

St George's Healthcare NHS Trust Performance Report



TRUST BOARD
Period ending 31th December 2013

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Section 1: Executive Summary

The Performance Management Framework

The Trust is realigning its Performance Framework with the requirements of the NHS Trust Development Authority (TDA) and Monitor. The performance report has been updated to cover the new requirements of the TDA Accountability Framework for Trusts and to include greater visibility of performance at Divisional level, alongside Trustwide aggregate performance.

The TDA Accountability Framework

The accountability framework covers three domains – Quality & Governance, Finance and Delivering Sustainability. A set of indicators has been identified in each domain and delivery will be evaluated against a threshold and aggregated for each domain. In each domain Trusts will be rated in one of five categories – No identified concerns / Emerging concerns / Concern requiring investigation / Material issue / Formal action required. The Trust is also required to sign off two self certifications on a monthly basis at Board level covering compliance with Monitor's license requirements and a similar set of Board Statements previously reported under the NHS SOM during 2012/13.

The Monitor Compliance Framework

The Trust is reporting an **AMBER/ RED** Governance rating and a Financial Risk Rating (**FFR**) of **3** in December. The Trust is forecasting that the FRR of 3 will be maintained and the Governance rating will improve to Amber / Green or Green from Q4 once ED performance and 62 day cancer performance remedial plans take full effect. The TDA have advised the Trust remains in the Emerging Concerns category.

Exceptions

The reportable areas of underperformance at month 9 are as follows :

- **MRSA** The total number of MRSA incidents remains at 4 in December and is below the de minimis limit of 6 per annum applied by Monitor and the Trust Development Agency before a penalty score is applied.
- **A&E <4hrs** In December performance for ED (Type 1) was 94.3% and ED & MIU (Type 1 & 3) was 94.9%. Quarter to date, ED (Type 1) was 93.5% and for ED and MIU it was 94.2%. Our year to date total as at the end of December was 94.9%.
- **Cancer:** In November the Trust met all of its cancer targets except the 62 day target where only 80.8% of patients were seen against a target of 85%.

Section 2: Performance Management Framework of the Trust

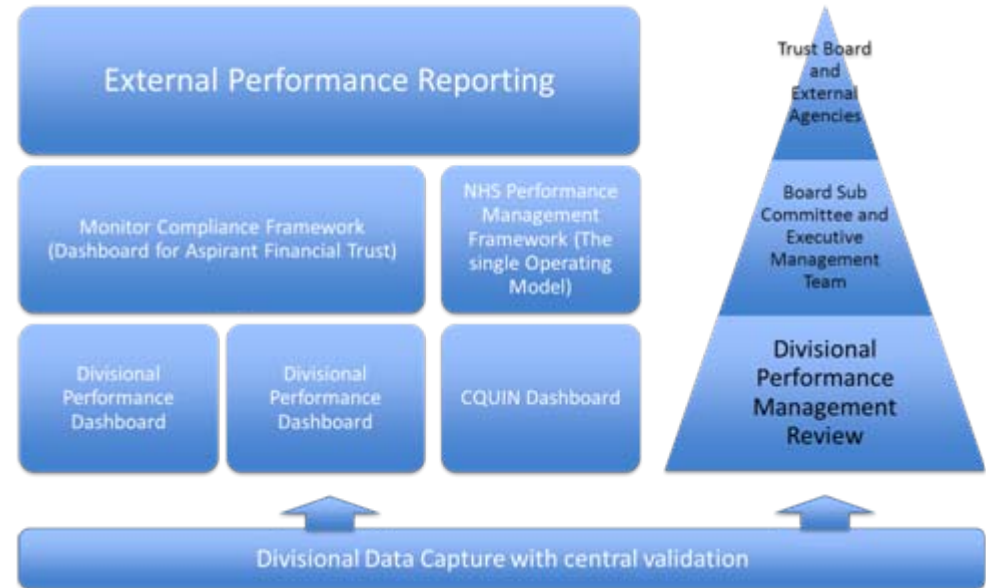
The Performance Management Framework of the Trust

The Trust continues to operate the Performance Framework presented to the Board and Finance and Performance Committee in April 2012. This is being refreshed to ensure the indicators included within the TDA Accountability Framework for NHS Trusts are reported against and to ensure that Divisional contributions to the Trusts aggregate reported performance are more visible.

The diagrams illustrate the components of the Trusts Performance Management Framework. The Trust operates escalation processes with Divisions that reflect the National escalation processes and the recommendations in Monitor's toolkits for implementing Service Line Management.

Quarterly Performance Reviews at Divisional Level, regular meetings with our commissioners, weekly Executive management Team meetings to address potential risks are all part of the Trusts Performance Management strategy.

- Escalation actions following Divisional reviews have focused on the action plan for recovering A&E 4 hour waits, financial performance within SNT and MedCard Divisions and Cancer performance to look at how delivery of the 62 day target can be improved and sustained.



The Performance Domains

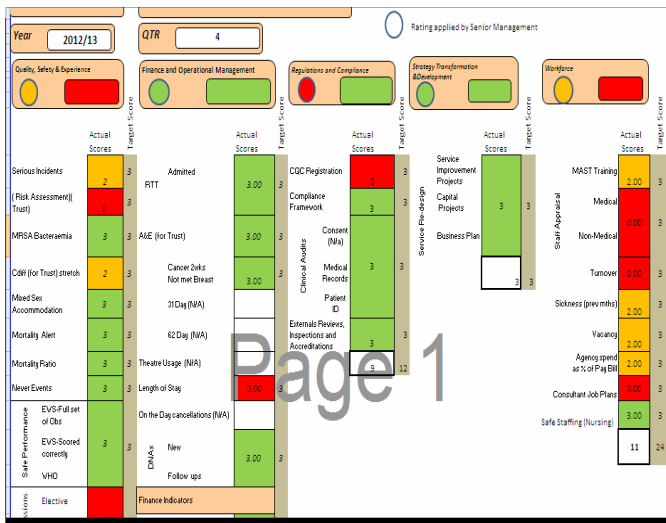


Section 2: Performance Management Framework of the Trust

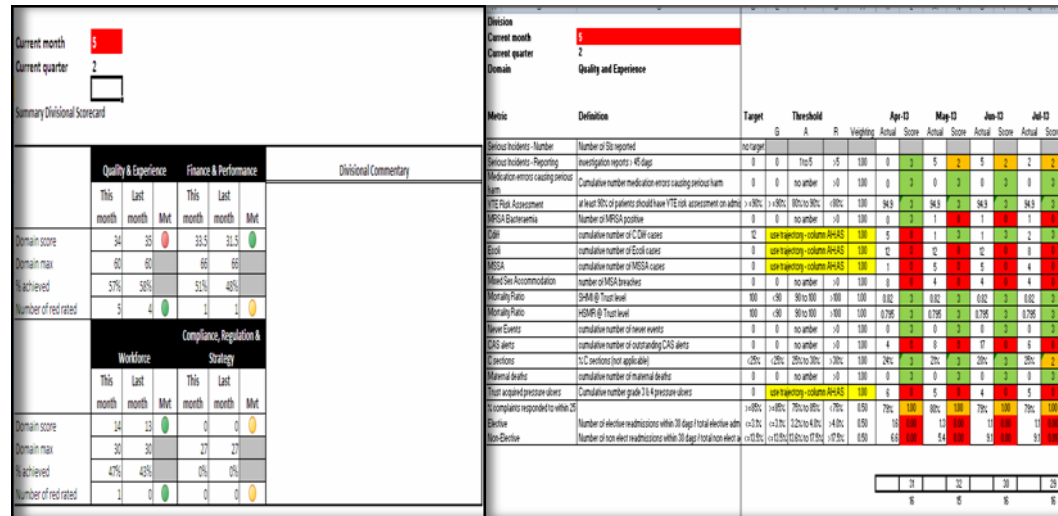
The Performance Management Framework of the Trust

The performance management arrangements includes quarterly reviews for each Division which review and challenge Divisional progress, with an opportunity for Divisions to share with the Executive team issues of concern.

