

INTEGRATED PERFORMANCE REPORT

REPORT TO:	BOARD OF DIRECTORS
DATE:	8 JUNE 2018
SUBJECT:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT REPORT ISSUED APRIL 2018

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 February 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.

Performance

The Trust's A&E 4 hour performance improved again to 81.73% in April 2018. Notwithstanding this, significant pressure on the whole system continues with peaks in attendances on particular days. However, although there is further work to do, there is evidence that progress is being made in terms of patient flow and the focus continues to be on patient safety.

As reported in the previous report to Board, the Programme Management support (PMO) previously provided by Carnall Farrar ended on the 31st March 2018. An internal Emergency Department PMO has been established and effectively took over on 1st April 2018.

At the beginning of May 2018 a review of the emergency pathway in total commenced using refined data, audits and pathway walk-throughs. The aim of the review was to identify and agree areas for improvement based on the present and expected activity.

The revised improvement plan has been designed to implement improvements based on building the capability to meet expected demand. A new governance process will be put in place to support the Improvement Programme. This is to ensure focus and senior leadership to empower and facilitate teams to make the necessary changes.

The Trust continues to work with the whole system in East Kent to review capacity across all areas of the system, with a particular focus on discharge management.

Our performance against all cancer standards has deteriorated. Our overall PTL has increased by 400 since the beginning of March 2018, largely due to an increase in two week wait referrals (18% higher in March and April 2018). Actions plans are currently being developed and guidance has been received on suggested improvements to pathways for Urology and Lung. The Trust continues to work with the Kent and Medway Cancer Alliance on Urology, Colorectal, Lung and upper Gastrointestinal pathways. A cancer recovery plan

INTEGRATED PERFORMANCE REPORT

is in place with the aim to improve and ensure that cancer standards are sustainably delivered across all tumour sites. Realistic trajectories have been designed with the concept being approved by the Cancer Board. More detail of the actions being taken to address our cancer performance can be found within the Key Performance Indicator (KPI) section of the IPR.

Performance against the 18 week RTT standard has reported an improved position for April 2018 at 76.66%. The number of patients waiting for treatment beyond 52 weeks has reported a further increase due to the mandated cancellation of activity in January 2018. As reported in the previous report, the majority of those over 52 weeks are within general surgery and gynaecology and each patient record is being reviewed by a Consultant and patients are being contacted to discuss options for treatment. A RTT Recovery Plan has been developed jointly with local CCGs in order to address both short term backlog clearance and longer term increases in recurrent demand. The aim of the plan is to improve performance for the remainder of this financial year and to decrease the number of 52 week waits by over 50%.

Despite the significant pressures across our organisation, diagnostic waits performance has been maintained.

Patient Experience, Safety and Effectiveness

The friends and family test inpatient satisfaction rate remains positive at 97% recommended. In addition, there was a positive increase of recorded compliments to every single complaint. This is good news, given the operational pressure across all our sites during the winter period.

Complaint response times have met our standard with 94.4% being responded to within agreed timescales with the client.

Harm Free Care (New harms) again reported a positive position at 98.6% harm free care delivered to our patients.

The rates of avoidable pressure ulcers has improved in April registering green for both category 2 and deep ulcers. The Trust reported under the 0.15 avoidable incidence/1000 bed days for the first time since September 2017. Page 27 of the IPR lists the action taken by the Trust during April 2018.

Although the number of falls reported in April 2018 has increased to a rate of 5.5/1000 bed days, the Trust is still reporting less than the national rate. Page 28 of the IPR provides more detail of the work undertaken in the Trust during April 2018.

Our information team has launched a new portal and include easy to access infection control metrics. Currently Bare Below the Elbows compliance is reporting at 98.4% and hand hygiene compliance at 94.6%. Infection control will continue to be a concern until all indices are indicating better control.

Recording of VTE assessment has sustained at 93.8%. Work continues to improve this to the required standard of >95%.

Unfortunately, we continue to report mixed sex breaches within the clinical decision units and some of our escalation areas. This is due to the challenges we face around patient flow and decongesting the emergency departments to maintain safety.

Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the April 2018 position.

INTEGRATED PERFORMANCE REPORT

The Trust's detailed finance position can be found on page 43 of the report. The Trust's Income and Expenditure (I&E) deficit position in April (month 1) reported at £4.9m (deficit) (consolidated position excluding Sustainability and Transformation Funds, and after technical adjustments) against a planned deficit of £5.3m.

We continue to work with our regulators to monitor the Trust's Financial Recovery plan.

Human Resources

The Turnover rate in month fell to 12.6%, although the 12 month average is higher than average. There is a continued focus on our hard to recruit roles, and our vacancy rate fell to 9.22% in April 2018. Nursing and some Medical specialties are experiencing particular challenges with recruiting to permanent roles. 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 constantly reviewed and analysed and a detailed report is provided periodically to the Board's Strategic Workforce Committee and reported to Board through the Chair Report.

All HR metrics are reviewed and challenged at a Divisional level in our monthly Executive Performance Reviews.

A full report on the HR metrics can be found from page 33 in the IPR.

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	Executive Performance Reviews Management Board Quality Committee Finance and Performance Committee Strategic Workforce Committee.
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO

RECOMMENDATIONS AND ACTION REQUIRED:

(a) Discussion.