

Meeting / Committee:	Board of Directors		Meeting Date:	31 st July 2012	
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 June 2012 against all the key national targets and a range of local performance indicators.</p> <p>Section 1: Monitor Compliance All cancer targets were achieved in May with the exception of the 62 day screening target and the 62 day first definitive treatment target. Indicative figures for June show that the 62 day screening target has been achieved but the 62 day first definitive treatment target is non-compliant with the standard. These figures are indicative and will be confirmed in the August report but the prediction at the end of quarter 1 is that the trust will fail both targets and therefore will be declaring an amber red status.</p> <p>All the 18 week targets including the new standard of 92% for incomplete pathways have been achieved. The community services data completeness standards remain below target as predicted.</p> <p>The community information dataset data completeness level remains below the 50% Monitor compliance threshold for referral and contact data, but as predicted it is expected that by September, these will be fully compliant with the Monitor requirements with compliance declared in Q3.</p> <p>Sections 2, 3 & 4: Local Contractual Acute and Community Performance The trust has achieved the 18 week target at PCT level for non admitted pathways but did not achieve this for some PCTs for admitted and incomplete pathways.</p> <p>There have been 4 breaches of the 28 day rebooking target.</p> <p>There have been no breaches of the diagnostic target.</p> <p>All community outcome measures have been achieved.</p> <p>The APMS GP performance section contains a broad spectrum of key performance indicators. Some areas are not meeting the desired level of performance and are under review with action plans being implemented.</p> <p>Section 5: HR Measures Local targets for sickness absence have been agreed for each Division/Corporate Directorate and currently only 5 areas are on track to achieve their target. In June the organisational absence rate showed an overall decrease of 0.19% on the previous months recorded figure. The trust is behind plan on its appraisal target although there has been some improvement in comparison to the previous month.</p>				
Prepared By:	Mrs Sarah Danieli, Head of Performance Management.	Presented By:	Mrs 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

South Tees Hospitals NHS Foundation Trust
Monthly Performance Report



2012/13 Performance Report Dashboard

Monitor Compliance Framework

Acute Targets - National Requirements

Performance Indicator Information	Monitor weighting	2011/12						2012/13						STHFT Performance		Current Quarter Compliance Score	Previous Quarters Compliance ratings		
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	2012/13 Month / Year to date position	2012/13 target		Q4 2011/12	Q3 2011/12	Q2 2011/12
Clostridium difficile (cumulative position)	1.0	50	57	59	62	66	67	3	9	16				16	80	0	0	0	0
Reducing Post 48 hour MRSA Bacteremias rates (cumulative position)	1.0	1	1	1	2	2	2	0	0	0				0	6*	0	0	0	0
*Cancer results for the current month are predicted values only																			
Cancer waits 2 week wait target	0.5	93.3%	95.7%	95.8%	96.8%	95.6%	94.9%	93.8%	95.7%	93.2%				94.3%	93%	0	0	0	0.5
2 week wait breast symptom referrals - % seen within 2 weeks		96.3%	95.2%	88.5%	98.1%	97.3%	99.1%	99.1%	97.4%	97.1%				97.8%	93%				
Cancer wait 31 day wait for first definitive treatment for all cancers	0.5	99.6%	99.7%	98.5%	98.8%	98.9%	98.9%	99.6%	99.6%	98.4%				99.2%	96%	0	0	0	0
Cancer wait 31 day wait for subsequent drug treatments for all cancers	1.0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	98.1%				99.0%	98%	0	0	0	0
Cancer wait 31 day wait for subsequent surgery treatments all cancers		100.0%	98.1%	97.6%	94.9%	100.0%	100.0%	100.0%	97.9%	98.3%				98.7%	94%				
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers		99.2%	96.8%	98.1%	97.9%	97.0%	100.0%	100.0%	98.5%	99.2%				99.2%	94%				
Cancer wait 62 day wait for the first definitive treatment for all cancers	1.0	90.5%	88.1%	86.4%	88.3%	82.7%	86.5%	85.3%	82.9%	83.9%				84.0%	85%	1.0	0	0	0
Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.		100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	85.7%	80.0%	90.9%				87.0%	90%				
Admitted Pathways - % Referral to treatment waiting times within 18 weeks	1.0	92.9%	93.5%	93.7%	91.2%	90.9%	90.0%	91.1%	91.8%	92.0%				91.6%	90%	0	0	0	0
Non-Admitted Pathways - % Referral to treatment waiting times within 18 weeks	1.0	98.5%	98.7%	99.0%	99.0%	99.2%	99.1%	99.3%	99.5%	99.1%				99.3%	95%	0	0	0	0
Incomplete Pathways - % of patients on an RTT pathway waiting 18 weeks or less	1.0	91.4%	92.8%	93.5%	95.5%	93.0%	92.4%	94.3%	94.6%	94.5%				94.5%	92%	0	New standard		
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	1.0	97.61%	97.49%	96.30%	96.42%	97.53%	96.90%	97.61%	95.74%	97.11%				96.79%	95%	0	0	0	0
Community services data set - RTT data completeness	1.0			New standard	Q4 2011/12	Baseline	56%	56.00%	88.00%	88.00%				88.00%	50%	1.0	New Standard		
Community services data set - Referrals activity data completeness				New standard	Q4 2011/12	Baseline	43%	45.00%	48.00%	48.00%				48.00%	50%				
Community services data set - Care contact activity data completeness				New standard	Q4 2011/12	Baseline	45%	48.00%	48.00%	48.00%				48.00%	50%				
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability.	0.5															0	0	0	0

* MRSA target for Monitor is 6 but for the SHA is 3

Overall Monitor Performance Rating

Q1 2012/13	Q4 2011/12	Q3 2011/12	Q2 2011/12
2.0	1.0	0	0.5

Note: the Q4 2011/12 amber rating was due to failing the 18 week RTT 95th percentile for admitted pathways in March 2012. This is not included in the 2012/13 Monitor requirements.

