

PUBLIC BOARD MEETING 26 SEPTEMBER 2018

Details of the Paper

Title	Infection Prevention and Control Report July 2018				
Responsible Director	Medical Director				
Purpose of the paper	To provide an update on July data with respect to Infection prevention matters				
Action / decision required (e.g., approve, support, endorse)	To approve				
IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
<i>Patient Quality</i> x	<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> x	<i>Public Engagement /Reputation</i> x	<i>Equality & Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>
ANNUAL OBJECTIVE					
<i>Which Strategic Objective/s does this paper link to?</i> This relates to : Objective: MRSA bacteraemia annual objective – zero cases Objective: Clostridium difficile annual objective – 31 cases					
<i>Please summarise the potential benefit or value arising from this paper:</i>					
RISK					
Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</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?	Regulation 12 Safe care and treatment				
Author of paper: Amanda Adkins Interim Matron IPC					
Presenter of Paper: Dr Tina Kenny DIPC					
Other committees / groups where this paper / item has been considered: Infection Prevention Control Committee					
Date of Paper: 08/08/2018					

Infection Prevention & Control Report – July 2018

July 2018

For 2018/2019 the Trust objectives are
Clostridium difficile 31 cases
 MRSA bacteraemia 0 cases

Meticillin Resistant Staphylococcus aureus (MRSA) Bacteraemia – 0 cases in July.

Clostridium difficile - 2 cases identified in June.

Post infection reviews have been undertaken. 2 cases identified as unavoidable.

(Total for 2018/19 = 7 Avoidable, 11 Unavoidable)

Meticillin Sensitive Staphylococcus aureus (MSSA) Bacteraemia –

0 cases identified in July.

Those that are BHT associated with devices will have a Root Cause Analysis (RCA) carried out.

Gram-negative Blood Stream Infection (GNBSI) (E.coli, Klebsiella & Pseudomonas aeruginosa) – IPCT will be carrying out a mini RCA on BHT acquired Urinary and Hepatobiliary GNBSIs when informed of these cases by the duty microbiologist dealing with these cases. Hospital acquired case are post 48 hours of admission. As the national picture becomes clearer and if/when GNB BSI become mandatory, the trust and the CCG will review the most appropriate mechanism to be developed at that point.

5 cases identified in **June** – following RCA meeting 4 were determined to be unavoidable and 1 avoidable.

Learning for the avoidable case:

- Case 1 - Avoidable - lessons learnt: antibiotics not in line with Trust guidelines.

3 case identified in **July** – 2 were GI/Intra abdominal (RCA not applicable). 1 hepatobiliary case determined as unavoidable
 (Total for 2018/19 = 1 Avoidable, 8 Unavoidable, 3 N/A, 2 Unable to determine)

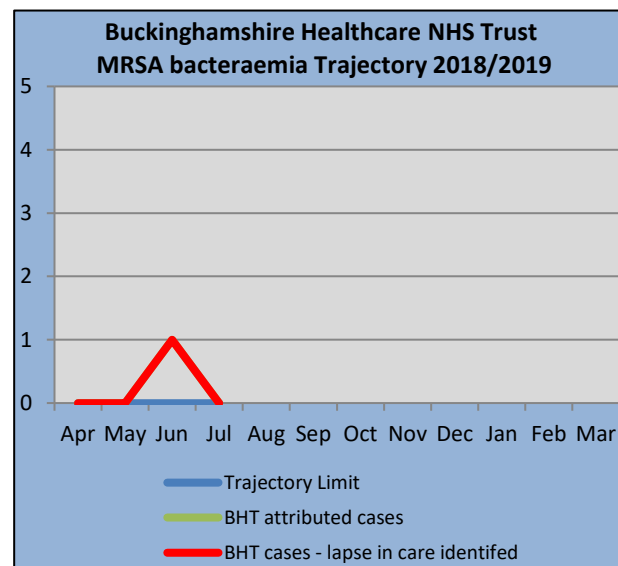
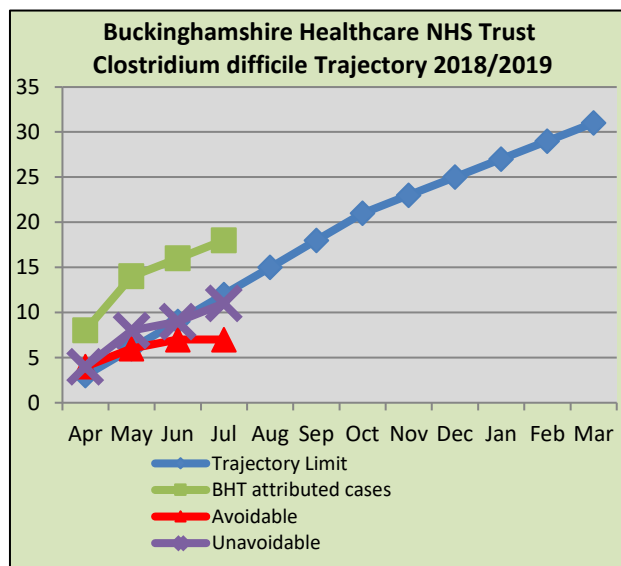
Line Infections - 1 case in July. Post infection reviews have been undertaken this case was unavoidable.

Central lines: Benchmark - Zero tolerance to avoidable line infections
 (Total for 2018/19 = 2 Avoidable, 5 Unavoidable)

Sharing Good Practice – IPC have recommended that areas with non Healthcare Associate Infection (HCAI) buddy up with areas where there are IPC issues to share good practice.

Other areas of good practice are highlighted on “BHT today” and our monthly Infection Control Times Newsletter.

	Limits set by PHE	Trust Total from April 2018	Integrated Medicine	Integrated Elderly & Community Care	Women, Children & Sexual Health Service	Surgery & Critical Care	Specialist Services
<i>Clostridium difficile</i>	31	18	1	1	0	0	0
MRSA Bacteraemia	0	1	0	0	0	0	0
MSSA Bacteraemia (BHT associated (post 48 hours))	n/a	5	0	0	0	0	0
GNBSI - (E.Coli, Klebsiella & Pseudomonas aeruginosa) (BHT catheter associated)	n/a	14	1	0	0	0	0
Line Infections	n/a	7	0	0	0	1	0
Hand Hygiene Observational Audit Compliance %	n/a	n/a	99%	99%	98%	99%	99%



PUBLIC TRUST BOARD MEETING 26 September 2018

Details of the Paper

Title	Integrated Performance Report
Responsible Director	Natalie Fox, Interim Chief Operating Officer
Purpose of the paper	To present to the board the integrated performance report for August 2018
Action / decision required (e.g., approve, support, endorse)	For Information and assurance

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?

High Quality Care, safe and compassionate care in patient's home in the community or one of our hospitals.

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

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i> Operational Performance against key access standards, including emergency access, referral to treatment and 62 day cancer standard. Workforce and Quality measures.
	<i>Financial Risk:</i> Delivering of statutory financial requirements.

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Quality, Safety, Effective, Responsive and Well-led. <i>(if you need advice on completing this box please contact the Director for Governance)</i>
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Author of paper: Matt Dooley, Director of Performance and Planning

Presenter of Paper: Natalie Fox, Interim Chief Operating Officer

Other committees / groups where this paper / item has been considered:

Date of Paper: 18.09.2018

Integrated Board report

September 2018

Executive summary

This summary outlines the operational performance of the Trust for the month of August 2018 and identifies key successes and risks for the organisation in its agreed operational indicators against People, Quality and Money.

Emerging/Emerging Risks

Pressures on the urgent care pathway have continued into August, with a slight deterioration in performance from 87.4% in June to 87% against the 4 hr standard.

The cancer 62 day standard has deteriorated in month from 78.9% in June to 77.1% in July. This is reflective of the number of long waiting breach patients being treated in month, a continuation from the previous month and with forecast improvement in the August position as these breach cohorts are reduced.

RTT Open Pathway performance remains on trajectory with July performance of 90.5%. There is however an increasing national emphasis on sustaining a waiting list size no greater than the position in March 2018.

Quality

The complaints team continues to work extremely hard to ensure the Trust meets its target of 85% of complaints responded to within 25 days and for the month of July achieved 95%. They have also reduced the number of over 90 day cases to five which is at its lowest since 2016.

A standard has been set for the patient safety boards on wards and a Standard Operating Procedure is in place to support the wards in ensuring that all key quality and patient safety information is displayed and up to date.

One Serious Incident declared in August 2018 met the criteria for a never event. The incident resulted in no harm to the patient.

In August 2018 there were two category three Trust acquired pressure ulcers declared within our community services.

There is a focused work plan in place to ensure an improved position and there is an overall reduction in the number of declared pressure ulcers year to date.

Workforce Ensuring that we are a great place to work, where our people have the right skills and values to deliver excellence in care is our key people objective. The number of nurse vacancies remains a risk, with our nurse vacancy level of 18% at the end of August; we continue to review and refresh actions to improve this position. Vacancies are the main driver of temporary staffing and although there has been a reduction in agency spend in M5, we remain outside of our NHSI set agency cap trajectory. Work continues across the organisation to review usage of all agency staff.

Finance The Year To Date deficit is £10.2m, £10.6m variance to plan. The main drivers are Income £7.6m, relating primarily to lost Provider Sustainability Fund as a result of not delivering financial plan and A&E delivery £3.4m, and under delivery of Cost Improvement Programme (CIP). Pay £2.3m under delivery of CIP and increased Medical Staffing costs and non-pay £1m adverse, driven by drugs, clinical supplies and utility costs. The Trust is currently breaching its Agency Cap trajectory by £1m. The operational finance performance is putting pressure upon cash balances and impacting working capital management. A Financial Recovery Plan is being implemented and the Trust is in discussions with its Regulators.

Improved Metrics	Deteriorated Metrics
Complaints responses in 25 days improved from 87% to 95% in July.	There was 1 medication error (with severe harm) reported in August.
There was a reduction in complaints outstanding over 90 days from 12 to 5 in August.	There were 2 Trust acquired pressure ulcers reported in August
% harm free care returned to 93.1% in August from 92% in July.	Cancer 62 day performance deteriorated in July from 78.9% to 77.1% in August.

