SUMMARY:

The Performance & Quality Summary provides an overview of the performance of Haringey Clinical Commissioning Group (Haringey CCG) and its main providers in relation to performance and quality key indicators.

As the Governing Body will be aware (due to reporting timetable differences) the performance and quality sections of the report contain different months’ activity. This is stated within the relevant sections of the Performance and Quality summary.

SUPPORTING PAPERS:

Performance and Quality Report

RECOMMENDED ACTION:

The Governing Body is asked to NOTE the contents of this report.

Objective(s) / Plans supported by this paper: Our objective is to commission high-quality, valued and responsive services working in partnership with the public to make the best use of resources.

Audit Trail: The Performance and Quality Summary is a standing item on the agenda of the Governing Body.
**Patient & Public Involvement (PPI):** There was no patient involvement in this paper.

**Risks:** As set out below.

**Resource Implications:** There are no particular resource implications.
1. Executive Summary

The Performance and Quality summary report, as attached, provides an overarching picture of the performance of Haringey Clinical Commissioning Group (Haringey CCG) and its main providers in relation to performance and quality key indicators.

The detail is held within the content of the report. Key points for the Governing Body are highlighted below.

It should be noted that the performance and quality sections of the report contain different months’ activity, due to the reporting timetable. This is stated as clearly as possible within the report and near-time local intelligence is also included, where relevant.

2. Performance

2.1 18 and 52-Week Referral to Treatment Time (RTT)

The Haringey CCG-wide, 18-Week Referral to Treatment (RTT) standard was achieved, with 92.92% of Haringey CCG patients waiting no longer than 18 weeks on the waiting list in June 2017. In June 2017, there were 6 Haringey CCG patients waiting over 52 weeks on non-admitted pathways who were treated for mainly Dermatology, General Surgery, Urology, Thoracic Medicine, Gynaecology and other specialties all at Royal Free London (RFL). Haringey CCG had 11 patients waiting over 52 weeks on admitted pathways who were treated for Dermatology, General Surgery, Plastic Surgery and other specialities at RFL and Imperial College London.

Diagnostics

The Haringey CCG-wide diagnostic wait standard was achieved in June 2017 (0.88%, target below 1%) although the previous month was better at 0.75% (May 2017). North Middlesex University Hospital (NMUH) has achieved the target for 5 consecutive months.

2.2 Cancer

Haringey CCG achieved four out of the eight national cancer standards in June 2017.

Haringey CCG again did not achieve the 31 Day First Treatment All Cancers standard (94.37%, target 96%). 4 Haringey CCG patients breached this standard, 1 patient choosing to defer treatment, 2 patients were too unwell to be treated and 1 patient had an exceptionally complex diagnostic pathway.
Haringey CCG again did not achieve the 31 Day 2nd/Subsequent Treatment (Surgery) standard (92.31%, target 94%). 1 Haringey CCG patient breached this standard due to capacity issues.

Haringey CCG again did not achieve the 62 Day Cancer Wait: GP Referral standard (76.67%, target 85%). 7 Haringey CCG patients breached this standard, 1 patient choosing to defer treatment, 1 patient was too unwell to be treated, 1 patient had an exceptionally complex diagnostic pathway and 4 patients breached due to treatment and administrative capacity issues.

Haringey CCG again did not achieve the 62 Day Screening for All Cancers standard (42.86%, target 90%). 4 Haringey CCG patients breached this standard, with 2 patients too unwell to be treated and 2 patients breached due to treatment and administrative capacity issues.

### 2.3 A&E

The Haringey CCG wide Accident & Emergency (A&E) standard is under-performing and fell short of achieving the standard at 87.26 in July 2017 (target 95%).

NMUH has an agreed A&E performance trajectory for 2017/18 with the aim that the Trust demonstrates a sustainable improvement in performance and achieves the 95% A&E target by the end of March 2018. A system wide urgent and emergency care improvement plan outlines the action plan to support this and is reviewed at the A&E Delivery Board. The Trust has not reached their trajectory for the A&E performance target during 2017/18. In June they achieved 82.13%, against a target of 89%, and in July they achieved 82.43%, against a target of 91%. Provisional performance up to 16th August is 79.81% and the target for the month is 93%.

### 2.4 London Ambulance Service (LAS)

The London Ambulance Service (LAS) has two main national standards (LAS Red 1 and 2) relating to the time (8 minutes) it takes to send an emergency response to a patient. The LAS has not met either of these standards.

