

**CCG Meeting
PART I Board
MEETING ON 26th October 2016**

Title of Report:	Performance Report October 2016	
Board Sponsor:	Mandy Ansell, Acting Accountable Officer	
Prepared by :	Mark Tebbs, Director of Commissioning & Christopher Stagg, Programme Lead Performance	
Committees previous consulted:	Finance and Performance Committee October 2016	
Executive Summary:	The purpose of the report is to provide an update to the Board regarding the current level of performance against the constitutional standards and the actions being taken to address performance issues.	
Financial / Resource Implications:	There are no direct financial implications for this report.	
Fit with CCG strategy/objectives:	Better Care: Commissioning services will be planned in line with the vision of the CCG to meet the needs of the Thurrock CCG population, enabling citizens to live longer, healthy lives supported by high quality care when, where and how they need it. Achieving the Standards and Outcomes expected by the populations and set out within the Constitutional Standards.	
Risks identified / Outcome / Link to BAF:	CG04 – IAPT CG07 – BTUH RTT CG08 – Cancer	BAF Ref:
Actions Required:	BTUH Demand management and outsourcing plan submitted	When By:
Recommendation to the Committee:	Cancer oversight group supporting delivery of targets The Board are asked to note the content of the report.	

1. PURPOSE OF THE REPORT

The purpose of the report is to provide an update to the Board regarding the current level of performance against the constitutional standards and the actions being taken to address performance issues.

2. PERFORMANCE AGAINST THE NHS CONSTITUTIONAL STANDARDS

2.1 Ambulance Response Times

EEAST performance continues to be of concern. Mitigations to improve performance include:

- Recruitment campaigns/overseas initiatives being explored;
- Abstractions minimisation plan is being developed, sickness reductions, CFR increases to maximise UHP capacity;
- Maximisation of RRV resources being reviewed – mobilisation times, vehicle positioning, reduced allocation to Green Calls;
- Lightfoot Review due to be completed on 21/8/16 looking at operational efficiencies;
- ‘Near misses’ of 8 - 9 minute responses being reviewed;
- Matching UHP to peak demand continues, including review of weekend variations in performance;

Performance Indicator	CCG / Trust	Operational Standard	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Ambulance:																			
Red 1 within 8 minutes (Monthly Cumulative)	Thu CCG	>= 75%	70.97%	77.19%	78.38%	77.67%	73.48%	73.72%	74.86%	77.84%	76.19%	68.42%	73.93%	70.54%	72.00%	68.52%	64.00%	71.96%	69.85%
Red 2 within 8 minutes (Monthly Cumulative)		>= 75%	60.07%	62.01%	60.25%	58.95%	57.15%	56.42%	56.41%	63.08%	55.65%	51.48%	54.12%	51.88%	43.88%	44.62%	57.20%	51.58%	54.47%
Cat A19 within 19 minutes (Monthly Cumulative)		>= 95%	96.27%	96.44%	96.28%	94.75%	94.80%	94.35%	94.32%	94.84%	94.10%	91.64%	90.20%	92.13%	88.88%	89.74%	88.90%	92.52%	93.50%
Ambulance Diverts (Official)	BTUH	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

It can be seen below that county wide August performance of the Red 1 target in Essex is 73.5%, just above the EEAST aggregated average performance of 68.9%, and a slight improvement over the previous month.

County performance v Trajectories - Red 1

	Month performance	Tail Breaches
County	Red 1	R1 30
EEAST (AQI)	68.9%	3
Bedfordshire	84.0%	0
Hertfordshire	62.6%	0
Cambridgeshire	66.7%	0
Norfolk	60.7%	2
Suffolk	69.2%	0
Essex	73.5%	1

Thurrock CCG Red 2 performance has also improved, rising from 58.9% last month to 67% in August, and Red 2 rising from 95.9% last month to 97.7% in August.

Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.

CCG Performance vs Trajectories - Red 2 and

CCGs	Month performance	
	Red 2	Red 19
EEAST (AQI)	62.3%	90.8%
NHS Bedfordshire	69.7%	97.0%
NHS East and North Hertfordshire	65.2%	92.6%
NHS Herts Valleys	54.6%	92.1%
NHS Luton	83.2%	97.2%
NHS Cambridgeshire and Peterborough	57.2%	88.1%
NHS Great Yarmouth and Waveney	61.4%	91.7%
NHS Ipswich and East Suffolk	59.9%	86.6%
NHS North Norfolk	34.7%	69.8%
NHS Norwich	69.0%	96.3%
NHS South Norfolk	39.3%	79.0%
NHS West Norfolk	52.5%	86.1%
NHS West Suffolk	54.7%	83.5%
NHS Basildon and Brentwood	70.8%	96.6%
NHS Castle Point and Rochford	65.3%	97.5%
NHS Mid Essex	71.2%	94.1%
NHS North East Essex	65.1%	89.8%
NHS Southend	79.8%	98.7%
NHS Thurrock	67.0%	97.7%
NHS West Essex	66.0%	93.4%

The information below highlights the cumulative position for calls in the Thurrock Locality.

