

Meeting	Board of Directors	Date:	6 th February 2020
Title	Operational Performance Report		

Summary of paper	<p>Summary of Standards</p> <p>ED 4 hour standard (95%) 75.4% December (combined – ED, MIU & UCC)</p> <p>RTT Waiting List Size 22,206 against a trajectory of 21,558 (ahead of NHSi trajectory)</p> <p>NHS central guidance has changed to size of waiting list at year end rather than % delivery.</p> <p>6 week Diagnostic Wait (99%) 97.78% November</p> <p>Cancer Targets:</p> <p>2 Week Wait (All cancer 93%) 87.1% November 2 Week Wait Breast Symptomatic (93%) 87% November 31 Day Treatment (96%) 96.6% November 62 Day Treatment (85%) 85% November</p>
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Consultation / other committee views	<p>Divisional Boards</p> <p>Divisional Performance Reviews</p> <p>Executive Committee</p> <p>Performance, People and Place Committee</p>
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Assurances	<p>Performance against the four hour standard is overseen by the Right Patient Right Place Group. Whilst additional Winter funding has been a significant help (30 extra beds, extra medical staff and therapists) delivery is still very challenged. Key areas of focus for the Trust continue to be the oversight of super-stranded patients (over 21 days length of stay) for which the Medical Director is leading daily, delivery of at least 20 partner discharges per day – again challenged but good CCG support to drive and internally a driver to ensuring the identification and execution of discharges early in the day.</p> <p>The trust has recently been aligned a new Emergency Care Intense Support Team manager who will support on the above delivery.</p> <p>Performance against the waiting list size trajectory is overseen by the RTT Oversight Weekly Meetings and the monthly Elective Care Steering Group. The 6 Week Diagnostic Wait is also overseen by the monthly Elective Care Steering Group.</p> <p>Cancer Standards are overseen by the Cancer Steering Group.</p>
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Recommendations/ decisions required	The Trust Board accept, acknowledge and support the on-going plans to maintain and improve performance.
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Link to Trust Strategic Pillar				Link to Quality	
<p>Outstanding patient care and a focus on quality improvement in all that we do</p>	<p>Staff and volunteers feeling valued and involved in helping improve quality of care for patients</p>	<p>Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers</p>	<p>Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care</p>	<p>SAFE</p>	<p>EFFECTIVE</p>
				<p>CARING</p>	<p>RESPONSIVE</p>
				<p>WELL-LED</p>	

Risk(s) Ref	Risk(s) description	Risk(s) score
792	1. 4 Hour Standard	16
1357	2. RTT Standard	16
1917	3. Cancer	16

Implications and impact summary	Director Sign off	Dated
Financial and other resources (Expenditure / Income net value) Financial and other resources (Expenditure/Income net value)	N/A	
Operational Divisional Boards Divisional Performance Reviews Executive Committee Performance, People and Place Committee		
Workforce / HR HR	N/A	

Regulations and legal considerations	Quality consideration and impact on patient and carers
Regulatory Implications for some indicators – NHSi, CQC and Commissioners	Timely Intervention and Improved outcomes for patients

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.

Lead Executive Director	Jim O'Connell	Title	Chief Operating Officer
Report Author	Leighton Day	Title	Associate Director of Operational Performance
	Judith Ratledge		Diagnostics and Outpatients Director
	Amanda Fox		Women's Children and Sexual Health Director
	Simon Barson		Unscheduled Care Director
	Adam Busby		Planned Care Director