

Solihull Clinical Commissioning Group (CCG) Finance & Performance Committee

PERFORMANCE REPORT

Meeting Date:	10 July 2013
Report Title:	Heart of England Foundation Trust (HEFT) (Acute and Solihull Community) – Month 1 / 2 - 2013/14; Solihull CCG Population Performance and (Month 12 - 2012/13 and Month 1 - 2013/14)
Prepared by:	Neil Walker – Chief Contract and Performance Officer
Presented by:	Neil Walker – Chief Contract and Performance Officer
Purpose of Report:	<p>The purpose of this Performance Report is to provide a broad picture of Operating Framework performance from a national, regional and local perspective, as appropriate. The report also seeks to show an historical perspective as well as contemporary.</p> <p>It is not the purpose of this report to enter into detailed analysis of any one area of performance given the breadth of performance measures that readers need to be sighted on. However, the report will flag up performance issues that require more in-depth analysis and feedback in subsequent meetings.</p> <p>This report aims to complement Finance, Quality and Safety and QIPP Delivery issues that are covered in other regular reporting to the CCG Board and its sub-committees.</p>
Summary/Problem:	<p>This month comprises the following:</p> <ol style="list-style-type: none"> 1. New NHS England CCG Assurance Framework with summary performance metrics for: <ol style="list-style-type: none"> a. NHS Constitution Rights – Month 2 (2013/14) b. Other HEFT Acute KPIs – Month 2 (2013/14) c. HEFT Community KPIs – Month 2 (2013/14) 2. Solihull CCG activity trends and key messages – month 12 (2012/13) 3. HEFT Acute and Community deeper dive <ol style="list-style-type: none"> a. A&E 4-Hour Wait b. Ambulance Handover c. Referral to Treatment d. Cancer Access e. Stroke Care 4. Appendix 1 – Solihull/HEFT demographic triangulation with acute admission and bed-day demand. 5. Appendix 2 - Solihull CCG activity trend charts and deeper analysis by provider and point of delivery – Month 12.
Option/Solution:	Solutions are varied and require a mixture of contractual performance management and collaborative operational/partnership working.
Recommendation:	For information and assurance as well as challenge around further analysis and action required.
Time Required:	30 minutes.

INTRODUCTION

The purpose of this Performance Report is to provide a broad picture of Operating Framework performance from a national, regional and local perspective as appropriate. The report also seeks to show an historical perspective as well as contemporary. It is not the purpose of this report to enter into detailed analysis of any one area of performance given the breadth of performance measures that readers need to be sighted on. However the report will flag up performance issues that require more in-depth analysis and feedback in subsequent meetings. This report seeks to avoid undue overlap with Finance, Quality and Safety and QIPP Delivery, which is covered in other regular reporting to the CCG Board and its sub-committees.

This month comprises the following:

1. New NHS England CCG Assurance Framework with summary performance metrics for:
 - a. NHS Constitution Rights – Month 2 (2013/14)
 - b. Other HEFT Acute KPIs – Month 2 (2013/14)
 - c. HEFT Community KPIs – month 2 (2013/14)
2. Solihull CCG activity trends and key messages – Month 12 (2012/13) and Months 1-2 (2013/14)
3. HEFT Acute and Community deeper dive
 - a. A&E 4-Hour wait
 - b. Ambulance Handover
 - c. Referral to Treatment
 - d. Cancer Access
 - e. Stroke Care
4. Appendix 1 – Solihull/HEFT demographic triangulation with acute admission and bed-day demand.
5. Appendix 2 - Solihull CCG activity trend charts and deeper analysis by provider and point of delivery – Month 12.

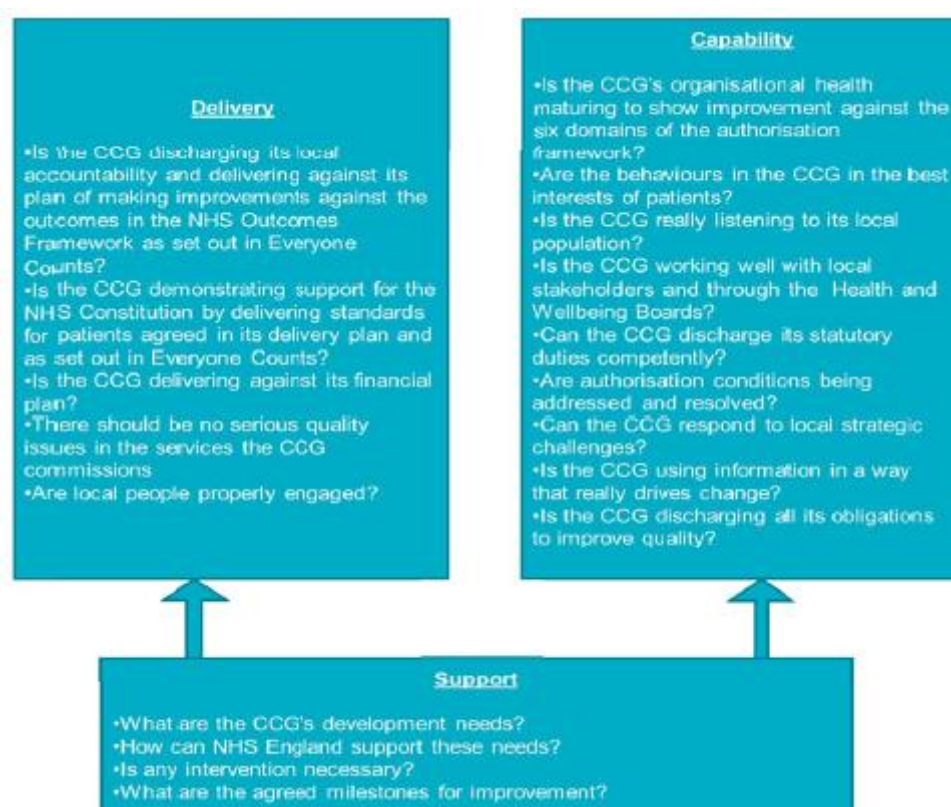
1. CCG ASSURANCE FRAMEWORK – 2013/14

In May 2013 NHS England published their draft proposals for 'CCG Assurance Framework 2013/14'.

A key part of this is the assurance process which identifies how well CCGs are performing against their plans to improve services and deliver better outcomes for patients, as well as working together to assess how they can realise their full potential and provide support on that journey. Sitting alongside NHS England as fellow commissioners, CCGs need to secure quality today and transform services for the future.

NHS England will look at three core elements of assurance:

1. **Delivery** – Ensuring that the CCG is delivering for its population, the full range of outcomes and standards (both national and local) agreed in its plan.
2. **Capability** – Ensuring the CCG is set up to serve patients and communities effectively, both now and for future generations, with the required skills and knowledge, and is exhibiting the appropriate behaviours.
3. **Support** – Determining the nature and level of support a CCG needs to be a great commissioner.



The CCG Assurance Framework distinguishes between; (i) the ongoing assessment of performance and delivery, which is proposed to involve quarterly checkpoint meetings where NHS England will review information which CCGs will publish for the local populations; and (ii) an annual health check which will consider both the CCG's track record and its organisational health as a predictor of its future success.

Solihull CCGs first assurance meeting the Birmingham, Black Country and Solihull Area Team of NHS England took place on 4 June 2013 (an update was provided to the June CCG Governing Body).

The ongoing quarterly assessment is based on a Balanced Scorecard of covering:

- Are local people receiving good quality care?
- Are patient rights under the NHS Constitution being promoted?
- Are health outcomes improving for local people?
- Are CCGs commissioning services within their financial allocations?
- Are conditions of CCG authorisation being addressed and removed (where relevant)?

The CCG Balanced Scorecard will be rated Green/Amber-Green/Amber-Red/Red

Selected in-year aspects of Provider performance is covered within the second domain: 'Are patient rights under the NHS Constitution being promoted?'.

The following two pages detail NHS Constitution performance for HEFT acute services, both Solihull CCG as coordinating commissioner, and for Solihull CCG's registered population (irrespective of provider).

The report then presents wider selected performance metrics contained within the 2013/14 for HEFT acute and community service contracts. This is followed by more detailed information for key areas of HEFT performance that fall below national operating standards.

Are Patient Rights under the NHS Constitution being Promoted?	Reporting Month - May 2013			This Month	This Month	Q1	Q1	
	Operational Standard	Lower Threshold	Period>>	HEFT/WMAS	Solihull CCG	HEFT/WMAS	Solihull CCG	Deep Dive Commentary
National Operating Standards								
Referral to Treatment - Non Urgent Consultant-Led Treatment								
Admitted patients start treatment - max 18 weeks from referral	90%	85%	Mth 2	92.30%	92.45%	92.25%	91.84%	✓
Non-Admitted patients start treatment - max 18 weeks from referral	95%	90%	Mth 2	96.60%	96.48%	96.65%	96.42%	✓
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	87%	Mth 2	95.00%	95.28%	94.90%	95.34%	✓
Number of patients waiting more than 52 weeks	0	10	Mth 2	2	3	4	3	
Diagnostic Test Waiting Times								
Patients waiting for a diagnostic test less than 6 weeks from referral	99%	94%	Mth 1 HEFT / Mth 2 SOL	99.51%	99.79%	99.51%	99.75%	
A&E Waits								
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (Type 1-3)	95%	90%	Mth 2	95.42%		93.30%		✓
Cancer Waits - 2 week waits								
Maximum 2 week wait for 1st outpatient appointment for patient referred urgently with suspected cancer by a GP	93%	88%	Mth 1	95.34%	95.34%	94.30%	94.30%	
Maximum 2 week wait for 1st outpatient for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	88%	Mth 1	94.16%	94.16%	93.70%	93.70%	
Cancer Waits - 31 day waits								
Maximum 1 month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	91%	Mth 1	98.83%	98.83%	99.20%	99.20%	
Maximum 31 day wait for subsequent treatment where treatment is surgery	94%	89%	Mth 1	100.00%	100.00%	100.00%	100.00%	
Maximum 31 day wait for subsequent treatment where treatment is an anti-cancer drug regimen	98%	93%	Mth 1	100.00%	100.00%	100.00%	100.00%	
Maximum 31 day wait for subsequent treatment where treatment is a course of radiotherapy	94%	89%	Mth 1			92.70%	92.70%	

				This Month	This Month	Q1	Q1	
National Operating Standards	Operational Standard	Lower Threshold	Period>>	HEFT/WMAS	Solihull CCG	HEFT/WMAS	Solihull CCG	Deep Dive Commentary
Cancer Waits - 62 day waits								
Maximum 2 month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	80%	Mth 1	91.99%	91.99%	90.10%	90.10%	
Maximum 2 month (62 day) wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	85%	Mth 1	90.91%	90.91%	91.70%	91.70%	
Maximum 2 month (62 day) wait first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	No operational standard set	No operational standard set	Mth 1	81.82%	81.82%	100.00%	100.00%	
Category A ambulance calls								
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	70%	Mth 2		89.50%		86.40%	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	70%	Mth 2		76.70%		74.40%	
Category A calls resulting in an emergency response arriving within 19 minutes	95%	90%	Mth 2		97.60%		97.20%	
Mixed Sex Accommodation Breaches								
Minimise breaches	0	10	Mth 2	0		1		
Cancelled Operations								
All patients who have operations cancelled on or after the day of admission (including the day of surgery) for non-clinical reasons to be offered another binding date within 28 days or the patient's treatment to be funded at the time and hospital of the patient's choice	Not rated	Not rated	Mth 2	0		0		
Mental Health								
Care Programme Approach (CPA). The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period	95%	90%	Q4-12/13		100.00%			
Indicator RAG - Key								
Green - Performance at or above national standard								
Amber - Performance between national standard and lower threshold								
Red - Performance below lower threshold or indicator has amber performance for two consecutive quarters								

Other HEFT Acute Contract Performance Metrics

National Quality Standards	Reporting Month - May 2013			This Month	This Month	Q1	Q1	Deep Dive Commentary
	Operational Standard	Lower Threshold	Period>>	HEFT	Solihull CCG	HEFT	Solihull CCG	
[A] Acute								
Ambulance Arrival to Handover <30 minutes	100%		Mth 2	89.20%		85.20%		✓
Trolley waits > 12 hours	0		Mth 2	0		2		
No urgent operation cancelled for the second time	0		From mth 2	0		0		
% of Stroke Patients Spending 90% or more of their stay on Stroke Unit	80%		Mth 2	86.46%	N/A	80.79%	N/A	✓
Proportion of patients who have TIA that are scanned & treated within 24 hours	60%		Mth 2	100.00%		90.00%		
Avoidable MRSA	0		Mth 2	1	0	3	0	
C-Difficile	<=67 in 13/14		Mth 2	5	8	12	8	
RTT Incomplete - Trauma & Orthopaedics	92%		Mth 2	86.80%	91.16%	86.40%	90.76%	
RTT Incomplete - General Surgery	92%		Mth 2	88.50%	88.31%	89.80%	89.09%	
Cancer 62 day waits - wait >100 days	No operational standard set		25 June Snapshot	6				✓
ED conversion rate to secondary admissions (Quarterly)			Mth 2					
ED conversation rate to AMC (Quarterly)			Mth 2					

The 2013/14 HEFT Community contract includes a substantial revision of reported KPIs so that they more closely aligned with contract service lines, SDIP (Service Development Improvement Plan) and QIPP priorities.

	Operational Standard	Lower Threshold	Period>>	This Month HEFT	Comments
National Everyone Counts/Local Indicators					
[B] Solihull CCG Community (part 1)					
% of patients seen within 18 weeks.	95%		Mth 2	96%	
% of incomplete patients within 18 weeks.	92%		Mth 2	97%	
Percentage of diagnostic waits < 6 weeks	99%		Mth 2	100%	
Zero tolerance MRSA	0		Mth 2	0	
Rates of Clostridium difficile	0		Mth 2	0	
Zero tolerance RTT waits over 52 weeks	0%		Mth 2	0	
Failure to publish Formulary	-		Mth 2	Yes	
Duty of Candour Failure to notify	0		Mth 2	0%	
SPA (Urgent) Referral Times	Q1 = 75% Q2 = 80% Q3 = 85% Q4 = 90%		Mth 2	61%	
Paeds SLT - Dysphagia Referrals seen within 10 working days	tbc		Mth 2	50.00%	
Number of patients with Long term urethral catheters with a catheter passport	-		Mth 2	Q2	
SPA - (Non Urgent) Referral Times	75%		Mth 2	100%	
SPA - Discharge Times	Q1 = 70% Q2 = 75% Q3 = 80% Q4 = 85%		Mth 2	94.78%	
Virtual Wards (1) - Contacted within 10 Dys	Q1 = 50% Q2 = 65% Q3 = 80% Q4 = 95%		Mth 2	85.19%	
Virtual Wards (2) - Accepted Refs - Full Assessment (28 Days)	Q1 = 75% Q2 = 80% Q3 = 88% Q4 = 95%		Mth 2	100%	
Virtual Wards (3) - Discharged within 6 months	Q1 = 70% Q2 = 75% Q3 = 75% Q4 = 75%		Mth 2	57.14%	
Diabetes (1) - Very Urgent Referrals (1 week)	65%		Mth 2	NIL	
Diabetes (2) - Non Urgent Referrals (8 weeks)	Q1 = 60% Q2 = 66% Q3 = 72% Q4 = 75%		Mth 2	73.53%	
Respiratory (1) - Referrals assigned to appt within 3 WD	Q1 = 50% Q2 = 65% Q3 = 75% Q4 = 90%		Mth 2	60.00%	
Respiratory (2) - Hosp Discharges seen within 2 weeks	Q1 = Set up Q2 = 65% Q3 = 75% Q4 = 90%		Mth 2	67.00%	
MSK - Urgent Referrals seen within 14 Days	70%		Mth 2	60.00%	
MSK - Routine Referrals seen within 28 Days	70%		Mth 2	43.51%	
All - DNA Rate	5%		Mth 2	3.71%	
Breastfeeding (Coverage) status recorded at 6-8 weeks	95%		Mth 2	89.20%	
Complaints response to Commissioner Led complaints within 15 working days	95%		Mth 2		

				This Month	
National Everyone Counts/Local Indicators	Operational Standard	Lower Threshold	Period>>	HEFT	Comments
[B] Solihull CCG Community (part 2)					
Pressure Ulcer Zero Incidents of avoidable grade 3 and 4	0		Mth 2	1	
Pressure Ulcer Zero Incidents of avoidable grade2	0		Mth 2	3	
Friends and Family Test	tbc		Mth 2	After Staff survey published	
MRSA - Attendance at post infection review for non acute MRSA where community services are involved			Mth 2	Commissioner to complete	
Falls agree a local improvement target based on 2012/13 safety thermometer.			Mth 2	4	
Nutritional Assessments on Community Nursing Caseload	95%		Mth 2	88.63%	
% of children on Community Children's nursing caseload with a care plan.	95%		Mth 2	100%	
No. of new mothers with postnatal depression assessment recorded within 6 to 12 weeks following delivery.	95%		Mth 2	95%	
% of children with completed 10-14 day review recorded.	Q1 = 40% Q2 = 50% Q3 = 70% Q4 = 90%		Mth 2	65%	
% of children with completed 9 -12 month review recorded.	90%		Mth 2	92%	
% of targeted children with completed 2 year review recorded.	90%		Mth 2	90%	
% of Looked after children who have received their annual health assessment.	85%		Mth 2	86%	
All Serious Incidents notified to Commissioners via STEIS within 48 hrs	95%		Mth 2	Commissioners to provide data	
All required STEIS fields completed	100%		Mth 2		
RCA submitted within agreed timescales	95%				
Pressure Ulcer RCA 45 days					
Grade 1 RCA - 45 days					
Grade 2 RCA 60 days		Mth 2			
RCA extension requests to be made at least 5 days before deadline	95%		Mth 2		
STEIS updated at least twice weekly for each extension granted	95% Q1 100% Q2		Mth 2		
Requests for extensions should not exceed 20% of all total incidents for the contract year.	<= 20%		Mth 2		

2. HIGH LEVEL BSOL CCG SUMMARY BY POINT OF DELIVERY (YEAR ON YEAR % CHANGE IN ACTIVITY)

A. 2013/14

SUS data for months 1-2 is available to commissioners however there have been significant issues with Specialised Services identification rules which have markedly changed in 2013/14 due to the increased scope of specialised services commissioned by NHS England.