Trust integrated operational floodlight report – August 2018

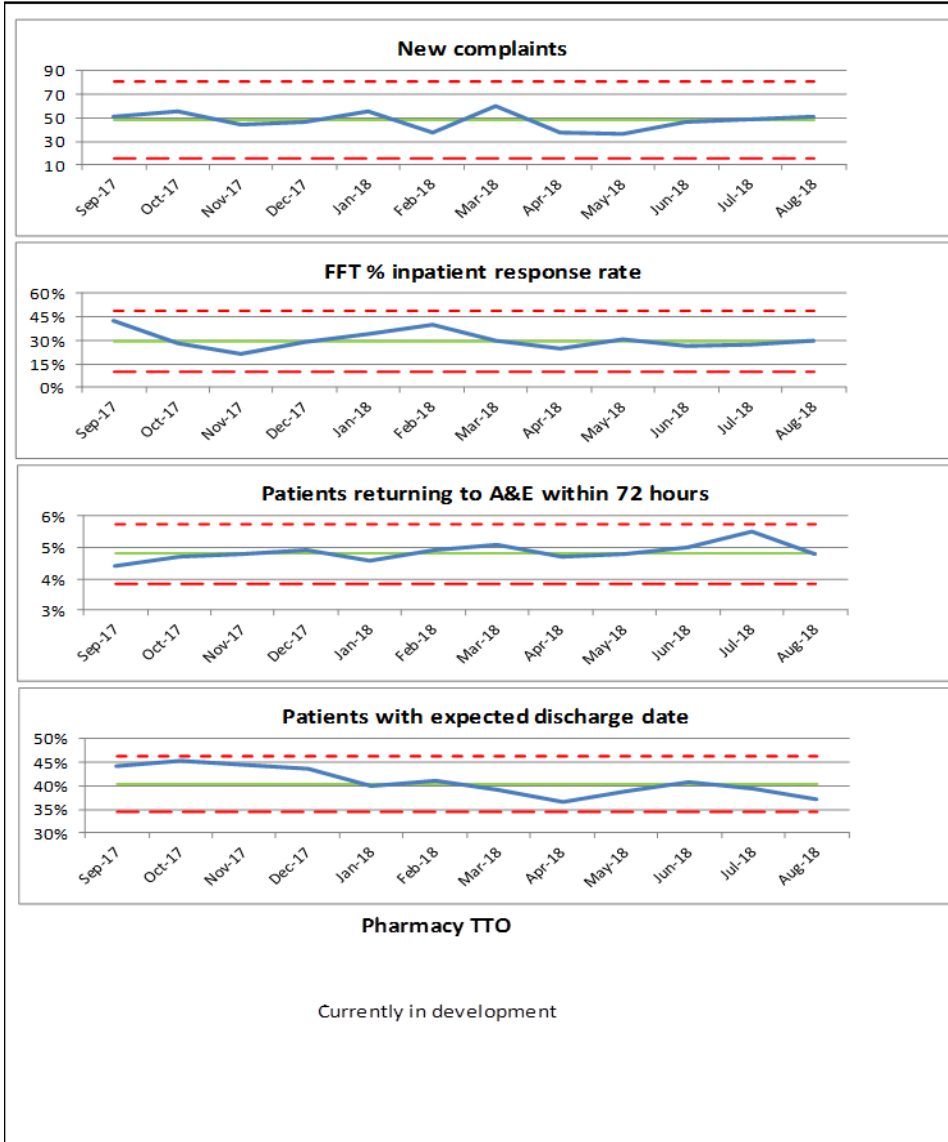
CQC RATING				REQUIRES IMPROVEMENT			
Key to trend arrows :		↑ Improvement	→ No change			↓ Deterioration	
QUALITY							
HSMR	90.7		↓	SHMI	1.01		↓
	Jun17 to May18		90.0		Jan17 to Dec17		0.97
A&E - 4 hour target	87.0%		↓	A&E - 12 hour trolley waits	0		→
	Aug-18		87.4%		Aug-18		0
Cancer - 104 days wait	8		↓	Cancer - 62 days (first treatment - 2ww)	77.1%		↓
	Jul-18		4		Jul-18		78.9%
CDiff	3		↓	MRSA Bacteraemia	0		→
	Aug-18		2		Aug-18		0
Never Events	1		↓	% Harm Free Care	93.1%		↑
	Aug-18		0		Aug-18		92.0%
Falls (causing severe harm)	0		→	Medication errors (with severe harm)	1		↓
	Aug-18		0		Aug-18		0
Trust acquired pressure ulcers (3/4)	2		↓	Mixed sex breaches	0		→
	Aug-18		0		Aug-18		0
Trust acquired thrombosis	under development			Outstanding patient safety alerts	0		→
					Aug-18		0
RTT - Open Pathways	90.5%		↑	RTT - 52 week waits	0		→
	Jul-18		90.2%		Jul-18		0
Statutory Training	91%		↑	FFT % positive (inpatients)	90.8%		↓
	Aug-18		90%		Aug-18		93.6%
Complaints - response in 25 days	95%		↑	Complaints - response o/s > 90 days	5		↑
	Jul-18		87%		Aug-18		12
EFFICIENCY							
Delayed transfer of care (DTOC)	5.0%		↓	Theatre Utilisation	79.1%		↓
	Jul-18		4.9%		Aug-18		85.9%
SMH - Medical length of stay (days)	6.9		→	CAT activity (outpatient appointments)	120		↓
	Aug-18		6.9		Aug-18		148
% staff temporary spend	11.2%		↓	Shifts breaching Agency Cap	863		↓
	Aug-18		11.1%		Aug-18		820
CIP Plan delivered (year to date)	59%		↓	Overall Finance Score (as per NHSI)	3		→
	Aug-18		67%		Jun-18		3
Clinical Coding within target	92%		↑				
	Jul-18		91%				
PEOPLE							
Sickness rate (Trust overall)	3.4%		↓	Appraisals completed (2018 cycle)	71%		↑
	Jul-18		3.3%		Aug-18		55%
Nursing vacancy rate	18.0%		↓	Staff Turnover (in last 12 months)	15.1%		↑
	Aug-18		17.9%		Aug-18		15.8%
Staff FFT (recommend place to work)	60%		↓	Go Engage	3.89		
	Apr18 to Jun18		61%		Apr18 to Jun18		

Quality: patient experience

PATIENT EXPERIENCE - LEADING INDICATORS (SPC)

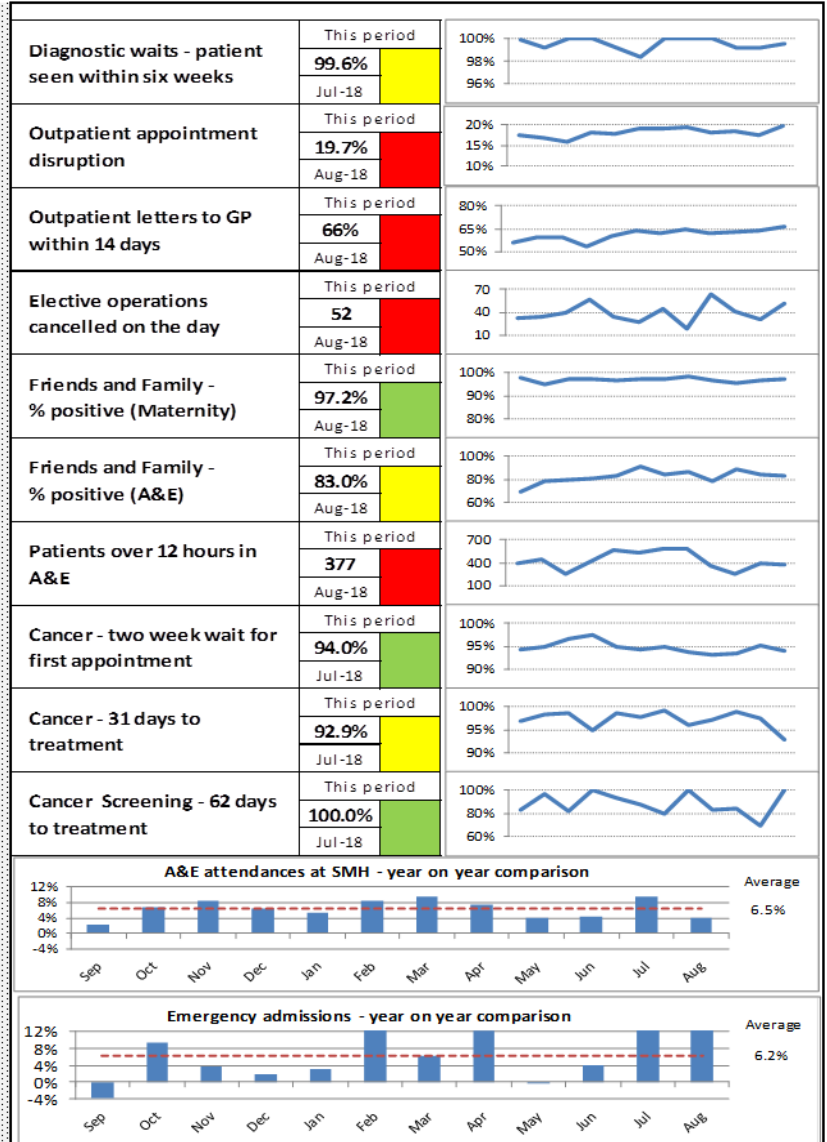
Lead - Quality Committee

Information derived from internal sources



PATIENT EXPERIENCE - TREND INDICATORS

Information derived from internal sources



Quality: patient experience

Accolades

In 2017/18 our compliments and accolades outnumbered our complaints by a factor of 25:1. In July 2018 there were 675 recorded accolades and they were distributed amongst the divisions as can be seen below.

Count of Type				
Division	Jun-2018	Jul-2018	Aug-2018	Grand Total
IECC	485	29	2	1530
Women & Children	187	228	2	782
Specialist Services	160	202	3	684
Surgery	231	149	10	562
Integrated Medicine	78	63	11	356
Corporate/Non-Clinical Support Services	4	4		10
(blank)				
Grand Total	1145	675	28	3924

Complaints

We celebrate achieving a 95% response rate for 25 day complaints received in July 2018 and we are continuing to deliver above the Trust target rate of 85%.

Our over 90 day complaints have been a real focus this month and the team have worked very hard. They are at their lowest at 5 (three of which are being investigated as Serious incidents).

August 2018 saw 50 new complaints cases which is showing a slightly elevated number of complaints over the summer months. This is however consistent with 2017 figures.

Activity

There were two new local patient experience surveys registered with the Clinical Audit and Effectiveness Team.

- 5589 - Rehabilitation Programming in Spinal Cord Injury Care PES
- 5386 - Systemic Anti Cancer Therapy (SACT) - Outreach Marlow Hub PES.

Key Achievements

Three local patient experience groups/staff forums have been initiated for W&C Surgery & CC and Integrated Elderly and community divisions. The first meeting dates are being arranged. It has been agreed that these staff forums will form the basis upon which the divisional free text feedback data that we have will be analysed and reviewed with key actions agreed to be addressed.

Organisation "you said we did" boards have been reviewed and a standard operating procedure is being written to promote best practice and the proactive use of the "you said we did" boards

The complaints team continue to work exceptionally hard and have maintained an above target performance for the 25 day response requirement. The team have also reduced the over 90 day complaints to five which includes three that are currently awaiting an SI report.

Key Priorities

Develop links with the practice development nurses (PDN) teams to enable joint working opportunities and to raise the profile of patient experience within their roles.

Complete and obtain approval for the circulation of our welcome letter and discharge letter by the end of September 2018.

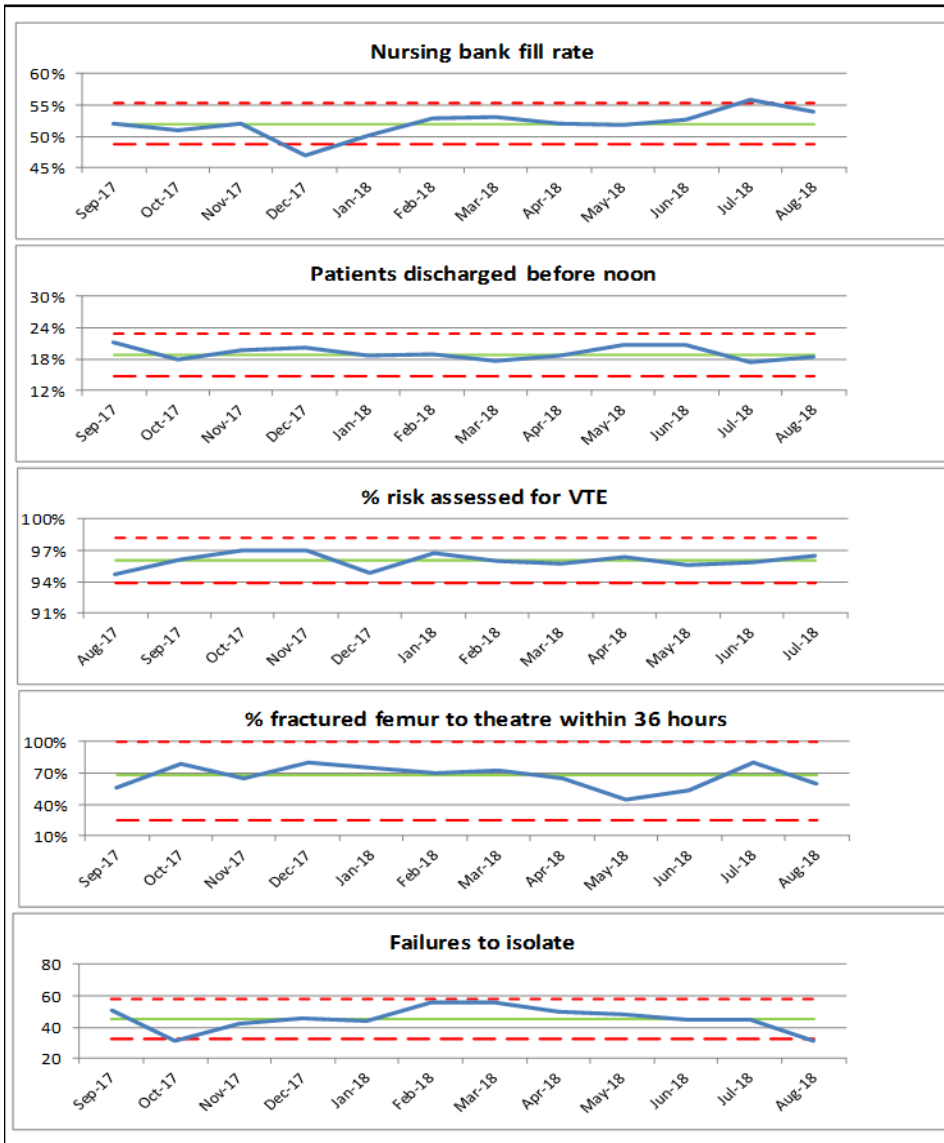
Work with the head of patient engagement and publish the first patient experience and involvement newsletter by the beginning of October 2018.

