NHS Cambridgeshire and NHS Peterborough
working in partnership

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

AGENDA ITEM: **3.3**

MEETING DATE: **26 SEPTEMBER 2012**

TITLE: **PERFORMANCE REPORT**

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FOR: **INFORMATION AND ACTION**

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1 PURPOSE AND KEY ISSUES:

1.1 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.

1.2 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
- Cambridgeshire Community Services NHS Trust (CCS)
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

1.3 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.

1.4 This month, the dashboard only shows those areas where performance has not been as required, however, information relating to all indicators is available upon request

1.5 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 KEY POINTS

2.1 Areas for improvement

2.1.1 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
- Waits in Accident and Emergency (A&E)
- Choose and Book
- Delayed Transfers of Care
- Health Checks Received
- Never Events
- Clostridium Difficile infections
- Pressure Ulcers
- Crisis Resolution
- Stroke Services

2.1.2 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.

2.1.3 Due to organisational changes at the Strategic Health Authority (SHA) provider data previously available to Commissioners from the SHA is not readily available. Alternative data flows from providers are being developed.

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**
					
		Improved			**Improved**
TARGET:		**LATEST PERFORMANCE:**			**PERIOD COVERED:**
			July	*YTD*	
Admitted	90%	**C&P CCG**	90.6%	89.9%	*July 2012*
Non-Admitted	95%		97.9%	97.8%	*July 2012*
Incomplete	92%		96.1%	96.2%	*July 2012*
Admitted	90%	**NHSC**	90.5%	90.1%	*July 2012*
Non-Admitted	95%		98.1%	98.1%	*July 2012*
Incomplete	92%		95.8%	95.9%	*July 2012*
Admitted	90%	**NHSP**	90.8%	89.7%	*July 2012*
Non-Admitted	95%		97.2%	97.5%	*July 2012*
Incomplete	92%		96.7%	96.6%	*July 2012*

REASON FOR POOR PERFORMANCE:

On a year to date basis C&P CCG is under the 90% standard for admitted patients. The standard is not being met in six specialties. These are Cardiothoracic Surgery (Papworth), Ear, Nose and Throat (CUHFT and PSHFT), Gynaecology (CUHFT & Queen Elizabeth Hospital), Oral surgery (CUHFT), Orthopaedics (CUHFT and Queen Elizabeth Hospital) and Urology (CUHFT).

CUHFT

For July, CUHFT is under the standard for admitted patients in the following specialties: ENT (Ear, nose and throat), Gynaecology, Neurosurgery, Oral Surgery, Trauma and Orthopaedics (T&O) and Urology attaining 85.3% overall and 86.1% year to date (YTD). The initial reasons for poor performance have been outlined in previous reports.

PSHFT

PSHFT is under the operational standard for admitted patients in ENT, General Surgery and Oral Surgery for July but achieved the target overall attaining 90.8%. However, on a YTD basis PSHFT is under the standard (89.7%). As highlighted in previous reports, there were bed capacity issues in Quarter 4 which were being addressed during Quarter 1.

Papworth

Papworth met the standard overall for admitted patients for July (93.7%), however, the standard for Cardiothoracic Surgery was not met (85.2%) due to capacity constraints.

Queen Elizabeth Hospital (QEH)

QEH met the standard overall for admitted patients for July (96.4%), but did not meet the standard in Gynaecology (87.5%) and T&O (82.6%). Gynaecology and T&O backlog clearance work has caused the Trust performance to dip, as would be expected. Both specialties suffered cancellations during Quarter 1 which hindered the speed of the clearance.

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

CUHFT

As highlighted in last month's report, an exception report was issued on 15th August as the Trust had failed to comply with remedial action plans.

The Trust have now outlined a substantial programme of work to improve performance and a

significant number of actions in the Remedial Action Plan are progressing to plan, however, this has not delivered the planned reduction in backlog.

There are two weekly meetings led by clinicians with the Trust's contracting team. The Trust has identified certain specialties that have longer standing problems and a longer term solution is being looked into for these.

At a strategic level the Chief Clinical Officer and the Vice Chair of the CCG is meeting on a two weekly basis with the Chief Executive Officer and Finance Director to assess progress on performance.

Line by line penalties will be looked into for areas of poor performance and this is being clinically led integrated alongside the contracting team.

