

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: Integrated Improvement Plan (IIP) Performance Reporting

Meeting date: 4 December 2025

Board sponsor: Tracey Fletcher, Chief Executive

Paper Author: Ben Stevens, Chief Strategy and Partnerships Officer (CSPO)

Appendices:

Appendix 1: IIP Performance Report

Executive summary:

Action required:	Discussion
Purpose of the Report:	This report has been provided to update the Board of Directors at EKHUFT on the 2025/26 October position of the IIP following the Organisation's successful exit from the Recovery Support Programme (RSP).
Summary of key issues:	<p>As part of the transition plan, it was agreed that four areas would remain in local oversight contributing to the Organisation's continuous improvement. These areas will continue to report through the IIP: Urgent and Emergency Care (UEC), Planned Care, People & Culture, and Finance. These will continue to report on a monthly basis (paper attached).</p> <p>The Organisation's breakthrough objectives will now be captured quarterly as part of the IIP report, to measure the Trust's improvement against the annual objectives set. The next report will detail Quarter 3 (Q3) performance.</p> <p>The People programme is currently amber with two milestones complete, two green, one amber (staff survey response rate) and one red (Well led interviews).</p> <p>Both the UEC and Planned Care programmes have remained RAG rated amber which reflects the fall in performance during August and corrective actions that saw an improvement in September, with October performance remaining stable (see report for further details).</p> <p>The Finance programme has moved from green to amber based on Month 7 performance, detailed within the report.</p>
Key recommendations:	The Board of Directors are invited to DISCUSS and NOTE the IIP performance report.



Implications:

Links to Strategic Theme:	This report aims to support: <ul style="list-style-type: none"> • Quality and Safety • Patients • People • Partnerships • Sustainability
Link to the Trust Risk Register:	N/A
Resource:	No
Legal and regulatory:	Yes – regulatory impact.
Subsidiary:	Yes – in the overall provision of services within the resources available to the Trust.

Assurance route:

Previously considered by: Trust Management Committee (TMC)



Integrated Improvement Plan (IIP) Performance Report

November 2025

Integrated Improvement Plan Performance Report

As part of the transition planning process from the Recovery Support Programme (RSP), it was agreed that the IIP 2025/26 focuses on four key areas: Culture Improvement, Urgent Care, Planned Care and Financial Sustainability.

Domain	Metric	Target
Patients	To reduce the number of type 1 patients waiting more the 4 hours in Emergency Department (ED)	78%
Patients	To reduce the number of patients waiting more the 12 hours in ED	10%
Patients	To improve type 1 performance	58%
Patients	Establish programme to reduce length of stay	30%
Patients	To reduce the proportion of patients waiting no longer than 18 weeks for treatment	60%
Patients	To reduce the proportion of patients waiting more than 52 weeks for treatment	1%
Patients	To improve performance against the 28-day cancer Faster Diagnosis Standard	80%
People	To Improve Staff Engagement	6.40
People	To reduce the incidence of serious discrimination and harassment of staff by colleagues	NSS - Psychological Safety Target 53%
Sustainability	To Improve our financial deficit	£6.5m (after deficit support funding)

Breakthrough Objectives - To reduce the number of type 1 patients waiting more the 4 hours in ED
To reduce the number of patients waiting more the 12 hours in ED

IIP Objectives - Develop a clear Urgent and Emergency Care (UEC) improvement plan which link to a performance trajectory. Targeted support on system wide discharge and admission avoidance
Maximise opportunities for patients to access Same Day Emergency Care (SDEC) to reduce 12h and Length of Stay (LoS) in line with model hospital and SDEC opportunity tools

Programme Status	
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Programme	Urgent Care
SRO	Dan Gibbs, Chief Operating Officer (COO)
Programme Manager	Alison Pirfo, Deputy COO
Risks, issues and escalations	<p>The majors assessment area will be developed in November into a different model of care as a proof of concept following changes within acute medicine as Plan, Do, Study, Act (PDSA) cycles.</p> <p>Funding will be required to increase medical staffing skills set and Whole Time Equivalent (WTE) to commence the Rapid Assessment and Treatment (RAT) model.</p>

Progress Update
<p>Type 1 performance experienced a partial reboot to the July position in September, which was maintained in October at 51.6%</p> <p>4hr – All types remained positive at 74.3% in October.</p> <p>12hr – 12 hour waiting times and number of patients remain at a steady state at 21.2%</p> <p>LoS – A slight increase in 14+ in October to 32.7%</p>

