

Agenda Item: 11c

Report To:	Governing Body 9 April 2015
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Title of Report:	Performance Report
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FOI Exemption Category:	Open
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Responsible Officer:	Debbie Graham, Head of Service Improvement
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CCG Lead:	Dr Nigel Taylor; Dr Caroline Taylor
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Report Author:	Tim Shields, Performance Manager
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Executive Summary:	The report provides the CCG with assurance on the NHS Constitution
Finance/Resource Implications:	Financial implications associated with achievement of key deliverables
Risk Assessment:	Variance from plan/ target will be highlighted in the report
Legal Implications:	Not applicable
Health Benefits:	Captures the progress being met on quality and outcomes associated with patient care/ experience
Staffing/Workforce Implications:	Implications of capacity and capability associated with delivery will be captured in the report
Outcome of Equality Impact Assessment:	Not applicable
Sub Group/Committee:	Finance and Performance Committee
Recommendation (s):	Note the contents of this report and the progress being made

1.0 Purpose

Provide an update on:

- standards associated with the NHS Constitution
- cancer - one year cancer survival rates
- NHSE planning 2015/16

2.0 NHS Constitution

This section of the report provides an update on Calderdale's latest position relating to the NHS Constitution. Appendix 1 provides a summary of the latest position.

Achievements 2014/15

Calderdale is currently achieving performance standards/ thresholds associated with the following areas:

- Referral to treatment times (admitted, non admitted, incomplete)
- Waiting times for diagnostic tests
- Cancer waiting times (2WW; 31 days; 62 days)
- Standards associated with mixed sex accommodation
- Healthcare acquired infection – C.Difficile

Areas of Variance 2014/15

Variance in performance can be noted in:

- Waiting time in A&E
- Ambulance response times for category A calls
- Incomplete pathways greater than 52 weeks (included in February report)

