

NHS North Cumbria CCG Governing Body	Agenda Item
6 December 2017	12

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:								
<p>2. Better Care – Commission services that ensure the delivery of high quality and safe care patients</p>								

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

Executive Summary:
<p>Key Issues:</p> <p>The overall performance trend is positive with improved or sustained performance in a number of key areas. However, risks remain to the achievement and sustainability of some standards, based especially around provider capacity, although plans are in place to address these.</p> <p>From August 2017 the national Ambulance standards have changed, and performance for the new standards will not be available until later in the year. Ambulance response performance will be reinstated into the report when the new data is available.</p> <p>Areas that continue to be below the national standards required are as follows:</p>

Key Issues:

- Dementia Diagnosis – trajectory in place to recover and achieve England Average by 31 March. Current progress is ahead of trajectory;
- IAPT – following the issue of a contractual performance notice to CPFT, the CCG is liaising with the Trust over a recovery plan and trajectory;
- Ambulance Handover Delays – new data now presented which shows the average delay duration – WCH is under 15 minutes, whilst CIC is still above this level. National mandate that there should be no delays over 15 minutes.
- A&E – Both Primary Care streaming in A&E, and the Discharge Lounge at CIC are now operational. The lounge is providing improved morning discharge enabling the Trust to gain access to beds and improve patient flow earlier in the day;
- Cancer – recent visit to NCUHT by the national Intensive Support Team has provided a further impetus to recovery although clinical capacity issues still impacting on throughput;
- RTT – a reduced level of achievement in September, although the Trust is still exceeding the England average. The new MSK pathway has now commenced and will be rolled out through the remaining part of 2017/18 – this will bring capacity benefits in the most pressured area of orthopaedics;
- DTOC – recent reductions in DTOC numbers have slowed, with specific issues around NHS delays. Continued focus of the A&E Delivery Board.

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.

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	X
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	No conflicts of interest have been identified.
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Date Report Written	27 November 2017

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Partners in improving local health



NHS
North Cumbria
Clinical Commissioning Group

R04

Performance Report

Month Produced; November-2017
Latest Data to; Sep-17

Purpose: To inform the Performance and Review Group as well as the Governance Body of the latest performance

Section 1 - Constitutional Standards and National Expectations 2017/18

			North Cumbria CCG		NCUHT		CPFT		National Standard
RAGs:			Latest Performance	Additional patients required to meet Standard	All NCUH patients	CCCG commissioned	All patients	CCCG commissioned	
National Operational Standard met Local trajectory met National or local trajectory not met									
Mental Health	Dementia diagnosis	Sep-17	64.4%	115				64.4%	67%
	IAPT - access	3mths to Sep-17	3.3%	194			3.5%	3.3%	3.90%
	IAPT - recovery rate	Sep-17	55.5%	0			56.6%	55.5%	50%
	IAPT - waiting <6 wks		73.3%	5			78.6%	73.3%	75%
	IAPT - waiting <18wks		100%	0			100%	100%	95%
	EIP seen within 2 wks	Sep-17	100%	0			100%	100%	50%
	CPA within 7 days	Qrt 1	95.1%	0			95.0%	95.1%	95%
NWS	Handovers 30-60m	Oct-17 only			170	NAv			0
	Handovers>60mins				40	NAv			0
A&E	A&E 4hr waits	Qrt 3^	91.9%	598	90.4%	NAv	99.5%	NAv	95%
	12h Trolley Waits	Sep-17 only			0	NAv	NAv	NAv	0
Cancer Waiting Times	14d GP referrals	Qrt 2 to Sep-17	95.8%	0	96.0%	96.0%			93%
	14d Breast Symp.		76.1%	31	74.6%	74.1%			93%
	31d 1st treatment		98.7%	0	98.7%	98.6%			96%
	31d sub. surgery		94.6%	0	95.2%	95.2%			94%
	31d sub. drugs		92.1%	7	93.8%	93.5%			98%
	31d subsequent radiotherapy		96.4%	0	96.3%	95.8%			94%
	62d GP referral		81.5%	9	83.4%	84.5%			85%
	62d Screening Referral		83.3%	1	89.5%	81.8%			90%
	62d Consultant upgrade		82.8%		80.9%	78.6%			NA
EMSA	Sep-17 only	0	0	0	0	0	0	0	
Elective	Incomplete RTT <18wks	Sep-17 only	90.42%	409	90.1%	90.4%	94.8%	93.0%	92%
	Incomplete 52 wk waits		1	1	0	0	0	0	0
	Diagnostic >6wk		2.6%	90	2.77%	2.75%	0.0%	0.0%	1%
	Cancelled ops 28 day rule	Sep-17 only			1	NAv			0
	2nd Cancelled ops	Sep-17 only			0	NAv			0
HCAIS	C-Diff Infections	Sep-17	13	0	4		0		18
	MRSA infections	only	0	0	0		0		0

^ ^ Quarter to Oct-17

NAv: Not available

: Not applicable

Section 2 - Key issues/Considerations

Area **MENTAL HEALTH**

Exceptions **Dementia diagnosis; IAPT - access; IAPT - waiting <6 wks;**

Dementia

Work to address the shortfall against the dementia standard is underway between the CCG and CPFT. The pathway is being reviewed to ensure that full advantage is taken of Memory Clinics and that the referral processes are robust. Trajectory in place with Primary Care to deliver above standard (attain All-England Average) diagnosis by March 2018. Slightly ahead of trajectory at September and further improvement in October:

