

Agenda Item: LW2017/52		FOI Exempt: N
NHS Leeds West CCG Governing Body Meeting		
Date of meeting: 24 May 2017		
Title: Integrated Quality & Performance Report (IQPR) – May 2017		
Lead Governing Body Member: Sue Robins, Director of Commissioning, Strategy & Performance / Jo Harding, Director of Nursing & Quality	Category of Paper	Tick as appropriate (✓)
Report Author: Various	Decision and Approval	
Reviewed by SMT: N/A	Information	
Reviewed by Assurance Committee: 10 May 2017	Discussion	✓
Checked by Finance: N/A		
Approved by Lead Governing Body member (Y/N): Y		
Strategic Objectives – that this report relates to		Tick as appropriate (✓)
1. To tackle the biggest health challenges in West Leeds, reducing health inequalities		✓
2. To transform care and drive continuous improvement in quality and safety		✓
3. To use commissioning resources effectively		✓
4. To work with members to meet their obligations as clinical commissioners at practice level and to have the best developed workforce we possibly can		✓
Joint Health & Wellbeing Strategy Outcomes – that this report relates to		Tick as appropriate (✓)
1. People will live longer and have healthier lives		✓
2. People will live full, active and independent lives		✓
3. People will enjoy the best possible quality of life		✓
4. People are involved in decisions made about them		✓
5. People will live in healthy and sustainable communities		
Assurance Framework - to which risks on the GBAF does this report relate?		
Risk 2 - Providers fail to meet quality standards, leading to poor quality and unsafe care.		

KEY MESSAGES

1. This report accompanies the IQPR dashboard and provides the latest information on the quality and performance of services being commissioned for our patients against a range of metrics.
2. This IQPR cover paper highlights specific areas for information and associated assurance; it is focussed on action and mitigation.
3. The report provides assurance to the organisation that we are delivering against the requirements of the NHS Mandate and Constitution which embed the priorities of our local populations.
4. The report provides a number of dashboards giving a high level view of how the CCG is progressing in delivering its strategic objectives. The indicators and metrics in each dashboard have been chosen to provide a balanced view for each sector. Please note that the metrics are flexible and may change depending on sustained performance.
5. Where provider performance falls below expected standards, remedial action and action plans will be described in the narrative.

The Governing Body is asked to:

- (a) **RECEIVE** the IQPR.

Performance Area	Actions	Responsible Body	Lead Manager	Projected Timescale to Delivery
CCG IAF	No changes from previous IQPR i.e. no indicator update	N/A	John Tatton	N/A
Referral to Treatment (RTT)	<p>Leeds CCGs RTT position has deteriorated in recent months and all three CCGs are now failing to deliver the required standard</p> <p>Delivery of the RTT trajectory required an increase in activity over and above 2015/16 outturn. For LTHT delivery required a 5% growth in activity. This level of growth has not been achieved with LTHT underachieving on its elective plan by close on 10%.</p> <p>This underachievement is primarily due to the unplanned increase in non-elective demand which has put significantly pressure on beds, flow and capacity. In addition demand in some specialties has grown at a higher than expected rate</p> <p>Specialties that are non-compliant with RTT in the main continue to reflect the areas where demand is significantly outweighing available capacity or non-elective bed pressures are a major factor.</p> <p>The Trust has to some extent been able to mitigate the impact of the increased non-elective activity and its impact on elective capacity through increased outpatient and day case activity however this is at a detriment to the Trust overall financial position and is not sustainable as a solution</p> <p>All CSUs and specialties with significant backlogs of patients over 18 Weeks have had their recovery plans assessed and refreshed, recognising on-going constraints with workforce and bed capacity.</p> <p>With current plans in place, the number of patients waiting over 18 weeks on a non-admitted / Outpatient pathway had reduced by 812 patients from end of December to end of February. It is anticipated that if activity continues as per CSU trajectories and plans this would enable the Trust to further improve on it and the CCGs RTT position.</p>	Acute PMG	Helen Lewis	STF trajectory to achieve from October 2016