LAS Red 1 (8 minutes) call target performance was at 72.7% for June 2017 (60.0% in May 2017) and LAS Red 2 (8 minutes) 62.6% for June 2017 (64.3% in May 2017). Both standards are not achieving the 75% standard target. A detailed performance improvement plan for Haringey has been agreed with the LAS which includes transferring ambulances to the Haringey area amongst a range of measures which has been recently agreed in principle and will start within the first few weeks of July 2017.

The lead commissioning CCG (Brent CCG) monitors this plan closely and updates other London CCGs at regular meetings. The 2017-2019 agreed contract has committed to significant pan London improvement for the last two quarters of 2017/2018.
2.5 Whittington Health (WH) Community Health Services (CHS)

Current Key Performance Indicators for Community Services are based on 2016/2017 Contract requiring 95% of patients to be seen within six weeks of referral.

According to this metric in May 2017:

- 6 out of 28 services complied with this metric (6 in April 2017).
- 10 out of 28 services reported 90% or more patients seen in 6 weeks (7 in April 2017).

At a high level, the above indicates access to services is not getting worse but slightly improving.

A review of the cost efficiency and efficacy of the Community Services provided by Whittington Health is underway as part of the Community Disaggregation Workstream.

2.6 Barnet, Enfield & Haringey Mental Health Trust (BEH MHT)

Delayed Transfer of Care (DTOC)/Length of Stay on Acute Wards
Haringey DTOCs performance is worsening, with the June 2017 figures of 12.7% (6.2% in May 2017) of all occupied bed days, against a 2.5% target.

There are now weekly teleconferences between Commissioners and the Trust to address the cause of the performance.

Memory Clinic Service (MCS)
The performance measure on this service has changed in 2017/18 and performance is measured against the 6 week RTT rather than the average weeks waited. Haringey performed at an 8 week wait at the end of 2016/17, much improved from a 2016/17 Q1 and Q2 average of 17 weeks.

Against the 6 week wait, Haringey achieved 42.9%, compared to 89.2% in Barnet and 10.5% in Enfield in June 2017. BEHMHT is supporting capacity and demand modelling work to reflect a streamlined care pathway. Haringey CCG continues to develop and implement the Haringey Memory Services Action Plan with BEHMHT.

Early Intervention Psychosis (EIP)
After falling as low as 27% against the national target of 50% for 2 week RTTs, the service has recorded a standard of 50% in June 2017 (83% in May 2017). BEHMHT have provided a Recovery Action Plan in response to sustained poor performance in meeting EIP standards in Haringey. Commissioners will be seeking assurance about a sustained position. Commissioners have agreed an £800k investment plan for EIP services.
Crisis Response and Home Treatment team (CRHT)
CRHTs continue to sustain a 4 hour response service to GP referrals – a Trust-wide performance of 98.3% in December 2016. Activity levels are fluctuating but within an expected range of variation.

The existing 4 hour response service to GP referrals has changed to all referrals. The Trust has been monitoring this KPI for GP referrals in the Trust Dashboard and have consistently achieved over 95% response rate. This new indicator is based on all referral sources, on average this is around 680 extra referrals due to the volume of referrals and the pressures of the service, this target will prove challenging. Trust-wide performance was 35.8% in June 2017.

Increasing Access to Psychological Therapies (IAPT)
The service’s Continuous Improvement programme is ongoing, with work to maintain the high quality of clinical outcomes currently being evidenced. Unpublished data for July 2017 shows the recovery rate for people who completed treatment during the month was 52.3%, above the 50% target.

3. Quality

3.1 North Middlesex University Hospital (NMUH)

A&E performance
The Trust’s performance against the four hour A&E target increased in July 2017 to 81.9% but remained below the agreed trajectory of 91%. In view of the performance remaining below the national target of 95% for seeing treating or discharging patients, NHS England (NHSE) and NHS Improvement (NHSI) are seeking additional assurances that performance improves and patients’ safety is safeguarded. The hospital is currently working on a trajectory to achieve the 95% target by March 2018.

The CCG has mobilised several of its staff to work intensively with NMUH to assist NMUH to achieve the 4-hour A&E wait. Close scrutiny of quality and safety metrics (via the A&E dashboard) continues. The CCG is also working with local GP practices and extended access hubs to ensure that there are sufficient primary care appointments available and publicised via practice websites.