PSHFT

Performance is being strictly monitored and clinicians are working closely through contract management meetings and performance reviews to discuss the areas with hospital clinicians and management.

An update on the 3 underperforming specialities is provided below:

- ENT – the plan and trajectory predicted ENT to be back to 90% by July 2012. In order to manage the issue the Trust are adding additional operating sessions to increase the total volume of patients seen. Unvalidated data indicates the standard was achieved for August 2012.
- General Surgery – the plan and trajectory is for this speciality to be achieving 90% consistently from October 2012. As highlighted in previous reports, the main area of concern is consultant capacity to undertake laparoscopic surgery. A new consultant starts in October with the skills to undertake this surgery. Outsourcing to Independent Sector (IS) providers is helping with reducing some of the back log however this is not sufficient to achieve the timeline originally agreed. The revised position is December 2012 – the new consultant will be working solely on clearing the back log.
- Oral Surgery did not achieve 90% in July (84.2%), but is expected to achieve for August – this was due to an administrative error and has been addressed.

As previously reported, it has been agreed that the PCT would only serve contractual consequences on poor performance with RTT and ED 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.

Papworth

The Specialised Commissioning Group (SCG) as the host commissioner, are lading work with the Trust to recover performance. The SCG have received an action plan from the Trust and are monitoring recovery on behalf of the Cluster.

Queen Elizabeth Hospital (QEH)

NHS Norfolk are leading work with the Trust to ensure that the backlog is cleared and performance is recovered by the end of Quarter 2.

RECOVERY DATE:

CUHFT

It is unlikely that the agreed target recovery dates will be achieved.

- Gynaecology will be compliant by September and Oral Surgery will be compliant by August 2012. Neurosurgery will be compliant by October.
- It had previously been indicated that Urology and ENT would be compliant by the end of Quarter 2 in line with agreed recovery dates, otherwise the CCG will be looking to use contractual levers. Clinician to clinician meetings are in place.
- Orthopaedics will be compliant by January 2013 rather than from October 2012. Commissioners are working towards moving this forward. Clinician to clinician meetings are in place to understand the backlog and solutions.

PSHFT

- ENT will be at 90% from August.
- The General Surgery backlog is slowly being reduced and a revised plan is being implemented to achieve the standard from December 2012.
- Oral Surgery will be at 90% from August.

Queen Elizabeth Hospital (QEH)
NHS Norfolk, as lead commissioner, have been working with the Trust to ensure performance is recovered by Quarter 2.

Number of Patients waiting 6 weeks + for 15 key diagnostic tests- RED				
Local Performance Measure		**Direction of travel**		
		NHSC		**NHSP**
		↓		↑
		Worse		**Improved**
TARGET: 0		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: N/A**	**C&P CCG**	**35**	*July 2012*
NHSC	**Year to date: N/A**	**NHSC**	**31**	*July 2012*
NHSP	**Year to date: N/A**	**NHSP**	**4**	*July 2012*
% of Patients waiting 6 weeks + for 15 key diagnostic tests- RED				
TARGET: < 1%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: N/A**	**C&P CCG**	**0.3%**	*July 2012*
NHSC	**Year to date: N/A**	**NHSC**	**0.3%**	*July 2012*
NHSP	**Year to date: N/A**	**NHSP**	**0.2%**	*July 2012*

REASON FOR POOR PERFORMANCE:

For July, the national standard of less than 1% of patients waiting 6 weeks + for key diagnostic tests was met for NHSC, NHSP and across the C&P cluster.

For NHSC, 31 patients were waiting more than 6 weeks: 8 were Magnetic Resonance Imaging breaches (1 at PSHFT, 1 at HHCT, 4 at Papworth, 2 at Nuffield), 1 was for Computed Tomography (HHCT), 8 were Non–obstetric breaches (HHCT), 9 were in Cardiology-echocardiography (8 at CUHFT, 1 at QEH), 1 was a Urodynamics breach – pressures and flows (CUHFT), there was 1 Colonoscopy breach (HHCT) and 3 Cystoscopy breaches (CUHFT).

For NHSP there were 4 breaches in Computed Tomography (Fitzwilliam Hospital).

Reasons for the breaches have been received and can be provided upon request.

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

The national standard of less than 1% of patients waiting 6 weeks + for key diagnostic tests was met across the Cluster.

