Dear Councillor,

OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - TUESDAY, 4 DECEMBER 2012

I am now able to enclose for consideration at the above meeting the following reports that were unavailable when the agenda was printed.

Agenda Item No.

4. NHS CAMBRIDGESHIRE AND PETERBOROUGH: FINANCE AND PERFORMANCE COMMITTEE REPORT (Pages 1 - 86)

To receive Finance and Performance Reports from NHS Cambridgeshire and Peterborough in relation to Hinchingbrooke Hospital.

The reports due to be considered by NHS Cambridgeshire's Board on 5th December 2012 are now enclosed.

30 Minutes.

11. SCRUTINY (Pages 87 - 92)

To scrutinise decisions as set out in the Decision Digest and to raise any other matters for scrutiny that fall within the remit of the Panel.

5 Minutes.

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NHS Cambridgeshire and NHS Peterborough
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MEETING: **BOARD MEETING IN PUBLIC**

AGENDA ITEM: **3.1**

DATE: **5 DECEMBER 2012**

TITLE: **FINANCE AND PERFORMANCE COMMITTEE**

FROM: **MAUREEN DONNELLY, CCG CHAIR**
(CHAIRED 27 NOVEMBER F&P COMMITTEE)

FOR: **FOR INFORMATION**

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1 ISSUE

1.1 The Finance and Performance Committee is a formal sub-committee of the PCT Board. It meets on a monthly basis and its aim is to monitor finance and performance on behalf of the Board, to forecast future performance, and engender a high performance culture. As part of the Transition arrangements the Committee also reports to the Shadow CCG Governing Body.

1.2 The latest meeting of the sub-committee took place on Tuesday 27 November 2012. This report provides a summary of the main issues arising from that meeting.

1.3 The minutes of meetings approved since the last Cluster Board are attached as **Annex A**, 28 August 2012; **Annex B,** 25 September 2012; and **Annex C**, 23 October 2012.

2. CORPORATE OBJECTIVE AND BOARD ASSURANCE FRAMEWORK LINK

2.1 This Report links specifically to the following risks set out in the Combined Board Assurance Framework:

BAF 1 – Risk of delivery of QIPP and system reform
BAF 2 – Risk to delivering financial balance in 2012/13
BAF 4 – Failure to achieve key performance targets
BAF 5 – Risk to Specialised Commissioning Group financial position and governance arrangements

2.2 It is also directly linked to Corporate Objective 3 – Finance and QIPP and EDS 1 – Better health outcomes for all.

3. SUMMARY OVERVIEW OF MEETING - 27 NOVEMBER 2012

3.1 PCT Specific Matters

3.1.1 PCT Finance Reports

The Committee received the month 7 finance reports for both NHS Cambridgeshire and NHS Peterborough. A small surplus for each Trust is currently being reported and, through a combination of further identified savings and non-recurrent resources, an end of year break-even position for both PCTs is forecast.

The key pressures on the respective budget were again highlighted as being the over performance on the acute contracts and the non-delivery of QIPP programmes. The national risk in relation to the management and provision for retrospective Continuing Health Care Claims was acknowledged and discussed by the Committee.

The Month 7 finance reports are included as a separate item elsewhere on the agenda for discussion.

3.1.2 PCT Close Down Action Plan

The Department of Health has issued a close down template and check-list to assist the closure of accounts process for the 2012/13 Financial Year. The populated plan was presented to the Committee and progress made to date noted. Development of the plan will continue and progress will be monitored by the Finance and Performance Committee at the December and January meetings before being presented to the Audit Committee for final sign-off.

In terms of the closure of this year's accounts the Committee was pleased to note that additional staffing capacity to support this had been secured for both Cambridgeshire and Peterborough.

The Committee were informed that further guidance is still awaited from the Department of Health about the arrangements that will need to be put in place post 31 March 2013 to enable the formal sign-off of the Annual Accounts and associated documents to be done. This will be reflected in the Close Down Plan once the position has been clarified.

3.1.3 Primary Care Commissioning – Draft Contract

The Committee supported the signing of a hosting arrangement between Peterborough PCT and the National Primary Care Commissioning Group (PCC). The PCT has been hosting the PCC for a number of years. The contract put in place sets out the responsibilities of NHS Peterborough and the PCC, which was now a Community Interest Company (CIC), and will protect the PCT from any potential liabilities that could arise post March 2013.

3.1.4 PCT Cluster Board Assurance Framework

The latest version of the Board Assurance Framework was received and reviewed by the Committee. The final version (Version 2.4) appears elsewhere on today's agenda for your consideration.

3.2 Shadow CCG Matters

3.2.1 CCG Finance Report

The received report detailed the current financial position for the Shadow CCG together with the eight Local Commissioning Groups. It was noted that overall the CCG was reporting a small surplus of £74K, compared to £48K reported in the previous month. Following previous discussions with the Finance and Performance Committee and CCG Governing Body, each LCG position was now presented in line with the overall CCG position, which equated to the end of year forecast following the use of central reserves:

- Fair shares allocation of the budget to each LCG
- Acute services actuals reported on a usage basis
- All other actuals reported on a fair share basis; and
- Reserves and central funds actuals reported at the LCG level to mirror the CCG summary position.

As identified in the PCT finance report the emerging risk relating to the number of re-assessments of continuing care packages was noted.

3.2.2 QIPP Update

A report on QIPP delivery for 2012/13 was received. The Committee noted that a total CCG wide QIPP outturn of £11.9M was now being forecast at year-end. The Committee acknowledged that while this showed a significant variance from the original plan of £38M, this figure provided a more accurate expectation on actual delivery and reflected the increased level of scrutiny and burden of proof that was now being applied to QIPP schemes.

In reviewing those schemes that had not delivered to original expectation, three broad themes in relation to their non delivery had been identified, namely non-robust implementation plans, resourcing issues and the issue of over-performing of acute contracts.

Improvements in the QIPP monitoring and reporting processes were noted. The current QIPP tracking sheet is now reviewed on a weekly basis and all Programme Managers will be required to submit monthly progress reports from this month.

Focus is continuing to be placed on the three 'big ticket' areas, namely end of life care, non-elective admissions and the Advice and Guidance campaign.

In terms of planning for 2013/14, discussions were already underway with the Local Commissioning Groups and their outline business plans received.

An aggregated summary of these plans will be shared with the Finance and Performance Committee in December.

3.2.3 LCG Update

A report that summarised the progress being made in developing the quarterly Local Commissioning Groups (LCG) reporting process, together with the main themes so far identified form the received submissions was received.

The contents of the Q2 reports received were variable in quality and coverage, and work with the LCGs was being done to address any specific issues and improve the consistency of reporting. A review with each LCG has been scheduled to discuss progress made to date and their forecasts for year-end. The outcomes of these meetings will be shared in a more detailed report to be presented to the Finance and Performance Committee in December.

3.2.4 Acute Contract Performance Report

The month seven performance overview report for acute contracts across the PCT cluster was received. The report focused on the following main contracts.

- Cambridge University Hospitals Foundation Trust (CUHFT)
- Hinchingbrooke Healthcare NHS Trust (HHT)
- Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT); and
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust (QEHKL)

A total acute overspend of £24.6M across the cluster was being forecast at year-end, caused in the main by a combination of increased population demand and hospital demand pressures. The Committee was advised that separate Action Plans had been developed with each Acute Trust to address performance issues and reduce current levels of demand. Other potential actions, such as reviewing charge codings and pricing of certain procedures, was also being looked into. The Committee also discussed the formal contractual options that were open to the PCT to support its management of the acute contracts.

The Committee noted the month seven report.

3.2.5 CCG Assurance Framework

The new format of the CCG Assurance Framework was received and noted. Work to further develop this document, such as increasing the level of detail shown in the action required column, will be progressed over the next month. Similar to the BAF this document will be received at both the Finance and Performance, Quality and Patient Safety and Audit Committees as a standing item for assurance purposes.

3.3 Combined Performance Report

The monthly performance dashboard was received and the main areas where performance was below required levels were noted. The Committee's attention was drawn to a decline in performance by Hinchingbrooke Healthcare Trust (HHT) in certain indicators. Although not considered to be a significant risk at this stage due attention would be given to the next set of data received for HHT.

The Committee was informed that the existing performance report will be reviewed between now and February to ensure it appropriately reflected proposed changes for 2013/14. These changes relate directly to the publication of 'The Mandate' by the Secretary of State for Health, which sets out the objectives the NHS Commissioning Board will be legally required to pursue. In addition due account will need to be taken of two further documents, namely the revised NHS Outcomes Framework, which will underpin 'The Mandate', plus the publication of the draft consultation on the NHS Constitution, which will amend current and introduce new rights for patients.

The Performance Report is presented elsewhere on this agenda for discussion

3.4 Primary Care Matters: QOF Results 2011/12 and 2012/13 Planning

A paper was received which confirmed the PCT cluster has now completed an assessment of the Quality Outcomes Framework (QOF) in 2011/12 for all GP surgeries across the PCT Cluster. The results show an overall improvement in the average total scores. The largest increase shown is in the organisational areas which reflect the new quality and productivity indicators.

In respect of the process for the 2012/13, the PCT has provided guidance to practices about the evidence required for this year and highlighted that a greater reliance will be placed on self-assessment by practices during this period. The need to ensure that there is a careful handover to the NHS Commissioning Board of the 2012/13 QOF process was also highlighted.

The Committee noted the results and endorsed the process to be followed for 2012/13.

3.5 NHS 111 Preparations – Recommendation

At the point on the agenda when this agenda item was discussed the Committee was no longer quorate. Accordingly, the Committee was not in a position to make any formal decisions and understood that any subsequent recommendations made by those present would require ratification by the PCT Cluster Board and CCG Governing Body.

The Committee received a paper that outlined the current position regarding the implementation of the NHS 111 Service as mandated by the Department of Health. All PCTs are required to have a 111 Service in place before the end of March 2013. The responsibility for commissioning 111 Services will rest with Clinical Commissioning Groups from April 2013.

PCTs were originally asked to indicate how they intended to deliver 111, either through the procurement of a service or to undertake a pilot using existing service providers. This is known as the national 'opt-in' scheme, on the understanding that procurement will take place prior to April 2015. The PCT Board elected to follow the national opt-in scheme. The options for delivering 111 were again discussed in May 2012, and the decision was taken to provide 111 services across Peterborough and Cambridgeshire. The decision was also taken to ask Cambridgeshire Community Services to continue providing Out of Hours Services in Peterborough

111 set-up costs of £190K covering IT, pathways training and HR matters had originally been estimated based on information available at the time. Subsequent to this the actual costs of set-up have significantly increased and are currently set at £354,613.

In discussing this issue, the Committee made a **RECOMMENDATION** (to be ratified by the PCT Cluster Board and Shadow CCG Governing Body) that the CCG Chief Operating Officer and Director of Commissioning and Contracting be authorised to negotiate additional funding requirements for NHS 111 set-up arrangements - up to a ceiling of £355K.

4 RECOMMENDATION

The Cluster Board is asked to

3.1 note the summary report

3.2 approve the recommendation relating to NHS 111 Service arrangements (section 3.5) that the CCG Chief Operating Officer and Director of Commissioning and Contracting be authorised to negotiate additional funding requirements for NHS 111 set-up arrangements - up to a ceiling of £355K.

3.3 note the approved minutes for the Committee meetings held on 28 August, 26 September and 23 October (Appendices A, B and C)

Attachments
Annex A – *Finance and Performance Committee minutes of 28 August 2012*
Annex B – *Finance and Performance Committee minutes of 26 September 2012*
Annex C – *Finance and Performance Committee minutes of 23 October 2012*

Author:
Simon Barlow
Corporate Governance Manager
29 November 2012

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ANNEX A

Minutes of the Finance and Performance Sub Committee Meeting held on Tuesday, 28 August 2012 at 8.30 am in Meeting Room A, Town Hall, Peterborough

Present	Peter Southwick (Chair) Glen Clark Professor Colin-Coulson Thomas John Barratt Maureen Donnelly John Leslie Alan Mack Sharon Fox Catherine Mitchell Sarah Shuttlewood Anna Gillard Dr Geraldine Linehan Keith Mansfield
In attendance	Melissa Mottram Simon Barlow (Minutes)

1. Apologies for Absence

Apologies for absence were received from Sally Williams, Sushil Jathanna, Dr Neil Modha, Andy Vowles and Jill Houghton.

2. Declarations of Interest

There were no declarations of interest.

3. Notification of Any Other Items of Business

There were no additional items of business.

4. Minutes of the Last Meeting

The minutes of the last meeting were agreed as a true record subject to the following amendments

- Add Anna Gillard to the list of those present.
- *Minute 8 – Wheelchair Contract:* Correct typographical error on Catherine Mitchell's name.

5. Matters Arising

5.1 Actions List

The Action List was updated and is appended to the minutes.

6. Finance Report / QIPP

6.1 NHSC and NHSP Month 4 Finance Reports

The Finance Reports for NHS Cambridgeshire and NHS Peterborough had been circulated prior to the meeting. The Committee noted that NHSC was forecasting a break-even position at year-end with a small underspend of £10K being reported at Month 4. NHSP was also forecasting a breakeven position with a reported £10K surplus at Month 4.

John Leslie emphasised that the pressures arising from the current under performance on the QIPP programmes and the on-going over-performance of the acute contracts across the cluster remained a significant concern and risk for both of the Trusts. It was recognised that the forecast position for both Trusts' would be achieved through a combination of non-recurrent resources and identifying further savings. John Barratt requested that further explanation regarding the planned use of contingency funding in this process be provided at the Board Development session taking place tomorrow (29 August 2012). **ACTION: John Leslie.**

The observation was made that some of the individual QIPP schemes were delivering savings as required, but that savings from most of the larger schemes, such as those led by the acute providers, were unlikely to be realised in-year. John Leslie commented that currently there was nothing to indicate from the activity data being received from the acute trusts that current QIPP programmes were having a tangible impact in terms of reducing current trends. The Committee were informed that there were some areas where better outcomes were anticipated, such as prescribing.

Anna Gillard highlighted that the CUHFT activity data presented in the Finance report and Acute Contract Performance report (Minute 7 below) were not fully aligned due to an error in the data received. The problem had been identified and would be addressed in the subsequent month's report.

John Leslie reported that he would be meeting with the External Auditors in October to discuss the 2012/13 annual accounts process and to confirm the approach to be adopted for any exit costs / provisions on the basis that this would be the PCTs last year in existence.

It was noted that the Finance and Performance Committee would also receive a monthly CCG finance report at future meetings as a standing agenda item.

The Committee **noted** the Finance Reports for Month 4 for NHS Cambridgeshire and NHS Peterborough.

6.2 QIPP Update

No further discussion on QIPP was held under this items as the pertinent points had been raised during the NHSC and NHSP Finance report discussion.

7. Combined Acute Contract Performance Report

Sarah Shuttlewood and Anna Gillard presented the Month 4 acute contract performance overview. The report as received provided an overview on performance, quality and escalation issues for each of the main providers across the cluster, namely; Cambridge University Hospitals NHS FT (CUHFT); Hinchingbrooke Healthcare NHS Trust (HHCT); Peterborough and Stamford Hospitals NHS FT (PSHFT); and Queen Elizabeth Hospital Kings Lynn NHS FT (QEHKL).

In terms of PSHFT Sarah Shuttlewood reported that there was currently a significant reported year to date gross variance of £3.5M against the fixed £116M contract profile. The Committee were advised that the Acute Trust had written to the PCT to request a formal escalation and review of the current level of over-performance against the indicative activity plan. It had been communicated to the Acute Trust that in accordance with the Head of Terms the PCT would not be willing to adjust the agreed contract value, but would be willing to work with them to manage activity down to within the agreed envelope. A meeting with the acute trust's management team would be set up to discuss this within the next two-weeks.

Sarah Shuttlewood also advised the committee that efforts were being made to set up a meeting with PSHFT to share and discuss their Cost Improvement Plan (CIP). Similar 'Star Chamber' meetings were being set up with all of the Cluster PCT's main providers.

The Committee again expressed concern regarding the current performance of CUHFT and PSHFT in relation to cancer, A&E and Referral Treatment. The formal action being taken to address issues and improve performance in these areas was noted.

During the discussion on the performance at HHCT, Dr Geraldine Linehan raised concerns regarding activity in Urology and highlighted the need to discuss and seek the involvement of Public Health in this area as soon as possible. **Action: Geraldine Linehan** / **Anna Gillard** to progress this action.

The Committee **noted** the acute performance report.

Sarah Shuttlewood left the meeting at 9.30am

8. Combined Performance Report

The monthly progress report against key performance deliverables across both NHS Cambridgeshire and NHS Peterborough was received. The exception report

focused on those areas that were currently RAG rated as Red or Amber. Performance areas reported as RED (16) across the cluster were identified as:

- Referral to Treatment
- Six-week Diagnostic Waits
- Cancer – first definitive treatment within one month
- Cancer – subsequent surgical treatment within one month
- Cancer – Radiotherapy
- Cancer – first definitive treatment within two months of GP or dentist referral
- Choose and Book
- Breastfeeding at 6-8 weeks
- DTOC
- Smoking Quitters
- Health checks received
- Never Events reported
- MRSA and C.Diff infections
- TIA Scanning and treatment within 24 hours
- Pressure Ulcers

Specific points raised during the consideration of the report were briefly noted as follows.

RTT – In view of the current backlog it was considered unlikely that the agreed recovery dates would be achieved at CUHFT.

Cancer (Radiotherapy) – An improved position from the previous month's report was noted. NHSC had confirmed they had achieved their target for June as had NHSP.

Choose and Book – Feedback/clarification was currently awaited on a way forward e.g. approach for incentivizing current performance.

Delayed Transfers of Care – Cathy Mitchell confirmed that the date for the secondment of CCS staff to CUHFT had now been confirmed as 3 September. A specific issue relating to the original decision that had been taken for all providers across the local health system to allocate 1% CQUIN money into a single 'pot' was raised. The Committee **agreed** that this issue should be escalated back up to the Chief Executives Group for Cambridgeshire and Peterborough Health Economy for discussion. Alan Mack to produce a briefing note on this issue for Sushil Jathanna. **ACTION: Alan Mack.**

Smoking Quitters - Alan Mack advised that at it was too early in the year to determine whether the annual targets for either Trust were likely to be achieved. It was anticipated that the position would become clearer once the next set of data became available in September.

Never Events – The Committee expressed its concern regarding the latest Non Event case that had been reported at Addenbrookes.

Pressure Ulcers – The Committee was advised that the issue of how sustainable this performance indicator was had been raised with the SHA. Cathy Mitchell also reported that a financial impact had been created due to an increase in the amount

of pressure ulcer equipment being ordered through ICES (approximately a 10% increase). It was noted that CCS data was not included in the performance data. The Committee therefore asked that this be addressed for the next meeting. **ACTION: Alan Mack.**

Alan Mack informed the Committee that he would be meeting with Victoria Corbishley in the near future to discuss the format and accessibility of the current performance dashboard.

The Committee **noted** the Month 4 performance report.

9. Update on General Medical Services at Littlehey Prison

Further to a verbal update provided by from Cathy Mitchell, the Committee **agreed** to an interim contract being awarded to provide General Medical Services into Littlehey Prison from 1 October 2012 for the next eighteen months, during which time the contract would transfer to the National Commissioning Board (NCB).

The Committee also **noted** that a Contract variation would be issued to Medacs who currently provide General Medical Services to Whitemoor and Littlehey Prison in order to terminate the service into Littlehey Prison only.

10. PCT Assurance Framework

The latest version of the PCT Assurance Framework was received for review. Specific points raised were noted as follows.

- It was noted comments raised by the Quality and Patient Safety Committee at its last meeting had still to be incorporated into the received draft.
- BAF 14 – *Risk of potential poor governance in the services which the PCT commissions:* Sharon Fox reported that a sub-set to this risk (BAF 14.1) was to be added to reflect RRT issues at CUHFT. As a public document consideration to the wording used in this risk would need to be given.

Sharon Fox confirmed that an Assurance Framework for the CCG was now in place and had been received by the CCG Governing Body. As part of the on-going review and monitoring process it was agreed that both the PCT and CCG Assurance Frameworks would be received at future meeting. **ACTION: Sharon Fox**

The Committee **noted** the latest version of the PCT Assurance Framework.

11. CCG Virement Policy

Keith Mansfield presented a paper that set out a proposed Virement Policy and guide for the Clinical Commissioning Group (CCG). The Committee noted that a virement was the agreed transfer of money from one budget head to another within a financial year. A virement was intended to provide a measure of flexibility to enable budget holding managers to reflect budget variances within a year. Keith Mansfield confirmed that the CCG would be required to have an agreed virement policy in place.

Whilst recognising the need for this policy, the observation was made that it would be helpful to specify when a virement could be most appropriately done. e.g. quarterly. **ACTION: Keith Mansfield**

The Committee **approved** the Virement Policy and Guide subject to the above amendment.

12. Annual Cycle of Business

The Committee received and noted the latest annual cycle of business. It was noted that for future meetings CCG finance and CCG Assurance Framework would be added as standing agenda items.

13. Date of Next Meeting

The date of the next meeting was confirmed as Tuesday 25 September 2012 – The Cedar Room, Lockton House, Cambridge.

Simon Barlow
Integrated Governance Manager
5 September 2012

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ANNEX B

Minutes of the Finance and Performance Committee Meeting held on 25 September 2012 at 8.30AM in the Cedar Room, Lockton House, Cambridge

Present	Peter Southwick (Chair) John Barratt Maureen Donnelly Sushil Jathanna Harper Brown Alan Mack Victoria Corbishley Kevin Downing (attending for John Leslie) Dr Geraldine Linehan
In attendance	Edward Libbey Jill Houghton Dr Andy Liggins Melissa Mottram Simon Barlow (Minutes)

1. Apologies for Absence

Apologies for absence were received from Glen Clark, Professor Colin Coulson-Thomas, Sally Williams, Dr Neil Modha, Andy Vowles, Sharon Fox, John Leslie, Sarah Shuttlewood, Anna Gillard and Catherine Mitchell

2. Declarations of Interest

There were no declarations of interest made.

3. Notification of Any Other Items of Business

Future Management of the Finance and Performance Committee. The Committee subsequently agreed to discuss this matter as the next item of business.

4. Future Management of Finance and Performance Committee

It was noted that the Finance and Performance Committee was now formally acting as an integrated Committee comprising PCT and CCG membership.

It was noted that for the time being the Committee would continue to meet on a monthly basis and in addition to the PCT Cluster Board would also report to the CCG Governing Body.

It was recognised that as structures developed further consideration would need to be given to ensuring that the reporting mechanisms in place satisfactorily met the requirements of all and took due account of respective accountability. John Barratt advised that in terms of accountability to the PCT Board this was an area that he would raise with the Interim Local Area Team Director, Sheila Bremner.

Given the integrated nature of the Committee it was **agreed** that the agenda front sheet should now be reformatted so that business items were listed under a CCG, PCT or NCB (Primary Care etc.) section. **ACTION: Simon Barlow**.

Given the important monitoring role that this Committee had during the transition period and beyond, the need for relevant Senior managers to consistently attend meetings was highlighted.

The issue of dual CCG / PCT roles that would need to be held by certain staff ('double-hatting') during the remainder of the Trust's the transition period was raised. The Committee were of the opinion that the PCT Cluster Board would need if it had sufficient resources in place to deliver what was necessary during the next few months. It would important to flag-up any potential areas of risk and to formally document these. Such risks and concerns would need to be reflected in the BAF, Legacy Document and the Quality Handover document. It was **agreed** that this would be raised as an item for discussion during the private session of tomorrow's PCT Cluster Board, the outcome of which would be communicated to Sheila Bremner. **ACTION: John Barratt.**

5. Minutes of the Last Meeting

The minutes of the previous meeting held on 28 August 2012 were agreed as a true record subject to the following amendments

Minute 8 - Combined Performance Report (Never Events). Delete reference to *Non-event* and replace with *Never Event.*

6. Matters Arising

6.1 Actions List

The Action List was updated and is appended to the minutes.

