

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	12 SEPTEMBER 2019
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – JULY 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 July 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

- July performance for the organisation against the 4 hour target was 81.35%; against the NHS Improvement (NHSI) trajectory of 84.2%. This represents a slight drop in performance compared to the previous month from 81.40%. The number of patients attending Emergency Departments (EDs) continues to be +7% above plan.
- There were no 12 Hour Trolley Waits in July.
- The proportion of patients who left the department without being seen was 3.70%.
- The unplanned re-attendance position is slightly improved at 9.54%
- Time to treatment within 60 minutes has remained static at 46.2%.

Patient flow continues to be under pressure due to the high number of >7 and >21 length of stay day patients, many of whom are reportable delayed transfers of care (DTOC). The impact of limited external capacity creates increased risk across the whole emergency patient pathway. Kent and Medway NHS and Social Care Partnership Trust (KMPT) have a recovery plan in place for the rapid transfer service which is being implemented.

Actions in place to mitigate the risk of patient delay is the implementation of the Discharge Patient Tracking List (DPTL) weekly ward review of all patients with a length of stay over 21 days. This is a national initiative which requires a weekly report to be submitted to NHSI to report the number of over 21, 50 and 100 day patients. The weekly review involves a senior Multi-Disciplinary Team. Since implementing these at Queen Elizabeth The Queen Mother Hospital (QEQMH) the number of over 21 day patients has halved.

East Kent Hospitals has an improvement plan in place to improve ambulance handover times. In July there were 38 delays against a trajectory of 30, which although below trajectory is a significant improvement against June when there were 96 delays, and April's reported 150.

18 Weeks Referral to Treatment (RTT) Standard

The 18 week performance is above the agreed trajectory reporting at 82.46% against a trajectory of 80.00% for July 2019. A reduction in backlog size to 7,946 and waiting list size to 45,292. There is a further reduction in the number of 52 week wait patients reported (2). Daily oversight and scrutiny of all patients down to 40 weeks continues and with a detailed plan for the next key event.

Cancer 62 day GP RTT Standard

- 62 day performance reported at 82.80% against the improvement trajectory of 85.96% for July 2019.
- There were 7 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 reported.

The actions to reduce >62 day breaches is improving waiting times and progressing to timescale and the number of long waiting patients is decreasing overall.

The number of referrals onto a 2ww pathway has increased to the highest level this year of 3,676 and an increase of over 400 when compared to June (3206). The high number of referrals is being seen across all tumour groups and there are no national campaigns on currently that are driving this increase.

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 July with a compliance of 99.42%. As at the end of the month there were 86 patients who had waited over 6 weeks for their diagnostic procedure.

Patient Experience and Patient Safety

- The Friends and Family Test (FFT) a) "recommended" and b) "not recommended" remains green registering 96%. Improvement is noted for outpatients and maternity.
- There have been no Meticillin-Resistant Staphylococcus Aureus (MRSA) bacteraemias reported year to date and the Meticillin Sensitive Staphylococcus Aureus (MSSA) rate is below average for the South of England.
- The number of C. difficile cases reported is within the Department of Health trajectory.
- The Trust's falls rate of 4.91/1000 bed days is the lowest it has been in the last 12 months and is below the national falls rate.
- There has been an increase in mixed sex accommodation (MSA) breaches, which has risen above zero in July. Recovery action is led by the Trust's MSA collaborative action plan.
- Overall results for the Inpatient Survey "Did you get the care that matters to you?" has decreased in July compared to June. It is noted that July performance includes a (positive) increase in performance against the sub metrics "Are you aware of nurse in charge of you each shift?" and "Help from staff to eat meals".
- Complaints response within timeframe continues to register amber. The results of an independent review into complaints, will be reported this month (August) and the recommendations will be used to support further recovery action.
- There has been a rise in category 2 pressure ulcers reported. The Trust's rate of harm free care (new harms) has slipped compared to recent good performance. There is an increase in recording of pressure ulcers at time of admission and this too is a driver for a

slight fall in harm free care (all harms). Focus remains on prevention actions, which include increased availability of site based training.

- Despite good performance in Venous Thromboembolism (VTE) assessment recording in some care groups, this is not achieved in **all** care groups and the overall Trust performance remains at 94%, just beneath the 95% threshold. All patients who acquired pulmonary embolisms whilst in the Trust's care in July continue to be investigated to ensure VTE prevention was followed.

Financial Performance

The Trust has reported a deficit in month of £1.8m which is £0.1m better than the planned position. The year to date deficit of £12.5m is £0.4m ahead of plan.

The forecast Cost Improvement Programme (CIP) achievement for the year is £30m. While the financial position in July remains positive, the level of CIP delivery increases significantly throughout the year therefore continued focus on delivery of savings efficiencies is crucial to deliver our Income & Expenditure (I&E) plan. 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 decreased to 10.4% (last month 10.6%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate increased slightly to 8.58% (up from 8.37%).

The turnover rate, excluding doctors in training, in month decreased to 11.8% (last month 11.9%), and the 12 month average decreased to 14.2% (14.4% last month). Exit data is reviewed to highlight any areas of concern.

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.		