


SUMMARY REPORT		South Tees Hospitals  NHS Foundation Trust	
Board of Directors		Date of meeting : 6 th September 2016	
Subject	Integrated Performance Board Report		
Prepared and presented by	Ruth James, Director of Quality and Risk, Maxime Hewitt-Smith, Director of Finance		
Purpose: To provide the Board of Directors with a summary of quality, finance, workforce and performance measures in July 2016		Decision	
		Approval	
		Information	●
		Assurance	●

Executive Summary							
Areas identified as off track for July and / or at risk of non-compliance are :							
Patient experience:							
<ul style="list-style-type: none"> - Complaint response times - Cancer 62 day standard - Two week wait standard - RTT performance - Diagnostic 6 week wait 							
Finance:							
<ul style="list-style-type: none"> - Recovery plan - Cash and liquidity - Capital expenditure 							
Workforce							
<ul style="list-style-type: none"> - Sickness absence - Appraisal rates 							
Supports Trust Strategy Map in the following areas							
quality & patient safety		business sustainability		operational excellence		organisational capability	
deliver integrated care		improved cost control		improved patient flow		improved information	
forefront of clinical innovation		increased productivity		improved innovation processes		continuous service improvement culture	
specialised services development		increased revenue & market share		strong governance & risk management	●	workforce development	
service quality and safety	●	enhanced services				strong partnerships & engagement	
If a key risk(s) has been identified, please describe below							
<ul style="list-style-type: none"> ● EBITDA: the gap between the run rate and annual plan is not closed. ● Recovery plan: pace of change required for continued transformation is insufficient to deliver the Trust's control total and long term financial sustainability. ● Income: managing the impact of CCG QIPP saving schemes, delivering elective activity to reduce penalty payments ● Cash balances: Maintaining liquidity levels as detailed within the annual plan. 							

Integrated Quality, Finance, Performance and HR Dashboard 2016/17

Jul-16

		15/16							16/17											2016/17 Q2 Forecast	End of Year Forecast		
		Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17			
Quality & Patient Safety	MRSA (zero tolerance)	0	0	0	0	1	0	0	0	0	0	1											
	Clostridium difficile (cumulative position)	55 (total)	35	42	49	56	60	61	4	7	8	11											
	Rate of falls per 1000 bed days (flag SPC)	5.7	4.1	3.9	5.0	4.0	5.0	4.0	5.0	4.7	4.7	4.9											
	Category 3 or 4 pressure ulcers (20% reduction)	4 per month	2	1	4	2	2	3	3	1	0	2											
	Medication incidents (flag SPC)	SPC flag	65	72	56	75	84	55	101	98	106	83											
	% of incidents graded as moderate or above (not greater than previous year)	2.30%	2.9%	2.4%	1.9%	2.1%	2.2%	2.8%	3.2%	2.7%	1.6%	2.1%											
	Rate of formal complaints per 1000 spells (flag SPC)	SPC flag	3.5	2.3	2.3	3.4	4.0	3.7	2.8	3.2	2.5	3.0											
	% of complaints responded to within target time period	80%	13.2%	9.1%	13.0%	8.0%	19.4%	39.3%	13.5%	18.8%	22.0%	16.2%											
	Inpatient FFT - % highly likely or likely to recommend	97%	97.9%	97.9%	97.2%	97.8%	98.4%	97.7%	98.4%	97.6%	97.2%	97.7%											
	SHMI (rolling 12 months - 4 months behind)	As expected	108	108	108	107	108	107	108	106	106	107											
	HSMR (rolling 12 months - 3 months behind)	As expected	117	117	116	116	115	116	113	109	109	107											
	Crude mortality rate		1.2%	1.2%	1.2%	1.5%	1.5%	1.3%	1.5%	1.3%	1.2%	1.2%											
	Total deaths in hospital		154	159	150	186	196	168	191	166	156	160											
	Percentage died with specialist palliative care coding		28.6%	19.0%	30.0%	20.4%	26.5%	26.0%	19.9%	25.9%	26.3%	26.9%											
CQUIN achievement	>95%																						
Business Sustainability	EBITDA	Per Plan																					
	Underlying surplus /(Deficit)	Per Plan																					
	CIP programme	Per Plan																					
	Cash and Liquidity	Per Plan																					
	Capital Expenditure	Per Plan																					
	Continuity of Service risk rating.																						
Operational Excellence	Incomplete pathways - % of patients on an RTT pathway waiting 18 weeks or less	92%	92.5%	92.6%	92.2%	92.6%	92.5%	92.3%	92.5%	92.5%	92.0%	91.5%											
	% of patients receiving diagnostic test within 6weeks	99%	98.3%	98.3%	98.8%	98.4%	99.0%	98.8%	99.0%	99.5%	99.8%	98.6%											
	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	96.4%	95.7%	95.0%	93.8%	92.8%	93.3%	95.5%	95.5%	95.1%	97.1%											
	Cancer waits 2 week wait target **	93%	94.2%	95.6%	95.5%	94.0%	92.2%	93.5%	92.1%	92.1%	91.8%	91.4%											
	Cancer wait 31 day wait for first definitive treatment for all cancers **	96%	96.9%	94.3%	97.1%	97.5%	98.6%	100.0%	98.4%	99.2%	95.2%	97.7%											
	Cancer wait 62 day wait for the first definitive treatment for all cancers **	85%	74.8%	74.6%	84.1%	78.6%	78.0%	75.6%	82.0%	81.2%	81.7%	83.2%											
	Bed occupancy (average per month)	90%	89.6%	89.3%	85.8%	90.2%	94.7%	94.8%	87.8%	89.2%	87.4%	88.1%											
	Average Elective Length of Stay		3.60	3.81	3.82	3.35	3.44	3.22	3.18	3.34	3.20	2.88											
	Average Non Elective Length of Stay		4.36	4.46	4.62	4.64	4.61	4.66	4.50	4.10	4.23	3.93											
	Total PTL		29164	27407	28346	27638	28026	28708	29447	30371	31593	31163											
	IP PTL		5317	4877	5122	4982	4775	4796	5077	5448	5647	5580											
	IP clearance time		6.4	6.0	6.3	6.1	5.9	5.9	6.30	6.40	5.90	TBC											
	Delayed Transfers of Care	<=4%	3.7%	3.7%	3.8%	3.5%	4.6%	5.1%	5.4%	4.7%	3.5%	4.1%											
	Total outlier bed days		744	732	392	1015	1320	1462	1340	840	916	731											
Closed Beds (average per month)		23	32	29	35	27	32	33	37	41	35												
Cancelled operations		36	34	29	47	41	20	14	39	31	24												
HR	% sickness absence (revised target for 2016/17)	≤4.2%	4.6%	5.0%	4.6%	4.7%	4.3%	4.5%	4.5%	4.3%	4.4%	4.5%											
	% attendance at mandatory training	80%	81.8%	82.4%	83.7%	83.7%	85.7%	88.2%	82.9%	84.5%	88.5%	92.3%											
	% appraisals completed	80%	68.7%	69.0%	69.9%	70.3%	70.3%	68.2%	66.3%	66.3%	65.2%	63.7%											