CQUIN

It was noted that the issue of the CQUIN allocation had been discussed at the Chief Executives' Group as requested. Sushil Jathanna advised that the full 1% CQUIN allocation would not now be allocated due to the timescales involved. Problems in convening meetings due to the non-availability of required attendees had also contributed to the delay. The intention was to discuss and make a decision on this matter within the next

month. Discussions with the CCG regarding the use of unallocated CQIN money would need to held. A letter relating to this matter was to be produced by Harper Brown. The Committee agreed that it would be helpful for the membership of this Committee and the CCG Governing Body to have sight of the draft letter. **ACTION: Harper Brown.**

Sushil Jathanna commented that if the CQUIN process could not be made to work this year it may have a negative impact on the adoption of a similar process in subsequent years. He highlighted that this would present a test for the current partnership working arrangements.

It was noted that Finance would provide clarification about how CQUIN money was currently being budgeted and accounted for.

7. Finance Reports

7.1 NHS Cambridgeshire and NHS Peterborough Finance Report – Month 5

Kevin Downing presented the Finance Reports for NHS Cambridgeshire and NHS Peterborough circulated prior to the meeting. The main points arising from the reports and subsequent discussion were noted as follows.

- A break-even position for both PCTs was currently being forecast but pressures arising from the under-performance of QIPP and the over-performance of the various acute contracts remained a significant concern for both Trusts. The management of the acute contract was a major challenge and would need to be a primary focus for the organisation over the coming months.
- The potential volatility of Specialised Commissioning spend and the delays experienced in receiving up to date data was an area of concern for both Trusts. Harper Brown commented that moving forward this was an area that would fall under the remit of the NCB but was still likely to impact upon the CCG.
- The Committee were informed that the anticipated position on prescribing for NHSC was considerably better than what was currently being forecast.
- Victoria Corbishley commented that the lack of reported community services activity data was problematic. The observation was made that this should be included as a requirement in the Commissioning Intentions process for 2013/14.
- The potential risk inherent in the receipt of retrospective claims for Continuing Health Care had been recognised.

The Chair emphasised that it was essential that the Committee received the most up to date financial information to support discussion. Accordingly it was requested that in addition to the standard formal report, finance should provide members with the latest data available to them in advance or to be tabled at the meeting if necessary. **ACTION: John Leslie/Kevin Downing.**

7.2 QIPP

7.2.1 QIPP Forecast 2012/13

Kevin Downing tabled for information the NHSC and NHSP QIPP forecast for 2012/13, which had been based on the Month 5 reported position.

For NHS Cambridgeshire a QIPP delivery of £13.841M against an original target of £28.218M was being forecast resulting in an anticipated shortfall of £14.737M. For NHS Peterborough QIPP delivery of £12.477M against the original target of £28.218M was being forecast resulting in an anticipated shortfall of £9.260M.

Sushil Jathanna highlighted that the current gap on the acute contracts was going to be key and it should also be taken into account that the winter period was still to come. The Chair made the observation that it would be important to obtain a clear understanding of the issues relating to PSHFT. Jill Houghton reported that a Star Chamber meeting had recently been held with PSHFT to discuss their Cost Improvement Plan (CIP), information for which had been tabled at the meeting. The Chair requested that the PSHFT CIP document be scanned and circulated to the Committee membership for information. **ACTION: Jill Houghton.**

A need to further discuss the current PSHFT position and the way forward was raised by Maureen Donnelly. She advised that she would initially discuss this with Andy Vowles and Dr Neil Modha. **ACTION: Maureen Donnelly.**

7.2.2 QIPP Update 2012/13

Victoria Corbishley presented an update on the QIPP 2012/13 which outlined the work presently being done to transfer this work across to the CCG in preparation for the April 2013. It was highlighted that although the accountability for this year's QIPP remained with the PCT the responsibility for delivering plans rested with the CCG.

The Committee was advised that a small difference had been identified in the QIPP figures held internally and those that were being reported in the SHA template. A reconciliation exercise would be carried out with a view to addressing this by the time of the next meeting.

The paper set out a number of proposals with a view to developing project prioritisation and future planning and reporting arrangements which were discussed. The Committee subsequently **endorsed** in principle the following recommendations.

- That for 2013/14 a clearer link should be established between the QIPP reporting of individual projects and the financial reporting of QIPP;

- Local Commissioning Group (LCG) reports to be in a standard format to enable the CCG to have one consistent view of QIPP delivery
- Those projects with predicated savings of less than £500K should be primarily monitored by the LCGs. This proposal to be communicated and discussed with the CCG Governing Body in the first instance. **ACTION: Victoria Corbishley**
- That for the remainder of this year two or three key projects should form the focus of QIPP monitoring at a central level. Initial consideration was given to End of Life Care, Non-Elective Admissions and Advice and Guidance as potential areas. Prescribing was also raised as a potential project area.
- It was noted that planning guidance would be co-produced with the LCGs and brought back to the this Committee within the net two months **ACTION: Victoria Corbishley**

Edward Libbey left the meeting at 10.20am

7.3 Capital Plan Update 2012/13

The Committee received and noted the revised Capital Plan for NHS Cambridgeshire for 2012/13.

NHS Cambridgeshire was allocated £3.052M capital for 2012/13. It was noted that capital expenditure as at month 5 was £166K. Forecast spend, including the capital grants, was £2.543M leaving £599K as the forecasted underspend which would allow the PCT the flexibility to cover any appropriate unplanned overspends on the project budgets and address any further unexpected essential expenditure. It was noted that the scope for this would reduce during the final 6-months due to the insufficient lead-in time for most capital works, on the basis that these would need to be completed by 31 March 2012.

The Committee therefore noted that there was an opportunity to utilise this available capital funding to progress potential capital projects e.g. risk Stratification Tool or potential upgrade of GP Practice IT systems. The Executive were asked to identify and put forward any potential capital projects to ensure that all available funding was used by 31 March. **ACTION: All/John Leslie.**

8. Acute Contract Performance

Harper Brown introduced the Month 5 acute contract performance overview. The report as received provided an overview on performance, quality and escalation issues for each of the main providers across the cluster, namely; Cambridge University Hospitals NHS FT (CUHFT); Hinchingbrooke Healthcare NHS Trust (HHCT); Peterborough and Stamford Hospitals NHS FT (PSHFT); and Queen Elizabeth Hospital Kings Lynn NHS FT (QEHKL) which were noted by the committee.

Harper Brown commented that in terms of on-going acute contract management it would be important over the next 6-months to look at all of the relevant finances and

compare activity against actuals, with a view to establishing tighter contract management controls. He advised that he would be liaising with John Leslie with a view to developing a single comprehensive contract database, which would help to underpin this process.

The specific issues relating to PSHFT set out in the report were raised and discussed under minutes 7.1 and 7.2.1 above.

The committee **noted** the Acute Contract Performance report for month 5.

9. Combined Performance Report

The monthly progress report against key performance deliverables across both NHS Cambridgeshire and NHS Peterborough was received. The exception report focused on those areas that were currently RAG rated as Red or Amber.

Alan Mack advised that the current reporting format was likely to change in the near future once the NCB reporting requirements had been confirmed. These were presently awaited.

Specific points raised during the consideration of the report were briefly noted as follows.

Referral to Treatment: Victoria Corbishley highlighted that in future increased emphasis was likely to be placed on achieving the targets by speciality as opposed to overall performance. It was noted that on a year to date basis the C&P CCG was currently under the 90% standard for admitted patients. The remedial work being undertaken in each of the respective Trusts was noted.

Diagnostic Tests: It was reported that the unvalidated data received for August indicated that the current position had worsened.

2 week Wait from a referral for evaluation of 'Breast symptoms' by primary care professional: The need to carry out a root-cause analysis to gain a clear understanding about the recent breaches that had occurred was noted.

Cancer (Radiotherapy): The Committee were please to note that this target had been met. It was noted that PSHFT were intending to progress with the purchase of two new machines.

Cancer Treatment(62 Days) It was noted that the current position had worsened since the last report. CUHFT had indicated that they did not anticipate recovery until Quarter 4. The need to understand why this was the case was highlighted.

Accident & Emergency (4 hours): Victoria Corbishley reported that despite previous good performance the latest data available for PSHFT indicated that they were below target for the last two-weeks and were therefore likely to fail the quarter.

Choose and Book: Awaiting the outcome of the national consultation process before confirming the future approach.

DTOC: The Committee were pleased to note that the latest data recorded for September had indicated a significant improvement in position (25 as at 20.09.12 compared with 49 as at 06.09.12. Addenbrookes were due to take forward five work streams to take out lost bed day. These new pathways would be implemented during October. It was reported progress would be monitored to establish if they delivering each component that makes up the DTOC final figure e.g. bed days lost due to the delay in assessing patients in hospital.

Health Checks: The Committee requested that any available data on the outcomes arising from the health checks programmes being run across the Cluster be circulated to the membership between meetings. **ACTION: Dr Andy Liggins / Dr Liz Robin**

The Committee **noted** the month 5 performance report.

10. Corporate Governance

10.1 PCT Cluster Board Assurance Framework

The latest version of the PCT Assurance Framework was received for review and comment.

The Committee asked that the specific issues and concerns raised during the course of this meeting were adequately reflected in the BAF e.g. volatility of the Specialised Commissioning Budget; double running of staff and related capacity issues; Transition to NCB; Continuing Health Care retrospective cases.

The Committee **noted** the latest BAF

10.2 CCG Assurance Framework

The latest draft of the CCG Assurance Framework was received and **noted**.

The Committee were informed that a new Assurance Framework template for the CCG was currently being developed. This would be reviewed by the Clinical and Management Executive Team (CMET) prior to it being submitted to the CCG Governing Body for approval.

11. Annual Cycle of Business

The Committee received and noted the latest annual cycle of business.

12. Date of Next Meeting

The date of the next meeting was confirmed as Tuesday 23 September 2012 at 8.30am in the Cedar Room, Lockton House, Cambridge.

Simon Barlow
Integrated Governance Manager
October 2012

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NHS Cambridgeshire and NHS Peterborough
working in partnership

Minutes of the Finance and Performance Committee Meeting held on 23 October 2012 at 8.30AM in the Cedar Room, Lockton House, Cambridge

Present

CCG
Peter Southwick (Chair)
Maureen Donnelly
Glen Clark
Andy Vowles
Tim Woods
Harper Brown
Victoria Corbishley
Dr Geraldine Linehan
Catherine Mitchell

Cluster PCT
John Barratt
Professor Colin Coulson
John Leslie
Alan Mack (Dual membership)
Sharon Fox (Dual membership)

In attendance

Edward Libbey (Audit Committee Chair)
Melissa Mottram
Simon Barlow (Minutes)

1. Apologies for Absence

Apologies for absence were received from Sally Williams, Dr Neil Modha and Sarah Shuttlewood.

2. Declarations of Interest

There were no declarations of interest made.

3. Notification of Any Other Items of Business

There were no additional items of business raised.

4. Minutes of the Last Meeting

The minutes of the previous meeting held on 25 September 2012 were agreed as a true record subject to the following amendments.

Minute 7.2.1: QIPP Forecast 2012/13 – Correct NHS Peterborough QIPP target figure to read £21.737M and delete reference to £28.218M).

Minute 9: Performance Report– Delete the final paragraph relating to the total numbers of performance indicators that were currently being reported as green and replace with the following paragraph. "The report provided to the Committee was an exception report highlighting those indicators that were either red or amber. Melissa Mottram highlighted that the "Deaths at Home" figures shouldn't have been included in the exception report as they were showing 0% due to the fact that the data had not yet been received and consequently this indicator was included in error. There were over 500 indicators in total and the exception reported submitted at the September meeting showed 61 reds and 33 ambers which related to data for the latest month available. The 9 greens passed the indicator for the month, but were underperforming on a year to date basis.

Minute 9 – Performance Report (Health Checks) – Add additional sentence as follows - "Melissa Mottram highlighted that the figures shown in the performance report were incomplete and should have shown that 2,005 health checks were undertaken for NHSC in August and 249 for NHSP".

5. Matters Arising

5.1 Actions List

The Action List was updated and is appended to the minutes.

CUHFT - Urology

It was noted that this action related to CUHFT rather than HHC as indicated in the Action log. The Committee was informed that Public Health were leading on a piece of work to understand what was driving change in demand and supply for urology services in the local health system around Cambridge. It was noted that a local GP, Dr Mark Brookes, was contributing to this work and would take the lead for engaging with the Acute Trust consultants around any conclusions. At the present time no completion date had been set for this work.

6. CLINICAL COMMISSIONING GROUP MATTERS

6.1 CCG Finance Report

Tim Woods presented a finance report for the Shadow CCG which covered the first half of the 2012/13 financial year.

The report provided the half-year position for the CCG together with that of the eight Local Commissioning Groups. Overall the CCG was currently reporting a small surplus of £48K and a break-even position was being forecast at year end. Whilst this was considered to be a satisfactory bottom-line position it was recognised that within this there were significant variances being reported.

In terms of the LCG position the Committee was advised that each were showing adverse financial variances before the application of centrally managed funds, which were allocated on a fair share basis. Post application the LCG position was improved, although CamHealth, Catch and Peterborough LCGs were still showing an adverse position, although this had been reduced.

Key areas of pressure related to the over-performance of the acute contracts and the less than full delivery of the QIPP schemes.

The Committee was informed that at this time the CCG Finance report could only be produced following completion of the monthly NHSC and NHSP finance reports, and that this would continue to be the case for the time being. Accordingly, the received report had been reconciled with the figures that appeared in the PCT finance reports. Victoria Corbishley queried this as she had identified a number of variances between the CCG and PCT figures. Tim Woods explained that these were likely to have occurred during the process of translating the PCT numbers into CCG figures. The objective, moving forward, would be to eradicate these differences and achieve a full reconciliation between the separate sets of figures. The importance of achieving this as early as possible was highlighted. In future the Committee asked that where differences in the numbers did appear these should be followed up and an explanatory note included within the reports. **ACTION: Tim Woods/John Leslie.**

The importance of further developing and improving upon the process for reporting financial information to the CCG Governing Body, LCGs and the Clinical Executive Management Team (CEMT) was recognised.

Dr Geraldine Linehan advised that when reporting to the CCG Governing Body/LCGs it would be helpful to clarify within the report how the respective weighted practice populations had been estimated. **ACTION: Tim Woods.**

The Chair identified that the need to present and focus upon the underlying run-rate position was an area which would merit future discussion by the Committee at the appropriate time.

The Committee was pleased to receive its first CCG finance report and **noted** the contents.

6.2 QIPP Update

Victoria Corbishley presented a report that updated the Committee on the progress and action taken in relation to QIPP since the last meeting.

It was noted that the FIMS submission for month 6 indicated that the PCT was forecasting 100% QIPP delivery during the current year of which 53% had been identified as being already delivered. It was highlighted that this total would be achieved through a combination of recurrent and non-recurrent methods.

The QIPP tracker had now been shared with all Local Commissioning Groups (LCGs) to ensure that a consistent approach to QIPP monitoring was initiated and maintained moving forward.

It was recognised that further work was needed to iron out the inconsistencies that resulted in the slight variation in QIPP figurers reported across the PCT and CCG Governing Body. In particular Victoria Corbishley would be working with Tim Woods to the align numbers in the QIPP Tracker, although it was anticipated that it would not be possible to achieve a complete reconciliation in 2012/13.

It was highlighted that the focus during the current year would continue to be placed on the identified 'big ticket' items with a view to further reducing the QIPP challenge for 2013/14 namely, end of life care, non-elective admissions and advice and guidance.

In terms of planning for 2013/14 it was noted that initial planning guidance had been shared with LCG General Managers and LCG Chief Officers through the newly launched performance and delivery SharePoint site. All LCGs had been asked to submit quarterly progress reports and outline business plans in November. It was anticipated that a summary of these plans would be presented to the December committee. **ACTION: Victoria Corbishley.**

The observation was made that significant behavioural change across primary care and all other areas would be needed to achieve the required level of savings. Dr Geraldine Linehan expressed the view that this progress would only be made through a combination of behavioural change and investment to facilitate necessary system changes.

Colin Coulson-Thomas highlighted that although focus was understandably being placed upon the development of transformational schemes, it would be important not to lose sight of other more intrinsic but key responsibilities, such as ensuring clear sign-posting to services.

The Committee **noted** the latest update on QIPP.

6.3 Acute Contract Performance Report

Harper Brown presented the month 6 acute contract performance over-view report that focused on the main acute contract issue across the cluster. The key areas of over and under performance of each acute provider was referenced in the PCT finance reports which appeared later on the agenda (minutes 7.1 and 7.2 refer). Therefore, the received report focused specifically on activity, spend, performance and quality plus any matters of escalation. In considering this report the Committee concentrated its discussion around the CUHFT and PSHFT position. The main points raised during debate were noted as follows.

- CUHFT – Harper Brown reported that as at month 6 the contract was over-performing with an end of year forecast variance of £4.1M on the costed activity plan. It was noted that when the £8.1M QIPP delivery was

taken into account the forecast variance on the budget would be £10.2M. This showed an increase on the previous month's figure of £7.2M following a reassessment of previous savings programmes

- CUHFT – An improvement in the overall performance of A&E for the last reported period was noted.
- CUHFT - There were a number of issues where recovery plans had still to be put in places for areas of identified poor performance, such as Ear, Nose and Throat (ENT). Work to address this was being taken forward.
- CUHFT - The Committee noted that a key issue related to the need to review and achieve a clearer understanding about what the PCT was being charged for in terms of activity.
- CUHFT - The Committee discussed the formal levels of escalation and penalties that could be applied in the management of acute contracts.
- PSHFT – The position at Month 6 showed a significant over-performance with a year to date gross variance of £4.4M against the fixed value £116M contract profile. However, it was highlighted that although the various was significant the movement in month had slowed when compared to month 5 (£4.1M).
- PSHFT – The Committee noted that the recurrent financial problems that Peterborough City Hospital was experiencing.

The Committee **noted** the latest acute contract performance overview report.

6.4 Contract Variation: Intermediate Care Beds at Doddington

John Leslie presented a report that set out the proposed intention to initiate a contract variation with Cambridgeshire Community Services for the provision of intermediate care and rehabilitation at Doddington Court in line with the public consultation and decision taken by NHS Cambridgeshire Board in 2009 following the South Fenland Review.

The Committee was informed that for reasons outside of the PCT's control delays had occurred which had resulted in the project taking longer to complete than originally anticipated. However, the building was now nearing completion and the intention was to bring- the service on-line from January 2013.

It was noted that the objective of the unit, which was located on the Doddington Community Hospital site, was to reduce hospital admissions where no medical input was required. Patients not ready to return home for whatever reason would be able to use the facility for a short period of rehabilitation to enable a return to living independently. The contract variation for CCS to manage this unit was £300K, which was the figure detailed in the original business case. John Leslie advised that this related to a full year and therefore £75K would be required to cover the remainder of 2012/13.

While acknowledging the potential benefits associated within this facility, the Committee commented that it would be important to ensure that relevant performance indicators and their associated monitoring and reporting was reflected in the contract with CCS.

It was noted that it would be important to ensure that relevant LCGs were kept fully informed of developments and confirmation of their support obtained.

The Committee **supported** the recommendations that the contract variation with CCS be signed as soon as possible to allow recruitment to commence with the objective of opening the beds at the earliest opportunity, subject to ensuring that appropriate performance management measures and reporting arrangements were identified. Harper Brown in liaison with the relevant Local Chief Officer (Ross Collett) and Alison Gilbert to progress the contract variation. **ACTION: Harper Brown.**

6.5 CCG Assurance Framework

The Committee received the current draft of the CCG Assurance Framework for review and comment. Sharon Fox informed members that a new assurance framework format was in the process of being developed for the CCG which it was anticipated, following initial consideration by CEMT and the CCG Governing Body, would be received at the next Finance and Performance Committee as a live document.
In considering the received document the Committee agreed that the existing scores of the two main finance risks (BAF 1 and BAF 2) of 25 should be retained for the time being.

The Committee received the Assurance Framework and **noted** that the new format would be presented to the next meeting. **ACTION: Sharon Fox.**

7. CLUSTER PCT MATTERS

7.1 NHS Cambridgeshire Monthly Finance Report

John Leslie presented the month-six finance report for NHS Cambridgeshire, which had been circulated in advance of the meeting.

The Committee was informed that the Trust was reporting a £29K underspend to date and that a break-even position was being forecast at year end. As had been reported in previous months the key areas of pressure related to the on-going over-performance on the acute contracts and an under-performance on QIPP delivery. As a consequence the break-even position was expected to be achieved through a combination of non-recurrent resources and the identification of further savings.

John Leslie commented that as had been raised at earlier meetings, there was still little evidence to suggest from the received data, particularly the acute trusts, that the QIPP programmes were having a noticeable impact on reducing current activity trends.

The Chair queried the position on High Cost Drugs QIPP, as there was an expectation that a positive return in this area would be achieved. Victoria Corbishley advised that significant work in this area was being progressed and that some substantial savings were being made, although possibly not at

the rate or magnitude originally anticipated. Tim Woods commented, that it may be pertinent to review the current approach of the prescribing team to ensure it was focusing on cost reduction measures as opposed to cost avoidance.

The committee received and **noted** the month six finance report for NHS Cambridgeshire.

7.2 NHS Peterborough Monthly Finance Report

John Leslie presented the month-six finance report for NHS Peterborough, which had been circulated in advance of the meeting.

The Committee was advised that to date the PCT was reporting a small surplus of £23K, and that through a combination of recurrent resources and other identified savings was forecasting a break-even position at year end. Similar to NHS Cambridgeshire the main areas of concern continued to relate to acute activity rate and the performance of QIPP.

A discussion regarding the potential risks associated with the retrospective Continuing Health Care Claims process was held. It was noted that the latest deadline for claim submissions had been reached on 30 September. It was anticipated that the position in terms of quantifying the number of received claims that would be worthy of further review would be known by early November. The inherent risk associated with this national issue was recognised, and as such had now been added to the Board Assurance Framework.

The Committee received and **noted** the month six finance report for NHS Peterborough.

7.3 PCT Cluster Board Assurance Framework

The latest version of the PCT Cluster Board assurance Framework was received for review and comment. The Committee identified the following.

- BAF 2 – Risk to Delivering Financial Balance: Include within the action planning column new activities and processes developed for the current and future management of QIPP delivery. Risk score to remain at current level (25).
- Proposed that a new risk be added to the document regarding the implementation of new legislation that would directly impact upon the future performance regime for Foundation Trusts. This risk to also be added to the CCG Assurance Framework.

Identified changes to be included in the final version of the BAF to be received at the PCT Cluster Board in December. **ACTION: Sharon Fox**.

8. JOINT CLINICAL COMMISSIONING GROUP AND CLUSTER PCT MATTERS

8.1 Performance Report

Victoria Corbishley presented the latest performance report that updated the Committee, by exception, on the progress made against key Cambridgeshire and Peterborough deliverables in 2012/13 and the contract notices being applied to service providers. The report in particular identified areas for improvement, identifying the reasons for poor performance and the actions put in place too improve these areas. The key areas for improvement highlighted upon in the latest report were noted as follows:

- Referral to Treatment (RTT)
- Diagnostic tests
- Cancer services
- Waits in accident and emergency (A&E)
- Choose and Book
- Delayed Transfers of Care
- Smoking Cessation
- Health checks received
- Health care acquired infections
- Stroke services; and
- Pressure ulcers.

Specific issues raised during discussion were noted as follows:

Referral To Treatment (RTT): The Committee noted that the section on RTT had been expanded so that it now provided details of performance by speciality for each of the Acute Trusts. The figures received for September indicated that CUFT performance had dipped, however, this was directly related to the positive action now being taken to clear the existing backlog. It was noted that action plans for all specialities were in-place or had been requested.

Diagnostic Tests: The Committee was advised that based on the latest data for September the total number of reported breaches had reduced, but that the number of tests identifying problems appeared to be increasing. The specific issues identified at Hinchingrooke and the actions put in place to improve there performance was noted.

Cancer: It was noted that PSHFT had delivered on all cancer targets during August. Issues in relation to the performance of CUHFT and HHCT during this period were highlighted.

In terms of the two month treatment post referral (62 days) target it was noted that data was presented for the first time which detailed the percentage of patients seen within target for the month at tumour type level.

Victoria Corbishley reported good progress was being made but that further work remained to be done to ensure action plans were fit for purpose. In particular Trusts' were still vulnerable to late referrals.

CUHFT Urology performance remained an area of concern. Accordingly increased focus was being placed on reducing the numbers of late referrals in this area. The potential for introducing additional performance indicators was being explored – e.g. removal of all administrative delays.

