

PUBLIC BOARD MEETING March 2018

Details of the Paper

Title	Integrated Operations Report – February 2018
Responsible Director	Chief Operating Officer
Purpose of the paper	To present to the committee the integrated performance report for February 2018
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)					
<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<i>Regulatory/ Compliance</i>	<i>Public Engagement /Reputation</i>	<i>Equality & Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>

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.	<i>Non-Financial Risk:</i> Operational performance against the 4 hour emergency access standard & Referral to Treatment Times
	<i>Financial Risk:</i> 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: March 2018

Integrated Performance Report – February 2018 Executive Summary

1. This summary outlines the operational performance of the Trust for the month of February 2018, 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

Pressures on the urgent care pathway have continued at the level of intensity seen since the turn of the calendar year, and despite the increase in additional Emergency Department and bedded capacity (through the reduction in elective activity) there has still been significant pressure on staff and resources through these demands, especially since the half term holiday in February, continuing into March. The Trust has had to operate on the highest level of 'Operational Pressure Escalation Levels' (4) for multiple consecutive days going into March.

Performance continues to slowly improve against the planned trajectory, especially driven by increased capacity from GPs, and the benefits of the Emergency Observation Unit. The Board's attention should be drawn to the accompanying exception report and testing the challenges in the step changes in improvement required going into 2018/19 and capacity planning for the next 12 months.

2.2 Planned care

The Board should note the continued recovery of the cancer 62 day standard for the second consecutive month. Good progress is being made on additional support for urological cancer pathways, and a new county wide pathway for 'direct to test' patients with suspected lung cancer will be launched on the 9th April. In addition, a new 'vague symptom' rapid access (based on a model tested in Oxford) is being scoped, and the Trust is currently working in partnership with Macmillan to recruit additional team members to roll out community based chemotherapy in Thame, Buckingham and Amersham.

In line with the mandated reductions in elective inpatient operating, the 'referral to treatment time' waiting list has grown. The Board's attention should be drawn to the revised planning guidance for 18/19 which stipulates that the Trust's waiting list should be smaller in March 2019 than it is in March 2018, and should take assurance on progression against this standard through 18/19. Particular attention is drawn to the risk around planned activity in orthopaedics and the impact of the winter period.

2.3 Quality

The Board should note the accompanying exception reports on complaint response times and continued challenges with pressure damage.

A further update on managing the impact of the urgent care pathway pressures will be provided at the May Quality Committee, when the A&E team themselves will present some reflections around the experience of managing the winter period.

2.4 Workforce

The Board is asked to note the return to compliance of the statutory training standard, but also the disappointing lack of attainment of the appraisal rate requirement.

Workforce availability, especially nursing, remains a real risk to the organisation in terms of its ability to maintain safe staffing levels, and the Board's attention should be drawn to the relevant exception report and continued actions from the non-medical workforce transformation programme.

3.0 The Board is asked to note the Integrated Performance Report for February 2018, associated risks

and improvement trajectories.

TRUST INTEGRATED OPERATIONAL FLOODLIGHT REPORT - FEBRUARY 2018

CQC RATING		REQUIRES IMPROVEMENT	
QUALITY			MOST IMPROVED
↓	HSMR Dec16 to Nov17 89.0	↑	Readmissions Jan-18 8.4%
↑	SHMI Jul16 to Jun17 0.95	↑	Cancer 104 day waits Jan-18 3
↓	RTT Open Pathways Jan-18 90.5%	↑	A&E - 4 hours Feb-18 85.9%
↓	Complaints - response in 25 days Jan-18 78%	→	RTT 52 week waits Jan-18 0
↓	Complaints - response o/s > 90 days Feb-18 24	→	12 Hour Trolley Waits Feb-18 0
↓	Cancer 62 days Jan-18 85.2%	↑	Never events Feb-18 0
↓	% Harm free care Feb-18 91.0%	↓	Inpatient falls Feb-18 102
			MOST DETERIORATED
→	Outstanding patient safety alerts Feb-18 0	↑	Mixed sex breaches Feb-18 0
↑	Avoidable pressure ulcers (3/4) Feb-18 1	↑	Statutory training Feb-18 90%
↑	Cdiff Feb-18 2	→	MRSA Bacteraemia Feb-18 0
↑	VTE Risk Assessments Jan-18 96.7%	→	Medication errors (severe harm) Feb-18 0
↓	FFT % positive (inpatient) Feb-18 94.0%	↓	% Optimum Staffing (RN) (Safe Staffing) Feb-18 87.3%
EFFICIENCY			
↑	Delayed transfer of care (DTC) Jan-18 3.9%	↓	Community - POA referrals Feb-18 727
↓	SMH - Medical length of stay (days) Feb-18 7.6	↑	% Staff Temporary Spend Feb-18 11.6%
Clinical Coding backlog This is currently under review		↓	Coded within target Jan-18 87%
↓	Liquidity Ratio Feb-18 0.52:1	↓	Theatre Utilisation Feb-18 83.0%
↑	CIP plan delivered Jan-18 71.0%	↓	Rosters KPI 1Jan to 28Jan 46%
PEOPLE			
↓	Sickness rate Jan-18 4.3%	↓	Appraisals completed Feb-18 83%
↓	Staff turnover Feb-18 15.7%	↓	Staff FFT - recommend place to work Jun17 to Sep17 56%
↓	Nursing vacancy rate Feb-18 18.5%	↓	Leadership Index (BHT way) Oct17 to Dec17 36%