YTD Cumulative - April 16 to August 16 - RAG based on National Targets

CCG	Performance																																	
	Red 1 (3 Mins)			Red 2 (3 Mins)			Red 1/Red 2 (19 Mins)			Green 1 (20 Mins)			Green 2 (20 Mins)			Green 3 telephone (20 Mins)			Green 3 face to face (20 Mins)			Green 3 Response over 120 min			Green 4 telephone (20 Mins)			Green 4 face to face (20 Mins)			Green 4 Response over 120 min			
	Activity	Compliant Responses	Performance Over 30 min	Activity	Compliant Responses	Performance Over 40 min	Activity	Compliant Responses	Performance	RAG	Activity	Compliant Responses	75% Performance	Over 60 min	Activity	Compliant Responses	75% Performance	Over 90 min	Activity	Compliant Responses	75% Performance	Activity	Compliant Responses	75% Performance	Activity	Compliant Responses	75% Performance	Activity	Compliant Responses	75% Performance	Activity	Compliant Responses	75% Performance	
NHS Thurrock	130	95	88.85%	3,744	2,023	54.47%	9	3,848	3,228	83.91%	294	459	315	68.63%	16	2,234	1,475	59.02%	315	1,071	55	44.02%	133	94	70.68%	23	341	205	60.12%	475	384	80.84%	84	
EEAST	7,013	4,586	65.38%	26	144,165	84,933	58.52%	487	150,883	134,970	89.51%	7,944	13,323	6783	73.23%	401	104,412	67,989	65.20%	8483	5,389	2,941	55.03%	4,385	3,511	80.44%	387	12,228	7,975	65.22%	24,288	20,624	84.92%	3471
EEAST (AQI)			65.53%			58.59%					89.32%																							

2.2 Accident and Emergency

BTUH confirmed that work was currently on-going in terms of a revised improvement trajectory for the 4 hour A&E standard for the remainder of 16-17 and 17-18. Current methodology in the revised plan takes into account activity over the previous 3 years and the % increase expected as a result of system service improvements. The Trust are expecting to stay in the 90% range going forward and the expected delivery date of the 95% standard will be in the revised plan. The plan will need to include Exec level sign off from main providers and include caveats around how deflection etc. will work with the A & E delivery board (previously SRG) responsible for attributing actions to providers.

Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.

September has seen further improvements with increased compliance of the 4 hour standard. Performance for September is 90.2% (unpublished position)

Basildon And Thurrock University Hospitals NHS Foundation Trust: A&E Monthly Performance (All Types)

Values	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Total Breaches	471	1189	1349	1423	1268	1464	2074	2450	2450	2089	2169	1832	1272
Attendances within 4 hrs (all)	9757	8984	9290	9439	9658	9409	8848	9403	8517	9723	9018	9887	9406
Total attendances	10228	10173	10639	10862	10926	10873	10922	11853	10967	11812	11187	11719	10678
% Within 4 hrs (All types)	95.39%	88.31%	87.32%	86.90%	88.39%	86.54%	81.01%	79.33%	77.66%	82.31%	80.61%	84.37%	88.09%

Key improvements seen:

- Reduction in Breaches overnight
- Fewer patients bedded overnight

All 3 acute provides across the STP footprint are being challenged by the 4 hour A&E standard.

KPI / Measure	Provider	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	2016-17 YTD	2016-17 Target
A&E Type I Performance	Basildon & Thurrock	91.31%	95.39%	88.31%	87.32%	86.90%	88.39%	86.54%	81.01%	79.33%	77.66%	82.31%	80.61%	84.37%	81.31%	95%
	Mid Essex	92.32%	90.75%	85.43%	87.35%	89.19%	88.28%	78.28%	71.77%	71.98%	77.81%	78.09%	75.27%	76.18%	76.83%	
	Southend Hospital	90.87%	89.92%	88.44%	84.83%	85.84%	86.31%	83.78%	81.92%	80.77%	87.48%	88.28%	87.07%	85.72%	87.13%	
A&E All Types Performance	Basildon & Thurrock	91.31%	95.39%	88.31%	87.32%	86.90%	88.39%	86.54%	81.01%	79.33%	77.66%	82.31%	80.61%	84.37%	81.31%	95%
	Mid Essex	92.77%	91.25%	86.25%	88.00%	89.64%	88.84%	79.58%	73.14%	73.40%	79.16%	79.42%	76.36%	77.19%	78.03%	
	Southend Hospital	90.87%	89.92%	88.44%	84.83%	85.84%	86.31%	83.78%	81.92%	80.77%	87.48%	88.28%	87.07%	85.72%	87.13%	
No of waits from decision to admit to admission (Trolley waits - over 12 hours)	Basildon & Thurrock	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mid Essex	0	0	0	0	0	0	0	1	0	0	0	1	0	1	
	Southend Hospital	0	0	0	0	0	2	4	0	1	0	0	1	0	1	

MIU: Discussions have been had regarding the MIU data which is currently reflected in Havering locality. We have now received confirmation from monitor that the NELT MIU return can now be attributed to BTUH. Meeting held last month with BTUH NELFT and BBCCG to agree next steps. BTUH to develop a memorandum of agreement for all parties to sign and share with NHSE and Monitor regarding the reporting changes.

