

BOARD OF DIRECTORS MEETING

Agenda Item	P1/187/17	Date: 6th September 2017
Subject /title	Integrated Performance Report – Month 4	
Author	Hannah Gray, Head of Performance and Planning	
Responsible Director	Helen Porter, Director of Nursing & Quality	
Executive summary and key issues for discussion		
<p>The Integrated Performance Report provides an overview of the main performance indicators across all areas of the agenda in a combined report.</p> <p>Haemato-oncology data</p> <p>The Haemato-oncology (HO) service transferred from the Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) to CCC on 1st July 2017. We are working hard to integrate the data associated with this service into the Trust’s performance reporting framework; however there are various challenges to overcome. These include the fact that HO do not yet use the Meditech EPR, the RLBUHT run some data reports later in the month than CCC, and for a number of KPIs, HO either have a different data collection system, or form part of a wider RLBUHT system from which we need to either extract the data, or continue work to integrate HO into existing CCC processes.</p> <p>The column to the right of the KPI description indicates whether HO data is included in July’s figures or not. The cell is grey if there is no July data yet (for CCC as a whole), and grey with N/A stated where the KPI does not apply to the HO service. Work will continue to integrate the data, and this column will remain in the report until this work is complete.</p> <p style="text-align: center;">KPI Detail</p> <p>Clostridium difficile</p> <p>One attributed case was detected in July 2017, within the Haemato-oncology Directorate. It was found during the root cause analysis that the patient was treated as per full hospital guidelines. We are due to meet with NHS England to review this case, at which time we expect it to be agreed that the case was not due to a lapse in care.</p> <p>Dementia</p> <p>Following a dip below the 100% target in April, May and June; to 89%, 88% and 92% respectively, we achieved 100% for July 2017. The actions identified to improve performance; inclusion of this assessment in a daily ‘incomplete assessment’ report provided to the wards and reviewing the dementia assessment training that staff receive, are ongoing and we will continue to monitor performance closely.</p>		

Sepsis: patients receiving IV antibiotics within an hour

Following a fall in compliance to 76% in April 2017, this increased to 90% for May and fell slightly to 88% for June (2 patients). Compliance is at 64% for July; the 5 patients who did not have antibiotic administration within 1 hour / for whom administration is unclear, did have an antibiotic review within 72 hours. We will be reviewing our processes and documentation quality to improve our compliance against key performance indicator.

Linac Downtime

The Trust's Linacs were down 4.56% of the time in June 2017. This decreased slightly to 4.17% in July, against a target of no greater than 2% downtime. This will be discussed in the Radiation Services Performance Review meeting on 31st August 2017, to ensure there are appropriate actions in place to reduce downtime and ensure the most efficient use of our resources.

Cancer Waiting Times (CWT)

We achieved the 85% target, with 85.5% (post allocation) for June 2017 (this was reported as July in error in the Month 3 IPR), however we did not achieve the target for July, at 79.5%. We are not meeting the target (pre allocation), at 65.2% for July; this continues to be largely due to the fact that we receive a significant number of late referrals from other Trusts.

In July, 71.4% of 62 Day Pathway patients had their first appointment within 7 days (against a target of 75%), and 70.4% of patients were treated within 24 days of referral to CCC.

The following table outlines progress against the Trust's actions in the Cheshire and Merseyside 62 Day recovery plan (RP). This is submitted to NHSE monthly and discussed on a weekly basis during a teleconference with NHSE, the Cancer Alliance and CCC representation.

