

NHS Cumbria CCG Governing Body	Agenda Item
4 February 2015	13

Performance Report

Purpose of Report:

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

Performance

The purpose of this report is to provide the NHS Cumbria 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.

Key Issues/Considerations:

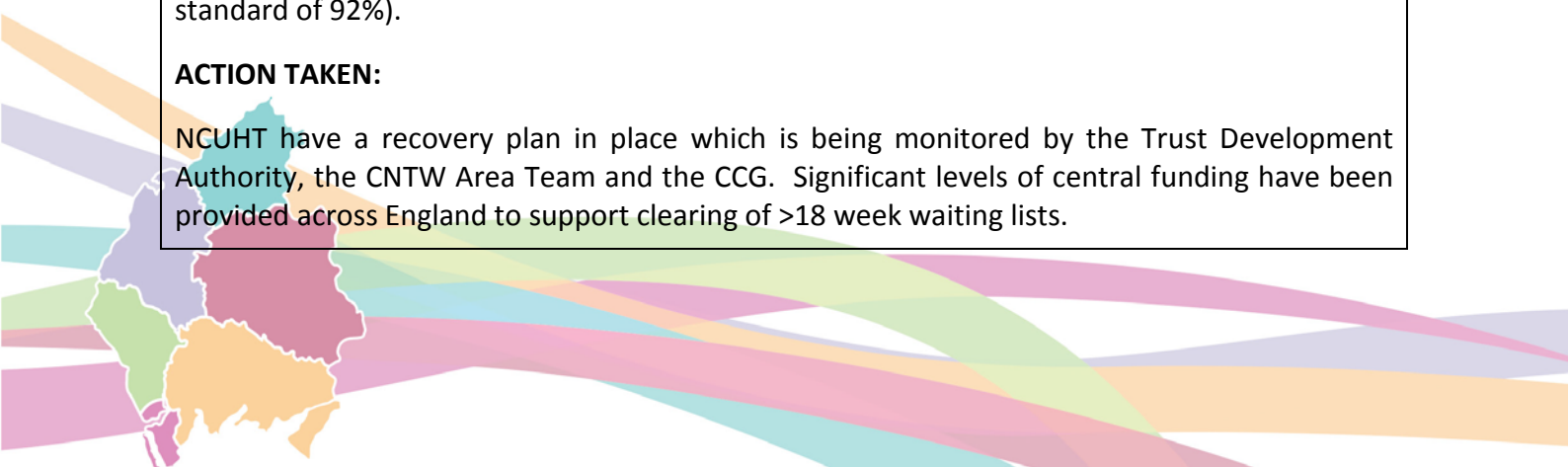
The performance of NHS Cumbria CCG and that of our local acute trusts is below the national operational standards on the following measures from the Expected Rights and Pledges within the NHS Constitution using the latest (November/December 2014) figures.

Measure: Admitted 18 week referral to treatment time:

Cumbria CCG has again failed all three RTT standards in November 2014. North Cumbria University Hospitals NHS Trust (NCUHT) continue to fail all three RTT standards but University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) have only failed the admitted standard again this month. The amnesty from NHS England ends in November so this will be the last month where non-achievement of the standards is acceptable. CPFT have achieved the 18 week non-admitted and incomplete clock stop standards this month overall but not quite achieved the incomplete standard for Cumbria CCG patients only (91.6% against a standard of 92%).

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. Significant levels of central funding have been provided across England to support clearing of >18 week waiting lists.



All Trusts have been working to clear their backlogs. Nationally penalties for non-achievement of the RTT standards have been waived during July to November 2014, in recognition that clearing waiting time backlogs will lead to failure to achieve the standards. All three Trusts are managing to reduce their backlog of >18 week waits. UHMBT and CPFT expect to be achieving the RTT standards from December 2014 as required, however, NCUHT are unlikely to achieve compliance until towards the end of 2014/15 and this will be a very challenging timescale to achieve. The challenges faced during the end of December and early January in emergency admissions will impact on future months RTT achievement as the bed pressures on the acute sites inevitably led to elective cancellations.

Measure: >52 week waits

NCUHT had one 52 week breach. This was an Orthopaedic patient who had an initial cancellation upon admission due to emergency pressures. The patient had a new TCI date for the 12th November, which breached the 52 weeks, but this was patient choice. The patient has now been treated.

