

Council of Governors
23rd April 2025

Report	Agenda Item 10c.	Strategic Oversight Framework – February 2025					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Cathy Chadwick Sue Pemberton Nigel Scawn Karen Edge Vicki Wilson			Chief Operating Officer Director of Nursing/Deputy Chief Executive Officer Medical Director Chief Finance Officer Chief People Officer			
Author(s)	Dan Nash			Director of Performance			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	This report covers 5 areas of the BAF and therefore changes in performance in any of the areas can affect risk score on the BAF.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led						X X X X X
Previous considerations	Board of Directors - 25th March 2025						
Executive summary	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> Summarise the key performance indicators. Assure the Board of the monthly oversight of Trust priorities against agreed targets. Highlight areas of high or low performance such as: <p>Areas of positive assurance:</p> <ul style="list-style-type: none"> Hospital Standardised Morality Ratios (HSMR) & Summary Hospital-level Mortality Indicator (SHMI) Sustained improvement in unregistered staff fill rates 0 never Events Sustained improvement in delivery of diagnostic DM01 wait times 						

	<ul style="list-style-type: none"> • Reduction in long waiting elective patients. • Sustained improvements in with cancer waiting time standards for Faster Diagnosis Standard (FDS) • Sustained reduction in staff turnover <p>Areas requiring improvement:</p> <ul style="list-style-type: none"> • Patient feedback – concerns opened • Emergency Medicine Performance • Sickness Absence Compliance • Financial Overspend
Recommendations	The Council of Governors is asked to consider and note the contents of the Report.

Corporate Impact Assessment	
Statutory/regulatory requirements	Monitors performance against key targets both quality and performance measures.
Risk	Report relates to 5 areas of the BAF risks
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential












































COCH Strategic Oversight Framework

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COCH SOF Summary - Quality & Safety Overview

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M1	HSMR	TOTAL	Nov-24	94.1			100	95.7	99.0	102
M2	SHMI	TOTAL	Oct-24	91.7			100	93.7	96.5	99.4
M3	Registered Staffing %	TOTAL	Feb-25	92.7%			95%	89.7%	93.2%	96.6%
M4	Unregistered Staffing %	TOTAL	Feb-25	97.3%			95%	95.5%	101%	106%
M5	Incident Reporting	All Incidents	Feb-25	966			1235	958	1,206	1,454
M5	Incident Reporting	Falls Rate Per 1000 Bed Days	Feb-25	5.36			7	3.55	5.72	7.89
M5	Incident Reporting	Falls With Harm Rate Per 1000 Bed Days	Feb-25	0.132			0.3	-0.132	0.153	0.437
M5	Incident Reporting	Hospital Acquired Pressure Ulcers Rate Per 1000 Bed Days	Feb-25	3.11			2.5	0.979	1.99	3.01
M5	Incident Reporting	Medication Incidents	Feb-25	115			125	48.9	107	165
M5	Incident Reporting	Medication Incidents With Harm	Feb-25	2			0	-0.841	1.13	3.09
M5	Incident Reporting	Moderate Harm And Above	Feb-25	51			43	6.84	56.5	106
M5	Incident Reporting	MSA Incidents	Feb-25	0			0	-1.86	0.917	3.69
M5	Incident Reporting	Never Events	Feb-25	0			0	-0.379	0.0833	0.546
M5	Incident Reporting	Present On Admission Pressure Ulcers Rate Per 1000 Bed Days	Feb-25	2.12				0.992	3.73	6.47
M5	Incident Reporting	STeIS Reported Incidents	Feb-25	0			0	-1.80	1.83	5.45
M8	Infection Control	Infection Control - MRSA Cases	Feb-25	0			0	-0.397	0.0870	0.571
M8	Infection Control	Infection Control - Rate of C.Difficile	Feb-25	4			4	-0.0735	6.75	13.6
M9	Sepsis	Sepsis Screening	Oct-24	75%			84%	64.7%	83.2%	102%
M9	Sepsis	Sepsis Treatment	Oct-24	75%			84%	1.72%	50.8%	99.9%
M10	Complaints	Patient Feedback: Complaints Opened	Feb-25	4				-4.05	7.17	18.4
M10	Complaints	Patient Feedback: Concerns Opened	Feb-25	266			208	132	239	347
M10	Complaints	Patient Feedback: Open Complaints	Feb-25	18			9	7.77	18.0	28.3
M10	Complaints	Patient Feedback: Open Concerns Snapshot	Feb-25	89				29.7	68.8	108
M27	FFT Positive	FFT A&E Positive Rate	Feb-25	80.8%			95%		72.1%	
M27	FFT Positive	FFT IP Positive Rate	Feb-25	91.1%			95%		91.8%	
M27	FFT Positive	FFT OP Positive Rate	Feb-25	93.6%			95%		93.5%	
M28	FFT Response	FFT A&E Response Rate	Feb-25	11.2%			13%		13.3%	
M28	FFT Response	FFT IP Response Rate	Feb-25	22.5%			23%		22.9%	
M28	FFT Response	FFT OP Response Rate	Feb-25	9.9%			12%		11.8%	

COCH SOF Summary - Maternity Overview

Metric ID	MetricName	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
W1	Number of Women giving birth	Feb-25	147	↔			126	162	198
W2	Number of Live Births (All Babies)	Feb-25	151	↔			127	164	200
W3	Total Number of Women experiencing a Caesarean Section	Feb-25	74	↔			45.6	69.2	92.8
W4	Number of Maternal Deaths	Feb-25	0	↔			0	0	0
W5	Number of Cases of Eclampsia	Feb-25	0	↔			0	0	0
W6	Number of Neonatal Admissions - Term Babies	Feb-25	12	↔			-0.514	5.5	11.5
W7	Neonatal Death before 24 weeks gestation	Feb-25	0	↔			-0.379	0.0833	0.546
W8	ITU Admissions	Feb-25	0	↔			-0.740	0.417	1.57
W9	Room 15 emergency theatre use	Feb-25	0	↔			-0.486	0.208	0.902
W10	Number of Babies Born in MLU	Feb-25	7	↔			0.282	7.17	14.1
W11	Total Number of Stillbirths (≥ 24 weeks) (Babies)	Feb-25	0	↔			-1.01	0.375	1.76
W12	Number of 3rd/4th Degree Tears in Vaginal Births	Feb-25	2	↔			-2.59	2.5	7.59
W13	Number of Haemorrhages ≥1500 ml	Feb-25	5	↔			-0.240	6.65	13.5
W14	Obstetric Unit - number of days the service has diverted on in reporting period	Feb-25	0	↔			-0.706	0.261	1.23
W16	Coroner Reg 28 made directly to Trust	Feb-25	0	↔			0	0	0
W17	Term Admission Rate	Feb-25	7.9%	↔			0.253%	3.53%	6.80%
W19	Progress in achievement of CNST (out of 10)	Feb-25	10	↔			8.48	9.09	9.69
W21	Service User Feedback: number of formal complaints	Feb-25	1	↔			-1.01	0.636	2.28
W22	staff feedback from frontline champions and walkabouts (number of themes)	Feb-25	0	↔			-0.171	0.292	0.754
W23	Number of consultant non-attendance to 'must attend' clinical situations	Feb-25	0%	↔			0%	0%	0%
W24	Minimum Safe Staffing in Maternity Services: NN middle grade workforce rota gaps (SHO)	Feb-25	0%	↔			17.6%	29.2%	40.7%
W25	PPH over 2000ml	Feb-25	2	↔			-2.09	1.45	5.00
W26	PPH over 2500ml	Feb-25	0	↔			-1.85	1.04	3.93

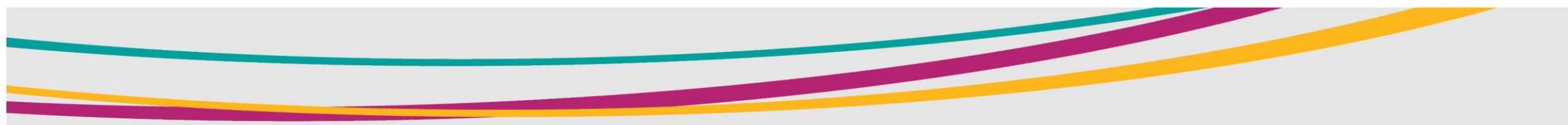


Maternity Safety Support Programme | Yes | Simon Meighan




















Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)	46.4%
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	89.7%

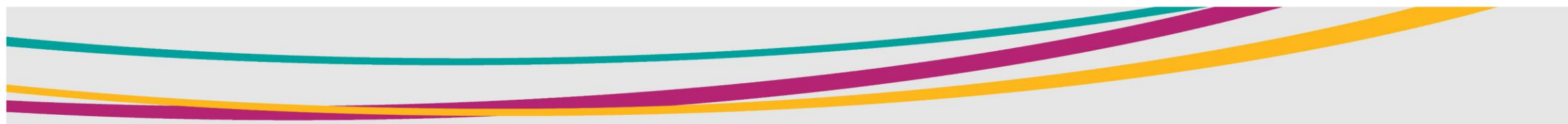
COCH SOF Summary - Key Returns Overview

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M11	ED Performance	ED 4 Hour Wait Standard	Feb-25	62.3%			78%	50.6%	57.0%	63.3%
M11	ED Performance	ED 4 Hour Wait Standard - Type 1	Feb-25	49.7%			78%	43.2%	49.0%	54.8%
M12	RTT - 18 Week Compliance	18 Week Referral To Treatment (RTT) Incomplete Pathways	Feb-25	47.8%			92%	47.9%	49.4%	50.9%
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 104 Weeks	Feb-25	0			0	-1.58	0.5	2.58
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 52 Weeks	Feb-25	2038			0	1,973	2,380	2,786
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 65 Weeks	Feb-25	89				218	457	696
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 78 Weeks	Feb-25	13			0	-7.69	8.39	24.5
M13	RTT Waitlist Sizes	Total 18 Week RTT Incomplete Pathways	Feb-25	34287			40000	31,548	33,159	34,769
M14	Diagnostics 6 Week Standard	Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01)	Feb-25	7%			1%	9.59%	18.2%	26.7%
M15	Cancer Performance	Cancer Treatments: 28 Day FDS	Jan-25	80.1%			77%	62.4%	71.8%	81.2%
M15	Cancer Performance	Cancer Treatments: 31 Day Standard	Jan-25	90.6%			96%	87.1%	94.9%	103%
M15	Cancer Performance	Cancer Treatments: 62 Day Standard	Jan-25	71.7%			85%	63.7%	75.2%	86.7%
M23	12 Hour DTA Breaches	12 Hour DTA Breaches	Feb-25	659				480	639	798
M24	Ambulance Handover	30-60 minutes	Feb-25	428				278	396	513
M25	Ambulance Handover	60 minutes +	Feb-25	176				41.0	344	647
M26	ED 12 Hours Waits	Patients Waiting 12 Hours +	Feb-25	1116				938	1,279	1,619