RECOVERY DATE:

September 2012

Maximum 2 week wait from a referral for evaluation of "breast symptoms" by a primary care professional to date first seen – RED				
Integrated Performance Headline Measure		**Direction of travel**		
		HHCT		
				
		Worse		
TARGET: 93%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
HHCT	**Year to date: 94%**	**HHCT**	**90.2%**	*July 2012*
REASON FOR POOR PERFORMANCE:				
There were five breaches of the breast symptom two week wait at HHCT. Four of the breaches were patient choice and one was due to the cancellation of a clinic.				
HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?				
The Cluster are working with HHCT to ensure performance is recovered.				
RECOVERY DATE:				
August 2012				

All patients receiving their subsequent treatment (Radiotherapy) for cancer within one months (31 days) of a decision to treat – RED				
Integrated Performance Headline Measure		**Direction of travel**		
		NHSC		**NHSP**
				
		Improved		**Worse**
TARGET: 94%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 93.1%**	**C&P CCG**	**96.4%**	*July 2012*
NHSC	**Year to date: 94.9%**	**NHSC**	**96.4%**	*July 2012*
NHSP	**Year to date: 86.8%**	**NHSP**	**96.3%**	*July 2012*
REASON FOR POOR PERFORMANCE:				
• NHSC met the target for July achieving 96.4%. • NHSP met the target for June achieving 100% and July achieving 96.3%.				
HOW THE TARGET WILL BE DELIVERED, AND WHAT, IF ANY REMEDIAL CONTRACTUAL ACTIONS HAVE BEEN TAKEN?				
Investment appraisal has been verbally agreed internally at PSHFT for an additional 2 Linacs. The team are still working longer hours to full capacity. No breaches are expected for August. Servicing and maintenance are now happening at weekends to assist with available capacity. An agreement for additional staffing recruitment has been granted with interviews being held soon.				
RECOVERY DATE:				
• NHSC achieved this target for July 2012. • PSHFT achieved the standard for June and July 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**
		↓		↓
		Worse		**Worse**
TARGET: 85%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 83.4%**	**C&P CCG**	**81%**	*July 2012*
NHSC	**Year to date: 82.2%**	**NHSC**	**79.2%**	*July 2012*
NHSP	**Year to date: 87.9%**	**NHSP**	**87.9%**	*July 2012*

REASON FOR POOR PERFORMANCE:

HHCT: July performance was 77.4%. 14 patients were treated at >62 days: 4 in Haematology, 4 in lower Gastro Intestinal (GI), 2 in upper GI, 4 in Urology. The reasons for the breaches were: capacity delays for radiotherapy at PSHFT; histology delays at CUHFT, complex diagnostic pathways and patients choice.

CUHFT: In July 26 patients were treated >62 days: 2 Haematology, 2 Head and Neck, 8 lower GI, 4 Lung, 4 Upper GI, 6 Urology.

The main issues continue to be around internal capacity problems particularly for Endoscopy and Urology.

Papworth – 0% July performance related to 2 Lung patients treated >62 days. The Cluster have requested the July breach report from Papworth.

QEH- 55% - 10 patients were treated >62 days: 2 Lung patients, 8 Urology patients.

The Cluster has requested breach reports from providers.

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

CUHFT have a cancer remedial action plan which is being reviewed by commissioners on a weekly basis.

Increasing Urology capacity actions include:

- Securing additional clinic space
- Manpower recruitment – An additional consultant starts in October and 2 Non Consultant Career Grade (NCCG) posts will commence by the end of September.

Endoscopy capacity remains a pressure. 1 new suite is complete and the other is being refurbished. One new post was due to go to medical manpower in late August. In the interim, the medical staff continue to offer additional ad hoc sessions.

RECOVERY DATE:

It is expected that HHCT will recover in August.

The recovery date for CUHFT is now the end of Quarter Four.

