



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE:**  
**11 SEPTEMBER 2019**

**REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE**  
**SERVICE**

**HEALTH PERFORMANCE UPDATE AT AUGUST 2019**

**Purpose of Report**

1. The purpose of the report is to provide the Committee with an update on health performance in Leicestershire and Rutland based on the available data at August 2019.

**Background**

2. The Committee has, as of recent years, received a joint report on health performance from the County Council's Chief Executive's Department and the CCG Commissioning Support Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward.

**NHS Constitution**

3. At a national level the health performance reporting model is influenced by the Government's mandate to NHS England. A revised mandate was issued relating to the period 2017-18. There are also a wide range of separate clinical and regulatory standards that apply to individual services and providers. The Public Health Outcomes Framework (PHOF) sets out metrics on which to help assess public health performance and there is a separate framework for other health services. Adult social care outcomes are covered by the Adult Social Care Outcomes Framework (ASCOF) and the Better Care Fund is subject to separate guidance.

**Changes to Performance Reporting Framework**

4. A small number of changes have been made to the way performance is reported to the Committee to reflect comments at previous meetings, including inclusion of a wider range of cancer metrics and Never Events and Serious incidents related to UHL. The overall framework will continue to evolve to take

account of the above developments as well as any particular areas that the Committee might wish to see included.

5. The following 4 areas therefore form the current basis of reporting to this committee: -
  - a. Performance against the key metrics/targets set out in the Better Care Fund plan, in relation to health and care integration;
  - b. Clinical Commissioning Group (CCG) performance for both West Leicestershire and East Leicestershire and Rutland CCGs;
  - c. Quality - UHL Never Events/Serious Incidents; and
  - d. An update on wider Leicestershire public health outcome metrics and performance.