Central Midlands CSU are currently working to apply the same specialised service identification rules to pre-2013/14 data sets as well as the 2013/14 data to enable consistency of multi-year trend analysis (due to the complexity of the task this is taking longer than originally anticipated for local providers including HEFT and UHB a local derogation of the 2013/14 national algorithm was required because certain services that were definitely within the scope of prescribed specialised services in 2013/14 were not being picked up as assignable to NHS England commissioning organisations).

The CSU will be able to complete this task in time for August summary and deeper dive activity performance reporting (i.e. months 1-3) and for that performance report the type of 2012/13 analysis detailed in section 2. B below will be possible.

Other month 1-2 data issues outstanding for the CSU are:

- Final reconciliation of the new PbR Maternity pathway SUS data.
- There have been data rejection problems for Birmingham Womens Hospital FT for both April and May 2013 data which would skew any multi-year activity trend analysis.

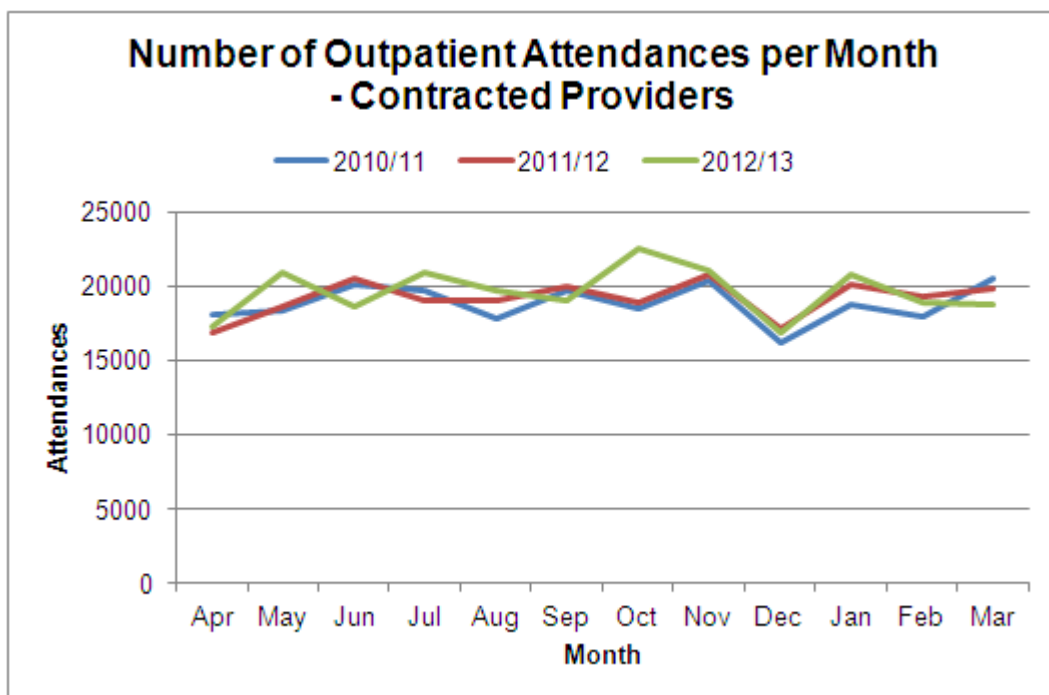
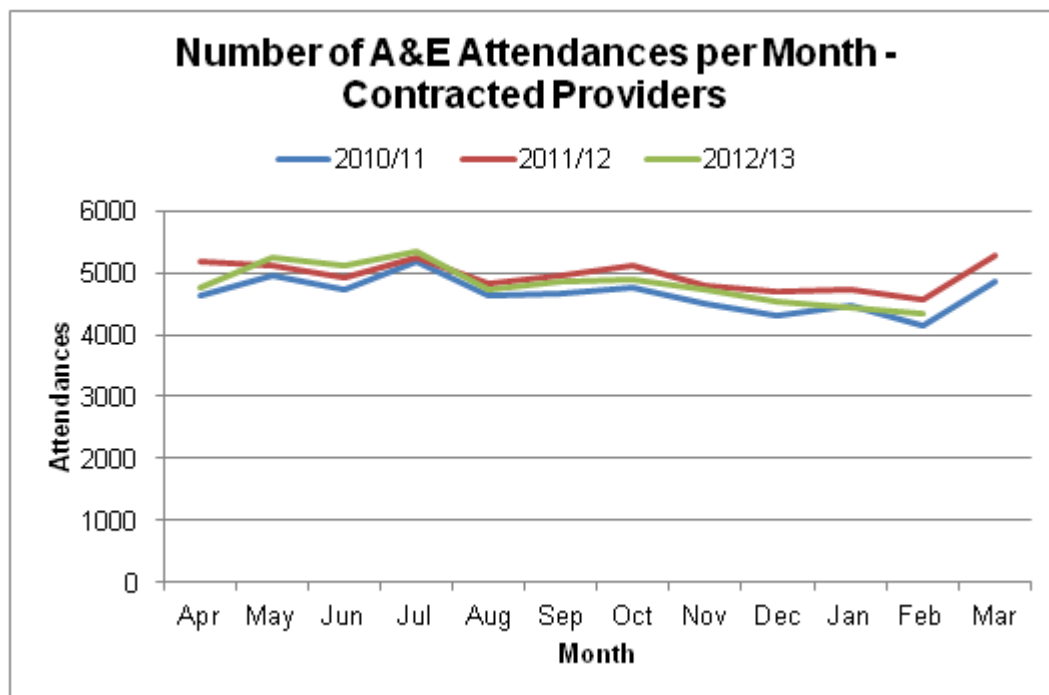
B. 2012/13

Appendix 2 provides more detailed activity, tariff cost, procedure and diagnosis type analysis.

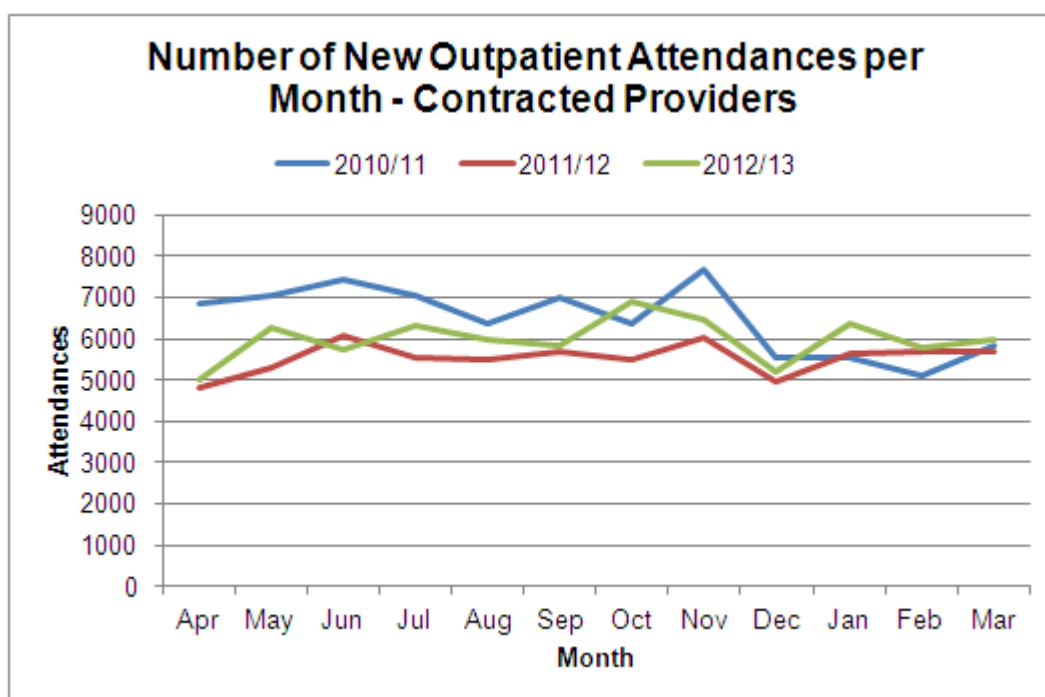
Months 1-12 Point of Delivery Summary

POD	Solihull	BCC	BSC	SWB
Accident and Emergency	-2.2	-0.2	-1.3	-1.6
New Outpatients	8.0	2.5	-3.7	7.8
Review Outpatients	0.4	-0.9	-1.8	-0.9
Elective	8.6	2.0	-3.3	-4.1
Non-elective	0.0	-1.8	-3.9	2.0

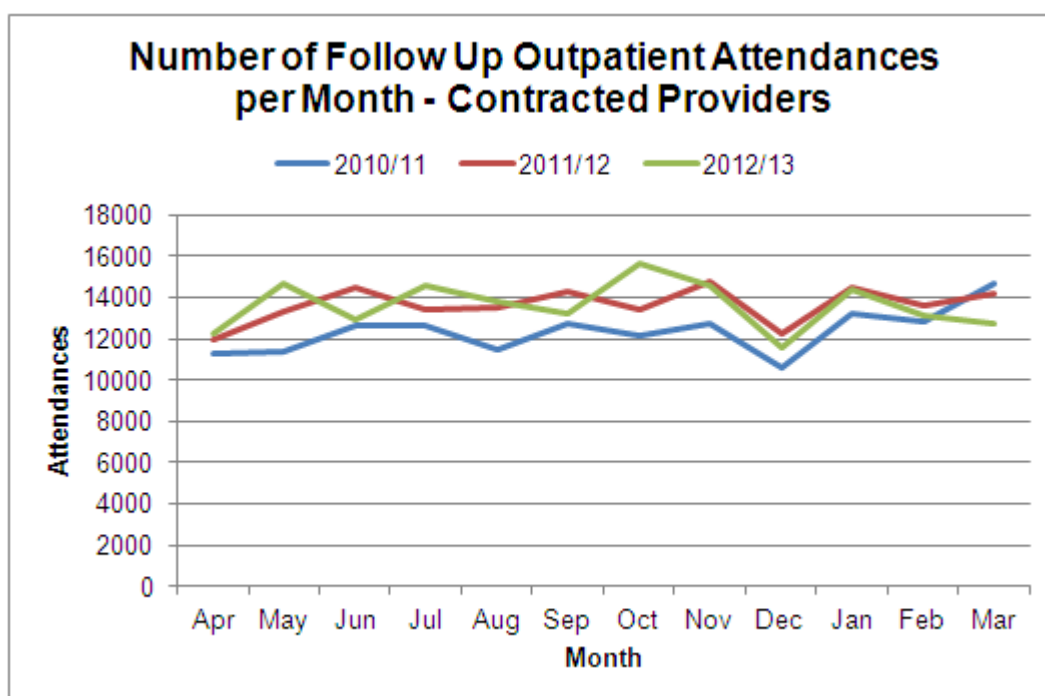
Months 1-12 Point of Delivery 3-Year Trend Charts



Note: Excludes HEFT physiotherapy attendances.

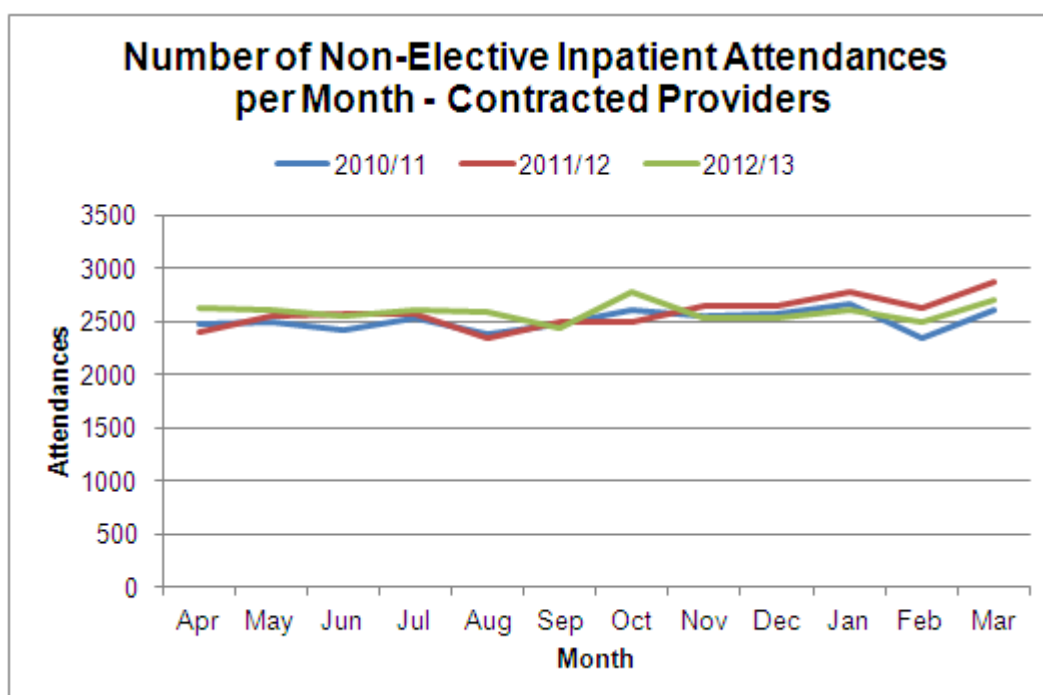
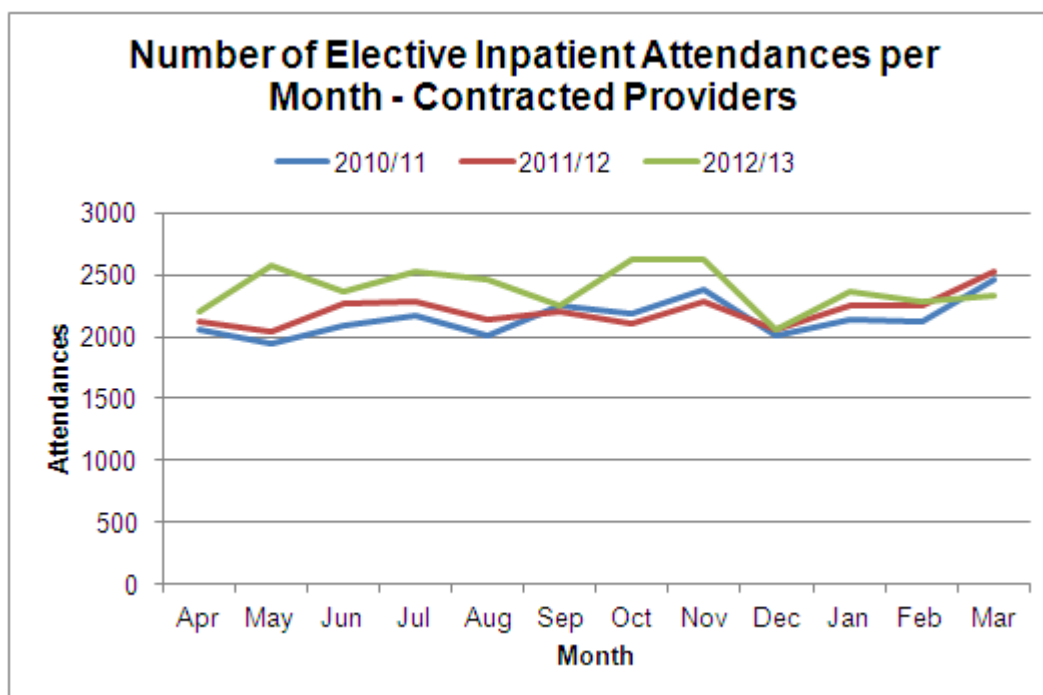


Note: Excludes HEFT physiotherapy attendances.



Note:

1. Excludes HEFT physiotherapy attendances.
2. Obstetrics change needs to set against coding change from Obstetrics to Midwifery due to the Solihull Midwife-led Unit.



Key Messages for Months 1-12 compared with 2011/12

Output Referrals

- Outpatient by referral source:
 - GP/Other Primary Care/Self = 60.0%
 - Hospital/Community = 40.0%
- GP referred as a total of all outpatient referrals has fallen from 54.9% to 53.3%
- Referral growth – GP 8.3%; Hospital/Community 19.3%

OP New [+8% excluding HEFT Therapy OP]

- Largest growth specialities:
 - Dermatology 13%
 - Urology 14%
 - Trauma and orthopaedics 7%
 - Cardiology 7%
 - Gynaecology 11%
 - Ophthalmology 7% (this takes into account the optometric LES in place for intra-ocular repeat pressure testing; but procedure-based growth in new outpatients is Wet AMD and lens insertion referrals).

