NHS
North Cumbria
Clinical Commissioning Group

NHS North Cumbria CCG Governing Body	Agenda Item
7 February 2018	15

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 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.

Outcome Required:	Approve		Ratify		For Discussion		For Information	X

Assurance Framework Reference:

2. Better Care – Commission services that ensure the delivery of high quality and safe care patients

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

Executive Summary:

Key Issues:

The overall performance trend remains positive, although, as with the rest of England, North Cumbria has been impacted by the increased winter pressures, and the national directive to defer routine non urgent elective activity over the Christmas / New Year period. The majority of the performance figures in this report are to November, and the full impact of the Christmas period will, therefore, not be reported until the next meeting. A key risk continues to be provider capacity, and this will impact on the ability to recover from the national slowdown of elective work referred to above.

Areas that continue to be below the national standards required are as follows:

Key Issues:

- Dementia Diagnosis – trajectory in place to recover and achieve England Average by 31 March. Current progress continues to be ahead of trajectory;
- IAPT – CPFT have presented their recovery plan and are working with the CCG on the recovery trajectory;
- Ambulance Handover Delays – both CIC and WCH reported an improved position, averaging delays of under 15 minutes. CIC showed particular improvement in November;
- A&E – the Report includes figures to December. Although the Trust continues to perform better than the England average, the high level of pressure in December impacted adversely on the Quarter 3 performance bringing the CCG performance to just under the 90% trajectory. Additional interim beds are available to support better discharge. Ongoing inter-organisation cooperation continues via the daily coordination and escalation meetings;
- Cancer – following recovery in November, the 62 day standard was achieved. The 14 day standard was achieved in November, but this was not quite enough to bring the cumulative performance to standard;
- RTT – a further reduced level of achievement in November with continuing capacity pressures as reported last month. However, early results from the new MSK pathway are encouraging and indicate that this is likely to have a significant and beneficial impact on referrals in the coming months;
- DTOC – although social care led delays continue to improve, recent reductions in DTOC numbers have slowed, with specific issues around NHS delays. DTOC continues to be a core focus of the A&E Delivery Board with specific initiatives such as the increased availability of interim beds being used to support patient flow;
- Primary Care – a new section has been included to track the role being played by Primary Care in supporting demand management and associated pathway changes. Key to this is the unwarranted variation in referrals, and associated activity; this is represented by the rates per 1000 weighted practice populations, and by the intention to close the gap between high and low referring practices.

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

Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	There are no known Conflicts of Interest

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Date Report Written	29 January 2017

Partners in improving local health

R04

Performance Report

Month Produced; January-2018

Latest Data to; Nov-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

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

	Measure	Period	North Cumbria CCG: Latest Performance	North Cumbria CCG: Additional patients required to meet Standard	NCUHT: All NCUH patients	NCUHT: CCCG commissioned	CPFT: All patients	CPFT: CCCG commissioned	National Standard
Mental Health	Dementia diagnosis	Nov-17	65.4%	72				65.4%	67%
Mental Health	IAPT - access	3mths to Nov-17	3.5%	183			3.5%	3.5%	4.00%
Mental Health	IAPT - recovery rate	Nov-17	55.2%	0			56.0%	55.2%	50%
Mental Health	IAPT - waiting <6 wks	Nov-17	66.4%	30			70.2%	66.4%	75%
Mental Health	IAPT - waiting <18wks	Nov-17	100%	0			100%	100%	95%
Mental Health	EIP seen within 2 wks	Nov-17	88%	0			80%	87.5%	50%
Mental Health	CPA within 7 days	Qrt 2	96.4%	0			97.4%	96.4%	95%
Ambul	Handovers 30-60m	Nov-17 only			173	NAv			0
Ambul	Handovers>60mins	Nov-17 only			38	NAv			0
A&E	A&E 4hr waits	Qrt 3^	89.7%	1453	87.9%	NAv	99.5%	NAv	95%
A&E	12h Trolley Waits	Nov-17 only			0	NAv	NAv	NAv	0
Cancer Waiting Times	14d GP referrals	Qrt 3 to Nov-17	92.9%	2	92.9%	92.9%			93%
Cancer Waiting Times	14d Breast Symp.	Qrt 3 to Nov-17	88.1%	6	86.8%	87.2%			93%
Cancer Waiting Times	31d 1st treatment	Qrt 3 to Nov-17	95.4%	2	96.6%	96.4%			96%
Cancer Waiting Times	31d sub. surgery	Qrt 3 to Nov-17	89.7%	2	100%	100%			94%
Cancer Waiting Times	31d sub. drugs	Qrt 3 to Nov-17	93.1%	4	92.1%	91.8%			98%
Cancer Waiting Times	31d subsequent radiotherapy	Qrt 3 to Nov-17	98.3%	0	98.1%	97.9%			94%
Cancer Waiting Times	62d GP referral	Qrt 3 to Nov-17	85.3%	0	86.9%	87.2%			85%
Cancer Waiting Times	62d Screening Referral	Qrt 3 to Nov-17	55.6%	6	52.4%	55.6%			90%
Cancer Waiting Times	62d Consultant upgrade	Qrt 3 to Nov-17	91.7%		92.9%	94.4%			NA
EMSA		Nov-17 only	0	0	0	0	0	0	0
Elective	Incomplete RTT <18wks	Nov-17 only	89.5%	648	89.2%	89.0%	94.5%	93.5%	92%
Elective	Incomplete 52 wk waits	Nov-17 only	0	0	0	0	0	0	0
Elective	Diagnostic >6wk	Nov-17 only	1.2%	9	0.94%	0.92%	0.0%	0.0%	1%
Elective	Cancelled ops 28 day rule	Nov-17 only			7	NAv			0
Elective	2nd Cancelled ops	Nov-17 only			0	NAv			0
HCAIS	C-Diff Infections	Nov-17 only	9	0	3		0		18
HCAIS	MRSA infections	Nov-17 only	0	0	0		0		0

