

1. Introduction

The attached Performance Report shows the position to December 2016 for the NHS Improvement Single Oversight Framework requirements for Service Performance as part of the Foundation Trusts quarterly Governance declaration.

Performance is shown against the required threshold or trajectory for each indicator assessed as part of the framework.

2. NHS Improvement Single Oversight Framework

Key messages to December 2016 include;

- The NHS Improvement Single Oversight Framework Quarter 3 rating for Service Performance is Amber due to the A&E 4 hour standard being below the national 95% threshold. All other standards were achieved or were within de minimis limits.
- As the A&E 4 hour standard wasn't delivered for Quarters 1, 2 or 3, there is a risk of a formal Governance trigger by NHS Improvement. Continuing pressures regarding the RTT standard are potentially increasing this risk further.

Accident and Emergency

- Following continued pressures for urgent care in the health system, unfortunately the A&E 4 hour standard was not achieved at 89.2% for Quarter 3. This standard continues to be a declared risk with NHS Improvement (NB as at 18th January the January to date position is 85.5%).
- The continued situation regarding the A&E 4 hour standard is part of a wider set of multiple system pressures regarding urgent care, which have impacted both on our delivery and the ability to mitigate and deliver a sustained improvement, specifically;
- Sustained increase in Delayed Transfers of Care and patients who are medically fit for discharge but have a delay in an assessment of need, care package starting or equipment being provided. This is having a significant impact on available bed capacity in the hospital on a day to day basis and causing delays in getting patients transferred from the Emergency Department once it's determined they require admission. The bed occupancy figures have increased as a result of this issue. When compared to Quarter 3 2015, this accounts for an additional 12 beds in the bed base.
- We have experienced an increase in A&E attendances of 4.6% for the period April to December inclusive compared to the same time the previous year. This has included three months where the total number of attendances has exceeded 5,000 and also includes a 6.9% increase in the number of patients arriving between 8pm and 8am.
- A 2.7% increase in Emergency Admissions for April to December compared to the same period the previous year.
- An increase between April to December in the number of arrivals by ambulance to A&E compared to the same period in 2015/2016.
- Workforce capacity pressures in respect of the level of medical cover required.
- Since mid-December the Foundation Trust has consistently been at Operational Pressure and Escalation Level (OPEL) 2 to 3 which requires instigating Silver Command. This is due to increased attendance and admissions, acuity (i.e. sicker patients consistent with a winter pattern of illness) and significant numbers of patients who have delays in their discharge

arrangements. As a result there have been 39 escalation beds opened (over and above the additional Winter beds as part of the plan).

Actions taking place to support improvement include;

- We are continuing to work with stakeholders regarding mitigation and urgent care system resilience across the district. We have hosted a Multi-Agency Discharge Event (MADE) to help facilitate the discharge of medically fit patients into the right care setting and in November held a Rapid Improvement Week focused on the SAFER bundle, a set of simple rules for adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients. However, there is significant further work required to ensure resilience in this area across the whole health and care system going forward.
- Internally, the Foundation Trusts Clinical Directors for Acute Medicine and for Emergency Care have agreed to amend the admissions process overnight so that patients who require admission from the Emergency Department will be discussed with the on-site medical registrar in the first instance. This may reduce the number of overnight medical admissions placing less pressure on beds the following day.
- NHS Improvement correspondence received requires the implementation of Local A&E Delivery Boards with a clear mandate to reduce the current scope and ensure a focus on the system issues impacting on the delivery of the Emergency Care Standard. This includes a number of key areas including;
Streaming patients at the front door to ambulatory and primary care;
NHS 111 - Increasing the numbers of calls transferred for clinical advice;
Ambulance – Clinical Advisory Service supporting appropriate and timely use and response;
Improving flow - Mandated areas that each Trust should implement to enhance patient flow. This will reduce inpatient bed occupancy, reduce length of stay, and require implementation of the SAFER bundle;
Discharge – Mandating discharge to assess to trusted assessor models

As a result of the continued pressures, additional measures we have taken include;

- Matrons doing a 9pm to 3:30am shift over the last two weeks to support /oversee nurse staffing.
- Daily conference calls across the system with the A&E Delivery Board – via these we have requested additional registered nurse staffing.
- Community ANPs are working in ED to support the team and wherever feasible get people back home with support.
- Non urgent elective activity cancelled.
- Messages to the public via all media channels regarding keeping well and not coming to ED unless an emergency or urgent.
- The Foundation Trust continues to progress the Urgent and Emergency Care Accelerator Zone work, with specific initiatives looking at discharge to assess capacity outside of hospital and improving streaming at front door for patients with primary care and ambulatory care conditions.

