Agenda Item 11.3

NHS
West Norfolk
Clinical Commissioning Group

Subject:	**Performance Report as at November 2014**
Presented by:	**Kathryn Ellis, Director of Operations**
Submitted to:	**NHS West Norfolk CCG Governing Body, 29 January 2015**
Purpose of Paper:	**For information and discussion**

Executive Summary:

This report reflects operational performance in key areas for West Norfolk patients to November 2014 and identifies areas where contractual action is being pursued. The main performance concerns for West Norfolk CCG (WNCCG) focus on the following themes:

- **Ambulance response times** remain below the required standards, with West Norfolk response times significantly below the averages for the East of England Ambulance Service NHS Trust (EEAST). However, the standard for category Red 1 calls has been achieved in November for the CCG which is an improvement. Further local narrative on performance are included in the Appendices B and C.
- **A&E 4 hour wait** breach levels at The Queen Elizabeth Hospital (QEH) had improved in September following a Joint Investigation and the implementation of an Emergency Flow Improvement Plan, currently being monitored by the System Resilience Group. However, the Commissioner remains concerned with the overall performance of Urgent Care. In particular, on certain days there have been high levels of breaches of the 4 hour target, with performance as low as 57%. The Commissioner has therefore been working closely with the Trust's discharge team and the Community Healthcare and Social Care providers, to support the timely discharging of medically fit patients.
- **Referral to Treatment** waiting time targets were not being achieved at the QEH in Quarters 1 and 2. Contractual action has been pursued with the Trust, and additional non-recurrent funding of £0.6m has been secured from NHS England to support work to clear backlogs from July 2014. Performance against this plan is being monitored on a weekly basis by the Elective Care Operational Group which has been established as part of the wider System Resilience work stream. The Trust recently re-profiled its plans due to three consultants having disproportionate backlogs which has therefore required the Commissioner to secure capacity at alternative providers for a cohort of patients. The Trust is currently reporting that it has achieved the required standards at an aggregate level across the Referral to Treatment Time (RTT) pathways for December (subject to validation) but has not achieved the standard for the admitted pathway for General Surgery and Orthopaedics.
- There continues to be only low levels of **access to psychological therapies**. This is a national priority for 2014/15, with an increased target of 15%, and performance to date remains behind trajectory. The Norfolk & Suffolk NHS Foundation Trust (NSFT) is pursuing an action plan which will be monitored by the CCG Clinical Executive during 2014/15.
- The poor performance in recent months for **6 Week Diagnostics** has mainly been due to Echocardiology and Colonoscopy. The Trust has recovered the Echocardiograph position by employing a third party to undertake a cohort of the activity and also by putting on a significant number of additional sessions on a monthly basis to meet the demand. However, a challenge still remains regarding the Endoscopy Unit. A full review of booking processes has been undertaken by the Trust to ensure that patients are booked in order so that the number of patients waiting more than six weeks can be minimised. A locum consultant started in November, and the Trust is also recruiting a nurse endoscopist in order to free up medical capacity.

The Trust's operations teams have also been tasked with ensuring maximum use of their endoscopy capacity and for ensuring all options for creating additional capacity have been explored.

- **Ambulance Handover** breaches remain at a high level in November. Two audits were jointly undertaken by the Commissioner and Provider in September to manually validate a day's worth of ambulance handover data via a live recording exercise. The outcomes of this audit were used to agree the application of contractual consequences. The Commissioner has also held urgent meetings with the Trust and EEAST to review the reasons for the high level of handover delays that have occurred in recent weeks. These meetings also discussed NHS England's requirements to cease Ambulance Trust staff involvement in patient cohorting as of the 24 November 2014. The QEH has produced an escalation framework for the Emergency Department to address this and a meeting is being held in January to agree a robust remedial action plan.
- The poor performance in **Stroke Services** is due to the capacity of the QEH consultant team and a lack of beds. However, performance is rapidly improving through the Trust's improvement of data quality, appointment of additional staff, ring-fencing of two beds specifically for Stroke and the increased availability of carotid Dopplers and scans.
- **Cancer** standards remain a concern for the CCG with the Trust failing to sustainably achieve the standard for Urgent GP referrals to be seen within 62 days. The Trust has reported delays to the turnaround times of samples being undertaken on their behalf by Cambridge University Hospitals NHS Foundation Trust (CUHFT – Addenbrooke's). This is being addressed at Chief Executive level and improvements are being reported by the Trust. Shared breaches and Endoscopy capacity have also been highlighted as areas of concern.

KEY RISK

Clinical: The report discusses performance concerns around patient care in a number of areas.

Finance and Performance: The report focuses on areas of operational performance concern.

Impact Assessment (environmental and equalities): None

Reputation: This report includes an update on QEH adverse performance in a number of areas, and also highlights issues with Ambulance response times.

Legal: None

Patient focus (if appropriate): The report identifies key areas of performance around Ambulance responses, A&E waits, planned care, and cancer services.

Reference to relevant Governing Body Assurance Framework: 1.5, 2.1, 2.4, 2.6, 6.3

RECOMMENDATION:

The Governing Body is asked to consider and discuss the current status of key operational performance indicators for 2014/15 and the actions being taken by the CCG to monitor and gain assurance on performance.

1. Introduction

1.1 This report highlights performance against key national and local standards, principally those contained within the NHS Constitution.

1.2 Appendix A summarises the key CCG operational performance indicators as at November 2014. It should be noted that the figures referred to in this report are generally totals for the CCG population as opposed to being provider-specific figures and Appendix A identifies whether each data set relates to a commissioner view ("WNCCG") or a provider total (eg "EEAST" or "QEH").

1.3 Some indicators are not included in this report as they are encompassed within the Quality Dashboards included within the Quality Report to the Governing Body, in particular performance against the Friends and Family Test, mixed sex accommodation breaches, and infection control issues.