Explanation of Monitor scoring	Score	Rating	
	0 - 0.9	Green	No material concerns.
	1.0 - 1.9	Amber Green	Limited concerns around governance score. No monitor intervention anticipated and no requirement to submit monthly monitoring
	2.0 - 2.9	Amber Red	Material concerns around governance score. Actions plan may be required if Monitor deem this a significant breach of Authorisation.
	3 or above	Red	Significant governance issues with likely or actual significant breach of authorisation. Requires detailed action plans and regular updates on progress in its delivery.

South Tees Hospitals NHS Foundation Trust Monthly Performance Report

1. Monitor Compliance Framework

Healthcare Associated Infections

The trust remains within trajectory on *C. Difficile* and MRSA measures.

Cancer Waiting Times

In May 2012 all standards were met with the exception of the 62 day screening target and the 62 day first definitive treatment target. There were just 2.5 screening treatments in May and of this one shared breach making it almost impossible for the organisation to achieve the required 90% for the screening target every month. The indicative figures for June however show that the organisation has managed to achieve the 62 day screening target due to 5.5 screening patients being treated in that month.

The trust has not achieved the 62 day first definitive treatment in May and indicative figures for June also show that the trust has not achieved compliance. There were 141 patients treated in May on the 62 day first definitive pathway of which 24.5 breached the standard. Analysis indicated that breaches of the 62 day first definitive treatment target are due in the main to complex diagnostic pathways where multiple tests have to be undertaken to accurately determine a malignant cancer and approximately a third of referrals received from other trusts arrived after the 62 days or just before, leaving just days to comply with the 62 day target. Only a few of the breaches were due to capacity constraints within the organisation.

An action plan has been developed with many of the actions now already implemented to try and improve the position going forward. Discussions have taken place with other local hospitals of which one is appointing a cancer pathway service improvement officer for six months to review existing pathways and it is hoped this will also help to improve the late referrals to South Tees. The cancer action plan and a full analysis of both the May and June breaches are included in the supplementary information pack.

All other cancer targets were achieved in May and indicative figures for June also show this.

18 week referral to treatment times

The 18 week referral to treatment standard has been achieved for non-admitted pathways, admitted pathways and incomplete pathways. Compliance with the incomplete pathways target of 92% is continuing to improve, but there are 4 specialties (orthopaedics, oral surgery, ophthalmology and general surgery) that still have a number of patients waiting longer than 18 weeks (backlog).

A plan to reduce these backlogs is in place which is on track to improve the current position for these specialties by the end of quarter 3. Additional information is in the 18 week section of the supplementary information pack.

A & E 4 hour waiting time

The 4 hour waiting time from arrival in A & E to admission, transfer or discharge has been achieved at trust level.

Community Services Information Dataset

As at the 23rd July compliance for Monitor's data completeness levels remains static, with referral-to-treatment data 88%, referral data 48% and care contact activity data 48%. It is expected that by the end of September, the Trust will be achieving at least 50% data completeness across each of these areas. Activities to support this include:

- SystemOne will be deployed across all four district nursing teams by the end of September. These account for around 45% of the overall contacts within community services. In addition, SystemOne is being rolled out to weight management services in September and health visiting and school nursing in October. These are relatively high volume services so there will be some impact on data completeness in quarter 2, but most impact will be seen in quarter 3 as the community nursing teams will need to be given training and support.
- A number of other community services across both localities (Tees and North Yorkshire) currently operating on a paper-based recording system are scheduled for deployment onto SystemOne in the next 6 – 12 months, but to support the Monitor requirement, an interim solution is being developed to capture the Monitor data completeness data items electronically within these services, using a simple in-house spreadsheet and database. To facilitate this process, an information analyst has been temporarily assigned to support the CIDS project manager, and the local solution will be functional and ready for implementation by the beginning of September.

2. Acute Services Contractual Requirements

18 week referral to treatment times at Specialty and PCT level

With the exception of non-admitted pathways, the trust did not meet the required standard for some specialties at PCT level for admitted and incomplete pathways. However, patients are not admitted in PCT level order but by clinical priority and chronological order. The position at PCT level will improve as the 18 week backlogs reduce.

Delayed transfers of care (acute)

In June the number of delayed transfers of care was above the threshold. The majority of delays were because of patient preference and the limited choice of available beds within the community hospitals.

The recording of delayed transfers continues to improve following the implementation of e-CaMIS (patient administration system) which has provided the ward clerks with a better information system to record such events.

The trust is working with the Local Authorities in Middlesbrough, Redcar and Cleveland and North Yorkshire to streamline and improve timely access to social care.

28-day re-booking of cancellations

There were 4 breaches of the 28 day re-booking target, two in cardiology, one in ENT and one in orthopaedics for a variety of reasons.

Diagnostic 6 Week Target

There were no breaches of the diagnostic target in June.

3. Community services contractual requirements

All performance measures have been achieved.

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

The main areas currently being reviewed as part of the contract monitoring are cervical screening, childhood immunisations, weight management, smoking cessation, learning disabilities and cardiovascular disease. To improve childhood immunisations, practices are working closely with Child Health to ensure patients are not missed. Some health programmes are influenced by patient choice and practices are encouraging patients as much as possible to be involved in smoking, weight management and cardiovascular health programmes, where appropriate.

5. HR

The trust is behind plan on its appraisal target although there has been an improvement in June in comparison to the previous month. Levels of sickness absence have improved marginally upon May's figures with 5 Directorates now on track to achieve their target.