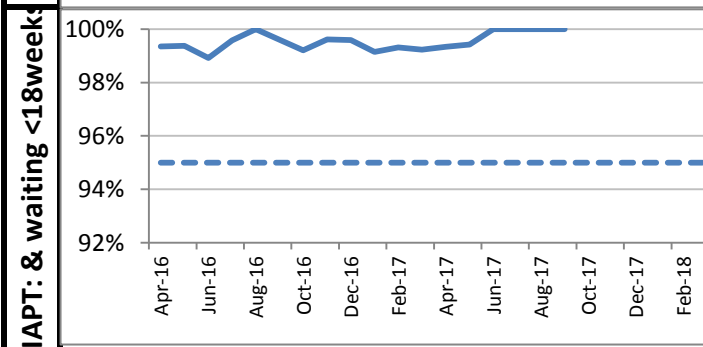
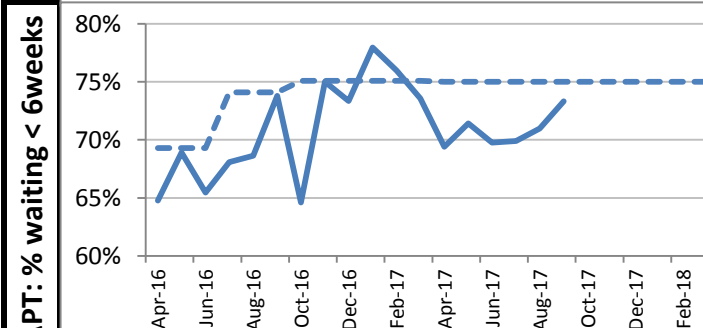
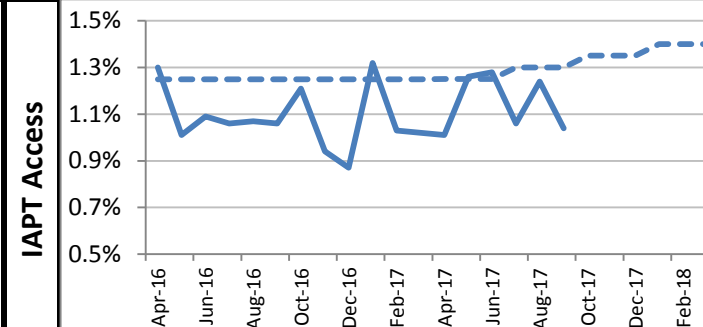
Table 1 -Trajectory recovery to achieve England average by March 2018

	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18
Actual	2,779	2805	2890					
Planned Trajectory	2,779	2,782	2,802	2,822	2,842	2,872	2,912	2,962
Over / (Under) trajectory	0	23	88					

IAPT

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% standard, 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 served a contract performance notice, (as per NHS standard contract) in respect of both the access and six week wait standards, to CPFT at the contract review group meeting on the 29th September 2017. CPFT are currently finalising the plan to recover performance for both the access and six week wait standards. The updated plan and associated directories are scheduled to be presented to the next IAPT meeting on 8 December 2017.



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:

Although the Trust continues to fall short of the constitutional 95% target, it is consistently delivering the nationally required 90% trajectory and is reporting an improving trend.

The commencement of Primary Care Streaming in October, and the recent opening of the CIC Discharge Lounge have both brought improvements. Numbers being redirected via the Primary Care streaming started at around 17 per week; the discharge lounge is now handling around 5 discharges per day, approximately half of which are morning discharges, allowing beds to be released before the critical midday point. Recently up to a third of discharges from wards have been before midday (which is in line with national expectations). Close daily monitoring via system-wide teleconferences at a strategic (8.30am) and tactical (10am) level also ensure that issues that arise can be dealt with promptly when they arise. Additional calls are also arranged at times of extreme pressure.

Within NCUHT, work is continuing to improve patient flow, focussing on the lengths of stay associated with individual consultants, estimated dates of discharge, and the numbers of days when nothing is done to patients (red/green days).

