

INTEGRATED PERFORMANCE REPORT

REPORT TO:	BOARD OF DIRECTORS
DATE:	6 SEPTEMBER 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 July 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

July performance for the 4 hour target was 79.2%; against the NHS Improvement (NHSI) trajectory of 83.9%. This represents a decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in July. The number of patients who left the department without being seen continued to be compliant at 2.8%, whilst unplanned re-attendances remained non-compliant at 9.8%. Time to treatment reported a non-compliant position of 42.6% for July.

18 Weeks Referral to Treatment (RTT) Standard

July performance has improved to 79.37% against a trajectory of 80.21%.

The number of patients waiting over 52 weeks for first treatment has continued to decrease to 169. This is within the trajectory of 225 submitted to NHSI. Breaches have occurred within the following specialties; 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 (124), General Surgery (18), Trauma & Orthopaedics (11), ENT (5), Ophthalmology (3), Dermatology (1), and Other Specs (5).

Cancer 62 day GP Referral to Treatment Standard

July performance continues to improve and is currently 67.89% against the improvement trajectory of 55.57%, validation continues until the beginning of September in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,651 and there were 40 patients waiting 104 days or more for treatment or potential diagnosis. 12 of these patients do not have a confirmed diagnosis and the longest wait is 152 days.

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6 Week Referral to Diagnostic Standard

For the first time in 3 years the standard has not been met for July 2018 with a compliance of 98.50%. As at the end of the month there were 254 patients who had waited over 6 weeks for their diagnostic procedure. The key issue was a high demand in sleep studies and additional capacity needed for Cancer and RTT diagnostics. Actions to mitigate the risk of high breaches going forward have been to purchase additional equipment to allow patients to receive their diagnostic test sooner. Joint education and supply classes to allow up to 15 patients to be fitted with their equipment. Recruitment of respiratory technicians to analyse the results.

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 for the 6th month running.

In terms of patient safety, the following positive improvements were reported:

- The rate of falls has again remained below the national average - registering green for July.
- New harms, as reported in the harm free care metric, remains positive and similar to last month.
- No avoidable deep ulcers were reported in July.
- The number of serious incidents reported in July has reduced compared to the previous month.
- Screening for sepsis, and administration of intravenous antibiotic in those screening positive, remains excellent in the Emergency Departments and is a continued improving picture on the wards.

Avoidable category two pressure ulcers reported as amber in July, slightly below our improvement trajectory. The Integrated Performance 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 previously reported to the Board, there are general and specific actions that the infection prevention and control team are taking around this. The proportion of patients admitted with harms as measured by the harm free care metric has risen in July. This will be explored with our external partners in order to secure the required actions for improvement. This triangulates with infection data where our rate of all (community and hospital acquired) C.difficile infection and E.coli bacteraemia is reporting above the regional average.

Unfortunately, whilst the number of mixed sex breaches has decreased, we continue to report mixed sex breaches within the clinical decision units and some of our escalation areas. As reported previously to the Board, 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 July 2018 position.

The Trust's detailed finance position can be found on page 43 of the report. The Trust delivered a year to date deficit at Month 4 at £11m deficit (against a planned deficit of

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£11.1m). This is a 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 increased to 12.8%, and the 12 month average is higher than the previous 12 months at 13.5%. 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 12.4% 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 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:		
The Board is asked to discuss and note the report.		