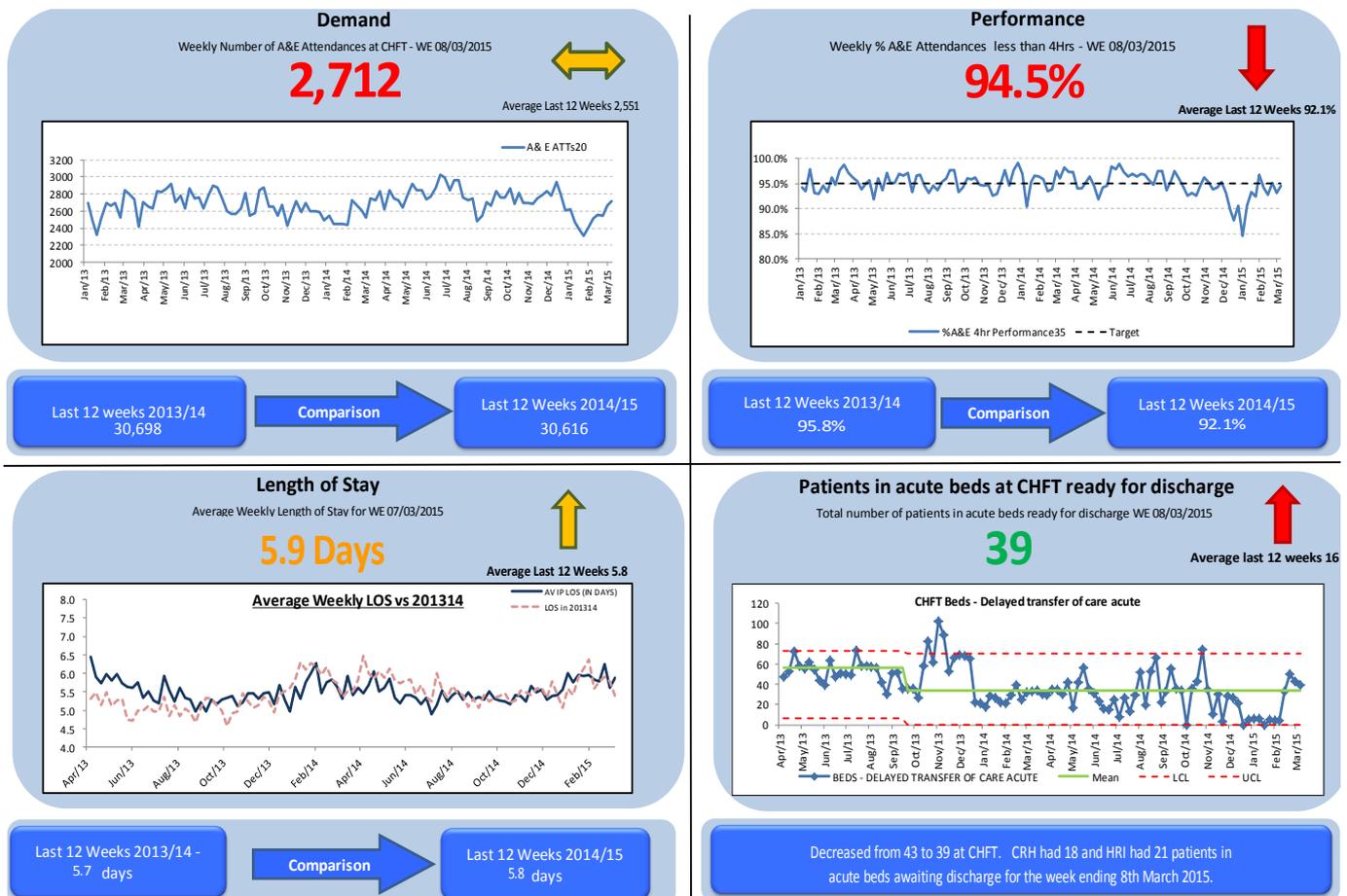
3.0 Key Areas of Focus and Variance

3.1 Urgent Care

Sustaining the 4 hour target in A&E/ ambulance response times

Sustaining the 4 hour target remains a key priority for the local health economy and is a key area of focus for NHS Calderdale CCG. Actions across the system are coordinated via the Urgent Care Board (UCB).

Calderdale achieved the 4 hour standard for access to A&E during Q1 (95.7%) and Q2 (96.1%). However, the pressures highlighted in the previous months report have continued into 2015. The final position for Q3 was 93.0%; Q4TD position remains challenging @ 93.4%; YTD @ 94.5%.



Calderdale and Greater Huddersfield CCG are currently chairing weekly, and where needed, daily system teleconferences to identify the actions required to ensure patient flow can be maintained and the A&E target is delivered. NHS England continues to host weekly West Yorkshire teleconferences with a focus on current performance and forward plans to mitigate risk

Through monthly submissions to NHSE, and information shared with its members, the UCB continues to challenge the progress made by providers in relation to schemes supported by SRG funding.

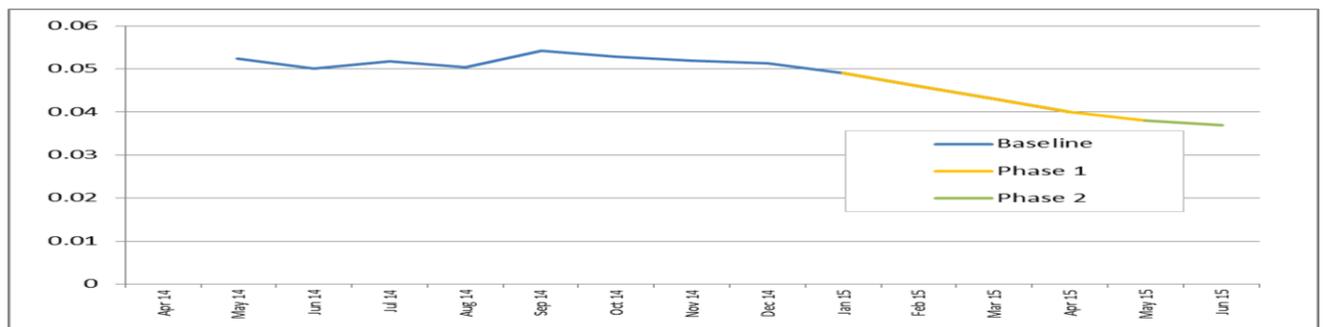
CCGs nationally have been informed that SRG funding for 2015/16 will be made recurrently available to CCGs in baseline budgets. The System Resilience Group has agreed an approach to investment across both urgent care (through the Urgent Care Board) and planned care (through the Planned Care Board). This includes a split of

