

Agenda Item: 12
Report Number: GB155-16
Venue: NWS CCG HQ, 58 Church Street, Surrey, KT13 8DP.
Date: Monday 28 November 2016
Meeting: North West Surrey CCG Governing Body – Part One

Title of Report	Month 6 Contract Performance Report		
Purpose of the report	This report is on the agenda to update Governing Body on current Contract performance across the Ashford and St Peters Hospitals NHS Foundation Trust contract and other provider contracts.		
Reason for presentation to the Governing Body	For Information	✓	
	For Discussion		
	For Decision		
	The Governing Body is asked to: <ul style="list-style-type: none"> • Receive the month 6 Contract Performance Report for 2016-17 • NOTE the contents of the report 		

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Presented by:	Sumona Chatterjee, Interim Director of Strategic Commissioning			
Relative Legislation & Source Documents:				
Freedom of Information:	Restricted		Open	Open
This report has previously been presented to the following Committee/Group/s				
			Strategic Finance Committee	

<i>(please state date)</i>			28/11/2016	
The outcome of previous presentation/s or reviews				

Executive Summary

- The purpose of this report is to brief the Governing Body on both the current contract performance as well as our contractual challenges with regards to the contracts for which North West Surrey CCG is the Lead Commissioner. There is also a summary of other provider contracts and areas of escalation where appropriate.

Recommendations:

- The Governing Body are asked to note the contents of the month 6 Contracts report.

Health Impact:	A health assessment has not been undertaken.
Financial Implications:	The Financial position will be reported in the Finance section.
Legal Implications:	NHS Constitution and NHS Standard Contract for 2016/17
Equality & Diversity	No impact on equality or diversity.
Communication & Engagement	No public consultation or public engagement is needed.
Reputational Implication:	Achievement of financial performance is a statutory requirement; delivery of quality and operational requirements within the contract are key success factors for the CCG
Risk Register:	Key performance priorities have been identified on the risk register and mitigating actions are in place.

OVERVIEW

A. INTRODUCTION

1. This Contract Performance report has been developed to provide an overview on North West Surrey CCG's (NWS CCG) commissioned Providers' Month 6 performance in 2016/17. The report covers the following contracts:
 - Ashford and St Peters Hospitals Foundation Trust (ASPHFT)
 - Virgin Care Services Limited (VCSL)
 - South East Coast Ambulance Trust 999, 111, Patient Transport and
 - Other providers with which NWS CCG has a contract.
2. The report provides further information regarding the CCG's achievement of the National targets and actions being taken by the CCG regarding under achievement in the areas highlighted.

B. SUMMARY

3. In Month 6, Ashford and St Peters Hospital Trust did not achieve the Operational and National Quality standards required in the following areas: A&E, 62 day Screening Standard, Stroke and Ambulance Handovers. The exception reports and actions being taken are outlined in subsequent pages of this report.

C. Contractual Sanctions in 2016/17

4. The Sustainability Transformation Fund (STF) was introduced in April 2016/17 to stabilise the financial position of the provider sector. Where the provider is underachieving but has agreed a recovery trajectory with the CCG, contractual sanctions will not be applied for breaches in the following areas:-
 - 18 weeks RTT Incomplete pathways
 - The Six Weeks diagnostic Standard
 - A&E 4 hour wait
 - Urgent GP referral for Cancer within 62 days
 - Zero tolerance RTT waits over 52 weeks for incomplete pathways.
 - Trolley waits in A&E longer than 12 hours
 - Ambulance handover standards within 30 and 60 minutes
5. An update on the Trusts performance against the STF trajectories for the standards above is included in this report.

ASHFORD AND ST PETERS HOSPITAL FOUNDATION TRUST

D. ASPHFT PERFORMANCE OVERVIEW

6. The CCG continues to monitor the Trust's achievement of the A&E 4 hour standard (combined measure from April 2016), 18 weeks Referral to Treatment (RTT) (Incomplete pathway) Cancer standards (62 days) and Stroke performance which are the key areas of underachievement. The action plans that

have been developed by the provider are reviewed by the CCG on an on-going basis. Further actions underway are described below.

7. The scorecards below illustrate the Trust's achievement in Months 5 & 6 against the National Operational Standards, Quality standards and the STF Trajectories. Reporting on notable exceptions and key areas is also provided below.

