

REPORT TO:	BOARD OF DIRECTORS (BoD)				
REPORT TITLE:	INTEGRATED PERFORMANCE REVIEW (IPR)				
MEETING DATE:	3 NOVEMBER 2022				
BOARD SPONSOR:	CHIEF FINANCE OFFICER (CFO)				
PAPER AUTHOR:	CHIEF FINANCE OFFICER (CFO)				
APPENDICES:	APPENDIX 1: SEPTEMBER 2022 IPR				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	<p>The Trust has been engaged with a quality improvement programme called “We Care”. The premise is that the Trust will focus on fewer metrics but in return will expect to see a greater improvement (inch wide, mile deep). This report is updated for the key metrics that the Trust will focus on in 2022/23.</p>				
Summary of Key Issues:	<p>The attached IPR is now ordered into the following:</p> <p>True Norths- These are the Trust wide key strategic objectives which it aims to have significant improvements on over the next 5 years, as these are challenging targets over a number of years it may be that the targets are not met immediately and it is important to look at longer term trajectories. The areas are:</p> <ul style="list-style-type: none"> • our quality and safety. The two metrics the Trust has chosen to measure against incidents with harm and mortality rate. • our patients. The four metrics being measured are the Cancer 62-day target, the Accident & Emergency (A&E) over 12-hour target, the Referral to Treatment (RTT) 18-week target and the Friends and Family recommended %. • our people. The one metric chosen is for staff engagement. • our sustainability. The two metrics chosen to improve are the Trust’s financial position and carbon footprint. • our future. The two metrics chosen are the medically fit for discharge % and virtual outpatients usage. <p>Breakthrough objectives- These are objectives that we are driving over the next year and are looking for rapid improvement. The four key areas are:</p> <ul style="list-style-type: none"> • Improving theatre capacity. The lost theatre opportunities in month was 45 which is worse than the 25 target and is 2 worse than last month. Cancellations on day also had a slight decrease from 167 in August to 157 in September. • Utilising all of our available theatre sessions and returning to pre-covid cases per session (2.8) will enable us to treat more patients and reduce waiting times for patients waiting for surgical treatment. The current cases per session is at 				

	<p>2.3. To facilitate this there are a number of measures that have been implemented, with further action required:</p> <ul style="list-style-type: none"> • We are optimising scheduling opportunities with the booking teams. This includes awareness of individual targets and discrepancies between planned and actual utilisation; September booking performance at 87.1%, with actual theatre occupancy at 78.9%. • The 2022/23 elective activity plan has been translated into weekly sessions required, and has been used in the development of the revised theatres timetable which went live on 5 September. As such, theatre time will be proportionate to the activity required by each speciality. • The theatre staffing business case will be presented at the Clinical Executive Management Group (CEMG) in October, recruitment at risk is underway. • The theatre optimisation group was established in August and meets fortnightly and is drawing up plans and Standard Operating Procedures (SOPs) regarding Implementation of 6:4:2 and theatre utilisation meetings, led by the Surgery & Anaesthetic Leadership team. • There has been a focus on aligning sub specialities within orthopaedics to the theatre timetable and an away day with the consultants has concentrated on work to increase cases per list and efficiencies through the Elective Orthopaedic Centre. <ul style="list-style-type: none"> • Same Day Emergency Care (SDEC) Admissions. The SDEC activity across all services saw an increase in attendances in September 2022 (2007 v 1793 in August), the increase can be attributed to the ‘amber pick’ pilot with Acute Physicians working closely with the Emergency Department (ED) to identify suitable patients to attend the SDEC service. The Emergency Care Delivery Group approved the newly established workstreams for emergency care in October 2022 with a key focus on developing the SDEC and Direct Access models to optimise these pathways and establish a defined clinical model for the future. • A clinical forum supporting the delivery of SDEC was held in September 2022 with key outputs to focus on delivering optimal care through dedicated services including SDEC and assessment units to deliver a model that supported ‘the right place first time’ approach. Key messages and actions from the event included: <ul style="list-style-type: none"> • A collaborative approach required to achieve the size of change along with pace to improve the emergency pathways ahead of winter. • Consensus to reconsider existing pathways and processes to improve patient experience and align to national direction in establishing services for patients. • Agree key principles in the future clinical models to ensure the services provide high quality care and outcomes for patients. • Requires an organised approach, driven by senior clinicians with a governance structure to support.