Four hours maximum stay in the A&E department – AMBER				
Integrated Performance Headline Measure		**Direction of travel**		
		NHSC		**NHSP**
				
		Improved		**Improved**
TARGET: 95%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 95.8%**	**C&P CCG**	**98%**	*August 2012*
NHSC	**Year to date: 95.6%**	**NHSC**	**97.9%**	*August 2012*
NHSP	**Year to date: 96%**	**NHSP**	**98%**	*August 2012*
CUHFT	**Year to date: 93.4%**	**CUHFT**	**97.2%**	*August 2012*
HHCT	**Year to date: 98.9%**	**HHCT**	**98.6%**	*August 2012*
PSHFT	**Year to date: 92.3%**	**PSHFT**	**96.2%**	*August 2012*

REASON FOR POOR PERFORMANCE:

As previously reported, NHSC performance had been impacted by the poor monthly performance seen at CUHFT. This, itself, was partially down to patient flow issues within the Trust and a Delayed Transfers Of Care (DTOC) issue that the system has been working to resolve. An additional impact on capacity that had delayed recovery of this target is the Major Trauma Centre (MTC) capital works developments. The MTC should have no further impact on the delivery of the A&E standards, once the capital program is completed in the middle of September. CUHFT met the standard for August and have begun September with performance at 99%. The standard for Quarter 2 has been recovered.

With regard to NHSP, performance at PSHFT continues to be well below the expected standard of 95%. Performance in May did improve however this was not sustained into June and July which has also been variable and significantly below the 95% standard. The main reasons are around medical staffing (there are still 4 consultant posts vacant and middle grade vacancies being filled with locums) and capacity (there has been an unusual spike in medical admissions that has continued into the summer. There is no obvious reason for the increase apart from the road developments from Spalding to Peterborough that mean it is easier to get patients to PSHFT than Lincolnshire Trusts).

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

<u>CUHFT</u>

Previous reports have highlighted those areas that have the potential to bring some improvement into pathways and flows into and out of the ED and CUHFT is working to develop these further. These included:

- *Review of the bypass agreements with EEAST and HHT:*
  Completed. Agreement is now in place across all 3 Trusts.
- *Extension of GP at front door*
  Completed. GP cover is now available 7 days a week.

A Contract Query Notice was issued to CUHFT on 13th June 2012. NHSC has been meeting with the Trust, on a fortnightly basis, to establish action plans and a full response to the Emergency Care Intensive Support Team (ECIST) recommendations. There is now a comprehensive action plan that addresses the whole emergency department and many urgent care pathways within the Trust. Many of the actions are medium term and require much clinical attention, but there is senior commitment at the Trust to ensure that these are delivered and performance is recovered.

NHSC has applied the Section B Part 8.2 Penalty (PHQ23), from the 2012/13 contract, for Month 1 and Month 2 and an escalation meeting took place on 1st August 2012.

CUHFT performance has shown improvements since the end of July 2012, with the week

ending 9th of September seeing performance of 99%.

For PSHFT, a work programme continues to build on that reported last month:

- Development of further ambulatory care sensitive pathways, which will result in patients being redirected from A&E to alternative pathways, resulting in avoided admissions.
- Revised remedial action plan requested by Commissioner from PSHFT as the current one is not delivering the desired results.
- Awaiting the results of Quarter 2 quarterly A&E performance target and will move to withhold contract monies for failure to deliver this target.
- Development of a joint system improvement plan to reduce demand on Acute services which contains targeted actions to reduce inappropriate attendances at A&E
- Development of a targeted Choose Well communication plan based on analysis of Output Area Classification (OAC) ward data to determine the best messages and social marketing approach to take in next round of Choose Well. Funding proposals are going to the next Urgent Care Network in September.
- Practice visits to all practices who have average attendances above the LCG (Local Commissioning Group) average. Specific actions around analysis and interventions by practices on inappropriate attenders have been agreed.
- The implementation programme for connection to the Urgent Care dashboard and training are being planned currently.
- Pathfinder is being rolled out to all GP practices and will promote the use of pathways which aim to manage activity in the community rather than A&E (Paediatrics' pathways for common childhood illnesses)

RECOVERY DATE:

CUHFT have recovered their Quarter 2 performance, achieving 95%+ on a rolling average over the last 6 weeks. The standard was achieved in August, with the first two weeks of September also showing excellent performance of 99% each week. It is forecast that the YTD position will be recovered in November and maintained throughout the remainder of 2012/13.

PSHFT will not deliver in Quarter 2 because of poor performance in July, but will deliver from August onwards.