COCH SOF Summary - HR and Finance Overview

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M16	Sickness Absence	Sickness Absence Rate	Feb-25	6.2%			5%	5.15%	5.88%	6.61%
M17	Mandatory Training	Mandatory Training Compliance	Feb-25	87.2%			90%	84.7%	86.9%	89.1%
M18	Annual Appraisal	Annual Appraisal Compliance	Feb-25	75.8%			80%	73.4%	78.0%	82.7%
M19	Staff Turnover	Staff Turnover Percentage	Feb-25	8.3%			10%	8.05%	8.78%	9.51%
M20	Cap Rates	Medical & Dental Reduction in Agency Shifts over Cap Rates	Feb-25	220			120	116	195	273
M20	Cap Rates	Nursing & Midwifery Reduction in Agency Shifts over Cap Rates	Feb-25	152			1200	36.0	190	344
M20	Cap Rates	Other Reduction in Agency Shifts over Cap Rates	Feb-25	401				57.8	308	557
M21	Agency Spend	Medical Agency Spend	Feb-25	202000				98,962	206,087	313,212
M21	Agency Spend	Nursing Agency Spend	Feb-25	119000				63,704	132,864	202,024
M22	Finance - Better Payment Practice	Better Payment Practice Code (number)	Jan-25	95.2%			95%	81.8%	87.6%	93.4%
M22	Finance - Better Payment Practice	Better Payment Practice Code (value)	Jan-25	95.2%			95%	83.8%	89.3%	94.8%



Highlights:

- Reduction in moderate and above harm incidents
- Reduction in overall incidents in February but related to February being a shorter month and half term (trend generally during school holidays)
- Reduction in CDIFF rates in February
- Work continues to undertake baseline assessments across all wards and departments using the 'Striving for Excellence' ward accreditation framework
- Continued Trust wide focus on deconditioning work to start getting patients safely mobilised and sitting out and getting dressed
- Continued Trust wide focus on patient flow

Areas of Concern:

- Sepsis Screening compliance
- Patient Flow and Emergency Department performance and quality indicators - Strengthening the leadership in the emergency department
- E-Discharge compliance requires improvement
- Reduction in overall incidents in February but related to February being a shorter month and half term (trend generally during school holidays) but will continue to monitor
- Continued focus on improving the 6-hour compliance of Braden, MUST and falls risk assessments.
- New Pressure Ulcers (Cat 2) continue to be a concern- weekly review and actions - Mattress audit and daily presence of TVN in the ED
- Timely closure of complaints and concerns

Forward Look (with actions):

- Continued monitoring of staff redeployments and staffing incidents
- MIAA audit of PSIRF ongoing
- Medical Device Safety Officer commenced in post – gap analysis underway
- Review and refresh of PSIRF policy and plan for 2025/26



Nov-24

94.1

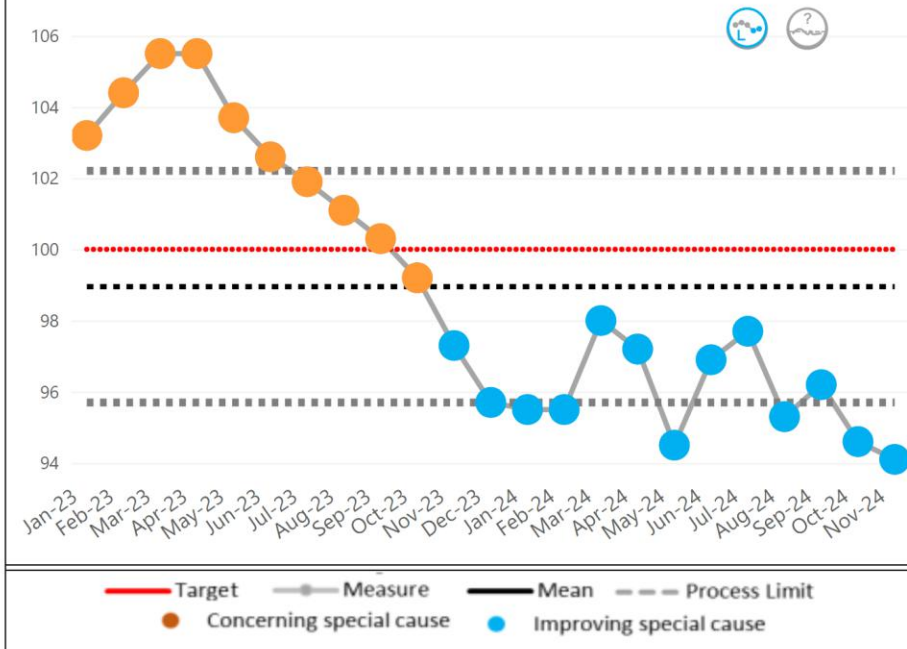
Variance

Special cause variation of an IMPROVING nature where the measure is significantly LOWER.

