

AGENDA ITEM NO 8.1

Meeting/ Committee:	Board of Directors	Meeting Date:	25 th February 2014
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This paper is for:	Action/Decision	Assurance X	Information
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Title:	Trust Performance Report
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Purpose:	The purpose of this report is to inform the Board of Directors of the trust's performance against current national indicators and local targets.
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Summary:	<p>The paper provides a summary of performance in January 2014 against all the key national targets and a range of local performance indicators.</p> <p>Section 1: Monitor Compliance</p> <p>In January there were 2 reported cases of C-Difficile taking the accumulated position to 49 for the year to date and the trust is above the end of year target.</p> <p>The 4 hour A&E target was achieved at 96.93% in January 2014.</p> <p>The trust can confirm that all the cancer targets were met in December.</p> <p>A significant improvement in compliance against the 62 day first definitive treatment target was achieved in December resulting in compliance of all the cancer targets at the end of Q3.</p> <p>The trust is compliant with the 18 week targets for the incomplete and non-admitted pathways in January, however has failed the admitted target in January with a compliance of 85.15%.</p> <p>The community information dataset (CIDS) data completeness levels continues to be achieved and the trust will remain compliant these Monitor requirements.</p> <p>Sections 2, 3, & 4: Local Contractual Acute and Community Performance</p> <p>The trust has failed 18 weeks targets at CCG level for some specialties for admitted, non-admitted and incomplete pathways.</p> <p>There were 3 breaches of the 28 day rebooking target. All patients have agreed new surgery dates.</p> <p>All community outcome measures have been achieved.</p> <p>Work continues on the action plan for the APMS GP performance section indicators.</p> <p>Section 5: HR Measures:</p> <p>The trust's sickness level in January is 4.59% which is above the target of 3.9%.</p>
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Recommendation:	The Board of Directors is asked to note the in year performance and the actions being taken to address the targets.
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Implications	Legal	Financial X	Clinical X	Strategic X	Risk & Assurance X
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2013/14 Performance Report
Monitor Risk Assessment Framework

South Tees Hospitals
NHS Foundation Trust



Category	Performance Indicator Information	2013/14												Latest Quarterly position	2013/14 target	Current Indicative Quarter Governance Risk Rating	Previous Quarters Governance Risks			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Q3 2013/14	Q2 2013/14	Q1 2013/14	
		STHFT Performance																		
Meeting national access targets and outcome measures																				
	Admitted Pathways - % Referral to treatment waiting times within 18 weeks	87.9%	89.3%	86.3%	86.8%	85.9%	86.4%	86.9%	85.5%	87.2%	85.1%				85.1%	90%		Yes	Yes	Yes
	NON-Admitted Pathways - % Referral to treatment waiting times within 18 weeks	99.1%	99.7%	99.1%	99.0%	99.2%	98.9%	98.7%	98.2%	98.1%	98.3%				98.3%	95%		No	No	No
	Incomplete Pathways - % of patients on an RTT pathway waiting 18 weeks or less	93.9%	94.1%	94.1%	94.7%	94.0%	94.6%	93.9%	94.6%	93.3%	94.9%				94.9%	92%		No	No	No
	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95.5%	96.2%	97.1%	97.1%	96.6%	96.6%	96.6%	96.3%	95.6%	96.9%				96.4%	95%		No	No	No
*Cancer results for the current month are predicted values only																				
ACCESS	Cancer waits 2 week wait target	94.4%	95.5%	96.3%	95.6%	94.7%	96.5%	96.0%	94.7%	94.7%	94.7%				94.7%	93%		No	No	No
	2 week wait breast symptom referrals - % seen within 2 weeks	97.7%	95.9%	96.7%	95.9%	95.7%	97.3%	98.9%	95.7%	93.8%	98.2%				98.2%	93%		No	No	No
	Cancer wait 31 day wait for first definitive treatment for all cancers	97.3%	99.2%	97.3%	98.6%	97.3%	99.0%	99.0%	99.0%	98.6%	99.0%				98.9%	96%		No	No	No
	Cancer wait 31 day wait for subsequent drug treatments for all cancers	98.9%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	98.7%	100.0%				96.7%	98%		No	No	No
	Cancer wait 31 day wait for subsequent surgery treatments all cancers	100.0%	95.7%	98.0%	96.3%	97.8%	97.6%	98.4%	100.0%	100.0%	100.0%				100.0%	94%		No	No	No
	Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers	100.0%	98.8%	99.3%	99.4%	100.0%	98.7%	96.2%	97.2%	98.8%	98.8%				99.3%	94%		No	No	No
	Cancer wait 62 day wait for the first definitive treatment for all cancers	88.4%	86.9%	82.6%	82.9%	85.9%	82.5%	81.8%	82.5%	82.5%	92.1%				81.6%	85%		No	Yes	Yes
	Cancer wait 62 day wait for first definitive treatment following consultant upgrade	100.0%	100.0%	91.7%	100.0%	85.7%	90.9%	100.0%	100.0%	100.0%	100.0%				100.0%	85%		No	Yes	Yes
	Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.	100.0%	66.7%	75.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%				100.0%	90%		No	Yes	Yes
	Clostridium difficile (cumulative position)	3	10	3	4	2	8	3	4	10	2				49	37		Yes	Yes	Yes
	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability.																	No	No	No
	Community services data set - RTT data completeness	86.7%	85.6%	91.7%	93.2%	91.8%	93.6%	94.8%	95.6%	95.6%	95.0%				93.1%	50%		No	No	No
Community services data set - Referrals activity data completeness	95.8%	96.6%	98.2%	98.7%	98.8%	98.1%	98.4%	98.4%	98.4%	97.1%				98.0%	50%		No	No	No	
Community services data set - Care contact activity data completeness	98.1%	98.5%	99.2%	100.0%	99.9%	94.4%	99.7%	99.7%	99.7%	97.5%				98.6%	50%		No	No	No	