Action According to RP	Delivery Date	Trust Progress & Revised RAG Rating (August 2017)
1. To see 75% of patients within 7 days of referral to the Trust	Sep-17	<p>Waiting List Initiative:</p> <ul style="list-style-type: none"> - Data analyst began work on 7/8/17 to support plans for extra clinics. This is progressing well, with the project specification including the development of an online capacity and demand dashboard to which CCC will have access beyond the project end. - After reviewing a number of options, we will be holding additional Lung, Upper GI and Urology nurse led review clinics for follow up appointments. This will develop additional capacity in August and September for new appointments with consultants. <p>Administration:</p> <ul style="list-style-type: none"> - streamlining of management of new referrals. - restructure and increasing capacity in tracking team. - please see attached up to date improvement plan. <p>Supporting the Medical Workforce:</p> <ul style="list-style-type: none"> - 3 Medical Consultant posts were advertised in the BMJ week commencing 17th July, with interviews scheduled for September - capacity will be increased via recruitment of AHP roles to support medical workforce; including Consultant Radiographers (3 new full-time posts, advertised in a national journal 'Synergy' with interviews due to be held week commencing 4th September), a Consultant Pharmacist (due to start early September), Nurse Consultants (x 2, interviews 12th Sept, to start in Q3). - We are currently reviewing the number of trainees we have who will be post-CCT in the next 12 months (i.e. eligible for consultant posts) against any known planned consultant retirements to understand what our consultant body is likely to look like during this time period. We are also reviewing the support the Trust offers to trainees in their last year of training for life as a consultant; developing clinical engagement which supports retention and recruitment.
2. To complete the interim re-location of oncology staffing within fewer centres in order to ensure continuity of care and safe, effective cover arrangements for gaps in medical staffing due to vacancy and sickness	Aug-17	<p>New ANP posts are being advertised in lung, colorectal, upper GI, urology. The details are as follows:</p> <ul style="list-style-type: none"> -1.0 WTE Lung ANP (Whiston/RLBUHT) -0.5 WTE Lung ANP (Aintree) -1.0 WTE Prostate ANP (Whiston/RLBUHT) -0.5 WTE ANP UGI (Aintree) -0.6 WTE Band 6 Associate CNS Colorectal (Wirral) <p>We are holding a recruitment event (a strategy we have adopted following a very successful nursing recruitment event we held earlier in 2017) on 14th September and will be advertising posts immediately afterwards.</p>
3. Improve radiotherapy tracking, including process prior to treatment	Sep-17	<p>The Radiotherapy tracking team capacity has been increased, with 1 full-time new appointment starting in post on 1st August. This allows closer monitoring of adherence to the timed pathway process implemented, and escalation as appropriate.</p>
4. Provide more detailed information on late referrals from secondary care to the tertiary centre in order to identify	Jun-17	<p>CCC has forwarded details of reasons for late referrals, provided by referring Trusts (by 11/8/17), as agreed in the call with NHSE/I and CA on 21/7/17.</p>

issues causing breaches		
5. Develop and implement further timed pathways on Head & Neck, Upper GI and Lower GI, via the Pathways Programme.	Sep-17	<p>Update by Tumour group:</p> <ul style="list-style-type: none"> • H&N – pathway will be developed by September, with phased implementation in Q3. Progress update to be given to the Cancer Alliance board in September. • Prostate – pathway will be developed by September, with phased implementation in Q3. – No Change • Colorectal – pathway project commenced as part of the Cancer Alliance transformation fund bid – project manager has recently started in post, with pathway development to take place over the next 3 months (Delay in release of NCT funding). Project is planned over a 2 year period. 1st steering group scheduled for the 1st Sept. Baseline pathway audit in progress. • Lung – optimal pathway developed. Project commenced as part of the Cancer Alliance transformation fund bid to implement the pathway across Cheshire & Merseyside. Project Manager commenced in post in June with the project planned over a 2 year period. 1st steering group scheduled for the 6th September. Baseline service configuration update completed and gap analysis in progress. • U.G.I – Pathway review project commenced for the diagnostic element of the pathway for 1 LDS (North Mersey). Further work to be planned. – No change

Staff Indicators

Attendance & Stress Related Absence:

Absence figures have increased in July 2017 by 0.17%. The highest reasons for absence in July 2017 were: Gastrointestinal - 27.2 FTE days lost, Anxiety/Stress/Depression - 21.12 FTE days lost, Other Musculoskeletal- 17.1 FTE days lost. This is consistent with June 2017 figures with Gastrointestinal and Anxiety/Stress/Depression being the two main reasons for absence.

Mandatory Training:

Compliance levels continue to be below the Trust target. To assist teams in achieving compliance, additional training sessions have organised from September. Compliance reporting for Haemato-oncology staff is not currently available, this is due to differences between the way RLBUHT and CCC utilise and reflect competencies in ESR and also a lack of information being submitted during July from RLBUHT under the terms of an agreed SLA. Learning and Development (L&D) staff are currently conducting data cleansing and validation activity and have escalated the SLA issue to the General Manager.

