

**Report to:** **SINGLE COMMISSIONING BOARD**

**Date:** 14 February 2017

**Reporting Member / Officer of Single Commissioning Board** Angela Hardman Executive Director, Public Health and Performance

**Subject:** **DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – GOVERNING BODY PERFORMANCE UPDATE**

**Report Summary:** This paper provides the Single Commissioning Board with a draft quality and performance report for comment. This report has been reviewed by the Quality and Performance Assurance group on the 1 February 2017.

Assurance is provided for the NHS Constitutional indicators. In addition CCG information on a range of other indicators are included to capture the local health economy position. This is based on the latest published data (at the time of preparing the report). This is as at the end of November 2016.

The format of this report will include elements on quality from the Nursing and Quality directorate. As this report evolves.

This report also includes Adult Social Care indicators.

This evolving report will align with the other Greater Manchester Health and Social Care Partnership and national dashboard reports.

The following have been highlighted as exceptions:

- Diagnostic standard improving but still failing the standard.
- A&E Standards were failed at THFT.
- Ambulance response times were not met at a local or at North West level.
- Improving Access To Psychological Therapies (IAPT) performance for Access and Recovery remain a challenge
- 111 Performance against KPIs.
- MRSA.


Attached for information is the Draft GM Partnership dashboard and the latest NHS England Improvement And Assessment Framework (IAF) Dashboard.


**Recommendations:**

The Single Commissioning Board are asked:

- To note the contents of the performance and quality report, and comment on the revised format.
- For those indicators where we are deemed to be in the lowest quartile performance we seek the Board's view on how these should be reported as exceptions within the performance and quality report.

<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	Should provide check & balance and assurances as to whether meeting strategy.
<b>How do proposals align with Locality Plan?</b>	Should provide check & balance and assurances as to whether meeting plan.
<b>How do proposals align with the Commissioning Strategy?</b>	Should provide check & balance and assurances as to whether meeting strategy.
<b>Recommendations / views of the Professional Reference Group:</b>	This section is not applicable as this report is not received by the professional reference group.
<b>Public and Patient Implications:</b>	The performance is monitored to ensure there is no impact relating to patient care.
<b>Quality Implications:</b>	As above.
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	As the systems restructures and different parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all parts to account and understanding best where to focus resources and oversight. This report and framework continues to be developed to achieve this.
<b>How do the proposals help to reduce health inequalities?</b>	This will help us to understand the impact we are making to reduce health inequalities. This report will be further developed to help us understand the impact.
<b>What are the Equality and Diversity implications?</b>	None.
<b>What are the safeguarding implications?</b>	None reported related to the performance as described in report.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	There are no Information Governance implications. No privacy impact assessment has been conducted.
<b>Risk Management:</b>	Delivery of NHS Tameside and Glossop's Operating Framework commitments 2016/17
<b>Access to Information :</b>	The background papers relating to this report can be inspected by contacting Ali Rehman, Public Health:

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## 1. INTRODUCTION

- 1.1 The purpose of this report is to provide the Board with a draft quality and performance report for comment. The new quality and performance report format aims to provide a dashboard view of indicators and provide exception reporting as appropriate. This evolving report will align with the other Greater Manchester Health and Social Care Partnership and national dashboard reports.
- 1.2 The format of this report will include further elements on quality from the Nursing and Quality Directorate as this report evolves.
- 1.3 It should be noted that providers can refresh their data in accordance with national guidelines and this may result in changes to the historic data in this report.

## 2. CONTENTS – QUALITY AND PERFORMANCE REPORT

- 2.1 NHS Tameside & Glossop CCG: NHS Constitution Indicators (November 2016).
- 2.2 Adult Social services indicators. (Quarter 2 16/17). These will be further expanded on in future iterations of this report.
- 2.3 Exception Report - the following have been highlighted as exceptions:
  - Diagnostic standard improving but still failing the standard.
  - A&E Standards were failed at THFT.
  - Ambulance response times were not met at a local or at North West level.
  - Improving Access To Psychological Therapies (IAPT) performance for Access and Recovery remain a challenge
  - 111 Performance against KPIs
  - MRSA Bacteraemia

The exception reports in future reports will evolve as clarity is provided on the comparators.

