

REPORT TO:	BOARD OF DIRECTORS
DATE:	4 APRIL 2019
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT – FEBRUARY DATA APPENDIX 2: SUMMARY OF CHANGES TO THE IPR

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 February 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. The report has reduced in length as we aim to refine it to avoid duplication; detail which is unhelpful and judged by those areas over which the Board has not made comment in the last year and high level metrics that may mask important variation. The summary of changes to the IPR is attached as Appendix 2. Further refinements along these lines will occur next month and we will add in metrics that reflect new national performance requirements or internal areas of focus.

A&E 4 Hour Compliance

February performance for the organisation against the 4 hour target was 73.85%; against the NHS Improvement trajectory of 87.6%. This represents a slight decrease in performance compared to the previous month (74.20%), and a similar level of performance as last year (73.75% in 2018). There were no 12 Hour Trolley Waits in February.

The number of patients who left the department without being seen remained compliant at 3.56%.

The unplanned re-attendance position remains high at 9.82%. Time to treatment reduced below 50% to 47.9%. The focus has been on training in new processes and implementation. The next period will focus on embedding.

18 Weeks Referral to Treatment (RTT) Standard

February performance has again improved to 77.89% against an improvement trajectory of 80.87%. The Planned Care Activity Recovery Plan includes a work stream to maximise outpatient clinic utilisation and reducing the number of DNA's and cancellations.

The number of patients waiting over 52 weeks for first treatment has continued to improve with the number decreasing further to 27. This is within the trajectory of 115 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. We plan to get to zero by the end of March although a small number of complex patients may remain.

Cancer 62 day GP Referral to Treatment Standard

January performance for 62 day treatments is currently 77.05% against the improvement trajectory of 85.24%. Validation continues until the beginning of April in line with the national timetable.

There were 8 patients waiting 104 days or more for treatment or potential diagnosis.

2ww performance has been achieved at 98.30% against a performance standard of 93% and have shown a significant improvement over the past four months.

All patients on a 2ww pathway and those who are over 73 days are reviewed daily and into patient level detail.

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 has been met for January 19 with a compliance of 99.49%. As at the end of the month there were 73 patients who had waited over 6 weeks for their diagnostic procedure.

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 97%.
- Complaints performance has improved in February and is reporting 91% for responses to client within agreed timescales.
- February has reported 99% harm free care delivery for new harms in our control. We remain below the national average for harms in acute hospitals.
- The Trust reported an increase in hand hygiene compliance during February 2019.
- No avoidable pressure ulcers have been reported during February 2019 and the falls rate remains below the national levels.
- *Clostridium difficile* infections continues to report below the Department of Health trajectory.
- The Trust wide performance for VTE assessment recording reported at 91.9%. Although the Trust performance reported below the national target of 95%, one Care Group reported 99.9% year to date.

In February 2019 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).

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. The number of delayed transfers

of care has increased to their highest level in the past five months. This remains an area of focus with a continued focus on discharges before midday and greater number of patients being discharged through the discharge lounge. The Trust is working externally with community colleagues to maximise community capacity.

Financial Performance

The Trust has reported a deficit in month of £5.4 (£1.2m behind plan). The year to date position reported a deficit of £37.6m which is £8.6m behind plan. The main drivers of the deficit remain under performance on the elective plan, in year winter pressure and high agency usage.

The Trust's detailed finance position can be found on page 51 of the report. We continue to work with our regulators to monitor the Trust's Financial Recovery plan.

Human Resources

The vacancy rate remained at 13.0% 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 decreased to 11.8% (last month 12.0%), but the 12 month average remained at 14.0% (14% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting 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 page 32 of the IPR.

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

	<p>patients</p> <ul style="list-style-type: none"> • 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> <p>Quality Committee Finance and Performance Committee Strategic Workforce Committee</p> <p>Performance is discussed at an Executive and Care Group level at the following Groups:</p> <p>Executive Management Team Executive Performance Review Meetings</p>	
SUBSIDIARY IMPLICATIONS:	N/A	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and note the report.