

**Quality care – for you, with you  
REPORT SUMMARY SHEET**

Meeting: Date:	Trust Board Wednesday, 12 June 2019
Title:	<b>Year-End Assessment (Ministerial Targets) at March 2019</b>
Lead Director:	Aldrina Magwood, Director of Performance & Reform
Corporate Objective:	<ul style="list-style-type: none"> <li>➤ Promoting safe high quality care</li> <li>➤ Supporting people live long, healthy, active lives</li> <li>➤ Make best use of our resources</li> <li>➤ Improving our services</li> <li>➤ Being a great place to work - supporting, developing and valuing our staff</li> <li>➤ Working in partnership</li> </ul>
Purpose:	For Approval
<b>High Level Context</b>	
<p>The Year-End Assessment reference report attached, provides an internal assessment of Trust performance against the applicable 'Objectives and Goals for Improvement' (OGIs) at March 2019, as set out in the draft Commissioning Plan for 2018/2019.</p> <p>There are 65 of the 68 OGIs applicable to the Trust. Of note a number of the OGIs cannot be formally assessed due to time lag for information availability of data, however, have been assessed at latest available position by Directors. These OGIs are as follows:</p> <ul style="list-style-type: none"> <li>• 1.3 Breastfeeding – assessed at December 2018.</li> <li>• 1.10 Children in Care – Director's assessment;</li> <li>• 4.7 Ischaemic Stroke – assessed at January 2019; and</li> </ul> <p>Formal assessment of these OGIs is not anticipated until Quarter 2, 2019/2020.</p> <p>Of the 65 OGIs applicable to the Trust, 75% were assessed by the Trust as either Green or Amber i.e. achieved or partially achieved at year-end.</p> <p>Please note that the Commissioning Plan Direction OGIs for 2019/2020 are not yet finalised. Therefore, the next Trust Board Performance Report (July 2019 Trust Board for May &amp; June 2019 performance) will continue to report against the 2018/2019 OGIs until the 2019/20 Commissioning Plan direction and the Trust's response via the Trust Delivery Plan has been finalised.</p> <p>Appendix 1 of the Year-End Assessment Report includes an Emergency Department Snapshot Infographic for information.</p>	
<b>Summary of Key Issues / Points of Escalation</b>	
<p>Table 1 below provides a summary of the 68 OGIs, broken down by RAG status, comparing the Trust Delivery Plan (TDP) assessment and the year-end performance assessment.</p>	

SUMMARY: Of the 68 Objectives and Goals for Improvement/Targets, the Trust achieved the following breakdown, by RAG status:		TDP Assessment for 2018/2019		Performance Assessment for 2018/2019	
Green (G)	OGI Achieved	31	51	30	49
Amber (A)	OGI partially achieved	20		19	
Red (R)	OGI not achieved	14		16	
Blue (B)	Not applicable (Not a Trust OGI)	3		3	

**Table 1**

Table 2 below provides a summary of the outcome of the 68 OGIs, against their TDP assessment.

Outcome	Number of OGIs	Relevant OGIs
End of Year Assessment <b>Matching</b> TDP Assessment	48 (71%)	1.2; 1.4; 1.5; 1.8; 1.9; 1.11; 1.12; 1.13; 2.1; 2.2; 2.3; 2.5; 2.6; 2.7; 2.8; 3.1; 3.2; 3.3; 3.4; 3.5; 4.1; 4.2; 4.4; 4.6; 4.8; 4.9; 4.10; 4.11; 4.12; 4.13; 5.2; 5.3; 5.4; 5.6; 5.7; 6.1; 6.3; 7.4; 7.6; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.9; 8.10; 8.13
End of Year Assessment <b>Better Than</b> TDP Assessment	5 (7%)	2.4 Healthcare Acquired Infections (C Difficile and MRSA) TDP assessed <b>Amber</b> and End of Year Assessed <b>Green</b>  5.1. Direct Payments TDP assessed <b>Red</b> and End of Year Assessed <b>Green</b>  7.3. Hospital Cancelled Out-Patient Appointments TDP assessed <b>Amber</b> and End of Year Assessed <b>Green</b>  8.11 Q2020 Attributes Framework TDP assessed <b>Amber</b> and End of Year Assessed <b>Green</b>  8.12 Suicide Awareness and Training TDP assessed <b>Amber</b> and End of Year Assessed <b>Green</b>
End of Year Assessment <b>Less Favourable Than</b> TDP Assessment	9 (13%)	1.1 Tobacco Control TDP assessed <b>Green</b> and End of Year Assessed <b>Amber</b>  1.6 Children's Oral Health TDP assessed <b>Green</b> and End of Year Assessed <b>Amber</b>  1.7 Healthier Pregnancy Programme TDP assessed <b>Green</b> and End of Year Assessed <b>Amber</b>  4.5 Emergency Department (Triage to Treatment) TDP assessed <b>Green</b> and End of Year Assessed <b>Amber</b>  5.5 Direct Access Physiotherapy Services TDP assessed <b>Green</b> and End of Year Assessed <b>Amber</b>  6.2 Community Based Short Break TDP assessed <b>Amber</b> and End of Year Assessed <b>Red</b>  7.5 Acute Hospital Complex Discharges TDP assessed <b>Green</b> and End of Year Assessed <b>Amber</b>  8.7 Seasonal Flu Vaccine TDP assessed <b>Amber</b> and End of Year Assessed <b>Red</b>  8.8 Staff Sick Absence Levels TDP assessed <b>Green</b> and End of Year Assessed <b>Red</b>
Unable to provide end of year assessment due to reporting timeframes.	3 (4%)	1.3 Breastfeeding (at December 2018) TDP assessed <b>Amber</b> ; end of December Assessment <b>Amber</b>  1.10 Children in Care – Director's assessment; TDP assessed <b>Amber</b> ; end of March Director's Assessment <b>Amber</b>  4.7 Ischaemic Stroke (at January 2019) TDP assessed <b>Amber</b> r. end of January Assessment <b>Green</b>
OGI <b>Not Applicable</b> to SHSCT	3 (4%)	4.3; 7.1; 7.2

**Table 2**

### **Summary of SMT Challenge and Discussion:**

- SMT members have reviewed and considered the assessments presented against each applicable Trust OGI and agreed in advance of the Year-End Assessment Report being submitted to Trust Board.
- SMT members paid particular focus on those areas which presented less favourable performance than expected.

### **Internal / External Engagement**

- Formal communications regarding unscheduled care pressures are being managed centrally via HSCB communications.

### **Human Rights / Equality:**

- The equality implications of actions taken are considered and equality screening is carried out on individual actions as appropriate.