Community Investment: Part of the BCF we have jointly agreed with Thurrock LA to fund a number of schemes to support the reduction in hospital admission. This includes increased RRAS capacity, falls prevention and increased care home support.

2.3 Referral to Treatment (RTT)

Performance against the RTT18 week standard was 89.3% in August. There has been an overall increase in overall waiting list size and backlog in August due to data cleansing.

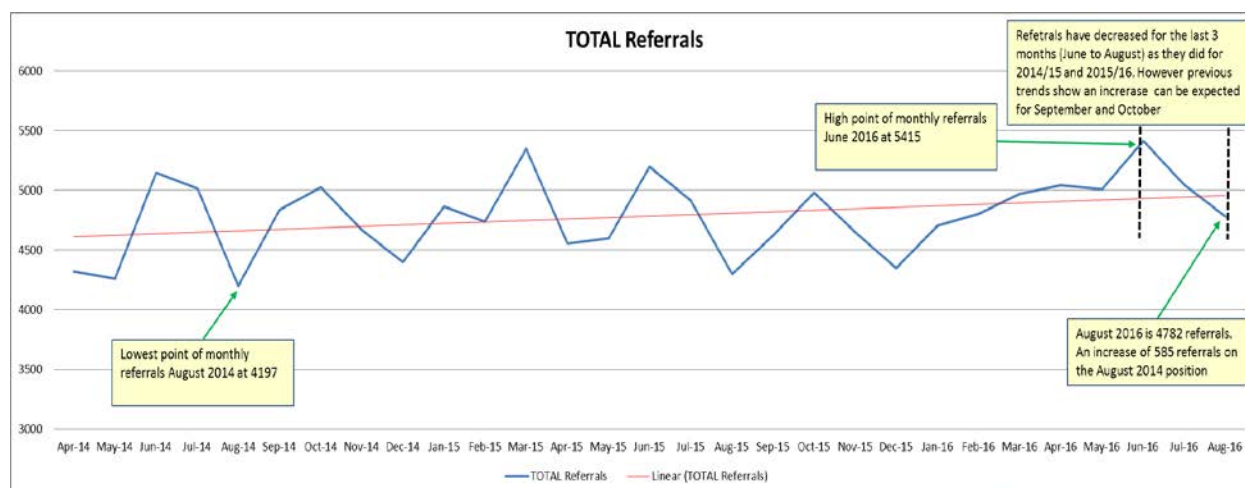
Performance Indicator	CCG / Trust	Operational Standard	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	
Referral to treatment waits: Percentage of patients waiting 18 weeks or less																				
Admitted (Non Adjusted)	Thurrock CCG	>= 90%	82.2%	81.0%	82.3%	83.3%	80.2%	79.3%	78.8%	84.1%	82.6%	76.0%	80.4%	80.4%	76.7%	75.4%	75.2%	74.1%	72.8%	
Admitted (Adjusted)		>= 95%	84.5%	82.1%	84.9%	86.6%	82.0%													
Non Admitted		>= 92%	88.6%	91.2%	92.9%	92.6%	91.3%	92.4%	91.5%	89.2%	89.7%	87.8%	88.8%	90.1%	89.1%	88.4%	89.0%	87.6%	87.7%	
Incomplete Pathways			92.3%	93.1%	92.3%	91.8%	91.9%	91.4%	91.3%	90.4%	89.5%	90.3%	90.9%	89.9%	90.3%	90.7%	90.6%	90.1%	89.3%	
Waiting >52 weeks (Incomplete)	Thurrock CCG	Zero Patients	2	1	1	0	0	1	0	0	0	0	1	1	1	4	1	1	2	

The normal contract management processes continue and a contract performance notice has been issued. The Trust inform us that further work is required on the RTT improvement trajectory at Specialty level before committing to a revised delivering date for the standard.

In addition, there has been a national directive to develop an outsourcing plan and a demand

TCCG and BBCCG are developing a single submission of RTT outsourcing at BTUH. Data is being pulled together for BTUH referral data, by CCG and by source/week, which will then be mapped to where we might have capacity from other providers so that we can track through “success” of outsourcing. We will be required to submit weekly updates to NHSE on progress towards our outsourcing targets. Further updates will be submitted as the plan is developed.

TCCG are also required to submit a demand management plan. The table below indicates that there has been a steady increase in total referrals since April 2014.



