


<b>MEETING DATE:</b>	13 August 2015	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP</b>  <b>Governing Body</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.2	
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<b>JOB TITLE:</b>	Business Intelligence Manager	
<b>DEPARTMENT:</b>	Business Intelligence YHCS	

## North Lincolnshire CCG Corporate Performance Executive Summary

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive & Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	CCG EMT received and discussed this paper on the 3 <sup>rd</sup> August 2015
<b>FREEDOM OF INFORMATION:</b>	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:

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

### 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 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
- Cancer Waiting Times
- Ambulance 8 & 19 Minute Response Times
- Healthcare Associated Infections

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 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 2015/2016

Author Business Intelligence Team

Date 5<sup>th</sup> August 2015

Meeting Date 13<sup>th</sup> August 2015



## Performance Executive Summary: Position at 5<sup>th</sup> August 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?

#### Overall Constitution Indicator Performance

1	3	22
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#### Areas of Exception:

Area	RAG	↓↑	Comments	Lead
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	R		<p>Performance in May 2015 was below the required level of tolerance. This was due to 3 breaches out of a total of 28 patients.</p> <p>All of these breaches occurred at Hull &amp; East Yorkshire Hospitals NHS Trust (HEY), waiting for Radiotherapy treatment.</p> <p>Breach narrative has been provided by the trust as follows.</p> <p>Patient 1: Patients choice as asked for the treatment to start after return from Holiday. No adjustment to be made as no admission</p> <p>Patient 2: Patient due to attend oncology for mask fitting and pre-radiotherapy work up however the patient turned away the ambulance 27/04/15 and therefore treatment had to be postponed.</p> <p>Patient 3: Wound infection therefore radiotherapy was delayed for 2 days</p> <p>The Trust state that the first two breaches related to patient choice and the third was a legitimate clinical exception.</p> <p>Breaches will continue to be pursued with the responsible provider Trust.</p>	<b>CB</b>
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 June 2015. Achievement against RED1 calls was 73.74%.</p>	CB

			<p>Service-wide, June saw a deteriorating position regarding performance against national standards with all three standards falling below the required level, though Red 1 year to date was still above the national standard.</p> <p>As a result of the deteriorating position the Co-ordinating Commissioning Team issued a Contract Performance Notice and a meeting took place on the 6th July to discuss the required actions.</p> <p>A Remedial Action Plan (RAP) is in the process of being agreed and will be shared with all county leads once this has been done. The RAP will focus on the actions being taken to improve performance, including some of the external factors where Commissioners will be required to provide support, for example in relation to clinical handover delays.</p> <p><i>The position for all ambulance Cat A response times are assessed at Trust level. The North Lincolnshire position at June 2015 is 89.7% which is a significant improvement from 2014/2015 and well above the required 75%.</i></p>	
Category A Ambulance Response Times 8 Minute Red 2	A		<p>EMAS overall performance is 72.97% in June 2015.</p> <p><i>The North Lincolnshire position at June 2015 is 84.2% which again is a significant improvement from 2014/2015 and well above the required 75%.</i></p>	CB
Category A Ambulance Response Times 19 Minute	A		<p>EMAS overall performance is 93.5% in June 2015.</p> <p><i>North Lincolnshire performance in June 2015 is above the target at 96.8%.</i></p>	CB

### Are health outcomes improving for local people (CCG Assurance Indicators Only)?

#### Areas of Exception:

Area	RAG	↓↑	Comments	Lead
Reducing potential years of life lost from causes considered amenable to healthcare (all ages)	R		<p>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).</p> <p>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.</p>	CW
Treating and caring for people in a safe environment & protecting them from avoidable harm – C Difficile	R		<p>Since the beginning of the 2015/2016 financial year there have been 12 cases of C Difficile, higher than the profiled trajectory of 11 year to date.</p> <p>In July 2015 there were 2 cases reported, both deemed Community Acquired from the Root Cause Analysis (RCA)</p> <p>Details of each RCA (and those since April 2015) can be found as part of the exception report on the BIZ and reporting continues to be provided here on a weekly basis.</p>	CW

