

2014/15 Integrated Delivery Report

July 29 2014



Cambridgeshire and Peterborough
Clinical Commissioning Group

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Executive summary

Comments |

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?	Amber 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 are below the required standard.
- For the health outcomes domain, the CCG self assessment is amber red due to the number of C Difficile and MRSA cases.
- For the Finance domain, the CCG self assessment is amber red. This is due to monitoring being in the early stages. Risk areas will be QIPP delivery and activity levels

LCG Overview

Comments |

Outlined below is a summary of the key areas of concern/underperformance that the CCG would want LCG Boards to discuss. More detailed information is available throughout the report. * *These areas are not covered within this report but further details can be found in the latest Quality Report to the Patient Safety and Quality Committee.*

CATCH and Cam Health

CUHFT	CPFT	Papworth
1. RTT	1. IAPT	1. RTT
2. A&E	2. RTT	2. Cancer
3. Cancer	3. CQC Status	3. Contract Queries
4. HCAI	4. <i>Pressure on community teams*</i>	
5. Friends & Family	5. <i>Safeguarding Adults*</i>	
6. Contract Queries	6. <i>Cost Improvement Plan*</i>	
	7. <i>PREVENT training*</i>	

HCP and Hunts Health

HHCT
1. Cancer
2. Contract Queries
3. <i>Medical Workforce*</i>
4. <i>Adult safeguarding*</i>
5. <i>Mandatory Training*</i>

Isle of Ely and Wisbech

CCS	QEH
1. CQC Status	1. RTT
2. Contract Queries	2. A&E
3. <i>Mandatory Training*</i>	3. HCAI / IP&C
	4. CQC Status
	5. Friends & Family
	6. Contract Queries

Borderline and Peterborough

PSHFT
1. RTT
2. A&E
3. CQC Status
4. Friends and Family
5. Contract Queries
6. <i>Mandatory training*</i>
7. <i>Appraisals*</i>

Section one

GOOD QUALITY CARE

Domain scorecard

CCG assurance framework - updated 08/07/14

Indicators	CUHFT	HHT	PSHFT	Papworth	CCS	CPFT	QEKL
Providers (where CCG commissioning constitutes more than 5% of the providers income)	Y	Y	Y	Y	Y	Y	Y
The Percentage of provider income for CCG	29	76	56	12	48	49	16
What type of service is commissioned from this provider?	Acute	Acute	Acute	Acute	Community Mental Health		Acute
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 patients and the public, including from the Friends and Family Test, other surveys, and complaints indicate any causes for concern? (May)	N	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
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero? (June)	N	N	N	N	N	N	N
Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory? (June)	Y	N	N	N	N	N	Y
Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero? (May)	N	N	N	N	N	N	N
Does provider currently have unclosed Serious Incidents (SIs)? (June)	N	N	Y	N	Y	Y	N/A
Has the provider experienced any never events during the last quarter? (Apr - Jun 2014)	Y	N	Y	N	N	N	N
	3	0	3	0	1	1	4

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 p N

Score: 12 out of 63 **19%**

Key

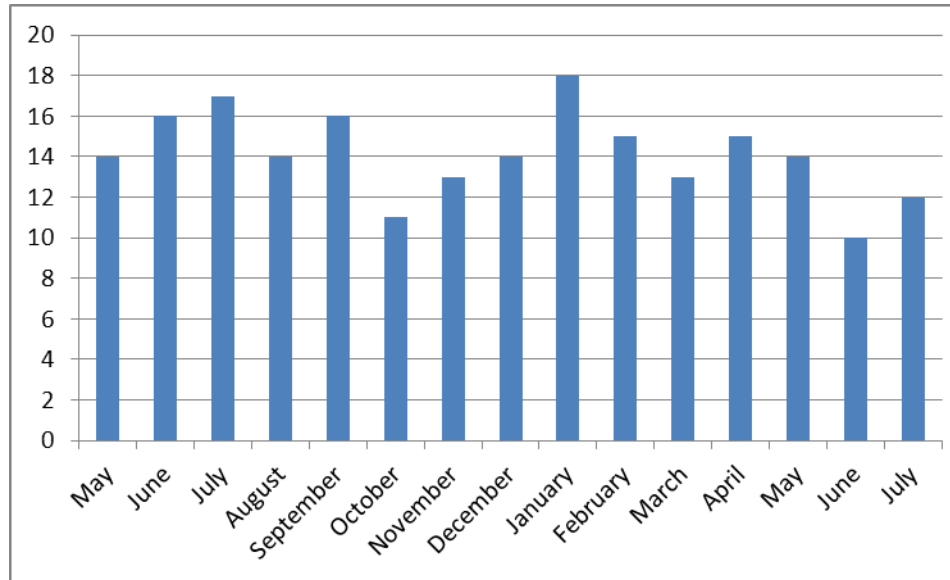
- Green | All No responses
- Amber / green | One or more Yes responses but action plan in place to successfully mitigate patient risk
- Amber / red | One or more Yes responses but action plan not in place, does not successfully mitigate patient risk
- Red | Enforcement action in place and CCG not engaged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

12 areas out of 63 have been flagged as Yes by the CCG, which is an increase of 2 from the previous month. The differences from last month are as follows:

- CDiff – HHCT removed as they were within target for June (decrease of 1) but PSHFT added as they exceeded the monthly target (increase of 1)
- Mixed Sex Accommodation – QEH removed as they had no breaches in May (decrease of 1)
- Serious Incidents – PSHFT added as they had some unclosed Serious Incidents at the end of June (increase of 1)
- Never Events – CUHFT had a Never Event in April and in May and PSHFT also had a Never Event in May (increase of 2)

Provider Overview

Quality and Patient Safety Provider Summary



Cambridgeshire and Peterborough
Clinical Commissioning Group

	CUHFT	PSHFT	HHCT	CCS	CPFT	QEH	Papworth
Safety MRSA – June YTD	0/0	0/0	0/0	-	-	-	0/0
Safety C Diff – June YTD	12/42	5/31	3/7	0/2	0/0	9/14	1/4
Safety Never Events – June	0	0	0	0	0	0	0
Experience Friends & Family: A&E – May	59.9	52.9	71.8	-	-	53.1	-
Experience Friends & Family: Inpatient – May	53.3	76.5	76.7	93.9	-	61.8	82.8

Comments |

Provisional data shows that there were two cases of MRSA in June, both community onset, one being reported from CUHFT laboratory and the second from HHCT (via CUHFT laboratory). Further details on page 24.

The provisional position for the number of C difficile cases in June is outlined above. Further details are provided in the HCAI section of this report.

There were no Never Events in June.

Friends and Family data for May is shown above. Contract and quality leads continue to have discussions with Providers with regard to actions they are undertaking to improve performance. The results of the Friends and Family Test for maternity services can be found on provider pages.

The test score for A&E across England was 54 for May. PSHFT and QEH were below this figure. CUHFT and QEH scored less than the Inpatient test score across England (including Independent Sector Providers) which was 74 for May.

Serious Incidents and Never Events

Organisation	SIs reported during June 2014 (including Never events)	Never events reported during June 2014	Final Investigation reports received during June 2014	SIs closed during June 2014	Open SIs as at 30 th June 2014	SIs Overdue closure within timescales excluding 'Stop the Clock'
C&P CCG	3	0	0	0	5	1
CCS	17	0	15	11	42	2
CPFT	13	0	2	5	29	3
CUHFT	9	0	3	3	22	0
EAAS	1	0	1	0	4#	NA#
HHCT	1	0	0	2	2	0
HUC/111	0	0	0	0	0	0
MIU	0	0	0	0	0	0
Papworth	2	0	3	1	1	0
PSHFT	10	0	5	1	23	2
QEH	2	0	1	1	5*	NA*
UCC	1	0	0	0	1	0
Total	59	0	30	24	134	8

#Managed by Suffolk CCG

*Managed by West Norfolk CCG

Comments |

There were no Never Events in June.

The number of Serious Incidents (SIs) reported during June 2014 are outlined above.



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 May (92.14% admitted pathways, 97.35% non-admitted pathways and 97.17% incomplete pathways), however there are still some trusts not meeting the standard at specialty level. There was one 52 week breach in ENT at CUHFT.
- Diagnostics –The CCG met the national standard in May with 0.66% of patients waiting 6 weeks + for key diagnostic tests. All of our providers also met the standard for May. The CCG also met the standard for June.
- The CCG failed to meet the A&E standard for the month of June (89.88%). CUHFT, PSHFT and QEH also failed to meet the standard for June (87.82%, 86.26% and 88.89%) however, HHCT met the standard (95.67%).
- Cancer - The CCG met all cancer standards in May. All providers met the cancer standards for May-14 apart from CUHFT, HHCT and Papworth. CUHFT failed the 62 day wait to first definitive treatment standard (83.08%). HHCT failed the 62 day wait following screening referral standard (80%). Papworth failed the 31 day wait to first definitive treatment standard (81.25%) and the 62 day wait to first definitive treatment standard (66.67%). Provider level information is available in the provider performance section.
- Ambulance performance remains challenged and for the month of June, Red1, Red 2 and Category A19 minute performance were below standard.
- There were no Mixed Sex Accommodation breaches across the CCG in May or June.
- Urgent Operations Cancelled – May data data shows 1 urgent operation was cancelled at CUHFT, 2 were cancelled at Papworth and 2 were cancelled at QEH. There were no urgent operations cancelled at HHCT or PSHFT.

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%	92.14%	91.32%	91.73%	↑	May-14	Yes	Yes	No
Non-admitted patients	95.0%	90.0%	97.35%	97.47%	97.41%	↓	May-14	Yes	Yes	No
Incomplete pathways	92.0%	87.0%	97.17%	97.07%	97.17%	↑	May-14	Yes	Yes	No
Over 52 week waits - Incomplete Pathway	0	10	1	0		↓	May-14	No	No	No
								75%	75%	

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%	99.30%	99.34%	99.30%	↓	Jun-14	Yes	Yes	No
								100%	100%	

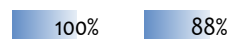
A&E waits	Threshold	Lower Threshold	Current			Movement	Period	Delivered		Below Lower Threshold
			Period	Prior Period	YTD Actual			Current Period	Delivered YTD	
Patients spending four hours or less in all CCG	95.0%	90.0%	89.88%	89.85%	91.11%	↑	Jun-14	No	No	
Patients spending four hours or less in all CUHFT	95.0%	90.0%	87.82%	89.32%	89.44%	↓	Jun-14	No	No	
Patients spending four hours or less in all Hinchingbrooke	95.0%	90.0%	95.67%	96.06%	96.05%	↓	Jun-14	Yes	Yes	No
Patients spending four hours or less in all PSHFT	95.0%	90.0%	86.26%	82.13%	87.03%	↑	Jun-14	No	No	
Patients spending four hours or less in all QEH	95.0%	90.0%	88.89%	93.78%	91.52%	↓	Jun-14	No	No	
Over 12 hr trolley waits	0	0	0	0	0	↔	Jun-14	Yes	Yes	
								33%	33%	

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%	96.02%		96.59%	↓	May-14	Yes	Yes	No
2 week wait for breast symptom referrals	93.0%	88.0%	95.82%		96.94%	↓	May-14	Yes	Yes	No
31 day wait to first definitive treatment for all cancers	96.0%	91.0%	97.80%		97.79%	↑	May-14	Yes	Yes	No
31 day wait for subsequent surgery	94.0%	89.0%	98.39%		93.75%	↑	May-14	Yes	No	No
31 day wait for subsequent drug	98.0%	93.0%	100.00%		100.00%	↔	May-14	Yes	Yes	No
31 day wait for subsequent radiotherapy	94.0%	89.0%	100.00%		100.00%	↔	May-14	Yes	Yes	No
62 day wait to first definitive treatment for all cancers	85.0%	80.0%	88.39%		87.61%	↑	May-14	Yes	Yes	No
62 day wait following screening referral	90.0%	85.0%	91.67%		96.36%	↓	May-14	Yes	Yes	No
62 day wait following consultant upgrade	None	None	66.67%		82.35%	↓	May-14			



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%	65.65%	66.32%	67.01%	↓	Jun-14	No	No	Check
Cat A calls response arriving within 8 minutes - Red 2	75.0%	70.0%	60.51%	60.99%	60.96%	↓	Jun-14	No	No	Check
Cat A calls ambulance arriving within 19 mins	95.0%	90.0%	90.33%	90.11%	90.47%	↑	Jun-14	No	No	No
Ambulance Handover - Arrival to Handover within 15 mins	85.0%	None	57.4%	58.4%	58.0%	↓	Jun-14	No	No	
Ambulance Handover - Arrival to clear within 30 mins	85.0%	None	43.8%	45.1%	44.4%	↓	Jun-14	No	No	
Ambulance Handover - Arrival to clear more than 60 mins	0.0%	None	4.1%	3.9%	4.1%	↓	Jun-14	No	No	

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	0	0	2	↔	Jun-14	Yes	No	No



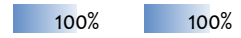
Key

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

NHS Constitution scorecard – pg.3

<u>Cancelled operations</u>		Threshold	Lower Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD	Below Lower Threshold
Urgent Operations cancelled	CUHFT	None	None	1		1	↓	May-14			
Urgent Operations cancelled	Hinchingbrooke	None	None	0		0	↔	May-14			
Urgent Operations cancelled	Papworth	None	None	2		5	↑	May-14			
Urgent Operations cancelled	PSHFT	None	None	0		0	↔	May-14			
Urgent Operations cancelled	QEH	None	None	2		2	↓	May-14			

<u>Care Programme Approach</u>		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%	96.5%		96.1%	↑	May-14	Yes	Yes	No



- 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

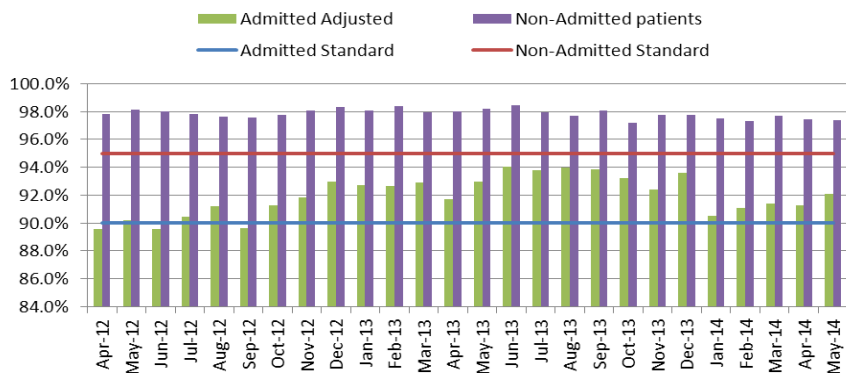
Comments |

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

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 May (92.14% admitted pathways, 97.35% non-admitted pathways and 97.17% incomplete pathways), as shown in figure 1.