Referral to Treatment

- Pleasingly, the Referral to Treatment standard was achieved for both November and December during Quarter 3.
- There continue to be pressures at specialty level in General Surgery, Urology and Orthopaedics and at the current time these are continuing in January. Because of the activity volumes for these two services, it can have a disproportionate effect on the aggregate percentage. Specific focus is being placed on utilisation levels and seeking additional capacity in support of continued delivery of the standard.

Clostridium Difficile

- The total number of Clostridium difficile infections for 2016/2017 to date is 13 cases. This is set against the national target of 6 and de minimis of 12 applied in the Single Oversight Framework. In line with updated national guidance, individual cases can now be reviewed with Commissioners and if determined by the CCG that the infection was unavoidable, an adjustment can be made so that this does not count against the Foundation Trusts annual target. Of the 13 cases to date, 9 have now been reviewed with the outcome being that one case was deemed avoidable (and therefore counts against the annual threshold). **The year to date total is 1 case against an annual threshold of 6.**
- Achievement of the Clostridium difficile threshold for 2016/2017 remains at risk as declared to NHS Improvement in the Annual Plan submission. The risk is based on the low centrally set target for 2016/2017 of 6 which, despite having reduced the number of infections from 235 to 5 over the previous nine years, the Board of Directors feel is challenging to keep within in the current year.

Cancer

- Following pressures noted previously, the 62 day cancer standard position is achieving at 95.7% for December. Overall this standard continues to be tight going forward, with indication of pressures in January, and so is being very closely monitored.
- There is continued national priority focus being placed on Improving and Sustaining cancer performance, particularly around the 62 day standard. Nationally, weekly reporting of this standard has now been implemented and over the coming months, all Trusts shall be required to progress work on a number of key priorities such as leadership, policies, pathways, reporting, patient tracking and capacity and demand analysis.

Governance

- As set out in the Single Oversight Framework, the areas where the Foundation Trust could be subject to a formal concern being triggered (and potential red rated Governance override) given current and recent performance are where the Sustainability and Transformation Fund trajectories are not achieved for more than two consecutive months.
- The Governors need to be aware there is a potential risk of a Governance trigger by NHS Improvement as a result of the A&E 4 hour standard not being achieved for four of the last five quarters and the STF trajectory not being achieved for six consecutive Months. Continuing pressures regarding the RTT standard are potentially increasing this risk further, although the standard was achieved in both November and December.

- Discussions are taking place with our relationship team at NHS Improvement regarding this and whether further regulatory requirements are likely. This shall include gaining an understanding on the requirements for the remainder of the year regarding A&E, as apart from the Single Oversight Framework, the Foundation Trust also has a separate profile through the Sustainability and Transformation Fund and is now also being included as part of the West Yorkshire Accelerator Zone project designed to achieve 95% at regional level by March 2017.

NHS Improvement Single Oversight Framework

Following a recent national Consultation, NHS Improvement have announced that all Trusts shall be assessed using the Single Oversight Framework from October 2016. This replaces the Risk Assessment Framework for Foundation Trusts as well as the TDA's Accountability Framework for NHS Trusts, combining and building on the approaches of both.

The framework shall assess an organisation in five areas; Quality of care, Finance and use of resources, Operational performance, Strategic change and Leadership and improvement capability. This shall be linked to a segmentation process, putting Providers into one of four categories which shall be used to define the level of autonomy or support offered and applied to organisations. The Segments are as per the attached table;

Table 2: Segment description

Segment	Description
1	Providers with maximum autonomy – no potential support needs identified across our five themes – lowest level of oversight and expectation that provider will support providers in other segments
2	Providers offered targeted support – potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not needed
3	Providers receiving mandated support for significant concerns – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
4	Special measures – the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean that they are in special measures

NHS Improvement have contacted the Foundation Trust to inform us that our opening position in the new Single Oversight Framework that went live on 1st October is Segment 2.

Segment 2 is where a Provider is offered targeted support in one or more of the five themes, but they are not in breach of their licence and/or formal action is not needed. This could be support either suggested or offered by the regulator to help improve the situation for particular areas. The Foundation Trust has historically utilised such offers of support and shall continue to actively seek and engage help for any areas identified in this framework.

As predicted, there are four areas which are leading to us being categorised in Segment 2;

- Safe element of Care Quality Commission Inspection as Requires Improvement
- Well Led element of Care Quality Commission Inspection as Requires Improvement
- Performance Standards regarding A&E and RTT
- Finance Control Total distance from plan

NHS Improvement shall review this on a monthly basis and a cross-organisation meeting between NHS Improvement, Care Quality Commission, NHS England and the local CCG's to review each Trusts performance took place in early November.

