

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	12 DECEMBER 2019
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – OCTOBER 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 October 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

- October performance for the organisation against the 4 hour standard was 80.36%; against the NHS Improvement (NHSI) trajectory of 89.7%, an improvement compared to 78.42% the previous month.
- The percentage of ambulance arrivals receiving initial assessment within 15 minutes improved for the 4th month in a row, now at 92%.
- There were 8 12 Hour Trolley Waits in October, this is the first time that there has been more than one 12 hour Trolley Wait breach and these were due to bed pressures on the Queen Elizabeth the Queen Mother Hospital (QEQM) site.
- The proportion of patients who left the department without being seen improved to 3.30%.
- The unplanned re-attendance position has improved to 9.15%.
- Time to treatment within 60 minutes improved to 46.7%.

Patient flow is under pressure due to the high number of >7 and >21 length of stay patients, many of whom are reportable delayed transfers of care (DTC) who require a complex discharge plan which is dependent upon acceptance into limited external capacity.

Clinical and Operational teams continue to work with external colleagues to identify discharge capacity early in the day and also to ensure that internal delays are reduced to enable patients who are medically optimised to be discharged in a timely way.

The 6% year to date (YTD) increase in A&E attendances converts to an additional 6% non-elective inpatient admissions YTD and equates to 2,867 additional admissions above plan YTD. The increased activity creates additional pressure on the whole emergency pathway and adds to capacity pressure.

The Trust has worked to improve ambulance handover and have an improvement plan in place with an agreed trajectory of improvement. In October there were 12 x 60 minute delays against a trajectory of 15, which continues to be an improving position.

18 Weeks Referral to Treatment (RTT) Standard

The 18 week performance is above the agreed trajectory reporting at 81.51% against a trajectory of 81% for October 2019. The backlog size has increased to 8,705 and waiting list to 47,082. Detailed plans are in place to continue RTT improvement.

There have been three 52 week wait patients reported. These are all complex patients.

Cancer 62 day GP RTT Standard

The Trust has achieved its 62 day standard for the first time since 2014. This is a huge achievement and evidences that the improvement actions and plans that have been implemented over the past year are becoming sustained. 62 day performance is reported at 88.30% against an improvement trajectory of 85.71% for October 2019. Validation continues until the beginning of December in line with the national timetable.

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 4 patients waiting 104 days or more for treatment or potential diagnosis. Care Groups carry out potential harm reviews against all 104 day patients and assurance can be provided that no harms have been reported.

6 Week Referral to Diagnostic Standard

The standard was achieved in October with a compliance of 99.60% against a trajectory of 99.10%. As at the end of the month there were 67 patients who had waited over 6 weeks for their diagnostic procedure.

Patient Experience and Patient Safety

- Friends and Family Test (FFT) remains green.
- Year to date the Trust has not had any hospital related MRSA bacteraemias.
- The rate of Category 3/4 pressure ulcers remains green and has improved this month.
- 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% and both Cancer and Surgery Head and Neck, Breast and Dermatology are >95% for the last 12 months (Cancer 99.9%).
- Mixed sex accommodation (MSA) breaches have increased in October.
- Complaints response within timeframe remains red in October. Following an independent review of the complaints function work is in place to increase the local ownership of complaints, to improve patient experience and timeliness.
- Despite the good performance with missed critical doses of medicines the percentage of patients with an omitted dose of medication has not been sustained, this month's figure was 17% compared with 12.3% for all organisations.
- Despite good performance in VTE assessment recording in some Care Groups this is not achieved in all Care Groups and the overall Trust performance in this remains plateaued at 94.1% this month and 93.4% for the whole year, beneath the 95% threshold.

Financial Performance

The Trust generated a consolidated deficit in month of £1.9m, £0.3m worse than plan. This brought the YTD position to a £21.1m deficit which was £0.6m better than plan. The year-end forecast remains in line with the plan of a consolidated £37.5m deficit excluding technical adjustments. The Trust has secured an aligned incentive contract with the East Kent Clinical Commissioning Group

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 forecast CIP achievement is £28.6m which demonstrates that further work is required to ensure we identify and deliver the required level of efficiency savings.

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 9.8% (last month 10.0%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate decreased slightly to 8.31% (down from 9.21% two months ago, and 8.84% last month), mostly due to improvements in recruitment in the Urgent & Emergency Care and Corporate Care Groups. There are currently approximately 682 Whole Time Equivalent (WTE) vacancies across the Trust (723 WTE last month). 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 14.1% (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.

A detailed report is provided periodically to the Board's Strategic Workforce Committee and reported to the 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	<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. 	
SUBSIDIARY IMPLICATIONS:	N/A	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	
<p>RECOMMENDATIONS AND ACTION REQUIRED:</p> <p>The Board of Directors is asked to discuss and NOTE the report.</p>		