

<b>NHS Cumbria CCG Governing Body</b>	<b>Agenda Item</b>
<b>1 April 2015</b>	<b>17</b>

### 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 (January/February 2015) figures.**

**Measure: Admitted 18 week referral to treatment time:**

Cumbria CCG has again failed all three RTT standards in January 2015. 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 achieved two of the standards this month. They did not achieve the incomplete standard, missing it by 1.2%. The amnesty from NHS England that was to end in November 2014 has now been extended to the end of 2014/15 (31 March 2015). CPFT have achieved all the RTT standards in January 2015.

**ACTION TAKEN:**

NCUHT have a recovery plan in place which is being monitored by the Trust Development Authority, NHS England and the CCG. Significant levels of central funding have been provided across England to support clearing of >18 week waiting lists.

NCUHT will not however, achieve compliance in 2014/15. The challenges faced since the end



of December, January, February and in to March 2015 in emergency admissions and norovirus have impacted on RTT achievement as the bed pressures on the acute sites inevitably led to elective cancellations. Despite this there has been a significant reduction in the backlog of non-admitted cases and some specialties such as dermatology, gastro and pain services are now achieving the >95% admitted standard. Use of independent sector providers has been successful in reducing the backlog and effective relationships with them have been developed over recent months. An updated report has been provided to the TDA, NHS England and the CCG regarding achievement of the standards.

**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 decreased in February to 4.2% which is a marked improvement, although they are still exceeding the <1% standard. UHMBT exceeded the <1% standard in February at 1.5%. CPFT overall performed poorly at 23.8%, although for CCG commissioned services performance was 4.5%. This brings the CCG to a level of 3.3%, remaining above the <1% waiting for the 6 weeks standard.

**ACTION TAKEN:**

At NCUHT MRI provision is improving due to the additional mobile MRI provision and is now below 1%. Non-obstetric ultrasound is improving but still exceeding the standard. Additional ultrasound capacity being put in place should enable this standard to be achieved. CT performance has been a challenge due to the CT scanner at WCH breaking down on several occasions. UHMBT have been running additional sessions such as for MRI in the evenings and weekends and anticipate achieving the <1% standard from March 2015 onwards. CPFT performance for the CCG is related primarily to paediatric audiology and the Children and Families team within the CCG is preparing a paper on the issues related to this.

**Cancelled operations not rebooked within 28 days.**

Against a standard of 0 NCUHT had 9.1% of cancelled operations not rebooked within 28 days in January 2015 which shows an improving trajectory on November and December performance.

**ACTION TAKEN:**

This standard will continue to be monitored closely by the CCG as the norovirus outbreak is likely to impact on the improving performance.

**Cancer waiting times:**

NCUHT failed on all of the cancer standards in January 2015 which is disappointing following improvement on standard attainment in the last six months. In addition, UHMBT did not achieve the 14 day following referral with breast symptoms standard, and although they achieved 14 day GP referral overall, for Cumbria CCG patients they did not achieve the standard. They also failed the 62 day from screening service standard. The CCG has therefore also not achieved any of the cancer standards in January 2015.

- **Maximum 62-day wait from referral by a GP to first definitive treatment for all cancers.** The CCG achieved 79.9% against a standard of 85%. 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 76.7% against this standard.

- **Maximum 62 day referral from screening to first definitive treatment.** The CCG, NCUHT and UHMBT failed this standard with 61.1%, 53.3% and 83.3% respectively against a 90% standard.
- **Maximum 14 day GP referral for first appointment.** NCUHT failed to achieve this standard in January 2015 at 87% against a standard of 93% and have failed it now for 10 months. In addition UHMBT did not achieve the standard this month at 92%. 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 primarily to NCUHT performance.
- **Maximum 14 day referral with breast cancer symptoms.** NCUHT achieved 89.6% and UHMBT achieved 87.6% against a 93% standard. The CCG achieved 89.9% for January 2015.
- **Maximum 31 day following diagnostics for first treatment.** NCUHT achieved 94.3% and the CCG 94.6% against a standard of 96%.
- **Maximum 31 day subsequent surgery treatment for cancer.** NCUHT achieved 92.3% and the CCG 93.0% against a standard of 94%.
- **Maximum 31 day subsequent drug treatment for cancer.** NCUHT achieved 92.3% and the CCG 95.3% against a standard of 98%.
- **Maximum 31 day subsequent radiotherapy treatment for cancer.** NCUHT achieved 93.8% and the CCG 92.6% against a standard of 94%.

