

Title	March 2013 ESCCG Performance Report
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Reporting to	CCG Shadow Governing Body
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Date of Meeting	28th March 2013
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Purpose of the Report (please select)		
Approval	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>

Key Points / Executive Summary
<p>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.</p>

Purpose of the Paper and Recommendations (what is expected from the Committee)
<p>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.</p> <p>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).</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 do provide satisfactory assurance to the Governing Body

Our Performance as at March 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 (January / February or Quarter 3, depending on the national data-set in question; and the cumulative, year-to-date positions).

Note: data for 18 Weeks at Burton, and Healthcare Associated Infections performance for both BHFT and SSPCT, has not been updated from the previous report (owing to data collection frequencies and deadlines falling before the deadline for Committee / Governing Body papers).

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.

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. 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).

CCG-level data should be available for performance reporting from April 2013/14, and this report will be redeveloped to reflect this, and as against 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 (SSPCT / BHFT)**

Performance at SSPCT has again slipped below the target, after 4 months of being in excess of 90%. Providers currently not achieving the target across all specialties with significant activity levels (i.e. those with less than 5 patients are excluded even if not achieving 90%) are:

- *Nuffield Health, Derby (66.7%)*
- *Nuffield Health, North Staffs (62.5%) **
- *Derby Hospitals FT (83.5%)*
- *UHNS (88.5%) **
- *Burton Hospitals FT (88.5%)*
- *Robert Jones & Agnes Hunt Orthopaedic FT (75%) **
- *Royal Wolverhampton (83.8%) **
- *George Eliot (83.3%) **
- *Heart of England FT (84.7%) **
- *Royal Orthopaedic Hospital FT (82.9%) **
- *Shrewsbury & Telford (57.1%) **

* Denotes Providers where ESCCG is not the Co-ordinating Commissioner

BHFT has failed to deliver the 90% standard in the last 3 months; although January data for SSPCT patients (whole-Trust data was not available at the time of writing this report) was showing signs of stabilising, even if still sub-target. The Trust continues to experience significant non-elective pressures; and there have been a high number of patients cancelled on the day of their surgery. This has impacted on the delivery of the 18 week target.

The Trust have converted the Treatment Centre into an overnight elective facility (opened on Monday 18th February), to try to reduce the backlog of patients currently waiting over 18 weeks and to support the delivery of the target going forward.

As at January, the Trust failed to achieve the RTT standard in the following specialties for SSPCT residents: General Surgery, Urology, T&O, ENT, Ophthalmology, Plastic Surgery, Gastroenterology and Gynaecology.

Only Gastroenterology and Ophthalmology were within a gap less than 2.5% below the 90% target: the remainder exceeded by a margin greater than this. While the Trust has no patients waiting over 52 weeks, there are 49 patients across all specialties waiting longer than 26 weeks, the number of whom is growing on the previous month (General Surgery, Urology, ENT, Ophthalmology and Gynaecology comprise 40 of these long waits).

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

- *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*

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

Currently a third of all Providers in the SHA – and all in the Staffordshire patch – are forecast to fail the A&E target this year. BHFT performance continues to be below target, despite recent signs of improvement further to the implementation of the Remedial Action Plan. There continue to be regular meetings with the Trust to discuss this plan on line-by-line basis to understand the contribution of the various actions to a restored position of at or above target performance by 1st April 2013.

BHFT has assured CCGs that they still expect the actions to restore performance by this date; with sustained delivery of the target thereafter (as notified to the LAT and to Monitor). However as of the end of February, there has been some slippage reported in the agreed actions:

- Dedicated area for Rapid Assessment & Treatment (RAT), due February, rescheduled for early April subject to capital works. BHFT is using alternate trolley spaces as a work-around;
- Review of current clinical pathways (acute medicine), due February, still ongoing;
- Capacity for short-stay emergency patients (50 beds): even with 8 AFU beds in situ and early successes demonstrated, the ECIST-recommended number of beds is not in place and there remain some issues around patient flows in this area (mostly Derbyshire & Leicestershire patients). Further external assistance has been secured by the Trust to re-run the Bed Modelling work previously undertaken;
- Ensuring each patient has a clear Case Management plan: due January and a fair bit of work is yet to be concluded by the Trust;
- A Section 2s and 5s Delays workshop (supported by ECIST) is planned for the 9th April. Discharge and Social Care-related delays persist within the LHE, which are not helping with the flow of patients, especially those "pulled" out of the Trust by SSOTP Discharge Teams;
- CQUIN discussions ongoing for 2013/14 to aid delayed discharge flows across the LHE;

The CCG continues to work with the Trust in achieving a common understanding as to increases in the numbers of admissions (which in 2012/13 are up 12% on 2011/12 levels), but a smaller increase in A&E attendances (up by 2.9% in this same period); and the evidence suggesting a step change in admissions behaviour, not a surge in attendances. We will 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.

In terms of potential, alternate actions for the contractual process, there is a nationally-mandated contractual penalty to be levied on Providers who do not achieve the 95% target rate across a financial / contracting year. This equates to retention of 2% of the A&E Service Line activity plan – which works out at c. £123,000 across all Commissioners.

The SHA is currently forecasting that the Trust is likely to only achieve 93.9% across the whole of 2012/13; and for Burton to achieve 95%, it would need to achieve 108% against the 95% target to get to this level. Therefore this penalty should justifiably be considered for enactment.

