



## **HEALTH AND WELLBEING BOARD: DECEMBER**

### **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. At the last meeting it considered the first performance report and dashboard showing relevant performance data against health key performance indicators and identifying key performance issues. Alongside this the Board received a map showing which boards were delivering Health and Wellbeing Strategy priorities and the accompanying project activity with assurance commentary to show in-year activity.

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

3. This report sets out the latest performance position on issues relevant to Health and Wellbeing Strategy delivery.
4. As part of the performance framework, a map of the key activities sub-boards are committed to delivering was reported to the last meeting. A separate map to show District priorities against the strategy was requested and is included as Appendix A to this report.
5. Up to date Health and Wellbeing Strategy assurance comments are summarised and included in the dashboard that is attached as Appendix B to this report.
6. Data is now provided from the Greater East Midlands Commissioning Support Unit (GEM CSU) Performance Service (which also supports CCG performance as well as various aspects of the wider health performance system) and is replicated within the CCG's performance reports for consistency.

**NHS Outcomes Framework** - Sets out the outcomes and corresponding indicators used to hold NHS England to account for improvements in health outcomes.

7. 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
  - West Leicestershire (WL) CCG CDIFF incidences
8. Infection Control. Incidences of MRSA have been reported for both WLCCG and East Leicestershire and Rutland (ELR) CCG against a zero tolerance. For CDIFF, as at September 2013, there are 50 incidences of CDIFF against a national objective of 74 for ELRCCG. A forecast outturn position is reported of 100 incidences. Collaborative working with the Medicines Management Team has agreed a plan to audit 10 top GP prescribers of antibiotics associated with CDIFF.

**NHS Constitution** - The Constitution sets the rights and pledges that patients are entitled to through the NHS. The performance data below relates to meeting these rights and pledges

### **UHL – August/September 2013 Performance**

9. 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.

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

10. The referral to treatment (RTT) operational standards are that 90% of admitted (to hospital) and 95% of non-admitted patients (out-patients) should start consultant-led treatment within 18 weeks of referral. In order to sustain delivery of these standards 92% of patients who have not yet started treatment should have been waiting no longer than 18 weeks.
11. At August 2013, all 18 week targets were achieved. The admitted patient target of 90% is at risk at UHL, and there continues to be concerns at specialty level. Recovery trajectories at specialty level (e.g. Ophthalmology) are being reconfirmed, and commissioners are withholding 2% of the contract value due to non-delivery. A clinical lead for RTT has been appointed at UHL and the National Intensive Support Team (IST) has been commissioned jointly by UHL and Commissioners to provide extra support. Focus is on capacity and demand modelling, a review of UHL's internal policies, and advice on trigger points, with a recovery plan due in November 2013. A third party provider will be providing additional capacity over winter.

A and E - 4 Hour Waiting Time

12. At October 2013, Accident and Emergency was 86.91%, against a target of 95% for patients to be admitted, transferred or discharged within 4 hours. This shows a slight improvement on June 2013 position of 85.37%.
13. UHL and Commissioners have established an Emergency Care Hub at the Leicester Royal Infirmary (LRI) to drive improvements. It has identified the following: minimising inflow; minimising time in the Emergency Department; speeding up access/discharge to the community; stream-lining ward processes to reduce length of stay, earlier discharge in the day and increase availability/capacity of medical beds. This work is closely monitored by the Commissioner led Urgent Care Board. Medium and Long Term Strategies are being established which will form 2014/15 Commissioning Intentions.

Ambulance Handovers

14. At September 2013, 14% of handovers between ambulance and A and E took place in over 30 minutes against a zero tolerance. This is a slight improvement on June 2013 position. Commissioners and UHL have agreed that re-investment penalties already levied will be used to support staffing and purchase extra trolleys fitted to Radio Frequency Infrared Devices (RFID) on achievement of the recovery trajectory. A remedial action plan is in place.