^ Quarter to Dec-17

NAv: Not available

(shaded): Not applicable

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Area **MENTAL HEALTH**

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

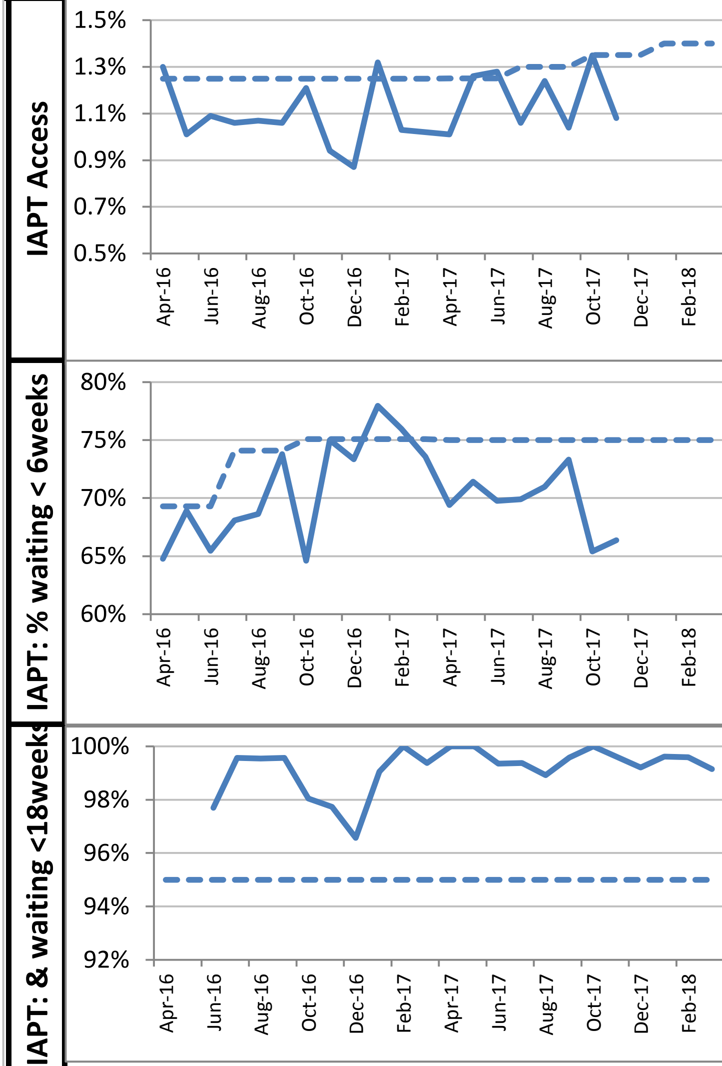
The dementia recovery continues to make progress against the trajectory to attain the all-England average of 68.2% by 31 March 2018. In November 2,933 patients were recorded with a dementia diagnosis which is 111 ahead of the planned trajectory. The trajectory assumed that the CCG would not reach this volume of diagnoses until February 2018. The compliance for November was 65.4%.

Targets are for December 2,842, January 2,872, February 2,912 and March 2,962.

The 111 patients ahead of the November trajectory is a welcome gain and needs to be sustained because the growth in the estimated numbers of patients with dementia means that there would otherwise be a risk that the 2,962 target for March would fall short of the required 68.2% target. Currently, based on the estimated numbers of patients with dementia of 4,486, the March figure for those with a diagnosis needs to be 3,060 to secure the required % achievement.

The IAPT service continues to be challenged in meeting its access and 6 week targets.

The CCG served a contract performance notice, (as per NHS standard contract) to CPFT at the contract review group meeting on the 29th September 2017. This was in respect of both the Access and six week wait standards. CPFT have presented their improved and revised recovery plan for IAPT and continue to develop in light of impact of CCBT licence implementation. There are a number of areas of data quality which they are reviewing to ensure that all appropriate treatments are captured in the data records.



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

Key:

CCG Trajectory CCG actual

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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 performance figures include up to December 2017. December performance for the CCG was 86% and for NCUHT 84%. This has brought the cumulative figures for Quarter 3 down to 89.7% for the CCG. Although NCUHT, and the wider health system, continues to fall short of the constitutional 95% target, it has been consistently delivering the nationally required 90% trajectory, and has been performing better than the all-England average. It is therefore disappointing that system pressures in December impacted adversely on the position.

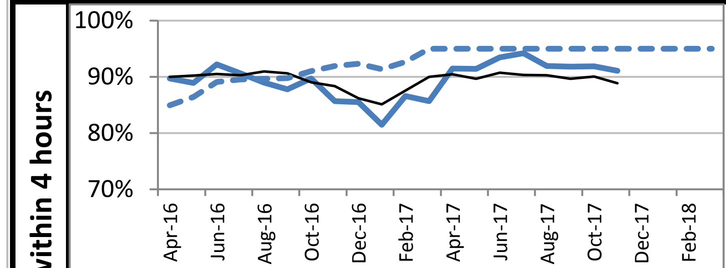
The advance planning for Winter has helped to mitigate some of the pressures that would otherwise have been felt, with additional interim beds now available to help support earlier discharge, and discharge lounges available to release beds earlier in the day from discharge patients. Home from Hospital will commence in early January following successful recruitment. Daily (and sometimes several times a day) system calls have been taking place to coordinate resources. Additionally the situation has been overseen on a wider footprint by NHS England and NHS Improvement across the North of England.

Ambulance Handover Targets

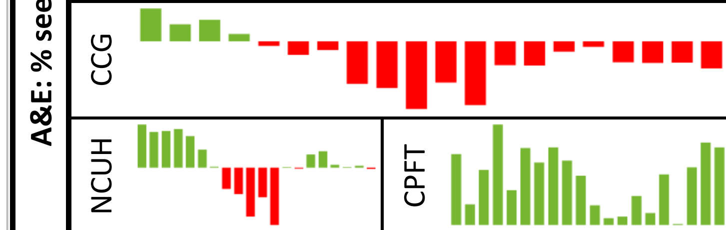
The average handover time improved in November, with both CIC and WCH reporting average handover figures better than 15 minutes. The improvement was most noticeable at CIC, and was achieved despite an increase in the overall number of patients.

