SUMMARY REPORT

TRUST BOARD

Title of Report | Integrated Performance Report
---|---
Accountable Officer | Executive Directors
Author(s) | Jo Davis, Associate Director Commissioning & Performance
| Richard Johnson, Head of Quality & Safety Compliance
| Graeme Booth, Financial Planning Manager
| Ruth Bardell, Deputy Director of HR & OD
| Claire Florey, Access and Performance Manager
| Judith Laity Strategy Programme Manager

Purpose of Report | The objective of this report is to provide the Board with the Trust's performance against key targets and draw attention to those areas under review by the Executive Team. The IPR includes performance against key national and local quality, operational, finance and workforce targets.

Recommendation | The Board is recommended to:
| • Receive the report

Consultation Undertaken to Date | Nil.

Date(s) at which previously discussed by Trust Board / Committee | Nil.

Next Steps | The Board will continue to be updated on Trust performance via the monthly Integrated Performance Report.

Executive Summary
The Integrated Performance Report highlights the key performance issues related to:
• Quality;
• Key Operational Standards;
• Finance;
• Our People;
• Partnerships.

The Executive Summary on page 2 of the report provides a summary of the data for June 2017 and commentary on the wider aspects of our performance for the year thus far.

Financial Risks | The report summarises the financial risks for the Trust.

Key Risks | The Integrated Performance Report sets out mitigating actions in respect of most principal risks in the Board Assurance Framework.

Disclosure Statement | Performance data is held by the Trust and is used to produce...
the Integrated Performance Report. Audits have not identified data quality issues.

| Equality and Diversity Statement | There are no performance metrics relating specifically to Equality and Diversity in this report. |
SUMMARY INTEGRATED PERFORMANCE REPORT

August 2017
EXECUTIVE SUMMARY

Quality & Safety:
- There were four cases of Clostridium difficile reported in August, above tolerance for the year to date. MSSA incidence continues to reduce, though due to the high number in April this remains above tolerance.
- The number of falls remains below the national average.
- Two Serious Incidents were reported which met the classification of a Never Event.
- The nationally benchmarked mortality indicators of HSMR and SHMI have reduced (positively) for the Trust. The crude mortality rate for July (11.3) is stable although there remains an overall slight upward trend.
- The time taken to respond to complaints has seen a significant drop in August.

Operational Performance:
- The Trust did not meet the revised local trajectory for the ED 4 hour standard in August (80.3% vs. 82.9%), but combined ED & MIU performance for month and quarter to date is 91.0%, above STF target of 90%.
- Delayed transfers of care reduced to 9.3%, equating to 54 per day, whilst average length of stay improved to 3.0 days.
- There were 20 patients whose cancelled on the day operations were not rebooked within 28 days.
- Of the pathway KPIs both fractured neck of femur patients operated on within 36 hours and proportion of patients spending 90% of their time on the stroke unit remained below the respective standards.
- The diagnostic standard was not met in August for the 6th month in a row, September’s achievement is also at risk.
- The Trust failed to achieve the RTT incomplete standard (88.3% vs 92.0%) for the 5th month running. Q2 local trajectory of 91% is at risk.
- The proportion of outpatient follow-ups more than 1 month past their to be seen date was at another record high of 8.0% (a month on month increase of 489 patients).

Finance:
- Trust level I&E is on plan with a £4.6m deficit for the year to date. The deficit will increase each month until it reaches c£5m in M6 and then improves to a £1.3m surplus.
- Agency spend has increased again to £1,058k in month from £942k in July. Agency spend is now on plan for the year to date although has risen significant in the past 2 months.
- The key risk at M5 is the £5.3m shortfall in CIP. Should the Trust not identify the necessary savings, even with delays in investments and other offsetting mitigations, the Trust would likely lose STF income in the second half of the year and could report a deficit of between £6.6m and £8.6m, depending mainly on whether Q3 STF income is secured.

Our People:
- Total staffing utilised in August decreased by 39 FTE of which substantive staff decreased by 53 FTE and temporary staff increased by 14 FTE.
- Sickness absence at 3.44% is the third consecutive month where absence is within the Trust standard of 3.75%.
- Appraisal compliance in August decreased by 2.5% to 80.4%.
- Vacancies remain high with 359 FTE posts actively in the recruitment process. Focus continues on recruiting to substantive posts, particularly in clinical roles.
- Mandatory training compliance improved by 0.3% to 86.1% which is 8.9% below standard.

Partnership:
- Progress with the new model of care and the development of the ACS is being made, (the various governance mechanisms are becoming more effective) how ever this is not yet impacting on our key deliverables of ED attendances and DTOCs.
- Work continues to mobilise 111 Cornwall by 1 December 2017, which is key to curtailing growth in ED attendances.
- Our performance on RDI remains good, the Trust is keen to expand the scope of RDI further, beyond trial, and will benefit from investment by the University of Exeter.
<table>
<thead>
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<th>Section Name</th>
<th>Accountable Officer/s</th>
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Key

Unless noted on each graph, all data shown is for the period up to, and including August 2017.

