

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 SEPTEMBER 2020
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – JULY 2020 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 July 2020 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

In July, the Trust performance against the agreed constitutional standards is:

- Accident & Emergency (A&E) 4 hour access standard 85.80%, excluding Kent Community Health NHS Foundation Trust (KCHFT) Minor Injury Unit (MIU).
- A&E 4 hour access standard 87.32%, including KCHFT MIU.
- 18 Week Referral to Treatment (RTT) 45.12%.
- 62 day Cancer Standard 91.34%.
- 6 week diagnostic standard 75.89%.

A&E 4 Hour Compliance

- Attendances to the Emergency Departments (EDs) have been below plan at -17% (-3,505) in month and -27% (-21,684) year to date (YTD).
- Emergency admissions are below plan at -13% in month and -23% below plan YTD.
- The number of patients who received initial assessment within 15 minutes of arrival improved to 94.1%.
- There were zero 12 Hour Trolley Waits in July.
- The proportion of patients who left the department without being seen is compliant at 2.63%.
- The unplanned re-attendance position has remained static at 9.84%.
- Time to treatment within 60 minutes decreased slightly to 50.9%.

Patient flow continues to be under pressure due to higher acuity of patients attending ED and requiring admission. All admitted patients have to be admitted into a specific stream, i.e. Covid or non Covid beds and balancing the bed capacity within the strict infection control requirements is a daily challenge.

There have been internal delays in patients being discharged due to infection control requirements prior to transfer to a nursing or residential home. 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.

Building works are progressing to develop permanent Covid compliant inpatient areas which has meant a ward at William Harvey Hospital (WHH) has been used as a decant ward. Works at Queen Elizabeth the Queen Mother Hospital (QEQMH) have been completed. Mitigations have been put in place to maintain patient flow as far as possible.

Building works have also commenced for additional Intensive Therapy Unit (ITU) beds at WHH. Work for additional ITU beds at QEQMH has been completed. A new Surgical Emergency Assessment Unit and Women's Ambulatory Centre is also under construction at WHH.

18 Weeks RTT Standard

- The backlog size has increased to 24,717 and waiting list has decreased to 45,037, which remains an improvement on the whole of 2019/20 and due to the high levels of validation which continues.
- Primary Care Referrals have increased in month which is reflective of an increase in all activity.
- There are 1155 x 52 week wait (ww) patients reported. The number of patients waiting over 52 weeks has increased due to the new national categorisation framework. Consultants continue to review, and where necessary, contact patients to minimise any risk of potential harm. Whilst recovery plans are being established, some patients remain reluctant to attend hospital. Discussions are taking place with our Commissioners around appropriate management of our active waiting list. Clinical discussions to reassure and support patients with their decisions are regularly taking place.
- Primary care referrals are % 37(-5,962) below plan in month. YTD referrals are 53% (-32,836) below plan.
- Non-primary care referrals are 36% (-6,555) below plan in month and 41% (27,119) below plan year to date.

Elective activity is below plan:

- Outpatient New – 39% (-7,964) below plan in month, -47% (35,064) below plan YTD.
- Outpatient Follow Ups – 29% (12,812) below plan in month and 32% (52,700) below plan YTD.
- In month, elective Day Cases are -35% (-2,433 procedures) below plan and -52% (13,571) YTD.
- In month, elective in patients are -39% (-430) below plan and -63% (2,699) YTD.

The reduced activity levels reflect the national guidance relating to the safe management of patients during the pandemic and patient's reticence to attend hospital.

Use of the Independent Sector is being reviewed to ensure maximum use of capacity and effective management of waiting patients in preparation for the new national contract which started at the beginning of September 2020.

Outpatient restore and recovery plans are well underway with virtual and face to face clinics being held. Further buildings works to implement virtual clinic spaces are being designed for all three sites.

Cancer 62 day Standard

- July 62 day performance is currently compliant at 91.34%. This is the highest performance since April 2020. Validation continues until the beginning of September in line with the national time table.
- 2ww and 31 day performance are compliant across all standards.
- There were 2 patients waiting over 104 days 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.

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.

