

Attachment 12

Report to: NEL CCG Partnership Board

Presented by: Cathy Kennedy, Deputy Chief Executive

Date of Meeting: 9th January 2014

Subject: Integrated Assurance Report

Status: OPEN CLOSED

Agenda Section: STRATEGY COMMISSIONING OPERATIONAL ISSUES

OBJECT OF REPORT

The report advises the Partnership Board of how NELCCG are performing against the seven domains developed for the dashboard with respect to its performance measures and six domains for risk.

The development of the dashboards is being managed via the Delivery Assurance Committee. The most recent development incorporate the additional national measures from the 2013-14 NHS Outcomes Framework and CCG Assurance Framework as well as a key identifier in the performance dashboard that categorises whether the measures are quality focused or not.

Further intelligence relating to the CCGs financial and workforce performance has been taken in to account under 'Managing Resources'.

For more detail on performance and risk the latest integrated assurance report presented to the Delivery Assurance Committee can be found via the following embedded file:



DAC Report - Dec 13

STRATEGY

The structure of the performance dashboard reflects the following seven domains.

- Positive experience
- Preventing avoidable harm
- Delaying and reducing the need for care and support
- Enhancing quality of life
- Preventing people from dying prematurely
- Helping people recover from ill health or injury
- Managing resources

The structure of the risk dashboard reflects the following six domains.

- Clinically led and quality focused
- Community Engagement
- Delivering local priorities within budget
- Constitutional and governance arrangements
- Collaborative arrangements with partners
- Leadership

IMPLICATIONS

Whilst it has been identified that the organisation is performing well overall, the Delivery Assurance Committee continues to focus on specific areas where improvement is to be pursued. This links in to an assessment of how the organisation is likely to perform in key external judgements. It is apparent that the CCG needs to continue to focus on some specific areas but, despite a number of indicators underachieving, there is continued improvement in many areas.

RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT

The Partnership Board is asked:

- to note judgements made against the domains of the dashboards
- to note the information on delayed transfers of care and the new stroke pathway
- for views on addressing the underachievement of the performance exceptions
- for further feedback on ways to improve the report

The views of the Partnership Board are sought on whether the dashboard domains should be based on the CCGs corporate performance perspective which may include performance of other CCGs or the CCGs local performance only. It currently reflects the CCGs individual performance position.

		Yes/No	Comments
	Does the document take account of and meet the requirements of the following:		
i)	Mental Capacity Act	NA	
ii)	CCG Equality Impact Assessment	NA	
iii)	Human Rights Act 1998	NA	
iv)	Health and Safety at Work Act 1974	NA	
v)	Freedom of Information Act 2000 / Data Protection Act 1998	NA	
iv)	Does the report have regard of the principles and values of the NHS Constitution? www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613	Yes	

Integrated Assurance Report

Introduction

The dashboards below represent an overview of performance and risk for health and social care services across North East Lincolnshire. The dashboards consist of seven domains that incorporate all areas that North East Lincolnshire Clinical Commissioning Group strive to improve on.

A judgement has been made of the status for each domain based on the performance measures and risks underpinning them. These judgements try to balance the current position with the expected outcome at the end of the year and weightings with respect to priority. They also represent the local perspective of performance for North East Lincolnshire rather than the performance against the national definition which, on occasion, covers a broader footprint. It should be noted that those issues that have an impact on the CCGs corporate performance assessment will continue to be scrutinised at the Delivery Assurance Committee. The Delivery Assurance Committee is asked to make a decision on the final status of the dashboard before reporting to the CCG Partnership Board. A full exception report summary is also included in appendix A detailing performance of indicators that are underperforming.

Performance Dashboard



Risk Dashboard



Please note the letter Q indicates a quality measure. These indicators focus on safety, experience and effectiveness and are present in the NHS England Quality Dashboard and the Quality domain of the CCG Assurance Framework.

