

Integrated Performance Report

December 2021



Our vision, mission and values

We care’ is how we’re working to give great care to every patient, every day. It’s about being clear about what we want to focus on and why and supporting staff to make real improvements, by training and coaching everyone to use one standard method to make positive changes.

We know that frontline staff are best placed to know what needs to change. We’ve seen real success through initiatives like ‘Listening into Action’, ‘We said, we did’, and ‘I can’.

‘We care’ is a bigger version of this – it’s the new philosophy and new way of working for East Kent Hospitals. It’s about empowering frontline staff to lead improvements day-to-day.

It’s a key part of our improvement journey – it’s how we’re going to achieve our vision of great healthcare from great people for every patient, every time.

For ‘We care’ to be effective, we need to be clear about what we are going to focus on – too many projects will dilute our efforts.

For the next five years, our focus centres on five “True North” themes. These are the Trust-wide key strategic objectives which it aims to significantly improve over the next 5 years:

- our **patients**
- our **people**
- our **future**
- our **sustainability**
- our **quality and safety**

True North metrics, once achieved, indicate a high performing organisation.



What is the Integrated Performance Report (IPR)?

To turn these strategic themes into real improvements, we're focusing on five key objectives that contribute to these themes for the next year. These are the "breakthrough" objectives that we are driving over the next year and are looking for rapid improvement.

- Reducing falls
- Reducing healthcare acquired infections
- Reducing deaths from sepsis/respiratory failure
- Improving theatre capacity
- Reducing patient time in ED once there has been a decision to admit.

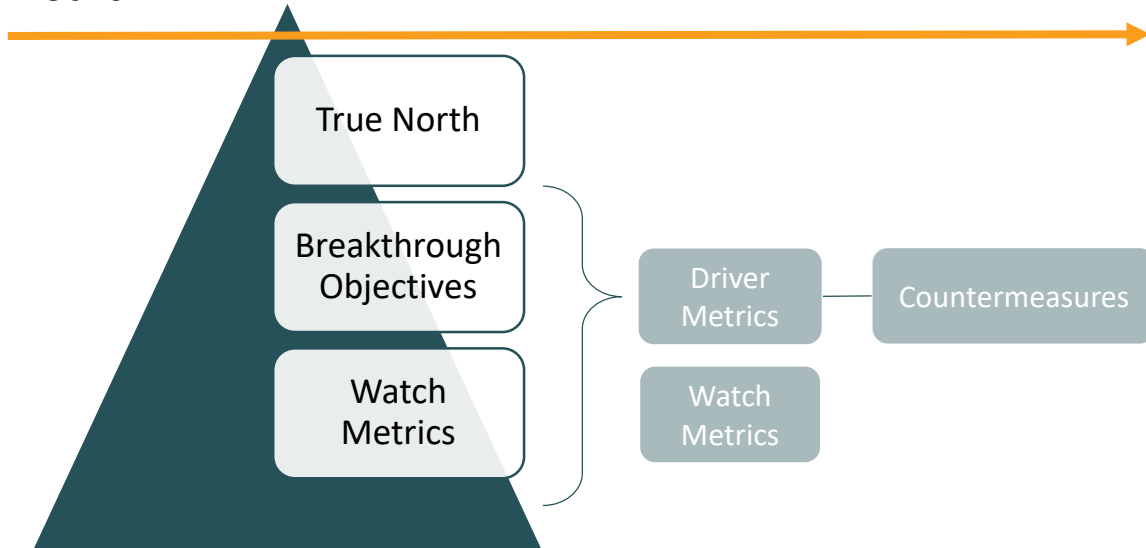
We have chosen these five objectives using data to see where focusing our efforts will make the biggest improvement. We'll use data to measure how much we're making a difference.

Frontline teams will lead improvements supported by our Improvement Office, which will provide the training and tools they need. Our Executive Directors will set the priorities and coach leaders in how to support change. Our corporate teams will work with frontline teams to tackle organisation-wide improvements.

