Our Ref: jh/hc/ms/150630

Area Team (Lancashire)
Preston Business Centre, 2nd Floor
Watling Street Road
Preston
PR2 8DY
jane.higgs@nhs.net
0113 825 4807

Mr E Dyson
Chief Officer
Central Manchester CCG
Parkway Business Centre
Princess Road
Manchester
M14 7LU

02/09/2015

Dear Ed,

Re: CCG Annual Assurance 2014/15

Thank you for meeting with us on 17th June 2015 to discuss the annual assessment of NHS central Manchester CCG, to establish the actions and development priorities for the coming year. This letter is a summary of the Assurance meetings that we have held over the last year and provides a synopsis of the improvements and ambitions for future development laid out against the assurance domains. This is the final review using the six domains. Subsequent assurance meetings will be held on the basis of the new assurance framework with its five components: well led organisation, delegated functions, performance & outcomes, financial management and planning.

I am grateful to you and your team for the work you had done to prepare for the meeting and the open and transparent nature of our conversations which have led to productive discussions. This letter sets out the key points we covered during our meeting.

Key Areas of Strength / Areas of Good Practice

We would like to acknowledge the overall progress the CCG has made to date with the ongoing establishment of the organisation and getting to grips with the local agenda and challenges. Areas of note where evidence of strong delivery was demonstrated included:

- Evidence of continuous monitoring of quality of commissioned services & clear action plan. You are working closely and collaboratively with the local acute Trust to improve the quality of service delivery.
- Evidence of active participation in local Quality Surveillance Group. Your regular attendance is noted and highlights your commitment to improving services. Also the single item QSGs regarding Manchester Mental Health and Social Care Trust.
- The CCG is actively engaged with public and patients' including the third sector, The Patient and Public Advisory group is a key forum of engagement for patients and public to engage with CCG, Healthwatch a member of the Governing Body and the Quality Improvement Committee. There is also engagement with the crisis mental health service users with reports going to the Mental Health Urgent Care Resilience Group. There are eight engagement projects which have been commissioned by the CCG across a range of hard to reach groups.
- Membership engagement has been shown to be integral to the functioning of the CCG with an engagement scheme for 2015/16 developed allowing members to meet regularly. All commissioning workstreams are clinician-led.

- There is evidence of joint working, particularly with regard to the Better care Fund and in particular the Living Longer Living Better programme, bringing multiple partners together.
- QIPP is included in all operational and strategic plans.
- Provider CIP plans are review for quality and safety prior to sign off by the CCG
- There is evidence of robust governance with a clean audit report being received.
- Overall, the stakeholder feedback from the 360 survey was positively complimentary on the direction and leadership of the CCG.
- Evidence of CCG leadership in working collaboratively with a challenged acute organisation.

NHS Constitution standards

The Constitutional Section of the CCG Delivery Dashboard for 2014/15 is appended to this letter. This shows the following areas of achievement and challenge:

Areas of achievement

- **RTT** – Non-Admitted and Incompletes - All standards met through the year
- **Cancer** – All standards have been delivered for at least the last two Quarters, two standards: 31 Day Subsequent Surgery and the 62 Day standard failing at any point
- **MSA Breaches** – There have been no MSA breaches in year

Areas of challenge

- **RTT** – Admitted and 52 Week Waiters – Failure against Admitted standard for Quarters 2 and 4, and a 52 Week Waiter in Quarters 3 and 4
- **Diagnostics** – Standard failed for last three Quarters, worsening in Quarter 4
- **Mental Health** – The Care Programme Approach standard has failed in Quarter 3, although it was recovered in Quarter 4
- **A&E –** The main provider, CMFT, failed in Quarter 3, although this was recovered for Quarter 4
- **Ambulance** – Each standard has failed for at least three Quarters of the year

Quality and Outcome Measures

- **HCAIs** – MRSA, there were no instances in the year
- **HCAIs** – C. Diff, cases of C. difficile have exceeded the objective in year, but met the quarterly ceiling for Quarters 3 and 4
- **IAPT** – Both access and recovery failed the first three Quarters for which data was available at the time of the meeting.

