

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

30TH JUNE 2020

Subject:	Integrated Performance Report Review
Supporting TEG Member:	Michael Harper, Chief Operating Officer
Authors:	Michael Harper, Chief Operating Officer Balbir Bhogal, Performance and Information Director

PURPOSE OF THE REPORT:

The paper outlines proposed changes to the Trust Integrated Performance (IPR) Report

KEY POINTS:

- A review of the IPR indicators dashboard was undertaken by the Chief Executive, Chief Operating Officer and Performance and Information Director in March 2020.
- A number of indicators have been identified for removal as they are no longer current or have been superseded by new metrics.
- The reporting of length of stay will move to quarterly given the time lag of the availability of benchmarking data.
- Six community indicators have been identified for inclusion in the IPR to reflect the community services provided by the Trust.
- Indicators to be removed will be taken out of the June IPR (April data).
- The new indicators will appear in the July IPR (May data). A mock-up of the new IPR is attached.
- The infection control targets are being reviewed by TEG, particularly to ensure there isn't duplication between the rates per 100,000 bed days and the numerical targets. These will be updated in future IPRs.

IMPLICATIONS²:

AIM OF THE STHFT CORPORATE STRATEGY 2018-2020	TICK AS APPROPRIATE
1 Deliver the Best Clinical Outcomes	✓
2 Provide Patient Centred Services	✓
3 Employ Caring and Cared for Staff	✓
4 Spend Public Money Wisely	✓
5 Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATION(S):

The Board of Directors are asked to approve the changes to the IPR.

APPROVAL PROCESS:

Meeting	Date	Approved Y/N
TEG	10 th June 2020	N
TEG	17 th June 2020	N
TEG	24 th June 2020	

1. Purpose of the paper

The paper outlines a number of changes to the indicators within the IPR following a discussion with the Chief Executive and the Chief Operating Officer.

2. Indicators identified for removal - Removed from the report that will go to June Board (April Data)

- NHSI Segmentation - Categorisation not currently applied
- Potential under reporting of safety incidents - Indicator not defined nationally
- Caesarean Section rate – taken out of IPR, but left in the directorate dashboard – No national target identified
- Admitted and non-admitted Referral to Treatment position - Superseded by Patient Treatment List size metric, no longer national targets
- Proportion of temporary staff – Indicator not defined nationally
- Staff Engagement score – Superseded by a broader set of metrics now included
- CQC Inpatient survey – No longer current

3. Indicators that will be added - Added to the report to the July Board

1. Size of Patient Treatment List	January 2020 baseline
2. Request to fill to unconditional final offer	Average 8 weeks or less
3. Integrated Care team contacts – Community Nursing and ICT Therapy combined	43,000 per month
4. Intermediate Care at Home – Community Intermediate Care team – response time within required timescales	98% of responses are seen within the day if referred by 2pm or within 1 working day if received after
5. Intermediate Care Beds – Occupancy rate	Less than 91%
6. Intermediate Care Beds - Length of stay	Less than 35 bed nights
7. Out of hours GP Collaborative - % seen within required (A&E 4hr target equivalent) timescales	95% or more
8. Staff Survey	National average or better in all 11 domains

A mock-up of the new IPR summary is attached in Appendix A.

4. Further changes

- Across all existing metrics, where an indicator does not currently have a target, we will use 19/20 outturn performance as a baseline, to establish a target for 20/21.
- The reporting of length of stay will move to quarterly given the time lag of the availability of benchmarking data.
- Deep dives will include comparison to Trust position with the national position where available.

