Agenda Item 8

HEALTH AND WELLBEING BOARD: 13 JUNE 2013

JOINT REPORT OF COUNTY COUNCIL CHIEF EXECUTIVE AND GREATER EAST MIDLANDS COMMISSIONING SUPPORT SERVICE PERFORMANCE TEAM

PERFORMANCE UPDATE

Purpose

1. The purpose of this report is to update the Board on progress with establishing suitable performance oversight arrangements for the Board and its supporting Subgroups and to provide an update by exception of recent key performance issues raised through the various groups.

Background

2. The Board received a report at its last meeting outlining the performance responsibilities of the Board and its various Subgroups as well as the different responsibilities of commissioner staff and provider agencies. The report also set out the national arrangements established to support good performance management including the various outcomes frameworks, payment by results arrangements and quality approaches.

3. The Board agreed, amongst other things:-

   (a) That the performance approach set out in the report, with regard to the various boards maintaining their own robust performance monitoring and reporting arrangements with this Board maintaining oversight of certain key indicators and areas and issues raised on an exception basis and through an overarching health dashboard be endorsed; and

   (b) That the plans to establish a local health performance intelligence network to ensure a streamlined and coordinated approach to the management of health performance data locally and the need to review the operation of health performance management following a pilot period to assess if it is effective and sufficiently well resourced be noted.

4. Since the meeting of the Board further work has been carried out to establish a local health performance intelligence network to ensure availability and oversight of the key performance information included in the Board and national arrangements. Work has also progressed on the plans that will underpin the Health and Wellbeing Strategy and which will be relevant in terms of the agreement of supporting performance indicators and improvements. This is covered in a separate report on the agenda.

Performance Dashboards

5. It was agreed at the Board that an overarching performance dashboard should be established to give the Board oversight of the key performance issues for which the Board is responsible together with some other key indicators relating to commissioner responsibilities. A first draft of a possible dashboard is attached as Appendix 1 for comments. More detailed performance dashboards have also been established for each of the supporting Sub-boards and performance reporting arrangements are in place for the Clinical Commissioning Groups (CCGs) and main providers. Since the last report announcements have also been made regarding the fuller performance management arrangements for CCGs which will operated by NHS England.

Consultations/Patient and Public Involvement

6. Further work is required to ensure that relevant Healthwatch and patient views are reflected in the relevant aspects of performance reporting frameworks, though some of the high level indicators proposed do relate to patient views. The views of Healthwatch will also be sought on the draft performance dashboard.

Performance Issues

7. The dashboard will, in future, when agreed and populated, provide a summary overview of the position on the various priorities established by the Board in the Health and Wellbeing Strategy. However as the various plans are still to be finalised (see separate item on the agenda) this will begin to be fully reported from late summer. In the meantime a number of performance issues have been identified through the recent reporting round and these are set out below.

Public Health

- The rating for the outcome on increasing life expectancy and health inequalities is flagged as the trajectories are downwards for both the male and female Slope Index of Health Inequality. Various priorities in the Health and Wellbeing Strategy are targeted at addressing health inequalities such as reducing smoking prevalence and reducing the number of people who die prematurely from cancer.

- In relation to substance misuse there has recently been improvement recorded across key indicators – though the percentage of successful completions recorded for drug clients remains under the required National Treatment Agency compliance threshold. The increasing number of alcohol clients is redressing the balance between drug and alcohol treatment. The number of hospital admissions for alcohol related harm fell by 6% in 2011/12 compared to an increase of 5.3% the previous year.

Adult Social Care

- The number of permanent admissions of older people to residential and nursing homes increased by around 8% during 2012/13 compared to the previous year. This was despite a considerable reduction in the final quarter.

- The number of people accessing reablement services increased by 4% and the proportion reabled such that there was no further ongoing need increased to 45%. The service has worked with NHS Integrated Care Teams to reduce the hospital re-admission rate, meeting the year-end target.

- For April to February 2013 the rate of delayed transfers of care was 11.12 per 100, 000 up from 6.5 during 2011/12. Compared to last year, delays attributable to NHS reasons have increased whilst those attributable to social care have decreased. The proportion of people receiving a personal budget has increased to 53% from 39% last year.

Children's Health

- Timeliness of Child Protection case reviews has continued to improve in quarter 4 with 100% reviewed with required timescales for the first time in three years.

NHS Constitution – Outturn for 2012/13 & May 2013 Delivery

UHL

- The net promoter score has increased by 10 per cent to 64.5% with UHL in-patients.

- There was an increase of 6 more 'new harms' recorded in March than in February but the overall number of old and new harms recorded in March decreased. The overall percentage of harm free care in UHL increased from 91.1% to 93.3%. The national target is 95%.

18 Weeks RTT

- At March 2013, overall admitted, non-admitted and incompletes were achieved. At specialty level admitted ENT and non-admitted Neurosurgery were not achieved.

- UHL submitted a specialty level report on 24 May 2013 which detailed the underlying causes of breaches, recovery and backlog reduction actions impacting on performance. Commissioners reviewed on 28 May 2013.

