

NHS North Cumbria CCG Governing Body	Agenda Item
5 April 2017	13

Performance 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 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.								
Outcome Required:	Approve		Ratify		For Discussion	X	For Information	X
Assurance Framework Reference:								

Recommendation(s):
The Governing Body is asked to: <ol style="list-style-type: none"> 1. note that this report is the final performance report appertaining to Cumbria as a whole 2. note the content of the report

Executive Summary:
<p>Key Issues:</p> <p>Performance in some areas continues to be below the national standards required:</p> <ul style="list-style-type: none"> • Performance on all the cancer standards remains variable with January showing a reduced number of standards being achieved compared with December; • Neither acute Trust is achieving the 18 week referral to treatment standard; • There were two >52 week waits for elective care at UHMBT in January 2016 • The diagnostic standard was achieved by the CCG, NCUHT and UHMB in January; • A&E 95% four hour standard continues not to be achieved with both Trusts missing their planned trajectories in January 2017; • There were no 12 hour trolley waits at NCUHT in January. UHMB figures not available at time of writing; • NHS 111 continues to have significant performance issues. A recovery plan and daily monitoring is in place with some positive impact during December 2016 and January 2017.

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.

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	March 2017



Partners in improving local health

NHS
Cumbria
Clinical Commissioning Group



Performance Report

Month Produced; March-2017

Latest Data to; February-2017

Section 1 - Constitutional Standards and National Expectations 2016/17

RAGs:

- National Operational Standard met
- Local trajectory met
- National or local trajectory not met

			Cumbria CCG	NCUHT		UHMB		CPFT		National Standard	
				All NCUH patients	CCCG commissioned	All patients	CCCG commissioned	All patients	CCCG commissioned		
Mental Health	Dementia diagnosis	Jan-17	● 67.1%						● 67.1%	67%	
	IAPT - access	3mths to Feb-17	● 3.2%						● 3.2%	3.75%	
	IAPT - recovery rate	Feb-17	● 54.7%						● 54.7%	50%	
	IAPT - waiting <6 wks		● 76.0%						● 76.0%	75%	
	IAPT - waiting <18wks		● 99.3%						● 99.3%	95%	
	EIP seen within 2 wks	Nov-16	● 100%					● 100%	● 100%	50%	
	CPA (CPFT data for Dec-16)	Qrt 2	● 97.4%					● 82.6%	● 97.4%	95%	
Ambulance	Cat A 8min - RED 1	Jan-17 only	● 61.8%	Cumbria only performance =				● 55.9%			75%
	Cat A 8min - RED 2		● 58.8%	Cumbria only performance =				● 62.9%			75%
	Cat A 19min		● 85.7%	Cumbria only performance =				● 84.7%			95%
	Handovers 30-60m		● 270	NAv	● 204	NAv					0
	Handovers>60mins		● 128	NAv	● 86	NAv					0
A&E	A&E 4hr waits	Qrt 4 [^]	● 83.8%	● 83.3%	NAv	● 82.0%	NAv	● 99.4%	NAv	95%	
	12h Trolley Waits	Dec-16 only	NAp	● 0	NAv	NAv	NAv	NAv	NAv	0	
Cancer Waiting Times	14d GP referrals	Qrt 4 to Jan-17	● 96.4%	● 97.7%	● 97.7%	● 95.0%	● 94.6%			93%	
	14d Breast Symp.		● 88.3%	● 81.9%	● 81.5%	● 100%	● 100%			93%	
	31d 1st treatment		● 96.3%	● 98.1%	● 98.0%	● 98.7%	● 97.5%			96%	
	31d sub. surgery		● 91.1%	● 78.6%	● 78.6%	● 100%	● 100%			94%	
	31d sub. drugs		● 97.2%	● 90.9%	● 90.9%	● 100%	● 100%			98%	
	31d sub. radiother.		● 96.7%	● 95.9%	● 95.7%	● 100%	● 100%			94%	
	62d GP referral		● 76.0%	● 83.1%	● 84.7%	● 78.2%	● 82.5%			85%	
	62d Screen. Referral		● 70.0%	● 0.0%	● 0.0%	● 89.8%	● 88%			90%	
62d Cons. upgrade	90.0%	100%	100%	92.2%	92.6%			NA			
EMSA	Jan-17 only	● 8	● 0	● 0	● 12	● 7	● 0	● 0	0		
Elective	Incomplete RTT <18wks	Jan-17 only	● 90.3%	● 91.4%	● 91.8%	● 87.8%	● 88.1%	● 96.7%	● 96.6%	92%	
	Incomplete 52 wk waits		● 2	● 0	● 0	● 2	● 2	● 0	● 0	0	
	Diagnostic >6wk		● 0.7%	● 0.41%	● 0.40%	● 0.9%	● 1.0%	● 0.0%	● 0.0%	1%	
	28 day rule	Dec-16 only	NAp	● 1.1%	NAv	NAv	NAv			0	
	2nd cancellations	Jan-17 only	NAp	● 0	NAv	● 0	NAv			0	
HCAIS	C-Diff Infections	Jan-17 only	● 13	● 3		● 2		NAv		172	
	MRSA infections		● 0	● 0		● 0		NAv		0	

[^] Quarter to week ending 26-Feb-17

NAv: Not available

: Not applicable



Section 2 - Key issues/Considerations

Area **MENTAL HEALTH**

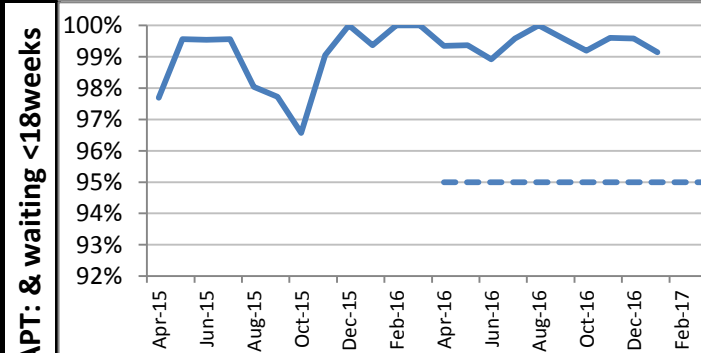
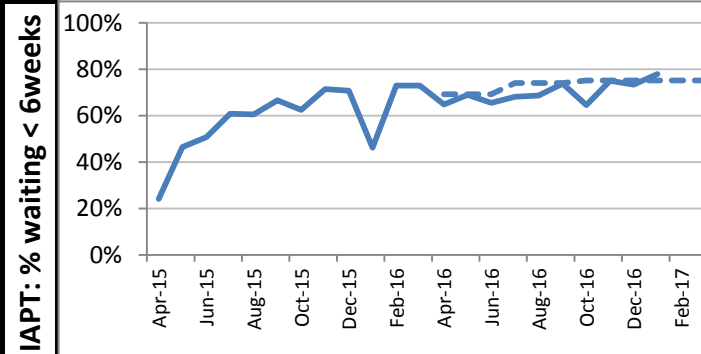
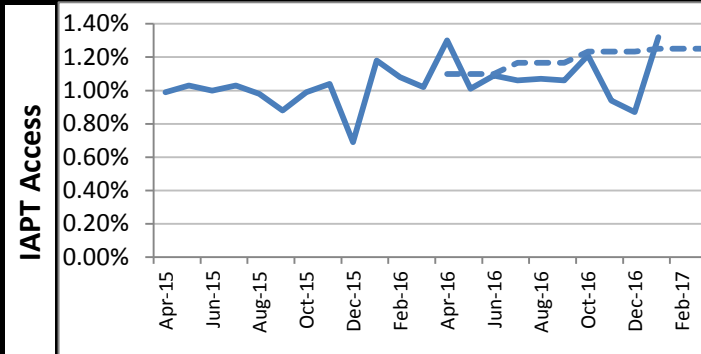
Exceptions **IAPT - access;**

The IAPT service is meeting some but not all of the targets required.

Access performance has recovered after the drop in December and January which will always be low as there are fewer appointments available in this period due to the BH periods and the measure of performance does not include adjustments for seasonality.

Since April a number of staff members have resigned &/or left and therefore capacity has significantly reduced impacting on first treatments. Existing plans are in place to increase referrals and capacity, to allow sustainable 15% achievement by the end of 2016/17. Actions include:

1. The method of recording first treatment has been reviewed and new guidelines for clinicians are being implemented to ensure first treatment is being recorded correctly. This is expected to improve waiting times and access targets over the next few months and for access appears to be having an impact.
2. Service development (e.g. project to introduce cCBT, project to introduce Transdiagnostic Seminars for Step 3).
3. CPFT has agreed to exhaust all innovative approaches to recruitment and retention of staff. This activity will take the learning and approaches developed within the WNE Cumbria STP workforce workstream to increase capacity. It should be noted that there is a differential in achievement of waiting times across Cumbria with achievement >90% in the south of Cumbria and <60% in the north. This is due to levels of success with recruitment.



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; 12h Trolley Waits;

A&E 4 hour wait:

The CCG performance in January 2017 was at 81.5% missing the 95% standard and the trajectory of 91.4%. NCUHT achieved 80.0%, missing their January trajectory of 90.0%. UHMBT delivered 78.7%, missing their trajectory of 91.0%.

12 hour trolley waits in A&E:

There were no 12 hour trolley waits in January at NCUHT. The information on this standard is not currently available for UHMBT for January 2017 so this will be updated in the next monthly report.

Maximum 30 minute ambulance handover standard:

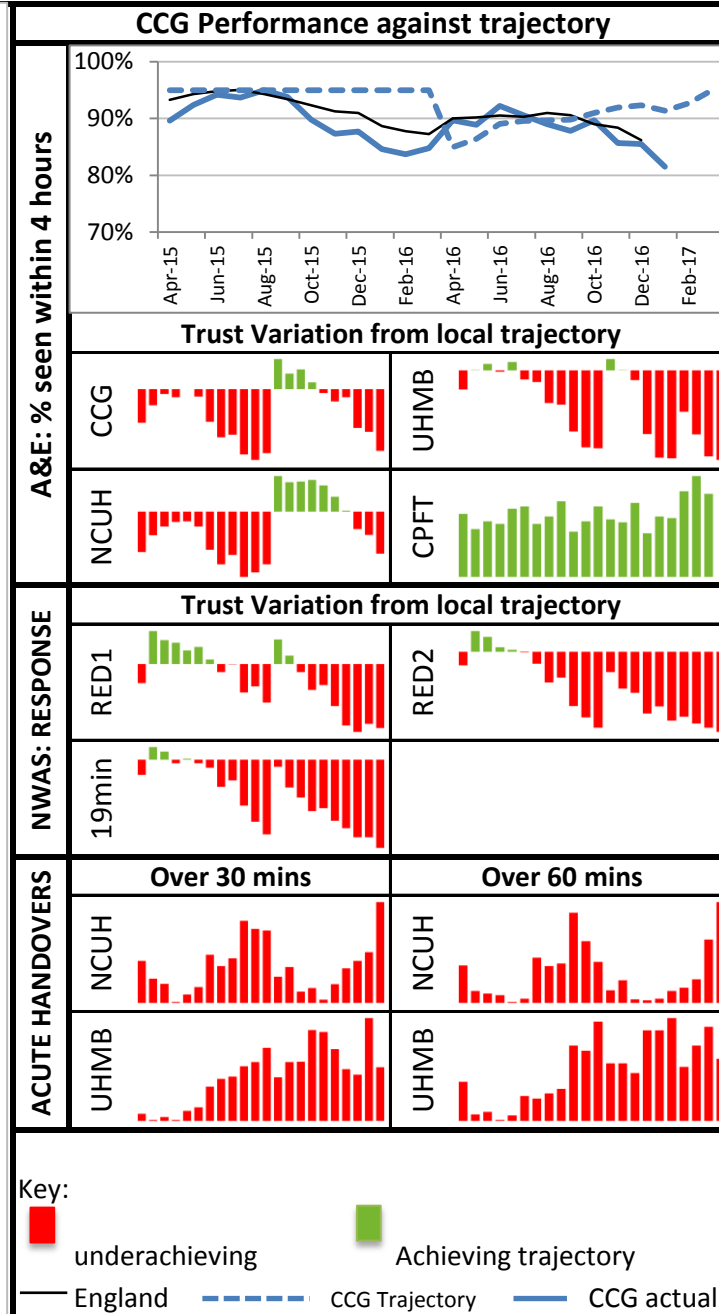
NCUHT handover delays increased significantly again in January with an increase from 154 to 270 >30 minute delays and 83 to 128 >60 minute delays. UHMBT's performance on this measure improved significantly however with a decrease from 302 to 204 >30 minute delays and 122 to 86 >60 minute delays.

Ambulance Response standards:

NWAST have to achieve their standards on a whole area basis rather than on smaller footprint areas such as Cumbria. In January 2017 the Trust continued to fail the standards at both an overall and a Cumbria only level. They also did not achieve the trajectories that they had set themselves.

ACTION TAKEN:

A range of actions continue to be taken forward through the A&E Delivery Boards addressing streaming, flow and discharges. NWAST continue to implement national guidance on integration of services and as part of this CHOC continues to work with NHS 111 to take early transfer of an increasingly wide range of calls that would otherwise be directed to A&E. This will also include some 999 green 3 & 4 calls in the near future. Both NCUHT and UHMBT completed a "perfect week" following the Christmas/New Year period to focus on urgent care, identify and implement changes needed to improve flow and discharge and NCUHT have undertaken a further one in February at CIC, with one planned at WCH in the last week of March. In North Cumbria the national DTOC (Delayed Transfers of Care) Team that visited on 12th January will be doing a revisit in April 2017 to see how the actions agreed are progressing. The particular focus of work currently is around improving access and provision in the care home and home care package sector. UHMBT have a range of both internal and system-wide plans to address urgent care performance through the A&E Delivery board.



Area **CANCER WAITING TIMES**

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

Performance in January showed 5 of the 9 standards not met. with NCUHT not meeting five standards and UHMB not meeting two.

Maximum 14 day from GP referral. The CCG, NCUHT, and UHMB, all continue to meet this standard. The CCG achieved 96.4% in January against the 93% standard. NCUHT was at 97.7% and UHMB 95%.

Maximum 14 day referral for breast symptoms. The CCG failed this standard in January at 88.3% against the 93% standard. NCUHT performance dropped to 81.9%, whilst UHMB achieved 100%.

Maximum 31 day to Subsequent Surgery . The CCG achieved 91.1% against the 94% standard with NCUHT reporting 78.6%. UHMB achieved 100%.

Maximum 31 day to Subsequent Drugs. The CCG achieved 97.2% and NCUHT 90.9% against the 98% standard. UHMB reported 100%.

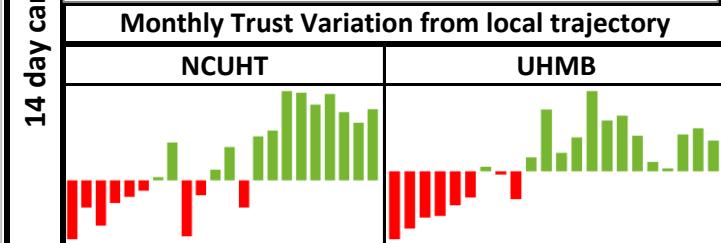
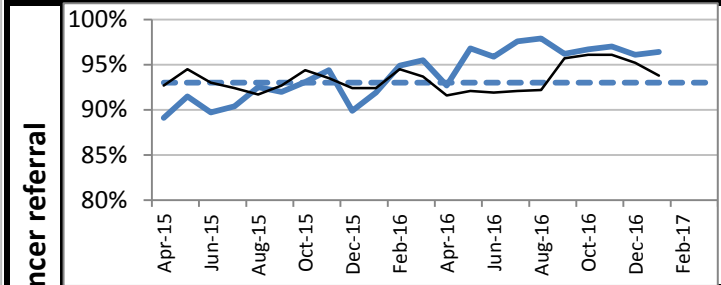
Maximum 62 day referral from a GP. The CCG failed to achieve this standard delivering 76% against a standard of 85%. NCUHT delivered 83.1% whilst UHMB dropped to 78.2%.

Maximum 62 day referral from screening The CCG failed to achieve this standard delivering 70% against the 90% standard. UHMBT narrowly missed the standard at 89.8%. The figure of zero for NCUHT represents just one patient in the month and who did not meet the target.

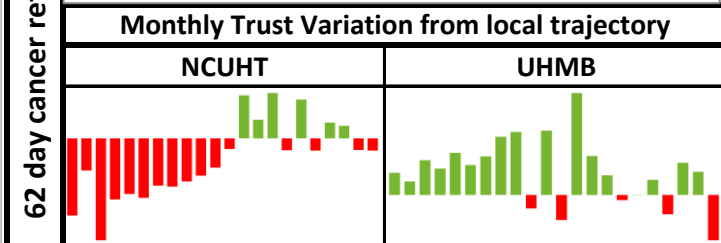
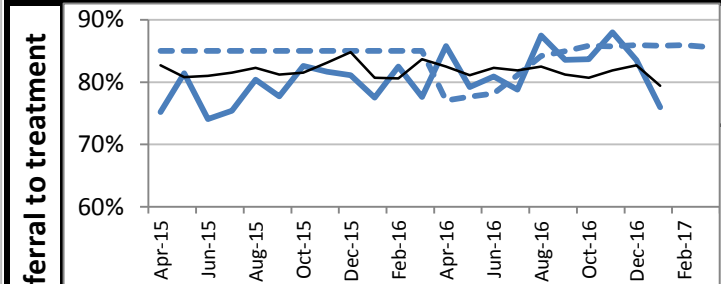
ACTION TAKEN:

At NCUHT the numbers of patients waiting for >104 days has been increasing, though it remains small (11 patients). This, and failure to achieve the 62 day standards relates to a combination of complex patients requiring prolonged diagnostics and investigation and a significant number of patients choosing to delay their treatment until after the Christmas period.

Monthly CCG Performance against trajectory



Monthly CCG Performance against trajectory



Key:

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

Area Elective Care

Exceptions Incomplete RTT <18wks; Incomplete 52 wk waits;

Measure: Admitted 18 week referral to treatment time:

Cumbria CCG has not achieved the 92% incomplete 18 week standard in January 2017 at 90.3%. Both acute Trusts failed with NCUHT at 91.4% and UHMBT at 87.8%. The CCG did not achieve the planned trajectory of 92.3%, and neither Trust achieved their trajectories.

ACTION TAKEN:

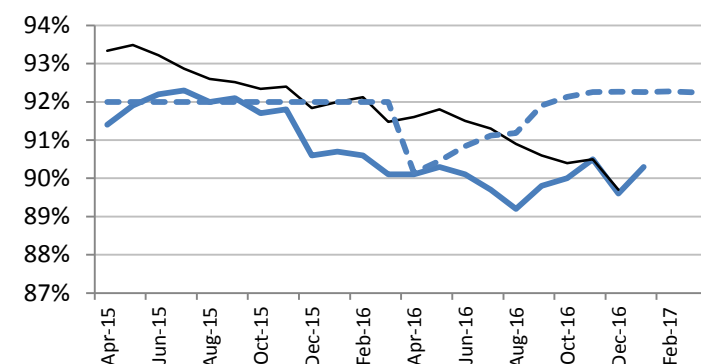
Elective care performance has deteriorated in both Trusts due in part to the requirement to cancel inpatient non-urgent elective surgery from 19th December to 13th January. At NCUHT orthopaedics also remains a challenge in particular. At UHMB, internal specialty level Workshops were held in January/early February with the Clinical Lead, Service Manager, Deputy COO and Head of Operational Performance to agree a revised action plan, to be led by the Clinical Lead. IS providers continue to offer additional capacity for surgery and a tender process has been completed which will provide additional capacity for 200 cataracts per month starting 7th January 2017.

An external provider continues to support NCUHT in the delivery of orthopaedic and ophthalmology capacity.

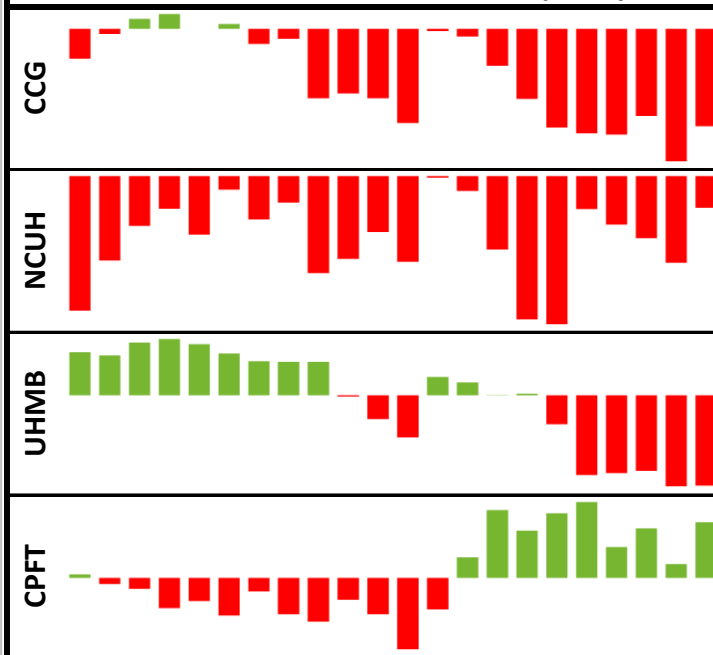
Measure: >52 week waits:

UHMBT have two >52 week wait patients in January, down from six in the previous month.

18wks CCG Performance against trajectory



Trust Variation from local 18wks trajectory



Key:

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

Area Elective Care

Exceptions Cancellations within 28 day rule;

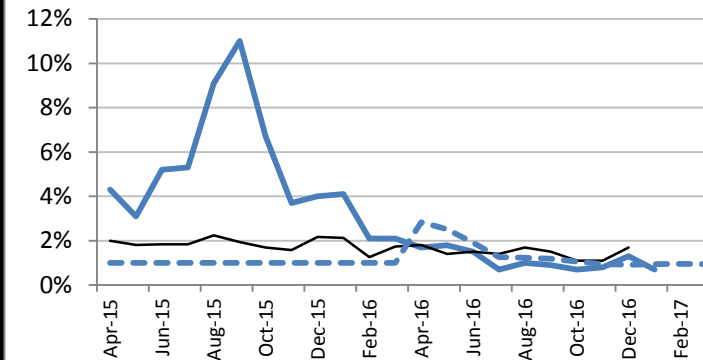
Measure: Diagnostic 6 week wait standard (no more than 1% waiting more than 6 weeks)

The CCG, UHMBT and CPFT achieved the <1% standard for diagnostics in January 2017, redressing the adverse move in December.

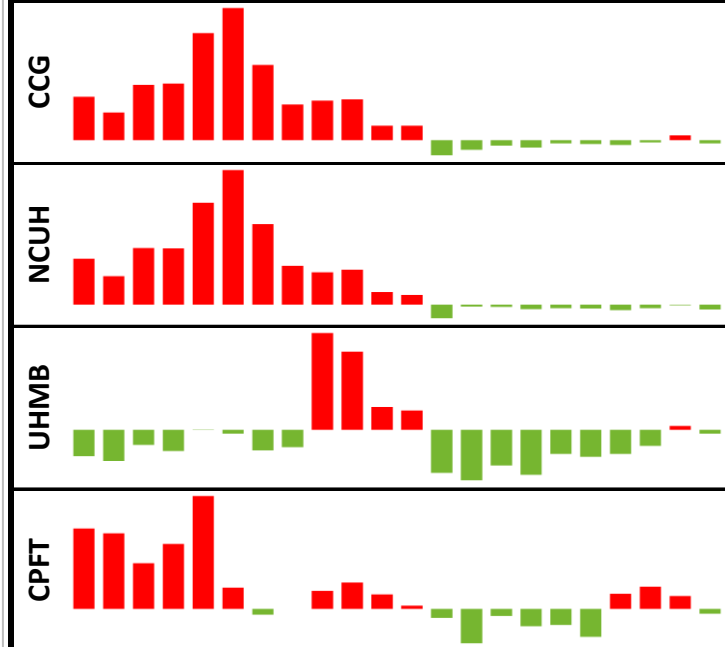
Cancelled operations not rebooked within 28 days.

1.1% of NCUHT patients with cancelled operations were not rebooked within 28 days in December 2016 which is a continued improvement in month on month performance. There has been no update to these figures for January.

Diagnostics CCG Performance against trajectory



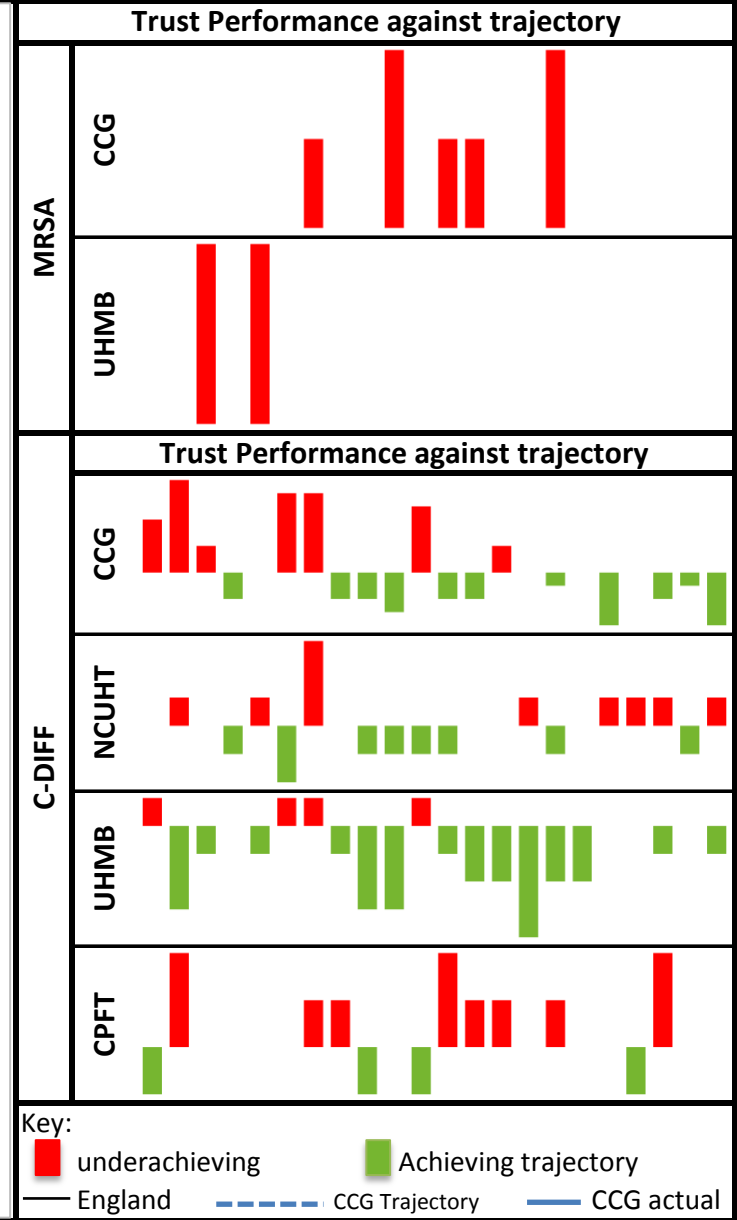
Trust Variation from local diagnostics trajectory



Key:

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

HCAI targets in January 2017 are being met.



Section 3 - Quality Premium 2016/17

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 2015	20.0%	Not available	NA	Not available
		2 Increase in Electronic GP referrals	Percentage of GP referrals made by e-referrals	Nov-16	>80% OR 20% increase from Mar-16	20.0%	57.0%	0%	£0
		3 Patient Experience	Percentage of patients with a good experience of making a GP appointment		85% OR a 3% increase from Jul 16	20.0%	Not available	NA	Not available
		4 Antimicrobial resistance (AMR) Improving antibiotic prescribing in primary care	Antibiotics prescribed in primary care	12 months to Dec-16	1.186	10.0%	1.209	0.0%	£0
		Broad spectrum antibiotics prescribed in primary care	10.0%		8.7%		5.0%	£125,000	
	Local measures	1 FEV1	% COPD patients with a record of FEV1	Jan-17	71.9%	10.0%	79.7%	5.0%	£125,000
		2 ACS	Emergency admissions for chronic ambulatory care sensitive conditions	16/17 forecast, data to Dec-16	2644.3	10.0%	883	0.0%	£0
3 DTOC		Days delayed per 100,000 pop	Q3 data to Dec-16	2261.6	10.0%	4056	0.0%	£0	
Total Payment:							10.0%	£250,000	
Penalties	NHS Constitution requirements	Maximum 18-week waits from referral to treatment (incomplete)		YTD to Jan-17	92.0%	-25.0%	89.9%	-25.0%	£62,500
		Maximum four-hour waits in A&E departments		YTD to 26/02/17	95.0%	-25.0%	88.2%	-25.0%	£62,500
		Maximum 62-day waits from urgent GP referral to treatment for cancer		YTD to Jan-17	85.0%	-25.0%	83.3%	-25.0%	£62,500
		Maximum 8-minute responses for Category A red 1 ambulance calls		YTD to Jan-17	75.0%	-25.0%	68.3%	-25.0%	£62,500
	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:							-100.0%	£250,000	
Total Quality Premium Achieved:							0.0%	£0	



Section 3 - Quality Premium 2016/17

Key Issues / Considerations

Currently the QP targets being achieved are the prescribing of broad spectrum antibiotics in primary care and the COPD patients with a record of FEV1. Other targets are either not achieving or no information is as yet available to enable accurate assessment. On current data available the CCG will not receive any funding for the 2016/17 Quality Premium.

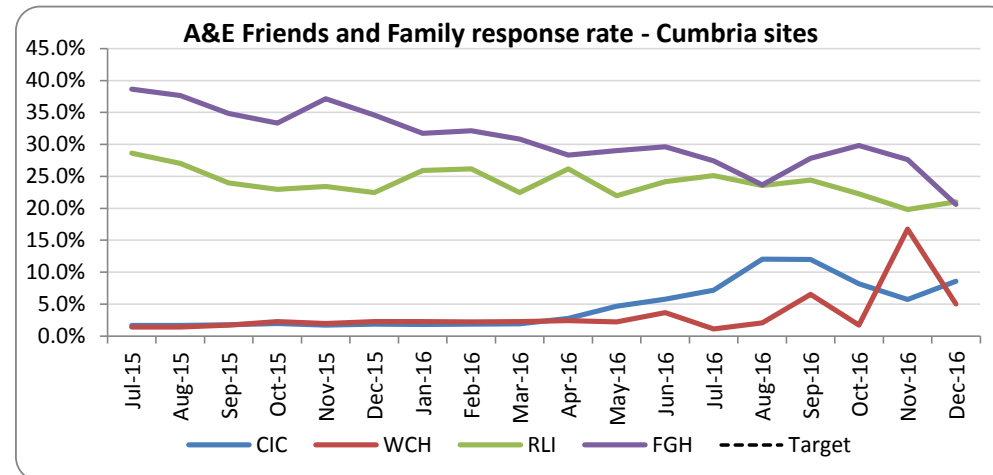
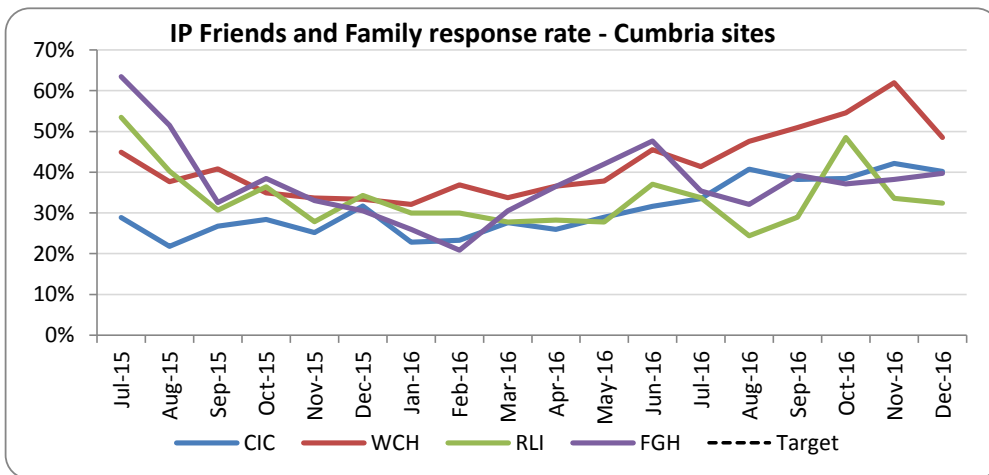
Section 4 - Other Areas of Concern: Friends and Family test

FFT response rates - Q3 2016/17 to Dec-16

		Q3 2016/17 to Dec-16		
		A&E	Inpatients	Total
NCUHT	CIC	7.6%	40.2%	26.1%
	WCH	7.5%	55.3%	30.7%
NCUHT Total		7.5%	45.4%	27.8%
UHMBFT	FGH	26.0%	38.3%	31.7%
	RLI	21.1%	37.7%	29.0%
	WGH	0.0%	20.7%	20.7%
UHMBFT Total		23.1%	34.6%	29.1%
CNE Total		9.2%	20.2%	14.0%
England		12.2%	23.6%	17.4%

FFT scores - Q3 2016/17 to Dec-16

		Q3 2016/17 to Dec-16		
		A&E	Inpatients	Total
NCUHT	CIC	57	47	48
	WCH	63	61	61
NCUHT Total		59	50	51
UHMBFT	FGH	30	58	43
	RLI	27	46	38
	WGH	0	68	68
UHMBFT Total		29	51	40
CNE Total		56	60	58
England		33	64	48

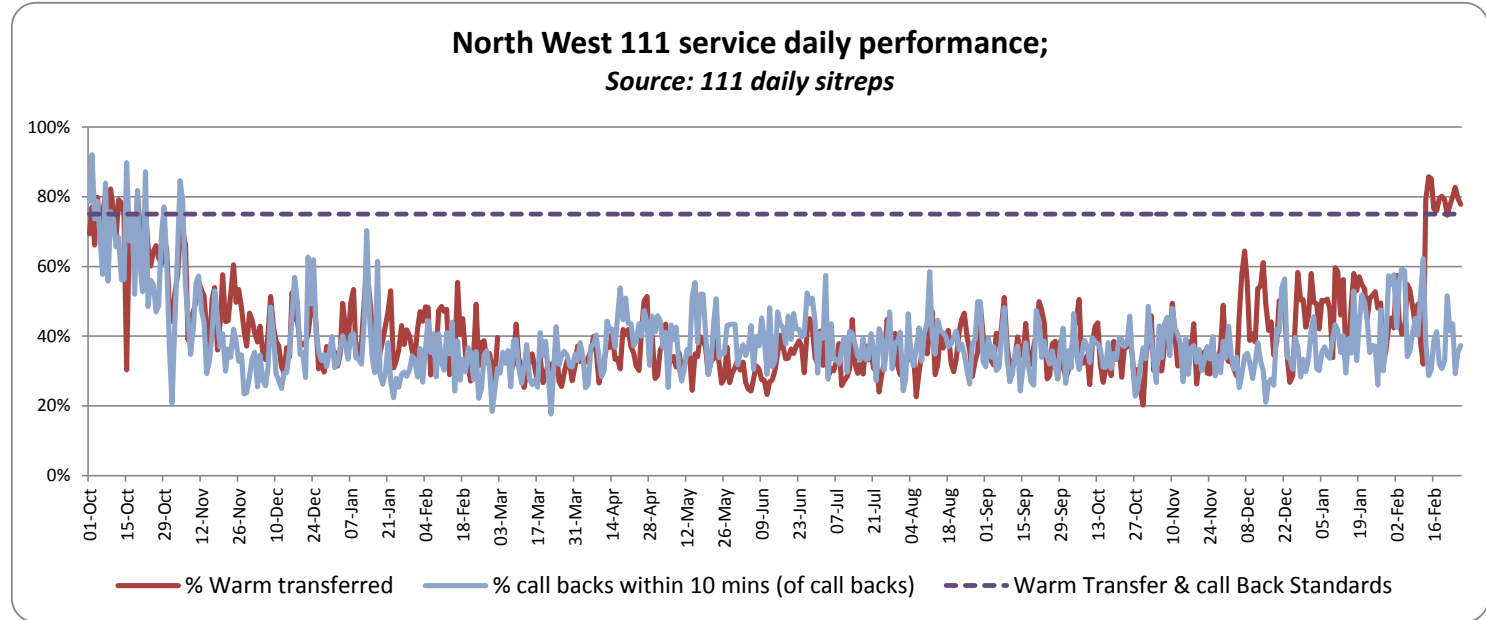
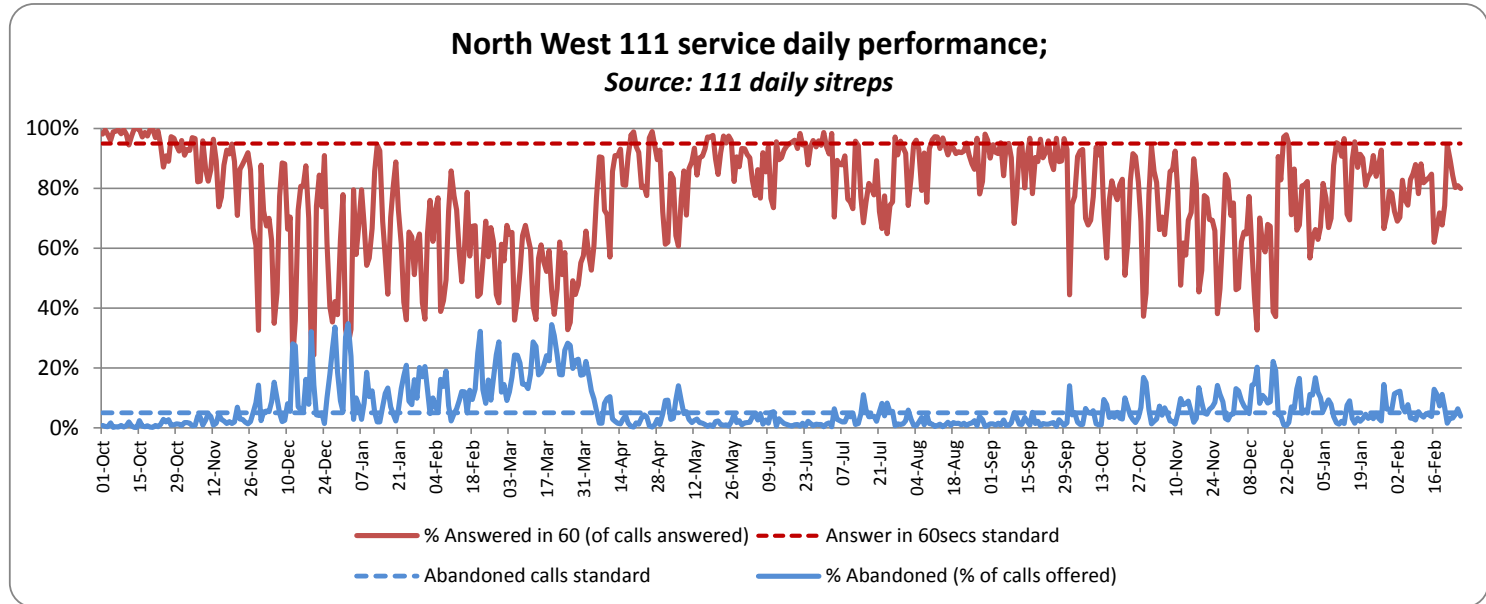


Despite the trend towards an improving position for IPFF, the December figures showed a drop at WCH after a period of sustained improving performance. Unfortunately the favourable position at WCH in November was not continued into December and WCH reverted to its previous performance level.



Section 4 - Other Areas of Concern: NWS 111 Standards

Graphs indicating daily performance are shown opposite for the period October 2015 through to week ending 16 February 2017. The North West NHS 111 service is performance managed against a range of KPI's, however there are four primary KPI's which are accepted as common 'currency', reported by each NHS 111 service across England. These are: Calls answered (>95% in 60 seconds); Calls abandoned (<5%); Warm transfer (75%); Call back in 10 minutes (75%). A significant deterioration in performance occurred towards the end of September and improvement has only been achieved very recently, although performance is still below the standard. Contract performance remains in place through Blackpool CCG. NWS have instituted changes to the clinical queue to stream off higher acuity patients direct to clinicians (nurses) upfront and this has reduced referrals to A&E. There has been considerable recruitment of staff. CHOC continue the APAS service with NWS 111 and are expanding the pilot slowly to incorporate additional appropriate symptom groups as early transfers from NHS 111.



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>





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

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Link below to the NHS Cumbria Intelligence Portal

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