The system has agreed to work more closely together to achieve sustained improvements and is implementing the following actions:

i) Following the pilot work being undertaken around streaming on the front door (following the Luton and Dunstable model) this has now been implemented as the substantive streaming model from 10am to 10pm from 14 August 2017;

ii) The Trust is being supported by NHS Improvement to implement recommendations made by the A&E Emergency Care Improvement Programme in May and July 2017. Mandated support has been secured to expedite this work;
iii) NHSI and the CCG have agreed to work collaboratively to ensure a coordinated approach to risk and patient safety. The CCG has requested consistent NHSI representation at CQRG to assist with this approach;

iv) CQRG continues to be the key mechanism to seek assurance that the trust is protecting safety within the A&E department. A visit by the GB Registered nurse in July 2017 incorporated seeking assurance that patients are receiving an appropriate level of observation;

v) Quarterly updates to CQRG on delivery of the Trust Improvement Plan (covering all ‘must do’ and ‘should do ‘actions prescribed by the CQC) continue.

vi) The CCG is ensuring enhanced oversight of performance and support rapid reduction in the numbers of delayed discharges with senior CCG staff mobilised to support Delayed Transfers of Care (DTOCs) and Medically Optimised (MO) patients to leave the hospital when it is safe to do so and be supported to return to their own homes or to stay at a step-down type facility;

**Mortality**

Performance on Hospital Standardised Mortality Rate (HSMR) has improved significantly since Q2 2016/17. Trends for mortality based on local in month and national data are good. The HSMR 12 month rolling average has steadily reduced over the last 9 months from 110.4 in August 2016 to 94.6 in March 2017. The Summary Hospital-level Mortality Indicator (SHIMI) 12 monthly rolling average has been consistently under 100 (less than expected) for the last 12 months reporting period. Q2 2016/17 performance is 88.9. The Trust Medical Director has recently informed commissioners that a significant factor contributing to performance issues in 2014-2016 was a lack of governance underpinning mortality reviews. 5 CQC outlier alerts triggered a system governance review by the incoming Medical Director.

Mortality strategy and Mortality Review and Learning from Deaths Policy is in development and the revised governance structure is included in the 2016/17 Quality accounts. Current mortality data demonstrates actions to improve the mortality rate have been effective and the CQC has ‘closed’ 4 out of 5 alerts. External review of case notes following 5th CQC alert (senility and organic mental disorder) concluded coding practice had not been in line with other trusts. The Trust has corrected the recording of end of life deaths included in HSMR mortality figures and the CQRG continues to monitor HSMR and SHMI via the Trust Integrated Performance dashboards. The Trust is continuing to develop processes and tools to analyse and monitor deaths, systematic oversight of mortality reviews by speciality, identification, disseminated and embedding of learning. Work is in progress to integrate the learning from mortality, incidents and complaints and improve sharing of this across the Trust.

**Patient Safety**

The 2016 national staff survey results (published 7th March 2017) show that compared to the national average, a higher proportion of staff at NMUH witnessed potential harmful errors or incidents in the last month (44% vs 31% national average) and just
under national average performance on the other 3 key finding areas (i.e. reporting errors, staff confidence and security in reporting unsafe practice).

The Trust has recently introduced several measures to improve performance against the four patient safety key findings in the staff survey including:

i) Introduction of 5 Patient Safety Work streams to reduce likelihood of incident occurrence: deteriorating patient; Sepsis; WHO checklist/surgical safety; Medication safety and surgical site infection.

ii) Introduction of “Harm Free” panels (pressure ulcers and falls) with focus on prevention including mini RCAs for grade 2 pressure ulcers and falls.

iii) Policy on ‘Raising Concerns’ v.4 (March 2016) – was reviewed last year following consultation on National Freedom to speak up review. A new member of staff has been recruited into a new role of Mortality and Safety liaison manager with the aim of improving the communication with families and patients following serious incidents. The role includes ensuring duty of candour (DoC) and linking with families as part of the serious incident investigation process.

