

NHS North Cumbria CCG Governing Body	Agenda Item
2 August 2017	13

Performance Report

Purpose of the Report								
<p>This report sets out the most recent performance information against a number of domains. This is intended to enable NHS North Cumbria CCG Governing Body to be aware of current performance across key areas and to be assured that the CCG and providers are taking the necessary corrective action in order to address performance below required standards.</p>								
Outcome Required:	Approve		Ratify		For Discussion	X	For Information	X
Assurance Framework Reference:								

Recommendation(s):
The Governing Body is asked to note the contents of this report.

Executive Summary:
<p>Key Issues:</p> <p>Most of the data in this Performance Report now reflects the new North Cumbria CCG footprint but there is some information still not fully mapped to that nationally such as A&E performance. In many areas performance continues to improve such as A&E 4hr standard, ambulance handover delays and RTT. NHS England required Trusts to achieve >90% against the 4 hour A&E standard for Quarter 1 and NCUHT achieved this delivering 91.2%. In addition, for the first time in many years, both the CCG and NCUHT achieved the 18 week RTT standard. Given the deteriorating position nationally, this is a significant achievement.</p> <p>However, areas that continue to be below the national standards required are as follows:</p> <ul style="list-style-type: none"> • IAPT performance on access and waiting < 6 weeks continues to underperform • Performance on the cancer standards remains variable and is at times affected significantly by small numbers (screening standards). The CCG is now also more affected by our smaller providers in delivery of the standards

- The diagnostic standard was not achieved by the CCG or NCUHT in May 2017 due to some gastroenterology staff shortages and as a result of the impact of the cyberattack on radiology services.
- A&E 95% four hour standard continues not to be achieved but is improving significantly with 92.7% achieved in Quarter 1, above the 90% requirement from NHS England for that period.
- NWAST continue not achieving their performance standards.
- The CCG incurred a single MSA (Mixed Sex Accommodation) breach in May at UHMBT. Due to the change in CCG mappings it has been checked and verified that this is a North Cumbria CCG patient.

NHS 111 is no longer being reported in this Performance Report as it is not part of the standard performance measures (Expected Rights and Pledges) and is reported elsewhere. Originally it was added during the period when performance was particularly poor but this has now recovered.

Key Risks:

The CCG continues not delivering several of its key NHS Constitution standards.

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.

Financial Impact on the CCG:

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. Currently, based on available data, the CCG would not receive any funding from the Quality Premium for 2016/17. 2017/18 data will be reported in this Performance Report from now onwards but it is too early in the year to show performance against any of the measures.

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	
Commission a range of health services appropriate to Cumbria's Needs	X
Develop our system leadership role and our effectiveness as a partner	
Improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	none
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Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	none
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Date Report Written	12 July 2017



Partners in improving local health



R04



Performance Report

Month Produced; July-2017

Latest Data to; May-17

Please note that there are data issues with several measures in this report for 17/18 due to the incorrect mapping of data to the new North Cumbria CCG

Section 1 - Constitutional Standards and National Expectations 2017/18

 National Operating Standard met
 National Operating Standard not met

			North Cumbria CCG	NCUHT		CPFT		National Standard
				All NCUH patients	CCCG commissioned	All patients	CCCG commissioned	
Mental Health	Dementia diagnosis	May-17	65.7%				65.7%	67%
	IAPT - access	3mths to May-17	3.3%				3.3%	3.75%
	IAPT - recovery rate	May-17	51.5%				51.5%	50%
	IAPT - waiting <6 wks		71.4%				71.4%	75%
	IAPT - waiting <18wks		99.4%				99.4%	95%
	EIP seen within 2 wks	Apr-17	58.3%			53.2%	58.3%	50%
	CPA within 7 days	Qrt 4	94.7%			95.2%	94.7%	95%
Ambulance	Cat A 8min - RED 1	May-17 only	65.9%	Cumbria only performance =		58.8%		75%
	Cat A 8min - RED 2		64.4%	Cumbria only performance =		61.1%		75%
	Cat A 19min		90.1%	Cumbria only performance =		82.5%		95%
	Handovers 30-60m	May-17 only		174	NAv			0
	Handovers>60mins			44	NAv			0
A&E	A&E 4hr waits	Qrt 1^	92.7%	91.2%	NAv	98.4%	NAv	95%
	12h Trolley Waits	Apr-17 only		0	NAv	NAv	NAv	0
Cancer Waiting Times	14d GP referrals	Qrt 1 to May-17	95.1%	95.3%	95.3%			93%
	14d Breast Symp.		82.5%	82.5%	82.6%			93%
	31d 1st treatment		96.4%	97.5%	97.3%			96%
	31d sub. surgery		95.6%	89.5%	89.5%			94%
	31d sub. drugs		91.5%	90.0%	91.7%			98%
	31d subsequent radiotherapy		100%	100%	100%			94%
	62d GP referral		79.9%	85.3%	86.7%			85%
	62d Screening Referral		61.5%	78.6%	72.7%			90%
	62d Consultant upgrade		100%	100%	100%			NA
EMSA	May-17 only	1	0	0	0	0	0	
Elective	Incomplete RTT <18wks	May-17 only	92.0%	92.3%	92.4%	97.0%	98.5%	92%
	Incomplete 52 wk waits		0	0	0	0	0	0
	Diagnostic >6wk		2.5%	2.55%	2.55%	0.0%	0.0%	1%
	Cancelled ops 28 day rule	Apr-17 only	NAp	7.4%	NAv			0
	2nd Cancelled ops	Apr-17 only	NAp	0	NAv			0
HCAIS	C-Diff Infections	May-17 only	10	0		1		15
	MRSA infections	May-17 only	0	0		0		0

