

Board of Directors - Public

Subject:	SOF – Integrated Performance Report – Quarter 3 2022/2023		Date: 2 nd February 2022	
Prepared By:	Shirley A Higginbotham – Director of Corporate Affairs			
Approved By:	The 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 25 th January 2023				
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. The Board agreed to in November 2022, the reports should be provided on a quarterly basis.</p> <p>This report is for quarter 3 2022/23, all standards, identified on the report 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 these are illustrated in the individual slides.</p> <p>There were two internal and system critical incidents in the period, and these will have impacted on the performance against some of the standards in the report.</p> <p>There are a total of 54 standards reported on the Q3 SOF report, of those 20 are rated as red, 16 are rated as amber, 17 are rated as green and one is currently only in shadow monitoring form, so no RAG rating is provided.</p> <p><u>Quality Care</u></p> <p>Seven standards are rated as red for quarter 3 compared to five for quarter 2. Cardiac arrest rate per 1,000 admissions has moved from a red to a green rating in the quarter with actuals falling to 0.83 a reduction from 0.89 year to date at quarter 2.</p>				

A brief overview of the actions in relation to the seven standards rated as red is given below

Serious incident including Never Events (STEIS reportable) by reported date

There have been 28 incidents year to date, including one Never Event. This is an increase from Q2 of 18 incidents year to date

All Falls per 1000 OBD's

This indicator was rated as amber in Q2 with a year-to-date total of 7.56 this has increased in Q3 to 7.63. The key reasons for this were the increased number of medically fit patients with a length of stay over 21 days, evidence suggests this increases the risk of falls. The increase in the number of medically fit patients resulted in the Trust opening extra bed capacity which can also lead to an increase in the risk of falls due to the number of frail, older people in an acute hospital setting.

Covid-19 Hospital onset

During quarter 3 there was a steady increase in the number of Covid-19 cases, and this was reflected nationally.

Rolling 12-month MRSA bacteraemia infection rate per 100,000 OBD's

There have been three cases of MRSA bacteraemia since April 2022 the last one being July 2022.

Eligible patients asked case finding questions, or diagnosis of dementia or delirium

This indicator was rated as amber at Q2 with a rate of 87.5%, however this has reduced to 84.9% in the quarter breaching the threshold of <85%. The Trust continues to aim for a target of 90% completion rate screens, despite the national reporting no longer being required.

Rolling 12 months HSMR (basket of 56 diagnosis groups)

The HSMR rate as reported in Q2 was 121.4, this being June data. In Q3 the figure has risen to 124.6, September data. The trusts learning from deaths group have instigated a process whereby diagnoses triggering in HSMR undergo focussed clinical case-note review in an attempt to understand causation, this is currently happening in the following areas – fractured neck of femur, liver disease and pleurisy, pneumothorax, pulmonary collapse.

People and Culture

Three standards are rated as red quarter 3. One standard, QI training – Bronze has improved from amber at Q2 to Green at Q3 and one standard QI training – Silver has improved from a rating of red at Q2 to amber at Q3. A brief overview of the actions in relation to the three standards rated as red is given below

Sickness Absence

Sickness absence has increased in the period from 4.5% to 4.8%, however the Trust continues to benchmark well nationally and also across the Nottinghamshire ICS where the average is 6.2%

Appraisals

Performance against this standard has deteriorated slightly in the quarter from 85.5% to 85%, the

main causes of the below trajectory performance is related to workforce loss linked to the pressure on services within the hospitals and the impact of annual leave taken in the period.

Timely Care

Nine standards are rated as red for Q3 compared to six for Q2 reflecting the impact on performance standards due to the operational pressures in the hospitals.

Two standards have moved from red in Q2,

- Remote attendances as a percentage of total outpatient attendances, where performance against the trajectory has improved from red to amber
- Number of local 2ww patients waiting over 62 days for cancer treatment has reduced from 102 in Q2 to 73 in Q3 against a trajectory of 74.

Number of patients waiting >4 hours for admission or discharge from ED, Percentage of ambulance arrivals who have a handover delayed >30 minutes

Performance of 76.2% in Q3 a reduction from 78.3% in Q2 for 4-hour performance. The Trust ranked 3rd in the region and 32nd nationally. Performance was driven by increased attendances, and in December the Trust saw its highest level of attendances in one day of 703 patients compared to an average of 547. This together with challenges in transferring patients out of ED in a timely manner due to bed constraints impacted on performance including the ability to undertake ambulance handovers where performance in the period deteriorated from 4.8% waiting more than 30 minutes to 10.8% in December 2022.

Mean number of patients who are medically safe for transfer

During the period the number of patients who are medically safe for transfer remained at 111 against a standard of <22 patients. The system D2A programme has commenced however further progress is required to meet the trajectories.

Adult G & A Bed Occupancy (8.00am position as per U & EC Sitrep)

Performance has remained fairly static in the period at 95.7% but remains significantly higher than the planned standard of 92%. Delays in the onward care of medically safe for transfer patients continues to have a detrimental impact on acute capacity and flow.

Follow up Outpatient Attendances reduce against 2019/20

Performance against this standard has decreased slightly in the period and is significantly below the national target of a 25% reduction. The Trust submitted a non-compliant plan against this standard due to the volume of overdue reviews.

Elective Day Case activity against Yr 2019/20

This standard was rated as amber in Q2 with performance of 95.1% this has deteriorated to 93.6% in Q3.. Several actions have been identified to address this deterioration and these are noted in the attached slides.

Elective Inpatient activity against Yr 2019/20

Performance against this standard has deteriorated from 90.1% in Q2 to 87.4% in Q3. A number of actions are in place to address performance.

Number of patients on the incomplete RTT waiting list

There has been an increase in patients from 46,346 in Q2 to 47,225 in Q3. The main causes of this are cancellation of procedures during and since the pandemic due to emergency pressures and recent critical incidents.

Number of patients waiting 78+ weeks for treatment.

The number of patients waiting over 78 weeks has increased from 33 in Q2 to 37 in Q3, there is daily tracking in place to prevent 78-week breaches post March 2023 in line with the national requirement.

Best Value Care

There have been no changes in the RAG ratings of the five standards.