

AGENDA ITEM NO 8.1

Meeting Committee: /	Board of Directors	Meeting Date:	27 th November 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 October 2012 against all the key national targets and a range of local performance indicators.</p> <p>Following a challenging month due to surges in emergency activity, it is pleasing to report that the trust has continued to deliver at or above target level and achieved all 17 national performance measures, and as predicted significantly improved the compliance against the 62 day first definitive treatment target.</p> <p>Section 1: Monitor Compliance All cancer targets were achieved in September with the exception of the 62 day screening target. This was due to one shared breach combined with only 4.5 treatments but the overall quarterly compliance for this target was achieved. Indicative figures for October show that all cancer targets will be achieved. It is pleasing to note the improved trust position against the 62 day first definitive treatment target.</p> <p>The trust continues its excellent performance on Health Care Associated Infections.</p> <p>All the 18 week targets have been achieved at trust level.</p> <p>The community information dataset (CIDS) data completeness level has been achieved and the trust is compliant with the Monitor requirements.</p> <p>The trust is reporting a green rating for the start of quarter 3.</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 were 3 breaches of the 28 day rebooking target, 2 in urology and 1 in plastic surgery.</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. Negotiation with GP commissioners on the reasonable nature of the targets is on-going, and progress has been made for some of the targets.</p> <p>Section 5: HR Measures: A section on the HR measures is included in this report.</p> <p>Section 6: Winter Update: this is an additional section providing an update on winter pressures.</p>
-----------------	--

Prepared By:	Sarah Danieli, Head of Performance Management. Ingrid Walker, Deputy Director Operational Services	Presented By:	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
---------------------	-------	----------------	---------------	----------------	-----------------------

2012/13 Performance Report

Monitor Compliance Framework

Acute Targets - National Requirements

Performance Indicator Information	Monitor weighting	2012/13												STHFT Performance		Current Quarter Compliance Score	Previous Quarters Compliance ratings			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2012/13 Month / Year to date position	2012/13 target		Q3 2012/13	Q2 2012/13	Q1 2012/13	Q4 2011/12
Clostridium difficile (cumulative position)	1.0	3	9	16	21	22	26	28						28	80	0	0	0	0	
Reducing Post 48 hour MRSA Bacteramias rates (cumulative position)	1.0	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	93.8%	95.7%	93.2%	93.7%	93.9%	93.5%	94.7%						94.1%	93%	0	0	0	0	
2 week wait breast symptom referrals - % seen within 2 weeks		99.1%	97.4%	97.1%	93.3%	96.7%	98.3%	98.9%						97.1%	93%					
Cancer wait 31 day wait for first definitive treatment for all cancers	0.5	99.6%	99.6%	98.8%	99.6%	98.6%	98.5%	100.0%						99.3%	96%	0	0	0	0	
Cancer wait 31 day wait for subsequent drug treatments for all cancers	1.0	98.0%	100.0%	98.1%	100.0%	100.0%	100.0%	100.0%						99.5%	98%	0	0	0	0	
Cancer wait 31 day wait for subsequent surgery treatments all cancers		100.0%	97.9%	98.2%	96.8%	100.0%	100.0%	94.3%						98.1%	94%					
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers		100.0%	98.5%	99.2%	98.2%	100.0%	97.2%	97.2%						98.6%	94%					
Cancer wait 62 day wait for the first definitive treatment for all cancers	1.0	85.3%	82.9%	83.5%	82.6%	82.6%	85.5%	90.3%						84.7%	85%	0	1.0	1.0	0	
Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.		85.7%	80.0%	90.9%	100.0%	90.0%	88.9%	100.0%						91.5%	90%					
Admitted Pathways - % Referral to treatment waiting times within 18 weeks	1.0	91.1%	91.8%	92.0%	91.4%	90.6%	90.9%	90.9%						91.2%	90%	0	0	0	0	
NoN-Admitted Pathways - % Referral to treatment waiting times within 18 weeks	1.0	99.3%	99.5%	99.1%	99.3%	98.6%	98.4%	98.4%						98.9%	95%	0	0	0	0	
Incomplete Pathways - % of patients on an RTT pathway waiting 18 weeks or less	1.0	94.3%	94.6%	94.5%	95.1%	93.7%	93.8%	94.2%						94.3%	92%	0	0	0	New standard	
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	1.0	97.6%	95.7%	97.1%	96.4%	96.3%	95.7%	95.2%						96.27%	95%	0	0	0	0	
Community services data set - RTT data completeness	1.0	56.00%	88.0%	88.0%	86.0%	84.0%	82.7%	80.2%						81.6%	50%	0	0	1.0	New Standard	
Community services data set - Referrals activity data completeness		45.00%	48.0%	48.0%	50.0%	65.0%	58.4%	64.8%						55.3%	50%					
Community services data set - Care contact activity data completeness		48.00%	48.0%	48.0%	51.0%	66.0%	60.6%	66.3%						52.8%	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

