

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	SOF – Integrated Performance Report – Quarter 1 2022/2023	<b>Date:</b> 4 <sup>th</sup> August 2022			
<b>Prepared By:</b>	Shirley A Higginbotham – Director of Corporate Affairs				
<b>Approved By:</b>	Executive Team				
<b>Presented By:</b>	Paul Robinson - CEO				
<b>Purpose</b>					
To provide assurance to the Board regarding the Performance of the Trust as measured in the SOF Integrated Performance Report		<b>Approval</b>			
		<b>Assurance</b>			
		<b>Update</b>			
		<b>Consider</b>			
<b>Strategic Objectives</b>					
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>	
x	x	x	x	x	
<b>Identify which principal risk this report relates to:</b>					
PR1	Significant deterioration in standards of safety and care			x	
PR2	Demand that overwhelms capacity			x	
PR3	Critical shortage of workforce capacity and capability			x	
PR4	Failure to achieve the Trust's financial strategy			x	
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
Executive Team 27 <sup>th</sup> July 2022					
<b>Executive Summary</b>					
<p>The SOF – Integrated Performance report provides the Board with assurance regarding the performance of the Trust in respect of the standards identified on the dashboard.</p> <p>This report is for the first quarter of 2022/23, there are a number of standards which are only reported on quarterly these are included in the report.</p> <p>There are 52 on the quarterly dashboard covering four sections</p>					
<b>Section</b>	<b>Number of standards</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>No Rating</b>
Quality Care	17	4	5	8	0
People and Culture	12	1	7	4	0
Timely Care	19	7	4	7	1
Best Value Care	4	0	2	2	0
<p>All standards are RAG rated and the threshold for each standard is noted on the dashboard. An SPC chart which identifies trends is provided for each standard and forms part of the dashboard report.</p>					

A report is produced for each individual standard rated as red; this includes:

The performance against the standard, both monthly and year to date, the trend graph, the Executive owner, a comparison against the national position, the root causes, with actions to address, the expected outcome and timeline for completion.

For the first quarter of 2022/23 there are 12 Standards rated as Red:

#### Quality Care

**Patient safety incidents per rolling 12 months 1000 OBDs:** At year end 2021/22 performance was 45.86, the standard for this year is >44 Green and <44 Red. Quarterly performance at 46.09 is above the standard, and reflects an increase in the reporting of incidents, the highest reported incidents being Pressure Ulcers, Falls, skin damage and medications.

**Rolling 12-month Clostridium Difficile infection rate per 100,000 OBD's:** The trajectory agreed for the Trust this year is 92 cases, however this is higher than usual therefore we continue to work to the previous trajectory of 57 for the year. There were 5 cases of hospital acquired Cdiff in June, 3 relating to one ward, therefore an outbreak meeting is scheduled for 29<sup>th</sup> July 2022. Two cases have the same ribotype indicting cross infection.

**Rolling 12-month MRSA bacteraemia infection rate per 100,000 OBDs:** The national standard for this is zero for all trusts. The trust has seen over 5 cases in June, actions have been identified and completed to address this.

**Rolling 12 months HSMR (basket of 56 diagnosis groups):** In June the Trust is reporting at 112.8, actions have been identified regarding delay in data submission, review of coding and ongoing work with Dr Foster

#### People and Culture

**Appraisals:** Although the standard for Q1 was 86% below the target of 95%, we are performing favourable when assessed against our partners the ICS average is 84.2%. An Appraisals working group has been developed, which has issued an options paper regarding digital vs paper-based approach. The feedback will be reviewed to identify further actions to be taken during Q2

#### Timely Care

**Number of patients waiting >4 hours for admission or discharge from ED:** In June the Trust achieved 79.5%, which is a reduction on the previous months. This is in the main due to increased occupancy, increased MSFT and the highest level of attendances since recording began in its current format in 2019. The Trust continues to reduce the percentage of patients that convert from attendances to admissions.

**Mean number of patients who are medically safe for transfer:** There was a slight dip in the numbers of MSFT patients in May. However, June returned to levels comparable with previous months. In June there were 96 patients waiting for onward care against the system agreed target of 22 for SFH.

**Adult G & A Bed Occupancy (8.00am position as per U & EC Sitrep):** Occupancy continues to rise and was at 96.6%. This is driven in the main by MSFT as admissions have not risen.

**Remote Attendances as a percentage of Total Outpatient Attendances:** There has been a further reduction this month to 16% against the 25% target. This is driven in the main, but not exclusively, by clinical preference for face to face appointments. Connectivity, space and

infrastructure are also significant contributors. There is a programme in development to address some of these issues and make progress.

**Follow up Outpatient Attendances reduce against Yr 2019/20:** The Trust submitted a plan that was non-compliant against this metric due to the size of the overdue review list. There has been some improvement against the 25% target using Patient Initiated Follow Up, which is sitting at 4% against a target of 5% and well within trajectory.

**Elective Inpatient Activity against Plan:** The Trust is at 80.1% of plan due to a reduction in theatre capacity over the month as a result of anaesthetic cover gaps and increased emergency pathway pressure in the main.

**Number of patients waiting over 62 days for Cancer treatment:** The cancer backlog position of 134 patients is higher than the February 2020 average of 70 and our internal trajectory of 105. There is a significant amount of investigatory work being carried out within cancer services to understand the driver of the position and actions required for improvement.