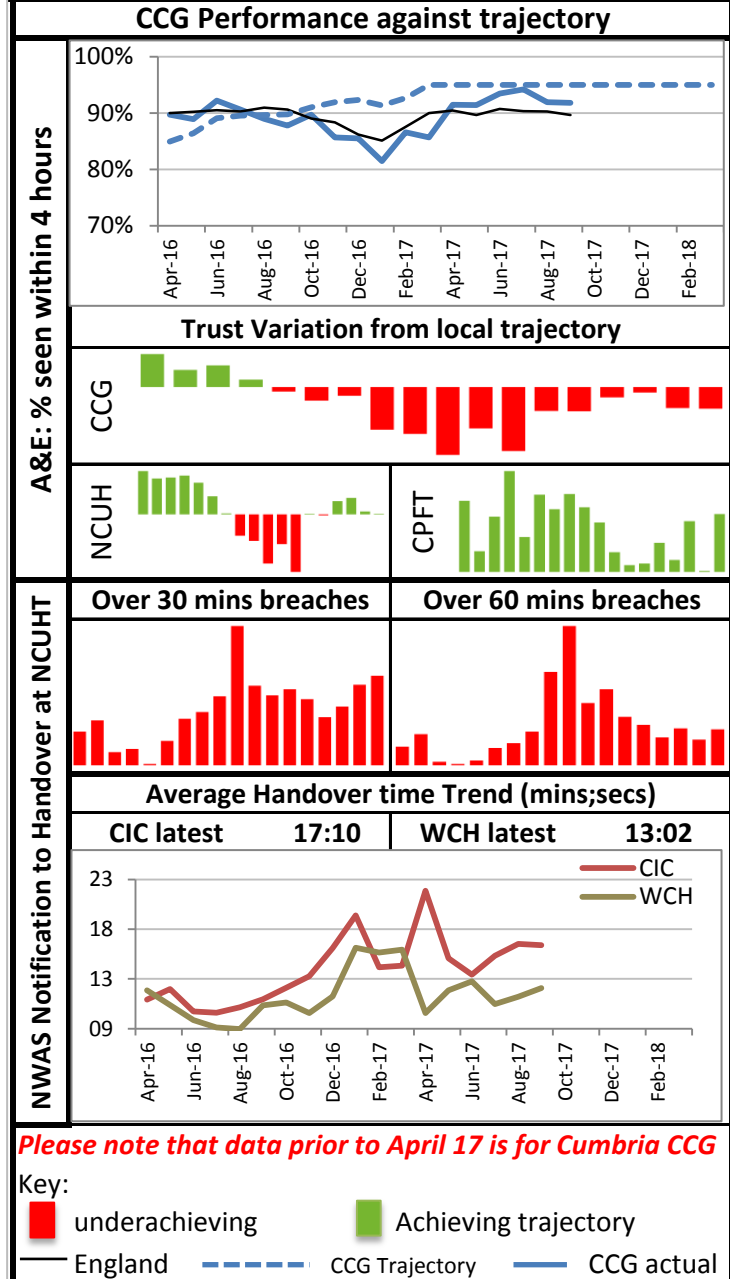
Maximum 30 minute ambulance handover standard:

Despite the improving A&E performance handover trends, delays have deteriorated slightly this month after several months of improvement.

Average handover times are now being reported for the first time (see chart on this page) and show that WCH is regularly achieving an average of under 15 minutes whilst CIC has several months when it has exceeded an average 15 minutes delay.

Ambulance Response standards:

Following the introduction of the new standards in August, NWAS have notified users that the data systems to report on performance against the new trajectories will not be available until later in 2017/18.



Area **CANCER WAITING TIMES**

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

Performance continues with little change and the CCG not meeting four of the key Cancer targets.

Maximum 14 day wait following GP Referral

This continues to meet the standards, although the increased volumes of activity noted last month continue to represent a risk to the ability to recover the treatment standards.

Maximum 14 day referral for breast symptoms.

Capacity issues continue to mean that this standard is not achieved.

Maximum 31 days from diagnosis to treatment.

Both CCG and NCUHT achieved this standard in September.

Maximum 31 days subsequent surgery .

Both CCG and NCUHT achieved this standard in September.

Maximum 62 day referral from a GP. This continues to be a challenge for both the NCUHT and the CCG, with a recovery plan in place.

Maximum 62 day referral from screening.

This standard is affected by small numbers but, despite achieving 100% in the month of September, the Quarter 2 measure is still below the standard for both CCG and NCUHT.

ACTION TAKEN:

NCUHT have a recovery plan in place that they have shared with the CCG. There is a weekly Cancer Recovery Team meeting taking place with escalation of patients sitting at day 45-57 who have not met their milestone and may breach .

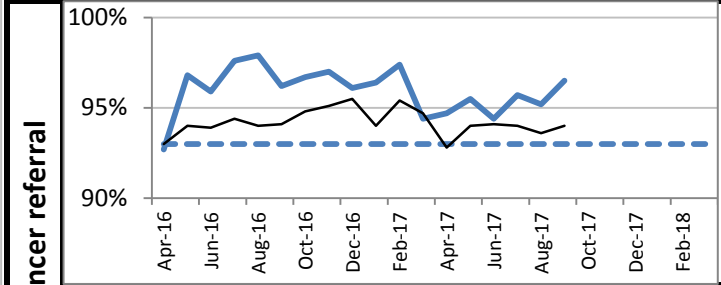
The Trust carries out Route Cause Analysis (RCA) on all 62 day breach patients. A number of the breaches involve tertiary patients referred to Newcastle for treatment. There are guidelines on how the originating, and receiving providers share breaches and the impact of this is being addressed with the tertiary centres. The most recent two months of RCAs are also being sent to the CCG Nursing and Quality Team for additional scrutiny regarding system-wide bottlenecks.

The NHS Intensive Support Team has been brought in to help the Trust to identify opportunities for improved practices and their findings will be the subject of improvements from now forward.

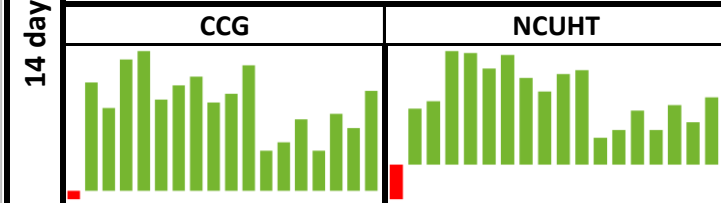
NCUHT have developed a business case to increase capacity within the chemotherapy department. Chemotherapy regimes have changed over the years and many patients now receive long term therapy rather than short term. If successful this will assist with managing the cancer patient flow.

