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Dear Caroline,

Re: CCG Annual Assurance 2014/15

Thank you for meeting with us on 29th June 2015 to discuss the annual assessment of NHS South 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:

- The CCG continually monitors quality at the Quality Monitoring Meeting; there are formal quarterly Quality Monitoring meetings with the providers. The CCG also carries out quality workarounds at the trust especially at times of pressure.
- 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 are eight engagement projects which have been commissioned by the CCG across a range of hard to reach groups. The CCG has examples of Clinical engagement with patient and public groups in the form of events and a practice based community group
- The CCG has demonstrated strong clinical input, with all local GP practices engaged with the CCG and all commissioning workstreams being clinician-led.
- The CCG is working with the Manchester CCGs in the delivery of the Living Longer Living Better programme; this also includes Manchester City Council, three acute providers and Manchester Mental Health and Social Care Trust. There are other examples of partnership working with the Manchester CCGs, the City Council and the service providers.

- There is evidence of robust governance with a clean audit report being received.
- The CCGs leadership in working collaboratively with a challenged acute organisation has been noted.

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** – All standards met throughout the year
- **Cancer** – Two week wait – The two week standard and two week breast symptom wait were delivered throughout the year
- **Cancer** – 31 day waits – All measures have achieved throughout the year
- **Cancer** – 62 day standard – The 62 day screening measure achieved through the year
- **MSA Breaches** – There have been no MSA breaches in the year
- **Mental Health** – The Care Programme Approach standard has achieved the final three Quarters, having failed Quarter 1

Areas of challenge

- **52 week waits** – There was one 52 week wait in Quarter 3
- **Diagnostics** – This was failed for the final three Quarters of the year
- **Cancer** – 62 day standard – The 62 day standard failed for the last three Quarters of the year. The 62 day screening measure achieved through the year
- **A&E** – The main provider, UHSM, failed three Quarters of the year, achieved Quarter 2
- **Ambulance** – Each standard has failed for at least three Quarters of the year

Quality and Outcome Measures

- **HCAIs** – MRSA – There were no instances of MRSA in the year
- **HCAIs** – C. Diff – This has exceeded the ceiling since Quarter 2, having achieved Quarter 1
- **IAPT** – Access failed the first three quarters for which data was available at the time of the meeting and recovery failed for Quarters 2 and 3

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 £1.61m a shortfall of £3.5m against the plan

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. This has still to translate into a clear long term plan to implement the Five Year Forward view and we have agreed a timescale by which this will be shared for discussion. 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.

The CCG is eager to monitor developments in relation to the Greater Manchester Devolution and hopes to explore and more fully understand the implications of it during the next year. The CCG is committed to delivering services in line with Healthier Together programme, in the single service model and way of working. It 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 get to 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 acute 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 South Manchester Urgent Care Board monitors the recovery plan progress whilst recognising the constraints of workforce and increased acuity of patients. ECIST are continuing to work with UHSM and the Health economy to revise the recovery plan for sustainable achievement of the A&E 4 hour standard.
- Cancer 62 day urgent referral standard – Performance improved throughout the year. The CCG is working to identify the key issues contributing to underperformance.
- 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.

- Referral to Treatment Incomplete reporting issues identified, led to a validation process for 3199 pathways. 37, over 52 week waits were identified and these have now been managed.

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:

- 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 at UHSM. Ensure SRG rigour and challenge on delivery of the improvement trajectory.
- Focus on diagnostics to support the delivery of RTT and Cancer standards.
- Improved management of Delayed Transfers of care.

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%	92.57%	92.61%	93.48%	91.18%
Non-admitted patients starting treatment within a maximum of 18 weeks from referral	95%	96.90%	96.48%	95.82%	95.55%
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	95.59%	95.16%	94.24%	94.97%
Number of patients waiting more than 52 weeks on incomplete pathways	0	0	0	1	0
Diagnostic test waiting times					
Percentage of patients waiting 6 weeks or more for a diagnostic test (15 key tests)	1%	0.87%	4.57%	3.78%	2.81%
Cancer waits - Two-week waits					
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	95.93%	97.03%	96.84%	96.85%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	98.74%	95.67%	95.90%	95.65%
Cancer waits - one month (31 days) wait					
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	96%	98.80%	99.39%	98.65%	99.32%

Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	97.06%	100.00%	96.55%	97.14%
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%	94.59%
Cancer waits - 2 month (62 days) waits					
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	85%	85.29%	79.45%	81.36%	84.00%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	100.00%	100.00%	93.75%	100.00%
Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No operational standard	85.00%	80.00%	92.86%	80.95%
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%	92.31%	100.00%	98.55%	98.28%

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					

UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	95%	91.11%	95.10%	91.95%	89.45%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95%	95.29%	95.10%	91.53%	95.59%
STOCKPORT NHS FOUNDATION TRUST	95%	91.26%	95.30%	89.66%	84.08%
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					
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	No operational standard	1	5	5	3
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	2	CEILING	0	0	0	0	
		PERFORMANCE	0	0	0	0	
Incidence of healthcare associated infection (HCAI) ii) C.difficile (Year-to-date)	46	CEILING	12.00	24.00	34.00	43.00	43
		PERFORMANCE	9	26	38	57	57
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	1.61%	PLAN	1.75%	2.50%	3.00%	3.75%	
		PERFORMANCE	1.54%	1.58%	1.67%		
Recovery: the proportion of people who complete treatment who are moving to recovery	39.47%	PLAN	50.03%				
		PERFORMANCE	52.08%	38.30%	46.15%		