Cumbria Partnership NHS
NHS Foundation Trust

NHS
North Cumbria University Hospitals
NHS Trust

Report to the Board of Directors

Date of Meeting:	26th April 2018				
Agenda No:	13				
Title of Report:	Integrated Performance Report				
Author:	Tommy Davies Head of Performance and Contracting NCUH Natalie Karam Head of Performance and Information CPFT				
Executive Lead:	Helen Ray				
Responsible Sub-Committee: ***(if not appropriate delete this row)***	*Detail of high level groups or Board Sub committees where this had been considered*				
Purpose* *This field is to detail what is expected of the meeting*	To approve		For assurance		
	For decision		For discussion		
	For information	X			
	Document is for reading and consideration and for discussion by exception only.				
Executive Summary:	This report is the integrated performance report for North Cumbria University Hospitals and Cumbria Partnership Foundation Trusts Joint Finance, Investment and Performance Committee. The report has been formulated using NHS Improvement Single Oversight Framework (SOF) as the framework in common for both organisations. Additional metrics have been added to an additional 'supplementary' section to give further performance oversight to the Board. It will be subject to further iterations as the metrics and content are developed alongside the process by which it is produced and used. A summary section from the System Transformation Delivery Report is being developed and will be added to future reports to enable reporting on the 'Strategic Change' domain of the NHSI SOF. **<u>Key highlights from the report:</u>** **Key NHSI SOF Operational Measures** <u>The key measures with nationally agreed trajectories and/or national constitutional standards for the month of March 2018:</u> **Combined for both Trusts:** ○ A&E 4hr wait measures did not meet the constitutional standard or the agreed trajectory for March 2018 but is higher than the				

national benchmarking for all A&E types and type one only. However, A&E did meet the trajectory of 90% for the year to date performance.

- RTT is lower than national benchmarking and did not meeting either the trajectory or the constitutional standard.

NCUH

- Cancer 62 day is meeting the trajectory and constitutional standard. NCUH is also higher than national benchmark for this standard.
- Cancer 62 day screening is below the target
- Diagnostics is meeting the trajectory and constitutional standard. NCUH is also higher than national benchmark for this standard.
- The dementia targets are in the performance report because they have been added to the key operational NHSI SOF. All three measures are off target for February 2018.

CPFT

- The following operational measures for CPFT NHSI SOF measures are <u>on target</u>:
  - First episode of psychosis seen in two weeks
  - IAPT Recovery rate
  - IAPT referrals treated in less than eighteen weeks.
  - Data quality maturity index

- The following operational measure for CPFT NHSI SOF measures is <u>off target</u>:
  - IAPT Referrals treated in less than six weeks.
  - RTT has dropped below 92% for the first time this financial year

Finance

A combined finance summary for both NCUH and CPFT is being developed for the Integrated Performance Report.

The year end 2017/18 finance data was not available at time of writing the Integrated performance Report.

CIP

A combined summary for CIP to go into the Integrated Performance Report is being developed

CQUIN

	A combined finance summary for both NCUH and CPFT is being developed for the Integrated Performance Report. **CPFT** ○ CPFT CQUIN was not available at the time of writing. **NCUH** ○ The Health and Wellbeing survey didn't show the required improvement against the key questions that are measured in the CQUIN so it will partially fail the Q4 target. ○ The 'e-referral' and 'aged 65+ discharge' CQUINs didn't deliver the required standards in Q4. These have been escalated and recovery plans are in place to improve performance. ○ The estimate for 2017/18 is that CQUIN achievement will be a total of 75%.
Equality Impact Assessment (EIA) or Equality, Quality Impact Assessment (EQIA)	*An EQI / EQIA should be completed for all papers proposing changes which may impact upon people and/or services. Refer to the EQI / EQIA Toolkit on the Trust's Intranet for guidance and the forms.* Is an EQI / EQIA *(delete as appropriate)* needed for the content of this paper? No If **yes** attach as appendix
Recommendation	*Recommendations for action or details of actions being taken should be in SMART format i.e. Specific, Measurable, Attainable, Realistic and Timely)* The ***Board/Committee/Group*** is requested to…

Explanation of Purpose*	**To approve:**	Positive resolution required, to confirm paper is sufficient to discharge the *Board/Committee/Group (delete as appropriate)* responsibilities, based on a *Committee/Group* recommendation. Where approval is not received, issue to be returned to *Committee/Group* for reconsideration.
	For assurance	'Assurances' received by the Committee/Group will be graded from Full Assurance to No Assurance depending on the level of confidence provided by the supporting evidence.
	For discussion:	Seeking member views, potentially ahead of final course of action being approved.
	For information:	No discussion required. Update to ensure members have sufficient knowledge on subject matter. For reading and consideration and for discussion by exception only.