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

The position at NCUHT for achievement of the diagnostic 6 week wait standard has increased somewhat from November, from 4.5% to 8.0%. This remains a significant improvement on previous performance however, although they are still exceeding the 1% standard. UHMBT achieved the 1% standard in November but has again increased to 2.0% in December. CPFT decreased significantly in September to 6.3% but have again increased to 23.8% for CCG commissioned patients – primarily paediatric audiology, and 64.8% overall (including NHS England commissioned activity). This brings the CCG to a level of 5.7%, above the <1% waiting for more than 6 weeks.

ACTION TAKEN:

The September 2014 Assurance Report provided by NCUHT to the Trust Development Authority cites capacity issues together with growth in demand as the causes of non-achievement of this standard. An Action Plan is in place with monthly reports provided on progress and trajectories for achievement of the <1% standard for each diagnostic area/test. The current trend suggests that this plan is being effective to an extent, though more improvement is required. For UHMBT DEXA scans were a particular problem in December due to a combination of staff sickness, maternity leave and equipment breakdown. CPFT have appointed a new audiologist which seemed to improve performance in September but this has not been maintained. Assurance is being sought from them on when they expect to achieve and sustain the standard but there are commissioning issues as the paediatric audiology pathway has several different bodies involved in commissioning it. This is causing difficulty in CPFT being able to identify exactly what the level of funding is for this service.

Cancelled operations not rebooked within 28 days.

Against a standard of 0 NCUHT had 31.1% of cancelled operations not rebooked within 28 days in November 2014. This is a further deterioration as performance had improved in August and September 2014 but then started to deteriorate in October.

ACTION TAKEN:

The Trust has been asked for detail of reasons for the deterioration and plans to improve

performance. Feedback has not yet been received.

Cancer waiting times:

NCUHT continues to fail on three of the cancer standards in November 2014. The CCG has therefore also not achieved these three standards in November:

- **Maximum 62-day wait from referral by a GP to first definitive treatment for all cancers.** The CCG achieved 82% against a standard of 85%. This is due mainly to NCUHT but also to providers outside Cumbria. The CCG achieved this standard for only one month (December) in 2013/14 and have not achieved it at all in 2014/15 to date. NCUHT delivered 82.9% against this standard.
- **Maximum 62 day referral from screening to first definitive treatment.** The CCG and NCUHT failed this standard with 88.1% and 80% respectively against a 90% standard.
- **Maximum 14 day GP referral for first appointment.** NCUHT failed to achieve this standard in November 2014 at 88% against a standard of 93% and have failed it now for 8 months. This is the cancer measure included in the Quality Premium so CCG failure to achieve throughout 2014/15 will incur financial penalties within the Premium. It is a standard that was achieved in 2013/14 but currently the CCG has achieved it only in April and September 2014 due to NCUHT performance.

ACTION TAKEN:

NCUHT have a Board approved Plan and trajectories plus detailed Speciality Action Plans and a Cancer Strategy Action Plan. They anticipated achieving sustainable cancer standards delivery from the end of Quarter 1 2014/15 but have not done so. A monthly report on progress is submitted to the TDA, CCG and NHS England and improvement had been seen up to October 2014. Since then improvement has stalled, possibly due to the winter pressures and norovirus outbreak which led to cancellations of surgery.

Urgent Care Services:

The urgent care services continue to be challenged across all of Cumbria although during June, to September NCUHT performance improved. However performance since September for NCUHT has deteriorated and has not recovered as yet.

A&E 4 hour wait:

The CCG has **not** achieved this standard in May, October, November and now December 2014 (94.8% against the standard of 95%). NCUHT failed to achieve the standard in the first two months of 2014/15, achieved the standard in June to September but have dropped since then and in December achieved only 92.2%. UHMBT had not achieved the standard from January to October 2014 but in November and December have achieved the standard.

Maximum 30 minute ambulance handover standard:

NCUHT handover performance has improved during November and December following a high in October 2014. However, the 2014/15 trend remains significantly higher than in 2013/14. UHMBT continue to perform poorly with 355 >30mins, and 93 >60mins.

