



Integrated Performance Report – July 2015

Executive Summary



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Performance Outcomes – July 2015

Integrated Performance Outcomes

- Overall performance against quality of care indicators is very positive for July with the exception of falls, which although has seen an increase in incidents, the incidence per 1000 obd has reduced. To note the data issues in July regarding the Friends and Family test. Excellent outcome for the PLACE assessment with QAH scoring above average in all five domains.
- Following a further inspection of the Trusts Emergency Department, England's Chief of Hospitals has lifted the inadequate rating and changed this to requires improvement. The Trust recognises that there is still work to do and this is in progress.
- A&E performance remains challenging, there were 9,620 type 1 attendances in July equating to an average of 310 per day compared to an average of 270 type 1 attendances per day in March. Emergency admissions were also up by the equivalent of an extra ward, with a conversion rate of 36%. The average bed occupancy for the Trust was 95.8% with a maximum occupancy of 97.9% in month, including an average 19 escalation beds open, which has required additional agency staff. The increased demand, meant performance was 82.3% in July compared to 85.3% in June. 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 health and social care organisations are able to support, particularly at week-ends.
- 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 59 on the day elective cancellations, resulting in 4 breaches of the 28 day guarantee. Focus on incomplete performance and treatment of patients according to clinical priority and wait will to show a benefit from August onwards in reducing the number of long waiters. In July 5,976 elective patients were treated, 5.9% (333) more than in July last year.
- The Trust is forecasting achievement of 6 of the 8 national cancer standards, provisionally the 62 day standard and 62 day screening standards have not been achieved and there is a risk to both standards for Q2, but work to provide additional surgical capacity and pull forward breach patients should enable the Trust to deliver from end of Q2 as planned. The number of patients waiting more 104 days for treatment was 4, 2 of these were late referrals from other trusts received after 104 days.
- 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

July performance

Exceptions to note in performance								
Domain	Indicator		April	May	June	July	Variance (June-July)	Comment
Safe	Falls		-	3	4	7	▲3	Increase in falls incidents, but decrease in falls resulting in harm per 1,000 occupied bed days in July, 2.0 compared to 2.4 in June (note not all incidents included).
	Serious Incidents Requiring Investigation (SIRIs)		-	4	10	12	▲2	Increase in number of SIRIs again in July. 5 x falls with fracture, 2 x pressure ulcers, 5 x miscellaneous.
Caring	Patient-Led Assessment of the Care Environment (PLACE) 2015		-	n/a				QAH scored above the national average in all 5 domains (cleanliness, food, privacy, dignity and wellbeing, condition, appearance and maintenance and dementia).
Responsive	Patient moves (non-clinical) after midnight		-	57	29	56	▲27	Significant increase in July. Rolling average number after midnight each day is 1.8; less than the internal standard of <3 non-clinical moves after midnight.
Well-led	In-patient response rate	Previous	36.5%	54.0%	48.8%	-	-	During analysis of July data, Information Services identified an issue which affected the calculation of the number of patients eligible to complete the in-patient survey. This affects submitted data for April, May and June; the result being over reporting in the In-patient response percentage and percentage to recommend rates.
		Validated	19.1%	24.1%	22.0%	27.7%	▲5.7%	
	% recommend positive	Previous	96%	96.4%	94.0%	94.0%	-	
		Validated	96.5%	97.3%	96.6%	96.5%	▼0.1%	
	% recommend negative	Previous	1.0%	1.1%	1.2%	-	-	
		Validated	1.1%	0.7%	0.6%	0.9%	▲0.3%	
ED response rate		-	14.6%	22.7%	17.5%	▼5.2%	A decrease has been seen in the number of responses for the Emergency Department, new methods for encouraging patients to complete the survey are being discussed for with senior members of the nursing team; they continue to be encouraged to promote the survey.	

Improvement in performance (2 months or more)

Medication incidents per 1,000 obd
(note: not all incidents included)

Dementia case finding
(3 months of improvement)

