

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 MARCH 2021
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF OPERATING OFFICER
PAPER AUTHOR:	DEPUTY CHIEF OPERATING OFFICER
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR JANUARY 2021

BACKGROUND AND EXECUTIVE SUMMARY

INTRODUCTION

This report provides highlight on the IPR (Appendix 1) which covers performance and activity during January 2021 and also reports on the Trust response to Wave 2 of the Covid19 pandemic.

COVID19 PANDEMIC RESPONSE

The safety of patients and staff has continued to be the highest priority during January 2021 as Covid19 second wave reached its peak and greatly increased both the number of patients presenting to the Hospitals, together with the continued staffing pressures due to number of staff who were also diagnosed with Covid19.

Bed and Theatre capacity was restricted as measures to increase staffing to support the critical care response to covid and to reduce nosocomial infections were rigorously adhered to. This involved the closure of beds and the cohorting of patients based on the infection status. Operationally this often reduced the general bed base by up to 50 beds and increased the time taken to admit a patient to a ward as enhanced cleaning regimes were established. The challenges to bed capacity were also felt in the community setting and this resulted in a further increase in the length of stay for patients requiring on-going bed-based care.

Staff sickness due to Covid continued to run at a daily average of 450. The increased patient acuity and staff risk were managed at a Hospital level through silver tactical command 24/7 with escalation and assurance via Trust Gold on a daily basis.

Daily GOLD meetings chaired by the Chief Operating Officer continued throughout January as Covid related demand, particularly for Intensive Therapy Unit (ITU) capacity increased. The governance and reporting arrangements both internally and externally through the Kent and Medway regional Incident Control Centre (ICC) and have continued. The frequency of Gold meetings will mirror regional arrangements.

Through the Kent and Medway ICC the region were provided with military aid. The Trust has been allocated support with clinical, clerical and general duties staff who have been deployed to the Emergency Departments, Operational Control Rooms, 2gether Support Solutions (2gether) and across some ward areas. The military support for clinical teams will be in place until the end of January with the remaining team members being phased in until the end of February. The redeployment of staff internally and through military aid was presented to Gold weekly for assurance and review.

ELECTIVE RESTORE & RECOVERY PROGRAMME

The Trust has continued to report against the NHS England/NHS Improvement (NHSE/I) and Kent and Medway (K&M) Elective Recovery plan which was agreed September 2020. However, due to the increased Covid19 demand in January and following national guidance, a decision was made to restrict and then suspend all routine elective work. This decision focussed on reducing the risk to patients whilst the levels of Covid19 were high in the community and in a Hospital setting. This enabled the continued release of clinical staff to be redeployed into the ITU and ward environments. The current Wave 1 Restore and Recovery plans were then paused.

The Trust continued to focus on the booking and treatment of Priority 1 (Cancer), Priority 2 (Clinically Urgent) and diagnostics such as Endoscopy or Radiology which support cancer pathways or any low risk surgery working with the Independent Sector. For those patients who require high risk surgery or High Dependency Unit (HDU)/ITU post operatively colorectal services have been transferred to Kent & Canterbury Hospital (K&CH) and gynaecology/oncology services have continued to have access to Queen Elizabeth the Queen Mother Hospital (QEQM) theatres but with recovery facilities within the Spencer Wing. There have been some delays in theatre cases which cannot be provided in the Independent Sector due to theatre and Anaesthetic staff being redeployed into ITU and also Theatres at K&CH being utilised as additional ITU surge capacity.

The Trust has continued to use the Federation of Surgical Specialty Associations (FSSA) Clinical guide to Surgical Prioritisation. Patients are clinically reviewed if they pass their expected wait time by the clinical team within the Care Group.

