

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

08 September 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 meeting, 18 August 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:

NOTE 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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8th September 2015

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> 1882 against target of 1479 (FOT June 15)</p>	<p>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.</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> 11.9% against 15% target (YTD May 15)</p>	<p>National data not available until Sept, but locally available data expected to show improvement in access in June & July.</p> <p>Rolling recruitment of additional staff, including increasing establishment to 25.4 WTE from 20.4 WTE. One agency staff to start beginning of August. Permanent staffing post due to be interviewed August. Progress development of Leicestershire County Council Adult Social Care services to promote the service and to explore opportunities to offer self-referrals. Waiting time data validation - August. Establishing pathways focusing on Insomnia (an indicator of anxiety and depression), the intention is to provide self-</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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	referral leaflets with repeat prescriptions of hypnotics which will result in lower dependency on hypnotic drugs in Q2	<p>IAPT tool • Final recruitment to vacancies has taken place after the phasing out agency staff</p> <p>• Building works are nearing completion which will offer a greater level of telephone triage</p> <p>Mental Health workstream actions in place</p>	<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 <p>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</p>
<p><u>Dementia Diagnosis</u> 60.3% against 67% target (Snapshot March 15)</p>	<p>Awaiting nationally published data confirming CCG and practice Dementia Diagnosis Rates. The data is due to be published in September & will be based on the Cognitive Function and Ageing Study II (CFASII) methodology.</p> <p>As part of the Federation Quality QIPP Schemes practices are continuing to run the Dementia Quality Toolkit to identify possible dementia patients and validate Dementia QoF Register. Federations updating the CCG on progress at the quarterly QIPP monitoring meetings</p> <p>CCG is encountering some data problems from LPT regarding the number of patients that have been transferred into primary care as part of the Dementia Shared Care Agreement. Last know figures was 67 patients</p>	<p>Excellent primary medical care workstream actions to improve performance</p>	<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 July 15 – 31 (FOT 93) 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 is to be undertaken & presented to Septembers Q&P to understand any trends or further information on this.</p>		
<p><u>RTT - Admitted patients to start treatment within a maximum of 18 weeks from referral</u></p> <p>89.3% against a 90% target (YTD June 15)</p> <p><u>Diagnostic Test Waiting Time Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral</u></p> <p>96.8% against 95% target (YTD June 15)</p>	<p><u>18week waits – RTT</u></p> <p>RTT admitted, non-admitted and incomplete targets remain compliant at UHL in June. The persistent effort by all involved has delivered aggregate compliance in the 3 RTT standards as well as showing significant improvements across several specialties. The systematic approach taken should now provide a solid foundation for consistency of delivery; however achieving this consistency will remain a challenge.</p> <p><u>Diagnostic Tests</u></p> <p>Problems in endoscopy have had a big impact on diagnostics 6 week wait performance which is not expected to regain compliance until September. In order to address long patient</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><u>Number of 52 week Referral to Treatment Pathways (UHL Incompletes)</u> 242 (majority Orthodontics) of which 85 are WL patients</p>	<p>waits in endoscopy, UHL are working with Medinet to put on weekend lists, providing 60-90 additional scopes per weekend</p> <p><u>52 week waiters at UHL</u> The majority of these 52 week breaches have occurred as a result of a Trustwide review of planned waiting lists at specialty level. Therefore the following actions will be taken Trust-wide:</p> <ul style="list-style-type: none"> • Communication around planned waiting list management to all relevant staff • System review of all waiting list codes • All General Managers and Heads of Service to sign a letter confirming review and assurance of all waiting lists • Weekly review at Head of Ops meeting for assurance <p>Key actions for Orthodontics:</p> <ul style="list-style-type: none"> • All patients on the planned waiting list have been contacted to ask if they still require treatment. • Service closed to new referrals with some clinical exceptions. • Funding for 2 WTE locums to clear backlog • Should 1 WTE be in place by November, backlog will be cleared by end of February 2016. Should 2 WTE be recruited and in post by November, backlog should be cleared by end of December 2015. 		<ul style="list-style-type: none"> • Close liaison with partner CCGs to improve performance
<p><u>Cancelled Ops – offered binding date within 28days</u> 97.8% against 100% target (YTD June 15)</p>	<p>There were two 28 day breaches in June; one each from UHL and Alliance. The UHL patient was a paediatric case awaiting complex surgery. The surgeons were not available to perform the operations within 28 days of the first cancellation. The Alliance cancellation is being investigated.</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 - Patients seen within two weeks of an urgent GP</u> 	<p>Concern of backlog in 62 day waits especially Lung and Lower GI</p> <p>62 days predicted monthly recovery is now likely to be</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) 91% against 93% target (YTD June 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) 94% against 96% target (YTD June 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 June 15) • <u>Cancer 62 day waits</u> - from GP referral to first definitive treatment (All Providers) 79% against 85% target (YTD June 15) 	<p>October 2015 Intensive Support Team to provide additional targeted cancer support and are due to visit UHL in August 2015 Focus on the eight key priorities as identified by the National Delivery Group Focus on the local tumour site and endoscopy recovery plans Translate the 2ww patient communication into 8 languages CCG Clinical Leads developed an action plan for Primary Care in preparing patients who will need to attend for an endoscopy 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 Recovery trajectories to be reviewed and refreshed for discussion at the joint Cancer & RTT Board in July</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> 92% against 95% target.(YTD 19/8/15)</p> <p>88.7% against 95% target. (14/15)</p>	<p>Performance continues to slowly improve with required levels being met on some days. No current agreed recovery date; emphasis is on sustainable improvement via the plan and work streams overseen by the Urgent Care Board.</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

