Enclosure 8

East Staffordshire Clinical Commissioning Group

Title	January 2013 ESCCG Performance Report

Reporting to	CCG Shadow Governing Body

Date of Meeting	24th January 2013

Management Lead(s)	Author / Co-Author
Wendy Kerr / Sarah Laing	Paul Winter / Sarah Laing

Purpose of the Report (please select)		
Approval	Information ☑	Discussion ☑

Key Points / Executive Summary

The accompanying report outlines current South Staffs PCT and Local Health Economy (LHE) Provider performance against a range of headline, "Must Do" measures that are set out in this year's NHS Operating Framework and Midlands & East of England SHA Commissioning Framework. The QIPP, Finance & Performance Committee will receive this same report at its meeting on the 30th January.

This update of the Performance Report is more comprehensive report than the standard version, building in a few recently-requested additions:

(1) The accompanying Exception Reports, provided for any currently under-achieving performance measure, have been reworked after agreement at the November Governing Body. These now include additional information – i.e. describing the problem, the current intervention and the expected impact / outcome of these (both those that are ongoing or agreed, and also those that could feasibly be undertaken in lieu of these).

(2) A baseline CCG assessment of recently-released, CCG level performance data, as against some of the NHS Commissioning Outcomes Framework (COF) measures – a further release is expected in March 2013. This is the first time that such data has been released nationally, and the positions reported within this initial analysis will help our understanding of the starting point, prior to driving improvements in ongoing CCG commissioning / planning, QIPP and other programme management activities. This section is for Governing Body information.

Purpose of the Paper and Recommendations (what is expected from the Committee)

The Governing Body is being provided with this report to enable it to receive the assurances it requires as part of its strategic leadership role. This will help retain an active grip on performance issues as they affect the LHE (whether those are affecting the CCG or Providers). Detailed scrutiny on performance is provided through the work of QIPP, Finance & Performance Committee – who in turn are required to provide the Governing Body with further assurances.

This report is presented as part of that process and for facilitating strategic oversight of the Governing Body as to what is currently happening against the areas that the CCG is held to account for delivery of by the PCT Cluster (and after April 1st, the NHS Commissioning Board's Local Area Team).

- **Acknowledge and discuss** the performance issues reported in Table One
- **Be assured** that the Exception Reports for each under-performing area do provide satisfactory assurance to the Governing Body

Our Performance as at January 2013

Table One provides the latest 'snapshot' of South Staffordshire PCT performance data for the year 2012/13, up to and including data for the latest-available individual month and quarter positions (October / November / December, depending on the national data-set in question, and Q2); and the cumulative, year-to-date positions.

Where it is available for the various measures, historic trend data is also supplied to indicate the relative performance position over a longer period of time.

Current performance is reported against a series of key national targets and performance measures from both the 2012/13 NHS Operating Framework, and from the SHA's Regional Commissioning Framework.

Provider data is also shown wherever possible – these are represented by the shaded cells describing the national target in the table (with the relevant Provider name in brackets).

Comprehensive CCG-level data should be available for performance reporting from April 2013/14, and this report will be redeveloped in advance of that to reflect this data and also all of the key performance measures from next year's Operating Framework, the Commissioning Outcomes Framework and other key CCG performance measures that align with our strategic priorities / programmes.

Exception Reports for Underperforming Areas

- **A&E Waits: 95% patients seen in 4 hours from arrival to discharge / admission (BHFT)**

Owing to poor BHFT performance, a Contract Query was issued to the Trust prior to Christmas. As required by the national contract clauses pertaining to this, the Trust met with CCG senior managers to discuss the formulation of a Remedial Action Plan. The outputs of this process have also helped consolidate a number of Local Area Team (LAT) briefings on the recovery planning process.

The BHFT plan covers the principal areas of the national Emergency Care Intensive Support Team (ECIST) report recommendations – the review by ECIST was a parallel process to the local contractual route. These cover:

- Improvement of the flow through the Emergency Department
- Discharging 65% of non-elective admissions within 72 hours
- Delivering 15% Ambulatory Emergency Care
- Delivering a proactive multi-disciplinary team service for frail older people
- Delivering more effective and timely discharge
- Commissioner actions on clarifying service specifications for SSOTP discharge and demand management initiatives

There are 40+ separate actions for all parties to undertake (albeit the majority relating to BHFT internal processes). As a consequence of the delivery of these, the net impact will be a compliant A&E service by the 1st April 2013. Sustained delivery of the national target will be routinely experienced thereafter. This has been notified to the LAT and to Monitor.