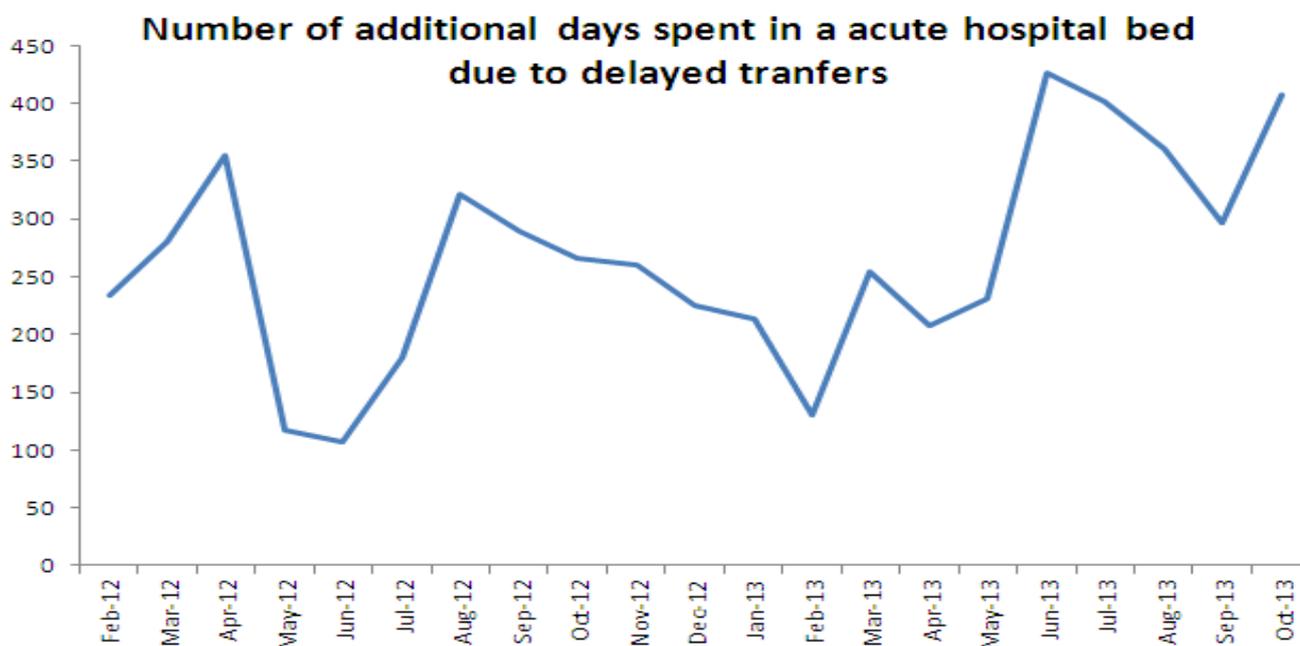
Performance Escalation

Performance Exception

Delayed Transfers of Care (DToC)

This measure has featured in many health and social care performance frameworks in the past and is still a key feature in the Adult Social Care Outcomes Framework. It looks to measure the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

As can be seen below and in the Delivery Assurance Report, both the number of patients with a DToC and the number of additional days spent in a hospital bed that are attributable to DToCs has been on the rise in 2013-14 with a significant increase between June and October 2013. A number of areas targeted for improvement, in particular Intermediate Tier capacity has been a target for significant investment to mitigate discharge delays. Joint working arrangements promoted by the Unplanned Care Board have not led to systematic improvements in DToCs and a winter incentive scheme has been offered to providers which includes DToC reduction. In respect to DToCs providers will receive 25% of a £500k financial incentive if they reduce days delayed to less than 50 over the January to March period or half of that if there is less than 300 days. This is compared to a baseline last year of 600 days.



The North East Lincolnshire Unplanned Care Board has a strong focus on this and is currently considering a number of issues that contribute to DToCs including inefficiencies in the liaison process for onward care, service capacity around beds in the intermediate tier and staff availability to fulfil assessment, decision and service arrangement functions in order to expedite timely discharges.

Actions have been taken at DPoW Ops centre to improve liaison to out of area agencies and care homes and there has been a recognition of referral process inconsistencies and inefficiencies depending on the HOME team, a community team and the role of A3. There has also been a recognition of issues of timely notifications and the desire to eliminate the need for section 2 and section 5 notifications as well as the need for an improved liaison that is early and works towards an estimated discharge date and removes instances where medically fit patients deteriorate before discharge arrangements are made. There is also a plan underway to establish the HOME team co-located with the DPoW Ops Centre however this has not yet been implemented.

Following a number of Serious Incidents and concerns about service quality, The Beacon bed capacity was reduced from 27 to 20 beds and this led to increased issues with bed availability and an increase in DToCs. In broader bed base discussions it was also recognised that Beacon capacity was being used for short term placements including step-up provision and this was a commissioning gap. To mitigate this, action plans were developed to; return The Beacon to full nominal capacity of 27 beds by April 2014, provide a block of step-up short term nursing beds (Eaton Court) and fund additional Intermediate Care beds on the DPoW site to be available from Dec 2013 (19 beds).

Notwithstanding the solutions developed by Providers for the above incentive, the commissioning intentions for the development of the NEL single point of access (SPA) includes a notion of a new service element that provides a single point of coordination for all hospital discharges that require community service arrangements. Further, with the Unplanned Care Board desire to further improve DToC monitoring as soon as possible, it is proposed that this SPA based service is rapidly developed and deployed to deliver a step improvement in the DToC Liaison Process and DToC data. There would be additional benefits to this development as a focus for the next stage of development of integrated information sharing based on Summary Care Record, Special Patient Note based on essential safety and patient choice information.