Ambulance Response standards:

NWAS have to achieve their standards on a whole area basis rather than on smaller footprint

areas such as Cumbria. Normally NWAS achieve their overall standards but struggle to achieve them in Cumbria. However, from May to December 2014 they have failed to achieve their Red 1 and Red 2 overall standards causing Cumbria CCG not to achieve these standards. Since October they are also now failing on the Cat A 19 minute standard, both overall and in Cumbria. CCGs are measured on ambulance Trusts overall achievement rather than achievement at local CCG area level. The Red One 8 minute response is a Quality Premium measure which incurs financial penalties within the Premium payments should it not be achieved in 2014/15.

ACTION TAKEN:

Overall, there are Urgent Care Recovery plans in place, being implemented and overseen by the north System Resilience Group and south Urgent Care Working Group. 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.

Ambulance activity since May 2014 has been significantly higher than normal. There is no clear reason for the increase and this rise in activity has been mirrored across the rest of England. Nationally they are examining the potential to alter the response standards for Red 2, adding a further 120 seconds to triage time, to ensure that Red 1, life threatening calls can be responded to more quickly. Currently ambulances have to be sent out at the beginning of Red calls in order to achieve the 8 minute standard. This means that ambulances can be part way to a call and then be stood down or diverted to another call. The additional 120 seconds will enable a more detailed level of triage to assess whether an ambulance is needed immediately, or at all. Red 2's make up the majority of Red calls so this will have a significant impact on freeing up ambulances to respond rapidly to the Red 1 calls. This is to be piloted immediately in London and in the South-West and is likely to be adopted nationally from April 2015.

Mixed Sex Accommodation

There was one mixed sex accommodation breach at WCH in November 2014. The CCG is awaiting a report from NCUHT on the reasons for this breach.

The Quality Premium exceptions:

The Quality Premium for 2014/15 includes measures that if the CCG fails over the full year results in a financial penalty within the Premium.

Failing measures for 2014/15 based on YTD figures currently are:

- Reducing potential years of life lost for males
- 18 week RTT standard
- Maximum 4 hour waits in A&E
- Maximum 14 day waits from urgent GP referral for suspected cancer
- Cat A red 1 maximum 8 minute ambulance response times

ACTION TAKEN:

A wide range of actions are needed to reduce potential years of life lost, working with all partners and in particular, Public Health. The RTT 18 week standard is covered by a waiver

from NHS England during July to November 2014 to enable Trusts to clear their backlogs of >18 week waiters. Non-achievement of the 14 day cancer standard is due to NCUHT which has comprehensive recovery plans in place. National and north west action is taking place to improve the 8 minute ambulance response standard.

Friends and Family Test

The Friends and Family Test response rates for A&E in October and November 2014 are under the CQUIN target for both NCUHT and UHMBT. In addition CIC have not achieved the CQUIN target for inpatient responses either.

Recommendations: *The Governing Body/Committee is asked to:*

The Governing Body is asked to note the contents of this report and make any recommendations needed.

CCG Objectives:

This report relates to CCG objective:

2. **Performance and Outcomes:** Ensure continuous improvement in performance standards and outcomes.

Statutory/Regulatory/Legal/NHS Constitution Implications

The CCG is required to ensure that the national performance indicators set out in the NHS Mandate are achieved for its population.

Assurance Framework:

This report provides information against the following risks:

1. There is a risk that UHMB FT is unable to continue to provide clinically and financially sustainable services that are accessible to the population of Cumbria
2. There is a risk that the CCG is not delivering key NHS constitution targets

Finance/Resource Implications:

Performance against the Quality Premium measures has a direct financial effect on the CCG as achievement results in additional funding and every non-achievement of a measure reduces the potential funding received against the Premium.

Implications/Actions for Public and Patient Engagement:

All CCG members to be aware of current performance in public/patient engagement events in case of questions in relation to this.

Equality Impact Assessment:

Current performance standards not achieved disadvantages the population of Cumbria affected by those standards.