If the Trust is unable to secure the expected levels of performance in line with the latter's requirements, there will be significant repercussions in terms of breaching Foundation Trust

terms and conditions. Work is well under way with the majority of actions, and some – e.g. Frail Elderly Unit – are already delivering improvements. This has yet to be fully realised in terms of increases in the numbers of patients seen within 4 hours at the A&E Department however.

- **Ambulance Response Times:75% calls responded to in 8 minutes (WMAS / SSPCT)**

While the West Midlands Ambulance Service (WMAS) is performing at or above the levels required by national performance targets for response times on a cumulative basis in the year to date, the last two months have seen a significant deterioration in compliance with the target rate in the Staffordshire patch. This was a result of the expected, festive season peak in call volume in the main (for December) and as a result of significant system-wide pressures across the SHA area in terms of non-elective and A&E activity.

The Governing Body will need to determine whether or not the contractual route is to be pursued in addressing this deterioration in performance.

- **Mixed Sex Accommodation – MSA (2 breaches at BHFT)**

The two breaches occurred in the Queen's Hospital intensive care facility (ITU). The two patients were residents of South Staffs PCT and Leicestershire County / Rutland PCT. These breaches were as a result of the Trust being unable to transfer the patients out to lower-levels of care due to operational pressures in November 2012.

The Contract Management Team is unable to enact the normal MSA sanction of adjusting the Trust's monthly reconciliation statement adjustment as ITU breaches are exempted under national guidelines. However the Trust conducted mandatory Root Cause Analyses on both patients, and informed the monthly Clinical Quality Review Meeting as to the learning from these – the CQRM was assured as to the proper process undertaken and the outcomes of the analysis.

- **Healthcare Acquired Infections – C.Difficile (SSPCT)**

The PCT remains well above both its annual and monthly mandatory C.Diff reduction trajectories. While Burton Hospital recorded one case in November, it remains within its allowed tolerance, and remains on target at the present time.

The acute hospitals with whom SSPCT routinely commissions that are not achieving their monthly trajectories are: Derby Hospitals FT (+6 on annual plan), Mid Staffs (+6), University Hospitals of North Staffs (+1) and University Hospitals Birmingham (+4). SSOTP are also exceeding their planned rates of C.Diff – while no cases were reported in November, the Trust is virtually at its maximum allowance for cases in C.Diff with several months of the year to go.

HCAIs are routinely discussed at each Provider's monthly CQRM – additional context is provided within the Governing Body Quality Report.

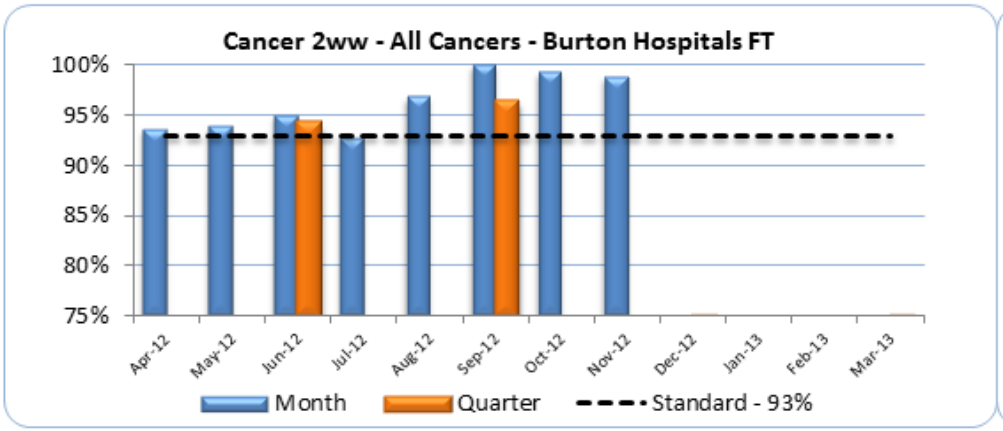
- **Hospital-Acquired Pressure Ulcers, Locally-Avoidable Events, Stroke: time on unit (BHFT)**