Performance Highlight

New Stroke Pathway

The decision to centralise hyperacute stroke care at SGH has been made to ensure all patients have access to hyperacute care and where appropriate to 24/7 thrombolysis, a blood clot busting injection which can significantly reduce the likelihood of a long term disability. This was previously only available Monday to Friday, from 8am to 8pm at SGH and DPOW. Hyperacute stroke care is high dependency care provided to all stroke patients during the first 72 hours, not just those suitable for thrombolysis and there is good evidence that centralising hyperacute services to fewer sites ensures that staff can maintain their skills in this area and improves outcomes for stroke patients. Centralisation locally has resulted in the possibility to increase the number of hyperacute beds from 4 to 6.

The service moved as of 4th November. This means that all patients with a suspected stroke are taken to Scunthorpe General Hospital where they are assessed and access the hyperacute stroke ward. Once the patient has completed their hyperacute stay (up to 72 hours), patients from NEL are repatriated back to Diana Princess of Wales Hospital, Grimsby for further care and rehabilitation.

Available data shows that since November 4th, 41 patients who would have previously been admitted to Grimsby Hospital with confirmed strokes have been admitted to the hyperacute service, with 3 patients receiving thrombolysis, 1 out of hours (who would previously not have received this service).

Initial monitoring data indicates that patients are receiving the different elements of care within national timeframes (e.g. scanning within 1 hour); that said, data is currently being audited and we will be in a better position to give a full report once this is complete.

Appendix A - Performance Exception Summary

Code	Indicator	Quality Measure?	Latest period				2013/14 year to date			Year End Forecast Position
			Period	Target	Value	Status	Target	Value	Status	
Positive experience										
CB13001	Friends and family test – Inpatient and A&E Response Rate	Yes	October 2013	15%	3.8%		10%	3.36%		
CB13002	Friends and family test – Employee Score	Yes	2012/13	63.3%	55.1%		No data available for 2013-14			
Preventing avoidable harm										
DH30100	MRSA Blood Stream Infections	Yes	November 2013	0	1		0	3		
QC11000	Unclosed Serious Incidents	Yes	Q2 2013/14	No	Yes		No	Yes		
QC11001	Never events	Yes	Q3 2013/14	No	Yes		No	No		
QC11003	Quality compliance risk by Monitor?	Yes	Q2 2013/14	No	Yes		No	Yes		
Delaying and reducing the need for care and support										
ASC 2A i (Prop)	Permanent admissions 18-64 to residential and nursing care homes, per 100,000 population	No	November 2013		8.26			8.26		
ASC 2A ii (Prop)	Permanent admissions 65+ to residential and nursing care homes, per 100,000 population	No	November 2013		487.46			487.46		
ASC 2C (Prop)	Delayed transfers of care from hospital per 100,000 population	Yes	October 2013		9.57			9.57		
Enhancing quality of life										
CB06101	Total admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	No	September 2013	117	162		722	1052		
CB06201	Total admissions - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	No	September 2013	11	13		53	63		
CB08000	Health-related quality of life for people with long-term conditions	Yes	2012/13	0.73	0.7		No data available for 2013-14			
PHQ1310	% people who have depression and/or anxiety disorders who receive psychological therapies	No	Q2 2013/14	3.5%	2.2%		7.0%	5.0%		
Preventing people from dying prematurely										
AA05001	Cat A (RED1) calls meeting eight minute standard (EMAS)	Yes	October 2013	75.0%	69.0%		75.0%	72.1%		
AA05002	Cat A (RED2) calls meeting eight minute standard (EMAS)	Yes	October 2013	75.0%	69.2%		75.0%	72.4%		

Code	Indicator	Quality Measure?	Latest period				2013/14 year to date			Year End Forecast Position
			Period	Target	Value	Status	Target	Value	Status	
AA05200	Ambulance average total turnaround time - DPOW	No	October 2013	25 mins	32.59 mins		25 mins	32.59 mins		
AA06000	Cat A calls meeting 19 minute standard (EMAS)	Yes	October 2013	95%	94%		95%	93.6%		
LIO4000	Summary Hospital Mortality Index (SHMI) – NLAG	Yes	Q4 2012/13	100	111.4		No data available for 2013-14			
Helping people recover from ill health or injury										
BB12300	18 week referral to treatment times - admitted	Yes	October 2013	90%	89.3%		90%	89.3%		
BB12830	RTT - Number waiting over 52 wks	Yes	October 2013	0	2		0	2		
CB06301	Total Emergency admissions for acute conditions that should not usually require hospital admission	Yes	September 2013	119	151		800	1089		
CB06401	Total Emergency admissions for children with LRTI	Yes	September 2013	4	3		19	35		
CB11000	Total health gain assessed by patients - Combined	Yes	2011/12	0.95	0.83		No data available for 2013-14			
Managing resources										
VA05030	First Outpatient Attendances	No	October 2013	3,291	3,707		23,404	24,324		