



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
22 JANUARY 2014

JOINT REPORT OF THE CHIEF EXECUTIVE AND DIRECTOR OF
PUBLIC HEALTH

QUARTER 2 PERFORMANCE REPORT

Purpose of report

1. The purpose of this report is to provide the Committee with an overview of the performance monitoring and assurance framework across the health and wellbeing sector relating to the County Council and its area, CCG's, providers and partnership organisations. It also includes an overview of current performance. Any comments made by the Committee will be reported to the Health and Wellbeing Board.

Policy Framework and Previous Decisions

2. In response to the national Local Area Agreement (LAA) programme, performance was previously monitored by the Budget and Performance Monitoring Scrutiny Panel. However, the demise of the LAA and central targets in recent years meant that performance reporting at scrutiny level was included in the review of Scrutiny and Overview Committees conducted last year.
3. New arrangements including the abolition of the Budget and Performance Monitoring Scrutiny Panel were approved by the Constitution Committee on 12 June 2013. Performance of the County Council's Public Health Department and the Health and Wellbeing Board will now be reported on a quarterly basis to the Health Overview and Scrutiny Committee.
4. Following the Francis report, it has been identified that, as good practice, Health Overview and Scrutiny Committees should consider performance data on a regular basis as part of their overview role.

Current Performance Monitoring Arrangements.

5. Performance Monitoring is currently undertaken by the Health and Wellbeing Board on a quarterly basis. The performance report received by the Board includes two sections, delivery of the Joint Health and Wellbeing Strategy and performance information relating to key providers and commissioners that isn't included elsewhere.

Delivery of the Joint Health and Wellbeing Strategy

6. The Health and Wellbeing Board has a statutory requirement to produce a Joint Health and Wellbeing Strategy which is an overarching plan to improve the health and wellbeing of children and adults in the county and to reduce health inequalities. The Strategy has the following priorities:-
- Getting it right from childhood
 - Managing the shift into early intervention and prevention
 - Supporting the ageing population
 - Improving mental health and wellbeing
7. The quarterly performance reports provide the Board with assurance that the priorities within the Joint Health and Wellbeing Strategy are being delivered by the relevant supporting boards. The supporting boards are:
- Children's Commissioning Board;
 - Integrated Commissioning Board;
 - Staying Healthy Board; and
 - Mental Health Board (being established).
8. Each Board has produced an action plan which details the projects that will contribute towards the delivery of the priorities. Accompanying the action plans for each board is a dashboard which contains local indicators and relevant national indicators from the national outcomes frameworks. The outcomes frameworks list desired outcome across Public Health, NHS, Adult Social Care and Clinical Commissioning Groups. The frameworks include sets of indicators to show how these outcomes are to be measured. The supporting boards provide assurance commentary against the delivery of projects and associated dashboard indicators. The commentary highlights any performance issues or any drops in indicator performance or any projects that are off-track from timescales included on the action plans. These are then fed into the Health and Wellbeing dashboard, the latest version of which is attached as Appendix A. The supporting boards, their strategy priorities and the associated projects for delivery are in the chart shown in Appendix B.
9. The national outcomes frameworks for the NHS, CCG's Public Health and Adult Social Care list indicators across the health and care system. Some of these indicators are shared and where they are relevant to the supporting boards priorities are listed on their dashboards. The outcomes frameworks are attached as Appendices C, D, E and F. The accountability arrangements within the healthcare structure are complex. A previous report to the Shadow Health and Wellbeing Board of March 2013 provides further details on the complexities of the system and the role of Health and Wellbeing Boards within it. This can be found on the Council's website at <http://politics.leics.gov.uk/ielistdocuments.aspx?CId=961&MId=3727&Ver=4>

Health and Wellbeing Performance Information

10. To allow the Health and Wellbeing Board to fulfil its obligation to have strategic influence over commissioning decisions across health, public health and social care, the dashboard also includes performance information relating

to key providers and commissioners that isn't included in the dashboards of the supporting boards. These make up the rest of the dashboard and show indicators by exception (where performance is below target, worsened or changed significantly), relating to the CCG's, University Hospitals Leicester (UHL), East Midlands Ambulance Service (EMAS) and Public Health. It has been recognised that as a key provider to Leicestershire's residents, Leicestershire Partnership Trust (LPT) has not previously been included in the board performance reports and accompanying dashboard. Through redesign it is intended to include relevant information about LPT in future reports. Key performance indicators relating to LPT have been included in this report, by exception, extracted from the LPT's December meeting of their Board.