There was one 52 week breach in ENT at CUHFT.

Provider level information is available in the provider performance section.

The CCG continues to review 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.

Figure 3 shows the speciality level split which indicates that at CCG level, General Surgery (88.6%), Neurosurgery (89.6%) and Trauma and Orthopaedics (86.4%) are not meeting the national admitted pathway standard. Gastroenterology (94.9%) and Neurology (94.9%) are not meeting the national non-admitted pathway standard and Oral Surgery (80%) is not meeting the incomplete 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

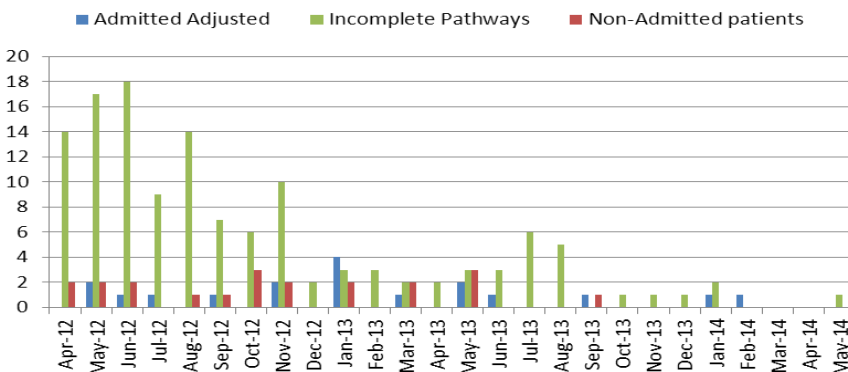


Fig 3. CCG speciality level breakdown

Number of specialties **Not** meeting national standard

	% 18 wk RTT
Admitted	3
Non Admitted	2
Incomplete	1

ER 2 | Diagnostic tests



Fig 1. Table to show breakdown of CCG breaches in May 2014 by provider and speciality

	Barts	CUHFT	HHCT	InHealth	KCH	KGH	Papworth	PSHFT	QEH	UCL	TOTAL
Audiology Assessments				33							33
Computed Tomography	1	2									3
Cystoscopy		2							1		3
Dexa Scan		1									1
Echocardiography							1				1
Gastroscopy					1					2	3
Magnetic Resonance Imaging (MRI)		17						2			19
Non Obstetric Ultrasound						1		1			2
Urodynamics			1								1
TOTAL	1	22	1	33	1	1	1	3	1	2	66

***CCG Patients treated at alternative providers: Barts Health NHS Trust, In Health Group, Kettering General Hospital, Kings College Hospital NHS Foundation Trust and University College London Hospitals NHS Foundation Trust.**

Comments |

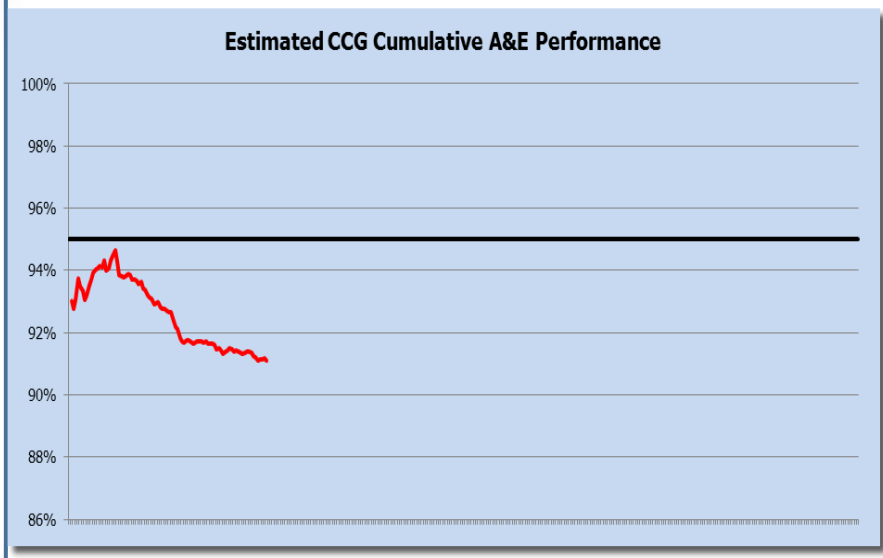
The CCG met the national standard in May with 0.66% of patients waiting 6 weeks + for key diagnostic tests.

Across the CCG there were 66 patients waiting more than 6 weeks in May as outlined in Figure 1.

The standard was also met for June across the CCG with 0.7% of patients waiting over 6 weeks.

ER 3 | Accident & emergency

Fig 1. CCG wide A&E performance over 2014/15



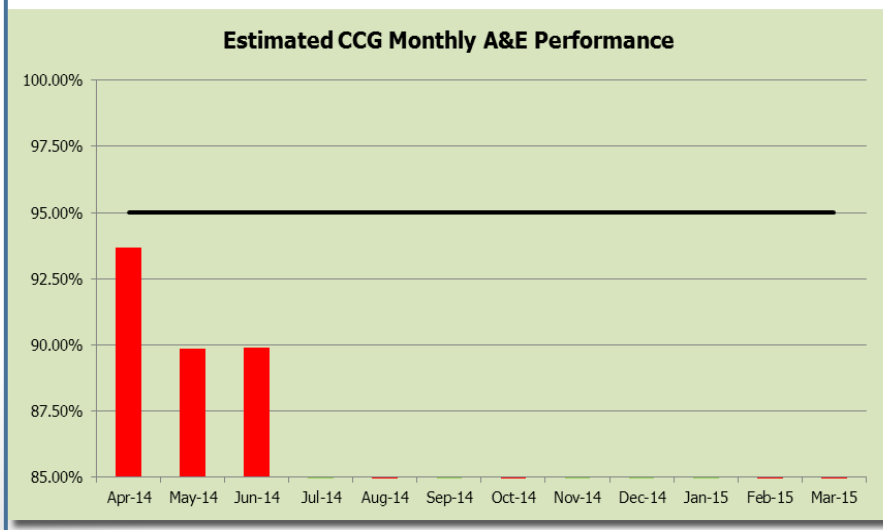
Comments |

The CCG failed to meet the A&E standard for June (89.88%). CUHFT, PSHFT and QEH also failed to meet the standard for June (87.82%, 86.26% and 88.89%), however, HHCT met the standard (95.67%).

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 2014/15



ER 4 | Cancer waits

Comments |

The CCG met all cancer standards in May. All providers met the cancer standards for May-14 apart from CUHFT, HHCT and Papworth. CUHFT failed the 62 day wait to first definitive treatment standard (83.08%). HHCT failed the 62 day wait following screening referral standard (80%). Papworth failed the 31 day wait to first definitive treatment standard (81.25%) and the 62 day wait to first definitive treatment standard (66.67%). Provider level information is available in the provider performance section.

Fig 1. 62 day wait to first definitive treatment

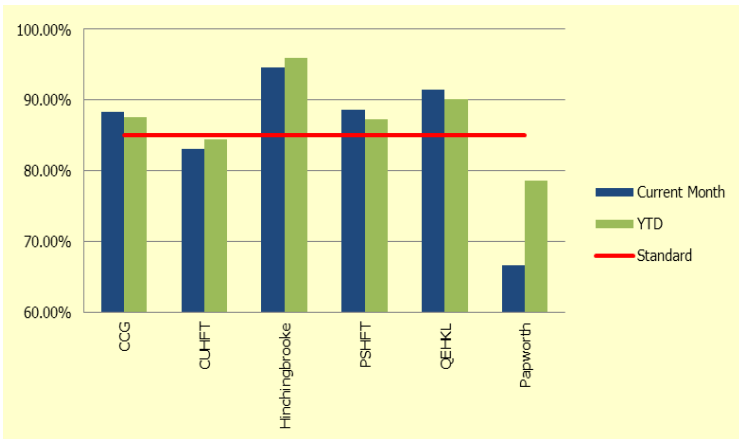


Fig 2. 62 day wait following screening referral

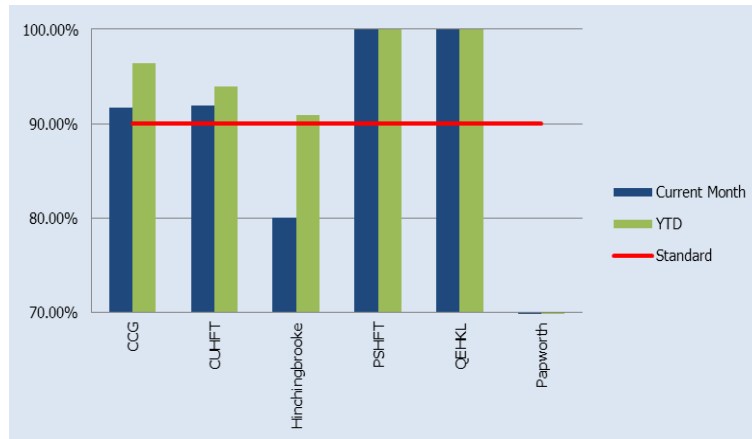
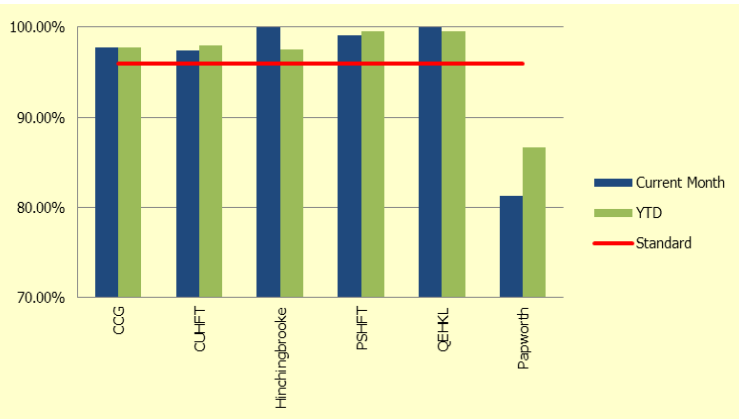


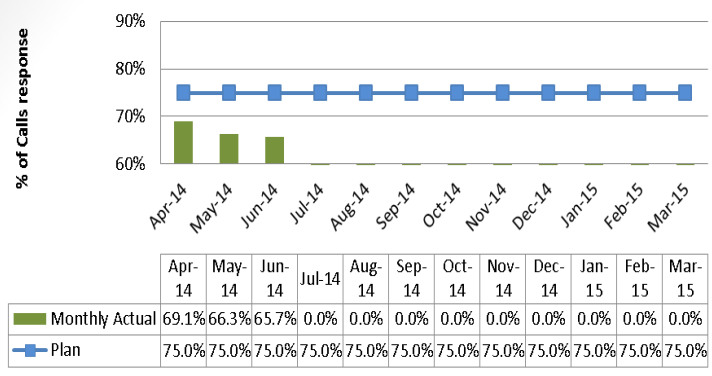
Fig 3. 31 day wait to first definitive treatment



ER 5 | Ambulance performance



Fig 1. Cat A calls response arriving within 8 minutes - Red 1 - EEAST



Comments |

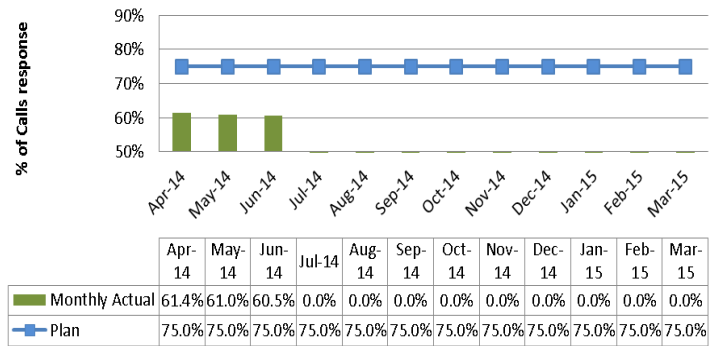
For the month of June, performance was as follows:

- Red 1 (8 minute) performance was below the 75% standard at 65.65%.
- Red 2 (8 minute) performance was below the 75% standard at 60.51%.
- Category A19 minute performance was below the 95% standard at 90.33%.

Historically to date, the service has not delivered against the Red 1, Red 2 and A19 response targets within Cambridgeshire & Peterborough. . Performance in the first quarter of 2014/15 was as follows:

	Target	Q1
Red 1 (8 minute)	75%	63.58%
Red 2 (8 minute)	75%	61.91%
A19 (19 minutes)	95%	89.62%

Fig 2. Cat A calls response arriving within 8 minutes - Red 2 - EEAST



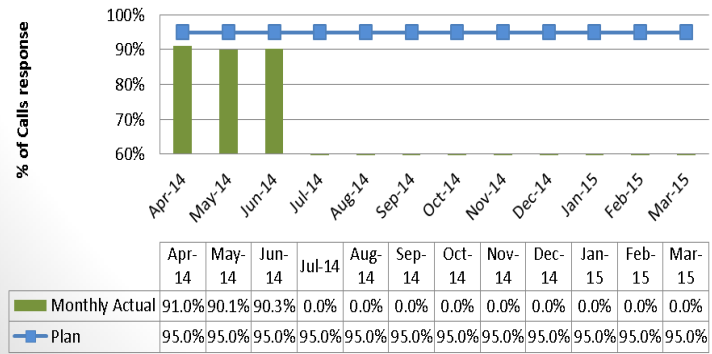
On 2 July 2014, the regional consortium led by the Suffolk CCG, agreed to invest a non-recurrent sum of £9.469m in the 2014/15 contract year. NHS Cambridgeshire & Peterborough CCG's share of this investment amounts to £1.207m (13.41% of total).

A RAP has been agreed in line with this investment so as to improve response times, tail breaches and UHP delivery, 30% of which is due on delivery of key milestones. The CCG is still finalising set up of full internal reporting.

Forecast trajectory included in action plan – 30% of funding is payable only on achievement of this trajectory.

	Target	Q2	Q3	Q4
Red 1 (8 minutes)	75% (national)	63.7%	80.8%	82.6%
Red 2 (8 minutes)	75%(national)	61.2%	74.7%	76.5%
Red A19 (19 minutes)	95%(national)	89.5%	92.9%	94.3%
Green 1 (20 minute)	75% (local)	74.7%	94.5%	96.9%
Green 2 (30 minutes)	75% (local)	82.2%	95.7%	98.1%
Green 3 (50 minutes)	75% (local)	94.2%	95.5%	98.4%
Green 4 (90 minutes)	75%(local)	95.9%	90.1%	94.8%

Fig 3. Cat A calls response arriving within 19 minutes - EEAST



Activity & Finance

The actual demand for the service has exceeded contracted activity by 10.5% in the contract year to date as follows. We are currently undertaking a joint activity review with EEAST so as to understand the drivers of this increase and take appropriate action if necessary.