- Measure shows a decline in performance over the previous 3 month period.
- In Annual Plan
- CEO – Chief Executive
- FUW – Follow up waiting
- NIHSS – NIH Stroke Scale
- DOSA – Day of surgery admission
- SI – Serious Incident
- SHMI – Summary Hospital Level Mortality Indicator
- YTD – Year to date
- RTT – referral to treatment
- DTOC – delayed transfer of care
- HSCIC – Health and Social Care Information Centre
- HSMR – Hospital Standardised Mortality Ratio
- FTE – Full time equivalent
- SRO – Senior Responsible Officer
QUALITY
PATIENT SAFETY
SROs Medical Director and Chief Nurse

Section Summary

Areas of Concern:
Four C.difficile infections reported for August which is above the monthly tolerance and above tolerance to date.
There were two Never Events in Theatres in August.

Trends:
In August the rate of “new” harm free care (RCHT hospital acquired harm) was above target (98.76%).
Catheter prevalence (18.6%) remains below the national average of 20%.

Improvements:
The number of inpatient falls is below the national average.
MSSA bacteraemia continues to reduce in incidence.

Actions:
External partner collaboration continues to address the above national average percentage of old harms reported.
Divisional action has been requested to ensure patients at risk of falls have accurate assessment of blood pressure are discrepancies are actioned.
Section Summary

Areas of Concern:
FFT feedback about the postnatal ward has given some cause for concern with a significant increase in the ‘not recommended’ score. There was a common theme about the environment and lack of natural light, and there was also a theme about the lack of air conditioning and ventilation during the heatwave period. Actions taken are explained by charts 17 and 18.

Trends:
Complaints acknowledgement is 100% for the second month running. Complaints numbers are at a higher level for the last 2 months.

Improvements:
FFT response rates continue to improve. Inpatient/daycase FFT at 16.79%, is higher than it has been for over a year. Emergency FFT has exceeded its Q1 target even though it has dropped slightly this month. Compliments reporting has increased and responding to feedback on public website Care Opinion has increased.

Actions:
To improve FFT response rates: continue to meet more challenging targets in Q2. This involves communicating with staff in areas of high activity, and encouraging staff by publishing results on the new Patient Experience newsletter.
Section Summary

Areas of Concern:
There has been a 5% decrease in the administration of antibiotics within the hour for patients with severe sepsis.

Trends:
There is a gap between weekend and weekday mortality, however this has narrowed over recent months and the Trust is not alerting for weekend mortality.

Improvements:
There has been an increase in Sepsis screening from 90% to 98% in July.
The nationally benchmarked mortality indicators of HSMR and SHMI have reduced (positively) for the Trust; HSMR remains at a non-alert position.

Actions:
1. The addition of the application for sepsis screening onto NerveCentre will mean that all patients, where eObs are used, will be consistently screened.
2. The continuing use of Nervecentre across the Trust and the expansion of the outreach service along with more appropriate use of Treatment Escalation Plans should further reduce the number of cardiac arrests.
KEY OPERATIONAL STANDARDS
SRO Chief Operating Officer

Section Summary

Areas of concern:
DTOCs improved but remain high at an average 54/day. The Trust did not meet the diagnostic or the RTT incomplete national standard (all metrics including the local trajectory) are at risk for September. ED 4-hour performance was 80.3%, below the latest national average and the local trajectory. Outpatient follow-up backlog increased.

Trends:
High levels of DTOCs and 28 day rebooking breaches on-going. Failure to achieve both the RTT and diagnostic standards continued whilst the follow-up backlog continues to grow. Both NOF and time spent on the stroke unit have flagged after 3 months of deterioration.

Improvements:
Average length of stay improved to 3.0 days. Strong stroke performance continues across the remaining stroke KPIs. The Trust continues to deliver against the reported cancer standards.

Actions:
1. The Chief Operating Officer has requested recovery plans from the Divisions to deliver improved performance across RTT, diagnostics, the number of patients waiting in excess of 52 weeks and 28 day re-booking breaches.
2. Work is on-going with partners to plan for the impact of winter pressures across the system.
Section Summary

Areas of Concern:
• Savings of £4.1m delivered to date which is £1m below plan. The full year forecast stands at £12.2m compared to a plan of £17.3m meaning that there is a risk of a £5.1m shortfall at present. £0.6m of the savings are rated as being high risk.
• The shortfall is entirely in relation to schemes designed to reduce pay costs.
• Agency spend has exceeded the in-month budget for the second time this year and totalled £1,058k in month.

Trends:
• Two of the four clinical Divisions, plus Corporate departments, are operating below budget.
• Surgical Services and Medical Services Divisions continue to overspend due to unidentified savings.

Improvements:
• No significant improvements identified.

Actions:
1. Focus on reduction in substantive pay costs through service redesign. Minimise investment to safeguard contingency and reserves. Reduce agency spend to levels seen in M1 to M3.
Section Summary

Areas of Concern:
• Recruitment continues to be challenging. Active recruitment to vacancies total 359 FTE posts of which 155 FTE are for registered nurses.
• Agency use increased by 14 FTE to 109 FTE with the associated pay costs totalling £1.058m in August.

