

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

8th August 2017

Title of the report:	Performance Report
Section:	Performance – How are we doing?
Report by:	Ket Chudasama - Director of Performance & Corporate Affairs Kate Allardyce – Senior Performance Manager (M&LCSU)
Presented by:	Ket Chudasama - Director of Performance & Corporate Affairs

Report supports the following West Leicestershire CCG's goal(s) 2012 – 2015:			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
<ol style="list-style-type: none"> 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. 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.

Additional Paper details:	
Please state relevant Constitution provision	Governing Body functions: <ul style="list-style-type: none"> • Section 5.2.4: Act with a view to securing continuing improvement to the quality of services • Section 6.6.1(f): Monitoring Performance Against Plan
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	Q&P 18 th July 17 PPAG 27 th July 17
Alignment with other strategies	WLCCG Operational Plan 2017/18 – 2018/19
Environmental Implications	None
Has this paper been discussed with members of the public and other stakeholders? If so, please provide	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 now meets monthly 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:
 1. IAPT (also discussed at Q&P 18th July 17 and PPAG 27th July 17)
 2. Cancer waiting times (also discussed at Q&P 18th July 17 and PPAG 27th July 17)
 3. A&E 4 hour wait (also discussed at Q&P 18th July 17 and PPAG 27th July 17)
 4. Ambulance response times and handovers (also discussed at Q&P 18th July 17 and PPAG 27th July 17)
4. Appendix A supports the requirement of NHS England & NHS Improvement to routinely report numbers of > 62day & >104day breaches and outcomes, learning themes & harm reviews to Public Board/Governing Body meetings.

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;

Indicator	West Leicestershire actions in place
<p><u>IAPT Access - Proportion of people that enter treatment against the level of need in the general population</u> 13.1% against 15% target (16/17) National data only available to March 17 9.6% against 15% target (May 17) Local data only</p> <p><u>IAPT Recovery Rate (CCG)</u> 47% against 50% target (16/17) National data only available to March 17 50% against 50% target (May 17) Local data only</p>	<p>Progress the development of Community Therapy Services to promote IAPT with their service users. Development of pathways for LTC including Diabetes, COPD, CVD and early onset Dementia.</p> <p>CCG leads, through NHS England, are contacting other local commissioners to understand their pressures and experiences. Provider practitioners & CCG leads are also looking to visit a high performing CCG out of area.</p> <p>Developing Silvercloud for direct referrals from GP's for all cases of anxiety and depression up to secondary care.</p> <p>Following the issue of a Contract Penalty Notice to the Notts Healthcare, it was agreed Moving to Recovery should remain as a Performance Notice for West Leicestershire CCG. It was also agreed that the provider would:</p> <ul style="list-style-type: none"> • Provide evidence on staff productivity and number of clinical hours staff undertook. • Propose an alternative model to reduce waiting times between Step two and Step three treatments, whilst ensuring no destabilising of the Moving to Recovery rate. • Provide details of how they propose to alleviate staffing and retention issues.
<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> 79% against national target of 85% (YTD May 17)</p> <p><u>Cancer 62 Day Waits - % of patients receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service</u> 77% against national target of 90% (YTD May 17)</p>	<p>Also see Appendix A – Long Waiters Report</p> <p>Recruitment of 4 Oncologists at UHL progressing. Intensive support in place for pressured Tumour sites. Revised pro-forma in place as an 'early warning' mechanism. These will be populated by services on a weekly basis and submitted to the UHL Cancer Action Board.</p> <p>Deep dive of the UHL RAP to be undertaken to triangulate with findings of NHSI desktop review and timed pathway audit recently undertaken by Cancer Network.</p>

Indicator	West Leicestershire actions in place
<p><u>Cancer 2 Week Wait - % of patients seen within two weeks of an urgent referral for breast symptoms</u> 88% against national target of 93% (YTD May 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 (YTD May 17)</p> <p><u>Cancer 31 Day Wait - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is radiotherapy treatment course</u> 91% against 94% target (YTD May 17)</p>	<p>4 out of 7 patients treated in May waited longer than 2 weeks at Burton hospital. This has resulted in non-achievement overall for WLCCG on 2 week waits for breast symptoms. Reason given by Burton as 'insufficient capacity'.</p> <p>Theatre capacity and emergency pressures continue to impact on the performance recovery of both 31 day standards.</p>
<p><u>UHL A&E 4 Hour Wait</u></p> <p>78.5% YTD to 26/7/17 against 95% national target (Local target of 85.1% in July 17)</p> <p>80% - 16/17 87% - 15/16 89% - 14/15</p>	<p>CCGs are represented on the system-wide A&E Delivery Board, which is overseeing the implementation of the High Impact Actions Plan to recover ED 4 hour performance.</p> <p>CCGs are leading on the specific actions to minimise presentations at the LRI campus, including:</p> <ul style="list-style-type: none"> • Actions to improve clinical navigation (encompassed within Vanguard work strand 1) • Increased provision and availability of routine and urgent GP capacity in primary care • Increased availability and utilisation of ICS step up facilities • Improved flow with EMAS for urgent GP referrals via Bed Bureau
<p><u>Category A (Red 1) 8 minute response time</u> 75% target EMAS – 72% WLCCG - 64% (YTD June 17)</p> <p><u>Category A (Red 2) 8 minute response time</u> 75% target EMAS – 57% WLCCG – 56% (YTD June 17)</p> <p><u>Category A 19 minute transportation time</u> 95% target EMAS - 86% WLCCG - 88% (YTD June 17)</p> <p><u>Handover Time between EMAS ambulances & UHL A&E 30-60 mins</u> 11% against zero tolerance (YTD June 17)</p> <p><u>Handover Time between ambulances & A&E over 60 mins</u> 4% against zero tolerance (YTD June 17)</p> <p><u>Ambulance Crew Clear delays of 30 min – 60mins at UHL</u> 4.3% against zero tolerance (YTD June 17)</p> <p><u>Ambulance Crew Clear delays of > 60 minutes</u></p>	<p>Reduction in handover delays reported in June and daily information in July indicates a continued improvement, with a reduction of delays over 15 mins and a reduction in the average pre-handover time.</p> <p>Work is taking place across Leicestershire, supported by Emergency Care Improvement Programme (ECIP) (sponsored by NHSI). Recommendations will focus on bringing average handover times down, following success on reducing waits above one hour.</p> <p>The roll out of the Ambulance Response Programme (ARP) was announced in July and the pilot started on the 19th July 2017. There are three key elements of the programme:</p> <ul style="list-style-type: none"> • the use of a new pre-triage set of questions to identify those patients in need of the fastest response at the earliest opportunity • dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need • a new evidence-based set of clinical codes that better describe the patient's presenting condition

Indicator	West Leicestershire actions in place
<u>at UHL</u> 0.3% against zero tolerance (YTD June 17)	and response/resource requirement. The EMAS Performance Management Information Team (PMIT) team will be setting up a mirror of the EMAS portal to enable them to work on updating reports to reflect the new standards under ARP. Easy to read communications have been prepared for patients.

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