

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: COUNCIL OF GOVERNORS

DATE: 8 MAY 2015

SUBJECT: CEO AND PERFORMANCE UPDATE

REPORT FROM: CHIEF EXECUTIVE

PURPOSE: Information / Discussion

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

Performance metrics relevant to the Trust's licence and Monitor's Risk Assessment Framework (principally governance and finance) are distributed monthly to the Council of Governors at the same time as they are received by the Board of Directors. (Reports are also published on the Trust's website.)

SUMMARY:

Governors will therefore already have received the latest performance reports which were issued in April 2015.

The attached summaries are taken from the: Clinical Quality and Patient Safety Report; Key National Targets Report; and Corporate Performance Reports.

The report also includes an introduction from the Interim Chief Executive.

RECOMMENDATIONS:

The Council of Governors are invited to note and discuss the report.

NEXT STEPS:

None. The metrics within this report will be continually monitored.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

Clinical quality, the patient safety programme and patient experience underpin many of the Trust's strategic and annual objectives. Continuous improvements in quality and patient safety will strengthen the confidence of commissioners, patients and the public.

Governance AO10: Maintain strong governance structures and respond to external regulatory reports and guidance.

LINKS TO BOARD ASSURANCE FRAMEWORK:

This report links to AO1 of the BAF: Implement the third year of the Trust's Quality

<p>Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care.</p> <p>Governance AO10: Maintain strong governance structures and respond to external regulatory reports and guidance - Maintain a Governance Rating with Monitor of Green</p>
<p>IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:</p> <p>Identified clinical quality and patient safety risks are summarised in the attached report.</p> <p>Standards are being closely monitored and mitigating actions are being taken where appropriate (in collaboration with the whole health economy).</p>
<p>FINANCIAL AND RESOURCE IMPLICATIONS:</p> <p>Continuous improvement in quality and patient safety will make a contribution to the effective and efficient use of resources.</p> <p>There is a financial penalty for not achieving targets.</p>
<p>LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:</p> <p>Reduction in clinical quality and patient safety will impact on NHSLA activity and litigation costs.</p> <p>Most of the patient outcomes are assessed against the nine protected characteristics in the Equality & Diversity report that is prepared for the Board of Directors annually. The CQC embed Equality & Diversity as part of their standards when compiling the Quality Risk Profile.</p>
<p>PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES</p> <p>None</p>
<p>ACTION REQUIRED:</p> <p>(a) Discuss and agree recommendations.</p> <p>(b) To note</p>

CONSEQUENCES OF NOT TAKING ACTION:

Pace of change and improvement around the patient safety programme and patient experience will be slower. Inability to deliver a safe, high quality service has the potential to affect detrimentally the Trust's reputation with its patients and within the wider health economy.

Potential risk of failing the required standards which has an impact on our Monitor rating and Trust reputation.

EXECUTIVE SUMMARY

1. Introduction

At the time of writing I have been with the trust for some four weeks and spent much of that time meeting staff on all the trust's five sites as well as a number of our key stakeholders including governors, members of the local CCGs, local authorities, NHS England and Monitor.

Everyone I met have clearly been passionate about doing their very best for patients no matter what role they have in the health and social care system and often achieving fantastic things in challenging environments. I would like to thank everyone for being so welcoming and importantly candid about the difficulties we face but also the pride staff have in the many excellent services we provide.

Having experienced the commitment of staff at EKUHFT I have no doubt that we can address together the significant challenges the trust and indeed the NHS as a whole face over the coming months. There is a real recognition that things need to change if we are to improve the culture of the trust to ensure we are a "great place to work". This means facing head on the poor behaviours that the CQC identified in some areas within the trust and this work has already started as part of the trust's cultural change programme. Being clear about our expectations of our organisational values is also important and work has taken place with our staff to consider what these should be with the next stage of this work being the communication of these values to the 7000 people who work in the trust. We also need to increase staffing levels in areas where this needs to improve - the board has agreed additional funding for this but we still face the recruitment challenges that are being experienced across the NHS, particularly in nursing and some medical specialties.

We are also facing substantial and immediate financial challenges going forward with the trust ending 2014/15 in deficit. This will require us to establish a clear financial recovery plan that improves efficiency, reduces cost whilst also improving service quality. In any such recovery programme patients must remain central to everything we do. A newly established Financial Recovery Steering Group has been established to drive our recovery.

We have to improve our access times for patients experiencing our services, including waiting times in our Emergency Departments and the 18 week referral to treatment times. The reasons for our current access time challenges are multi factorial and action plans are in place requiring internal improvements in patient flow, capacity and demand management and close working with external partners in primary, community and social care.

