

**NLG(18)298**

DATE OF MEETING	28 August 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Obi Hasan, Turnaround Director Kate Wood, Acting Medical Director Shaun Stacey, Chief Operating Officer Jayne Adamson, Director of People and Organisational Effectiveness Marcus Hassall, Director of Finance
CONTACT OFFICER	Kathryn Helley, Deputy Chief Operating Officer – Improvement and Productivity
SUBJECT	Improving Together Update
BACKGROUND DOCUMENT (IF ANY)	Workstream and Project Highlight Reports
PURPOSE OF THE REPORT:	For Assurance
EXECUTIVE SUMMARY (PLEASE INCLUDE: A SUMMARY OF THE REPORT, KEY POINTS & / OR ANY RISKS WHICH NEED TO BE BROUGHT TO THE ATTENTION OF THE TRUST BOARD AND ANY MITIGATING ACTIONS, WHERE APPROPRIATE)	The attached paper outlines the progress made and the current risks identified in respect of the Improving Together Programme.
TRUST BOARD ACTION REQUIRED	The Board is asked to note the content of the report and identify any further actions required at this stage.



# Improving Together Programme Summary

As at 20 August 2018

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## Workstream RAG Key

Green	On track for delivery milestones and KPIs
Amber	At risk but recoverable
Red	At risk and non recoverable

## Risk Matrix Key

Likelihood		Impact		Risk Score	Category
1	Rare	1	Negligible	Low Risk	1-3
2	Unlikely	2	Minor	Moderate Risk	4-6
3	Possible	3	Moderate	High Risk	8-12
4	Likely	4	Major	Extreme Risk	15-25
5	Almost Certain	5	Catastrophic		

### Key Achievements/Progress

#### QUALITY

Stocktake meeting to be held on the 31<sup>st</sup> August to agree Quality and Safety Programme.

WHO Safer Surgery Checklist monthly Audits now undertaken in all areas, agreed that another full weekly audit will be undertaken in October.

“Care in last days of Life” document is now implemented on all wards, also Lindsey Lodge Hospice now using the document. Both communities currently piloting the use of the document.

Ward Excellence programme now commenced, and ward assurance tool rolled out and available on the HUB.

#### MORTALITY

Performance for NEWS2 and MEOWs - % carried out within the 30 minute grace period  
 NEWS2 Goole, Scunthorpe and Grimsby 01.07.18 -31.07.18 = 77% (increased by 1% since last month)  
 OEWS Goole, Scunthorpe and Grimsby 01.07.18 -31.07.18 = 83% (stayed same)  
 Target over next 2 months will to achieve 95% conducted within the 30 minute grace period

**Sepsis**  
 Continued improvements, further work needs to be undertaken on the handheld devices before pilot can commence.

**Mortality**  
 Draft mortality strategy produced and out for review with outcomes and measure identified.

### Key Risks/Issues

### Mitigating Actions

### RAG

Inability to demonstrate compliance with Sepsis 6 and deteriorating patient requirements which may impact on the Trust mortality position

Revised Sepsis policy went live 9th April. Work continues with WebV on electronic recording of sepsis to allow a robust methodology to measure compliance with the Sepsis 6 bundle.  
 Two part time band 6 nurses had been appointed and have produced action plans for NEWS2 and performance of NEWS2 and OEWS is improving slowly, these action plans will be used by ward areas to improve to 95% over next 2 months.

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Data quality and/or audit methodology for Level 1 and Level 2 Key Performance Indicators could be leading to some false assurance

Working with the Information Team to agree a robust methodology. Whilst robust electronic recording processes are developed, audit activity continues to take place.

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Lack of Mortality Case Note Reviews being preformed

Process of engagement with clinical staff planned

A

## Key Achievements/Progress

**SAFE STAFFING – LABOUR TURNOVER RATE HAS DROPPED TO 9.98% WHICH IS 0.42% BELOW TARGET RATE OF 10.4%**

### **Medical Staffing:**

A change to the approval of agency locum spend will be implemented with effect from 3<sup>rd</sup> September; all shifts worked over 50% of cap and over £100 will require authorisation from the Chief Operating Officer (COO) and Chief Executive respectively in line with NHS Improvement (NHSI) reporting requirements. An action plan to meet NHSI requirements has been submitted to NHSI and progress is being made against the recommendations. A paper has been submitted to the Triumvirate meeting proposing the centralisation of medical staffing resource.