The Demand management plan has been developed and included as part of QIPP initiatives for FY17/18. The increasing referral rates are contributing to not delivering the 18 week standard. The 18 week RTT standard was not met at BTUH in any of the last 4 months in 8 specialities including ENT, Gastroenterology, general medicine, general surgery, gynaecology, plastic surgery, T&O and urology. The two biggest sources of the increase in referrals over the last 12 months were GPs (798) and C2C (582) referrals.

We have 4 work streams to address this issue:

- Peer review of referrals
- Shared decision making
- Consultant to consultant referrals
- Alternative pathways

These work streams have clinical support from our GPs. The project mandate has been signed off by governing body members at our QIPP committee on the 13th October. The next step is to undertake detailed activity modelling to provide assurance regarding the demand management trajectory. This plan also includes stock taking of current services and pathways to identify services that patients could be referred to as part of the outsourcing plans.

The table below shows the STP comparison. Mid Essex are delivering the 18 week standard whilst BTUH and SUHFT performance is above 90%.

KPI / Measure	Provider	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	2016-17 YTD	2016-17 Target
18 Weeks RTT Admitted	Basildon & Thurrock	83.36%	78.71%	76.74%	78.76%	79.30%	79.84%	74.42%	75.13%	80.38%	75.35%	75.91%	74.61%	74.01%	74.95%	-
	Mid Essex	85.37%	81.48%	83.95%	84.71%	83.92%	86.13%	80.35%	76.38%	74.99%	72.73%	74.37%	72.20%	83.17%	75.50%	
	Southend Hospital	87.80%	87.60%	84.08%	81.72%	83.00%	83.49%	81.29%	83.47%	80.35%	78.09%	74.45%	73.66%	72.16%	74.55%	
	Spire Wellesey	100.00%	100.00%	97.52%	95.65%	93.88%	88.61%	86.32%	87.13%	90.82%	87.43%	92.97%	87.96%	84.69%	88.15%	
18 Weeks RTT Non-Admitted	Basildon & Thurrock	91.77%	90.94%	90.29%	90.59%	88.93%	89.67%	87.20%	88.30%	89.93%	88.26%	87.73%	88.05%	87.47%	87.88%	-
	Mid Essex	97.19%	97.58%	97.71%	98.40%	97.43%	96.68%	97.09%	96.73%	96.24%	96.15%	95.82%	96.12%	96.68%	96.19%	
	Southend Hospital	95.76%	95.56%	94.39%	94.52%	95.14%	94.62%	94.24%	93.85%	93.66%	92.59%	93.06%	93.47%	92.64%	92.95%	
	Spire Wellesey	100.00%	100.00%	99.21%	97.95%	100.00%	89.04%	97.78%	98.25%	100.00%	97.59%	100.00%	95.27%	96.75%	97.10%	
18 Weeks RTT Incomplete Pathways	Basildon & Thurrock	92.01%	92.00%	92.07%	91.44%	90.13%	88.77%	89.45%	90.02%	89.20%	90.12%	90.73%	91.02%	90.26%	90.53%	92%
	Mid Essex	96.21%	96.58%	97.01%	96.37%	96.21%	95.18%	94.54%	93.95%	93.20%	92.60%	92.32%	92.01%	91.74%	92.16%	
	Southend Hospital	94.49%	94.24%	94.23%	93.46%	93.46%	93.07%	92.86%	92.12%	90.77%	90.80%	91.03%	91.09%	91.24%	91.04%	
	Spire Wellesey	99.74%	99.64%	98.63%	96.77%	96.37%	93.81%	95.43%	97.86%	97.35%	97.87%	96.59%	95.93%	95.55%	96.46%	

2.4 Cancer Waiting Standards

Performance Indicator	CCG / Trust	Operational Standard	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Cancer Waits																			
2 Week	Thu CCG	>= 93%	93.7%	94.1%	92.6%	86.7%	87.1%	85.4%	89.4%	95.7%	94.0%	96.1%	94.2%	94.2%	93.1%	95.3%	92.0%	95.0%	94.4%
2 Week Breast		>= 93%	97.4%	91.4%	87.3%	95.3%	96.4%	77.1%	92.5%	94.0%	89.5%	96.3%	87.8%	87.8%	89.5%	93.2%	100.0%	90.5%	94.1%
31 Day	Thu CCG	>= 96%	95.0%	100.0%	98.3%	98.3%	100.0%	96.3%	95.8%	91.9%	100.0%	100.0%	100.0%	93.7%	93.1%	93.1%	100.0%	96.7%	95.7%
31 Day Subsequent		>= 96%	95.7%	94.6%	100.0%	94.6%	97.3%	98.5%	98.0%	98.5%	100.0%	97.2%	100.0%	98.0%	93.8%	89.7%	84.0%	94.7%	90.4%
62 Day	Thu CCG	>= 85%	64%	73%	57%	83%	89%	65%	58%	65%	77%	48%	54%	58%	46%	38%	67%	70%	77%
62 Day Screening		>= 90%	0%	50%	100%	0%	0%	100%	88%	20%	100%	-	100%	75%	100%	100%	100%	100%	100%

BTUH remain on Trajectory for 62 day cancer recovery, and are consistently delivering “BTUH only pathways” however there are risks among the multi-agency pathways with a number of skin patients waiting for treatment dates and thus breaches have moved into the August performance figures.