OP Reviews [+0.4% excluding HEFT Therapy OP]

- Largest growth specialities:
 - Cardiology 21%
 - Anti-coagulation 8%
 - Trauma and orthopaedics 6%
 - Ophthalmology -8%
 - Dermatology 4%

Electives [+8.6% elective spell growth without medical/clinical oncology factor would only be only +1.0%]

- Largest growth specialities:
 - Medical oncology 313% (but -11% tariff growth); mostly new HRG chemotherapy drug banding spells (no tariff cost)
 - Clinical oncology 262% (but +1% tariff growth); mostly new HRG chemotherapy drug banding spells (no tariff cost)
 - Gastroenterology 20% (extra 587 endoscopic day cases; +£0.44m)
 - Clinical Haematology 13%; tariff growth 9% (predominantly chemotherapy related - speciality c. 66% blood cancers)
 - Ophthalmology 12% (of which: Wet AMD lucentis 10% and replacement lens insertion 2%)
 - Trauma and orthopaedics 9% (of which: 4.1% hips & knees; sub-acromial depression 2.1%; injection of therapeutic substance 2.6%; other inpatients -8%)

Non-Elective [0.0%]

Emergency:

- Largest growth specialities:
 - Cardiology 16% (+64 cases – mix of diagnostic and procedure)
 - General Medicine 4% (+587 cases: – major diagnosis categories are +274 Tendency to fall, +190 Pneumonia, +120 Lower respiratory infection, +108 unspecified abdominal pain).
 - Gynaecology -22%, -311 cases.

Maternity:

- Deliveries -5.6%
- Admissions not related to a delivery -4.6%

3. DEEPER FOCUS ON SPECIFIC AREAS OF HEFT PERFORMANCE

Note - Acute and Community Contracts - Monthly Penalty Tracker

The 2013/14 NHS standard contract includes mandatory penalties for a range of national operating standards. Typically some penalties are calculated monthly, while others, where applicable are applied quarterly and set against the financial credit (benefit) that West Midlands CCGs share within their 2013/14 contract baselines as a result of the negotiated Joint Managed Risk Agreement (JMRA).

For HEFT acute the following tracker forms part of monthly CQCRM and JCCG reporting and maps the calculated contract penalty for any breaches in national operating standards in the context of West Midlands CCGs' JMRA credit built into CCG LDP values.

As at mth 2 approximately £600,000 of penalties have been set against a £11.37m benefit for CCG commissioners within the 2013/14 contract baseline values.

HEFT Shadow Monitoring of Contractual Financial Penalties					#VALUE!		
					Financial Year 2013/2014		
Ref	Contract Breach	Penalty Calculation	Threshold	Actual Performance	Apr - M1	May - M2	
	PBR						
	Readmissions	X% of revenue related to in month patients readmitted within 30 days		£338k is based on draft readmissions data	Threshold to be calculated post Spec Services IR		
	CQUIN						
	Various	As per Milestones outlined in Contract	Various	As per Year End CQUIN Rec	£174,259	£174,259	
	Operational Standards						
AOS18	Breach of mixed sex accommodation requirements	£250 per day, per patient effected	>0	11 patients over an 18 hour period	£2,750		
AOS5	Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	2% of revenue derived from the provision of the locally defined service line in the quarter of the under-achievement	Operating standard of 95%	92.90%			
AOS14	Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	2% of revenue derived from the provision of the locally defined service line in the quarter of the under-achievement	Operating standard of 85%	81.82%			
	National Quality Requirements						
ANS1	Zero tolerance MRSA	Non payment of inpatient episode	>0	3	£13,292	£1,800	
ANS3	Zero tolerance RTT waits over 52 weeks	£5,000 per patient waiting over 52 weeks	>0	2	£0	£10,000	
ANS4	All handovers between ambulance and A & E must take place within 15 minutes	£200 per patient waiting over 30 minutes	Handover >15 minutes	45.85% - 891 > 30 mins	N/A	N/A	BSOL CCGs to charge from m3
ANS5	All handovers between ambulance and A & E must take place within 15 minutes	£1,000 per patient waiting over 60 minutes (in total, not aggregated with CB_57a consequence)	Handover >15 minutes	45.85% - 110 > 60 mins	N/A	N/A	BSOL CCGs to charge from m3
	Local Quality Requirements						
	Never Events						
	Wrong implant/prosthesis	In accordance with applicable Guidance, recovery of the cost of the procedure and no charge to Commissioner for any corrective procedure or care (not discretionary)	>0	1	£5,987		
	Retained foreign object post-operation	In accordance with applicable Guidance, recovery of the cost of the procedure and no charge to Commissioner for any corrective procedure or care (not discretionary)	>0	1	£1,800		
Period Total					£198,088	£186,059	
Year to date shadow fines					£198,088	£384,146	
Year to date block credit					£(1,141,940)	(2,283,879)	
Balance					£(943,852)	£(1,899,733)	

A&E 95% WAITING TIMES

HEFT A&E 4-Hour Wait Recovery Plan

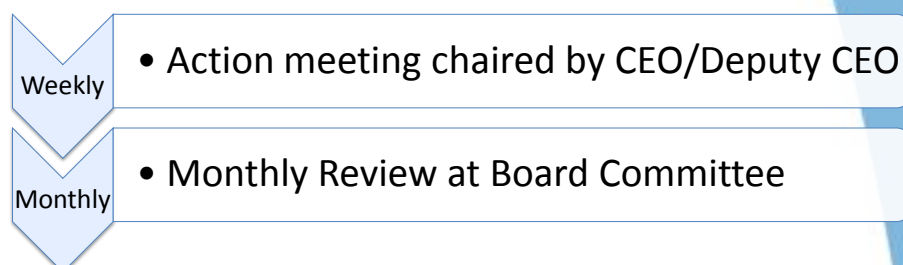
Previous performance reports have provided detail of HEFT's A&E 4-Hour Wait performance during the winter period. Following an NHS England Regional Office (RO) HEFT risk summit on 22 March 2013, particularly focussing on A&E and emergency care pressures and performance well below the 95% national standard. At the March 2013 RO risk summit there was a specific action to establish an Urgent Care Sub-Group of HEFT JCCG to focus on developing a comprehensive action plan to ensure HEFT returns to sustainable 95% A&E 4-Hour Wait performance every month.

Following the March risk summit the following process ensued.

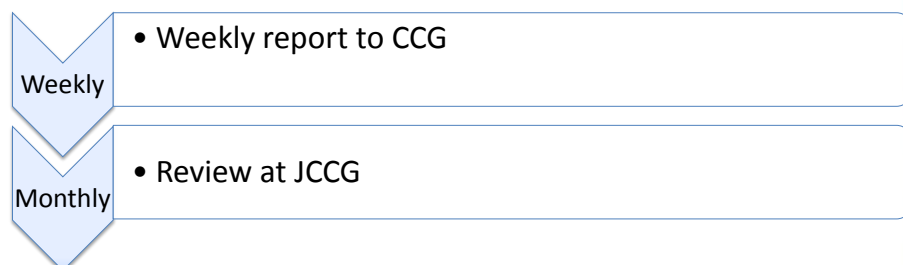
- Three JCCG Urgent Care Sub-Group meetings April/May 2013; wide clinical/manager membership from Solihull/Birmingham Cross City/South East Staffs & Seisdon CCGs and HEFT Acute
- Internal process/flow/staffing re-organisations recommended by the national ECIST (Emergency Care Intensive Support Team) are fully reflected in the Trust plan with clear delivery ownership and milestones and internal/external weekly/monthly governance framework.
- Streamlining of action plan to ensure all key ECIST issues covered, as well as supporting developments, e.g.
 - Acute Medical Clinics,
 - Heartlands Intensive Supported Discharge,
 - Redesign of Good Hope AMU,
 - Re-procurement of HEFT@Home for Good Hope site, and
 - Intermediate Care capacity reviews in Birmingham and Solihull
- Ensuring that action plan is linked to a shared performance recovery trajectory.
- The action plan was approved at the second NHSE RO risk summit on 30 May 2013 following JCCG Urgent Care Sub-Group detailed discussion.

The HEFT Action Plan governance framework is as follows:

Governance Framework - Internal



Governance Framework - External



The action plan covers the following key workstreams:

4 HOUR PERFORMANCE GOVERNANCE FRAMEWORK

WORKSTREAM	OVERVIEW
E-Jonah	Implementation of E-Jonah boards on all wards to provide live data on progress against predictive date of discharge. It will support a proactive approach to discharge and identify any constraints to progress. This will improve the flow of patients through the Trust by reduction in length of stay.
Winter Staffing	Programme of work to ensure that additional flex capacity open in the winter is fully staffed. This will deliver improved patient management through the system.
18/7 Restructure	Clinical and managerial infrastructure to support safe patient flow
GHH AMU change	A departmental reorganisation to provide a section in AMU dedicated to the rapid throughput of patients, to enhance patient flow, to create capacity and improve ambulance handover times
Supervisory Ward Sisters	Senior ward leadership to support safe and timely discharge, improving flow and reducing length of stay
HEFT @ Home Procurement/Capacity	Additional capacity external to the hospital to facilitate faster discharge and reduce length of stay
Section 2/5 Process	A project to deliver closer working relationships with local authority colleagues to improve the management of complex discharges, reducing length of stay and increasing capacity.
ECIST actions	A programme of work based on the recommendations made by ECIST following their visits to GHH and BHH
Ambulance Handover	A project to ensure that ambulance handover times improve to support improved flow through A&E

The focus of the actions detailed in the plan is to deliver improved capacity and flow in the organisation with an associated reduction in length of stay

ABBREVIATION	DEFINITION
HOMB	HEFT OPERATIONS MANAGEMENT BOARD
EMB	EXECUTIVE MANAGEMENT BOARD

The plan also has a front page dashboard to provide the HEFT executive board with a weekly 'at a glance' assessment of A&E and emergency care performance as shown below. The latest dashboard for week commencing 23 June 2013 is shown below.

NHS

HEART of ENGLAND

NHS Foundation Trust

4 HOUR PERFORMANCE GOVERNANCE FRAMEWORK

KEY WORKSTREAMS

W/C 23/06/2013

Indicator	Indicator Description	Executive Lead	Current Position	R.A.G
1	E-Jonah	AS	PLAN ON TRACK	G
2	Winter Staffing	HG	Flex update from Good Hope still required	A
3	18/7 Restructure	MS	Slippage on action for site templates, however actions taking place and "go live" date still maintained	A
4	GHH AMU change	SM	PLAN ON TRACK	G
5	Supervisory Ward Sisters	MS	PLAN ON TRACK	G
6	HEFT @ Home Procurement/Capacity	SM/CH	PLAN ON TRACK	G
7	Section 2/5 Process	SM/CH	Memorandum of Understanding to be drafted this week, and "go live" deferred to Monday 17th June	A
8	ECIST actions	AA	PLAN ON TRACK	G
9	Ambulance Handover	SM/CH	PLAN ON TRACK	G

(Weekly update to be provided to Adrian Stokes by no later than COP Monday each week)

KEY PERFORMANCE DATA

KEY SOPs

Indicator	Indicator Description	GHH	BHH	TRUST	
1	Last seven days discharges	363	497		
2	Last seven days Performance	87.39%	94.20%	94.12%	
3	Quarter to Date Performance	88.47%	90.97%	93.27%	
4	Quarter 1 Breach Budget				
		GHH	BHH	SOL	TRUST
5	Ambulance Handover within 15 mins	53.8%	41.4%	69.9%	49.0%
6	Ambulance Turnaround within 30 mins	51.5%	73.8%	65.5%	61.0%

Note: BHH Discharge Target is c550, GHH Discharge Target is c420

KEY QUALITY DATA

Indicator	Indicator Description	GHH	BHH	SOL	TRUST
1	Number of occasions when cohorting policy invoked in ED	0	0		
2	Number of occasions unplanned flex capacity in previous 7 days	0	0	0	0
3	Number of patients waiting >=8 hours in A&E - (FROM ARRIVAL TO DEPARTURE)	16	54	2	72

Indicator	Indicator Description	GHH	BHH	SOL	TRUST
4	Number of occasions when site hits escalation level 3 and above	0	0	0	0
5	FNOF surgery- percentage of patients having surgery within 36 hour standard - previous month	72.7%	56.7%	NA	62.3%
6	Latest month's status for friends and family test (A&E patients only)	81.3	38.1	56.4	56.9

A&E 4 Hour performance in 2013/14 (1 April to 25 June 2013)**Heart of England NHS Foundation Trust - Monthly A&E 4 Hour Performance 2013-14**

		Quarter 1			Q1	Quarter 2			Q2	Quarter 3			Q3	Quarter 4			Q4	YTD
		Apr-13	May-13	Jun-13		Jul-13	Aug-13	Sep-13		Oct-13	Nov-13	Dec-13		Jan-14	Feb-14	Mar-14		
BHH	Attendances	9475	9789	7830	27094													27094
	Breaches	1269	481	694	2444													2444
	% within 4 hours	86.61%	95.09%	91.14%	90.98%													90.98%
GHH	Attendances	6790	6449	5371	18610													18610
	Breaches	1077	614	438	2129													2129
	% within 4 hours	84.14%	90.48%	91.85%	88.56%													88.56%
SOL	Attendances	3883	3931	3169	10983													10983
	Breaches	107	86	62	255													255
	% within 4 hours	97.24%	97.81%	98.04%	97.68%													97.68%
HEFT	Attendances	20148	20169	16370	56687													56687
	Breaches	2453	1181	1194	4828													4828
	% within 4 hours	87.83%	94.14%	92.71%	91.48%													91.48%
HEFT inc. Walk-ins	Attendances	25417	25762	20841	72020													72020
	Breaches	2453	1181	1194	4828													4828
	% within 4 hours	90.35%	95.42%	94.27%	93.30%													93.30%

Although HEFT achieved the 95% national operating standard in May, daily performance in June has been variable as highlighted below.

		INCLUDING WALK-INS			EXCL WIC	
Day	Date	Walk-in attendances	HEFT % 4hr inc. Walk-in attendances	Total Attendances	Total time in A&E - 4 Hour Breaches	%
JUNE						
Sat	1st June	209	94.27%	664	50	92.47%
Sun	2nd June	201	96.51%	659	30	95.45%
Mon	3rd June	177	92.11%	723	71	90.18%
Tue	4th June	154	92.39%	648	61	90.59%
Wed	5th June	167	97.34%	659	22	96.66%
Thu	6th June	175	93.10%	651	57	91.24%
Fri	7th June	135	94.14%	616	44	92.86%
Sat	8th June	219	97.88%	629	18	97.14%
Sun	9th June	205	95.05%	664	43	93.52%
Mon	10th June	170	88.35%	731	105	85.64%
Tue	11th June	151	90.21%	656	79	87.96%
Wed	12th June	133	94.33%	626	43	93.13%
Thu	13th June	146	95.71%	623	33	94.70%
Fri	14th June	132	96.64%	582	24	95.88%
Sat	15th June	216	97.99%	628	17	97.29%
Sun	16th June	189	94.41%	634	46	92.74%
Mon	17th June	188	90.17%	738	91	87.67%
Tue	18th June	188	93.71%	655	53	91.91%
Wed	19th June	188	93.32%	665	57	91.43%
Thu	20th June	188	92.98%	681	61	91.04%
Fri	21st June	188	96.22%	686	33	95.19%
Sat	22nd June	188	96.55%	624	28	95.51%
Sun	23rd June	188	96.41%	619	29	95.32%
Mon	24th June	188	91.47%	668	73	89.07%
Tue	25th June	188	96.86%	641	26	95.94%

Planned A&E 4 Hour Wait Improvement Trajectory

Trajectory

	A&E	Ambulance handover
May	Significant improvement on April $\geq 94\%$	Significant improvement on April
June	$\geq 95\%$	Min 60% and review long term
Q2/Q3/Q4	$\geq 95\%$	TBA

The forecast performance for June 2013 is likely to fall below 95%. Performance continues to be monitored closely through the daily Directors' reports available. The JCCG Urgent Care Sub-Group also scrutinises cross-site performance in the context of how the agreed 4-Hour recovery actions are being delivered against agreed milestones as well as comparative local acute trust A&E 4-Hour wait performance. In this context, it should be noted that HEFT, Trust-wide, has the third largest A&E volume in England (Sandwell and West Birmingham NHS Trust is the ninth largest A&E provider).

