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| Report to: | Trust Board (Public) | Agenda item: | 1 |

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**outstanding experience for every patient**

| Vision – To Deliver an outstanding experience for every patient | | | |
|---|---|---|---|
| | **Positives** | **Challenges** | **Plans / Forecasts** |
| **Local Services (COO)** | Cancer<br>• Fully compliant cancer dashboard for M9 2ww, 31 day, 62 day<br>• Number of 104 day long waiters reduced<br>• Q3 all targets achieved | • Endoscopy capacity to support Lower GI pathways in particular | |

| | Positives | Challenges | Plans / Forecasts |
|---|---|---|---|
| **Specialist Services (COO)** | MSK<br><br>• Spinal Injuries 'step down pilot underway' NHS E approved funding to extend to 31.03.19<br>• Zero spinal patients overdue an outpatient follow up appointment.<br><br>• Wessex Rehabilitation pathway pilot for upper limb commenced in Q2 , to improve access and outcome for Major Trauma & plastics surgery patients<br><br>• Review of Cleft service management in conjunction with Oxford to improve efficiency and reduce cost (complete)<br><br>• Plastics network chaired by SFT COO well established. | • Increased waiting times for spinal rehabilitation<br>• Some progress in Spinal urology surgery waits however still a challenge<br>• Concern over VUD pathway. Short term and long term solution in place. Backlog of 51 patients will be reviewed by end of November 2018.<br><br>• Continue to monitor the impact of the ward reconfiguration on plastics | • Business case for step down service for Spinal pathway redesign to Trust Management Committee (Feb 2019)<br>• VUD - Short term mitigation in place and being addressed in wider Urology capacity and demand intensive support work (action plan by end of January 2019)<br>• Tender document in draft being prepared regarding step-down beds for Spinal Centre. (for completion Feb 2019). Tender launched 1st Feb 2019 and awarded early April 2019.<br><br>• Business case for commissioner investment in Wessex Rehabilitation being written – (due January 2019. Delayed to end of February 19.<br><br>• Plans in place for regular meeting at COO/MD level between SFT and UHS to discuss pathways spanning both organisations<br>• Focused validation on the waiting list for plastic surgery to clean the waiting list, identify patients to be seen and fast track review (February 2019)<br>• Standardisation of pathways across plastics – starting with skin pathways to be completed by 1/2/19 |

# Performance Summary Narrative – December Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

| Positives | Challenges | Plans/forecast |
|---|---|---|
| | Brexit impact on R & D activity – scoping paper produced | x New procedure application for new interventional cardiology procedure |

# Performance Summary Narrative – December Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

| | Positives | Challenges | Plans/forecast |
|---|---|---|---|
| People | | Recruitment: | Recruitment: |
| | x 83 international nurses scheduled to arrive January to April 2019 | x Overseas nursing typically has low conversion rate, although has improved slightly | x Nursing recruitment paper being prepared for Workforce Committee to step change recruitment |
| | x Increased offers made in UAE to 73 from 68 | x Lack of avail[3 .04 3Tn <</M 11.04 -( | |
| | | x Agency used to keep nursing staffing levels safe | x Agency spend tracked in month and year to date control total |
| | of schedule) | | |
| | x Centralised bank is transitioning from Quality to OD & People through next 3 months | x Month 8 control total exceeded | x Workforce PMB to be refocused on areas of non-contractual pay spend |
| | x Locums Nest Fill Rate 91% this month | x Enhance use of Locum's Nest by including senior doctors & consultants | x Analysis of relative use of Bank/Agency staffing proportions |
| | x | | |

Resources

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| Report to: | Trust Board | Agenda item: | 11a |
| Date of Meeting: | 07 February 2019 | | |

# Executive Summary of Key Operational Performance – December 2018

( ) = national targets

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|---|---|---|
| ED Performance (95%) | In month (9): National standard was delivered reporting 93.3%<br>Year to date : 91.3% | RED |
| RTT Performance (92%) | In month (9 ): 93.07%<br>.<br>Year to date : 92.34% | GREEN |
| Diagnostics (99%) | In month (9 ): 98.6%<br>Year to date: 98.9% | RED |
| Cancer<br>Dec 18<br>(2ww = 95.1%)<br>(31 day = 97.32%)<br>(62 day = 91.33%) | In month (9 ): Now validated and submitted. Achieved all targets for Q3<br>.<br>. | GREEN |
| DTOCs | In month (9 ): 414<br>Year to date: 5507 | RED |

ED (sickness, vacancies) which are all being managed but are slowing some progress on the implementation of improved administrative support to SSEU. This remains an aim with a plan to resolve by end of Q4.