## 2. CCG Quality Premium

### 2014/2015 Achievement (Payment made in 2015/2016)

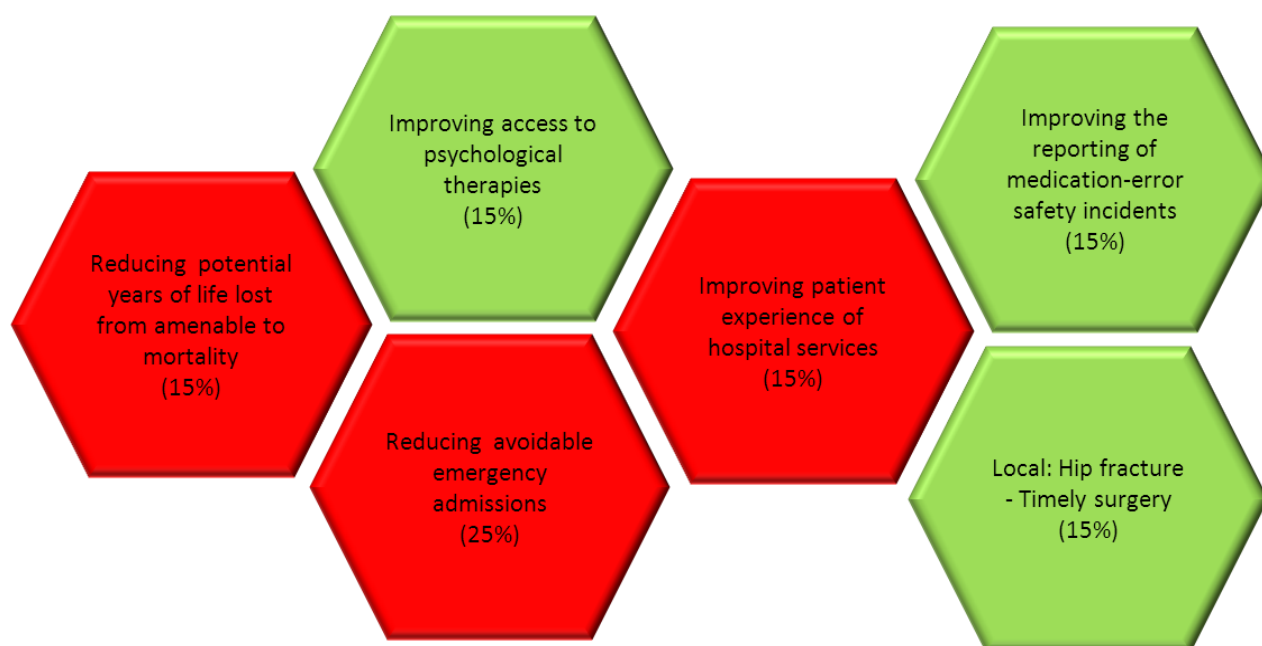
In summary this section highlights the areas included in the premium and the current position against the 2014/15 premium.

#### **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% (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.

## 2015/2016 Quality Premium

The CCG has now submitted its quality premium plan for 2015/2016. Reporting against this (list of indicators previously provided) is in development and will be contained in future reports.

As in 2014/2015 the CCG will have to pass the financial gateway to qualify 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 3 Provider Assurance Dashboard (summary page) for Northern Lincolnshire & Goole Hospitals NHSFT (NLAG) can be found at Appendix 1.

### 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	<b>A&amp;E 4 Hour Waits (2015/16)</b>  A&E Performance in June met the required 95% level for the first time this year.  The position locally at NLAG was 96.8% with all 3 hospitals sites achieving. The Scunthorpe site reported a strong position of 97.4% with only 4 days in the month below 95%.  On average there were 4.8 breaches per day (total in the month 144), compared with 13.5 in April (total in the month 404).  Early indications of the July 2015 position indicate that NLAG will again achieve the required 95% performance level, also again at all 3 sites.  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
2.	<b>Ambulance Reporting</b>  It has been agreed at the last NLCCG Governing Body that requests for specific ambulance reports from the Trusts IRIS system will be made via the NLCCG Quality Group.	News	For Information	Open
3.	<b>Potential Life Years Lost</b>  At the last Governing Body a request was made for more info assurance in this area.  A trend graph showing the last 5 years levels and if/how this has improved available at appendix 2.	Request	For Information	Open