Quality: patient safety

PATIENT SAFETY- LEADING INDICATORS (SPC)

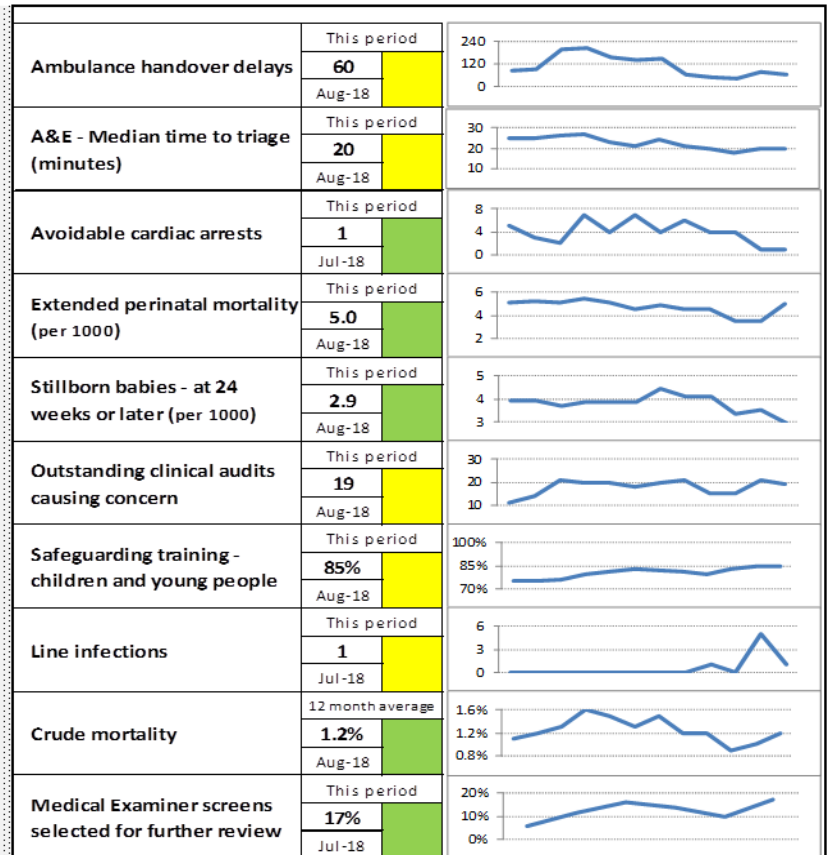
Lead - Quality Committee

Information derived from internal sources



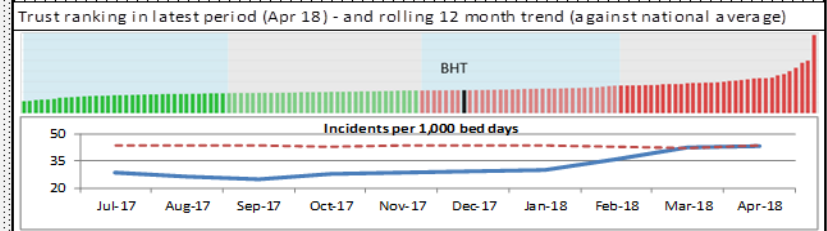
PATIENT SAFETY - TREND INDICATORS

Information derived from internal sources



Information source is NHSI Model Hospital - for benchmarking nationally

Potential under-reporting of incidents

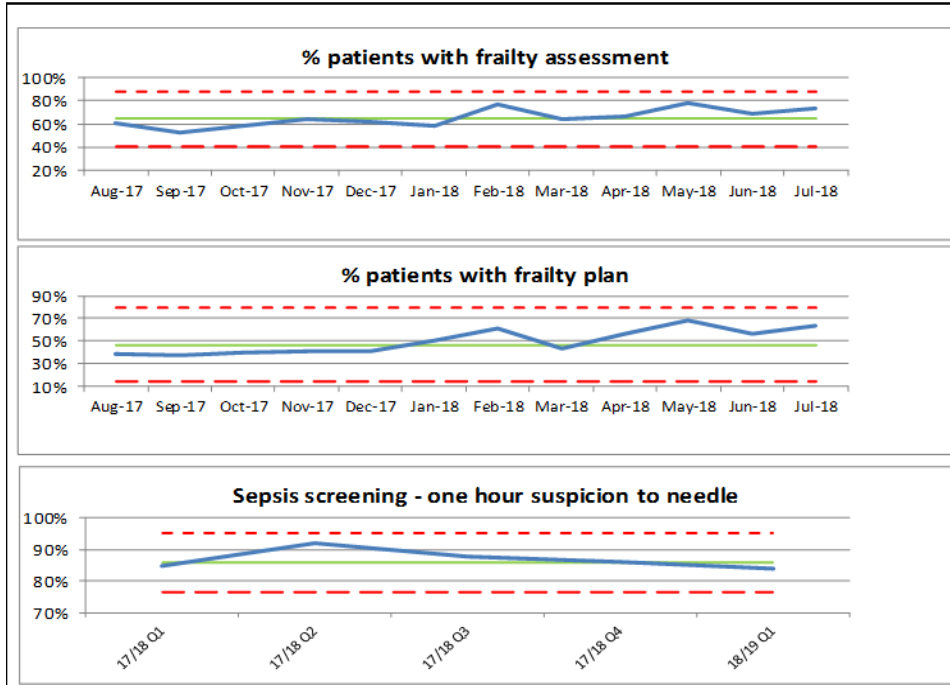


Quality: patient safety

PATIENT SAFETY- LEADING INDICATORS (SPC)

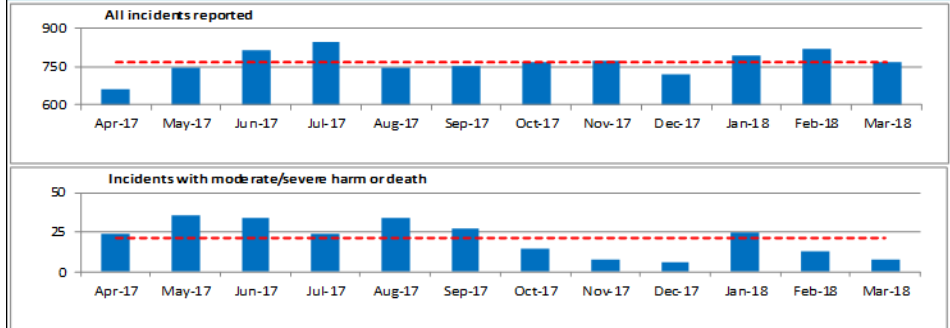
Lead - Quality Committee

Information derived from internal sources



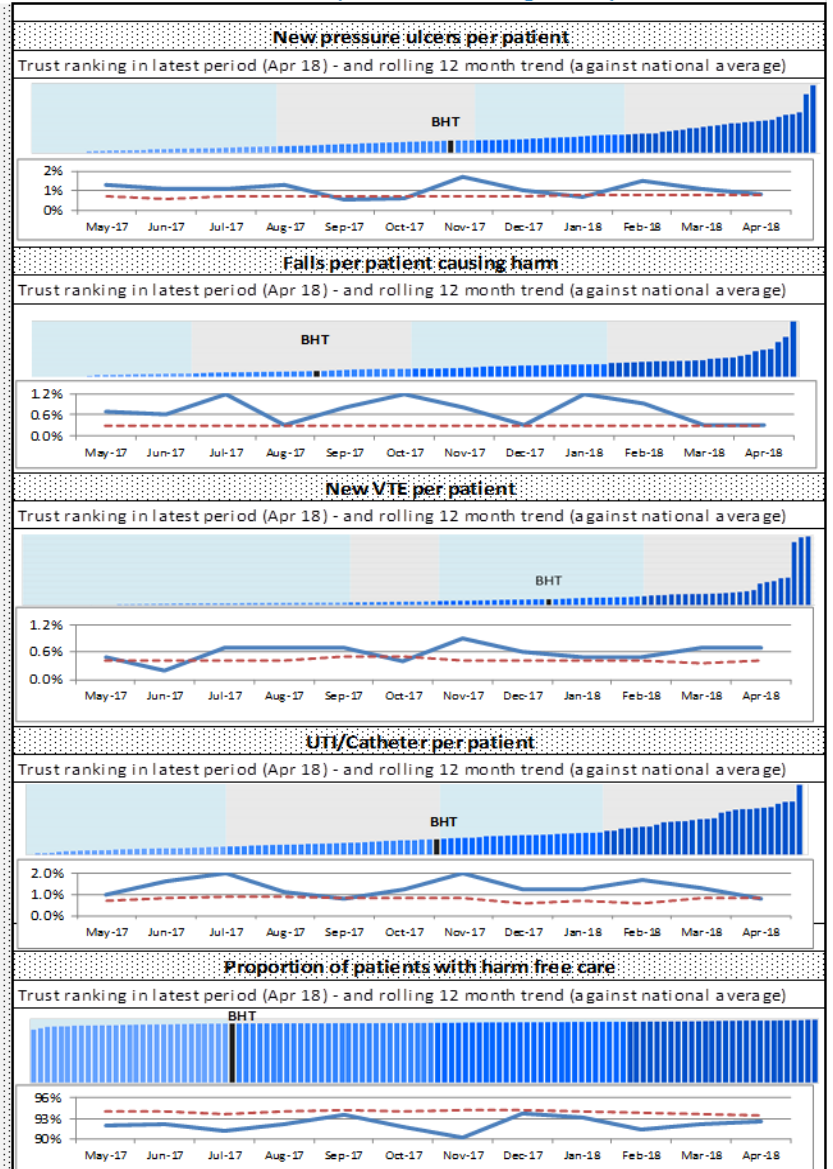
Safety incident reporting

Information source is CQC Insight



PATIENT SAFETY - TREND INDICATORS

Information source is NHSI Model Hospital - for benchmarking nationally



Quality: Key Issues and Learning

Key lessons learned and actions from serious incident reports this month

As a learning organisation it is of paramount importance that key lessons are identified from serious incidents. Some of the examples are illustrated below:

- The WHO (World Health Organisation) surgical safety checklist compliance has been reinforced in theatres with the team working on consistency
- Roles and responsibilities clarified across maternity teams to improve communication
- Best practice pathways are being reinforced for Radiology to improve patient care and experience

Mortality review and alerts

Following the launch of the Medical Examiner and benefits shown further expansion is required. The future service is to incorporate paediatrics and hospice deaths to ensure transparency and support for the bereaved for all deaths in the Trust. Sustainability of the project is mapped to ensure service provision meets seasonal demand and to include quality assurance of the Medical Examiner Screen and subsequent SJR review. The Medical Examiner service provides a proactive response to patient safety which is timely and consistent. With neighbouring trusts adopting the role of medical examiner there are opportunities for external review in the future- creating greater independence and oversight in our mortality review process.

