

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

**Date:** 22 June 2017

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

**Report Summary:** This report provides the Single Commissioning Board with a quality and performance report for comment.

Assurance is provided for the NHS Constitutional indicators. In addition Clinical Commissioning Group 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 April 2017.

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:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Ambulance response times were not met at a local or at North West level;
- Improving Access To Psychological Therapies (IAPT) performance for Recovery remains a challenge;
- 111 Performance against Key Performance Indicators.

Attached for information is the Draft Greater Manchester 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.
- That there will be no Performance and quality report available for next month's meeting because of the timing of the meeting. The report in the following month (August) will include the latest position.

**Financial Implications:** 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

**(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**

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.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

As the system restructures and the constituent 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.

**How do proposals align with Health & Wellbeing Strategy?**

Should provide check & balance and assurances as to whether meeting strategy.

**How do proposals align with Locality Plan?**

Should provide check & balance and assurances as to whether meeting plan.

**How do proposals align with the Commissioning Strategy?**

Should provide check & balance and assurances as to whether meeting strategy.

**Recommendations / views of the Professional Reference Group:**

This section is not applicable as this report is not received by the professional reference group.

**Public and Patient Implications:**

Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients. The performance is monitored to ensure there is no impact relating to patient care.

**Quality Implications:**

As above.

**How do the proposals help to reduce health inequalities?**

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.

**What are the Equality and Diversity implications?**

None.

**What are the safeguarding implications?**

None reported related to the performance as described in report.

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**

There are no Information Governance implications. No privacy impact assessment has been conducted.

**Risk Management:**

Delivery of NHS Tameside and Glossop's Operating Framework commitments 2016/17

**Access to Information :**

The background papers relating to this report can be inspected by contacting, Ali Rehman,



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## 1. INTRODUCTION

- 1.1 The purpose of this iterative report is to provide the Board with a quality and performance report for comment. The 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 (April 2017).
- 2.2 Adult Social services indicators. (Quarter 4 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:
  - A&E Standards were failed at Tameside Hospital Foundation Trust;
  - 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 Key Performance Indicators.

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. These indicators have been highlighted in light orange on the dashboard and are as follows:
- 2.7 **Better Health**
  - Maternal Smoking at delivery.
  - 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.

## 2.8 **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.

## 2.9 **Sustainability**

- Digital interactions between primary and secondary care

## 3. **KEY HEADLINES-HEALTH**

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

### **Referrals**

3.2 GP referrals have decreased this month compared to last month and have continued to decrease overall and have decreased compared to the same period last year. Other referrals have decreased compared to last month and have decreased compared to the same period last year. Year to date GP referrals have decreased by 23.75% compared to the same period last year and other referrals have decreased by 14.0% compared to the same period last year for referrals at the Tameside and Glossop Integrated Foundation Trust. Referrals to all providers have decreased by 27.4% compared to the same period last year and other referrals have decreased by 14.1%.

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

3.3 Performance continues to be above the national standard of 92%, currently achieving 92.4% during April. The specialties failing are Urology 88.78%, Trauma and Orthopaedics 89.54%, ENT 88.36%, Neurosurgery 86.96%, Plastic Surgery 68.47% and Cardiothoracic Surgery 91.11%. There were 3 patients waiting longer than 52 weeks during April. 2 at Central Manchester Trust and 1 at South Manchester Trust. The patient at South Manchester Trust has been treated, we await a response from Central Manchester Trust on the other 2.

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

3.4 This month the Clinical Commissioning Group achieved the 1% standard with a 0.86% performance. However, there were 37 breaches 22 occurred at Central Manchester (CT, colonoscopy, gastroscopy and MRI), 6 at Tameside and Glossop Integrated Foundation Trust (audiology assessments and colonoscopy), 4 at Pioneer healthcare (Neurophysiology), 2 at North West CATS Inhealth (MRI) 2 at South Manchester (MRI and Urodynamics) and 1 at Salford Trust (MRI). Central Manchester performance is due to an ongoing issue with endoscopy which GM are aware of. Tameside and Glossop Integrated Foundation Trust performance is primarily due to audiology struggling with capacity.

### **A&E waits Total Time with 4 Hours at Tameside and Glossop Integrated Foundation Trust**

3.5 The A&E performance for April was 81.7% which is below the target of 95% nationally. 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.

### **Ambulance Response Times Across North West Ambulance Service Area**

3.6 In April 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 the North West Ambulance Service 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 Key Performance Indicators reported as follows for April:

- Calls Answered (95% in 60 seconds) = 80.88%;
- Calls abandoned (<5%) = 5.69%;
- Warm transfer (75%) = 46.27%;
- -Call back in 10 minutes (75%) = 38.27%.

3.8 The benchmarking data shows that the North West NHS 111 service was ranked 39<sup>th</sup> out of 40 for calls answered in 60 seconds (81%). This is compared to Norfolk including Great Yarmouth and Waveney NHS 111 which is the highest ranked for calls answered in 60 seconds (99%).

3.9 Looking at the dispositions we are also ranked 39<sup>th</sup> out of 40 for % recommended to dental/pharmacy (3%) compared to the highest ranked provider York and Humber (12%). Percentage recommended home care (3%) we are ranked 39 out 40 compared to the highest ranked provider, South East London (8%).