funding for investment now and winter contingency, as well as the need to look at how we manage the risk of transition from 2014/15 schemes to 2015/16 schemes.

The UCB are undertaking a process of evaluation of 2014/15 schemes so that we can identify potential schemes for SRG investment for 2015/16. Given the fact that the funding is now recurrent, the UCB will be looking at a small number of major schemes that have a significant impact on the performance and quality of the local system. The Planned Care Board is undertaking a diagnostic to look at the potential schemes that support system resilience across the planned care system.

Delayed Transfers of Care

During January, NHS England challenged the system performance associated with Delayed Transfer of Care and usage of care home beds. As a result the system has re-stated its strategic intent to NHS England and submitted an improvement trajectory for the percentage reduction of occupied bed days associated with delayed transfers. The trajectory is set to reduce the current level of occupied bed days related to delays from 5.0% to 3.5% by the end of Q1 (equates to 300 occupied bed days) – however the aspiration of the system is to deliver this improvement as soon as possible – preferably by the end of Q4.



	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15
No. of occupied bed days relating to delayed transfers of	1021	1004	994	999	1034	982	1006	969	934	941	780	781	714	716	648
Total No. of occupied bed days	19472	20061	19185	19800	19067	18601	19351	18866	19067	20463	18137	19533	18790	19359	18514
Baseline	5.2%	5.0%	5.2%	5.0%	5.4%	5.3%	5.2%	5.1%	4.9%	4.6%	4.3%	4.0%	3.8%	3.7%	3.5%

Daily SITREP data indicates the rate of improvement remains below the level required to achieve the target (weekly average – 45 delays for week ending 15th March). A number of actions are in place to address the issue:

- NHS England have set the local health economy a target to reduce the volume of delays to 22 - to be achieved by 31st March
- The Local Area Team report the local position to Cabinet Office on a weekly basis
- A recovery plan has been developed by partners and shared with UCB and NHSE – see appendix 2
- Chief Officer has written to executive leads at CHFT and CMBC to seek assurance on performance improvement and commitment to the Recovery Plan
- In accordance with Department of Health Best Practice Guidance, CHFT to introduce a system to ensure that discharge planning starts on admission that enables patients to be discharged on any day of the week, including weekends
- Review of the existing Hospital Avoidance Team and compare with other hospital avoidance schemes, in order to avoid inappropriate admissions to the hospital system

