

1. Introduction

The attached Performance Report shows the position to March 2018 for the NHS Improvement Single Oversight Framework requirements for Service Performance as part of the Foundation Trusts quarterly Governance declaration.

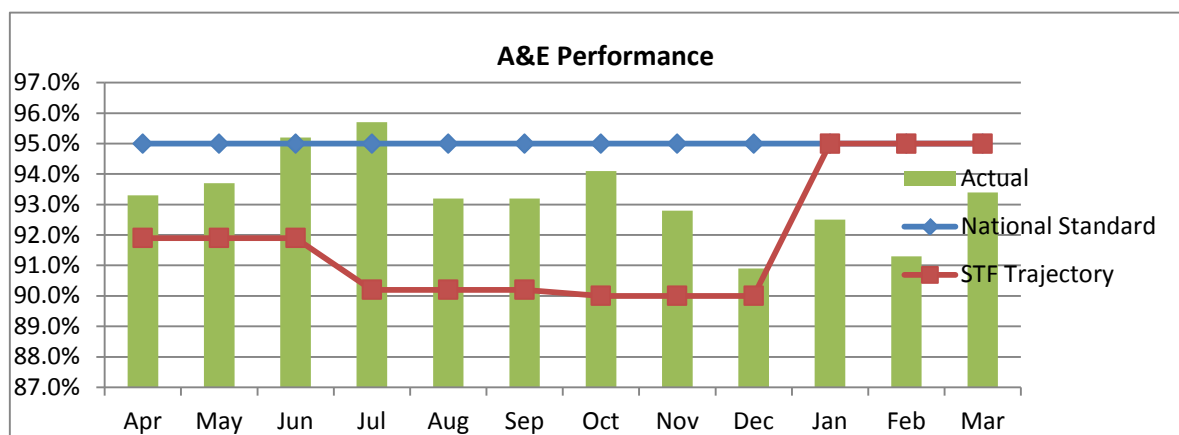
Performance is shown against the required threshold or trajectory for each indicator assessed as part of the framework.

2. NHS Improvement Single Oversight Framework

Key messages to March 2018 include;

A&E

- Following continued pressures for urgent care in the health system, unfortunately the A&E 4 hour national standard was not achieved at 93.4% for March. It should be noted both the March and Quarter 4 performance was improved on the corresponding period in 2016/2017.
- This standard continues to be a declared risk with NHS Improvement (as at 16th April this standard was 91.7% for the month to date, below the national standard and Provider Sustainability Transformation Fund trajectory).
- Following further details received from NHS Improvement regarding the Sustainability and Transformation Funding, our trajectories for A&E have now been updated. As well as the national standard being delivered in June and July, we have also achieved our STF trajectory for Quarters 1, 2 and 3 which is profiled to achieve specific monthly performance. Quarter 4 was not achieved and there is no process to appeal this. This is shown in the following graph;



It is well recognised that nationally the Emergency Care Standard continues to be a challenge for the vast majority of acute providers in England.

Current position

Our March performance compares favourably with the National picture. It should be noted both the March and Quarter 4 performance were improved on the corresponding period in 2016/2017.

Both February and March were significantly challenging months with temperatures well below seasonal average and high snow fall as winter weather continued to affect the frail and elderly with pneumonia and chest infections.

We have continued to experience high demand in Quarter 4 with the main reasons for breaches being delayed first assessment and bed holds, similar to the previous quarter, which is a reflection of current winter pressures, increased bed occupancy and additional escalation beds being opened.

Further Challenges Impacting on the achievement of 95%

- The impact of an increased number of patients with an acute mental health illness has been apparent since January 2018.
- Implementation of the **SAFER** bundle, which is an evidenced based tool for managing patient flow. This is strongly dependent on a stable and sustained nursing workforce across Inpatient wards. Nurse staffing pressures are making consistent delivery challenging.
- Gaps in medical rotas and over reliance on locum and bank staff at key hours

Going forward;

For the Foundation Trust, demand continues to be high however and whilst the performance is significantly improved and benchmarking well compared to the England average, there is still work to do in respect of reducing the number of patients who wait longer than 4 hours because of a delayed first assessment. This relates to redesign work we have the opportunity to deliver when the new Acute Assessment Unit (AAU) opens in April 2018. There are also pressures in diagnostics capacity and we are looking to improve this going forward.