If performance continues to be below expectations beyond the expected date for improvement, a renewed Contract Query is recommended to be served on BHFT as quickly into the new Contract Year as is possible (dependent upon signing off the contract by this date).

- **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 above the levels required by national performance targets for response times on a cumulative, year-to-date basis, the last few months have seen continued under-performance in the target rate in the South Staffordshire patch. The rate has deteriorated again significantly in February, and still remains below the 75% target rate in the year to date.

This has been raised at contract monitoring meetings with the Trust to seek assurances provided that performance will be achieved. The Trust has confirmed the following points in relation to those discussions:

- *Performance is determined at Patch level only (i.e. Staffordshire as a whole) **
- *WMAS is not (and has not ever been) commissioned to deliver 75% at individual PCT / CCG level*
- *Targets have moved from response times to clinically / safety-focussed outcomes (Lightfoot Review)*
- *If the significantly poor patient handover situation between WMAS and Acute Providers was improved and brought into line with the national standard, this would not only improve patient safety and quality, but reduce the substantial amount of wasted time, enabling WMAS to respond to local performance aspirations more effectively.*

* Staffordshire is achieving the 75% target for the last two months and cumulatively year-to-date.

This continues to be discussed at contract negotiation meetings to seek resolution of the basis for achievement of performance targets. Initial responses from the Co-ordinating Commissioner have indicated that delivery of 75% is expected in CCGs with predominantly urban areas, with rural areas / CCGs still subject to final agreement.

There are associated funding issues to resolve in conjunction with this – i.e. paying WMAS at 100% tariff, not a reduced one, as has been the case until now. The Governing Body will be kept up to date on further developments relating to the 2013/14 contract.

- **Cancer Waits – 62 days from GP Referral to Treatment (SSPCT / BHFT)**

Both SSPCT and BHFT have failed to deliver the 85% target rate in January, although year-to-date performance remains well above the standard for both. For SSPCT and BHFT respectively, rates of 83.3% and 83.8% were recorded in January 2013.

For SSPCT, there were a total of 19 breaches not seen within the 62-day timeframe, out of 112 patients treated in total. The 'Tumour Groups' failing to achieve the standard were:

- *Brain / Central Nervous System, Gynaecological and Skin cancers: each with 1 breach;*
- *Lower Gastrointestinal (GI) cancers: 2 breaches;*
- *Lung cancers: 3 breaches;*
- *Upper GI cancers: 4 breaches; and*
- *Urological (excluding testicular) cancers: 7 breaches.*

There is a mix of Providers where patients breached the standard. These occur either at the Provider where the patient was first seen (the initial hospital that the GP referred to); or where the patients were first treated, i.e. subsequent Providers where the patient was referred on to by the initial Provider (e.g. a tertiary or specialist centre). First treatment breaches mostly occur at Mid Staffs (4) or Burton / Derby / UHNS (all 3 each).

The longest wait of all breached patients was a delay totalling 145 days, in the Lower GI Tumour Group, owing to the patient being referred from Burton to Derby and then back again. In cases like these, both Providers record a "breach share" to denote a joint culpability.

For BHFT, a total of six patients breached the standard, out of a total of 37 treated:

- *Skin cancers (BHFT = first seen & treated Trust): 1 breach;*
- *Upper GI cancers (BHFT = first seen & treated Trust): 1 breach;*
- *Urological cancers (BHFT = first seen & treated Trust): 1 breach;*
- *Lower GI / Lung / Upper GI (BHFT = first seen Trust): 0.5 breaches each;*
- *Urological (BHFT = first seen Trust): 0.5 breach.*

Breaches at Burton are therefore split between shared breaches and internal / solely-attributable breaches. The causes for these relate mostly to either complex diagnostic pathways or to late referrals from Burton as an initiating Trust.

The longest wait was 102 days, where a patient was initially seen at Burton, then referred on to Derby at day 13, and then referred on again to The Christie Hospital as a specialist centre (although the patient wasn't referred on from Derby until day 76 of the patient's wait).

If the data for February shows a continuation of this performance, or threaten the cumulative rate achieved thus far, then the CCG will consider enacting contractual interventions with Providers not achieving the standard for two consecutive months.

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

BHFT has already failed to achieve year-end targets for the 2012/13 CQUIN scheme for reducing hospital-acquired avoidable grades 2, 3 and 4 Pressure Ulcers. Work is still ongoing to reduce these wherever possible however, and numbers are falling month-on-month.

As the Trust has failed its CQUIN targets, the proportion of the 2012/13 CQUIN monies for those elements of the overall CQUIN will not be paid. Furthermore, there is a contractual penalty of £500 per individual case over the agreed target numbers: currently this stands at a year-end financial (contract penalty) adjustment of £14k above the non-payment of CQUIN.

The 'Locally-Avoidable Events' total in the latest month has decreased significantly – primarily owing to no 12-hour plus Trolley Waits being recorded; although there were 2 incidents of retained cannulas. The latter have been picked up in CQRMs with the Trust and are of concern, as despite the continued in-depth focus on these, they continue to occur. There are no discernible patterns in terms of repeat offending wards / areas; they are spread throughout the Trust: this time, one each reported in EAU and CDU.

