

REPORT TO CCG BOARD*9th December 2015***Agenda No. 8.2**

Title of Document:	Performance Report
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Recommendations:	<p>To note current performance, approach to performance management and current risks for 2015/16.</p> <p>To recommend any further action that may be required.</p>

Summary:

This paper identifies key risks around performance, notes the current position with respect to external assurance and describes improvements made to the CCG's approach to performance management.

The current performance against all indicators as at October or for some metrics September 2015 (depending on available data) is given.

Performance on NHS Constitution Standards at St. George's

The CCG issued contract query notices to St. George's in January and February relating to A&E and RTT performance (following earlier contract query notices in June 2014), and a Joint Investigation was triggered which reported in June and an Action Plan was subsequently signed off by the Tripartite and is subject to assurance at ongoing Tripartite meetings, the latest of which was on 2 December.

Due to these processes there ought to be robust recovery plans in place to improve performance in these areas, although it should be noted that the Joint Investigation Action Plan did not envisage quick fixes and did not set out a precise timetable by which it was expected that the A&E and RTT standards would be achieved.

As performance on these key standards has not recovered further external support has been accessed, with a six-week in-depth piece of work on the 4-hour maximum A&E wait taking account of whole system issues about to be completed, and the national Intensive Support Team has commenced working with St. George's on RTT, with an initial focus on data quality of the waiting list. Recovery plans and trajectories for both the cancer urgent 2-week standard and the urgent GP referral to treatment (62 day) standard have been produced to deliver sustainable performance from November, although further improvements to the recovery plans have been requested.

A&E waiting time

Performance on the A&E maximum 4-hour standard at St. George's has remained below the 95% standard through to the end of November, at around 91%. However, performance across much of the country has remained below the standard and the issues are not specific to this area. St. George's faces the challenge of the acuity of patients from being a Major Trauma Centre and Hyper Acute Stroke Unit, over and above the usual caseload for a local emergency department.

The three main reasons for the level of breaches of the standard are higher than planned length of stay (partly associated with the issues of acuity) which leads to bed capacity pressures, the length of wait for specialist opinion and flow issues together with the physical limitation of the number of cubicles in the emergency department. External work has been commissioned to produce a diagnostic of the issues and an implementation plan to improve performance, which is due to be submitted to the System Resilience Group for sign-off on 17 December.

Referral to Treatment (RTT) waiting times

Although additional elective activity was commissioned in-year in 2014/15 to address the RTT backlog (as part of a national initiative) and despite the CCG commissioning for a 6% increase in elective activity in 2015/16 above last year's outturn and a 2% overperformance against plan at month 6 there are still backlogs in some specialties at St. George's, and some other providers.

St. George's has put in place increased capacity, e.g. for orthopaedic surgery. Patients in 8 specialties will be offered the option of having their procedure undertaken at an independent sector hospital, under their current surgeon, as a one-off waiting list initiative, funded at national tariff rates.

The national focus is now on a single RTT standard which is that no more than 92% of patients should have been waiting over 18 weeks where treatment is incomplete. The vast majority of patients on incomplete pathways are either waiting for a first outpatient appointment or are being managed within an outpatient pathway (i.e. have not yet been added to an elective waiting list). There is consequently a greater focus this year on the outpatient element of the pathway and in a number of specialties a backlog has built up at St. George's which now requires

additional capacity to address, and some first outpatient waiting times are too long which needs to be addressed through better alignment of capacity with demand, which in some cases can be addressed through more one-stop clinics which are clearly more convenient for patients than multiple appointments. Part of the improvement plan is for the Trust to improve the management of its outpatient booking and tracking, which it is in the process of actioning. The Joint Investigation Action Plan identified that clinical summits in certain priority specialties ought to be arranged. The first clinical summits have been held and a number of specific actions were identified, including to agree new referral protocols for some of the higher volume conditions. Other clinical summits will be held in the next few weeks.

Cancer waiting times

Linked with the issues around outpatient demand and capacity impacting on the RTT standard is a drop in performance on the 2-week maximum wait for urgent cancer referrals. St. George's has not met the 93% standard in any month in 2015/16 to date, and therefore neither has the CCG for the Wandsworth population. The Trust has put additional capacity in place for breast, skin and gynaecology clinics and is appointing increased staffing to enhance capacity for a number of pathways. There has been an increase in urgent referrals for some specialties, which is in line with the national direction. It should be noted that only c.4% of Wandsworth patients referred for 2-week appointments actually subsequently have a diagnosis of cancer, but clearly it is important that this standard is achieved to both ensure treatment is commenced as early as possible where patients do have a cancer diagnosis and to minimise the period of anxiety for all patients.

Performance on the 62-day maximum wait from urgent GP referral to treatment was above the 85% standard in September. However, this may not have been sustained in October, partly due to the high numbers of skin referrals in September. A recovery plan is now in place and includes tighter tracking of all patients by each MDT and some additional capacity. Both standards are expected to be achieved from November going forwards.

Mental Health and Other Priorities

The CCG is currently performing well on Dementia diagnosis rates which at 71% of the expected prevalence is above the 2015/16 target, Mental Health Care Programme Approach 7-day follow-up which is now above the 95% standard following a period of underperformance in Q4 and Transforming Care for People with Learning Disabilities which is a priority issue for the CCG this year.

Whilst performance on the IAPT access target is slightly below plan, a marketing plan is in place to raise awareness of the service and referral numbers in Q3 to date are above the target level.

There have also been ongoing improvements in many of the Health Outcomes indicators, with 2014/15 data now included following the latest publication of the national indicator set in September, including reductions in mortality rates for liver disease and cancer and increase one and five year survival rates from cancer.

Key sections for particular note (paragraph/page), areas of concern etc:

As described above, some of the standards on A&E, RTT and cancer waits are not being achieved in the year to date.

Equality Analysis

Has an Equality Analysis been carried out? YES/NO:
 Key issues from assessment: N/A

The following priorities/objectives link to this document:

PPI: Contains indicators relating to patient experience of services, access to services and patient assessed outcome measures.

Operating Plan: Report details performance against indicators contained in the CCG's operating plan. New performance management approach holds commissioning programmes to account for performance through their work.

Corporate Objectives/Risks: Non-achievement of key performance indicators is recorded as a risk on the CCG register and a robust approach to performance management mitigates against this.

Financial Implications: None.

Reviewed by: N/A

Committees that have previously agreed the report:

The Integrated Governance Committee and Delivery Group receive the CCG Performance Scorecard. However, this is not always prior to it being received by the Board.