

**GOVERNING BODY IN PUBLIC – PART I
ACUTE COMMISSIONING AND PERFORMANCE REPORT**

Date of the meeting	1 st December 2016
Author	R Shaw, Joint Director Acute Commissioning & Contracting
Sponsoring Governing Body Member	R Shaw, Joint Director Acute Commissioning & Contracting
Purpose of Report	To provide the Governing Body with a summary position on Acute Commissioning and Contracting.
Recommendation	The committee is asked to Note the report.
Reason for inclusion in Part II	N/A
Stakeholder Engagement	Summarise engagement with members, clinicians, staff, patients & public.
Previous GB/Committee Dates	N/A

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Quality✓ • Equality and Diversity • Engagement • Outcomes✓ • Governance • Partnership-Working✓ • Leadership 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes (Detail in report)	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register	✓	✓	
Budgetary Impact	✓	✓	
Legal / Regulatory	✓		✓
People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials: RS

1. Introduction

- 1.1 In its commissioning role, NHS Southend CCG continues to work with providers to improve the delivery of services and their associated access and performance standards.

2. Report

- 2.1 This report updates the Governing Body on current acute NHS performance and the actions we have taken with our partners to ensure delivery of key standards and measures. It also highlights specific areas of concern and describes our mitigating actions. Key areas of performance in summary;

- Accident & Emergency (A&E) performance remains a significant risk with capacity issues heading into winter in particular elevated risk for Respiratory. However, 4 hour wait performance, as reviewed on 8th November, is meeting and exceeding the revised recovery trajectory plan.
- Continued under performance on Cancer 62 Day standard, performance is below Recovery Action Plan trajectory. It is now clear that we will achieve the October Sustainability and Transformation Fund (STF) target for delivery of the standard. Further remedial action is being taken with all three Trusts.
- Elective back log continues to be significantly below trajectory and will not recover by the end of the financial year.

Accident & Emergency.

- 2.2 Southend University Hospitals NHS Foundation Trust (SUHFT) (A&E) performance Year to Date (YTD) is lower than it was for the same period of 15-16 but is meeting the recovery plan trajectory for November (as at 08/11/2016). October continued the increasing breaches trend and had the highest number of breaches YTD, at 1,976. The Trust remains full with bed occupancy constantly remaining beyond 100% during the last month. Flow has been difficult to achieve due to;

- Continued acuity of patients resulting in longer lengths of stay (Complex Frail Elderly, Acute Respiratory conditions, Paediatrics has seen excessive demand at times), continued complex trauma cases (also impacting elective activity).
- Increasing Minors and GP SEEDs attendances, which have increased by 28% and 21% respectively, since January 2016. However, when comparing Q1 16/17 to Q1 15/16, majors attendances have increased by 5%, minors attendances have decreased by 2%, and GP SEEDs attendances have increased by 3%.
- Packages of Care both in terms of timing and availability of particularly large double handed packages resulting in discharge delays, (note: delayed transfers of care (DtoC) standard failed, currently 6.9% for September against national stretch target of 2.5%, recovery plan in development.). Access to Care Home / Nursing placement again resulting in delays in discharge.

1617 Month	Attend	4Hr Breach	Performance
Apr-16	8,234	1,031	87.48%
May-16	8,838	1,036	88.28%
Jun-16	8,523	1,102	87.07%
Qtr 1	25,595	3,169	87.61%
Jul-16	9,008	1,286	85.72%
Aug-16	8,525	1,162	86.37%
Sep-16	8,485	1,661	80.42%
Qtr 2	26,018	4,109	84.17%
Oct-16	8,469	1,976	76.67%
Nov-16 (@07.11.2016)	1,513	248	83.55%
Qtr 3 (@07.11.16)	9,982	2,224	80.11%
Year to date	61,595	8,401	86.60%

- 2.3 The recovery action plan for A&E has not achieved the September 16 STF agreed recovery date. A round table discussion took place on Monday 23rd October with the Trust, the CCGs and both regulators. The regulators agreed that as a system we were doing everything that was expected. Following a decision at A&E Delivery Board it was agreed to develop a business case to take forward a combined project of Home First and Discharge to Assess.