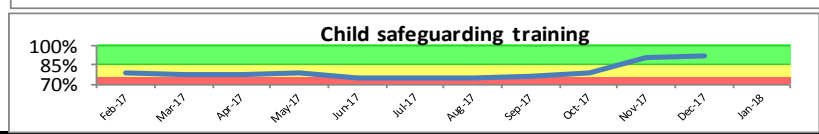
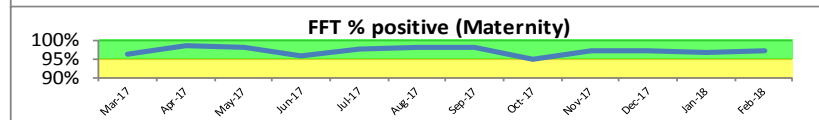
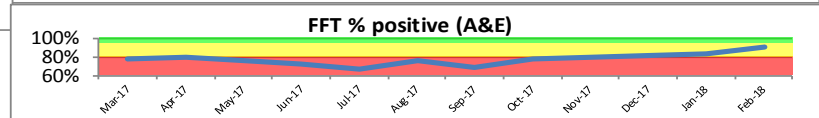
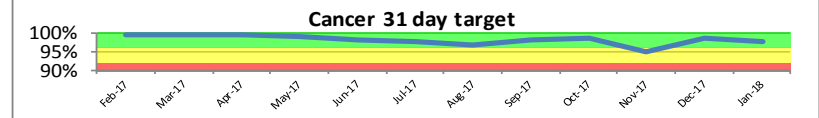
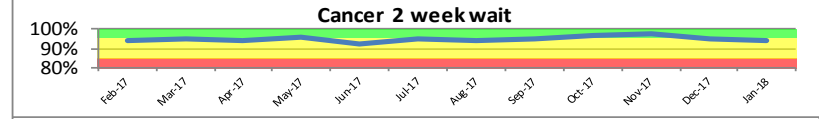
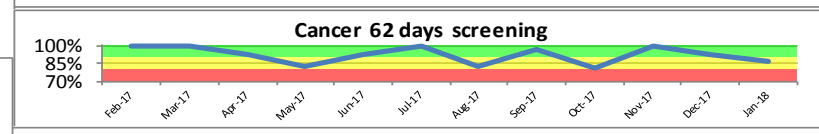
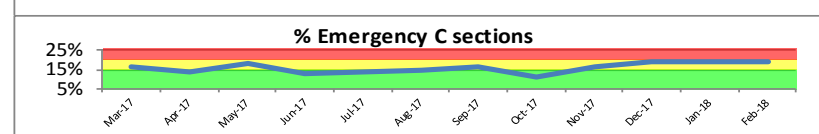
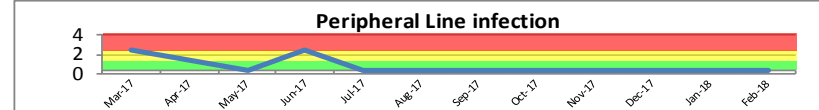
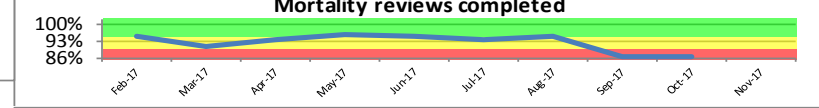
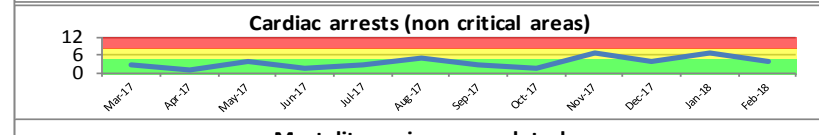
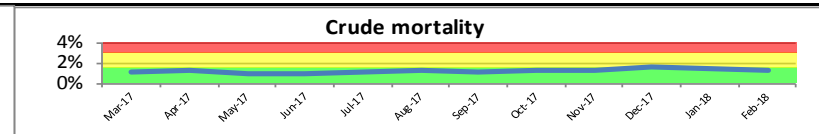
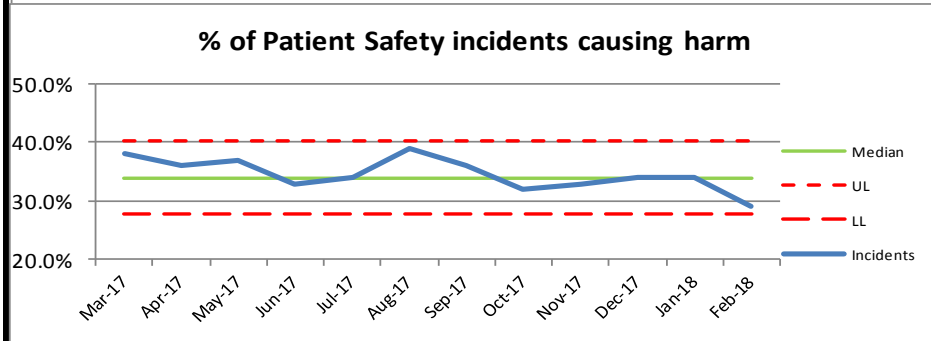
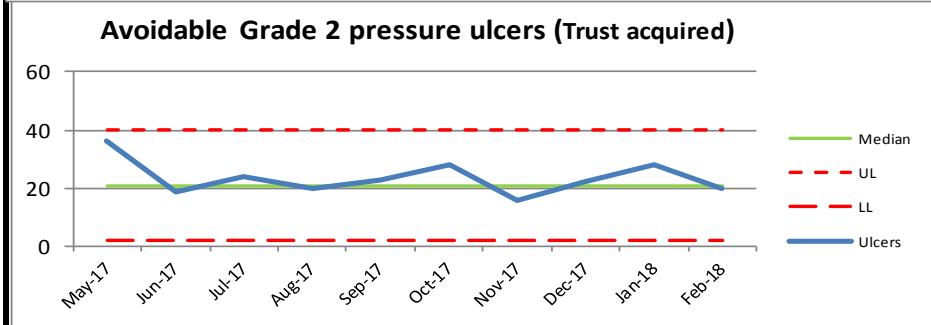
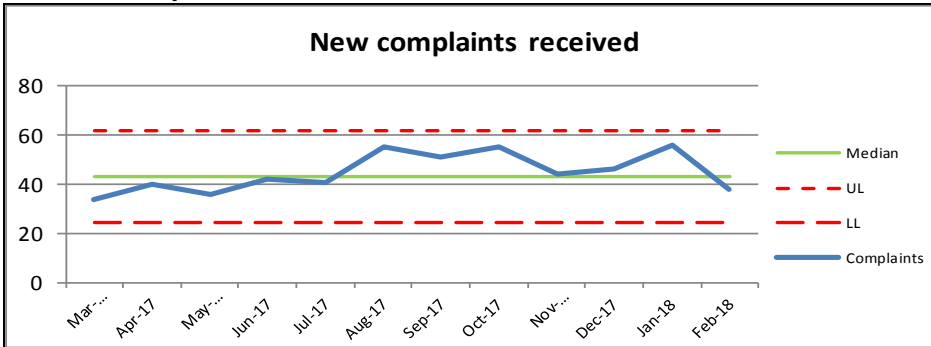
- > Statutory training
- > C diff
- > VTE risk assessments
- > DToCs

- > Roster KPI
- > Sickness rate
- > Nurse Vacancy rate
- > Complaint response rate
- > Mixed sex breaches

