



Integrated Performance Report – March 2016 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 – March 2015

Integrated Performance Outcomes

- Year end overall performance against the quality of care indicators remains positive. The Trust has seen significant improvement in the reduction of hospital acquired infection and hospital acquired pressure ulcers. The Trust has been performing consistently over the year against the majority of quality metrics. There has been continued focus on improving the Trust position in relation to Friends and Family, patient moves for non-clinical reasons and reducing medication errors and falls resulting in moderate or severe harm.
- A&E performance remains challenging, there were 9,537 type 1 attendances in March equating to an average of 308 per day compared to an average of 282 type 1 attendances per day in March last year. Emergency admissions were the highest this year at 4,689 compared to 4,391 in March last year, although the conversion rate for A&E attendance to admission was low at 32%. The average bed occupancy for the Trust was 96.2% comparable to February, with a maximum occupancy of 97.7% in month. There were an average 35 escalation beds open and a maximum of 42, which required additional agency staff. As a result of these pressures performance was 75.9%. 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.
- In recognition of the continuing challenging unscheduled care position the elective programme continued to be significantly reduced during March focusing on urgent and day case treatment, as a result there were 66 on the day cancellations and 1 breach of the 28 day guarantee. The RTT incomplete standard was not achieved for the first time.
- The Trust is forecasting achievement of 6 of the 8 national cancer standards, provisionally, 31 day FDT and 62 day FDT have not been achieved. All are expected to improve once validation is completed and capture of all treatments is completed. There were 5 patients provisionally treated outside the 104 day maximum wait standard.
- The 2015-16 Income and Expenditure plan delivers a £9.7m deficit stretch target in the year. The final Income and Expenditure financial position was a £23.48m deficit. The annual CIP target was £29.95m following the inclusion of the stretch target and additional recovery actions. Full-year delivery was £15.3m. The 2015-16 Capital Resource Limit (CRL) was £15.7m net charge of capital expenditure against which the Trust spent £8.7m by the financial year end. The 2015-16 External Financing Limit (EFL) was set at £2.5m year-end cash balance. The Trust had a cash balance of £2.7m at the end of March 2016.
- The total workforce capacity increased in month in March. The temporary workforce in March decreased in month and comprises of 6.2% of the total workforce capacity. The trust currently holds 211 FTE vacancies against budgeted establishment, this is a decrease compared to the previous month reported. Total essential skills have increased to 87.5% and is above the 85% target, however appraisal compliance decreased to 79.9% and records below the 85% target. In-month sickness Absence has continually risen over 6 consecutive months and currently reports at 3.9% in February.

Quality of Care Key Exceptions

March performance

Exceptions to note in performance						
Domain	Indicator	Jan.	Feb.	March	Comment	
Safe	Pressure Ulcers Grade 3 or 4 hospital acquired	1 (grade 3)	0 (grade 3)	2 (grade 3)	<ul style="list-style-type: none"> 2 avoidable grade 3 pressure ulcers in March. 0 (zero) grade 4 pressure ulcers in 2015/2016. Year to date position of 15 avoidable grade 3 and zero grade 4 hospital acquired pressure ulcers; a reduction of 9 pressure ulcers from 2014/2015. 	
	C.Difficile	7	2	2	<ul style="list-style-type: none"> Year to date position of 29 C.Diff cases against a year-end trajectory of 40; a reduction of 11 cases from 2014/2015. 	
	SIRIs	10	14	23	<ul style="list-style-type: none"> 23 SIRIs were reported in March compared to 14 in February. This steep increase is explained by the 14 instances of 12 hour DTA breaches; there was also 1 VTE SIRI, the first in 2015/2016. 	
	National Reporting and Learning System (NRLS)				<ul style="list-style-type: none"> An improvement noted in the latest published report which covers the period April to September 2015. Increase in number of reported incidents and Trust ranking has improved, however, remains in the bottom 25%. 	
Caring	End of Life Care				<ul style="list-style-type: none"> The Trust performed well in the National Care of the Dying Audit, performing above average in the majority of domains. A Non-Executive Director has been appointed as a lay Board member. The End of Life action plan has been further developed and is working well. End of Life Care to be discussed at a Trust Board workshop in the near future. 	
Responsive	Patient moves (non-clinical) after midnight	96	88	135	<ul style="list-style-type: none"> The number of non-clinical moves after midnight increased from 88 in February (average 3 per day) to 135 in March (average 4.4 per day). An increase has also been seen in the number of reported non-clinical moves between 2100 and midnight, from 133 (average 4.6 per day) in February to 159 (average 5.1 per day) in March. It is to be noted that the number of moves continue to be informed by the high level of medically fit for discharge patients that remain in acute beds and the requirement to create acute bed capacity. 	
Well-led	Friends and Family Test	In-patient response rate	22.6%	25.3%	26.8%	<ul style="list-style-type: none"> The total number of responses for both ED and in-patients has increased slightly from 3,391 in February to 4,086 in March. There is targeted focus with areas that have seen a decrease in the number of responses. The reported percentage positive recommendations remains consistent with the national average, however; there has been a continued deterioration in the negative percentage to recommend.
		ED response rate	12.8%	15.4%	18.8%	
		% recommend positive	96.1%	96%	95.3%	
		% recommend negative	0.6%	1.0%	1.6%	