Recruitment into ED Consultant vacancies:
Two new Consultants to start in ED in Q4 (11th February and 4th March). Both come from previous NHS roles in the region. One has already commenced some ad hoc shifts at SFT to support with her induction to Department.

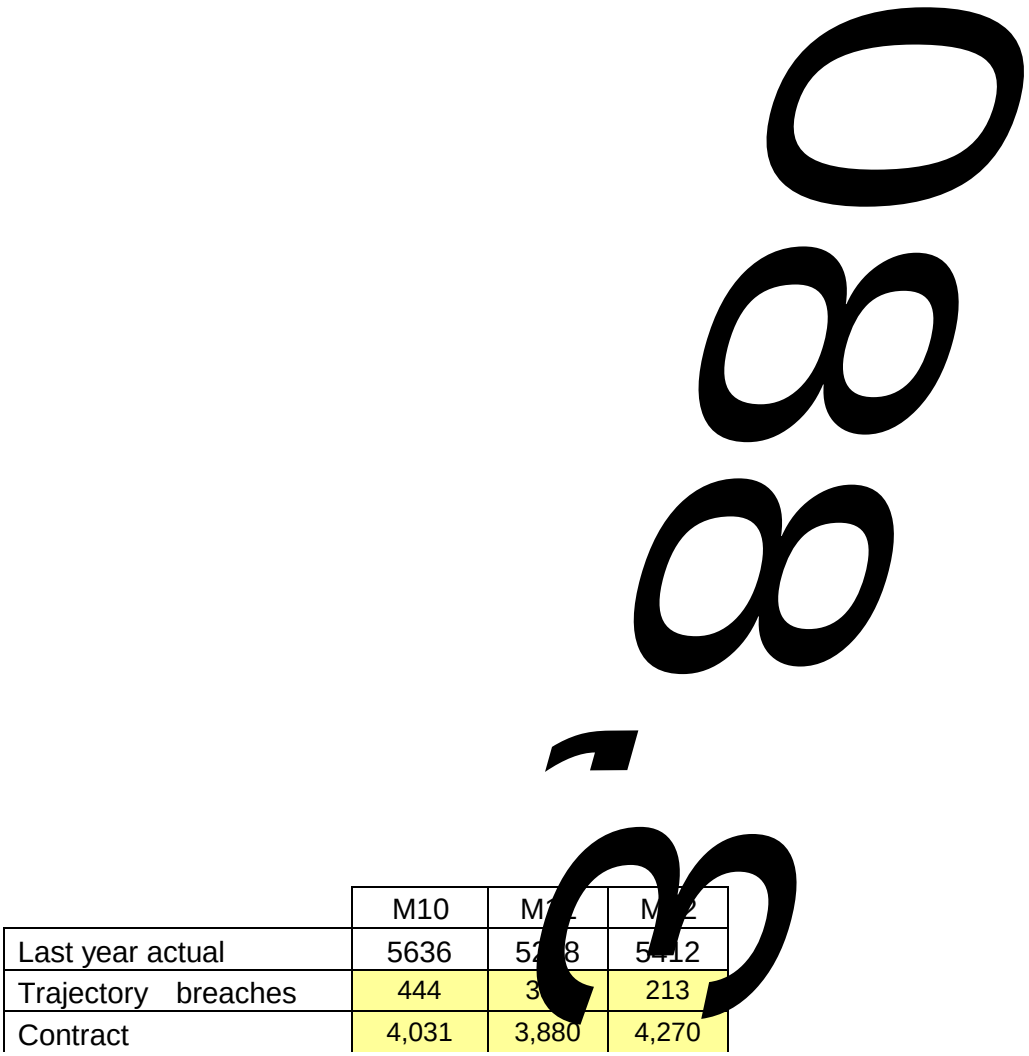
Source Locum Consultant for winter:
Due to a long term sickness from November 2018 to late January 2019 and due to the vacancies in the Consultant team, all Locums known (and of good quality) to the Department have been utilised to cover shifts within the rota. It has, therefore, not been possible to source a Locum in addition to this to provide extra support for Winter. The Locums that are already covering shifts within the Department will remain doing so until late February 2019.