Target

100

HSMR: TOTAL



Oct-24

91.7

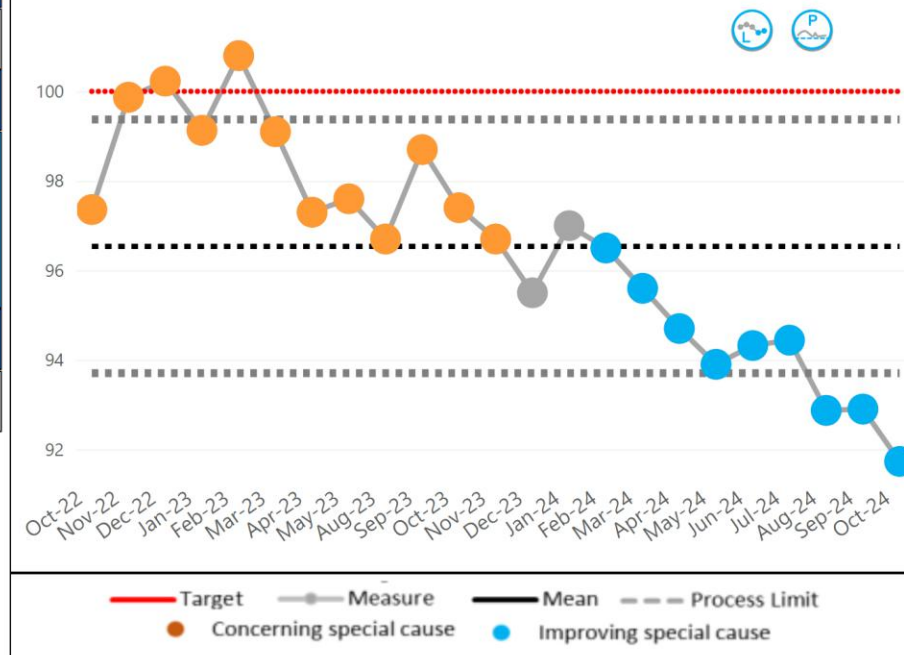
Variance

Special cause variation of an IMPROVING nature where the measure is significantly LOWER.

Target

100

SHMI: TOTAL



HSMR Narrative

The current HSMR (to November 2024) is now 94.1 which is a slight decrease from the previous month. From April - 23 onward, we are showing a statistically significant decrease in our HSMR score. As the reporting period now excludes most of the aftermath of the Cerner implementation the mean has dropped, and we now see that the current reporting figure is below the Lower Control Limit, showing an improved performance in this metric.

SHMI Narrative

The current SHMI remains sub 100 which is on par with previous periods and remains within the expected range. The figures are now showing a 7 point below the mean improvement with recent months being below the Lower Control Limit, demonstrating a continued increase in performance.

Feb-25

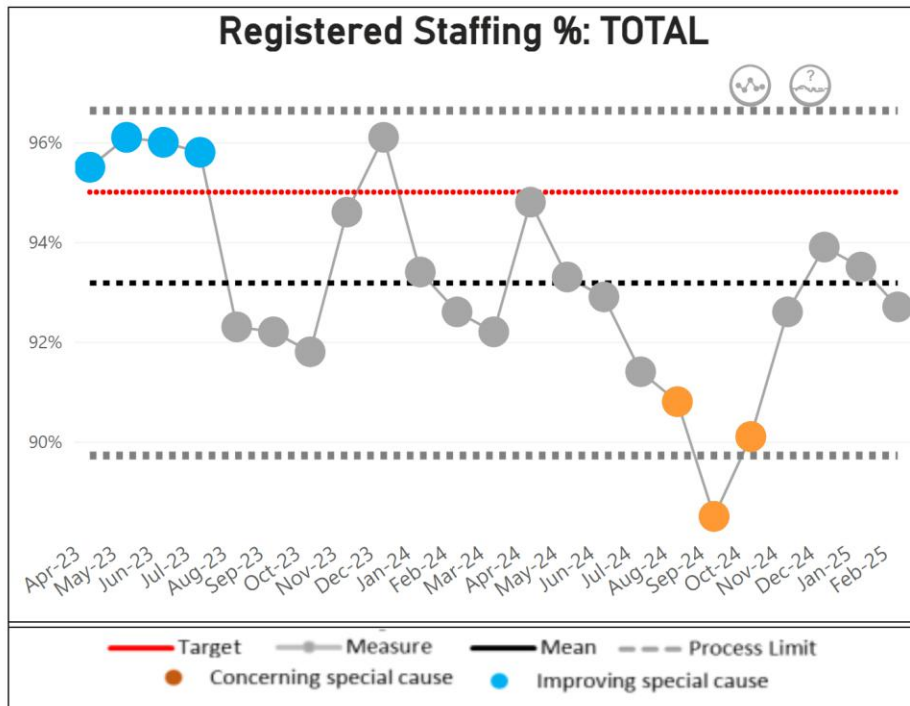
92.7%

Variance

Common cause variation,
NO SIGNIFICANT CHANGE.