Service Improvements

Recent Key Achievements and key priorities:

The Intranet Service Improvement page is live and now has a LibGuide link

The next STP/ICS-wide Quality, Service Improvement and Redesign (QSIR) practitioner training begins in September, with a waiting list for the next one in February 2019

The Service Improvement team are currently supporting the following projects:

Paediatric speech & language therapy - workshop and service review

Non-invasive ventilation pathway in hospital

Clinical coding – to maximise timely and complete access to coding information

The development of a metabolic surgery pathway

Introduction of an Advice and Guidance service (on e-RS)

BHT sessions are planned for the exec team and across the trust to roll out a vision for our Improvement Culture

CQC insight (No further publication since July 2018)

Two indicators showing as Much Better than national average

Sick days for medical and dental staff- [set target 3.5%] (%)	BHT: 1.12% Oct 16 - Sep 17	National 1.13%
Patients spending less than 4 hours in single specialty A&E, target 95 (%)	BHT: 100% Mar 18	National: 98%

Two indicators showing as Much Worse than national average

Patients spending less than 4 hours in major A&E, target 95 (%)	BHT: 72.4% Mar 18	National 76.4%
Emergency Laparotomy - proportion with pre-operative documentation of risk of death (%)	BHT: 41.6%* Dec 15 - Nov 16	National: 70.7%

Workforce indicators

WORKFORCE - LEADING INDICATORS (SPC)

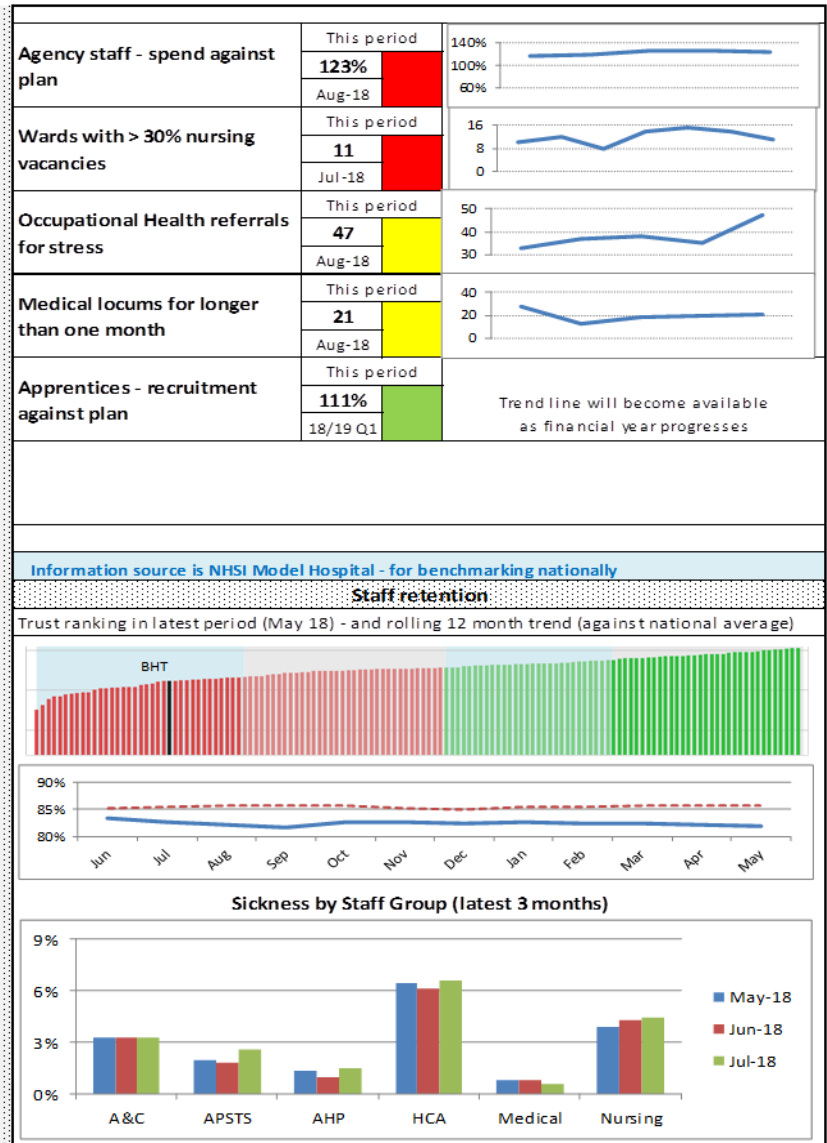
Lead - Workforce Committee

Information derived from internal sources



WORKFORCE - TREND INDICATORS

Information derived from internal sources



Workforce

Strategic update

Ensuring that we are a great place to work, where our people have the right skills and values to deliver excellence in care is our key people objective.

Key risks and mitigating actions are in place for areas where delivery of floodlight performance indicators is not meeting target and indicators are rag rated red: nurse vacancy rate, turnover levels of all staff, appraisal levels for non-medical staff and number of shifts outside of NHSI cap rates.

Nurse vacancy rate

The registered nurse vacancy rate increased by 0.1% to 18.0% at the end of August – a net reduction of 3 full time equivalent (fte) staff in post.

Cumulative recruitment year to date is 9 fte off target (58 fte joiners with NMC registrations compared to a target of 67 fte)

Particular actions are in place for those areas with nurse vacancy levels higher than 30%.

Spend on agency staffing

We have committed to delivering the NHSI set target of an agency spend for full year 2018-19 of under £10.471m.

Spend in M5 is over plan, with spend of £995k in month, despite a reduction of c£100k from M4.

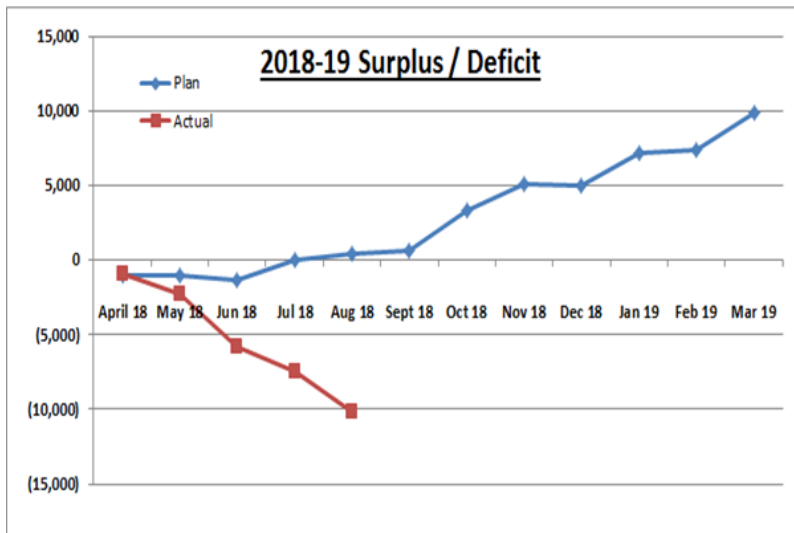
Nurse agency spend continues to drive agency usage; August saw the highest agency spend this f/y at £500k.

Actions to reduce this – tackling the drivers of both usage and spend – are in place and will continue to be reviewed on a weekly basis.

Spend reduced in M5 for medical staffing and prof & tech staffing – reflecting the outcomes of the work to bring spend down.

Despite a small increase (of £5k), spend for A&C staff maintained the step change reduction of c50% seen from M3 to M4 – reflecting the tightened controls for booking A&C agency usage.

Finance: income and expenditure



Expense Type £'000	Monthly Actuals	Variance	YTD Actuals	Variance	Annual Plan
Contract Income	31,412	379	158,026	(1,100)	380,213
PSF Income	0	(796)	0	(3,383)	11,938
Other Income	3,005	(1,804)	14,707	(3,118)	44,054
Total Income	34,417	(2,221)	172,733	(7,601)	436,205
Total Pay	(22,062)	174	(109,012)	(2,348)	(254,698)
Total Non Pay	(12,912)	(1,090)	(63,528)	(1,001)	(145,931)
TOTAL EBITDA	(557)	(3,137)	193	(10,949)	35,576
Total Other Adjustments	(2,165)	(42)	(10,370)	331	(25,683)
TOTAL	(2,722)	(3,179)	(10,177)	(10,618)	9,893

Income

- Income is £7.6m behind plan at month 5. The main variance against plan is not receiving the PSF monies, £3.4m and non delivery of income CIPs, £2.2m adverse to plan.
- Bucks CCG is included at contract value. Other commissioners are based on month 4 SLAM and month 5 Pre SLAM.
- Specialised Commissioning is £1.7m under plan due to the £0.8m rebate for Lenalidomide (no I&E impact), and £0.9m due to expected growth not being achieved.
- Other Income includes £0.7m less income (mirrored in spend) on Hep C drugs.
- In month 5 individual budget lines have been adjusted to reflect the allocation of fully assured CIP schemes to individual cost centre and expense categories. This has reduced the total income CIP target which needs to be applied to individual budget lines from £6.9m to £6.8m for the year.
- Income Risks – Key risks relating to income include:
 - Delivery of Income CIP schemes
 - Delivery of 17-18 CIP plans including delivery of increased private Patient targets
 - Income risk from final 17-18 outturn position
 - Receipt of PSF funding

Pay

- Pay is £2.3m behind plan at month 5.
- Key pressure areas continue to be medical agency usage in Anaesthetics within the Surgery & Critical Care Division and agency and locum Medical staff usage within the Integrated Medicine Division (Emergency and Acute Medicine).
- Pay budgets have been increased this month to reflect funding of the pay award above the 1% assumed in planning. This adds £1.4m to the YTD pay budgets which distorts the in month variance against plan. Month 5 actual pay award was £11k more than estimates made at Month 4.
- In month 5 individual budget lines have been adjusted to reflect the allocation of fully assured CIP schemes to individual cost centre and expense categories. This has reduced the total pay CIP target which needs to be applied to individual budget lines from £6.6m to £6.1m for the year.
- Pay Risks – Key risks relating to pay include:
 - Delivery of pay CIP schemes
 - Agency usage controls
 - Costs of delivering operational targets
 - 18-19 Agency inflation costs
 - Agency Cap

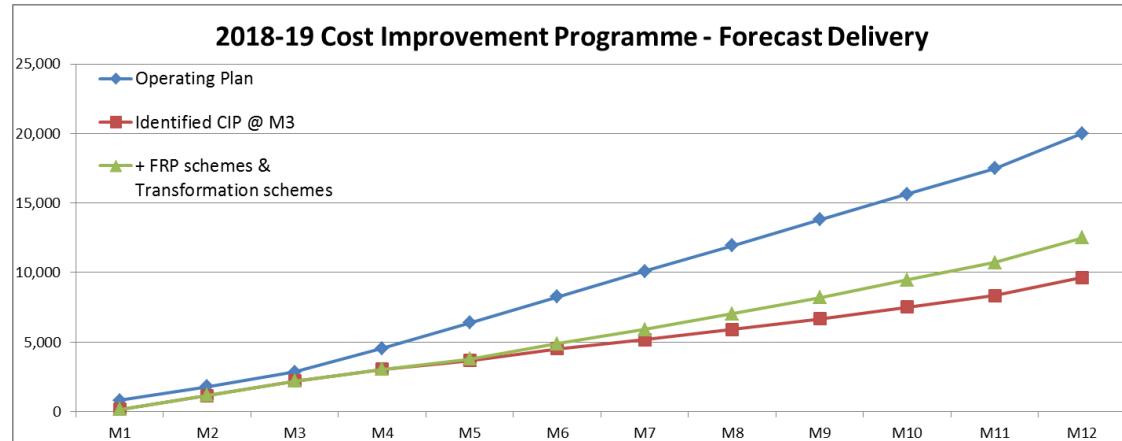
Non Pay

- Non Pay is £0.1m adverse to plan at month 5. Key reasons for this include PBR excluded drugs, Clinical Supplies – primarily send away tests and overspends on gas and electricity budgets.
- Non pay reserves partly offset the above areas of overspend reporting a £2.3m favourable variance. This primarily relates to the contingency reserve.
- Spend in Month 5 is £0.3m above run rate trend for the year, driven by ongoing pressures in clinical supplies and utilities.
- Drugs budgets have been re-phased this month to align with latest pharmacy horizon scanning predictions. This has impacted the variance to budget month on month by £2m. Actual spend on drugs in month is in line with run rate trend for the year to date, and thus actual deficit is not impacted by this adjustment.
- In month 5 individual budget lines have been adjusted to reflect the allocation of fully assured CIP schemes to individual cost centre and expense categories. This has reduced the total non pay CIP target which needs to be applied to individual budget lines from £6.5m to £3.4m for the year.
- Key risks relating to non pay include delivery of Non Pay CIP schemes, costs of delivering operational targets and correct ordering and receipting of goods and services.

Finance: Savings and Transformation

Headlines: savings

- In M5, £0.19m recurrent savings have been delivered (YTD £0.80m), a recurrent shortfall of £1.65m (YTD £5.60m) against plan. This is partially off-set by the use of £0.33m reserves (YTD £1.67m) and £0.23m of non-recurrent schemes (YTD £1.33m).
- £4.11m of schemes are in delivery or Green rated (not including reserves of £2m), with a further £2.01m of Red/ Amber rated schemes, and £4.43m of schemes requiring implementation plans.
- Savings plans are back-ended, increasing the level of risk of delivery.



