St George's Healthcare NHS
NHS Trust

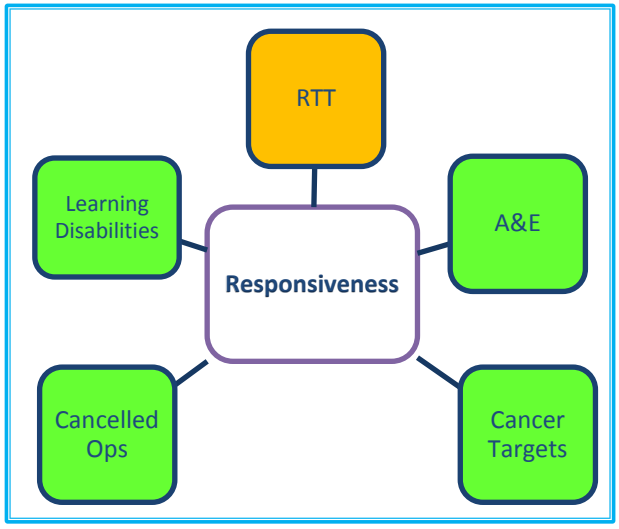
Performance Report

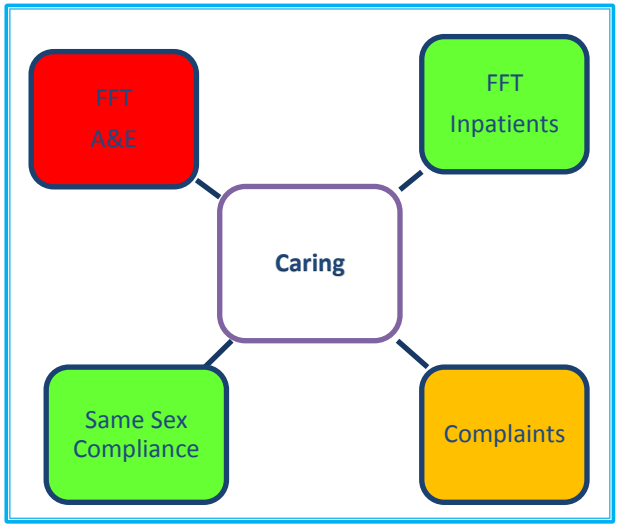
Trust Board
Month 4 - July 2014

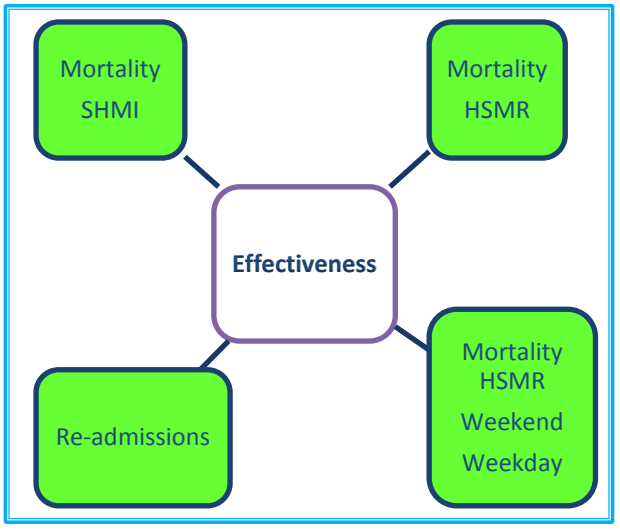
excellent kind responsible respectful

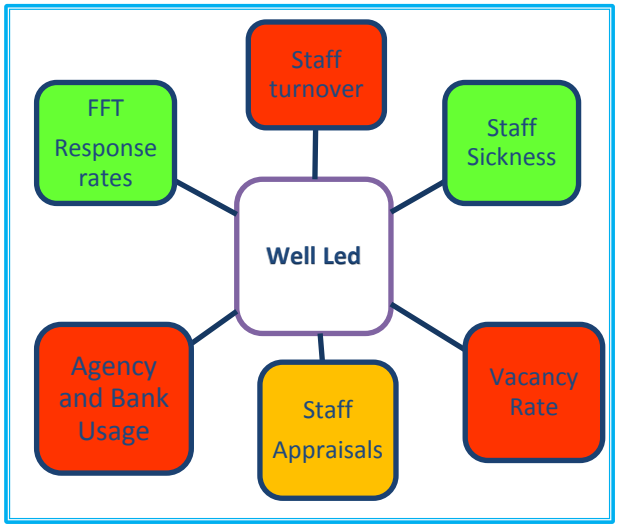
CONTENTS

1. Executive Summary - Key Priority Areas July 2014









The above shows an overview of July 2014 performance for key areas within each domain of the NHS TDA Accountability Framework. These domains as per decision by the NHS TDA correlate to those of the CQC intelligent monitoring framework.

The overview references where the trust may not be meeting 1 or more related targets. (Note Cancer RAG rating is for June 2014 as reported one month in arrears)

This report is produced in line with the trust performance management framework which encompasses the NHS TDA and Monitor regulatory requirements. An overview of this is provided in appendix-A at the end of this report.