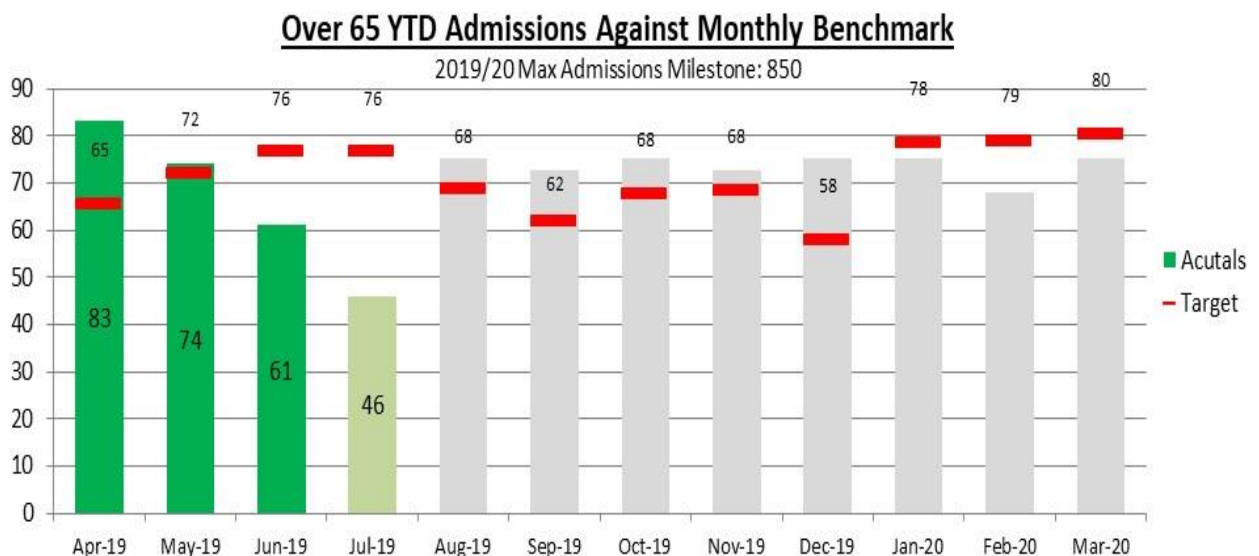
### **Better Care Fund Performance**

6. BCF planning guidance, released in July 2017, reduced the number of BCF metrics from six to four. The guidance contained a requirement for all areas to reduce the number of delayed transfers of care (DToCs).
7. A refresh to the BCF Policy Framework for 2019/20 was published in April 2019. The delayed BCF guidance was published in July 2019 along with final financial allocations. There was an expectation that the target for delayed transfers for end of September 2018 would be maintained or exceeded thereafter. A review of other BCF outcome metrics has been carried out and these have been updated accordingly.
8. The four BCF outcome metrics for 2019/20 remain the same as in previous years. The **non-elective admissions** target is based on the CCG operating plans. As in previous years this includes a small percentage of bordering CCGs. The target for the Leicestershire BCF plan is to achieve no more than 72,313 non-elective admissions during 2019/20.
9. The **delayed transfers of care (DToC)** target has been set by NHS England. The national target remains to achieve below 4,000 delays per day across England. For Leicestershire, the DToC target is to achieve no more than 42.8 delays per day. Which equates to 7.88 average days delayed per day per 100,000 population.

10. The two BCF social care metrics were refreshed in Q4 2018/19 during the main BCF refresh process. The target for the number of **permanent admissions of older people (aged 65 and over) into residential and nursing care homes** is for fewer than 850 admissions during 2019/20. The target for the **proportion of older people who were still at home 91 days after discharge** has been set at 88%.
11. The first wave of Care Quality Commission local system reviews were undertaken during quarter 3 2017/18, which covered 12 areas across England. The second wave of local reviews was published in December. Leicestershire has not been included in this list, which is reflective of the good overall comparative performance. The final end of year position in relation to delivery against BCF metrics and targets for 2018/19 is set out in Appendix 1. The position shows generally good performance in delivering against targets last year.

**Metric 1: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population, per year**

12. The BCF target for permanent admissions to care for those aged 65+ during 2019/20 is a maximum of 850 admissions. There were 218 permanent residential admissions between April 2019 and June 2019. The current full year forecast of 853 is predicted, a full year variance of +3. Performance is RAG-rated amber and is statistically similar to the target.



**Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services**

13. For hospital discharges between April 2019 and June 2019, 90% of people discharged from hospital into reablement/rehabilitation services were still at home after 91 days. This is above the 2019/20 target of 88%. Performance is RAG-rated green and is statistically similar to the target.

## ASCOF2B - Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services.

### Hospital Discharges

Number of older people discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home

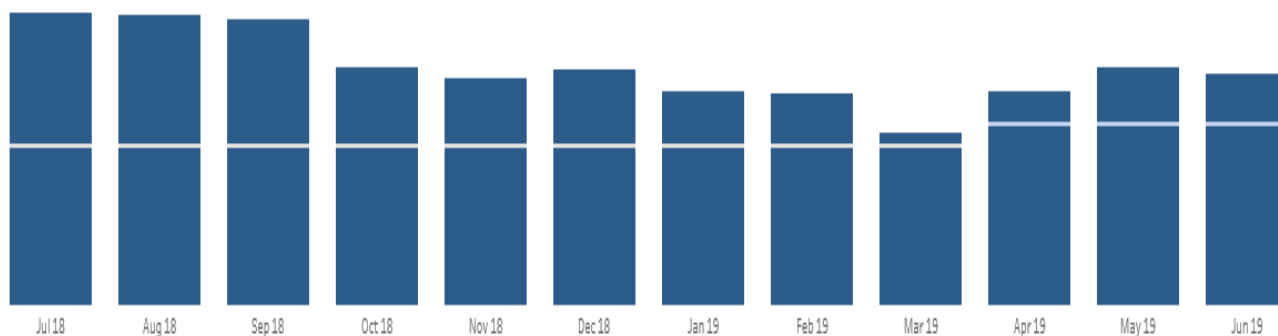
Discharge Date	Feb 2018 to Apr 2018	Mar 2018 to May 2018	Apr 2018 to Jun 2018	May 2018 to Jul 2018	Jun 2018 to Aug 2018	Jul 2018 to Sep 2018	Aug 2018 to Oct 2018	Sep 2018 to Nov 2018	Oct 2018 to Dec 2018	Nov 2018 to Jan 2019	Dec 2018 to Feb 2019	Jan 2019 to Mar 2019
Number of discharges	519	540	541	538	535	523	532	538	561	571	582	581