Trends:
• Sickness absence at 3.44% is within standard for the third consecutive month. This is an improvement of 0.63% compared to August 2016 and 0.98% better than August 2015.

Improvements:
• Mandatory training compliance at 86.1% improved by 0.3% in August and is the highest training compliance reported by the Trust.
• 100% of clinical agency use in August met the national agency framework.

Actions:
• Work continues to recruit substantively to vacancies.
• Preparations continue in advance of the annual staff survey to increase engagement and the percentage of staff taking part in the survey.
PARTNERSHIPS
SRO Director of Strategy and Business Development

Section Summary

Areas of Concern:

**Prompt discharge** – Delayed transfers of care remain high, significantly above the level experienced in 2016.

**ED attendances** – Activity remains ahead of plan.

**New Model of Care** - Complexity in developing the evidence for pre-consultation business case may require a change to the timing and scope of the future engagement events. The role of Clinical Director remains vacant; further capacity is required for Pathways and overall Informatics support.

**ACS Development** - Capital and Revenue funding to enable transformation is a significant risk – in part mitigated by creative, opportunistic bids

Trends: DTOC remain significantly over profile; ED attendances are over profile.

Improvements:
Successful recruitment into some of the vacant posts within SOF - Digital SRO and Transformation Director
Overall positive reflections received regarding wave 1 engagement events

Actions:
- **Discharges and ED** – refer to Operational report
- **SOF – New Model of Care** - Portfolio Board to agree revised timeline for PCBC and engagement process; NMOC group to revised confirm scope of programme, ensure all matters note relevant to public consultation are expedited
- **ACS Development** - Ensure next system workshop is effective in confirming the scope and pace of progress towards ACS; pursue all financial opportunities.
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<th>Category</th>
<th>THIS MONTH</th>
<th>LAST MONTH</th>
<th>LAST QUARTER</th>
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<td>Green</td>
<td>95.00%</td>
<td>Growth Trend</td>
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</table>
(1) In August the rate of “new” harm free care (RCHT hospital acquired harm) was above target (98.76%). The Trust saw a second month improvement, seven patients received a new harm compared to 11 in July.

(2) Catheter prevalence increased to 18.6% (3.7% higher than July). But remains below the national average of 20%. Three new Catheter Associated Urinary Tract Infections were reported: This is being investigated.

(3) Four new harms were reported in August, the first cases, since the one case reported in May. The anticoagulation team are reviewing the four cases to ensure learning. The Trust’s VTE Exemplar Status revalidation was submitted.

(4) The Trust reported four new pressure ulcer harms this month (0.71%), against three in July (0.5%). Internally work continues to learn from all pressure related harms. External partner collaboration continues to address the above national average percentage of old harms we report.
(5) In August the Trust saw a slight increase on last month’s number of inpatient falls per 1000 overall bed days. 5.4 compared to July’s 4.5. This number remains below national average.

(6) 11 falls were reported on the Safety Thermometer data collection day, but none with harm (compared to 15 in July with six harms).

(7) One fall causing harm over the month was escalated to receive a serious incident investigation. This was on MAU.

(8) August saw the Safety Thermometer data reporting no falls with related harm. Work continues to ensure the Trust-wide Falls Action Plan remains current as it draws learning from incidents to share. Divisional action has been requested to ensure patients at risk of falls have accurate assessment of lying and standing blood pressure and concerns are escalated/acted on.
(9) No reported cases of MRSA bacteraemia in August.

(11, 12) 4 cases of C. difficile were reported in August. This is above the monthly tolerance of 2. The total to date of 16 is above the target to date of 10. One of the cases is still under investigation. Of the remaining 3 cases, a lapse in care was identified in one as a patient developed a hospital acquired pneumonia following surgery without having received post-operative chest physiotherapy. The incidence of post-operative hospital acquired pneumonia is being investigated to determine if this is a wider problem for the Trust.

(10) 1 MSSA bacteraemia reported in August. This is in line with the monthly tolerance but due to the unexpected increase in numbers during April the total number to date of 16 is above the annual target. This case is currently under review but the source of the bacteraemia is thought to be wounds that were heavily colonised prior to admission.

3 cases of E.Coli bacteraemia were reported in August. Two are currently under investigation as they occurred on the last day of the month. The third case was thought to be as a result of a UTI. No lapses of care identified.
# QUALITY & SAFETY

## PATIENT EXPERIENCE

### Summary Dashboard

<table>
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<tr>
<th>Category</th>
<th>THIS MONTH</th>
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<th>LAST QUARTER</th>
<th>TARGET</th>
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<td>Green</td>
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<td>Green</td>
<td>95%</td>
<td></td>
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<tr>
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<td>Red</td>
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</tr>
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<td>Friends and Family Birth recommended rate</td>
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<td>Yellow</td>
<td>100%</td>
<td></td>
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</table>
(13, 15). After a decline in IP/Daycase response rates in July, August has seen the upward trend return. The Q2 response rate target is 21%. Already achieving this in August are: Carnkie, CCU, Critical Care, Grenville, Karensa, Lowen, Med 1, Oral Day Case, Pendennis, Roskear, St Joseph’s, Tintagel, Wellington, Wheal Coates and Wheal Prosper.

