

Meeting:	Board of Directors	Date:	4 th January 2018
Title:	Operational Performance Report (OPR)		

Summary of paper:	The OPR provides an update on performance against key National and Local Performance standards in addition to progress against key work streams and remedial recovery plans.		
	<u>Summary of Standards:</u>		
	ED 4 hour standard (95%) <i>(combined - ED, MIU & UCC)</i>	November 86.1%	Not Achieved
	RTT Incomplete standard (92%)	November 90.2%	Not Achieved
	6 Week Diagnostic Wait (99%)	November 96.6%	Not Achieved
	Cancer Targets:	October	
	2 Week Waits (93%)	95.7%	Achieved
	2 Week Wait Breast Symptomatic(93%)	97.3%	Achieved
	31 Day Treatment (96%)	98.2%	Achieved
	62 Day Treatment (85%)	85.8%	Achieved

Consultation / other committee views:	Divisional Boards Divisional Performance Reviews Executive Committee People Performance & Place Committee
--	--

Assurances:	Recovery Plans for ED, RTT and Cancer have been developed with the support of NHSi and the Commissioners. <ul style="list-style-type: none"> • RTT performance is overviewed by the Elective Services Steering Group which comprises both Swindon and Wiltshire CCGs. • ED actions plans are reviewed and monitored via the 4 Hour Impact Team and Right Patent Right Place Group. • Cancer Plans are reviewed at Divisional Performance Meetings and via the Elective Services Steering Group .A specific Cancer Services Delivery Board has been established to improve performance scrutiny.
--------------------	--

Recommendations/decisions required:	<i>The Board accepts, acknowledges and supports the on-going plans to maintain and improve performance.</i>
--	--

Link to Trust Priorities	Link to Quality
<ul style="list-style-type: none"> (1) We will make the patient the centre of everything we do. (2) We will work smarter not harder to make best use of existing resource. (3) We will innovate and identify new ways of working. (4) We will build capacity and capability by investing in our staff, infrastructure and partnerships. 	<ul style="list-style-type: none"> (1) Safety (staffing, falls, never events, handover, SI, safeguarding, infection control, environment, medicines, equipment). (2) Effectiveness (HMSR, SHMI, Mortality, Clinical audits, care bundles, deteriorating patient). (3) Caring (patient experience, patient surveys, friends and family test, patient stories, response to call bells). (4) Responsiveness (complaints, waiting times, cancelled operations, ambulance stays, translation services, comfort factors – TV and seating). (5) Well led (staff survey, staffing levels, sickness rates, flu vaccinations rates, board/ward interactions, staff reports, governance and reporting, risk management, financial control).

Risk issues:		Risk Register Ref No:	Risk Score:
The key risks relate to achievement of the National Standards:			
1. 4 Hour Standard		792	16
2. RTT Standards		1357	16
3. Cancer		1917	16
Resource Implications:	Regulations and legal considerations:	Quality consideration and impact on patient and carers:	
Expenditure / Income net value			
Achievement of income against plan; S&T funding	Regulatory Implications for some indicators – NHSi, CQC and Commissioners	Timely intervention and improved outcomes for patients	

Report Sign Off:		
Financial	Operational	HR
TBC	Divisional Boards Divisional Performance Review Executive Committee People Performance & Place Committee	N/A

Confidentiality

This report does not contain any confidential information.

Equality Impact Assessment

Great Western Hospitals NHS Foundation wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt.

This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics.

OPR Lead Executive Director:	Jim O'Connell	Title:	Chief Operating Officer
Report Authors:	Linda Power Paulette Knight Judith Ratledge Teresa Harding Simon Barson Emily Beardshall Emma Cavill	Title:	Deputy COO Head of Site Operations D&O Director W&C Director Unscheduled Care Director Planned Care Director Senior Nurse Discharge Planning
Community Executive Director	Kevin McNamara		Director of Strategy
Report Author	Lorraine Austen		Associate Director Community Services
Quality Director	Hilary Walker		Chief Nurse
Report Author	Julie Marshman		Deputy Chief Nurse
	Caroline Wretham		Divisional Director of Nursing