



## **HEALTH AND WELLBEING BOARD: 5 SEPTEMBER 2013**

### **JOINT REPORT OF GREATER EAST MIDLANDS COMMISSIONING SUPPORT UNIT PERFORMANCE TEAM AND COUNTY COUNCIL CHIEF EXECUTIVE**

#### **PERFORMANCE UPDATE**

##### **Purpose of report**

1. To provide the Board with an overview of current performance against the Board priorities and key aspects of the national performance framework established in relation to Clinical Commissioning Groups (CCGs) and providers, along with associated commentary by exception.

##### **Background**

2. The Board received a report to a previous meeting defining its performance responsibilities and at the last meeting considered the first performance report and dashboard showing relevant performance data against health key performance indicators and identifying key performance issues.

##### **Health and Wellbeing Strategy Delivery - Progress**

3. This report sets out the latest performance position on issues relevant to Health and Wellbeing Strategy delivery including further indicators, alongside proposed performance arrangements for reporting delivery of the Joint Health and Wellbeing Strategy.
4. As part of the performance framework, a map of the key activities sub-boards are committed to delivering within their action plans that work towards the priorities within the strategy, is included with this report. The map attached as Appendix 1 has been created to provide an overview of which action plan activities are working towards the relevant priorities assigned to the various sub-boards. Dashboard reports are being made to the various boards to track progress on delivery. Alongside this, district activity has been included from Blaby District Council to show relationships with the priorities and local activities. This will include actions from all Districts in the future and will be reported to the JSNA Steering Group once completed. It is to be noted that the map is subject to change due to District plans being in draft form and future decisions around structures for delivery of priorities, particularly within Mental Health, as detailed in a separate report. It is recommended that the Director of Public Health as chair of the JSNA Steering Group be authorised

to make amendments to the map in conjunction with other structure changes within the performance framework.

5. Joint Health and Wellbeing Strategy assurance comments remain unchanged from the last report, due to recent action plan sign-off and limited meetings of the sub-boards over the summer prior to this meeting. Following agreement of the action plans progress reports will be made through the various sub-boards and will be summarised in the report to this Board, together with any exception issues.
6. The contents of a short annual report on progress to date are currently being prepared, together with comparative performance indicators, and these will be reported to a future meeting.
7. At the last meeting, it was requested that future data be considered by commissioners through their contract management processes rather than from operational provider reports, in order to ensure consistency of reporting. Data is now provided from the Greater East Midlands Commissioning Support Unit (GEM CSU) Performance Service (who also support CCG performance as well as various aspects of the wider health performance system) and is replicated within the CCG's performance reports for consistency.

### **UHL - May/June 2013 Performance**

#### **18 Weeks Referral to Treatment (Data is at CCG level)**

8. There are 3 standards relating to Referral to Treatment Times (RTT). Admitted patients (e.g. in-patients), non-admitted (e.g. out-patients) and incompletes (e.g. patients on the current pathway who haven't yet been seen). At June 2013, at UHL overall non-admitted and incompletes were achieved. The admitted standard was not achieved. Although the admitted standard was not achieved for West Leicestershire, the standard was achieved for ELR. There continue to be concerns at specialty level. Weekly review meetings with UHL are in place to assess backlogs and long waits. An Ophthalmology Clinical Problem Solving Group was held on 7 August and actions are in place including reviewing booking processes, data cleansing, auditing of referrals from optometrists, use of choose and book, and a recruitment plan.
9. A failure to agree notice, on the current action in place was implemented on 31 July 2013, and a new Recovery Action Plan was received on 14 August 2013. Commissioners are assessing the content and monthly progress updates will be required as part of the contractual process. The bottom line position is predicted to recovery by October 2013 alongside individual specialities.

A and E - 4 Hour Wait

10. At June 2013, Accident and Emergency was 85.37%, against a target of 95% for patients to be admitted, transferred or discharged within 4 hours. This shows a reduction in performance from year end position of 2012/13.
11. The Urgent Care Board (UCB) has actions in place with regards to patient pathway covering inflow (e.g. single front door), UHL flow (e.g. variations with regard to admission and discharge rates, minors co-ordination role in place, staff levels are being monitored with an increase in fill rates) and outflow (e.g. collaborative discharge structure agreed at UCB including common discharge assessment process, increase of discharges by 25 per day working with transport services and Intensive Community Support (ICS) services to go live in October 2013. Overall collaborative improvements have been positive for system flow, enabling right patients to be in the right place at the right time.