GP referrals to first OP appointments booked using Choose and Book – RED

Local Performance Measure		**Direction of travel**		
		NHSC		**NHSP**
		↓		↓
		Worse		**Worse**
TARGET: 90%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 45.3%**	**C&P CCG**	**42%**	*August 2012*
NHSC	**Year to date: 74.6%**	**NHSC**	**70%**	*August 2012*
NHSP	**Year to date: 16.0%**	**NHSP**	**14%**	*August 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 – Only one clinician remains outstanding.
- Advice and Guidance (A&G) – CUHFT went live with the remaining specialties in August. 68 A&G requests were received by the Trust in August of which only 10 were converted

into appointments. The Trust will continue to provide an analysis of the referrals to see what reduction has been made in outpatient appointments and this will be fed back to GP Practices.

- Appointment Slot Issues – With effect from 1st April, providers were expected to achieve the 0.03 slot issues performance target. CUHFT and HHCT continue to fail to achieve this figure. A cancer performance remedial action plan was submitted on the 22nd August by CUHFT which shows 32 extra 2 week wait (2ww) slots in skin per week had been scheduled which should show a saving of 10 2ww breaches per month. The Trust have advertised for an additional post but have been unable to appoint. Further interviews are taking place in September. The Trust has confirmed they will be controlling more of the pathway for Dermatology referrals and can therefore provide services outside of the Trust for 2ww referrals which should help capacity.
- Urology is another area highlighted with capacity issues. The Trust has agreed to publish Heamaturia – Urology at the end of September, which may help resolve inappropriate referrals into Urology. A revised proforma is required, which could delay publishing.
- The Trust have been successful in recruiting Multi-Disciplinary Team coordinator positions to help deal with the increased work load especially in Urology.
- CUHFT - Slot unavailability is resulting in referrals being managed outside of C&B causing frustration in Primary Care and duplication of work. In July slot issues were at 0.08 with a slight reduction in August (0.07).
- CUHFT utilisation for the month was 58% and Hinchingbrooke 91%. At the Project Board Meeting the NHSC C&B manager requested a breakdown of performance in specialties as there is significant difference between the two Trusts and the Cluster needs to understand the reasons why.
- In the month of July NHSC C&B performance showed that across NHSC and NHSP 1084 referrals had been deferred to provider as no appointments were available for booking, out of which only 686 had been converted into appointments. It is important to recognise that slot issues are causing a significant drop in both practice and organisational performance.
- HHCT submitted a remedial action plan confirming they have added 2 additional clinics a month for Gastroenterology and will review capacity & demand to look at realigning clinics. The Trust has been asked to provide a date of when the review will take place and the outcome reported. Cardiology and Neurology has appointed a new locum and Consultant Neurologist to clear the backlogs in referrals. The Trust reported that Ophthalmology is in the process of submitting a business case for a Medical Retinal Associate Specialist Grade to provide additional capacity to meet the demand. NHSC has asked the Trust to confirm a date.
- There is a need to understand how Clinical Business Units will feed into C&B. A member of staff needs to be identified from the Trust who will be able to attend meetings and answer questions relating to C&B since the current C&B Manager will no longer be providing this role. Ownership needs to be identified to allow the Cluster to continue to raise daily patient issues and resolve within 24 – 48 hours to ensure a seamless pathway for patients. NHSC attended a meeting on the 14th September and raised the above. Further discussions will take place with the Trust. The Trust was also informed of the high number of slot issues which appear not to have been converted in C&B. They will raise this with their analysis team.
- The NHSC C&B Manager raised concern with the SHA C&B Lead on the 10th September that no minutes had been fed back following the meeting between PSHFT and the SHA. The NHSC C&B manager reiterated the importance of having services available for booking on C&B. NHSC & NHSP practices are finding the exclusions of services frustrating.
- NHSP practice and provider usage continues to remain low, practices continue to raise concerns around using C&B without an incentive payment.

- At a recent visit to 2 Peterborough practices, both raised concern about payment, however, both recognised that patients received better outcomes by having an electronic referral. One practice is moving to system one in October and is strongly considering using C&B and the other practice is looking at internal resource to manage the system.

Referring electronically reduces the patients pathway by almost 3 weeks.

