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| REPORT TO: | BOARD OF DIRECTORS (BoD) |
| DATE: | 12 MARCH 2020 |
| REPORT TITLE: | INTEGRATED PERFORMANCE REPORT (IPR) |
| BOARD SPONSOR: | CHIEF EXECUTIVE |
| PAPER AUTHOR: | CHIEF EXECUTIVE / EXECUTIVE DIRECTORS |
| PURPOSE: | DISCUSSION |
| APPENDICES: | APPENDIX 1: IPR – JANUARY 2020 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 January 2020 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 (January 2020)

January performance for the 4 hour standard was 74.61%; against the NHS Improvement (NHSI) trajectory of 84.9%, however, this represents an improvement in performance compared to the previous month from 73.91%.

Attendances to the Emergency Departments (EDs) across the Trust continued to be above plan at +4% (757) in month and +7% (13,059) year to date (YTD). Emergency admissions are also +6% in month and +6% above plan YTD. This has created some congestion in the EDs.

- The number of patients who received initial assessment within 15 minutes of arrival improved to 95.8%.
- There were zero 12 Hour Trolley Waits in January.
- The proportion of patients who left the department without being seen improved to 3.07%.
- The unplanned re-attendance position has improved slightly to 9.88%.
- Time to treatment within 60 minutes improved to 45.5%.

Patient flow remains under pressure due to higher acuity of patients. There have been internal delays in patients being discharged due to infection control requirements for patients with suspected or confirmed Influenza.

The number of patients with a length of stay over 21 days remains high - many of whom are reportable delayed transfers of care (DTOC). 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 or supported home care.

18 Weeks Referral to Treatment (RTT) Standard

The 18 week performance is better than the agreed trajectory reporting at 81.18% against a trajectory of 80%. The backlog size has decreased to 8,695 and waiting list has decreased to 46,211.

There have been 4 x 52 week wait patients reported. 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

January 62 day performance is currently 76.42%, validation continues until the beginning of March in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,693 and there were 5 complex patients waiting 104 days or more for treatment or potential diagnosis.

2 week wait (2ww) and 31day performance has improved with all standards being compliant.

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.

6 Week Referral to Diagnostic Standard

The standard was achieved with a compliance of 99.71% against a trajectory of 99.11%. As at the end of the month there were 44 patients who had waited over 6 weeks for their diagnostic procedure. There were 19 breaches in Radiology and 15 across the Endoscopy procedures, which is a significant improvement for Endoscopy.

Patient Experience and Patient Safety

- Friends and Family Test a) “recommended” and b) “not recommended” remains green.
- Harm free care continues to be green and this period was 99.4% (national average 92.7%).
- The fall rate has reduced to 4.88/1,000 bed days. This is the lowest it has been for 12 months.
- Category 3/4 pressure ulcer rate remains low.
- Hospital Standardised Mortality Rate (HSMR) has consistently fallen over the last 12 months.
- Mixed sex accommodation (MSA) breaches continues to register red in January, albeit (favourably) reduced from the rate reported in December. Seasonal operational pressures continue to contribute to this increase. The Trust has worked to improve communication and training packages to better engage staff, inform patients and maintain focus on producing quality data and focus on de-escalation of mixed sex cases.
- Venous Thromboembolism (VTE) assessment recording although improved is still below 95%. Clinical leads maintain focus on prevention and recognition, early diagnosis and

administration of treatment. Getting It Right First Time (GIRFT) National Thrombosis for VTE new patient admission booklets are in use.

- Health Care Acquired Infections are addressed with focus for compliance with hand hygiene and bare below the elbows policies, together with updated training relating to the Aseptic Non-Touch Technique (ANTT) programme.

Financial Performance

The Trust generated a consolidated deficit in month of £2.9m which was £0.3m worse than the plan. This brought the YTD position to a £29.3m deficit which was in line with the planned position with two months remaining in the financial year. The year-end forecast remains in line with the plan of a consolidated £37.5m deficit excluding technical adjustments

While the YTD financial position in January remains in line with plan, the level of Cost Improvement Programme (CIP) delivery required in the last two months of the financial year is challenging, therefore continued focus on development and delivery of further 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 COO and Finance Director (FD). 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 9.3% (last month 9.5%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate also decreased to 7.89% (up from 8.66%), which is the lowest vacancy rate in the last year. There are currently approximately 654 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 14.5% (last month 14.3%), 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.

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| IDENTIFIED RISKS AND MANAGEMENT ACTIONS: | The report links to the corporate and strategic risk registers. |
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| 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 |
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| | <p>treated in a timely way and access the best care at all times.</p> <ul style="list-style-type: none"> • 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. |
| <p>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</p> | <p>The report links to the corporate and strategic risk registers.</p> |
| <p>RESOURCE IMPLICATIONS:</p> | <p>N/A</p> |
| <p>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</p> | <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. |
| <p>SUBSIDIARY IMPLICATIONS:</p> | <p>N/A</p> |
| <p>PRIVACY IMPACT ASSESSMENT:</p> <p>NO</p> | <p>EQUALITY IMPACT ASSESSMENT:</p> <p>NO</p> |
| <p>RECOMMENDATIONS AND ACTION REQUIRED:</p> <p>The Board of Directors is asked to discuss and NOTE the report.</p> | |