^ ^ Quarter to week ending 18-Jun-17

NAv: Not available

: Not applicable

Section 2 - Key issues/Considerations

Area **MENTAL HEALTH**

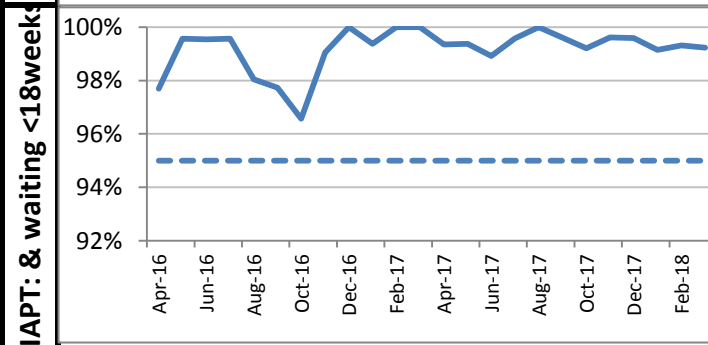
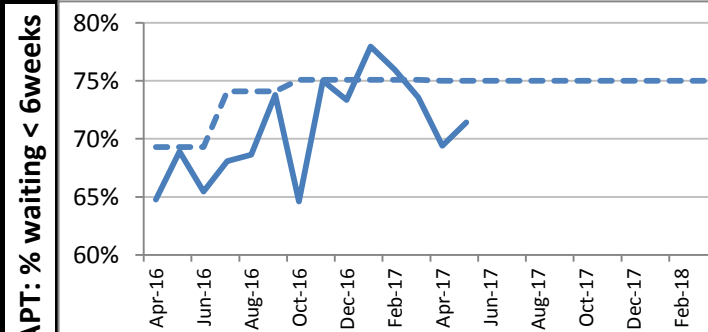
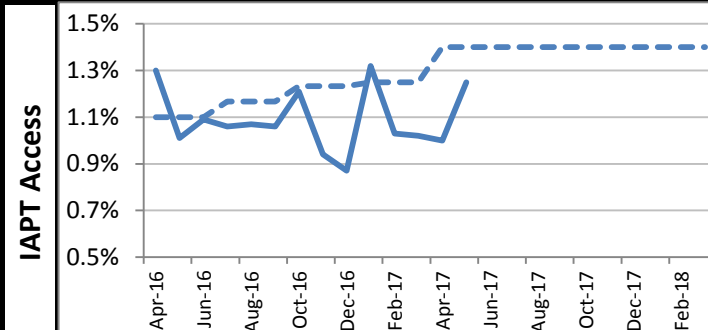
Exceptions **Dementia diagnosis; IAPT - access; IAPT - waiting <6 wks; CPA within 7 days;**

The IAPT service is meeting some but not all of the targets required. From April onwards the data has changed from Cumbria-wide to North Cumbria only. The reduction in performance on the 6 week waiting time target is therefore due to the removal of the South Cumbria data as performance there was much better than in the north.

The CCG submitted a bid for a service development around integrating additional staff within GP practices to provide collaborative care for individuals with co-morbid long term conditions, unfortunately this was not successful. Whilst we are working within current funding to achieve the 15%, we are also thinking about future developments around patients with both LTC and anxiety disorders and depression and how we can expand both remit and access numbers in line with the Five Year Forward plan.

The CCG has requested a Recovery Plan from CPFT by 14th July 2017 to include:

- rationale for underperformance
- actions to recover to target
- trajectory to achievement of target.



Please note that data prior to April 17 is for Cumbria CCG

Key:

--- CCG Trajectory — CCG actual

Area URGENT CARE

Exceptions Cat A 8min - RED 1; Cat A 8min - RED 2; Cat A 19min ; Handovers 30-60m; Handovers>60mins; A&E 4hr waits;

A&E 4 hour wait:

The CCG performance for May 2017 is still not available as mapping of the data to the new North Cumbria CCG nationally for this is not yet complete. Qrt1 CCG A&E figure of 92.7% shown is therefore based on a proxy using all NCUHT and CPFT data.
 NCUHT delivered 91.2% in Q1, a significant improvement on the 84.8% March performance, and above the national requirement of 90% for Q1.

Maximum 30 minute ambulance handover standard:

NCUHT handover delays remain on a reducing trajectory.

