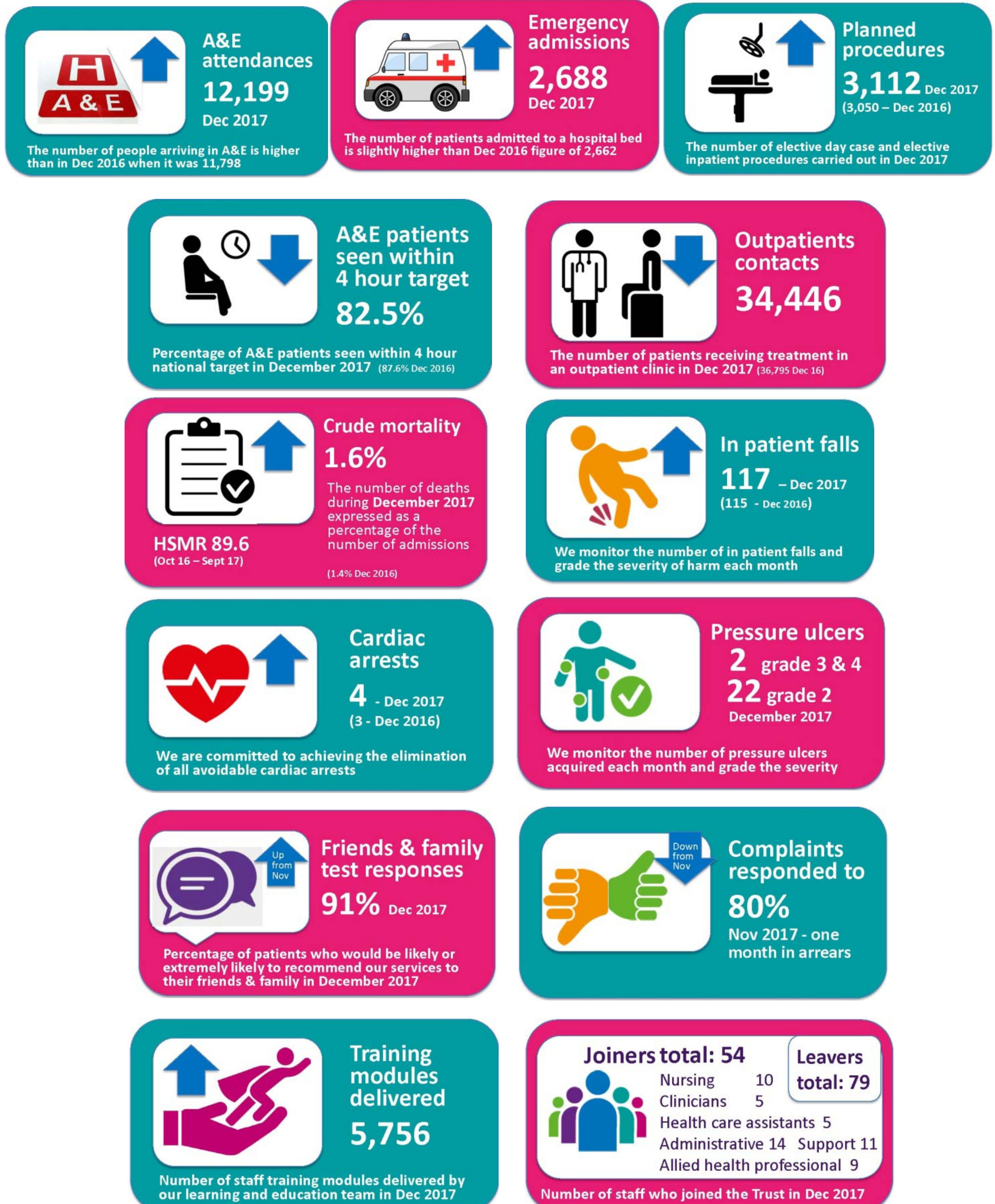
- Avoidable pressure ulcers (3/4)
- Cdiff
- Complaints - response in 25 days
- Complaints response o/s >90 days
- FFT % positive (inpatient)
- Harm free care
- HSMR
- Inpatient falls
- Medication errors (severe harm)
- Mixed sex breaches
- MRSA Bacteraemia
- Never Events
- Optimum staffing (RN) (Safe Staffing)
- Outstanding patient safety alerts
- SHMI
- VTE Risk Assessment

Workforce Committee

- Appraisals completed
- Leadership index (BHT way)
- Nursing vacancy rate
- Sickness rate
- Staff FFT - recommend place to work
- Staff turnover
- Statutory training

Buckinghamshire Healthcare NHS Trust

Month in numbers
January 2018 with December 2017 data



Please note: arrows show comparison with December 2016 data (figures going up or down) unless stated otherwise and are not intended as an indication of performance

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

Performance Exception Report January 2018

Standard Turnover target is 12%, trust-wide turnover currently stands at 15.8% (as at 31st December 2017)

Definition Turnover is the calculation of leavers fte against the average staff in post fte, an increase in leavers against a static or reducing staff in post will result in an increased turnover rate. Turnover is calculated over a rolling 12 months, so individual monthly fluctuations have less of an impact month on month, but as patterns across the 12 month period form, so they will be reflected in the % calculation.

The Issue

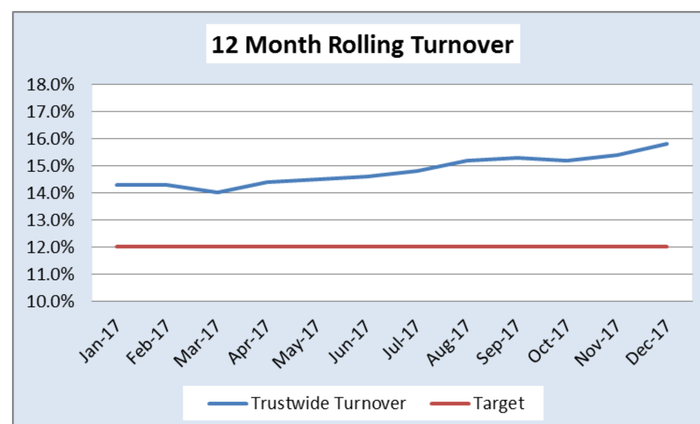
Trust wide turnover is 15.8% for December 2017, a 0.4% increase on November 2017, 3.8% above our target.

It has been evident for a while that some of the issues we are facing with our vacancy rate are a result less of a failure to recruit and more about an retention issue. We are planning further targeted work to address our attrition rate;

- BHT Retention Manager recruitment in progress – in post from Jan 18
- STP retention Lead to be based within BHT- in post from January18 has been delayed due to need to re-recruit
- 'Itchy feet' and other recruitment team activity to be more focused in hot spot areas and target groups, e.g. in year one of staff being in post with BHT
- Staff Wellbeing services being reviewed to ensure proactive and timely interventions despite limited resources, this has begun and will be complete by April 18
- Wellbeing service case Mangers continue to offer exit interviews – this is being reviewed to target 'stay' interviews that can happen earlier than exit interviews, to identify themes and offer solutions other than leaving the Trust. We are looking to align this with the a coaching/ mentoring approach in collaboration with ELD.
- Internal transfer process for nursing staff has been streamlined
- On-going analysis of quantitive and qualitative data to identify hotspots (by area/ job role/ age) and an action plan is being developed that enhances current activities and develops new initiatives and will be managed by BHT retention manger once in post (End of Jan 18)

Performance

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Trustwide Turnover	14.3%	14.3%	14.0%	14.4%	14.5%	14.6%	14.8%	15.2%	15.3%	15.2%	15.4%	15.8%
Target	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%



Starters / Leavers comparison												
	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Total Starters	97.4	58.7	81.3	123	55.5	73.5	73.8	73.2	117.2	91.8	58.9	44.2
Total Leavers	83.2	45.5	49.2	78.5	61.6	55.3	95.3	76.4	91.3	70.1	57.8	58.0
Difference	14.2	13.2	32.1	44.5	-6.1	18.2	-21.5	-3.2	25.9	21.7	1.2	-13.8

Stoke Mandeville Hospital - A&E Exception Report for December 2017

Summary

Performance against the 4-hour standard for December 2017 was 82.47% against a national target of 95%. This represents deterioration in performance from November 2017 which was 85.52% though is very much in line with the national position and slightly better than neighbouring Trusts who experienced further decline in performance during the month of December.