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

QUALITY - TREND INDICATORS

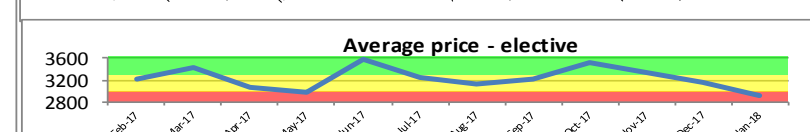
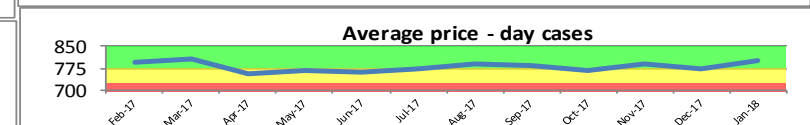
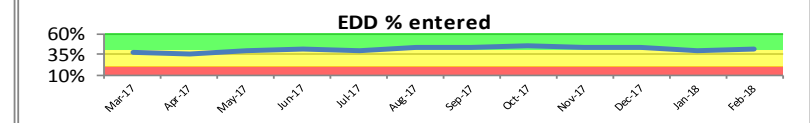
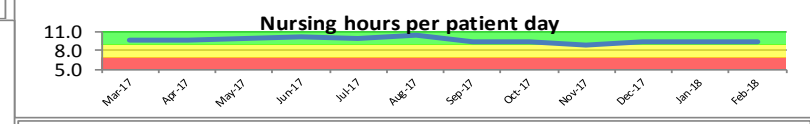
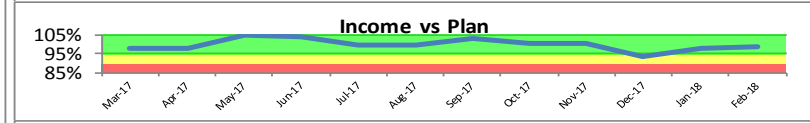
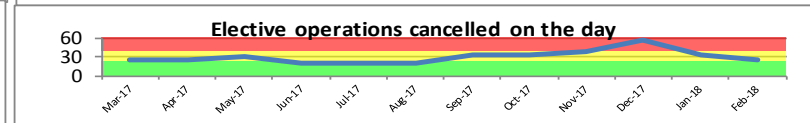
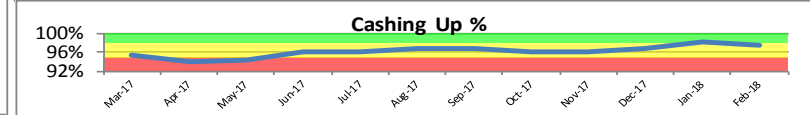
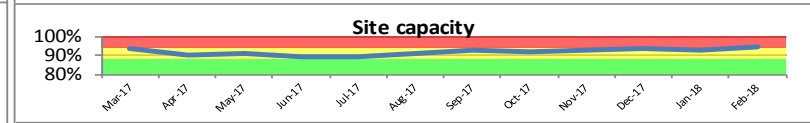
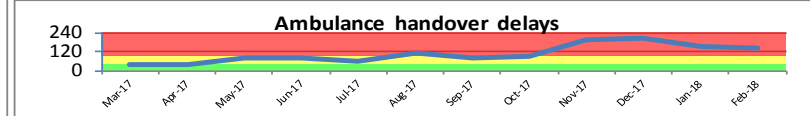
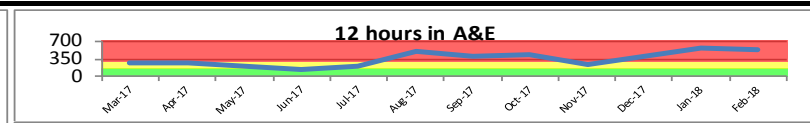
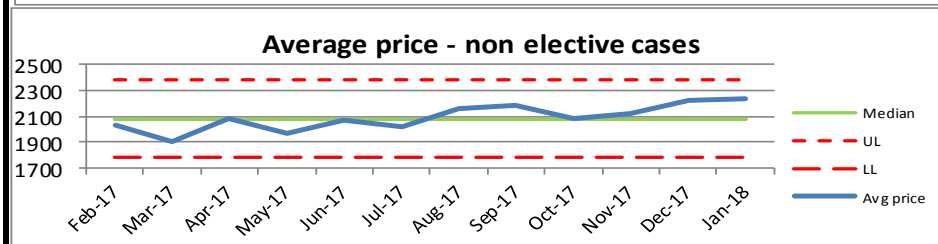
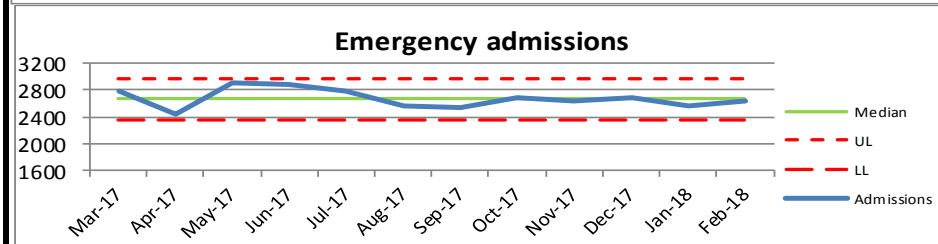
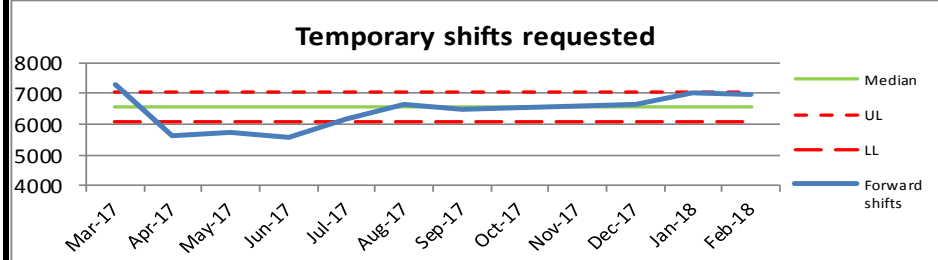
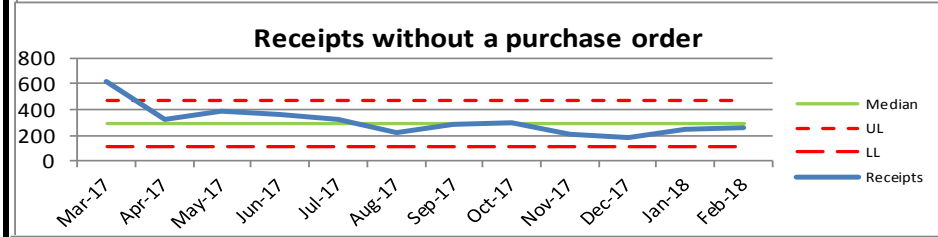
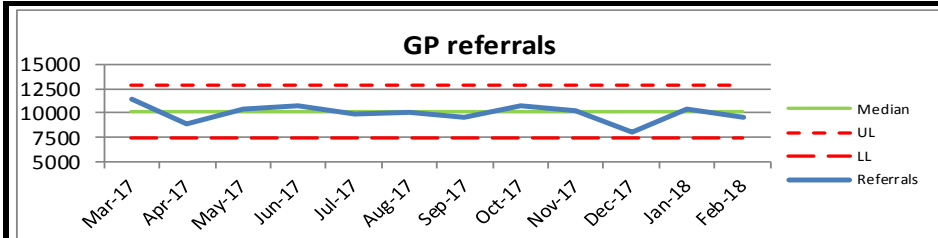
Lead - Quality Committee