- **Cancelled Operations (BHFT)**

As at Quarter 3, the Trust is exceeding its target number of cancellations (achieved in Q1 and Q2). This now means that the overall target number of cancellations for the year is not being achieved. The cause of this was primarily the non-elective pressures experienced by BHFT, with peak levels of non-elective admissions causing elective surgery to be cancelled. This is borne out by the 18 Weeks and A&E target positions reported by the Trust.

As a consequence of this, the CCG served a formal 'Contract Query' on BHFT in late February. A contract management meeting was held on the 19th March between Commissioners and the Trust to discuss, formulate and agree a Remedial Action Plan for this area, in line with contractual requirements. This has been accepted by BHFT and the actions will be consolidated into an all-encompassing Elective Care Action Plan that includes 18 Weeks recovery as well. This will be received in the very near future.

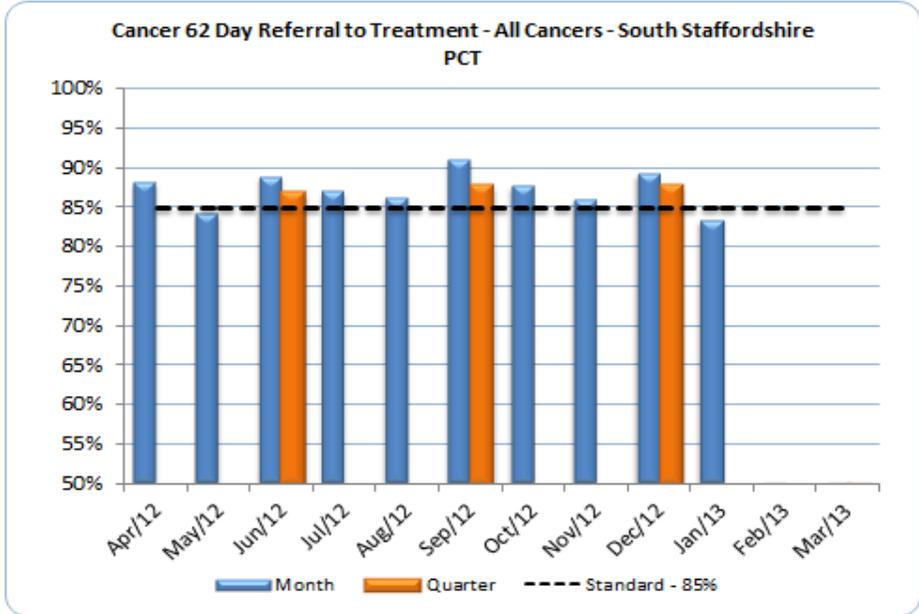
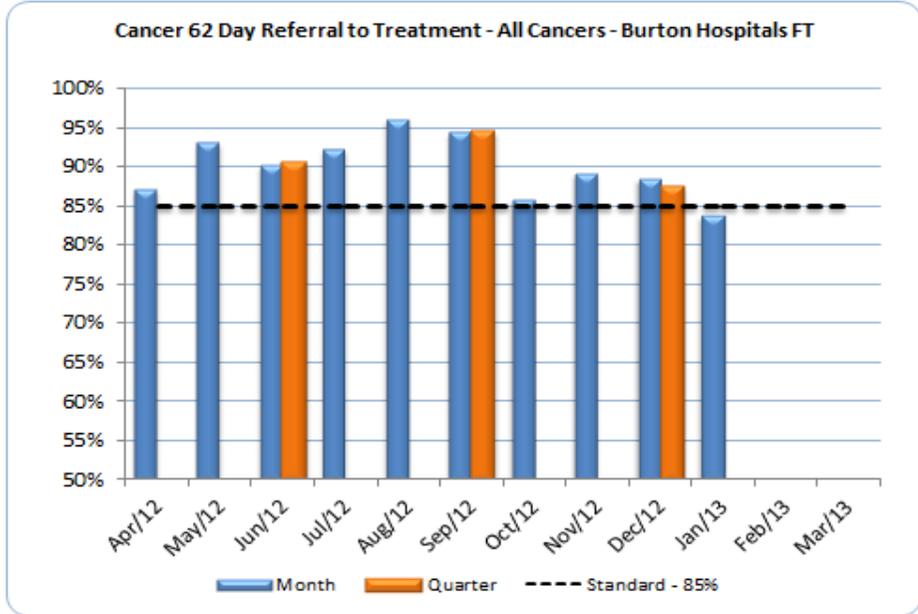
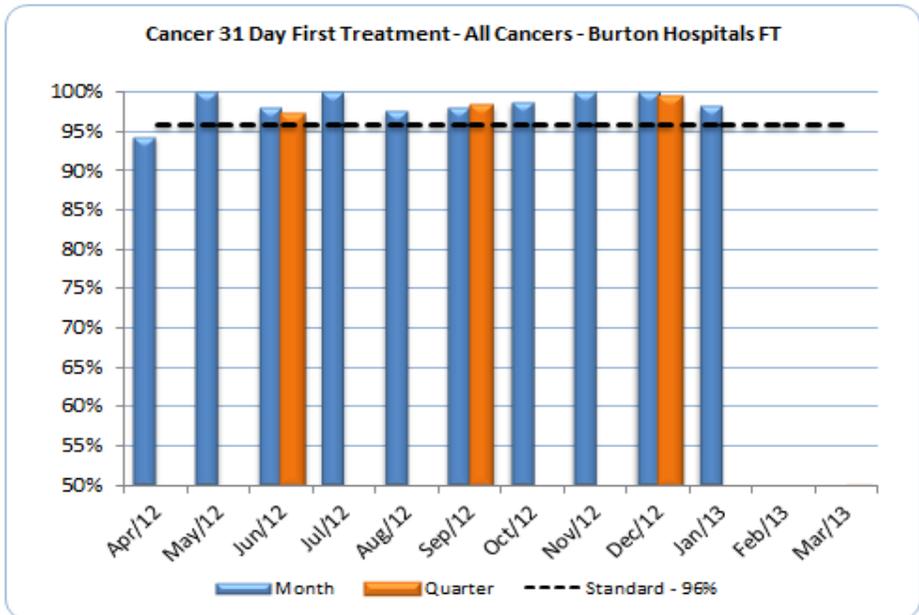
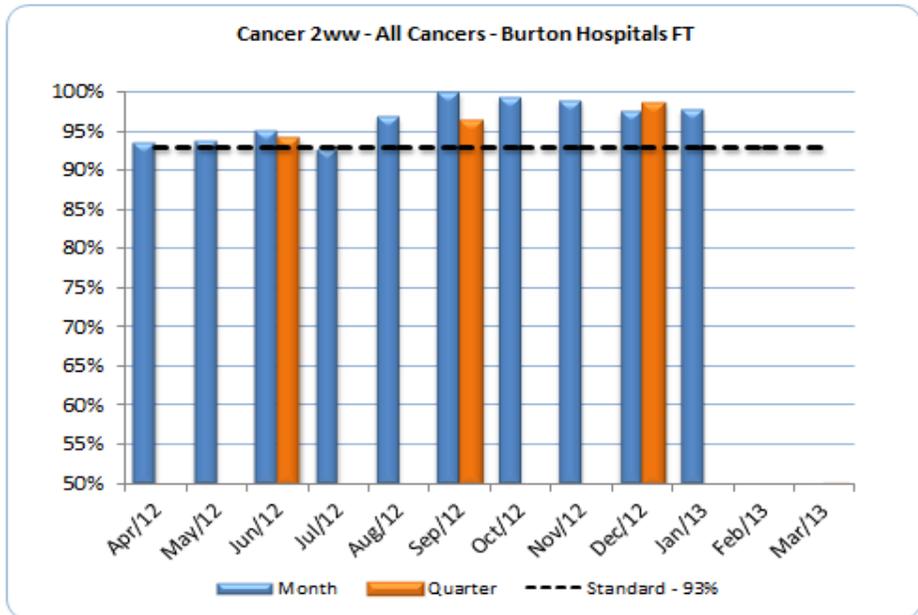
Ten of the cancellations were not rescheduled within the 28-day window that the NHS Constitution requires (mostly due to no beds being available); although no patient requested that their treatment takes place at an alternate provider instead, as is their right to do so. The CQRM continues to receive regular updates on the cancellations position.

