



Integrated Performance Report – September 2015 Executive Summary

Contents

Section		Page
1	Performance Outcomes	3
2	Quality Performance	4
3	Operational Performance	6
4	Financial Performance	8
5	Contract Performance	9
5	Workforce Performance	10

Performance Outcomes – September 2015

Integrated Performance Outcomes

- Overall performance against quality of care indicators is positive for September. There is on-going focus on the Friends and Family test. There has been an increase in patient moves which is consistent with the increase in non-elective activity and the increase in the numbers of medically fit patients awaiting discharge.
- A&E performance remains challenging, there were 9,124 type 1 attendances in September and attendances are up 4% at QA compared to the same period last year. Emergency admissions were also up by the equivalent of an extra ward, with a conversion rate of 37%. The average bed occupancy for the Trust was 94.5% with a maximum occupancy of 96.16% in month, with an average 20 escalation beds open, which has required additional agency staff not budgeted for. Delayed transfers of care increased to 2.4% and as a result of these pressures performance was 83.92% compared to 86.95% in August. The key area for further improvement is delivery of the ward standards and discharge targets set by CSCs in their 'Safer' bundles. This will require an improvement in the number of 'simple' discharges achieved by clinical teams at PHT and an increase in the number of complex discharges community health and social care organisations need to support, particularly at week-ends.
- As a consequence of the urgent care challenges and total bed occupancy in September the Trust experienced significant pressure across several integrated performance measures, with 59 on the day elective cancellations, resulting in 3 breaches of the 28 day guarantee. Focus on incomplete performance and treatment of patients according to clinical priority and wait has started to reduce the number of long waiting patients. In September 5,714 elective patients were treated, 2.15% (120) more than in September last year.
- The Trust is forecasting achievement of 6 of the 8 national cancer standards in September, provisionally the 31 day and 31 days subsequent surgery standards have not been achieved but this may be achieved once validation and capture of all treatments is complete. There were 15 patients waiting more 104 days for treatment. A further update will be provided at the Board meeting.
- The 2015-16 Income and Expenditure annual plan delivers a £16m deficit position. The year to date Income and Expenditure financial position was a £9.9m deficit against a planned deficit of £6.9m. The 2015-16 External Financing Limit (EFL) has been set at £2.5m year-end cash balance (NB an undershoot against the EFL is permissible). The 2015-16 Capital Resource Limit (CRL) is £15.7m net charge of capital expenditure.
- There has been a further increase in substantive staffing for September and has continued to increase since March 2015. Temporary staffing use for September has marginally decreased. A small decrease has been observed in monthly sickness rates and appraisal compliance has reduced to just below the 85% target. Targeted work focusing on those staff who have not had an appraisal for the longest period has resumed. Essential skills compliance has decreased in month, however it remains above the 85% compliance target.

Quality of Care Key Exceptions

September performance

Exceptions to note in performance						
Domain	Indicator	July	August	September	Comment	
Safe	Avoidable pressure ulcers (grades 3 & 4)	2	1	3	<ul style="list-style-type: none"> It is disappointing to report 3 avoidable grade 3 pressure ulcers. Two were attributed to one clinical area, and to date there has not been a recurrence. However, the Trust remains within trajectory against the year-to-date position. 	
Responsive	Patient moves (non-clinical) after midnight	56	25	63	<ul style="list-style-type: none"> There has been a significant increase in the patient moves, whilst the average number of moves is 2.1 per day, this is still below the CQC improvement of less than 3 per day. This is a disappointing position, and is consistent with the increase in non-elective activity and the increase in the numbers of medically fit patients awaiting discharge. The analysis of nights where moved after midnight arise is consistent with days when the deficit between admissions and discharges is greater. Also, during September the average deficit increased from 9 to 13. 	
Well-led	Friends and Family Test (FFT)	In-patient response rate	27.7%	27.8%	24.10%	<ul style="list-style-type: none"> The rate has decreased for in-patients to 24.1%, in comparison to national benchmark of 25.5%. A review of the information is underway regarding the drop in response rate with respect of the In-patient surveys. This month has included paediatrics which is under review. It is very positive to note the increase in response rate within the ED department to 21% which is favourable against the national response high of 14%. The reported satisfaction has slightly reduced but remains comparable with the national benchmark figure of 96%.
		% recommend positive	96.5%	96.5%	95.8%	
		% recommend negative	0.9%	0.6%	0.7%	
		ED response rate	17.5%	13.6%	21.0%	