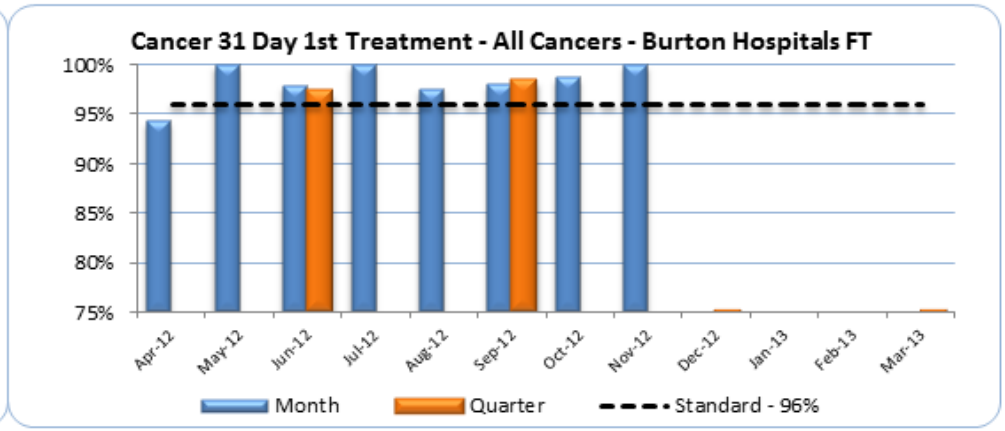
The Trust have already failed to achieve their 2012/13 CQUIN year-end target of no more than 7 hospital-acquired avoidable grade 3/4 Pressure Ulcers, as by the end of September they had recorded 10 Pressure Ulcers. Work is ongoing to reduce the number of these, and is closely linked to meeting the SHA's "Ambition" stretch targets in this area. There is a regular, monthly discussion of the necessary improvement actions at the CQRM with Burton, as well as further more-detailed discussions at the CQUIN sub-group of this meeting.

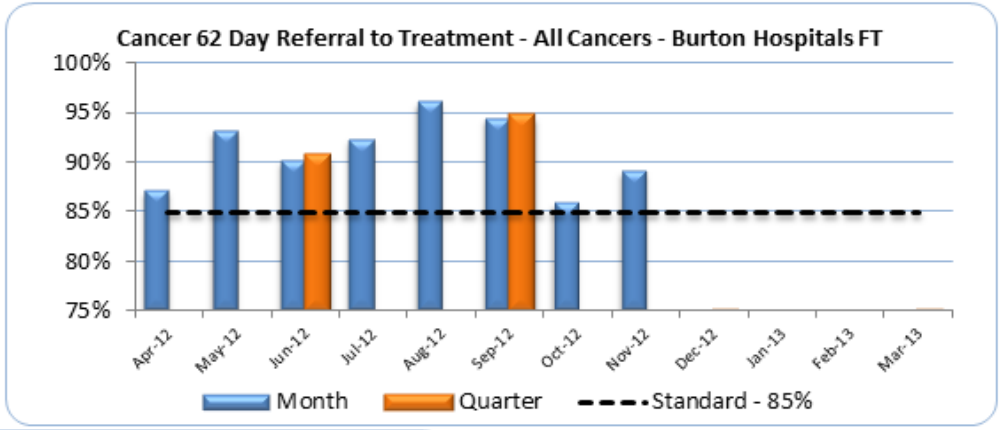
Table 1: Local Performance against Key National Targets (at SSPCT level unless otherwise stated)

