

MEETING DATE:	9 April 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.2	
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JOB TITLE:	Business Intelligence Manager	
DEPARTMENT:	Business Intelligence YHCS	

North Lincolnshire CCG Corporate Performance Executive Summary – April 2015

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	<i>CCG EMT received and discussed this paper on the 2nd March 2015. Engine Room received and reviewed this paper on the 19th March 2015.</i>
FREEDOM OF INFORMATION:	<i>Public</i>

1. PURPOSE OF THE REPORT:

To inform the CCG Governing Body on an Exception Basis of its corporate performance position (In support of the Business Intelligence Zone which can be accessed live by those authorised to do so)

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	X
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	X

3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP

Data included in this report has been sourced from the following sources all of which are subject to quality and assurance validations undertaken either nationally or locally at a CSU/CCG level:

- Mandatory/Statutory Submissions by Provider Organisations via Unify
- Contractual data and information flows from Provider Organisations
- The Health and Social Care Information Centre

Its purpose is to provide the CCG with assurance against its corporate performance responsibilities as set out in the CCG Assurance Framework and against its commissioning plan.

The report has been reviewed and discussed by CCG EMT on the 2nd March 2015. It was then also received and reviewed as part of the Engine Room meeting on the 19th March 2015.

The report is limited to the information provided to the CCG via the sources outlined above, whilst data quality and validation checks can be performed all data is owned by provider organisations at its point of origin.

This report contains information relating to the same frameworks each month, however content will vary subject to performance exceptions.

4. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	x	No	
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The report Supports the Quality/Performance section of the CCG Assurance Map, in particular Performance reporting – Financial and Quality. It provides management level assurance to the Engine Room and Governing Body to enable them to provide second line assurance to the CCG Council of Members.

The content of the report also provides assurance in support of the NHS England Balanced Scorecard.

In addition the report provides assurance against the CCG Board Assurance Framework (BAF) Risk FP1. *Position monitored by CCG Engine Room and Governing Body. Reviews of monitoring reports. Added to BIZ. Audit Group monitors adequacy of controls.*

The key risks contained in the report relate to the delivery of the NHS constitutional standards, not limited to but predominantly the following:

- A&E 4 Hour Waiting Times
- Referral to Treatment Times
- Ambulance 8 Minute Response Times

Recovery actions against these standards can be found in the report and further detail on the CCG's Business Intelligence Zone (BIZ) <https://secure.yhcs.org.uk/biz/nlccg/>

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x
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6. LEGAL IMPLICATIONS:

Yes	x	No	
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CCG's are accountable for the delivery of its statutory and local priorities.

7. RESOURCE IMPLICATIONS:

Yes	x	No	
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Additional Quality funding is dependent on the delivery of the Quality Premium Measures, a summary of the position against this is contained in this report.

8. EQUALITY IMPACT ASSESSMENT:

Yes		No	x
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9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	x
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CCG Assurance Framework – Quarterly Balanced scorecard is published on the external CCG website.

10. RECOMMENDATIONS:

The CCG Governing Body is asked to: -

- To receive and note the report and be assured that areas of underperformance are being addressed at a local level to meet agreed targets and commitments.
- To receive and comment/feedback on the new provider assurance dashboard at Appendix 1. Back up details to each section of this report are available on request or can be found on the Business Intelligence Zone (BIZ).

North Lincolnshire CCG Corporate Performance Executive Summary 2014/2015

Author Business Intelligence Team

Date 2nd April 2015

Meeting Date 9th April 2015



Performance Executive Summary: Position at 11th March 2015

The purpose of this report is to provide the North Lincolnshire CCG Engine Room and Governing Body with an updated summary position on an exception basis on the national performance indicators as set out in the NHS Outcomes Framework and Everyone Counts guidance and which form part of the CCG Assurance Framework.

