

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	15 OCTOBER 2020
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – AUGUST 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 August 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 August, the Trust performance against the agreed constitutional standards is:

- Accident & Emergency (A&E) 4 hour access standard 81.44%, excluding Kent Community Health NHS Foundation Trust (KCHFT) Minor Injury Unit (MIU).
- A&E 4 hour access standard 83.63%, including Kent Community Health NHS Foundation Trust (KCHFT) Minor Injury Unit (MIU).
- 18 Week Referral to Treatment (RTT) 52.05%.
- 62 day Cancer Standard 90.45%.
- 6 week diagnostic standard 73.18%.

A&E 4 Hour Compliance

August performance for the 4 hour standard was 81.44%, which is an improvement on the previous year (19/20) of 80.2%.

Attendances to the Emergency Departments (EDs) across the Trust have been below plan at -5% (-926) in month and -23% (-22,610) year to date. Emergency admissions are also below plan at -11% in month and -21% below plan Year To Date (YTD).

- The number of patients who received initial assessment within 15 minutes of arrival improved slightly to 94.3%.
- There were zero 12 Hour Trolley Waits in August.
- The proportion of patients who left the department without being seen is compliant at

3.20%.

- The unplanned re-attendance position has deteriorated slightly to 10.74%.
- Time to treatment within 60 minutes decreased slightly to 42.9%.

The number of patients attending EDs have returned to pre Covid levels across both majors and minor presentations. Managing the increased number of attendances has put additional pressure on the staff in Emergency Departments due to patients having to be socially distanced across a wider clinical area and responding to surges in ambulances or attendances.

The ED improvement and escalation plans have been reviewed to incorporate the new Royal College of Emergency Medicine (RCEM) standards on managing safe social distancing in ED. These standards are being incorporated into the Trust Full Capacity Plan.

There have been internal delays in patients being discharged due to infection control requirements for patients with suspected or confirmed Covid-19 having a negative swab 48 hours 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 are discharge.

18 Weeks Referral to Treatment (RTT) Standard

The 18 week performance is 52.05%. The backlog size has decreased to 21,994 and waiting list has increased to 45,873, which remains an improvement on the whole of 19/20 and due to the high levels of validation and increased activity. Primary Care Referrals have increased in month which is reflective of an increase in all activity.

The number of patients waiting over 52 weeks has increased due to the new national categorisation framework and also due to the number of patients who are now tipping into a 52 week wait due to the constraints on activity in Q2 and Q3, which continue. Consultants continue to review, and where necessary, contact patients to minimise any risk of potential harm.

Elective activity is below plan with:

Outpatient New – 25% (-7,231) below plan in month, -42% (38,737) below plan YTD.

Outpatient Follow Ups – 26% (9,884) below plan in month and 30% (60,501) below plan year to date.

In month, elective Day Cases are -28% (-1,700 procedures) below plan and -48% (15,236) YTD.

In month, elective in patients are -34% (-373) below plan and -57% (3,061) 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. In month all of the above key performance indicators have improved.

Cancer 62 day Standard

August 62 day performance is currently compliant at 90.45%. Validation continues until the beginning of October in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 3,149 and is compliant. There were 4 patients waiting 104 days or more for treatment or potential diagnosis.

2 week wait (2ww) and 31 day performance are compliant across all standards and is a continued notable achievement and recognises the daily monitoring and active management by the Cancer and all Care Group teams.

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.

All specialities have seen increases in referrals and lung, upper and lower gastrointestinal (GI) and gynaecology have deteriorated in their performance in month. Director led monitoring is in place with a focus on reducing delays in diagnostics.

There were 4 patients waiting over 104 days for treatment or potential diagnosis. Care Groups carry out potential harm reviews against all 104 day patients to give assurance that no harms have been reported.

The daily 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.

6 Week Referral to Diagnostic Standard

Compliance was 73.18% and there were 4,338 patients who had waited over 6 weeks for their diagnostic procedure. The waiting list is now back to pre Covid levels. Breaches have increased due to the Royal Colleges guidance relating to the provision of diagnostic services during the pandemic.

Recovery Plans

Estates works continue on various wards and areas at Queen Elizabeth the Queen Mother Hospital (QEQQMH) and William Harvey Hospital (WHH) to improve ward environments for patients and staff and also to improve patient flow and to further improve the streaming of Covid infections away from non-Covid areas.

Building work has begun in August to re-provide the Surgical Assessment Unit (SEAU) into a newly refurbished area. The SEAU will continue to have close clinical adjacency to radiology.