** current month data is indicative position

1. Executive Summary

Patient safety

The Trust is within the year to date trajectory set for Clostridium Difficile; there were 3 new cases in July and one case of MRSA bacteraemia.

Patient experience

Work continues to clear the backlog of longstanding complaints; each centre has a plan in place to achieve the standard of 80% closed within the required timeframe by the end of quarter 2.

The Trust has failed the referral to treatment (RTT) target in July. Orthopaedics, Neurology and Ophthalmology continue to be non-compliant at specialty level. Compliance in August is also at risk; however specialty recovery plans are in place to deliver an improvement in September. Sustainability and Transformation Funding (STF) may be withheld if the RTT performance does not improve significantly.

Compliance with the cancer 2ww standard was not achieved for Q1 and indicative figures suggest that this will also be non-compliant in July. The Trust remains non-compliant with the cancer 62 day target but is currently on track against the improvement trajectory.

Patient outcomes

Mortality statistics continue to flag as previously reported. The impact of deaths in the winter of 2014/15 on the HSMR and the SHMI will continue to be seen in the statistics until quarter 3 2016/17.

Income and Expenditure

EBITDA: Actual for July YTD (month 4) is £0.9m ahead of plan (month 3 was £1.6m ahead of plan). The main impacts are as a result of an underspend in expenditure of £0.4m, and an income overachievement of £0.5m. The EBITDA as a % of income is 4.3% (4.5% YTD 2015/16) providing an indication of a deterioration in overall productivity at this point in time. There are plans in place to address the recovery plan and deliver the overall position. There is detailed work being undertaken to improve elective performance and to ensure that the operational and financial indicators associated with STF funding are met.

Income is £0.8m ahead of plan in non-clinical income and (£0.3m) behind plan in clinical income. The primary clinical income variations are non-elective income ahead by £1.3m, elective work is behind plan by (£2.1m) primarily within Trauma and Orthopaedics (£1.1m), Cardiothoracic surgery (£0.6m) and ENT (£0.3m) other clinical income changes of (£0.1m) behind. Other clinical income includes an underlying (£0.2m) behind in other income, offset with £1m of income previously reflected as cost offset.

The year-end forecast is projected to be in line with plan; this position will be closely monitored, particularly the achievement of the £35.0m recovery plan which has been factored into the forecasts.

Control Total: Actual for July YTD (month 4) is (£0.9m) behind plan (month 3 was £0.4m ahead of plan). The main impacts are as a result of the delayed sale of the car park, (planned to be sold in early September) which if sold as planned the control total would have been £0.3m ahead of plan.

