Imperial College Healthcare NHS Trust

Trust Board - Public

Agenda Item	2.3
Title	Operational Report
Report for	Monitoring/Noting
Report Author	Steve McManus, Chief Operating Officer
Responsible Executive Director	Steve McManus, Chief Operating Officer

Executive Summary:

This is a regular report to the Board and outlines the key operational headlines that relate to the reporting month of December 2014.

Recommendation to the Board:

The Board is asked to note the contents of this report.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Imperial College Healthcare NHS Trust

Operational Report

Purpose of the report: Regular report to the Board on Operational Performance

Introduction: This report relates to activity within M9 (December) 2014/15.

A. Shadow Monitor compliance

Foundation Trust governance risk rating (shadow): Amber

Rationale: The Trust under-delivered on *a number* of the RTT standards, two of the cancer standards and the 4 hour A&E waiting time standard

*RTT standards are subject to further validation before the submission date on 26 January but is it likely that the Trust will under deliver on at least one of the standards

B. Safety

Mortality Rates & Incidents

Mortality Rates:
The Trust's Hospital Standardised Mortality Ratio (HSMR) is statistically low for Q1 2014-15 at 64.37.

There was one mortality alert for August 2014 compared to three alerts in July 2014. The alert was for Cystic Fibrosis. The division has been given the relevant patient information to enable investigation of this alert. The results will be reported to ExCo through the Quality Report.

Serious Incidents (SIs) & Never Events:
In December 17 SIs were reported, meaning the year to date total remains in line with last year. The SI policy is currently being updated to streamline the process. This will be presented at ExCo – Quality for approval in February.

No never events were reported in December.

Deaths in Low risk diagnostic groups
'Low risk diagnostic group' analysis measures performance in diagnosis groups associated with a very low rate of mortality (consistently below 0.5% crude death rate for the group).

Across the last year of data, ICHT has yet to experience a month with more deaths in 'low risk' groups than expected given case mix.

For the most recent month, July 2014, the relative risk was 63.56, which is within expected range. However, for the last year of data, there is a significantly low relative risk for these diagnosis groups of 40.16, with 23 deaths observed against an expected 57.27 given case mix.

Safety Thermometer

The Trust's Safety thermometer rate is 96.98% harm free care, which is above the threshold of 90%.

Sign Up To Safety

In June 2014, the Secretary of State for Health launched a new campaign called 'Sign up to Safety', building on the recommendations of the Berwick Advisory Group, with the aim to make the NHS the safest healthcare system in the world.

To take part, the Trust was asked set out what we will do to strengthen patient safety by publishing our response to five key pledges, which were approved at ExCo in November. Following on from this, organisations are asked to create a safety improvement plan which will show how we intend to save lives and reduce avoidable harm for patients by 50% over the next three years.

The Trust's Sign Up To Safety Improvement Plan was approved by ExCo in January. Following a review of our current safety improvement plans and analysis of our claims and incident data, the following areas of focus have been chosen to feature as the Trust's Sign Up To Safety improvement plan:

- Building a safety culture
- HCAIs
- Pressure Ulcers
- Maternity (CTG traces)
- Promoting Safer Surgery
- Failure to act on abnormal results

As part of the campaign, the NHS Litigation Authority, which indemnifies NHS organisations against the cost of claims, will review trusts' plans and if the plans are robust and will reduce claims, they will receive a financial incentive to support implementation of the plan. In order for our Safety Improvement Plan to be considered for a discretionary NHS LA incentive payment, we were asked to complete a template demonstrating how the relevant elements of our plan will reduce claims and outlining how the discretionary payment will be spent. If the bids are successful, the Trust will receive funds to support the improvement plans in time for the new financial year in April 2015.

As Executive Lead for Safety, the Medical Director will have executive responsibility for the Trust's participation in the Sign Up To Safety campaign, which will be led overall by Justin Vale, Associate Medical Director for Safety & Effectiveness. Progress with the action plans will be monitored through the divisional performance reviews and quality boards on a monthly basis, with an update provided quarterly to ExCo in the Quality Report. The Trust's Sign Up To Safety Improvement Plan will be a key element of the Safe domain in our revised Quality Strategy.

Infection Prevention & Control

Meticillin resistant *Staphylococcus aureus* bloodstream infections (MRSA BSI):

- To date 4 cases of MRSA BSI have been allocated to the Trust (one case in April, two cases in May and one case in November);
- The third case that was reallocated in May is currently being contested by the Trust and CCG; we are still waiting for the final outcome from Public Health England;
- One case of MRSA BSI is currently being investigated. This December case is in a

patient who had an emergency caesarean section and was subsequently transferred to ITU. This case has been provisionally been allocated to the Trust.