(14, 16) Emergency services response rate has seen a decrease for the third month in a row to 7.7% after achieving a high of 16% in May. The NHS England average for July was 12.80% (not yet released for August) and the Q2 target for the Trust is 11%. The breakdown of all seven Emergency areas response rate is: AECU 70.66%, St Mawes 26.76%, MAU 27.18%, Paed 4.41%, ED UCC 6.69%, ED 4.41%, WCH UCC 0.83%, CDU 0.3%

The Chief Nurse has formally written to all Associate Directors of Nursing regarding the need to focus on increasing FFT response rates in their areas. The Patient Experience Matron is meeting with nurse leaders for ED to plan new strategies. The newly appointed Patient Experience Co-ordinator will focus on improving response rates in target areas across all FFT elements.
(17, 18) Maternity Antenatal has the same ‘not recommended’ score as July, which again is higher than previous months. However this is mainly due to low response rates: of 22 responses, there was 1 ‘unlikely’ to recommend score and 1 ‘extremely unlikely’ score. Maternity-Birth has seen an increase in ‘not recommended’ score compared to previous months; again this is partly attributable to low response rates. Of 14 responses regarding Birth at RCH, 100% recommended. Of 3 responses regarding other birth sites, 1 person gave an ‘extremely unlikely’ score, thereby increasing the ‘not recommended’ score for birth services overall.

Wheal Fortune (postnatal ward) ‘Not recommended’, whilst lower than June’s high of 14%, were still over 6%. Reasons given for this were: facilities, staffing, environment (too hot, cramped). A positive recruitment drive has now taken place, and a facilities and environmental review has been undertaken.

The ‘Not recommended’ score was 0% for Postnatal care in the Community in August.
22 complaints were received in August, 9 (41%) of which were for Surgery, 8 (36%) for Medicine, 3 (14%) for CSCS and 1 (4.5%) each for W&C and Corporate.

The new indicator ‘number of complaints open at month end’ (which is an indicator of process pressures that flag delays in responding to complaints). This indicator has seen a significant drop in August from 126 to 79, a decrease of 37% is attributable due to increasing the corporate team resource for monitoring and overseeing closure of outstanding complaints. A new Complaint Management Improvement Plan is now in place which will see further assurance and process improvements over the next six months.

PHSO – One new enquiry and two draft reports were received in August, but no final reports. There are currently 6 cases open with the PHSO.

PALS recorded 69 concerns, a slight drop, compliments were logged in August.
QUALITY
Patient Experience
Complaints
Accountable Officer: Chief Nurse

(23) The top 4 subjects of new complaints in August were:
- Communication (5)
- Clinical Treatment (5)
- Patient Care (74)
- Admission and Discharges (2)

These are now under investigation.

(24) 86% of complaints were acknowledged within 3 working days as required by complaints regulation. Three at the end of the month missed the deadline due to staff sick leave.

(25) Of complaints closed in August, 12 breached the 25 day timescale (6 in Medicine, 3 in STO, 2 in CSCS, 1 W&C) and 2 breached the 45 day timescale.

(26) ‘Follow-ups’ are those complainants who are not satisfied with the Trust’s first response to their complaint; 3 were received in August (1 in Medicine, 2 in STO).

Care Opinion/NHS Choices
At end of August, 84% of feedback has been responded to (based on the last 100 comments). In August 26 comments were left: 21 positive, 3 negative and 2 mixed. The negative comments related to ED (being sent home at 2am), Eden (poor care and staff attitude) and Palliative Care (poor provision for family to stay with dying patient). All have been responded to online.
There were no non-clinically justified single sex breaches reported in August.
There were 8 Serious Incidents reported, two of which were Never Events. The SIs for August are as follows:

- **2017/19565** Sub-optimal care of the deteriorating patient (Medical Assessment Unit 2)
- **2017/20532** (Never Event) Surgical/invasive procedure (Anaesthetic Room)
- **2017/21017** Treatment delay (Ophthalmology)
- **2017/21009** Treatment delay (Emergency Department)
- **2017/20187** Surgical/invasive (Theatre 5)
- **2017/21269** Maternity / obstetric (Wheal Rose)
- **2017/19552** Sub-optimal care of the deteriorating patient (Medical Assessment Unit 2)
- **2017/21267** Slips, Trips, Falls (Carnkie)

Of the 74 SI investigations underway in August, 12 were due with KCCG during the month and breached this deadline. The current overdue backlog KPI stands at 52 and remedial action is underway to resolve this position by 30 November 2017.

Patient falls, treatment delays and surgical procedures are the most common reason for Serious Incidents.
(32) The accurate prescribing of medicines at the transfer of care is a high risk area and medicines reconciliation is a key control measure undertaken by the clinical pharmacy team.

Pharmacy undertakes >2,000 meds recs a month for >80% of patients (excluding <24hrs, paeds, Obs and SMH).

