ENCLOSURE 9

Title	**February 2013 ESCCG Performance Report**

Reporting to	**CCG Shadow Governing Body**

Date of Meeting	**28th February 2013**

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Purpose of the Report (please select)		
Approval	**Information** ☑	**Discussion** ☑

Key Points / Executive Summary

The accompanying report outlines current South Staffs PCT and Local Health Economy (LHE) Provider performance against a range of headline, "Must Do" measures that are set out in this year's NHS Operating Framework and Midlands & East of England SHA Commissioning Framework.

Purpose of the Paper and Recommendations (what is expected from the Committee)

The Governing Body is being provided with this report to enable it to receive the assurances it requires as part of its strategic leadership role. This will help retain an active grip on performance issues as they affect the LHE (whether those are affecting the CCG or Providers). Detailed scrutiny on performance is provided through the work of QIPP, Finance & Performance Committee – who in turn are required to provide the Governing Body with further assurances.

This report is presented as part of that process and for facilitating strategic oversight of the Governing Body as to what is currently happening against the areas that the CCG is held to account for delivery of by the PCT Cluster (and after April 1st, the NHS Commissioning Board's Local Area Team).

- **Acknowledge and discuss** the performance issues reported in Table One
- **Be assured** that the Exception Reports for each under-performing area do provide satisfactory assurance to the Governing Body

Our Performance as at February 2013

Table One provides the latest 'snapshot' of South Staffordshire PCT performance data for the year 2012/13, up to and including data for the latest-available individual month and quarter positions (December / January or Quarter 3, depending on the national data-set in question; and the cumulative, year-to-date positions.

Where it is available for the various measures, historic trend data is also supplied to indicate the relative performance position over a longer period of time.

Current performance is reported against a series of key national targets and performance measures from both the 2012/13 NHS Operating Framework, and from the SHA's Regional Commissioning Framework.

Provider data is also shown wherever possible – these are represented by the shaded cells describing the national target in the table (with the relevant Provider name in brackets).

Comprehensive CCG-level data should be available for performance reporting from April 2013/14, and this report will be redeveloped in advance of that to reflect this data and also all of the key performance measures from next year's Operating Framework, the Commissioning Outcomes Framework and other key CCG performance measures that align with our strategic priorities / programmes.

Exception Reports for Underperforming Areas

- **18 Weeks: 90% of admitted patients seen within 18 weeks from referral to treatment (BHFT)**

The Trust has now failed to deliver the 90% Referral to Treatment (RTT) standard in the last 2 months; although November was only fractionally below the target rate. However performance is deteriorating according to the latest month's data.

As at December, the Trust failed to achieve the RTT standard overall, i.e. across all Commissioners, and also in the following specialties: Dermatology, ENT, General Surgery, Gynaecology, Ophthalmology, Oral Surgery, T&O and Urology (i.e. only 9 out of the 17 reportable specialties achieved the standard).

While General Surgery and Urology only narrowly missed, the reminder missed by a gap greater than 2.5% below the standard. Although the Trust has no patients waiting over 52 weeks, there are 24 patients across all specialties waiting longer than 26 weeks (General Surgery, Gynaecology and T&O comprise the majority of these).

This latest position is of concern as the Trust has recently improved its performance in this area. That said, a number of currently failing specialties have been not achieving for a considerable length of time – for example, General Surgery has only achieved the standard twice in the last 12 months, and T&O has never achieved it in the last 12 months.

As a result, the CCG has been coming under significant scrutiny from the Local Area Team in relation to this performance. Regular briefings about our local recovery plans and our expectations as to when performance is expected to improve by are required.

In terms of the available interventions, presented on a scale of lowest to maximum-possible impact, the CCG can do the following (and indeed has done the first two):

- *Apply monthly fines for failing specialties (a % of monthly revenue on a sliding scale)*
- *Request non-contractual action plans (i.e. with no sanctions for non-delivery)*
- *Conduct 'Joint Clinical Investigations' under provisions of the contract*
- *Serve formal 'Contract Queries' to elicit Remedial Action Plans, with detailed recovery milestones (each with sanctions relating to non-delivery)*
- *Remove failing specialities from the "Directory of Services" for continual poor performance*

In terms of the last option, it is worth noting that of the other main potential providers of patient choice locally (i.e. Derby Hospitals FT, University Hospitals of Leicester FT, Mid Staffs Hospitals FT, Heart of England FT and University Hospitals of Birmingham FT), all are currently achieving the standard and across the vast majority of reportable specialties. It is of note that Mid Staffs, who have significant problems in this area over a protracted period of time, are achieving the standard and in all specialities.