NCUHT acknowledged that they had had high levels of sickness and retention issues with their tracker workforce. Two fixed term appointments have been taken on within the Trust to support the trackers. Further bids have been made by NCUHT to NHS Improvement for further support through to March 2018; a response is awaited.

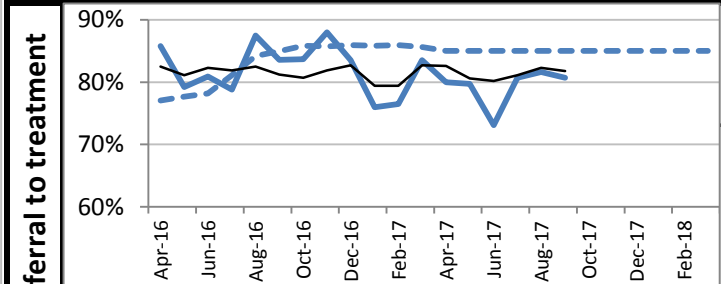
Monthly CCG Performance against trajectory



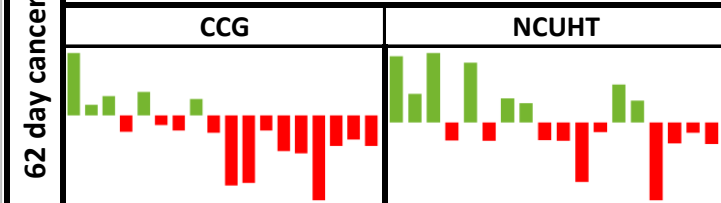
Monthly Trust Variation from local trajectory



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

Area Elective Care

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

RTT < 18 weeks: The position has again deteriorated slightly in September, with NCUHT achieving 90.1% and the CCG 90.4%. After the improved position earlier this year, the performance is now almost back to the levels of this time last year reflecting the fact that RTT delivery is still very susceptible to external influences such as urgent care pressures, and to local capacity issues.

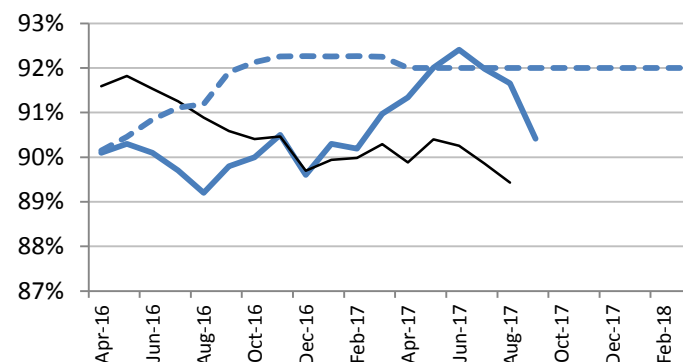
Specific capacity issues in Gastroenterology have been addressed by the Trust subcontracting additional capacity.

Additionally, a Theatre Strategy Group is focussing on improving theatre utilisation and improving the throughput of the theatres.

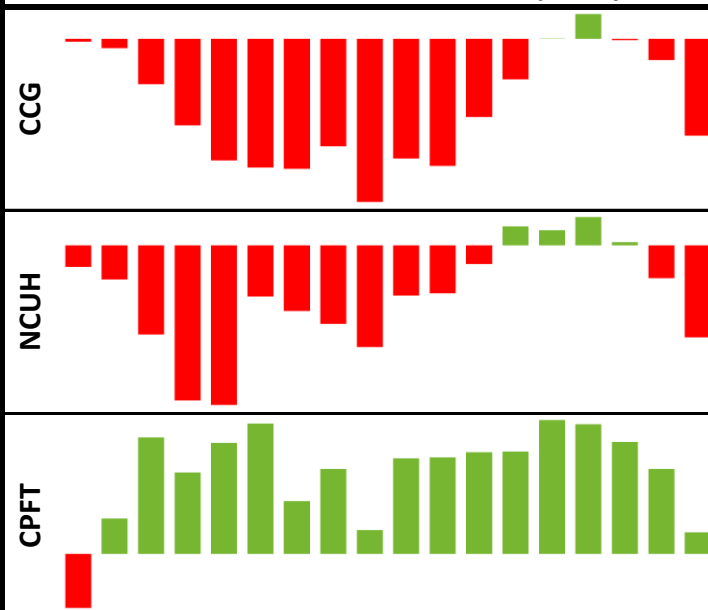
RTT > 52 weeks

The patient waiting over 52 weeks was reported last month and is at Northumbria and is patient choice where the patient had been awaiting a piece of specific equipment to be delivered to continue further treatment. This patient has now been seen.

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;

Diagnostics

The diagnostic standard is very vulnerable at present to the shortage of capacity at NCUHT to manage their 'scopes. The rise in the number of 6 week breaches in September was due to Gastroscopy and Colonoscopy capacity limitations.