A more robust regime is being implemented to manage the Master Vendor supplier of locum agency staffing with a view to make further progress on rate reduction.

The recruitment pipeline for Consultants and SAS grade doctors is forecast to improve slightly but remain static. The August rotation position was much improved from the previous financial year, 37.5 rotational training posts remain unfilled, a significant proportion of non-training grade back fill are in the pipeline with an anticipated fill rate of 90% by November. Job planning is progressing all anaesthetics are complete, surgery are anticipated to be complete by the end of October and Medicine are engaging in the process. Establishment reviews are being led by the Divisional Teams to support capacity planning

Cost Improvement Programme (CIP) delivery is slightly behind plan as a result of anticipated recruitment to posts being delayed.

### **Nurse Staffing:**

The process for authorisation for agency and off framework temporary staffing has been revised to incorporate the new NHSI guidelines and was implemented on 1 August 2018 – COO now provides challenge on all requests.

Impact of New Deal aims to go live following the implementation of rota changes in October. Circa 70 newly qualified nurses are predicted to join the organisation in September, October and November. As part of the establishment review and New Deal for nursing, 18 Nursing Associates have accepted positions, 23 Health Care Assistants are undergoing pre-employment checks; with active recruitment for remaining vacant posts. The new role of Care Navigator is out to recruit. 36 offers have been made to overseas recruitment to registered posts, subject to successful IELTS scores and NMC registration; 9 are scheduled to commence in post December 2018

### **Allied Health Professionals:**

CIP Delivery on track as a result of the current vacancy position. Labour Turnover Rate (LTR) remains constant at circa 20% which is reflective of national benchmarking; work is underway to explore opportunities for regional rotations reflective of the current labour market. Dietetics LTR is circa 33% and work is ongoing to develop assistant roles to support registered staff. An improvement plan has been developed and agreed, includes focus on the Trauma & Orthopaedic service to identify capacity and patient contact time

Aim to have all 32 staff rotas utilising the e-rostering system by 31 October, focused effort on expanding the bank. Plan to reduce agency spend by 10% and reduce capped rate by 60% by 31st December

Key Risks/Issues	Mitigating Actions	RAG
<p><b>Medical Staffing:</b> CIP delivery is slightly behind plan as a result of delays to anticipated recruitment and despite a much improved trainee doctor rotational fill, challenges remain for substantive recruitment to Consultant and middle grade roles, resulting in higher medical agency staffing spend</p>	<p>New approval process for agency shifts prior to being worked will be implemented on 3<sup>rd</sup> September Improved contract management of Master Vendor supplier to deliver a strategy to drive down rates</p>	A
<p><b>Nursing:</b> Inability to recruit sufficient substantive nurses to fill to establishment levels Retention of post holders at 18mths and 2 years</p>	<p>Interim establishment reviews focuses on creating a diluted skill mix which remains within safe staffing levels but increases the opportunity to fill substantive HCA roles. In process of uplifting band 5 to 6 roles to aid with retention. Review of preceptorship, career pathways and opportunities for leadership. Itchy feet clinics. Ongoing international recruitment. Recruitment to 20 Nursing associate roles and introduction of Care Navigator role.</p>	A
<p><b>AHPs:</b> Retention of post holders at 18mths and 2 years Dietetic service has a significant vacancy</p>	<p>Explore rotational roles with local Trusts and links with universities, use turnover as a positive as natural career progression. Support retention with Senior staff with responsibilities for clinical education to enhance current roles</p>	A

## Key Achievements/Progress

### ENGAGEMENT AND CULTURE

Evidence gathered for the impact of the mattresses and pumps delivered to High Dependency Unit in May. First two months evidenced 47 hours saved in staff time and transfer delays. Staff frustrations at time lost due to obtaining mattresses were also alleviated.

Very positive first hand feedback gained from relatives on Critical Care ward for recently introduced sofas and hydration station. Comments gathered included:

- “what a good idea”
- “it’s great we don’t have to bother nursing staff for a drink”
- “getting a hot drink at these times is much needed”

Further work will take place during August in the High Dependency Unit with a patient survey taking place aiming to provide ‘responsive care’.