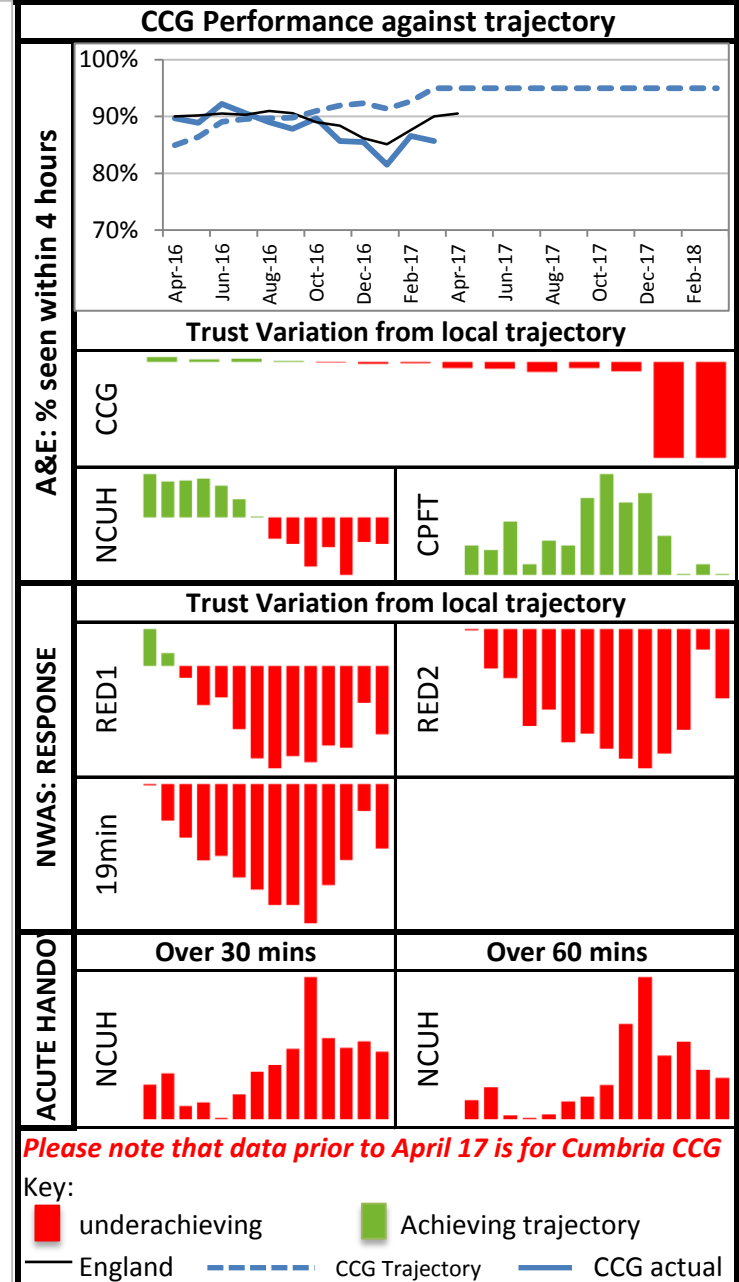
Ambulance Response standards:

NWAST have to achieve their standards on a whole area basis rather than on smaller footprint areas such as Cumbria. In May 2017 the Trust continued to fail the standards at both an overall and a Cumbria only level with a slight deterioration on April performance.

ACTION TAKEN:

A range of actions continue to be taken forward through the A&E Delivery Boards addressing streaming, flow and discharges. NHS England has funded a piece of work on DTOCs using a consultancy group called Newton Europe for 3 areas of the North. North Cumbria has been selected as one of the areas for this and the work commenced at the end of May 2017. A Summit to review the recommendations from this work and to agree next steps for the short and medium term is planned for 18th July 2017. The North Cumbria A&E Delivery Board is starting to work more closely with the North East to enable improved transfer of any good practice arising from the Vanguard work there. All areas are required to implement primary care streaming in A&E departments by October 2017 for day time service. Currently this is in place through CHOC for out of hours and planning is in progress to agree a model and implementation plan to achieve the October deadline.

NCUHT's position nationally in delivering against the 95% standard continues to improve.



Area **CANCER WAITING TIMES**

Exceptions **14d Breast Symp.; 31d sub. surgery; 31d sub. drugs; 62d GP referral; 62d Screening Referral;**

Performance in May showed the CCG not meeting 4 of the 9 standards. NCUHT also did not achieve 4 of the standards.

Maximum 14 day referral for breast symptoms. The CCG failed this standard in May at 82.7% against the 93% standard. NCUHT performance improved to 83.7% although still not achieving the standard.

Maximum 31 days subsequent surgery . The CCG achieved this 94% standard at 94.1% but NCUHT did not achieve this delivering 88.9%.

Maximum 31 day to Subsequent Drugs. The CCG achieved only 87.1% against this 98% standard and NCUHT reported 84.6%, which is a significant deterioration on April 2017.

Maximum 62 day referral from a GP. The CCG failed to achieve this standard delivering 79.7% against a standard of 85%. The Trusts that reduced CCG performance on this standard were UHMBT, Newcastle and Lancs Teaching.

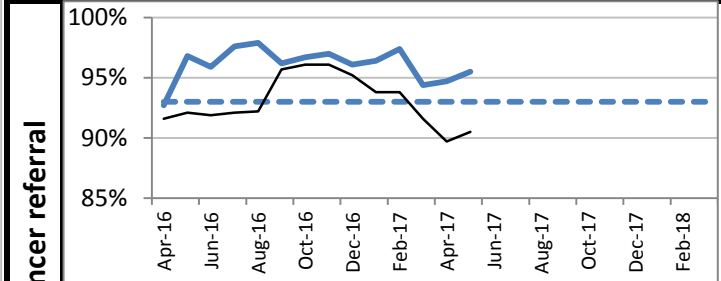
Maximum 62 day referral from screening. Both NCUHT and the CCG failed this standard at 71.4% and 85% respectively.

ACTION TAKEN: Non-recurring funding has been identified by the Northern Cancer Alliance via the cancer transformation bid to provide two 24 month fixed term posts within North Cumbria (an AFC Band 5 pathway facilitator and an AFC Band 4 community and primary care early awareness support worker) to improve outcomes by reducing time to and stage at diagnosis. Both posts will be fully funded from the transformation bid at the AFC grades identified above with on costs included.

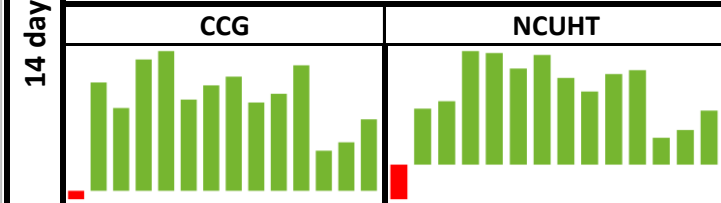
A formal multi agency group (to be known as the North Cumbria Cancer Transformation Programme Board) will be established to build upon the cancer improvement work already undertaken by the CCG and provider organisations, utilising continuous improvement methodology and supported by Cumbria Learning and Improvement Collaborative (CLIC). This group will oversee this transformation project in line with the following:-

- National cancer taskforce strategy
- Northern cancer alliance transformation plan
- STP local development plan
- Local cancer plan.