BHFT state they are awaiting information from Commissioners on the choice and process of utilising alternative Providers aspect of patients right's for rescheduling care. It has been flagged that if alternate Providers are actually sought by patients, then it is likely that their surgery could be delayed further, as they will invariably need to be pre-op checked and have Consultant review before listing can be determined. BHFT have provided assurance that patients are being rescheduled internally as soon as possible where cancellations have occurred.

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 YTD	2011/12
Ambulance Category A (Red 1 + Red 2) response times	75% < 8 mins	↓	70.4% (Feb)	73.7% (Jan)	73.6% (Q3)	74.3%	72.7%
Ambulance Cat A (Red 1+2) response times (WMAS)	75% < 8 mins	↓	74.1% (Feb)	77.2% (Jan)	76.4% (Q3)	76.2%	-
Cancer Waits: from referral to treatment	85% < 62 days	↓	83.3% (Jan)	89.2% (Dec)	87.8% (Q3)	87%	86.9%
Cancer Waits: from referral to treatment (BHFT)	85% < 62 days	↓	83.8% (Jan)	88.5% (Dec)	87.5% (Q3)	90.2%	89.6%
Cancer Waits: from assessment to treatment	96% < 31 days	↓	97.7% (Jan)	99.2% (Dec)	98.9% (Q3)	98.3%	98.5%
Cancer Waits: from assessment to treatment (BHFT)	96% < 31 days	↓	98.2% (Jan)	100% (Dec)	99.5% (Q3)	98.3%	99%
Cancer Waits: from referral to assessment	93% < 14 days	↓	94.3% (Jan)	96.3% (Dec)	96.9% (Q3)	95.5%	94.6%
Cancer Waits: from referral to assessment (BHFT)	93% < 14 days	↓	97.8% (Jan)	97.6% (Dec)	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	↓	88.2% (Jan)	92.27% (Dec)	92.34% (Q3)	89.86%	89.8%
18 Weeks (all specialties): non-admitted patients	95% < 18 wks	↘	98.1% (Jan)	98.32% (Dec)	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	↘	99.1% (Jan)	99.4% (Dec)	99.3% (Q3)	98.5%	98.9%
Diagnostic Tests Waiting Times (BHFT)	99% < 6 wks	=	100% (Jan)	100% (Dec)	99.9% (Q3)	99.9%	99.8%
A&E Waiting Time: total time in department (BHFT)	95% < 4 hrs	↗	85.8% (w/e 10.3.13)	87.4% (4-wk ave)	91.13% (Q3)	94.23%	96.7%
Mixed-Sex Accommodation Breaches	0	↓	0 (Jan)	6 (Dec)	6 (Q3)	23	660
Mixed-Sex Accommodation Breaches (BHFT)	0	↓	0 (Jan)	2 (Dec)	6 (Q3)	8	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%	↓	1.2% (5) (Jan)	2.2% (4) (Dec)	2.1% (20)	1.5% (67)	2% (65)
Occurrence of "Locally Avoidable Events" (BHFT)	0	↓	2 (Jan)	10 (Dec)	13 (Q3)	17	5
Hospital-acquired Pressure Ulcers: grade 2 (BHFT)	< = 85	↓	10 (Jan)	13 (Dec)	39 (Q3)	104	158
Avoidable Pressure Ulcers: grades 3+4 (BHFT)	< = 7	=	0 (Jan)	0 (Dec)	4 (Q3)	16	
Cancelled Operations (BHFT)	(Reduction)	↑	274 (Q3)	99 (Q2)	-	429	244
People at high risk of stroke assessed (BHFT)	60% < 24 hrs	↗	61.1% (Jan)	60% (Dec)	66.4% (Q3)	60.5%	56.3%
Patients spending 90% of time on a stroke unit (BHFT)	80%	=	82.4% (Jan)	82.4% (Dec)	70.4% (Q3)	81%	83.9%