Point of Delivery		Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Total Outpatient Attendances (face to face or virtually)	Plan	56,266	60,264	67,374	61,106	67,966	100%	100%	100%	100%	100%
	Actual	58,091	61,617	60,658	51,835	46,568	94%	90%	94%	91%	69%
Consultant Led Outpatients Attendances Conducted by telephone / video	Plan	22,940	23,001	28,817	26,087	29,436	25%	25%	25%	25%	25%
	Actual	23,842	24,013	23,427	20,764	21,142	41%	39%	39%	40%	45%
Consultant Led Follow Up Attendances Conducted by telephone / video	Plan	17,269	17,649	22,893	20,871	23,673	60%	60%	60%	60%	60%
	Actual	17,826	18,317	18,209	16,207	16,468	49%	49%	48%	50%	56%
Daycase Electives	Plan	4,138	4,928	5,012	4,834	4,878	80%	90%	90%	90%	90%
	Actual	4,117	4,641	4,228	3,315	2,804	86%	84%	79%	69%	50%
Ordinary Electives	Plan	789	886	867	807	845	80%	90%	90%	90%	90%
	Actual	721	907	878	454	349	74%	81%	86%	53%	35%
Magnetic Resonance Imaging (MRI)	Plan	4,896	5,528	5,656	4,777	4,999	90%	100%	100%	100%	100%
	Actual	4,669	4,918	6,013	5,287	4,610	74%	79%	96%	88%	81%
Computed Tomography (CT)	Plan	7,060	7,080	7,653	7,125	8,706	90%	100%	100%	100%	100%
	Actual	6,548	6,247	6,425	6,069	5,827	97%	90%	88%	86%	75%
Non-Obstetric Ultrasound	Plan	4,749	4,391	4,510	4,792	4,526	90%	100%	100%	100%	100%
	Actual	3,712	4,239	4,034	3,505	3,308	89%	93%	90%	85%	69%
Colonscopy	Plan	512	662	616	629	597	90%	100%	100%	100%	100%
	Actual	401	522	588	411	493	104%	93%	112%	89%	91%
Flexi Sigmoidoscopy	Plan	180	234	216	222	210	90%	100%	100%	100%	100%
	Actual	170	197	222	147	148	79%	88%	92%	131%	76%
Gastroscopy	Plan	595	766	716	729	691	90%	100%	100%	100%	100%
	Actual	469	580	462	410	333	92%	90%	82%	73%	52%

PERFORMANCE

The Trust performance against the agreed constitutional standards has been significantly impacted by the Covid19 pandemic. Current performance against each standard is:

- Accident & Emergency (A&E) 4 hour access standard 71.17% and 72.72% including Kent Community Health NHS Foundation Trust (KCHFT) Urgent Treatment Centres;
- 18 Week Referral to Treatment (RTT) 65.02%;
- 62 day Cancer Standard 76.80%;
- 6 week diagnostic standard 64.71%.

Accident & Emergency (A&E) 4 Hour Compliance

Key Performance Indicators

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	
70.17%										Green
4 Hour Compliance (EKHUFT Sites) %*	90.77%	89.33%	85.80%	81.85%	81.37%	78.58%	75.39%	71.07%	70.17%	95%
4 Hour Compliance (inc KCHFT MIUs)	92.07%	90.48%	87.32%	83.94%	83.44%	80.42%	77.65%	73.59%	72.72%	95%
12 Hour Trolley Waits	0	0	0	0	0	2	8	186	3	0
Left without being seen	2.24%	2.09%	2.63%	3.20%	2.71%	2.85%	3.50%	3.07%	2.22%	<5%
Unplanned Reattenders	10.07%	9.98%	9.84%	10.74%	10.21%	10.87%	10.76%	10.50%	10.50%	<5%
Time to initial assessment (15 mins)	90.5%	93.0%	94.1%	94.3%	94.9%	95.0%	43.4%	36.6%	31.1%	90%
% Time to Treatment (60 Mins)	58.1%	54.9%	50.9%	42.9%	45.5%	47.9%	45.3%	39.7%	43.9%	50%

January performance for the 4-hour standard was 70.17%, which is a deterioration of 1% on the previous month (71.07%). There were 3 x 12 Hour Trolley Waits.