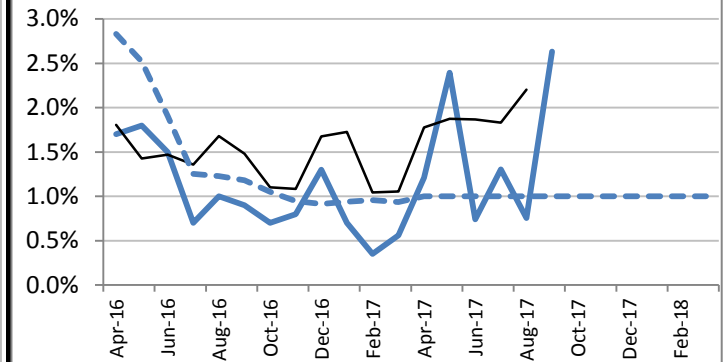
Additional subcontracted capacity was sourced by NCUHT to address the issue which impacted on the numbers of over-6 week patients seen in September.

Cancelled operations not rebooked within 28 days.

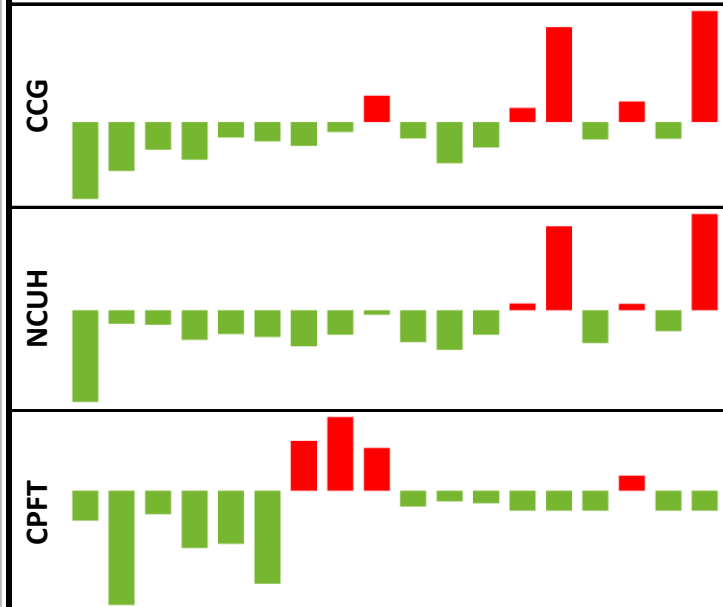
There was one patient who breached in September at NCUHT which reflects the ongoing risk due to having medical outliers on surgical wards leading to on the day surgical cancellations and theatre list overruns. This breach was due to the non availability of an ICU bed.

ACTION TAKEN: There is a Cancelled Operation Action Plan in place at NCUHT which is monitored monthly through the Theatre User Group and which includes an escalation process to General Managers if patients are potentially going to be cancelled a second time.