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Operating Plan	800	1,800	2,850	4,550	6,400	8,250	10,100	11,950	13,800	15,650	17,500	20,000
Identified CIP @ M3	161	1,154	2,184	3,043	3,671	4,513	5,176	5,919	6,670	7,511	8,352	9,633
+ FRP schemes & Transformation schemes	170	1,173	2,184	3,043	3,794	4,875	5,917	7,053	8,191	9,460	10,729	12,498

Areas of focus for transformation/bridge the gap

- Medical pay and productivity (project established)
- Nursing staffing (revised annual leave policy, driving the benefits from Allocate and sharing best practice for rota management)
- Temporary Staffing
- Estates – rate of return on asset base
- Back office – commissioned external consultancy
- Quality – efficiency and productivity
- Private patients
- Repatriation
- Outpatient transformation

Actions to address current performance

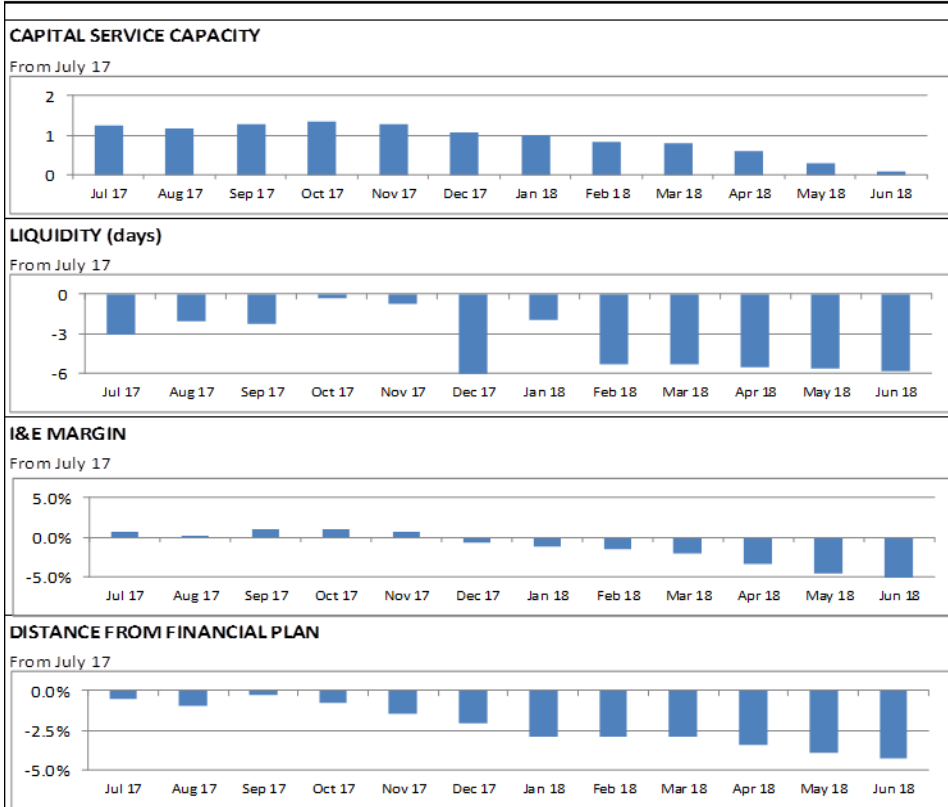
- Financial Recovery Plan being developed and weekly oversight meeting in place
- Weekly run-rate and budget review meetings being held
- Increased focus on implementation planning through COG
- Improved clinical leadership is required in order to gain traction
- Re-establish control centres, with savings schemes allocated at Divisional level (e.g. draft surgery turnaround plan)
- CEO-led communications programme
- PMO Data Analyst to be recruited
- Grip and control action plan to be implemented
- Improved contract management controls and associated actions

Finance: business performance

USE OF RESOURCES - TREND INDICATORS

Lead - Finance and Business Performance Committee

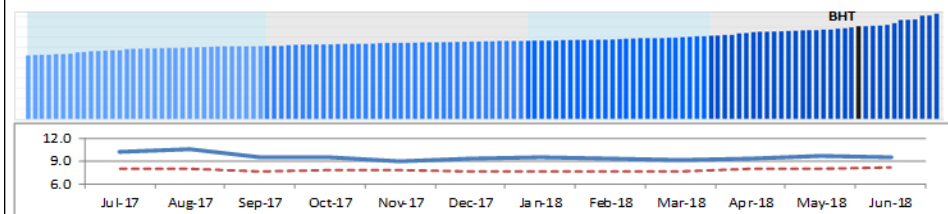
Information source is NHSI Model Hospital - for benchmarking nationally



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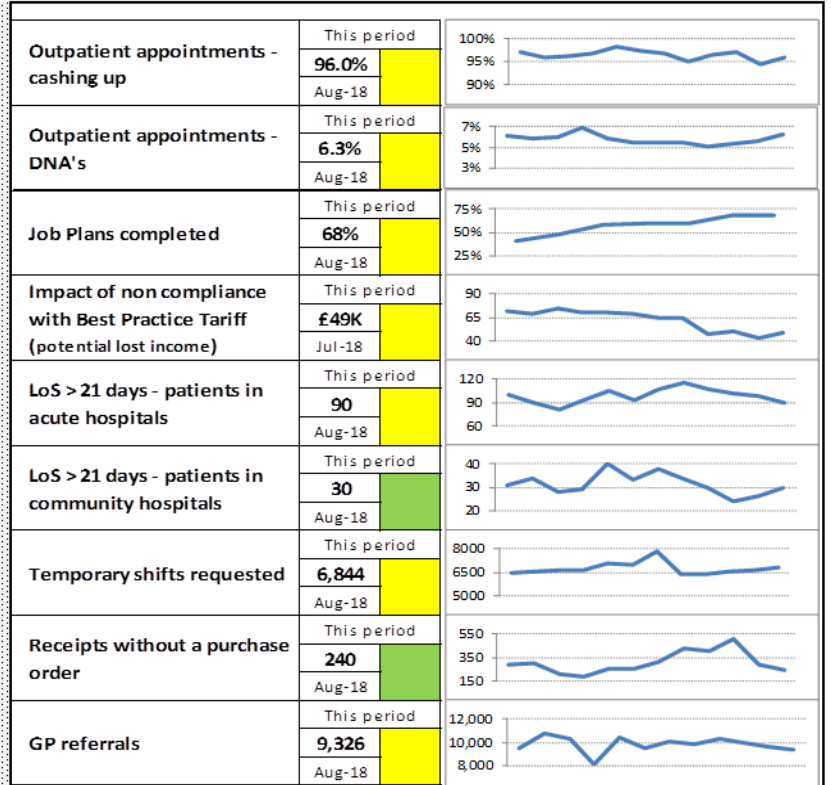
NURSING CARE HOURS PER PATIENT DAY

Trust ranking in latest period (Jun 18) - and rolling 12 month trend (against national average)



USE OF RESOURCES - TREND INDICATORS

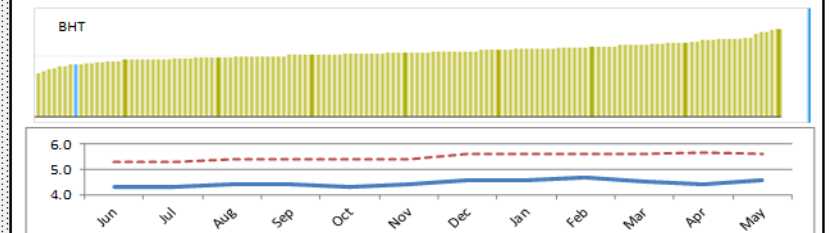
Information derived from internal sources



Information source is CHKS

AVERAGE DIAGNOSES PER CODED EPISODE

Trust ranking in latest period (May 18) - and rolling 12 month trend (against national average)



Finance: capital and cash

Capital Schemes	PLAN	YTD M5	FORECAST	VARIANCE
	£000's	£000's	£000's	£000's
PROPERTY SERVICES	13,953	3,915	12,821	1,132
PFI Lifecycle	4,049	3,785	4,049	-
A&E Phase III	4,172	-	4,172	-
Theatre Infrastructure	4,000	-	2,500	1,500
SM Site HV/LV Systems Upgrade	520	-	520	-
CAFM	60	-	-	60
Lifts	37	-	-	37
Innovation Hub	707	1	707	-
Horatios Gardens	-	16	16	16
Car Park Rectification	-	-	36	36
Children & Young People Moves	32	-	32	-
7 Domino Moves	-	-	144	144
Capital Project Pay Costs	-	95	186	186
Fire Trustwide	-	1	1	1
A&E Shute System	-	-	70	70
Security Doors	-	-	-	-
Eststes work for PP environment	59	-	59	-
Upper Limb Lab	317	17	317	-
Floyd Lecture LED Lights	-	-	12	12
INFORMATION TECHNOLOGY	2,265	660	2,542	- 277
Anti Virus	325	311	336	11
Medisoft (Ophthalmology EPR)	175	66	175	-
Web Appliances	130	-	-	130
Single Sign On (SSO)	92	-	92	-
Evolve and e-forms BS10008	66	22	66	-
Cyber Security	66	6	66	-
Infrastructure	45	-	45	-
PAS	-	119	273	273
NHS Mail	-	-	-	-
Blood Trac Solution	-	46	75	75
Electronic Reporting	-	1	28	28
2018/19 Ipad	-	-	20	20
UPS Batteries	9	-	9	-
E-Obs	1,357	89	1,357	-
MEDICAL EQUIPMENT	1,908	130	1,908	-
Scope Washers	172	35	172	-
Dental Equip AGH	124	-	124	-
Laparoscopic Camera Holder	17	-	17	-
Ultrasound & Adjustable Couch	68	68	68	-
FEES Equip	18	-	18	-
Gamma Probes	58	-	58	-
Obstetric Ultrasound	124	-	124	-
Bronchoscopes	183	-	183	-
Biopsy Guidance System	41	-	41	-
Virectomy & Phaco Machines	107	-	107	-
Laryngoscope	18	18	18	-
Vital Signs Device	9	9	9	-
ITU Ventilators Base	470	-	470	-
ITU Ventilators Enhanced (Charity)	80	-	80	-
Donated	419	-	419	-
OTHER	650	96	1,229	-579
CMG Salaries	279	96	279	-
At risk against A&E Bid	-	-	950	950
Contingency	371	0	-	371
TOTAL	18,776	4,801	18,500	276

Capital Headlines

Financing:

The Trust received notification of £0.9m additional capital to fund the A&E phase 3 project. There are conditions of receipt of this funding including repayment if works not completed by December.

Increase to CRL requires approval by NHSI.

Programme:

Further to the additional £0.9m being notified, CMG approved £0.5m spend at risk in month to fund ICU ventilators and Estate works to enable delivery of PP activity.

Moving forward this gives the Trust £0.4m contingency within its capital programme.

Cash Summary

	August Actual	September Forecast	October Forecast	November Forecast
	£'000s	£'000s	£'000s	£'000s
Opening Balance	2,169	1,944	1,920	1,920
Receipts	35,414	34,999	35,789	35,026
Service Level Agreements	29,603	30,145	30,677	30,727
Other Income	5,811	4,854	5,112	4,299
STF	-	-	-	-
Payments				
Payroll	- 21,019	- 22,185	- 21,830	- 21,865
Monthly pay	- 20,019	- 20,355	- 20,136	- 20,136
Nhs Professionals - Agency	- 400	- 828	- 494	- 529
Nhs Professionals - Bank	- 400	- 836	- 1,000	- 1,000
Temporary Medical	- 200	- 166	- 200	- 200
Creditors	- 14,620	- 17,729	- 15,359	- 14,961
Pharmacy	- 2,800	- 2,837	- 2,500	- 2,700
Other Revenue Creditors - AP	- 6,396	- 10,757	- 8,545	- 8,152
Bunzl - Supplies	- 480	- 350	- 350	- 350
PFI - Enterprise	- 2,165	- 1,800	- 1,800	- 1,800
PFI - United Health	- 1,626	- 1,350	- 1,350	- 1,350
Capital creditors	- 1,153	- 635	- 814	- 609
Borrowings	-	4,891	1,400	1,800
DH - Capital Loan Repayment	-	362	-	-
DH - Loan/RWCF repayment and interest	-	1,587	-	-
DH - Loan drawdown	-	9,513	1,400	1,800
PDC Dividend payable	-	2,673	-	-
Closing Balance	1,944	1,920	1,920	1,920

Cash Headlines

- The forecast assumes the effect of recovery plan savings across Pay, Non Pay and Income.
- Pay has been projected on the average spend following the National Pay Award and recovery plan schemes have been applied against agency spend.
- Creditors payment backlog will be reduced in September.
- The Trust has secured £9.5M of deficit support funding which was received on the 17th of September 2018.
- The trust is in discussions with NHSI for future monthly draw down levels.
- The receipt of £9.5m versus the £11.5m flagged at the last FBPC has been managed through working balance management and curtailment of creditors.
- Focus is being placed upon reducing debtors to help mitigate the pressures, and delayed capital expenditure has positive short term impact.