5. Recommendation

The Board of Directors is asked to:

- Approve the change to the IPR indicators

Trust Performance Overview

Indicator	Measure	Standard	Target Type	Current Data Month	Month Actual	YTD	Trend	Data Quality
CQC Compliance	Outcome of CQC inspection	Good in all five domains	SOF					
Deliver The Best Clinical Outcomes								
Hospital Mortality	Hospital Standardised Mortality Ratios	As expected or lower	SOF					
Hospital Mortality	Summary Hospital-level Mortality Indicator	As expected or lower	SOF					
MRSA bacteraemia	Trust Attributable / Assigned cases only	Zero cases	SOF					
MSSA bacteraemia	Trust Attributable cases only	to be determined - provisional 63 for year	SOF					
C.diff	Trust Attributable cases only	to be determined - provisional 94 per year	SOF					
C.diff	Healthcare Associated cases	to be determined - provisional 72 per year	SOF					
E.coli	Trust Attributable cases only	to be determined	SOF					
MSSA - infection rate	MSSA bacteraemia rate per 100,000 bed days (Public Health England - national rate is 34.4)	to be determined	SOF					
C.diff - infection rate	C.difficile infection rate per 100,000 bed days (Public Health England - national rate is 36.7)	to be determined	SOF					
E.coli - infection rate	E.coli bacteraemia rate per 100,000 bed days (Public Health England - national rate is 115.9)	to be determined	SOF					
Serious Incidents	Number of serious incidents (SI)	Number	Local					
Serious Incidents	Approved SI Report submitted within timescales	No overdue reports	Local					
Incidents	Number of finally approved incidents based on incident date	Number of incidents	Local					
Incidents	Percentage of incidents approved within 35 days based on approval date	95% within 35 days	Local					
Average Length of Stay (by discharges)	Average Length of Stay Elective	4.12 days (Dr Foster)	Local					
	Average Length of Stay Non Elective	4.58 days (Dr Foster)	Local					
Patient Falls	Number of patient falls	<19/20 total ()	Local					
Pressure Ulcers	Number of pressure ulcers acquired within STH	Max 98 per month (1176 per year)	Local					
Pressure Ulcers	Category 4 pressure ulcers	Zero	Local					
Never Events	Number of never events	Zero	SOF					
VTE	VTE Risk Assessment completed as proportion of all inpatient admissions	95%	SOF					
Dementia	Dementia Assessment as proportion of all inpatient admissions	90%	SOF					
Provide Patient Centred Services								
A&E 4-hour wait	Patients seen within 4 hours	95%	SOF					
>12 hr Trolley waits in A&E	No. of patients waiting > 12 hours	Zero	National					
Ambulance turnaround	Time taken for ambulance handover of patient	100% within 15 minutes	National					
Ambulance turnaround	Time taken for ambulance handover of patient	0% in excess of 30 minutes	National					
Ambulance turnaround	Time taken for ambulance handover of patient	0% in excess of 60 minutes	Local					
18 weeks RTT	Percentage of patients on incomplete pathways waiting less than 18 weeks	92%	SOF					
52 week waits	Actual numbers	Zero	National					
Size of PTL	Total size of Patient Treatment List	<= Jan-20	Local					
6 week diagnostic waiting	Percentage of patients waiting for a test	<=1%	SOF					
Cancelled Operations	Number of operations cancelled on the day for non clinical reasons	75 per month	Local					
	Number of patients cancelled on the day and not readmitted within 28 days	Zero	National					
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital	7.85% (National figure 2018/19)	Local					
	Percentage of out-patient appointments cancelled by patient	7.12% (National figure 2018/19)	Local					
DNA rate	Percentage of new out-patient appointments where patients DNA	7.44% (National figure 2018/19)	Local					
	Percentage of follow-up out-patient appointments where patients DNA	7.55% (National figure 2018/19)	Local					

