

INTEGRATED PERFORMANCE REPORT

REPORT TO:	BOARD OF DIRECTORS
DATE:	6 APRIL 2018
SUBJECT:	INTEGRATED PERFORMANCE REPORT
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT REPORT ISSUED MARCH 2018

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Performance Report 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 Integrated Performance Report 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 February 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.

Performance

Significant pressure remains on the whole system reflected by flow in our emergency pathways. Despite this significant challenge, the Trust did report a further improved performance position for February 2018 against the A&E 4 hour standard at 77.77%. At the time of writing the report (as at 28 March 2018), performance reported at 78.7%.

Our staff have been under considerable pressure due to operational challenges and this has been impacted further by winter pressures. Despite this, the dedication and focus of our staff should be commended. The implementation of a rapid assessment and treatment model (RAT) is starting to show good results.

The Trust continues to work with the whole system in East Kent to review capacity across all areas of the system, with a particular focus on discharge management. The Trust has also been working internally to make its own discharge processes as efficient as possible to improve the experience of our patients.

Although 2 week wait cancer performance reported compliance, our performance against other cancer standards remains a challenge. In particular, the 62 day standard from GP referral to treatment declined from the validated January 2018 figure of 74.87% to 73.31%. The total number of patients on the waiting list has not improved and remains high at 2,400, with those over 62 days maintained at 28 over 104 days. This is clearly not the standards we want to achieve for our patients and the Trust is working on detailed recovery plans which will be supported by the Cancer Alliance.

It is disappointing to report that our referral to treatment performance continues to be impacted by the pressures on emergency pathways. The need to cancel elective activity has continued longer than anticipated. Performance is reporting at 77.03% for February 2018 and the number of patients waiting beyond 52 weeks has increased significantly. Recovery plans for general surgery, gynaecology, orthopaedics, ENT and maxillofacial surgery are being developed. Patients are being contacted to discuss options available for

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treatment and the Trust is reviewing whole pathways to support improved theatre and clinic processes.

Despite the significant pressures across our organisation, diagnostic waits performance has been maintained.

Patient Experience, Safety and Effectiveness

Positive highlights from February 2018 data is notably:

- The friends and family test inpatient satisfaction rate remains positive at 97% recommended. In addition, there was a positive increase of recorded compliments to every single complaint. This is good news, given the operational pressure across all our sites during the winter period.
- Complaint response times have met our standard with 87% being responded to within agreed timescales with the client.
- Overall patient experience as expressed by the real time inpatient surveys remains 'red' overall. The Trust has continued to focus on five areas identified for improvement following the Trust's 2016/17 inpatient survey and the Trust has reported improvements in 4 out of the 5 areas reported.
- VTE assessment recording has now been sustained at 94.12% for February 2018, with the overall 12 month average now at 93.2%. The Trust is now looking to sustain performance by achieving a 12 month average of >95%. The February reported performance is a significant improvement nationally compared to other Trusts and a positive achievement given our continued challenges in our emergency care pathways in terms of flow and overcrowding.
- As reported in the previous report, we are reliably hitting the target for sepsis screening in our emergency departments. Our departments screen 94% overall and 85% of patients screened received intravenous antibiotics within an hour of arrival at hospital.
- Harm Free Care (New harms) improved again this month to 99.3% harm free care delivered to our patients. This compares to an amber position of 98.9% reported in January 2018. Following improvement work led by our Infection Control Team, there has been significant improvement in the prevalence of catheters and new urinary tract infections with these now rated lower than the overall national average and acute hospital average.
- The rate of falls reduced again in February and is registering as 'green' at 4.54 per 1,000 bed days. All harms, as reported by the Safety Thermometer, has improved, but remains red. It is important to note that these are harms patients are admitted with and are not in the control of our teams. Falls improvement continues to be spear headed by our 'Falls Stop Campaign' and the trust remains committed to working through our Trust wide network of Falls Champions to promote high standards of falls prevention care on all our wards.

Our key challenges are noted:

- Despite a reduction overall in the number of mixed sex accommodation breaches, the Trust is continuing to report breaches within the Clinical Decision Unit and some escalation areas. This is due to patient flow and decongesting the emergency departments to maintain safety.
- High bed occupancy remains hugely challenging with additional challenges resulting from the adverse weather thus far this year. Although the occupancy rates have reduced slightly to 100% and there has been a slight reduction in delayed transfers of care and readmissions, bed occupancy it is still too high to maintain patient flow throughout our hospitals.
- Theatre utilisation has been severely affected in February 2018 by the continued need to cancel elective activity due to increased non elective activity to include trauma.
- There has been a reported increase in the number of avoidable category 2 pressure ulcers in February 2018. Trust wide recovery includes the 'React to Red' and

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“Bottoms Up” campaigns. Recovery is further strengthened by the continued inclusion of tissue viability within the 2018 Quality strategy.

- Despite our infection control performance reporting within limits, this remains a particular concern and an area of focus. In particular there are concerns with MRSA rates and E.coli rates (both hospital ascribed and community ascribed). A Trust wide action plan remains in place with targeted actions to improve compliance to the Diarrhoea Assessment Tool, hand hygiene compliance, blood culture competence, anti-microbial stewardship and environmental cleanliness.
- The Trust is disappointed to report 8 serious incidents during February 2018. All incidents are subject to a root cause analysis process to extract the learning which will be shared across the Trust.
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Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the February 2018 position.

The Trust’s detailed finance position can be found on page 44 of the report. The Trust’s Income and Expenditure (I&E) deficit position in February (month 11) reported at £6.2m (consolidated position excluding Sustainability and Transformation Funds, and after technical adjustments) against a planned deficit of £2m.

The year to date I&E deficit is £26m, reporting £6.5m behind plan. We continue to work with our regulators to monitor the Trust’s Financial Recovery plan. The Trust’s forecast remains £11m worse than plan to recognise the expected impact of additional A&E pressures and winter costs which will deliver a £30m deficit for the full year. This is excluding the impact of any commissioner challenges.

As the expenditure impact of A&E/Winter are now impacting the financial position the revised Trust Forecast remains unchanged at £30.1m (after NHSi adjustments) and is dependent upon the ability of the Trust to deliver income at higher levels usually seen in March.

Human Resources

The Turnover rate in month is 13.5%. There is a continued focus on our hard to recruit roles, particularly within nursing and some Medical specialties. Our Human Resources Team is working hard with Divisions to identify new ways and methods of recruitment in a more timely way and to explore different workforce models. Exit interviews are constantly reviewed and analysed and a detailed report is provided periodically to the Board’s Strategic Workforce Committee and reported to Board through the Chair Report.

All HR metrics are reviewed and challenged at a Divisional level in our monthly Executive Performance Reviews.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The report links to the corporate and strategic risk registers.
LINKS TO STRATEGIC OBJECTIVES:	<p>Patients: Help all patients take control of their own health.</p> <p>People: Identify, recruit, educate and develop talented staff.</p> <p>Provision: Provide the services people need and do it well.</p> <p>Partnership: Work with other people and other organisations to give patients the best care.</p>
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	The report links to the corporate and strategic risk registers.

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RESOURCE IMPLICATIONS:	N/A
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Executive Performance Reviews Management Board Quality Committee Finance and Performance Committee Strategic Workforce Committee.
PRIVACY IMPACT ASSESSMENT: <i>NO</i>	EQUALITY IMPACT ASSESSMENT: <i>NO</i>

RECOMMENDATIONS AND ACTION REQUIRED:

(a) To discuss and note the report.