


MEETING DATE:	11 th June 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP Governing Body
AGENDA ITEM NUMBER:		
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JOB TITLE:	Business Intelligence Manager	
DEPARTMENT:	Business Intelligence YHCS	

North Lincolnshire CCG Corporate Performance Executive Summary – 2014/2015 Year End

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	CCG Engine Room received and discussed this paper on the 7 th May 2015 CCG EMT received and discussed this paper on the 1 st May 2015
FREEDOM OF INFORMATION:	Public

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 7th May 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.

North Lincolnshire CCG Corporate Performance Executive Summary 2014/2015

Author Business Intelligence Team

Date 4th June 2015

Meeting Date 11th June 2015



Performance Executive Summary: Year End 2014/2015 Position

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 Waiting Times: Admitted Pathways	A	<p>Performance against the target level of 90% of patients waiting less than 18 weeks on an admitted pathway has not been achieved at 87.94% in March 2015, although it is still waiting the CCG Assurance Framework threshold of 85%.</p> <p>Significant pressures at Hull & East Yorkshire Hospitals NHS Trust (HEY) and United Lincolnshire Hospitals NHS Trust (ULH) have had an effect on the North Lincolnshire position, as well as a number of specialties at Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLAG). Key specialties with poor performance include General Surgery, Ophthalmology and Trauma and Orthopaedics.</p> <p>From the March Contract Management Board (CMB) with HEY and Commissioners RTT improvement timescales were noted to be, 31st March 2015 for incomplete pathways (still waiting at month end), August 2015 for admitted pathways and the end of Q1 15/16 for non-admitted pathways. These are Trust level timescales and specialty level timescales are developed.</p> <p>Commissioner and Provider Board members, NHS England and YAS met during week commencing 20th April 2015 to agree a way forward. Feedback from which has been requested and will be made available as part of the exception report on the BIZ when received.</p>	CB
RTT Incomplete Waiters > 52 Weeks	A	<p>There has been a breach of the maximum 52 week waiting time standard for incomplete waiters (still waiting at month end) in March 2015 at HEY on a General Surgery Pathway. This is however within the threshold level as set out in the CCG Assurance Framework.</p> <p>The Trust have provided the following reasons behind the patients long wait:</p>	

		<ol style="list-style-type: none"> 1. Long wait for first outpatient. 2. Then referred to another more specialised colorectal consultant. 3. Patient declined first offer of admission date in March 2015 and requested a date in April 2015. <p>The patient was admitted on the 13th April 2015.</p> <p>In addition ULH have reported an admitted patient who waited over 52 weeks for treatment. This is a patient whose details were included in previous versions of this report breaching the incomplete pathway. This breach marks their admission on the 5th March 2015.</p> <p>Full details of the above patient can be found in the Highlight section of this report.</p> <p>As previously described admitted/non-admitted >52 week waits are shown for information, external assurance is only sought on incomplete >52 week waits (patients still waiting at month end).</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>	
A&E 4 Hour Waiting Times	A	<p>The CCG failed to meet the A&E 4 Hour Waiting time target for 2014/2015. The reported March 2015 year end position was 92.4% against a target of 95% however this level is above the lower threshold as set out in the CCG Assurance Framework so is Amber rather than Red.</p> <p>Improvements were seen since the December 2014 and January 2015 winter months.</p> <p>The exception report on the BIZ has recently been updated and weekly monitoring of the position and the Resilience Plan will continue through 2015/2016.</p>	CB
Cancer 62 Day Waits; Screening Service	A	<p>This cancer waiting time indicator is below the target level in March 2015 but is however inside the tolerance level.</p> <p>This breach relates to 1 patient out of a total of 8. The patient was waiting on a Lower Gastrointestinal pathway at HEY.</p> <p>The patient's referral for treatment was not received until day 91 of their pathway. Further details around this delay have been requested from the Trust.</p>	CB
Category A Ambulance Response Times 8 Minute Red 1	A	<p>Performance at East Midlands Ambulance Trust (EMAS) against both Category A 8 minute indicators did not reach the required level in March 2015.</p>	CB