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Partners in improving local health

NHS
Cumbria
Clinical Commissioning Group



Performance Report

January-2015

Expected rights and pledges 2014/15 - Cumbria CCG

			CCG	NCUHT		UHMB		CPFT		Standard		
				All patients	CCCG commissioned	All patients	CCCG commissioned	All patients	CCCG commissioned			
RTT	Admitted	Nov-14 only	● 77.7%	● 69.0%	● 71.7%	● 76.1%	● 76.1%			90%		
	Non-admitted		● 93.9%	● 87.8%	● 92.2%	● 95.3%	● 95.6%	● 98.7%	● 96.5%	95%		
	Incomplete		● 91.5%	● 89.3%	● 89.6%	● 94.2%	● 94.2%	● 92.0%	● 91.6%	92%		
	52 wk waits		● 1	● 1	● 1	● 0	● 0	NAv	● 0	0		
	Diagnostic >6wk	Dec-14 only	● 5.7%	● 8.0%	● 8.0%	NAv	● 2.0%	● 64.8%	● 23.8%	1%		
A&E	A&E 4hr waits	Qrt 4 [^]	● 92.5%	● 88.4%		● 94.7%		● 99.1%		95%		
	12h Trolley Waits	Nov-14 only	NAp	● 0		● 0				0		
Ambulance	Cat A 8min - RED 1	Dec-14 only	● 59.0%	Cumbria only performance = ● 55.0%								75%
	Cat A 8min - RED 2		● 58.5%	Cumbria only performance = ● 65.5%								75%
	Cat A 19min		● 87.7%	Cumbria only performance = ● 84.9%								95%
	Handovers>30mins		● 90		● 355						0	
	Handovers>60mins		● 13		● 93						0	
CPA (CPFT data to Oct-14)	Qrt 2	● 95.9%	NAp		NAp		● 100%	● 95.9%		95%		
Cancer Waiting Times	14d GP referrals	Qrt 3 to Nov-14	● 90.4%	● 88.0%	● 88.2%	● 94.1%	● 93.6%			93%		
	14d Breast Symp.		● 94.8%	● 95.7%	● 95.7%	● 94.2%	● 92.6%			93%		
	31d 1st treatment		● 98.7%	● 100%	● 100%	● 98.4%	● 97.3%			96%		
	31d sub. surgery		● 95.7%	● 100%	● 100%	● 100%	● 100%			94%		
	31d sub. drugs		● 100%	● 100%	● 100%	● 100%	● 100%			98%		
	31d sub. radiother.		● 100%	● 100%	● 100%	● 100%	● 100%			94%		
	62d GP referral		● 82.0%	● 82.9%	● 84.2%	● 87.0%	● 89.8%			85%		
	62d Screen. Refer.		● 88.1%	● 80.0%	● 80.0%	● 93.4%	● 95%			90%		
	62d Cons. upgrade		95.4%	89.5%	75.0%	94.9%	97.0%			NA		
EMSA	Nov-14	● 1	● 1	● 1	● 0	● 0	● 0	● 0	0			
Cancelled operation	28 day rule	Nov-14 only	NAp	● 31.1%		● 0.0%				0		
	2nd cancellations	Nov-14 only	NAp	● 0	NAp	● 0	NAp			0		