2. Overview of Key Performance Indicators

2.1 Urgent Care

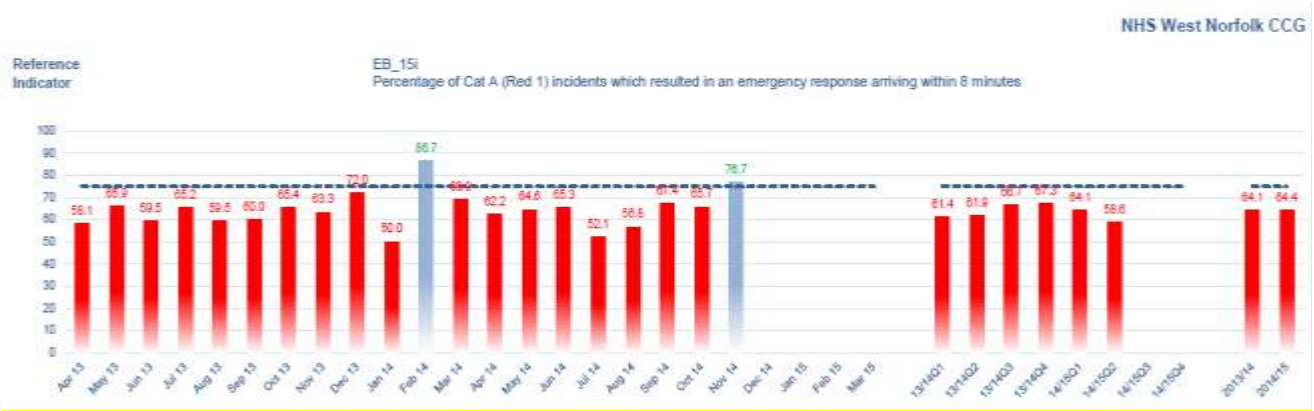
2.1.1 Ambulance response times

Ambulance Response Times

Performance against the key response targets continues to be significantly below national standards, and also significantly below the average performance for EEAST, as summarised below. However, it should be noted that response time performance has improved in November, with the achievement for the CCG of category Red 1 calls at 76.7%:

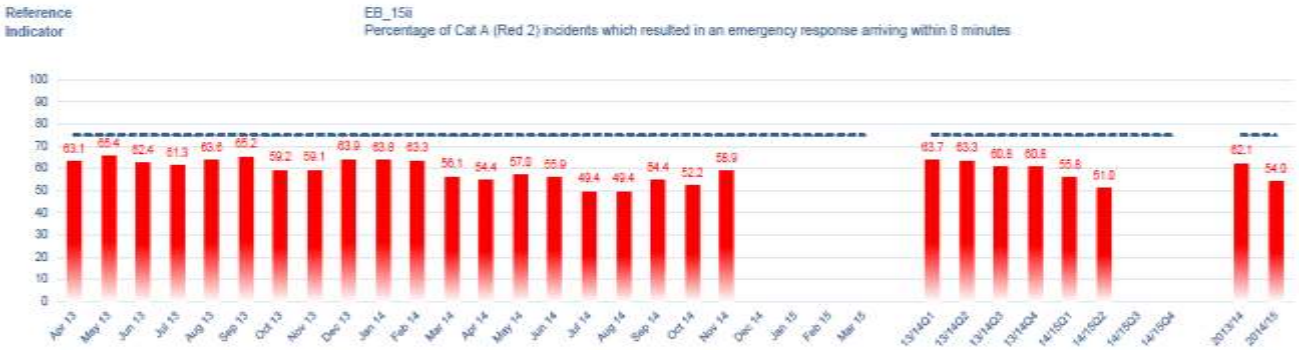
Measure	No of calls (WNCCG)	National standard	Performance to Nov: WNCCG	Performance to Nov: EEAST average
Response within 8 minutes (Red 1)*	385	75%	64.4%	69.3%
Response within 8 minutes (Red 2)**	6,057	75%	54.0%	69.3%
Response within 19 minutes	6,391	95%	88.2%	90.6%

* Red 1 calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions.
** Red 2 calls are serious but less immediately time critical and cover conditions such as stroke and fits.

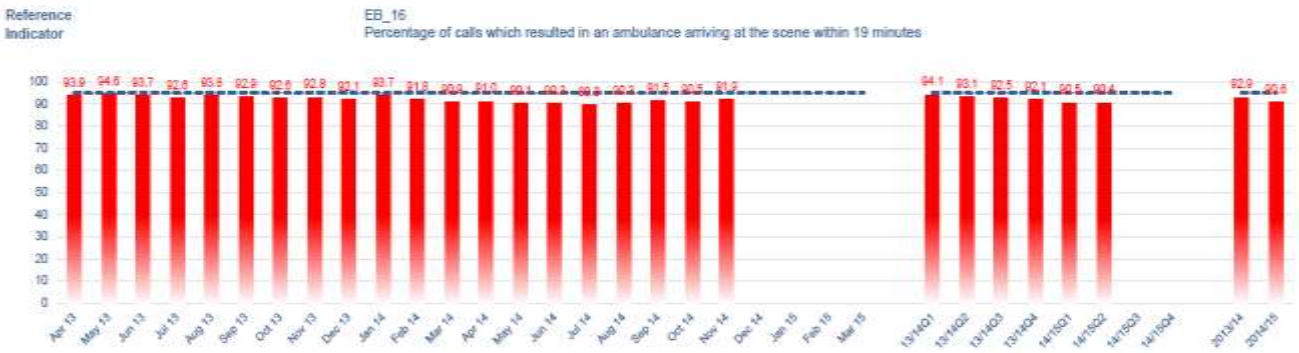


Showing an achievement of 76.7% against a national target of 75%

As previously reported, the poor performance in 8 minute response times is partly due to action taken by EEAST to replace some rapid response vehicles with Ambulances that are then able to transport patients to hospital if necessary, as this leads to better patient outcomes. However it can take slightly longer for the vehicles to arrive at the scene.



Showing a performance of 58.9%. National Target 75%.



Showing a performance of 89.0%. National Target 95%.

Further detail on the local service delivery and performance is included in Appendices B and C.

Over performance Year to Date has reduced slightly, however EEAST issued a further Activity Query Notice in August.

A remedial action plan (RAP) has been put in place to ensure delivery against the targets by March 2015.

The Activity Query Plan recommended workshops centring on GP Urgent activity. These have been arranged and implemented for West Norfolk, and it is essential that there is continued clinical engagement from all parties at these events.

Ambulance services are currently commissioned on a regional basis by a consortium of CCGs covering the East of England. All CCGs in the consortium have agreed to support a business case from EEAST for non-recurrent transitional funding to support sustainable improvements in service delivery, with the West Norfolk CCG share being £0.3m, with a portion of the funding only payable if those trajectories are achieved.