A. AMBULANCE HANDOVER TIMES

The full hospital turnaround process comprises:

1. Ambulance arrival to clinical handover to type 1-3 emergency department; **timeline 0-15 minutes**
2. Handover to ambulance crew clear to respond to next call; **timeline 16-30 minutes**

The relevant national operating standards for 2013/14 built into the NHS Standard Contract are as follows:

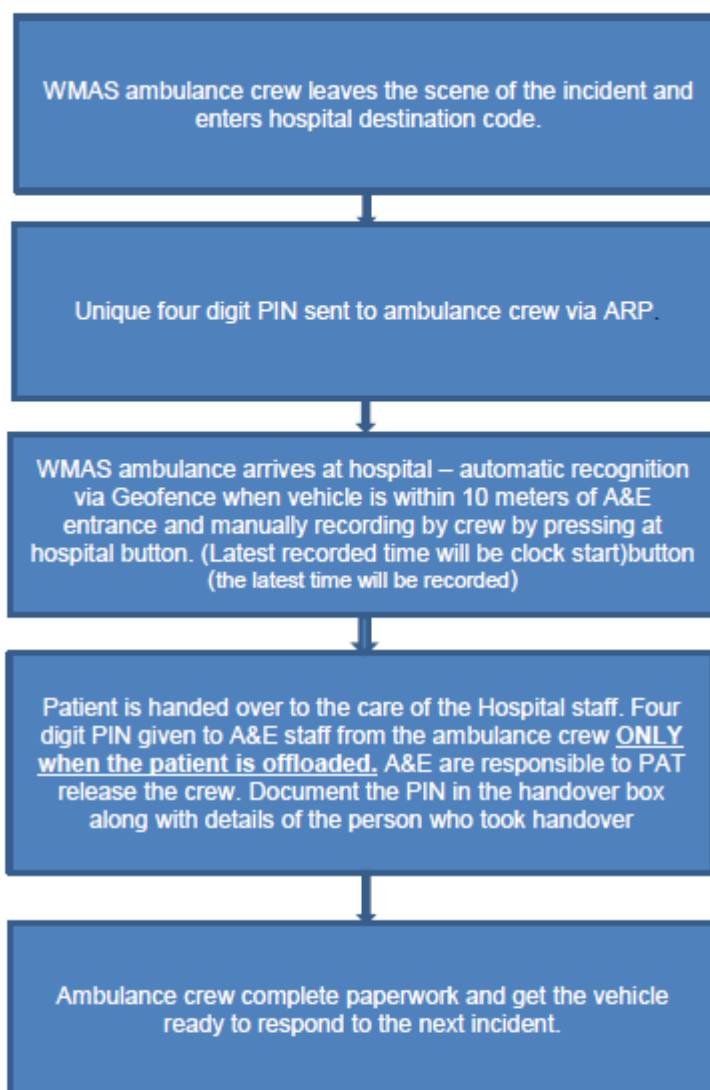
	National Quality Requirement	Threshold (2013/14)	Method of Measurement (2013/14)	Consequence of breach	Monthly or annual application of consequence
ANS4	All handovers between ambulance and A & E must take place within 15 minutes	Handover >15 minutes	Review of monthly Service Quality Performance Report	£200 per patient waiting over 30 minutes	Monthly
ANS5	All handovers between ambulance and A & E must take place within 15 minutes	Handover > 15 minutes	Review of monthly Service Quality Performance Report	£1,000 per patient waiting over 60 minutes (in total, not aggregated with CB_S7a consequence)	Monthly
ANS8	Trolley waits in A&E	Any trolley wait > 12 hours	Review of monthly Service Quality Performance Report	£1,000 per breach	Monthly
A&E waits					
AOS5	Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Operating standard of 95%	Review of monthly Service Quality Performance Report	2% of revenue derived from the provision of the locally defined service line in the quarter of the under-achievement	Quarterly

In terms of contractual levers to improve HEFT's ambulance handover performance:

- Solihull CCG is maintaining a monthly 'fine tracker' based on national contract rules
- Regarding Ambulance Handover the BSOL Urgent Care Collaborative team has supported an Ambulance Turnaround Times Project Team to coordinate the process for the implementation of Turnaround Fines.
- A Black Country, Birmingham and Solihull wide proposal on handover fines based on national rules and local validation processes was provided to BSOL CCGs on 15 May 2013 for internal review. This process, in terms of penalties based on the above contract rules, will operate from June 2013 (Month 3).
- There is an issue to be resolved with HEFT as the operating standard related to ambulance conveyances to type 1/2/3 A&E Department, and on the Solihull Hospital site ambulances convey patients to the Acute Medical Unit for logistical reasons rather than the Emergency Department.
- The HEFT JMRA already incorporates a material sub-PbR tariff credit for all West Midlands CCG signatories and therefore A&E and Ambulance Handover penalties will be calculated and reported on, but will be set against this LDP value credit.
- Where there is over-performance on the 13/14 LDP baseline; HEFT will be able to apply to the JMRA CCGs for funding against the 1% JMRACCG reserve set aside for specific demand reduction, outcomes improving initiatives.
- The 13/14 NHS standard contract in General Condition 9 – Contract Management allows for Contract Query, Remedial Action Plan or Joint Investigation processes to be employed as and where appropriate.

The actual handover process is shown in the diagram below.

Hospital Turnaround Process



- It is the responsibility of the ambulance crew to release the four digit PIN to the A&E staff in a timely manner.
- It is the responsibility of the A&E staff to enter the four digit PIN to PAT release the crews on the online CAD following clinical handover within 15 minutes of arrival at A&E
- If there are any problems encountered regarding the four digit pin contact Emergency Operations Centre (EOC) or the Hospital Desk (ARP 60905 or telephone 01384 246373)
- It is the responsibility of the ambulance crew to be in a position to respond to another incident within 15 minutes following clinical handover.
- Where it is not possible to be able to be in a position to respond to another incident contact EOC or Hospital Desk giving details of the reason for delay (ARP 60905 or telephone 01384 246373).

HEFT, as part of their A&E 4-Hour Wait recovery plan detailed above, expect to achieve from June across its three sites, at least 60% of patient arrival to ambulance handover to ED taking no longer than 30 minutes.

The charts below show HEFT's percentage performance against handover within 15 minutes comparing April/May 2012 with April/May 2013 in the context of all BBCSOL acute sites.

Summary results:

- Ambulance conveyances to HEFT in April/May 2013 were slightly lower than the equivalent period 12 months ago.
- Arrival to handover within 15 minutes performance for HEFT's three sites compared with 12 months is variable.
- Arrival to handover within 30 minutes performance (contract penalty threshold) for HEFT's three sites shows considerable improvement since March 2013. HEFT's performance is not materially different to other medium/large acute trusts across BBCSOL.
- Arrival to ambulance crew clear (turnaround) within 30 minutes for HEFT's three sites compared to 12 months ago materially better and above 60% target performance in HEFT's A&E Governance Framework. Biggest challenge is to improve ambulance turnaround times at Heartlands which has the lowest BBCSOL acute site performance.

BBC Cluster Trust Conveyances: 2012 -13					
Acute Trust	Apr 12	May 12	Mar 13	Apr 13	May 13
Birmingham Childrens Foundation	623	713	750	661	661
Dudley Group of Hospitals	2,748	2,899	2,990	2,821	2,695
Heartlands Foundation	6,247	6,378	6,454	6,173	6,177
The Royal Wolverhampton	2,936	2,994	3,376	3,095	3,069
Sandwell & West Birmingham	4,071	4,393	4,280	3,847	4,091
University Hospital Birmingham	3,071	3,281	3,276	3,071	3,204
Walsall Hospital	2,285	2,375	2,507	2,390	2,323
BBC Total	21,981	23,033	23,633	22,058	22,220

BBC Cluster Arrival to Handover <15 mins (Providers): 2012 - 13					
Hospital Site	Apr 12	May 12	Mar 13	Apr 13	May 13
Birmingham Childrens	64.7%	59.3%	61.1%	82.9%	85.3%
Russells Hall	50.8%	51.7%	28.9%	46.3%	55.5%
Good Hope	58.1%	62.9%	35.4%	54.1%	66.9%
Heartlands	40.6%	44.1%	34.1%	34.7%	45.3%
Solihull	61.9%	68.1%	26.1%	61.5%	46.9%
Newcross	65.7%	62.5%	51.6%	64.1%	53.8%
City (Birmingham)	51.8%	55.1%	37.2%	52.1%	46.9%
Sandwell	41.0%	37.3%	20.7%	34.8%	42.0%
University Hospital Birmingham	59.8%	56.7%	46.5%	49.5%	48.6%
Walsall Manor	58.6%	59.9%	50.5%	71.7%	74.6%

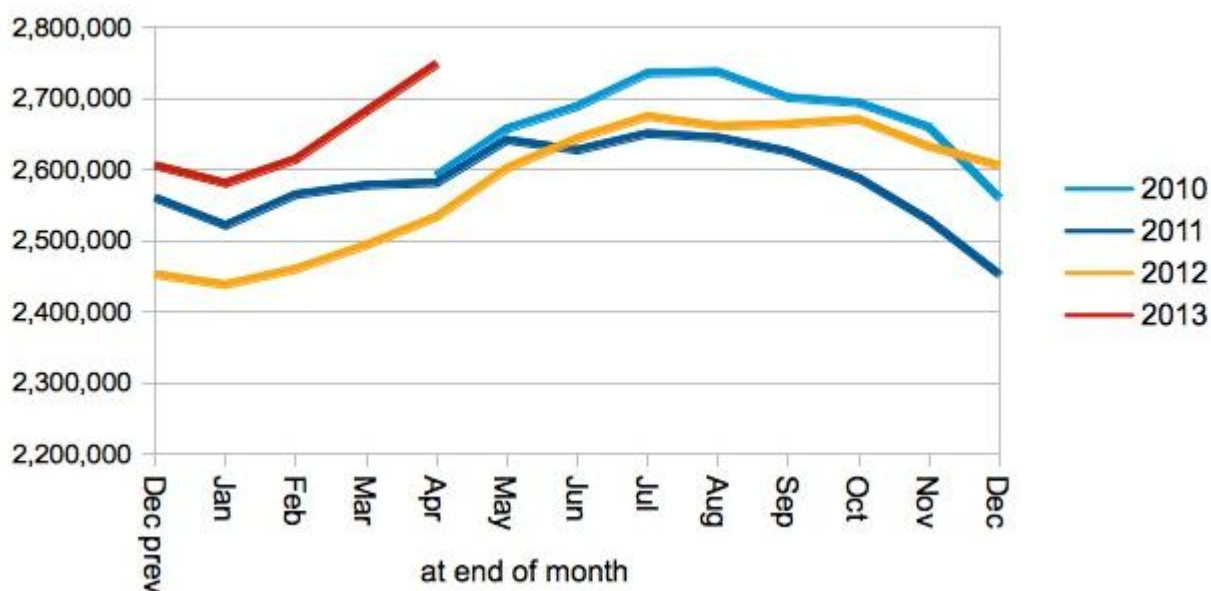
Wider WM Region Arrival to Handover <30 mins (Providers): 2012 - 13					
Hospital Site	Apr 12	May 12	Mar 13	Apr 13	May 13
Birmingham Childrens			89.3%	96.8%	95.8%
Russells Hall			68.3%	82.8%	90.0%
	N o d a t a	N o d a t a			
Good Hope			74.0%	86.5%	91.9%
Heartlands			70.6%	75.1%	86.3%
Solihull			64.9%	91.2%	94.2%
Newcross			91.0%	94.5%	95.4%
City (Birmingham)			75.7%	88.3%	88.7%
Sandwell			67.2%	82.1%	86.2%
University Hospital Birmingham			79.3%	84.9%	86.6%
Walsall Manor			86.2%	95.2%	96.3%

Wider WM Region Arrival to Clear <30 mins (Provider): 2012 - 13					
Hospital Site	Apr 12	May 12	Mar 13	Apr 13	May 13
Birmingham Childrens	76.6%	77.4%	65.9%	84.7%	82.30%
Russells Hall	56.8%	59.5%	41.1%	58.0%	65.10%
Good Hope	53.0%	61.2%	45.1%	65.3%	75.00%
Heartlands	47.1%	43.6%	35.7%	47.2%	56.20%
Solihull	46.5%	45.5%	27.3%	61.9%	69.60%
Newcross	68.7%	67.3%	61.2%	74.2%	73.60%
City (Birmingham)	57.1%	59.6%	39.8%	61.9%	65.30%
Sandwell	55.5%	60.4%	42.5%	56.8%	62.90%
University Hospital Birmingham	57.6%	55.7%	45.8%	59.9%	63.0%
Walsall Manor	73.0%	75.6%	62.1%	78.5%	81.70%

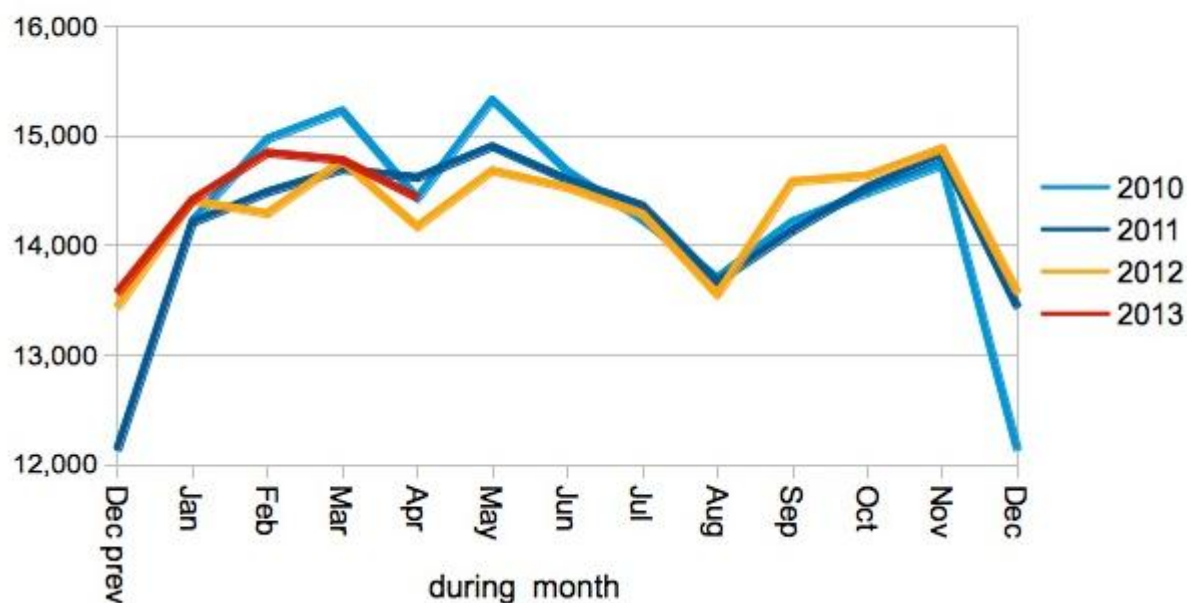
B. REFERRAL TO TREATMENT

The national profile of elective activity up to April 2013 can be summarised in the following two charts:

Waiting list in England, adjusted for step changes



Admissions per working day in England, all specialties



HEFT Waiting List Movement – April to May 2013**1. Admitted Patient List**

Small increase since last month in the size of the waiting list for patients waiting for admitted treatment and size of 18+ week tail.

Weeks				Last Month				Percentage				% Last Month			
0-17	18-25	26-51	52+	0-17	18-25	26-51	52+	0-17	18-25	26-51	52+	0-17	18-25	26-51	52+
2,456	104	103	0	2,304	112	81	0	92%	4%	4%	0%	92%	4%	3%	0%

2. Non-Admitted Patient List

Non-admitted waiting list size broadly constant, small increase in 26+ week waiters.

Weeks				Last Month				Percentage				% Last Month			
0-17	18-25	26-51	52+	0-17	18-25	26-51	52+	0-17	18-25	26-51	52+	0-17	18-25	26-51	52+
10,979	243	151	0	11,033	247	134	2	97%	2%	1%	0%	97%	2%	1%	0%

3. Incomplete Pathway Patient List

Increase in non-admitted waiting list size, but a larger proportion of the total list are now waiting less than 18 weeks but absolute volume of 18+ week wait volume has continued to reduce from 1,225 patients to 1,176.

Weeks				Last Month				Percentage				% Last Month			
0-17	18-25	26-51	52+	0-17	18-25	26-51	52+	0-17	18-25	26-51	52+	0-17	18-25	26-51	52+
27,481	552	622	2	26,345	730	495	0	96%	2%	2%	0%	96%	3%	2%	0%

D1 - Incomplete Pathways

HEFT performance by specialty to May 2013 is summarised below.

Incomplete Pathways						
Specialty	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13
General Surgery	86.2%	90.0%	91.96%	91.4%	91.0%	88.5%
Urology	94.5%	93.1%	94.6%	93.4%	92.8%	93.5%
Trauma & Orthopaedics	88.2%	86.8%	88.7%	87.0%	86.1%	86.8%
Ear, Nose & Throat (ENT)	92.8%	92.5%	93.3%	93.0%	93.8%	94.4%
Ophthalmology	95.6%	95.3%	95.9%	95.8%	95.5%	96.7%
Oral Surgery	N/A	N/A	N/A	N/A	100.0%	100.0%
Neurosurgery	N/A	N/A	N/A	N/A	N/A	N/A
Plastic Surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cardiothoracic Surgery	N/A	N/A	N/A	N/A	N/A	N/A
General Medicine	97.3%	97.6%	100.0%	100.0%	100.0%	98.6%
Gastroenterology	99.7%	99.0%	98.8%	98.9%	98.6%	98.8%
Cardiology	98.0%	98.3%	97.6%	96.9%	96.7%	95.9%
Dermatology	96.2%	97.3%	97.8%	97.9%	97.9%	98.1%
Thoracic Medicine	99.5%	99.5%	98.8%	98.6%	97.4%	97.8%
Neurology	99.0%	98.2%	98.3%	98.6%	98.1%	98.8%
Rheumatology	99.7%	99.3%	100.0%	99.2%	99.0%	100.0%
Geriatric Medicine	92.7%	98.0%	97.1%	98.3%	98.1%	99.2%
Gynaecology	96.1%	96.2%	96.6%	96.1%	96.4%	96.7%
Other	97.9%	98.2%	98.5%	98.2%	97.9%	97.8%
Total	95.0%	94.8%	95.6%	95.0%	94.8%	95.0%
Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

Despite HEFT comfortably meeting overall the national standard of 92% of patients waiting less than 18 weeks during 2012/13, two specialities consistently failed to achieve the standard; Trauma and Orthopaedics and General Surgery.