CCG Performance against trajectory

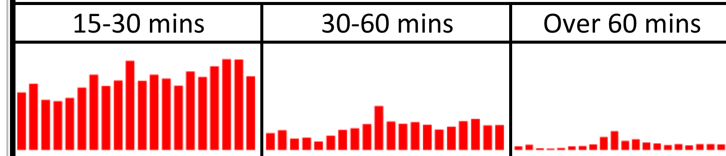
A&E: % seen within 4 hours



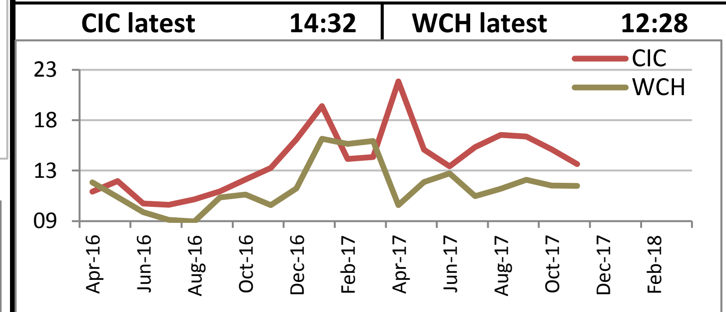
Trust Variation from local trajectory



NWAS Notification to Handovers at NCUHT



Average Handover time Trend (mins;secs)



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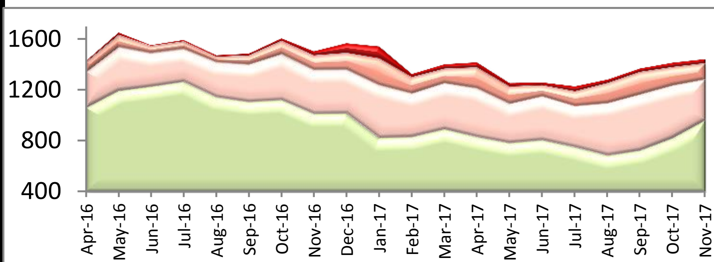
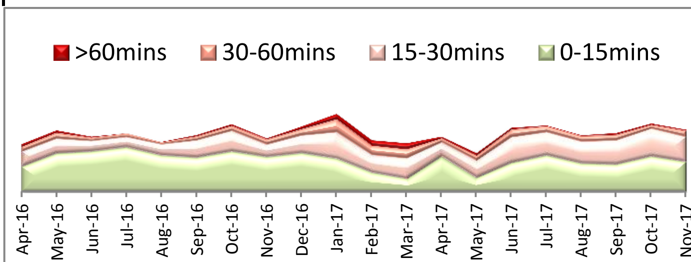
NWAS handovers at CIC



NWAS handovers at WCH



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Area	CANCER WAITING TIMES
Exceptions	14d GP referrals; 14d Breast Symp.; 31d 1st treatment; 31d sub. surgery; 31d sub. drugs; 62d Screening Referral;

Cancer performance continues to be challenged through the lack of clinical capacity. Recovery plans are being developed which include, for example, identifying alternative capacity for routine dermatology referrals to allow the Trust to focus on the cancer patients.
During the pressured December and January period when routine elective activity has been deferred, access for cancer patients has been protected and maintained.

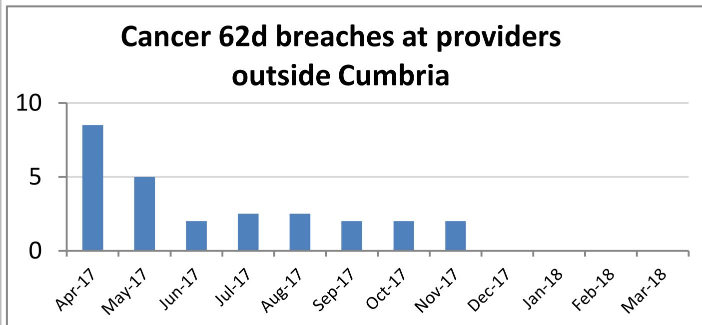
Maximum 14 day wait following GP Referral
This was achieved in November at 93.3% for the CCG, but this was not enough to bring the Q3 measure up to standard.

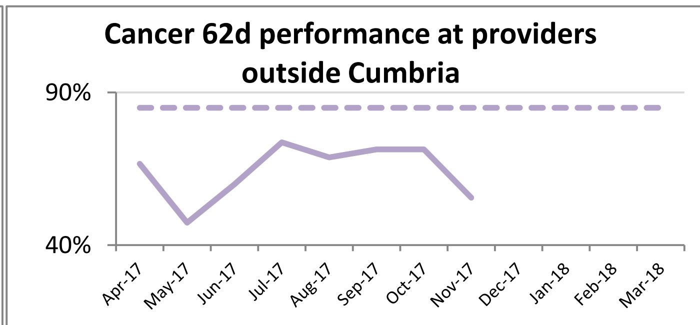
Maximum 14 day referral for breast symptoms.
Capacity issues continue to mean that this standard is not achieved, although November did show an improvement over recent months.

31 Day Waiting Times
Although the CCG and NCUHT have been meeting the standard until October, the November position was challenged by breaches in breast, lung and skin tumour areas, reflecting the recent capacity issues. Also breaches at Newcastle impacted on delivery.

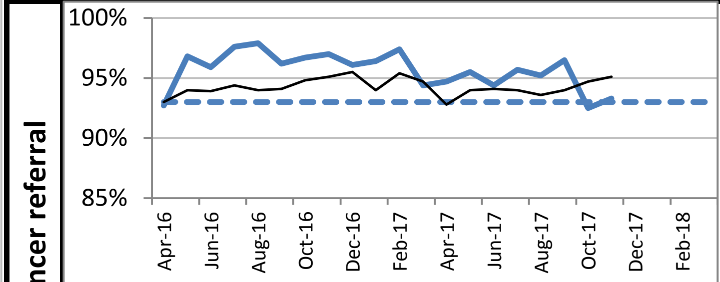
Maximum 62 day referral from a GP. This continues to be a challenge for both the NCUHT and the CCG. However, following recovery actions, the performance in November was improved and the standard delivered at both NCUHT and the CCG. Transfers to Newcastle reduced the CCG performance compared to the NCUHT position , but the standard was still achieved.

Maximum 62 day referral from screening.
This standard continues to be affected by small numbers.