Delayed Transfers of Care (DTC)

15. Delays are being monitored in-line with Monitor (the regulatory body for providers), and is reported as the number of patients discharged as a percentage of occupied bed days. As at 03/10/2013, 4.37% were delayed against a national target of 3.5%. Actions are focusing on earlier discharge, increase discharges by 11am to 15% and by 1pm to 30%. This is being considered for inclusion in the 2014/15 contract. A ward level discharge process has been established by a multi-agency integrated team.

Cancer 62 day waits

16. All patients should wait a maximum of 62 days from their urgent GP referral to the start of their appointment.
17. At August 2013, West Leicestershire (WLCCG) is achieving the 85% standard with East Leicestershire and Rutland (ELRCCG) reporting 81.3%. This is an improvement on June 2013 position. UHL have achieved 88.2% overall. A dedicated senior manager is in place at UHL. On the day booking for CT scans at UHL and the use of PET scan capacity through a third party has commenced.

Cancelled Operations

18. At August 2013, 92.9% of patients were seen against a target of 95%. This is an improvement on June 2013 position. Commissioners have reviewed the

recovery plan which currently covers; availability of beds, theatre time/list over-runs, higher priority patients and theatre capacity. At the October meeting with the provider it was agreed that additional plans will be added as appropriate. Further assurance has been sought on the escalation and re-booking procedures and the theatres transformation programme.

### Never Events

19. There have been no additional Never Events reported. These are inexcusable actions in a healthcare setting, the “kind of mistake that should never happen”.

### Pressure Ulcers

20. Healthcare professionals use several grading systems to describe the severity of pressure ulcers with 4 being the worst grade.
21. At August 2013 there had been 37 avoidable pressure ulcers (Grade 3 and 4) against a zero tolerance and there have been 73 (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. We are looking for sustained improvement and working with UHL to agree what this will entail.

### Safety Thermometer

22. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and “harm free” care.
23. At August 2013 (YTD) 2013, 93.52% of patients are harm free against a standard of 95%. The number patients who are harm free have remained constant on June 2013 position. This is in-line with the national position.

### **EMAS**

#### Ambulance Response Times

24. At September 2013, Category A (8 minutes) Red 1 for EMAS is 72.55% and Category A Red 2 is 72.99% against a target of 75%. and Category A (19 minutes) EMAS is 93.70% against a target of 95%. Red 1 and Red 2 position has deteriorated from June 2013 position. A Risk Summit was held with NHS England’s Area Team and EMAS in October 2013. A new interim Chief Executive is now in post.
25. Data is now available at CCG level. This is as follows for September 2013:
  - Red 1 – WL 65.68% & ELR 63.85% (Target 75%)
  - Red 2 – WL 67.8% & ELR 62.82% (Target 75%)
  - Cat 19 – WL 93.05% & ELR 90.06% (Target 95%)

Providing data at a rural / urban level is not yet available.

### **Health Checks**

26. 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 two, the year to date figures show 23,577 health checks were offered. Year to date this is 11.5% of the aspiration so is on track for delivery by the end of the year. Of the 23,577 people offered, 12,751 health checks were delivered. This equates to 53.9% delivered, this is short of the 65% aspiration but better than the average for England and in line with other East Midlands authorities.

### **CCG Local Priorities**

#### **West Leicestershire CCG**

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

27. As at August 2013, there have been 928 admissions against a 645 baseline. From 01/11/2013, LPT who are delivering the service will be using the quality profile in the first cohort of homes to assess their needs with a view to creating individual action plans.

#### **East Leicestershire CCG**

##### **Transient Ischaemic Attack (TIA) (mini-stroke) - Increase in people who are scanned and treated in 24 hours**

28. As at September 2013, 66.9% against 70% target. Performance has improved significantly with fluctuations being due to small numbers.

### **Recommendations**

29. 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; and
  - 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 feel require greater exploration or action.

### **Officers to Contact**

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

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