

REPORT TO:	BOARD OF DIRECTORS
DATE:	10 JANUARY 2019
SUBJECT:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT - NOVEMBER DATA

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Performance Report (IPR) 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 IPR 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 November 2018 report. The report has not been discussed at any of the Board Committees due to the timing of the meetings falling subsequent to the Board of Directors meeting.

A&E 4 Hour Compliance

November performance for the organisation against the 4 hour target was 81.74%; against the NHS Improvement trajectory of 89.9%. This represents a slight increase in performance compared to the previous month. There were no 12 Hour Trolley Waits in November.

The number of patients who left the department without being seen remained compliant and decreased from last month to 2.77%.

The unplanned re-attendance position remains high at 9.54%. Time to treatment improved again from the October position & increased to 52.7%.

Although there has been significant improvement in compliance against the 4 hour Emergency Access standard, during November all sites have continued to experience access issues due to bed capacity which are due to the very high level of bed occupancy, and which relates to the number of stranded and super stranded patients. A stranded patient is a patient with a length of stay over 7 days and a super stranded patient has a length of stay of over 21 days.

18 Weeks Referral to Treatment (RTT) Standard

An RTT Recovery Plan has been developed jointly with local Clinical Commissioning Groups (CCGs) in order to address both short term backlog clearance and longer term increases in recurrent demand. The aim of the plan is to improve performance during 2018/19 with a focus on reducing waiting times and decreasing the number of 52 week waits by over 50%.

October performance of the RTT standard was reported as 72.16% against a trajectory of 81.84%. All specialities failed to meet their trajectory with the exception of cardiothoracic.

The total waiting list reported 55,610 against trajectory of 49,309, which is a shortfall of 5,603.

The total waiting list is split into 45,731 on the non-admitted waiting list and 8,761 on the admitted waiting list.

52 week patients reported 102 against a trajectory of 125.

An update on performance against our improvement plan can be found within the detail of the IPR.

Cancer 62 day GP Referral to Treatment Standard

November performance is currently 71.83% against the improvement trajectory of 79.01%, validation continues until the beginning of January in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,589 and there were 4 patients waiting 104 days or more for treatment or potential diagnosis.

An update on performance against our improvement plan can be found within the detail of the IPR.

6 Week Referral to Diagnostic Standard

The standard has been met for November 2018 with a compliance of 99.65%. As at the end of the month there were 46 patients who had waited over 6 weeks for their diagnostic procedure

An update on performance against our improvement plan can be found within the detail of the IPR.

Patient Experience and Patient Safety

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

- The Friends and Family test inpatient satisfaction rate remains positive at 97% and the overall patient experience continues to report as green.
- The ratio of compliments to complaints improved this month with a high number of recorded compliments to every single complaint.
- Complaints performance has improved this month as the backlog of complaints opened for more than 30 working days is addressed. Improvement work further includes refocusing the complaints process to be more clinically led through engagement of each of the Trust's Care Group triumvirates. Work also continues with neighbouring Trusts.
- Performance against the falls rate and harm free care reported favourably against the Trust's peers.
- The 12 month average for venous thromboembolism (VTE) assessment recording is now reporting at 93% overall and all specialist areas remain above 96% for the year.
- Clostridium difficile infections are now below the Department of Health (DH) trajectory and hand hygiene audits are at 96.2% across the Trust.

In November a total of 22 unjustified mixed sex occurrences were reported which is an increase compared to the previous month. The reason for the breaches is to maintain safety and flow through the Emergency Departments (EDs).

Improvement work is in place across the paediatric pathway (from ED to ward / theatres). Processes are in place to receive daily assurances that safety checks are completed and that safe staffing levels are in place within these areas.

Unfortunately, the Trust reported two MRSA bacteraemias during November 2018. However, there were no MSSA bacteraemias reported and the overall monthly rate per 100,000 occupied bed days reported was below the England average for the year.

Pressure ulcer rates have increased slightly during November, with category 2 ulcers slightly above our target and one deep ulcer reported. However, the reported rate remains within our target.

November saw an increase in serious incident reporting with one Never Event reported in Surgery. The themes are varied but all are being investigated and the learning will be reported, shared and implemented.

Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the November 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 8 at £58.1m deficit, which is £38.5m behind plan. The main drivers of the deficit in month are the continuing themes whereby operational pressures are leading to significant Agency spend on Medical and Nursing staff but Elective activity and income are increasingly falling behind plan.

Whilst non elective work is over performing it is insufficient to make up for the elective shortfall. In addition to these drivers the year to date position is impacted by a £34.3m impairment. The remaining reserves are small and the plan assumes increased elective activity over the coming four months which, if not delivered, will lead to a failure to deliver the financial plan. As the Trust is in Financial Special Measures (FSM) it is measured against its performance excluding technical adjustments. After these are removed the Trust’s Year to Date (YTD) Income & Expenditure (I&E) deficit to Month 8 (November) was £23.4m (consolidated position including Subsidiaries and after technical adjustments) against a planned deficit of £18.9m, £4.5m worse than plan.

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

Human Resources

The Turnover rate in month decreased slightly to 12.1% (last month 12.2%), and the 12 month average has increased to 13.8% (last month 13.7%). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting too hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

The vacancy rate increased to 12.9% (last month 12.7%) 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 Care Groups 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 Care Group level in our monthly Executive Performance Reviews.

A full report on the HR metrics can be found on pages 32 – 36 of the IPR.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:

The report links to the corporate and strategic risk registers.

<p>LINKS TO STRATEGIC OBJECTIVES:</p>	<p>Patients: Help all patients take control of their own health. People: Identify, recruit, educate and develop talented staff. Provision: Provide the services people need and do it well. Partnership: Work with other people and other organisations to give patients the best care.</p>	
<p>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</p>	<p>The report links to the corporate and strategic risk registers.</p>	
<p>RESOURCE IMPLICATIONS:</p>	<p>N/A</p>	
<p>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</p>	<p>N/A</p>	
<p>PRIVACY IMPACT ASSESSMENT: NO</p>	<p>EQUALITY IMPACT ASSESSMENT: NO</p>	
<p>RECOMMENDATIONS AND ACTION REQUIRED: The Board is asked to discuss and note the report.</p>		