

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

09 May 2017

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

Report supports the following West Leicestershire CCG's goal(s):			
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	Quality and Performance Sub Group meeting, 18 th April 17 PPAG 27 th April 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
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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 18th April and PPAG 27th April)
 - b. Cancer waiting times (discussed at Q&P on 18th April, and PPAG 27th April)
 - c. A&E 4 hour wait (discussed by Q&P on 18th April & PPAG 27th April)
 - d. Ambulance response times and handovers (discussed by Q&P on 18th April & PPAG 27th April)

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> 13.7% against 15% target (YTD Nov 16)</p> <p><u>IAPT Recovery Rate (CCG)</u> 48% against 50% target (YTD Nov 16)</p> <p><u>Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment</u> 67% against 75% target (YTD Nov 16)</p>	<p>National data is for December, January and February data is unvalidated. Lack of access to national extracts has been raised with the National IAPT team</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>Work is being developed to include IAPT as a core module in Loughborough University Design qualifications which could increase the number of people accessing the service by 1000.</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> 75% against locally agreed target of 85% to be achieved from June 16 (YTD Feb 17)</p> <p><u>Cancer 31 Day Wait - % of patients receiving first definitive treatment within 31 days of a cancer diagnosis</u> 94% against 96% target (YTD Feb 17)</p> <p><u>Cancer 31 Day Wait - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery</u> 88% against 94% target (YTD Feb 17)</p>	<p>Cancer Performance is monitored regularly in the following forums: - Joint Cancer/RTT Board (includes GP clinical representation, NHSE, NHSI, Healthwatch), Contract Performance Meeting (CPM), and the Contract Technical Meeting.</p> <p>Main reasons for 62 day breaches remain theatre capacity constraints, patient complexity, patient delays, diagnostic delays and patients being unfit. CCG Lead Nurse for Quality reviews the level of detail and assurance in the harm reports conducted on all 62 day breaches.</p> <p>The 31day backlog at UHL remained at low levels during February but increased slightly mid-March. The backlog is split across Urology, Lower GI, Skin, Gynaecology and Lung. Theatre capacity constraints and HDU/ITU access continues to be a challenge. However an improvement against the standard for February was realised and early indications for March 2017 show a further improved position.</p>

<p><u>UHL A&E 4 Hour Wait</u></p> <p>82.7% YTD to 26/4/17 against 95% national target (STF target to be confirmed)</p> <p>79.6% - 16/17 87% - 15/16 89% - 14/15</p>	<p>Performance levels continue to have been aided by converting resources from elective to emergency services. The Trust have implemented x3 “elective pauses” in January, February and March (c1 week at a time) to release resources to respond to peak emergency pressures for temporary period, and to avoid “on the day” cancellations.</p> <p>The new ED Floor opening date confirmed as 26/4/17.</p> <p>UHL have submitted a revised improvement trajectory for 4 hour performance for 2017/18 to NHS Improvement and the commissioners however this has not been signed off.</p>
<p><u>Category A (Red 1) 8 minute response time</u> 75% target 16/17 out-turn EMAS - 69% WLCCG - 61%</p> <p><u>Category A (Red 2) 8 minute response time</u> 75% target 16/17 out-turn EMAS - 57% WLCCG – 50%</p> <p><u>Category A 19 minute transportation time</u> 95% target 16/17 out-turn EMAS - 84% WLCCG - 81%</p> <p><u>Handover Time between EMAS ambulances & UHL A&E 30-60 mins</u> 15.8% against zero tolerance (16/17)</p> <p><u>Handover Time between ambulances & A&E over 60 mins</u> 8.4% against zero tolerance (16/17)</p> <p><u>Ambulance Crew Clear delays of > 30 minutes at UHL</u> 4.4% against zero tolerance (16/17)</p> <p><u>Ambulance Crew Clear delays of > 60 minutes at UHL</u> 0.6% against zero tolerance (16/17)</p>	<p>Commissioners are continuing to work with EMAS to understand the reasons for the dip in Hear & Treat (H&T) percentages and to explore solutions for increasing and maintaining H&T percentages.</p> <p>Ambulance handover delays: volume and duration of handover delays has continued to improve in February 2017 following further UHL and system-wide actions to reduce conveyances to and occupancy of the ED.</p> <p>Again the elective pauses has helped with flow of patients through the ED department and reduced the number of ambulance delays.</p> <p>Weekly joint UHL / EMAS audit and validation process of handover delays >90 minutes to maintain progress and identify further areas for improvement.</p> <p>UHL’s expected date to comply with the standard is not confirmed.</p>

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