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|---|---|---|
| **MEETING DATE:** | 11th June 2015 | **NHS** North Lincolnshire **Clinical Commissioning Group** |
| **AGENDA ITEM NUMBER:** | Item 7.4.2 | |
| **AUTHOR:** | Emma Mundey | **REPORT TO THE CLINICAL COMMISSIONING GROUP** |
| **JOB TITLE:** | Business Intelligence Manager | |
| **DEPARTMENT:** | Business Intelligence YHCS | **Governing Body** |

## North Lincolnshire CCG Corporate Performance
## Executive Summary – May 2015

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|---|---|
| **PURPOSE/ACTION REQUIRED:** | To Receive & Note |
| **CONSULTATION AND/OR INVOLVEMENT PROCESS:** | *CCG EMT received and discussed this paper on the 1st 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 it 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 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 | |

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 |

| 6. LEGAL IMPLICATIONS: | | | | |
|---|---|---|---|---|
| | Yes | x | No | |

CCG's are accountable for the delivery of its statutory and local priorities.

| 7. RESOURCE IMPLICATIONS: | | | | |
|---|---|---|---|---|
| | Yes | x | No | |

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 |

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

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.

- In reference to the Highlight section of the report, and suggestions around Ambulance Reporting, make a preference as to whether to request ad-hoc reports or select reports that they would like routinely reporting as part of the BIZ.

# North Lincolnshire CCG Corporate Performance Executive Summary 2015/2016

Author Business Intelligence Team

Date 4<sup>th</sup> June 2015

Meeting Date 11<sup>th</sup> June 2015

**Performance Executive Summary:** Position at 4<sup>th</sup> June 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 Mundey 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 | The CCG has failed to achieve the target level for 18 Week Referral to Treatment Times in April 2015.<br><br>In total 93 patients out of 886 waited longer than 18 weeks (89.5%).   These long waiters were predominantly at Northern Lincolnshire & Goole Hospitals NHSFT (NLAG) and Hull & East Yorkshire Hospitals NHST (HEYT).  The main specialties reporting long waiting times are Orthopaedics, Ophthalmology and General Surgery.<br><br>In terms of percentage performance it is the position at HEYT that is causing the most significant pressure against this standard.<br><br>HEYT are under close review by the TDA and Commissioners in this area. A revised action plan and trajectory was agreed by their Performance and Finance Committee and Board.  The plan initially focusses on incomplete (patients still waiting on a waiting list) performance at Trust level.  Forecast delivery of the admitted standard is now proposed to be August 2015.  The slippage on this date is due to the number of cancelled operations (both on the day of admission and prior to admission) due to Winter bed pressures which has impacted on the surgical bed base.<br><br>The Trust is taking actions to include additional capacity sourced from the Spire Hull & East Riding Hospital to maximise throughput.<br><br>The further recovery plan has been approved by the Trust Board and is in the process of being implemented.  A copy of this has been requested by the CCG. | CB |
| A&E 4 Hour Waiting Times | A | The CCG failed to meet the A&E 4 Hour Waiting time target in April 2015. The reported position was 92.4% against a target of 95% however this level is above the lower threshold as set out in | CB |

| Area | RAG | Comments | Lead |
|---|---|---|---|
| | | the CCG Assurance Framework so is Amber rather than Red.

Performance is now improving. It hovers around the 95% mark yet not consistently above 95%. The bed position has improved and stabilised meaning the main reason for delay is no longer bed availability. Delayed Transfers of Care are currently low. Key actions are to ensure the Trust fully implements the service specification in particular the specification supported by a directory of service and emergency ambulatory pathways.

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. | |
| Category A Ambulance Response Times 8 Minute Red 2 | A | Performance at East Midlands Ambulance Trust (EMAS) against both Category A 8 minute indicators did not reach the required level in April 2015.

Lincolnshire continues to be the only County achieving more than one of the Red standards. The continued non-delivery of performance is an area of concern for commissioners and formal reviews continue to take place.

The Trust has revised and updated its PIP (Performance Improvement Plan) covering a range of supplementary actions, plus those actions already identified within the Better Patient Care plan.

EMAS overall performance is 74.67% in April 2015 only narrowly missing the target and representing a significant improvement from 2014/2015.

*The position for all ambulance Category A response times are assessed against Trust performance. For information the North Lincolnshire position at April 2015 is 85.2% which again is a significant improvement from 2014/2015 and well above the required 75%.* | CB |
| Category A Ambulance Response Times 19 Minute | A | EMAS overall performance is 94.06% in April 2015.

