

To: Board of Directors

Date of Meeting: 27th April 2017

Agenda Item: 6

Title
Integrated Performance report
Responsible Executive Director
Managing Director
Prepared by
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Status
Public
Summary of Proposal
<p>Key Performance Indicators in the IPR have been reviewed ahead of the new financial year, and the attached revised format of the IPR has been discussed and agreed by the Board in March. Exception reports are included for the following areas of underperformance to outline the issues and actions to recover performance:</p> <ul style="list-style-type: none"> • Referral to Treatment (RTT) • Performance against the Emergency Access Standard • Cancer 62 day performance • Workforce: training and turnover • Infection prevention and control <p>Our hospitals were busier than ever in March 2017, with 6% more non-elective spells, 11% more electives, and 8% more daycases compared with March 2016. We failed the Emergency Access Standard of 95% patients seen or treated in 4hrs, but there was a further 4% improvement in performance in March (84.4% for the month), which has continued into April. Ambulance handover times also improved (a 63% reduction in over 60 minute delays). There were no breaches of the 12hr standard in March, and the number of patients spending over 12hrs in the ED fell from 485 in February to 399 in March (43% improvement on the January peak). The overall improvement in emergency care performance was underpinned by a significant improvement in flow and in the ED at RSCH. Delayed transfers of care remained high at 10.4%.</p> <p>RTT Incomplete performance remained below the national standard in March at 84.0%, but the trust achieving it's year end trajectory target of 83.79%. There were 95 patients waiting over 52 weeks for treatment at the end of March.</p> <p>The Cancer 62 day standard was not delivered in February (68.5%), and will not be delivered in March, but we are on track to deliver in April as planned.</p> <p>We have now achieved the diagnostic standard for three months in a row with only 23 patients waiting over 6 weeks, despite CT equipment failure in month.</p> <p>In the <i>Safe</i> domain, we had four cases of C Difficile in March, taking the year end total to 54, and one MRSA Bacteraemia. Hand hygiene compliance was at 95%. In the <i>Effectiveness</i> domain, stroke performance continues to be very good. In the year to date, 67.3% of patients were admitted directly to the stroke unit within 4hrs compared to the national average of 58.5%. The outpatient DNA rate improved by 0.5% in</p>

response to introduction of two way texting.
In the <i>Caring</i> domain, the number of complaints without an adequate timely response increased to 42 in March, and we continued to incur mixed sex breaches (48 in March compared to 92 in February).
In the <i>Well led</i> domain, turnover increased slightly to its highest level this year (14.3%) and was 1.8% higher than March 2016. We achieved our year-end target for Statutory and Mandatory training (STAM) and appraisal rates in March (75% for STAM and 85% for appraisals).
Implications for Quality of Care
Exception reports detail the risks to performance, patient safety and experience and plans to address these.
Link to Strategic Objectives/Board Assurance Framework
The report concerns delivery of the Trust's corporate objectives: <i>excellent outcomes; great experience; empowered skilled staff; high productivity;</i>
Financial Implications
None applicable to this report. Finance KPIs are included in the report
Human Resource Implications
None applicable to this report. Human Resources KPIs are included in the report
Recommendation
The Board is asked to: NOTE the report and discuss the areas of under-performance; and the adequacy of the actions to address under-performance
Communication and Consultation
Not applicable to this report
Appendices
Integrated Performance report; exception reports