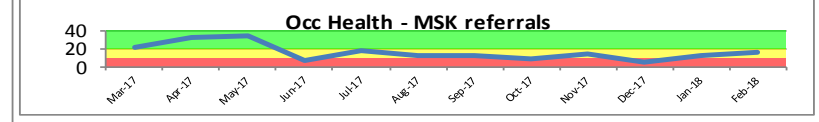
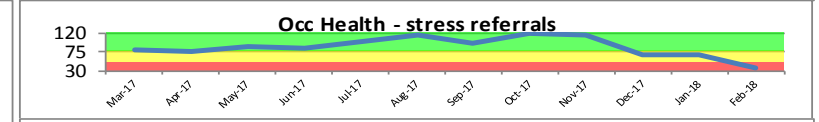
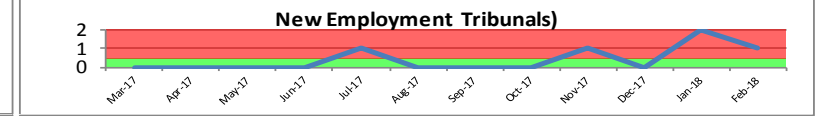
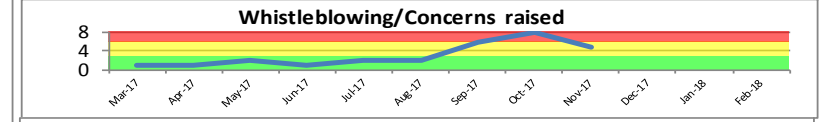
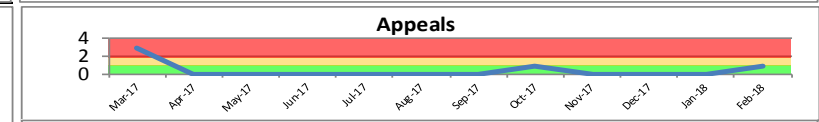
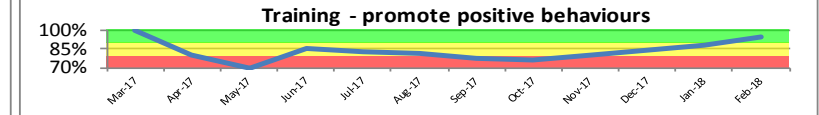
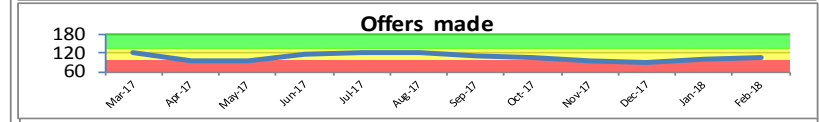
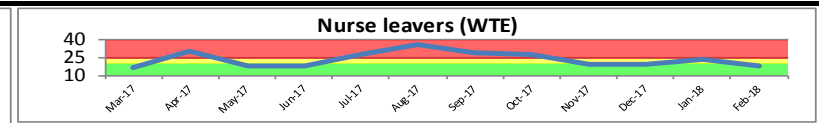
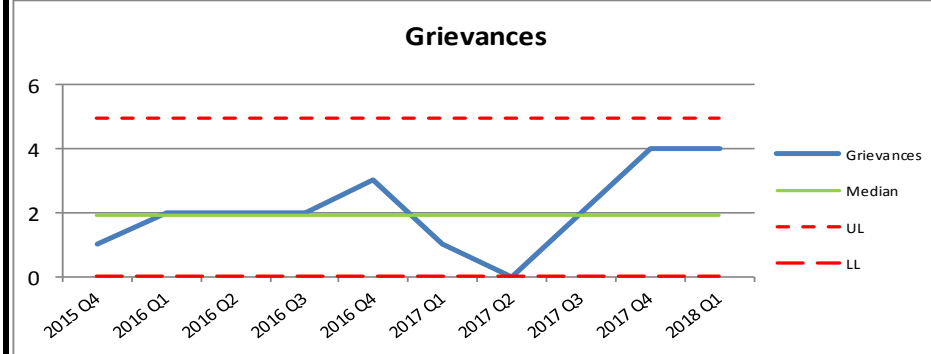
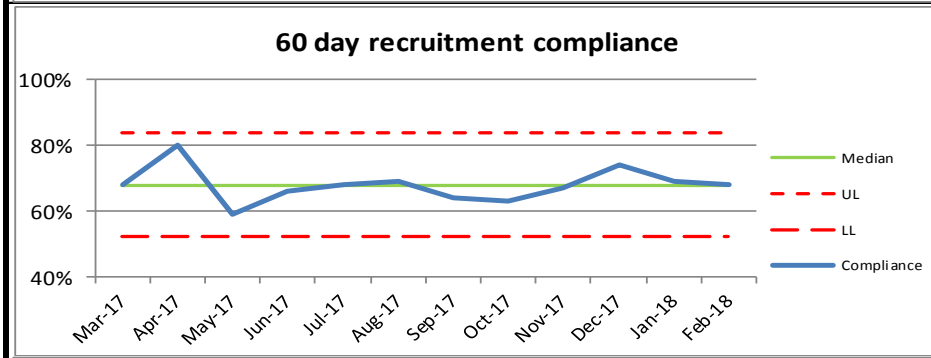
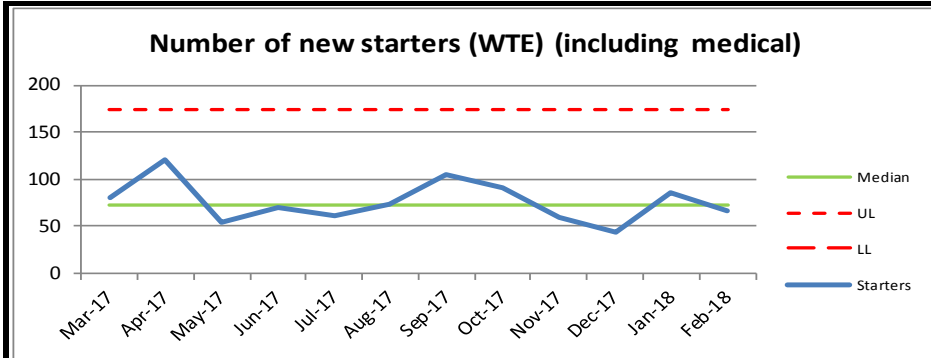
EFFICIENCY - LEADING INDICATORS (SPC) (rolling 12 months)

