



Haringey
Clinical Commissioning Group

MEETING:	Haringey Clinical Commissioning Group Governing Body Meeting
DATE:	Thursday, 26 May 2016
TITLE:	Integrated Contract Monitoring and Performance Report
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SUMMARY:

As the Governing Body will be aware, and as discussed at length at the meeting in March, performance attainment against the 95% 4 hour standard in A&E has been a significant challenge at North Middlesex University Hospital for a number of months.

The CCG continues to work closely with NMUH, NHS England and regulators to support the Trust to make sustainable improvements in the A&E department and to agree a trajectory to bring back the performance of the hospital to 95% for the 4 hour waits by the end of the financial year (March 2017). Effectiveness of care; patient experience; patient safety and timeliness of care remain key priorities.

This performance report provides more information concerning the developing improvement plan for the A&E performance recovery at NMUH alongside the usual summary of performance issues for the CCG that is provided via the Integrated Contract Monitoring Report (ICMR) as attached.

The ICMR provides an overview of the performance of Haringey Clinical Commissioning Group (HCCG) and its main providers in relation to finance, performance and quality key indicators and is attached at appendix 3.

As previously, reporting timetable differences mean the finance, performance and quality sections of the report contain different months' activity. This is highlighted within the relevant sections of the ICMR Executive summary.

SUPPORTING PAPERS:

Appendix 1 - Governance and reporting structure
Appendix 2 - Integrated Contract Monitoring Report, including the Executive Summary.

RECOMMENDED ACTION:

The Governing Body is asked to **NOTE, DISCUSS** and **COMMENT** on the contents of this report.

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

Audit Trail: The ICMR is a standing item on the agenda of the Governing Body.

Patient & Public Involvement (PPI): There was no patient involvement in this paper.

Equality Analysis: N/A

Risks: As set out below.

Resource Implications: There are no particular resource implications.

1. Introduction

As the Governing Body will be aware, performance attainment against the 95% 4 hour standard in A&E has been a significant challenge for the CCG, particularly at North Middlesex University Hospital (NMUH), for a number of months.

The CCG continues to work with NMUH, NHS England and regulators to support the Trust to make sustainable improvements in the A&E department and to agree a trajectory to bring back the performance of the hospital to 95% for the 4 hour waits by the end of the financial year (March 2017).

The report discussed at the Governing Body meeting in March 2016 showed that overall the demand, or number of people attending A&E, was not increasing and was in fact reducing, so was therefore not a key contributory factor.

The recent analysis suggested demand and activity had not significantly changed during the period January to December 2015. Some fluctuations have been noted within age bands and have resulted in a review of pathways for particular groups of patients such as paediatrics. It was also noted that since the triage and streaming processes for the Urgent Care Centre were significantly improved, the service is managing a much higher volume of patients, especially adults aged 20-64.

The report below outlines the improvement programme that is being established to oversee and drive sustainable performance improvement for unscheduled care at NMUH.

2. Background

The Governing Body will be aware that a deep dive investigation and short term improvement support has been provided from McKinsey and most recently the North West Utilisation Management Unit (NWUMU). A dedicated Programme Director for emergency care has also been appointed for six months to provide additional capacity to the improvement programme.

The North West Utilisation Management Unit were commissioned as an agreed partner in order to undertake a short term piece of work in order that the Health and Social Care economy could establish "one version of the truth". This came about as a direct request from NHS England (London) that the health economy did not have/could not articulate a joint view of the system wide issues that were causing the dip in performance, and this was deemed essential in order to agree a single recovery and improvement plan going forward.

The scope of the work was divided into three phases;

Phase 1 – detailed historic data analysis across a range of key activity and performance metrics.

Phase 2 – detailed system and support service “walk through” including interviews with key staff and stakeholders.

Phase 3 – use of combined data diagnostic and walk through output to produce evidence based recovery plan for the SRG.

The final report and first draft improvement plan will be presented to the System Resilience Group (SRG) on 23 May 2016 and in the meantime, an overarching programme “Safer, Faster, Better” has been established to oversee the implementation of the improvement plan.