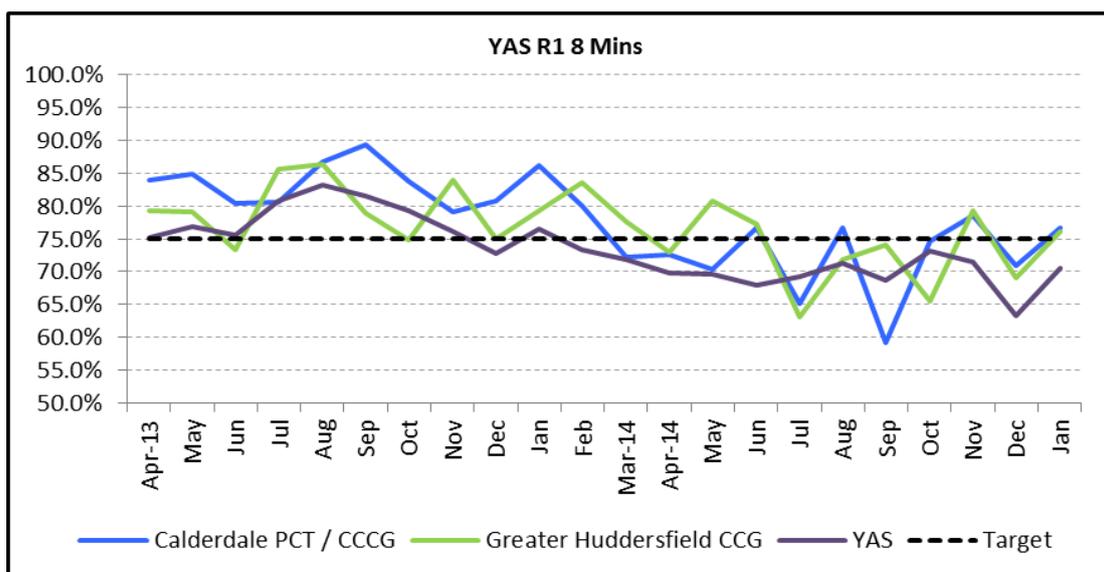
- Undertake a review intermediate care options in the Borough, but particularly in the Upper Valley
- Implement a workforce training programme for all MDT staff involved in the discharge process on the implications of the Mental Capacity Act (2005) on the discharge planning
- Implement an independent review of the application of the NHS Framework for Continuing Health Care and Funded Nursing Care in order to affect timely discharge for complex patients who are being considered for a permanent admission into a nursing care home
- Design and embed improved business processes to ensure consistent, accurate and timely recording, validation and reporting mechanisms in line statutory definitions for a 'delay' and with national best practice for completing the statutory return
- Helping People Home team have conducted a high level review of the approaches adopted in Calderdale (17th March 2015) and will be bringing forward recommendations in due course.

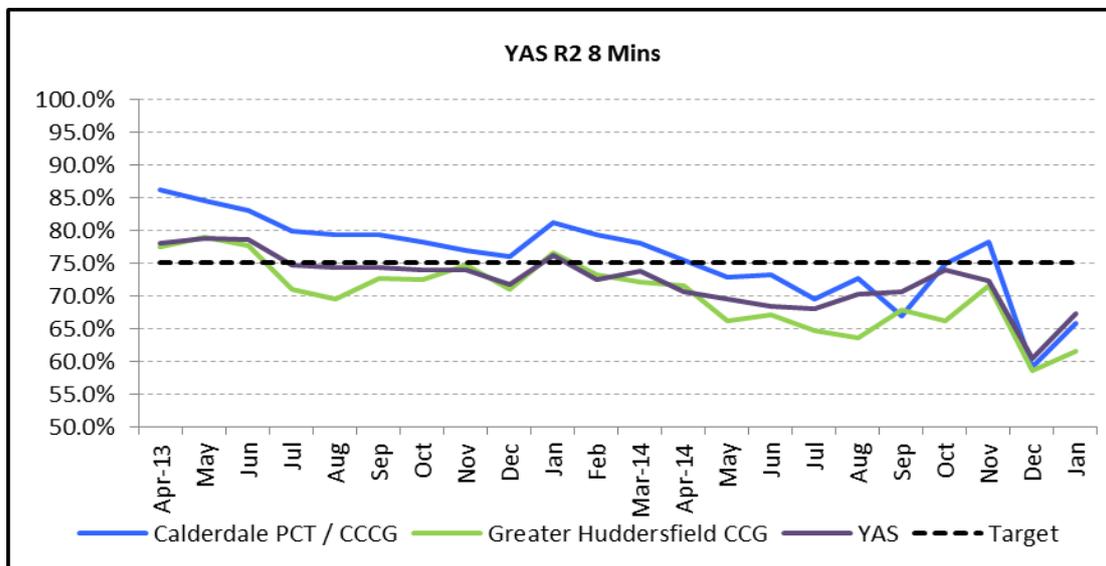
3.2 Ambulance Response Times

Category A Calls (R1/ R2)

Ambulance response times in Calderdale consistently achieved the required standard during 2013/14, achieving an average of 82.8% for the year. However performance levels have not been sustained during 2014/15. The underperformance noted locally has also been replicated at regional level – see charts below.

