

REPORT TO:	BOARD OF DIRECTORS (BoDs)
DATE:	7 MARCH 2019
SUBJECT:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT - JANUARY 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 January 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.

A&E 4 Hour Compliance

January 2019 performance for the organisation against the 4 hour target was 74.2%; against the NHS Improvement trajectory of 88.4%. This represents a decrease in performance compared to the previous month (79.4%), but an improvement on the Trust wide compliance on the previous January (69.3% in 2018). There were no 12 Hour Trolley Waits in January.

The number of patients who left the department without being seen remained compliant at 3.02%.

The unplanned re-attendance position remains high at 9.59%. Time to treatment improved above 50% following performance drop in the previous month (December) to 48.7%.

18 Weeks Referral to Treatment (RTT) Standard

January performance improved to 76.10% against an improvement trajectory of 81.16%. The Planned Care Activity Recovery Plan includes a work stream to maximise outpatient clinic utilisation and reducing the number of "Did Not Attends" and cancellations.

The number of patients waiting over 52 weeks for first treatment has continued to over perform and improve with the number decreasing further to 38. This is within the trajectory of 125 submitted to NHSI and is a reduction of over 50% since April 2018 when there were 222 patients waiting.

An update on performance against our improvement plan can be found within the detail of the IPR.

Cancer 62 day GP Referral to Treatment Standard

January 2019 performance for 62 day treatments is currently 67.92% against the

improvement trajectory of 85.31%, validation continues until the beginning of March in line with the national timetable. There were 10 patients waiting 104 days or more for treatment or potential diagnosis.

2ww performance has been achieved at 96.45% against a performance standard of 93% and has shown a significant improvement over the past three months.

All patients on a 2ww pathway and those who are over 73 days are reviewed daily and into patient level detail. There is also a weekly cancer PTL meeting to progress patient pathways.

An update on performance against our improvement plan can be found within the detail of the IPR.

6 Week Referral to Diagnostic Standard

The standard is compliant for January with a compliance of 99.73% against a trajectory of 99.11% and has maintained a compliant and improving position for the last four months.

An update on performance against our improvement plan can be found within the detail of the IPR.

Patient Experience and Patient Safety

In terms of patient safety, the following positive highlights were reported:

- The Friends and Family test inpatient satisfaction rate remains positive at 96%.
- The compliments to complaints ratio is registering green this month with 49 compliments for every complaint.
- Complaints performance has improved in January with 3 day acknowledgement registering 100%. However, there is further work to do with regard to response times within timescales agreed with the client which is registering amber at 84%. Part of the reason for the drop in performance is due to focussed work on the backlog. Improvement work and a review of the complaint process by an external expert is being planned.
- We have seen an improvement this month in the number of patients feeding back to us that they are up and dressed. This allows them to feel more like themselves and aids recovery.
- Patients' perception of cleanliness, hospital food and knowing who is in charge, have also all improved in January.
- There had been a continued fall in *e.Coli* bacteraemia rates, related to the prevalence of catheter associated urinary tract infection (UTI) and New UTI's with harm continuing below the national average for acute hospitals.
- Harm free care for new harms was above 99%, rising above the upper control limit. As part of this both the pressure ulcer rate and falls rates have come down in January.
- *Clostridium difficile* infections continue to report just below the Department of Health trajectory.

Despite the improvement in *E.coli* bacteraemia, Healthcare Associated Infections remains an area of challenge requiring further improvement concentrating on embedding of good infection prevention and control practice and full implementation of the aseptic non touch technique principles.

VTE assessment recording for this month has improved in comparison to last month but is below the target of 95%.

Masked by the overall Trust value of 91.8% are areas of good practice reaching 100% offset by other areas where performance is below 90%. This will remain under constant review with the Care Groups until performance is sustained.

Patient flow has been severely compromised due to low discharge profile for all sites. The

significant reduction in capacity for discharge has caused an increase in site occupancy transfers to Canterbury and over 7 day patients admitted.

In January there were 23 unjustified mixed sex occurrences reported. This is similar to last month but remains half the number reported in the Summer last year. The reason for the breaches is to maintain safety and flow through the Emergency Departments (ED).

Improvement work is in place across the paediatric pathway (from ED to ward / theatres). The Trust continues to receive daily assurance that safety checks are completed and that safe staffing levels are in place within these areas.

Financial Performance

The Trust has generated a consolidated deficit in month of £2.5m (£0.6m behind plan) and a year to date (YTD) deficit of £67m which is £41.2m behind plan. The main drivers of the deficit in month are the continuing themes whereby operational pressures are leading to significant Agency spend on Medical and Nursing staff but Elective activity and income are increasingly falling behind a plan which was based on increasing inpatient elective activity in Q3 and 4. In addition, there was a slowing down of outpatient work following the PAS implementation.

Whilst non elective work is over performing it is insufficient to make up for the elective shortfall. In addition to these drivers the YTD position is impacted by a £34.3m impairment. Reserves now remaining are very small and the financial position relies on the delivery of increased elective and outpatient activity over the coming two months which, if not delivered, will lead to a failure to deliver the revised financial forecast. Care groups are meeting weekly with the Chief Operating Officer and Director of Finance to improve the elective trajectory.

The Trust’s detailed finance position can be found on page 43 of the report. We continue to work with our regulators to monitor the Trust’s Financial Recovery plan.

Human Resources

The vacancy rate increased to 13.0% (up from 12.9%) for the average of the last 12 months, which is higher than last year. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties.

The Turnover rate in month remained 12.0% (last month 12.0%), but the 12 month average increased to 14.0% (13.9% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

Our Human Resources Team is working hard with Care Groups 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 Care Group level in our monthly Executive Performance Reviews.

A full report on the HR metrics can be found on pages 32 – 36 of the IPR.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The report links to the corporate and strategic risk registers.
LINKS TO STRATEGIC	Patients: Help all patients take control of their own health.

<p>OBJECTIVES:</p>	<p>People: Identify, recruit, educate and develop talented staff. Provision: Provide the services people need and do it well. Partnership: Work with other people and other organisations to give patients the best care.</p>	
<p>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</p>	<p>The report links to the corporate and strategic risk registers.</p>	
<p>RESOURCE IMPLICATIONS:</p>	<p>N/A</p>	
<p>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</p>	<p>N/A</p>	
<p>PRIVACY IMPACT ASSESSMENT: NO</p>	<p>EQUALITY IMPACT ASSESSMENT: NO</p>	
<p>RECOMMENDATIONS AND ACTION REQUIRED: The Board is asked to discuss and note the report.</p>		