Urology still remains a challenged pathway with BTUH regularly referring patients out late due to a number of reasons such as consultant on long term sick. The Trust are currently looking at what else can be done to improve this pathway.

The Mid and South Essex Cancer Assurance and Delivery is now reviewing the first cut of the agreed set of KPIs. It has been discussed that there would be benefit of a Trust cancer manager the ESR footprint to further drive consistency in reporting and management of patients.

Cancer Action Plan: Thurrock Cancer Action Implementation group has been formulated and an action plan developed to support improvement in performance across the system.

Commissioners are working with the Trust to review escalation policy to ensure it is robust, speedy, properly and consistently applied and fit for purpose.

Improving administrative processes including assurance and monitoring is already being addressed

KPI / Measure	Provider	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	2016-17 YTD	2016-17 Target
31 Day Cancer Wait: Subsequent treatment (Chemotherapy)	Basildon & Thurrock	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98%
	Mid Essex	97.56%	98.44%	94.44%	98.44%	93.48%	95.74%	86.96%	92.31%	100.00%	93.55%	95.16%	100.00%	98.21%	97.29%	
	Southend Hospital		99.22%	98.57%	100.00%	99.21%	100.00%	99.31%	100.00%	100.00%	99.08%	99.00%	99.16%	99.22%	99.12%	
31 Day Cancer Wait: Subsequent treatment (Radiotherapy)	Basildon & Thurrock												100.00%		100.00%	94%
	Mid Essex															
	Southend Hospital		100.00%	100.00%	99.03%	98.88%	97.73%	98.89%	99.07%	100.00%	98.95%	98.04%	97.22%	100.00%	98.54%	
62 Day Cancer Wait: GP Referral	Basildon & Thurrock	74.69%	79.55%	76.60%	66.67%	73.10%	69.01%	68.18%	61.74%	64.71%	62.50%	67.72%	70.55%	72.54%	68.70%	85%
	Mid Essex	72.22%	75.00%	71.43%	69.04%	69.57%	78.38%	78.31%	75.00%	72.41%	75.23%	70.98%	67.92%	71.36%	71.39%	
	Southend Hospital	56.00%	79.19%	75.97%	78.43%	75.56%	83.23%	62.41%	63.45%	77.11%	70.25%	64.02%	77.19%	70.35%	70.54%	
62 Day Cancer Wait: Screening service	Basildon & Thurrock	50.00%	57.14%	85.71%	73.33%	8.33%	42.86%	75.00%	100.00%	50.00%	80.00%	75.00%	100.00%	60.00%	84.85%	90%
	Mid Essex	89.47%	100.00%	83.33%	76.47%	81.25%	80.95%	84.62%	92.31%	93.33%	50.00%	86.67%	66.67%	76.92%	72.55%	
	Southend Hospital	33.33%	97.22%	95.83%	92.31%	76.19%	100.00%	95.00%	100.00%	100.00%	92.86%	88.00%	97.50%	97.62%	94.63%	
62 Day Cancer Wait: Consultant Upgrade	Basildon & Thurrock	80.49%	93.18%	87.50%	91.57%	92.71%	95.08%	86.44%	74.36%	89.74%	87.18%	90.70%	75.76%	82.61%	84.78%	-
	Mid Essex	80.00%	75.00%	73.33%	50.00%	71.43%	80.00%	80.00%	88.89%	78.57%	75.00%	88.89%	92.86%	90.00%	85.71%	
	Southend Hospital	80.00%	92.31%	100.00%	81.82%	92.31%	81.82%	100.00%	50.00%	100.00%	100.00%	100.00%	100.00%	50.00%	80.00%	

2.5 Dementia Diagnosis

Thurrock CCG is delivering 65.66% dementia diagnosis rate against the national target of 67%.

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
People Diagnosed with Dementia (All ages)	955	937	929	935	924	921	938	955	963	953	948	955	954
People Diagnosed with Dementia (0 - 64)	26	22	22	22	22	21	22	26	25	25	26	28	27
People Diagnosed with Dementia (Age 65+)	929	915	907	913	902	900	916	929	938	928	922	927	927
Estimated Dementia Prevalence (Age 65+) CFAS II	1381	1381	1381	1381	1381	1381	1381	1381	1412	1412	1412	1412	1412
Dementia Diagnosis Rate (Age 65+)	67.26%	66.25%	65.67%	66.10%	65.31%	65.16%	66.32%	67.26%	66.44%	65.73%	65.31%	65.66%	65.66%
NHS ENGLAND MIDLANDS AND EAST (EAST): Dementia Diagnosis Rate (Age 65+)	60.45%	60.48%	60.74%	61.05%	61.22%	61.32%	61.35%	61.38%	60.27%	60.03%	60.25%	60.48%	60.83%
MIDLANDS AND EAST OF ENGLAND COMMISSIONING REGION: Dementia Diagnosis Rate (Age 65+)	63.77%	63.94%	64.29%	64.60%	64.75%	64.86%	65.04%	65.34%	64.23%	63.95%	64.35%	64.76%	65.08%
ENGLAND: Dementia Diagnosis Rate (Age 65+)	66.11%	66.21%	66.53%	67.05%	67.15%	67.17%	67.36%	67.59%	66.38%	66.18%	66.60%	66.95%	67.33%