The Trust has already extended this process by reporting divisional performance against the metrics within the TDA Accountability Framework, to the Finance and Performance committee on a monthly basis. The Trust reports on the vast majority of these metrics within the existing quarterly review process. Work continues to ensure that the Divisional scorecards and the Trust scorecard fully reflect all the metrics within the TDA Accountability Framework.



Example 1 of Scoring applied to Divisional Review.



Example 2 of Monthly Divisional Reports

A score and RAG rating is applied to the domains within each Division by the Senior Management Team, who use the information provided at the reviews to make a judgement about the Divisions performance and determine where remedial action plans and escalation is required. Work continues to apply a scoring system to our performance framework at Divisional level and to roll that up into an integrated scorecard for each Division and for the Trust on a monthly basis (see Example 2). A draft of this report has been presented to the Executive and reports for each division are now available.

Section 3: The NHS Trust Development Authority Accountability Framework for NHS Trusts

Section 3: TDA Accountability Framework

The Accountability Framework

The TDA will assess delivery across three domains as shown in the diagram :

- Quality and Governance
- Finance
- Sustainability

Against each domain Trusts will report against a series of metrics. These are listed in detail in Section 8 : definitions and metrics

In each domain Trusts will be rated in one of five categories as follows :-

No identified concerns	
Emerging concerns	
Concern requiring investigation	
Material issue	
Formal action required	

The Trust is also required to sign off self certifications on a monthly basis at Board level covering progress against FT milestones, compliance with Monitor's license requirements and a similar set of Board Statements that were contained within the SOM.

TDA objectives	Domains	Informing interactions and potential escalation
<ul style="list-style-type: none"> • Quality oversight of NHS Trusts • Performance management of NHS Trusts including finance • Progress of NHS Trusts to FT status 	Quality and Governance domain	<ul style="list-style-type: none"> • Business as usual interactions to support Trusts towards FT or alternative future organisational form • Escalation and intervention where risks indicate this is appropriate
	<p>Monthly</p> <ul style="list-style-type: none"> - Mandate standards incl. access, outcomes, patient experience (incl. Monitor metrics) - CQC and third party reports (incl. Monitor metrics) - Workforce, incl. senior executive turnover, monthly indicators of staff satisfaction <p>Quarterly / annually as appropriate</p> <ul style="list-style-type: none"> - Additional measures of governance and organisational health, e.g. staff survey results, board observations - GRR moving to RAF self-certification - Compliance with choice and competition license terms 	
	Finance domain	
	<p>Monthly</p> <ul style="list-style-type: none"> - In year performance against plan - In year financials - Statutory requirement <p>Quarterly / annually as appropriate</p> <ul style="list-style-type: none"> - Progress against Monitor FRR/RAF - Compliance with pricing license terms 	
	Delivering sustainability domain	
	<p>Monthly</p> <ul style="list-style-type: none"> - Progress against milestones in strategic plan, towards FT or other organisational form 	

Section 3: TDA Accountability Framework : Access metrics

This section headed 'Access' indicates how effective the trust is at providing patients with the appointments and treatment they need and require in accordance with the national standards and the NHS Constitution.

Performance against ED (Type 1) in December was 94.3% and ED & MIU (Type 1 & 3) was 94.9%. Quarter to date, ED (Type 1) was 93.5% and for ED and MIU it was 94.2%. Our year to date total as at the end of December was 94.9%.

The Trust has met all the referral to treatment targets, treating more than 90% of all admitted patients, more than 95% of all non admitted patient and meeting >92% of incomplete pathways.

Access Metrics

MetricName	Units	RAG (Mth)	Month					YTD				
			Trust	CSW	MED	SN	WC	Trust	CSW	MED	SN	WC
18 Weeks - Admitted waits	%	R ≤86 G ≥90	92.5	n/a	89.9	92.7	96.1	91.5	n/a	89.5	92.0	93.3
18 Weeks - Non Admitted waits	%	R ≤90, G ≥95	97.6	99.8	96.8	95.9	98.7	97.7	99.6	97.0	96.2	98.4
18 Weeks - Incomplete Waits	%	R ≤92, G ≥92	92.4	96.7	90.8	91.3	96.1	n/a	n/a	n/a	n/a	n/a
52 Week Waiters	No.	G 0, R >0	2	0	1	1	0	5	0	2	3	0
6 Week Diagnostic Waits	%	R ≤92, G ≥92	99.7	n/a	n/a	n/a	n/a	99.8	n/a	n/a	n/a	n/a
Operations cancelled for non-clinical reasons	%	G ≤0.8, R ≥1.5	1.5	n/a	1.7	2.0	0	1.2	n/a	1.1	1.4	0.7
Cancelled Operations re-booked within 28 days	%	G ≤5, R ≥15	8.3	n/a	14.2	0	n/a	5.1	n/a	7.6	3.2	4.4
A&E Waits (4 hours)	%	R ≤95, G ≥95	94.9	100	94.3	n/a	n/a	94.9	99.9	94.2	n/a	n/a
LAS handover within 15mins	%	R ≤95, G ≥99	36.2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LAS handover within 30mins	%	R ≤95, G ≥99	88.4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LAS handover within 60mins	No.	G 0, R >0	0	n/a	n/a	n/a	n/a	1	n/a	n/a	n/a	n/a
2 week GP referral to 1st outpatient -breast symptoms *	%	R ≤93, G ≥93	99.5	n/a	n/a	99.5	n/a	97.6	n/a	n/a	97.6	n/a
2 week GP referral to 1st outpatient cancer *	%	R ≤93, G ≥93	98.2	n/a	n/a	98.2	n/a	97.4	n/a	n/a	97.4	n/a
31 day second or subsequent treatment (drugs) *	%	R ≤98, G ≥98	100	n/a	n/a	100	n/a	100	n/a	n/a	100	n/a
31 day second or subsequent treatment (surgery) *	%	R ≤94, G ≥94	97.5	n/a	n/a	97.5	n/a	98.8	n/a	n/a	98.8	n/a
31 day standard - from diagnosis to first treatment *	%	R ≤96, G ≥96	97.5	n/a	n/a	97.5	n/a	97.7	n/a	n/a	97.7	n/a
62 day urgent GP referral to treatment for all cancers *	%	R ≤85, G ≥85	80.7	n/a	n/a	80.7	n/a	83.0	n/a	n/a	83.0	n/a
62 day urgent GP referral to treatment from Screening *	%	R ≤90, G ≥90	94.7	n/a	n/a	94.7	n/a	95.1	n/a	n/a	95.1	n/a

Section 3: TDA Accountability Framework : Outcome metrics

These indicators measure the outcomes resulting from treatment activity for which the Trust is responsible. The TDA framework includes monitoring Healthcare associated Infections and mortality.