Solihull CCG, at its November Contract Review Board meeting with HEFT for both specialities, provided clear remedial actions and improvement trajectories for the two specialities as follows:

With regard to achievement verses trajectory to March 2013, the position to 31 March 2013 was:

- **General Surgery** – March 2013 trajectory >92.0%; actual 91.40%
- **Trauma and Orthopaedics** – March 2013 trajectory 92.0%; actual 87.0%

In 2013/14 to date, both specialities have continued to fail the meet national operating standard, which is now in 2013/14 mandated at individual specialty level.

Currently 92% of T&O's total admitted and non-admitted waiting list is achieved at the 24 week milestone compare with regional and national norm of no longer than 17-20 weeks. Solihull CCG has met with the T&O senior team to start to develop a plan at individual patient level to ensure that the waiting list tail is reduced from just under 52 weeks currently to no patient waiting longer than 26 weeks by March 2014. This will involve a similar approach to that successfully employed to eliminate 52+ week waiters in 2012.

This will be monitored at individual patient level for the remainder of 2013/14.

Solihull CCG agreed with HEFT at the June 2013 Clinical Quality Contract Review meeting that a similar meeting/approach will be required for General Surgery.

From April 2013, Solihull CCG is imposing mandatory penalties as specified in the 2013/14 NHS Standard Contract for any specialties that fail to achieve the national operating standard of 92% of specialties waiting being less than 18 weeks. The penalty calculation is based on Schedule 4 – Part G of the Particulars section of the NHS Standard Contract.

D2 – Admitted Pathways

Admitted (Adjusted)						
Specialty	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13
General Surgery	91.0%	91.9%	81.1%	89.1%	90.2%	92.3%
Urology	91.6%	93.5%	87.0%	93.1%	92.6%	92.2%
Trauma & Orthopaedics	91.2%	90.6%	75.9%	87.7%	90.2%	90.4%
Ear, Nose & Throat (ENT)	90.4%	92.0%	82.1%	88.7%	90.8%	90.3%
Ophthalmology	91.3%	92.0%	89.1%	92.9%	90.8%	90.7%
Oral Surgery	N/A	100.0%	100.0%	100.0%	100.0%	100.0%
Neurosurgery	N/A	N/A	N/A	N/A	N/A	N/A
Plastic Surgery	100.0%	N/A	N/A	N/A	N/A	N/A
Cardiothoracic Surgery	N/A	N/A	N/A	N/A	N/A	N/A
General Medicine	N/A	100.0%	N/A	100.0%	100.0%	N/A
Gastroenterology	100.0%	100.0%	98.8%	98.9%	100.0%	99.1%
Cardiology	97.3%	95.7%	96.3%	95.4%	91.4%	94.9%
Dermatology	96.0%	97.6%	93.3%	90.7%	100.0%	94.9%
Thoracic Medicine	93.5%	100.0%	100.0%	97.5%	96.8%	97.9%
Neurology	N/A	N/A	N/A	N/A	N/A	N/A
Rheumatology	N/A	N/A	N/A	N/A	N/A	N/A
Geriatric Medicine	100.0%	N/A	N/A	N/A	N/A	N/A
Gynaecology	92.5%	95.2%	88.2%	90.3%	90.6%	90.2%
Other	96.4%	95.7%	94.9%	94.7%	95.6%	95.7%
Monthly Performance	92.6%	93.4%	85.8%	91.4%	92.2%	92.3%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

HEFT is meeting the 90% national standard in all specialties.

D3 – Non-Admitted Pathways

Non Admitted						
Specialty	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13
General Surgery	97.6%	96.6%	96.9%	97.7%	97.8%	97.1%
Urology	97.6%	95.3%	97.9%	96.3%	95.3%	95.8%
Trauma & Orthopaedics	95.2%	95.4%	95.3%	95.6%	95.2%	95.4%
Ear, Nose & Throat (ENT)	95.1%	95.1%	96.8%	95.2%	95.5%	95.9%
Ophthalmology	98.0%	98.1%	95.1%	96.9%	97.7%	98.2%
Oral Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Neurosurgery	N/A	N/A	N/A	N/A	N/A	N/A
Plastic Surgery	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%
Cardiothoracic Surgery	N/A	N/A	N/A	N/A	N/A	N/A
General Medicine	100.0%	96.9%	96.7%	100.0%	96.1%	98.8%
Gastroenterology	96.0%	95.3%	95.9%	95.9%	95.2%	95.4%
Cardiology	96.1%	96.1%	95.8%	96.4%	95.3%	95.4%
Dermatology	95.0%	95.1%	95.4%	95.4%	95.1%	95.3%
Thoracic Medicine	95.6%	95.6%	96.1%	95.6%	96.0%	95.3%
Neurology	95.3%	96.4%	96.8%	95.1%	96.5%	95.8%
Rheumatology	97.7%	98.8%	98.5%	99.5%	97.7%	97.0%
Geriatric Medicine	97.6%	95.2%	97.0%	98.3%	97.5%	96.6%
Gynaecology	96.7%	96.7%	96.3%	96.0%	97.5%	96.9%
Other	97.0%	95.8%	97.7%	97.2%	97.3%	97.4%
Monthly Performance	96.6%	96.2%	96.5%	96.5%	96.7%	96.6%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

HEFT is meeting the 95% national standard in all specialties.

D4 – Patients Waiting >52Weeks

As part of HEFT and Solihull CCG regular monitoring of the 0-52 week HEFT waiting list profile two patients in the May non-admitted data were identified as waiting over 52 weeks.

- 13P – Birmingham Cross City CCG – General Surgery; the patient was removed from waiting list at patient's own request to prioritise treatment of a second condition.
- 05P – Solihull CCG – General Surgery; surgery date confirmed 27 June 2013.

Solihull CCG Registered Population.

- 1 HEFT case (see above);
- 2 complex spinal patients at ROH (NHSE England Specialised Services is responsible commissioner. Expect all over 52 week patients to have been treated by the end of July 2013) as agreed with NHSE Birmingham and Black Country. ROH since May 2013, have brought in additional consultant capacity from Manchester. Patients have been offered choice of alternative provider in England (limited take up). 1 Solihull patient has a 24 May TCI date

The national operating standard ANS3 – Zero tolerance RTT waits over 52 weeks applies. Each breach attracts a £5,000 penalty.

C. Cancer Access

HEFT for April 2014, delivered all the national operating standards for the two week, 31 day and 62 day cancer access targets.

Solihull CCG for April 2013 its registered population met all cancer access targets with the exception of:

- Maximum 31 day wait for subsequent treatment where treatment is a course of radiotherapy.

Solihull CCG Breaches: 3/41 patients; 1 patient University Hospital Birmingham 48 days (due to available radiotherapy capacity to bring treatment date forward). For University Hospital Coventry and Warwickshire, 1 patient waiting 34 days (ambulance conveyance issue regarding planned appointment on 19 March 2013). 1 patient waiting 34 days (plan not ready for treatment on 23 April 2013).

The CCG will check the May cancer access commissioner report to ensure these three patients are no longer waiting for their first course of radiotherapy.

100+ Cancer 2 Week Waiters:

Snapshot position: as at 25 June six 2 week query cancer referred patients have been waiting more than 62 days.

In summary

Referring PCT	Previous Reported?	Waiting Time (days)	First treatment Scheduled	Other Comments
BEN	Yes	173	5 Aug 13	Patient overseas for 3 months; surgery scheduled for return
BEN	No	127		Patient declined surgery for 2 months due to carer responsibilities
BEN	No	118	1 Aug 13	Patient needs to lose weight due to anaesthetic risk before radical prostatectomy
BEN	No	110		Further anaesthetic opinion and echocardiogram (5 July – patient choice)
BEN	No	106	19 Aug 13	Patient needs to lose weight due to anaesthetic risk before radical prostatectomy
BEN	No	105		Further bone biopsy re-scheduled twice (patient choice)

D. Stroke

HEFT's Performance in 2012/13 across its 3 sites against the national standard of 80% of stroke patients spending 90% of their admitted time on a designated stroke ward was as follows.



TRUST KEY PERFORMANCE INDICATORS

KPI REF	PCT MAIN CONTRACT INDICATORS	TARGET	Q1	Q2	OCT-12	NOV-12	DEC-12	Q3	JAN-13	FEB-13	MAR-13	Q4	TRUST YTD
L006	% of Stroke Patients Spending 90% or more of their stay on Stroke Unit	≥ 80%	87.2%	86.8%	80.5%	90.5%	81.6%	83.7%	79.6%	78.3%	64.6%	74.7%	83.4%

The Trust, having met the national standard for the first three quarters (albeit not at all three sites, Solihull being particularly problematic), noticeably failed to meet the standard in Q4. Overall outturn performance remained above the national standard for the full 2012/13. Nevertheless HEFT's performance record against this standard in recent years has been patchy and in 2011/12 faced a considerable withholding of funds by commissioners. The March performance sharply declined raising real concerns about April and Q1 performance in 2013/14.

Performance across the three sites in 2012/13 is summarised in the following table.

	Q1	Q2	Q3	Q4	YTD
Good Hope	88%	95%	88%	75%	87%
Heartlands	88%	90%	87%	80%	86%
Solihull	86%	74%	75%	70%	76%
HEFT	87%	87%	84%	75%	83%

In April 2013 the Trust overall, for a fourth month, failed to achieve the national standard, Good Hope marginally achieved the national standard at 81% and Heartlands achieved 86%. However, performance at the Solihull Hospital site in April 2013 (and March) was a very poor 52%, having not achieved the national standard since July 2012.

An exception report was provided for the May CQCRM that met on 30 May 2013, which Dr. Martin Sandler attended and presented.

The reasons provided for under performance on the Solihull site were:

- Bed capacity pressures and A&E 4-Hour performance
- AMU assessment processes causing inconsistent prioritisation of stroke patients
- Stroke Co-ordinator is a dual ward-based role creating inconsistent ability to respond to stroke alerts
- Absence of data collection role at Solihull results in incomplete and slow data collection and input
- Repatriation to GHH is frequently delayed resulting in a capacity pressure within the Stroke Unit
- Discharge protocols to be revisited with key partners (social worker, therapists and intermediate care).

It should be noted that the Solihull site is the host for out of hours stroke thrombolysis care and ambulance conveyance. This service is expected to move to Heartlands by the end of 2013 as part of the regional review of hyper acute stroke units (HASUs).

The above are not new issues and some of the above at least have been part of the detail of previous HEFT exception and the question is why some of the above issues have not been resolved in 2012/13.

Action	Date Complete	Expected Impact
Book band 5 bank nurse to backfill one shift a day to release the stroke co-ordinator to ensure stroke patients arrive in ward 8 within the target timeline	May 2013	This will ensure the stroke co-ordinator is a dedicated resource to getting stroke patients to ward 8 and delivering our KPIs
Recruitment of a data capture clerk	June 2013	This will ensure we are able to report timely information
Revise SOPs (Standard Operations Procedures) to ensure delivery of stroke targets	May 2013	This will ensure consistency of approach for protecting beds and include repatriation protocols
Reinforce bed protection policy	May 2013	Reinforcement of stroke pathway to A&E, AMU, Site Capacity and Bed Management teams, Senior management teams, Hospital at Night teams and ward areas
Early adopter of E Jonah	June 2013	Technology plus a multi disciplinary approach to managing discharge will help improve the flow of patients

		through ward 8
Develop a HASU receiving bay in BHH AMU	June 2013	Improved bed availability, patients remain within proximity of medical staff for rapid clerking
Review discharge/repatriation processes	August 2013	Work with key stakeholders to review current processes and together develop innovative solutions to improve discharge
Implementation of stroke hyper acute reorganisation and redesign of stroke pathways (this will include repatriation to Solihull, Early Supported Discharge, stroke reviews)	December 2013	Ensure compliance

HEFT expected improvement in stroke performance on the Solihull to be:

- May - 60% [actual achieved 75.0%
- June - 70%
- July – 75%
- August onwards – 80%

In May overall Trust-wide performance markedly improved to 86.5% (April 75.7%). Site specific performance was:

	April 13	May 13
Good Hope	80.95%	90.48%
Heartlands	85.71%	90.00%
Solihull	56.67%	75.00%
HEFT	75.70%	86.50%

APPENDIX 1

Solihull/HEFT Demographic Triangulation

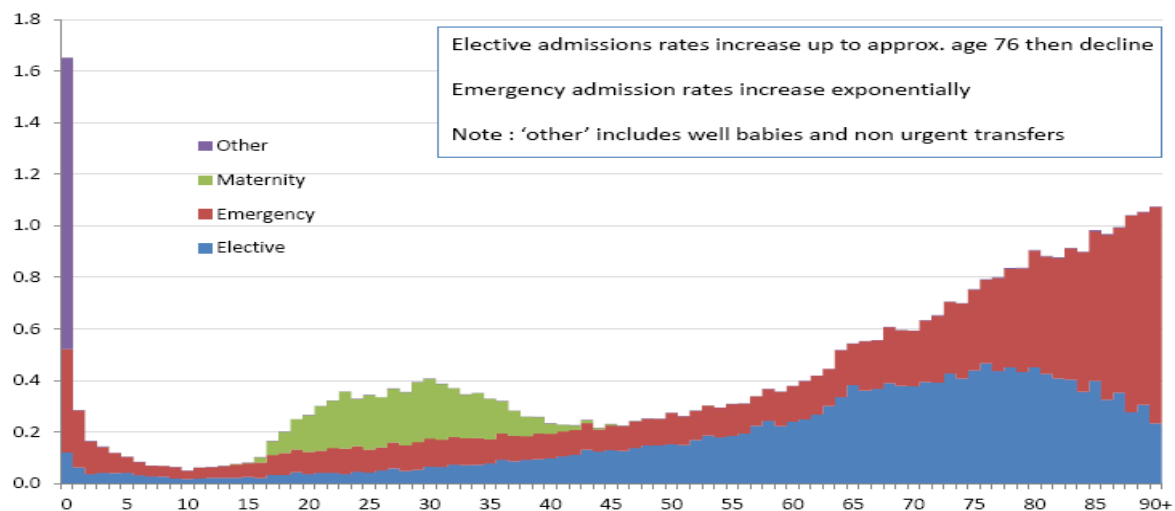
1. Solihull's annual demographic change by age band (especially over 65)

2010-based Subnational Population Projections						
Table 2d: Local authorities and higher administrative areas within England						
Quinary age groups, Persons						
Figures in thousands (to one decimal place)					2010- 2035	2010- 2035
					25 year Growth %	Annual Growth %
CODE	AREA	AGE GROUP	2010	2035		
E08000029	Solihull	0-4	11.40	12.80		
E08000029	Solihull	5-9	11.80	14.20		
E08000029	Solihull	10-14	13.20	15.60		
E08000029	Solihull	15-19	13.70	15.10		
E08000029	Solihull	20-24	11.40	12.20		
E08000029	Solihull	25-29	11.30	12.90		
E08000029	Solihull	30-34	10.00	12.50		
E08000029	Solihull	35-39	12.40	14.10		
E08000029	Solihull	40-44	15.70	16.20		
E08000029	Solihull	45-49	16.40	16.80		
E08000029	Solihull	50-54	14.00	15.10		
E08000029	Solihull	55-59	12.20	12.40		
E08000029	Solihull	60-64	13.60	12.90	9.4%	0.38%
E08000029	Solihull	65-69	10.90	14.20	30.3%	1.21%
E08000029	Solihull	70-74	8.90	13.50	51.7%	2.07%
E08000029	Solihull	75-79	7.50	10.80	44.0%	1.76%
E08000029	Solihull	80-84	6.00	8.40	40.0%	1.60%
E08000029	Solihull	85-89	3.50	7.30	108.6%	4.34%
E08000029	Solihull	90+	1.70	6.00	252.9%	10.12%
E08000029	Solihull	All ages	205.90	243.00	18.0%	0.72%

2. HEFT spells by point of delivery demand curve by age band

Hospital Admission Rates 2010/11

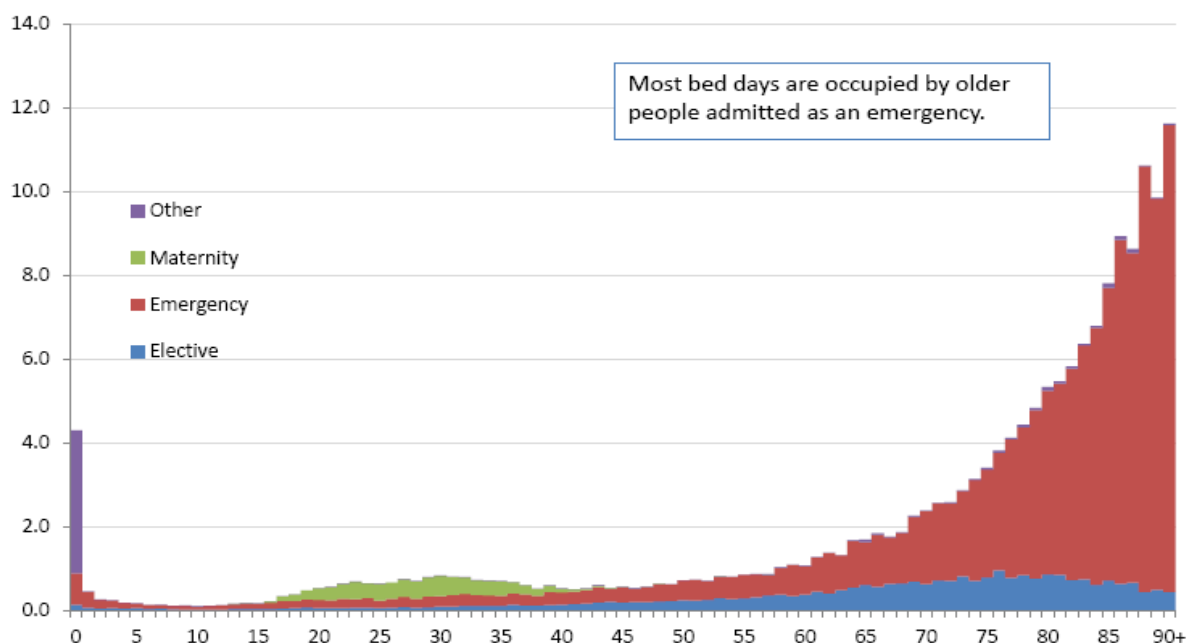
Heart of England NHS Foundation Trust
per head of population by single year of age



3. HEFT bed days (length of stay) demand curve by age band.

Hospital Bed-Day Usage Rates 2010/11

Heart of England NHS Foundation Trust
per head of population by single year of age



APPENDIX 2

SOLIHULL CCG ACTIVITY TRENDS - DETAIL

Point of Delivery Trend Charts – period months 1-12 (April 2012 – March 2013)

Explanatory Notes

Note 1:

Solihull CCG was formally advised by CSU BI on 18 February that an issue arose as part of the automated processing of SUS data within the Birmingham and Solihull Cluster Data Warehouse. The process was allocating the Points of Delivery (POD) to Finished Consultant Episodes (FCEs) rather than spells (which are made up of one or more FCEs) for all inpatient activity.