Robust job planning of all Consultants:
Workforce review and job planning is underway, supported by the Clinical Director for Medicine. Anticipate that this will be concluded by end of Q4 at the latest.

Consider alternative roles to mitigate workforce gaps, e.g. Paramedics.:
Paramedics are currently fulfilling the Navigator role within ED and this has proven to be very successful. They are fulfilling this role on a temporary agency basis at present whilst nursing workforce issues are improved. As the pilot of this has been so successful a request to replace these roles with Paramedics on, at least a one year fixed term basis, has been submitted. These roles will also extend into triage and begin to provide some support to Minors and Majors when demand is high. The Leadership Team in ED recognises a need to diversify

CLASSIFICATION:

Graph 4 – ED time to triage and time to assessment



| | M10 | M11 | M12 |
|---|---|---|---|
| Last year actual | 5636 | 5218 | 5412 |
| Trajectory breaches | 444 | 3 | 213 |
| Contract | 4,031 | 3,880 | 4,270 |

M9 Cancer

A report to show the monthly and quarterly Cancer Target Performance figures for the previous quarter.

| Description | Standard | October | | | November | | | December | | | Q3 2018 - 19 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | % | In target | Total | % | In target | Total | % | In target | Total | % | In target | Total | % |
| All cancer Two Week wait | 93 | 948.0 | 989.0 | 95.85 | 835.0 | 881.0 | 94.78 | 816.0 | 858.0 | 95.10 | 2599.0 | 2728.0 | 95.27 |
| [redacted] | 93 | 10.0 | 12.0 | | | | | | | | | | |

RTT

The RTT standard was delivered reporting over 93%.

Actions to improve performance at speciality level are included below;

General Surger y – 85,2% (Q3 target 85 % )

Review of backlog following hernia work to identify other opportunities for additional capacity.

- One surgeon off sick with no date for read.kn7(ons()]TJ7s.04 -0 0 11.04 43.68 605.04 1* EMens()]TJ7s.04

- Increased capacity identified in both DSU and Minor Operations.
- Additional Rapid Referral Clinic capacity continues

Oral and Maxillo Facial surgery (OMFS) : 75.7% (Q3 target = 90%)

- Grading Matrix finalised to enable improved bookings & utilisation –improvement in December
- Clinic template work ongoing to improve booking
- Additional lists where possible
- Service review to be completed

Dermatology – 91.0% (Q3 target = 92.0%)

- Dip in performance in due to medical and surgical dermatologist shortages
- Maternity leave from June 2019 - Scoping – high volume locum opportunity for maternity cover
- Additional plastic lists as above
- Continued innovative and creative solution to national shortage of Dermatologists – to maintain medical and surgical dermatology service
- Designing phase of piloting a new way of seeing rapid referrals to improve capacity manageme

Thoracic Medicine : 87.2% (Q3 target 85% , Q4 target = 90% )

RTT performance for Thoracic Medicine continues to improve and reached the Q3 target of 85%. Ther currently 73 patients above 18 weeks on their pathway – the Directorate are validating those and will f attention on bringing forward appointments and diagnostics to improve the performance to at least 90% end of Q4 (or sooner). A part time Consultant (to 'job share; with the existing part time Consultant) has appointed and is due to start in post on the 14/3/19. This will increase outpatient capacity enabling the to first seen to reduce

Waiting list size

Current wait times are around 6 weeks in Radiology but are now back to 8 weeks in Endoscopy.
The recovery plan for Endoscopy covered December initially but is now looking to solutions for Q4.
The previously reported lack of cover from regular Endoscopists combined with the ongoing absence of CNS cover in Colorectal continues.