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CPFT AND NCUH JOINT INTEGRATED PERFORMANCE REPORT March 2018

MOST RECENT INFORMATION AVAILABLE AS AT 12 March 2018

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JOINT INTEGRATED PERFORMANCE REPORT

1.0 Introduction

The primary purpose of the NHS is to improve the outcomes of health for all: to deliver care that is safer, more effective, and provides a better experience for patients. Cumbria Partnership Trust and North Cumbria University Hospitals NHS Trust are committed to delivering this vision and to driving the improvements in service quality, safety, and performance that are required locally in order to achieve this.

The purpose of the monthly Joint Integrated Performance Report is to identify and assess the Trust's performance against the NHS Improvement Single Oversight Framework. A small number of selected local indicators are included to supplement these key measures. This report will be subject to further iterations as the metrics and content are developed alongside the process by which it is produced and used.

Performance is reported using a scorecard approach; indicators grouped in to the NHSI SOF domains. Each indicator is assigned a Red, Amber and Green (RAG) rating based on actual and forecast performance against pre-defined thresholds (summary table below) and review on an exception basis where performance below the required standard is identified. If an indicator is rate as red in any given month or amber for two consecutive periods, a recovery plan may be requested from the Responsible Officer by the Trust Board for submission to the following meeting.

RAG	Performance Description
Green	**Achieved** – the required standard has been met for this indicator
Amber	**Not Achieved** – the required standard has not been met by a narrow margin and performance is within an agreed tolerance
Red	**Not Achieved** – the required standard has not been met and performance is not within an agreed tolerance

The latest activity data at the time of writing is used in producing this report and may be subject to change through validation.
It should be noted that due to close down of various data sets at different times the most recent available month is presented.

2.0 BALANCED SCORECARD AND EXCEPTION REPORTING

The following narrative and scorecards detail the Trust's performance against the key measures of performance mandated nationally as part of the NHSI Single Oversight Framework (SOF). Narratives regarding exceptions follow each section of the scorecard. Supplementary measures not in the NHSI follow SOF scorecards in this section.

Below is a table to highlight how the NHSI SOF links to the previous organisational performance scorecards for both NCUH and CPFT.

NHSI SOF (Joint Integrated Performance Report)	NCUH previous IPR (CQC)	CPFT previous IPR
Quality of Care	Caring & Effective & Safe	Quality
Finance and use of Resources	Finance	Efficiency
Operational performance	Responsive	Services
Strategic change		
Leadership and Improvement Capability	Well-led	People

Operational performance (Single Oversight Framework metrics)

Indicator	Period	Target	Actual month and volume		Year to Date	Latest mth national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director lead	Recovery Plan
AE 4 hour waits (NCUH)	Mar-18	90.00%	**82.7%**	6,635	88.4%	76.9%		80.5%	85.7%	HR	**Yes**
AE 4 hour waits (CPFT North only)	Mar-18	95.00%	**98.7%**	1,101	99.1%	99.1%		99.3%	98.6%	HR	No
AE 4 hour waits (All)	Mar-18	90.00%	**85.0%**	7,736	90.3%	85.0%		83.1%	87.6%	HR	No
RTT % incomplete <18 weeks (NCUH)	Mar-18	92.0%	**84.2%**	22,077	84.2%	88.2%		86.2%	85.1%	HR	**Yes**
RTT % incomplete <18 weeks (CPFT)	Mar-18	92.0%	**90.8%**	1,343	90.8%	88.2%		92.9%	93.7%	CP	**Yes**
RTT % incomplete <18 weeks (All)	Mar-18	92.0%	**84.6%**	23,420	84.6%	88.2%		86.4%	85.4%	HR	No
Diagnostics: % waiting <6 wks (NCUH)	Mar-18	99.0%	**98.5%**	5,506	98.5%	97.7%		99.4%	99.3%	HR	No
Diagnostics: % waiting <6 wks (CPFT)	Mar-18	99.0%	**100.0%**	96	100.0%	97.7%		100.0%	100.0%	CP	No
Diagnostics: % waiting <6 wks (All)	Mar-18	99.0%	**98.6%**	5,602	98.6%	97.7%		99.3%	99.4%	HR	No
Cancer: 62 day All cancers (NCUH)	Mar-18	85%	**87.9%**	66	85.4%	82.8%		86.3%	88.7%	HR	No
Cancer: 62 day Screening (NCUH)	Mar-18	90%	**80.0%**	7	69.0%			61.1%	53.8%	HR	No
Dementia: % case finding (NCUH)	Feb-18	90%	**63.2%**	614	68.59%			67.7%	67.4%	CP	No
Dementia: % case assessed (NCUH)	Feb-18	90%	**59.7%**	342	57.3%			60.0%	59.9%	CP	No
Dementia: % referred (NCUH)	Feb-18	90%	**12.5%**	8	23.68%			100.0%	0.0%	CP	No

NB: See appendix 1 for key to balance scorecards

Operational performance (Single Oversight Framework metrics)

