## **Board of Directors Meeting in Public - Cover Sheet**

Subje	ect:	Integrated Perf	ormance Report – 2	2024/25 Q3	Date:	6 February 2	025	
Prepared By: Domain leads and Mark Bolton, Associate Director of Operational P					of Operational Perfe	ormance		
Appr	Approved By: Domains approved by lead Executive							
Prese	Presented By: Domains to be presented by lead Executive							
Purp	ose							
To provide assurance to Trust Board regarding the performance of Approval								
the Trust as measured in the Integrated Performance Report (IPR). Assurance					Assurance	✓		
					Update			
					Consider			
Strate	egic Obje	ctives						
Provide		Empower and	Improve health	Continuously	Sustainable	Work	-	
outstanding		support our	and wellbeing	learn and	use of	collaboratively		
care in the		people to be	within our	improve	resources and	with partners		
best place at		the best they	communities		estates	in the		
the right time		can be				community		
	$\checkmark$	$\checkmark$	$\checkmark$	✓	✓	✓		
	ipal Risk							
PR1	Significa		in standards of sa	fety and care			<ul> <li>✓</li> </ul>	
PR1 PR2	Significa Demand	that overwhelm	s capacity				✓	
PR1 PR2 PR3	Significa Demand Critical s	that overwhelm hortage of work	s capacity force capacity and	l capability			✓ ✓	
PR1 PR2 PR3 PR4	Significa Demand Critical s Insufficie	that overwhelm hortage of worki ent financial reso	s capacity force capacity and ources available to	l capability support the deli			✓	
PR1 PR2 PR3 PR4 PR5	Significa Demand Critical s Insufficie Inability t	that overwhelm hortage of workt ont financial reso to initiate and im	s capacity force capacity and purces available to plement evidence	l capability support the deli b-based Improve	ment and innovat		✓ ✓	
PR1 PR2 PR3 PR4	Significa Demand Critical s Insufficie Inability t Working	that overwhelm hortage of work ent financial reso to initiate and im more closely wi	s capacity force capacity and ources available to	l capability support the deli b-based Improve	ment and innovat		✓ ✓	
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PR1 PR2 PR3 PR4 PR5 PR6 PR7	Significa Demand Critical s Insufficie Inability t Working required Major dis	that overwhelm hortage of works ant financial reso to initiate and im more closely wir benefits sruptive incident	s capacity force capacity and purces available to plement evidence th local health and	d capability support the deli e-based Improve d care partners c	ment and innovat loes not fully deliv	ver the	✓ ✓	
PR1 PR2 PR3 PR4 PR5 PR6 PR7 PR8	Significa Demand Critical s Insufficie Inability t Working required Major dis Failure to	that overwhelm hortage of workt ont financial reso to initiate and im more closely wir benefits sruptive incident o deliver sustain	s capacity force capacity and purces available to plement evidence th local health and able reductions in	d capability support the deli b-based Improve d care partners of the Trust's impa	ment and innovat loes not fully deliv act on climate cha	ver the	✓ ✓	
PR1 PR2 PR3 PR4 PR5 PR6 PR7 PR8	Significa Demand Critical s Insufficie Inability t Working required Major dis Failure to	that overwhelm hortage of workt ont financial reso to initiate and im more closely wir benefits sruptive incident o deliver sustain	s capacity force capacity and purces available to plement evidence th local health and	d capability support the deli b-based Improve d care partners of the Trust's impa	ment and innovat loes not fully deliv act on climate cha	ver the	✓ ✓	
PR1 PR2 PR3 PR4 PR5 PR6 PR7 PR8 Comi	Significa Demand Critical s Insufficie Inability f Working required Major dis Failure to mittees/gr	that overwhelm hortage of worki ent financial reso to initiate and im more closely wir benefits sruptive incident o deliver sustain <b>oups where th</b> i	s capacity force capacity and purces available to plement evidence th local health and able reductions in <b>is item has been</b>	d capability support the deli e-based Improve d care partners of the Trust's impa <b>presented befo</b>	ment and innovat loes not fully deliv act on climate cha	ver the		
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## Acronyms

All acronyms are defined within the paper.

## **Executive Summary**

The Integrated Performance Report (IPR) provides the Board with assurance regarding the performance of the Trust in respect of the indicators allocated under the following domains: Quality of Care, People and Culture, Timely Care and Best Value Care. Key activity metrics are provided as context to support all domains.

This report is for 2024/25 quarter three. Performance indicators are marked as "met" or "not met" using a green tick and red cross respectively where a standard or plan value exists. The main report includes domain summaries that provide the opportunity to celebrate successes and identify areas of challenge. The indicators in focus pages provide an overview against each underperforming indicator together with details of the root causes and actions being taken to improve performance. The integrated scorecard is included at the start of the report and in appendix A. Appendix A also includes graphs for each indicator that identify trends over a two-year period and, where appropriate, the plan for the remainder of 2024/25. Appendix B

contains benchmarking data for the timely care domain to show our performance relative to other Trusts in England. The benchmarking element of the report is presently being expanded to cover other domains which will be included in the next report to Trust Board.

Maintaining good performance against some of the key indicators contained in the report has been challenging for the Trust during 2024/25 guarter three. We have continued to experience demand pressures on our urgent and emergency care pathway over the winter period like much of the NHS. This includes increased levels of infection as seen across the NHS and reflected in our Quality of Care domain report. This demand has placed pressure on our clinical teams and our services. The strain on our ED and our hospital inpatient bed base has caused a deterioration in several key performance metrics across all performance domains. Our staff have worked relentlessly to care for patients in as timely and dignified manner as possible in very challenging circumstances. Many of the challenges have been publicised in the media as we have worked hard to convey a clear message to our local population. The sustained pressure of high patient demand for many months has resulted in patient demand often exceeding the capacity of our hospitals and being above planned, and funded levels. To support patient care we have enacted escalation actions including our full capacity protocol; these actions place pressure on our people and the financial position of the Trust. Over winter we have needed to extend our full capacity protocol to include going two-over on our base wards at times of extreme pressure to ensure the clinical risk is shared across the Trust and not held within our Emergency Department (or with our partners at East Midlands Ambulance Service).

Despite the challenges there are areas where our performance compares favourably across the NHS and these successes are to be celebrated. We remain one of the top performing Trusts nationally for ambulance handover, a position we are proud of as it allows ambulance crews to respond to the needs of our local population. Our diagnostic DM01 performance in Dec-24 at just under 90% was our highest since 2021 as insourcing plans have helped reduce the significant 6-week backlog; this recovery has lifted us out of benchmarked lower quartile position nationally. Our value weighted activity for the Elective Recovery Fund has consistently exceeded the NHS England target with opportunities constantly being reviewed to care and treat as many patients as possible waiting for planned care.

Trust Board is requested to comment on the report, celebrate successes, and be assured that actions are in place to improve performance in challenged areas.