

<b>Meeting/Committee:</b>	Board of Directors	<b>Meeting Date:</b>	30 <sup>th</sup> July 2013
<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 June 2013 against all the key national targets and a range of local performance indicators.</p> <p><b>Section 1: Monitor Compliance</b></p> <p>The trust remains within the MRSA target (zero cases), and continues to work towards reducing the number of cases of C-Difficile to ensure performance is delivered against the year-end target. Currently the trust remains within the year-end total but at the end of Q1 is above trajectory due to a spike in the number of reported cases in May. This will incur one penalty point.</p> <p>The A&amp;E 4 hour target was achieved in June at 97% and there has been a month on month improvement in compliance against this target during the Q1 period.</p> <p>The trust achieved all the cancer targets in May, with the exception of the 62 day screening target. Indicative figures for June show that targets will be achieved with the exception of the 62 day first definitive and 62 day screening target. Early indications for the end of Q1 show that the trust will be compliant with all the cancer targets except for the 62 day screening target (this equates to just 3 patients whose pathways are all shared with other trusts). However, this will incur one penalty point.</p> <p>The trust met the 18 week targets for the incomplete and non-admitted pathways in June. As predicted, the Trust failed the admitted target with a compliance of 86.9% against a target of 90% as a direct result of admitting more longer waiting patients to reduce backlog as part of an agreed plan between the trust and local clinical commissioning groups. This will incur one penalty point.</p> <p>The community information dataset (CIDS) data completeness level has been achieved and the trust remains compliant with the Monitor requirements.</p> <p>At the end of the Q1 period the trust will be declaring a Monitor risk status of red as a result of incurring 3 penalty points.</p> <p>Monitor is aware of the predicted position and has booked a visit to the trust in August when they will be discussing the trust's current performance and our approach to improving the position over the next few months.</p> <p><b>Sections 2, 3, &amp; 4: Local Contractual Acute and Community Performance</b></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. A new divisional structure is in place to assist the GPs in achieving compliance.</p> <p><b>Section 5: HR Measures:</b> A section on the HR measures is included in this report. All key measures show signs of improvement. It is worthy of note that the trust's sickness level has fallen to 3.73% below the target of 3.9%.</p> <p><b>Section 6: CQUIN</b> – an update is provided on the clinical quality indicators on the position at the end of Q1.</p>		
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<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

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
																	Q1 2013/14		
Clostridium difficile (cumulative position)	1.0	28	36	40	46	46	49	3	10	3				16	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	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	94.7%	94.7%	96.4%	95.3%	95.9%	95.8%	94.4%	95.5%	96.5%				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%				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%	97.2%				97.9%	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%				99.6%	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%	95.7%	98.0%				97.9%	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%	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%	82.7%				86.2%	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%	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%	66.7%	75.0%				81.3%	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%				88.0%	90%	1.0	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%				99.3%	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%				94.0%	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%	97.0%				96.3%	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%				88.6%	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%	98.2%				96.9%	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%				98.6%	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	<b>Overall Monitor Performance Rating</b>															Q1 2013/14	Q4 2012/13	Q3 2012/13	Q2 2012/13
	3.0															3.0	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**

The trust reported no MRSA cases at the end of June and therefore remains on target.

The number of C-Difficile cases reported at the end of June for the month are back to being within normal levels in comparison to the spike of cases reported in May. The trust continues to work in line with policy and procedure against an ambitious year end target that has been set due to the previous successful year on year reductions.

#### **Cancer Waiting Times**

The trust met all the cancer targets in May with the exception of the 62 day screening target. This target was not met due to the delay in the pathway for two colorectal patients who were referred from another trust. One patient's MRI was delayed due to a medical condition and was planned for surgery prior to the breach date which then had to be cancelled following anaesthetic assessment. The second patient was a complex case with involvement of a third trust during the pathway.

Indicative figures for June show that the trust will fail the 62 day first definitive treatment target, but will meet this target for the end of Q1. The trust will remain non-compliant with the 62 day screening target in June and at the end of Q1 due to a further shared colorectal patient breach. The patient was planned to start chemotherapy prior to the breach date but had to be cancelled for medical reasons and as a result could not be rescheduled until after the breach date. (1.5 shared breaches in total of just 8 treatments during Q1).

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

The trust met the 18 week non-admitted target (99.1% against a target of 95%) and the incomplete target (94.1% against a target of 92%).

The trust failed to meet the admitted target (86.9% against a target of 90%) due to the continued efforts to reduce the backlog of long-waiting patients in line with the agreed remedial action plan between the trust and local CCGs.

There are no over 52 week waiters to report at the end of June.

Further detailed analysis of the 18 week performance can be found in the supplementary information pack including details of the remedial action plan.

#### **A & E 4 hour waiting time**

The A&E target to transfer or discharge patients within 4 hours of arrival was achieved with 97% compliance in June. The performance against this target continues to improve with a steady increase in compliance shown over the course of Q1.

## **Community Services Information Dataset**

The trust continues to meet Monitor's data completeness levels in June with referral-to-treatment data completeness 91.7%, referral activity data completeness 98.2% and care contact activity data completeness 99.2%. All of these measures have shown an improvement on last month's compliance.

At the end of the Q1 period, the trust will be declaring a Monitor risk status of red and is working through a number of action plans to improve compliance against the Monitor framework during the Q2 period.

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

#### **18 week referral to treatment times at Specialty and CCG level**

The trust was non compliant with the required standards for some specialties for 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)**

It is pleasing to note that delayed transfers of care as a % of total bed days has fallen in June to 3.73% which is below threshold.

#### **28 Day Rebooking Target**

During June there were 3 patients who were cancelled on the same day and not rebooked within 28 days. The breaches occurred in Orthopaedics (2 patients) and Neurosurgery (1 patient). Two of the patients have been offered suitable alternative dates in July and a date is being arranged with the remaining patient after their holidays.

### **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. An action plan to address performance has been agreed with the Primary Care Services Manager and is being monitored monthly to ensure the agreed actions are demonstrating a positive impact upon performance.

### **5. HR**

The overall sickness rate has fallen again this month and currently stands at 3.73%. This is below the target of 3.9%. The overall trust compliance rate for mandatory training continues to improve, if only marginally, and is now at 57.86%. The overall trust figure for the number of staff with a valid Staff Development Review has also continued to improve and now stands at 69.41%.

## **6. CQUIN**

There are some outstanding data items to be received for the CQUIN schemes but generally the trust is on track with these measures with no exceptions to report. There are number of measures that require discussion and agreement with commissioners and meetings will take place over the coming weeks upon which the final position can be reported.