ASPH Provisional Data				
	Target	August 2016	September 2016	Trendline *
18 weeks - incomplete pathways	92%	92.76%	92.83%	
Percentage of diagnostic waits < 6 weeks	99%	99.43%	99.10%	
A&E - Within 4 hours of arrival either admitted/transferred/discharged	95%	92.41%	92.56%	
Cancer - 2 week rule - urgent referral waiting no more than 2 wks for first OP appointment	93%	94.26%	96.40%	
Breast symptomatic - urgent referral waiting no more than 2 wks for first OP appointment	93%	93.68%	96.72%	
Cancer - diagnosis to 1st definitive treatment within 31 days	96%	96.43%	99.02%	
Cancer - second or subsequent cancer treatment (surgery) within 31 days	94%	100.00%	91.70%	
Cancer - second or subsequent cancer treatment (drug treatments) within 31 days	98%	100.00%	100.00%	
Cancer - urgent GP referral to 1st definitive treatment for cancer within 62 days	85%	86.61%	85.16%	
Cancer - NHS Cancer Screening Service referrals to first definitive treatment in 62 days	90%	77.78%	88.24%	
Cancer - Consultant upgrade to first definitive treatment for cancer within 62 days	85%	0.00%	n/a	
Sleeping accommodation breach	0	8	0	
Zero tolerance MRSA	0	0	0	
Rates of Clostridium difficile (annual threshold but report monthly)	9	1	2	
Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	
Number of handovers between ambulance and A&E taking place after 30 mins	0	79	78	
Number of handovers between ambulance and A&E taking place after 60 mins	0	0	14	
Trolley waits in A&E not longer than 12 hours	0	0	0	
VTE risk assessment - all inpatient patients undergoing risk assessment	95%	97.53%	97.80%	
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	80%	65.00%	75.00%	
Proportion of patients spending 90% of their stay on a stroke ward	60%	77.00%	87.00%	
Zero tolerance to avoidable Hospital acquired Pressure Ulcers - stage 3 (Need to add in IR regarding data per 1000 bed days)	0	0	0	
Zero tolerance to Hospital acquired avoidable Pressure Ulcers - stage 4	0	2 pending	2 pending	

* Trendlines - Vertical axes for % measures start at 50% (apart from Cancer Consultant Upgrade & Stroke Measures - 0%)

8. **A&E 4 Hour Access:** The latest Trust dashboard has reported failure to achieve the 95% standard. The Trust only achieved 92.83% which also did not meet the Sustainability Transformation Fund (STF) recovery trajectory of 93.6% for September.

9. **Actions underway** include:

- a. The Trust continues to implement the recovery plan which includes changes to governance and clinical engagement in order to provide a recovery trajectory delivering compliance from October onwards.

- b. Achievement of the target in October is at risk and these issues are being proactively managed through the Local A&E Delivery Board (LAEDB, previously SRG) to ensure sustainable delivery of the urgent and emergency care pathways and wider system capacity.
 - c. On the 18th October the system is running a “Getting Ready for Winter” session which is a whole system collaborative approach to timely discharge maximising patient flow and minimising length of stay.
 - d. Local plans to support the delivery of the national RIGs have been developed and submitted to NHS England, with implementation overseen by the LAEDB.
10. **Cancer Waits:** The Trusts performance across the cancer standards is provided in the table below.

ASPH - Cancer Stats September 2016				
		Attendances	Breaches	%
EB6	Cancer - 2 week rule - urgent referral waiting no more than 2 wks for first OP appointment	889	32	96.40%
EB7	Breast symptomatic - urgent referral waiting no more than 2 wks for first OP appointment	122	4	96.72%
EB8	Cancer - diagnosis to 1st definitive treatment within 31 days	102	1	99.02%
EB9	Cancer - second or subsequent cancer treatment (surgery) within 31 days	12	1	91.70%
EB10	Cancer - second or subsequent cancer treatment (drug treatments) within 31 days	4	0	100%
EB12	Cancer - urgent GP referral to 1st definitive treatment for cancer within 62 days	64.0	9.5	85.15%
EB13	Cancer - NHS Cancer Screening Service referrals to first definitive treatment in 62 days	8.5	1.0	88.24%
EB14	Cancer - Consultant upgrade to first definitive treatment for cancer within 62 days	0.0	0.0	n/a

11. **Summary of Cancer performance:**

- a. The 62-day urgent referral from a GP standard was met in September at 86.7% against the national standard of 85%. The Trust also met the STF trajectory for this standard which was set at 86.8%. However the Trust did not achieve the 62 day standard for referrals from a screening service at 88.24% with 1 patient breach due to breast capacity and 1 patient breach due to late referral from the screening centre and patient choice.
- b. The Trust has received the final report from the NHSI Intensive Support Team with a view to further augment the Recovery Plan and enable sustainable performance delivery. The Recovery Plan aims to address the risks that are being proactively managed through the Joint Cancer Performance and Quality Group to ensure sustainable delivery of the 62 day pathway performance. Key issues to be addressed are the tertiary delays (at St Luke’s), complex specialties at risk (urology, lung and colorectal) and pathway improvements.
- c. A further dip in performance is expected to be seen from October due to the implementation of the breach reallocation guidance and the roll out of the revised TWR Performa’s, scheduled in November.

12. **18 Weeks Referral to Treatment (RTT):**

The tables below provide a North West Surrey CCG and Trust level view of performance of the 18 weeks standards in Month 4. [Admitted standard = less than 90%, Non Admitted standard = less than 95%, Incomplete standard = less than 92%].

As previously reported to Governing Body from 1st October 2015 the Operational Standards in relation to RTT waiting times for non-urgent consultant-led treatment were changed and Trusts are only required to achieve incomplete pathway standards.

COMMISSIONER September 2016				PROVIDER - ASPH September 2016			
Specialty	Admitted	Non-Admitted	Incomplete	Specialty	Admitted	Non-Admitted	Incomplete
General Surgery	75.6%	93.4%	89.3%	General Surgery	75.3%	93.0%	90.0%
Urology	69.8%	90.8%	90.7%	Urology	68.6%	91.3%	94.9%
Trauma & Orthopaedics	57.0%	89.2%	91.0%	Trauma & Orthopaedics	53.2%	89.4%	91.0%
ENT	72.6%	96.1%	94.3%	ENT	72.2%	96.6%	95.2%
Ophthalmology	45.7%	94.9%	94.5%	Ophthalmology	22.6%	96.2%	95.1%
Oral Surgery	-	-	-	Oral Surgery	39.7%	92.1%	91.4%
Neurosurgery	-	66.7%	76.5%	Neurosurgery	-	-	-
Plastic Surgery	69.2%	95.7%	78.6%	Plastic Surgery	-	100.0%	53.8%
Cardiothoracic Surgery	100.0%	66.7%	100.0%	Cardiothoracic Surgery	-	-	-
General Medicine	100.0%	96.1%	95.5%	General Medicine	100.0%	96.4%	96.1%
Gastroenterology	95.7%	93.7%	92.2%	Gastroenterology	93.8%	94.8%	93.1%
Cardiology	74.5%	93.7%	93.8%	Cardiology	83.6%	94.6%	94.0%
Dermatology	100.0%	92.9%	93.5%	Dermatology	-	94.2%	93.9%
Thoracic Medicine	100.0%	91.7%	92.9%	Thoracic Medicine	-	-	-
Neurology	87.5%	79.8%	91.6%	Neurology	-	88.0%	96.7%
Rheumatology	100.0%	97.5%	94.2%	Rheumatology	-	99.2%	97.8%
Geriatric Medicine	-	94.3%	98.1%	Geriatric Medicine	-	97.4%	98.2%
Gynaecology	87.0%	95.6%	95.2%	Gynaecology	85.3%	95.8%	94.8%
Other	67.3%	76.6%	91.0%	Other	61.7%	68.8%	89.3%
Total	66.3%	90.8%	92.2%	Total	57.4%	91.7%	92.8%

Incomplete = Contractual Requirement. Admitted & Non-Admitted = Information Only.

13. **September Performance:**

14. The Trust was compliant for the 18 weeks incomplete pathway in September at 92.8% but marginally below the agreed NHSI trajectory of 94.8%. General Surgery, T&O, Oral Surgery and Plastic Surgery were non-compliant at specialty level. The Trust has reported capacity issues due to a lack of anaesthetics cover and unforeseen medical sickness. Locum cover has been sourced and the Trust is planning additional elective activity for Q3 and beyond to regain sustainable compliance at specialty level and maintain an aggregate compliant position.

15. At a CCG level the standard was achieved at 92.2%, as shown by the table above. The breaches within General Surgery, Urology, T&O, Neurology, Neurosurgery and Plastic Surgery. The position in Neurosurgery and Neurology was driven by breaches at Imperial, Frimley and RSCH. Further detail on other Providers performance is provided in the Surrey Collaborative Contracts section of this report.

16. **Actions underway** include:

- a. The Trust continues to implement the recovery plan which includes changes to governance and clinical engagement in order to provide a recovery trajectory delivering compliance (95%) from October onwards.
- b. For T&O the Trust is working on a comprehensive recovery plan since the implementation of iMSK. Clinical pathways have changed post implementation of iMSK leading to an increase in patients transferred to the Pain service; additional capacity and outsourcing has been scheduled to address the reported underperformance.
- c. Creating additional elective capacity to clear elective backlogs

- d. Managing of waiting lists through Patient Targeted List (PTL) management activities and OPA and diagnostic capacity to meet the increases being seen in demand
- e. Early identification of any complex pathways needing escalation, identifying capacity challenges and particular issues on the admitted or non-admitted pathways impacting activity
- f. Reducing the waiting time for the longest incomplete waiter by specialty and on the overall waiting list.

17. **Diagnostic Waits <6 weeks:**

In September the Trust achieved the diagnostic standard at 99.10%, however the Trust did not achieve the STF trajectory of 99.60% Breaches (49 out of 64) were mainly due to Gastroscopy and Cystoscopy tests at ASPH and audiology assessments at RSCH. ASPH intends to retain the service of the external provider into Q3 and Q4 to maintain the required additional endoscopy capacity for continued waiting list reduction.

18. **Ambulance Handovers**

In Month 6, the Trust reported 78 handover delays over 30 minutes and 14 handover delays over 60 minutes.

19. **Stroke (admission to stroke unit within 4hrs):**

In September 75% of patients (based on discharges) accessed a stroke unit within 4 hours. There is no STF trajectory for this standard.

The Trust continues to experience difficulty meeting this standard due to following reasons:

- No acute bed being immediately available due to non-elective bed pressures
- Medical need
- Different presenting complaint
- Disruption to the stroke pathway

20. **Actions underway include:**

Multi-disciplinary team review of all breaches has been scheduled to understand root causes and improve performance. In addition to that, a number of actions have been underway:

- Demand and capacity analysis to establish the required number of ring-fenced beds
- Root cause analysis of each breach with mitigations reviewed at clinical governance
- Protocols for transfer of stroke patients into and out of stroke and rehab beds re-established

- Standard Operating Procedure for stroke unit capacity management re-established
- Improving LoS (Length of Stay) on Chaucer Ward, including delayed transfers of care
- Meeting with A&E team reaffirming the pathway for stroke patients

Key Variances in Month 6 (September)

At Month 6 year to date actual spend based on the Trust's Service Level Activity Monitoring (SLAM) report was £90.35m against a plan of £90.37m resulting in an underspend of (£24,165) across all Points of Delivery (PoDs.). This position includes a QIPP adjustment of -£1.58m. Before the QIPP adjustment there is an overspend against plan of £1.6m. The narrative below outlines the key variances to finance and activity plans before the QIPP adjustment.

