

<b>Meeting / Committee:</b>	Board of Directors		<b>Meeting Date:</b>	31 <sup>st</sup> May 2012	
<b>This paper is for:</b>	Action/Decision	Assurance X	Information		
<b>Title:</b>	Trust Performance Report				
<b>Purpose:</b>	The purpose of this report is to inform the Board of Directors of the trust's performance against current national indicators and local targets.				
<b>Summary:</b>	<p>The paper provides a summary of the performance in April 2012 against all the key national targets and a range of local performance indicators. It also provides the final end of year position for 2011-12. The measures shown have been updated to reflect the new Monitor compliance standards and the new contractual requirements.</p> <p><b>2011-12 Monitor Compliance</b> The trust is reporting an amber green rating at the end of 2011/12 due to the previously reported failure of the 95<sup>th</sup> percentile target for 18 week admitted pathways. All cancer standards were met.</p> <p><b>2012-13</b> <b>Section 1: Monitor Compliance</b> All cancer targets were achieved in March and indicative figures for April show that all cancer targets have been achieved. These figures are indicative and will be confirmed in the June report. All the 18 week targets including the new standard of 92% for incomplete pathways have been achieved. The new community services data completeness standards are below target.</p> <p><b>Sections 2, 3 &amp; 4: Local Contractual Acute and Community Performance</b> 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 no breaches of the 28 day rebooking target.</p> <p>There has been 1 breach of the diagnostic target due to an administrative error.</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><b>Section 5: HR Measures</b> the trust is behind plan on its appraisal target and the locally agreed target for sickness absence levels.</p>				
<b>Prepared By:</b>	Mrs Sarah Danieli, Head of Performance Management.	<b>Presented By:</b>	Mrs Susan Watson, Director of Operational Services.		
<b>Recommendation:</b>	The Board of Directors is asked to note the in year performance and the actions being taken to address the targets.				
<b>Implications</b>	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	2						2	80	0	0	0	0
Reducing Post 48 hour MRSA Bacteremias rates (cumulative position)	1.0	1	1	1	2	2	2	0						0	6*	0	0	0	0
<b>*Cancer results for the current month are predicted values only</b>																			
Cancer waits 2 week wait target	0.5	93.3%	95.7%	95.8%	96.8%	95.6%	94.9%	93.8%						93.8%	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%						99.1%	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%	98.8%						98.8%	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%						98.0%	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%						100.0%	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%						100.0%	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%						85.3%	85%	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%						85.7%	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%						91.1%	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%						99.3%	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%						94.3%	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%						97.61%	95%	0	0	0	0
Community services data set - RTT data completeness	1.0			New standard	Q4 2011/12	Baseline	56%	56.00%						56.0%	50%	1.0	New Standard		
Community services data set - Referrals activity data completeness				New standard	Q4 2011/12	Baseline	43%	45.00%						45.0%	50%				
Community services data set - Care contact activity data completeness				New standard	Q4 2011/12	Baseline	45%	48.00%						48.0%	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
1.0	1.0	0	0.5

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 at the start of the year is within trajectory on *C. Difficile* and MRSA measures.

#### **Cancer Waiting Times**

In March 2012 all standards were met. Indicative figures for April 2012 show that all cancer targets will be met.

#### **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. The incomplete pathways target is a new standard for 2012/13 and 92% of patients still waiting for treatment on the waiting list (admitted and non-admitted) must be within the 18 week waiting time target.

#### **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**

The Community Information Data Set (CIDS) is a national requirement from April 2014. However, the trust has an interim milestone set by Monitor through the compliance framework to ensure this is in place by April 2013. Work is underway by the system provider (TPP) who is currently piloting a CIDS solution with Essex and Rotherham community services and we are awaiting the outcome of the pilots. TPP will be releasing a revised mapping guide following the conclusion of the pilot (no date is known at this stage). Increasing the percentage compliance and the number of services utilising SystemOne is on the information services, ICT and community services agenda currently and a meeting is scheduled for 1st June to discuss future deployments and the way forward.

### **2. Acute Services Contractual Requirements**

#### **18 week referral to treatment times at 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.

#### **Delayed transfers of care**

In April the number of delayed transfers of care were above the threshold. The majority of delays were because of the lack of available beds within the community, with 10 beds closed between Middlesbrough and Guisborough.

It should be noted that the recording of delayed transfers is improving following the implementation of e-CaMIS (patient administration system) which has provided the ward clerks with a better information system to record such events.

#### **28-day re-booking of cancellations**

There were no breaches of the 28 day re-booking target.

### **Diagnostic 6 Week Target**

There was 1 breach of the diagnostic target due to an administrative error as the patient had cancelled their appointment and had been re-appointed outside of the 6 week target. Staff have been reminded to check 6 week breach dates when re-booking appointments. During the period 16,736 diagnostic treatments were undertaken.

### **3. Community services contractual requirements**

All performance measures have been achieved.

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

As part of the contract negotiations for 2012/13, the key performance indicators are being reviewed and discussions are still on-going. There are likely to be some changes but in the meantime APMS practices are continuing to report against the current set of key performance indicators. Each indicator is monitored closely and any area failing to achieve the desired level of performance is reviewed and an action plan implemented. Due to the nature of the service and patient flows, many of the areas are on-going pieces of work. The following areas are currently being addressed: cervical screening, childhood immunisations, weight management, smoking cessation, learning disabilities and cardiovascular disease.

### **5. HR**

At the beginning of the year the trust is behind plan on its appraisal target and is above the locally agreed target level for sickness absence. Divisions are continuing to monitor this.