

REPORT TO:	BOARD OF DIRECTORS (BoDs)
DATE:	6 DECEMBER 2018
SUBJECT:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT – OCTOBER 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 October 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

October performance for the 4 hour target was 80.9%; against the NHS Improvement trajectory of 87.4%. This represents a significant increase in performance compared to the previous month. There were no 12 Hour Trolley Waits in October.

The number of patients who left the department without being seen remained compliant and decreased from last month to 3.16%.

The unplanned re-attendance position declined to 9.62%, remaining non-compliant. Time to treatment improved from September to 50.6% in October and became compliant.

18 Weeks Referral to Treatment (RTT) Standard

An RTT Recovery Plan has been developed jointly with local 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 18/19 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 74.89% against a trajectory of 81.69%. All specialities failed to meet their trajectory with the exception of cardiothoracic, general medicine and HCOOP.

The total waiting list reported 55,610 against trajectory of 50,007, which is a shortfall of 5,603.

The total waiting list is split into 46,516 on the non-admitted waiting list and 9,094 on the admitted waiting list.

52 week patients reported 120 against a trajectory of 150.

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

October performance is currently 75.20% against the improvement trajectory of 73.66%, validation continues until the beginning of December in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,555 and there were 9 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 October 2018 with a compliance of 99.31%. As at the end of the month there were 88 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 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 remains positive with a high number of recorded compliments to every single complaint.
- The number of unjustified mixed sex breaches has reduced from 19 in September to 0 in October. Our improvement trajectory of a 30% reduction by December is on track.
- Our pressure ulcers and falls rate and harm free care for new harms all compare favourably against our peers.
- Specialist areas reported VTE assessment above 95% for the last 12 months (averaging 96.3%). There is further work to do in our new care groups where performance in some areas is reporting below target.

Medicines safety remains one of our areas of challenge. Performance is triangulated by both internal audit and external review. Focussed work continues in each of the different ward areas.

Infection control continues to be a cause for concern, despite potential plateauing of clostridium difficile performance. As previously reported to the Board, there are general and specific actions that the infection prevention and control team are taking around this, reported in the Integrated Performance Report.

The Trust is seeking further improvement in the management of complaints, specifically in relation to the timeliness of our response to clients. The Trust has been targeting completion of complaints which have a long wait time in September and October. The completion of these (longer waiting) cases has contributed to the Trust reporting amber for complaints "responded to within agreed timeframe" in October. Our improvement work further includes strengthening the holding to account of care groups and corporate teams, refocusing the complaints process to be more clinically led through engagement of triumvirate, undertaking peer review and service evaluation of the PALS model.

There remains a challenge to maintaining clinical safety and quality within the emergency departments during periods of high pressure, highlighted within the recent Care Quality Commission Report. Work is additionally required / in place across the paediatric pathway

(from emergency departments to ward / theatres). Assurance regarding completion of safety checks and safe staffing levels within these areas is received by the Chief Nurse to oversee safe standards. This action is set within a broader action plan / quality assurance process. Progress against this will be reported to the Board’s Quality Committee.

Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the October 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 7 at £55.5m deficit, which is £37.5m behind plan. The biggest driver of the deficit is an in month impairment of assets of £34.3m (technical adjustment) caused by an asset revaluation. 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 slightly to 12.2% (last month 12.3%), and the 12 month average has increased to 13.7% (last month 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 12.7% (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.
LINKS TO STRATEGIC OBJECTIVES:	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.
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	N/A

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.	