

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

PERFORMANCE REPORT – FOR THE PERIOD SEPTEMBER 2018

Presented by	Sandra Shannon, Chief Operating Officer		
Author	Carl Stephenson, Head of Performance		
Lead Director	Sandra Shannon, Chief Operating Officer		
Purpose of the paper	To inform the Board of current levels of performance and associated plans for improvement.		
Key control	This paper is a key control for the strategic objective to deliver our financial plan and key performance targets.		
Action required	To note		
Previously discussed at/informed by	Finance and Performance Committee 31 October 2018		
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

The purpose of this report is to inform the Board of current levels of performance as at the end of September 2018. It provides an overview of performance against several key national indicators. It also provides a summary of the associated improvement activity being undertaken or planned.

Analysis

Emergency Care Standard:

- Performance for type 1 & 3 attendances during September 2018 was reported nationally as 81.27% which represents a deterioration of -4.97% compared to August 2018 and remains behind trajectory.
- Performance for type 1, 2 & 3 attendances during September 2018 stands at 83.83%.
- The emergency care improvement project continues to drive a range of actions which will support delivery of this standard in future months.

Ambulance Handovers:

- The number of Ambulance handover delays increased in September 2018 with 118 30-60 minute breaches and 69 60+ minute breaches.
- A specific improvement work-stream has been established and a Hospital Ambulance Liaison Officer is now on site.

Cancer:

- 2-week Wait performance for August 2018 was reported as 59.7%, which is significantly below target and a deterioration of -5.4% to the previous month.
- Cancer 31-day First Treatment performance for August 2018 was reported as 84.7%, which is below target and a deterioration of -6.6% to the previous month.
- Cancer 62-day First Treatment performance for August 2018 was reported as 62.5%, which is below target and a deterioration of -7.7 % to the previous month.
- The Cancer Improvement Programme continues to manage a range of improvement activities driving improvement across all targets and sites.
- Urology and Dermatology capacity improvements have recently been put in place which will impact positively on the Trust position.

Referral to Treatment:

- RTT Incomplete performance was reported as 75.09% for September 2018, an increase of 0.62% compared to August 2018 but below the improvement trajectory of 80.5%.
- The total waiting list size decreased for the 4th month in a row to 32,106.
- The Foundation Trust has reported 3 patients waiting over 52 weeks on an Incomplete RTT

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pathway as part of the official return for September 2018.

- The Planned Care Recovery Group leads on a detailed improvement plan which focusses on both the effective management of capacity against demand and ensuring those patients waiting the longest are given robust management plans and monitored closely until treatment is complete.

Infection Control:

- 1 C Difficile case was reported in September 2018. The position for 2018/19 is now 12 cases in total.
- No attributed MRSA cases have been reported in September 2018. Year to date there are no attributed cases for the Trust.

Recommendation

The Board is asked to:

- Receive assurance that overall delivery against of performance indicators is understood.
- Note the escalation of areas of underperformance and be assured on the improvement actions defined.

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		✓

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