We recognise that this change in the way we work together means changing our behaviour and the way we do things. We will develop all leaders – from executive directors to ward managers - to be coaches, not 'fixers'. We will live our Trust values in the way we work together, and involve patients in our improvement journey.

Integrated Performance Report IPR

Board



Performance Review Meetings PRM

The IPR forms the summary view of Organisational Performance against these five overarching themes and the five objectives we have chosen to focus on in 2020/21. It is a blended approach of business rules and statistical tests to ensure key indicators known as driver and watch metrics, continue to be appropriately monitored.

What is statistical process control (SPC)?

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

The 'We Care' methodology incorporates the use of SPC Charts alongside the use of Business Rules to identify common cause and special cause variations and uses **NHS Improvement SPC icons** to provide an aggregated view of how each KPI is performing with statistical rigor.

The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change. The charts also allow us to monitor whether metrics are improving.

Key Facts about an SPC Chart

A minimum of 15-20 data points are needed for a statistical process control chart to have meaningful insight. 99% of all data will fall between the lower and upper confidence levels.

If data point falls outside these levels, an investigation would be triggered.

It contains two types of trend variation: Special Cause (**Concerns** or **Improvement**) and **Common Cause** (i.e. no significant change).

NHS Improvement SPC icons

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Where to find them



What are the Business Rules?

Breakthrough objectives will drive us to achieve our “True North” (strategic) goals, and are our focus for this year.

These metrics have a challenging improvement target and the scorecard will show as red until the final goal is achieved when it then turns green. Once achieved a further more stretching target may be set to drive further improvement, turning the metric back to red, or a different metric is chosen.

Metrics that are not included in the above are placed on a watch list, where a threshold is set by the organisation and monitored. More of these metrics should appear green and remain so. Watch Metrics are metrics we are keeping an eye on to ensure they don’t deteriorate.

Business rules work in conjunction with SPC alerts to provide a prompt to take a specific action.

This approach allows the organisation to take a measured response to natural variation and aims to avoid investigation into every metric every month, supporting the inch wide mile deep philosophy.

The IPR will provide a summary view across all True North metrics, detailed performance, actions and risks for Breakthrough Objectives (driver) and a summary explanation for any alerting watch metrics using the business rules as shown here as a trigger.

#	Rule	Suggested rule
1	Driver is green for reporting period	Share success and move on
2	Driver is green for six reporting periods	Discussion: <ol style="list-style-type: none"> 1. Switch to watch metric 2. Increase target
3	Driver is red for 1 reporting periods (e.g. 1 month)	Share top contributing reason, and the amount this contributor impacts the metric
4	Driver is red for 2 reporting periods	Produce Countermeasure summary
5	Watch is red for 4 months	Discussion: <ol style="list-style-type: none"> 1. Switch to driver metric (replace driver metric into watch metric) 2. Reduce threshold
6	Watch is out of control limit for 1 month	Share top contributing reason (e.g. special / significant event)

Our quality and safety



Our patients

Our people

Our future

Our sustainability

Our quality and safety

Our quality and safety



Rebecca
Martin

Mortality (HSMR)

Mortality metrics are complex but monitored and reported nationally as one of many quality indicators of hospital performance. While they should not be taken in isolation they can be a signal that attention is needed for some areas of care and this can be used to focus improvement in patient pathways.

