

NHS Cumbria CCG Governing Body	Agenda Item
17 April 2014	16

Performance Report
Exec Summary/Purpose of report:
Purpose of the Report:

This report sets out the most recent performance information against a number of domains. This is intended to enable the Governing Body to agree corrective action as required.

This report includes exceptions in performance only, including actions currently being taken to resolve these. A more detailed performance report with further information for each performance measure is tabled at the Finance and Performance Governing Body. The figures in this report may differ to the Finance and Performance meeting version due to the timings of data availability and the need to ensure the Governing Body receive the very latest performance position available.

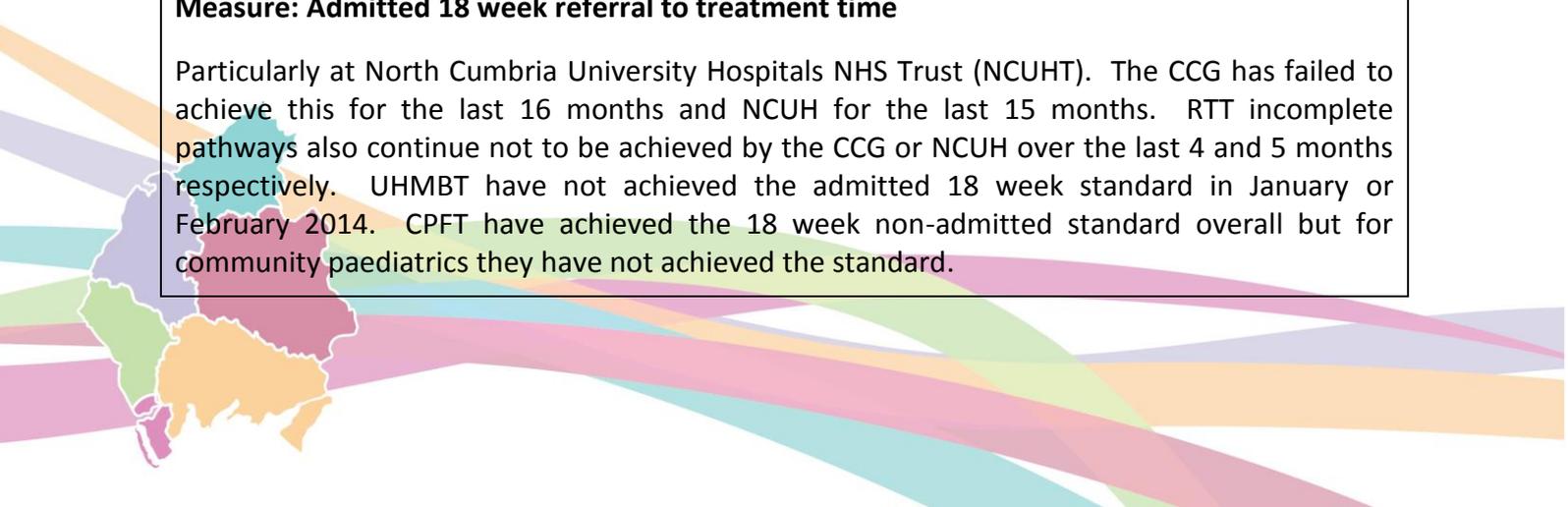
Performance

The purpose of this report is to provide the NHS Cumbria Clinical Commissioning Group (CCG) Governing Body with an updated position on the national performance indicators set out in the Mandate and the measures that all CCGs are monitored against by NHS England, as well as the performance of our three local providers against a local set of quality indicators.

The performance of NHS Cumbria CCG and that of our local acute trusts is below the national operational standards on the following measures from the Expected Rights and Pledges within NHS Constitution using the latest (January/February 2014) figures.

Measures below the NHS national operational standard (Expected Rights and Pledges)
Measure: Admitted 18 week referral to treatment time

Particularly at North Cumbria University Hospitals NHS Trust (NCUHT). The CCG has failed to achieve this for the last 16 months and NCUH for the last 15 months. RTT incomplete pathways also continue not to be achieved by the CCG or NCUH over the last 4 and 5 months respectively. UHMBT have not achieved the admitted 18 week standard in January or February 2014. CPFT have achieved the 18 week non-admitted standard overall but for community paediatrics they have not achieved the standard.



ACTION TAKEN: NCUHT have a recovery plan in place which is being monitored by the Trust Development Authority, the CNTW Area Team and the CCG and they have updated this in March 2014. Contract negotiations for 2014/15 have taken into account the work needed to achieve the 18 week referral to treatment time target. However, challenges continue to exist in relation to a lack of staffing in certain specialties with the skills to undertake the work needed. Currently they are forecasting that they will achieve the standard by the end of Q2 2014/15. UHMBT are developing their RTT Recovery Plan which will be available on 31/03/14. CPFT provided details of their plans to address the delays in December 2013 but as the position has not resolved an update on this will be requested.

Measure: Patients waiting for more than 52 weeks

NCUHT had one >52 week wait in January 2014 in the unadjusted admitted category. However, this is not shown in the adjusted admitted category. There are no patients waiting over 52 weeks in February 2014.

ACTION TAKEN: No action taken on this as the patient does not show in the adjusted category and there is therefore a valid reason for the length of wait.

