

2013/14 Integrated delivery report

- May 28 2013



Cambridgeshire and Peterborough
Clinical Commissioning Group

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Executive summary

Comments |

Since the previous report, the draft CCG Assurance Framework has been published by NHS England. The CCG has aligned its reporting to the methodology and thresholds included within the CCG assurance framework and the integrated report has been updated to reflect this.

The balanced scorecard is required to be published by each CCG and the first draft balanced scorecard is provided below:

Cambridgeshire and Peterborough CCG Balanced scorecard	
Are local people getting good quality care?	Amber red
Are patient rights under the NHS Constitution being promoted?	Amber green
Are health outcomes for local people improving?	
Are CCGs commissioning services within their financial allocations?	
Are conditions of CCG authorisation being addressed and removed?	Yes

Month one data is not yet available for two of the domains and therefore we have not rated these areas. These domains will be rated in the future when data is available.

For the good quality care domain, the CCG has self assessed a core of amber red, reflecting residual questions over the action plans in place for friends and family test for QEKL and MSA breaches in PSHFT and QEKL. This is a prudent approach to take and may be considered pessimistic. In future we would anticipate the Patient Safety and Quality Committee would advise us on the ratings and self assessment for this domain.

For the NHS Constitution domain, we have assumed that the over ride rule that applies if two consecutive quarters are amber will not be used until Q2 results are available. If this over ride rule were to be applied retrospectively, the CCG self assessment would be amber red based primarily on concerns over MSA breaches and ambulance performance.

Section one

GOOD QUALITY CARE

Domain scorecard

Indicator:	CUHFT	HHT	PSHFT	Papworth	CCS	CPFT	QEKL
Has local provider been subject to enforcement action by the CQC?	N	N	N	N	N	N	N
Has local provider been flagged as a "quality compliance risk" by Monitor and / or are requirements in place around breaches of provider licence conditions?	Y		Y	N		N	N
Has local provider been subject to enforcement action by the NHS TDA based on quality risk?		N			N		
Does feedback from the Friends and Family Test (or any other patient feedback) indicate cause for concern?	Y	N	N	N	N	N	Y
Has the provider been identified as a 'negative outlier' on SHMI or HSMR	N	N	N	N	N	N	N
MRSA cases above zero?	N	N	N	N	N	N	N
More C diff than trajectory?	Y	N	N	N	N	N	?
MSA breaches are above zero?	N	N	Y	N	N	N	Y
Unclosed SUIs?	Y	Y	Y	Y	Y	Y	Y
Never events reported during the last quarter? (April 13 data)	N	N	N	N	N	N	N
	4	1	3	1	1	1	3

CCG

- Does the CCG have any outstanding conditions of authorisation in place on clinical governance? N
- Concerns around quality issues being discussed regularly by the CCG Governing Body N
- Concerns around early warning of failing service? N
- Concerns re arrangements in place for SUIs? N
- Concerns re active participant in Quality Surveillance Group? N

EPRR

- If there was an event in the last quarter, has CCG self-assessed.... N

Winterbourne

- Has the CCG self assessed and identified any risk to progress against its Winterbourne View action plan? N

Score: 14 out of 63 **22%**

Key

- Green | All No responses
- Amber / green | One or more Yes responses but action plan in place to successfully mitigate patient risk
- Amber / red | One or more Yes responses but action plan not in place, does not successfully mitigate patient risk
- Red | Enforcement action in place and CCG not engaged in proportionate action planning to address patient risk

CCG self assessment of Amber/red

Comments |

14 areas out of 63 have been flagged as Yes by the CCG. For the majority of these areas, actions plans are in place that successfully mitigate patient risk, however there are residual questions over the friends and family action plan for QEKL and the robustness of the MSA action plans at PSHFT and QEKL. For this reason, the CCG has prudently self assessed an amber red rating. In future the Patient Safety and Quality Committee will be tasked with determining the self assessment rating and feeding this into the report.

Provider Overview -

Quality and Patient Safety Provider Summary

15 - May-13



Cambridgeshire and Peterborough
Clinical Commissioning Group

	CUHFT	PSHFT	Hinch	CCS	CPFT	Papworth
Mortality SHMI	0.84	0.99	0.94	-	-	-
Safety MRSA March YTD	6/2	1/1	1/1	-	-	2/1
Safety C Diff March YTD	73/45	34/29	13/7	-	-	7/5
Safety Never Events	0.0	0.0	0.0	0.0	0.0	0.0
Experience Friends and family March	52.0	78.0	83.0	-	-	84.0

Comments |

The year end position for the number of C difficile cases is outlined above, with all providers exceeding the ceilings confirmed in the 2012/13 trust plans.

Whilst there were no MRSA cases at our main providers in March, performance was above the annual ceiling at CUHFT and Papworth, whilst PSHFT and HHCT reached their annual ceiling.

This will be examined in more detail in the HCAI section of this report.

The CCG exceeded the annual ceiling of 6 MRSA cases with an actual of 10, and the annual C difficile ceiling of 132 was also exceeded with an actual of 171 at year end.

Serious Incidents and Never Events

Organisation	SIs reported during April 2013 (including Never events)	Never events reported during April 2013	Investigation reports & action plans received during April 2013	SIs closed during April 2013	Open SIs as at 30 April 2013
C&P CCG	1	0	0	0	4
CCS	17	0	14	17	28
CPFT	19	0	4	3	33
CUHFT	2	0	1	0	7
HHCT	1	0	2	0	6
Papworth	0	0	0	0	2
PSHFT	9	0	3	2	15
UCC	1	0	1	0	2
Total	50	0	25	22	97

Comments |

No Never events were reported during this period.

The number of Serious Incidents (SIs) reported during April 2013 are outlined above.

Details of Serious Incidents are escalated to the Senior Management Executive Team. The quality team provide information on a weekly basis to the Clinical & Management Executive Team meeting for review.

As per the CCG Assurance Framework 2013/14, details of SIs and Never Events for those patients whose care has been commissioned by the CCG at the Queen Elizabeth Hospital, Kings Lynn will be provided in next month's report.



THE NHS
CONSTITUTION
the NHS belongs to us all

Section two

NHS CONSTITUTION

Overall delivery | NHS Constitution

Comments |

Between the February 13 scorecard and the April 13 scorecard being produced there has been an improvement in performance relating to Cancer waits. Using the CCG assurance framework as our guide, the cancelled operations metrics will not be rated. This report will focus on those areas still experiencing difficulties as follows:

- RTT - At an aggregated level, the CCG is meeting all national operating standards for March, however there are still some areas not meeting the standard at specialty level.
- A&E performance has improved and for the week ending 29th April, the standard was met in all areas apart from at PSHFT (93.9%). Additionally, performance at CUHFT dropped during the week commencing 12th May.
- Cancer waits have improved overall with all standards being met at CCG level.
- Ambulance performance has also shown an improvement and for the week ending 5th May, Red 1, Red 2 and A19 performance were all above standard and trajectory.
- Mixed Sex Accommodation - Provisional data for April highlights that there were 7 breaches at PSHFT and 4 at QEH.

A detailed breakdown by individual indicator is included in the following sections.

NHS Constitution scorecard



<u>Referral to treatment access times</u>	Threshold	Lower threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period
Admitted patients	90.0%	85.0%	92.8%	92.7%	91.0%	↑	Mar-13	Green
Non-admitted patients	95.0%	90.0%	98.0%	98.4%	97.8%	↓	Mar-13	Green
Incomplete pathways	92.0%	87.0%	97.1%	96.9%	96.8%	↑	Mar-13	Green
Over 52 week waits - Incomplete Pathway	0	10	2	3		↑	Mar-13	Amber

75%

<u>Diagnostic waits</u>	Threshold	Lower threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period
No patient should wait > 6 weeks	99.0%	94.0%	99.4%	99.3%	99.4%	↑	Mar-13	Green

100%

<u>A&E waits</u>	Threshold	Lower threshold	Current Quarter	Prior Quarter	YTD Actual	Movement	Period	Delivered Current Period
Patients spending four hours or less in all CCG	95.0%	90.0%	92.2%		92.2%		13/05/13	Amber
Patients spending four hours or less in all CUHFT	95.0%	90.0%	94.2%		94.2%		13/05/13	Amber
Patients spending four hours or less in all Hinchingbrooke	95.0%	90.0%	95.3%		95.3%		13/05/13	Green
Patients spending four hours or less in all PSHFT	95.0%	90.0%	88.2%		88.2%		13/05/13	Red
Over 12 hr trolley waits	0	None	0	0	0	↔	13/05/13	Green

40%

NHS Constitution scorecard – pg. 2

Cancer waits	Threshold	Lower threshold	Current Quarter	Prior quarter	YTD Actual	Movement	Period	Delivered Current Period
2 week wait for urgent cancer referrals	93.0%	88.0%	97.3%	96.9%	96.1%	↑	Q4 12/13	Green
2 week wait for breast symptom referrals	93.0%	88.0%	96.3%	95.4%	96.3%	↑	Q4 12/13	Green
31 day wait to first definitive treatment for all cancers	96.0%	91.0%	98.7%	98.1%	98.0%	↑	Q4 12/13	Green
31 day wait for subsequent surgery	94.0%	89.0%	94.9%	96.2%	96.1%	↓	Q4 12/13	Green
31 day wait for subsequent drug	98.0%	93.0%	99.5%	99.7%	99.7%	↓	Q4 12/13	Green
31 day wait for subsequent radiotherapy	94.0%	89.0%	97.6%	96.9%	95.7%	↑	Q4 12/13	Green
62 day wait to first definitive treatment for all cancers	85.0%	80.0%	87.0%	86.2%	85.4%	↑	Q4 12/13	Green
62 day wait following screening referral	90.0%	85.0%	94.6%	98.9%	97.8%	↓	Q4 12/13	Green
62 day wait following consultant upgrade	None	None	97.1%	97.1%	95.9%	↔	Q4 12/13	Not rated

100%

Category A ambulance	Threshold	Lower threshold	Current Month	Prior Month	YTD Actual	Movement	Period	Delivered Current Period
Cat A calls response arriving within 8 minutes - Red 1	75.0%	70.0%	75.85%	73.77%	75.85%	↑	Apr-13	Green
Cat A calls response arriving within 8 minutes - Red 2	75.0%	70.0%	72.50%	69.35%	72.50%	↑	Apr-13	Amber
Cat A calls ambulance arriving within 19 mins	95.0%	90.0%	93.85%	91.63%	93.85%	↑	Apr-13	Amber
Ambulance Handover - Arrival to clear - 30 mins	85.0%	None	66.1%		66.1%		Apr-13	Not rated
Ambulance Handover - Arrival to clear - 60 mins	0.0%	None	5.8%		5.8%		Apr-13	Not rated

33%

Mixed sex accommodation	Threshold	Lower threshold	Current Period	Prior Period	Q1 to date	Movement	Period	Delivered Current Period
Mixed Sex Accommodation Breaches	0	10	7	11	7	↑	Apr-13	Amber

0%

NHS Constitution scorecard – pg. 3

Cancelled operations	Threshold	Lower threshold	Current			Movement	Period	Delivered
			Period	Prior Period	YTD Actual			Current Period
Cancelled operations not rebooked within 28 days			52	24		↔	Jan - March (Q4)	Not rated

Care Programme Approach	Threshold	Lower threshold	Current			Movement	Period	Delivered
			Period	Prior Period	YTD Actual			Current Period
% of people on CPA followed up within 7 days of discharge	95.0%	90.0%	99.4%	95.5%	93.8%	↑	Mar-13	Green

100%

Key

Green | No indicators rated red

Amber green | No indicators rated red but future concerns

Amber red | one indicator rated red

Red | Two or more indicators rated red

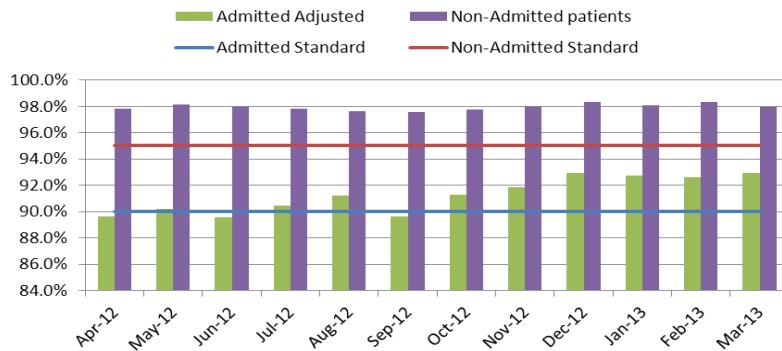
Comments |

The following areas will be covered in more detail using Exception Reports (ER):

1. RTT incomplete waits – pg. 13
2. Accident and Emergency – pg. 14
3. Cancer waits – pg. 15
4. Ambulance – pg. 16
5. Mixed sex accommodation – pg. 17
6. Cancelled operations – pg. 18

ER 1 | Referral to treatment

Fig 1. CCG wide RTT performance over time



Comments |

At an aggregated level, the CCG is meeting all national operating standards for March (admitted pathways, non-admitted pathways and incomplete pathways) as shown in figure 1.