Key Milestones				
Milestone	Description	Target Date	Status	Commentary to support any delays/planned mitigations
Operational Performance - Urgent Care				
2.1 - Type 1				
2.1.01	Type 1 - 57.6%	Sep-25		June – 54%, July – 55.2%, August – 48.8% , September – 52.2%
2.1.02	Type 1 – 57.3%	Dec-25		October – 51.6%
2.2 - 12 Hour Performance				
2.2.01	12 hour <14.5%	Sep-25		June – 20.6%, July – 20.4%, August – 23.3%, September – 21%
2.2.02	12 hour <13.3%	Dec-25		October – 21.2%
2.3 - 4 Hour Performance				
2.3.01	4h - <77.9%	Sep-25		June – 76.42%, July – 76.48%, August – 74.19%, September – 75.2%
2.3.02	4h - <77.8%	Dec-25		October – 74.3%
2.4 - Length of Stay				
2.4.01	Establish programme to reduce length of stay (14+ LoS – 31%)	Sep-25		June – 29.4%, July – 30.8%, August – 31.2%, September – 31.4%
2.4.02	Establish programme to reduce length of stay (14+ LoS – 31%)	Dec-25		October – 32.7%

Patients

IIP Objectives - Improve the percentage of patients waiting no longer than 18 weeks for treatment

Reduce the proportion of people waiting more than 52 weeks for treatment (including strengthening validation processes)

To improve performance against the 28-day cancer Faster Diagnosis Standard

Programme Status		Progress Update			
Programme	Planned Care	<p>Referral to Treatment (RTT) Recovery Plan Progress</p> <p>18 weeks RTT plans had seen an improvement from the baseline up to month 4 although has deteriorated and is falling short of plan at 53.9% in month 6 against a target of 56.1%. Improvement initiatives are being tracked through individual performance meetings as well as the Outpatient Improvement Programme which focuses on productivity improvement initiatives as well as work to manage demand. Additional measures are being implemented to recover the position in collaboration with system partners.</p> <p>Performance - April: 54.0%, May: 54.7%, June: 55.0%, July 54.9%, August: 54.7%, September: 54.4%, October: 53.9%</p> <p>The 52 week backlog reduced between Month 1 to Month 4 although falling short of plan with a small improvement in performance in Month 6 which moved from 3.1% in Month 5 to 3.0% in Month 6 against a target of 1.5%.</p> <p>There have been productivity improvements driven through the Perioperative Improvement Programme including Theatre Utilisation with the highest utilisation rates experienced over the last six years and further increases in the average number of cases per theatre although overall Trust activity has fallen short of plan. Many specialties are on target but there are particular challenges in Cardiology, General Surgery, Ophthalmology, ENT and Max Fax which again, have recovery plans in collaboration with system partners.</p>			
SRO	Dan Gibbs, COO				
Programme Manager	Titus Burwell, Director of Planned Care Recovery Alexis Warman, Head of Operations				
Risks, issues and escalations					

Key Milestones					
Milestone	Description	Target Date	Status	Commentary to support any delays/planned mitigations	
Operational Performance - Planned Care					
3.1 - Reduction in 18ww					
3.1.01	Reduction in 18ww – 55.7%	Sep-25		April: 54.0%, May: 54.7%, June: 55.0%, July 54.9%, August: 54.7%, September: 54.4%	
3.1.02	Reduction in 18ww – 57.5%	Dec-25		October: 53.9%	
3.2 – Reduction in 52ww					
3.2.01	Reduction in 52ww – 1.7%	Sep-25		April: 3.2%, May: 3.0%, June: 2.8%%, July2.6%%, August: 2.9%, September: 3.1%	
3.2.02	Reduction in 52ww – 1.3%	Dec-25		October: 3%	
3.2.03		Dec-25		The RTT training plan is gaining momentum with the milestone of 100 members of staff receiving training being reached with further resource being allocated to go further. Updated Validation Standard Operating Procedures (SOPs) are being progressed through to the Trust Management Committee (TMC)	
3.2.04		Dec-25		Management of Outpatient bookings are reviewed via the Outpatient Transformation Programme and performance management structure.	