	2014/15 Actual	2014/15 Baseline	Variance	
Hear and treat	1,299	1,428	(129)	(9)%
See and treat	9,319	7,754	1,565	20.2%
See, treat and convey	16,498	15,368	1,130	7.5%
TOTAL ACTIVITY	27,116	24,550	2,566	10.5%



Section three

THE MANDATE

Overall delivery | The Mandate 2014/15



Comments |

The objectives in the Mandate for 2014/15 focus on those areas identified as being of greatest importance to people. They include transforming how well the NHS performs by:

1. Preventing people from dying prematurely
2. Enhancing the quality of life for those with long term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring people have a positive experience of care
5. Treating and Caring for People in a safe environment and protecting them from avoidable harm

These areas correspond to the five parts of the NHS Outcomes Framework (previously know as “Domains” for 2013/14) which will be used to measure progress and will be the areas that we are reporting against in 2014/15.



The Mandate scorecard – pg. 1

Enhancing quality of life for people with LTC	Threshold	Current Period			Movement	Period	Delivered	
		Prior Period	YTD Actual	Current Period			Delivered YTD	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	Reduce	45.5	49.3	94.7	↑	May-14	Yes	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Reduce	21.8	15.7	37.4	↓	May-14	No	
Emergency admissions composite measure	274.5	138.5	Red	277.2		May-14	Yes	No
Recovery following talking therapies for people of all ages.	50.0%	44.0%	52.0%	48.0%	↓	May-14	No	No



Helping people to recover from episodes of ill health	Threshold	Current Period			Movement	Period	Delivered	
		Prior Period	YTD Actual	Current Period			Delivered YTD	
Emergency Readmission within 30 days of discharge	Not Available	10.9%	10.4%	10.6%	↓	May-14	Yes	Yes
Emergency admissions for acute conditions that should not usually require admission	Reduce	80.1	83.1	163.2	↑	May-14	Yes	
Emergency admissions for children with lower respiratory tract infections	Reduce	7.6	16.2	23.8	↑	May-14	Yes	
Stroke patients admitted to stroke unit within 4 hours of arrival to hospital	100.0%	60.9%	58.5%	59.7%	↑	May-14	No	No
Patients receiving thrombolysis following an acute stroke		8.4%	20.6%	14.5%	↓	May-14	Yes	Yes
Stroke patients discharge with joint health and social care plan	90.0%	100.0%	100.0%	100.0%	↔	May-14	Yes	Yes
Stroke patients who receive a follow-up assessment between 4-8 months after initial admission		0.0%	0.0%	0.0%	↔	May-14	Yes	Yes
Stroke patients who spend 90% or more of their stay on an acute stroke unit	80.0%	81.4%	70.1%	75.8%	↑	May-14	Yes	No



Safe environment	Threshold	Current Period			Movement	Period	Delivered	
		Prior Period	YTD Actual	Current Period			Delivered YTD	
Incidence of healthcare infection MRSA	0	2	0	2	↓	Jun-14	No	No
Incidence of healthcare infection C difficile	162	13	15	46	↑	Jun-14	Yes	No





The Mandate scorecard – pg. 2

Others	Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
		% of NHS 111 Calls answered within 60 seconds	95.0%	98.5%		97.7%	97.9%	↑

Others	Delivered
Is the CCG Progressing as expected against the IAPT trajectory submitted during the planning round	Yes
Is the CCG on track to be able to deliver the mandate commitment that by 2015 everyone with a longterm condition who wants one should have a personalised care plan?	Yes
Are the CCG's plans on track to meet the statutory duty to deliver personal health budgets to people who received NHS Continuing Healthcare from April 2014?	Yes

Comments |

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

- 6. MRSA and Clostridium Difficile Infections
- 7. IAPT

Updates on 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 June)

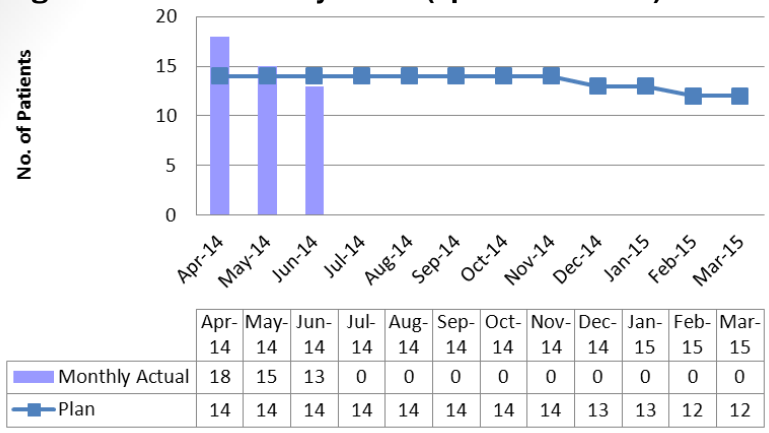


Fig. 2 CCG wide MRSA by month (up to end of June)

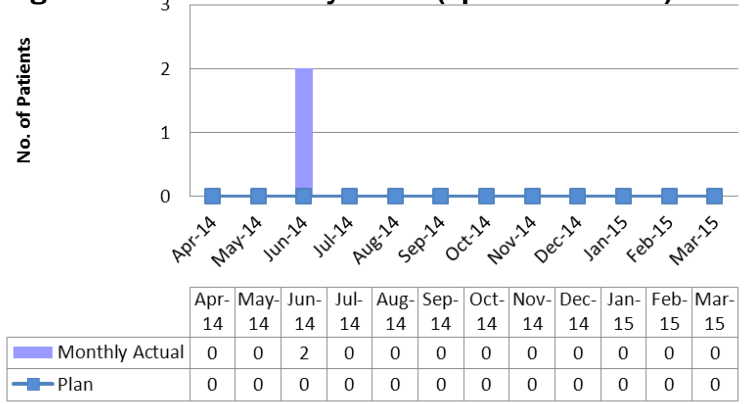


Fig. 3 Trust June C Diff data

Trust	14/15 Annual Trajectory	Provisional June data	June Target
CCS	2	0	0.17
CUHFT	42	5	3
HHCT	7	0	0
Papworth	4	0	0
PSHFT	31	2	3
QEH	14	3	1

Comments |

MRSA

There were no MRSA cases in May.

Provisional data shows that 2 cases of MRSA Bacteraemia have been reported for June 2014. The first was on admission to West Suffolk hospital where the patient died and was recorded on Part 1b of death certificate. A RCA review meeting was held at the GP practice on 25 June where it was established that all care had been given appropriately and is well documented. No learning outcomes were identified.

The second was on admission to PCH. A RCA investigation is underway and the review meeting was held at the GP Practice on 11 July. Preliminary investigations show extensive involvement from CCS services and the Trust is fully engaged in the RCA process. This case has been assigned to the CCG. No care delivery problems were identified and there was good shared care between the community and primary care services. The patient was not always conforming to the treatment plan and advice which exacerbated the existing risk factors.

Clostridium Difficile

In May the total number of CCG cases was 15 against a monthly ceiling of 14.

9 community onset cases have been reported, 2 from PCH lab, 7 cases from the CUHFT lab which include 4 for HHCT. 4 cases were GP specimens and 5 were taken on admission to acute trusts. RCA investigations are underway to determine any themes or gaps in practice.

At provider level, provisional data for June shows that there were 5 cases at CUHFT, 2 cases at PSHFT and 4 cases at QEH.

Further information is available in the provider performance section.

Comments | CCG Performance for 2014/15 is outlined in the table below:

KPI	Target	Performance	Reason for Poor performance	How target will be delivered
% of patients who have entered treatment for Psychological Therapy	60%	Apr-14 - 41% May-14 - 87%	The target was met in May. Following a service review of the opt-in process (i.e. ensuring a more robust approach to engaging service users in services) and an administrative process change to capture the initial ARC screening as part of the reported patient referral pathway on PCMIS (as discussed at CCG reporting and DMT meetings); KPI4 demonstrated the anticipated positive effect. Given the retrospective nature of the KPI4 calculation, full embedding will be monitored	
% of patients who have completed therapy and are moving to recovery	50%	Apr-14 - 52% May-14 - 44%	Mays performance is in line with the national average but below the national target of 50%. This was anticipated as a consequence of changing the data capturing of ARC screenings, and within the normal range of recovery rate fluctuation.	This is being monitored within the monthly performance meetings with CPFT to identify how this issue can be resolved.

Section six

QUALITY PREMIUM

Quality Premium scorecard

Quality Premium scorecard

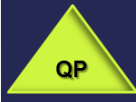
National Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Period	Pass / Fail	Funding calculation
Potential years of life lost from causes amenable to healthcare	15.00%	668,473.50	Annual	1703					£0.00
Improving access to Psychological Therapies	15.00%	668,473.50	Monthly	15%					£0.00
Emergency admissions composite measure	25.00%	1,114,122.50	Monthly	Reduction or 0% change	275	277	May-14	Fail	£0.00
Friends and family roll out plan	15.00%	668,473.50			Part of Local Providers Contracts		May-14	Pass	£668,473.50
Friends and family improvement - IP - CCG		-	Monthly	Improvement	74	73.8	May-14	Fail	£0.00
Friends and family improvement - A&E - CCG		-	Monthly	Improvement	60	59.6	May-14	Fail	£0.00
Medication Related Patient Safety Incidents	15.00%	668,473.50	Monthly	Increased level of Reporting					£0.00
Local Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Period	Pass / Fail	Funding calculation
Physical health checks for people with severe mental illness under	15.00%	668,473.50		50.3%					
Total Value		4,456,490.00							£668,473.50

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	97.2%	25%	£167,118.38	May-14	Pass	£0.00
A&E waits	95%	Annual	CCG mapped	91.1%	25%	£167,118.38	Jun-14	Fail	-£167,118.38
Two Weeks cancer waits	93%	Annual	CCG	97.1%	25%	£167,118.38	Apr-14	Pass	£0.00
Cat A Red 1 calls	75%	Annual	EEAST	66.32%	25%	£167,118.38	May-14	Fail	-£167,118.38

Adjusted total **£334,236.75**



Quality Premium scorecard

Comments |

The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The quality premium paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – will be based on six measures that cover a combination of national and local priorities. These are:

- reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15% of quality premium);
- improving access to psychological therapies (15% of quality premium);
- reducing avoidable emergency admissions (25% of quality premium);
- addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15% of quality premium);
- improving the reporting of medication-related safety incidents based on a locally selected measure (15% of quality premium);
- a further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15% of quality premium). It has been agreed that for 2014/15 the local measure for C&P CCG will be the number of physical health checks in people with severe mental illness.

A CCG will not receive a quality premium if it:

- a) is not considered to have operated in a manner that is consistent with Managing Public Money¹ during 2014/15; or
- b) incurs an unplanned deficit during 2014/15, or requires unplanned financial support to avoid being in this position; or
- c) incurs a qualified audit report in respect of 2014/15.

NHS England also reserves the right not to make any payment where there is a serious quality failure during 2014/15.

The total quality premium payment for a CCG will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits in A&E departments, (c) maximum 14-day wait from a urgent GP referral for suspected cancer, and (d) maximum 8-minute responses for Category A red 1 ambulance calls.

The maximum quality premium payment for a CCG will be expressed as £5 per head of population, calculated using the same methodology as for CCG running costs. (This is in addition to a CCG's main financial allocation for 2014/15 and in addition to its running costs allowance.)

The C&P CCG population is 891,298 and based on these calculations, the CCG would have an opportunity to achieve a maximum quality premium payment of **£4,456,490** in 2015/16 if each of the 6 measures above are fully achieved and assuming the pre-payment criterion is fully achieved. This is shown as the first figure in the total value row on the table on the previous page.

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%	92.81%	93.22%	↓	93.01%	May-14	Yes	Yes
No. of failing specialties	0	2	2	↔	4	May-14	No	No
Non admitted specialties	95%	97.91%	97.21%	↑	97.56%	May-14	Yes	Yes
No. of failing specialties	0	1	4	↑	5	May-14	No	No
Incomplete pathways	92%	97.97%	97.84%	↑	97.97%	May-14	Yes	Yes
No. of failing specialties	0	0	0	↔	0	May-14	Yes	Yes
Over 52 week waits	0	0	1	↑	0	May-14	Yes	Yes
Over 40 week waits		5	3	↓	5	May-14		
Diagnostic waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.20%	99.30%	↓		May-14	Yes	Yes
A&E waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	87.82%	89.32%	↓	89.44%	Jun-14	No	No
12 hour trolley breaches	0	0	0	↔	0	Jun-14	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	2.6%	2.7%	↑	2.9%	Jun-14	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%	95.41%	97.11%	↓	96.24%	May-14	Yes	Yes
2 week wait for breast symptom referrals	93%	96.11%	97.17%	↓	96.68%	May-14	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%	97.38%	98.39%	↓	97.92%	May-14	Yes	Yes
31 day wait for subsequent surgery	94%	95.35%	90.79%	↑	93.21%	May-14	Yes	No
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent radiotherapy	94%	99.53%	99.07%	↑	99.30%	May-14	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%	83.08%	85.38%	↓	84.40%	May-14	No	No
62 day wait following screening referral	90%	91.89%	95.65%	↓	93.98%	May-14	Yes	Yes
62 day wait following consultant upgrade	None	53.85%	100.00%	↓	76.92%	May-14		
Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Jun-14	Yes	Yes
Cancelled operations	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Urgent Operations cancelled	Not Available	1	0	↓	1	May-14		
Emergency Readmissions	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude Age Rate) - Not Available	Not Available	7.0%	6.5%	↓	6.8%	May-14		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	25%	26.8%	31.5%	↑	29.1%	May-14	No	No
Stroke	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Stroke patients who spend 90% or more of their stay on an acute stroke unit	80%	84.0%	76.2%	↑	80.1%	May-14	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	0.87			Year to Sep-13	Yes	Yes

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Jun-14	Yes	Yes
C Diff cases	42	5	4	↓	Jun-14	No	No
Never Events	0	0	1	↑	Jun-14	Yes	No
SIs reported within timescale	90%	67.0%	78.0%	↓	Jun-14	No	No
Harm free care	95%	95.0%	97.9%	↓	Jun-14	No	Yes
Pressure Ulcer Prevalence		1.9	1.6	↓	Jun-14		

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Jun-14	Yes	Yes
Moderate concerns	0	0	0	↔	Jun-14	Yes	Yes
Minor concerns	0	0	0	↔	Jun-14	Yes	Yes

Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	53.3	50.3	↑	May-14	No	No
Friends and family test A&E		59.9	60.8	↓	May-14		
Friends and family test Antenatal	75	65.0	77.6	↓	May-14	No	No
Friends and family test Birth	75	76.5	89.0	↓	May-14	Yes	Yes
Friends and family test Post natal	75	49.3	46.8	↑	May-14	No	No
Friends and family test Community Provision	75	64.3	25.0	↑	May-14	No	No

Comments |

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

1. RTT
2. A&E
3. Cancer
4. Maternity
5. HCAI
6. Friends and Family test
7. Contract Queries

Fig 1. CUHFT specialities below operating standards in May

Number of specialities Not meeting national standard	
	% 18 wk RTT
Admitted	2
Non Admitted	1
Incomplete	0

Comments |

Provisional data for May shows that at an aggregated level, CUHFT is meeting all national operating standards (admitted pathways – 92.8%, non-admitted pathways – 97.9% and incomplete pathways – 98%).