2. TDA Accountability Framework KPIs 2014/15: July 14 Performance (Page 1 of 1)

Responsiveness Domain					
Metric	**Standard**	**YTD**	**June**	**July**	**Movement**
Referral to Treatment Admitted	90%		90.20%	85.60%	⮟
Referral to Treatment Non-Admitted	95%		97.20%		
Referral to Treatment Incomplete	92%		92.60%	92.02%	⮟
Referral to Treatment Incomplete 52+ Week Waiters	0		4	1	⮟
Diagnostic waiting times > 6 weeks	1%		0.57%	0.69%	⮝
A&E All Types Monthly Performance	95%	95.11%	95.80%	95.45%	⮟
12 hour Trolley waits	0	0	0	0	➤
Urgent Ops Cancelled for 2nd time (Number)	0	0	0	0	➤
Proportion of patients not treated within 28 days of last minute cancellation	0%	2.10%	1.20%	0.00%	⮟
Certification against compliance with requirements regarding access to health care for people with a learning disability	Compliant	Yes	Yes	Yes	➤
	Standard	**YTD**	**Q4**	**Q1**	**Movement**
Two Week Wait Standard	93%	95.3%	98.2%	95.3%	⮟
Breast Symptom Two Week Wait Standard	93%	94.5%	99.0%	94.5%	⮟
31 Day Standard	96%	98.2%	97.1%	98.2%	⮝
31 Day Subsequent Drug Standard	98%	100.0%	100.0%	100.0%	➤
31 Day Subsequent Surgery Standard	94%	97.8%	100.0%	97.8%	⮟
62 Day Standard	85%	86.8%	84.7%	86.8%	⮝
62 Day Screening Standard	90%	90.4%	93.5%	90.4%	⮟
Domain Score			**5**		

Safe Domain					
Metric	**Standard**	**YTD**	**June**	**July**	**Movement**
Clostridium Difficile - Variance from plan	0	-3	1	-1	⮟
MRSA bactaraemias	0	3	1	1	➤
Never events	0	0	0	0	➤
Serious Incidents	0	69	9	24	⮝
Percentage of Harm Free Care	95%		94.7%	93.7%	⮟
Medication errors causing serious harm	0	0	0	0	➤
Overdue CAS alerts	0	1	1	1	➤
Maternal deaths	1	0	0	0	➤
VTE Risk Assessment	95%		95.8%	99.0%	⮝
Domain Score			**3**		

Effectiveness Domain							
Metric	**Standard**	**Weighting**	**Score**	**YTD**	**June**	**July**	**Movement**
Hospital Standardised Mortality Ratio (DFI)	100	5	0	79.7	78.7	78.7	➤
Hospital Standardised Mortality Ratio - Weekday	100	5	0	86.2	86.2	86.2	➤
Hospital Standardised Mortality Ratio - Weekend	100	5	0	90.8	90.8	90.8	➤
Summary Hospital Mortality Indicator (HSCIC)	100	5	0		78	80	⮝
Emergency re-admissions within 30 days following an elective or emergency spell at the Trust	5%	5	0	3.3%	3.2%	3.4%	⮝
Domain Score				**5**			

Caring Domain							
Metric	**Standard**	**Weighting**	**Score**	**YTD**	**June**	**July**	**Movement**
Inpatient Scores from Friends and Family Test	60	5	0		62	66	⮝
A&E Scores from Friends and Family Test	46	5	5		46	43	⮟
Complaints		5	0		103	100	⮟
Mixed Sex Accommodation Breaches	0	2	0		0	0	➤
Domain Score				**4**			

Well Led Domain							
Metric	**Standard**	**Weighting**	**Score**	**YTD**	**June**	**July**	**Movement**
IP response rate from Friends and Family Test	30%	2	0		37.60%	44.90%	⮝
A&E response rate from Friends and Family Test	20%	2	0		33.60%	37.70%	⮝
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work	61%	2	0	61%			
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment	67%	2	0	69&			
Trust turnover rate	13%	3	3		15.30%	15.90%	⮝
Trust level total sickness rate	3.50%	3	0		3.58%	3.49%	⮟
Total Trust vacancy rate	11%	3	3		12.28%	13.10%	⮝
Temporary costs and overtime as % of total paybill	3.50%	3	3		7.90%	9.40%	⮝
Percentage of staff with annual appraisal - Medical	85%	1.5	0		84.90%	86.80%	⮝
Percentage of staff with annual appraisal - non-medical	85%	1.5	1.5		73.30%	78.40%	⮝
Domain Score				**3**			

Trust Overall Quality Score	5

The trusts self-assessment against the NHS TDA Accountability framework in July 2014 is as detailed above with a overall quality score of 4. (Note: for July-14 RTT admitted has been excluded for scoring as breach of target is authorised as part of the national RTT resilience programme).

This places the trust under the category of low risk with no escalation, and under standard oversight with NHS TDA.

Key: Quality/Excalation Score

1	2	3	4	5
Special Measures		**Intervention**		**Standard Oversight**

3. Monitor Risk Assessment Framework KPIs 2014/15: July 14 Performance (Page 1 of 1)

Access							
Metric	**Standard**	**Weighting**	**Score**	**YTD**	**June**	**July**	**Movement**
Referral to Treatment Admitted	90%	1	0		90.20%	85.60%	↓
Referral to TreatmentNon Admitted	95%	1	1		97.20%	1	↓
Referral to Treatment Incomplete	92%	1	0		92.60%	92.02%	↓
A&E All Types Monthly Performance	95%	1	0	95.10%	95.80%	95.45%	↓
				YTD	**Q4**	**Q1**	
62 Day Standard	85%	1	0	86.8%	84.7%	86.8%	↑
62 Day Screening Standard	90%	1	0	90.4%	93.5%	90.4%	↑
31 Day Subsequent Drug Standard	98%	1	0	100.0%	100.0%	100.0%	→
31 Day Subsequent Surgery Standard	94%	1	0	97.8%	100.0%	97.8%	↓
31 Day Standard	96%	1	0	98.2%	97.1%	98.2%	↑
Two Week Wait Standard	93%	1	0	95.3%	98.2%	95.3%	↓
Breast Symptom Two Week Wait Standard	93%	1	0	94.5%	99.0%	94.5%	↓