NICE guidance is to achieve 100% of patients within 24hrs. RCHT achieves approximately 65% within 24hrs and 86% overall.

Investment in a 7 day clinical ED service would be required to significantly improve our performance.

There is currently no clinical pharmacy service provided to ICU and thus no medicines reconciliation for patients directly admitted to this ward.

Current improvements in this metric are due to the implementation of a team “huddle” each morning which ensures the team are very aware of current operational pressures and performance.
### QUALITY
**PATIENT OUTCOMES/EFFECTIVENESS**

**Summary Dashboard**

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<th>This Month</th>
<th>Last Month</th>
<th>Last Quarter</th>
<th>Standard</th>
<th>12 Month Trend</th>
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(33) The SHMI is the ratio of observed deaths to expected deaths. It includes those patients who die within 30 days of discharge. The SHMI has shown a slight decrease, being 92.62 for May 2017; data lags behind the HSMR data.

The HSMR is the ratio of observed deaths to expected deaths for a basket of 56 (clinical classification system) diagnosis groups which represent approximately 80% of in-hospital deaths. The overall HSMR remains stable at 94.26 and within the expected range.

The crude mortality rate for July (11.3) is also stable.

(34) There is a gap between weekend and weekday mortality, however this has narrowed over recent months and the Trust is not alerting for weekend mortality. Increased weekend mortality is a national phenomenon that is not well understood. RCHT benchmarks in mid position within the SW. A paper will be presented at September 2017 Trust Board to describe the actions required by the trust to meet the requirements of the National Guidance for Learning from Deaths.
*When looking at the results on these graphs it should be noted that the information is derived from the CQUIN audit. This audit requires only 50 emergency admissions and 50 inpatients notes to be used as a data source.

(35) There has been an increase in screening from 90% to 98% in July.

(36) There has been a 5% decrease in the administration of antibiotics within the hour for patients with severe sepsis. This is calculated on June – 4 out of 24 patients and in July 2 out of 9 patients not receiving their antibiotics within the hour. Deep dive audits continue in ED to try to find what the factors are influencing the timely administration. In July 7 of the 26 patients identified with severe sepsis did not have their antibiotics within the hour: 73% compliance.

(37) 100% of inpatients were screened.

(38) 100% of patients diagnosed with sepsis as an inpatient were given antibiotics within an hour.

Scoping for the screening tool on Nervcentre has been done and the Trust is awaiting the documents for checking prior to going ahead with a projected start date of October 2017. This will coincide with the introduction of the NICE guidelines. Thus, all patients will be screened for sepsis and staff alerted to make a decision on a possible diagnosis.
The number of cardiac arrests in August has decreased slightly from the previous month June (13). However this is an INCREASE on the same month of August for both 2015 & 2016 (10 & 4 respectively). The overall trend for 2016 showed a reduction in arrest numbers by 32% (RCHT target was 10%). 2017 has not seen the same progression in reduction as 2016. Out of the 8 months so far 4 have been better than the previous year but 4 months have either been static (1) or more than previous year (3).

The number of peri-arrest calls has increased from July (14 from 7). There were 15 peri-arrest calls for same month in 2016. 2016 saw an overall increase in peri-arrest calls by 9%.

The continuing use of Nervecentre across the Trust and the expansion of the outreach service along with more appropriate use of Treatment Escalation Plans should further reduce the number of cardiac arrests.

15 out of 22 patients (who are eligible for the Call to Balloon audit) met the target in July 17 – 68% which is below the 75% standard. Of the 7 cases which did not meet the target, the majority were due to ambulance delay (lack of available resources).
Key Operational Standards
Summary Dashboard
Accountable Officer: Chief Operating Officer

<table>
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<tr>
<th>Indicator</th>
<th>THIS MONTH</th>
<th>LAST MONTH</th>
<th>LAST QUARTER</th>
<th>STANDARD</th>
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<td>ED attenders 4 hours arrival to disposal</td>
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</tr>
<tr>
<td>Ambulance waits</td>
<td></td>
<td></td>
<td></td>
<td>1923</td>
<td></td>
</tr>
<tr>
<td>Cancer waits against targets - composite (in arrears)</td>
<td></td>
<td></td>
<td></td>
<td>(all achieved quarterly)</td>
<td></td>
</tr>
<tr>
<td>Percentage of patients who have spent more than 90% of their time in a stroke unit (acute phase only)</td>
<td></td>
<td></td>
<td></td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>% of fractured neck of femur patients having an operation within 36 hours</td>
<td></td>
<td></td>
<td></td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>RTT incomplete - 92% in 18 weeks</td>
<td></td>
<td></td>
<td></td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>Proportion of patients receiving one of the 15 Key Diagnostic Tests within 6 weeks</td>
<td></td>
<td></td>
<td></td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>Average LOS (days)</td>
<td></td>
<td></td>
<td></td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Delayed transfers of care</td>
<td></td>
<td></td>
<td></td>
<td>3.5%</td>
<td></td>
</tr>
</tbody>
</table>
Key Operational Standards
Emergency & Urgent Care
Accountable Officer: Chief Operating Officer

(43) Performance against the 4 hour standard in August was 80.3% (local trajectory of 82.9%; August 2016 88.0%). RCHT ED & Minor Injury Units (MIU) combined was 91.0% for the month as well as the Quarter to date – STF is now measured on the whole system local trajectory of 90%.