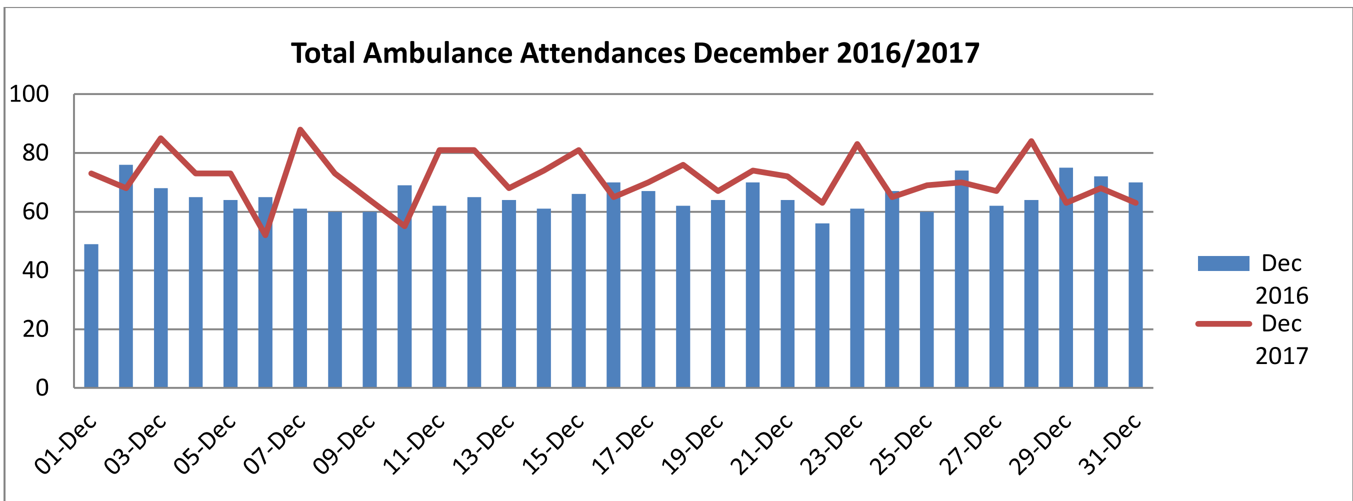
Main drivers for underperformance are:

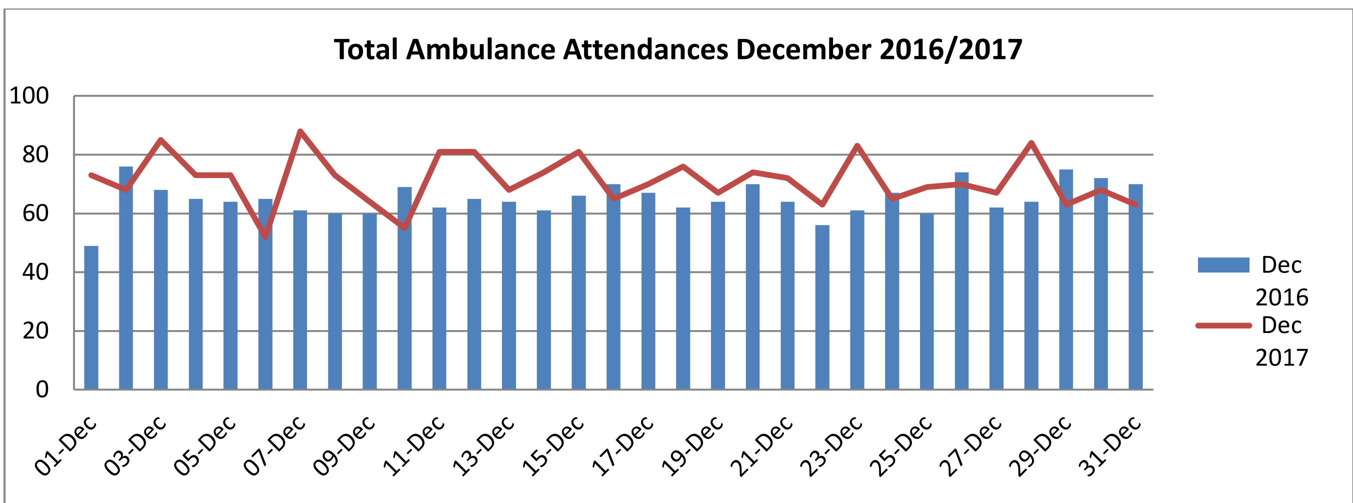
- Weather – periods of snow and ice caused an increase in T&O presentations and patients who required surgery
- Flu - Impacted both staff and patients across the local healthcare system impacting upon A&E, medical wards, Primary care and Social Services.
- Increased attendances to A&E and particularly out-of-hours (OOH) – 12,199 attendances in December 2017 compared to 11,798 in December 2016 (an increase of 3.4%).
- Average attendances of 394 per day with large variances due to weather and festive break.
- Increased acuity – measured by the number of patients seen in the 'Resus' and 'Majors' areas of the department as well as the number of patients arriving by ambulance which has increased in recent weeks as the local healthcare system responds to a challenging winter period.
- Staffing challenges – Nursing staffing in particular remains a challenge across the organisation and particularly in A&E and Acute Medicine
- Increased LOS – Due to a number of initiatives across the Trust, Community and the wider healthcare system focussed on admission avoidance and care closer to home, patients who are presenting to A&E and require admission often present with complex care needs which is resulting in a higher length of stay
- Limited physical space within A&E to see patients and initiate treatment
- Poor patient flow throughout the local health system due to capacity constraints across a number of specialties and service areas

Ambulance Arrivals:

Month	Ambulance Arrivals
December 2016	2013
December 2017	2208

- 9.68% increase in the number of patients arriving via ambulance in December 2017 compared with December 2016
- On 24 of the 31 days, more ambulances were received in A&E after 8pm than was the case for the equivalent days in 2016.
- For 6 of the days in December 2017, BHT received over 30% more ambulances than on equivalent days in December 2016 and in one case it was almost 50% more.
- There were at least 12 ambulances received overnight on 84% of days in December 2017 compared to 12 or more ambulances on 61% of days in December 2016.





A&E Rapid Improvement Project

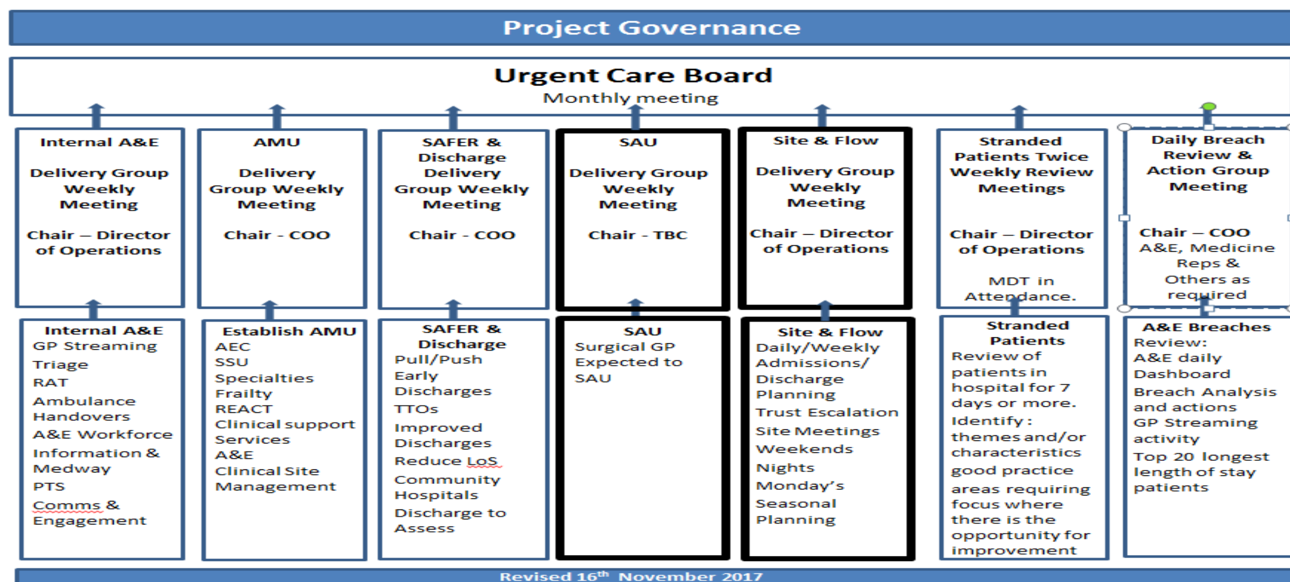
Following some changes in recent weeks and feedback from clinical and operational teams, the A&E rapid improvement plan is being refocused to identify priority areas with the greatest impact in the short-term as well as to ensure longer-term improvement initiatives. Key areas of focus include:

- Creation of additional capacity for A&E through the development of a Clinical Decision Unit (CDU) where patients under the care of Emergency Care physicians can wait appropriately and under observation for a 4-12 hour period (late January 2018)
- Creation of a modular build for Rapid Assessment and Treatment (RAT) to create additional space to support timely ambulance handovers (22nd January 2018)
- Improving resilience of the GP Service to ensure robust cover and fill-rate of shifts
- Development of a 'Fit2Sit' area within the Majors' area of A&E to create 4 additional spaces for patients who are able to sit in a chair as opposed to a trolley
- Improved validation process in A&E together with real-time tracking
- Removal of Medical GP Expected Patients from the A&E pathway for the patients to be seen and assessed in the Medical Assessment Unit
- Pull/Push of patients from AMU to Short Stay Unit and Specialty Wards across 7 days
- Rollout of SAFER across all ward areas
- Early discharge of patients from wards to create flow in AMU
- Implementation of additional capacity through Discharge to Assess

A&E Rapid Improvement Project Governance

The objective of the project is to achieve and sustain delivery of the 4-hour standard against nationally set targets. Project and workstream leads attend weekly meetings where they are held to account for delivery and implementation of actions by the Chief Operating Officer and the Director of Operations.

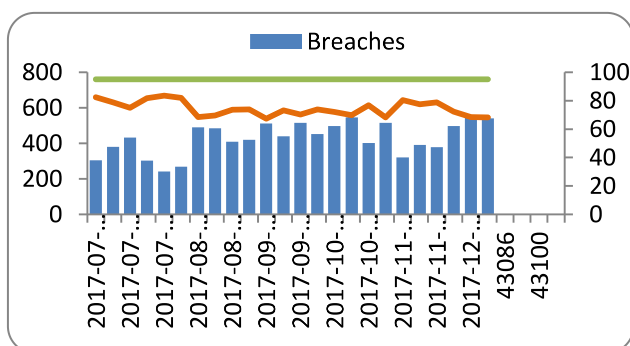
There is active clinical engagement and involvement through Project Group membership, led by clinicians and service leads. The consensus of opinion amongst aforementioned leads is to refine the plan under the same governance arrangement (shown below) and to focus it on the highest impact areas to help deliver clinical, operational and financial resilience through winter 2017/18.



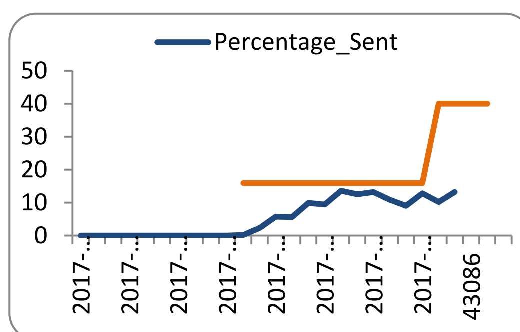
Workstream updates and exceptions:

Internal A&E

1) Breach Report - Number of 4hr Breaches and % Performance



2) GP Streaming - Up to 30% of A&E Attendances Streamed to GP



Ambulance Handovers and Rapid Assessment – A standard operating procedure has been agreed to improve the timeliness and safety of ambulance handovers. The modular build which will deliver increased capacity through an additional space for the rapid assessment of patients has unfortunately been delayed by 4 weeks due to findings of asbestos in a recent site survey. The new build will now be available from 22nd January 2018.

Physical space and capacity within the department can be further increased through the provision of a Clinical Decision Unit (CDU). The clinical and operational teams are working with estates to help develop a series of options which would provide this facility to patients attending the emergency department.

A national ‘Fit2Sit’ directive which supports staff to help identify patients who are able to safely sit in a chair rather than a trolley when they attend the department has been well received by clinical staff with good evidence supporting its implementation. This will be a key area of focus for the A&E team over the coming weeks.

The GP service is now fully functional within the department. In the coming weeks, children presenting to the department will also be seen by the GP service which is appropriate for patients whilst supporting the utilisation of resources most effectively. The greatest constraint to the effective delivery of this service is staffing. Although the fill-rate of medical shifts has recently increased to 75% for the forthcoming month, this still leaves significant rota gaps which mean the service cannot reach maximum capacity.

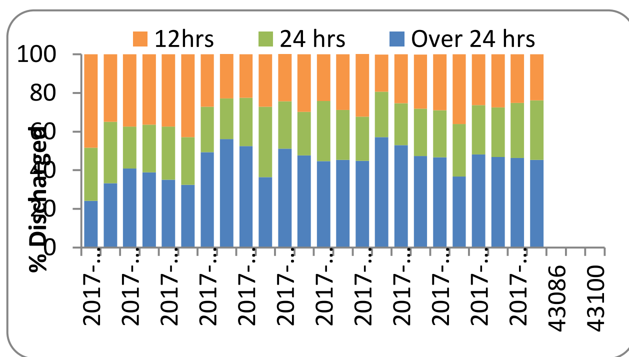
Staffing the emergency department remains a challenge. A number of initiatives are now underway to support recruitment and retention within the department though staffing is considerably under established against neighbouring Trusts.

Acute Medicine – AMU

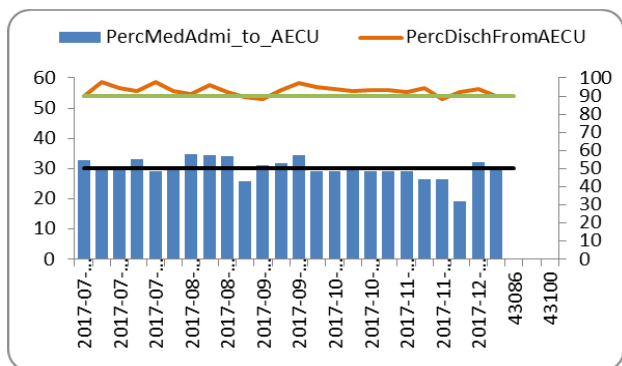
The re-launch of the Acute Emergency Unit took place in early December 2017. New ways of working in the unit allow ‘medical expected’ patients (those referred by a GP) to be transferred to the acute medicine unit instead of remaining inappropriately in the emergency department. Unfortunately, limited bed capacity has meant the re-launch hasn’t been as successful as initially envisaged. However, the A&E worstream including a rapid assessment space, a CDU and a ‘fit2sit’ area are expected to reduce the number of patients being transferred to AMU and thus to help release capacity.

The Ambulatory Emergency Care (AEC) service sees patients in an outpatient setting and helps to prevent admission to an inpatient bed. In recent weeks, a reduction in GP’s working within the service has reduced the number of patients who are able to be transferred to the unit. This is expected to increase in the coming weeks with a better fill-rate of shifts.

% of Patients on AOU discharged within 12hrs, 24hrs and Over 24hrs



25% of Medical Admissions to AEC (90% managed with no onward admission)



Safer and Discharge Delivery

‘SAFER’ is a methodology which focuses on ensuring:

- **S**enior review of all patients,
- **A**ll patients have an expected date of discharge,
- **F**low of patients commences at the earliest opportunity
- **E**arly discharge is prioritised
- **R**eview of all patients with a length of stay of over 7 days is undertaken

The workstream is progressing well with recommendations from NHSI being implemented and acted upon. Site managers are actively involved in a new ‘push/pull’ planning process from the acute medical unit and the role of volunteers supporting day rooms on wards has been agreed. Key areas of focus over the coming weeks will be supporting the site team in effective flow to and from wards, ensuring that prescription and drug charts are written

up accurately in advance of a safe discharge and in increasing focus on patients with a length of stay over 7 days (termed ‘stranded patients’) and those with a stay of over 21 days (‘super-stranded patients’).

