

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	AUGUST 2019
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – JUNE 2019 DATA

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Performance Report (IPR) is produced by the Trust on a monthly basis to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The IPR provides assurance to the Board that all areas of performance are monitored with sentinel indicators, allowing the Board to gain assurance regarding actual performance, Trust priorities and remedial actions. Below are the highlights from the June 2019 report. The report has been discussed in detail by the Board's Quality Committee, Finance and Performance Committee and Strategic Workforce Committee. A summary of discussions at these meetings are included in Chair Reports to the Board of Directors.

Accident & Emergency (A&E) 4 Hour Compliance

- June performance for the organisation against the 4 hour target was 81.4%; against the NHS Improvement (NHSI) trajectory of 85.6%. This represents an improvement in performance compared to the previous month of 0.2% (from 81.2%), and a decrease compared to the same month last year (82.55% in 2018).
- There were no 12 Hour Trolley Waits in May.
- The proportion of patients who left the department without being seen was 3.8%.
- The unplanned re-attendance position remains high at 9.94%. Time to treatment within 60 minutes remained below 50% at 45.0%.

Patient flow continues to be compromised by a high number of >7 and >21 day patients, many of whom are reportable delayed transfers of care (DTC). External care package and community bed capacity is impacting on timely discharges. The Emergency Departments (EDs) are continuing to see an increase in activity (7% above plan).

Patient delays are proactively reviewed by the Multi-disciplinary Team (MDT) with escalation to Director level. Work continues with key partner organisations to increase community capacity and improve external flow with recovery plans in place.

The Trust has been working with South East Coast Ambulance NHS Foundation Trust (SECAmb) to review its handover delay improvement plan which has been implemented with monthly monitoring.

The Trust's ED Improvement Plan has also been refreshed.

18 Weeks Referral to Treatment (RTT) Standard

- The 18 week performance is above the agreed trajectory reporting at 82.06% against a trajectory of 80% for June 2019. A further reduction in 52 week wait patients was reported (now 3) and further reduction in backlog size.

Cancer 62 day GP RTT Standard

- 62 day performance reported at 72.94% against the improvement trajectory of 85.33% for June 2019. Validation continues until the beginning of September in line with the national time table.
- There were 3 patients waiting 104 days or more for treatment or potential diagnosis. Care Groups have carried out potential harm reviews against all 104 day patients and assurance can be provided that no harms have been found.

The actions to reduce >62 day breaches continues to include Director level review. There is a process to escalate to partner organisations at Chief Executive Officer (CEO) and Chief Operating Officer (COO) level. Deep dives are conducted into areas of reported diagnostic delays. Improvement plans are in place within endoscopy in particular to increase capacity and reduce waiting times.

6 Week Referral to Diagnostic Standard

The standard has been met for June with a compliance of 99.60%. At the end of the month there were 62 patients who had waited over 6 weeks for their diagnostic procedure. This is a reduction compared to the previous month (84).

Patient Experience and Patient Safety

- There has been a significant improvement with respect to patients who would not recommend the Trust to their friends and family, dropping to 0.9 from 1.8%, the lowest reported in six months.
- Overall the inpatient satisfaction rate remains positive.
- The number of mixed sex accommodation breaches in June 2019 has been maintained at zero for the second consecutive month.
- June reported 99% harm free care delivery for new harms in our control. The Trust has reported 99% or above for the last six months and remains below the national average for harms in acute hospitals.
- All harms remains below the national average of 93.76% and work continues with our community colleagues to address this.
- Year to date we have no methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia.
- Venous Thromboembolism (VTE) assessment recording has improved to 94.5%.
- The Friends and Family Test (FFT) satisfaction rate remains green, however, the FFT rate fell slightly in inpatients, ED and maternity.
- There has been a decline in complaints responsiveness due to the seasonal impact of staff annual leave and on-going development of governance teams following restructure. Actions have been put in place to bring this back in line and will be further informed by the outcome of an independent review which concludes in June 2019.

Financial Performance

The Trust has reported a deficit in month of £2.9m which is £0.2m better than the planned position. The year to date deficit of £10.8m is £0.3m ahead of plan.

The forecast Cost Improvement Programme (CIP) achievement for the year is £30m, but as the target increases throughout the year the Trust is maintaining confirm and challenge meetings to ensure robust delivery plans are in place. As at the time of reporting 86% of schemes forecast were delivered or 'green' rated. Care Groups, supported by the Programme Management Office (PMO), continue working up schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green.

Human Resources

The vacancy rate for the average of the last 12 months decreased to 10.6%. However, the monthly rate increased slightly to 8.37% (up from 8.65%). More work is being undertaken with Care Groups to target hard to fill vacancies, particularly within nursing and Medical specialties.

The turnover rate in month increased to 11.9% (last month 11.7%), and the 12 month average increased to 14.4% (14.3% last month). Exit data is reviewed to highlight any areas of concern and a detailed report is provided periodically to the Board's Strategic Workforce Committee and reported to Board through the Chair Report.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The report links to the corporate and strategic risk registers.	
LINKS TO STRATEGIC OBJECTIVES:	<ul style="list-style-type: none"> • Getting to good: Improve quality, safety and experience, resulting in Good and then Outstanding care. • Higher standards for patients: Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times. • A great place to work: Making the Trust a Great Place to Work for our current and future staff. • Delivering our future: Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services. • Right skills right time right place: Developing teams with the right skills to provide care at the right time, in the right place and achieve the best outcomes for patients. • Healthy finances: Having Healthy Finances by providing better, more effective patient care that makes resources go further. 	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	The report links to the corporate and strategic risk registers.	
RESOURCE IMPLICATIONS:	N/A	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Relevant sections of the IPR Performance have been considered by the following Board Committees: <ul style="list-style-type: none"> • Quality Committee. • Finance and Performance Committee. • Strategic Workforce Committee. Performance is discussed at an Executive and Care Group level at the following Groups: <ul style="list-style-type: none"> • Executive Management Team. • Executive Performance Review Meetings. 	
SUBSIDIARY IMPLICATIONS:	N/A	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	
RECOMMENDATIONS AND ACTION REQUIRED:		
The Board of Directors is asked to discuss and note the report.		