ED attendances were 6.7% above the same month last year – growth remains within Cornish residents as opposed to visitors to the county. Attendances hit a record high on 27th August at 375 attendances, 14 more than the previous peak which was the equivalent day of the bank holiday weekend last year.

(44) Unplanned re-attendances reduced to 7.5% (7.1% last year), remaining above best practice of 5% but staying around national performance (8.0% June 17).

(45, 46) Performance against the 2 key ambulance metrics deteriorated with 58.0% of ambulances waiting over 15 minutes. Whilst the number of delays over 30 minutes increased to 135, this was 252 less than in August last year.
The percentage of ED attenders who left without being seen continues to rise, however at 3.6% remains within the national standard. That is just above the most recently available national benchmark (3.3% June 17).

Of the other ED quality indicators, the 95th percentile time to initial assessment (triage) increased by 5 minutes on last month to 38 minutes, above the 15 minute standard. Median time for arrival to treatment rose to 72 minutes which remains unusually high: for Q1 the national average for this indicator was 56 minutes and the Trust is normally in the top half (best) of Trusts. In June (latest available benchmarking data) the national median was 57 minutes. The ED team continue to investigate the root causes of this drop.

There were no 12 hour trolley waits.
Key Operational Standards
Length of Stay
Accountable Officer: Chief Operating Officer

(51) Specialty outliers remain lower than the recent norm at 23, there were 9 less than August last year.

(52, 54) Average length of stay reduced to 3.0 days, 0.1 days less than the same month last year. Length of stay over 10 days also reduced to 28.1% and has remained under the standard of 31.4% since May.

(53) The percentage of patients discharged before 10am was 6.0%, which was below the internal target of 8.0% and slightly above last year’s performance of 5.9%.
(55-58) All standards in July were met with the exception of the Breast Symptomatic and Screening standards.

Breast Symptomatic performance was a result of radiology sickness in June, patients could have been offered surgical appointments within target but it was felt that this would not be the optimal pathway for the patients and therefore waited for the triple assessment appointments in July.

Screening was not met due to low activity numbers, both breaches were a result of patient initiated delays.

There were 3 breaches of the 104 day backstop target: 1 breast breach due to a complex pathway with multiple diagnostics and progression during planning stage; 1 Lung breach which was originally a Head & Neck referral. Referred to Oncology on day 95; and 1 Urology breach due to delay to prostate biopsy.

The Trust retains its record of quarterly achievement on all standards since Q2 2010-11.
Key Operational Standards
Referral to treatment
Accountable Officer: Chief Operating Officer

(59, 60) The rapid decline in Referral to Treatment performance continued in August – only 88.3% of incomplete pathways were under 18 weeks. This is the 5th month in the row that the Trust failed to meet the national standard. The local trajectory of 91% is at high risk for Q2. National performance in July was 89.9%.

(60, 61) The overall size of the RTT waiting list continues to increase as does both the admitted and non-admitted backlog. The number of patients waiting over 18 weeks increased to 2982 and is expected to exceed 3000 in September. There were 28 patients waiting over 52 weeks across 6 specialties including Cardiology, Orthopaedics and Pain Management.

(62) Diagnostic performance was 96.4%, thus it was not achieved for the 6th month in a row. The Trust is now in the lowest quartile of providers for this measure. 277 patient tests were waiting longer than 6 weeks at the end of the month (Cardiac tests, ultrasound and cystoscopy were the highest volume).

Key specialties are developing recovery plans for RTT, diagnostics and elective cancellation performance at the request of the Chief Operating Officer.
(63) The number of patients cancelled on the day and not re-booked to return within 28 days improved by 10 to 20, which was the same as last year and correlated with reduction in the number of cancellations on the day in July. The Chief Operating Officer has asked all Divisions to focus on improving this further by adopting a zero tolerance approach.

(64) The number of patients cancelled on the day increased to 86 which equates to 1.4%.

(65) There were no urgent patients cancelled more than once.

(66) This relates to cancelled outpatient clinics with less than 6 weeks’ notice. 3.1% of clinics were cancelled with less than 6 weeks’ notice – of those 95, 48% were cancelled for avoidable reasons which is an improved position.
The percentage of patients with fractured neck of femur operated on within 36 hours was 69.7%, below the local standard (and national upper quartile) of 80%. This is the 3rd consecutive month of deterioration and root causes are being investigated by the directorate management team.

The percentage of patients spending 90% of their time on the stroke unit fell very slightly from 78.8% to 78.3%. Whilst this has reduced for the last 3 months performance was very similar to August 2016 (78.3%). The stroke team continue to work with community partners to ensure that flow across the stroke pathway is achieved.