Further actions being taken to further support improvement include;

The Assistant Director of Operations (ADOP) for Integrated Care remains on secondment to provide senior management oversight and there is now regular learning across the West Yorkshire network via the West Yorkshire Association of Acute Trusts (WYAAT) and the A&E Delivery Board.

SAFER. Executive oversight is being provided for the improved delivery of the SAFER bundle, namely;

Senior review for all patients by 12.00 noon every day

Assessment – Expected date of discharge agreed within 24 hours of admission

Flow – Wards that routinely accept patients doing so by 10.00 each day

Early Discharge – 50% of patients planned for discharge completed by 1.00pm each day

Regular Review – Weekly review of all patients with a length of stay of 7 days or more

Work is taking place on clinical rosters to try and reduce the impact of variation. We are also looking to implement established Emergency Department safety checklists to support standardisation. The new AAU development will also improve systems to reduce the impact of individual decision making.

On-going Partnership working with Bradford District Care Foundation Trust to improve mental health liaison services.

Continued system wide progress towards the 9 point Urgent and Emergency care plan oversight provided by A&E Delivery Board.

The above areas are supporting improvement, however, there is significant further work required to ensure resilience in this area across the whole health and care system going forward.

Referral to Treatment

- Pleasingly, the Referral to Treatment standard was achieved for March at 92.3%.
- There continue to be pressures at specialty level in General Surgery, Urology and Orthopaedics and at the current time these are continuing in April. Because of the activity volumes for some specialties, particularly Orthopaedics, 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 the year to date is six 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. Five cases to date have now been reviewed with the outcome being that four cases were deemed unavoidable (and therefore do not count against the annual threshold) with one case still to be reviewed by the CCG. **The year to date total is 1 case against an annual threshold of 6.**
- Achievement of the Clostridium difficile threshold for 2018/2019 remains at risk as declared to NHS Improvement in the Annual Plan submission. The risk is based on the low centrally set target for 2018/2019 of 5 which, despite having reduced the number of infections from 235 to 2 over the previous ten 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 was achieved in March at 91.9%. Overall this standard continues to be tight going forward, with indication of pressures in April, and so is being very closely monitored. It should also be noted the 62 Day Cancer Screening Standard was below threshold at 75.0% in March. An Exception Report is attached to this Performance Report outlining the key reasons and action being completed to improve this.
- 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) are where national standards are not achieved for more than two consecutive months.
- The Governors need to be aware there is still a potential risk of a formal Governance trigger by NHS Improvement as a result of the A&E 4 hour standard not being achieved for eight of the last nine quarters and the continuing pressures regarding the Diagnostics 6 week and Cancer 62 day screening standards. As the national A&E standard was achieved in both June and July and the STF trajectories delivered for Quarters 1, 2 and 3 this is probably reduced at this time.
- 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 going forward regarding A&E, as apart from the Single Oversight Framework, the Foundation Trust also has a separate profile through the Sustainability and Transformation Fund, is included as part of the West Yorkshire Accelerator Zone project and has a specific profile linked to Winter funding made available.

NHS Improvement Single Oversight Framework

The Single Oversight Framework assesses an organisation in five areas; Quality of care, Finance and use of resources, Operational performance, Strategic change and Leadership and improvement capability. This is linked to a segmentation process, putting Providers into one of four categories 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 recently communicated to the Foundation Trust to inform us that our current position in the Single Oversight Framework 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, Diagnostics 6 week waits and Cancer 62 Day Screening
- Finance Control Total distance from plan

NHS Improvement review this monthly through a cross-organisation meeting between NHS Improvement, Care Quality Commission, NHS England and the local CCG's to review each Trusts performance.

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

The Performance Reports going forward shall reflect the updates in how the Foundation Trust is assessed. NHS Improvement have also recently completed a consultation on updates to the Framework. The main update relating to the Governance element is the introduction of the national Dementia screening, assessment and referral standard that was previously a CQUINS.