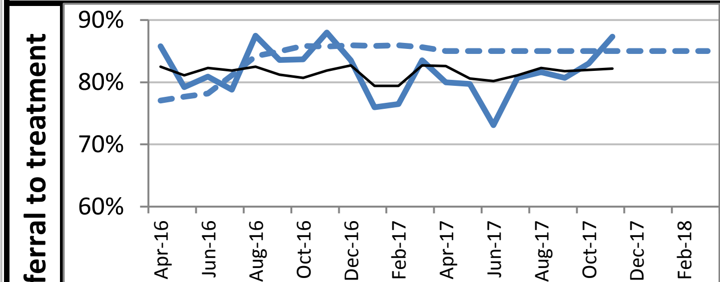


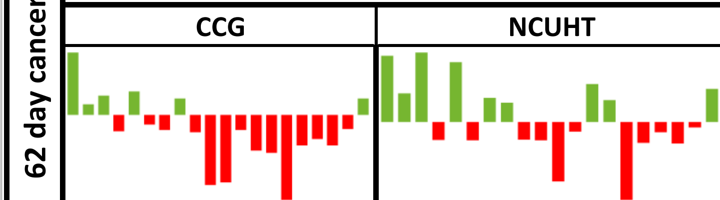


14 day cancer referral



62 day cancer referral to treatment





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

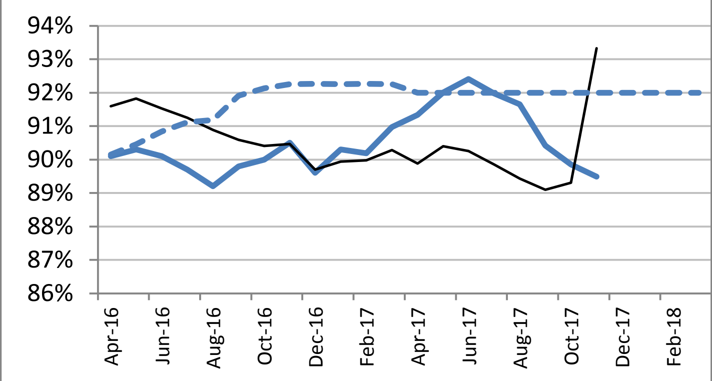
Key:
underachieving
Achieving trajectory
England
CCG Trajectory
CCG actual

Area	Elective Care
Exceptions	Incomplete RTT <18wks;

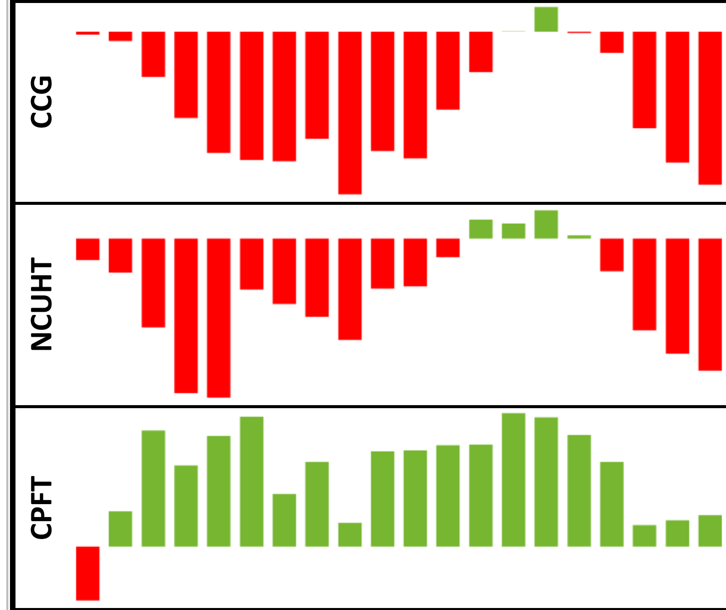
The position deteriorated slightly in November, with NCUHT achieving 89.2% and the CCG 89.5%. The impact of urgent care, and capacity limitations continue to have an effect and this will continue with the scaling back of elective activity over the Christmas and New Year period. After almost a year of performing better than the monthly England average, the November position was back to the England level.

Discussions are taking place with partners in an attempt to address Dermatology capacity issues, and new pathways have been introduced for MSK referrals which is already beginning to reduce the numbers of patients added to the orthopaedic waiting list. Whilst this will not address the immediate short term issues, it will make recovery easier and reduce the capacity constraints in the longer term.

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;

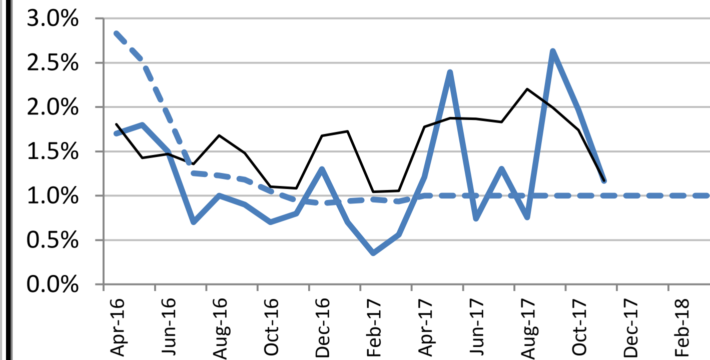
Diagnostic

The diagnostic standard is very vulnerable at present to the shortage of capacity at NCUHT to manage their 'scopes. Following a challenged September and October, the November position showed a marked improvement with NCUHT delivering the standard. The CCG position was impacted by an increase in the volume of breaches (12) in Newcastle. Notwithstanding this, the number of patients breaching the 6 week standard reduced from 108 in October to 61 in November.

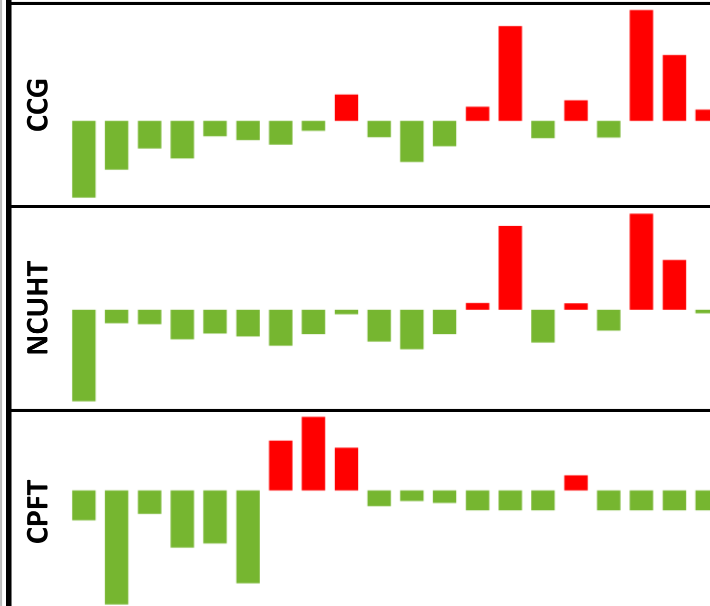
Cancelled operations not rebooked within 28 days.

