

Title	Performance Report: End of Year 2012/13
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Reporting to	Governing Body
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Date of Meeting	22nd May 2013
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Purpose of the Report (please select)		
Approval	Assurance <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>

Key Points / Executive Summary
<p>The report provides an overview South Staffs PCT and local healthcare Providers performance at the end of year against a range of national performance measures (targets). A new Clinical Commissioning Group (CCG) Performance Report has been approved by the QIPP, Finance & Performance Committee, and will be fully updated for the June meeting of the Governing Body.</p> <p>Exception Reports provide an overview of the actions being taken in areas of 2012/13 under-performance, especially where these are known to have continued into the new financial year. Any issues in the final month of the year (March) are also covered. As any remedial actions for these are generally covered by contractual processes, these were not able to be implemented before the 2012/13 Contract Year expired. However if the same issues continue into the new year for the same area and Provider, then the appropriate contractual interventions will be pursued.</p> <p>A summary of PCT performance against the principal targets in 2012/13 =</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> All Ambulance Response Times: achieved <input checked="" type="checkbox"/> All Cancer Waiting Times: achieved <input checked="" type="checkbox"/> Referral to Treatment (non-admitted patients): achieved <input checked="" type="checkbox"/> Referral to Treatment (admitted patients): failed, but only just <input checked="" type="checkbox"/> Diagnostic waiting times: failed, but only just <input checked="" type="checkbox"/> A&E waiting times: failed <input checked="" type="checkbox"/> Healthcare Associated Infections: failed, but only just

Purpose of the Paper and Recommendations (what is expected from the Governing Body(Board))
<p>The Governing Body is provided with this report to give it assurance on local performance. This will help retain an active grip on issues, whether those affect the CCG or Providers, in the areas that the CCG is held to account for delivery by the Shropshire & Staffordshire Area Team.</p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> - Acknowledge and discuss the performance issues reported in Table One; - Be assured that the Exception Reports for each under-performing area provide satisfactory assurance;

Enclosures
See enclosed summary report

Our Performance in 2012/13

Table One provides an end-of-year “snapshot” of South Staffordshire PCT (SSPCT) data. This is provided as a “closing account”, recording legacy performance issues in preparation for active Performance Management of outcome measures (targets) pertaining to the CCG, having taken over commissioning responsibilities from the PCT since April 1st 2013.

End of year performance is reported against all of the principal national performance measures (targets) from the 2012/13 NHS Operating Framework and from the Midlands & East of England Strategic Health Authority’s (SHA) Regional Commissioning Framework. Trend data is supplied to show relative performance over a period of time. Provider data is also shown – as represented by the grey-shaded cells in the table describing the national measure, with the relevant Provider name provided in brackets.

Brief “Exception Reports” for any underperforming areas are covered below. Further detail on legacy performance issues reported in Table One will be built into the new report.

Note: This is the final report of this style. A new report for 2013/14 Performance Management was agreed by the CCG’s QIPP, Finance & Performance (QF&P) Committee in April, confirming the format for reporting **CCG-level** performance. This will report against national Commissioning Outcomes Framework measures and other key CCG performance measures aligning to our strategic priorities. Data for many of the measures within the new report will not be available until towards the end of May, as a result of time-lags in national data availability.

- **Referral to Treatment: 90% of Admitted patients seen within 18 weeks - SSPCT & Burton Hospitals Foundation Trust (BHFT)**

Performance at SSPCT / BHFT in March was again below target. For the whole year though, performance was just below target, seeing 89.5% and 89.2% respectively. Other Providers’ performance against the target, across all hospital specialties, and for the year as a whole is as follows. These are where significant volumes of activity were undertaken in 2012/13, and at whom ESCCG residents could choose their healthcare from. Providers where ESCCG is not the Co-ordinating (Lead) Commissioner are denoted by an asterisk.