Works to expand the ED to accommodate dedicated Covid and non Covid clinical areas and social distancing is also in progress.

Work commenced in August to provide a new Gynaecology Assessment Unit which will ensure that women will be able to have emergency assessments, minor procedures and outpatient appointment within a dedicated area.

All Care Groups are proactively implementing their improvement plans for elective and diagnostic pathways. Daily monitoring at Director level is in place to ensure that capacity is being maximised both internally and within the Independent Sector. Additional opportunities with independent providers are being actively explored, including insourcing opportunities. Extended working days are in place utilising substantive staff, although cognisant of the importance of staff wellbeing. Additional activity is being also being provided through overtime, bank, agency and additional payments to substantive senior medical staff to support increased activity.

The EDs are also working innovatively to achieve social distancing and managing patients in high risk of Covid and non-Covid areas; this includes streaming to community Urgent Treatment Centres (UTCs) where appropriate. Self-check-in stations are being installed using iPads which will triage patients into the correct stream. Pre-booking an attendance time has also been implemented in conjunction with 111.

Patient Experience and Patient Safety

- During August the number of Covid-19 inpatients across EKHUFT fell significantly. Hospital Standardised Mortality Ratio (HSMR) (to May 2020) has now maintained 'as expected' for the 6th data point. The Trust continues to work with external partners to address infection prevention and control concerns relating to Healthcare Associated Infection (HCAI) for Covid-19 and C difficile. There is a robust improvement plan in place and progress against this monitored by weekly executive led meetings. Two improvement advisors continue to work with the Trust and are implementing targeted training with the matrons to improve standards.
- The C Difficile outbreak (previously reported) is now closed but there have been 12 hospital attributable C. difficile cases for August against an expected 8 cases. There is continued focus on the implementing the action plan from investigations including strengthening the antimicrobial stewardship.
- The Trust identified a Never Event in August relating to excision of the wrong skin lesion. A full investigation is underway to understand the root causes but early contributing factors included referral on the incorrect pathway.
- Friends and Family recommended continues to improve registering green (97%) in August.
- The percentage of not recommended has also (favourably) reduced reporting 1.6% in August compared with 3.5% in July.
- The number of compliments continues to increase and the number of complaints has (favourably) reduced from 70 in July to 61 in August.
- All inpatient survey questions surpassed their July scores. With 'opportunity to discuss worries' and 'understanding treatment explanations' increasing by 8% and 4% respectively. Suggesting an improving patient experience.
- The number of Mixed Sex Breaches remains red in the context of continued operational pressure due to Covid and the need to prioritise clinical and infection, prevention and control requirements.

Financial Performance

The Trust achieved a breakeven position in August, which brought the year-to-date (YTD) position to breakeven, which was consistent with the plan.

The impact of Covid-19 has paused the NHS 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 £4.2m of additional costs due to Covid-19 in August along with lost income of £0.6m, bringing the total financial impact of Covid-19 to £27m YTD.

The Trust has received £15.4m prospective top up funding for the first five months of the year, in addition, due to the impact of Covid-19 cost it is eligible for retrospective top up funding to ensure a breakeven position (£17.9m). In addition, Spencer Hospital has received top up funding of £2.8m, taking the total top up funds to £36.1m for the group.

Human Resources

During the last six months, the Trust's vacancy rate has mostly fallen, although there was a further increase in-month to a rate of 9.08% in August 2020.

Vacancy rates remain above 10% in the General & Specialist Medicine, Urgent & Emergency and Women's & Children's Care Groups. However, most other clinical Care Groups are within a range of 4 to 6% vacancy. Some of the increase in vacancy is as a result of the Recovery programme, and further investment into roles agreed through the business case process. Turnover, excluding junior doctors, continued to fall and fell to 11.4% for the month of August (11.5% in July). The annual 12 month average remained 14.4% in August. Sickness absence in July fell again, 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 fell again in July to 4.57%.

Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. So far during August, sickness absence appears to be lower than during the previous three months.

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.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:

The report links to the corporate and strategic risk registers.

LINKS TO STRATEGIC OBJECTIVES:

- **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

	<p>system to offer excellent integrated services.</p> <ul style="list-style-type: none"> • 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:	EQUALITY IMPACT ASSESSMENT:
NO	NO
RECOMMENDATIONS AND ACTION REQUIRED:	
The Board of Directors is asked to discuss and NOTE the report.	