PADRs:

Although there was a significant increase in compliance, to 93%, the Trust target of 95% was not achieved. There are currently just under 100 staff in the Trust who have not had a PADR within the required timescales. Managers have been contacted and have given assurance that outstanding PADRs will be completed by the end of August. It should be noted that a high number of PADRs were late in being notified to L&D which has had an

impact on compliance reporting during April and July. There will be changes to PADR reporting on ESR over the coming months which will form part of the manager self-service training for early 2018. All managers have been asked to complete a training needs analysis template to provide an overview of training requirements by the end of August 2017 in order to inform a corporate training plan.

Finance and activity

The Trust is reporting a surplus of £813k against a planned surplus of £781k, a favourable variance of £32k. The main driver behind the decrease in surplus from month 3 is activity which sits outside of the block contract being overestimated by circa £250k.

Actual activity (excluding Haemato-Oncology), for April to July (Months 1-4) has been used.

For Haemato-Oncology (HO), as no clinical data is currently available from the Royal Liverpool, in the financial statements HO income has been matched to plan. HO is understood to be an area of growing activity, so assuming activity is in line with plan at this stage is not considered to be unreasonable.

At month 4 overall clinical activity (excluding drugs) is almost exactly on plan (£2k above plan)

The CIP programme has achieved savings of £632k, which is £25k above plan.

The Trust has delivered against its control total of £580k, with an actual year to date comparator of £1,068k.

The Trust holds **cash** at the end of month 4 of £57.7 million, which is £2.1m below plan. The main reason cash is below plan is following recent negotiations with the Royal Liverpool University Hospital, the Trust agreed to pay £10m upfront to secure future cash flows for the newly acquired Haemato-Oncology service. This is offset by an underspend against the capital programme of circa £9m.

Strategic context and background papers (if relevant)

N/A

Recommended Resolution

The Trust Board are asked to:

- Note the report and approve the actions being taken to address highlighted areas.

Risk and assurance

The report is part of the overall Trust Performance Management System, ensuring delivery of external KPIs

Link to CQC Regulations

Regulation 12: safe care and treatment
 Regulation 17: good governance
 Regulation 18: staffing

Resource Implications

N/A																															
Key communication points (internal and external)																															
Communicated with internal senior management team for information and action where appropriate.																															
Freedom of Information Status																															
<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Application Exemptions:</p> <ul style="list-style-type: none"> • Prejudice to effective conduct of public affairs • Personal Information • Info provided in confidence • Commercial interests • Info intended for future publication 	<p>Please tick the appropriate box below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;"><input checked="" type="checkbox"/></td> <td>A. This document is for full publication</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>	<input checked="" type="checkbox"/>	A. This document is for full publication	<input type="checkbox"/>	B. This document includes FOI exempt information	<input type="checkbox"/>	C. This whole document is exempt under FOI																								
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Equality & Diversity impact assessment																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Are there concerns that the policy/service could have an adverse impact because of:</th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Age</td><td></td><td style="text-align: center;">X</td></tr> <tr><td>Disability</td><td></td><td style="text-align: center;">X</td></tr> <tr><td>Sex (gender)</td><td></td><td style="text-align: center;">X</td></tr> <tr><td>Race</td><td></td><td style="text-align: center;">X</td></tr> <tr><td>Sexual Orientation</td><td></td><td style="text-align: center;">X</td></tr> <tr><td>Gender reassignment</td><td></td><td style="text-align: center;">X</td></tr> <tr><td>Religion / Belief</td><td></td><td style="text-align: center;">X</td></tr> <tr><td>Pregnancy and maternity</td><td></td><td style="text-align: center;">X</td></tr> <tr><td>Civil Partnership and Marriage</td><td></td><td style="text-align: center;">X</td></tr> </tbody> </table> <p>If YES to one or more of the above please add further detail and identify if full impact assessment is required.</p>		Are there concerns that the policy/service could have an adverse impact because of:	Yes	No	Age		X	Disability		X	Sex (gender)		X	Race		X	Sexual Orientation		X	Gender reassignment		X	Religion / Belief		X	Pregnancy and maternity		X	Civil Partnership and Marriage		X
Are there concerns that the policy/service could have an adverse impact because of:	Yes	No																													
Age		X																													
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Religion / Belief		X																													
Pregnancy and maternity		X																													
Civil Partnership and Marriage		X																													
Next steps																															
Appendices																															

Strategic Objectives supported by this report

Improving Quality	X	Maintaining financial sustainability	X
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	X
Research		Generating Intelligence	X

