

GOVERNING BODY MEETING

*Scarborough and Ryedale
Clinical Commissioning Group*

Meeting Date: 25th May 2018

**Report's Sponsoring Governing Body
Member:** Carrie Wollerton, Executive
Nurse

Report Author: Prepared by
the CCG Quality & Performance Team

1. Title of Paper: Performance Exception Report April and May 2018

2. Strategic Objectives supported by this paper:

(check those which apply)

- To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture
- To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale
- To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners
- To support people within the local community by enabling a system of choice & integrated care
- To deliver against all national & local priorities incl QIPP and work within our financial resources

3. Executive Summary:

This briefing report provides an overview of the performance for the months April and May 2018. The main narrative in regards to quality and performance continues to be contained within the Quarterly Quality and Outcomes report. The composite position in the dashboard will continue to be provided as an appendix.

Key issues in this period include:

- A&E Waiting Times, including ambulance handover times and 12 hour trolley breaches
- Referral to Treatment pathways
- Diagnostic waiting times
- Diagnosis rates for people with dementia
- Treatment within 62 days of an urgent referral for suspected cancer
- Incidence of Health Care Associated Infection
- All cancer waiting times

4. Risks relating to proposals in this paper:

This paper provides an update to the Governing Body. The risks relating to Quality and Outcomes are managed through the Quality and Performance Committee where details discussions and action planning takes place. A risk register is maintained by the Quality and Performance Committee

5. Summary of any finance / resource implications:

N/A

6. Any statutory / regulatory / legal / NHS Constitution implications:

N/A

7. Equality Impact Assessment:

N/A

8. Any related work with stakeholders or communications plan:

N/A


9. Recommendations / Action Required

The Governing Body is asked to note this report

10. Assurance

The Quality and Performance Committee receives bi-monthly reports relating to the quality and outcomes of patient care on a wide range of subject areas

For further information please contact:

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Performance Headlines 2017/18: April and May 2018 data

Performance and Exceptions Report

This summary reflects indicators that are underperforming against the national targets in the reporting period (generally in this report covering April 2018 & May 2018).

Governing Body members should refer to Appendix 1 for the detailed information and to quarterly quality and outcome reports for further actions to address under performance.

The Governing Body is asked to:-

Note the exceptions to performance against the national standards and actions underway to address these issues.

A&E waiting time - % of patients seen and discharged within 4 hours - SRCCG patients (includes Urgent Care Centre) – April 80.3%/May 87.4% Target 95%

A&E 4hr performance has significantly improved with 4 hour waits now at 90.1% (April 85.1%). The ability to staff all shifts in A&E remains an issue. The percentage of patients assessed within 20 minutes within Urgent Care Centre by Northern Doctors has also improved from 49.2% in April to 52.4% in May.

There were six 12 hour trolley waits reported in April but none in May. No patient harm was identified as a result of the extended waits in April. Ambulance handover times in Scarborough Hospital have improved slightly in May but remain below target.

Diagnostic waiting times – April 4.83% / May 3.87% Target < 1%

Diagnostic waiting times for May have improved since April but still remain below target. In total there were 79 breaches in May which included 27 breaches at Hull and East Yorkshire Hospitals NHS Trust (HEY), of which 23 were due to insufficient capacity in Computerised Tomography (CT) scans and 51 breaches at York Teaching Hospital NHS Foundation Trust (YFT) of which 15 were in colonoscopy and 11 in MRI.

Currently procedures are being out-sourced. Plans for a new Endoscopy Suite, opening in June 2019 in York Hospital will alleviate some capacity issues in the future. A pilot colonoscopy scheme is being trialled in York to ensure patients are being referred/categorised appropriately.

Proportion of people that enter treatment against the level of need in the general population (Improving Access to Psychological Therapies) - April 14.00%/ May 13.78% Target 16.8%

This standard increased from 15% to 16.8% in April 2018. Discussions are on-going with CCGs and Provider to develop plans to achieve this challenging increase.

The position in May has fallen slightly from April's position.

Referral to Treatment (RTT) pathways: incomplete – April 86.4% / May 86.7% Target 92%

Incomplete pathways are the waiting times for patients waiting to start their treatment following initial referral. RTT performance remains below the national performance target, with a slight improvement in May.

All specialities* except Geriatric medicine, Neurosurgery and Neurology are failing the target : (*Dermatology, Gastroenterology, ENT, General Medicine, General Surgery, Gynaecology, Ophthalmology, Other, Plastic Surgery, Respiratory Medicine, Rheumatology, Trauma and Orthopaedics, and Urology). (Respiratory Medicine and Rheumatology were the lowest performing at 75.4 and 72.8 respectively).

The poor performance in rheumatology has been attributed to an administrative error in Scarborough and the process of recording patients is being reviewed, but no specific reason has been identified for the reduction in performance in respiratory medicine although the CCG is requesting this information. 9 patients are currently waiting in the 47-52 week cohort.

There were no 52 week breaches identified in May.