All providers apart from PSFHT met the standards at an aggregated level, however, PSHFT failed the aggregated admitted adjusted standard for March (88.97%).

No over 52 week incomplete waits were reported at our main providers during March, however, provisional data shows that there will be one Orthopaedic patient still waiting over 52 weeks at the end of April at CUHFT.

However, 2 patients were identified for March at the Fitzwilliam Hospital (1 x T&O and 1 x Urology). The Fitzwilliam Hospital has confirmed that both patients were seen and should not be showing on the system. This has been reported as a data reporting issue.

Figure 3 shows the speciality level split which indicates that at CCG level, five specialties are not meeting the national admitted pathway standards. They are:

- Cardiothoracic surgery (80.4%)
- General surgery (86.4%)
- Neurology (88.9%)
- Neurosurgery (89.7%)
- Trauma and orthopaedics (87.1%)

Provider level information is available in the provider performance section.

Fig. 2 CCG over 52 week waits reported by providers

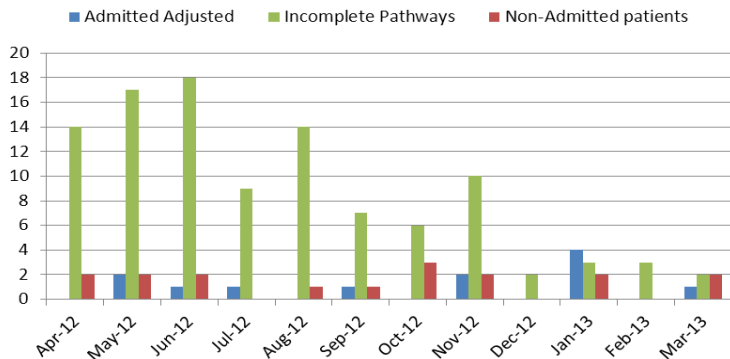


Fig 3. CCG speciality level breakdown

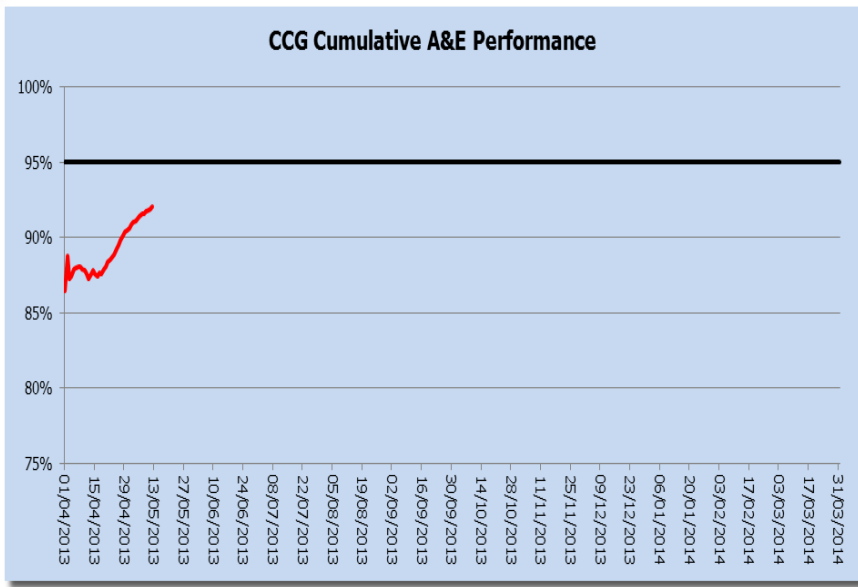
Number of specialties **Not** meeting national standard

	% 18 wk RTT	95th percentile
Admitted	5	2
Non Admitted	1	0
Incomplete	1	0



ER 2 | Accident and emergency

Fig 1. CCG wide A&E performance over 2013/14



Comments |

Figures 1 & 2 show the start for 2013/14 has been challenging.

Since the start of the new financial year, for the 7 weeks up to 19th May, PSHFT has met the standard for 1 week out of 7, CUHFT for 3 weeks out of 7 and HHCT for 4 weeks out of 7.

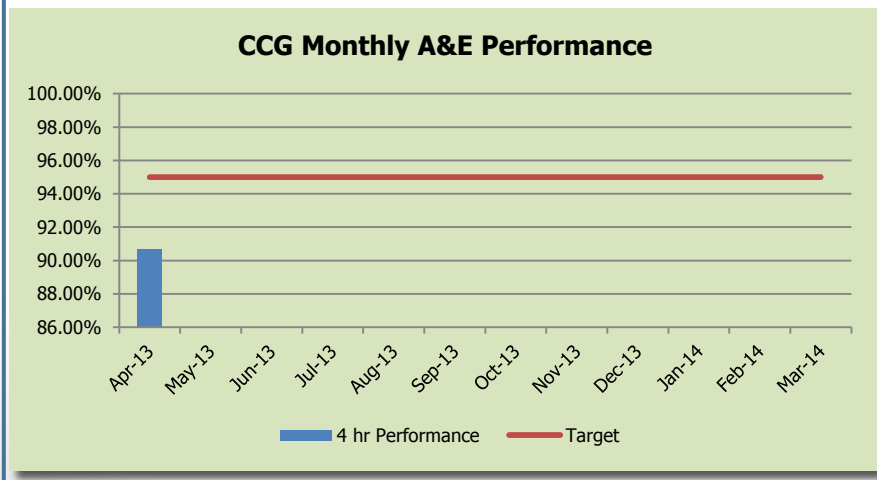
For the week ending 19th May, performance has improved with all providers meeting the weekly standard apart from CUHFT.

Performance is monitored through the local urgent care networks which centre around providers. For each provider, A&E remains a key service performance element in the contract and as such contract queries are raised for under performance and remedial action plans requested by commissioners to address on-going under performance.

The Health and Social Care systems around HHCT, CUHFT and PSHFT have developed action plans to address Urgent Care issues within their local area.

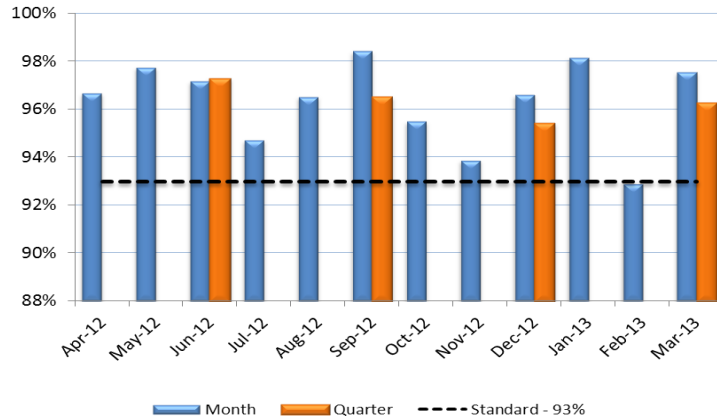
Provider level information is available in the provider performance section.

Fig. 2 CCG monthly performance in 13/14



ER 3 | Cancer waits

Fig 1. CCG wide 2ww Breast Symptoms



Comments |

The CCG met all cancer standards for February, however, at a provider level, some of the standards were not met as follows:

2 Week Wait for Breast Symptom Referrals

In February, the standard was not met at CUHFT (90.9%)

62 Day Referral to Treatment

The standard was not met in February at CUHFT (83.3%) and PSHFT only just met the standard (85%).

Provisional data shows that HHCT did not meet this standard in March (77.9%).

In March, the CCG met all cancer standards apart from the 31 day wait for subsequent surgery (93.9%).

Provider level information is available in the provider performance section.

Fig 2. CCG wide 62 Referral to Treatment

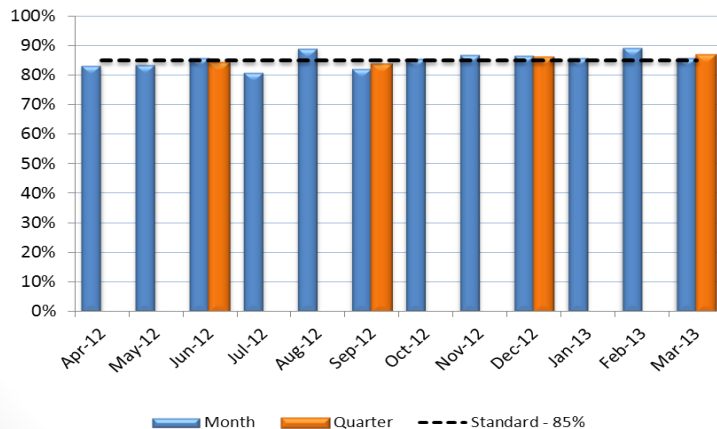
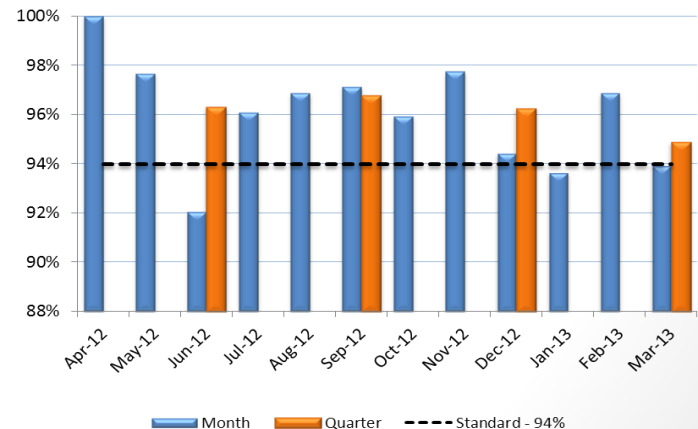
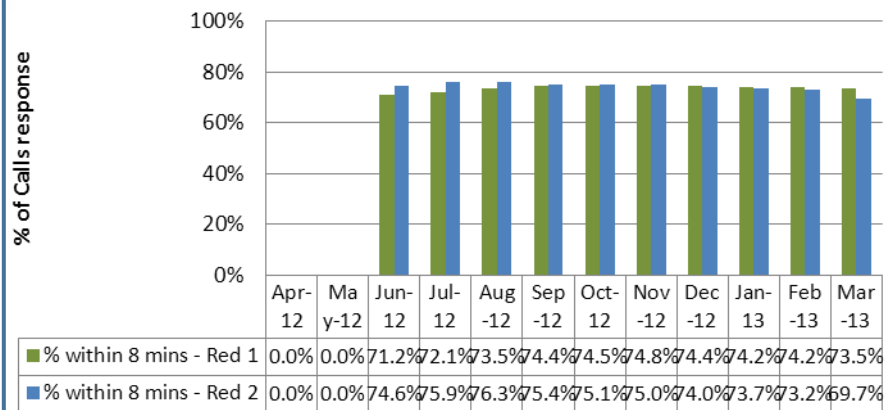


Fig 3. CCG wide 31 Day Sub Surgery



ER 4 | Ambulance performance

Fig 1. East of England Ambulance trust performance 12/13



Comments |

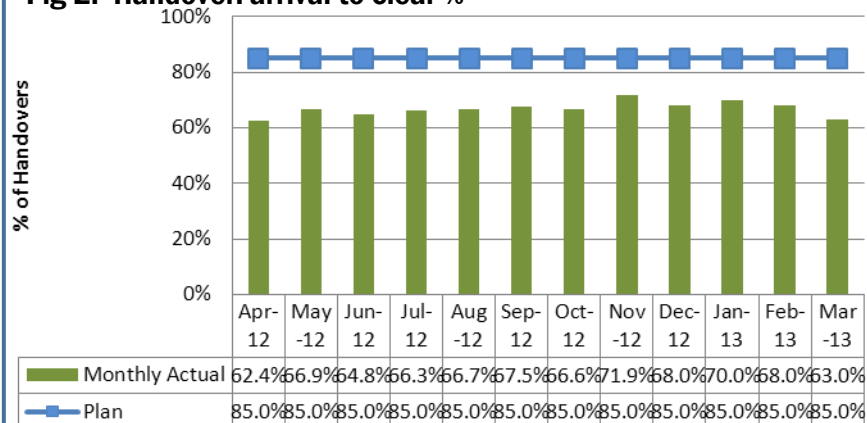
For the week ending 5th May, provisional data shows an improvement in performance as follows:

- Red 1 (8 minute) performance was above the 75% standard at 83.2%.
- Red 2 (8 minute) performance was above the 75% standard at 75.2%.
- Category A19 minute performance was above the 95% standard at 95.2%.

Red 1, Red 2 and A19 all remained above standard and trajectory.

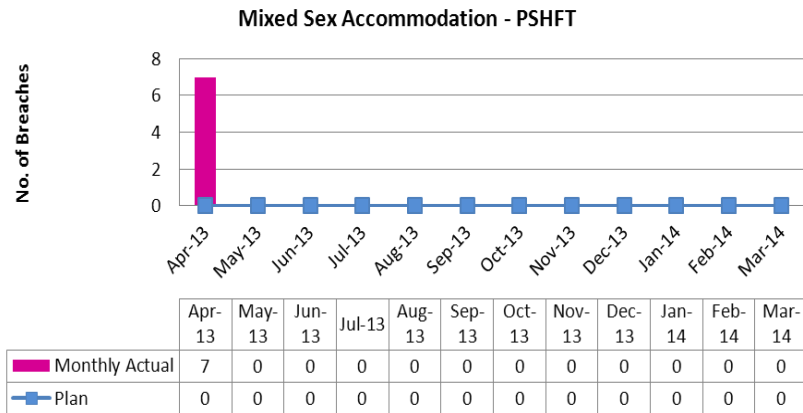
Activity has stabilised following the increase over the previous bank holiday period.

Fig 2. Handover: arrival to clear %



ER 5 | Mixed sex accommodation

Fig 1. PSHFT Breaches



Comments |

Provisional data for April 2013 shows that there were 7 breaches at PSHFT and 4 at QEH.

At PSHFT, 4 ACU (Ambulatory Care Unit) patients and 3 'escalation' inpatients were affected. The Trust bed capacity situation was such that emergency escalation areas had to be chosen and the decision was made by the duty management team at the time to use ACU.

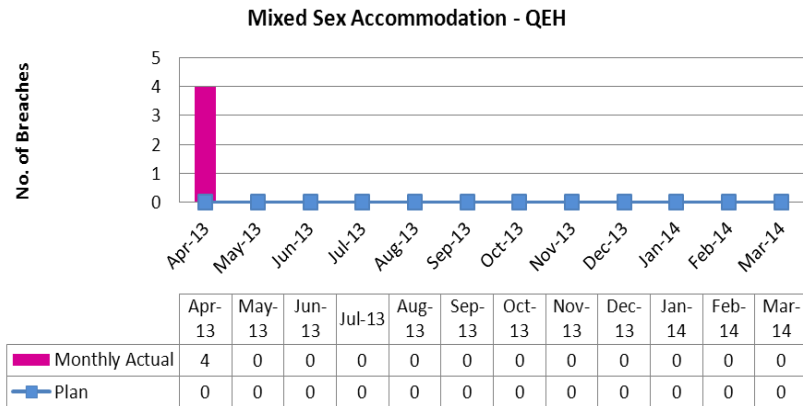
Immediate actions taken by PSHFT were as follows:

- Use of screens and curtains;
- Explanations to patients and where appropriate their families;
- Arriving ACU patients were escorted into the unit. This assisted with maintaining high standards of privacy and dignity;
- Best use of allocated cubicle space and treatment rooms, i.e. inpatients on one side of ACU and outpatients on the other.

The ACU should not be used as a capacity escalation area. This has already been reported via the appropriate escalation process including adverse event and Risk Register.

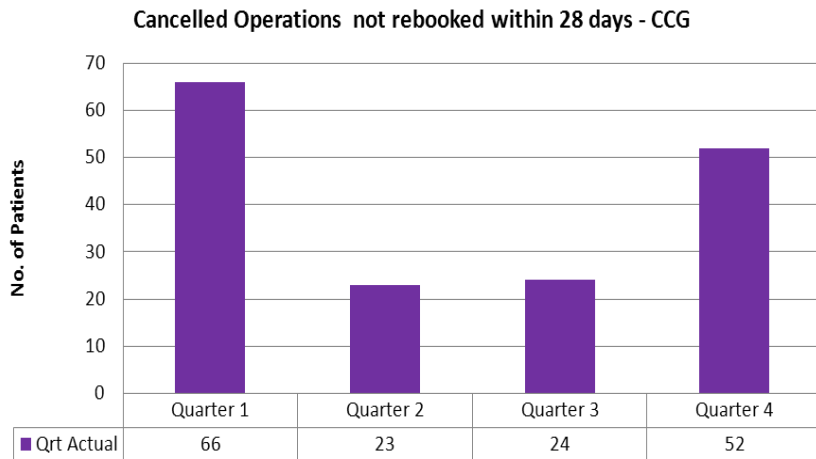
We are working with West Norfolk CCG (as the lead commissioner for QEKL) to determine the reasons behind the QEKL and the actions planned to resolve this issue. A verbal update will be provided at the meeting.

Fig 2. QEH Breaches



ER 6 | Cancelled operations

Fig 1. Cancelled operations by quarter in 12/13



Comments |

As outlined in the figure 2, the number of cancelled operations not rebooked within 28 days has generally reduced since Quarter 1 apart from at PSHFT which had a considerable increase in cancelled operations in Quarter 4.

Both the cancelled operations and the MSA breaches are linked to the emergency pressures reported by PSHFT and the A&E performance under performance reported previously. The action plan to improve emergency care is likely to improve cancelled operations also. The local urgent care network will be monitoring performance in this area on an on-going basis.

The CCG continues to monitor cancellations as part of its contract review meetings scheduled with each provider.

Fig 2. Cancelled operations by Trust in 12/13

	Q1	Q2	Q3	Q4
CUHFT	11	7	7	3
HHCT	0	2	2	0
PSHFT	41	11	10	42
Papworth	14	3	5	7



Section three

THE MANDATE

Overall delivery | The Mandate



Comments |

The five outcome domains that we will be reporting against in 2013/14 are:

Domain one | Preventing people from dying prematurely

Domain two | Enhancing the quality of life for those with long term conditions

Domain three | Helping people to recover from episodes of ill health

Domain four | Ensuring people have a positive experience of care

Domain five | Providing a safe environment

At the present time some indicators are still in development for reporting in 13/14 and data is not yet available. Therefore this section remains under development until the national data sets are available at CCG level. We will continue to refine this in line with published data availability.

A detailed breakdown by individual indicator is included on the following pages. The key areas of current concerns are HCAI cases and in particular C difficile and emergency readmissions within 30 days of discharge.

The Mandate scorecard



Preventing people from dying prematurely		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Antenatal assessment < 13 weeks		93.2%	93.7%	95.5%	93.2%	↓	Jan - March (Q4)	Yes	No
Maternal smoking at delivery		16.8%	15.3%	17.8%	15.5%	↓	Jan - March (Q4)	Yes	Yes
Prevalence of breast feeding at 6 - 8 weeks from birth		53.3%	52.2%	52.1%	50.4%	↑	Jan - March (Q4)	No	No



Enhancing quality of life for people with LTC		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Unplanned hospitalisation for chronic ambulatory care sensitive conditions		Reduce	60	50	563	↓	Mar-13	No	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		Reduce	0	0	0	↔	Mar-13	No	



Helping people to recover from episodes of ill health		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge		5.0%	5.9%	5.7%	5.7%	↑	Mar-13	No	No
Emergency admissions for acute conditions that should not usually require hospitalisation		Reduce	97	80	1039	↓	Mar-13	No	



Ensuring people have a positive experience of care		Mean	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Friends and Family net Promoter	CUHFT	71.0	52.0	54.0	52.0	↓	Mar-13	No	
Friends and Family net Promoter	Hinchingbrooke	71.0	83.0	81.0	83.0	↑	Mar-13	No	
Friends and Family net Promoter	Papworth	71.0	84.0	81.0	84.0	↑	Mar-13	No	
Friends and Family net Promoter	PSHFT	71.0	78.0	83.0	78.0	↓	Mar-13	No	



Safe environment		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Patient safety incidents reported		75.0%							
Incidence of VTE		90.0%	98.1%	97.6%	97.7%	↑	Oct - Dec (Q3)	Yes	Yes
MRSA Infections		6	0	1	10	↑	Mar-13	Yes	No
C. Diff Infections		132	13	10	171	↓	Mar-13	No	No



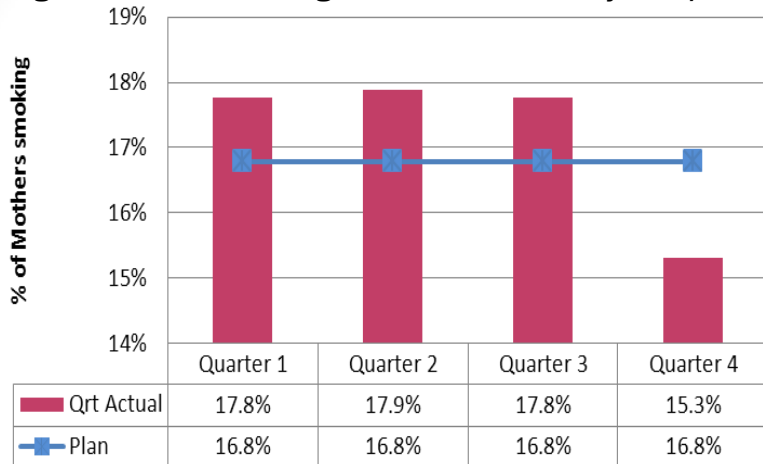
Comments |

The following areas will be covered in more detail, using exception reporting (ER):

7. Maternal smoking at the time of delivery – pg. 22
8. Prevalence of breast feeding – pg. 23
9. Emergency re admissions within 30 days of discharge – pg. 24
10. Family and friends – pg. 25
11. HCAI – pg. 26

ER 7 | Maternal smoking

Fig 1. Maternal smoking at the time of delivery in 12/13



Comments |

Performance improved considerably during Quarter 4 with the CCG comfortably meeting the target as outlined in Figure 1.

There has been an increased focus by the Stop Smoking Services working with maternity, health visiting and children's centres services to target pregnant smokers. This has included an increase in the number of staff trained to make an intervention and a range of promotional activities.

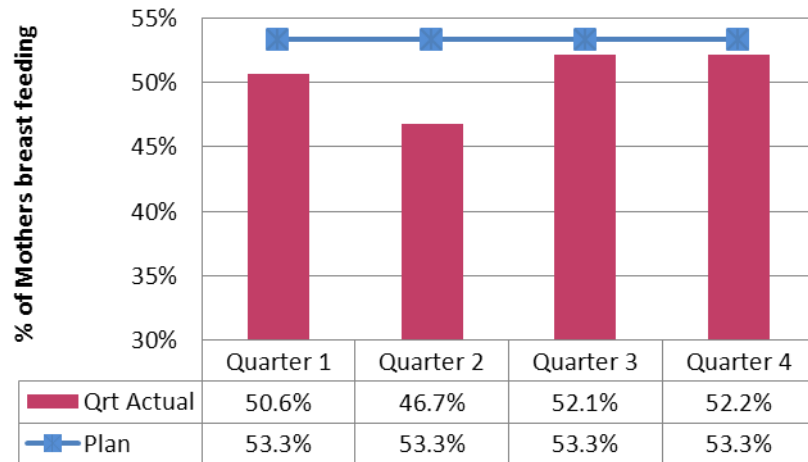
There has been an increase in the number of referrals to stop smoking support but this will need to be increased if further improvements are to be secured which will require the sustained support of the key services.



ER 8 | Breastfeeding prevalence.



Fig 1. Prevalence of breast feeding at 6-8 weeks



Comments |

Quarter four data as shown in figure 1 illustrates improvement in the breastfeeding prevalence figures with the highest performance across any quarter in 12/13. However this remains below the planned figure of 53.3%

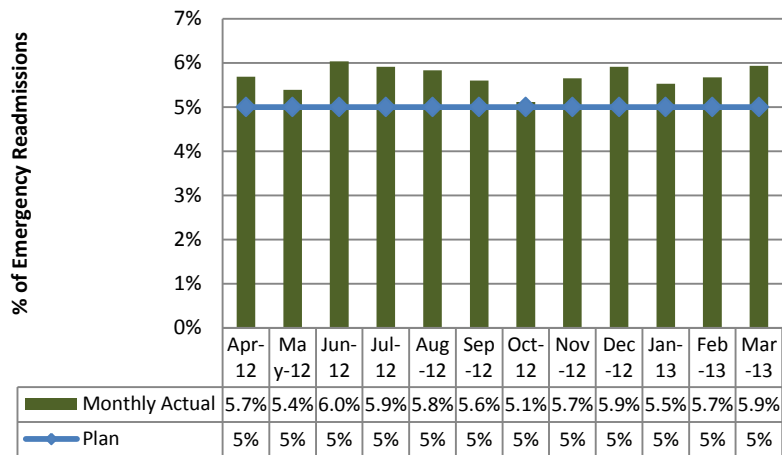
A meeting between CPFT, Public Health and PSHFT will be held shortly to develop a performance improvement action plan.

While further improvements are required positive progress has been made recently to support overall activity - UNICEF level 3 accreditation has been achieved for Public Health, CCG and PSHFT while NCT are being commissioned to deliver supervision and training for our peer supporters.

ER 9 | Emergency readmissions



Fig 1. Emergency readmissions within 30 days of discharge



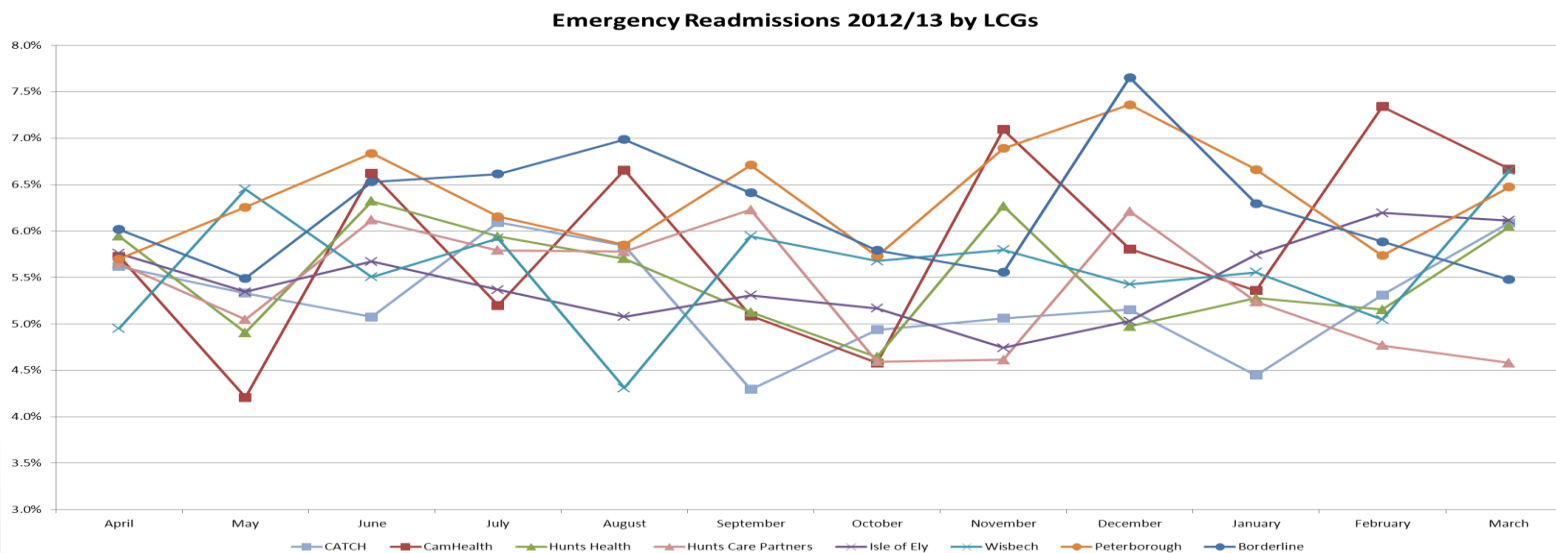
Comments |

Figure 1 illustrates the 12/13 CCG wide performance for emergency readmissions within 30 days of discharge. There have been monthly fluctuations reported in 12/13 with no obvious trend for the time period reported.

Figure 2 outlines the variations between LCGs. This level of fluctuation will make it difficult to understand trend movement at LCG level during the 2013/14.



Fig 2. Emergency readmissions 2012/13 by LCG



ER 10 | Friends and family



Fig 1. Net promoter score for the CCG across 12/13 (inc Papworth)



Comments |

Since September 2012, the net promoter score average for the CCG, based on four providers has remained fairly steady as illustrated in figure 1.

Of the four providers, three (Papworth, Hinchingsbrooke and Peterborough & Stamford NHSFT) are above the regional mean with CUHFT being below.

In March, CUHFT reported an 18.54% response rate, based on footfall of 4,251 with a net promoter score of 52, a slight drop from 54 in February.

The quality premium friend and family element requires the CCG to ensure that the three main providers (CUHFT, PSHFT and HHCT) are on track to deliver maternity reporting in October 13 and additional services (not yet defined) in March 14. We will work through the quality team to ensure this happens.



Fig 1. CCG wide C diff by month 12/13

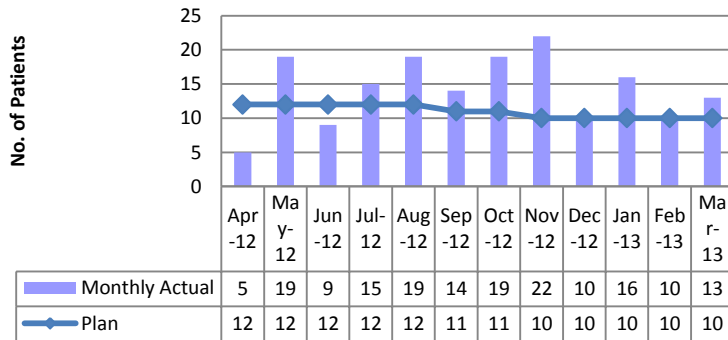


Fig. 2 CCG wide MRSA by month

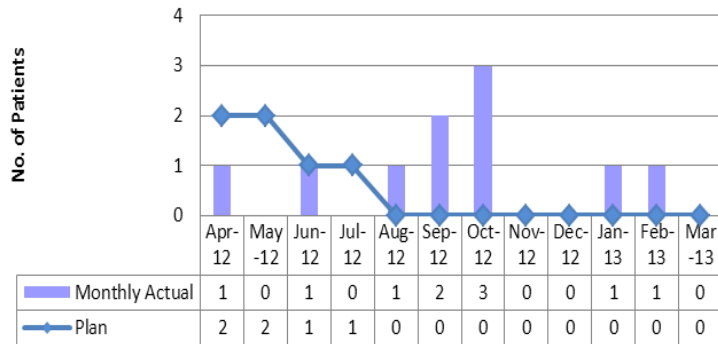


Fig. 3 Trust provisional April C Diff data

Trust	Annual Trajectory	Provisional April data	Actual cases
CUHFT	45	6	TBC
HHCT	7	2	TBC
Papworth	5	1	TBC
PSHFT	29	1	TBC

Comments |

MRSA

Whilst there were no cases at our main providers in March, performance was above the annual ceiling at CUHFT and Papworth, and PSHFT and HHCT reached their annual ceiling. The CCG exceeded the annual ceiling of 6 MRSA cases with actual cases of 10.

- PSHFT - have completed their action plan and it has now been 12 months since the last case.
- HHCT – The action plan is work in progress but on target for completion by the end of May
- CUHFT – have completed their action plan

Clostridium Difficile

The annual C difficile ceiling of 132 was exceeded by the CCG with an actual of 171 at year end. All providers exceeded the ceilings confirmed in the 2012/13 trust plans. All Acutes have now had a contract query and remedial action plans are in place which are monitored monthly.

A Clostridium Difficile summit was held on 17th April at CUHFT and was attended by the majority of key stakeholders. There was a desire to have a fresh strategic outlook and a system wide approach. The CCG agreed to take this up and an internal meeting took place on 20th May and there was also a discussion at the Quality Network with Directors of Nursing on 8th May. There is no one change which will improve performance however the key issues were around communication across and between all services and to have a fuller understanding of the disease burden.

Provisional data for April 2013 is outlined in figure 3.

The CCG Infection and Prevention and Control Matron, accompanied by staff from CUHFT went on a fact-finding trip to two hospitals in Njmegen, Holland to look at the infection control and antimicrobial management of patients in relation to C difficile and MRSA. The findings were not as anticipated with one of the hospitals having around 100 cases of C difficile per year. There are no national targets and no incentives to reduce cases with no antibiotic restrictions. Whilst the experience was interesting to consider other systems and processes, it did not help with the current concerns of C difficile.

Provider level information is included in the provider performance section.



Section four

TRANSFORMING SERVICES

2013/14 Efficiency plan

**Final LCG
proposed
QIPP plan
(07/05/13)**

Borderline and Peterborough	6,933
Cam Health	1,167
CATCH	2,728
Hunts Health	1,520
Hunts Care Partners	2,436
Isle of Ely	1,680
Wisbech	775
CCG wide schemes	6,657
Total	23,895

Comments |

The plans for 13/14 have been submitted to the area team and schemes with a most likely outturn of £24m have been identified as broken down in the table above. In a do-nothing scenario, the financial gap is £26.9m as identified in the business plan. This means there is a gap of £3m between delivery of the efficiency schemes and the financial requirement. This will be covered through:

- A further risk assessment will take place in collaboration with the LCGs to ensure that plans are realistic and deliverable
- A further tranche of business cases will be discussed by the Governing Body on 04 June and new schemes will be added to the baseline position as and when they are approved
- In year, there will be additional support provided for adoption and spread purposes to facilitate roll out across LCG boundaries where schemes are proven

2013/14 example in year tracking

	2013/14 Plan (£k)	YTD Actual (£k)	YTD Actual as % of plan	FY Forecast Outturn (£k)	Variance to FY plan (£k)	Movement
Cambridgeshire & Peterborough CCG	20,112	1,933	10%	20,329	- 15,112	

Schemes split by category

FIMS Category	2013/14 Plan (£k)	YTD Actual (£k)	YTD Actual as % of plan
Transformational	12,428	1,799	14%
Transactional	12,897	1,975	15%

Transformational Funding

	2013/14 Plan (£k)	YTD Actual (£k)	YTD Actual as % of plan
Transformational	3,828	1,799	47%

Dummy data, shown for illustration purposes

Comments |

The process for tracking delivery in 13/14 has already been established and an example is provided above. There is a time delay on QIPP reporting which means fully populated data is unlikely to be available before June 13. In the interim period, reports have been designed and will be embedded as part of the delivery report process to ensure there is an integrated feel to the reporting process.

In the interim period, the quarter four accountability meetings are currently underway where the CCG will discuss with all LCGs current issues and how best to ensure 13/14 delivery occurs. The meetings will provide support and constructive feedback to the locality areas who are the primary vehicles for QIPP delivery during 13/14.

Section five

ACTIVITY

CCG Activity scorecard

Activity lines	Month	Month	Cumulative	Cumulative	Cumulative	Cumulative	Period
	Plan	Actual	Plan	Actual	Variance to Plan	YoY growth	
GP written referrals to Hospital	12,622	13,125	135,198	151,062	11.7%	5.8%	Mar-13
Other referrals	8,734	9,646	98,252	114,899	16.9%	9.5%	Mar-13
All 1st OP	17,370	17,042	185,932	205,182	10.4%	6.1%	Mar-13
Elective	9,183	8,569	101,483	103,313	1.8%	-1.2%	Mar-13
Non Elective	5,554	5,936	61,838	68,120	10.2%	2.7%	Mar-13
Diagnostic activity - endoscopy	1,745	1,824	20,940	21,415	2.2%	1.9%	Mar-13
Diagnostic activity - non endoscopy	13,719	12,437	164,628	171,999	4.3%	3.7%	Mar-13

Comments |

The table above shows March 13 data and the cumulative position. The CCG has recorded year on year reduction for elective activity but reported growth in all other areas. This information is based on the monthly activity returns reported to DH.

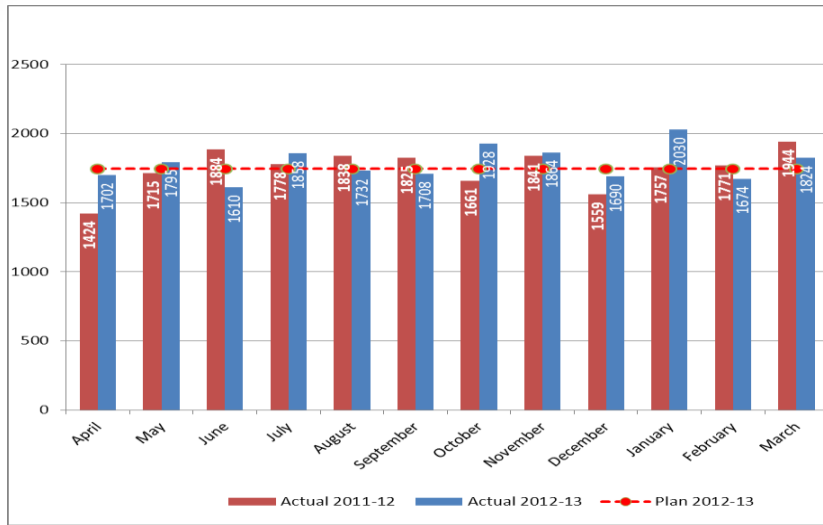
The following areas will covered in more detail in the following exception reports:

ER 12. Diagnostic activity

ER 13. Non elective activity

ER 12 | Diagnostic Activity

Fig 1. CCG Endoscopy - Diagnostic Tests by month - 2012/13



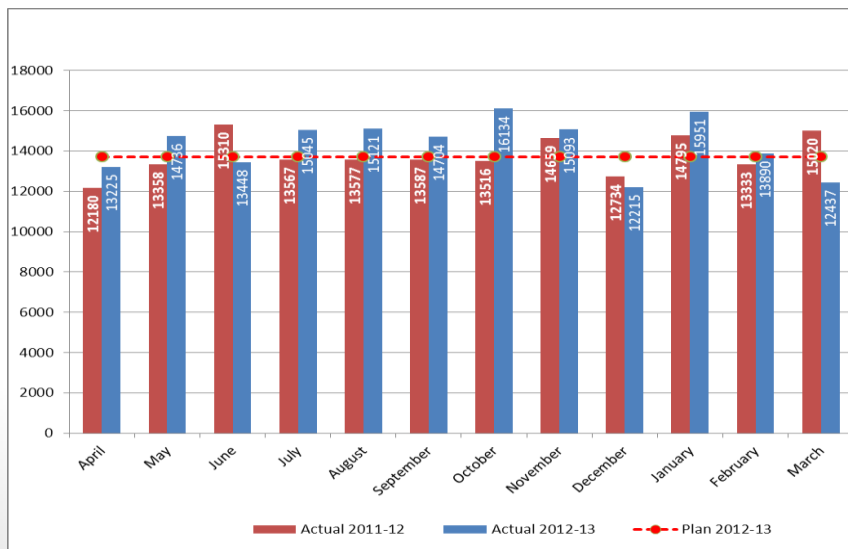
Comments |

Diagnostic activity peaked in October and January.

During 2012/13, there were a number of issues around echocardiography at CUHFT due to a backlog of requests being discovered following the departure of an administrator. This was fully investigated and there was an increase in administrative staffing. At HHCT there were a number of issues with MRI due to a lack of capacity as their ability to book Leg vein ultrasounds was compromised by the need to provide additional capacity for scanning patients with TIA. Again, the main issues at PSHFT were around MRI capacity and PSHFT expects to see continued pressure in this area throughout Quarter 1.

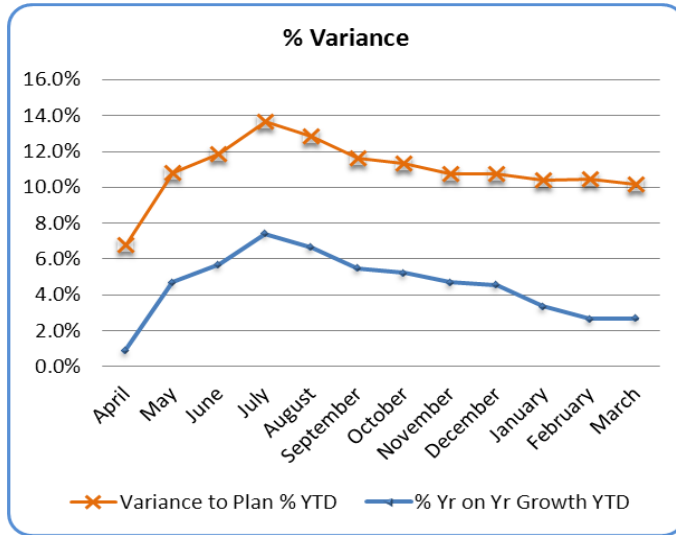
We are aware that further cancer campaigns are planned for 2013/14 which are expected to increase patient demand for diagnostic tests such as Chest X-ray and CT scans. We have asked LCGs to consider the impact of such campaigns on local activity plans and to ensure that sufficient supply is in place to avoid patient delays during the year.

Fig 2. CCG Non-Endoscopy - Diagnostic Tests by month - 2012/13



ER 13 | Non elective Activity -

Fig 1. CCG wide non elective Year on Year growth 12/13



Comments |

Non elective performance has varied during 12/13 with a peak in the level of growth seen in July 2012. Since that point in time and with the introduction of the priority non elective project, a reduction in growth has been reported across the CCG.

As at the end of March, year on year growth for non elective activity in the CCG was reduced to 2.7%, down from a peak of 7.4%.

The trend away from emergency admissions and towards managed GP referrals is positive to note. The commissioning priorities will also support the goal of reducing further emergency admissions, particularly for those frail and elderly members of the population.

Fig. 2 CCG non elective in numbers by month in 12/13

NON ELECTIVE FFCEs					
Month	Month Actual	Month Plan	2011/12 Outturn	Yr on Yr Growth	Variance to Plan %
April	5,540	5,188	5,490	0.9%	6.8%
May	5,862	5,100	5,399	8.6%	14.9%
June	5,730	5,027	5,319	7.7%	14.0%
July	5,856	4,910	5,194	12.7%	19.3%
August	5,553	5,068	5,361	3.6%	9.6%
September	5,377	5,096	5,391	-0.3%	5.5%
October	5,885	5,367	5,677	3.7%	9.7%
November	5,566	5,200	5,501	1.2%	7.0%
December	5,932	5,370	5,741	3.3%	10.5%
January	5,675	5,271	6,055	-6.3%	7.7%
February	5,208	4,687	5,446	-4.4%	11.1%
March	5,936	5,554	5,764	3.0%	6.9%

Section six

QUALITY PREMIUM

Quality Premium scorecard

Quality Premium scorecard

National Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Pass / Fail	Funding calculation
Potential years of life lost from causes amenable to healthcare	12.50%	519,928.75	Annual	Reduction of 3.2%			Pass	519,928.75
Emergency admissions composite measure	25.00%	1,039,857.50	Monthly	Reduction or 0% change			Pass	1,039,857.50
Friends and family roll out plan	12.50%	519,928.75		n/a			Pass	519,928.75
Friends and family improvement		-		Improvement	Q1 13/14			-
HCAI MRSA	12.50%	519,928.75	Monthly	0 cases			Pass	519,928.75
HCAI C Diff			Monthly	134 cases				-

Local Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Pass / Fail	Funding calculation
Reducing growth in emergency bed days for							Pass	519,928.75
Improving CHD primary prevention							Pass	519,928.75
Reducing maternal smoking at the time of c							Pass	519,928.75

Placeholder will be populated from June onwards

Total Value								4,159,430.00
--------------------	--	--	--	--	--	--	--	---------------------

Pre conditions	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Pass / Fail	Funding calculation
Financial breakeven or better								
Significant quality failure								

NHS Constitution measures	Threshold	Basis	Organisation	Latest data	Funding	Adjustment	Pass / Fail	Funding calculation
Incomplete RTT pathways	92%	Annual	CCG		25%	1,039,857.50	Pass	-
A&E waits	95%	Annual	CCG mapped		25%	1,039,857.50	Fail	1,039,857.50
62 day cancer waits	85%	Annual	CCG		25%	1,039,857.50	Fail	1,039,857.50
Cat A Red 1 calls	75%	Annual	EEAST		25%	1,039,857.50	Fail	1,039,857.50

Adjusted total	1,039,857.50
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Comments |

The following areas will be covered in more detail:

- Under performing area one – see page x for exception report
- Under performing area two
- Under performing area three



Section seven

PROVIDER PROFILES

CUHFT | 1 of 2

<u>Referral to treatment access times</u>	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	92.6%	90.5%	↑	87.5%	Feb-13	Yes	No
<i>No. of failing specialties</i>	0	3	2	↓	5	Feb-13	No	No
Non admitted specialties	95%	97.9%	97.6%	↑	97.3%	Feb-13	Yes	Yes
<i>No. of failing specialties</i>	0	1	1	↔	2	Feb-13	No	No
Incomplete pathways	92%	95.9%	96.0%	↓	95.2%	Feb-13	Yes	Yes
<i>No. of failing specialties</i>	0	0	0	↔	1	Feb-13	Yes	No
Over 52 week waits	0	1	0	↓	1	Feb-13	No	No
<i>Over 40 week waits</i>		12	9	↓	12	Feb-13		
<u>Diagnostic waits</u>	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
No patients should wait > 6 weeks	99%	99.5%	99.5%	↑		Feb-13	Yes	Yes
A&E waits	Threshold	Current week	Prior week	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	92.3%	89.2%	↑	94.7%	31/03/2013	No	No
<i>12 hour trolley breaches</i>	0	0	0	↔	0	31/03/2013	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	1%	1.6%	3.1%	↑	4.3%	31/03/2013	No	No
2Week Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	96.5%	97.1%	↓	94.7%	Mar-13	Yes	Yes
<i>2 week wait for breast symptom referrals</i>	93%	93.7%	90.9%	↑	95.4%	Mar-13	Yes	Yes
31 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	98.4%	97.7%	↑	96.5%	Mar-13	Yes	Yes
31 day wait for subsequent surgery	94%	95.3%	96.0%	↓	95.1%	Mar-13	Yes	Yes
31 day wait for subsequent drug	98%	100.0%	100.0%	↔	99.8%	Mar-13	Yes	Yes
31 day wait for subsequent radiotherapy	94%	96.8%	97.1%	↓	96.1%	Mar-13	Yes	Yes
62 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	88.3%	83.3%	↑	80.8%	Mar-13	Yes	No
62 day wait following screening referral	90%	100.0%	100.0%	↔	95.3%	Mar-13	Yes	Yes
62 day wait following consultant upgrade	None	93.3%	83.3%	↑	88.8%	Mar-13		
Mixed sex accommodation	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Mar-13	Yes	No
Cancelled operations	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days		3	7	↑	28	Jan - March (Q4	Yes	

CUHFT | 2 of 2

Quality indicators

Mortality information	National Mean	Current Quarter	Prior Quarter	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	0.827	0.829	↑	Oct-11 - Sep - 12	Yes	Yes

Patient safety	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	2	0	0	↔	Mar-13	Yes	No
C Diff cases	45	9	6	↓	Mar-13	No	No
No. of post infection reviews for MRSA	0	NA			Apr-12	Yes	Yes
Hand Hygiene audit	95%	NA			Apr-12	Yes	Yes
Never Events	0	0	0	↔	Mar-13	Yes	No
SIs reported within timescale	90%	NA			Apr-12	Yes	Yes
SIs reported to appropriate standard	90%	NA			Apr-12	Yes	Yes
Actions from Patient safety alerts completed to timescale	100%	NA			Apr-12	Yes	Yes
Harm free care	95%	94.5%	94.5%	↑	Mar-13	No	No
Pressure Ulcer Prevalance	0	0.7	0.7	↑	Mar-13	No	No
Avoidable pressure ulcers	0	0	1	↑	Mar-13	Yes	No

CQC status	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Mar-13	Yes	Yes
Moderate concerns	0	0	0	↔	Mar-13	Yes	No
Minor concerns	0	0	0	↔	Mar-13	Yes	Yes
Actions in CQC action plan progressing to timescale	100%	NA			Apr-12	Yes	Yes

Comments |

Based on the provider profiles created, the following exception reports will be provided:

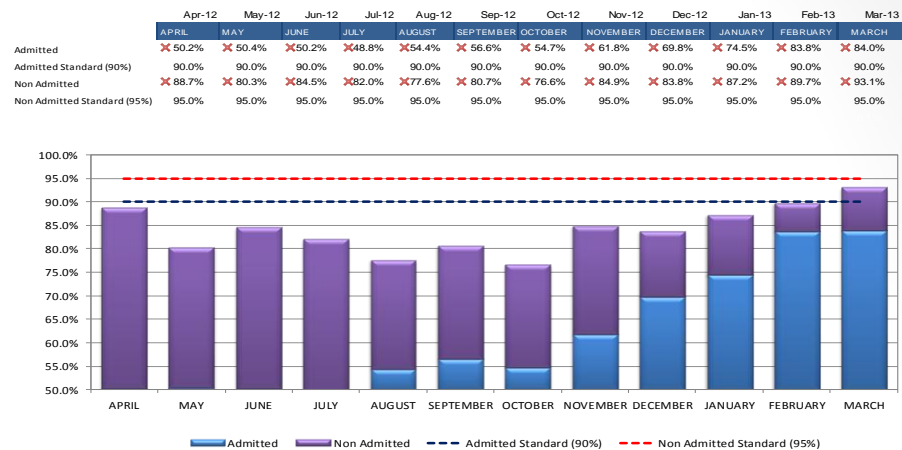
1. Referral to treatment times
2. Accident and emergency
3. Cancer waits
4. HCAI – C Diff

ER CUHFT 1 | RTT

Fig 1. CUHFT specialities below operating standards

	% 18 wk RTT	95th percentile
Admitted	2	1
Non Admitted	2	2
Incomplete	0	0

Fig. 2 CUHFT Admitted T&O over 12/13



Comments |

CUHFT is meeting all required operating standards at an aggregated level in March. There remain a number of specialties that are not meeting the aggregated level as shown in figure 1. For admitted pathways, the specialties below 90% are trauma and orthopaedics (83.96%) and ENT (87.69%). Figure 2 shows the improved position for T&O across 12/13. For non-admitted specialties, Cardiology (91.83%) and T&O (93.07%) are below 95%.

As previously reported, expected recovery of admitted T&O has slipped to June and the agreed reduction in over 18 week wait backlog has not been delivered. Based on provisional data, CUHFT failed to meet the standard in April (82.7%). There are currently 21 admitted patients with breach dates before the end of May who are not yet confirmed to be treated this month. 8 of these patients may be unfit, a further 7 are awaiting confirmation of being treated in month, and 6 are booked as breaches to June. May will be a high treatment month and CUHFT are anticipating treating 350 patients in May, with 50 breaches.

Provisional data shows non-admitted performance for April was 95.2%. There are currently 25 non admitted patients with breach dates before the end of May still waiting. 19 of these are attending for appointments in May, of which 10 are late referrals for first appointments. Some of those attending will convert to surgery so the admitted backlog carried into June will range between 14-33.

Whilst provisional data shows that the ENT target was met in April (94%), there are 17 breaches planned in May so performance is unlikely to be sustained. There are currently 14 admitted patients with breach dates before the end of May who are not yet confirmed to be treated this month. All except one of those are Head and neck cases. The one exception was cancelled as the patient was unwell. The joint Peterborough head & neck Consultant was successfully appointed on 3rd May 2013 with a planned start date of October 2013. The delayed start is due to the candidate completing fellowship.

(Continued on slide 37)

ER CUHFT 1 | RTT

Comments (continued) |

The admitted target for Neurosurgery was not achieved in April (88.6%) There are currently 9 admitted patients booked as breaches in May but with 17 still to date the speciality is at risk of failing to achieve the target again in May, or carrying the backlog forward into June. The service is arranging for some scoliosis cases to be undertaken in the independent sector. There are currently 44 non admitted patients with breach dates before the end of May still waiting but this will undergo further validation during the week commencing 20th May.

The non-admitted target for Cardiology was not met in April (94.6%) CUHFT still has 29 patients waiting with targets prior to the end of May, and 6 expected breaches for the month so far. Of a remaining 21 patients with targets prior to the end of May, all bar 3 have had next interventions expedited into May. It is likely therefore that the Trust will exceed the normal tolerance for breaches in May, and depending on the outcome of these next interventions, there is a risk of these breaches continuing into June.

Dermatology is also expected to fail the target in May, but will clear the backlog of Mohs cases waiting (Mohs surgery is micrographic surgery used to treat common types of skin cancer). CUHFT has 64 Dermatology non admitted patients still waiting to the end of May. There are 13 breaches for the month so far, with a further 12 expected breaches which would take the service to their maximum tolerance. 24 patients remain with targets prior to the end of May, and only 3 of those do not have next interventions in May.

A revised remedial action plan was received on 17th May. With regard to T&O, the Trust continues with weekend working at enhanced rates, the extension of lower limb consultants' contracts and monthly meetings with the MSK service to review late referrals into T&O. For ENT, a head and neck consultant is due to start in October as outlined above and enhanced weekend working continues. Additional theatre lists have been scheduled for Neurosurgery with 2 lists scheduled in May with further lists being planned, 2 cases for additional consultant posts have been submitted with a likely start date for the posts being in October 2013, Peterborough City Hospital is being used to delivery increased admitted capacity for spines from July and there is a planned reduction of referrals into neurosurgery from Peterborough through setting up a new MSK service with a new CCG supported MDT due to start in June. For Dermatology, interviews for 2 locum consultant posts took place on 20th May to increase manpower capacity, the Divisional Director has asked all consultants to come forward for additional sessions and a review of the diagnostic turnaround time for skin pathology was reported back to the taskforce on 16th May. The review identified that the average wait is 10 days for the routine cases, but there are some outliers waiting longer than that. CUHFT has agreed a process to escalate any diagnostic biopsies to the histopathology manager on a case by case basis when they identify through tracking that the normal timeframes are not being met, or if the RTT target does not allow for the normal turnaround. The issue with the skin pathology is that the volume is very high and CUHFT needs to clinically prioritise the suspected cancers, then the diagnostics, then the routine excisions. Three more histopathologist have been appointed at interview and some of that resource will be directed to skin. The role of specialty doctor in Cardiology has been advertised with a closing date of 24th May with interviews anticipated for mid June to increase capacity, the secretarial turnaround time for cardiology has been increased with 1 full time and 1 part time additional secretarial support as well as additional adhoc hours from the existing team and the Divisional Director has asked all Consultants to come forward for additional sessions.

For information, there will be one Orthopaedic patient waiting over 52 weeks at the end of April. This patient was in follow up care in May 2012 and a decision for surgery was made but no waiting list form was processed. This patient was not on a PTL as the decision should have started a new RTT pathway. The patient contacted CUHFT in April 2013 to enquire about surgery. They were treated on 17th May.

ER CUHFT 2 | A&E

Fig 1. CUHFT A&E performance in 13/14

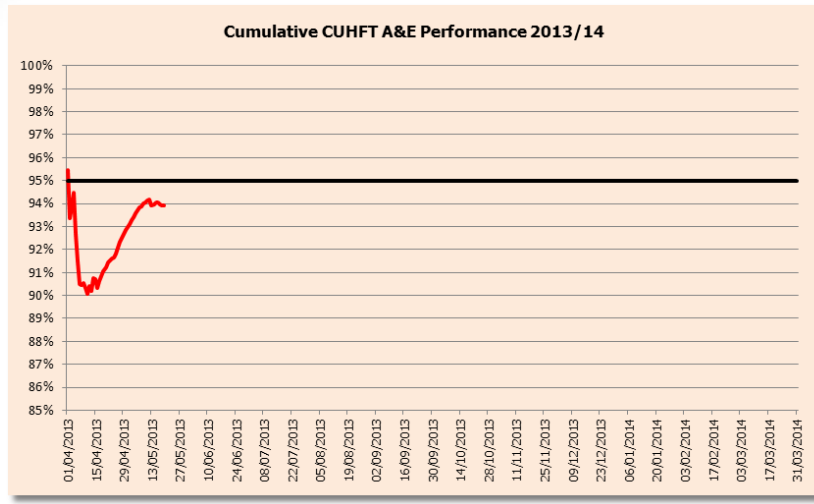
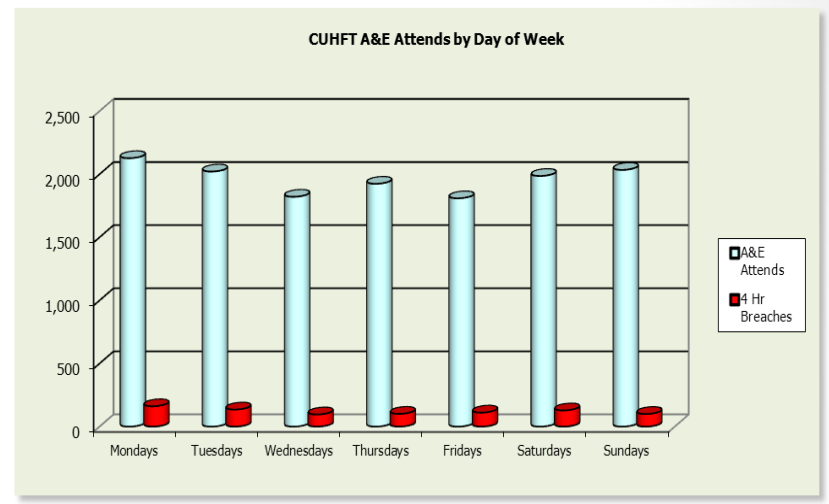


Fig 2 CUHFT A&E daily breach analysis



Comments |

Since the start of the new financial year, CUHFT has met the target for 3 weeks out of 7. Performance for the week ending 19th May was 92.5% with the Trust missing the target on 4 days out of 7. A Service Performance and Review group meeting is taking place on 24th May where A&E will be discussed and a verbal update will be provided at the Finance and Performance Committee meeting.

In 2013-14 the financial consequences are applied on a quarterly basis.

As highlighted in previous reports, CUHFT will be required to produce a recovery plan and a contract query will be issued. Actions underway include:

- Stock take of previous system reviews (e.g. ECIST) to identify what needs to be completed.
- Implementation of CATCH plans for step up Medihome support.
- Speed up planned review of A&E minors and zero length of stay admissions.
- Trust to quicken proposed roll out of further ambulatory care pathways.
- Trust to ensure Trust wide Programmes for Length of Stay & Unplanned care are focussed on implementation plans not just review processes.
- Implementation of Elderly care CQUINs.



ER CUHFT 3 | Cancer waits

Fig 1. CUHFT 62 day performance in 12/13

Cambridge University Hospitals FT	62 Day Referral to Treatment	
	Month	Quarter
Apr-12	✗ 78.6%	✗ 77.2%
May-12	✗ 78.0%	
Jun-12	✗ 74.5%	
Jul-12	✗ 76.2%	✗ 80.8%
Aug-12	✓ 85.5%	
Sep-12	✗ 81.0%	
Oct-12	✗ 79.6%	✗ 80.3%
Nov-12	✗ 77.5%	
Dec-12	✗ 84.9%	
Jan-13	✗ 83.9%	✓ 85.0%
Feb-13	✗ 83.3%	
Mar-13	✓ 88.3%	
Year to Date	✗ 80.8%	✗ 80.8%

Comments |

2 Week Wait for Breast Symptom Referrals

The standard has been met for all months (including March) apart from February where the Trust achieved 90.9%.

62 Day Referral to Treatment

The standard was not met for February (83.3%).

However, in March, performance recovered with all cancer standards being met.

- Most of the Cancer Remedial Action plan actions internal to the Trust are completed.
- On-going review of cancer performance will be at a Commissioner Trust Cancer meeting to be held every two months.
- Fortnightly meetings are in place to review progress at an Executive level.

The Trust continues to deliver on their cancer remedial action plan particularly:

- Monitoring the outcomes from actions completed.
- Reducing inter-Trust delays
- Increased contacts with patients to encourage them to accept earlier dates

Cancer performance will be discussed at the Service Performance and Review Group meeting on 26th May and a verbal update will be provided at the Finance and Performance Committee meeting.



ER CUHFT 4 | HCAI



Fig 1. CUHFT MRSA cases in 12/13

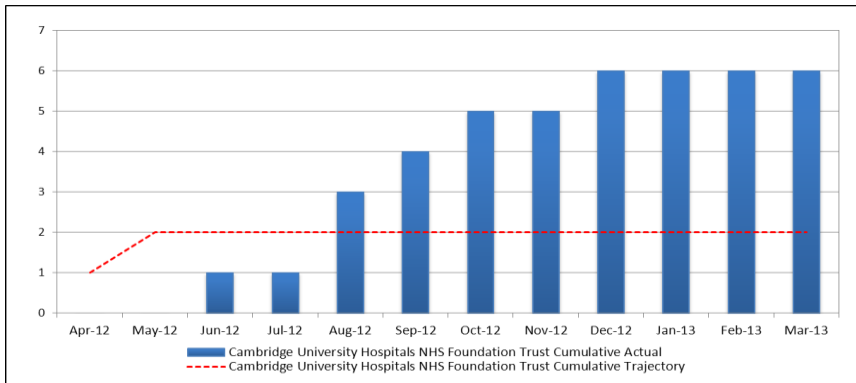
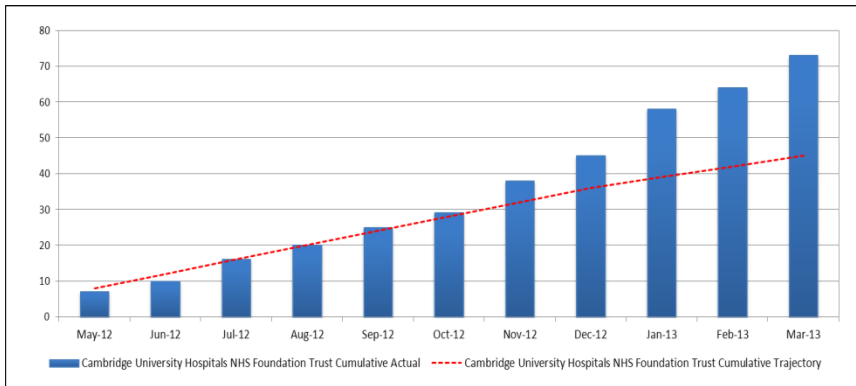


Fig 2. CUHFT C Diff cases in 12/13



Comments |

MRSA

As previously reported, CUHFT have exceeded their annual target, however, there were no cases reported in March.

C Diff

CUHFT have a number of actions still to be completed but working through them. Those outstanding include improving time to isolation, appropriate specimens and reviewing the structure of the infection control team. Some issues are longer term such as more isolation beds but also a need for the Trust to improve its discharge planning to free up beds.

Provisional April figures show that there have been 6 cases of C Diff which is above the monthly trajectory. Scrutiny panels are now weekly with each case being discussed which will highlight where there are outstanding issues to be addressed. The first two April cases were identified for appeal as non-trajectory cases. The action plan has been updated but currently does not reflect the current weekly scrutiny meetings.



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Referral to treatment access times	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	91.8%	93.4%	↓	91.3%	Jan-13	Yes	Yes
<i>No. of failing specialties</i>	0	2	1	↓	2	Jan-13	No	No
Non admitted specialties	95%	97.3%	97.8%	↓	97.3%	Jan-13	Yes	Yes
<i>No. of failing specialties</i>	0	5	1	↓	2	Jan-13	No	No
Incomplete pathways	92%	97.5%	97.8%	↓	97.3%	Jan-13	Yes	Yes
<i>No. of failing specialties</i>	0	0	0	↔	1	Jan-13	Yes	No
Over 52 week waits	0	0	0	↔	0	Jan-13	Yes	Yes
<i>Over 40 week waits</i>	0	3	5	↑	3	Jan-13	No	No
Diagnostic waits	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
No patients should wait > 6 weeks	99%	98.0%	98.8%	↓		Jan-13	No	No
A&E waits	Threshold	Current week	Prior week	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	91.8%	91.6%	↑	93.1%	31/03/2013	No	No
<i>12 hour trolley breaches</i>	0	0	0	↔	0	31/03/2013	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	1%	4.2%	6.3%	↑	2.6%	31/03/2013	No	No
2Week Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	96.0%	96.5%	↓	96.3%	Jan-13	Yes	Yes
<i>2 week wait for breast symptom referrals</i>	93%	98.8%	95.6%	↑	97.3%	Jan-13	Yes	Yes
31 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	99.2%	100.0%	↓	99.5%	Jan-13	Yes	Yes
31 day wait for subsequent surgery	94%	93.8%	100.0%	↓	97.5%	Jan-13	No	Yes
31 day wait for subsequent drug	98%	98.7%	100.0%	↓	99.6%	Jan-13	Yes	Yes
31 day wait for subsequent radiotherapy	94%	100.0%	100.0%	↔	96.0%	Jan-13	Yes	Yes
62 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	87.1%	87.5%	↓	88.9%	Jan-13	Yes	Yes
62 day wait following screening referral	90%	84.8%	100.0%	↓	95.1%	Jan-13	No	Yes
62 day wait following consultant upgrade	None	93.3%	100.0%	↓	96.1%	Jan-13		
Mixed sex accommodation	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	15	0	↓		Feb-13	No	No
Cancelled operations	Threshold	Current quarter	Prior quarter	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days	N/A	10	11	↓	62	Oct - Dec (Q3)	Yes	

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Quality indicators

Mortality information	National Mean	Current Quarter	Prior Quarter	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	1.005	1.013	↑	Oct-11 - Sep - 12	No	No

Patient safety	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	1	0	0	↔	Mar-13	Yes	Yes
C Diff cases	29	2	2	↔	Mar-13	No	No
Never Events	0	0	0	↔	Mar-13	Yes	No
Harm free care	95%	91.1%	92.9%	↓	Mar-13	No	No
Pressure Ulcer Prevalence	0	1.1	0.5	↓	Mar-13	No	No
Avoidable pressure ulcers	0	0	0	↔	Mar-13	Yes	No

CQC status	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Mar-13	Yes	Yes
Moderate concerns	0	1	1	↔	Mar-13	No	No
Minor concerns	0	1	1	↔	Mar-13	No	No

Comments |

Based on the provider profiles created, the following exception reports will be provided:

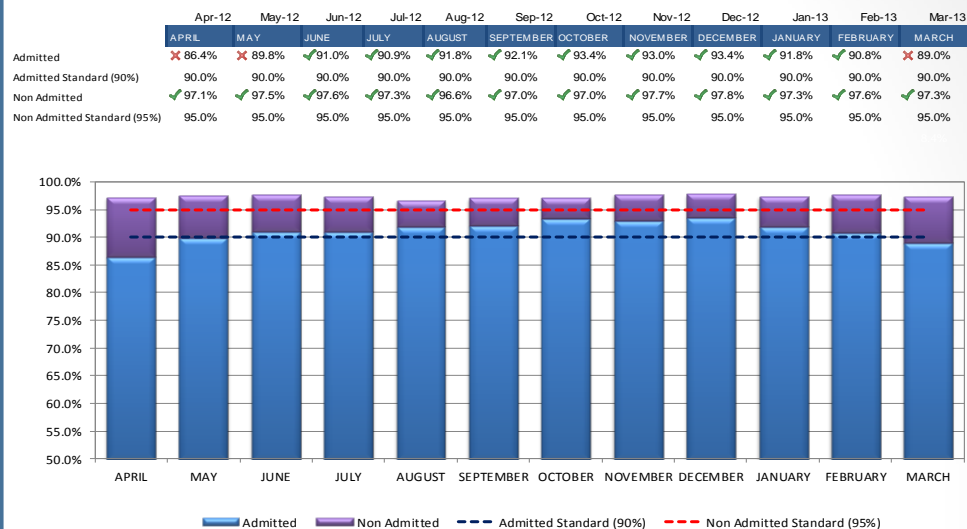
1. RTT
2. A&E performance
3. Cancer Waits

ER PSHFT 1 | RTT

Fig 1. PSHFT specialities below operating standards

	% 18 wk RTT	95th percentile
Admitted	3	3
Non Admitted	5	3
Incomplete	2	0

Fig. 2 PSHFT RTT Performance over 12/13



Comments |

In March 2013, the Trust failed to deliver the 18 week standard in aggregate for admitted patients (88.97%).

Additionally the standards were not met in the following specialties at provider level:

- ENT (Admitted - 88.78%)
- General Surgery (Admitted - 67.27%, Non-admitted 94.14%, Incomplete – 91.23%)
- T&O (Admitted - 83.85%, Non-admitted 91.99%)
- Gastroenterology (Non-admitted - 82.89%)
- General Medicine (Non-admitted - 94.37%)
- Plastic Surgery (Non – admitted 92.31%)
- Neurosurgery (Incomplete - 89.66%)

The Trust has continued to cancel elective operations into May and their RTT performance is unlikely to recover for April and May. The CCG is validating the current performance and will be issuing a Contract Variation in order to formalise the request for recovery trajectories in the next 2 weeks.

ER PSHFT 2 | A&E

Comments |

Performance continues to be below the national standard. Since the start of the new financial year, for the 7 weeks up to 19th May, PSHFT has met the standard for 1 week out of 7.

The Trust have cited an increase in presentations in higher acuity patients and there has not been the usual step down associated with moving out of the winter pressure period. This is combined with issues across the system in step up and step down facilities and a need to review the Trusts internal processes.