Following a month with high elective cancellations due to bed pressures (119), the total number of admitted treatments in the month was the lowest for 5 months, and 5% down on the average monthly treatments in 2013/14. The non-admitted and still waiting targets were achieved. At specialty level the admitted standards were achieved in all bar Orthopaedics (84.2%) and Dermatology (69.4%). Orthopaedics also failed to meet the non-admitted standard for May (92.8%). This represents the best specialty performance since October 2013, which was the last month where less than 3 specialties underachieved. Dermatology continue to forecast to recover the standard from June.

The total backlog (admitted and non-admitted) ended the month of May at 568, which was an improvement on the end April position of 648. Within the month CUHFT saw a reduction in the non-admitted backlog, but this has begun to rise again to mid-June and validation is being focused on the “Other “ specialties. Admitted backlog has begun to rise from mid-May, with elective cancellations impacting particularly the Orthopaedic position, but has stabilised through June to date.

Nationally, performance against RTT has been deteriorating, and although admitted performance at national level did recover to 90% in April, NHS England want to see an improvement in RTT performance throughout Quarter 3. To this end, on 20th June CUHFT learnt that central funding was being allocated to Area Teams to support recovery of RTT standards at Trust aggregate by September 2014. Funding allocations have been based on the proportion of over 16 week waiters. The East Anglia Area Team has been allocated £6.9 million for CCGs and a further £2 million for Specialised Commissioning.

Trusts were required to submit bids outlining additional activity that will improve RTT performance by 30th June. This will then be assured by CCGs, followed by the Area Team by 7th July. It is expected that penalties associated with RTT, will be suspended during July & August whilst recovery actions are underway.

CUHFT’s main area of sustained underperformance is Orthopaedics, and having issued a contract query in relation to this on 16th June, the CCG expects their recovery plans to major on the orthopaedic specialty position. CUHFT are however also including proposals for plans to improve sustainability in other services with over 16 week waits.

Actions for Orthopaedics:

- Proposal for 50 patients per month to be undertaken at Hinchingbrooke hospital by the Cambridge orthopaedic consultants limited liability partnership.
- 15 cases per month to be sourced from the local independent sector to provide capacity for longest waiting patients unwilling to transfer to another consultant.
- Weekend operating (bed capacity allowing) to provide additional capacity for those patients unable / unwilling to transfer from Addenbrookes.
- Reduction in 1st outpatient appointment waits to 5 weeks with additional weekend clinics.
- Reduction in wait for MRI to 2 weeks on the orthopaedic pathway with additional capacity provided by an increase in outsourced mobile MRI capacity.

ER CUHFT 2 | A&E

Comments |

CUHFT failed to meet the 95% target in June, achieving 87.82%.

The high emergency demand seen over the past 2 months continued into May, where CUHFT saw over 9,500 attendances to the Emergency Department (ED) which is the highest monthly volume recorded. Performance deteriorated further under these pressures and four hour performance was down to 89.3% in May. CUHFT are still processing more patients within 4 hours through the ED than they were throughout last autumn and winter. Comparing to April and May 2013, they are treating 4.7% more patients within four hours, but the overall growth in attendances is 9.8%. The conversion rate to admissions in April and May remains at 33%, which was the average seen across 2013/14. To month 2, admissions are up 8.1% on 2013, and May itself was 11.8% higher than last year. As 12.9% of the growth in attendances to month 2 has been within the majors acuity group, the growth in admissions is to be expected.

CUHFT are under a contract performance notice from the Clinical Commissioning Group (CCG) for four hour performance, and have agreed a recovery plan that requires the Trust to achieve 91% in July, and to regain 95% from August 2014. Their recovery action plan forms part of the overall System action plan. Key elements are outlined below.

CUHFT raised a contract query against the CCG for the increase in non-elective activity above plan. The CCG have identified a number of areas for further investigation and will be taking forward an option appraisal for agreement at the Urgent Care network on 18th July.

Actions:

- a) Medical Processing Power - On 11th June the CUHFT Board agreed a net investment of £125k in 2014/15. Recruitment underway.
- b) Improving Bed Capacity – there are projects underway both Trust Wide and at Divisional level. Highlights include:
 - Frailty Assessment Unit (FAU) expanded from 10 to 26 beds on 16 June 2014 to reduce LoS and in the Emergency Department.
 - Specialist Advice for the Frail Elderly Team (SAFE) from September 2014 to ensure all patients over the age of 75 admitted as an emergency have a specialised DME input by day 1 of the stay 7 days a week, to help reduce length of stay – most being seen whilst still in the Emergency Department .
 - Proactive Pre-Operative Assessment for frail (POPS) starting September 2014 to improve outcomes for frail elderly people under-going planned surgery and reduce length of stay.

Fig 1. CUHFT Daily A&E Attends up to 6th July 2014

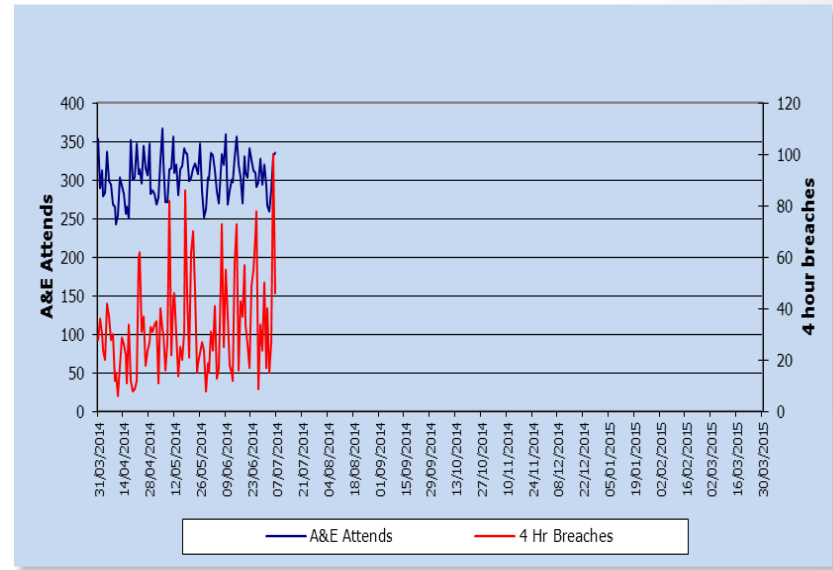
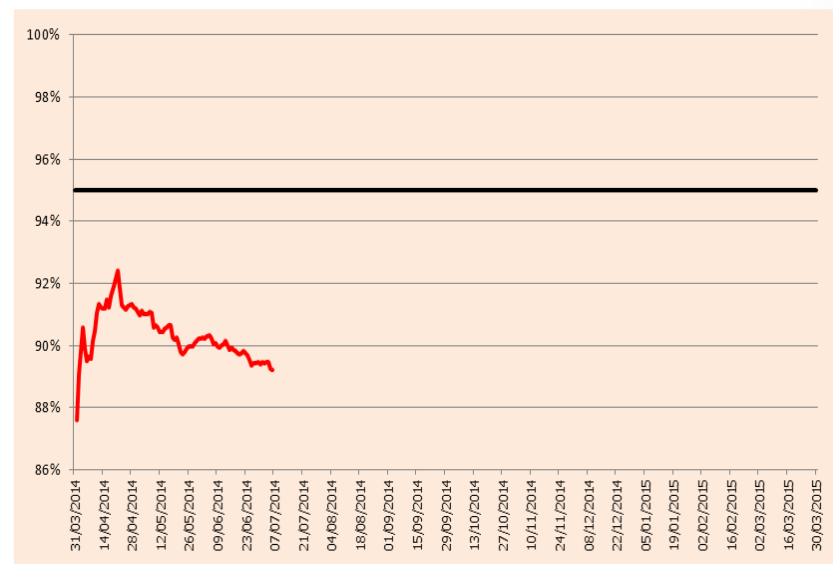


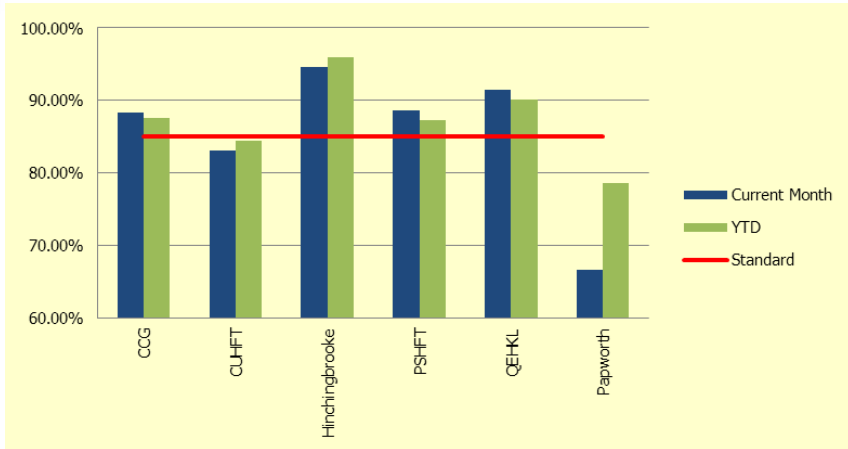
Fig 2. Cumulative A&E performance at CUHFT in 2014/15



ER CUHFT 3 | Cancer



Fig 1. 62 day wait to first definitive treatment for all



Comments |

62 day wait to first definitive treatment for all
CUHFT failed the above standard in May (83.08%) however, the Trust delivered with reallocations. Breaches were mainly caused by late referrals.



ER CUHFT 4 | Maternity

Comments |

Following the CUHFT Maternity Review in October 2013, an action plan was put in place and this is currently being reviewed. An update of action taken to date was presented at the June 2014 Clinical Quality Review (CQR).

There are no midwifery vacancies at the moment as CUHFT is filled to establishment. Two additional band 7s have been appointed which allows 24/7 cover. CUHFT is also looking at an additional 10 band 3 wte workers, some of which will be in the community and some in the post natal ward.

CUHFT has audited one to one care in labour, asking midwives if they feel they gave one to one care in established labour. Responses show this is the case about 90% of the time.

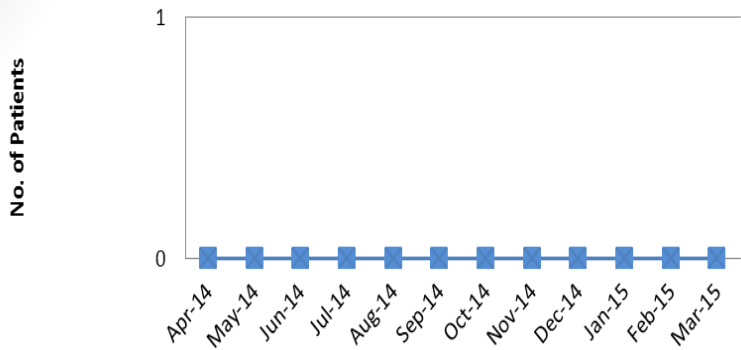
Ipads have been introduced into all clinical areas to collect Friends and Family data. There has been good anecdotal feedback although the Friends and Family maternity scores have dropped.

A Maternity Dashboard is in place and thresholds are to be developed for this. This highlights that both elective and emergency caesarean rates are high and CUHFT are reviewing this and will provide an update at the next quarterly CQR.

Following a letter from the Supervisors of Midwives Group, CUHFT have put in place an action plan to look at how to support midwives in their roles.



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



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Monthly Actual	0	0	0	0	0	0	0	0	0	0	0	0
Plan	0	0	0	0	0	0	0	0	0	0	0	0

Comments |

MRSA

There were no MRSA cases in May or June.

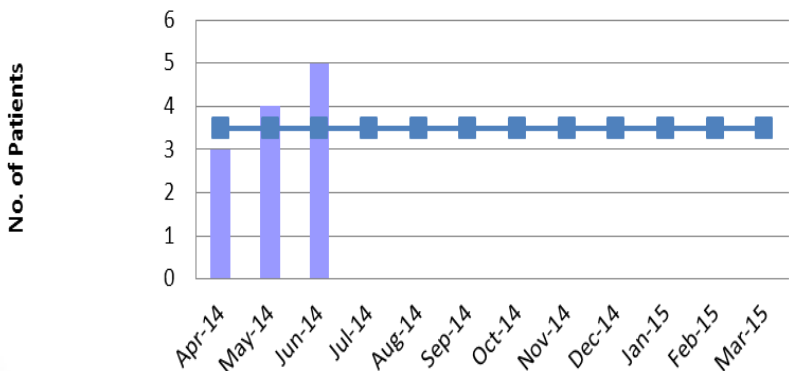
Clostridium Difficile

Four inpatients developed a C. difficile infection during May. All have been reviewed at scrutiny panel and 2 cases have been accepted as non-sanctioned. Of the remaining 2, one was a delay in isolation caused by delays in cleaning and one was due to hand hygiene scores of 90% in April and 93% in May, below the 95% standard required.

All seven outstanding appeals from 2013-14 have been reviewed. Three out of the seven were accepted. This outcome avoids any financial penalty for the organisation.

A new methodology for the appeals process has been agreed which is simpler and more timely. The 3 cases from April have been reviewed, one is confirmed as non-trajectory (new terminology for successful appeal), two were unsuccessful because of delays in sending the specimens and a delay in isolation.