Quality of Care Overview – September 2015

Key:	→	Performance improving
	↔	Performance worsening
	↔	Performance the same
	↔	No concerns
		Some concerns: action required to remain on track
		Significant risk to achieving target

Domain	Performance Indicator	Target	2014/15 Outcome	2015/16					Change Month on Month	Q1	Q2	YTD to Date 2015/16
				Apr-15	May-15	Jun-15	Jul-15	Aug-15				
Safe	Pressure Ulcer Incidents (grades 3 & 4)	24	24	1	0	1	2	1	3	2	6	8
	Avoidable hospital acquired Unavoidable	Monitor	58	2	4	3	1	2	4	9	7	16
	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	747	33	35	22	23	30	11	90	64	154
	Falls (red & amber incidents)	Monitor	45	4	3	4	6	1	2	11	9	20
	Falls per 1,000 occupied bed days (resulting in harm)	2.2 or less across the quarter average	-	1.9	2.4	2.4	2.6	2.3	1.5	2.2	2.2	2.1
	Falls risk assessment within 48 hours of admission	95% per month	-	98.0%	98.0%	96.0%	95.0%	95.0%	95.0%	97.3%	95.0%	96.17%
	Healthcare Acquired Infection - MRSA (Avoidable)	Zero	0	0	0	0	0	0	0	0	0	0
	Healthcare Acquired Infection - MRSA (Unavoidable)	Monitor	2	0	0	0	0	0	0	0	0	0
	Healthcare Acquired Infection - COIF	40 cases	40	2	2	1	6	1	1	5	8	13
	Venous Thrombo-embolus screening	95% per month	97.12%	97.30%	97.50%	98.20%	97.40%	97.70%	97.50%	97.67%	97.53%	97.60%
	Never Events	Zero	0	0	0	0	0	0	0	0	0	0
	Patient Safety Thermometer - % Harm Free Care	Monitor	-	91.39%	92.57%	94.21%	93.15%	93.56%	94.40%	92.72%	93.70%	93.21%
	Serious Incidents Requiring Investigation (SIRIs)	Monitor	122	5	4	10	12	8	8	19	28	47
SIRIs unresolved >60 days (number)	Monitor	-	1	0	1	0	0	5	2	5	7	
Patient Safety Incidents (excluding SIRI)	Monitor	8900	784	821	876	788	731	485	2481	2004	4485	
Duty of candour breaches (number)	Zero	1	0	0	0	0	0	0	0	0	0	
Hospital Acquired VTE SIRIs	Monitor	18	3	1	2	0	0	1	6	1	7	
Medication Errors (red & amber incidents)	Monitor	-	0.9	0.9	0.8	0.6	0.5	0.1	0.9	0.4	0.6	
Medication errors per 1,000 occupied bed days (resulting in harm)	1.0 or less across the quarter average	-	0	0	0	0	0	0	0	0	0	
CAS Alerts Over Deadline	Monitor	2	0	0	0	0	0	0	0	0	0	
Hospital Standardised Mortality Ratio (HSMR)	Within expected range	100.3	101.0	101.2	102.5	102.5	101.5	100.52	101.6	101.5	101.5	
Summary Hospital Level Mortality Indicator (SHMI)	Within expected range	107.9	107.5	107.5	107.5	108.4	108.4	107.5	107.5	108.1	107.8	
Dementia - case finding question	≥ 90% each quarter	92.2%	89.70%	94.0%	94.8%	95.4%	96.8%	97.3%	93%	97%	94.63%	
Dementia - Diagnostic assessment	≥ 90% each quarter	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	
Dementia - Care plan on discharge	≥ 90% for quarter 4	-	-	-	-	-	-	-	-	-	-	
Mixed Sex Accommodation Breaches	Zero	0	0	0	0	0	0	0	0	0	0	
Number of Complaints	Monitor	662	43	44	42	61	57	55	129	173	302	
Complaints acknowledged < 3 working days	Monitor	100%	98%	100%	98%	100%	100%	100%	99%	100%	99.28%	
Complaints per 1,000 contacts (all types) (reported 1 month in arrears)	Monitor	-	0.65	0.69	0.59	0.82	0.88	-	0.64	0.85	0.75	
PALS transferred to complaints	Monitor	11	0	2	1	5	1	4	3	10	13	
Patient moves (non-clinical) after midnight	Monitor	-	51	57	29	56	25	63	137	144	281	
Friends and Family Test response rate - In-patient and day case	Maximum responses	36.6%	19.10%	24.1%	22.00%	27.70%	27.80%	24.10%	21.7%	26.53%	24.13%	
Friends and Family Test response rate - ED	Maximum responses	15.2%	17.50%	14.60%	22.70%	17.50%	13.60%	21.00%	18.27%	17.37%	17.82%	
Friends and Family Test - percentage recommend (positive)	Monitor	-	96.50%	97.30%	96.60%	96.50%	96.50%	95.80%	96.80%	96.27%	96.53%	
Friends and Family Test - percentage not recommend (negative)	Monitor	-	1.10%	0.70%	0.60%	0.90%	0.60%	0.70%	0.80%	0.73%	0.77%	
Friends and Family Test Improving positive responses - ED	Maximum responses	93.0%	96.40%	94.80%	91.40%	94.00%	93.20%	93.50%	94.20%	93.57%	93.88%	
Friends and Family Test Improving positive responses - In-patient	Maximum responses	94.1%	96.50%	97.40%	96.60%	96.50%	96.50%	95.80%	96.83%	96.27%	96.55%	
Friends and Family Test Improving positive responses - Maternity	Maximum responses	92.5%	97.00%	99.10%	99.00%	98.90%	96.70%	98.20%	98.37%	97.93%	98.15%	
Friends and Family Test response rate (Maternity)	Monitor	21.4%	17.8%	39.9%	15.9%	29.3%	28.8%	34.3%	24.53%	30.80%	27.67%	

