



Integrated Performance Report – August 2015

Executive Summary



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Performance Outcomes – August 2015

Integrated Performance Outcomes

- Overall performance against quality of care indicators is very positive for August with the exception of falls, which although has seen an increase in incidents, the incidence per 1000 obd has reduced. There has been continued focus on Friends and Family test.
- A&E performance remains challenging, there were 9,230 type 1 attendances in August equating to an average of 298 per day compared to an average of 277 type 1 attendances per day in August 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% with a maximum occupancy of 95.6% in month, including an average 13 escalation beds open, which has required additional agency staff. Despite these pressures performance improved from 82.3% in July to 86.95% in August. The key area within the Trust 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 and good progress is being made.
- The key area for improvement for partners is the sustainable reduction in the number of patients that do not need to be in an acute bed for their continuing health or social care. The number of patients in this group has grown to over 120, the equivalent of 4 wards. This issue is particularly acute on the MOPRS wards and is being escalated with partners and the CCG to resolve.
- As a consequence of the urgent care challenges and total bed occupancy in July, the Trust experienced significant pressure across several integrated performance measures, with 39 on the day elective cancellations, resulting in 5 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 August 5,334 elective patients were treated, 5.9% (300) more than in August last year.
- The Trust is forecasting achievement of 7 of the 8 national cancer standards, provisionally the 31 day standard has not been achieved but this may be achieved once validation and capture of all treatments is complete. However it is likely the 62 day standard will not be achieved for Q2. There are 9 patients waiting more 104 days for treatment.
- 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 an further increase in substantive staffing for July though this is predominantly the overlap of starters and leavers from the Junior Doctors August changeover and is expected to balance in future months. Temporary staffing use for July has marginally increased and remains consistent with recent months usage to manage additional activity and capacity requirements. A small increase 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 increased in month and is now back above target.

Quality of Care Key Exceptions

August performance

Exceptions to note in performance						
Domain	Indicator	June	July	August	Comment	
Responsive	Patient moves (non-clinical) after midnight	29	56	25	Significant decrease seen in August. The rolling average number of non-clinical moves after midnight each day in August and remains less than 3 non-clinical moves after midnight.	
Safe	C Difficile	1	6	1	After the increase in July, it is noted that 1 C Difficile has been reported in August. There have been no concerns attributable to the increase in July.	
Well-led	Friends and Family Test (FFT)	In-patient response rate	22%	27.7%	27.8%	Response rate in ED has further declined. The department now have a robust plan to increase response rates.
		% recommend positive	96.6%	96.5%	95.52%	
		% recommend negative	0.6%	0.9%	1.2%	
		ED response rate	22.7%	17.5%	13.6%	
Effective	SHMI	107.5	107.5	108.4	The SHMI figure is not consistent with the other Trust mortality indicators and remains under review.	