Thurrock CCG Primary Care Locality Team is working actively:

- Ensuring practices are signed up to the national data collection.
- Running system one report to enable us to monitor patients 12 month reviews
- Developing an action plan to monitor the 10 national standards.
- Raising awareness via the CEG on dementia diagnosis and 12 month follow ups.

We are still having issues with the data from SEPT this is being raised again at the contract meeting.

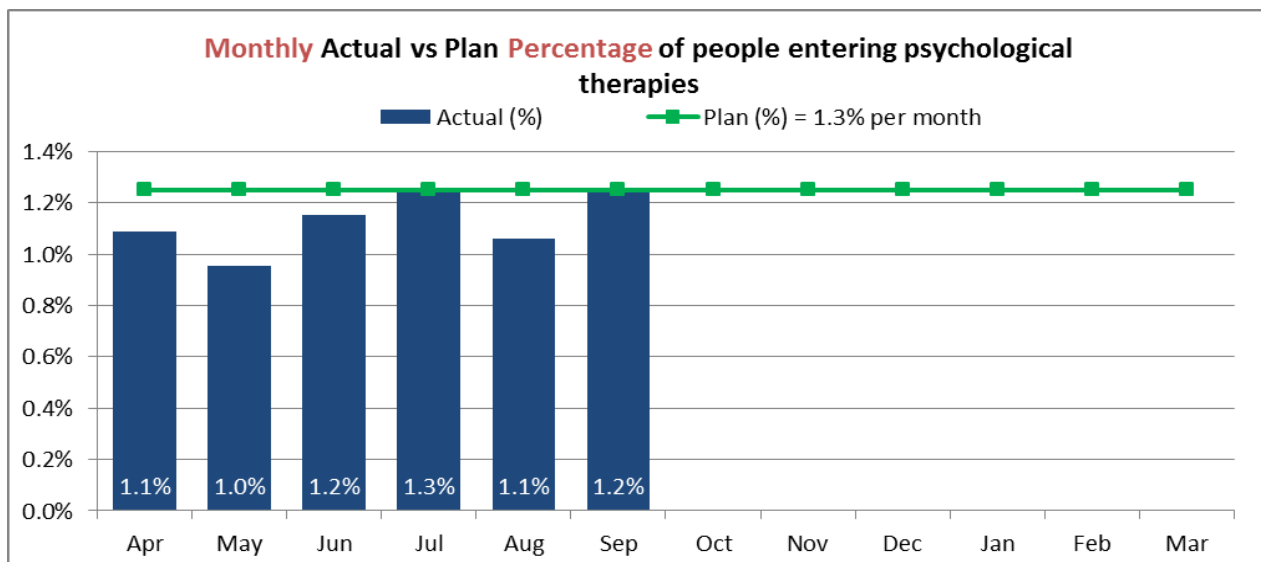
2.6 IAPT

Overall year to date performance has exceeded both commissioner and provider expectations to end of August 2016, following smooth mobilisation of the service and successful recruitment of the Inclusion Thurrock operational team. Inclusion Thurrock has focused on clearance of the backlog waiting list inherited from SEPT. The waiting list has now been more or less cleared with only 94 people still undergoing treatment from an initial 1038. The waiting list data has always been reported separately to ensure the service can better monitor business as usual activity to enable planning for more accurate service flow position.

The Recovery College has also now launched and uptake of courses has been extremely good and this will also feed into supporting referrals into IAPT for those requiring treatment before or in combination with learning self-management skills. Inclusion Thurrock continues to build good partnerships with primary care, voluntary sector providers, local authority and public health establishing firm pathways into service.

Access target

The 15% trajectory for the monthly number of people entering therapy was not achieved in August however full quarter achievement is forecasted to be higher than expected since the July and September targets were met meaning Thurrock is on trajectory for the 15% yearly target. Historically Thurrock CCG's IAPT service has not achieved the Access target during the summer months and therefore the small deficit across July and August combined is considered a very good performance from a newly procured Provider. It is important to note at this point that Thurrock outperformed other south Essex CCGs in August the closest Southend CCG coming in at 0.9% against our 1.1%. The number of referrals received year to date reflects that GP confidence in the service is improving and is also the product of a pro-active approach demonstrated by the Provider to several referral initiatives including a robust marketing and communications plan; website development and formation of links with several local organisations to develop a wider range of referral pathways.