Safety - Overview

Responsive – Operational Overview

Performance Against TDA Accountability Framework - September

National Trust Development Agency Key Indicators		Target	2014/15							2015/16					Change from last mth	Q1	Q2	Yr to date	
			S	O	N	D	J	F	M	A	M	J	J	A	S				
Responsive	% Admitted	90%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	% Non-Admitted	95%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	% Incomplete Pathways < 18 wks	92%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	Incomplete Patients waiting > 52 wks	0	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	Diagnostic waits: 6 weeks	99%	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●
	4 hr arrival to admission/transfer/discharge	95%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	12 hr Trolley waits	0	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●
	All 2-week wait referrals	93%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	Breast symptomatic 2-week wait referrals	93%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	31-day diagnosis to treatment	96%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	31-day subsequent cancers to treatment	94%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	31-day subsequent anti-cancer drugs	98%	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●
	31-day subsequent radiotherapy	94%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	62-day referral to treatment	85%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	62-day screening to treatment	90%	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●
	Cancer maximum wait to treatment 104 days	0	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
	Urgent Operations cancelled for a 2nd time	0	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●
	Cancelled operations: 28-day guarantee	0	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●
Delayed Transfers of Care	3.5%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
Effective	Stroke 60 mins (arrival at stroke unit)	bm	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	
	STeMI call to balloon 150 mins	bm	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	
	Emergency readmissions <30 days	bm	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●	
Safe	Emergency C-Section Rate	bm	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	



Responsive – Operational Overview

NHS Constitution performance key Standards - September

Referral to Treatment (RTT) Incomplete standard

- This is all patients waiting for treatment (total waiting list). Focus on this allows the trust to treat patients according to clinical priority and wait. The Trust achieved the standard at aggregate level with speciality fails for urology, surgery, gastroenterology, plastics and 'other' due to capacity issues which are being addressed through recovery plans
- There were 2 patients waiting more than 52 wks for treatment and 2 patients treated >52 wks in month