Accident & Emergency: Early Quarter 3 figures showed that all providers were currently performing above the 95% target. A key period was now coming up during which the robustness of the respective Winter Planning arrangements would be tested.

In respect of CUHFT Edward Libbey queried whether any assurance could be given that the management team were continuing to prioritise the meeting of performance targets. Victoria Corbishley advised that she believed this to be the case, particularly in light of the recent intervention of MONITOR.

DTOC: It was noted that the process to recruit additional numbers to the Reablement Teams' was underway. The Committee was also advised that the remit for DTOC would transfer from Cathy Mitchell to Nigel Smith.

Maureen Donnelly advised that she used to receive relevant performance and budget information from Cambridgeshire County Council as standard in her former role as PCT Cluster Chair. It was understood that this was no longer automatically received by the PCT. This matter to be raised with Nigel Smith with a view to re-establishing formal arrangements with the County Council to ensure data was received in the future. **ACTION: Victoria Corbishley** to raise with **Nigel Smith.**

8.2 Workforce Report

Alan Mack presented a workforce information report for the PCT Cluster and CCG workforce covering the period July 2011 to June 2012.

The report provided an update against a range of set key workforce productivity indicators.

- The overall sickness rates for NHS Peterborough over the last 12 months remained low at 3.3%. In June the Trust's monthly sickness rate was also 3.3%, which was currently lower than the NHS average of 4.7%. For NHS Cambridgeshire the average sickness absence rate for the 12 month period was 2.2% and the monthly sickness rate as at June 2012 was 1.9%.
- The Cluster PCT had a reported vacancy rate of 4.1% as at the end of June 2012.

  In terms of the CCG recruitment position it was noted that this process was nearing completion with all staff expected to be in post by the end of December 2012.

  The Committee noted that as requested staff appraisal data was now included in the workforce report. It was noted that completion numbers for the reported period were low for both Trusts, although it was recognised that the on-going transition had been the primary reason for this. The Chair highlighted the importance of operating a robust appraisal process in the new CCG structure, particularly in view of the matrix working that would be adopted. Andy Vowles assured the Committee

that this would be the case and the process would be actively monitored by CMET on a regular basis.

The Committee received and **noted** the contents of the workforce information report.

9. Annual Cycle of Business

The latest annual cycle of business for the Finance and Performance Committee was received and noted.

10. Date of Next Meeting

The date of the next meeting was confirmed as Tuesday 27 November 2012 at 8.30am in Meeting Room A, Town Hall, Peterborough.

Simon Barlow
Integrated Governance Manager
31 October 2012

NHS Cambridgeshire and NHS Peterborough
working in partnership

MEETING: **PCT CLUSTER BOARD MEETING IN PUBLIC**

AGENDA ITEM: **3.2A**

DATE: **5 DECEMBER 2012**

TITLE: **FINANCE REPORT – NHS CAMBRIDGESHIRE**

FROM: **JOHN LESLIE**
DIRECTOR OF FINANCE

FOR: **INFORMATION**

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1 ISSUE

The purpose of this report is to present to the Finance and Performance Committee the financial position of NHS Cambridgeshire for the seven months to October 2012, including the financial performance of the main budget areas, an update of the savings programmes, and the risks in achieving the forecast position.

2 CORPORATE OBJECTIVE AND BOARD ASSURANCE FRAMEWORK LINK

This report links to a number of risks in the Board Assurance Framework (BAF) including:-

BAF05 – Risk to specialist commissioning financial position and governance arrangements,
BAF07 – Financial position for 2012/13 and beyond,

3 KEY POINTS

The overall PCT revenue position to date is a £55k underspend and with a combination of non-recurrent resources and identifying further savings, the forecast is now to deliver a breakeven position at year end.

Table 1 below summarises the PCT's main budget performance:

Gross Budgets	Annual	Year to Date			Forecast Month 12	
	Budget £'000	Budget £'000	Actual £'000	Variance £'000	Outturn £'000	Variance £'000
Acute Commissioning	356,245	208,159	222,576	(14,417)	386,105	(29,860)
Other Commissioning	190,502	111,126	111,543	(417)	191,250	(748)
NCB Specialist Commissioning	68,562	39,994	39,963	31	68,562	0
NCB Primary Care Other	132,395	77,230	79,415	(2,185)	134,705	(2,310)
NCB Primary Care Prescribing	83,290	48,586	47,321	1,265	80,657	2,633
Running Costs	20,865	12,172	11,756	416	19,487	1,378
Transitional Fund	17,430	7,185	1,095	6,090	6,227	11,203
Other Budget Areas	30,392	17,728	8,456	9,272	12,688	17,704
Total Resources/spend	**899,681**	**522,180**	**522,125**	**55**	**899,681**	**0**

Table 1

4 RECOMMENDATION

The Committee is asked to note the financial position of the PCT for the seven months to October 2012 and the forecast position for the year ended March 2013.

5 REASON FOR RECOMMENDATION

It is acknowledged that this forecast position is being achieved mainly by utilising a large portion of the contingency and other reserves along with a small amount of QIPP savings. The PCT (CCG) must ensure recurrent delivery of its savings plans to achieve financial balance in the future.

6 BACKGROUND INFORMATION

6.1 ACUTE COMMISSIONING

- **Cambridge University Hospital FT**

  The month 6 data received from CUHFT shows a current overspend of £5.8m and there is a forecast overspend of £11.3m. This assumes that only £850k QIPP has been achieved against the forecast plan for the first 7mths of the year and that no further QIPP will be achieved to the year end. The contract figures include a transfer in of £1.4m funding for readmissions.

  The main forecast outturn variances from the contract include:

  Elective Spells - £1.3m overspend – main areas are a) Neurosurgery and Orthopaedics where there may be have been a switch between SCG and General, b) Ophthalmology cataracts and lucentis, c) Medical Oncology which is being investigated by the Trust

Non-Electives - £669k overspend mainly due to activity below 08-09 baseline so emergency threshold budget is not being achieved. The 08-9 threshold used is being reviewed to ensure plan was split correctly between SCG and General.

Chemotherapy - £730k overspend due to an increase in patient numbers. Data capture by the Trust is being monitored.

- **Hinchingbrooke**

The forecast outturn for this contract shows an overspend of £5.1m. which includes the assumption that little QIPP will be achieved by the year end. Current overspend of £3.1m.

Negotiations are under way with the Trust to bring the forecast trajectory down to around £3.5m, however the forecast is £4.2m with a further risk forecast of £900k included.

The main forecast outturn variances from the contract include:

A & E - £206k overspend – This is partly due to an activity change from lower to higher priced attendances which is being investigated. The Trust have agreed to perform an audit and discuss the outcome

Non-Electives - £1.2m overspend – There are specific HRG's that have caused this increase in activity and a change to coding to major complications, Hunts Care Partners LCG are in the process of auditing this activity. The Trusts stance is that there coding has improved.

Outpatients - £258k overspend – due to a significant increase in lucentis activity.

Day cases - £378k overspend – Over-performance in Cataracts and diagnostic gastrointestinal endoscopic procedures. This has been raised with the Trust and a response is awaited. The Trust claim that early awareness has contributed to the rise in endoscopic activity. Further information has been requested.

ITU - £316k overspend – exceptional activity has caused this over-performance but this should revert back to plan.

- **Queen Elizabeth Hospital**

The forecast outturn for the QEH contract shows a £524k overspend, expenditure is expected to continue to overspend to the year end with an outturn overspend of £891k forecast. There is an improvement on last month in most areas other than Electives and negotiations to reduce costs are on going with the Trust

The main forecast variances from the contract include:

Electives - £441k overspend

Non–Electives - £162k overspend

Outpatients - £138k overspend

Direct Access Diagnostic Imaging - £105k overspend

6.2 SPECIALIST COMMISSIONING

- **Specialist Commissioning Consortia**

Figures have only just been received from the Specialist Commissioning Consortia for month 6 so the month 5 figures have been used showing a break even position with a similar break even position at year end. Some of the contract and activity figures are currently under review and areas of overspend are being checked.

6.3 COMMUNITY

This budget area includes the PCT's contract with its main community provider, Cambridgeshire Community Services NHS Trust (CCS) which totals £68.3m. This is a block contract.

6.4 OTHER BUDGET AREAS

- **Continuing Care**

We have now received all claims for CHC, these are still being assessed as to validity and the outcome will not be known for some weeks yet, we have therefore been unable to quantify any financial values associated with these claims. The PCT has undertaken reviews previously, firstly under the original retrospective review process which was managed through the then SHA and again when the eligibility criteria was changed some two and half years ago, the PCT would therefore expect that any new claims should be of a minimal quantity and value. This cannot be confirmed until a full assessment of claims has been concluded. The issue has been raised nationally and we hope to receive some guidance on this matter.

- **GP Prescribing**

GP Prescribing continues to show a favourable variance with the current forecast outturn at an underspend of £2.6m against plan using the PPA figures. It must be noted that the 2012/13 plan included a £4.1m QIPP saving.

7 SAVINGS PLAN

A detailed summary of the revised QIPP Programmes for 2012/13 is included in Appendix 3 attached. The total savings delivery forecast is £25.0m from all sources.

8 CONCLUSION

The committee are asked to note the financial position as at month 7 which utilises the phased contingency in full. The reported shortfall will require additional savings plans to be completed.

Author ***John Leslie***
Director of Finance
15 November 2012

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Board Summary 2012-13
Financial Position as at 31st October 2012

	Agreed Plan £'000	Virements to Month 7 £'000	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	Forecast Outturn £'000	Variance £'000
ACUTE SERVICES								
Cambridge Universtiy Hospitals FT	190,245	-6,710	183,535	107,062	110,619	(3,557)	194,829	(11,294)
Hinchingbrooke Hospital	81,399	0	81,399	47,832	50,937	(3,105)	86,517	(5,118)
Queen Elizabeth Hospital FT, King's Lynn	25,135	-1	25,134	14,662	15,148	(486)	26,025	(891)
Peterborough City Hospital FT	30,088	433	30,521	17,804	17,804	-	30,521	-
Papworth Hospital FT	10,124	0	10,124	5,906	6,380	(474)	10,938	(814)
Acute Qipp	-13,756	4,281	(9,475)	(5,527)	-	(5,527)	-	(9,475)
High Cost Drugs Qipp	-4,100	0	(4,100)	(2,392)	-	(2,392)	-	(4,100)
Other NHS Acute SLAs in high cost drugs	19,634	-1	19,633	11,453	11,786	(333)	20,330	(697)
East of England Ambulance Trust	16,945	0	16,945	9,884	9,902	(18)	16,945	-
Other Acute	3,929	-1,400	2,529	1,475	-	1,475	-	2,529
Sub Total	**359,642**	**-3,397**	**356,245**	**208,159**	**222,576**	**(14,417)**	**386,105**	**(29,860)**
Other Commissioning								
Cambridgeshire & Peterborough NHS FT	50,850	13	50,863	29,670	29,694	(24)	50,904	(41)
Other Mental Health	11,538	289	11,827	6,899	6,619	280	11,377	450
LD Pooled Budget	14,164	0	14,164	8,262	8,574	(312)	14,565	(401)
Cambridge Community Services	68,157	647	68,804	40,136	40,144	(8)	68,818	(14)
Other NHS Community Services	7,206	0	7,206	4,204	4,134	70	7,205	1
Other Non NHS services	9,296	0	9,296	5,423	5,740	(317)	9,702	(406)
Third Sector Budgets	2,693	151	2,844	1,659	1,602	57	2,808	36
Continuing Care Placements	20,384	0	20,384	11,890	11,969	(79)	20,384	-
Special Needs Placements	3,657	0	3,657	2,133	2,215	(82)	3,869	(212)
GPSI	1,457	0	1,457	850	852	(2)	1,618	(161)
Sub Total	**189,402**	**1,100**	**190,502**	**111,126**	**111,543**	**(417)**	**191,250**	**(748)**
NCB Specialist Commissioning	**65,175**	**3,387**	**68,562**	**39,994**	**39,963**	**31**	**68,562**	**-**
NCB Primary Care Prescribing								
Prescribing	79,739	0	79,739	46,515	45,597	918	77,701	2,038
Other prescribing including support	3,551	0	3,551	2,071	1,724	347	2,956	595
Sub Total	**83,290**	**0**	**83,290**	**48,586**	**47,321**	**1,265**	**80,657**	**2,633**
NCB Primary Care (Other)								
Primary Care	85,490	0	85,490	49,869	51,238	(1,369)	87,731	(2,241)
Dental	23,760	0	23,760	10,873	11,372	(499)	23,937	(177)
General Ophthalmic	4,506	0	4,506	13,860	14,215	(355)	4,417	89
Pharmaceutical services	18,639	0	18,639	2,628	2,590	38	18,620	19
Sub Total	**132,395**	**0**	**132,395**	**77,230**	**79,415**	**(2,185)**	**134,705**	**(2,310)**
Running Costs								
PCT Support Costs	11,998	101	12,099	7,058	7,351	-293	11,594	505
Public Health	2,832	-110	2,722	1,588	1,653	-65	2,722	-
Anglia Support Partnership	741	0	741	432	432	0	647	94
GP Commissioning	2,929	0	2,929	1,709	935	774	2,449	480
Anglia Support Partnership (Estates)	2,374	0	2,374	1,385	1,385	0	2,075	299
Sub Total	**20,874**	**-9**	**20,865**	**12,172**	**11,756**	**416**	**19,487**	**1,378**
TRANSITIONAL FUND 2%	**17,674**	**-244**	**17,430**	**7,185**	**1,095**	**6,090**	**6,227**	**11,203**
OTHER Budget Areas								
National Programme for IT	1,156	0	1,156	674	631	43	1,156	-
Saving / Improving Lives (Darzi Review)	4,728	-6	4,722	2,755	2,042	713	3,099	1,623
Earmarked Reserves	5,717	-1,009	4,708	2,746	1,397	1,349	2,395	2,313
Contingency	9,055	0	9,055	5,282	-	5,282	-	9,055
New Central initiatives	4,713	0	4,713	2,749	864	1,885	-	4,713
Contribution to SSD	6,038	0	6,038	3,522	3,522	-	6,038	-
Sub Total	**31,407**	**-1,015**	**30,392**	**17,728**	**8,456**	**9,272**	**12,688**	**17,704**

Sub Total	**899,859**	**-178**	**899,681**	**522,180**	**522,125**	**55**	**899,681**	**-**
Recurrent Resources	**907,859**	**-178**	**907,681**				**907,681**	**0**
Deficit before loan repayment	**8,000**	**0**	**8,000**				**8,000**	**0**
Loan Repayment	**(8,000)**	**0**	**(8,000)**				**(8,000)**	**0**
Total	**-**	**0**	**-**				**-**	**0**

CUHFT Latest Contract Position — **Month** 7

Month 7 (based upon Month 6 final LBC submission) — **Previous month adjusted** 6

Addenbrookes

	Annual plan	Month 7 Plan	Month 7 Actual	Variance	Variance %	Annual £ Plan	Month 7 Plan	Month 7 Actual	Variance	Variance %	Forecast Variance	
ELECTIVE												
Spells	35,093	19,905	21,364	**(1,460)**	**-7.33%**	£35,821,543	£20,433,596	£21,761,496	-£1,327,900	**(6.5%)**	-£1,745,927	Reduce by 25% to reflect trust delivery in latter part of year.
Excess Bed Days	1,750	909	1,429	**(520)**	**-57.25%**	£425,837	£220,981	£352,974	-£131,993	**(59.7%)**	-£152,613	Reduce by 40% to reflect trust delivery in latter part of year.
Package Price	28	16	13	**4**	**21.43%**	£91,700	£53,492	£42,271	£11,221	**21.0%**	£19,236	
	36,871	**20,830**	**22,806**	**(1,976)**	**-43.16%**	**£36,339,080**	**£20,708,069**	**£22,156,741**	**-£1,448,672**	**(45.3%)**	**-£1,879,304**	
NON-ELECTIVE												
Spell	28,509	16,508	19,350	**(2,842)**	**-17.22%**	£55,482,259	£31,875,382	£31,404,380	£471,002	**1.5%**	£655,860	Reduce by 20% to reflect increased activity during winter months
Emergency Readmissions	0	0	3,752	**(3,752)**	**0.00%**	-£547,757	-£391,255	-£342,973	-£48,282	**12.3%**	-£67,595	£1.2m adjustment to annual plan M6, monthly plan adjusted to match
Excess Bed Days	9,576	5,558	7,218	**(1,660)**	**0.00%**	£2,366,202	£1,373,345	£1,798,400	-£425,055	**(31.0%)**	-£366,174	Assumed 50% share of overperformance
Emergency Threshold		0	2	**(2)**	**0.00%**	-£1,148,907	-£666,826	£0	-£666,826	**100.0%**	-£517,008	Reduce by 55% to reflect trust increased activity during winter months
	38,085	**22,066**	**30,323**	**(8,257)**	**-17.22%**	**£56,151,797**	**£32,190,646**	**£32,859,807**	**-£669,161**	**82.9%**	**-£294,916**	
Accident And Emergency	**66,470**	**38,875**	**37,721**	**1,154**	**2.97%**	**£8,034,771**	**£4,699,083**	**£4,650,499**	**£48,584**	**1.0%**	**£83,071**	
Rehabilitation	**4,863**	**2,837**	**3,697**	**(860)**	**-30.30%**	**£948,131**	**£553,076**	**£720,763**	**-£167,687**	**(30.3%)**	**-£172,479**	Reduce by 40%
OUTPATIENTS												
First Attendance	74,832	43,593	44,732	**(1,140)**	**-2.61%**	£12,196,080	£7,037,288	£7,316,726	-£279,438	**(4.0%)**	-£314,784	Reduce by 35% to reflect trust delivery in latter part of year.
Follow up Attendance	186,271	105,741	104,133	**1,608**	**1.52%**	£18,509,603	£10,517,614	£10,450,841	£66,773	**0.6%**	£117,512	
IBD Helpline	1,575	855	338	**517**	**60.44%**	£39,375	£21,368	£8,458	£12,909	**60.4%**	£23,788	
Package Price	523	305	345	**(41)**	**-13.41%**	£505,219	£286,586	£216,360	£70,226	**24.5%**	£123,801	
Cost Per Case	93	55	55	**0**	**0.00%**	£67,890	£39,603	£40,028	-£426	**(1.1%)**	-£730	
Outpatient Procedures	49,875	28,741	31,492	**(2,751)**	**-9.57%**	£7,869,707	£4,522,847	£4,567,224	-£44,377	**(1.0%)**	-£61,772	Reduce by 20% to reflect trust delivery in latter part of year.
New to Follow up ratio Adj		0	-1,916	**1,916**	**0.00%**	-£886,277	-£480,954	-£185,240	-£295,714	**61.5%**	-£490,434	Reduce by 10% to reflect trust delivery in latter part of year.
Audiology	14,341	8,183	7,778	**405**	**0.00%**	£1,405,672	£801,609	£756,120	£45,488	**0.0%**	£79,767	
	327,510	**187,472**	**186,958**	**513**	**36.36%**	**£39,707,269**	**£22,745,960**	**£23,170,517**	**-£424,557**	**141.0%**	**-£522,852**	
Critical Care	**5,310**	**3,011**	**3,224**	**-212**	**-7.05%**	**£6,738,787**	**£3,820,893**	**£4,239,603**	**-£418,710**	**(11.0%)**	**-£590,772**	Reduced by 20%
Direct Access												
Pathology	1,790,588	962,051	1,072,324	**(110,273)**	**-11.46%**	£4,443,478	£2,387,400	£2,602,054	-£214,654	**(9.0%)**	-£359,566	Reduce by 10%
Radiology	21,968	12,949	15,930	**(2,981)**	**-23.02%**	£1,189,148	£702,931	£805,712	-£102,781	**(14.6%)**	-£156,487	Reduce by 10%
Cardiology	1,295	753	1,192	**(440)**	**-58.45%**	£55,394	£32,184	£48,967	-£16,784	**(52.1%)**	-£28,888	
Total Direct Access	**1,813,851**	**975,752**	**1,089,446**	**(113,694)**	**-92.93%**	**£5,688,020**	**£3,122,515**	**£3,456,733**	**-£334,219**	**(75.8%)**	**-£544,941**	
Chemotherapy	**13,170**	**7,534**	**8,794**	**(1,260)**	**-16.72%**	**£7,788,573**	**£4,511,194**	**£5,241,343**	**-£730,149**	**(16.2%)**	**-£1,260,602**	
Radiotherapy	**19,447**	**11,633**	**19,543**	**(7,910)**	**-68.00%**	**£4,102,716**	**£2,452,916**	**£2,105,681**	**£347,235**	**14.2%**	**£580,781**	
Other Costs												
Block Items	41,063	24,029	7,914	**16,115**	**67.07%**	£4,036,545	£2,354,651	£2,356,022	-£1,371	**(0.1%)**	£0	Assumed nil variance as block
Breast Screening	22,343	13,033	8,481	**4,552**	**34.93%**	£1,881,310	£1,097,431	£714,058	£383,373	**34.9%**	£328,605	Reduce by 50%
Drugs	366	198	233,044	**(232,846)**	**-117401.18%**	£12,137,113	£6,627,812	£6,587,533	£40,279	**0.6%**	£73,761	
Devices		0	57,332	**(57,332)**	**0.00%**	£1,758,943	£950,006	£764,085	£185,921	**19.6%**	£137,694	Reduce by 60%
Patient Transport Services	0	0	42,012	**(42,012)**	**0.00%**	£1,197,293	£698,422	£788,446	-£90,025	**(12.9%)**	-£154,328	
Other items	26,396	14,971	9,584	**5,387**	**35.98%**	£588,883	£337,460	£215,163	£122,297	**36.2%**	£213,414	
Readmissions other providers	0	0	-160	**160**	**0.00%**	-£75,043	-£53,602	-£17,967	-£35,635	**66.5%**	-£49,890	£169k adjustment to annual plan, monthly plan adjusted to match
	90,168	**52,231**	**358,206**	**(305,976)**	**-117263.20%**	**£21,525,044**	**£12,012,179**	**£11,407,340**	**£604,839**	**144.9%**	**£549,256**	
Sub-Total	**2,415,745**	**1,322,241**	**1,760,718**	**(438,478)**	**-117499.25%**	**£187,024,188**	**£106,816,529**	**£110,009,026**	**-£3,192,497**	**(3.0%)**	**-£4,052,758**	
CQUIN	**0**					**£4,610,672**	**£2,221,113**	**£1,468,641**	£752,472	**33.9%**		
Sub-Total including CQUIN	**2,415,745**	**1,322,241**	**1,760,718**	**(438,478)**	**-33.16%**	**£191,634,860**	**£109,037,642**	**£111,477,667**	**-£2,440,025**	**(2.2%)**	**-£4,052,758**	
QIPP						**-£8,100,000**	**-£4,218,750**	**-£858,522**	**-£3,360,228**	**79.6%**	**-£7,241,478**	
Total	**2,415,745**	**1,322,241**	**1,760,718**	**(438,478)**	**-33.16%**	**£183,534,860**	**£104,818,892**	**£110,619,145**	**-£5,800,253**	**(5.5%)**	**-£11,294,236**	

Small ledger difference at M7

OA posted virement of £38k, possibly should have been posted to CCS, awaiting confirmation from AR

