

# Public Document Pack

## **SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)**

**23<sup>rd</sup> JULY 2019**

**SUPPLEMENTARY PACK**

**AGENDA ITEM 8 – NHS INTEGRATED PERFORMANCE REPORT**

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## 1. SUMMARY OF KEY PERFORMANCE ISSUES

### 1.1 Planned Care and Long Term Conditions

- The CCG continues to narrowly underperform on the 92% target for the percentage of patients waiting less than 18 weeks for treatment. LTHT continue to address these areas and the CCG is actively engaged in seeking solutions wherever possible. Patients in vascular surgery and urology are now being offered choice of independent sector providers where they are waiting over 18 weeks as are spinal patients.
- Over 52 week waits were concentrated solely in colorectal surgery and in spinal surgery. By March month end, only patients in spinal surgery were waiting more than 52 weeks. Steady progress has been maintained. There is a major capacity constraint in these services across West Yorkshire and Harrogate and unavailability of a key surgeon due to a recent case of sickness creates further challenges for a very stretching clearance plan for LTHT. Significant oversight is in place with NHSE/I and LTHT has now appointed two more surgeons but they are unable to start until August/September.
- The waiting list size has continued to grow in the past few months. This is across a wide range of specialties, but with the biggest increases in gynaecology, plastic surgery and urology, together with colorectal surgery. Much of the growth relates to the introduction of the Referral Assessment Service in LTHT which reduced delays in bookings from referral and improved patient experience of converting their referrals but has added about a week's worth of waiting list just through this process change. Additionally it has had the unintended consequence of making it harder for practices to use the e-referral system to offer choice, and has resulted in more patients being referred into LTHT rather than other providers. There is also real growth associated with increases in cancer referrals and other service expansions. In dermatology, for example, there has been a significant increase in 2 week wait referrals and breast, urology and colorectal services have experienced similar growth.
- Cancer performance continues to be challenging. The recent underperformance for issues around 2 week cancer referrals are system wide, and are linked to a national increase in demand linked to national media and individual patient stories.
- Although a growing proportion of patients with suspected cancer are not being seen within the first 14 days, the overall 62 day referral to Treatment standard for patients with a diagnosed breast cancer continues to be maintained. Although the delay in time to first appointment is clearly not ideal and potentially distressing to patients, it has not resulted in any increased delay to treatment for patients who are diagnosed with cancer.
- 62 day performance has been affected in part by LTHT increasing the numbers of cancer cases treated each month to try to make progress on the backlog. In urology

in particular there has been a significant surge in referrals, and a significant increase in the numbers of cases detected in recent months.

## 1.2 Unplanned Care

- In May 2019, Leeds Teaching Hospitals NHS Trust did not achieve the required 95% performance standard, although performance has vastly improved recently. However attendance to A&E has increased over the last 12 months by an average of 3.5% each month. This increase in attendances numbers is above the 2% growth that was anticipated.
- The System Resilience Assurance Board (local A&E Delivery Board) manages the work plan and challenges of the unplanned care system. The Leeds System Recovery Plan has been developed and agreed by SRAB and the Partnership Executive Group (PEG). The recovery plan incorporates Newton Europe priorities on discharge, and will be updated to include the findings on hospital avoidance diagnostics when published. The plan will continue to promote a Home First approach, to support people returning to their usual place of residency as soon as it is safe to do so.
- In March-19, Yorkshire Ambulance Service (YAS) achieved almost all targets, narrowly missing the achievement of 90th percentile Category 4 calls by 9 seconds (target of within 3 hours). This follows YAS's final phase of the fleet replacement programme (delivered in February) which may have hindered productivity previously.

## 1.3 Mental Health and Learning Disabilities

- The national standard for IAPT access in 2018/19 is for 19% of the prevalent population to access the service in the reporting year. This equates to almost 1.6% of this population accessing IAPT support each month (approximately 1,600 - 1,700 people). During 2018/19, 14,000 people accessed IAPT support in Leeds - approximately 6,000 fewer than required levels. Psychological wellbeing practitioner (PWP) staff vacancies due to market conditions continue to pose a challenge for the provider in meeting the access target.
- We continue to underperform against the trajectories for people with a learning disability or autism reliant on inpatient care, although this is also the case across the region. Revised trajectories have been submitted to demonstrate expected progress over the coming two years in line with the expectations set out in the NHS Long Term Plan. The original trajectory has not been achieved due to a culmination of issues, including a lack of appropriate providers who are able to meet the needs of people with the most complex presentation and/or offending behaviour, a lack of local Intensive Support Service, a lack of local Forensic Outreach Liaison Service (FOLS) and MoJ restrictions and specialist commissioning using Locked Rehabilitation as a usual pathway.