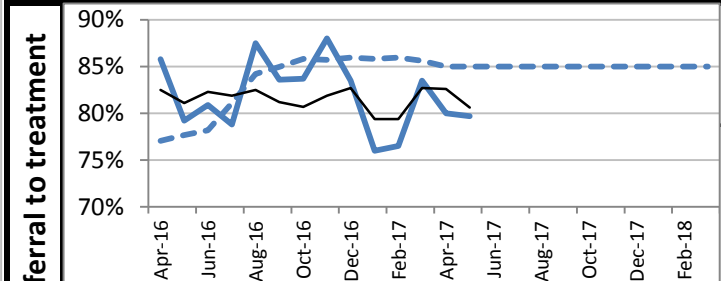
Monthly CCG Performance against trajectory



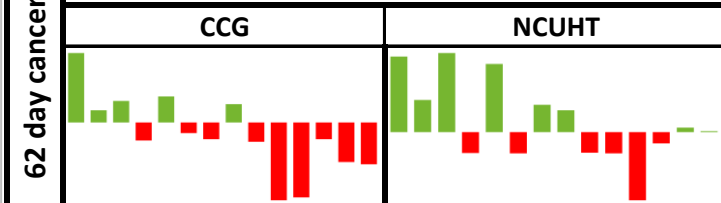
Monthly Trust Variation from local trajectory



Monthly CCG Performance against trajectory



Monthly Trust Variation from local trajectory



Please note that data prior to March 17 is for Cumbria CCG

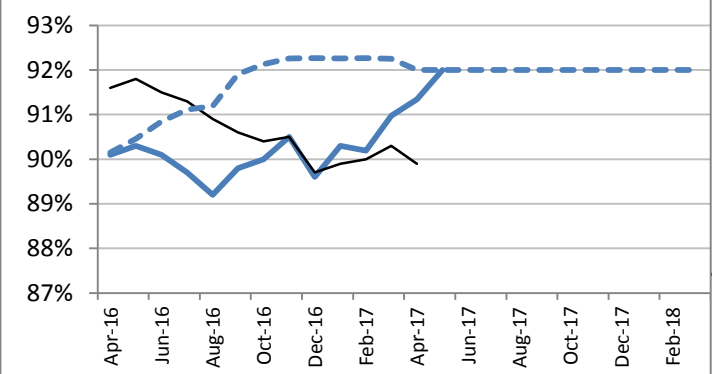
Key:

- underachieving
- Achieving trajectory
- England
- - - CCG Trajectory
- CCG actual

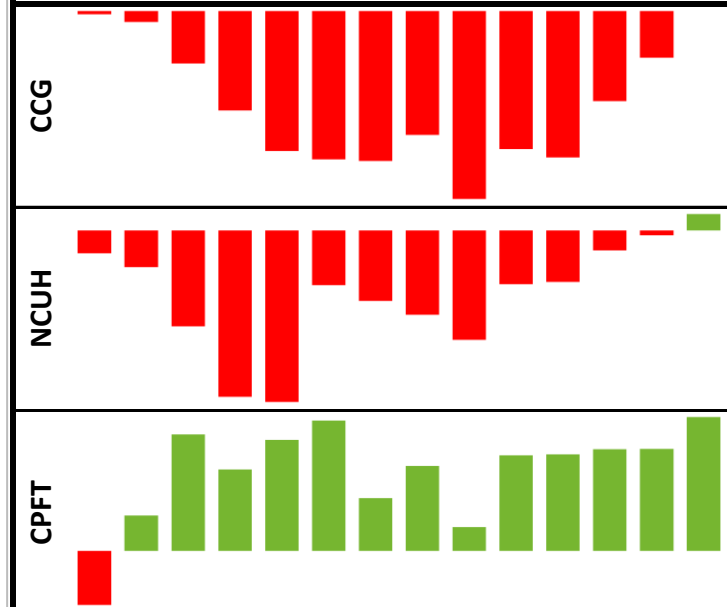
Exceptions

RTT < 18 weeks: Both Cumbria CCG and NCUHT achieved the 92% RTT standard in May 2017 at 92.0% and 92.3% respectively. This is the first month that either have achieved this standard in a very prolonged period of time and is a particular achievement given that nationally in England performance on this standard is deteriorating.

18wks CCG Performance against trajectory



Trust Variation from local 18wks trajectory



Please note that data prior to April 17 is for Cumbria CCG

Key:
■ underachieving ■ Achieving trajectory
 — England - - - CCG Trajectory — CCG actual

Area Elective Care

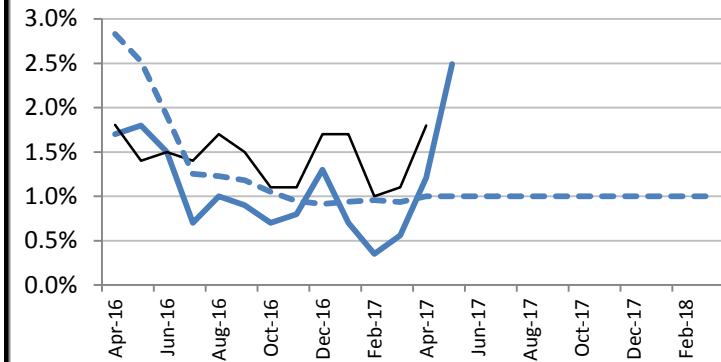
Exceptions Diagnostic >6wk; Cancellations within Cancelled ops 28 day rule;

Measure: Diagnostic 6 week wait standard (no more than 1% waiting more than 6 weeks)
 For the first time in several months both the CCG and NCUHT narrowly missed the diagnostic standard in April. Performance deteriorated further in May 2017 to 2.5% for the CCG and 2.55% for NCUHT.
ACTION TAKEN: The diagnostic standard is now normally achieved by NCUHT but in April there were staffing shortages in gastroenterology which led to a short fall in the capacity to deal with the demand of diagnostics tests for gastroenterology. An action plan is in place to address this but recruitment remains a challenge. The cyberattack then resulted in the further deterioration in performance seen in May due to the impact on radiology services which was significant and prolonged. The backlog is being addressed and NCUH are confident that the standard will have been achieved in June 2017.