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

### **Cancer**

3.11 All of the cancer indicators achieved the standard during April.

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

3.12 Performance continues to be above the Quarterly Standard for the Improving Access to Psychological Therapies (IAPT) access rate (75%) achieving 3.90% during Quarter 3. However, the Quarter 3 performance for IAPT recovery rate remains below the standard at 42.20%. In terms of IAPT waiting times the Quarter 3 performance is above the standard against the 18 week standard (95%) which was reported as 100%. The Quarter 3 performance for the 6 week wait standard (75%) was reported as 78.4%.

### **Healthcare Associated Infections**

3.13 Clostridium Difficile: The number of reported cases during April was above plan. Tameside & Glossop Clinical Commissioning Group had a total of 6 reported cases of clostridium difficile against a monthly plan of 5 cases. For the month of April this places Tameside and Glossop Clinical Commissioning Group 1 over plan. Of the 6 reported cases, 2 were apportioned to the acute (2 at Tameside and Glossop Integrated Foundation Trust) and 4 to the non-acute. To date (April 2017) Tameside and Glossop Clinical Commissioning Group had a total of 6 cases of clostridium difficile against a year to date plan of 5 cases. This places Tameside and Glossop Clinical Commissioning Group 1 case over plan. Of the 6 reported cases, 2 were apportioned to the acute (2 at Tameside and Glossop Integrated Foundation Trust) and 4 to the non-acute. In regards to the 2017/18 financial year, Tameside and Glossop Clinical Commissioning Group have reported 6 cases of clostridium difficile against an annual plan of 97 cases. This currently places the Clinical Commissioning Group 91 cases under plan with 11 months of the financial year remaining.

- 3.14 MRSA: In April 2017 Tameside and Glossop Clinical Commissioning Group have reported no cases of MRSA against a plan of zero tolerance. To date (April 2017) Tameside and Glossop Clinical Commissioning Group have reported no cases of MRSA against a plan of zero tolerance.

#### **Mixed Sex Accommodation**

- 3.15 This month there were no breaches reported against the Mixed Sex Accommodation standard of zero breaches for Tameside and Glossop Clinical Commissioning Group patients.

#### **Dementia**

- 3.16 We continue to perform well against the estimated diagnosis rate for people aged 65+ for April which was 83.8% against the 66.7% standard.

### **4. ADULT SOCIAL CARE INDICATORS**

#### **Introduction**

- 4.1 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.

- 4.2 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.

#### **Proportion Of People Using Social Care Who Receive Direct Payments Performance Summary**

- 4.3 This measure supports the drive towards personalisation outlined in the Vision for adult social care and Think Local, Act Personal, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services.

- 4.4 Performance in Tameside in 2015/2016 was 15.43% compared to 23.5% regionally and 28.1% nationally.

- 4.5 Tameside performance in 2016/2017 was 12.47%, which is a reduction of 47 people since 2015/2016.

#### **4.6 Actions**

- Additional Capacity to be provided within the Neighbourhood Teams over a 12-18 month period to carry out an intensive piece of work to promote Direct Payments. This post will be funded from the Adult Social Care transformation funding.

#### **People with Learning Disabilities In Employment Performance Summary**

- 4.7 The measure is intended to improve the employment outcomes for adults with learning disabilities reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits.

- 4.8 Performance in Tameside in 2015/2016 was 2% compared to 4.1% regionally and 5.8% nationally.

- 4.9 Tameside performance in 2016/2017 was 4.95%, this is an increase on 2015/2016 and brings us above the regional average for 2015/2016 – we await published Regional and National figures for 2016/2017 to be able to get a true comparison.
- 4.10 In 2015/2016, six GM authorities had less than 3% of People with Learning Disabilities in Employment, with only Trafford, Stockport and Rochdale achieving above 4%.
- 4.11 Nationally and regionally, we are seeing a steady decline in this indicator - 2012/2013 region 5.5%, national 7%.
- 4.12 Performance in this area has been a concern for some time and has been impacted upon the reduction of the Learning Disabilities Employment Support Team due to financial restraints.
- 4.13 **Actions**
- We have moved the remaining Employment Support staff into the Employment and Skills corporate team to ensure a more focused approach to employment and access to wider resource and knowledge base.
  - In order to improve performance, additional resource is required to increase capacity. An additional post has been funded through the ASC transformation funding and a vacant post that was held in the team has also been released to increase capacity in the team with an expectation that more people will be supported into paid employment.
  - Work has been undertaken with Routes to Work to strengthen their recording of Supported Employment services and to clarify the links with this indicator.
- 4.14 The development of a new scheme focused on supporting people with pre-employment training and supporting people into paid employment including expansion of the Supported Internship Programme for 16-24 year olds.

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

- 5.1 The Quality and Performance group recommended a systematic review of quality and performance reporting. This is essential to clarify reporting requirements and expectations across the Single Commissioning Board, Clinical Commissioning Group Governing Body and Council Board governance, with a view to minimising duplication and providing assurance at the most appropriate system level.

## **6. RECOMMENDATIONS**

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