Our aim is to reduce mortality and be in the top 20% of all Trusts for the lowest mortality rates in 5 to 10 years. We have set our threshold for our rolling 12 month HSMR to be below 90 by January 2027 to demonstrate achievement of our ambition.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
100.6	101.6	100.9	97.3	95.8	94.1	94.3	94.8	95.4			



Variation indicates consistently falling short of the target

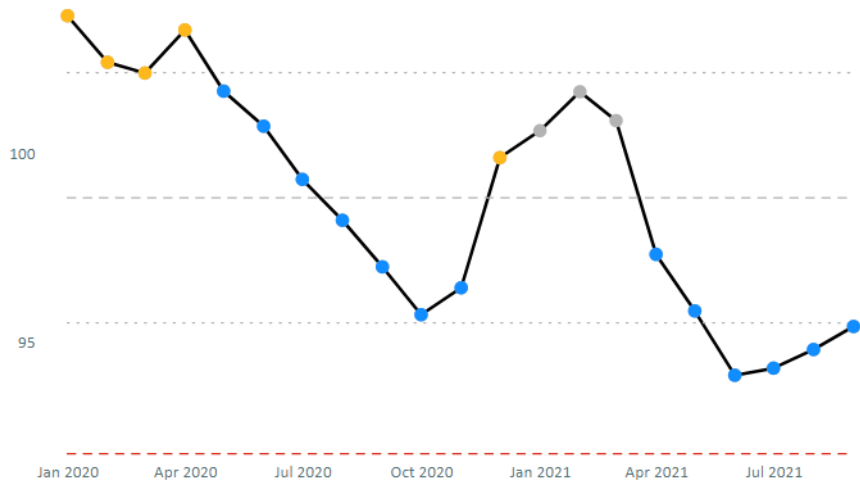


Special cause of improving nature or lower pressure due to lower values

Flag Description

Astronomical Point
Two Out Of Three Beyond
Two Sigma Group

XMR Run Chart



What the chart tells us

The Trust HSMR has been improving since the end of the second Covid-19 wave in March 2021 falling below the lower control limit of the SPC chart since June 2021. Quarter two performance is showing an upward trend but remains below the lower control limit. The metric demonstrates a 12 month rolling position.

Interventions/ Planned impact

Interventions planned to drive our improvement are:

1. Breakthrough Objective focussed on improving outcome for patients admitted to our hospitals with sepsis or respiratory failure as their admission diagnosis. This has reached its target of and is detailed on slide 8 . Our focus is on maintaining the improvement.
2. The fracture Neck of Femur pathway is being revised to improve outcomes for this group of patients and this is reported as a driver metric for Surgery and Anaesthetic Care group . We are currently undertaking an analysis of the impact of reducing our current HSMR for fractured neck of femur from 118 to 100 on the overarching metric so the impact of the clinical interventions can be understood.
3. The Trust has commissioned a desktop review of our mortality review processes through the NHSIE Better Tomorrow team. This will allow us to recognise good current practice and implement recommendations so our Learning from Deaths programme delivers improvements in patient pathways that deliver improved outcomes. The expected impact will be quantified when the outcome of the review is received (due by mid Feb 2022).
4. A focussed review of patients with healthcare associated Covid is being undertaken to identify any additional learning

Risks/Mitigations

The impact of Covid-19 on national mortality surveillance is a risk as yet unquantified.

20/21 Breakthrough Objective

Sepsis & Respiratory Failure (Composite HSMR)

Sepsis and respiratory failure have consistently triggered as primary diagnostic categories making the greatest contribution to the Trust's HSMR over the last few years. We believe that understanding and acting on the drivers behind this performance will help us provide a safer service for our patients.

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
135.2	134.2	128.7	122.2	114.7	112.8	112.8	110.7	111.3			