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

BHFT performance has continued to be below target and contracted levels, despite serving a formal 'Contract Query', and the subsequent formulation / implementation of the agreed Remedial Action Plan. There continue to be regular meetings with the Trust to discuss this plan line-by-line to understand the contribution of the various actions to a restored position of at or above target performance. Local Area Team (LAT) briefings on the recovery planning process have also continued in this period.

The BHFT plan covers the principal areas of the national Emergency Care Intensive Support Team (ECIST) report recommendations; and despite not seeing an improvement in performance, the Trust has assured the CCG that the 40+ separate actions will restore performance by the 1st April. Sustained delivery of the national target is expected thereafter. This has been notified to the LAT and to Monitor.

The CCG has shared information with Burton that pinpoints an increase to numbers of admissions (which in 2012/13 are up 12% on 2011/12 levels). A&E attendances are only up by 2.9% in this same period; so the evidence suggests a step change in admissions behaviour, not necessarily a surge in attendances.

Discharge and Social Care-related delays persist, which are not helping with the flow of patients; but it appears that the greatest impact is at the point of admission. Commissioners will therefore continue to jointly explore with the Trust the thresholds for admission, the clinical decision-making process, and the pathways that patients end up on through the hospital.

However we may need to discuss possible alternative actions in light of the lack of progress since the Contract Query was originally served in December: e.g. several daily recorded rates in last couple of weeks have been way down in the low 60% range, not just at weekends, and 95% hasn't been achieved once.

Furthermore, the SHA is now forecasting that the Trust is likely to only achieve 90.7% across the whole of Quarter 4; so there is a lot of catching up required if the Trust's assurances are to come to fruition and 95% achievement restored by the 1st April as stated.

- **Ambulance Response Times:75% calls responded to in 8 minutes (WMAS / SSPCT)**

While the West Midlands Ambulance Service (WMAS) as a whole continues to perform at or above the levels required by national performance targets for response times, the last three months have seen continued under-performance in compliance with the target rate in the

South Staffordshire patch. The rate has improved significantly since December, but still remains below the 75% target rate. This will be raised at the next contract monitoring meeting with the Trust and to seek assurances provided that performance is increasing and the target will be achieved on a whole-year cumulative basis.

- **Mixed Sex Accommodation – MSA (2 breaches at BHFT)**

The two breaches occurred in the Queen's Hospital intensive care facility (ITU) and critical care unit (CCU), both for cardiac monitoring. These were as a result of the Trust being unable to provide same-sex beds in the facility.

The Contract Management Team is unable to enact the normal MSA penalty of adjusting the Trust's monthly reconciliation statement adjustment as ITU breaches are exempted under national guidelines. However mandatory Root Cause Analyses were conducted on both patients, and informed the monthly Clinical Quality Review Meeting (CQRM) as to the learning from these – assurance was received as to the proper process having been undertaken and the outcomes of the analysis.

- **Hospital-Acquired Pressure Ulcers and Locally-Avoidable Events (BHFT)**

The Trust have already failed to achieve their 2012/13 CQUIN year-end target of no more than 7 hospital-acquired avoidable grade 3/4 Pressure Ulcers. Work is ongoing to reduce these. There is a regular, monthly discussion at the CQRM and the CQUIN sub-group.

The 'Locally-Avoidable Events' total in the latest month has increased significantly – primarily as a result of 5 12-hour plus Trolley Waits; although there were also 4 incidents of retained cannulae. The latter have been picked up in CQRMs with the Trust and are of concern, as despite the routine in-depth focus on these, the events continue to occur. There are no discernible patterns in terms of repeat offending wards, and they are spread throughout the Trust: one each reported in ED and critical care.