- CCS Community MSK service for the Peterborough area has now given an earlier date of the 9th October as a go live date. The Head of Service has made contact with the SHA for support.
- The C&B Manager again informed the SHA C&B lead that The Queen Elizabeth hospital continues to publish their 2ww cancer services as a telephone assessment service. The SHA has requested that a formal letter is submitted to the SHA for further follow up. Slot issues at the Queen Elizabeth in August were 0.24. A number of patients have reported that they are not being contacted within the required timeframe when the referral has been deferred by the practice to the Trust. The NHSC C&B manager has again contacted the Trust but has not received a response. The contract lead has been informed so the issues can be raised. No further feedback has been received regarding capacity plans or reviews being undertaken by the Trust relating to their booking processes and procedures.

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**
		↓		↑
		Worse		**Improved**
TARGET: **C&P CCG – 9 NHSC - 10 NHSP - 6**		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 12**	**C&P CCG**	**14.1**	*July 2012*
NHSC	**Year to date: 13.8**	**NHSC**	**16.7**	*July 2012*
NHSP	**Year to date: 5.1**	**NHSP**	**4.6**	*July 2012*

REASON FOR POOR PERFORMANCE:

At the beginning of July both acute Trusts saw a spike in attendance and admission rates at the hospitals which has resulted in a rise in delayed transfers of care (DTOC) in the latter half of July.

CUHFT continues to have a high number of delays. As highlighted in previous reports, issues accessing domiciliary care continue and are causing blockages across the Cambridge City and Cambridge South areas. Delays were seen in the Intermediate Care Team (ICT) / reablement service for people needing to access domiciliary care and as such this caused delays in the acute sector for people waiting for domiciliary care and ICT/reablement.

HHCT have changed their internal processes under Circle management so referrals for people with ongoing care needs are now much slicker. This meant in July that the team had to work with more referrals than normal as the new processes were embedded. This has now levelled out again.

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

HHCT is being supported with additional money to access the independent sector to support ICT / reablement capacity whilst they go through a process of recruitment.
Additional interim beds have also recently been purchased in the Huntingdonshire area to improve flow.
Furthermore, discussions are also underway with the team at HHCT regarding unused wards and whether this space can be utilised to support people in a step down / social care environment.

As previously reported, there has been a deep dive into issues at CUHFT overseen by the Chief Executive Officers (CEOs). The discharge planning team who were managed by CCS

are now being seconded to work under the management of CUHFT with the expectation that organisational barriers to timely transfer will reduce. Commissioners are also working with the discharge planning staff to ensure they and hospital teams are planning discharge from admission. Furthermore, pathway redesign is being undertaken in the hospital to take out any lost bed days due to processes inside the hospital with input from the whole system.

The presentation given to CEOs from the CUHFT catchment in May, identified demand on step down community services just from CUHFT and what the required capacity was to meet this demand. This has led to a pilot whereby the PCT is commissioning additional inpatient community rehabilitation beds from the independent sector. If this model is successful the PCT will increase capacity of these beds to help with demand over winter. Work is also being carried out by Cambridgeshire County Council which will see reablement as the single exit service for people going home with care from the acute. No person will be discharged from the acute with domiciliary care. This will reduce assessment requirement in hospital and mean the pathway for this cohort of patients is much more streamlined. Reinvestment of money currently spent on domiciliary care will be used to increase the reablement staffing resource. The required additional whole time equivalent (wte) staffing to meet this need is 99.

If the same model is applied at HHCT and PSHFT (so that all people who are currently being discharged out to domiciliary care are discharged into reablement), the teams supporting HHCT and PSHFT would need to increase by 53 whole time equivalent to deal with the demand.

RECOVERY DATE:

December 2012

Health checks received – RED				
Local Performance Measure		**Direction of travel**		
		NHSC		**NHSP**
		↓		↓
		Worse		**Worse**
2012/13 TARGET: **NHSC: 26959** **NHSP: 5160**		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
NHSC	**August target: 2002**	**NHSC**	**969**	*August 2012*
NHSP	**August target: 430**	**NHSP**	**247**	*August 2012*

REASON FOR POOR PERFORMANCE:

For NHSC patients, the number of health check invitations issued is on trajectory at 12,020, the conversion to checks delivered is below target at 5959. These figures are not complete for month four as 14 practices (19%) have not yet reported. From the above it would appear that surgeries are inviting the appropriate number of patients to achieve the target but are unable to convert the invitations into health checks. Some practices significantly overachieved during 2011/12 and this may impact on delivery in 2012/13. There may be issues around limited capacity within some practices or eligible patients may simply not wish to have a health check.

