

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	16 JULY 2020
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPR – MAY 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 May 2020 report. The report has been discussed in detail by the Board's Quality Committee and Finance and Performance Committee. A summary of discussions at these meetings are included in Chair Reports to the Board of Directors.

Accident & Emergency (A&E) 4 Hour Compliance (May 2020)

May performance for the 4 hour standard was 90.77%. This represents an improvement in performance compared to the previous month from 89.7%.

- There were no 12 Hour trolley waits in May.
- The proportion of patients who left the department without being seen remained at a reduced level at 2.24%.
- The percentage of ambulance arrivals receiving initial assessment within 15 minutes was compliant at 90.5%. The unplanned re-attendance position remains at a high level at 10.07%. Time to treatment within 60 minutes was compliant at 58.1%.

Key areas of challenge are associated with increased emergency demand with high acuity for both blue (COVID) and red (Non-COVID) patient stream and management of patient flow to appropriate ward areas to maintain strict clinical streaming.

Mitigations include:

- Maintaining senior clinical leadership to emergency floor to support early decision making.
- Daily board rounds with senior clinicians and matrons in attendance.
- Weekly multidisciplinary reviews of all patients >7 days, focussing on resolving internal delays.
- A continued focus on zero 60 minute ambulance handover delays.
- Daily COVID Gold calls with social care, community trust and Clinical Commissioning Group (CCG) with whole system actions.

18 Weeks Referral to Treatment (RTT) Standard

May performance has deteriorated to 59.68% which is due to the national Covid-19 constraints. The number of 52 week breaches have also increased to 410 due to the restriction on acute hospital elective surgery as the theatre areas have been reconfigured to support expanded Intensive Care Unit capacity.

Mitigations include:

- Use of independent sector capacity for clinically urgent and cancer patients.
- Clinically validating each waiting list to identify clinical priority in accordance with new national guidance.
- Implementation of virtual clinics which have successfully enabled 40% of all outpatients to continue to be seen.
- Increased and focussed validation of the waiting lists.

Cancer 62 day GP RTT Standard

May 62 day performance is currently 70.49%. Validation continues until the beginning of July in line with the national timetable. The total number of patients on an active cancer pathway at the end of the month was 2,200 and there have been 25 patients waiting 104 days or more for treatment or potential diagnosis.

Key areas of challenge related to the management of endoscopy activity in line with current restrictions linked to the British Society of Gastroenterologist recommendations; and surgical treatments within the constraints of Covid-19.

The Trust has been working internally (through a daily multidisciplinary meeting) to manage radiology and endoscopy waiting times and these have since reduced considerably. An endoscopy action plan has been put in place and the Trust has successfully increased capacity through use of the independent sector. The Cancer Alliance has also provided 300 qualitative fit tests (QFIT) kits to reduce the requirement for an endoscopy for a specific group of patients.

Daily meetings have been taking place to review 2 week wait patients and long waiting patients to manage patient pathways.

6 Week Referral to Diagnostic Standard

The Trust achieved 60.10% compliance in May. The majority of the breaches were in endoscopy and cardiology specialities. Contributing factors and mitigations linked to endoscopy breaches are outlined above. Cardiology breaches were due to the constraints linked to Covid-19. A cardiology action plan is in place to provide echocardiology capacity through 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.

Nationally, processing of harm free care has been suspended and there is work to create a local dashboard.

Friends and family (recommended and not recommended) remain green.

There have been nil Methicillin-resistant staphylococcus aureus (MRSA) cases reported. Clostridium difficile rates are rising and being investigated. There is continued focus on all infection control standards to include use of diarrhoea assessment tool, antimicrobial stewardship and hand hygiene measures.

Falls reported as red, albeit an improved position compared with previous month (April). the profile of patients occupying those bed days has significantly changed in last two months making comparative data difficult, however, the increase is being investigated. Recovery action includes the falls team returning to their specialist role (as fall prevention practitioners), having worked on the wards providing front line service during the Covid pandemic. A deep dive is underway to identify and address the reasons for an increase in falls during this period.

Financial Performance

The Trust achieved a breakeven position in both April and May, 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 July 2020 to enable the Trust to deliver financial breakeven during this period.

The Trust has identified £5.5m of additional costs due to Covid-19 in May along with lost income of £1.7m. This is partially offset by budget underspends totalling £2.5m due to significantly reduced Elective and Outpatient activity.

This brought the required level of top-up funding above the NHS England/NHS Improvement (NHSE/I) block to £4.7m in May and £7.5m year to date.

Human Resources

During the last five months, the Trust's vacancy rate has continued to fall, reaching an in-month rate of 6.50% in May 2020.

Turnover, excluding junior doctors, continued to fall for the third month running and was at 11.7% for the month of May. The annual 12 month average, however, remains on an upward trajectory due to increasing turnover from October 2019 to February 2020.

Sickness in May fell slightly, after a large increase in the previous two months due to Covid-19. Sickness in April peaked at 8.89% across the Trust, and is predicted to fall to approximately 7.5% in May, and further still in June.

Daily unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. The unavailability is now also measuring those who are shielding, and also those who have been asked to self-isolate due to Track and Trace.

<p>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>The report links to the corporate and strategic risk registers.</p>
LINKS TO STRATEGIC OBJECTIVES:	<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 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	<p>The report links to the corporate and strategic risk registers.</p>
RESOURCE IMPLICATIONS:	<p>N/A</p>
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. <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:	<p>N/A</p>
PRIVACY IMPACT ASSESSMENT:	EQUALITY IMPACT ASSESSMENT:
NO	NO
RECOMMENDATIONS AND ACTION REQUIRED:	
<p>The Board of Directors is asked to discuss and NOTE the report.</p>	