Outcomes							
Metric	**Standard**	**Weighting**	**Score**	**YTD**	**June**	**July**	**Movement**
Clostridium Difficile - Variance from plan	0	1	0	0	0	0	→
Certification of Compliance Learning Disabilities:							
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?	Compliant	1	0	Yes	Yes	Yes	→
Does the trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria: · treatment options; · complaints procedures; and · appointments?	Compliant			Yes	Yes	Yes	→
Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities	Compliant			Yes	Yes	Yes	→
Does the trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?	Compliant			Yes	Yes	Yes	→
Does the trust have protocols in place to encourage representation of people with learning disabilities and their family carers?	Compliant			Yes	Yes	Yes	→
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?	Compliant			Yes	Yes	Yes	→
Data Completeness Community Services:							
Referral to treatment	50%	1			80%	80%	→
referral information	50%	1			90%	90%	→
treatment activity	50%	1			100%	100%	→

Trust Overall Quality Governance Score	1	1	→

Green <1.0
Amber Green= >1 and <2
Amber/Red = >2 and <4
Red= >4

July 2014 Performance against the risk assessment framework is as follows:

The trust's quality governance rating is 'Amber/Green'.

Note: for July-14 RTT admitted has been excluded for scoring as breach of target is authorised as part of the national RTT resilience programme.

The trust CoSSR position is 3, which rated as 'Green'.

Areas of underperformance for quality governance are:

- RTT
- Cancer 62 day performance in month
- Infection Control

Further details and actions to address underperformance are further detailed in the report.

Further details on SIs, Harm Free care and FFT are provided in the trust quality report.

3. Performance Areas of Escalation (Page 1 of 3) - Infection Control

MRSA						
Lead Director	June	July	Movement	2014/2015 Target	Forecast Aug - 14	Date expected to meet standard
JH	1	1	>	0	G	Aug 14

Peer Performance – YTD July 2014				
STG	Croydon	Kingston	King's College	Epsom & St Helier
3	1	0	1	1

C-Diff						
Lead Director	June	July	Movement	2014/2015 Target	Forecast Aug - 14	Date expected to meet standard
JH	5	3	v	40	G	-

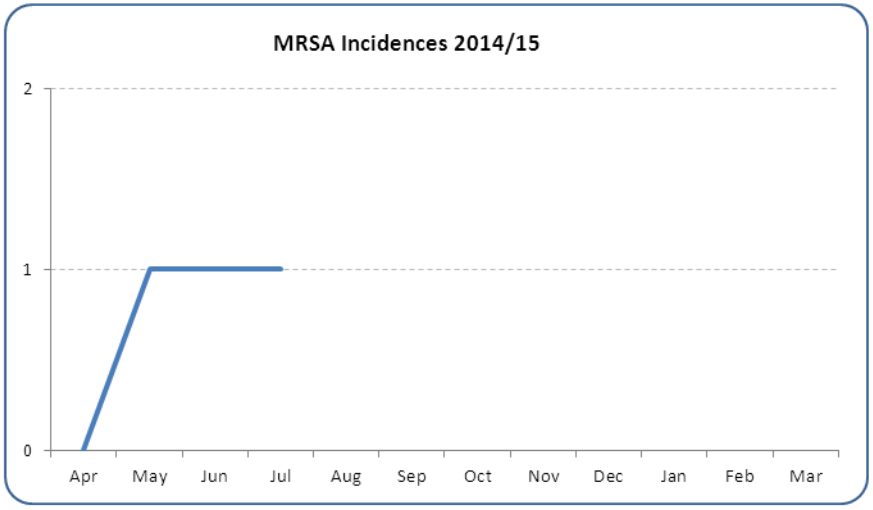
Peer Performance – YTD July 2014 (annual trajectory in brackets)				
STG	Croydon	Kingston	King's College	Epsom & St Helier
14 (40)	5 (17)	2(24)	31 (58)	17 (40)

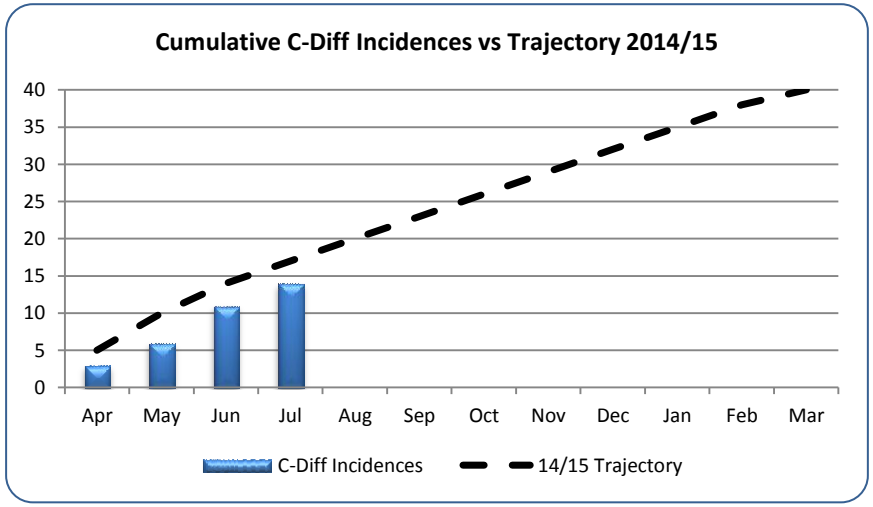
In 2014/15 the trust has a target of no more than 40 Cdiff incidents and zero tolerance against MRSA.

In July there were 3 Cdiff incidents against a trajectory of 4 for the month. However, overall YTD the trust has had 14 incidences of C-Diff against a trajectory of 17.

The trust has had 1 case of MRSA infection in July and thus has breached the zero tolerance standard. YTD the trust has had 3 cases of MRSA. However, with the NTDA still applying the de minimis limit of 6, the trust is within threshold before a penalty score is applied.

Performance will be monitored closely to ensure continued compliance.