Presentations made to the Council of Governors and Consultancy Body Groups (Medical Advisory Group and Hospital Consultancy Committee) on the vision, progress and next steps of the Pride & Respect programme.

Link in with NHS Improvement around synthesis working to confirm priority focus areas, potential for Pride & Respect Champions Coaching to be facilitated by NHS Improvement.

BME Development session held with BME Champion from North East London NHS Foundation Trust. However low attendance for session, work required to re-engage BME staff.

Internal concern/issue mechanism to be launched, which will have Chief Executive input and involvement, following the closure of the Staff Helpline due to limited uptake.

Launch of mediation service to be held in September, tied in with Development Day for Trust Mediators.

Workshops held with Divisional Triumvirates to discuss engagement, review options and explore shared learning options. Benefit of shared learning is to identify what works and what doesn’t and how we can share successful engagement across the Trust.

Triumvirates encouraging and welcoming of engagement work and supported deep-dive/walk the ward exercises where project group sought honest and open opinions from all staff on what engagement feels like to them and what they would like to see in future.

Findings from the above will feed into a joint-approach with the Communications Team to deliver a standardised approach towards engagement that fits in with the overarching Trust objectives.

## Key Achievements/Progress

### TRAINING AND DEVELOPMENT

Level 3, 5 and 6 Apprenticeships continue to be rolled out with the Level 6 recruitment now underway for the second cohort.  
 Nursing Leadership Programme commenced in July with the first session well received.  
 Level 7 Apprenticeship programme tender due to close in mid-August with the tender awarding to following soon after.  
 Development of Matron Leadership Programme due to start in August/September.

Over 100 Junior Doctors started their rotation within the Trust with all going through induction programme upon arrival.

Work to commence on developing and embedding of a Standard Operating Procedure for Protecting Clinical Time for Junior Doctors. After previous unsuccessful attempts, a new approach to engage this method has shown progress but will require pace to continue and then extra work embedding and monitoring of procedure.

System mapping almost complete outstanding subjects only remaining in Conflict Resolution and Antimicrobial. This has been achieved despite seasonal annual leave and resource within the team down to 50.00% capacity.

Initial work taken place on Safeguarding training to ensure Trust approach fits requirements. Safeguarding Lead has taken information back to his service and will return with response. Work will continue in the coming months to establish required guidelines for compliance.

Development of certificate system to reward and incentivise maximum compliance, need to establish how best to reward and also how to promote the launch of system.

Improvement Workshop held between key stakeholders to begin scoping of Quality Improvement for the Trust and options available, link in established with Leeds Teaching Hospital.

Quality Improvement Day (Trust wide) scheduled for November 2018.

### LEADERSHIP AND MANAGEMENT

Work underway as part of Leadership Development Programme to link up with the Divisional Clinical Directors to provide them with the necessary leadership skills.

## Key Risks/Issues

## Mitigating Actions

## RAG

The results of the Deanery Trainee survey are low which impacts on junior doctors choosing the Trust as a future place to work. Lack of engagement from junior doctors in being part of improvement action plan to address issues.

- Increased pace and focus on reviewing junior doctor scores and surveys and agreeing responsive actions/interventions to improve target areas.
- Development of project plan in conjunction with Post Graduate Medical Education to work alongside deanery action plan.
- Regain confidence and gain traction with series of 'quick wins' of issues affecting Junior Doctors.

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Variable clinical engagement across the Trust, which is a particular issue given the current improvement required in the organisation.

- Response and action plan development to engagement survey.
- Agree how NHS Improvement funding will be used to support this area.
- Improvement Team and Medical Education to map Deanery recover plan.

**R**



### Key Achievements/Progress

At month 4 the Trust reported a deficit of £19.2m against a plan of £15.8m a -£3.4m variance and an in-month decline of £0.4m

£3.16m of the Cost Improvement Programmes (CIP) had been delivered against a plan of £3.23m (£0.07m adverse variance) to the end of July.

Mitigation schemes being developed to close the CIPs delivery risk

### Key Risks/Issues

### Mitigating Actions

### RAG

Current forecast delivery has improved since last month to £12.6m against the £15m plan. However, a shortfall of £2.4m against plan remains for which mitigation schemes are needed urgently.