Q3 2012/13	Q2 2012/13	Q1 2012/13	Q4 2011/12
0.0	1.0	2.0	1.0

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
- 1.0 - 1.9
- 2.0 - 2.9
- 3 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

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

Cancer Waiting Times

In September 2012 it is pleasing to report that all the cancer targets were achieved with the exception of the 62 day screening target, although compliance for the quarter was achieved for the screening target. The 62 day first definitive treatment cancer target was achieved in September and indicative figures for October show a significant improvement in compliance against this target following a number of actions that have been put in place.

Update on Cancer Awareness Campaigns

Bladder and Kidney Cancers – “Blood in Pee” Campaign

The Urology Directorate are completing their capacity and demand planning and a further meeting has been arranged for December to discuss in full the impact of the campaign on the supporting services. The Urology team are currently modelling their capacity on a predicted increase in demand of 20 - 35% of 2 week wait referrals in line with additional information received from the North of England Cancer Network.

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 trust is not delivering specialty level compliance for admitted and incomplete pathways in just a few specialties due to work to reduce the number of patients waiting longer than 18 weeks.

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

At the end of October the trust is compliant with Monitor's data completeness levels with referral-to-treatment data 80.2%, referral data 64.8% and care contact activity data 66.3%.

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 October the number of delayed transfers of care continues to be above the threshold of 3.5%. Case Management was implemented on 1st October and is subject to continuous review. Cover of case managers to wards has been released in October to account for differences in case load and complexity. This change should increase the positive impact of having dedicated case managers on the wards.

Case Management is providing a rich understanding of the issues relating to transfers of care both within the organisation i.e. ward based therapy provision and community hospital transfers but also adding to our understanding regarding system issues e.g. continuing health care assessments and repatriation.

Core hours for community therapy and community nursing have extended to 8am – 8pm 7 days a week from Monday 19th November 2012 providing support for discharges after 5pm and at weekends.

For front of house (Acute Assessment Units, Ward 2 and Ward 37) there is access to the rapid response services for therapies (8am – 8pm), social services, (Redcar 8am – 10pm, Middlesbrough 24/7) and nursing (8am – 11pm) admission avoidance services also starting from Monday 19th November 2012.

It is anticipated that whilst the above services need time to embed in the system they should provide additional support to the health and social care system during the winter period.

Diagnostic 6 Week Target

All patients had their diagnostic test undertaken within the 6 week target time in October.

28 Day Rebooking Target

There were 3 patients who were not rebooked within 28 days from being cancelled. Two patients were from urology but could not be readmitted in time due to a number of clinically urgent cases taking priority. One patient was from plastic surgery which was also due to clinically urgent cases taking priority. All 3 patients have been rebooked with new dates in November.

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, 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. A pilot initiative is being undertaken at Resolution Health Centre to recall patients that have not attended the practice within the last 12 months for a health check and advice where appropriate.

Some of the CQUIN measures for 2012/13 are still being negotiated with the North East Primary Care Support Agency (NEPCSA) who manage contracts on behalf of the PCT. Revisions to these indicators were proposed by the NEPCSA on 12th October 2012, these are being evaluated by the Trust before a formal response is made. Performance Data for the revised indicators will be refreshed to reflect agreed changes in future reports.

5. HR

There has been an increased focus on staff appraisals which is evident in the October figures showing the highest percentage achievement at just over 75% for the first time. Sickness absence has increased in October but work is evident in the divisions that there is a focus on compliance with the sickness absence policy. Mandatory training still remains a challenge in most areas but work is being undertaken to address this and support areas through the use of e-learning tools and packages.

6. Winter Update

During October the organisation faced a number of challenges to the elective programme as a result of surges in non-elective activity leading to a number of cancelled routine procedures. Of the same day hospital cancellations, only 3 patients were rebooked outside of the 28 day timeframe.