Trolley Waits have surged as a result of the extreme non-elective pressures within the Health Economy in recent weeks: for example, four occurred on one day (19th December). That said, as they are normally deemed as very rare in occurrence, this is of significance. The Trust is contractually obliged to report these on occurrence, and according to an agreed protocol, to the SHA, Local Area Team and CCG. The Trust also must subsequently complete a full Root Cause Analysis for each case.

According to these RCAs, there is not much the Trust could have done to prevent their occurrence owing to the noted capacity issues faced – furthermore, 2 breaches would have been avoided, but only at the cost of them being mixed-sex accommodation breaches instead. Nonetheless, the contractual sanction has been implemented for each occurrence (i.e. recovery of the cost of the procedure and any subsequent corrective clinical intervention); and assurances received via the CQRM as to the underlying causes and learning from these.

- **Cancelled Operations (BHFT)**

At Quarter 3, the Trust is exceeding its target number of cancellations; although these were achieved in Quarters 1 and 2. This means overall that the pro rata target is also not being delivered. The cause of this was primarily the non-elective pressures experience in the quarter, with peak levels of non-elective admissions causing elective surgery to be cancelled. This is borne out by the 18 Weeks and A&E targets at the Trust.

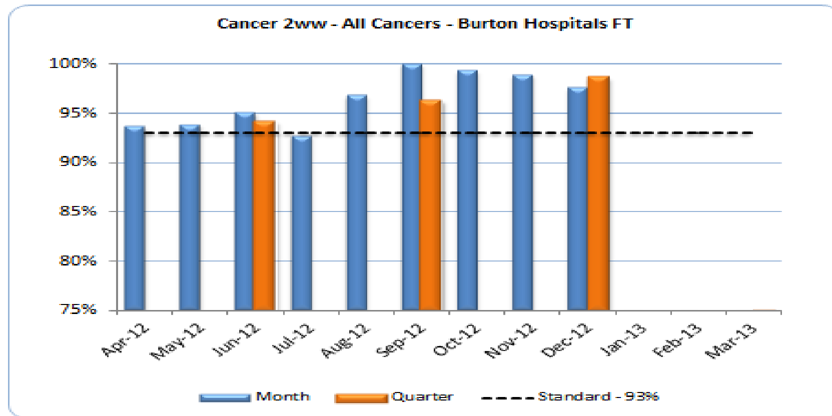
Ten of the cancellations were not rescheduled within the 28-day window that the NHS Constitution requires (mostly due to no beds being available); although no patient requested

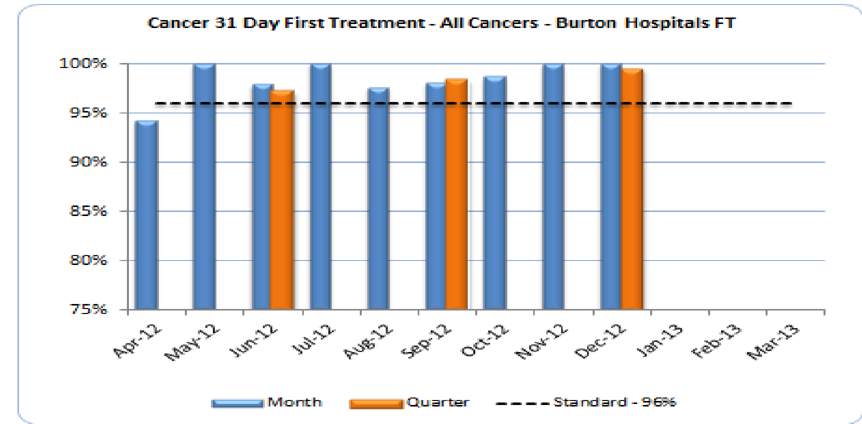
their treatment take place at an alternate provider instead, as is their right to do so. The CQRM continues to receive regular updates on the cancellations position.