**Position @ 7th November 2016*

95% std	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Year to date
Actual	87.48	88.28	87.07	85.72	86.37	80.42	76.67	83.55					87.11%
Trajectory	88.45	89.38	89.03	91.62	92.73	95.38	95.53	95.38	95.53	95.53	95.05	95.53	93.26%
New Trajectory							80.00	82.80	84.50	86.50	94.20	94.20	

- 2.4 Staff vacancies remain a significant risk for the hospital to manage (RN remains - 200+ vacancies, with up to 50% RN vacancies on some wards, mitigated by agency staff).

Referral to Treatment

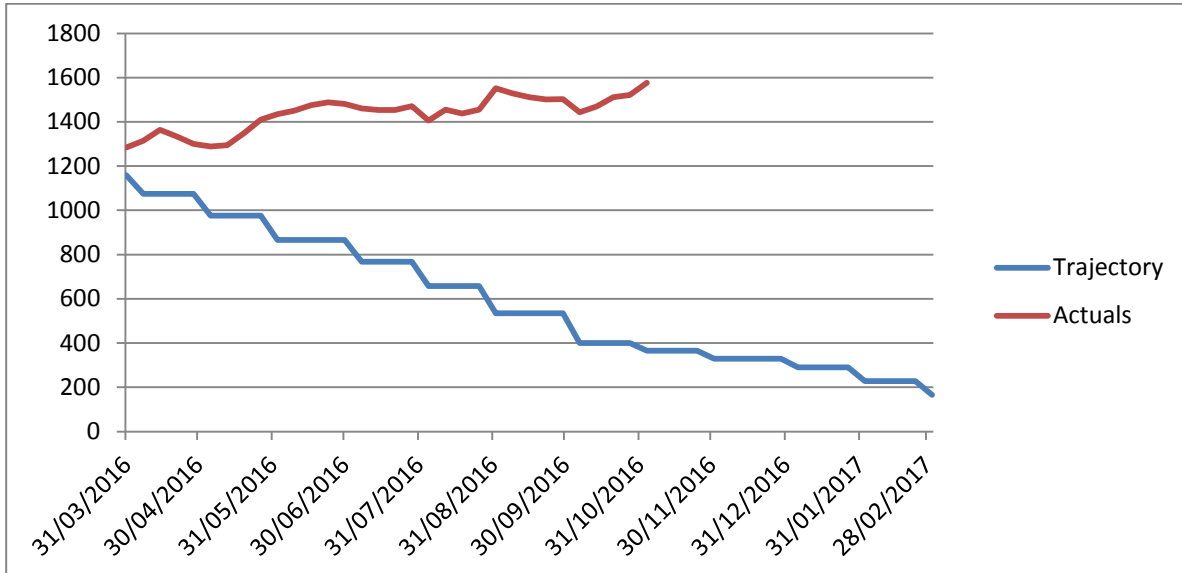
- 2.5 SUHFT has not achieved aggregate compliance on the incomplete standard for September, 88.61% with 28,962 pathways of which 3,302 were over 18 weeks, there were also 2 over 52 weeks. NHS Southend CCG was not compliant on the incomplete standard for September, achieving 88.90% with 13,977 pathways of which 1,551 were over 18 weeks.

**Position @ 27th October 2016*

RTT std 92%	Apr 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16
Actual	90.73%	90.50%	91.29%	91.59%	90.26%	88.61%		
Predicted	90.85	91.13	91.46	92.41%	92.79%	93.20%	93.65%	
Backlog Plan	1074	977	866	767	657	534	400	365
Backlog Actuals	1300	1410	1550	1529	1552	1503	1521	1576

- 2.6 The backlog recovery continues to be a significant challenge with the list increasing

to around 1576 patients. This is despite 1049 patients (admitted and non-admitted) being assessed and either dated within SUHFT or outsourced off the backlog. A revised delivery plan is currently being finalised taking into consideration the CCG demand management plans and the outcomes of the Grant Thornton review.