The total number of MRSA incidents remains at 4 in December.

In December there was an additional 2 Cdiff incidents taking the total number of Cdiff incidents to 26 for the period April to December 2013. This is below the trusts trajectory of 39 at the end of December 2013 and a huge improvement on our performance in 2012/13 when the trust reported 47 incidents and in 2011/12, when there were 70 incidents.

There were a total of 8 Grade 3&4 pressure ulcers in December. For the last 2 quarters we have seen a reduction in the number of grade 3 and 4 pressure ulcers. In Quarter 1 there were 41, in Quarter 2 there were 29 and in Quarter 3 there were 25. All grade 3 and 4 pressure ulcers acquired in our care are investigated as serious incidents.

Outcome Metrics

MetricName	Units	RAG (Mth)	Month					YTD				
			Trust	CSW	MED	SN	WC	Trust	CSW	MED	SN	WC
Incidence of C.Difficile	No.	G ≤3, R ≥4	2	0	2	0	0	26	1	12	12	1
Incidence of MRSA	No.	G 0, R >0	0	0	0	0	0	4	1	2	1	0
Ecoli	No.	-	16	0	13	2	1	163	3	125	20	15
MSSA	No.	-	6	0	6	0	0	53	0	39	9	5
Medication Errors causing serious harm	No.	G 0, R >0	0	0	0	0	0	0	0	0	0	0
Trust Acquired Pressure Sores (G3/4)	No.	G 0, R >0	8	2	4	2	0	95	40	36	8	11
Serious Incidents	No.	G 0, R >0	13	2	5	4	2	79	22	21	19	17
Never Events	No.	G 0, R >0	0	0	0	0	0	2	0	0	0	2
C Sections (only applicable to Womens & Children)	%	G ≤28, R ≥30	23.4	n/a	n/a	n/a	23.4	22.5	n/a	n/a	n/a	22.5
Maternal Deaths	No.	G 0, R >0	0	n/a	n/a	n/a	0	0	n/a	n/a	n/a	0
SHMI	Rate	G ≤100, R ≥1..	81	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
HSMR	Rate	G ≤100, R ≥1..	85.8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
VTE Risk Assessment (data submitted to Unify)	%	R ≤95, G ≥95	94.8	n/a	n/a	n/a	n/a	94.5	n/a	n/a	n/a	n/a
CAS Alerts	No.	-	14	n/a	n/a	n/a	n/a	132	n/a	n/a	n/a	n/a
WHO Surgical Checklist (Qrtly audit: sign in/time-out/sig..)	%	R <100, G 100	99	n/a	97	99	100	n/a	n/a	n/a	n/a	n/a
Average LOS (elective)	days	-	3.9	n/a	5.1	3.8	2.1	3.8	n/a	4.2	3.8	2.4
Average LOS (non-elective)	days	-	4.5	20.6	4.5	7.3	2.7	4.8	39.6	5.1	6.9	2.6
30 Day emergency readmissions (fr elective)	%	-	1.5	n/a	1.4	1.7	0.8	1.3	n/a	1.1	1.9	1.1
30 Day emergency readmissions (fr non-elective)	%	-	5.6	0	7.7	53.9	1.0	5.9	31.8	8.6	7.6	1.3

Section 3: TDA Accountability Framework : Quality governance

A new process for validating breaches with the Acute Commissioning Unit and guidance on reporting breaches in critical care has contributed to trust ability to achieve this target. The trust has had 3 mixed sex accommodation breaches in December.

Complaints are a key focus for the Trust, and remain a priority for the Chief Nurse & DOO and the Quality and Risk Committee. Performance against the 25 day response target was 61% increasing to 76% where an extension has been agreed.

The Trust aims to increase its research activity and is currently developing divisional reports and targets with the Research leadership.

Quality Governance Indicators

MetricName	Units	RAG (Mth)	Month					YTD					
			Trust	CSW	MED	SN	WC	Trust	CSW	MED	SN	WC	
Patient satisfaction (friends and family) *	NPS	-	66	n/a	48	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mixed Sex accommodation	No.	G 0, R >0	3	0	0	3	0	40	0	12	28	0	
Nurse Bed Ratio	%	-	0.7	0.7	0.6	0.7	2.0	n/a	n/a	n/a	n/a	n/a	n/a
Percentage of registered nurses	%	-	75.3	57.5	100	77.9	100	n/a	n/a	n/a	n/a	n/a	n/a
Proportion temporary staff on wards (Clinical and Non)	%	-	16.8	39.3	16.6	12.5	34.3	n/a	n/a	n/a	n/a	n/a	n/a
Staff Turnover	%	G ≤13, R >13	13.6	13.2	14.9	11.8	14.1	n/a	n/a	n/a	n/a	n/a	n/a
Voluntary Staff Turnover	%	G ≤10, R >10	11.0	9.5	13.1	9.4	11.5	n/a	n/a	n/a	n/a	n/a	n/a
Sickness/absence rate *	%	G ≤3.5, R >3.5	4.3	5.6	3.3	3.7	4.8	n/a	n/a	n/a	n/a	n/a	n/a
Vacancy rate	%	G ≤11, R >11	9.9	12.0	8.4	9.2	9.1	n/a	n/a	n/a	n/a	n/a	n/a
MAST attendance	%	R ≤85, G ≥85	n/a	n/a	MAST data not available					n/a	n/a	n/a	
Percentage of staff appraisal (medical)	%	R ≤85, G ≥85	83.0	84.6	81.0	80	82.9	n/a	n/a	n/a	n/a	n/a	n/a
Percentage of staff appraisal (non-medical)	%	R ≤85, G ≥85	74	85.5	88.3	74.8	72.9	n/a	n/a	n/a	n/a	n/a	n/a
Complaints - response within 25d *	%	G ≤85, R ≥85	61.3	62.5	62.5	62.1	50	n/a	n/a	n/a	n/a	n/a	n/a

Research

MetricName	Units	RAG (Mth)	Month					YTD					
			Trust	CSW	MED	SN	WC	Trust	CSW	MED	SN	WC	
70 day - PI REPORT ..	%	R ≤60, G ≥70	31.5	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Green Rated Time to target of all Open CLRN Studies	%	R ≤45, G ≥70	46	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TIME TO TARGET - PD REPORT ..	%	R ≤60, G ≥70	46.8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total recruitment at St Georges NHS - cumulative	No.	R ≤1.8k, G ≥2.9k	2635	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Section 4: The Monitor Compliance Framework

