



*Fylde and Wyre  
Clinical Commissioning Group*

# NHS Fylde and Wyre CCG Performance Dashboard

October 2017 (Month 7)



A healthier future for our communities

# Governing Body

## Executive Summary

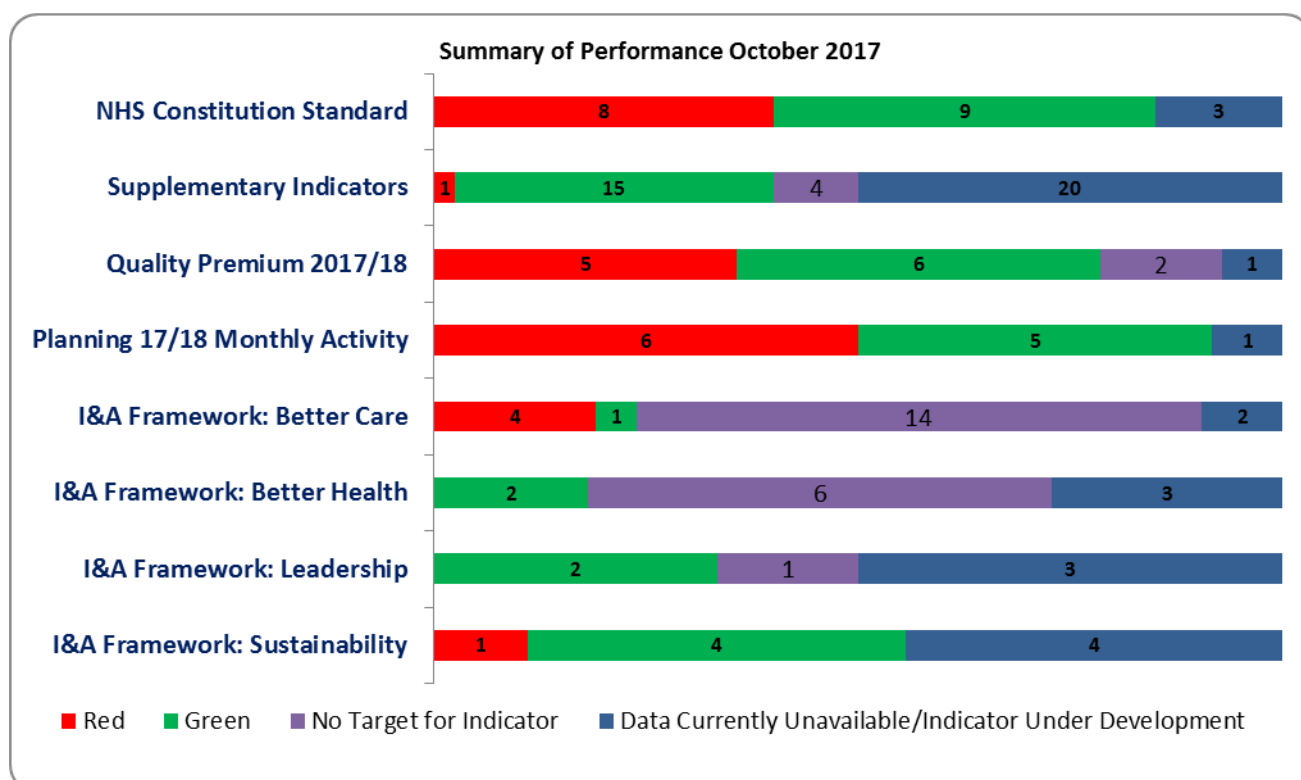
This report provides a summary of current performance across Fylde and Wyre CCG, including key issues and actions. Key performance indicators and metrics have been RAG Rated for the CCG and the four major healthcare providers in Fylde and Wyre CCG.

## Contract Performance Trend

- The **Acute Contract** total variance at month 7 is an overperformance of **£422,056**.
- **GP Referrals** to acute for month 7 across all providers have decreased by -6.1% (-1368) compared to the same period in 2016/17 (YTD). Taking into account Tier 2 referrals and Spire under reporting, there is an overall increase in referrals by 5.3% (+1202)
- **Blackpool Teaching Hospitals** are underperforming against the planned contract value by **-£165,024**
- **Spire Fylde Cost Hospital** are underperforming against the planned contract value by **-£220,540**
- **Lancashire Teaching Hospitals** are overperforming against the contract value by **£839,810**

## Performance Indicator Trends

Below is a summary of performance against indicators within the CCG Assurance Domains. Data is currently not available for a number of indicators as these are measured on a quarterly or annual basis.



## There are performance concerns in respect of the following areas:-

- D Difficile
- Breaches of the 12 hour standard
- Mortality
- A&E waiting times
- Ambulance response times
- RTT, Incomplete pathways waiting less than 18 weeks
- Cancer
  - % patients with maximum 31 day wait for subsequent treatment (radiotherapy)
  - % patients with a maximum 62 day wait from urgent GP referral to first definitive treatment for cancer.
  - % patients with a maximum 62 day wait from referral from an NHS screening service to first definitive treatment for cancer.

## Indicator Recalls

The Indicator Recall section of the report will be utilised to provide periodic updates regarding indicators which have previously been reported as breached in order to update and assure the Governing Body that actions undertaken to improve performance have been completed.

### Ambulance Response Times

As part of the ambulance response programme NWAS have made some changes to the way 999 calls are categorised and when the clock starts and stops for their response time targets. There are ongoing data validation issues which NWAS are working through which has affected ambulance performance metrics from month 4 onwards.

Due to the call categorisation changes NWAS are unable to provide metrics at a CCG level, a briefing paper outlining the changes NWAS have made through the Ambulance Response Programme has previously been circulated to the Governing Body. This paper highlights why the response changes have been made and what effect they will have on performance and quality.

### Cancer Performance

#### **% patients with maximum 31 day wait for subsequent treatment (radiotherapy)**

The CCG did not achieve the 31 day standard with a performance of 93.75% in October against a target of 94%. However, the CCG has achieved this target year to date with performance of 97.35%. There were 2 breaches recorded in total. One breach recorded at Lancashire Teaching Hospital was attributed to “patient request/choice” and a further breach was due to elective capacity at The Christie NHS Foundation Trust.

#### **% patients with a maximum 62 day wait from urgent GP referral to first definitive treatment for cancer.**

In the month of October 2017, the CCG did not achieve this target with performance at 78.0% against a target of 85%. The CCG has not achieved this target for year to date with performance at 82.56%. There were 11 breaches recorded in total. Themes identified were patient complexity, capacity issues at Lancashire Teaching Hospitals in the area of upper gastroenterology and patients requiring ‘thinking time’ in the pathway.

Additional capacity has been sourced across outpatients, diagnostics and theatre slots to reduce waits in the cancer pathway. The Lancashire and South Cumbria Cancer Alliance has submitted a 62 Day Rapid Recovery Plan and funding has been made available to support the achievement of cancer targets

The Trust has also secured additional funding of £231k via the Cancer Alliance bid to increase reporting within CT scanning and to develop further cancer tests.

### **% patients with a maximum 62 day wait from referral from an NHS screening service to first definitive treatment for cancer.**

In the month of October 2017, the CCG did not achieve this target with performance at 50.0% against a target of 85%. The CCG has not achieved this target for year to date with performance at 84.09%. There was 1 breach recorded against this target at Blackpool Teaching Hospitals due to a patient requiring emergency surgery.

### **% patients on incomplete pathway waiting less than 18 weeks**

In the month of October 2017, the CCG did not achieve this target with performance at 88.95% against a target of 92%.

Blackpool Teaching Hospitals did not achieve the target in the month of October with performance at 88.11%. The Trust had previously advised that elective activity would be in line with planned levels by year end. However, there have been cancellations of routine operations at Blackpool Teaching Hospitals due to winter pressures, as a result of this it is now anticipated that the RTT position will further decline before the end of 2017/18. Commissioners will discuss options for RTT recovery with the Trust as part of the 2018/19 planning process.

A small number of long waiters in Gynaecology have been transferred to Spire Fylde Coast Hospital in order to mitigate the risk of any 52 week waits.

Lancashire Teaching Hospitals NHS Foundation Trust also did not achieve the target in month with performance at 87.24%. NHS Improvement has requested the Trust stop elective care activity for a 4 week period over the Christmas period, from mid-December to mid-January 2018 and therefore it is expected that the RTT position will decline before 2017/18 year end.

## **Urgent & Emergency Care**

Members of the Governing Body will be provided with a live update in the meeting on 23 January 2018 regarding current winter pressures, the impact on urgent care services and actions in place to mitigate risk and improve the position.

## **Quality Indicators**

### **C. difficile (CDI)**

During October 2017, 2 new cases of C. difficile (CDI) were reported in relation to Fylde and Wyre patients, both of which were attributed to BTH (acute). October's CDI cases mean that the CCG's Month 7 YTD position (30 cases) remains in excess of the organisation's Month 7 YTD 2017-18 trajectory value of 24.

Details of the individual cases are covered within the monthly Quality report

### **Breaches of the 12 hour A&E Standard**

During October 2017, 1 breach of the 12-hour standard was reported by BTH. No other breaches had been reported since 25 April 2017. Timeline documents had been received in relation to all breaches recorded to that point and these had been escalated as appropriate. Information about the numbers and themes of the further validated

breaches which occurred in November, December 2017 and January 2018 which reflect the pressures experienced in A&E, will be reported in subsequent CCG Quality Reports.

### **Mortality**

The Trust's Mortality Dashboard (10 December 2017) now gives data from the Healthcare Evaluation Data (HED) system and therefore this un-validated figure for rolling 12 month SHMI is 1.09 at November 2017. The most recent available quarterly publication of SHMI data by NHS Digital (released on 14 December 2017, covering the period July 2016 - June 2017) reports a SHMI value of 1.15 (higher than expected) for the Trust. The next Quality Improvement, Governance and Engagement Committee will receive feedback from the meeting on 18th January 2018 between the CCGs, NHSE and NHSI regarding the mortality position at BTH.