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



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Monthly Actual	3	4	5	0	0	0	0	0	0	0	0	0
Plan	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50

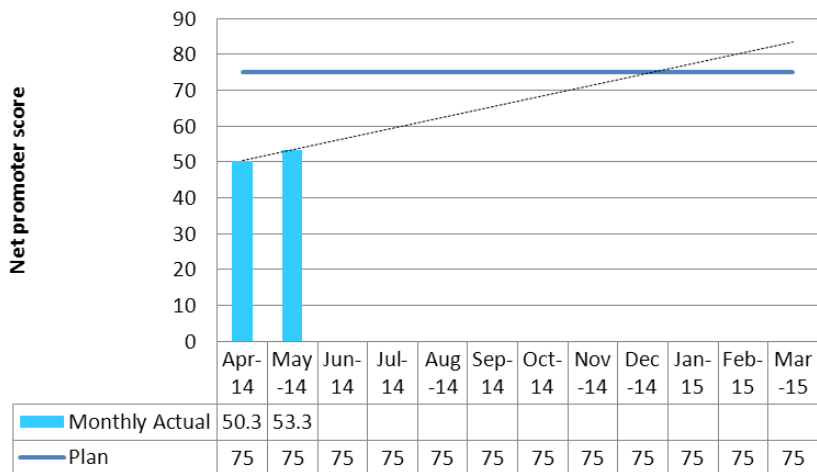
Specific points to note are:

- A quarterly surgery-wide antibiotic audit of 86 antibiotic prescriptions involving 74 patients on 7 surgical wards demonstrated that 89% of prescriptions adhered to trust antibiotic guidelines. 90% of prescriptions recorded the indication for antibiotic use but documentation of stop/review dates was patchy across most wards (mean 68%, range 50-95%). Use of the intravenous route was appropriate in only 62% of antibiotic prescriptions. 53% of the prescriptions did not require a change. This will be addressed through local control of infection committees and the divisional performance meetings.
- Prompt isolation continues to be a challenge. Given the increasing number of criteria mandating isolation and the need for available rooms further work by E&F is being undertaken to explore the options for achieving this.
- The compliance of the C. difficile care record in May was 95%, improvement is required in the actual completion of the record.

For June, 5 cases have been reported, 2 of which have been reviewed to date with one accepted as a non-sanctioned case.

ER CUHFT 6 | Friends and Family

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



Comments |

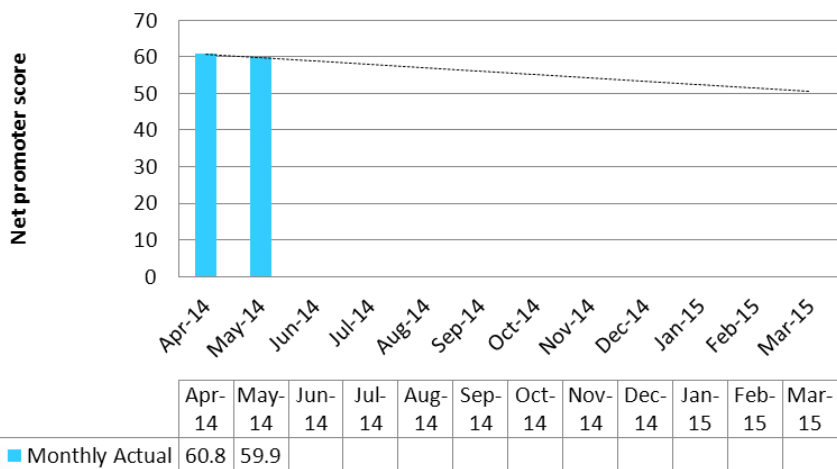
CUHFT's inpatients F&F score remains a cause for concern.

CUHFT continues to take forward actions to improve discharge.

Results of the Friends and Family Test for maternity services are outlined below.

Question	Score	Test Score across England
Antenatal	65	67
Birth	76.5	77
Post natal	49.3	65
Post natal community provision	64.3	77

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



ER CUHFT 7 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- RTT – Contract query issued. Bid for RTT funding will support delivery. Recovery trajectory September 2014.
- A&E – Contract query issued. RAP has been agreed. Daily escalation calls in place. Recovery of 95% standard by September 2014. Aim to achieve 91% milestone by July 2014

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%	88.40%	83.01%	↑	85.71%	May-14	No	No
<i>No. of failing specialties</i>	0	4	6	↑	10	May-14	No	No
Non admitted specialties	95%	96.24%	96.51%	↓	96.37%	May-14	Yes	Yes
<i>No. of failing specialties</i>	0	5	5	↔	10	May-14	No	No
Incomplete pathways	92%	97.33%	96.94%	↑	97.33%	May-14	Yes	Yes
<i>No. of failing specialties</i>	0	1	0	↓	1	May-14	No	No
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes
<i>Over 40 week waits</i>		1	1	↔	1	May-14		
Diagnostic waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.90%	99.90%	↔		May-14	Yes	Yes
A&E waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	86.26%	82.13%	↑	87.03%	Jun-14	No	No
<i>12 hour trolley breaches</i>	0	0	0	↔	0	Jun-14	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	3.7%	2.6%	↓	2.6%	Jun-14	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%	94.29%	96.46%	↓	95.36%	May-14	Yes	Yes
<i>2 week wait for breast symptom referrals</i>	93%	95.92%	98.67%	↓	97.58%	May-14	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%	99.10%	100.00%	↓	99.51%	May-14	Yes	Yes
31 day wait for subsequent surgery	94%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent radiotherapy	94%	100.00%	100.00%	↔	100.00%	May-14	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%	88.67%	85.60%	↑	87.27%	May-14	Yes	Yes
62 day wait following screening referral	90%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
62 day wait following consultant upgrade	None	87.50%	100.00%	↓	93.33%	May-14		
Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Jun-14	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	May-14		
Emergency Readmissions	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude Age Rates) - CCG	Not Available	17.9%	19.0%	↑	18.4%	May-14		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	Not Available	26.4%	27.5%	↑	27.0%	May-14		
Stroke	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Stroke patients who spend 90% or more of their stay on an acute stroke unit	80%	80.0%	62.5%	↑	71.3%	May-14	Yes	No

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			Year to Sep-13	No	No

Patient safety		Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases		0	0	0	↔	Jun-14	Yes	Yes
C Diff cases		31	2	3	↑	Jun-14	Yes	Yes
Never Events		0	0	1	↑	Jun-14	Yes	No
SIs reported within timescale		90%	70.0%	86.0%	↓	Jun-14	No	No
Harm free care		95%	92.9%	93.5%	↓	Jun-14	No	No
Pressure Ulcer Prevalence			4.4	4.1	↓	Jun-14		

CQC status		Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns		0	0 cases of non-compliance	0	↓	Jun-14	No	Yes
Moderate concerns		0	0 cases of non-compliance	0	↓	Jun-14	No	No
Minor concerns		0	0 cases of non-compliance	0	↓	Jun-14	No	No

Patient Experience		Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient		75	76.5	77.6	↓	May-14	Yes	Yes
Friends and family test A&E			52.9	55.4	↓	May-14		
Friends and family test Antenatal		75	67.9	55.9	↑	May-14	No	No
Friends and family test Birth		75	79.5	75.7	↑	May-14	Yes	Yes
Friends and family test Post natal		75	73.5	64.0	↑	May-14	No	No
Friends and family test Community Provision		75	57.1	74.2	↓	May-14	No	No

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
5. Contract Queries

Fig 1. PSHFT specialities below operating standards in May

	% 18 wk RTT
Admitted	4
Non Admitted	5
Incomplete	1

Comments |

Provisional data shows that the 18 week admitted RTT standard has not been met for May (88.4%) however non-admitted (96.2%) and incomplete (97.3%) standards were met. The specialties that were non-compliant in May are:

Admitted

General Surgery (81.7%), Trauma and Orthopaedics (78.8%), ENT (63.7%) and Ophthalmology (82.8%)

Non-Admitted

ENT(92.7%), Gastroenterology (89.6%), T&O (89.2%), Neurology (78.8%) and Cardiology (91%)

Incomplete

Neurology (91.1%)

The Trust has a new focus on the 18 week Referral to Treatment standard. This includes a rigorous approach to reviewing bed capacity, pre- assessment, day case rates, theatre utilisation and conversion rates. We hope to develop a stretch trajectory by the end of June.

Improvement actions under way include:

- ENT: Many of the problems have arisen from sub-standard booking arrangements. New working methods and culture in ENT are being implemented from June onwards. Other specialties have helped fill the administrative capacity gap and new arrangements are bedding in. This is likely to lead to better performance by the end of September;
- Neurology: A neurology consultants has been recruited to start work on the 4th August – the specialty is assessing how many extra patients can be seen;
- Orthopaedics: Joint working with commissioners on improving timelines, for example, for the MATs triage service which affects Orthopaedic performance
- General Surgery: A senior nurse/practitioner role in increasing Outpatient capacity.
- A greater focus on pathway management (all specialties)
- A renewed focus on ensuring that clinician's time is best utilised (all specialties)

Both main commissioners (C&P CCG & S.Lincs CCG) have initiated formal contract escalation for this indicator. A Remedial Action Plan has been agreed that focusses on reducing the 'backlog' (patients not yet treated waiting >18-weeks) to a sustainable level by the end of September. From end of September, any month failing the 90% Admitted RTT standard will incur a penalty under the terms of the RAP of up to 2% of monthly sums payable (£260k pcm) unless NE demand exceeds 5% Activity Review Thresholds. 3-months consecutive delivery of the Admitted RTT standard will close the RAP

Whilst the RAP has been agreed to deliver compliance across all specialties by the end of September, non-delivery of the Trust Performance of 90% admitted RTT during July will automatically result in failing Q2 monitor standard [any months failure results in automatic failure for the whole quarter].

The backlog reduction plan has delivered ahead of trajectory which means with a concentrated effort during June to reduce backlog further PSHFT should be able to ensure compliance in July. Target backlog of 165 , currently 201. The Trust is therefore scoping the availability of outsourcing during June and maximising throughput during July to ensure all theatre schedule are booked as 18 week compliant.

ER PSHFT 2 | A&E



Comments |

PHSFT failed to meet the standard in June at 86.26%.

The COO and Deputy COO have led the development of a 60 day recovery plan which has been adopted by the urgent care board. The plan embraces the recommendations made within the ECIST report.

The headline actions of the recovery plan are focused on three key themes.

- Zero Tolerance of minor breaches – analysis suggests a 10% improvement can be gained by separating the major and minor flows within the department. Resourcing each work stream independently so that minors staff are not pulled into majors during peaks times of emergency admissions
- Creating Flow within the trust – reducing length of stay – from average of 4 midnights to 2 midnights . Focusing on delivering treatment plans on time. Eliminating delays in processing tests, reviews, assessments and discharge requirements
- Aligning demand and capacity profiles across the day by focusing on moving discharges earlier in the day. The targets set within the plan are 40% of patients to be discharged by 1pm and a total of 80% of all discharges to be completed by 4pm. PSHFT has also agreed a tolerance level of <20 for DTOCs with the CCG and partner agencies and an escalation process between directors when DTOCs exceed the agreed tolerance

The 60 day plan has been submitted to commissioners as the Trusts remedial action plan following a contract query issued during the month. The trajectory has been agreed.

Fig 1. PSHFT Daily A&E Attends up to 6th July 2014

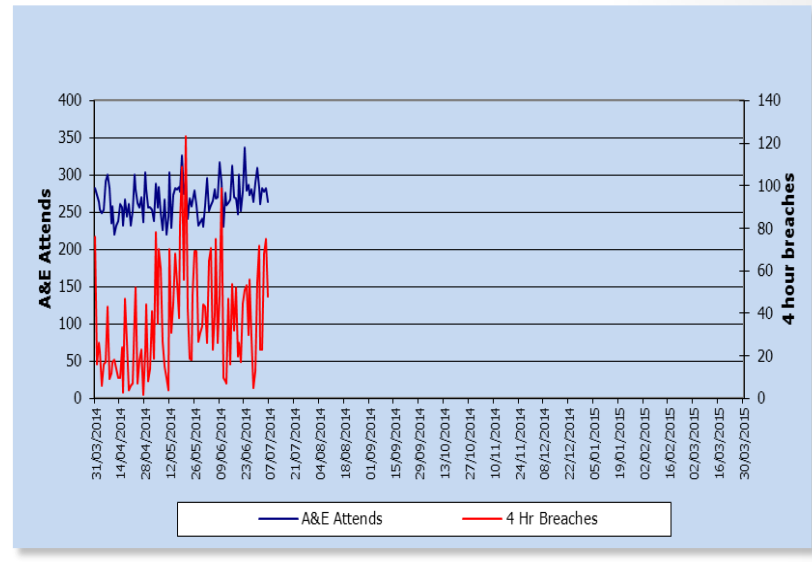
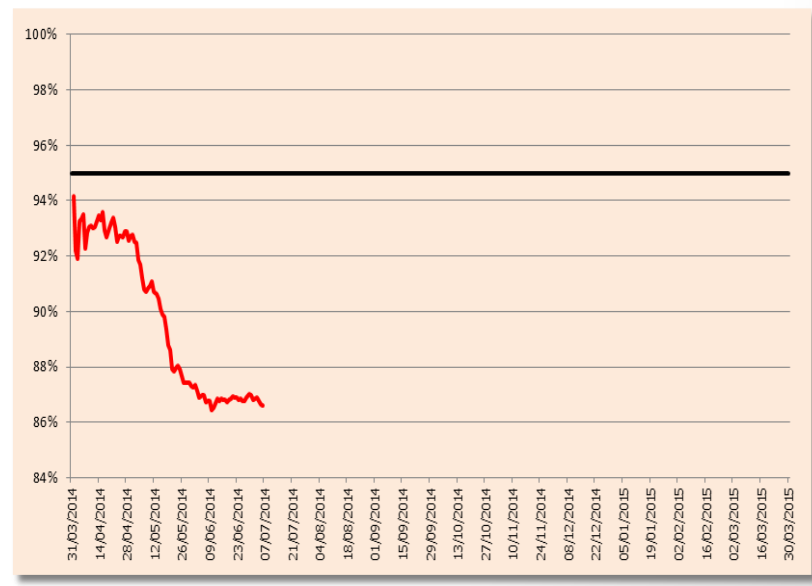


Fig 2. Cumulative A&E performance at PSHFT in 2014/15



ER PSHFT 3 | CQC Status

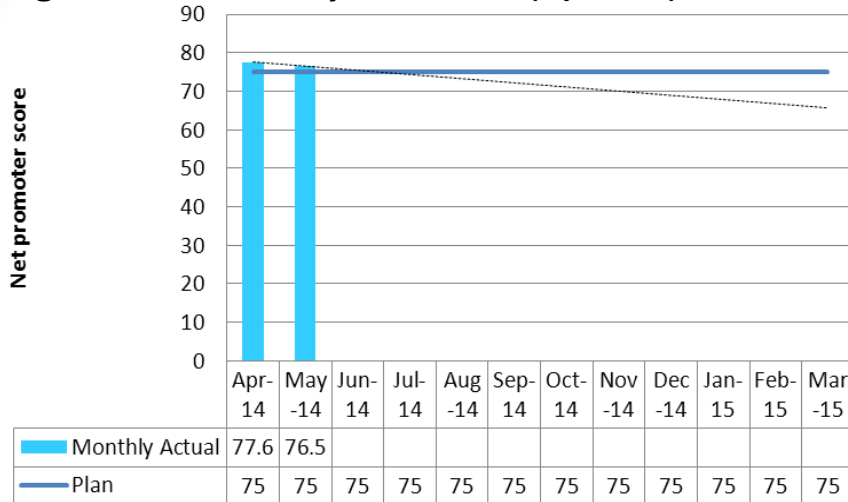
Comments |

The CQC made announced visits to PSHFT in March 2014, and carried out an inspection under the new CQC inspection regime. The CQC gave Good ratings to Surgery, Intensive/critical care, Maternity and family planning, Children's care, End of life care and Outpatients in PCH. Accident and Emergency, and Medical care were rated as Requires Improvement. For S&RH, Accident and Emergency, Medical care, Surgery, and Outpatients were rated as Good. Look at the five areas of CQC focus, Safe, Effective and Well led were rated as Requires improvement.