NHS Statutory Duties

Throughout the year the CCG has met your statutory responsibility areas. We consider that as a CCG you have demonstrated your ability to deliver as laid out in 14Z16 and 14Z8 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) sections:

- 14T – Each CCG whilst carrying out its functions must have a regard to the need to reduce inequalities between patients with respect to their ability to access health services, and reduce inequalities between patients with respect to the outcomes achieved for them.
- 14R - Duty as to continuous improvement in quality of services
- 14W - try to obtain appropriate advice in order to deliver functions
- 14Z2 - Public involvement and consultation by clinical commissioning groups
- 223H to 223J – Expenditure, finance and controls including evidence of a clean audit report being received.
- Consultation and engagement with HWB with regards development of joint and HWB strategy
- 14Z15 Publication of a CCG annual report

Specifically the CCG has also:

- delivered a revenue surplus for the year in line with its agreed target
- earmarked and spent 2.5% of its budget on non-recurrent expenditure, in line with national guidance
- managed its running costs within target
- delivered QIPP savings of £3.41m a shortfall of £3.15m

In addition you are aware that CCG's have a statutory obligation as Category 2 responders under the Civil Contingencies Act 2004 to be in a position to have planned for, and effectively respond to, major incidents. This includes supporting NHS England.

Five Year Forward View

The CCG has started work to adapt its local strategy to incorporate the Five Year Forward View into its work. It will be important to build on the early engagement with your membership as well as that with your NHS and local government partners to develop this plan, which will also need to set out your approach to public engagement.

On the wider front, the CCG is eager to monitor developments in relation to Greater Manchester Devolution and hopes to explore and more fully understand the implications of it during the next year. In addition, the CCG remains committed to delivering services in line with the Healthier Together programme, which is consistent with NHS England's vision set out in the NHS five year forward view, to develop networks of linked hospitals to ensure patients with the most serious needs are treated at specialist emergency centres.

Key Areas of Challenge

During the 2014/15 year the CCG has had particular challenges across the following areas:

- Acknowledgement of challenges facing the CCG with the current focus on the local Mental Health provider with regards to the quality of service delivery and financial position, which you are working closely with the Trust to overcome in collaboration with regulators and partners.
- Delivery of A&E 4 hour standard – the CCG System Resilience Group monitors the recovery plan progress whilst recognising the constraints of workforce and increased acuity of patients.
- Mental health service provision including IAPT – there are significant concerns about the capacity of the current provider to deliver; however you are actively seeking alternative providers to address this situation.
- Delivery of Non elective activity as part of the Better Care Fund plan which is proving challenging, in light of the planning round requests regarding commissioning of activity and the challenges of local HWB partnership at district level.
- The delivery of diagnostic services – with an area of concern being for Endoscopy, recruitment plans are in place and also plans for additional capacity moving into 2015/16.

Key Interdependencies and Associated Issues

As part of the discussions the following key interdependencies and associated issues were identified:

- Throughout 2014/15, the development of co-commissioning arrangements has increasingly been recognised as key to transforming primary care, this has been further underpinned by the CCG aspiration for level 2 co-commissioning status and the opportunities to formalise and broaden the scope for co-commissioning this provides.

- The CCG and LGM Team have been working jointly to identify and address issues relating to unwarranted variation in quality and safety across primary care and will continue to work jointly on the implementation of co-commissioning arrangements.
- You have been able to demonstrate for EPRR requirements that the CCG is working with other organisations in planning, exercising and training for civil emergencies.

Development Needs and Agreed Actions
Areas where development required and actions agreed:

- To manage the financial issues identified in planning for 2015/16.
- Management of the ongoing issues with Manchester Mental Health and Social Care Trust.
- Ongoing issues with IAPT delivery. Agreed support from the IST to be provided with regard to monitoring and validation
- Cancer strategy implementation. CCG to ensure acute trusts provide self-assessment of eight key priorities
- A&E, delivery of sustainable service provision across CMFT with a focus on the Manchester Royal Infirmary A&E department - Ensure SRG rigour and challenge on delivery of the improvement trajectory.
- Delivery of diagnostics services. Sustained improvement in order to achieve the diagnostic standard with particular emphasis on endoscopy

Overall, we would like to congratulate you on the progress you have made and the capability and capacity that you have worked hard to build and develop over the last year. The coming year is all about implementation and attention to detail and focus will be important. Delivery of the NHS constitutional standards along with implementation of the Five Year Forward View strategy are the priorities going forward, so creating strong relationships and taking clear action where there are issues is key.

Thank you again to you and your team for meeting with us and for the open and constructive dialogue, I hope this letter provides an accurate summary of the discussions and clearly indicates the next steps. We look forward to working with you on progressing work against the areas outlined above.

