

SCRUTINY COMMISSION FOR HEALTH ISSUES		AGENDA ITEM No. 7
5 NOVEMBER 2015		PUBLIC REPORT
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**CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP
PERFORMANCE REPORT SEPTEMBER 2015**

1. PURPOSE

- 1.1 The purpose of this report is to provide the Scrutiny Commission with an update on the CCG's performance against its targets during the financial year 2015/16.

2. RECOMMENDATIONS

- 2.1 To note and discuss the content of this paper.

3. NATIONAL INDICATORS THE REPORT HELPS TO ACHIEVE

- 3.1 The Integrated Delivery Report includes a number of national performance indicators taken from the following performance frameworks:
- NHS Outcomes framework
 - CCG assurance framework
 - NHS Constitution
 - NHS Mandate.

4. BACKGROUND

- 4.1 The CCG regularly reviews performance at its Governing Body meetings held in public and publishes its performance reports.
- 4.2 The new CCG assurance framework for 2015/16 sets out five components for a well led, effective clinical commissioner. The five components are:
- Well led organisation
 - Performance: delivery of commitments and improved outcomes
 - Financial management
 - Planning
 - Delegated functions
- 4.3 A CCG Scorecard addressing these components will be published through MyNHS on the NHS Choices website. NHS England has delayed the launch of the CCG scorecard until April 2016.
- 4.4 The integrated delivery report (IDR) will continue to focus on the Performance component including: delivery against Quality standards; NHS Constitution standards; Mandate requirements to improve health outcomes and the Financial Management component of the new assurance framework.

5. KEY PERFORMANCE ISSUES

- 5.1 The balanced scorecard from the September Integrated Delivery Report is shown below:

Cambridgeshire and Peterborough CCG Balanced scorecard	
Are local people getting good quality care?	Amber green
Are patient rights under the NHS Constitution being promoted?	Red
Are health outcomes for local people improving?	Amber red
Are CCGs commissioning services within their financial allocations?	Amber red

- 5.2 For the good quality care domain, the CCG self assessment remains at amber green, there are some issues that need addressing but action plans in place to mitigate patient risk.
- 5.3 The CCG self assessment for NHS Constitution remains red as diagnostic waits, A&E waits, ambulance performance and some cancer waits are below the required standard.
- 5.4 For the health outcomes domain, the CCG self assessment is amber red because stroke measures are below standard and there is an increasing trend in emergency admission rates over the last year.
- 5.5 For the Finance domain, the CCG self assessment remains at amber red. The CCG is reporting a year to date surplus of £1.6m and on this basis, a year end planned surplus of £4.0m is being forecast. However, the planned surplus is only being achieved by including the full contingency of £4.8m and other reserves of £8.8m into the forecast to offset areas of overspend. If all the risks materialize and without further mitigations the CCG has a potential deficit of up to (£4.0m).
- 5.6 The Integrated Delivery Report sets out a headline summary of the key issues both for the CCG and for Local Commissioning Groups, in order to provide a comprehensive overview. The LCG Management Teams manage the recovery programme and hold the provider to account. More detailed information is available throughout the report, attached as source document 1.
For more detailed information please access the report via the link set out at the end of this document
- 5.7 Issues for Borderline and Peterborough LCG:
- VTE Risk Assessment
 - Stroke Targets
 - Ambulance Performance
 - RTT in ENT and Ophthalmology
- 5.8 To review the issues relating to the other systems within the CCG please refer to the integrated delivery report.
- 5.9 VTE Risk Assessment
- 5.9.1 At Peterborough and Stamford Hospitals Trust (PSHFT), the 95% threshold for VTE Risk Assessment has not been met in Q1 2015/16 (92.3%).
- 5.9.2 The reasons for this are poor recording of VTE risk assessments being completed in medical assessment unit (MAU) in ED, MAU staffed primarily with junior doctors and no consistent leadership and a high throughput of patients.
- 5.9.3 A detailed review has been undertaken by PSHFT and the following actions put in place:
1. All staff reminded that they must complete the VTE eLearning associated with their area of practice (nursing, medicine)

2. Mandatory VTE risk assessment box added to discharge letter to improve compliance with VTE risk assessment.
3. Improved monitoring of patients to identify those still needing assessment and red block after 24 hours on prescription chart to denote 24 hour risk assessment is required.
4. New clinical lead appointed to oversee MAU

5.10 Stroke Targets

- 5.10.1 At PSHFT, there has been persistent failure against the stroke target of delivering greater than 90% of stroke patients admitted to acute stroke unit within 4 hours of arrival at hospital – 2015/16 year to date 52.1%.
- 5.10.2 Under performance has been exacerbated by capacity issues – a lack of available beds on the stroke unit at time of admission. Also, the lack of an early supported discharge service in Peterborough and repatriation delays for Hinchingsbrooke patients have been contributory factors.
- 5.10.3 This performance issue has been escalated to CEO level and a strategic review of stroke services has been undertaken. CCG are working with the provider to develop a remedial action plan and with Uniting Care to expedite planning and delivery of early supported discharge pathways.

5.11 Ambulance Performance

- 5.11.1 East of England Ambulance Service Trust (EEAST) is failing all national targets for C&P CCG patients in August 2015.
- 5.11.2 R2 performance is significantly below the national target of 75% at 62.4% in August.
- 5.11.3 A19 performance is below the national target of 95% at 91.6% in August.
- 5.11.4 The R1 target was missed for the first time this year, with performance of 71.1% against target of 75%. YTD performance is 78.1%.
- 5.11.5 Handover to clear within 15 minutes has fallen to 41.6% of ambulance journeys at PSHFT in July 2015.

5.12 RTT in ENT and Ophthalmology Specialties

- 5.12.1 The standard of 92% of patients treated within 18 weeks of referral was missed in July 2015 for the ENT and Ophthalmology specialties – 85.6% and 89.7% respectively. Clinical directorates have been asked to focus on increasing activity and productivity with view of reducing the backlog. The community ENT service is operational, but impact not expected until August 2015.

6. IMPLICATIONS

- 6.1 Patient rights under the NHS Constitution and NHS Mandate are not being upheld. There are implications for patients city-wide and beyond.

7. CONSULTATION

- 7.1 None.

8. NEXT STEPS

- 8.1 Integrated Delivery Report will be refreshed each month and reported to Scrutiny Committee on a quarterly basis.

9. BACKGROUND DOCUMENTS

Source Documents	Location
1. Integrated Delivery Report September 2015	http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/September%20Integrated%20Delivery%20Report%20-%20Public%20Version.pdf

10. APPENDICES

Appendices	Location
1. RTT by Specialty	Attached
2. Diagnostic by Test	Attached