The development of a CIP pipeline has been ongoing and will be continuous throughout the year. Currently potential schemes in excess of £2 million have been identified.

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The Trust is required to maintain their elective backlog levels and are committed to reducing their 52 week waiting patients. There is a risk to WLI reduction if productivity levels do not increase rapidly enough to increase numbers of patients seen.

Discussions commenced with commissioners on any waiting list position improvements required for 18/19 and negotiate activity funding within contract to cover costs.

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18/19 nursing agency savings are based on current nursing establishments. Recruitment challenges, and vacancies, effectiveness of roster controls, and ability to reduce agency rates continue to present high risk despite concerted effort to overcome.

Tightened agency controls and spend monitoring through Executive/COO sign-off and nursing oversight group  
New deal for nursing developed as mitigation schemes £0.6m (PYE)

R

## Key Achievements/Progress

**Medical Model:** The frailty service launched on 03/07/18 has begun to increase throughput now it has full access to an assessment area. Latest numbers through are 35 from the commencement of the pilot to 13/08/2018, with a zero length of stay saving a potential 129.5 days in total. A further engagement event was held on 24/07/18 to discuss the roll-out of the Medical Model with the physicians. Work has commenced in the services to review clinical job plans to enable board rounds and clinic sessions to be planned simultaneously. A Multi Agency Discharge Event (MADE) is arranged for 23/08/18

**Diagnostics: Endoscopy** - SGH recovery plan underway to meet performance standards for GRS submission. GRS (Global Rating Scale) submission due October 2018 (first step towards JAG accreditation). 2<sup>nd</sup> Medical Scopist advert has gone out to increase core capacity and reduce reliance on Divisional scopists with other duties. Pooling of patients trustwide commenced. Accurate and automated information for performance reporting remains an issue, however first draft of automated report imminent and closely working with Endovault system supplier to provide information and reporting. **Radiology** – Radiology outsourcing of routine reporting to improve reporting turnaround times agreed. Specification and invitations to tender submitted to suppliers. Closing date for bids 28/08/18

**Theatres:** Speciality level RTT recovery trajectories and activity plans reviewed and to review current phasing against core capacity with a view to bringing activity forward due to winter plan. Forecast activity (no. of cases) sent out to Specialty Admin Teams to support the agreed targets and scheduling lists in line with target activity plans/case mix. Telephone pre-assessment criteria and process scoped – paper in development. Improved session population in earlier timescales against 6-4-2 expectations. Cancellations on the day: July 2018 = Hospital clinical = 50/Hospital – non clinical = 47 (main reason overruns = 16)/Patient Cancellations = 41/Total =138 [as at 26/7/18]. Operating Theatre Operational Groups (OTOGs) established and first meetings held 28/06/18 (DPoW) and 03/07/18 (SGH). Theatre Web/Information reporting requirements /issues flagged to Information Team for development/resolution. Hand held devices in-theatre trial – completed and IT assessment of requirements undertaken

**Cancer:** All Clinical Harm RCAs (April – end Dec 2017) assigned to appropriate clinicians. 62 day performance improvement trajectory to be completed at tumour site level with Divisions. PTL meetings continue to improve PTL meeting functionality. Oncology Capacity and Demand completion by 03/09/18. CSC Coordinator workforce review underway. Cancer Board meeting scheduled for 08/06/18. Trust to meet with Lead Cancer Manager at Hull to discuss pathways. Cancer Transformation Funding submission to Cancer Alliance to fund dedicated clinical and support staff to support implementation of GI and Lung ‘straight to test’ pathways. Cancer Alliance funding has been confirmed to support the implementation of risk stratified pathways and treatment summaries within Divisions.