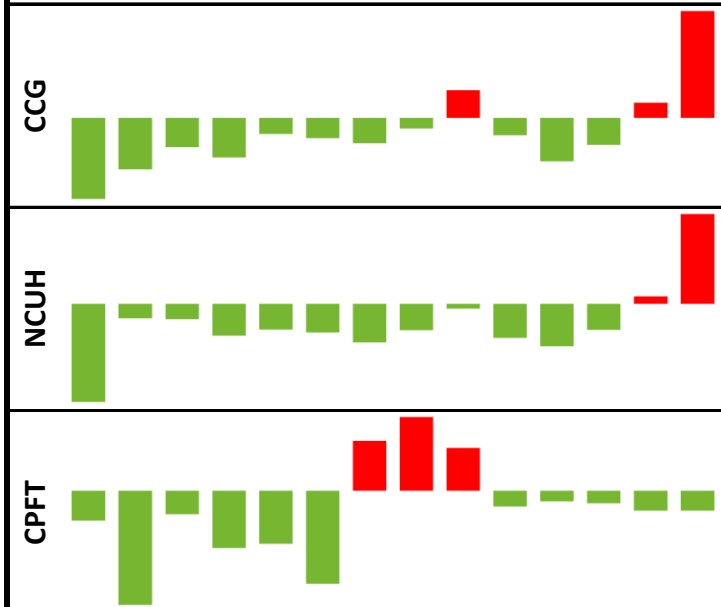
Measure: Cancelled operations not rebooked within 28 days.

NCUHT achieved this standard for the first time in March 2017. Unfortunately this has not been maintained in April or May 2017 and performance has deteriorated.
ACTION TAKEN: There is a Cancelled Operation Action Plan in place at NCUHT which is monitored monthly through the Theatre User Group. Actions are for example approval for agency Operating Department Practitioners to be employed to cover gaps in the rota and development of an internal business case for additional ITU capacity on the Cumberland Infirmary site

Diagnostics CCG Performance against trajectory



Trust Variation from local diagnostics trajectory

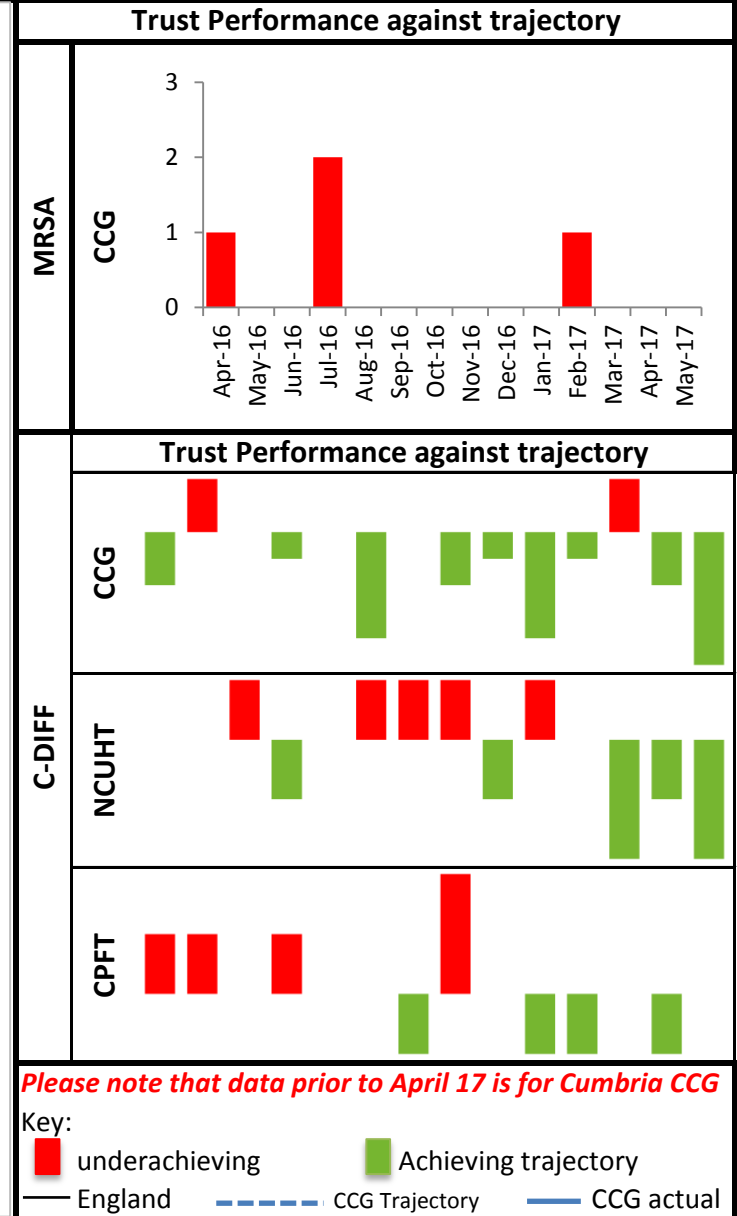


Please note that data prior to April 17 is for Cumbria CCG

Key:
■ underachieving ■ Achieving trajectory
 — England - - - CCG Trajectory — CCG actual

Measures

HCAI standards were achieved in April 2017.



