

Board of Directors

Thursday, 05 July 2018

Report Title:	CHUFT Performance Report Month 2 (May) 2018/19
Executive/NED Lead:	Director of Finance
Report author(s):	Head of Financial Strategy and Assurance Reporting with relevant Executive Directors
Previously considered by:	Monthly report to Board of Directors

Approval
 Discussion
 Information
 Assurance

Executive summary

The Performance Report includes the Trust's Key Performance Indicators. Actions being taken to address performance issues are considered and agreed through the Trust's Assurance Committees (Quality & Patient Safety; Finance; People & Organisational Development). Key issues for the Board of Directors are commented upon in the escalation reports included in the report.

Overall, whilst the Trust continues to make progress in addressing some of the challenges around quality, safety, performance and finance it is recognised that a number of performance metrics still need to improve.

The report includes sections measuring performance against NHS Improvement's single oversight framework (SOF) as well as the Trust's clinical improvement strategy and accountability framework.

Any indicators not available when collating this report will be advised to the Board as necessary. In November 2017 a small number of changes were made to the information and metrics NHSI use to assess providers' performance under each theme, and the indicators that trigger consideration of a potential support need. The updated metrics are to be reviewed and will be incorporated in the Board report at the earliest opportunity

Progress in a number of areas is covered in the attached report. Key points to note include:

Quality & Patient Safety:

- HSMR - Latest data available for February 2018 showed an in-month HSMR of 116.9, with the 12 month rolling figure 106.7.
- The SHMI for the 12 months to September 2017 was 109.2, within the 'as expected' range for over-dispersion placing the Trust 116 out of 135.
- Serious harm falls – There were 3 serious harm falls in May.
- Never events – There were no never events in May.
- There were 7 grade 2–4 hospital acquired pressure ulcers reported in May 2018, the same as the previous month.
- 10 (3 in the previous month) incidents were considered to meet the criteria of being a serious incident and reported to North East Essex CCG.
- Complaints – 63 in May, four more than reported in April.
- WHO compliance reported as 99.8%.

Operational:

- A&E 4 hour standard performance for the economy in May was 98.02% which is above the trajectory and National Standard of 95%.
- May's current RTT position is 86.18%. This is just below trajectory, but has improved from April.
- 62 Day Cancer Waits for 1st treatment remains below target and trajectory. Performance was 80.2% (unvalidated) for May 2018– this was below the cancer plan trajectory of 85.4% and 85% national standard.

Finance:

- In May the Trust incurred a deficit of £0.8m; this was better than the planned deficit of £0.9m (a favourable variance of £0.1m). The Use of Resources Rating (UoR) for the month was 3.
- CIP underperformed relative to plan by approximately £400k.

People & Organisational Development:

- Voluntary turnover (rolling 12 months) continued below the 12% target agreed by the EPED improvement board (consistent with the Model Hospital) at 11.7% for May.
- Mandatory training compliance deteriorated in the month to 93.4%.
- Appraisals compliance also reduced from from 87.2% in April to 85.7% in May.
- Overall nursing fill rates were 95.8% in May. This represented an increase from the previous month's rate of 89.4%.

Action Required of the Board of Directors**To note the report**

Link to Strategic Objectives (SO)		Please tick
SO1	Improve quality and patient outcomes	<input checked="" type="checkbox"/>
SO2	Provide better value for money	<input checked="" type="checkbox"/>
SO3	Sustain and improve access to services that meet the needs of the population	<input checked="" type="checkbox"/>
SO4	Deliver a sustainable, skilled workforce	<input checked="" type="checkbox"/>

Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	Noted within the separate escalation reports
Trust Risk Appetite	Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong

Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	The report includes dashboards of performance against key national targets
Financial Implications	The Trust agreed to a control total imposed by NHS Improvement of £25.01m; £12.57m after receipt of Sustainability & Transformation Funding.
Equality and Diversity	None noted