

REPORT TO:	BOARD OF DIRECTORS
DATE:	REPORT ISSUED DECEMBER 2018
SUBJECT:	INTEGRATED PERFORMANCE REPORT
BOARD SPONSOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	Discussion
APPENDICES	Integrated Performance Report

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Performance Report 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 Integrated Performance Report 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 November report. The report has been discussed in detail by the Board's Quality Committee, Finance and Performance Committee and Strategic Workforce Committee.

Patient Experience, Safety and Effectiveness

- Overall patient experience remains green and there has been sustained improvement in overall patient satisfaction.
- Friends and Family Test (FFT) – the percentage of patients who would recommend our service has improved in A&E to 81.66% in November compared with 77.8% in October.
- Timeliness of complaints registered 86%, compared to 80% in October 2017. There have been reported improvements in the ratio of compliments to complaints, complaints acknowledged within three working days and the number of complaints returning to the Trust dissatisfied with the response sent.
- Compliance with Venous thromboembolism (VTE) risk assessment remains green registering 95% in November.
- *C.difficile* remains better than trajectory.
- Hospital Standardised Mortality Ratio (HMSR) remains better than average in the time period up to and including November which is reassuring.
- The Trust performed positively within the recently reported 2016 National Audit of Inpatient Falls. All three sites reported improvements and an action plan will be developed to respond to recommendations.
- The Trust is reporting mixed sex accommodation (MSA) breaches. This is largely due to congestion and bed pressures.
- Harm free care (all harms)in November 2017 improved to 92.32% from 91.69% in October 2017.
- Harm Free Care rate reported for patients in our care, (New Harms only), has continued to fall in November, registering 97.72%.
- The number and percentage of reported grade 2 pressure ulcers increased to 0.23 per 1000 bed days in November compared with 0.16 per 1000 bed days in October. Focused and targeted action is being taken.
- A further case of MRSA was reported in November which means 4 cases this year so the trajectory is exceeded.
- There have been 50 *E.coli* cases assigned to the Trust and 364 cases in East Kent. This continues to be an area for concern, albeit that we recognise EKHUFT assigned cases

feature as the fifth lowest when benchmarked with other Trusts within the Southern region.

- Management of sepsis requires continued improvement to promote safe and effective patient care and to achieve the Sepsis CQUIN.

Performance

Emergency department waiting times and patient flow remain an area of absolute priority for us. Although there has been further improvement in our A&E 4 hour performance, now reporting at 79.9%, lengthy waits and exit block continues to lead to poor patient and staff experience. Dedicated programme management (PMO) has been established to help improve governance over the improvement plan and embed the work carried out by 2020. A revised governance structure has been agreed to include the System Oversight Meetings, A&E Delivery Board, weekly EKHUFT Operational reviews and an internal ED Safety and Patient Flow group.

The current A&E Improvement Plan has been reviewed and actions are clustered around five key workstreams:

- Improve ways of working with EKHUFT staff
- Reduce activity inflow at EKHUFT
- Optimise EKHUFT site management
- Optimise discharge process and times
- East Kent system-wide capacity

The Exec and Divisional Directors are also refining their responsibilities to give a stronger site focus and improve operational grip.

18 Weeks Referral to Treatment performance decreased to 80.87%. In November 2017 the trust delivered capacity in line with demand and as such the waiting list growth has plateaued remained stable for the second consecutive month. Sustainable long terms plans to resolve capacity constraints have now commenced and as such the system has started to stabilise.

The number of patients waiting over 52 weeks for first treatment has increased to 67. This is above the trajectory submitted to NHS Improvement (NHSI). The Trust is working on a revised trajectory which will be submitted to ensure that the target for March 2018 is reached in collaboration with our commissioners.

Cancer 62 day GP referral to treatment performance is currently 71.69% against the improvement trajectory of 85.80%, validation continues in line with the national time table. There are currently 28 patients waiting 104 days or more for treatment, a significant reduction over the past year. With regards to the other cancer standards, two week wait, two week wait breast, 31 day diagnosis to treatment, 2nd treatment to surgery, drug treatments and the 62 day screening standards are now reporting a compliant position.

Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the November position.

The Trust's detailed finance position can be found on page 43 of the report. The Trust's I&E deficit position in November (month 8) reported at £1.2m (consolidated position excluding Sustainability and Transformation Funds, and after technical adjustments) against a plan of £1.1m. The year to date I&E deficit is £14.18m against a planned deficit of £14.22m on plan). We continue to work with our regulators to monitor the Trust's Financial Recover plan. Our recovery plan remains as an £18.9m deficit target (excluding Sustainability and Transformation Funds) this year. Analysis of Financial risks continues this month to ensure the impact of winter, A&E improvement, Consultant Pay awards etc. are fully understood.

The Trust has put a bid into NHS I for additional funding through the winter for £9.9m, this included opening additional wards and increasing staffing in the A&E's. In addition the Trust put in joint bids with the local commissioners to NHS England for additional funding both in and out of hospital. In the latter part of December the Trust received notification that the Trust had received £1.5m of additional funding and that the CCGs have received £1.9m (covering- additional packages of care for dementia patients, increasing community support for non-weight bearing patients, expanding the length of time patients are cared for at home, additional hospice beds and additional health and social care beds). The Trust is continuing to work with NHS I to bridge the £8.4m potential shortfall between our initial estimate of costs and our allocation.

Human Resources

Page 32 of the report provides the Trust's workforce data as at November 2017. There is a continued focus on our hard to recruit roles, particularly within nursing and some Medical specialties. Our Human Resources Team is working hard with Divisions to identify new ways and methods of recruitment in a more timely way and to explore different workforce models.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The report links to the corporate and strategic risk registers.	
LINKS TO STRATEGIC OBJECTIVES:	<p>Patients: Help all patients take control of their own health.</p> <p>People: Identify, recruit, educate and develop talented staff.</p> <p>Provision: Provide the services people need and do it well.</p> <p>Partnership: Work with other people and other organisations to give patients the best care.</p>	
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	Quality Committee Finance and Performance Committee Strategic Workforce Committee.	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	

RECOMMENDATIONS AND ACTION REQUIRED:

(a) Discussion.