Date: 4th June 2014

Title of Document: Trust Board Performance Report

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Lead Director: Karen Breen, Deputy Chief Executive/Chief Operating Officer.

Summary:
This report reflects on achievements in performance during 2013/14. It also provides a report on performance for April 2014 and includes details of delivery against all key milestones. An exception report is attached for areas not achieving the standard in April.

The format of the dashboard has changed and is in line with the Trust Development Authority’s 2014/15 Accountability Frameworks core principles of the five Domains of the Care Quality Commission’s Intelligent Monitoring System (i.e. Caring, Well-led, Effective, Safe, Responsive and Finance).

The Monitor Scorecard has been updated to reflect the Risk Assessment Framework for 2014/15 which involved removal of the MRSA monitoring from the governance matrix of indicators, and a number of changes to the governance rating methodology. This results in a more straightforward process and clearer outcome measures:

Green – No issues identified
Issues Identified - Potential governance concern
Red- regulatory action taken.
For April 2014, we were green – No issues identified.

Recommendations:
1. The Board is asked to note the Trust position against all key metrics detailed within the papers including those indicators where sustained improvement has been made due to the actions taken.
2. The Board is asked to note the exceptions to target achievement contained in the summary pages and the reasons for variation and remedial actions to address the position.
3. The Board is asked to note the changes made in line with the Trust Development Authority’s Accountability Frameworks core principles and the Risk Assessment Framework for 2014/15.

Corporate Objectives
1. To deliver high quality integrated patient centred care which improves outcomes, patient safety and patient experience;
2. To work with partners to improve the health and wellbeing of the people of Croydon.
3. To deliver best practice performance standards against the national operating framework.
4. To deliver well managed quality services which are value for money for the taxpayer.

Who has been consulted in the production of this report: All directorates

Has an equality impact assessment (EIA) form been completed? Not applicable for this report

If not applicable, Please state why an EIA is not applicable.
This framework details the Accountability Agreements which will be the mechanism to hold the Directorates to account for the key quality, performance and financial indicators that they are responsible for. The provision of service is not impacted.

Has legal advice been taken? Not applicable for this report

Does this report have any financial implication? No
<table>
<thead>
<tr>
<th>If so, has the report been approved by the Finance Directorate?</th>
<th>Not applicable for this report</th>
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<tbody>
<tr>
<td><strong>Key Risks:</strong></td>
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<tr>
<td>• Non-achievement of quality, performance and financial standards.</td>
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<td>• Reputational implications of non-achievement.</td>
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<td>• Impact on staff and patient experience.</td>
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<td><strong>Risks reflected in Corporate Risk Register?</strong></td>
<td><strong>Yes</strong></td>
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1.0 Introduction:

1.1 The Trust Board Performance Dashboard was comprehensively reviewed in Q3 (2013) as part of the Trust’s newly implemented Performance and Accountability Framework. The reporting arrangements through the Directorates to the Board are now fully functional and the cycle of Performance Framework meetings have now become embedded within the Directorates which fostered a culture of devolved decision making and accountability, encouraging directorates and specialities to manage their own performance.

1.2 This report reflects on achievements in performance during 2013/14. It also provides a report on performance for April 2014 and includes details of delivery against all key milestones. An exception report is attached for areas not achieving the standard in April.

1.3 The format of the dashboard has changed and is in line with the NHS Trust Development Authority’s 2014/15 Accountability Frameworks core principles of the five Domains of the Care Quality Commission’s Intelligent Monitoring System (i.e. Caring, Well-led, Effective, Safe, Responsive and Finance) with the associated additional measures:

**Well-Led**

Data Quality of Trust returns to the Health and Social Care Information Centre (HSCIC)
NHS Staff Survey: % of staff who would recommend the trust as a place to work
NHS Staff Survey: % of staff who would recommend the trust as a place to receive treatment
Temporary costs as a % of total pay bill

**Finance** – to be added in with consideration of impact on other metrics

Bottom line I&E position – forecast compared to plan
Bottom line I&E position – YTD compared to plan
Actual efficiency recurring/non-recurring compared to plan-YTD and actual compared to plan
(Possible overlap with QUIPP)
Forecast underlying surplus/deficit compared to plan
Forecast year end change to capital resource limit

1.4 The Monitor Scorecard has been updated to reflect the Risk Assessment Framework for 2014/15 which involved removal of the MRSA monitoring from the governance matrix of indicators, and a number of changes to the governance rating methodology. This results in a more straightforward process and clearer outcome measures:

Green – No issues identified
Issues Identified - Potential governance concern
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For April 2014, we were green – No issues identified.

