

## INTEGRATED PERFORMANCE REPORT

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS</b>
<b>DATE:</b>	<b>REPORT ISSUED DECEMBER 2017</b>
<b>SUBJECT:</b>	<b>INTEGRATED PERFORMANCE REPORT</b>
<b>BOARD SPONSOR:</b>	<b>CHIEF EXECUTIVE / EXECUTIVE DIRECTORS</b>
<b>PAPER AUTHOR:</b>	<b>CHIEF EXECUTIVE / EXECUTIVE DIRECTORS</b>
<b>PURPOSE:</b>	<b>Discussion</b>
<b>APPENDICES</b>	<b>Integrated Performance Report</b>

### 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.

#### Performance

Emergency department waiting times and patient flow remain an area of absolute priority for us. Our performance position is reporting at 73.6% which is a decrease compared to the previous month. The priority of focus for us continues to be to maintain safe patient care and improve performance and patient flow. Peaks in activity and slow-down of discharges during the Christmas period has impacted and added to the operational pressure.

As mentioned in our last report a dedicated programme management office (PMO) has been established to help improve governance over the improvement plan. 2020 Delivery, who were commissioned to work with us for a 12 week period to deliver a rapid improvement programme of work, have now left the Trust and the PMO will concentrate on embedding this work. A revised governance structure has been put in place to include the System Oversight Meetings, A&E Delivery Board and a weekly EKHUFT Operational Review meeting.

As mentioned in our last report the A&E Improvement Plan has been reviewed and actions are clustered around five key work streams:

- 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

There is an immediate focus in commencing a "Perfect Fortnight" aimed at increasing discharges and reducing delayed transfers of care. The Executive Directors and Divisional Directors have refined their responsibilities to give a stronger site focus and improve operational grip.

18 Weeks Referral to Treatment performance decreased by 2% to 78.67%. This 2% reduction was anticipated (and was in line with previous years) due to bank holidays and high annual leave through the festive period which meant we were unable to deliver capacity

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in line with demand.

The number of patients waiting over 52 weeks has increased to 80 due to slippage of capacity schemes which were due to commence in September 2017, in particular gynaecology and general surgery. Schemes are now confirmed for October 2017 but risks remain linked to pressures on our emergency pathways and winter bed pressures. Work will be necessary to review patients on elective pathways to mitigate the risk for 52 week breaches. Amongst other actions being taken which are detailed in the full report, a new patient tracking technology has been implemented which allows for real time recording of patient pathways.

Cancer performance reported at 74.48% against our improvement trajectory of 86% and validation continues in line with the national timetable. Daily cancer meetings have been implemented for lung, lower GI, urology and head and neck with the focus on prevention of breaches. Since these meetings have been implemented, there has been a reduction in the number of patients waiting over 62 days and 104 days.

A successful visit from NHS Improvement and IST in October resulted in a number of key actions to include demand and capacity modelling for diagnostics and urology. We have also been successful in obtaining funding from NHSI to support improvement in our 62 day performance.

### **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) inpatient satisfaction survey remains positive at 97% recommended.
- The ratio of complaints to compliments reported positively with 48 compliments to every single complaint.
- There are a high number of mixed sex breaches reported within our Clinical Decision Unit linked to patient flow and decongesting our emergency departments to maintain safety. An NHS England and NHS Improvement task and finish group was established to ensure a consensus of the definitions of reporting arrangements of the national guidance. Revised guidance will be implemented from 1 February 2018.
- The rate of hospital acquired pressure ulcers improved compared to last month. During December 2017 awareness campaigns and bespoke ward based teaching continued. The Tissue Viability Team are 'walking the floor' of our emergency departments at least twice daily to ensure prevention strategies are in place during the period of winter pressure.
- Despite our operational challenges, compliance with venous thromboembolism (VTE) risk assessment remains green registering 93.8, albeit a slight decrease compared to the previous month. It is important to note that the specialities have achieved >95% for the previous 12 months. In addition, sepsis screening reported a strong performance as doses of administration of IV antibiotics within the first hour of arrival at hospital are reported.
- The rate of falls has increased during December. However, year to date the Trust reports a falls rate below the national average. Our sites have been under extreme pressure and staff issues have also impacted on close observation of some high risk patients. Mitigating actions include: continuation of the 'fall stop' programme at WHH; daily ward checks; training; and weekly audits of risk assessment compliance.
- The Trust was disappointed to report a further Never Event in this reporting period. Specific action to be undertaken is to hold an Executive led Never Event Workshop to review the circumstances and establish the key learning which needs to be taken out to the organisation, a strategy for embedding that learning and a review process to check that the learning has been embedded.
- Bed Occupancy has increased to 96% and the non-elective length of stay as increased by almost half a day. Key drivers links to our operational challenges and additional

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challenges associated with norovirus and influenza.

### Financial Performance

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

The Trust's detailed finance position can be found on page ENTER of the report. The Trust's Income and Expenditure (I&E) deficit position in December (month 9) reported at £3m (consolidated position excluding Sustainability and Transformation Funds, and after technical adjustments) against a planned deficit of £2.9m. The year to date I&E deficit is £17.1m, reporting on plan. We continue to work with our regulators to monitor the Trust's Financial Recover plan. The Trust has worsened its forecast in Month 9 by £11m to recognise the expected impact of additional A&E pressures and winter costs which will deliver a £30m deficit for the full year.

### Human Resources

Page 32 of the report provides the Trust's workforce data as at December 2017. December reported a vacancy rate of 11.2% after the previous three months reported above 12%. The Trust's turnover rate in month is 13.09%. 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. Exit interviews are analysed and a detailed report is provided periodically to the Board's Strategic Workforce Committee and reported to Board through the Chair Report.

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

### RECOMMENDATIONS AND ACTION REQUIRED:

(a) Discussion.