Section 4 : Monitor Compliance Framework

The Trust Rating as at 31st December 2013

- The Trust Overall Rating is **AMBER/RED** for Performance and a **Financial Risk Rating of 3** at the end of December
- There have been four MRSA incidents year to date with no occurrences in December.
- In the Monitor Compliance Framework, Monitor applies a de minimis threshold of 6 for MRSA. With the Trust total below this, no penalty is recorded against this target. There were two Cdiff incidents in December taking the trust total to 26 against a target of 39.
- Compliance against the 62 day target remains challenging with performance below target at 80.8% in December. A review with our commissioners regarding certain aspects of the 62 day pathway, reviewing diagnostic capacity and development of a more robust informatics system should result in an improvement.
- A&E: In December for both Type 1 and Type 3, 94.97% of patients were seen within 4 hours, for Type 1 only, it was 94.4%. In Qtr 3 performance was 94.2%
- The forecast position is that the Finance Rating will be maintained at 3 and the Governance rating will revert to Amber / Green or Green once A&E and cancer action plans take full effect from Q4

Performance Rating



Financial Risk Rating

3

MONITOR COMPLIANCE
DASHBOARD FOR ASPIRANT FINANCIAL TRUST

November 2013						November 2013					
Indicators	Frequency	Period	Current /Recent Performance (R/A/G)	Threshold	Weighting achieved	Indicators	Frequency	Period	Current /Recent Performance (R/A/G)	Threshold	Weighting achieved
Outcomes						Access					
Clostridium(C) difficile- meeting the C. difficile objective	Quarterly	Oct- Dec	2 incidents in December 26 cases YTD 4 cases in the quarter	45	0	Maximum time of 18 weeks from point of referral to treatment in aggregate- admitted	Quarterly	Oct- Dec	92.57%	90%	0
Methicillin-resistant Straphylococcus aureus (MRSA) bacteraemia - meeting the MRSA objective	Quarterly	Oct- Dec	0 cases in December 4 cases YTD 1 case in the quarter Trust has exceeded target but within de minimis of 6	0	0	Maximum time of 18 weeks from point of referral to treatment in aggregate- non-admitted	Quarterly	Oct- Dec	97.6%	95%	0
Data Completeness CSW Referral to Treatment Information	Quarterly	Oct- Dec		50%	0	Maximum time of 18 weeks from point of referral to treatment in aggregate- patients on an incomplete pathway	Quarterly	Oct- Dec		92%	0
Referral Information	Quarterly	Oct- Dec		50%		Cancer first definitive treatment within 31 Day	Surgery	Quarterly	97.6% (Nov) 98.8% (Qtr to date) YTD 98.8%	94%	0
Treatment activity Information	Quarterly	Oct- Dec		50%			Drug	Oct- Dec	100% (Nov) 100% (Qtr to date) YTD 100%	98%	
Does the trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?				Yes	0	Cancer first definitive treatment within 62 Day	Standard	Quarterly	80.8% (Nov) 81.3% (Qtr to date) YTD 82.9%	85%	1
Does the trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria: treatment options; complaints procedures; and appointments?				Yes			Screening	Oct- Dec	94.7% (Nov) 94.9% (Qtr to date) YTD 94.6%	90%	
Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities				Yes		Cancer two week wait from referral to date first seen (2ww)	2ww	Quarterly	98.3% (Nov) 97.9% (Qtr to date) YTD 97.4%	93%	0
Does the trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?				Yes			Breast	Oct- Dec	99.6% (Nov) 99.5% (Qtr to date) YTD 97.7%	93%	
Does the trust have protocols in place to encourage representation of people with learning disabilities and their family carers?				Yes		All cancer 31 day wait from diagnosis to Treatment	Standard	Quarterly	97.5% (Nov) 98.0% (Qtr to date) YTD 97.7%	96%	0
Does the trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?				Yes	A&E maximum waiting time of four hours from arrival to admission/transfer/discharge		Oct- Dec	94.2%	95%	1	
Learning Disability					0	Total for Access					2
Total for Outcomes					0	Trust Overall Score for all Target and Indicators					2

Section 5 : Exceptions and Actions

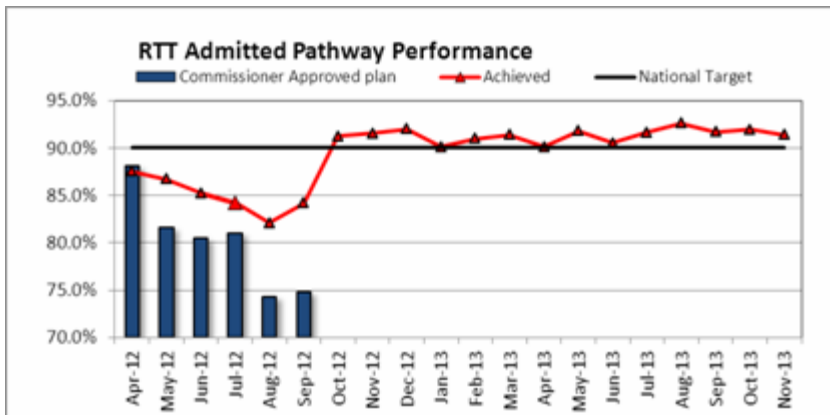
Exceptions and Actions

The following pages provide a summary of performance for the areas where the Trust is not meeting the required standards and the actions being taken to address the performance issues

18 week Referral to Treatment (RTT) performance : Admitted pathway

Performance : 92.57% compliance in December against target of 90%

- The Trust agreed a plan with Commissioners in 2012/13 to reduce the numbers of patients on the waiting list who had waited over 18 weeks (the backlog). In doing so it was recognised that for the period April to Sept inclusive the Trust would fail to meet the 90% compliance target as a greater proportion of patients who had waited in excess of 18 weeks were seen
- The Trust met the backlog reduction requirement whilst over achieving the trajectory agreed with and funded by Commissioners and since October 12 has sustained aggregate performance.
- The winter period has been challenging with emergency demand leading to pressure on elective capacity and further cancellations. Nevertheless, the Trust has sustained the overall levels of achievement above the 90% standard in aggregate.