Hinchingbrooke Contract Monitoring 6

Oct Provisional monitoring

POD		Annual plan	Month 7 Plan	Month 7 Actual	Variance	Variance %	Annual £ Plan	Month 7 £ Plan	Month 7 £ Actual	Variance £	Variance %	Forecast Spend	Forecast Variance		M6 FOT	Swing
Elective	Spells	23,142	13,631	14,614	(983)	(7.2%)	21,877,534	12,888,719	13,263,580	(374,861)	(2.9%)	22,228,776	(351,242)	10/11 outturn was £22.3m	22,655,314	426,538
	Excess Bed Days	783	461	226	235	51.0%	190,824	112,436	55,162	57,274	50.9%	93,619	97,205	10/11 outturnn was £169k	109,886	16,267
	Elective Readmissions	0	0	0	0		(192,722)	(111,267)	(111,267)	0	0.0%	(191,123)	(1,599)		(192,722)	(1,599)
Total		**23,925**	**14,092**	**14,840**	**(748)**	**(5.3%)**	**21,875,636**	**12,889,888**	**13,207,475**	**(317,587)**	**(2.5%)**	**22,131,272**	**(255,636)**		**22,572,478**	**441,206**
Non-Elective	Spells	12,856	7,542	9,514	(1,972)	(26.1%)	23,631,957	13,865,752	15,350,551	(1,484,799)	(10.7%)	25,408,574	(1,776,617)	10/11 outturn was £25.9m	25,244,329	(164,245)
	Excess Bed Days	7,808	4,578	3,489	1,089	23.8%	1,854,676	1,087,399	807,552	279,847	25.7%	1,377,368	477,308	10/11 outturn was £1.5m	1,418,196	40,828
	Threshold				0			0	0	0		0	0		0	0
	Emergency Readmission				0		(547,263)	(315,958)	(315,958)	0	0.0%	(542,722)	(4,541)		(547,263)	(4,541)
Total		**20,664**	**12,120**	**13,003**	**-883**	**(7.3%)**	**24,939,370**	**14,637,193**	**15,842,145**	**(1,204,952)**	**(8.2%)**	**26,243,220**	**(1,303,850)**		**26,115,262**	**(127,958)**
A&E	Attendances	**35,124**	**20,593**	**21,290**	**(697)**	**(3.4%)**	**3,551,080**	**2,082,003**	**2,288,326**	**(206,323)**	**(9.9%)**	**3,902,986**	**(351,906)**	10/11 outturn was £3.1m	**3,893,717**	**(9,269)**
Outpatients	First Attendances	43,268	25,528	28,067	(2,539)	(9.9%)	6,525,227	3,850,128	4,248,109	(397,981)	(10.3%)	7,199,695	(674,468)	10/11 outturn was £8.2m	6,849,733	(349,962)
	Follow Ups	61,980	36,568	39,914	(3,346)	(9.2%)	5,391,178	3,180,870	3,462,159	(281,289)	(8.8%)	5,867,916	(476,738)	10/11 outturn was £5.5m	5,595,985	(271,931)
	Package Price				0					0		0	0		0	0
	Outpatient Procedures	12,913	7,608	8,843	(1,235)	(16.2%)	2,140,182	1,261,020	1,519,053	(258,033)	(20.5%)	2,578,111	(437,929)	10/11 outturn was £1.3m	2,512,509	(65,602)
Total		**118,161**	**69,704**	**76,824**	**(7,120)**	**(10.2%)**	**14,056,587**	**8,292,018**	**9,229,321**	**(937,303)**	**(11.3%)**	**15,645,722**	**(1,589,135)**		**14,958,228**	**(687,494)**
Critical Care	Bed Days	**1,893**	**1,110**	**1,357**	**(247)**	**(22.3%)**	**2,935,591**	**1,721,141**	**2,037,021**	**(315,880)**	**(18.4%)**	**3,474,358**	**(538,767)**		**3,195,593**	**(278,765)**
Direct Access	Pathology	698,727	410,851	371,898	38,953	9.5%	1,989,298	1,169,707	1,025,681	144,026	12.3%	1,872,355	116,943		1,752,149	(120,206)
	Radiology	28,447	16,727	19,512	(2,785)	(16.6%)	1,250,144	735,085	819,623	(84,538)	(11.5%)	1,393,916	(143,772)		1,548,353	154,437
Total		**727,174**	**427,578**	**391,410**	**36,168**	**0**	**3,239,442**	**1,904,792**	**1,845,304**	**59,488**	**3.1%**	**3,266,271**	**(26,829)**		**3,300,502**	**34,231**
Non Tariff	Audiology	0	0	0	0		303,197	176,865	176,865	0	0.0%	303,802	(605)		303,198	(604)
	Block Items	0			0		3,604,708	2,102,745	2,102,745	0	0.0%	3,611,892	(7,184)		3,604,708	(7,184)
	Chemotherapy	0	0	0	0		1,357,012	791,590	873,194	(81,604)	(10.3%)	1,499,887	(142,875)	10/11 outturn was £1.5m	1,444,736	(55,151)
	Drugs and Devices	0	0	0	0		2,691,021	1,569,762	1,569,762	0	0.0%	2,696,384	(5,363)		2,691,020	(5,364)
	Elective Threshold balance for adjustm	0	0	0	0		0	0	0	0			0		0	0
	Excluded Inpatients		25		25	100.0%			14,017	(14,017)			0			0
	Excluded Outpatients	92	54	32	22	40.7%	22,313	13,147	7,804	5,343	40.6%	13,244	9,069			(13,244)
	Blood Products	0	0	0	0		0	0	25,600	(25,600)		43,973	(43,973)		42,400	(1,573)
	ITU Threshold				0					0			0			0
	Phototherapy Treatment			0	0					0			0			0
	Planned Procedures not carried out	0	0	0	0		0	0	0	0			0		0	0
	Virtual Clinics LCG Plan Reduction	5,614	3,241	594	2,647	81.7%	139,489	80,533	14,749	65,784	81.7%	25,546	113,943		23,444	(2,102)
	Telephone Consultations	1,308	769	865	(96)	(12.5%)	32,482	19,099	21,481	(2,382)	(12.5%)	36,532	(4,050)		36,498	(34)
	Transport Service	0	0	0	0	#DIV/0!	665,610	384,285	438,415	(54,130)	(14.1%)	753,066	(87,456)		766,299	13,233
Total		**7,014**	**4,089**	**1,491**	**2,598**	**#DIV/0!**	**8,815,832**	**5,138,026**	**5,244,632**	**(106,606)**	**(2.1%)**	**8,984,326**	**(168,494)**		**8,912,303**	**(72,023)**
Total		**933,955**	**549,286**	**520,215**			**79,413,538**	**46,665,061**	**49,694,224**	**(3,029,163)**	**#DIV/0!**	**83,648,155**	**(4,234,617)**		**82,948,083**	**(700,072)**
CQUIN							1,985,338	1,166,627	1,242,356	(75,729)	(0)	1,968,864	16,474		2,073,702	104,838
Total including CQUIN							**81,398,876**	**47,831,688**	**50,936,580**	**(3,104,892)**	**(0)**	**85,617,019**	**(4,218,143)**		**85,021,785**	**(595,234)**
Queried Disputes										0		0	0		0	0
Strategic Change Programmes								**0**	0	0		0	0		0	0
Additional Risk												900,000				
Forecast incl disputes							**81,398,876**	**47,831,688**	**50,936,580**	**(3,104,892)**		**86,517,019**	**(5,118,143)**		**85,021,785**	**(595,234)**

QEH Contract Monitoring

Sept monitoring multiplied upwards

7

POD		Annual plan	Month 7 Plan	Month 7 Actual	Variance	Variance %	Annual £ Plan	Month 7 £ Plan	Month 7 £ Actual	Variance £	Variance %	Forecast Spend	Forecast Variance		M6 FOT	Swing		
Elective	Spells	6,434	3,739	3,873	(134)	(3.6%)	5,186,620	3,042,020	3,314,044	(272,024)	(8.9%)	5,629,143	(442,523)	10/11 outturn was £5.4m	5,507,467	(121,676)	442,523	0
	Excess Bed Days	112	67	65	1	1.8%	26,812	15,927	15,163	764	4.8%	25,525	1,287		29,748	4,223	(1,287)	0
Total		**6,546**	**3,806**	**3,939**	**(133)**	**(3.5%)**	**5,213,432**	**3,057,948**	**3,329,207**	**(271,259)**	**(8.9%)**	**5,654,668**	**(441,236)**		**5,537,215**	**(117,453)**	441,236	0
																	0	0
Non-Elective	Spells	5,556	3,206	3,270	(64)	(2.0%)	8,855,924	5,140,139	5,282,898	(142,759)	(2.8%)	9,100,256	(244,332)	10/11 outturn was £9.5m	9,197,921	97,665	244,332	0
	Excess Bed Days	2,845	1,671	1,570	100	6.0%	645,524	379,223	358,344	20,879	5.5%	609,983	35,541	10/11 outturn was £578k - trim points have changed since then	652,138	42,155	(35,541)	0
	Threshold				0	#DIV/0!	(425,756)	(257,187)	(275,437)	18,250	(7.1%)	(472,178)	46,422	Year end adjustment	(500,453)	(28,275)	(46,422)	0
Total		**8,401**	**4,877**	**4,841**	**36**	**0.7%**	**9,075,692**	**5,262,174**	**5,365,805**	**(103,630)**	**(2.0%)**	**9,238,061**	**(162,369)**		**9,349,606**	**111,545**	162,369	(0)
																0	0	0
A&E	Attendances	**8,444**	**4,941**	**5,166**	**(225)**	**(4.6%)**	**867,269**	**507,467**	**525,172**	**(17,704)**	**(3.5%)**	**897,526**	**(30,257)**		**1,090,284**	**192,758**	30,257	0
																	0	0
Outpatients	First Attendances	11,578	6,672	6,494	179	2.7%	1,935,898	1,115,903	1,085,881	30,022	2.7%	1,883,794	52,104	10/11 outturn was £1.9m	1,904,244	20,450	(52,104)	0
	Follow Ups	29,693	17,075	17,820	(744)	(4.4%)	2,399,318	1,380,138	1,429,846	(49,708)	(3.6%)	2,489,579	(90,261)	10/11 outturn was £2.4m	2,525,708	36,129	90,261	0
	Outpatient Procedures	5,269	3,036	3,345	(309)	(10.2%)	847,091	487,753	545,006	(57,253)	(11.7%)	946,523	(99,432)	10/11 outturn was £788k	957,815	11,292	99,432	0
Total		**46,540**	**26,783**	**27,658**	**(875)**	**(3.3%)**	**5,182,307**	**2,983,793**	**3,060,733**	**(76,939)**	**(2.6%)**	**5,319,897**	**(137,590)**		**5,387,768**	**67,871**	137,590	(0)
																	0	0
Critical Care	Bed Days	**812**	**475**	**529**	**(54)**	**(11.3%)**	**890,083**	**520,500**	**569,482**	**(48,981)**	**(9.4%)**	**973,844**	**(83,761)**		**1,200,008**	**226,164**	83,761	0
																	0	0
Direct Access	Pathology	74,888	43,685	45,052	(1,367)	(3.1%)	677,699	395,319	402,906	(7,587)	(1.9%)	690,765	(13,066)		693,382	2,617	13,066	0
	Diagnostic	1,225	715	4,368	(3,653)	(510.8%)	66,569	38,861	100,694	(61,833)	(159.1%)	172,490	(105,921)		253,624	81,134	105,921	0
	Other	129	75	63	12	15.6%	7,544	4,367	3,684	683	15.6%	6,316	1,228		6,595	279	(1,228)	0
Total		**76,242**	**44,475**	**49,483**	**(5,008)**	**(0)**	**751,812**	**438,547**	**507,284**	**(68,738)**	**(15.7%)**	**869,571**	**(117,759)**		**953,601**	**84,030**	117,759	0
																	0	0
Non Tariff	Audiology	1060	618	419	200	0	58,046	33,845	30,273	3,572	10.6%	51,920	6,126		57,599	5,679	(6,126)	0
	Block Items	0	0	0	0	#DIV/0!	783,899	457,274	457,274	0	0.0%	783,899	0		783,899	0	0	0
	Drugs and Devices	0	0	0	0	#DIV/0!	948,076	553,044	553,044	0	0.0%	948,076	0		948,076	0	0	0
	Excluded Inpatients	0			0	#DIV/0!	0	0		0	0.0%		0			0	0	0
	Appliances & Aids	0	-	-	0	#DIV/0!	57,106	33,312	22,445	10,867	#DIV/0!	38,477	18,629		42,982	4,505	(18,629)	0
	Emergency Readmissions	0								0	0.0%	0	0		0		0	0
	Maternity matters	0					55,948	32,636	32,636			55,948	0		55,948		0	0
	MRSA	2,267	1322	1318	4	0.3%	96,484	56,257	56,109	148	0.3%	96,228	256		100,060	3,832	(256)	0
	Nuchal Screening	0	-	0	-	#DIV/0!	60,500	35,292	35,292	0	0.0%	60,500	0		60,499	(1)	0	0
	Paediatric Diabetic Medicine	360	210	182		0.0%	98,153	57,257	16,541	40,716		28,356	69,797		34,027		(69,797)	0
	Stroke 24/7	0	0	-	-	#DIV/0!	116,958	68,226	47,705	20,521	30.1%	81,780	35,178		81,780	0	(35,178)	0
	Telephone Consultations	538	369	345	23	6.3%	12,697	8,701	8,149	552	6.3%	14,103	(1,406)		14,657	555	1,406	0
	Transport Service	0	0	0	0	#DIV/0!	277,641	161,958	161,958	0	0.0%	277,642	(1)		277,642	(0)	1	0
Total		**4,225**	**2,519**	**2,265**	**226**	**#DIV/0!**	**2,565,508**	**1,497,801**	**1,421,425**	**76,375**	**5.1%**	**2,436,929**	**128,579**		**2,457,169**	**14,569**	(128,579)	(0)
																	0	0
Total		**151,210**	**87,875**	**93,879**			**24,546,103**	**14,268,230**	**14,779,106**	**(510,877)**	**#DIV/0!**	**25,390,495**	**(844,392)**		**25,975,651**	**579,485**	844,392	0
CQUIN							588,523	356,706	369,478	(12,772)	(0)	634,762	(46,239)		649,391	14,629	46,239	0
Total including CQUIN							**25,134,626**	**14,624,935**	**15,148,584**	**(523,649)**	**(0)**	**26,025,257**	**(890,631)**		**26,625,043**	**594,114**	890,631	0
		aud															0	0
Queried Disputes										0			0			0	0	0
Strategic Change Programmes								**0**	0	0		0	0		0	0	0	0
Forecast incl disputes							**25,134,626**	**14,624,935**	**15,148,584**	**(523,649)**		**26,025,257**	**(890,631)**		**26,625,043**	**594,114**	890,631	0

Appendix 3

NHSC Savings Delivery Programme 12/13 as at M7 (October 2012)

	Annual Savings Target	Savings target Year to date	Actual Savings to date	Variance year to date	Forecast Outturn	Variance against Annual Savings Target	Status
	£'000	£'000	£'000	£'000	£'000	£'000	
Prescribing	4,100	2,392	3,657	1,265	6,733	2,633	Removed from baseline budget prior to devolving to LCGs/Practices
Primary Care							
Dental	500	292	0	-292	333	-167	Budget reduction - monitored monthly against forecast outturn
GMS	500	292	0	-292		-500	Budget reduction - monitored monthly against forecast outturn
Other	0	0	7,671	7,671	17,547	17,547	Non recurrent actions
Running Costs	1,104	491	416	-75	1,378	274	Budget reduction - profiled to begin to realise savings on completion of restructuring
Acute	14,700	8,213	0	-8,213	0	-14,700	
High Cost Drugs	4,100	2,050	0	-2,050	0	-4,100	
Total as returned to Midland & East	25,004	13,729	11,744	-1,985	25,991	987	

CAMBRIDGESHIRE PCT
SUMMARY OF FINANCIAL RISKS

	Reported position / Most Likely £000's	Best Case £000's	Worst Case £000's
Acute	(29,859)	(26,000)	(32,000)
Other Commissioning	(748)	0	(1,000)
Primary care prescribing	2,633	3,000	2,000
Transitional Fund	9,290	11,000	8,500
Other Budget areas	19,617	20,000	17,000
NHSCB	(2,311)	(1,500)	(2,600)
Running Costs	1,378	1,400	750
Total	**0**	**7,900**	**(7,350)**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED

	At Oct. 2012 £000	2012/13 £000
Cashflow from operating activities		
Net operating cost before interest	(522,126)	(899,682)
Other cash flow adjustments	1,050	1,800
Movements in Working Capital	654	(11,815)
Provisions utilised	(139)	(238)
Interest paid	-	
Net cash outflow from operating activities	**(520,561)**	**(909,935)**
Cash flows from investing activities		
Payments to purchase property, plant and equipment	(683)	(2,106)
Payments to purchase intangible assets	-	
Proceeds of disposal PPE & intangible assets	-	
Purchase of financial investments (LIFT)	-	
Sale of financial investments (LIFT)	-	
Loans made in respect of LIFT	-	
Loans repaid in respect of LIFT	-	
Payments for other financial assets	-	
Proceeds from disposal of other financial assets	-	
Interest received	-	
Rental Income	-	
Net cash inflow/(outflow) from investing activities	**(683)**	
Net cash inflow/(outflow) before financing	**(521,244)**	**(909,935)**
Cash flows from financing activities		
Net Parliamentary Funding	521,266	909,935
Other capital receipts surrendered		
Capital grants received		
Capital element of payments in respect of finance leases, on-SoFP PFI and LIFT		
Cash transfers (to)/from other NHS bodies		
Net cash inflow/(outflow) from financing	**521,266**	**909,935**
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	22	-

STATEMENT OF FINANCIAL POSITION AS AT

	At Oct. 2012 £000	FORECAST 31 March 2013	31 March 2012 £000
Non-current assets:			
Property, plant and equipment	42,995	43,978	43,672
Total non-current assets	**42,995**	**43,978**	**43,672**
Current assets:			
Inventories	182	182	182
Trade and other receivables	4,383	6,386	19,514
Cash and cash equivalents	26	4	4
Total current assets	**4,591**	**6,572**	**19,700**
Total assets	**47,586**	**50,550**	**63,372**
Current liabilities			
Trade and other payables	(47,715)	(37,249)	(62,192)
Provisions	(238)	(238)	(292)
Total current liabilities	**(47,953)**	**(37,487)**	**(62,484)**
Non-current assets plus/less net current assets/liabilities	**(367)**	**13,063**	**888**
Non-current liabilities			
Trade and other payables	(4,758)	(4,758)	(4,758)
Provisions	(833)	(695)	(878)
Total non-current liabilities	**(5,591)**	**(5,453)**	**(5,636)**
Total Assets Employed:	**(5,958)**	**7,610**	**(4,748)**
FINANCED BY:			
TAXPAYERS' EQUITY			
General fund	(19,198)	(5,630)	(17,988)
Revaluation reserve	13,240	13,240	13,240
Total Taxpayers' Equity:	**(5,958)**	**7,610**	**(4,748)**

Public Section Payment Policy (PSPP)

Cumulative position as at 31st October 2012

	Number	**£000's**
Non NHS Invoices		
Total bills paid in year	11,081	75,478
Total bills paid within target	10,447	64,438
Percentage paid within target	**94.28%**	**85.37%**
NHS Invoices		
Total bills paid in year	2,860	358,940
Total bills paid within target	2,373	349,820
Percentage paid within target	**82.97%**	**97.46%**
10 Days	**88.61%**	**88.54%**

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Annex 1

NHS Cambridgeshire and NHS Peterborough
Performance Indicators Report
2012/13

Table No.	Contents
1	Cambridgeshire & Peterborough Clinical Commissioning Group Indicators
2	NHS Cambridgeshire Indicators
3	NHS Peterborough Indicators
4	Cambridge University Hospitals NHS Foundation Trust Indicators
5	Hinchingbrooke Healthcare NHS Trust Indicators
6	Peterborough and Stamford Hospitals NHS Foundation Trust Indicators
7	Papworth Hospital NHS Foundation Trust
8	Cambridgeshire Community Services NHS Trust Indicators
9	Cambridgeshire and Peterborough NHS Foundation Trust Indicators

Data Sources	
Weekly SitRep from UNIFY2	IPMR Returns
Ambulance Trust website	Commissioner Diagnostic Returns (UNIFY2)
CUHFT Weekly Report	Commissioner 18 Week Returns (UNIFY2)
Hinchingbrooke Weekly Report	Commissioner GUMAMM returns (UNIFY2)
National Weekly Choose and Book Reports	EoE SHA (Infection Control)
18 week PTL Reports from UNIFY2	Department of Health Website
MINAP	Department of Health VS Returns
Public Health Databases	ASP Smoking Cessation Database
Cancer Waits Database	Trust Monitoring Reports

Last Updated **27 Nov 2012 12:35 PM**

Cambridgeshire and Peterborough Clinical Commissioning Group Quality and Performance Dashboard 2012/13
Table 1

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold /	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	89.2%	90.0%	91.3%	90%	89.7%	↓	90%	90.1%	*Sep-12*
		Number of Treatment Functions where standards are not delivered (Admitted, Non-admitted and Incomplete Pathways)	Monthly	>20	Between 1 and 20	0	10	0	23	0	23	↔	0	10	*Sep-12*
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	28	0	87	0	65	↑			*Sep-12*
PHQ06	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within one month (31 days) of a decision to treat	Monthly	<96%	N/A	>=96%	98.2%	96.0%	98.2%	96%	95.3%	↓	96%	97.7%	*Sep-12*
PHQ03		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	86.5%	85.0%	89.0%	85%	81.8%	↓	85%	84.2%	*Sep-12*
	Emergency Services	Ambulance Service - Cat A calls within 8 Minutes - (EEAST)	Monthly	<70%	Between 70% and 75%	>=75%	75.4%	75.0%	72.7%	75%	73.9%	↑	75%	75.0%	*Oct-12*
		Ambulance Service - Cat A calls within 19 Minutes - (EEAST)	Monthly	<90%	Between 90% and 95%	>=95%	94.9%	95.0%	92.8%	95%	93.5%	↑	95%	94.3%	*Oct-12*
	Patients' Choice	Proportion of GP referrals to first OP appointments booked using Choose and Book	Monthly	<94%	>94% and <95%	>= 95%	45.3%	90.0%	44.5%	90%	46.5%	↑	90%	45.4%	*Oct-12*
	Screening	100% of Diabetics to be offered Retinopathy screening	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=100%	99.9%	100.0%	100.0%	100.0%	97.9%	↓	100.0%	98.8%	*July -Sep (Q2)*
		Percentage of women who have seen midwife or maternity healthcare professional by 12 weeks of pregnancy	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=93.2%	90.6%	93.2%	0.9	93.2%	91.8%	↑	93.2%	89.8%	*July -Sep (Q2)*

REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold /	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
Domain:		**Public Health Indicators**													
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthy Plan	Between Monthly Plan and 5% of	>= Monthly Plan	5029	5348	291	426	362	↑	2575	1922	*Sep-12*
	Breast Feeding	Prevalence of breast feeding at 6 - 8 weeks from birth	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=53.3%	50.00%	53.3%	48.1%	53.3%	44.98%	↓	53.3%	46.51%	*July -Sep (Q2)*
Domain:		**Quality & Patient Safety Performance Indicators**													
	Health Care Acquired Infections	MRSA Infections	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	11	6	1	0	2	↓	6	5	*Sep-12*
		C. Diff Infections	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	141	132	19	11	14	↑	71	81	*Sep-12*
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	15	0	0	0	4	↓	0	9	*Sep-12*
	Additional Quality Metrics	Delayed transfers of care from hospitals (No. of Patients whose transfer of care was delayed - 2010/11 Trajectory)	Monthly	>5% of the Target	Between Montly Plan and 5% of	<=Monthly Plan	76	56.3	97.8	55.8	96.5	↑	58.1	82.0	*Sep-12*
		Delayed transfers of care from hospitals (No. of Patients per 100,000 population over 18 years old)	Monthly	>5% of the Target	Between Montly Plan and 5% of	<=Monthly Plan	12	9.1	15.8	9.0	15.5	↑	9.4	13.2	*Sep-12*
		Percentage of Non-admitted patients having TIA treated within 24 hours	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=60%	40.0%	60.0%	54.4%	60.0%	45.0%	↓	60.0%	60.2%	*Sep-12*
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	TBC	0	2	↑	0	46	*Oct-12*