EFFICIENCY - TREND INDICATORS

Lead - Finance and Business Performance Committee



Lead - Workforce Committee



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 (DTC)
- 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

Performance Exception Report March 2018

Standard: Nurse Vacancy Rate at 18.5% in February 2018

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

The Issue:

As at 28 February, the nurse vacancy rate was 18.5%, an increase of 0.5% from January 2018. Total staff in post was 1,643.9 fte.

The vacancy rate is driven by retention, recruitment and establishment levels. This year, we have seen higher than predicted levels of attrition alongside fewer numbers of nurse joiners from overseas and extended timescales in these individuals gaining NMC registration. We have worked hard to maintain levels of recruitment from the UK, in a highly competitive market.

The Trust had 14.3 fte nurses commence employment during the month (of these, 8.7 fte had NMC registrations) plus 17.5 fte internal nursing movers.

One international trained nurse attained their NMC Pin in February. Currently 62fte nurses are waiting for their PINs – predominantly EU trained nurses working towards the NMC's recognised English Language Competency standard.

The attrition level for February was 17.6 fte.

Ongoing risks:

- Retention of the nursing workforce.
- 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.
- Recruitment of the nursing workforce. The UK market is extremely challenging. The RCN states that there are c40,000 nursing vacancies currently in the UK.

Actions:

- The band 4 skill mix continues to be implemented across the nursing workforce. 65 new posts have a targeted implementation date of 1 April 2018.
- The Trust will be hosting a nursing workforce summit on 24 April. Focussing on recruitment and retention initiatives, the goal is for attendees to take ideas away to implement locally.
- 12 University of Bedfordshire qualifiers (from a cohort of 29) have been placed within the Trust and are due to start in March 2018. In addition, 1 is pending interview, 8 being chased on a decision, with a further 8 declining a job.
- The Erasmus programme continues to grow. The National Spinal Injuries Centre (NSIC) will accommodate 5 placements from February to April 2018 with the aim of appointing them to permanent jobs. 6 appointments made from the first cohort (of 12 individuals) have now commenced in band 4 posts, with 4 further candidates submitting an application to work in the NSIC.
- The Recruitment and NSIC team were in Portugal week commencing 12 March interviewing prospective candidates from two universities, with whom we are establishing a partnership. First indications are that this will result in 28 offers being made.
- Small scale non-EU recruitment funded by the divisions continues. 1 international nurse

arrives in February with a further 4 due from March.

- Recruitment events took place in February with the Trust hosting an NSIC recruitment day on Wednesday 28 February 24 prospective candidates, 3 Nursing Assistant Practitioners and 6 HCA appointments made. Attendance at a Community Health event in Friars Square on 23 February – 2 potential nurses and 2 potential HCAs being followed up.
- During March, BHT is attending two local school job fairs where we will be promoting nursing as a career.
- The Trust is attending the Career Transition Partnership (CTP) employment fair in March, which is aimed at supporting ex-armed service personnel into civilian employment.

Performance

Qualified Nurses & HCAs - Vacancy and Recruitment forecast

28 February 2018

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	Jan-18	Feb-18
Establishment	2029.9	2058.9	2059.9	2060.2	2060.2	2060.2	2013.4	2020.7	2018.1	2018.1	2017.1	2017.1
Staff in post	1700.8	1700.5	1690.4	1690.7	1680.3	1663.3	1658.7	1683.8	1679.0	1651.8	1653.8	1643.9
Vacancies	329.1	358.4	369.6	369.5	379.9	396.9	354.7	336.9	339.1	366.3	363.3	373.1
Vacancy rate	16.2%	17.4%	17.9%	17.9%	18.4%	19.3%	17.6%	16.7%	16.8%	18.2%	18.0%	18.5%
Nurses waiting for PINs	66.0	74.8	78.0	80.8	76.8	69.5	82.8	66.0	67.0	66.0	62.0	62.6
Attrition (Actual) <i>These numbers reflect the position as at the last day of the month</i>	16.8	30.6	18.9	17.7	27.5	35.4	28.9	27.2	19.4	19.9	24.0	17.6
Joiners (With PINs)	16.5	15.9	16.8	11.7	11.6	12.3	24.3	26.8	6.0	7.3	11.1	8.7
Joiners (Waiting for PINs)	19.0	10.0	3.0	11.0	1.0	1.0	16.3	6.0	10.2	2.0	1.0	5.6
Total Joiners	35.5	25.9	19.8	22.7	12.6	13.3	40.6	32.8	16.2	9.3	12.1	14.3

Stoke Mandeville Hospital - A&E Exception Report for February 2018

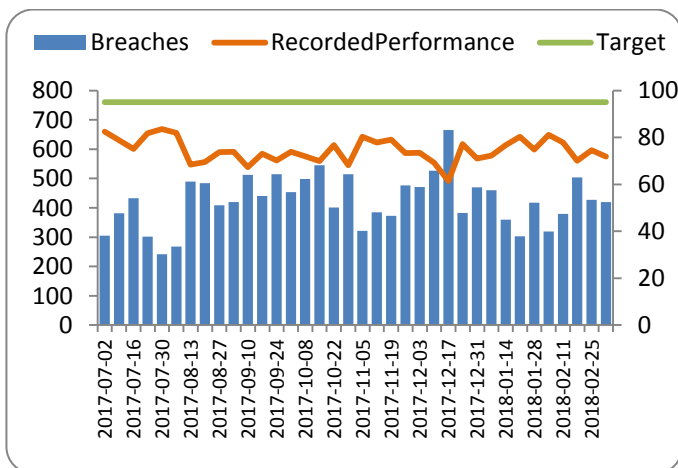
Summary:

Performance against the 4-hour standard for February 2018 was 85.92% against a national target of 95%. This represents the second consecutive month of improvement with performance at 82.47% in December 2017 and 85.61% in January 2018.