Forecasts are projected to be in line with plan; this position will be closely monitored and proactive action taken to ensure the Trust keeps within the control total.

The full year gap between the run rate and actual/forecast is £21.7m (£13.2m deficit compared to £8.5m surplus, respectively). The main area that will close this gap is the Trust's £35.0m recovery plan and this highlights that the delivery of the recovery plan will be essential to achieving the Trust's control total of £8.5m surplus and ensuring that the Trust is delivering long term financial sustainability.

Recovery Plan: Actual for July YTD (month 4) is £4.4m (£0.3m behind plan), with a significant increase in delivery required for the remainder of the year to bridge the gap between the run rate and actual/forecast. This is planned to be achieved through a combination of cost reduction and efficiency initiatives- £22.4m and transformation activity to release capacity - £12.6m, projects are projected to deliver full year with increased impacts in the latter months of the year.

Balance Sheet

Net Current Assets: Current assets for July (month 4) are £12.8m higher than plan due mainly to outstanding NHS and non-NHS debtors and accrued income. This specifically includes contractual over-performance to month 4 with South Tees CCG (£2.5m) and Hartlepool and Stockton CCG (£1.6m), outstanding STP funding (£4.9m) and NHS Property Services recharges (£0.6m). Current liabilities for July (month 4) are £4.0m higher than plan to manage the overall cash position and offset the timing of income receipts.

Cash flow: The actual cash balance at the end of July (month 4) stood at £1.9m, £0.9m behind plan. The Trust utilised £5.0m of the Revolving Working Capital Facility in July and will utilise a further £3.6m in August to maintain liquidity in the short term while payment of STP funding is approved by the Department of Health. The Trust has been notified that STP funding due for the first quarter of 2016/17 will be paid direct to the Trust by the Department of Health in August. It is anticipated that Interim Support will be available in September following approval by the Department of Health of the Trust's control total. To assist the management of liquidity the Trust has reviewed the profiling of expenditure within the capital programme as detailed below.

Capital Expenditure: Actual for July (month 4) is £5.9m which is behind plan by £2.9m. The variance mainly relates to the MRI upgrade at JCUH (£2.3m) which is due to be completed by the end of November 2016. The detailed capital programme for 2016/17 has been reviewed and approved in principle by NHS Improvement and is with the Department of Health for final ratification. The Trust has reviewed the profiling of the capital programme to manage and maintain liquidity and this will deliver 72% of expenditure within the capital plan between September and March.

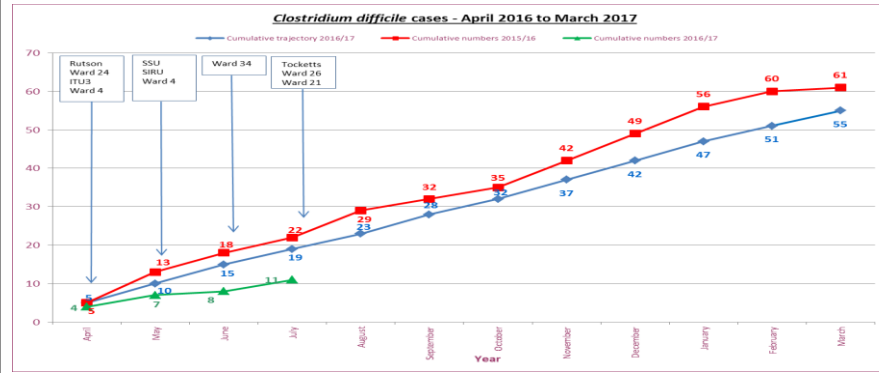
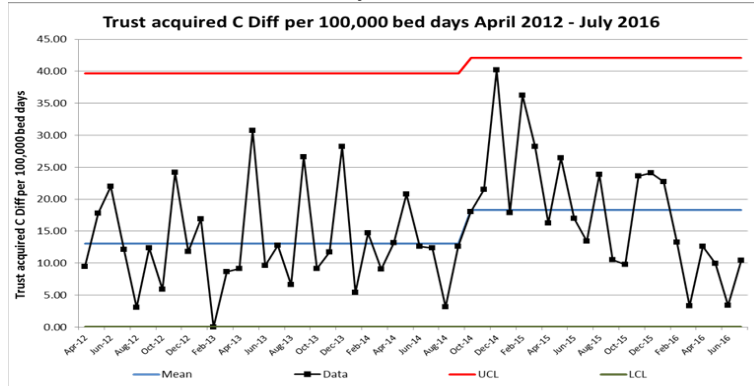
Workforce

Appraisal rates are static; the appraisal process is currently under focus and plans being developed across all areas to bring these in line with the 80% Target. An improvement trajectory for sickness absence has been set for 2016/17. The management of sickness absence policy has been simplified.