*North Lincolnshire April 2015 is however significantly above the target at 97.1%.* | CB |

**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 – C Difficile | R | Since the beginning of the 2015/2016 financial year there have been 4 cases of C Difficile, higher than the profiled trajectory of 3 for April 2015.<br><br>All 4 cases were reported at Scunthorpe General Hospital, 2 of which deemed to be hospital acquired and 2 community acquired.<br><br>RCAs have been undertaken, details of which are included in the exception report contained on the BIZ. | CW |
|---|---|---|---|

## 2. CCG Quality Premium
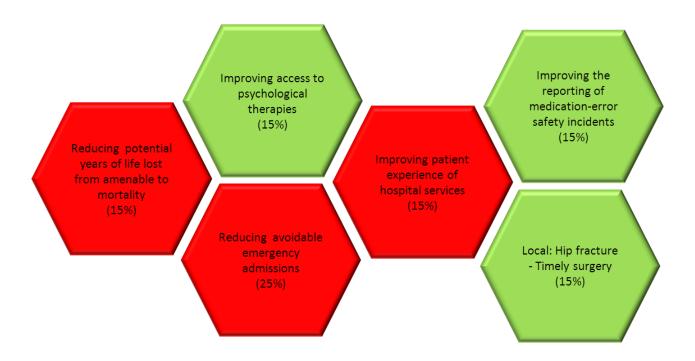
### 2014/2015 Achievement (Payment made in 2015/2016)

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

**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% (show 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.

## 2015/2016 Quality Premium

The CCG has now submitted it quality premium plan for 2015/2016 as follows.  Once this planning submission is agreed and finalised full reporting will be contained in this section of the report.

| Area | Indicator Description | % Weighting | Target or Change |
|---|---|---|---|
| Reducing Premature Mortality | Reducing Potential years of lives lost through causes considered amendable to healthcare | 10% | -1.2% |
| Urgent & Emergency Care | Achieving a reduction in avoidable emergency re-admissions. | 30% | No adverse change |
| Mental Health | Reduction in the number of people with severe mental illness who are smokers | 8% | Reduction |
| Mental Health | Reduction in the number of patients attending an A&E department for a mental health-related needs who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E. | 10% | 95% |
| Mental Health | Increase in the proportion of adults in contact with secondary mental health services who are in paid employment. | 6% | +1% |
| Mental Health | Improvement in the health related quality of life for people with a long term mental health condition | 6% | +1% |
| Prescribing | Reduction in the number of antibiotic prescribed in primary care | 5% | -1% |
| Prescribing | Reduction in the proportion of broad spectrum antibiotics prescribed in primary care | 3% | -10% |
| Prescribing | Secondary care providers validating their total antibiotic prescription data | 2% | TBC |
| Local | Emergency Readmissions | 10% | Reduction |
| Local | Timely Hip Surgery | 10% | 75.5% |

As in 2014/2015 the CCG will have to pass the financial gateway to quality for the premium and there will also be a constitutional gateway in which a CCG will have its quality premium reduced if the providers from whom it commissions services do not meet selected NHS Constitution requirements (details of this can be found in section 2 of this report).

## 3. Provider Assurance Dashboard

The Month 1 Provider Assurance Dashboards will be provided in the next month's Performance Report due to the usual delays caused by validation of activity information.

## 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 | **A&E 4 Hour Waits (2014/15)**<br><br>Due to the significant issues around performance in this area it remains a risk in this section of the report.<br><br>Early indications of the May 2015 position would suggest that the A&E waiting times target will not be met. This is due to the performance levels on the Scunthorpe General Hospital site, with current performance their under 90% month to date. The Diana Princess of Wales's site n Grimsby however has achieved the target in both April 2015 and May 2015.<br><br>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. | Risk | KP/JE/BI Team | Open |
| 3. | **Ambulance Reporting**<br><br>The following query was raised by Governing Body on the 9th April 2015:<br><br>"Given EMAS poor performance what impact if any have the community responders have had?"<br><br>The BI team have reviewed all reporting currently available and are unable to make this assessment. The request has therefore been passed to the Contract Manager to specifically ask the question of the Trust. This will be raised at the next contract meeting. Further details will follow pending the response from the Trust. | Query | For response | Open |
|  | As previously notified EMAS has developed an online reporting that they have now made available to commissioners for self-service reporting (IRIS). A summary of the reports available can be found at **Appendix 1**.<br><br>Currently account access has been limited to a small number per CCG so the BI team now hold an account. They would be more than happy to either routinely make available through the BIZ any reports required, or take ad-hoc requests from the CCG or practices.<br><br>Please contact either Emma Mundey (emma.mundey@nhs.net) or Alison Cressey (Alison.cressey@nhs.net) with any requests. | New Item | For information |  |

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

**Emma Mundey**
**Business Intelligence Manager**

**IRIS - EMAS Commissioner Portal**

*\* 12 Live RFID sites: Kingsmill Hospital, Queens Medical Centre, Royal Derby Hospital, Leicester Royal Infirmary, Northampton General Hospital, Kettering General Hospital, Chesterfield Royal Hospital, Boston Pilgrim Hospital, **Lincoln County Hospital, Grimsby Diana Princess Of Wales, Scunthorpe General Hospital, Bassetlaw District General Hospital***