Diagnostics CCG Performance against trajectory

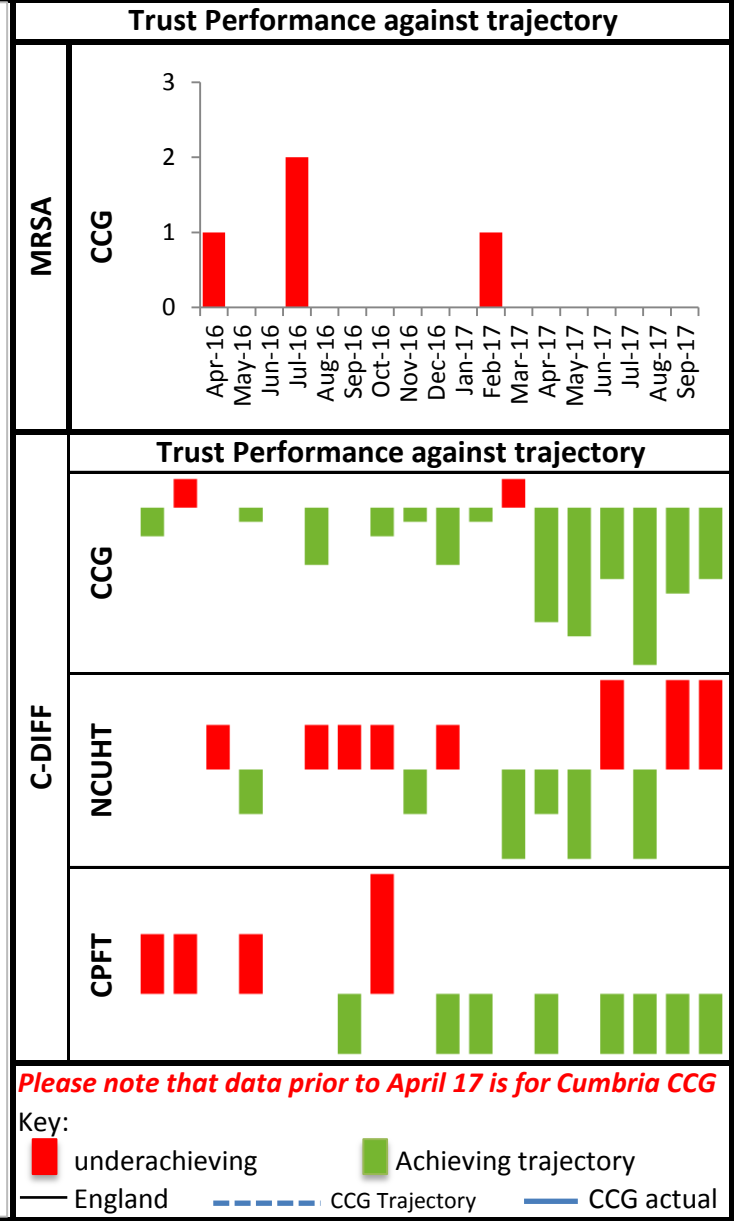


Trust Variation from local diagnostics trajectory



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

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



Section 3 - Quality Premium 2017/18

Current performance

		Indicator	Trend variance from 17/18 target	2017/18 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 (Annual)	2015	60.0%	17.0%	51.0%	0.0%	£0
		2 Patient Experience	Percentage of patients with a good experience of making a GP appointment (Annual)	Jul-17	76.8%	17.0%	73.8%	0.0%	£0
		3 NHS Continuing Healthcare	NHS CHC eligibility decision made within 28 days from receipt of checklist (Quarterly)	Quarter 1 2017/18	>80%	8.5%	84%	8.5%	£137,337
			NHS CHC assessments taking place in an acute hospital setting (Quarterly)		<15%	8.5%	14%	8.5%	£137,337
		4 Mental Health	Out of Area Placements	17th Oct-16 to Aug-17	TBC	17.0%	535	Not available	Not available
	5 Bloodstream Infections	a)i.Gram negative blood stream infections	YTD to Sep-17	347	6.0%	156	6.0%	£96,944	
		a)ii.Core primary care data set		Completion	1.7%	Not available	NA	Not available	
		b)i.Trimethoprim:Nitrofurantoin ratio	12 months to Jul-17	2,057	3.8%	1,538	3.8%	£61,398	
		b)ii.Trimethoprim items in over 70yr olds		9,002	3.8%	8,092	3.8%	£61,398	
	c)i.Antibiotics prescribed in primary care		1,161	1.7%	1,237	0.0%	£0		
Local measures	1 Respiratory System Problems	Percentage of COPD patients with a record of FeV1 in the preceding 12 months (Annual)	Mar-17	72.3%	15.0%	70.7%	0.0%	£0	

Total Payment: 30.6% £494,413

Penalties	NHS Constitution requirements	Maximum 18-week waits from referral to treatment (incomplete)	YTD to Sep-17	92.0%	-25.0%	91.6%	-25.0%	-£123,603
		Maximum four-hour waits in A&E departments	YTD to Oct-17	95.0%	-25.0%	92.3%	-25.0%	-£123,603
		Maximum 62-day waits from urgent GP referral to treatment for cancer	YTD to Sep-17	85.0%	-25.0%	82.2%	-25.0%	-£123,603
		Maximum 8-minute responses for Category A red 1 ambulance calls	YTD to Jul-17	75.0%	-25.0%	61.5%	-25.0%	-£123,603
	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% -£494,413

Total Quality Premium Achieved: 0.0% £0

TBC = to be confirmed



Key Issues / Considerations

Please note the following issues in the data;

1. The data for cancer diagnosis is only available for 2015 and is at Cumbria level. 2016 data (baseline data) is to be published in June 2018.
2. The GP survey data is currently available for July 2017, the next data will be available in July 2018 for the assessment.
4. Mental Health placements - the baseline data has been requested from the QP team as the only data available is not for a full year and is for Cumbria CCG.
- 5.ii The collation and reporting of the primary care data set was due to start in quarter 2 and therefore further details are required.

Section 4 - Other Areas of Concern: Delayed Transfers of Care

	NC CCG	NCUHT	CPFT
SEPTEMBER Performance	108.2	62.9	64.6
Target	73.4	NAv	NAv

-This section has been expanded this month to show the totals for each organisation, as well as the component elements of the DTOCs.

- Although the trajectory has not been met, the numbers of DTOC have reduced from a year ago. However, the risk is that, after significant reductions in earlier months, the trends have levelled out whilst the trajectory is still requiring month on month reductions.

- As at the end of September the CCG was 35 DTOC worse than the trajectory of 73. Social Care delays continue to be the main drivers, although these did improve in September.

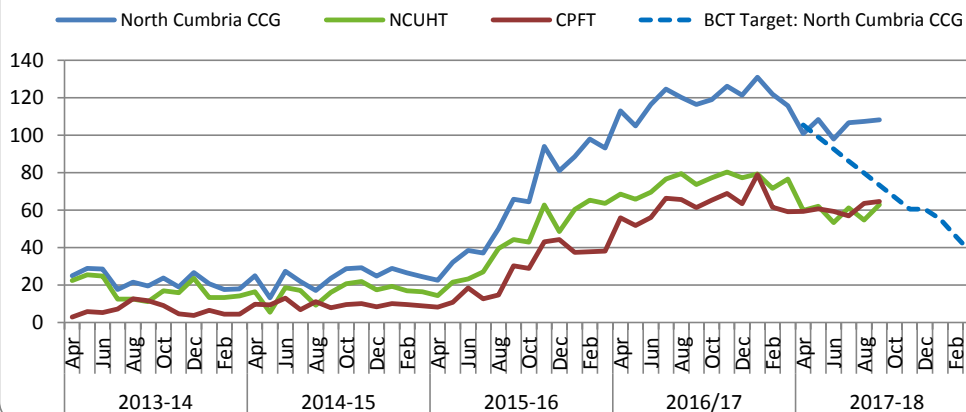
- The A&E Board is continuing to lead the development of a recovery plan, with a weekly operational team meeting in place to ensure that there is a continuing focus on driving implementation of agreed initiatives to improve performance.