Overall summary	Requires Improvement	Accident and emergency	Requires Improvement
Safe	Requires Improvement	Medical care (incl. older people's care)	Requires Improvement
Effective	Requires Improvement	Surgery	Good
Caring	Good	Intensive/critical care	Good
Responsive	Requires Improvement	Maternity & family planning	Good
Well Led	Good		

ER PSHFT 4 | Friends and Family

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



Comments |

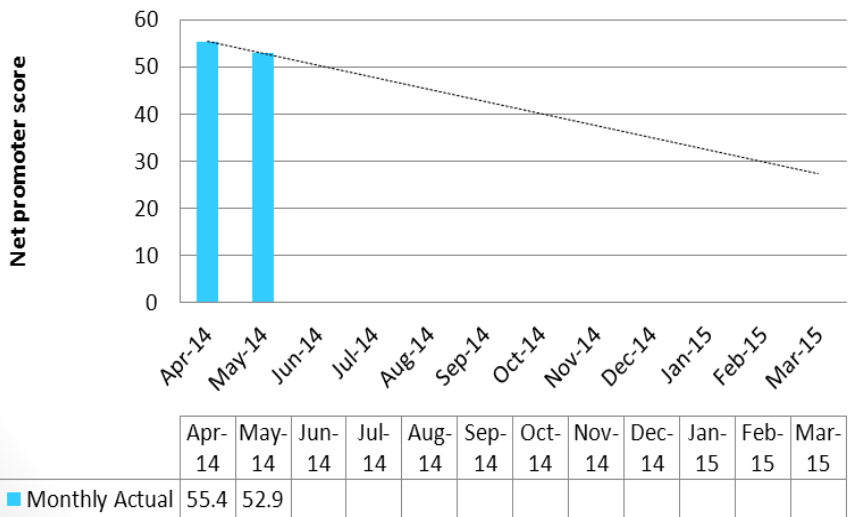
The response rate for May for PSHFT's Accident and Emergency services was 12.3% of the footfall (compared to 13.4% for April and a target of 20%). The number of returns from the Minor Injuries Unit decreased and the telephone calls made within 48 hours of the patients' visits also decreased in number. The volunteers continue to assist with this but have limited time in the area. The possibility of texting patients is being considered. The combined Net Promoter Score for PCH ED and Stamford Minor Injuries Unit was 51.59. Continued focus and drive for improvement is required in this area.

Overall PSHFT's footfall score for the in-patient wards was 38.3% (compared to 33.1% last month and a target of 30% for this quarter).

Results of the Friends and Family Test for maternity services are outlined below.

Question	Score	Test Score across England
Antenatal	67.9	67
Birth	79.5	77
Post natal	73.5	65
Post natal community provision	57.1	77

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



ER PSHFT 5 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- RTT - PSHFT failed the aggregate admitted standard for the first time in May 2013. Contract Query issued 11.07.13. Specialty level trajectories are reviewed monthly and a contract query was raised for individual speciality level. An RTT action plan was received and agreed. A further contract query was raised on 04.03.14 as PSHFT failed aggregate performance in January. PSHFT continue to manage RTT in weekly meetings and are appointing a director to each speciality level to manage performance of RTT. PSHFT have undertaken an internal review. A further meeting was held on 09.04.14 where a RAP was received for admitted RTT. Exception reports have been provided by specialty. For non-admitted, the CCG has issued a new Contract Query Notice under the 14/15 contract based on April performance.
- A&E – Contract query issued 19.04.13. PSHFT failed to achieve the target in October so 2% was withheld on 01.11.13. Achieved 95.2% in November so 2% repaid to PSHFT in December. Achieved 95.8% in December, but did not achieve 95% in January, February or March so 2% withheld as per the RAP. The RAP in 13/14 set out how we agreed to deal with the financial consequences and the end of the year to avoid ambiguity both with regard to retaining monies and the contractual process. In it the RAP states “Any funds that remain WITHHELD at the end of the contract term (31 March 2014) will be permanently RETAINED and the RAP closed. (GC9.27/9.23)” This means the existing RAP closed with the end of the contract. A new CQN was issued (dated 09.05.14) for the performance in April.
- Choose and Book – Contract Query Notice issued on 9.5.14 as it was noted that 3 services have been published on Choose and Book but as indirectly bookable services where other local Trusts have these services published as directly bookable. These were 2WW Lung, 2WW Haematuria and 2WW upper GI. An excusing notice from PSHFT for 2WWW lung and Upper GI has not been accepted. PSHFT contend pathways more suited to indirect booking. Ongoing contractual discussions between PSHFT and LCG to agree way forward. 2 WWW Haematuria will be published as directly bookable service from August 2014.
- RTT – Non admitted – issued on 18.6.14 based on failure to meet 95% target for 4 specialties at April (T&O, Gastroenterology, Cardiology and Neurology). ENT failed non-admitted target in May, concerns with General Surgery and Urology also. Meeting to agree RAP 9.7.14. Amnesty in July and August as part of system wide RTT operational resilience work. Expectation that RAP will deliver 95% non-admitted target from September 2014, apart from Urology which has October delivery date.

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%	94.97%	94.91%	↑	94.94%	May-14	Yes	Yes
No. of failing specialties	0	0	0	↔	0	May-14	Yes	Yes
Non admitted specialties	95%	98.64%	99.61%	↓	99.13%	May-14	Yes	Yes
No. of failing specialties	0	0	0	↔	0	May-14	Yes	Yes
Incomplete pathways	92%	94.89%	95.22%	↓	94.89%	May-14	Yes	Yes
No. of failing specialties	0	0	0	↔	0	May-14	Yes	Yes
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes
Over 40 week waits		2	1	↓	2	May-14		
Diagnostic waits	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.90%	100.00%	↓		May-14	Yes	Yes
A&E waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	95.67%	96.06%	↓	96.05%	Jun-14	Yes	Yes
12 hour trolley breaches	0	0	0	↔	0	Jun-14	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	1.4%	2.0%	↑	1.7%	Jun-14	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%	98.72%	98.35%	↑	98.53%	May-14	Yes	Yes
2 week wait for breast symptom referrals	93%	97.14%	98.78%	↓	97.86%	May-14	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%	95.74%	↑	97.50%	May-14	Yes	Yes
31 day wait for subsequent surgery	94%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent radiotherapy	94%	100.00%	-	↓	100.00%	May-14	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%	94.64%	97.01%	↓	95.93%	May-14	Yes	Yes
62 day wait following screening referral	90%	80.00%	100.00%	↓	90.91%	May-14	No	Yes
62 day wait following consultant upgrade	None	-	-	↔	-	May-14		
Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Jun-14	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	May-14		
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	15.4%	13.9%	↓	14.6%	May-14		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	20%	20.5%	27.6%	↑	24.0%	May-14	Yes	No

Hinchingbrooke 2 of 2

Quality indicators

Mortality information	National Mean	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	0.99			Year to Sep-13	Yes	Yes
Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Jun-14	Yes	Yes
C Diff cases	7	0	0	↔	Jun-14	Yes	No
Never Events	0	0	0	↔	Jun-14	Yes	Yes
SI's reported within timescale	90%	100.0%	N/A	↓	Jun-14	Yes	Yes
Harm free care	95%	92.8%	92.6%	↑	Jun-14	No	No
Pressure Ulcer Prevalence		4.8	3.4	↓	Jun-14		
CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Jun-14	Yes	Yes
Moderate concerns	0	0	0	↔	Jun-14	Yes	Yes
Minor concerns	0	0	0	↔	Jun-14	Yes	Yes
Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	76.7	85.6	↓	May-14	Yes	Yes
Friends and family test A&E		71.8	77.6	↓	May-14		
Friends and family test Antenatal	75	75.9	77.2	↓	May-14	Yes	Yes
Friends and family test Birth	75	74.5	91.9	↓	May-14	No	Yes
Friends and family test Post natal	75	80.3	78.8	↑	May-14	Yes	Yes
Friends and family test Community Provision	75	94.1	93.8	↑	May-14	Yes	Yes

Comments |

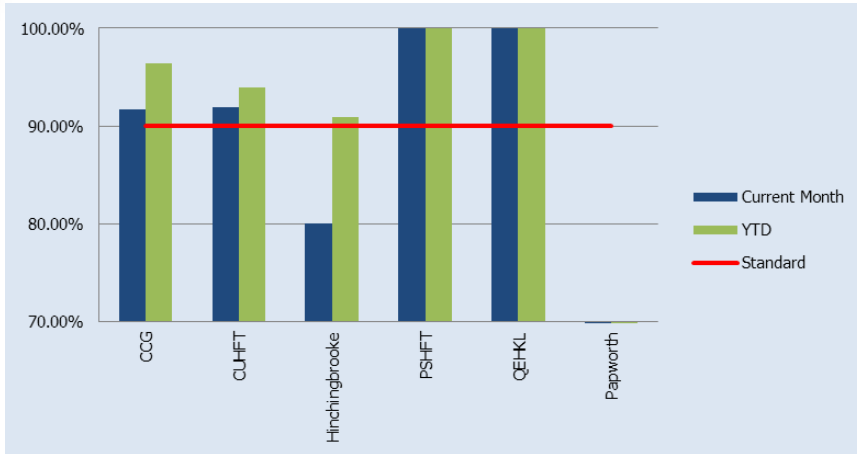
Based on the provider profiles created, the following exception reports will be provided:

1. Cancer
2. Contract Queries

ER HHCT 1 | Cancer



Fig 1. 62 day wait following screening referral



Comments |

62 day wait following screening referral

HHCT failed the 62 day wait following screening referral standard in May (80%).

2.5 patients were seen and there were 0.5 breaches as follows:

The patient initially chose to have their investigations at Peterborough, but then changed their mind. There was a 20 day delay for CT colonography and many investigations needed.

A meeting has been planned for 16th July with the CEO, Radiology Management and Cancer Management.



ER HHCT 2 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- Choose and Book – Contract Query issued 29.05.13. First exception notice issued on 13.12.13. Second exception notice issued on 13.01.14. Penalties are now part of the contractual dispute process for 13/14 with the Trust. This Contract Query is now closed for 13/14 as resolved as part of dispute process. The Trust were still failing in April at 0.10 and at the end of May reported at 0.06. ASI penalties have been applied using 14/15 rates for April and May now the contract is signed and incorporated in month 1 financial reconciliation.
- Mandatory staff training – Contract query raised 08.08.13 regarding low % of Trust staff who had received mandatory training. RAP received 22.08.13 and agreed. Following CQR meeting 27.03.14, the Trust reported that Equality and Diversity training is at 64% as at 28.02.14. All other areas are reported at over 80% with Information Governance at 90%. There are some outstanding actions on the Compliance Action Plan. This is RAG rated amber for March. Discussed at SQEG 29.05.14 CQ remains open until Trust hits 90% currently at 84%. Joint action plan in place, HHCT were committed to full compliance by the end of March. However, Trust advised that they can't be fully compliant now until end of Quarter 2 (September) 2014. If the Trust do not achieve this by the end of Quarter 2 then the CCG will withhold 2% of CV.
- Anti-coagulation service – Contract Query issued 12.03.14. Excusing Notice received from HHCT on 19.03.14. The CCG have not accepted this as at 01.04.14 and have asked HHCT to meet to agree a service specification and that the Trust cease invoicing practices with immediate effect. Hunts LCG Manager leading on a wider review and meeting being scheduled with relevant stakeholders and will take place on 09.07.14. Check with LCGs if invoicing has ceased, service specification agreed to be reviewed in year. LCGs confirm invoicing has ceased, CQ closed 10.06.14.
- Mixed Sex Accommodation - Contract Query issued 21.03.14. The Trust sent Excusing Notice 28.03.14. The CCG responded to the Trust on 03.04.14 stating that the Excusing Notice was not accepted. The Trust were advised that they would be penalised and the CCG requested a meeting with the Trust to understand the learning from the RCA and agree any actions required. A meeting took place on the 09.06.14. CCG assured that actions taken to prevent breaches in future as per meeting on 09.06.14. CQ closed 10.06.14.
- Pre-Op Blood tests colonoscopy – Requests being received for patients to attend HHCT for blood tests. CQ raised 15.05.14. HHCT have advised on 21.05.14 that pathway has not changed and patients can have blood tests in primary care. Issue is still outstanding as primary care have issues with funding this. To be discussed further within primary care and with Trust. At the SPRG Meeting held on 26.06.14 the Trust have been asked to discuss with clinicians that the pre op blood test be part of the pre op assessment at the Trust.
- Electronic Discharge Summaries (EDS) - CQ raised 20.05.14 as Practices are still receiving hard copies, duplicates and incomplete EDS. Response received from Trust on 21.05.14 and this was discussed further at SPRG on 29.05.14. Trust state that this should now be rectified and practices to raise issues with IT lead directly. As at end June 2014 issues still remain, GP lead advised that there have been 3 duplicates and 25 paper only documents, the majority of which came from Ophthalmology, Orthopaedics and Gastroenterology GP lead to send examples of duplicates/paper only documents to Trust to look into. At the SPRG Meeting held on 26.06.14 the Trust advised that they will send April/May EDS compliance data to the CCG by 04.07.14.