***Clostridium difficile* infections:**

- The Department of Health's annual ceiling for the Trust is 65 cases for 2014/15; at the end of December we had reported 60 cases attributed to the Trust;
- The number of Trust attributable cases of C. difficile that arose due to a 'potential lapse in care' whilst at ICHT will be reported to the board from January 2015. The definition of a 'potential lapse in care' is currently being finalised and agreed with the CCG. A sample of Trust attributable C. difficile cases from quarter one has been subject to a collaborative review with the CCG and this methodology will be repeated for cases in Quarter two in January 2015.

Meticillin sensitive *Staphylococcus aureus* bloodstream infections (MSSA BSI):

- The cumulative figure for this financial year (end of December 2014) is 22 Trust attributable cases compared to 30 this time last year (FY 2013/14);
- The IP&C team undertake reviews of all Trust attributable cases of MSSA BSIs, findings and subsequent learning are discussed with divisional and clinical teams and any device related BSIs are reviewed at the line safety committee.

***Escherichia coli* bloodstream infections (E. coli BSI):**

- The cumulative figure since the beginning of April 2014 to the end of December 2014 is 56 Trust attributable cases compared to 59 this time last year (FY 2013/14).

Carbapenemase Producing Organisms:

- The total for 2014/15 until the end of December 2014 is 26;
- In line with the guidance issued by PHE and NHS England, an action plan is in place to ensure that the tool kit is embedded into practice.

Fungal Infection Surveillance:

- We continue to collect Candida blood stream infection surveillance data, the rolling total for 2014/15 until the end of December is 15.

Ebola preparedness

- Significant resource has been required to support the Trust in ensuring all sites are fully prepared, IP&C are working with the emergency planning team.
- Training on the use of PPE is being delivered to all hospital sites.
- A simualtion exercise will take place on the Charing Cross site in the next two weeks.

Group B streptococcal infection

- During November, two babies on the neonatal unit were identified with late onset group B streptococcal infections.

The investigation is still underway. A full report will be available next month.

Dementia

A summary of the outcome of the audit of carers of patients with dementia is included in appendix 2. This is a requirement for the national CQUIN.

C. Patient Centeredness

Friends and Family Test
FFT response rates continue to be above the CQUIN threshold. Concerns about St Mary's A&E response volumes appear to have been resolved. FFT scores remain consistent and acceptable. During December, demonstrations were given by providers tendering for the provision of future FFT collection and real-time feedback as the current contract ends in March 2015. A decision on awarding the contract will be made in January 2015.

Complaints & PALS
The overall volume of formal and PALS complaints fell slightly in December, although there was a slight increase in formal complaints. Both PALS and complaints have seen an increase in the volume of complaints related to the cancellation of elective admissions related to the pressures on the emergency pathway.

The divisions continue to work hard to clear a backlog of complaints to improve the response rate within the timeframe; at 69 per cent this is the highest it has been for 6 months.

D. Effectiveness

National Clinical Audit
A Corporate Clinical Audit plan is being developed and will be presented at the Executive Committee for Quality and Safety.

Results of the available National Clinical Audits that have been reviewed at the Divisional Quality and Safety Committees will be included in next month's Quality report.

E. Efficiency

Performance against some of the key efficiency measures is reported in the Integrated Performance Scorecard. Both elective and non-elective length of stay has remained higher in quarter three than in previous quarters within 2014/15 and above threshold. Elective length of stay was 3.79 days in December against a threshold of less than 3.5 days but had reduced by nearly two days from the data reported in November. Non-elective stay was 4.91 days in December against a threshold of less than 4.5 days.

Theatre utilisation rates have deteriorated by 4 per cent since November. A review is taking place as to the best way to monitor theatre utilisation to ensure that the data published can drive improvement in productivity.

Since the implementation of Cerner, the Trust had to turn off its text messaging reminder service for patients as there were technical reasons which needed to be resolved. The service was partially switched on at the end of September and the did not attend (DNA) rate is now comparable with rates prior to the implementation of Cerner.

F. Timeliness

Accident and Emergency

In December, performance remained challenged against the standard for 95 per cent of Emergency Department patients to be seen within four hours. This is consistent with performance challenges with other Trusts in London and across the country.