### Living at home 91 days later

Of those above, those who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital

91st Date	May 2018 to Jul 2018	Jun 2018 to Aug 2018	Jul 2018 to Sep 2018	Aug 2018 to Oct 2018	Sep 2018 to Nov 2018	Oct 2018 to Dec 2018	Nov 2018 to Jan 2019	Dec 2018 to Feb 2019	Jan 2019 to Mar 2019	Feb 2019 to Apr 2019	Mar 2019 to May 2019	Apr 2019 to June 2019
Number living at home	481	500	500	486	481	472	475	480	491	510	526	523

### ASCOF2B - Monthly Results

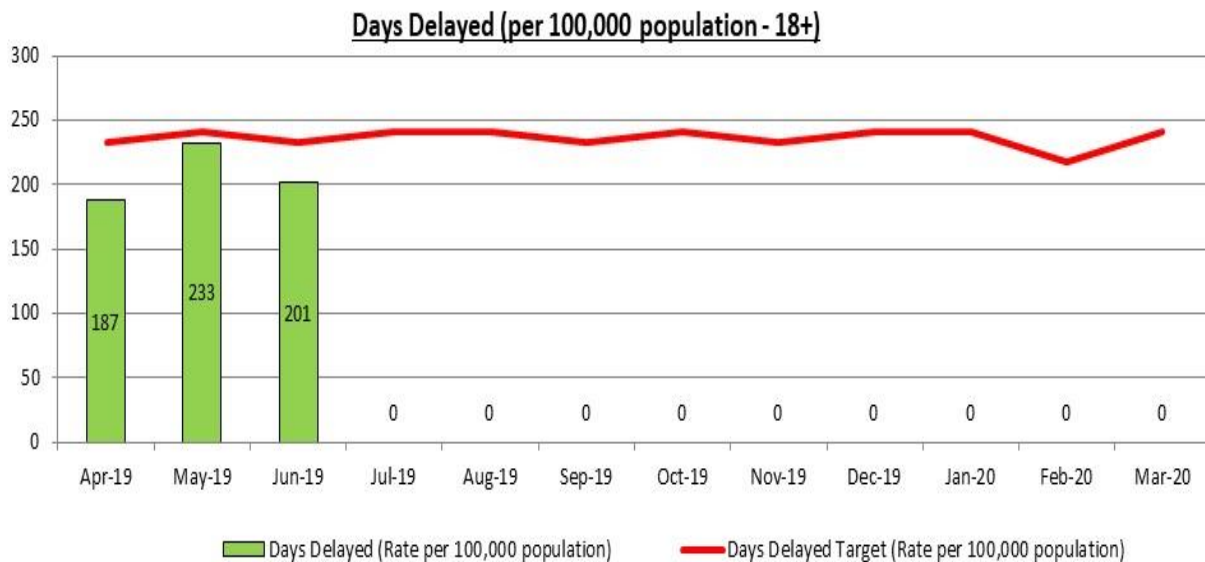
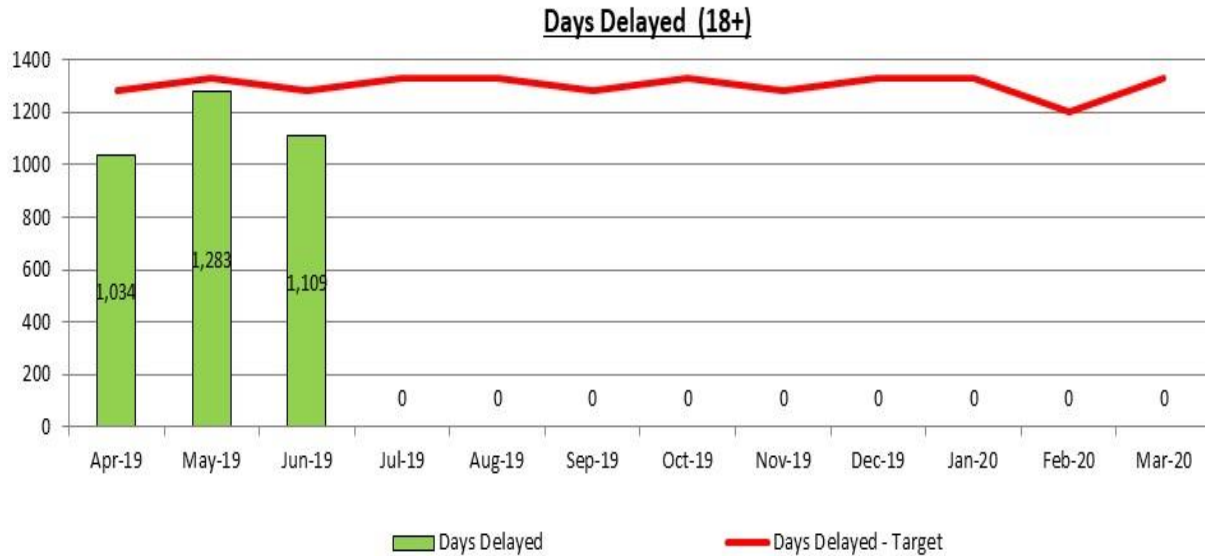


