



Integrated Performance Report – May 2015

Executive Summary



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Performance Outcomes – May 2015

Integrated Performance Outcomes

- A&E performance remains challenging, there were 9,196 type 1 attendances in May (calendar month) equating an average of 297 per day compared to an average of 270 type 1 attendances per day in March and 291 per day in April. Emergency admissions were also up by the equivalent of an extra ward, despite a stable conversion rate of 36%. The average bed occupancy was 94.5% with a maximum occupancy of 96.7% in month and up to 37 escalation beds open. These factors combined contributed to a drop in performance to 79% despite significant improvements in time to first triage, first assessment and plan and medical review. A key component of the phase 2 plan is to reduce bed occupancy down towards 90% for urgent care, in line with the capacity plan for 2015/16.
- As a consequence of the urgent care challenges and total bed occupancy at 94.7% in May, the Trust experienced significant pressure across several integrated performance measures, with 58 on the day elective cancellations due to unscheduled care pressures, compared to 25 last May and this has resulted in breaches 6 of the 28 day guarantee, some of which were due to patients being cancelled for a second time just before their breach date. The Trust achieved all 3 key RTT standards at aggregate level and continues to achieve the diagnostic 6 week standard. During May the trust treated 208 (4%) more elective patients than in May last year
- The Trust is forecasting achievement of 7 of the 8 national cancer standards, and has provisionally achieved 62 day first definitive treatment. Breast symptomatic 2 wk wait however has not been achieved and is at risk for the quarter.
- The 2015-16 Income and Expenditure annual plan delivers a £16m deficit position. The year to date Income and Expenditure financial position was a £6.1m deficit against a planned deficit of £4.3m. 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 £20.5m net charge of capital expenditure. This figure is still under review. (NB an undershoot against the CRL is permissible).
- The Trust is in the process of finalising the quality indicators as part of CQUIN and quality contract. No exceptions to note in May.
- There has been an increase in substantive staffing for May into the Trust as recruitment continues. Temporary staffing levels have started to reduce, though a significant level has still been required as a result of additional activity and capacity requirements. Reductions have observed in and essential skills compliance due to the introduction of 2 new essential skills whilst sickness absence and appraisal compliance have improved.

Quality of Care Overview – May 2015

Safety - Overview

Key:	Type	Performance Indicator	Target	2014/15 Outturn	2015/16			Change Month on Month	Q1	Year to Date 2014/15	
					Mar-15	Apr-15	May-15				
↑ Performance Improving ↓ Performance Worsening → Performance the same No concerns Some concerns: action required to remain on track Significant risk: action required to achieving target	Safe	Pressure Ulcer Incidents (grades 3 & 4) Avoidable hospital acquired	24	24	1	1	0	↑	1	1	
		Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	58	3	1	3	↓	4	4	
		Pressure Ulcer Incidents (grades 1 & 2)	Monitor	747	33	32	36	↓	68	68	
		Falls (red & amber incidents)	to be agreed	45	2	3	3	→	6	6	
		Falls risk assessment within 48 hours of admission	95% per month	-	-	98.0%	98.0%	→	98.0%	98.00%	
		Healthcare Acquired Infection - MRSA (Avoidable)	Zero	0	0	0	0	→	0	0	
		Healthcare Acquired Infection - MRSA (Unavoidable)	Monitor	2	0	0	0	→	0	0	
		Healthcare Acquired Infection - CDI/FI	40 cases	40	1	2	2	→	4	4	
		Venous Thrombo-embolus screening	95% per month	97.12%	97.20%	97.30%	97.50%	↑	97.40%	97.40%	
		Never Events	Zero	0	0	0	0	→	0	0	
		Patient Safety Thermometer - % Harm Free Care	Monitor	-	92.81%	91.39%	92.57%	↑	91.98%	91.98%	
		Serious Incidents Requiring Investigation (SIRIs)	Monitor	122	9	5	4	↑	9	9	
		SIRIs unresolved >45 days (number)	Monitor	-	6	1	0	↑	1	1	
		Patient Safety Incidents (excluding SIRI)	Monitor	8900	766	701	554	↑	1255	1255	
		Duty of candour breaches (number)	Zero	1	0	0	0	→	0	0	
		Hospital Acquired VTE SIRIs	Monitor	1	0	0	0	→	0	0	
		Medication Errors (red & amber incidents)	to be agreed	18	3	2	1	↑	3	3	
		CAS Alerts Over Deadline	Monitor	2	1	0	0	→	0	0	
		Effective	Hospital Standardised Mortality Ratio (HMSR)	Within expected range	100.3	100.3	101.0	101.2	→	101.1	101.1
			Summary Hospital Level Mortality Indicator (SHMI)	Within expected range	107.9	107.9	107.5	107.5	→	107.5	107.5
Caring	Dementia - case finding question	≥ 90% each quarter	92.2%	89.90%	89.70%	94.0%	↑	92%	91.9%		
	Dementia - Diagnostic Assessment	≥ 90% each quarter	100.0%	100%	100%	100%	→	100%	100.0%		
	Dementia - Care plan on discharge	≥ 90% for quarter 4	-	-	-	-	-	-	-		
	Mixed Sex Accommodation Breaches	Zero	0	0	0	0	→	0	0		
Responsive	Number of Complaints	Monitor	662	57	43	44	↓	87	87		
	Complaints acknowledged < 3 working days	Monitor	100%	100%	98%	100%	↑	99%	99%		
	Complaints per 1,000 contacts (all types) - reported 1 month in arrears	Monitor	-	-	0.65	-	-	0.65	0.65		
	PALs transferred to complaints	Monitor	11	1	0	2	↓	2	2		
	Patient moves (non-clinical) after midnight	Monitor	-	54	51	57	↓	108	108		
Well-led	Friends and Family Test response rate - In-patient	Maximise responses	36.6%	39.20%	36.50%	54.00%	↑	45.25%	45.25%		
	Friends and Family Test response rate - ED	Maximise responses	15.2%	18.50%	17.50%	14.60%	↓	16.05%	16.05%		
	Friends and Family Test - percentage recommend (positive)	Monitor	-	96.0%	96.70%	96.40%	↓	96.55%	96.55%		
	Friends and Family Test - percentage not recommend (negative)	Monitor	-	1.50%	1.00%	1.10%	↓	1.05%	1.05%		
	Friends and Family Test improving positive responses - ED	Maximise responses	93.0%	95.60%	96.40%	94.80%	↓	95.60%	95.60%		
	Friends and Family Test improving positive responses - In-patient	Maximise responses	94.1%	96.50%	97.00%	97.40%	↑	97.20%	97.20%		
	Friends and Family Test improvement target - Maternity	Maximise responses	92.5%	100.00%	97.00%	99.10%	↑	98.05%	98.05%		
	Friends and Family Test response rate (Maternity)	Monitor	21.4%	15.1%	17.8%	39.9%	↑	28.85%	28.85%		



Responsive – Operational Overview

Performance Against TDA Accountability Framework - May

National Trust Development Agency Key Indicators		Target	2014/15										2015/16		Change from last mth	Q1	Yr to date	
			J	J	A	S	O	N	D	J	F	M	A	M				
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%	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
	Outpatient Cancellation rate	bm	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●
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



NHS Constitution performance against key Standards - May

Responsive

Referral to Treatment (RTT) standards

- The Trust achieved all 3 of the RTT standards at aggregate level, there were speciality level fails of the standard in urology, colorectal, T&O (spines) and Gastroenterology due to capacity issues which are being addressed.
- There were no patients waiting more than 52 wks for treatment. However there were 2 patients who were treated over 52 weeks in month.

Diagnostic waits

- The maximum 6 week waiting time for diagnostics was achieved.

A&E service quality standards

- The national four-hour wait target was not achieved in May, performance was 78.96% against the 95% standard.
- There were no breaches of the 12 hr trolley wait standard

Cancer standards - Provisional

- 7 of the 8 national standards were achieved. Breast symptomatic 2 week wait was not achieved.
- There were 10 patients waiting more than the new maximum wait standard of 104 days.

Cancelled operations

- There were 6 breaches of the 0 tolerance 28 day guarantee.
- No urgent operations were cancelled for a second time.