Link to the NHS Constitution

Patients		Staff	
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Access to health care	X	<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	X	<i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints 	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice	X	Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	X



Integrated Performance Report: 2017/18 Month 4



Key Performance Indicator		Inc. HO	Director	Target	Directive	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	12 month trend	
Safe																				
Harm Free Care	Total incidents resulting in harm to patients		HP		Internal	28	13	16	10	11	11	5	2	18	17	13	NYP	48		
	Percentage of Patients with no 'new' harms (ST)	Yes	HP	95%	C, SU2S, OH	91.2%	96.6%	96.6%	94.8%	94.6%	95.1%	96%	98%	94%	95%	97%	99%			
	Number of patients recorded as having a category 2-4 hospital acquired pressure ulcer (CCC lapse in care)	Yes	HP	0	OH	1	0	0	0	1	1	1	0	2	0	0	0	0	2	
	Clostridium difficile infections (attributable)	Yes	HP	5	C, OH, SOF	1	0	0	0	0	0	0	0	0	0	0	2	1	3	
	MRSA infections (attributable)	Yes	HP	0	C, OH, SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of Never Events	Yes	HP	0	DoH, C, SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of falls per 1,000 admissions	No	HP	TBA	OH	11	27	31	28	20	15	19	12	19	19	23	16			
	Chemotherapy Medication Errors per 1000 doses	No	HP	TBA	C, QR		0.82	0.67	0.99	0.69	0.46	0.17	0.14	1.43	0.84	0.76	0.81			
	Number of Chemotherapy Medication Errors	Yes	HP	TBA	C, QR	3	5	4	6	4	3	1	1	9	6	5	5	25		
	Radiotherapy Treatment Errors per 1,000 fractions	N/A	HP	TBA	C, QR	1.6	1	1.1	1.16	1.2	1.6	1.1	0.76	0.62	0.94	0.57	1.09			
	Percentage of adult admissions with VTE Assessment	No	HP	95%	C, SOF	95.7%	98.2%	97.7%	97.9%	95.0%	99.0%	96.9%	95.5%	97.2%	97.7%	96.7%	96.6%			
	Percentage of patients at risk of VTE who have received prophylaxis	No	HP	100%	Internal	96.1%	81.5%	93%	93%	93%	90%	96%	89%	93%	97%	100%	97%			
Medication	Dose Banding Adult Intravenous SACT		HP	Q1 baseline, Q2-Q4 TBA based on Q1 baseline	CQUIN	76%						95%				95%		NYP		
Dementia	Composite Indicator for Dementia Screening	No	HP	R: <95%, A: 95%-99%, G: 100%	Internal	100%	100%	93%	92%	82%	84%	100%	100%	89%	88%	92%	100%			
AKI	Percentage completeness of the AKI data items (four per discharge)		HP	R: <95%, A: 95%-99%, G: 100%	Internal	67%	44%							92%	86%	96%	NYP			
Sepsis	Percentage of patients requiring screening for sepsis, who have been screened as part of the admission process.	No	HP	100%	Internal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	Percentage of patients presenting with severe sepsis, Red Flag Sepsis or Septic Shock, who have received IV antibiotics within an hour of presentation.	No	HP	2017/18: R: <95%, A: 95%-99%, G: 100%	Internal	82%	84%	83%	86%	100%	100%	90%	96%	76%	90%	88%	64%			
Effective																				
Mortality	Total number of in-hospital deaths	Yes	HP/PK		Internal	6	6	7	4	8	7	8	7	5	6	7	9	27		
	30 day mortality rate (radical chemotherapy)	No	HP		QR	0.3%	0.4%	0.3%	0%	0%	0.1%	0.2%	0.3%	0.3%	0.3%	0.1%	0%			
	30 day mortality rate (palliative chemotherapy)	No	HP		QR	1.5%	1.7%	2.3%	1.7%	1.4%	1.2%	1.1%	1.6%	1.3%	1.5%	1.3%	1%			
	30 day mortality rate (radical radiotherapy)	No	PK		QR	2.4%	2.1%	2.5%	3.4%	3.2%	3.6%	2.9%	1.9%	1.8%	2.1%	2.2%	1.9%			
	30 day mortality rate (palliative radiotherapy)	No	PK		QR															