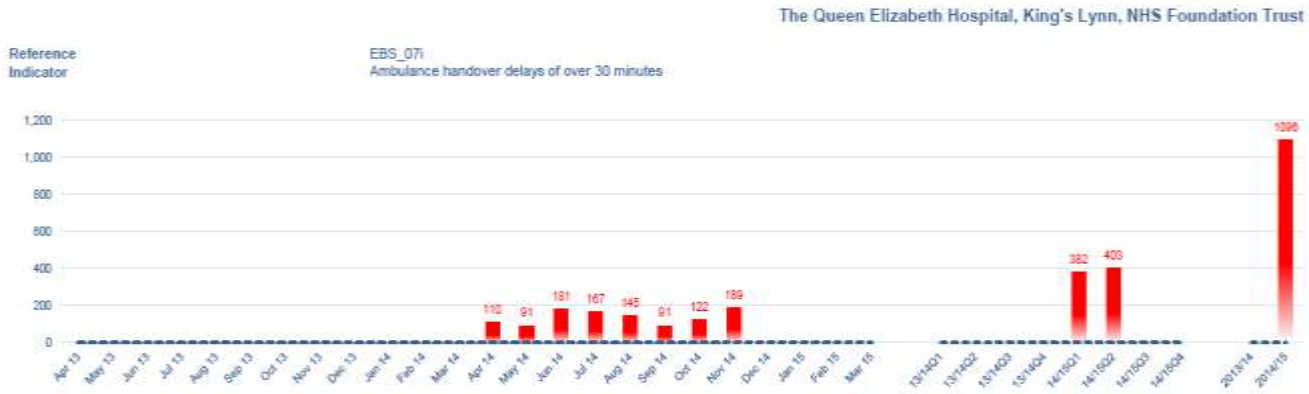
EEAST is currently focussing on the delivery of 6 key priorities to support the delivery of the performance trajectories. These are:

1. Recruit 400 Student Paramedics in 2014/15
2. Upskill Trust Emergency Care Assistants (ECAs) to Technicians and Technicians to Paramedics
3. Maximise clinical staff on frontline vehicles
4. Reduce response cars and increase Ambulances
5. Accelerate fleet and equipment replacement programme
6. Reinvest corporate spend in frontline delivery

2.1.2 **Ambulance handover times**

National Quality Standards expect that ambulances arriving at an acute hospital will be able to handover their patients within 15 minutes of arrival, and that crews should then be clear to accept new calls within a further 15 minutes. Contractual penalties apply for acute providers where either of these actions does not take place within 30 minutes, with enhanced fines for handovers taking longer than an hour.

At the QEH there have been 1,096 handover delays exceeding 30 minutes and a further 233 exceeding 60 minutes Year to Date to November.



In September two audits were jointly undertaken by the Commissioner and Provider to manually validate a day's worth of ambulance handover data via a live recording exercise. The first audit was undertaken from 8am to 4pm on Thursday 18 September, with the second taking place between 6pm and 12pm(midnight) on Friday 26 September. The aim of these audits was to resolve a number of data quality and validation issues raised by QEH (which have an impact on the application of contractual fines) by comparing the times recorded on both parties respective data systems against the times physically recorded during the audits.

The results of the audits have been used to reach agreement in terms of the application of contractual consequences and associated fines. However, the QEH has raised a data quality issue relating to duplicate handover records that affects July data onwards, which they are currently investigating and are due to provide data to evidence the issue at the Technical Information & Finance Group meeting on 20 January 2015 for discussion.

In recent weeks, and particularly over the Christmas period, there have been increasing pressures on QEH's provision of unscheduled care, and there have been high numbers of delays to ambulance handovers. The Commissioner scheduled a number of urgent meetings with the Trust and EEAST during December 2014 to review the reasons for these delays.

Action planning to support NHS England's requirements to cease Ambulance Trust staff involvement in patient cohorting, effective from 24 November 2014, was also discussed.

A number of options have been looked at to avoid ambulance cohorting. The main constraint for the Trust is staffing. The Trust has developed a seating area in the Emergency Department which replaces a trolleyed cubicle. This allows up to eight patients to be seated in the Emergency Department where previously one patient would be cared for on a trolley. This increases capacity within the Emergency Department by approximately 33%.

QEH has also developed an overall escalation framework for the Emergency Department. Each of the trigger themes contributes to increased pressure within the Emergency Department which has the potential to cause delays to ambulance handovers. This framework should assist the Trust to better manage pressures as they arise.

The Ambulance Tripartite agreement has been signed by all parties. An updated version to reflect the changes to the cohorting arrangements has been drafted and is being circulated to all parties for review ahead of formal sign-off.

Operational issues regarding ambulance handovers are also being monitored and managed via the System Resilience Emergency Care Operational Group.

2.1.3 **A&E waiting times (4 hour target)**

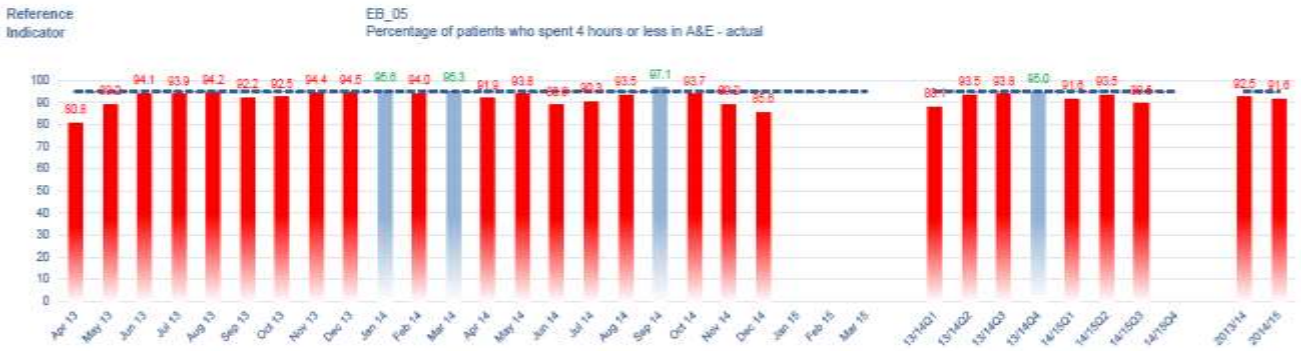
The A&E waiting time target is that at least 95% of patients attending A&E should be seen, treated and admitted or discharged within 4 hours of arrival. The QEH failed to achieve this target in each quarter from Quarter 3 in 2012/13 to Quarter 3 in 2013/14, but did achieve 95% performance in Quarter 4. This was due in no small part to the work of the Urgent Care Board and the impact of £4m non-recurrent funding to support winter initiatives in the West Norfolk health and care system. The CCG has continued in 2014/15 to fund key initiatives piloted over the winter period, notably the Virtual Beds and the Mental Health Liaison Service at the QEH but cannot afford to maintain this for the whole year.