Capacity is being outsourced at weekends in January and proposals to mitigate capacity shortfall are being submitted to the COO and DoF. In January and February there will be at least 35 lists vacated by Colorectal as a result of the lead Endoscopy Nurse continuing to cover gaps. Together with lists not covered by Gastroenterology Consultants because of their ward cover commitments this lost capacity creates a risk of not delivering the Diagnostic standard.

The MRI waiting list is currently at 331 with the majority of patients waiting less than 3 weeks. We are therefore continuing with the reduction in the use of the mobile scanner. Local health care providers have been notified of the available capacity but no firm arrangements have yet been made. COO has highlighted to CCG and NHSi

CT wait times have remained static as additional capacity is continuing, however staffing is proving to be a challenge and measures are being investigated to improve recruitment and retention of staff.

ICU

MRSA: One MRSA bacteraemia in December currently under review. Further narrative within the quality indicator report.

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| Report to: | Trust Board | Agenda item: | 11b |
| Date of Meeting: | 07 February 2019 | | |

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|---|---|---|---|---|
| Report Title: | Quality Indicator Report – December & Q3 2018/19 | | | |
| Status: | Information | Discussion | Assurance | Approval |
| | | | 9 | |
| Prepared by: | Claire Gorzanski, Head of Clinical Effectiveness | | | |
| Executive Sponsor (presenting): | | | | |

1.0 Purpose

1.1 To provide the Board, Committees and Forums with the Trust's quality indicators.

2.0 Quality indicator report

2.1 One case of Trust apportioned C Difficile. YTD – 2 cases.

2.2 One MSSA bacteraemia in Q3. YTD 7 cases.

2.3 One MRSA bacteraemia – line related. Improvement actions in place. YTD – 3 cases. A review of all 3 cases currently underway.

2.4 Two E Coli bacteraemias. YTD – 12 cases.

2.5 Three new serious incident inquiries commissioned in December. YTD 25 cases.

2.6 An increase in crude mortality in December. HSMR decreased to 102.2 to September 18 and is within the expected range. SHMI decreased to 105 and when adjusted for palliative care is 97.7 to June 18. Weekend HSMR increased and is within the expected range. A review of weekend HSMR to be presented to the Clinical Governance Committee in January 2019.

2.7 Best practice tariff compliance for hip fracture patients decreased slightly in Q3 to 81.3%. Theatre improvement work continues.

2.8 In Q3, an increase in category 2 pressure ulcers per 1000 bed days & one category 3 pressure ulcer, although levels lower than Q3 last year.

2.9 In December, 3 falls resulting in major harm (2 fractured hips and 1 head injury subject to a serious incident inquiry) and 5 falls resulting in moderate harm (3 fractured pubic rami, 1 fractured wrist and 1 fall resulting a wound needing surgical closure). In Q3, an increase in falls resulting in harm - 5 with major harm and 9 with moderate harm. The Trust is currently part of the NHSI Falls Prevention Collaborative.

2.10 In Q3, all bar one stroke patient received a CT scan within 12 hours. An improvement at the end of Q3 in patients reaching the stroke unit within 4 hours. Delays due to waiting to see a doctor in ED or speciality doctor, waiting for a stroke unit bed or admitted to AMU. Continued to exceed the 80% national target of patients spending 90% of their stay on the stroke unit. The stroke team continue to work with the other acute Trusts in Wiltshire on a CCG stroke collaborative to reduce variation across the pathway. SSNAP score reduced to C – due to therapy vacancies with full staffing expected in February 2019.

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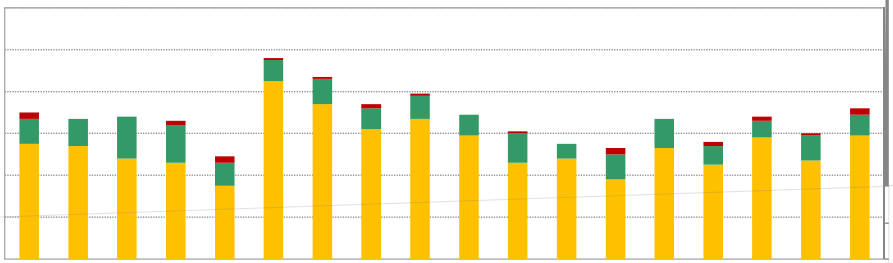

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