

Governing Body meeting (held in public)

DATE: 24 March 2016

Title	Operating Plan NHS Constitutional & Other Standards for 2016/17	
This paper is for Decision		
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Approve</p> <ol style="list-style-type: none"> 1. The submission of the CCG's Operating Plan (NHS Constitution & Other Standards) for 2016/17 to NHS England. 	
Potential areas for Conflicts of interest	None known.	
Executive summary	<p>Each year every CCG in England is required to submit their projected performance against a range of Operating Plan targets. These are driven by both the NHS Constitutional Standards and other national initiatives.</p> <p>These submissions form part of the assurance framework against which each CCG is monitored in year. If at any time a CCG either declares that they cannot meet an indicator, or fails to achieve the target set in year, then reporting on this indicator or target is part of the assurance regime. The Operating Plans Targets are further supported by activity and financial submissions which are discussed within the Director of Finance's papers.</p> <p>The attached paper updates the Governing Body on our Quarter 3 (15/16 performance) and provides our forecast of performance for 2016/17.</p>	
How does this paper support the CCGs objectives?	Patients:	
	People:	Delivery of NHS Constitutional and Other standards is a significant area for assurance for the CCG.
	Pounds:	
	Process:	This ensures that services are delivered to patients in accordance with the NHS standards.
What are the	Key risks	Failure by providers to deliver the commissioned

Clinical Commissioning Group

Organisational implications		services to the required standards.
	Equality	Ensures equality of access within services.
	Financial	
	Data	
	Legal issues	
	NHS constitution	Delivery of services in line with the required standards within the NHS Constitution.
Engagement		
Audit trail		
Comms plan	There is required publication of these on our web-site.	
Author:	Clinical lead: Not applicable	Executive sponsor: Sarah Valentine Director of Commissioning
Date	10 March 2016	

Operating Plan Constitutional Standards (Targets and Submission) 2016/17
NHS Bexley CCG
10th March 2016

1. Introduction:

Each year every CCG in England is required to submit their projected performance against a range of Operating Plan targets. These are driven by both the NHS Constitutional Standards and other national initiatives. These submissions form part of the assurance framework against which each CCG is monitored in year. If at any time a CCG either declares that they cannot meet an indicator, or fails to achieve the target set in year, then reporting on this indicator or target is part of the assurance regime. The Operating Plans Targets are further supported by activity and financial submissions which are discussed within the Director of Finance's papers.

In the following we look at each of the Operating Plans and our submission for 2016/17. The CCG is forecasting compliance across all Constitutional and other standards within the Operating Plan. The Governing Body are asked to approve these prior to the next submission in April.

2. NHS Constitutional Standards

In this section we show the current 2015/16 position at Quarter 3 and the forecast position for 2016/17.

Key area	Target	% achievement	Situation reported Q3	Forecast 16/17
RTT	RTT - Incomplete - E.B.3	92.00%	93.20%	92.90%
	Diagnostics - E.B.4	1.00%	0.60%	1.00%
Cancer	Cancer Waiting Times - 2 week wait - E.B.6	93.00%	90.40%	93.00%
	Cancer Waiting Times - 2 week (breast symptoms) - E.B.7	93.00%	95.90%	93.00%
	Cancer Waiting Times - 31 Day First Treatment - E.B.8	96.00%	100.00%	96.00%
	Cancer Waiting Times - 31 Day Surgery - E.B.9	94.00%	90.50%	94.00%
	Cancer Waiting Times = 31 Day Drugs - E.B.10	98.00%	100.00%	98.00%
	Cancer Waiting Times - 31 Day Radiotherapy - E.B.11	94.00%	100.00%	94.00%
	Cancer Waiting Times - 62 Day GP Referral - E.B.12	85.00%	72.70%	85.00%
	Cancer Waiting Times - 62 Day Screening - E.B.13	90.00%	100% Aug	90.00%
	Cancer Waiting Times - 62 Day Upgrade - E.B.14	none	100.00%	100.00%
	Dementia, MH & LD	Dementia - E.A.S.1	66.7% (1834 pm)	66.6% (Q2)
IAPT Access - E.A.3		3.75%	3.82% (Q2)	3.75%
IAPT Recovery - E.A.S.2		50%	46.4% (Q2)	50%
Mental Health Access - 6 Weeks - E.H.1 - A1		75%	96.80%	75%
Mental Health Access - 18 Weeks - E.H.2 - A2		95%	99.60%	95%
LD Patient Projections			4 +1 currently in Plan will be 2	
Learning Disability Inpatient Trajectories				

Items of note:

A&E Current Performance:

As we are not a lead commissioner for A&E we are not required to submit a trajectory for this area. However Trusts have struggled to deliver on the standards in 2015/16. Dartford & Gravesham have agreed with their local lead commissioner a target for 2016/17, for Lewisham & Greenwich Trust the trajectory agreed is 93% achievement in Q1 & Q2, with 95% being achieved in Q3 & Q4.

