



Health Scrutiny Panel

19 December 2013

Report title	NHS Wolverhampton Clinical Commissioning Group - Quality and Assurance Report (Quarter 2)	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating Service	NHS Wolverhampton Clinical Commissioning Group	
Accountable organisation	Richard Young Tel Email	Director of Strategy & Solutions , 01902 551251 richard.young@nhs.net
Report to be/has been considered by	n/a	

Recommendation for action or decision:

The Panel is recommended to consider content of the report and provide feedback to NHS Wolverhampton Clinical Commissioning Group.

1.0 Purpose

- 1.1 To provide to the Health Scrutiny Panel a standard report in order for the panel to maintain an overview of the commissioning activity of NHS Wolverhampton Clinical Commissioning Group (Wolverhampton CCG).

2.0 Background

- 2.1 Wolverhampton CCG currently reports on the delivery of its strategic objectives, as encapsulated within its Integrated Commissioning Plan, to the Wolverhampton Health and Wellbeing Board.
- 2.2 At the request of the Scrutiny Panel, Wolverhampton CCG has been asked to bring a summary report outlining the content of a quarterly operational performance report in regards to its commissioning activity

3.0 Progress and Discussion.

- 3.1 The attached balanced scorecards for the relevant performance domains. These are key performance domain areas on which the NHS England assesses and assures the Wolverhampton CCG in terms of its ability as an NHS commissioning organisation. The indicators show that the CCG is broadly on target to meet the indicators for:

- Good quality of care for local people
- Delivering the NHS constitution
- Improving health outcome

- 3.2 However, two areas in particular are being 'red-flagged' as areas of concern. These are:

3.2.1 Incidence of healthcare associated Clostridium Difficile infection (C. Diff)

Wolverhampton CCG had been set a threshold of 65 instances of C.Diff for 2013/14. Although incidences for C.Diff have fluctuated from 2012/13 to 2013/14, there has been no trend of increase or decrease in the total CCG incidence of C. Diff between Q1 2012/13 and present. However, excluding Hospital CDI apportioned to The Royal Wolverhampton Hospital NHS Trust (RWT), there is an upward trend of incidence in CDI apportioned to Wolverhampton CCG only.

3.2.2 Friends and Family test Indicator – Response Rate – Combined

The performance for the Friends and Family test are based on two specific performance indicators; inpatient response rates and A&E response rates. Both of these indicators produce the combined response rate.

When reviewing RWT performance against the target, performance for Q2 has missed target by 1.05%. An investigation into the under-performance has shown issues with A&E reporting of response rates.

The main reason for the decline in performance has been the low number of A&E responses in August and September. A&E response rates in August and September have performed significantly below previous months and this is due largely to issues with the process of collecting the A&E response data for which there have been issues in these two months. RWT has conducted a review and has introduced a new method of capturing responses in A&E (via a response card rather than the coin voting system). Updates from RWT show that the new methods are having a positive impact on performance.

3.3 Further detail on the content of these domains and current performance is included within Appendices A and B.

4.0 Financial implications

4.1 There are no immediate financial implications from this report.

5.0 Legal implications

5.1 There are no immediate legal implications from this report.

6.0 Equalities implications

6.1 There are no immediate equalities implications from this report.

7.0 Environmental implications

7.1 There are no immediate environmental implications from this report.

8.0 Human resources implications

8.1 There are no immediate HR implications from this report.

9.0 Schedule of background papers

9.1 Appendix A: Summary of quality Domain Balanced Score Cards

9.2 Appendix B: Exception reports for areas of concern

Appendix A

Balanced Scorecard Domains

Good quality care for local people

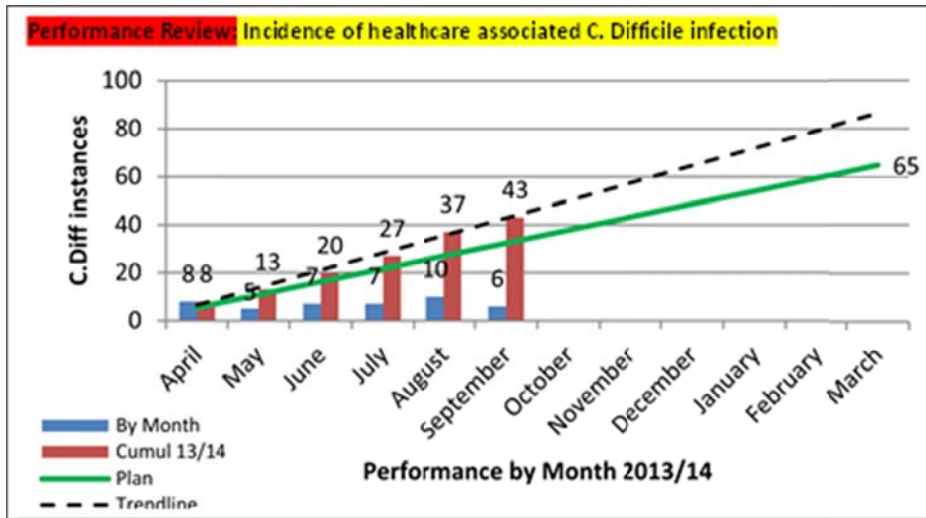
Providers	Provider 1	Provider 2
Provider Name	THE ROYAL WOLVERHAMPTON NHS TRUST	BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST
Provider code (automatic lookup)	RL4	TAJ
Please identify the percentage of provider income for CCG:	46	38
What type of service is commissioned from this provider?	Acute	MH
Has 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 Incidents (SIs)?		
Has the provider experienced any 'Never Events' during the last quarter?		

Balanced Scorecard Domains

Indicator	Operational Standard	Lower Threshold	Current QTD Performance	YTD Performance
Referral to Treatment waiting times for non urgent consultant led treatment				
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	85%	92.90%	92.44%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	90%	98.51%	98.56%
Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more	92%	87%	95.59%	95.59%
Number of patients waiting more than 52 weeks	0	10	0	0
Diagnostic test waiting times				
Percentage of Patients waiting 6 weeks or more for a diagnostic test	1%	6%	0.13%	0.13%
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%	96.62%	95.87%
[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%	94.47%	94.21%
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	88%	90.48%	92.09%

Balanced Scorecard Domains

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	16.26	23	43	Number of Cases
6. Others				
Are providers (defined in Domain 1) meeting the 15% response rates on FFT ?	No	0	0	
Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round?	Yes	1		
Local priorities (Self-Certification)				
Are you on track to deliver against this local priority?				
LOCAL PRIORITY 1	Yes			
LOCAL PRIORITY 2	Yes			
LOCAL PRIORITY 3	Yes			



proportion of patients
to September
percentage of patients
by Quarter 2

reaches for C.Diff
breaches for

I = 13)
old = 16)
reshold = 20)

I 22)
hold = 28)
reshold = 33)

Safety review
Safety Group at the
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Quarter 2 Performance:
Annual Target: 65
Latest Performance: 43 (September 2013 - Threshold 5)
YTD Performance: 43 (Threshold 33)

The current performance year to date (end September) of 43/65 is 10 cases over trajectory for year to date and made up of the following.

- RWT laboratory - 40
- Other NHS Trusts - 2
- Erroneous patient on database - 1 (Request made to have this entry error removed from the database)

Comments:
Wolverhampton CCG had been set a threshold of 65 instances of C.Diff for 2013/14. Although incidences for C.Diff have fluctuated from 2012/13 to 2013/14, there has been no trend of increase or decrease in the total CCG incidence of CDI between Q1 2012/13 and present. However, excluding Hospital CDI apportioned to RWT, there is an upward trend of incidence in CDI apportioned to Wolverhampton CCG only.

	Under 65	65+	Total
2012/13 Annual	7 (10.8%)	58 (89.2%)	65
2013/14 Qtr 1 & Qtr 2	12 (29.3%)	29 (70.7%)	41
Total	19 (17.9%)	87 (82.1%)	106