The number of patients who received initial assessment within 15 minutes of arrival dropped from 36.6% to 31.1% and reflects the increased ambulance and Covid19 presentations who have to be streamed into a dedicated area for initial assessment. This deterioration also reflects that unlike previous national or regional 'lock down' restrictions there has not been a reduction on demand for emergency care.

- The proportion of patients who left the department without being seen is compliant at 2.22%;
- The unplanned re-attendance position remained static at 10.50%;
- Time to treatment within 60 minutes improved to 43.9%.

The extreme pressures across the Kent and Medway (K&M) system continued in January. Mutual aid between all K&M Hospitals continued in the form of ambulance dynamic conveyancing to reduce pressure on Emergency Departments. Ambulance hand over delays triggered the introduction of a single Kent response to support the ambulance demand and critical care access.

All patients requiring admission have to be admitted into a specific stream, based on presenting and diagnostic information related to the patient's infection status and risk. Balancing the bed capacity within strict infection control measures continues to be a daily challenge. Access to sufficient covid positive, pending, and non covid beds and access to

beds where Aerosol Generating Procedures (AGP) can be safely delivered requires proactive review by both the clinical and operational teams.

Medically fit for discharge (MFFD) patients continue to have an impact on the hospitals overall bed capacity. Daily Local Health Economy (LHE) calls, chaired by Clinical Commissioning Group (CCG) colleagues are in place to confirm system capacity and there has been a notable increase in the number of complex discharges daily. Collaboration and case management to support patients accessing appropriate care is standard but is enhanced as both community and acute beds and services are impacted by Covid and restrictions to prevent infection.

Ambulance Handover delays of over 60 minutes have increased in month. This has been due to increased activity and predominantly due to a lack of space within the Emergency Departments (EDs) to safely off load the patients into the appropriate clinically designated area of the Emergency Department. Hospitals across the region have supported each with and the ambulance service in working collaboratively to smooth demand and reduce delays. The Trust staff have an interdependent working relationship with South East Coast Ambulance Service (SECamb) and the wider Hospital teams are focussed on improving flow out of ED in order to reduce the number of ambulance delays and release the crews as quickly as possible.

There has continued to be an increasing number of patients with mental health presentations attending ED, including children requiring Child and Adolescent Mental Health Services (CAHMS) referrals. The acuity of some of these patients has required an urgent response from mental health and Police colleagues in order to maintain patient and staff safety. Additional security and safeguarding support have been rostered into ED and also the wider Hospital, particularly at QEOMH. Escalation to Kent & Medway NHS and Social Care Partnership Trust (KMPT) and via the twice daily K&M regional calls, which include NHSE/I membership is in place to jointly agree actions to expedite assessment and bed allocation. The Trust is working collaboratively through the regional Chief Operating Officers and KPMT to establish an improved emergency pathway to launch in 2021. The quality of service to these patients who often wait for specialist care or support is recognised and documented. The risk to our staff in managing patients with this need is also recognised and documented with additional support provided.

18 Weeks Referral to Treatment (RTT) Standard

18 Week Referral to Treatment Standard

Key Performance Indicators

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	
65.02 %													Green
Performance	81.07%	77.24%	68.63%	59.68%	48.61%	45.12%	52.05%	59.84%	65.89%	69.54%	69.02%	65.02%	>=92%
52w+	2	14	155	410	768	1,155	1,555	2,021	2,215	2,172	2,544	3,613	0
Waiting list Size	47,331	45,907	42,632	42,795	42,702	45,037	45,873	46,811	47,433	47,206	47,450	48,403	<38,938
Backlog Size	8,962	10,447	13,374	17,255	21,945	24,717	21,994	18,797	16,180	14,377	14,702	16,930	<2,178

RTT performance has deteriorated very slightly to 65.02%. The backlog size has increased to 16,930 and waiting list has increased to 48,403. The increase in prevalence of Covid19 virus and the subsequent decision to pause non-urgent elective activity has resulted in a significant deterioration in performance and access to elective care.