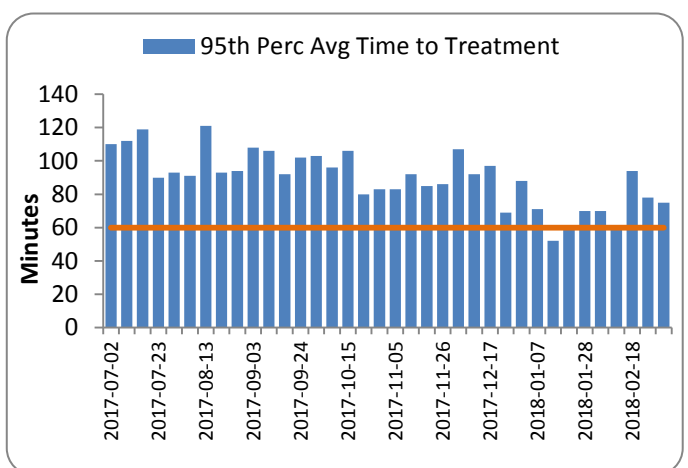
Achievements in February 2018:

- Increased utilisation of GP service – improved fill-rate led to up to 65 patients per day being seen by GP service. Successful recruitment of HCAs and streaming nurse with interest in vacant posts.
- Newly appointed Matrons for the Emergency Department and Acute Medicine commenced in post.
- Patient pathway Coordinators commenced in post - releasing ED nursing time to support clinical activities whilst improving the efficiency and effectiveness of ED team. Induction and training in place.
- Embedding Rapid Assessment and Treatment (RAT) and Emergency Observation Unit (EOU) areas – creating additional space to support timely ambulance handovers and effective flow of ED patients. The spaces have been well received by ED Staff, SCAS colleagues, patients and relatives. The RAT area has already been used to treat over 3000 patient’s to-date. Full utilisation is dependent upon staffing and so utilisation is expected to improve in the coming months.
- Improved real-time escalation from A&E to specialty teams.

Number of 4hr Breaches and % Performance



Time to Treatment

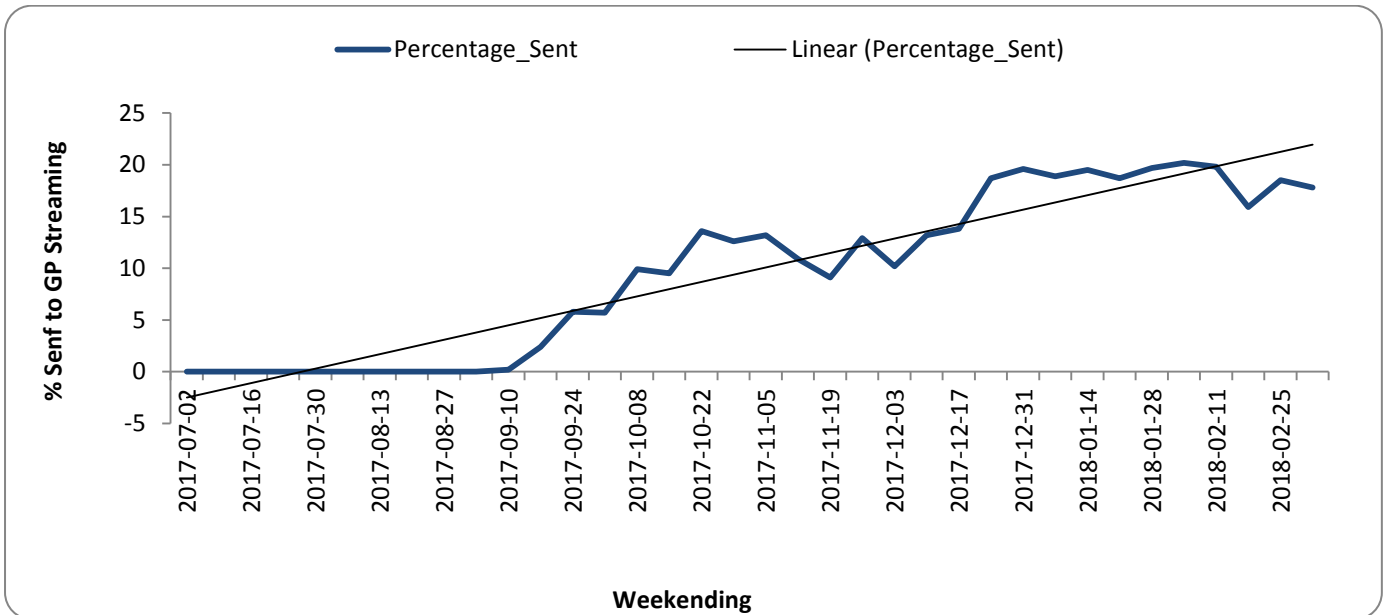


Performance Highlights:

- 4.94% increase in ambulance attendances over and above plan - 1763 patients arriving via ambulance against a plan of 1680

- 0.5% increase in A&E attendances over and above plan – 11,146 attendances in February 2018 compared to a planned 11,096 – represents almost a 4% increase in attendances from February 2017
- The GP service saw a record average of 46 patients a day throughout January and a high of 64 patients on 5th February. Data shows that up to 35% of patients attending A&E at SMH between 08:00 – 23:00 were seen, treated and discharged by a GP.