Quality of Care Overview – July 2015

Key:	Performance Indicator	Target	2014/15 Outcome	2015/16					Change Month on Month	Q1	Q2	Year to Date 2014/15
				Apr-15	May-15	Jun-15	Jul-15	Aug-15				
→	Pressure Ulcer Incidents (grades 3 & 4)	24	24	1	0	1	2	2	2	2	4	
	Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	58	1	3	2	1	1	6	1	7	
→	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	747	32	45	24	13	101	13	144		
	Falls (red & amber incidents)	Monitor	45	3	3	4	7	10	7	17		
→	Falls per 1,000 occupied bed days (resulting in harm)	2.2 or less across the quarter average	-	1.9	2.4	2.4	2.0	2.2	2.0	2.1		
	Falls risk assessment within 48 hours of admission	95% per month	-	98.0%	98.0%	96.0%	95.0%	97.3%	95.0%	96.17%		
→	Healthcare Acquired Infection - MRSA (Avoidable)	Zero	0	0	0	0	0	0	0	0		
	Healthcare Acquired Infection - CDI/F	Monitor	40	0	0	0	0	0	0	0		
→	Healthcare Acquired Infection - CDI/F	40 cases	2	0	0	0	0	0	0	0		
	Venous Thrombo-embolus screening	95% per month	97.12%	2	2	1	6	5	6	11		
→	Never Events	Zero	0	0	0	0	0	0	0	0		
	Patient Safety Thermometer - % Harm Free Care	Monitor	-	91.39%	92.57%	94.21%	93.15%	92.72%	93.15%	92.94%		
→	Serious Incidents Requiring Investigation (SIRIs)	Monitor	122	5	4	10	12	19	12	31		
	SIRIs unresolved >60 days (number)	Monitor	-	1	0	1	0	2	0	2		
→	Patient Safety Incidents (excluding SIRI)	Monitor	8900	777	773	784	486	2334	486	2820		
	Duty of candour breaches (number)	Zero	1	0	0	0	0	0	0	0		
→	Hospital Acquired VTE SIRIs	Monitor	1	0	0	0	0	0	0	0		
	Medication Errors (red & amber incidents)	to be agreed	18	2	0	1	0	3	0	3		
→	Medication errors per 1,000 occupied bed days (resulting in harm)	1.0 or less across the quarter average	-	0.9	0.9	0.6	0.4	0.8	0.4	0.6		
	CAS Alerts Over Deadline	Monitor	2	0	0	0	0	0	0	0		
→	Hospital Standardised Mortality Ratio (HMSR)	Within expected range	100.3	101.0	101.2	102.5	102.5	101.6	102.5	102.0		
	Summary Hospital Level Mortality Indicator (SHMI)	Within expected range	107.9	107.5	107.5	107.5	107.5	107.5	107.5	107.5		
→	Dementia - case finding question	≥ 90% each quarter	92.2%	89.70%	94.0%	94.6%	95.4%	93%	95%	94.08%		
	Dementia - Diagnostic Assessment	≥ 90% each quarter	100.0%	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		
→	Number of Complaints	Monitor	662	43	44	42	61	129	61	190		
	Complaints acknowledged < 3 working days	Monitor	100%	98%	100%	98%	100%	99%	100%	99.28%		
→	Complaints per 1,000 contacts (all types) (reported 1 month in arrears)	Monitor	-	0.65	0.7	0.6	-	0.65	-	0.65		
	PALS transferred to complaints	Monitor	11	0	2	1	5	3	5	8		
→	patient moves (non-clinical) after midnight	Monitor	-	51	57	29	56	137	56	193		
	Friends and Family Test response rate - In-patient and day case	Maximise responses	36.6%	19.10%	24.1%	22.00%	27.70%	21.73%	27.70%	24.72%		
→	Friends and Family Test response rate - ED	Maximise responses	15.2%	17.50%	14.60%	22.70%	17.50%	18.27%	17.50%	17.88%		
	Friends and Family Test - percentage recommend (positive)	Monitor	-	96.50%	97.30%	96.60%	96.50%	96.80%	96.50%	96.65%		
→	Friends and Family Test - percentage not recommend (negative)	Monitor	-	1.10%	0.70%	0.60%	0.90%	0.80%	0.90%	0.85%		
	Friends and Family Test improving positive responses - ED	Maximise responses	93.0%	96.40%	94.80%	91.40%	94.00%	94.20%	94.00%	94.10%		
→	Friends and Family Test improving positive responses - In-patient	Maximise responses	94.1%	96.50%	97.40%	96.60%	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%	98.37%	98.90%	98.63%		
→	Friends and Family Test response rate (Maternity)	Monitor	21.4%	17.8%	39.3%	15.9%	29.3%	24.53%	29.30%	26.92%		

Safety - Overview



Responsive – Operational Overview

Performance Against TDA Accountability Framework - July

National Trust Development Agency Key Indicators		Target	2014/15								2015/16				Change from last mth	Q1	Q2	Yr to date
			A	S	O	N	D	J	F	M	A	M	J	J				
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	●	●	●	●	●	●	●	●	●	●	↑	●	●	●		



NHS Constitution performance against key Standards - July

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 and Gastroenterology due to capacity issues which are being addressed. T&O achieved the standard for the first time since December
- There were no patients waiting more than 52 wks for treatment.

Diagnostic waits

- The maximum 6 week waiting time for diagnostics was achieved at 99.18% compared to South of England performance of 97.99%

A&E service quality standards

- Performance was 82.25% against the 95% standard, a worsened position compared to June (85.3%) There was a significant increase in demand during July with an average of 403 attends per day compared to 391 last July when performance was 82.18%
- There were no breaches of the 12 hr trolley wait standard

Cancer standards - Provisional

- 6 of the 8 national standards were achieved. 62 day first definitive treatment and screening were not achieved . 62 day first definitive is at risk for Q2.
- There were 4 patients waiting more than the new maximum wait standard of 104 days, 2 of these were due to referrals received at more than 104 days from other Trusts.