The number of patients waiting over 52 weeks has increased to 3,613. This is due to the national guidance received in December 2020 to reduce elective surgery and only focus on the Priority 1 and 2 patients (clinically urgent and cancer). Consultants continue to review and where necessary contact patients to minimise any risk of potential harm.

Clinical Harm reviews for patients treated after their 52-week breach date are managed through Care Groups. Datix is used to report risk and harm and via the Care Group and Trust risk registers (Board Assurance Framework (BAF) BAF 19).. Where a patient has been offered a date for surgery and they have declined to attend hospital due to Covid, a member of the clinical team has a discussion with the patient to try and reassure the patient and identify if there is any clinical risk for the patient choosing to delay their surgery.

Patients who are choosing not to proceed with their procedure or treatment are being referred back to the GP in accordance with the Access Policy. Clinical discussions continue to reassure and support patients with their decisions. Urgent and Cancer outpatient clinics are continuing to be managed through a range of mediums such as virtual or telephone. Face to face clinics are being reviewed and reduced to minimise the risk to patients through attending the Hospital sites. Virtual clinics continue increase with 56% of all Follow Up appointments and 45% of all first New appointments being managed this way.

Due to increased levels of Covid19 in the community and Hospital environment, out patient clinics have been reviewed to reduce all non-urgent activity to enable clinical staff to be released to support nursing gaps on the wards, ED, ITU and the vaccination programme. Clinically Urgent and Cancer clinics have continued.

Cancer 62 day Standard

Cancer Compliance

Key Performance Indicators

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	
76.80													Green
%													
62 Day Treatments	77.80%	81.40%	78.16%	70.85%	79.25%	91.09%	89.97%	87.07%	85.06%	81.92%	81.32%	76.80%	>=85%
>104 day breaches	10	4	17	25	7	2	4	3	3	5	5	8	0
Demand: 2ww Refs	3,322	2,701	1,547	2,199	3,001	3,404	3,143	3,637	3,918	3,715	3,178	2,975	2908 - 3214
2ww Compliance	98.29%	98.07%	96.77%	96.73%	95.67%	98.40%	97.95%	98.58%	98.55%	97.90%	97.69%	98.26%	>=93%
Symptomatic Breast	98.68%	96.34%	100.00%	96.97%	100.00%	97.73%	100.00%	98.99%	99.14%	99.17%	98.17%	99.06%	>=93%
31 Day First Treatment	99.38%	98.30%	99.36%	98.92%	96.09%	98.91%	96.77%	98.37%	99.15%	99.29%	100.00%	97.57%	>=96%
31 Day Subsequent Surgery	96.23%	95.71%	97.22%	97.37%	93.18%	90.57%	96.61%	95.71%	94.52%	96.36%	96.23%	92.16%	>=94%
31 Day Subsequent Drug	100.00%	99.07%	100.00%	100.00%	99.17%	98.94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%
62 Day Screening	66.67%	87.50%	100.00%	100.00%	33.33%		100.00%	100.00%	92.00%	100.00%	95.00%	78.95%	>=90%
62 Day Upgrades	100.00%	78.95%	83.33%	71.43%	72.73%	66.67%	68.42%	93.10%	84.00%	84.62%	70.59%	80.77%	>=85%

62-day performance is non-compliant at 76.80%. 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 has decreased to 2,975 and is compliant.

31-day second treatment has not achieved for the first time since September due to Urology patients who had been put on active surveillance due to the surgical capacity. All patients have been reviewed by the Multi-Disciplinary Team (MDT) and deemed to be

safe to await their surgical treatment. The risk of harm is clinically low due to the type of cancer the patients have been diagnosed with. There is a plan for all of these patients to be treated when appropriate theatre capacity becomes available.

