NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 13

Gloucestershire Clinical Commissioning Group
Governing Body

Governing Body Meeting Date	**26th March 2015**
Title	Performance Report
Executive Summary	This performance framework report provides an overview of Gloucestershire CCG performance against organisational objectives and national performance measures including finance for the period to the end of February 2015.
Key Issues	These are set out in the executive summary within the report.
Risk Issues: Original Risk Residual Risk	All risks are identified within the relevant sections of this report.
Financial Impact	The CCG is forecasting to achieve the planned surplus of £8.476m.
Legal Issues (including NHS Constitution)	These are set out in the main body of the report.
Impact on Health Inequalities	Not applicable.
Impact on Equality and Diversity	There are no direct health and equality implications contained within this report.
Impact on Sustainable Development	There are no direct sustainability implications contained within this report.
Patient and Public Involvement	These are set out in the main body of the report.

Recommendation	The Governing Body is asked to: • Note the financial position as at February 2015 and the inherent risks within the position • Note the performance against local and national targets and the actions taken to ensure that performance is at a high standard.
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Sponsoring Director (if not author)	Cath Leech, Chief Finance Officer

Governing Body

Performance Report

1.0 Executive summary

1.1 Introduction

The performance report is broken down into the five sections of the GCCG performance framework:

- Clinical Excellence
- Finance and Efficiency
- Patient Experience
- Partnerships
- Staff

A full summary of performance against all national and local standards is included within the relevant scorecard for that section of the report. An overarching GCCG performance dashboard is included as a supporting appendix; providing an overview of all key national and local targets. Further supporting appendices provide a full analysis of the CCG's Finance position and progress against individual QIPP programmes

Whilst inevitably this report focuses on areas of concern it should be noted that Gloucestershire is currently achieving 62% of the local and national performance standards.

1.2 Balanced scorecard 2014/15 – up to 28th February 2015

Ref.	CCG Internal Perspective	Overall rating Amber
P1	Clinical excellence	Green
P2	Patient Experience	Amber
P3	Partnerships	Green
P4	Staff	Green
P5	Finance and efficiency	Amber

1.2.1 **Clinical Excellence** – **Green**,

Clinical excellence - Perspective highlights:

- The CCG is developing a strong focus on patient safety with the topic a regular item on the agenda of the clinical quality review group meetings with providers. On January 9th 2015 the first meeting of the Gloucestershire Patient Safety Forum took place. This was a well-attended multi-provider forum that builds on the work of the South West Patient Safety Collaborative. A further meeting is planned where there will be a focus on Acute Kidney Injury and Sepsis.
- Quality impact assessments (QIA) are routinely used to provide assurance that new service changes and developments do not negatively impact on quality, safety or patient experience. This has recently been undertaken for OOH services and the proposed changes to eye health medication.
- The Quarterly Clinical Quality Review Group meeting for GCS has been revised and will now cover social care as well and will now meet bi-monthly.
- Clinical programme groups (CPGs) have a portfolio of clinical evidence which informs and supports their decision-making.

Good performance:

- Continued reduction in C-difficile infection rates and use of antibiotics.
- Radiology reporting delays have been an issue at GHNHSFT; however, reports show that the reporting backlog has been eliminated and GCCG continues to monitor this area.
- Cardiology correspondence delays been reduced at GHNHSFT, though this area remains under close scrutiny
- Reduction in the number of ambulance handover delays

Challenging performance:

- 62 day cancer performance in January was below the 85% standard, issues identified with Urology, Lung and Lower GI
- SWAST ambulance timeliness indicator performance in January was below the required standard for all three Red timeliness indicators
- Number of Health care acquired infections. During quarter 3, 1 MRSA case was reported making the year to date total 7 cases. The incidence of Norovirus has been higher than the previous year.
- GCCG has been informed of 2 never events which occurred at GHNHSFT in January.

Patient experience – **Amber**, due to amber rating of 3 success criteria.

Patient Experience - Perspective highlights:

- There has been an increase in contact with the Experience and Safety Team, mainly with requests for advice and information.
- Although FFT response rates need to improve in some areas, patients are, on the whole, reporting a positive experience.
- FFT in primary care (GP services) was implemented from 1 December 2014. All Gloucestershire CCG Member Practices confirmed to NHS England their readiness for implementation.
- CCG Patient Engagement and Experience Team continue to support a wide range of GCCG projects. Key activities in the last month include Ophthalmology outpatient surveys and care home resident interviews.

Good performance

- There have been significant improvements in mixed sex ward performance. During the first 10 months of 14/15 there were 0 cases reported.
- Improved access to IAPT services and maintenance of the 50% recovery rate.
- Over six week waits for planned diagnostic procedures have been eliminated.
- Compliance with the 8 week referral to treatment standard for community services has improved. In January the Podiatry, Adult Occupational therapy, Adult Physiotherapy, Parkinson Nursing, Diabetic Nursing, Paediatric Speech and Language Therapy, Paediatric Occupational Therapy, Paediatric Physiotherapy services all achieved the standard.

Challenging performance:

- Performance against the emergency department 4 hour waiting time target in February was 77.1%; the CCG and wider health community continues to work together to address the system wide pressure experience during quarter 4.
- RTT pathways in excess of 52 weeks; the number of 52 week breaches continue to be of concern
- The Cancellation of elective procedures continues to be an area of concern due to urgent care pressures.
- The proportion of patients waiting over 6 weeks for a diagnostic procedure remains high, January's performance was due to long waits for echocardiograms and neurophysiology tests.

Partnerships – **Green** rating with all indicators on target for achievement.

Partnerships - Perspective highlights:

- Full sign up to collaborative commissioning agreement and contract performance of all health and social care services in the community provided by Gloucestershire Care Services.
- Better care fund metrics are now included within the report, progress against the ambitions set within the Gloucestershire health and well-being board plan will be reported within the partnerships perspective.
- Development of system wide Operational Resilience and Capacity Plan (ORCP)

Staff – **Green** rating with all indicators on target for achievement.

Staff - Perspective highlights:

- Monthly turnover has remains at 1.2%
- The number of CCG vacancies has increased from 6 to 8
- Staff sickness levels have increased slightly from 2.1% to 2.2%

Finance and Efficiency – **Amber** rating with both success criteria rated Amber.

Finance and Efficiency - Perspective highlights:

- The overall assessment for the finance and efficiency perspective is amber.
- Known risks and pressures have been fully assessed and included within the CCG's forecast position, with mitigating actions where appropriate.

Good performance

- The CCG is forecasting to deliver a surplus of £8.473m; representing an increase of £1.6m to the surplus originally planned due to the return of the predicted underspend on the CHC risk pool.
- The better payment practice code performance for the year to date (for non-NHS invoices by volume) is 96.02% which is in line with the targeted figure.

Challenging performance:

- There continues to be some risk of slippage on QIPP schemes within the current financial year. Slippage for the year to date is £3.67m
- The CCG has overperformance in its acute contracts, this risk has been allowed for within the forecast

1.3 GCCG Performance Framework Overview

The sections below provide an overview of each domain. Each of the sections is broken down into success criteria which when combined provide an overall rating for the domain. The development of the partnerships section is ongoing as this is an area of development for the CCG.

All indicators are RAG rated, based on the 2014/15 NHS Everyone Counts

Planning for Patients thresholds. Key national and local indicators are given an overall rating by weighting their importance to the organisation. Indicators which feature in the NHS constitution, Quality Premium and CCG assurance framework receive the highest weighting with local targets being given a lesser value. The overall rating is then derived from the combined score of those targets rated Amber and Red.

Areas of performance assessed as being at risk of failure at year end, or other issues that engender concerns throughout the year, for which the Board need to be made aware of, are reported upon within this report. Where standards are reported on a quarterly basis, the board will be informed of updates as and when data is available or new information comes to light.

Performance framework

The GCCG performance framework measures the in-year success of the organisation by linking the key organisational objectives to perspectives. Each of the five perspectives is given a Red, Amber or Green rating based on the progress made against a number of locally defined critical success criteria.

Key local and national commissioned performance targets are also reported under each domain; however, the overall rating of each perspective is derived from GCCG performance against those targets which link to the organisations objectives:

Internal Perspective	**Organisational Objective**
Clinical Excellence	(1) Develop strong, high quality, clinically effective and innovative services. We will deliver this through a multi professional focus, with a particular emphasis on clinical programme approach and developing our member localities.
Finance and Efficiency	(3) Transform services to meet the future needs of the population, through the most effective use of resources; ensuring the reduction of harm, waste and variation. (4) Build a sustainable and effective organisation, with robust governance arrangements throughout the organisation and localities.
Patient Experience	(2) Work with patients, carers and the public; to inform decision making.

Partnerships	(5) Work together with our partners to develop and deliver ill health prevention and care strategies designed to improve the lives of patients, their families and carers.
Staff	(6) Develop strong leadership as commissioners at all levels of the organisation, including localities.

2.1 Clinical Excellence

2.1.1 Clinical Excellence – Period up to 28th February 2015

The overall rating for clinical excellence is Green for year to date progress against the specified success criteria.

PERSPECTIVE 1	Clinical Excellence	Green
Success criteria: *Patient safety is at the heart of the work of the CCG and is considered when planning service change and developments.*		G
Key performance indicators		
Outcomes measures for patient safety have been developed based on the CCG Outcome framework and sign up for safety initiative.		G
Quality Impact Assessments are undertaken for all new proposed initiatives and service developments. This is considered by the QIPP assurance board before decisions are made to support new initiatives. Mitigation is planned where necessary to ensure patient safety.		G
Success criteria: *2. Regular, robust information is available to provide assurance that our service providers are delivering quality, safe & clinically effective services.*		G
Key performance indicators		
A robust process to timely monitor compliance with NICE, which provides assurance that all NICE publications are considered and Technology Appraisals are implemented within the required time frame.		G
Clinical Quality Review Groups meet quarterly and provide assurance to the Governing Body through the production of a bi-monthly provider quality report. Ad-hoc meetings take place with providers on specific concerns.		G
Success criteria: 3*. The Organisation has a culture where clinical effectiveness underpins decision-making, through considering up to date evidence and horizon scanning.*		G
Key performance indicators		
CPGs have a portfolio of clinical evidence which informs and supports their decision-making.		G
Success criteria: 4*. Key local and National standards relating to Patient Experience*		A
Key performance indicators		
Achievement of key NHS outcome framework metrics see section 2.2.1		A
Achievement of key local and National standards relating to Clinical Excellence – see section 2.2.2		A

2.1.2 **Success criteria 1: Patient safety is at the heart of the work of the CCG and is considered when planning service change and developments.**

The CCG has a strong focus on patient safety with it being a regular item on the agenda of the Clinical Quality Review Group meetings with providers. In addition the CCG is fully involved as an active member of the South West Patient Safety Collaborative.

Collaborative work to join up patient safety initiatives is gaining pace across Gloucestershire. Current focus is on implementing a National Early Warning Score (NEWS) cross provider so that a common language is developed when transferring unwell patients between providers on their care pathway. Introduction of the NEWS is a South West Academic Health Science Network priority for this year, and Gloucestershire is pleased to be a part of as many areas are already using the scoring.

As part of the joint provider project to join up Sepsis and AKI initiavies there is a workshop on March 31st to map current pathways. Although a decision had been made to apply for a Health Foundation grant to support this work timeframes would indicate that application dates might delay this project, therefore a decision has been made to continue driving the project forward and potentially apply for a grant at a later stage.

Early benefits of this collaborative work is the networking that has evolved, sight of of other provider initiatives and joining up of workstreams. For example the South West ambulance service is developing a CQUIN to support roll out of NEWS across the South West.

2.1.3 **Success criteria 2: Regular, robust information is available to provide assurance that our service providers are delivering quality, safe & clinically effective services.**

The Quality Team has established quarterly Clinical Quality Review Groups (CQRG) chaired by the Executive Nurse and Quality Lead. These are held for Gloucestershire's main providers, namely Gloucestershire Hospitals NHSFT, 2gether NHSFT, Gloucestershire Care Services Trust and a further CQRG for Care Homes. These meetings report directly to the relevant NHS Gloucestershire CCG/Provider contract boards, and provide a focused opportunity for quality to be discussed between provider and commissioner.

Bespoke datasets are reviewed at the quarterly Clinical Quality Review Group meetings for each of the provider organisations, as well as a CQRG for Care Homes

CQRG's have the ability to escalate any issues to the full contract board, and where necessary to the regular wider Quality Surveillance meetings.

In addition to the CQRG meetings the Quality Team has recently established a programme of bi-annual Quality Summits for the three main Providers. These Summits bring together Commissioners across the range of services to highlight issues or concerns and identify areas of good practice. The intention is that issues raised will be used to inform the commissioning intentions for the year 2015/16.

2.1.4 **Success criteria: 3. The Organisation has a culture where clinical effectiveness underpins decision-making, through considering up to date evidence and horizon scanning.**

Continued work between CPG team, information team, public health and the quality team, to consider the outcomes of the NICE CCG Outcome Indicator Set 2014/15 – 2018/19, and how the clinical outcomes can contribute to the implementation of the CCG two year delivery plan.

A small contract has been agreed with the CSU to provide the CCG with access to their clinical effectiveness updates and NICE implementation impact assessments on a monthly basis. This information will be shared with clinical leads and CPGs.

2.2 **Reporting of key local and national standards – Clinical Excellence**

2.2.1 Recently published data released on the 17th December by the Health and Social care Information Centre provides an assessment on how the CCG is performing against key metrics from the NHSE Outcomes indicator set.

The information here is based on number of indicators covering a number of years. Due to the length of time required to collate and publish the information the data is not as current as other indicators used to assess CCG performance.

The CCG is currently reviewing the outcomes and underlying indicators to assess which can be used on a more on-going basis, with up to date information as part of the performance framework.

Appendix 9 provides an overview of performance against the key outcomes identified by NHSE for CCGs. Assessment against performance is as per defined local/ national guidance. Information on the full range of outcomes is available if required.

2.2.2 The following section provides an overview of key local and national standard relating to clinical excellence. Assessment against performance is as per defined local/ national guidance.

Issues identified in the following areas:

- 62 day cancer performance

- SWAST amabulance timelineness indicators
- Number of Health care acquired infections
- Key stroke specific indicators
- The number of never events

Areas of good performance include:

- Improved performance against the C.diff trajectory
- Reduction in handover delays
- Elimination of Radiology reporting delays
- Elimination of Cardiology clinic correspondence delays

The dashboard below provides a more complete position statement for the domain. Each of the Amber and Red rated indicators are reported on by exception in section 2.3. This section outlines year to date performance, identifies the issues leading to that performance and any mitigating actions being taken to improve performance.

NHS
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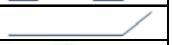
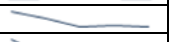
Local and National standards relating to Clinical Excellence					Amber rated
Patients Access to planned care services	Threshold	Month	Performance	YTD performance	6 month trend
Cancer - first definitive treatment within 31 days of a cancer diagnosis	96%	Jan	98.3%	99.0%	
Cancer - subsequent treatment for cancer within 31 days - surgery	94%	Jan	96.9%	96.9%	
Cancer - subsequent treatment for cancer within 31 days - Drug Regime	98%	Jan	100.0%	100.0%	
Cancer - subsequent treatment for cancer within 31 days - Radiotherapy	94%	Jan	99.2%	99.7%	
Cancer - first definitive treatment within 62 days GP referral	85%	Jan	73.9%	83.5%	
Cancer - first definitive treatment within 62 days screening service	90%	Jan	77.8%	92.0%	
Cancer - first definitive treatment within 62 days upgrade	90%	Jan	N/A	92.7%	
Patients Access to unscheduled care					
Cat A RED 1 Ambulance incidents	75%	Jan	73.4%	74.4%	
Cat A RED 2 Ambulance incidents	75%	Jan	68.0%	73.0%	
Cat A 19 min response Ambulance incidents	95%	Jan	92.5%	94.0%	
Over 30 minute ambulance handover delays (GHNHSFT)	<2013/14	Jan	82	801	
Over 1 hour ambulance handover delays (GHNHSFT)	<2013/14	Jan	11	100	
Enhancing quality of life for people with long-term conditions					
Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	80%	Jan	60.4%	77.5%	
Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours	60%	Jan	44.9%	61.0%	
Treating and caring for people in a safe environment & protecting them from avoidable harm					
Number of MRSA infections (Health Community)	0	Jan	0	7	
Number of MRSA infections (GHNHSFT)	0	Jan	0	1	
Number of C.diff infections (Health Community)	201	Jan	11	122	
Number of C.diff infections (GHNHSFT)	55	Jan	4	28	
Number of Never Events	0	Jan	2	4	
Cardiology correspondence backlog	n/a	Feb	0	0	
Radiology reporting delays	n/a	Feb	0	0	
Outpatient follow-up pending lists	n/a	Feb	13606	13606	

2.3 Cancer waiting times – first definitive treatment within 62 days GP referral

Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer

Performance in the first two quarters of the year was green rated; however, from October onwards performance has reduced making the overall year to date position Amber (83.5%).

85% Target	62 day target - GP Referral		
	Patients treated	Over 62 day breaches	% within 62 days
April	119	9	92.4%
May	151	25	83.4%
June	109	11	89.9%
July	138	25	81.9%
August	126	9	92.9%
September	131	18	86.3%
October	126	29	77.0%
November	129	26	79.8%
December	136	30	77.9%
January	111	29	73.9%
2014/15 Year to date	**1276**	**211**	**83.5%**

Of the 211 breaches, 194.5 have occurred at Gloucestershire Hospitals NHS FT (GHNHSFT).

The majority of breaches have occurred in the following specialties:

Urology – 71 breaches
Lung – 34 breaches
Lower Gastrointestinal – 28 breaches

GCCG are coordinating actions with the main providers to ensure that performance improves during quarter 4, with sustainable delivery during 2015/16; however, concerns remain with cpapcity issues in key specialties.

SWAST Ambulance indicators

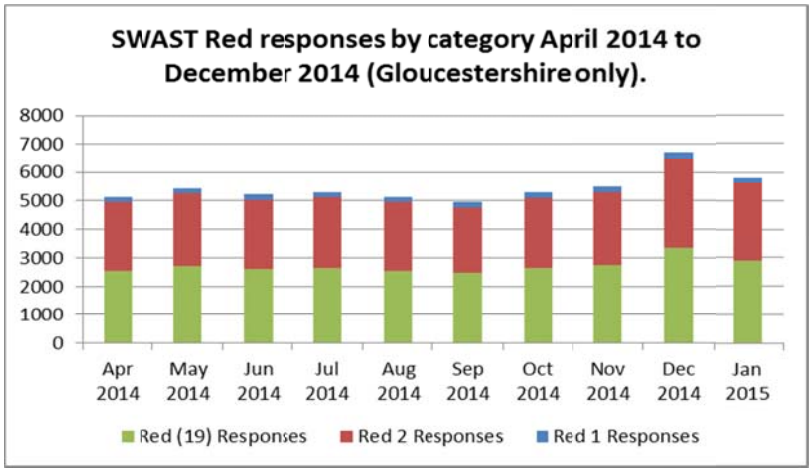
Ambulance targets are monitored at a South Western Ambulance Trust wide aggregate level.

While overall SWAST performance has improved against the key timeliness indicators during 2014/15, performance in Gloucestershire has been in line with the

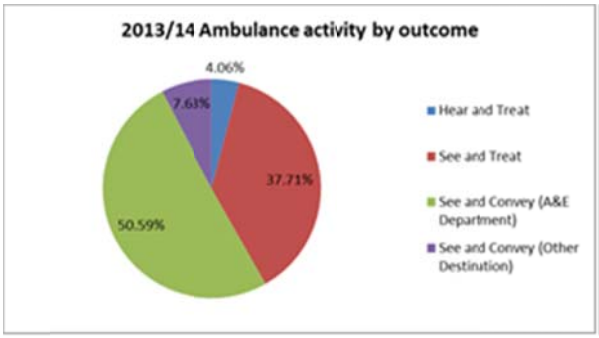
level achieved during the same period in 2013/14. Current year to date performance for Gloucestershire is 67.0% for Red 8 minute response and 91.6% for Red 19 minute response targets.

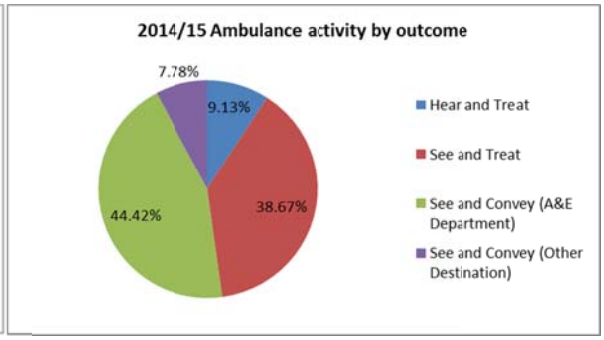
The CCG invested in the SWAST contract in 2014/15 to enable more targeted local interventions and are in discussion with SWAST regarding specific actions to achieve improved local performance.

The number of Ambulance incidents with response in Gloucestershire was -0.9% below the expected level in January, making the year to date position for the first 10 months of the year 2.1% up on expected.



the profile of Ambulance activity has changed between 2013/14 and 2014/15. The first 10 months of 2014/15 shows a 5.2% increase in hear and treat cases and a 6.1% decrease in the proportion of patients conveyed to A&E departments. The proportion of see and treat and conveyance to other locations has remained in line with 2013/14 profile.

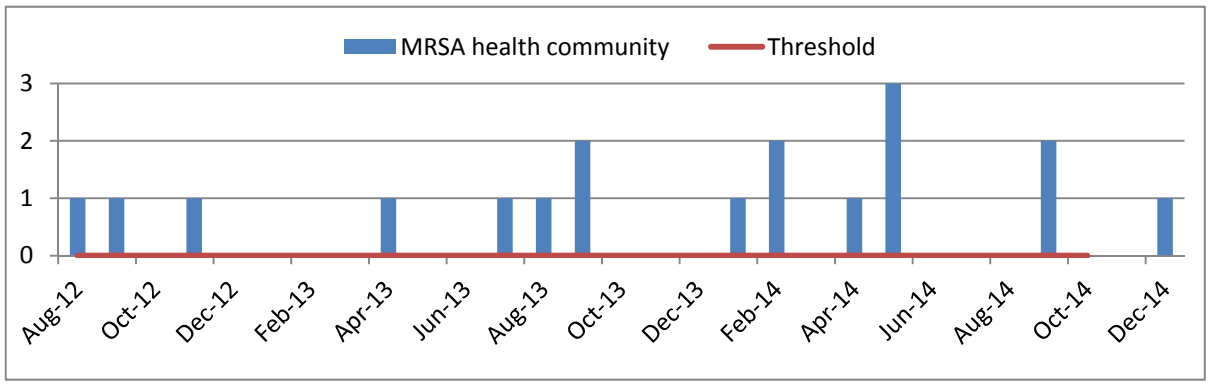




Number of MRSA infections (Health Community)

Year to date performance is Red rated with 7 reported cases against a threshold of zero. 6 of the cases in Gloucestershire have been classified as pre 48 hour and have not been attributed to a provider. 1 breach has been attributed to GHNHSFT

GCCG are investigating the cases reported in Q3; for CCG actions please see GCCG Quality report to the Integrated Governance Quality committee (IGQC).



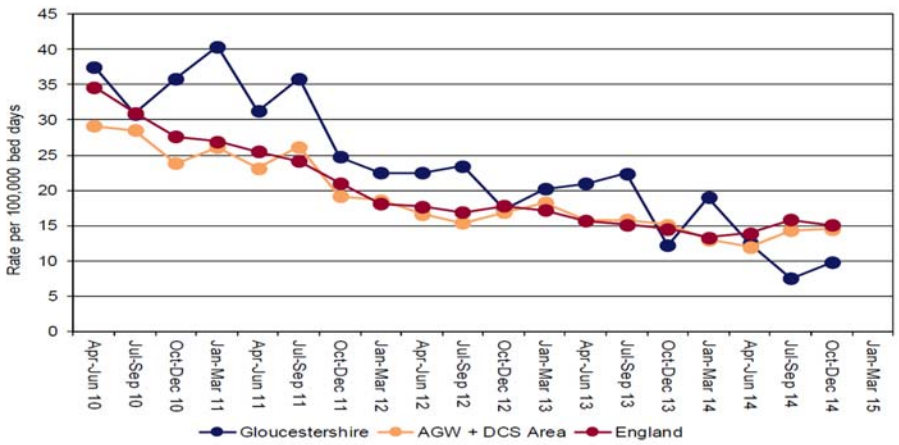
Number of total C. diff infections (Health Community)

The threshold for 2014/15 has increased from 162 to 201 cases in line with NHS England guidance.

Current performance is green rated with 122 cases against a year to date threshold of 161.

The following chart demonstrates the progressive fall in C.diff from April 2010 to December 2014:

Figure 4: Quarterly rate of Trust apportioned *C. difficile* infections compared to the AGW + DCS area and England rates



Never events

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

GCCG has been informed of 2 never events which occurred at GHNHSFT in January. One related to the administration of medication and the other to the incorrect insertion of a feeding tube.

Both events are being investiagted with full root cuase analysis to be shared with GCCG.

Other Key Performance Issue:

Cardiology correspondence delays

During 2014/15 Gloucestershire Clinical Commissioning Group (CCG) has been made aware of delays in cardiology correspondence.

Cardiology correspondence delays were raised with the CCG in June 2014 and have since been under close scrutiny, with regular updates and progress against trajectories being reported to and monitored by the CCG.

Since the middle of August 2014 the backlog of cardiology letters has reduced from 2093 to 0 (as at the end of February 2015).

The key actions taken to address the backlog have included:

- Prioritisation of urgent letters to reduce clinical risk / delays in critical information reaching GPs;
- Recruitment of additional administrative staff. GHFT have sourced additional capacity by recruitment to two fixed terms posts within the service. Additional temporary staff have been sourced from the administrative bank and from administrative agencies.

Delays in radiology test reporting

This issue is related to delays in reporting of radiology tests at GHNHSFT. The most significant delays have been associated with MRI and CT scans.

As at the end of October the MRI and CT backlog had been virtually eliminated with a maximum 5 day wait from test to report, reports show that this has been maintained through to the end of February.

GHNHSFT have completed recruitment of additional clinical staff (locum and substantive). This additional resource has been used to assist with the clearance of

the reporting backlog and to provide support to achieve and maintain agreed waiting times. In addition to the recruitment of radiologists the Trust has also increased the number of radiographers who have been recruited as planned to assist with overall capacity.

The key action taken by GHNHSFT has been to outsource radiology reporting. Assurance has also been received that the reporting is being prioritised to mitigate any clinical risk.

Outpatient follow-up pending list

In line with a new information sharing request set out in the contract agreement with Gloucestershire Hospitals NHS Foundation Trust (GHFT), detailed information regarding outpatient follow up pending lists was received in October and will now be reported monthly in the CCG performance reporting framework. Initial data received has highlighted a need for further data validation to correctly assess the position with regards to patients who may be overdue a follow up appointment, as the pending list currently may report all patients who are waiting for their follow up including those for whom the expected follow up date has not yet been reached. In some specialties, the follow up pending list may at this stage also include patients who are not actually waiting for a follow up appointment, but who have an arrangement to self-refer in to see a consultant should an issue with their on-going care arise. An example of this is for respiratory patients who are on long term treatment with Continuous Positive Airway Pressure (CPAP), Bi-level Positive Airway Pressure (BPAP) or Nebulisers. We have agreed with GHFT that we will work together to complete the assessment of the position, and will now receive weekly update reports at a specialty level as we do this. Where a problem is identified, we will work together to agree a specialty level action plan to improve the position that will focus on service redesign of pathways where this is required.

District Nursing

Gloucestershire CCG and Gloucestershire Care Services (GCS) continue to work together to understand and address the specific concerns raised in relation to the District Nursing function within Integrated Care Teams across Gloucestershire.

GCS have developed an action plan to address the immediate concerns and improve the resilience of the DN workforce which has been agreed by the CCG Core team and will go to the CCG board in February.

A new Head of Community Nursing at GCS was appointed and has been in post since October 2014. The identified priorities for the postholder are contained within the Gloucestershire District Nurse Action Plan that is currently awaiting both GCS and CCG Board approval. Meetings between the Head of Community Nursing and CCG Health and Social Care Commissioning Manager take place on a weekly basis. A wider management group meet regularly to assess progress made

across all of the wider DN issues. GCS continue with their intensive recruitment campaign to attract Nurses of all bands to work in the community. The CCG meet with GCS HR on a weekly basis to assess the recruitment and retention issues in relation to District Nursing. There is still an issue recruiting to Band 6 posts, which is also reflected nationally.

Daily staffing rotas are being issued to GP's within the North Cotswolds, South Cotswolds and Gloucester localities. This has been at the request of the GPs as they were unaware which nurses were on duty providing care to their patients, particularly in relation to end-of-life and complex case patients. This has been well received by GPs and Primary Care has now been requested that it is rolled out across the whole of Gloucestershire. The daily rotas also explain how GPs can contact the DNs for urgent and non-urgent requests.

The CCG is currently developing a proposal for a time limited piece of work that will develop new quality standards for District Nursing, this work will include a gap analysis of what actions are required in order to deliver on any new service specification.

Work continues to monitor and evaluate the effectiveness of the service through Datix incident reporting. Both GCS and CCG are working together to address concerns raised by Primary Care and identify themes and trends.

3.1 Patient Experience

3.1.1 Patient Experience – Period to 28th February 2015

PERSPECTIVE 3	Patient Experience	Amber
Success criteria 1: Reporting: *Improve reporting of patient experience and the use of feedback to influence commissioning intentions*		**A**
Key performance indicators		
Friends & family test - Roll out of FFT as per agreed national timetable		**G**
Friends & family test - improvement in the average FFT score for acute inpatient care & A&E services between Q1 2013/14 & Q1 2014/15		A
Results of Maternity, Emergency & elective inpatient surveys		A
Results of Community mental health survey		G
Review appropriateness and quality of feedback from providers		A
Qualitative feedback including that from surveys, FFT, 4Cs and Healthwatch		A
Results from the provider assurance framework through monitoring in the Provider Quality Review meetings		G
Success criteria 2: Staff Involvement: *Improve staff reporting if three domains of quality: safety, effectiveness and experience*		**A**
Key performance indicators		
Review the systems for the management of Serious Incidents and Never Events and develop mechanisms to identify themes, ensure lessons are learnt and feedback is provided to member practices and service providers		G
Establish a system for CCG staff to share their experiences and make suggestions so that the CCG and providers can learn from staff's Friends and Family experiences		A
Success criteria 3: Effecting change based on patient experience feedback : *Staff recognise the value of patient experience in their commissioning role*		**A**
Key performance indicators		
Use patient stories to monitor the quality of commissioned services		G
Use individual patient experience to inform the wider decision making in improving services		A
Constructively respond to requests for specific engagement on themes identified through feedback		G
Success criteria: 4*. Key local and National standards relating to Patient Experience*		R
Key performance indicators		
Achievement of key NHS outcome framework metrics see section 2.2.1		A
Achievement of key local and National standards relating to Patient experience – see section 2.2.2		R

3.1.2 **Success Criteria 1: Reporting – Improve reporting of patient experience and the use of feedback to influence commissioning intentions (Amber).**

CCG monitoring of FFT

The CCG monitors local FFT performance (CQUINs) through regular provider Clinical Quality Review Group meetings. GCS and 2GT are achieving CQUIN milestones relating to implementation of FFT to agreed timescales. All providers met their CQUIN target in relation to FFT in Q1, Q2 and Q3, however the next big challenge for acute inpatients to reach the higher response rate for March 2015, will be stretching.

PALS and the provision of Information and Advice

During Q3, the provision of 'advice and information' particularly through our Primary Care PALS service has become the main focus for the Experience and Safety team, with contacts increasing significantly from 47contacts in Q2 to 138 in Q3. This is due to improved recording and housekeeping, along with a genuine increase in contacts during the Q3.

Over the last few months recording systems have been refreshed to remove outdated 'coding' and improve functionality.

Type	Quarter 2	Quarter 3
Advice or information	47	138
Comment	4	6
Compliments	3	3
Concerns	48	42
Complaints (GCCG)	9	5
Complaints against provider which CCG is reviewing	1	18
Complaint shared with the CCG but relating to another provider	3	8

During Q3 the Experience Team provided advice and information on a range of topics including:

- NHS complaints handling arrangements
- De-listing from a GP practice
- NHS England specialist commissioning issues
- Contacts for GHNHSFT
- Continuing Healthcare (CHC) Funding

3.1.3 **Success Criteria 2: Staff involvement – Improve staff reporting of three domains of quality: safety, effectiveness and experience (Amber).**

Staff Friends and Family Test

Local providers are using the annual NHS Staff Survey to measure the Staff FFT in Q3. Therefore the latest Staff FFT results are not yet available. For completeness we have included Quarter Two's results below.

Staff: Friends and Family Test	Response Rate	% Recommend - Work	% Not Recommend - Work	% Recommend - Care	% Not Recom - Care
GHT	1.5%	57%	22%	76%	8%
2Gether	23.2%	60%	20%	77%	9%
Care Services	18.6%	49%	21%	78%	4%

3.1.4 **Success Criteria 3: Effecting change based on patient experience feedback – staff recognise the value of patient experience in their commissioning role (Amber).**

In the last Performance Report an update was provided on engagement activities linked to Clinical Programme Groups. Below is a summary of individual project work CCG Engagement and Experience staff supported during Q3.

Continence Review - Facilitated workshops with community staff to inform service review. Developed survey for care home staff regarding their experience of working with Gloucestershire Continence Service.

Social prescribing - Worked with public health (GCC) to obtain patient feedback for interim evaluation of social prescribing pilots.Facilitated workshop for key stakeholders involved in the pilot.

Choose Well 2015 - Liaison with the Communications Team and consultants regarding the 2015 'ASAP' campaign. Pre-engagement support and planning for Information Bus promotion in Q4.

Community Hospitals Development Group- Advice and support provided regarding stakeholder mapping and future engagement requirements.

Learning Disabilities Assessment and Treatment - Facilitated discussion at NHS Reference Group and made arrangements for community engagement event in Q4 to update local residents and stakeholders regarding developments at Hollybrook in Stroud.

The Care Act - Ongoing collaboration with GCC regarding preparation for the implementation of Care Act requirements relating to information provision from 1 April 2015.

Carers Rights Day - Supported GCC in the planning for Carers Rights Day. Compered the Carers Rights Day event for professionals.

Patient survey questionnaire for Florence Project - Developed text version of survey for 'Florence' evaluation.

Gloucestershire Shared Care Records Project - Chair 'consent and information' sub group – ongoing

Glos Research Support Service - Discussions underway regarding promotion of, and recruitment to, research projects in Gloucestershire. Protocol for joint working agreed which will support the identification of patients for targeted engagement

Care Pathways Project - Participation – on going

Procurement - Out of Hours Supported the OOHs Mobilisation Board regarding engagement activity.Contributed to contracting documents in relation to experience and engagement requirements.

3.2 **Reporting of key local and national standards – Patient experience**

3.2.1 The following section provides an overview of key local and national standard relating to patient experience. Assessment against performance is as per defined local/ national guidance.

Issues identified in the following areas:

- Emergency department 4 hour waiting times
- RTT and incomplete pathways in excess of 52 weeks
- 2 week waiting times for suspectred cancer
- Cancelled operations
- Deterioration in diagnostic 6 week wait performance

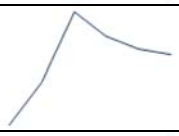
Areas of good performance include:

- Admitted and non-admitted referral to treatment targets have been

achieved
- On-going achievement of mental health performance indicators

The dashboard below provides a more complete position statement for the domain. Each of the Amber and Red rated indicators are reported on by exception in section 3.3. This section outlines year to date performance, identifies the issues leading to that performance and any mitigating actions being taken to improve performance.

NHS
Gloucestershire
Clinical Commissioning Group

Local and National standards relating to Patient Experience					Red rated
Patients Access to planned care services	Threshold	Month	Performance	YTD performance	6 month trend
% of admitted pathways treated within 18 Weeks	90%	jan	90.1%	90.5%	
% of non - admitted pathways treated within 18 Weeks	95%	Jan	95.3%	95.4%	
% of incomplete Pathways that have waited less than 18 Weeks	92%	Jan	92.1%	91.9%	
Zero RTT pathways greater than 52 weeks	0	Jan	21	129	
% of patients seen within 2 weeks of GP referral for suspected cancer	93%	Jan	84.6%	92.3%	
% of patients seen within 2 weeks of an urgent referral for breast symptoms cancer is not initially suspected	93%	Jan	94.8%	86.6%	
% of patients waiting more than 6 weeks diagnostic test	1%	Jan	3.1%	1.5%	
% of patients waiting more than 6 weeks for a Planned/ Surveillance diagnostic test from their to be seen date – Endoscopy procedures only	1%	Jan	0.0%	0.0%	
Patients access to community care					
% referred to the Paediatric Speech and Language Therapy Service who are treated within 8 Weeks	95%	Jan	100.0%	98.0%	
% referred to the Paediatric Occupational Therapy Service who are treated within 8 Weeks	95%	Jan	100.0%	99.5%	
% referred to the Paediatric Physiotherapy Service who are treated within 8 Weeks	95%	Jan	100.0%	98.0%	
% referred to the Adult Speech and Language Therapy Service who are treated within 8 Weeks	95%	Jan	77.0%	93.0%	
% referred to the Podiatry Service who are treated within 8 Weeks	95%	Jan	93.0%	89.0%	
% referred to the Adult Occupational Therapy Service who are treated within 8 Weeks	95%	Jan	100.0%	99.0%	
% referred to the Adult Physiotherapy Service who are treated within 8 Weeks	95%	Jan	98.0%	97.0%	
% referred to the Parkinson Nursing Service who are treated within 8 Weeks	95%	Jan	100.0%	99.0%	
% referred to the Diabetic Nursing Service who are treated within 8 Weeks	95%	Jan	96.0%	98.0%	

Patients Access to unscheduled care services	Threshold	Sept	Performance	YTD performance	6 month trend
4-hour A&E target GHNHSFT	95%	Feb	77.1%	90.3%	
4-hour A&E target GCS MIU	95%	Feb	99.9%	99.8%	
12 hour trolley waits	0	Feb	0	0	
Positive patient experience of secondary care					
Mixed-sexed accommodation breaches	0	Jan	0	0	
Cancelled operations - 28 day breaches	0	Dec	7	37	
Urgent operations cancelled for a second time	0	Dec	0	7	
Positive patient experience of mental health services					
Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	95%	Q3 14/15	95.5%	97.8%	
The proportion of people who have depression and or anxiety discorders who receive psychological therapies	3.5%	Q3 14/15	12.4%	12.4%	
The proportion of people who complete therapy who are moving towards recovery	50%	Q3 14/15	47.9%	47.9%	
Patient transport service					
Arrival within 45 minutes before, to 15 minutes after, booked arrival time	95%	Jan	87.3%	83.7%	
Where booked prior to the day of travel, patients not to wait more than 60 minutes for their (outbound) journey	85%	Jan	83.3%	82.8%	
Where booked on the day of travel, patients not to wait more than 4 hours for their (outbound) journey (within two hours for end of life patients)	85%	Jan	88.6%	88.4%	

3.3 **4-hour A&E target - Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge.**

Threshold – at least 95% of patients should be transferred, admitted or discharged within 4 hours.

Performance in February was 77.1% (73.5% at Gloucestershire Royal & 83.3% at Cheltenham General)

Performance in February decreased the year date position to 90.3%. The main breach reasons relate to beds, waiting assessment and Emergency Department capacity

The CCG continues to implement a programme to increase urgent and emergency care system resilience to ensure that the system can cope with peaks in demand. These actions are set out in our system resilience plans and focus upon self-care, signposting, admission avoidance, in-hospital care, hospital discharge and community services.

In addition we also took a series of additional recovery actions when the system was under pressure. These included commissioning additional community hospital and nursing home care, working with partners to implement 'Discharge to Assess' and commissioning additional patient transport vehicles.

Additional Referral to Treatement (RTT) activity

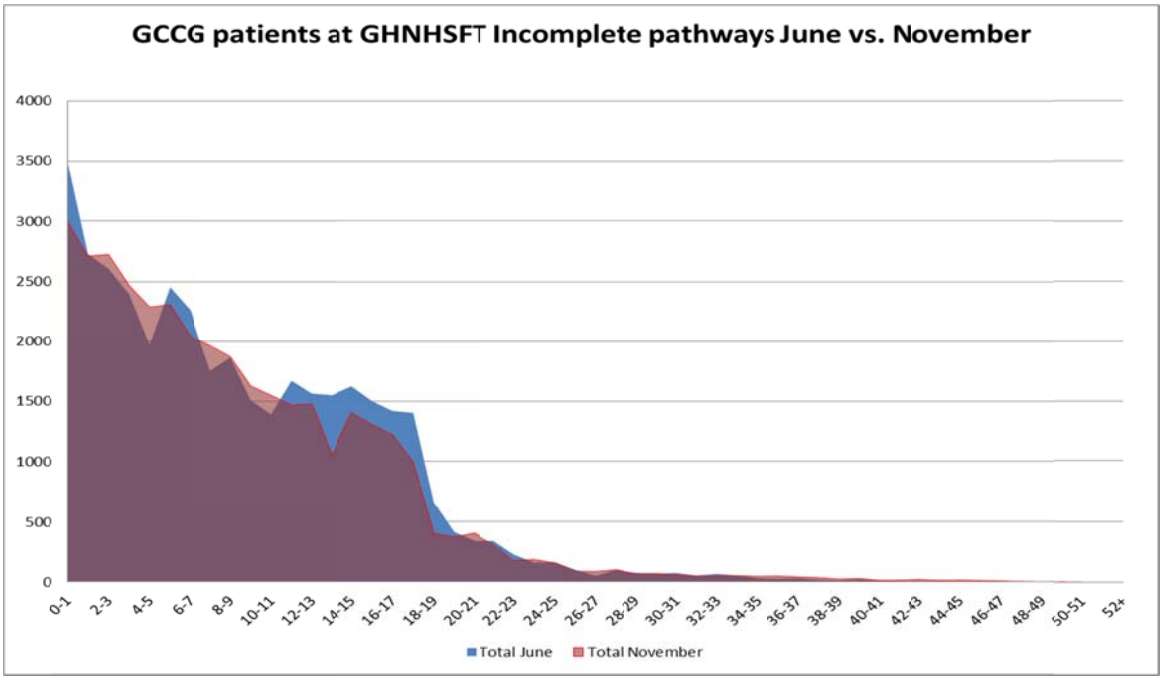
Gloucestershire CCG was successful in securing additional funding from central funds to support RTT (referral to treat) activity at GHNHSFT:

The tranche 1 allocation for activity between July and September was £1,376,098
The tranche 2 allocation for activity in October and November was £494,856

Between July and September the £1.376m allocation was used to fund an additional 1,239 elective admissions and 1912 outpatient appointments at GHNHSFT.

The additional activity agreed as part of tranche 2 funded a further 466 elective admissions.

This has impacted on the number of incomplete RTT pathways which have reduced by 4.9% over the same period, The profile of the waiting list has also changed



RTT incomplete pathways and RTT pathways greater than 52 weeks

Following advice from the NHS IMAS (Interim management and support) Intensive support team (IST), GHNHSFT changed their RTT processing in December 2013. This has resulted in a greater number of RTT pathways being reported.

Breaches continue to be high with 21 incomplete pathways of 52+ weeks reported at the end of December. Of these, 18 were at North Bristol Trust (16 in Trauma and Orthopaedics, 2 in Neurosurgery), 2 at GHNHSFT in Cardiology and 1 at Royal Berkshire Trust. During the first 9 months of the year there have been 129 incomplete pathways of 52+ weeks reported to the CCG.

The majority (113) of the breaches have occurred within the Trauma and Orthopaedic specialty; the CCG is aware of capacity issues particularly for complex spinal services across a number of providers.

GCCG are having discussions with commissioners who manage the out of county acute contracts on behalf of GCCG to identify and understand the operational issues that contributed to these waiting times and agreed plans for the identification and active management of any other likely breaches for Gloucestershire patients.

The breaches at GHNHSFT in January occurred within Cardiology.

Cancer waiting times – patients seen within 2 weeks of an urgent referral for suspected cancer

Relates to the percentage of patients seen within 2 weeks of an urgent referral for suspected cancer

Performance in January was red rated at 84.6%, the overall year to date figure for performance is now Amber rated at 92.3% (target 93%).

Capacity issues within the Urology at GHNHSFT have been compounded by a sustained increase in referrals. GCCG are reviewing the increase in referrals to identify key trends. GHNHSFT have a consolidated cancer action plan in place which covers a range of actions to increase compliance with 2 week wait and 62 day targets.

The improvement in performance related to the Breast specialic performance target was sustained in January with year to date performance increasing to 86.6%.

Percentage of patients waiting more than 6 weeks for a diagnostic procedure

The proportion of patients waiting over 6 weeks for a diagnostic procedure has increased in 2014/15. Performance in January (3.1%) was adversely affected by delays for echocardiogram and Neurophysiology tests at GHNHSFT.

The capacity issues highlighted earlier in the year within Audiology tests and non-obstetric ultrasound have been resolved. Discussions with providers are on-going to ensure sustainable delivery of this target. The key actions have included:

- Review of elective capacity across a number of specialties
- Recruitment of additional senior Radiology clinicians
- Review of Audiology capacity at GHNHSFT
- Recruitment of addition echocardiogram technicians at GHNHSFT

Waits for planned diagnostics have improved significantly with all patients being seen within 6 weeks in November, December and January.

Cancelled operations - Number of patients who have had an operation cancelled, on or after the day of admission, for non-clinical reasons that have not been offered another binding date within 28 days.

Cancellations in quarter 3 were 327 compared to 188 for the same period in 2013/14. Overall year to date cancellations have increased by 29.6% compared to 2013/14 which equates to 179 additional cancellations,

Figures reported in 2014/15 by GHNHSFT are in line with the revised national definition and include additional Endoscopy and Cardiology cancellations which have previously been excluded.

The current year-to-date position shows that so far in 2014/15 37 patients have been cancelled on the day of admission for non-medical reasons and patients have not been provided with another date within 28 days; the threshold is zero.

In addition to the above, there have been 7 urgent operations cancelled for a second time, the latest incident occurred in September. A root cause analysis has been carried out for each of the incidents.

PTS 04 - Arrival within 45 minutes before, to 15 minutes after, booked arrival time – Target 95%

Inbound on-time is an area where performance has been challenging. Improvements have been seen; however, further work is required in order for the target to be achieved on a sustainable basis. January reports show a small improvement in

performance compared with previous months. 87.3% of patients arriving with KPI timescales.

PTS 05 - Where booked prior to the day of travel, patients not to wait more than 60 minutes for their (outbound) journey – Target 85%

The area requiring greatest improvement is on-time collection for pre-booked outbound journeys. The response timeframe for these is one hour from the time the patient is 'made ready'. Analysis for January shows that 83.3% were achieved within the one hour compared to the target of 85%. Performance for dialysis patients is significantly higher than for the full patient cohort, reflecting the routine nature of these journeys.

PTS 06 - Where booked on the day of travel, patients not to wait more than 4 hours for their (outbound) journey (within two hours for end of life patients) – Target 85%

This is generally being achieved or just below target. The response timeframe for these journeys is four hours from the time the patient is 'made ready'. Analysis shows for January that 88.6% of on-day booked journeys are achieved within 4 hours.

The longer period for on-the-day bookings recognises that PTS is a finite resource, across various vehicle types, to support different patient mobilities (from walking to wheelchair to stretcher), travelling between multiple collection and destination points. As a result, on-the-day bookings have to be integrated into the existing pre-planned programme as effectively as possible. Clearly, it follows that the higher the proportion of total activity that is booked on the day, the more challenging it becomes to ensure effective and efficient use of the resources, the greater the likelihood of all resource being fully utilised (but not necessarily optimally), and the harder it becomes to achieve the Key Performance Indicator standards. The service is seeing high numbers of on- day bookings from the hospitals, particularly during the recent urgent care pressures, which has a detrimental impact on overall performance.

Overall PTS performance has improved since service implementation. Further improvement is required in order to achieve all performance targets.

4.1 Partnerships

4.1.1 Partnerships – Period to 28th February 2015:

PERSPECTIVE 4	Partnerships	Green
Success criteria 1: *Building effective partnership working by putting in place a joint planning and governance framework to improve outcome for the Gloucestershire population*		**Green**
Key performance indicators		
Develop a 5 year commissioning plan agreed with key providers		G
Development and maintenance of system wide forum encompassing all providers across heath & social care, independent and voluntary sector		G
Success criteria 2: *Delivery of the Health & Well Being plan*		**Green**
Key performance indicators		
Increase the range and volume of services commissioned jointly with both GCC and District Councils.		G
Increase the range and volumes of services commissioned jointly with the third sector on a locality basis within which the agenda of early intervention and prevention are woven into a range of local statutory health and social care services.		G
Success criteria 3: *Effective urgent care pathway to enable more patients to stay in their own home*		A
Key performance indicators		
Effective relationships across adult social and health care to enable: i) Reduce non-elective admissions which can be influenced by effective collaboration across the health and care system.		**Year-end assessment**
ii) Reducing inappropriate admissions of older people (65+) in to residential care		**Year-end assessment**
iii) Rehabilitation / reablement, increase in effectiveness of these services whilst ensuring that those offered service does not decrease		**Year-end assessment**
iv) Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.		**Year-end assessment**
v) To develop a system which measures patient experience of integration over time, allowing any improvements to be demonstrated.		**Year-end assessment**
vi) Enhancing quality of life for people with care and support needs.		**Year-end assessment**

4.1.2 **Success criteria 1: Building effective partnership working by putting in place a joint planning and governance framework to improve outcome for the Gloucestershire population (Amber)**

In April of this year Gloucestershire submitted a Better Care Fund (BCF) plan which was underpinned by a shared programme of work. It is timely to remember that the shared programme of work associated with the BCF reflected our system wide commitment to the precepts underpinned Joining Up Your care. The six metrics associated with the BCF each had a plan of service re-design and development.

As a system we had implemented new engagement methodologies in order to move forward, such as the BCF Providers Forum. Wherein we could engage and co-design system change with our provider partners. However, over the past few months there has been much national discussion on the subject of the Better Care Fund with revised guidance issued at end of July. In essence there are now additional requirements to need to be included in the plan;

- New metric: reducing all emergency admissions (previously reducing emergency admissions for ambulatory sensitive conditions)
- The performance element of the BCF is now only linked to the emergency admission reduction metric (previously it was linked to all the BCF metrics)
- Other metrics – changes to baseline year
- The case for change: additional analysis and evidence
- Plan of action: tighter description of detailed plans to deliver reduction in admissions
- Governance: more detail on risk sharing arrangements, contingency plan, accountability
- Alignment of plans: clearer articulation
- Impact on providers: ensuring the impact is understood and providers fully engaged

4.1.3 **Success criteria 2: Delivery of the Health & Well Being plan (Green)**

There is currently a comprehensive assurance methodology being applied to all Local Authorities and Clinical Commissioning Groups and H&W Boards are required to re-sign off on the plans with a view to a submission date of the 19th of September for updated return.

The CCG has a long established history of collaborative and joint commissioning with the local authority both on a county and district level, a key example of how we work in partnership would be the Joint Commissioning Partnership. The Joint Commissioning Partnership between Gloucestershire County Council (GCC) and Gloucestershire

Clinical Commissioning Group is a key element of the Governance arrangements that support joint commissioning. The scope and role of the JCP is includes:

- Assessing policy impact - mapping and interpretation leading to directing development of new commissioning strategies
- Scoping, testing and prior approval of joint commissioning strategies
- Implementation of joint commissioning strategies including performance oversight
- Oversight of joint funding arrangements - approval and assurance

The JCP consists of an Executive made up of Chief Officers/Senior officers from both organisations and a Board (JCPB), drawn from GCC Cabinet and CCG Board. The role of the JCPB is to set policy direction, and to assure themselves that joint commissioning is carried out with due regard to each organisation's statutory roles and responsibilities, including service quality, performance and outcomes. The role of the Executive is to develop and implement joint commissioning strategies, policies and plans, to draw to the attention of the Board any issues arising from current joint commissioning that require resolution, and to keep the Board informed of likely future developments.

In support of joint commissioning, the CCG and GCC jointly fund a small number of Joint (or Lead) Commissioner posts:

- Mental Health
- Children and Young People
- Older People / Long Term Conditions
- Learning Disabilities
- Physical Disabilities

4.1.4 **Success criteria 3: Partnership working group established to review dashboard and set targets.**

As part of the Better Care Fund submission, Gloucestershire health and well-being board (H&WB) have committed to delivering a number of key indicators/ outcomes for the residents of Gloucestershire:

Total non-elective admissions (general and acute)

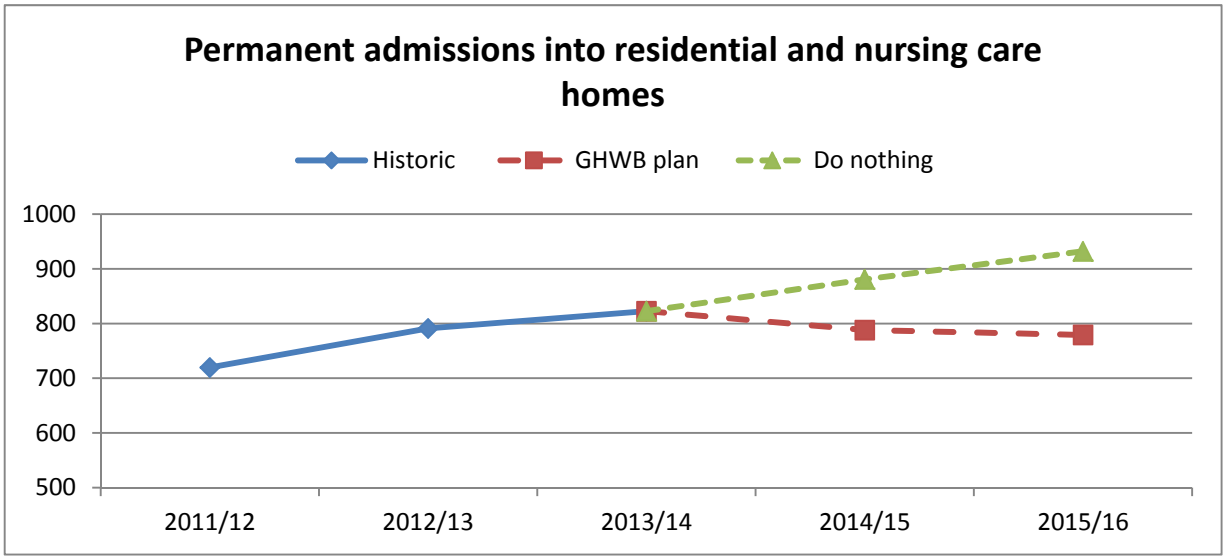
Avoidance of hospital admissions helps to ensure the most effective management of social care requirements. Minimising delayed transfers of care and avoidable admissions transforms the quality of care of individuals, enabling service users to receive the most appropriate care in the most appropriate location. The Gloucestershire H&WB ambition is to reduce non-elective admissions by 2.6% by March 2016.

Reducing inappropriate admissions of older people (65+) into residential care

Indicator is part of the Adult Social Care outcomes framework (ASCOF). The number pf permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population.

There is an underlying 4% year-on-year increase in permanent admission (reflected in the do nothing scenario below) in to residential care within Gloucestershire. The H&WB ambition is to significantly reduce the increase in admissions.

The overall level of ambition is to reduce the growth in admissions by 2.6% per year:

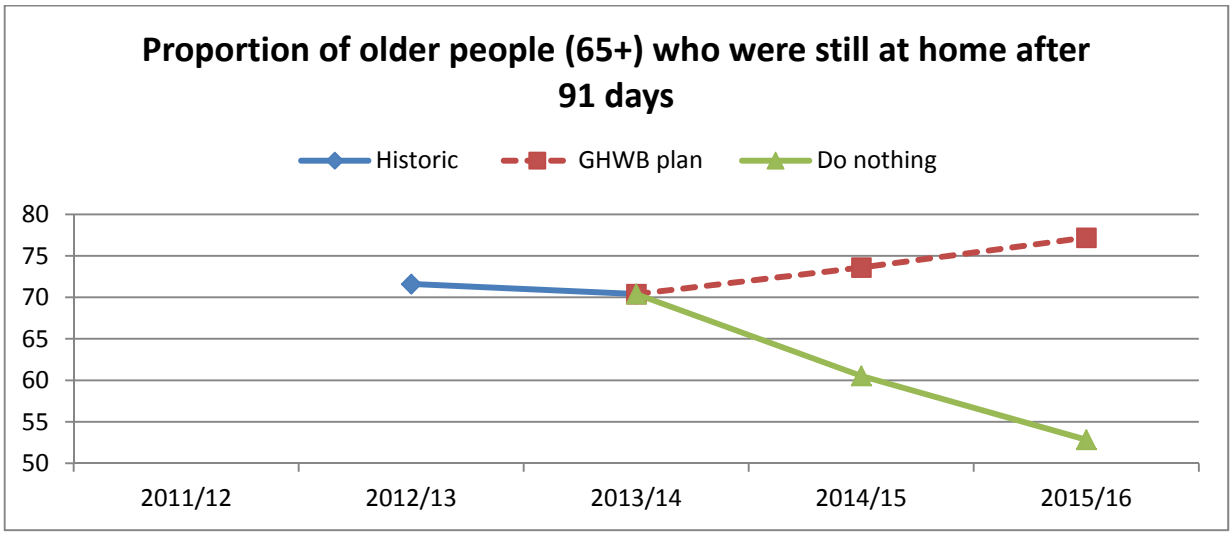


Rehabilitation / re-ablement, increase in effectiveness of these services whilst ensuring that those offered service does not decrease

Indicator is part of the ASCOF. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services.

The short term trend shows a 1.2% year on year reduction (as shown by the do nothing scenario) in the proportion of people living independently after 91 days.

The H&WB ambition factors through increased provision of the re-ablement/ rehabilitation services resulting in an annual increase of 3.3% in year 1 and a further 3.7% in year 2.

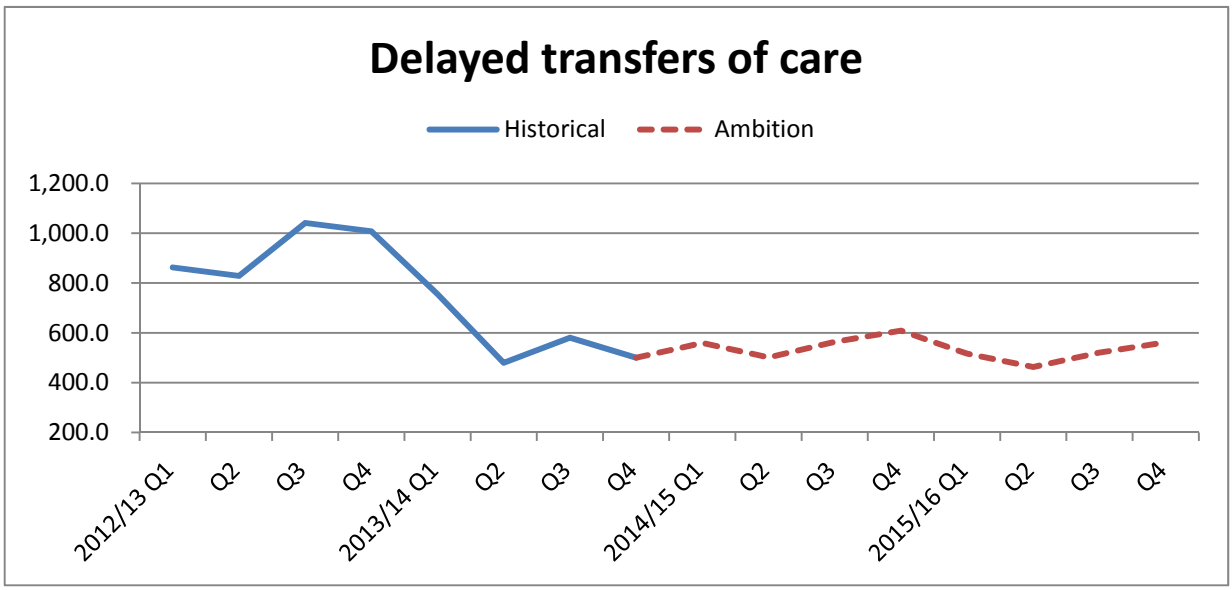


Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.

This indicator is based on the ASCOF Delayed transfers of care from hospital per 100,000 population metric.

During 2013/14 delayed transfers of care reduced significantly from those reported in 2012/13 (37% decrease).

The ambition is to further reduce delayed transfers by 2.8% in 2014/15 and 7.0% in 2015/16 from the 2013/14 baseline.



To develop a system which measures patient experience of integration over time, allowing any improvements to be demonstrated.

This is a locally set metric based on the Gloucestershire Care Services Integrated Community Teams Rapid Response Experience Comment Card.

The expectation is that this metric will assess the services ability to look at individual patient needs and improved health and social care outcomes.

Enhancing quality of life for people with care and support needs.

Locally selected measure which is part of the ASCOF. The indicator is based on responses to 6 questions within the Adult Social Care Survey.

Ambitions against the above indicators have been set by Gloucestershire Health and well-being board. Health community QIPP schemes have been mapped to each of the relevant indicators to assess the impact and progress made against these ambitions.

Assessment against the Gloucestershire ambitions is being developed and will reported by exception in this section of the performance framework report.

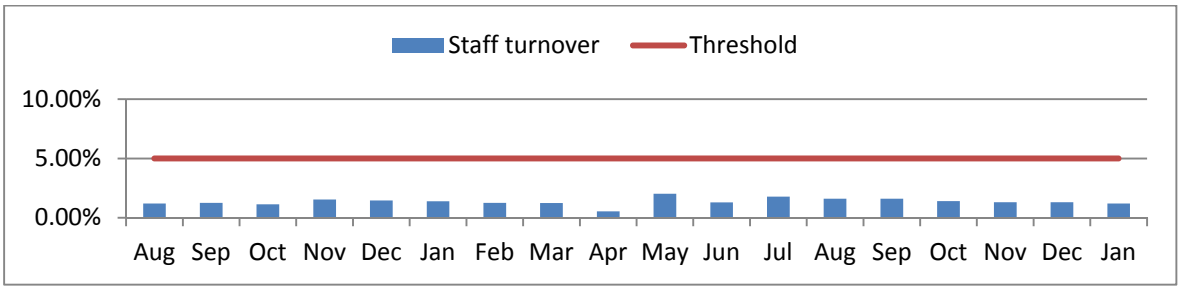
5.1 Staff

5.1.1 Staff – Period to 28th February 2015:

PERSPECTIVE 5	Staff	Green
Success criteria 1: *Attracting and retaining high quality staff aligned to the CCGs vision and values*		**G**
Key performance indicators		
Turnover - % of employees leaving the organisation		**1.2%**
Number of current Vacancies in structure		**8**
Success criteria 2: *Personal development processes that are linked to the strategic plan*		**Baseline to be established during 2014/15**
Key performance indicators		
All staff should have a personal development plan		**Baseline to be established during 2014/15**
Proportion of staff with appraisal meeting within the last 6 months		**Baseline to be established during 2014/15**
Success criteria 3: *Staff are Happy and Motivated*		**G**
Key performance indicators		
Staff sickness levels		**2.2%**
Staff Survey		**Annual only**

5.1.2 Attracting and retaining high quality staff aligned to the CCGs vision and values

Monthly turnover is in line with the figures reported in December at 1.2% per month. The number of leavers in since the 1st April is 27, giving a monthly average of 2.5 leavers per month.



There are 4 jobs live on NHS Jobs and 4 are in the recruitment process.

5.1.3 Personal development processes (PDP) that are linked to the strategic plan

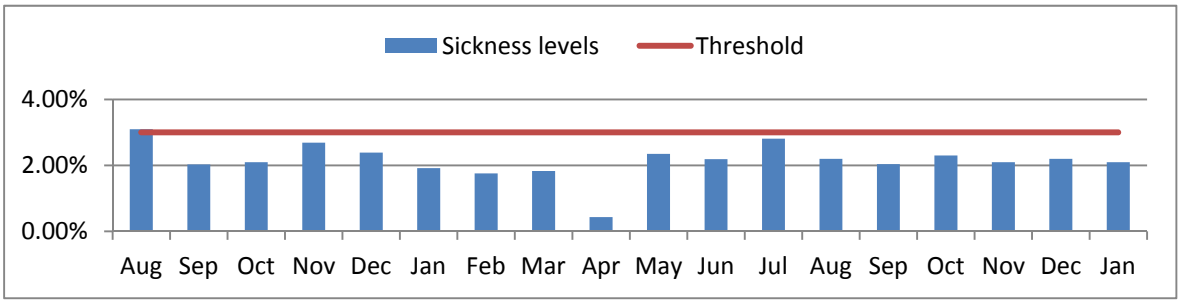
The CCG has commenced the roll-out of their PDP process to ensure that objective setting is in place.

5.1.4 Staff are Happy and Motivated

Staff survey results to be reviewed annually when survey takes place.

Staff sickness levels up to the 28th February have equated to 2.2% which is below the GCCG target of less than 3%. Sickness levels have increased slightly from the figure reported in January 2015.

2.2% equates to 1152 full time equivalent (FTE) working days or 5.7 days per employee since the 1st April 2014. The sickness absence rate is calculated by the total number of FTE days lost divided by the total number of working days.



6.1 Perspective 2. Finance and Efficiency

6.1.1 Finance and efficiency – Period to 28th February 2015

Summary:

Perspective 2	Finance & Efficiency	Amber

Success critieria: To ensure a financially viable commissioning organisation with an underlying recurrent surplus			A
	Threshold	Lower threshold	RAG
Underlying recurrent surplus (%age)	2%	1%	
Surplus - year to date variance to planned performance (%age)	0.10%	0.50%	
Surplus - full year variance to planned performance (%age)	0.10%	0.50%	
Running costs year to date (variance to running costs allocation)	Within RCA		
Running costs forecast outturn (variance to running costs allocation)	Within RCA		
BPPC performance on non-NHS invoices by value (year to date)	95%	80%	
Cash drawdown in line with planned profiles (%age variance)	2%	5%	
Success critieria: QIPP Full year Forecast			**A**
	Threshold	Lower threshold	RAG
QIPP - full year forecast delivery to planned performance (%)	95%	75%	

- The CCG is forecasting to deliver a surplus of £8.476m; which is an increase of £1.6m to the surplus originally planned due to the return of the predicted underspend on the CHC risk pool.
- Known risks and pressures have been fully assessed and included within the CCG's forecast position, with mitigating actions where appropriate.
- Slippage has been forecast on QIPP schemes and included in the position for the current financial year and this is being closely monitored.
- Financial risks are monitored through a continuous review of budgets and proposed investments and the use of the CCG's contingency and activity reserves.
- The better payment practice code performance for the year to date (for non-NHS invoices by volume) is 96.02% which is in line with the targeted figure.
- The quality premium allocation of £943k has been included in running cost budgets (as per national guidance). However, expenditure has been incurred in programme budgets in ways that improve both the quality of care/health outcomes and reduce health inequalities as follows:

Description	£000
IAPT services	250
Parity of esteem in MH services	200
CYPS waiting lists	160
Maternity group practice	112
Children with complex needs	99
Other miscellaneous	122
Total	**943**

- Key risks:
  - Provider contracts over perform in excess of those levels provided within the year end forecast
  - Increased slippage on QIPP schemes (noting that the current RAG ratings are embedded within current financial forecasts)

The overall assessment for the finance and efficiency perspective is amber for which more detail is provided in the following sections. However, this assessment should be read in conjunction with those risks outlined within paragraph 6.8.

6.2 Resources

The CCG's current anticipated resource limit (see Appendix 2) is £698.2m. There were no resource adjustments this month.

6.3 Expenditure

The financial summary as at 28th February 2015 shows a year to date surplus of £7.904m; representing the CCG's original plan combined with the underspend for continuing healthcare risk share as advised by NHS England. Further detail is shown at Appendix 3. Key budget areas with either a financial risk or forecast outturn variance are highlighted below:

Key Indicates a favourable movement in the month Indicates an adverse movement in the month	**Trend**	**Forecast Over/ (Under) Spend £'000**
Gloucestershire Hospitals NHS FT		
Activity trends are showing over performance in in emergency spells, outpatient activity and associated excluded drug costs. Overperformance against emergency plans relates to a combination of increased demand and also slippage in the implementation of some QIPP plans, this slippage is reflected in the QIPP performance forecast. There are also ongoing	⇔	£6.3

discussions on the coding of specific activity within schemes which has led to a difference in the forecast in certain areas. Discussions continue with the aim of reaching a settlement on this issue and this remains the largest single risk to the CCG's financial position.		
Wye Valley NHS Trust		
Elective activity continues to over-perform predominantly in Trauma and Orthopaedics and Podiatry services.		£383.8
Winfield Hospital		
Activity in Electives is consistently below plan with T&O being significantly affected; reporting an under performance of £205k in this speciality. Performance has not recovered to the extent anticipated earlier in the year.		(£108.1)
Great Western Hospital		
All areas of the contract are currently over performing with Elective Day cases in General Surgery and Non Elective inpatients on general medicine being the main contributors. There are indications that pressure regarding RTT waiting times is easing		£559.2
North Bristol NHS Trust		
The contract is continuing to underperform in all areas of the contract. Delivery of performance targets are still proving an issue and these mainly relate to complex spinal work and Neurosurgery, which are being progressed with the lead commissioner.		(£501.7)
University Hospitals Bristol NHS FT		
Elective inpatients and day cases are currently under performing. This has been offset by some over-performance in Paediatric specialties.		£265.1
Worcestershire Acute		
Non PbR activity in Critical care, drugs and maternity are the contributing factors to this underspend.		(£95.4)
Ramsay Healthcare		
This contract covers elective T&O activity only and is continuing to report activity below plan		(£88.4)
South Warwickshire NHS Trust		
The area of over-performance relates primarily to Non-elective spells within General Surgery, T&O, and General & Geriatric Medicine. A query has been raised with the provider but as yet still no response has been received.		£119.5
Any Qualified Provider (AQP)		
The Oxford Fertility Unit activity in January increased on		£35.3

the previous month. GP Care ultrasound activity, which reflects the majority of the AQP overspend, continues to slow and indications are that they will not reach their anticipated full capacity by year end. Other AQP services are continuing to fully mobilise including Independent Health Group for carpel tunnel and hernia procedures and Global Diagnostics for ultrasound scans.	↓	
Clinical Assessment & Treatment Centre		
The ISTC activity trend is continues to rise (when compared to 2013/14); being consistent with the QIPP initiative to increase the utilisation of this service. Discussions are ongoing with other CCG partners regarding the settlement and interpretation of the risk sharing agreement. The majority of the movement is in Orthopaedic Inpatients.	↓	£158.9
Non Contractual Activity (NCA)		
Activity trends are continually monitored to produce the most robust forecast however this continues to be a volatile area of spend.	↑	(£75.0)
Continuing Healthcare		
The underspend on the CHC risk pool is offset by other areas such as Domiciliary care, adult fully funded and funded nursing care. Overall activity appears to have increased with higher monetary values on some packages of care.	↑	(£837.2)
Mental Health		
There was a slight improvement in the position due to the number Learning Disability care packages which has reduced by 3 patients this month.	↓	£814.1
Home Oxygen		
There was very little movement in the position this month and savings will accrue throughout the remainder of the year.	↑	(£244.7)
Running costs		
This includes an underspend for Quality premium (as directed by NHS England) for which the expenditure is within the programme position..	↓	(£2,985.0)

6.4 **QIPP**

Recognising that all forecasts have been based only on information available at the end of January, Appendix 4 reports the extent of QIPP performance against programme areas. Appendix 5 shows each scheme and its RAG rating in terms of implementation, in year savings and also its forecast financial impact in 2015/16. This shows slippage in the CCG's overall programme. Additional programmes are currently being reviewed to bring forward where it is believed that

there is opportunity to deliver in year savings.

6.5 **Cash (Appendix 6)**
By the end of February, the CCG has drawn down 0.5% more cash than it would have done under a straight line profile due to funds being paid over to Gloucestershire County Council at the beginning of the financial year. This is consistent with the position in the last financial year. The cash balance at the end of February was £2,327m.

6.6 **Better Payment Practice Code (Appendix 7)**
It is a national target to pay all non-NHS trade creditors within 30 days of receipt of goods or a valid invoice. The current year to date performance has continued to improve and stands at 99.04% invoices paid by value and 96.02% by volume; both being in line with the 95% target.

6.7 **Statement of Financial Position (Appendix 8)**
The position shown includes the audited opening balances from the 2013/14 Annual Accounts as a reference point.

6.8 **Financial Risk**
The following risks may be material to the current financial position:

- Contract Performance
  A large number of the CCG's contracts are variable and there is a risk of over performance against the contracted value.

- QIPP slippage
  Due to the nature and scale of system changes within the QIPP programme along with the number of live schemes for the organisation there is a high risk of ongoing slippage to the programme. No further QIPP slippage is anticipated in the current financial year.

- Properties
  Although most issues have been reflected in the latest CCG schedule with NHS Property Services, some residual queries remain; primarily regarding the charges for Sanger House.

- Backdated Funded Nursing Care costs
  A settlement value has been proposed by the CCG and is included within the reported financial position. However, a formal response is awaited from colleagues at Gloucestershire County Council.

7.0 Recommendations

The Governing Body is asked to:

- Note the financial position and the inherent risks outlined within the attached report

Appendices:

Ref	Description
1	GCCG Dashboard 2014/15
2	Resource Limits
3	Summary Financial Position
4	QIPP financial summary against 2014/15 plan
5	QIPP Programme 2014/15 - Programme Overview
6	Cash
7	Better Payment Practice
8	Statement of Financial Position
9	CCG outcomes indicator set – January data

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Target	Principal Delivery Targets		Apr-14	May-14	Jun 2014/ Q1	Jul 2014	Aug 2014	Sept 2014/ Q2	Oct 2014	Nov 2014	Dec 2014/ Q3	Jan 2015	Feb-15	Mar 2015/ Q4	Year / Quarter to date	Perf. Measured
Unscheduled Care																
Accident & Emergency																
CB_B5	**4-hour A&E target** - Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C
		GRH	91.6%	91.4%	90.0%	89.4%	95.9%	93.5%	92.0%	89.5%	82.8%	79.7%	73.5%		88.5%	
		CGH	97.5%	96.9%	97.1%	95.9%	97.0%	97.1%	92.3%	94.5%	85.3%	86.3%	83.3%		93.3%	
		GHNHSFT total	93.7%	93.4%	92.6%	91.8%	96.3%	94.9%	92.1%	91.2%	83.6%	82.1%	77.1%		90.3%	
		GCS - MIU	99.8%	99.8%	99.8%	99.96%	99.9%	99.8%	99.8%	99.8%	99.7%	99.8%	99.8%		99.8%	
CB_S9	**12 hour trolley waits** (no A&E attender should wait more than 12 hours from the decicision to admit to admission)	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	C
		GRH	0	0	0	0	0	0	0	0	0	0	0			
		CGH	0	0	0	0	0	0	0	0	0	0	0			
		GHNHSFT total	0	0	0	0	0	0	0	0	0	0	0			
		GCS - MIU	0	0	0	0	0	0	0	0	0	0	0			
Ambulance																
CB_B15_01	**Cat A 8 min response** - The percentage of Category A **RED 1** incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes.	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	C
		SWASFT	76.1%	75.1%	75.0%	73.7%	75.2%	77.6%	75.1%	74.7%	69.7%				75.3%	
		Glos only	68.9%	64.3%	65.7%	67.2%	72.7%	65.1%	68.8%	67.2%	55.0%				67.5%	
CB_B15_02	**Cat A 8 min response** - The percentage of Category A **RED 2** incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes.	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	
		SWASFT	76.8%	75.5%	75.7%	74.1%	76.5%	76.9%	73.6%	70.8%	63.3%				75.5%	
		Glos only	70.8%	69.6%	69.9%	70.2%	73.6%	69.8%	66.5%	63.4%	56.3%				69.2%	
CB_B16	**Cat A 19 min response** - The percentage of calls resulting in an ambulance arriving at the scene of the incident within 19 minutes.	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	
		SWASFT	95.4%	95.2%	95.0%	94.6%	95.3%	95.3%	93.9%	93.3%	89.7%				94.9%	
		Glos only	94.2%	92.4%	92.9%	93.5%	94.9%	92.0%	91.1%	90.0%	85.1%				92.6%	
CB_S7	Ambulance handover delays - 30 to 60 mins (GHNHSFT)	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	C
		Actual	75	128	82	90	50	46	90	89	70	82			802	
CB_S7	Ambulance handover delays - over 60 mins (GHNHSFT)	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	13	16	8	8	5	11	2	16	9	11			99	
CB_S8	Clear up delays of over 30 minutes	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	C
		Actual	21	25	60	129	103	95	127	107	119	152			938	
CB_S8	Clear up delays of over 1 hour	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	3	8	4	14	9	7	11	10	15	9			90	
Delayed Transfers of Care (DTOC)																
Local	Average number of Delayed Transfers of Care for acute patients in the month	GHNHSFT target	14	14	14	14	14	14	14	14	14	14	14	14	14	C
		GHNHSFT actual	7.5	7.4	10.0	6.2	9.0	9.5	10.8	9.3	12.0	19.8	15.8		10.7	
Local	Reimbursable Days for Acute DTOCs (Attributable to Social Services)	GHNHSFT	0	0	0	0	0	0	0	0	0	0	0	0	0	
Local	Average number of Delayed Transfers of Care for non-acute patients in the month	GCS target	10	10	10	10	10	10	10	10	10	10	10	10	10	M
		GCS actual	3.0	0.8	1.3	2.6	2.3	1.8	0.4	3	5.3	3.0	3.0		2.4	
Harmoni 111																
Local	Calls answered within 60 seconds	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	M
		Actual	86.1%	90.9%	91.8%	87.3%	95.9%	97.6%	94.9%	88.1%	73.8%	94.7%	93.8%			
Local	Calls abandoned after 30 seconds	Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
		Actual	2.9%	2.2%	1.8%	3.1%	0.8%	0.5%	0.9%	4.3%	9.3%	0.7%	0.9%			
Local	Calls triaged	Target	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	
		Actual	78.2%	79.1%	77.4%	78.3%	76.5%	76.5%	77.1%	80.3%	81.7%	81.4%	82.4%			
Local	% calls referred to ED	Target	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	
		Actual	5.0%	5.9%	6.4%	6.7%	6.3%	6.1%	5.8%	10.3%	4.5%	5.3%	8.4%		6.4%	
Local	Calls warm transferred	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%	
		Actual	66.8%	63.6%	59.9%	56.4%	64.6%	70.0%	71.5%	58.9%	43.1%	41.4%	40.9%			
Local	Longest wait for an answer	Target	00:01:00	00:01:00	00:01:00	00:01:00	00:01:00	00:01:00	00:01:00	00:01:00	00:01:00	00:01:00	00:01:00	00:01:00	00:01:00	
		Actual	00:17:43	00:10:15	00:14:17	00:15:09	00:07:03	00:05:36	00:08:31	00:41:30	00:24:45	00:06:20	00:11:01			
Local	Longest wait for a call back	Target	00:10:00	00:10:00	00:10:00	00:10:00	00:10:00	00:10:00	00:10:00	00:10:00	00:10:00	00:10:00	00:10:00	00:10:00	00:10:00	
		Actual	00:16:39	00:12:48	00:10:19	00:09:00	00:13:21	00:14:21	00:00:48	00:07:43	00:18:07	00:22:10	00:11:27			
Planned Care																
Acute Care Referral to Treatment																
CB_B1	Percentage of admitted pathways treated with in 18 Weeks	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%	C
		Actual	91.2%	92.1%	90.4%	90.1%	89.7%	89.8%	90.2%	90.8%	91.0%	90.1%			90.5%	
CB_S6	Number of completed admitted pathways greater than 52 weeks	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	2	1	2	6	0	3	3	5	1	3			26	
Local	Number of specialties where admitted standard was not delivered	Actual	5	7	9	8	7	7	8	8	6	6				
CB_B2	Percentage of non - admitted pathways treated within 18 Weeks	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	