Section 3 - Quality Premium 2017/18

Current performance

		Indicator	2016/17 data period	Target	% of Quality Premium	Latest Performance	% of Quality Premium Achieved	Equivalent to £££	
Payment	National Measures	1 Cancers diagnosed at early stage	Proportion of cancers diagnosed at stages 1 and 2		>60% OR 4% improvement from 2016	17.0%	Not available	NA	Not available
		2 Patient Experience	Percentage of patients with a good experience of making a GP appointment		85% OR a 3% increase from Jul 17	17.0%	Not available	NA	Not available
		3 NHS Continuing Healthcare	NHS CHC eligibility decision made within 28 days from receipt of checklist		>80%	8.5%	Not available	NA	Not available
			NHS CHC assessments taking place in an acute hospital setting		<15%	8.5%	Not available	NA	Not available
		4 Mental Health	Out of Area Placements		33% reduction	17.0%	Not available	NA	Not available
	5 Bloodstream Infections	a)i.Gram negative blood stream infections			10% reduction from 2016	6.0%	Not available	NA	Not available
		a)ii.Core primary care data set			Completion	1.7%	Not available	NA	Not available
		b)i.Trimethoprim:Nitrofurantoin ratio			10% reduction on Jun15-May16	3.8%	Not available	NA	Not available
		b)ii.Trimethoprim items in over 70yr olds				3.8%	Not available	NA	Not available
		c)i.Antibiotics prescribed in primary care			1.161	1.7%	Not available		Not available
Local measures	1 Respiratory System Problems	The percentage of COPD patients with a record of FeV1 in the preceding 12 months		72.3%	10.0%	Not available		Not available	

Total Payment:

Penalties	NHS Constitution requirements	Maximum 18-week waits from referral to treatment (incomplete)		92.0%	-25.0%			
		Maximum four-hour waits in A&E departments		95.0%	-25.0%			
		Maximum 62-day waits from urgent GP referral to treatment for cancer		85.0%	-25.0%			
		Maximum 8-minute responses for Category A red 1 ambulance calls		75.0%	-25.0%			
	Resources	The CCG operates in a manner consistent with Managing Public Money		To comply	-100.0%			Not available
		CCG incurs an unplanned deficit, or requires unplanned financial support		To comply	-100.0%			Not available
The CCG incurs a qualified audit report in respect of 2015/16			To comply	-100.0%			Not available	

Total Penalties:

Total Quality Premium Achieved:



Section 3 - Quality Premium 2017/18

Key Issues / Considerations

The new Quality premium measures for 2017/18 are shown above but it is too early in the year to have sufficient performance data to make it meaningful as yet.

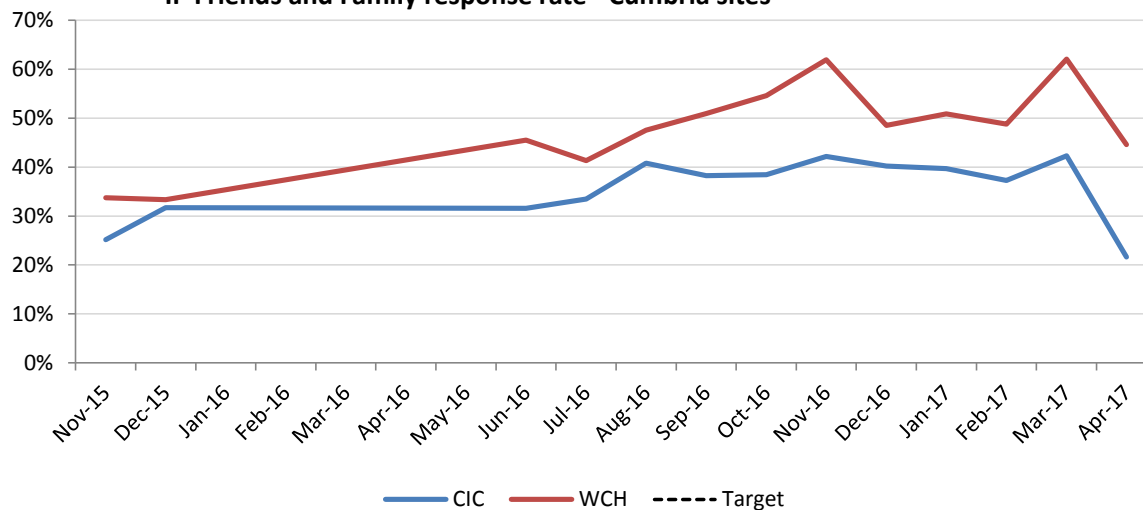
Section 4 - Other Areas of Concern: Friends and Family test