Quality of Care Overview – August 2015

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

Domain	Performance Indicator	Target	2014/15 Outcome	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Change Month	Q1	Q2	Year to Date 2014/15
Safe	Pressure Ulcer Incidents (grades 3 & 4)	24	24	1	0	1	2	1	↑	2	3	5
	Avoidable hospital acquired Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	58	1	3	2	1	2	↓	6	3	9
	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	747	33	35	22	22	27	↓	90	49	139
	Falls (red & amber incidents)	Monitor	45	4	3	4	7	1	↓	11	8	19
	Falls per 1,000 occupied bed days (resulting in harm)	2.2 or less across the quarter average	-	2	2.5	2.5	2.8	2.0	↓	2.3	2.4	2.4
	Falls risk assessment within 48 hours of admission	95% per month	-	98.0%	98.0%	96.0%	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
	Healthcare Acquired Infection - CDI/F	Monitor	0	0	0	0	0	0	↔	0	0	0
	Healthcare Acquired Infection - CDI/F	40 cases	2	0	0	0	0	0	↔	0	0	0
	Venous Thrombo-embolus screening	95% per month	0	97.12%	0	0	0	0	↔	0	0	0
	Never Events	Zero	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%	↔	92.72%	93.36%	93.04%
	Serious Incidents Requiring Investigation (SIRIs)	Monitor	122	5	4	10	12	8	↔	19	20	39
	SIRIs unresolved >60 days (number)	Monitor	-	1	0	1	0	0	↔	2	0	2
	Patient Safety Incidents (excluding SIRI)	Monitor	8900	782	817	855	732	535	↔	2454	1267	3721
Duty of candour breaches (number)	Zero	1	0	0	0	0	0	↔	0	0	0	
Hospital Acquired VTE SIRIs	Monitor	1	1	0	0	0	0	↔	0	0	0	
Medication Error (red & amber incidents)	to be agreed	18	3	1	2	0	0	↔	6	0	6	
Medication errors per 1,000 occupied bed days (resulting in harm)	1.0 or less across the quarter average	-	1.0	0.9	0.8	0.6	0.4	↔	0.9	0.5	0.7	
CAS Alerts Over Deadline	Monitor	2	0	0	0	0	0	↔	0	0	0	
Effective	Hospital Standardised Mortality Ratio (HSMR)	Within expected range	100.3	101.0	101.2	102.5	102.5	101.5	↔	101.6	102.0	101.8
	Summary Hospital Level Mortality Indicator (SHMI)	Within expected range	107.9	107.5	107.5	107.5	108.4	107.5	↔	107.5	108.0	107.7
	Dementia - case finding question	≥ 90% each quarter	92.2%	89.70%	94.0%	94.6%	95.4%	96.8%	↔	93%	96%	94.43%
	Dementia - Diagnostic Assessment	≥ 90% each quarter	100.0%	100%	100%	100%	100%	100%	↔	100%	100%	100.00%
	Dementia - Care plan on discharge	≥ 90% for quarter 4	-	-	-	-	-	-	-	-	-	-
Caring	Mixed Sex Accommodation Breaches	Zero	0	0	0	0	0	0	↔	0	0	0
	Number of Complaints	Monitor	662	43	44	42	61	57	↔	129	118	247
	Complaints acknowledged < 3 working days	Monitor	100%	98%	100%	98%	100%	100%	↔	99%	100%	99.28%
Responsive	Complaints per 1,000 contacts (all types) (reported 1 month in arrears)	Monitor	0.65	0.70	0.59	0.83	-	-	↔	0.65	0.83	0.74
	PALS transferred to complaints	Monitor	11	0	2	1	5	1	↔	3	6	9
	Patient moves (non-clinical) after midnight	Monitor	-	51	57	29	56	25	↔	137	81	218
Well-led	Friends and Family Test response rate - In-patient and day case	Maximise responses	36.6%	19.10%	24.1%	22.00%	27.70%	27.80%	↔	21.73%	27.75%	24.74%
	Amended data for April, May and June	Maximise responses	15.2%	17.50%	14.60%	22.70%	17.50%	13.60%	↓	18.27%	15.55%	16.91%
	Friends and Family Test response rate - ED	Monitor	-	96.50%	97.30%	96.60%	96.50%	95.52%	↓	96.80%	96.01%	96.41%
	Amended data for April, May and June	Monitor	-	1.10%	0.70%	0.60%	0.90%	1.20%	↓	0.80%	1.05%	0.93%
	Friends and Family Test - percentage recommend (positive)	Maximise responses	93.0%	96.40%	94.80%	91.40%	94.00%	93.20%	↓	94.20%	93.60%	93.90%
	Amended data for April, May and June	Maximise responses	94.1%	96.50%	97.40%	96.60%	96.50%	96.50%	↔	96.83%	96.50%	96.67%
	Friends and Family Test improvement target - Maternity	Maximise responses	92.5%	97.00%	99.10%	99.00%	98.90%	96.70%	↓	98.37%	97.80%	98.08%
	Friends and Family Test - percentage not recommend (negative)	Monitor	-	1.10%	0.70%	0.60%	0.90%	1.20%	↓	0.80%	1.05%	0.93%
	Amended data for April, May and June	Maximise responses	21.4%	17.8%	39.9%	15.9%	29.3%	28.8%	↓	24.53%	29.05%	26.79%

Safety - Overview

Responsive – Operational Overview

Performance Against TDA Accountability Framework - August

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					
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	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	

Excludes Indicators on that monitored on the quality dashboard

bm = benchmarked against all trusts providing these services

Responsive – Operational Overview

NHS Constitution performance against key Standards - August

Referral to Treatment (RTT) Incomplete standard

- This is all patients waiting for treatment (total waiting list) some of whom will be waiting to be seen, have been seen and waiting for diagnostics or waiting for inpatient/daycase treatment. 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 and 'other' due to capacity issues which are being addressed.
- There were no patients waiting more than 52 wks for treatment.