Actions

Both Cardiology and Cardiac surgery will remain non compliant against the admitted wait target for the remaining months of 13/14 while reducing their backlogs. A recovery plan has been agreed for both of these specialities

Although General Surgery has maintained the 90% target for admitted a recovery plan has also been agreed with a plan to deliver between now and March to reduce the backlog

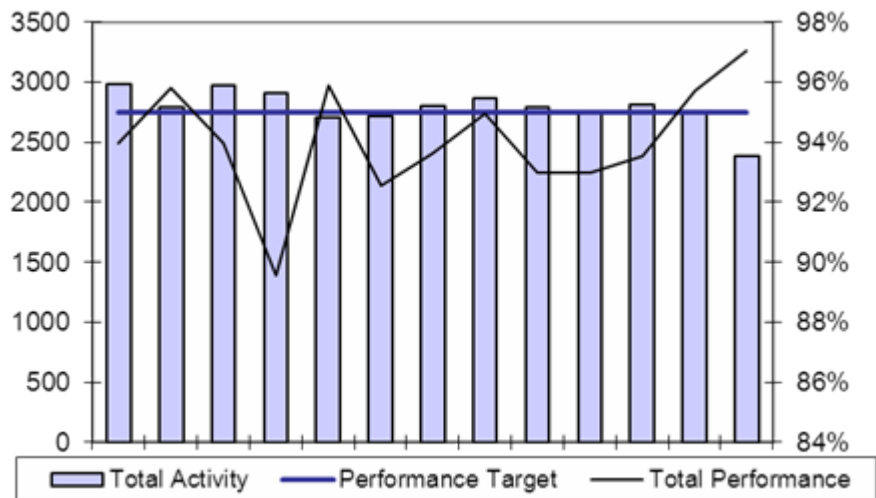
Reporting speciality	Within	Breach	%
General Surgery	225	25	90.00%
Urology	109	7	93.97%
Trauma & Orthopaedics	63	8	88.73%
Ear, Nose & Throat (ENT)	147	14	91.30%
Maxillofacial Surgery	107	4	96.40%
Neurosurgery	62	5	92.54%
Plastic Surgery	216	14	93.91%
Cardiothoracic Surgery	32	12	72.73%
Gastroenterology	160	5	96.97%
Cardiology	95	22	81.20%
Neurology	44	0	100.00%
Gynaecology	196	9	95.61%
Other	106	2	98.15%
Total	1562	127	92.48%

A&E performance

Performance :

December – 94.9% all types within 4 hours

Qtr 3 – 94.2% all types within 4 hours



The Trust reports that performance has improved for the month of December, 94.97% of patients were seen within 4hours, for both Type 1 and Type 3 performance. Type 1 only performance was 94.4%.

For Quarter 3 (October-December2013) performance stands at 94.2% for all Types and 93.5% for Type 1 only. The Trust performance is as shown in the table below for both ED and MIU.

	ED (Type 1)	MIU (Type 3)	ED & MIU (Type 1+3)
Month to date (December)	94.4%	100.0%	94.97%
Quarter to date (Q3)	93.5%	99.9%	94.2%
Year to date (up to 30 November 2013)	94.3%	100.0%	94.9%

Where MIU data are not yet available average daily figures have been used and 100% performance assumed.

Actions

- The trust is being supported by the Emergency Care Intensive Support Team (ECIST) who initially visited the hospital on 5 September 2013 making twenty recommendations. The trust continues to work with ECIST to implement the recommendations with subsequent visits taking place during September, October, November, and December. Further visits scheduled within January and February 2014 to look at ED patient flows and the frailty pathway.

- Weekly recovery meetings are being held with the Exec team and the cross divisional leadership teams. This has identified further steps the Trust can be taking to improve performance including review of the current week, plans for the weekend, and a look to the week ahead. This will take note of any plans in place that would directly impact on improving ED performance and the overall flow of patients through the system.

- The ED continues to focus on any improvements that can be made to the emergency / urgent pathways. The implementation of the Rapid Assessment and Treatment Service (RATS) commenced on 2 September 2013. The purpose of RATS is to provide early senior intervention in the patients pathway reducing the time to treatment within the ED. Roll out of RATS for five days a week from 2 December 2013 and 7 days from late December, through until the end of March.

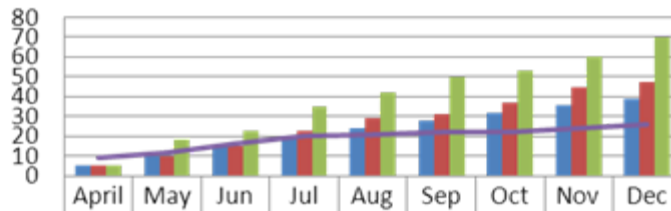
- Winter pressures monies received have funded additional doctors and nursing staff within the ED to support the increased patient demand. Specifically this entails a minimum of two additional junior doctors and one late long day for nursing per day, and a number of other schemes across the trust to enable flow such as additional on call registrar shifts for Stroke, Plastics, General Surgery and Paediatrics.

Performance : Total of 26 Cdiff cases to date vs trajectory of 45

A total of 4 MRSA cases year to date

Actions

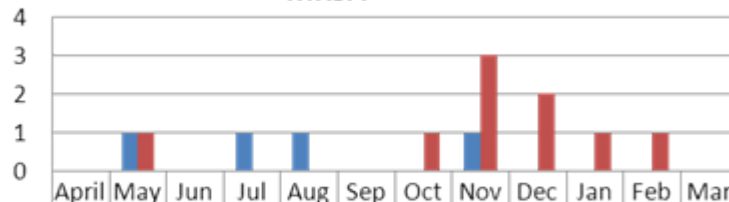
Cumulative Cdiff numbers



	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2013/14 Threshold	5	10	15	20	24	28	32	36	39
2012/13 Actuals (cum)	5	10	15	23	29	31	37	45	47
2011/12 Actuals (cum)	5	18	23	35	42	50	53	60	70
2013/14	9	12	16	20	21	22	22	24	26

- In December there was an additional 2 Cdiff incidents taking the total number of Cdiff incidents to 26 for the period April to December 2013. This is below the trusts trajectory of 39 at the end of December 2013 and a huge improvement on our performance in 2012/13 when the trust reported 47 incidents and in 2011/12, when there were 70 incidents.

MRSA



The Trust has a comprehensive action plan which is regularly monitored and updated.

C.difficile

- With the total cases below trajectory the trust will maintain its current strategy, continue to monitor this closely and take corrective action as required.

MRSA Bacteraemia

- The root cause analysis for the fourth bacteraemia was presented to the HCAI taskforce, the investigation did not reveal clear cause and no practice issues were highlighted. It was agreed that it was unavoidable .
- Previous bacteraemia test highlighted the need to develop a competence based assessment for taking blood cultures. This has not been approved.

- The total number of MRSA incidents remains at 4 in December and is below the de minimis limit of 6 per annum applied by Monitor and the Trust Development Agency before a penalty score is applied

Cancer Performance- 62 Day

Performance : 62 Day waits 80.8% compliance against target of 85%

Actions

Cancer Scorecard - 2013/14



National Cancer Targets

Cancer urgent referral to first outpatient appointment waiting times (A5)

Target	Care Quality Commission Target	2012/13 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Year to date rating
14 day standards	14 Day GP referral for all suspected cancers	93%	96.3%	97.2%	97.0%	98.1%	97.0%	97.5%	97.6%	98.3%	97.4%
	14 day breast symptomatic referral	93%	93.1%	96.9%	96.3%	97.2%	98.9%	98.7%	99.5%	99.6%	97.7%
31 day standards	31 day first treatment	96%	96.2%	99.2%	97.1%	98.5%	97.2%	97.5%	98.4%	97.5%	97.7%
	31 day subsequent surgery treatment	94%	100%	98.3%	100.0%	94.9%	100.0%	100.0%	100.0%	97.6%	98.8%
	31 day subsequent drug treatment	98%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
62 day standards	62 day GP referral to treatment	85%	89%	88.4%	84.5%	77.4%	86.0%	76.1%	82.0%	80.8%	82.9%
	62 day screening referral to treatment	90%	91%	95.7%	91.7%	95.6%	96.9%	97.2%	94.4%	94.7%	94.8%
	62 day consultant upgrade to treatment	85%				100.0%	100.0%	50.0%	100.0%		85.7%

The trust was non-compliant against the 62 Day target in November, reporting a performance of 80.8% against a target of 85%. The year to date position is 82.9%. All other cancer targets are being met by the trust.