Cancelled operations

- There were 4 breaches of the 0 tolerance 28 day guarantee.
- No urgent operations were cancelled for a second time.

Delayed Transfers of Care

- 1.4% of patients were officially delayed in their transfer of care this is the highest percentage recorded since March.

National Trust Development Agency Key Indicators	Target	2014/15						2015/16			Change from last mth	Q1	Q2	Yr to date	
		A	S	O	N	D	J	F	M	A					M
% Admitted	90%	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
% Non-Admitted	95%	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
% Incomplete Pathways < 18 wks	92%	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
Incomplete Patients waiting > 52 wks	0	●	●	●	●	●	●	●	●	●	●	→	●	●	●
Diagnostic waits: 6 weeks	98%	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
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%	●	●	●	●	●	●	●	●	●	●	↓	●	●	●
Responsive 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%	●	●	●	●	●	●	●	●	●	●	↓	●	●	●

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 subject to further review. A reduced programme has now been agreed which is supported by internally generated funds and has so removed the need for external funding. It has been agreed via the Trust Board that half of the programme funding will be released now, with a further review of progress/requirements in October.

Summary of Performance: Key financial headlines at the end of July (Month 4)

- In July actual expenditure was **£1.1m** in excess of income. The planned deficit was **£1.9m**. This results in a **£0.8m** favourable variance to plan in month, a **£3.0m** adverse variance to plan for the year to date. It should be noted that these results use the revised profile for income highlighted previously, and this together with the phasing of deployment of centrally held funds creates a difference when compared to the trust's TDA return as this is still based on the original phasing profile.
- The overall financial improvement required this year by the Trust has been set at **£16.95m**. This includes a stretch target of **£2.45m**. The savings (CIP) plans have been profiled to produce a realistic view of delivery from work-streams. The target year to date is **£3.29m** with delivery tracked at **£2.56m**. Recovery of the trust's current variance to plan will necessitate further actions linked to financial improvement beyond the original £16.95m.
- The total 2015-16 clinical income plan was shown as **£429.8m** in Month 1. This is now shown as **£436.1m** (£397.8m NHS PbR income + £38.3m Pass Through Drugs) as income previously identified under the category of 'Other Income' e.g. CDF (cancer drugs fund) & DSC Physiotherapy, has been moved into Clinical Income, which is consistent with how it appears on returns to the TDA.
- Initially the income plan had been phased based on calendar days. This approach has been revisited and updated based on previous actual performance in order to give a more accurate reflection. This has been communicated to the TDA and the trust is currently exploring the possibility of altering its planning submission to this revised profile. Based on the revised phasing the estimated clinical income position for Month 4, year to date, is a favourable variance of **£3.9m**.

Contracts Executive Summary – key exceptions to note

15/16 contracts - Contract information is dependent on validation processes so this report is regarding Month 3.

- Month 3 performance against all contracts is over-performing by £2.8 m which includes a £0.5m payment for additional services (so is a true over-performance of £2.3m) (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 3 performance against all CCG contracts is over-performing by £ 4.8 m, although this contains some payments made for services outside of the contract, (real effect £3.7m) 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

- Specialised Commissioners have signed a memorandum of agreement, and signed contracts are anticipated by early September pending resolution of the Detailed Indicative Activity Plan (IAP) values.
 - This detail is significantly important this year, due to NHS England's approach to the 'Stated Base Value' payment thresholds in current guidance, which depend on previous year's IAP.
- 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 £360k at Month 3, almost all of the over-performance is in Specialised Commissioning . (NB Trust expected income target is £330k higher than NHSE's suggested contract indicative value at Month 3).

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

- Some 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 increased by 56 FTE in July to 6,745 FTE as a result of increases in substantive staffing and to a lesser extent temporary staffing, though some of this will include overlap of starters and leavers as is customary during the August Junior Doctor changeover. This will balance out in August.
- Temporary Workforce increased by 4 FTE in July to 485 FTE.
- There are 350 FTE (5.2%) vacancies against total budgeted establishment of which 233 are registered nurses and midwives.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 101.9% against planned requirements for July.
- Appraisal Compliance decreased from 86.8% to 84.9% in July and targeted work has resumed to improve compliance.
- Total Essential Skills Compliance rates increased from 83.7% to 85.8% in July.
- Information Governance Essential Skills Training increased by 0.2% to 91.3% in July however remains below the target of 95%.
- Fire Safety (classroom based) has increased in July from 60.6% to 63.0%.
- Staff Turnover decreased by 0.3% to 10.6% in July.
- In-month sickness absence rate increased by 0.1% to 3.4% in June and 12 month rolling average remained at 3.5%.