3. Performance Areas of Escalation (Page 2 of 3) - RTT

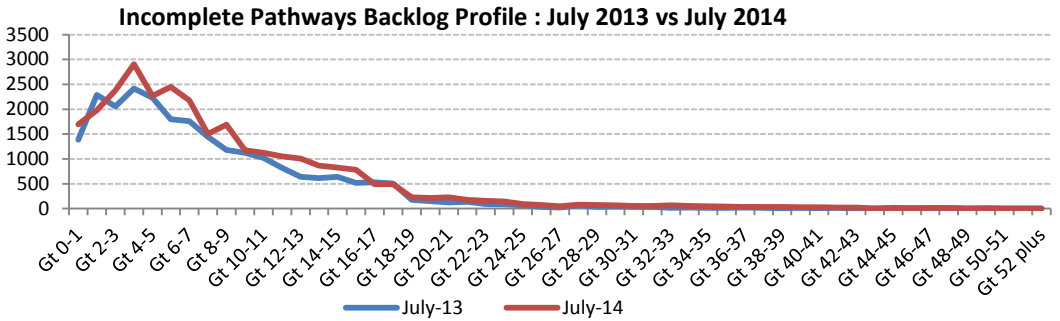
Referral to Treatment - Admitted						
Lead Director	June	July	Movement	2014/2015 Target	Forecast Aug – 14	Date expected to meet standard
SB	90.2%	85.6%	⮟	90%	R	Sep-14

Peer Performance Comparison – Latest Published June 2014				
STG	Croydon	Kingston	King's College	Epsom & St Helier
90.2%	92.6%	91.5%	76.3%	90.4%

Referral to Treatment - Incomplete						
Lead Director	June	July	Movement	2014/2015 Target	Forecast July - 14	Date expected to meet standard
SB	92.6%	92.02%	⮟	92%	G	-

Peer Performance Comparison - Latest Published June 2014				
STG	Croydon	Kingston	King's College	Epsom & St Helier
92.6%	94.3%	95.4%	92.3%	94.0%

Performance by Treatment Function		
	Admitted Performance	Incomplete Performance
General Surgery	81.9%	86.6%
Urology	79.00%	91.2%
Trauma & Orthopaedics	83.2%	92.7%
Ear, Nose & Throat (ENT)	86.90%	86.6%
Ophthalmology		99.0%
Oral Surgery	94.4%	99.1%
Neurosurgery	93.0%	88.6%
Plastic Surgery	89.5%	92.5%
Cardiothoracic Surgery	69.5%	68.0%
General Medicine		93.6%
Gastroenterology	97.3%	94.6%
Cardiology	63.8%	85.9%
Dermatology		98.1%
Thoracic Medicine	100%	92.6%
Neurology	96.4%	97.2%
Rheumatology		93.9%
Geriatric Medicine		90.5%
Gynaecology	90.5%	90.8%
Other	95.0%	95.9%
Total	**85.6%**	**92.02%**



At the end of July there were 7 specialities which failed to meet the admitted standard of 90% and 9 specialties failed to meet the incomplete pathways standard of 92%. The failure of admitted performance was forecasted/authorised in light of the additional backlog activity undertaken as part of the national RTT resilience programme.

Cardiology will continue to be non-compliant in 2014-15, however the backlog will continue to significantly reduce as the recovery plan and planned additional long-waiter activity is implemented . This will continue to be reviewed with commissioners, and plans adapted accordingly. Additional delivery of backlog activity is evident for cardiology in its declining admitted performance.

Key focus and pro-active management continues to be applied to all long waiters., with weekly RTT meetings reviewing all patients over 35 weeks. The trust is putting increased focus on 52 week + waiters and reviewing the themes arising from the RCAs to improve our performance. Monthly RTT compliance meetings chaired by an Executive Director continue to review RTT overall and to address issues of escalation from weekly meetings. In addition to this the group will review additional activity planned going forward as part of the national RTT resilience programme.

At end of July the trust had 1 ENT patient on an incomplete pathway waiting 52+ weeks. Root cause analysis is currently being undertaken on the reason for the long wait and pro-active steps are being taken to get the patients booked for imminent treatment.

3. Performance Areas of Escalation (Page 3 of 3)
- Cancer: 62 Day Waiting Time Standards

62 Day Standard						
Lead Director	May	June	Movement	2014/2015 Target	Forecast July - 14	Date expected to meet standard
CC	92.3%	82.1%	⮟	85%	G	July- 14

Peer Performance Latest Published Q4 2013-14				
STG	Croydon	Kingston	King's College	Epsom & St Helier
85.2%	75%	85.7%	87.4%	78.1%

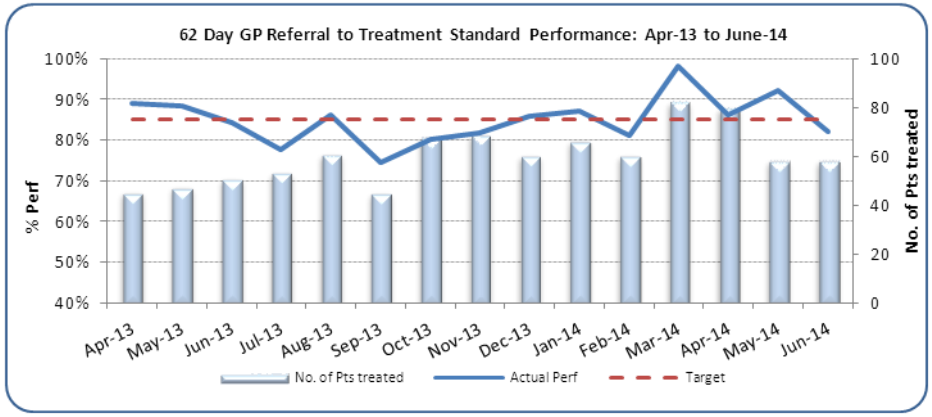
62 Day Screening Standard						
Lead Director	May	June	Movement	2014/2015 Target	Forecast July - 14	Date expected to meet standard
CC	93.9%	82.9%	⮟	90%	G	July- 14