2. Exception Reporting

2.1 Healthcare acquired infections

CDI Key Performance Indicators Dashboard



	Target	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
Compliance with assessment of diarrhoea in A&E	>=90%	93.0%	98.7%	98.2%	96.2%	97.5%	95.0%	96.2%	97.5%	96.2%	95.0%	92.5%	97.50%	98.70%	98.70%	98.75%
Stool chart compliance	>=95%	96.0%	83.0%	97.5%	98.4%	98.1%	96.1%	98.9%	95.8%	97.0%	89.9%	90.0%				
All elements of DATchart completed	>=95%												25%	45%	15%	40%
C. Diff patients isolated within 2 hours (%)	>=90%	93.0%	77.0%	100.0%	81.0%	85.7%	71.4%	70.0%	66.7%	77.7%	71.0%	60.0%	60.0%	71.0%	75.0%	67.0%
C. Diff patients isolated within 2 hours (actual number)		13 out of 14	10 out of 13	8 out of 8	13 out of 16	6 out of 7	5 out of 7	7 out of 10	6 out of 9	7 out of 9	5 out of 7	3 out of 5	3 out of 5	5 out of 7	6 out of 8	6 out of 9
Antibiotic prescribing																
Antibiotic audit - Audit of choice of antibiotic regimen	>=90%	98.6%	98.5%	97.2%	99.5%	98.9%	99.4%	99.0%	97.4%	98.8%	****	****	99.30%	****	****	
Antibiotic audit - Stop date recorded	>=90%	68.0%	71.5%	76.6%		70%	74%	77%	72.4%	75.5%	****	****	76.30%	****	****	
Hand hygiene competencies																
Hand hygiene competencies (Trajectory Q1-25%, Q2-50%, Q3 -75%, Q4->=95%)	>=95%	****	29%	****	****	58.4%	****	****	75.24%	****	****	98.53%	****	****	****	****
Clean your Hands compliance	>=90%	86.4%	86.7%	87.7%	88.1%	88.5%	93.2%	92.5%	93.7%	92.9%	93.4%	94.2%	91.80%	93.69%	93.00%	94.95%
Environmental cleanliness and decontamination strategy																
Externally validated cleaning score (PLACE)													98.93%			

**** reported quarterly

Current position

There were 3 cases of Clostridium Difficile in July bringing the year to date total to 11 against a trajectory of 19. There has been 1 case of MRSA

Forecast position

To date in August we remain within trajectory with 17 cases YTD against a trajectory of 22. There have been 6 cases of C. Difficile reported in month and the IPC team are conducting a full investigation to determine if there is any commonality between cases.

2 cases of MRSA have been reported in August to date. The three cases in the year to date are unrelated and root cause analysis shows no underlying common themes.

2.2 Complaint response times









Current position

Performance continues to be behind target as centres clear the backlog of longstanding complaints. Centres have been tasked with developing action plans to ensure compliance with the target by end of Q2

Forecast position.

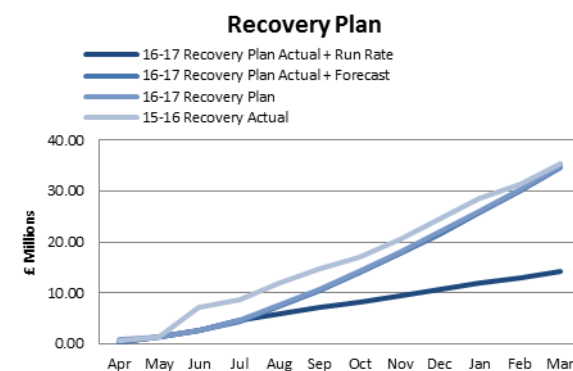
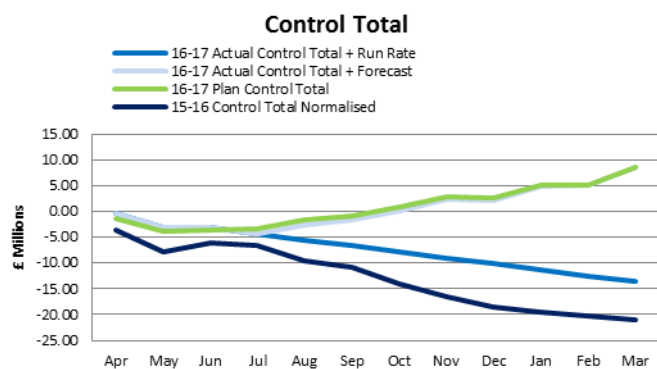
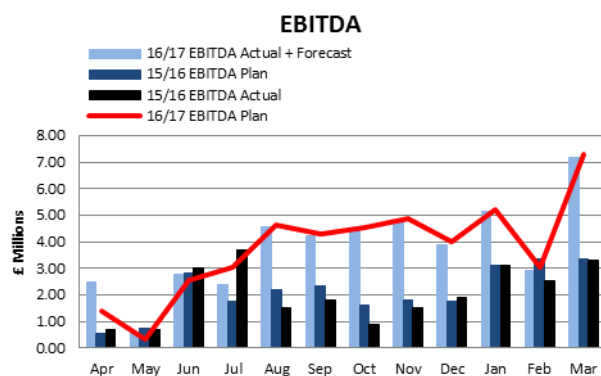
Planned Care and Specialist Care centres have particularly high numbers of outstanding complaints, both centres have action plan in place to achieve the required standard by the end of Q2.