National Operational Standard met



Within the threshold of Standard



Performance below the lower threshold of Standard

[^] Quarter to Week ending 11th January 2015

NAv: Not available

NAp: Not applicable



Measures in exception trends

National CCG Assurance Framework - Expected rights and pledges 2013/14

CCG	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
RTT admitted clock stops	● 88.3%	● 87.7%	● 83.6%	● 84.3%	● 85.0%	● 86.0%	● 82.3%	● 80.4%	● 85.3%	● 75.7%	● 75.1%	● 77.8%	● 77.7%	
RTT non-admitted clock stops	● 96.1%	● 95.9%	● 95.7%	● 95.5%	● 95.9%	● 95.7%	● 95.2%	● 96.0%	● 94.7%	● 93.4%	● 93.3%	● 93.7%	● 93.9%	
RTT incomplete pathways^	● 92.4%	● 91.2%	● 91.6%	● 91.5%	● 91.5%	● 90.9%	● 90.7%	● 90.4%	● 89.1%	● 89.0%	● 90.2%	● 90.9%	● 91.5%	
52 week wait	● 3	● 2	● 1	● 0	● 3	● 5	● 2	● 2	● 1	● 1	● 0	● 1	● 1	
Diagostics 6wk wait	● 0.9%	● 1.1%	● 4.0%	● 3.5%	● 4.3%	● 7.8%	● 10.7%	● 9.9%	● 11.1%	● 11.5%	● 7.0%	● 5.5%	● 3.4%	● 5.7%
A&E department -% waiting 4 hours or less^	● 94.6%	● 95.2%	● 94.0%	● 96.6%	● 96.4%	● 95%	● 94.2%	● 95.6%	● 96.3%	● 95.9%	● 95.6%	● 90.8%	● 93.2%	● 94.8%
Cat A 8min - RED 1 (North West area)	● 73.9%	● 74.8%	● 77.1%	● 75.3%	● 75.3%	● 75.7%	● 73.4%	● 71.5%	● 68.5%	● 72.7%	● 71.5%	● 71.2%	● 68.0%	● 59.0%
Cat A 8min - RED 2 (North West area)	● 74.8%	● 75.2%	● 78.2%	● 76.0%	● 75.4%	● 75.3%	● 74.7%	● 73.2%	● 69.2%	● 72.1%	● 73.3%	● 73.7%	● 69.6%	● 58.5%
Cat A 19min (North West area)	● 94.5%	● 95.0%	● 95.8%	● 96.4%	● 96.3%	● 96.2%	● 95.6%	● 95.4%	● 94.2%	● 95.3%	● 95.1%	● 93.6%	● 93.1%	● 87.7%
Cat A 8min - RED 1 (Cumbria)	● 70.8%	● 70.8%	● 66.9%	● 63.3%	● 77.6%	● 71.3%	● 62.8%	● 70.1%	● 72.1%	● 63.0%	● 67.4%	● 69.0%	● 74.0%	● 55.0%
Cat A 8min - RED 2 (Cumbria)	● 69.5%	● 72.5%	● 72.7%	● 70.7%	● 69.8%	● 67.5%	● 68.8%	● 67.2%	● 64.2%	● 63.0%	● 68.2%	● 73.4%	● 72.0%	● 65.5%
Cat A 19min (Cumbria)	● 89.8%	● 92.2%	● 89.3%	● 91.1%	● 89.2%	● 86.7%	● 88.4%	● 86.3%	● 85.2%	● 84.5%	● 88.2%	● 87.1%	● 89.6%	● 84.9%
14d cancer referral	● 95.0%	● 95.5%	● 94.9%	● 95.5%	● 93.8%	● 93.5%	● 92.5%	● 89.6%	● 88.3%	● 92.1%	● 93.3%	● 91.1%	● 89.6%	
62d GP cancer referral^	● 79.1%	● 89.4%	● 77.3%	● 77.5%	● 84.5%	● 75.9%	● 82.2%	● 81.0%	● 83.2%	● 80.2%	● 84.3%	● 83.6%	● 80.3%	
62d screening service	● 90.5%	● 92.0%	● 100.0%	● 93.8%	● 87.5%	● 100.0%	● 100.0%	● 96.4%	● 84.2%	● 88.2%	● 100.0%	● 81.0%	● 95.2%	
Mixed sex accommodation breaches	● 0	● 2	● 0	● 0	● 0	● 0	● 0	● 0	● 0	● 0	● 0	● 0	● 0	● 1

NCUH (All patients)