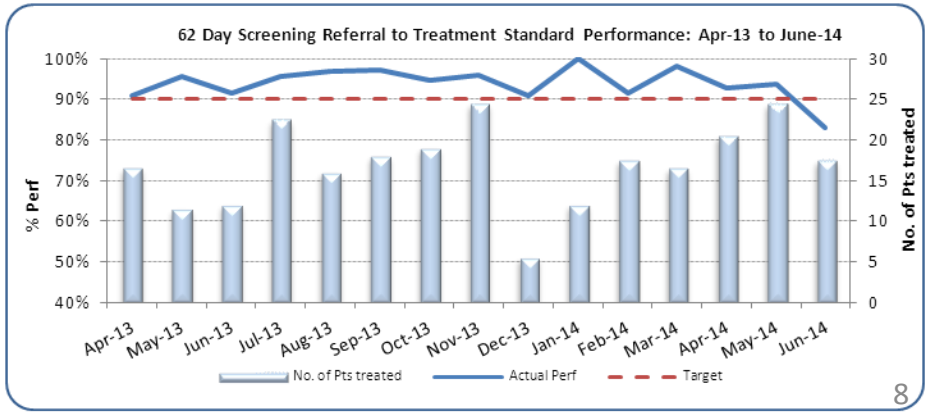
Peer Performance Latest Published Q4 2013-14				
STG	Croydon	Kingston	King's College	Epsom & St Helier
93.5%	100%	83.8%	95.0%	100%

The trust met all national cancer targets for Q1. However, even though the targets are based quarterly the trust did not meet some targets for the month of June, namely the 62 day targets for GP referral and screening referral to treatment.

- 62 Day Screening Referral to Treatment – this is the first time the trust has failed this target in 15 months. The level of activity was less than previous months with 2 breaches having a significant impact on performance. Breaches were due to complex diagnostic pathways, late referrals from other providers and one due to patient choice.

- 62 day GP Referral to Treatment – this is an on-going area of focus for the trust. A Key factor in underperformance in June was shared breaches and late referrals from other trusts (referrals received after day 42). The trust has seen positive performance improvement against the 62 day pathways targets and has met the target for two successive quarters. The trust continues to implement on-going actions for continue improvement which are summarised as follows:
  - The Trust is engaging with cancer leads from referring trusts to improve pathways and processes for referrals and improvements in data quality of referral forms to allow for accurate tracking.
  - A process where each patient is tracked is in place through a weekly performance/planning meetings, which involves engagement from the respective clinical teams and treatment expedited where possible.
  - The Trust has developed and is continuing to build upon a new 62-day pathway PTL, where patient are centrally monitored .
  - The trust also has an Executive Director led monthly Cancer Performance Meeting where performance and key issues for escalation are reviewed.
  - The Trust also has in place nominated MDT co-ordinators for each tumour type.
  - The Trust continues to deliver on-going actions in relation to IT improvements and contractual arrangements with Kingston Hospital service delivery at QMH.





5. Divisional KPIs Overview 2014/15: June 14 Performance (Page 1 of 3)

Access Metrics

MetricName	Units	RAG (M..	Month					YTD				
			Trust	CSW	MED	SN	WC	Trust	CSW	MED	SN	WC
18 Weeks - Admitted waits	%	R ≤86 G ..	85.6	n/a	81.1	86.7	91.0	88.9	n/a	85.7	89.9	92.1
18 Weeks - Non Admitted waits	%	R ≤90, G..	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
18 Weeks - Incomplete Waits	%	R ≤92, G..	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
52 Week Waiters	No.	G 0, R >0	1	0	0	0	0	13	0	0	13	0
6 Week Diagnostic Waits	%	R ≤92, G..	99.3	n/a	n/a	n/a	n/a	99.4	n/a	n/a	n/a	n/a
Operations cancelled for non-clinical r..	%	G ≤0.8, ..	1.5	n/a	0.5	2.0	2.2	1.5	n/a	1.4	1.7	1.4
Cancelled Operations re-booked withi..	%	G ≤5, R ..	0	n/a	0	0	0	2.1	n/a	2.3	2.4	0
A&E Waits (4 hours)	%	R ≤95, G..	95.5	99.7	94.9	n/a	n/a	95.0	99.7	94.4	n/a	n/a
LAS handover within 15mins	%	R ≤95, G..	36.8	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..	98.1	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	n/a	n/a	n/a	n/a	n/a
2 week GP referral to 1st outpatient -..	%	R ≤93, G..	94.3	n/a	n/a	94.3	n/a	94.5	n/a	n/a	94.5	n/a
2 week GP referral to 1st outpatient c..	%	R ≤93, G..	94.8	n/a	n/a	94.8	n/a	95.3	n/a	n/a	95.3	n/a
31 day second or subsequent treatme..	%	R ≤98, G..	100	n/a	n/a	100	n/a	100	n/a	n/a	100	n/a
31 day second or subsequent treatme..	%	R ≤94, G..	98.0	n/a	n/a	98.0	n/a	97.8	n/a	n/a	97.8	n/a
31 day standard - from diagnosis to fir..	%	R ≤96, G..	99.3	n/a	n/a	99.3	n/a	98.2	n/a	n/a	98.2	n/a
62 day urgent GP referral to treament..	%	R ≤85, G..	82.1	n/a	n/a	82.1	n/a	86.8	n/a	n/a	86.8	n/a
62 day urgent GP referral to treament..	%	R ≤90, G..	82.9	n/a	n/a	82.9	n/a	90.4	n/a	n/a	90.4	n/a