This is supported by the Business Intelligence Zone (BIZ) which will be reviewed as part of the CCG Engine Room meeting, and can be visited by **CCG members** at any time on the following link: <https://secure.nyhcsu.org.uk/biz/nlccg/> - Please use this link and save to your favourites, any comments would also be appreciated. You can also sign up to receive a newsfeed e-mail alert. If you require any assistance with the site please contact either Emma Munday in the BI Department or your CCG Relationship Manager.

In all cases of deviation from target an **exception report** is raised whereby the lead in this area must provide underlying cause information as well as recovery actions if applicable. These reports are also available on the BIZ.

1. CCG Assurance

Are patient rights under the NHS Constitution being promoted?

Area	RAG	Comments	Lead
RTT Number of >52 Week Waiters	R	<p>The CCG has had two patients who have waited over 52 weeks from referral to treatment. These are categorised into two types, those admitted/seen whose experienced wait was greater than 52 weeks and those who at the end of the month were still waiting.</p> <p>The CCG assurance framework is only marked as Red when a breach occurs on an incomplete pathway (still waiting).</p> <p>There has been 1 patient who as at the end of January 2015 was still waiting over 52 weeks i.e. on an incomplete pathway. The patient was on a Trauma and Orthopaedic Pathway at United Lincolnshire Hospitals NHS Trust (ULH).</p> <p>ULH have experienced very high levels of emergency demand, which have continued to result in significant cancellations of elective and outpatient activity. They have been on internal Level 4 escalation on a number of occasions, when all elective (other than urgent) and some outpatient clinics have been cancelled to free up beds and staff to deal with emergency activity.</p> <p>ULH continue to be monitored on a weekly basis by the TDA on this issue.</p> <p>The second patient who waited over 52 weeks was on a non-admitted pathway, they were waiting for treatment at Hull & East Yorkshire Hospitals on a general surgery pathway. The Trust is also experiencing similar pressures to the system as ULH and has an action plan in place for RTT.</p> <p>Overall the CCG's RTT % achievements in all categories remains above plan but the RTT report on the BIZ provides details of the current position at a provider and specialty level.</p>	CB

Diagnostic 6 Week Wait	A	<p>For the first time this financial year the CCG has not achieved the target for patients waiting less than 6 weeks for diagnostic procedures.</p> <p>There is a 1% tolerance level in the NHS constitution but the reported position in January 2015 is 1.2%.</p> <p>This represents 53 breaches as follows. 13 of the breaches occurred at out of area providers, 40 occurred locally at Northern Lincolnshire & Goole Hospitals NHSFT (NLAG) in MRI and CT.</p> <p>The Trust response to this position is that the breaches are a result of the CT machine breaking down coupled with an increase in demand during the month in both MRI and CT. There is a national problem obtaining additional capacity from mobile CT & MRI scanners, especially at short notice (in this situation).</p> <p>The team resolved the issue quickly and the Trust is not anticipating breaches during February 2015.</p> <p>A full breakdown of all the breaches can be found as part of the exception report on the BIZ.</p>	
A&E 4 Hour Waiting Times	R	<p>The performance against the A&E 4 Hour waiting time target has continued to under achieve in January 2015, with a worsened position.</p> <p>Actions continue to be taken as set out in the resilience plan to increase weekend discharge rates, extend weekend bed capacity and reduce delays for non-elective surgery.</p> <p>Performance remains erratic on a day to day basis, with waits for beds being the biggest challenge.</p> <p>The exception report on the BIZ has recently been updated and weekly monitoring of the position continues.</p>	CB
Cancer 2 Week Waits; Breast Symptoms	A	<p>This indicator has again failed to achieve the required level of tolerance in December 2014.</p> <p>5 patients waited longer than the maximum 2 weeks to be seen following referral for breast symptoms out of a total of 35 patients.</p> <p>3 of the patients were waiting to be seen at NLAG, all of which cancelled the first offer within the standard.</p> <p>1 patient was waiting at Sheffield Teaching Hospital who declined an appointment offered on day 13 due to family illness.</p> <p>1 patient breached at United Lincolnshire Hospital (ULH) due to insufficient clinic capacity. ULH do have a recovery plan in place which was provided last month, an update to which has been requested.</p>	CB