	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
RTT admitted clock stops	● 83.7%	● 82.8%	● 77.8%	● 79.2%	● 78.0%	● 78.3%	● 81.5%	● 77.5%	● 76.7%	● 68.6%	● 63.5%	● 68.9%	● 69.0%	
RTT non-admitted clock stops	● 93.8%	● 94.3%	● 92.6%	● 92.7%	● 93.1%	● 93.1%	● 91.6%	● 93.2%	● 91.8%	● 91.3%	● 90.8%	● 89.3%	● 87.8%	
RTT incomplete pathways^	● 90.6%	● 88.7%	● 89.6%	● 89.3%	● 89.5%	● 88.7%	● 87.7%	● 86.7%	● 85.2%	● 84.3%	● 85.7%	● 87.0%	● 89.3%	
52 week wait	● 0	● 0	● 1	● 0	● 2	● 3	● 1	● 1	● 0	● 1	● 0	● 1	● 1	
Diagnostics 6wk wait	● 1.4%	● 1.3%	● 5.7%	● 5.5%	● 6.7%	● 10.5%	● 16.0%	● 15.4%	● 17.0%	● 17.3%	● 10.7%	● 7.7%	● 4.5%	● 8.0%
A&E department -% waiting 4 hours or less^	● 91.1%	● 92.7%	● 91.2%	● 96.8%	● 97.2%	● 94.3%	● 92.8%	● 95.1%	● 97.1%	● 95.0%	● 95.2%	● 85.1%	● 88.8%	● 92.2%
Ambulance handover > 30 mins	● 48	● 63	● 55	● 33	● 51	● 89	● 151	● 98	● 87	● 97	● 104	● 232	● 160	● 90
Ambulance handover > 60 mins	● 9	● 11	● 11	● 1	● 2	● 12	● 24	● 9	● 12	● 9	● 22	● 65	● 32	● 13
14d GP referrals^	● 94.2%	● 95.1%	● 94.1%	● 95.2%	● 93.8%	● 92.6%	● 90.5%	● 85.9%	● 85.6%	● 90.6%	● 91.2%	● 88.4%	● 87.7%	
62d GP cancer referral	● 82.3%	● 91.7%	● 78.6%	● 81.9%	● 81.0%	● 78.9%	● 81.3%	● 79.9%	● 85.8%	● 80.4%	● 84.3%	● 84.8%	● 81.0%	
62d screening service	● 100.0%	● 85.7%	● 100.0%	● 88.9%	● 63.6%	● 100.0%	● 100.0%	● 88.2%	● 75.0%	● 83.3%	● 100.0%	● 71.4%	● 100.0%	
Mixed sex accommodation breaches	● 0	● 2	● 0	● 0	● 0	● 0	● 0	● 0	● 0	● 0	● 0	● 0	● 1	
Cancelled Ops not re-offered 28 days	● 8.3%	● 5.3%	● 28.6%	● 14.3%	● 13.6%	● 10.5%	● 16.1%	● 5.1%	● 16.3%	● 7.9%	● 7.0%	● 14.1%	● 31.1%	

UHMB (All patients)

RTT admitted clock stops	● 92.1%	● 91.4%	● 86.4%	● 88.2%	● 90.1%	● 91.1%	● 73.4%	● 74.7%	● 92.7%	● 76.1%	● 80.4%	● 81.3%	● 76.1%	
Diagnostics 6wk wait	● 0.3%	● 0.5%	● 1.0%	● 0.7%	● 0.7%	● 2.6%	● 2.1%	● 1.0%	● 1.2%	● 1.6%	● 1.6%	● 1.9%	● 1.0%	Nav
A&E department -% waiting 4 hours or less^	● 95.3%	● 95.4%	● 93.5%	● 93.4%	● 93.1%	● 93.2%	● 91.5%	● 92.5%	● 92.4%	● 94.7%	● 92.8%	● 93.1%	● 96.4%	● 95.3%
Ambulance handover > 30 mins	● 262	● 243	● 262	● 205	● 330	● 290	● 334	● 316	● 356	● 244	● 327	● 282	● 168	● 355
Ambulance handover > 60 mins	● 41	● 37	● 87	● 50	● 96	● 87	● 74	● 70	● 63	● 48	● 109	● 59	● 28	● 93

CPFT (Cumbria Commissioned)

RTT incomplete clock stops	● 92.8%	● 94.0%	● 92.2%	● 94.2%	● 96.2%	● 90.7%	● 97.8%	● 90.7%	● 84.6%	● 91.6%	● 94.1%	● 90.6%	● 91.6%	
Diagnostics 6wk wait	Not available					● 23.9%	● 18.6%	● 24.8%	● 19.2%	● 31.0%	● 6.3%	● 19.4%	● 23.7%	● 23.8%

