

# Basildon & Thurrock University Hospital

## End of year position 2017/18

8<sup>th</sup> June 2018  
Clare Culpin  
Managing Director

## Quality



Dawn Patience



Tayyab Haider

### Harm Free Care Pressure Tissue Damage

- *Reduction in overall numbers of pressure ulcers, however quality improvement project has been refreshed for 18/19*

### Falls with Harm

- *Reduced severe injurious falls (15 compared to 21 in 16/17). Trust remains just below the national average*

### VTE Risk Assessment

- *Assessment commenced year below trajectory however since October 2017/18 is above 95%*

### Infection C-Diff

- *C difficile ceiling of 31, trust ended the year at 28 with two lapses in care identified during 17/18 relating to antibiotic prescribing. Microbiologist and antimicrobial pharmacist commenced ward rounds on assessment units*

### Mortality

- *Latest HSMR 12 month rolling (Feb 17-Jan 18) 94.31 lowest figure in 24 months*

### Cardiac Arrest

- *Reduction in cardiac arrests with a 50% reduction from 15/16. Trust is now at less than 1 per 1000 admissions. All arrests are reviewed by an MDT Team.*

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## Operational



Robert Rose

## ED Performance

- *Type 1 ED Performance for 17/18 = 85.74%*
- *All ED Performance for 17/18 = 87.72% (6<sup>th</sup> out of 13 hospitals EoE)*
- *East of England ED performance = 87.00%*
  
- *New frailty & AEC units introduced*
- *AEC hours extended over winter 17/18*
- *Established Urgent & Emergency Care village in purpose built areas*

## Work in Progress

- *Full capacity protocol to support improved patient flow*
- *Bed Modelling to right size and cohort bed capacity developed*
- *Review of internal professional standards currently taking place*
- *ED Internal processes and escalations enhanced*

## Operational



Sharon Salthouse

## Cancer

- *62 Day Standard - YTD 70.1%*
  - *Commitment to improve performance and the experience of patients. Aiming for the summer to be compliant with the national standard of 85%*
- *2 week wait national standard is 93%*
  - *Trust delivered from October 2017 (first time since May 2016). However this was impacted by the adverse weather when patients were unable to attend their appointments.*
  - *The Trust is now achieving the 2 ww standard*
- *Cancer Performance remains a key focus for the Trust and we are committed to achieving the national standards*

# Operational



Sharon Salthouse

## Actions being taken

- *First OPA waits have reduced from 14 days to 7 days*
- *CNS triage of referrals in high volume specialities – Dermatology, Upper GI and Lung.*
- *Standard operating procedures avoid delays in 0-31 day pathway*
- *Improving access to diagnostic Test by increase straight to test opportunities Gynae, Lung, Skin, Lower GI and Upper GI*
- *Introduced a daily and weekly monitoring of all patients referred on a Cancer Pathway to identify blocks or delays*
- *Utilisation of outsourcing for non cancer dermatology to create capacity internally for suspected or confirmed cancer*
- *Minimise referrals to other Trusts late in the 62 day pathway*
- *Reviewing all cancer patient pathways against national best practise*
- *Harm Reviews undertaken for all patients waiting longer than 62 days target.*



# Operational



Sharon Salthouse

## 18 Week RTT

- *This target has been challenging nationally and performance has struggled to meet the 92% target*
- *BTUH Performance 18/19*
- *Qtr.1 – 82.52%*
- *Qtr.2 – 82%*
- *Qtr.3 – 80.47%*
- *Qtr.4 – 80.76%*
- *During the winter Months following NHSE guidance all Non urgent elective surgery was stopped, and the T&O surgical ward (Horndon) transferred specialty to support the emergency flow of medical patients.*
- *Day stay surgery and outpatients clinics were maximised during this period and the non elective and Day-case waiting list were maintained.*
- *Urgent and Cancer surgery remained protected and maintain throughout the year.*

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# Finance



Stephanie Watson

## Financial matters

- *Over delivered financial forecast by £4.2m (subject to audit)*
- *Delivered 4.5% CIP (£16.3m), through establishing and embedding a good governance process to ensure delivery*
- *One of the first trust to successfully submit voluntary CTP patient level costing return*
- *Commissioning completed within national deadlines*
- *Successfully aligning board and board sub-committee finance reports across all three Trusts within the success regime*
- *Restructuring of the senior finance team to facilitate the group model and enable a future proof finance function to be established*
- *Establishing a new trust wide finance forecast model driven by activity performance*
- *Capital Investment of £12.3m*
- *Implementation of new HMRC rules - Implementation of IR35 rules, establishment of IR35 payroll, change in salary sacrifice rules.*

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## People



Liz Edelman

## Recruitment

- *Introduced modern/contemporary nurse recruitment campaign resulting in increased attendance at open days*
- *Recruitment of 200+ nurses*
- *Reduced consultant vacancies*
- *Keep in touch scheme increased student nurse starters conversion from 25 in 2016/17 to 72 in 2017/18*

## Retention

- *Itchy feet conversation process introduced with successful movement of nurses who would otherwise have left*
- *Established career pathway documents and drop-in sessions to aid career conversations*

## Grip & Control

- *Reduced agency spend by c5.5m in the year, coming within £600k of achieving the agency ceiling*
- *Introduced 3 x assurance groups (nursing, medical, other clinical) to provide a governance framework for temporary staffing spend*
- *Introduced an effective Job Planning committee to support divisions complete more timely job planning*





## System Wide Working – Michelle Stapleton

### Partnership working

- *Maintained good relationships with system partners*
- *Active member - Thurrock Integrated Care Alliance*
- *Active support to IMC's*

### Frailty

- *Development of integrated Frailty Assessment unit and active support to Thurrock Older Peoples service*

### Bridging Service

- *Continued to provide Bridging service to Thurrock patients*

### D2A

- *Due to launch Domicillary D2A model*

### Hospital at Home

- *Team continue to support patients at home needing sub-acute care within Virtual ward*



# Leadership

## BTUH leadership team



Clare Culpin  
Managing director



Liz Edelman  
Head of human resources



Tayyab Haider  
Medical director



Carolyn Lewis  
Estates and facilities  
site manager (interim)



Dawn Patience  
Director of nursing



Sharon Salthouse  
Director of operations -  
planned and scheduled  
care



Stephanie Watson  
Deputy managing director  
and director of finance



Rob Rose  
Director of operations -  
urgent, emergency  
and unscheduled care  
(interim)



## Public Consultation and Merger

### Public Consultation

- *“Your care in the Right Place” public consultation (including the proposed future for services currently provided at Orsett) concluded 23<sup>rd</sup> March 2018.*
- *Independent analysis of consultation responses now published, alongside stage 2 clinical senate review undertaken by East of England Clinical Senate.*
- *Decision making business case (including transport plan and associated recommendations) for the service changes being refined. Final CCG decision scheduled for Joint Committee meeting in July 2018.*

### Merger

- *Step two of the merger process (known as the ‘Strategic Case’) approved by trust board in May, currently undergoing regulator scrutiny.*
- *Next stage will be development of the ‘Business Case’ over the summer and autumn for approvals in December 2018. Over the summer we will be working with you to help us design the new organisation.*