This is an error that impacts on all local CCG commissioners, not simply Solihull.

To correct the error CSU BI have 'walked through' the entire processing and determined that to fully eradicate the error, required a rewrite of the full report from the CSU Warehouse. This task was completed by 21 February 2013. CSU BI has indicated that new safeguards have been built into the monthly CCG activity workbook to ensure there are no such errors in future. CSU BI has also checked the A&E and Outpatient activity and neither of these uses the POD field and therefore shows no errors.

Note 2:

HEFT outpatient therapies (physiotherapy, occupational therapy, SALT and dietetics) which were not counted in April - September 2011 as these services were subject to a block agreement for that period. Therefore to preserve consistency between years outpatient comparison between 2012/13 and 2011/12 are shown without therapy outpatients

Note 3:

As a result of HEFT introducing a new Outpatient Management System from December 2010 there is approximately a 9% reduction in the counting of new outpatients and a 9% increase in the counting of review outpatients at the Trust.

Note 4:

When considering the percentage change in elective and non-elective spell admissions it is important to triangulate this with:

1. Solihull's annual demographic change by age band (especially over 65)
2. HEFT spells by point of delivery demand curve by age band
3. HEFT bed days (length of stay) demand curve by age band.

Appendix 1 provides charts for all the above.

Key Messages for Months 1-12 compared with 2011/12**HEFT Economy CCGs Year on Year Activity Trends**

Period: April - March 2012/13

Solihull CCG Activity Change by Provider/Point of Delivery

	A&E	OPN	OPR	EL	NEL
BWH		10.7%	16.7%	19.7%	10.6%
BCH	3.6%	-14.7%	-1.8%	8.1%	-6.2%
HEFT	-1.6%	8.4%	-0.2%	10.6%	8.9%
ROH		-10.7%	-2.9%	-12.9%	0.3%
UHB	3.2%	23.2%	-0.1%	2.6%	-73.3%
SWBH	-20.0%	4.9%	0.1%	-12.5%	1.3%
UHCW	-1.6%	1.3%	3.3%	-25.2%	17.8%
S Warks	5.0%	-17.6%	-8.2%	-36.0%	-9.1%
All Providers	-2.2%	8.0%	0.4%	8.6%	0.0%

Solihull CCG Activity Change by Provider/Point of Delivery

	A&E	OPN	OPR	EL	NEL
General Surgery				-5.0%	0.9%
Urology		14.1%		-13.8%	
T&O		7.2%	6.2%	9.2%	-3.9%
ENT		-1.2%	1.3%	0.6%	
Ophthalmology		7.1%	-8.4%	12.4%	
Oral Surgery		8.2%			
A&E					0.7%
General Medicine					4.3%
Gastroenterology				20.3%	16.5%
Clinical Haematology				12.8%	
Diabetic Medicine			-0.2%		
Cardiology		7.1%	20.7%		
Anti-coagulation			7.9%		
Dermatology		12.5%	3.6%		
Medical Oncology				312.7%	
Paediatrics		2.4%			-3.2%
Geriatric Medicine					15.2%
Gynaecology		-19.9%	-8.9%	-5.2%	-7.1%
Obstetrics		10.7%	2.5%		-22.3%
Midwife Episode					5.2%
Physiotherapy			91.4%		
Clinical Oncology				200.2%	
All Providers	-2.2%	8.0%	0.4%	8.6%	0.0%

Solihull Health
Clinical Commissioning Group

Period: April - March 2012/13

Bham Cross City CCG Activity Change by Provider/Point of Delivery

	A&E	OPN	OPR	EL	NEL
BWH		2.9%	8.2%	-19.8%	5.2%
BCH	4.4%	-4.7%	-4.2%	-2.7%	-14.1%
HEFT	0.0%	2.7%	-0.9%	4.3%	-0.5%
ROH		1.8%	-5.1%	-9.0%	-1.8%
UHB	6.5%	3.1%	1.8%	3.7%	-31.3%
SWBH	-13.5%	4.1%	-9.0%	-2.9%	-3.8%
UHCW	0.0%	-13.2%	-13.8%	-23.0%	0.2%
S Warks	0.0%	-11.1%	4.9%	-5.9%	18.6%
All Providers	-0.2%	2.5%	-0.9%	2.0%	-1.8%

Bham Cross City CCG Activity Change by Provider/Point of Delivery

	A&E	OPN	OPR	EL	NEL
100 General Surgery				-14.0%	0.3%
101 Urology		11.1%		-12.8%	
110 T&O		2.9%	1.2%	-0.1%	-8.6%
120 ENT		0.4%	-1.4%	-1.9%	
130 Ophthalmology		1.6%	-3.2%	10.6%	
140 Oral Surgery		-5.3%			
180 A&E					-0.7%
300 General Medicine					-0.2%
301 Gastroenterology				11.2%	13.9%
303 Clinical Haematology				-5.3%	
307 Diabetic Medicine			-3.5%		
320 Cardiology		-3.4%	16.3%		
324 Anti-coagulation			13.9%		
330 Dermatology		5.3%	1.7%		
370 Medical Oncology				162.7%	
420 Paediatrics		1.0%			1.3%
430 Geriatric Medicine					-18.5%
501 Gynaecology		-13.3%	-14.4%	-16.5%	-4.0%
502 Obstetrics		2.5%	-6.8%		-12.7%
560 Midwife Episode					12.4%
650 Physiotherapy			52.7%		
800 Clinical Oncology				142.6%	
All Providers	-0.2%	2.5%	-0.9%	2.0%	-1.8%

ALL OUTPATIENTS

	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
PROVIDER	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
BCH	2,253	2,158	£313,143	£298,789	-95	-4.22%	-£14,354	-4.58%
BWH	2,525	2,892	£253,489	£318,601	367	14.53%	£65,112	25.69%
HEFT	207,394	225,703	£23,853,864	£25,698,291	18,309	8.83%	£1,844,427	7.73%
ROH	2,545	2,423	£301,207	£272,390	-122	-4.79%	-£28,816	-9.57%
UHB	18,560	19,708	£2,222,800	£2,546,625	1,148	6.19%	£323,825	14.57%
SWBH	6,531	6,642	£884,947	£873,604	111	1.70%	-£11,343	-1.28%
UHCW	4,380	4,494	£520,968	£557,519	114	2.60%	£36,551	7.02%
STH WARKS	4,498	4,015	£449,753	£388,109	-483	-10.74%	-£61,644	-13.71%
Other	8,426	9,588	£933,465	£1,084,229	1,162	13.79%	£150,764	16.15%
TOTALS	257,112	277,623	£29,733,636	£32,038,157	20,511	7.98%	£2,304,522	7.75%

OUTPATIENT TRENDS - BY SELECTED PROVIDERS M01-M12 2011/12 AND 2012/13**NEW OUTPATIENTS**

	ACTIVITY		COSTS		ACTIVITY		COST	
PROVIDER	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
BCH	779	679	£147,096	£123,796	-100	-12.84%	-£23,300	-15.84%
BWH	910	1,007	£130,267	£140,350	97	10.66%	£10,082	7.74%
HEFT	58,842	66,220	£10,512,651	£11,228,801	7,378	12.54%	£716,150	6.81%
ROH	647	578	£101,253	£87,420	-69	-10.66%	-£13,833	-13.66%
UHB	4,146	5,143	£677,858	£1,070,177	997	24.05%	£392,319	57.88%
SWBH	2,110	2,216	£353,385	£386,906	106	5.02%	£33,521	9.49%
UHCW	1,427	1,445	£257,000	£266,567	18	1.26%	£9,567	3.72%
STH WARKS	1,387	1,146	£210,267	£174,205	-241	-17.38%	-£36,062	-17.15%
Other	2,801	3,028	£433,206	£468,080	227	8.10%	£34,874	8.05%
TOTALS	73,049	81,462	£12,822,984	£13,946,301	8,413	11.52%	£1,123,317	8.76%

	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
SPECIALTY	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
101 - Urology	2,334	2,665	£449,881	£562,450	331	14.18%	£112,570	25.02%
110 - Trauma & Orthopaedics	8,991	9,645	£1,344,355	£1,385,851	654	7.27%	£41,497	3.09%
120 - ENT	2,868	2,834	£357,726	£339,730	-34	-1.19%	-£17,996	-5.03%
130 - Ophthalmology	5,986	6,413	£752,669	£843,665	427	7.13%	£90,996	12.09%
140 - Oral Surgery	2,140	2,316	£278,174	£317,394	176	8.22%	£39,220	14.10%
320 - Cardiology	5,563	5,966	£1,224,014	£1,244,160	403	7.24%	£20,145	1.65%
330 - Dermatology	3,797	4,272	£665,231	£701,445	475	12.51%	£36,213	5.44%
420 - Paediatrics	1,585	1,632	£357,208	£395,008	47	2.97%	£37,800	10.58%
501 - Obstetrics	3,375	2,704	£479,762	£338,455	-671	-19.88%	-£141,307	-29.45%
502 - Gynaecology	5,286	5,857	£825,767	£918,931	571	10.80%	£93,165	11.28%
Other	31,124	37,158	£6,088,199	£6,899,213	6,034	19.39%	£811,014	13.32%
TOTALS	73,049	81,462	£12,822,984	£13,946,301	8,413	11.52%	£1,123,317	8.76%

Note: Obstetrics change needs to set against coding change from Obstetrics to Midwifery due to the Solihull Midwife-led Unit.

OUTPATIENT TRENDS - FIRST ATTENDANCES BY REFERRAL SOURCE M01-M12 2011/12 AND 2012/13

REFERRAL SOURCE	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
referral from a GENERAL MEDICAL PRACTITIONER	40,070	43,399	£7,591,648	£8,118,311	3,329	8.31%	£526,663	6.94%
referral from a CONSULTANT other than in an Accident And Emergency Department	11,836	15,002	£1,828,375	£2,288,371	3,166	26.75%	£459,996	25.16%
following an emergency admission	3,867	4,293	£803,437	£916,394	426	11.02%	£112,957	14.06%
referral from an Accident And Emergency Department (including Minor Injuries Units and Walk In Centres)	2,724	4,180	£411,713	£515,291	1,456	53.45%	£103,578	25.16%
other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,907	2,430	£480,847	£400,504	-477	-16.41%	-£80,343	-16.71%
self-referral	1,815	1,900	£230,684	£229,110	85	4.68%	-£1,574	-0.68%
other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,202	1,867	£197,776	£284,001	665	55.32%	£86,225	43.60%
referral from an Optometrist	2,241	1,812	£285,207	£241,790	-429	-19.14%	-£43,417	-15.22%
referral from a GENERAL DENTAL PRACTITIONER	1,635	1,789	£221,339	£249,311	154	9.42%	£27,972	12.64%
following an Accident And Emergency Attendance (including Minor Injuries Units and Walk In Centres)	2,002	1,764	£341,649	£267,901	-238	-11.89%	-£73,748	-21.59%
referral from a Specialist Nurse (Secondary Care)	1,616	1,730	£248,367	£230,867	114	7.05%	-£17,500	-7.05%
referral from a National Screening Programme	744	698	£113,666	£111,625	-46	-6.18%	-£2,041	-1.80%
referral from an Allied Health Professional	283	406	£48,231	£61,224	123	43.46%	£12,993	26.94%
other source of referral (DO NOT USE - retired)	1	68	£173	£13,630	67	6700.00%	£13,457	7760.95%
referral from an Orthoptist	32	51	£4,746	£6,814	19	59.38%	£2,068	43.58%
referral from a Community Dental Service	33	45	£4,756	£6,180	12	36.36%	£1,424	29.94%
following a Domiciliary Consultation	10	10	£2,107	£1,825	0	0.00%	-£282	-13.36%
referral from a GENERAL PRACTITIONER with Special Interest	3	9	£565	£1,100	6	200.00%	£535	94.65%
NULL	23	7	£6,930	£1,793	-16	-69.57%	-£5,137	-74.13%
referral from a Prosthetist	5	2	£769	£259	-3	-60.00%	-£511	-66.37%
TOTALS	73,049	81,462	£12,822,984	£13,946,301	8,413	11.52%	£1,123,317	8.76%
Hospital/Community Services Referred	27,285	32,553	40.0%		5,268	62.6%		
GP/Other Primary Care/Self Referred	45,764	48,909	60.0%		3,145	37.4%		

FOLLOW UP OUTPATIENTS

	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
PROVIDER								
BCH	1,474	1,479	£166,046	£174,993	5	0.34%	£8,946	5.39%
BWH	1,615	1,885	£123,222	£178,252	270	16.72%	£55,030	44.66%
HEFT	148,552	159,483	£13,341,213	£14,469,491	10,931	7.36%	£1,128,277	8.46%
ROH	1,898	1,845	£199,954	£184,971	-53	-2.79%	-£14,983	-7.49%
UHB	14,414	14,565	£1,544,942	£1,476,448	151	1.05%	-£68,494	-4.43%
SWBH	4,421	4,426	£531,562	£486,698	5	0.11%	-£44,864	-8.44%
UHCW	2,953	3,049	£263,968	£290,952	96	3.25%	£26,985	10.22%
STH WARKS	3,111	2,869	£239,486	£213,904	-242	-7.78%	-£25,582	-10.68%
Other	5,625	6,560	£500,259	£616,149	935	16.62%	£115,890	23.17%
TOTALS	184,063	196,161	£16,910,651	£18,091,856	12,098	6.57%	£1,181,205	6.98%

	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
SPECIALTY								
110 - Trauma & Orthopaedics	18,065	19,196	£1,654,678	£1,730,041	1,131	6.26%	£75,363	4.55%
120 - ENT	7,150	7,245	£645,181	£609,701	95	1.33%	-£35,480	-5.50%
130 - Ophthalmology	23,597	21,618	£1,952,527	£1,951,808	-1,979	-8.39%	-£719	-0.04%
307 - Diabetic Medicine	5,757	5,745	£632,206	£585,575	-12	-0.21%	-£46,631	-7.38%
320 - Cardiology	7,130	8,607	£808,392	£979,376	1,477	20.72%	£170,983	21.15%
324 - Anticoagulant Service	6,507	7,028	£166,364	£176,726	521	8.01%	£10,362	6.23%
330 - Dermatology	11,267	11,689	£1,291,453	£1,372,439	422	3.75%	£80,986	6.27%
501 - Obstetrics	10,237	9,324	£1,041,579	£905,428	-913	-8.92%	-£136,151	-13.07%
502 - Gynaecology	6,449	6,612	£703,366	£731,303	163	2.53%	£27,937	3.97%
650 - Physiotherapy	11,240	21,514	£53,994	£786,059	10,274	91.41%	£732,064	1355.82%
Other	76,664	77,583	£7,960,911	£8,263,400	919	1.20%	£302,489	3.80%
TOTALS	184,063	196,161	£16,910,651	£18,091,856	12,098	6.57%	£1,181,205	6.98%