Complaints closed summary position:

	Q2 2016/2017			Past Quarters		
	July 2016	August 2016	September 2016	Q1 2016/2017	Q4 2015/2016	Q3 2015/2016
Primary Closed	37			110	89	117
Primary % in Target	 16%			 18%	 22%	 12%
Re-open Closed	7			24	20	24
Re-open % in Target	 71%			 13%	 15%	 17%

2.3 Finance Income and Expenditure

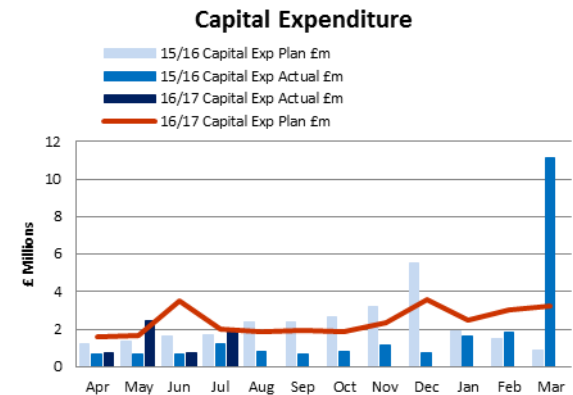
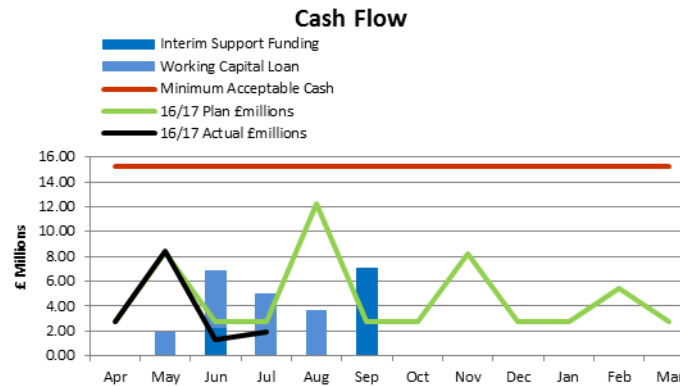
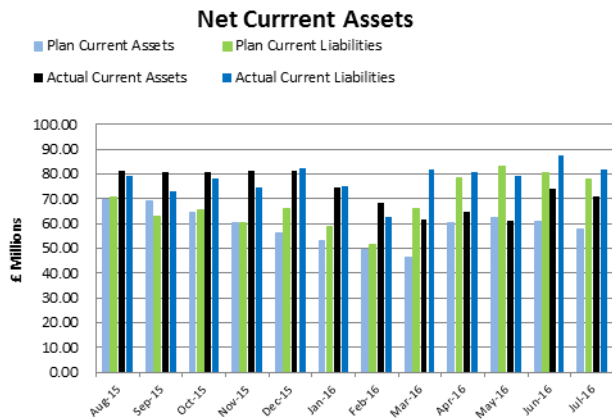
Financial Risk Ratings	16/17 M2	16/17 M3	16/17 M4	Plan 16/17 M4
<p>Headline Financial Performance (Overall Rating)</p> <p>The month 4YTD I&E position (before impairments and donation income & depreciation and referred to as the 'control total') is £0.9m behind plan, mainly as a result of the delayed sale of the car park. Total income is £0.6m ahead of plan at month 4, pay costs and non-pay are £0.3m ahead of plan and other non-operating expenses £1.8m behind plan. The headline financial performance rating remains at 2.</p>	2	2	2	2
<p>Operational Performance (Capital Service Cover)</p> <p>Revenue available for capital service amounted to £4.5m at month 4 YTD. Capital service costs total £8.1m including interest on borrowings, PFI and finance lease interest and contingent rent and associated principal payments. The improvement in revenue available has strengthened the capital service cover metric but the overall rating remains at 1. Revenue available would have had to have amounted to £10.1m at month 4 YTD to achieve a rating of 2.</p>	1	1	1	1
<p>Operational Performance (I+E Margin)</p> <p>The retained deficit I&E performance is a deficit of £4.8m, £1.9m ahead of plan at month 4. This variation is due to impairments being £3.2m ahead of plan at month 4 due to the delay in the sale of Trust land along with the improved operational performance, as above. The month 4 rating of 1 is in line with the plan.</p>	1	1	1	1
<p>Operational Performance (I+E Margin Variance from Plan)</p> <p>The month 4 YTD deficit I&E position is £1.9m ahead of plan, against planned value of a deficit of £6.7m. Month 4 variances totaling £1.9m have contributed to the improved margin performance of 4 against a planned value of 3.</p>	4	4	4	3



