

AGENDA ITEM NO 8.1

Meeting/ Committee:	Board of Directors	Meeting Date:	25 th June 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 May 2013 against all the key national targets and a range of local performance indicators.</p> <p>Section 1: Monitor Compliance</p> <p>The trust remains within the year end target for HCAI and the organisation is working through a number of actions to ensure that performance against the year-end target is delivered. However, the board should note the high number of C-Difficile cases compared with target.</p> <p>The A&E 4 hour target was achieved in May at 96.2%.</p> <p>The trust achieved all cancer targets in April. Indicative figures for May show that again all cancer targets will be achieved with the exception of the 62 day screening target.</p> <p>The 18 week targets with the exception of the admitted pathways target were achieved at trust level. A number of specialties failed to meet the required standard for admitted pathways resulting in an aggregate compliance of 87.9% against a target of 90%.</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 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. Two patients have been rebooked and a date is being arranged for the remaining patient.</p> <p>All community outcome measures have been achieved.</p> <p>The APMS GP performance section contains a broad spectrum of key performance indicators. Although improvements continue to be made, some of the measures remain non-compliant.</p> <p>Section 5: HR Measures: A section on the HR measures is included in this report. All key measures show signs of improvement.</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

2012/13 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 (cumulative position)	1.0	28	36	40	46	46	49	3	13					13	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	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%	95.6%					95.0%	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%					96.8%	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%					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%					99.4%	98%	0	0	0	0
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%	95.5%					97.8%	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%	99.4%					99.7%	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%	85.2%					87.0%	85%	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%					100.0%	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%	60.0%					81.8%	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%					88.6%	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%					99.4%	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%					94.0%	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%					95.9%	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%	92.0%	89.2%					90.6%	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%					96.2%	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%					98.3%	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
	2.0															2.0	1.0	0.0	1.0

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

There were no reported MRSA cases in May so the trust remains on track against this target. The trust also continues to work through actions to ensure that the C-Difficile cases remain within the year-end target of 37. Although C-Difficile numbers are consistent with performance in 2012-13 at this time this is in the context of a much reduced target and has triggered a penalty point against the Monitor compliance framework. A more detailed report is included in the supplementary information pack.

Cancer Waiting Times

The trust met all cancer targets in April.

Indicative figures for May show that all targets will be met with the exception of the 62 day screening target. There are two breaches shared with other providers. One patient's diagnostic and treatment pathway was delayed due to clinical complications and the other patient was a complex case requiring input from another provider (3 trusts in total).

18 week referral to treatment times

The trust has achieved the 18 week referral to treatment standard for the non-admitted and incomplete pathways at trust level in May, but as anticipated failed to deliver the 18 week standard for admitted pathways achieving 89.7% against a target of 90%.

The non-compliance against this measure is a result of the agreed work within the divisions to clear the backlog of patients on the waiting list, and work towards reducing all patient waiting times below 18 weeks.

The specialties failing the admitted pathways standard were neurosurgery, oral surgery, orthopaedics and urology. Action plans are in place at specialty level to address backlogs.

There were no patients waiting in excess of 52 weeks at the end of May.

Further detailed analysis of the 18 week performance can be found in the supplementary information pack.

A & E 4 hour waiting time

The A&E target was achieved in May, with 96.2% of patients being transferred or discharged within 4 hours of arrival in A&E. It is also pleasing to note that the performance has improved on the previous month.

Community Services Information Dataset

The trust continues to meet Monitor's data completeness levels in May with referral-to-treatment data 89.2%, referral data 96.6% and care contact activity data 98.5%.

2. Acute Services Contractual Requirements

18 week referral to treatment times at Specialty and CCG level

The trust did not meet the required standard for some specialties at admitted, non-admitted and incomplete pathways at CCG level. Patients are not admitted in CCG level order but 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 slightly risen in May. This is believed to be as a direct result of closing beds at Guisborough General Hospital for essential maintenance.

Although data quality is improving there are still some data quality issues to be addressed. The main cause for delays are those relating to patients requiring further NHS care.

28 Day Rebooking Target

During May there were 3 patients who were cancelled and not rebooked within 28 days, which is a reduction on the previous month. The breaches occurred in General Surgery (2 patients) and Urology (1 patient). Two of the patients have been offered suitable alternative dates and a date is being arranged with the remaining patient.

3. Community services contractual requirements

All performance measures have been achieved.

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

Areas for improvement in 2013/14 are around cervical screening, BMI and smoking. A revised action plan is being developed to support the challenges for 2013/14. This is to ensure the plan provides sufficient assurance in relation to the delivery of the areas requiring improvement.

5. HR

The overall sickness rate has fallen again this month and currently stands at 3.81%. This is below the target of 3.9%. The new sickness policy has now been adopted throughout the trust and may well be taking effect and a major contributing factor in this improvement. The overall trust compliance rate for mandatory training continues to improve, if only marginally, and is now at 57.26%. The overall trust figure for the number of staff with a valid Staff Development Review has improved on the April and March figures and now stands at 68.61%.