Contractual / commissioning issues:

- QMR / Kingston contract:** The scheduling, monitoring and reporting of St George's (SGH) cancer activity at Queen Mary's Hospital (QMH) needs to be undertaken by a single team which should be the Cancer Management Team based at SGH, providing full visibility of the cancer performance for the whole organisation. It has been agreed that the commissioning lead for the Community Services Division will serve notice on the contract with Kingston Hospital (KH), who currently undertake this function and transfer the budget and the responsibility to the existing cancer management team. This action should be completed as a priority.
- Urology pathway:** Urology breaches make up the largest percentage of the reported breaches. The LCA best practice prostate pathway is to be implemented, requiring access to MRI and TRUS biopsy as part of a one-stop clinic. This will be very difficult to achieve in the short term but a pathway has been agreed for patients to attend a consultation, MRI, TRUS biopsy, MDT discussion and follow up consultation within a ten day period (this can currently take up to eight weeks). A meeting to formalise this will be set up for February with the intention of implementing this pathway in April 2014, to coincide with the appointment of two radiology consultants.

IT issues:

- PAS / Infoplex interface:** The transfer of the monitoring and reporting of QMH activity to St George's requires a direct feed from QMH PAS to the St George's cancer informatics system, Infoplex. A price has been agreed with the company that provide Infoplex to undertake this work. The Information department need to resolve two technical issues before this can take place.

Administrative issues:

- Tracking:** The cancer management team have developed a 62 day PTL capturing all TWR referrals received at SGH (not including QMH). A data validator has been recruited to start on 10th February to cleanse the PTL, enabling immediate escalation of capacity issues against proscribed pathway milestones and assist in expediting patient pathways where clinically appropriate.
- QMR TWRs:** All QMH two week referrals are to be scheduled by St George's Cancer Referral Office to reduce administrative delays in the pathway and to allow for tracking. This commenced for Urology referrals in December 2013, Breast referrals are due to be taken over on 27th January 2014, with all remaining tumour types due to be transferred by February 2014.

CQUIN PERFORMANCE as at October 2013 (Q2)

Trust wide performance (% of CQUIN Total)

CQUIN Goals & Indicators	Value	RAG
National Targets		
Friends & Family Test	581,750	Increased response - A&E struggling
NHS Safety Thermometer	729,715	
Dementia	581,750	not meeting assessment target
VTE	581,750	not meeting assessment target, schemed are linked so fail one fail both
Local Targets		
EOLC (acute) - End of Life Care (Year 3 of 3)	210,848	
Alcohol Misuse (Year 3)	276,201	Audit or pre-op clinic to create baseline outstanding
Smoking Cessation	396,361	Recruitment issues - failed target for Q2 - planned recovery in Q4
Maternity (Year 2 of 3)	2,261,023	
COPD Integration	424,188	
Oncology pathway	189,064	
Paediatrics Services(Year 2)	378,128	Should be green by year end
Medicines Management	232,632	
GP Communications	442,455	By year-end this will be green
Dermatology Redesign	112,370	
Integrated Heart Failure Service	167,280	
Integrated Fracture Liaison service	189,064	
Diabetes Service redesign	434,956	
Falls	189,064	

CQUIN PERFORMANCE as at October 2013 (Q2)

Trust wide performance (% of CQUIN Total)

CQUIN Goals & Indicators	Value	RAG
Community Minimum Data Set	295,929	
Community Ward	73,982	Failed Q3 - Attendance at MDT of CNS. Predicting Green for Q4
Children's Phlebotomy Service	106,535	
HIV	209,427	By year-end this will be green
Bone Marrow Transplantation	837,707	
Specialised Cancer	209,427	
Renal Dialysis	209,427	
Renal Transplantation	209,427	
Haemophilia	418,854	
Major Trauma	209,427	
NICU	418,854	
Fetal Medicine	209,427	
Dashboards	411,814	
Long Term Conditions	34,646	
Hepatitis B	34,646	Data recording and Prison office staffing issues - Action plan being developed
Hepatitis C	34,646	
People with learning disability	34,646	
AAA Screening - 179,376	66,232	
Bowel Screening - 1,394,009	66,232	
Breast Screening - 3,561,054	66,232	
DESP (retinal screening) - 649,221	66,232	
Early Years (HV etc) 6,843,719	66,232	
Total of Schemes	12,668,580	

Achievement:

Quarter 1 - 90%

Quarter 2 - 88%

Quarter 3 - 90%

Section 6: Definitions and Metrics

TDA Accountability Framework

The following pages provide details of the metrics included in the TDA performance framework.

Appendix 1: Oversight – Routine Quality and Governance indicators

Indicators in blue are in addition to mandatory and Monitor Risk Assessment Framework measures in support of the delivery of the TDA oversight function.

Acute NHS Trusts

Category	Indicator
CQC Concerns	<ul style="list-style-type: none"> Warning notice Civil and/or criminal action
Access metrics	<ul style="list-style-type: none"> Referral to treatment within 18 weeks <ul style="list-style-type: none"> Admitted 90% in 18 weeks Non admitted 95% in 18 weeks Incomplete 92% in 18 weeks Over 52 week waiters Number of diagnostic tests waiting longer than 6 weeks Cancelled operations re-booked within 28 days Urgent operation being cancelled for the second time A&E waits (4 hours) 62 day wait for first treatment <ul style="list-style-type: none"> 62 day urgent GP referral to treatment from screening 62 day urgent GP referral to treatment for all cancers 31 day wait for second or subsequent treatment <ul style="list-style-type: none"> 31 day second or subsequent treatment (surgery) 31 day second or subsequent treatment (drug) 31 day second or subsequent treatment (radiotherapy) 31 day wait from diagnosis to first treatment Two week wait referral to date first seen <ul style="list-style-type: none"> 2 week GP referral to 1st outpatient, cancer 2 week GP referral to 1st outpatient – breast symptoms

Category	Indicator
Outcomes metrics	<ul style="list-style-type: none"> 30 day emergency readmissions Incidence of MRSA Incidence of C. Difficile Medication errors causing serious harm Admissions of full-term babies to neo natal care Harm free care (pressure sores , falls, C-UTI and VTE) Serious incidents Never events eColi + MSSA cases C-sections rates Maternal deaths SHMI HSMR VTE risk assessment CAS Alerts WHO surgical checklist compliance
3rd party reports	Any relevant report including safeguarding alerts, serious case reviews, Ad-hoc reports from MPs, GMC, Ombudsman, Commissioners, litigation, etc
Quality governance indicators	<ul style="list-style-type: none"> Patient satisfaction (friends and family) Board turnover Sickness/absence rate Proportion temporary staff – clinical and non-clinical Staff turnover Nurse:bed ratio % nurses registered nurses Mixed sex accommodation Patient and carer voice Complaints % staff appraised