Risk Indicators	Aug-15	Sep-15	Q2	Oct-15	Nov-15	Dec-15	Q3	Jan-16	Feb-16	Mar-16	Q4	Apr-16	May-16	Jun-16	Q1	Jul-16
EBITDA as a percentage of income (Rolling 12 months)	3.4%	3.9%	5.1%	2.0%	3.3%	4.0%	3.1%	6.6%	5.3%	7.1%	6.3%	5.3%	1.2%	5.7%	4.1%	4.8%
Trust Certifies that FRR may be less than 3 in next 12 months	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Two or more changes in Finance Director in twelve month period	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Interim Finance Director in place over more than one quarter end	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No

Balance Sheet

Financial Risk Ratings	16/17 M2	16/17 M3	16/17 M4	Plan M4	16/17
<p>Cash & Balance Sheet Performance (Liquidity)</p> <p>The balance sheet shows a net current liability position that is £8.8m lower than plan. This is mainly due to the level of outstanding STP funding and NHS unpaid over-performance at the end of July and although this has not had an impact on the operating position, it has had a significant impact on liquidity with a month end cash balance of £1.9m. A full review is being undertaken on outstanding debt and accrued income within current assets to ensure that debts are raised promptly to maximise liquidity. The liquidity rating at the end of July remains at 1 in line with plan.</p> <p>Risk indicators</p> <p>The annual plan assumed that drawdown of the revolving working capital facility would take place in May with repayment in March 2017. The poor liquidity position is due to the delay in the receipt of STP funding (£4.9m at the end of July) and the level of outstanding debt (£6.8m) which will require the Trust to utilise the Revolving Working Capital Facility during August. Aged debt over 90 days old (£3.3m) equates to 48.5 % of total invoices raised (£6.8m) and aged creditors (£6.8m) amount to 39.7% of invoices due for payment (£17.1m). The capital programme will continue to be behind plan for the remainder of the year to assist with maintaining liquidity.</p>	1	1	1	1	1



Risk Indicators	Aug-15	Sep-15	Q2	Oct-15	Nov-15	Dec-15	Q3	Jan-16	Feb-16	Mar-16	Q4	Apr-16	May-16	Jun-16	Q1	Jul-16
Working capital facility used in quarter	No	No	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes
Debtors > 90 days past due account for more than 5% of total debtors balances	36.6%	8.7%	8.7%	5.3%	5.7%	8.1%	8.1%	39.7%	8.3%	25.9%	25.9%	4.5%	8.1%	34.7%	34.7%	47.7%
Creditors > 90 days past due account for more than 5% of total creditors balances														24.8%	24.8%	39.7%
Quarter end cash balance < 10 days of operating expenses (c.£15.0m)	24.9	5.4	5.4	9.2	12.0	3.6	356.1%	3.0	6.7	2.8	2.8	2.8	8.4	1.3	1.3	1.9
Capital Expenditure within +/- 15% of plan YTD	-49.4%	-54.3%	-54.3%	-57.3%	-58.4%	-65.2%	-65.2%	-61.1%	-56.3%	-15.8%	-15.8%	-53.4%	-1.0%	-41.0%	-41.0%	-33.0%

2.4 Sustainability and Transformation fund 2016/17

The annual planning process for 2016/17 required organisations to submit performance trajectories for the 18 week referral to treatment target, A&E 4 hour wait target, cancer 62 day target and the 6 week diagnostic target. The trajectories submitted by the Trust forecast an improving position with the cancer 62 day target achieving compliance in quarter 3 and a compliant position across the year for RTT, A&E and diagnostic waiting times. See appendix 1 for further detail. Performance is in line with trajectory for A&E and cancer but is below the required standard for RTT and diagnostic waiting times.

Eligibility for the sustainability and transformation fund (STF) is based on delivery of the provider plan profile of the control total funding (70% of the STF is linked to financial control totals) and achievement of the improvement trajectories for the cancer A&E and RTT standards described above (30% of the STF is linked to achievement of these access standards). Release of the funding will be based on quarterly review against the STF criteria.

The criteria for payment varies for each target and for each quarter; for RTT there is a 1% tolerance in quarter 2 and it is possible to recover a failing month by over achievement in the remaining months of the quarter.

RTT performance in July is below the 1% tolerance therefore the quarter 2 funding is at risk.

2.5 18 Week incomplete pathways target (RTT)

Current Position

In July, the trust did not achieve the RTT incomplete pathways target with a compliance of 91.45%. Four specialties were non-compliant; these are ophthalmology, neurology, orthopaedics and urology. Performance was outwith the tolerance for receiving the STF funding and discussions regarding the impact of this are on-going with NHS Improvement.