11. A summary of the performance report to the Health and Wellbeing Board in December is set out below. The Health and Wellbeing Board performance report and dashboard are written and compiled in conjunction with CCG Performance Leads within Greater East Midlands (GEM) Commissioning Support Unit. This enables reports to include the most up to date data that has been agreed through the boards of commissioners and providers. Where applicable, a short explanation of the relevance of each section is included within the report.
12. The performance framework across the health and social care system within Leicestershire has been noted by other areas as being at the forefront of this work. The Health and Wellbeing Board is continually driving to improve and keep as up to date as possible with performance reporting. Member involvement is key to this and comments offering ideas to enhance the reports and dashboards are welcomed. Currently, work is also underway to include the new integration indicators for the Better Care Fund, once finalised.

Public Health Performance Quarter 2

13. Public Health Performance is monitored by the Staying Healthy Board as part of the assurance process to the Health and Wellbeing Board.. The following data is drawn from the Staying Healthy dashboard and provides a summary of the Public Health indicators, from the Public Health Outcomes Framework, that showed a red rating for quarter 2 and associated commentary.

PHOF 2.22ii: Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year

14. This shows data for 2012/13 (latest data) and shows a score of 53.9% against a target of 65%. This is an improving trend in performance for 2.22ii recorded from Q1 in 2012/13 to Q4 in 2012/13. 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.

PHOF: 3.02: Chlamydia diagnoses (15-24 year olds) - The chlamydia diagnosis rate among 15-24 year olds is a measure of chlamydia control activities that can be correlated to changes in chlamydia prevalence. Increasing the diagnosis rate will reduce the prevalence of asymptomatic infections. It is measured by Crude Rate of Chlamydia Diagnoses per 100,000 young adults aged 15-24

15. This is the latest data for quarter 1, 2013/14. Current data has a diagnosis rate of 1780.4 against the England average of 2016.1. This data relates to Q1 only and is an improvement from Q1 in 2012/13.

PHOF: 4.05 Mortality from cancer (NHSOF 1.4) - This indicator relates to Age-standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population

16. The latest data for 2009-11 shows a mortality rate of 99.4. A decrease in rate was recorded from 2008-10 data. Although the rate is above the set target (94.6) the rate remains significantly better than England average (108.1).

Health and Wellbeing Strategy Delivery - Progress

17. Up to date Health and Wellbeing Strategy assurance comments are summarised and included in the dashboard that is attached as Appendix A to this report.

NHS Outcomes Framework

18. The NHS Outcomes Framework sets out the outcomes and corresponding indicators used to hold NHS England to account for improvements in health outcomes. 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 CCG (WLCCG) Clostridium Difficile (CDIFF) incidences of Infection Control.
19. Incidences of MRSA have been reported for both WLCCG & East Leicestershire and Rutland CCG (ELRCCG) 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 Infection.

UHL – August/September 2013 Performance

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). 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.

20. 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 Referral To Treatment 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 remedial action plan sent to Commissioners in November 2013. A third party provider will be providing additional capacity over winter.

A and E - 4 Hour Waiting Time

21. At October 2013, Accident and Emergency performance 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 the June 2013 position of 85.37%.

UHL and Commissioners have established an Emergency Care Hub at LRI to drive improvements. It has identified the following: minimising inflow; minimising time in 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

22. 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)

23. 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 October 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

All patients should wait a maximum of 62 days from their urgent GP referral to their appointment.