<u>Referral to treatment access times</u>	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Non admitted specialties	95%	98.79%	98.86%	↓	98.82%	May-14	Yes	Yes
<i>No. of failing specialties</i>	0	0	0	↔	0	May-14	Yes	Yes
Incomplete pathways	92%	98.69%	98.93%	↓	98.69%	May-14	Yes	Yes
<i>No. of failing specialties</i>	0	0	0	↔	0	May-14	Yes	Yes
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes
<i>Over 40 week waits</i>		1	0	↓	1	May-14		

<u>Diagnostic waits</u>	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	100.00%	100.00%	↔	May-14	Yes	Yes

<u>Mixed sex accommodation</u>	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔	Jun-14	Yes	Yes

<u>Cancelled operations</u>	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Urgent Operations cancelled	Not Available	0	0	↔	0	May-14		

Quality indicators

<u>Patient safety</u>	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	May-14	Yes	Yes
C Diff cases	2	0	0	↔	May-14	Yes	Yes
Never Events	0	0	0	↔	Jun-14	Yes	Yes
Slis reported within timescale	90%	100.0%	96.0%	↑	Jun-14	Yes	Yes
Harm free care	95%	92.1%	92.3%	↓	Jun-14	No	No
Pressure Ulcer Prevalence		5.4	4.6	↓	Jun-14		

<u>CQC status</u>	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Jun-14	Yes	Yes
Moderate concerns	0	1	1	↔	Jun-14	No	No
Minor concerns	0	2	2	↔	Jun-14	No	No

<u>Patient Experience</u>	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	Not Available	93.9	↑	Jun-14	Yes	Yes

Comments |

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

1. CQC Concerns
2. Contract Queries

ER CCS 1 | CQC Status

Comments |

CCS has one moderate concern and two minor CQC concerns.

There is a moderate concern relating to district nurse staffing (outcome 13: Staffing) and a minor concern relating to CCS governance (outcome 16: Assessing and monitoring the quality of services).

For the paediatrics Holly ward at Hinchingsbrooke Hospital, there is a minor concern for outcome 13: Staffing.

Outcome	Level of concern
13: Staffing	Moderate – Headquarters, Minor – Holly ward
16: Assessing and monitoring the quality of service provision	Minor – Headquarters

The CQC report from the May 2013 inspection is due to be published at the end of July. CCS has feedback formally to the CCG about the visit.

Comments |

Contract Queries in line with General Condition 9

- District Nursing – Contract Query issued 15.07.13. CCS sent CCG submission stating they are non-compliant with regulation 22. CQC report published w/c 03.03.14. CQC identified 2 areas of non-compliance; moderate concern in relation to staffing levels, minor concern with CCS's ability to assess & monitor quality of service. CCS have written to the CCG flagging that CCS are funded for community nursing 17% lower than national average. Meeting took place 06.03.14 and was also discussed at SQPRE on 13.03.14 and 10.04.14. Funding for this service was agreed through the contract negotiations and the contract is now signed. This service is another that is constantly being reviewed as the CCG are well aware that there are pressure issues on this service. The CCG took account of the benchmarking information when agreeing that we would focus the use of the growth funding allocated in the contract negotiation to CCS almost exclusively on District Nursing. A CQ for the Cambridge system was sent on 27th May – contract meetings for each of the four health systems are being arranged to discuss the DN Service. 08.07.14 update: All contract meetings have now been held and a paper is being written for discussion at CMET. A separate contract meeting was held to address the Contract Query raised for the Cambridge system of the District Nursing service, CCS presented a RAP, the CCG acknowledged that the level of staff vacancies was low; but CCS were able to give assurance that they were doing everything appropriate to support recruitment and that they would be routinely reporting on staffing numbers monthly. It was therefore agreed that this CQ would be closed and this closure letter was sent to CCS on 30th June 2014.
- Mandatory Training - CCS has failed to meet the target on staff mandatory training. Whilst CCS has already drawn up a plan that they are working to, it is agreed that a CQ is to be issued. CQ issued 20th May – CCS has responded and sent in a RAP. A CQ meeting to discuss this will be held at the beginning of the CQR meeting on 12th June. 08.07.14 update: At the CQ meeting held on 12th June both CCS and the CCG agreed a trajectory plan with achievement of 95% by the end of September. It was further agreed that CCS would supply an amended RAP by 20 June. CCS sent this and the CCG accepted the RAP. Progress will continue to be monitored through future CQR meetings.

Activity Query Notices in line with Service Condition 29

- Paediatric OT: Exception report triggered by 98.10% performance within 18 weeks in October. A CQUIN is in place for 2014/15 which it is hoped will help alleviate pressure on the triage aspect of this service. Performance in April dropped further to 81.4%. This service is on a list to be reviewed by CCS/CCG. This will also be discussed at CQR and SQPRE on 12th July 2014. 08.07.14 update: The SQPRE meeting for July has been postponed, this will now be discussed in August.
- MRSA Testing: Exception report triggered by 98% performance. This relates to one patient where the swabs were taken and sent off to Peterborough City Hospital, however, the results were returned much later than normal. Discussions held with the lab at Peterborough City Hospital on the importance of returning results quickly.
- Parkinson: Exception report triggered by 80.20% performance within 18 weeks in May. There was one genuine breach in May. This patient was seen on 9th June. The service is currently stretched due to three vacancies in this team, we do anticipate a number of breaches over the next few months until the service is back up to full-establishment and new staff have undergone an induction period. The service has recruited and all staff will be in post by end September 2014.

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Non admitted specialties	95%	29.03%	40.43%	↓	34.73%	May-14	No	No
<i>No. of failing specialties</i>	0	1	1	↔	2	May-14	No	No
Incomplete pathways	92%	65.46%	65.57%	↓	65.46%	May-14	No	No
<i>No. of failing specialties</i>	0	1	1	↔	2	May-14	No	No
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes
<i>Over 40 week waits</i>		0	0	↔	0	May-14		

Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔	Jun-14	Yes	Yes

IAPT	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
People who entered treatment for Psychological Therapy	60%	87.0%	41.0%	↑	64.0%	May-14	Yes	Yes
People who completed treatment and are moving to recovery	50%	44.0%	52.0%	↓	48.0%	May-14	No	No

Quality indicators

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Never Events	0	0	0	↔	Jun-14	Yes	Yes
Sis reported within timescale	90%	92.0%	88.0%	↑	Jun-14	Yes	Yes
Harm free care	95%	100.0%	100.0%	↔	Jun-14	Yes	Yes

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Jun-14	Yes	Yes
Moderate concerns	0	0	0	↔	Jun-14	Yes	No
Minor concerns	0	1	1	↔	Jun-14	No	No

Comments |

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

1. RTT
2. CQC Status

Please note, an update on IAPT is provided earlier in the report.

Fig 1. CPFT specialities below operating standards in May

Number of specialities **Not** meeting national standard

	% 18 wk RTT
Non Admitted	1
Incomplete	1

Comments |

CPFT failed to deliver the non-admitted and incomplete standards in May with regard to the consultant led children's element of the contract (29.03% and 65.46% respectively).

The current situation refers almost exclusively to the Children's Health Services delivered in Peterborough. The CAMHs service is hitting the target.

The CCG has already agreed a Remedial Action Plan with CPFT to restore performance to meeting the 90% within 18 weeks target by the end of September. As a result of successfully obtaining some additional funding through the Area Team the revised plan is to get to this position by the end of August or shortly afterwards.

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. CPFT has completed the action plan to address the CQC concern.

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

Papworth | 1 of 2

<u>Referral to treatment access times</u>	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	91.32%	91.89%	↓	91.60%	May-14	Yes	Yes
<i>No. of failing specialties</i>	0	1	1	↔	2	May-14	No	No
Non admitted specialties	95%	99.38%	99.41%	↓	99.39%	May-14	Yes	Yes
<i>No. of failing specialties</i>	0	0	0	↔	0	May-14	Yes	Yes
Incomplete pathways	92%	92.15%	92.96%	↓	92.15%	May-14	Yes	Yes
<i>No. of failing specialties</i>	0	1	1	↔	1	May-14	No	No
Over 52 week waits	0	0	1	↑	0	May-14	Yes	Yes
<i>Over 40 week waits</i>		6	3	↓	6	May-14		
<u>Diagnostic waits</u>	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.60%	99.40%	↑		May-14	Yes	Yes
<u>31 day Cancer waits</u>	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	81.25%	92.86%	↓	86.67%	May-14	No	No
31 day wait for subsequent surgery	94%	100.00%	80.00%	↑	90.91%	May-14	Yes	No
<u>62 day Cancer waits</u>	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	66.67%	87.50%	↓	78.57%	May-14	No	No
<u>Mixed sex accommodation</u>	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Jun-14	Yes	Yes
<u>Cancelled operations</u>	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Urgent Operations cancelled	Not Available	2	3	↑	5	May-14		
<u>Emergency Readmissions</u>	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude A)	Not Available	2.6%	2.8%	↑	2.7%	May-14		

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	↔	Jun-14	Yes	Yes
C Diff cases	4	0	1	↑	Jun-14	Yes	No
Never Events	0	0	0	↔	Jun-14	Yes	Yes
SI's reported within timescale	90%	100.0%	100.0%	↔	Jun-14	Yes	Yes
Harm free care	95%	99.5%	96.6%	↑	Jun-14	Yes	Yes
Pressure Ulcer Prevalence		0.5	2.5	↑	Jun-14		

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Jun-14	Yes	Yes
Moderate concerns	0	0	0	↔	Jun-14	Yes	Yes
Minor concerns	0	0	0	↔	Jun-14	Yes	Yes

Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	82.8	78.1	↑	May-14	Yes	Yes

Comments |

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

1. Cancer
2. Contract Queries

ER Papworth 1 | Cancer



Fig 1. 31 day wait to first definitive treatment

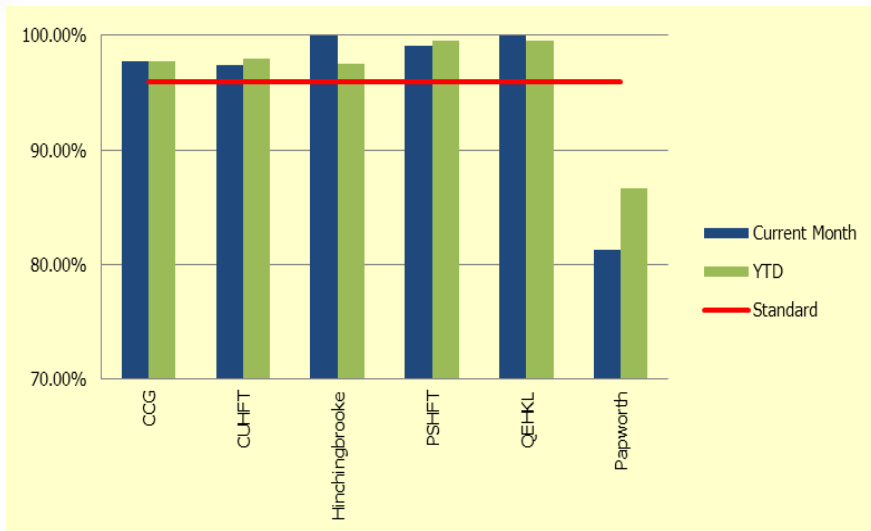
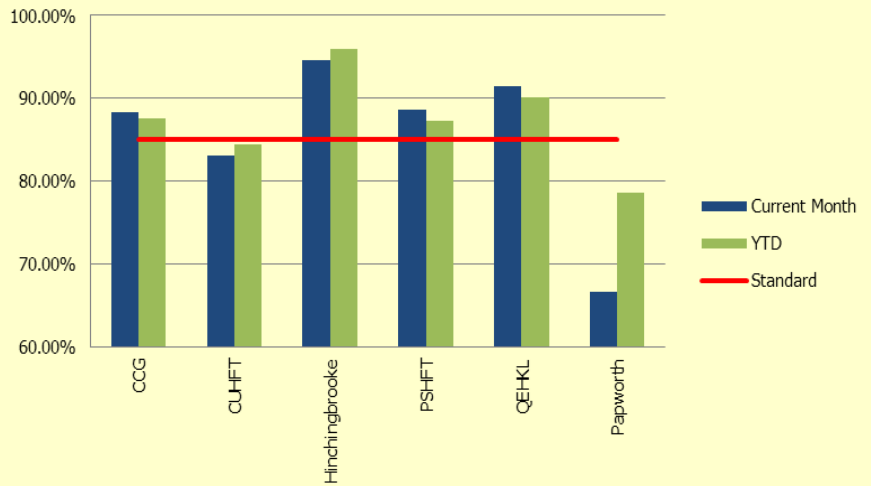


Fig 2. 62 day wait to first definitive treatment



Comments |

31 day wait to first definitive treatment

Papworth failed the 31 day wait to first definitive treatment standard (81.25%) in May.

Out of a total of 16 patients treated, there were 3 breaches as follows:

- 1 x lack of surgical capacity to book in time.
- 2 x planned in time but cancelled due to equipment or more urgent case.

62 day wait to first definitive treatment

Papworth also failed the 62 day wait to first definitive treatment standard (66.67%) in May.

Out of a total of 3 patients treated, there was 1 breach broken down as follows:

- Cancelled on the day of surgery due to no cameras available (also 31 day breach)
- Patient had surgery cancelled due to PE, then took time to consider whether to pursue RT or surgery.



ER Papworth 3 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- None raised to date

Activity Query Notices in line with Service Condition 29

- None raised to date

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%	83.83%	85.23%	↓	84.53%	May-14	No	No
No. of failing specialties	0	7	7	↔	14	May-14	No	No
Non admitted specialties	95%	97.10%	97.67%	↓	97.38%	May-14	Yes	Yes
No. of failing specialties	0	3	1	↓	4	May-14	No	No
Incomplete pathways	92%	97.35%	97.79%	↓	97.35%	May-14	Yes	Yes
No. of failing specialties	0	1	1	↔	1	May-14	No	No
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes
Over 40 week waits		1	1	↔	1	May-14		
Diagnostic waits	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.20%	98.40%	↑		May-14	Yes	Yes
A&E waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	88.89%	93.78%	↓	91.52%	Jun-14	No	No
12 hour trolley breaches	0	0	0	↔	0	Jun-14	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	6.9%	3.0%	↓	4.3%	Jun-14	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%	96.74%	97.40%	↓	97.09%	May-14	Yes	Yes
2 week wait for breast symptom referrals	93%	94.19%	96.85%	↓	95.77%	May-14	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%	99.06%	↑	99.49%	May-14	Yes	Yes
31 day wait for subsequent surgery	94%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent radiotherapy	94%		-	↓	-	May-14	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%	91.49%	88.98%	↑	90.09%	May-14	Yes	Yes
62 day wait following screening referral	90%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	2	0	↓		Jun-14	No	No
Cancelled operations	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Urgent Operations cancelled	Not Available	2	0	↓	2	May-14		
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	26.3%	21.8%	↓	24.1%	May-14		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	22%	24.5%	16.7%	↓	20.6%	May-14	No	Yes

QEH | 2 of 2

Quality indicators

Mortality information	National Mean	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	1.01			Year to Sep-13	No	No

Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Jun-14	Yes	Yes
C Diff cases	14	4	3	↓	Jun-14	No	No
Never Events	0	0	0	↔	Jun-14	Yes	Yes
SIs reported within timescale	90%	50.0%	0.0%	↑	Jun-14	No	No
Actions from Patient safety alerts completed to timescale	100%	NA			Apr-14	Yes	Yes
Harm free care	95%	94.5%	94.1%	↑	Jun-14	No	No
Pressure Ulcer Prevalence		4.3	7.1	↑	Jun-14		

CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	5	5	↔	Jun-14	No	No
Moderate concerns	0	3	3	↔	Jun-14	No	No
Minor concerns	0	4	4	↔	Jun-14	No	No

Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	61.8	64.1	↓	May-14	No	No
Friends and family test A&E		53.1	45.6	↑	May-14		
Friends and family test Antenatal	75	62.9	62.5	↑	May-14	No	No
Friends and family test Birth	75	69.4	50.0	↑	May-14	No	No
Friends and family test Post natal	75	64.7	51.9	↑	May-14	No	No
Friends and family test Community Provision	75	66.7	47.4	↑	May-14	No	No

Comments |

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

1. RTT
2. A&E
3. HCAI
4. CQC Status
5. Friends and Family
6. Contract Queries

Fig 1. QEH specialities below operating standards in May

	% 18 wk RTT
Admitted	7
Non-admitted	3
Incomplete	1

Comments |

The Trust aggregate position for non-admitted and incomplete RTT standards was achieved in May (97.1% non-admitted, 97.35% incomplete), however the Trust did not meet the admitted standard (83.83%).