The Trust has further increased capacity in a number of key areas to improve flow across the hospital. In-patient bed capacity has been opened at St Mary's Hospital and Charing Cross Hospital in January.

Actions for the resilience plan are reviewed weekly at the Trust winter operational group, the A&E meeting and at Executive Committee as well as through daily and weekly performance review meetings with local commissioners.

Referral to treatment (RTT)

Data for December RTT performance has an agreed submission date of 26 January. The Trust has been working towards the delivery of the performance measures through additional activity and validation of data.

It is anticipated that the Trust will return to achieving the admitted standard. This was following a period of national investment in RTT capacity to treat patients who had been waiting over 18 weeks and in validation resource.

A significant amount of work to improve data quality, by resolving technical issues with Cerner reporting, has taken place throughout December and the early part of January, as well as improving the workflow on Cerner so that it is more difficult to input correct data. Due to the above, there remains a risk in relation to the non-admitted and incomplete performance at this stage.

A team of validators are continuing to support the Trust with correction of data.

Cancer

In January, performance is reported for the cancer waiting times standards in November. In November the Trust achieved six of the eight cancer standards.

The Trust failed to meet the 62-day screening standard. This was the result of a number of treatments being delayed in other organisations after patients had been repatriated to them from the breast screening service hosted at Charing Cross hospital. However, performance will remain challenged in December as a result of the low breach threshold for this standard.

The Trust also failed to meet the 62-day GP referral to treatment standard. This was a result of sustained high numbers of late transfers to Imperial from other trusts. We are continuing to work with other NWL providers to address these delays and we are receiving support from the CWHHE performance group to deliver this. Internally, we are undertaking pathway review work in urology and UGI and we will be extending this work to colorectal and gynaecology in Quarter 4 to further reduce any internal pathway delays. The Trust expects to meet the 62-day GP referral to treatment standard in December.

Diagnostic waiting times

The Trust did not meet the six week wait for diagnostic test standard in December. This

was as a result of a number of issues:

- There were some neurophysiology patients remaining to be seen as a result of the Cerner related issue that was reported in October
- There was issue with our Radiology Information System resulting in a number of referrals to imaging not being appropriately tracked.
- There were a higher number of cystoscopy breaches than we would normally expect.
- An issue has been identified that has affected Echocardiography tests where there has been a difficultly in scheduling patients within the Cerner system. There were a small number of breaches in December but it is expected that there will be additional breaches in January while the service clears a backlog of work.

A recovery plan is in place to ensure that these patients who have waited over six weeks, have their tests in January

G. Equity

No update to report.

H. People

People & Organisational Development

Challenge 2015 / ichallenge

The over-indulgence during the Christmas period leads many of us to start the New Year with our heads full of resolutions aimed at undoing some of potential damage we've done to our bodies over Christmas. How are we going to shift those extra pounds? How can we reduce our alcohol intake? Or perhaps you've been smoking more than you'd like, and you're worried about what it's doing to your health and to the health of those around you. Well, the HWB team is on a mission to help our people achieve their resolutions, which is why we are launching **Challenge 2015/ichallenge.**

It is our aim to attract at least 2,015 people to come forward to make a pledge to do something to improve their wellbeing. We will use this as a platform to promote all of the new initiatives that are already in place and being offered by HWB, or indeed that are underway and evolving at pace. Challenge 2015 will culminate in a large scale summer event, so essentially something for people to work towards. Our promotional tag is ichallenge ; i – as in the individual, i – Imperial and i challenge (you to get involved too).

We will generate competition and camaraderie amongst colleagues and teams. We are working in collaboration with the Comms team on this project and have significant plans for the event which will evolve over the coming months which may also include collaboration with the Trust's Charity too.

Flu vaccination
At the end of December we had achieved 4,371 doses administered against 6,000 doses ordered. This is up 500 on last year's total. The DH frontline target is set at 75 per cent of which we have achieved 3685 doses, which is 45 per cent. There now appears to be little or no interest and we are consciously aware that unless an outbreak of flu occurs we are unlikely to see much more by way of uptake.

PDR
We are continuing the roll out of our new Performance Development and Review process across the Trust. Since April, over 1,500 of our managers people have received PDR training and their licence to conduct performance reviews. Training will continue throughout 2015 for new managers.