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Key Performance Indicator	Inc. HO	Director	Target	Directive	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	12 month Trend
Time to Consultant Assessment	No	HP	75%	C, Royal College of Physicians	78%	69%	68%	86%	80%	72%	71%	70%	93%	83%	89%	78%		
Efficiency																		
Length of Stay Elective Care (Average number of days on discharge)	No	HP	5	Internal	2.1	2.79	2.6	4.61	2.25	4.40	3.82	2.59	1.78	2.05	1.34	2.42		
Length of Stay Emergency Care (Average number of days on discharge)	No	HP	10	Internal	6.67	12.14	13.15	10.04	6.91	9.61	8.96	8.94	7.42	8.04	8.41	6.77		
% of patients not meeting the 'Clinical Utilisation Review' criteria	N/A	HP	TBC with NHSE	CQUIN									40%	45%	47%	NYP		
Linac Downtime	N/A	PK	2%	Internal	3.45%	3.25%	3.90%	2.72%	1.53%	4.04%	2.74%	2.34%	2.36%	2.38%	4.56%	4.17%	3.37%	
Linac Utilisation	N/A	PK	85%	Internal	77.9%	83.5%	86.5%	89.0%	80.9%	83.3%	96.4%	94.8%	86.7%	87.2%	87.2%	92.1%		
Care hours per patient day: Conway Ward	N/A	HP	Awaiting inclusion of KPI in 'Model Hospital' Portal	NHSI	6.2	5.8	5.6	6	6.3	5.9	6	6	6.2	6.2	7.5	7.2		
Care hours per patient day: Sulby Ward	N/A	HP		NHSI	8.2	6.6	9.4	8.5	10.8	7.3	7.4	7.3	9	10	11.7	14.4		
Care hours per patient day: Mersey Ward	N/A	HP		NHSI	7.1	6.3	6.1	6.8	6.7	6.6	6.7	6.3	7.3	7.4	8.4	8.4		
Care hours per patient day: 7Y	HO only	HP		NHSI												6.1		
Care hours per patient day: 10Z and 7X	HO only	HP		NHSI												12.2		
Time to recruit staff (% within 60 working days)	Yes	AC	R: <90, A: 90-94, G: =>95	Internal	100%	100%	TBC	100%	95%	100%	90%	91%	100%	100%	100%	100%		
Clinical Trials	No	PK	400 per annum	Internal	Q3 = 87			Q4 = 71			Q1 = 86			29				
Caring																		
The NHS Friends and Family Test (FFT): Inpatients	Yes	HP	30%	C	11.80%	19.10%	19.10%	23.10%	10.80%	10.95%	13.80%	15.00%	15.80%	8.50%	8.10%	5.10%		
Percentage of respondents who were either likely or extremely likely to recommend to friends and family.	Yes	HP	R: <90, A: 90-94, G: =>95	C, O&H, SOF	95%	98.20%	94.10%	97.01%	96.88%	100.00%	94.11%	93.30%	100%	100%	100%	100%		
The NHS Friends and Family Test (FFT): Outpatients	N/A	HP	R: <90, A: 90-94, G: =>95	C	96.60%	94.80%	96.68%	96.36%	96.88%	96.44%	96.92%	95.07%	89.52%	96.53%	97.81%	94.67%		
Waiting Times	N/A	HP	65%	Internal	79.96%	78.29%	79.23%	77.48%	73.24%	77.46%	72.74%	77.27%	74.07%	71.44%	76.81%	74.04%		
Percentage waiting 30 minutes or less for Radiotherapy	N/A	PK	80%	Internal	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC		
Percentage waiting 30 minutes or less for Delamere	N/A	HP	80%	Internal	92%	91%	90%	91%	87%	86%	87%	86%	86%	83%	84%	82%		
Percentage waiting 30 minutes or less for outpatient peripheral clinics	N/A	HP	65%	Internal		96%	96%	93%	94%	93%	88%	86%	86%	84%	83%	88%		
Complaints	Yes	HP	0	C, SOF	0	1	2	2	4	0	2	3	4	2	3	2	11	
Responsive																		