#### **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. Improvement has stalled, probably due to the winter pressures and norovirus outbreak which have led to cancellations of surgery. Actions taking place that will improve the position are appointment of additional staff such as:

- A hepatobiliary nurse specialist
- A locum consultant in urology from 16<sup>th</sup> March with a further consultant commencing in July 2015
- A locum consultant in place for dermatology with a GPSI starting in April 2015 at WCH
- A second gynaecology consultant started on 1<sup>st</sup> March 2015
- In addition a mobile PET CT scanner will be starting on site from April 2015.

The Trust has a Recovery plan in place which should enable achievement of the cancer standards during 2015/16 once fully implemented. No firm date by which full achievement will be reached has been provided.

#### **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 remained poor since then, with the need to instigate an internal Major Incident over the period Wednesday 18<sup>th</sup> to Monday 23<sup>rd</sup> March 2015 as no beds were available for admissions, patients were waiting for long periods on trolleys in A&E

and there were significant numbers of ambulance handover delays. In addition there were challenges in discharging sufficient numbers of patients rapidly to make beds available.

**A&E 4 hour wait:**

The CCG has **not** achieved this standard in May, and October 2014 through to February 2015. NCUHT failed to achieve the standard in the first two months of 2014/15, achieved the standard in June to September but have not achieved since then, with only 75.9% in February. UHMBT did not achieve the standard from January to October 2014, in November and December achieved the standard, but in January and February have not achieved the standard with 93.8% achievement in February 2015.

**Maximum 30 minute ambulance handover standard:**

NCUHT handover performance improved during November and December following a high in October 2014, however performance has returned to October levels in January 2015 with 246 >30mins and 70 >60mins. UHMBT continue to perform poorly with 259 >30mins, and 75 >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 January 2015 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.

Since early January NCUHT have had a prolonged and serious outbreak of norovirus at Cumberland Infirmary which has led to large numbers of closed beds. WCH have also had a shorter outbreak of norovirus. These have led to six 12 hour trolley waits in A&E during January and a further 9 in February 2015. NHS England Area Team are aware of these trolley waits and 72 hour reports have been received for most of these. Full RCA reports are awaited. The TDA and CCG are both working closely with NCUHT to address the norovirus outbreak and the CCG Infection Prevention (IP) lead is visiting CIC weekly with other staff members of the CCG or NHS England to audit infection control measures in place. Reports with recommendations for action are fed back to the Trust. In addition the TDA have allocated an IP lead to work with the Trust and she is on site on a regular basis to provide support and advice to the Trust.

In order to support pressures on emergency ambulance services NHS Blackpool CCG as lead commissioner, in partnership with NWAS, and in agreement with participating CCGs, have

undertaken a mini-procurement for a pilot urgent care service to run for 6 months. (There is no cost to the CCG during the pilot stage.) This service utilises dedicated private ambulances selected from a nationally approved framework to undertake transfers of patients already under the management of a health professional that need a higher level of skill than PTS but do not need a full emergency first response. Cumbria CCG can undertake this pilot with the plan for this service to undertake 5-7 transfers per day, thus significantly relieving the pressure on emergency ambulance and freeing them to respond to 999 calls more rapidly, as well as supporting the flow of patients through the urgent care system. The pilot will be reviewed for effectiveness prior to any decision as to potential to mainstream the service and work is underway with clinical colleagues to ensure a co-ordinated approach to introducing the service.

### **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
- Improving access to psychological therapies
- Composite measure for reducing avoidable emergency admissions
- 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

Currently this will result in no Quality Premium being received by the CCG.