A Contractual Query Notice (CQN) was raised with the QEH in respect of April's performance and a remedial action plan requested to identify how the Trust was managing the situation with regard to operational processes and procedures to manage capacity and patient flow/discharges. In addition, contractual penalties are being applied in line with the national contract requirements. Subsequently, the QEH raised a CQN citing the pressure resulting from an increase in A&E attendances over the period as the driving factor behind their failure to meet the 95% standard. While initial analysis undertaken by the Commissioning Support Unit (CSU)/CCG confirmed a clear increase in reported attendances (mainly relating to other CCGs), they did not feel that this was the sole contributing factor for the provider's performance. Therefore, a Joint Investigation was initiated to allow for greater understanding of the key factors contributing to the current performance of A&E, and to formulate a joint remedial action plan for this service.

QEHKL subsequently put in place an Immediate Action Plan to improve Emergency Flow within the hospital that covers a range of areas such as Bed & Site management, Acute Medicine, Discharge processes and a revised Frailty Model.

With the establishment of the System Resilience Group (SRG), which replaces the Urgent Care Board, progress monitoring against the Emergency Flow Improvement Plan is being managed by its Emergency Care Operational Group. The SRG covers issues relating to both planned care and urgent care, and outlines the proposed initiatives to utilise additional non-recurrent funding made available by NHS England and Monitor to support urgent care in West Norfolk.

This work had initially led to a significant reduction in 4 hour breaches and improvement in patient flow through the hospital, which enabled the Trust to successfully achieve the operational standard in September.



However, whilst recognising the Trust's improvements with regard to the 95% A&E standard and flow around the hospital, the Commissioner remains concerned with the overall performance of Urgent Care. The Trust failed to achieve the 95% standard in November, with performance of only 89.2%, and with a performance of only 85.6% in December. In particular, on certain days the Trust has escalated to External Black status, with ambulances diverted to other providers. This has been triggered by high levels of breaches of the 4 hour target, with only 58.68% achievement against the standard on 12 January 2015.

Contributing factors to this position have been multiple wards closed due to Norovirus, Patient Transport Service availability, poor communication for escalation between organisations and medically fit patients not being discharged in a timely manner.

Given this challenging position, the Commissioner has formally requested, via contractual performance letters, that the Trust continues its hard work in this area and that it remains focused on identifying and actioning discharges, and that it facilitates the re-opening of wards as soon as possible. The Commissioner will continue to work closely with the Trust's discharge team and the Community Healthcare provider, Norfolk Community Health and Care NHS Trust (NCH&C), and social care to support the timely discharging of medically fit patients.

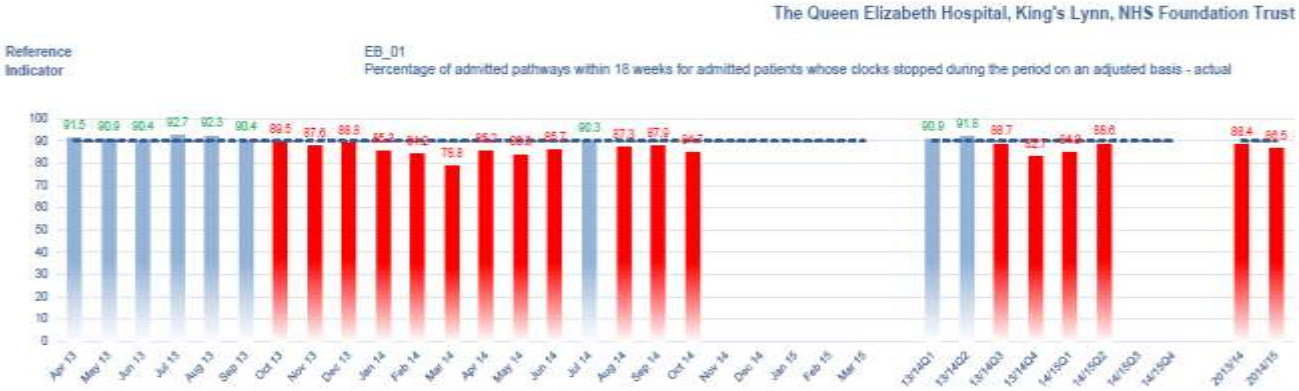
The Trust agreed to produce a revised and more detailed RAP to act as a contractual 'wrapper' around its internal Improvement Programme currently being monitored by the SRG. This was to ensure more robust progress and milestone monitoring and to add greater contractual accountability to the provider in terms of their performance. The Trust is currently projecting to return to 95% compliance for A&E in January, February and March 2015.

2.2 Planned Care

2.2.1 Waiting time targets - Referral to Treatment (RTT) times

The QEH had delivered to national standards overall on a cumulative basis for most of 2013/14, however in Quarter 4 the performance in respect to admitted patients dipped below the national threshold of 90% (ie no less than 90% of patients should be admitted for their inpatient treatment within 18 weeks of referral), and QEH performance for the year totalled 88.4%.

This situation had continued into 2014/15, with the QEH achieving just 87.4% of inpatients treated within 18 weeks of referral in Quarter 1, and 89.5% in Quarter 2. Particular specialties affected are Orthopaedics, General Surgery and ENT.



As part of a national initiative NHS England subsequently made available additional non-recurrent funding of £0.6m to support the extra activity needed until the end of September to clear the QEH waiting list backlogs, following the submission of a costed weekly trajectory.

As per NHS England's initiative, joint work has been ongoing between the QEH and WNCCG to address the current backlogs and non-achievement of the RTT operational standards. NHS England has subsequently extended the time period in which the operational standards are to be achieved to the end of November.

As part of the wider System Resilience work-stream, an Elective Care Operational Group containing representatives from both Provider and CCG has been established. One of its key tasks is the monitoring of the Provider's progress against the RTT backlog reduction plan on a weekly basis including the detailed review of Patient Tracking Lists (PTLs) and the total cohort of patients who could breach by the end of November.

As of 16 January 2015, the Trust was reporting that it was compliant at an aggregate total Trust level across all three of the 18 week RTT pathways in December 2014. This reported performance will be validated against national figures later in the month once the data becomes available.

However, there are two specialties within the Admitted pathway that will not have been compliant in December:

Orthopaedics: predicted 78.01% for December; compliant by March 2015
General Surgery: predicted 80.34% for December; compliant by February 2015.