Measure: Diagnostic 6 week wait standard (no more than 1% waiting more than 6 weeks)

The position at NCUH for achievement of the diagnostic 6 week wait standard has improved slightly in February following a very poor January 2014. This standard had been achieved until October, November and December 2013 when 1.1%, 1.3% and 1.3% respectively waited for more than 6 weeks. This rose to 5.7% in January 2014 but has reduced slightly to 5.4% in February. In addition CPFT are at 7.8% of diagnostics not seen within the 6 week standard (the number of diagnostic tests are much lower overall and are all for paediatric audiology). This brings the CCG to an achievement level of 3.5%, significantly above the >1% waiting for more than 6 weeks.

ACTION TAKEN: A recovery plan on the NCUH position was requested at the January 2014 contract meeting but had not been received so a further request was made on 17 February 2014. A plan has been received which shows the gap between capacity and current demand and the plans to address these in each diagnostic area. Again, staffing and recruitment difficulties is a significant element contributing to the challenges. A recovery plan will be requested from CPFT to identify how they will return the position to the required standard.

Cancelled operations not rebooked within 28 days

Against a standard of 0 NCUH had 14.3% of cancelled operations not rebooked within 28 days in February 2014. This standard has been deteriorating during the winter months. UHMBT have improved their performance in February with 0% not rebooked within 28 days.

ACTION TAKEN: Cancelled operations are a symptom of lack of capacity in the system and therefore no specific recovery plan has been requested for this measure. Rather the Urgent Care plans in place and currently being updated in north Cumbria and within NCUHT, as well as the RTT plans in NCUHT, if effective, should lead to a reduction in the level of cancelled operations.

Cancer waiting times

- **Maximum 62-day wait from referral from a GP to first definitive treatment for all cancers.** Having achieved this standard in December 2013, following many months not achieving, both the CCG and NCUHT have again failed the standard in January and February 2014. In addition UHMBT have also failed the standard on a Trust-wide basis, although they have achieved the standard for Cumbria patients only. Overall CCG level performance is lower than either of our main acute Trusts due to specialist cancer services being provided out of county.
- **Maximum 31 day targets for surgical, drug and radiotherapy treatment.** The CCG and NCUHT failed all three of these standards in January 2014, but performance for radiotherapy treatments improved above the standard for February

ACTION TAKEN: NCUHT have a Board approved Plan and trajectories plus detailed Speciality Action Plans and a Cancer Strategy Action Plan. They anticipate achieving sustainable cancer standards delivery from the end of Quarter 1 2014/15. UHMBT have a cancer plan in place that has been refreshed to ensure consistent achievement of cancer standards is achieved. Overall cancer pathways including specialist out of county services are reviewed at the Cumbria-wide Cancer meeting and the acute Trust plans identify where delays in pathways are due to onward referral.

Urgent Care Services

The urgent care services continue to be challenged across all of Cumbria as per the measures in exception below:

A&E 4 wait

NCUHT have achieved 94.8% in Quarter 4 to 30th March 2014 against the 95% four hour standard. Performance in February and March improved dramatically but was not enough to achieve the 95% target for Q4. UHMBT had achieved the 95% standard in quarters 2 and 3 but have achieved only 93.3% in Q4 to 30th March and are continuing to struggle to achieve the standard.

Maximum 30 minute ambulance handover standard

UHMBT have not achieved the maximum 30 minute ambulance handover standard again, having only achieved this standard for one month in the last 12. NCUHT handover performance has been historically good but has started to deteriorate in January 2014 and will require close monitoring.

ACTION TAKEN: Weekly winter calls across the Cumbria health and social care community have continued through to the end of March 2014 to manage the winter pressures as far as possible. Performance against the national 95% four hour standard has been very variable on a daily basis over the winter period.

There are Urgent Care Recovery plans in place, being implemented and overseen by the north and south Urgent Care Working Groups. The national Emergency Care Intensive Support Team have been utilised by NCUHT, UHMBT and Cumbria-wide to provide expert support and

guidance to improve performance. A review of winter will take place in both the north and south of Cumbria to use the learning in commencing planning for winter 2014/15 and to ensure sustainable urgent care services in the short and long term. Updated Urgent Care Plans for the north and south of Cumbria will be needed for 2014/15 and are currently being developed.

C.Difficile

The CCG and UHMB remain over trajectory for C.Difficile.

ACTION TAKEN: The CCG has appointed an Infection Control and Prevention Nurse who has been working across all three Trusts to develop and agree a Cumbria-wide action plan. The Area Team and CCG will work jointly on HCAs, using investigatory data and lessons to reduce failings across Health and Social Care.

The Quality Premium exceptions:

The Quality Premium includes measures that if the CCG fails over the full year for 2013/14 results in a financial cost. Failing measures for this continue to be:

- **Reducing avoidable emergency admissions**
- **Cancer 62 day wait from referral to treatment times.**
- **Incidence of healthcare associated infection: Clostridium Difficile and MRSA.**

ACTION TAKEN:The work to address these areas is indicated in the previous sections on urgent care, cancer and C.Difficile. Some of the measures in the Quality Premium will change for 2014/15. The cancer measure changes to 14 day referral to first OPA which currently the CCG and Trusts perform well on. Reducing avoidable emergency admissions remains as a measure but HCAs will no longer be included.

Recommendations:

None

Actions required by members:

The Governing Body is asked to NOTE the performance against the national standards and the implications of this performance

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