Delayed Transfers of Care

- 1.1% of patients had a delayed transfer of care

National Trust Development Agency Key Indicators	Target	2014/15												2015/16		Change from last mth	Yr to date			
		J	J	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	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%	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
Outpatient Cancellation rate	bm	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●

Responsive

Finance Executive Summary – key exceptions to note

Key Metrics:

- Performance against I&E financial Plan = **£16.0m** adjusted retained 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. The challenge is to produce a programme in line with internally generated funds in order to reduce the requirement for external funding in this area. The trust has made the TDA aware of the work being undertaken.

Summary of Performance:

Key financial headlines at the end of May (Month 2)

- In May actual expenditure was **£3.2m** in excess of income resulting in a **£1.3m** adverse variance to plan in month and **£1.83m** adverse variance to plan for the year to date. It should be noted that these results use the revised profile for income described below. Using the original income phasing would result in an adverse variance to plan (year to date) of **£2.75m**. This figure that will appear on 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 original target for months 1 and 2 was **£0.79m**, delivery of savings has been re-assessed and the revised target is **£1.05m** year to date. Delivery against this has been tracked at **£0.85m**.
- The total 2015-16 clinical income plan was shown as **£429.8m** in Month 1. This is now shown as **£435.9m** 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 a calendar days. This approach has been revisited and compared against average monthly actuals over a 3-year period. As a result it is proposed that actual performance is compared against this profile rather than calendar days, 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 described above actual income for Month 1 resulted in a favourable variance of **£0.77m**. Due to the timetable for producing actual income results reporting is effectively a month in arrears. Work is underway to address this, with a view to speeding up the process, but in the meantime current month reporting will be assumed to be on plan and then updated with actual results as they become available.

Contracts Executive Summary – key exceptions to note

15/16 contracts - Contract information is dependent on validation processes so this report is regarding Month 1.

- Month 1 performance against all contracts is over-performing by £2.0m (NB Trust expected income target is higher than Contract indicative value).

CCG

- CCG contract is signed by major CCGs, with some associates still to sign or agree an indicative activity plan.
- All unsigned CCGs 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 1 performance against all CCG contracts is over-performing by £1.8 m (NB Trust expected income target is higher than Contract indicative value).
- Process regarding payments and reinvestments of fines, especially around unscheduled care, remains under discussion with Commissioners..

NHS England contracts

- Specialised Commissioners have signed a memorandum of agreement, and signed contracts are anticipated by early June pending guidance and advice as below.
- The outstanding issues with Specialised Commissioners are:
 - Application of 'SBV' payment thresholds within guidance
 - Detailed Indicative Activity Plan values
 - Agreement of Clinical Utilisation Review CQUIN
 - Process for ensuring the 15/16 Plan is updated to include demand-led pressures.
- 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 £200k at Month . (NB Trust expected income target is higher than Contract indicative value).

Contract Notices and Remedial Action Plans in place

- One RAP with local CCG Commissioners– Electronic Discharge Summaries, has been agreed as closed. The Trust await formal notification.

Workforce Executive Summary – key exceptions to note

Performance Theme

- Total Workforce Capacity decreased by 17 FTE in May to 6,621 FTE as a result of increases in substantive staffing and reductions in temporary staffing.
- Temporary Workforce decreased by 42 FTE in May to 439 FTE.
- There are 316 FTE (4.9%) vacancies against total budgeted establishment of which 218 are registered nurses and midwives.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 101.7% against planned requirements for May.
- Appraisal Compliance increased from 83.5% to 83.6% in May.
- Total Essential Skills Compliance rates decreased by 4.8% to 82.8% in May, as a result of the introduction of 2 new essential skills, Deprivation of Liberty Safeguards (DOLS) and Mental Capacity Act (MCA), and it is anticipated that compliance will increase over the next 2 months to bring Essential skills back above the target of 85%.
- Information Governance Essential Skills Training increased by 0.6% to 90.3% in May and remains below the target of 95%.
- Fire Safety (classroom based) has decreased in May from 59.6% to 58.3%.
- Staff Turnover increased by 0.1% to 10.9% in May.
- In-month sickness absence rate decreased by 0.5% to 2.9% in April and 12 month rolling average remained at 3.5%.