# HEALTH AND WELLBEING BOARD: 10 MARCH 2016

# REPORT OF THE CHIEF EXECUTIVE AND COMMISSIONING SUPPORT PERFORMANCE SERVICE

# PERFORMANCE UPDATE AT END OF QUARTER 3 2015/16

## Purpose of Report

1. The purpose of the report is to provide the Board with an update on health performance issues based on the latest available data at the end of quarter 3 of 2015/16.

## Background

2. The Board currently receives a joint report on performance from the County Council's Chief Executive's Department and the Arden/GEM Commissioning Support Performance Service. This particular report encompasses:

   a. Performance against key metrics and priorities set out in the current Better Care Fund plan and with progressing health and social care integration; and
   b. An update on key provider performance issues and performance priorities

## Better Care Fund and Integration Projects

3. The following section of the report and Appendix A summarises current performance against the schemes within the Better Care Fund (BCF) plan. There is also a summary of the BCF Plan key indicators and progress against delivering on the BCF targets. Where data is not yet available for the metrics and proposed targets the published baselines are shown.

| Metric | Commentary |
|---|---|
| Metric 1: Admissions to Care aged 65+ | The current data shows an estimate of the full year figure for 2015/16. The forecast for permanent admissions to either residential or nursing care of people aged 65 and over per 100,000 is 637.0 admissions per 100,000, (853 actual admissions) and is forecast to meet the BCF target. |
| Metric 2; Older People At Home 91 Days After Discharge | A key measure in the Better Care Fund (BCF) is the metric that measures the proportion of people discharged from hospital via reablement services that are still living at home 91 days later. For those people discharged between August 15 and October 15 with accommodation location between November and |

| | |
|---|---|
| | January the figure was 81.5% against the BCF target of 82%. |
| Metric 3: Delayed transfer of care from hospital per 100,000 | The BCF target is a measure of delayed days per 100,000 population. Current data shows 216.3 days delayed per 100k and is well within target, continuing the trend of a significant improvement in performance in this area. Based on the adult social care data snapshot on the last Thursday of December, there were five ASC delays compared to 9 in July. As such the average month since the start of the year remains lower than the average month last year (ASC is 5.7 compared to 11.5 in 2014/15). |
| Metric 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month | Data for the period January to December 2015 shows an increase from a rate of 747 non-elective admissions per 100k in November to 782.42 non-elective admissions in December. Against a target to reduce non-elective admissions to 656.16. The health and care economy has underperformed by 2,985 with 59,258 admissions. |
| Metric 5: Patient/service user experience. Patients satisfied with support to manage long term health conditions | Based on the aggregated data for January to March 2015 and July to September 2015, 61.6% of the people that answered this question in the survey reported that they have received enough support from local services/ organisations to help manage their long-term condition(s). This is a small improvement in performance from 60.9% in 2014/15. |
| Metric 6: Emergency admissions for injuries due to falls in people aged 65 and over per 100,000 population, per month. | Figures have been recalculated to use the latest population estimates in line with the BCF refresh documentation. Since April 2015 the figure has varied from 127.7 per 100k to 165.0 per 100k. The current estimate is 1791.5 which would miss the BCF target. |

4. The action plan to improve performance against the four emergency admissions schemes has been revised and is currently being implemented. In addition, a review of the planned trajectories is currently underway as part of the BCF plan and targets refresh process.

**Integration Project Delivery**

5. Within the current Better Care Fund scheme delivery progress updates, a number of issues have been noted and these are set out below.

| **Scheme** | **Commentary** |
|---|---|
| Seven day services in West Leicestershire CCG. | This service is now operational as a combination of a weekend acute visiting service and extra GP availability to a cohort of patients. In the first month 73 admissions were avoided. |

| | |
|---|---|
| Seven day services in East Leics and Rutland CCG. | The Croft Medical Centre went live with their 7 day working pilot from 6 February. The Glenfield surgery went live on 27 February. |
| Integrating LLR points of access | The co-design workshops for this project have taken place in two parts, the first with a range of stakeholders, managers, GPs and the second with front line call handling staff, service users, patients and carers. The workshops have generated a significant amount of design material to be collated and analysed. The next phase of the project is to analyse all of the data collected to date and to begin to model the options in preparation for business case development. |
| Frailty Tracker Nurses | Due to winter pressures and internal changes within UHL the recruitment process has been delayed and this scheme would no longer be viable as a winter pilot. As a result a decision has been made not to commission this as a BCF scheme. The CCGs will now decide whether to commission this or not via an alternative route. |

## Provider and CCG Dashboard - Appendix B

6. Attached as Appendix B is a dashboard that summarises information on provider and CCG performance. The Everyone Counts Dashboard sets out the rights and pledges that patients are entitled to through the NHS. The indicators within the dashboard are reported at CCG level. Data reported at provider level does differ, and delivery actions indicate where this is a risk.

