

Meeting/ Committee:	Board of Directors			Meeting Date:	26 th November 2013
This paper is for:	Action/Decision	Assurance X	Information		
Title:	Trust Performance Report				
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.				
Summary:	<p>The paper provides a summary of the performance in October 2013 against all the key national targets and a range of local performance indicators.</p> <p>Section 1: Monitor Compliance</p> <p>In October there were 3 reported cases of C-Difficile taking the accumulated position to 33 for the year to date which is above the trajectory.</p> <p>The 4 hour A&E target was achieved at 96.6% in October.</p> <p>The trust met all of the cancer targets in September with the exception of the 62 day first definitive treatment target. Therefore, at the end of the Q2 period the trust is compliant with all cancer targets except the 62 day first definitive treatment target.</p> <p>Indicative figures for October show that the 62 day first definitive treatment target will remain non-compliant but the trust is working through a number of actions to improve the position going forward. Due to one shared breach and only 3.5 treatments the 62 day screening target is non-compliant but this is not a confirmed position currently.</p> <p>The trust was fully compliant with the 18 week targets for the incomplete and non-admitted pathways in October. The trust failed the admitted target in October with a compliance of 86.9%, although a marginal improvement upon September's position.</p> <p>As the trust has failed 3 consecutive quarters for the 18 week admitted pathways target, Monitor have automatically instigated an investigation into the trust's compliance with its licence. The trust has revised the 18 week plans and trajectories which demonstrate delivery of the aggregate position in May 2014.</p> <p>The community information dataset (CIDS) data completeness level has been achieved and the trust remains compliant with the 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.</p> <p>All community outcome measures have been achieved.</p> <p>Work continues on the action plan for the APMS GP performance section indicators and improvements have been made in compliance with the cervical screening and weight management targets.</p> <p>Section 5: HR Measures: The trust's sickness level has increased to 4.35% in October. This is above the target of 3.9%.</p>				
Prepared By:	Sarah Danieli, Head of Performance Management		Presented By:	Susan Watson, Director of Operational Services.	
Recommendation:	The Board of Directors is asked to note the in year performance and the actions being taken to address the targets.				
Implications	Legal	Financial X	Clinical X	Strategic X	Risk & Assurance X



Performance Indicator Information	Monitor weighting	2013/14												2013/14 Month / Year to date position	2013/14 target	Current Quarter Compliance Score	Previous Quarters Compliance ratings							
		2013/14						2013/14									Q1 2013/14	Q4 2012/13	Q3 2012/13					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar											
Clostridium difficile	1.0	3	10	3	4	2	8	3							33	37	1.0	1.0	0	0				
Reducing Post 48 hour MRSA Bacteremias rates (cumulative position)	1.0	0	0	0	0	0	0	0							0	6*	0	0	0	0				
*Cancer results for the current month are predicted values only																								
Cancer wait 2 week wait target	0.5	94.4%	95.5%	96.3%	95.6%	94.7%	96.5%	96.0%										0	0	0				
2 week wait breast symptom referrals - % seen within 2 weeks		97.7%	95.9%	96.7%	95.9%	95.7%	97.3%	98.9%	93%										0	0	0			
Cancer wait 31 day wait for first definitive treatment for all cancers	0.5	97.3%	99.2%	97.3%	98.6%	97.3%	99.0%	99.3%										0	0	0				
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%	96%										0	0	0			
Cancer wait 31 day wait for subsequent surgery treatments all cancers	1.0	100.0%	95.7%	98.0%	96.3%	97.8%	97.6%	98.3%										0	0	0				
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers		100.0%	98.8%	99.3%	99.4%	100.0%	98.7%	96.1%	94%										0	0	0			
Cancer wait 62 day wait for the first definitive treatment for all cancers	1.0	88.4%	86.9%	82.6%	82.9%	85.9%	82.5%	81.6%										1.0	1.0	0				
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%	85%										1.0	0	0			
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%	85.7%	90%										1.0	0	0			
Admitted Pathways - % Referral to treatment waiting times within 18 weeks	1.0	87.9%	89.3%	86.9%	86.8%	85.9%	86.4%	86.9%										1.0	1.0	0				
NoN-Admitted Pathways - % Referral to treatment waiting times within 18 weeks	1.0	98.1%	99.7%	99.1%	99.0%	99.2%	98.9%	98.7%										0	0	0				
Incomplete Pathways - % of patients on an RTT pathway waiting 18 weeks or less	1.0	93.9%	94.1%	94.1%	94.7%	94.0%	94.6%	93.9%										0	0	0				
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	1.0	95.5%	96.2%	97.1%	97.1%	96.6%	96.6%	96.6%										0	0	0				
Community services data set - RTT data completeness	1.0	88.7%	85.6%	91.7%	93.2%	91.8%	93.6%	94.8%										0	0	0				
Community services data set - Referrals activity data completeness		95.8%	96.6%	98.2%	98.7%	98.8%	98.1%	98.4%	50%									0	0	0				
Community services data set - Care contact activity data completeness		98.1%	98.5%	99.2%	100.0%	99.9%	94.4%	99.7%	50%									0	0	0				
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability.	0.5																	0	0	0				
* MRSA target for Monitor is 6																	Q2 2013/14		Q1 2013/14		Q4 2012/13		Q3 2012/13	
																	3.0		3.0		1.0		0.0	