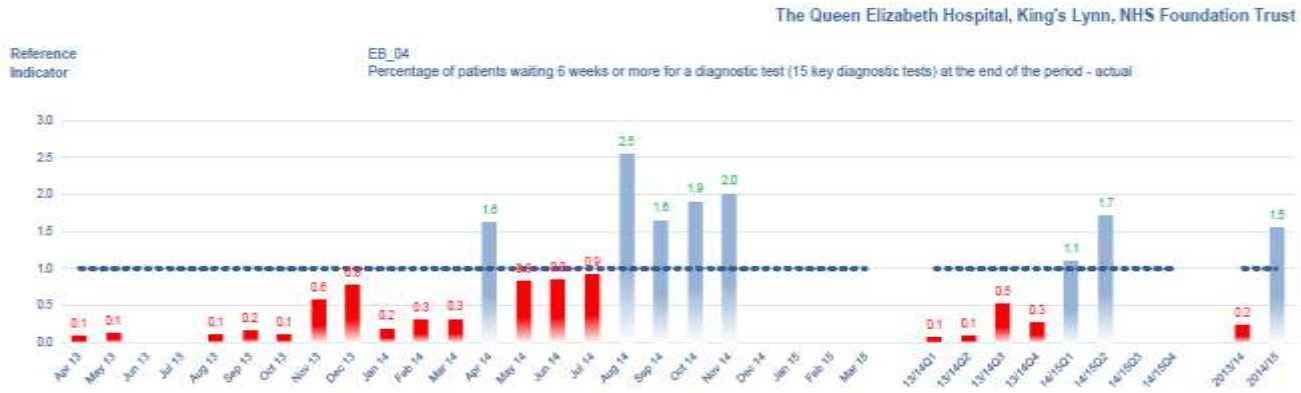
The Non-Admitted pathway for Pain Management is being monitored by the Trust to ensure that it does not present a risk to delivery of that operational standard. Extra clinics are being scheduled in January and February to remove approximately 350 patients from the backlog which will result in a resilient, sustainable position. However, it should be recognised that this could lead to lower performance in terms of the operational standard over that period.

The CCG has been supporting the out-sourcing process and has contacted a number of alternative providers to ensure that the required capacity is available. The CCG has reviewed the Trust's out-sourcing requirements with them in light of the revised Independent Sector Capacity for RTT initiative from NHS England. The Commissioner contacted the alternative providers to confirm their capacity for January through to March. The Trust has confirmed that they will be utilising additional capacity identified at the BMI Sandringham in January, February and March. A Memorandum of Understanding covering 15 Orthopaedic and 9 General Surgery patients has been signed by both Providers.

The Intensive Support Team (IST) visited the Trust on 1 and 2 December to undertake a review of the Trust's RTT processes and procedures. The CCG was included within the review. The IST has now produced a report which the Trust is validating for accuracy. The finalised report is due to be shared with the commissioner in the week of 19 January 2015.

2.2.2 **Diagnostic tests > 6 weeks**

In 2013/14 this standard was consistently delivered (ie that at least 99% of patients requiring diagnostic tests should receive them within six weeks) but performance in Quarter 1 for WNCCG patients was only 98.3%. This equated to 136 patients that waited longer than six weeks. The CCG issued a CQN to the QEH regarding the wait times. The Provider took remedial action that initially led to improvements in clinical capacity and recovery in May to July, but performance has unfortunately failed to meet the required standard from August onwards, and the CCG therefore issued a subsequent CQN and requested a detailed remedial action plan to give assurance of service resilience and sustainability.



Of the 61 tests over 6 weeks in November there were: 13 Gastroscopies, 2 Cystoscopies, 8 Flexi Sigmoidoscopies, 36 Colonoscopies, 1 Urodynamics and 1 Non-Obstetric Ultrasound.

The poor performance in recent months has mainly been due to Echocardiology and Colonoscopy. The Trust has now recovered the Echocardiograph position by employing a third party to undertake a cohort of the activity and also by putting on a significant number of additional sessions on a monthly basis to meet the demand. However, a challenge still remains regarding the Endoscopy Unit. A full review of booking processes has been undertaken by the Trust to ensure that patients are booked in order so that the number of patients waiting more than six weeks can be minimised. A locum consultant started in November, and the Trust is also recruiting a nurse endoscopist in order to free up medical capacity.

The Trust's operations teams have also been tasked with ensuring maximum use of their endoscopy capacity and for ensuring all options for creating additional capacity have been explored.

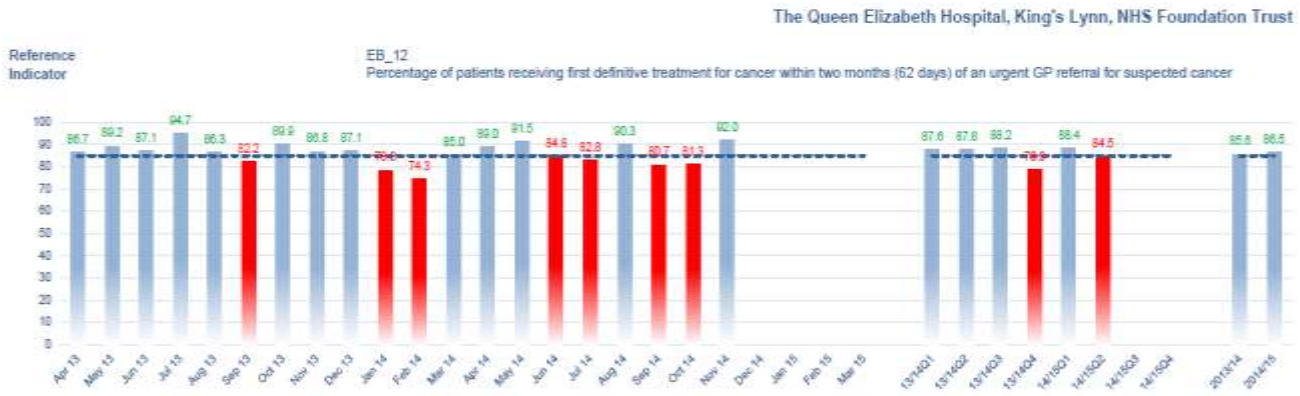
The Commissioner had therefore requested a detailed RAP) to give assurance of service resilience and sustainability. The projected return date to target compliance from the Trust for this target is February 2015.

2.2.3 **Incomplete pathways > 52 weeks**

There have been no reported cases of patients waiting longer than 52 weeks to date in 2014/15.

