

# North Cumbria University Hospitals NHS Trust

## Monitor Compliance Framework 2013/2014: 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                            | <b>Safety</b>  |           |                   |                       |      |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                | Meeting the MRSA objective   |           | 0                 | Cumulative trajectory | 0    |     |                  |           | 0   |     |                  |           | 0   |     |                  |           | 0   |     |                  |     |
|                                | Actual   |           |                   | Cumulative quarterly  | 0    |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0 |
|                                |  |           |                   | Monthly               | 0    |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                | Meeting the Clostridium difficile objective  |           | 29                | Cumulative trajectory | 7    |     |                  |           | 15  |     |                  |           | 22  |     |                  |           | 29  |     |                  |     |
|                                | Actual   |           |                   | Cumulative quarterly  | 3    |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0 |
|                                |  |           |                   | Monthly               | 3    |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                | <b>Quality</b>   |           |                   |                       |      |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                | Accident & emergency: Total time in A&E: percentage 4 hrs or under   |           | 95%               | Quarter               | 92%  |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0 |
|                                | <b>Patient experience</b>  |           |                   |                       |      |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
| 18 weeks referral to treatment |  |           |                   |                       |      |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
| - admitted patients            |  | 90%       | Quarter           | 83%                   |      |     | 0.0              |           |     |     | 0.0              |           |     |     | 0.0              |           |     |     | 0.0              |     |
| - non-admitted patients        |  | 95%       | Quarter           | 95%                   |      |     | 0.0              |           |     |     | 0.0              |           |     |     | 0.0              |           |     |     | 0.0              |     |
| - incomplete pathways          |  | 92%       | Quarter           | 92%                   |      |     | 0.0              |           |     |     | 0.0              |           |     |     | 0.0              |           |     |     | 0.0              |     |
| 1.0                            | <b>Quality</b>   |           |                   |                       |      |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                | All cancers: 31 day wait for second or subsequent treatment: anti cancer drug treatment <i>IN ARREARS</i>                            |           | 98%               | Quarter               | 100% |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0 |
|                                | All cancers: 31 day wait for second or subsequent treatment: surgery <i>IN ARREARS</i>   |           | 94%               | Quarter               | 100% |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                |  |           |                   |                       |      |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                | All cancers: 31 day wait for second or subsequent treatment: radiotherapy  |           | 94%               | Quarter               | 95%  |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0 |
|                                | All cancers: 62 day wait for 1st treatment: from urgent GP referral to treatment <i>IN ARREARS</i>                                   |           | 85%               | Quarter               | 85%  |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                | All cancers: 62 day wait for 1st treatment: from national screening service referral: PERCENTAGE <i>IN ARREARS</i>                   |           | 90%               | Quarter               | 86%  |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                |  |           |                   |                       |      |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
| 0.5                            | All cancers: 31 day wait from diagnosis to first treatment <i>IN ARREARS</i>   |           | 96%               | Quarter               | 94%  |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0       |     |     |                  | 0.0 |
|                                | Cancer: 2 week wait from referral to date first seen: all cancers * <i>IN ARREARS</i>  |           | 93%               | Quarter               | 92%  |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |
|                                | Cancer: 2 week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected) <i>IN ARREARS</i> |           | 93%               | Quarter               | 96%  |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |     |

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| 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 |                  |
| <b>0.5</b>                    | <b>Self certification against compliance with requirements regarding access to healthcare for people with a learning disability</b>   |  |                   |           |     |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |
|                               | 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?   |                   |           |     |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |
|                               |   | 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  |                   |           |     |     |                  |           |     |     |                  |           |     |     |                  |           |     |     |                  |
| <b>Compliance score Total</b> |   |  |                   |           |     |     | <b>0.0</b>       |           |     |     | <b>0.0</b>       |           |     |     | <b>0.0</b>       |           |     |     | <b>0.0</b>       |

\* 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        |