24. 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

25. 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

26. There have been no additional Never Events reported. These are inexcusable actions in a healthcare setting, defined as the "kind of mistake that should never happen".

Pressure Ulcers

27. Healthcare professionals use several grading systems to describe the severity of pressure ulcers with 4 being the worst grade. 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.

Safety Thermometer

28. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harm and "harm free" care. 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 –

27. Emergency 999 calls to the ambulance service are prioritised into two categories to ensure life-threatening cases receive the quickest response:
- Immediately life threatening – An emergency response will reach 75% of these calls within eight minutes. Where onward transport is required, 95% of life-threatening calls will receive an ambulance vehicle capable of transporting the patient safely within 19 minutes of the request for transport being made.
 - All other calls – For conditions that are not life threatening, response targets are set locally.
28. The A8 measure (immediately life threatening) is split into two parts, Red 1 and Red 2.
- Red 1 calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions. For Red 1 calls, the existing call connect clock start will remain, ensuring that patients who require immediate emergency ambulance care will continue to receive the most rapid response.
 - Red 2 calls, which are serious but less immediately time critical and cover conditions such as stroke and fits, a new clock start will allow call handlers to get more information about patients so that they receive the most appropriate ambulance resource based on their specific clinical needs.
29. As 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%. 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.
30. Data is now available at CCG level. This is set out below 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.

CCG Local Priorities**West Leicestershire CCG****Reduction in Emergency Admissions from Care Homes**

31. As at August 2013, there have been 928 admissions against a 645 baseline. From November 2013, LPT will be using the quality profile in the first cohort of homes to assess their needs with a view to creating individual action plans.

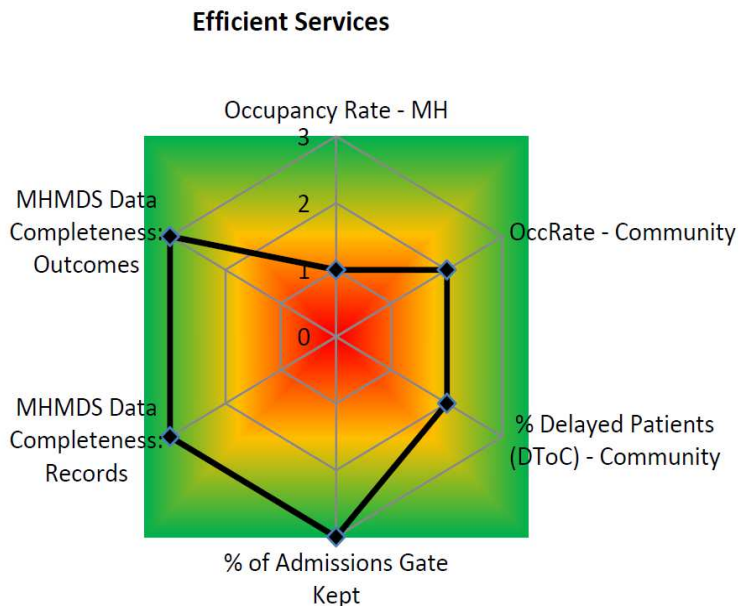
East Leicestershire CCG

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

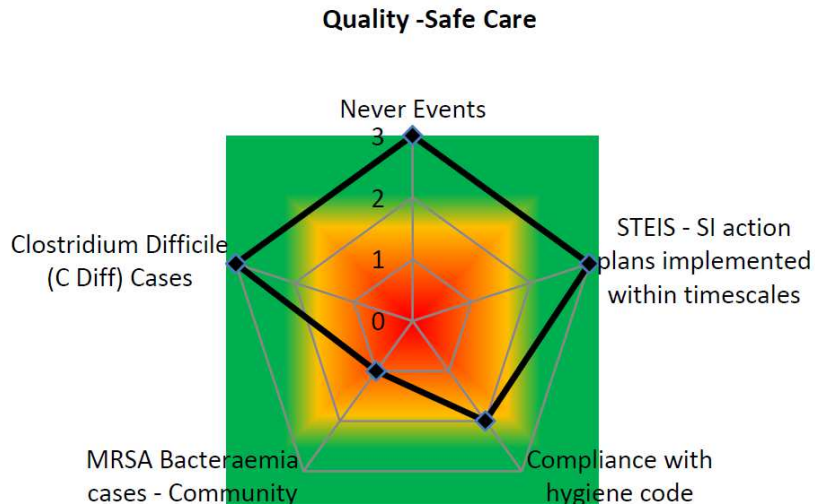
32. As at September 2013, performance was 66.9% against a 70% target. Performance has improved significantly with fluctuations being due to small numbers.