Patients

IIP Objectives - Improve the percentage of patients waiting no longer than 18 weeks for treatment

Reduce the proportion of people waiting more than 52 weeks for treatment (including strengthening validation processes)

To improve performance against the 28-day cancer Faster Diagnosis Standard (FDS)

Programme Status	
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Programme	Planned Care
SRO	Dan Gibbs, COO
Programme Manager	Titus Burwell, Director of Planned Care Recovery Alexis Warman, Head of Operations
Risks, issues and escalations	<p>Breast Screening Consultant post is not approved/delayed due to financial constraints to support the screening 1st OPA recovery (currently day 50, needs to be <2 weeks)</p> <p>No immediate capacity options to recover Prostate 62D position – exploring options for 3 RALP lists with lead consultant however this is theatre staff dependent, exploring options for joint oncology/surgical clinics – likely to start Jan 26 reducing post Multidisciplinary Meeting (MDM) timeframes.</p>

Progress Update
<p>FDS</p> <p>As anticipated, September saw a dip in 28-Day FDS performance due to the post-summer recovery period. While improvement was expected in October, the position has further deteriorated by 1 percentage point driven by declining performance in high volume specialties.</p> <p>Successes</p> <p>1st OPA – Since August, operational teams have focused on achieving 1st OPAs within 10 days. This has delivered results, with performance improving for three consecutive months.</p> <p>Letter Backlog – At the end of summer, over 550 patients were waiting for letters confirming benign results, with some delays exceeding six weeks. A concerted effort has reduced this backlog to near the 250 threshold set by Cancer Services, with plans to maintain or improve further.</p> <p>Achieving End Year FDS Target – 80%.</p> <p>Performance modelling has identified the improvements, or where we need to sustain current performance, by each specialty to meet the annual FDS target. Pathway modifications have also been explored to support this progress</p> <p>Specialty Focus</p> <p>Skin – Recover and maintain ≥91% (higher performance has been historically achieved). 1st OPAs must be at day 10; currently booking at day 15 (improved from Day 24 in September). Longer term pathway improvements, such as imaging triage, or service expansion, are needed to sustain performance during peak referral months over the summer.</p> <p>Lower GI – Results review inbox to launch in January (aligned with Maidstone and Tunbridge Wells NHS Trust (MTW) model). Clinical engagement, team buy-in, is complete. Job plan adjustments required to allow spec-docs to support consultant results reviews and comms with patients. Has the potential to improve the position from 60% FDS to 80%.</p> <p>Breast – Screening patients to be compliant by January for 1st OPA, FDS and 62D; current backlog of 98 patients. With screening patients compliant, the Breast overall score will return to 85% FDS, with potential to reach 90%. Requires close monitoring of radiological support for MDMs, One Stops, and Screening 1st OPAs. Radiology task-and-finish group essential for two months. Potential Cancer Alliance funding for US insourcing and locum.</p> <p>Gynae – Current gains in performance are driven by locum support that will end in December. Capacity planning needed to maintain clinic performance from January; risk of FDS dip without action.</p> <p>Urology – Target to perform >75%, currently at 70%. Monitor MRI capacity and prostate MRI meeting. Maintain/improve pathology turnaround (potential Cancer Alliance funding for locum support). Kidney STT nurse starts end of November (Kidney FDS at 52%).</p> <p>The 62-Day performance showed signs of recovery in October. Addressing the current issues in Breast screening capacity, Derm 1st OPAs, and surgical capacity for Lower GI, will have a significant impact on recovery overall</p> <p>End of year National Target of 75%, Trust ambition target set at 80% - L3 months performance August (77.27%), September (68.96%), October (72.91%)</p>

Key Milestones				
Milestone	Description	Target Date	Status	Commentary to support any delays/planned mitigations
Operational Performance - Planned Care				
3.3 - To improve performance against the 28-day cancer Faster Diagnosis Standard - 80%				
3.3.10	improve performance against the 28-day cancer Faster Diagnosis Standard - 80%	Mar -26		FDS - End of year National Target of 80% - L3 months performance: July (Traj. 78.00%, Actual 76.88%), August (Traj. 77.00% , Actual 74.8%), September (Traj. 75.26% Actual: 71.35%), October (Traj. 77.72% Actual: 70.85%)

IIP Objectives - Executive Leadership development programme to be delivered following 360 reviews