Patient Experience
The latest publication (May 2017) of the results of the 2016 national CQC inpatient survey demonstrates significant improvement in patient experience at NMUH. In 2015, the Trust performed worse than other Trusts on 10 out of 11 section areas and in 37 out of 60 (61%) questions. In 2016, NMUH performed worse on only 1 out of 11 section areas and in 8 out of 74 (11%) of questions. The Trust has undertaken a gap analysis of areas of poorer performance and reviewed against actions already planned as part of Trust wide Improvement plan. Priority actions being taken forward include relaunching the Trust values with staff, improving patient safety on wards (through improved behaviour management strategies), and work to reduce noise at night. Other actions include:

i) Cleanliness – standards within the ‘soft services contract’ have been re-iterated to all staff and a regular cycle of deep cleaning is in place.

ii) Support with eating: volunteers are being recruited (10th June) to support elderly patients at mealtimes, and also will be collecting patient feedback and assisting patients and visitors to find their way around, etc.)

iii) Communication: ‘Hello my name is’ is in place as a principle of patient communication and respect across the Trust. Divisional lead nurses are also developing plans to provide dedicated customer care training.

iv) Staff Annual Awards for providing outstanding patient focused care: On 22 June 2017, 400 staff, partners and volunteers took part in ‘Our Staff Awards’ celebration at Alexandra Palace.
Trust improvement plan
At 30 June 2017 CQRG, Dr Cathy Cale Medical Director reported that at the regular CQC Liaison Relationship Manager support visit there were no new issues raised. NHSI have secured a part time Director of Improvement to assist the Trust with capacity issues and ensure all the improvements made in the context of the CQC report are embedded in working practices. This resource is part of the mandated support being provided to the Trust by NHSI.

3.2 Whittington Health NHS Trust (WH)

Emergency Department (ED) update

Verita and 12 hour breaches
The externally commissioned review of four serious incidents (deaths of mental health patients) which occurred during Q3 and Q4 2016/17 continues. Islington CCG has been advised by Verita that the work should conclude in September 2017. The committee is asked to note that the external review has not prevented the internal investigation of the individual incident and the implementation of learning by the Trust.

A commissioner Insight Visit to WH A&E took place on 26 April 2017 and informed that an agreement had been reached to ensure the Islington Liaison and Advisory Team (ILAT) continues to provide a 24 hour service across ward areas and the ED department. Whilst overall performance on the 4 hour target continues to improve as a result of A&E improvement plans (May 2017 performance is 93.5% against an agreed trajectory of 93%), the Trust continues to report 12-hour waits of informal mental health patients requiring transfer to mental health beds.

Mental health patients attending WH A&E wait an average 22 hours for a transfer to mental health beds (having been medically fit for discharge). On 26 May 2017 a whole system review visit of the WH was conducted by the Emergency Care Improvement Programme team (ECIP). The most significant risk identified by ECIP was the management of patients with mental health conditions within the emergency department. Subsequently a further whole system review took place that included an audit of mental health presentations to the department, including interviews with key staff and workshop with key clinical and operational staff across mental health trust and Whittington health. One of the recommendations that gathered from this in-depth review was to have in place an alternative crisis recovery room in place by December 2017 (meeting Royal College of Physicians & NHSE standards) where patients can be monitored while waiting for a transfer to a mental health bed. At the time of writing the Trust is submitting a capital bid to NHSE to provide a recovery room facility in close proximity to the A&E department.

Ongoing discussions continue between C&I Mental Health Trust and WH to find a solution to the challenges around mental health patients and bed capacity. ECIP have recently undertaken a review in the A&E department and is likely to recommend improved bed modelling and capacity at C&I. By way of illustration it is understood by
WH that C&I Mental Health Trust, transferred approximately 1000 patients to out of area beds last year, compared to approximately 300 for BEHMHT and zero for East London Foundation Trust (ELFT). Additional areas for WH A&E to expedite include employing a clinical nurse mental health specialist to support A&E with managing mental health patients waiting to be seen by ILAT/waiting for beds to become available.

**Lower urinary tract service (LUTS)**

A short update on LUTS and the Patient Group summary of concerns was included in 5 July 2017 WH Trust Board papers. Richard Jennings Medical Director confirmed the following at 19 July 2017 CQRG:

- The Harm Impact Assessment is currently being shared with Prof. Malone Lee and will be available shortly for sharing with commissioners.
- Commissioners have requested a full progress update against the outstanding RCP actions at the August CQRG following the recent table top evidence discussions.
- The JOSC minutes of the July meeting where WH Trust Board briefing was discussed also to be shared with CQRG when they are available.