Performance remains above standard for all other stroke metrics.
Swallow screening continues to be delivered above standard – in August this was 85.7%.

The NIHSS Compliance indicator was 96.5% against the standard of 75.0%. This is a significant improvement on last August’s figure of 57.8%.

Swallow assessment within 72 hours was 88.9% - standard is 83.0%.

*Please note that all standards for stroke are based on the most recent national averages.
Key Operational Standards
Productivity and efficiency measures
Accountable Officer: Chief Operating Officer

(75) Delayed Transfers of Care (DTOC) days lost reduced month on month, decreasing from 11.8% to 9.3%. This equated to 54 per day and while that is still significantly high it is the lowest daily average since May 2016.

(76) The top categories for delay remain further non acute NHS care, domiciliary package and completion of assessment.

(77, 78) The daycase rate (86.5%) continues to improve. The day of surgery admission (DOSA) rate was 92.2%, 92.8% in August 16.
Key Operational Standards
Productivity and efficiency measures
Accountable Officer: Chief Operating Officer

(79) Net Emergency Readmissions within 28 days
Net emergency readmissions within 28 days were 4.9% and thus stayed just above the target of 4.8%.

(80) All OP DNA Rate
The outpatient DNA rate was relatively static at 6.7%, which was the same as last year. The recent improvement trend – achieved through implementation of the Netcall text and phone reminder service – has now levelled out. This however remains above national upper quartile performance which is now 5.7%.

(81) Patients on the FUWL 1 Month Past Their To Be Seen Date
The number of follow-up outpatients waiting more than 1 month past their to be seen by date continues to rise and is at a record level of 8.0%. The total number of patients this equates to is 7544. There were an additional 489 patients waiting more than 1 month past their to be seen date than in July.

(82) Average Points per Clinic
Average points are used as a measure of productivity within outpatient clinics, with attended new patients equating to 2 points and follow-ups to 1. The average points per clinic was 10.5, 0.2 above August 2016.
### Summary Dashboard

<table>
<thead>
<tr>
<th>Category</th>
<th>This Month</th>
<th>Last Month</th>
<th>Last Quarter</th>
<th>Standard</th>
<th>In Year Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance against financial plan</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>£nil</td>
<td></td>
</tr>
<tr>
<td>Expenditure against plan</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>£nil</td>
<td></td>
</tr>
<tr>
<td>Income against plan</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>£nil</td>
<td></td>
</tr>
<tr>
<td>Cash balance against plan</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>£nil</td>
<td></td>
</tr>
<tr>
<td>Agency and locum spend against plan</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>£nil</td>
<td></td>
</tr>
<tr>
<td>CIP delivery against plan</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>£nil</td>
<td></td>
</tr>
<tr>
<td>Pay CIP against plan</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>£nil</td>
<td></td>
</tr>
<tr>
<td>Capital spend against plan</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>£nil</td>
<td></td>
</tr>
<tr>
<td>Forecast Outcome</td>
<td>Red</td>
<td>Yellow</td>
<td>Yellow</td>
<td>£1.281m</td>
<td></td>
</tr>
</tbody>
</table>
FINANCE

Income, Expenditure and Savings

Accountable Officer: Director of Finance

(83) I&E - Trust level I&E is on plan with a year to date deficit of £4.6m. The deficit will increase each month until it reaches £5m in M6 and then is budgeted to improve to a £1.3m surplus. The risk is that the forecast outturn will be £6.6m or £8.6m depending on how much STF income is secured in Q3 and Q4.

Income – Income is £0.3m over plan for the year to date. Income from Kernow CCG is £0.1m above plan before contract penalties. NHSE income is £1.7m ahead of plan for the YTD plan due to the non-delivery of QIPP schemes by NHSE.

Expenditure - Pay totalled £19.9m in M5. This is £0.3m over plan. Non-Pay spend is £0.8m over plan for the year to date.

(84) CIP - Savings of £4.1m delivered to date which is £1m below plan. The full year forecast stands at £12.2m compared to a plan of £17.3m meaning that there is a risk of a £5.1m shortfall. In addition, £0.6m of schemes are red-rated and so have a high risk of non-delivery.
Agency spend – Monthly agency spend totalled £1.058m in August which is £115k more than in July and the second month in the financial year that the in-month target has been exceeded. Agency spend is now at the NHSI cap for the year-to-date.

In M5 there were 97 agency workers that have worked for the Trust for more than 2 months, up from 83 in M4. The 20 most expensive agency staff cost the Trust £366k in M5 compared to £334k in M4.

Cash - £10m actual cash balance due to timing of creditor payments and the under-spend against the capital programme. The main cash risk relates to the impact of not achieving the required level of savings and the impact that this could have on STF income.