- 2.4 Greater Manchester Combined Authority (GMCA)/NHS Greater Manchester (NHSGM) Performance Report
  - Better Health;
  - Better Care;
  - Sustainability;
  - Well Led.
- 2.5 NHS England Improvement and Assessment Framework (IAF) dashboard.
- 2.6 There are a number of indicators where the CCG is deemed to be in the lowest performance quartile nationally. We seek the Board's view on how these should be reported as exceptions within the performance and quality report. These indicators have been highlighted in light orange on the dashboard and are as follows:

### **Better Health**

- People with diabetes diagnosed less than a year who attend a structured education course;
- Utilisation of the NHS e-referral service to enable choice at first routine elective referral;
- People with a long-term condition feeling supported to manage their condition(s);
- Inequality in emergency admissions for urgent care sensitive conditions;
- Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions;
- Quality of life of carers.

## **Better Care**

- One-year survival from all cancers;
- Proportion of people with a learning disability on the GP register receiving an annual health check;
- Choices in maternity services;
- Emergency admissions for urgent care sensitive conditions;
- Delayed transfers of care per 100,000 population;
- Population use of hospital beds following emergency admission;
- Management of long term conditions.

## **Sustainability**

- Digital interactions between primary and secondary care.

### **3. KEY HEADLINES**

3.1 Below are the key headlines from the quality and performance dashboard.

#### **Referrals**

3.2 Although GP referrals have increased this month compared to last month they have continued to decrease overall and have decreased compared to the same period last year. Other referrals have slightly increased compared to last month and have also increased compared to the same period last year. YTD GP referrals have decreased by 8% compared to the same period last year and other referrals have decreased by 0.6% compared to the same period last year for referrals at T&G ICFT. Referrals to all providers have decreased by 5% compared to the same period last year and other referrals have decreased by 2.9%.

#### **18 Weeks RTT Incomplete Pathways**

3.3 Performance continues to be above the national standard of 92%, currently achieving 92.7% during November. The specialties failing are Urology 89.88%, Trauma and Orthopaedics 90.39%, Neurology 90.91%, Plastic Surgery 82.78% and Cardiothoracic Surgery 91.38%. There were no patients waiting longer than 52 weeks during November.

#### **Diagnostics 6+ week waiters**

3.4 This month the CCG failed to achieve the 1% standard with a 1.29% performance. Of the 61 breaches 30 occurred at Central Manchester (echocardiography, flexi sigmoidoscopy, gastroscopy and MRI). 22 at T&G ICFT (audiology assessments, colonoscopy, CT scans, gastroscopy and NOUS). 8 at NWCATs (audiology assessments and MRI) and 1 at Pennine Acute (gastroscopy). Central Manchester performance is due to an ongoing issue with endoscopy which GM are aware of. T&G ICFT performance is primarily due to audiology struggling with capacity.

#### **A&E waits Total Time with 4 Hours at T&G ICFT**

3.5 The A&E performance for November was 86.58% which is below the target of 95% which is ranked third in GM. The current performance is not on target to achieve the 90% for Quarter 3. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There is still medical cover and specialty delays when teams are in Theatres. The trust reports acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need. Integrated Assessment Unit (IAU) and Ambulatory Emergency Care (AEC) are used as escalation capacity at times of pressure and this then increases traffic through A&E as the capacity to accept direct admissions are reduced.

#### **3.6 Ambulance Response Times Across NWAS area**

In November the North West position (which we are measured against) was not achieved against the standards. Locally we also did not achieve any of the standards. Increases in

activity have placed a lot of pressure on NWS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

## **111**

3.7 The North West NHS 111 service is performance managed against a range of KPIs reported as follows for November:

- Calls Answered (95% in 60 seconds) = 67.47%
- Calls abandoned (<5%) = 6.88%
- Warm transfer (75%) = 34.96%
- Call back in 10 minutes (75%) = 36.04%

The benchmarking data shows that the North West NHS 111 service was ranked 42<sup>nd</sup> out of 42 for both calls answered in 60 seconds (67%) and calls transferred to clinical advisor (12%). This is compared to Bristol which is the highest ranked for calls answered in 60 seconds (98%) and North Central London for calls transferred to clinical advisor (33%).

