

Meeting/ Committee:	Board of Directors			Meeting Date:	27 th August 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 July 2013 against all the key national targets and a range of local performance indicators.</p> <p>Section 1: Monitor Compliance</p> <p>In July there were 4 reported cases of C-Difficile therefore the level of cases has normalised following the spike in May. The accumulated position to date is a total of 20 cases which is outside of the trajectory.</p> <p>The 4 hour A&E target was achieved at 97.1% in July; the trust was successful in maintaining the compliance as at the previous month.</p> <p>Early indications for July are that the trust will meet all cancer targets with the exception of the 62 day target.</p> <p>The trust was fully compliant with the 18 week targets for the incomplete and non-admitted pathways in July. As part of the action plan agreed with Monitor the trust failed the admitted target in July with a compliance of 86.8% as a number of specialties continued to work through the waiting list backlog.</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 no 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.</p> <p>Section 5: HR Measures: The trust's sickness level has risen slightly this month to 3.93% which is just 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.				
Implications	Legal	Financial X	Clinical X	Strategic X	Risk & Assurance X

2013/14 Performance Report

Monitor Compliance Framework

Acute Targets - National Requirements

Performance Indicator Information	Monitor weighting	2012/13						2013/14						STHFT Performance		Current Quarter Compliance Score	Previous Quarters Compliance ratings		
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	2013/14 Month / Year to date position	2013/14 target		Q4 2012/13	Q3 2012/13	Q2 2012/13
Clostridium difficile	1.0	2	8	4	6	0	3	3	10	3	4			20	37	1.0	0	0	0
Reducing Post 48 hour MRSA Bacteramias rates (cumulative position)	1.0	0	0	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 waits 2 week wait target	0.5	94.7%	94.7%	96.4%	95.3%	95.9%	95.8%	94.4%	95.5%	96.3%	95.6%			95.4%	93%	0	0	0	0
2 week wait breast symptom referrals - % seen within 2 weeks		98.9%	93.2%	97.1%	97.0%	96.0%	96.0%	97.7%	95.9%	96.7%	95.9%			96.6%	93%				
Cancer wait 31 day wait for first definitive treatment for all cancers	0.5	100.0%	100.0%	99.1%	97.6%	98.5%	98.3%	97.3%	99.2%	97.3%	98.6%			98.1%	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%	98.9%	100.0%	100.0%	98.9%	100.0%	100.0%	98.5%			99.3%	98%				
Cancer wait 31 day wait for subsequent surgery treatments all cancers		94.3%	100.0%	100.0%	95.5%	97.2%	98.0%	100.0%	95.7%	98.0%	96.2%			97.4%	94%				
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers		96.9%	97.6%	100.0%	97.0%	98.1%	98.3%	100.0%	98.8%	99.3%	99.3%			99.3%	94%				
Cancer wait 62 day wait for the first definitive treatment for all cancers	1.0	90.6%	91.2%	94.8%	88.8%	81.4%	88.9%	88.4%	86.9%	82.6%	82.4%			85.1%	85%	1.0	0	0	1.0
Cancer wait 62 day wait for first definitive treatment following consultant upgrade		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%			97.3%	85%				
Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.		100.0%	100.0%	100.0%	92.9%	75.0%	100.0%	100.0%	66.7%	75.0%	100.0%			89.7%	90%				
Admitted Pathways - % Referral to treatment waiting times within 18 weeks	1.0	90.9%	91.6%	91.6%	91.2%	91.5%	89.5%	87.9%	89.3%	86.9%	86.8%			87.7%	90%	1.0	1.0	0	0
NoN-Admitted Pathways - % Referral to treatment waiting times within 18 weeks	1.0	98.4%	99.0%	99.0%	99.2%	99.0%	98.9%	99.1%	99.7%	99.1%	99.0%			99.2%	95%	0	0	0	0
Incomplete Pathways - % of patients on an RTT pathway waiting 18 weeks or less	1.0	94.2%	94.2%	93.2%	93.0%	93.6%	93.4%	93.9%	94.1%	94.1%	94.7%			94.2%	92%	0	0	0	0
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	1.0	96.0%	96.4%	93.4%	95.4%	96.0%	96.2%	95.5%	96.2%	97.1%	97.1%			96.5%	95%	0	0	0	0
Community services data set - RTT data completeness	1.0	80.2%	86.2%	85.5%	82.4%	80.6%	84.4%	88.7%	85.6%	91.7%	94.3%			90.0%	50%	0	0	0	0
Community services data set - Referrals activity data completeness		64.8%	75.8%	80.5%	88.6%	90.4%	94.8%	95.8%	96.6%	98.2%	98.5%			97.3%	50%				
Community services data set - Care contact activity data completeness		66.3%	82.6%	86.3%	91.1%	95.4%	97.8%	98.1%	98.5%	99.2%	98.9%			98.7%	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	Overall Monitor Performance Rating															Q1 2013/14	Q4 2012/13	Q3 2012/13	Q2 2012/13
																3.0	1.0	0.0	1.0

Explanation of Monitor scoring

Score

Rating

- 0 - 0.9
- 1.0 - 1.9
- 2.0 - 3.9
- 4 or above

Green
Amber Green
Amber Red
Red

- 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.

South Tees Hospitals NHS Foundation Trust Monthly Performance Report

1. Monitor Compliance Framework

Healthcare Associated Infections

There were 4 new C-Difficile cases in July, therefore the trust is on trajectory for Q2 but remains above the year-end trajectory overall. Work continues against the action plan which is included in the supplementary pack.

Cancer Waiting Times

As reported last month the trust met all cancer targets in June with the exception of the 62 day first treatment and 62 day screening targets.

Early indications for July are that the trust will be compliant with the screening target and all other cancer targets, with the exception of the 62 day target. The cancer action plan which commenced in 2012 has been reinstated, further details can be found in the supplementary pack.

18 week referral to treatment times

The trust met the 18 week non-admitted target (99% against a target of 95%) and the incomplete target (94.7% against a target of 92%).

As planned the trust failed to meet the admitted standard (86.8% against a target of 90%) due to the on-going work to address the long waiting patient backlog. The updated 18 week remedial action plan agreed between the trust and local CCG's is included in the supplementary pack.

A & E 4 hour waiting time

The trust was successful in maintaining the improved performance seen in Q1, with a compliance of 97.1% for patients to be admitted, transferred or discharged within 4 hours. The JCUH site is still experiencing a high demand.

Community Services Information Dataset

The trust continues to meet Monitor's data completeness levels in July with referral-to-treatment data completeness 94.3%, referral activity data completeness 98.5% and care contact activity data completeness 98.9%.

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 % of total bed days has fallen in July to 3.6% which is below the 4% threshold.

28 Day Rebooking Target

There were no breaches of the 28 day rebooking target.

3. Community services contractual requirements

All performance measures have been achieved.

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

Uptake of cervical screening has remained static but the practice has just recruited 2 nurses who will perform smear tests as part of their role. DTP immunisations have increased again to 50%; the practice is identifying those recorded as missing and inviting them to come to clinic. The % of patients over 16 with a recorded BMI has remained static but the practice has started to invite patients to a health check consultation now that the practice nurses are in post.

5. HR

The sickness rate has risen slightly to 3.93%, just over the trust target of 3.9%. Not all divisions have experienced an increase and the trust sickness levels remain well under the regional average. Actions taken to reduce the sickness absence rate are contained in the supplementary pack.