

<b>Meeting Title</b>	Board of Directors Open Meeting		
<b>Date</b>	13/09/18	<b>Agenda item</b>	Bo.9.18.20

## PERFORMANCE REPORT – FOR THE PERIOD JULY 2018

<b>Presented by</b>	Sandra Shannon, Chief Operating Officer		
<b>Author</b>	Carl Stephenson, Head of Performance		
<b>Lead Director</b>	Sandra Shannon, Chief Operating Officer		
<b>Purpose of the paper</b>	To inform the Board of Directors of current levels of performance		
<b>Key control</b>	This paper is a key control for the strategic objective to deliver our financial plan and key performance targets		
<b>Action required</b>	To note		
<b>Previously discussed at/informed by</b>	Finance & Performance Committee, Quality & Performance Group (CCG)		
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	
	Finance & Performance Committee	29/08/2017	

### Key Options, Issues and Risks

The purpose of this report is to inform the Board of Directors of current levels of performance as at the end of July 2018. It provides an overview of compliance with the NHS Improvement Single Oversight Framework standards and a range of local performance and quality indicators within the Trust to provide assurance and escalate actual or potential underperformance.

### Analysis

- Emergency Care Standard performance (Type 1 & 3 attendances) for July 2018 was reported nationally at 83.12%. This represents a deterioration of 1.84% compared to June 2018.
- Emergency Care Standard performance (Type 1, 2 & 3 attendances) for July 2018 stands at 85.43%, while August To Date Performance (up to 22nd) represents a significant improvement at 89.04%.
- The number of Ambulance handover delays increased in July 2018 with 105 30-60 minute breaches and 58 60+ minute breaches.
- The Cancer position for June 2018 has been submitted nationally with failures reported against the 2-week-wait, 31-day First Treatment and 62-day First Treatment thresholds.
- Performance against the RTT Incomplete threshold was reported below the 92% target at 74.17%, an increase of 0.26% compared to June 2018. The total waiting list size decreased slightly to 33521.
- The Foundation Trust has reported 8 patients waiting over 52 weeks on an Incomplete RTT pathway as part of the official return for July 2018.
- The Diagnostic position for July 2018 (excluding neurophysiology and endoscopy) has been reported at 99.43%, above the 99% target.
- Three C Difficile cases were reported in July 2018 meaning the position for 2018/19 is now 8 cases.
- No attributed MRSA cases have been reported in July 2018 meaning there are still no attributed cases for the year to date.
- The VTE assessment indicator reported a position for July 2018 as 96.78%, an increase compared to June 2018 and above the 95% threshold.

### Recommendation

The Board of Directors is asked to:

- Receive assurance on the overall achievement of performance indicators.
- Note the escalation of areas of underperformance and be assured on the improvement actions defined.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Current performance against trajectories indicate that there is limited confidence in delivering the required standard in quarter: Recovery plans are in place for the contractual KPIs for RTT, ECS and Cancer. These are yet to deliver					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	✓	
Quality implications	✓	
Resource implications	✓	
Legal/regulatory implications	✓	
Diversity and Inclusion implications		✓

Regulation, Legislation and Compliance relevance
<b>NHS Improvement:</b> Single Oversight Framework
<b>Care Quality Commission Domain:</b> <i>Safe, caring, effective, responsive, well led</i>
<b>Care Quality Commission Fundamental Standard:</b>
<b>Other (please state):</b> Commissioning contracts with CCG and NHS England

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
		✓			

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## 1 PURPOSE/ AIM

The purpose of this report is to inform the Board of Directors of current levels of performance as at the end of July 2018. It provides an overview of compliance with the NHS Improvement Single Oversight Framework standards and a range of local performance and quality indicators within the Trust to provide assurance and escalate actual or potential underperformance.

## 2 BACKGROUND/CONTEXT

The Performance Report is produced by the Trust on a monthly basis to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.

## 3 PROPOSAL

The action required to improve performance in any of the domains or indicators outlined in the report will be managed through the Trust's operational performance framework. Existing meetings and projects will be utilised in support of this. Where performance has deviated significantly from plan specific recovery actions will be agreed with the relevant teams and monitored by the appropriate Executive Director.

## 4 RISK ASSESSMENT

Underperformance increases the risk profile for the Trust in terms of financial viability, clinical quality and safety, and reputation. Risks associated with performance are managed and the mitigation assured both within divisions and corporately and are reflected in the relevant risk registers. Risks to quality associated with under performance are routinely reviewed through the Quality Oversight System and considered by the Quality Committee as requested by the Finance and Performance Committee.

## 5 RECOMMENDATIONS

The Board of Directors is asked to:

- Receive assurance on the overall achievement of performance indicators;
- Note the escalation of areas of underperformance and be assured on the improvement actions defined.

## 6 APPENDICES

Appendix 1: Performance report