-The H&WB Board has raised a challenge to the national Better Care Fund Team over the calculation of the current DTOC targets applicable in Cumbria and is awaiting a response as to whether revised targets will be issued.

-Additional Funding has been secured by NCUHT for 4 additional discharge navigators (2 x CIC / 2 x WCH) – recruitment is currently underway.

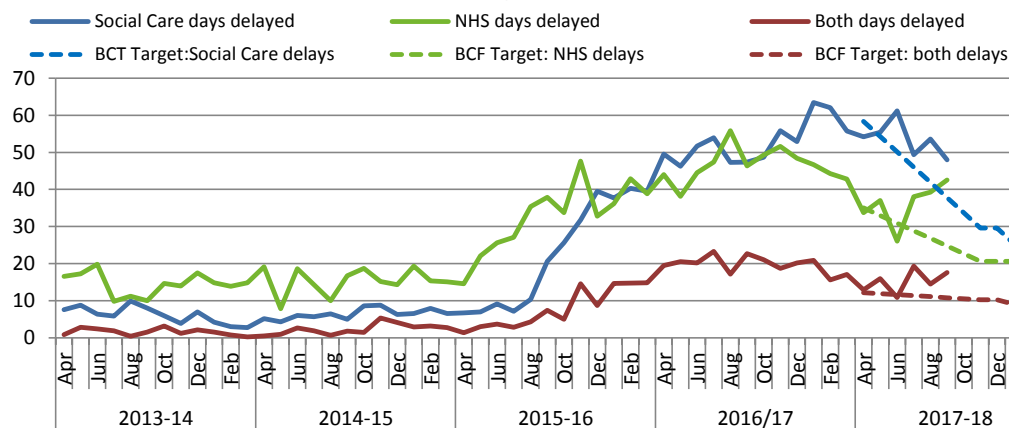
Average Delays per day; North Cumbria

Source: NHS England



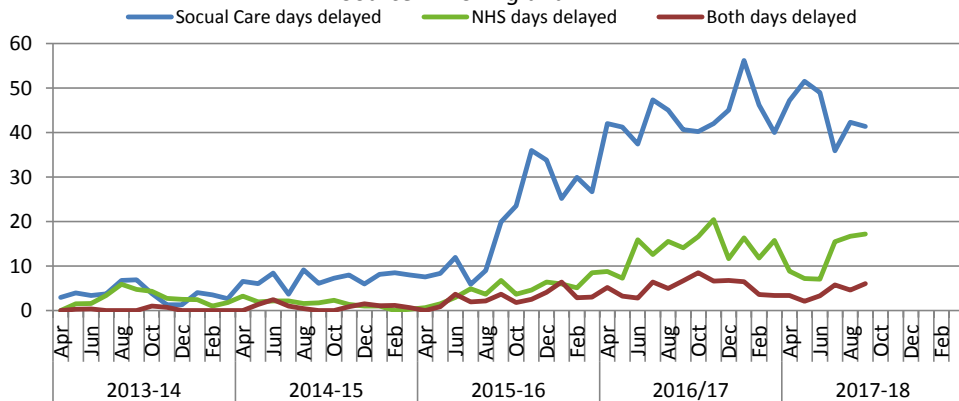
Average Delays per day; North Cumbria CCG

Source: NHS England



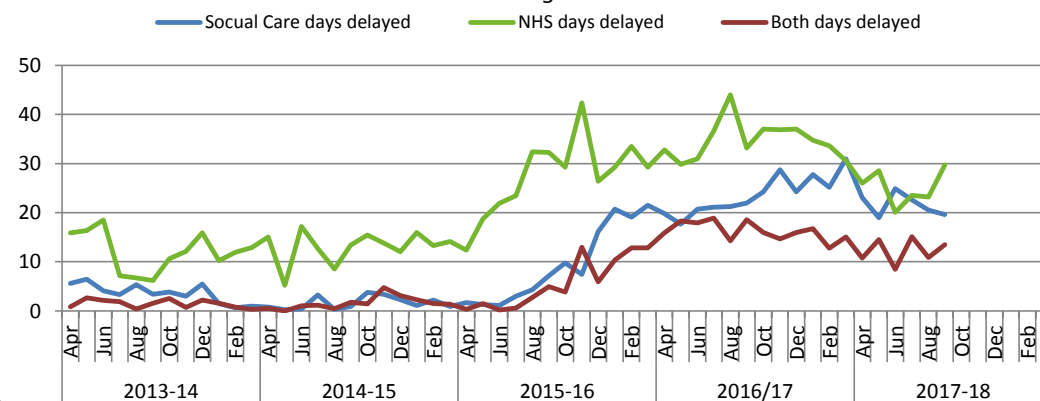
Average Delays per day; Cumbria Partnership NHS FT

