

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS (BoD)</b>
<b>DATE:</b>	<b>6 JUNE 2019</b>
<b>REPORT TITLE:</b>	<b>INTEGRATED PERFORMANCE REPORT (IPR)</b>
<b>BOARD SPONSOR:</b>	<b>CHIEF EXECUTIVE</b>
<b>PAPER AUTHOR:</b>	<b>CHIEF EXECUTIVE / EXECUTIVE DIRECTORS</b>
<b>PURPOSE:</b>	<b>DISCUSSION</b>
<b>APPENDICES:</b>	<b>APPENDIX 1: IPR – APRIL DATA</b>

## **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 April 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**

- April performance for the organisation against the 4 hour target was 77.13% (EKHUFT sites only); against the NHS Improvement (NHSI) trajectory of 76.4%. This represents a 1% decrease in performance compared to the previous month (78.2%).
- Compliance including KCHFT Minor Injury Units (MIUs) reported at 80.54%. There were no 12 Hour Trolley Waits in April.
- The proportion of patients who left the department without being seen was 4.03%.
- The unplanned re-attendance position remains high at 10.7%. Time to treatment within 60 minutes remained below 50% at 44%.

### **18 Weeks Referral to Treatment (RTT) Standard**

- Overall performance reported at 79.15% against a trajectory of 78.00% for April 2019.
- The waiting list size reported at 45,867 for April 2019, the overall backlog position has reduced to 9,564.
- The number of patients waiting over 52 weeks for treatment has reduced to 3. Care Groups have provided information on pathway management and assurance can be provided that no potential harm has been raised by Care Groups.

### **Cancer 62 day GP RTT Standard**

- 62 day performance reported at 78.78% against the improvement trajectory of 85.52% for April 2019. Validation continues until the beginning of June in line with the national time table.
- The actions to reduce >62 day breaches is improving waiting times and progressing to timescale and the number of long waiting patients is decreasing overall. This will continue with Director level review.

- There were 10 patients waiting 104 days or more for treatment or potential diagnosis. Care Groups have carried out potential harm reviews against all 104 day patients and assurance can be provided that no harms have been reported.

### **6 Week Referral to Diagnostic Standard**

The standard has been met for April 2019 with a compliance of 99.29%. As at the end of the month there were **110** patients who had waited over 6 weeks for their diagnostic procedure.

### **Patient Experience and Patient Safety**

- There has been a very slight increase with respect to patients not recommending the Trust to their friends and family (by 0.3% compared to the previous month).
- Overall the inpatient satisfaction rate remains positive.
- The number of mixed sex breaches in April 2019 reduced significantly to 3.
- April reported 99.2% harm free care delivery for new harms in our control. The Trust remains below the national average for harms in acute hospitals.
- All harms (those patients are admitted with) has improved in month (90.8%) but remains below the national average of 93.76% Work with our community colleagues continues to address this.
- Venous thromboembolism (VTE) assessment recording, although below 95% for the Trust overall, has improved to 93.9% and several areas are now above the 95% target.
- The number of falls in April has increased by 0.83% to 5.93 per 1000 bed days. On-going “Fall Stop” training has been increased to target staff during Trust clinical induction programme. There is now a 2019/2020 Commissioning for Quality and Innovation (CQUIN) (CCG7 Three High Impact Actions to prevent Hospital Falls).
- Medicines management remains an issue and the cross sectional audits this month showed a deterioration in the missed doses metric. The Medical Director’s report on the Board agenda refers to actions put in place which includes the introduction a medicines safety thermometer, effective use of tools and a review of education and training and shared learning.
- Although the number of Mixed Sex Accommodation breaches has reduced, the reason for the breaches continues to be maintaining flow and safety of patients in the Emergency Departments. The Trust continues to receive daily assurance that safety checks are completed and that safe staffing levels are in place within these areas.
- The real-time patient inpatient survey has improved. However, the Trust continues to monitor the issues raised in the month namely: receiving help to eat meals; awareness of which nurse is in charge of their care.
- Complaints response times continue to receive targeted improvement.

### **Financial Performance**

The Trust has reported a deficit in month of £4.7m (£0.1m behind plan). The main drivers of this position were:

- Clinical income underperformance in some areas.
- EKHUFT Pay underspend of £0.1m driven by overspends in agency staffing.
- EKHUFT Non-pay underspend against plan of £0.6m linked to a reduction in spend in particular drugs, clinical supplies and purchase of healthcare.
- Subsidiaries adverse position of £0.2m which requires further work to understand the key drivers.

The final year-end forecast remains in line with the planned position of a consolidated £37.5m deficit excluding technical adjustments.

<p><b>Human Resources</b></p> <p>The vacancy rate decreased to 12.8% (last month 13.1%) for the average of the last 12 months, which is an improvement on last month but higher than last year. However, the monthly rate continued its downward trend to 7.99% (down from 8.16%). More work is being undertaken with Care Groups to target hard to fill vacancies, particularly within nursing and Medical specialties.</p> <p>The Turnover rate in month decreased to 11.8% (last month 12.0%), and the 12 month average increased to 14.2% (14.1% last month). Exit data is reviewed to highlight any areas of concern and a detailed report is provided periodically to the Board's Strategic Workforce Committee and reported to Board through the Chair Report.</p>	
<p><b>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</b></p>	<p>The report links to the corporate and strategic risk registers.</p>
<p><b>LINKS TO STRATEGIC OBJECTIVES:</b></p>	<ul style="list-style-type: none"> <li>• <b>Getting to good:</b> Improve quality, safety and experience, resulting in <b>Good</b> and then <b>Outstanding</b> care.</li> <li>• <b>Higher standards for patients:</b> Improve the <b>quality and experience</b> of the care we offer, so patients are <b>treated in a timely way</b> and <b>access the best care</b> at all times.</li> <li>• <b>A great place to work:</b> Making the Trust a <b>Great Place to Work</b> for our current and future staff.</li> <li>• <b>Delivering our future: Transforming</b> the way we provide services across east Kent, enabling the whole system to offer <b>excellent integrated services</b>.</li> <li>• <b>Right skills right time right place:</b> Developing teams with the <b>right skills</b> to provide care at the <b>right time</b>, in the <b>right place</b> and achieve the <b>best outcomes for patients</b>.</li> <li>• <b>Healthy finances:</b> Having Healthy Finances by providing better, <b>more effective patient care</b> that makes resources go further.</li> </ul>
<p><b>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</b></p>	<p>The report links to the corporate and strategic risk registers.</p>
<p><b>RESOURCE IMPLICATIONS:</b></p>	<p>N/A</p>
<p><b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b></p>	<p>Relevant sections of the IPR Performance have been considered by the following Board Committees:</p> <ul style="list-style-type: none"> <li>• Quality Committee.</li> <li>• Finance and Performance Committee.</li> <li>• Strategic Workforce Committee.</li> </ul> <p>Performance is discussed at an Executive and Care Group level at the following Groups:</p> <ul style="list-style-type: none"> <li>• Executive Management Team.</li> <li>• Executive Performance Review Meetings.</li> </ul>
<p><b>SUBSIDIARY IMPLICATIONS:</b></p>	<p>N/A</p>
<p><b>PRIVACY IMPACT ASSESSMENT:</b> NO</p>	<p><b>EQUALITY IMPACT ASSESSMENT:</b> NO</p>
<p><b>RECOMMENDATIONS AND ACTION REQUIRED:</b></p> <p>The Board is asked to discuss and note the report.</p>	