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	<ul style="list-style-type: none"> • Establishing the times the service is open to reflect the demand in order to support the maximum of patients being able to access the services. • Working with community partners to develop community SDEC with a pilot at Whitstable planned to go live in November. • Access to appointment slots to SDEC and Urgent Treatment Centre (UTC) for patients arriving Out of Hours (OOH) to reduce waits being established. • Staff Involvement. The current staff involvement score has remained at 6.28 in month with an aim to reach 6.8 by the end of 2022/23. • 20 areas have now been trained as part of the Team Engagement and Development (TED) pilot, including Cardiology and Rheumatology, with a further 16 planned before the end of November. • The We Care rollout has been extended beyond the 20 'units' surveyed in July as part of the National Quarterly Pulse Survey (NQPS) and will also include Urology and Cardiology. • Two of the priority areas identified as part of the National Staff Survey (NSS) data review (those with the lowest scores for involvement) are completing KENT Fundamentals in September. • The new staff intranet, Interact, has been reviewed and can provide; sentiment analysis, target pulse surveys and an online suggestion area, the effectiveness of which will be piloted. • An 'Involvement Toolkit' is being finalised to provided support at team leader, speciality and Care Group level throughout the NSS. • Premium Pay costs. The Trust spends £87m per annum on premium pay with an aim to reduce this by 10% over the year. In month premium pay was £9.6m an increase of £0.8m from August. The premium pay position is impacted by the opening of escalation areas across the Trust and in month a £500k back pay for bank staff due to the new pay award. • The Executive team are continuing their focus in this area as this is a key contributor to the financial position. • Key Interventions include: <ul style="list-style-type: none"> • Formalising and strengthening the weekly premium pay meeting. • Detailed focus by care groups on drivers of premium pay. Premium pay deep dives occurring through September. • Review of bank, agency and overtime rates across all staff groups. • Ensure improved sign off processes and governance across the Trust. • Recruitment to key clinical posts to reduce the need for temporary staffing.
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	Watch Metrics - these are metrics we are keeping an eye on to ensure they don't deteriorate.			
Key Recommendation(s):	The Board of Directors is asked to CONSIDER and DISCUSS the True North and Breakthrough Objectives of the Trust.			
Implications:				
Links to 'We Care' Strategic Objectives:				
Our patients	Our people	Our future	Our sustainability	Our quality and safety
Link to the Board Assurance Framework (BAF):	<p>BAF 32: There is a risk of potential or actual harm to patients if high standards of care and improvement workstreams are not delivered, leading to poor patient outcomes with extended length of stay, loss of confidence with patients, families and carers resulting in reputational harm to the Trust and additional costs to care.</p> <p>BAF 34: Failure to deliver the operational constitutional standards due to the fluctuating nature of the Covid-19 pandemic necessitating a localised directive to prioritise P1 and P2 patients.</p> <p>BAF 31: Failure to prevent avoidable healthcare associated (HCAI) cases of infection with reportable organisms, infections associated with statutory requirements and Covid-19, leading to harm, including death, breaches of externally set objectives, possible regulatory action, prosecution, litigation and reputational damage.</p>			
Link to the Corporate Risk Register (CRR):	<p>CRR 77: Women and babies may receive sub-optimal quality of care and poor patient experience in our maternity services.</p> <p>CRR 78: There is a risk that patients do not receive timely access to emergency care within the ED.</p>			
Resource:	N			
Legal and regulatory:	N			
Subsidiary:	Y	Working through with the subsidiaries their involvement and impact on We Care.		
Assurance Route:				
Previously Considered by:	Finance and Performance Committee (FPC) 25 October 2022 and Quality and Safety Committee (Q&SC) 27 October 2022.			