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| REPORT TO: | BOARD OF DIRECTORS (BoDs) |
| DATE: | 4 OCTOBER 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 AUGUST 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 August 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

August performance for the 4 hour target was 80.0%; against the NHS Improvement trajectory of 85.4%. This represents an increase in performance compared to the previous month. There were no 12 Hour Trolley Waits in August. The number of patients who left the department without being seen continued to be compliant at 2.5%, whilst unplanned re-attendances remained un-compliant at 9.8%. Time to treatment improved from July, but remained un-compliant at 48.0% for August.

August performance has improved despite being challenged by an increased number of attendances and increased patient acuity due to a continuation of the extremely high temperatures experienced and seasonal variation.

18 Weeks Referral to Treatment (RTT) Standard

August performance reduced to 79.06%, performance is now 1.95% behind the improvement trajectory.

The number of patients waiting over 52 weeks for first treatment has decreased to 125. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties; Gynaecology (93), General Surgery (16), Trauma & Orthopaedics (6), ENT (3), Dermatology (2), Ophthalmology (1), and Other Specs (2).

Cancer 62 day GP Referral to Treatment Standard

August performance is currently 66.53% against the improvement trajectory of 57.87%, validation continues until the beginning of October in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,689 and there were 25 patients waiting 104 days or more for treatment or potential diagnosis.

6 Week Referral to Diagnostic Standard

The standard has not been met for August 2018 with a compliance of 98.03%. As at the end of the month there were 298 patients who had waited over 6 weeks for their diagnostic procedure.

Patient Experience, Safety and Effectiveness

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 August.
- New harms, as reported in the harm free care metric, remains positive and similar to last month. Overall harm free care has improved this month rising from below the lower control limit last month to above the upper control limit this month.
- There has been a significant improvement in the omitted medicines safety metric.
- 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 7th month running.
- The Friends and Family test inpatient satisfaction rate remains positive at 96% and overall patient experience is registering green this month, similar to last month. However, this month we have reported overall patient experience as amber based on the inpatient real time surveys. We are exploring with the ward teams what has led to this to determine the action required to improve.

Avoidable category two pressure ulcers continues to report as amber in August, slightly below our improvement trajectory. The Integrated Performance Report provides more detail around actions the Trust is putting in place to drive improvement (page 27).

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, reported on page 25 of the Integrated Performance Report.

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 August 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 5 at £4.3m deficit, which is £0.4m behind plan. 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 decreased to 12.1%, and the 12 month average is the same as 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 12.6% 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.

A full report on the HR metrics can be found from page 46 in the IPR.

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| 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. | | |