5. Divisional KPIs Overview 2014/15: June 14 Performance (Page 2 of 3)

Outcome Metrics

MetricName	Uni..	RAG (Mt..	Month					YTD				
			Trust	CSW	MED	SN	WC	Trust	CSW	MED	SN	WC
Incidence of C.Difficile	No.	G ≤3, R ..	3	0	3	0	0	14	0	7	4	3
Incidence of MRSA	No.	G 0, R >0	1	0	1	0	0	3	0	2	1	0.0
Medication Errors causing serious har..	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	11	7	2	2	0	37	17	9	6	5
Serious Incidents	No.	G 0, R >0	4	1	0	3	0	49	13	9	9	18
Never Events	No.	G 0, R >0	0	0	0	0	0	1	0	0	1	0
C Sections (only applicable to Wome..	%	G ≤28, R..	23.5	n/a	n/a	n/a	23.5	25.4	n/a	n/a	n/a	25.4
Maternal Deaths	No.	G 0, R >0	0	n/a	n/a	n/a	0	0	n/a	n/a	n/a	0
Admission of full-term babies to neo-n..	No.	-	6	n/a	n/a	n/a	6	n/a	n/a	n/a	n/a	n/a
SHMI	Rate	G ≤100, ..	78	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
HSMR	Rate	G ≤100, ..	78.7	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
VTE Risk Assessment (data submitte..	%	R ≤95, G..	99	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
WHO Surgical Checklist (Qrtly audit: ..	%	R <100, ..	99	n/a	99	99	100	n/a	n/a	n/a	n/a	n/a
Average LOS (elective)	days	-	3.3	n/a	4.3	3.8	2.8	3.7	n/a	4.5	3.6	2.9
Average LOS (non-elective)	days	-	4.6	23.9	4.7	6.4	2.8	4.5	24.0	4.6	6.8	2.6
30 Day emergency readmissions (fr el..	%	-	1.4	n/a	1.3	1.8	1.1	1.4	n/a	1.2	1.6	1.5
30 Day emergency readmissions (fr n..	%	-	6.0	23.1	8.3	6.3	1.0	5.8	23.7	8.0	6.5	1.0

Research

MetricName	Units	RAG (Mt..	Month					YTD				
			Trust	CSW	MED	SN	WC	Trust	CSW	MED	SN	WC
70 day - PI REPORT ..	%	R ≤30, G..	66.7	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 Ope..	%	R ≤45, G..	57.5	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TIME TO TARGET - PD REPORT ..	%	R ≤45, G..	45.6	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total recruitment at St Georges NHS ..	No.	R ≤150, ..	2350	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

3. Divisional KPIs Overview 2014/15: May 14 Performance (Page 3 of 3)

Quality Governance Indicators

MetricName	Units	RAG (M..	Month					YTD				
			Trust	CSW	MED	SN	WC	Trust	CSW	MED	SN	WC
Patient satisfaction (friends and family..	NPS	-	61.1	n/a	69.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mixed Sex accommodation	No.	G 0, R >0	0	0	0	0	0	4	0	4	0	0
Ward Staffing: Unfilled Duty Hours	%	-	9.6	4.8	6.8	7.9	14.2	12.3	8.0	9.3	9.8	17.5
Staff Turnover	%	G ≤13, R..	15.9	16.5	17.1	13.3	17.8	n/a	n/a	n/a	n/a	n/a
Voluntary Staff Turnover	%	G ≤10, R..	13.1	13.1	15.1	10.9	14.1	n/a	n/a	n/a	n/a	n/a
Sickness/absence rate *	%	G ≤3.5, ..	3.5	3.8	3.1	3.5	3.6	n/a	n/a	n/a	n/a	n/a
Vacancy rate	%	G ≤11, R..	13.1	14.7	11.8	13.1	11.0	n/a	n/a	n/a	n/a	n/a
MAST attendance	%	R <70, ..	71.3	71.8	72.1	68.1	73.4	n/a	n/a	n/a	n/a	n/a
Percentage of staff appraisal (medical)	%	R <70, ..	86.8	78.6	87.1	89.2	85	n/a	n/a	n/a	n/a	n/a
Percentage of staff appraisal (non-me..	%	R <70, ..	78.4	77.8	90.1	79.4	76	n/a	n/a	n/a	n/a	n/a
Complaints - response within 25d *	%	R ≤85, G..	69	33.3	75	122.2	61.8	61.7	48.2	72.7	60.8	61.3

Key Messages:

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.

In July 36.8% of LAS arrivals to patient handover times were within 15 minutes against the target of 100%. SGH is not unusual in this regard as all trusts within the sector are underperforming Performance against the 30 minute target continues to maintain performance improvement from previous months with performance of 98.1%. There were no 60 minute breaches.
The trust will continue to monitor performance closely as fines are applied where patient handovers exceed 30 and 60 minutes.

Prevention and education of PU's is important to the trust and throughout 2014/2015, the trust aiming for zero tolerance of avoidable pressure ulcers. In July there were 10 Grade 3 Pressure Ulcers and 1Grade 4. All grade 3 and 4 pressure ulcers acquired in our care are investigated as serious incidents, and a. full investigation and Root Cause Analysis is produced for each and reviewed at the Pressure Ulcer Strategy group, chaired by the Deputy Chief Nurse.

There were 24 serious incidents reported in the month of July, with all SIs in the month completed within deadline.

Appendix.A – trust Performance Management Framework Overview 2014/15 (Page 1 of 4)

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 trust wide aggregate performance.

The TDA Accountability Framework

The accountability framework covers three domains – Quality, 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.
Performance against these indicators will determine a score for each domain. These domain scores in turn contribute towards an overall Escalation score for each trust. The trusts will be rated in one of five categories –

Standard Oversight – The organisation has developed a sound FT application and received a 'Good or Outstanding' rating from CIH

Standard Oversight: Limited or no delivery issues

Intervention: The organisation has some delivery issues including clinical and/or financial challenges

Intervention: The organisation has significant delivery issues clinical and/or financial challenges

Special Measures: The organisation has significant delivery issues, including serious clinical and/or financial challenges or concerns.