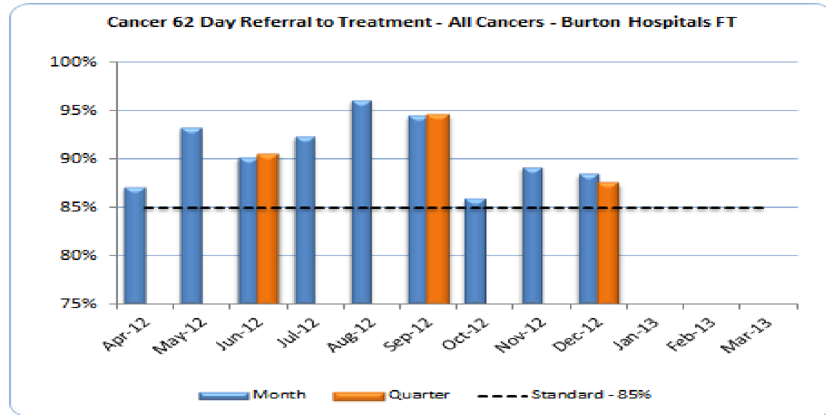
<u>Table 1</u>: Local Performance against Key National Targets (at SSPCT level unless otherwise stated)

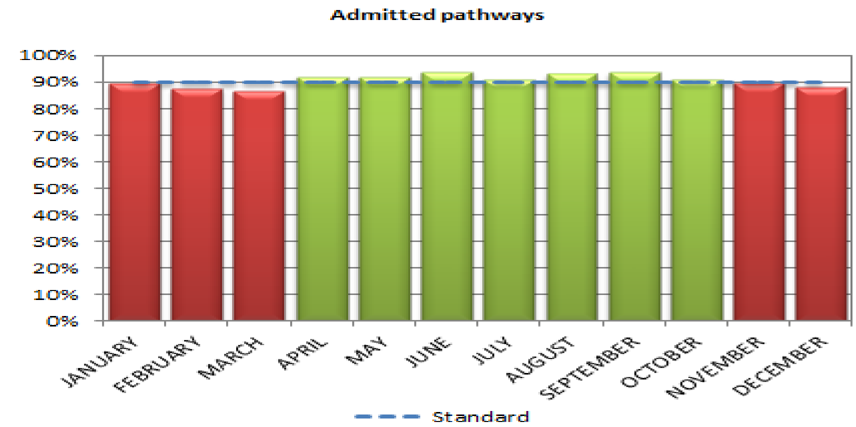
National Target	Target	Trend	Latest Period	Previous Period	Latest Quarter	2012/13 YTD	2011/12
Ambulance Category A (Red 1 + Red 2) response times	75% < 8 mins	↑	73.7 (Jan)	70% (Dec)	73.6% (Q3)	74.7%	72.7%
Ambulance Cat A (Red 1+2) response times (WMAS)	75% < 8 mins	↑	77.2% (Jan)	74% (Dec)	76.4% (Q3)	78.3%	-
Cancer Waits: from referral to treatment	85% < 62 days	↑	89.2% (Dec)	86% (Nov)	87.8% (Q3)	87.6%	86.9%
Cancer Waits: from referral to treatment (BHFT)	85% < 62 days	↘	88.5% (Dec)	89.2% (Nov)	87.5% (Q3)	90.7%	89.6%
Cancer Waits: from assessment to treatment	96% < 31 days	↗	99.2% (Dec)	98.6% (Nov)	98.9% (Q3)	98.4%	98.5%
Cancer Waits: from assessment to treatment (BHFT)	96% < 31 days	=	100% (Dec)	100% (Nov)	99.5% (Q3)	98.5%	99%
Cancer Waits: from referral to assessment	93% < 14 days	↓	96.3% (Dec)	97.4% (Nov)	96.9% (Q3)	95.5%	94.6%
Cancer Waits: from referral to assessment (BHFT)	93% < 14 days	↓	97.6% (Dec)	98.9% (Nov)	98.7% (Q3)	96.6%	96.5%
Mental Health Care Programme Approach	95% < 7 days	↘	96% (Q3)	96.5% (Q2)	-	96.6%	97.1%
18 Weeks (all specialties): admitted patients	90% < 18 wks	↘	92.27% (Dec)	92.46% (Nov)	92.34% (Q3)	90.12%	89.8%
18 Weeks (all specialties): non-admitted patients	95% < 18 wks	↗	98.32% (Dec)	98.08% (Nov)	98.07% (Q3)	96.75%	96.9%
18 Weeks (all specialties): admitted patients (BHFT)	90% < 18 wks	↓	88.25% (Dec)	89.54% (Nov)	89.63% (Q3)	91.46%	89.1%