Patients Have an EDD with Breakdown of Patients Discharges Before EDD and Patients Discharged After EDD

% Discharged
EDD %

Discharge to Assess (D2A)

Discharge to Assess is primarily about patients having their needs assessed in their usual place of residence, or own home, as soon as they are medically optimised and safe to leave hospital. It’s about not making a patient wait unnecessarily for assessment and support that should be able to be provided out of hospital. There has been a number of pathways that a patient journey can take to discharge and the traditional assess to discharge model is used. Recent campaigns by NHS Improvements, ECIP & NHS England have showcased the importance of prompt discharge and early decision making to facilitate discharge.
In order to facilitate timely and safe discharges from hospital a whole system change is needed. Deliverables should include:

- 7 Day a week Discharges
- Home First
- Limited Assessments take place in hospital
- No longer term decisions are made in hospital
- Following a review of best practice from a number of systems such as Worcester, Warwick & Medway the system have now developed a 4 pathway approach.

Discharge to Assess launched in December 2017 with the following community provision commissioned to facilitate discharge to assess:

1. 100 hours of domiciliary hours delivered by two independent sector providers
2. 10 Care home beds

Further resources have been awarded to the system to increase the capacity of discharge to assess this winter and further hours of domiciliary care and extra care home beds are being commissioned.

Winter Review

The A&E Delivery Board has requested a review of the system wide resilience plan which was enacted over the festive and New Year period. The review will include a gap analysis of service provision which was planned though wasn’t able to be delivered and will cover all providers.

From a BHT perspective and although performance against the A&E indicator wasn’t as successful as planned, the number of patients safely discharged ahead of Christmas was higher than previous years. Resilience planning also

meant the fill-rate of shifts was improved and that admissions were minimised over the period allowing the Trust and system to perform better than other local healthcare providers.

Buckinghamshire Healthcare NHS Trust

Performance exception report December 2017

Standard:	**Referral to Treatment Time (18 weeks)**
Definition:	**Greater than 92% of the total elective waiting list to be waiting less than 18 weeks for treatment**

Background
Growth in elective demand, especially in surgical specialties, has pushed BHT's compliance against the 92% Referral to Treatment Time (RTT) performance target down since Q4 16/17. The issue is predominantly focused around rising demand and prioritisation of urgent care activity from mid-December onwards.

2017/18 monthly recovery trajectory – planned December target 91.6%, actual submission 90.6%

RTT specialty	Actuals											
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Trend
BHT total	90.1%	90.1%	89.0%	90.4%	90.7%	90.9%	91.1%	91.5%	91.6%	91.8%	90.6%	↓
Gen. Surgery	92.8%	92.2%	92.0%	92.4%	91.8%	91.7%	92.4%	92.6%	92.9%	92.8%	92.4%	↓
T & O	85.6%	84.5%	81.5%	81.2%	80.8%	81.7%	81.0%	80.9%	80.7%	78.5%	74.0%	↓
Ophthalmology	77.3%	76.8%	77.7%	81.6%	82.0%	80.8%	80.6%	81.8%	84.3%	85.7%	83.5%	↓
Paediatrics	93.6%	95.9%	93.7%	95.9%	96.4%	95.0%	92.9%	94.3%	93.7%	96.0%	97.2%	↑
Oral Surgery	82.6%	84.7%	84.4%	85.6%	87.2%	88.2%	88.1%	86.2%	84.4%	85.8%	85.4%	↓
Pain Mgt.	80.7%	78.8%	75.2%	77.2%	76.7%	78.1%	77.4%	80.6%	82.9%	85.8%	87.5%	↑

The issues:
There has been a decrease in performance this month which is mainly attributed to an increase in the backlogs for T&O and Ophthalmology, both adult and paediatric.

- T&O – Increase in trauma numbers following the snow in December (↑262 admissions) including 51 fractured neck of femurs.
  Winter surgical plan commenced 18 December – increase in day case work and additional trauma lists at WH in place of elective lists. 64 patients rearranged (equates to 10% of the backlog)
- Pain Mgt. – continued steady improvement in December.
- Ophthalmology – Slow uptake for outsourced cataract work by BMI continues alongside loss of cataract Fellow – delays with recruitment.
- Oral – Middle grade resignation causing capacity gap.

Recovery and additional actions:

- Demand/capacity exercise for all specialities to be undertaken - T&O completed. Next speciality will be OMFS and Pain
- Pain – additional activity planned for January.
- Ophthalmology – Additional weekend operating/clinics. No operations to be cancelled to provide clinic cover of other sub – specialities. Extra clinics being run to target paediatrics. One new cataract Fellow starting in January
- Oral – additional PAs given to OUH consultants. Priority being given to managing cancer pathway. Locum Speciality Doctor to be recruited.
- T&O – Move as much remaining elective work to WH as possible from SMH. Consider outsourcing 350 procedures to reduce backlog to BMI or RBH (Admitted waiting list 18+ weeks is 698 as at 30 Nov '17)

Risks and mitigation:

- On-going consultant sickness in Pain due to phased return. Reviewing full time support from Anaesthetics Department to cover Pain service gaps
- Adverse weather resulting in cancelled theatre/Outpatient activity and loss of elective T&O operating to manage trauma surge
- Continued requirement to cancel all non-urgent elective operating in January to support the increased numbers of emergency patients.

Buckinghamshire Healthcare NHS
NHS Trust

Performance Exception Report January 2018

Standard	Clostridium difficile objective: No more than 32 in 2017/18

The Issue

BHT apportioned Clostridium difficile cases.

BHT have reached their end of year objective – 32 cases to date 20/11/17

Total cases up to end December	35
BHT cases where lapse in care was identified and the lapse contributed to the infection – Avoidable	12
No lapse in care - Unavoidable	20
To be confirmed	3

Cases by Division:

Division	Cases
Integrated Elderly & Community Care	10
Integrated Medicine	14
Specialist Services	4
Surgery & Critical Care	7

Actions:

Cleaning

- Tristel disinfectant implementation programme complete.
- Hygiene Solution (external company) has provided the proposal for the annual deep clean programme and a focused programme of decontamination in urgent care areas (AOU, 10 & A&E). This was scheduled to commence in January however the winter pressures have resulted in a re-schedule to 1st April. Property services is in discussion to integrate this work within their budget setting for the year ahead.
- The current cleaning audit process has been reviewed to give clarity to the data, the new facilities monitor is now in post, and monthly reports are being provided and are monitored through Domestic Services Review meetings.
- Property services have recruited three additional independent supervisors to oversee cleaning. They will commence in March 2018.
- Sodexo report trends in cleaning concerns through their monthly performance reports.
- Weekly operational contract meetings with Sodexo has domestic services on the agenda with weekly external audit results being monitored.
- A to Z cleaning inventory of ward/departmental patient equipment has been reviewed and printed.
- Environmental swab results reported on divisional IPC reports. Cautions and failures are reported through the Helpdesk system in real time to address these.
- Environmental swab testing has changed from a reactive approach to a proactive planned rolling programme.
- Infection Prevention Control team and Facilities team attended Sodexo staff training on 7th December to gain assurance on cleaning education that Domestics receive.

Antimicrobial Stewardship

- To ensure the most commonly used, key antibiotic guidelines, i.e. for urinary and respiratory tract infections, recommend narrow-spectrum antibiotics and the shortest duration of therapy as supported by the latest evidence. The respiratory Infection guideline has been updated and is going to the Respiratory SDU. UTI guideline in the process of being updated..
- Antimicrobial Policy updated and implemented. Pharmacist actions: Stop prescriptions if a duration is stipulated and query all prescriptions with the responsible prescriber, that continue beyond 7 days where there is no clear reason documented in the patient's medical notes
- Develop simple risk assessment tool/priority sheet that can be used by Healthcare Professionals within admitting wards, listing 5 key points (risk rated) for acquiring C.difficile e.g. PPI's, recent admission, age, antibiotic history. To be distributed February 2018.
- To explore the use of additional electronic systems currently used by the Trust for alerting patients with "alert" organism history e.g. ESBL-producing bacteria, to ensure correct choice of antibiotic. Work has started on both medical and surgical handovers.
- Consideration as to how best to distribute the Antibiotic Care Bundle audit and Antibiotic Stewardship ward round findings. To expand the antibiotic stewardship ward rounds to areas of high antibiotic use, e.g. respiratory wards and admitting wards, e.g. ward 10 to ensure that antibiotics are started Smart and then focused.
- The Trust has been accepted as a participant site onto the Antibiotic Review Kit (ARK) study aimed at reducing the course length of antibiotics. This will go live in February.
- Antibiotic section on the drug chart has been revised to include ARK study information indicating whether an infection is "possible", "probable" "confirmed".

