

INTEGRATED PERFORMANCE REPORT

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	REPORT ISSUED JANUARY 2018
SUBJECT:	INTEGRATED PERFORMANCE REPORT
BOARD SPONSOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT

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 January report. The report has been discussed in detail by the Board's Quality Committee, Finance and Performance Committee and Strategic Workforce Committee.

Performance

Significant pressure remains on the whole system reflected by flow in our emergency pathways. Despite this significant challenge, the Trust did see the beginning of some recovery in performance against the A&E 4 hour standard, reporting at 74.09%.

The 12 week Rapid Improvement Programme came to an end in January but has restarted in mid-March focussing on length of stay and earlier discharge.

Efficient discharge of patients to their own homes or alternative place of care, remains a priority but is not occurring in the way it needs to. This must become a priority for the Board.

Although 2 week wait cancer performance reported compliance, our performance for cancer diagnoses and treatment remains well below par. A further review of recovery plans will be undertaken with clear actions identified. After the ED targets, Cancer targets should be a priority for the Board. The Board should prioritise improvement in cancer performance in 18/19.

It is disappointing to report that our referral to treatment performance has fall again to 77.62% and the number of patients waiting beyond 52 weeks has increased further. Recovery plans for general surgery, gynaecology, orthopaedics, ENT and maxillofacial surgery are being developed. The Board should prioritise ED performance, cancer performance and the reduction of 52 week waits.

Despite the significant pressures across our organisation, diagnostic waits performance has been maintained.

Patient Experience, Safety and Effectiveness

Positive highlights from January 2018 data is notably:

- VTE assessment recording has now been sustained at 94.8%, despite some real challenges in our emergency care pathways in terms of flow and overcrowding. We are

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reliably hitting the target for sepsis screening in our emergency departments and QEQM in particular should be congratulated with regards to antibiotics within the hour of arriving at hospital achieving 89%.

- Harm Free Care (New harms) improved this month to 98.9% harm free care delivered to our patients.
- The rate of falls reduced in January compared to December.

Our key challenges are noted:

- High bed occupancy remains hugely challenging with additional challenges resulting from outbreaks of norovirus. Bed Occupancy increased to over 100% in January and the non-elective length of stay remained high at 6.4 days indicating the significant pressure on the whole system. As mentioned above, there is focussed attention on discharge, faster diagnosis and treatment.
- The Trust is disappointed to report a further never event during this reporting period and has reported a total of five in the last 12 months. All have been associated with low or no harm and they have not been confined to one site or to one specialty. Specific action to be undertaken is to hold an Executive led Never Event Workshop to review the circumstances and establish the key learning which needs to be taken out to the organisation, a strategy for embedding that learning and a review process to check that the learning has been embedded.
- Trust assigned MRSA bacteraemia is another area of concern and year to date the number of Trust assigned cases reported at seven.

Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the December position.

The Trust's detailed finance position can be found on page 44 of the report. The Trust's Income and Expenditure (I&E) deficit position in January (month 10) reported at £2.6m (consolidated position excluding Sustainability and Transformation Funds, and after technical adjustments) against a planned deficit of £0.3m.

The year to date I&E deficit is £19.8m, reporting £2.3m behind plan. We continue to work with our regulators to monitor the Trust's Financial Recovery plan. The Trust's forecast remains £11m worse than plan to recognise the expected impact of additional A&E pressures and winter costs which will deliver a £30m deficit for the full year.

As the expenditure risks are now recognised as crystallising in the revised Trust forecast the risks remaining have been estimated at £5.3m driven mainly by Commissioner challenges the result of which is still to be agreed.

Human Resources

The Turnover rate in month is 13.5%. There is a continued focus on our hard to recruit roles, 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.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The report links to the corporate and strategic risk registers.
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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	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:

(a) Discussion.