Achieved the target:

- *University Hospitals Leicester = 91.3% **
- *Royal Wolverhampton Hospital = 93.4%: although SSPCT patients’ performance is much lower **
- *University Hospitals of North Staffordshire: Stoke (UHNS) = 90.1% **
- *Birmingham Children’s Hospital Foundation Trust (FT) = 90.6%: SSPCT performance is lower **
- *Heart of England FT (HEFT) = 91.1%: SSPCT performance is lower **
- *Nuffield Health: Derby Hospital = 95.1% **
- *Nuffield Health: North Staffs Hospital = 90.9% **
- *Rowley Hall Hospital: Stafford = 99.7% **
- *Spire Little Aston Hospital = 100%*

Did not achieve the target:

- *Derby Hospitals FT = 88.5% **
- *R Jones & A Hunt Orthopaedic FT: Oswestry = 89.8%: SSPCT performance is much lower **
- *George Eliot Hospital: Nuneaton = 89.1% **
- *Royal Orthopaedic Hospital FT: Birmingham = 89.3%: SSPCT performance is much lower **

BHFT failed to deliver the 90% target in the last 5 months of 2012/13. During this time, the Trust experienced significant non-elective (emergency) pressures and there were a high number of patients cancelled on the day of their surgery.

The Trust is working to try to reduce a backlog of patients, currently waiting over 18 weeks, in order to clear this as much as possible and to support routine delivery of the target. Further detail on legacy performance carried over to 2013/14 is in the new CCG Performance Report.

As at March, BHFT failed to achieve the target in the following specialties (clinical services) for SSPCT patients: General Surgery, Urology, Trauma & Orthopaedics, Ear Nose & Throat, Ophthalmology, Oral Surgery, Plastic Surgery, Gastroenterology and Gynaecology. Only Plastic Surgery achieved a rate higher than 85% in March.

As at year end, there were a total of 4 SSPCT patients still waiting over 52 weeks for their treatment (on an "Incomplete Pathway"): 1 each at UHNS / The Royal Orthopaedic Hospital, and 2 at Robert Jones & Agnes Hunt Orthopaedic Hospital. There was also a total of 402 SSPCT patients on Incomplete Pathways waiting over 26 weeks: with 26 each at Derby Hospital / Robert Jones & Agnes Hunt, 15 each at Walsall Hospital / Royal Orthopaedic, 35 at UHNS, 138 at BHFT, 72 at Royal Wolverhampton and 45 at HEFT.

- **A&E: 95% of patients seen in 4 hours from arrival to discharge / admission - BHFT**

BHFT finished the 2012/13 year below target, despite showing recent signs of improvement further to the implementation of a "Remedial Action Plan". BHFT annual performance was just under 94% (93.97%). This was the highest % rate achieved by all Staffordshire hospitals (BHFT, UHNS and Mid Staffs), albeit all 3 failed to achieve 95%. It was just above the rate achieved by Derby Hospital (93.9%). Of all potential Providers that CCG patients could attend at A&E, only George Eliot achieved a rate over 95% in 2012/13 as a whole.

There continue to be regular meetings with BHFT to discuss the Action Plan in detail to understand the contribution of the various planned actions towards improvement. Through these, it is expected that a position at or above target will be restored by 1st July 2013. BHFT has assured CCGs and Monitor that they expect the actions to restore performance by this date; and with sustained delivery of the target thereafter.

- **Ambulance Response Times: 75% of Category A emergency calls responded to in 8 minutes - SSPCT & West Midlands Ambulance Service (WMAS)**

Performance data for March / end of year and an associated Exception Report were presented to the April QF&P Committee. The Trust achieved the target for the whole of the year 2012/13 at this and whole-Trust level. However any continuance of poor performance according to validated Month 1 performance data will be picked up in the new CCG Performance Report,

- **Cancer Waits: 85% of patients seen within 62 days from urgent GP Referral to Treatment - SSPCT & BHFT**

Despite both the PCT and BHFT not achieving the target in March, both did achieve it for 2012/13 as a whole. The "Tumour Groups" not achieved by BHFT in March were: Gynaecological, Head & Neck, Lower & Upper Gastro-Intestinal (GI) and Lung cancers. The target was not achieved for 12/13 as a whole at Derby Hospitals FT, where 85% was only achieved in 5 months of the year – the Hospital achieved 83.1% overall.

If this performance continues into April (Month 1) of 2013/14, as ascertained when data at CCG level is available in June, then the necessary contractual processes will be enacted.

- **Diagnostic Waits:99% of patients seen within 6 weeks - SSPCT**

SSPCT finished the year narrowly below the target rate (98.7%). The last six months of the year was regularly within target, but the first half of the year saw poor performance.

This was as a consequence of the situation at Mid Staffs Hospitals FT, who only achieved the target rate in the last 2 months of the year (and only got below a variance of no more than 2% from the target since November). However BHFT achieved the target rate in every month of the year, and had very few breaches over 6 weeks in 2012/13.