Focus development for impact: Managing Director (MD) Development programme implementation

Complete a series of 'well led' interviews with Trust executives

Develop Trust wide culture programme informed by key themes from the staff survey that delivers visible, valued improvements, with a short-term response addressing immediate concerns and a longer-term strategy aligned with the People Plan

Plan Status		Monthly Progress Update
Areas	Leadership & Culture Development	<p>The objectives, outline, and proposal for the Executive Leadership Programme have been developed and reviewed with both the Chief Executive Officer (CEO) and Chief People Officer (CPO). Module One is taking place offsite on 01/12/25.</p> <p>The Managing Director Development Programme has been successfully launched, with the first module completed and the second module commenced on 12 September with third module taking place on 12.12.25.</p> <p>The Executive Team has participated in a Well Led discussion session and are currently identifying a facilitator. Funding to be approved before this can progress.</p> <p>The Clinical Leadership Programme (CLP) has been strategically integrated into the People and Culture strategy as well as business-as-usual operations, demonstrating a strong commitment to a cohesive approach. The CLP team is working closely with Learning and Organisational Development, alongside the Heads of People and Culture teams, to ensure a coordinated effort in driving meaningful culture change across EKHUFT.</p> <p>The implementation and delivery of the CLP delivery phase continues through development of the Change Ambassadors and Staff Congress. Next staff congress meeting is 4.12.25.</p> <p>Staff Survey response rate is currently at 48.9% (4963 responders) leaving the Trust just 113 responses from the majority. National average is currently 38%. 620 further responders would get the trust to its internal target set at 55%. A staff survey day at Queen Elizabeth the Queen Mother Hospital (QEQM) has been planned and Execs are floor walking every week to promote.</p>
SRO	Ben Stevens, Chief Strategy & Partnerships Officer (CSPO) Norman Blissett, Chief People Officer (CPO)	
Programme Manager	Abigail Blake, Deputy Director of Culture, Learning and Organisational Development Lou Goldup, Head of People and Culture Programmes	
Risks, issues and escalations	<p>Unable to identify funding for further culture development and Well Led programmes</p> <p>Further senior leader engagement required to achieve NSS 60% response rate.</p>	

Key Milestones				
Milestone	Description	Target Date	Status	Commentary to support any delays/planned mitigations
Leadership and Culture Programme Milestones				
1.1 Leadership Development				
1.1.02	Executive leadership programme and individual objectives agreed	Sep-25	Completed	Programme finalised
1.1.02.1	Executive Leadership development programme developed following 360 reviews	Dec-25	In Progress	Module One starts on 01.12.25 – all remaining modules are in the diary for 2026.
1.1.02	MD Development programme implementation	Sep-25	In Progress	2 modules have been completed and module 3 starts on 12.12.25
1.1.03	Series of 'well led' interviews with Trust executives completed	Sep-25	Completed	Facilitator currently being identified and funding confirmation required before this can move forward
1.2 Culture Development				
1.2.01	Trust wide culture programme developed	Sep-25	Completed	This has been fully developed and delivering through the people strategy and Business As Usual (BAU).
1.2.02	Achieve 60% Staff Survey response rate	Dec-25	In Progress	10/11 response rate currently at 48.9%

IIP Objectives - Deliver a Cost Improvement Programme (CIP) of £80M , whilst delivering its deficit plan
Finalisation of the financial sustainability plan (FSP)