### **ACTION TAKEN:**

A wide range of actions are needed to reduce potential years of life lost, and reductions in avoidable admissions working with all partners and in particular, GPs and Public Health. Improving access to psychological therapies has been at or above the required standard until Q2 and is only 0.1% below the 15% target so has the potential to recover. The RTT 18 week standard national waiver has been extended to the end of March 2015 but will still need to be achieved in order to meet Quality Premium requirements. Non-achievement of the 14 day cancer standard is due to NCUHT which has comprehensive recovery plans in place but these have not been fully effective as yet. 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 performance at January 2015 shows UHMBT not achieving the 20% standard for response rates for A&E and RLI not achieving the inpatient standard of 30%.

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

The Governing Body is asked to note the contents of this report.

<b>CCG Objectives:</b>
This report relates to CCG objective:  2. <b>Performance and Outcomes:</b> Ensure continuous improvement in performance standards and outcomes.
<b>Statutory/Regulatory/Legal/NHS Constitution Implications</b>
The CCG is required to ensure that the national performance indicators set out in the NHS Mandate are achieved for its population.
<b>Assurance Framework:</b>
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
<b>Finance/Resource Implications:</b>
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.
<b>Implications/Actions for Public and Patient Engagement:</b>
All CCG members to be aware of current performance in public/patient engagement events in case of questions in relation to this.
<b>Equality Impact Assessment:</b>
Current performance standards not achieved disadvantages the population of Cumbria affected by those standards.

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Clinical Commissioning Group