	Discharge Date											
	Feb 2018 to Apr 2018	Mar 2018 to May 2018	Apr 2018 to Jun 2018	May 2018 to Jul 2018	Jun 2018 to Aug 2018	Jul 2018 to Sep 2018	Aug 2018 to Oct 2018	Sep 2018 to Nov 2018	Oct 2018 to Dec 2018	Nov 2018 to Jan 2019	Dec 2018 to Feb 2019	Jan 2019 to Mar 2019
	91st Date											
	May 2018 to Jul 2018	Jun 2018 to Aug 2018	Jul 2018 to Sep 2018	Aug 2018 to Oct 2018	Sep 2018 to Nov 2018	Oct 2018 to Dec 2018	Nov 2018 to Jan 2019	Dec 2018 to Feb 2019	Jan 2019 to Mar 2019	Feb 2019 to Apr 2019	Mar 2019 to May 2019	Apr 2019 to June 2019
Total SU's NOT at home	38	40	41	52	54	51	57	58	70	61	56	58
SU Deceased	23	19	17	26	30	29	31	32	44	33	30	29
SU in Hospital	10	15	18	22	21	20	21	23	24	22	23	25
SU in Permanent Care	5	6	6	4	3	2	5	3	2	6	3	4

### Metric 3: Delayed transfers of care (DTCs) from hospital per 100,000 population

- The Government's mandate to the NHS for 2018-19 has set an overall ambition for reducing delays to around 4,000 hospital beds occupied by patients delayed without discharge by September 2018. For Leicestershire this equated to DTCs not exceeding 7.88 in every 100,000 population per day. This target is to be maintained during 2019-20.