Paul Sinden, Director of Commissioning for NCL CCGs and Jennie Williams, Director of Nursing and Quality for Haringey and Islington CCGs attended a meeting between patient representatives and the members of the WH Trust Board during the first week of July 2017. It was re-affirmed by the Trust at this meeting that LUTS will continue to treat the existing patient group in accordance with agreed prescribing protocols. It was also confirmed that the LUTs clinic will reopen to new patients when a succession plan has been secured, and local commissioners and the Trust Board are assured that the governance and patient safety concerns have been addressed.

The Trust is working with commissioners to develop a pathway before transfer to a tertiary centre, as recommended by the Royal College of Physicians (RCGP). Commissioners have assured the Trust that they are committed to the long-term future of the service provided in a tertiary setting. This would then be open to new referrals once the conditions for the re-opening to new referrals set out in the RCGP report had been met.

As part of the succession plan for the service, a new Multi-Disciplinary Team was established in July 2017 to support the clinical review of the current LUTs patients. Jennie Williams, Director of Nursing and Quality attended the August MDT and Dr Sabin Khan, Islington CCG GB lead for WH, will attend the MDT scheduled for September to provide assurance to Haringey and Islington GBs that appropriate governance is in place.

The Trust has worked with Professor Malone-Lee to develop a pathway for the treatment of children with lower urinary tract infections, who should now be referred to Great Ormond Street Hospital (the local tertiary service for children). Patients who are referred to / approach the Trust to access the LUTs clinic have been advised to continue to seek support from their GPs and local secondary providers.
In relation to the future model for LUTs as a tertiary service, the Trust has worked with Professor Malone-Lee to review whether any of the doctors who have trained at the LUTS clinic would be able to be part of the succession plan for the clinic. The focus is to identify consultant level support and leadership for the clinic. Professor Malone-Lee is continuing to work for the Trust as a locum consultant following his retirement from UCL.

Cases of MRSA Bacteraemia
The Committee is asked to note that the three cases of MRSA Bacteraemia reported in June are still open to investigation. Initial Post Infection Reviews (PIR) have been completed and the cases have been referred for third party assignment.

HM Coroner has recorded MRSA on Part 1a of the death certificate of one of the cases, which will require an SI investigation to be completed. The Islington CCG Interim Assistant Director of Quality and Nursing will be liaising with the Trust Director of Nursing in regard to this case.

3.3 Barnet, Enfield and Haringey Mental Health Trust (BEH MHT)

Physical Health
At June 2017 BEHMHT CQRG, the Trust reported that it is working with My Care Academy - a joint enterprise with Middlesex University and C&I to undertake a baseline audit of NEWs/MEWs implementation and this has identified some gaps. Dr Jonathan Bindman, Medical Director, also presented a paper outlining the Trust position on physical health care. A further update report will go to the Trust Quality and Safety Committee in early July which details specific actions to strengthen the work in the Trust. This includes recruiting/redirecting funds to ensure that there is a Band 8a physical health lead clinician in each borough to provide local leadership on physical health. Dr Bindman reported that much of the physical health care of people under the care of community mental health teams is provided by GPs, raising challenges for communication and for the management of people who may not be able to easily access GPs when they need to. Part of the strategy for the new roles will be to establish links with community services in the boroughs. Haringey CCG representatives were asked to support further liaison with WH community specialist teams (e.g. diabetes) to enhance the offer of specialist input to mental health patients with long term physical conditions. Enfield CCG have recently offered to set up a facilitated meeting on physical health between the Medical Director, Barnet and Haringey CCG representatives and WH and the Royal Free. A further physical health update will be provided in October 2017.

Staff Survey
As a response to the staff survey bullying/harassment findings, the Trust has invested heavily in the ‘Living Our Values’ programme which includes theatre/role play and is highly engaging. Over 1800 staff attended and this has helped to raise awareness of the Trust values. Once the feedback has been edited and approved it will form the basis
of further bulling and harassment prevention work. The Trust is piloting two training sessions, one will be for managers on how to support staff better and one for other staff in order to improve their understanding of these behaviours and support options available.

The Trust is preparing for a comprehensive inspection by the Care Quality Commission (CQC) in December 2017. At the time of writing Commissioners are preparing feedback to the CQC as part of pre-inspection engagement process.

4 Dementia Monitoring

Analysis of the newly released data indicates Haringey CCG’s estimated prevalence for people over 65 with dementia is 1737 and the actual dementia diagnosis rate is 68.50%, with a target over 67%.

The estimated gap who may benefit from access to support by way of a dementia diagnosis stands at 547. The national estimated Dementia Diagnoses rate is 67.3%.