^Denotes a measure that is also in the quality premium

Nav = not available

2014/15 CCG Quality Premium Measures
Current performance

		Indicator	2012 or 2012/13	2013 or 2013/14	2014/15 YTD	2014/15 data period	Target	% of Quality Premium	Latest Performance	% of Quality Premium Achieved	Equivalent to £££	
Payment	National Measures	1 Reducing potential years of lives lost; Directly age and sex standardised potential years of life lost per 100,000	Males	2097.1	2209.7			-3.2%	5.4%	0.0%	0.0%	
			Females	2072.2	2140.0			-3.2%	3.3%			
			Persons	2122.7	2281.5			-3.2%	7.5%			
		2 Improving access to psychological therapies (IAPT)	Proportion entering treatment against level of need	15.04%	15.3%	17.3%	Q1 2014/15	15.5%	15.0%	17.3%	15.0%	£375,000
		3 Reducing avoidable emergency admissions (composite measure) per 100,000	Composite Score*	2201.3	2383.1	2365.6	*2014/15 data Forecast on data to Nov-14	0% change from 2013/14	25.0%	-0.7%	25.0%	£625,000
			Unplanned hospitalisation for chronic ambulatory care sensitive conditions*	928.6	928.2	886.8				-4.5%		
			Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s*	359	381.4	361.4				-5.2%		
			Emergency admissions for acute conditions that should not usually require hospital admission*	1288.7	1404.0	1446.7				3.0%		
			Emergency admissions for children with lower respiratory tract infections*	437.8	455.0	397.6				-12.6%		
		4 Ensuring people have a positive experience of care	Support roll out of FFT					To complete	15.0%		15.0%	£375,000
	Agree plans to address issues from FFT						To complete					
	Obtain evidence of action						To complete					
Positive experience of patients						To improve						
5 Improved reporting of medication safety incidents	Agree specified increase of reporting Achieve increase in reporting	Baselines and trajectories to be agreed with Health and Wellbeing Board by end of Q1					15.0%		15.0%	£375,000		
Local measure	1 COPD	COPD Patients with latest MRC scale =>3 with Referral to Rehabilitation	752	1171	1271	Sep-14	1213	15.0%	1271	15.0%	£375,000	
Total Payment:									85.0%	£2,125,000		

Penalties	NHS Constitution rights or pledges	Maximum 18-week waits from referral to treatment (incomplete)	93.1%	92.4%	90.3%	Nov-14 YTD	92.0%	-25.0%	90.3%	-25.0%	£531,250
		Maximum four-hour waits in A&E departments	95.5%	96.3%	94.3%	YTD to 11/01/15	95.0%	-25.0%	94.3%	-25.0%	£531,250
		Maximum 14-day waits from urgent GP referral for suspected cancer	94.3%	93.1%	91.6%	Nov-14 YTD	93.0%	-25.0%	91.6%	-25.0%	£531,250
		Maximum 8-minute responses for Category A red 1 ambulance calls	74.3%	75.8%	69.8%	Dec-14 YTD	75.0%	-25.0%	69.8%	-25.0%	£531,250
	Resources	The CCG operates in a manner consistent with Managing Public Money					To comply	-100.0%		0.0%	£0
		CCG incurs an unplanned deficit, or requires unplanned financial support					To comply	-100.0%		0.0%	£0
		The CCG incurs a qualified audit report in respect of 2014/15					To comply	-100.0%		0.0%	£0
Total Penalties:									-100.0%	£2,125,000	

Note: measures in italics are supporting information

Total Quality Premium Achieved: 0.0% £0



NHS Cumbria CCG Performance Update

What is the Friends and Family Test?

The NHS Friends and Family survey asks patients whether they would recommend A&E and inpatient wards to their nearest and dearest based on their own experience. The survey, which will grow into the most comprehensive ever undertaken, allows hospital trusts to gain real time feedback on their services down to individual ward level and increases the transparency of NHS data to drive up choice and quality. The Test was first announced by the Prime Minister in January 2012 and means that patients will now have a real voice in deciding whether their care is good enough or not – and hospitals will be able to take swift action to make any necessary improvements. The Friends and Family Test (FFT) was introduced in April 2013 and is carried out every month. There is a national expectation that responses will be received from at least 20% of the Trusts' A&E survey group and 30% for inpatients, and this is the target for Q4 in the National CQUIN FFT indicator.