Finance: departmental performance

1. Late Purchase Orders

Division	% Late Purchase Orders					Late Purchase Orders £				
	M01	M02	M03	M04	M05	M01	M02	M03	M04	M05
Bht - Assets	0.00%	7.41%	0.00%	0.00%	16.67%	-	34,085	-	-	72,600
Chief Executive	28.57%	66.67%	28.57%	0.00%	42.86%	5,360	33,209	21,195	-	2,715
Finance Directorate	21.98%	13.04%	9.89%	7.45%	11.33%	1,070,650	248,635	671,117	89,621	96,689
Human Resources	12.98%	22.58%	20.00%	25.00%	17.65%	31,269	41,502	57,386	23,236	6,880
Integrated Elderly Care	3.73%	6.61%	9.05%	10.67%	18.27%	23,758	15,646	67,159	23,275	75,804
Integrated Medicine	1.27%	3.39%	2.72%	0.87%	3.83%	9,797	68,291	38,405	7,404	122,074
Medical Director	0.00%	0.00%	6.67%	0.00%	25.00%	-	-	51	-	250
Nursing Director	45.45%	24.00%	17.39%	35.71%	40.00%	20,298	26,586	1,289	69,112	8,833
Specialist Services	10.25%	17.12%	16.21%	13.15%	11.40%	531,091	156,885	361,061	81,547	327,863
Strategy And Business Dev.	9.09%	0.00%	0.00%	12.50%	0.00%	150,000	-	-	12,000	-
Surgery And Critical Care	0.64%	0.95%	0.98%	2.44%	0.36%	2,414	20,431	845,436	532,348	21,886
Women & Children	4.79%	4.02%	3.11%	3.82%	2.96%	3,952	4,026	845	6,481	10,450
Chief Operating Off-Management	91.67%	0.00%	33.33%	0.00%	75.00%	21,105	-	1,539	-	3,090
Grand Total	6.75%	6.72%	6.54%	5.82%	5.48%	1,869,693	649,296	2,065,483	845,024	749,135

Key Highlights

1. Numbers of retrospective orders are reducing as a % of overall orders.
2. The educational work continues with the areas of highest deviation to process.
3. Of the £4.5m orders fully approved and matched, £3.0m are overdue, a £0.3m improvement in overdue balances in month.
4. Additional to this however is £0.4m in dispute and £3.5m on register awaiting matching / approval.

Debtor / Creditor Balances & Better Payment Practice Code

INVOICED RECEIVABLES AS AT 31 AUG 2018

	Current	30-60 days	60-90 days	90-120 days	> 120 days	Total
NHS	2935	1724	434	2139	793	8,025
NON NHS	451	1123	299	149	1235	3,257
% of Total	30%	25%	6%	20%	18%	

INVOICED RECEIVABLES AS AT 31 JULY 2018

	Current	30-60 days	60-90 days	90-120 days	> 120 days	Total
NHS	1139	899	1868	521	1715	6,142
NON NHS	1272	340	1120	117	1172	4,021
% of Total	24%	12%	29%	6%	28%	

INVOICE PAYABLES AS AT 31 AUG 2018

	Current	30-60 days	60-90 days	>90 days	Total
NHS	630	76	44	196	946
NON NHS	855	1,925	319	741	3,840
% of Total	31%	42%	8%	20%	

INVOICE PAYABLES AS AT 31 JULY 2018

	Current	30-60 days	60-90 days	>90 days	Total
NHS	586	95	35	320	1,036
NON NHS	5,531	257	253	530	6,571
% of Total	80%	5%	4%	11%	

BETTER PAYMENT PRACTICE CODE

	Count Total	Count Pass	% Pass	£'000s Total	£'000s Pass	% Pass
NHS	780	311	40%	15,492	11,423	74%
NON NHS	33290	20300	61%	83,465	70,525	84%
TOTAL	34070	20611	60%	98,957	81,948	83%

Validated Invoices Awaiting Payment

Count of Gross Value

Row Labels	Awaiting Payment	Disputed	Grand Total
Due	3831	1024	4855
Not Due	631	1	632
Grand Total	4462	1025	5487

Sum of Gross Value

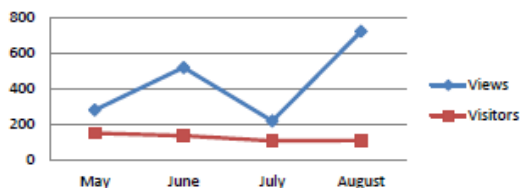
Row Labels	Awaiting Payment	Disputed	Grand Total
Due	3,004,877	337,558	3,342,434
Not Due	1,535,487	81,221	1,616,707
Grand Total	4,540,363	418,779	4,959,142

Communications and engagement

INTERNAL

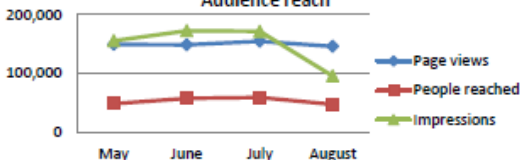
	This month	Last month
Team brief attendance	0	0

CEO blog

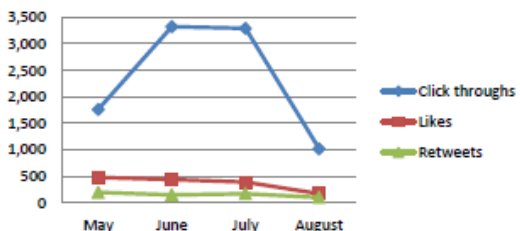


DIGITAL

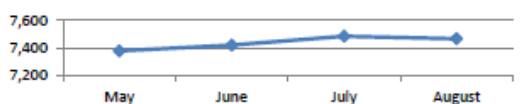
Audience reach



Engagement



Twitter followers

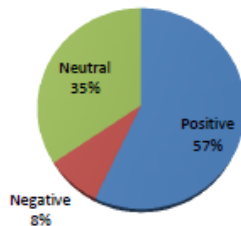


FOI	August	July
Received	51	65
Compliance	not yet available	64%

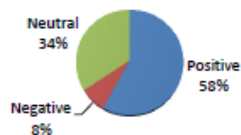
MEDIA

Sentiment

This month



Last month



Key stories:

BBC News website (video):

- The first humanist lead chaplain in the NHS

Mix96 (online article and radio news bulletin):

- Delay in pay for all Bucks Healthcare staff

Bucks Herald:

- Celebrating our glorious NHS: 'Thanks to all those who made it a special event

Bucks and Winslow Advertiser

- Hospital chiefs refuse to answer questions about future of Buckingham Community Hospital

The first humanist lead chaplain in the NHS

Lizbeth van Dijk has become the first humanist lead chaplain in the NHS after being appointed by Buckinghamshire NHS Trust.

Humanists offer more humanist chaplains to other NHS providers

13 Aug 2015

CELEBRATING OUR GLORIOUS NHS

A special event was held at Bucks Mansions Hospital to say thank you to those who help us in our daily work.

PATIENT INVOLVEMENT

	This month	Last month
% patients feel listened to	100%	100%
% staff feel supported	not yet available	
Events attendance	42	22

Number of members



KEY AREAS OF ACTIVITY

Staff awards - supported promotion which has led to over 200 nominations, more than ever before

CQC - created comms plan and top tips for staff in advance of inspection

Warm Welcome - progressed designs to approval and conducted site visit for measurements ahead of installation.

Payroll - the team tried to mitigate negative press stories by preparing a statement in advance of enquiries

- supported internal communications to staff

NSIC - spoke to 57 patients in a series of workshops and face to face interviews, to listen to patients and develop recommendations for improving their experience. Service provided by NSIC highly valued by patients, but wanted more efficient use of beds, improvements to care environment, and for NSIC expertise to be shared with other NHS providers

Patient Experience Group - The PEG scrutinised the findings from the PLACE assessment and will continue to hold the Trust accountable for implementing improvements to the care environment

Notes on this month:

- There has been a dip in engagement and audience figures, likely due to people being away over summer

PERFORMANCE AGAINST KPIs - Quarterly

	Baseline	Target	QTD
20% increase in digital engagement*	9,132	10,958	7,485
10% increase in patient participation	95	105	64
7% increase - staff agree senior manager communication is effective	not yet available	annual staff survey	

*no. of times user interacted with our tweets, Facebook or blog posts or BHT Connect articles



Buckinghamshire Healthcare
NHS Trust

Performance Exception Report – September 2018 (August Data)

Performance standard & definition	NHSI Cap breaching agency shifts at 864 shifts for August 2018
	NHSI Capped rates are Agency Rates set nationally above which, a Trust should not pay when engaging a worker from an agency. The rates are set out in the Performance section.

	April	May	June	July	Current Month
Actual 2017	464	517	571	666	671
Actual 2018	760	712	829	820	864

Exception overview: *Brief explanation of performance driver (what is the problem & what caused it)*

In August, 864 agency shifts were paid at a rate above the capped rates set by the NHSI, out of a total of 3168 agency shifts worked. This is an increase of 44 shifts compared to July; however, for the first time this financial year, the proportion of breaching shifts has reduced - from 29% last month to 27% in August.

- Medical agency usage is proportionally smaller than other staff groups in the Trust; however, 90%-100% of shifts breach cap. See table in performance section below. In August, there were also 84 shifts costing £100p/h or more (a decrease on last month of 9 shifts). These shifts are reported to NHSI on a weekly basis.
- The Nursing staff group has two main areas with rates that breach caps:
Theatres: We continue to work to engage workers at current cap rates; however, due to the specialist nature of the work and limited pool of workers, we have not as yet been able to bring rates down to current cap levels. This situation is replicated in other Trusts in our region. These workers account for the majority of the nursing breaches and almost all the Scientific, Therapeutic and Technical staff breaches (the staff group for operating department practitioners). The rate breaches by £6p/h and these are predominantly day shifts.

On-framework / High cost breach lines of work: The on-framework high cost breach rate is £40 per hour. Although this is 77% higher than capped rates, it is a considerably lower cost than off-framework / high cost rates and provides the assurance of using an on-framework agency. There remain 12 lines of work paid at the high cost breach rate. Two finish on 7 September, and the remainder are currently planned to end on the 30 September. All lines of work have been put in place or extended with executive approval. As with Theatres, the long lines have workers primarily on day shifts which is illustrated by the high proportion (70%, an increase from 68% last month) of day shifts that are currently breaching.

- Scientific, Therapeutic & Technical breaches are predominantly ODP staff in Theatres, attracting the Theatre breaching rate, as explained above. The breaching shifts in August were worked by 10 different workers. There is also one breaching sonographer, who is currently in the process of transferring to bank.