**University Hospitals of Leicester (UHL) Emergency Department (ED). Waiting Time < 4 Hours**

7. Problems with accident and emergency waits continue to be primarily driven by two forms of demand; attendance and admissions. Attendance in January 2016 was 13% higher than the same month last year. On average 71 more patients per day are now attending LRI than the same time last year. Admissions are 5.8% higher than the same time last year. On average UHL are now admitting 14 more emergency patients per day than the same time last year and 29 more patients per day than the same time two years ago.

8. Key actions to report on are:
    - UHL have been working closely with Lakeside partners and the Vanguard team on improvements to the front door and Urgent Care Centre function;
    - UHL have been working closely with EMAS on ambulance handover times which remain a serious problem for the health system. Despite the right actions being identified and pursued there continues to be a need for improvements in handover times;
    - Improving use of ICS beds by GPs, UHL and or LPT referring to them;

- Moving the ambulatory clinic downstairs to be collocated with the Urgent Care Centre;
- Improvements to the front door.

**Ambulance Response Times, Handovers between UHL ED and Ambulance and Ambulance Crew Clear**

9. An eight-week action plan has been agreed to speed up the time it takes for EMAS crews to pass patients to A&E staff at Leicester Royal Infirmary. Difficulties continue in accessing beds from ED leading to congestion in the assessment area and delays to ambulance handover. Proposals include:
   - Relocate the Acute Assessment Unit to the Urgent Care Centre and expand capacity by the end of February;
   - Improving processes at A&E and in the assessment bays;
   - Improving the flow of patients through the hospital and making every effort to reduce numbers attending A&E;
   - Attempting to speed up discharge processes;
   - Continued work to tell patients the importance of getting medical help before their condition worsens and ends up being an emergency.

**Cancelled Operations - non re-admitted in 28 days**

10. The high numbers of emergency admissions are a significant risk to 'On The Day' cancellations and 28 day rebooking of patients. The availability of beds, particularly those in ITU, is monitored daily and interventions will be made where necessary. A request to open an additional 6 ITU beds is currently being processed. Theatre managers have increased theatre capacity for the increased cancer demand by making additional lists available to reduce 28day breaches. The Intensive Care, Theatres, Anaesthetics, Pain and Sleep and Cancer and Haematology, Urology, Gastroenterology and General Surgery Senior Managers are working together to improve theatre capacity in the long term.

**52 Week waiters (incomplete at UHL) - orthodontic patients service commissioned by NHS England.**

11. The service is now closed to new referrals with some clinical exceptions. Adherence to this is being monitored by the Director of Performance and Information. UHL is exploring capacity for orthodontic patients within both local community and acute providers. Around 24 patients will transfer to Northampton General Hospital; approximately 20 are expected to be treated at Oakham Dental Studio. There have been some complications with the transfer of patients to 'Clearly Orthodontics' due to consultant sickness. Additional capacity is being explored. Resolution to this ongoing problem is being led by the Chief Executive, NHSE and the TDA.

**Diagnostic Waiting Times < 6 weeks**

12. Imaging machine stability remains an issue; all extra capacity is being utilised in MRI to minimise the number of breaches. An MRI van was at UHL for eight days

in January, extra sessions have been arranged and some outpatient sessions up to midnight may be reinstated. Approximately 100 MRIs are being sent to Nuffield each month.

13. Endoscopy - the Trust is working with a number of Independent Sector providers to obtain extra capacity. 'Your World Doctors' are also backfilling lists during the week, which would otherwise be cancelled. The extra capacity is complemented by a robust action plan addressing general performance issues in the service, with particular focus on ensuring that all lists are fully booked and efforts to improve cancer performance via access to endoscopy tests.

**Cancer**

14. 2 week wait - the CT colon pathway for lower and upper GI cancer patients began in November and the positive impact of this is already being felt. UHL is working with CCGs to improve the quality of two week wait referrals, specifically in relation to the correct process, use of appropriate clinical criteria and preparation of patients for the urgency of appointments. Performance in January is expected to take a dip whilst a backlog of two week wait referrals from the Christmas period is resolved.