This measure is off target due to the conflicting priorities for inpatient and ICU/HDU beds, and sickness within theatres which affects theatre lists.

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

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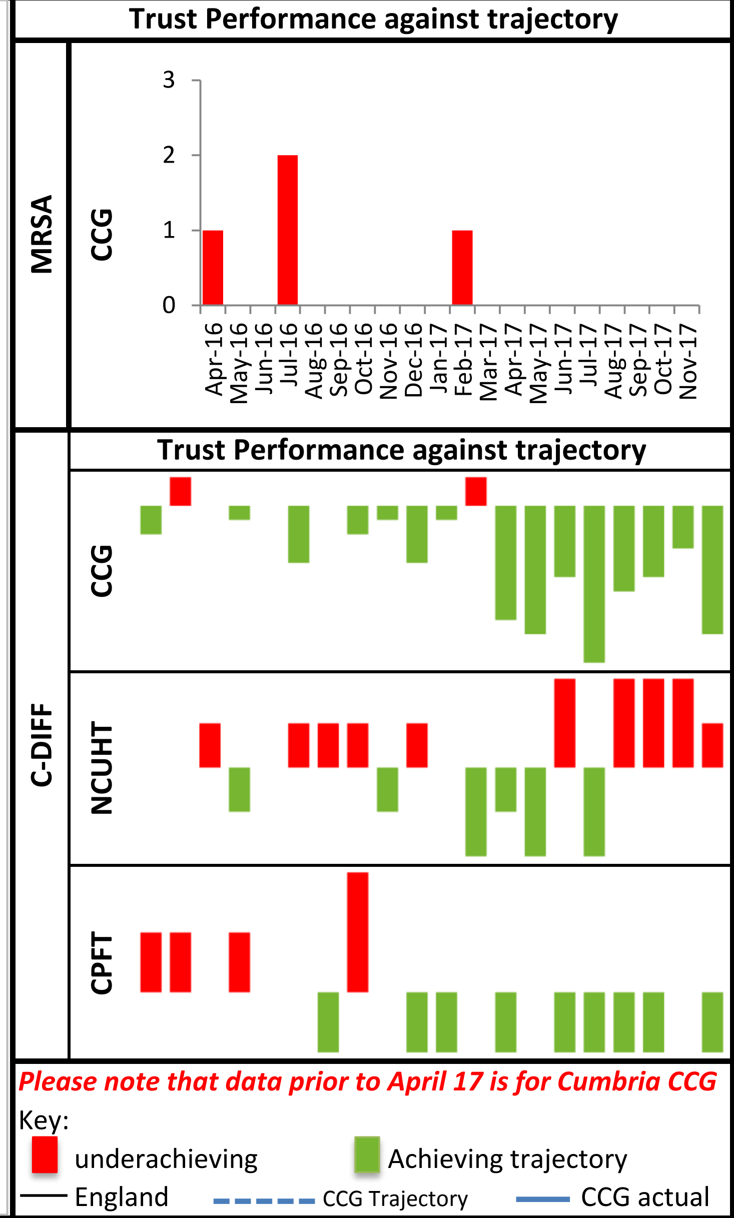
Area **HCAIs**

Measures



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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 2 2017/18	>80%	8.5%	74%	0.0%	£0
				NHS CHC assessments taking place in an acute hospital setting (Quarterly)			<15%	8.5%	30%	0.0%	£0
		4	Mental Health	Out of Area Placements		Nov-16 to Oct-17	TBC	17.0%	605	Not available	Not available
		5	Bloodstream Infections	a)i.Gram negative blood stream infections		YTD to Nov-17	347	6.0%	197	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 Oct-17	2.057	3.8%	1.195	3.8%	£61,398
				b)ii.Trimethoprim items in over 70yr olds			9,002	3.8%	7,305	3.8%	£61,398
				c)i.Antibiotics prescribed in primary care			1.161	1.7%	1.224	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:	13.6%	£219,739
Penalties	NHS Constitution requirements		Maximum 18-week waits from referral to treatment (incomplete)			YTD to Nov-17	92.0%	-25.0%	91.2%	-25.0%	-£54,935
			Maximum four-hour waits in A&E departments			YTD to Dec-17	95.0%	-25.0%	91.6%	-25.0%	-£54,935
			Maximum 62-day waits from urgent GP referral to treatment for cancer			YTD to Nov-17	85.0%	-25.0%	82.2%	-25.0%	-£54,935
			Maximum 8-minute responses for Category A red 1 ambulance calls			YTD to Jul-17	75.0%	-25.0%	61.5%	-25.0%	-£54,935
	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%	-£219,739

TBC = to be confirmed

Total Quality Premium Achieved: 0.0% £0

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Section 3 - Quality Premium 2017/18

Key Issues / Considerations

Please note the following issues in the data;