Cancer Waits	Patient seen within 2 weeks of urgent referral	93%	National					
	Breast symptomatic seen within 2 weeks	93%	National					
	62 days from GP referral to treatment	85%	SOF					
	62 days from referral to treatment (Cancer Screening Services)	90%	SOF					
	31 day first treatment from referral	96%	National					
	31 day subsequent treatment (Surgery)	94%	National					
	31 day subsequent treatment (Radiotherapy)	94%	National					
	31 day subsequent treatment (Drugs)	98%	National					
e-Referral Service	Percentage of eligible GP referrals received through Electronic Referral Service	90%	Local					
Ethnic group data collection	Percentage of inpatient admissions with a valid ethnic group code	85%	National					
Elective inpatient activity	Variance from contract schedules	On plan	Local					
Non elective inpatient activity	Variance from contract schedules	On plan	Local					
Indicator	Measure	Standard	Target Type	Current Data Month	Month Actual	YTD	Trend	
Provide Patient Centred Services								
New outpatient attendances	Variance from contract schedules	On plan	Local					
Follow up op attendances	Variance from contract schedules	On plan	Local					
A&E attendances	Variance from contract schedules	On plan	Local					
Complaints	Percentage of complaints answered within 25 working days	90% answered within 25 days	Local					
Written Complaints Rate	Written complaints rate per 10,000 finished consultant episode	<19/20 rate ()	SOF					
Community Care	Integrated Care team contacts	43,000 per month	Local					
	Intermediate Care at home Community Intermediate Care response time	98% within 1 day	Local					
	Intermediate Care Beds Occupancy	91%	Local					
	Intermediate Care Beds Length of Stay	<35 days	Local					
Out of Hours GP Collaborative	% Seen Within 4 hours	95%	Local					
FFT Recommended	Patients recommending STH for Inpatient treatment	95%	SOF					
FFT Recommended	Patients recommending STH for A&E treatment	86%	SOF					
FFT Recommended	Patients recommending STH for Maternity treatment	95%	SOF					
FFT Recommended	Patients recommending STH for Community treatment	90%	SOF					
Community care –information completeness	RTT information completeness	48.7%	National					
	Referral information completeness	50%	National					
	Activity information completeness	50%	National					
Day surgery rates	Aggregate percentage of all BADS procedures recommended to be treated as day case or outpatient	88%	Local					
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard	Zero	SOF					
Employ Caring & Cared for Staff								
Sickness Absence	All days lost as a percentage of those available	4.00%	SOF					
Appraisals	Completed appraisals in last year	90%	Local					
Mandatory Training	Overall percentage of completed mandatory training	90%	Local					
Safer Staffing	Care Hours per patient day (Registered Nurses)	85% of planned hours or greater	Local					
	Care Hours per patient day (Total)	85% of planned hours or greater	Local					
Staff Turnover	Executive Team turnover (number of leavers as a percentage of total executive head count - rolling 12 months)	0%	SOF					
	Number of leavers as a percentage of total head count (rolling 12 months)	to be determined	SOF					
	Retention Rate	85%	SOF					
Agency spend	Under/overspending against Agency Control Total	<=0	SOF					
	Agency and bank spend as a percentage of total pay budget	8%	Local					
Recruitment	Request to fill to unconditional final offer	Average <= 8weeks	Local					

Spend Public Money Wisely								
I & E	YTD actual I & E surplus/deficit in comparison to YTD plan I & E surplus/deficit	>=0	SOF					
I & E Margin	I & E surplus/deficit as a percentage of total revenue	>=0	SOF					
Contract performance	Contracted Activity performance - variance from plan	On plan	Local					
Efficiency	Variance from plan	On plan	Local					
Cash	Actual	Above profile	Local					
Liquidity	Days of operating costs held in cash or cash equivalents	>0	SOF					
Capital	Capital Service Capacity - degree to which the provider's generated income covers its financial obligations	>2.5times	SOF					
	Expenditure - variance from plan	On plan	Local					
Use of Resources	Overall Use of Resources - NHSi weighted risk rating	<=2	SOF					
Deliver Excellent Research, Education & Innovation								
Recruitment to trials	Total number of patient accruals to portfolio studies	0	Regional -Y&H					
Annually Reported Indicators								
Staff Survey	National average or better in all 11 domains	0 domains below national average	Local					