Source: NHS England

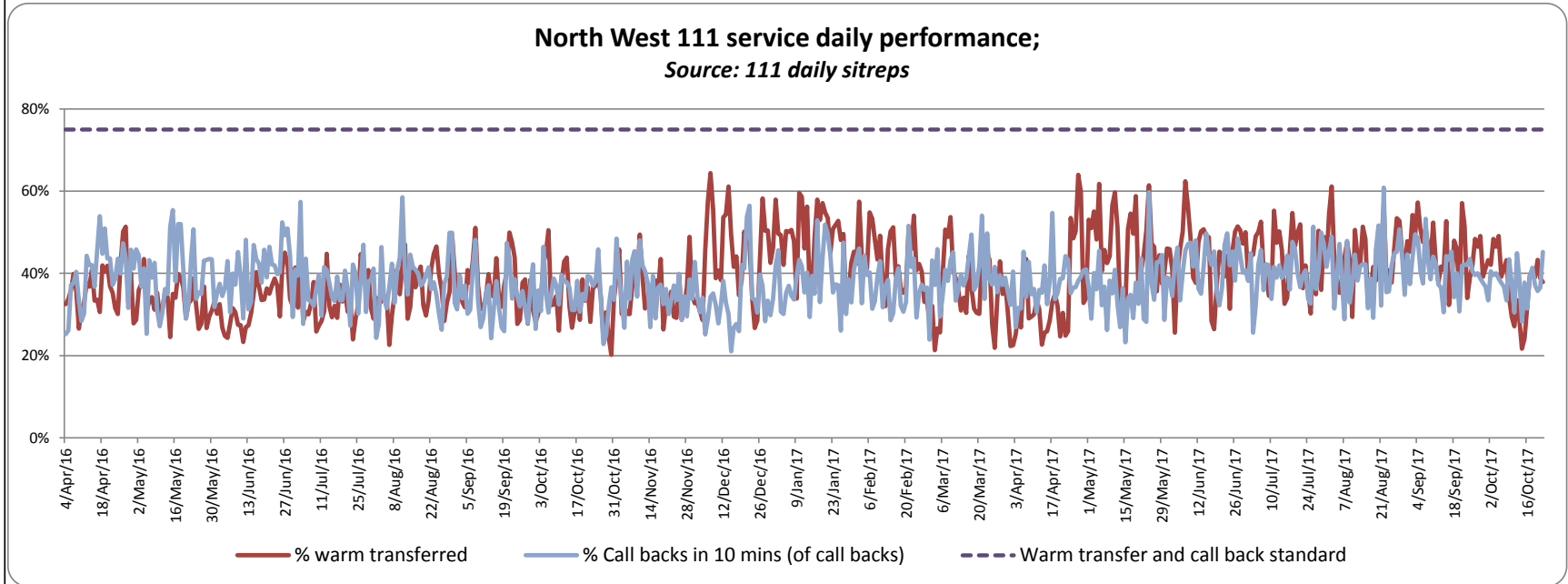
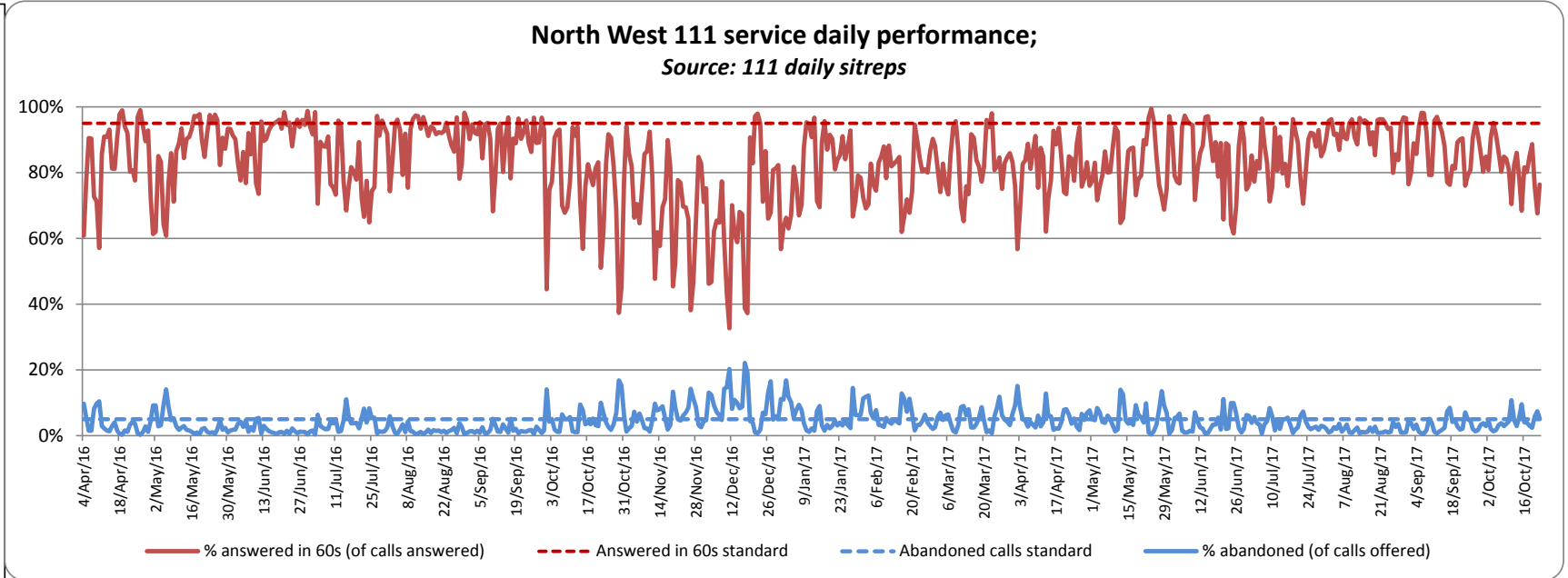


Average Delays per day; North Cumbria University Hospitals Trust

Source: NHS England



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>





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>