From my discussions with staff there is also a recognition that change in the way and where we deliver healthcare is essential if services are to remain clinically viable and affordable to the tax payer. Ensuring that services remain clinically viable and affordable means that we will need to develop clear options for the trust's future strategy and we will consult upon these later in the year. The true test is ensuring that there is strategic value for patients in our proposals.

I fully appreciate that the changes we will inevitably need to make over the coming months will require some difficult decisions to be made and this will

not be easy and I am sure controversial at times, this however must not stop us doing what is right for our patients.

None of these things will be achievable unless we engage with our staff, commissioners and importantly the wider public and develop an organisation that is truly clinically led. Making sure that this happens is a high priority for me personally and for the board of directors as a whole.

The leadership agenda for EKHFT going forward will inevitably be demanding but I remain convinced that the trust has a bright future in serving the local population well if we harness the enthusiasm and commitment of all those involved in providing health services in east Kent.

SUMMARY OF PERFORMANCE

KEY NATIONAL INDICATORS

A&E Indicators

Monitor Indicator and threshold:

	Threshold	Monitoring Period
Maximum of four hours from arrival to admission/transfer/ discharge	95%	Quarterly

EKHUFT Performance:

	Q1	Q2	Q3	Q4
Attendances	52,627	53,154	50,398	48,525
Breaches	2,991	3,4484	4,721	5,754
Compliance	94.3%	93.4%	90.7%	88.1%

Activity levels and performance against the emergency 4 hour access standard for March is broken down by site in the table below:

	Trustwide	QEH	WHH	K&C	BHD
Total Numbers attending A&E	17,720	6,117	6,390	4,096	1,117
Breaches (Numbers Not Seen within 4 Hrs)	2,206	1,087	993	124	2
% met	87.6%	84.5%	82.2%	97.0%	99.8%
Numbers of 20-30 year olds	2,677 (15.1%)	802 (13.1%)	962 (15.1%)	752 (18.4%)	161 (14.4%)
Numbers of 75+	2,882 (16.3%)	1,072 (17.5%)	1,004 (15.7%)	732 (17.9%)	74 (6.6%)
Nursing vacancies	14 vacancies (Nursing)	B6 x3 B5 x4	B7x1, B6 x1, B4 x1, B2 x2	B5 x1	B6 x 0.5 B2 x 0.5
Medical vacancies (A&E only)	Consultant 11.5	7	6	-	-
	Middle Grades 12	7	5		

Referral to Treatment Waiting Time Performance

Monitor Indicator and threshold:

	Threshold	Monitoring Period
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted.	90%	Quarterly
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted.	95%	Quarterly
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	Quarterly

EKHUFT Performance:

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	6,388	410	6,798	94.0%		
Admitted Pathway	2,988	974	3,962	75.4%		1,186
Incomplete Pathways	35,680	5,397	41,077	86.9%	6	

RTT Position Compliance by Pathway (March 2015)

Cancer Performance

Monitor Indicator and threshold:

	Threshold	Monitoring Period
All cancers: 62 day wait for first treatment from: <ul style="list-style-type: none"> Urgent GP referral for suspected cancer NHS cancer screening service referral 	85% 90%	Quarterly
All cancers: 31 day wait for second or subsequent treatment comprising: <ul style="list-style-type: none"> Surgery Anti-cancer drug treatments Radiotherapy 	94% 98% 94%	Quarterly
All cancers: 31 day wait from diagnostics to first treatment	96%	Quarterly
Cancer: two week wait from referral to date first seen comprising: <ul style="list-style-type: none"> All urgent referrals (cancer suspected) For symptomatic breast patients (cancer not initially suspected) 	93% 93%	Quarterly

EKHUFT Performance:

	All Cancers	Symptomatic Breast	Diag to First Treat	Surgery	Drug	Urgent GP Referral	Screening Referral
Target 2014/15	93%	93%	96%	94%	98%	85%	90%
Q1 14/15	93.50%	92.37%	99.07%	95.74%	99.14%	85.65%	95.60%
Q2 14/15	93.47%	81.90%	98.69%	94.50%	100.00%	81.68%	86.03%
Q3 14/15	93.35%	86.43%	98.05%	93.08%	100.00%	81.76%	93.06%
January	90.51%	95.38%	98.03%	94.23%	98.33%	79.62%	70.59%
February	95.43%	94.34%	98.02%	96.08%	98.31%	75.48%	93.62%
March*	94.71%	95.33%	96.14%	97.87%	100.00%	71.52%	91.30%
Q4 14/15*	93.61%	94.99%	97.39%	96.00%	98.92%	75.47%	86.61%

*unvalidated position

As at March 2015

Quality Performance

A copy of the performance summary is attached.

Financial Performance

A copy of the latest scorecard is attached.

May 2015