Yours sincerely,

Jane Higgs
Director of Assurance & Delivery
NHS England (Lancashire Greater Manchester)

Q4 Delivery Dashboard – NHS Constitution Section

CCG BASED INDICATORS	Operational Standard	Q1 Performance	Q2 Performance	Q3 Performance	Q4 Performance
Referral to Treatment waiting times for non-urgent consultant-led treatment					
Admitted patients starting treatment within a maximum of 18 weeks from referral	90%	90.92%	89.88%	91.28%	89.58%
Non-admitted patients starting treatment within a maximum of 18 weeks from referral	95%	97.07%	96.72%	96.29%	95.85%
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	94.58%	94.22%	93.82%	94.80%
Number of patients waiting more than 52 weeks on incomplete pathways	0	0	0	1	1
Diagnostic test waiting times					
Percentage of patients waiting 6 weeks or more for a diagnostic test (15 key tests)	1%	0.66%	2.00%	1.40%	3.06%
Cancer waits - Two-week waits					
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	95.18%	95.96%	96.37%	97.94%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	97.61%	94.05%	96.71%	95.02%
Cancer waits - one month (31 days) wait					
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	96%	99.05%	96.81%	98.04%	100.00%

Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	100.00%	86.67%	100.00%	100.00%
Maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	100.00%	100.00%	100.00%	100.00%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	100.00%	100.00%	100.00%	100.00%
Cancer waits - 2 month (62 days) waits					
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	85%	81.82%	90.32%	85.00%	87.69%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	100.00%	50.00%		75.00%
Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No operational standard	100.00%	66.67%	100.00%	80.00%
Mixed-Sex Accommodation					
Breaches of Mixed-Sex Accommodation	0	0	0	0	0
Mental Health					
Care Programme Approach (CPA): Percentage of people under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric inpatient care during the period	95%	96.74%	97.09%	94.52%	96.34%

PROVIDER BASED INDICATORS	Operational Standard	Q1 Performance	Q2 Performance	Q3 Performance	Q4 Performance
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					
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION	95%	95.29%	95.10%	91.53%	95.59%

TRUST					
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	**95%**	**91.11%**	**95.10%**	**91.95%**	**89.45%**
PENNINE ACUTE HOSPITALS NHS TRUST	**95%**	**95.65%**	**95.12%**	**91.48%**	**92.25%**
Category A Ambulance Calls		**NORTH WEST AMBULANCE SERVICE NHS TRUST**			
Category A (Red 1) calls resulting in an emergency response arriving within 8 minutes	**75%**	**73.62%**	**70.88%**	**65.39%**	**67.05%**
Category A (Red 2) calls resulting in an emergency response arriving within 8 minutes	**75%**	**74.69%**	**71.52%**	**66.70%**	**65.79%**
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	**95%**	**95.77%**	**94.86%**	**91.18%**	**91.15%**
Cancelled Elective Operations: Number of elective operations that are cancelled at the last minute for non-clinical reasons and not re-booked within 28 days					
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	**No operational standard**	**1**	**0**	**36**	**47**

Q4 Delivery Dashboard – Quality and Outcome Section

Treating and caring for people in a safe environment and protecting them from avoidable harm	BASELINE (2013-14)		**QUARTER 1**	**QUARTER 2**	**QUARTER 3**	**QUARTER 4**	**2014-15 Full Year**
Incidence of healthcare associated infection (HCAI) i) MRSA - Cases which have been assigned to the CCG following a Post Infection Review	**0**	CEILING	0	0	0	0	
		PERFORMANCE	**0**	**0**	**0**	**0**	
Incidence of healthcare associated infection (HCAI) ii) C.difficile (Year-to-date)	**32**	CEILING	9.00	18.00	27.00	33.00	33
		PERFORMANCE	**12**	**26**	**35**	**41**	**41**

Improving Access to Psychological Therapies (IAPT)	BASELINE (2013-14 Q4)		**QUARTER 1**	**QUARTER 2**	**QUARTER 3**	**QUARTER 4**
Access: the proportion of people entering treatment against the level of need in the general population	**1.71%**	PLAN	**1.75%**	**2.50%**	**3.00%**	**3.75%**
		PERFORMANCE	**1.41%**	**1.35%**	**1.40%**	
Recovery: the proportion of people who complete treatment who are moving to recovery	**36.73%**	PLAN	**50.02%**			
		PERFORMANCE	**46.15%**	**44.44%**	**44.44%**	