

INTEGRATED PERFORMANCE REPORT

REPORT TO:	BOARD OF DIRECTORS
DATE:	MAY 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 APRIL 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

The Trust's A&E 4 hour performance improved again to 78.78% in March 2018. Notwithstanding this, significant pressure on the whole system remains with individual days in March 2018 reporting very high attendances which peaked at 300 on one site. The improved performance indicates that the small incremental changes can be made when flow is achieved as a result of lower bed occupancy across all wards.

The Programme Management support previously provided by Carnall Farrar ended on the 31st March 2018. An internal ED PMO was established and effectively took over on 1st April 2018. The ED PMO has adopted a similar approach to that of the Finance Special Measures PMO, in that the Head of the ED PMO is working in partnership with the Improvement Director, to provide some challenge into the current workstreams and identify further opportunities for improvement. As a result, the A&E Improvement Plan is currently being revised to reflect three key areas of work:

- Service improvement and redesign
- Estates and building work
- Workforce development

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.

Our performance against the 62 day cancer standard from GP referral to treatment remains a challenge. As a result of this challenge, it is an absolute priority for 18/19. The March validated position reported at 70.51%. For the first time this year, the Trust failed the 14 day (2 week wait) standard due to a high number of referrals (especially within urology and breast). The Trust is working with the Kent and Medway Cancer Alliance, in particular with urology, colorectal, lung and upper gastrointestinal pathways.

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Performance against the 18 week RTT standard was impacted by mandated cancellation of elective surgery in January and February 2018 and poor weather in March. March 2018 performance reported at 76.08%, a further deterioration compared to February 2018 which reported at 77.03%. The number of patients waiting for treatment beyond 52 weeks has increased significantly. The majority of those over 52 weeks are general surgery and gynaecology. Each patient record is being reviewed by a Consultant and patients are being contacted to discuss options for 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 March 2018 data is notably:

- The friends and family test inpatient satisfaction rate remains positive at 96% 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.
- Bed occupancy reported a slight improvement at 97% for March 2018. Great focus on operational improvement, the SAFER work, especially at QEQM made a difference which impacted positively on patient flow, in particular discharges before midday and a reduction in non-elective readmissions.
- Harm Free Care (New harms) improved again this month to 99.1% harm free care delivered to our patients. This compares to an amber position of 99.3% reported in February 2018.
- The Trust's falls rate has reduced further below the national rate to 4.87/1000 bed days and the pressure ulcer rate has also fallen. Crude mortality has also fallen this month and our adjusted mortality indices continue to compare favourably with other acute Trusts nationally.
- At year end Clostridium difficile HAIs remained below the trajectory set by the Department of Health.

Our key challenges are noted:

- At a trust level, the length of stay has increased for both elective and non-elective admissions. This is linked to the fact that the number of reportable "delayed transfers of care" (DTOCs) has increased to the highest this year at 63. It would suggest that the external capacity to support people at home or in a safe bed is challenged.
- Overall patient experience as expressed by the real time inpatient surveys remains 'red' overall, with privacy and dignity care taking a slight decline. Despite the improved position, we are still reporting mixed sex breaches in the Clinical Decision Units and in some of the escalation areas. This is due to patient flow and decongesting the Emergency Departments to maintain safety.
- All harms, as reported by the Safety Thermometer, has improved, but still remains red. These are the harms patients are admitted with and not in the control of our teams.
- Although VTE assessment recording has improved that improvement has to be sustained, March was 94.4% and the 12 month average has come up to 93.5%, it needs to be >95%.
- Infection prevention and control will continue to be a concern until the other HAI indices in addition to Clostridium difficile show a similar degree of control.

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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 March 2018 position.

The Trust's detailed finance position can be found on page 43 of the report. The Trust's Income and Expenditure (I&E) deficit position in March (month 12) reported at £4m (consolidated position excluding Sustainability and Transformation Funds, and after technical adjustments) against a planned deficit of £0.5m (£4.4m adverse to plan).

The year to date I&E deficit is £29.9m, reporting £11m behind plan. We continue to work with our regulators to monitor the Trust's Financial Recovery plan. After allowing for £3.2m of potential determinations losses and a gain of £1.8m for additional CQUIN money, neither of which were in the forecast the Trust has delivered £1.4m better than expected.

Human Resources

The Turnover rate in month is 13.5%, although the 12 month average is higher than average. 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.	
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: NO	EQUALITY IMPACT ASSESSMENT: NO	

RECOMMENDATIONS AND ACTION REQUIRED:

(a) Discussion.