

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	14 NOVEMBER 2019
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR SEPTEMBER 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 September 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

- September performance for the organisation against the 4 hour standard was 78.42% against the NHS Improvement (NHSI) trajectory of 85.3%. This represents a drop in performance compared to the previous month from 80.23%.
- There was one 12 hour trolley wait breach.
- The proportion of patients who left the department without being seen improved to 3.90%.
- The unplanned re-attendance position has remained static at 9.60%.
- Time to treatment within 60 minutes deteriorated to 43.7%.

Patient flow continues to be under pressure due to the high number of >7 and >21 length of stay day patients, many of whom are reportable delayed transfers of care (DTOC). The impact of limited capacity creates increased risk across the whole emergency patient pathway from patients being delayed in the Emergency Department (ED) awaiting admission to a ward or due to patients decompensating within a ward environment awaiting access to an appropriate discharge plan.

Clinical and Operational teams continue to work with system colleagues to identify discharge capacity early in the day and also to ensure that internal delays are reduced to a minimum. The 7% year to date (YTD) increase in A&E attendances converts to an additional 6% non-elective inpatient admissions YTD and equates to 2,537 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 better than the agreed trajectory reporting at 81.62% against a trajectory of 80% for September 2019. The backlog size has increased to 8,554 and waiting list to 46,544.

The 52 week waiting patients continues to have small numbers of complex patients reported. Daily oversight and scrutiny of all patients down to 40 weeks continues and with a detailed plan for the next key event in the patient process.

Cancer 62 day GP RTT Standard

62 day performance reported at 79.70% against an increased improvement trajectory of 79.70% for September 2019. Validation continues until the beginning of November in line with the national time table.

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 Chief Operating Officer (COO) level to tertiary centres.

There were 2 patients waiting 104 days for treatment or potential diagnosis. These patients have plans in place. Care Groups carry out potential harm reviews against all 104 day patients and assurance can be provided that no harms have been reported.

Nationally, the County is now 2nd in the national cancer league in large part due to improvements in East Kent.

6 Week Referral to Diagnostic Standard

The standard was not achieved in September with a compliance of 98.69% against a trajectory of 99.10%. As at the end of the month there were 178 patients who had waited over 6 weeks for their diagnostic procedure.

Referrals reduced to 13,614 in month and all specialities, with the exception of Endoscopy improved their performance in month. Endoscopy diagnostics have been challenged in month due to continued high referrals and also workforce gaps which are increasing pressure on the service. An Endoscopy improvement plan is actively being progressed to maximise booking of lists and includes weekly meetings with the key clinical and administrative staff to manage demand and capacity.

Patient Experience and Patient Safety

- Friends and Family Test (FFT) a) "recommended" and b) "not recommended" remains green, registering 97% and 1.3% respectively in September.
- YTD the Trust continues to have no hospital onset Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemias.
- Hospital Standardised Mortality Ratio (HSMR) and Risk Adjusted Mortality Index (RAMI) for the latest reporting period remain below the previous 12 month average and both are below 100.
- The Cancer Care Group and the two Surgical Care Groups have sustained their venous thromboembolism (VTE) assessment recording performance >95%.
- Mixed sex accommodation (MSA) breaches reported red in September. Recovery action continues to be led by the Trust MSA Collaborative action plan.
- Complaints response within timeframe registered red in September. This deterioration reflects (in part) reduction in the number of complaint timeframe extensions being agreed. Following an independent review of the complaints function work is underway to increase the local ownership of complaints, to improve patient experience and timeliness.
- Overall Harm Free Care (HFC) relates to the Harms patients are admitted to the Trust with, as well as those they acquire in our care. The Safety Thermometer for September (91.5%) reported a slight improvement to last month but remains below national average (94.0%).

- Although there is a low rate of falls with harms the number of falls incidents Trust wide remains higher than the acute trust figure (prevalence of 2.1% versus 1.5%). Similarly, although the prevalence of category 3/4 pressure ulcers remains low the overall prevalence of all pressure ulcers (6.8%) remains above the acute Trust average (4.2%).
- VTE remains at 94%.

Financial Performance

The Trust generated a consolidated deficit in month of £4.0m which £0.5m better than the planned position. This brought the YTD position to a £19.2m deficit which was £1m better than plan. The year-end forecast remains in line with the planned position of a consolidated £37.5m deficit excluding technical adjustments.

The Trust's annual Cost Improvement Programme (CIP) target of £30m represents a significant challenge to deliver as it is the maximum the Trust considered achievable and requires concerted efforts on driving efficiency and cost consciousness throughout the Trust. The CIP plan increases throughout the year therefore it is crucial that the Trust continues working up savings schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green.

Human Resources

The vacancy rate decreased to 10.0% (last month 10.2%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate increased slightly to 8.84% (down from 9.21%). 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 decreased to 14.3% (last month 14.5%), and the 12 month average was 14.3% (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.

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	Relevant sections of the IPR Performance have been considered by the following Board Committees: <ul style="list-style-type: none"> • Quality Committee. • Finance and Performance Committee. • Strategic Workforce Committee. Performance is discussed at an Executive and Care Group level at the following Groups: <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.		