

REPORT TO:	BOARD OF DIRECTORS (BoDs)
DATE:	1 NOVEMBER 2018
SUBJECT:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT – SEPTEMBER DATA

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 September 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

September performance for the 4 hour target was 77.1%; against the NHS Improvement (NHSI) trajectory of 85.4%. This represents a 3% decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in September.

The number of patients who left the department without being seen remained compliant, but significantly decreased to 0.5%. This sudden and significant decrease in this indicator is currently undergoing validation for accuracy.

Unplanned re-attendances improved, but remained non-compliant at 8.6%. Time to treatment declined from August, remaining non-compliant at 45.5% for September.

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

18 Weeks Referral to Treatment (RTT) Standard

September performance of the RTT standard was reported as 76.27% against a trajectory of 81.32%. All specialities failed to meet their trajectory with the exception of cardiothoracic, general medicine and Healthcare of Older People (HCOOP).

The total waiting list reported 55,800 against trajectory of 50,857, which is a shortfall of 4,943.

The total waiting list is split into 45,938 on the non-admitted waiting list and 9,531 on the admitted waiting list.

52 week patients reported 129 against a trajectory of 175.

September performance has been impacted by the Patient Administration System (PAS) go

live due to data capture issues and reduced validation.

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

September performance is currently 77.05% against the improvement trajectory of 62.76%, validation continues until the beginning of November in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,955 and there were 15 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 not been met for September 2018 with a compliance of 98.53%. As at the end of the month there were 187 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, 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 September. Pressure ulcers also improved in September, also registering as green.
- 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.
- The number of mixed sex breaches has reduced from 73 last month to 19 in September 2018. Performance against our improvement trajectory of 30% by December is on plan.
- The ratio of compliments to complaints is positive with a high number of recorded compliments to every single complaint. In addition, our acknowledgement of complaints within 3 working days has improved, now reporting at 95%. However, the management of our complaints process remains a challenge. This month we have reported 'amber' for complaints responded to within timescales, linked to work ongoing to address the backlog position and seeking resolution with clients whose complaints have been open beyond the agreed date.
- Acknowledgement of complaints.
- The Friends and Family test inpatient satisfaction rate remains positive at 97% and the percentage not recommending the Trust has reduced in September 2018. The overall patient experience is registering green this month and reported an improved position.

August data reported a significant improvement in the omitted medicines safety metric. This has plateaued in September 2018 and requires more work in each of the different ward areas.

Infection control continues to be a cause for concern, despite improvement in E.Coli bacteraemia rates. 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.

VTE assessment recording has worsened this month. This is being investigated to ensure it is not related to data capture.

Challenges around maintaining clinical safety and quality within the Emergency Departments (EDs) during periods of high pressure, highlighted within the recent Care Quality Commission (CQC) report. Actions to address this is linked to the ED improvement plan, focussing on improved patient flow, appropriate staffing and skill mix and embedding monitoring and assurance systems.

Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the September 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 6 at £17.1m deficit, which is £1.3m 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 increased slightly to 12.3%, and the 12 month average has increased to 13.6%. 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 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 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: <i>NO</i>	EQUALITY IMPACT ASSESSMENT: <i>NO</i>	
RECOMMENDATIONS AND ACTION REQUIRED: The Board is asked to discuss and note the report.		