

Public Board Meeting Report

Subject: Single Oversight Framework Integrated Performance Report
Date: 25th January 2017
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Lead Directors: Andy Haynes – Medical Director, Paul Robinson – Chief Financial Officer, Julie Bacon – Director of HR & OD, Roz Howie – Chief Operating Officer

Executive Summary

The Single Oversight Framework (SOF) was introduced on 30th September 2016 and this is the latest iteration of the report. Thresholds have been developed for some of the standards however this is work in progress and will be completed for the next iteration

The standards identified on the SOF dashboard are those indicated in the framework. It was agreed previously by Board members the report would initially focus on those standards which have not been achieved. All standards showing as red on the dashboard will be reported to Board and are included in this report.

The dashboard is split into sections, the Quality, Safety and Patient Experience section contains November data which has been monitored and scrutinised through the Quality Governance process of Patient Safety and Quality Board (PSQB) and Quality Committee. The standards flagging as red in this section are:

- Response Rate: Friends and Family Inpatients,
- Response Rate: Friends and Family Accident and Emergency

Narrative is provided in the report with regard to these standards; further narrative with regard to Cdiff and Falls is also included in the report to provide further assurance to board with regard to issues previously raised.

The Operational standards section contains December data except for the Cancer standards which contain November data. The operational standards are monitored through the Divisional Performance meetings. The standards flagging as red in this section are:

- Emergency access within four hours
- Ambulance handover >30 minutes
- Ambulance handover >60 minutes
- Specialties exceeding 18wk referral to treatment time (incomplete pathways)
- Number of cases exceeding 52 weeks referral to treatment
- Last minute (on the day) non-clinical elective operations as a % of elective admissions
- 14 days referral for breast symptoms to assessment
- Diagnostic wait, 6 weeks and over – DM01 (flagged Amber)

Narrative is provided in the report, this focusses on; what is driving the underperformance,

what actions are being taken to improve performance, a trajectory with regard to the achievement of the standard and risks to achieving the standard

The Organisation Health section is monitored and scrutinised by the OD & Workforce Committee bi-monthly meetings, the data presented here is for December. The standards flagging as red in this section are:

- WTE lost as a % of contracted WTE due to sickness absence within last 12 months

Narrative is provided in the report with regard to these standards, further detail is provided in the reading room. Also included in this integrated report is the HR staffing report.

As part of the integrated report the finance information presented has previously been scrutinised by the Finance Committee an overview is presented within this report.

Safer staffing is also included as part of this integrated report; an overview is presented within this report with further detail provided for board members in the reading room. It is a mandatory requirement for this data to be published monthly on the Trust website.

Recommendation:

For the Board of Directors to receive assurance from this integrated summary report, the attached dashboard and governance process which underpins it.

Relevant Strategic Priorities (please mark in bold)

Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments	Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events
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Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital	Raise the level of staff engagement through strong leadership, communication, feedback and recognition
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Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money	Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital
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Develop and implement a programme of work in conjunction with Nottingham University Hospital NHST to create a new combined organisation	
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How has organisational learning been disseminated	
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Links to the BAF	All risks identified on the BAF
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Financial Implications/Impact	The financial implications associated with any performance indicators underachieving against the standards are identified.
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Legal Implications/Impact	Failure to deliver key indicators results in NHSI placing the trust in breach of its authorisation
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Partnership working & Public Engagement Implications/Impact	
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Committees/groups where this item has been presented before	Board Sub Committees and relevant management Committees, e.g. PSQB, CIP Board
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