PAPER H

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**
**BOARD MEETING**

**12 May 2015**

| | |
|---|---|
| **Title of the report:** | Performance Report |
| **Section:** | Performance – How are we doing? |
| **Report by:** | Caroline Trevithick, Chief Nurse and Quality Lead |
| **Presented by:** | Caroline Trevithick, Chief Nurse and Quality Lead |

| **Report supports the following West Leicestershire CCG's goal(s) 2012 – 2015:** | | | |
|---|---|---|---|
| Improve health outcomes | ✓ | Improve the quality of health-care services | ✓ |
| Use our resources wisely | ✓ | | |

| **Equality Act 2010 – positive general duties:** |
|---|
| 1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.<br>2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed. |

| **Additional Paper details:** | |
|---|---|
| Please state relevant Constitution provision | Governing Body functions:<br>• Section 5.2.4: Act with a view to securing continuing improvement to the quality of services<br>• Section 6.6.1(f): Monitoring Performance Against Plan |
| Please state relevant Scheme of Reservation and Delegation provision (SORD) | N/A |
| Please state relevant Financial Scheme of Delegation provision | N/A |
| Please state reason why this paper is being presented to the WLCCG Board | To request the Board discuss any additional CCG specific actions to improve ED performance |
| Discussed by | WLCCG Board meeting – April 2015 |
| Alignment with other strategies | CCG Operational Plan 2014-16 |
| Environmental Implications | None Identified |
| Has this paper been discussed with members of the public and other stakeholders? If so, please provide details | No |

## INTRODUCTION

1. The Governing Body Board currently receives the monthly performance report for all West Leicestershire CCG performance indicators and the Provider Performance Assurance Group (PPAG) summary report for performance across the collaborative contracts, and the respective providers' performance.

2. Members have requested further discussion to take place at Governing Body Board to determine whether any further West CCG specific actions could be implemented to improve performance for key indicators.

3. Information regarding indicators where performance is not being achieved is included in this paper at appendix 1. Following recent board discussions regarding WLCCG actions, these are in the process of being implements. Further discussions are happening in the Quality and performance sub group regarding Cancer waiting times and cancelled operations to ensure that all actions are being taken to safeguarding West Leicestershire patients.

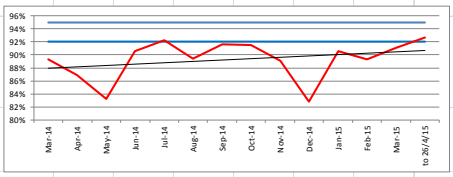
## ED Performance

4. Board members are requested to note the final year end position for ED. Current performance is shown below (extract from Performance Report).

**EB5: A&E Waiting Time**

**Definition: % Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department**

| Indicator | Quality Premium Measure | Outcomes Framework | Standard | Lower Threshold | Latest Period | YTD |
|---|---|---|---|---|---|---|
| A&E Waiting Time - % of people who spend 4 hours or less in A&E | ✓ | | 95% | 92% | YTD as at 26/4/15 | 92.7% |




| | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | to 26/4/15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Standard/Plan | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| Lower Threshold | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% |
| UHL only | 89.3% | 86.9% | 83.2% | 90.6% | 92.2% | 89.4% | 91.7% | 91.5% | 89.1% | 82.9% | 90.6% | 89.3% | 91.1% | 92.7% |

**Contractual actions undertaken**

• Revised action plan (end June 2014) and recovery trajectory accepted • Agreement that no RAP penalties will apply until Q3 if recovery trajectory not chieved/sustained • A&E rebate metrics agreed • CV drafted awaiting response from UHL • Impact of aborted PTS journeys resulting in rebeds has been discussed and an action plan will now be developed and monitored through the technical meetings.

**Commentary**

The Urgent care action plan has been updated to reflect actions to be delivered over the next 3 months focusing on admission avoidance, UHL and LPT flow and discharge. This was reviewed with the NHS regional team. Daily HE escalation calls are place; all partners are engaged in response to actions required. Actions and pace of response are monitored daily.

Activity has not changed significantly although the number of admissions has increased and is currently 12% above last year's position. The greatest challenge to A&E performance is organisational flows. The number of admissions has remained high with discharges still being problematic.

**Forward look**

• Recovery of 95% originally set as 1 Sept and then revised to 1 October 2014 – but not met. Monthly recovery date still not agreed.

• The Urgent Care Board continues to meet weekly – each week a deep dive is undertaken on one of the 4 work streams. There is now a sequence of reporting that enables the focus to be maintained.

## RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

**RECEIVE** the current performance of ED actions being taken by the WLCCG workstream bubbles and the relevant contracting teams for areas where performance does not meet the required standard.

**DISCUSS** the additional actions being taken by WLCCG to consider whether further action is required to improve performance

**Appendix 1**

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**
**BOARD MEETING**

**12 May 2015**

**Performance Report**

The following have been identified as key performance areas for WLCCG

| **Indicator** | **Action in Place** | **Where monitored** | **Further action required by WLCCG** |
|---|---|---|---|
| Composite Measure of Avoidable emergency admissions<br>FOT for 14/15 1770 against target of 1525 (FOT Feb 15) | Audit carried out by CAPITA in UHL. First part of the audit was around unplanned admissions and the second around review of complex coding.<br>Feedback has been received from CAPITA that there are no major concerns with regards to coding. UHL have a good process in place and are following the pathways and identified some areas of good practice. However some data quality issues around the attendance times & the case notes in terms of how information is filed. | Complex and multiple Long Term Conditions workstream actions to improve performance<br><br>UHL contract team progressing with AQN | Need more support/awareness for GP to refer to social care<br>GP reporting to be used when they feel a patient was admitted for no good reason<br>Attendance avoidance |
| IAPT Access<br>12.2% against 16% target (YTD Feb 15) | • Continued working with Dementia groups, and police.<br>• a rolling recruitment plan will be developed in Q1 2015-16,.<br>• There will be an ongoing increase in the number of rolling stress control groups.<br>• On receipt of provider documentation, if unassured a performance notice will be issued.<br>• Initial March data for West Leicestershire CCG shows significant improvement in access rates. To be validated in May. | WLCCG Contract team monitoring Developments include:<br>• Self-referrals implemented • GP aided self-referrals implemented • Referrals through IAPT web portals implemented<br>• Continued roll out | Deep dive undertaken by Q&P and CMT Deep dives undertaken by Q&P and CMT<br>Plan in place to improve referral from primary care and self-referral mechanisms through the voluntary sector<br><br>• Increasing the number of referrals using multiple routes<br>• Vacancies filled |

| Indicator | Action in Place | Where monitored | Further action required by WLCCG |
|---|---|---|---|
| | | of 'Silver Cloud' a social media based IAPT tool • Final recruitment to vacancies has taken place after the phasing out agency staff • Building works are nearing completion which will offer a greater level of telephone triage<br><br>Mental Health workstream actions in place | • Increased staff hours<br>• Waiting list management<br>• Further expansion of self-referral and referral processes<br>• Increasing the number of group sessions<br>• Use of voluntary sector to further engage LTC patients<br>• Ensuring patients are seen in the most appropriate services |
| <u>Dementia Diagnosis</u><br>60.3% against 67% target (Snapshot March 15) | March 15 dementia data is now reported for WLCCG at 60.3%. The CCG continue to work with practices in the lower centiles, and this includes:<br>Locality Leads to disseminate performance information to member practices.<br>Continue to keep Dementia at the top of the agenda and maintain the momentum via updates an CCG wide meetings<br>Dementia Shared Care Agreement in the process of being finalised in preparation for introduction from April'15 onwards<br>In the process of mobilising LLR Hospital Dementia Support Service to identify and support Dementia patients in secondary care | Excellent primary medical care workstream actions to improve performance | Memory Assessment Service<br>• April 2014, additional investment of £218k made to the Memory Assessment Service to improve capacity by employing supplementary staff and to undertake additional weekend clinics to manage increased referrals<br>• 104 referrals made to the service in January 2015. 58 patients seen during the month<br>• Current waiting list 226. Current |

| Indicator | Action in Place | Where monitored | Further action required by WLCCG |
|---|---|---|---|
| | | | referral conversion rate is 40%<br>• Further 88 patients to be diagnosed by the end of March increasing DDR to 60.7%.<br><br>Additional Actions<br>• Locality Leads to encourage low diagnosing practices to accept CCG support.<br>• Supporting the Long Term Care Home Data Harmonisation being led by East Midlands Strategic Clinical Network by advising practices to cross reference the Care Home register produced against the practice Dementia register<br>• Roll out the Dementia Shared Drug Monitoring Community Based Service (15/16)<br>• Mobilise LLR Hospital Dementia Support Service |
| <u>RTT - Admitted patients to start treatment within a maximum of 18 weeks from referral</u><br>85.7% against a 90% target (14/15 out-turn) | Backlog reduction ahead of plan at aggregate level, however significant risks remain for orthopaedics, urology and "other" at specialty levels.<br>• Backlog volume has increased during April (in part due to reduced capacity over Easter and disruption in ENT capacity)<br>• Admitted performance will not recover at aggregate level in April 2015, and UHL are urgently reviewing | UHL contract team monitoring<br><br>Planned care workstream actions in place | Actions undertaken by UHL contracts team/CCG<br>• Ongoing contractual query and process since 2013<br>• Joint RTT Board meeting fortnightly, involving CCGs, Trust and TDA to oversee recovery of |