Percentage of patients seen by GP – as a percentage of all attendances to SMH over 24 hour period



RAG status of workstreams:

Workstream	RAG Status	Risks	Mitigation
ED & Acute	Green	Increased attendances and demand	Close working with CCG, community and partner organisations
Site Operations	Amber	Capacity to enable changes	Additional support & proactive recruitment
Safer & Outflow	Red	Ward Staffing	Review of Nursing workforce and skill-mix

Key areas of focus for March 2018:

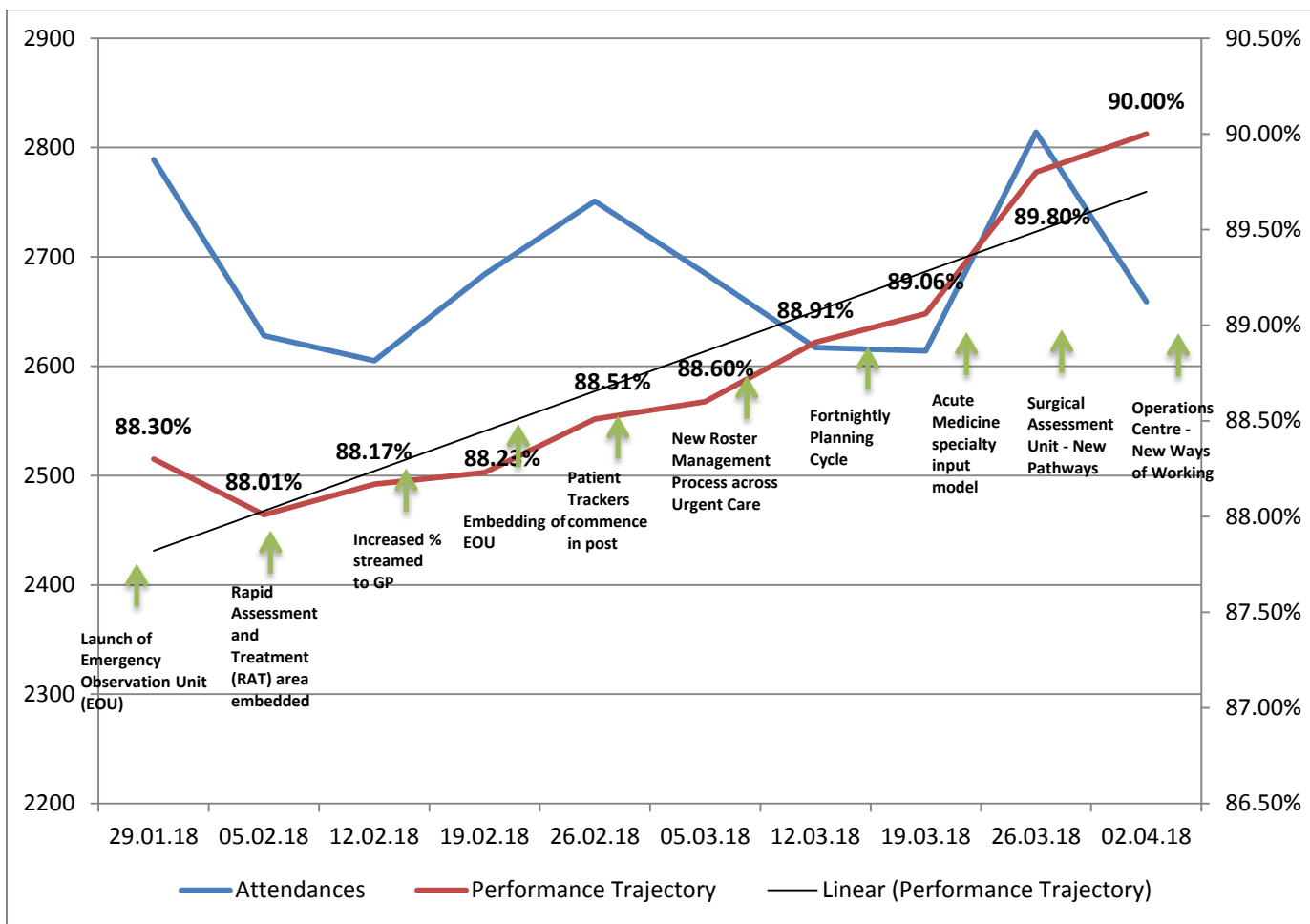
Key areas of focus for the coming month include:

- Increasing the fill-rate of medical on-call shifts following standardising of rates at SMH and WH
- Ensuring patients are moved to the ‘right place, first-time’ under an initiative to reduce LOS by transferring patients to their parent specialty ward – clinically-led pilot to facilitate Short-Stay (ward 10) having only appropriate patients admitted to it – to increase ability to effectively discharge patients within 3-5 days.

- Pilot for medical support workers to assist clinical teams across Acute Medicine (AMU and Ward 10), to release junior doctor time and expedite safe discharges.
- Scope pilot for dedicated Discharge Coordinators to support four medical wards.
- Increasing fill-rate of GP streaming roster – e-roster to be setup to include nursing and medical staff
- Embedding and training for newly appointed Patient pathway Coordinators in Emergency Department
- Scope feasibility of Discharge Lounge to enable early patient transfers to appropriate parent specialty ward
- Improved processes around site and flow management including on-call ways of working

Performance Trajectory:

The Trust expects to continue to improve performance over the coming weeks and in collaboration with health system partner organisations.



Performance exception report: February 2018

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 reduced activity due to urgent care pressures over the winter period.

2017/18 monthly recovery trajectory – planned February target 90.5%, actual submission 90.4%

RTT specialty	Actuals													Trend
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
BHT total	90.1%	90.1%	89.0%	90.4%	90.7%	90.9%	91.1%	91.5%	91.6%	91.8%	90.6%	90.5%	90.4%	↓
Gen. Surgery	92.8%	92.2%	92.0%	92.4%	91.8%	91.7%	92.4%	92.6%	92.6%	92.8%	92.4%	92.1%	92.8%	↑
T & O	85.6%	84.5%	81.5%	81.2%	80.8%	81.7%	81.0%	80.9%	80.7%	78.5%	74.1%	74.6%	72.4%	↓
Ophthalmology	77.3%	76.8%	77.7%	81.6%	82.0%	80.8%	80.6%	81.8%	84.3%	85.7%	83.5%	83.5%	82.7%	↓
Paediatrics	93.6%	95.9%	93.7%	95.9%	96.4%	95.0%	92.9%	94.3%	93.7%	93.7%	97.2%	97.2%	97.3%	↑
Oral Surgery	82.6%	84.7%	84.4%	85.6%	87.2%	88.2%	88.1%	86.2%	84.4%	84.4%	85.4%	85.4%	86.6%	↑
Pain Mgt.	80.7%	78.8%	75.2%	77.2%	76.7%	78.1%	77.4%	80.6%	82.9%	82.9%	85.8%	87.5%	89.9%	↑

The issues:

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

- T&O – Increase in day case work and additional trauma lists at WH in place of elective lists. Cancellation of 96 patients since the beginning of the year due to lack of bed capacity on the SMH site, displacing elective activity for trauma at WH and NHSE request to cancel elective operating. Orthopaedic consultant sickness.
- Pain Mgt. – continued steady improvement in February
- Ophthalmology – continued medical work force shortages – delays in recruitment with candidates pulling out.
- Oral – Middle grade resignation causing capacity gap.