Performance Exception Report January 2018

Standard: Nurse Vacancy Rate at 18.2% in December 2017

Definition: The nurse vacancy rate is the percentage of vacant nurse posts against the agreed nurse establishment

The Issue

As at 31 December, the nurse vacancy rate was 18.2% and staff in post 1,651.8fte.

The Trust had 9.3fte nurses commence employment during the month (of these, 7fte had NMC registrations) plus 9fte internal nursing movers.

Factors to consider:

- The attrition level for November was 19.9fte.
- From November to December, staff in post decreased by 27.2fte.
- During December, 17.2fte was reduced from the staff in post due to a reduction of working hours with existing staff.

Currently 66fte nurses are waiting for their PINs – these individuals are being lined up for the band 4 skill-mix.

Actions

A separate recruitment options paper will be put forward to the Executive team requesting support for specific international activity. We are aware that NHS Trusts across the UK face the same challenge and having spoken with representatives from two neighbouring Trusts and two from other English regions, we have calculated an average nurse vacancy rate of 17%.

Ongoing risks

- Retention of the nursing workforce – as at 16 January, 22.9fte nurses are leaving in January.
- EU nurses are required to meet a high level of English prior to submitting their application for NMC registration. This is significantly adding to the timescales and has impacted on the conversion rates of EU recruits.
- The UK market is extremely challenging. As at 15 January 2018, there were 7,000 nursing jobs registered on NHS Jobs.

Performance

Qualified Nurses & HCAs - Vacancy and Recruitment forecast

Overall Trust Summary

Qualified Nursing	**Mar-17**	**Apr-17**	**May-17**	**Jun-17**	**Jul-17**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**
Establishment	2029.9	2058.9	2059.9	2060.2	2060.2	2060.2	2013.4	2020.7	2018.1	2018.1
Staff in post	1700.8	1700.5	1690.4	1690.7	1680.3	1663.3	1658.7	1683.8	1679.0	1651.8
Vacancies	329.1	358.4	369.6	369.5	379.9	396.9	354.7	336.9	339.1	366.3
Vacancy rate	**16.2%**	**17.4%**	**17.9%**	**17.9%**	**18.4%**	**19.3%**	**17.6%**	**16.7%**	**16.8%**	**18.2%**
Nurses waiting for PINs	66.0	74.8	78.0	80.8	76.8	69.5	82.8	66.0	67.0	66.0
Attrition (Actual) *These numbers reflect the position as at the last day of the month*	16.8	30.6	18.9	17.7	27.5	35.4	28.9	27.2	19.4	19.9
Joiners (With PINs)	16.5	15.9	16.8	11.7	11.6	12.3	24.3	26.8	6.0	7.3
Joiners (Waiting for PINs)	19.0	10.0	3.0	11.0	1.0	1.0	16.3	6.0	10.2	2.0
Total Joiners	35.5	25.9	19.8	22.7	12.6	13.3	40.6	32.8	16.2	9.3

Performance exception report November 2017

Standard: **Cancer Target – 62 day.**

Definition: **85% or more of patients to be treated within 62 days of 2WW referral.**

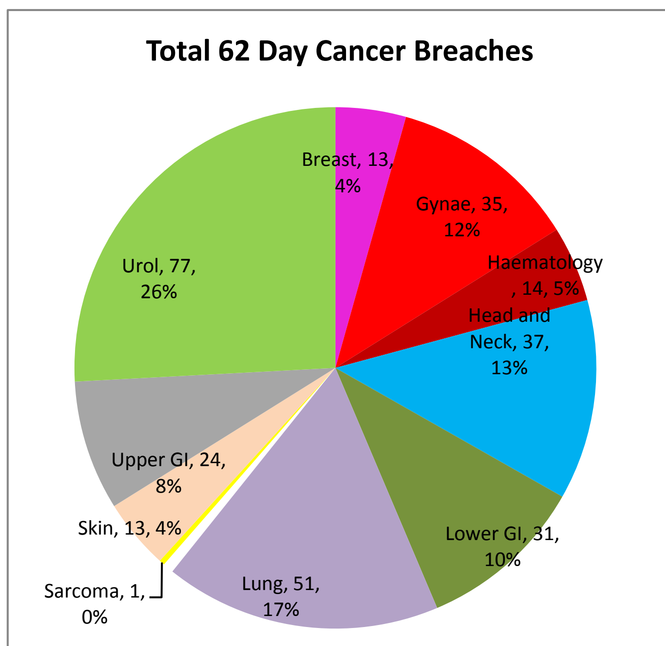
Background
Growth in cancer demand and mismatch in capacity especially in urology, lung and histopathology specialties has pushed BHT's compliance against the 85% 62 day cancer performance target down since QTR 2 17/18. The issue is predominantly focused around capacity challenges. It is anticipated this will recover by QTR 4 17/18.

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Actual	85.6 %	85.6%	85%	81.2%	87.2%	78.4%	84.5%	79.2%	*85% Predcit ed.*

The issues:
- Lack of capacity in urology and different 2 site pathway for biopsies.
- Delays in pathology TAT mainly due to shortage of pathologists.
- Delays in patients being imaged on lung 2WW due to late primary care referral.
- Gynae breaches due to tertiary referral.
- Number of specimen request on paper are contributing to the delays in the overall pathway

Breaches are experienced across the tumour repertoire as demonstrated below.

Cumulative Breach Analysis.



Additional actions in place to meet compliance:
- Weekly tracking and validation by cancer team.
- Weekly uploads onto Open Exeter so less room for data errors that were experienced earlier in the year.
- Additional prostate biopsy capacity being created in Radiology at SMH.
- New lung cancer pathway due to go live in February after significant re-design in collaboration with primary and secondary care.
- Work to be done with urology teams to move to one pathway and requesting all image guided biopsies via electronic requesting.
- Regional tertiary MDT coordinator (based at OUH) in post who will support tertiary referrals being expedited in a timely manner. A significant number of tertiary referrals contribute to the overall breach numbers.

breach numbers. BHT have weekly phone conversations regarding this group of patients and actions.

- Weekly Cancer specific APMG (access performance management group) meetings in which all actions that have not been closed down are identified and support offered where needed.
- Pathology establishing a pathway to send away low priority testing rather than a pathologist overseeing every one.
- Work being done to get all histopathology requesting electronic.

Risks and mitigation:

- Delays in additional funding becoming available; however funding has now become available for a 'prostate pathway coordinator'.
- Overall capacity and demand gap in OP, theatres especially in urology and lung.
- Significant risks in pathology due to increasing overall demand and pathologist vacancy levels.
- New cancer lead has been identified will support who will support the clinical MDT leads in decision making against the requirements of the 62 day pathway.
- 70+day patients – tertiary centres being asked to pro-actively close down.

Buckinghamshire Healthcare NHS
NHS Trust

Performance Exception Report – Pressure Ulcers

Standard:	**Trust acquired avoidable category 3 & 4 and trust acquired category 2 pressure ulcers 2017-2018**

The Issue

From April 1st 2017 to January 2018 there have been 11 category 3 & 4 pressure ulcers acquired under BHT care that have been found to be avoidable following investigation, 9 are from the acute trust with 2 from community. Last year there were 5 and of these 4 were from community and 1 from the acute trust.