Accident and Emergency Department (A and E) 4 Hour Wait

- The Outturn for A and E 2012/13 was 91.9%, against a target of 95% for patients to be admitted, transferred or discharged within 4 hours.

- Analysis of the patients waiting over 4 hours are undertaken daily at CCG level with most as a result of blockages due to outflow issues around community capacity. The majority occur in the majors area of A and E relating to patient awaiting beds in base wards or admission units.

- Recovery action focuses on the upscale of right place, single front door and intermediate care action team in place, with other schemes including GP in a car and mental health triage car extension. There is a separate report on this issue and plans to improve elsewhere on the agenda.

- A collaborative regression model is being developed to predict activity in A and E on a daily and weekly basis to inform better planning particularly through the summer holiday season.

Delayed Transfers of Care (DTOC)

- DTOC rate for 12/13 outturn was 6.4 (UHL) against a target of 2.3 and 6.0 (Leicestershire County and Rutland) against a target of 1.5.

- Ward 2 continues to have a negative impact on performance. Additional solutions are being implemented by UHL. However Ward 2 will remain open until these are in place.

- A primary cause of delay is due to lack of community rehabilitation services across Leicester, Leicestershire and Rutland.

- Care Homes have increased community beds and Leicestershire Partnership NHS Trust's Integrated Community Support Service is now able to take patients to a wider geographical area. CCGs are also looking to widen their service provision in the community.

Cancer 62 day waits

- At March 2013, UHL has reported performance at 81.5% against a 85% standard, with an 2012/13 outturn of 83.3%. This is validated data from UHL despite the unavailability of Open Exeter. Open Exeter is a web-enabled viewer from NHS Connecting for Health that provides the opportunity to share information held on the Exeter system with other organisations including GP Providers.

- As a result of a contract query on 7 May, Commissioners have received a remedial action plan and recovery trajectory. A GP lead clinical group is reviewing this providing a response to Contact Performance Meeting on 28 May 2013. It is also reviewing the cancer pathway to recommend improvements.

- Quality officers are reviewing Root Cause Analysis of patients who waited over 90 days and UHL Board will take appropriate action.

Cancelled Operations

- At March 94.2% of patients were seen against a target of 95% with outturn being 92.9%.

- UHL cancelled operations on the day for non-clinical reasons and are currently increasing day case capacity, urology patients are being transferred to the independent sector and in the short term elective activity is being moved from the Leicester Royal Infirmary to protect from non-elective pressures.

EMAS (Ambulance Response Times)

- Monitoring of ambulance response times during 2013/14 has altered and will include Category A (8 minutes) Red 1 incidents which refer to presenting conditions that may be immediately life threatening and the most time critical and Category A (8 minutes) Red 2 incidents which refer to presenting conditions which may be life threatening but less time critical than Red 1.

- The outturn for 12/13, Category A Red 1 for EMAS is 71.7% and LCR 62.8%, target of 75% (8 minutes).

- The outturn for 12/13 Category A Red 2 is being achieved.

- The outturn for 12/13, Category A EMAS is 91.9% and LCR 90.7% target of 95% (19 minutes).

- Commissioners have requested an action plan and trajectory to ensure achievement of targets by Quarter 4 in 2013/14.

LPT

- Chlamydia Screening target – this has been met for the number of screens during March although the overall annual target has been missed in the County. Delayed transfers of care discussions have taken place and the quality committee have asked the Trust Board to have further discussions on this.

Local CCG KPIs

Improved Access to Psychological Therapies (IAPT)

- At March 11.8% of patients were referred against a target of 13%

- A clinically led group addressing delivery issues relating to recruitment of staff, case mix and improving the use of assessment slots has been set up. Action and trajectories will be presented to Governing Bodies during June 2013.

Dementia Diagnosis Rate

- This is a new indicator for 2013/14, and data shown is for 2012/13.

NHS Outcomes Framework

- Data is currently being populated. The report provides 2012/13 outturn against baselines that have been set by NHS England. Good performance should be above the baseline.

Recommendations

8. The Board is asked to:-

(a) note the progress made to date in developing performance reporting arrangements to support the Board's role;

(b) comment on the proposed Board performance dashboard and any key missing elements; and

(c) note the performance summary and issues identified this quarter and comment on any issues that require greater exploration or action.

Resource Implications

Resources have been made available for this financial year to support the performance management approach. Resources to support some of the actions required to improve performance are referred to in a number of places in the report.

Equal Opportunities Implications

Information in the report is generally aggregated information rather than detailed by equality groups. Further more detailed analysis would be required to identify the equalities implications related to specific services, outcomes or indicators.

Partnership Working Implications

Performance arrangements are in place to support the various partnership boards. Delivery of a number of the improvement actions requires effective partnership working between various agencies.

Officers to Contact

Sarah Cooke - GEM CSU Performance Lead
Andy Brown - County Council Performance Lead
Lisa Rawling - Interim Performance Manager (Health)
Alison Bateaux – CCG Performance Manager