Recovery and additional actions:

- Demand/capacity exercise for all specialities to be undertaken - T&O, O completed.
- Next speciality will be OMFS and Pain, Ophthalmology and General Surgery
- Pain – additional activity planned for February.
- Ophthalmology – Additional weekend operating/clinics. No operations to be cancelled to provide clinic cover of other sub – specialities. Extra clinics running targeting Glaucoma and Plastics. Started nurse led cataract post op clinics.
- Oral – additional PA's given to OUH consultants. Locum Speciality Doctor to be recruited – interview in March
- T&O – Move as much remaining elective work to Wycombe as possible from SMH. Outsourcing 350 procedures to reduce backlog to BMI & RBH pending commissioner approval. Additional weekend operating.

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
- Winter pressures resulting in day surgery being continually used as an escalation area on the SMH site. Lists moved to Wycombe as much as possible

Board Report Complaints Exception Summary March 2018

Details of the Paper

Title	Complaints Report 2017
Responsible Director	Carolyn Morrice, Chief Nurse
Purpose of the paper	This paper summarises areas of deterioration in the complaints position in March 2018 and recovery actions
Action / decision required (e.g., approve, support, endorse)	For information.

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
Legal	Regulatory/ Compliance	Public Engagement /Reputation	Equality & Diversity	Partnership Working	Information Technology / Property Services

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to? Quality Improvement:

- Great Patient Experience

Please summarise the potential benefit or value arising from this paper:

The benefits arising from this paper are: compliance with strategic, operational and policy objectives.

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk: If we continue with the current process without trialling alternatives patients will continue to receive a poor experience where we fail to deliver safe and compassionate care every time.</i>
	<i>Financial Risk:</i>

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Good Governance, Regulation 17 <i>(if you need advice on completing this box please contact the Director for Governance)</i>
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Author of paper:

Jo Atkins, Associate Chief Nurse – patient experience and professional standards.
Anthony Banton, Patient Experience Manager.

Presenter of Paper: Carolyn Morrice, Chief Nurse,

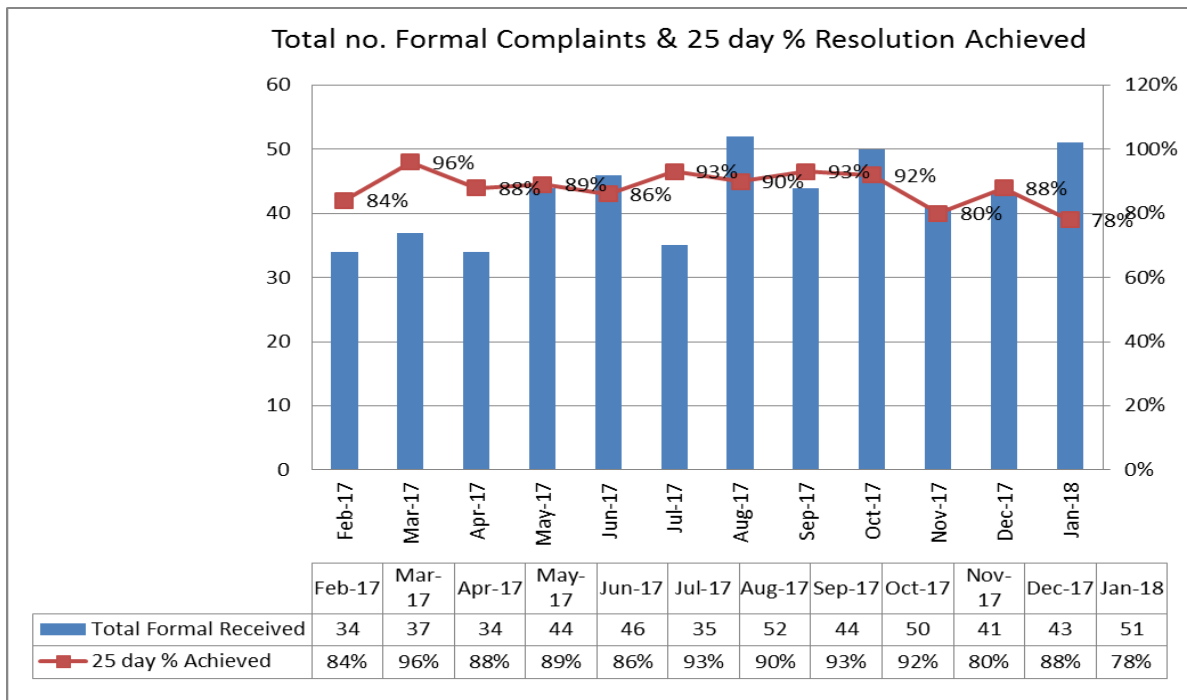
Other committees / groups where this paper / item has been considered:
None

Date of Paper: Mar 2018

Situation

The Trust set a target of 85% for 25 day complaints to be responded to within a 25 day period. . The table below shows a sustained 25 day complaint response performance that exceeds the Trust 85% target from March 2017 through to November 2017. There was a recovery of the position in December 2017 but the response rate dropped to 78% in January 2018. Although this is disappointing and below our target of 85% it should be seen against the context of the level of OPEL 4 status declarations the organisation has seen.

Please note that there were 6 breaches in the January 2018 period and 5 of those breaches related to integrated medicine.



Assessment

The Trust achieved a 78% response rate for January 2018 cases, which was principally due to breaches within integrated medicine. In addition to demands on the service, January saw a higher than average number of new complaints (at 51 Trustwide), which will have impacted on the ability for the complaints team to respond within target timeframes. February 2018 brought 38 new formal complaints compared with 34 complaints in February 2017.

The first three quarters of 2016/17 the trust received 376 new formal complaints and during the first three quarters of 2017/18 the trust received 388. Completion of March intake and full Q4 data will give us a better understanding of whether this indicates an upward trend.

Recommendation/action

- Bespoke recovery support to integrated medicine to recover position and put in place robust processes to meet fluctuation in demand and operational pressures
- The complaints team to work with divisions to understand why the breaches occurred, to offer options to assist the divisions to act promptly to reduce the number of future breaches and for those divisions that are high performing to share any learning

- To test the response process in place and refresh if necessary for 2018/19