2.0 Performance Improvement:

2.1 The Finance and Performance Committee are asked to note the progress made across the Trust in a number of key areas of performance delivery and in particular, those which have been long standing challenges to the organisation where improvements can be seen during 2013/14 and into April of this year.
2.2 In 2013/14, the Trust achieved the sustained delivery and achievement of the A&E 4 hour standard due to the continuation of the excellent work that has been undertaken by the clinical teams who were central in creating the innovative approaches to service change across the Integrated Care Organisation.

April saw continued challenge in terms of increased attendances in particular ambulance attendance surges. The Trust is working with London Ambulance to understand this. This resulted in a small deterioration of A&E performance. Actions have been taken to mitigate these on-going pressures with early indications of success in May.

![A&E 4 Hour Total Time in Department (All Types) 2012/13 vs 2013/14](chart)

2.3 The standard of 30 minutes shows improvements in reported results by Q4 which should offer the Finance and Performance Committee confidence and assurance that actions being taken are resulting in anticipated improvements and a level of sustainability. This consistency in approach and commitment to improving the patient journey within ED has resulted in significant improvements for the Ambulance handover times. The footfall of patients within A&E has increased over 2013/14 to 89,825 attendances when compared to the 85,736 attendances in 2012/13. The service has managed the additional demand well and has significantly addressed the challenges particularly in the improvements within the A&E 30 minutes from Ambulance to Triage performance.

April has seen this improved trajectory continuing despite the challenge of the increased ambulance arrivals.

![A&E Attendances (CHS only) 2012/13 vs 2013/14](chart)
2.4 The Trust has continued to achieve a significant reduction in cases of hospital acquired C.Difficile over the last two years. Further collaborations between the Infection Control Team, the antimicrobial pharmacist and microbiologists will continue to ensure that this continues to reduce further in 2014/15.

In April 2014 there have been no confirmed C.Difficile cases.

2.5 The Trust achieved the last minute cancellation standard in 2013/14, having failed the preceding year. The outcomes from the remedial actions that were implemented to rectify performance standards can be seen in the latter part of Q3 into Q4.

We continued to see improvement in April with the added benefit of an intensive Theatres productivity programme.
2.6 Improvements have been made for the year with the published results from the Friends and Family Test. Response rates for both Inpatients and Maternity have remained high with an end of year position above standard. Inpatients achieved an increase of 12.28% over the expected target of 20% with Maternity achieving 8.68% above their expected target of 15% for the year. Patient experience of service provision continues to be a priority across the Trust and work continues on key areas.

2.7 Dementia screening, in particular the diagnostic assessment and case finding aspects of this service have consistently met target and are above the year to date position. Dementia screening Diagnostic Assessment consistently met target in Q4 at 91% against a target of 90%.

This achievement is sustained in April.

(NB: Measurement of this metric began in July 2013)
2.8 Community nursing service provision continues to demonstrate good performance across the year in particular the District Nursing Response within 4 hours which remains consistently at 100% of patients seen within the required timeframe against a threshold of 90%.

![District Nurse Response within 4 hours - 2012/13 vs 2013/14](image)

2.9 Whilst new birth visits within 14 days remains at 1% below the expected threshold, the overall year to date target position of 90% has been achieved. The service has recruited a number of trainee health visitors whose roles will also support this key area in delivering against the target in 2014/15.

April performance was 93.2% which is an improvement from Q4.

![New Birth Visits within 14 Days - 2012/13 vs 2013/14](image)
2.10 The Trust has performed well with Cancer Waits for referral to first appointments. Cancer waits for RTT (Breast Symptoms) achieved 100% towards the latter part of Q4 against an annual target of 93% and has consistently sustained a high level of performance across the year.

![Cancer Waits - Referral to First Appointment for Breast Symptoms (14 Days)- 2012/13 vs 2013/14](image)

2.11 The Trust achieved all three measures for the 18 weeks standard at Trust level following delivery against a recovery plan in Q1 and Q2.

Q1 trajectory forecast the Trust will continue to achieve all three standards at Trust level. A resilience plan at challenged speciality level will support the overall delivery. April saw achievement and delivery against Admitted, Non Admitted and Incomplete standards of 18 weeks.

![RTT Non-Admitted Performance - 2012/13 vs 2013/14](image)
2.12 The Trusts Hospital Standard Mortality Ratio has demonstrated good sustained performance across 2013/14 with results lower than the threshold of 100 and below the average national experience.

![Hospital Standardised Mortality Ratio (HSMR) - 2012/13 vs 2013/14](chart)

3.0 **Recommendations:**

3.1 The Board is asked to note the Trust position against all key metrics detailed within the papers including those indicators where sustained improvements have been made due to the actions taken.

3.2 The Board is asked to note the exceptions to target achievement contained in the attached exception performance report.

3.3 The Board is asked to note the changes made in line with the Trust Development Authority’s Accountability Frameworks core principles and the Risk Assessment Framework for 2014/15.