

<b>Meeting/Committee:</b>	Board of Directors	<b>Meeting Date:</b>	29 <sup>th</sup> October 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 September 2013 against all the key national targets and a range of local performance indicators.</p> <p><b>Section 1: Monitor Compliance</b></p> <p>In September there were 8 reported cases of C-Difficile taking the accumulated position to 30 for the year to date which is above the trajectory at the end of the Q2 period.</p> <p>The 4 hour A&amp;E target was achieved at 96.6% in September.</p> <p>The trust met all of the cancer targets in August with the exception of the 62 day consultant upgrade, reporting 2 breaches. Indicative figures for September suggest the trust will be non-compliant with the 62 day first definitive treatment target and the 31 day subsequent drug treatment target. Therefore, at the end of the Q2 period the trust expects to be compliant with all cancer targets except the 62 day first definitive treatment target.</p> <p>The trust was fully compliant with the 18 week targets for the incomplete and non-admitted pathways in September. The trust failed the admitted target in September with a compliance of 86.4%. The trust has been making good progress against the remedial action plan to bring the trust back to compliance at the end of October (Q3) but a small number of specialties are expecting to fail the 18 week standard in October putting the trust at risk to delivering the target at an aggregate level.</p> <p>As the trust has failed 3 consecutive quarters for the 18 week admitted pathways target, Monitor have automatically instigated an investigation into the trust's compliance with its licence and formally notified the trust of this in October.</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 Q2 period the trust will be declaring a Monitor risk status of red as a result of incurring 3 consecutive quarter failures of the 18 week admitted pathways target.</p> <p><b>Sections 2, 3, &amp; 4: Local Contractual Acute and Community Performance</b></p> <p>The trust has failed 18 weeks targets at CCG level for some specialties for admitted, non-admitted and incomplete pathways.</p> <p>There was 1 breach of the 28 day rebooking target in Urology.</p> <p>All community outcome measures have been achieved.</p> <p>Work continues on the action plan for the APMS GP performance section indicators and improvements have been made in compliance with the cervical screening and weight management targets.</p> <p><b>Section 5: HR Measures:</b> The trust's sickness level has increased to 4.06% in September so is above the target of 3.9%.</p> <p><b>Section 6: CQUIN:</b> an update on compliance with the CQUIN measures is included.</p>				
<b>Prepared By:</b>	Sarah Danieli, Head of Performance Management	<b>Presented By:</b>	Susan Watson, Director of Operational Services.		
<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 X	Financial X	Clinical X	Strategic X	Risk & Assurance X

## 2013/14 Performance Report

### Monitor Compliance Framework



Performance Indicator Information	Monitor weighting	2013/14												2013/14 target	Current Quarter Compliance Score	Previous Quarters Compliance ratings			
		STHFT Performance														Q1 2013/14	Q2 2012/13	Q3 2012/13	
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep						2013/14 Month / Year to date position
Clostridium difficile	1.0	2	3	4	6	0	3	3	10	3	4	2	8	30	37	1.0	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	0	6*	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%	96.3%	95.6%	94.7%	96.5%	95.5%	93%	0	0	0	
2 week wait breast symptom referrals - % seen within 2 weeks	0.5	98.9%	93.2%	97.1%	97.0%	96.0%	97.7%	95.9%	95.9%	96.7%	95.9%	95.7%	97.3%	96.5%	93%	0	0	0	
Cancer wait 31 day wait for first definitive treatment for all cancers	1.0	100.0%	100.0%	99.1%	97.6%	98.5%	98.3%	97.3%	99.2%	97.3%	98.6%	97.3%	98.6%	98.1%	96%	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%	100.0%	100.0%	97.6%	99.3%	98%	0	0	0	
Cancer wait 31 day wait for subsequent surgery treatments all cancers	1.0	94.3%	100.0%	100.0%	95.5%	97.2%	98.0%	100.0%	95.7%	98.0%	96.3%	97.8%	97.7%	97.6%	94%	0	0	0	
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers	1.0	96.9%	97.6%	100.0%	97.0%	98.1%	98.3%	100.0%	98.8%	98.3%	99.4%	100.0%	98.7%	99.3%	94%	0	0	0	
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%	82.6%	82.9%	85.5%	82.6%	84.9%	85%	0	0	0	
Cancer wait 62 day wait for first definitive treatment following consultant upgrade	1.0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	75.0%	90.0%	90.4%	85%	1.0	0	0	
Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.	1.0	100.0%	100.0%	100.0%	92.9%	75.0%	100.0%	100.0%	66.7%	75.0%	100.0%	100.0%	100.0%	93.0%	90%	0	0	0	
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%	86.8%	85.9%	86.4%	87.2%	90%	1.0	1.0	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%	99.0%	99.2%	98.9%	99.2%	95%	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%	94.7%	94.0%	94.6%	94.3%	92%	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%	97.1%	97.1%	96.0%	96.6%	96.5%	95%	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%	93.2%	91.8%	93.6%	90.8%	50%	0	0	0	
Community services data set - Referrals activity data completeness	1.0	64.8%	75.8%	80.5%	88.6%	90.4%	94.8%	95.8%	96.6%	98.2%	98.7%	98.8%	98.1%	97.9%	50%	0	0	0	
Community services data set - Care contact activity data completeness	1.0	66.3%	82.6%	86.3%	91.1%	95.4%	97.8%	98.1%	98.5%	99.2%	100.0%	99.9%	94.4%	97.9%	50%	0	0	0	
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability.	0.5														0	0	0	0	
<b>* MRSA target for Monitor is 6</b>																Overall Monitor Performance Rating			
																Q1 2013/14	Q2 2013/14	Q3 2012/13	
																3.0	3.0	1.0	
																3.0	1.0	0.0	

Explanation of Monitor scoring	Score	Rating
	0 - 0.9	Green
	1.0 - 1.9	Amber
	2.0 - 3.9	Amber Red
	4 or above	Red

Note:

- 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.
- Red governance risk rating is also assigned where key performance indicators (with a Monitor weighting of 1.0) fall over three consecutive quarters.