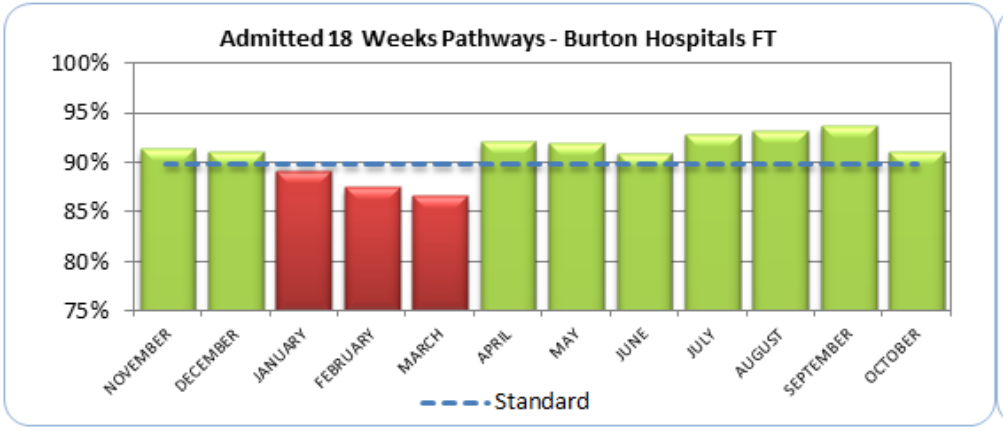
National Target	Target	Trend	Latest Period	Previous Period	Latest Quarter	2012/13 YTD	2011/12
Ambulance Category A (Red 1 + Red 2) response times	75% < 8 mins	↓	70% (Dec)	73.6% (Nov)	73.6% (Q3)	74.9%	72.7%
Ambulance Cat A (Red 1+2) response times (WMAS)	75% < 8 mins	↓	74% (Dec)	78.3% (Nov)	76.9% (Q3)	78.3%	-
Cancer Waits: from referral to treatment	85% < 62 days	↘	86% (Nov)	87.7% (Oct)	87.7% (Q2)	87.4%	86.9%
Cancer Waits: from referral to treatment (BHFT)	85% < 62 days	↑	89.2% (Nov)	85.9% (Oct)	87.7% (Q2)	91%	89.6%
Cancer Waits: from assessment to treatment	96% < 31 days	↘	98.6% (Nov)	99% (Oct)	98.4% (Q2)	98.3%	98.5%
Cancer Waits: from assessment to treatment (BHFT)	96% < 31 days	↑	100% (Nov)	98.7% (Oct)	98.4% (Q2)	98.3%	99%
Cancer Waits: from referral to assessment	93% < 14 days	↗	97.4% (Nov)	97% (Oct)	96.1% (Q2)	95.4%	94.6%
Cancer Waits: from referral to assessment (BHFT)	93% < 14 days	↘	98.9% (Nov)	99.3% (Oct)	96.3% (Q2)	96.3%	96.5%
Mental Health Care Programme Approach	95% < 7 days	↘	96.5% (Q2)	97.4% (Q1)	-	97.4%	97.1%
18 Weeks (all specialties): admitted patients	90% < 18 wks	↑	92.35% (Oct)	91.47% (Sep)	89.68% (Q2)	89.49%	89.8%
18 Weeks (all specialties): non-admitted patients	95% < 18 wks	↑	97.82% (Oct)	96.56% (Sep)	95.86% (Q2)	96.34%	96.9%
18 Weeks (all specialties): admitted patients (BHFT)	90% < 18 wks	↓	91.09% (Oct)	93.68% (Sep)	93.3% (Q2)	92.3%	89.1%
18 Weeks (all specialties): non-admitted patients (BHFT)	95% < 18 wks	↑	98.18% (Oct)	96.33% (Sep)	97.5% (Q2)	98.4%	98.6%
Diagnostic Tests Waiting Times	99% < 6 wks	↑	99.01% (Oct)	97.76% (Sep)	98.5% (Q2)	98.1%	98.9%
Diagnostic Tests Waiting Times (BHFT)	99% < 6 wks	↘	99.7% (Oct)	100% (Sep)	99.9% (Q2)	99.6%	99.8%
A&E Waiting Time: total time in department (BHFT)	95% < 4 hrs	↓	86.46% (06.1.13)	88.8% (4-wk ave)	91.13% (Q3)	93.1%	96.7%
Mixed-Sex Accommodation Breaches	0	↓	0 (Oct)	0 (Sep)	8 (Q2)	8	660
Mixed-Sex Accommodation Breaches (BHFT)	0	=	2 (Nov)	2 (Oct)	1 (Q2)	6	19
Incidence of MRSA: number of cases	9	=	0 (Nov)	0 (Oct)	2	5	10
Incidence of MRSA: number of cases (BHFT)	0	=	0 (Nov)	0 (Oct)	0	1	1
Incidence of C.Difficile: number of cases	174	↓	16 (Nov)	24 (Oct)	47	128	219
Incidence of C.Difficile: number of cases (BHFT)	12	↓	1 (Nov)	2 (Oct)	11	19	36
Delayed discharge: days delayed / occupied beds (BHFT)	< = 3.5%	↑	2.3% (8) (Nov)	1.6% (7) (Oct)	1.8% (20)	1.5% (58)	2% (65)
Occurrence of "Locally Avoidable Events" (BHFT)	0	↑	3 (Nov)	1 (Oct)	1 (Q2)	5	5
Hospital-acquired Pressure Ulcers: grade 2 (BHFT)	(Reduction)	↑	11 (Oct)	7 (Oct)	6 (Q1)	67	158
Avoidable Pressure Ulcers: grades 3+4 (BHFT)	(Reduction)	↑	7 (Oct)	3 (Oct)	31 (Q1)	33	
Cancelled Operations (BHFT)	(Reduction)	=	106 (Q2)	-	56 (Q1)	162	244
People at high risk of stroke assessed (BHFT)	60% < 24 hrs	↑	75% (Nov)	64.3% (Oct)	52.4%	60.5%	56.3%
Patients spending 90% of time on a stroke unit (BHFT)	80%	↑	71.9% (Nov)	56.8% (Oct)	86.9%	80.6%	83.9%

