

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
BOARD MEETING**

**13<sup>th</sup> June 2017**

<b>Title of the report:</b>	Performance Report
<b>Section:</b>	Performance – How are we doing?
<b>Report by:</b>	Ket Chudasama, Assistant Director – Corporate Affairs Kate Allardyce, Performance Manager (CSU)
<b>Presented by:</b>	Ket Chudasama, Assistant Director of Corporate Affairs

<b>Report supports the following West Leicestershire CCG’s goal(s):</b>			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

<b>Equality Act 2010 – positive general duties:</b>
<ol style="list-style-type: none"> <li>1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.</li> <li>2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.</li> </ol>

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	Governing Body functions: <ul style="list-style-type: none"> <li>• Section 5.2.4: Act with a view to securing continuing improvement to the quality of services</li> <li>• Section 6.6.1(f): Monitoring Performance Against Plan</li> </ul>
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To outline the current key performance risks and specific actions undertaken by WLCCG to improve performance
Discussed by	Quality and Performance Sub Group meeting, 16 <sup>th</sup> May 17 PPAG 25 <sup>th</sup> May 17

Alignment with other strategies	WLCCG Operational Plan 2016/17 -2017/18
Environmental Implications	None
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

### **EXECUTIVE SUMMARY:**

1. The Board currently receives the monthly performance report for all West Leicestershire CCG performance indicators and the Provider Performance Assurance Group (PPAG) summary report for performance across the collaborative contracts, and the respective providers' performance.
2. The CCG meets quarterly with NHS England to discuss the performance and recovery of these standards, which will have a significant impact upon the CCGs annual assurance statement (performance component).
3. The key constitutional standards and targets under **risk of non-achievement** include:
  - a. IAPT (discussed by Q&P on 16<sup>th</sup> May and PPAG 25<sup>th</sup> May)
  - b. Cancer waiting times (discussed at Q&P on Q&P on 16<sup>th</sup> May and PPAG 25<sup>th</sup> May)
  - c. A&E 4 hour wait (discussed by Q&P on Q&P on 16<sup>th</sup> May and PPAG 25<sup>th</sup> May)
  - d. Ambulance response times and handovers (discussed by Q&P on Q&P on 16<sup>th</sup> May and PPAG 25<sup>th</sup> May)

### **RECOMMENDATION:**

West Leicestershire Clinical Commissioning Group is asked to:

**NOTE** the current performance and actions being taken by the WLCCG workstream and the relevant contracting teams for areas where performance does not meet the required standard.

**DISCUSS** the additional actions being taken by WLCCG to consider whether further action is required to improve performance.

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**Performance Report**

**INTRODUCTION**

1. This report presents the key performance risks for WLCCG and outlines further specific actions being undertaken by WLCCG to improve performance in IAPT, cancer & urgent care.