*\*\* Division: Derbyshire, Leicestershire.*

| Area and Description details taken directly from IRIS - EMAS Commissioner Portal | | | |
|---|---|---|---|
| **Area** | **Description** | **Level** | **What can commissioners get from it?** |
| **CCG SLA** | This report provides the user the number of calls, responses, hits and the performance level by CCG. It also provides the number of Hear & Treats, See & Treats and See & Conveys by CCG | CCG | Breakdown by:<br>♦ Call Type (Emergency, Urgent, Routine)<br>♦ Call Method (GP, Public)<br>♦ Category Code (Red, Green, Urgent)<br>♦ 5 year age bands<br>♦ Chief Complaint (Chest Pain, NHS Pathway, Green 1 escalation)<br>♦ Hour of day (23, 0, 1 etc) |
| **Historical PBR Figures** | This document provides the PBR figures for the Pre-2014/15 reporting years. This document should not be used to report on 2014/15 as the methodology has changed. | CCG | As described - this is pre-14/15 reporting and **should not be used** to report on 14/15. |
| **111** | Provides the number of 111 incidents and the number of those which we conveyed to hospital by Category code and day of week | CCG | As described - The number of 111 incidents and the number of those which we conveyed to hospital by Category code and day of week and hour of day |
| **Response Time by Minute (CCG)** | Provides the monthly number of respones within each minute | CCG | Breakdown by:<br>♦ Category codes RED1, RED2, A19, GREEN1, 2, 3 & 4 by minute |
| **Handover Turnaround** | This provides the Handover Turnaround Report | Trust Site (provider) | By month as described - The Handover Turnaround Report |
| **National Tariff Activity Report (PBR)** | This provides the National Tariff Activity (Formerly PBR) from 2014/15 onwards | CCG | National Tariff Activity breakdown by:<br>♦ Calls, Hear & Treat, See & Treat, See, Treat & Convey<br>♦ Call Type (Emergency, Urgent, Routine)<br>♦ Call Method (GP, Public)<br>♦ Category Code (Red, Green, Urgent)<br>♦ 5 year age bands<br>♦ Chief Complaint (Chest Pain, NHS Pathway, Green 1 escalation)<br>♦ Hour of day (23, 0, 1 etc) |
| **Daily RFID, Weekly and Monthly RFID_CAD comparison and Monthly RFID Breaches** | This provides the following reports: Daily RFID, Weekly and Monthly RFID_CAD Comparison & Monthly RFID Breaches | 12 Live RFID Trust Sites* (provider) | RFID = Radio Frequency Identification<br>CAD = Computer Aided Despatch<br>♦ Handover / Turnaround summary including breaches (activity and cost)<br>♦ Handover / Turnaround data including 'Late Hospital Handover Reason'<br>♦ Variance between CAD and RFID arrivals |
| **Hospital Transfers** | This report illustrates the average job cycle for transfers from hospital to hospital and the number of occasions split out by Emergency and Urgent | Trust (provider) | Breakdown by:<br>♦ Pick-up Hospital<br>♦ Receiving Hospital<br>♦ Time Period (ie less than one hour)<br>♦ Hour of day (23, 0, 1 etc) |
| **Air Ambulance** | This report looks at the number of allocations, arrivals, aborted journeys and the amount of times the three identified air ambulances convey to hospital (HM29, HM53 & HM54) | Air Ambulance (Provider) | By month as described - The number of allocations, arrivals, aborted journeys and the amount of times the three identified air ambulances convey to hospital (HM29, HM53 & HM54) |
| **MITEL Telephony** | This provides the MITEL Calls data broken down by EMAS, Public 999 Calls, Police and Fire etc. | MITEL (provider) | Monthly and daily activity |
| **Percentiles Report** | This report provides the percentile times for the following intervals 50th,75th,85th,95th and 99th percentile point | EMAS & CCG | Breakdown by:<br>♦ Percentile 50, 75, 85, 95 and 99<br>♦ Day, Week or Month<br>for category codes RED1, RED2, A19, GREEN1, 2, 3 & 4 |
| **Mental Health Report** | This provides the number of calls and responses by call category to those with the chief complaint reason of psychiatric/ suicide attempt | CCG | Breakdown by:<br>♦ Call Method (GP, Public)<br>♦ Category Code (Red, Green, Urgent)<br>♦ 5 year age bands<br>♦ Hour of day (23, 0, 1 etc)<br>♦ Incidents response, non response, non conveyance |
| **CFR Contribution** | Provides the contribution community first responders make to performance | EMAS & Division** | Breakdown by RED1 and RED2 |
| **Specialist Transport Report** | This provides the number of responses to ECMO, Neo-Natal and PICU jobs by month | EMAS | By month as described - Responses to ECMO, Neo-Natal and PICU jobs by month |