Target

95%



Feb-25

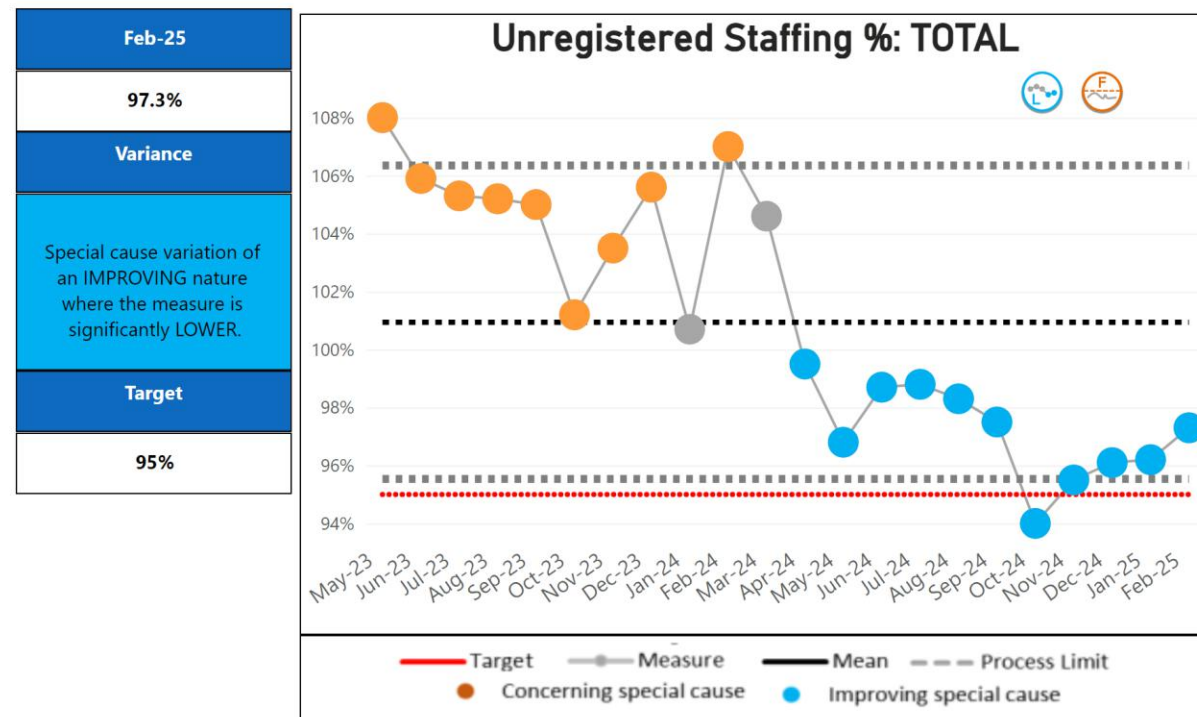
97.3%

Variance

Special cause variation of
an IMPROVING nature
where the measure is
significantly LOWER.

Target

95%



Registered Nursing Narrative

Now that this metric is below the target of 95%, we are changing the direction of improvement. We had seen a run of 7 points below the mean in this metric but in prior months we have seen an increase and are now only 1% away from the 95% target.

The significant reduction in registered nurse fill rates had correlated with the establishment work completed earlier in the year, when Planned nursing numbers were increased within wards and departments in response to the acuity and dependency commonly seen in the area. This has resulted in a vacancy, which is actively being recruited to and there is a strong pipeline in place. However, the Trust is experiencing a higher-than-expected number of registered nurses unavailable for work and although a % of this is planned for in the establishment headroom (23%), current sickness and absence has exceeded this. A detailed analysis has been undertaken and this is largely being driven by stress and anxiety which triangulates with staff redeployment day to day to maintain staffing levels. Immediate actions have been put into place in the emergency department and SDEC (where staff are currently being redeployed to) to reduce the need for staff moves. These actions include redeploying interested staff for a period of time (rather than day to day) and increasing temporary staffing requests, in advance, on blocks contracts, where possible for continuity. This metric will continue to be closely monitored by the senior nursing team.

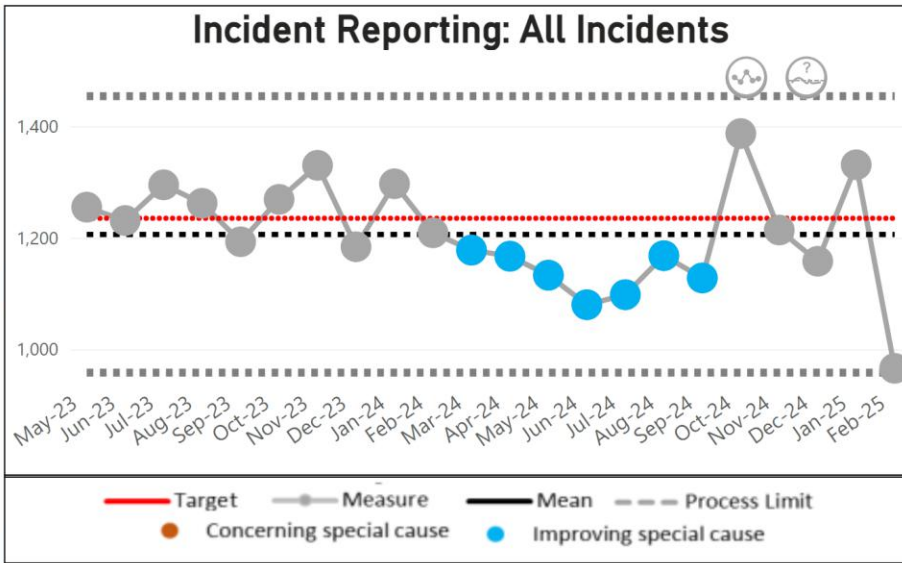
Unregistered Nursing Narrative

Unregistered nursing fill rates are below 100% at 97.3%. The direction of improvement is different to the registered side as we have historically been above 100% in this metric. Since the start of the financial year, we have seen a run of consecutive points below the mean, but this is positive as we have reduced from over 100% closer to the target.

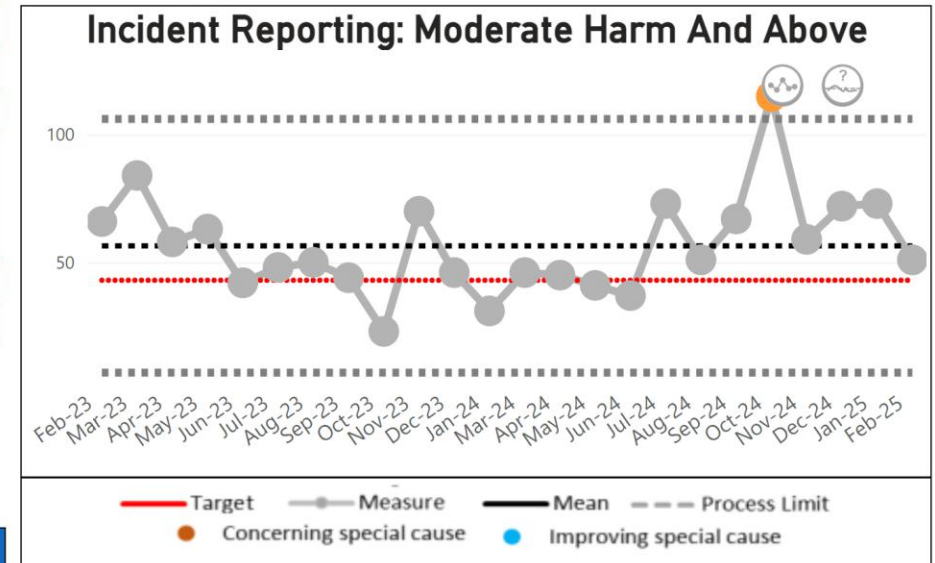
There still remains issues with the complexity of patients, with multiple wards and departments operationalising 'zoned bays' and nursing patients required on-to-one.