We have now achieved over 95 per cent completion for Bands 7 to 9 and the deadline for completing all other PDRs (Band 2-6) was 31st December 2014. The final percentage will be known on Monday January 12th. We will shortly be commencing an evaluation of the training and the impact that it has had at local level with our managers, through focus groups, interviews and surveys in order that we can continue to offer the appropriate support to them during 2015**.**

A calibration of the PDR Ratings has also taken place for bands 8c-9 and Bands 7-9 to review consistency and the results of this are being fed back to Divisions and Directorates. There has been an increase in the number of formal performance management cases opened as a result of the PDR exercise and these cases are being managed through our Employee Relations Team (ERAS).

'My Benefits': expanding voluntary benefits through salary sacrifice
As part of our engagement strategy, we are expanding the range of tax-efficient methods of remuneration that we offer to our people. 81 of our people have bought bikes through our cycle to work scheme since 1 April 2014. On 24 November 2014, we launched our home electronics salary sacrifice scheme which enables people to buy anything on the Currys PC World list: we have already approved 128 transactions. From 2 February 2015 our people will be able to choose from a range of fully maintained and insured cars over a lease period of 36 months.

In the future we may use salary sacrifice schemes for car parking fees and learning loans. Our people can access the full range of benefits offered by the Trust through our new *my benefits* intranet pages. All information we provide about our salary sacrifice schemes includes appropriate warnings about the impact on pension entitlement.

The Cultural Leadership Organisation index
The Cultural Leadership Organisation index (CLOi) will be launched at the end of January to Chiefs of Service and General Managers. CLOi is a new and innovative way of looking at a range of indices on culture and leadership using a combination of patient experience, staff engagement and people management key performance and activity indicators. Jayne and Penny will share at ExCo on January 27th.

Industrial action
UNITE, UNISON, the Royal College of Midwives (RCM) and the Society of Radiographers (SoR) called a series of four hour strikes in October in November 2014 with minimal impact

on our ability to deliver normal services. The national leadership of these unions have decided to escalate their campaign against government public sector pay policy. On Thursday 29 January, Unison and Unite will strike for 12 hours from 9am and the SoR will strike for 6 hours from 8 am. The RCM on the other hand have announced a two hour stoppage starting at 1pm subject to cover for safety. Unison and Unite have also announced a 24 hour strike on Wednesday 25 February.

Vocational Training
We have been successful in bidding to HENWL for a post to support a review of our current Apprentice programme. The national apprentice funding is subject to constant change and it is timely to review our current apprentice scheme, including the types of NVQ we offer, the departments who take apprentices and the terms of employment for the apprentices themselves so that we can continue to offer high class placements and to maximise the benefits of apprentices as a source of talent for future roles. The post will be recruited to in early 2015.

Mandatory Training

Intense work is underway in Mandatory training to roll out the new reporting system, WIRED 2 in February. This has been developed by the National Skills for Health Academy. It offers improved functionality to report Mandatory training. We will be fully live with reporting during March.

Health and Safety

Health and Safety Committees
The inaugural Strategic Health and Safety Committee (SHSC) took place on 18 December 2014 and included senior representatives from each of the divisions and corporate functions. Terms of reference have been discussed along with a revised health and safety governance structure. Sub committees will also be setup in the new year to discuss health and safety issues at a divisional and functional level; understand and priorities key health and safety risks; and establish divisional action plans in order to drive health and safety forward.

Health and Safety Team
The recruitment campaign for three new health and safety managers to support the head of health and safety has started. The new team will be a focused on delivering a proactive health and safety service on a strategic and operational level and working with senior and line managers to deliver health and safety projects, practical solutions in addition to responding to accidents, incidents and complaints and developing a positive health and safety culture within the trust.

Health and Safety Training
Current health and safety training compliance for the trust is 79 per cent against a target of 95 per cent.
Sanjay is in discussion with the Talent team to review the health and safety training needs for the trust to ensure employees are competent, understand their health and safety responsibilities and ICHT's health and safety tools and management system.
Health and safety training in the new year will include:

- Senior Managers
- Department Safety Coordinators (DSCs)

- Stat-Mand training, including the e-learning module
- Health and safety element within the corporate induction
- Practical health and safety training e.g. fire warden, first aider, lifting and handling and hazardous substances.
- First aid and fire safety training

Policies and Procedures

There is a project underway to update and simplify ICHT's health and safety procedures in order to provide better information for managers. The documents will also be structured in such a way that they are logical, systematic and easy to implement.

Discussions are also taking place with Comms regarding the health and safety intranet site and increasing Trust/employee engagement in health and safety.

