

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

10 November 2015

Title of the report:	Performance Report
Section:	Performance – How are we doing?
Report by:	Kate Allardyce, Performance Manager
Presented by:	Ket Chudasama, Assistant Director of Corporate Affairs

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:
<ol style="list-style-type: none"> 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. 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: <ul style="list-style-type: none"> • Section 5.2.4: Act with a view to securing continuing improvement to the quality of services • 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 demonstrate the current performance and actions to improve performance
Discussed by	Quality and Performance Sub Group meeting, 20 th October 2015
Alignment with other strategies	WLCCG Operational Plan 2015/16
Environmental Implications	None
Has this paper been discussed with	No

members of the public and other stakeholders? If so, please provide details	
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EXECUTIVE SUMMARY:

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.

RECOMMENDATION:

West Leicestershire Clinical Commissioning Group is asked to:

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

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

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Performance Report

The following have been identified as key performance areas for WLCCG

Indicator	Action in Place	Where monitored	Further action by WLCCG
<p><u>Composite Measure of Avoidable emergency admissions</u></p> <p>1810 against target of 1479 (FOT Aug 15)</p>	<p>Readmissions audit at UHL: Report received and further meeting arranged for October 2015 with UHL and commissioners to review further actions required.</p> <p>High levels of activity continue for HRGs relating to 'Pneumonia' diagnoses and 'Heart Failure or Shock with Complications and Comorbidities'. On the former, a joint review with commissioners and UHL clinicians confirmed that increased activity has been observed at a national level. On the latter, ongoing monitoring arrangements are in place to track activity levels on a monthly basis and a downward trend is evident in the latest monitoring information.</p>	<p>Complex and multiple Long Term Conditions workstream actions to improve performance</p> <p>UHL contract team progressing with AQN</p>	<p>Need more support/awareness for GP to refer to social care GP reporting to be used when they feel a patient was admitted for no good reason Attendance avoidance</p> <p>SRG have agreed a series of actions to review admissions and assess whether current mechanisms are sufficient and identify additional measures, where appropriate.</p>
<p><u>IAPT Access</u></p> <p>14.4% against 15% target (YTD Aug 15)</p>	<p>Performance has improved in August and early indications show further improvement in September.</p> <p>Staffing is at full establishment. All GP practices have been contacted regarding current waits and encouraging self-referrals. Self-referral leaflets are now in all Community Hospitals, Libraries, Urgent Care Centres and other community venues. LCR Alliance are looking at the possibility of rolling presentations/adverts in Urgent Care Centres, Universities etc. Arriva (Patient transport service) have agreed to put self-referral forms within all vehicles. Voluntary Action Leicester has been contacted and an IAPT article, with contact details and self-referral information, has been sent to all voluntary organisations and community group members.</p>	<p>WLCCG Contract team monitoring</p> <p>Developments include:</p> <ul style="list-style-type: none"> • Self-referrals implemented • GP aided self-referrals implemented • Referrals through IAPT web portals implemented • Continued roll out of 'Silver Cloud' a social media based 	<p>Deep dive undertaken by Q&P and CMT Deep dives undertaken by Q&P and CMT Plan in place to improve referral from primary care and self-referral mechanisms through the voluntary sector</p> <ul style="list-style-type: none"> • Increasing the number of referrals using multiple routes • Vacancies filled • Increased staff hours • Waiting list management

