

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 DECEMBER 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 October 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 October, the Trust performance against the agreed constitutional standards is:

- Accident & Emergency (A&E) 4 hour access standard 76.83%, excluding Kent Community Health NHS Foundation Trust (KCHFT) Minor Injury Unit (MIU).
- A&E 4 hour access standard 79.00%, including KCHFT MIU.
- 18 Week Referral to Treatment (RTT) 65.89%.
- 62 day Cancer Standard 85.06%.
- 6 week diagnostic standard 78.35%.

Accident & Emergency (A&E) 4 Hour Compliance

October performance for the 4 hour standard was 76.83%, which is a deterioration on the previous year (2019/20) of 80.4% and the first time the Trust has dipped below 80% since February 2020.

- The number of patients who received initial assessment within 15 minutes of arrival improved slightly to 95%.
- There were two 12 Hour Trolley Waits in October.
- The proportion of patients who left the department without being seen is compliant at 2.85%.
- The unplanned re-attendance position has increased slightly to 10.85%.
- Time to treatment within 60 minutes improved to 47.9%.

The number of patients attending Emergency Department (ED) have returned to pre-Covid levels across both majors and minor presentations. Managing the increased number of attendances continues to 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.

Patient acuity is also higher due to patients' conditions deteriorating through Wave 1 of Covid. October has also started to see increased Covid-19 presentations and indicates that Wave 2 has reached East Kent.

The number of patients attending with mental health conditions continues to increase. The level of risk is monitored daily by the Hospital Director triumvirates who are proactively involved in managing escalations to external partners and, where necessary to the Chief Executive Officer (CEO) for external support from NHS Improvement (NHSI) in order to identify Children and Adolescent Mental Health Services (CAMHS) beds.

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.

Patients who require a complex discharge plan may have an extended hospital stay whilst suitable external capacity is identified. 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.

Weekly Director led reviews of every patient with a length of stay above 7 days is established.

18 Weeks Referral to Treatment (RTT) Standard

The 18 week performance has improved to 65.89%. The backlog size has decreased for the fifth consecutive month to 16,180 and waiting list has increased to 47,433. 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 reported on Datix.

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 to reassure and support patients with their decisions are regularly taking place. The new scripts which staff use when booking patients are in place to ensure that patients are being given assurance with regarding to attending hospital and followed up by a clinical discussion should the patient have any specific concerns.

There was a drop-in activity during October due to half term leave. Plans are in place to recover activity in November; however, this may be a risk due to the impact of Wave 2 of Covid-19 and patients declining to attend appointments as numbers increase in the local community and hospital.

Cancer 62 day Standard

October 62 day performance is currently compliant at 85.06%. Validation continues until the beginning of December in line with the national time table. The total number of patients on an active cancer pathway at the end of the month has increased to 3,921 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 with the exception of 31 day subsequent surgery at 93.24% and 62 day upgrades at 83.33%. This is a continued notable achievement and recognises the daily monitoring and active management by the Cancer and all Care Group teams particularly when referrals have continued to increase and are at their highest in month record since November 2019.

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.

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 has improved to 78.35% and there were 3,576 patients who had waited over 6 weeks for their diagnostic procedure, which is an improvement on last month. The waiting list is now back to pre-Covid size. Breaches had increased due to the Royal Colleges guidance relating to the provision of diagnostic services during the pandemic, however, recovery plans are successfully clearing the backlog of diagnostics and this is reflected in the improved position overall.

The majority of breaches continue to be in Endoscopy for colonoscopy (1078), Radiology (1,322) and Cardiology (770) specialities, although all three specialities have improved on last month's position.

Improvement plans are in place to increase capacity in endoscopy and echo cardiology through use of the Independent Sector, insourcing and revised working arrangements.

Recovery Plans

Estates works continue on various wards and areas at Queen Elizabeth the Queen Mother Hospital (QEQM) 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.

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.

The EDs are also working innovatively to achieve social distancing and managing patients in high risk of Covid and non-Covid areas. Plans are being developed to redesign the WHH and QEQM ED's and a business case has been approved.

Patient Experience and Patient Safety

- Infection prevention and control measures around Covid-19 continue to be a key focus as inpatient numbers have risen. Two outbreaks were opened at the end of October.
- C.difficile continues above annual trajectory but is an improved position in month. Other Healthcare Associated Infections (HCAs) remain below the level for the previous year.

- The number of compliments has increased in October and 100% of complaints were acknowledged within 3 days.
- The number of Mixed Sex Accommodation breaches has increased. Performance in Friends and Family Test recommended and the percentage of "not recommended" has also declined (registering red).
- Hospital Standardised Mortality Ratio (HSMR) (rolling 12 months to July 2020) has now reported as being maintained at expected rates.
- 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.
- Venous Thromboembolism (VTE) assessment performance remains below national target and is a focus of a number of the care groups as part of We Care. The revised Serious Incident Panel process was agreed at Patient Safety Committee with a view to implementing by the new year. The revised process mandates clinical presentation of the investigation to the panel and decreases the layers of corporate review.

Financial Performance

The Trust achieved a £46k surplus in October, which brought the year-to-date (YTD) position to a £46k surplus, slightly ahead of 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 for 2020/21.

The Trust has identified £3.7m of additional costs due to Covid-19 in October along with lost income of £0.6m, bringing the total financial impact of Covid-19 to £36.5m YTD. The Trust's cash balance at the end of October was £52m which was £47m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

Human Resources

During the last seven months, the Trust's vacancy rate has mostly fallen, and continued to fall in October to 6.1%. This is the lowest vacancy rate the Trust has seen for almost two years.

Turnover in month, excluding junior doctors, continued to fall and fell to 11.1% for the month of October. The annual 12 month average, however, increased to 14.6% in October, and still shows a higher percentage than the previous 12 months due to higher turnover during Winter 2020. Sickness absence increased slightly in September, after falling below 4% in August. 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% and in August to 3.63%. It has increased to 4.02% in September, mostly relating to increased short term sickness absence.

Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. This daily report will continue to be important with the increase in Covid-19 cases, to ensure we maintain and monitor sickness absence effectively and safely.

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.	