FFT response rates - Qtr1 17/18 to Apr17

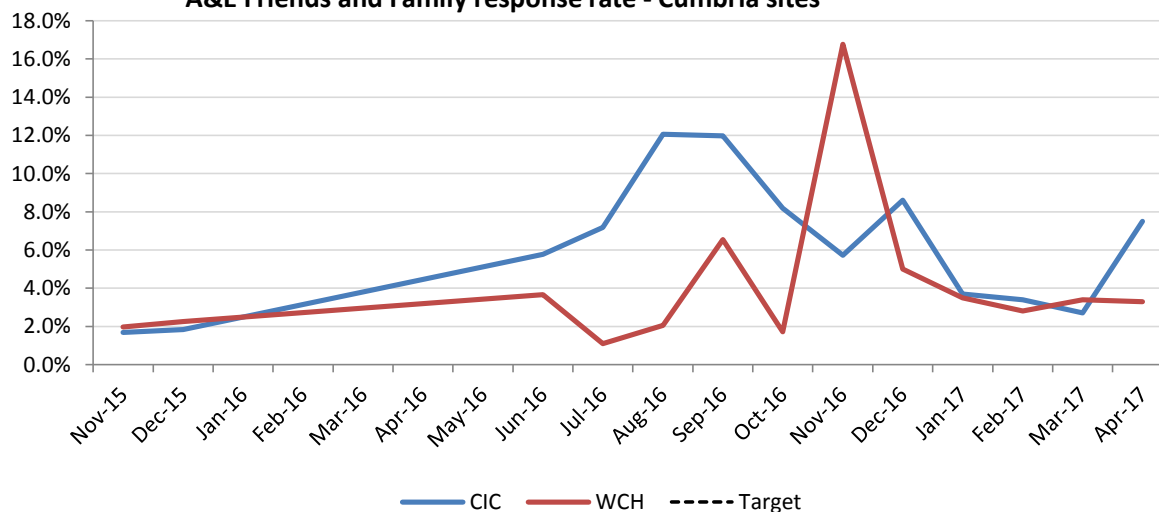
		Qtr1 17/18 to Apr17	
		A&E	Inpatients
NCUHT	CIC	7.5%	21.6%
	WCH	3.3%	44.6%
NCUHT Total		5.7%	28.8%
CNE Total		8.6%	20.0%
England		12.5%	25.9%

WCH continues to show a poor position on A&E FFT response performance, although CIC has improved. NCUHT have been reviewing what other Trusts are doing to get a better response rate. They are using other methods in addition to the cards which have to be completed as patients leave A&E. Some are using SMS (text messages), some are using pods for feedback, emails, etc. NCUHT had a meeting on 9th May with a company who send text reminders for appointments to discuss using their services for the FFT. The aim is to get a pilot in place quite quickly to see if this will increase the response rate.

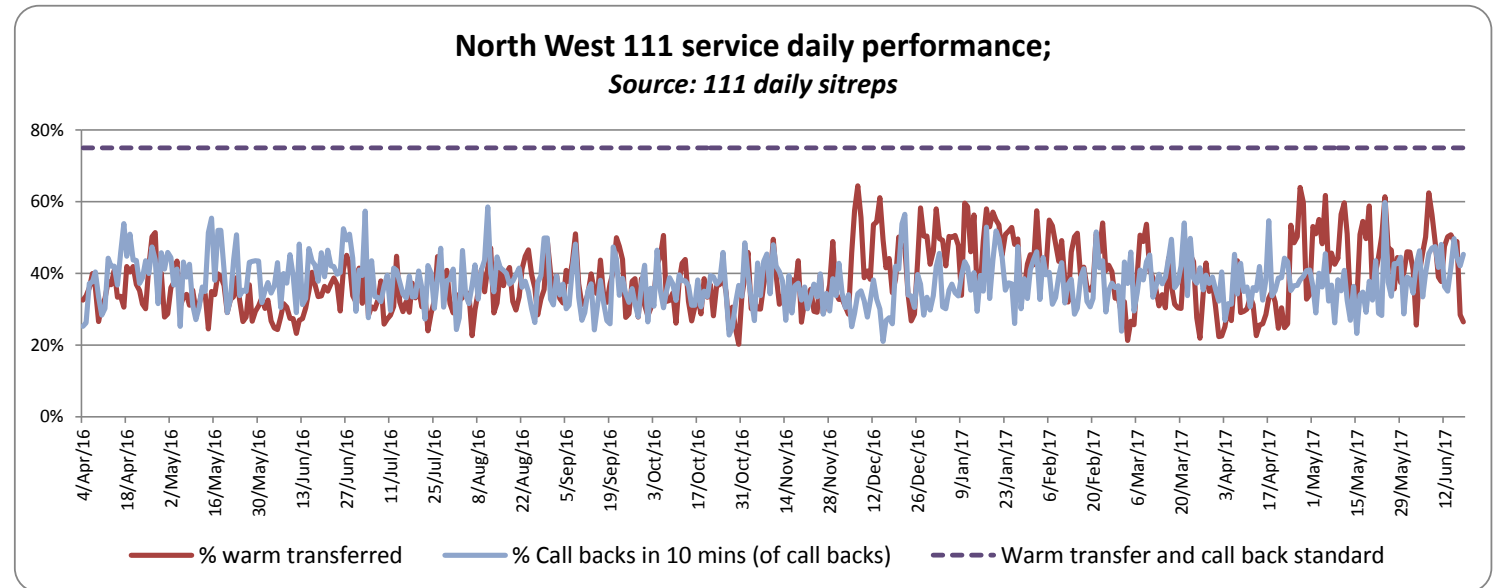
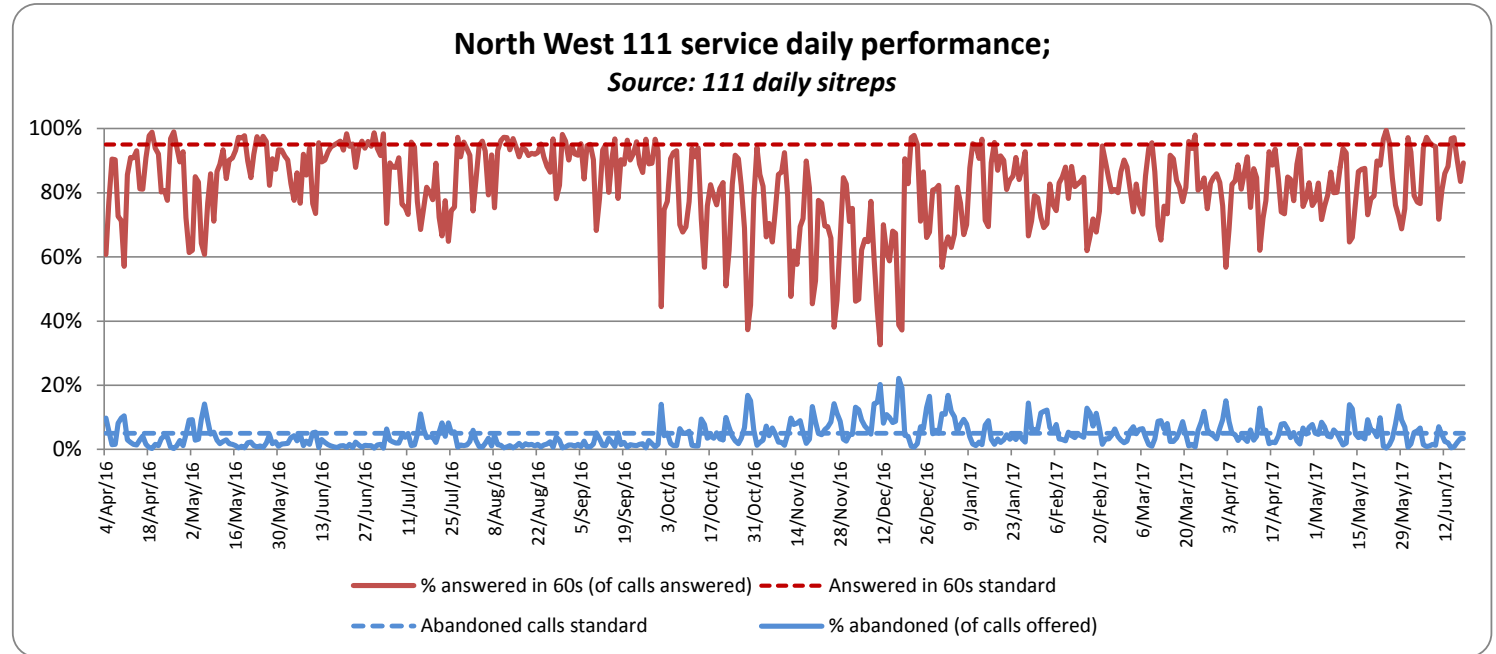
IP Friends and Family response rate - Cumbria sites