| Indicator | Action in Place | Where monitored | Further action required by WLCCG |
|---|---|---|---|
| | plans to mitigate risks for May performance<br>• Continued delivery of the non-admitted and incomplete standards<br>• UHL in upper quartile of provider trusts nationally for incomplete pathways<br>• Majority of specialties are delivering recovery plans as agreed, Orthopaedics, ENT and "Other" (paediatric sub-specialties) are the exceptions | | standards.<br>• Specific actions required to address Trauma and Orthopaedic performance<br><br>Out of County<br>• Close liaison with partner CCGs to improve performance |
| <u>Cancelled Ops – offered binding date within 28days</u><br>95.6% against 100% target (YTD Feb 15) | • UHL Trust Board for March reported a recovery by April 2015• Escalation of all at risk patients ref 28 day cancellation to CMG<br>• Ongoing work with IBM to develop IT based scheduling tool Directors and General Managers<br>• Action now in place to review booking process for any elective stay requiring an ITU bed in an attempt to negate cancellations on the day. | UHL contract team monitoring actions in place | Q&P have requested that further information is provided on the actual number of WL patients that have breached the 28 day target to better understand actions required. Work continues with UHL to ascertain these numbers. |
| • <u>Cancer 2 Week Wait</u> - Patients seen within two weeks of an urgent GP referral for suspected cancer (All Providers) 92.5% against 93% target (YTD Feb 15)<br>• <u>Cancer 31 Day Waits</u> - Patients receiving first definitive treatment within 31 days of a cancer | Some indicators are now met, but 31 days, 62 days and 62 days cause concern. Unprecedented backlog numbers<br>**Actions undertaken by contracts team/CCG**<br>• Discussion to take place with UHL regarding need to sub contract and capacity planning for 2015-16 • Regular meetings between UHL Cancer Leads, NHSE, CCG Contracting and Quality • Updated patient communication disseminated to practices to help minimise DNAs and maximise patient engagement for those patients on 2ww pathway • Links with Primary Care established to feedback on 2ww queries and referrals | UHL contract team monitoring – CPSG in place<br><br>Excellent primary medical care workstream actions | Q&P deep dive planned for May 15. Data evaluation taking place, and highlights specific areas where high levels of breach have taken place, namely; urology and upper & lower gastrointestinal.<br>Chief Nurse oversight on >100 day waiters and assurance of risk to patients (UHL and OOC).<br>P&E team contacting practices where 2 weeks waiters have not attended. |

| Indicator | Action in Place | Where monitored | Further action required by WLCCG |
|---|---|---|---|
| diagnostic (All Providers) 95.2% against 96% target (YTD Feb 15)<br>• Cancer 31 Day Waits - Patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery (All Providers) 87.9% against 94% target (YTD Feb 15)<br>• Cancer 62 day waits - from GP referral to first definitive treatment (All Providers) 81.6% against 85% target (YTD Feb 15)<br>• Cancer 62 day waits - from Screening referral to first definitive treatment (All Providers) 81.1% against 90% target (YTD Feb 15) **NB: 18 patients breaches**<br>• Cancer 62 day waits - Patients receiving first treatment for cancer within 62 days of a consultant decision to | **Actions undertaken by UHL**<br>• Response to CQN submitted to commissioners • Cancer User Group being established • SOPs being drafted to support the prioritising of cancer patient pathways • All 2ww referrals are being processed within 24 hours of receipt since December 2014 • Work underway on the interface between Endoscopy and LGI to minimise delays and maximise slots • Interactive referral templates on PRISM being progressed • Arrangements for consultants to attend GP PTL events are progressing • Business case submitted for administrative staff required to deliver the enhanced support to services<br><br>**Forward look**<br>• 31 days – Recovery expected April 2015<br>• 62 days will not achieve in March. Recovery date to be remodelled however predicted monthly recovery is now July 2015. Cumulative recovery expected<br>• Joint Cancer Board with executive level oversight has been formed. First meeting on 5 May 2015. | | |