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 NHSC patients, all practices have been contacted and those who are underperforming have given assurance that they will deliver their targets with large events planned for the Autumn. However if they do not increase their levels it has been made clear that targets will be adjusted and practices with a higher capacity will be allocated increased targets.

Having reviewed July and August data, NHSP is 65.8% against the target of 2150 checks for August. There are nine practices underperforming in delivering health checks. These practices will receive follow up visits to improve performance and improvement is expected by the end of Quarter 2 in line with the planned target of 3010 completed checks. A meeting took place on 12th September at NHSP to implement the plan to offer checks to Travellers/Gypsies over the next six months, which will be delivered by 3 practices located close to these communities.

RECOVERY DATE:

September 2012

Number of Never Events Reported - RED				
Local Performance Measure		**Direction of travel**		
		CUHFT		**PSHFT**
		↓		↑
		Worse		**Improved**
TARGET: 0		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
CUHFT	**Year to date: 3**	**CUHFT**	**1**	*August 2012*
PSHFT	**Year to date: 1**	**PSHFT**	**0**	*August 2012*

REASON FOR POOR PERFORMANCE:

The Never Event at CUHFT related to a retained foreign object post-procedure.

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

As highlighted in previous reports, CUHFT have submitted an Action Plan to the CQC and staff have been reminded of the need to follow existing policy.

Counting processes at the Trust are under review.

Last month we reported a Never Event at PSHFT for July relating to a retained guide wire. Subsequent investigation revealed that the case was actually a Lincolnshire patient and the Never Event will be managed by NHS Lincolnshire.

RECOVERY DATE:

August 2012

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: 48 (target 48)**	**C&P CCG**	**15 (target 12)**	*July 2012*
NHSC	**Year to date: 43 (target 36)**	**NHSC**	**13 (target 9)**	*July 2012*
NHSP	**Year to date: 5 (target 12)**	**NHSP**	**2 (target 3)**	*July 2012*
CUHFT	**Year to date: 16 (target 16)**	**CUHFT**	**6 (target 4)**	*July 2012*
HHCT	**Year to date: 5 (target 3)**	**HHCT**	**0 (target 1)**	*July 2012*
PSHFT	**Year to date: 10 (target 10)**	**PSHFT**	**6 (target 3)**	*July 2012*
Papworth	**Year to date: 4 (target 3)**	**Papworth**	**1 (target 1)**	*July 2012*

REASON FOR POOR PERFORMANCE:

NHSC, HHCT and Papworth have all breached their Year to date (YTD) ceiling.
The issues at HHCT have been highlighted in previous reports.

Both CUHFT and PSHFT had 6 cases each in July. Reviews of these cases have not highlighted any concerns with regards to antibiotic prescribing.

Of the 6 cases at CUHFT, none were linked to cross infection and all were understood to have had appropriate antibiotics for the right treatment.

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

Root cause analyses are undertaken on every case for all providers and actions are taken accordingly.

The scrutiny panel in Peterborough has highlighted their concern over the number of cases which is also 6 for August and the Trust is pulling together a top team review including the Chief Executive and representation from the PCT.

CUHFT has not identified any concerns.

Cases reviewed by the PCT have not highlighted any antibiotic prescribing concerns but note that 2 patients had been recent in-patients for long periods of time and for 1 there was no recent history of antibiotic use.

RECOVERY DATE:

It is expected that NHSC, NHSP, CUHFT and PSHFT will not breach their ceiling for the full year.

HHCT will recover the trajectory in November 2012 providing no further cases are identified. Papworth are unlikely to recover performance until October 2012.

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

Integrated Performance Headline Measure		**Direction of travel**		
		NHSC		**NHSP**
		↑		↓
		Improved		**Improved**
TARGET: 60%		**LATEST PERFORMANCE:**		**PERIOD COVERED:**
C&P CCG	**Year to date: 65.4%**	**C&P CCG**	**35.7%**	*July 2012*
NHSC	**Year to date: 64.2%**	**NHSC**	**71.4%**	*July 2012*
NHSP	**Year to date: 66.7%**	**NHSP**	**0%**	*July 2012*

REASON FOR POOR PERFORMANCE:

The Cluster are reviewing the position with the provider with regard to the causes and a verbal update will be provided at the meeting.