Indicator	Period	Target	Actual month and volume		Year to Date	Latest mth national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director lead	Recovery Plan
1st episode of psychosis seen <2 weeks (CPFT)	Mar-18	50.0%	**66.7%**	12	68.4%			75.0%	81.8%	CP	No
IAPT Recovery Rate (CPFT quarterly)	Mar-18	50.0%	**55.4%**	437	55.05%			56.60%	53.8%	CP	No
IAPT referrals treated <6 weeks (CPFT)	Mar-18	75.0%	**70.0%**	758	72.3%			63.4%	66.8%	CP	**Yes**
IAPT referrals treated <18 weeks (CPFT)	Mar-18	95%	**100.0%**	758	99.7%			100.00%	100.00%	CP	No
Routine cardio assessment for psychosis (CPFT)		90%								CP	No
Data Quality Maturity Index (DQMI) (CPFT)	Sep-17	95.00	**98.6**					98.2	98.3	CP	No

NB: See appendix 1 for key to balance scorecards

Operational Performance Exceptions

A&E 4 hour waits (NCUH)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute Divisions & North Community

Management lead: Stephanie Preston, Associate Chief Operating Officer

Reason why the measure is off target:

The reasons behind reduced emergency department performance are multi-factorial. The increased demand for inpatient beds (experienced at a local, regional and national level) has not been matched by the number discharges each day. There have also been a high number of bed closures during March due to norovirus. This has left patients lodged in emergency care, impeding performance for admitted patients. This has a cumulative effect on non-admitted as there is little space to assess new patients. There are also ongoing staffing gaps in both nursing and medical teams across the hospital, limiting escalation and discharge capacity.

Actions/mitigations in place to improve performance:

Weekly Task and Finish group, chaired by GM Medicine/Chief Nurse concentrating on optimisation of non-medically fit patients
Weekly task and finish group, chaired by GM ED and Patient Flow concentrating on reducing delays of medically fit patients
New process for admitting to Community Hospitals continues to develop, leading to enhanced use of that resource
Opening of escalation beds and cancellation of electives during March to maximise capacity – several wards have been escalated without additional staff since November.
Continuous command and control with escalation of individual issues

Referral to treatment waiting times (NCUH)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Yvonne Fairbairn, Associate Chief Operating Officer

Reason why the measure is off target:

The RTT performance has deteriorated due to:

- the decision not to pay the anaesthetists to undertake additional lists
- Orthopaedic 'ring fence' removed at CIC for surge in emergency patients
- Elective lists converted to trauma lists to help patient flow
- Not operating on routine inpatients unless near to breaching 52 weeks

Actions/mitigations in place to improve performance:

- Recovery Plan developed
- Focus on 'non-admitted' patients continues
- Validation of the 'admitted' patients waiting list to ensure all patients still want the procedure
- Commencement of Orthopaedic 'ring fence':
  - WCH – 02/02/2018
  - CIC – 18/04/2018
- Day case patients undertaken wherever possible
- 'Man-marking' all patients over 40 weeks

Referral to treatment waiting times (CPFT)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Tim Evans, Deputy Director of Operations

Reason why the measure is off target:

This is the first month in the 2017/18 financial year where performance has dipped below the 92% standard. The main issue is in the Neuroscience service, with the root cause identified as a combination of capacity in the South of the county coupled with the impact of a surge in demand during Q3, with patients now reaching breach point, followed by a drop in demand which has reduced the overall waiting list size at the same time the number of breaches has rapidly increased. Neuro patients make up around 80% of the overall list size.

Actions/mitigations in place to improve performance:

- Recovery Plan developed
- Capacity in Neuro is not anticipated to improve significantly in April so it is likely that the service, and subsequently the Trust, will underperform against the RTT standard during Q1 18/19.
- Performance is expected to recover in the summer (Q2 18/19) assuming there are no other significant changes in either capacity or demand across the Trust's consultant-led services.

Diagnostics: % Waiting >6 Weeks (NCUH)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Yvonne Fairbairn, Associate Chief Operating Officer

Reason why the measure is off target:

- The inability to recover within the month following the disruption caused by the weather (snow)
- The retirement of an experienced consultant radiologist and the under estimation of the activity that he actually did within the radiology department

Actions/mitigations in place to improve performance:

- Additional sessions have been undertaken
- Additional radiographer support has been sourced from May 2018

62 Day screening referrals (NCUH)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Fraser Cant, Associate Chief Operating Officer

Reason why the measure is off target:

Over 70s breast campaign – there was no communication about this campaign and so we had not allowed for increased capacity to meet the significant increase in demand.
Issues around capacity in securing radiology imaging capacity alongside additional breast clinics due to lack of radiology staffing.

Actions/mitigations in place to improve performance:

- Contacted the CCG & Cancer Alliance to try and arrange for some warning re: anticipated cancer related campaigns
- New Radiographer in Radiology has started to be trained on competencies for breast imaging (ultrasound and mammography) – will be able to work independently in approximately 2 months' time.

