

INTEGRATED PERFORMANCE REPORT

REPORT TO:	BOARD OF DIRECTORS
DATE:	10 AUGUST 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 JULY 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 June 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.

A&E 4 Hour Compliance

June performance for the 4 hour target was 82.6%; against the NHS Improvement (NHSI) trajectory of 78.5%. This represents a further improvement in performance compared to the previous months and is the fifth month of improvement. There were no 12 Hour Trolley Waits in June. The number of patients who left the department without being seen continued to be compliant at 2.1%, whilst unplanned re-attendances remained non-compliant at 9.3%. Time to treatment improved to a compliant position of 51.7% for June.

18 Weeks Referral to Treatment (RTT) Standard

June's performance has improved to 79.02%, and continues to track within 0.25% of our improvement trajectory.

The number of patients waiting over 52 weeks for first treatment has decreased to 201. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties; Gynaecology (135), General Surgery (37), Trauma & Orthopaedics (10), ENT (9), Ophthalmology (2), Dermatology (1), Urology (1), Community Paediatrics (5) and Other Specs (1)

The size of the waiting list has reduced to 181 in July 2018, ahead of trajectory.

Cancer 62 day GP Referral to Treatment Standard

June's performance is currently 68.30% against the improvement trajectory of 77.78%, validation continues until the beginning of August in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,914 and there were 40 patients waiting 104 days or more for treatment or potential diagnosis. We are currently reviewing pathways and Multi-Disciplinary Team (MDT) working to enable any changes which could improve performance, in close dialogue with the clinicians.

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6 Week Referral to Diagnostic Standard

The standard has been met for June 2018 with a compliance of 99.08%. As at the end of the month there were 150 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:- Radiology: 58; 56 in Computed Tomography, 2 in Non-Obstetric ultrasound.

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 percentage of patients not recommending the Trust has improved this month, registering green for the first time in five months.

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 92% being responded to within the timescales agreed with the client. This is the 5th month running of achieving our standard.

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

- The rate of falls has again remained below the national average registering green for June.
- Harm Free Care (New harms) again reported a positive position at a similar rate to the previous month.
- No avoidable deep ulcers were reported.
- Screening for sepsis and administration of intravenous antibiotic in those screening positive remains excellent in the emergency departments and is an improving picture on our wards.

I am disappointed a reportable never event occurred in June relating to a retained item and there is recognition that previous improvement work now requires embedding. An external expert is being contracted to do a few days' work in our theatres to provide some observational and structured review and advice regarding any further actions we should take.

There were two avoidable category two pressure ulcers reported in June and the Trust is reporting slightly below its improvement trajectory. Page 27 of the report provides more detail around actions the Trust is putting in place to drive improvement.

Infection control continues to be a cause for concern. As reported in the last report to the Board, there are general and specific actions that the infection prevention and control (IPC) 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. The Medical Director has been asked to arrange an external peer review to assess how the new ICT team is settling as well as confirming the antibiotic stewardship approach.

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 June 2018 position.

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The Trust's detailed finance position can be found on page 43 of the report. The Trust delivered a £1.7m deficit in Month 3 bringing the Year to Date (YTD) position to a £10.0m 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 at 13.3%. 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 12.1% for the average of the last 12 months, which is higher than last year, although the in month rate fell by approximately 0.5%. 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 the Board through the Chair Report.

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

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) To discuss and note the report.		