

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS (BoD)</b>
<b>DATE:</b>	<b>27 MAY 2021</b>
<b>REPORT TITLE:</b>	<b>INTEGRATED PERFORMANCE REVIEW (IPR)</b>
<b>BOARD SPONSOR:</b>	<b>DIRECTOR OF FINANCE AND PERFORMANCE</b>
<b>PAPER AUTHOR:</b>	<b>DIRECTOR OF FINANCE AND PERFORMANCE</b>
<b>PURPOSE:</b>	<b>APPROVAL</b>
<b>APPENDICES:</b>	<b>APPENDIX 1: APRIL 2021 IPR APPENDIX 2: ADDITIONAL WATCH METRICS</b>

## **BACKGROUND AND EXECUTIVE SUMMARY**

The Trust has been engaged with a new quality improvement programme called “We Care”.

The system is a trust-wide change that introduces a daily continuous improvement approach throughout the organisation, from front-line to Board. It is based on proven methodology that has a history of success in North America and in the NHS. Among the NHS trusts is Western Sussex and Brighton Trusts (now Sussex Hospitals) who have seen a shift in their Care Quality Commission (CQC) rating from Inadequate to Good.

The premise is that the Trust will focus on fewer metrics but in return will expect to see greater improvement.

This refreshed IPR reflects the new approach to quality improvement and performance management and provides the Board with a strategic overview of performance.

**True Norths** are the Trust wide key strategic objectives which it aims to have significant improvements on over the next 5 years. The areas are:

- our **patients**;
- our **people**;
- our **future**;
- our **sustainability**;
- our **quality and safety**.

True North metrics, once achieved, indicate a high performing organisation.

**Breakthrough objectives** are objectives that we are driving over the next year and are looking for rapid improvement. The key areas are:

- Reducing falls;
- Reducing healthcare acquired infections;
- Reducing deaths from sepsis/respiratory failure
- Improving theatre capacity;
- Reducing patient time in Emergency Department (ED) once there has been a decision to admit.

Teams focus on a small number of breakthrough objectives that will make the biggest difference to our patients and staff and will drive us to achieve our strategic goals, and are our focus for this year.

These metrics have a challenging improvement target and the scorecard will show as red until the final goal is achieved when it then turns green. Once achieved a further more stretching target may be set to drive further improvement or a different metric is chosen.

Metrics that are not included in the above are placed on a watch list, where a threshold is set by the organisation and monitored. More of these metrics should appear green and remain so. Watch Metrics are metrics we are keeping an eye on to ensure they don't deteriorate.

There are five additional watch metrics that are requested by the Quality Committee as outlined in Appendix 2:

- Total Clinical Incidents Reported in month;
- Serious Incidents Declared in month;
- Never Events Declared in month;
- Maternity Serious Incidents Declared in month;
- Duty of Candour.

The Board are asked to **APPROVE** the additional metrics.

<b>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</b>	<p>Risk 1. The scorecard does not capture an accurate view of Performance for the Board. Mitigation 1. We've 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> <p>Risk 2. Perception/reputational risk with information provided without context. Mitigation 2. As the scorecard goes live a series of contextual reports will come to the Board to explain these areas.</p>
<b>LINKS TO STRATEGIC OBJECTIVES:</b>	<p><b>We care about...</b></p> <ul style="list-style-type: none"> <li>• <b>Our patients;</b></li> <li>• <b>Our people;</b></li> <li>• <b>Our future;</b></li> <li>• <b>Our sustainability;</b></li> <li>• <b>Our quality and safety.</b></li> </ul>
<b>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</b>	<p>CRR47: Infection Prevention Control (IPC). CRR68: Constitutional Standards. CRR77: Maternity Services. CRR84: Deteriorating Patient. CRR87: Hospital. BAF30: Benefits of We Care. BAF29: Positive Culture.</p>
<b>RESOURCE IMPLICATIONS:</b>	None
<b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b>	Finance and Performance Committee (FPC)/Quality Committee (QC) 25/05/21

<b>SUBSIDIARY IMPLICATIONS:</b>	The Trust is working with its subsidiaries to involve them in We Care.	
<b>PRIVACY IMPACT ASSESSMENT:</b> NO		<b>EQUALITY IMPACT ASSESSMENT:</b> NO

**RECOMMENDATIONS AND ACTION REQUIRED:**

The Board of Directors is asked to **CONSIDER** and **DISCUSS** the True North and Breakthrough Objectives of the Trust.

The Board of Directors is asked to **APPROVE** the five additional watch metrics to be formally added for the May 2021 IPR.