| Indicator | Action in Place | Where monitored | Further action required by WLCCG |
|---|---|---|---|
| upgrade their priority status (All Providers) 83.3% against 100% target (YTD Feb 15 **NB: 2 patient breaches** | | | |
| <u>UHL A&E 4 Hour Wait.</u><br>92.7% against 95% target. (YTD 26/4/15)<br><br>88.7% against 95% target. (14/15) | **Contractual actions undertaken**<br>• Revised action plan (end June 2014) and recovery trajectory accepted<br>• Impact of aborted PTS journeys resulting in rebeds has been discussed and an action plan will now be developed and monitored through the technical meetings.<br>•The number of admissions has remained high with discharges still being problematic.<br>**Forward look**<br>• Recovery of 95% originally set as 1 Sept and then revised to 1 October 2014 – but not met. Monthly recovery date still not agreed.<br>• The Urgent Care Board continues to meet weekly – each week a deep dive is undertaken on one of the 4 work streams. There is now a sequence of reporting that enables the focus to be maintained. | UHL contract team monitoring UHL specific performance<br><br>Integrated LLR Urgent care action plan in place, including WLCCG internal actions<br><br>Community Urgent Care workstream response actions in place<br><br>Integrate discharge and reablement workstream actions | WLCCG actions monitored through Out of Hospital Board.<br><br>All schemes will contribute to: Reduction in WL ED attendance of 5%, 34 per week leading to a run rate of 644 per week<br>**Initiatives:**<br>• Extra Capacity & Improved Access to General Practice<br>• Maximise Utilisation of Community Alternatives to Admissions – particularly by GP, Care Homes and EMAS<br>• Evaluate effectiveness of existing LTC commissioned services such as the Rapid Access Heart Failure and Atrial Fibrillation Clinic at UHL<br>• Reducing inappropriate Admissions from Care Homes |
| <u>EMAS</u><br><u>Category A (Red 1) 8 minute response time</u> | Despite a strong start to the year EMAS failed to deliver 2014/15 national performance standards for Red 1, Red 2, and A19 assessed regionally | EMAS contract team monitoring – detail in PPAG | • Monthly local Collaborative Commissioning Meeting to be held with EMAS commencing |

| Indicator | Action in Place | Where monitored | Further action required by WLCCG |
|---|---|---|---|
| 71.6% against 75% target (14/15)<br><br><u>Category A (Red 2) 8 minute response time</u><br>70.2% against 75% target (14/15)<br><br><u>Category A 19 minute transportation time</u><br>92.8% against 95% target (14/15) | EMAS have employed a dedicated HR person to support improved management of sickness and commissioned an independent external review of their sickness management.<br>EMAS are implementing their recruitment plan to increase substantive workforce and reduce the reliance on voluntary and private ambulance services. It is anticipated a cohort of trained frontline staff will join the rotas during the next month.<br>EMAS is developing a clinical risk matrix to monitor the risk of patients awaiting a response.<br>EMAS have been working at LLR Escalation Level 3 and EMAS Resource Escalation Action Plan (REAP) level 4 seeing unprecedented levels of activity since October 2014. EMAS are participating in the daily Urgent Care Escalation calls and will be providing information in advance of forthcoming industrial action.<br>EMAS are developing a Local Delivery Plan to support performance at a county level<br>Negotiations have concluded for the 2015/16 contract to include a CQUIN which supports the local LLR priorities to increase diverts to other services and support admission avoidance. | report | from 22 April 2015 – to include contract, quality and financial performance review (this has replaced the monthly LLR locality meeting)<br>• Rigorous quarterly review of CQUINs<br>• Localised quality information and data to be made available<br>• EMAS feed into the urgent care escalation daily teleconference |
| <u>Handover Time between EMAS ambulances & UHL A&E within 30 mins</u><br>19.9% against zero tolerance (14/15)<br><br><u>Handover Time between ambulances & A&E within 60 mins</u><br>5.3% against zero tolerance | Agreement to move to CAD+ data capture from April 2015.<br>EMAS and UHL meeting (w/c 23/2/15) to develop improved handover process to benefit patient safety and experience. | EMAS and UHL contract team monitoring – detail in PPAG report | |

| Indicator | Action in Place | Where monitored | Further action required by WLCCG |
|---|---|---|---|
| (14/15) | | | |

Governing Body members are requested to note the actions being taken by the WLCCG workstream bubbles and the relevant contracting teams.
In addition Governing Body members are requested to review the additional actions being taken by WLCCG to consider whether further action is required to improve performance.