

Report Title	Integrated Quality & Performance Report – September 2020		
Sponsoring Executive	Dave Baker, Director of Partnerships and Innovation		
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Meeting	Trust Board	Date	5 th November 2020

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

Recovery and restoration under pressure from emerging CV19 impact.

- Cancer continues to improve the 31-day 94% vs 96% target and 62-day 78% vs 85% target, but has failed its 2WW target (for the very first time), delivering 90% vs 93% target; four areas were under target colorectal (92.9%), Urology (88%), Derm (83.8%) and Upper GI (67%).
- RTT delivery improving to 68% (8.6% behind plan) aiming to achieve the 92% standard at the end of Mar21; depending heavily on activity not being cancelled due to CV19.
- DM01 performance improves to 67% (26.7% behind plan) with 3,768 patients above 6 weeks and 1,829 above 13⁺ weeks. Patient's reluctance to attend is the main reasons for under performance. Plans to remove non responders back to the referrer will improve this.
- ED activity levels recovered to 81% of last year, same period in Sept heading towards 79% in October. Whilst attendances are falling again in October, lack of patient flow is causing higher than anticipated breaches, 12 hour DTAs and longer ambulance handovers. Patient flow projects in place to address this including up and coming NHS111 initiative due to go live on 20/11 which aims to stream patients more appropriately to other than ED settings (999 calls remain intact).
- Sepsis within the hour treatment showing significant improvement to 81% (60% prev best)
- Other September exceptions: Medication error with serious harm under investigation (Endoscopy); 1x MRSA case, the first this year are reported in September; C Section rates going up to c32% in month, readmissions at 9.6% but driven by Quality Plan group; complaints exceeding the response time sharply increasing to 32% in September
- A never event will be reportable in October IQPR
- The elective MRSA screen validity has been ratified at Oct PMC as follows: 42 days validity (6 weeks) for joints and 56 days validity for all other elective patients.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan	X	Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

QS, CLE, PMC, OMC, WD5 Group Distribution to Group Management

4. Recommendation(s)

The Trust Board is asked to:

- Note the performance for September 2020; and assure itself that performance of clinical indicators are in line with expectations or actions.
- Confirm that targets for RTT recovery by Mar21 and DM01 recovery by Nov20 are now fully in place and all groups and planned care team are monitoring against delivery.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	X	Numerous				
Board Assurance Framework	X	SBAF 11: Labour Supply and SBAF 14: Amenable Mortality				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed