

2013/14 Integrated delivery report

- January 6 2014



Cambridgeshire and Peterborough
Clinical Commissioning Group

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Executive summary

Comments |

As previously reported, the CCG Assurance Framework has been published by NHS England (Dec 2013 final version). 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 latest one is provided below:

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

- For the good quality care domain, the CCG self assessment remains at amber green.
- For the NHS Constitution domain, the CCG self assessment is amber red, as A&E and Ambulance performance is still below the required standard.
- For the health outcomes domain, the CCG self assessment is amber red as HCAI is off track for achievement of the quality premium.
- For the Finance domain, the CCG self assessment is red due to the CCG forecasting a year end deficit of £8.6m.

Section one

GOOD QUALITY CARE

Domain scorecard

CCG assurance framework - updated 13/11/2013

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	Y
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	Y
Has local provider been subject to enforcement action by the NHS TDA based on quality risk?							
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?	Y	N	N	N	N	N	N
More C diff than trajectory?	Y	N	Y	N	N	N	N
MSA breaches are above zero?	N	N	N	N	N	N	N
Unclosed SUIs?	Y	N	Y	Y	Y	N	N
Has the provider experienced any never events during the last quarter? (July - Sept 2013)	N	N	Y	N	N	N	N
	5	0	4	1	1	0	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%**

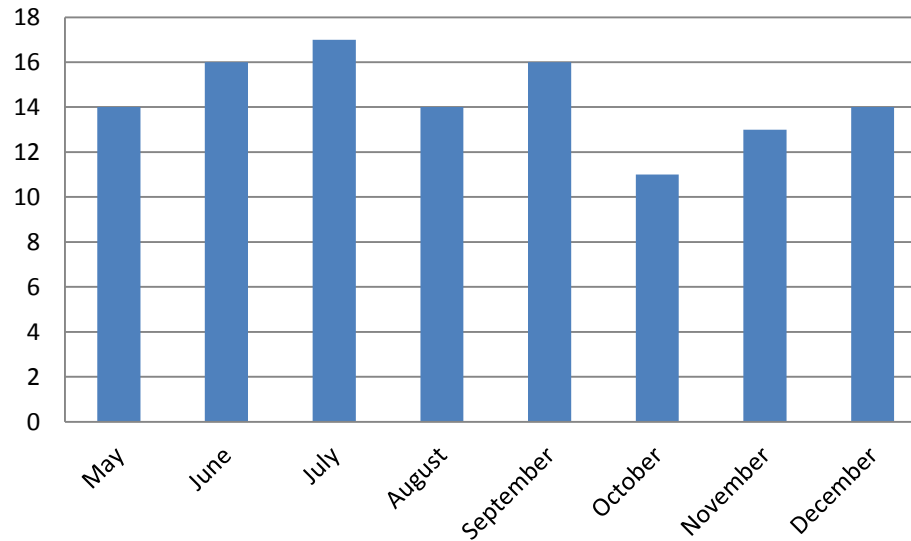
Key

- 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
- * Emergency Preparedness Resilience and Response

CCG self assessment of Amber/Green

Domain scorecard

Fig 1. CCG Assurance Framework Performance Year to Date



Comments

14 areas out of 63 have been flagged as Yes by the CCG, showing a small increase from the previous month.

Provider Overview

Quality and Patient Safety Provider Summary

10 – Dec -13



Cambridgeshire and Peterborough
Clinical Commissioning Group

	CUHFT	PSHFT	HHCT	CCS	CPFT	QEH	Papworth
Safety MRSA – November YTD	2/0	0/0	0/0	-	-	-	0/0
Safety C Diff – November YTD	35/39	27/26	5/8	-	-	10/19	3/5
Safety Never Events – November	0	0	0	0	0	0	0
Experience Friends & Family: A&E – October	57.1	59.9	71.7	-	-	52.1	-
Experience Friends & Family: Inpatient – October	52.3	72.0	80.6	85.0	-	61.0	82.5

Comments |

There were no cases of MRSA in October, however, provisional data indicates one case at CUHFT in November.

The provisional position for the number of C difficile cases in November is outlined above. CUHFT and PSHFT remain above trajectory with PSHFT exceeding the annual ceiling.

Further details are provided in the HCAI section of this report.

Friends and Family data for October is shown above. Contract and quality leads continue to have discussions with Providers with regard to improving performance.

CUHFT's methodology for collecting F&F data will be changed from January 2014, to bring CUHFT in line with the majority of other trusts and they intend to roll out an electronic system to collect F&F data using iPads on the day of discharge. Further details can be found on page 41.

The test score for A&E across England was 55 for October. All of our providers apart from QEH exceeded this score.

Serious Incidents and Never Events

Organisation	SIs reported during November 2013 (including Never events)	Never events reported during November 2013	Final Investigation reports received during November 2013	SIs closed during November 2013	Open SIs as at 30th November 2013	SIs Overdue closure within timescales excluding 'Stop the Clock'
C&P CCG	0	0	1	3	0	0
CCS	26	0	8	9	38	4
CPFT	7	0	11	7	19	1
CUHFT	5	0	4	4	10	0
EEAS	0	0	0	0	2	0
HHCT	8	0	4	2	14	0
HUC/111	1	0	0	0	1	0
Papworth	0	0	0	1	4	1
PSHFT	5	0	3	4	11	0
QEH	2	0	0	0	15	0
UCC	0	0	0	0	2	0
Total	54	0	31	30	116	6

Comments |

No never events were reported during November. The number of Serious Incidents (SIs) reported during November 2013 are outlined above.

Contract queries (CQ) in relation to SI management have been sent to CCS, CUHFT and PSHFT.

The CCS CQ was in relation to "Harm Free" reporting/performance. A Contract management meeting was held between CCS and the CCG and three actions were agreed for CCS to take forward: 1) RAP in relation to Pressure Ulcers management 2) RAP in relation to Falls 3) agreed improvements in SI reporting

It was acknowledged at a recent CQR that CCS had made good progress in relation to all 3 actions. Specifically the timeliness and process around SI reporting and the CQ is likely to be closed for this area.

CUHFT – There is an action plan in place in response to the contract query. New proforma have been developed to ensure quality issues are addressed. CUHFT has agreed improved methods of communication for SI reporting and there is now a lead coordinator for SIs. There have been some improvements in both timeliness and quality of SI reporting.

PSHFT – As previously reported, the Trust has submitted a remedial action plan to address the management of SIs. A new nurse has been recruited who will be responsible for the fact finding element of SI investigations and all out of date SI reports have now been submitted.

Source: NRLS reporting



THE NHS
CONSTITUTION
the NHS belongs to us all

Section two

NHS CONSTITUTION

Overall delivery | NHS Constitution

Comments |

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 October, however there are still some areas not meeting the standard at specialty level.
- Diagnostics – The CCG and all of our providers met the standard for October and the CCG met the standard for November.
- The A&E standard was not met across the CCG for the month of November 2013. CUHFT and QEH also failed to meet the standard for the month, however, HHCT and PSHFT met the standard for November.
- Cancer - The CCG met all cancer standards in October apart from the 31 day wait for subsequent surgery standard which was missed by 0.25%. However, all of our providers met all cancer standards for October.
- Ambulance performance remains challenged and for the month of November, Red1, Red 2 and Category A19 minute performance were below standard.
- The CCG had one Mixed Sex Accommodation breach in November. However, there were 4 breaches at QEH. Two of the breaches at QEH were in the Critical Care Unit due to lack of bed availability. We are awaiting further details of the other 2 breaches.
- There was only one urgent cancelled operations across our providers during November- QEH.

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

NHS Constitution scorecard

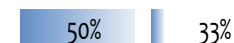
Referral to treatment access times	Threshold	Lower Threshold	Current			Movement	Period	Delivered		Below Lower Threshold
			Period	Prior Period	YTD Actual			Current Period	Delivered YTD	
Admitted patients	90.0%	85.0%	93.30%	93.87%	93.40%	↓	Oct-13	Yes	Yes	No
Non-admitted patients	95.0%	90.0%	97.21%	98.09%	97.95%	↓	Oct-13	Yes	Yes	No
Incomplete pathways	92.0%	87.0%	96.65%	96.92%	96.65%	↓	Oct-13	Yes	Yes	No
Over 52 week waits - Incomplete Pathway	0	10	1	0		↓	Oct-13	No	No	No



Diagnostic waits	Threshold	Lower Threshold	Current			Movement	Period	Delivered		Below Lower Threshold
			Period	Prior Period	YTD Actual			Current Period	Delivered YTD	
No patient should wait > 6 weeks	99.0%	87.0%	99.68%	99.91%	99.68%	↓	Nov-13	Yes	Yes	No



A&E waits	Threshold	Lower Threshold	Current			Movement	Period	Delivered		Below Lower Threshold
			Period	Prior Period	YTD Actual			Current Period	Delivered YTD	
Patients spending four hours or less in all CCG	95.0%	90.0%	94.32%	94.23%	94.66%	↑	Nov-13	No	No	No
Patients spending four hours or less in all CUHFT	95.0%	90.0%	92.32%	93.78%	94.86%	↓	Nov-13	No	No	No
Patients spending four hours or less in all Hinchingbrooke	95.0%	90.0%	98.04%	95.92%	96.47%	↑	Nov-13	Yes	Yes	No
Patients spending four hours or less in all PSHFT	95.0%	90.0%	95.30%	93.67%	93.22%	↑	Nov-13	Yes	No	No
Patients spending four hours or less in all QEH	95.0%	90.0%	94.45%	92.53%	91.44%	↑	Nov-13	No	No	No
Over 12 hr trolley waits	0	0	0	0	0	↔	Nov-13	Yes	Yes	



Key



↑ Improved performance as compared to prior period
↓ Deteriorated performance as compared to prior period
↔ No Change

NHS Constitution scorecard – pg.2



Cancer waits	Threshold	Lower Threshold	Current			Movement	Period	Delivered		
			Period	Prior Period	YTD Actual			Current Period	Delivered YTD	Below Lower Threshold
2 week wait for urgent cancer referrals	93.0%	88.0%	97.66%	97.55%	97.50%	↑	Oct-13	Yes	Yes	No
2 week wait for breast symptom referrals	93.0%	88.0%	98.47%	97.84%	96.46%	↑	Oct-13	Yes	Yes	No
31 day wait to first definitive treatment for all cancers	96.0%	91.0%	97.98%	98.49%	98.58%	↓	Oct-13	Yes	Yes	No
31 day wait for subsequent surgery	94.0%	89.0%	93.75%	95.89%	96.71%	↓	Oct-13	No	Yes	No
31 day wait for subsequent drug	98.0%	93.0%	100.00%	100.00%	99.76%	↔	Oct-13	Yes	Yes	No
31 day wait for subsequent radiotherapy	94.0%	89.0%	97.76%	94.50%	96.15%	↑	Oct-13	Yes	Yes	No
62 day wait to first definitive treatment for all cancers	85.0%	80.0%	90.08%	91.62%	89.56%	↓	Oct-13	Yes	Yes	No
62 day wait following screening referral	90.0%	85.0%	96.43%	95.65%	95.29%	↑	Oct-13	Yes	Yes	No
62 day wait following consultant upgrade	None	None	87.50%	92.31%	89.61%	↓	Oct-13			

88% 100%

Category A ambulance	Threshold	Lower Threshold	Current			Movement	Period	Delivered		
			Period	Prior Period	YTD Actual			Current Period	Delivered YTD	Below Lower Threshold
Cat A calls response arriving within 8 minutes - Red 1	75.0%	70.0%	74.52%	75.03%	74.89%	↓	Nov-13	No	No	No
Cat A calls response arriving within 8 minutes - Red 2	75.0%	70.0%	68.47%	68.00%	71.09%	↑	Nov-13	No	No	Check
Cat A calls ambulance arriving within 19 mins	95.0%	90.0%	92.82%	92.48%	93.35%	↑	Nov-13	No	No	No
Ambulance Handover - Arrival to clear - 30 mins	85.0%	None	49.0%	48.0%	50.7%	↓	Nov-13	No	No	
Ambulance Handover - Arrival to clear - 60 mins	0.0%	None	3.3%	3.8%	4.5%	↑	Nov-13	No	No	

0% 0%

Mixed sex accommodation	Threshold	Lower Threshold	Current			Movement	Period	Delivered		
			Period	Prior Period	YTD Actual			Current Period	Delivered YTD	Below Lower Threshold
Mixed Sex Accommodation Breaches	0	10	1	0	11	↓	Nov-13	No	No	No

0% 0%

Key

- ↑ Improved performance as compared to prior period
- ↓ Deteriorated performance as compared to prior period
- ↔ No Change

NHS Constitution scorecard – pg.3



Cancelled operations	Threshold	Lower Threshold	Current			Movement	Delivered			
			Period	Prior Period	YTD Actual		Current Period	Delivered YTD	Below Lower Threshold	
Cancelled operations not rebooked within 28 days	None	None	25	71	96	↑	July-Sep (Q2)			
Urgent Operations cancelled	CUHFT	None	0	11	88	↑	Nov-13			
Urgent Operations cancelled	Hinchingbrooke	None	0	0	0	↔	Nov-13			
Urgent Operations cancelled	Papworth	None	0	5	30	↑	Nov-13			
Urgent Operations cancelled	PSHFT	None	0	0	2	↔	Nov-13			
Urgent Operations cancelled	QEH	None	1	0	15	↓	Nov-13			

Care Programme Approach	Threshold	Lower Threshold	Current			Movement	Delivered			
			Period	Prior Period	YTD Actual		Current Period	Delivered YTD	Below Lower Threshold	
% of people on CPA followed up within 7 days of discharge	95.0%	90.0%	95.1%	96.3%	96.3%	↓	Oct-13	Yes	Yes	No

100%
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

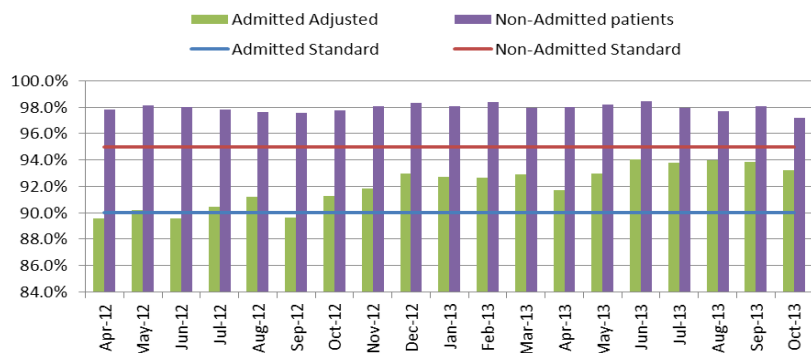
Comments |

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

1. RTT - pg. 15
2. Diagnostics - pg. 16
3. Accident and Emergency - pg. 17
4. Cancer Waits - pg.18
5. Ambulance - pg. 19
6. Mixed Sex Accommodation – pg.20

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 October (admitted pathways, non-admitted pathways and incomplete pathways) as shown in figure 1.

There was one 52 week breach in October at Papworth which was the same patient as reported last month. The patient has now been treated successfully and has returned home.

The CCG are currently reviewing processes to ensure that we monitor, with Providers their PTL and review all patients who have been waiting 26 weeks or more to ensure proactive management.

Provider level information is available in the provider performance section.

Figure 3 shows the speciality level split which indicates that at CCG level, 3 specialties (ENT – 88.3%, General Surgery – 89.0% and T&O 89.3%) are not meeting the national admitted pathway standard.

All of the above are being managed via contractual meetings. Root causes and actions are included in the provider section of the report.

Fig. 2 CCG over 52 week waits reported by providers

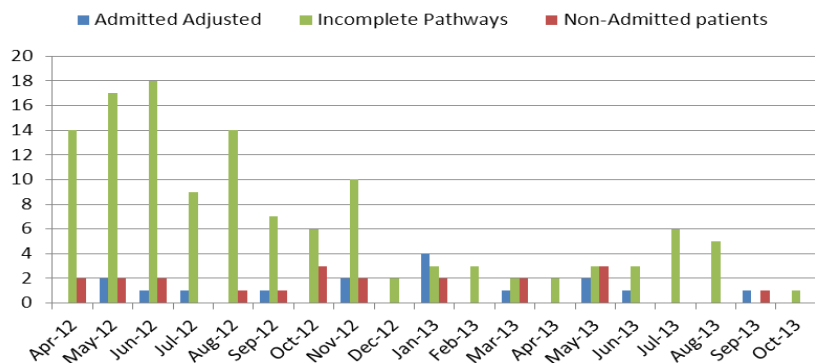


Fig 3. CCG speciality level breakdown

Number of specialties **Not** meeting national standard

	% 18 wk RTT
Admitted	3
Non Admitted	0
Incomplete	0



ER 2 | Diagnostic tests



Fig 1. Table to show breakdown of CCG breaches in October 2013 by provider and specialty

	CUHFT	Oxford	PSHFT	QEH	TOTAL
Cystoscopy	1				1
Dexa Scan	1				1
MRI		1	1		2
Urodynamics	3			1	4
TOTAL	5	1	1	1	8

Comments |

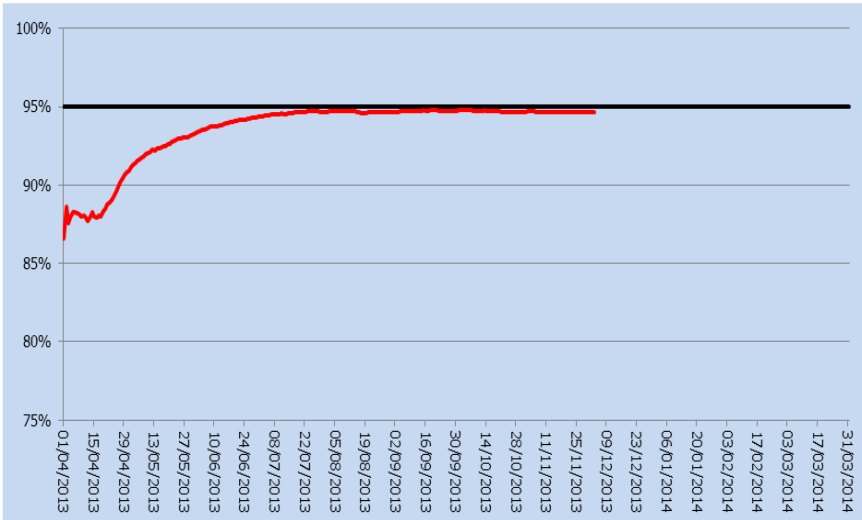
The CCG met the national standard in October (with 0.09% of patients waiting 6 weeks + for key diagnostic tests) and November (with 0.32% of patients waiting 6 weeks +).

All of our providers also met the standard for October. We are awaiting final provider level data for November.

Across the CCG there were 8 patients waiting more than 6 weeks in October as outlined in Figure 1 which is an improvement on September.

ER 3 | Accident & emergency

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



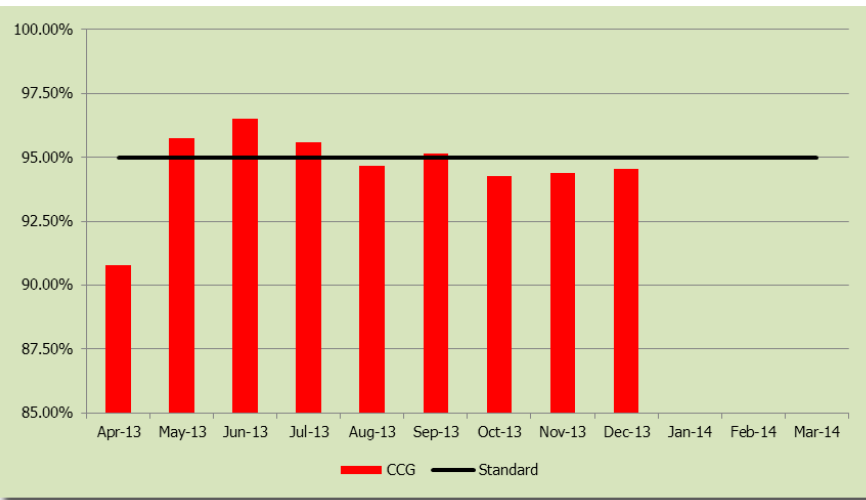
Comments |

The A&E standard was not met across the CCG for the month of November 2013. CUHFT and QEH also failed to meet the standard for the month, however, HHCT and PSHFT met the standard for November

Performance is monitored through the local system urgent care boards 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 submitted to commissioners to address under performance.

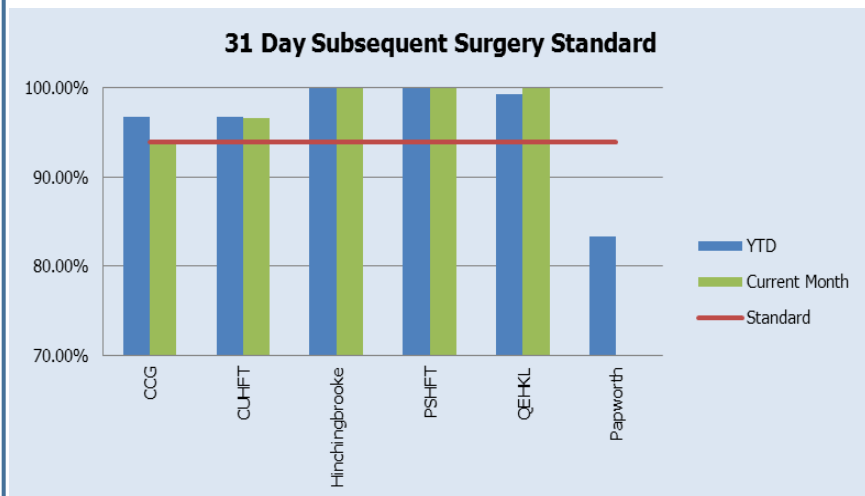
Provider level information is available in the provider performance section.

Fig. 2 CCG monthly performance in 13/14



ER 4 | Cancer waits

Fig 1. 31 day subsequent surgery standard



Comments |

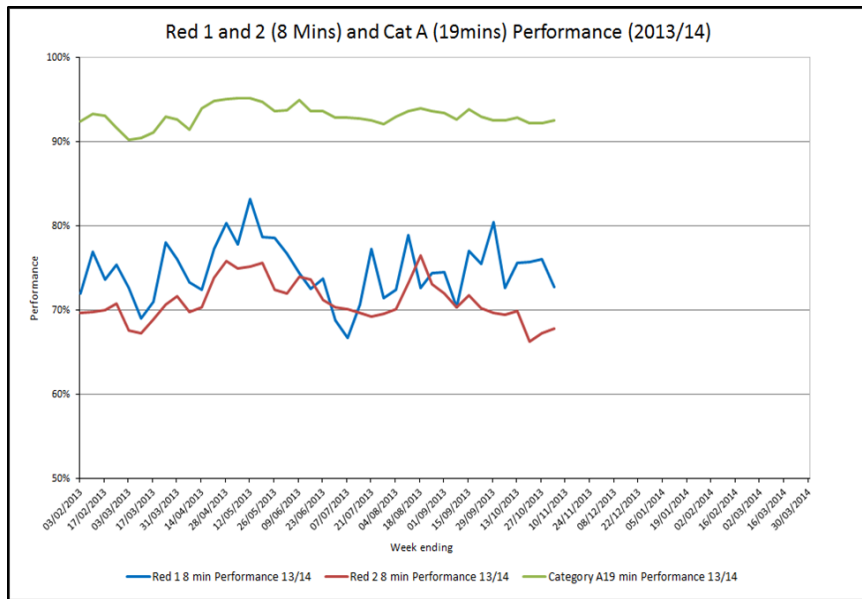
The CCG met all cancer standards in October apart from the 31 day wait for subsequent surgery standard which was just missed by 0.25%. However, all of our providers met all cancer standards for October. CUHFT performance for CCG patients for surgery was 83.35% in October and although CUHFT met the target at provider level, the target was not met for CCG patients and as a result the CCG missed the target overall.

With regard to the 62 day standard, CUHFT have advised that the number of late referrals is increasing into Quarter 3. The Chief Executive has written to the Anglia Network Trusts confirming the decision of the Cancer Network forum that there will be automatic reallocation of any patient referred after day 38. It is hoped that this will achieve a benefit for patients by focusing referring Trusts on reducing delays in the early stage of the patient pathway.

CUHFT have also advised that both the 62 day and 31 day first definitive treatment standards are at risk for November. A high volume of potential skin cancer delays are continuing due to patient choice. Capacity pressures on the service may be limiting the number of choices that can be offered to patients. Recruitment is ongoing to meet current demand levels.

ER 5 | Ambulance performance

Fig 1. East of England Ambulance trust Cat A performance



Comments |

For the month of November, performance was as follows:

- Red 1 (8 minute) performance was below the 75% standard at 74.52%.
- Red 2 (8 minute) performance was below the 75% standard at 68.47%.
- Category A19 minute performance was below the 95% standard at 92.82%.

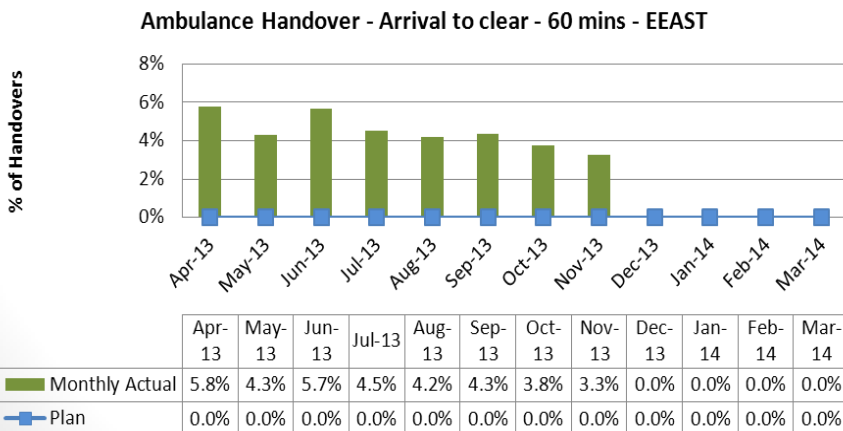
Red 1, Red 2 and A19 performance remain challenged. Red activity remains elevated.

A contract query was issued by the Consortium in August and it was agreed that the Co-ordinating Commissioner and EEAST would carry out a joint investigation which was closed on 22nd October on the understanding that EEAST delivered a Remedial Action Plan (RAP) by 31st October. EEAST missed this deadline and the co-ordinating commissioner are using contractual levers to withhold payment for failure to deliver a RAP.

The CCG are proactively working with the consortium to ensure a strong remedial plan is put in place to improve performance. It is recognised that major transformational change is required to sustain performance at the standard as a minimum.

For further details, please refer to the Contract Queries section of the report (page 70).

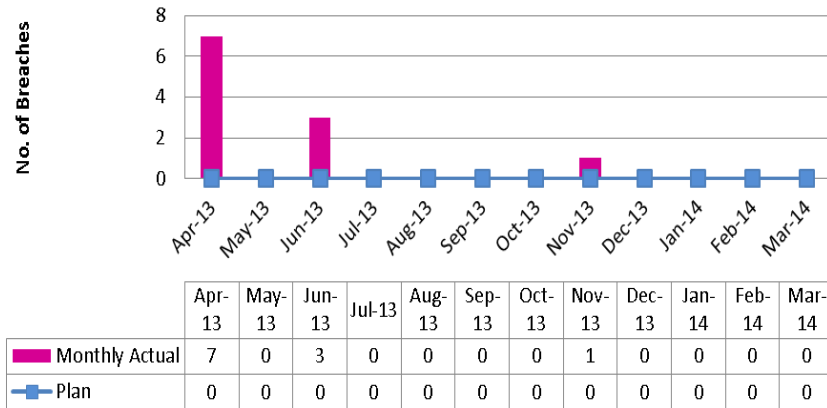
Fig 2. Handover: arrival to clear



ER 6 | Mixed sex accommodation

Fig 1. CCG Breaches

Mixed Sex Accommodation - CCG



Comments |

November data shows that there was 1 breach across the CCG.

There were 4 Mixed Sex Accommodation breaches at QEH.

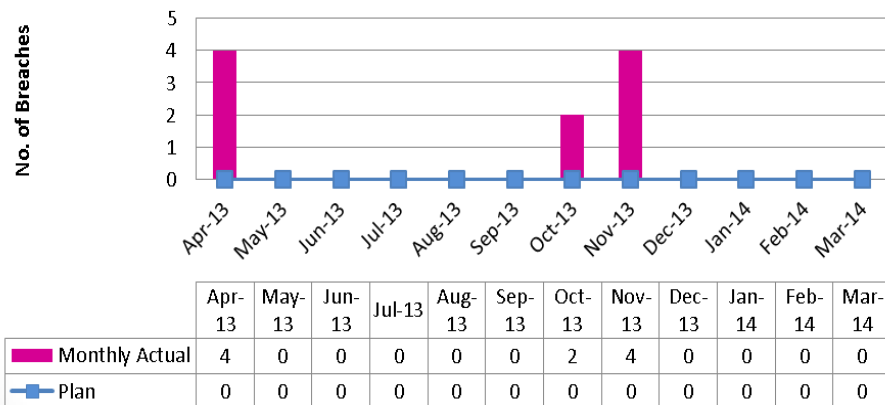
Two of the MSA breaches at QEH were in the Critical Care Unit, due to lack of bed availability. We are awaiting further information regarding the other 2 breaches.

We have raised this with QEH at the performance meeting and as we had previously agreed they would ensure a robust escalation process is in place.

We will raise at the December Clinical Quality Review Meeting to seek assurance that they now have a robust plan in place.

Fig 2. QEH Breaches

Mixed Sex Accommodation - QEH





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 some 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.



The Mandate scorecard

Preventing people from dying prematurely		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Emergency admissions for alcohol related liver disease		Reduce	26.1	27.9	54.0	↑	July-Sep (Q2)	Yes	
Antenatal assessment < 13 weeks		93.2%	94.0%	93.8%	93.9%	↑	July-Sep (Q2)	Yes	Yes
Maternal smoking at delivery		13.9%	11.0%	10.0%	10.5%	↓	July-Sep (Q2)	Yes	Yes
Prevalence of breast feeding at 6 - 8 weeks from birth		53.3%	56.8%	53.2%	55.0%	↑	July-Sep (Q2)	Yes	Yes
								100%	100%
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	61.3	61.9	414.5	↑	Oct-13	Yes	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		Reduce	29.0	41.1	171.9	↑	Oct-13	Yes	
								67%	0%
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		Not Available	11.0%	11.5%	11.0%	↑	Oct-13	Yes	Yes
Emergency admissions for acute conditions that should not usually require admis		Reduce	77.6	71.3	554.8	↓	Oct-13	No	
Emergency admissions for children with lower respiratory tract infections		Reduce	21.4	11.0	98.0	↓	Oct-13	No	
								33%	100%
Ensuring people have a positive experience of care		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Friends and Family net Promoter - Inpatients	CUHFT	75.0	52.3	45.3	50.3	↑	Oct-13	No	No
Friends and Family net Promoter - Inpatients	Hinchingbrooke	75.0	80.6	80.5	81.9	↑	Oct-13	Yes	Yes
Friends and Family net Promoter - Inpatients	Papworth	75.0	82.5	83.9	86.3	↓	Oct-13	Yes	Yes
Friends and Family net Promoter - Inpatients	PSHFT	75.0	72.0	71.5	72.9	↑	Oct-13	No	No
Friends and Family net Promoter - Inpatients	QEH	75.0	61.0	69.2	67.2	↓	Oct-13	No	No
Friends and Family net Promoter - Inpatients	CCS	75.0	85.0	85.0	84.0	↔	Oct-13	Yes	Yes
Friends and Family net Promoter - A&E	CUHFT		57.1	60.8	59.0	↓	Oct-13		
Friends and Family net Promoter - A&E	Hinchingbrooke		71.7	77.5	76.5	↓	Oct-13		
Friends and Family net Promoter - A&E	PSHFT		59.9	70.0	63.3	↓	Oct-13		
Friends and Family net Promoter - A&E	QEH		52.1	49.1	49.5	↑	Oct-13		
								50%	50%
Safe environment		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Incidence of VTE		90.0%	98.5%		98.6%	↓	July-Sep (Q2)	Yes	Yes
MRSA Infections		0	1	0	3	↓	Nov-13	No	No
C. Diff Infections		134	12	15	113	↑	Nov-13	No	No
								33%	33%

Comments |

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

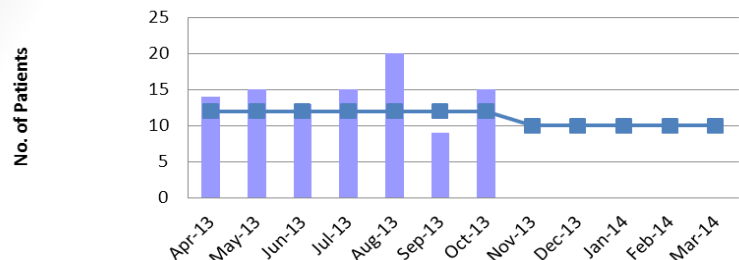
7. MRSA and C.Diff Infections

The FFT results are covered in the provider performance sections of this report.

With regard to Emergency Admissions, LCGs continue to engage with Practices to ensure they are managing patients through disease registers, prescribing reminders, medication reviews etc. in order to reduce admissions. Actual patient numbers are very small.

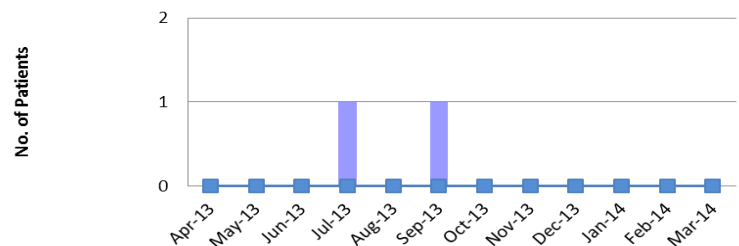


Fig 1. CCG wide C diff by month (up to end of October)



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Monthly Actual	14	15	13	15	20	9	15	0	0	0	0	0
Plan	12	12	12	12	12	12	12	10	10	10	10	10

Fig. 2 CCG wide MRSA by month (up to end of October)



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Monthly Actual	0	0	0	1	0	1	0	0	0	0	0	0
Plan	0	0	0	0	0	0	0	0	0	0	0	0

Fig. 3 Trust provisional November C Diff data

Trust	Annual Trajectory	Provisional November data	November Target
CUHFT	39	1	3
HHCT	8	0	1
Papworth	5	0	0
PSHFT	26	5	2

Comments |

MRSA

There were no cases of MRSA in October, however, provisional data indicates a case at CUHFT in November. The RCA has commenced and the Post Infection Review meeting will take place within the next few weeks.

Clostridium Difficile

The final Clostridium Difficile data for October 2013 was worse than expected with 15 cases assigned. One of these is an out-of-area patient at Papworth.

Initial data for November identifies 8 community onset cases with an expected final figure of 12. This will bring the CCG up to 113 cases against an annual trajectory of 134.

No cases have yet been sent to appeal. However, following discussions with the NHS England Infection Prevention and Control lead and other colleagues, the CCG will identify relevant cases for appeal.

The HCAI Strategy Group is working on the development of a strategy with agreement from all Directors of Infection Prevention and Control, and in association with expertise from the Infection Prevention and Control Nurse leads from provider organisations.

The Infection Prevention and Control team have carried out a thematic analysis of CCG Clostridium Difficile cases. There have been 56 community onset cases since 1st April and the team identified the following themes:

- 34% of cases had a hospital admission within the past 30 days
- 21% of cases had a hospital admission in the previous 8-12 weeks
- 34% of cases had no hospital admission during the last 6 months
- 18% of cases had attending out-patient clinics. There was additional prescribing noted in these areas.
- 20% of cases had community service involvement
- 2 cases identified input from dental sources (one abroad)
- 14% of cases had underlying bowel disorder
- 59% of specimens are taken on admission to hospital

Patients receiving primary care treatment at the time of onset include:

- 28.5% - UTI
- 27% - soft tissue injury
- 9% - respiratory
- 9% - other/unknown

The team will use the analysis in understanding the current trends and difficulties associated with this disease.

Provisional data for November 2013 is outlined in figure 3.

Section four

TRANSFORMING SERVICES

2013/14 Efficiency plan

QIPP Target Value (£)	Prior Month FY Forecast (£)	M7 Tracker Actual (£)	M7 YTD Cumulative Actual (£)	M7 QIPP Forecast (£)	M7 LWOM (Plan B) (£)	M7 Total QIPP/LWOM Forecast (£)	% of Original QIPP Target	FYE QIPP and LWOM Forecast (£)
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Borderline and Peterborough System	5,302,000	7,009,000	369,052	3,533,816	5,590,335	1,575,600	7,165,935	135%	1,863,935
CAM H/CATCH System	5,165,000	2,551,000	159,007	793,456	2,006,086	14,534	2,020,620	39%	-3,144,380
Hunts H/HCP System	3,884,000	2,839,000	233,816	1,512,693	2,196,238	491,000	2,687,238	69%	-1,196,762
IoE/Wisbech System	1,412,000	2,538,000	80,870	429,760	1,088,038	654,000	1,742,038	123%	330,038
CCG wide schemes	3,973,000	2,178,000	74,433	522,024	2,284,109	250,000	2,534,109	64%	-1,438,891
Program Scheme Totals (£)	19,736,000	17,115,000	917,178	6,791,749	13,164,807	2,985,134	16,149,941	82%	-3,586,059

Support to Bottom Line Totals (£)	7,010,000
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7,010,000

Total CCG* (£)	26,746,000
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Forecast against Total CCG* (£)	23,159,941	87%
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Contract Compliance Measures (£)	7,154,000
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Total Saving Required (£)	33,900,000
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2013/14 Efficiency plan

Comments

As at M7 the LCG has **delivered 87% of its original QIPP** schemes (including LWOM and central CCG schemes) - this is based on forecast savings of **£23.16m**. This is a shortfall of **£3,59m**. Actual delivery to month 7 is £13.8m.

Additional pressures in year have resulted in the CCG forecasting a financial deficit of £8.6m (please see latest finance report - under delivery of QIPP is one of the key factors contributing to the CCGs financial position). Based on this the CCG has rapidly initiated a turnaround process and has appointed a turnaround team from Deloitte to support delivery. The organisation is now working with Deloitte to augment the original QIPP/LWOM schemes with further schemes to support the CCG through its financial Recovery. A financial recovery plan (FRP) was submitted to the Area Team end of November and feedback on this is expected mid December 2013. One key aspect of support is strengthening the CCGs programme management function (PMO) to provide more robust assurance on monitoring and delivery of the financial recovery programme. Future reporting will move to reporting against the FRP which will cover the original QIPP/LWOM schemes.

The CCG remains committed to achieving these targets and continues to work with LCGs and their Boards to ensure this remains our top priority.

Section five

ACTIVITY

CCG Activity scorecard – SS to complete – table updated

Activity lines	Month Plan	Month Actual	Cumulative Plan	Cumulative Actual	Cumulative Variance to Plan	Cumulative YoY growth	Period
GP written referrals to Hospital	12,080	15,749	79,848	101,476	21.3%	9.5%	Oct-13
Other referrals	9,391	11,051	57,778	70,228	17.7%	4.7%	Oct-13
All 1st OP	19,670	20,901	127,855	130,902	2.3%	10.5%	Oct-13
Elective	10,121	10,178	65,788	65,358	-0.7%	9.6%	Oct-13
Ambulance journeys		38,035		259,664		3.6%	Oct-13
A&E attendances	17,346	20,019	121,419	115,849	-4.8%	8.1%	Oct-13
Non Elective	6,481	6,309	42,127	41,129	-2.4%	3.3%	Oct-13

Comments |

No significant change to what was reported last month. One of the key messages from this data is the on going pressure the CCG is seeing in elective care. Our FRP is actively targeting this area to reverse the trend. Our referral support service (RSS) is now up and running – it started in the Cambs/Hunts systems 2nd Dec and Borderline/Peterborough system 9th Dec. The rapid implementation of the programme is mainly due to strong clinical leadership across the CCG. The majority of GP referrals in specific specialties are going through the RSS and the LCGs are now focussing on how to impact on non GP generated elective activity e.g. clinician to clinician referrals, referrals linked to clinical thresholds already in the system. Providers have been written to making them aware of the RSS and that they must not reduce waiting lists to fill the additional capacity the RSS is likely to generate.

Section six

QUALITY PREMIUM

Quality Premium scorecard



Quality Premium scorecard

National Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Period	Pass / Fail	Funding calculation
Potential years of life lost from causes amenable to healthcare	12.50%	519,928.75	Annual	Reduction of 3.2%					£0.00
Emergency admissions composite measure	25.00%	1,039,857.50	Monthly	Reduction or 0% change	873	877	Oct-13	Fail	£0.00
Friends and family roll out plan	12.50%	519,928.75			Part of Local Providers Contracts		Oct-13	Pass	£519,928.75
Friends and family improvement - IP - CCG		-	Monthly	Improvement	74	73.8	Oct-13	Fail	£0.00
Friends and family improvement - A&E - CCG		-	Monthly	Improvement	60	62.5	Oct-13	Pass	£0.00
HCAI MRSA - CCG	12.50%	519,928.75	Monthly	0		2	Oct-13	Fail	£0.00
HCAI C Diff - CCG			Monthly	134		101	Oct-13	Fail	£0.00

Local Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Period	Pass / Fail	Funding calculation
Smoking at time of delivery - CCG	12.50%	519,928.75	Quarterly	13.9%		10.5%	July-Sep (Q2)	Pass	£519,928.75
Older People Emergency Bed days rate per person	12.50%	519,928.75	Monthly	1.93		1.86	Oct-13	Pass	£519,928.75
Primary prevention of CHD in deprived areas - CCG	12.50%	519,928.75	Monthly	90.0%		81.4%	Nov-13	Fail	£0.00

Total Value **4,159,430.00** **£1,559,786.25**

Pre conditions Position

Financial breakeven or better

Significant quality failure

NHS Constitution measures	Threshold	Basis	Organisation	Latest data	Adjustment to funding	Adjustment	Period	Pass / Fail	Funding calculation
Incomplete RTT pathways	92%	Annual	CCG	96.6%	25%	£389,946.56	Oct-13	Pass	£0.00
A&E waits	95%	Annual	CCG mapped	94.7%	25%	£389,946.56	Nov-13	Fail	-£389,946.56
62 day cancer waits	85%	Annual	CCG	89.6%	25%	£389,946.56	Oct-13	Pass	£0.00
Cat A Red 1 calls	75%	Annual	EEAST	74.52%	25%	£389,946.56	Nov-13	Fail	-£389,946.56

Adjusted total **£779,893.13**

Quality Premium scorecard

Comments |

As previously reported, CCG performance in 2013/14 will be measured against 4 national quality measures (reducing potential years of life lost from causes amenable to healthcare – 12.5%, reducing avoidable emergency admissions – 25%, ensuring roll out of the friends and family test – 12.5% and preventing HCAI – 12.5%), and 3 locally agreed measures (reducing the rate of maternal smoking at time of delivery – 12.5%, reducing older people's emergency bed day rates – 12.5% and improving primary prevention of CHD in deprived areas – 12.5%).

The total financial envelope for the quality premium is £5 per head of population. The C&P CCG population is 831,886, and based on these calculations, the CCG would have an opportunity to achieve a maximum quality premium payment of **£4,159,430** in 2014/15 if each of the 7 measures above are fully achieved and assuming the pre-payment criterion (as outlined below) is fully achieved in 2013/14. This is shown as the first figure in the total value row of the table on page 30. Based on the data we currently have, the second figure in this row, **£1,559,786.25**, is the quality premium payment that we think we can realistically achieve.

Defined pre-payment criterion

The total payment will be reduced (by 25% per criterion) if the CCG's providers do not meet the NHS Constitution rights of pledges for patients in relation to:

1. Maximum 18-week waits from RTT – incomplete pathways (25%)
2. Maximum 4 hour waits in A&E departments (25%)
3. Maximum 62 day waits from urgent GP referral to first definitive treatment for cancer (25%)
4. Maximum 8-minute responses for Category A red 1 ambulance calls (25%)

Please note, this would be 25% of the figure achieved (e.g.£1,559,786.25) and NOT 25% of the full amount available (£4,159,430).

Based on our *current* performance, the CCG is predicting that the A&E and the Category A red 1 ambulance calls criterion will not be met. Consequently, we would lose 50% of the £1,599,786.25 figure, resulting in a quality premium payment of £779,893 as outlined in the table below.

Total Quality Premium Payment available (= £5 per head of population of 831,886)	£4,159,430
Predicted funding available based on achievement of national measures	£1,599,786.25
Deduction based on pre-payment criterion:	
A&E (25% of £1,599,786.25)	£389,946.56
Cat A Red 1 Calls	£389,946.56
Predicted Quality Premium Payment	£779,893

Furthermore, in order to receive this payment, the CCG is required to manage within its total resources envelope for 2013/14 and to not exceed the agreed level of surplus drawdown – the turnaround work programme is driving to achieve this standard.

This analysis assumes failure of the HCAI measure due to current Clostridium Difficile & MRSA performance (a loss of £519, 928.75).

With regard to Primary prevention of CHD in deprived areas, the CCG is now receiving reports from all 46 Practices on a monthly basis. The first quarter was below target (50% against a target of 90%) however, in quarter 2, the position has improved to 71%. A series of Practice visits has commenced focussed on those practices achieving below 60% with follow up phone calls to any practices achieving between 60-75%. The report for November 2013 has increased overall achievement to 83%. Lessons learned from these Practices will be summarised and shared with all – the common themes emerging are:

- Correctly read coding hypertension (confirm it is not an ongoing issue and code accordingly)
- Local process for completing CVD risk score within 12 weeks of diagnosis – filing correctly in clinical records
- Review of work to do list, to ensure the report has identified the correct patients in the denominator – report any anomalies to Primary care Informatics for further investigation.

The CCG remains confident that 90% can be achieved by the end of the year. If 90% is achieved, our predicted quality premium payment would increase to **£2,079,715**.

Section seven

PROVIDER PROFILES

CUHFT | 1 of 2

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	93.74%	93.75%	↓	93.98%	Oct-13	Yes	Yes
No. of failing specialties	0	1	3	↑	14	Oct-13	No	No
Non admitted specialties	95%	98.06%	98.09%	↓	98.07%	Oct-13	Yes	Yes
No. of failing specialties	0	0	0	↔	1	Oct-13	Yes	No
Incomplete pathways	92%	97.72%	98.15%	↓	97.72%	Oct-13	Yes	Yes
No. of failing specialties	0	0	0	↔	0	Oct-13	Yes	Yes
Over 52 week waits	0	0	0	↔	0	Oct-13	Yes	Yes
Over 40 week waits		3	4	↑	3	Oct-13		
Diagnostic waits	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.80%	99.80%	↔		Oct-13	Yes	Yes
A&E waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	92.32%	93.78%	↓	94.86%	Nov-13	No	No
12 hour trolley breaches	0	0	0	↔	0	Nov-13	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	3.1%	3.2%	↑	3.0%	Nov-13	No	No
2 Week Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	97.57%	96.76%	↑	96.97%	Oct-13	Yes	Yes
2 week wait for breast symptom referrals	93%	97.37%	95.61%	↑	94.74%	Oct-13	Yes	Yes
31 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	97.28%	97.24%	↑	97.62%	Oct-13	Yes	Yes
31 day wait for subsequent surgery	94%	96.63%	94.95%	↑	96.73%	Oct-13	Yes	Yes
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	Oct-13	Yes	Yes
31 day wait for subsequent radiotherapy	94%	96.97%	95.55%	↑	95.89%	Oct-13	Yes	Yes
62 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	86.15%	85.00%	↑	85.54%	Oct-13	Yes	Yes
62 day wait following screening referral	90%	90.00%	91.30%	↓	91.59%	Oct-13	Yes	Yes
62 day wait following consultant upgrade	None	100.00%	92.86%	↑	96.34%	Oct-13		
Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Nov-13	Yes	Yes
Cancelled operations	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days	Not Available	0	6	↑	6	July -Sep (Q2)		
Urgent Operations cancelled	Not Available	0	11	↑	88	Nov-13		
VTE Risk Assessment	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Incidence of VTE	90%	98.7%	98.9%	↓	98.8%	July -Sep (Q2)	Yes	Yes
Emergency Readmissions	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude A)	Not Available	7.8%	8.8%	↑	8.3%	Oct-13		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	25%	30.0%	26.6%	↓	26.3%	Oct-13	No	No
1 to 1 Care in Established Labour	100%	96.4%	93.1%	↑	95.5%	Oct-13	No	No
Dementia	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Percentage of Dementia cases identified aged 75 and over	90%	91.82%	92.00%	↓	91.91%	July -Sep (Q2)	Yes	Yes
Percentage of Dementia cases diagnosed aged 75 and over	90%	98.24%	98.00%	↑	98.12%	July -Sep (Q2)	Yes	Yes
Percentage of Dementia cases referred aged 75 and over	90%	100.00%	100.00%	↔	100.00%	July -Sep (Q2)	Yes	Yes

CUHFT | 2 of 2

Quality indicators

Mortality information	National Mean	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	0.84	0.85	↑	Apr-12 - March-13	Yes	Yes

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Oct-13	Yes	No
C Diff cases	39	2	4	↑	Oct-13	Yes	No
Never Events	0	0	1	↑	Nov-13	Yes	No
SIs reported within timescale	90%	53.0%			Apr - June (Q1)	No	No
Harm free care	95%	96.8%	96.2%	↑	Oct-13	Yes	Yes
Pressure Ulcer Prevalence	0	1.1	1.2	↑	Oct-13		

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Oct-13	Yes	Yes
Moderate concerns	0	0	0	↔	Oct-13	Yes	Yes
Minor concerns	0	0	0	↔	Oct-13	Yes	Yes

Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	52.3	45.3	↑	Oct-13	No	No
Friends and family test A&E		57.1	60.8	↓	Oct-13		

Comments |

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

1. RTT
2. Diagnostics
3. A&E
4. Maternity
5. HCAI
6. Friends and Family test

Fig 1. CUHFT specialities below operating standards in October

Number of specialities **Not** meeting national standard

	% 18 wk RTT
Admitted	1
Non Admitted	0
Incomplete	0

Comments |

The Trust aggregate position for all RTT standards was maintained in October (93.7% admitted, 98.1% non admitted, 97.7% incomplete). At specialty level, ENT underachieved the admitted RTT standard in the month. There were no over 52 week waiters to report in October.

CUHFT has seen a continued increase in the number of patients exceeding 18 weeks. The growth in backlog has been predominantly in those patients without a decision to admit (non-admitted). In addition to ENT, Orthopaedics and Dermatology, where backlog remains high, the Trust has seen notable increases in Urology, Plastic Surgery, General Surgery and Neurosurgery. Demand has increased for Urology and Neurosurgery, but in addition all these services have been impacted by staffing resources. Plastic surgery has lost consultant manpower and all the services have suffered from gaps in tracking and booking resource to progress pathways. All of this is being managed via the trust weekly operational meetings, additional waiting list tracker administrators are being recruited and the RSS programme by the CCG will also help. Specific actions are set out below.

- ENT – The recovery trajectory is being monitored weekly. Sufficient additional sessions are being organised both in the independent sector and on-site to deliver the backlog reduction. The Trust are having difficulties in encouraging people to be treated before the New Year.
- Orthopaedics – There have been some cancellations both due to bed pressures and patient fitness. This has put increased pressure on the already increased surgical demand. The demand requires a further day in theatre per week. The service will not achieve the admitted target in November. The CCG has identified that the MSK interface service has not been adhering to the surgical threshold guidance when referring on to the Trust and an audit of the internal application of the policies will also be undertaken.
- Dermatology – The admitted target (which relates entirely to MOHs surgery) is at risk again for November.
- Plastic Surgery – Gaps in medical staffing are likely to impact on achievement in future months. PAs are being repatriated from Peterborough from December and a further 2 consultants expected to return to work from January and March. Locum position being extended for 3 months.

Cancelled Operations: November data shows a decrease from 11 in October to 0 in November. As previously reported, CUHFT and the CCG have reviewed the way that CUHFT were reporting their data and have changed their reporting method to bring them in line with the way that other Trusts are reporting on the cancellation of urgent operations. As expected, the impact of this has been reflected in November figures.

ER CUHFT 2 | Diagnostics

Fig 1. Table to show breakdown of CUHFT breaches in October 2013 by specialty

	CUHFT
Cystoscopy	1
Dexa Scan	1
MRI	
Urodynamics	3
TOTAL	5

Comments |

The 6 week diagnostic standard was met in October.

The only themes identified were a particular issue with Urodynamics capacity in the month related to staff sickness and an impact on MRI capacity due to equipment failure.

ER CUHFT 3 | A&E



Comments |

CUHFT failed to meet the 95% target in November, achieving 92.3%. As previously reported, a contract query letter was sent on 20th November asking CUHFT to provide a Remedial Action Plan to outline key actions to ensure the Quarter 3 target will be achieved, however, CUHFT are at high risk of not achieving the quarter and they have declared this risk to Monitor.

System wide daily escalation meetings commenced on 7th November chaired by the CCG. The surge ward was available for use from November and has been successfully opened to support patient flow as required. A decision has been taken to recruit some additional locum junior medical staff to support the Emergency Department. CUHFT are preparing to identify further areas to support emergency flow given the announcement that a further £150 million will be made available nationally.

Although there have been bed capacity issues at times, internal processes have been the cause of a significant number of breaches

- An analysis into the cause of problems and potential solutions is being conducted
- CUHFT have invited ECIST to support the Trust in recovering their performance
- Following poor performance at the start of December CUHFT are holding an urgent consultant leadership meeting (9th December) to investigate the cause and improvements
- A winter funding meeting took place on 10th December. Allocation will not be agreed until there is a full understanding of the cause of the problem and therefore how to direct funding to achieve the greatest impact
- The sanctuary scheme became operational w/c 9th December to take people from reablement and therefore improve patient flow
- Validation meetings have taken place to investigate apparent low referrals
- Out of county referrals will be reviewed every two hours to ensure all referrals are picked up
- UCC are providing information on the number of patients seen by GPs, to improve the process to increase numbers
- CUHFT are holding a series of meetings during the day covering all patient areas to expedite release of bed capacity
- Reviewing rota of speciality teams to increase capacity in ED
- EEAT to report conveyance rate for the local area in the last 24 hours and any handover delay issues
- CUHFT and UCC have agreed clinical responsibility for OOH referrals to CCG commissioned Rapid Response Nursing Service
- CCS planning for increased discharge pressure (resulting from high over 85 admissions)
- CCG agreed to premium rate for OOH transport (OOH transport has been the cause of some delays)
- Constant review of community capacity and liaison with CUHFT
- Weekly DTOC meetings in place and action taken to reduce. DPSN staff numbers now back to normal and most social care posts are also covered
- Improved position for community rehabilitation beds
- Meeting with CCG, care providers, CUHFT and CCC to develop actions to increase capacity
- Social care offering enhanced rates to reduce domiciliary care waiting lists (which backs up delays in reablement and in the acute)
- Communications to GPs to increase utilization of acute nursing service (equivalent to 10 beds) to reduce pressure on CUHFT
- Capacity at Churchill Nursing Centre has been expanded to 24 beds

Transformation and turnaround projects progressing to improve patient flow and reduce length of stay:

- Addenbrookes at home – expanded the bed pool and inclusion of DTOC patients
- Enhancing psychiatric liaison service in ED and Clinical Decisions Unit (CDU)
- Enhanced near patient testing in the ED

Fig 1. CUHFT Daily A&E Attends up to 15th Dec 2013

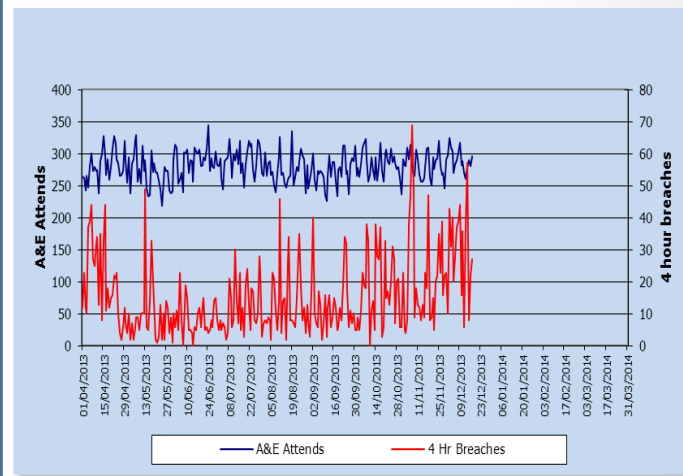
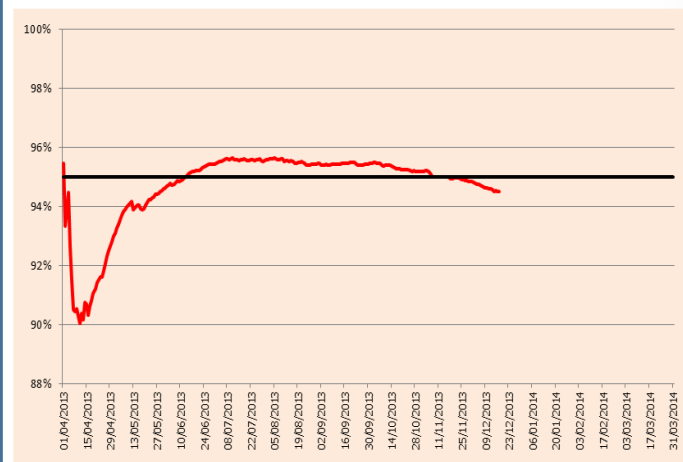


Fig 2. Cumulative A&E performance at CUHFT in 13/14



ER CUHFT 4 | Maternity

Comments |

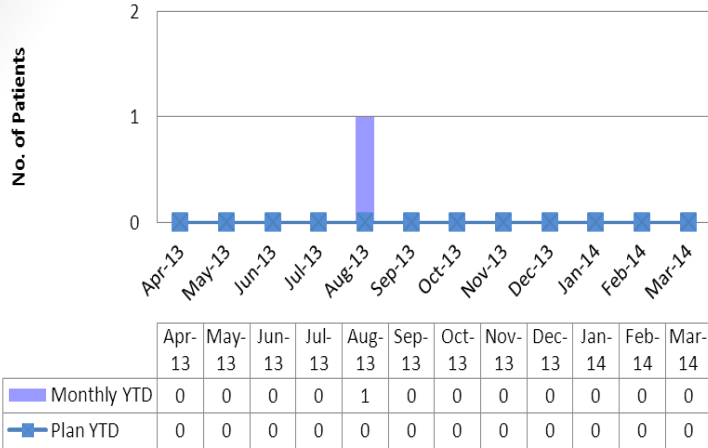
As previously reported, a maternity service peer review at CUHFT took place on 15th October 2013.

CUHFT has reviewed the visit report for factual accuracy and returned this to the CCG. The final report will be sent shortly. CUHFT has started work on the issues raised. The Peer Review team will continue to work with CUHFT on this area of work.

The CCG await the project plan for strategy and workforce development.



Fig 1. CUHFT MRSA cases (up to end of October)



Comments |

MRSA

There were no cases of hospital-acquired MRSA bacteraemia at CUHFT in October. Actions in progress include:

- MRSA decolonisation – staff education and audits are in place. There was a slight increase in October compliance figures but further improvement is required. There has been an increase in audits from once to twice monthly with results fed back to individual wards immediately and via the SCN forum and monthly Divisional Infection Prevention and Control Group meetings. A number of elements are audited and education by the Clinical Educator and the Infection Control Nurses, as well as individual ward feedback is focusing on those elements which record the highest non-compliance rates.
- An audit of paediatric blood culture technique and recording has been undertaken and the results are awaited.

CUHFT identified a hospital onset MRSA bacteraemia in November. The RCA has commenced and the Post Infection Review meeting will take place within the next few weeks.

C Diff

A contract query is in place due to continuing concerns in relation to CUHFT's Infection Prevention and Control. There were 2 cases of Clostridium Difficile in the Trust in October, 1 under the trajectory of 3 for the month. Both cases have been submitted for appeal. CUHFT has recorded 35 cases this financial year to date. In total, to the end of October, 16 cases have been submitted for appeal. One case only to date has been successful and this will be removed from the trajectory. Information on all other appeals is still awaited; final decisions regarding the appeals are being actively sought.

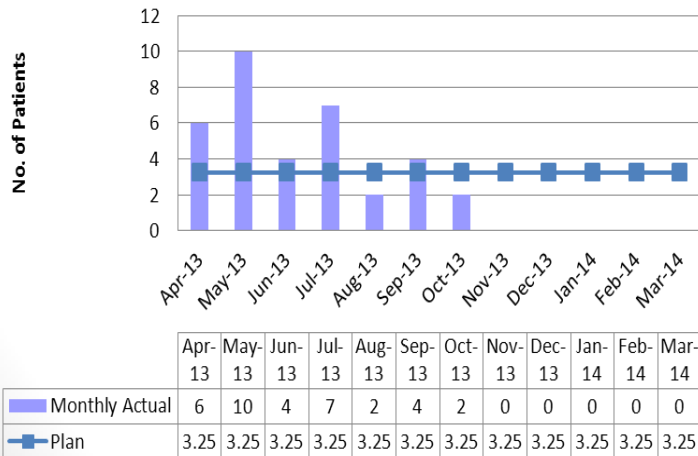
The CCG Infection Prevention and Control Matron led an unannounced visit to CUHFT in November to talk to frontline staff about their HCAI knowledge and management at ward level. The visit was very positive with a good level of knowledge noted.

CUHFT's focus remains on ensuring staff are aware of the key measures needed to control Clostridium Difficile – good hand hygiene, prompt segregation of patients with diarrhoea from others, timely testing of samples, environmental cleanliness and good antibiotic stewardship.

Specific points to note are:

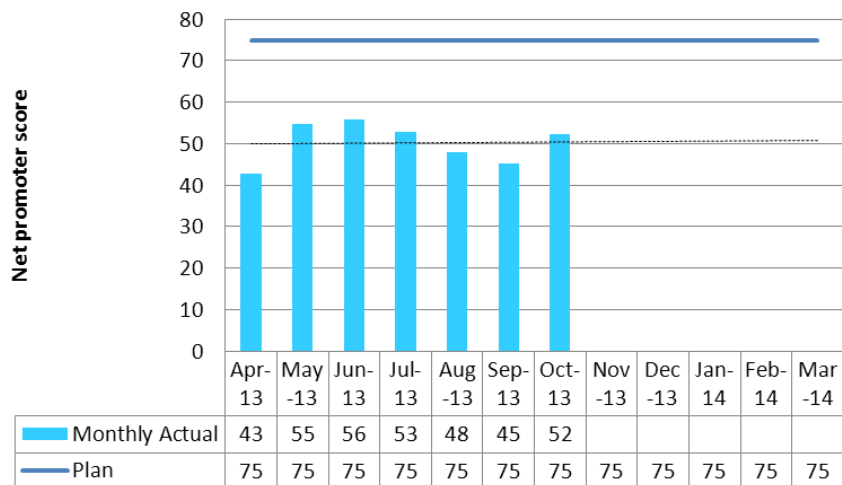
- Infection Control Fortnightly round-up being published
- Weekly feedback of isolation information on patients for whom Clostridium difficile specimens have been sent indicates improving compliance. October average compliance was 87% (September 82%). The importance of isolation of all patients with new onset diarrhoea continues to be emphasised. The monthly audit of compliance with the Trust's isolation policy (a snap shot on one day) showed 100% of 67 eligible patients were isolated appropriately.
- The care plan has been amended to ensure there is greater prominence regarding the need to record the nutritional assessment information (which is an element where failures are occurring). Additional education for all wards where compliance is low is being undertaken by the Infection Control Nurse Clinical Educator.
- The process for extended (hours) deep cleaning using one decant ward in order to deep clean 2 wards each week is working well. A follow up meeting to formally assess its efficacy took place in November.
- The bed exchange programme continues to be under utilised; further communication as to the need to use this is underway.

Fig 2. CUHFT C Diff cases (up to end of October)



ER CUHFT 6 | Friends and Family

Fig 1. Friends and Family Net Promoter (Inpatients) - CUHFT



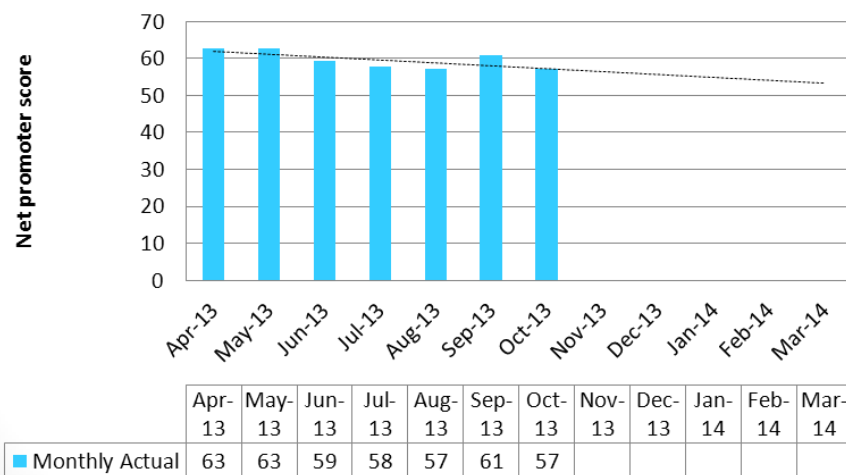
Comments |

CUHFT has an action plan in place looking at F&F and wider patient experience. This will be submitted to the CCG for review and comment.

The Trust's methodology for collecting F&F data will be changed from January 2014, to bring CUHFT in line with the majority of other trusts.

It is CUHFT's intention to roll out an electronic system to collect F&F data using iPads on the day of discharge. This will help to drill down to individual wards where there are issues. CUHFT is piloting this in surgery and will roll out division by division. The target date for full implementation is February 2014.

Fig 2. Friends and Family Net Promoter (A&E) - CUHFT



PSHFT | 1 of 2

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	90.90%	90.79%	↑	90.38%	Oct-13	Yes	Yes
No. of failing specialties	0	4	2	↓	23	Oct-13	No	No
Non admitted specialties	95%	97.11%	97.12%	↓	97.17%	Oct-13	Yes	Yes
No. of failing specialties	0	3	2	↓	18	Oct-13	No	No
Incomplete pathways	92%	97.79%	97.60%	↑	97.79%	Oct-13	Yes	Yes
No. of failing specialties	0	1	1	↔	1	Oct-13	No	No
Over 52 week waits	0	0	0	↔	0	Oct-13	Yes	Yes
Over 40 week waits		2	2	↔	2	Oct-13		
Diagnostic waits	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.90%	99.80%	↑		Oct-13	Yes	Yes
A&E waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	95.30%	93.67%	↑	93.22%	Nov-13	Yes	No
12 hour trolley breaches	0	0	0	↔	0	Nov-13	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	2.2%	2.1%	↓	2.0%	Nov-13	No	No
2 Week Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	96.42%	97.19%	↓	97.40%	Oct-13	Yes	Yes
2 week wait for breast symptom referrals	93%	97.39%	99.08%	↓	97.14%	Oct-13	Yes	Yes
31 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	100.00%	100.00%	↔	99.90%	Oct-13	Yes	Yes
31 day wait for subsequent surgery	94%	100.00%	100.00%	↔	100.00%	Oct-13	Yes	Yes
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	Oct-13	Yes	Yes
31 day wait for subsequent radiotherapy	94%	100.00%	100.00%	↔	99.78%	Oct-13	Yes	Yes
62 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	86.11%	91.05%	↓	89.01%	Oct-13	Yes	Yes
62 day wait following screening referral	90%	100.00%	96.30%	↑	93.95%	Oct-13	Yes	Yes
62 day wait following consultant upgrade	None	100.00%	89.47%	↑	95.43%	Oct-13		
Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Nov-13	Yes	No
Cancelled operations	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days	Not Available	3	40	↑	43	July -Sep (Q2)		
Urgent Operations cancelled	Not Available	0	0	↔	2	Nov-13		
VTE Risk Assessment	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Incidence of VTE	90%	97.3%	96.8%	↑	97.0%	July -Sep (Q2)	Yes	Yes
Emergency Readmissions	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude A)	Not Available	18.3%	19.3%	↑	18.5%	Oct-13		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	Not Available	24.7%	26.0%	↑	23.8%	Oct-13		
Dementia	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Percentage of Dementia cases identified aged 75 and over	90%	92.52%	90.00%	↑	91.26%	July -Sep (Q2)	Yes	Yes
Percentage of Dementia cases diagnosed aged 75 and over	90%	97.31%	96.00%	↑	96.65%	July -Sep (Q2)	Yes	Yes
Percentage of Dementia cases referred aged 75 and over	90%	92.92%	94.00%	↓	93.46%	July -Sep (Q2)	Yes	Yes

PSHFT | 2 of 2

Quality indicators

Mortality information	National Mean	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	1.01	1.02	↑	Apr-12 - March-13	No	No

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Oct-13	Yes	Yes
C Diff cases	26	4	3	↓	Oct-13	No	No
Never Events	0	0	0	↔	Nov-13	Yes	No
SIs reported within timescale	90%	78.0%			Apr - June (Q1)	No	No
Harm free care	95%	91.5%	91.0%	↑	Oct-13	No	No
Pressure Ulcer Prevalence	0	4.2	4.9	↑	Oct-13		

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Oct-13	Yes	Yes
Moderate concerns	0	1	1	↔	Oct-13	No	No
Minor concerns	0	4	4	↔	Oct-13	No	No

Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	72.0	71.5	↑	Oct-13	No	No
Friends and family test A&E		59.9	70.0	↓	Oct-13		

Comments |

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

1. RTT
2. A&E
3. HCAI
4. CQC Status

Fig 1. PSHFT specialities below operating standards in October

	% 18 wk RTT
Admitted	4
Non Admitted	3
Incomplete	1

Comments |

The Trust aggregate position for all RTT standards was achieved in October (90.9% admitted, 97.1% non-admitted, 97.8% incomplete). Specialty level trajectories are reviewed monthly. In October, PSHFT failed to meet the standard for the following specialities:

- General Surgery (77.43%) , T&O (81.88%), Ophthalmology (88.07%) and Rheumatology (88.89%) - admitted
- Gastroenterology (90.65%), Plastic Surgery (90.91%) and T&O (92.82%) - non-admitted
- Neurosurgery (89.47%) – incomplete

The RSS programme operating in Borderline and Peterborough is expected to reduce referrals and support improvements at speciality level.

Detailed internal exception reports have been shared by PSHFT tracking performance at a speciality level with the CCG. In the main, it has been the same specialities that are a risk, the current list is:

- General Surgery (admitted) – The majority of problems in general surgery are linked to one consultant who has a particular specialism in colorectal surgery (40% of the surgery backlog.) The Trust has been redirecting any new referrals to alternative surgeons as a temporary measure since 10th September. This has been widely communicated to commissioners and referring GPs. This specialty represents a long-standing challenge. The plan focusses on the backlog reduction, & remains high risk. Clearing the residual backlog will take 3-4 months, but also requires the bed capacity – which will be a significant challenge during winter. Performance will deteriorate / remain below the 90% standard until the backlog is reduced to a sustainable level. (Note: non-admitted performance has been an issue but the Directorate has taken steps to ensure delays are minimised in this part of the pathway, given the 'admitted' pressures. The 95% standard was achieved in September and October and is on track for November.)
- Orthopaedics (admitted) - This is a high-volume specialty and performance was below 90% in Q1 alongside the Trust position as the backlog was recovered, and performance achieved in July & August, but is now below target (as predicted) in September, and is projected to remain <90% in October & November. Recovering the backlog is dependent upon protecting elective bed capacity. To this end, a 9-month virtual ward pilot commenced on 22nd October. (Note: non-admitted performance was delivered in July & August, missed the standard in September & October but is projected to be back on track for November)
- Ophthalmology (admitted) – This is another high-volume specialty with a number of capacity challenges to overcome throughout the pathway, and a focus for redesign through the Trust's PMO. Increasing pressures on the backlog has meant that the 'tail' is being targeted & reduced with lower performance as a by-product as the backlog is cleared. There are c. 200 clock stops per month, so the backlog needs to be maintained significantly under 20 for sustainable performance. November performance will be under-target, again due to this reduction, but should be more sustainable from December onwards.
- Gastroenterology / General Medicine (non-admitted) – Performance has been below 95% since the start of the year. A number of steps are being taken, including an investment appraisal for an additional consultant, but performance has been slightly above the previously agreed (internal) specialty trajectory, but the improvement fell slightly short of 95% in October (90.7%). A job plan has been agreed for 1 WTE Locum Consultant for Gastroenterology (starting on 1st November) to include morning ward rounds and afternoon outpatient clinics. The ward rounds will free up existing consultants to enable more outpatient clinics to take place with a view to improving performance.
- Neurosurgery (incomplete) - Neurosurgery non-admitted was under the 92% incomplete pathways target at the end of October. (Backlog of 4 patients). This is a very small volume service provided by a visiting consultant from CUHFT. The pathway is reliant on his availability & booking processes from CUHFT. PSHFT are in weekly contact with the Neurosurgery admin team there, to ensure patients are monitored / validated.

Weekly meetings are held where waiting lists are discussed at individual patient level to ensure next steps are booked and in place for all long-wait patients. Risks are then escalated to the COO at a weekly (Friday) Operations meeting which all General Managers attend.

There were no patients waiting over 52 weeks in October.

ER PSHFT 2 | A&E

Comments |

PSHFT met the A&E standard in November achieving 95.3%.

There are twice daily capacity meetings with a third meeting if the system is stretched. An escalation plan for the system has been drafted and has been in use from 1st November. Breach meetings are also held daily to analyse causes and actions taken

The system currently has a number of work streams to review processes as set out in the winter plan and the following actions are being undertaken to improve performance:

- Emergency Short Stay (ESS) pathways
- front door team/admission avoidance
- investment in discharge planning and interim beds to improve Delayed Transfers Of Care (DTOC) and patient flow.
- Invoke DTOC Act to S2s and S5s
- Discharge lounge fully functional from 21/11/13
- Intermediate Care services assessment will be done before PDD, not after.
- New assessment team based in ED goes live and plans to extend to become Single Point Of Access (SPOA) and work at back-end of hospital as well is in place.
- Support therapies internally to do speedy assessment
- Ward sisters & pharmacists to review and improve TTO process
- Streamline referrals process
- CHC reviewed
- “Choice” letters will be issued – in place
- Review of community services acceptance & discharge criteria
- Re-organising A&E internal process to better manage GP referrals – in place
- PSHFT currently reviewing process for speciality assessments within A&E to speed up review

As per the contract Remedial Action Plan, a plan with associated penalties is in place. Financial penalties were applied for October but haven't been applied for November as they have achieved the standard.

Fig 1. PSHFT Daily A&E Attends up to 15th December 2013

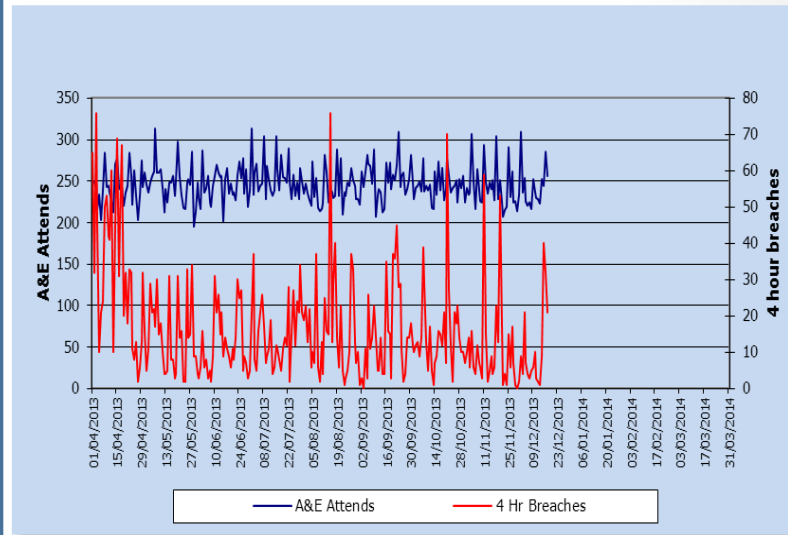
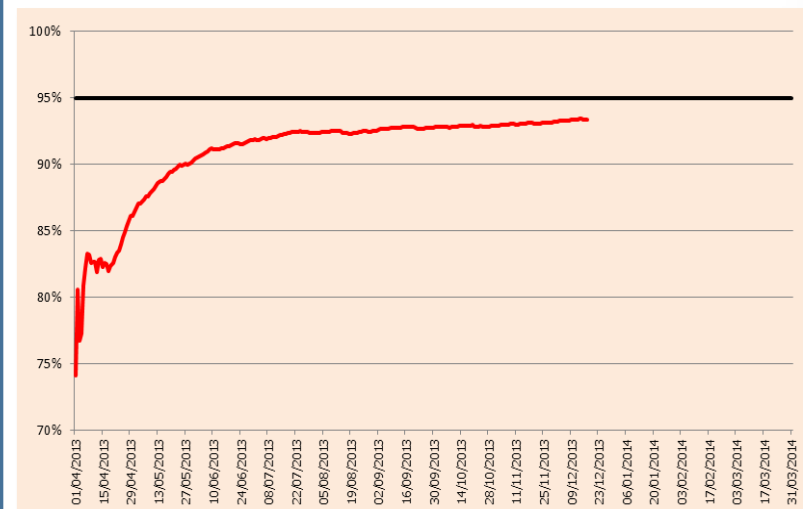


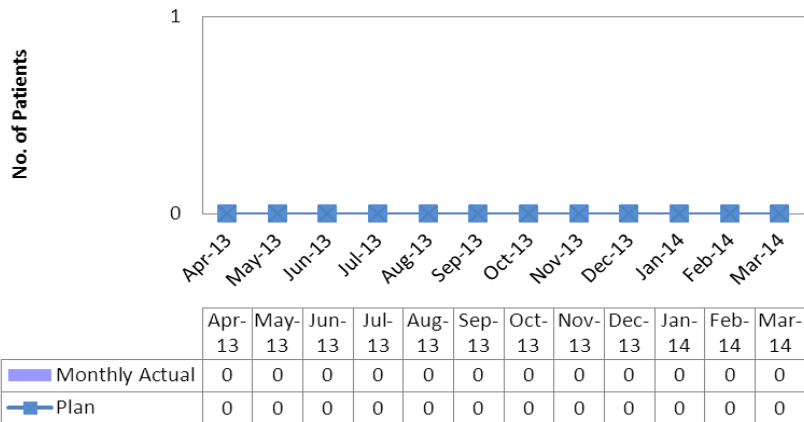
Fig 2. Cumulative A&E performance at PSHFT in 13/14



ER PSHFT 3 | HCAI



Fig 1. PSHFT MRSA cases (up to end of October)



Comments |

MRSA

PSHFT had no cases of MRSA in October. There have been 2 colonisations on one ward for MRSA. Two members of staff tested positive.

PSHFT has returned to weekly audits in relation to MRSA colonisation.

C Diff

There were four cases of hospital acquired *Clostridium difficile* infection reported in October 2013. 23 cases YTD against an annual threshold of 26. A recent stakeholder meeting (held on 30th October) concluded that there may be issues in relation to cleaning. The CCG have not yet received minutes and actions from this meeting.

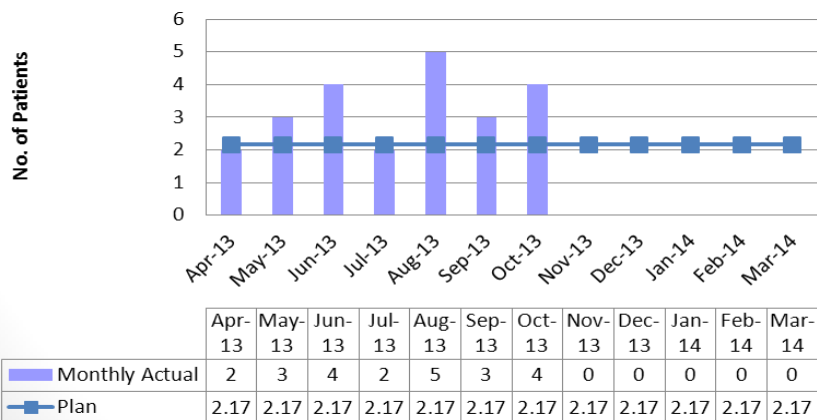
PSHFT has increased the scrutiny on their cleaning and are working on the issues of nurses helping with the cleaning in A&E. The Trust is piloting a new method of cleaning on two wards.

One case of C Difficile was deemed to be unavoidable by the NHS England Area Team scrutiny panel.

Provisional data show PSHFT reporting 5 C Difficile cases in November 2013 and therefore the Trust has breached its annual trajectory.

Nine cases sent for appeal have been declined by NHS England until transferred onto the correct forms. Early feedback has indicated concern over the contracted cleaning standards and audit results in place within the Trust. Further work is in progress to resolve these issues. Two wards have been deep cleaned using an ultra violet method.

Fig 2. PSHFT C Diff cases (up to end of October)



ER PSHFT 4 | CQC Status

Comments |

PSHFT has 1 moderate and 4 minor CQC concerns.

The CQC made a visit to John Van Geest Unit In Stamford in May 2013, and there was a follow up visit in August 2013. Three minor concerns were noted in relation to 4: Care and welfare of people who use services, 13: Staffing and 16: Assessing and monitoring the quality of service provision

The CQC inspected the Peterborough City Hospital in February 2013. This resulted in a moderate concern for outcome 4: Care and welfare of people who use services and a minor concern for outcome 16: Assessing and monitoring the quality of service provision.

PSHFT has two CQC action plans. All actions are completed in relation to the Peterborough City Hospital concern. There was one action outstanding on the Stamford Hospital plan, and this was completed in November 2013.

The CQC concerns will remain in place until the CQC carry out a follow-up review or inspection which is planned for 4th March 2014.

Outcome	Level of concern
4: Care and welfare of people who use services and outcome	Moderate - City Hospital, Minor - Stamford
13: Staffing	Minor - Stamford
16: Assessing and monitoring the quality of service provision	Minor – City Hospital, Minor - Stamford

Hinchingbrooke 1 of 2

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	93.82%	95.10%	↓	94.95%	Oct-13	Yes	Yes
<i>No. of failing specialties</i>	0	0	0	↔	1	Oct-13	Yes	No
Non admitted specialties	95%	98.40%	98.97%	↓	98.65%	Oct-13	Yes	Yes
<i>No. of failing specialties</i>	0	0	0	↔	0	Oct-13	Yes	Yes
Incomplete pathways	92%	93.99%	93.55%	↑	93.99%	Oct-13	Yes	Yes
<i>No. of failing specialties</i>	0	0	0	↔	0	Oct-13	Yes	Yes
Over 52 week waits	0	0	0	↔	0	Oct-13	Yes	Yes
<i>Over 40 week waits</i>		2	8	↑	2	Oct-13		
Diagnostic waits	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	100.00%	99.90%	↑		Oct-13	Yes	Yes
A&E waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	98.04%	95.92%	↑	96.47%	Nov-13	Yes	Yes
<i>12 hour trolley breaches</i>	0	0	0	↔	0	Nov-13	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	0.9%	1.9%	↑	2.0%	Nov-13	No	No
2 Week Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	98.95%	98.41%	↑	98.55%	Oct-13	Yes	Yes
<i>2 week wait for breast symptom referrals</i>	93%	100.00%	98.04%	↑	98.51%	Oct-13	Yes	Yes
31 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	98.28%	100.00%	↓	97.87%	Oct-13	Yes	Yes
31 day wait for subsequent surgery	94%	100.00%	100.00%	↔	100.00%	Oct-13	Yes	Yes
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	Oct-13	Yes	Yes
31 day wait for subsequent radiotherapy	94%	-	100.00%	↑	100.00%	Oct-13	Yes	Yes
62 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	90.11%	94.57%	↓	90.44%	Oct-13	Yes	Yes
62 day wait following screening referral	90%	-	100.00%	↑	90.48%	Oct-13	Yes	Yes
62 day wait following consultant upgrade	None	0.00%	100.00%	↓	50.00%	Oct-13		
Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Nov-13	Yes	Yes
Cancelled operations	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days	Not Available	0	1	↑	1	July -Sep (Q2)		
Urgent Operations cancelled	Not Available	0	0	↔	0	Nov-13		
VTE Risk Assessment	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Incidence of VTE	90%	98.2%	98.7%	↓	98.5%	July -Sep (Q2)	Yes	Yes
Emergency Readmissions	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude Ag)	Not Available	14.8%	14.1%	↓	13.9%	Oct-13		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	20%	19.2%	23.4%	↑	23.7%	Oct-13	Yes	No
Dementia	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Percentage of Dementia cases identified aged 75 and over	90%	41.51%	5.00%	↑	23.25%	July -Sep (Q2)	No	No
Percentage of Dementia cases diagnosed aged 75 and over	90%	70.45%	100.00%	↓	85.23%	July -Sep (Q2)	No	No
Percentage of Dementia cases referred aged 75 and over	90%	55.68%	100.00%	↓	77.84%	July -Sep (Q2)	No	No

Hinchingbrooke 2 of 2

Quality indicators

Mortality information	National Mean	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	0.97	0.97	↓	Apr-12 - March-13	Yes	Yes

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Oct-13	Yes	Yes
C Diff cases	8	0	0	↔	Oct-13	Yes	No
Never Events	0	0	0	↔	Nov-13	Yes	Yes
SIs reported within timescale	90%	79.0%			Apr - June (Q1)	No	No
Harm free care	95%	89.2%	89.2%	↑	Oct-13	No	No
Pressure Ulcer Prevalence	0	6.9	4.6	↓	Oct-13		

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Oct-13	Yes	Yes
Moderate concerns	0	0	0	↔	Oct-13	Yes	Yes
Minor concerns	0	0	0	↔	Oct-13	Yes	Yes

Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	80.6	80.5	↑	Oct-13	Yes	Yes
Friends and family test A&E		71.7	77.5	↓	Oct-13		

Comments |

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

1. A&E
2. HCAI

Please note that with regard to the Dementia figures, HHCT have advised that the way UNIFY records this information does not match the language in the CQUIN and therefore what is actually recorded and reported by HHCT. At a meeting with the Trust on 12th December they confirmed that they were at 100% for the percentage of patients identified that have been assessed and then referred. They also have made good progress and are now at 94.3% in November for patients identified. The Trust raised this issue with the Department of Health in October and as the figures had been released as 'public' it wasn't possible to amend them at the time. Recent uploads have now had the error corrected.

ER HHCT 1 | A&E

Comments |

HHCT met the A&E Target for November (98.04%).

The Hunts system is coordinating daily, multiagency, teleconferences.

At each Urgent Care Board (UCB) call the following information is discussed:

- Reasons for each breach of 4 hours and actions to prevent in the future.
- Number and reasons for each DTOC (delayed transfer of care) and mitigating actions
- Planned admissions and discharges, to assure of Trust “net” bed state.

Commissioners and partners have agreed an operational shift of beds in Residential Care to Nursing Interim beds in order to support patient flow from Acute to Community to own/residential home.

HHCT has sustained good performance to date. Pressure is building as winter hits and noro-virus etc. puts pressure on beds. The allocation of winter funds will allow the system to expand capacity in community beds and services and this should enable the system to continue to deliver the 95% standard.

Fig 1. HHCT Daily A&E Attends up to 15th December 2013

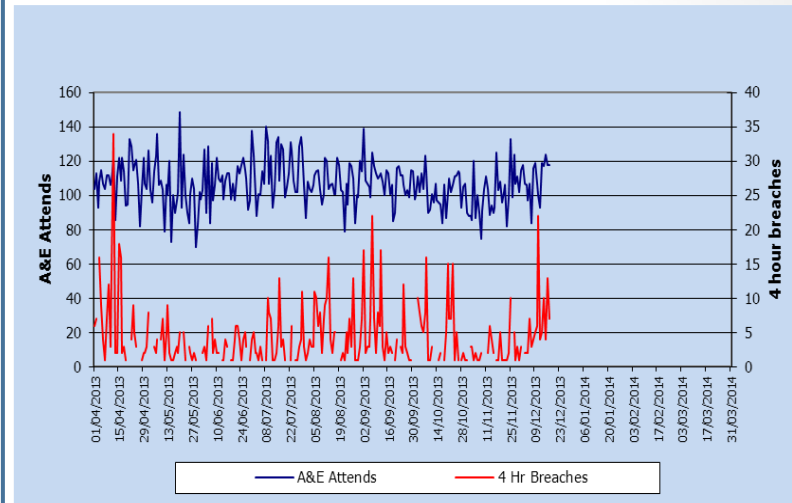
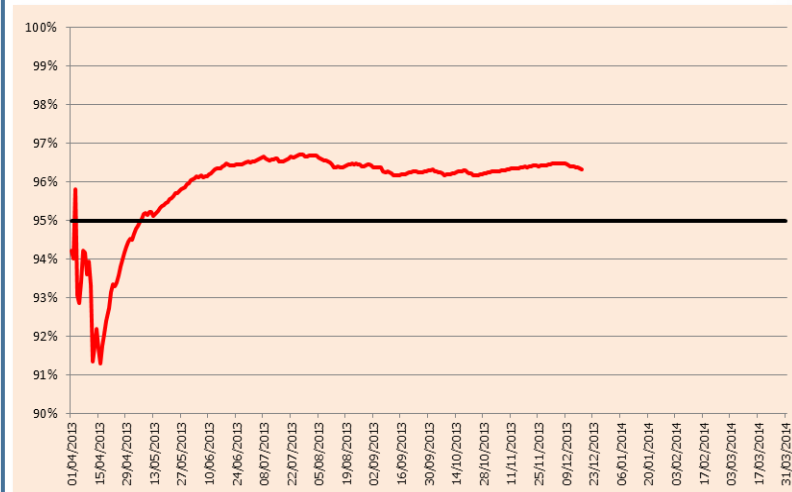


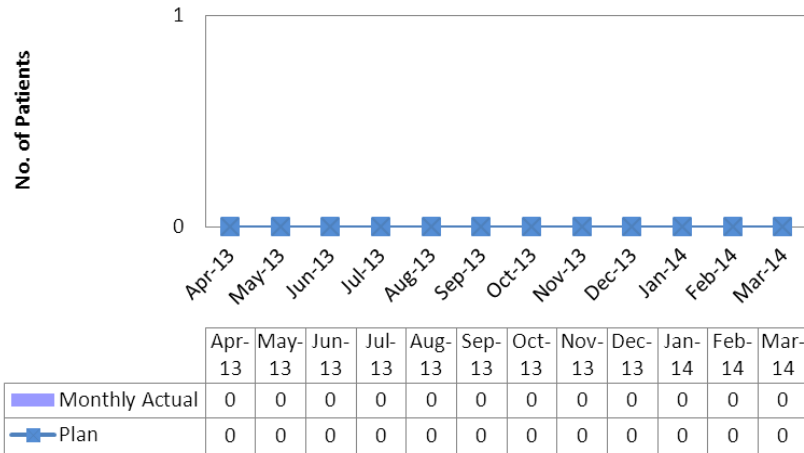
Fig 2. Cumulative A&E performance at HHCT in 13/14



ER HHCT 2 | HCAI



Fig 1. HHCT MRSA cases (up to end of October)



Comments |

MRSA

HHCT had no cases of MRSA in October.

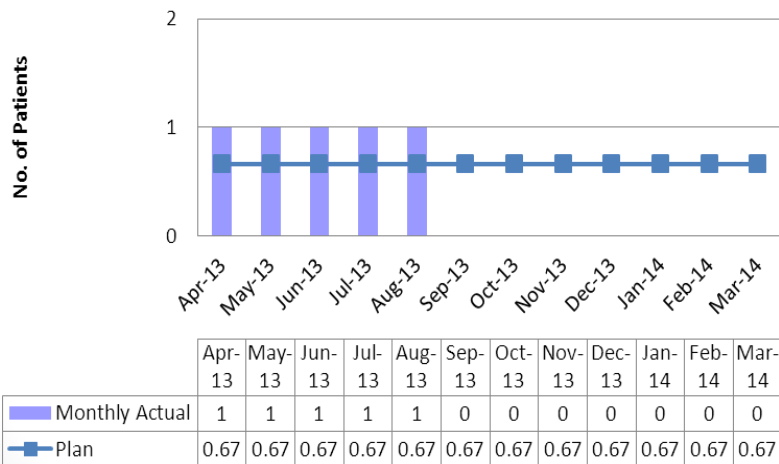
- There are monthly hand hygiene audits in clinical areas and non-compliant areas are audited on a weekly basis until compliance is sustained.
- All non compliant screens are investigated.
- Current issues with laboratory/IT interface means that some specimen results are not transferring over. This is being investigated by the Trust.
- Blood culture contamination and the preparation of skin prior to cannulation is reinforced at mandatory update and induction training.

C Diff

No cases of C Difficile have been reported in October.

- Changes to the treatment regime (in line with the most up to date guidelines from PHE) have been made to the Procedure document.
- As with MRSA, there are monthly hand hygiene audits monthly in clinical areas with non-compliant areas being audited on a weekly basis until compliance is sustained.
- ICNs monitor single room occupancy and provide advice.
- ICNs are now conducting environmental audits and training ward managers to undertake the audits.
- As reported last month, the Trust Development Authority have visited and an action plan to address the issues highlighted is in progress.

Fig 2. HHCT C Diff cases (up to end of October)



A peer-review of IP&C took place on 5th November 2013 and some infection control issues were identified. An Action Plan is being developed and a further peer-review visit will take place on 16th December. HHCT are still within their Clostridium Difficile ceiling.



Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Non admitted specialties	95%	99.48%	99.77%	↓	99.53%	Oct-13	Yes	Yes
No. of failing specialties	0	0	0	↔	0	Oct-13	Yes	Yes
Incomplete pathways	92%	99.60%	99.84%	↓	99.60%	Oct-13	Yes	Yes
No. of failing specialties	0	0	0	↔	0	Oct-13	Yes	Yes
Over 52 week waits	0	0	0	↔	0	Oct-13	Yes	Yes
Over 40 week waits		0	0	↔	0	Oct-13		

Diagnostic waits	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	100.00%	100.00%	↔	Oct-13	Yes	Yes

Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔	Nov-13	Yes	Yes

Cancelled operations	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Urgent Operations cancelled	Not Available	0	0	↔	0	Nov-13		

VTE Risk Assessment	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Incidence of VTE	90%	100.0%	99.7%	↑	99.9%	July -Sep (Q2)	Yes	Yes

Quality indicators

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Oct-13	Yes	Yes
C Diff cases	1	0	0	↔	Oct-13	Yes	Yes
Never Events	0	0	0	↔	Nov-13	Yes	Yes
SIs reported within timescale	90%	73.0%			Apr - June (Q1)	No	No
Harm free care	95%	93.2%	91.4%	↑	Oct-13	No	No
Pressure Ulcer Prevalence	0	5.1	5.9	↑	Oct-13		

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	2	0	↓	Oct-13	No	No
Moderate concerns	0	0	1	↑	Oct-13	Yes	No
Minor concerns	0	2	4	↑	Oct-13	No	No

Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	85.0	85.0	↔	Oct-13	Yes	Yes

Comments |

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

1. Harm Free Care
2. CQC Concerns

ER CCS 1 | Harm Free Care

Comments |

Harm free care has been Amber or Red for each month of 2013 - a contract query has been issued.

CCS has taken action to reduce pressure ulcers and falls, and CCS pressure ulcer numbers are falling. Falls have reduced significantly which may be relating to ExtraCare going from CCS to Cambridgeshire County Council as this was an area where many falls occurred.

VTEs are a concern because when patients develop a VTE at home and this is diagnosed by CCS, this contributes towards the CCS 'new harms' figure.

CCS has had a small increase in catheter-acquired UTIs (CAUTIs). The Trust is looking at being part of a joint approach to CAUTI management that involves PSHFT, CCS, Primary Care and PCC. This could then be extended to other areas of the CCG.

Please see the Contract Queries section of this report for further details (page 73).

ER CCS 2 | CQC Status

Comments |

CCS has two major and two minor CQC concerns. There is a minor concern relating to district nurse staffing (outcome 13: Staffing) and another relating to CCS governance (outcome 16: Assessing and monitoring the quality of services).

In September 2013 the CQC followed up their February visit to the paediatrics Holly Ward and the final report increased the concerns for outcome 4: Care and welfare of people who use services and outcome 13: Staffing from minor to major. The ward was found to be compliant with outcome 10: Safety and suitability of premises.

Outcome	Level of concern
4: Care and welfare of people who use services and outcome	Major – Holly ward
13: Staffing	Minor – Headquarters, Major – Holly ward
16: Assessing and monitoring the quality of service provision	Minor – Headquarters

The CCG Quality team visited Holly Ward in September 2013. A contract query has been issued to CCS. A Remedial Action Plan is in place encompassing CQC and CCG actions. This is being monitored through the CQR process and is progressing to timescale.

NOTE: CCS has declared non-compliance for the CQC outcome 13: Staffing. The CQC visited the Trust on 9th December 2013.

CPFT |

Care Programme Approach	Threshold	Lower Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD	Below Lower Threshold
% of people on CPA followed up within 7 days of discharge	95.0%	90.0%	95.1%	96.3%	96.3%	↓	Oct-13	Yes	Yes	No
								100%	100%	

Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔	Nov-13	Yes	Yes

VTE Risk Assessment	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Incidence of VTE								

Quality indicators

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Never Events	0	0	0	↔	Nov-13	Yes	Yes
Harm free care	95%	100.0%	96.8%	↑	Oct-13	Yes	Yes

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

Comments |

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

1. IAPT - People who completed treatment and are moving to recovery
2. CQC Status

Comments |

CCG Performance for 2013/14 so far is outlined in the table below:

KPI	Target	Actual Performance	Reason for Poor performance	How target will be delivered
% of patients who have entered treatment for Psychological Therapy	60%	April – 88.5% May – 55.5% June – 72.5% July – 70% August – 65% September – 73% October – 68%	N/A as well above target for every month apart from May.	N/A
% of patients who have completed therapy and are moving to recovery	50%	April – 40% May – 62% June – 43% July – 45% August – 49% September – 46% October – 46%	The IAPT programme has very restricted criteria for a patient to qualify as "recovered". Their measured levels of typical anxiety or depression must fall between narrow bands both before they enter and after they have completed treatment. These bands have been set arbitrarily and have no clinical validity. The practical effect is to encourage providers to exclude patients who would benefit from the service, but whose measured levels of anxiety or depression fall (mostly) above or below the criteria set. Patients may also improve their measured well-being by more than that specified to qualify as "recovered", but for the purposes of this target not count as "recovered". This measure also in practice reduces the numbers accessing therapy at all, contrary to the aim of the other key IAPT target to increase overall access rates amongst the local population. The recovery rate of the local IAPT service is actually significantly above the national average. The clinical steer of local GPs has been to promote overall access, not to restrict access in order to meet this artificial target.	<p>In order to raise the reported recovery rate, we would need to reduce the numbers actually accessing therapy at all. As explained, this would be clinically inappropriate, especially in the way that access to effective treatment for the more severely ill would in practice be closed. We would then fail to meet our key access targets. The LAT (Local Area Team) have been briefed by all local services about this contradiction between their targets.</p> <p>Local access rates are approximately 6% of the local population. With further productivity initiatives, the maximum access rate that can be achieved within the current service capacity is 8%. Therefore the CCG has a shortfall from the expected target of 15% by 7%. It is going to be extremely challenging to achieve 15% by March 2015 because of the constraints around who can deliver IAPT-compliant services, the need for staff recruitment and training. This will also require almost a doubling of the capacity of the current local service. CMET are aware and have been briefed as to the financial implications of this requirement.</p>

ER CPFT 2 | CQC Status

Comments |

The CQC visited Fulbourn Hospital in September 2013, focusing on Mulberry 3 and Springbank wards. A minor concern was reported for outcome 7: Safeguarding people who use services from abuse.

There have been six Serious Incidents (SIs) relating to Safeguarding Adults since April 2013.

A contract query is in place in relation to the Safeguarding Adults SIs. The CCG are monitoring the Trusts' Safeguarding Adults Action Plan via the CQR process. The Action plan includes CQC concerns and the SIs.

Outcome	Level of Concern
7: Safeguarding people who use services from abuse.	Minor

There is a moderate concern for outcome 7: Safeguarding people who use services from abuse and a minor concern for outcome 13: Staffing in relation to the Specialist Commissioned Service at CUHFT.

Papworth | 1 of 2

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	90.32%	95.10%	↓	92.24%	Oct-13	Yes	Yes
No. of failing specialties	0	1	1	↔	7	Oct-13	No	No
Non admitted specialties	95%	98.57%	97.44%	↑	98.48%	Oct-13	Yes	Yes
No. of failing specialties	0	0	0	↔	0	Oct-13	Yes	Yes
Incomplete pathways	92%	93.82%	94.41%	↓	93.82%	Oct-13	Yes	Yes
No. of failing specialties	0	1	1	↔	1	Oct-13	No	No
Over 52 week waits	0	2	1	↓	2	Oct-13	No	No
Over 40 week waits		10	9	↓	10	Oct-13		

Diagnostic waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.60%	99.30%	↑		Oct-13	Yes	Yes

31 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	100.00%	100.00%	↔	97.52%	Oct-13	Yes	Yes

62 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	60.00%	85.71%	↓	68.75%	Oct-13	No	No

Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	1	↑		Nov-13	Yes	No

Cancelled operations	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days	Not Available	13	5	↔	18	July-Sep (Q2)		
Urgent Operations cancelled	Not Available	0	5	↑	30	Nov-13		

VTE Risk Assessment	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Incidence of VTE	90%	99.3%	99.6%	↓	99.5%	July-Sep (Q2)	Yes	Yes

Emergency Readmissions	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude A)	Not Available	2.1%	3.0%	↑	1.8%	Oct-13		

Dementia	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Percentage of Dementia cases identified aged 75 and over	90%	100.00%	95.00%	↑	97.50%	July-Sep (Q2)	Yes	Yes
Percentage of Dementia cases diagnosed aged 75 and over	90%	100.00%	100.00%	↔	100.00%	July-Sep (Q2)	Yes	Yes

Papworth | 2 of 2

Quality indicators

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Oct-13	Yes	Yes
C Diff cases	5	1	0	↓	Oct-13	No	No
No. of post infection reviews for MRSA	0	0			Apr-13	Yes	Yes
Never Events	0	0	0	↔	Nov-13	Yes	Yes
Harm free care	95%	99.0%	97.5%	↑	Oct-13	Yes	Yes
Pressure Ulcer Prevalence	0	0.5	0.5	↑	Oct-13		

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Oct-13	Yes	Yes
Moderate concerns	0	0	0	↔	Oct-13	Yes	Yes
Minor concerns	0	0	0	↔	Oct-13	Yes	Yes

Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	82.5	83.9	↓	Oct-13	Yes	Yes

Comments |

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

1. RTT
2. HCAI

ER Papworth 1 | RTT

Fig 1. PSHFT specialities below operating standards

	% 18 wk RTT
Admitted	1
Non Admitted	0
Incomplete	1

Comments |

The Trust aggregate position for all RTT standards was achieved in October (90.32% admitted, 98.57% non-admitted, 93.82% incomplete).

Cardiothoracic Surgery underachieved both the admitted (82.8%) and incomplete (85.8%) RTT standard in October.

This is due to increased referrals and increased cancellations leading to inefficiency in the use of the existing capacity.

A Recovery Plan has been received and the following actions are being taken to improve performance:

- The waiting list is being reviewed weekly by the Clinical Director of Cardiac Surgery and the service manager.
- The weekly meeting is to risk assess all cases and ensure as far as possible that urgent cases are kept to no more than 32. Urgent cases are typically short waiters and the Trust needs to ensure that it targets the long waiters while balancing the need of the urgent cases.
- The remaining capacity is taken up with in house urgent i.e. emergency activity.
- An additional theatre has been opened to run on a Saturday for two sessions (commenced mid July 2013).
- Glenfield Hospital, Leicester have agreed to undertake ten cases per month on Papworth's behalf, commencing from October for one year.
- The Trust is currently undertaking a pilot with The Spire Lee Hospital in Cambridge for Thoracic surgery. The pilot is expected to result in a longer term arrangement for Thoracic surgery which will release theatre capacity on the Papworth site as activity is transferred to the Spire Lee.
- The current new management of IHU activity has seen a reduction in IHU theatre slots required due to the reduction in cancellations of operations. This is expected to release one theatre slot a week.
- There are future plans to undertake cardiac surgery at CUHFT from Spring 2013.

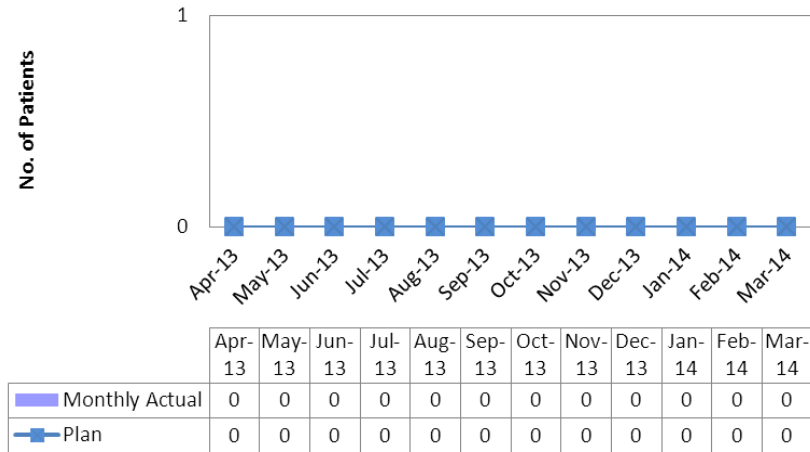
The Trust plan envisages to meeting the standard for this specialty by May 2014 and we are working with NHS England to monitor implementation of the RAP.

There were 2 patients waiting over 52 week waits in October, one of which was a C&P CCG patient. The patient has now been seen and treated. The other patient is on a specialist pathway and is being followed up by NHS England.

ER Papworth 2 | HCAI



Fig 1. Papworth MRSA cases (up to end of October)



Comments |

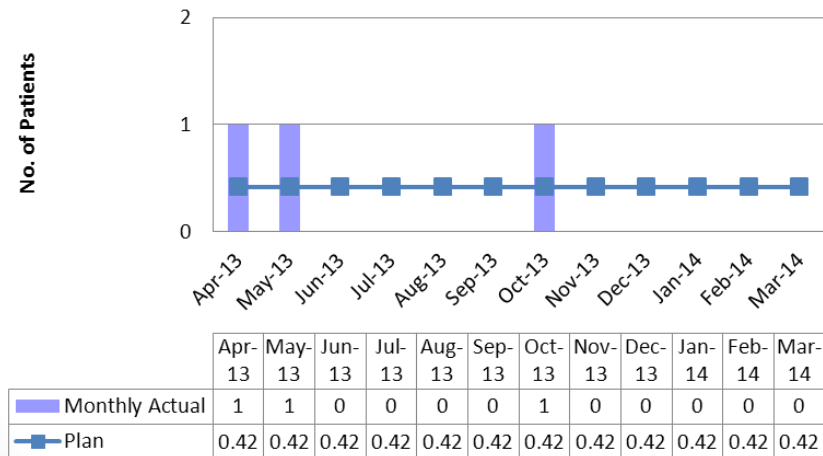
MRSA

There have been no cases of MRSA at Papworth.

C Diff

There were no C Difficile cases reported by Papworth in November. There was one case in October and a review meeting took place on 5th December and the case is being prepared for appeal.

Fig 2. Papworth C Diff cases (up to end of October)



QEH | 1 of 2

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	89.54%	90.39%	↓	91.10%	Oct-13	No	Yes
<i>No. of failing specialties</i>	0	4	4	↔	31	Oct-13	No	No
Non admitted specialties	95%	98.28%	99.44%	↓	98.53%	Oct-13	Yes	Yes
<i>No. of failing specialties</i>	0	1	0	↓	3	Oct-13	No	No
Incomplete pathways	92%	95.63%	95.76%	↓	95.63%	Oct-13	Yes	Yes
<i>No. of failing specialties</i>	0	2	2	↔	2	Oct-13	No	No
Over 52 week waits	0	0	0	↔	0	Oct-13	Yes	Yes
<i>Over 40 week waits</i>		5	1	↓	5	Oct-13		
Diagnostic waits	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.90%	99.80%	↑		Oct-13	Yes	Yes
A&E waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	94.45%	92.53%	↑	91.44%	Nov-13	No	No
<i>12 hour trolley breaches</i>	0	0	0	↔	0	Nov-13	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	1.0%	5.6%	↑	5.6%	Nov-13	No	No
2 Week Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	96.64%	97.98%	↓	97.70%	Oct-13	Yes	Yes
<i>2 week wait for breast symptom referrals</i>	93%	100.00%	100.00%	↔	98.79%	Oct-13	Yes	Yes
31 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	98.25%	97.00%	↑	98.59%	Oct-13	Yes	Yes
31 day wait for subsequent surgery	94%	100.00%	96.43%	↑	99.35%	Oct-13	Yes	Yes
31 day wait for subsequent drug	98%	98.08%	100.00%	↓	99.21%	Oct-13	Yes	Yes
62 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	89.92%	82.20%	↑	88.05%	Oct-13	Yes	Yes
Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	4	2	↓		Nov-13	No	No
Cancelled operations	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Patients cancelled, not rebooked within 28 days	Not Available	9	19	↑	28	July -Sep (Q2)		
Urgent Operations cancelled	Not Available	1	0	↓	15	Nov-13		
VTE Risk Assessment	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Incidence of VTE	90%	97.5%	97.9%	↓	97.7%	July -Sep (Q2)	Yes	Yes
Emergency Readmissions	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude A)	Not Available	24.8%	22.3%	↓	23.3%	Oct-13		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	22%	21.6%	27.7%	↑	24.8%	Oct-13	Yes	No
Dementia	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Percentage of Dementia cases identified aged 75 and over	90%	94.79%	93.00%	↑	93.89%	July -Sep (Q2)	Yes	Yes
Percentage of Dementia cases diagnosed aged 75 and over	90%	100.00%	100.00%	↔	100.00%	July -Sep (Q2)	Yes	Yes
Percentage of Dementia cases referred aged 75 and over	90%	100.00%	100.00%	↔	100.00%	July -Sep (Q2)	Yes	Yes

QEH | 2 of 2

Quality indicators

Mortality information	National Mean	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	1.02	0.99	↓	Apr-12 - March-13	No	No

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Oct-13	Yes	Yes
C Diff cases	19	0	2	↑	Oct-13	Yes	Yes
Never Events	0	0	0	↔	Nov-13	Yes	Yes
Harm free care	95%	93.9%	91.7%	↑	Oct-13	No	No
Pressure Ulcer Prevalence	0	4.9	6.6	↑	Oct-13		

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	3	3	↔	Oct-13	No	No
Moderate concerns	0	2	2	↔	Oct-13	No	No
Minor concerns	0	4	4	↔	Oct-13	No	No

Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	61.0	69.2	↓	Oct-13	No	No
Friends and family test A&E		52.1	49.1	↑	Oct-13		

Comments |

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

1. RTT
2. A&E
3. CQC Status
4. Friends and Family

Please note, West Norfolk CCG are co-ordinating commissioner for QEH.

Fig 1. QEH specialities below operating standards

	% 18 wk RTT
Admitted	4
Non-admitted	1
Incomplete	2

Comments |

The Trust aggregate position for non-admitted and incomplete RTT standards was achieved in October (98.28% non-admitted, 95.63% incomplete), however the Trust did not meet the admitted standard (89.54%).

ENT (71.1%), Gynaecology (77%), Plastic Surgery (75%) and T&O (66.9%) underachieved the admitted standard in October.

Urology (83.3%) underachieved the non admitted standard and Geriatric medicine (89.7%) and T&O (91.5%) underachieved the incomplete standard.

The CCG had previously agreed with QEH that they would achieve 18 week waiting targets at specialty level by the end of October except for T&O (end of December). Fines are being levied for 18 week + waiters in line with contractual requirements. We are awaiting a further update from the Trust.

ER QEH 2 | A&E

Comments |

QEH failed to meet the A&E 4 hour performance standard in November (94.45%).

There has been a forensic focus on A&E performance at QEH following the poor performance in the first few months of the year. This has included weekly Urgent Care Network meetings and a daily teleconference led / attended by NHS England. A Remedial Action Plan was drawn up and more recently a plan to utilise the additional winter pressures funding allocated to the system. Wisbech LCG has played a full part in this work. As a result A&E performance has improved markedly with the last four weeks up until week commencing 16th December seeing performance above 95%. Performance has dropped in the week commencing 16th December and the system wide focus on achieving this target remains.

Fig 1. QEH Daily A&E Attends up to 15th December 2013

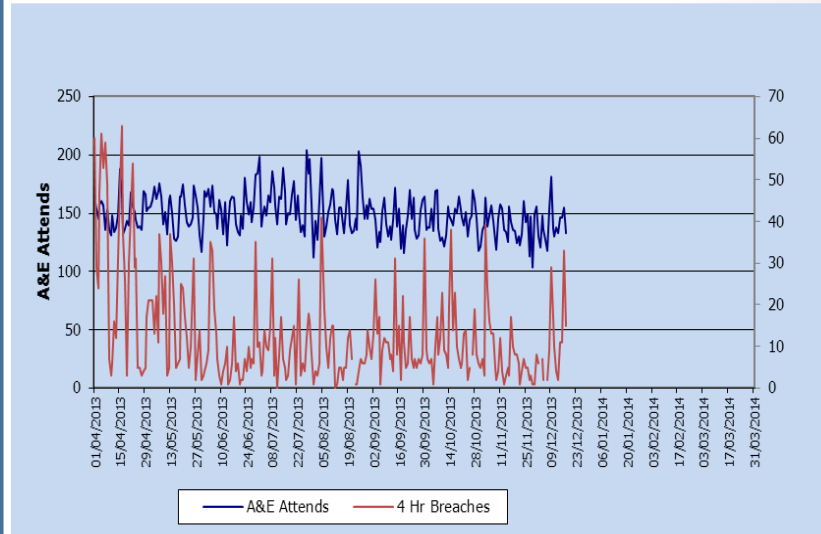
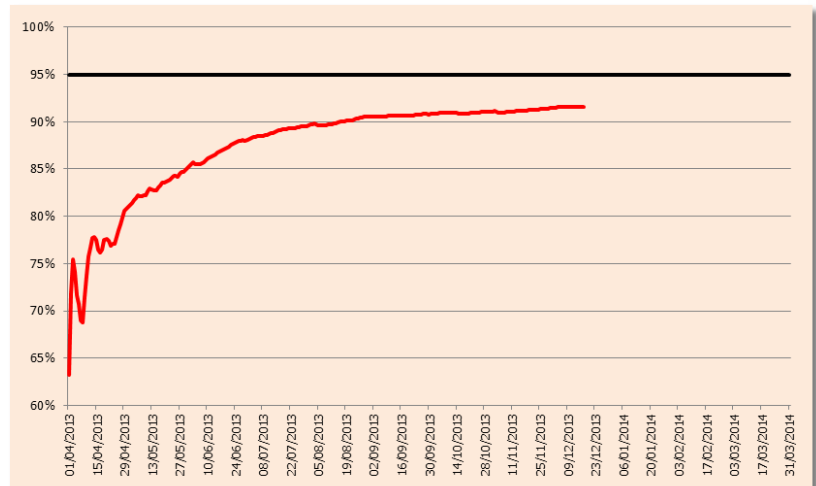


Fig 2. Cumulative A&E performance at QEH in 13/14



ER QEH 3 | CQC Status

Comments |

The CQC warning notices for outcomes 7: Safeguarding, 13: Staffing, 14: Supporting workers and 16: Assessing and monitoring the quality of service provision remain in place. These notices need to be met by 31st December 2013.

The CCG continue to work with West Norfolk CCG to drive improvements at QEH.

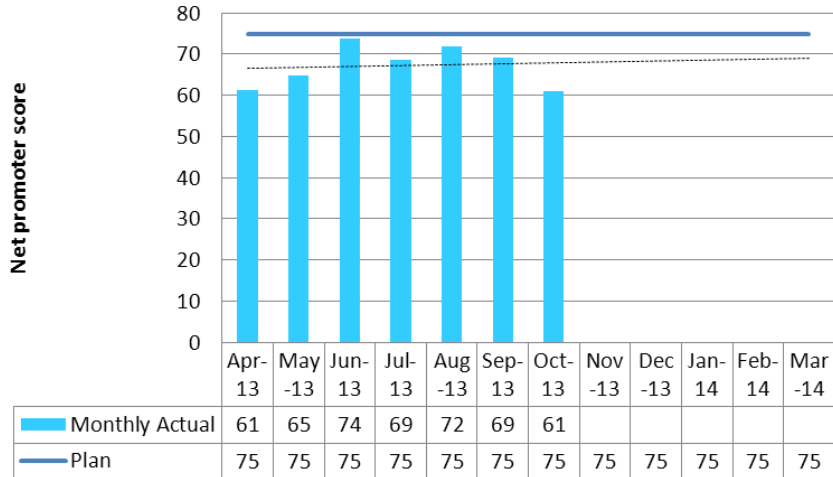
An external interim Director of Nursing has been appointed from Ipswich Hospital and this post will hold the executive lead for quality.

Activity around improving the workforce continues to ensure the right resources are in place.

Outcome	Level of concern
2: Consent to care and treatment	Major
7: Safeguarding people who use services from abuse	Warning Notice
13: Staffing	Warning Notice
14: Supporting workers	Warning Notice
16: Assessing and monitoring the quality of service provision	Warning Notice
5: Meeting nutritional needs	Moderate
6: Cooperating with other providers	
21: Records	
1: Respecting and involving people who use services	Minor
4: Care and welfare of people who use services	
9: Management of medicines	
17: Complaints	

ER QEH 4 | Friends and Family

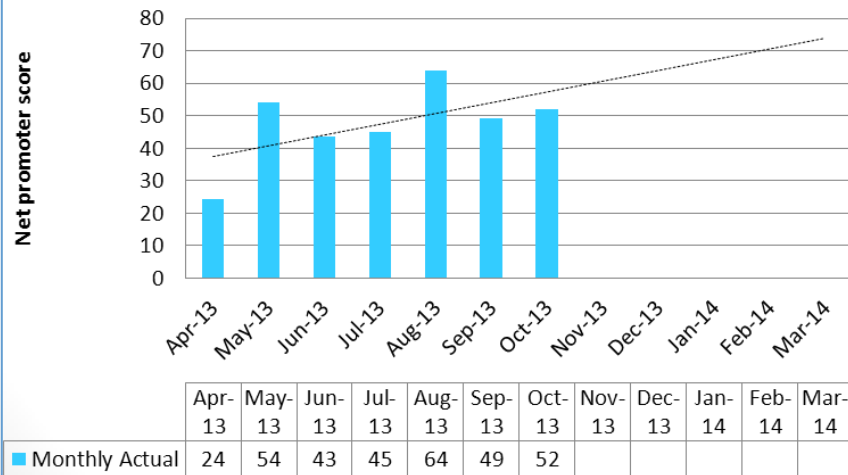
Fig 1. Friends and Family Net Promoter (Inpatients) - QEH



Comments |

QEH's scores for both A&E and the Wards are relatively low compared to other Trusts. Both the individual scores and free text comments are shared with Matrons and Ward Charge Nurses / Sisters, discussed with the team and issues identified are addressed. It is felt that as the Trust improves its staffing levels they will see an improvement in the F&F scores.

Fig 2. Friends and Family Net Promoter (A&E) - QEH



Section eight

CONTRACTUAL LEVERS SUMMARY

1. Contract Queries in Line with General Condition 9

Standard / Quality requirement	CUHFT	PSHFT	HHCT	Other Contracts (eg UCC, QEH, Papworth)
RTT	<p>Contract query raised 30.09.13. Meeting held 14.10.13 and action plan received.</p> <p>One new consultant in place - a second joint post with Peterborough will commence at their host Trust on 18.11.13</p> <p>A weekly trajectory for this backlog clearance is now being sent.</p> <p>A remedial action plan has been sent by the Trust. CCG to write to the Trust to confirm agreement to the plan as it stands.</p>	<p>PSHFT failed the aggregate admitted standard for the first time in May.</p> <p>Contract Query issued 11.07.13.</p> <p>Specialty level trajectories are reviewed monthly.</p> <p>Contract query raised for individual speciality level and for 1 x 52 week wait in August.</p> <p>RTT action plan received and agreed. PSHFT holding weekly meetings to review and expedite patients at risk of breaching target.</p>	<p>Contract query issued in 2012/13 regarding 18 week RTT Rules.</p> <p>As of 24 October Trust advise that the Deloitte Audit has been deferred for the next 6 months as the Trust COO advised that they are undertaking a review of their validation process and a detailed Action Plan of the work the Trust are doing around 18 Week RTT will be shared with the CCG and they will confirm the audit dates with the Contracts Team once they have been finalised to take place early March.</p> <p>CQ CLOSED</p>	<p>Papworth- Contract Query raised 24th June regarding Cardiothoracic surgery. NHSE is the dominant commissioner for this activity. Trust have an action plan in place and recovery is anticipated May 2014.</p> <p>QEH - Contract Query issued by Co-ordinating Commissioner (West Norfolk CCG) on 8th July 2013 in relation to four specialities not achieving target in April. Remedial action plan produced by QEH and agreed. Performance monitored monthly. Fines being levied as per contract.</p>
Diagnostics			<p>Contract query issued 29.05.13</p> <p>HHCT provided RAP 7.6.13. Not agreed by CCG. Revised trajectory requested to bring performance back into standard earlier than previously reported. Letter sent to Trust 16.7.13 notifying them that the CCG will be withholding payment for failure to agree RAP and if no RAP is agreed by 30.7.13 2% monthly payables will be withheld.</p> <p>Trust COO to provide overall trajectory and TCI dates for the backlog of patients being treated by 2.8.13.</p> <p>Agreed to withhold money from 5.8.13 until overall trajectory received including patient TCI dates.</p> <p>9.8.13 revised trajectory received and shows that the Trust will meet the 99% standard by end of August 2013. This is being closely monitored.</p> <p>24.10.13 CQ CLOSED</p>	
A&E	<p>A & E Update</p> <p>Contract query meeting held on 04.12.13 and further review 10.12.13.</p> <p>Remedial Action Plan not yet agreed.</p>	<p>Performance continues to be below standard, achieving only 1 month since April.</p> <p>£5 million has been secured to assist implementation of the urgent care winter plan.</p> <p>Release of additional funding is conditional on a commitment to achieve the 95% standard .</p> <p>Contract Query on A&E performance on the 19th of April.</p> <p>Various iterations of the RAP have been discussed. The final version the RAP including a trajectory has been submitted to show delivery of the 95% standard by the Trust from October including the application of financial consequences for failure to achieve any milestones. Any financial penalties applied for the performance in October and November will be reinvested to support the deliver of the standard in subsequent months. From December the application of penalties will be in line with the standard contract clauses set out in General condition 9.</p> <p>Failed to achieve target in October so 2% withheld on Nov 1st.</p> <p>Achieved 95.2% in November so 2% repaid to PSHFT in December</p>	<p>Contract Query raised 20.09.13 due to increase in the percentage of admissions from A&E and need to understand the reasons for this. CQ CLOSED</p> <p>Trust A&E Consultant left HHCT and Trust did not notify CCG until the day the consultant was leaving .</p> <p>CQ CLOSED</p>	<p>QEH - Contract Query issued by Co-ordinating Commissioner (West Norfolk CCG) in April 2013 following poor performance on A&E target.</p> <p>.The 95% target was not achieved in either Q1 or Q2. The original RAP has been superseded as a result of the CQC and Monitor actions.</p> <p>As a result of Area Team action progress on achieving A&E target now forms part of wider action plan being managed and monitored through weekly Urgent Care Board meetings and daily teleconferences, both of which attended by IOE / Wisbech LCG representatives.</p> <p>QEH has achieved 95% in last four weeks although looks likely to fail to do so in most recent week (w/b 8 Dec)</p>

1. Contract Queries in Line with General Condition 9 (cont)

Standard / Quality requirement	CUHFT	PSHFT	HHCT	Other Contracts (eg UCC, QEH, Papworth)
Cancelled Operations		The number of cancelled operations continues to be above trajectory.		
HCAI	Contract query raised 27.08.13. Meeting held 06.09.13 to discuss action plan. Action plan now agreed and in place and monitored by Lynn Rodriguez.	CQN was issued on 24.09.13 to seek assurance of actions to mitigate performance in year to meet annual ceiling. Investigation demonstrated the cases were non-avoidable cases CQ not closed until improvement seen next quarter. MRSA – contract query raised for failure to meet the 100% screening threshold. New national guidance is being published soon and indications are a change back to risk assessed screening. Awaiting the guidance before proceeding, but CQ remains open. CQ's remain open. Unannounced inspection to PSHFT happening on 11.12.13 to assess infection control.	Contract Query raised 04.07.13 re CDiff cases x1 for 3 consecutive months. Contract Management Meeting held with Trust 23rd July with agreed actions. Contract Query will be held open and revisited once Qtr. 2 data is available, by then the Trust will have established whether the proposed review process is effective. HHCT have had 5 C.Diff cases YTD which is within their profile. A peer-review of IP&C took place 05.11.13 and some infection control issues were identified. An Action Plan is being developed and a further peer-review visit will take place on 16.12.13. HHCT are still within their C.Difficile ceiling.	
Ambulance Handover			Ambulance Handover Issues. Trust COO arranging Tripartite Meeting with EEAST, HHCT, CCS and CCG to update on actions from audit undertaken by EEAST. Tri partite Meeting scheduled for end of September to jointly agree and sign off Handover Protocol. A meeting with HHCT and EEAST was arranged for 22.11.13. but EEAST did not turn up so meeting cancelled. This has been escalated within the CCG and needs to be resolved by EEAST in the next 2 weeks.	EEAST – Urgent and Emergency Ambulance contract A contract query was issued by the consortium on 14.08.13 on the failure of EEAST to deliver against the Red 1, Red 2, and Cat A19 targets in the contract year to date. There has been no improvement in performance and EEAST have failed to produce a RAP which clearly demonstrates their ability to rectify this under performance Therefore, with effect from December 2013, 2% of the monthly contract sum is to be withheld until such time as EEAST provide satisfactory RAP The actual and potential implications of this under performance on clinical quality and safety, is currently being reviewed by the Consortiums Clinical Quality and Governance group. The Clinical Quality Commission commenced a follow up inspection w/c 09.12.13
Stroke / TIA		In July and August failed to meet the >80% threshold for patients being on stroke unit 90% of time. CQ not raised as met target in Sept	High risk TIA contract query raised Contract Query raised 2012/13. CCG met with Trust on 16.5.13. It was agreed at this meeting that referrals from within the Hunts system should go along the stroke pathways and be referred to either Peterborough or CUHFT. CUHFT requested a further meeting with CCG and HHCT to establish an agreed process. Meeting currently being re scheduled as soon as possible We have expedited the delay in Trust leads getting back to us to their Commercial Lead and hopefully we will get a date scheduled soon. Teleconference took place on 28th August with HHCT, CUHFT, EEAST and CCG.. Following this CUHFT now want to discuss internally before providing CCG with a "formal" view on whether they can take the small number of HHCT patients. CUHFT CCG Contract Lead has advised that the current pathway must not be changed until agreement is reached.	

1. Contract Queries in Line with General Condition 9 (cont)

Standard / Quality requirement	CUHFT	PSHFT	HHCT	CPFT	CCS	Other Contracts (eg UCC, QEH, Papworth)
C & B	<p>Contract Query raised 05.11.13 regarding poor response times for Advice and Guidance through choose and book.</p> <p>Meeting held on 5 November. Action plan now in place. Administration staff have been identified to lead and follow up requests that are not responded to within 5 working days. Ops managers to be trained and granted access to CAB. Reinforced awareness amongst the clinical team of the importance of providing responses in a timely manner and the Trust Lead Manager and Lead Clinical will review the performance monthly.</p> <p>No further action to be taken. Ongoing monitoring on response times by C&B manager.</p>		<p>Contract Query issued 29th May 2013.</p> <p>RAP not agreed. Revised RAP with trajectory received within deadline 9th August 2013.</p> <p>Trust advise performance will be brought back into standard by December (Urology and GI Liver) and November for other specialties excluding Urology and GI Liver.</p> <p>CCG advised Trust on 22.08.13 that we require all specialties to be brought back into standard by end of November at the latest.</p> <p>Choose & Book Slot Issues have improved on last month and stand at 0.07 for Month 6. HHCT are committed to reaching 0.03 target by end of November.</p> <p>On week commencing 24.11.13 Trust ASI issues reported at 0.11. It is unlikely that performance will be brought back into standard.</p> <p>This is being closely monitored. The CCG are preparing to send a first exception notice.</p>			
Failure to report SI	<p>CQ raised 18.10.13. Meeting held 22.10.13 to discuss action plan. As of 08.11.13 waiting for CUHFT to confirm agreement to action plan.</p> <p>Action plan and revised reporting templates are in place. A designated email address has been identified for liaison and reporting purposes and a further review meeting has been arranged on 24.01.14</p>	<p>CQ raised on 01/10 for failure to report in time. Meeting to be held on 09.10.13 to discuss action plan.</p> <p>Action plan agreed and CQ remains open until action plan completed and improvement seen</p>				
Other			<p>C- Section: Contract Query Raised failure to deliver Caesarean Section Rate performance indicator month 1 and 2. Trust responded 14.06.13 and COO reported that each case had been reviewed and all cases were undertaken for medical reasons with the exception of 5 cases. HHCT Gynaecologist is trying to reduce the rate of patients who previously had a C-Section having subsequent births by C-section. Discussed further at SQEG Meeting 25.07.13 and was agreed clinically appropriate. CQ remains open until further discussion with GP Leads takes place as to whether further action required. Discussed at SQEG 22.08.13 and Trust Consultant Gynaecologist to send through a more detailed report of cases reviewed for CCG feedback. Report and audit reviewed by GP leads.</p> <p>CQ CLOSED</p>	<p>CAMH Waiting lists: 17.7.13 - Request to receive accurate performance data that reflects the current position regarding CAMH waiting lists and confirmation that this error is not replicated in any other area within the Providers</p> <p>performance data. 14.08.13 – RAPs received for both parts of the Contract query that are being monitored through the normal performance meeting route.</p> <p>Both are on target. CQ CLOSED</p>	<p>Community Beds – Brookfields (Lord Byron) and POW (Welney Ward) - Original contract query issued in January 2013 following closure of Welney Ward (POW). Welney Ward opened in May 2013 but Lord Byron Ward (Brookfields) closed at the same time. Therefore kept original CQ open but agreeing with CCS new remedial action plan and financial consequences of closure.</p> <p>Contract management meetings held and agreement reached on RAP and "rebate" during period of closure. CCS running project with active involvement of local LCGs. Performance will be monitored through SQFR and local project meeting led by Catch / Cam Health LCGs</p> <p>Update: 04/11/13 - CQ remains open.</p> <p>Weekly CCS/ LCG meetings continue. Lord Byron scheduled for a phased re-opening, commencing 11th November. In addition to agreed rebate during closure of ward, will be further rebate as per contract until CCS 90% occupancy of 20 F11beds. CV under negotiation for 6 beds to become step-up beds. Welney Ward has remained opened despite serious staffing issues.</p> <p>Update: 11/12/13 - L.Byron has 14 step-down beds. Opening of step-up delayed until January 2014, due to recruitment issues. Welney ward beds open.</p> <p>CQ remains open.</p>	<p>QEH - Following adverse CQC reports and Monitor assessment QEH has been placed in special measures. They are required to produce a single action plan that incorporates addressing the CQC concerns and key performance and financial issues</p>

1. Contract Queries in Line with General Condition 9 (cont)

Standard / Quality requirement	HHCT	CPFT	CCS
Other	Colorectal Cancer: Contract Query raised regarding Colorectal Cancer Reporting 24.07.1. Discussed at CQR Meeting 25.07.13. Agreed Trust evidence to be sent through to CCG by 02.08.13. Trust commercial Lead will address issue of Trust staff on leave which created a single point of failure for submitting the evidence required. CQ CLOSED	Serious Incidents: Contract Query issued due to the large number and nature of Serious Incidents from February to June 2013. Action: A contract query meeting was held 09.09.13 A RAP has been agreed although a final version is awaited and is being monitored through the performance meetings (next meeting 09.12.13)	Integrated Respiratory Service Concerns raised about whether the additional funding given in 2012/13 has resulted in the achievement of an integrated service between CCS and Addenbrookes. Also indications of issues with clinical staff raised by the clinical leads. As CCS are lead provider for this service CQ raised with them. Contract query issued 15/07/13. Contract management meeting held on 23rd July. CCS actions agreed at the meeting (RAP) with timetable. CCS report on actions received and performance will be monitored through SQPR and local meeting led by Cam Health LCG. Update: 04/11/13 Awaiting response from CCS to one query, intention will then be to close CQ. Update: 11/12/13 Steering Group meeting scheduled 12th Dec. Will then be reviewed with a view to CQ being closed.
Other	Mandatory staff training: Contract Query raised 08.08.13 regarding low % of Trust Staff who have received Mandatory Training. This issue had been raised in the June CQR Meeting but no improvement had been made by the following meeting. RAP received 22.08.13 in the CQR Meeting on this date. RAP agreed however, Trust need to include equality and diversity training. RAP to be monitored through CQR and have requested improvement in % of training figures by next meeting 3rd October. The Trust does not currently offer Equality and Diversity training, mandatory training figures are improving, and Basic Life Support percentages are now shown. HHCT has recruited someone to take forward Equality and Diversity training. All new staff receive E&D training at induction. E&D roll-out to complete by end December.	SI Management: This Contract Query was issued in accordance with the Quality Dashboard contained within Schedule 6C of the Contract Particulars and which states as follows: "If a monthly indicator remains amber for 3 months or more, with no progress made towards the green threshold, the rating will be revised to Red. If a quarterly indicator remains amber for 2 quarters or more, with no progress made towards the green threshold, the rating will be revised to Red." This applies to the following area below which is now Amber and has been rated Amber for preceding 5 month period SI Management (15a) Actions: SLG of CPFT agreed to provide a RAP by 26 September detailing all remedial Action to be taken including that discussed in the CQR on 9 September 2013. Draft RAP provided and comments made. Waiting for final version to be sent through and to be monitored through the performance meetings (next meeting 09.12.13)	Specialist Nursing: Lengthy dialogue between CCG and CCS following questions about clinical governance arrangements for specialist nurses. Has culminated in CQ issued on 15th July to seek clear answers to specific questions about these arrangements. Contract management meeting held on 23rd July. CCS actions agreed at the meeting (RAP) with timetable. CCS initial response received and will be assessed by CCG Quality team to determine if satisfactory. Final response due on 8th September and will also be assessed. Performance will be monitored through CQR and SQPR. Update: 04/11/13 CQ CLOSED
Other	Cardia rehab: Contract Query raised re Cardiac Rehab 2012/13. Joint work currently being undertaken with Public Health to gain feedback from all Trusts to ensure standard reporting from Trusts is achieved. Letter to be sent out to all Cambs and Peterborough hospitals 15.08.13. Letter on hold till further notice from Public Health. Public Health and CCG Contract Leads Teleconference/Meeting scheduled for 20.09.13 regarding cardiac rehab. This will cover areas of Commissioning Intentions, Older People Procurement and implications for CR, moving forward audit/benchmarking activity (review letter and process) and Agree next steps. CQ CLOSED following submission of audit.		District Nursing – Following three unannounced visits to services in Cambridge, Peterborough, and Wisbech some concerns identified that previous assurances that action plan had been completed and arrangements in place were not borne out in the visits in some cases. CQ issued on 15th July. Contract management meeting held on 23rd July. CCS actions agreed at the meeting (RAP) with timetable. Modified action plan (RAP) to be produced by CCS by 12th September and will be assessed by Quality team. Performance will be monitored through CQR and SQEG. Update: 11/12/13 Paper had been submitted to CMET 20th Nov, with recommendation series of reg. mtg's planned with LCG's & CCS. CCS have sent CGC submission stating they are now non-compliant with reg 22, but didn't notify CCG. But have given assurance will be compliant 1st Dec. Will be further discussed at CQR/SQEG 12th Dec CQ remains open

1. Contract Queries in Line with General Condition 9 (cont)

Standard / Quality requirement	CCS
Other	<p>Harm Free Care CQ issued 22nd August to seek a RAP and associated trajectory for lifting performance to above 95%. CCS have provided a response / several RAPs covering key areas but questioning 95% target. CCG will consider this response but has provisionally arranged a Contract management meeting for when key people are back from annual leave later in September. Update: 04/11/13 CQ Meeting took place 7th Oct, and action plan agreed. Monitoring continues Update: 11/12/13 Oct 2013 report shows achievement of 93.18%, (Sept 93.35%). Will be reviewed at SQEG, and decision taken to continue to monitor or close CQ</p>
Other	<p>Holly Ward: Continued concerns, mainly re: staffing levels CQ issued 4th Nov. CCS have issued RAP. Meeting arranged 7th Nov with CCS to review. Update: 11/12/13 Following meeting CCS issued updated RAP. CQ remains open. City Care Centre Community Beds: Following concerns raised that there were a number of empty beds at City Care Centre which CCS had not informed the LCGs / CCG about a contract query has been raised to identify what happened and appropriate action to prevent any re-occurrence. Update: 11/12/13 CCS issued excusing notice 19th Nov. In response CCG has scheduled meetings 18th Dec. Following meeting and agreed RAP, decision will be taken if CQ to be closed.</p>
Other	<p>City Care Centre Community Beds: Following concerns raised that there were a number of empty beds at City Care Centre which CCS had not informed the LCGs / CCG about a contract query has been raised to identify what happened and appropriate action to prevent any re-occurrence. Update: 11/12/13 CCS issued excusing notice 19th Nov. In response CCG has scheduled meetings 18th Dec. Following meeting and agreed RAP, decision will be taken if CQ to be closed.</p>

2. Activity Query Notices in line with Service Condition 29

Area of Query by treatment function or service	HHCT	Other Contracts (eg UCC, QEH, Papworth)
Over Performance	<p>Activity Query Notice issued 14th June 2013.</p> <p>Joint Activity Review Meeting took place on 9th July with agreed actions.</p> <p>Next meeting currently being schedule 17th September.</p> <p>CCG and Trust Strategic Escalation Meeting held on 13th August.</p> <p>Activity Review Meetings continue -joint investigation and actions agreed following last meeting.</p> <p>AMP discussions on-going with Trust</p>	
Outpatients		<p>Papworth - Activity Query raised 5 July on outpatients over performance. Recent analysis of activity by clinic has pinpointed change of attendance type in Respiratory Medicine. The Trust is due to respond as to the reason for this.</p> <p>Trust has also admitted a coding change in Oncology clinics from single professional to multiprofessional.</p>

3. Information Breaches in Line with Service Condition 28



Information Breach	HHCT
Direct Access Radiology	Information Requirements Activity Notice Query issued 9th June 2013. Rectified within 5 op days. CQ CLOSED