18 Weeks (all specialties): non-admitted patients (BHFT)	95% < 18 wks	↗	99.02% (Dec)	98.52% (Nov)	98.57% (Q3)	98.17%	98.6%
Diagnostic Tests Waiting Times	99% < 6 wks	↗	99.4% (Dec)	99.35% (Nov)	99.3% (Q3)	98.4%	98.9%
Diagnostic Tests Waiting Times (BHFT)	99% < 6 wks	↗	100% (Dec)	99.8% (Nov)	99.9% (Q3)	99.9%	99.8%
A&E Waiting Time: total time in department (BHFT)	95% < 4 hrs	↓	85.1% (10.2.13)	90.8% (4-wk ave)	91.13% (Q3)	94.81%	96.7%
Mixed-Sex Accommodation Breaches	0	↑	6 (Dec)	0 (Nov)	6 (Q3)	14	660
Mixed-Sex Accommodation Breaches (BHFT)	0	=	2 (Dec)	2 (Nov)	6 (Q3)	10	19
Incidence of MRSA: number of cases	9	↓	1 (Jan)	3 (Dec)	3 (Q3)	9	10
Incidence of MRSA: number of cases (BHFT)	0	=	0 (Jan)	0 (Dec)	0 (Q3)	1	1
Incidence of C.Difficile: number of cases	174	↓	14 (Jan)	19 (Dec)	59 (Q3)	161	219
Incidence of C.Difficile: number of cases (BHFT)	12	=	1 (Jan)	1 (Dec)	4 (Q3)	19	36
Delayed discharge: days delayed / occupied beds (BHFT)	< = 3.5%	↗	2.4% (4) (Dec)	2.3% (9) (Nov)	2.1% (20)	1.6% (62)	2% (65)
Occurrence of "Locally Avoidable Events" (BHFT)	0	↑	9 (Dec)	3 (Nov)	13 (Q3)	14	5
Hospital-acquired Pressure Ulcers: grade 2 (BHFT)	(Reduction)	↓	9 (Nov)	11 (Oct)	20 (Q3)	76	158
Avoidable Pressure Ulcers: grades 3+4 (BHFT)	(Reduction)	↓	4 (Nov)	7 (Oct)	11 (Q3)	37	
Cancelled Operations (BHFT)	(Reduction)	↑	274 (Q3)	99 (Q2)	-	429	244
People at high risk of stroke assessed (BHFT)	60% < 24 hrs	↓	60% (Dec)	75% (Nov)	66.4% (Q3)	60.4%	56.3%
Patients spending 90% of time on a stroke unit (BHFT)	80%	↑	82.4% (Dec)	71.9% (Nov)	70.4% (Q3)	80.8%	83.9%