Performance

Staff Group	Total Shifts				Price Cap breach Shifts				Proportion of breaching shifts
	Un-enhanced	Night/Sat	Sun/BHs	Total	Un-enhanced	Night/Sat	Sun/BHs	Total	
Medical and Dental	205	15	0	220	187	14	0	201	91%
Nursing Midwifery & Health	503	488	425	1416	352	54	15	421	30%*
Admin and Estates	149	0	7	156	65	0	2	67	43%
Scientific, therapeutic and Technical	1075	33	51	1159	123	18	9	150	13%
Healthcare Science	189	3	0	192	24	0	0	24	13%
Support Services	25	0	0	25	0	0	0	0	0%

* 70% of Day Shifts breached in August

High Impacting Actions: *Key Actions being taken to improve & address variation (no more than 2 or 3) – what doing about it & when will recover.*

The Director of Workforce and Organisational Development is leading work to bring agency spend within the spend cap of £10.5m for f/y 2018-19. Specific activities within this work are documented in an Agency Reduction Plan Key objectives from plan are:

Temporary Staffing Plan Objectives
1. Improved grip and control over agency management
2. Migrate Agency workers to Bank
3. Change booking behaviours and systems
4. Bank first approach across The Trust
5. Reduce cost of agency
6. Medical Agency Reduction

Improvements: *What improvements can be expected next month as a result of the actions being taken now? Include recovery trajectory to get back on track*

Activity to move agency to bank for staff in the Prof & Tech staff group is starting to deliver results, and another two migrations this month (one of which is a breaching engagement)

However, the 12 breaching lines of work on high cost escalated rates (nursing roles predominantly across A&E, AMU and Ward 10 with one line on Ward 5) are in place until early September, and the breaching workers in Theatres are challenging to change rates and to move across to bank, but we are re-targeting this area.

NHSP staff have been proactively 'walking the floor' through the end of August and ongoing through September and October to encourage agency workers to move across to bank, results from this are likely to show mid - September onwards, where any migrations are workers previously breaching capped rates.

Performance Exception Report - August 2018

Performance standard	Appraisal Compliance Rate: 71%, Signed off (71.0%), in progress (27.9%) at the end of August 2018
Definition	Appraisal Compliance is the percentage of non-medical staff that have an appraisal for the period April 18 - March 19

	April	May	June	July	Current Month
Plan	30%	60%	90%	90%	90%
Completed	10.5%	14.8%	41.2%	59.4%	71.0%
In Progress	18.2%	29.2%	27%	18.3%	27.9%

Exception overview: *Brief explanation of performance driver (what is the problem & what caused it)*

The issue:

Our target is to achieve appraisal compliance of 90%. At the end of August, 71.0% of staff had had appraisal conversations with their line manager and signed this off on the appraisal system. A further 27.9% of staff had registered on the appraisal system that their appraisal was in progress.

Overall, this is an increase in the last 4 weeks of 8.3% or 434 staff members who have engaged in the appraisal process.

Risks Slowing Compliance Achievement

We have a new appraisal system, Actus, which is being run fully for the first time this year. This is a completely different way of recording and completing appraisals that staffs have to adjust too. A benefit of the system is that the recording of completion of the appraisals is more robust and auditable.

High Impacting Actions: *Key Actions being taken to improve & address variation (no more than 2 or 3) – what doing about it & when will recover.*

A number of initiatives (below) continue to be deployed to ensure compliance with appraisal target.

1. Reducing the number of 'no-appraisal started'

The project officer is actively engaged with HR Business Partners (HRBPs) and divisions to direct communication and support in the appropriate areas. Key messages are important for active engagement through the layers. The project officer ensures colleagues understand the importance & purpose of appraisals and supports them with using the new Actus platform. In addition, three open staff lunchtime sessions took place during August.

a. General monitoring + supporting managers - HRBPs as Actus HR Administrators

The HRBPs have been given full access to the system for the divisions they support, to include reporting and accessing real time compliance and non-compliance data, as well as the ability to update line management chain information. Weekly updates regarding divisional compliance as well as identification of hotspot areas is helping direct activities.

b. Mini appraisal form developed & project officer on site

To support managers struggling with time a mini appraisal form has been developed and guidance offered to enable the conversation to take two parts; part 1 review of previous year (now). Part 2 setting objectives and PDPs.

c. Forced start of appraisals

There are still a number of people that have not started their appraisal for the current year, the project officer is now starting this for them which will mean both the appraisee and the appraiser will receive an email notification to complete the appraisal. This will also raise people's awareness if they are in the wrong reporting structure.

2. Converting the in-progress to completed

a. Supporting managers and individuals

HRBPs and project officer to continue to provide additional focused support to teams who have had in-progress for a long period of time, contacting at least 3 teams per day to support with how in-progress appraisals can be closed off/signed off.

b. Workshops and drop in sessions.

To date, appraisal support sessions have been delivered to 666 members of staff via drop-in sessions (100 attendees), and 81 separate team visits (566 attendees) & 10 half day workshops held for appraisers (111 attendees). These will go through steps required to complete an appraisal as well as tips on quality conversations.

c. Email reminders

Colleagues with appraisals showing as in progress for longer than 30 days will have an email sent to them and their managers advising them that the appraisal is not showing as completed and reminding them of the standards required and offering support.

We are confident that we will hit 90% in 2018/19, based on the additional level of activities planned in supporting staff and the managers over the next few months.

Improvements: *What improvements can be expected next month as a result of the actions being taken now? Include recovery trajectory to get back on track*

We expect to see the following improvements:

	September	October
Plan	90%	90%
Actual	80% completed & 20% in progress	90% completed & 10% in progress

Performance Exception Report - August 2018

Performance standard & definition	Cancer Target – 62 day for July 2018 85% or more of patients to be treated within 62 days of 2WW referral
--	--

	May	June	July
Plan	78.8%	82.4%	83.8%
Actual	82.2%	78.9%	77.1%
104 days*	6	4	6.5

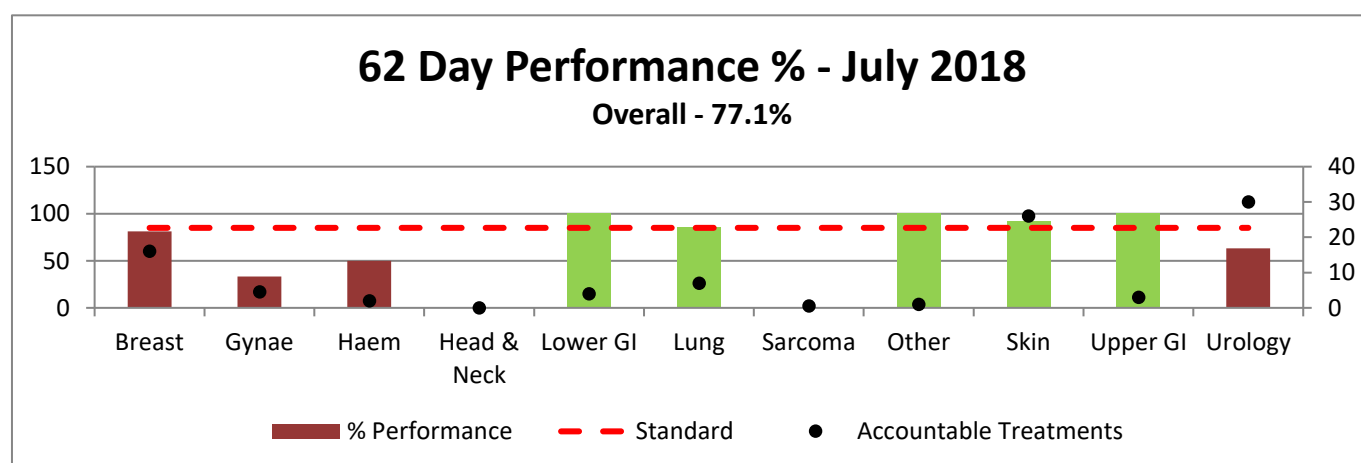
* 104 days are number of accountable breaches rather than number of patients

Exception overview: *Brief explanation of performance driver*

62 day to first treatment for 2WW

July performance has been below what was predicted and includes a number of long waiting breach patients being treated. There were 94 cancer treatments in July, higher than the predicted 74 treatments. 11 patients treated were backlog breaches.

Compliance by tumour site is as follows:



Tumour sites not meeting 62 day target (red on table above)

Breast - There was less clinical capacity due to a reduction in the number of breast surgeons in May, June and the first 2 weeks of July. Two locum consultants are now in post and capacity has increased. We do not predict another reduction in capacity in the foreseeable future. One patient required diagnostics at Northwick Park which prolonged their pathway.

Gynaecology – all three breaches were shared with Oxford. They were referred after day 38 due to additional diagnostics being required.

Haematology – treatment numbers are very low.

Urology – all of the patients who breached during July were from the backlog of long waiting patients referred before the improved pathway was implemented.

High Impacting Actions: *Key Actions being taken to improve & address variation*

1. A new lung cancer pathway went live in April to ensure patients have CT at the start of their pathway and OP appointments are not wasted. New telephone clinic has been established to either give patient all clear or

discuss the need for further tests within two weeks of referral from GP. See table below for compliance with the 2WW and 62 day targets since the start of the project

Target	April	May	June	July
2ww	97.3%	96.8%	96.2%	100%
62 day	50%	100%	75%	85.7%

Note: patient numbers are relatively low for lung so 2 breaches in April and 2 breaches in June affected performance. These breaches were for complex patients needing additional diagnostics

2. A daily cancer huddle has been piloted in Urology, Breast and Lower GI to review 2ww referrals and capacity, providing added operational and clinical oversight. Radiology also attends to review their capacity and reporting turnaround times. Compliance with the 2ww target for the specialties involved shows an improvement in July for Urology and Breast (see table below) – compliance will continue to be monitored.

	May	June	July
Breast	93.4%	95.6%	97.8%
LGI	97.1%	97.0%	95.6%
Urology	95.8%	95.7%	98.8%

3. Action plan from NHSI visit to be updated by mid-October

Improvements: *What improvements can be expected next month as a result of the actions being taken now?*

The daily cancer huddle has now been extended to cover ENT & Oral Surgery and Dermatology will be joining from 17/9/18.

A new data link between Medway and Infloflex (the cancer information system) is currently being tested, with a go live target of October. The link will ensure 2ww referrals are uploaded to Infloflex immediately rather than being manually entered onto the system. Reporting of 2ww activity will be in real time and tracking can start as soon as the referral is received.

There have been a few teething issues nationally with the inter provider transfers, which delayed the close of July's performance data. The first report will be available to Trusts at the end of Q2 and there will also be an opportunity to refresh performance data twice a year which has not been previously available (dates to be confirmed)

Performance Exception Report – September 2018 (August Data)

Performance standard & definition	<p>Nurse Vacancy Rate at 18% in August 2018</p> <p>The nurse vacancy rate is the percentage of vacant nurse posts against the agreed nurse establishment.</p>
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	April	May	June	July	Aug
Plan	16%	16.2%	16.3%	17.6%	17.6%
Actual	16.3%	16.8%	17.2%	17.9%	18.0%

Exception overview: *Brief explanation of performance driver (what is the problem & what caused it)*

Our target is to achieve a nurse vacancy rate of 12%.

In August our nurse vacancy level increased by 0.1% to 18.0%; this equates to a reduction of 3 fte nursing staff in post.

Although the attrition rate dropped, with only 13.7 fte leavers, year to date, we are behind on our target of an average attrition rate of 15 fte per month.

Year to date, 58 fte nursing staff have joined the Trust against a target of 67 fte.

We are operating in a highly competitive market - there is an ongoing shortage of substantive qualified nursing staff within the UK and specifically the Thames Valley Region. The English language requirements required by the Nursing & Midwifery Council (NMC) have reduced the number of EU nurses registering as qualified nurses. This requirement also continues to slow down the speed in which non-EU nurses can relocate to the UK.

High Impacting Actions: *Key Actions being taken to improve & address variation (no more than 2 or 3) – what doing about it & when will recover.*

1. Workforce Transformation Board:

- Phase 2 underway of Band 5 to 4 skill mix
- New A&E, AMU, & short-stay rotational programme.
- Recruitment & Selection training rolled out in September to improve quality of recruitment process.

2. International recruitment activity:

- 15 Erasmus placements arrived during w/c 3 September and remain until December 2018. Target to recruit 60% of cohort.
- Ongoing arrivals of Portuguese trained nurses; this f/y, 7 started employment with 22 in pipeline. Individuals start as Nursing Assistant Practitioners and are provided English language training to support registration process.
- Half-term results from pilot Occupational English Training (OET) training, indicates 6 from 8 EU staff on course to pass OET exams.