Quality of Care Overview – March 2016

Domain	Performance Indicator	Target	2014/15 Outcome	2015/16												Change Month on Month	Q1	Q2	Q3	Q4	Year to Date 2015/16			
				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16									
Safe	Pressure Ulcer Incidents (grades 3 & 4)	24	24	1	0	1	2	1	1	1	5	1	0	1	0	1	0	2	2	4	4	6	3	15
	Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	58	2	4	3	1	2	6	3	3	1	0	1	1	1	2	6	9	9	9	4	9	31
	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	747	34	35	23	23	31	13	13	6	2	9	20	10	10	12	12	92	67	17	42	218	
	Falls (red & amber incidents)	Monitor	46	4	3	4	6	2	2	2	8	4	3	5	4	4	4	4	11	10	15	13	49	
	Falls per 1,000 occupied bed days (resulting in harm)	2.2 or less across the quarter AVERAGE	-	1.9	2.4	2.4	2.7	2.5	2.3	2.3	2.9	2.3	2.1	2.7	2.9	1.6	2.2	2.2	2.2	2.5	2.4	2.4	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%	95.0%	95.0%	95.0%	95.0%	-	97.0%	98.0%	96.0%	97.0%	97.0%	97.3%	95.0%	96.0%	97.0%	96.33%	
	Healthcare Acquired Infection - MISA (Avoidable)	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Healthcare Acquired Infection - MISA (Unavoidable)	Monitor	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Healthcare Acquired Infection - C/D/DI	40 cases	40	2	2	1	6	1	1	1	3	1	1	1	1	1	1	2	2	5	8	5	11	29
	Healthcare Acquired Infection - screening	95% per month	97.12%	97.30%	97.50%	98.20%	97.40%	97.70%	97.50%	97.50%	97.40%	97.85%	97.53%	97.53%	97.60%	97.15%	96.40%	97.67%	97.53%	97.53%	97.69%	97.05%	97.49%	
	Newer Events	Zero	0	0	0	0	0	0	0	0	0	0	0	0	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%	95.40%	95.94%	95.94%	95.19%	94.02%	94.34%	93.76%	92.72%	92.72%	93.70%	95.51%	94.04%	93.99%		
	Serious Incidents Requiring Investigation (SIRIs)	Monitor	122	5	4	10	12	8	6	14	14	10	9	10	14	23	19	26	33	47	125			
	SIRIs unresolved >60 days (number)	Monitor	8900	828	888	959	942	911	1124	1223	1144	983	1004	934	615	2675	2977	3350	2553	11555				
	Duty of candour breaches (number)	Zero	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Hospital Acquired VTE SIRIs	Monitor	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1		
Medication Errors (red & amber incidents)	Monitor	18	3	1	2	1	4	4	4	2	1	2	2	2	0	6	9	5	2	22				
Medication errors per 1,000 occupied bed days (resulting in harm)	1.0 or less across the quarter AVERAGE	-	0.9	0.9	0.9	0.9	0.8	1.1	0.8	0.8	0.7	0.7	0.5	0.7	0.3	0.9	0.9	0.7	0.5	0.8				
CAS Alerts Over Deadline	Monitor	2	0	0	0	0	0	0	0	0	0	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	101.5	100.52	100.28	101.48	102.51	102.45	101.72	100.64	101.6	101.5	101.4	101.6	101.5				
Summary Hospital Level Mortality Indicator (SHMI)	Within expected range	107.9	107.5	107.5	107.5	107.5	108.4	108.4	108.01	108.01	108.01	108.01	105.37	108.01	105.45	107.5	108.1	108.0	106.28	107.5				