## 1.4 Children's and Maternity

- Successfully delivering against the trajectory for the number of children and young people with a diagnosable mental health condition being able to access NHS funded community services continues to be challenging due to local data not being

accurately reflected within national performance reports. We are developing a proposal to centrally commission specialist mental health provision direct to the clusters which will deliver the necessary information flow and provide assurance about quality and impact. An interim data collection taking place in June 2019 will provide a more accurate reflection on activity as all providers will be able to submit a manual input of their activity.

- Three out of six young people urgently referred to the CYP eating disorder service in the 12 months ending Q4 2018/19 were not seen by the service within one week of referral due to patient choice, with the latest (one in Q4) delay due to patient choice. Due to the small numbers involved, this led to an underperforming position against this reporting quarter and it is not felt there is a need for further action given the reasons provided by the provider.
- The percentage of children waiting no more than 18 weeks for a wheelchair has been consistently achieved during the last financial year however in Q4 there were 12 children that exceeded the 18 weeks waiting time. These 12 cases were all for children with highly complex needs and they required specialist wheelchairs which had to be specifically modified and adjusted which also warranted appointments in clinic.

#### 1.5 Proactive Care and Population Commissioning

- Due to the introduction of Personal Wheelchair Budgets (PWBs) from 1st April 2018, we delivered almost three times the required number of PHBs in 2018/19. We anticipate higher than nationally expected performance during 2019/20 as a consequence of the introduction of PWBs, so we have planned to deliver against a stretch target in 2019/20.
- We continue to scope the provision of PHBs to new patient groups and remain part of the National PHB Mentoring programme 2018/19 (partnership between the CCG and wheelchair service) to support the spread of PWBs nationally.

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# The Integrated Quality and Performance Report

Report Period: April 2019

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## Report Key

### RAG Rating

Note: The RAG rating applied within this report is based upon calculating a limit of 5% higher/lower relative to the expected standard/target.

For example, if the expected Standard is a minimum of 92%...

92.5%	'Green' performance would be $\geq 92\%$
88.0%	'Amber' performance would be $87.4\% \leq x < 92\%$
85.0%	'Red' performance would be $< 87.4\%$

Performance measures shown to be 'Amber' should still be interpreted as underperforming - a RAG rating has only been applied to serve as a visual guide to understand how close performance is to the expected standard. They should not be interpreted as being currently within a tolerance level.

### Interpreting Trends

Trend analysis is currently based upon comparing the latest performance with the performance in the previous period.

-  A green arrow represents an improvement in performance
-  An amber arrow represents no change in performance
-  A red arrow represents a deterioration in performance

### Sparklines

 Sparklines have been produced to demonstrate the distance away from the expected target level, with green representing a positive position and red representing underperformance.

The most recent period of data is shown furthest to the right in each sparkline.

