

Meeting / Committee:	Board of Directors		Meeting Date:	24 th April 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 March 2012 and the year end against a range of indicators.</p> <p>Section 1: Monitor Compliance The trust is reporting an amber green rating against the governance risk rating in the Monitor compliance framework for March. The trust has failed to meet the 95th percentile on admitted pathways for 18 weeks. This is a result of the additional work that was agreed with Tees PCTs undertaken in March to reduce waiting list backlogs. The final year end figure cannot be formally calculated until such time as the cancer data is finalised (May report). All cancer targets were achieved in February with the exception of the 62 day cancer standard. In March indicative figures show that all cancer targets have been achieved. Included in this section is a provisional statement on the year end position for the Monitor Compliance Framework which suggests the trust has finished the year with an amber green status. As requested by the board of directors a more detailed explanation of the February 62 day performance is included in the supplementary pack.</p> <p>Sections 2, 3 & 4: Local Contractual Acute and Community Performance The trust has achieved the 18 week target for non admitted and admitted pathways.</p> <p>There have been 3 breaches of the 28 day rebooking target, 2 from orthopaedics, one due to consultant unavailability and the other due to prioritisation of cases. There was one breach in plastic surgery also due to unavailability of the consultant within the timeframe.</p> <p>There has been 1 breach of the diagnostic target due to prioritisation of clinically urgent patients.</p> <p>All community outcome measures have been achieved.</p> <p>The APMS GP performance section contains a broad spectrum of KPIs. Some areas not meeting the desired level of performance are under review and action plans are being implemented.</p> <p>Section 5: HR Measures the trust is behind plan on its appraisal target and the locally agreed target for sickness absence levels, although sickness absence at the year end is slightly better than last year.</p> <p>Section 6: Winter Pressures The challenges during the winter period continued into March for the trust with a high level of non-elective activity putting pressure on the elective surgical programme.</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**

2011/12 Performance Report Dashboard



Monitor Compliance Framework

Performance Indicator Information	Monitor weighting	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Current Quarter Compliance Score	YTD Monitor compliance score	STHFT Performance			
																Month / Year to date position	2011/12 target		
Acute Targets - National Requirements																Q4	YTD		
Clostridium difficile year on year reduction of infection rates	1.0	6	9	9	7	8	6	5	7	2	3	4	1	0	0	67	112		
Reducing Post 48 hour MRSA Bacteramias rates	1.0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	2	6*		
*Cancer results for the current month are predicted values only																			
Cancer waits 2 week wait target	0.5	92.1%	92.8%	90.6%	90.8%	92.2%	94.1%	93.3%	95.7%	95.8%	96.8%	95.6%	94.9%	0	0	93.7%	93%		
2 week wait breast symptom referrals - % seen within 2 weeks		98.0%	97.0%	96.3%	94.5%	94.4%	94.9%	96.3%	95.2%	88.5%	98.1%	97.3%	99.1%			95.9%	93%		
Cancer wait 31 day wait for first definitive treatment for all cancers	0.5	100.0%	98.9%	98.0%	99.3%	98.5%	97.2%	99.6%	99.7%	98.5%	98.8%	98.9%	98.9%	0	0	98.8%	96%		
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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0	0	100.0%	98%		
Cancer wait 31 day wait for subsequent surgery treatments all cancers		100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%	98.1%	97.6%	94.9%	100.0%	100.0%			99.1%	94%		
Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers		100.0%	100.0%	100.0%	100.0%	97.5%	97.5%	99.2%	96.8%	98.1%	97.9%	97.0%	100.0%			98.7%	94%		
Cancer wait 62 day wait for the first definitive treatment for all cancers	1.0	88.3%	85.5%	83.3%	88.3%	91.1%	84.7%	90.5%	88.1%	86.4%	88.3%	82.7%	86.0%	0	0	86.9%	85%		
Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.		100.0%	95.0%	85.7%	84.6%	92.9%	100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%			94.5%	90%		
Referral to treatment waiting times - admitted (95th percentile)	1.0	22.0	21.0	22.0	22.0	22.0	22.0	20.0	21.0	20.0	23.0	22.0	23.1	0	0		23 weeks		
Referral to treatment waiting times - non- admitted (95th percentile)	1.0	13.0	14.0	15.0	15.0	14.0	15.0	15.0	15.0	14.0	14.0	14.0	13.0	0	0		18.3 weeks		
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	1.0	98.45%	98.21%	97.91%	98.07%	97.77%	97.47%	97.61%	97.49%	96.30%	96.42%	97.53%	96.90%	0	0		95%		
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability.	0.5													0	0				
* MRSA target for Monitor is 6 but for the SHA is 4																Q4	YTD		
Overall Monitor Performance Rating																0	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 at the end of the year is within trajectory on *C. Difficile* and MRSA measures.