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		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 Mental Health workstream actions in place	<ul style="list-style-type: none"> • Further expansion of self- referral and referral processes • Increasing the number of group sessions • Use of voluntary sector to further engage LTC patients • Ensuring patients are seen in the most appropriate services Further discussion at Q&P May 2015 reiterated the need to focus on referral mechanisms, but contract team need to ensure that staffing levels are appropriate to manage the referrals
<u>Dementia Diagnosis</u> 62% against 67% target (Snapshot Aug 15)	<p>National data has now been published on the number of patients on the dementia register (at the end of August 15), for those practices that have provided access to their systems. This equates to 62% of the expected number of dementia patients are currently diagnosed with dementia across the CCG. The national target is 67%.</p> <p>The CCG is supporting practices as part their Federation Quality QIPP Schemes by running the Dementia Quality Toolkit to identify possible dementia patients and validate Dementia QoF Registers. Federations are updating the CCG on progress at the next quarterly QIPP monitoring meeting which are due to take place during October. Continuing to monitor waiting times at the Memory Assessment service. High Priority appointment current waiting list 0 weeks and Routine appointment 6 week waiting time</p>	Excellent primary medical care workstream actions to improve performance	<p>Memory Assessment Service</p> <ul style="list-style-type: none"> • 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 • 104 referrals made to the service in January 2015. 58 patients seen during the month • Current waiting list 226. Current referral conversion rate is 40% • Further 88 patients to be diagnosed by the end of March increasing DDR to 60.7%. <p>Additional Actions</p> <ul style="list-style-type: none"> • Locality Leads to encourage low

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			<p>diagnosing practices to accept CCG support.</p> <ul style="list-style-type: none"> • 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 • Roll out the Dementia Shared Drug Monitoring Community Based Service (15/16) • Mobilise LLR Hospital Dementia Support Service
<p><u>Healthcare acquired infection (HCAI) measure (Clostridium difficile infections)</u></p> <p>YTD Sept 15 – 48 (FOT 96) against a target of =<77</p>	<p>There has been an increase in the number of CDiff cases attributed to WL patients in June & July. A deep dive was undertaken & presented to Septembers Q&P to understand any trends or further information on this.</p> <p>The target of 77 cases or less during 15/16 was based on historic data. During 14/15 there were 80 cases across the CCG.</p>		
<p><u>Diagnostic Test Waiting Time</u> <u>Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral</u> 95% against 99% target (YTD Aug 15)</p>	<p><u>Diagnostic Tests</u> In order to address long patient waits, UHL are working with Medinet to put on weekend lists, providing 60-90 additional scopes per weekend. The department is also in the process of transferring 300 patients to Circle, as well as approximately 100 patients to Nuffield. Additional lists have also been put on by UHL's own consultants. The extra capacity is complemented by a robust action plan aimed at addressing general performance issues in Gastroenterology, with particular focus on ensuring that all lists are fully booked and efforts to improve Cancer performance via access to Endoscopy tests. There has also been a management review</p>	<p>UHL contract team monitoring</p> <p>Planned care workstream actions in place</p>	<p>Actions undertaken by UHL contracts team/CCG</p> <ul style="list-style-type: none"> • Ongoing contractual query and process since 2013 • Joint RTT Board meeting fortnightly, involving CCGs, Trust and TDA to oversee recovery of standards. • Specific actions required to address Trauma and Orthopaedic performance <p>Out of County</p>

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<p>Number of 52 week Referral to Treatment Pathways (UHL Incompletes) 248 (Orthodontics) of which 86 are WL patients</p>	<p>in the department and an Endoscopy Manager has been appointed to focus solely on the service. The Intensive Support Team and NHS Improving Quality team will begin work in Endoscopy on 22/10/15 to further assist resolving and sustaining performance. This is however a stretching plan, but should allow UHL to regain compliance of the diagnostic standard in December 15.</p> <p><u>52 week waiters at UHL</u> This relates to Orthodontic patients, this service is commissioned by NHS England. The service is now closed to new referrals with some clinical exceptions. Funding has been secured from NHS England for 2 WTE locums to clear backlog. NHS England contacting other providers to see if able to treat any of these patients in the community. A Serious Untoward Incident (SUI) investigation has taken place.</p>		<ul style="list-style-type: none"> Close liaison with partner CCGs to improve performance
<p><u>Cancelled Ops – offered binding date within 28days</u> 10 patients at UHL and Alliance (all CCGs) against zero tolerance (YTD August 15)</p>	<p>This target relates to the percentage of patients that are offered a binding date within 28 days or funded at patients choice, if their operation is cancelled for non-clinical reasons.</p> <p>This was achieved in May, but not consistently performing, with August having 4 breaches. There were four Urology patients and General Surgery patients who breached the 28 day rebooking target. This was due to an increase in the number of cancer cases that created capacity problems in Intensive Therapy Unit.</p> <p>The key risk remains failure to follow the UHL cancellation escalation policy for patients at risk of cancellation on the day. Escalation is to the Head of Operations for resolution, prior to agreeing to any cancellations.</p>	<p>UHL contract team monitoring actions in place</p>	<p>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.</p>
<ul style="list-style-type: none"> <u>Cancer 2 Week Wait</u> - Patients seen within two weeks of an urgent GP 	<p>Cancer performance remains a concern for 62 days. Performance continues to be monitored via the joint Cancer & RTT Board. The report from the Intensive Support Team (IST) visit to UHL was received mid-October which contained</p>	<p>UHL contract team monitoring – CPSG in place</p>	<p>Q&P deep dive undertaken in May 15. Data evaluation taking place, and highlights specific areas where high levels of breach have taken place,</p>