a. **Outpatients**

Within this PoD, there was an overspend of £126k against a plan of £20.4m. This position was driven by an activity increase against plan of 8,151. The specialties driving the overspend in activity and spend are Urology and Ophthalmology.

b. **Daycases and Electives**

Within these PoDs there was an underspend of £630k, despite there being an underspend on cost there was higher activity than planned by 148.

c. **Unplanned Care (Non- Electives, Emergency, Ambulatory Care and A&E)**

At Month 6 there was an increase in activity above plan of 752 within Ambulatory Care with an overspend against plan of £177K. Non Elective and Emergency showed an underspend of -£956K with an activity variance of -37. Within A&E there was an overspend of £53K and an increase in activity against plan of 445 year to date. Within A&E, September had a large amount of attendances with no investigation and no treatment and there seems to have been a shift in coding on the category two investigations in September. The net position within this PoD was an underspend of -£1.1m.

d. **Maternity**

There was an overspend of £350k year to date, with an increase in Postnatal activity and Births. However the increase in the year to date overspend is mainly due to the coding of activity to the intensive and intermediate pathways in Months 1 to 6. This has been raised as a casemix challenge with the trust.

e. **Drugs and Devices**

There was an overspend of £231k YTD. The reasons for this increase are as follows

- One off fee to the Trust for work done to switch patients to different drugs. Savings to the CCG will be made throughout the year due to the lower cost of inflectra so the overspend on this drug would be slightly skewed.
- Vedolizumab - More patients put on this drug then forecasted at budget setting

- Billing in the earlier part of the year covered some months from the previous years as they bulk invoiced for 5 months at month 2. This was raised with the trust that they shouldn't accumulate so many months invoices before billing as it skews spend and affects forecasting

The CCG is undertaking further analysis to understand the drivers for these increases and raise challenges if appropriate.

OTHER PROVIDER'S PERFORMANCE

E. SOUTH EAST COAST AMBULANCE FOUNDATION TRUST (SECamb 999,111 & Patient Transport Service)

21. The following information relates to month 6 (September) performance and activity for the 2016/17 contract.

22. **Ambulance Response Times:** It should be noted that SECamb have been commissioned at a Trust/regional level. The annual target is 75% for all Category Red 1 /Red 2 8 minute responses and 95% for all Category A19 minute response times across the Kent, Surrey and Sussex region. For reporting purposes, both Surrey and regional performance levels are identified below:

a. September Red 1 999 performance:

- September Surrey = 56.7%
- September SECamb = 62.6%
- Year to date for Surrey = 56.5%
- Year to date for SECamb = 64.2%

b. September Red 2 performance:

- September Surrey = 42.6%
- September SECamb = 52.8%
- Year to date for Surrey = 44.3%
- Year to date for SECamb = 53.9%

c. September A19 Calls:

- September Surrey = 88.8%
- September SECamb = 89.9%
- Year to date for Surrey = 88.4%
- Year to date for SECamb = 90%

23. **Total Activity:** SECamb activity comprises of national currencies with locally agreed tariffs. These are Hear & Treat (H&T), See & Treat (S&T) and See & Convey. The latter currency is further sub divided into requests made by Health Care Professionals (S&C - HCP) and See & Convey 999 calls received directly.

The tables below show the overall activity against plan for all currencies at a Surrey wide level.

- a. Total activity for Surrey in September saw activity above the expected plan of 15,238. Activity stood at 15,472 + 234[1.5%] above the plan at Surrey level.

Activity		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	YTD	FOT
Total	Plan	15,016	15,635	15,281	15,958	15,175	15,238	92,303	190,144
	Actual	15,608	16,458	15,933	16,960	16,019	15,472	96,450	198,695
	Variance	592	823	652	1,002	844	234	4,147	8,551
	Variance %	3.9%	5.3%	4.3%	6.3%	5.6%	1.5%	4.49%	4.50%

- b. See & Convey 999: September saw activity for Surrey above the expected plan of 6955 for conveyances to hospital. Activity stood at 7,033, +78 [+1.1%] above plan at Surrey level.
- c. See & Convey HCP: September saw activity marginally above the expected plan of 1,753. Activity stood at 1,761, +8 [0.5%] above plan at Surrey level.
- d. See & Treat: September saw activity above the expected plan of 4,975. Activity stood at 5,002, +27 [0.5%] above plan at Surrey level.
- e. Hear & Treat: September saw activity above the expected plan of 1,527. Activity stood at 1,647, +120 [+7.9%] above the contract plan.
24. **Summary for September:** SECamb's performance is currently below the national standard of 75% for Red 1 with a year to date percentage at 64.2% and Red 2 year to date percentage at 53.9%. They are just below the A19 national standard of 95%, with a year to date percentage of 90%.

Surrey continues to experience performance challenges and the performance remains below that of Kent and Sussex. It should be taken in the context that overall activity numbers are lower in Surrey than in Sussex and Kent; Surrey has a high percentage of rurality, thus offering an additional challenge in terms of response times, as well as having a lower percentage of urbanised areas. The Surrey operating model is currently not funded to deliver national performance standards and therefore has shown a greater drop in performance when aligned to the challenges being experienced in SECamb currently.

Activity is currently above planned activity within the contract at 4%; this, along with the challenges being faced with hospital handovers, has further impacted on the available resource that can respond to meet the national performance standards. Commissioners continue to monitor patient safety aligned to this to ensure that although performance is not being met, the tail of performance is being considered in relation to patient care. The AQN issued by SECamb is being worked through with colleagues from Kent and Sussex who have also seen increased levels of activity. Commissioners are currently waiting for additional activity data to support the review of this increase, which in turn may support possible solutions in year and for the current contract negotiations.

In order to support the wider recovery plan, there is recognition that the organisational governance and quality concerns are shared by both commissioners and regulators. As discussed at the first Single Oversight Group (SOG), the oversight will remain at that forum and the support work to achieve compliance with regulatory actions will be provided primarily via NHSI. The three county Accountable Officers have met and agreed that the Strategic Partnership Group (SPG) will focus exclusively on strategic development of the clinical model and high level escalated contractual issues, with an emphasis on practical resolution of issues and moving forward. The CCG quality, commissioning and contract leads are reviewing current meetings in light of the above in order to work more effectively as part of the wider contribution to the provider recovery and removal of special measures.

Unified Recovery Plan (URP)

The Unified Recovery Plan (URP) operational groups will continue for 999 and 111 but the governance group will cease to exist to support the other areas of joint work with NHSE and NHSI. The two work stream groups meet on a monthly basis with fortnightly conference calls to establish more immediate updates. The remit of these groups may be reviewed once the NHSI special measures recovery plan is submitted this month; it is unclear at this stage whether this plan will include all or some of the actions already captured in the Unified Recovery Plan.

Ambulance Response Programme (ARP)

The Ambulance Response Programme (ARP) trial commenced on the 18th October 2016. Commissioners have engaged with SECamb extensively to monitor the actions being taken so that that national governance continues to be followed and that safe and effective practices are in place to ensure patient safety. Prior to its commencement, the commissioners wrote to SECamb confirming support to the introduction of Nature of Call and Dispatch on Disposition, elements of the National Ambulance Response Programme recognising that it is a national requirement for all A&E delivery boards, as well as being part of their action plan for the Unified Recovery Plan - as discussed in the 999 Operational Monitoring and Assurance Group (OMAG).

Before going live, the clinical risks were reviewed by the SECamb Executive and Board as required by their governance process. The CCG will feedback in the next report regarding how this is positively impacting on performance and how it is improving patient safety by identifying a greater proportion of R1 calls more quickly.

Handover Delays

Handover delays continue to be a pressure for ambulance resource nationally. CCG's are conducting audits in each acute trust to fully understand specific local issues and possible solutions. ECIST (Emergency Care Intensive Support Team) will lead some work (with support from NHSE and NHSI) on handover delays and a workshop has been scheduled for the 23rd November to discuss the clinical handover process and balance of risk. A teleconference took place on the 9th November; NHSE and NHSI agreed that the SECamb Clinical Procedures Policy will be signed off internally by SECamb and implemented within a month, following a communications piece. The Handover Policy will be discussed and

reviewed after the 23rd November and following agreement by the CCGs, NHSE and NHSI will be the final sign off point for the policies.

25. **Patient Transport Service (PTS) service:**

Contract performance:

As a result of the PTS quality CPN that was issued to SECamb, we have now received supporting information from them evidencing some of the educational concerns that we have raised. There are further meetings planned to clarify some of the detail and ensure that assurance is in place before commissioners are in a position to consider withdrawing the CPN. At this stage, we are more confident that the work being carried out by SECamb will provide an increased level of assurance and this is partly as a result of changes to the operational team that are now inputting into contractual discussions. Although the mobilisation of the preferred provider is currently underway (and will involve SECamb) the contract team are closely monitoring the current contract and addresses concerns where appropriate.

The commissioner only forum for Surrey continues to be well attended and supports updates and areas for discussion that are of concern to associates.

Total Journeys undertaken by SECamb in the Surrey region for the month of September stood at 10,480, 9% of these were aborted, 17% were booked on the day and 18% had an escort.

- a. Data capture for the month was: Arrivals 75%, Departures 75% and Discharges 98%.
- b. Timeliness/KPIs (Target 95%): 85% of patients arrived no later than 15 minutes after their appointment, 85% of patients were collected no later than 60 minutes after their planned departure time, and 80% of patients were collected no later than 120 minutes after their planned discharge time, there was a slight increase on previous month's performance.

26. **Call Booking Service (CBS):** As of the 1st October 2015 SECAMB have delivered the Call Booking Service for bookings of patient transport along with the universal application of the eligibility criteria.

- a. CBS KPIs- All KPI's for September, of the 4947 calls offered 4782 of the calls were handled. 90% were answered within 60 seconds (Target 90%) and 96% of calls were answered within 120 seconds (Target 100%).

27. **111 Service:** The KMSS 111 service is a regional Kent & Medway, Surrey and Sussex (KMSS) contract lead by SWALE CCG.

The KMSS 111 service continued to focus on operational recovery and stability during September 2016, in anticipation of forthcoming winter pressures and other current operational challenges.

Operationally, the service experienced a drop in the "Answered in 60" performance measure, at 83.7% for the month. This was slightly below the Service Level Agreement (SLA) target of 85% in the Commissioner agreed Unified Recovery Plan (URP), however the longer-term trend remains on an

upward trajectory. The service delivered 15 “green” days and 4 “amber” during the course of the month. Weekday performance is now consistently good (with fewer breach days occurring) but there is still scope for improvement in their weekend performance. The monthly service level was impacted in particular by two challenging Saturdays (3rd and 24th) where the SLA performance dipped below 50%. The KMSS 111 Senior Management Team conducted an analysis of those two days, and has identified actions to improve time management and productivity of staff at times of peak demand.

There were two new exceptional events further impacting our performance in September. On 21st September an unplanned GP Protected Learning Time (PLT) event resulted in an unexpected incremental 100+ (approx.) calls during the afternoon. Although a relatively small number in total, the timing of when these unexpectedly arrived in KMSS 111 caused unavoidable queuing and adversely impacted performance for the day. The CCG in question has subsequently addressed this issue, which was caused by a lack of awareness of the communication lines necessary in planning a PLT event. On 28th September, the new Out of Hours GP service provider in East Kent went live. During these opening three days there were operational issues relating to provider capacity and DoS accuracy, impacting on KMSS 111 productivity and performance (this will be explored further in the October report).

From a clinical viewpoint, the performance of KMSS 111 remained among best-in-class. Our Combined Clinical performance of 78.1% demonstrates a significant “over-performance” against the national upward trend for this measure. In order to mitigate this referral rate, the service continues to operate a clinical support line for Health Advisors. In addition, the service is planning to stage probing workshops, provide extra coaching and increase one-to-one feedback relating to Ambulance referrals for outlier performance. Our Clinical and Quality managers are also in regular consultation with NHS pathways on this issue.

KMSS 111 management is focusing on planning for the winter period and is confident that the service is better placed than twelve months ago to provide a safe and effective service, which is able to have a greater positive impact on other service providers (and patients) across the region. This confidence is underpinned by good traction with its URP agreed actions and the service is also on-track with its Health Advisor (HA) recruitment targets and continues to monitor progress, sharing this on a weekly basis with Commissioners via a comprehensive HA Recruitment Tracker.

However external factors remain a risk to the service, especially the volatility of service provision and performance within the East Kent CCG cluster, which represents almost one-fifth of our current total call volume. North West Surrey CCG will work constructively and collaboratively with other providers and Commissioners to maintain a positive patient experience and Swale CCG have agreed to provide interim help, via a short term NHS 111 contract extension for the four East Kent CCG’s; this is a result of the inability of the new service.

F. Independent sector Contracts In NWS CCG

28. BMI Healthcare Runnymede

A summary of the Providers performance in Month 6 is provided below:

Measure	Targets	Apr	May	Jun	Jul	Aug	Sep	Oct
RTT 18 wks Performance - Admitted	90.0	94.12	97.06	97.62	97.87	96.43	87.88	79.31
RTT 18 wks Performance - Non Admitted	95.0	100.00	100.00	100.00	100.00	100.00	100.00	100.00
RTT 18 wks Performance - Incomplete	92.0	99.19	100.00	100.00	99.21	87.00	69.88	74.85
Zero Tolerance RTT Waits Over 52 Weeks	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Zero tolerance to MRSA	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C.Diff	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Serious Incidents	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VTE Assessment Compliance	95.0	95.00	100.00	100.00	100.00	100.00	100.00	100.00
Total Complaints	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Patient Survey Satisfaction	95.0	100.00	94.74	100.00	100.00	100.00	96.30	96.67
Follow-Up to New Outpatient Ratio (Total)	2.0	1.28	2.05	1.41	1.19	2.25	1.67	0.70
Provider Cancelled FU as % of total FU	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Provider Cancelled OP as % of total OP	5.0	9.47	6.49	10.48	5.13	4.17	8.25	5.41
Outpatient DNA Rate	5.0	1.33	8.06	5.00	4.61	5.26	7.89	8.98
Follow-Up DNA Rate	5.0	2.46	0.00	0.85	1.80	3.74	0.44	1.42

- There is a concern regarding the sharp decrease in RTT performance at Runnymede hospital.
- This has been raised with the provider as a concern and the breaches have been challenged with penalties of £1.5K applied in month 5. Financial penalties will be applied to the breaches in month 6 and 7 also, in line with the challenge timetable.
- The provider is auditing case by case the reasons for the 18 week breaches and we are awaiting further information on the cause, they have stated that it coincided with some staff changes.

29. Nuffield Health Woking

Nuffield								
Measure	Targets	Apr	May	Jun	Jul	Aug	Sep	Oct
RTT 18 wks Performance - Admitted	90.0	100%	100%	100%	99%	100%	96%	
RTT 18 wks Performance - Non Admitted	95.0	100%	100%	100%	100%	100%	100%	
RTT 18 wks Performance - Incomplete	92.0	100%	100%	100%	99.80%	99%	99%	
Zero Tolerance RTT Waits Over 52 Weeks	0.0	0	0	0	0	0	0	
Zero tolerance to MRSA	0.0	0	0	0	0	0	0	
C.Diff	0.0	0	0	0	0	0	0	
Total Serious Incidents	0.0	0	23	0	0	0	0	
VTE Assessment Compliance	95.0	99%	99%	99%	99%	100%	98%	
Total Complaints	0.0	0	1	0	1	0	1	
Positive Patient Experience		92%	90%	91%	88%	91%	91%	
Follow-Up to New Outpatient Ratio (Total)	1.4	1.7	1.5	1.1	1.0	1.4	2.2	
Provider Cancelled Operations	0.0	0	23	0	2	0	0	

