

## Trust Board Report

<b>Meeting Date:</b>	28 <sup>th</sup> May 2012
<b>Title:</b>	Format for Performance Monitoring reports for 2012/13.
<b>Executive Summary:</b>	The report presents the outputs of the annual review of the performance monitoring framework. This activity includes an evaluation of the national mandatory and operational guidance, assessment of other reports being presented to the Board and a discussion with relevant Executive Directors about what information should be covered. This report outlines the proposed changes.
<b>Action Requested:</b>	To receive and agree the proposed changes to the monthly performance report for 2012/13.
<b>Report of:</b>	Chief Operating Officer
<b>Author: Contact Details:</b>	Head of Performance Tel 01902 694366 !!!!! Email: <a href="mailto:simon.evans8@nhs.net">simon.evans8@nhs.net</a>
<b>Resource Implications:</b>	None
<b>Public or Private:</b> (with reasons if private)	Public Session
<b>References:</b> (e.g. from/to other committees)	
<b>Appendices/ References/ Background Reading</b>	Appendix 1 – proposed format
<b>NHS Constitution:</b> (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

## Background Details

<b>1</b>	<p><b><u>BACKGROUND</u></b></p> <p>The Board currently receives a comprehensive performance report that provides assurance that monitoring and management of strategic level performance across a range of indicators is undertaken across the Trust. This</p>
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	<p>report is provided in the public session and is presented by the Chief operating Officer and discussed monthly.</p> <p>The report seeks to provide assurance in the following areas:</p> <ul style="list-style-type: none"> <li>• The Trust is compliant against the mandatory indicators for which it is accountable</li> <li>• Delivers against the operational targets contained within the Operating Framework</li> <li>• Performs these activities in the most effective and efficient way possible</li> </ul> <p>The report has evolved throughout the year, recognising the changes to the organisational structure following the TCS merger. As a result the report now contains a summary of the Community Contract service provision and the addition of community based performance Indicators (PIs). It has also been possible to combine a number of PIs and around 20% of all PIs now contain acute and community data.</p> <p>The performance report is supported by a single repository which is in place to measure performance against a range of indicators. The repository is updated monthly and is available via the Performance SharePoint site.</p> <p>In addition to the Trust level repository, three Divisional dashboards are in place which supports performance management at a Divisional level – again accessible via the Performance SharePoint site. .</p> <p>To support the assurance around the performance information presented to Board, RSM Tenon (Internal Auditors) include regular reports within their scheme of work around data integrity and the quality of data presented to the Trust Board. For 2011/12 these reports were focussed on data quality produced for A&amp;E and Stroke Services. Both reports were rated as Amber/Green and the Stroke report concluded <i>“The Board can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective”</i>.</p>
<p>2</p>	<p><b><u>REVIEW PROCESS</u></b></p> <p>In order to ensure the performance report is robust and provides the relevant assurance, the following areas have all been reviewed:</p> <ul style="list-style-type: none"> <li>• The latest Monitor guidance and revised compliance framework</li> <li>• The 2012/13 Operating Framework</li> <li>• Revised 2012/13 contract including additional local thresholds</li> <li>• Other national guidance.</li> </ul> <p>In addition to these areas, the Trust has also evaluated the Quality and Safety report produced by the Chief Nurse. This is in order to remove any duplication and ensure the Board has clarity of performance. This has seen the removal of some indicators from the performance report where they were duplicated and where it was felt more appropriate that they sit within the quality report</p>

<b>3</b>	<p><b><u>PROPOSED MONTHLY PERFORMANCE REPORT</u></b></p> <p>The monthly performance report to be sub-divided into the following four sections:-</p> <ol style="list-style-type: none"><li>1. Monitor Compliance Framework</li><li>2. Service Delivery</li><li>3. Workforce</li><li>4. Finance</li></ol> <p>It is proposed that the Board continue to receive a summary report that contains a dashboard position summarising performance against these 4 domains. This will be supplemented with a “trend” position which will demonstrate whether performance is improving or deteriorating.</p> <p>An exception report will also be provided for every indicator that is RAG rated as RED. This will enable the Board to see the actions being taken against every PI that is currently underperforming.</p> <p>For a detailed breakdown of the indicators contained within the new report, including the indicators removed and those transferring to the quality and safety report, please see Appendix A.</p>
<b>4</b>	<p><b><u>PROPOSED QUARTERLY PERFORMANCE REPORT</u></b></p> <p>In addition to the standard monthly report, a more detailed quarterly report will also be presented to the Trust Board. This will contain additional indicators that are only monitored on a quarterly basis.</p> <p>This will include:</p> <ul style="list-style-type: none"><li>• Better Care Better Value Indicators – quarterly report</li><li>• NHS Performance Framework – quarterly report</li></ul>