IAPT Referrals treated > 6 weeks (CPFT)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Tim Evans, Deputy Director of Operations

Reason why the measure is off target:

This is the sixth consecutive month of underperformance; however the second month of improvement following the agreed changes to data capture definitions for "starting treatment". Recovery has been discussed and monitored closely with West, North, and East Cumbria CCG monthly. The Performance Notice issued by North Cumbria Clinical Commissioning Group was lifted in March based on the Trusts recovery plan and trajectories.

Actions/mitigations in place to improve performance

This indicator is based on patients finishing treatment so the impact of changing the local definition and data capture will not be immediate. Trajectories have been prepared based on current Referral to Finished Treatment conversion within the Service and predict that the 75% target will be achieved by April/May 2018, and should reach around 90% by the end of the calendar year. The trajectory is updated monthly to incorporate the latest month actuals into the projected performance.

Quality of care (Single Oversight Framework metrics)

Safe

Indicator	Period	Target	Actual	Year to Date	Latest national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Never events - rolling 6 months (NCUH)	Mar-18	0	**2**	2					RH	No
Never events - rolling 6 months (CPFT)	Mar-18	0	**0**	0			0	0	CP	No
Never events - rolling 6 months (Combined)	Mar-18	0	**2**	2			1	1	RH	No
Patient Safety Alerts not completed (NCUH)	Mar-18	0	**0**	0			0	0	CP	No
Patient Safety Alerts not completed (CPFT)	Mar-18	0	**0**	0			0	0	CP	No
Patient Safety Alerts not completed (Combined)	Mar-18	0	**0**	0			0	0	CP	No
Emergency c-section rate (NCUH)	Feb-18	<= 16%	**16.9%**	13.0%			14.3%	15.6%	HR	No
VTE (NCUH - quarterly submissions)	Dec-17	95.0%	**97.7%**	97.8%			97.5%	96.7%	RH	No
C diff (end of year max 25) (NCUH)	Mar-18	1	**2**	25			1	1	CP	No
C diff rate (rolling 12 months) (NCUH)	Mar-18	<= 15.0	**12.2**	13.1			12.6	12.0	CP	No
MRSA rate (rolling 12 months) (NCUH)	Mar-18	0	**0**	0			0	0	CP	No
MSSA rate (rolling 12 months) (NCUH)	Mar-18		**6.1**	16.8			12.1	11.0	CP	No
E.coli (NCUH)	Mar-18	<= 3	**1**	**29**			3	3	CP	No
Patient safety incidents per 1000 bed days (NCUH)	Mar-18		**21.7**				31.0357	29.3177	CP	No
<16 yr old admissions to adult MH wards (CPFT)										No

NB: See appendix 1 for key to balance scorecards

Quality of care (Single Oversight Framework metrics)

Effective

Indicator	Period	Target	Actual	Year to Date	Latest national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Mortality: HSMR (NCUH)	Sep-17	110	**97**	97	100				RH	No
Mortality:SHMI (NCUH)	Sep-17	1	**0.97**	0.97	1				RH	No
CPA 7 day follow ups (CPFT)	Mar-18	95	**96.1**	95.0%						
% clients in settled accommodation (CPFT)	Dec-17		24%		60.7%					
% clients in employment (CPFT)	Dec-17		5%		8.3%					

NB: See appendix 1 for key to balance scorecards

Quality of care (Single Oversight Framework metrics)

Caring

Indicator	Period	Target	Actual	Year to Date	Latest national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Complaints per OBD (NCUH)	Mar-18		1.0	1.4			0.8	1.6		No
Complaints per WTE staff (CPFT)										
Complaints per WTE staff (Combined)										
FFT Staff % recommend care (NCUH)	Sep-17	70	**73.1**	74.1					CP	
FFT Staff % recommend care (CPFT)	Sep-17		**77.4**							
FFT Staff % recommend care (Combined)										
Mixed-sex accommodation breaches (NCUH)	Mar-18	0	**0**	0			0	0	HR	No
FFT Inpatients % positive (NCUH)	Mar-18	95	**95.7**	96.8			96.4	96.0	CP	No
FFT A&E % positive (NCUH)	Mar-18	87.5	**81.6**	85.8			81.9	81.8	CP	No
FFT Maternity % positive (NCUH)	Mar-18	95	**98.9**	98.5			97.8	97.8	CP	No
FFT Mental Health % positive (CPFT)	Mar-18	95	**85.7**	90.88			90.0	100.0		
FFT Community % positive (CPFT)	Mar-18	95	**98.4**	99.54			100.0	100.0		

NB: See appendix 1 for key to balance scorecards

Quality of Care Exceptions

Emergency C Section Rate (NCUH)

Executive lead: Clare Parker, Executive Director of Nursing

Management lead: Christina Cuncarr, Chief Matron Maternity Transformation/Normality

Reason why the measure is off target:

The performance for February 2018 is 16.9% of 219 births. It is important to note that the rates are monitored monthly through our maternity governance process but emergency CS rates are often difficult to control as dependant on acuity, risk factors and co-morbidities of the mother.