3. Diagnostic – Key Findings

In summary, the issues and causes of the performance failure are complex and fall across the unscheduled care pathway. The improvement plan that will need to be implemented to ensure performance attainment is sustainable in the future is comprehensive. Broadly we can see that;

- The pressures are predominately driven by “supply side” issues and not driven by increases in demand.
- ED activity remains broadly predictable.
- The acuity levels of the patients attending does not appear to be changing, based on the coding banding, but admission rates have risen indicating a change in the way patients are being managed.
- Complex and older patients are more likely to stay longer in the ED, breach the standard and have a longer length of stay overall.
- Discharges are late in the day and peak at 6pm. This is not optimum for the patients being discharged and means patients who are waiting to be admitted are waiting too long and miss “action input” time while awaiting a bed.
- Assessment and short stay capacity is sacrificed to expand the inpatient bed base, protection of the assessment and short stay functions will enable patients to be moved from the ED in a timelier manner.
- Reducing the average length of stay overall by 0.5 of a day will enable the Trust to become “high performing”.
- The establishment of the four work streams will cover all action areas and ensure the performance improvement is delivered. However, it is realistic to acknowledge that sustained performance improvement will take many months to achieve.

4. Next Steps - “Safer, Faster, Better”

“Safer, Faster, Better” is the name given to the whole system programme designed to transform urgent care across the North Middlesex health and social care economy. It is the vehicle for delivery of the safety and quality National Constitutional Standard of at least 95% of patients receiving care within four hours if they attend the Emergency Department.

The success of the programme is dependent on clinicians, staff, patients, commissioners and others supporting the case for change, which has been built upon an analysis of why the local system currently struggles to deliver the standard and by looking to best practise elsewhere. These same individuals and groups need to feel informed and consulted, and working in support and delivery of any changes suggested by the programme.

The programme will be delivered through four work streams;

1. **Emergency Department (ED)** – the ED work stream will ensure significant improvements in the quality of service and patient experience by improving processes in particular timely triage, timely first assessment, referrals and diagnostic support.
2. **Assessment and Short stay Admissions** – this work stream will ensure that enough assessment capacity is in place. Models such as Ambulatory Emergency Care will become the embedded model and opportunities for new short stay models of care in medicine, older people, surgery and gynaecology will be explored.
3. **Wards** – the key focus of this work stream is to reduce hours and part days of delay for patients. In particular early in the day discharging and weekend discharges. This will improve the patient experience of discharge from hospital.
4. **Out of hospital** – this work stream will encompass all aspects of the prior to hospital and discharge planning processes and schemes. All aspects of the discharge model will be self-assessed and current 7-day working examined as part of this.

All work streams are underpinned by project methodology and overseen by a multi-agency delivery and accountability group. The programme will be supported by an extensive programme of communications and engagement, coordinated across a number of organisations and geographies. The governance and reporting structure is shown below in appendix 1.

5. Performance Recovery Trajectory

The SFB Programme Board and SRG have agreed that performance improvement will be challenging and is likely to continue to fluctuate on a daily basis. However, as the work streams gain support and actions are implemented the overall recovery will begin to be seen. The trajectory that is deemed to be the most likely recovery profile, based on seasonal fluctuations, is that sustained achievement of 95% will be achieved by the end of quarter 4 2016/2017.

6. Conclusion

The recovery of the performance attainment of the Trust is a complex task and will require sustained support and input from the wider health and social care economy and stakeholders.

It will be important to make sure this programme is connected with other areas of work happening across North Central London e.g. the implementation of the north central London strategic transformation plan (STP). This is because many of the stakeholders will be the same for these programmes, so it is important that there is some co-ordination so messages are consistent and there's minimal duplication and confusion.

The SRG will continue to oversee the SFB Programme board delivery on a regular basis. Updates will be provided regularly to the Governing Body.

7. Recommendation

The Governing Body is asked to **NOTE, DISCUSS** and **COMMENT** on the contents of this report.