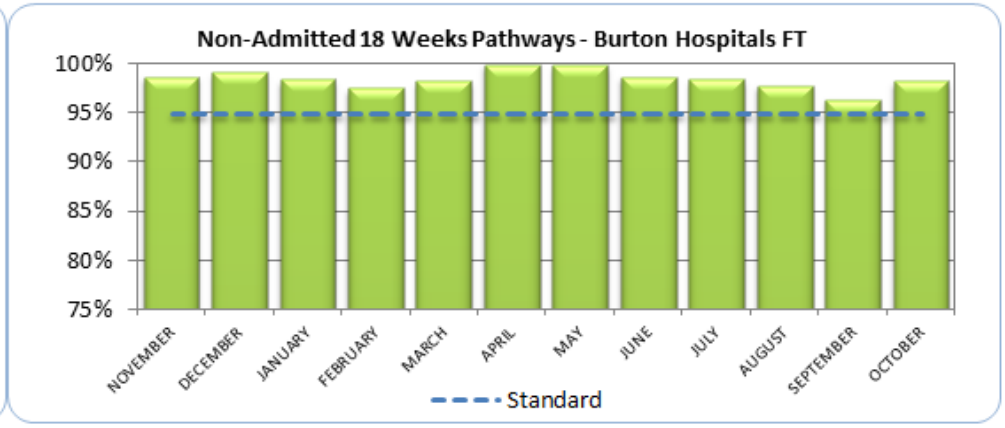
Trend Graphs











ESCCG Comparative Data Tables (summary data)

The following comparative positions for the CCG are extracted from two recently-released national reference data sources:

- CCG-Level Baseline Data for NHS Outcome Framework (NHSOF) KPIs: from NHS Information Centre
- ESCCG Outcomes Benchmarking Report: from NHSCB's CCG Support Pack

NHS Outcomes Framework KPIs (incorporating CCG Outcomes Benchmarking Pack data)

(a) Disease Prevalence c/o QOF (2010-11)

ESCCG is a significant outlier from the England average in lower prevalence than expected for:

- *Mental Health and Palliative Care*

ESCCG is a significant outlier from the England average in higher prevalence than expected for:

- *Cancer and Hyperthyroidism*

Otherwise, the distribution of recorded prevalence by disease area for 50% of ESCCG Practices falls within the same range as that of the England average.

(b) CCG Outcome Indicators

(1) According to an NHSCB chart which shows the distribution of ESCCG performance in terms of comparative ranks against England median or CCG ONS Cluster median….