Programme Status		Progress Update
Programme	Finance	Despite being £0.2m ahead of plan to Month 6, the Group is £5.2m adverse to plan in month 7 (£6.8m adverse Year to Date (YTD)) due to loss of Deficit Support Funding (DSF) in October of £3.8m and the reversal of car parking VAT following the Supreme Court ruling £1.2m. Previous reporting highlighted the step change in delivery required in H2 (October to March). However, the loss of DSF and Car Parking VAT were external factors beyond the Trust’s control.
SRO	Angela van der Lem, Chief Finance Officer (CFO)	
Programme Manager	Julie Wells, Deputy Director of Finance	
Risks, issues and escalations	There is a risk that the Trust, as part of the Kent and Medway Integrated Care System (ICS), is unable to deliver the scale of financial improvement required to achieve breakeven or better within the funding allocation that has been set over a 3-year period. This would lead to regulatory action and/or limits on our ability to invest in strategic priorities/provide high quality services for patients.	
	Failure to deliver the Trust financial plan for 2025/26	
		In view of the Trust’s financial position, weekly Care Group meetings will commence w/c 17/11/25, jointly chaired by Chief Operating Officer (COO) and Chief Finance Officer (CFO). These will focus on specific areas of delivery to reduce our run-rate expenditure, identify variances to plan and implement mitigations, and maintain close alignment between operational and financial performance requirements. Each meeting will review bank spend (to achieve a 60% reduction), Agency spend (to have clear exit plans, with exceptions being agreed by the Chief Medical Officer (CMO), for the end of December) and CIP delivery to meet forecast.
		The updated FSP was signed off by the Trust Board and submitted to the South East Regional NHS England (NHSE) Team and Kent & Medway Integrated Care Board (ICB) in July 2025. Kent & Medway (K&M) ICB CFO feedback received and will be built into forward plans. The Trust Board is scheduled to review FSP assumptions again in December 2025, with a view to publishing the updated FSP in January/ February 2026.

Key Milestones				
Milestone	Description	Target Date	Status	Commentary to support any delays/planned mitigations
Financial Sustainability				
4.1 - Financial Governance				
4.1.01	Identification and mobilisation of the full £80m CIP schemes	Sep-25		Whilst the Trust has a plan to deliver the full required £80m savings target, there are some opportunities which remain under development and may not deliver the in year planned values. A detailed review of the savings scheme delivery risk has led to the following further opportunities being developed to help mitigate slippage of in-year delivery including enhanced ‘waiting list initiative’ controls, review of Purchase of Healthcare (insourcing /outsourcing of clinical capacity) expenditure, further prescribing opportunities, implementing revised non-pay control totals, tightening bank controls and further substantive WTE reductions from current vacancies on hold by the vacancy control panel.
4.2 - Financial Plan Delivery				
4.2.01	Deliver deficit plan of £51.9m	Sep-25		£0.2m favourable to plan YTD to Month 6
4.2.02	Deliver deficit plan of £58.4m	Dec-25		£5.2m adverse variance in month 7, £4.9m YTD, due to loss of Deficit Support Funding of £3.8m and reversal of car parking VAT of £1.2m following the Supreme Court ruling. These impacts are external factors beyond the Trusts control. Weekly Care Group finance meetings, jointly chaired by COO and CFO to commence w/c 17/11/25.
4.3 - CIP Delivery				
4.3.01	Deliver £20.3m CIP	Sep-25		£0.2m favourable to plan YTD to Month 6
4.3.02	Deliver £50.1m CIP	Dec-25		CIP underperformed by £1.3m in month 7 (£1.1m YTD), predominantly due to £1.2m reversal of car parking VAT following the Supreme Court ruling. There is a step change in the CIP target from October for H2, with the CIP target increasing by £6.4m from Month 7. Weekly Care group finance meetings, jointly chaired by COO and CFO to commence w/c 17/11/25 to review bank and agency spend and CIP delivery.
4.4 -Financial Sustainability Plan				
4.4.01	Finalisation of FSP planning assumptions	Sep-25		The updated FSP (Version 3), including fully refreshed assumptions and CIP plans, was signed off by the Trust Board and submitted to the South East Regional NHSE Team and K&M ICB in July 2025. SE regional CFO to EKHUFT CFO feedback in August 2025 was positive, with more detailed feedback awaited. Follow up to feedback from the K&M ICB Productivity and Investment Committee (PIC) discussion is in motion (areas of interest including estates and procurement) with work needed with ICB on system related demand management activity. It is widely acknowledged that the FSP will be iterative over the next 12-18 months, particularly as we update the plan to align to the NHS Planning Framework that sets out the national approach to medium-term planning. Ahead of detailed planning guidance being published (expected imminently), the main FSP financial assumptions have been applied to generate the first draft detailed 2026/27 financial plan and this was presented to the Finance and Performance Committee (FPC) in October 2025. This showed an unmitigated gap to the FSP Version 3 deficit in 26/27, but will be updated for presentation at FPC/Trust Board in November/ December 2025.
4.4.02	Review FSP	Dec-25		The Trust Board is scheduled to review FSP assumptions again in December 2025, with a view to publishing a further update to FSP in February 2026, subject to alignment with the timetable for meeting national planning expectations for 5 year plans.