Capital - £4.4m of expenditure to date which is £5.6m below plan. The main delays against spend planned for the month relate to the Neonatal / Birthing Centre project (£1.9m) and Health Informatics schemes including E notes and PAS (£1.8m). The Trust is expected to remain within its Capital Resource Limit in year.
OUR PEOPLE
Summary Dashboard

<table>
<thead>
<tr>
<th>Metric</th>
<th>THIS MONTH</th>
<th>LAST MONTH</th>
<th>LAST QUARTER</th>
<th>STANDARD</th>
<th>12 MONTH TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Staffing Utilised (FTE)</td>
<td></td>
<td></td>
<td></td>
<td>5071</td>
<td></td>
</tr>
<tr>
<td>Turnover - % of contracted staff headcount turnover</td>
<td></td>
<td></td>
<td></td>
<td>10-14%</td>
<td></td>
</tr>
<tr>
<td>Vacancy Rate - % FTE total vacancy gap</td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Agency Use FTE - temporary medical and non-medical staff procured externally</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Sickness Absence - % monthly FTE sickness</td>
<td></td>
<td></td>
<td></td>
<td>3.75%</td>
<td></td>
</tr>
<tr>
<td>Mandatory Training % - Compliance against requirements</td>
<td></td>
<td></td>
<td></td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Appraisal % - Compliance for all eligible staff</td>
<td></td>
<td></td>
<td></td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>
OUR PEOPLE
Key Workforce Indicators
Accountable Officer: Director of HR & OD

(88) Sickness absence in August increased by 0.01% to 3.44%. This is the third consecutive month with sickness within target. Long-term absence at 2.43% is much higher than short-term at 1.58% p.a. predominantly due to stress and MSK problems.

(89) Turnover reduced to 10.2% which is well within the planned range. Circa 3% of turnover is due to annual training rotations for junior doctors.

(90) Pay spend increased in August. As shown in the ‘Total Staffing’ chart, bank and substantive staff numbers reduced and agency increased which drives up pay costs. The pay cost apportioned by staffing solution deployed is reflected in the movement of pay costs.

(91) Active vacancies represent those in the recruitment process; between the approval to recruit to the starter joining the Trust. During August active FTE vacancies reduced although the trend for clinical roles remains upwards.
The vacancy gap reflects funded establishment less substantive staff in post. The total vacancy gap remained stable, however, registered nurse and medical vacancies increased.

Appraisal compliance in August reduced by 2.5% to 80.4%. However, this is 7.6% higher than the same point last year. Compliance is currently 14.6% below the 95% of eligible staff standard.

Mandatory training compliance improved by 0.3% to 86.1% in August (8.9% below standard).

Total staffing utilised in August reduced by 39 FTE of which substantive staff reduced by 53 FTE and temporary staff increased by 14 FTE. Across temporary staffing, bank usage decreased by 5 FTE and agency increased by 19 FTE.
Challenges remain to find cap compliant agencies, although positive progress is being achieved for Allied Healthcare Professionals. Agency framework compliance was 100% across each staff group.
(98) First decrease since May 17. 9 incidents of injury from a dirty sharp, 1 where injury was caused by a clean sharp.

(99) Compliance in sharps device training continues to improve. At 88.8% compliance is currently 1.2% below the standard set by the Trust of 90%.

(100) RIDDOR reports decreased to 4 this month, and the trend shows an average of 7 to 8 a month.

(101) There was one reported case of occupational dermatitis. This still remains low.
Partnership – Offer, integrated care, as close to home as possible

Summary Dashboard
Accountable Officer: Director of Strategy and Business Development

3.1i Develop Shaping Our Future (SOF) with our partner organisations.

- Recruitment into key roles continues, including NHSE secondment to new post of SRO (Digital transformation). Resourcing of the STP informatics requirement remains a critical challenge.
- We are in phase 2 of the workshops – consideration is being given to the scope and timing of wave 3 due to the complexities of the data analysis/modelling to meet evidence standards.
- The scope of the NMOC is widening - we will need to ensure that we can still deliver on the core model.
- Areas where we need to give additional attention – acute/community interface, rehabilitation, social care and housing.
- The MSK pathway business case is complete – subject now to approval processes.

3.1ii Progress the development of an ACS

- A stock take is underway of all the elements of the STP to inform ourselves/NHSE as to progress, risks and actions.
- The Portfolio Board is completing a review of the governance arrangements in place to ensure they are appropriate as we look to transition to an ACS, this will include oversight of Planned care and relationship with One Vision programme.
- NHSE have provided System Transformation Director, (6 months) reporting directly to the SoF System Leader.
- A further system wide work shop will take place in October to refresh the timetable, scope, and process for achieving ACS.
- Bids have been submitted for capital funding, however lack revenue pump priming is a significant risk.
3.3 Offer prompt appropriate discharge
Accountable Officer: Chief Operating Officer

3.4 Research, Development and Innovation
Accountable Officer: Director of Strategy and Business Development

(101) Reduce Growth in ED Attendances
Changes in the delivery of NHS 111 and Out of Hours service are anticipated to deliver a reduction in ED growth. The consortium bid was successful and will commence delivery in December 2017. A focus will need to be on interim arrangements via the A & E Delivery Board to ensure that there is no further deterioration.

ED attendances remain 6.5% ahead of profile compared to the same period last year.

(102) RD&I
Recruitment to trials is on profile for the year to date.

DTOCs – please refer to chart 75 on slide 36.