

REPORT TO:	BOARD OF DIRECTORS (BoD)				
REPORT TITLE:	INTEGRATED PERFORMANCE REVIEW (IPR)				
MEETING DATE:	8 DECEMBER 2022				
BOARD SPONSOR:	CHIEF FINANCE OFFICER (CFO)				
PAPER AUTHOR:	CHIEF FINANCE OFFICER				
APPENDICES:	APPENDIX 1: OCTOBER 2022 IPR				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	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.				
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 43 which is worse than the 25 target and is 2 better than last month. Cancellations on day also had a slight decrease from 167 in August to 157 in September. • Elective Orthopaedic Centre (EOC) has focused on increasing productivity by holding a multidisciplinary 6-4-2 booking meeting. This has improved both booked and actual performance. The planned booking for the EOC has increased during the month from 87.7% to 93.5%. The actual performance has improved from 81.4% to 87.8%. 				

	<ul style="list-style-type: none"> • Implementation of 6-4-2 booking commenced from 3rd October which enable specialities to focus on booking ahead to maximise opportunity and improve patient experience. • To facilitate further improvement there are a number of measures that have been implemented, with further actions: • The Trust is optimising scheduling opportunities with the booking teams. This includes awareness of individual targets and discrepancies between planned and actual utilisation. October booking performance Trust-wide was 87.6% which was an increase of 0.5% on last month. Actual theatre occupancy was 79.4% which was an increase of 1.3% on the previous month. • Late starts were a focus for General Surgery in September where it was identified that delays were due to Intensive Therapy Unit (ITU) bed confirmation. The action was to add a small case first on the list; as a result, there has been a 1% improvement in October. • Urology and General Surgery are focusing on creating standby patients to reduce cancellations on the day by increasing pre-assessment pool. • The theatre optimisation group meets fortnightly led by the Surgery & Anaesthetic leadership team. This group is focusing on the development of Standard Operating Procedures (SOPs) regarding theatre utilisation and the analysis of the data regarding early finishes/late starts and cancellations with actions to improve performance. • Same Day Emergency Care (SDEC) Admissions. The SDEC activity across all services saw a decrease in the number of attendances in October 2022 (1,909 v 2007 September 22). SDEC remains an area that is not used for escalation inpatient beds. The principle of using the same day emergency care space for direct access and same day care exclusively enables patient access and flow to be maintained. 75% of patients who use the SDEC service are not admitted. • The Direct Access Pathway/SDEC workstream, is working on delivering an extended SDEC model for winter Patients with long term conditions attending Emergency Department (ED) require the support of an integrated approach with community clinicians and acute hospital specialists. This opportunity is being developed as part of the winter planning programme with Kent Community Health NHS Foundation Trust (KCHFT). • Using the Acute Emergency Care (AEC) directory and analysing further opportunities to increase numbers through the SDEC medical pathway has been completed and plans are in progress to extend the William Harvey Hospital (WHH) SDEC to 23.00 hours 7 days a week from the 1 December. • Work in place to review the changes to the hours of the Queen Elizabeth the Queen Mother Hospital (QEQM)
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	<p>service to maximise the opportunity for more patients to access the service.</p> <ul style="list-style-type: none"> • Due to the Operational Pressures Escalation Level (OPEL) 4 status at WHH, the extended hours SDEC model has been delivered from the 14 November. Tracking and monitoring of activity and benefits in place as part of the wider Urgent Emergency Care (UEC) workstream • The creation of 4 'Hot Slots' for referral into SDEC the next day commenced from 14 November. The aim is to provide the ability for clinicians to discharge patients who attend out of hours to return to a booked slot the next day. Monitoring is in place. • Integrated SDEC pathways pilot commenced in October for 111 to direct South East Coast Ambulance Service (SECAMB) to ensure patients can access to the SDEC service. The aim is to increase the slots to maximise the use of the ambulatory pathways. • Work progressing on the development of the Medical Day Unit at Canterbury to realise further opportunity to manage more patients from across the sites reducing the impact on capacity. • The focus for this month is to extend SDEC at WHH until 23.00 hours 7 days a week 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. This is highlighted in the winter plan. • 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 data review (those with the lowest scores for involvement) are completing KENT Fundamentals in September. • The new staff intranet 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 National Staff Survey (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 October 2022 premium pay spend has decreased by £0.4m. The drop is mainly related to the pay award back pay being paid in September. • The Executive team are continuing their focus in this area as this is a key contributor to the financial position.
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	<ul style="list-style-type: none"> 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. <p>Watch Metrics - these are metrics we are keeping an eye on to ensure they do not deteriorate.</p>			
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 harm to patients if high standards of care and improvement workstreams are not delivered .</p> <p>BAF 34: There is a risk that our constitutional targets are not met.</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.</p>			
Link to the Corporate Risk Register (CRR):	<p>CRR 77: There is a risk of failure to provide adequate maternity services to women and their families.</p> <p>CRR 78: There is a risk of overcrowding in ED due to a lack of capacity in the system and increased local demand.</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:	None			