## Contents

### **1 Patient Safety**

- 1.1 Healthcare Acquired Infections (HCAs)
  - 1.1.1 Clostridium Difficile – hospital Acquired for ages > 2
  - 1.1.2 MRSA Bacteraemia
  - 1.1.3 E.Coli Bloodstream (removed as monitoring only)
- 1.2 Readmissions
- 1.3 VTE Risk Assessment (removed to Q&S report)

### **2 Patient Experience**

- 2.1 Formal Complaints (removed to Q&S report)
- 2.2 Management of Complaints (removed to Q&S report)
  - Responses within agreed target dates (%) (removed to Q&S report)
- 2.3 Short Notice Cancellation of Operations

### **3 Efficiency and Effectiveness**

- 3.1 Service Delivery
  - 3.1.1 18 week Referral to Treatment (RTT) & Audiology
  - 3.1.2 Accident & Emergency (Nx, Walk in Centre & Combined)
  - 3.1.3 All other Existing and New National Targets
  - 3.1.4 Patients Dying in Place of Choice
  - 3.1.5 Length of Stay, Pre-op, Elective & Non-elective
  - 3.1.6 Day Case Rates
  - 3.1.7 Theatre Utilisation
  - 3.1.8 Stroke/TIA
- 3.2 Workforce
  - 3.2.1 Recruitment and Retention
  - 3.2.2 Turnover
  - 3.2.3 Sickness Absence
  - 3.2.4 Temporary Staffing
  - 3.2.5 European Working Time Directive (EWTD) - Junior Medics
  - 3.2.6 Education and Training
    - 3.2.6.1 Appraisal
    - 3.2.6.2 Generic Mandatory Training (removed and replaced with NHSLA mandatory)
    - 3.2.6.3 Information Governance Toolkit

### **4 Healthy Lifestyles**

- 4.1 Smoking Cessation
- 4.2 Human Papillomavirus (HPV) (removed)

### **5 Finance**

- 5.1 SLA Income to date vs plan
- 5.2 EBITDA to date vs plan
- 5.3 Income & expenditure surplus to date vs plan
- 5.4 Forecast income & expenditure surplus vs plan
- 5.5 Cash balance to date vs plan
- 5.6 Delivery of Cost Improvement Programme
- 5.7 Actual performance against contract

### **6 Environment/Estate Development (removed)**

- 6.1 The following areas will be reported monthly
  - Capital Programme is delivered to CRL
  - Capital spend is managed within plan

### **NHS Performance Framework**

#### **Better Care, Better Value**

## New Additions

- \*\* New RTT - % of incomplete pathways
- \*\* New RTT - number of patients on an incomplete pathway
- \*\* New Data Completeness - Referral to Treatment Information
- \*\* New Data Completeness - Referral Information
- \*\* New Data Completeness - Treatment Activity Information
- \*\* New Delayed Transfers of Care - National and Local targets
- \*\* New % of patients waiting 6 weeks or more for Diagnostic Test
- \*\* New % of patients waiting 6 weeks or more for Diagnostic Test (Audiology)
- \*\* New % of GPs who receive correspondence within 24 hours of Discharge
- \*\* New Number of people offered NHS Health Check
- \*\* New Induction - Corporate
- \*\* New Induction - Local
- \*\* New Mandatory Training - NHSLA

## Choose & Book

- \*\* New Sufficient appointment slots available on Choose & Book
- \*\* New All 2 week wait services shall be available on Choose and Book as a Directly Bookable Service
- \*\* New All services (excluding relevant Outpatient diagnostic testing and exclusions) shall be available on Choose & Book as a Directly Bookable Service
- \*\* New All Outpatient diagnostic testing services shall be available via Choose & Book (direct access and walk in diagnostic services excluded)
- \*\* New Minimise number of unpublished services on a Directory of Services
- \*\* New Minimise number of 'Do Not Use' or 'Test' services on a Directory of Services
- \*\* New Provider shall have an age range added against all services published in the Directory of Services
- \*\* New Provide and Advice and Guidance service for all specialties (minus exclusions) published within the Directory of Services
- \*\* New All Consultant led services shall have names of the Consultants within that service published against them