# **South Tees Hospitals NHS Foundation Trust Monthly Performance Report**

## **1. Monitor Compliance Framework**

### **Healthcare Associated Infections**

There were 8 reportable C-Difficile cases in September and the trust remains above the Q2 trajectory. Work continues against the action plan and an update of this can be found in the supplementary pack.

### **Cancer Waiting Times**

In August the trust was successful in meeting all the cancer targets with the exception of the 62 day consultant upgrade target. There were two breaches of this target from a total number of 8 treatments.

Early indications for September are that the trust will be compliant in all targets with the exception of the 31 day subsequent drug treatment target and the 62 day first definitive treatment target. However, further validation is required of the 31 day subsequent drug treatment target and the expectation is that the trust will be compliant with this target. The main reasons for the breaches were late referrals from other trusts, complex diagnostic/treatment planning, patient choice and the demands on surgical/oncology capacity.

The trust is working with other local providers to review and improve patient pathways particularly at the diagnostic stages.

The trust will be compliant with all the cancer targets with the exception of the 62 day first definitive treatment target at the end of Q2.

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

The trust met the 18 week non-admitted target (98.9% against a target of 95%) and the incomplete target (94.6% against a target of 92%).

As planned the trust failed to meet the admitted standard (86.4% against a target of 90%) due to the on-going work to address the long waiting patient backlog and has now failed 3 consecutive quarters resulting in an automatic investigation by the national regulatory body Monitor. More detailed information is in the separate 18 week report.

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

The trust maintained compliance against the 4 hour A&E target with a compliance of 96.6% in September. Further information on A & E and the updated service improvement plan can be found in Section 11 of the supplementary information pack.

### **Community Services Information Dataset**

The trust continues to meet Monitor's data completeness levels in September with referral-to-treatment data completeness 93.6%, referral activity data completeness 98.1% and care contact activity data completeness 94.6%.

## **End of Q2 Monitor Risk Rating**

At the end of the Q2 period, the trust will be declaring a Monitor risk status of red. A red risk rating is applied by Monitor if a trust breaches a measure for 3 consecutive quarters or any indicator weighted with a point of 1.0 for 3 consecutive quarters. The trust has failed to meet the 18 week admitted pathways target for 3 consecutive quarters. As a result Monitor formally notified the trust in October to formally investigate the trust's compliance with its licence.

The organisation is working through a number of action plans to improve compliance against the Monitor framework during the Q3 period. More information can be found in the 18 week separate report.

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

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

The trust did not meet the 18 week standards at specialty and CCG level for the admitted, non-admitted and incomplete pathways. Patients are admitted by clinical priority and chronological order in accordance with best practice.

### **Delayed transfers of care (acute)**

Delayed transfers of care as a percentage of total bed days are well below the 4% threshold at 3.1%. The trust continues to improve the average length of stay for patients requiring a transfer to a community bed or intermediate care.

### **28 Day Rebooking Target**

There was 1 breach of the 28 day rebooking target in Urology. The patient has now agreed a new date for November.

## **3. Community services contractual requirements**

All performance measures have been achieved.

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

Areas for improvement remain cervical screening, body mass index (BMI) and smoking. The action plan has been embraced by staff and small improvements can be seen already around BMI, smoking and cardio vascular disease. The practice continues to set itself monthly targets of patients to contact and is over achieving on this. Targeted work around ethnicity and age is being worked up and then Health Improvement colleagues are to be utilised to effectively contact these patients.

## **5. HR**

The sickness rate increased in September at 4.06%, a marginal increase of 0.18% on the previous month.

The overall trust figure for the number of staff with a valid Staff Development Review has improved again for the 5<sup>th</sup> month running and now stands at 71.8%.

Work continues in all areas across the organisation to improve staff health and wellbeing and attendance at work.

## **6. CQUIN**

### **NHS Tees Acute Contract**

#### **NHS Safety Thermometer – Reduction of new pressure ulcers**

Both acute and community settings did not achieve the required reduction in new pressure ulcers (acquired after 72 hours of admission) as reported through the NHS safety thermometer. The identified resource to support the achievement of this measure of three tissue viability nurses only came into post in the last month of Q2. Discussions will be held with the commissioners as to how this can be reflected in the remaining payment milestones.

#### **Planned Date of Discharge**

The trust achieved 85% against a target of 88%. Reports are now being issued weekly to divisional managers to improve the recording of the planned date of discharge and provisional data indicates that performance in October is improving.

### **Specialised Commissioning Contract**

#### **The % of patients who have one or more long bones stabilised within 24 hours of injury**

The Trust achieved 43.75% (7/16) against a target of 90%. The results have been discussed at divisional meetings to identify the actions required to meet this target.

Further information on the CQUIN measures can be found in Section 4 of the supplementary information pack.