Forecast Position

Each specialty has developed recovery plans to achieve the 18 week RTT standard and receives a weekly report which details compliance by specialty, where this is below the 92% minimum standard the report identifies the additional activity needed in the month. It is forecast that compliance with the RTT standard in August is at risk as indicative information suggests that activity levels were similar to July and the waiting list size and shape has not shown a significant reduction. Additional activity is planned for September should return the Trust to a compliant position.

2.6 Cancer Targets

Current position

The following table summarises the position for June and Q1.

Target	June 2016	Q1 16/17	July 2016 (indicative)
2WW referrals	91.2%	91.8%	91.4%
31 day referral to diagnosis	95.2%	97.4%	97.8%
Cancer 62 day referral to treatment	81.7%	81.8%	83.2%

The majority of 2ww breaches are due to patient choice, however at times this is linked to insufficient outpatient capacity. Recent audits showed that between 25 and 50% of patients referred on a 2ww pathway are not told by the referring GP that they should expect an appointment within 2 weeks and the importance of taking up the appointment. In collaboration with the cancer network commissioners are developing a 2ww referral form and a revised information leaflet which will support improvement. Further patient level analysis on 2ww breaches will be undertaken to identify what additional action can be taken to improve performance

Performance against the 62 day cancer is improving and the indicative position for July is ahead of the STF improvement trajectory. Late referrals and slow diagnostic pathways continue to be the main reasons for breaches in the 62 day pathway although radiology waiting times are improving. The breach reallocation policy came into effect in July, modelling based on historical performance suggests that this will have a limited impact on the numbers of breaches due to late referrals.

In addition to the RTT weekly reports centres will receive a weekly update on cancer performance by tumour site to support improvement.

The cancer diagnostic dashboard can be found in appendix 2; the detailed cancer action plan is available in the supplementary reports.

Forecast position

Indicative figures for July suggest that 62 day first definitive and the 2ww first seen target will be non-compliant, however the indicative performance on the 62 day standard is 83.2% which is ahead of the STF improvement trajectory.

2.7 A&E 4 hour wait target

Current position

The Trust achieved this measure in July with a performance of 97.14% against the target of 95%

Forecast Position

Performance to date in August suggest that this target will be achieved as current performance is at 97.04%

2.8 Diagnostic waiting times

Current position

There were breaches of the 6 week diagnostic target in MRI and DEXA scanning. Performance in July is within the 1% tolerance for STF funding.

Forecast position

Process issues have been addressed in MRI however there are remaining capacity issues in DEXA scanning. It is forecast that the number of DEXA diagnostic breaches in August will be within the 1% tolerance. A diagnostic PTL will be available from September to allow more proactive management of diagnostic waiting times.

2.9 Sickness Absence

Current position

The sickness absence rate remains static and we continue to work towards a sustained reduction in sickness absence, with over 65% over of line managers now coached in managing sickness absence, along with the introduction of a sickness toolkit, HR advice line and simplified sickness policy.

Forecast Position

Continued effort to reduce sickness absence and rehabilitate employees on long term sick back to work remains a key focus for the HR and Operational teams to bring the result in line with targets.

2.10 Appraisal

Current position

The appraisal process is currently under focus and plans being developed across all areas to bring these in line with 80% Target.

Forecast position

The new appraisal format that is currently being designed or implementation in 2017 will simplify the process to ensure that employees have a performance review and this will be supported by a programme of training for line managers and employees. These plans will be taken through the Workforce Sub-Committee for oversight prior to implementation.

2.11 Monthly Nursing and Staffing Report

Fill rate data is summarised by clinical centre at organisational level. Whilst RAG rating thresholds have not yet been decided nationally and will not appear on the NHS Choices website, within this report we have rated our results by applying the following thresholds:

Red	≤ 80%
Amber	80 – 95%
Green	≥ 95%

Ward level detail is available in the supplementary performance report.

Trust Averages

	< 80	80-95	> 95	
	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)
<u>Trust Average</u>				
Community Care	93.9%	85.2%	94.5%	109.5%
Planned Care	91.8%	91.0%	89.1%	107.1%
Specialist	93.5%	101.9%	96.5%	136.5%
Urgent and Emergency Care	92.4%	95.6%	89.3%	103.6%
<u>Trust Average</u>	92.9%	93.4%	92.3%	114.2%

All areas who have not met the 80% fill rate on the above charts remain compliant with safe staffing ratios and either have 3 Registered Nurses planned for night shift with inconsistent fill rate or have lower bed occupancy. This is particularly relevant in children's services where summer occupancy is historically lower and HCA numbers are minimal (1-2 per area).

Bed closures have been approximately 35 across the organisation in July due to a combination of staff sickness and vacancies. Regular reviews of these closures are undertaken by the Clinical Matrons and Associate Directors of Nursing to ensure that staffing remains safe.