Recovery Target

The percentage of patients moving to recovery is above target for the month of August at 53.49%. Year to date performance against the 50% recovery target has been impacted cumulatively by the high number of discharges arising in the first quarter as a result of the cleansing of the backlog waiting list. This will continue to affect aggregate achievement until the target is re-set for the new reporting year.

	Apr	May	Jun	Jul	Aug	Sep
Numerator (Actual)	22	26	127	45	46	50
Denominator (Actual)	49	60	391	95	86	131
Completed Treatments	51	68	419	98	93	141
Not at clinical caseness	2	8	28	3	7	10
Percentage (Actual)	44.90%	43.33%	32.48%	47.37%	53.49%	38.17%
Numerator (Plan)	65	65	65	65	65	65
Denominator (Plan)	130	130	130	130	130	130
Percentage (Plan)	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Waiting times standards

Target waiting times have been consistently achieved year to date with 98.9% of all patients having entered treatment within 6 weeks of the initial referral and 100% within 18 weeks. This is a key indicator of performance for Thurrock CCG due to its importance in improving the reputation of the service within the community and continuing to regain the confidence of patients and those organisations referring into the service. On average people get an assessment 2 days after referral, nationally the range from 6 days to 154 days. Treatment for most modalities commences 2 weeks after assessment except for step 3 CBT which starts within 4-6 weeks.

	Apr	May	Jun	Jul	Aug	Sep
Number receiving 1st treatment appointment <=6 weeks. (Actual)	50	67	409	95	92	141
Total (Actual)	50	68	419	98	93	141
Percentage (Actual)	100.0%	98.5%	97.6%	96.9%	98.9%	100.0%
Number receiving 1st treatment appointment <=6 weeks. (Plan)	92	92	92	100	100	100
Total (plan)	142	142	142	142	142	142
Percentage (plan)	64.8%	64.8%	64.8%	70.4%	70.4%	70.4%

Psychological Therapies for Long Term Conditions (LTCs)

The CCG commissioned this service to provide the much needed psychological input to treat common mental health disorders in people with Long Term Conditions and enable them maximise their abilities to self-manage as well as be concordant with their physical health treatment plans. The expectation is that people with LTCs will gradually reduce their reliance on extensive clinical

resource especially that related to Acute provision. This service is provided by NELFT and is now fully embedded within the IAPT/RC pathway and activity will be reported as part of the IAPT returns.

Referral Pathway – Psychological Therapies Service (LTCs)



Contract monitoring

Weekly and monthly performance reports are provided in relation to all aspects of the service and the level of communication and engagement from the Provider’s Management Team at a local level reflects a high level of professionalism and innovation within the service. The Provider’s local team is also able to draw on SSSFT’s experience of provision of IAPT services nationwide and the cascading of ideas and best practice to local managers is evident at Contract Review Meetings. This is also reflected in the monthly Quality Report which demonstrates high levels of patient satisfaction and the Provider is working on the introduction of the “Patient Opinion” system to enhance its analysis of patient feedback.

There are no financial issues to report and the NHS Standard contract is agreed and awaiting provider signature which has been delayed due to a change in personnel within SSSFT’s central contracting team. Latest correspondence indicates the Contract has been signed and the CSU awaits hard copy receipt.

3. RECOMMENDATIONS

The Board are asked to note the content of the report.