Leicestershire Partnership Trust –

33. Below is an extract from November's performance, report to the December meeting of the Leicestershire Partnership Trust Board by exception.



- **% Delayed Patients (Community)** – Performance has increased compared to October and reads as 2.74% for November 2013 against the commissioner target of 2.12% for the month.
- **% Delayed Patients (MH)** – Performance against this indicator has decreased for the Month of November to 7.1% from 5.4% and remains within the Monitor 7.5% target.
- **Occupancy Rate – Mental Health** – The trust target for this indicator is $\leq 85\%$ and the current month actual is at 90.5% compared to 90.6% during October and remains over the required target.



- **Non-Compliance with CQC Essential Standards (Enforcement Actions)** - The Committee's attention is drawn to the CQC inspection report lifting the enforcement actions. The report was published in November following a CQC inspection carried out on the Bradgate Unit during September
- **Compliance with hygiene code:** There has been a lack of safe systems of work in place on one of the CHS wards with regards to the disposal of body fluids. This has resulted in an Amber rating for the month of November. Health code assessment forms continue to be populated and are currently under review to support assurance requirements.
- **MRSA Bacteraemia:** A MRSA bacteraemia has been identified within the East locality of CHS division. This case has been attributed to LPT with identification of some care failings. Year-end target of 0 (Zero) is based on the Commissioner target.
- **Infection Control: C Diff (MH & Community)** – Monitor target reflects the annual de minimus limit set at 12 cases as set out in the Monitor Risk Assurance Framework 2013/14 and is monitored each quarter. The Commissioner threshold is set at 7 cases and is reported monthly as per the Quality Schedule for 2013/14. The Clostridium Difficile case within CHS division brings the total number of cases for LPT to date to 6. A Route Cause Analysis is being undertaken.
- **Feedback from Quality Assurance Committee – 10th December 2013** - The Committee received the report and the following was noted by exception; C Diff – The Committee noted the C Diff performance and requested that the commissioner maximum target (7 cases) is reflected in the IQPR as well as the Monitor target (12 cases).

Background papers

Leicestershire Partnership Trust Board Papers can be found at the following link:
http://www.leicspart.nhs.uk/_Aboutus-Trustboardmeetings2013.aspx

University Hospitals Leicester Trust Board meetings can be found at the following link:

http://www.leicspart.nhs.uk/_Aboutus-Trustboardmeetings2013.aspx

Further information on the health system can be found in a previous report to the Shadow Health and Wellbeing Board March 2013:

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=961&MId=3727&Ver=4>

Recommendations

34. The Committee is asked to:

- a) note the progress made to date in developing the performance framework alongside reporting arrangements to support the Committee's role;
- b) note the performance summary, issues identified this quarter and actions planned in response to improve performance; and
- c) comment on any recommendations or other issues with regard to the report.

List of appendices

Appendix A - Health and Wellbeing Board Dashboard Quarter 2

Appendix B - Supporting Boards Strategy Priorities and Project Delivery Map for Joint Health and Wellbeing Strategy.

Appendix C - NHS Outcomes Framework

Appendix D - Public Health Outcomes Framework

Appendix E - Adult Social Care Outcomes Framework

Appendix F - CCG Outcomes Framework

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