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All Cancers: 62 Day Wait for First Treatment	From urgent GP referral to treatment (classic) post allocation* - English Patients	Yes	BS	85%	SOF, C	66.3%	80.4%	80.0%	78.5%	80.2%	74.4%	78.0%	81.4%	81.5%	72.5%	85.50%	79.50%			
	From urgent GP referral to treatment (classic) pre allocation* - English Patients	Yes	BS	85%	SOF, C	54.90%	60.60%	67.90%	68.90%	65.90%	64.00%	60.90%	65.80%	67.00%	54.10%	65.90%	65.20%			
	From urgent GP referral to treatment (classic) post allocation* - All Patients	Yes	BS	85%	SOF, C	65.30%	80.60%	79.10%	78.70%	78.30%	75.50%	77.20%	81.40%	81.50%	73.10%	85.70%	78.30%			
	From urgent GP referral to treatment (classic) pre allocation* - All Patients	Yes	BS	85%	SOF, C	53.60%	61.50%	68.60%	68.20%	64.30%	65.20%	61.30%	64.00%	67.00%	55.10%	65.60%	64.20%			
2 Week Wait	For patients referred with suspected cancer symptoms to see a specialist	HO only	BS	93%													66.70%			
Internal Cancer Wait Supporting KPIs	% of patients who have their first appointment within 7 days	No	BS	75%	Linked to 62 Day waits								54.55%	47.50%	57.80%	66.04%	71.90%			
	% of patients who are treated within 24 days of referral to CCC	No	BS	85%	Linked to 62 Day waits								62.10%	62.50%	45.10%	75.97%	70.41%			
All Cancers: 62 Day Wait for First Treatment <small>(All tumour specific figures are year to date)</small>	All Tumours	Yes	BS	85%	DoH	87.10%	88.50%	88.40%	89.60%	88.30%	89.10%	89.10%	89.2%	87.5%	76.7%	79.4%	88.3%			
	Brain/CNS	Yes	BS	85%	DoH								100.0%							
	Breast	Yes	BS	85%	DoH	91.80%	96.40%	93.10%	97.10%	94.94%	95.74%	96.00%	96.2%	87.5%	93.3%	93.8%	94.6%			
	Gynaecological	Yes	BS	85%	DoH	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	40.0%	83.3%	83.3%			
	Haematological	Yes	BS	85%	DoH	100%	100%	100%	100%	100%	100%	100%	100.0%			50.0%	66.6%			
	Head & Neck	Yes	BS	85%	DoH	72.40%	72.40%	73.30%	73.30%	76.81%	78.38%	80.5%	80.2%	100.0%	80.0%	80.6%	70.0%			
	Lower GI	Yes	BS	85%	DoH	100%	100%	100%	100%	91%	90%	90%	91.3%	86.7%	75.0%	75.0%	77.2%			
	Lung	Yes	BS	85%	DoH	87.80%	88.80%	90.50%	90.80%	92.59%	93.89%	93.70%	92.7%	100.0%	84.1%	84.0%	83.4%			
	Other	Yes	BS	85%	DoH	85.70%	86.70%	86.70%	88.20%	80.00%	76.00%	78.60%	79.3%	100.0%	100.0%	100.0%	100.0%			
	Sarcoma	Yes	BS	85%	DoH				33.30%			100.00%	100.0%		50.0%	50.0%	50.0%			