There were 8 patients waiting 104 days or more for treatment or potential diagnosis, with all patients now having received their treatment at the time of writing this report:

2 week wait (2ww) and 31-day performance are compliant across all standards with the exception of 31-day subsequent surgery at 92.16%.

The Wave 2 increase in Covid19 patients has continued to create a risk to the delivery of the Cancer standards. Priority 1 (Cancer) patients have been prioritised for diagnostics such as Endoscopy or Radiology working with the Independent Sector. Low risk Cancer surgery has continued to be managed through the Independent Sector, who are able to offer a 'Green' Covid secure environment.

For those patients who require high risk surgery or HDU/ITU post operatively, services have been moved to ensure safe access. For example, colorectal services have been transferred to K&CH and gynae/oncology services have continued to have access to QEPMH theatres but with recovery within the Spencer Wing.

There have been some delays across all tumour groups for patients whose cancers are too complex to be operated on in the Independent Sector and also due to theatre and Anaesthetic staff being redeployed into ITU. Theatres at K&CH have also been utilised as additional ITU surge capacity.

The specialities who have not achieved 62-day compliance are Lung, Haematological, Upper GI, Lower GI and Gynaecology, Urological and Head and Neck. Although Lung and Upper GI have both improved in month. Breast and Skin are both compliant.

Cancer patients have also been reluctant to attend given the high prevalence of Covid in the Hospital, patients have been given priority to receive vaccination and this has been very successfully rolled out.

Cancer Operations Director led meetings have continued with radiology, endoscopy and all 2ww tumour sites, together with, as required, escalations to partner Trusts in order to expedite patient pathways and reduce risk and delay.

6 Week Referral to Diagnostic Standard

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Green
64.71 %	99.80%	97.79%	57.25%	60.10%	74.87%	75.89%	73.18%	75.50%	78.35%	78.19%	77.64%	64.71%	>=99%
Performance													
Waiting list Size	16,053	10,460	5,500	7,922	11,721	15,486	16,174	16,644	16,521	13,207	16,718	15,829	<14,000
Waiting >6 Week Breaches	32	231	2,351	3,161	2,945	3,733	4,338	4,078	3,576	2,881	3,738	5,586	<60

Compliance has deteriorated to 64.71% and there were 5,586 patients who had waited over 6 weeks for their diagnostic procedure.

The greatly increased demand for CT capacity for emergency admission patients both in ED, ITU and on the wards has continued into January, therefore the decision to suspend all routine referrals has remained in place and reviewed through Gold. Staff sickness continued to put pressure on all of the diagnostic departments and is being managed and where possible mitigated by sharing staff or increased temporary staff where appropriate.

There has been an increase in colonoscopy breaches due to a focus on reducing the waiting time for cancer referrals. There remains some reluctance by patients to accept an appointment, particularly in endoscopy due to concerns regarding pre-procedure isolation and concerns regarding Covid19 overall. Booking staff are continuing to assure patients and a clinical discussion is also available as required. No patient is removed from a waiting list without a clinical discussion and referral back to the patients GP.

Audiology continue to deliver 100% compliance in both the complete and incomplete pathways. To achieve this the service has increased their virtual consultations and through pathway redesign with ENT and Primary Care.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Failure to deliver Constitutional Standards resulting in delays in patient care and experience. Links to Corporate Risks as stated below.	
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> • Our patients; • Our people; • Our future; • Our sustainability; • Our quality and safety. 	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR19: Patients may decline a date within breach and choose to delay their treatment until after their 52 week breach date. SRR21: Due to lack of capacity in tertiary centre patients may breach the 62 day standard waiting on diagnostic or treatment. SRR22: Urgent Treatment Centre may not become established and result in increased demand to ED. CRR68: Risk to delivery of the operational constitutional standards and undertakings.	
RESOURCE IMPLICATIONS:	No	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None	
SUBSIDIARY IMPLICATIONS	No	
PRIVACY IMPACT ASSESSMENT: No	EQUALITY IMPACT ASSESSMENT: No	

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **NOTE** the IPR report.