(4 more incidences since reporting to Board in November 2017)

There have been a total of 205 Trust acquired category 2 pressure ulcers. The areas most affected are the sacrum and heel and these two areas are the main focus at present to reduce Trust acquired pressure ulcers

Surgical division - *1 category 4, 3 category 3 and 40 category 2*
Integrated Elderly & Community Care – *3 category 4, 3 category 3 and 108 category 2*
Integrated Medicine – *1 category 3, 46 category 2*
Specialist services – no category 3 or 4, 7 category 2
Women & children – no category 3 or 4, 4 category 2

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Background

All category 2, 3 & 4 pressure ulcers have a datix as per trust policy. All pressure ulcers are reviewed by a Tissue viability nurse (TVN) this can be either face to face or via photography. This ensures correct categorising of pressure damage and to ensure preventative equipment is in place and correct dressing regime is being implemented. Tissue Viability have a robust database to ensure figures are accurate and information governance have access to look at this for reporting purposes.
All wards stock basic heel offloading boots to use when heels are vulnerable and the majority of hospital beds have a high specification hybrid mattress in situ so ensure pressure reduction is implemented on admission There are also offloading boots available to patients that are high risk of pressure damage to heels or have pressure damage to the heels. These are provided by a TVN and whilst an in-patient and reviewed weekly.

Actions to reduce risk of further incidence of damage

- Reinforce SSKIN bundle- focus on assessment on admission and communication of care on handover
- Daily safety huddle identify high risk patient across the organization and areas of staffing challenges
- Daily matron rounds reinforce best practice and identify any challenges to preventing pressure damage
- 2 clinical rehabilitation areas have been identified to participate in a pressure ulcer collaborative under NHSi with the aim to reduce trust acquired category 2 pressure ulcers by 25% in 180 days, this will be through 1:1 ward based training to all staff & patients.
- Learning from similar organizations who have successfully eradicated grade3 and 4 pressure damage
- The TVN team continues to review all datix and review the database to look for themes and target accordingly.
- The TV lead is meeting with all divisional lead nurses over the next 3 weeks to discuss pressure ulcer reduction looking at current themes
- Posters to all clinical areas for mattress selection
- Mini RCA to be produced for completion for category 2 pressure ulcers to be completed by clinical areas
- Pressure ulcer education now formally part of the induction programme for BHT
- TV team have compiled 10 minute bite size education sessions on pressure ulcers & moisture lesions for face to face training
- Once in post and training has been given the band 4 will start daily ward walks to audit documentation, wound charts, see if there are any issues with patients, ensure patients are on the correct equipment.
- A&E to purchase trolley toppers for use with high risk patients

Performance Exception Report

Buckinghamshire Healthcare NHS Trust

Standard: Falls Execption Report

Definition: Reduction of in-patient falls by 25% (no more than 75 per month)

The Issue:

Falls reduction has been set at 25% for 2017/18, with a composite reduction of no more than 75 falls per month. We have recorded 838 falls since April 2017, compared to 971 in the same period in 2016/7. Thus this year we have averaged a reduction: of 133 Falls to date.
In terms of meeting the target of no more than 75 falls per month, we have had 838 falls for 9 months, averaging 93 falls per month, which is over our target.
So far this year there have been no falls recorded categorised as severe harm (although some await the outcome of the SE Review).

In December there were 3 moderate harm falls; 2 in Integrated Elderly and 1 in Surgery, bringing the total of falls causing moderate harm to 19 year to date.

Actions:

The Stay in the Bay initiative is in place and requires montioring around location of computers and ensuring of compliance . We plan to implement a tagging system and reduce the seating at the nurses station
Further work to be done around consistency in risk assessments and post falls bundle involving the audit department (recent audit on the Elderly Care Ward demonstrated 95% compliance with the Fall Safe Care bundle
Review of call bell systems/cot sides as part of a bigger piece of work led by Matron MfoP
We continue to work closely with the Oxford Academic Health Science Network on identifying innovative approaches to reducing falls and benchmarking our rate of falls against peers.
We are currentky reviewing the Safer Falls Bundle as part of the Quality round to include a question on fear of falling
The new Falls SE review group shares learning from serious incidents across the organsiation

Actions:

	Falls group to review the Falls Bundle documentation , espcially using the post falls bundle	A Brooke	
	Risk assessments to be reviewed to ensure consistency	A Brooke	

Performance:

Inpatient Falls Reduction by Division

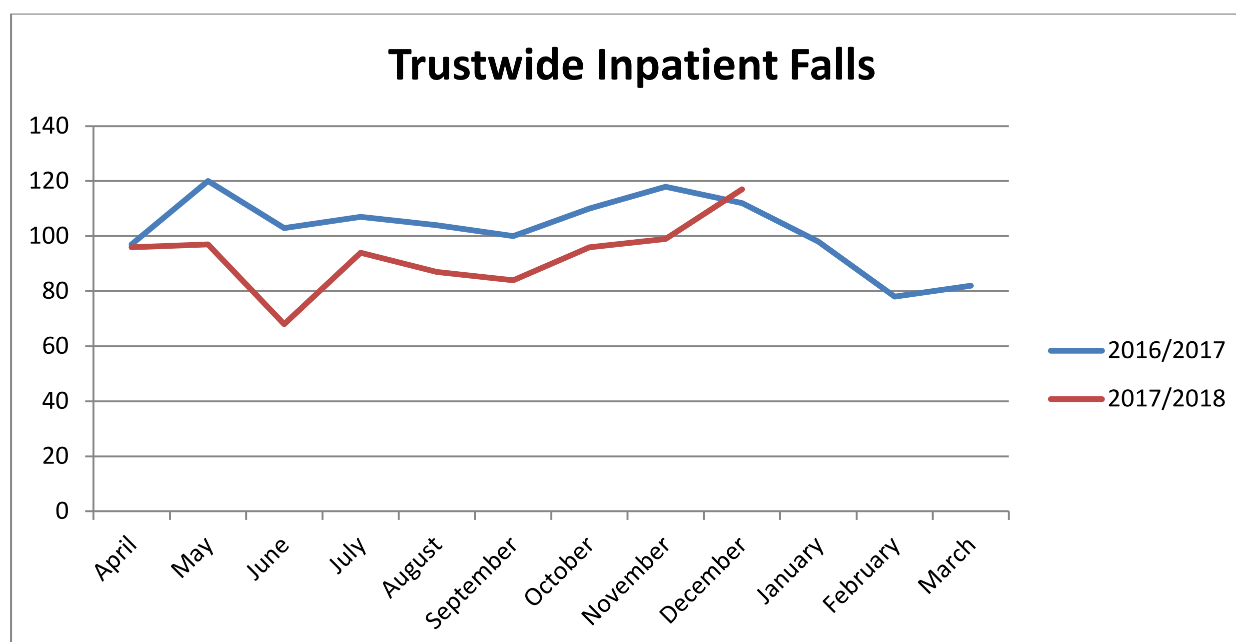
1. Introduction

There is a continues a strong focus on the reduction on in-patient Falls for the Trust with a target to reduce Falls by 25% compared to last year.
A target of no more than 75 Falls in total has been set, and so far this was only achieved in June.
In total this financial year we have seen an overall reduction of 13.7% against our target of 25%

Interventions include:

- Focus on Stay in the Bay or Stay with me to ensure we maximise observation of patients at risk
- Implementation of the Fallsafe bundle
- Completion of Risk Assessment and appropriate Care planning
- Appropriate equipment
- 'Specialing' of patients at high risk

Data collected from Datix / Qlikview
(by Caroline Foster)

