

BOARD OF DIRECTORS

September 2018

PERFORMANCE REPORT

INTRODUCTION

Please find enclosed the Performance Report for August 2018 which updates Directors on performance against key national targets.

EXECUTIVE SUMMARY

Performance – NHS Improvement (NHSI) Operational Performance Indicators

The Trust's position in relation to NHSI's operational performance indicators is as follows:

A&E 4 hour target

For CHSFT, performance for August was about the same as July at 89.4% and continues to under-perform against the 95% target and Provider Sustainability Funding (PSF) trajectory. This is predominantly due to the sustained level of high demand, particularly for main ED (type 1), and ongoing staffing pressures. Performance for September currently stands at 90.3% (as at 17th) due to ongoing demand and staffing pressures. An overarching action plan has been developed.

For STFT performance for August has remained about the same as July at 95.5% and the Trust continues to achieve the operating standard and PSF trajectory of 95.0%. Performance for September remains above target and currently stands at 96.3% (as at 17th).

National performance for August has increased to 89.7%. CHSFT has risen to the upper middle 25% of Trusts nationally and was ranked 60th out of 136 acute Trusts. STFT has moved up into the upper quartile of Trusts nationally and was ranked 16th out of 136 acute Trusts.

Referral to Treatment Time (RTT)

For CHSFT, performance has remained above target in August at 94.2% with all specialties achieving the target apart from T&O and Oral & Maxillo Facial Surgery.

STFT's performance is stable and has continued to perform well above target, at 96.0% in August, with achievement at both Trust and specialty level.

National performance for July remains stable at 87.8% and continues to fail the standard.

Diagnostics

Performance for August has continued to achieve the national operating standard for both Trusts. National performance in July was about the same as June at 2.8% and continues to fail the target.

Cancer targets (2 week, 31 and 62 day waits)

Due to cancer reporting timescales being 1 month behind, the performance report includes July's confirmed position.

CHSFT achieved all cancer waiting time standards with the exception of the 62 day targets for patients referred urgently by their GP (urological breaches in the main). Indicative performance for August indicates that both of these indicators are an ongoing risk, however all other cancer waiting time targets are currently being achieved.

At STFT, all cancer waiting time standards were achieved with the exception of 2WW in July. Gastroenterology and Colorectal Surgery continue to be subject to the formal performance escalation process relating to 2 week wait performance. A revised cancer pathway was successfully implemented during July, with a large proportion of patients going straight to test following clinical triage. However, indicative 2WW performance for August is currently below target due to capacity issues for Gastroenterology. The specialty are pursuing all available options to manage demand and increase capacity.

National performance for the 62 day standard has reduced in July and remains below target at 78.2%.

Improving Access to Psychological Therapies (IAPT) waiting times

STFT continues to meet all IAPT access and waiting time standards.

Performance - National Quality Requirements

VTE Risk Assessment - STFT

VTE risk assessment performance is submitted on a quarterly basis. The preliminary position for STFT is currently below the national target, however the breaches have not been fully validated and it is expected that once complete, performance will be on target.

RISKS

The following are considered to be risks to achievement of the targets going forwards:

- A&E 4-hour at CHSFT in September.
- Cancer – 62 day performance for GP referrals in August and September for CHSFT.
- Cancer – 2WW performance at STFT going forwards.

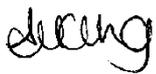
FINANCIAL IMPLICATIONS

Risks associated with PSF from a performance perspective are solely related to A&E performance. Providing the Trusts control totals are achieved, this equates to 30% of the funds available which increases to £390k for CHSFT and £177k for STFT during quarter 2. Both CHSFT and STFT need to achieve 95% in quarter 2 in order to secure this funding.

All contractual sanctions, except for ambulance diverts and deflections, are negated as part of a local system wide agreement with Sunderland and South Tyneside CCGs. During August CHS diverted / deflected away a small number of ambulances so will receive a small penalty. ST received ambulance diverts and deflections from other Trusts, therefore there is a small incentive expected.

RECOMMENDATIONS

Directors are asked to accept this report and note the risks going forwards.



Alison King
Director of Performance
19th September 2018