We are dealing with small number of pregnancies/deliveries and therefore monthly figure can be off the target sometime. It is important to note that for the whole year March 17 to date our EM CS rates were under the 16% target and the IMT dept. calculate our EM CS rates on a 12 month rolling percentage which gives 12.6 % for the year to date which is under our target.

Actions/mitigations in place to improve performance:

The strategy to minimise/ reduce our EM CS rates are:

- Monthly “Birth after CS sessions” with women who had previous CS- run by senior Midwife
- Clear pathways for women who have had a previous CS- referral to consultant clinics/ postnatal listening service – planning for future pregnancies
- Promotion of Midwifery led cares/ AMLU to reduce CS Rates.
- Working with our Local Maternity System and the region to promote Midwifery led cares/ Continuity of care models in line with National Maternity review recommendations (Better Births).
- A Dr. in the dept. is in the process of setting up an audit looking at the EM CS .

- Weekly Joint core risk Maternity governance meeting- maternity dashboard a standing agenda item to discuss exceptions on the Maternity dashboard.
- Robust Public Health strategy in place to promote health of our women throughout pregnancy – enhances better clinical outcomes

Friends & Family Test A&E % positive (NCUH)

Executive lead: Clare Parker, Executive Director of Nursing

Management lead: Georgia Wright, Head of Nursing Patient Experience and Engagement

Reason why the measure is off target:

The figure of 81.6% is based on 657 patient responses which is a 13.5% response rate.
It has been really difficult over the past year to get responses from patients who have attended A&E. A&E has been under continued pressure for the past few months and it would be expected that this will affect the FFT scores from patients using the service when they have probably had increased waiting times and been looked after in very busy departments. In January 2018 a pilot started with text messages sent to patients asking them to give their FFT response and a comment about their visit. This pilot has seen the response rate improve from 2% in January to 13% in February and March. Although the recommendation rate is disappointing at 81.6%, we are capturing a larger volume of feedback and will be able to review the comments to identify where changes could be made to improve the experience.

Actions/mitigations in place to improve performance:

Text messaging service to continue and aim to increase the response rate to 20%. Comments to be reviewed and actions identified which will improve the experience of patients attending A&E services.

Organisational Health (Single Oversight Framework metrics)

Indicator	Period	Target	Actual	Year to Date	Latest national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Staff sickness (NCUH)	Mar-18	4%	**4.68%**				4.54%	4.21%	MS	
Staff sickness (CPFT)	Mar-18	4%	**4.70%**				5.60%	5.30%	MS	
Staff turnover (NCUH)	Mar-18		**0.70%**						MS	
Staff turnover (CPFT)	Feb-18		**0.51%**				0.60%	0.39%	MS	
Staff recommend trust as a place to work (NCUH)	2017	61%	**45%**					41%		
Staff recommend trust as a place to work (CPFT)	2017	58%	**62%**					58%		
Proportion of temporary staff (NCUH)	Feb-18		**8.4%**							
Proportion of temporary staff (CPFT)	Feb-18		**4.6%**							

NB: See appendix 1 for key to balance scorecards

Organisational Health Exceptions

Staff Sickness (NCUH)

Executive lead: Michael Smillie, Director of Finance & Strategy (Jt Director of IM&T and Estates)

Management lead: Jason Emerson, Deputy Director of HR & OD

Reason why the measure is off target:

The 4.68% March absence figure is derived from 6,188 FTE days absence of 107,154 FTE days available. Short term absence was reported as 1.53% for March 2018, just above the target rate of 1.5%. Long term absences have been increasing slowly from December 2017 from 2.48% to 3.15% recorded in March 2018 which has resulted in the overall target rate of 4% not being met.

The majority of the long term absences in March were due to anxiety/stress/depression/other psychiatric illness (21.59%) followed by musculoskeletal problems (13.07%), gastrointestinal problems (12.25%) and injury/fracture (7.11%).
The overall absence rate for the financial year 2017/18 was 4.38%

Actions/mitigations in place to improve performance

Absence reports identifying breaches relating to the number and frequency of days absent are produced in line with the Trust's Attendance Management policy on a monthly basis. Human Resources are reviewing the long term absence report to support managers to identify breaches and implement the monitoring process.

Staff Sickness (CPFT)

Executive lead: Michael Smillie, Director of Finance & Strategy (Jt Director of IM&T and Estates)

Management lead: Suzanne Hamilton, Deputy Director of Workforce

Reason why the measure is off target:

The 4.70% March absence figure is derived from 5,107 FTE days absence of 107,589.95 FTE days available. Sickness has decreased slightly on the previous month, although short term sickness has seen a slight increase. Whilst we would expect to see a seasonal increase in short term sickness it is slightly higher than the same time last year due mainly to an increase if cough/cold/flu.

Actions/mitigations in place to improve performance

Proactive management in line with Trust policy and values supported by the HR Team. In the longer term we are building momentum on delivery of the Trusts Health and Wellbeing strategy in conjunction with NCUH using data from a number of sources including the recent National Staff Survey to identify key priorities.