The CCG issued a Contract Query to the Trust and they have committed to pull together the assurance plans for Monitor, the LAT and ECIST into a formal RAP for LCG review by the end of May. This will include trajectories for performance improvement. It should be noted that in addition to the contractual and quality implication of failing the 4 hour standard it is detrimental to the providers ability to demonstrate operational sustainability to the CPT.

Fig 1. Daily A&E performance at PSHFT in 2013/14

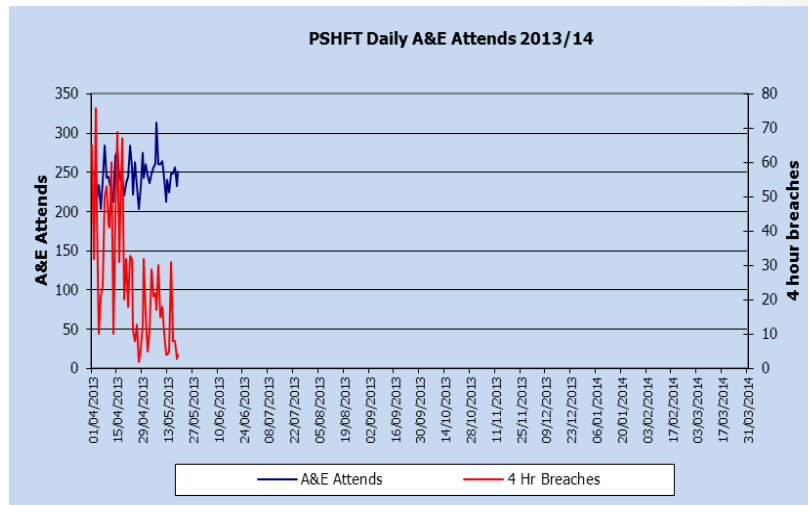
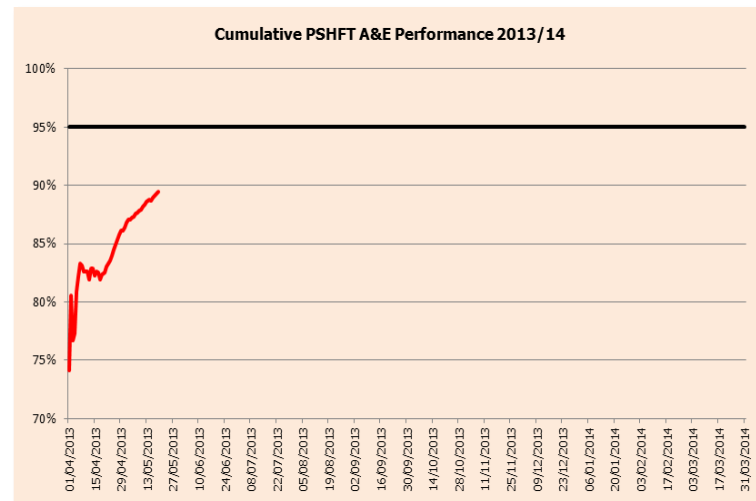


Fig 2. A&E performance at PSHFT in 13/14



ER PSHFT 3 | Cancer waits

Fig 1. PSHFT 62 day performance in 12/13

Peterborough & Stamford Hospitals FT	62 Day Referral to Treatment	
	Month	Quarter
Apr-12	✓ 86.1%	✓ 88.1%
May-12	✓ 87.6%	
Jun-12	✓ 90.3%	
Jul-12	✓ 92.0%	✓ 90.3%
Aug-12	✓ 90.7%	
Sep-12	✓ 88.0%	
Oct-12	✓ 89.8%	✓ 89.3%
Nov-12	✓ 89.7%	
Dec-12	✓ 87.5%	
Jan-13	✓ 87.1%	✓ 87.6%
Feb-13	✗ 85.0%	
Mar-13	✓ 89.6%	
Year to Date	✓ 88.7%	✓ 88.9%

Comments |

The Trusts 62 Day Referral to Treatment performance has been escalated to the providers Performance and Contracting lead as a horizon scanning issue. No formal contractual notice has been issued at this stage but the Trust has been asked to provide comment and further detail on performance.



Hinchingbrooke 1 of 2

Referral to treatment access times	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	93.3%	94.9%	↓	95.0%	Feb-13	Yes	Yes
No. of failing specialties	0	1	0	↓	1	Feb-13	No	No
Non admitted specialties	95%	99.0%	99.4%	↓	99.1%	Feb-13	Yes	Yes
No. of failing specialties	0	0	0	↔	0	Feb-13	Yes	Yes
Incomplete pathways	92%	97.6%	99.4%	↓	97.8%	Feb-13	Yes	Yes
No. of failing specialties	0	0	0	↔	0	Feb-13	Yes	Yes
Over 52 week waits	0	0	0	↔	0	Feb-13	Yes	Yes
Over 40 week waits		0	0	↔	0	Feb-13		
Diagnostic waits	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
No patients should wait > 6 weeks	99%	98.9%	98.5%	↑		Feb-13	No	No
A&E waits	Threshold	Current week	Prior week	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	96.9%	95.1%	↑	97.7%	31/03/2013	Yes	Yes
12 hour trolley breaches	0	0	0	↔	0	31/03/2013	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	1%	1.4%	3.6%	↑	1.7%	31/03/2013	No	No
2Week Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	99.4%	97.0%	↑	97.5%	Mar-13	Yes	Yes
2 week wait for breast symptom referrals	93%	98.4%	95.5%	↑	95.5%	Mar-13	Yes	Yes
31 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	98.1%	100.0%	↓	99.1%	Mar-13	Yes	Yes
31 day wait for subsequent surgery	94%	66.7%	100.0%	↓	94.8%	Mar-13	No	Yes
31 day wait for subsequent drug	98%	100.0%	100.0%	↔	100.0%	Mar-13	Yes	Yes
31 day wait for subsequent radiotherapy	94%	-	-	↔	100.0%	Mar-13	Yes	Yes
62 day Cancer waits	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	79.2%	88.7%	↓	87.1%	Mar-13	No	Yes
62 day wait following screening referral	90%	100.0%	100.0%	↔	94.4%	Mar-13	Yes	Yes
62 day wait following consultant upgrade	None	100.0%	100.0%	↔	100.0%	Mar-13		
Mixed sex accommodation	Threshold	Current month	Prior month	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Mar-13	Yes	No
Cancelled operations	Threshold	Current month	Prior month	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days		0	2	↑	4	Jan - March (Q4	Yes	

Hinchingbrooke 2 of 2

Mortality information	National Mean	Current Quarter	Prior Quarter	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	0.942	0.942	↔	Oct-11 - Sep - 12	Yes	Yes

Patient safety	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	1	0	1	↑	Mar-13	Yes	Yes
C Diff cases	7	1	0	↓	Mar-13	No	No
Never Events	0	0	0	↔	Mar-13	Yes	Yes
Harm free care	95%	94.9%	86.7%	↑	Mar-13	No	No
Pressure Ulcer Prevalance	0	0.5	2.2	↑	Mar-13	No	No
Avoidable pressure ulcers	0	0	0	↔	Mar-13	Yes	No

CQC status	Threshold	Current month	Prior month	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Mar-13	Yes	Yes
Moderate concerns	0	0	0	↔	Mar-13	Yes	Yes
Minor concerns	0	0	0	↔	Mar-13	Yes	No

Comments |

Based on the provider profiles created, the following exception reports will be provided:

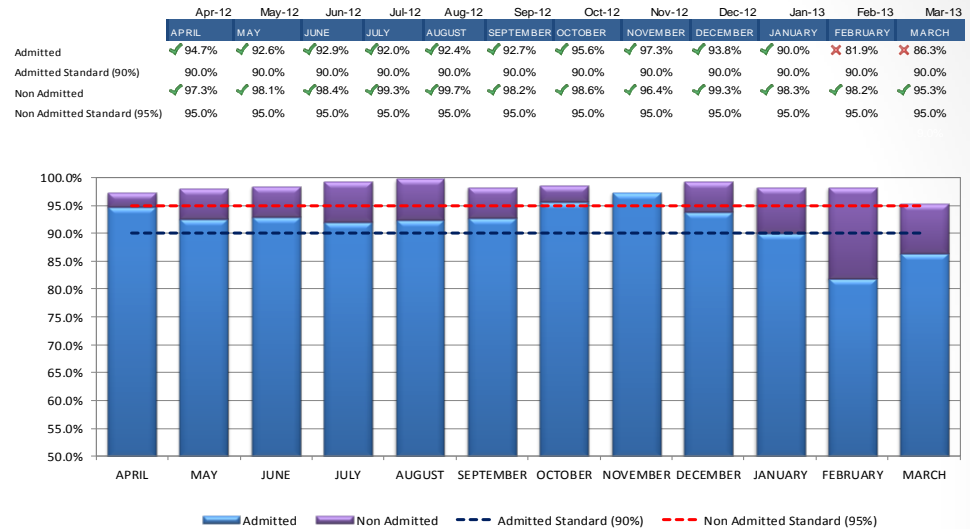
1. RTT
2. Cancer Waits

ER HHCT 1 | RTT -done

Fig 1. HHCT specialities below operating standards

	% 18 wk RTT	95th percentile
Admitted	1	0
Non Admitted	0	0
Incomplete	0	0

Fig. 2 HHCT Admitted T&O over 12/13



Comments |

HHCT is meeting all required operating standards at an aggregated level for March. For admitted pathways, trauma and orthopaedics was below the 90% standard (86.35%)

The speciality failure was due to staff sickness, the Trust adhered to patient choice and a number of patients took up the offer of being referred to the private sector hospital (Woodlands). The new Consultant commenced on the 2nd April however, there were still backlog issues in March so they breached in that month too. The Trust have recently advised that they will breach in April as 9 patients have had to be cancelled, 5 of which will breach the 18 week RTT. Where possible the Trust has moved day case procedures to provide theatre capacity at a later date and Trust confirm patients have been re-booked.

ER HHCT 2 | Cancer waits -

Fig 1. HHCT 31 day performance in 12/13

Hinchingbrooke Health Care	31 Day Sub Surgery	
	Month	Quarter
Apr-12	✓ 100.0%	✓ 100.0%
May-12	✓ 100.0%	
Jun-12	✓ 100.0%	
Jul-12	✓ 100.0%	✓ 100.0%
Aug-12	✓ 100.0%	
Sep-12	✓ 100.0%	
Oct-12	✓ 100.0%	✓ 100.0%
Nov-12	✓ 100.0%	
Dec-12	✓ 100.0%	
Jan-13	✗ 71.4%	✗ 76.9%
Feb-13	✓ 100.0%	
Mar-13	✗ 66.7%	
Year to Date	✓ 95.8%	✓ 95.8%

Comments |

31 day subsequent surgery: The standard was not met in March (66.7%). The breach was in Urology but due to complications with the patient having MRSA it was not possible to undertake the procedure. The patient has now been treated.

62 Day Referral to Treatment: HHCT did not meet this standard in March (79.2%).

The breaches were due to complex diagnostic pathways and delays due to medical reasons. The Trust has provided further details which are available upon request.

However, every National Cancer Target was met at year end for 2012/13 (the first time since 2009).

Provisional data shows that HHCT have made a positive start in April 2013 by continuing to meet all the targets.

Fig 2. HHCT 62 day performance in 12/13

Hinchingbrooke Health Care	62 Day Referral to Treatment	
	Month	Quarter
Apr-12	✓ 86.4%	✓ 88.6%
May-12	✓ 94.1%	
Jun-12	✓ 85.1%	
Jul-12	✗ 79.6%	✗ 83.2%
Aug-12	✓ 93.9%	
Sep-12	✗ 80.0%	
Oct-12	✗ 84.3%	✓ 89.9%
Nov-12	✓ 95.8%	
Dec-12	✓ 89.4%	
Jan-13	✓ 88.9%	✓ 85.7%
Feb-13	✓ 90.8%	
Mar-13	✗ 79.2%	
Year to Date	✓ 87.1%	✓ 87.1%