**Ambulatory Care:** Both Medicine and Surgery divisions have a service at Grimsby and Surgery is currently exploring opportunities to set up a temporary area at Scunthorpe to commence Surgical Ambulatory Care and for surgery the front end model will be looked at direct access rather than taking additional beds out, hot theatre slots are now being worked through for certain surgical procedures in general surgery. Implementation plans continue to be worked through for the launch of further surgical specialities (ENT and Trauma & Orthopaedics with Urology to follow) on Grimsby site, work is on going to agree exclusion criteria rather than a pathways driven approach for ENT; there is work underway to cost moving the ENT Treatment room to the Ambulatory Care Unit which will see many ENT procedures carried out in an ambulatory setting rather than an inpatient stay. This work will provide a 95% increase in ENT pathways and 55% increase in Trauma and Orthopaedic pathways. The plan is commence some of this work in September 2018. Average LoS has reduced on Grimsby site for both Medicine and Surgery and there has been a significant increase in zero LOS in Medicine of 25% and Surgery is at 13%. Admissions to the surgical unit is showing an increasing trend.

**Discharge to Assess:** The Integrated Discharge Team (IDT) proposal combines existing resources and functions across health and social care (North Lincolnshire) with a focus on stranded patients >7 days and super stranded patients >21 days). The model is ready for implementation with work already commenced on management of stranded patients, the standard operating procedure is complete. The lead for the IDT has recently commenced in post. The new requirements for super-stranded patients are currently being assessed however work to review these patients on a daily basis is being picked up within the discharge teams on both sides and a more integrated approach will be developed shortly. There are links in with the SAFER work stream to ensure reporting is accurate and board rounds are being held. There is currently work ongoing to find a suitable SGH location for the IDT.

**Outpatients:** Utilisation position = 91.1%, up 4% from previous month, against a target of 95%. Further work to pilot clinic outcome form underway. Cleansing and update of booking rules continues to ensure accurate reporting. SAT Morning Huddles templates and guidance been created with engagement from Team Leader. Patient Event Summaries (PES) pilot completed in DIU at DPoW. OP Data Collection Form guidance written and roll out plan created and submitted to PAMC for approval.

## Key Risks/Issues

RAG

**Unplanned Care:** Medical Model: Pace of improvement within medicine compromised. Reasons include persistent high levels of Trust escalation, multiple areas of action needed to maintain ‘business as usual’, sickness and also some areas of change needed are contentious. Senior workforce within medicine are stretched to cover all these areas whilst also trying to engage clinicians to increase ownership of improvements.

Establish engagement events with each clinical team to improve dialogue and engagement.  
Implement medical model as separate elements to support clinicians.  
Manage super-stranded patients, working with partner agencies to ensure discharge is appropriate and timely.  
Hold MADE Event to share work and gain improved integration with all stakeholders around discharge.

A

**Planned Care:** Specialty performance recovery plans may be limited by the ability to provide additional theatres, outpatients and diagnostic capacity

Specialty teams to work with Theatre Transformation Board and link with outpatient and diagnostic teams to understand capacity requirements and improve efficiencies in core capacity to deliver increased activity.  
Increase day case activity and implement <23 hour day case facility at Goole.

A

### Key Achievements/Progress

**Fragile specialties:** CCG leaders meeting OSC chairs July/August 2018. Immunology has become a priority following resignation of single handed immunologist - red rated as HEY cannot support due to workforce shortages. Division seeking locum. Majority of allergy care is delivered in primary care in other areas; view of outgoing clinician is 90% can transfer. HEY already implemented shift. Linking into HASR. Joint support in place with HEY. Comms being worked through in terms of holding position.

**Emerging clinical strategy:** Trust Board agreed Emerging Strategic headlines 27/02/18. HASR Steering Group agreed Emerging Strategic headlines 14/03/18. Emerging Strategic headlines presented to NHS Improvement 28/03/18 which subsequently went to Secretary of State meeting 24/04/18. Trust Board agreed scenarios for modelling 26/06/18 and presented to Humber Acute Steering Group 04/07/18. Clinical and system leaders to work through detail of scenarios during July and August 2018. Further meetings scheduled throughout September

**Specialty specific transformation groups:** Surgery structure complete. Medicine structure in place but no Commissioner and GP members - representative with potential for dual role identified but formal structure required. Women & Children's have maternity in place, however paediatrics to be confirmed as review of paediatric and neonatal services required – currently resources not available to meet turnaround timescales hence red rating. NHSi support offered and accepted. Review to include HEY and Sheffield Children's, NHSi agreed and have sourced external support, terms of engagement under development. Awaiting confirmation of who and when. Escalated to HASR programme leads.

