

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	12 NOVEMBER 2020
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – SEPTEMBER 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 September 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 September, the Trust performance against the agreed constitutional standards is:

- Accident & Emergency (A&E) 4 hour access standard 81.04%, excluding Kent Community Health NHS Foundation Trust (KCHFT) Minor Injury Unit (MIU);
- A&E 4 hour access standard 83.12%, including KCHFT MIU;
- 18 Week Referral to Treatment (RTT) 59.84%;
- 62 day Cancer Standard 87.41%;
- 6 week diagnostic standard 75.50%.

A&E 4 Hour Compliance

September performance for the 4 hour standard was 81.04%, which is an improvement on the previous year (2019/20) of 78.4%.

- The number of patients who received initial assessment within 15 minutes of arrival improved slightly to 94.9%;
- There were zero 12 Hour Trolley Waits in August;
- The proportion of patients who left the department without being seen is compliant at 2.70%;
- The unplanned re-attendance position has improved slightly to 10.21%;
- Time to treatment within 60 minutes improved slightly to 45.5%.

The number of patients attending the Emergency Department (ED) have returned to pre-Covid levels across both majors and minor presentations at Queen Elizabeth the Queen Mother Hospital (QEQMH) and continuing to increase at William Harvey Hospital (WHH). Managing the increased number of attendances has put additional pressure on the staff in ED due to patients having to be socially distanced across a wider clinical area and

responding to surges in ambulances or attendances.

Patients requiring admission 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 also a daily challenge. It is important that there are always sufficient 'blue' stream beds available to accommodate emergency presentations and this requires proactive and constant review of side rooms and infections on site.

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.

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

The Urgent Treatment Centres (UTCs) opened in a phased way during September. Kent & Canterbury Hospital (K&CH), WHH and QEQMh will offer a 24/7 service with Buckland Hospital Dover (BHD) maintaining a 08:00 – 20:00 service.

18 Weeks Referral to Treatment (RTT) Standard

The 18 week performance is 52.05%. The backlog size has decreased for the fourth consecutive month to 18,797 and waiting list has increased to 46,811, which remains an improvement on the whole of 2019/20 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. Consultants continue to review, and where necessary, contact patients to minimise any risk of potential harm. Harm reviews are in place with patients being Datixed.

Patients who are choosing not to proceed with their procedure are being managed in accordance with the Trust's Access Policy. Clinical discussions to reassure and support patients with their decisions are regularly taking place.

Cancer 62 day Standard

September 62 day performance is currently compliant at 87.41%. 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 3,647 and is compliant. There were 3 patients waiting 104 days or more for treatment or potential diagnosis.

2 week wait (2ww) and 31 day performance are again 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.

There were 3 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.

6 Week Referral to Diagnostic Standard

Compliance has improved to 75.50%. The waiting list is now back to pre-Covid size. Breaches have increased due to the Royal Colleges guidance relating to the provision of diagnostic services during the pandemic. There has also been some reluctance by patients to accept an appointment due to concerns regarding pre-procedure isolation and concerns regarding Covid overall. The booking script which staff use to speak to patients has been updated to assure patients that it is safe to attend their appointment. A clinical discussion is also available as required and no patient is removed from a waiting list without a clinical discussion and referral back to the patients GP.

Recovery Plans

Estates works continue on various wards and areas at QEQM and 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.

The Surgical Emergency Assessment Unit (SEAU) at WHH has been completed and is now established in a newly refurbished area within Area A of Out Patients. This has enabled ED to expand in order to accommodate dedicated covid and non covid clinical areas and social distancing.

Works are progressing 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.

The works to provide an additional 8 Intensive Care Unit (ICU) beds are progressing and will be completed in October 2020.

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. Insourcing arrangements are also being explored to provide additional Day Case capacity at weekends.

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 UTCs where appropriate. The Urgent Treatment Centres went live in September at WHH, QEQMH and K&CH.

Patient Experience and Patient Safety

- There were no Covid-19 healthcare associated infections reported in September 2020. However, the number of Covid cases has increased going into October and infection prevention and control measures continue to be a key focus. An integrated improvement plan has been developed including actions from the NHS England/NHS Improvement (NHSE/I) and Care Quality Commission (CQC) inspection with an implementation team

who meets weekly to monitor progress.

- C.difficile continues above trajectory but is an improved position.
- A renewed focus on completing serious incident investigations within timeframes has been launched with the Hospital Triumvirate teams supporting the improvement required.
- The Friends and Family recommended continues to improve registering green (98%) in September and the percentage of "not recommended" has also (favourably) reduced.
- The number of Mixed Sex Breaches has increased and remains linked to the clinical pressures and impact of Infection Prevention Control (IPC) requirements linked to management of Covid streams.
- Hospital Standardised Mortality Ratio (rolling 12 months to June 2020) has now maintained 'as expected' for the 7th data point.

Financial Performance

The Trust achieved a breakeven position in September, 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 £4.6m of additional costs due to Covid-19 in September along with lost income of £0.6m, bringing the total financial impact of Covid-19 to £32.2m YTD. The Trust has received £18.5m prospective top up funding for the first six 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 (£22.9m). In addition, Spencer Hospital has received top up funding of £3.5m, taking the total top up funds to £44.9m for the group.

Human Resources

During the last seven months, the Trust's vacancy rate has mostly fallen, and continued to fall in September to 5.99%. This is the lowest vacancy rate the Trust has seen for almost two years.

Turnover, excluding junior doctors, continued to fall and fell to 11.2% for the month of September (11.4% in July). The annual 12 month average fell to 14.3% in August, although still shows a higher percentage than the previous 12 months due to higher turnover during Winter 2020.

Sickness absence in August 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.

Daily unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. So far during September, sickness absence appears to be approximately the same as during August.

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:	<p>We care about...</p> <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	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.	