

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	9 MAY 2019
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – MARCH 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 March 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

March performance for the organisation against the 4 hour target was 78.23%; against the NHS Improvement trajectory of 87.6%. This represents an increase in performance compared to the previous month (73.8%), and an increase compared to the same month last year (75.1% in 2018). There were no 12 Hour Trolley Waits in March.

The proportion of patients who left the department without being seen was 3.67%. The unplanned re-attendance position remains high at 9.8%.

Time to treatment remained below 50% at 44.9%.

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

18 Weeks Referral to Treatment (RTT) Standard

March performance has again improved to 80.03% against an improvement trajectory of 80.76%. During March the Care Groups have focussed on increasing year end delivery of outpatient day care and inpatient capacity and to ensure that long waiting patients are progressed through their pathways in order to continue to reduce patients waiting over 52 weeks. The waiting list and overall size has improved.

During the past year the number of patients waiting over 52 weeks has decreased from 222 in March 2018 to 8 in March 2019.

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

March 62 day performance is currently 80.43% against the improvement trajectory of 86.17%, validation continues until the beginning of May in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,616 and there were 7 patients waiting 104 days or more for treatment or potential diagnosis.

Significant improvement plans are in place on all tumour sites and cancer pathways with initiatives are continuing to show improvement. The Cancer Improvement Plan is shared with NHSI and also the Clinical Commissioning Group (CCG) monthly at the Contract Performance meeting. The improvement Plan will be updated for 2019/20 to incorporate on-going and new actions.

2ww performance has been achieved at 97.85% against a performance standard of 93% and have shown a significant improvement over the past five months. The improvement with 2ww performance has continued, although there was an in month risk in breast due to the short notice loss of a locum consultant and also sickness within the substantive workforce.

All patients on a 2ww pathway and those who are over 73 days are reviewed daily and into patient level detail. There were 7 patients waiting over 104 days for diagnosis and/or commencement of treatment. The number of long waiting patients is decreasing overall with a continued focus on ensuring patients are being monitored and progressed much earlier in their pathway.

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 99.59%. As at the end of the month there were 61 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

- Care, Staff attitude and Implementation of care continue to remain the top positive themes in March 2019.
- Complaints performance has continued to improve in March 2019.
- The number of mixed sex breaches in March reduced significantly to 8. Although the number of Mixed Sex Breaches has reduced, the reason for the breaches continues to be maintaining flow and safety of patients in the Emergency Departments. We continue to receive daily assurance that safety checks are completed and that safe staffing levels are in place within these areas. An electronic daily check report has been introduced.
- Mortality rates have reported a reduction and HSMR in particular has come down below the lower control limit.
- March has reported 99.1% harm free care delivery for new harms in our control. The Trust remains below the national average for harms in acute hospitals.
- There has been a reported increase in hand hygiene compliance during March.
- The falls rate remains below national average and has reduced to 5.12.
- C. difficile reported below the Department of Health trajectory for the financial year and E.coli bacteraemia rates have again fallen.

All harms (those patients are admitted with) has declined again during March despite our good performance for harms in our control. Work with our community colleagues continues to address this.

VTE assessment recording throughout the Trust was again 91.9% and the 12 month average although higher at 92.2% remains below 95%. However, 2 Care Groups within the Trust (Cancer and Surgery Head & Neck) are now above 95% for VTE assessment recording for the year.

Financial Performance

The Trust has reported a deficit in month 12 of £4.5 (£3.7m behind plan). The year to date position reported a deficit of £42.1m which is £12.3m 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 within full IPR. We continue to work with our regulators to monitor the Trust's Financial Recovery plan.

Human Resources

The vacancy rate increased to 13.1% for the average of the last 12 months, which is higher than last year. However, the monthly rate continued its downward trend to 8.16% (down from 8.79%). There are currently approximately 640 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 in month increased to 12.0% (last month 11.8%), but the 12 month average remained at 14.1% (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 within the detail 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.

	<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> <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.