**Right Care Programme (RCP):** Acute cardiology strategy in development through the newly established Humber Coast and Vale (HCV) Operational Delivery Network (ODN), launched 12/06/18. Out of hospital cardiology hub agreed with North East Lincolnshire and further work underway with North Lincolnshire. ODN launched 12 June 2018. Respiratory and Gastroenterology strategies to be considered as part of the wider medicine review – RCP indicating potential material shift away from acute care reducing demand. Neurology is a single handed service and HEY unable to provide further support - requested support from HCV STP at HASR Executive and network links in place, recovery plan in development. CNS MS funding secured. North Lincolnshire agreed to additional time to work through community service need and structure – tendering postponed for 9 months. CEO/COO to attend transformation group commencing 20/07/18.

**System/Model of Care:** Humber Acute Services Review Group continues to meet – first submission of timeline developed (aligned to the STP capital submission timescales) and following feedback from regulators, £71.5m capital submission for NLG submitted 16/07/18. Regular meetings taking place pan-STP to ensure that service changes affecting NLG, Doncaster and Lincoln are considered.

### Key Risks/Issues

### Mitigating Actions

### RAG

Workforce strategies for 13 priority specialties are quite reactive to the immediate fix requirements - not necessarily providing a sustainable/long term solution

Workforce workstream are now present at the breakfast meetings to support with service redesign

A

Dependency of core specialty strategy (timescale) on other specialty strategies (specifically ED/CC/Maternity strategies) will impact the category 1, 2, 3 strategies and therefore the risk is timescales and sequencing

Category 1 (Cardiology, Respiratory, Gastro, General Surgery, Acute Medicine) and Category 2 (Urology, ENT, Haematology/Oncology) and Category 3 (CT/MRI, Immunology) specialty strategies may need to remain temporary until core specialty strategies are finalised. Risk will remain indefinitely however the strategy oversight group is now established to manage the interdependencies

A

Threat of service tendering present for community services and ophthalmology

RAG improved following recent decision by NL CCG to delay community services tendering by 9 months - progress through the transformation board to remain under review

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**Improving Together KPI Dashboard**

**Improvement / Deterioration:**

- ↑ = Improvement in Month
- = Static Position in Month
- ↓ = Deterioration in Month