Ambulance Response Times - Calderdale Performance





In the Calderdale area, ambulance response times in January achieved the target for R1 calls < 8 minutes (76.7% compared to a standard of 75%). Response times for R2 calls < 8 minutes underperformed (65.8% compared to a standard of 75%). YTD performance for both R1 and R2 calls remains below the national standard.

YAS performance is monitored at the Contract Board hosted by Wakefield CCG. The action plan developed by YAS was expected to achieve the national standard from November onwards. However performance deteriorated during December due to increased levels of demand (in excess of 10%) and the YTD has not been recovered.

The Good Governance Institute completed its review of YAS and their recovery plan and the findings shared with the lead commissioner. Updates will continue to be provided to the Urgent Care Board and the Finance and Performance Committee.

4.0 Cancer

As part of developing the 5 year strategy, review of indicative data relating to quality, activity and outcomes for Calderdale identified cancer a clinical priority for Calderdale. A sample of the issues identified included:

- Cancer mortality rate in lowest quartile nationally
- 1 year survival rate for breast, lung and colorectal cancer in lowest quintile nationally
- Uptake of breast screening – lowest quartile
- Rate of urgent GP referrals in lowest quartile nationally
- Spend on emergency admissions for cancer in highest quintile nationally
- % of lung cancer identified at stages 1 and 2 – lowest quintile nationally

The All Party Parliamentary Group on Cancer (APPGC) has published a briefing paper on one year cancer survival rates (March 2015) – see appendix 3. The briefing illustrates the gap between the one year survival rate in the UK and the best in Europe and the variation between the best performing CCG's and the worst performing CCG's in England. The briefing confirms the relative position of Calderdale compared to the regional and national averages.

The APPGC recognise that CCGs have a vital role to play in using this data to target interventions to improve early diagnosis of cancer in each locality. From April 2015, the one year cancer survival rate will be included in the CCG Assurance Framework. All CCG's will be accountable and face increased scrutiny on what they are doing to improve one year survivals from cancer.

The one year survival rate for cancer will be included in the Calderdale performance framework for 2015/16. An update on the progress being made locally will also feature in the Committees work plan at quarterly intervals during 2015/16.

5.0 NHS Planning 2015/16

The CCG submitted the draft plans to NHS on 27th February. This included the operational narrative, finance and activity plans.

NHSE has provided positive feedback on the Calderdale submission, in particular the style and structure of the operational plan. The key points to consider for the final submission include:

Operational Plan

Include details on key the elements of delivery by CCG across following themes:

- Co-commissioning
- Prevention
- Access
- Safety and Experience
- Staff satisfaction

Activity

- BCF – ensure 3.5% reduction is reflected in NEL activity
- Growth – apply assumptions from contract negotiations to activity profiles

Quality Premium

The planning guidance to support the Quality Premium for 2015/16 has not yet been published by NHS England.

Preparation for Submission

The final submissions to NHS England will be required by 10th April 2015.

6.0 Recommendations

1. Note Calderdale's latest position against the standards in the NHS Constitution.
2. Note the focus on 1 year cancer survival and future requirements for CCGs.
3. Note the requirements for the 2015/16 planning round.

Appendices

- 1 Calderdale CCG Outcomes Framework 2014/15
- 2 Delayed Transfers of Care Recovery Plan 2015
- 3 Update on One year Cancer Survival Rates