Cancer 31 Day Waits; Surgery	A	<p>This indicator is below the level of tolerance in December 2015. Due to the small numbers of patients in this category the breach only relates to 1 patient out of a total of 15.</p> <p>This was a renal patient waiting for treatment at Hull & East Yorkshire Hospitals (HEY) and the delay was caused as a bed was needed at Hull Royal Infirmary.</p> <p>Further details have been requested from the Trust around this case and any specific pressures around bed availability at HEY. These will be provided on the BIZ in the exception report.</p>	
Category A Ambulance Response Times 8 Minute Red 1	R	<p>Performance at East Midlands Ambulance Trust (EMAS) against both Category A 8 minute indicators remains at Red in January 2015.</p> <p>Audits related to prolonged waits for Red 1 & Red 2 patients have been requested and are to be provided on a 6-monthly basis to provide assurance that clinical quality isn't unduly affected.</p> <p>The Trust has developed a Performance Improvement Plan (PIP), which covers a range of supplementary actions, plus those actions already identified within the Better Patient Care plan.</p> <p>The sustainability of the current actions required to deliver performance is also a cause for concern, particularly in relation to the level of non-recurrent funding the Trust has received to support actions.</p> <p>The continued non-delivery of performance is an area of concern for commissioners and formal reviews continue to take place.</p> <p>The next PIP report is expected from the provider in early February.</p> <p>We suspect that resource is being pulled into the wider Lincolnshire area, having an effect on our local performance.</p> <p>EMAS overall performance is 68.63% in January 2015 (YTD 71.75%).</p> <p><i>The position for all ambulance Category A response times are assessed against Trust performance. For information the North Lincolnshire position at January is 59%, resulting in a Red status for the CCG (YTD 76.4%).</i></p>	CB
Category A Ambulance Response Times 8 Minute Red 2	R	<p>EMAS overall performance is 65.18% in January 2015 (YTD 70.47%).</p> <p><i>North Lincolnshire January 2015 position is also below target at 69.1% (YTD 76.8%)</i></p>	CB
Category A Ambulance Response Times 19 Minute	R	<p>EMAS overall performance is 90.52% in January 2015. (YTD 92.85%)</p> <p><i>The North Lincolnshire January 2015 position has improved to 90.9% (YTD 94.4%)</i></p>	CB

Mixed Sex Accommodation	A	<p>For the second month there have been breaches of the mixed sex accommodation standard at Hull & East Yorkshire Hospitals (HEY).</p> <p>This relates to 2 patients and 2 separate causes. Both causes appear to relate to the Trust being unable to transfer to a ward from ICU due to bed pressures and acuity levels. These breaches have affected multiple commissioners.</p> <p>Full RCAs are being undertaken for all breaches at the Trust and will be provided as part of the exception report on the BIZ.</p>	CW
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Are health outcomes improving for local people (CCG Assurance Indicators Only)?

Area	RAG	Comments	Lead
Reducing potential years of life lost from causes considered amenable to healthcare (all ages)	R	<p>The data to support this indicator is only available annually and is for the calendar year. Therefore the latest results are for 2013/14 as of December 2013. The indicator is calculated using the Office for National Statistics Mortality data and the mid-year population data as a directly standardised rate (DSR) per 100,000 registered patients. The target of 2151.9 has not been met, reaching a rate of 2209.1 (DSR).</p> <p><i>No further data available from last report.</i></p>	CW
Treating and caring for people in a safe environment & protecting them from avoidable harm – MRSA	R	<p>There has been a 3rd case of MRSA reported for North Lincolnshire CCG in February 2015.</p> <p>The NLCCG patient attended Scunthorpe A&E on the 15th February 2015 following concerns around an injury that occurred the previous day. Positive blood cultures were taken in A&E and then again when the patient was admitted to a Ward. The patient was discharged home the same day and has been positively receiving treatment at home since. The bacteraemia has been reported as community acquired as was detected less than 2 days from admission.</p> <p>Full RCA has commenced and details are available on the exception report on the BIZ.</p>	CW