The following specialties failed in May:

Admitted

ENT (82.5%), General Surgery (66.2%), Gynaecology (83.8%), Other (78.6%), Plastic Surgery (71.4%), T&O (71.5%) and Urology (72.2%)

Non-Admitted

Geriatric Medicine (94.1%), Neurology (94.7%), Other (90.6%)

Incomplete

Cardiothoracic surgery (66.7%)

A contract query was issued and QEH responded on 9th May with a RAP that the CCG did not accept and this was escalated by West Norfolk CCG as a result. A new RAP had been prepared but this has been superseded by the RTT plan produced in order to obtain additional funds through the Area Team to deliver the standards more rapidly. A bid for funds has been successfully submitted to the Area Team with additional work funded in July, August and September in order to meet the standards for all specialties except General Surgery and T&O by the end of September. Further discussions are being held about the use of alternative providers to address the remaining backlog. Progress on this will be monitored weekly by West Norfolk CCG as the co-ordinating commissioner. Fines have been levied for April and May.

ER QEH 2 | A&E

Comments |

QEH failed to meet the 95% target in Quarter 1, achieving 91.6%. June also failed at 88.89% and performance up until 20th July has been 89%.

A contract query was originally issued on the basis of the Trusts failure to achieve 95% in April. QEH issued a contract query to the commissioners on the basis of a rise in A&E attendances, averaging 14% for C&P CCG in April and May (but only 5% for West Norfolk CCG in the same period).

Following a contract management meeting on the 10th July a joint investigation is being held to examine the A&E attendances and this will report back to the Urgent Care Board.

Addressing the 4 hour breach target forms a key part of the Operational Resilience Plan being drawn up by West Norfolk CCG which our CCG is contributing to.

Fig 1. QEH Daily A&E Attends up to 6th July 2014

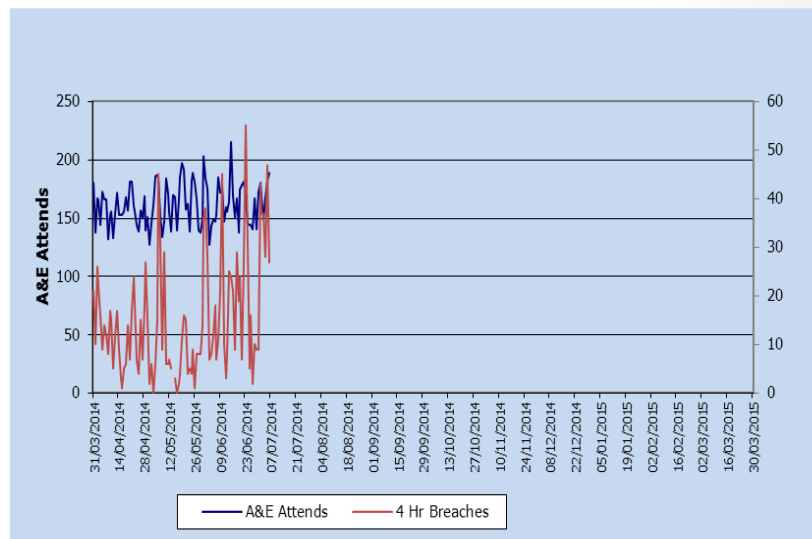


Fig 2. Cumulative A&E performance at QEH in 2014/15

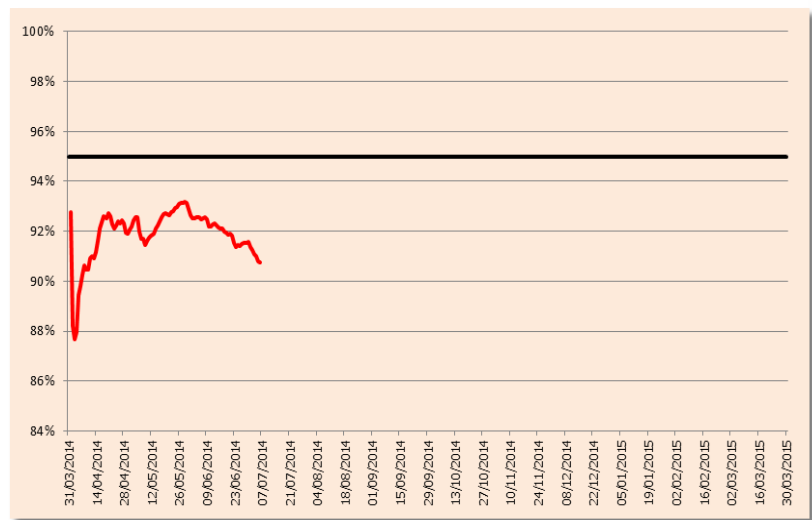
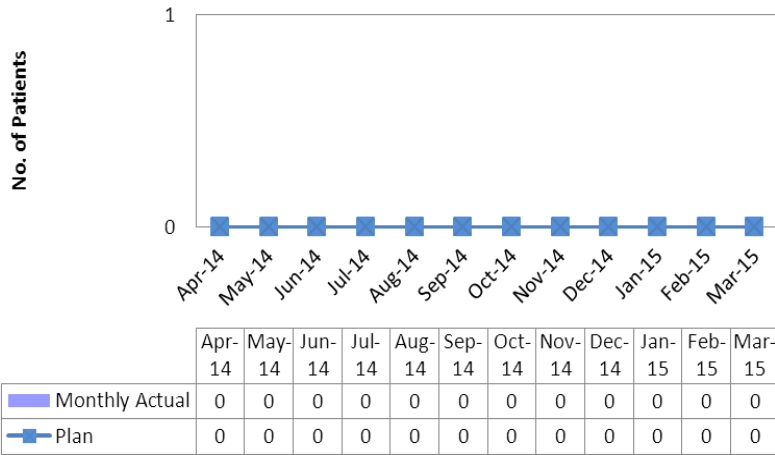




Fig 1. QEH MRSA cases (up to end of June)



Comments |

MRSA

QEHL had no cases of MRSA in May.

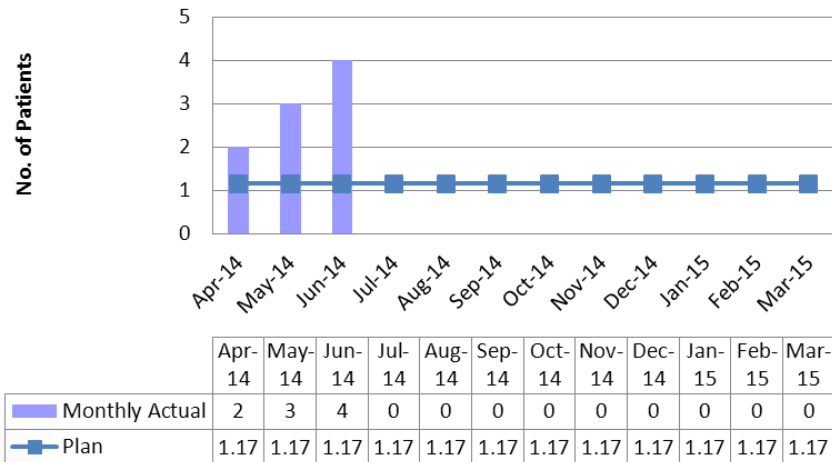
C Diff

3 C Difficile cases were reported in May.

Provisional data shows that a further 4 cases were reported for June.

C Difficile at QEHL continues to be closely monitored as the Trust has exceeded 50% of the annual trajectory and is at significant risk of breaching the year end trajectory of 14.

Fig 2. QEH C Diff cases (up to end of June)



ER QEH 4 | CQC Status

Comments |

The CQC carried out an inspection at QEHL in May 2013 and raised significant concerns. A Rapid Responsive Review team, which included the CQC and NHS England, carried a series of further inspections in August 2013. The final inspection report showed further concerns.

QEHL currently has 5 major concerns for outcomes 2: Consent to care and treatment, 7: Safeguarding, 13: Staffing, 14: Supporting workers and 16: Assessing and monitoring the quality of service provision. The CQC served warning notices for the last four of these outcomes.

There are 3 moderate concerns, for outcome 5: Meeting nutritional needs, 6: Cooperating with other providers and 21: Records, and 4 minor concerns, for outcomes 1: Respecting and involving people who use services, 4: Care and welfare of people who use services, 9: Management of medicines and 17: Complaints.

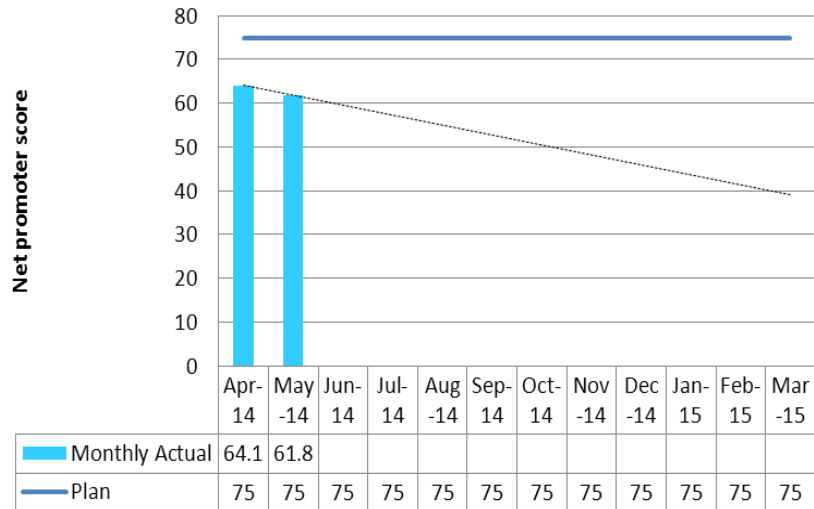
The CQC started an inspection at QEHL on 1 July 2014.

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	

QEHL is making good progress against the action plan addressing the areas of concern, and the CQC is assured regarding the level of improvement to date.

ER QEH 5 | Friends and Family

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



Comments |

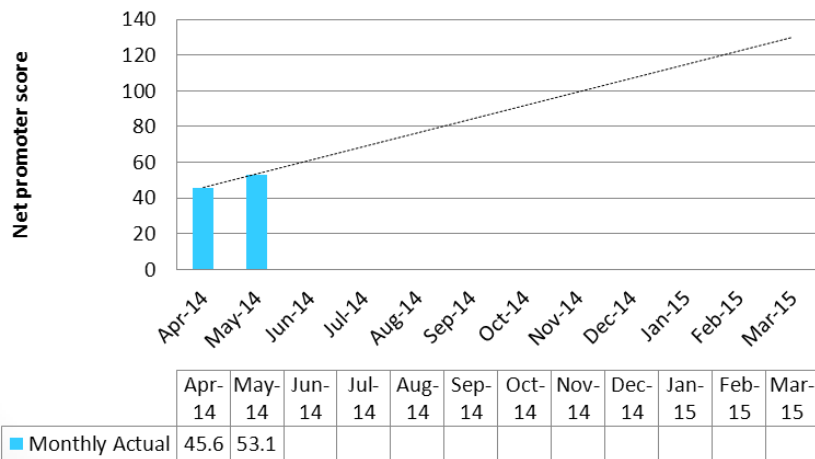
The FFT inpatient score has fallen to 62 in May 2014. The A&E score has improved, although the response rate in this area is falling.

The Trust is increasing the focus on the FFT at both departmental and clinical level.

Results of the Friends and Family Test for maternity services are outlined below.

Question	Score	Test Score across England
Antenatal	62.9	67
Birth	69.4	77
Post natal	64.7	65
Post natal community provision	66.7	77

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



ER QEH 6 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- RTT 18 weeks– Latest contract query issued on 8 July. Superseded temporarily by preparation of Plan to address all outstanding issues on 18 weeks by end of September. Funding for additional work in July, August, and September associate with delivery of this plan agreed by Area Team. Weekly PTL monitoring to be undertaken by West Norfolk CCG. Alternative provider being sought for some of the General Surgery and T&O backlog.
- A&E 4 hour breach– A contract query was originally issued on 22 May on the basis of the Trusts failure to achieve 95% in April. QEH issued a contract query to the commissioners on 19 June on the basis of a rise in A&E attendances, averaging 14% for our CCG in April and May (but only 5% for West Norfolk CCG in the same period). Following a contract management meeting on the 10th July a joint investigation is being held to examine the A&E attendances and this will report back to the Urgent Care Board. Addressing the 4 hour breach target forms a key part of the Operational Resilience Plan being drawn up by West Norfolk CCG which our CCG is contributing to.
- Cancer 62 day wait – Contract query issued on 19 May following breaches of standard in Q4 of 2013/14 (78.8% against target of 85%). RAP produced by QEH on 11 July at Contract Management meeting. CCG reviewing RAP by 22 July to respond to QEH.
- Mixed Sex Accommodation – QEH to share revised policy and RAP by CQRM on 13 August for consideration by commissioners.
- Home Birth – Originally raised in 2013/14 following temporary cessation of service by QEH. QEH served notice on service on 28 March. Commissioners and QEH discussing next steps.
- Stroke / TIA – Contract query issued on 13 June. Contract management meeting held on 10 July. QEH to produce RAP for “Stay on Stroke Unit” and report to confirm no negative impact on patients as result of TIA data issues reported.
- CDIFF – Contract query issued on 9 April following QEH annual total of 39 (threshold of 19). RAP produced by QEH being further reviewed and Commissioners to indicate detail required by 25 July.
- Diagnostic 6 week wait – Contract query issued 9 July following breach of standard in May (98.4% against target of 99%). Contract management meeting held on 10 July. QEH to produce formal response following meeting indicating actions that have been taken.