Ambulance Handovers

12. At June 2013, 15.2% of handovers between ambulance and A and E took place in over 30 minutes against a zero tolerance. A contract query was issued on 26 July 2013, and EMAS have been formally contracted to share patient level data with UHL for assessment. Daily meetings have been in place since 12 August 2013 to agree a remedial action plan.

Delayed Transfers of Care (DTC)

13. DTC rate for early August was 7.6 per 100,000 population (UHL) against a target of 2.3 per 100,000 population and 5.9 per 100,000 population (LCR) against a target of 1.5 per 100,000 population. The discharge structure is being revised within 10 days to fit in with the Urgent Care Board long term and short term recovery plan. The work-stream will continue to cover all DTC categories, and previous actions are being tracked weekly. These include: step-up assertive in-reach services into LRI which helps to identify patients and find suitable places, discharge case managers for specific high volume wards in LRI and increase focus on daily or twice daily ward rounds to increase discharge.

Cancer 62 day waits

14. At June 2013, both WL and ELR CCGs are reporting 82% and 80.7% respectively against an 85% standard. This is a reduction on performance from March 2013 outturn. A clinical problem solving group has produced a report recommending piloting an alternative pathway for urgent non-cancer referrals for gynaecological symptoms and the introduction of quality markers for the Trust's MDT process. Education for GP awareness and IT solutions to assist quality of referrals are also in place. UHL anticipate in-month recovery of 85% standard from July 2013 and cumulative position by February 2014.

### Cancelled Operations

15. At June 2013, 89.7% of patients were seen against a target of 95%. This is a reduction on performance from March 2013 outturn of 92.9%. UHL anticipate recovery of the standard by September 2013. This has slipped from July 2013 due to bed pressures and theatre capacity. This issue is linked to Referral to Treatment (RTT) recovery plans which Commissioners received on 14 August and are currently assessing.

### Never Events

16. There was 1 Never Event reported in April 2013. An independent review of Never Events was commissioned by the Area Team in late 2012, and the final report has been requested. UHL have informally reviewed draft recommendations. Commissioners have requested formal assurance report to the Clinical Quality Review Group in September. Agreement has been reached to ensure more robust tracking of actions resulting from Never Events.

### Pressure Ulcers

17. At June 2013 there had been 24 avoidable pressure ulcers (Grade 3 and 4) against a zero tolerance and there have been 42 (Grade 2) against a zero tolerance. Commissioners issued a contract query on 10 July 2013 for discussion on 23 July 2013. An action plan for 2013/14 has been refreshed and agreed by Commissioners. A new trajectory has been received ensuring compliance in October 2013.

### Safety Thermometer

18. At June (year to date (YTD)) 2013, 93.64% of patients are harm free against a standard of 95%. The number of patients who are harm free has reduced slightly against the previous month from 93.71% to 93.64%. This is in-line with the national position.

### UHL Friends and Family Test (FFT)

19. Whilst performance on the FFT score has fallen (73.9 in May to 64.9 in June); the June figures are consistent with the 66.4 score achieved in April. As the FFT was only introduced in April there is very little historical data to compare performance against and assess whether fluctuations on the FFT score are significant. An analysis of the data revealed that the number of 'promoters' as a proportion of responses decreased in June compared to May, whilst the number of 'passive' and 'detractor' responses increased. The largest drop in the FFT score was seen in the Acute Division, where the score dropped by 10 from 72 to 62 between June and May.

**EMAS****Ambulance Response Times**

20. As requested at the last meeting, the data will in future be split by CCG initially prior to possible further drilling down into rural and urban, but as yet this data is not available. At July 2013, Category A (8 minutes) Red 1 (presenting conditions that may be immediately life threatening and the most time critical) for EMAS is 74.1% and Category A Red 2 (presenting conditions which may be life threatening but less time critical than Red 1) is 74.68% against a target of 75%. At July 2013, Category B (19 minutes) EMAS is 93.70% against a target of 95%. Commissioners have received an action plan and trajectory to ensure achievement of targets by Quarter 4 in 2013/14. The plan will deliver significant increases in resources between 115 – 155 additional staff.