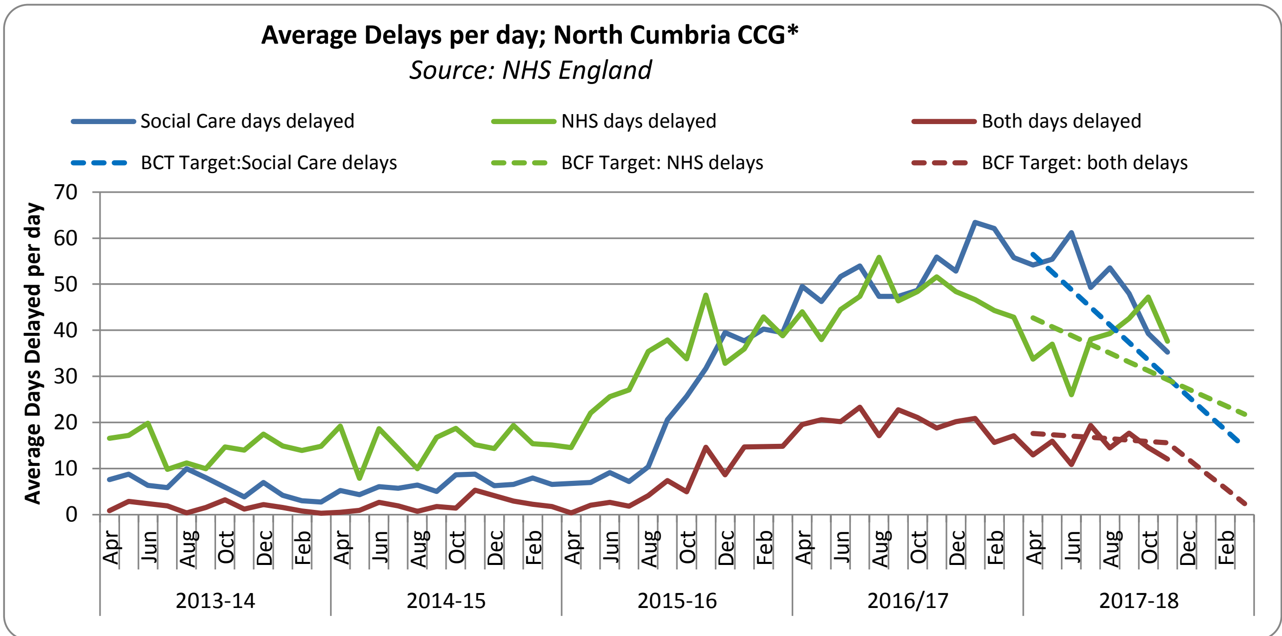
1. The data for cancer diagnosis is only available for 2015 and is at Cumbria level. 2016 data (baseline data) is to be published in June 2018.
2. The GP survey data is currently available for July 2017, the next data will be available in July 2018 for the assessment.
4. Mental Health placements - the 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.

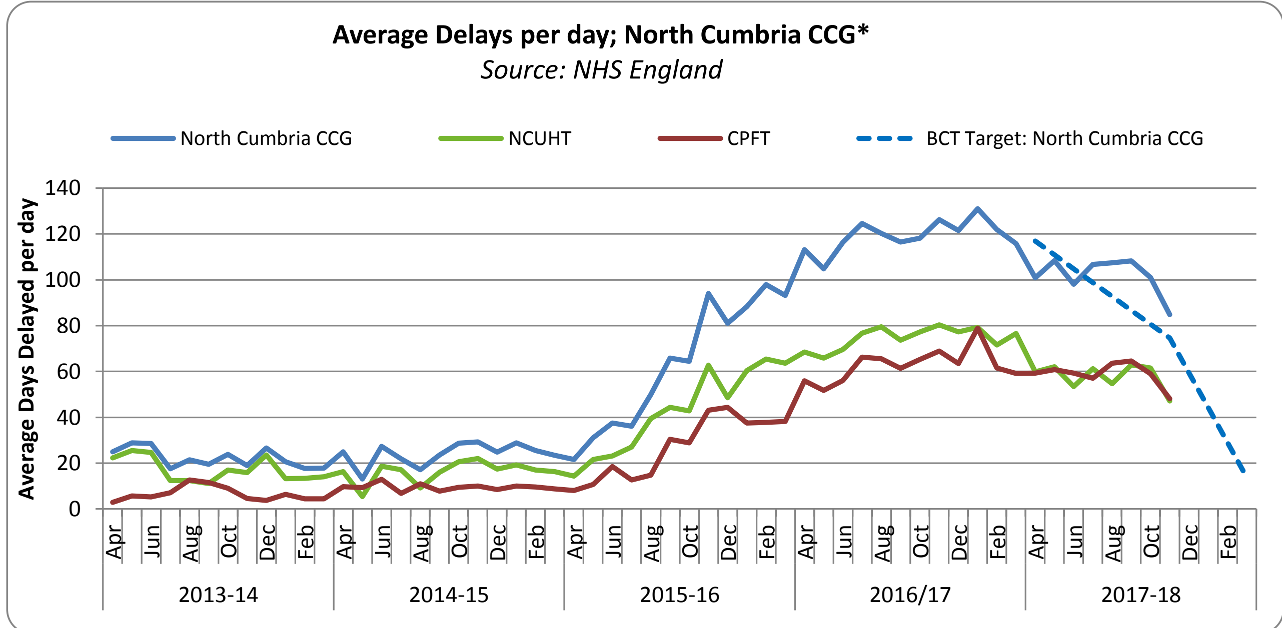
5.ii The collation and reporting of the primary care data set was due to start in quarter 2 and therefore further details are required.

	NC CCG	NCUHT	CPFT
NOVEMBER Performance	84.9	47.2	48.2
Target	74.6	NAv	NAv

November has shown improvements in all areas with reduced numbers of delays in Social Care and NHS.

The improvement in NHS is particularly significant as it reverses the month on month increases seen since June. Social care delays have been on a reducing trend since May, and November continues this improvement.





Please note that the targets have been updated to the newly submitted target but they remain provisional until agreed by NHSE

*Delays attributed to CCGs are based on acute provider and CPFT hospital site

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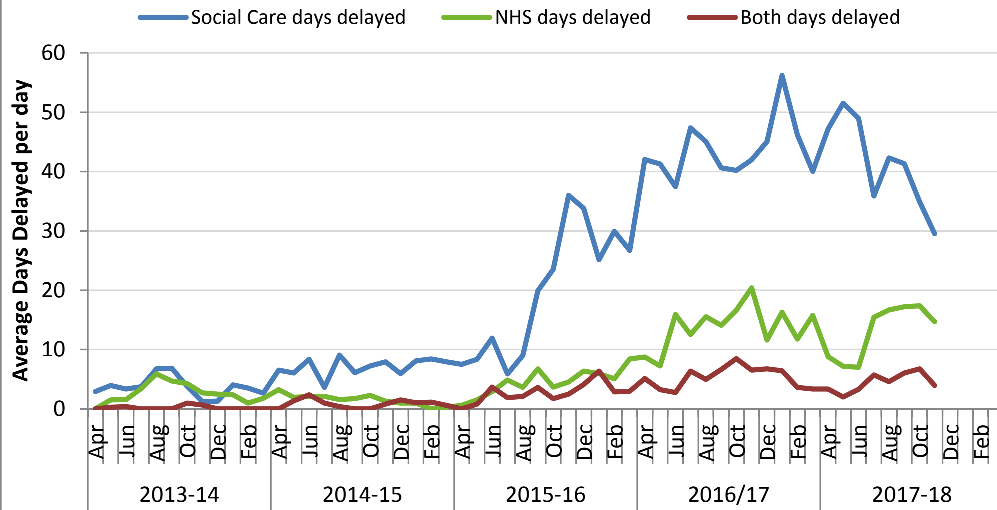