2.3 Cancer Standards

2.3.1 The national performance standards were met in 2013/14 in all areas relating to cancer except for the 62 day standard, ie the requirement that patients should wait no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer. The standard was again breached in both June and July of this year, with only 84.8% and 82.8% of patients being seen within 62 days respectively. The standard was then achieved in August which had suggested recovery but the Trust then failed to achieve in September and October with performances of 80.7% and 81.3% respectively. The Trust has achieved the required standard in November but the Commissioner is seeking robust assurance from the Trust that sufficient action is being taken to ensure that the current level of performance is sustainable.



A CQN has been issued to the Trust, who has stated that part of the Histopathology diagnostic process that is undertaken by Cambridge University Hospitals NHS Foundation Trust (CUHFT - Addenbrooke's) on their behalf has been causing delays with poor turnaround times being observed. The issue has been escalated to Chief Executive level for resolution and the Trust's Chief Operating Officer is meeting weekly with the cancer clinical and management team to ensure all issues are escalated appropriately. The Trust is reporting that turnaround times for specimens are improving.

The Trust is continuing to work with their tertiary centres to improve processes between organisations to prevent shared breaches. Improved reporting and management processes within the Trust are being developed and implemented which will enable better forecasting and breach avoidance. The specialties are also implementing plans to move the average time for first outpatient appointments to 7 days (currently only 20% referrals are seen within 7 days).

In November there were only four breaches. Reasons for delays can include complex pathways, patients considering their treatment options and inter-Trust referrals. As reported previously, there are also key issues within Endoscopies but to address this the Trust has secured two locums.

Analysis of performance at a specialty level for Quarters 1 and 2 identified issues within Lung and Haematological.

Extract from EoESCN Cancer Intelligence Report - Q1 and Q2 of 2014/15

62 Day Target

Q1 – 2014/15	% Achieved
Breast	100%
Brain / Central Nervous System	100%
Children's	-
Gynae-cological	88.20%
Haema-tological	33.30%
Head & Neck	100%
Lower Gastro-intestinal	94.10%
Lung	58.80%
Other	60%
Sarcoma	-
Skin	96.70%
Testicular	-
Upper Gastro-intestinal	88.90%
Uro-logical	84.40%
Acute leukae-mia	-
All Cancer	88.40%

62 Day Target

Q2 – 2014/15	% Achieved
Breast	100%
Brain / Central Nervous System	-
Children's	-
Gynae-cological	85.20%
Haema-tological	53.80%
Head & Neck	71.40%
Lower Gastro-intestinal	68.40%
Lung	85.70%
Other	100%
Sarcoma	-
Skin	96%
Testicular	-
Upper Gastro-intestinal	70.80%
Uro-logical	78.70%
Acute leukae-mia	-
All Cancer	84.50%

The Trust has produced a breach report for these low levels of performance. In summary:

1) Very low numbers of activity so one patient can make specific area look extremely poor.
2) Several patients transferred from other cancer site, ie it was initially thought that the cancer was in one part of the body but upon further investigation it turned out to be in another – this is a type of patient complexity.

The Trust is also reporting that there has been a knock on effect from the conversion of Cancer 2 Week Waits. They are stating the pressure in 2 Week Waits is due to a significant rise in demand. The Provider has agreed to share their detailed analysis of the growth with WNCCG for further discussion.

The Commissioner has received an updated trajectory for return to sustainable compliance against the Cancer 62 day target by March 2015.

The required standard for patients requiring Radiotherapy to be seen within 31 days was missed in both April and May and again in September. This relates to services at the Norfolk & Norwich University Hospital (NNUH) where there have been operational difficulties earlier in the year. It should be noted that the numbers of patients in this area are small, so the percentage performance is sensitive to small changes in patient numbers (in April, 4 out of 27 patients missed the standard, May was 2 out of 31 patients and there were 4 breaches out of 38 in September). All of the September breaches were for Admitted Care with the longest wait being 75 days. Reasons for the breaches included a PVE prior to surgery, a patient's platelet count being too low and also patient choice.

2.4 Other NHS Constitution Pledges

2.4.1 Care Programme Approach 7 day follow up

This standard requires that patients with severe mental health problems are provided with a care programme within 7 days of discharge from hospital. This is a formal written care plan that outlines any risks and includes details of what should happen in an emergency or crisis.

The standard was met all year in 2013/14 and that performance had continued into 2014/15. However, achievement fell to 75% in September. This relates to a patient breach that is actually a suspected data/coding issue. Confirmation has been requested from NSFT, the mental health provider.

2.4.2 Proportion of people who have depression or anxiety disorders who receive psychological treatment

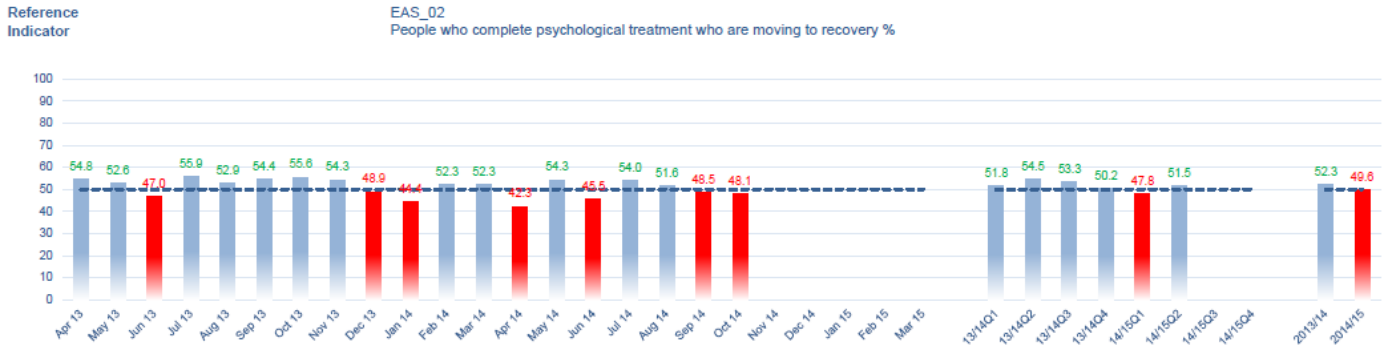
West Norfolk CCG had a cumulative (year to date) access rate of 6.4% at the end of November. This figure is 3.67% below the planned trajectory of 10.2% needed to fulfil the annual target of 15%. NSFT continues to roll-out its action plan to increase access levels throughout Norfolk (including West Norfolk CCG specific actions). There has been a significant increase in referrals in the last few months which, along with the action plan and a new administrative process to tackle attrition rates, is expected to start showing improvements in access rates over the next quarter. There has also been a change in methodology. As of Quarter 4, information will be reported weekly and using performance against first treatment contact.