Trend Graphs (BHFT & SSPCT – Cancer)

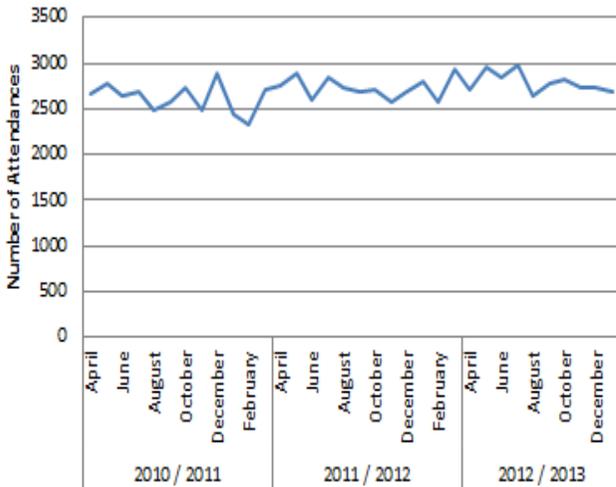


Trend Graphs (Burton Hospitals FT & Derby Hospitals FT – Activity Measures)

A&E Activity

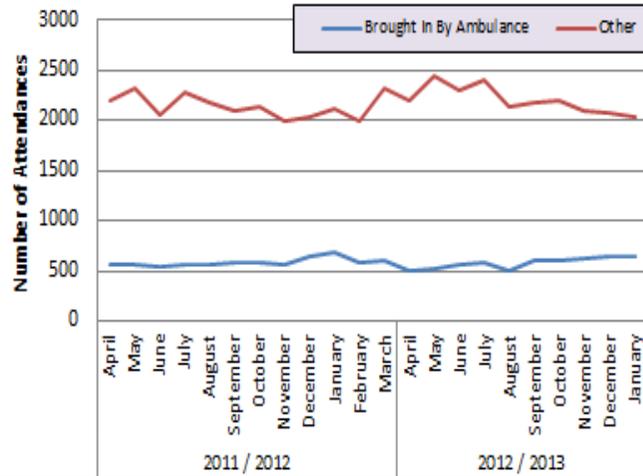
Number of A&E attendances at Burton

Arrival Date: Apr 2010 - Jan 2013



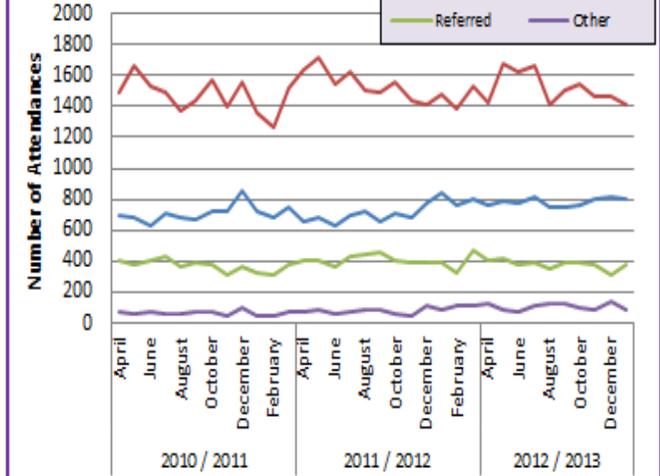
A&E attendances at Burton by Arrival Mode

Arrival Date: Apr 2011 - Jan 2013



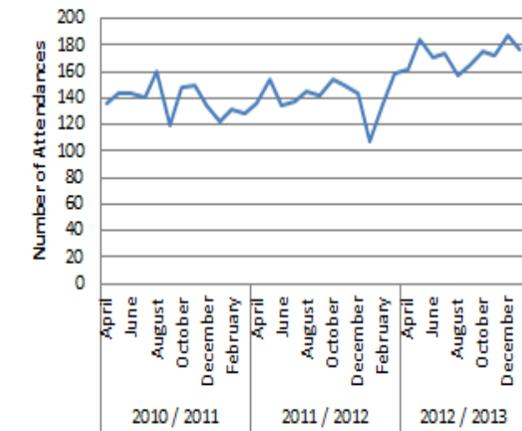
A&E attendances at Burton by Disposal Outcome