Improving Together KPI Dashboard																						
KPI Lvl	Ref	Key Performance Indicator	National   Local	Secondary Indicator	Target	Site	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Trend		
<b>Quality and Safety</b>																						
1	QS1	% Fill rate of Locums to establishment	Local			Trust																
Comments: No target set. Data being sourced.																						
1	QS2	% Substantive medical posts vacant	Local		14.17%	Trust	23.17%	25.66%	23.53%	22.37%	23.42%	24.01%	24.29%	23.45%	23.59%	21.94%	21.91%	21.86%	21.11%	↑		
Comments: ..																						
1	QS3	Medical turnover rate	Local		0.78%	Trust	0.00%	0.76%	1.46%	0.00%	0.61%	0.76%	1.53%	0.38%	0.38%	2.69%	0.79%	0.69%	1.86%	↓		
Comments: ..																						
1	QS4	Medical Agency spend £000s	Local		1,467	Trust	2,376	2,264	2,401	2,277	2,300	2,201	2,240	1,952	1,508	2,254						
Comments: ..																						
1	QS5	Number of specialties who have had an establishment review	To Be Sourced			Trust																
Comments: No target set. Data collection method currently being designed																						
1	QS6	% RN\Midwives hours filled (Inpatients)	National			Trust	Day	91.4%	91.8%	91.9%	95.3%	96.8%	92.9%	95.0%	92.0%	91.3%	93.7%	96.2%	122.1%			
Night							98.4%	97.7%	98.6%	98.7%	98.6%	98.8%	101.5%	99.7%	99.4%	99.3%	99.7%	98.5%				
Comments: ..																						
1	QS7	% Substantive nursing posts vacant	Local		6.0%	Trust	11.5%	12.1%	11.2%	8.7%	8.9%	9.2%	9.3%	9.2%	9.8%	10.2%	10.4%		10.0%			
Comments: ..																						
1	QS8	Nursing turnover rate	Local		0.78%	Trust	3.81%	0.82%	0.94%	0.93%	0.88%	0.97%	0.68%	0.62%	1.68%	1.49%	0.55%	0.81%	1.36%	↓		
Comments: ..																						
1	QS9	Nursing agency spend £000s	Local			Trust	661	699	597	548	425	479	528	483	554	495	602	628	689	↓		
Comments: ..																						
1	QS10	Number of wards who have had an establishment review	Local		44	Trust						33	33	33	33	33	33	33	34	↑		
Comments: ..																						
1	QS11	Sickness rates (Medical & Dental)	Local			Trust	2.59%	2.48%	2.29%	1.89%	2.20%	2.18%	2.33%	1.40%	1.06%	1.03%	1.34%	1.10%		↑		
Comments: The rate only show medical and dental, do we need another KPI to show nursing and midwives to get an accurate reflection? Or report on All staff?																						
1	QS12	SHMI Score	National		100	Trust	120.7	119.6	119.1	118.6	117.2	116.6										
	DPW					129.7	128.9	127.5	125.4	123.2	121.3											
	SGH					112.8	111.4	111.8	112.8	112.0	112.6											
Comments: Data calculated in arrears 4 months behind, sourced from HED. July-2018: Delay nationally in releasing the ONS death data is causing delay in SHMI data.																						
1	QS15	% compliance with NEWS - Are the vital signs recorded in accordance with the planned frequency (NICE 50)	Local		95%	Trust																
Comments: Data collection method currently being designed																						
1	QS16	% compliance with NEWS (with 30 minutes grace)	Local		95%	Trust							66%	68%	66%	69%						
Comments: Pulled from WEB V																						
1	QS17	% compliance with PEWS (number of PEWS completed)	Local		95%	Trust																
Comments: Manual Audit being undertaken																						
1	QS18	% compliance with OEWS (with 30 minutes grace)	Local		95%	Trust							76.6%	76.7%	78.9%	81.0%						
Comments: Pulled from WEB V																						
1	QS19	% of patients with suspected sepsis who receive bundle of 6 elements of care within 1 hour of arrival.				Trust																
Comments: No target set. Data collection method currently being designed. Can only provide CQUINS requires tablets to collect the data																						
1	QS20	Maternity-% Compliance with CTG monitoring (Audit)	Local		100%	Trust	95.2%	92.0%	95.8%	94.7%	97.4%	96.7%	96.7%	97.8%	94.2%	95.2%	97.2%					
Comments: Sourced from an audit.																						
1	QS21	Maternity-delays due to non availability of theatre facilities	Local		0	Trust	1	0	1	0	0	0	0	0	0	0	1	1				
Comments: Sourced from DATIX																						
1	QS22	Maternity-delays for pain relief	Local		0	Trust	0	0	0	0	1	0	0	1	1	1	1	2				
Comments: Sourced from DATIX																						
1	QS23	Mixed Sex Accommodation breaches	National		0	Trust	59	76	64	72	62	52	73	70	73	66	78	65				
Comments: ..																						
1	QS24	WHO checklist (Audit)	Local		100%	Theatres	97.8%	98.5%	97.1%	98.1%	98.8%	98.6%	99.3%	99.1%	99.7%	98.7%	99.0%	98.2%				
Comments: Sourced from a monthly audit main theatres																						

KPI Lvl	Ref	Key Performance Indicator	National   Local	Secondary Indicator	Target	Site	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Trend
<b>OD &amp; Culture</b>																				
1	ODC1	Mandatory training compliance	National		85%	Trust		87.0%	86.0%	84.4%	80.0%	87.0%	87.0%	87.0%	88.0%					
Comments: Monthly ESR T&D																				
1	ODC2	Conditional offer to			20.0	Trust								38.3	31.3					

		unconditional offer		Comments:	
1	ODC3	Full recruitment process	53.0	Trust	72.2 63.3
				Comments:	
1	ODC4	Compliance of recruitment files	95%	Trust	98.6% 96.8%
				Comments:	

KPI Lvl	Ref	Key Performance Indicator	National   Local	Secondary Indicator	Target	Site	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Trend	
<b>Service Strategy</b>																					
1	S1	% specialties that have an agreed risk Heat Map assessment completed	Local		100%	Trust	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
							Comments: ..														
1	S2	% specialties with a Board approved sustainability strategy	Local		100%	Trust	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
							Comments: ..														
1	S3	% specialties with a commissioner approved sustainability strategy	Local		100%	Trust	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
							Comments: ..														

