

REPORT TO:	BOARD OF DIRECTORS
DATE:	7 FEBRUARY 2019
SUBJECT:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT - DECEMBER 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 December 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

December performance for the organisation against the 4 hour target was 79.36%; against the NHS Improvement (NHSI) trajectory of 88.6%. This represents a decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in December.

The number of patients who left the department without being seen remained compliant at 3.03%.

The unplanned re-attendance position remains high at 9.46%. Time to treatment reduced below 50% to 48.7% in December; from 52.7% the previous month.

18 Weeks Referral to Treatment (RTT) Standard

December performance improved to 72.42% against an improvement trajectory of 81.40%. There is a focus on improving clinic utilisation and reducing the number of 'Did Not Attends' (DNA's) and cancellations. The number of patients waiting over 52 weeks for first treatment has continued to over perform and improve with the number decreasing further to 74. This is within the trajectory of 150 submitted to NHSI and is a reduction of over 50% since April 2018 when there were 222 patients waiting.

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

December 62 day performance is currently 82.21% against the improvement trajectory of 83.12%, validation continues until the beginning of February 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 December 2018 with a compliance of 99.56%. The number of patients waiting has decreased by 1094. As at the end of the month there were 54 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 is registering as 'green' with 47 compliments for every complaint.
- Complaints performance has improved this month with 3 day acknowledgement registering 97% and complaint response times registering 95% for responding within timescales agreed with the client.
- A number of patients feeding back to us that they are up and dressed has increased. The Trust's 'Get Up, Get Dressed, Get Moving' campaign enables patients to feel more like themselves and aids recovery.
- The Trust reported a decrease in *E.coli* bacteraemia rates, related to the prevalence of catheter associated urinary tract infection (UTI) and new UTIs with harm. Rates continue to report below the national average for acute hospitals.
- Harm free care for new harms reported positively at 99% and favourably against the Trust's peers.
- The prevalence of new venous thromboembolism (VTEs) (0.58%) remains lower than the national average for acute hospitals (0.59%). However, the VTE assessment recording for the last 12 months reported a decrease (92.6%), a reflection of a drop in monthly performance in December to 90.1%.
- The prevalence of new pressure ulcers (0.10%) also remains lower than the national average for acute hospitals (0.78%).
- Clostridium difficile infections continue to report below the Department of Health trajectory.
- The Trust's influenza vaccination rate reported >76% for clinical staff and >70% for all staff, this being the Trust's highest rate ever recorded.

In December a total of 23 unjustified mixed sex occurrences were reported, similar to the number reported last month but remains half the number reported during the Summer months. The reason for the breaches continues to be related to maintaining safety and flow through the Emergency Departments.

Improvement work is in place across the paediatric pathway (from Emergency Department 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 falls rate increased to 5.58 and falls with harm (0.68) reported higher than the national average for acute hospitals (0.36). The IPR provides more detail around a number of measures put in place to prevent falls.

The hand hygiene audit compliance reported a decline in performance at 94%. Work continues with clinical teams.

Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the December 2018 position.

The Trust delivered a year to date deficit at Month 9 at £29.5m deficit, which is £6.5m worse than 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 which was based on increasing inpatient elective activity in Q3 and 4 as well as a slowing down of outpatient work following the PAS implementation.

Whilst non elective work is over performing it is insufficient to make up for the elective shortfall. Reserves now remaining are very small and the financial position relies on the delivery of increased elective and outpatient activity over the coming three months which, if not delivered, will lead to a failure to deliver the revised financial forecast.

Income and Expenditure Cost Improvement Schemes (CIPs) reported £17.6m at month 8 against a plan of £17.2m. Risks remain in relation to finalising full delivery of identified schemes.

The Trust's detailed finance position can be found on page 44 of the report. 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 12.0% (last month 12.1%), and the 12 month average has increased to 13.9% (last month 13.8%). 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 12.9% (last month 12.7%) for the average of the last 12 months, which is higher than last year. However, the monthly rate remained below 10% at 9.7%. 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: NO	EQUALITY IMPACT ASSESSMENT: NO	
RECOMMENDATIONS AND ACTION REQUIRED: The Board is asked to discuss and note the report.		