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

The Cluster are considering using contractual levers.

RECOVERY DATE:

A verbal update will be provided at the meeting.

2.11 Patients who spend 90%+ of time in a stroke unit – AMBER

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

TARGET: 80%		LATEST PERFORMANCE:		PERIOD COVERED:
C&P CCG	Year to date: 82.3%	C&P CCG	82.2%	*July 2012*
NHSC	Year to date: 77.7%	NHSC	78.7%	*July 2012*
NHSP	Year to date: 86.8%	NHSP	85.7%	*July 2012*

REASON FOR POOR PERFORMANCE:

CUHFT achieved 75.6% for July, HHCT achieved 56.3%, PSHFT achieved 87.8%

The main issue for NHSC is the failure of this target at CUHFT as the Trust is still struggling with capacity on the stroke unit.

PSHFT exceeded the target for July.

The Cluster are reviewing the position with HHCT with regard to the causes and a verbal update will be provided at the meeting.

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

With regard to CUHFT, the implementation of Early Supported Discharge will alleviate the bottleneck as patients length of stay would reduce. A business case has been requested from CCS and CUHFT by the end of September. There have also been discussions about moving the neuro-rehab patients off the stroke ward to relieve some of the bed pressures.

The Cluster are awaiting an update from HHCT and an update will be provided at the meeting.

RECOVERY DATE:

CUHFT – September 2012

Numbers of avoidable Grade three and four pressure ulcers - RED

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

TARGET: 0		LATEST PERFORMANCE:		PERIOD COVERED:
C&P CCG	Year to date: 61	C&P CCG	13	*July 2012*
NHSC	Year to date: 34	NHSC	10	*July 2012*
NHSP	Year to date: 27	NHSP	3	*July 2012*
CUHFT	Year to date: 13	CUHFT	4	*July 2012*
HHCT	Year to date: 5	HHCT	1	*July 2012*
PSHFT	Year to date: 11	PSHFT	2	*July 2012*
CCS	Year to date: 10	CCS	1	*July 2012*

REASON FOR POOR PERFORMANCE:

The following themes have been identified from Pressure ulcers (PU) Serious Incidents (SI) investigations:

- Training of staff in doing risk assessments and prevention of pressure ulcers
- 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?

This issue is discussed with providers and monitored at the monthly Clinical Quality Review meetings where trends are identified and action plans are discussed.

Additionally, the following actions are undertaken: • Monitoring of information from the monthly point prevalence data from the NHS Safety Thermometer • Monitoring of numbers of PU SIs reported by Provider • SI learning event with discussion of PUs
RECOVERY DATE:
This will be clearer once full analysis of the Serious Incident 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 October 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	Letter sent 02.08.12 in relation to the failure to maintain a monthly Appointment Slot Issue rate of 0.03 or less.	A Remedial Action Plan was received 28.08.12 (post the deadline of 16.08.12 due to staff on leave). At the last combined Technical/SPRG Meeting the C&B RAP was reviewed and a request was made for the Trust to provide NHSC with a trajectory for bringing the ASI performance within contractual requirements of 0.3 or less. This was received on 11th September. A C&B Meeting is scheduled with the Trust for 14th September where a further update will be provided.
Provision of Cardiac Rehabilitation, Phase 1 and 3	Letter sent 10.08.12 in relation to provision of the service.	A letter dated 07.09.12 was received from HHCT. Internal discussions are taking place following this feedback from the Trust.

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

Contract Issue (including	Contractual Actions taken	Resolution – target date / outcome

detail of frequency and time period).	and timelines	
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 is currently being updated.
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 to be agreed by 28 August 2012.
6. CQR Review of Compliance Non-compliant with Outcome 13: Staffing levels. Area District Nursing	CCS submitted compliance report and letter to CQC in June 2012	CQC are currently carrying out an unannounced compliance review of several outcomes (including outcome 13), on completion of which they will confirm as to whether they are in agreement with compliance report submitted as submitted in June 2012 respect of outcome 13. Stabilisation plan agreed in principle by NHSC. Staffing levels improved. Vacant posts recruited into. Business Case required for additional staffing.

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.

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. August achieved 95% for the first time this financial year.

4 RECOMMENDATION

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