Roster Key Performance Indicator meetings are being held monthly with the centre Clinical Matrons to review the planned ward rosters to ensure they are as effective and efficient as possible. This work links with the Lord Carter Model Hospital guidance and the launch of the South Tees Model Ward.

There are currently 63 Band 5 RN unfilled posts with 5 of these created by RN's moving from substantive internal posts to commence the 90 week midwifery training in September. Recruitment activity is ongoing with approximately 70 new Registered Nurses (RN), 9 Registered Midwives (RM) and 6 Operating Department Practitioners (ODP) due to take up post in September. Effects on rosters should be evident by October once supernumerary periods have been completed.

A recruitment stall has been secured at the Middlesbrough 10k on Sunday 4 September and will be manned by senior nurses from various centres throughout the day. Recruitment open days are planned for both JCUH and FHN sites in October and will be widely publicised to ensure maximum impact. Due to the success of the 'Love Nursing' days the next two events will be expanded to include other professions.

Appendix 1 – STF Performance trajectories

RTT - Incomplete %	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
52 Week trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Actual 52 week Performance	0	0	0	0								
Improvement Plan	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%
Actual RTT Performance	92.5%	92.5%	92.0%	91.5%								
A&E - 4 hour %	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Improvement Plan	95.1%	95.6%	96.3%	96.4%	97.0%	97.3%	96.4%	96.1%	95.9%	94.9%	94.7%	95.4%
Actual Performance	95.5%	95.5%	95.1%	97.1%								
Cancer - 62 day first treatment	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Improvement Plan	79.8%	81.5%	80.3%	81.6%	83.3%	83.6%	84.4%	86.3%	86.1%	85.4%	85.7%	85.6%
Actual Performance	82.0%	81.2%	81.7%	83.2% *								
Diagnostic - 6 week %	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Improvement Plan	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%
Actual Performance	99.0%	99.5%	99.8%	98.6%								

* Cancer – 62 day first treatment (indicative performance)

Appendix 2 – Cancer Diagnostic KPI dashboard

		Threshold	06/06/2016	13/06/2016	20/06/2016	27/06/2016	04/07/2016	11/07/2016	18/07/2016	25/07/2016	01/08/2016	08/08/2016	15/08/2016
Diagnostic Key Performance Indicators													
Turnaround time from request to radiology test being appointed (within 48 hours)	All	80%	71.0%	66.1%	60.8%	62.7%	64.0%	67.2%	74.3%	65.8%	68.0%	68.9%	68.4%
	CT		86.7%	71.9%	75.6%	67.3%	76.4%	74.5%	80.0%	68.1%	82.3%	72.3%	69.5%
	MRI		57.1%	57.1%	30.4%	56.2%	60.9%	37.5%	46.7%	52.9%	68.0%	58.8%	66.7%
Turnaround time from request for radiology test to being tested (5 days)	All	80%	19.8%	24.4%	29.3%	31.5%	30.4%	44.6%	43.3%	45.9%	53.5%	54.2%	54.5%
	CT		17.2%	26.5%	36.8%	39.6%	31.5%	49.1%	45.5%	41.8%	64.0%	67.3%	58.6%
	MRI		32.1%	20.7%	21.7%	25.0%	30.4%	37.5%	23.5%	50.0%	38.5%	35.3%	46.7%
Turnaround time for radiology results following test (within 72 hours)	All	80%	60.4%	59.4%	75.2%	76.7%	74.0%	80.9%	76.2%	64.3%	63.7%	77.5%	77.5%
	CT		45.2%	52.7%	69.2%	72.4%	66.0%	83.8%	67.4%	51.8%	47.3%	71.4%	67.4%
	MRI		67.9%	37.5%	43.5%	33.3%	47.6%	52.2%	53.3%	78.9%	62.5%	50.0%	85.7%
Turnaround time for pathology reports (within 7		80%	90%	92%	90%	89%	91%	96%	96%	95%	96%	97%	97%
Endoscopy 2ww to be first seen within 8 days	50% by March 16 80% in 2016/17		83.33%	60.53%	83%	77.59%	76%	75.00%	87.50%	83.05%	70.31%	78.38%	
All 2ww referrals to be first seen within 8 days	60% by end of March 16 80% by end of Q1 16/17		80.90%	74.52%	80.33%	80.06%	74.15%	76.97%	84.05%	80.60%	77.66%	88.57%	

Radiology cancer diagnostic action plan

Top reasons for non-compliance:

- Current sickness absence for appointment teams is high
- Non-alignment of specialist examining with relevant MDTs
- Prioritising reporting needs with urgent requests

Action:

- Working with consultants over reporting prioritisation & interrogating patient level data
- Clerical Appointment Process review began 31/08/2016
- Plan to meet 80% targets by end of Q3

