

INTEGRATED PERFORMANCE REPORT

REPORT TO:	BOARD OF DIRECTORS
DATE:	6 JULY 2018
SUBJECT:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT REPORT ISSUED MAY 2018

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Performance Report is produced by the Trust on a monthly basis to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The Integrated Performance Report provides assurance to the Board that all areas of performance are monitored with sentinel indicators, allowing the Board to gain assurance regarding actual performance, Trust priorities and remedial actions. Below are the highlights from the May 2018 report. The report has been discussed in detail by the Board's Quality Committee, Finance and Performance Committee and Strategic Workforce Committee. A summary of discussions at these meetings are included in Chair Reports to the Board of Directors.

Performance

May performance for the 4 hour target was 80.8%; against the NHS Improvement trajectory of 77.5%. This represents an increase in performance compared to the previous month and is the highest performance since March 2017.

Notwithstanding this, significant pressure on the whole system continues with peaks in attendances on particular days. However, although there is further work to do, there is evidence that progress is being made in terms of patient flow and the focus continues to be on patient safety.

As reported in the previous report to Board, the Programme Management support (PMO) previously provided by Carnall Farrar ended on the 31 March 2018. An internal Emergency Department (ED) PMO has been established and effectively took over on 1 April 2018. During April and May 2018, the Trust's ED Improvement programme had been reviewed using refined data, audits and pathway walk-throughs. The following work streams have been identified:

- Site Management
- Improving the quality safety and access to the Emergency Department (ED)
- Escalation (response to ED from support services and specialities)
- Develop capacity to meet demand for short stay patients
- Reduce Length of Stay (LoS)
- Capacity planning
- Integrated improvement plans

A new governance process has been put in place to support the Improvement Programme. This is to ensure focus and senior leadership to empower and facilitate teams to make the necessary changes.

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Our performance against all cancer standards continues to be a challenge.

As reported in April 2018, our overall Patient Tracking List (PTL) has increased by 400 since the beginning of March 2018, largely due to an increase in two week wait referrals. There has been a small reduction in the PTL size during May but the legacy of this increase means the percentage of patients waiting over 62 days (with and without a diagnosis) is currently 7.6%, which is the highest seen since November 2015. Positively the PTL size has continued to decrease throughout June with the % of patients waiting over 62 days reduced to 7.2% at the time of writing.

A substantial improvement plan for cancer services is being implemented over the next few weeks, this includes the following:

- Development of a Cancer Strategy
- Dedicated Cancer Management Team
- Management of 2 Week Wait
- Timed pathways implemented for all specialities
- PTL Management
- Multi-Disciplinary Team Coordinators development and coordination
- Multi-Disciplinary Team Meetings
- Diagnostic capacity
- Chemotherapy and radiology provision
- Tertiary referrals

Performance against the 18 week Referral to Treatment (RTT) standard has reported an improved position for May 2018 and the number of patients waiting over 52 weeks for first treatment reported a decrease. This trend has continued through June with the number of 52 week waiters reducing further to 203 at the time of writing. Even with these early signs of improvement 18 week RTT continues to be an area of challenge for the Trust and an improvement plan has been developed covering the following:

- Agree and implement a trust wide access policy with training for frontline staff
- Implement a robust planned care management team
- Implement clear procedures for the management of referrals
- Review and implement outpatient department processes to maximise capacity and meet demand
- Ensure pre admission model of care are robust and have the capacity to meet demands
- Efficient and effective theatre capacity and management of resources
- Effective and efficient admitted waiting times management by each speciality
- Effective and efficient PTL Management
- Efficient and effective diagnostic services
- High quality data
- integrated pathways with primary care

Despite the significant pressures across our organisation, diagnostic waits performance has been maintained.

Patient Experience, Safety and Effectiveness

The Friends and Family test inpatient satisfaction rate remains positive at 97% and overall patient experience is registering green this month, similar to last month. The ratio of compliments to complaints is also positive with a high number of recorded compliments to every single complaint. Complaint response times have met our standard with 91.4% being responded to within the timescales agreed with the client. This is the 4th month running of achieving our standard.

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In terms of patient safety, I am pleased to report the following positive improvements:

- Harm Free Care (New harms) again reported a positive position at 98.73% harm free care delivered to our patients.
- Medicines safety in terms of missed doses continue improve and the rate of missed doses of critical medicines has now come down to the national rate.
- Screening for sepsis and administration of intravenous antibiotic to those screening positive continues to hit exemplary levels in the EDs and is an improving picture in the inpatient areas.
- The rate of falls has decreased in May to 4.93/1000 bed days. A number of improvement initiatives have been put in place within the Trust, the detail of which can be found on page 27 of the Integrated Performance Report.
- In May 2018 there were a total of 39 pressure ulcers reported. 24 of these were category 2 ulcers. This is an increase of 2 from last month. The trust was very slightly over the 0.15 avoidable incidence/1000 bed days with a result of 0.151/1000. Page 26 of the IPR lists the action taken by the Trust during May 2018.

Unfortunately, the Trust is reporting above trajectory for cumulative Clostridium difficile infections for the year. There are general and specific actions that the infection prevention and control team are taking around this. General actions include a drive on basics such as hand hygiene and bare below the elbows initiatives and refreshing of anti-microbial stewardship. Specific actions are targeted at individual wards where all standards are being closely monitored in a 'special measures' regimen.

Unfortunately, we continue to report mixed sex breaches within the clinical decision units and some of our escalation areas. This is due to the challenges we face around patient flow and decongesting the emergency departments to maintain safety.

Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the May 2018 position.

The Trust's detailed finance position can be found on page 43 of the report. The Trust delivered a £3.1m deficit in Month 2 bringing the Year to Date (YTD) position to a £8.1M deficit which is £0.2m ahead of plan (consolidated position including Spencer Wing and after technical adjustments).

We continue to work with our regulators to monitor the Trust's Financial Recovery plan.

Human Resources

The Turnover rate in month fell to 12.3%, although the 12 month average is higher than the previous 12 months. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

The vacancy rate increased to 11.9% for the average of the last 12 months, which is higher than last year. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties.

Our Human Resources Team is working hard with Divisions to identify new ways and methods of recruitment in a more timely way and to explore different workforce models. Exit interviews are constantly reviewed and analysed and a detailed report is provided periodically to the Board's Strategic Workforce Committee and reported to Board through the Chair Report.

All HR metrics are reviewed and challenged at a Divisional level in our monthly Executive Performance Reviews.

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A full report on the HR metrics can be found from page 33 in the IPR.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The report links to the corporate and strategic risk registers.
LINKS TO STRATEGIC OBJECTIVES:	<p>Patients: Help all patients take control of their own health.</p> <p>People: Identify, recruit, educate and develop talented staff.</p> <p>Provision: Provide the services people need and do it well.</p> <p>Partnership: Work with other people and other organisations to give patients the best care.</p>
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	The report links to the corporate and strategic risk registers.
RESOURCE IMPLICATIONS:	N/A
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Executive Performance Reviews Management Board Quality Committee Finance and Performance Committee Strategic Workforce Committee.
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO

RECOMMENDATIONS AND ACTION REQUIRED:

(a) Discussion.