Category	2013/14												2013/14 Month / Year to date position	2013/14 target	Current Quarter Governance Risk	Previous Quarters Governance Risks	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar					
Performance Indicator Information																	

Care Quality Commission judgments

Number of CQC judgements received during the month.
This includes any CQC warning notices issued; plus any CQC civil or criminal actions.

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
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Third Party Reports

Governance Risk raised by Monitor as a consequence of third party information. This information could be supplied to Monitor by the Trust or brought directly to them from other sources, and may include ad hoc reports from GMC, the Ombudsman, Commissioners, Healthwatch England, Auditor reports, Health and Safety Executive, etc.

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
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Quality Governance Indicators

Patient Metrics - Patient Satisfaction (Using the Trust's Friend's & Family Test score comparison against the national average as a proxy)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	76	81	80	83	79	76	79	81	80	64		
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Staff Metrics - Executive team turnover (includes all executive and non-executive directors). Reported over a 12 month rolling period

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	0%	0%	0%	0%	0%	0%	7%	0%	0%	0%		
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Staff Metrics - staff satisfaction

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	4.15%	3.81%	3.73%	3.93%	3.88%	4.06%	4.35%	4.19%	4.49%	4.59%		
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Staff Metrics - sickness / absence rate (in month)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	78											
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Staff Metrics - proportion of wte temporary staff (Bank, Agency & Locum)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	7%											
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Staff Metrics - staff turnover (reported over a 12 month rolling period)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	9.24%	9.21%	9.39%	8.45%	9.09%	9.10%	9.09%	9.00%	8.96%	7.65%		
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Cost reduction plans as a proportion of income (Expected level nationally is around 4 - 5%. Locally, if levels exceeds 5% this would need to be reviewed in light of any potential quality governance concerns that may impact on quality and patient safety.)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%		
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Financial Risk

Continuity of Service risk rating. Monitor expect well-governed trusts to remain solvent and to be able to demonstrate financial efficiency and robust financial planning and decision making processes. Where Monitor identifies a material risk to a trust's financial sustainability or overall compliance with the continuity of service licence, it will consider whether this also reflects a governance issue.

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2	2	2	2	2	2	2	2	2	2		
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Explanation of Monitor governance triggers:

Category	Access and outcome metrics	CQC Judgements	Third Party Reports	Quality Governance Indicators	Financial Risk
Governance concerns triggered by:	3 consecutive quarter breaches of a single access target or breaching target for year.	CQC warning notice issued or CQC civil / criminal action.	Judgement will be based on the severity and frequency of reports received. (Monitor's initial response will likely be to request further information from the Trust)	Material risk highlighted by governance indicators and confirmed by Monitor through further information and assessment. Trust will be expected to address specific risk through an action plan.	Breaching the Continuity of Service licence condition

Summary of Risk Assessment Framework Governance rating

Category	Access and outcome metrics	CQC Judgements	Third party Information	Quality Governance Indicators	Financial Risk
Current Quarter Governance Concerns Triggered	Amber	Green	Green	Green	Amber
Previous Quarters Governance Risks	Q3 2013/14	Q2 2013/14	Q1 2013/14		
	Amber	Amber	Amber	Green	Green

Continuity of Service Risk Rating

Rating	Description	Regulatory Activity
4	No evident concerns	None
3	Emerging or minor concern potentially requiring scrutiny	None
2*	Level of risk material but stable (Only Monitor can assign a 2* rating)	None
2	Material Risk	Consideration for potential investigation
1	Significant Risk	Potential investigation. Potential appointment of contingency planning team.