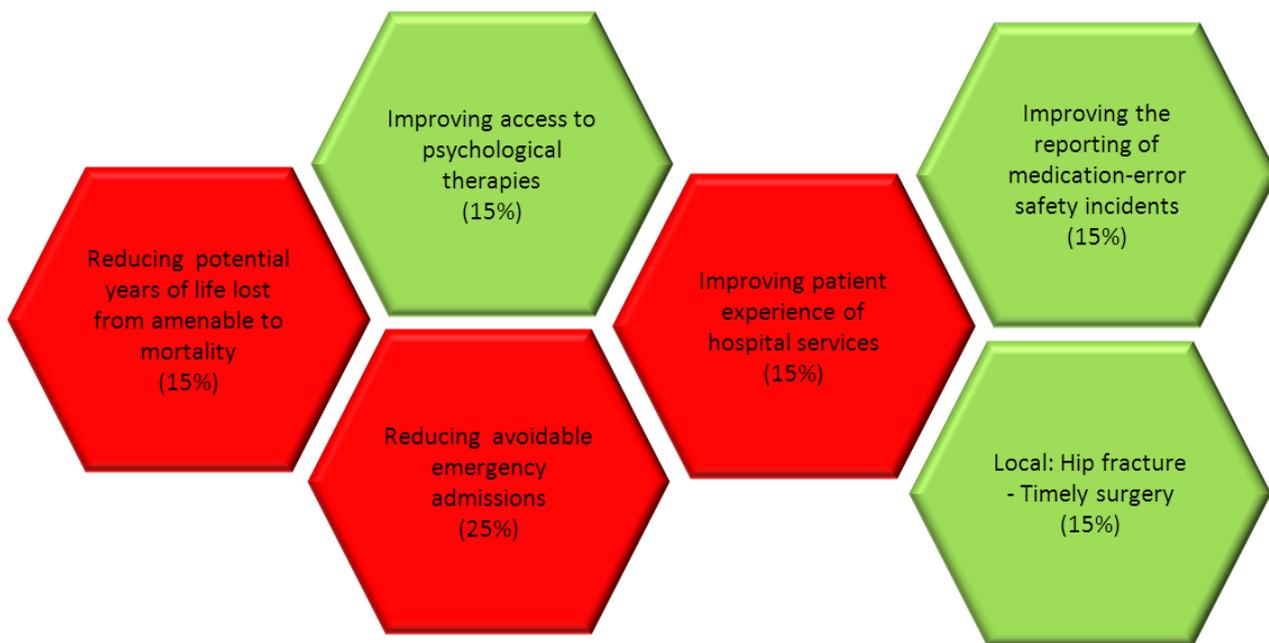
2. CCG Quality Premium

2014/2015 Achievement

In summary this section highlights the areas included in the premium and the current position for 2014/15.

It is worth noting the first gateway in the premium is that the CCG manages within its total resources envelope for 2014/15 and does not exceed the agreed level of surplus drawdown. This element is covered in the finance report, but the CCG cannot achieve **any** of the premium payment if this measure is not achieved.

The following shows the areas contained in the national and local measures and a very high level colour scale view against each area. Shown for information is the percentage weighting against each of the total amount available.



In addition to the above measures which determine the payment available to CCGs, the following penalties are also applied which can each remove **25% of the total premium**. These are all assessed on a YTD basis from April 2014, and will be formally assessed for the premium on the full 2014/2015 cumulative position.

Quality Premium - NHS Constitution rights and pledges gateway	%	Current Achievement	Status	Change from last
Referral to treatment times (18 weeks) incomplete	25%	Y	G	↓
A&E 4 Hour Waits	25%	Y	R	↓
Cancer 2 week waits from urgent GP referral	25%	Y	G	↑
Category A Red 1 ambulance calls	25%	N	R*	↓

* 14/15 achievement of ambulance RED 1 response times has been changed to red based on the unlikely year end achievement of the target. There is no tolerance in the quality premium so 75% must be met to achieve this gateway.

Financial assessment of all of these elements, plus the financial gateway element can be found on the BIZ under quality reports.

3. Highlight Report

This section of the report is meant to act as a soft intelligence section, and also to highlight any potential new or significant performance issues or risks. It may suggest action to be undertaken or simply be used to make the CCG aware of a status.

No	Description	Flag Type	Assigned	Status
1	<p>A&E 4 Hour Waits (2014/15)</p> <p>Due to the significant issues around performance in this area it remains a risk in this section of the report.</p> <p>February 2015 weekly early data shows that the month will again be reported at Red but does show some improvement on the previous month.</p> <p>Work continues with NLAG to understand opportunities to review existing schemes and develop plans to utilise resilience funding to improve performance.</p> <p>Additional non recurrent funding is being used targeting LA's to reduce social care assigned delayed transfers – capacity within Community Support Team to be increased to end March.</p> <p>Weekly monitoring is available on the BIZ, and full details in relation to the above can be found on the Exception Report.</p>	Risk	KP/JE/BI Team	Open
2	<p>2015/2016 Planning – Trajectory Submission</p> <p>The 2nd submission of the 2015/2016 performance trajectories was made on the 27th February 2015.</p> <p>In summary the CCG has committed to full achievement of all NHS Constitutional Indicators and to deliver the required levels of IAPT access, recovery and waiting times.</p> <p>The C Difficile objective has been set and profiled for the year.</p> <p>Dementia diagnosis has been set at the required target level of 66.7% by March 2015, with a continued achievement of this level through 2015/2016.</p> <p>Patient experience in Primary Care indicators have been set to sustain the current levels of performance.</p> <p>2015/2016 Quality Premium guidance has still not been provided to CCGs.</p> <p>Work has commenced to develop the 2015/2016 performance framework around these trajectories, and a summary of the indicators old and new will be made available on the BIZ for information and in preparation for the new financial year.</p>	News	All	Open

<p>3</p>	<p>Provider Assurance Dashboard</p> <p>A new report entitled Provider Assurance Dashboard has been developed. The first phase of this development is around the Northern Lincolnshire & Goole Hospitals NHSFT (NLAG) contract.</p> <p>The aim of the report is to at a high level capture the key highlights against the contract with a provider organisation. It contains 4 main sections, Quality, Performance, Finance and Contract Trading/Issues.</p> <p>A first draft of the summary of this report can be found at Appendix 1 of this report for comment and feedback. Further detail behind each of the sections of the summary page can be provided on request, and the full report will be made available on the BIZ.</p> <p>Feedback and comments can either be noted at the meeting or provided directly to Emma Munday, BI Manager, Yorkshire & Humber Commissioning Support.</p>	<p>New Item</p>	<p>ER for Feedback</p>	<p>Open</p>
<p>4</p>	<p>Q3 CCG Assurance</p> <p>The CCG has its quarterly meeting with NHSE on the 31st March 2015 where the position against the CCG Assurance Framework will be externally assessed.</p> <p>A dashboard will be provided by NHSE for this meeting and will be made available on the BIZ when provided.</p>	<p>News</p>	<p>All</p>	<p>Open</p>

Prepared by Yorkshire and Humber Commissioning Support - North Lincolnshire Business Intelligence Team on behalf of and in partnership with North Lincolnshire CCG

Emma Munday
Business Intelligence Manager

APPENDIX 1



Yorkshire and Humber
Commissioning Support

DRAFT FOR COMMENT/FEEDBACK

Provider Assurance Dashboard

Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

Month 9 Position

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD



Yorkshire and Humber
Commissioning Support

PROVIDER **Northern Lincolnshire & Goole Hospitals NHS Trust**

MONTH **9**

QUALITY [Click for Quality Narrative](#)

Quality Indicators **3**

PERFORMANCE [Click for Performance Narrative](#)

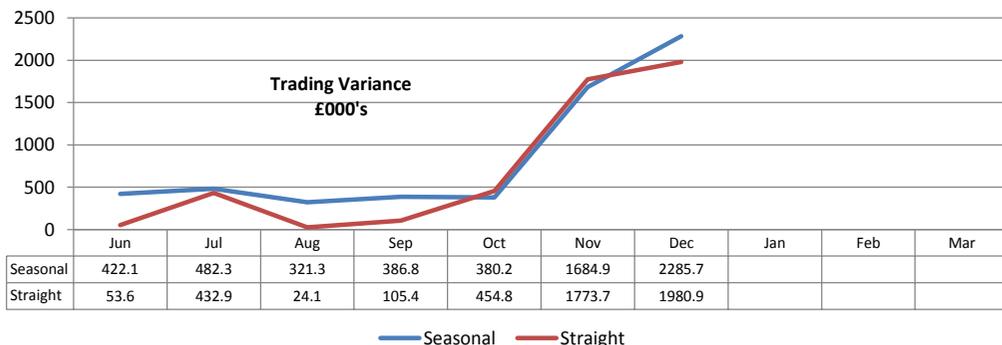
Performance Indicators **4 0 20**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Patient harm (harm-free care - acute care)	95%	SGH 86.5% DPoW 87.1%, GDH	SGH 8.5% DPoW 7.9% GDH 3.7%	No. Exception report
NICE compliance	90%	81%	9%	Yes
Mortality - SHMI (Trust wide)	0.95	109.00	0.14	Yes

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
A&E 4 Hour Waiting Times	95%	89%	-6%	Yes
Ambulance Handovers 30 Min	-	310	310	No data since Apr 14
Ambulance Handovers 60 Min	-	51	51	No data since Apr 14
62 Day Cancer Waits - Consultant Decision to Upgrade		91%	n/a	Small No's

FINANCIAL TRADING & RECONCILIATION [Click for Further Finance Report](#)

Contract Trading Variance £000's



Outstanding Contract Variations

Name	CV No	Value	Comments
None			

Notes:
There are no outstanding formal financial contract variations. NLaG during 2014/15 requested a variation to fund a Community Prescribing Advisor. A response has been provided showing that this is already funded through Agreement of Services payments. The CCG is investigating whether the service is being provided in line with expectations.

CONTRACT HIGHLIGHTS [Click for Contract Issues Log](#)

Key Trading Variances (by Exception Only):

POD	Specialty/ Department	Activity Volume	£000's	Comments
Elective/ Daycase	T&O	92	391.2	Overall there is an overtrade on Elective/Daycase. Additional RTT Activity has been delivered.
	Pain	406	250.8	
	Cardiology	95	116.1	
Non-Elective	General Med	318	665.7	Non-Elective in total is approx 3.2% above plan. General Med makes up over 50% of NE activity.
	TIA	39	138.6	
	Elderly Med	54	160.0	
Outpatient New	Cardiology	187	31.5K	Outpatient News are approx 6.1% underplan, these specialties are offset by others under plan.
	T&O	187	22.9	
Outpatient Review	Urology	408	29.1	Outpatient Review are approx 3.2% underplan, these specialties are offset by others under plan.
	T&O	462	33.3	
	Cardiology	549	51.6	
A&E	Investigation Lev 1-2 Treat Level 1-2	3649	362.3	Offset by a reduction in higher level categories. Overall A&E approx 5% is over plan.
Other	Rheum Drugs	n/a	383.9	High Cost Drugs and Devices are above plan by 21% Diagnostics are 7% above plan.
	Cardio Drugs	n/a	156.4	
	MRI/CT	925	181	