Dementia - case finding question	≥ 90% each quarter	92.2%	89.70%	94.0%	94.6%	95.4%	96.8%	97.3%	95.4%	95.4%	95.6%	96.0%	95.2%	96.4%	92.8%	92.8%	96.5%	96.2%	95.9%	95.33%				
Dementia - Diagnostic Assessment	≥ 90% each quarter	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
Dementia - Care plan on discharge	≥ 90% for quarter 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Mixed Sex Accommodation Breaches	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Number of Complaints	Monitor	662	43	44	42	61	57	55	58	64	39	58	67	61	61	129	173	161	186	649				
Complaints acknowledged < 3 working days	Monitor	100%	98%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	99.64%				
Complaints per 1,000 contacts (all types) (excluding 3 months in arrears)	Monitor	-	0.65	0.69	0.59	0.82	0.88	0.78	0.79	0.9	0.6	0.94	1.04	-	0.64	0.83	0.76	0.99	0.81					
PALS transferred to complaints	Monitor	11	0	2	1	5	1	4	4	5	2	9	3	1	3	3	10	16	6	35				
Patent moves (non-clinical) after midnight	Monitor	-	51	57	29	56	25	63	101	103	113	96	88	135	137	144	144	317	319	917				
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%	24.10%	22.70%	21.70%	21.70%	21.20%	22.60%	25.30%	26.80%	21.7%	26.53%	23.87%	24.9%	24.68%				
Friends and Family Test response rate - ED	Maximise responses	15.2%	17.50%	14.60%	22.70%	17.50%	13.60%	21.00%	15.70%	17.40%	14.50%	12.80%	15.40%	18.80%	18.80%	18.27%	17.37%	15.80%	15.7%	16.38%				
Friends and Family Test - percentage recommend (positive)	Monitor	-	96.50%	97.30%	96.60%	96.50%	96.50%	95.80%	95.90%	96.50%	96.50%	96.10%	96.0%	96.0%	96.80%	96.80%	96.27%	96.30%	95.8%	96.29%				
Friends and Family Test - percentage not recommend (negative)	Monitor	-	1.10%	0.70%	0.60%	0.90%	0.60%	0.70%	0.80%	0.70%	0.60%	0.60%	1.00%	1.60%	0.80%	0.73%	0.70%	1.1%	0.83%					
Friends and Family Test improving positive responses - ED	Maximise responses	93.0%	96.40%	94.80%	91.40%	94.00%	93.20%	93.50%	92.80%	91.80%	92.20%	94.20%	93.50%	95.10%	94.20%	94.20%	93.57%	92.27%	94.3%	93.68%				
Friends and Family Test improving positive responses - In-patient	Maximise responses	94.1%	96.50%	97.40%	96.60%	96.50%	96.50%	95.80%	95.90%	96.50%	96.50%	96.10%	96.0%	96.0%	96.83%	96.27%	96.30%	95.9%	96.33%					
Friends and Family Test improving positive responses - Maternity	Maximise responses	92.5%	97.00%	99.10%	99.00%	98.90%	96.70%	98.20%	99.50%	98.90%	97.50%	99.40%	99.10%	99.10%	98.37%	97.93%	98.63%	99.2%	98.53%					
Friends and Family Test response rate (Maternity)	Monitor	21.4%	17.8%	39.9%	15.9%	29.3%	28.8%	34.3%	12.0%	24.4%	21.4%	17.8%	18.9%	24.2%	24.53%	30.80%	19.28%	20.3%	23.73%					

