



Nottinghamshire ICS System Integrated Performance Summary

June 2019

ICS Board 13 June 2019

Item 14. Enc. K2



Key Performance Indicator	National 18/19 Required Performance	18/19 Reporting Period	2018/19 ICS Performance			Exception Narrative	
			Latest Period	National Month RAG	Month Delivery Trend		
A. Mental Health Deliver the MHFV, with a focus on Children and Young Peoples services (CYP), reductions in Out of Area Placements, improved access to mental health services (EIP / IAPT / Crisis and Liaison services)	CYP Access Rate	32%	Q4 18/19	16.9%	●	↑	Due to concerns relating to performance and plans to progress the 5YFV requirements, Exec level oversight established in ICS. Joint Recovery plans in place. CYP - ICS achieved 16.9% against 32% access standard in Q3 (based on national dataset). Local data indicates a Q4 position of 25% against the 32% target. IAPT - ICS access target did not achieve for Feb 19. EIP - Exceeded target in March 2019, achieving 69.1%. Ongoing actions to improve service delivery to ensure NICE compliance. OAPs – Continued reduction in out of area placement (OAP) occupied bed days (OBDs). Trajectory revised for 2019/20 and detailed actions agreed.
	CYP Eating Disorders Urgent 1st <1 weeks	95%	Q4 18/19	45.5%	●	↓	
	CYP Eating Disorders Routine 1st <4 weeks	95%	Q4 18/19	81.5%	●	↓	
	IAPT Access	4.75%	Feb-19	4.65%	●	↑	
	IAPT Waiting Times - 6 weeks (Rolling Quarter)	75%	Feb-19	80.1%	●	↓	
	IAPT Waiting Times - 18 weeks (Rolling Quarter)	95%	Feb-19	99.1%	●	↓	
	IAPT Recovery Standards (Rolling Quarter)	50%	Feb-19	55.9%	●	↑	
	EIP NICE Concordant Care within 2 Weeks	53%	Mar-19	69.1%	●	↑	
	Inappropriate Out of Area Placements (bed days)	1698	Dec-18	2815	●	→	
Maintain Dementia diagnosis rate at 2/3 of prevalence	66.7%	Mar-19	76.3%	●	→		
B. Urgent & Emergency Care Improved A&E performance in 2018/19, reduce DTOCs and stranded patients, underpinned by realistic activity plans. Implementation of NHS 111 Online & Urgent Treatment Centres.	Aggregate performance of 4 Hour A&E Standard	90% Sept /95% Mar	Apr-19	80.4%	●	↑	Activity pressures continued into Q4, year on year ED attendances continue to rise. A&E – NUH performance remains low at 66.72% for Apr 19, Acute bed availability has been a key driver of low system performance. SFHFT failed to achieve national standard and planned trajectory performance with 90.96% for Apr 19. DTOCs - NUH achieved 3.6% in March 2019, this was an increase from Feb. SFHFT failed to achieve target in March with 3.9%, an improvement in performance from Feb.
	12 Hour Breaches	0	Apr-19	1	●	↓	
	NHS 111 50% population receiving clinical input	50%	Apr-19	54.9%	●	↓	
	Ambulance (mean) response time Category 1 Incidents (Notts Only)	00:07:00	Apr-19	00:06:32	●	↓	
	Ambulance (mean) response time Category 2 Incidents (Notts Only)	00:18:00	Apr-19	00:20:54	●	↓	
	Manage Optimal Length of Stay - reduction in >21 days	277	Mar-19	339	●	↑	
	Reduce DTOCs across health and social care- NUH	3.5%	Mar-19	3.59%	●	↑	
	Reduce DTOCs across health and social care- SHFT	3.5%	Mar-19	3.91%	●	↓	
Primary Care Delivering extended access, additional workforce, upgrading primary care facilities, and active	Extended Access GP Services (evenings & weekends, holiday periods) 100% population by October 2018	100%	Mar-19	100.0%	●	→	Mid Notts CCG's have 100% population coverage since October 2018. National reporting is now reflective of this position.
	Invest balance of the £3 / head for general practice transformation support						