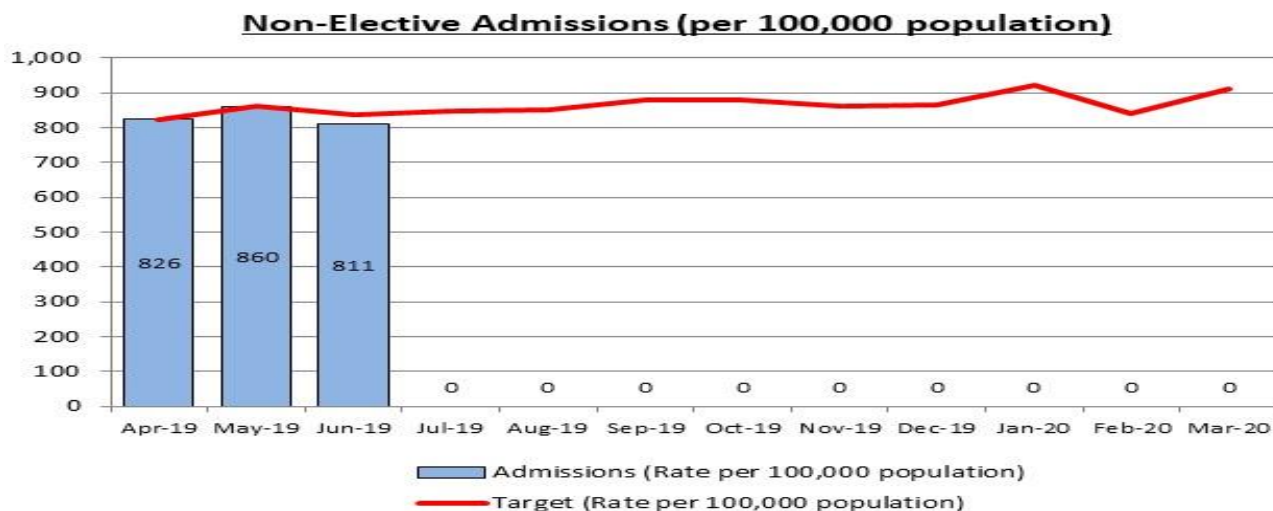
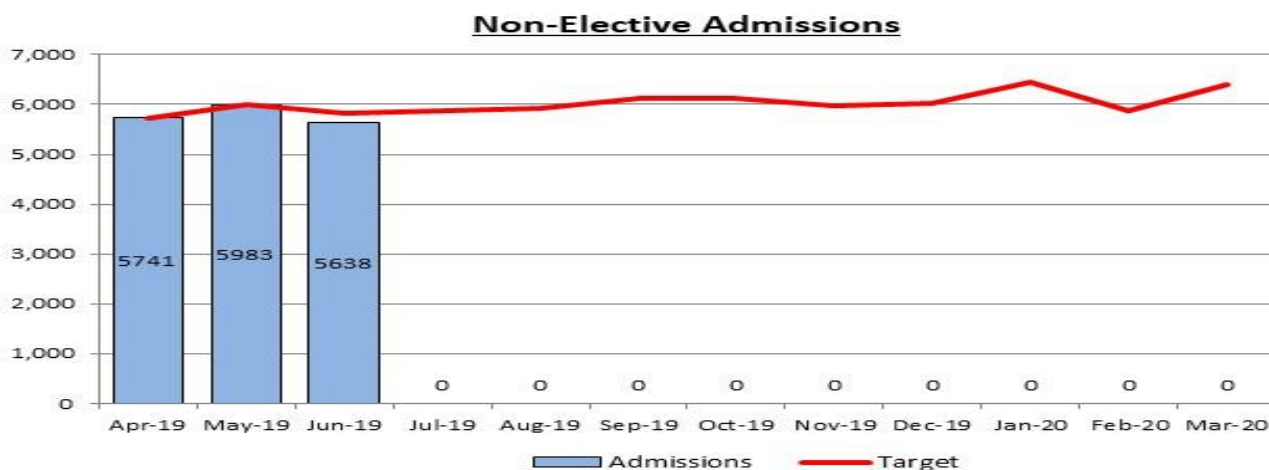
15. Overall there were 3,426 days lost to delayed transfers of care in Leicestershire between April and June 2019; a 28% increase on the same period last year. For delays attributable to adult social care there were 542 days delayed an increase on the same period last year, with UHL down but both LPT and out of county significantly higher. There were 232 delayed days attributable to ASC during June 2019 – the highest number of days delayed in a month since October 2017. Delays have steadily increased from 49 in November 2018.



**Metric 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month**

16. Secondary User Statistics data for April 2019 to June 2019 shows 17,362 non-elective admissions. This is a variance of -180 against a month 3 target of 17,542. The target has been achieved in 2 out of 3 months. A full year forecast of 72,133 has been predicted – variance of -180 and rag rated green. Non-elective admissions are prominent within 65+ adults at 50.2% compared with 39.2% for 18-64 and 10.5% for children.

17. We also have a local metric on injuries due to falls in people aged 65 and over. There were 639 non-elective admissions for falls related injuries between April 2019 and June 2019. This a variance of +27 against the Q1 target of 612 and an increase of 3.2% compared to the same period last year.