		<p>Lincolnshire continues to be the only County achieving more than one of the Red standards.</p> <p>The continued non-delivery of performance is an area of concern for commissioners and formal reviews continue to take place.</p> <p>Discussions are taking place through the SRG/Urgent Care Boards in relation to the introduction of the rapid handover document.</p> <p>Due to the failure of these standards in 2014/2015 a formal performance letter has been sent to the Trust.</p> <p>EMAS overall performance is 73.16% in March 2015 (YTD 71.59%).</p> <p><i>The position for all ambulance Category A response times are assessed against Trust performance. For information the North Lincolnshire position at March 2015 is 73.3%, stronger than that of the Trust (YTD 76.3%).</i></p> <p>Despite missing the target on all 3 indicators they are all above the lower threshold limit set out in the CCG Assurance Framework giving Amber statuses.</p>	
Category A Ambulance Response Times 8 Minute Red 2	A	<p>EMAS overall performance is 71.0% in March 2015 (YTD 70.16%).</p> <p><i>North Lincolnshire March 2015 position is also below target at 75.7% (YTD 76.3%)</i></p>	CB
Category A Ambulance Response Times 19 Minute	A	<p>EMAS overall performance is 93.2% in March 2015. (YTD 92.77%)</p> <p><i>The North Lincolnshire March 2015 position has improved to 95.1% (YTD 94.3%)</i></p>	CB
Mixed Sex Accommodation	A	<p>There have been 3 breaches of the mixed sex accommodation standard at Hull & East Yorkshire Hospitals (HEY) on the Castle Hill site during March 2015.</p> <p>There were 2 situations that caused breaches. One affecting 4 patients, 1 of which was an NLCCG patient, and the other also affecting 4 patients, 2 of which were NLCCG patients. In total the Trust experienced 12 breaches of the standard in March 2015.</p> <p>Both situations affecting NLCCG patients were caused by lack of bed capacity to transfer patients who had their care stepped down from ICU (either to standard or high observation), therefore were no longer exempt from the standard and without transfer were a breach.</p> <p>Despite performance through the latter part of 2014/2015 the CCG remains above the lower threshold for this indicator of less than 10 breaches so is reported as Amber.</p> <p>A remedial action plan has been requested from the Trust, a summary of actions from which will be included in the exception report on the BIZ when returned by the Trust.</p>	CW

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	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 as at December 2013, reaching a rate of 2209.1 (DSR). The next nationally published update of this position which will be provided on the Health and Social Care Information Centre Portal is due in September 2015.	CW
Treating and caring for people in a safe environment & protecting them from avoidable harm – MRSA	R	No further cases of MRSA were reported in March 2015. In total for the year, there were 3 cases as detailed in previous reports, and included on the Healthcare Associated Infections Report included on the BIZ.	CW

2. CCG Quality Premium

2014/2015 Achievement

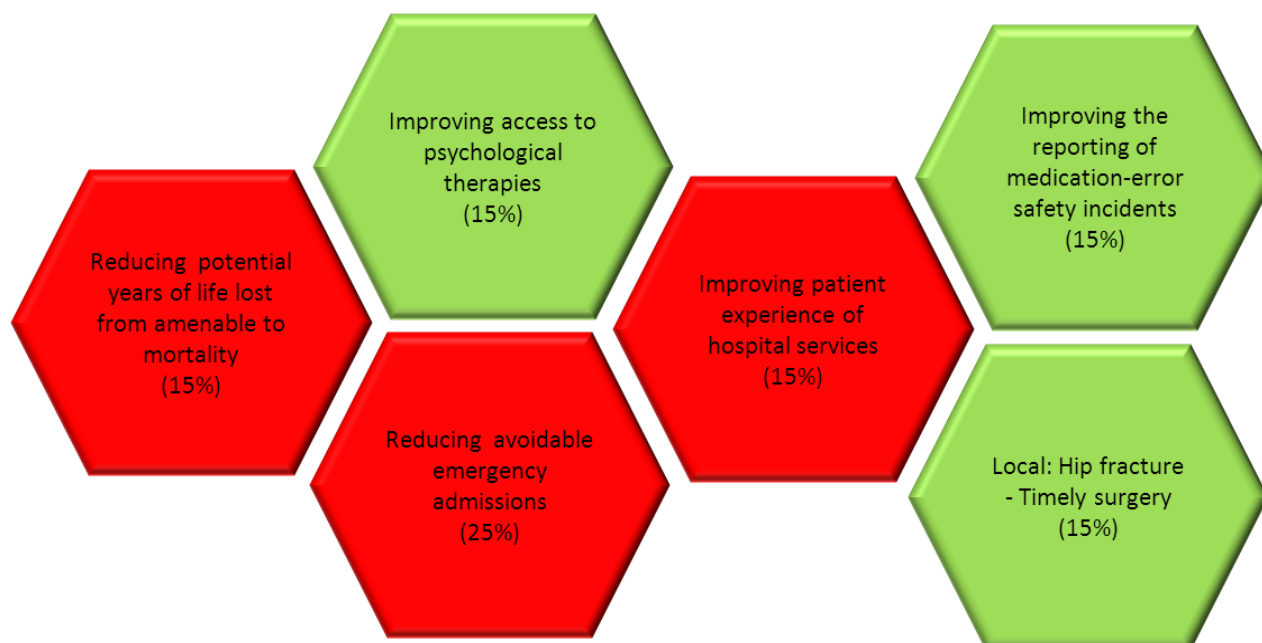
In summary this section highlights the areas included in the premium and the current position for 2014/15.