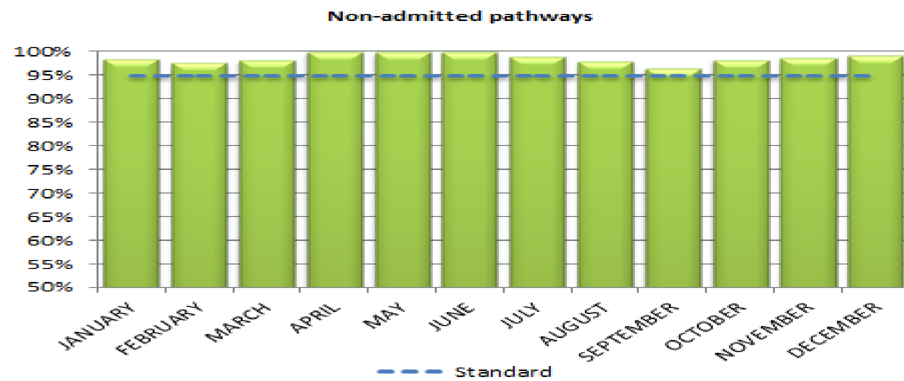
Trend Graphs (BHFT – Cancer & 18 Weeks)

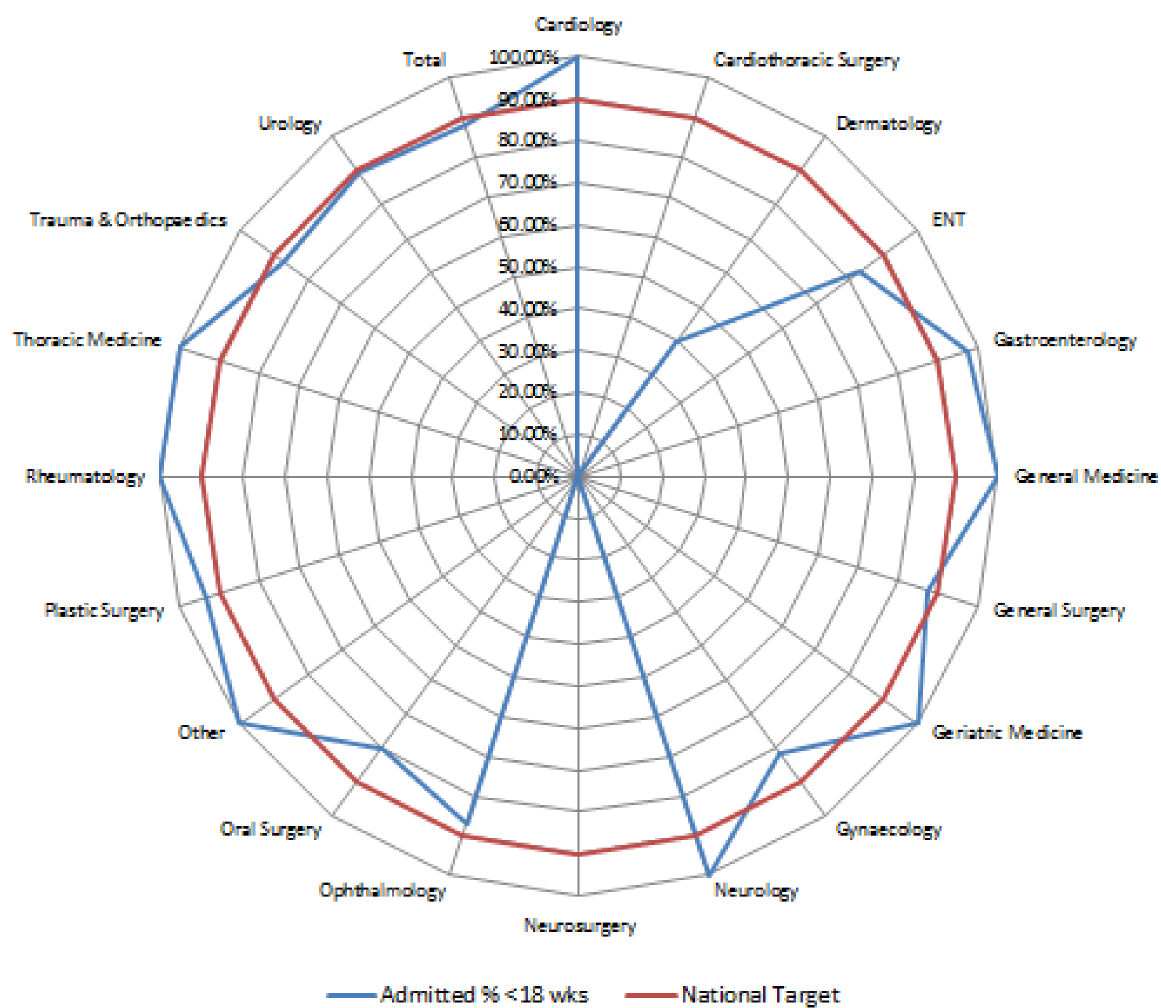











Burton Hospitals FT
Cardiology
Cardiothoracic Surgery
Dermatology
ENT
Gastroenterology
General Medicine
General Surgery
Geriatric Medicine
Gynaecology
Neurology
Neurosurgery
Ophthalmology
Oral Surgery
Other
Plastic Surgery
Rheumatology
Thoracic Medicine
Trauma & Orthopaedics
Urology
Total
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Admitted % <18 wks
National Target