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**

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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.

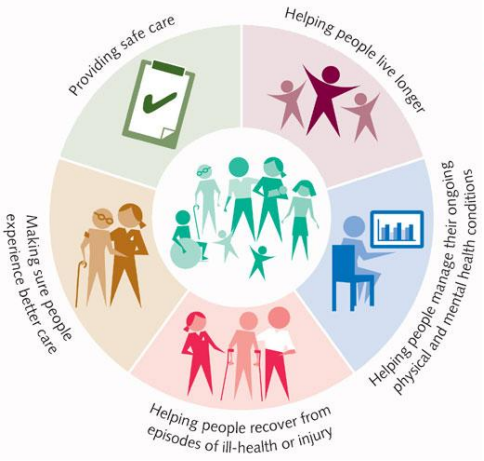
2 PROPOSED CHANGES FOR 2013/14:

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.



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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.

<u>PSHFT</u>

- 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**
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	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?

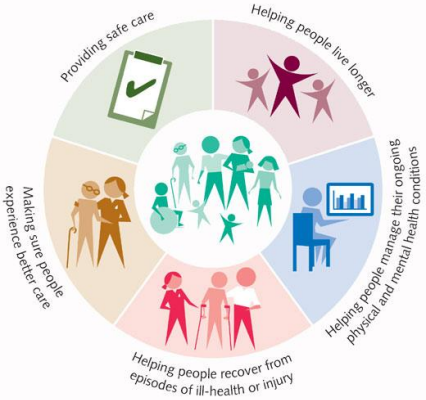
For NHSP, an action plan is being developed and the actions highlighted in last month's report are being taken forward. NHSP are arranging visits with practices to discuss performance.

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

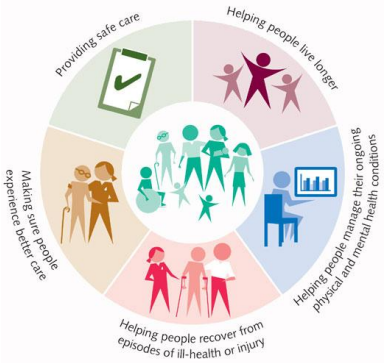
The patient was recently due for discharge and the GP will receive significant information around continuing care and follow up, including antibiotics for a further 6 weeks and continual decolonisation to avoid the risk of redeveloping infection.

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.

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