NHS Cambridgeshire Quality and Performance Dashboard 2012/13
Table 2

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold /	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	88.6%	90.0%	91.5%	90%	89.5%	↓	90%	90.3%	*Sep-12*
		Number of Treatment Functions where standards are not delivered (Admitted, Non-admitted and Incomplete Pathways)	Monthly	>20	Between 1 and 20	0	12	0	10	0	12	↓	0	10	*Sep-12*
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	16	0	81	0	62	↑			*Sep-12*
PHQ06	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within one month (31 days) of a decision to treat	Monthly	<96%	N/A	>=96%	97.6%	96.0%	98.2%	96%	95.1%	↓	96%	97.5%	*Sep-12*
PHQ03		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	84.6%	85.0%	90.4%	85%	82.1%	↓	85%	83.7%	*Sep-12*
	Patients' Choice	Proportion of GP referrals to first OP appointments booked using Choose and Book	Monthly	<5% of the Target	Between Target and 5% of the	>=Target	69.2%	90.0%	73.0%	90%	74.0%	↑	90%	74.3%	*Oct-12*
		Deaths at Home	Quarterly	<5% of the Target	Between 47.6% and 5% of the	>=47.6%	47.6%	50.0%		49%	48.0%		49%	48.0%	*Apr - June (Q1)*
	Screening	Health checks received					23555	26959	2005	2202	2219	↑	13476	10276	*Sep-12*
		100% of Diabetics to be offered Retinopathy screening	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=100%	100.0%	100.0%	100.0%	100.0%	96.6%	↓	100.0%	99.3%	*July -Sep (Q2)*
	Delayed Transfer of Care	Delayed transfers of care from hospitals (No. of Patients whose transfer of care was delayed - 2010/11 Trajectory)	Monthly	>5% of the Target	Between Montly Plan and 5% of the	<=Monthly Plan	69	48.5	90.5	48.0	89.5	↑	50.0	77.8	*Oct-12*
		Delayed transfers of care from hospitals (No. of Patients per 100,000 population over 18 years old)	Monthly	>5% of the Target		<=Monthly Plan	14.0	9.9	18.5	9.8	18.3	↑	10.2	15.9	*Oct-12*
Domain:		**Public Health Indicators**													
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthy Plan	Between Monthly Plan and 5% of the	>= Monthly Plan	3942	3914	228	326	240	↑	1957	1366	*Sep-12*
	Breast Feeding	Prevalence of breast feeding at 6 - 8 weeks from birth	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=58.6%	57.05%	58.6%	53.6%	58.6%	48.95%	↓	58.6%	51.28%	*July -Sep (Q2)*
Domain:		**Quality & Patient Safety Performance Indicators**													
	Health Care Acquired Infections	MRSA Infections	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	7	4	1	0	2	↓	4	4	*Sep-12*
		C. Diff Infections	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	101	103	10	9	12	↓	54	65	*Sep-12*
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	11	0	0	0	2	↓	0	6	*Sep-12*
	Additional Quality Metrics	Deaths at Home	Quarterly	<5% of the Target	Between 47.6% and 5% of the	>=47.6%		50%			48.0%		49%	48.0%	*Apr - June (Q1)*
		Percentage of patients (not admitted) having TIA treated within 24 hours	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=60%	28.9%	60.0%	42.1%	60.0%	40.0%	↓	60.0%	56.5%	*Sep-12*
		Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=80%	77.6%	80.0%	82.7%	80.0%	84.9%	↑	80.0%	79.7%	*Sep-12*

NHS Peterborough Quality and Performance Dashboard 2012/13
Table 3

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reporte
				RED	AMBER	GREEN									
	Referral to treatment	Number of Treatment Functions where standards are not delivered (Admitted, Non-admitted and Incomplete Pathways)	Monthly	>20	Between 1 and 20	0	14	0	13	0	11	↑	0	12	*Sep-12*
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	12	0	6	0	3	↑			*Sep-12*
PHQ06	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within one month (31 days) of a decision to treat	Monthly	<96%	N/A	>=96%	98.9%	96.0%	98.3%	96%	95.8%	↓	96%	98.6%	*Sep-12*
PHQ09		All patients receiving their subsequent treatment (Radiotherapy) for cancer within one month (31 days) of a decision to treat	Monthly	<94%	N/A	>=94%	99.2%	94.0%	100.0%	94%	96.6%	↓	94%	91.2%	*Sep-12*
PHQ03		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	88.5%	85.0%	84.6%	85%	80.8%	↓	85%	86.0%	*Sep-12*
	Patients' Choice	Proportion of GP referrals to first OP appointments booked using Choose and Book	Monthly	<5% of the Target	Between Target and 5% of the	>=Target	21.5%	90.0%	16.0%	90%	19.0%	↑	90%	16.4%	*Oct-12*
	Screening	Health checks received	Monthly	<5% of the Target	Between 90% and 5% of the	>=5160	4313	5160	408	430	367.0	↓	2580	1985	*Sep-12*
		100% of Diabetics to be offered Retinopathy screening	Quarterly	<5% of the Target	Between 90% and 5% of the	>=100%	99.8%	100.0%	99.8%	100.0%	99.2%	↓	100.0%	98.3%	*July - Sep (Q2)*
		Percentage of women who have seen midwife or maternity healthcare professional by 12 weeks of pregnancy	Quarterly	<5% of the Target	Between 90% and 5% of the	>=93.2%	88.5%	93.2%	82.3%	93.2%	85.1%	↑	93.2%	83.7%	*July - Sep (Q2)*
Domain:		**Public Health Indicators**													
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthy Plan	Between Monthly Plan and	>= Monthly Plan	1087	1434	63	100	122	↑	618	556	*Sep-12*
	Breast Feeding	Prevalence of breast feeding at 6 - 8 weeks from birth	Quarterly	<5% of the Target	Between 90% and 5% of the	>=48%	42.96%	48.0%	42.5%	48.0%	41.00%	↓	48.0%	41.75%	*July - Sep (Q2)*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	4	0	0	0	2	↓	0	3	*Sep-12*
	Additional Quality Metrics	Percentage of patients (not admitted) having TIA treated within 24 hours	Monthly	<5% of the Target	Between 90% and 5% of the	>=60%	51.0%	60.0%	66.7%	60.0%	50.0%	↓	60.0%	63.9%	*Sep-12*
		Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the	>=80%	78.7%	80.0%	92.9%	80.0%	76.0%	↓	80.0%	86.0%	*Sep-12*

Cambridge University Hospitals NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 4

Domain:		Key performance Indicators														
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	88.1%	90.0%	87.2%	90%	84.1%	↓	90%	85.9%	*Sep-12*
	Cancer Treatment Services	Maximum two week wait from an urgent GP referral for suspected cancer to date first seen for suspected cancers	Monthly	<93%	N/A	>=93%	95.7%	93%	94.4%	93%	92.3%	↓	93%	93.5%	*Sep-12*
PHQ06		All patients receiving their first definitive treatment for cancer within one month (31 days) of a decision to treat	Monthly	<96%	N/A	>=96%	96.3%	96%	95.9%	96%	95.0%	↓	96%	96.0%	*Sep-12*
PHQ08		All patients receiving their subsequent Surgical treatment for cancer within one month (31 days) of a decision to treat	Monthly	<94%	N/A	>=94%	95.5%	94%	92.9%	94%	91.1%	↓	94%	94.9%	*Sep-12*
PHQ03		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	81.9%	85%	85.5%	85%	81.0%	↓	85%	79.0%	*Sep-12*
PHQ05		All patients receiving their first definitive treatment for cancer within two months (62 days) of National screening service referral	Monthly	<90%	N/A	>=90%	89.7%	90%	93.8%	90%	84.2%	↓	90%	91.0%	*Sep-12*
	Emergency Services	The proportion of patients spending four hours or less in all types of A&E department	Monthly	<94%	>94% and <95%	>= 95%	95.6%	95%	98.4%	95%	96.15%	↓	95%	94.47%	*Oct-12*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	Serious Incident Management & learning	Number of Never Events Reported	Monthly	>1	N/A	0	5	0	0	0	0	↔	0	3	*Oct-12*
	Health Care Acquired Infections	MRSA Infections: Apportioned to Acute Trusts	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	5	2	2	0	1	↑	2	4	*Sep-12*
		C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	48	45	4	4	5	↓	24	25	*Sep-12*
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	0	0	0	0	0	↔	0	3	*Sep-12*
	Additional Quality Measures	Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=80%	77.2%	80.0%	88.6%	80.0%	80.0%	↓	80.0%	79.1%	*Sep-12*
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	0	0	0	↔	0	4	*Oct-12*
Domain:		**Overarching Clinical Quality Review Metrics**													
QI 3a	CQC Essential Standards Compliance	Concerns raised by CQC	Monthly	One or more major concerns	No major but 1+ minor or moderate	No CQC concerns			Amber		Amber	↔			*Oct-12*
Domain:		**Providing care in a safe environment**													
QI 8b	Infection Control and Prevention	Number of MRSA bacteraemia per month against SHA target	Monthly	MRSA rates are more than agreed target	NA	MRSA rates are equal to or less than agreed target			Amber		Red	↓			*Oct-12*
QI 8c	Infection control and prevention	Number of C-Difficile infections per month against PCT target	Monthly	C-Diff rates are more than agreed target	NA	C-Diff rates are equal to or less than agreed target			Red		Red	↔			*Oct-12*
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure	Monthly	1+ open and under investigation.	All investigations completed with action plan	All action plans fully implemented or no Never			Amber		Amber	↔			*Oct-12*
QI 12b	SI Management	Never Events Management	Monthly	No evidence of thematic learning	No analysis across risk areas. No action	Analysis of all risk intelligence, action plan for			Amber		Amber	↔			*Oct-12*
Domain:		**CQUINs**													
QI 20d	CQUINs	Patient Experience	Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				*Aug-12*
QI 20e	CQUINs	Friends and Family	Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				*Aug-12*
QI 20k	CQUINs	Outpatient Cancellations	Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				*Aug-12*

Hinchingbrooke Healthcare NHS Trust Quality and Performance Dashboard 2012/13
Table 5

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
	Cancer Treatment Services	Maximum two week wait from a referral for evaluation of "breast symptoms" by a primary care professional to date first seen	Monthly	<93%	N/A	>=93%	94.7%	93%	90.2%	93%	90.1%	↓	93%	93.2%	*Aug-12*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	7	7	2	0	1	↑	4	8	*Sep-12*
	Additional Quality Measures	Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	0	0	TBC	↓	0	4	*Oct-12*
Domain:		**Providing care in a safe environment**													
QI 8c	Infection control and prevention	Number of C-Difficile infections per month against PCT target	Monthly	C-Diff rates are more than agreed target	NA	C-Diff rates are equal to or less than agreed target			Red		Red	↔			*Oct-12*
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	Quarterly	< 75%	75% – 95%	>=95%			Not scored		Red				*Aug-12*
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act	Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns					Amber				*Aug-12*
QI 12b	SI Management	Never Events Management	Monthly	No evidence of thematic learning	No analysis across risk areas. No action plan for areas of concern.	Analysis of all risk intelligence, action plan for areas of concern			Amber		Amber	↔			*Oct-12*
QI 15a	Themed Review	Thematic reviews: Clinical Audit	Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.					Amber				*Jun-12*
QI 15c	Commissioner vists	Action taken on findings of commissioner announced or unannounced visits	Quarterly	Annual clinical audit plan missing or incomplete. Quarterly audit reportmissing or incomplete.	Annual clinical audit plan not progressing. No action plans or re-audit. Planned audits not completed.	Annual Clinical audit plan on target. Action plans in place. Participation in relevant NCAPOP audits			NA		NA				*Oct-12*
QI 16	Clinical Audit	Clinical audit programme shows learning from national and local audits	Quarterly	No evidence of board / clinical discussion	Evidence of board / clinical discussion. Actions plans not on target against timescales	Evidence of board / clinical discussion. Actions plans on target, or no action required.			Amber		Amber	↔			*Aug-12*

Peterborough and Stamford Hospitals NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 6

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	91.1%	90.0%	90.4%	90%	91.1%	↑	90%	89.7%	*Sep-12*
	Emergency Services	The proportion of patients spending four hours or less in all types of A&E department	Monthly	<94%	>94% and <95%	>= 95%	95.8%	95%	95.7%	95%	97.26%	↑	95%	93.77%	*Oct-12*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	CQR Intelligence	Summary Hospital-level Mortality Indicator	Quarterly	>5% of the Target	Between Target and 5% of the	<=Target		1		1	1.01	↑	1	1.01	*Apr-11 - March-12*
	SI Management & learning	Number of Never Events Reported	Monthly	>1	N/A	0	3	0	0	0	0	↔	0	1	*Oct-12*
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	33	29	6	3	3	↑	16	19	*Sep-12*
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	1	0	0	0	4	↓	0	4	*Sep-12*
	Additional Quality Measures	Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=80%	81.6%	80.0%	83.3%	80.0%	77.4%	↓	80.0%	81.0%	*Sep-12*
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	TBC	0	TBC	↔	0	14	*Oct-12*
Domain:		**Overarching Clinical Quality Review Metrics**													
QI 2	Clinical Quality Review Process	Evidence for meetings is received by Commissioner at least 5 days before meeting. Evidence for CQR is complete. All Quality review meetings are quorate from Provider	Monthly	0 or 1 measure met	2 measures met	3 measures met			Green		Amber				*Oct-12*
Domain:		**Providing care in a safe environment**													
QI 8c	Infection control and prevention	Number of C-Difficile infections per month against PCT target	Monthly	C-Diff rates are more than agreed target	NA	C-Diff rates are equal to or less than agreed target			Red		Red	↔			*Oct-12*
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			*Sept-12*
QI 10c	Safeguarding children	Percentage of clinical staff receiving safeguarding supervision	Quarterly	Safeguarding procedures not adequate	Policies and procedures in place but not implemented	Policy and procedures in place and implemented			Amber		Amber	↔			*Sept-12*
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act	Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns			Green		Amber	↓			*Sept-12*
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure	Monthly	1+ open and under investigation. Ation plan not progressing to timescale	All investigations completed with action plan	All action plans fully implemented or no Never Events reported.			Green		Amber	↓			*Oct-12*
QI 12b	SI Management	Never Events Management	Monthly	No evidence of thematic learning	No analysis across risk areas. No action plan for areas of concern.	Analysis of all risk intelligence, action plan for areas of concern			Amber		Amber	↔			*Oct-12*
QI 15b	Themed Review	Thematic Reviews: Risk Management	Monthly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.					Red				*Aug-12*
QI 16	Clinical Audit	Clinical audit programme shows learning from national and local audits	Quarterly	No evidence of board / clinical discussion	Evidence of board / clinical discussion. Actions plans not on target against timescales	Evidence of board / clinical discussion. Actions plans on target, or no action required.			Grren		Amber	↓			*Sept-12*
Domain:		**CQUINs**													*Aug-12*
QI 20a	CQUINs	VTE	Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				*Aug-12*

Papworth Hospital NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 7

Domain:		Key performance Indicators													
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ03	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	85.9%	85%	100.0%	85%	66.7%	↓	85%	77.5%	*Aug-12*
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	8	5	0	0	1	↓	3	5	*Sep-12*
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	1	0	0	0	1	↓	0	1	*Sep-12*
	Additional Quality Measures	Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	0	0	0	0	TBC	↓	0	3	*Oct-12*
Domain:		**Overarching Clinical Quality Review Metrics**													
QI 2	Clinical Quality Review Process	Evidence for meetings is received by Commissioner at least 5 days before meeting. Evidence for CQR is complete. All Quality review meetings are quorate from Provider	Monthly	0 or 1 measure met	2 measures met	3 measures met			NA		Amber				*Sept-12*
Domain:		**Providing care in a safe environment**													
QI 8c	Infection control and prevention	Number of C-Difficile infections per month against PCT target	Monthly	C-Diff rates are more than agreed target	NA	C-Diff rates are equal to or less than agreed target			Green		Red	↓			*Sept-12*
QI 10a	Safeguarding children	Protect Children from Avoidable harm through compliance with section 11 and CQC Regulations	Quarterly	< 75%	75% – 95%	>=95%					Red				*Sept-12*
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	Quarterly	< 75%	75% – 95%	>=95%					Red				*Sept-12*
QI 10c	Safeguarding children	Percentage of clinical staff receiving safeguarding supervision	Quarterly	Safeguarding procedures not adequate	Policies and procedures in place but not implemented	Policy and procedures in place and implemented					Red				*Sept-12*
QI 11a	Safeguarding adults	Protect adults from avoidable harm	Quarterly	< 75%	75% – 95%	>=95%					Red				*Sept-12*
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act	Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns					Red				*Sept-12*
QI 14b	Guidance and alerts	Implementation of Safety Alerts within required timescales	Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.					Red				*Sept-12*

Cambridgeshire Community Services NHS Trust Quality and Performance Dashboard 2012/13
Table 8

Domain:		Performance Indicators			THRESHOLDS											
REF	METRIC	MEASURE	Commissioner	FREQUENCY	RED	AMBER	GREEN	Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
		Numbers of avoidable Grade three and four pressure ulcers	NHS Cambridgeshire	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	TBC	0	TBC	↔	0	9	*Oct-12*
Domain:		**Overarching Clinical Quality Review Metrics**														
QI 3a	CQC Essential Standards Compliance	Concerns raised by CQC	NHS Cambridgeshire	Monthly	One or more major concerns	No major but 1+ minor or moderate	No CQC concerns			Amber		Red	↑			*Oct-12*
Domain:		**Ensuring a Positive Experience**														
Domain:		**Providing care in a safe environment**														
QI 10a	Safeguarding children	Protect Children from Avoidable harm through compliance with section 11 and CQC Regulations	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			*Oct-12*
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Red		Red	↔			*Sept-12*
QI 10c	Safeguarding children	Percentage of clinical staff receiving safeguarding supervision		Quarterly	Safeguarding procedures not adequate	Policies and procedures in place but not implemented	Policy and procedures in place and implemented			Red		Red	↔			*Sept-12*
QI 11a	Safeguarding adults	Protect adults from avoidable harm		Quarterly	< 75%	75% – 95%	>=95%			Red		Amber	↑			*Sept-12*
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act		Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns			Red		Red	↔			*Sept-12*
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure		Monthly	1+ open and under investigation. Ation plan not progressing to timescale	All investigations completed with action plan	All action plans fully implemented or no Never Events reported.			Red		Red	↔			*Oct-12*
QI 13	Thematic Analysis	Thematic learning from all risk intelligence including Sis, incidents, complaints, claims and PALS enquiries		Quarterly	Not all relevant guidance covered or no detail of implementation.	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns			Amber		Amber	↔			*Sept-12*
QI 14a	Guidance and alerts	Review against and progress towards compliance with relevant emerging national and regional frameworks and guidance, including NICE TAGs and guidance		Quarterly	Not all relevant guidance covered or no detail of implementation.	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns highlighted			Amber		Amber	↔			*Sept-12*
QI 15a	Themed Review	Thematic reviews: Clinical Audit		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			NA		Amber				*Sept-12*
QI 15b	Themed Review	Thematic Reviews: Risk Management		Monthly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			NA		Amber				*Aug-12*
QI 16	Clinical Audit	Clinical audit programme shows learning from national and local audits		Quarterly	No evidence of board / clinical discussion	Evidence of board / clinical discussion. Actions plans not on target against timescales	Evidence of board / clinical discussion. Actions plans on target, or no action required.			Amber		Amber	↔			*Sept-12*
QI 20	Out-of-hours care	Achievement of OOH NQRs		Monthly	One or more NQRs not achieved	NA	All NQRs achieved			Amber		Amber	↔			*Oct-12*

REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
					RED	AMBER	GREEN									

Cambridgeshire and Peterborough NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 9

Domain:		Performance Indicators														
REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS RED	THRESHOLDS AMBER	THRESHOLDS GREEN	Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
		The proportion of admissions to the Trust's acute ward that were gatekept by the crisis resolution home treatment teams	C&P CCG	Monthly	<5% of the Target	Between 95% and 5% of the Target	>=Target	94.8%	95%	92.7%	95%	93.8%	↑	95%	92.6%	*Sep-12*
		The proportion of admissions to the Trust's acute ward that were gatekept by the crisis resolution home treatment teams	NHS Cambridgeshire	Monthly	<5% of the Target	Between 95% and 5% of the Target	>=Target	93.2%	95%	92.4%	95%	92.3%	↓	95%	91.9%	*Sep-12*
Domain:		**Overarching Clinical Quality Review Metrics**														
QI 2	Clinical Quality Review Process	Evidence for meetings is received by Commissioner at least 5 days before meeting. Evidence for CQR is complete. All Quality review meetings are quorate from	NHS Cambridgeshire	Monthly	0 or 1 measure met	2 measures met	3 measures met			Amber		Red	↓			*Oct-12*
QI 3a	CQC Essential Standards Compliance	Concerns raised by CQC	NHS Cambridgeshire	Monthly	One or more major concerns	No major but 1+ minor or moderate	No CQC concerns			Amber		Amber	↔			*Oct-12*
Domain:		**Providing care in a safe environment**														
QI 10a	Safeguarding children	Protect Children from Avoidable harm through compliance with section 11 and CQC Regulations	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			*Aug-12*
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			*Aug-12*
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act		Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns			Amber		Amber	↔			*Aug-12*
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure		Monthly	1+ open and under investigation. Ation plan not progressing to timescale	All investigations completed with action plan	All action plans fully implemented or no Never Events reported.			Red		Amber	↑			*Oct-12*
QI 13	Thematic Analysis	Thematic learning from all risk intelligence including Sis, incidents, complaints, claims and PALS enquiries		Quarterly	Not all relevant guidance covered or no detail of implementation.	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns highlighted			Amber		Amber	↔			*Aug-12*
QI 14b	Guidance and alerts	Implementation of Safety Alerts within required timescales		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			Amber		Amber	↔			*Aug-12*
QI 15b	Themed Review	Thematic Reviews: Risk Management		Monthly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.					Amber				*Jun-12*
Domain:		**CQUINs**														
QI 20i	CQUINs	Measuring Outcomes		Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Red				*Aug-12*
QI 20l	CQUINs	Adult ADHD		Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Red				*Aug-13*

NHS Cambridgeshire and NHS Peterborough
working in partnership

MEETING: **PCT CLUSTER BOARD MEETING IN PUBLIC**

AGENDA ITEM: **3.3**

MEETING DATE: **5 DECEMBER 2012**

TITLE: **PERFORMANCE REPORT**

FROM: **ALAN MACK**
DIRECTOR OF CORPORATE DEVELOPMENT & PERFORMANCE

FOR: **INFORMATION AND ACTION**

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1 PURPOSE AND KEY ISSUES:

The purpose of this report is to brief the Committee on progress against the key Cambridgeshire and Peterborough performance deliverables in 2012/13 and contract notices being applied to service providers.

The Appendix contains a dashboard on the 2012/13 service performance indicators for each of the following organisations:

- Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
- NHS Cambridgeshire (NHSC)
- NHS Peterborough (NHSP)
- Cambridge University Hospitals NHS Foundation Trust (CUHFT)
- Hinchingbrooke Health Care NHS Trust (HHCT)
- Peterborough and Stamford Hospitals Foundation NHS Trust (PSHFT)
- Papworth Hospital NHS Foundation Trust (Papworth)
- Cambridgeshire Community Services NHS Trust (CCS)
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

The dashboard integrates key Performance Indicators and Quality and Patient Safety indicators into a single dashboard which will be used at both the Finance and Performance Committee and the Quality and Patient Safety Committee.

The dashboard only shows those areas where performance is below required levels, however, information relating to all indicators is available upon request.

The indicators either cover the population of NHS Cambridgeshire (NHSC) or NHS Peterborough (NHSP) as Commissioners or they cover all patients for one of the main provider contracts as outlined above. Aggregated Cambridgeshire and Peterborough indicators do not yet include data for patients of Northamptonshire and Hertfordshire practices in Cambridgeshire and Peterborough CCG. This will be dependent on Department of Health (DH) changes to national data flows.

2 PROPOSED CHANGES FOR 2013/14:

In November 2012, “The mandate” was published by the Secretary of State for Health. The mandate establishes the objectives which the NHS Commissioning Board are legally required to pursue. Underpinning the mandate, a revised NHS Outcomes Framework has also been published, providing the technical indicators that will be used to assess performance across the NHS.

In addition to these two documents, a draft consultation on the NHS Constitution has been published which amends the access rights for patients (waiting times) and introduces additional patient rights on areas such as mixed sex accommodation.

To reflect these changing amendments, the performance report will be reviewed between now and February to better report the indicators in these key documents. It is also proposed that a summary of how well the CCG is performing against these requirements is added to inform the committee and the CCG Governing Body of overall progress.

In this performance report, the indicators that are referenced in the NHS Constitution will be highlighted using the NHS Constitution logo. Indicators that are referenced in the NHS Outcomes Framework will be highlighted using the Outcomes Framework logo. This is intended to help members understand the indicators.

THE NHS CONSTITUTION
the NHS belongs to us all

3 KEY POINTS

3.1 Areas for improvement

Each table below highlights areas where performance has not been as required and provides further detail on the reasons for poor performance and how good performance will be recovered. Areas commented on include:

- Referral to Treatment (RTT)
- Diagnostic Tests
- Cancer Services
- Ambulance Service
- Waits in Accident and Emergency (A&E)
- Choose and Book
- Delayed Transfers of Care
- Smoking Cessation
- Health Checks Received
- Health Care Associated Infections
- Mixed Sex Accommodation
- Stroke Services
- Pressure Ulcers

There are a number of areas where the situation and intelligence on performance has not changed from the previous month and no further information has been provided in this report.