Safety - Overview

Key:

- Performance improving (Green arrow)
- Performance worsening (Red arrow)
- Performance the same (Yellow arrow)
- No concerns (Green box)
- Some concerns: action required to remain on track (Yellow box)
- Significant risk to achieving target (Red box)



Responsive – Operational Overview

Performance Against TDA Accountability Framework – March

National Trust Development Agency Key Indicators		Target	2015/16												Change from last mth	Q1	Q2	Q3	Q4	Yr to date
			A	M	J	J	A	S	O	N	D	J	F	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%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●	●
Effective	STeMI call to balloon 150 mins	bm	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●	●	
	Emergency readmissions <30 days	bm	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	●	
Safe	Emergency C-Section Rate	bm	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	●	

Finance: Overview

Summary

The trust's I&E position at the end of Month 12 is an actual deficit of £23.5m, this is an adverse variance of £13.8m against overall plan. As a part of this position, Income is ahead of plan by £9.3m. Operating expenses are overspent by £23.6m of which pay costs are £13.8m. Savings of £15.3m have been recorded for the year against a plan of £23.7m. The trust spent £8.7m of capital against a revised programme for the year of £15.7m. The trust has a cash balance of £2.7m at the end of March. The minimum level of cash holding was expected to be £2.5m. Currently the trust has drawn down £31.3m of its working capital facility. The Trust has been advised that the cash support application submitted to the Independent Trust Financing Facility (ITFF) meeting in February was not taken forward and the Trust continues to be in discussion with the TDA about the implications and management of this. As a result, the Trust will finish the year with £31.3m drawn down against the working capital facility, leaving £6.0m unutilised at the start of 2016/17.