Arrival Date: Apr 2010 - Jan 2013



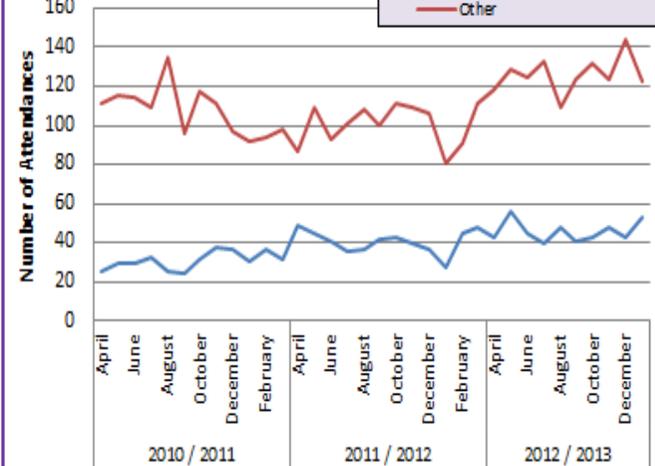
Number of A&E attendances at Derby

Arrival Date: Apr 2010 - Jan 2013



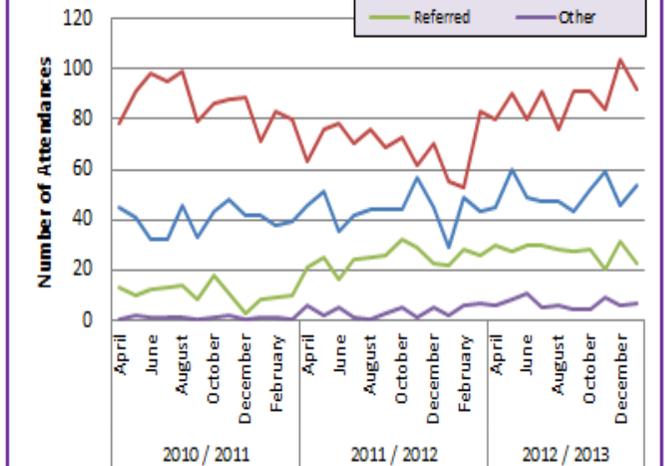
A&E attendances at Derby by Arrival Mode

Arrival Date: Apr 2010 - Jan 2013



A&E attendances at Derby by Disposal Outcome

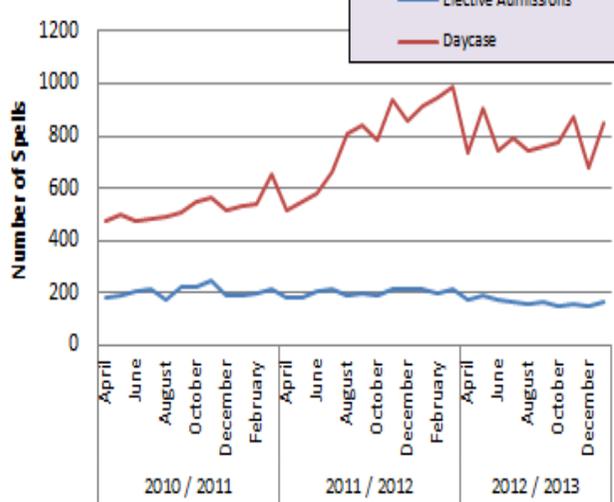
Arrival Date: Apr 2010 - Jan 2013



Inpatient Activity

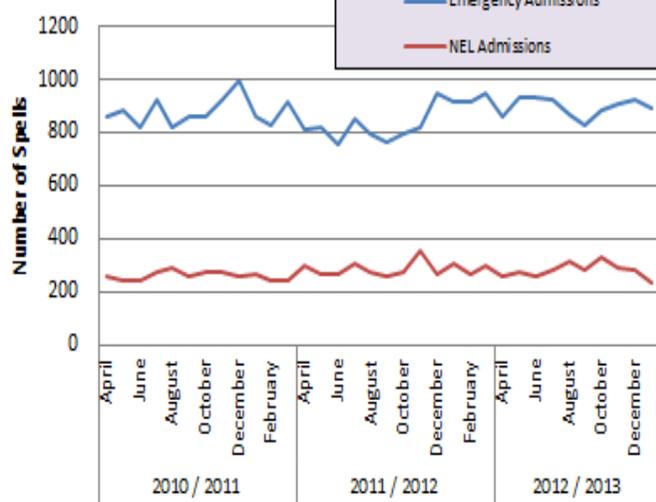
Number of Elective and Daycase Spells at Burton

