

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 OCTOBER 2019
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – AUGUST 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 August 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

- August performance for the organisation against the 4 hour standard was 80.23%; against the NHS Improvement (NHSI) trajectory of 86.6%. This represents a slight drop in performance compared to the previous month from 81.40%. There continues to be an increase in the number of patients attending the Emergency Department (ED) of 7% above plan year to date (YTD).
- There were no 12 Hour Trolley Waits.
- The proportion of patients who left the department without being seen increased to 4.5% and reflects the increased activity, particularly in the evenings.
- The unplanned re-attendance position has remained static at 9.69%.
- Time to treatment within 60 minutes deteriorated to 44.5%.

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 (DTC). The impact of limited external capacity creates increased risk across the whole emergency patient pathway from patients being delayed in ED awaiting admission to a ward or due to patients decompensating within a ward environment awaiting access to an appropriate discharge plan.

The 7% YTD increase in A&E attendances converts to additional inpatient admissions of 3% in month above plan. The increased activity creates additional pressure on the whole emergency pathway.

East Kent Hospitals have been asked to improve ambulance handover and have an improvement plan in place with an agreed trajectory of improvement. In August there were 15 x 60 minute delays against a trajectory of 27, which is a significant improvement.

18 Weeks Referral to Treatment (RTT) Standard

The 18 week performance is above the agreed trajectory reporting at 81.81% against a trajectory of 78% for August 2019. The backlog size has increased to 8,389 and waiting list to 46,121. The increase in backlog is due to seasonal variation and planned annual leave.

There has been a further reduction in the number of 52 week wait patients reported (1). 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 80.22% against an increased improvement trajectory of 86.31% for August 2019. Validation continues until the beginning of October in line with the national time table. Improvement actions to sustainably reduce the number of >62 day breaches continue to be progressed with daily and weekly director level oversight. The number of long waiting patients is decreasing overall.
- There was 1 patient waiting 104 days or more for treatment or potential diagnosis. Care Groups carry out potential harm reviews against all 104 day patients and assurance can be provided that no harms have been reported.

Key drivers impacting on the current performance include an increased demand for 2 week wait (2ww) referrals in lower Gastrointestinal (GI) and dermatology. In addition delays with complex pathways for lung cancer and upper GI due to tertiary centre involvement in pathways.

Care Groups are working to implement 7 day booking capacity to increase the number of patients who are offered an appointment within 48 hours of referral received within the Trust. In addition, additional capacity for 2ww surgical and dermatology clinics are being explored.

The daily Director led meetings are continuing with Chief Operating Officer (COO) and Chief Executive Officer (CEO) escalations to partner trusts in order to expedite patient pathways.

6 Week Referral to Diagnostic Standard

The standard has been met for August with a compliance of 99.08%. As at the end of the month there were 137 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 98% and 0.8% respectively in August.
- Overall results for the Inpatient Survey question "did you get the care that matters to you?" has reported an improvement.
- Infection prevention and control performance has been sustained. There have been no MRSA bacteraemias reported year to date and the MSSA rate is below average for the South of England.
- The C. difficile reported position is within our Department of Health trajectory.
- Harm Free Care experienced in our care (New Harms only) reported at 99.47% an improvement to last month (98.28% July 2019).
- The prevalence of New Pressure Ulcers, venous thromboembolism, Falls with Harm and Catheters and New Urinary Tract Infections (UTIs) with Harm continues to remain significantly below the national average for Acute Hospitals.
- Although there is a low rate of falls with harms the number of falls incidents Trust wide has increased in August. This continues to be monitored by the Falls Prevention Team of

the compliance with weekly ward based audits to identify areas requiring challenge and support.

- Overall Harm Free Care (HFC) relates to the Harms patients are admitted to the Trust with, as well as those they acquire in our care. The Safety Thermometer for August 2019 (90.58%) shows a slight improvement to last month (90.51%) but remains below national average (93.97%). The overall data shows therefore that there is an increase in patients being admitted to our trust with harms.
- Mixed sex accommodation (MSA) breaches remains amber and work remains in place to validate this position. Recovery action continues to be led by the Trusts MSA collaborative action plan.
- Complaints response within timeframe is registering red in August. This deterioration reflects (in part) a move away from providing extensions to the original timeframes. Following an independent review of the complaints function work is underway to increase the local ownership of complaints, to improve patient experience and timeliness.
- 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 in this remains plateaued at 94%, just beneath the 95% threshold. Training continues for VTE staff continues.

Financial Performance

The Trust generated a consolidated deficit in month of £2.7m which was consistent with the planned position. The year-to-date deficit of £15.2m is £0.5m ahead of plan. The yearend forecast remains in line with the planned position of a consolidated £37.5m deficit excluding technical adjustments.

The Trust's annual Cost Improvement Programme (CIP) target of £30m represents a significant challenge to deliver as it is the maximum the Trust considered achievable and will required concerted efforts on driving efficiency and cost consciousness throughout the Trust. The CIP plan increases throughout the year therefore it is crucial that the Trust continues working up savings 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 10.2% (last month 10.4%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate increased slightly to 9.21% (up from 8.58%). More work is being undertaken to target hard to fill vacancies, particularly within nursing and Medical specialties.

The Turnover rate, excluding Doctors in training, in month increased to 11.9% (last month 11.8%), and the 12 month average remained 14.2% (14.2% last month). Exit data is reviewed to highlight any areas of concern.

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

	<p>Place to Work for our current and future staff.</p> <ul style="list-style-type: none"> • 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	<p>Relevant sections of the IPR Performance have been considered by the following Board Committees:</p> <ul style="list-style-type: none"> • Quality Committee. • Finance and Performance Committee. • Strategic Workforce Committee. <p>Performance is discussed at an Executive and Care Group level at the following Groups:</p> <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.		