## **CCG Performance Dashboard - Appendix 2**

18. NHS England's CCG Improvement and Assessment Framework (IAF) was introduced in 2016/17, it aligns key objectives and priorities and informs the way NHS England manages relationships with CCGs. In November 2018 NHS England (NHSE) refreshed the Improvement and Assessment Framework for CCGs for 2018/19. There is currently no update available from NHSE on a 2019/20 CCG IAF.

19. The framework provides a greater focus on assisting improvement alongside statutory assessment functions and is based on 4 areas of assurance for each CCG - Better Health, Sustainability, Leadership and Better Care. The full dashboards, as published in July 2019 by NHS England, showing CCG performance across all 4 domains, are reported in Appendix 2 for ELRCCG and WLCCG. The dashboard within the appendix of this report mirrors the format of the 2018/19 IAF.
20. Each year NHSE publish CCG ratings based on assessment against the IAF. Ratings range from Outstanding, Good, Requires Improvement and Inadequate. In 2017/18 ELRCCG and WLCCG were assessed as 'Requires Improvement'. Results for the 2018/19 assessment were published in July, and both CCGs achieved 'Good' status. NHSE cited several areas of strength; smooth transition of WL leadership changes, progression of some corporate functions, positive engagement with the STP and system level activity planning.
21. The following table provides an explanation for the key IAF constitutional indicators not being achieved. Up-to-date data has been provided in the table where available. Details of local actions in place in relation to these metrics are also shown.

<b>NHS Constitution metric and explanation of metric</b>	<b>Most recent local data</b>	<b>Local actions in place/supporting information</b>
<p><b>Cancer 62 days from referral to treatment</b> The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment covering the length of time from urgent GP referral, first outpatient appointment, decision to treat and finally first definitive treatment.</p> <p>Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a</p>	<p><b>National Target &gt;85%</b></p> <p><b>Latest Performance</b></p> <p><b>ELR (All Providers);</b> June 2019 – 74%</p> <p><b>WL (All Providers);</b> June 2019 – 76%</p> <p><b>UHL (All patients);</b> May 2019 – 75%</p>	<p>Late tertiary referrals are still affecting the backlog and account for some of the exceptional long waiters. Other factors impacting on backlog and 62 day performance continues to be theatre and HDU/ITU capacity constraints.</p> <p>Cancer patients continue to be tracked until treated and the CCG are appraised daily on the latest status.</p> <p>Local UHL Actions</p> <ul style="list-style-type: none"> <li>• Shadow reporting commenced for the new 28 day faster diagnostic standard</li> <li>• Urology; increased use of Derby robotic sessions (staffing dependent), improved patient booking process, patient video developed</li> <li>• Head &amp; Neck; two locums recruited to mitigate staffing constraints, NGH/KGH consultants providing additional clinics, when possible, liaising with Trusts to explore if there is any free capacity across the patch</li> </ul>



<p>lower risk of complications, an enhanced patient experience and improved cancer outcomes.</p>		<ul style="list-style-type: none"> <li>• Lung; optimal lung pathway progressing, improved tracking and actions for long waiters, increased rapid access to lung clinic resource</li> <li>• Weekend process to ensure the Director on call and Silver on call have a list of cancer patients, who are expected to ensure they are prioritised</li> <li>• UHL weekly review is now including patients on the 31day list to ensure that patients are booked on next steps and any delays are managed</li> </ul>
<p><b>A&amp;E admission, transfer, discharge within 4 hours</b> A&amp;E waiting times form part of the NHS Constitution. This measure aims to encourage providers to improve health outcomes and patient experience of A&amp;E.</p> <p>The standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&amp;E department.</p>	<p><b>19/20 National Target &gt; 95%</b></p> <p><b>UHL A&amp;E + UCC's local Target July 2019 - 88.3%</b></p> <p><b>UHL ED + UCCs July 2019 - 81%</b></p> <p><b><u>UHL A&amp;E only local Target July 2019 83.9%</u></b></p> <p><b>UHL ED only July 2019 - 72%</b></p> <p><b>LLR Urgent Care Centres only July 2019 - 99.6%</b></p>	<p>Summarised below are actions which are being taken by UHL and across the LLR system as a whole to improve performance against the 4-hour emergency care standard:</p> <p>UHL</p> <ul style="list-style-type: none"> <li>• Increased overnight clinical support to injuries stream</li> <li>• Same Day Emergency Care accelerator programme membership focusing on extension of GP and Ambulatory Care Unit at the LRI site in September</li> <li>• Emergency Care Improvement Support Team support focusing on the flow out of the Clinical Decisions Unit at Glenfield site</li> <li>• Further Multi-Agency Discharge Events will take place throughout the year, leading into Winter</li> <li>• Ward 7 Acute Medical Unit extension with additional discharge co-ordinator and junior doctor cover overnight</li> <li>• Out of Hours service to support GP streaming (DHU)</li> </ul> <p>LLR</p> <ul style="list-style-type: none"> <li>• Pilot redirection of Ambulance Category 3&amp;4 calls to Clinical Navigation Hub.</li> <li>• Mandated conveyance by EMAS to Loughborough Urgent Care Centre for appropriate patients</li> <li>• Increased offer for access for diagnostics and direct access to clinics in line with out of hospital Same Day Emergency Care pathways</li> <li>• Managing non-elective demand with a key focus on nursing homes, mental health and patients aged between 18 -25.</li> </ul>
<p><b>18 week Referral To Treatment (RTT)</b></p>	<p><b>Latest Performance</b></p>	<p>The longest waits for patients are those waiting an admitted procedure with shorter waits for non-admitted patients.</p>