ELECTIVE TRENDS - M01-M12 2011/12 AND 2012/13**DAYCASE ACTIVITY**

	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
PROVIDER	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
BCH	440	480	£492,799	£546,140	40	9.09%	£53,341	10.82%
BWH	39	42	£34,015	£33,358	3	7.69%	-£657	-1.93%
HEFT	18,046	21,147	£11,936,450	£13,095,241	3,101	17.18%	£1,158,790	9.71%
ROH	244	219	£365,677	£353,783	-25	-10.25%	-£11,894	-3.25%
UHB	1,183	1,293	£1,027,407	£1,146,314	110	9.30%	£118,907	11.57%
SWBH	459	402	£399,980	£376,918	-57	-12.42%	-£23,061	-5.77%
UHCW	460	341	£248,045	£312,648	-119	-25.87%	£64,603	26.05%
STH WARKS	262	153	£179,878	£113,487	-109	-41.60%	-£66,391	-36.91%
Other	590	775	£586,433	£913,635	185	31.36%	£327,202	55.80%
TOTALS	21,723	24,852	£15,270,684	£16,891,524	3,129	14.40%	£1,620,840	10.61%

	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
SPECIALTY	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
100 - General surgery	1,483	1,476	£1,134,387	£1,303,964	-7	-0.47%	£169,578	14.95%
101 - Urology	3,592	3,063	£1,710,283	£1,308,596	-529	-14.73%	-£401,687	-23.49%
110 - Trauma & Orthopaedics	1,461	1,817	£2,269,750	£3,314,657	356	24.37%	£1,044,907	46.04%
120 - ENT	750	837	£626,500	£812,743	87	11.60%	£186,244	29.73%
130 - Ophthalmology	2,591	2,942	£1,946,574	£1,973,321	351	13.55%	£26,747	1.37%
301 - Gastroenterology	3,390	4,143	£1,540,548	£2,127,165	753	22.21%	£586,618	38.08%
303 - Clinical Haematology	1,868	2,096	£1,021,784	£1,001,832	228	12.21%	-£19,952	-1.95%
370 - Medical Oncology	103	600	£51,183	£75,843	497	482.52%	£24,660	48.18%
502 - Gynaecology	878	744	£671,768	£565,749	-134	-15.26%	-£106,019	-15.78%
800 - Clinical Oncology	634	2,298	£305,776	£309,602	1,664	262.46%	£3,826	1.25%
Other	4,973	4,836	£3,992,132	£4,098,051	-137	-2.75%	£105,919	2.65%
TOTALS	21,723	24,852	£15,270,684	£16,891,524	3,129	14.40%	£1,620,840	10.61%

INPATIENT ACTIVITY

PROVIDER	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
BCH	127	148	£442,777	£373,417	21	16.54%	-£69,360	-15.66%
BWH	22	31	£41,138	£64,083	9	40.91%	£22,945	55.77%
HEFT	4,255	3,515	£11,981,118	£11,283,852	-740	-17.39%	-£697,266	-5.82%
ROH	260	221	£1,180,490	£960,553	-39	-15.00%	-£219,937	-18.63%
UHB	562	498	£1,472,263	£1,361,957	-64	-11.39%	-£110,306	-7.49%
SWBH	149	131	£391,421	£344,451	-18	-12.08%	-£46,970	-12.00%
UHCW	160	123	£337,109	£263,119	-37	-23.13%	-£73,990	-21.95%
STH WARKS	55	50	£181,905	£183,010	-5	-9.09%	£1,104	0.61%
Other	259	380	£914,553	£1,370,967	121	46.72%	£456,414	49.91%
TOTALS	5,849	5,097	£16,942,775	£16,205,408	-752	-12.86%	-£737,367	-4.35%

SPECIALTY	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
100 - General surgery	536	445	£1,473,090	£1,515,378	-91	-16.98%	£42,288	2.87%
101 - Urology	662	602	£1,382,735	£1,207,018	-60	-9.06%	-£175,717	-12.71%
110 - Trauma & Orthopaedics	1,621	1,551	£7,555,332	£7,911,835	-70	-4.32%	£356,503	4.72%
120 - ENT	442	360	£860,861	£783,047	-82	-18.55%	-£77,814	-9.04%
130 - Ophthalmology	41	17	£62,614	£29,161	-24	-58.54%	-£33,453	-53.43%
301 - Gastroenterology	100	54	£133,750	£129,152	-46	-46.00%	-£4,598	-3.44%
303 - Clinical Haematology	112	138	£202,029	£329,101	26	23.21%	£127,071	62.90%
370 - Medical Oncology	47	19	£65,590	£28,510	-28	-59.57%	-£37,080	-56.53%
502 - Gynaecology	380	449	£836,633	£985,753	69	18.16%	£149,120	17.82%
800 - Clinical Oncology	183	155	£252,228	£218,941	-28	-15.30%	-£33,287	-13.20%
Other	1,725	1,307	£4,117,914	£3,067,513	-418	-24.23%	-£1,050,401	-25.51%
TOTALS	5,849	5,097	£16,942,775	£16,205,408	-752	-12.86%	-£737,367	-4.35%

ALL ELECTIVE ACTIVITY

PROVIDER	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
BCH	567	628	£935,576	£919,557	61	10.76%	-£16,019	-1.71%
BWH	61	73	£75,153	£97,441	12	19.67%	£22,287	29.66%
HEFT	22,301	24,662	£23,917,568	£24,379,092	2,361	10.59%	£461,524	1.93%
ROH	504	440	£1,546,167	£1,314,336	-64	-12.70%	-£231,831	-14.99%
UHB	1,745	1,791	£2,499,670	£2,508,270	46	2.64%	£8,600	0.34%
SWBH	608	533	£791,401	£721,369	-75	-12.34%	-£70,031	-8.85%
UHCW	620	464	£585,154	£575,767	-156	-25.16%	-£9,387	-1.60%
STH WARKS	317	203	£361,783	£296,497	-114	-35.96%	-£65,286	-18.05%
Other	849	1,155	£1,500,986	£2,284,602	306	36.04%	£783,616	52.21%
TOTALS	27,572	29,949	£32,213,459	£33,096,932	2,377	8.62%	£883,473	2.74%

SPECIALTY	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
100 - General surgery	2,019	1,921	£2,607,477	£2,819,342	-98	-4.85%	£211,866	8.13%
101 - Urology	4,254	3,665	£3,093,018	£2,515,614	-589	-13.85%	-£577,404	-18.67%
110 - Trauma & Orthopaedics	3,082	3,368	£9,825,082	£11,226,492	286	9.28%	£1,401,410	14.26%
120 - ENT	1,192	1,197	£1,487,361	£1,595,791	5	0.42%	£108,430	7.29%
130 - Ophthalmology	2,632	2,959	£2,009,187	£2,002,482	327	12.42%	-£6,706	-0.33%
301 - Gastroenterology	3,490	4,197	£1,674,298	£2,256,317	707	20.26%	£582,020	34.76%
303 - Clinical Haematology	1,980	2,234	£1,223,813	£1,330,932	254	12.83%	£107,119	8.75%
370 - Medical Oncology	150	619	£116,773	£104,353	469	312.67%	-£12,420	-10.64%
502 - Gynaecology	1,258	1,193	£1,508,401	£1,551,501	-65	-5.17%	£43,101	2.86%
800 - Clinical Oncology	817	2,453	£558,004	£528,543	1,636	200.24%	-£29,461	-5.28%
Other	6,698	6,143	£8,110,045	£7,165,564	-555	-8.29%	-£944,481	-11.65%
TOTALS	27,572	29,949	£32,213,459	£33,096,932	2,377	8.62%	£883,473	2.74%

ELECTIVE TRENDS - BY SELECTED SPECIALTIES M01 - M12 2011/12 AND 2012/13

ELECTIVE ACTIVITY - TRAUMA AND ORTHOPAEDICS

	PRIMARY PROCEDURE	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
		M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
DAYCASES	Endoscopic resection of semilunar cartilage NEC	192	244	£383,924	£517,045	52	27.08%	£133,121	34.67%
	Injection of therapeutic substance into joint	181	241	£188,435	£221,273	60	33.15%	£32,838	17.43%
	Carpal tunnel release	119	106	£123,238	£110,475	-13	-10.92%	£-12,763	-10.36%
	Subacromial decompression	33	98	£105,900	£395,185	65	196.97%	£289,285	273.17%
	NULL	42	86	£11,957	£20,767	44	104.76%	£8,809	73.67%
	Removal of internal fixation from bone NEC	59	80	£98,756	£134,459	21	35.59%	£35,703	36.15%
	Endoscopic chondroplasty NEC	21	44	£47,702	£102,900	23	109.52%	£55,198	115.71%
	Open debridement of joint NEC	38	44	£80,906	£87,999	6	15.79%	£7,093	8.77%
	Injection of therapeutic substance into tendon NEC	17	38	£19,588	£52,808	21	123.53%	£33,220	169.60%
	Digital fasciectomy		33		£174,757	33		£174,757	
	Other	759	803	£1,209,344	£1,496,989	44	5.80%	£287,645	23.79%
	TOTALS	1,461	1,817	£2,269,750	£3,314,657	356	24.37%	£1,044,907	46.04%
ELECTIVES	Primary total prosthetic replacement of knee joint using cement	404	350	£2,555,244	£2,153,570	-54	-13.37%	£-401,674	-15.72%
	Primary total prosthetic replacement of hip joint using cement	175	246	£1,082,510	£1,434,063	71	40.57%	£351,553	32.48%
	Primary total prosthetic replacement of hip joint not using cement	89	98	£507,430	£557,690	9	10.11%	£50,260	9.90%
	Subacromial decompression	108	86	£445,876	£347,088	-22	-20.37%	£-98,788	-22.16%
	Primary total prosthetic replacement of knee joint NEC	19	76	£117,008	£481,484	57	300.00%	£364,476	311.50%
	Primary total prosthetic replacement of hip joint NEC	12	57	£69,734	£343,923	45	375.00%	£274,189	393.19%
	NULL	66	33	£27,078	£23,425	-33	-50.00%	£-3,653	-13.49%
	Primary resurfacing arthroplasty of joint	30	29	£183,935	£175,175	-1	-3.33%	£-8,760	-4.76%
	Reconstruction of intra-articular ligament NEC	19	29	£38,216	£68,374	10	52.63%	£30,158	78.91%
	Removal of internal fixation from bone NEC	37	23	£76,296	£37,674	-14	-37.84%	£-38,622	-50.62%
	Other	662	524	£2,452,004	£2,289,369	-138	-20.85%	£-162,635	-6.63%
	TOTALS	1,621	1,551	£7,555,332	£7,911,835	-70	-4.32%	£356,503	4.72%

ELECTIVE TRENDS - BY SELECTED SPECIALTIES M01 - M12 2011/12 AND 2012/13

ELECTIVE ACTIVITY - OPHTHALMOLOGY

	PRIMARY PROCEDURE	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
		M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
DAYCASES	Injection into vitreous body NEC	1,110	1,389	£720,563	£733,759	279	25.14%	£13,196	1.83%
	Insertion of prosthetic replacement for lens NEC	981	1,063	£771,466	£788,825	82	8.36%	£17,359	2.25%
	Excision of lesion of eyelid NEC	32	39	£22,251	£27,989	7	21.88%	£5,738	25.79%
	Vitrectomy using pars plana approach	37	35	£59,560	£52,716	-2	-5.41%	-£6,844	-11.49%
	NULL	36	22	£8,988	£5,175	-14	-38.89%	-£3,812	-42.42%
	Other specified other operations on muscle of eye	8	20	£7,578	£19,455	12	150.00%	£11,877	156.72%
	Recession of medial rectus muscle and resection of lateral rectus muscle of	17	17	£17,463	£17,440	0	0.00%	-£23	-0.13%
	Correction of ectropion NEC	26	16	£16,484	£9,867	-10	-38.46%	-£6,617	-40.14%
	Correction of entropion NEC	13	15	£8,102	£9,359	2	15.38%	£1,257	15.52%
	Trabeculectomy	14	15	£14,248	£14,340	1	7.14%	£92	0.64%
	Other	317	311	£299,870	£294,396	-6	-1.89%	-£5,474	-1.83%
	TOTALS	2,591	2,942	£1,946,574	£1,973,321	351	13.55%	£26,747	1.37%
ELECTIVES	Partial excision of bone of face NEC		1		£5,013	1		£5,013	
	Other specified plastic operations on cornea	1	1	£6,541	£4,823	0	0.00%	-£1,718	-26.26%
	Deep lamellar graft to cornea	1	1	£1,727	£2,043	0	0.00%	£316	18.27%
	Vitrectomy using pars plana approach	14	1	£23,410	£1,897	-13	-92.86%	-£21,513	-91.90%
	Mucosal graft to conjunctiva		1		£1,834	1		£1,834	
	Penetrating graft to cornea	1	1	£1,727	£1,626	0	0.00%	-£101	-5.87%
	Lamellar graft to cornea NEC	2	1	£3,153	£1,626	-1	-50.00%	-£1,527	-48.43%
	Vitrectomy using anterior approach	1	1	£1,170	£1,497	0	0.00%	£327	27.99%
	Delamination of epiretinal fibrovascular membrane		1		£1,497	1		£1,497	
	Dacryocystorhinostomy and insertion of tube HFQ	2	1	£2,752	£1,351	-1	-50.00%	-£1,401	-50.91%
	Other	19	7	£22,134	£5,954	-12	-63.16%	-£16,180	-73.10%
	TOTALS	41	17	£62,614	£29,161	-24	-58.54%	-£33,453	-53.43%

ELECTIVE TRENDS - BY SELECTED SPECIALTIES M01 - M12 2011/12 AND 2012/13

ELECTIVE ACTIVITY - GASTROENTEROLOGY

		ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	PRIMARY PROCEDURE	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
DAYCASES	Fibreoptic endoscopic examination of upper gastrointestinal tract and biops	1,158	1,272	£509,964	£581,528	114	9.84%	£71,564	14.03%
	Unspecified diagnostic fibreoptic endoscopic examination of upper gastroint	530	545	£232,313	£221,455	15	2.83%	£-10,858	-4.67%
	Unspecified diagnostic endoscopic examination of colon	420	527	£179,147	£275,327	107	25.48%	£96,180	53.69%
	Unspecified diagnostic endoscopic examination of lower bowel using fibreopt	304	391	£128,887	£166,320	87	28.62%	£37,433	29.04%
	Diagnostic fibreoptic endoscopic examination of colon and biopsy of lesion	260	379	£117,160	£228,865	119	45.77%	£111,705	95.34%
	Diagnostic endoscopic examination of lower bowel and biopsy of lesion of lo	170	240	£74,831	£113,389	70	41.18%	£38,558	51.53%
	Fibreoptic endoscopic snare resection of lesion of colon	107	153	£44,850	£99,700	46	42.99%	£54,850	122.30%
	Fibreoptic endoscopic resection of lesion of colon NEC	75	104	£31,438	£67,729	29	38.67%	£36,291	115.44%
	Cytokine inhibitor drugs Band 1	67	80	£23,611	£27,689	13	19.40%	£4,078	17.27%
	NULL	28	59	£6,367	£22,431	31	110.71%	£16,065	252.33%
	Other	271	393	£191,980	£322,732	122	45.02%	£130,752	68.11%
	TOTALS	3,390	4,143	£1,540,548	£2,127,165	753	22.21%	£586,618	38.08%
ELECTIVES	NULL	5	9	£6,430	£22,454	4	80.00%	£16,024	249.22%
	Unspecified diagnostic endoscopic examination of colon	4	4	£13,398	£22,703	0	0.00%	£9,305	69.45%
	Fibreoptic endoscopic percutaneous insertion of gastrostomy		3		£6,998	3		£6,998	
	Fibreoptic endoscopic snare resection of lesion of colon	1	3	£1,106	£5,776	2	200.00%	£4,670	422.39%
	Diagnostic fibreoptic endoscopic examination of colon and biopsy of lesion	2	3	£1,584	£10,730	1	50.00%	£9,146	577.37%
	Unspecified diagnostic endoscopic retrograde examination of bile duct and p	2	2	£15,853	£4,913	0	0.00%	£-10,940	-69.01%
	Unspecified diagnostic fibreoptic endoscopic examination of upper gastroint	2	2	£10,976	£7,425	0	0.00%	£-3,551	-32.35%
	Computed tomography NEC		2		£2,996	2		£2,996	
	Endoscopic sphincterotomy of sphincter of Oddi and removal of calculus HFQ	2	1	£1,857	£882	-1	-50.00%	£-975	-52.51%
	Percutaneous transhepatic biliary drainage single	1	1	£1,312	£1,381	0	0.00%	£69	5.23%
	Other	81	24	£81,233	£42,894	-57	-70.37%	£-38,339	-47.20%
	TOTALS	100	54	£133,750	£129,152	-46	-46.00%	£-4,598	-3.44%