2.4.3 Proportion of people completing psychological treatment who move to recovery

The national standard is that at least 50% of patients completing psychological treatment should move to recovery. CCG performance within the IAPT (Improving Access to Psychological Therapies) service in 2013/14 exceeded this target at 52.3%. However, year to date achievement for 2014/15 has fallen to 49.6%.

This reduction is likely being caused by the efforts to increase access to the IAPT service having an impact on the respective recovery rates.

Therefore, although the contracted target for the IAPT service is achievement of 50%, it has been agreed by Commissioners that contractual sanctions will not be applied unless performance falls below 40%.



2.5 Stroke Performance

2.5.1 There are two standards measured for stroke performance:

- The proportion of stroke patients spending at least 90% of their time on a dedicated Stroke Unit (target 80%); and
- The proportion of higher risk TIAs (Transient Ischaemic Attacks, ie mini-strokes) treated within 24 hours (target 60%).

It should be noted that stroke data is subject to validation up to three weeks after the reference period, and so reported performance may be subject to retrospective adjustment in future reports.

Cumulative performance for 2013/14 against both of these standards exceeded the targets; however there was a significant deterioration in performance in Quarter 4 which continued into Quarters 1 and 2 of 2014/15. The CCG issued a CQN relating to the failure to achieve the required standards, and requested root cause analysis (RCA) and assurance reports from QEH to ensure that performance levels increase as quickly as possible. A RAP was received from the Provider covering both standards. The CCG has reviewed the latest plan and has requested the inclusion of further detail, particularly with regard to the two beds that have been ring-fenced for dedicated stroke usage. A RAP Review meeting is being held on 21 January 2015 to discuss the revised plan and agree the final amendments/inclusions required to ensure that the final plan gives the required level of assurance that it will deliver sustainable achievement of the standards.

Significant work has been undertaken by the Trust around Stroke in relation to achievement of the nationally agreed metrics. The service is now appropriately resourced with regard to data input hours (24 hours appointed to, and in post, and an additional 30 hours appointed to and starting in January 2015.) The Trust's team responsible for data sign-off has agreed that the preceding month will now be completed and signed-off by the 20th of the following month. However, gaps remain around the workforce within the team. The Trust continues to actively manage the situation, including the recruitment to the vacant fourth consultant post and recruitment to the 8a Lead Nurse post.

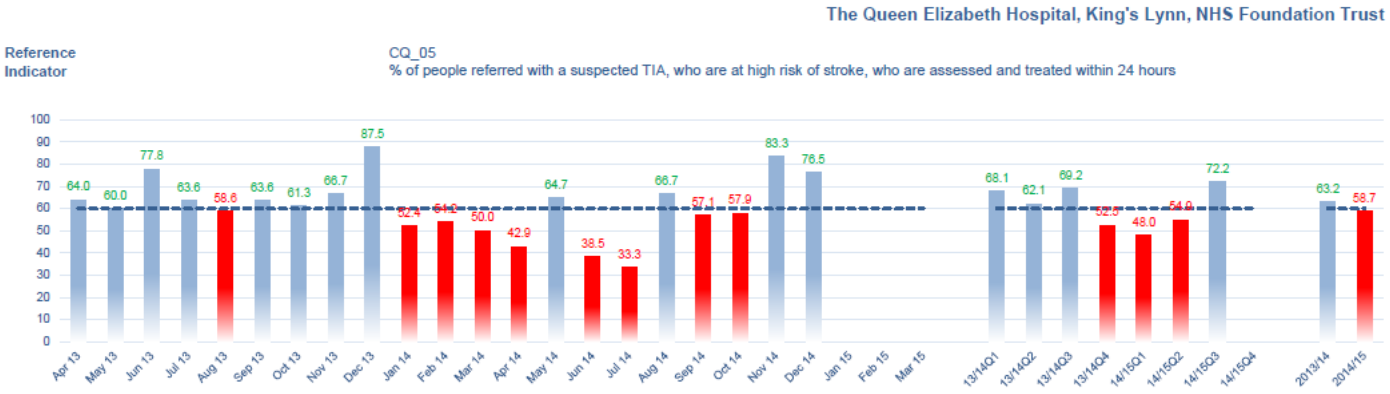
With regard to achievement of 90% of time on a Stroke Unit, the Trust has sought to ensure that two beds are ring-fenced on the West Raynham ward, one for thrombolysis and one as an acute stroke bed. This was implemented in early October. However it should be noted that, given the current operational pressures within the organisation, the Trust has been unable to maintain this which has directly impacted upon the achievement of the target.

In addition, the Deputy Associate Chief Nurse has undertaken detailed RCAs for all patients who failed the targets. This has identified some common themes that the Trust is looking to address:

- Patients being stepped down to accommodate direct admissions;
- Patients not being referred to the Stroke team on admission.

The following actions have been taken by the Trust:

- The process has been reviewed for identifying outliers (Board Round), daily confirmation of the patients to be reviewed by the Outlier team. Daily clinical discussion on the appropriateness of repatriating patients to West Raynham if a bed becomes available.
- Further training has been done within Emergency Department/MAU (Medical Assessment Unit) by the Stroke Consultant team;
- Weekly MDT (multi-disciplinary team) meetings have been reinstated to enable assurance that the correct diagnosis has been made (specifically in relation to challenging diagnosis).



Issues relating to these standards are also discussed at the Norfolk-wide Stroke Network, which is chaired by the CCG Chairman, and at the local Clinical Quality Review Meetings with the QEH.