Emergency Care Standard (ECS)	<p>The CCG continues to fail the A&E 4 Hour Access standard. Despite a reduction in A&E attendances there is continued pressure on LTHT as a result of problems with systems flow as a result demand for IP beds is outstripping capacity resulting in high numbers medical outlier on surgical wards. The problem of demand has recently been exacerbated by staffing pressures within community nursing services resulting in delays in patients being accepted for out of hospital support i.e. delays in discharge.</p> <p>The Trust has continued to enact its full capacity plan since beginning of October 2016, and has continued to be at REAP level 4 and above together with Silver Command for considerable periods of time during Q3 and early Q4.</p> <p>In addition the Leeds Health and Social Care System, through the System Resilience Assurance Board and its Operational Delivery Group continued to support the Trust with a range of initiatives designed to improve flow that include:</p> <ul style="list-style-type: none"> • Commissioning of 24 transitional convalescence / awaiting further care beds at Wharfedale in partnership with Villa Care (Heather Unit). • Weekly report and escalation of repatriation delays to acute trusts across West Yorkshire continues. • Continued work to roll out and fully establish the Integrated Discharge Service and Trusted Assessor model. • Additional hospital social workers and social care skills supervisor attached to IDS Team. <p>A review of winter pressures and impact of actions and schemes undertaken to support systems flow is being undertaken to inform the development of the 2017/18 Winter Plan.</p>	System Resilience Assurance Board	Sue Robins/ Debra Taylor-Tate	End March 2017
Cancer	<p>Whilst LTHT continued to perform well against the majority of the CWT targets, including the 14 day urgent referral (2ww) standard, they have not achieved the 31 day subsequent surgery target since September. This is primarily due to on-going pressures on surgical capacity across the Trust and particularly within Trauma and Surgery CSU.</p> <p>As a result of the significant number of patients who chose to decline appointments over the</p>	Acute PMG	Helen Lewis	Aim was to deliver from Sept 2016

	<p>Christmas period, alongside capacity challenges in key surgical specialties due to the impact of non- elective flows (as previously described under RTT), delivery of the cancer standards have remained challenging throughout Q4. Given that delivery of 62 day and 31 subsequent surgery standards require the clearance of surgical backlogs, progress against these standards is expected to take longer with the Trusts overall 62 day performance not expected to recover until September 2017.</p> <p>Pathway Review A pathway review programme led by the Lead Cancer team in conjunction with key CSUs is progressing with good levels of clinical and administrative engagement. This work is focused on reducing waste in the pathways and removing steps which do not add value in the following key pathways:</p> <ul style="list-style-type: none"> • Lung • Urology • Head and Neck • Gynaecology <p>These pathways remain the most challenged pathways in terms of timeliness and any improvement in this regard should have a significant impact on overall and internal 62 day performance. However it should be noted that current non elective bed pressures have the potential to limit the impact of this work on performance in the short term.</p>			
Quality and Safety	<p><u>Mortality Rate (SHMI)</u> There has been a change to the way that SHMI is expressed within the report to enable the reader to see a) whether the provider falls within the expected range, and b) the trend over the previous six data points.</p> <p><u>Serious Incidents and Never Events</u></p> <p><u>Leeds Teaching Hospital Serious Incidents</u> 12 incidents, which met the NHS Serious Incident Framework criteria, were reported by the Trust in February and March which brings the total reported since April 2016 to 68. The</p>	<p>Leeds CCGs and LTHT Quality Group</p> <p>Leeds CCGs and the Provider Quality Groups</p>	<p>Russell Hart-Davies</p> <p>Joanna Howard</p>	<p>N/A</p> <p>N/A</p>

incidents reported in February and March 2017 were:

- Slip/trip or fall (7 incidents)
- Pressure Ulcer grade 3 (1 incidents)
- Pressure Ulcer grade 4 (1 incident)
- Alleged Sexual Abuse by a member of staff (1 incident)
- HCAI infection – c.diff (1 incident)
- Other (1 incident relating to a perineal abscess which led to sepsis and further complications).