The trust is also required to sign a self certifications on a monthly basis at Board level covering compliance with Monitor's license requirements and a set of Board Statements .

Appendix.A – Trust Performance Management Framework Overview 2014/15 (Page 2 of 4)

The Performance Management Framework of the trust

The trust continues to operate the revised Performance Framework presented to the Board and Finance and Performance Committee in April 2014. This has been refreshed to ensure the indicators included within the TDA Accountability Framework for NHS trust's 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 trust's 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.

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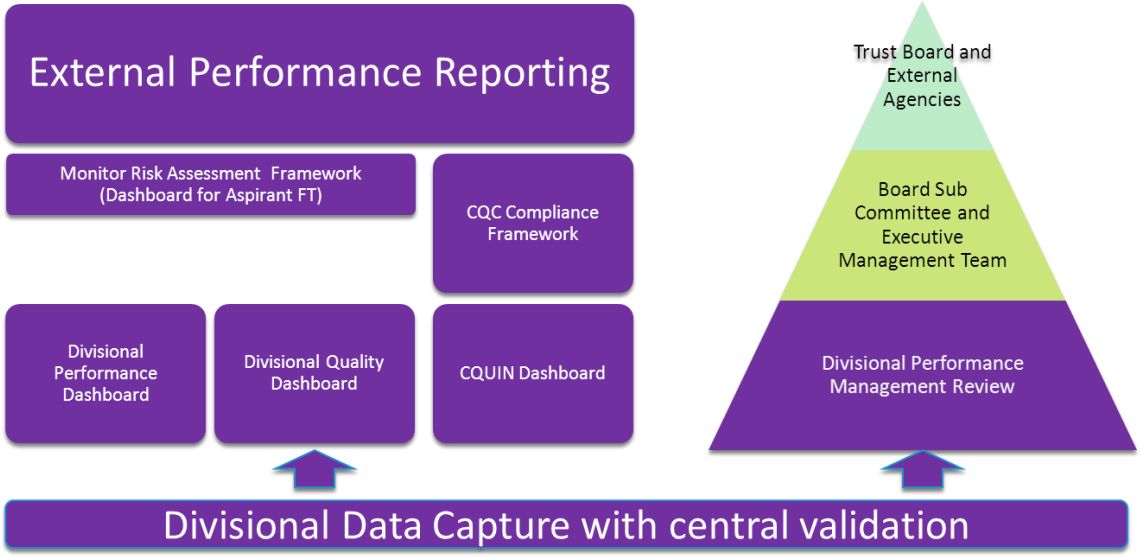
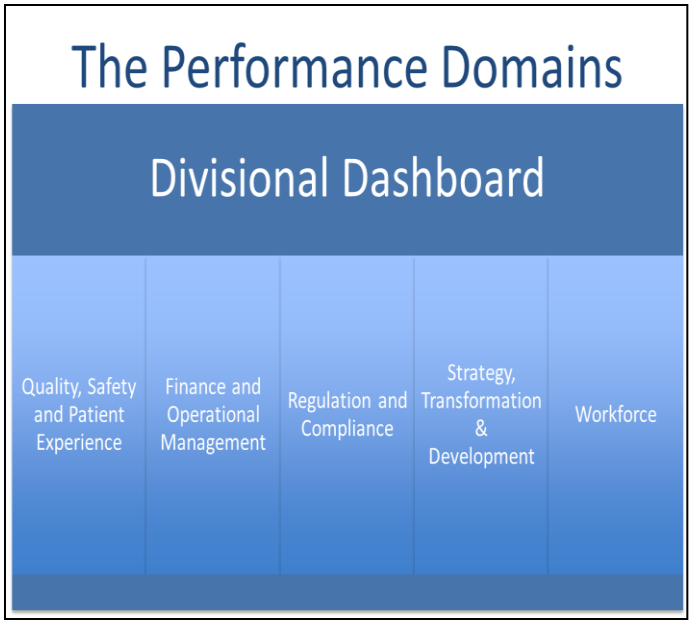