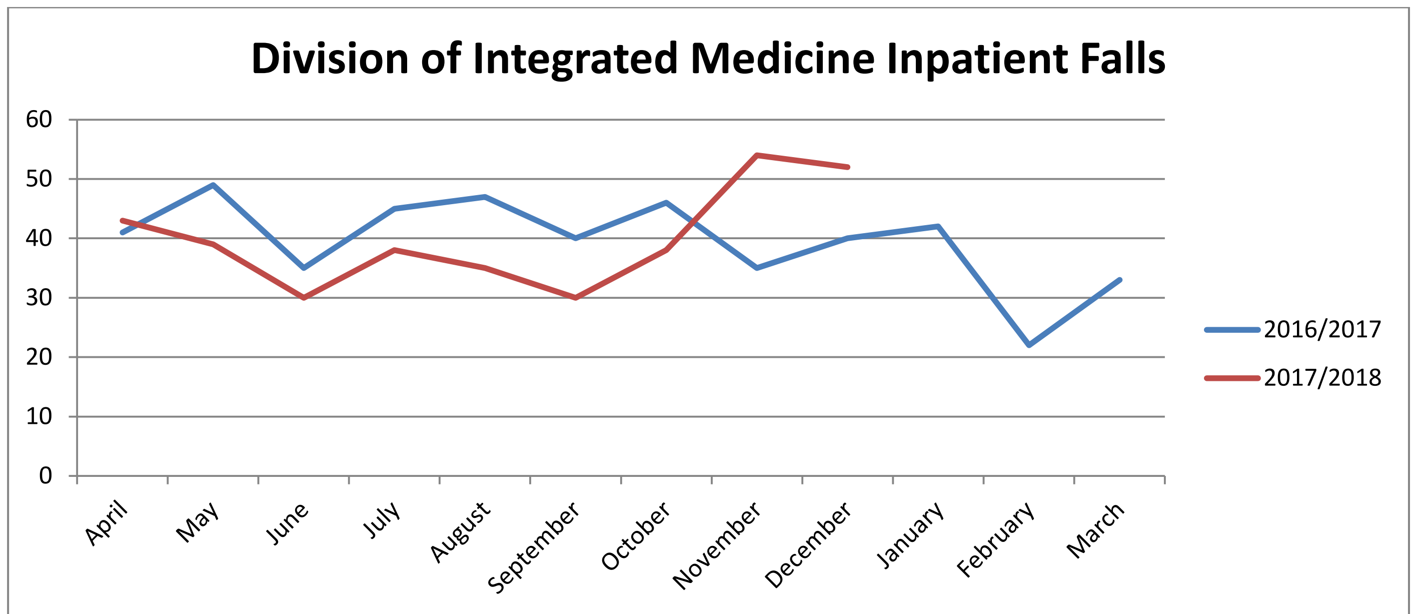


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Total-Dec
2016/2017	97	120	103	107	104	100	110	118	112	98	78	82		**971**
2017/2018	96	97	68	94	87	84	96	99	117					**838**
% reduction	1.0%	19.2%	34.0%	12.1%	16.3%	16.0%	12.7%	16.1%	-4.5%					**13.7%**

The Falls reduction by Division are outlined in the graphs below:

2. Integrated Medicine

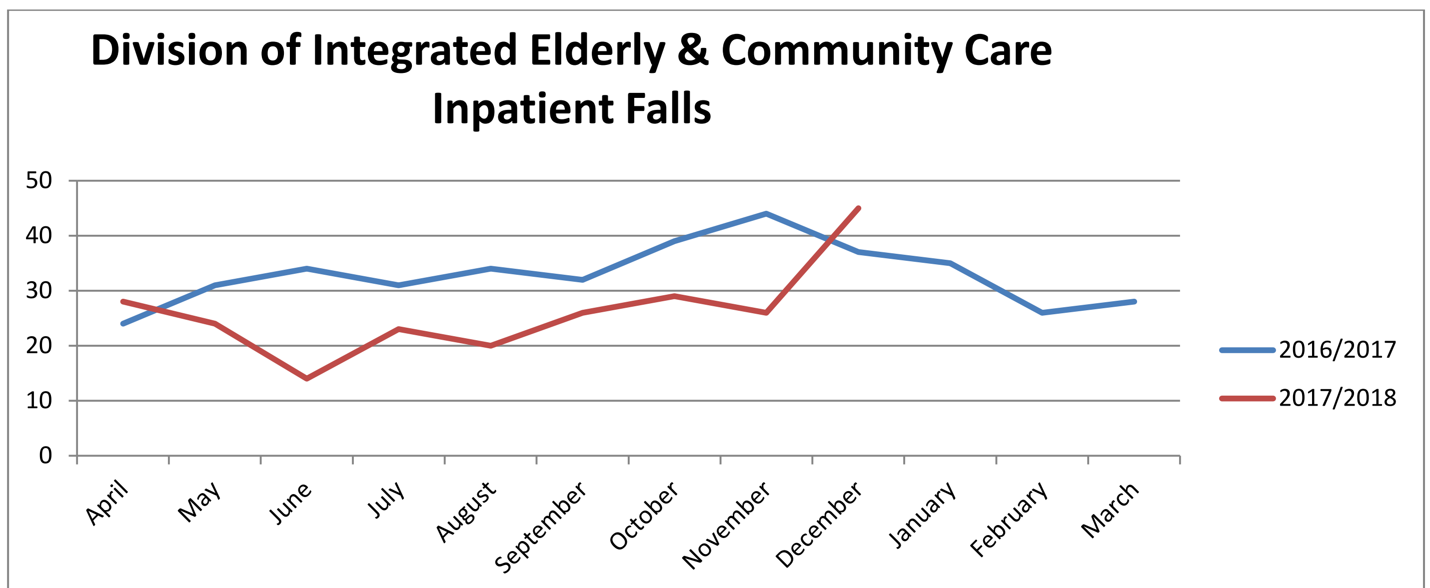
The target for Integrated Medicine is no more than 29 Falls per month based on a reduction of 25%. The percentage reduction at M9 is 5.03%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Total-DEC
2016/2017	41	49	35	45	47	40	46	35	40	42	22	33		**378**
2017/2018	43	39	30	38	35	30	38	54	52					**359**
% reduction	-4.9%	20.4%	14.3%	15.6%	25.5%	25.0%	17.4%	-54.3%	-30%					**5.03%**

3. Integrated Elderly and Community

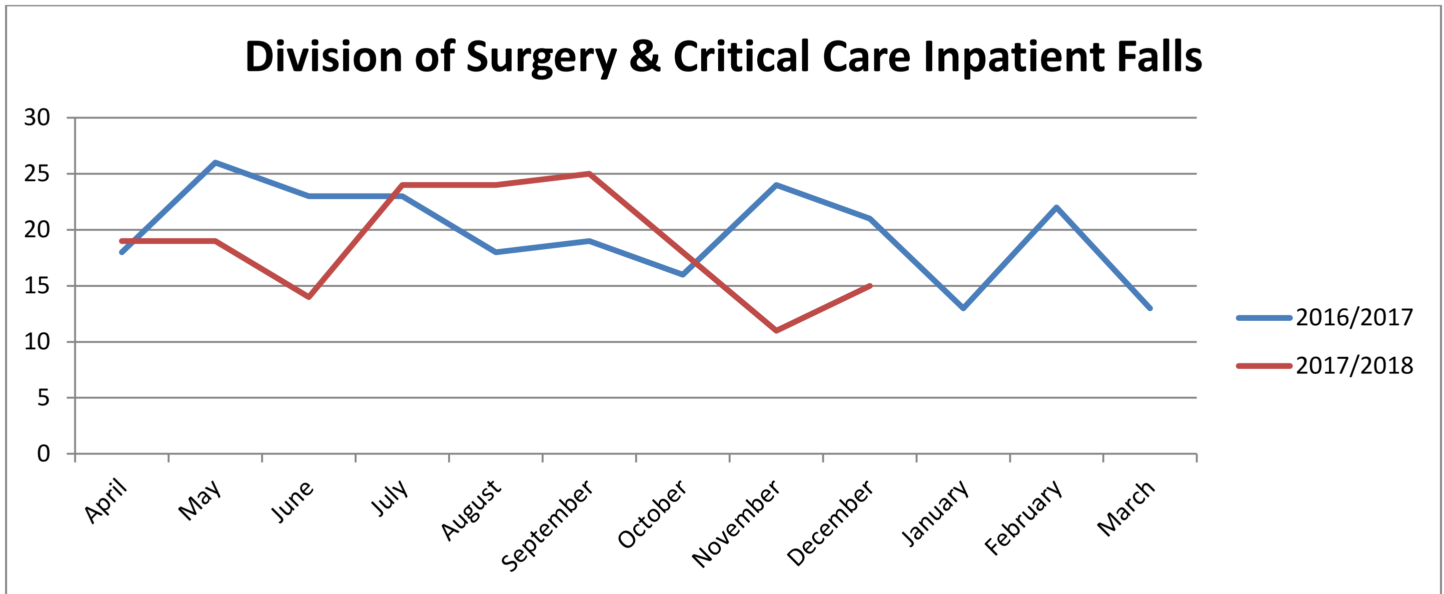
The target for Integrated Elderly & Community Medicine is no more than 25 Falls per month based on a reduction of 25%. The percentage reduction at M9 is 23.2%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Total-DEC
2016/2017	24	31	34	31	34	32	39	44	37	35	26	28		**306**
2017/2018	28	24	14	23	20	26	29	26	45					**235**
% reduction	-16.7%	22.6%	58.8%	25.8%	41.2%	18.8%	25.6%	40.9%	-21.6%					**23.2%**