# NHS Constitution and Operational Planning Measures

Performance Measures (1 of 2)					
Measure	Target	Data Period	Current	Trend	(Difference from Target)
<b>NHS Constitution</b>					
RTT - Incomplete Pathway (18 week wait compliance)	92%	Apr-19	90.5%	↓	
RTT - Incomplete Pathway (number of patients waiting)	No more than 45,000 by Mar-20	Apr-19	49,247	↓	
RTT - 52 Week Waits	No more than 0 by Mar-20	Apr-19	35	↑	
Diagnostic Waiting Times	99%	Apr-19	97.6%	↓	
Cancer - 2 Week Wait	93%	Apr-19	75.5%	↓	
Cancer - 2 Week Wait (Breast)	93%	Apr-19	32.6%	↑	
Cancer - 31 Day First Treatment	96%	Apr-19	96.3%	↓	
Cancer - 31 Day Surgery	94%	Apr-19	89.4%	↑	
Cancer - 31 Day Drugs	98%	Apr-19	100.0%	→	
Cancer - 31 Day Radiotherapy	94%	Apr-19	100.0%	→	
Cancer - 62 Day GP Referral	85%	Apr-19	74.1%	↓	
Cancer - 62 Day Screening	90%	Apr-19	87.2%	↑	
Cancer - 62 Day Upgrade	90%	Apr-19	84.0%	↑	
<b>A&amp;E</b>					
A&E Waiting Times: % 4 hours or less (LHT - All Types of A&E)	95%	May-19	87.1%	↑	
<b>Mental Health</b>					
Dementia - Estimated Diagnosis Rate	66.7%	May-19	73.6%	↓	
IAPT Access (YTD)	19.0%	Mar-19	13.3%	↑	
IAPT Recovery	50%	Mar-19	54.0%	↓	
IAPT Waiting Times - 6 Weeks	75%	Mar-19	66.7%	↓	
IAPT Waiting Times - 18 Weeks	95%	Mar-19	99.6%	↓	
EIP - Psychosis treated within two weeks of referral	53%	Apr-19	61.9%	↑	
Improve access rate to CYPMH (YTD)	32%	Mar-19	16.8%	↓	
Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks (Rolling 12 Months)	70%	2018/19 Q4	84.1%	↑	
Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week (Rolling 12 Months)	95%	2018/19 Q4	66.7%	↓	
<b>Learning Disability</b>					
Reliance on Inpatient Care for People with LD or Autism - CCGs (All Length of Stays)	12	2018/19 Q4	23	↓	
Reliance on Inpatient Care for People with LD or Autism - CCGs (Length of Stay of 5 Years and Over)	7	2018/19 Q4	14	→	
Reliance on Inpatient Care for People with LD or Autism - NHSE All Length of Stays)	7	2018/19 Q4	16	→	
Reliance on Inpatient Care for People with LD or Autism - NHSE (Length of Stay of 5 Years and Over)	11	2018/19 Q4	10	→	
Number of people on GP LD Registers who have received an Annual Health Check during the year - YTD	3,081 by Mar-19	2018/19 Q3	1,113	↓	
<b>Other Commitments</b>					
Personal Health Budgets (per 100,000) - YTD	62.2	2018/19 Q4	176.2	↑	
Children Waiting no more than 18 Weeks for a Wheelchair	92%	2018/19 Q4	85.2%	↓	
Extended access at GP services (Full Provision)	100% by Oct 2018	Jun-19	100.0%	→	

# NHS Constitution and Operational Planning Measures

Performance Measures (2 of 2)					
Measure	Target	Period	Current		Trend
<b>Quality Premium - Emergency Demand Management Indicators</b>					
Type 1 A&E attendances	No more than 241,592 in 2018/19	Mar-19	241,797	↓	
Non elective admissions with zero length of stay	No more than 21,794 in 2018/19	Mar-19	19,290	↓	
Non elective admissions with length of stay of 1 day or more	No more than 59,550 in 2018/19	Mar-19	55,622	↓	
<b>Quality Premium - Quality Indicators</b>					
Cancers diagnosed at early stage (detected at stage 1 and 2)	At least 54.9% in 2017	12 months to 2017/18 Q3	52.7%	↓	
Overall experience of making a GP appointment	71.9%	2018 (Jan-Apr 18)	68.9%	↓	
NHS CHC eligibility decision made within 28 days	80%	2018/19 Q4	39.6%	↓	
Full NHS CHC assessments taking place in an acute hospital setting	Less than 15% in 2018/19	2018/19 Q4	10.3%	↑	
Recovery rate of people accessing IAPT services identified as BAME	49.8%	Mar-19	40.4%	↓	
Proportion of people accessing IAPT services aged 65+	13.6%	Mar-19	2.8%	↓	
Whole health economy - E. coli blood stream infections (12 months)	No more than 481 in 2018/19	Mar-19	684	↓	
Antibiotic prescribing for UTI in primary care - number of trimethoprim items prescribed to patients aged ≥70 years*	9,181	12 months to March 2019	6,200	↓	
Prescribing in primary care - items per STAR-PU*	0.965 or below	12 months to March 2019	0.933	↑	
Reported to estimated prevalence of hypertension (%)	57.6%	2018/19 Q4	58.8%	↑	

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<b>Report to: Leeds City Council Scrutiny Board – Adults, Health and Active Lifestyles</b>
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<b>Date of meeting: 25 June 2019</b>
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<b>Report title: Performance Highlights</b>
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<b>Report Author: Sam Prince – Executive Director of Operations</b>
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## **PERFORMANCE REPORT**

### **1. INTRODUCTION**

This report aims to provide Scrutiny Board with an overview of performance within Leeds Community Healthcare NHS Trust

### **2. BACKGROUND**

Leeds Community Healthcare NHS Trust (LCH) was established in 2011 and provides a wide range of community services to patients registered with GPs in Leeds. It also provides specialist justice services across Yorkshire and Humber and CAMHS in-patient services for West Yorkshire

The Trust employs around 3,000 staff working across 120 sites

Our services are commissioned by NHS Leeds CCG, NHS England, Leeds City Council and West Yorkshire Police

Our current Care Quality Commission rating is “Good”. This relates to the inspection undertaken in 2017. The Trust was inspected in May 2019 and awaits the outcome (expected August/September 2019).