Cancer

2.7 Challenges continue for both two week wait performance and the operational 62 day cancer standard. (Below figures as of 07/11/2016 for Southend CCG)

September 2016	2wk wait	Ex Non Cancer Breast	31 day 1 st Treatment	31 day 1 st Treatment (Drug)	31 day 1 st Treatment (Surgery)	31 day 1 st Treatment (Palliative)	31 day 1 st Treatment (Radio)	31 day 1 st Treatment (Other)
Standard	93%	93%	96%	96%	96%	96%	96%	96%
Southend	89% ↓	90% ↓	93% →	100% →	89% →	100% →	83% ↓	100% →

September 2016	31 day Subsequent	31 day Subsequent (Drug)	31 day Subsequent (Surgery)	31 day Subsequent (Palliative)	31 day Subsequent (Radio)	62 Day (standard)	62 Day (Screening)
Standard	96%	98%	94%	96%	94%	85%	90%
Southend	99% ↑	100% →	93% ↓	100% →	100% ↑	71% ↑	100% →

2.8 **Two Week Wait Operational Standard:** There are ongoing challenges delivering the two week wait standard, which has not been met for Q1 or Q2. Performance has improved since Q1 (87%) as Q2 performance increased to 91%. There has been a prolonged increase in 2 week wait referrals. Throughout 2015/16 the average number of referrals per month was 435, compared to the 2016/17 average of 515 per month this is an 18% increase. In 2015/16 there was an average of 31 breaches per month, for 2016/17 this has increased to an average of 57 breaches per month. Exhibited (non-cancer) breast symptoms performance also remains low and was not achieved for Q1 (73%) or Q2 (87%), but similarly to the two week wait referrals, performance has improved over the last 2 months.

2.9 **31 Day First Operational Standard:** Performance for 31 day first treatment was met in Q1 for Southend CCG, but there was a decline in performance throughout Q2 which

meant the standard has not been met for Q2, which sits at 93% overall. In September, 66 out of 71 patients received their first treatment within 31 days. Decreased performance for 31 day 1st treatment (radiotherapy) in which 5 out of 6 patients begun treatment within 31 days. 31 Day 1st treatment palliative activity has increased back in line with the 2015/16 average.

The 31 day subsequent standard has moved the opposite way, the standard was met in all areas for July and August so despite a decline in 31 day subsequent surgery treatment for September, the standard was achieved across all areas for Q2 both for Southend CCG and SUHFT overall. In September, 79 out of 80 patients received their subsequent treatment within 31 days. 31 Day Subsequent activity has increased significantly since April; August had more referrals than any month in 2015/16 and has remained high for September.

- 2.10 **62 Day Operational Standard:** There are a number of on-going challenges with delivering the 62 day standard. 25 out of 35 patients were treated within 62 days. The issues remain the same as previously advised. The cancer breach numbers remain low meaning a slight change in performance places performance at risk. A revised recovery action plan is currently being finalised as risks in relation to inter hospital shared pathways has increased, as well as on-going capacity and staffing within the trust.

QIPP – Joint Acute

- 2.11 All Acute QIPP schemes have gone live.
- 2.12 Follow Ups – Minimal savings have been identified by the Trust thus far, and following escalation to Executives further work is being planned for Ophthalmology and Respiratory at scale to remove complete blocks of clinical activity. In addition, further pathways are being reviewed in general surgery, urology and gynaecology.

Commissioned Activity

- 2.13 At the time of submission of this report the contract activity report for August is not yet available.

3. Conclusion

- 3.1 The committee is asked to note the contents of this report and receive assurance on the CCG's actions to support our performance.

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Date: 14th November 2016