

Board of Directors Meeting in Public - Cover Sheet

Subject:	SOF – Integrated Performance Report	Date: 7th July 2022										
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs											
Approved By:	Executive Team											
Presented By:	Paul Robinson, CEO											
Purpose												
To provide assurance to the Board with regard to the Performance of the Trust as measured in the SOF Integrated Performance Report			Approval									
			Assurance	x								
			Update									
			Consider									
Strategic Objectives												
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value								
x	x	x	x	x								
Overall Level of Assurance												
	Significant	Sufficient	Limited	None								
		x										
Risks/Issues												
Financial	Risks as issues are identified throughout the report											
Patient Impact												
Staff Impact												
Services												
Reputational												
Committees/groups where this item has been presented before												
Executive Team 29 th June 2022												
Executive Summary												
<p>The SOF – Integrated Performance report provides the Board with assurance regarding the standards identified on the dashboard.</p> <p>There are 42 standards on the monthly dashboard, these are grouped into 4 Sections:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Quality Care</td> <td>11 Standards</td> </tr> <tr> <td>People and Culture</td> <td>7 Standards</td> </tr> <tr> <td>Timely Care</td> <td>19 Standards</td> </tr> <tr> <td>Best Value Care</td> <td>4 Standards</td> </tr> </table> <p>All standards are RAG rated and the thresholds 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> <p>A report is produced for each individual standard rated as red; this includes:</p> <p>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.</p> <p>In May there are 8 Standards rated as red</p>					Quality Care	11 Standards	People and Culture	7 Standards	Timely Care	19 Standards	Best Value Care	4 Standards
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Quality Care - One standard rated Red

Eligible patients having Venous Thromboembolism (VTE) risk assessment, has been the focus of the board and quality committee for some time, and the trend was improving. The threshold for this standard is Green \geq 95% Amber 93-94% and Red \leq 92%, the trust performance for April, data is not yet available for May, was 90.3% a reduction from 92.5% in March and 93.2% for the year ended March 2022. SFH remains in a mixed economy state with Medicine Division collecting screening data via our ePMA and the rest of the organisation still using a paper based collection process. The most challenged area remains ED and EAU and whilst ePMA is now live in EAU, ED is not yet rolled out.

People and Culture – One standard rated Red

Appraisals, a derogation regarding appraisal which was implemented during the pandemic ceased in January 2022 and since then there has been a steady increase in the number of appraisals taking place. The performance against this standard for May is 88%, an increase from 87% in April. The previously agreed trajectory of 90% is forecast to be achieved at the end of October 2022.

Timely Care – Six standards are rated Red

Number of Patients waiting >4hours for admission or discharge from ED, the national performance standard is 95%, the Trust achieved 80.2% in May a slight decrease on the 80.9% performance achieved in April when the trust ranked 4th out of national comparisons, in May the Trust ranks 6th out of national comparisons. Attendances in the month were up compared to last month and to May 2021, however the Trust has maintained performance at over 80% for the first 2 months of the year with Newark UTC performance averaging 99.2%

Mean number of patients who are medically safe for transfer, during May there were on average 96 patients in acute beds who require care in another setting which was similar to the numbers in April. The agreed threshold for MSFT is 22 patients. Capacity issues within adult social care and care agencies continue and the Trusts additional winter capacity remains open and Sherwood community Care Home continues to provide support for up to 19 Medically Safe For Transfer patients.

Adult G & A Bed Occupancy (8.00am position as per U & EC Sitrep), the standard for this is <92%, the trust was operating at 95.5% occupancy throughout May which was an increase from April. Occupancy remains high due to the consistent high levels of MSFT patients in acute beds. The regional average is 93.1% for May.

Remote Attendances as a percentage of Total Outpatient Attendances, this standard is measured against an agreed trajectory of 20%, the performance in May is 18% which is slightly higher than the April performance. The outpatient and transformation board are reviewing individual specialties to identify best practice in services where this is working well and apply where appropriate across other underperforming services.

Follow Up Outpatient Attendances reduce against Yr2019/20, In the 2022/23 plan the Trust declared they would not be compliant with the reduction in follow up metric, this continues to be the case, as a result the escalation slide has not been completed.

Number of patients waiting over 62 days for Cancer Treatment, the number of patients in May backlog was 137 an increase of 16 patients from the April position of 121 patients and above the trajectory of 110. The Trust was ranked 58th out of 125 providers for 62 day backlog in May and 20th out of 125 providers for Faster Diagnosis Standard, achieving 78.4% against the 75% standard. The Trusts 62 day waiting time at 69.3% was better than both the national average of

65.2% and the ICS of 61.8%