TDA Accountability Framework

Appendix 3: Oversight – Financial indicators

Measures of in-year financial delivery

Indicator No.	Indicator description
1a	Bottom line I&E position
1b	Year to date actual I&E compared to plan
1c	Forecast I&E compared to plan
2a	Actual efficiency compared to plan split recurring / non recurring
2b	Year to date actual efficiency recurring / non recurring compared to plan
2c	Forecast recurring efficiency / non recurring compared to plan
3	Forecast underlying revenue position compared to plan for the year
4	Forecast year end charge to capital resource limit compared to plan
5	Has Trust accessed a TBL or PDC for liquidity during 2013/14?
6	NHS Trust is in receipt of Distress Financing

Appendix 2: Oversight – Other Quality and Governance indicators

Category	Examples (not exhaustive)
Clinical standards	<ul style="list-style-type: none"> A&E consultant cover 24 x 7 Emergency paediatrics consultant rota Obstetrics consultant cover 24 x 7 Midwife cover
Staff satisfaction	<ul style="list-style-type: none"> Staff survey – friends and family test, material changes Staff survey – staff satisfaction, material changes
Board capability and capacity	<ul style="list-style-type: none"> Board observations B&GAF MQGF
Licence terms	<ul style="list-style-type: none"> Choice, competition and integration terms (self-certification)

Measures of progress towards FT status

Indicator No.	Indicator description
Monitor Compliance Framework	
1	EBITDA achieved (% of plan)
2	EBITDA margin, %
3	Net return after financing, %
4	I&E surplus margin net of dividend, %
5	Liquidity ratio days
	Combined Financial Risk Rating
Monitor Risk Assessment Framework – Continuity of Services	
1	Liquidity Days
2	Capital Services Capacity
3	Combined Risk Rating

These indicators will be assessed less frequently. They will not contribute directly to the quality and governance rating but they will be used to contribute to the overall judgement of the delivery of the organisation

Section 7: Appendices

Appendix 1: Benchmark Data

Accident and Emergency (All type): 4 hour wait December 2013

Top 5 QTD Trusts:

- 1.Moorfields
- 2.Chelsea & Westminster
- 3.West Middlesex
- 4.Guys & St Thomas'
- 5.Royal Free

Bottom 5 QTD Trusts:

- 18.UCLH
- 19.Lewisham & Greenwich
20. Barnet & Chase Farm
- 21.King's
- 22.Barking, Havering & Redbridge

	08/12/13	15/12/13	22/12/13	29/12/13	4 weeks average	Quarter 3
Chelsea & Westminster	97.82%	98.44%	98.64%	98.70%	98.37%	98.24%
Ealing	96.99%	94.63%	95.28%	93.78%	95.17%	96.18%
Hillingdon	95.78%	97.01%	96.75%	95.99%	96.39%	95.73%
Imperial	94.15%	95.35%	96.23%	96.08%	95.40%	95.94%
North West London Hospitals	93.44%	93.06%	92.31%	95.64%	93.57%	93.84%
West Middlesex	96.12%	97.25%	95.94%	97.24%	96.63%	97.15%
North West London Trusts	96.09%	96.45%	96.38%	96.79%	96.42%	96.66%
Barnet & Chase Farm	96.39%	93.01%	95.20%	95.16%	94.99%	91.43%
Moorfields	99.94%	99.94%	100.00%	100.00%	99.97%	99.86%
North Middlesex	93.37%	96.36%	93.92%	96.36%	95.01%	95.52%
Royal Free	95.48%	93.02%	95.04%	97.85%	95.23%	96.37%
UCLH	91.05%	93.33%	93.02%	91.88%	92.33%	92.52%
Whittington	96.72%	96.84%	95.51%	96.86%	96.48%	95.94%
Barking, Havering & Redbridge	85.72%	87.63%	87.35%	91.14%	87.89%	88.44%
Bart's Health	95.10%	95.07%	96.16%	95.86%	95.53%	95.75%
Homerton	96.40%	95.28%	96.52%	97.73%	96.44%	96.09%
North and East London Trusts	94.53%	94.78%	95.05%	95.91%	95.03%	94.99%
Guys & St Thomas'	96.81%	96.08%	96.36%	97.52%	96.64%	96.78%
King's College	89.34%	86.62%	87.33%	88.25%	87.87%	89.35%
Lewisham & Greenwich	91.80%	91.37%	91.62%	95.36%	92.46%	92.12%
Epsom & St. Helier	95.64%	95.02%	90.71%	96.20%	94.38%	95.41%
Kingston	96.14%	95.77%	93.88%	94.58%	95.15%	95.44%
Croydon Healthcare	94.01%	96.79%	95.20%	97.51%	95.82%	94.11%
→ St. George's	93.55%	93.51%	95.71%	97.07%	94.87%	94.06%
South London Trusts	94.18%	93.69%	93.38%	95.36%	94.11%	94.25%
Total London Performance	94.92%	94.95%	94.95%	96.03%	95.18%	95.27%

Accident and Emergency (Type 1): 4 hour wait

December 2013

TYPE 1 Only	Last 4 Weeks Sitrep				4 Wk Avg	Qly Perf 2013-14
	08/12/13	15/12/13	22/12/13	29/12/13	29/12/13	Q3
Chelsea & Westminster	97.82%	98.44%	98.64%	98.70%	98.37%	98.24%
Ealing	95.02%	88.16%	88.96%	84.47%	89.29%	91.71%
Hillingdon	89.06%	92.21%	91.92%	90.02%	90.80%	89.13%
Imperial	87.11%	90.00%	91.71%	92.05%	90.11%	91.69%
North West London Hospitals	86.07%	85.28%	84.51%	91.44%	86.71%	87.69%
West Middlesex	91.31%	93.69%	91.07%	93.85%	92.46%	93.73%
North West London Trusts	90.85%	91.57%	91.46%	92.57%	91.58%	92.34%
Barnet & Chase Farm	96.39%	91.66%	94.19%	93.97%	94.27%	91.11%
North Middlesex	93.37%	96.36%	93.92%	96.36%	95.01%	95.11%
Royal Free	95.48%	93.02%	95.04%	97.85%	95.23%	96.37%
UCLH	91.05%	93.33%	93.02%	91.88%	92.33%	92.52%
Whittington	96.72%	96.84%	95.51%	96.86%	96.48%	95.94%
Barking, Havering & Redbridge	82.84%	85.12%	84.84%	89.29%	85.44%	86.25%
Bart's Health	93.35%	93.27%	94.54%	94.10%	93.80%	94.17%
Homerton	96.40%	95.28%	96.52%	97.73%	96.44%	96.09%
North and East London Trusts	92.56%	92.74%	92.95%	94.28%	93.08%	92.95%
Guys & St Thomas'	95.98%	95.06%	95.35%	97.00%	95.79%	95.91%
King's College	86.04%	82.40%	83.19%	84.92%	84.12%	86.07%
Lewisham & Greenwich	89.42%	88.91%	89.40%	94.19%	90.39%	90.26%
Epsom & St. Helier	95.42%	94.78%	90.30%	96.10%	94.14%	95.20%
Kingston	95.87%	95.42%	93.73%	94.34%	94.90%	95.11%
Croydon Healthcare	88.28%	93.47%	90.51%	95.11%	91.71%	88.06%
St. George's	92.85%	92.70%	95.20%	96.73%	94.27%	93.35%
South London Trusts	91.50%	90.70%	90.30%	93.28%	91.39%	91.59%
London	91.86%	91.78%	91.71%	93.59%	92.19%	92.34%

Blue = Trauma Centres

+1.88%

Top 5 Trusts QTD

1. Chelsea & Westminster
2. Royal Free
3. Homerton
4. Whittington
5. Guys & St Thomas'

Bottom 5 Trusts QTD

17. Hillingdon
18. Croydon Healthcare
19. North West London
20. Barking, Havering & Redbridge
21. King's

MRSA Dashboard 2013-14

NB. Trajectories for 2013-14 are Zero for MRSA.