Staff recommend trust as a place to work (NCUH)

Executive lead: Michael Smillie, Director of Finance & Strategy (Jt Director of IM&T and Estates)

Management lead: Jason Emerson, Deputy Director of HR & OD

Reason why the measure is off target:

Although the percentage of staff recommending the trust as a place to work has improved by 4% points since the last NHS staff survey, NCUH still remains 16% points off the national average for acute trusts and target for the trust.

Actions/mitigations in place to improve performance

A significant amount of focus on staff through the health and wellbeing schemes and focus on staff satisfaction has led to a pleasing rise in the performance. However, there is still a huge amount of work to be done. Sharing good practice across the trusts and the launch of the “this is you” programme will further improve this direction of travel so that a larger majority of staff will become more likely to recommend working at NCUH.

Strategic change (Single Oversight Framework metrics)

There is a system transformation delivery report being developed that will have an executive summary progress report against the key measures. This will be included in this section when it is completed.

Supplementary Measures

Safe

Indicator	Period		Target	Actual	Year to Date	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
NHS Safety Thermometer: % harm free care (NCUH)	Mar-18		90%	**90.8%**			91.6%	91.5%	CP	No
NHS Safety Thermometer: new harm (%) (NCUH)	Mar-18	<=	3.5%	**3.0%**			3.1%	3.7%	CP	No
% Serious Harm Incidents (NCUH)	Mar-18	<=	0.40%	**0.75%**			1.3%	1.1%	CP	No
Serious Incident rate (rolling 6 months) (NCUH)	Mar-18			**0.41**			0.42	0.39	CP	No

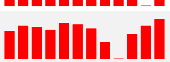
NB: See appendix 1 for key to balance scorecards

Effective

Indicator	Period	Target	Actual	Year to Date	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Emergency readmissions: 30 days (NCUH)	Jan-18	<= 9.4%	**8.8%**	9.3%		9.3%	10.5%	RH	No
Average daily transfers (10pm-7am) (NCUH)	Mar-18	<= 5	**5.0**	5.1		5.9	5.5	HR	No
Average daily medical outliers (NCUH)	Mar-18	<= 15	**27.3**	20.9		39.3	29.9	HR	No
Average daily escalation beds (NCUH)	Mar-18	0	**21.2**	10.2		24.3	26.9	HR	No
Discharges on or before initial EDD (NCUH)	Mar-18	45.0%	**26.0%**	28.4%		31.9%	29.2%	HR	No
Discharges before noon (NCUH)	Mar-18	33.0%	**21.8%**	22.8%		22.0%	20.4%	HR	No
Bed Occupancy - Mental Health (excl Ward Leave) (CPFT)	Mar-18	>= 75.0%	**85%**			81%	81%		No
Bed Occupancy - Specialist (excl Ward Leave) (CPFT)	Mar-18	>= 75%	**93%**			97%	95%		No
Bed Occupancy - Community Services (excl Ward Leave) (CPFT)	Mar-18	>= 75%	**78%**			83%	80%		No
Average Length of Stay - Community Services (CPFT)	Mar-18	n/a	**19.0**			17.9	16.7		No
Care Programme Approach - 12 month review (CPFT)	Mar-18	95.0%	**96.3%**			92.9%	95.7%		No

NB: See appendix 1 for key to balance scorecards

Responsive

Indicator	Period	Target	Actual	Year to Date	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
AE 12 hour Trolley Waits (NCUH)	Mar-18	0	**0**	2		2	0	HR	No
Ambulance handovers > 30 mins: % (NCUH)	Mar-18	<= 9.8%	**19.3%**	14.3%		23.7%	14.3%	HR	No
Ambulance handovers > 60 mins: % (NCUH)	Mar-18	<= 2.7%	**0.0%**	0.3%		0.6%	0.6%	HR	No
Cancer: 2 week All (NCUH)	Mar-18	93.0%	**92.6%**	94.6%		93.1%	95.6%	HR	No
Cancer: 2 week Breast symptomatic (NCUH)	Mar-18	93.0%	**81.2%**	87.0%		94.4%	93.7%	HR	No
Cancer: 31 day All (NCUH)	Mar-18	96.0%	**97.8%**	97.6%		96.5%	97.5%	HR	No
Cancer: 31 day Surgery (NCUH)	Mar-18	94.0%	**88.9%**	84.0%		61.5%	100.0%	HR	No
Cancer: 31 day Chemotherapy (NCUH)	Mar-18	98.0%	**100.0%**	92.0%		100.0%	100.0%	HR	No
Cancer: 31 day Radiotherapy (NCUH)	Mar-18	94%	**96.0%**	98.0%		96.6%	100.0%	HR	No
Cancer: 62 day Con. Upgrade (NCUH)	Mar-18	90.0%	**100.0%**	91.0%		78.6%	75.0%	HR	No
Cancelled operations: 28 day Breach Patients (NCUH)	Mar-18	0	**5**	30		5	6	HR	No
Urgent operations cancelled for a 2nd time (NCUH)	Mar-18	0	**0**	0		0	0	HR	No
Cancelled Clinics (less than 5 weeks notice) (NCUH)	Mar-18	100	**86**	1407		159	109	HR	No
DTOC: average daily number (NCUH)	Mar-18	22	**54**	54		41	34	HR	No
DTOC: average daily number (CPFT trustwide)	Mar-18	22	**65**	57		54	61	HR	No
DTOC: average daily number (Combined)	Mar-18	44	**119**	110		95.0	95.1	HR	No