A&E - DGT

A&E (Provider)			Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
A&E waits -Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge	<=90% 85% to 95%	PUBLIC	93.4%	91.5%	92.7%	94.5%	95.5%	95.8%	97.0%	94.7%	94.5%	91.4%	89.7%	88.7%	83.1%
	>=95%	Rank													
A&E Trolley Waits over 12 hours	<=0	PUBLIC	0	0	0	0	0	0	0	0	0	0	0	0	0
	<=5%	Rank													

A&E - LGT

A&E (Provider)			Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
A&E waits -Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge	<=85% 80% to 90%	PUBLIC	83.9%	84.6%	89.3%	90.0%	91.1%	95.3%	93.9%	92.0%	91.5%	90.4%	91.4%	89.7%	91.4%
	>=88%	Rank													
A&E Trolley Waits over 12 hours	<=0	PUBLIC	0	2	0	0	0	0	0	0	0	0	0	0	0
	<=5%	Rank													

Cancer:

All trusts in SE London have action plans as a result of the IST review to address the issues monitored through regular weekly performance meetings. An LGT recovery plan is in place, with the aim on ensuring delivery of the cancer standards from 31st March 2016 which is then to be sustained.

A new £30m Cancer Centre will be sited at Queen Mary's hospital. The Centre will be able to provide 16,000 radiotherapy and 4,600 chemotherapy treatments a year allowing patients to receive treatment close to home rather than having to make the trip to central London.

3. Other Commitments:

We are forecasting achievement in all indicators for 2016/17.

Other Commitments	2015/16 Declaration		2015/16	Commentary	Reference
	Target	Forecast to achieve	Position Q3		
HCAI measure (C.Difficile infections)	Absolute number	56	72	NHSE target breached Forecast for 15/16 is 83 based on current trend	EAS5
Dementia – Estimated diagnosis rate	1802 pm (66.7%) from March 2015		66.6	On course to achieve or exceed target. PCIF scheme in place to support delivery	EAS1
IAPT Access – Roll out	3.75% per quarter			Achieved target in Q4 14/15 Now hitting target	EAS3
IAPT Recovery Rate	50%	50%	46%	New standard –mobilising and increasing	EAS2
IAPT referral to first course of treatment (less than 6 weeks)	75% by 2016	75%	98%	New standard - shadowing	EH1 – A1
IPAT referrals that finish a course of treatment who received their first treatment appointment within 18 weeks of referral	95% by 2016	95%	98%	New standard - shadowing	EH2 – A2
Primary Care Standards – Joint declaration agreed via NHSE				New standard	

Key Notes are:

HCAI - HCAI measure (C.Difficile infections) we breached the 56 set by NHSE in November. We are currently on a figure of **68**. An infection control lead is now in post.

Dementia – In Q3 the following % achievement has been reached Oct – 66.7%, Nov-66.9% and Dec- 66.3%. This provides an overall achievement of 66.6% against a target of 66.7%. We have invested through PCIF (Primary Care Innovation Fund) with our GPs to assist in the delivery of this target. This funding will continue into 2016/17 (agreed with Governing Body).

IAPT Recovery Rate – During 2014/15, significant work with primary care was undertaken to improve the number and quality of referrals. The benefits of this were evident in the increasing trajectory of performance over the year that plateaued at the end of 2014/15 although Quarter 4 achieved the required 3.75% referral rate. Additional CCG funding of £67k, matched by NHS England, together with a one off investment of £8k to reduce waiting lists has enabled MIND (the Provider) to gather pace and momentum, reinforced by continued liaison with primary care and other referral sources. MIND is expected to increase this % by the end of the financial year. This together with on-going growth and pace and the fact that this is a quarterly indicator should enable achievement by year end. New access and waiting time standards are already being achieved in this shadow period leading to full requirement for compliance in 2016/17.

4. Recommendations and Next Steps

The Governing Body are asked to note and discuss the above, and support the submission of our trajectories for the April Operating Plan submissions to NHS England. This links directly to our assurance processes with NHS England.

Sarah Valentine - Director of Commissioning