- The Nuffield hospital is performing well overall, with excellent achievement in RTT. The hospital has received 3 complaints this year, but all have been resolved with compliance to the complaints procedure and timescales.
- The contract team are querying the measures/targets for the 'positive patient experience' in order to appropriate benchmark this performance.
- Cancelled operations- 23 patient operations were cancelled in May due to thunder and a power outage affecting theatres. All patients were rebooked within 2 weeks, the backlog has cleared and there have been no cancelled appointments in August

G. VIRGIN CARE SERVICES LTD (VCSL)

28. The dashboard below provides a view of VCSL's performance for the Month of September

VCSL Provisional Performance Data				
September 2016	Annual Target	Frequency	Performance *	Monthly Change **
Falls - national aim of a 50% reduction in serious harm (in all care settings)	2	Monthly	0	➔
Symptomatic Breast Referrals (cancer not initially suspected) - percentage of patients waiting no more than 2 weeks for first outpatient appointment	93%	1 Month in arrears	97.0%	⬇
Breast Screening - Percentage of women with abnormal results assessed within 3 calendar weeks of the mammography being undertaken	90%	1 Month in arrears	38.0%	⬇
Breast Screening - % of eligible women whose first offered appointment is within 36 months of their previous screen	90%	Monthly	84.0%	⬇
Breast Screening - Reporting negative test results to women within 2 weeks of screening invitation	90%	1 Month in arrears	99.0%	➔
Breast Screening - Uptake in invited women aged 50-70 invited in the last year	70%	1 Month in arrears	70.0%	⬇
Breast Screening - Diagnostic Reporting of Results to GPs: Plain x-rays - non urgent tests results to be reported to the GP within 2 calendar weeks	100%	Monthly	100.0%	➔
Breast Screening - Diagnostic Reporting of Results to GPs: Plain x-rays - urgent test results to be reported to the GP within 72 hours	100%	Monthly	100.0%	➔
Pressure Ulcers - Incidence of newly acquired pressure ulcers by grade in aggregate - Community Hospital Grade 3	0	Monthly	0	➔
Pressure Ulcers - Incidence of newly acquired pressure ulcers by grade in aggregate - Community Hospital Grade 4	0	Monthly	0	➔
Pressure Ulcers - Incidence of newly acquired pressure ulcers by grade in aggregate - Community Nursing Grade 3	0	Monthly	6	⬆
Pressure Ulcers - Incidence of newly acquired pressure ulcers by grade in aggregate - Community Nursing Grade 4	0	Monthly	0	⬇
GUM Access - % of patients offered appointment within 48 hours of contacting the service	100%	Monthly	100.0%	➔
GUM Access - % of patients seen within 48 hours of contacting the service (including extending hours to offer evening and weekend appointments)	75%	Monthly	81.0%	➔
Diabetic Retinopathy - % of eligible diabetics offered screening (NHSE commissioned service)	100%	Monthly	104.0%	➔
VTE Assessments - % of patients receiving VTE assessments on admission to Community Hospitals	90%	Monthly	100.0%	➔
Nutritional Assessments - Admissions - all patients aged 60 & over to have a nutritional assessment (recorded in notes) within 48 hours of admission.	100%	Monthly	100.0%	➔
Methicillin Resistant Staphylococcus Aureua (MRSA) Bacteraemia	0	Monthly	0	➔
MRSA Bacteraemia Screening of admitted patients, number of screened as percentage to total non elective patients	90%	Monthly	100.0%	➔
C-Diff - Number of outbreaks for C Difficile (2 or more linked cases)	0	Monthly	0	➔
E Coli Screening monitor and track the number of reported bacteraemia infections of E Coli	0	Monthly	1	➔
Excess Bed Days against care pathway LOS target, not related to clinical requirements, to be reported	100%	Monthly	100.0%	➔
Number of Health Visitors	126.4	Monthly	104.9	⬆
Appraisal / PDP rates	85%	Not Available		
DBS (Disclosure and Barring Service) Checks complete for staff	95%	Monthly	99.0%	⬆
Statutory and Mandatory Training	85%	Monthly Arrears	0.0%	➔
Sickness Absence level overall - % of sickness absence SCH actuals (12 month rolling)	3.3%	Monthly Arrears	4.29%	⬆

* For Absolute Measures e.g.Falls, RAG rating indicates YTD performance against annual target (except Number of Health Visitors)
 * For Percentage Measures e.g. Symptomatic Breast Referrals, RAG rating indicates current month performance to target.

29. **Overview: Key issues**

Preparation for Exit and Transition:

Latest Planning for Exit meeting with stakeholders took place on the 2nd November. A Surrey wide community estates workshop took place on the 1st November involving all incumbent providers. Progress with the identification of usage at floor plan level has been made but not across the entirety of the contract. The CCG will continue to seek outstanding information through the exit forums.

The IM&T work-stream continues with the CCG meeting with VCSL and CSH. Further new receivers will join the work-stream as mobilisation plans from the new providers are shared with VCSL.

VCSL has provided an initial exit plan for NWS CCG that will develop as mobilisation plans from CSH are provided. Currently VCSL await sight of mobilisation plans from all new receivers.

Estates Issues:

Jarvis Centre Porta-cabin

Remedial works at the Jarvis Centre porta-cabin commenced on the 10th October, expected to complete within a month. VCSL has advised services are continuing to be delivered from the site as the schedule of works allows areas to be given over to contractors during working hours.

Estates Schedules of Condition

NWS CCG has reaffirmed with NHSPS the commissioner expectation that a schedule of condition will be created by the landlord for each site to support a lease/licence arrangement with the tenant for the new contracts, having been informed that NHSPS expect the exiting tenant to provide such.

30. **Performance and Activity Reporting**

18 Weeks Referral to Treatment Times (RTT):

NWS CCG has escalated the lack of progress by VCSL to arrange commissioner audit of the methodology used to review and adjust records in the new cleansed dataset.

31. **Quality and Performance Priorities**

Jarvis Centre Breast Screening Service

KPI for 3 Week to Assessment Following Abnormal Screen:

For September activity the service reported the first improvement in performance since the three month decline began in June. Attainment for September was 44%, still some way from the 90% target. VCSL report the service is no longer affected by missing resource due to illness and the expected return to compliance is still set for December activity.

32. **Exec to Exec meeting**

The follow up to September's meeting is scheduled for the 25th November.

The agenda will include resolution of final CQUIN agreement, data quality and performance issues and the continued urgent need for VCSL to expedite exit and mobilisation activity.

H. SURREY COLLABORATIVE CONTRACTS

33. An update on overall performance based on the latest information in key areas is provided for the Surrey collaborative contracts below. ASPHs data has been added for comparison and is covered in detail in previous sections of this report.

Month	Target	Surrey Heartland Hospitals						Surrey Collaborative			Other Key Associates						
		ASPH		Royal Surrey		Epsom & St Helier		Frimley Health			St Georges		Kingston			Imperial College	
		Aug	Sept	Aug	Sept	Aug	Sept	July	Aug	Sept	Aug	Sept	July	Aug	Sept	Aug	Sept
18 weeks	92.0%	92.8%	92.8%	89.8%	90.5%	90.7%	90.9%	91.6%	91.1%		85.6%	86.7%	96.5%	95.8%		83.3%	81.6%
52 Weeks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		7.00		0.00	0.00			
A&E 4 Hour	95.0%	92.4%	92.6%	91.4%	82.6%	96.2%	97.2%	87.1%	91.2%		92.7%	92.2%	93.8%	91.3%		90.8%	88.3%
Cancer 62 Days	85.0%	86.6%	85.2%		74.8%	87.5%		83.6%			86.6%		95.5%				77.5%
Cancer - see below*	Average 95.25%	97.7%	96.8%		*98.25%	*95.25%					*97.9%		*99.4%				
C.Diff	Trust Dependant		1	2	2	1	3	4		0							2
MRSA		0	0	0	1	1		0		1							0

*Average of 4 indicators

34. Royal Surrey County Hospital NHS Foundation Trust (RSCH)

As previously reported RSCH was issued a Breach of License Conditions by NHSI and have since been working to an action plan for recovery of financial and patient wait time and A&E performance. The trust has appointed an experienced turnaround director delivery of the action plans. Though they continue to fail against the RTT 18 week targets (all indicators) with no apparent upward trajectory, their financial position has improved. The Finance Director advised the month 5 position at end of August which showed an in month surplus, and the year to date position was a favourable variance. The Trust was forecasting to hit the control total of £8.4m, which included assumptions on investment for Emergency Assessment Unit and A&E winter pressures. The Trust continued to run at a £15m deficit and the challenge would be achieving the control total, improving A&E and RTT to secure funding and improve sustainability.

The contracts team have chased Guildford and Waverley CCG for what they are doing about the performance breaches, though penalties cannot be applied to RTT and A&E breaches due to the sustainability and transformation plans.

35. Frimley Park Hospital

Though figures were not reported for August, Frimley Park Hospital's (FPH) board report states they have met all cancer targets, showing a vast improvement from July. However they continued to fail in their A&E targets. FPH is continuing with an assessment pilot, which is proving a success in improved time to see decision makers, which will in turn have a positive impact on the A&E target. FPH is also reviewing patient flow support and increasing admin support in ED.

36. St Georges Hospital (SGH)

St Georges have been issued with an information breach notice regarding their RTT data submission. The CSU has shared the details of the finances to be obtained through the information notice with associate CCGs and informed CCGs that they will get a share of the retained monies proportional to their contract value as happens for successful challenges if the provider does not recover within the notice period.

St George's has been agreeing with NHSI an RTT recovery plan. The works needed to address the underlying defects and review cases for potential harm is progressing, but slowly. Regarding the breaches in A&E, treatment decision and wait for specialist opinion remains the highest contributing factors an action plan is in place to tackle the top 4 breach reasons.

37. Imperial College London

The trust has established a waiting list improvement team and action plan, with external expert advice and support, to ensure a return to delivering the RTT standard sustainably. The trust has also failed to not only meet the A&E 4 hour target, but their recovering trajectory for September also. Further actions are being undertaken to recover performance.

I. CONCLUSION

The Governing Body is asked to:

- Receive the month 6 Contract Performance Report for 2016-17;
- NOTE the contents of the report.