Discharge Date: Apr 2010-Jan 2013



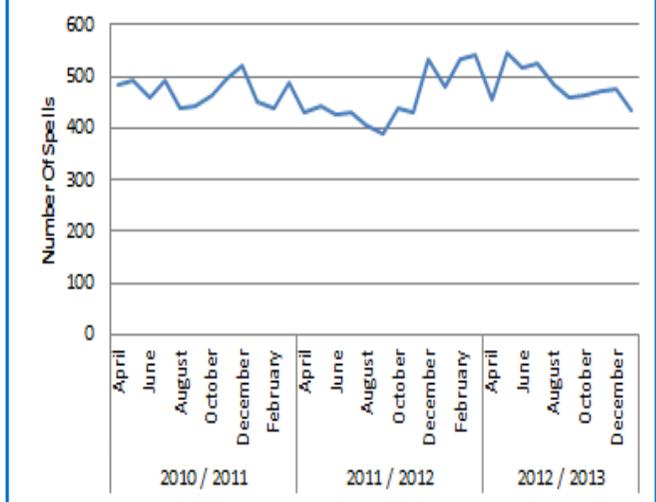
Number of Emergency and NEL Spells at Burton

Discharge Date: Apr 2010-Jan 2013



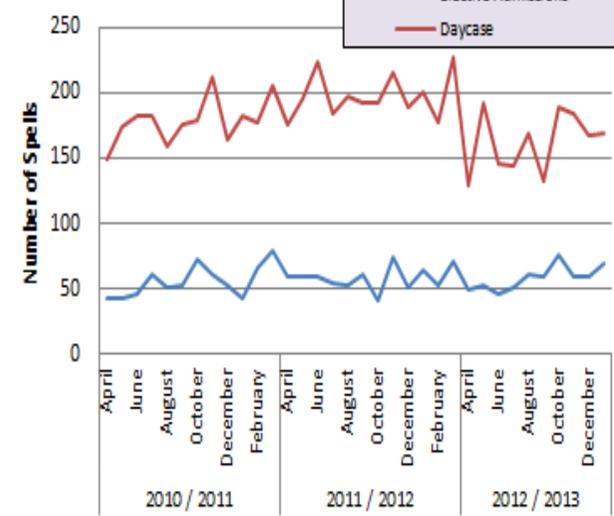
Emergency Admissions at Burton with 0-1 LOS

Discharge Date: Apr 2010 - Jan 2013



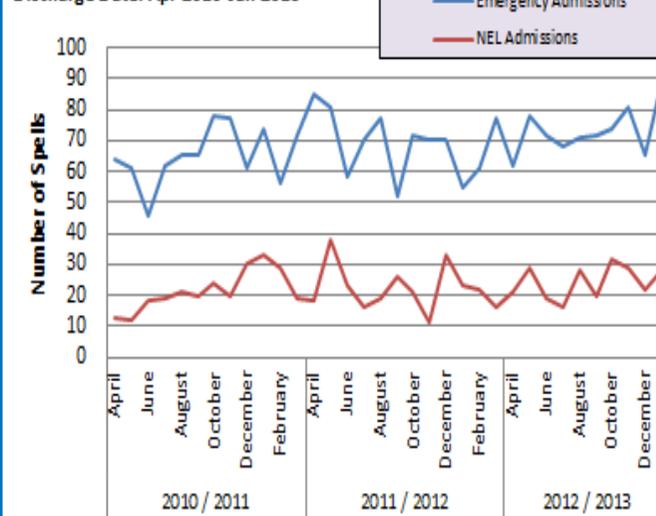
Number of Elective and Daycase Spells at Derby

Discharge Date: Apr 2010-Jan 2013



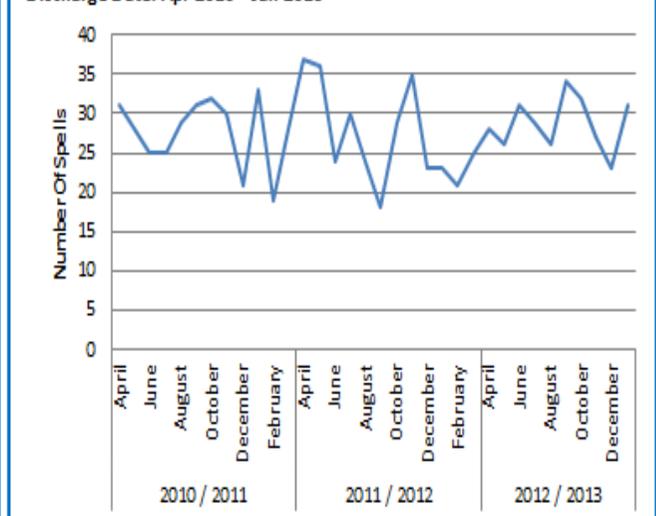
Number of Emergency and NEL Spells at Derby

Discharge Date: Apr 2010-Jan 2013



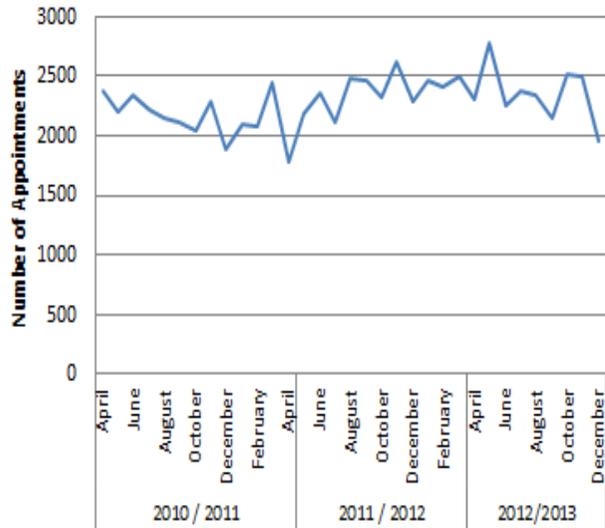
Emergency Admissions at Derby with 0-1 LOS

