

North Cumbria University Hospitals NHS Trust

Monitor Compliance Framework 2012/2013: Governance Risk Rating - Service Performance

Weight	Targets	Threshold	Monitoring period	Quarter 1			Compliance score	Quarter 2			Compliance score	Quarter 3			Compliance score	Quarter 4			Compliance score
				Apr	May	Jun		Jul	Aug	Sep		Oct	Nov	Dec		Jan	Feb	Mar	
1.0	Safety																		
	Meeting the MRSA objective																		
	Cumulative trajectory	0		0				0				0				0			
	Actual			0			0.0	0			0.0	1			0.0	1			0.0
	Monthly			0	0	0		0	0	0		0	1	0		0	0	0	
	Meeting the Clostridium difficile objective																		
	Cumulative trajectory	40		10				20				30				40			
	Actual			6			0.0	18			0.0	42			1.0	56			1.0
	Monthly			1	2	3		6	3	3		4	8	12		4	5	5	
	Quality																		
	Accident & emergency: Total time in A&E: percentage 4 hrs or under	95%	Quarter	95.4%	95.5%	96.9%	0.0	95.2%	97.7%	93.1%	0.0	93.5%	94.8%	92.0%	1.0	91.1%	94.5%	90.8%	1.0
				95.9%				95.3%				93.4%				92.1%			
	Patient experience																		
	18 weeks referral to treatment																		
	- admitted patients	90%	Quarter	85.1%	82.3%	85.1%	1.0	92.7%	93.1%	92.1%	0.0	91.1%	90.1%	84.6%	1.0	82.5%	81.5%	82.4%	1.0
	- non-admitted patients	95%	Quarter	96.6%	97.0%	96.7%	0.0	97.5%	97.2%	97.6%	0.0	97.7%	96.9%	97.0%	0.0	94.8%	95.7%	95.9%	1.0
	- incomplete pathways	92%	Quarter	92.2%	93.2%	92.9%	0.0	92.0%	92.0%	92.0%	0.0	92.7%	91.9%	91.6%	1.0	91.8%	92.3%	92.2%	1.0
1.0	Quality																		
	All cancers: 31 day wait for second or subsequent treatment: anti cancer drug treatment <i>IN ARREARS</i>	98%	Quarter	97.4%	100.0%	100.0%	1.0	100%	100%	100%	0.0	100%	100%	100%	0.0	100%	100%	97.0%	0.0
				99.0%				100.0%				100.0%				98.9%			
	All cancers: 31 day wait for second or subsequent treatment: surgery <i>IN ARREARS</i>	94%	Quarter	90.9%	95.5%	78.6%	1.0	100%	100%	100%	0.0	100%	100%	100%	0.0	100.0%	100%	86.7%	0.0
				89.4%				100.0%				100.0%				94.7%			
	All cancers: 31 day wait for second or subsequent treatment: radiotherapy	94%	Quarter	95.1%	97.4%	95.2%	1.0	92.1%	95.5%	94.2%	0.0	100%	96.2%	95.1%	0.0	95.8%	98.3%	97.1%	0.0
				96.0%				94.0%				97.3%				97.0%			
	All cancers: 62 day wait for 1st treatment: from urgent GP referral to treatment <i>IN ARREARS</i>	85%	Quarter	84.7%	90.0%	95.0%	1.0	81.8%	89.0%	90.5%	0.0	83.1%	88.4%	88.0%	1.0	80.2%	82.8%	88.0%	1.0
				89.8%				86.5%				86.4%				81.3%			
	All cancers: 62 day wait for 1st treatment: from national screening service referral: PERCENTAGE <i>IN ARREARS</i>	90%	Quarter	93.8%	81.3%	87.5%	1.0	83.3%	100.0%	100.0%	0.0	76.5%	93.8%	100.0%	1.0	77.8%	100.0%	100.0%	1.0
				87.5%				92.6%				89.4%				90.5%			
0.5	All cancers: 31 day wait from diagnosis to first treatment <i>IN ARREARS</i>	96%	Quarter	97.7%	96.6%	98.1%	0.0	97.3%	98.5%	99.1%	0.0	98.0%	98.6%	96.7%	0.0	95.2%	99.1%	100.0%	0.0
				97.4%				98.2%				97.8%				97.7%			
	Cancer: 2 week wait from referral to date first seen: all cancers * <i>IN ARREARS</i>	93%	Quarter	93.2%	96.3%	94.8%	0.0	93.9%	95.4%	93.8%	0.0	94.4%	94.2%	95.3%	0.0	95.1%	91.3%	93.9%	0.0
				94.9%				94.4%				94.6%				93.5%			
	Cancer: 2 week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected) <i>IN ARREARS</i>	93%	Quarter	89.8%	97.1%	96.6%	0.0	96.9%	94.8%	97.9%	0.0	96.6%	93.9%	92.5%	0.0	96.2%	99.2%	94.8%	0.0
				94.5%				96.4%				94.4%				96.7%			

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0.5	Self certification against compliance with requirements regarding access to healthcare for people with a learning disability																						
	Meeting the needs of people with a learning disability as set out in the Care Quality Commission indicator on 'Access to healthcare for people with a learning disability', based on recommendations set out in 'Healthcare for all' (2008)	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?					0.5 PAS alerts in place and also flagged up on 'Forward' as a condition. LD passport used to ensure pathways are reasonably adjusted. Trust provides patient information in line with DDA requirements. Protocols under review with consultant clinical psychologist in association with Matron for patient experience. Audit tool for protocols currently being developed.				0.0 Now fully compliant with all 6 criteria. Sustainable compliance from September 2012				0.0 Fully compliant with all 6 criteria. Sustainable compliance from September 2012				0.0				
		In accordance with the Disability Equality Duty of the Disability Discrimination Act (2005), does the trust provide readily available and comprehensive information (jointly designed and agreed with people with learning disabilities, representative local bodies and/or local advocacy organisations) to patients with learning disabilities about treatment options (including health promotion), complaints procedures and appointments?																					
		Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities, including the provision of information regarding learning disabilities, relevant legislation and carers' rights?																					
		Does the trust have protocols in place to routinely include training on learning disability awareness, relevant legislation, human rights, communication techniques for working with people with learning disabilities and person centred approaches in their staff development and/or induction programmes for all staff?																					
		Does the trust have protocols in place to encourage representation of people with learning disabilities and their family carers within Trust Boards, local groups and other relevant forums, which seek to incorporate their views and interests in the planning and development of health services?																					
		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																					
Compliance score Total							3.5				0.0				5.0				6.0				

* Please note that the monthly figures for cancer 2 week wait, entered ahead of the other cancer monitoring figures, are PROVISIONAL, and therefore may be subject to change when the final figures become available

The compliance score represents the score for the actual performance plus the score for the risk assessed by the Board. In the event that the risk assessed is very high this would carry the same weighting as an actual breach.

Failure to meet a target is rated 1.0 or 0.5. Red = 3.0 or more

Governance risk ratings for service performance will be issued according to the following overall aggregate scoring:

Green = less than 1.0
Amber-Green = 1.0 to 1.9
Amber-Red = 2.0 to 2.9
Red = 3.0 or more