

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS (BoD)</b>				
<b>REPORT TITLE:</b>	<b>INTEGRATED PERFORMANCE REVIEW (IPR)</b>				
<b>MEETING DATE:</b>	<b>9 JUNE 2022</b>				
<b>BOARD SPONSOR:</b>	<b>CHIEF FINANCE OFFICER (CFO)</b>				
<b>PAPER AUTHOR:</b>	<b>CHIEF FINANCE OFFICER</b>				
<b>APPENDICES:</b>	<b>APPENDIX 1: APRIL 2022 IPR</b>				
<b>Executive Summary:</b>					
<b>Action Required:</b> (Highlight one only)	Decision	Approval	Information	Assurance	<b>Discussion</b>
<b>Purpose of the Report:</b>	<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 those that make the biggest difference and in return will expect to see a greater improvement.</p> <p>This report is updated for the key metrics that the Trust will focus on in 2022/23.</p>				
<b>Summary of Key Issues:</b>	<p>The attached IPR is now ordered into the following:</p> <p><b>True Norths-</b> 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"> <li>• our <b>quality and safety</b>. The two metrics the Trust has chosen to measure against incidents with harm and mortality rate.</li> <li>• our <b>patients</b>. The four metrics being measured are the Cancer 62-day target, the Accident &amp; Emergency (A&amp;E) over 12-hour target, the Referral to Treatment (RTT) 18-week target and the Friends and Family recommended %.</li> <li>• our <b>people</b>. The one metric chosen is for staff engagement.</li> <li>• our <b>sustainability</b>. The two metrics chosen to improve are the Trust’s financial position and carbon footprint.</li> <li>• our <b>future</b>. The two metrics chosen are the medically fit for discharge % and virtual outpatients usage.</li> </ul> <p><b>Breakthrough objectives-</b> 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"> <li>• <b>Improving theatre capacity</b>. The lost theatre opportunities in month was 36 which is worse than the 25 target but an improvement of 3 on last month.</li> <li>• <b>Same Day Emergency Care (SDEC) Admissions</b>. This is a new breakthrough objective for 2022/23 in which an increase in patients is required to improve the overall A&amp;E performance. In April 1,946 patients were admitted here and the target for the year is to get to 2,600 per month.</li> <li>• <b>Staff Involvement</b>. The current staff engagement score is 6.2 with an aim to reach 6.8 by the end of 22/23.</li> </ul>				

	<ul style="list-style-type: none"> <li>• <b>Premium Pay costs.</b> The Trust spends £87m per annum on premium pay with an aim to reduce this by 10% over the year. In April premium pay was £7.9m a reduction of £1.2m from March but still circa £1.4m off of the 10% reduction required this year.</li> </ul> <p><b>Watch Metrics</b> - these are metrics we are keeping an eye on to ensure they don't deteriorate.</p>			
<b>Key Recommendation(s):</b>	To <b>CONSIDER</b> and <b>DISCUSS</b> the True North and Breakthrough Objectives of the Trust.			
<b>Implications:</b>				
<b>Links to 'We Care' Strategic Objectives:</b>				
<b>Our patients</b>	<b>Our people</b>	<b>Our future</b>	<b>Our sustainability</b>	<b>Our quality and safety</b>
<b>Link to the Board Assurance Framework (BAF):</b>	<p><b>BAF 32:</b> 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><b>BAF 34:</b> 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><b>BAF 31:</b> 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>			
<b>Link to the Corporate Risk Register (CRR):</b>	<p><b>CRR 77:</b> Women and babies may receive sub-optimal quality of care and poor patient experience in our maternity services.</p> <p><b>CRR 78:</b> There is a risk that patients do not receive timely access to emergency care within the Emergency Department (ED).</p> <p><b>Other risks identified not on the CRR:</b></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>			
<b>Resource:</b>	N			
<b>Legal and regulatory:</b>	N			
<b>Subsidiary:</b>	Y	Working through with the subsidiaries their involvement and impact on We Care.		
<b>Assurance Route:</b>				
<b>Previously Considered by:</b>	Finance and Performance Committee (FPC) and Quality and Safety Committee (Q&SC) 7 June 2022			