

AGENDA ITEM NO 8.1

Meeting Committee: /	Board of Directors	Meeting Date:	26 th March 2013
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This paper is for:	Action/Decision	Assurance X	Information
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Title:	Trust Performance Report
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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.
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Summary:	<p>The paper provides a summary of the performance in February 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 on trajectory with the HCAI targets.</p> <p>The A&E 4 hour target remains a risk in delivery for Q4 due to continued high demand in January and particularly in early February resulting in non-compliance of the 95% target in both months.</p> <p>All cancer targets were achieved in January. Indicative figures for February show that most cancer targets will again be achieved with the exception of the 62 day first definitive treatment target and the 62 day screening target.</p> <p>All the 18 week targets were achieved at trust level.</p> <p>The community information dataset (CIDS) data completeness level has been achieved and the trust remains compliant with the Monitor requirements.</p> <p>The trust is therefore predicting an amber red status for the end of Q4.</p> <p>Sections 2, 3, & 4: Local Contractual Acute and Community Performance</p> <p>The trust has failed at PCT level for some specialties for admitted, non-admitted and incomplete pathways.</p> <p>There were 2 breaches of the 28 day rebooking target. One patient has been rebooked for April and a date is being agreed with the second 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.</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.
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Implications	Legal	Financial X	Clinical X	Strategic X	Risk & Assurance X
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2012/13 Performance Report

Monitor Compliance Framework

Acute Targets - National Requirements

Performance Indicator Information	Monitor weighting	2012/13												STHFT Performance		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	Current Quarter Compliance Score	Q3 2012/13	Q2 2012/13	Q1 2012/13
																	Q4 2012/13		
Clostridium difficile (cumulative position)	1.0	3	9	16	21	22	26	28	36	40	46	46	46	80	0	0	0	0	
Reducing Post 48 hour MRSA Bacteremias rates (cumulative position)	1.0	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	93.8%	95.7%	93.2%	93.7%	93.9%	93.5%	94.7%	94.7%	96.4%	95.3%	95.6%	94.6%	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%	93.2%	97.1%	97.0%	96.0%	96.5%	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%	100.0%	99.1%	97.5%	98.0%	99.0%	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%	100.0%	98.7%	100.0%	99.6%	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%	100.0%	100.0%	95.4%	97.1%	98.0%					94%	
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers		100.0%	98.5%	99.2%	98.2%	100.0%	97.2%	96.9%	97.6%	100.0%	96.7%	97.8%	98.3%					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%	90.6%	91.2%	94.8%	87.9%	81.0%	86.2%	85%	0	0	1.0	1.0	
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%	100.0%	100.0%	92.9%	80.0%	92.4%	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%	91.6%	91.6%	91.2%	91.5%	91.3%	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%	99.0%	99.0%	99.2%	99.0%	99.0%	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%	94.2%	93.2%	93.0%	93.6%	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	97.6%	95.7%	97.1%	96.4%	96.3%	95.7%	96.0%	96.4%	93.4%	93.9%	94.8%	95.69%	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%	86.2%	85.5%	82.4%	80.6%	82.4%	50%	0	0	0	1.0	
Community services data set - Referrals activity data completeness		45.00%	48.0%	48.0%	50.0%	65.0%	58.4%	64.8%	75.8%	80.5%	88.6%	90.4%	68.2%	50%					
Community services data set - Care contact activity data completeness		48.00%	48.0%	48.0%	51.0%	66.0%	60.6%	66.3%	82.6%	86.3%	91.1%	95.4%	64.4%	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

Q4 2012/13	Q3 2012/13	Q2 2012/13	Q1 2012/13
0.0	0	1.0	2.0

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 well within trajectory on *C. Difficile* and MRSA measures.

Cancer Waiting Times

It is pleasing to report that all the cancer targets were achieved in January, although this was a challenging month with an increased number of patients requiring treatment following the Christmas period and the continued pressure on beds from A & E admissions.

However, indicative figures for February show that most cancer targets have been achieved with the exception of the 62 day first definitive treatment target and the 62 day screening target.

Failure to meet the 62 day first definitive treatment target is due to the continued pressure on beds particularly during early February and complex diagnostic pathways. The 62 day screening target failed due to one shared breach with another trust (i.e. half a breach), while the total number of patients treated under this measure was only 3. An analysis of all the breaches will be undertaken and provided in the April supplementary information pack.

18 week referral to treatment times

The trust has achieved the 18 week referral to treatment standard for admitted pathways, non-admitted pathways and incomplete pathways at trust level. A few specialties did not meet the incomplete and admitted targets as they work through addressing their backlogs. The trust has been working with other local providers to secure capacity in February and March in order to treat planned patients on time whilst pressures remain on beds due to increased A&E activity.

Detailed analysis of the trust's 18 week performance is provided in the supplementary information pack.

A & E 4 hour waiting time

Unfortunately the trust has marginally missed the monthly target in February but there has been an improvement in performance in comparison to that reported in January. The action plan continues to be worked through and indicative figures suggest the target will be achieved in the month of March.

An updated action plan is provided in the supplementary information pack.

Community Services Information Dataset

The trust continues to meet Monitor's data completeness levels in February with referral-to-treatment data 80.6%, referral data 90.4% and care contact activity data 95.4%.

Monitor Q3 Report

Monitor, the independent regulator has produced its Q3 report for 2012/13 summarising the key themes drawn from reviewing the quarterly reports of the 144 trusts authorised up to 31 December 2012.

With a governance risk rating of green at the end of Q3, the trust is in the top half of Foundation Trusts for performance and quality. Monitor has reported an overall improvement in Foundation Trusts meeting health care targets, namely cancer and 18 week referral to treatment compared with the same time last year.

However, Monitor reports at the end of Q3, there had been a significant increase in the number of trusts breaching the A & E targets reflecting greater demand across the NHS for emergency care.

2. Acute Services Contractual Requirements

18 week referral to treatment times at Specialty and PCT level

The trust did not meet the required standard for some specialties in admitted, non-admitted and incomplete pathways at PCT level. A number of PCT's are affected mainly due to the low volume numbers involved. Patients are not admitted in PCT level order but by clinical priority and chronological order, and bed pressures have continued to lead to a number of cancellations of planned admissions.

Delayed transfers of care (acute)

The continued increase in delayed transfers of care is due to a number of multi-faceted reasons. The impact of winter pressures and volume of elderly patients requiring on-going care continues. A programme of service improvement in conjunction with partner agencies is in progress.

28 Day Rebooking Target

There were 2 patients who were not rebooked within 28 days from being cancelled, both due to no bed available. One patient has been rebooked for April and one patient is in the process of agreeing a suitable date.

3. Community services contractual requirements

All performance measures have been achieved.

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

Both practices continue to focus their efforts around improving the recording and updating of BMI of patients and smoking indicators. Marske Medical Centre have reported in February that they have achieved all the targets set through the APMS Contract, however Resolution performance remains static. Revisions to the Childhood Immunisation and Cervical Screening indicators have been finalised with NEPCSA and will be reported by the service for March 2013, it is expected that these amendments will have a positive impact on their performance.

5. HR

The overall trust sickness figure fell in February to 4.83% which constitutes a fall of 0.57% on the previous month and is now the lowest rate since August 2012. The overall trust compliance rate for mandatory training continues to improve, although marginally, and is now at 55.15%. The overall trust figure for the number of staff with a valid Staff Development Review has fallen and stands at 69.31%. The HR department are continuing to review areas of low compliance to check for the accuracy and status of data held centrally.