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C. Planned Care Improvements in planned elective activity, reductions in patients waiting over 52 weeks as well as reductions in overall waiting lists	RTT Incomplete 92% Standard	92%	Mar-19	91.7%	●	↓	<p>RTT performance missed 91.66%, as previous month, waiting lists have reduced to +3.5% over March 18 overall as ICS.</p> <p>52 Week Waits – SFHT list validation has now concluded. Breaches NUH reported 5 breaches for March 2019.</p> <p>Wheelchairs – 100% achieved for Q4</p> <p>Diagnostics - SFH failed standard for the first time in 10 months. Performance of 98.4% - Main cause for underperformance is volume of breaches in Echocardiography and Respiratory Physiology.</p>
	RTT Waiting List - March 2019 incomplete pathway < March 2018	<March 18 56511	Mar-19	58,510	●	↓	
	+52 Week Waits - to be halved by March 2019, and eliminated where possible	15	Mar-19	4	●	↓	
	Diagnostics +6 weeks	0.9%	Mar-19	0.89%	●	↑	
	Children's Wheelchair Waits < 18 Weeks	92%	Q4 18/19	100.00%	●	↑	
E-Referrals increased coverage 100% 1819	100%	Dec-18	104%	●	↑		
D. Cancer Delivery of all eight waiting time standards, implementation of nationally agreed radiotherapy specifications and diagnostic pathways, progress risk stratified scanning and follow-up pathway	Cancer 2 weeks - Suspected Cancer referrals	93.0%	Mar-19	94.8%	●	↓	<p>NUH adjusted March performance 74.4%. Breaches high at x41– Urology 16, LGI 9, Lung 5.5. Un-validated April data forecast at 73.0%. Breaches expected to be x40. Backlog increased to 116, with 52 cancers. Urology continues to have biggest impact. Oncology waits continue to impact across all specialties. Number of > 104-day waiters has increased from 27 at end March to 33 at end of April.</p> <p>SFHT achieved in March 88.36%. 8.5 breaches, compared to 15.5 breaches in Feb (half breaches due to pathways at different providers). 3 breaches in Lower GI and 2.5 breaches in Upper GI. 0 urology breaches in March (Feb = 8.5 urology breaches). Actions within RAP focus on wait for 1st app and subsequent diagnostics. Delivering timely access from decision to treat to actual treatment; therefore the opportunity to reduce the overall time from referral to treatment lies in the early part of the pathway.</p> <p>Q1 showing signs of difficulty due to shift fill rates following changes in tax and pensions.</p>
	Cancer 2 weeks - Breast Symptomatic Referrals	93.0%	Mar-19	92.0%	●	↓	
	Cancer 31 Days - First Definitive Treatment	96.0%	Mar-19	92.7%	●	↓	
	Cancer 31 Days - Subsequent Treatment - Surgery	94.0%	Mar-19	85.6%	●	↓	
	Cancer 31 Days - Subsequent Treatment - Anti Can	98.0%	Mar-19	98.9%	●	↓	
	Cancer 31 Days - Subsequent Treatment - Radiothy	94.0%	Mar-19	99.0%	●	↓	
	Cancer 62 Days - First Definitive Treatment - GP Referral	85.0%	Mar-19	79.4%	●	↓	
	Cancer 62 Days - Treatment from Screening Referral	90.0%	Mar-19	93.3%	●	↓	
Cancer 62 Days - Treatment from Consultant Upgrade	n/a	Mar-19	90.9%		↓		



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E. Nursing & Quality							
Transforming Care Continued reduction of inappropriate hospitalisation of people with	Reductions in patients against Local planning trajectories - Total for Nottinghamshire	36	Mar-19	52	●	↓	Notts TCP collectively (Specialised Commissioning & CCG) did not achieve 18/19 trajectory (+16). Refreshed targets agreed for 19/20-based on unvalidated numbers, ICS/CCGs achieving for April.
	Learning Disability Mortality Reviews (LeDeR)	85%	Feb-19	7.00%	●	↑	
Continuing Health Care	Fewer than 15% of Continuing Health Care Full Assessments undertaken in acute setting	<15%	Mar-19	6%	●	↑	LeDeR: Increase in number of completed reviews, from 7% (8) to 18% (21). Reviews in progress has risen from 26% (25) to 29% (34) at the end of April.
	More than 80% eligibility decisions undertaken within 28 days from receipt of checklist	80%	Mar-19	88%	●	↓	
Maternity Deliver improvements in safety for maternity services, and improve personal and mental health service provision	Continuity of Care	20%	Mar-19	2.20%	●		Maternity: Notts ICS assessed by NHSE as 'Requiring Some Support' as result of delayed progress in implementing the Saving Babies Lives Care Bundle, continuity of carer ambition, and a higher than national average rates of Smoking at Time of Delivery. HCAI: CDiff and EColi continue to be areas of focus for. Improvement plans in place.
Quality Measures	Mixed Sex Breaches		Mar-19	TBC			CQC inspection at SFHT in April has improved overall rating to good. HCAI (Hospital Aquired Infections) have action plans to address the increased rates
	MSSA Breaches		Mar-19	0	●	↓	
	MRSA		Mar-19	0	●	↓	
	C-Difficile		Mar-19	18	●	↓	
	E Coli		Mar-19	79	●	↑	
F. Prevention & Public Health							Healthy life expectancy has increased both nationally and locally over recent years, however Nottingham and Nottinghamshire remain below both national and core city averages. Additionally, there is a significant downward trend in female healthy life expectancy across the previous four rolling averages
				To be developed and populated by public health and social care			



Integrated Care System
Nottingham & Nottinghamshire

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G. Finance & Efficiency	Overall Financial Position (Health & Social Care): Pre-PSF	Nil Variance to Plan (£millions)	Mar-19				Reporting to commence from M2 onwards.
	Provider Sustainability Funding (PSF)						
	Overall Financial Position (Health & Social Care) : Post-PSF						
	NHS System Control Total						
	Savings Programme (6%)						
	Mental Health Investment Standard (MHIS)	£148.8 (Plan)	Mar-19				
	Agency Ceiling	£45.4 (Plan)	Mar-19				
H. Workforce	Substantive WTEs	Nil Variance to Plan (WTEs)	Apr-19				Reporting to commence from M2 onwards.
	Agency/Bank WTEs						
	Working in A&E WTEs						
	Transformational Roles WTEs	Nil Variance to Plan (WTEs)	Apr-19				
	Apprenticeships WTEs						
	Vacancy Rates	10.0%	Apr-19				
	12m Rolling Sickness Absence Rate %	3.0%					
	12m Rolling Staff Turnover %	10.0%					
	GPs	Nil Variance to Plan (WTEs)	Apr-19				
	Clinical						
Non-Clinical							
TBC							
TBC							