

Meeting / Committee:	Board of Directors		Meeting Date:	26 th June 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 May 2012 against all the key national targets and a range of local performance indicators. The measures shown have been updated to reflect the new Monitor compliance standards and the new contractual requirements.</p> <p>Section 1: Monitor Compliance All cancer targets were achieved in April with the exception of the 62 day screening target and indicative figures for May show that all cancer targets have been achieved with the exception of the 62 day target and the screening target. These figures are indicative and will be confirmed in the July report but the prediction at the end of quarter 1 is that the trust will be amber red.</p> <p>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>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 have been 3 breaches of the 28 day rebooking target.</p> <p>There have been no breaches of the diagnostic target.</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>Section 5: HR Measures the trust is behind plan on its appraisal target although there has been some improvement in comparison to the previous month. The locally agreed target for sickness absence levels is also below target.</p>				
Prepared By:	Mrs Sarah Danieli, Head of Performance Management.	Presented By:	Mrs 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

**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	10					10	80	0	0	0	0
Reducing Post 48 hour MRSA Bacteramias rates (cumulative position)	1.0	1	1	1	2	2	2	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	93.3%	95.7%	95.8%	96.8%	95.6%	94.9%	93.8%	95.7%					94.9%	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%	97.4%					98.1%	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%	99.6%	99.6%					99.6%	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%	100.0%					99.3%	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%	97.9%					98.9%	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%	98.5%					99.2%	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%	82.8%					84.0%	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%	80.0%					83.3%	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%	91.8%					91.5%	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%	99.5%					99.4%	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%	94.6%					94.5%	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%	95.74%					96.63%	95%	0	0	0	0
Community services data set - RTT data completeness	1.0			New standard	Q4 2011/12	Baseline	56%	56.00%	88.00%					88.0%	50%	1.0	New Standard		
Community services data set - Referrals activity data completeness				New standard	Q4 2011/12	Baseline	43%	45.00%	48.00%					48.0%	50%				
Community services data set - Care contact activity data completeness				New standard	Q4 2011/12	Baseline	45%	48.00%	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															Q1 2012/13	Q4 2011/12	Q3 2011/12	Q2 2011/12	
Overall Monitor Performance Rating															1.0	1.0	0	0.5	

Explanation of Monitor scoring	Score	Rating	Description
	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 remains within trajectory on *C. Difficile* and MRSA measures.

Cancer Waiting Times

In April 2012 all standards were met with the exception of the 62 day screening target although numbers in this category are extremely small and this was one shared breach. Indicative figures for May 2012 show that all cancer targets will be met with the exception of the 62 day target and the 62 day screening target, again numbers are small for screening and this was one shared breach.

Breaches of the 62 day first definitive treatment target are due in the main to both capacity issues and late referrals received from other trusts. For the 62 day screening breaches, one was due to consultant illness and the other due to late referral. Discussions with the local hospital have taken place and in response the local trust are meeting with their clinical lead to review and improve upon the patient pathway. They are aware of the current risk this poses in quarter 1 for STHFT as the number of screening treatments are extremely small so even just one shared breach has a significant impact upon performance. A full analysis of the May breaches including the screening patients will be reported in the June supplementary information pack.

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. Compliance with the incomplete pathways target of 92% is continuing to improve, but there are 3 specialties (orthopaedics, oral surgery and general surgery) that still have a significant number of patients waiting longer than 18 weeks (backlog).

A plan to reduce these backlogs is in place which should improve the current position for these specialties significantly by the end of quarter 2. 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

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.

The trust has reported a slight increase in performance against the Monitor KPIs in May 2012. This in the main is due to further data validation and the refinement of data collections within some of our in-house systems.

The interim solution to bridge the current gap will be deployed during the quarter 2 period and it is envisaged that this will have a significant impact on the referral and care activity measures, providing assurance of compliance against these measures moving into quarter 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.

Delayed transfers of care

In May the number of delayed transfers of care was above the threshold. The majority of delays were because of the lack of available beds within the community hospitals.

The recording of delayed transfers continues to improve 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 3 breaches of the 28 day re-booking target, one in ophthalmology, plastic surgery and urology. These were for a variety of reasons.

Diagnostic 6 Week Target

There were no breaches of the diagnostic target in May.

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 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. The main areas currently being reviewed are cervical screening, childhood immunisations, weight management, smoking cessation, learning disabilities 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.

5. HR

At the beginning of the year the trust is behind plan on its appraisal target although there has been an improvement in May in comparison to the previous month. Levels of sickness absence are also below but there has been a marginal improvement upon April's figures. Divisions are continuing to monitor this.