Please see infection prevention and control report for further information.

Cancer Waiting Times

In February 2012 all standards with the exception of the 62 day target were met. In the main the breaches were due to complex diagnostic pathways, patient choice, delays in referral between local neighbouring hospitals and capacity issues. Discussions are taking place with local hospitals to improve upon any delays in patient pathways.

Indicative figures for March 2012 show that all cancer targets will be met.

Overall, the year end position shows that all the cancer standards have been achieved.

18 week referral to treatment times

The 18 week referral to treatment 95th percentile standard has been achieved for non-admitted pathways at trust level but marginally missing the standard for admitted pathways achieving 23.1 weeks against a target of 23 weeks.

This is as a result of the winter initiative work which was undertaken to reduce the backlog of long waiting patients, as agreed with Tees PCTs. There were 182 additional patients admitted as part of this work in March, the majority of breaches admitted were from the specialties oral surgery, orthopaedics and general surgery.

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.

Year End Monitor Compliance Framework

The year end figures against all the national requirements indicate that the trust has achieved an amber green status for 2011/12.

2. Acute Services Contractual Requirements

18 week referral to treatment times at PCT level

The trust did not meet the required standard for some specialties at PCT level. Divisions have undertaken some additional activity at weekends during February and March under the national waiting list reduction scheme in agreement with the PCTs.

Delayed discharges

In March the number of delayed transfers of care were slightly above threshold, although there are still on-going issues as a result of capacity constraints, patient choice and delays in provision of care packages. This is a complex situation affecting different agencies, including social services and community hospitals. Work is currently underway as part of the Transforming Community Services programme looking at the interface between the acute hospital setting and intermediary / 'step-

down' and community care settings to reduce delays and match capacity with demand.

28-day re-booking of cancellations

There were 3 breaches of the 28 day rebooking target for same day non-clinical cancellations. Two related to orthopaedics, one due to consultant availability and the other due to prioritisation of cases. There was also one in plastic surgery due to unavailability of the consultant within the time frame.

The orthopaedic directorate are currently working closely with the theatre management team to secure 6 day working to facilitate Saturday sessions on both hospital sites. The additional capacity should help to avoid 28 day breaches in the future.

Diagnostic 6 Week Target

There was 1 breach of the diagnostic target due to prioritisation of clinically urgent patients.

All other standards were achieved.

3. Community services contractual requirements

All performance measures have been achieved.

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

As part of the integration of community services with South Tees, two medical centres, Resolution and Marske medical centres, transferred across in April 2011. For these medical centres, a broad spectrum of key performance indicators are monitored closely through the contracting arrangement, and any area failing to achieve the desired level of performance is reviewed and an action plan implemented. The following areas are currently being addressed, cervical screening, childhood immunisations, flu vaccinations, weight management, smoking cessation and cardiovascular disease risk register.

5. HR

The trust is behind plan on its appraisal target and continues to be above the locally agreed target level for sickness absence. However, sickness absence levels at the end of the year are slightly better than those reported at the end of last year. Divisions are continuing to monitor this.

6. Winter Pressures

The challenges during the winter period continued into March for the trust with a high level of non-elective activity presenting to services putting pressure on the elective surgical programme. A number of specialties have experienced high levels of hospital initiated cancellations as a result of this activity.