ITEM NO: 23.00

Wokingham Clinical Commissioning Group Performance Outcomes Report September 2014 TITLE

Health Overview and Scrutiny Committee on FOR CONSIDERATION BY

10 September 2014

WARD None Specific

Document Reference: WOK.2014.119

REPORT OF THE WOKINGHAM CCG GOVERNING BODY 2 SEPTEMBER 2014

Title	M3 2014-15 Performance Outcomes Report
Sponsoring Director	Janet Meek (CFO)
Author(s)	Debbie New
Purpose	To inform the Governing Body of the performance against CCG Clinical Indicators
Previously considered by	None .
Risk and Assurance	As detailed within report
Legal implications/regulatory requirements	None
Public Sector Equality Duty	N/A
Links to the NHS Constitution (relevant patient/staff rights) All NHS organisations are required by law to take account of the NHS Constitution in performing their NHS functions	All
Consultation, public engagement & partnership working implications/impact	N/A

Executive Summary

. 6	Clear Delays	High performance & improvement to green: Memory clinic referrals IAPT Access IAPT recovery rate MRSA Referral to Treatment 18 weeks of patients who spent 4 hours or less in A&E
•	111 Calls answered in 60 seconds	

Recommendation

Note the level of compliance with the operating targets and support the actions being taken to improve performance where necessary.

Memory Clinic Referrals

Current YTD
Period Green Green

The Wokingham CCG local priority for the Quality Premium in 2014/15 is to support patients with dementia and increase the referral rate to the memory clinic. During Quarter One 141 patients were referred against a target of 126 and therefore this is on track to be achieved.

IAPT Access

Current Period YTD

Wokingham CCG has a target to ensure that 3.75% of those with anxiety and depression were able to access psychological therapies. During Quarter One the CCG achieved 3.8% and is therefore above target.

Composite Avoidable Non-Elective Admissions

Current Period

YTD

Red Red

The CCG is expected to reduce the number of "avoidable emergency admissions" based on the set list of diagnosis codes as defined by national guidance. The CCG is in the highest performing quintile nationally for this measure and it is therefore difficult to make significant reductions in this area. During Quarter One, Wokingham CCG had 514 non-elective admissions in this category against a target of 500 and therefore marginally outside of target levels. When reviewing performance across Berkshire West there were 1692 admissions in this category against a target of 1876 so significantly performing better than plan.

Proportion of people reporting poor experience of General Practice and Out-of-Hours Services

Current YTD
Period Red Red

The latest GP survey results that were published in July are showing a slight deterioration in the percentage of patients reporting poor experience of General Practice and Out of Hours Services with performance at 6.3% against a target and baseline of 5.6%. If this were to be split out between GP services and Out-of-Hours separately it would be 4.4% and 17.9% respectively and therefore the Out-Of-Hours service is where the greatest level of improvement is required.

IAPT/Recovery Rate Current Period YTD

For those patients entering psychological therapies, Wokingham CCG has seen a recovery rate of 64.5% against a target of 50% during Quarter One.

MRSA Current Period YTD

(Green: J. Green)

Wokingham CCG had no cases of MRSA bacteraemia reported during June 2014.

Current Period YTD Red Red

Wokingham CCG had six Clostridium Difficile cases reported during June against a monthly trajectory of 2. This means there have been 13 cases year to date against a trajectory of 9. The CCG Community Infection Control Nurse starts in September and will ensure that root cause analyses are completed as one of her first tasks in the role.

Referral to Treatment (RTT) within 18 Weeks Period YTD

Wokingham CCG achieved all RTT aggregate RTT standards in June.

RBFT reported achievement of all aggregate standards in June although the General Surgery and Ophthalmology admitted performance continued to be below target at specialty level. In addition to this, it has come to the attention of the CCGs that there are potential issues with the accuracy of the waiting list at RBFT. As a result the CCG has put in place a fortnightly RTT task and finish group to ensure actions are being taken to gain full understanding of the issues and remedy any inaccuracies as soon as possible. The Trust has external support from the national Intensive Support Team to support this project. A large validation and training exercise is required to ensure an accurate waiting list going forward and it is expected that this validation exercise will be completed by the end of September.