There has been a drop in both metrics this calendar year but unregistered staffing now appears as being more stable and close to the 95% target.

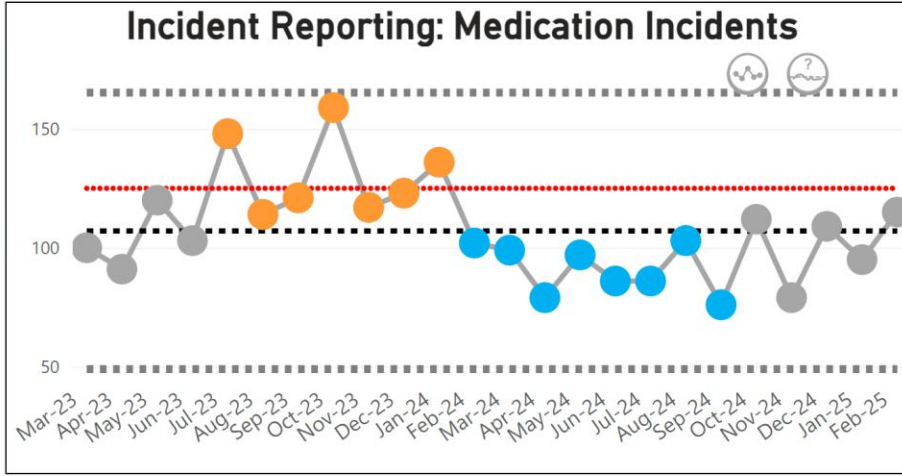
Feb-25
966
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
1235



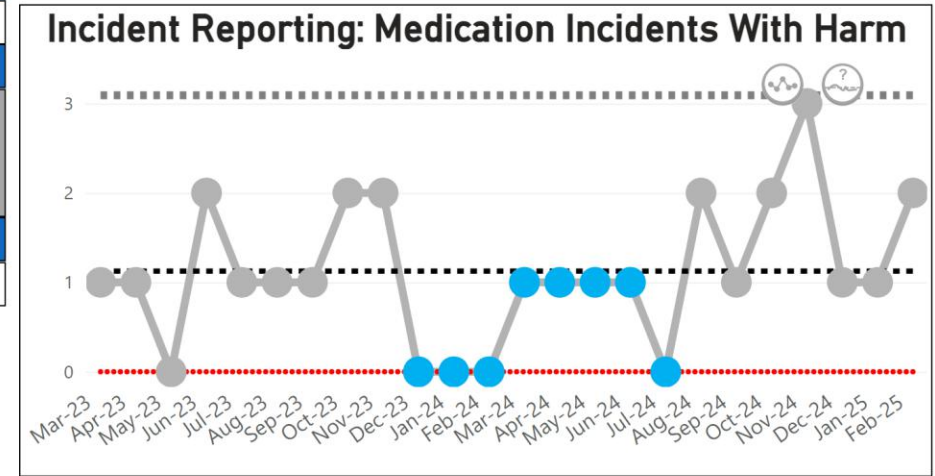
Feb-25
51
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
43



Feb-25
115
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
125



Feb-25
2
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Incident Reporting Narrative

The metric for overall incidents has been changed, historically this metric comprised of only the incidents that were sent to NRLS now we are looking at any logged incident. There has been a decrease in the overall number of incidents reported (clinical and non-clinical); a total of 966 – an decrease of 192 in comparison to January 2025, this is in line with February being a shorter month.

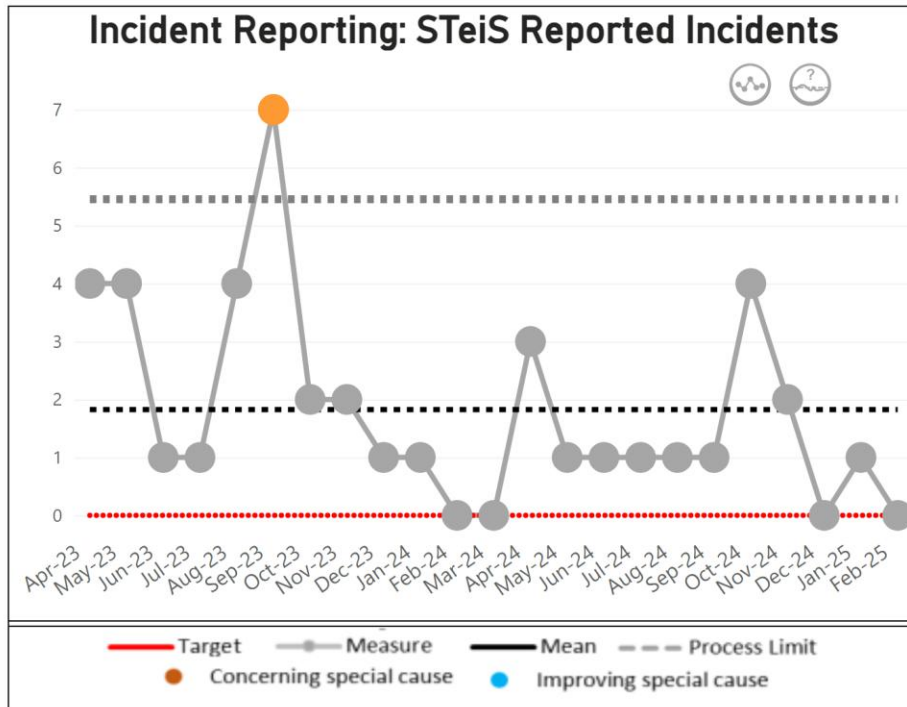
The top 4 reported incident categories were: Skin Integrity 155 (16%), Slip, Trip and Fall (In-Patient) 81 (8.4%), Staffing 58 (6%) and Disruption of services 44 (4.6%).

