

AGENDA ITEM NO 8.2

Meeting/ Committee:	Board of Directors	Meeting Date:	29 th April 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 March 2014 and at the end of the year (13/14) against all the key national targets and a range of local performance indicators.</p> <p>Section 1: Monitor Compliance</p> <p>In March there were 3 reported cases of C-Difficile taking the accumulated position to 57 for the end of the year and the trust is above the end of year target of 37 cases.</p> <p>The 4 hour A&E target was achieved at 97.8% in March 2014.</p> <p>In February 2014 the trust was compliant with all cancer targets with the exception of the 62 day first definitive treatment target; compliance reported was 81.3% (against an 85% target).</p> <p>Indicative figures for March show that the trust is compliant with all the cancer targets.</p> <p>The trust is compliant with the 18 week targets for the incomplete and non-admitted pathways in March. The trust failed the admitted target in March with a compliance of 86.6% but is progressing well against the plan to deliver the aggregate position at the end of May.</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 6 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>APMS GP performance section - the trust has now submitted KPI activity for the full year and some significant improvements have been made.</p> <p>Section 5: HR Measures:</p> <p>The trust's sickness level in March is 4.15% which is above the target of 3.9%.</p> <p>Section 6: CQUIN Update: an update on the CQUIN measures is included.</p>
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Prepared By:	Sarah Danieli, Head of Performance Management	Presented By:	Susan Watson, Chief Operating Officer.
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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			
ACCESS	Meeting national access targets and outcome measures																					
	Admitted Pathways - % Referral to treatment waiting times within 18 weeks	87.9%	89.3%	86.9%	86.8%	85.9%	86.4%	86.9%	85.5%	87.2%	85.1%	85.8%	86.6%	85.9%	90%	Yes	Yes	Yes	Yes	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%	98.5%	98.5%	98.4%	95%	No	No	No	No	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%	95.7%	96.5%	95.7%	92%	No	No	No	No	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%	98.0%	97.8%	96.7%	95%	No	No	No	No	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%	94.6%	95.3%	95.4%	95.1%	93%	No	No	No	No	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%	95.7%	96.5%	96.7%	93%	No	No	No	No	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%	98.6%	99.0%	98.9%	97.3%	97.3%	97.9%	96%	No	No	No	No	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%	98.7%	100.0%	98.1%	100.0%	100.0%	100.0%	98%	No	No	No	No	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%	98.6%	99.5%	94%	No	No	No	No	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%	99.4%	99.4%	99.5%	99.4%	94%	No	No	No	No	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%	92.1%	81.7%	81.3%	88.2%	83.4%	85%	No	Yes	Yes	Yes	Yes	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%	88.9%	100.0%	80.0%	80.0%	85%	No	Yes	Yes	Yes	Yes	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%	94.1%	94.4%	95.5%	90%	No	Yes	Yes	Yes	Yes	Yes	Yes
	Clostridium difficile (cumulative position)	3	10	3	4	2	8	3	4	10	2	5	3	37		Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability.															No	No	No	No	No	No	No
	Community services data set - RTT data completeness	88.7%	85.6%	91.7%	93.2%	91.8%	93.6%	94.8%	95.6%	95.0%	96.2%	96.1%	96.8%	93.9%	50%	No	No	No	No	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%	97.1%	98.7%	98.7%	98.8%	98.2%	50%	No	No	No	No	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%	97.5%	99.8%	99.7%	99.8%	98.8%	50%	No	No	No	No	No	No	No	

Category	Performance Indicator Information	2013/14												STHT Performance	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					

CQC	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.	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	No	No	No
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THIRD PARTY REPORTS	Third Party Reports	Information 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.														No	No	No
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QUALITY GOVERNANCE	Quality Governance Indicators	<p>Patient Metrics - Patient Satisfaction (Using the Trust's Friend's & Family Test score comparison against the national average as a proxy)</p> <p>Staff Metrics - Executive team turnover (includes all executive and non-executive directors). Reported over a 12 month rolling period</p> <p>Staff Metrics - staff satisfaction</p> <p>Staff Metrics - sickness / absence rate (in month)</p> <p>Staff Metrics - proportion of wte temporary staff (Bank, Agency & Locum)</p> <p>Staff Metrics - staff turnover (reported over a 12 month rolling period)</p> <p>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.)</p>	76	81	80	83	79	76	79	81	80	64	76	74	77	> 64.2	No	No	No
		Criteria / metric thresholds not yet defined by Monitor.	0%	0%	0%	0%	0%	0%	0%	7%	0%	0%	0%	7%	13%	To be agreed	No	No	No
		WTE information for bank and agency not currently available. Under review.	4.15%	3.81%	3.73%	3.93%	3.88%	4.06%	4.35%	4.19%	4.49%	4.59%	4.62%	4.15%	4.16%	<5.5%	No	No	No
			9.24%	9.21%	9.39%	8.45%	9.09%	9.10%	9.09%	9.00%	8.96%	9.24%	9.19%	9.69%	9.14%	<15%	No	No	No
			<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	No	No	No

FINANCIAL RISK	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 trusts financial sustainability or overall compliance with the continuity of service licence, it will consider whether this also reflects a governance issue.	Continuity of Service rating system started October 2013	2	2	2	2	2	2	2	2	2	2	2	3	2			
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Explanation of Monitor governance triggers:

Category	Access and outcome metrics	Governance concerns triggered by:	3 consecutive quarter breaches of a single access target or breaching target for year.
CQC Judgements			CQC warning notice issued or CQC civil / criminal action.
Third Party Reports			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)
Quality Governance Indicators			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.
Financial Risk			Breaching the Continuity of Service licence condition

Category	Access and outcome metrics	Rating	Description	Regulatory Activity
		Green	No categories triggering a governance concern	None
		Amber	Local RAG rating to indicate where a metric has breached in the quarter but has not yet triggered a governance concern.	None
		Red	Monitor instigated formal regulatory action due to unresolved governance concerns as a result of one or more categories triggering governance issues; OR a breach of the governance licence condition with formal condition.	Consideration for potential investigation Potential investigation. Potential appointment of contingency planning team.

Summary of Risk Assessment Framework Governance rating

Category	Access and outcome metrics	CQC Judgements	Third party Information	Quality Governance Indicators	Financial Risk
2013/14 Q3	Amber	Green	Green	Green	Green
2013/14 Q2	Amber	Green	Green	Green	Green
2013/14 Q1	Amber	Green	Green	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 3 reportable C-Difficile cases in March and the trust is reporting a total of 57 cases against a maximum number of 37 cases at the end of the year. An updated action plan and further information can be found in the supplementary pack.

Cancer Waiting Times

In February 2014 the trust was compliant with all cancer targets with the exception of the 62 day first definitive treatment target; compliance reported was 81.3% (against an 85% target).

For March early indications show that the trust will be compliant with all the cancer targets. The key challenge to delivery continues to be available elective capacity for urology cases and the late referrals received from other trusts impacting upon the lung pathway. Both endoscopy and breast services continue to be under pressure with increasing demand on both services. It is predicted that compliance for the Q4 period will be below the 85% target but further validation is still required.

A number of actions have been taken to address the issues including plans for the breast service to increase capacity and improve the patient pathway, a new diagnostic service (EBUS) is to commence soon at James Cook to further improve the patient pathway for lung patients and the trust is working collaboratively with other local providers to improve the timeliness of referrals. An updated action plan can be found in the supplementary pack.

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 86.6% against a target of 90%) due to the on-going work to address the long waiting patient backlog. Good progress is being made towards delivery of the 18 week plans and work continues with a small number of teams to mitigate risks and ensure the organisation achieves delivery as planned at the end of May.

The Intensive Support Team continues to support the trust and visited on 9th and 15th April to assess the progress being made against the trajectory. Further visits are arranged for 23rd and 29th April and 6th May.

18 week graphs and updated sustainability 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 97.8% in March.

Community Services Information Dataset

The trust continues to meet Monitor's data completeness levels in March with referral-to-treatment data 96.8%, referral data 98.8% and care contact activity data 99.8%.

Year End Monitor Compliance Framework

The year end figures against all the national requirements provisionally indicate good performance and the trust has achieved an amber governance risk status for 2013/14 for non-compliance with the 18 week admitted target and the C-Difficile year end target.

The trust remains under formal investigation of its licence by Monitor as a result of failing at least 3 consecutive quarters of the 18 week admitted target. The trust awaits formal feedback from Monitor following a meeting between the two organisations at the end of February.

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 in March has increased marginally on February's performance to 3.24% but this is still below the 4% threshold. The trust continues to work with its partners to maintain a level below the threshold.

28 Day Rebooking Target

There were 6 breaches of the 28 day rebooking target. All patients have been contacted and agreed new admission 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

Marske Medical Centre and Resolution Health Centre have improved performance in the challenging areas, with some individual indicators rising by 20%. This has been achieved by both practices dedicating time and resources to developing and implementing an action plan to support the improvements. For 2014/15, a similar approach will be adopted once the trust has agreed the key performance indicators with the commissioners.

5: HR

The monthly sickness rate has reduced in March in comparison to February's performance achieving 4.15%. This is the lowest rate since September but now gives the trust an average of 4.16% for the year to date which is still above the target of 3.9%.

The overall trust figure for the number of staff with a valid Staff Development Review decreased again in March and now stands at 71.87%. 8 areas are meeting compliance at the end of the year. SDR performance will continue to be discussed with all areas at quarterly performance reviews.

6: CQUIN Update

National Measures

NHS Safety Thermometer

The Q4 target was renegotiated with commissioners to recognise the considerable work done to reduce the prevalence of pressure ulcers. The trust has met the revised Q4 target.

NHS Tees CCGs and NHS Hambleton, Richmond and Whitby CCG

6 - Planned Care

	Q4 actual	Target	Loss of income
6A (i) - EWS: % of patients in audit sample in whom frequency of observations is prescribed	88.3%	95%	£327K
6A (iii) - EWS: If EWS triggers has it been documented on the chart and appropriate action taken	63.0%	70%	

7 – Acute / urgent care

	Q3 actual	Target	Loss of income
7A - % of patients that have triggered the EWS who have a sepsis screening tool completed	91.4%	95%	£226K

Although these targets have not been met, there has been steady progress across the year particularly in relation 6A (iii) and 7A. Discussions will be held with the commissioners as the target was not met in March but was met for the quarter and is strongly influenced by small numbers.

There are still a number of measures to be confirmed.