The Trust has reported two Never Events in April 2017 (not included within this report). One was related to a retained guide wire which happened in March and the other is a retained throat swab which occurred in April. Both these incidents are under investigation and further information will be provided in the next IQPR.

NHS Leeds Community Healthcare Trust Serious Incidents

19 incidents, which met the criteria of a serious incident, were reported by the Trust during February and March which brings the total reported since April 2016 to 88. Serious Incidents reported in February and March 2017 were:

- Grade 3 pressure ulcers (15 incidents)
- Grade 4 pressure ulcer (1 incident)
- Slips, Trips and Falls (2 incident)
- Apparent/actual self-inflicted harm (1 incident)

Leeds and York Partnership Foundation Trust Serious Incidents:

4 incidents, meeting the serious incident criteria, were reported by the Trust in February and March which brings the total reported since April 2016 to 54. The incidents reported in February and March 2017 were:

- Actual/apparent/suspected suicide (4 incidents)

	<p><u>Other Providers Serious Incidents</u></p> <p>The following organisations have reported serious incidents during February and March 2017 which involved Leeds' patients. These included:</p> <ul style="list-style-type: none"> • Yorkshire Ambulance Service (2 incidents). One incident has been categorised as 'ambulance general' and did not involve a Leeds patient but as it occurred within Leeds the CCG has been notified as an associate CCG. The other incident was recorded as an 'accident e.g. collision' where a double crewed ambulance on route to an incident collided with a pedestrian. • Harrogate and Districts Foundation trust – 2 grade 3 pressure ulcers have been reported. <p><u>Healthcare associated infection</u></p> <p>MRSA blood stream infections assigned to the Trust under the post infection review process have increased when compared to 2015/16 and totalled 11 cases in 2016/17. Themes identified from case reviews were reported in the March IQPR cover paper. Measures undertaken by the IPC team in response to this increase have been reported internally to the Trust Quality Assurance Committee and received at the Leeds CCGs LTHT Quality meeting. Cases of C.difficile in the Trust remained within the threshold set by NHS England for 2016/17.</p> <p><u>Friends and Family Test</u></p> <p>Recommendation of post natal community services provided by the Trust was below the England average; however this was based on just 8 responses meaning that no further analysis is possible. The provided used by the Trust to collect and analyse FFT data has recently changed and it was anticipated that this may impact upon the FFT results during the changeover period. Response and recommendation results will continue to be monitored at the Leeds CCGs LTHT Quality meeting.</p> <p><u>Leeds Community Healthcare: Staffing/Sickness and absence rates</u></p> <p>Annual turnover has decreased since January though remains above target. All business units are affected with Adult and Children's having the highest proportion of leavers during February. Sickness and absence rate indicators are above target and long term sickness</p>			
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	<p>makes up the greatest proportion of this. The Trust is developing some key areas focussing on health and wellbeing and will review the outcome of the NHS staff survey to assist in this. A Recruitment and Retention Summit was held in February 2017 where the issues were fully discussed and a number of initiatives identified. A follow up meeting will be held on 13 March 2017 to progress these. Staffing is monitored at the Leeds CCGs and LCH Provider Quality Meeting.</p>			
Other issues of note	<p>Care Homes</p> <p>Donisthorpe Hall is a 180 bedded care home in North Leeds providing residential, nursing and EMI services for Leeds residents. Following an unannounced inspection in August 2016, the CQC rated Donisthorpe Hall as 'inadequate'. Contributory issues included staffing, medicines management, training (including Mental Capacity Act and Deprivation of Liberty knowledge and training), documentation, care planning and the mealtime experience. The inspection was the third in a row to highlight these issues and give an 'inadequate' rating.</p> <p>The CCG Head of Quality has continued to lead on regular review of progress against the action plan and in quality review visits and the Director of Nursing at Leeds North CCG has continued to host a regular enhanced quality review meeting. The home has been supported by nurses from NHS England and Leeds Community healthcare an progress has been made against the action in the plan. An unannounced inspection was undertaken by the CQC on 19th and 24th April, with the associated report to be published in due course.</p>	Quality team	Russell Hart-Davies	