# Performance Report

**March-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	Jan-15 only	<span style="color: red;">●</span> 82.9%	<span style="color: red;">●</span> 73.5%	<span style="color: red;">●</span> 74.4%	<span style="color: green;">●</span> 91.3%	<span style="color: green;">●</span> 91.2%			90%	
	Non-admitted		<span style="color: pink;">●</span> 94.2%	<span style="color: pink;">●</span> 90.4%	<span style="color: pink;">●</span> 91.8%	<span style="color: green;">●</span> 96.8%	<span style="color: green;">●</span> 96.9%	<span style="color: green;">●</span> 99.4%	<span style="color: green;">●</span> 95.2%	95%	
	Incomplete		<span style="color: pink;">●</span> 89.9%	<span style="color: pink;">●</span> 88.2%	<span style="color: pink;">●</span> 88.5%	<span style="color: pink;">●</span> 90.8%	<span style="color: green;">●</span> 90.3%	<span style="color: green;">●</span> 95.7%	<span style="color: green;">●</span> 95.4%	92%	
	52 wk waits		<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	0	
	Diagnostic >6wk	Feb-15 only	<span style="color: pink;">●</span> 3.3%	Nav	<span style="color: pink;">●</span> 4.2%	Nav	<span style="color: pink;">●</span> 2.1%	<span style="color: red;">●</span> 23.8%	<span style="color: pink;">●</span> 4.5%	1%	
A&E	A&E 4hr waits	Qrt 4 <sup>^</sup>	<span style="color: red;">●</span> 86.3%	<span style="color: red;">●</span> 78.0%		<span style="color: pink;">●</span> 93.4%		<span style="color: green;">●</span> 99.5%		95%	
	12h Trolley Waits	Jan-15 only	NAp	<span style="color: red;">●</span> 6		<span style="color: green;">●</span> 0				0	
Ambulance	Cat A 8min - RED 1	Jan-15 only	<span style="color: red;">●</span> 65.5%	Cumbria only performance = <span style="color: red;">●</span> 61.5%							75%
	Cat A 8min - RED 2		<span style="color: red;">●</span> 65.5%	Cumbria only performance = <span style="color: red;">●</span> 65.7%							75%
	Cat A 19min		<span style="color: pink;">●</span> 90.9%	Cumbria only performance = <span style="color: red;">●</span> 86.1%							95%
	Handovers>30mins		<span style="color: red;">●</span> 246		<span style="color: red;">●</span> 259					0	
	Handovers>60mins		<span style="color: red;">●</span> 70		<span style="color: red;">●</span> 75					0	
CPA (CPFT data to Nov-14)	Qrt 3	<span style="color: green;">●</span> 96.6%	NAp		NAp		<span style="color: green;">●</span> 96.8%	<span style="color: green;">●</span> 96.6%	95%		
Cancer Waiting Times	14d GP referrals	Qrt 4 to Jan-15	<span style="color: pink;">●</span> 89.9%	<span style="color: red;">●</span> 87.0%	<span style="color: red;">●</span> 86.9%	<span style="color: pink;">●</span> 92.0%	<span style="color: green;">●</span> 94.1%			93%	
	14d Breast Symp.		<span style="color: pink;">●</span> 89.9%	<span style="color: pink;">●</span> 89.6%	<span style="color: pink;">●</span> 90.6%	<span style="color: red;">●</span> 87.6%	<span style="color: pink;">●</span> 88.0%			93%	
	31d 1st treatment		<span style="color: pink;">●</span> 94.6%	<span style="color: pink;">●</span> 94.3%	<span style="color: pink;">●</span> 94.0%	<span style="color: green;">●</span> 98.6%	<span style="color: green;">●</span> 97.7%			96%	
	31d sub. surgery		<span style="color: pink;">●</span> 93.0%	<span style="color: pink;">●</span> 92.3%	<span style="color: pink;">●</span> 92.3%	<span style="color: green;">●</span> 94.4%	<span style="color: pink;">●</span> 91.7%			94%	
	31d sub. drugs		<span style="color: pink;">●</span> 95.3%	<span style="color: red;">●</span> 92.3%	<span style="color: red;">●</span> 92.0%	<span style="color: green;">●</span> 100%	<span style="color: green;">●</span> 100%			98%	
	31d sub. radiother.		<span style="color: pink;">●</span> 92.6%	<span style="color: pink;">●</span> 93.8%	<span style="color: pink;">●</span> 93.0%	<span style="color: green;">●</span> 100%	<span style="color: green;">●</span> 100%			94%	
	62d GP referral		<span style="color: red;">●</span> 79.9%	<span style="color: red;">●</span> 76.7%	<span style="color: red;">●</span> 77.6%	<span style="color: green;">●</span> 85.7%	<span style="color: green;">●</span> 94.1%			85%	
	62d Screen. Refer.		<span style="color: red;">●</span> 61.1%	<span style="color: red;">●</span> 53.3%	<span style="color: red;">●</span> 50.0%	<span style="color: red;">●</span> 83.3%	<span style="color: green;">●</span> 100%			90%	
	62d Cons. upgrade		<span style="color: pink;">●</span> 89.7%	<span style="color: green;">●</span> 76.9%	<span style="color: green;">●</span> 75.0%	<span style="color: green;">●</span> 97.2%	<span style="color: green;">●</span> 95.8%			NA	
EMSA	Jan-15 only	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	<span style="color: green;">●</span> 0	0		
Cancelled operation	28 day rule	Jan-15 only	NAp	<span style="color: pink;">●</span> 9.1%		<span style="color: green;">●</span> 0.0%				0	
	2nd cancellations	Jan-15 only	NAp	<span style="color: green;">●</span> 0	NAp	<span style="color: green;">●</span> 0	NAp			0	



