

REPORT TO:	BOARD OF DIRECTORS (BoD)				
REPORT TITLE:	INTEGRATED PERFORMANCE REVIEW (IPR)				
MEETING DATE:	7 APRIL 2022				
BOARD SPONSOR:	DIRECTOR OF FINANCE AND PERFORMANCE				
PAPER AUTHOR:	DIRECTOR OF FINANCE AND PERFORMANCE				
APPENDICES:	APPENDIX 1: FEBRUARY 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 new quality improvement programme called "We Care".</p> <p>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).</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 is total harms and mortality rate. • our patients. The four metrics being measured are the Cancer 62-day target, the Accident & Emergency (A&E) 4-hour performance target, the Referral to Treatment (RTT) 18-week target and the Friends and Family recommended %. • our people. The two metrics chosen are staff turnover and 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 key areas are:</p> <ul style="list-style-type: none"> • Reducing falls. The target is to have no more than 100 falls per month, this month there was 147. • Reducing deaths from sepsis. The latest reportable figure of November 2021 shows an improvement in the sepsis/ respiratory Hospital Standardised Mortality Ratio (HSMR) figures of 94.2 this is below our target of 117. • Reducing patient time in Emergency Department (ED) once there has been a decision to admit. Total 				

	<p>aggregated delays of 907 hours in our ED remains a significant focus and is higher than our 95-hour target.</p> <ul style="list-style-type: none"> • Improving theatre capacity. The lost theatre opportunities in month was 60 which is worse than the 45 target. <p>Watch Metrics - these are metrics we are keeping an eye on to ensure they don't deteriorate.</p>			
Key Recommendation(s):	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> <p>Other risks identified not on the CRR:</p> <p>Risk 1. The scorecard does not capture an accurate view of Performance for the Board.</p> <p>Mitigation 1. We have spent a long time agreeing with the subcommittees the level of detail contained within the scorecard, undertaken the catchball session with the Board and this discussion constitutes the next level of engagement to ensure when we go live the scorecard does accurately reflect performance.</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) and Quality & Safety Committee (Q&SC) 29 March 2022.			