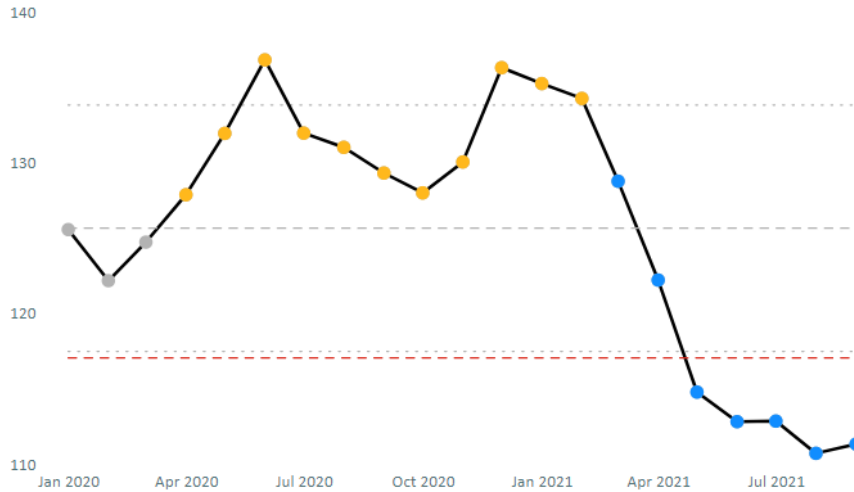
Flag Description

Astronomical Point
Two Out Of Three Beyond
Two Sigma Group

Variation indicates consistently falling short of the target

Special cause of improving nature or lower pressure due to lower values

XMR Run Chart



What the chart tells us

Performance to September '21 shows a rolling 12-month composite Hospital Standardised Mortality Ratio (HSMR) for respiratory failure and sepsis of 111.3.

The composite HSMR has been rapidly improving since the end of the second Covid-19 wave in February '21.

The last five data points are below the lower control limit on the SPC chart and below the trajectory.

Actions/Milestones

- Engagement with the Kent & Medway working group to support an alternative, evidence-based advance care planning tool.
- In order to deliver care to hip fracture patients in line with best practice, Seabathing ward has been identified and socialised as the nominated ward for hip fracture patients.
- Learning from deaths team has delivered training and supported Stroke and ITU team at QE to deliver Morbidity & Mortality meetings that allow clinicians to learn and reflect on clinical practice
- Embedded learning meetings for Trauma & Orthopaedic teams at QE, Vascular team at K&CH
- Co-ordinate trust-wide approach to healthcare-associated infections of Covid-19 with learning from harm/deaths process

Risks/Mitigations

There are no identified risks to delivery of this breakthrough objective at this point. Risks are identified and managed through weekly driver meetings and where needed escalated at We Care Executive Management meetings.

Alerting Watch Metrics

Supporting metrics that have either;

- Been red for 4+ months (OR)
- Breached the upper or lower SPC control limit

True North Domain	Type	BO	KPI	Thres.	Sep-21	Oct-21	Nov-21	Dec-21
Harm Events			Covid-19 HCAI	1	4	14	15	35
			VTE Assessment Compliance	90.0%	89.2%	89.2%	89.5%	89.9%
			Serious Incidents	18	26	24	35	24

Covid-19 HCAI

The Covid-19 HCAI cases are associated with an increased community incidence leading to unexpected community acquired cases that create in-hospital contacts and HCAI cases (as defined nationally). Where there are two or more cases this is defined as an outbreak and small numbers of outbreaks have been identified and managed during this period. Metric will remain above the threshold for November but shows early signs of reduction.

VTE Assessment Compliance

The stratified data showing underperformance being driven by number of spells across GSM specialties and general surgery without VTE risk assessment. An A3 is being developed as part of a trust priority improvement project to agree countermeasures to reverse the trend.

Serious Incidents

The number of SIs remain above the threshold, although it has stabilised over the past 3 months and fallen from the peak of 40 during July. Below adequate staffing levels have resulted in patient harm leading to incidents being declared. Several incidents are related to gaps in assessment or referral, such as completing the correct scan or referral at the optimum time.

Extended Perinatal Mortality

The increase in perinatal mortality rate is largely due to the increase in stillbirths over the past 12 months. Whilst the still birth rate, 5.47 is higher than the threshold 4.4, the neonatal death rate is much lower at 1.62 (threshold 2.19). This measure is a 12 month rolling rate, it is anticipated that next month the rate will reduce to below the threshold.