

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			
	Monthly			0	0	0		0	0	0		0	1	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	51			
	Monthly			1	2	3		6	3	3		4	8	12		4	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%	0.0	
				95.9%				95.3%				93.4%				92.8%			
	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%		
	- 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%		
	- 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%		
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%		
				99.0%				100.0%				100.0%				100.0%			
	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%		
				89.4%				100.0%				100.0%				100.0%			
	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%	100.0%		
				96.0%				94.0%				97.3%				97.3%			
	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%	86.0%		
				89.8%				86.5%				86.4%				83.0%			
	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%	93.8%		
				87.5%				92.6%				89.4%				88.0%			
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%	100.0%		
				97.4%				98.2%				97.8%				97.0%			
	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%		
				94.9%				94.4%				94.6%				93.2%			
	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%		
				94.5%				96.4%				94.4%				97.6%			

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				Apr	May	Jun		Jul	Aug	Sep		Oct	Nov	Dec		Jan	Feb	Mar			
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?					<p>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.</p>				<p>Now fully compliant with all 6 criteria. Sustainable compliance from September 2012</p>				<p>Fully compliant with all 6 criteria. Sustainable compliance from September 2012</p>						
		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?				0.5						0.0					0.0				
		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				0.0		

* 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

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Monitor target data entry

April 2012 to March 2013

		2012-13											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MRSA > 48 hours	Number	0	0	0	0	0	0	0	1	0	0	0	
Clostridium difficile	Number	1	2	3	6	3	3	4	8	12	4	5	
18 weeks referral to treatment - Admitted pathways													
Treated within 18 weeks	Number	1440	1618	1377	1588	1558	1861	2001	1798	1403	1797	1546	
Admitted patients - total	Number	1692	1967	1618	1713	1674	2021	2196	1996	1659	2179	1897	
18 weeks referral to treatment - Non-admitted pathways													
Treated within 18 weeks	Number	3000	3407	2888	3465	3109	3089	3540	3373	2767	3526	2987	
Non-admitted patients - total	Number	3104	3511	2988	3553	3198	3165	3625	3481	2854	3719	3122	
18 weeks referral to treatment - Incomplete pathways													
Length of wait at end of month: <18 weeks	Number	12810	13271	13196	12939	13222	12900	13169	13088	13060	12360	12855	
Patients with pathways incomplete at end of month - total	Number	13899	14235	14199	14061	14370	14019	14206	14239	14256	13469	13929	
A&E time waited from arrival to departure													
<= 4 hours	Number	5900	6287	6010	6321	6082	5953	5922	5772	5735	5439	5285	
Total	Number	6186	6586	6201	6641	6222	6397	6333	6088	6233	5969	5593	
2 week wait from referral to date first seen: all cancers													
Seen within 2 weeks	Number	505	701	600	667	677	545	754	715	627	617	589	
Total seen	Number	542	728	633	710	710	581	799	759	658	649	645	
2 week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)													
Seen within 2 weeks	Number	106	135	86	125	128	93	140	155	124	127	121	
Total seen	Number	118	139	89	129	135	95	145	165	134	132	122	
31 day wait from diagnosis/DTT to first treatment													
Treated within 31 days of diagnosis	Number	125	141	105	144	132	110	145	138	119	139	84	
Total treated	Number	128	146	107	148	134	111	148	140	123	146	84	
31 day wait for second or subsequent treatment: anti cancer drug treatment													
Treated within 31 days of diagnosis	Number	37	31	32	30	32	32	40	24	32	25	21	
Total treated	Number	38	31	32	30	32	32	40	24	32	25	21	
31 day wait for second or subsequent treatment: surgery													
Treated within 31 days of diagnosis	Number	10	21	11	21	13	11	14	18	9	16	6	
Total treated	Number	11	22	14	21	13	11	14	18	9	16	6	
31 day wait for second or subsequent treatment: radiotherapy													
Treated within 31 days of diagnosis	Number	58	74	60	58	64	65	66	76	39	69	41	
Total treated	Number	61	76	63	63	67	69	66	79	41	72	41	
62 day wait for 1st treatment: from urgent GP referral to treatment													
Seen and treated at North Cumbria within 62 days	Number	54	62	56	72	63	55	72	69	63	67	66	
Treatments within 62 days - shared treatments	Whole number	3	2	3	4	4	4	3	7	6	4	3	
Seen and treated at North Cumbria - total	Number	63	69	58	86	67	59	84	77	70	82	77	
Shared treatments - total	Whole number	5	2	5	9	12	8	9	10	10	8	3	
Cancer screening referrals treated within 62 days (threshold 90%)													
Seen and treated at North Cumbria within 62 days	Number	0	0	0	2	0	0	0	0	0	0	0	
Treatments within 62 days - shared treatments	Whole number	15	13	14	16	15	15	13	15	14	7	15	
Seen and treated at North Cumbria - total	Number	0	0	0	3	0	0	0	0	0	1	0	
Shared treatments - total	Whole number	16	16	16	18	15	15	17	16	14	7	16	

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Monitor target data entry

April 2012 to March 2013

*NB: Data has been manually adjusted for some cancer targets , following quarterly validation by Open Exeter
This has been entered as "+ adjustment" in the 2nd month of each quarter*

2012-13											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar