**Agenda Item:** LW2016/133  
**FOI Exempt:** N

# NHS Leeds West CCG Governing Body Meeting

**Date of meeting:** 30 November 2016

**Title:** Integrated Quality & Performance Report (IQPR) – November 2016

**Lead Governing Body Member:** Sue Robins, Director of Commissioning, Strategy & Performance / Jo Harding, Director of Quality & Nursing

<table>
<thead>
<tr>
<th>Category of Paper</th>
<th>Tick as appropriate (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Author:</td>
<td>Various</td>
</tr>
<tr>
<td>Reviewed by SMT:</td>
<td>N/A</td>
</tr>
<tr>
<td>Reviewed by Assurance Committee:</td>
<td>16 November 2016</td>
</tr>
<tr>
<td>Checked by Finance:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Approved by Lead Governing Body member (Y/N): Y**

**Strategic Objectives – that this report relates to**

<table>
<thead>
<tr>
<th>Tick as appropriate (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To tackle the biggest health challenges in West Leeds, reducing health inequalities</td>
</tr>
<tr>
<td>2. To transform care and drive continuous improvement in quality and safety</td>
</tr>
<tr>
<td>3. To use commissioning resources effectively</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

**Joint Health & Wellbeing Strategy Outcomes – that this report relates to**

<table>
<thead>
<tr>
<th>Tick as appropriate (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People will live longer and have healthier lives</td>
</tr>
<tr>
<td>2. People will live full, active and independent lives</td>
</tr>
<tr>
<td>3. People will enjoy the best possible quality of life</td>
</tr>
<tr>
<td>4. People are involved in decisions made about them</td>
</tr>
<tr>
<td>5. People will live in healthy and sustainable communities</td>
</tr>
</tbody>
</table>

**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 alongside how each of the sectors (acute, primary care, community and mental health) are performing/contributing to the delivery of our 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.
### Improving Access to Psychological Therapies (IAPT)

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>Actions</th>
<th>Responsible Body</th>
<th>Lead Manager</th>
<th>Projected Timescale to Delivery</th>
</tr>
</thead>
</table>
| **Improving Access to Psychological Therapies (IAPT)** | Waiting times  
The IAPT mandated waiting time standards were exceeded within Leeds West CCG during Q1 and YTD. However, the waiting time data does not identify those people who are waiting to access subsequent therapy, such as Step 3 1:1 interventions. Considerable work is taking place to reduce the length of time to access 1:1 support and since January 2016 there has been a 42% drop in waiting list numbers. Key interventions include the following:  
• During 2015/2016, NHS England has awarded Leeds CCGs a total of £150,000 to address waits for Step 3 (high intensity) therapy.  
• A range of work is taking place within the service ensure that the waiting list remains consistently within acceptable levels. | Mental Health PMG | Jayne Bathgate-Roche | March 2017 |

Citywide waits for current modalities as of July 2016:  
• Low intensity classes and seminars – can be accessed within one week  
• Low intensity on-line therapy (SilverCloud) – can be accessed within one week  
• Low intensity 1:1 therapy – the wait can vary depending on patient preference for time/location and hence therapist availability. At the end of June 2016, 61% of people were waiting 12 weeks or less; 83% of people were waiting 18 weeks or less.  
• High Intensity 1:1 therapy - the wait can vary depending on patient preference for time/location and hence therapist availability. At the end of June 2016, 54% of people were waiting 12 weeks or less; 74% of people were waiting 18 weeks or less.

**Summary of Progress to Date and Next Steps**
A range of performance initiatives have been implemented by the consortium year to date. Some of these are in development and are having a considerable impact - in particular, online access/therapy, initiatives to improve recovery rates and a range of waiting list initiatives.

However despite progress being made, access remains significantly below target and although recovery rates have improved, there is monthly variation and they are still below mandated levels YTD.
A paper was taken to the Mental Health Provider Management Group (PMG) in February 2016 regarding performance and potential procurement options. PMG agreed the following: ‘Support the current providers to improve, in order to deliver more effectively and implement the recommendations of the NHS England review’.

It was agreed that a review of progress will presented to PMG in October and should adequate progress not have been made, a proposal will be taken to PMG to give notice and re-procure the service. An initial procurement discussion paper was taken to PMG on September 5th 2016 identifying current position/considerations and issues to be resolved.

| Referral to Treatment (RTT) | RTT performance at Leeds West is narrowly below the 92% standard; LTHT’s performance is lower than this. There are a number of reasons for the continued failure to achieve and sustain 92%; some relate to outpatient capacity in key specialties, and some to the availability of beds and theatres to reduce inpatient waiting times. Each clinical service unit has had a detailed review with the Chief Operating Officer’s team. LTHT has agreed to ensure that specialties commissioned by NHS England are reported to the appropriate commissioner from September, which should improve the CCG performance metric although not impacting on the Trust performance overall. Key areas of pressure include spines (outpatient and inpatient capacity and increased demand); plastics (theatre capacity) ENT and paediatric ENT (OP and IP capacity), general surgery and colorectal surgery (OP and IP capacity), dental specialties (NHS commissioned – OP capacity). | Acute PMG | Helen Lewis | STF trajectory to achieve from October 2016 |
| Diagnostics | Having delivered 99% performance against the 6 week target for a number of months, the LTHT performance deteriorated in the Spring. The main area of pressure is in endoscopy, where the Trust is unable to staff all the available rooms due to a lack of nursing support, despite significant and ongoing attempts at recruitment and the development of a new workforce model. Given the demand pressures and staffing constraints, LTHT requested a capacity review from Commissioners. This was under taken and a detailed action plan has been implemented. This includes reviewing pathways to ensure appropriate patients can be directed from primary care to the IS rather than needing to be re-routed by LTHT, and offering choice of provider to surveillance patients. The work is ongoing and will be reported to the LTHT contract management board in November. In particular we need to minimise the requirement to use an external provider at LTHT to increase capacity. In response to the request from LTHT the | Acute PMG | Helen Lewis | STF trajectory was to achieve from September 2016 |
CCG’s have commissioned additional new Direct Access capacity from Living Care at Thorpe park, they now have capacity to scope 60 patients per week, this equates to over 3,000 p.a. There is also further capacity at this provider to offer LTHT a further 80 to 120 additional scopes per month through Inter Provider Transfers (IPT) if they were to guarantee an increase in referrals on a monthly basis, they would be in a position to allocate more availability and dedicated lists to LTHT. Westcliffe Health Innovations will also have additional scope capacity from early in 2017. The other capacity constraint at LTHT is in cardiac MRI due to recruitment difficulties; staff are now recruited and take up post in the next two months; The Performance Trajectory for NHS Improvement was that LTHT would achieve the 99% target overall from September. This is looking tight because of the MRI capacity but should be met going forward.

Emergency Care Standard (ECS)  
The ECS remains at significant pressure given increased demand in both the ED and in admitted patients and delays in outflow. There is a detailed multi-agency recovery plan overseen by a city-wide senior group, and West Yorkshire is now also an Accelerator Site for NHSE on this standard. ECS performance has been further impacted upon in September due to the issues related to the pathology system failure, combined with the influx of students at the start of the academic year. We are now seeing our highest ever attendance figures.

Cancer  
NHS Leeds West CCG failed 2 of the cancer targets for August 2016. 2 week wait urgent referral has been met consistently before this month but showed a slight dip in performance and should be recovered for September 16. The 62 day standard- referral to start of 1st treatment remains below the standard. The CCG’s performance against the remainder of the cancer standards is good. LTHT has agreed performance trajectories with NHS Improvement linked to the Sustainability and Transformation Fund (STF) but is currently not achieving the performance trajectory linked to 62 day cancer standard (did not meet for Q1 and will not meet for Q2.) They are looking to restate their trajectory. The Trust cites the following primary reasons impacting on their ability to meet trajectories
- Increase in Non-Electives- which has impacted on bed capacity and elective activity including capacity for patients requiring tests for possible cancer
- LTHT have treated more patients over 62 days which reduces the performance measure
- Internal performance has dipped to 80% (LTHT need to perform 5% over the cancer
target due to late referrals into the Trust to achieve 85%)

- The late referrals from other NHS Trusts is now at 40% after day 38
- Increase in demand for 2ww referrals

**Actions**

- LTHT’s recovery work within the cancer pathways is focused on improving internal performance through a number of key initiatives. There will be a focus on Lung, Head & Neck, Urology & Gynaecology pathways
- Work is on-going across the West Yorkshire region to improve the timeliness of the transfer of patients from the units to LTHT before day 38
- LTHT have concerns about surgical capacity for lung and Head & Neck due to late referrals from external providers
- They are exploring additional day case capacity at Harrogate, and maximising the available capacity at Wharfedale.

**Stroke**

There has been an improvement in all reported indicators since the previous quarter apart from the proportion of eligible patients given thrombolysis which has remained at 100%. All indicators are in line with or above the national average.

<table>
<thead>
<tr>
<th>Quality and Safety</th>
<th>LTHT</th>
<th>Healthcare associated infection:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>One case of MRSA blood stream infection was reported by the Trust in September. The infection occurred in a non-Leeds patient; therefore the CCG has not received information about this case.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Serious Incidents:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 incidents, which met the NHS Serious Incident Framework criteria, were reported by the Trust in August and September which brings the total reported since April 2016 to 39. The incidents reported in August and September 2016 include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never Event - wrong site surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pressure Ulcer grade 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slip/trip or fall (5 incidents)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency Preparedness (pathology system)</td>
</tr>
</tbody>
</table>
Medication
Substance Misuse
Environmental
Treatment delay

The Never Event reported in September was a wrong site surgery during spinal surgery where the wrong disc was removed. The patient underwent corrective surgery which was performed uneventfully.

The incident relating to the problems with the pathology system has been reported as a serious incident and an independent investigation has started. The impact on the wider healthcare system is also being reviewed. Further detail is available in an appendix to this cover paper.

**Bradford Royal Infirmary**

*Friends and Family Test*:

Only 50% of respondents recommended the antenatal care from this provider; however on analysis of FFT data this figure represented a response of only 6 people. Only one respondent was extremely unlikely to recommend the service; the remainder were either extremely likely, likely or neither likely nor unlikely to recommend the service.

**Leeds Community Healthcare (LCH)**

*Serious Incidents*

7 incidents, which met the criteria of a serious incident, were reported by the Trust during August and September which brings the total reported since April 2016 to 41. Serious Incidents reported in August and September were:

- Grade 3 pressure ulcers (6 cases)
- Grade 4 pressure ulcers (1 case)

LCH continue their work to decrease the number of pressure ulcers as well as working with partners across the city.

**Leeds and York Partnerships Foundation Trust**

*Serious Incidents:*

6 incidents, meeting the serious incident criteria, were reported by the Trust in August and September which brings the total reported since April 2016 to 37. The incidents reported in...
August and September were all apparent/actual/suspected self-inflicted harm.

The Trust continues work to clear the backlog of serious incident reports for which a remedial action plan is in place. The backlog has significantly decreased and at time of reporting only six reports from the Trust is outstanding.

**Other Providers**

**Serious Incidents**

The following organisations have reported serious incidents during August and September which involved Leeds patients. These included:

- Harrogate District Foundation Trust – Slip, trip or fall (4 incidents) and a grade 3 pressure ulcer
- NHS Leeds South and East CCG primary care – medication incident
- Hull and East Yorkshire Hospital Trust – suboptimal care of a deteriorating patient
- Yorkshire Ambulance Service Trust – Traffic collision
- Mid Yorkshire Hospital Trust – pressure ulcer grade 3
- Bradford District Hospital Trust – maternity incident

**Other issues of note**

**LTHT CQC report:**

LTHT received a rating of Good following the CQC inspection in May 2016. A summary of the findings can be found in an appendix to this cover paper.

**LTHT Pathology incident:**

A verbal update will be provided.