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CB_B2	Percentage of non - admitted pathways treated within 18 Weeks	Actual	95.2%	95.6%	95.3%	95.6%	95.4%	95.3%	95.4%	95.4%	95.4%	95.3%			95.4%	
CB_S6	Number of completed non-admitted pathways greater than 52 weeks	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	C
		Actual	0	0	1	1	0	0	1	1	2	1			7	
Local	Number of specialties where non-admitted standard was not delivered	Actual	7	5	5	6	7	7	6	6	9	7				
CB_B3	Percentage of incomplete Pathways that have waited less than 18 Weeks	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%	C
		Actual	92.0%	91.9%	91.9%	91.7%	91.8%	91.8%	92.0%	91.8%	92.3%	92.1%			91.9%	
CB_S6	Number of incomplete pathways greater than 52 weeks	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	8	11	9	9	8	13	14	14	22	21			129	
Local	Number of specialties where incomplete standard was not delivered	Actual	7	9	9	9	7	8	7	7	6	7				
Cancelled Operations																
CB_B18	**Cancelled operations** - Number of patients who have had an operation cancelled, on or after the day of admission, for non-clinical reasons that have not been offered another binding date within 28 days	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	C
		Actual	0	2	7	1	4	4	3	9	7					
CB_S10	**Urgent operations cancelled for a second time** - number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	0	1	0	1	1	1	0	3	0					
Diagnostics																
CB4	Percentage of patients who have waited more than 6 weeks for one of the 15 key diagnostic tests	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%	C
		Actual breaches	112	106	55	44	124	131	31	127	208	240			1178	
		Actual Perf	1.4%	1.4%	0.7%	0.6%	1.6%	1.8%	0.4%	1.6%	2.6%	3.2%			1.3%	
Cancer Waits																
CB_B6	Percentage of patients seen within 2 weeks of an urgent GP or GDP referral for suspected cancer	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	C
		Actual breaches	134	156	65	93	69	84	76	66	89	192			1,024	
		Actual Perf	89.0%	87.4%	95.0%	94.0%	94.5%	93.6%	94.7%	95.2%	93.6%	84.6%			93.1%	
CB_B7	Percentage of patients seen within 2 weeks of an urgent referral for breast symptoms where cancer is not initially suspected	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	C
		Actual breaches	107	75	19	19	13	0	5	7	9	11			265	
		Actual Perf	52.7%	64.6%	88.9%	89.1%	93.2%	100.0%	97.6%	96.4%	95.8%	94.8%			85.6%	
CB_B8	Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis	Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	C
		Actual breaches	0	5	2	2	0	5	2	2	2	4			24	
		Actual Perf	100.0%	98.1%	99.1%	99.3%	100.0%	98.1%	99.2%	99.2%	99.2%	98.3%			99.1%	
CB_B9	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	C
		Actual breaches	0	1	2	3	0	4	0	0	2	2			14	
		Actual Perf	100.0%	96.9%	95.0%	92.7%	100.0%	90.9%	100.0%	100.0%	96.4%	96.9%			96.9%	
CB_B10	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is an Anti-Cancer Drug Regime	Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	C
		Actual breaches	0	0	0	0	0	0	0	0	0	0			0	
		Actual Perf	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	
CB_B11	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is a Radiotherapy Treatment	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	C
		Actual breaches	0	0	1	0	1	0	0	0	0	1			3	
		Actual Perf	100.0%	100.0%	98.8%	100.0%	98.2%	100.0%	100.0%	100.0%	100.0%	99.2%			99.7%	
CB_B12	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	C
		Actual breaches	9	25	11	25	9	18	29	26	30	29			211	
		Actual Perf	92.4%	83.4%	89.9%	81.9%	92.9%	86.3%	77.0%	79.8%	77.9%	73.9%			84.4%	
CB_B13	Percentage of patients receiving first definitive treatment for cancer within 62 days from an NHS Cancer screening service	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	C
		Actual breaches	0	1	3	1	0	1	3	1	2	6			18	
		Actual Perf	100.0%	94.1%	87.0%	95.8%	100.0%	94.1%	88.5%	96.4%	91.3%	77.8%			93.9%	
CB_B14	Percentage of patients receiving first definitive treatment for cancer within 62 days of a consultant decision to upgrade their priority status	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	C
		Actual breaches	1	0	0	0	0	1	1	0	0	0			3	
		Actual Perf	75.0%	100.0%	100.0%	100.0%	100.0%	80.0%	83.3%	100.0%	100.0%	-			92.7%	
Long Term conditions																
EC	Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit (GHT Only)	Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	C
		Glos	87.0%	90.0%	74.1%	63.0%	87.0%	89.8%	80.9%	63.2%	80.4%	60.4%				
EC	Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours (GHT Only)	Target	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	
		Glos	73.0%	71.0%	57.0%	63.0%	70.0%	58.0%	57.5%	63.3%	52.7%	44.9%				
CB_A9	Dementia diagnosis rate (Annual)	Target														C
		Glos														
Community Care Referral to Treatment (GLOUCESTERSHIRE only)																
Paediatric																
Local	Percentage of patients referred to the Paediatric Speech and Language	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C

Gloucestershire CCG 2014/15 Integrated Performance Scorecard

Target	Principal Delivery Targets		Apr-14	May-14	Jun 2014/ Q1	Jul 2014	Aug 2014	Sept 2014/ Q2	Oct 2014	Nov 2014	Dec 2014/ Q3	Jan 2015	Feb-15	Mar 2015/ Q4	Year / Quarter to date	Perf. Measured
Local	Therapy Service who are treated within 8 Weeks	Actual	97.0%	100.0%	99.0%	95.0%	95.0%	98.0%	97.0%	99.0%	100.0%	100.0%			98.0%	C
Local	Percentage of patients referred to the Paediatric OccupationalTherapy Service who are treated within 8 Weeks	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C
		Actual	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%			99.5%	
Local	Percentage of patients referred to the Paediatric Physiotherapy Service who are treated within 8 Weeks	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C
		Actual	99.0%	95.0%	96.0%	99.0%	97.0%	96.0%	97.0%	97.0%	100.0%	100.0%			97.7%	
Adult																
Local	Percentage of patients referred to the Adult Speech and Language Therapy Service who are treated within 8 Weeks	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C
		Actual	98.0%	98.0%	96.0%	96.0%	95.0%	96.0%	95.0%	87.0%	89.0%	77.0%			92.7%	
Local	Percentage of patients referred to the Podiatry Service who are treated within 8 Weeks	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C
		Actual	100.0%	91.0%	91.0%	82.0%	86.0%	80.0%	86.0%	86.0%	91.0%	93.0%			88.6%	
Local	Percentage of patients referred to the Adult Occupational Therapy Service who are treated within 8 Weeks	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C
		Actual	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			99.9%	
Local	Percentage of patients referred to the Adult Physiotherapy Service who are treated within 8 Weeks	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C
		Actual	99.0%	96.0%	95.0%	96.0%	96.0%	95.0%	96.0%	97.0%	99.0%	98.0%			96.7%	
Specialist Nurses																
Local	Percentage of patients referred to the Parkinson Nursing Service who are treated within 8 Weeks	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C
		Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.0%	100.0%			99.2%	
Local	Percentage of patients referred to the Diabetic Nursing Service who are treated within 8 Weeks	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	C
		Actual	97.0%	100.0%	100.0%	97.0%	95.0%	100.0%	100.0%	96.0%	95.0%	96.0%			97.6%	
Mental Health and Learning Disabilities																
Adults of Working Age																
CB_B19	Proportion of those patients on a Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	Target			95.0%			95.0%			95.0%		95.0%	95.0%	95.0%	C
		Glos			97.3%			96.5%			99.5%				97.8%	
Improving Access to Psychological Therapies (IAPT)																
CB_S5	The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Glos target			2.9%			5.9%			9.3%		13.0%			C
		Glos actual			4.1%			8.8%			12.4%				12.4%	
CB_S5	The proportion of people who complete therapy who are moving towards recovery	Glos target			50.0%			50.0%			50.0%		50.0%	50.0%	50.0%	C
		Glos actual			50.5%			50.8%			47.9%				47.9%	
Quality																
Quality Indicators																
CB_B17	Eliminate mixed-sexed accommodation breaches at all providers sites	GHT	0	0	0	0	0	0	0	0	0	0				C
		Care Services	0	0	0	0	0	0	0	0	0	0				
		2gether	0	0	0	0	0	0	0	0	0	0				
	Number of Never Events	GHT	0	0	0	0	0	1	0	0	0	2				C
		Care Services	0	0	0	0	0	0	0	0	0	0				
		2gether	0	0	0	0	0	0	0	0	0	0				
		SWAST	0	0	0	0	0	0	0	0	0	0				
		Ramsay Healthcare	0	0	0	0	0	0	0	0	0	0				
	Percentage of all adult inpatients who have had a VTE risk assessment	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%	C
		GHNHSFT	93.1%	92.6%	93.4%	93.0%	93.6%	92.8%	93.0%	92.6%	93.9%					
		GCS	99.2%	96.6%	98.1%	98.9%	98.2%	99.1%	96.2%	99.4%	98.6%	98.4%				
Cleanliness and HCAIs																
Methicillin Resistant Staphylococcus Aureus (MRSA)																
CB_A15	Number of MRSA infections (Health Community)	Glos HC target	0	0	0	0	0	0	0	0	0	0	0	0	0	C
		Glos HC actual	1	3	1	0	0	2	0	0	1	0				
	Number of post 48 hours MRSA infections post 48 hours (Acute Trust)	GHNHSFT target	0	0	0	0	0	0	0	0	0	0	0	0	0	C
		GHNHSFT actual	1	3	0	0	0	2	0	0	1	0				
Clostridium Difficile (C.Diff)																
CB_A16	Number of total C Diff infections (Health Community)	Glos HC target	19	16	16	20	20	10	15	12	12	21	21	19	116	C
		Glos HC actual	8	17	16	15	8	16	11	10	10	11			122	
	Number of post 48 hour C Diff infections (Acute Trust)	GHNHSFT target	6	5	4	5	6	2	4	4	4	4	4	5	32	C
		GHNHSFT actual	2	5	3	3	0	3	2	2	4	4			28	

Appendix 9

NHS outcomes framework

1. NHS outcomes framework and indicator set

The CCG Outcomes Indicator Set (OIS) provides clear, comparative information for CCGs, about the quality of health services commissioned by CCGs and the associated health outcomes. The indicators are useful for CCGs and Health and Wellbeing Boards in identifying local priorities for quality improvement and to demonstrate progress that local health systems are making on outcomes.

CCG Outcomes Indicator Set measures are developed from NHS Outcomes Framework indicators that can be measured at CCG level together with additional indicators developed by NICE and the Health and Social Care Information Centre.

All of the CCG outcomes indicators have been chosen on the basis that they contribute to the overarching aims of the five domains in the NHS Outcomes Framework. The Indicator Set does not in itself set thresholds or levels of ambition for CCGs.

2. December update

As part of the release of data on the 17th December the following indicators have been updated:

- 1.5 Mortality within 30 days of hospital admission for stroke
- 1.22 Hip fracture: incidence
- 3.5 People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital
- 3.6 People who have had an acute stroke who receive thrombolysis
- 3.7 People with stroke who are discharged from hospital with a joint health and social care plan
- 3.8 People who have a follow-up assessment between 4 and 8 months after initial admission for stroke
- 3.9 People who have had an acute stroke who spend 90% or more of their stay on a stroke unit
- 3.10.i Hip fracture: proportion of patients recovering to their previous levels of mobility/walking ability at 30 days
- 3.10.ii Hip fracture: proportion of patients recovering to their previous levels of mobility/walking ability at 120 days
- 3.11 Hip fracture: collaborative orthogeriatric care
- 3.12 Hip fracture: timely surgery
- 3.13 Hip fracture: multifactorial falls risk assessment

- 3.16 Readmissions to mental health services within 30 days of discharge
- 3.17 Proportion of adults in contact with secondary mental health services in employment

The following existing indicators have been updated with new data periods:

- 1.8 Emergency admissions for alcohol related liver disease
- 1.14 Smoking status at time of delivery
- 1.15 Breast feeding prevalence at 6 - 8 weeks
- 2.1 Health-related quality of life for people with long-term conditions
- 2.2 Proportion of people who are feeling supported to manage their condition
- 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- 2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- 2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups
- 2.15 Health-related quality of life for carers, aged 18 and above
- 3.1 Emergency admissions for acute conditions that should not usually require hospital admission
- 3.4 Emergency admissions for children with lower respiratory tract infections
- 4.1 Patient experience of GP out-of-hours services

3. Summary of changes to the CCG Outcomes indicator set following the September update of the HSCIC portal

See appendix 1 - key for RAG ratings:

Performance RAG	Rational for performance rating
● Green	Top quartile (nationally)
■ Amber	Middle two quartiles
◆ Red	Bottom quartile

Appendix 1

Overarching ambition	Outcome framework measure	Baseline/ previously reported value	Latest performance released Sept 2014	RAG rating		Area measured	Benchmarking	Summary of changes
1. Preventing people from dying prematurely.	Potential years of life lost from causes considered amenable to healthcare: adults, children and young people (NHS OF 1a i & ii)	2012 DSR: 1753.60	2013 DSR: 1966.30	Performance 	Trend	GCCG	GCCG ranks 93rd of 211 CCGs	Performance deteriorated between 2012 and 2013. GCCG have moved from the 35th best CCG in 2012 to the 93rd best CCG in 2013. 2013 performance in now in line with BGSW area and is still below the national average of 2027.4
	Under 75 mortality from cardiovascular disease (NHS OF 1.1)	2012 DSR: 53.87	2013 DSR: 57.40	Performance 	Trend	GCCG	GCCG ranks 62nd of 211 CCGs	Performance deteriorated between 2012 and 2013. GCCG have moved from the 39th best CCG in 2012 to the 62nd best CCG in 2013. 2013 performance in now above the BGSW area average of 54.6 but below the national average of 64.9.
	Under 75 mortality from respiratory disease (NHS OF 1.2)	2012 DSR: 24.01	2013 DSR: 24.0	Performance 	Trend 	GCCG	GCCG ranks 79th of 211 CCGs	Performance during 2013 shows no variance from 2012. GCCG is ranked 79th of 211 CCGs. 24.0 is below the England average of 28.1 but above the BGSW average of 21.7.
	Under 75 mortality from liver disease (NHS OF 1.3)	2012 DSR: 13.01	2013 DSR: 14.2	Performance 	Trend	GCCG	GCCG ranks 83rd of 211 CCGs	Performance deteriorated between 2012 and 2013. GCCG have moved from the 69th best CCG in 2012 to the 83rd best CCG in 2013. 2013 performance in now in line with BGSW area and is below the national average of 15.4
	Emergency admissions for alcohol related liver disease	2012 DSR: 13.1	2013 DSR: 16.1	Performance 	Trend 	GCCG	GCCG ranks 31st of 211 CCGs	Performance deteriorated between 2012 and 2013. Despite deterioration the CCG have moved from the 45th best CCG in 2012 to the 31st best CCG in 2013.
	Cancer: record of stage at diagnosis	2011 % recorded: 53.0%	2012 % recorded: 63.8%	Performance 	Trend 	GCCG	GCCG ranks 75th of 211 CCGs	Performance improved between 2011 and 2012 by 10.8%. GCCG is ranked 75th of 211 CCGs. 2012 performance is above the England average and South West average (60.2%)
	Breast cancer: mortality	N/A	2011-2013: 36.0	Performance 	Trend N/A	GCCG	GCCG ranks 135th of 211 CCGs	Newly released data previously only reported at regional level. GCCG mortality is above the England average of 34.7 but slightly below the BGSW rate of 36.5
	Hip fracture: incidence	N/A	2013/14 DSR: 430.80	Performance 	Trend N/A	GCCG	GCCG ranks 96th of 211 CCGs	Newly released data, GCCG hip fracture incidents are in line with the national average.
	Maternal smoking at delivery	Q3 2013/14: 10.7%	Q4 2013/14: 11.7%	Performance 	Trend 	GCCG	GCCG ranks 93rd of 211 CCGs	Performance deteriorated between Q3 2013/14 and Q4 2013/14 by 1%.
	Breastfeeding prevalence at 6-8 weeks	Q3 2013/14: 51.0%	Q4 2013/14: 47.9%	Performance	Trend	GCCG	GCCG ranks 27th of 211 CCGs	Performance deteriorated between Q3 & Q4 2013/14; however, GCCG remain within the top quartile nationally.

Overarching ambition	Outcome framework measure	Baseline/ previously reported value	Latest performance released Sept 2014	RAG rating		Area measured	Benchmarking	Summary of changes
2. Enhancing quality of life for people with long-term conditions.	Health-related quality of life for people with long-term conditions (NHS OF 2)	2012/13: 0.76	2013/14: 0.76	Performance	Trend	GCCG	GCCG ranks 56th of 211 CCGs	Performance during 2013/14 shows no variance from 2012/13. GCCG is ranked 56th of 211 CCGs (just outside the upper quartile) 0.76 is above the England average of 0.74 but below the BGSW average of 0.77.
	People feeling supported to manage their condition (NHS OF 2.1)	2012/13: 70.7	2013/14: 68.1	Performance 	Trend 	GCCG	GCCG ranks 48th of 211 CCGs	Performance deteriorated between 2012/13 and 2013/14; however, GCCG remain within the top quartile nationally.
	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (NHS OF 2.3.i)	April 2013 to March 2014 DSR: 652.9	Jul 2013 to Jun 2014 DSR: 646.6	Performance 	Trend 	GCCG	GCCG ranks 54th of 211 CCGs	Slight change within the timeframe for the indicator which now runs from July to June 2014. GCCG performance has remained in line with the previous reported figure and within the top quartile nationally. Despite the overall improvement the CCG moved down 4 places to the 54th best CCG.
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS OF 2.3.ii)	April 2013 to March 2014 DSR: 287.7	Jul 2013 to Jun 2014 DSR: 283.3	Performance	Trend	GCCG	GCCG ranks 91st of 211 CCGs	Slight change within the timeframe for the indicator which now runs from July to June 2014. GCCG performance has improved moving to the 91st best CCG. Performance is below the national average but above the BGSW average of 270.8
	Health-related quality of life for carers (NHS OF 2.4)	2012/13: 0.83	2013/14: 0.83	Performance	Trend	GCCG	GCCG ranks 32nd of 211 CCGs	Performance during 2013/14 shows no variance from 2012/13. GCCG is ranked 32nd of 211 CCGs. 0.83 is above the England average of 0.80 but below the BGSW average of 0.81.
	Access to community mental health services by people from BME groups	2012/13: 1620.49	2013/14: 1693.7	Performance 	Trend 	GCCG	GCCG ranks 107th of 211 CCGs	Performance improved between 2012 and 2013; however, GCCG have moved from the 35th best CCG in 2012 to the 93rd best CCG in 2013. 2013 performance in now in line with BGSW area and is still below the national average of 2027.4
	Health-related quality of life for people with a long-term mental health condition	N/A	2013/14: 0.59	Performance 	Trend N/A	GCCG	GCCG ranks 41st of 211 CCGs	Newly released data. GCCG reported QoL is above the England average of 0.53 and slightly below the BGSW rate of 0.58
3. Helping people to recover from episodes of ill health or following injury	Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a)	2012/13 DSR: 1099.30	2013/14 DSR: 1066.30	Performance	Trend	GCCG	GCCG ranks 74th of 211 CCGs	Performance improved between 2012/13 and 2013/14. GCCG moved from the 77th best to the 74th best CCG. The England average in 2013/14 was 1164.7 with South West average significantly better at 990.1.
	Increased health gain as assessed by patients for elective procedures a) hip replacement	2011/12: 0.420	2012/13: 0.419	Performance	Trend	GCCG	GCCG ranks 125th of 207* CCGs	A very slight deterioration in health gain was reported in 2013/14. CCG performance is above the England average of 0.416 but below the SW SHA average of 0.432

Overarching ambition	Outcome framework measure	Baseline/ previously reported value	Latest performance released Sept 2014	RAG rating		Area measured	Benchmarking	Summary of changes
	Increased health gain as assessed by patients for elective procedures b) knee replacement	2011/12: 0.292	2012/13: 0.306	Performance 	Trend	GCCG	GCCG ranks 137th of 207* CCGs	Increase in health gain reported in 2012/13. CCG performance is above that reported in 2011/12 but above the England average.
	Increased health gain as assessed by patients for elective procedures c) groin hernia	2011/12: 0.082	2012/13: 0.086	Performance 	Trend	GCCG	GCCG ranks 93rd of 201* CCGs	A very slight improvement (previously deterioration) in health gain was reported in 2013/14. CCG performance is in line with the England average of 0.87 but below the SW SHA average of 0.89
	Increased health gain as assessed by patients for elective procedures d) varicose veins	2011/12: 0.115	2012/13: 0.082	Performance 	Trend	GCCG	GCCG ranks 41st of 64* CCGs	Low numbers of CCGs reporting statistically significant numbers; of those submitting sufficient numbers GCCG ranks 41st of 64.
	Emergency admissions for children with lower respiratory tract infections (NHS OF 3.2)	2013 DSR: 421.2	2013/14 DSR: 394.6	Performance 	Trend	GCCG	GCCG ranks 118th of 211 CCGs	Slight change within the timeframe for the indicator which now runs from April to March 2014. GCCG performance has improved moving to the 118th best CCG. Performance is above the England and BGSW average (354.2)
	People who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital	N/A	2013/14 51.2%	Performance 	Trend N/A	GCCG	GCCG ranks 157th of 211 CCGs	Newly released data at CCG level. Performance is below the national average of 59.9% and just outside the bottom quartile compared to other CCGs.
	People who have had a stroke who receive thrombolysis following an acute stroke	N/A	2013/14 9.4%	Performance 	Trend N/A	GCCG	GCCG ranks 150th of 211 CCGs	Newly released data at CCG level. Performance is below the national average of 11.6% and just outside the bottom quartile compared to other CCGs.
	People who have had a stroke who are discharged from hospital with a joint health and social care plan	N/A	2013/14 87.3%	Performance 	Trend N/A	GCCG	GCCG ranks 71st of 193* CCGs	Newly released data at CCG level. Performance is above the national average of 69.1% and within the second quartile nationally.
	People who have had a stroke who receive a follow-up assessment between 4-8 months after initial admission	N/A	2013/14 69.5%	Performance 	Trend N/A	GCCG	GCCG ranks 9th of 206* CCGs	Newly released data at CCG level. Performance is significantly better than the national average of 16.3% ranking 9th nationally.
	People who have had a stroke who spend 90% of more of their stay on an acute stroke unit	N/A	2013/14 81.1%	Performance 	Trend N/A	GCCG	GCCG ranks 131st of 193* CCGs	Newly released data at CCG level. Performance is below the national average of 83.6%.
	Proportion of patients recovering to their previous level of mobility or walking ability at 30 days (NHS OF 3.5i)	N/A	2013 38.3%	Performance	Trend N/A	GCCG	GCCG ranks 9th of 93* CCGs	Newly released data at CCG level. Performance is good with the CCG ranked 9th of 93 CCGs. National average is 24% with the BGSW average 32.4%
	Proportion of patients recovering to their previous level of mobility or walking ability at 120 days (NHS OF 3.5ii)	N/A	2013 62.1%	Performance	Trend N/A	GCCG	GCCG ranks 16th of 96* CCGs	Newly released data at CCG level. Performance is good with the CCG ranked 16th of 96 CCGs. National average is 50.3% with the BGSW average 57.5%

Overarching ambition	Outcome framework measure	Baseline/ previously reported value	Latest performance released Sept 2014	RAG rating		Area measured	Benchmarking	Summary of changes
	Hip fracture: collaborative orthogeriatric care	N/A	2013 90.7%	Performance 	Trend N/A	GCCG	GCCG ranks 175th of 210* CCGs	Newly released data at CCG level. Performance is good with the CCG ranked 175th of 210 CCGs. Performance places GCCG within the bottom quartile nationally, the England average is 93.6%
	Hip fracture: timely surgery	N/A	2013 70.9%	Performance 	Trend N/A	GCCG	GCCG ranks 143rd of 211 CCGs	Newly released data at CCG level. Performance is below the national average of 70.9% and just outside the bottom quartile compared to other CCGs.
	Hip fracture: multifactorial falls risk assessment	N/A	2013 99.2%	Performance 	Trend N/A	GCCG	GCCG ranks 109th of 211 CCGs	Newly released data at CCG level. Performance is line with the BGSW average of 99.6%
	Proportion of adults in contact with secondary mental health services in employment	N/A	2013/14 10.2%	Performance 	Trend N/A	GCCG	GCCG ranks 34th of 209* CCGs	Newly released data at CCG level. Performance is significantly better than the national average of 5.7% ranking 34th nationally.
4. Ensuring people have a positive experience of care	Patient experience of GP out of hours services (NHS OF 4a ii)	2012/13: 78.32	2013/14: 69.24	Performance 	Trend	GCCG	GCCG ranks 60th of 211 CCGs	Patient experience of out of hours services reduced significantly in 2013/14. GCCG have moved from the 19th best to the 60th best CCG. 2013/14 performance is still above the England average of 66.22 and the BGSW average of 67.61
	Patient experience of hospital care (NHS OF 4 b)	N/A	2013/14: 77.0	Performance 	Trend N/A	GCCG	GCCG ranks 93rd of 211 CCGs	Newly released data previously only reported at provider level. Experience is in line with the England average of 76.9
	Responsiveness to in-patients' personal needs (NHS OF 4.2)	N/A	2013/14: 67.4	Performance 	Trend N/A	GCCG	GCCG ranks 132nd of 211 CCGs	Newly released data previously only reported at provider level. Performance is below the England average of 68.7
5. Helping people to recover from episodes of ill health or following injury	Patient safety incidents reported (NHS OF 5a)	N/A	Q1-2 2013/14	Performance 	Trend N/A	GCCG @ GHNHSFT	Ranked 235 of 1055 providers	Definition of indicator has been revised; therefore previous information is no longer comparable.

* Data for some CCGs has been supressed due to small numbers