4. Surgery and Critical Care

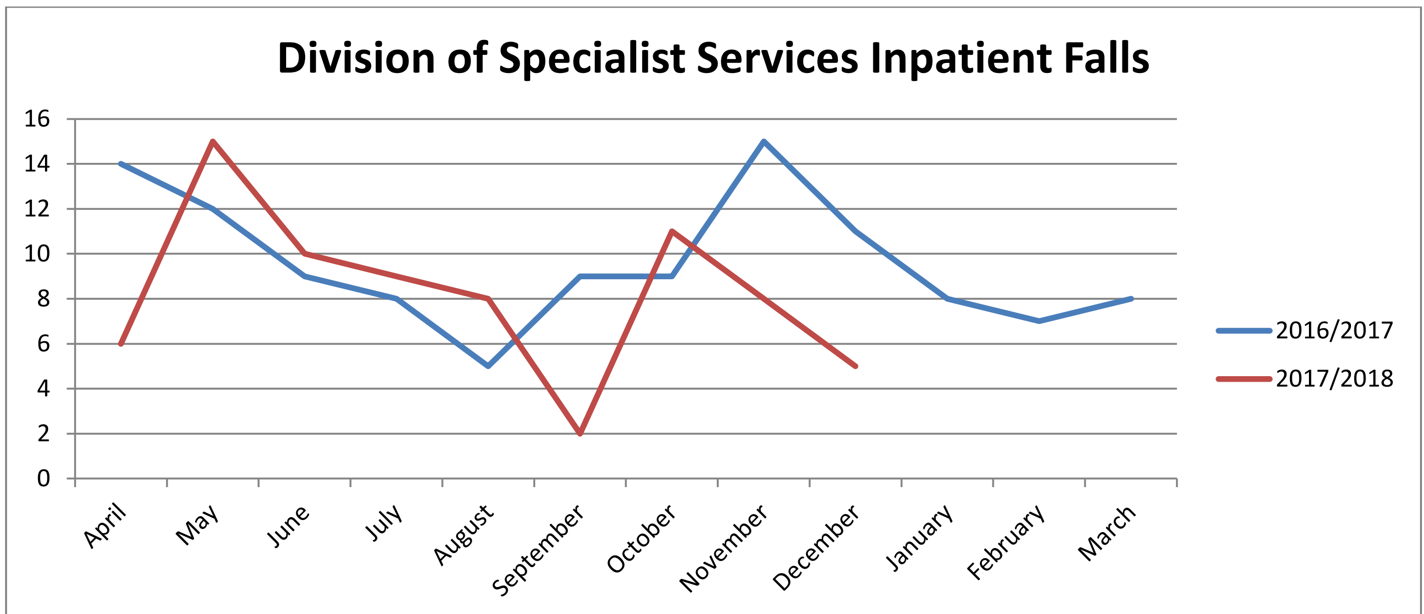
The target for Surgery and Critical Care is no more than 15 Falls per month based on a reduction of 25%. The percentage reduction at M9 is 10.1%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Total-DEC
2016/2017	18	26	23	23	18	19	16	24	21	13	22	13		**188**
2017/2018	19	19	14	24	24	25	18	11	15					**169**
% reduction	-5.6%	26.9%	39.1%	-4.3%	-33.3%	-31.6%	-12.5%	54.2%	28.6%					**10.1%**

5. Specialist Services

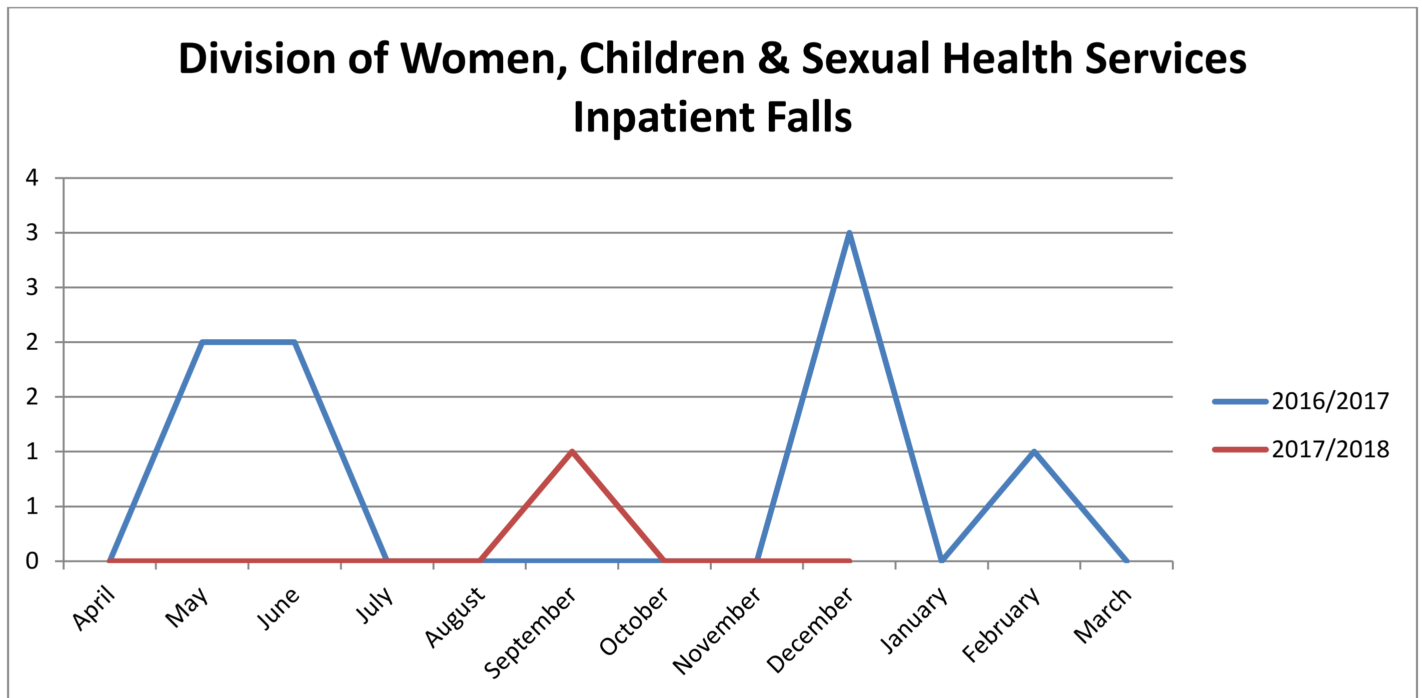
The target for Surgery & Critical Care is no more than 15 Falls per month based on a reduction of 25%. The percentage increase at M9 is 19.6%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Total-DEC
2016/2017	14	12	9	8	5	9	9	15	11	8	7	8		**92**
2017/2018	6	15	10	9	8	2	11	8	5					**74**
% reduction	57.1%	-25.0%	-11.1%	-12.5%	-60.0%	77.8%	-22.2%	46.7%	54.5%					**19.6%**

6. **Women, Children and Sexual Health**

This Division have very few in-patient Falls due to the different nature of their patients and have had one Fall to date this year



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Total-DEC
2016/2017	0	2	2	0	0	0	0	0	3	0	1	0		**7**
2017/2018	0	0	0	0	0	1	0	0	0					**1**
% reduction	-	100%	100%	-	-	-100%	-	-	-					**85.7%**

7. **Falls with Harm April to December 2017**

Total	**838**
No harm	493
Low Harm	326
Moderate Harm	19
Severe Harm	0
Death	0

To date we have had 19 falls with Moderate harm but none currently categorised as severe

Angela Brooke

Head of AHP & Falls lead