Discharge Date: Apr 2010 - Jan 2013

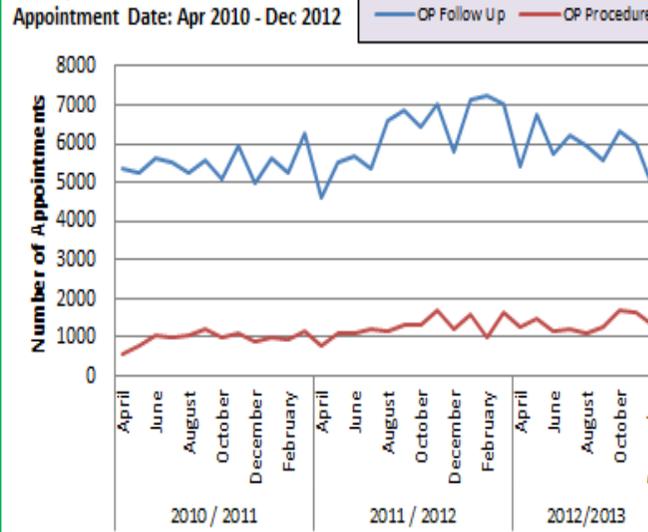


Outpatient Activity

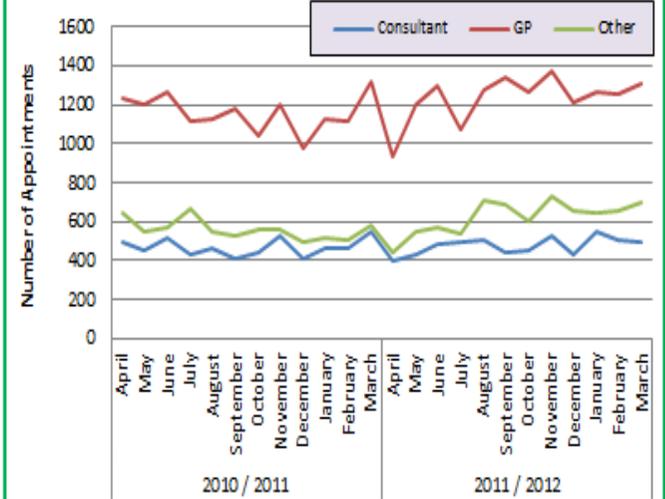
First OP Appointments at Burton (exc DNAs)
Appointment Date: Apr 2010 - Dec 2012



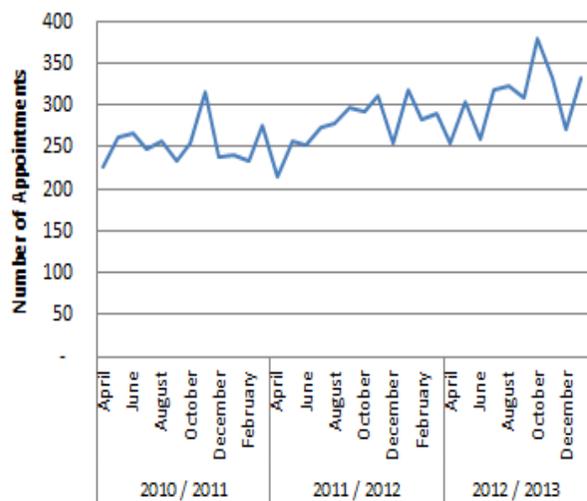
Number of OP FU & OP Procedures at Burton (exc DNAs)
Appointment Date: Apr 2010 - Dec 2012



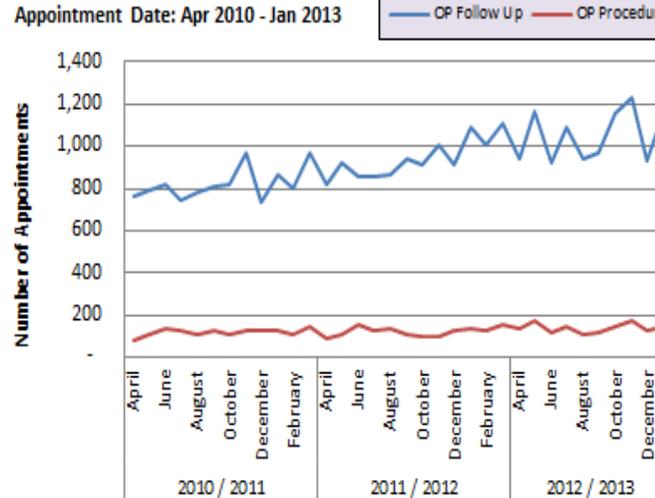
First OP Appointments at Burton by Source of Referral (exc DNAs)
Appointment Date: Apr 2010 - Mar 2012



First OP Appointments at Derby (exc DNAs)
Appointment Date: Apr 2010 - Jan 2013



Number of OP FU & OP Procedures at Derby (exc DNAs)
Appointment Date: Apr 2010 - Jan 2013



First OP Appointments at Derby by Source of Referral (exc DNAs)
Appointment Date: Apr 2010 - Jan 2013