- **Healthcare Associated Infections: reducing cases of MRSA - SSPCT & BHFT**

Both the PCT and BHFT missed their annual MRSA bacteraemia targets by 1 (10 to 9 and 1 to 0 respectively). There are no contractual sanctions that could be enacted about these as the difference reported is within tolerances. However HCAs of any nature are routinely managed through the Clinical Quality Review meetings with local Providers; and will continue to do so into 2013/14, especially as stringent targets have been set this year.

- **Healthcare Associated Infections: reducing cases of C.Difficile - SSPCT**

SSPCT missed its annual C.Diff target by 6 cases (or 3.5%), reducing from 219 cases in the previous year to 180 in 2012/13. This was caused in part by Mid Staffs FT narrowly missing their target amount this year (by +1). Derby Hospitals FT significantly exceeded their target (by +31%). The remainder came from non-SHA, other England Providers or from non-Staffordshire Community Providers.

- **Hospital Acquired Pressure Ulcers - BHFT**

BHFT failed to achieve its reducing hospital-acquired, avoidable grades 2, 3 and 4 Pressure Ulcer targets set by 2012/13 CQUIN (Commissioning for Quality & Innovation) schemes. However no grade 4 (most serious) ulcers were reported in 2012/13. Since a range of quality management actions were implemented after local Clinical Quality meetings, numbers of grade 2 and 3 ulcers were decreasing and improvements made month-on-month over the latter half of 2012/13.

- **“Locally Avoidable Events” - BHFT**

These are locally-defined events below the more serious national “Never Event” category; although they are still indicators of sub-optimal care quality. In the last month of the year decreased. There were 22 incidents overall in the year, with one reported in March: the majority relating to retained cannulas. There were no discernible patterns in terms of where these occurred – they were spread across wards and A&E. However all were picked up in detail upon occurrence and discussed at the monthly Clinical Quality Review meetings with BHFT, and assurances provided about learning from past events. The focus will remain on these incidents in 2013/14.

- **Cancelled Operations - BHFT**

There were a total of 461 operations cancelled for non-medical reasons in the whole of 2012/13. The number increased in Quarter 4, where a total of 187 were cancelled (175 were reported in Q3, 43 in Q2 and 56 in Q1). This echoes the emergency pressures effect on elective / planned care noted in the 18 weeks Exception Report. A total of 41 (9%) were not rescheduled within 28 days as defined by quality guidelines. A reduction in the number cancelled and an improvement in those rescheduled are expected in 2013/14 as the Trust works through its Action Plan to improve elective care.

- **Mixed Sex Accommodation - BHFT**

Of the 6 breaches reported in March, 4 were SSPCT residents (the others being from Leicestershire & Rutland and Derbyshire County PCTs). A single female patient was admitted to a 5-bedded male bay and all count as breaches under national rules. As these were not Intensive Care breaches, which are exempted from counting, the contractual penalties of £250 per patient per day affected by the breaches were enacted.

BHFT reported a total of 22 breaches of the national eliminating mixed-sex accommodation requirement in 2012/13. Many though related to patients being treated in Intensive Care or High Dependency Units, which are not included in the standard national fine for breaches.

- **People at High Risk of Suspected Stroke: 60% of patients with stroke symptoms scanned / treated within 24 hours - BHFT**

Performance at BHFT improved in March, but the rate was still below the minimum 60% scanned and treated within 24 hours target. As a result, the Trust narrowly failed to achieve the 60% rate overall for the year. There were 9 breaches in March, out of a total of 16 patients treated. Over half (5) were due to the service being 5 days a week only. The remainder were due to patient choice factors or poor communication. The CCG is currently exploring commissioning options to look at a 7-day a week service

Although the focus of performance monitoring has shifted to the 4 new national clinical quality outcome measures, this area is retained as a local performance target for 2013/14; and the CCG will expect to see improvements made in this area owing to the last 2 months of 2012/13.