Proportion of people who complete treatment who are moving to recovery (Improving Access to Psychological Therapies)

April 44.79%/ May 61.18% Target 50%

Following a deteriorating performance in March and April, the May performance is higher than target.

Estimated diagnosis rate for people with dementia – April 57.7% / May 58.5% Target 66.7%

Dementia diagnosis rates improved to 58.5% in May following a small decrease in April.
An action plan has been developed to try and increase performance against this standard.

Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer (inc 31 day rare cancers) – April 71.9%/ May 73.3% Target 85%

There has been a small improvement in 62 day waits, from 71.9% in April to 73.3% in May.

There were 8 breaches in September across a number of specialty pathways. These were due mainly to complex pathways and patients being unfit for treatment.

Incidence of Healthcare Associated Infection (HCAI): Meticillin-Resistant Staphylococcus Aureus (MRSA), Clostridium difficile (C.Diff) & E.coli

MRSA Bacteraemia: There has been 1 MRSA bacteraemia case assigned to SRCCG, against a zero objective. The case was subject to a post infection review by a multi-disciplinary panel and deemed to be unavoidable.

Clostridium difficile: SRCCG had 4 attributable cases from 1st April against a year end objective of 34 cases. This is an improved position on the same period in 2017.

E.coli bacteraemia: SRCCG has 19 attributed E.coli cases from 1st April 2018 against an annual objective of 95 cases.
A collaborative reduction plan has been developed and we are working with key stakeholders regarding proactive actions including antimicrobial stewardship and reducing the use of urine dipstick testing being used to determine action, particularly in care homes

All cancer 2 week waits – April 88.2%/ May 85.5% Target 93%

There were 47 breaches in May, predominantly for patients with suspected skin cancers, due to inadequate out-patient capacity following the reduction of 12 clinics due to Bank Holidays.

The discrepancy in performance between York and Scarborough hospitals continues (York 96.2%, Scarborough 48.5%). York Foundation Trust is developing a recovery plan with their consultants to try and increase capacity in Scarborough and potential increase of clinic capacity in Malton.

GPs have been asked to actively encourage patients to accept appointments at Malton or York in an attempt to improve waiting times for Scarborough patients.