Key health and safety actions for 2015

- Develop and implement ICHT health and safety action plan
- Set up Divisional/Corporate Functions health and safety committees
- Set up Joint Trade Union health and safety committee
- Establish health and safety risk profiling for ICHT divisions and functions
- Update health and safety policies, procedures, guidance and documentation, including ICHT health and safety intranet site
- Update and refresh health and safety training for employees at all levels
- Review Datix health and safety reporting systems and improve where necessary
- Provide suitable and sufficient health and safety management information for relevant Boards and Committees
- Review fire warden and first aid arrangements across the trust (in conjunction with Estates). Increase provisions where necessary
- Complete audits for divisions, directorates, sites and service areas.
- Share data, information and best practice across the Trust
- Strengthen ICHT's health and safety culture.

Safe Nurse/Midwife Staffing

Performance in December

In December, the Trust reported the following:

- Above 90 per cent for the average fill rate for registered nursing/midwifery staff during the day and night
- Above 85 per cent for care staff during the day
- Above 90 per cent for care staff during the night

Please refer to Appendix 1 for ward level detail. Areas where the fill rate was below 90 per cent for registered staff and below 85 per cent for care staff are highlighted in red. For these areas, there is an accompanying narrative included.

The month of December was particularly difficult for nursing and midwifery staffing and this month showed the lowest fill rate since the reporting of this data began in May 2014 - particularly for care staff.

Key reasons for this are:

- Increased vacancy rate for band 2-6 staff
- An increase in the acuity of patients which has resulted in additional staff to support not only general acuity but also those patients who require specialling, particularly to manage falls and confused patients.
- Opening additional beds and increasing capacity and therefore requiring additional staff to support this.
- Reliance on bank and agency staff and a substantial increase in the number of requests. This has impacted on the fill rate adversely where such shifts have not been filled.
- Small numbers of unfilled shifts in some areas which has shown a bigger impact on the overall fill rate for that area.

Key actions undertaken include:

- Reviewing staffing on a daily basis
- Ward managers and sisters working clinically but are therefore not always able to supervise care.
- Redeploying staff from other areas, where possible.

Divisional Directors of Nursing have confirmed that the levels of care provided during December were safe, effective and caring.

I. Finance

Contained within the Finance report.

J. Education

The first education report will be submitted to ExCo – Quality in February. Performance will be managed through the divisional structures with assurance on progress through the Medical Director. This will include delivery of action plans resulting from GMC trainee surveys and quality visits.

K. Research

Local Clinical Research Network

Hyper-acute Stroke Research Centre
Imperial has been designated as a Hyper-acute Stroke Research Centre for the first time, one of only 8 such centres in the UK. Professor Roland Veltkamp, Research Delivery Manager Reuben Lewis and the team are to be congratulated for their efforts in putting together the successful application.

LPMS
The procurement of EDGE as a Local Portfolio Management System has been approved by ExCo on 13th January 2015. We are waiting for procurement letters to go out to the suppliers on Friday 16th January and a ten day standstill period will follow as part of procurement rules.

Performance Report

The following are the highlights from December's CRN: North West London performance report:

- North West London has recruited 20,432 patients according to figures available in the Open Data Platform as of January 12th 2015 (83 per cent of target). The overall recruitment puts NW London in the 12th position among the 15 LCRNs. When adjusted for population, however, NW London is in the 2nd position.
- All but one Trust in North West London have recruited to CRN Portfolio research this year.
- Brompton, CNWL and Hillingdon are three Trusts that are aiming to increase their recruitment compared to last year and are on track to do so. The highest recruiting organisation is Imperial, at 98 per cent of its year-to-date target.
- Renal, Anaesthesia, Gastroenterology, Ophthalmology, Respiratory and Surgery are the specialties that are aiming to recruit more than last year and are ahead of their year-to-date target. Infectious diseases are the highest recruiting specialty.
- North West London is almost on track (97 per cent) to recruit to 150 commercial studies by the end of the financial year.
- 72 per cent of study-wide CSP reviews are completed within 15 calendar days (50 per cent by Trust R&D staff and 86 per cent by CRN core staff).
- The greatest challenges remain recruiting to time and target, speedy recruitment of the first patient and achieving the dementias and neurodegenerative study recruitment target.