Diagnostic waits

- The maximum 6 week waiting time for diagnostics was achieved at 99.4% compared to South of England performance of 97.5% (August)

A&E service quality standards

- Performance was 83.9% against the 95% standard, compared to 86.95% in August and 79.92% in September last year.
- There were no breaches of the 12 hr trolley wait standard

Cancer standards – Provisional

- 6 of the 8 national standards were achieved. 31 day and 31 day subsequent surgery standards not achieved but may recover following validation.
- There were 15 patients waiting more than the new maximum wait standard of 104 days, 7 were clinically complex; 1 currently inpatient and unfit; 1 requires healing time before treatment, 4 were late referrals from other providers and 2 were due to urology capacity issues.

Cancelled operations

- There were 3 breaches of the 0 tolerance 28 day guarantee.
- No urgent operations were cancelled for a second time.

Delayed Transfers of Care

- 2.4% of patients were officially delayed in their transfer of care this is the highest percentage recorded.

National Trust Development Agency Key Indicators	Target	2014/15					2015/16					Change from last mth	Q1	Q2	Yr to date			
		S	O	N	D	J	F	M	A	M	J					J	A	S
% Admitted	90%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
% Non-Admitted	95%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
% Incomplete Pathways < 18 wks	92%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
Incomplete Patients waiting > 52 wks	0	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
Diagnostic waits: 6 weeks	99%	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	
4 hr arrival to admission/transfer/discharge	95%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
12 hr Trolley waits	0	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●	
All 2-week wait referrals	93%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
Breast symptomatic 2-week wait referrals	93%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
31-day diagnosis to treatment	96%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
31-day subsequent cancers to treatment	94%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
31-day subsequent anti-cancer drugs	98%	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●	
31-day subsequent radiotherapy	94%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
62-day referral to treatment	85%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
62-day screening to treatment	90%	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	
Cancer maximum wait to treatment 104 days	0	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	
Urgent Operations cancelled for a 2nd time	0	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●	
Cancelled operations: 28-day guarantee	0	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	
Delayed Transfers of Care	3.5%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	

Responsive

Finance Executive Summary – key exceptions to note

Key Metrics:

- Performance against I&E financial Plan = **£16.0m** adjusted retained deficit plan, moving to a **£9.7m** TDA approved deficit plan.
- Performance against External Financing Limit (EFL) = **£2.5m** year-end cash balance
- Performance against Capital Resource Limit (CRL) = **£20.5m*** net chargeable capital expenditure
- Delivery against CIP and Recovery plan = **£29.95m** (comprising **£16.95m** CIP linked to the original £16m deficit, a further **£6.3m** CIP linked to the reducing the planned deficit to **£9.7m** and a balance of **£6.7m** relating to Recovery initiatives).

*The proposed level of capital spend for 2015/16 has been reduced following a series of reviews to **£15.7m**. The revised figure can be supported by internally generated funds and so has removed the need for external funding. The Board previously agreed that half of the funding be released, with a further review of progress and / or requirements in October, to inform decisions in respect of release of any further funding.

Summary of Performance:

Key financial headlines at the end of September (Month 6)