Looking at the dispositions we are also ranked 42<sup>nd</sup> out of 42 for % recommended home care (3%) compared to the highest ranked provider North Central London (14%). Percentage recommended for dental/pharmacy (2%) we are ranked 41<sup>st</sup> out of 42 compared to the highest ranked provider, York and Humber (12%).

In November the NW NHS 111 service experienced a number of issues which lead to poor performance in the month against the four KPIs. Performance was particularly difficult to achieve over the weekend periods.

## **Cancer**

3.8 All of the cancer indicators achieved the standard during November.

### **Improving Access to Psychological Therapies**

3.9 Performance continues to be above the Quarterly Standard for the IAPT access rate (75%) achieving 3.92% during Quarter 2. However, the Quarter 2 performance for IAPT recovery rate remains below the standard at 46.00%. In terms of IAPT waiting times the Quarter 2 performance is above the standard against the 18 week standard (95%) which was reported as 98.6%. The Quarter 2 performance for the 6 week wait standard (75%) was reported as 73.4%.

### **3.10 Healthcare Associated Infections**

**Clostridium Difficile:** The number of reported cases during November was below plan. Tameside & Glossop CCG had a total of 6 reported cases of clostridium difficile against a monthly plan of 8 cases. For the month of November this places Tameside and Glossop CCG 2 cases under plan. Of the 6 reported cases, 5 were apportioned to the acute (3 at Tameside Hospital FT, 1 at Central Manchester FT and 1 at Christie Hospital FT) and 1 to the non-acute. To date (April to November 2016) Tameside and Glossop CCG had a total of 57 cases of clostridium difficile against a year to date plan of 69 cases. This places Tameside and Glossop CCG 12 cases under plan. Of the 51 reported cases, 30 were apportioned to the acute (24 at THFT, 2 at Central Manchester FT, 2 at Christie Hospital FT, 1 at The Royal Orthopaedic Hospital FT, 1 at Stockport FT) and 27 to the non-acute. In regards to the 2016/17 financial year, Tameside and Glossop CCG have reported 57 cases of clostridium difficile against an annual plan of 97 cases. This currently places the CCG 40 cases under plan with 4 months of the financial year remaining.

**MRSA:** In November 2016 Tameside and Glossop CCG have reported 0 cases of MRSA against a plan of zero tolerance. To date (April 2016 to November 2016) Tameside and Glossop CCG have reported 6 cases of MRSA against a plan of zero tolerance. Breakdown includes 4 acute cases (1 at Tameside Hospital FT, 2 at Central Manchester, 1 at South Manchester FT) and 2 non acute cases.

### **Mixed Sex Accommodation**

- 3.11 There continues to be good performance against the Mixed Sex Accommodation standard with no MSA breaches reported in November for Tameside and Glossop CCG patients.

### **Dementia**

- 3.12 We continue to perform well against the estimated diagnosis rate for people aged 65+ for November which was 74.4% against the 66.7% standard.

### **Adult Social Care Indicators**

- 3.13 Performance in Adult Social Care is supported by the Adult Social Care Outcomes Framework (ASCOF). The framework contains nationally published qualitative and quantitative indicators. The qualitative indicators are informed by the completion of an annual national survey of a selection of service users and a biannual survey of a selection of Carers- both surveys are administered locally.

It is widely recognised that the quantitative indicators in the ASCOF do not adequately represent the service delivery of Adult Social Care, therefore in response, data sets have been developed regionally and locally in order to provide performance data that supports service planning and decision making for Adult Social Care in Tameside.

## **4. CONSIDERATIONS OF THE QUALITY AND PERFORMANCE ASSURANCE GROUP**

- 4.1 Following the meeting of the Quality and Performance Assurance Group on the 1 February 2017 members made the following comments for consideration.
- 4.2 One care home provider recently inspected by the CGC has raised some concerns. Senior contract and quality officers have subsequently met with the providers in advance of the publication of the report to discuss action plans. The Quality and Performance Assurance Group are therefore assured on the monitoring of those action plans.
- 4.3 Following CQC inspection on Pennine care Foundation Trust the Quality and Performance Assurance Group were presented with a brief of the CQC report and have requested continuous feedback from the improvement board and sight of the action plan that will be monitored by that improvement board.

## **5. RECOMMENDATIONS**

- 5.1 As set out on the front of the report.