Medication Incidents Narrative

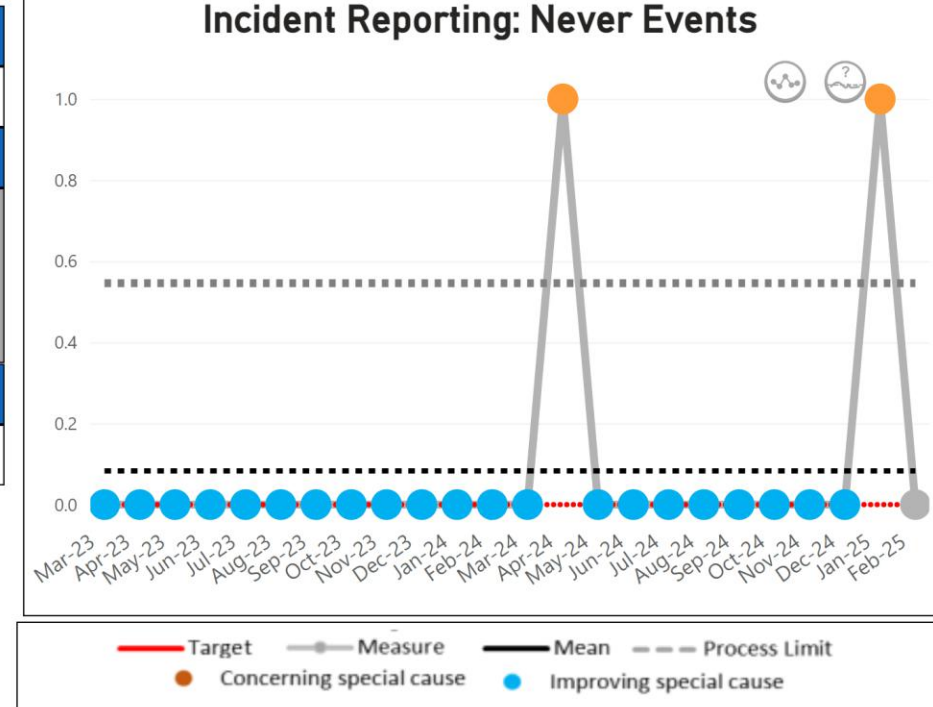
The method of reporting medication incidents has changed week commencing the 18th October, before this change, all categories of medication incident were classified as medication, then the sub category was administration, prescribing etc.

We can now see that, of the 115 medication incidents, 43 were administration, 27 were prescription and 9 were dispensing errors, the new logic allows us to see more detail on these categories, with the top 3 sub categories of administration being omitted medicine 16), wrong frequency/ rate (7) and wrong dose strength (3). The top 3 for prescription errors were wrong dose / strength (9), omitted medicine (8) and wrong drug (4).

Feb-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Feb-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



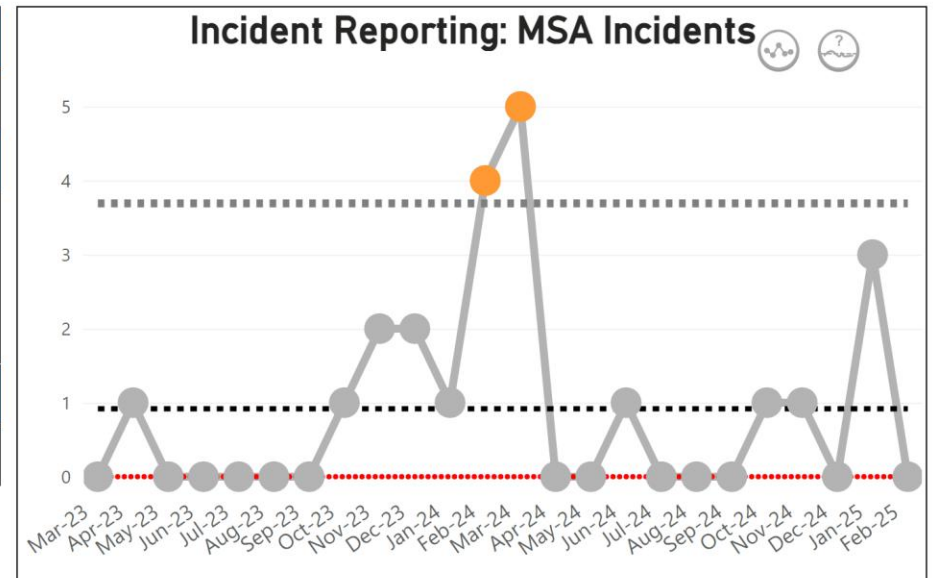
Serious Incidents Narrative

The Trust historically reported this metric as only the serious incidents that were sent to STeiS, from October's SOF, this is now amended to any incident that is reported to STeiS, thus the historical data has changed.