- In September actual expenditure was **£2.1m** in excess of income. The planned deficit in the month was **£0.4m**. This results in a **£1.7m** adverse variance to plan in month, and a **£5.9m** adverse variance against the revised plan for the year to date.
- The requirement to deliver the revised deficit target of **£9.7m** and to submit a plan to achieve this has resulted in changes and / or updates to the income and the CIP plans of the Trust for the current financial year.
 1. Savings have been profiled to produce a realistic view of delivery from work-streams, with a target year to date of **£6.8m** against which **£5.2m** has been identified as delivered. Recovery of the trust's current variance to plan, together with achieving the new CIP target, requires further actions linked to financial improvement. To that end a Financial Recovery Plan (FRP) was presented to the Trust Board at its July meeting, details of which have been formally communicated to the TDA. Total Recovery initiatives have been used to increase the savings plan to **£23.25m** and then to provide a residual financial improvement requirement of **£6.7m**. The additional recovery sum will be monitored alongside the CIP.
 2. The total 2015-16 clinical income plan has been increased to **£441.2m** (£402.9m NHS PbR income + £38.3m Pass Through Drugs) as a result the most up to date assessment of activity deliver and the impact of actions identified within the Trust's FRP. It should also be noted that further potential over-performance of activity and income plans has been identified as part of the Trust's recovery against the current actual position. The Trust is working with commissioners with a view to achieving alignment of assumptions to ensure any differences are discussed and resolved in order to mitigate associated systems risks.
 3. As in previous months reporting on income provides a 'fast-track' assessment for the reported month, which is followed by a 'final' update once all figures have been validated e.g. allowing for flex and freeze adjustments etc. The fast-track assessment for income in September indicates a **£0.2m** favourable variance to plan, with a favourable variance year to date of **£4.1m** against plan. NB – Within this position previous months i.e. Months 1 to 5, are based on the final, validated, income figures.

Contracts Executive Summary – key exceptions to note

15/16 contracts - Contract information is dependent on validation processes so this report is regarding Month 5

- Month 5 performance against all contracts is over-performing by £9.0 m which includes a £2.0m payment for additional services (so is a true over-performance of £7.0m) (NB Trust expected income target is higher than Contract indicative value).

CCG

- CCG contract is signed by all major CCGs. All unsigned CCGs have agreed the contract values and are paying 12ths payments on time and to a reasonable level, so signature delays are not creating any cash concerns.
- Local CQUIN scheme details are agreed for Elective Schemes. Verbal agreement on principles have been reached for Emergency Schemes and detail is currently under development – Lead - Contracts & Gavin MacDonald.
- Month 5 performance against all CCG contracts is over-performing by £ 8.1 m, although this contains some payments made for services outside of the contract, (real effect £6.1m) NB Trust-expected income target is higher than Contract indicative value.
- Process regarding payments and reinvestments of fines remains under discussion with Commissioners.

NHS England contracts

- NHSE contracts are over-performing by £1.1 m at Month 5, almost all of the over-performance is in Specialised Commissioning.

Contract Notices and Remedial Action Plans in place

- There are no open Remedial Activity Plans or Contract Performance Notices this month.

16/17 Contract

- Commissioning intentions and statutory notices have been exchanged on 30th Sept, being 6 months to the start of the new contract year. Contract negotiations will commence as soon as Commissioners engage. Next steps are probably full-year activity planning using month 6 activity> Local prices and other necessary work is ongoing in Finance.
- CSCs are asked to develop ideas with Contracts on suitable CQUIN schemes for proposal to Commissioners.

Workforce Executive Summary – key exceptions to note

Performance Theme

- Total workforce capacity increased by 59 FTE to 6,753 FTE in September and is 107 FTE over the new establishment. This is an increase of 182 FTE since March 2015.
- Temporary workforce capacity decreased by 22 FTE to 402 FTE in September, a decrease of 80 FTE since March 2015, and comprises 6.0% of the total workforce capacity.
- There are 295 FTE (4.4%) vacancies against total budgeted establishment in September. This is a decrease on the previous month.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 101.1% in September.
- Appraisal compliance has decreased to 84.2% in September, recording slightly below the target of 85%
- Total Essential Skills compliance had decreased in September from 87.5% to 86.1% but remains above the 85% target. There has been a decrease in essential skills compliance across all CSCs in September.
- Information Governance Essential Skills Training has continued to improve and has increased by 0.4% to 92.7% for September, however this remains below the 95% target.
- Fire Safety (face to face training) increased by 2.8% from 66.3% to 69.1% in September, however this remains below the 85% target.
- Annual rolling turnover rate decreased by 0.1% to 10.6% in September.
- In-month sickness absence decreased by 0.1% to 3.1% in August and the 12 month rolling average remained at 3.5%.