A&E Friends and Family response rate - Cumbria sites



Section 4 - Other Areas of Concern: NWS 111 Standards



Area	Standard	Definition	ID
Mental Health	Dementia diagnosis	Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	E.A.S.1
	IAPT - access	Proportion of people that enter treatment in improved access to psychological therapies (IAPT) against the level of need in the general population	E.A.3
	IAPT - recovery rate	Percentage of people with depression and/or anxiety disorders who complete treatment in IAPT who are moving to recovery	E.A.S.2
	IAPT - waiting <6 wks	Percentage of people who have finished a course of treatment in IAPT who have waited less than 6 weeks from referral	E.H.1
	IAPT - waiting <18wks	Percentage of people who have finished a course of treatment in IAPT who have waited less than 18 weeks from referral	E.H.2
	EIP seen within 2 wks	Percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within 2 weeks of referral	E.H.4
	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	E.B.S.3
Ambulance	Cat A 8min - RED 1	The percentage of Category A Red 1 incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes	E.B.15.i
	Cat A 8min - RED 2	The percentage of Category A Red 2 incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes	E.B.15.ii
	Cat A 19min	The percentage of Category A incidents, which resulted in a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner,	E.B.16
	Handovers 30-60m	Handovers between ambulance and A & E waiting 30-60 minutes	E.B.S.7a
	Handovers>60mins	Handovers between ambulance and A & E waiting more than 60 minutes	E.B.S.7b
A&E	A&E 4hr waits	Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge	E.B.5
	12h Trolley Waits	Patients who have waited over 12 hours in A&E from decision to admit to admission.	E.B.S.5
Cancer Waiting Times	14d GP referrals	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	E.B.6
	14d Breast Symp.	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected	E.B.7
	31d 1st treatment	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	E.B.8
	31d sub. surgery	Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery	E.B.9
	31d sub. drugs	Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen	E.B.10
	31d sub. radiother.	Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Radiotherapy Treatment Course	E.B.11
	62d GP referral	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	E.B.12
	62d Screen. Referral	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	E.B.13
	62d Cons. upgrade	Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	E.B.14
EMSA		Breaches of Same Sex Accommodation	E.B.S.1
Elective	Incomplete RTT <18wks	The percentage of Referral to Treatment (RTT) pathways within 18 weeks for incomplete pathways	E.B.3
	Incomplete 52 wk waits	The number of Referral to Treatment (RTT) incomplete pathways greater than 52 weeks	E.B.S.4
	Diagnostic >6wk	The percentage of patients waiting 6 weeks or more for a diagnostic test	E.B.4
	28 day rule	The percentage of last minute cancellations by the hospital for non-clinical reasons not offered another binding date within 28 days	E.B.S.2
	2nd cancellations	Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons	E.B.S.6
HCAIS	C-Diff Infections	Incidence of Healthcare Associated Infection (HCAI) – Clostridium difficile	E.A.S.5
	MRSA infections	Healthcare acquired infections (HCAI) of Methicillin-resistant Staphylococcus aureus (MRSA)	E.A.S.4

Link to national indicator definitions:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/technical-definitions.pdf>





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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

12-Jul-17

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>