Financial Gateway

Subject to audit the CCG has achieved its target surplus for 2014/2015 so will have met the necessary requirements to pass through the financial gateway. The full quality premium is therefore applicable in the next stage of the calculation;

Quality Gateway

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.



The above shows therefore that approximately 45% of the premium is currently expected by the CCG.
NHS Constitution Gateway

A CCG will have its quality premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges. As assessment of the current position against these is also shown:

Quality Premium - NHS Constitution rights and pledges gateway	%	Current Achievement	Status	MET?
Referral to treatment times (18 weeks) incomplete	25%	Y	G	YES
A&E 4 Hour Waits	25%	N	R	NO
Cancer 2 week waits from urgent GP referral	25%	Y	G	YES
Category A Red 1 ambulance calls	25%	N	R	NO

This would indicate that 50% (following the 2 x 25% reductions above) of the 45% (shown in the quality gateway above) is available, which is approximately £190,000, similar to the funding paid for the 2013/2014 quality premium paid in 2014/2015.

Confirmation of the final position against the 2014/2015 quality premium will be reporting during 2015/2016 once all final data is confirmed.

3. Provider Assurance Dashboard (Appendix 1)

The Northern Lincolnshire and Goole Hospitals NHSFT Provider Assurance Dashboard for Month 12 can be found at Appendix 1 of this report.

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.

The document remains in development with scope from 2015/2016 to roll out to the other main contracts held by the CCG. Feedback and comments are greatly appreciated and can either be noted at the meeting or provided directly to Emma Munday, BI Manager, Yorkshire & Humber Commissioning Support.

4. 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>Final data confirmed that we failed to meet the year end 95% level of performance, both on a Month actual and full year to date basis. This however will be reported as Red for the quarter in the Q4 CCG Assurance Framework but Amber on a year to date basis.</p> <p>This position also means that the quality premium reduction of 25% will apply (see section 2 of this report).</p> <p>Weekly monitoring will continue through 2015/2016 in the same format as 2014/2015 and updates against the actions set out in the Resilience Plan will continue to be provided.</p>	Risk	KP/JE/BI Team	Open

<p>2.</p>	<p>Referral to Treatment Times – 52 Week Waits</p> <p>The following query was raised by Governing Body on the 9th April 2015:</p> <p>“Has the patient that breached the 52 Week maximum waiting time standard for Incomplete waits (still waiting) at the end of January 2015 admitted?”</p> <p>ULH have confirmed that the patient was admitted on the 5th March 2015 (causing the patient to breach again at the end of February 2015).</p> <p>RCA findings determined that the patient was added to the waiting list prior to Physiotherapy being undertaken. As a result, the pathway was lengthened causing significant delay in getting the patient dated as physiotherapy was required prior to surgery.</p> <p>Due to patient then having physiotherapy, the pathway was delayed as they were put on the WL prior to physiotherapy, where the clock could have been stopped and then added to waiting list as per access policy.</p> <p>In terms of recovery actions the Trust are ensuring that patients are monitored throughout their pathway to ensure all follow up appointments are well within 18 weeks. Patients are moved to another clinician if required to ensure they are seen within 18 weeks. Patients are offered a reasonable TCI date as soon as they are added to the W/L, where possible.</p>	<p>Query</p>	<p>For response</p>	
<p>3.</p>	<p>2014/2015 Detailed Reports</p> <p>As the live reports on the BIZ are now linked to the 2015/2016 position an additional link has been added (in the assurance section in the centre) to access the 2014/2015 position.</p> <p>This can be found at the following link: https://secure.yhcs.org.uk/biz/nlccg/data/uploads/current/assurance-framework/1415.pdf</p>	<p>News</p>	<p>For Information</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
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