3. Domestic recruitment activity:

- University of Bedfordshire summer 2018 qualifiers start from September. 18 job offers from cohort of 45. Activity to recruit students included advertising BHT & jobs in class-room events, one-to-one conversations with students, publicising opportunities across UoB intranet, & mailshots throughout the year..
- Six newly qualifiers from other UK universities are in pre-employment pipeline.
- Use of candidate databases & networks – e.g. sourcing candidates through LinkedIn, Mailshots sent to individuals who had previously withdrawn from nursing jobs.
- Integrated Medicine open day taking place on Saturday 29 September at Stoke Mandeville.

Improvements: *What improvements can be expected next month as a result of the actions being taken now? Include recovery trajectory to get back on track*

- August 2018 reflected seasonal trends with 12.4fte new starters (8.8fte with NMC Pin).

- Two Paramedics commenced employment in Emergency Care Practitioner roles in A&E (new skill-mix).
- Recruitment & Education producing a joint plan for the February 2019 cohort of qualifying student nurses

Recruitment Activity

July	August	September	Quarter 2 – numbers to date
<p>Portugal recruitment event- 23 & 27 July. 15 Erasmus placements confirmed, 17 offers, 28 registered interest in further info. Healthperm Skype interviews 13th / 17th July – 15 offers.</p>	<p>Paediatric open day- 4 August. Nursing Workforce Transformation Board reviewing Emergency nursing to report back to Chief Nurse. NHS Employers releasing EU podcast featuring HRD - social media to support promoting BHT as place to work.</p>	<p>Recruitment events include Integrated Medicine open day & Milton Keynes Jobs Show. Erasmus programme commences for 15 placements. Recruitment & Selection training rolled out.</p>	<p>NMC registered joiners: 48.9.6fte Waiting for NMC registration: 13.6fte Total joiners: 62.5fte</p>

Performance exception report – July 2018

Performance standard & definition

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

2018	April	May	June	July
Monthly waiting list plan	28,974	28,612	28,247	28,029
Monthly waiting list actual	29,962	29,979	30,099	30,214
Waiting list growth/shortfall	+988	+1,367	+1,852	+2,185
Monthly RTT plan	88.5%	89.9%	90.2%	90.5%
Monthly RTT actual	89.9%	90.2%	90.2%	90.5%
52 week breaches	0	0	0	0

Exception overview:

Waiting list size has actually grown by 252 patients YTD – although is 2,185 patients higher than the NHSI submitted plan. The Trust activity plan aligned winter pressure and seasonal variation and activity was front-loaded to get ahead for winter 2018/19. The continued impact of non-elective demand post winter has adversely impacted the elective position and waiting list growth. However, RTT performance is on trajectory but remains under the 92% incomplete national standard.

- There have been no 52 week breaches in July 2018
- July diagnostic DM01 submission compliant at 0.42%
- 2.2% increase in GP referrals YTD
- Challenged specialties remain Ophthalmology and T&O due to large activity volumes and ongoing trauma attendances
- 5.4% growth in non – elective admissions resulting in capacity pressures and subsequent cancellations of elective operating on the SMH site – mainly Gynaecology
- Increase in Gastro patients waiting times for diagnostics in Q1

High Impacting Actions:

- Working with the CCGs to manage and understand increase in GP referrals
- Audit to review where the trauma work is being referred from
- Vanguard on site for a 10 week period (finished in August) to help work through the Gastro backlog
- Encouraging the uptake of Consultant Connect and Advice and Guidance to reduce referrals

Improvements:

- Work ongoing with '4 Eyes' to further improve theatre productivity and efficiencies across all surgical specialties to support and mitigate long waits.
- Working with the NHSI team to implement actions from the DQ self-assessment report and improve DQ
- Embed GIRFT (Getting it Right First Time) recommendations for T&O and Ophthalmology.
- Fully optimise the use of the elective site at Wycombe to mitigate against operational capacity pressures
- ICS Improved Care, Access & Efficiency Delivery Board being established in Q2; elective care priorities steering group with focus on system wide RTT delivery and demand reduction
- Virtual clinics being set up for some Ophthalmology pathways

Performance Exception Report - August 2018

Performance Standard & Definition

Trust 4hr A&E 95% Target: Patients admitted or discharged within four hours from time of arrival.

	April	May	June	July	August	Qtr.1
Plan	90.02%	91.26%	91.91%	90.46	89.44	91.06%
Actual	85.87%	89.09%	91.08%	87.37	86.99	88.74%

Exception overview: Brief explanation of performance driver (what is the problem & what caused it)

Nationally it has been recognised that pressures July through Aug 2018 have been comparable to Winter 2017/18.

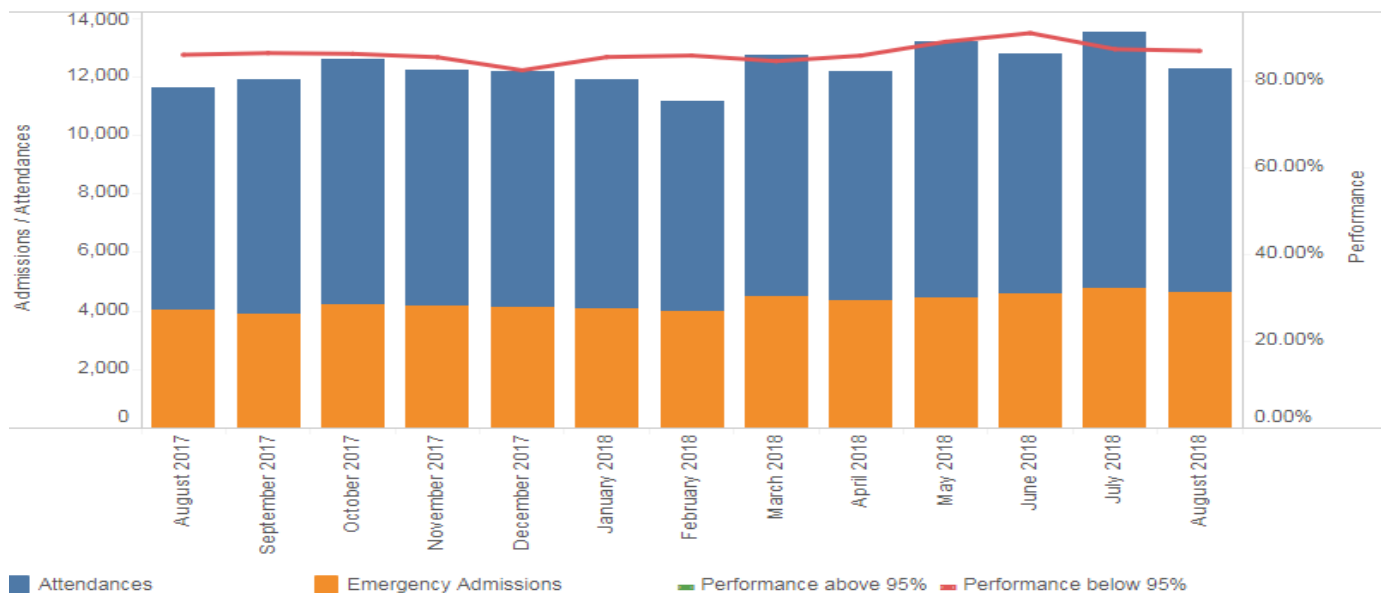
	August 2018	July 2018	August 2017
Performance	86.99%	87.37%	86.07%
Attendances	12,279	13,542	11,619
Breaches	1,598	1,711	1,618
4-12 hour Trolley Waits	516	483	562
12 hour Trolley Waits	0	0	0
Emergency Admissions	4,616	4,770	4,022

Growth from the previous month
(negative indicating a reduction)

% Difference in Performance	-0.43%
% Growth in Attendances	-9.3%
% Growth in Breaches	-6.6%

Growth from same month in the previous year
(negative indicating a reduction)

All Types Performance	0.91%
% Growth in Attendances	5.68%
% Growth in Breaches	-1.24%



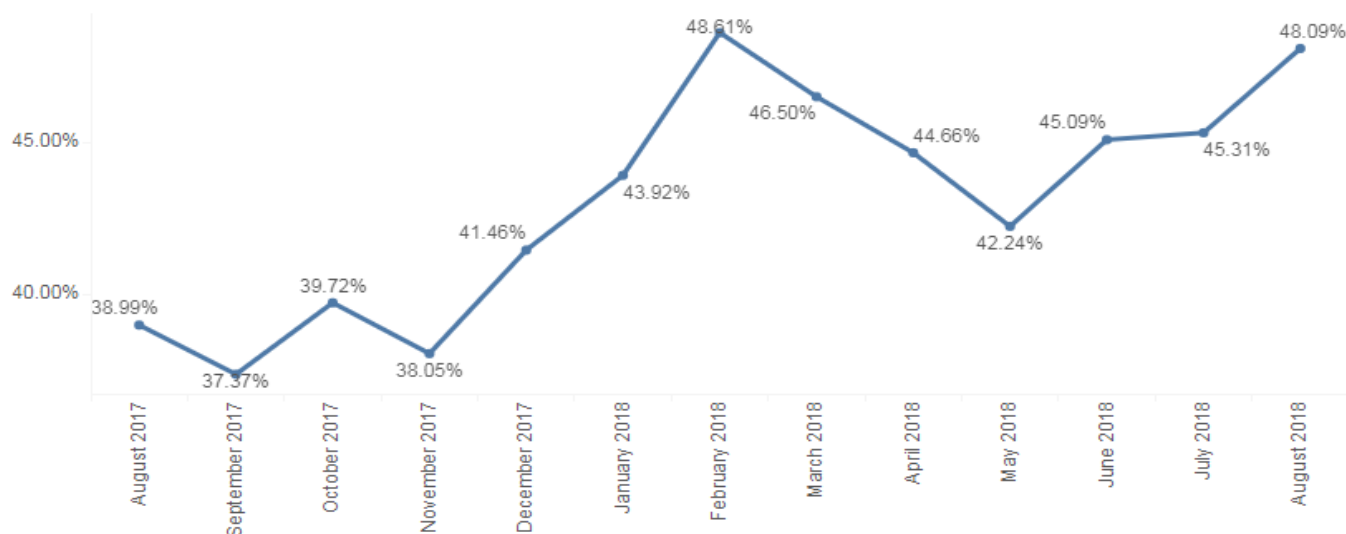
The above table details the comparable figures of all attendances by ALL emergency admissions (not just ED) from Aug 2017 – Aug 2018 across BHT. The trajectory from 2017 to August 2018 has increased and of note attendances (in blue) only decreased around April 2018 but still at the pressures of November 2017 attendances'. Since then the activity has steadily climbed.

Maintaining flow within the BHT in August (patient to bed) has been compromised by lower & untimely

discharges to meet the admitted demand. The conversation ratio on fewer attendances has impacted the 4-12 hour Trolley Waits which has adversely increased overnight and into the morning. This could suggest a higher acuity.

The above table is showing the comparable figures of all attendances by all emergency admissions across BHT

Shown below is the conversion (%) ratio - ED attendances 'Majors' type 1 ver. admissions.(Type 1)



High Impacting Actions: Key Actions being taken to improve & address variation (no more than 2 or 3) – what doing about it & when will recover.

- Embedded process of Rapid Assessment (RAT) POD – SCAS evidence - decrease in handover delays
- GP Streaming continues to have a positive effect but limited locum resource to staffs shifts
- Senior Executive Team discussions with NHSE/I reference interim support in the ED consultant team.
- NHSI working with Trust on 0-14 Length of Stay - started Friday 14th August 2018.
- ICS Tender (ITT) completed & reviewed – Tender to be awarded W/E 14/08 for NEL Capacity & Demand model on target - to be in place end Q2

Improvements: What improvements can be expected next month as a result of the actions being taken now? Include recovery trajectory to get back on track.

- 'Carefully' streams – Senior Responsible Office identified to lead each pathway which will align all system schemes into one overarching program for clarity.
- Conversations with CCG to tender D2A capability to assess patients out of hospital to improve flow.
- Technical specification being written around improved bed modeling to align capacity and demand appropriately.
- Exploring options around the delivery of GP streaming in conjunction with the GP OOH service.
- An Action Squad is being established across the system to review all inpatients over 16 days to expedite discharges where possible.
- ED Tracking training and escalation of Trust ED 95% 4hour target
- Emergency department attending an external partner organisations looking at best practice on flow.
- Working with NHSI to develop a work stream for improvement of patient flow.
- NHSI/E has identified resources to support the ED Consultant Team which should be available next month especially supporting the overnight activity & performance standard.