South Tees Hospitals NHS Foundation Trust Monthly Performance Report

1. Monitor Compliance Framework

Healthcare Associated Infections

There were 2 reportable C-Difficile cases in January and the trust is reporting a total of 49 cases against a maximum number of 37 cases. Work continues against the action plan and further information can be found in the supplementary pack.

Cancer Waiting Times

In December 2013 the trust was successful in meeting all cancer targets. The 62 day compliance was significantly improved on previous performance standing at 92.1% (against an 85% target).

The trust was therefore compliant with all cancer targets at the end of Q3.

As anticipated there were a number of patients who chose to delay their treatment until after Christmas or New Year, and indicative figures suggest that the trust will be compliant with all cancer targets in January, with the exception of the 62 day target. The breach reasons include late referrals, patient choice, complex pathways and medical delays.

18 week referral to treatment times

The trust has met the 18 week non-admitted target and the incomplete target.

The trust as planned has failed to meet the admitted standard (achieving 85.1% against a target of 90%) due to the on-going work to address the long waiting patient backlog. Revised plans and trajectories demonstrate delivery of the 18 week admitted pathways at an aggregate level in May 2014. However, the trust will continue to undertake some additional work during the Q4 period in an attempt to achieve compliance earlier.

As part of the sustainability plan for 18 weeks the trust has held a capacity and demand training workshop and all directorates are expected to produce a 2 year capacity and demand plan for elective activity by the end of February.

18 week trajectory graphs and updated plans can be found in the 18 week section of the supplementary pack.

A & E 4 hour waiting time

The trust maintained compliance against the 4 hour A&E target with a compliance of 96.93% in January.

The trust submits A & E data on a weekly basis to Monitor as part of the national winter requirement of NHS trusts instigated by the Secretary of State for Health. This is submitted by hospital site rather than as a total trust and is followed up with a phone call from Monitor if compliance at any site is below the 95% standard. A weekly report for Monitor is produced by the trust detailing the numbers of A & E attendances per day, the number of breaches of the 4 hour target, the reasons for

breaches and the actions being taken to address improvement. Monitor will escalate trust responses to the Secretary of State who can then make contact with the Chief Executive of the trust to seek any further assurances.

Detailed A & E reports can be found in the supplementary information pack.

Community Services Information Dataset

The trust continues to meet Monitor's data completeness levels in January with referral-to-treatment data 96.23%, referral data 98.71% and care contact activity data 99.78%.

2. Acute Services Contractual Requirements

18 week referral to treatment times at Specialty and CCG level

The trust did not meet the 18 week standards at specialty and CCG level for all the admitted, non-admitted and incomplete pathways. Patients are admitted by clinical priority and chronological order in accordance with best practice.

Delayed transfers of care (acute)

Delayed transfers of care as a % of total bed days has risen in January to 4.28% which is above the 4% threshold. The trust continues to work with its partners to maintain a below threshold level.

28 Day Rebooking Target

There were 3 breaches of the 28 day rebooking target. All patients have been contacted and re-appointed new dates to come in for their surgery.

3. Community services contractual requirements

All performance measures have been achieved.

4. Alternative Provider Medical Services (APMS) contract - KPI Report

Areas for improvement remain cervical screening, body mass index (BMI) and smoking. The action plan has been implemented and small improvements can be seen already around BMI, smoking. The practice continues to set itself monthly targets of patients to contact and is over achieving on this.

5: HR

The sickness rate increased in January for the third month running and now stands at 4.59%, an overall increase of 0.10% on the previous month. This is the largest recorded rate since February 2013. However this now gives the trust an average of 4.12% for the year to date; above the target of 3.9%.

The overall trust figure for the number of staff with a valid Staff Development Review actually decreased in January by 0.27% and now stands at 73.39%. Only 8 divisions/directorates showed an increase in their compliance figure compared to December 2013.