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		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 2) 8 minute response time</u> 73% against 75% target (YTD July 15)</p> <p><u>Category A 19 minute transportation time</u> 93% against 95% target (YTD July 15)</p>	<p>Only the national standard Red 1 Performance achieved at regional Level Non - delivery of national standards at county level. There is now a monthly Better Patient Care Transformation Board which will focus on the next stages of development for EMAS and will support development and delivery of a range of initiatives designed to transform service delivery across the region.</p> <p>As a result of the deteriorating position a Contract Performance Notice was issued and a meeting has taken place between EMAS and NHS Erewash / Hardwick CCG's. A Remedial Action Plan (RAP) is in the process of being agreed and will focus on the actions being taken to improve performance</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
<p><u>Handover Time between EMAS ambulances & UHL A&E within 30 mins</u> 21% against zero tolerance (YTD July 15)</p> <p><u>Handover Time between ambulances & A&E within 60 mins</u> 8.4% against zero tolerance (YTD July 15)</p> <p><u>Ambulance Crew Clear delays of > 30 minutes at UHL</u> 2.8% against zero tolerance</p>	<p>Concerns previously rose due to the increase in percentile performance and what is the impact on patient safety for those patients waiting for long periods. The 2015/16 contract now requires agreement of improvement across the Local Percentiles at CCG level ensuring that the service is safe at all times.</p> <p>The ELR Contracts team have developed a proposal that is with clinicians for sign off before being discussed and agreed with EMAS</p> <p>Actions during period of peak demand are being undertaken ensure patient safety. These are subject to a Quality Impact Assessment which is clinically reviewed by the EMAS</p>	EMAS and UHL contract team monitoring – detail in PPAG report	

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(YTD July 15) <u>Ambulance Crew Clear delays of > 60 minutes at UHL</u> 0.4% against zero tolerance (YTD July 15)	Director of Nursing and Quality and the new Medical Director. Assurance regarding this will be sought at the July Quarterly QAG. EMAS have developed a clinical risk matrix to monitor this and it is currently being tested within the service. The EMAS Medical Director has proposed a review of two patient categories to establish the impact of prolonged waits on patient harm. This is to be discussed further at the July Quarterly QAG.		