KPI Lvl	Ref	Key Performance Indicator	National   Local	Secondary Indicator	Target	Site	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Trend	
<b>Access &amp; Flow</b>																					
1	A&F1	% of patients waiting less than 4 hours in A&E	National		90%	Trust	83.9%	89.3%	87.4%	91.5%	92.5%	87.9%	86.1%	83.4%	79.6%	85.1%	88.3%	88.2%	83.9%	↓	
							Comments: ..														
1	A&F2	% of Number of Patients waiting under 18 weeks on an incomplete pathway (not yet treated)	National		92%	Trust	74.8%	74.0%	72.8%	73.7%	73.2%	70.5%	69.1%	66.5%	66.1%	67.6%	70.2%	70.5%			
							Comments: Month end snapshot (signed off). Latest reported month is provisional.														
1	A&F3	% of patients receiving treatment for cancer following referral within 62 days (POST)	National		85%	Trust	78.6%	62.2%	54.4%	63.1%	69.9%	73.6%	62.1%	76.1%	67.4%	63.9%	60.2%				
							Comments: Latest reported month is provisional.														
1	A&F4	Number of clinical harm reviews to determine if any harm is attributable to delays in treatment	Local		100%	Trust								32.0%	42.7%	51.0%	67.0%				
							Comments: 30% of clinical harm reviews undertaken per month														
1	A&F5	% of patients on an elective diagnostic waiting list exceeding 6 weeks	Local		1%	Trust	4.2%	6.9%	6.6%	7.4%	5.4%	7.4%	9.5%	6.7%	8.5%	10.4%	17.1%	14.5%			
							Comments: Month end snapshot.														
1	A&F6 A&F7	Non-elective Length of Stay	Local		4.3	Trust	4.9	4.7	4.7	4.7	4.4	4.4	4.5	4.9	4.9	5.0	4.9	4.7	4.7	↑	
							DPW	5.5	5.1	5.1	5.2	4.9	4.6	4.8	4.9	5.1	5.0	5.1	5.0	4.6	↑
							SGH	4.0	4.2	3.9	4.0	3.7	4.0	4.0	4.4	4.3	4.5	4.2	4.1	4.4	↓
							Comments: The target of 4.3 is the national average benchmark taken from CHKS														
1	A&F8	Stranded Patients (7 days)	National			Trust	335	313	372	316	309	361	341	369	377	378	359	319	346	↓	
							Comments: No target set. Month end snapshot.														

KPI Lvl	Ref	Key Performance Indicator	National   Local	Secondary Indicator	Target	Site	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Trend	
<b>Financial Improvement</b>																					
1	FIP1	Underlying I&E Run Rate (£000s)				Trust	-3,810	-4,411	-4,329	-3,942	-3,508	-2,105	-4,310	-3,383	190	-5,688	-4,650	-5,003	-3,839	↑	
						Planned	-3,810	-4,410	-4,329	-3,635	-3,555	-2,022	-2,947	-2,618	-2,104	-5,327	-3,760				
							Comments: ..														
1	FIP2	Primary Forecast Out-turn I&E deficit			-48,583	Trust			-49,640	-48,922	-48,885	-43,900	-44,470	-43,900	-43,000						
							Comments: Not reported in quarter one.														
1	FIP3	Best Case Forecast Out-turn I&E deficit			-43,300	Trust			-43,300	-43,300	-43,800	-40,000	-42,300	-42,600	-43,000						
							Comments: Not reported in quarter one.														
1	FIP4	17/18 CIP Plan Green RAG Rated (%)				Trust			81.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	63.3%	81.3%	93.6%	93.6%	↓	
							Comments: ..														
1	FIP5	CIP Variance Against Plan to Date (£000s)			0	Trust			131	474	533	515	-266	-684	-1,667	117	161	202	-71	↓	
							Comments: ..														
1	FIP6	CIP Variance Against Plan Forecast (£000s)			0	Trust			-199	-1,691	-2,091	-1,238	-1,888	-1,637	-1,667	-6,232	-5,745	-4,802	-2,380	↑	
							Comments: ..														