Black Trust above Annual Trajectory
RED Trust above both YTD trajectory and Proportional Trajectory
AMBER Trust above either YTD trajectory or Proportional Trajectory

Sector	Trust Name	Total for last 12 months	Total for last 3 months	Number of cases so far this month	Number of cases last month	13-14 YTD Position to 2nd Jan	12-13 YTD to End of December	Days Since Last Case
NEL	Barking, Havering And Redbridge Hospitals NHS Trust	2	2	0	1	2	8	20
NEL	Barnet And Chase Farm Hospitals NHS Trust	4	1	0	1	4	4	32
NEL	Barts Health Trust	7	3	0	0	7	10	33
NEL	Great Ormond Street Hospital For Children NHS Trust	2	1	0	1	2	2	17
NEL	Homerton University Hospital NHS Foundation Trust	2	0	0	0	2	0	155
NEL	North Middlesex University Hospital NHS Trust	4	2	0	1	4	1	24
NEL	Royal Free NHS Foundation Trust	0	0	0	0	0	2	669
NEL	Royal National Orthopaedic Hospital NHS Trust	0	0	0	0	0	0	1536
NEL	University College London Hospitals NHS Foundation Trust	5	1	0	0	5	3	37
NEL	Whittington Hospital NHS Trust	2	1	0	0	2	1	54
NWL	Chelsea And Westminster Hospital NHS Foundation Trust	3	1	0	0	3	1	51
NWL	Ealing Hospital NHS Trust	0	0	0	0	0	1	671
NWL	Hillingdon Hospital NHS Trust	1	0	0	0	1	1	217
NWL	Imperial College Healthcare NHS Trust	6	0	0	0	6	4	92
NWL	North West London Hospitals NHS Trust	1	0	0	0	1	3	63
NWL	Royal Brompton And Harefield NHS Trust	2	0	0	0	2	0	174
NWL	West Middlesex University NHS Trust	2	0	0	0	2	3	64
SL	Croydon Healthcare Services NHS Trust	1	0	0	0	1	0	238
SL	Epsom And St Helier NHS Trust	2	0	0	0	2	6	111
SL	Guy's and St Thomas's NHS Foundation Trust	3	0	0	0	3	0	164
SL	King's College Hospital NHS Trust	6	2	0	0	6	1	36
SL	Kingston Hospital NHS Trust	1	0	0	0	1	1	97
SL	Lewisham & Greenwich Healthcare NHS Trust	1	0	0	0	1	1	155
SL	Royal Marsden NHS Foundation Trust	1	0	0	0	1	0	185
SL	South London NHS Healthcare Trust	0	0	0	0	0	0	658
SL	St George's Healthcare NHS Trust	4	1	0	0	4	8	45
Total	LONDON	62	15	0	4	62	61	

* Data in the body of the report may reflect more recent updates

C.Difficile Dashboard 2013-14

Black	Trust above Annual Trajectory
RED	Trust above both YTD trajectory and Proportional Trajectory
AMBER	Trust above either YTD trajectory or Proportional Trajectory
GREEN	Trust below both YTD trajectory and Proportional Trajectory

Sector	Trust Name	Annual Trajectory	Year to date Trajectory	Proportion of annual trajectory	Total for last 12 months	Total for last 3 months	Number of cases so far this month	2013-14 YTD Position to 19th December	2012-13 YTD Position to End November	Days Since Last Case
NEL	Barking, Havering And Redbridge Hospitals NHS Trust	40	30	33.3	18	4	0	18	54	35
NEL	Barnet And Chase Farm Hospitals NHS Trust	25	19	20.8	15	2	0	15	13	40
NEL	Barts Health Trust	75	56	62.5	55	14	0	55	68	9
NEL	Great Ormond Street Hospital For Children NHS Trust	7	5	5.8	8	0	0	8	7	122
NEL	Homerton University Hospital NHS Foundation Trust	7	5	5.8	1	1	0	1	11	13
NEL	North Middlesex University Hospital NHS Trust	16	12	13.3	12	1	0	12	16	20
NEL	Royal Free NHS Foundation Trust	33	25	27.5	29	2	0	29	39	38
NEL	Royal National Orthopaedic Hospital NHS Trust	3	2	2.5	8	0	0	8	6	101
NEL	University College London Hospitals NHS FT	39	29	32.5	51	7	0	51	43	32
NEL	Whittington Hospital NHS Trust	10	7	8.3	15	3	0	15	10	44
NWL	Chelsea And Westminster Hospital NHS FT	13	9	10.8	7	3	0	7	11	19
NWL	Ealing Hospital NHS Trust	17	13	14.2	7	0	0	7	13	75
NWL	Hillingdon Hospital NHS Trust	14	10	11.7	11	3	0	11	18	8
NWL	Imperial College Healthcare NHS Trust	65	48	54.2	42	1	0	42	66	58
NWL	North West London Hospitals NHS Trust	26	18	21.7	13	1	0	13	27	56
NWL	Royal Brompton And Harefield NHS Trust	7	7	5.8	7	0	0	7	16	78
NWL	West Middlesex University NHS Trust	12	7	10.0	13	1	0	13	12	45
SL	Croydon Healthcare Services NHS Trust	18	14	15.0	8	2	0	8	20	32
SL	Epsom And St Helier NHS Trust	47	33	39.2	31	5	0	31	54	3
SL	Guy's and St Thomas's NHS Foundation Trust	47	36	39.2	30	6	0	30	42	7
SL	King's College Hospital NHS Trust	49	36	40.8	49	13	0	49	45	6
SL	Kingston Hospital NHS Trust	15	12	12.5	21	3	0	21	19	39
SL	Lewisham & Greenwich Healthcare NHS Trust	10	9	8.3	25	1	0	25	7	13
SL	Royal Marsden NHS Foundation Trust	11	8	9.2	9	2	0	9	8	52
SL	South London NHS Healthcare Trust	47	36	39.2	0	0	0	0	38	657
SL	St George's Healthcare NHS Trust	45	36	37.5	26	4	0	26	47	14
Total	LONDON	698	522	581.7	511	79	0	511	710	

* Data in the body of the report may not reflect more recent updates