NB: See appendix 1 for key to balance scorecards

Supplementary Measures (Responsive) Exceptions

DTOC (Combined)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Stephanie Preston, Associate Chief Operating Officer, NCUH
Tim Evans Deputy Director of Operations CPFT

Reason why the measure is off target:

Awaiting Care Packages and Completion of Assessments are the highest delay reasons.

Actions/mitigations in place to improve performance

- The significant drop in delays at NCUH represents the decision by the A&E Board to exclude transfers from acute to community hospital beds, following advice from NHS Improvement that they should be classed as internal delays. They continue to be internally monitored and managed.
- The following initiatives have been put in place to reduce delays by driving process improvement; Improving DST waits, STRATA referral and EDD improvement, Hospital to Home Scheme, Review of Decision Points into ASC, Daily discharge review forums in place. These initiatives are being managed and monitored via the joint weekly operational group.

Supplementary Measures

Well led

Indicator	Period	Target	Actual	Year to Date	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Mandatory Training - Core Skills (NCUH)	Mar-18	95%	**87.0%**					MS	No
Mandatory Training - Core Skills (CPFT)	Mar-18	80%	**86.6%**			86%	87%	MS	No
Appraisal - AfC and senior managers – ward based (NCUH)	Mar-18	95%	**94.3%**					MS	No
Appraisal - AfC non ward based (NCUH)	Mar-18	95%	**97.6%**					MS	No
Appraisal - Medical & dental appraisals (NCUH)	Mar-18	95%	**99.0%**					MS	No
Appraisal Compliance - rolling 12 months (CPFT)	Mar-18	80%	**80.6%**			82%	82%	MS	No
Appraisal Compliance - rolling 12 months (combined)								MS	No

NB: See appendix 1 for key to balance scorecards

3. FINANCE

Finance and use of Resources (Single Oversight Framework metrics)

The year end 2017/18 finance data was not available at time of writing the Integrated performance Report.

4. CIP

A combined summary for CIP to go into the Integrated Performance Report is being developed

5. CQUIN

NCUH CQUIN

Below are some brief updates on progress against the NCUH CQUIN progress

CCG CQUIN – Actual Q1 & Q2, Q3 Actual / estimated Q4

2017/18 CQUIN Schemes	Year 1 £	Q1	Q2	Q3	Q4	Summary
Improvement of health and wellbeing of NHS staff - 5% improvement in 2 out of 3 relevant survey questions	£127,000					The action plan is completed but the Staff survey didn't deliver improvements over the two year period from the baseline
Healthy food for NHS staff, visitors and patients – healthy options in retail food outlets in hospital	£127,000					Early evidence suggests this target will be met
Improving the uptake of flu vaccinations for frontline clinical staff. Targets: 17/18 - 70%. 2018/19 - 75%	£127,000					
90% of eligible patients screened for SEPSIS in inpatients and emergency	£96,000					Significant amount of training, data collection, has led to improved performance of these measures. However, did not make 90% standard for any of the 4 measures in Q1 ,Q2,Q3 or Q4 Partial achievement only.
Sepsis Treatment - 90% of patient screened positive for SEPSIS patients treated within 1 hour in inpatients and emergency.	£96,000					
Antibiotic review empiric review for SEPSIS improvement to 90%	£96,000					
Antibiotic treatment 2% reduction in usage overall	£96,000					Data to evidence this measure will not be available until a number of months after the financial year
20% reduction in A&E attendances for a selected cohort of frequent attenders with mental health needs	£383,000					
Advice and Guidance delivered in specialties covering 35% of referrals in 17/18 , rising to 75% in 18/19	£383,000					
All outpatient appointments managed through E Referral system by March 2018, slot polling appointment slot issues reduce to 4%	£383,000					Target not met, recovery plan in place
Improvements to % of inpatients in longer than 72 hours, aged 65+ and discharged to usual place of residence between 3 and 7 days	£383,000					Final quarter of CQUIN not met

KEY:

Agreed
- Target only partially met
- Target met and agreed

Estimated
- Risk that target will not be met
- Risk of target of part of target not met
- Very likely target will be met