FFT response rates - October and November 2014

Red figures denote those under the CQUIN target

		October and November 2014		
		A&E	Inpatients	Total
NCUHT	CIC	14.6%	29.9%	21.4%
	WCH	15.4%	39.4%	22.7%
NCUHT Total		14.9%	32.6%	21.9%
UHMBFT	FGH	15.7%	48.5%	26.2%
	RLI	18.4%	32.5%	23.0%
	WGH		97.0%	97.0%
UHMBFT Total		17.3%	41.5%	25.4%
CNTW Total		18.3%	37.5%	25.1%
England		19.2%	36.9%	24.9%

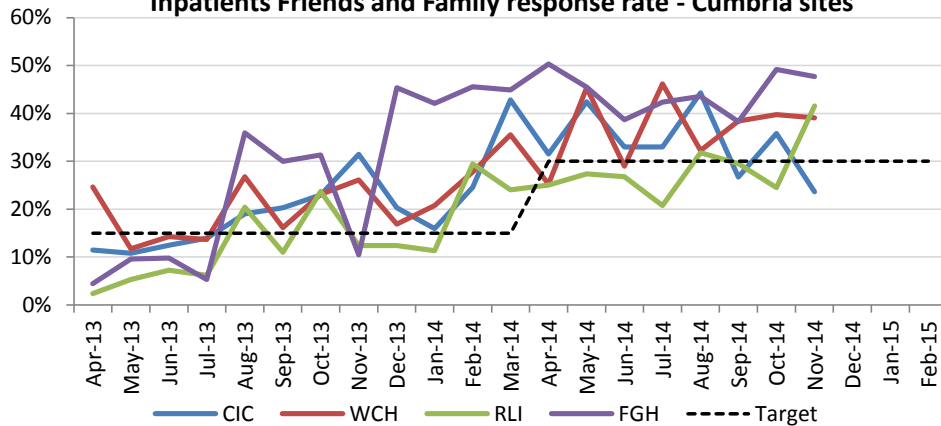
FFT scores - October and November 2014

		October and November 2014		
		A&E	Inpatients	Total
NCUHT	CIC	71	66	68
	WCH	71	71	71
NCUHT Total		71	68	69
UHMBFT	FGH	54	79	69
	RLI	57	66	61
	WGH		90	90
UHMBFT Total		56	74	66
CNTW Total		67	77	72
England		55	72	63

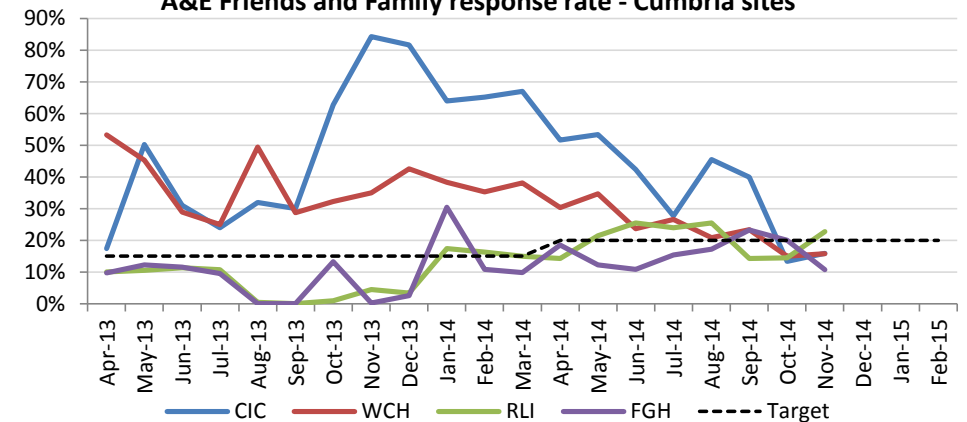
Key:

- Over 5% increase from Q1 13/14
- Within 5% increase than Q1 13/14
- Same score as Q1 13/14
- Worse score than Q1 13/14

Inpatients Friends and Family response rate - Cumbria sites



A&E Friends and Family response rate - Cumbria sites





Partners in improving local health

Data Sources

1. UNIFY 2
2. NCUH trust board report
3. Open Exeter, cancer waiting times
4. NHS England
5. UHMB board report
6. CPFT assurance report

Date Produced

22-Jan-15

Produced by NECS in partnership with NHS Cumbria CCG

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Link below to the NHS Cumbria Intelligence Portal

<http://pctportal.cumbria.nhs.uk/SiteDirectory/Intelligence/default.aspx>