

Adult Social Care and Health Overview & Scrutiny Committee

25th September 2019

Performance Monitoring – Clinical Commissioning Groups

Recommendation

That the Overview and Scrutiny Committee:

- (i) Receives and considers the updated report on performance monitoring by the three Clinical Commissioning Groups for the County.

1. Introduction

- 1.1 This report provides information on the performance monitoring by the three Clinical Commissioning Groups (CCGs) that deliver NHS services to Warwickshire residents.
- 1.2 As agreed at the Adult Social Care and Health Overview & Scrutiny Committee on 26th September 2018, this report provides a six-month update on CCG performance measured by the NHS Constitution Measures, now reflecting performance up to June 2019.

2. CCG Performance Reporting

- 2.1 The three CCGs serving Warwickshire provide regular reports to their respective Governing Boards on their performance. Table 1 below provides some key facts on the CCGs. This data is extracted from the reports submitted to the CCG Boards and links to these are provided under section 3 below.

Table 1: Clinical Commissioning Group Key Facts



	Warwickshire North CCG	Coventry & Rugby CCG	South Warwickshire CCG
Population (to nearest thousand)	193,000	467,000 (Coventry - 360,000 Rugby -106,000)	291,000
Budget (2018/19)	£273 million	£697 million	£391 million
GP Members	26	66	33
CCG Quality Assurance Framework <i>(annual assessment, 2018/19)</i>	Good	Good	Requires Improvement
Key organisational facts	Joint shared team across the two CCGs		
Quality innovation, productivity, prevention savings	Achieved	Achieved	£15.6m achieved (£17.3m Target)

- 2.2 Clinical Commissioning Groups are required to meet the national NHS Constitution targets and therefore report performance against these measures which have a nationally set target.
- 2.3 Table 2 provides data on the NHS constitution measures for the three CCGs; this has been updated to reflect performance up to June 2019 (previous data reported was up to November 2018).
- 2.4 All three CCG's commissioned Coventry and Warwickshire Partnership Trust (CWPT) to provide mental health and learning disability services for children, adults and older adults. South Warwickshire NHS Foundation Trust (SWFT) provided a range of community services including district nursing, health visiting, occupational therapy, podiatry, rehabilitation services and speech and language therapy.

Table 2: Performance of NHS Constitution Measures

NHS Constitution Targets	Warwickshire North CCG June 2019 (Target)	Coventry & Rugby CCG June 2019 (Target)	South Warwickshire CCG June 2019 (Target)
A & E Waits			
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A & E department	76.8% (95%)	88.1% (95%)	93.2% (95%)
A & E- 12 hour trolley waits	6 (0)	0 (0)	0 (0)
Referral to Treatment Waiting Times			
Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	84.8% (92%)	86.1% (92%)	91.5% (92%)
RTT>52 weeks breaches - incomplete pathways	0 (0)	0 (0)	1 (0)
Diagnostic tests -patients waiting no longer than 6 weeks from referral	99.6% (99%)	99.7% (99%)	98.0% (99%)
Cancer waits			
Maximum 2 week wait for first outpatient appointments for patients referred urgently with suspected cancer by a GP	95.0% (93%)	97.8% (93%)	93.7% (93%)
Maximum 2 week wait for first outpatient appointments for patients referred urgently with breast symptoms	60.0% (93%)	97.3% (93%)	92.3% (93%)
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	97.4% (96%)	99.4% (96%)	95.5% (96%)

NHS Constitution Targets	Warwickshire North CCG June 2019 (Target)	Coventry & Rugby CCG June 2019 (Target)	South Warwickshire CCG June 2019 (Target)
Maximum 31 day wait for subsequent treatment where that treatment is surgery	100% (94%)	95.2% (94%)	93.3% (94%)
Max 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	100% (98%)	100% (98%)	97.0% (98%)
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	100% (94%)	97.6% (94%)	98.1% (94%)
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	83.3% (85%)	72.6% (85%)	59.3% (85%)
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	100% (90%)	88.9% (90%)	100% (90%)
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient	100% (85%)	84.2% (85%)	100% (85%)
Mixed Sex Accommodation			
Mixed sex accommodation breaches	0 (0)	0 (0)	1 (0)
Cancelled Operations			
Cancelled operations rebooked within 28 days (Q1 19/20)	9 (0)	27 (0)	1 (0)
Number of operations cancelled for a second time	0 (0)	0 (0)	0 (0)

NHS Constitution Targets	Warwickshire North CCG June 2019 (Target)	Coventry & Rugby CCG June 2019 (Target)	South Warwickshire CCG June 2019 (Target)
Mental Wellbeing			
% of people under adult mental illness specialties on Care Programme Approach who were followed up within 7 days of discharge from psychiatric in-patient care (Q1 19/20)	95.5% (95%)	95.4% (95%)	95.4% (95%)
Improving Access to Psychological Therapies (IAPT) Access (April 2019)	17.4% (15%)	14.2% (15%)	4.4% (15%)
Improving Access to Psychological Therapies (IAPT) Recovery (April 2019)	52.0% (50%)	54.4% (50%)	47.6% (50%)
People starting Treatment for Early Intervention in Psychosis (EIP) within two weeks	50% (50%)	44.4% (50%)	100% (50%)
Key:	 Target not met	 Target met or exceeded	

2.5 Warwickshire North CCG - overview (extract from 2018/19 Annual Report)

The CCG is working towards improving health outcomes, reducing health inequalities and improving the quality of the services it commissions. In 2018/19, the CCG has continued to perform well in our commissioned services against key constitutional requirements. The CCG has routinely met 9 of the 12 NHS Constitutional Standards.

