

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	4 JULY 2019
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – MAY 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 May 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

- May performance for the organisation against the 4 hour target was 84.26%; against the NHS Improvement (NHSI) trajectory of 81.9%. This represents an improvement in performance compared to the previous month of 4.1% (from 77.13%).
- There were no 12 Hour Trolley Waits in May.
- The proportion of patients who left the department without being seen was 3.49%.
- The unplanned re-attendance position remains high at 9.98%. Time to treatment within 60 minutes remained below 50% at 45.9%.

Patient flow continues to be compromised by a high number of >7 and >21 day patients, many of whom are reportable delayed transfers of care (DTC). Patient delays are proactively reviewed by the Multi-disciplinary Team (MDT) with escalation to Director level. Work continues with key partner organisations to increase community capacity and improve external flow with recovery plans in place.

18 Weeks Referral to Treatment (RTT) Standard

- The 18 week performance is above the agreed trajectory reporting at 80.57% against a trajectory of 79% for May 2019. A further reduction in 52 week wait patients was reported (now 4) and further reduction in backlog size.

Cancer 62 day GP RTT Standard

- 62 day performance reported at 80.09% against the improvement trajectory of 85.71% for May 2019. Validation continues until the beginning of July in line with the national time table.
- There were 6 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.

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.

6 Week Referral to Diagnostic Standard

The standard has been met for May with a compliance of 99.45%. At the end of the month there were 84 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 from 1.5% to 1.8% (by 0.3% compared to the previous month). This is a declining trend that has continued for the last 4 months.
- Overall the inpatient satisfaction rate remains positive.
- The number of mixed sex accommodation breaches in May 2019 reduced to zero for the first time in 6 months.
- May reported 99% 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 (99%) but remains below the national average of 93.76%. Work with our community colleagues continues to address this.
- Year to date we have no methicillin-resistant Staphylococcus aureus (MRSA) bacteraemias.
- The Friends and Family Test (FFT) satisfaction rate remains green, however, the FFT rate fell slightly in inpatients, Emergency Department (ED) and maternity.
- The number of falls in May has decreased at 5.33 per 1000 bed days.
- Incident reporting is static, but May has seen a rise in STEIS reportable incidents (with moderate harm or worse). Although associated with low harm there are 2 reported never events (although one of these should be downgraded to a near miss following investigation).
- Complaints response times have decreased to 84.9% for May from 89.1% in April. The Trust continues to focus on improving complaints responsiveness with renewed focus on capturing and reporting learning.

Financial Performance

The Trust has reported a deficit in month of £3.2m which is in line with the planned position. The year to date deficit of £7.9m of £0.1m ahead of plan.

The main drivers of this position were:

- Clinical income over-performance in emergency activity.
- EKHUFT Pay underspend of £0.5m driven by overspends in agency staffing, offset by £1.2m bank underspend.
- EKHUFT Non-pay overspend against plan of £0.7m. The main drivers of overspend include non-clinical supplies, services and drugs.
- Subsidiaries position was on plan on month.

The Cost Improvement Programme (CIP) target for the year is £30m. The Trust has achieved £2.8m of savings Year to Date (YTD) against a plan of £2.1m. Within this £0.5m of savings were delivered non-recurrently.

Human Resources	
<p>The vacancy rate for the average of the last 12 months decreased to 10.8%, which is an improvement on last month (12.8%) but higher than last year. However, the monthly rate increased slightly to 8.65% (up from 7.99%). 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 11.7% (last month 11.8%), and the 12 month average increased to 14.3% (14.2% 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>	
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. • Strategic Workforce 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.	