Referral to Treatment (Admitted, non-admitted and incomplete) - Percentage of treatment functions which are not failing the 18 week targets – RED					
Integrated Performance Headline Measure		**Direction of travel**			
		NHSC		**NHSP**	
					
		Worse		**Improved**	
TARGET:		**LATEST PERFORMANCE:**			**PERIOD COVERED:**
			September	*YTD*	
Admitted	90%	**C&P CCG**	89.7%	90.1%	*September 2012*
Non-Admitted	95%		97.6%	97.7%	*September 2012*
Incomplete	92%		96.4%	96.3%	*September 2012*
Admitted	90%	**NHSC**	89.5%	90.3%	*September 2012*
Non-Admitted	95%		97.8%	98.0%	*September 2012*
Incomplete	92%		96.3%	95.9%	*September 2012*
Admitted	90%	**NHSP**	90.7%	90.0%	*September 2012*
Non-Admitted	95%		97.1%	97.4%	*September 2012*
Incomplete	92%		96.7%	96.7%	*September 2012*

REASON FOR POOR PERFORMANCE:

In September, both the CCG and NHSC missed meeting the standard for admitted patients by 0.3% and 0.5% respectively.

In addition, at Commissioner level, seven incomplete pathways waiting in excess of 52 weeks have been recorded. This a reduction from the 14 incomplete pathways over 52 weeks reported in August.

Details of those specialties that have not achieved the standard for September at Commissioner and Provider level are outlined below, by Trust:

CUHFT

Specialty	**% Under 18**	**% Under 18**
Admitted – Target 90%	***Commissioner***	***Provider***
ENT	67.2%	68.9%
Gynaecology	90.6%	87.4%
Neurosurgery	84.8%	86.6%
Plastic Surgery	85.4%	87.2%
Trauma and Orthopaedics	54%	56.6%
Urology	68.3%	72.1%
OVERALL TOTAL	84%	84.3%
Incomplete - Target 92%		
Trauma and Orthopaedics	78.2%	80.3%
Urology	90.1%	89.7%
OVERALL TOTAL	95.2%	95%
Non-Admitted – Target 95%		
ENT	94.2%	95.2%
General Surgery	88%	88.8%
Neurosurgery	93.1%	95%

Trauma and Orthopaedics	82.3%	80.7%
Urology	89.2%	88.2%
OVERALL TOTAL	96.7%	96.6%

Lack of theatre capacity, consultant capacity, backlog of patients and cancelled operations have all contributed to the underperformance against this standard. An action plan is in place, and has been monitored fortnightly by commissioners.

Actions completed have seen the Trust open more theatres for challenged specialties, add to their consultant cohort and outsource work to the independent sector and to other NHS Trusts. Backlog clearance has been happening but the Trust has slipped recovery dates in certain specialties.

PSHFT

The reason for underperformance varies by specialty, although an on-going backlog reduction is visible and actions have been taken in all underperforming specialties which are expected to see backlog reductions complete through November and December and sustainable performance return from January.

Specialty	**% Under 18**	**% Under 18**
Admitted - Target 90%	***Commissioner***	***Provider***
ENT	86.4%	90.2%
General Surgery	78.3%	79.4%
OVERALL TOTAL	91.6%	92.1%
Incomplete - Target 92%		
Gastroenterology	90.5%	90.2%
General Surgery	91.8%	92.7%
OVERALL TOTAL	97%	97.3%
Non-Admitted - Target 95%		
Cardiology	87.7%	89.7%
ENT	92%	93.6%
Gastroenterology	75.9%	80%
General Surgery	92.3%	91.9%
OVERALL TOTAL	96.9%	97%

HHCT

The Trust failed the ENT admitted specialty target. The Trust report that capacity continues to be an issue with visiting consultants.

Specialty	**% Under 18**	**% Under 18**
Admitted - Target 90%	***Commissioner***	***Provider***
ENT	86.8%%	87.8%
OVERALL TOTAL	95.4%	95.3%

Queen Elizabeth Hospital (QEH)

The Trust has not reported any significant issues with Gynaecology, Oral surgery & Gastroenterology. At a Trust level they achieved the standard in these specialities. Urology is always a pressure point for the Trust and does continually require active management in terms of putting on extra clinics as and when demand requires it, although Urology has been met at Trust level.

Specialty	**% Under 18**	**% Under 18**
Admitted - Target 90%	***Commissioner***	***Provider***
Gynaecology	82.1%	90.4%
Oral Surgery	83.3%	90.7%
Urology	85%	90%
Other Specialties	88.5%	91.7%

OVERALL TOTAL	91.9%	93.3%
Incomplete - Target 92%		
Gastroenterology	85%	89.5%
OVERALL TOTAL	96.1%	96.8%

Papworth

The issues at Papworth relate to capacity issues in critical care. During the period July to September 2012 cardiac surgery activity has increased, exceeding plan, yet additions to the waiting list continued at above trend levels so despite the increased activity, the waiting list grew. Additions to the cardiac surgery waiting list in the period May to August 2012 exceeded the activity over the previous two years by 16%.

Critical care continues to be in very high demand, both to service the routine elective cardiac surgery caseload and other areas. This is combined with continued growth in nationally commissioned services which support patients from across the UK, but predominantly from the Midlands and East Area, in areas such as transplant, VAD (ventricular assist device) and ECMO (extracorporeal membrane oxygenation).

Specialty	**% Under 18**	**% Under 18**
Admitted - Target 90%	***Commissioner***	***Provider (provisional)***
Cardiothoracic Surgery	91.5%	87.8%
OVERALL TOTAL	96.4%	93.2%
Incomplete - Target 92%		
Cardiothoracic Surgery	86.9%	87.6%
OVERALL TOTAL	95.8%	94.5%

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

CUHFT

- Commissioners have made clear to the Trust their intention to implement the financial consequences of breaching the RTT Remedial Action Plan in line with the First Exception Report (Clause 47 of Section E). Payment will be withheld until the recovery dates that were proposed by the Trust on 1st October 2012 are met.
- Urology: the Trust believes the increased capacity coming on stream in November will clear the backlog. HHCT continues to be used for 23 hour stay elective surgery. Recruitment solutions have been identified and will begin to come on line toward the end of November. The additional theatre time identified in the "new" theatre will be used by this consultant. A shift of Hand Surgery (day cases) to Princess Of Wales at Ely will also lead to a further 1.5 sessions which have been assigned to Urology.
- Orthopaedic backlog continues to reduce and the Trust is confident it will deliver the standard in January.
- Gynaecology, Plastic Surgery and Neurosurgery: Early intelligence from the Trust suggests the standards were delivered in October 2012.
- Where the Trust has failed to achieve compliance with the standards by the original planned month the contractual consequences are being levied.
- Fortnightly meetings are in place to review progress at an operational level and at an Executive level.

Trust activities for next period on RTT:

- Upper limb cases being sent to the Independent Sector.
- Revised lithotripter service. A capital case has been approved for a 6 month programme.
- CUHFT needs to identify how it will deliver the standard in ENT services.
- Recruitment of two new plastic surgery consultants.
- CUHFT does not yet have a firm plan for delivering the standard in Neurosurgery.

Achievement is dependent on identifying and agreeing additional capacity at other Trusts.

Commissioner/Trust activities for next period on RTT:

- Continue to review and revise the Recovery Action Plan and consider further developments to bring forward recovery and ensure there is a measurable robust plan in place.
- MSK triage service to improve their ability to offer choice to all groups of patients that either have or have not selected CUHFT through reviewing the targeted messages on the waits at CUHFT and through offers of paying for transport for patients to and from alternative providers.
- Strengthening and supporting GPs ability to offer choice through new targeted messages to support GPs in their processes.
- Commissioners need to confirm financial consequences of not meeting the recovery targets in line with the 1st Escalation report. This will need to be implemented from October if, as planned, the Trust does not deliver the standard for Oral Surgery and Neurosurgery. Each specialty will be considered as a milestone for establishing the financial consequences.

For information, September data shows 1 over 52 week wait in Dermatology at provider level. The Trust review longest waiting patients' weekly (30+) as part of their PTL (patient targeted list) discussions and try to ensure no patients reach near 52 week waits. Having recorded this in their incident reporting, CUHFT undertook a full investigation of this case and determined that the referral was received in Oncology, and the notes requested, but no further action was taken to book an appointment. The Trust has confirmed that the patient has not been clinically compromised by the long delay. The treatment is due to be within the next 3 weeks. Oncology have reviewed their process for receipt of referrals and are instigating a stamping system that will help record the different steps in handling the referral: receipt, Triage, action etc. As soon as the GP had made contact, the appointment was booked.

Please note: CUHFT will be reporting the same patient for October – at the time of submission it was thought the patient had attended for treatment, but the patient was unwell on the day and had to cancel. The patient is now booked for the 27th November.

PSHFT

- ENT – this issue is close to resolution – more significant backlog reduction earlier in the year, and commissioner performance delivered by PSHFT in August was 90%, but has fallen back in September to 86.4%. The Trust planned to outsource some paediatric ENT in October, and the unconfirmed October position was >90% for admitted ENT.
- General Surgery – There has been an on-going plan to reduce the General Surgery backlog, for both admitted and non-admitted pathways. On 1st October a new consultant commenced work with the Trust, adding capacity of 5 lists per week. The admitted backlog on 1st November was 53 patients, 42 of whom were dated in November. Combined with other dated patients who will be >18 weeks when they come in during November, the Trust is expecting 90 breaches for the month, which will be approximately 70% admitted performance for the month. Non-admitted backlog is also reducing, and performance continues to reflect this. From the actions already taken and the Trust's estimate of November and December performance, it is expected that admitted 90% and non-admitted 95% will be delivered in January, following the conclusion of backlog reductions in November and December. A documented backlog clearance trajectory for both elements was requested on 1st November, which will be monitored through to conclusion with a contract query raised if that backlog clearance trajectory is not delivered.
- Cardiology – There are 15 non-admitted patients >18 weeks at PSHFT as at 1 November, which has reduced from 40 six weeks ago. 12 of these patients have dates in November. 10 of the backlog patients relate to diagnostic delays in conjunction with Papworth. The two Trusts have undertaken work to improve communications and the efficiency of the pathway, and the issue appears to have improved. The tail of long waiters is reducing, with 23 patients currently between 14 and 18 weeks, of whom 20 have appointments in November. A backlog clearance trajectory was requested on 1st November, which will be monitored through to conclusion with a contract query raised if that backlog clearance trajectory is not delivered. The trajectories have been delayed by the Trust as they attempt to ensure that the trajectories are accompanied by

robust plans. The Trust expectation is to have the backlog in a sustainable position by the end of December, with >95% from January onwards.

- Gastroenterology – non-admitted backlog is currently 20 patients, with 15 between 14 and 18 weeks. The issue has been one of capacity and new pathways are in development for the end of November. A backlog clearance trajectory has been requested on 1st November (see above), which will be monitored through to conclusion with a contract query raised if that backlog clearance trajectory is not delivered.

NOTE – T&O has been highlighted by PSHFT as at risk for October and November. While the overall waiting list is under control, there has been an issue within the MSK pathway in Peterborough, specifically the community triage service provided by CCS at the City Care Centre. This has caused a number of late onward referrals into secondary care (sometimes already >18 weeks). PSHFT has worked with CCS to identify the issues and CCS is understood to have resolved them, so the on-going problem is reducing, but PSHFT are continuing to deal with the 'late' referrals, which will come through in reported performance over the next month or two. The Commissioning and Contracting team is meeting with CCS to satisfy itself that issues have been resolved, and will seek to understand what contractual levers exist over this situation, and what should be built into future contracts.

For information, as of 1st November, there were no 52 week waits at PSHFT – the longest was understood to be approximately 38 weeks. With the weekly long waiter review meetings, from a properly validated starting point, a 52 week wait should not now be possible without the Trust senior management knowing about it a significant time in advance.

HHCT

Actions to improve performance are as follows:

- An ENT Business Case has been agreed for a full time Associated Specialist. The Trust have scheduled a recruitment planning meeting for this post on 6th November.
- An ENT Locum is currently in place and will continue to clear the backlog until the Associate Specialist post has been recruited to.
- The Trust is closer to resolving Service Level Agreement challenges with CUHFT. A further update is to be provided at November's Combined Technical and SPRG Meeting on 29th November.
- Monthly breach reports are received and closely monitored with the Trust.
- The Trust has seen an increase in the number of incomplete non-admitted pathways due to validation not being undertaken during periods of annual leave. This has now been addressed and has to reduce. The Trust report that going forward, the plan is to have all the Clinical Business Units doing validation and they should see even more of a decrease in the number of incomplete pathways over 18 weeks. A Trust training plan for this to happen is currently being developed.

September data shows 4 over 52 week waits (2 in Ophthalmology, 1 in Urology and 1 in Other). The 4 patients are all incomplete pathways. All 4 patients are on elective waiting lists and have adjustments on the system. This happened due to HHCT allowing some patients to delay their pathways longer than they should have. Some of these patients have now being removed from the waiting list; others are dated and will be under 18 weeks when they do come in.

HHCT are going through an administrative review which includes a review of their access policy and all of their processes. As part of the review a number of staff are being realigned to units and alternative jobs including the 18 week tracker. As a result they are reviewing the process of validating 18 week pathways. In order to ensure a more robust system is in place, this work will be transferred to the clinical units. This will allow them to take control and validate their own pathways. However, as part of this work, the IT system is also being looked at to try and simplify the process. This will take some time to review and implement and will require considerable training. HHCT have assured the PCT that all clinical units are monitoring their waiting lists on a regular basis.

Queen Elizabeth Hospital (QEH)

The Trust has not reported any significant issues with Gynaecology, Oral surgery & Gastroenterology. Extra Urology sessions are put on as demand requires it, but as these specialties are met at Trust level, QEH have not outlined any specific actions at this stage. QEH have advised that very small patient numbers are involved. The PCT have gone back to the Trust to seek further information and are awaiting a response.

Papworth

The SCG (Specialist Commissioning Group) is the host commissioner for Papworth and issued a contract query on 12th October. The Trust has responded with an excusing notice, and has recently updated their RAP. The Trust is continuing to work on capacity issues in the short, medium and longer term. This includes outsourcing and considering further capacity on the Papworth Everard site prior to the planned move to Cambridge. The Trust has now commissioned 5 offsite beds and is close to starting to deliver a contract for 150 surgical cases offsite. There are also measures to increase critical care capacity onsite, and expand level 1 (High Dependency Unit) capacity.

For information, September data shows there are 7 patients at a Commissioner level waiting over 52 weeks. Nottingham University Hospitals NHS Trust are responsible for the out of area long waits (2 x Trauma and Orthopaedics). For this reason whilst the Cluster strives for zero tolerance at Commissioner level, it is possible that an out of area provider could lead to the Cluster incurring further breaches at Commissioner level.

RECOVERY DATE:

CUHFT

A RAP is being updated on a fortnightly basis:

- Gynaecology, Plastic Surgery and General Surgery will be compliant by October 12.
- Neurosurgery is likely to be compliant in October but on a sustained basis from January 2013.
- There is no recovery date for ENT as CUHFT cannot secure additional capacity inside or outside CUHFT to treat patients on the thyroid waiting list. On 1st October CUHFT proposed that they would deliver by November and consequently, Commissioners will implement financial consequences if this is not met.
- Urology will be compliant by December 2012.
- Orthopaedics will be compliant by January 2013.

PSHFT

Cardiology, Gastroenterology and General Surgery performance relating to admitted, non-admitted and incompletes is expected to be above required levels from January onwards, with on-going backlog clearance through to the end of December. ENT is expected to improve ahead of this with unconfirmed NHSP October performance >90% for admitted and >95% for non-admitted.

Papworth

The Trust still has a significant backlog but it is hoped this performance can be recovered by March 2013.

Number of Patients waiting 6 weeks + for 15 key diagnostic tests - RED		
Local Performance Measure	**Direction of travel**	
	NHSC	**NHSP**
THE NHS CONSTITUTION the NHS belongs to us all	↑	↑
	Improved	**Improved**
TARGET: 0	**LATEST PERFORMANCE:**	**PERIOD COVERED:**

C&P CCG	**Year to date: N/A**	**C&P CCG**	**65**	*September 2012*
NHSC	**Year to date: N/A**	**NHSC**	**62**	*September 2012*
NHSP	**Year to date: N/A**	**NHSP**	**3**	*September 2012*
% of Patients waiting 6 weeks + for 15 key diagnostic tests - GREEN				
TARGET: < 1%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: N/A**	**C&P CCG**	**0.6%**	*September 2012*
NHSC	**Year to date: N/A**	**NHSC**	**1%**	*September 2012*
NHSP	**Year to date: N/A**	**NHSP**	**0.2%**	*September 2012*

REASON FOR POOR PERFORMANCE:

For September, the national standard of less than 1% of patients waiting 6 weeks + for key diagnostic tests was met for all areas of the CCG and the component PCTs. However the local requirement for 0 over 6 week waits was not achieved.

At provider level, Papworth, QEH and Hinchingbrooke were non-compliant with the national standard. August data shows that Papworth were over target with 5.5% of patients waiting more than 6 weeks (and provisional data for September suggests this has worsened), HHCT were also over target for August with 2.8% of patients waiting more than 6 weeks (with provisional September data showing a similar figure), and QEH were over target for August with 1.9% of patients waiting over 6 weeks (provisional September data indicates an improvement but the target was still just missed).

For NHSC, 62 patients were waiting more than 6 weeks as outlined in the table below:

	CUHFT	Fitz-william	Gloucester-shire	HHCT	Papworth	QEH	**TOTAL**
Audiology				2			**2**
Cardiology echocardiography	1				2	5	**8**
Computed Tomography				3			**3**
Colonoscopy			2				**2**
Cystoscopy	1	1		2			**4**
Magnetic Resonance Imaging (MRI)	2			4	18		**24**
Non Obstetric Ultrasound	1			18			**19**
TOTAL	**5**	**1**	**2**	**29**	**20**	**5**	**62**

For NHSP there were 3 breaches: 2 MRI breaches at PSHFT and 1 MRI breach at Papworth.

The PSHFT breaches were related to complex paediatric cases requiring general anaesthetic MRI, which reduces capacity from approximately 8 patients per session to around 3 (due to the additional time to set up equipment to monitor the sedated patient, which is safe for the MRI environment). There is currently a question over whether this type of diagnostic can realistically be done with the capacity at the Trust, or whether these cases need to be referred to specialist centres.

It is anticipated that there will be a couple of further breaches for October. As highlighted above, the issue relates to complex paediatric cases requiring general anaesthetic. These cases take up a disproportionate amount of capacity, and the Trust is looking to whether it is viable to perform them in the long term (not all District General Hospitals do paediatric MRIs or paediatric MRIs with general anaesthetic). Resolution will either be finding a more efficient way to do them, or diverting all such cases to a specialist centre. The question that needs to be considered is where and what will the impact be on performance at that location. This is ongoing.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL

ACTIONS HAVE BEEN TAKEN?

NHSC

The reasons for the breaches at NHSC and the remedial actions taken are outlined below.

HHCT

- *Computed Tomography (CT)* - 3 breaches occurred, 1 was due to patient choice and 2 were due to administrative errors (the patients should have been removed from the system before the end of the month).
- *MRI* - 4 breaches occurred due to hospital delays. 1 was due to a capacity issue, another was due to the patient having another procedure. HHCT have been asked to provide reasons for the other 2 breaches and a response is awaited. All patients have now been seen.
- *Non Obstetric Ultrasound* – there were 18 breaches in total, 14 were due to hospital delays (10 patients have been seen and 4 do not have an appointment at present - HHCT have been asked to provide further details regarding the 4 patients without an appointment and a response is awaited), 2 were due to patient choice and 2 were due to administrative errors (the patients should have been removed from the system before the end of the month). HHCT have been asked to provide details of the action being taken in relation to Hospital Delays and a response is awaited.
- *Cystoscopy* – there were 2 breaches: one patient had a polypectomy so was a treatment, the other was patient choice but hadn't been put on the system. The refusals have now been added and both patients have now been seen.
- *Audiology* - there were 2 breaches and both patients have now been seen. This was due to staffing issues as a member of staff had left who has not yet been replaced. This issue should be rectified once the new member of staff is in place.

Requests for Ultrasound examinations are far in excess of planned levels and despite putting on additional capacity, this is proving to be a problem, particularly Vascular ultrasound where the Trust only has one person trained to do them. The Cluster has requested further details from HHCT with regard to the action being taken to resolve this issue and a response is awaited.

A business case to expand CT and MRI capacity will be going to the Senior Management Team.

The PCT is seeking assurance that the Trust is working to bring this standard back in line and required the Trust to provide a RAP and improvement trajectory by close of play 02.11.12. This has not yet been received but the Trust have advised that the RAP will be provided by 23rd November.

QEH

Cardiology echocardiography – 5 breaches occurred. QEH has operated some additional sessions and will continue to do so to meet demand. They expect these cardiology issues to have been resolved in October's figures.

Papworth

With regard to the MRI breaches, in September the Trust commenced running late lists three evenings a week. In addition a business case is being written for additional Radiology staff to ensure sustainability of the activity. In terms of Cardiology echocardiography, Papworth are currently setting up additional weekend slots to deal with the demand. They are also working on a recruitment plan and a 5th echo room to meet demand. NHSC has requested that in future, this indicator is included in Papworth's monthly performance reports.

CUHFT

In last month's report, it was highlighted that there had been an increase in DEXA breaches at CUHFT. This was an error on the part of the services. The Trust has proposed (as a business case for 2013/14) that the data dictionary allows them to charge for scans on individual areas, such as lumbar and hip. These are often done at the same appointment but recorded as one scan. The proposal has not yet been agreed, but the Service had started to record all the second scans. This

has now been corrected in the monitoring, but cannot be corrected in the breach data.

NHSP
NHSP met the national standard.

RECOVERY DATE:

- QEH – October 2012.
- HHCT – the RAP is due to be submitted on 23rd November which will include recovery dates so a verbal update can be provided at the meeting.
- Papworth – the Trust has been asked to provide a recovery date and their response is still awaited.

Maximum 2 week wait from an urgent GP referral for suspected cancer to date first seen for suspected cancers – RED

Integrated Performance Headline Measure		**Direction of travel**		
		CUHFT		
		↓		
		Worse		
TARGET: 93%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
CUHFT	**Year to date: 93.5%**	**CUHFT**	**92.3%**	*September 2012*

REASON FOR POOR PERFORMANCE:

The Trust has not achieved the target for September, achieving 92.3%. 60% of all breaches were due to patient initiated delay and the other breaches were due to outpatient capacity in Upper Gastro Intestinal (GI). The Cluster have requested further details regarding the number of patient initiated delays and are awaiting a response.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

With regard to Upper GI, an extra weekly list has been added from November – this is also being discussed at the Clinical Interface Group on 14th November.

A revised Remedial Action Plan dated 5th November has been received.

Patient choice is being addressed by Primary Care, with GP's being encouraged to reinforce the importance of the 2 week wait timescales when booking/referring the patients. If a patient cannot make themselves available for an appointment within two weeks despite having been given appropriate information, it is technically possible for a GP to defer making the referral until the patient is available for referral – however, a provider cannot refuse a referral.

RECOVERY DATE:

November 2012

All patients receiving their first definitive treatment for cancer within one month (31 days) of a decision to treat – RED

Integrated Performance Headline Measure	**Direction of travel**	
	NHSC	**NHSP**
THE NHS CONSTITUTION the NHS belongs to us all	↓	↓
	Worse	**Worse**
TARGET: 96%	**LATEST PERFORMANCE:**	**PERIOD COVERED:**

C&P CCG	**Year to date: 97.7%**	**C&P CCG**	**95.3%**	*September 2012*
NHSC	**Year to date: 97.5%**	**NHSC**	**95.1%**	*September 2012*
NHSP	**Year to date: 98.6%**	**NHSP**	**95.8%**	*September 2012*
CUHFT	**Year to date: 96%**	**CUHFT**	**95%**	*September 2012*

REASON FOR POOR PERFORMANCE:

CUHFT
7 breaches were due to patient choice and 1 was due to an administrative delay whereby the patient was booked to the 62 day breach date and not the 31 day breach date.