	Skin	Yes	BS	85%	DoH	100%	100%	100%	66.70%	50.00%	55.56%	55.60%	55.6%		100.0%	66.6%	66.6%			
	Upper GI	Yes	BS	85%	DoH	83.80%	84.20%	83.80%	84.20%	83.78%	85.88%	82.40%	83.5%	60.0%	47.8%	58.8%	60.5%			
	Urological	Yes	BS	85%	DoH	75%	78%	75%	78%	81%	83%	83%	85.7%	42.9%	68.4%	66.6%	77.7%			
	Urological/Testicular	Yes	BS	85%	DoH															
	Not Specified	Yes	BS	85%	DoH															
	From consultant screening service referral post reallocation* - English Patients	Yes	BS	90%	SOF, C	100%	100%	100%	80%	100%	0%	67%	100%	100%	67%	100%	80%			
	From consultant screening service referral post reallocation* - All Patients	Yes	BS	90%	SOF, C	100%	100%	100%	80%	100%	0%	67%	100%	100%	67%	100%	80%			
All cancers: 31 day wait from	Decision to Treat to first treatment - English Patients	Yes	BS	96%	DoH, C	97.60%	96.50%	97.70%	98.50%	98.20%	97.10%	100.00%	96.70%	98.80%	96.40%	97.80%	98.50%			
	Decision to Treat to first treatment - All Patients	Yes	BS	96%	DoH, C	97.30%	96.70%	97.90%	98.50%	97.60%	96.30%	100.00%	96.40%	98.30%	96.50%	97.90%	98.60%			
	Decision to Treat to subsequent treatment Anti cancer drug treatment - English Patients	Yes	BS	98%	DoH, C	99.30%	98.20%	97.90%	99.40%	99.50%	96.70%	99.70%	98.70%	97.00%	98.40%	99.20%	99.30%			
	Decision to Treat to subsequent treatment Anti cancer drug treatment - All Patients	Yes	BS	98%	DoH, C	99.30%	98.20%	98.00%	99.40%	99.00%	96.90%	99.70%	98.80%	97.10%	98.50%	99.30%	99.30%			
	Decision to Treat to subsequent treatment Radiotherapy - English Patients	Yes	BS	94%	DoH, C	96.50%	95.70%	96.80%	98.50%	97.80%	97.40%	98.30%	98.90%	98.0%	97.8%	98.6%	97.0%			
	Decision to Treat to subsequent treatment Radiotherapy - All Patients	Yes	BS	94%	DoH, C	96.30%	95.50%	96.90%	98.50%	97.90%	97.30%	98.20%	98.70%	97.8%	98.0%	98.7%	97.2%			
Referral to treatment waiting times (18 weeks)	Admitted patients	Yes	BS	90%	DoH, C	100%	95%	100%	100.0%	100.0%	100.0%	95.2%	96.9%	100.0%	100.0%	100.0%	90.0%			
	Non-admitted patients	Yes	BS	95%	DoH, C	97.70%	98.20%	99.2%	98.7%	98.3%	98.3%	96.2%	98.5%	98.3%	97.8%	97.8%	97.1%			
	Incomplete Pathways	Yes	BS	92%	SOF, C	95.19%	96.29%	95.1%	96.7%	96.3%	96.1%	96.1%	96.7%	96.9%	96.7%	96.6%	97.0%			
	Zero tolerance RTT waits over 52 weeks for Incomplete pathways	Yes	BS	0	DoH	0	0	0	0	0	0	0	0	0	0	0	0			