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<p>referral for suspected cancer (All Providers) 90% against 93% target (YTD Aug 15)</p> <ul style="list-style-type: none"> • <u>Cancer 31 Day Waits</u> - Patients receiving first definitive treatment within 31 days of a cancer diagnostic (All Providers) 95% against 96% target (YTD Aug 15) • <u>Cancer 31 Day Waits</u> Patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery (All Providers) 92% against 94% target (YTD Aug 15) • <u>Cancer 62 day waits</u> - from GP referral to first definitive treatment (All Providers) 80% against 85% target (YTD Aug 15) 	<p>37 recommendations. UHL have now shared an action plan based on these recommendations. Progress of the combined plan will be monitored through the Cancer/RTT Board. Elements of cancer performance continue to be reported on a weekly basis.</p> <p>Following the success of the first root cause analysis of the June 62 day breaches a further 3 reviews have taken place. This will become a rolling process with findings and themes being fed into the action plan to ensure it remains 'live'. Areas of good practice identified continue to be implemented with executive oversight to ensure compliance.</p> <p>2ww referrals in August at UHL were lower than July at 2,453; however this is 12.5% up on the same time last year.</p> <p>The focus is still on endoscopy due to the impact on cancer performance with a number of key actions in progress to mitigate the current performance position. A 2 year cancer pathway project focussing on UHL cancer pathways from point of referral, referral to treatment, discharge and follow up is underway.</p>	<p>Excellent primary medical care workstream actions</p>	<p>namely; urology and upper & lower gastrointestinal. Chief Nurse oversight on >100 day waiters and assurance of risk to patients (UHL and OOC). P&E team contacting practices where 2 weeks waiters have not attended. Q&P received assurance that there is sufficient oversight of Cancer performance. Q&P agreed a number of additional actions to focus on cancer performance:</p> <ul style="list-style-type: none"> • 2WW patient communication produced by CPSG is UHL focused. This should be reviewed to include: <ul style="list-style-type: none"> • out of county providers, and • an easy read version. <p>As part of this review, wider engagement (e.g. patients) should be undertaken.</p> <ul style="list-style-type: none"> • Communication channels need to be improved internally within the CCG, across the varying forums discussing cancer, externally with providers, and other organisations supporting cancer patients • Better recording mechanisms should be used so that reasons for breaches can be understood and learnt from (e.g. various other reasons, and what they are) • Sharing of work being undertaken across primary and secondary care to raise awareness and support, with promotion of the work (e.g. prostate pathway has been under review) • With the impending changes to