Financial Sustainability Risk Rating				R			Surplus/(Deficit)				R			Cash				R		
		Plan	Actual / Forecast			Variance			Plan	Actual / Forecast	Variance			Plan	Actual / Forecast	Variance			Variance	
Current Month Metrics		1	1				Year to date - £k		(9,724)	(23,476)	(13,752)			Current Cash & Cash Equivalents - £k		2,500	2,717	217		
<p>The Financial Sustainability Risk Rating adds 2 further metrics to Monitor's Continuity of Services Risk Rating (CoSRR). The trust's risk rating at the end of December is a '1', which is in line with plan. The end of year forecast indicates a risk rating is also a 1.</p> <p>NB - a NHS trust is rated as Red for its Financial Sustainability Risk Rating unless it achieves a score above 2.5.</p>				<p>At month 12 the trust is showing a deficit which is £13.7m adverse to plan. Clinical Income is showing an over-performance of £5.7m. This includes £3.6m against Pass Through Drugs, which offsets in related the overspend seen in Operating Costs. Pay costs are overspent by £13.8m, with total spend to date including £33.2m against all forms of temporary workforce costs. Clinical supply costs are overspent by £3.2m (predominantly volume related) and other non pay costs are by £4.0m. The TDA have confirmed capital to revenue transfers valued at £1.35m as part of the year end forecast out-turn and this now been recorded in full in the year to date position. Technical accounting issues relating to IFRIC 12 has led to further financial benefits of £2.5m in the year.</p>				<p>Actual cash held at the end of January was £2.7m. The trust is required to hold a minimum cash level of £2.5m, and therefore has a positive variance against this requirement of £0.2m. It should be noted that by the end of March the trust had drawn down £31.3m of cash against its working capital facility. Cash is red rated due to the scale of risk associated with the changes to the mechanisms for securing cash support. The forecast position assumes the trust is successful in securing sufficient support in line with eventual I&E performance and other cash flow requirements. The Trust will need to work with DH and the TDA in 2016/17 to finalise cash support requirements.</p>												
Income				G			Operating Expenditure				R			Liquidity Days				A		
		Plan	Actual / Forecast			Variance			Plan	Actual / Forecast	Variance			Plan	Actual / Forecast	Variance			Variance	
Year to date - £k		494,003	503,335			9,332	Year to date - £k		(469,403)	(492,984)	(23,581)			Current Month Position - Days		(28)	(18)	10		
<p>The trust is reporting an over-performance against all income of £9.3m for the year to date. The over-performance in terms of clinical income is £5.7m of which PbRX drug income is £3.6m offsetting the equivalent overspend in expenditure against Pass Through Drugs. Also included within the over-performance is income for Cedar & Artk Royal (wards) offsetting associated costs prior to their transfer in October 2015. Income associated with Capital to revenue transfers was £1.4m, Transformation support monies £0.5m, Winter resilience £0.3m, Overseas Patients £0.3m and Sign up to Safety project income £0.2m.</p>				<p>At the end of month 11 the trust is reporting a £20.8m overspend against operating expenditure. Pay is overspent by £11.9m with total costs including temporary workforce costs. The non pay overspend includes £3.2m against Pass Through Drugs, which is offset in full by related income. Clinical supplies are overspent by £2.2m. 'Other' non pay costs are overspent by £4.5m. Included within this are costs associated with Cedar & Ark Royal, which are offset in income, and CIP underperformance.</p>				<p>Liquidity days are calculated using the Continuity of Services Risk Rating Methodology, taking working capital compared to operating expenditure.</p> <p>The current position reflects the trust's I&E position. The IRWCF was reclassified in March as non-recurrent for 2015/16 (The IRWCF is shown as a Current Liability on the Balance Sheet).</p>												
Cost Improvement Plans (CIPs)				R			Capital				G									
		Plan	Actual / Forecast			Variance			Plan	Actual / Forecast	Variance									
Year to date - £k		29,925	15,324			(14,601)	Year to date - £k		15,694	8,648	7,046									
<p>The total value of the savings programme has been increased from £16.95m to £29.95m following the inclusion of the revised target deficit and additional recovery actions. At month 12 delivery is £14.6m below plan. All workstreams underperformed against the revised target the most notable of which are linked to workforce savings (forecast £1.4m adverse to plan) and the additional recovery actions (forecast £6.4m adverse to plan). CIP performance against the original plan of £16.95m is £11.5m (a 67% delivery).</p>				<p>The trust has spent £8.7m capital to the end of month 12. Capital to Revenue transfers in respect of in year slippage have been agreed with the TDA - these total £1.347m.</p>																

15/16 Contracts Executive Summary – key exceptions to note

15/16 contracts Summary - Contract information is dependent on validation processes so this report is regarding Month 11

CCG.

- Year end income is fixed for the year with all CCGs.

NHS England contracts

- Year end income is fixed for the year with all CCGs.

Contract Notices and Remedial Action Plans

- There are 4 Remedial Action Plans under way in Cancer Access times, RTT, Cancelled patients rebooked within 28 days, and ED 4-hour waits.
- These will convert to Service Development and Improvement plans in 2016/17

Workforce Executive Summary – key exceptions to note

Performance Theme

- The total workforce capacity increased by 19 FTE to 6,804 FTE in March and is 211 FTE over the funded establishment.
- The temporary workforce capacity decreased by 5 FTE to 427 FTE in March and comprises 6.2% of the total workforce capacity.
- There are 211 FTE vacancies against budgeted establishment in March. This is a decrease since the previous reporting period of 10 FTE and is 3.3% of establishment in March.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 98.7% in March, this is a marginal decrease compared to January (99.3%).
- Appraisal compliance has decreased to 79.9% in March and continues to be below the 85% target.
- Total essential skills increased in March from 87.1% to 87.5% and currently records above the 85% target.
- Information Governance Training has marginally increased to 94.3% for March and remains below the 95% target
- Fire Safety (face to face training) decreased by 1% to 71% in March
- Sickness Absence Rate (12 month rolling average) remained at 3.4% in February and remains above the target. In-month sickness absence increased by 0.1% to 3.9% in February and is above the target. The in-month sickness absence rate has continually increased for 6 consecutive months.
- No referrals received in March for whistleblowing and safeguarding. No referrals received for professional registrations.