

Board of Directors Meeting in Public - Cover Sheet

Subject:	SOF – Integrated Performance Report – Month 4 2022/2023		Date: 1 st September 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 regarding 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	
Identify which principal risk this report relates to:					
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				
Committees/groups where this item has been presented before					
Executive Team 24 th August 2022					
Executive Summary					
<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 July 2022/23 – Month 4 ,</p> <p>There are 41 indicators on the monthly dashboard covering four sections. 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> <p>The table below shows the number of standards in each section the current RAG rating of those standards</p>					
Section	Number of standards	Red	Amber	Green	No rating
Quality Care	11	5	0	6	0
People and Culture	7	2	2	3	0
Timely Care	19	6	6	6	1
Best Value Care	4	0	3	1	0

The table below details the number of standards in each section where the RAG rating has changed in the month.

Section	Red to Amber	Amber to Green	Green to Amber	Amber to Red	Green to Red
Quality Care	2	2			1
People and Culture				1	
Timely Care	1		1		
Best Value Care			1		

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 Month 4 2022/23 there are 12 Standards rated as Red:

Quality Care

All Falls per 1,000 OBDs - This standard was Amber at the end of Q1, performance has deteriorated, and the standard is now rated as red, which means falls per 1,000 OBD's exceeded the >7.63 threshold. The large numbers of medically fit patients in delay and those requiring ongoing mobilisation and inpatient therapy has been a factor. Many patients are presenting in a deconditioned state prior admission.

Rolling 12-month Clostridium Difficile infection rate per 100,000 OBD's – July was the second consecutive month with increased rates with 5 cases. Deep clean programme reinstated in outbreak areas. Peer review arranged with NHSE

Covid-19 Hospital onset – Performance against this standard has deteriorated since Q1, this is due to a further increase in COVID rates translating into a significant number of outbreaks within the trust in both clinical and non-clinical areas

Rolling 12-month MRSA bacteraemia infection rate per 100,000 OBD's – There was one case in month taking the total to 3. Decolonisation treatment of the patients was not commenced and may have contributed to the outcome

Cardiac arrest rate per 1,000 admissions – Performance against this standard has worsened to 1.28 exceeding the >1.10 threshold for a red RAG rating compared to Amber at month 3. 6 Cardiac arrests reported in month on investigation 2 were non cardiac arrest.

People and Culture

Sickness Absence – The sickness absence rate at the end of M3 was 4.3%, this has increased to 5.4% in month 4, exceeding the threshold for a rating of red of >5.0%. The increase in absence levels coincides with the increase nationally with the COVID surge and pressure noted across the Hospital, there are noted high levels in staff reporting anxiety & stress sickness and chest & respiratory reasons.

Appraisals – Performance against this standard has remained at the same level to M3 and is recorded at 85% in month 4. The key cause of below trajectory performance on the appraisal compliance is related to workforce loss during July due to COVID absences, along with Annual Leave impact.

Timely Care

Number of patients waiting >4 hours for admission or discharge from ED – Performance against this standard improved to 78.4% in July. The significant pressures throughout Q1 continued in July resulting in the trust taking extraordinary actions and opening a further 27 additional beds. A system wide critical incident was declared in July due to increased emergency pathway demand and exit block, however, the pressure at SFH was de-escalated quickly due to the exceptional actions taken.

Mean number of patients who are medically safe for transfer – There has been an increase in the number of medically safe patients for transfer from 96 at the end of Q1 to 105 at the end of Month 4.

Adult G & A Bed Occupancy (8.00am position as per U & EC Sitrep) – Occupancy has fallen in the month from 96.6% at the end of Q1 to 94.9% at the end of Month 4. Whilst this is an improvement on the previous month and against Q1, occupancy remains higher than the 92% target.

Remote Attendances as a percentage of Total Outpatient Attendances: Although the rating remains red, performance against this standard has increased slightly in month to 16.3%. There is a focussed specialty specific programme of work being undertaken to improve the overall position. Patient Initiated Follow Up continues to improve, with the trust exceeding the 5% target at 6.1%.

Elective Inpatient Activity against Plan: Performance against this standard remains at red for month 4. Capacity constraints continue to affect IP activity with emergency pressures and anaesthetic cover remaining the most significant factors.

Number of patients waiting over 62 days for Cancer treatment: The number of patients waiting in excess of 62 for Cancer treatment has fallen in the month from 134 to 126, this exceeds the trajectory for July of 93. Therefore, performance remains rated as red.