National Operational Standard met



Within the threshold of Standard



Performance below the lower threshold of Standard

<sup>^</sup> Quarter to Week ending 1st March 2015

NAv: Not available

NAp: Not applicable



Measures in exception trends

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

CCG	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
RTT admitted clock stops	● 83.6%	● 84.3%	● 85.0%	● 86.0%	● 82.3%	● 80.4%	● 85.3%	● 75.7%	● 75.1%	● 77.8%	● 77.8%	● 85.8%	● 82.9%	
RTT non-admitted clock stops	● 95.7%	● 95.5%	● 95.9%	● 95.7%	● 95.2%	● 96.0%	● 94.7%	● 93.4%	● 93.3%	● 93.7%	● 93.9%	● 94.7%	● 94.2%	
RTT incomplete pathways^	● 91.6%	● 91.5%	● 91.5%	● 90.9%	● 90.7%	● 90.4%	● 89.1%	● 89.0%	● 90.2%	● 90.9%	● 91.5%	● 90.6%	● 89.9%	
Diagnostics 6wk wait	● 4.0%	● 3.5%	● 4.3%	● 7.8%	● 10.7%	● 9.9%	● 11.1%	● 11.5%	● 7.0%	● 5.5%	● 3.4%	● 5.7%	● 6.8%	● 3.3%
A&E department -% waiting 4 hours or less^	● 94.0%	● 96.6%	● 96.4%	● 95%	● 94.2%	● 95.6%	● 96.3%	● 95.9%	● 95.6%	● 90.8%	● 93.2%	● 94.8%	● 88.1%	● 86.6%
Cat A 8min - RED 1 (North West area)	● 77.1%	● 75.3%	● 75.3%	● 75.7%	● 73.4%	● 71.5%	● 68.5%	● 72.7%	● 71.5%	● 71.2%	● 68.0%	● 59.0%	● 65.5%	
Cat A 8min - RED 2 (North West area)	● 78.2%	● 76.0%	● 75.4%	● 75.3%	● 74.7%	● 73.2%	● 69.2%	● 72.1%	● 73.3%	● 73.7%	● 69.6%	● 58.5%	● 65.5%	
Cat A 19min (North West area)	● 95.8%	● 96.4%	● 96.3%	● 96.2%	● 95.6%	● 95.4%	● 94.2%	● 95.3%	● 95.1%	● 93.6%	● 93.1%	● 87.7%	● 90.9%	
Cat A 8min - RED 1 (Cumbria)	● 66.9%	● 63.3%	● 77.6%	● 71.3%	● 62.8%	● 70.1%	● 72.1%	● 63.0%	● 67.4%	● 69.0%	● 74.0%	● 55.0%	● 61.5%	
Cat A 8min - RED 2 (Cumbria)	● 72.7%	● 70.7%	● 69.8%	● 67.5%	● 68.8%	● 67.2%	● 64.2%	● 63.0%	● 68.2%	● 73.4%	● 72.0%	● 65.5%	● 65.7%	
Cat A 19min (Cumbria)	● 89.3%	● 91.1%	● 89.2%	● 86.7%	● 88.4%	● 86.3%	● 85.2%	● 84.5%	● 88.2%	● 87.1%	● 89.6%	● 84.9%	● 86.1%	
14d cancer referral	● 94.9%	● 95.5%	● 93.8%	● 93.5%	● 92.5%	● 89.6%	● 88.3%	● 92.1%	● 93.3%	● 91.1%	● 89.6%	● 91.3%	● 89.9%	
14d referral with breast cancer symptoms	● 94.8%	● 93.3%	● 93.7%	● 95.3%	● 89.3%	● 91.8%	● 89.8%	● 93.6%	● 95.0%	● 97.2%	● 91.9%	● 86.7%	● 89.9%	
31d 1st treatment	● 96.4%	● 98.7%	● 95.8%	● 96.8%	● 96.4%	● 97.4%	● 98.9%	● 97.6%	● 98.9%	● 99.6%	● 97.9%	● 97.6%	● 94.6%	
31d subsequent surgery treatment for cancer	● 93.3%	● 92.5%	● 93.9%	● 93.9%	● 96.7%	● 97.2%	● 97.9%	● 97.9%	● 96.6%	● 95.5%	● 96.1%	● 95.3%	● 93.0%	
31d subsequent drug treatment for cancer	● 94.5%	● 98.5%	● 100%	● 100%	● 97.4%	● 96.7%	● 100%	● 96.8%	● 100%	● 100%	● 100%	● 97.8%	● 95.3%	
31d subsequent radiotherapy treatment for cancer	● 92.6%	● 96.3%	● 98.1%	● 96.9%	● 100%	● 83.3%	● 94.6%	● 94.7%	● 92.4%	● 100%	● 100%	● 100%	● 92.6%	
62d GP cancer referral^	● 77.3%	● 77.5%	● 84.5%	● 75.9%	● 82.2%	● 81.0%	● 83.2%	● 80.2%	● 84.3%	● 83.6%	● 80.3%	● 84.9%	● 79.9%	
62d screening service	● 100%	● 93.8%	● 87.5%	● 100%	● 100%	● 96.4%	● 84.2%	● 88.2%	● 100%	● 81.0%	● 95.2%	● 88.0%	● 61.1%	

