

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	13 FEBRUARY 2020
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – DECEMBER 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 December 2019 report. The report has been discussed in detail by the Board's Quality Committee and Finance and Performance 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 (December 2019)

- 93.3% of patients received initial assessment within 15 minutes of arrival.
- There were 12 x 12 Hour Trolley Waits in December and these were due to demand and capacity pressures.
- The proportion of patients who left the department without being seen remained at a reduced level of 3.42%.
- The unplanned re-attendance position has decreased slightly to 9.99%.
- Time to treatment within 60 minutes improved slightly to 43%.

Patient flow remains under pressure due to higher acuity of patients attending Emergency Department (ED). There has also been an increased number of patients with a length of stay >7 and >21 day, many of whom are reportable delayed transfers of care (DTC). Many of these patients require complex discharge plans, which may be dependent upon acceptance into limited external capacity, i.e. community or private residential or nursing home capacity; Elderly Mentally Infirm (EMI) homes or care packages.

Daily Director or Senior Nurse review of all patients is in place on the multidisciplinary board rounds. Additional consultant and junior doctor capacity has been utilised to enhance clinical cover at weekends.

The 7% year to date (YTD) increase in A&E attendances converts to an additional 6% non-elective inpatient admissions YTD and equates to 3,836 additional admissions above plan YTD. The increased activity creates additional pressure on the whole emergency pathway and in particular bed capacity, particularly if the patient requires complex discharge arrangements.

18 Weeks Referral to Treatment (RTT) Standard

The 18 week performance is slightly better than agreed trajectory reporting at 80.32% against a trajectory of 79% for December 2019. The waiting list has decreased to 46,686. Detailed plans are in place to continue RTT improvement.

There has been 5 x 52 week wait patients reported, all of whom were complex. 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 is reported at 85.06% and compliant against the national standard.

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 with escalation at Director level to tertiary centres.

6 Week Referral to Diagnostic Standard

The standard was achieved in December with a compliance of 99.55% against a trajectory of 99.11%.

Patient Experience and Patient Safety

- Friends and Family Test a) “recommended” and b) “not recommended” remains green.
- The harm free rate reported at 99.49%, an improvement on last month.
- New Pressure Ulcers (PUs); Venous Thromboembolism (VTEs) and catheter associated new urinary tract infections (UTIs) continue to remain below the national average for Acute Hospitals. Getting It Right First Time (GIRFT) National Thrombosis for VTE new patient admission booklets are now in use within the Trust.
- There were no confirmed category 3 or 4 PUs reported in December 2019. However, category 2 PUs and moisture associated skin damage reported an increase, particularly at the time of admission to hospital. The Trust has an organisational wide action plan in place and this has been reconfigured to reflect Trust-wide priorities.
- The Trust is disappointed to report a never event of a wrong implant shoulder surgery, there was no associated patient harm or requirement for further intervention. This incident is currently under investigation. An action plan will be developed and learning will be disseminated.
- Falls incidents Trust-wide have increased in December. All patients who had more than one fall are assessed by the Falls Team and measures put in place to prevent falls. There is continued focus on delivering the FallStop programme and clinical induction awareness.
- Mixed sex accommodation (MSA) breaches continue to register red in December. Seasonal operational pressures have contributed to this increase. Of continued positive note, increased validation of breaches and continued reporting to the daily site safety huddles, supports improvement in data accuracy and staff focus on this important area.

Financial Performance

The Trust generated a consolidated deficit in month of £3.3m which was £0.3m worse than the plan. This brought the YTD position to a £26.4m deficit which was £0.4m better than plan, which is a positive position to report at the end of Q3. The year-end forecast remains in line with the plan of a consolidated £37.5m deficit excluding technical adjustments.

While the year-to-date financial position in December remains positive, the level of Cost Improvement Programme (CIP) delivery increases significantly throughout the year, therefore, continued focus on development and delivery of savings efficiencies is crucial to deliver our Income & Expenditure (I&E) plan and ensure we are in a good position moving into the new financial year.

This focus on delivering the financial position is being maintained by a combination of monthly Executive Performance Review meetings and Confirm and Challenge meetings led by the Chief Operating Officer and Director of Finance and Performance. Additionally EKHUFT has developed an internal Financial Special Measures framework to ensure all areas of the Trust are appropriately challenged and supported to deliver their financial plans.

Human Resources

The 12 month vacancy rate decreased to 9.5% (last month 9.7%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate increased slightly to 8.66% (up from 8.11%), mostly due to slight increases in vacancy rates across most of the Care Groups. This is a regular occurrence over the Christmas period. There are currently approximately 715 Whole Time Equivalent (WTE) vacancies across the Trust. More work is being undertaken to target hard to fill vacancies, particularly within nursing and medical specialties.

The turnover rate, including Doctors in training, in month increased to 14.3% (last month 14.1%), and the 12 month average was 14.2% (14.2% 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.

All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews. 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 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	<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. <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.		