<p>The NHS Constitution sets out that patients can expect to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions if they want this and it is clinically appropriate.</p> <p>2019/20 National Target &gt;92% of patients to start treatment with 18 weeks from referral</p> <p>In 2019/20 the national ambition is also that the Waiting List should be sustained at March 2018 levels in March 2020.</p>	<p><b>ELR (All Providers)</b> June 2019 – 86%</p> <p>20,661 patients waiting at the end of March 2018 20,950 patients waiting at the end of June 2019.</p> <p><b>WL (All Providers)</b> June 2019 – 85%</p> <p>23,384 patients waiting at the end of March 2018 24,794 patients waiting at the end of June 2019</p> <p><b>UHL (All Patients)</b> UHL are not expecting to meet the national standard of 92% in 2019/20.</p> <p>June 2019 – 84%</p> <p>64,751 patients waiting at the end of March 2018. 64,721 patients waiting at the end of June 2019.</p>	<p>UHL are planning to reduce the overall waiting list in 2019/20 however they have forecast 85.5% performance against the RTT standard at the end of March 2020. The level of cancer referrals into UHL has increased which has meant that capacity has been diverted to support the 2ww standards.</p> <p>The Trust is uprating the theatre productivity programme to increase admissions and FourEyes are providing external validation to support this and undertake clinical engagement.</p> <p>Specific areas of concern are in Neurology, Allergy, ENT, Urology and Gynaecology.</p> <p>Actions are in place to improve performance and include: -</p> <p>Recruitment, additional weekend list, reviewing capacity modelling and exploring use of IS via subcontract arrangements.</p> <p>Delivery of the Referral Support Services to reduce system demand on UHL and Alliance.</p> <p>Improved outpatient and theatre utilisation as managed by the Outpatient and Theatre Program Boards.</p>
--	--	---

### Other Cancer Metrics

22. The latest performance (June 2019) for the Cancer Wait Metrics is below: -

Metric	Period	National Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
<b>Cancer Waiting Times</b>				
% Patients seen within two weeks for an urgent GP referral for suspected cancer	Jun-19	93%	91%	90%
% of patients seen within 2 weeks for an urgent referral for breast symptoms	Jun-19	93%	94%	85%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis	Jun-19	96%	94%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery)	Jun-19	94%	89%	86%
% of patients receiving subsequent treatment for cancer within 31 days (Drug)	Jun-19	98%	100%	100%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy)	Jun-19	94%	98%	96%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days)	Jun-19	85%	74%	76%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer	Jun-19	90%	85%	80%
% of patients receiving treatment for cancer within 62 days upgrade their priority	Jun-19	N/A	81%	89%

### UHL Never Events and Serious Incidents

23. There has been one Never Event at UHL in 2019/20, which occurred in June 2019, and 9 Serious Incidents between April 2019 – June 2019. Actions undertaken by UHL are to share learning from Never Events and Serious Incidents through the CMG Quality & Safety Boards, CQRG, Patient Safety Portal and learning bulletins. Incidents are used in training programmes such as the Patient Safety Essentials, Step Up course MSc and Medical School Years 1 and 2. Any themes identified are triangulated so that chief issues of concern can be understood.