3. Sustainability and Transformation Fund Performance Trajectories 2017/2018

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.

For 2017/2018, 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 A&E performance standard as per the STF trajectory highlighted above. 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 March.

Following details received from NHS Improvement regarding the Sustainability and Transformation Funding, we have achieved the A&E STF requirements for Quarters 1, 2 and 3. Following further discussion with NHS Improvement, our Quarter 4 STF requirement was delivery of the A&E 95% national standard for March 2018. This is an increase from the threshold set out in correspondence received regarding our Winter funding allocations, which was a requirement to achieve 93.91% for Quarter 4.

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	7208	7208	7208	7208	7208	7208	7208	7208	7208	7208	7208	7208
Denominator	7835	7835	7835	7835	7835	7835	7835	7835	7835	7835	7835	7835
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	92.5%	93.0%	93.3%	93.2%	92.8%	93.0%	93.4%	92.8%	92.2%	92.1%	92.6%	92.3%

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	0.5%	2.0%	3.0%	3.3%	0.1%	0.1%	1.2%	0.8%	5.2%	3.8%	2.4%	3.8%

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	4,452	4,452	4,452	4,369	4,369	4,369	4,360	4,360	4,360	4,602	4,602	4,602
Denominator	4,844	4,844	4,844	4,844	4,844	4,844	4,844	4,844	4,844	4,844	4,844	4,844
Target performance	91.9%	91.9%	91.9%	90.2%	90.2%	90.2%	90.0%	90.0%	90.0%	95.0%	95.0%	95.0%
Actual / Forecast	93.3%	93.7%	95.2%	95.7%	93.2%	93.2%	94.1%	92.8%	90.9%	92.5%	91.3%	93.4%

*Quarter 4 STF threshold still to be confirmed

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	92.9%	89.8%	91.4%	82.6%	95.1%	90.1%	87.1%	81.3%	87.0%	89.1%	89.3%	91.9%

Action required by the Council of Governors

The Council of Governors are asked to receive and note the Performance Report to March 2018.

2017/2018 Governance Standards Quarter 4 Position (as at March 2018)

Domain	Targets – weighted 1.0 (National requirements)	Threshold	Current Position/Projection
Safety	Clostridium Difficile – Meeting the Clostridium Difficile objective	DH allocation 6 NHS Improvement de minimis 12	1
Safety	MRSA – Meeting the MRSA objective (Not part of Risk Assessment Framework from Oct 2013)	DH allocation 0 NHS Improvement de minimis 6	0
Quality	All cancers: 31-day wait for second or subsequent treatment	94% Surgery 98% Drug	100% 100%
Quality	All cancers: 62-day wait for first treatment	85% Referrals 90% Screening	January 89.1% February 89.3% March 91.9% January 87.5% February 80.0% March 75.0%
Patient Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate (Measured each individual month)	92% Incomplete	January 92.1% February 92.6% March 92.3%
Quality	A&E - maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	January 92.5% February 91.3% March 93.4%
Effectiveness	Community Services Data Completeness	50% Referral to Treatment 50% Referral 50% Treatment Activity	100% 94.5% 99.6%
Quality	All cancers: 31-day wait from diagnosis to first treatment	96%	100%
Quality	Cancer: two week wait from referral to date first seen	93% Referral 93% Breast	96.5% 95.6%
	Overall Rating		SEGMENT 2

2017/2018 Governance Standards Quarter 4 Position (as at February 2018)

Domain	Targets – weighted 1.0 (National requirements)	Threshold	Current Position/Projection
Quality	Diagnostics 6 maximum waiting time of 6 weeks	99%	January 96.2% February 97.6% March 96.2%
Quality	Cognitive Screening - Screening	90%	January 95.3% February 90.3% March TBC
Quality	Cognitive Screening - Assessment	90%	January 100% February 100% March TBC
Quality	Cognitive Screening - Referral	90%	January 100% February 100% March TBC
Overall Rating			SEGMENT 2