Specialised Commissioning – Actual Q1/Q2, Actual/estimated Q3/Q4

2017/18 CQUIN Schemes	Year 1 £	Q1	Q2	Q3	Q4	Summary
CA2- Chemotherapy Dose banding.	£51,755					Q1 & Q2 & Q3 100% complete and agreed. Q4 yet to be assesed
CA3- Optimising Palliative Chemotherapy.	£77,663					Q1 & Q2 & Q3 100% complete and agreed. Q4 yet to be assesed
GE3- Medicines Optimisation.	£77,663					Q1 and agreed. Q2 & Q3 awaiting national approval for majority of trusts. Q4 yet to be assesed
Local- Improving Chemotherapy Pathways.	£51,755					Q1 & Q2 & Q3 100% complete and agreed. Q4 yet to be assesed
Dental dashboard and network engagement	£79,647					Q1 & Q2 & Q3 100% complete and agreed. Q4 yet to be assesed
Total	**£338,483**					

KEY:	Agreed		Estimated		
	Target only partially met		Risk that target will not be met		Very likely target will be met
	Target met and agreed		Risk of target of part of target not met		

NCUH CQUIN Summary

The Health and Wellbeing survey didn't show the required improvement against the key questions that are measured in the CQUIN so it will partially fail the Q4 target.

The 'e-referral' and 'aged 65+ discharge' CQUINs didn't deliver the required standards in Q4. These have been escalated and recovery plans are in place to improve performance.

The estimate for 2017/18 is that CQUIN achievement will be a total of 75%.

CPFT CQUIN

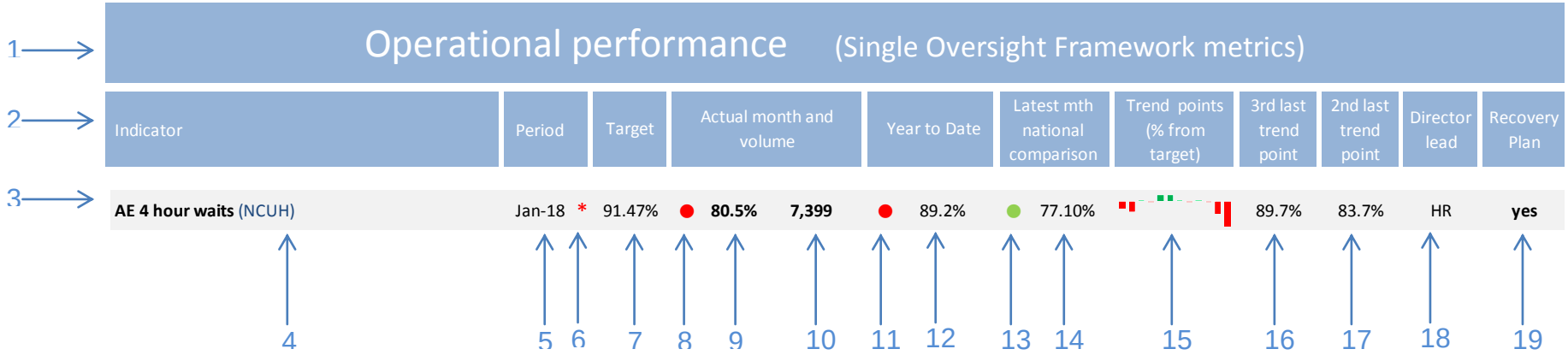
CPFT CQUIN was not available at the time of writing.

6. RECOMMENDATIONS

The Board members are asked to:

- Discuss the performance both Trusts against the key indicators
- Be assured of progress regarding performance including CQUIN delivery
- Where necessary seek clarification that required actions are being taken.
- Feedback on the design, content and format of the report to aid the development of a fully integrated report.

7. APPENDIX 1 – Key for the balance scorecards



1 Dashboard banner: indicates which dashboard is being presented
2 Column headers
3 Individual indicators
4 NHS Trust that the data relates to. For 'combined' is a combination of both trusts data for the measure. CPFT data is County/Trust wide unless otherwise stated.
5 Period: the month (or occasionally other period) of the data being presented in the "Actual" column
6 Period: Red asterisk denotes provisional data (e.g. the data has been collated but the UNIFY return has not yet been submitted – or local Cancer data)
7 Target: the target (for the reporting period). Where there is recovery trajectory, the monthly trajectory point will be used as the target
Where the target is an upper limit, this is indicated by the "<=" symbol
8 Actual: RAG rating for the reporting period
9 Actual: the actual performance in the reporting period
10 Volume of the measure (Denominator)
11 Year to date: RAG rating for performance current year to date
12 Year to date: The actual performance current year to date
13 The RAG rating for the latest national comparison (not always the same month as the actual)
14 Actual performance of the latest national data (not always the same month as the actual)
15 Trend chart – Compares the performance against the target for up to the last 12 months were available and indicates red on the graph for months were performance is off target and green on the graph for months were the performance is above target.
16 This actual performance indicates the actual from two months previous to the current available month actual and the third to last trend on the graph.
17 This actual performance indicates the actual from the previous month to the current available month actual and the second to last trend on the graph.
18 Director responsible: The initials of the Director responsible for the indicator
19 Recovery Plan: whether a recovery (improvement) plan has been initiated for this indicator