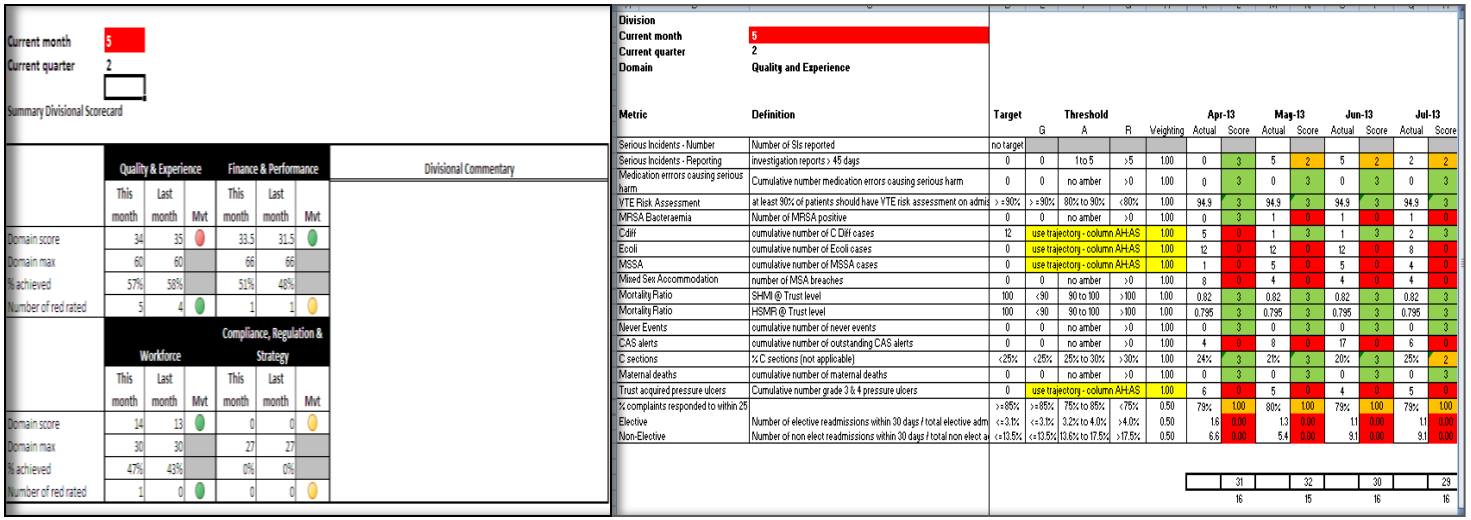


Appendix.A – trust Performance Management Framework Overview 2014/15 (Page 3 of 4)

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 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.



Current month 5
Current quarter 2

Summary Divisional Scorecard

	Quality & Experience			Finance & Performance			Divisional Commentary
	This month	Last month	Mvt	This month	Last month	Mvt	
Domain score	34	35		33.5	31.5		
Domain max	60	60		66	66		
% achieved	57%	58%		51%	48%		
Number of red rated	5	4		1	1		
	Workforce			Compliance, Regulation & Strategy			
	This month	Last month	Mvt	This month	Last month	Mvt	
Domain score	14	13		0	0		
Domain max	30	30		27	27		
% achieved	47%	43%		0%	0%		
Number of red rated	1	0		0	0		

Division
Current month 5
Current quarter 2
Domain Quality and Experience

Metric	Definition	Target	Threshold G	Threshold A	Threshold R	Weighting	Apr-13 Actual	Apr-13 Score	May-13 Actual	May-13 Score	Jun-13 Actual	Jun-13 Score	Jul-13 Actual	Jul-13 Score
Serious Incidents - Number	Number of SIs reported	no target												
Serious Incidents - Reporting	investigation reports > 45 days	0	0	1 to 5	>5	1.00	0	3	5	2	5	2	2	2
Medication errrors causing serious harm	Cumulative number medication errors causing serious harm	0	0	no amber	>0	1.00	0	3	0	3	0	3	0	3
VTE Risk Assessment	at least 90% of patients should have VTE risk assessment on admis	> =90%	> =90%	80% to 90%	<80%	1.00	94.9	3	94.9	3	94.9	3	94.9	3
MRSA Bacteraemia	Number of MRSA positive	0	0	no amber	>0	1.00	0	3	1	0	1	0	1	0
Cdiff	cumulative number of C Diff cases	12	use trajectory - column AH-AS			1.00	5	0	1	3	1	3	2	3
Ecoli	cumulative number of Ecoli cases	0	use trajectory - column AH-AS			1.00	12	0	12	0	12	0	8	0
MSSA	cumulative number of MSSA cases	0	use trajectory - column AH-AS			1.00	1	0	5	0	5	0	4	0
Mixed Sex Accommodation	number of MSA breaches	0	0	no amber	>0	1.00	8	0	4	0	4	0	4	0
Mortality Ratio	SHMI @ Trust level	100	<90	90 to 100	>100	1.00	0.82	3	0.82	3	0.82	3	0.82	3
Mortality Ratio	HSMR @ Trust level	100	<90	90 to 100	>100	1.00	0.795	3	0.795	3	0.795	3	0.795	3
Never Events	cumulative number of never events	0	0	no amber	>0	1.00	0	3	0	3	0	3	0	3
CAS alerts	cumulative number of outstanding CAS alerts	0	0	no amber	>0	1.00	4	0	8	0	17	0	6	0
C sections	% C sections (not applicable)	<25%	<25%	25% to 30%	>30%	1.00	24%	3	21%	3	20%	3	25%	2
Maternal deaths	cumulative number of maternal deaths	0	0	no amber	>0	1.00	0	3	0	3	0	3	0	3
Trust acquired pressure ulcers	Cumulative number grade 3 & 4 pressure ulcers	0	use trajectory - column AH-AS			1.00	6	0	5	0	4	0	5	0
% complaints responded to within 25		>=85%	>=85%	75% to 85%	<75%	0.50	78%	1.00	80%	1.00	79%	1.00	79%	1.00
Elective	Number of elective readmissions within 30 days / total elective adm	<=3.1%	<=3.1%	3.2% to 4.0%	>4.0%	0.50	1.6	0.00	1.3	0.00	1.1	0.00	1.1	0.00
Non-Elective	Number of non elect readmissions within 30 days / total non elect a	<=13.5%	<=13.5%	13.6% to 17.5%	>17.5%	0.50	6.8	0.00	5.4	0.00	9.1	0.00	9.1	0.00
								31		32		30		29
								16		15		16		16

Example 1 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.

Appendix.A – trust Performance Management Framework Overview 2014/15 (Page 4 of 4)

The Accountability Framework

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

- Quality
- Finance
- Sustainability

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

For 2014/15 trusts will be scored using escalation levels 1 to with one being the highest risk rating and 5 the lowest. This is being done to ensure consistency with the CQC's approach to assessing risk.

1. Special Measures
2. Intervention due to significant delivery issues
3. Intervention due to some delivery issues
4. Standard Oversight- limited or no delivery issues
5. Standard Oversight : Organisation has a developed a sound FT application and received a 'Good or Outstanding rating from CIH.

The trust is also required to sign off self certifications on a monthly basis at Board level covering progress against FT milestones, and compliance with Monitor's license requirements

Key Elements of the Oversight Model