Appendix 1 – Full performance report

Performance Indicator	CCG / Trust	Operational Standard	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2014/15 YTD	2015/16 YTD	2016/17 YTD	
Infection Control																		
MRSA bacteraemia (Assigned By CCG)	Thurrock CCG	Zero	0	0	0	0	2								0	1	2	
MRSA bacteraemia (CCG Responsible)	Thurrock CCG	Zero	0	0	0	0	1								4	9	1	
MRSA bacteraemia	NELFT	Zero	0	0	0	0	0								0	0	0	
	BTUH		0	0	0	0	3								6	5	3	
C.difficile (Cumulative)	Thurrock CCG	<= Trajectory on 2nd line (grey)	22	23	24	28	34									22	34	
			31	34	36	38	40									29	11	
C.difficile (Cumulative)	BTUH	<= Trajectory on 2nd line (grey)	0	2	2	5	4									7	5	0
			35	38	41	43	45									31	14	0
C.difficile	NELFT	Zero	0	0	0	0	0								0	0	0	
Safe Staffing (actual vs. plan %)																		
Day Care Staff (%)	NELFT	Highlighted if: > 120% or < 90%	94%	94%	94%	95%									97%	97%	94%	
Day Nurse Staff (%)			87%	86%	89%	85%										94%	87%	87%
Night Care Staff (%)			98%	102%	103%	104%										105%	107%	102%
Night Nurse Staff (%)			98%	98%	99%	113%										100%	99%	102%
NELFT Occupancy for Inpatients																		
Brentwood Community Hospital Rehab	NELFT		100%	96%	96%	93%	100%								89%	92%	97%	
Brentwood Community Hospital Stroke																74%	78%	
Mayflower Community Hospital			96%	96%	95%	92%	94%									90%	93%	95%
Alistair Farquarson Centre			95%	95%	96%	92%	94%									87%	86%	94%
Ambulance:																		
Red 1 within 8 minutes (Monthly Cumulative)	Thu CCG	>= 75%	72.00%	68.52%	64.00%	71.96%	69.85%											
Red 2 within 8 minutes (Monthly Cumulative)		>= 75%	43.88%	44.62%	57.20%	51.58%	54.47%											
Cat A19 within 19 minutes (Monthly Cumulative)		>= 95%	88.88%	89.74%	88.90%	92.52%	93.50%											
Ambulance Diverts (Official)	BTUH	Zero	0	0	0	0	0								0	0	0	
A&E																		
Time to treatment in department (Median)		<= 60 mins	104	100	95	89	84											
Time spent in A&E (admitted) - 95th centile		<= 240 mins	879	793	678	749	681											
4-hour wait		>= 95%	77.66%	82.31%	80.60%	84.30%									93.29%	89.31%	81.22%	
Long Trolley Waits (Over 12 hour DTA)	BTUH	Zero	0	0	0	0	0								0	0	0	
Referral to treatment waits: Percentage of patients waiting 18 weeks or less																		
Admitted (Non Adjusted)	Thurrock CCG	>= 90%	76.7%	75.4%	75.2%	74.1%	72.8%								82.9%	80.9%	74.9%	
Admitted (Adjusted)																84.7%	83.8%	
Non Admitted			>= 95%	89.1%	88.4%	89.0%	87.6%	87.7%								92.3%	90.5%	88.4%
Incomplete Pathways			>= 92%	90.3%	90.7%	90.6%	90.1%	89.3%								89.5%	91.2%	90.2%
Waiting >52 weeks (Incomplete)	Thurrock CCG	Zero Patients	1	4	1	1	2								12	7	9	
Diagnostics																		
Percentage patients waiting over 6 weeks	Thu CCG	<= 1%	0.9%	0.5%	0.7%	0.8%												
	BTUH	<= 1%	0.7%	0.6%	0.5%	0.9%												
Cancer Waits																		
2 Week	Thu CCG	>= 93%	93.1%	95.3%	92.0%	95.0%	94.4%								96.4%	91.8%	93.9%	
2 Week Breast		>= 93%	89.5%	93.2%	100.0%	90.5%	94.1%								95.8%	91.0%	92.9%	
31 Day	Thu CCG	>= 96%	93.1%	93.1%	100.0%	96.7%	95.7%								98.8%	97.3%	95.9%	
31 Day Subsequent		>= 96%	93.8%	89.7%	84.0%	94.7%	90.4%								96.6%	97.8%	90.4%	
62 Day	Thu CCG	>= 85%	46%	38%	67%	70%	77%								70.2%	65.4%	61.6%	
62 Day Screening		>= 90%	100%	100%	100%	100%	100%								90.0%	77.8%	100.0%	

Delivering Same Sex Accommodation

Breaches	Thu CCG	Zero	1	0	0	0	2	16	4	3
	NELFT	Zero	0	0	0	0	0	0	0	0
	BTUH	Zero	0	0	0	0	0	32	0	0

111 Service

Percentage of abandoned calls	IC24	< 5%	0.98%	0.72%	0.28%	0.29%	1.24%			
Percentage of calls answered within 60 seconds	IC24	> 95%	90.3%	91.0%	94.7%	93.8%	90.0%			

Improving Access to Psychological Therapies

Access - Monthly	Thu CCG	>= 1.3%	1.09%	0.96%	1.15%	1.26%	1.06%			
Access - Cumulative		>= Trajectory on 2nd line (grey)	1.09%	2.04%	3.20%	4.45%	5.52%	13.41%	5.52%	0.00%
Access Target - Cumulative Plan			1.25%	2.50%	3.75%	5.01%	6.26%	15.00%	6.26%	0.00%
Recovery Rate	Thu CCG	>= 50%	44.90%	43.33%	32.48%	47.37%	53.49%			
Seen within 6 weeks	Thu CCG	>= 75%	100.00%	98.53%	97.61%	96.94%	98.92%			
Seen within 18 weeks		>= 95%	100.00%	100.00%	99.28%	100.00%	100.00%			

Dementia

Register Size (Actual)	Thu CCG		912	928	900	906	829			903	1
% Achievement			66%	67%	65%	66%	60%			65%	-2227%

Cancelled Operations

Cancelled Elec Ops for non clinical reasons	BTUH	Zero
Breaches: Cancelled Elec Ops not treated <=28d		Zero

SHMI

Value	BTUH	
Banding (1 = Below, 2 = Within, 3 = Above, Threshold)	BTUH	2

