The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	2 August 2022	**Agenda item:**	11b
Report Title:	Integrated Performance Report – Progress & Next Steps		
Author:	Gary Hardy - Head of Information, Planning & Performance		
Executive Sponsor:	Laura Skaife-Knight - Deputy Chief Executive Officer		

Implications					
Link to key strategic objectives					
KSO1	**KSO2**	**KSO3**	**KSO4**	**KSO5**	**KSO6**
Safe and compassionate care	*Modernise hospital and estate*	*Staff engagement*	***Partnership working, clinical and financial sustainability***	***Healthy lives staff and patients***	*Investing in our staff*

Board assurance framework	N/A	
Significant risk register		
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	Timely access to care has an impact on the quality of care. The IPR presents current and historic performance against quality thresholds for board assurance and discussion.
Legal and regulatory	Y	To monitor regulatory access standards and Trust activity against plan.
Financial	Y	To monitor finance and activity via the Finance & Activity committee.
Assurance route		
Previously considered by:	N/A	
Executive summary		

Action required:	Approval	**Information**	Discussion	Assurance	Review
Purpose of the report:	This paper outlines the next steps of the Integrated Performance Report (IPR) development at sub Committees and to Board.				
Summary of Key issues:	This paper outlines the timeline for a number of developments which seek to further strengthen the Integrated Performance Report. This includes the addition of benchmarking metrics, health inequalities metrics and forward-view trajectories into the sub Committee IPRs and the Board IPR.				
Recommendation:	The Board is asked to note the report.				
Acronyms	IPR – Integrated Performance Report F&A – Finance & Activity DNAs – Did Not Attends				

1. IPR progress to date

The new IPR format was successfully launched in March 2022, condensing the previous pack by circa 50% whilst improving the overall professional presentation of the report. The current pack has received positive feedback from Board members and external partners who we request scrutiny from, including experts from the NHS England/Improvement data team.

Building on recent progress, further steps have been agreed to strengthen the IPR further, notably the introduction of benchmarking data, health inequalities metrics and forward view trajectories, as detailed below.

2. IPR process & timescales

For the People and Quality sub Committees in addition to the Trust Board IPR, Information Services create the template papers for distribution, including the data, graphs and the recently added benchmarking metrics. Narrative is written by the Domain Owners (or deputies) and sent back to Information Services for final checking and collation ahead of submission. The F&A paper is written by the Domain Owner (or deputy) and as such Information Services solely provide the validated data by way of a link to the graphs on the Trust's SharePoint. The benchmarking metrics for F&A are available on the recently procured Public View system.

A calendar for IPR completion and submission has been provided below based on the current remaining sub-committee and Trust Board dates for 2022:

Committee	Date of meeting	Submission of paper	Circulation of draft paper by Information Services
July/August			
F&A	20 July 2022	13 July 2022	N/A
People	20 July 2022	18 July 2022	14 July 2022
Quality	26 July 2022	19 July 2022	14 July 2022
Trust Board	02 August 2022	29 July 2022	21 July 2022
September/October			
F&A	21 September 2022	14 September 2022	N/A
People	21 September 2022	19 September 2022	15 September 2022
Quality	27 September 2022	20 September 2022	15 September 2022
Trust Board	04 October 2022	30 September 2022	22 September 2022
November/December			
F&A	23 November 2022	16 November 2022	N/A
People	23 November 2022	21 November 2022	17 November 2022
Quality	29 November 2022	22 November 2022	17 November 2022
Trust Board	06 December 2022	02 December 2022	24 November 2022

Please note that the completed and approved Trust Board IPR is due to be submitted by noon on the pertinent dates listed above as approved by our Acting Chairman. Narrative is due back to the Information Services team the day prior to the submission date no later than 15:00 to ensure collation and checking before approval and onward submission.

3. Next steps

i. Benchmarking

Starting in July 2022, benchmarking will be included at sub Committees with a maximum of five (5) metrics going onwards to the August Trust Board (and every Board meeting thereafter) incorporating all domains. A consistent benchmarking peer group of fourteen (14) other comparable Trusts will be used, as below:

- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
- James Paget University Hospitals NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Shrewsbury and Telford Hospital NHS Trust
- St Helens and Knowsley Teaching Hospitals NHS Trust
- The Princess Alexandra Hospital NHS Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- Warrington and Halton Hospitals NHS Foundation Trust
- West Suffolk NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Wye Valley NHS Trust
- Yeovil District Hospital NHS Foundation Trust

In July the Trust purchased a comprehensive benchmarking system called Public View. This will enable wide-ranging benchmarking to be included in performance reports across 40 main indicators and over 160 additional indicators.

Information Services will provide the benchmarking data within the packs for People, Quality and Trust Board. The paper for F&A is written by the Domain Owner (or deputy) and as such the data made available via Public View can be used within this paper at the discretion of the Domain Owner (or deputy).

Due to the limitation of publicly available data for People, currently only one (1) metric is accessible on Public View. However, from September three (3) (potentially four) metrics will be available to be benchmarked against the peer group. Moreover, for three (3) other metrics (training compliance, appraisals and vacancy rate) these will be benchmarked against the ICS system peers.

Following sub Committees, Domain Owners (Executive Leads) will be able to select a benchmarking metric to take forward into the Trust Board IPR, noting the maximum to include is five (5) to cover all domains.

ii. Health inequalities

From October 2022, the Trust Board IPR will include a health inequalities page, focusing on a few key metrics such as DNAs, waiting lists, alcohol dependence and tobacco usage. Moreover, with the Public View system procured, the supplier is in active engagement with NHS England to capture the CORE20PLUS5 health inequality metrics that in turn the QEH can benchmark itself against. This is scheduled (but not confirmed) to be ready end of 2022, and therefore phase two (2) of health inequality benchmarked data will follow soon after.

Core20PLUS5 is a national NHS England/Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

iii. Forward view trajectories

The current IPR provides an historic look back at validated data, however, does not provide sufficient insight into a forward view trajectory based on historic and current performance, improvement schemes and demand growth for services. Therefore, the Information Services team will be investigating methods, tools and performance factors to introduce a forward look for a discrete number of metrics to trial. This work has yet to be programmed into the department's workplan, however the trial will be no later than Quarter 4 of 2022/23.