As per the quarterly returns, NHS Improvement shall contact Foundation Trusts regarding their segmentation category as these are assessed and shall also be published on their website in due course.

The Performance Reports going forward shall reflect the updates in how the Foundation Trust is assessed.

Sustainability and Transformation Fund Performance Trajectories 2016/2017

A key part of achieving our Annual Plan is the delivery of a number of nationally mandated performance standards linked to the Sustainability and Transformation Fund process. NHS Improvement published additional guidance in July 2016 regarding how the assessment shall take place for this.

Where applicable, this requires the Foundation Trust to meet specific profiled monthly performance covering the following standards (these may not necessarily be the same thresholds used in the Single Oversight Framework); A&E 4 Hour Waits, 18 Weeks Referral to Treatment, Diagnostics 6 Week Waits, Cancer 62 Day Waits, Financial Control Total.

70% of the Sustainability and Transformation funding is attributable to the delivery of the financial control total, with 30% linked to the delivery of the performance standards highlighted above. These are weighted 12.5% each for Referral to Treatment and A&E and 5% for Cancer. Details of the Financial Control total position are included in the Finance Report. A separate report is attached as part of the Performance Report, indicating the position against that profiled for the Sustainability and Transformation Fund performance standards to December.

We have achieved the requirements for Quarter 1 and Quarter 2 following a successful appeal regarding the A&E standard as a result of the system wide pressures we have reported over several months. The forecast for the full year shall need to be reviewed each month. The following are the key criteria that we shall be reliant on to claim the Sustainability and Transformation Fund and the performance required for the remainder of the year;

Accident and Emergency

Due to pressures in Quarter 2 and Quarter 3, the Foundation Trust shall need to over deliver in Quarter 4 in order to earn back the funding associated with this standard. Based on current projections (and assuming this requires a year to date position that is a cumulative of the STF trajectories to be delivered rather than the national 95% year to date standard) then the performance levels would need to be between 97% and 98% across Quarter 4 (comparably these were 95% in 2015/2016).

Each individual month for Quarters 2 to 4 has a value of approximately £55k and so the full value for this standard for the year is £497k. Following our successful appeal regarding Quarter 2, approximately £330k is at risk for Quarters 3 and 4 unless this could be earned back or further appealed as a result of the continued pressures.

Referral To Treatment

Referral to Treatment standard is currently being projected to be achieved, using the 1% tolerance allowed on the STF thresholds in Quarter 2 and the 0.5% tolerance allowed in Quarter 3.

Cancer

Based on historic trends, we expect there shall be pressures in December and January, but we are forecasting delivery of the 85% threshold by Quarter which would ensure payment in the event these individual months did not achieve.

A summary position of current performance for the Sustainability and Transformation Fund performance trajectories is shown in the table below.

Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral												
Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Numerator	7804	7804	7804	7804	7804	7804	7804	7804	7804	7804	7804	7804
Denominator	8482	8482	8482	8482	8482	8482	8482	8482	8482	8482	8482	8482
Target performance	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Actual / Forecast	92.0%	92.3%	92.0%	91.2%	91.0%	91.8%	91.9%	92.4%	92.4%			

*Achieved based on 1.0% tolerance allowed as per STF guidance in Quarter 2 and 0.5% tolerance in Quarter 3.

Percentage of Service Users waiting more than 6 weeks from Referral for a diagnostic test												
Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Numerator	27	27	27	27	27	27	27	27	27	27	27	27
Denominator	2724	2724	2724	2724	2724	2724	2724	2724	2724	2724	2724	2724
Target performance	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Actual / Forecast	0.0%	0.0%	0.04%	0.03%	0.04%	0.06%	0.11%	0.17%	0.00%			

Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department												
Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Numerator	4267	4211	4280	4280	4280	4302	4302	4302	4302	4280	4326	4326
Denominator	4564	4553	4553	4553	4553	4553	4553	4553	4553	4553	4553	4553
Target performance	93.5%	92.5%	94.0%	94.0%	94.0%	94.5%	94.5%	94.5%	94.5%	94.0%	95.0%	95.0%
Actual / Forecast	93.3%	85.3%	94.1%	93.2%	93.8%	91.2%	91.2%	91.2%	91.2%	91.2%		

*Subject to formal appeal – Successful for Quarter 2

Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer												
Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Numerator	34	34	34	34	34	34	34	34	34	34	34	34
Denominator	40	40	40	40	40	40	40	40	40	40	40	40
Target performance	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Actual / Forecast	94.2%	92.1%	91.0%	89.5%	85.9%	87.1%	85.0%	82.0%	85.7%			

Action required by the Council of Governors

The Council of Governors are asked to receive and note the Performance Report to December 2016.