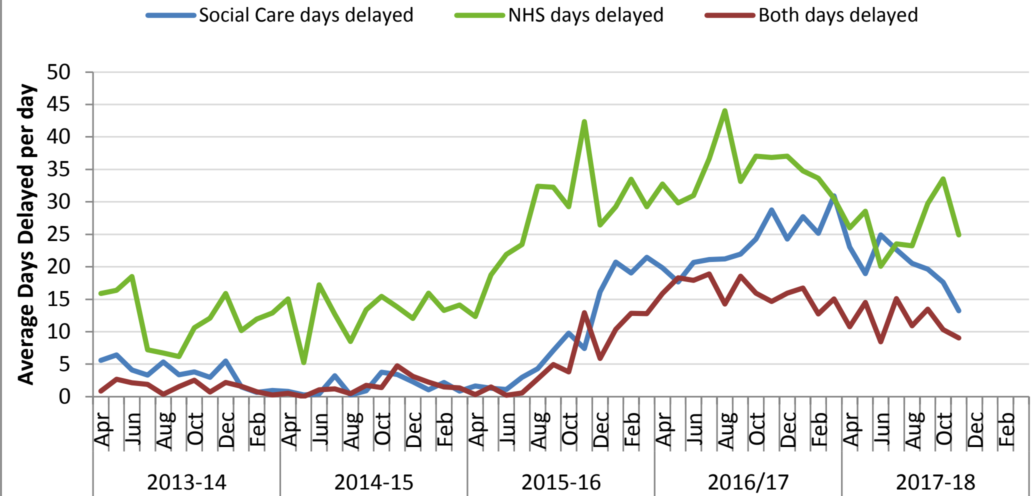

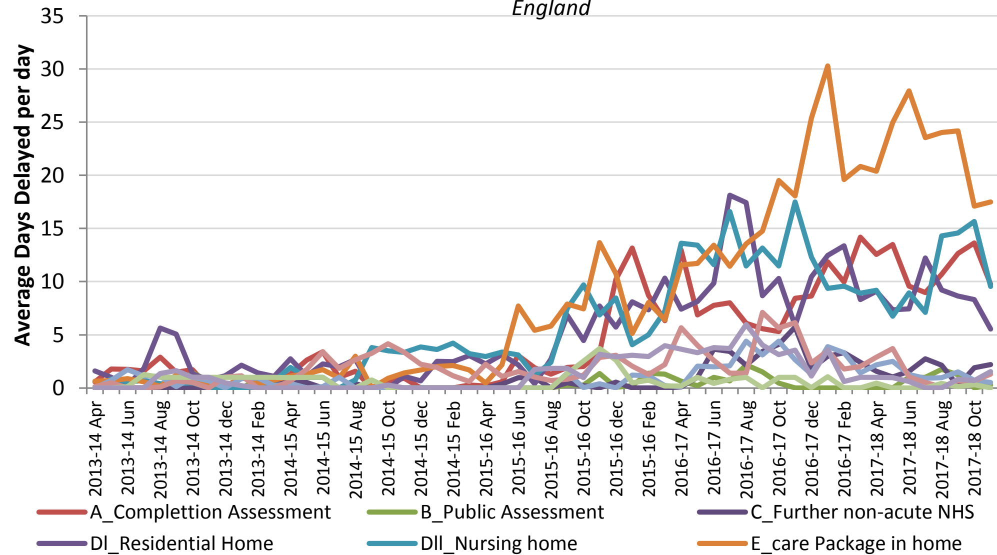

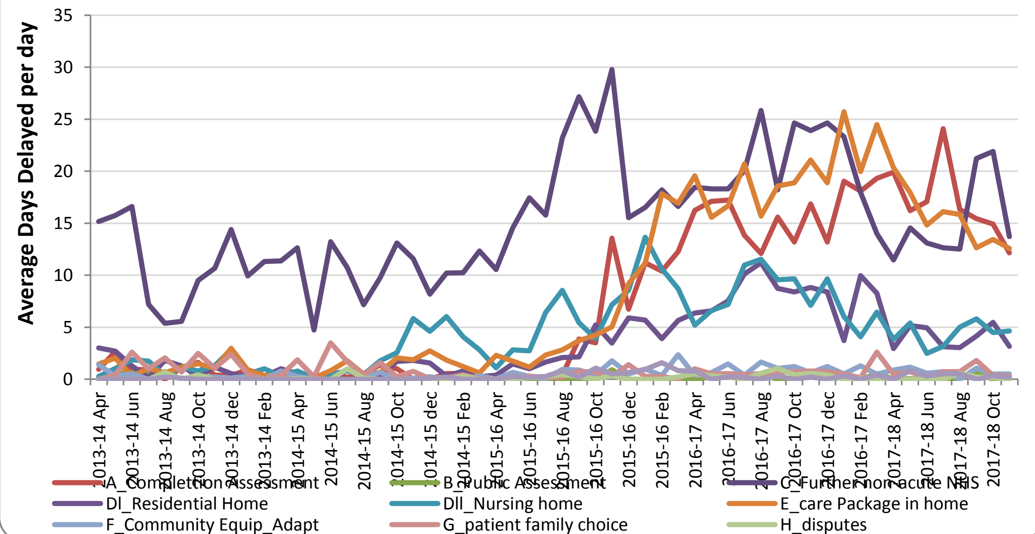

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Rates per 1,000 weighted population
Activity Year to date to Nov-17

RAGs represent range of rates from low (green) to high (red)