West Norfolk CCG Performance Dashboard as at November 2014

APPENDIX A(1)

Quality Domain	Quality Measure	Threshold / Ceiling	Commissioner/ Provider	2013/14 Actual	2014/15 Performance								
					Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Yr to date
NHS Constitution rights and pledges	Urgent Care												
	Ambulance Cat A responses ≤ 8 mins (Red1) *	75%	WNCCG	64.1%	62.2%	64.6%	65.3%	52.1%	56.8%	67.4%	65.7%	76.7%	64.4%
	Ambulance Cat A responses ≤ 8 mins (Red1)	*75%*	*EEAST*	*73.6%*	*69.1%*	*66.3%*	*65.7%*	*65.7%*	*69.1%*	*71.1%*	*73.5%*	*73.5%*	*69.3%*
	Ambulance Cat A responses ≤ 8 mins (Red2) **	75%	WNCCG	62.1%	54.4%	57.0%	55.9%	49.4%	49.4%	54.4%	52.2%	*58.9%*	54.0%
	Ambulance Cat A responses ≤ 8 mins (Red2)	*75%*	*EEAST*	69.4%	*61.4%*	*61.0%*	*60.5%*	*59.6%*	*61.1%*	*62.6%*	*62.6%*	*64.2%*	61.7%
	Ambulance Cat A responses < 19 mins	95%	WNCCG	90.7%	87.5%	*90.6%*	88.5%	84.8%	88.0%	90.2%	*86.6%*	*89.0%*	88.2%
	Ambulance Cat A responses < 19 mins	*95%*	*EEAST*	*92.9%*	*91.0%*	*90.1%*	*90.3%*	*89.3%*	*90.3%*	*91.5%*	*90.5%*	*91.9%*	*90.6%*
	Ambulance handover delays of over 30 minutes	0	QEH	*1830*	*110*	*91*	*181*	*167*	*145*	*91*	*122*	*189*	*1096*
	Ambulance handover delays of over 60 minutes	0	QEH	*329*	*13*	*14*	*48*	*33*	*39*	*17*	*18*	*51*	*319*
	A&E waits < 4 hours	95%	QEH	*92.5%*	*91.9%*	*93.8%*	*88.9%*	*90.3%*	*93.5%*	*97.1%*	*93.7%*	*89.2%*	
	Patients waiting > 12 hours in A&E	0%	QEH	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	Planned Care												
	Referral to Treatment (RTT) Admitted	90%	WNCCG	89.6%	88.2%	87.0%	87.0%	90.4%	88.5%	89.4%	87.5%	89.4%	*88.5%*
	Referral to Treatment (RTT) Admitted	*90%*	*QEH*	*88.4%*	*85.2%*	*83.8%*	*85.7%*	*90.3%*	*87.3%*	*87.9%*	*84.7%*	*88.3%*	*86.7%*
	Referral to Treatment (RTT) Non-admitted	95%	WNCCG	98.1%	98.0%	98.8%	97.7%	96.9%	95.9%	96.6%	95.5%	95.9%	*96.7%*
	Referral to Treatment (RTT) Non-admitted	*95%*	*QEH*	*98.5%*	*97.7%*	*97.1%*	*97.9%*	*97.8%*	*96.0%*	*96.7%*	*95.8%*	*95.9%*	*96.9%*
	Referral to Treatment (RTT) Incompletes	92%	WNCCG	96.0%	96.8%	96.3%	94.7%	94.6%	94.2%	93.9%	93.7%	93.0%	*94.7%*
	Referral to Treatment (RTT) Incompletes	*92%*	*QEH*	*96.0%*	*97.8%*	*97.3%*	*95.5%*	*94.6%*	*94.0%*	*94.1%*	*93.7%*	*94.3%*	*95.2%*
	Diagnostic tests > 6 weeks	<1%	WNCCG	0.30%	1.60%	2.50%	1.20%	0.80%	2.40%	1.20%	1.60%	1.80%	1.60%
	Admitted pathways > 52 weeks	0	WNCCG	0	0	0	0	0	0	0	0	0	0
	Non-admitted pathways > 52 weeks	0	WNCCG	0	0	0	0	0	0	0	0	0	0
	Incomplete pathways > 52 weeks	0	WNCCG	6	0	0	0	0	0	0	0	0	0
	Cancer												
	Cancer 2 week wait	93%	WNCCG	98.1%	97.6%	96.1%	97.2%	96.9%	97.1%	96.9%	98.2%	98.2%	97.3%
	Breast symptom 2 week wait	93%	WNCCG	97.9%	96.7%	95.7%	98.2%	95.9%	96.9%	98.0%	100.0%	98.3%	97.6%
	31 day first definitive treatment following diagnosis	96%	WNCCG	98.3%	96.8%	100.0%	98.7%	97.6%	97.1%	99.0%	96.5%	97.5%	97.9%
	31 day subsequent treatment - surgery	94%	WNCCG	96.9%	100.0%	96.2%	85.0%	100.0%	100.0%	94.4%	100.0%	100.0%	96.8%
	31 day subsequent treatment - drug regimens	98%	WNCCG	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	31 day subsequent treatment - radiotherapy	94%	WNCCG	97.4%	85.2%	93.5%	96.9%	95.3%	100.0%	89.5%	100.0%	100.0%	94.8%
	62 day standard - GP referral	85%	WNCCG	84.2%	91.3%	91.7%	82.9%	84.6%	86.1%	81.6%	75.0%	89.7%	85.3%
	62 day standard - screening service referral	90%	WNCCG	97.2%	100.0%	100.0%	87.5%	100.0%	100.0%	87.5%	100.0%	75.0%	94.2%
	Other												
	Care Programme Approach (CPA) 7 day follow up	95%	WNCCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	TBC	TBC	95.0%
	IAPT - % of people receiving psychological therapies	15% by yr end	WNCCG	7.9%	0.9%	0.8%	0.8%	1.1%	0.7%	0.9%	1.0%	0.7%	7.0%
	IAPT - % of people moving to recovery	50%	WNCCG	52.3%	45.1%	57.5%	48.7%	54.0%	51.6%	48.5%	48.1%	TBC	49.6%

* Red 1 Ambulance calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions.
** Red 2 Ambulance calls are serious but less immediately time critical and cover conditions such as stroke and fits.

West Norfolk CCG Performance Dashboard as at November 2014

APPENDIX A(2)

Quality Domain	Quality Measure	Threshold / Ceiling	Commissioner/ Provider	2013/14 Actual	2014/15 Performance								
					Apr-14	May-14	Jun-14	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Yr to date
Local indicators	Stroke												
	% spending 90% of time on Stroke unit	80%	WNCCG	84.0%	73.2%	76.0%	71.1%	*73.3%*	71.4%	*81.8%*	*84.6%*	78.9%	76.2%
	% spending 90% of time on Stroke unit	*80%*	*QEH*	*83.0%*	*74.5%*	*80.6%*	*74.1%*	*68.9%*	76.3%	76.1%	*85.0%*	*74.3%*	*77.2%*
	Higher risk TIAs treated within 24hrs	60%	WNCCG	62.2%	33.3%	83.3%	50.0%	37.5%	55.6%	63.6%	*60.0%*	85.7%	62.1%
	Higher risk TIAs treated within 24hrs	*60%*	*QEH*	*63.5%*	*42.9%*	*64.7%*	*38.5%*	*33.3%*	*66.7%*	*57.1%*	*57.9%*	*83.3%*	*58.7%*