### **3. PERFORMANCE OVERVIEW**

#### **3.1 Statutory Targets**

##### **3.1.1 Waiting Times**

Overall performance is good. The Trust is currently performing well against the nationally set target of 92% of patients treated within 18-weeks of referral for Consultant-led service. Actual performance is 95.7%.

In addition to the national standards the Trust works to an internal target of 95% of all non-Consultant-led referrals being seen within 18 weeks (to mirror the national target). The Trust routinely meets this standard

The Trust routinely meets the 6-week wait standard for diagnostic tests

### 3.1.2 Improving Access to Psychological Therapies

There are several national targets applied to the Improving Access to Psychological Therapies (IAPT) service.

The key performance indicator is the access target. The Trust (and partners) is commissioned to provide 15% access to the prevalent population. Current performance is 13.4% (2018/19 outturn)

The supply of Psychological Wellbeing Practitioners (PWP) continues to impact on the service's ability to achieve the access target.

The Trust is currently performing adversely against the access within 6 weeks target with May performance at 57% against a target of 75%. The service has an improvement plan in place. This has been agreed with commissioners as the delay is a direct result of increasing the numbers accessing the service. There is an overarching expectation that 95% of patients begin treatment within 18 weeks and the service routinely meets this standard.

The Trust meets the 50% IAPT recovery rate.

NHS Leeds CCG has recently procured a more comprehensive service covering IAPT, primary care liaison and perinatal mental health. The new model is designed to ensure that all access targets for this service are met

The consortium of providers known as Leeds Mental Wellbeing Services (LMWS) was successful in securing the contract which will run for 5 years with two potential one-year extensions.

The LMWS partnership consists Leeds Community Healthcare NHS Trust; Leeds GP Confederation; Northpoint Wellbeing; Touchstone; Home-start Leeds; Leeds and York Partnership NHS Foundation Trust (LYPFT); Community Links; Women's Counselling and Therapy Services (WCTS). The service will be clinically led by Leeds GP Confederation and Leeds Community Healthcare will be the lead contract holder.

The new model is designed to ensure that all access targets for this service are met

## **4. PERFORMANCE DOMAINS – EXCEPTION REPORTING**

### 4.1 Safe

The main issue of concern to the Trust is the number of patients with Category 3/4 pressure ulcers. Year to date there have been 5 cases of Category 3 pressure ulcers and one Category 4. The Quality Committee is overseeing an improvement plan. After each incident a root cause analysis takes place to understand what happened and to identify any learning or improvement themes.

### 4.2 Caring/Effective

The Trust is performing well across all indicators. No concerns or issues to raise

### 4.3 Responsive

#### 4.3.1 CAMHS

The service routinely meets the wait for urgent, emergency (4 hours) and priority (48 hours) referrals.

In May 2019 the average wait time to Next Steps first booked appointment was 9.9 weeks. For patients booked in for a first appointment in June this currently stands at 8.5 weeks. The service works to an operational standard of 12 weeks.

The service continues to work on improving access to assessment for autistic spectrum disorders.

### 4.4 Well-led

The Trust performs well on the range of well-led indicators. Of note the Trust's vacancy rate is low at 3%; this equates to approximately 76 posts. Recruitment is strong but there are challenges in specific services where skills are in short supply eg adult speech and language; nutrition and dietetics.

The overall sickness and absence levels remain within tolerance levels, at 5.4% (1.5% short term and 3.9% long term).

### 4.5 Finance

At the end of Quarter 1 the Trust's surplus is in line with plan. Pay costs are £52k overspent. Identified CIPs are being delivered; there remains £0.2m of unidentified CIPs for 2019/20, these are being mitigated by non-recurrent underspending. The Trust's forecast outturn is that the agreed control total will be achieved. Both the year to date and forecast outturn positions assume the Provider Sustainability Fund and the CQUIN income are achieved in full. The main risks to the financial position are increases in pay costs as a result of service pressures and that the Trust doesn't receive the additional income expected for pay award and contribution to fixed costs assumed in the position.

## **5. RECOMMENDATIONS FOR SCRUTINY BOARD**

Scrutiny Board is recommended to receive the report

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