ESCCG achieves its best outcomes in the following KPIs:

- *Elective PROMS: hip replacement* (well above both medians / Cluster range)
- *Elective PROMS: knee replacement* (well above both medians / Cluster range)
- *Elective PROMS: groin hernia* (well above both medians; just above Cluster range)
- *Emergency admissions: child lower respiratory tract infections* (well above both medians / Cluster range)
- *Patient experience of NHS dental services* (above England but below Cluster median)

ESCCG achieves its <u>poorest</u> outcomes in the following KPIs:

- *Under 75s mortality rate from Cancer* (below England but well above Cluster average / Cluster range)
- *Unplanned hospitalisations: adult chronic ACS conditions* (below England but at better end of Cluster)
- *Unplanned hospitalisations for asthma, diabetes & epilepsy in under 19s* (below both averages)
- *Emergency readmissions within 30 days of discharge from hospital* (below both averages)
- *Incidence of MRSA* (well below both averages)
- *Incidence of C.Diff* (well below both averages)

(2) In terms of detailed CCG baseline data released by the NHS information Centre, where data is available for the indicators released to date (a further release is planned for the remainder in March)….

NHSOF KPI	ESCCG Latest Data (year)	England Average	Best CCG	Worst CCG	Upper Quartile Average	Proposed Target (to = upper quartile)
ESCCG is better than the England Average						
PROMS: hips	0.434 (11/12)	0.411	0.508	0.310	0.449	> 0.449
PROMS: groin hernia	0.108 (11/12)	0.087	0.155	-0.043	0.117	> 0.117
CVD mortality rate	63.76 (2011)	65.62	30.93	126.17	50.62	24 fewer deaths *
Respiratory disease mortality rate	24.10 (2011)	27.30	12.01	71.16	17.70	10 fewer deaths *
Potential years lost rate: female	1787.70 (2011)	1941.70	973.82	3811.89	1517.70	200 fewer deaths *
Potential years lost rate: male	2130.60 (2011)	2370.70	1286.11	3905.48	1788.90	350 fewer deaths *
Emergency admissions rate (alcohol-related liver disease)	19.96 (11/12)	25.59	5.69	85.90	12.82	9 fewer admissions *
Emergency admissions rate (children's lower respiratory tract infections)	255.79 (11/12)	366.02	78.04	722.38	216.94	4 fewer spells *
Emergency admissions rate (acute conditions, admission is not usually required)	970.68 (11/12)	1035.64	243.88	2152.26	702.79	275 fewer admissions *
ESCCG is around the England Average						
PROMS: knees	0.292 (11/12)	0.299	0.399	0.132	0.337	> 0.337
Patient experience of OOH services	69.2%	70.3%	46.5%	83.9%	77.2%	+8%'good'/'fairly good'

NHSOF KPI	ESCCG Latest Data (year)	England Average	Best CCG	Worst CCG	Upper Quartile Average	Proposed Target (to = upper quartile)
ESCCG is worse than the England Average						
Cancer mortality rate	125.64 (2011)	121.46	83.12	182.25	103.38	38 fewer deaths *
Unplanned hospitalisations rate, adult chronic ACS admissions	977.27 (11/12)	929.08	218.93	2167.69	598.83	435 fewer admissions *
Unplanned hospitalisations rate, <19s asthma / diabetes / epilepsy admissions	397.38 (11/12)	319.15	73.43	746.57	198.39	61 fewer admissions *
Emergency readmissions < 30d of hospital discharge	12.45%	11.77%	8.09%	14.43%	10.34%	280 fewer readmissions *

** The suggested reduction in numbers terms (of deaths or admissions) to achieve upper quartile rates is a crude estimate only. This is owing to the absence of the full data required to model through the same rate calculations as for the highly complex / detailed NHS technical guidance for these outcome measures. The suggested reductions also do not take into consideration other CCGs' information, and assumes that the upper quartile benchmark stays constant – which would not be expected in reality.*

The Governing Body is asked to note that its assurance that the outlying areas above will be picked up as part of our wider QIPP and CCG Programme Management work for 2013/14, including in certain areas where the CCG has to submit mandatory performance monitoring trajectories to the Local Area Team. Routine updates will be provided to the Governing Body for assurance purposes through the ongoing work of the QIPP, Finance & Performance Committee (into which a new QIPP Programme Board will regularly report).