ELECTIVE TRENDS - BY SELECTED SPECIALTIES M01 - M12 2011/12 AND 2012/13

ELECTIVE ACTIVITY - CLINICAL HAEMATOLOGY

	PRIMARY PROCEDURE	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
		M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
DAYCASES	Continuous intravenous infusion of therapeutic substance NEC	133	322	£75,515	£154,327	189	142.11%	£78,812	104.37%
	Intravenous blood transfusion of packed cells	240	275	£121,961	£121,771	35	14.58%	£-190	-0.16%
	Venesection	315	241	£117,048	£73,948	-74	-23.49%	£-43,100	-36.82%
	Delivery of subsequent element of cycle of chemotherapy for neoplasm	149	227	£99,221	£104,692	78	52.35%	£5,472	5.51%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 8	136	127	£65,619	£58,499	-9	-6.62%	£-7,120	-10.85%
	Venous sampling	112	105	£71,867	£68,597	-7	-6.25%	£-3,270	-4.55%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 9	100	93	£52,138	£42,851	-7	-7.00%	£-9,287	-17.81%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 5	1	76	£320	£35,018	75	7500.00%	£34,698	10844.46%
	Attention to central venous catheter NEC	64	75	£35,960	£36,249	11	17.19%	£289	0.80%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 10	78	52	£44,335	£23,960	-26	-33.33%	£-20,376	-45.96%
	Other	540	503	£337,800	£281,921	-37	-6.85%	£-55,879	-16.54%
	TOTALS	1,868	2,096	£1,021,784	£1,001,832	228	12.21%	£-19,952	-1.95%
ELECTIVES	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 10	8	22	£6,462	£63,598	14	175.00%	£57,136	884.12%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2		11		£21,176	11		£21,176	
	NULL	14	10	£22,969	£36,741	-4	-28.57%	£13,772	59.96%
	Intravenous blood transfusion of packed cells	4	9	£2,035	£3,987	5	125.00%	£1,952	95.91%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 6	7	7	£15,263	£35,455	0	0.00%	£20,192	132.30%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 8	6	6	£8,667	£4,758	0	0.00%	£-3,909	-45.10%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3	1	6	£479	£8,491	5	500.00%	£8,012	1671.12%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 9	10	6	£9,980	£18,184	-4	-40.00%	£8,204	82.21%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1	4	6	£3,030	£12,095	2	50.00%	£9,065	299.22%
	Venesection	1	5	£336	£1,566	4	400.00%	£1,230	366.10%
	Other	57	50	£132,808	£123,050	-7	-12.28%	£-9,758	-7.35%
	TOTALS	112	138	£202,029	£329,101	26	23.21%	£127,071	62.90%

ELECTIVE TRENDS - BY SELECTED SPECIALTIES M01 - M12 2011/12 AND 2012/13

ELECTIVE ACTIVITY - MEDICAL ONCOLOGY

	PRIMARY PROCEDURE	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
		M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
DAYCASES	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 6		102		£0	102		£0	
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 10		81		£0	81		£0	
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 4		77		£443	77		£443	
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2		50		£0	50		£0	
	NULL	17	43	£11,494	£27,196	26	152.94%	£15,702	136.61%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1		42		£0	42		£0	
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 9		33		£0	33		£0	
	Delivery of subsequent element of cycle of chemotherapy for neoplasm		28		£0	28		£0	
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3		25		£0	25		£0	
	Venous sampling	2	21	£640	£6,132	19	950.00%	£5,492	858.30%
	Other	84	98	£39,049	£42,072	14	16.67%	£3,023	7.74%
	TOTALS	103	600	£51,183	£75,843	497	482.52%	£24,660	48.18%
ELECTIVES	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2	13	6	£12,572	£7,796	-7	-53.85%	-£4,776	-37.99%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3	3	4	£3,684	£6,566	1	33.33%	£2,882	78.22%
	Unspecified other blood transfusion		2		£878	2		£878	
	Percutaneous transluminal embolisation of hepatic artery	3	1	£4,973	£1,375	-2	-66.67%	-£3,598	-72.35%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 6	2	1	£2,919	£290	-1	-50.00%	-£2,629	-90.07%
	Insertion of tube drain into pleural cavity		1		£2,845	1		£2,845	
	Continuous intravenous infusion of therapeutic substance NEC	1	1	£1,714	£290	0	0.00%	-£1,424	-83.08%
	Percutaneous transluminal peripheral insertion of central catheter	1	1	£1,149	£340	0	0.00%	-£809	-70.40%
	Computed tomography NEC	1	1	£3,084	£4,257	0	0.00%	£1,173	38.03%
	Percutaneous drainage of liver		1		£3,873	1		£3,873	
	Other	23	0	£35,495	£0	-23	-100.00%	-£35,495	-100.00%
	TOTALS	47	19	£65,590	£28,510	-28	-59.57%	-£37,080	-56.53%

ELECTIVE TRENDS - BY SELECTED SPECIALTIES M01 - M12 2011/12 AND 2012/13

ELECTIVE ACTIVITY - CLINICAL ONCOLOGY

		ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	PRIMARY PROCEDURE	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
DAYCASES	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2	28	463	£26,661	£447	435	1553.57%	£26,214	-98.32%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3	9	335	£3,317	£580	326	3622.22%	£2,737	-82.51%
	Delivery of subsequent element of cycle of chemotherapy for neoplasm	16	333	£8,564	£0	317	1981.25%	£8,564	-100.00%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 6		224		£889	224		£889	
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 10	14	104	£10,960	£477	90	642.86%	£10,483	-95.65%
	Continuous intravenous infusion of therapeutic substance NEC	108	90	£41,686	£30,858	-18	-16.67%	£10,828	-25.98%
	Intravenous blood transfusion of packed cells	76	84	£38,668	£38,052	8	10.53%	£616	-1.59%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 5	1	84	£328	£0	83	8300.00%	£328	-100.00%
	NULL	14	78	£7,846	£88,583	64	457.14%	£80,737	1029.08%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 4		70		£1,150	70		£1,150	
	Other	368	433	£167,746	£148,566	65	17.66%	£19,180	-11.43%
	TOTALS	634	2,298	£305,776	£309,602	1,664	262.46%	£3,826	1.25%
ELECTIVES	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 10	6	25	£8,282	£25,671	19	316.67%	£17,389	209.95%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2	11	23	£9,599	£25,404	12	109.09%	£15,805	164.65%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 4	11	21	£12,123	£17,608	10	90.91%	£5,485	45.24%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3	21	19	£25,998	£31,606	-2	-9.52%	£5,608	21.57%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1	8	11	£11,246	£17,521	3	37.50%	£6,275	55.80%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 8	19	11	£20,189	£22,273	-8	-42.11%	£2,084	10.32%
	NULL	17	9	£21,216	£7,423	-8	-47.06%	£13,793	-65.01%
	Oral delivery of radiotherapy for thyroid ablation	15	6	£15,482	£5,582	-9	-60.00%	£9,900	-63.95%
	Other specified procurement of drugs for chemotherapy for neoplasm in Bands	7	5	£8,370	£6,938	-2	-28.57%	£1,432	-17.11%
	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 5	3	2	£8,459	£2,065	-1	-33.33%	£6,394	-75.59%
	Other	65	23	£111,262	£56,850	-42	-64.62%	£54,412	-48.90%
	TOTALS	183	155	£252,228	£218,941	-28	-15.30%	£33,287	-13.20%

NON ELECTIVE TRENDS - BY SELECTED PROVIDERS M01-12 2011/12 AND 2012/13

ALL NON ELECTIVE ACTIVITY (includes obstetrics)

PROVIDER	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
BCH	349	396	£559,947	£836,714	47	13.47%	£276,766	49.43%
BWH	269	293	£486,599	£583,169	24	8.92%	£96,569	19.85%
HEFT	28,720	28,815	£41,919,175	£43,675,361	95	0.33%	£1,756,186	4.19%
ROH	15	4	£110,829	£22,649	-11	-73.33%	£-88,180	-79.56%
STH WARKS	672	682	£1,777,344	£1,817,150	10	1.49%	£39,806	2.24%
SWBH	247	290	£359,310	£435,364	43	17.41%	£76,054	21.17%
UHB	374	340	£773,620	£706,089	-34	-9.09%	£-67,531	-8.73%
UHCW	1,004	936	£1,716,420	£1,650,041	-68	-6.77%	£-66,379	-3.87%
Other	729	644	£1,336,982	£1,130,250	-85	-11.66%	£-206,731	-15.46%
TOTALS	32,379	32,400	£49,040,226	£50,856,787	21	0.06%	£1,816,561	3.70%

SPECIALTY	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
100 - General surgery	1,458	1,472	£3,330,012	£3,281,934	14	0.96%	£-48,077	-1.44%
110 - Trauma & Orthopaedics	1,060	1,020	£3,976,201	£3,583,876	-40	-3.77%	£-392,325	-9.87%
180 - Accident & Emergency	1,650	1,670	£1,318,474	£1,734,797	20	1.21%	£416,323	31.58%
300 - General Medicine	13,685	14,272	£21,929,420	£23,597,134	587	4.29%	£1,667,714	7.60%
320 - Cardiology	394	458	£1,303,238	£1,629,628	64	16.24%	£326,390	25.04%
420 - Paediatrics	2,372	2,300	£1,798,439	£1,763,043	-72	-3.04%	£-35,397	-1.97%
430 - Geriatric Medicine	300	344	£1,209,006	£1,291,583	44	14.67%	£82,577	6.83%
501 - Obstetrics	5,783	5,376	£5,478,515	£5,214,095	-407	-7.04%	£-264,419	-4.83%
502 - Gynaecology	1,396	1,085	£936,985	£755,871	-311	-22.28%	£-181,114	-19.33%
560 - Midwife Episode	2,288	2,408	£2,084,018	£2,169,532	120	5.24%	£85,514	4.10%
Other	1,993	1,995	£5,675,918	£5,835,294	2	0.10%	£159,376	2.81%
TOTALS	32,379	32,400	£49,040,226	£50,856,787	21	0.06%	£1,816,561	3.70%

OBSTETRICS TRENDS - SOLIHULL CCG M01-M11 2011/12 AND 2012/13

		HOEFT		STH WARKS		BWH		WORCS ACUTE		OTHER		TOTALS		Variance
		M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	
Non midwife led spells	Assisted delivery	156	142	20	13	24	28	11	8	8	2	219	193	-11.87%
	Caeserean sections	420	401	54	47	54	63	29	19	22	20	579	550	-5.01%
	Normal deliveries	667	578	65	58	66	103	36	28	17	23	851	790	-7.17%
	SUB TOTAL	1243	1121	139	118	144	194	76	55	47	45	1649	1533	-7.03%
	Non delivery spells	3425	3156	141	111	60	40	62	23	68	50	3756	3380	-10.01%
TOTALS		4668	4277	280	229	204	234	138	78	115	95	5405	4913	-9.10%
Midwife led spells	Assisted delivery	86	88	11	10	0	0	4	2	0	1	101	101	0.00%
	Caeserean sections	71	88	11	14	0	0	2	5	0	0	84	107	27.38%
	Normal deliveries	559	532	65	52	0	0	18	6	1	6	643	596	-7.31%
	SUB TOTAL	716	708	87	76	0	0	24	13	1	7	828	804	-2.90%
	Non delivery spells	1093	1252	92	89	0	0	17	7	2	5	1204	1353	12.38%
TOTALS		1809	1960	179	165	0	0	41	20	3	12	2032	2157	6.15%
All spells	Assisted delivery	242	230	31	23	24	28	15	10	8	3	320	294	-8.13%
	Caeserean sections	491	489	65	61	54	63	31	24	22	20	663	657	-0.90%
	Normal deliveries	1226	1110	130	110	66	103	54	34	18	29	1494	1386	-7.23%
	SUB TOTAL	1959	1829	226	194	144	194	100	68	48	52	2477	2337	-5.65%
	Non delivery spells	4518	4408	233	200	60	40	79	30	70	55	4960	4733	-4.58%
TOTALS		6477	6237	459	394	204	234	179	98	118	107	7437	7070	-4.93%

NON ELECTIVE TRENDS - BY SELECTED SPECIALTIES M01 - M12 2011/12 AND 2012/13

NON ELECTIVE ACTIVITY - GENERAL MEDICINE

	ACTIVITY		COSTS		ACTIVITY		COST	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
PRIMARY DIAGNOSIS								
Chest pain, unspecified	882	860	£550,103	£613,052	-22	-2.49%	£62,949	11.44%
Urinary tract infection, site not specified	589	565	£1,732,420	£1,514,634	-24	-4.07%	£217,786	-12.57%
Other and unspecified abdominal pain	442	550	£264,068	£297,490	108	24.43%	£33,422	12.66%
Syncope and collapse	446	515	£387,912	£597,184	69	15.47%	£209,272	53.95%
Unspecified acute lower respiratory infection	316	436	£513,934	£838,195	120	37.97%	£324,261	63.09%
Pneumonia, unspecified	238	428	£651,520	£1,226,643	190	79.83%	£575,123	88.27%
Tendency to fall not elsewhere classified	0	274	£0	£925,459	274		£925,459	
Atrial fibrillation and flutter	264	259	£300,278	£273,336	-5	-1.89%	£26,942	-8.97%
Other chest pain	257	230	£170,452	£161,944	-27	-10.51%	£8,508	-4.99%
Headache	231	203	£220,231	£149,015	-28	-12.12%	£71,216	-32.34%
Other	10,020	9,952	£17,138,503	£17,000,182	-68	-0.68%	£138,321	-0.81%
TOTALS	13,685	14,272	£21,929,420	£23,597,134	587	4.29%	£1,667,714	7.60%

NON ELECTIVE ACTIVITY - CARDIOLOGY

	ACTIVITY		COSTS		ACTIVITY		COST	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
PRIMARY PROCEDURE								
Angiocardiology of combination of right and left side of heart	62	80	£158,995	£280,200	18	29.03%	£121,205	76.23%
NULL	88	80	£195,712	£159,135	-8	-9.09%	-£36,577	-18.69%
Coronary arteriography using two catheters	47	78	£163,293	£270,886	31	65.96%	£107,593	65.89%
Coronary arteriography NEC	34	41	£117,715	£147,503	7	20.59%	£29,788	25.30%
Implantation of intravenous dual chamber cardiac pacemaker system	32	31	£143,345	£145,587	-1	-3.13%	£2,242	1.56%
Implantation of intravenous single chamber cardiac pacemaker system	20	19	£90,560	£85,509	-1	-5.00%	-£5,051	-5.58%
Transthoracic echocardiography	26	16	£80,304	£57,067	-10	-38.46%	-£23,237	-28.94%
Angiocardiology of left side of heart NEC	6	13	£17,512	£46,275	7	116.67%	£28,763	164.25%
Implantation of electrocardiography loop recorder	4	10	£16,667	£45,636	6	150.00%	£28,969	173.80%
Implantation of intravenous cardiac pacemaker system NEC	5	7	£20,855	£29,667	2	40.00%	£8,812	42.25%
Other	70	83	£298,280	£362,163	13	18.57%	£63,883	21.42%
TOTALS	394	458	£1,303,238	£1,629,628	64	16.24%	£326,390	25.04%

NON ELECTIVE ACTIVITY - GERIATRICS

	ACTIVITY		COSTS		ACTIVITY		COST	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	CHANGE NUMBERS	%	CHANGE VALUE	%
PRIMARY DIAGNOSIS								
Cerebral infarction, unspecified	40	32	£209,035	£153,752	-8	-20.00%	-£55,283	-26.45%
Urinary tract infection, site not specified	16	21	£65,683	£87,461	5	31.25%	£21,778	33.16%
Fracture of neck of femur-cl.	8	17	£55,176	£94,581	9	112.50%	£39,405	71.42%
Pneumonia, unspecified	11	15	£39,223	£56,342	4	36.36%	£17,119	43.65%
Tendency to fall not elsewhere classified	0	15	£0	£60,945	15		£60,945	
Unspecified acute lower respiratory infection	4	11	£8,679	£45,882	7	175.00%	£37,203	428.67%
Stroke, not specified as haemorrhage or infarction	1	8	£3,894	£26,085	7	700.00%	£22,191	569.87%
Transient cerebral ischaemic attack, unspecified	9	7	£13,775	£22,750	-2	-22.22%	£8,975	65.15%
Unspecified dementia	5	6	£12,804	£18,943	1	20.00%	£6,140	47.95%
Acute renal failure, unspecified	4	6	£15,437	£26,316	2	50.00%	£10,879	70.48%
Other	202	206	£785,301	£698,526	4	1.98%	-£86,776	-11.05%
TOTALS	300	344	£1,209,006	£1,291,583	44	14.67%	£82,577	6.83%

NON ELECTIVE ACTIVITY - GYNAECOLOGY

	ACTIVITY		COSTS		ACTIVITY CHANGE		COST CHANGE	
	M01-M12 11/12	M01-M12 12/13	M01-M12 11/12	M01-M12 12/13	NUMBERS	%	VALUE	%
PRIMARY DIAGNOSIS								
Haemorrhage in early pregnancy, unspecified	315	196	£159,229	£91,627	-119	-37.78%	£-67,602	-42.46%
Other specified pregnancy-related conditions	178	115	£64,487	£45,389	-63	-35.39%	£-19,098	-29.62%
Missed abortion	116	79	£75,061	£51,435	-37	-31.90%	£-23,626	-31.48%
Complete or unsp spont abort comp without complication	72	75	£39,080	£36,541	3	4.17%	£-2,539	-6.50%
Mild hyperemesis gravidarum	60	55	£35,264	£31,357	-5	-8.33%	£-3,906	-11.08%
Incomplete spont abort, without complication	20	42	£16,560	£28,185	22	110.00%	£11,625	70.19%
Abnormal uterine and vaginal bleeding, unspecified	61	38	£41,745	£23,354	-23	-37.70%	£-18,391	-44.06%
Follow-up examination after chemotherapy for oth conditions	61	36	£30,844	£13,428	-25	-40.98%	£-17,416	-56.46%
Threatened abortion	40	31	£20,105	£14,923	-9	-22.50%	£-5,182	-25.77%
Other and unspecified abdominal pain	81	30	£64,786	£20,013	-51	-62.96%	£-44,773	-69.11%
Other	392	388	£389,822	£399,618	-4	-1.02%	£9,796	2.51%
TOTALS	1,396	1,085	£936,985	£755,871	-311	-22.28%	£-181,114	-19.33%