Diagnostic waits

- The maximum 6 week waiting time for diagnostics was achieved at 99.3% compared to South of England performance of 98%

A&E service quality standards

- Performance was 86.9% against the 95% standard, an improved position compared to July (82.3%) and best monthly performance this year. Attendances in August averaged 380 per day compared to 355 a day in August last year.
- There were no breaches of the 12 hr trolley wait standard

Cancer standards - Provisional

- 7 of the 8 national standards were achieved. 31 day standard not achieved but may recover following validation. 62 day first definitive treatment remains a risk for Q2 .
- There were 9 patients waiting more than the new maximum wait standard of 104 days, 6 of these are urology patients and will be treated in September. The remaining breaches are due to complexity and patient compliance.

Cancelled operations

- There were 5 breaches of the 0 tolerance 28 day guarantee.
- No urgent operations were cancelled for a second time.

Delayed Transfers of Care

- 1.7% 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
% 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	95%	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
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 of a Financial Improvement plan (CIP) = **£16.95m**

*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/requirements in October, before releasing the remaining funding.

Summary of Performance:

Key financial headlines at the end of August (Month 5)

- In August actual expenditure was **£4.7m** in excess of income. The planned deficit was **£2.5m**. This results in a **£2.2m** adverse variance to plan in month, and a **£5.2m** adverse variance against plan for the year to date.
It should be noted that the Trust's plan for the year has been amended to reflect the revised, stretch, target of a **£9.7m** deficit as communicated by the TDA. Actual performance will now be monitored against this target rather than the Trust's original planned position (£16m deficit).
- The financial improvement required to achieve the original planned position for the year was set at **£16.95m**. This includes a stretch target of **£2.45m**. Savings (CIP) plans have been profiled to produce a realistic view of delivery from work-streams, with a target year to date of **£4.5m** against which **£3.9m** has been identified as delivered. Recovery of the trust's current variance to plan, together with achieving the new stretch target, requires further actions linked to financial improvement beyond the original £16.95m. 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.
- The total 2015-16 clinical income plan has been increased to **£438m** (£399.7m NHS PbR income + £38.3m Pass Through Drugs) as a result of actions identified within the Trust's FRP. It should also be noted that within the FRP, over-performance against income targets also forms part of the Trust's recovery against the current, actual, position.

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 August indicates a **£1m** adverse variance to plan, with a favourable variance year to date of **£2.8m** against plan. NB – Within this position previous months i.e. Months 1 to 4, 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 4

- Month 4 performance against all contracts is over-performing by £7.6 m which includes a £1.6m payment for additional services (so is a true over-performance of £6.0m) (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 the single major contract item yet to be agreed with local Commissioners.
- Month 4 performance against all CCG contracts is over-performing by £ 7.0 m, although this contains some payments made for services outside of the contract, (real effect £5.4m) 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

- NHS England contract was signed on 8th September.
- NHSE Public Health. Military and Dental Contract details are agreed, although NHSE are expected to sign as one body, not as Associates.
- NHSE contracts are over-performing by £0.8m at Month 4, 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.

Other Items to note

- Although local CQUINs have not been finalised, some local CQUIN schemes as they are understood by the Trust have begun already in advance of final agreement by CCGs.

Workforce Executive Summary – key exceptions to note

Performance Theme

- Total workforce capacity decreased by 50.7 FTE to 6,694.8 FTE in August and is 76 FTE over the new establishment. This is an increase of 124 FTE since March 2015.
- Temporary workforce capacity decreased by 60.9 FTE to 424.2 FTE in August.
- There are 348 FTE (5.3%) vacancies against total budgeted establishment and remains the same rate as previous month.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 100.4% in August.
- Appraisal compliance has remained at 84.9% in August, recording slightly below the target of 85%
- Total Essential Skills compliance had increased in August from 85.8% to 87.5% and improvements in compliance has been seen across all CSCs throughout August.
- Information Governance Essential Skills Training has continued to improve and has increased by 1% to 92.3% for August, however this remains below the 95% target.
- Fire Safety (face to face training) increased by 3.3% from 63.0% to 66.3% in August, however this remains below the 85% target.
- Annual rolling turnover rate increased by 0.1% to 10.7% in August.
- In-month sickness absence decreased by 0.2% to 3.2% in July and the 12 month rolling average remained at 3.5%.