

REPORT TO:	BOARD OF DIRECTORS (BoD)				
REPORT TITLE:	INTEGRATED PERFORMANCE REVIEW (IPR)				
MEETING DATE:	3 FEBRUARY 2022				
BOARD SPONSOR:	ACTING DIRECTOR OF FINANCE AND PERFORMANCE				
PAPER AUTHOR:	MANAGING DIRECTOR (MD) 2GETHER SUPPORT SOLUTIONS				
APPENDICES:	APPENDIX 1: DECEMBER 2021 IPR APPENDIX 2: NEW VERSION IPR FOR REVIEW				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	<p>To update the Board on the Trust's key performance indicators. To identify actions being taken to improve performance. To review the new version of IPR before it is fully launched for next Board meeting.</p>				
Summary of Key Issues:	<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> <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. 				

	<ul style="list-style-type: none"> • Reducing deaths from sepsis. The latest reportable figure of Sep-21 shows an improvement in the sepsis/respiratory Hospital Standardised Mortality Ratio (HSMR) figures of 111.3 this is below our target of 117. • Reducing patient time in Emergency Department (ED) once there has been a decision to admit. Total aggregated delays of 864 hours in our ED remains a significant focus and is higher than our 95-hour target. • Improving theatre capacity. The lost theatre opportunities in month was 52 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> <p>Appendix 2 also outlines the revised version following discussions with Non-Executive Directors (NEDs) on 11 January.</p>			
Key Recommendation(s):	The Board of Directors is asked to CONSIDER and DISCUSS the: <ul style="list-style-type: none"> • True North and Breakthrough Objectives of the Trust; and • Revised IPR draft format. 			
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):	BAF 30: Failure to deliver the full benefits of the We Care improvement system			
Link to the Corporate Risk Register (CRR):	CRR 31: Infection Prevention Control (IPC). CRR 34: Constitutional Standards. CRR 77: Maternity Services. Related risks identified not included in the CRR: Risk 1. The scorecard does not capture an accurate view of Performance for the Board. Mitigation 1. Agreeing with the Board Committees 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. Risk 2. Perception/reputational risk with any of the information contained within the scorecard. e.g. publishing hospital acquired inf that have not been previously published. Mitigation 2. As the scorecard goes live a series of contextual reports will come to the Board to explain these areas.			
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:	None			