NIHR Imperial Biomedical Research Centre (BRC)

KPI Scorecard Metrics

There are 9 R&D indicators on the scorecard which relate to ICHT performance in terms of clinical research study numbers, patient recruitment, and set-up times. 6 out of 9 indicators are green, showing that ICHT is hitting its targets for;

- the mean and median times taken to recruit the first patient to interventional clinical trials;
- the percentage of closed commercially-sponsored clinical trials which have delivered to time and target;
- growth in the total number of NIHR Portfolio studies carried out at ICHT, and numbers of patients recruited to those studies;
- growth in the number of commercially-sponsored NIHR Portfolio studies carried out at ICHT.

Two indicators are amber, which shows that there is still some progress to be made a) in the proportion of interventional clinical trials which take less than 70 days to recruit their first patient (the key BRC contract metric), and b) in the proportion of local CSP reviews completed within 15 calendar days (NW London CRN High Level Objective 4). However, the general trend is still upward and improving for these two indicators over the year, and there is a well-understood 'lag' in the statistical reports. We expect both these indicators to have improved by Q4.

The single red indicator relates to the number of patients recruited to NIHR Portfolio

commercial studies, which is significantly down on the same period last year. The reasons for this are not yet clear, given that the actual number of commercial studies recruiting at ICHT is higher than last year. We will review this closely on a month-by-month basis and carry out further analysis as to the reasons behind it.

2014 Research Excellence Framework (REF)
December 2014 saw the release of the results of the most recent Research Excellence Framework (REF) – the periodic exercise to assess the quality of research in UK universities. REF results are also linked closely to core research funding provided by the Higher Education Funding Council for England (HEFCE).

In the College's best ever performance in a research assessment exercise, Imperial was judged to have improved in every Unit of Assessment (submitting more than 1,200 whole-time research staff). In particular, the REF's new *impact* measure ranks Imperial's research the highest of any major university. Moreover, eight of Imperial's 14 REF-assessed research areas are top or joint-top for "outstanding" or "very considerable" impact. Overall, Imperial comes fourth out of major UK universities for 4* or "world-leading" research, behind the London School of Economics, Oxford and Cambridge, and just ahead of UCL.

91 per cent of Imperial research is classed as "world-leading" (46 per cent achieved the highest possible 4* score) or "internationally excellent" (44 per cent achieved 3*) – the highest proportion of any major university. Imperial was ranked top or joint-top for providing an environment conducive to producing "world-leading" or "internationally excellent" research in all of the Units of Assessment to which it made submissions;

Recommendation to the Board:
The Board is asked to note the contents of this report.

Imperial College Healthcare NHS Trust

Trust Board – Public

Agenda Item	2.3
Title	Integrated Performance Scorecard
Report for	Monitoring
Report Author	Steve McManus, Chief Operating Officer
Responsible Executive Director	Steve McManus, Chief Operating Officer

Executive Summary:

This is a regular report to the Trust Board that outlines the key headline performance indicators from Monitor, CQC, and TDA frameworks as well as a number of contractual indicators as well as some that have internally generated. This report is designed to be reviewed in conjunction with the Operational Report.

Recommendation to the Board:

The Trust Board is asked to note the contents of this report.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Integrated Performance Scorecard

The Integrated Performance Scorecard brings together finance, people and quality metrics. The quality metrics are subdivided into the 6 quality domains as defined in the Trust Quality Strategy.

The indicators for each domain have been specifically selected and agreed by the quality domain leads as those that the Trust Board should be sighted on.

This month the Integrated Performance Scorecard includes additional efficiency measures. The safe staffing figures are also presented as appendices to this report.

Regulatory reforms

There are new regulatory reforms for the Board to note.

Leading/lagging indicators

Leading indicators are those where future performance may be affected e.g. patients referred via the two week wait suspected cancer route will be reported under the 62 day standard if diagnosed with cancer, or VTE risk assessment rates could have a direct impact on clinical outcomes.

Lagging indicators are those where the final outcome is reported e.g. mortality rates or 30 day readmission rates.

Source framework

The source framework is cited for each of the published indicators. This is highlighted within the scorecard e.g. Monitor, CQC, NTDA, contractual or internally generated.

Future development

The Board will recall the fact that the scorecard in its current form was introduced 12 months ago, following benchmarking with other organisations in relation to best practice and consultation with Board members.

It was intended that the content and format would be reviewed annually.

An initial review has commenced, particularly focussing on the core key performance indicators that support the Board's required level of scrutiny, and also the format that this should be delivered through with a particular consideration to the further development of the Trust quality strategy.

It is envisaged that the integrated performance scorecard will be revised between now and April following input from Trust Board colleagues etc over this next period.

Recommendation to the Board:

The Trust Board is asked to note the contents of this report.