**KEY PERFORMANCE RISKS**

2. The CCGs key performance risks and associated recovery actions are presented in the following table;

<b>Indicator</b>	<b>West Leicestershire actions in place</b>
<p><u>IAPT Access - Proportion of people that enter treatment against the level of need in the general population</u> 13.5% against 15% target (YTD Jan 17)</p> <p><u>IAPT Recovery Rate (CCG)</u> 48% against 50% target (YTD Jan 17)</p> <p><u>Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment</u> 69% against 75% target (YTD Jan 17)</p>	<p>Issue of national reporting not being available in timely manner escalated via Mids &amp; Lancs CSU to NHS Digital. A comprehensive IAPT reporting dashboard is in development to ensure key lines of enquiry are reported on.</p> <p>The service has been requested to provide information on alternative methods of retaining and recruiting staff in addition to a rolling recruitment advertisement on NHS Jobs.</p>
<p><u>Cancer 62 day waits - Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer</u> 76% against locally agreed target of 85% to be achieved from June 16 (16/17)</p> <p><u>Cancer 31 Day Wait - % of patients receiving first definitive treatment within 31 days of a cancer diagnosis</u> 95% against 96% target (16/17)</p> <p><u>Cancer 31 Day Wait - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery</u> 89% against 94% target (16/ 17)</p>	<p>The reduced backlog at UHL over a number of weeks has now been realised in performance levels, resulting in both 31 day and 62 day standards being achieved in March 17.</p> <p>The RAP continues to be updated regularly and the thematic findings from the RCA (root cause analysis) process, that is in place for all patients who breach the 62 day standard, are fed into the RAP.</p> <p>A sub-group of the Cancer/RTT Board has been formed to enable more time to be spent on identifying whether actions are being delivering and if there are other actions required to recover performance.</p> <p>Main reasons for 62 day breaches remain theatre capacity constraints, patient complexity, patient delays, diagnostic delays and patients being unfit.</p> <p>The Cancer Centre continues to support the pressured tumour sites in identifying and smoothing any pathway blocks.</p> <p>Cancelled operations as a result of emergency pressures continue to affect the 62 day performance, although this is an improved position.</p>

<p><u>UHL A&amp;E 4 Hour Wait</u></p> <p>79% YTD to 25/5/17 against 95% national target (Local STF target to be confirmed)</p> <p>80% - 16/17 87% - 15/16 89% - 14/15</p>	<p>CCGs are represented on the system-wide A&amp;E Delivery Board, which is overseeing the implementation of the Remedial Action Plan to recover ED 4hour performance.</p> <p>CCGs are leading on the specific RAP actions to minimise presentations at the LRI campus, including:</p> <ul style="list-style-type: none"> <li>• Actions to improve clinical navigation</li> <li>• Increased provision and availability of routine and urgent GP capacity in primary care</li> <li>• Increased availability and utilisation of ICS step up facilities</li> <li>• Improved flow with EMAS for urgent GP referrals via Bed Bureau.</li> </ul>
<p><u>Category A (Red 1) 8 minute response time</u> 75% target EMAS – 72.5% WLCCG - 60% (April 17)</p> <p><u>Category A (Red 2) 8 minute response time</u> 75% target EMAS – 58% WLCCG – 55% (April 17)</p> <p><u>Category A 19 minute transportation time</u> 95% target EMAS - 87% WLCCG - 88% (April 17)</p> <p><u>Handover Time between EMAS ambulances &amp; UHL A&amp;E 30-60 mins</u> 13.3% against zero tolerance (April 17)</p> <p><u>Handover Time between ambulances &amp; A&amp;E over 60 mins</u> 5.2% against zero tolerance (April 17)</p> <p><u>Ambulance Crew Clear delays of 30 min – 60mins at UHL</u> 4.2% against zero tolerance (April 17)</p> <p><u>Ambulance Crew Clear delays of &gt; 60 minutes at UHL</u> 0.3% against zero tolerance (April 17)</p>	<p>Performance addressed in A&amp;E Delivery Board. Standalone Action plans in place for EMAS and for UHL. Specific support from Emergency Care Improvement Programme (ECIP) on handover. Demand and capacity review indicating further improvements with introduction of Ambulance Response Programme (ARP)</p> <p>System-wide actions are underway to decrease conveyance to LRI, and to increase the volume of “see and treat” and “hear and treat” clinical encounters to divert patients away from ED.</p> <p>Further ambulance handover recovery actions have been agreed and include:</p> <ul style="list-style-type: none"> <li>• Actions to reduce conveyance, including hospital consultants providing frailty training to EMAS staff, and GPs in EMAS fast response vehicles;</li> <li>• increased use of cohorting for up to 17 patients, to improve flow through the ED and onto the wards;</li> <li>• Early assessment of ambulance arrivals via GPAU to ease pressure in assessment bays;</li> <li>• Full use of discharge lounges at LRI and GH to aid flow across the Trust.</li> </ul> <p>UHL are predicting improved handover performance for Q1 2017.</p>

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