Indicator	Level of Reporting	Target/Actual	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Q1 2018/19	2018/19	Q4 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend
Planned Care																				
Referral to Treatment																				
Referral to Treatment pathways: incomplete	CCG	Actual	89.5%	88.5%	88.3%	88.6%	89.1%	89.0%	87.8%	87.9%	87.8%	86.2%	86.4%	86.7%	86.6%	86.6%	87.3%	88.6%		↑
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	Actual	0	0	0	0	1	0	2	0	0	0	3	0	3	3	0	3		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Number of patients still waiting relative to end March 2018	CCG	Actual											0	0	0	0	0	0		-
		Target												0	0	0	0	0		
Diagnostics																				
Diagnostic test waiting times	CCG	Actual	1.82%	1.26%	0.95%	1.04%	1.92%	2.88%	4.44%	2.19%	1.69%	3.70%	4.83%	3.87%	3.87%	3.87%	3.70%	3.70%		↑
		Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%		
Cancer																				
All Cancer 2 week waits	CCG	Actual	82.3%	72.3%	81.3%	79.6%	84.9%	90.3%	87.4%	88.7%	86.7%	87.6%	88.2%	85.5%	86.7%	86.7%	87.7%	83.6%		↓
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Breast Symptoms (Cancer Not Suspected) 2 week waits	CCG	Actual	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	97.1%	100.0%	100.0%	89.7%	95.2%	93.1%	93.1%	99.0%	98.1%		↓
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	0.0%	
Cancer 31 day waits: first definitive treatment	CCG	Actual	98.6%	98.6%	97.5%	98.6%	98.6%	98.6%	100.0%	98.8%	97.3%	98.5%	98.5%	98.4%	98.5%	98.5%	98.2%	98.0%		↓
		Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	
Cancer 31 day waits: subsequent cancer treatments-surgery	CCG	Actual	92.3%	100.0%	93.3%	100.0%	88.9%	83.3%	90.9%	95.5%	91.7%	86.7%	100.0%	94.7%	96.2%	96.2%	91.8%	93.2%		↑
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	CCG	Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		-
		Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	CCG	Actual	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	90.5%	95.2%	95.0%	100.0%	96.0%	97.6%	97.6%	93.3%	97.7%		↑
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	CCG	Actual	78.8%	75.8%	72.2%	76.2%	83.9%	83.9%	79.5%	81.0%	69.2%	80.6%	71.9%	73.3%	72.6%	72.6%	77.1%	78.4%		↓
		Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	CCG	Actual	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	87.5%	94.1%	94.1%	90.0%	96.8%		↑
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	CCG	Actual	100.0%	100.0%	Nil Return	Nil Return	Nil Return	Nil Return	100.0%	Nil Return	100.0%	100.0%	100.0%	nil return	100.0%	100.0%	100.0%	83.3%		
		Target																		
Cancelled Operations																				
Cancelled Operations - York	YFT (Trust Wide)	Actual	2.0%				1.1%			0.4%			6.1%				6.1%	3.0%		↑
		Target	11.7%				1.4%			1.0%			7.8%			11.7%	5.1%	7.8%	5.1%	
No urgent operations cancelled for a 2nd time - York	YFT (Trust Wide)	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mixed Sex Accommodation																				
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	Actual	0	0	0	0	0	0	0	0	0	0	0.2571355	0	0.2571355	0.2571355	0	0		-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Number of MSA breaches for the reporting month in question	CCG	Actual	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Indicator	Level of Reporting	Target/ Actual	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Q1 2018/19	2018/19	Q4 2017/18	2017/18	Direction of Travel (last 12 Months)	3 Month Trend	
Mental Health/ IAPT																					
IAPT																					
Proportion of people that enter treatment against the level of need in the general population	CCG	Actual	17.56%	17.89%	16.89%	13.22%	14.56%	15.44%	15.44%	16.11%	15.56%	14.89%	14.00%	13.78%	13.89%	13.89%	15.52%	15.94%		↓	
		Target	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	16.80%	16.80%	16.80%	16.80%	15.00%	15.00%		
Proportion of people who complete treatment who are moving to recovery	CCG	Actual	47.69%	37.78%	43.01%	47.17%	53.66%	48.57%	43.75%	41.18%	51.85%	37.50%	44.79%	61.18%	52.49%	52.49%	43.51%	45.39%		↑	
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		
Entering treatment rate - target	CCG	Actual	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	16.8%	16.8%	16.8%	16.8%	16.8%	16.8%		-	
number of people who have depression (1)	CCG	Actual	900.0	900.0	900.0	900.0	900.0	900.0	900.0	900.0	900.0	900.0	900.0	900.0	1800.0	1800.0	2700.0	10800.0		-	
number of people who have entered (i.e. received) Psych therapies (4)	CCG	Actual	158	161	152	119	131	139	139	145	140	134	126	124	250	250	419	1721		↓	
The number of people who have completed treatment (5)	CCG	Actual	72	93	99	112	101	74	67	74	93	65	101	91	192	192	232	984		↑	
number of people who are "moving to recovery" of those who have completed treatment (6)	CCG	Actual	31	34	40	50	51	34	28	28	42	24	43	52	95	95	94	413		↑	
number of people who have completed treatment (6b)	CCG	Actual	7	3	6	6	6	4	3	6	12	1	5	6	11	11	19	63		↓	
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	CCG	Actual	95.7%			100.0%			96.2%			96.4%					96.4%	97.0%		↑	
		Target	95.0%			95.0%			95.0%			95.0%				95.0%	95.0%	95.0%	95.0%		
Dementia																					
Estimated diagnosis rate for people with dementia.	CCG	Actual	58.7%	58.8%	59.0%	59.2%	59.0%	58.6%	58.1%	58.6%	58.7%	58.5%	57.7%	58.5%	58.5%	58.5%	58.5%	58.5%		↑	
		Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%		
HCAI and Quality																					
Hospital Infections																					
Incidence of healthcare associated infection (HCAI): MRSA	CCG ATTRIBUTED	Actual	0	1	0	0	0	0	0	1	0	0	0	1	1	1	1	2		↑	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile).	CCG ATTRIBUTED	Actual	8	1	2	2	2	2	2	2	2	1	1	3	4	4	5	34		↑	
		Target	2	3	1	4	4	4	4	1	5	2	2	3	7	34	8	35			
Incidence of healthcare acquired infections (HCAI): MRSA - York FT	YFT TRUST APPORTIONED	Actual	0	0	1	1	0	0	0	0	0	0	1	0	1	1	0	3		↑	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile) - York FT	YFT TRUST APPORTIONED	Actual	5	2	3	5	7	4	3	5	4	3	4	7	11	11	12	45		↑	
		Target	3	3	2	1	3	2	8	10	5	5	3	1	7	45	20	46			
Incidence of healthcare acquired infection (HCAI) measure - Escherichia Coli infections	CCG ATTRIBUTED	Actual	12	12	19	16	8	13	11	10	11	10	8	11	19	19	31	140		↑	
		Target	8	11	6	7	8	9	6	10	9	8	7	6	21	94	27	95			
Serious Incidents/ Never Events																					
Number of Serious Incidents (NHS Scarborough & Ryedale CCG)	CCG ATTRIBUTED	Actual	3	1	8	1	4	2	3	10	3	7	3	3	6	6	20	46		↓	
Number of Never Events (NHS Scarborough and Ryedale CCG)	CCG ATTRIBUTED	Actual	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1		-	
Smoking at time of Delivery																					
Maternal smoking at delivery.	CCG	Actual	16.7%			15.5%			19.3%			16.8%					16.8%	17.0%		↓	
		Target	19.0%			19.0%			19.0%			19.0%				19.0%	19.0%	19.0%	19.0%		