NHS Cumbria CCG Performance Update

**NCUH (All patients)**

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
RTT admitted clock stops	77.8%	79.2%	78.0%	78.3%	81.5%	77.5%	76.7%	68.6%	63.5%	68.9%	69.0%	78.4%	73.5%	
RTT non-admitted clock stops	92.6%	92.7%	93.1%	93.1%	91.6%	93.2%	91.8%	91.3%	90.8%	89.3%	87.8%	92.7%	90.4%	
RTT incomplete pathways^	89.6%	89.3%	89.5%	88.7%	87.7%	86.7%	85.2%	84.3%	85.7%	87.0%	89.3%	88.7%	88.2%	
Diagnostics 6wk wait	5.7%	5.5%	6.7%	10.5%	16.0%	15.4%	17.0%	17.3%	10.7%	7.7%	4.5%	8.0%	8.9%	NA
A&E department -% waiting 4 hours or less^	91.2%	96.8%	97.2%	94.3%	92.8%	95.1%	97.1%	95.0%	95.2%	85.1%	88.8%	92.2%	79.9%	75.9%
Ambulance handover > 30 mins	55	33	51	89	151	98	87	97	104	232	160	90	246	
Ambulance handover > 60 mins	11	100%	2	12	24	9	12	9	22	65	32	13	70	
14d GP referrals^	94.1%	95.2%	93.8%	92.6%	90.5%	85.9%	85.6%	90.6%	91.2%	88.4%	87.7%	90.1%	87.0%	
14d referral with breast cancer symptoms	95.0%	94.0%	92.8%	96.0%	88.2%	90.6%	86.5%	93.3%	95.4%	98.1%	92.8%	90.1%	89.6%	
31d 1st treatment	97.8%	100%	97.9%	97.1%	98.4%	98.0%	100%	96.9%	97.3%	100%	100%	97.2%	94.3%	
31d subsequent surgery treatment for cancer	92.9%	90.0%	100%	100%	100%	100%	100%	85.7%	94.1%	100%	100%	100%	92.3%	
31d subsequent drug treatment for cancer	87.0%	96.0%	100%	100%	95.5%	94.70%	100%	92.0%	100%	100%	100%	93.8%	92.3%	
31d subsequent radiotherapy treatment for cancer	89.3%	98.5%	98.5%	96.8%	100%	73.6%	97.9%	95.0%	95.7%	100%	100%	100%	93.8%	
62d GP cancer referral	78.6%	81.9%	81.0%	78.9%	81.3%	79.9%	85.8%	80.4%	84.3%	84.8%	81.0%	82.7%	76.7%	
62d screening service	100%	88.9%	63.6%	100%	100%	88.2%	75.0%	83.3%	100%	71.4%	100%	76.9%	53.3%	
Cancelled Ops not re-offered 28 days	28.6%	14.3%	13.6%	10.5%	16.1%	5.1%	16.3%	7.9%	7.1%	14.1%	31.1%	14.6%	9.1%	