NHSP
2 patients (head and neck and lower GI) were involved in this breach of standard. Both surgical patients were at PSHFT and RCA are being carried out.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

CUHFT
The administrator has been retrained and a revised RAP dated 5th November has been received.

NHSP
All RCA outcomes will be discussed with the cancer manager for Going Forward on Cancer Waits at PSHFT. Progress against outstanding/required actions will be monitored via the Peterborough Cancer Board later in November.

RECOVERY DATE:

CUHFT – December 2012
PSHFT – December 2012

All patients receiving their subsequent surgical treatment for cancer within one month (31 days) of a decision to treat – RED

Integrated Performance Headline Measure		**Direction of travel**		
		CUHFT		
THE NHS CONSTITUTION the NHS belongs to us all		⬇		
		Worse		
TARGET: 94%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
CUHFT	**Year to date: 94.9%**	**C&P CCG**	**91.1%**	*September 2012*

REASON FOR POOR PERFORMANCE:

CUHFT failed Quarter 2 at 93% and failed September at 91.1%.

There were 3 Skin breaches due to Patient Choice and 5 Urology breaches due to Theatre Capacity.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

For Urology, CUHFT are working on increasing both manpower and theatre time but the recruitment is difficult. It is anticipated that the target won't be met for October due to continued capacity issues; however an extra day in theatres will be available from November.
A revised RAP dated 5th November has been received.

RECOVERY DATE:

December 2012

All patients receiving their first definitive treatment for cancer within two months (62 days) of a GP or dentist urgent referral – RED				
Integrated Performance Headline Measure		**Direction of travel**		
		NHSC		**NHSP**
THE NHS CONSTITUTION the NHS belongs to us all		⬇		⬇
		Worse		**Worse**
TARGET: 85%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 84.2%**	**C&P CCG**	**81.8%**	*September 2012*
NHSC	**Year to date: 83.7%**	**NHSC**	**82.1%**	*September 2012*
NHSP	**Year to date: 86%**	**NHSP**	**80.8%**	*September 2012*
CUHFT	**Year to date: 79%**	**CUHFT**	**81%**	*September 2012*
HHCT	**Year to date: 86.5%***	**HHCT**	**80%***	*September 2012**

REASON FOR POOR PERFORMANCE:

**Provisional figures*

The standard was not met for September across the cluster. CUHFT & HHCT failed Quarter 2 with 80.8% and 83.2% respectively.

CUHFT

There were 6 breaches due to complex diagnostic pathways, 7 post 62 day referrals (5 have been agreed so far, 1 is outstanding and 1 was refused by West Suffolk Hospital and is being escalated by the CUHFT Director of Operations to their counterpart at WSH), 1 capacity issue in HPB (Hepato-Pancreato-Biliary) and 6 Post SSG (Site Specific Group) guideline referrals (none agreed for re-allocation).

HHCT

There were 3 breaches (1.5 Urology and 1.5 Lung). The Urology breach was due to one 27 day wait for a TRUSP and the lung breach was due to one 24 day wait to see an Oncologist.
The urology patient was classed as a complex patient and needed a course of treatment before surgery. The urology breach was shared with CUHFT.

NHSP

This involved 5 patients as follows: 1 delay in PET CT (Positron Emission Tomography Computed Tomography) scan availability at tertiary centre, 1 x patient choice, 1 patient was medically unfit, 1 x drug treatments (at PSHFT) with RCA being completed and 1 x post 62 day referral from PSHFT to CUHFT which was also a complex case. CUHFT is to complete RCA with PSHFT and share learning (as part of the Anglia Cancer Network inter-provider trust policy).

The table below provides details of the percentage of patients seen within target for September at tumour type level:

Tumour Type	*C&P CCG*	*NHSC*	*NHSP*
Breast	93.8%	91.7%	100%
Gynaecological	100%	100%	100%
Haematological (excl. acute Leukaemia)	87.5%	83.3%	100%
Head & Neck	40%	66.7%	0%
Lower Gastrointestinal	86.7%	88.9%	83.3%

Lung	73.3%	75%	66.7%
Other	100%	100%	100%
Sarcoma	100%	100%	100%
Skin	92.3%	91.2%	100%
Upper Gastrointestinal	75%	85.7%	0%
Urological (excl. testicular)	67.9%	64%	100%

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

CUHFT

HPB – Extra lists are being arranged in November. A new room is to be created by November to increase capacity further. Work from the current room will be moved to the new room and this will result in a further increased capacity. Work to be completed and handed over in January 2013.

In terms of Endoscopy, 2 new rooms are now complete giving an extra 6 sessions during the week and another 3 at weekends.

HHCT

The Trust are working on a business case for an extra Oncologist that will increase capacity. They are waiting for the Job Description to be finalised before they go out to advert.

NHSP

All RCA outcomes will be discussed with the cancer manager for Going Forward on Cancer Waits at PSHFT. Progress against outstanding/required actions will be monitored via the Peterborough Cancer Board later in November. A RAP will be requested for non-achievement and the RCA feedback will also be discussed at the Cancer Board meeting on 22nd November.

RECOVERY DATE:

- CUHFT - by Quarter 4
- NHSP – December 2012
- HHCT – The Trust has been asked to provide a recovery date and their response is awaited.

East of England Ambulance Service (EEAST):

- **Category A calls within 8 minutes**
- **Category A calls within 19 minutes**

Integrated Performance Headline Measure **Data covers all Commissioners in the East of England** THE NHS CONSTITUTION the NHS belongs to us all	**Direction of travel**	
	NHSC	**NHSP**
	↓	↓
	Worse	**Worse**

TARGET: **Cat A Calls within 8 minutes: 75%** **Cat A Calls within 19 minutes: 95%**		**LATEST PERFORMANCE:**	**PERIOD COVERED:**
8 minutes	**Year to date: 75.2%**	**72.7%**	*September 2012*
19 minutes	**Year to date: 94.4%**	**92.8%**	*September 2012*

REASON FOR POOR PERFORMANCE:

EEAST Performance across the whole region suffered in September. This poor performance has

been contributed to, across the region, by Ambulances being delayed at Hospitals whilst trying to hand patients over. This mainly affected the rural areas, as when EEAST vehicle resources are responding to/conveying a patient, the resource is no longer available for dispatch. Another issue has been with the Trusts unit hour production, for staffing of shifts. There have been issues on specific days, in different sectors, where it has been hard to ensure full coverage. Activity in the Northwest Sector (Cambridgeshire and Bedfordshire) has seen a rise, above the expected levels. This has also been a factor in performance, as the rurality of much of the patch puts extra difficulty into achieving response times.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

- The Trust is working with commissioners and all acute Trusts to try and limit the impact hospital delays have on their ability to respond.
- EEAST have been undertaking rota reviews to ensure that their workforce planning is as effective as possible, considering the match of demand against supply of responders. This is part of a wider unit hour production review.
- EEAST have submitted a recovery trajectory for the Category A 19 minute target to commissioners, which is being monitored by the Ambulance commissioning team from NHS Norfolk and by other commissioners at the Consortium Operations Group.

RECOVERY DATE:

Category A 19 minute standard is under pressure for year-end failure. The Trust has an active recovery plan that is being monitored by the Consortium.

Four hours maximum stay in the A&E department – AMBER

Integrated Performance Headline Measure	**Direction of travel**	
	NHSC	**NHSP**
THE NHS CONSTITUTION the NHS belongs to us all	↓	↑
	Worse	**Improved**

TARGET: 95%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 96.4%**	**C&P CCG**	**97.5%**	*October 2012*
NHSC	**Year to date: 96.1%**	**NHSC**	**96.5%**	*October 2012*
NHSP	**Year to date: 96.6%**	**NHSP**	**98.5%**	*October 2012*
CUHFT	**Year to date: 94.5%**	**CUHFT**	**96.2%**	*October 2012*
HHCT	**Year to date: 98.4%**	**HHCT**	**95.6%**	*October 2012*
PSHFT	**Year to date: 93.8%**	**PSHFT**	**97.3%**	*October 2012*

REASON FOR POOR PERFORMANCE:

The standard was delivered across all areas in October. At a year to date level, CUHFT and PSHFT have not yet recovered.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

CUHFT have been working to the action plan and have made significant steps in resolving issues within the department and its relationships/flows to the rest of the Trust. A new Acute Medicine Rota was implemented in October, which reduced the number of clinicians responsible for overseeing the flow but also increased their presence within the department.
The Trust has performed well, despite a major incident in October, which saw a water main burst in the Emergency Department.

RECOVERY DATE:

For CUHFT it is forecast that the YTD position will be recovered in November and maintained

throughout the remainder of 2012/13.
PSHFT met the standard for October.

GP referrals to first OP appointments booked using Choose and Book – RED				
Local Performance Measure		**Direction of travel**		
		NHSC		**NHSP**
				
		Improved		**Improved**
TARGET: 90%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 45.4%**	**C&P CCG**	**46.5%**	*October 2012*
NHSC	**Year to date: 74.3%**	**NHSC**	**74%**	*October 2012*
NHSP	**Year to date: 16.4%**	**NHSP**	**19%**	*October 2012*

REASON FOR POOR PERFORMANCE:

Reasons for poor performance have been highlighted in previous reports and the issues remain the same.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

Actions have been highlighted in previous reports and are continuing. Additional actions are as follows:

- CUHFT Named Clinicians – One clinician continues to remain outstanding for the Hepatology Service. The Trust continues to emphasise the importance of linking the named clinician to the service which is a national and contractual requirement.
- Advice and Guidance (A&G) – CUHFT: No further data has been provided since the last meeting on the 10th October. Figures were included in the October report.
  Evaluation to Date:
  - Requests continue to increase each month (68 in August, 107 in September).
  - 58 practices are using the system with requests to 25 different specialties.
  - 55 requests were converted to appointments (18 June – 30 Sept: 25% conversion rate).
  - Turnaround time averaged 10 days in September, ranging from 3 to 23 days.
  - Turnaround times to be circulated to operation managers and clinical leads with a reminder that optimal response is 5 days, up to a maximum of 10 days. The Choose and Book (C&B) Manager reported if timely responses were not achieved this may result in disengagement of using the A&G option.
  - A reminder has been sent to practices informing them A&G is for new patients and not for existing patients who are already in the system.

  Paper requests are under-reported and data is unreliable as it depends on accuracy of manual records. The Trust have sent a reminder to lead secretaries informing them to record paper advice requests and return monthly.
  The C&B Manager has submitted a request to the National Team for Assessment to allow A&G to be used through the integrated clinical system.
  Practices are currently required to use the web based version of C&B which is additional work. The request was agreed at the Regional C&B User Group Meeting on the 12th November, the process takes approximately 18 months for changes to be made.
- PSHFT have confirmed (since going live with A&G on the 28th September) that a total of 53 A&G requests have been received of which 13 have converted into appointments. A breakdown of specialties has been provided. A total of 17 practices have used A&G. This number would be higher if all Peterborough practices were engaged.
- HHCT have confirmed 74 A&G requests however, HHCT are saying they are unable to retrieve how many went into 1st OPA (Outpatient Appointments) so the C&B Manager has gone back to ask for further information and if necessary, to share learning with CUHFT.
- No further specialties have been published at PSHFT. A meeting will take place on 16th November with the C&B Manager, Connecting for Health and the Ophthalmology consultant in Peterborough to discuss publishing the service on C&B. Referrals are currently sent into the community.

- Appointment Slot Issues (ASI) – With effect from 1st April, providers were expected to achieve the 0.03 slot issues performance target. October ASI performance data shows CUHFT 0.11, HHCT 0.07, QEH 0.20 and Peterborough 0.03 which would be expected as utilisation is poor. Contract Leads need to use contractual measures to improve patient experience.
- HHCT – A revised RAP was received providing dates and outcomes on how HHCT will reduce slot issues and sustainability. The Trust have confirmed they will achieve 0.03 by January.
- Continued on-going efforts with CUHFT to publish their Haematuria service – a meeting has been arranged between GP and Consultant for the 29.11.12 to make a final decision. The concern is how the Trust will manage Haematuria routine referrals. There are significant cost differences, the haematuria clinic is an outpatient procedure. The C&B Manager has fed back that a haematuria clinic is available on C&B and could be published.
- C&B Performance showed that in August, 892 referrals had been deferred due to no appointments available out of which only 792 had been converted into appointments in C&B. September shows a reduction in the number of deferred (508) and booked (356). No further data is available.
- NHSP practice and provider usage continues to remain low, practices continue to raise concerns around using C&B without an incentive payment. 4 practices are showing as not engaged but a number of practices have very low usage. NHSC, as of the 4th November, achieved 1st position in the East of England, Peterborough remains at the bottom with 16%.
- CCS Community MSK Service in Peterborough went live on C&B on 9th November. Teething problems were experienced by practices which have now been resolved.
- Assura Ultra ound service has given notice to NHSC and the last clinic will be on the 4th December. Another provider has been identified. The practice who currently hosts Assura is no longer willing to hold clinics in the practice resulting in the new provider needing to find a new location. Practices are being requested to refer patients locally to CUHFT or to a provider of their choice. Both practice and NHSC performance will be affected as CUHFT do not have their Ultrasound service on C&B. Approximately 316 referrals a month go into the Assura service.
- The Dermatology GPwSI (GP with Special Interest) who holds a clinic at Chesterton Medical Centre will go on maternity leave and her last clinic will be held on the 20th December - this will affect dermatology capacity which already continues to struggle and will result in further demand on CUHFT.
- The C&B manager and Head of IT are working together to identify services which will require moving to their own ODS codes. This work needs to be completed by the end of December.
- CCS have confirmed that they will be appointing a C&B Manager to fulfil the contract requirements regarding C&B.

RECOVERY DATE:

As discussed at last month's meeting this will be dependent on local response to national policy, following the closure of the current national consultation on Choice. The response has not yet been published.

Delayed transfers of care from hospitals (No. of patients per 100,000 population over 18 years old) – RED

Local Performance Measure		**Direction of travel**		
		NHSC		**NHSP**
		↑		↓
		Improved		**Worse**
TARGET: **C&P CCG – 9 NHSC - 10 NHSP - 6**		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 13.2**	**C&P CCG**	**15.5**	*September 2012*
NHSC	**Year to date: 15.9**	**NHSC**	**18.3**	*October 2012*
NHSP	**Year to date: 4.7**	**NHSP**	**4.6**	*September 2012*

REASON FOR POOR PERFORMANCE:

Strategic domiciliary care providers have been identified to work alongside the county council and provide statutory home care. People currently having domiciliary care from providers who did not

win the tendering contract are having to switch to the strategic providers. This is causing uncertainty and reduced confidence in the market. There are delays waiting to access domiciliary care from both NHS community services and acute hospitals - this situation remains the same from last month.

Whilst waiting for new resources to become operational, reablement delays continue.

Assessment delays are substantial at CUHFT. They have not yet updated the assessment process. This will be in place once reablement capacity is in place. CUHFT is in discussion with the provider of their electronic discharge planning tool to get all relevant changes to the assessment forms made as soon as possible.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

The new strategic domiciliary care providers are continuing to run recruitment programmes. The county council contract team are meeting with providers to begin to help then pick up care packages from around specific locations which should help release capacity and improve productivity by keeping providers in one geographical area.

The CCS discharge planning team were seconded to CUHFT on the 3rd September and are working on work streams to reduce delays in the assessment and allocation to discharge pathway.

Reablement recruitment is underway. CCS City and South team have recruited 26 people. They had two interview days during the week commencing 8th November and all 32 whole time equivalent (wte) staff have been recruited. 10 have started and are working, 14 are awaiting training at the end of November and can then start practicing and 8 still having paperwork to be completed and once they have had their training in early December, they will be operational.

CCS Huntingdon reablement team needed to recruit 12 wte staff and have recruited 5. They have interviews week commencing 26th November to interview for the remaining 7 posts.

CCS East Cambs & Fenland reablement team need to recruit 16 staff. 8 wte staff are need in Ely and 6 have been recruited. 8 wte staff are need in Fenland and interviews for these posts are taking place week commencing 26th November. They will also look for the last 2 Ely posts in this round of interviews. The PCT is working with the team in East Cambs and Fenland to understand how many patients are currently discharged home directly from QEH with domiciliary care and will then do calculations on this to show what the required resource is in reablement to support this cohort.

The Inpatient community rehabilitation pilot at Cambridge Nursing Centre (CNC) has been evaluated and a business case developed which awaits review by the CCG governing body. CNC have recruited an additional nurse and new ward manager and CCS are currently recruiting to the therapy assistant and Occupational Therapist post. The CCG are to give confirmation as soon as possible for on-going funding so these positions can be confirmed.

HHCT and partners are working on a proposal to open up a unit on the HHCT site to act as a step down facility for those requiring short term reablement in an inpatient setting prior to going home or for those waiting to access long term care placement. Costings, plans and staffing arrangements for this model are being planned with a view to opening this facility in January 2013.

RECOVERY DATE:

January 2013

Number of smoking quitters – RED		
Local Performance Measure	**Direction of travel**	
	NHSC	**NHSP**
	↑	↑

		Improved		Improved
2012/13 TARGET: **C&P CCG: 5348** **NHSC: 3914** **NHSP: 1434**		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**September target: 426**	**C&P CCG**	**362**	*September 2012*
NHSC	**September target: 326**	**NHSC**	**240**	*September 2012*
NHSP	**September target: 100**	**NHSP**	**122**	*September 2012*
REASON FOR POOR PERFORMANCE:				
For NHSC there is an on-going issue of decreased throughput in all the services. The impact of e-cigarettes has been confirmed as a reason for the low number of quitters across the country by the Department of Health (DH). E-Cigarettes continue to be an issue. These are not approved by NICE and are being promoted widely in pharmacies and other outlets. Local feedback to services indicates that they are having a negative impact on the uptake of Stop Smoking Services. Considerable efforts are being made with pregnant smokers but quit numbers remain relatively low. NHSP met the target for September.				
HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?				
The NHSC focus is on increasing service throughput. The national DH "Stoptober" campaign was used to launch additional media activities and promotional activities supported by extra clinics. The Making Every Contact Count (MECC) initiative is producing additional referrals to the Stop Smoking Service from HHCT and CCS. These should increase in Quarters 3 and 4 as more staff become trained. GP practices and community pharmacies are being given additional support with service promotion and help to offer more group sessions. Additional resources are being channelled into promotion as there appears to be a need to increase the engagement of smokers through on going awareness raising of the issues and available services. NHSP has been focusing on working directly with GPs and Pharmacies to improve their activity and subsequent quit rates. Each practice/pharmacy has now been visited and NHSP are seeing a gradual improvement towards their individual targets. The "Quit Manager" has now been in place since the beginning of August and the 'live' data has ensured that NHSP can respond quickly to any issues regarding data recording across NHSP services. NHSP have also delivered a very successful local 'Stoptober' campaign which achieved 366 referrals and the expected impact will be seen in October, November and December data. This will be followed up with a campaign for January and March to achieve the projected trajectory expectations. An interim review of the service will also be completed in November with clear recommendations on future delivery of the service to ensure cost effectiveness and maximum outcomes.				
RECOVERY DATE:				
NHSC - Partial recovery is anticipated in Quarter 3 but it will take until Quarter 4 to fully compensate for the downturn in performance experienced in Quarter 1. NHSP - November 2012 should see a significant improvement.				

Health checks received – RED		
Local Performance Measure	**Direction of travel**	
	NHSC	**NHSP**
	↑	↓
	Improved	**Worse**
2012/13 TARGET: **NHSC: 26959** **NHSP: 5160**	**LATEST PERFORMANCE:**	**PERIOD COVERED:**

NHSC	**September target: 2202**	**NHSC**	**2219**	*September 2012*
NHSP	**September target: 430**	**NHSP**	**367**	*September 2012*

REASON FOR POOR PERFORMANCE:

As highlighted in previous reports, with regard to NHSP, the Service Level Agreements for all practices to participate in the 2012/13 programme did not go out to practices until May therefore practices were not aware of the targets and performance required. Practices have now commenced programmes to achieve targets.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

For NHSP, an action plan is being developed and the actions highlighted in last month's report are being taken forward. NHSP are arranging visits with practices to discuss performance.

A recovery plan was implemented in July to bring all practices back on target by the end of the second Quarter. This will not now be achieved but the projection is for practices to regain trajectory by the end of Month 8. NHSP are continuing to work with practices who are under-performing.

RECOVERY DATE:

November 2012

MRSA – RED

Integrated Performance Headline Measure	**Direction of travel**	
	NHSC	**NHSP**
		
	Worse	**Same**

Annual TARGET: C&P CCG 6 NHSC 4 NHSP 2		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 5 (target 6)**	**C&P CCG**	**2 (target 0)**	*September 2012*
NHSC	**Year to date: 4 (target 4)**	**NHSC**	**2 (target 0)**	*September 2012*
NHSP	**Year to date: 1 (target 2)**	**NHSP**	**0 (target 0)**	*September 2012*
CUHFT	**Year to date: 4 (target 2)**	**CUHFT**	**1 (target 0)**	*September 2012*
HHCT	**Year to date: 0 (target 0)**	**HHCT**	**0 (target 0)**	*September 2012*
PSHFT	**Year to date: 1 (target 1)**	**PSHFT**	**0 (target 0)**	*September 2012*
Papworth	**Year to date: 0 (target 1)**	**Papworth**	**0 (target 0)**	*September 2012*

REASON FOR POOR PERFORMANCE:

The CCG, NHSC, and CUHFT all breached their target for September. CUHFT has also breached their Year to date (YTD) ceiling.

<u>CUHFT</u>

The September case was reviewed on 9th November. A number of questions were raised including whether this could have been avoided if there had been more aggressive treatment earlier. The review concluded that this case was avoidable. Further information is available upon request.

A further case was reported in October and findings will be discussed with the PCT at a meeting scheduled for 23rd November. Early signs suggest this was an infected line and therefore avoidable.

<u>NHSC</u>

One case was identified by HHCT (it was the laboratory which identified the MRSA bacteraemia) for September and will be reviewed at a date yet to be set. Early signs are respiratory in nature. (This was a patient with community onset hence an NHSC case.)

One case has been identified by CUHFT for October and will be reviewed. Early indications are a PVL (Panton-Valentine lLeukocidin) strain of staphylococcus aureus which is generally uncommon and related to a pyomyositis (acute or chronic infection of skeletal muscle).

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

CUHFT

The patient was recently due for discharge and the GP will receive significant information around continuing care and follow up, including antibiotics for a further 6 weeks and continual decolonisation to avoid the risk of redeveloping infection.

RCAs are undertaken on every case for all providers and actions are taken accordingly.

RECOVERY DATE:

- CUHFT have exceeded their annual target.
- NHSC have now reached their annual ceiling.

Clostridium Difficile infections – RED

Integrated Performance Headline Measure	Direction of travel	
	NHSC	NHSP
	↓	↑
	Worse	Improved

Annual TARGET: C&P CCG 132 NHSC 103 NHSP 29		LATEST PERFORMANCE:		PERIOD COVERED:
C&P CCG	**Year to date: 81 (target 71)**	**C&P CCG**	**14 (target 11)**	*September 2012*
NHSC	**Year to date: 65 (target 54)**	**NHSC**	**12 (target 9)**	*September 2012*
NHSP	**Year to date: 16 (target 17)**	**NHSP**	**2 (target 2)**	*September 2012*
CUHFT	**Year to date: 25 (target 24)**	**CUHFT**	**5 (target 4)**	*September 2012*
HHCT	**Year to date: 8 (target 4)**	**HHCT**	**1 (target 0)**	*September 2012*
PSHFT	**Year to date: 19 (target 16)**	**PSHFT**	**3 (target 3)**	*September 2012*
Papworth	**Year to date: 5 (target 3)**	**Papworth**	**1 (target 0)**	*September 2012*

REASON FOR POOR PERFORMANCE:

The year to date ceiling has been breached in all areas apart from NHSP.

CUHFT

In the month of September 2012 there were five cases of trust acquired *C.difficile.* The ward of acquisition was different for all five cases, and the patients have not been nursed on the same ward / unit during admission. The five samples were ribotyped and they were all different.

One patient died with *C.difficile* mentioned on Part 2 of their death certificate. An extended RCA has been completed. This showed correct antibiotic usage.

