



Health Scrutiny Panel

19 September 2013

Report Title	Proposal for quality and assurance report to the Health Scrutiny Panel	
Classification	Public	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Well Being	
Wards Affected	All	
Accountable Strategic Director	Sarah Norman, Community	
Originating service	Wolverhampton Clinical Commissioning Group	
Accountable officer(s)	Richard Young	Director of Commissioning Strategy & Solutions
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Recommendation(s) for action or decision:

The Panel is recommended to:

- To review the proposed format and content of the report and provide feedback in regards to regular reporting to the panel

Proposal for CCG reporting Wolverhampton City Council Scrutiny Panel

Purpose

- To propose to the Scrutiny panel a standard report in order for the panel to maintain an overview of the commissioning activity of Wolverhampton CCG

Background

- Wolverhampton Clinical Commissioning Group (CCG) currently reports on the delivery of its strategic objectives, as encapsulated within its Integrated Commissioning Plan, to the Wolverhampton health and Wellbeing Board.
- At the request of the Scrutiny Panel, Wolverhampton CCG has been asked to propose the content of a quarterly operational performance report in regards to its commissioning activity.

Options (if applicable) and discussion/appraisal

- The CCG proposes that it provides a report on the following performance domains on a quarterly basis:
 - Good quality of care for local people
 - Delivering the NHS constitution
 - Improving health outcome
- These are key performance domain areas on which the NHS England assesses and assures the CCG in terms of its ability as an NHS commissioning organisation.
- Further detail on the content of these domains and current performance is included within the attached 3 slides

Financial implications (including code)

- None

Legal implications (including code)

- None

Equalities implications

None

Balanced Scorecard Domains

Good quality care for local people

Indicator	THE ROYAL WOLVERHAMPTON NHS TRUST	BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST
Providers(where CCG commissioning constitutes more than 5% of the provider income)	RL4	TAJ
Please identify the percentage of provider income for CCG:	46	38
Is this CCG the lead or associate commissioner?	Lead	Lead
Has local provider been subject to local enforcement action by the CQC?		
Has local provider been flagged as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?		
Has local provider been subject to enforcement action by the NHS TDA based on 'quality' risk?		
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?		
Has the provider been identified as a 'negative outlier' on SMHI or HSMR?		
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero?		
Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory?		
Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero?		
Does provider currently have any unclosed Serious Untoward Incidents (SUIs)?		
Has the provider experienced 'Never Events' during the last quarter?		

CCG:	
Clinical Governance	
Concerns about quality issues being discussed regularly by the CCG governing body	
Has the CCG self-assessed and identified any risks associated with the following:	
Concerns about the arrangements in place to proactively identify early warnings of a failing service	
Concerns around the arrangements in place to deal with and learn from serious untoward incidents and never events?	
Concerns around being an active participant in its Quality Surveillance Group?	
EPRR	
If there was an emergency event in the last quarter, has the CCG self assessed and identified any areas of concern on the arrangements in place for dealing with such an event?	
Winterbourne View	
Has the CCG self assessed and identified any risk to progress against its Winterbourne View action plan?	

Balanced Scorecard Domains

Delivering the NHS Constitution

Indicator	Operational Standard	Lower Threshold	Current QTD Performance	YTD Performance
Referral to Treatment waiting times for non urgent				
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	85%	91.88%	91.88%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	90%	98.62%	98.62%
Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more	92%	87%	95.11%	95.11%
Number of patients waiting more than 52 weeks	0	10	1	1
Diagnostic test waiting times				
Percentage of Patients waiting 6 weeks or more for a diagnostic test	1%	6%	0.18%	0.18%
A & E waits				
[Provider 1] Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	90%	95.03%	95.03%
[Provider 2] Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	90%		
[Provider 3] Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	90%		
Cancer patients - 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	88%	93.93%	93.93%
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	88%	93.82%	93.82%

Cancer waits - 31 days				
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	91%	98.71%	98.71%
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	88%	98.28%	98.28%
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	93%	100.00%	100.00%
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	88%	99.17%	99.17%
Cancer waits - 62 days				
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	80%	90.70%	90.70%
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	85%	95.24%	95.24%
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No operational	No operational	93.90%	93.90%
Category A ambulance calls		WIMinds Ambulance		
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	70%	82.49%	82.49%
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	70%	75.63%	75.63%
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	90%	97.69%	97.69%
Mixed sex accommodation breaches				
Minimise breaches	0	10	3	3
Cancelled Operations				
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice	Not Rated	Not Rated		
Mental Health				
Care Programme Approach (CPA): The proportion of people under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in patient care during the period	95%	90%	97.17%	97.17%

Balanced Scorecard Domains

Improving health outcomes

Indicator	Baseline position	Current QTD Indicator Value	YTD Indicator Value	Unit
5. Treating and caring for people in a safe environment an protecting them from avoidable harm				
Incidence of healthcare associated infection (HCAI) i) MRSA	0	0	0	Number of Cases
Incidence of healthcare associated infection (HCAI) i) C difficile	16	21	21	Number of Cases
6. Others				
Are providers (defined in Domain 1) meeting the 15% response rates on FFT ?	No	0		
Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round?	Further development required	0		
Local priorities (Self-Certification)	Are you on track to deliver against this local priority?			
LOCAL PRIORITY 1	Further development required			
LOCAL PRIORITY 2	Further development required			
LOCAL PRIORITY 3	Further development required			