**UHMB (All patients)**

RTT incomplete pathways^	94.2%	93.4%	92.7%	92.5%	93.3%	94.3%	93.2%	93.5%	93.9%	93.9%	94.2%	92.1%	90.8%	
Diagnostics 6wk wait	1.0%	0.7%	0.7%	2.6%	2.1%	1.0%	1.2%	1.6%	1.6%	1.9%	1.0%	1.8%	3.0%	NA
A&E department -% waiting 4 hours or less^	93.5%	93.4%	93.1%	93.2%	91.5%	92.5%	92.4%	94.7%	92.8%	93.1%	96.4%	95.3%	93.0%	93.8%
Ambulance handover > 30 mins	262	205	330	290	334	316	356	244	327	282	168	355	259	
Ambulance handover > 60 mins	87	50	96	87	74	70	63	48	109	59	28	93	75	
14d GP referrals^	95.9%	96.3%	94.7%	95.6%	94.5%	93.3%	93.5%	94.5%	95.5%	95.1%	93.0%	93.2%	92.0%	
14d Breast Symptoms	95.3%	94.5%	95.4%	92.3%	90.4%	93.5%	96.9%	93.7%	94.5%	96.1%	92.0%	82.2%	87.6%	
62d screening service	92.5%	95.0%	100%	100%	100%	97.7%	90.0%	97.1%	100%	94.3%	92.5%	89.7%	83.3%	

**CPFT (Cumbria Commissioned)**

Diagnostics 6wk wait	Not available	23.9%	18.6%	24.8%	19.2%	31.0%	6.3%	19.4%	23.7%	23.8%	18.3%	4.5%
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^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%	14.9%	Q2 2014/15	15.5%	15.0%	14.9%	0.0%	£0
		3 Reducing avoidable emergency admissions (composite measure) per 100,000	Composite Score*	2201.3	2383.1	2450.2	*2014/15 data Forecast on data to Dec-14	0% change from 2013/14	25.0%	2.8%	0.0%	£0
			Unplanned hospitalisation for chronic ambulatory care sensitive conditions*	928.6	928.2	906.5				-2.3%		
			Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s*	359	381.4	369.8				-3.0%		
			Emergency admissions for acute conditions that should not usually require hospital admission*	1288.7	1404.0	1472.6				4.9%		
			Emergency admissions for children with lower respiratory tract infections*	437.8	455.0	481.7				5.9%		
		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	1346	Dec-14	1213	15.0%	1346	15.0%	£375,000	
<b>Total Payment:</b>									<b>45.0%</b>	<b>£1,125,000</b>		

Penalties	NHS Constitution rights or pledges	Maximum 18-week waits from referral to treatment (incomplete)	93.1%	92.4%	90.3%	Jan-15 YTD	92.0%	-25.0%	90.3%	-25.0%	-£281,250
		Maximum four-hour waits in A&E departments	95.5%	96.3%	93.3%	YTD to 01/03/15	95.0%	-25.0%	93.3%	-25.0%	-£281,250
		Maximum 14-day waits from urgent GP referral for suspected cancer	94.3%	93.1%	91.3%	Jan-15 YTD	93.0%	-25.0%	91.3%	-25.0%	-£281,250
		Maximum 8-minute responses for Category A red 1 ambulance calls	74.3%	75.8%	69.4%	Jan-15 YTD	75.0%	-25.0%	69.4%	-25.0%	-£281,250
	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	
<b>Total Penalties:</b>									<b>-100.0%</b>	<b>-£1,125,000</b>	