15. 31 day first treatment - head and neck services are currently recruiting a head and neck fellow which will help to support cancer performance and continue to advertise for a consultant. Gynaecology and urology both have a shortage of theatre capacity. 31 day subsequent (surgery) - significant investment in more clinical staff has also been planned, including a nurse specialist in urology and consultants in head and neck and dermatology. An additional urology consultant started in late January. 62 day referral to treatment - improvements in endoscopy and CT colon implementation have started to improve performance in lower/ upper GI. Weekly executive scrutiny of 62 day backlog reduction plans was initiated in September. Although performance for this standard for December is much improved, the lead indicator of whether the Trust is resolving the underlying issue is the size of the backlog (patients untreated over 62 days). Unfortunately the backlog increased over the Christmas period. Clear and revised actions to address the underlying causes are being developed and implemented.

**Improved Access to Psychological Therapies**

16. Performance dropped across both CCGs in December 2015, mainly due to fewer clinics being available because of leave and trainees being in service. Actions include: an additional 3 high intensity workers started in early January to deliver activity based on additional waiting list funding. An additional 3 trainee low intensity workers will start in mid-January. It is expected that they will hold full caseloads by March 2016.

**Unplanned Hospitalisation and Emergency Admissions**

17. In January a 3-month pilot started of the Readmissions Risk Tool at UHL. The pilot will run in all adult in-patient areas (excluding maternity) and there will be a daily report of patients with more than a 50% risk of readmission. There will be a preliminary review by Specialist Discharge/Primary Care Co-ordinator Teams

with Reablement Teams in County and Rutland (HART/REACH) providing 'post discharge check' telephone calls and visits.

**Estimated diagnosis rate of people with dementia**

18. In both CCGs additional dementia patients are being recorded each month. West Leicestershire CCG has commissioned a Dementia Identification Community Based Service to encourage practices to identify and diagnose dementia patients. 41 practices have signed up to provide this service and we are awaiting a response from 5 practices. In East Leicestershire and Rutland CCG a care planning workshop facilitated by Sir Alistair Burns has been organised for February.

**Incidence of Health Associated Infection - CDIFF – West Leicestershire only**

19. In line with national requirements UHL and the CCG continue to assess each CDIFF case on an individual basis to support best practice and identify any possible lapses in the quality of care delivered. In addition to this the CCG Infection Control Team also monitors and records the number of cases identified where the patient has reported an onset of diarrhoeal symptoms within 30 days of discharge from an acute or community hospital trust. This review includes a discussion relating to the clinical management of the patient with themes from any learning shared with GP practice staff through locality meeting updates, Medicines Management Newsletters and GP newsletters.

20. Lapses in care identified through UHL's internal review of their CDIFF cases are recorded and monitored by the CCG Infection Control Team. Themes identified through this process are reported back to the Quality Contracting Team for discussion through the contract review process as appropriate. All GP prescribers have agreed to undertake an antibiotic/Proton Pump Inhibitor (PPI) prescribing audit as one of their quality audits for 2015/16.

**Public Health Outcomes Performance**

21. Appendix C sets out current performance against targets set in the current performance framework for public health. In February 2016 Public Health England published a significant update to the public health outcomes framework (PHOF). In terms of high level outcomes 14 indicators are presented and Leicestershire is better than the England average for six of these. No indicators perform significantly worse than the England average.

22. The PHOF also summarises a range of other performance indicators grouped under four domains. Overall Leicestershire performs well for a wide range of indicators (Better 96, Similar 52). However there are a small number of areas where Leicestershire performs below average. These are summarised below for information:-
    - Wider Determinants of Health – school readiness, social isolation;
    - Health Improvement – newborn bloodspot screening coverage, NHS health checks take-up;
    - Health Protection – chlamydia detection, flu vaccination coverage;

- Health Care – preventable sight loss, excess winter deaths.

23. Further consideration will be given to actions to tackle these areas as part of the new Health and Wellbeing Strategy and public health service plan development process.

## Recommendations

24. The Board is asked to:

a) note the performance summary and issues identified this quarter and actions planned in response to improve performance; and

b) comment on any recommendations or other issues with regard to the report.

## List of Appendices

Appendix A – Better Care Fund Summary Dashboard

Appendix B – Provider and CCG Performance Summary Dashboard

Appendix C – Public Health Dashboard

## Background papers

University Hospitals Leicester Trust Board meetings can be found at the following link:
http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/

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