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			<p>NICE guidance, a thorough review of 2WW pathways needs to be undertaken, including how providers plan to deliver and manage any potential increase in activity</p> <ul style="list-style-type: none"> • A task and finish group needs to be pulled together to ensure that cancer referral forms are redesigned with the required information, and are fit for purpose from both a secondary and a primary care point of view • We need to understand how providers will manage any planned (in July) Be Clear on Cancer campaigns which could result in higher referrals to specific specialities / diagnostics e.g. breast symptoms • Include out of county providers in our pathway review
<p><u>UHL A&E 4 Hour Wait.</u> 91% against 95% target.(YTD 28/10/15)</p> <p>88.7% against 95% target. (14/15)</p>	<p>Daily performance continues to vary, however the year to date position has improved compared to the same time last year.</p> <p>Actions include: redesign of Leicester Royal Infirmary front door assessment and integrated Urgent Care Centre (handover to go live 3 Nov 2015). Primary Care Co-ordinators supporting the Clinical Decision Unit at Glenfield (3 days per week in Oct increasing to 7 days by Christmas). Pathway co-ordinators in Bed Bureau to divert GP admissions & proactive arrangements to manage anticipated demand surge on Fridays & Mondays. Targeted communication campaign for flu uptake and how to access appropriate services.</p>	<p>UHL contract team monitoring UHL specific performance</p> <p>Integrated LLR Urgent care action plan in place, including WLCCG internal actions</p> <p>Community Urgent Care workstream response actions in place</p> <p>Integrate discharge and reablement</p>	<p>WLCCG actions monitored through Out of Hospital Board.</p> <p>All schemes will contribute to: Reduction in WL ED attendance of 5%, 34 per week leading to a run rate of 644 per week</p> <p>Initiatives:</p> <ul style="list-style-type: none"> • Extra Capacity & Improved Access to General Practice • Maximise Utilisation of Community Alternatives to Admissions – particularly by GP, Care Homes and EMAS • Evaluate effectiveness of existing

Indicator	Action in Place	Where monitored	Further action by WLCCG
		workstream actions	<p>LTC commissioned services such as the Rapid Access Heart Failure and Atrial Fibrillation Clinic at UHL</p> <ul style="list-style-type: none"> Reducing inappropriate Admissions from Care Homes
<p><u>EMAS</u></p> <p><u>Category A (Red 1) 8 minute response time</u> 74% against 75% target (YTD Sept 15)</p> <p><u>Category A (Red 2) 8 minute response time</u> 71% against 75% target (YTD Sept 15)</p> <p><u>Category A 19 minute transportation time</u> 92% against 95% target (YTD Sept 15)</p> <p><u>Handover Time between EMAS ambulances & UHL A&E within 30 mins</u> 21% against zero tolerance (YTD Sept 15)</p> <p><u>Handover Time between ambulances & A&E within 60 mins</u> 10% against zero tolerance (YTD Sept 15)</p> <p><u>Ambulance Crew Clear delays</u></p>	<p>Care Quality Commission to revisit week commencing 16th November. Commissioners have had discussions with the Director of Nursing from EMAS regarding the lack of available localised quality information for the area. It was agreed that the Commissioning Quality Team will produce a draft quality schedule that will enable Commissioners to gain assurance regarding the quality of care.</p> <p>Commissioners met on Monday 12th October with the Trust Development Agency, EMAS and UHL to discuss the opportunities to improve the process and reduce delays in the handover of patients between EMAS and the Emergency Department at Leicester Royal Infirmary. An action plan was agreed to deliver improvement within the next 8 weeks to include a 30% reduction in lost hours and elimination of the 2 hour breaches.</p>	EMAS contract team monitoring – detail in PPAG report	<ul style="list-style-type: none"> Monthly local Collaborative Commissioning Meeting to be held with EMAS commencing from 22 April 2015 – to include contract, quality and financial performance review (this has replaced the monthly LLR locality meeting) Rigorous quarterly review of CQUINs Localised quality information and data to be made available EMAS feed into the urgent care escalation daily teleconference

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<u>of > 30 minutes at UHL</u> 3% against zero tolerance (YTD Sept 15) <u>Ambulance Crew Clear delays</u> <u>of > 60 minutes at UHL</u> 0.6% against zero tolerance (YTD Sept 15)			