Integrated Care Community	Non Elective - Emergency	Total Electives	Total Outpatient Firsts - GP Referred	Total Outpatient Subsequent - GP Referred	Accident & Emergency Consultant Led Only
Carlisle Rural	54.17	74.01	114.25	217.45	131.05
Carlisle Network	70.08	73.58	108.43	221.21	213.88
Carlisle Healthcare	70.38	73.93	96.26	195.74	218.11
Eden	51.89	71.99	98.77	179.29	83.75
Solway & Keswick	55.19	69.46	102.74	194.49	128.24
Cockermouth & Maryport	52.11	66.84	98.90	200.23	149.74
Workington	61.03	71.96	114.26	203.00	174.58
Copeland	64.51	73.55	119.69	210.86	215.55
NHS North Cumbria CCG	60.51	72.05	16.43	201.44	167.17
NC CCG % pop in 75th percentile	38.2%	15.1%	26.5%	21.4%	35.5%
NC CCG % pop in 25th percentile	17.1%	22.2%	32.5%	18.9%	18.0%

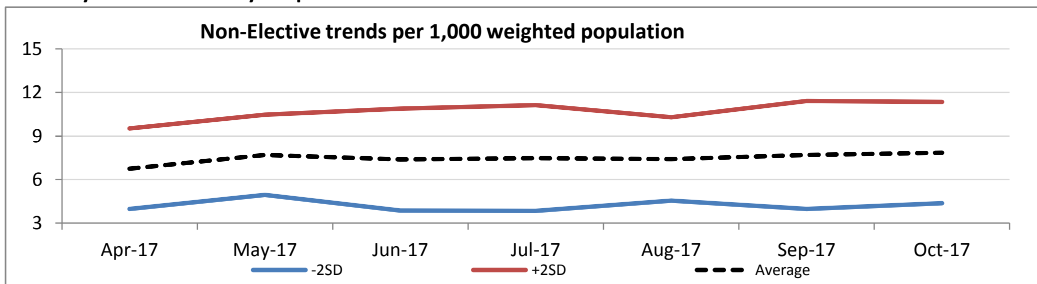
75th Percentile	64.74	75.96	115.06	223.61	200.71
25th Percentile	52.33	68.29	99.81	186.60	104.92
Minimum	39.30	59.37	71.78	138.59	65.47
Maximum	72.50	89.67	141.33	245.59	250.31

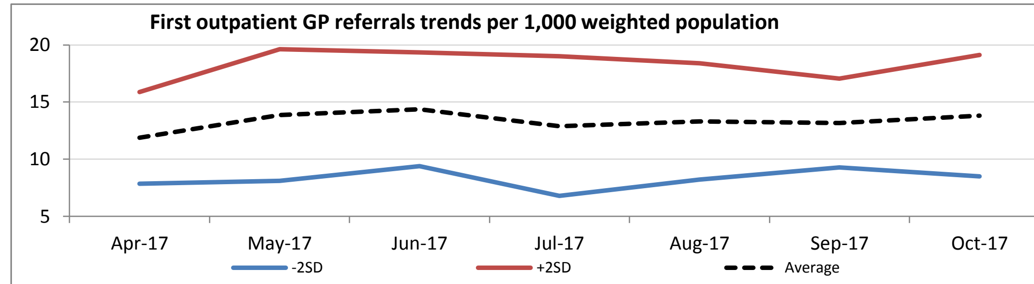
Aspects of Primary Care performance are shown for the first time this month. The measures selected are ones which relate directly to the CCG commissioned services and the role being played by Primary Care in supporting demand management and associated pathway changes. Key to this is the unwarranted variation in referrals, and associated activity, as measured by the rate per 1000 weighted practice populations.

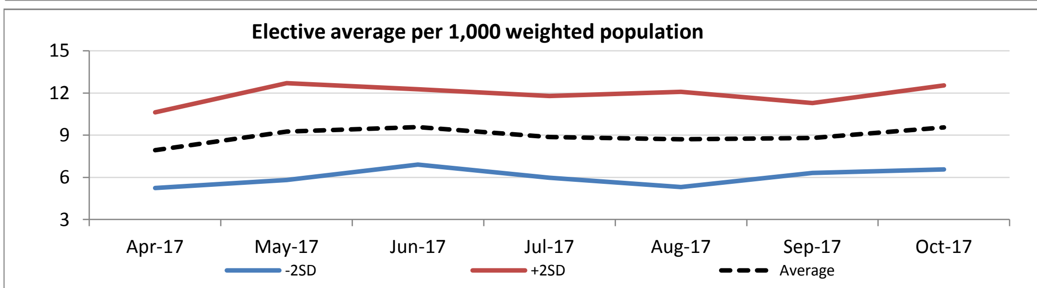
The table shows, for each ICC, the comparative performance in the main activity types cumulative to date, and the charts show the range of practice referral/activity variation from high to low around the average for each activity type each month.

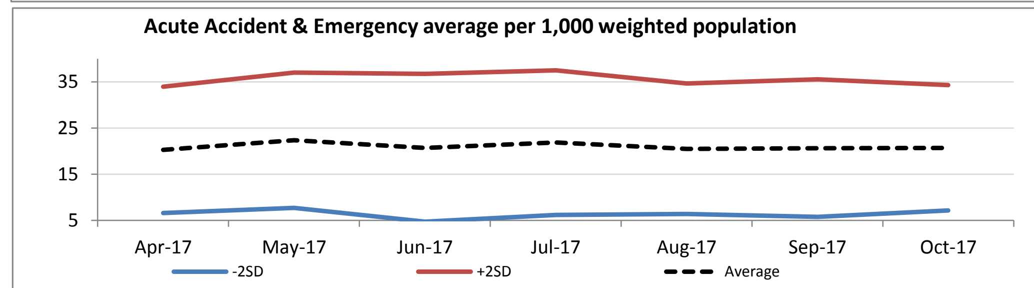
The focus of the Quality Improvement Scheme (QIS) is to narrow the variation and, in particular, to address the high referring practices. Over time, the high and low extremes should move closer towards the average which, when the pathway changes deliver as intended, will also show a reduction over time.

Monthly trends in activity for practices in North cumbria CCG









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 nitions: 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

Date Produced

29-Jan-18

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Link below to the NHS Cumbria Intelligence Portal
http://pctportal.cumbria.nhs.uk/SiteDirectory/Intelligence/default.aspx