Explanation of Monitor scoring

- No material concerns.
- Limited concerns around governance score. No monitor intervention anticipated and no requirement to submit monthly monitoring
- Material concerns around governance score. Actions plan may be required if Monitor deem this a significant breach of Authorisation.
- Significant governance issues with likely or actual significant breach of authorisation. Requires detailed action plans and regular updates on progress in its delivery.
- Red governance risk rating is also assigned where key performance indicators (with a Monitor weighting of 1.0) fall over three consecutive quarters.

South Tees Hospitals NHS Foundation Trust Monthly Performance Report

1. Monitor Compliance Framework

Healthcare Associated Infections

There were 3 reportable C-Difficile cases in October and the trust remains above the trajectory. The trust is participating in a regional webinar on healthcare associated infections on 20th December. Work continues against the action plan and an update of this can be found in the supplementary pack.

Cancer Waiting Times

In September the trust was successful in meeting all the cancer targets with the exception of the 62 day first definitive treatment. Therefore at the end of the Q2 period the trust is compliant with all the cancer targets with the exception of the 62 day first definitive treatment target. The main reason for the breaches is late referrals (representing 32.6% of breaches), complex diagnostic pathways (more than 1 tumour or an unknown primary) (14% of breaches) and patient choice (11.6% of breaches).

Early indications for October show that the trust will be compliant with all the cancer targets with the exception of the 62 day first definitive treatment target and the 62 day screening target. Further validation is required for the screening target as there were only 3.5 treatments and one shared breach (0.5) and further treatments will improve compliance for October.

An updated action plan to improve the position going forward and more detailed analysis of the breaches can be found in the supplementary pack.

18 week referral to treatment times

The trust met the 18 week non-admitted target (98.7% against a target of 95%) and the incomplete target (93.9% against a target of 92%).

The trust failed to meet the admitted standard (86.9% against a target of 90%) due to the on-going work to address the long waiting patient backlog and has now failed 3 consecutive quarters resulting in an automatic investigation by the national regulatory body Monitor. Plans and trajectories have been revised demonstrating delivery of the 18 week admitted pathways in May 2014.

18 week trajectory graphs and modelling 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 96.6% in October.

Community Services Information Dataset

The trust continues to meet Monitor's data completeness levels in October with referral-to-treatment data completeness 94.8%, referral activity data completeness 98.4% and care contact activity data completeness 99.7%.

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 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 percentage of total bed days are well below the 4% threshold at 2.7%. The trust continues to improve the average length of stay for patients requiring a transfer to a community bed or intermediate care.

28 Day Rebooking Target

There were 3 breaches of the 28 day rebooking target. All patients have new dates with the exception of one patient but arrangements are in place for the patient to agree a new date in orthopaedics.

3. Community services contractual requirements

All performance measures have been achieved.

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

Areas for improvement for both Primary Care Practices remain around Cervical Screening, BMI and Smoking. The action plan continues to be driven by the Office Managers from both practices. Monthly meetings continue to discuss progress made and set targets for the forthcoming month.

5. HR

The sickness rate has increased again in October at 4.35%, an overall increase of 0.29% on the month. However, this is an overall rise of just 0.62% since June this year. A dedicated working group continues to move forward and monitor a number of key objectives in partnership with staff side, to support improvement in the management of attendance and improve employee health and well-being.

The overall trust figure for the number of staff with a valid Staff Development Review fell last month and now stands at 71.66% (71.80% September). However 9 areas showed an increase in their compliance figure compared to September.