Key areas where performance has been less than the NHS Constitutional standard are those where performance nationally has commonly also been severely challenged in year, namely:

- Referral to Treatment (RTT) - Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral
- A&E 4 hour waits
- Cancer two week waits for first outpatient appointment for patients referred urgently with breast cancer

The CCG uses the above performance measures along with other intelligence to indicate where there are risks that may prevent the CCG from achieving its objectives. During the year, the key risks to achieving our objectives have been:

- **Achieving the financial control total agreed with NHS England.** The CCG has an agreed financial plan with NHS England with a cumulative control total of £18.9m deficit and an in-year deficit plan of £1.0m (before application of any Commissioner Sustainability Funds). Accordingly, the CCG is in breach of its statutory break-even duty. There remain a number of potential in-year financial risks that the CCG is seeking to mitigate, including a significant value of contract challenges, and there is a possibility that the CCG may end the year with a deficit higher than Plan.
- **Achievement of the NHS Constitutional targets in A&E.** There is a risk that the CCG will not achieve the constitutional target of 95% for A&E waiting times. The revised Sustainability and Transformation Fund (STF) trajectory agreed between NHS Improvement and GEH and agreed to within the Remedial Action Plan (RAP) monitored by the CCG delivers 91% in the last quarter of 2019, the Trust is running well below this target and the CCG is not confident that this target will be reached and is working with the Trust on a revised Remedial Action Plan.
- **Achievement of the NHS Constitutional targets in Referral to Treatment.** There is a risk that the CCG will not achieve the constitutional target of 92% for Referral to Treatment (RTT) waiting times for non-emergency pathways, the most significant but not sole contributing factor being NHS George Eliot Hospital identification of waiting list management problems. NHS Improvement and the CCG meet monthly to oversee the delivery of Trust actions. Contractually there are monthly action plan review meetings to check that actions are being delivered and associated trajectories are being met. The revised Performance Notice in line with the revised profile agreed between NHS Improvement and the George Eliot Hospital delivers 0 over 52 week waiters, and RTT at 87% by the end of March 2019, this should equate to the CCG delivering 89% by the end of March 2019.

2.6 **Coventry and Rugby CCG - overview (extract from 2018/19 Annual Report)**

In 2018-19, the CCG has continued to perform well in our commissioned services against key constitutional requirements. The CCG has routinely met 9 of the 12 NHS Constitutional Standards.

Key areas where performance has been less than the NHS Constitutional standard are those where performance nationally has commonly also been severely challenged in year namely:

- Referral to Treatment (RTT) - Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral
- A&E 4 hour waits

- Cancer two week waits for first outpatient appointment for patients referred urgently with breast cancer.

The CCG uses the above performance measures along with other intelligence to indicate where there are risks that may prevent the CCG from achieving its objectives. During the year, the key risks to achieving our objectives have been:

- Achieving the financial control total agreed with NHS England
- Achievement of the NHS Constitutional targets in A&E
- Achievement of the NHS Constitutional targets in Referral to Treatment.

2.7 South Warwickshire CCG - overview (*extract from 2018/19 Annual Report*)

The CCG continues to perform well on a number of key performance indicators and to make good progress on areas of ongoing challenge, such as cancer waiting time targets and mental health service access. The CCG has faced a number of performance challenges during 2018/19 with additional demand placed upon the urgent care system at South Warwickshire NHS Foundation Trust. The CCG is committed to working with the relevant emergency and urgent care providers to deliver continuing improvement in these services.

The CCG continues to work in a very challenging financial environment and our Quality, Innovation, Productivity and Prevention (QIPP) efficiency target was at a significant level at £17.3m or 4.4% of our budget. We achieved savings of £15.6m of this target. However, the CCG could not meet the control total set by NHSE of breakeven and posted a deficit of £4.33m for the year 2018/19. However, the cumulative surplus of £0.98m was brought forward from the previous year, resulting in a deficit of £3.35m.

In 2018/19 the following one objective was rated as high risk:

- **Achieve the financial control total, as set by NHS England (NHSE), and/or statutory financial 'break-even' duty and/or the QIPP target.** In line with NHSE's planning requirements, the CCG's NHSE set financial control total for 2018/19 was to break even. The CCG met non-recurrent financial pressures during the year relating to individual packages of care and non-delivery of some savings schemes leaving the CCG unable to achieve the financial plan to break even and posted a deficit of £4.3m reduced to £3.35m when taking into account the cumulative surplus brought forward. During 2018/19 the CCG has been rigorous with its contract monitoring of the largest hospital contracts in order to ensure delivery of the transactional acute QIPP

schemes to plan. While some savings schemes have not delivered as originally intended, the CCG overall was able to deliver £15.6m savings in 2018/19.

3. Background Papers

Full copies of the CCGs Annual Reports and Performance Reports can be viewed through the following links:

- Warwickshire North CCG: [Annual Report 2018/19](#)
- Coventry & Rugby CCG: [Annual Report 2018/19](#)
- South Warwickshire CCG: [Annual Report 2018/19](#)

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Redford, Golby, Adkins, Roodhouse and Caborn