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 - January 2015 only

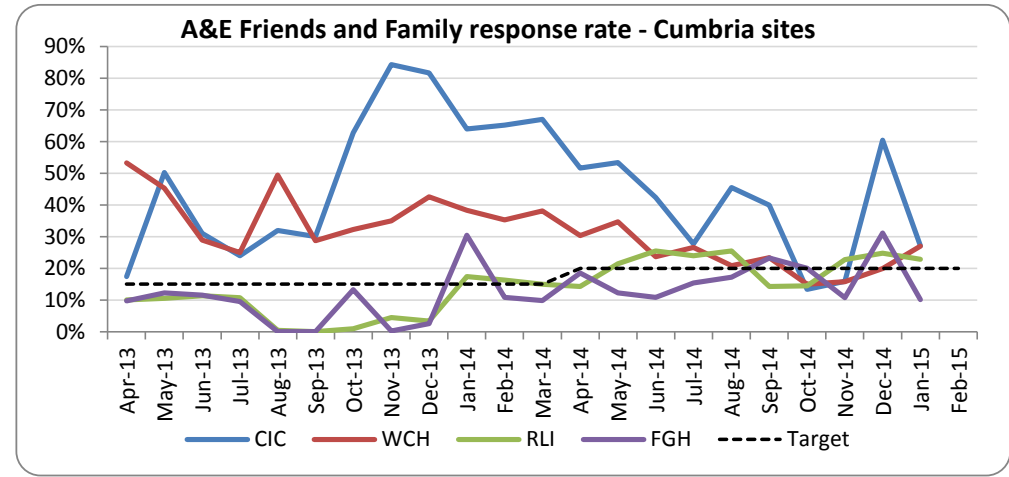
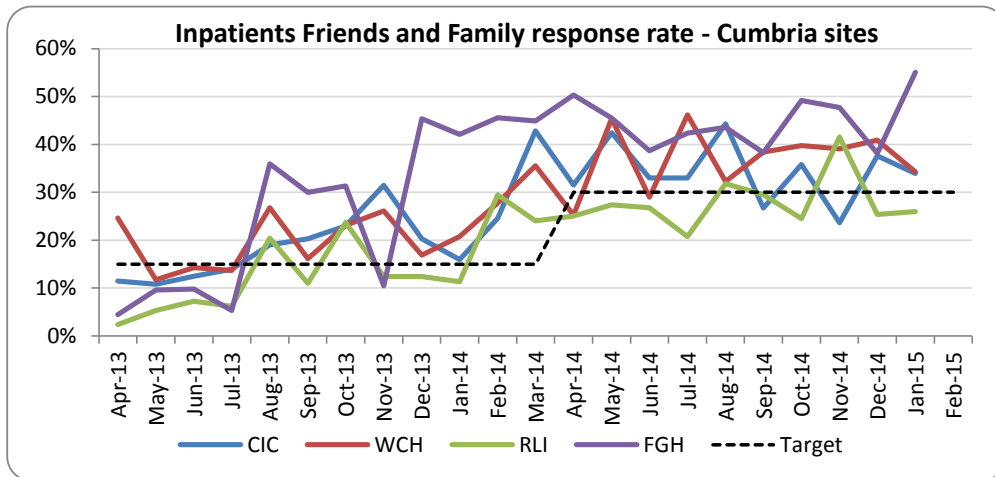
		January 2015 only		
		A&E	Inpatients	Total
NCUHT	CIC	27.2%	33.9%	30.1%
	WCH	27.0%	34.2%	29.4%
<b>NCUHT Total</b>		<b>27.1%</b>	<b>34.0%</b>	<b>29.8%</b>
UHMBFT	FGH	10.1%	55.1%	25.0%
	RLI	22.9%	26.0%	24.0%
	WGH		192.9%	192.9%
<b>UHMBFT Total</b>		<b>17.9%</b>	<b>39.9%</b>	<b>25.7%</b>
<b>CNTW Total</b>		<b>21.3%</b>	<b>36.0%</b>	<b>26.7%</b>
<b>England</b>		<b>20.1%</b>	<b>35.8%</b>	<b>25.2%</b>

### FFT scores - January 2015 only

		January 2015 only		
		A&E	Inpatients	Total
NCUHT	CIC	74	72	73
	WCH	59	81	67
<b>NCUHT Total</b>		<b>67</b>	<b>75</b>	<b>70</b>
UHMBFT	FGH	64	76	73
	RLI	66	68	67
	WGH		94	94
<b>UHMBFT Total</b>		<b>65</b>	<b>75</b>	<b>70</b>
<b>CNTW Total</b>		<b>68</b>	<b>78</b>	<b>73</b>
<b>England</b>		<b>57</b>	<b>71</b>	<b>64</b>

**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





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

17-Mar-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>