**Public Health****NHS Health Checks**

21. The number of the population eligible for health checks, across the two CCG areas is 204,873. The aspiration for health checks is to offer them to 20% of the eligible population for 2013/14 financial year. This equates to a target of 40,974. In quarter one, 12,269 health checks were offered. This is 6% of the aspiration so is on track for delivery by the end of the year. Of the 12,269 people offered, 6652 health checks were delivered. This equates to 54% delivered, a little short of the 65% aspiration.

**CCG Performance**

22. A number of indicators in the NHS Outcomes Framework have been populated and are above the baseline or meeting the target for each CCG, these include:
- Unplanned hospitalisation and emergency admission for ambulatory care sensitive conditions, asthma, diabetes and epilepsy in under 19s; emergency admissions for acute conditions that should not usually require admission and for children with lower respiratory tract infections
  - WL MRSA incidences
  - WL CDIFF incidences
23. Two indicators are not being achieved for ELR - MRSA and CDIFF. An MRSA case was reported in July 2013, this has been provisionally aligned to the CCG however final confirmation has not been agreed due to significant input of care for this patient from UHL. As at July 2013, there are 37 incidences of CDIFF against a plan of 74. Although ELR CCG remains over trajectory YTD, for the month of July there is a decrease in the number of cases for the month. Actions include attendance at locality meetings feeding back results of infection control to GPs, collaborative working with multi-

disciplinary teams and prescribing leads in all CCGs and uploading of latest CDIFF treatment guidance onto the Leicestershire Medicines Strategic Group. There are a number of indicators where data will be available later in the year. This is due to national systems in development (e.g. the quality system CQRS which is replacing QMAS).

### **CCG Local Priorities**

#### **West Leicestershire CCG**

##### **Reduction in Emergency Admissions from Care Homes**

24. Position YTD Oct 2012 – June 2013, 872 admissions against a 645 baseline. The impact of actions is expected in October 2013 as the nursing support team will be in place. Recruitment plans are being developed. The aim is to improve the quality of care for people in care homes and reduce inappropriate admissions.

#### **East Leicestershire CCG**

##### **Transient Ischaemic Attack - Increase in people who are scanned and treated in 24 hours**

25. As at July 2013, 64.3% against 70% target. Although performance has improved significantly in May and June 2013, it has deteriorated in July 2013. Commissioners will be talking to the provider at the next technical contract meeting in September 2013.

##### **Improve Access to Psychological Therapies – patients moving to recovery**

26. At July 2013, 54.5% of patients had moved to recovery against a target of 52%. Performance has improved, as extra funding has been agreed to increase the number of staff in the service.

### **Mental Health and LPT Performance**

#### **Occupancy Rate – Mental Health**

27. LPT's target for this indicator is below 85% and the current month actual is at 93.3% compared to 96.4% during May and remains over the target.

#### **18 week maximum wait from referral to treatment (non-admitted, complete pathways)**

28. The 95% target was not achieved in the first quarter of 2013/14 at 88.6% during June and 88.5% during May. This has resulted in the addition of one to the Trust Governance Risk Rating for the month. The indicator forms part of the Monitor Compliance Framework Governance Risk Rating score.

## **Adult Social Care Performance**

### **Admissions for 65+ per 100,000 population**

29. With regards admissions of those aged 65+, there were 798.1 per 100,000 pop in 12/13 compared to a shire county average of 716.8. The forecast for 13/14 is increasing month on month with the current prediction for over 100 actual admissions more than last year.

### **Reablement**

30. The number of Home Assessment and Reablement Team (HART) cases started during April to July has continued the upward trend from previous years and was significantly higher than the comparable period last year – a 20% increase. The proportion of HART cases ending with no further eligible needs remains similar to last month and an increase on the previous year. This predominantly relates to community based cases where %NFN (No Further Need) has increased from 36% to 46%. Similarly, the % commissioned on from community based cases has fallen from 34% in 12/13 to 25% during Apr-Jul 2013.

## **Recommendations**

31. The Board is asked to:
- a) note the progress made to date in developing the performance framework alongside reporting arrangements to support the Board's role;
  - b) note the performance summary and issues identified this quarter and actions planned in response to improve performance and comment on any issues the Board feels require greater exploration or action;
  - c) agree that the Director of Public Health as chair of the JSNA Steering Group be authorised to make amendments to the map attached as Appendix 1 to this report in conjunction with other structure changes within the performance framework.

## **Officers to Contact**

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

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