6 Week Referral to Diagnostic Standard

Compliance was 75.89% and there were 3,733 patients who had waited over 6 weeks for their diagnostic procedure. The reason for the increase in breaches is due to the Royal Colleges guidance relating to the provision of diagnostic services during the pandemic.

Referrals had dramatically decreased during the pandemic to 5,500 in April and thereafter have increased monthly to 15,486 in July. The majority of breaches are in endoscopy and cardiology specialities. Plans are in place to increase capacity in endoscopy and echo cardiology through use of the Independent Sector and revised working arrangements.

Patient Experience and Patient Safety

The impact of Covid-19 has changed our admission profile with a significant reduction in elective admissions impacting on our ability to interpret trends in key safety metrics.

- Friends and Family recommended has improved in July registering green (95%) compared with red in the previous month. The percentage of not recommended has also reduced albeit further reduction is required.
- The number of Mixed Sex Accommodation (MSA) Breaches has reduced to 369 compared with 594 in July. The number of MSA Breaches remains red in the context of continued operational pressure due to Covid and the need to prioritise clinical and infection control requirements.
- The number of complaints has risen this month by 37%. This marks a return to the numbers reported before the pandemic, remaining within control limits and reporting at an equivalent rate to the same month last year.
- Crude mortality continues to fall following the peak related to the Covid-19 pandemic and cumulative unadjusted Covid-19 mortality remains in line with national data.
- The Trust is working with external partners to address infection prevention and control concerns relating to healthcare acquired infections for Covid-19 and C.difficile and remains a key focus of attention. Cohorting of patients into suspected Covid and non-Covid streams continues with the Trust following Public Health England (PHE) Guidance on the use of Personal Protective Equipment (PPE).
- The number of hospital attributable C.difficile cases reported above trajectory at 60 cases and is an area of concern. A root cause analysis following the outbreak reported at QEQUH (10 cases) identified key themes and actions include: deep clean of ward areas; restart of antimicrobial stewardship; and revised root cause analysis process. There is a robust improvement plan in place which includes a focussed improvement programme "Safe Clean Hospital".
- The number of falls per 1000 beds days has reduced at WHH (which is historically the

site which reports higher rate of falls), the falls attributed to K&CH (which this month is reporting the higher rate of falls) has been influenced by a number of patients who have fallen several times. The falls prevention team are supporting recovery.

Financial Performance

The Trust achieved a breakeven position in July, which brought the YTD position to breakeven, which was consistent with the plan.

The impact of Covid-19 paused the business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place between the Trust and Commissioners from April to September 2020 to enable the Trust to deliver financial breakeven during this period.

The Trust has identified £5.0m of additional costs due to Covid-19 in July along with lost income of £0.7m, bringing the total financial impact of Covid-19 to £22.3m YTD. The Trust has received £12.3 prospective top up funding for the first four months of the year, in addition, due to the impact of Covid-19 costs it is eligible for retrospective true up funding to ensure a breakeven position (£15.0m, of which all but £6m has now been received). In addition Spencer Private Hospitals has received true up/ top up funding of £2.3m, taking the total true up/ top up funds to £29.6m for the group.

Human Resources

During the last six months, the Trust's vacancy rate has fallen, although there was a slight increase in-month to a rate of 8.35% in July 2020.

Turnover, excluding junior doctors, continued to fall and remained 11.5% for the month of July (11.5% in May). The annual 12 month average slightly increased in July to 14.4%.

Sickness in June fell slightly, after a large increase in previous months due to Covid-19. Sickness in April peaked at 8.89% across the Trust, and dropped to 7.12% in May and 5.14% in June. It is predicted to fall again in July to approximately 5%.

Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. So far during July, sickness absence appears to be lower than during April, May and June.

All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews. A detailed report is provided periodically to the Board's Strategic Workforce Committee and reported to Board through the Chair Report.

<p>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</p>	<p>The report links to the corporate and strategic risk registers.</p>
<p>LINKS TO STRATEGIC OBJECTIVES:</p>	<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

	<p>with the right skills to provide care at the right time, in the right place and achieve the best outcomes for patients.</p> <ul style="list-style-type: none"> • 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
RECOMMENDATIONS AND ACTION REQUIRED:		
The Board of Directors is asked to discuss and NOTE the report.		