Diagnostics % waiting 6 weeks or more Current Period Red Red

At the end of June, 10.5% of the Wokingham CCG patients waiting for a diagnostic test had waited longer than 6 weeks against a target of 1%. This is an improvement on May when it was 21.1%. The RBFT action plan has 3 components within it, MRI, CT and Ultrasound. MRI and CT are on track to recover performance from July onwards as there is additional capacity on site from mobile scanners to clear the backlog of patients waiting. The ultrasound backlog is expected to recover performance in September and this is also on track to be achieved. Weekly meetings continue between the CCG and RBFT and there has been significant progress reported during these meetings in recent weeks. A number of

additional sessions have now taken place and permanent capacity has also been released by reviewing all schedules currently in place.

% of Patients Who Spent 4 Hours or Less in A&E	Current Period	YTD
	Green	Green

During July, 96.9% of patients spent 4 hours or less in Accident and Emergency at RBFT and the target for this indicator is 95%. The YTD performance continues to also be above target at 96.1%.

Carrent YTD Cancer Wait Time Standards Red Red

During Quarter One, 3 of the 9 cancer wait time standards were not achieved for Wokingham CCG. These were the two week wait standard from GP referral, the 62 day standard from GP referral and the 62 day standard from a screening service. Of these 3 standards, RBFT also did not achieve the two week wait standard for Quarter One but the other 2 standards were achieved. The majority of breaches for the two week standard were as a result of patient choice during April and May around the bank holiday season, although there were also some capacity issues and the Trust has put an action plan in place to rectify these by the end of August. The 62 day breaches for Wokingham CCG were mainly at RBFT and mainly due to complex patient pathways where multiple diagnostic tests and appointments were required.

Ambulance response times Current Period YTD Red Red

Across Berkshire West, two of the three ambulance response time targets were achieved for June. Performance against the Red 2 standard in 8 minutes deteriorated further during June to 71.7%. This was mainly due to activity levels being 8% above plan and 10% above the June 2013 figures. Although the 75% target with SCAS is only required to be delivered on a Thames Valley basis, the CCG has agreed a 70% floor target in the contract at Berkshire West level. The Trust achieved this 70% standard.

RTT waits over 52 weeks Current Period Period Red Red

At the end of June, there was one patient on an incomplete RTT pathway who had waited longer than 52 weeks for treatment. The patient was an Ophthalmology patient waiting at OUH. The lead Commissioner has a recovery plan in place with OUH which is monitored closely and the CCG has requested sight of this to understand the trajectory for delivering zero breaches over 52 weeks.

Ambulance Handover and Crew Clear Delays	Current Period	YTD
	Red	Red

During June, 19 ambulances were delayed longer than 30 minutes and 0 ambulances over an hour for handover to the A&E department at RBFT. Each of the breaches resulted in a fine to RBFT. When compared to other local Trusts, RBFT have significantly lower numbers of breaches in this area.

During June, SCAS had 43 crew clear delays at RBFT over 30 minutes and 4 over an hour. These breaches result in a fine to SCAS for the delay and these are being addressed via the contractual meetings with the Trust.

111 Calls Answered within 60 S	Seconds	Current Period	YTD
		Red	Red

The % of 111 calls answered within 60 seconds continues to perform below the 95% standard at 91.2% in July, although there has been steady improvements month on month since the beginning of the year. The majority of breaches occur at the weekend mainly as a result of staffing issues. A recovery plan was in place to recover performance in July and although performance improved week on week during July, the monthly position was not achieved. A revised recovery plan has been requested via contractual leads with an updated trajectory.

Glossary

CCG	Clincial Commissioning Group	
CQN	Contract Query Notice	
RTT	Referral to Treatment	
CQUIN	Gommissioning for Quality and Innovation	
CQRG	Clinical Quality Review Group	
EPR	Electronic Patient Record	
CVD	Cardiovascular Disease	
NEL	Non-Elective	
HCAI	Healthcare Acquired Infection	
CDiff	Clostridium Difficile	
MRSA	Methicillin-Resistant Staphylococcus Aureus	
A&E	Accident & Emergency	
2ww	Two week wait	
MSA	Mixed Sex Accommodation	
CPA	Care Programme Approach	
OOH	Out of Hours	
IAPT	Improved Access to Psychological Therapies	
COPD	Chronic Obstructive Pulmonary Disease	
VTE	Venous Thrombus Embolism	
TΙΑ	Transjent Ischemic Attack	
C&B or CaB	Choose & Book	
OP	Outpatient	
RBFT	Royal Berkshire Foundation Trust	
GWH	Great Western (Hospital (Swinden))	
HHFT	Hampshire Hospitals Foundation Trust	