Integrated Performance Report: 2017/18 Month 4



Referral to diagnostics	Patients waiting less than six weeks at month end as a percentage of total waiting (Diagnostics)	N/A	BS	99%	C	100%	100%	100%	100%	98.9%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
People Management and Culture: Well Led																			
Staff Attendance and Turnover	Attendance (Sickness Level)	Yes	AC	R: =>4%, A: 3.6% - 3.9%, G: =<3.5%	SOF	3.34%	3.85%	4.49%	4.28%	3.79%	4.84%	4.14%	4.14%	4.05%	4.09%	4.03%	4.20%		
	Retention (Turnover FTE rolling 12 months)	Yes	AC	<12%	SOF	14.65%	13.16%	13.43%	13.56%	13.24%	13.14%	12.92%	12.28%	12.81%	13.69%	13.22%	12.95%		
Staff Development <small>(The figures recorded for each month are rolling 12 month figures, rather than for the month only)</small>	Statutory Mandatory Training (Rolling 12 months)	No	AC	R: <75%, A: 75% - 94%, G: =>95%	Internal	82%	83%	82%	83%	83%	85%	85%	80%	80%	81%	82%	82%		
	Performance Development Reviews (PADR) (Rolling 12 months)	Yes	AC		Internal	46%	54%	57%	60%	61%	75%	76%	73%	70%	68%	77%	93%		
Key Performance Indicator		Inc. HO	Director	Target	Directive	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	12 month Trend
The NHS Friends and Family Test (FFT): Staff	Percentage of respondents who were either likely or extremely likely to recommend to friends and family as a place to work.		AC	R: <90, A: 90-94, G: =>95	O&H		91%			No report due to National Staff Survey				22%			75%	QR	
	Percentage of respondents who were either likely or extremely likely to recommend to friends and family as a place for treatment or care.		AC		SOF, O&H		95%			No report due to National Staff Survey				83%			96%	QR	
Finance and Activity																			
Finance <small>(The figures recorded for each month are YTD figures, rather than the month only)</small>	Operating Surplus (EBITDA margin) YTD	Yes	YB	8.5%	Internal	9.8%	11.1%	10.2%	10.6%	10.1%	10.1%	9.9%	10.8%	2.1%	6.6%	9.5%	8.3%		
	Net Surplus (Net Income & Expenditure Margin) YTD	Yes	YB	2.0%	Internal	4.5%	6.0%	5.3%	5.7%	5.1%	5.1%	4.8%	5.9%	-5.6%	-0.3%	2.8%	2.1%		
	Net Surplus versus Trust Plan (£'000s) (YTD)	Yes	YB	781	SOF	2,042	3,317	3,377	4,136	4,168	4,631	4,816	6,544	-461	-51	769	813		
	Net Surplus versus NHSI Control Target (£'000s) (YTD)	Yes	YB	617	SOF	2,042	3,444	3,508	4,305	4,354	4,841	5,492	5,921	-398	113	1,124	1,068		
	C-I-P Savings (Percentage of identified savings) YTD	Yes	YB	25.1%	Internal	31.0%	48.4%	57.8%	65.7%	72.0%	81.5%	89.6%	103.9%	5.1%	10.4%	19.9%	26.1%		
	Capital Spend versus Plan (%) YTD	Yes	YB	33.0%	Internal	16.3%	19.8%	22.6%	27.4%	33.6%	59.0%	62.7%	99.5%	7.8%	3.1%	7.6%	12.3%		
	Cash Balances versus Plan (£'000s) (YTD)	Yes	YB	59,837	Internal	78,509	77,189	75,806	76,015	72,983	76,640	89,213	62,831	58,661	59,075	58,361	57,705		
	Liquidity Position (Liquid ratio in days) YTD	Yes	YB	185 days	SOF	262 days	265	266	265	259	255	252	210	213	212	212	190		
	Use of Resources	Yes	YB	1	SOF	4	4	3	3	3	3	3	3	1	1	1	1		
	Agency Staff Spend (£'000s) YTD	Yes	YB	342	SOF	1,139	1,325	1,500	1,620	1,700	1,820	1,885	1,940	96	156	227	288		
Activity <small>(The figures recorded for each month are YTD figures, rather than the month only)</small>	Agency and Bank Staff Spend (£'000s) YTD	Yes	AC	342	Internal		1,349	1,519	1,644	1,729	1,857	1,929	1,980	97	163	241	307		
	Agency medical locum spend (reduce by £75K by the end of 2017/18 compared to 2016/17 outturn spend)		YB	TBC	SOF														
	Contract versus Plan (£)	No	YB	20,794,283	Internal	31,338,820	36,441,467	41,590,185	46,615,956	52,230,726	57,405,886	63,358,686	5,678,936	10,542,689	16,159,187	20,796,552			
	Radiotherapy Activity (percentage growth YTD)	N/A	PK	1.9%	C	-10.1%	-9.9%	-9.3%	-9.3%	-8.2%	-9.1%	-8.6%	1.9%	1.9%	10.2%	12.0%			
	Chemotherapy Activity (percentage growth YTD)	No	HP	5.0%	C	-5.3%	-5.7%	-2.9%	-0.8%	4.3%	4.5%	4.7%	5.0%	5.0%	7.8%	4.7%			
Inpatient Activity (percentage growth YTD)	No	HP	1%	C	7.7%	8.0%	8.8%	9.3%	-2.4%	-3.4%	-3.0%	1%	1%	-26.3%	-26.9%				
Outpatient Activity (percentage growth YTD)	No	HP	1%	C	6.7%	7.5%	6.6%	6.4%	3.1%	4.7%	5.3%	1%	1%	6.4%	6.1%				

Titles key: Directive = Rationale for inclusion (see detailed key below), YTD = Year to date

Directive key: Department of Health (DoH), NHS Improvement (NHSI), Single Oversight Framework (SOF), CQUIN (CQUIN), Quality Report (QR), Sign up to Safety campaign (SU2S), Contract KPIs (C), Open and Honest (OH)

General key: DC = Data capture system under development, TBA = To be agreed, TBC = To be confirmed, QR = Quarterly Reporting, NYP = Data not yet published for this time period, NA = Not Applicable, ST = Safety Thermometer (this is a survey carried out on one day a month on all wards. The data relates only to the inpatients present on that day, rather than capturing all harm data for the month), Grey shaded cells = Not applicable, or data not available for this period.