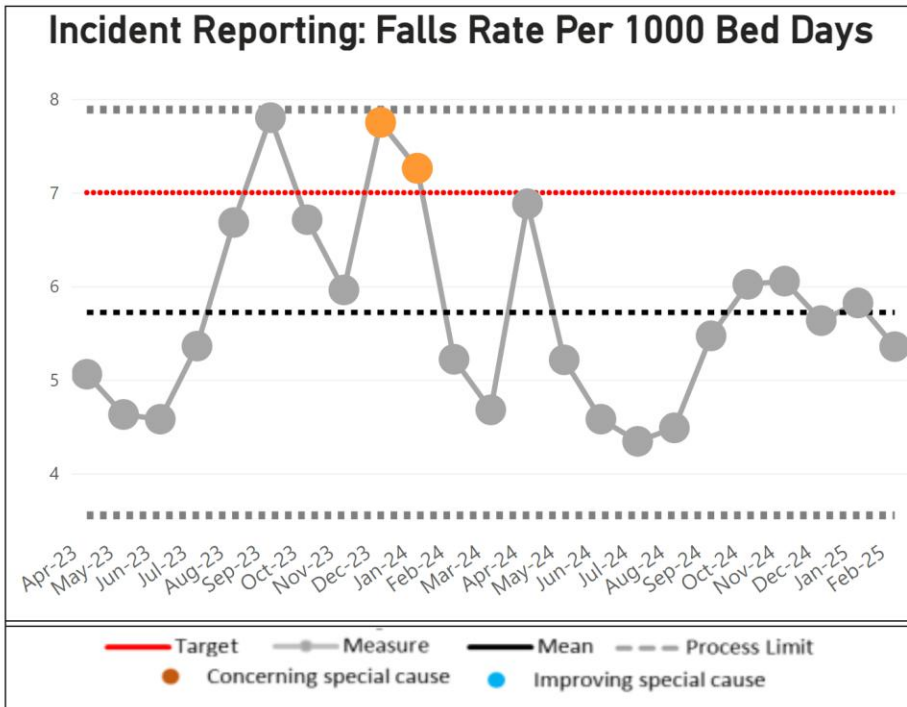
For the first time since April 2024 the trust reported one Never Event in January 2025 but none in February.

We have added the number of MSA incidents to the SOF as of June, at time of writing we are identifying the number of MSA incidents rather than total breaches, in February we reported 1 incident which was a justified breach due to the requirement of cardiac monitoring and thus does not count as a breach.

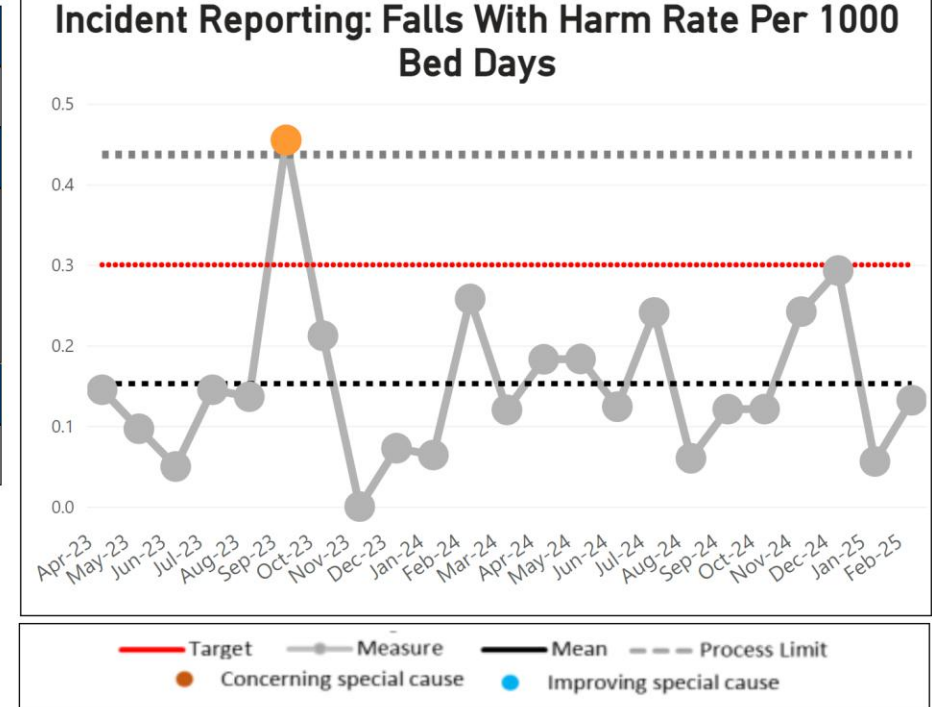
Feb-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Feb-25
5.36
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
7



Feb-25
0.132
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0.3



Falls Narrative

Falls has been reviewed as part of the 6 steps to patient safety and the aim will be to reduce the number of falls with harm by 40%. The Trust met it's target of reducing falls with harm by 40% in 2023/24 and we are on track to see further reductions this year.

The harms improvement programme for 24/25 was set and the smart targets are now to see a 20% reduction in overall Falls which encompasses a 20% reduction in unwitnessed falls as well. Discussions were held in February to administer new targets for Falls.

This month we saw two falls with harm which were recorded as moderate harm.

At the end of the current months position, we are demonstrating a 23.91% decrease in all Falls and a 5.94% reduction in Unwitnessed Falls. This is a reduction in our position from last month, as we saw 52 unwitnessed falls in January and 49 in February.

Overall Figures For Falls Split By Harm Caused

