

Public - Board of Directors

Subject:	Single Oversight Framework Integrated Performance Report		Date: 22 nd February 2017	
Prepared By:	Victoria Bagshaw – Deputy Chief Nurse, Elaine Jeffers, Medical Director Assistant, Michelle Smith and Helen Cowley Workforce Information Officers, Jonathan Clements Financial Planning and Strategy Manager			
Approved By:	Suzanne Banks, Chief Nurse, Julie Bacon Director of HR & OD, Paul Robinson Chief Financial Officer			
Presented By:	Suzanne Banks, Chief Nurse, Julie Bacon Director of HR & OD, Paul Robinson Chief Financial Officer			
Purpose				
To provide the Board of Directors with assurance with regard to the performance of the Trust, from the attached report and supporting dashboard			Decision	
			Approval	
			Assurance	✓
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
✓	✓	✓	✓	✓
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
	✓			
Risks/Issues				
Financial	As identified in the narrative of the report			
Patient Impact	As identified in the narrative of the report			
Staff Impact	As identified in the narrative of the report			
Services	As identified in the narrative of the report			
Reputational	Assurance with regard to achievement of performance standards with actions to address underperformance and risks.			
Committees/groups where this item has been presented before				
Elements of the report have been scrutinised through the Quality Committee and Finance Committee				
Executive Summary				
<p>The Single Oversight Framework was introduced on 30th September 2016, the standards identified on the SOF dashboard are those indicated in the framework.</p> <p>The dashboard is split into sections, the Quality, Safety and Patient Experience section contains December data which has been monitored and scrutinised through the Quality Governance process of Patient Safety and Quality Board (PSQB) and Quality Committee before presentation at Board</p> <p>The narrative provides further detail with regard to Falls where the Trust is performing at better than the national average for all falls and the dashboard indicates the Trust is also performing better than the standard for falls with moderate or severe harm. Harm free care also exceeds the national threshold of 95% achieving 95.42% in December 2016.</p> <p>The Trust is underperforming with regard to the Friends and Family Test for response rates in Accident and Emergency and also Inpatient, this report gives details of the actions in progress to</p>				

address this.

A highlight of the safer staffing report is given here with further detail provided in the reading room

Operational Standards are reviewed through the Divisional Performance Management Framework, those standards flagging as red in the period are:

- Emergency Access within 4 hours
- Ambulance handover delays > 30 minutes and > 60 minutes
- Specialties exceeding 18wk referral to treatment time (incomplete pathways)
- Number of cases exceeding 52 weeks referral to treatment
- Diagnostic waiters, 6 weeks and over – DM01
- 62 day referral to treatment from screening (Cancer access standard)

Narrative against each of the above standards is provided together with a trajectory of achievement

The Organisational Health section of the dashboard provides a snapshot of the Workforce standards, narrative is provided with regard to the standard flagging as red 'WTE lost as a % of contracted WTE due to sickness absence with last 12 months' together with further narrative in respect of staffing, appraisal and mandatory training.

The financial report included in this integrated report has been previously scrutinised by the Finance Committee.