Provisional data for October shows that there were 4 further cases at CUHFT, 5 cases at PSHFT and 1 case at HHCT.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?
CUHFT Four of the cases required a number of antibiotics and these were felt to be appropriate in all cases and deemed to be the main contributing factor in developing *C.difficile*. The remaining patient who did not have a history of antibiotic usage was from a care home. The CCG has asked providers to identify how many cases are deemed avoidable and unavoidable: • Papworth have not had any further cases since July. Of the 5 cases to date, they only consider 1 of these to have been avoidable. • Hinchingbrooke had 1 case in October. It is unclear at the moment which category this will be. At least 2 of their previous cases were avoidable. • PSHFT have provided a breakdown of the first 20 cases which shows 5 were avoidable. For the cases in October these were deemed unavoidable with one outstanding as further information was required before making a decision. • CUHFT are meeting with the CCG on 23rd November to discuss their findings for October cases. The quarterly summary CUHFT provide is not conclusive enough to determine whether the cases were avoidable or not and they will be asked to do this. Overall, the numbers of cases across the health care economy are cause for concern. **As a result, all acute and specialist providers are being called for an individual extra-ordinary infection control meeting to discuss the issues.** • All have recently been requested to provide evidence of assurance in line with the top 10 recommendations and have identified gaps and areas for improvement. • Information to date from RCAs has not highlighted any significant problems other than use of antibiotics; however the PCT intends to probe into the RCAs further for clarity and assurance. • PSHFT have met as a Top Team including the SHA HCAI lead and Regional Epidemiologist. There were some concerns re testing too many specimens and not using the risk assessment process, however the Trust is reluctant to change in preference to patient safety and treating in order to prevent significant deterioration which is what they have identified. An updated action plan has not yet been provided. • Early data for October indicates that little progress has been made.
RECOVERY DATE:
Based on provisional data for October, it is likely that the National Target will be breached in all areas.

Mixed Sex Accommodation Breaches – RED				
Integrated Performance Headline Measure THE NHS CONSTITUTION the NHS belongs to us all		**Direction of travel**		
		NHSC		**NHSP**
		↓		↓
		Worse		**Worse**
TARGET: 0		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 9**	**C&P CCG**	**4**	*September 2012*
NHSC	**Year to date: 6**	**NHSC**	**2**	*September 2012*
NHSP	**Year to date: 3**	**NHSP**	**2**	*September 2012*
CUHFT	**Year to date: 3**	**CUHFT**	**0**	*September 2012*

PSHFT	**Year to date: 4**	**PSHFT**	**4**	*September 2012*
Papworth	**Year to date: 1**	**Papworth**	**1**	*September 2012*

REASON FOR POOR PERFORMANCE:

PSHFT

The breach at PSHFT was discussed at the last Contract Management Board attended by The Trust director of Nursing. The breach was caused by capacity and related to 1 incident with 1 female on a ward with 3 males and therefore is reported as 4.

Papworth

The breach was a result of no female bed being available on the ward concerned. Every effort was made to segregate the patient by nursing in a side room, however, infection control needs of an unplanned admission took priority later in the day.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

PSHFT

No further contractual action has been taken as this was an isolated incident and not systematic of a failure in process.

Papworth

The breach was reviewed every 4 hours and the patient was transferred to a female bed on the ward the next day as soon as a bed was made available.

RECOVERY DATE:

October 2012

2.9 High Risk Patients having TIA Scanned & Treated within 24 hours – RED

Integrated Performance Headline Measure		**Direction of travel**	
		NHSC	**NHSP**
		↓	↑
		Worse	**Improved**
TARGET: 60%		**LATEST PERFORMANCE:**	**PERIOD COVERED:**
C&P CCG	**Year to date: 63.2%**	**C&P CCG** **54.4%**	*August 2012*
NHSC	**Year to date: 59.7%**	**NHSC** **42.1%**	*August 2012*
NHSP	**Year to date: 66.7%**	**NHSP** **66.7%**	*August 2012*

REASON FOR POOR PERFORMANCE:

CUHFT achieved 33% (4/12). This included: 3 patients that were minutes late for scans thus resulting in breaches; 4 patients were delayed due to referrals not being faxed; 1 patient was unable to attend. The majority of the failed targets were due to missing the completion of the Carotid Doppler scans by between 30mins to 2hrs due to the scheduled TIA clinic times.

HHCT achieved 33% (1/3). HHCT has limited availability of Carotid Doppler scanning.

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

CUHFT has put additional measures in place to reiterate the use of the mobile phones to GPs in order to guide referrals in on time. Also, where patients present in the Emergency Department (ED) they can be booked directly from ED into the next available clinic within 24hours, which should remove the delay in referral faxes being booked. This measure has recently been finalised and the impact should be visible from November 2012.

HHCT has raised the issue of limited availability of Carotid Doppler scanning as a serious issue for clinical measure and it is now part of the Trust risk register. HHCT has identified the problems along the pathway and are protecting a number of carotid slots each week to improve their scanning capability.

RECOVERY DATE:

Numbers of avoidable Grade three and four pressure ulcers - RED				
Integrated Performance Headline Measure		**Direction of travel**		
		NHSC		**NHSP**
				
		Improved		**Improved**
TARGET: 0		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 46**	**C&P CCG**	**2**	*October 2012*
CUHFT	**Year to date: 4**	**CUHFT**	**0**	*October 2012*
HHCT	**Year to date: 4**	**HHCT**	**TBC**	*October 2012*
PSHFT	**Year to date: 14**	**PSHFT**	**TBC**	*October 2012*
Papworth	**Year to date: 3**	**Papworth**	**TBC**	*October 2012*
CCS	**Year to date: 9**	**CCS**	**TBC**	*October 2012*

REASON FOR POOR PERFORMANCE:

For CCS and CUHFT there were no avoidable Grade 3 & 4 pressure ulcers (PUs) reported for October, however, two Grade 3's and one Grade 4 are currently under investigation at HHCT, one Grade 3 is under investigation at PSHFT, and one Grade 3 is under investigation at Papworth which is why the above table is showing "To be confirmed".

Across the CCG, 2 avoidable PUs were reported in October. Both were alerted to the PCT by CCS after being identified by their staff in two nursing homes in the CCG area. Both Serious Incidents (SIs) were logged under NHSC and investigated by the PCT Pressure Ulcer Lead.

Case 1
This related to a patient in a nursing home, whereby a grade 3 PU was identified by CCS District nurses.

Case 2
CCS Tissue Viability Nurses attended a Nursing Home to assess a patient with wounds and identified grade 3 PUs.

As previously reported, the following themes have been identified from PU SI investigations:

- Training of staff in doing risk assessments and prevention of PUs
- Lack of thorough risk assessments
- Lack of timely provision of pressure relieving equipment
- Non-compliance of patients in the accepting of professional advice and use of equipment

HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?

All PUs category 3 and 4 follow SI process, with the expectation that RCAs are completed within 45 days timescale.

RCAs are initially reviewed within the PCT risk management team and further information requested if required. The PCT report the final RCA which is signed off by the Director of Nursing/Director of Quality for pressure ulcers determined as avoidable. There is a clear sign off sheet in use detailing whether PUs are avoidable or unavoidable and a summary of the incident.

Work is being taken forward within primary care including through the LMC (Local Medical Council) and into care homes. The PCT has identified key themes coming from the RCAs and have undertaken a SI learning event with providers.

Case 1
Root Causes / Lessons Learnt: Avoidable PU – Poor nursing home staff awareness and competency including the assessment and monitoring of pressure area care. Support being

provided by PCT to improve standards.

Case 2
Root Causes / Lessons Learnt: Avoidable PUs - Poor care implementation, staff training and documented care planning and assessments. This home has institutional failure of pressure area management for their residents. This has been addressed through a full multi-agency approach of support, training and reviewing. Processes and practice are changing slowly and there is an expectation of improvement.

The SHA visited the PCT on 30th October to review PU SIs and pathways and a summary of their recommendations are outlined below:

- Evidence of senior staff involvement in RCA process and sign off within providers.
- Process for determining outcome should be reviewed and allow challenge prior to closure to ensure accurate use of definition and 'avoidable' or 'unavoidable' criteria met.
- Consistent approach across cluster to manage RCA process and learning.
- Review use of thematic review.
- Review RCA tools in use to ensure relevant information supplied to support determining outcome and lessons learnt.

Further information from the visit is available upon request. There have been no contractual actions.

RECOVERY DATE:

This will be clearer once full analysis of the SI reports has been reviewed. As the data continues to be collated and awareness of reporting grows, figures are expected to increase and it is unlikely that an improvement in figures will be seen until November 2012. In the meantime, the Cluster is continually monitoring the numbers of PU SIs reported by Providers.

3. Contractual Compliance

3.1 The table below provides a summary of the formal outstanding contractual notices with CUHFT.

Subject Matter	Contract Query Notice	Position if status not closed
A&E 4 Hour Waits	Continued failure of 4 hour wait standard	Fortnightly meetings take place to review progress.
18 Weeks RTT (Admitted)	Failure of standard for Admitted Pathways	Exception report issued 15-8-12 for failure to deliver improvements. The slippage in delivery has not been rectified. Fortnightly meetings take place to review progress.
Cancer 62 day Urgent	Failure of 62 day wait standard	Issued 15-8-12. Remedial Action Plan was reviewed by Commissioners and further revisions are required.

3.2 The table below shows the current outstanding contract queries with HHCT.

Subject Matter	Contract Query	Position if status not closed
Choose and Book – Appointment Slot Issues	Contract query raised on 02.08.12 regarding Trust Appointment Slot Issues (ASI) and poor performance. Remedial Action Plan requested in accordance with section B of the 2012/13 Standard Acute	The Trust has recently reviewed their Choose and Book and ASI process and has improved communication to the Clinical Business Units to highlight ASI issues at both unit and Board level. A Remedial Action Plan was received on 28.08.12. An updated Action Plan and trajectory with

	Contract and that the ASI performance is brought back within contractual standard of 0.03 or less.	recovery date was received 23.10.12.
Provision of Cardiac Rehabilitation, Phase 1 and 3	Contract query raised on 10.08.12 regarding concerns raised by Papworth Hospital and the Anglia Stroke and Heart Network re the provision of cardiac rehabilitation at HHCT (Provision of Cardiac Rehabilitation, Phase 1 & 3)	A letter dated 07.09.12 was received from HHCT. Internal discussions are taking place following Trust feedback. Further information has been requested from HHCT and Papworth. A meeting has been scheduled with Papworth Hospital, HHCT, and NHSC on 28.11.12.
Duplicate Outpatient records on SUS in relation to the reclassification of pre-operative clinics from new to follow ups.	Letter sent 09.10.12 seeking assurance that this issue will be resolved ahead of the next contract negotiation process which starts at the beginning of November.	Trust deadline – 23.10.12 Resolved 25.10.12
Failure to deliver the required standard in relation to the Operating Standard for percentage of diagnostic waits > 6 weeks under section B Part 8.2 Nationally Specified events in accordance with clause 47.4.	19.10.12 - The performance standard reported for August 2012 was 97.25% which is below the 99% Operating Standard.	No financial penalties applied this month as the Trust cumulative performance was just met at 99.3% in accordance with Section B part 8 of the HHCT Acute Trust Contract. However, the PCT is seeking assurance that the Trust is working to bring this standard back in line and required the Trust to provide a Remedial Action Plan (RAP) and improvement trajectory by close of play 02.11.12. This has been delayed and is now due to be submitted on 23.11.12.

3.3 The table below shows current outstanding contract issues with CCS.

Contract Issue (including detail of frequency and time period).	**Contractual Actions taken and timelines**	**Resolution – target date / outcome**
1. Health Visiting Service - HV Developmental Checks 2.5-3yr	Performance notice issued November 2011. Remedial action plan agreed with CCS to achieve performance improvements.	Remedial action plan agreed.
2. Breach of 13 week RTT target for Paediatric Outpatients in April, May and June 2012. All but one of breaches arose due to cancelled clinics.	Contract query issued 14 August 2012.	Remedial action plan agreed. Since the date of issue of RAP, there have been further breaches in July and August 2012. No breaches reported in September 2012. RAP remains in place.
Failure to report a serious incident.	Contract query issued on 5 October 2012.	NHSC are satisfied that CCS are now dealing with this incident.

The compliance review carried out by the Care Quality Commission (CQC) at the beginning of August 2012 identified the following areas of moderate concern at both the Welney ward, Princess of Wales Hospital and the Lord Byron ward, Brookfield's hospital Cambridge. -Outcome 1, Respecting and involving people who use services. -Outcome 4, Care and welfare of people who use services. -Outcome 11, Safety, availability and suitability of equipment. One further area of minor concern was identified at the Lord Bryon ward, Brookfield's hospital only. Outcome 16 - Assessing and monitoring the quality of service provision.	CCS have provided an action plan to the CQC. NHS Cambridgeshire have reviewed this action plan and are to provide feedback to CCS on 11 October 2012.	NHSC have reviewed and requested revision to the action plan prepared by CCS. CCS have agreed to revise the plan and on this basis, expect to be fully compliant in respect of outcomes 1,4,11 and 16 by December 2012

3.4 The table below provides a summary of the formal outstanding contractual notices issued under clause 32 of 2011-12 contract (clause 47 in 2012-13 contract) 'Performance Management' of the acute services contract with PSHFT. As part of the 12/13 agreement it has been agreed that the PCT would only serve contractual consequences on poor performance after 6 months as the leadership changed, however the PCT are informing PSHFT on a monthly basis what would be deducted if this agreement wasn't in place

Subject Matter	Contract Query Notice	Exception Notice 1	Exception Notice 2	Position if status not closed
A&E 4 Hour Waits	Continued failure of 4 hour wait	FER 01 issued 15/6/11	SER01 issued 26/03/12	Remedial plan continues to be monitored. Performance has been sustained above 95% between August and October and continues to be sustained into November.

4 RECOMMENDATION

4.1 The Board is asked to note progress against the key deliverables and standards in 2012-13.

Author ***Victoria Corbishley***
CCG Director of Performance & Delivery (QIPP)

Huntingdonshire DISTRICT COUNCIL

Decision Digest

Edition 129

Monthly summary of the decisions taken at meetings of the Council, Cabinet, Overview & Scrutiny and other Panels for the period 1st to 23rd November 2012.

CHARGING FOR A SECOND GREEN BIN

As a way to increase the Council's income, the Overview & Scrutiny Panel (Economic Well-Being) has considered a proposal to introduce a charge for second green bins. The matter also has been considered by the Overview and Scrutiny Panel (Environmental Well-Being) who unanimously agreed that the Council should not introduce a charge. The Cabinet subsequently referred the matter to the Economic Well-Being Panel for further consideration.

The Economic Well-Being Panel discussed the matter at length and has asked a number of questions of the Executive Councillor for the Environment and the Head of Operations. The Panel also noted representations made by Councillors I C Bates, P L E Bucknell and Mrs M Banerjee.

Having agreed that the business case for the additional charge was sound, Members were of the opinion that it should be considered as part of a package of savings. A recommendation has been put to Cabinet to this effect.

In considering the views of both Panels, the Cabinet has stressed that the Council was constantly reviewing all services to identify savings and that difficult budgetary decisions will need to made in the future. The Cabinet has approved in principle the introduction of a charge for a second green bin and has delegated the timing of its implementation to the Managing Director (Communities, Partnerships and Projects) after consultation with the Executive Leader and the Executive Councillor for Environment. This is to be in association with a package of other savings measures to be decided no later than April 2013.

ASSETS OF COMMUNITY VALUE

The Overview & Scrutiny Panel (Economic Well-Being) has received a report outlining the Council's proposed arrangements for dealing with applications for listing community assets. The legislation has been introduced to assist local community groups preserve buildings or land which they consider to be important to the community's social well-being.

Having requested some clarification on specific aspects of the proposal and the ways in which Parish Council's and other interested charities had been made aware of the new legislation, the Panel endorsed recommendations designed to establish a formal process for considering applications.

These conclusions have subsequently been referred to the Cabinet who have:

- delegated responsibility for receiving and processing applications to the Corporate Team Manager;

- delegated responsibility for determining whether an asset should be listed to a Panel of three appropriate Council Officers;

- agreed that the responsibility for determining reviews against listing of assets by the owners be delegated to the Head of Planning and Housing Strategy after consultation with the Head of Legal and Democratic Services;

- agreed that the responsibility for putting in place appropriate arrangements for determining requests for compensation and review be delegated to the Corporate Team Manager; and

- asked the Corporate Team Manager to put in place arrangements for publishing how applicable groups can make a nomination.

HUNTINGDONSHIRE ECONOMIC ASSESSMENT – KEY FINDINGS

The Overview and Scrutiny Panel (Economic Well-Being) has received a presentation by the Economic Development Manager on the outcome of the local economic assessment. The assessment had been undertaken to provide an evidence base for a new Economic Strategy. A review of the Strategy was being undertaken to coincide with the creation of a new Local Plan for the District and to reflect a number of significant changes since the last review – namely the impact of the recession and the establishment of the local enterprise zone.

In noting that the data had been grouped into 3 themes – People and Communities, Business and Enterprise and Sustainable Economic Growth, the Panel has discussed a number of the specific findings and has noted the action priorities which had been identified.

Having been informed that work would now be undertaken to draw up the new Strategy, the Panel has asked the Economic Development Manager to present the Strategy and associated action plans in the Spring.

CORPORATE BUSINESS CONTINUITY PLANNING (2012 ANNUAL REPORT)

An update on progress in planning for Corporate Business Continuity for the District Council has been presented to the Overview & Scrutiny Panel (Economic Well-Being). This presentation included information on the processes and proposed maintenance of a new Corporate Business Continuity Plan. A report on the incidents which had 'triggered' action by the Business Continuity Team during the previous 12 months also was provided.

In considering the report, the Panel has commented on the recent problems with the Remote My Office System and asked about the process for testing the Corporate Plan. An amendment has also been suggested to the approach for identifying the corporate lead if the Plan needed to be implemented.

APPOINTMENT OF CO-OPTED MEMBER – OVERVIEW & SCRUTINY PANEL (ECONOMIC WELL-BEING)

The outcome of a Selection Panel which met on 7th November 2012 to interview candidates for the vacant position of co-opted Member has been reported to the Overview & Scrutiny Panel (Economic Well-Being).

The Panel has subsequently asked the Council to accept the co-option of Mr R Eacott to the Overview and Scrutiny

Panel (Economic Well-Being) for a four year term of office.

POTENTIAL MERGER BETWEEN CAMBRIDGESHIRE AND SUFFOLK FIRE AND RESCUE SERVICES

The Overview and Scrutiny Panel (Social Well-Being) has received details of a consultation on proposals for further collaboration up to a full merger between Cambridgeshire and Suffolk Fire and Rescue Services. Councillor F Brown, Chairman of the Cambridgeshire Fire Authority and Mr M Warren, Director of Resources and Treasurer to the Fire Authority presented the proposals to the Panel. Preliminary views on the consultation will be incorporated within the draft response. This will be submitted to the Panel at its next meeting.

HUNTINGDONSHIRE CITIZENS ADVICE BUREAU

Following on from the last meeting, the Overview and Scrutiny Panel (Social Well-Being) received a further update on recent developments concerning the voluntary liquidisation of the Huntingdonshire Citizens Advice Bureau (CAB). Whilst it was hoped that the service would cease to operate at the end of the calendar year, it was understood that this date had now been brought forward to the end of November. It was noted that arrangements would be made to identify interim arrangements for December and the period January – March 2013. These will be determined after the relevant Executive Councillors meet to consider the applications received under the Council's new voluntary sector funding arrangements.

HUNTINGDONSHIRE TOWN AND PARISH CHARTER

A copy of the draft Town and Parish Charter was received by the Overview and Scrutiny Panel (Social Well-Being). The document sets out how the three tiers of local government will work together for the benefit of local communities, whilst recognising and respecting their individual rights as separate democratic bodies. As guidance is yet to be issued from the Department for Communities and Local Government, it is not likely that the Charter will be ready for endorsement until April 2013. A Working Group, comprising representatives of the three tiers of local government has been established to develop the Charter document.

CONSIDERATION OF DOMESTIC ABUSE JOINT MEMBER-LED REVIEW: FINAL REPORT

The Overview and Scrutiny Panel (Social Well-Being) has received feedback from the Huntingdonshire Community Safety Partnership on the findings of the joint Member-led review on domestic abuse by Cambridgeshire County Council and Huntingdonshire and Fenland District Councils. Attention was drawn to the Partnership's concerns regarding the action plan developed for the Domestic Abuse Steering Group and the lack of funding currently available for the service. It was made clear to the Panel that the links between domestic abuse and social services at Partnership meetings needed strengthening. This might be achieved by ensuring that there was appropriate representation at Partnership meetings.

HOUGHTON AND WYTON CONSERVATION AREA CHARACTER ASSESSMENT AND BOUNDARY REVIEW

Both the Cabinet and the Overview and Scrutiny Panel (Environmental Well-Being) have reviewed the Houghton and Wyton Conservation Area Character Assessment and Boundary

Review. The Character Assessment and Boundary Review have been produced in response to an undertaking given to Houghton and Wyton Parish Council. Representations have been received that Area 2 – a field to the east of Houghton Grange (BBSRC) should be included in the Conservation Area. However, the Head of Planning and Housing Strategy has advised that this area does not meet the Conservation Area criteria. It has been explained that its inclusion might undermine the validity of the Character Assessment. Members have been assured that the Conservation Area Character Assessment is needed to reinforce the urban design framework (UDF). If the UDF is implemented, Area 2 will be of a standard that will make it eligible for inclusion in the Conservation Area. A Member has argued that, in this case, the opportunity should be taken to include it at this stage. However, given that this might undermine the ability of the Conservation Area Character Assessment to withstand a legal challenge, it has been accepted that this matter should be re-visited when the obstacles to its inclusion have been removed. With this in mind, the Cabinet has stressed that it is best practice to keep boundaries under view for all conservation areas and that this will continue.

In its role as consultee and following representations made by the local Ward Councillor, the Development Management Panel also has endorsed the content of both documents and recommended to the Cabinet that they be formally adopted as Council policy.

Having considered all the responses received and the views of both Panels the Cabinet has approved the contents of the Character Assessment and Boundary Review.

CONTROLLED WASTE REGULATIONS

The Overview and Scrutiny Panel (Environmental Well-Being) has considered a report on controlled waste regulations. The Controlled Waste Regulations 2012 have varied the premises which are exempt from a charge for disposal. This Council collects waste from a number of previously exempt premises and consequently will now be charged by the County Council for the disposal of that waste. Members have been assured that the majority of customers will continue to enjoy free disposal if they were Council customers prior to April 2012. The Panel has discussed the possibility of offering and promoting an enhanced trade waste service as a means of generating income for the Council. There will be a marginal cost in providing such a service as the Council already has waste collection rounds in place. Given the financial pressures on the Council, it has been suggested that the development of the trade waste service should be investigated.

Subsequently, the Cabinet has authorised Officers to recover the full cost of disposal from those non-domestic premises previously exempt under the 1992 Controlled Waste Regulations, except where they continue to be exempt under the County Council's local policy.

THE CONTRIBUTION OF AGRICULTURE TO THE ENVIRONMENT AND ECONOMY IN THE CONTEXT OF PLANNING POLICIES

The final report of the Working Group has been received by the Overview and Scrutiny (Environmental Well-Being) Panel. Members have been advised that the report's recommendations have been endorsed by the Head of Planning and Housing Strategy.

Having considered the Panel's findings the Cabinet has –

- agreed to consider within the new Local Plan the need for community led growth in rural villages to contribute towards their sustainability;

- requested that definitions of green field and brown field sites be consistently applied;

- agreed that the new Local Plan should refer to the National Planning Policy Framework's principles relating to the rural economy and agricultural land;

- requested that further investigations be undertaken into the Council's procedure for analysing and dealing with applications where agriculture is a factor and a report submitted to the Development Management Panel on the outcome.

STATEMENT OF GAMBLING PRINCIPLES

The Cabinet has reviewed the contents of a revised Statement of Principles under the Gambling Act 2005. The Statement has been updated to take into account the latest regulations and guidance issued by the Gambling Commission.

HUNTINGDONSHIRE TRAFFIC MANAGEMENT AREA JOINT COMMITTEE

The Cabinet has appointed Councillor C R Hyams to replace Councillor S Akthar on the Huntingdonshire Traffic Management Area Joint Committee.

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