Table 1: Local Performance against Key National Targets (at SSPCT level unless otherwise stated)

National Target	Target	Trend	Latest Period	Previous Period	Latest Quarter	2012/13	2011/12
Ambulance Cat A (Red 1+2) response time (Staffs Cluster)	75% < 8 mins	↓	72.3% (Mar)	75.6% (Feb)	75% (Q4)	77.7%	77.4%
Ambulance Cat A (Red 1+2) response times (WMAS)	75% < 8 mins	↓	70.1% (Mar)	74.1% (Feb)	73.8% (Q4)	75.7%	76.3%
Cancer Waits: from referral to treatment	85% < 62 days	↓	77.9% (Mar)	84.9% (Feb)	82% (Q4)	86.2%	86.9%
Cancer Waits: from referral to treatment (BHFT)	85% < 62 days	↓	80.9% (Mar)	85.7% (Feb)	83.4% (Q4)	88.9%	89.6%
Cancer Waits: from assessment to treatment	96% < 31 days	↘	98.8% (Mar)	99.1% (Feb)	98.5% (Q4)	98.4%	98.5%
Cancer Waits: from assessment to treatment (BHFT)	96% < 31 days	↓	98.3% (Mar)	100% (Feb)	98.8% (Q4)	98.6%	99%
Cancer Waits: from referral to assessment	93% < 14 days	↑	97% (Mar)	96% (Feb)	95.8% (Q4)	95.6%	94.6%
Cancer Waits: from referral to assessment (BHFT)	93% < 14 days	↗	98.8% (Mar)	98.1% (Feb)	98.3% (Q4)	96.9%	96.5%
Mental Health Care Programme Approach	95% < 7 days	↑	98.7% (Q4)	96% (Q3)	-	97%	97.1%
18 Weeks (all specialties): admitted patients	90% < 18 wks	↘	85.4% (Mar)	86% (Feb)	87.9% (Q4)	89.5%	89.8%
18 Weeks (all specialties): non-admitted patients	95% < 18 wks	↗	98.6% (Mar)	97.8% (Feb)	98.2% (Q4)	97.1%	96.9%
18 Weeks (all specialties): admitted patients (BHFT)	90% < 18 wks	↓	78.6% (Mar)	82.6% (Feb)	82.6% (Q4)	89.2%	89.1%
18 Weeks (all specialties): non-admitted patients (BHFT)	95% < 18 wks	↗	98% (Mar)	97.8% (Feb)	97.9% (Q4)	98.1%	98.6%
Diagnostic Tests Waiting Times	99% < 6 wks	=	99.7% (Mar)	99.7% (Feb)	99.5% (Q4)	98.7%	98.9%
Diagnostic Tests Waiting Times (BHFT)	99% < 6 wks	↘	99.99% (Mar)	100% (Feb)	99.99% (Q4)	99.4%	99.8%
A&E Waiting Time: total time in department (BHFT)	95% < 4 hrs	↗	89.9% (w/e 31.3.13)	88.7% (4-wk ave)	89.32% (Q4)	93.97%	96.7%
Mixed-Sex Accommodation Breaches	0	=	7 (Mar)	7 (Feb)	22 (Q4)	37	660
Mixed-Sex Accommodation Breaches (BHFT)	0	↘	6 (Mar)	8 (Feb)	14 (Q4)	22	19
Incidence of MRSA: number of cases	9	↑	1 (Mar)	0 (Feb)	2 (Q4)	10	10
Incidence of MRSA: number of cases (BHFT)	0	=	0 (Mar)	0 (Feb)	0 (Q4)	1	1
Incidence of C.Difficile: number of cases	174	↓	8 (Mar)	11 (Feb)	33 (Q4)	180	219
Incidence of C.Difficile: number of cases (BHFT)	26	↗	2 (Mar)	1 (Feb)	4 (Q4)	22	36
Delayed discharge: days delayed / occupied beds (BHFT)	< = 3.5%	↓	1.4% (Mar)	2.3% (Feb)	1.6% (Q4)	1.6%	2%
Occurrence of "Locally Avoidable Events" (BHFT)	0	↓	1 (Mar)	4 (Feb)	7 (Q4)	22	5
Hospital-acquired Pressure Ulcers: grade 2 (BHFT)	< = 85	=	7 (Mar)	7 (Feb)	27 (Q4)	116	158
Avoidable Pressure Ulcers: grades 3+4 (BHFT)	< = 7	↗	1 (Mar)	0 (Feb)	2 (Q4)	20	
Cancelled Operations (BHFT)	(Reduction)	↑	187 (Q4)	175 (Q3)	-	461	244
People at high risk of stroke assessed (BHFT)	60% < 24 hrs	↑	43.8% (Mar)	23.1% (Feb)	42.7% (Q4)	56%	56.3%
Patients spending 90% of time on a stroke unit (BHFT)	80%	↓	80.6% (Mar)	83.3% (Feb)	82.1% (Q4)	81.1%	83.9%