### Areas of Improvement

24. There are several areas which are worth commenting on, that have shown recent improvement;
- Diagnostic 6 week wait standard has been achieved for 10 consecutive months at UHL.
  - 52+ weeks wait has been compliant for 12 consecutive months at UHL.
  - Single Sex Accommodation Breaches, no breaches have been reported for 3 consecutive months at UHL.
  - Cancelled Operations (on the day), 1.0% reported in June 2019 at UHL.

- Delayed Transfers of Care levels remain within tolerance levels at UHL, and ELRCCG is in the highest performing quartile across England CCGs.
- ELRCCG were in the highest performing quartile for injuries from falls in people over 65yrs.
- ELRCCG were in the highest performing quartile for smoking at the time of delivery.
- 100% of the ELRCCG & WLCCG population have access to the Primary Care extended access service.
- ELRCCG and WLCCG continue to achieve the national standard that over 67% of the expected number of dementia patients now have a dementia diagnosis within primary care.

### **Public Health Outcomes Performance – Appendix 3**

25. Appendix 3 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 38 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that are performing better than the England value or benchmark and 'red' worse than England value or benchmark.
26. Analysis shows that of the comparable indicators, 18 are green, 11 amber and 4 red. There are 5 indicators that are not suitable for comparison or have no national data.
27. Of the 18 green indicators, the following indicators, under 18 conceptions, new sexually transmitted infections and smoking status at time of delivery have shown significant improvement over the last few years. Breast cancer screening coverage and cervical cancer screening coverage has shown a significant declining (worsening) performance over the last five years. This declining trend, for both indicators, is witnessed nationally.
28. Of the 11 indicators that are amber, successful completion of drug treatment for opiate users has shown a trend of worsening performance. There are no significant changes for successful completion of drug treatment for non-opiate users.
29. Of the four red indicators chlamydia detection rate shows Leicestershire has declined to be worse than the benchmark goal and is ranked 9th out of 16 of the CIPFA nearest neighbours (1 being the best). For Take up of NHS health checks for the time period 2014/15-2018/19, Leicestershire is ranked 14th out

of 16. The percentage of physically active adults in Leicestershire is ranked 15<sup>th</sup> out of 16. Further work is underway to progress improvement across the range of indicator areas. Further consideration will be given to actions to tackle these areas as part of Health and Wellbeing Strategy implementation and the public health service plan development process.

30. HIV late diagnosis (%) for 2015-17 for Leicestershire has no value presented as the data is suppressed due to disclosure issues. Breastfeeding initiation for Leicestershire has no value presented due to data quality reasons. Self-reported wellbeing – people with a low worthwhile score for 2017/18 for Leicestershire has no value due to the number of cases being too small.
31. Leicestershire and Rutland have combined values for the following three indicators - smoking status at time of delivery, successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).

### **List of Appendices**

Appendix 1 – BCF End Year 2018/19 Metric Position  
 Appendix 2 – CCG Performance Dashboard  
 Appendix 3 – Public Health Performance 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/>

### **Officers to Contact**

Kate Allardyce - NHS Midlands and Lancashire Commissioning Support Unit  
[Kate.allardyce@nhs.net](mailto:Kate.allardyce@nhs.net) Tel: 0121 61 10112

Philippa Crane – BCF Lead Intelligence Analyst  
[Philippa.Crane@leics.gov.uk](mailto:Philippa.Crane@leics.gov.uk)

Kajal Lad - Public Health Intelligence Business Partner  
[Kajal.Lad@leics.gov.uk](mailto:Kajal.Lad@leics.gov.uk)

Andy Brown – Operational BI and Performance Team, Leicestershire County Council  
[Andy.brown@leics.gov.uk](mailto:Andy.brown@leics.gov.uk) Tel 0116 305 6096

This page is intentionally left blank