<p><b>4.</b></p>	<p><b>IAPT</b></p> <p>Local IAPT performance levels are above plan, however month on month increases in demand for the service is a cause for concern. Recovery rates are only just achieving. The target waiting times are yet to be reported.</p> <p>This has been raised with the provider, Rotherham Doncaster &amp; South Humber Healthcare NHSFT (RDASH) and a meeting is being arranged with the Information Teams and service/commissioners to review in more detail. This will include practice level referrals, DNA rates and clinical caseness levels.</p> <p>IAPT reporting is in development and will be provided on the BIZ when finalised (by the end of July 2015).</p>	<p>News</p>	<p>For information</p>	<p>Open</p>
<p><b>5.</b></p>	<p><b>Future Monitoring</b></p> <p>A letter has been received from NHS England notifying CCGs of the following national reporting changes:</p> <p>Admitted and Non-Admitted operational standards are being abolished, and the incomplete standard will become our sole measure of patients' Constitutional right to start treatment within 18 weeks.</p> <p>This means that from the date of this letter (24<sup>th</sup> June 2015), no Provider or Commissioner will receive any form of sanction.</p> <p>The collection of information on Admitted (unadjusted) and Non-Admitted pathways will however continue alongside the information on Incomplete pathways.</p> <p>Starting with the publication of June data in August, the following statistics will be published monthly on the same date by NHS England: RTT, Cancer, Diagnostics, A&amp;E, Ambulance, NHS 111 and Delayed Transfers of Care.</p> <p>Weekly collection and publication of A&amp;E data will stop from 1<sup>st</sup> July. NHS England will consult with users shortly on how best to implement these changes. Further detail will be available in due course.</p>	<p>News</p>	<p>For Information</p>	<p>Open</p>
<p><b>6.</b></p>	<p><b>Cancer Performance</b></p> <p>As referenced in the NHS Constitutional performance exceptions of this report, cancer waiting times represent a performance risk for the CCG.</p> <p>This issue is being taken forward by the Commissioner lead in this area to the Cancer Network to request a more detailed review.</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, Business Intelligence Manager**

# NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD - 2015/2016

APPENDIX 1



Yorkshire and Humber  
Commissioning Support

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

MONTH **3**

QUALITY [Click for Quality Narrative](#)

Quality Indicators **9** **0** **8**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Mortality	95	113	18	Yes
Serious Incidents	0	5	5	Not yet available
Harm Free Care	95%	89.9%	5.5%	Remedial action undertaken

PERFORMANCE [Click for Performance Narrative](#) **M2 Shown, M3 outstanding from Trust.**

Performance Indicators

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
A&E 4 Hour Waits	95%	94%	-1%	Yes
Cancer 62 Day Waits			0	
			0	

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

Contract Trading Variance £000's



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Seasonal	6.5	-358.5	-166.1									
Straight	-167.5	-616.1	-420.5									
CCG Adjust for CQUIN - Seasonal		-141.5	166.6									

— Seasonal — Straight — CCG Adjust for CQUIN - Seasonal

Notes:

At Month 3 the NLAG contract is has moved to an overtrade once the adjustment for CQUIN full achievement is made (tbc from CQUIN achievement). The main driver behind this overtrade is the Non-Elective Emergency position, Excluded Drugs and Devices and Imaging. There is however an undertrade on the Elective position.

QIPP/BCF schemes to be CV'd in year will reduce the baseline currently included.

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

Key Trading Variances (by Exception Only):

POD	Specialty/ Department	Activity Volume	£000's	Comments
Elective/ Daycase	Gastro Colorectal Surg	Gastro	147	Overall there is an Elective undertrade of approx 6.1% financially but activity is on plan. This would suggest shift in casemix.
		Colorectal Surg	122	
Non-Elective	Colorectal Surg General Med	Colorectal Surg	36	There is an undertrade on activity (-1.5%) but an overtrade on cost (4.9%) indicating a richer casemix.
		General Med	69	
Outpatient New	Gastro Paediatrics	Gastro	291	Outpatient First Attendances are on plan overall in both activity and cost.
		Paediatrics	178	
Outpatient Review	Colorectal Surg Paediatrics	Colorectal Surg	254	There is a slight overtrade on review appointments of 1.2%. Specialty level however is varied.
		Paediatrics	252	
A&E				A&E activity is broadly on plan although the casemix is varied.
Other	CT&MRI Myo Perfusion	CT&MRI	333	Overall the imaging activity is 9.7% above plan, with cost 17% above plan so higher cost test.
		Myo Perfusion	181	

**There is a 0.6% financial overtrade on the year to date contract value, however many QIPP and BCF schemes are yet to be profiled in line with the start dates of schemes.**

**An Elective review is underway to look at the undertrading specialties against budget pressures at IS providers and out of area.**

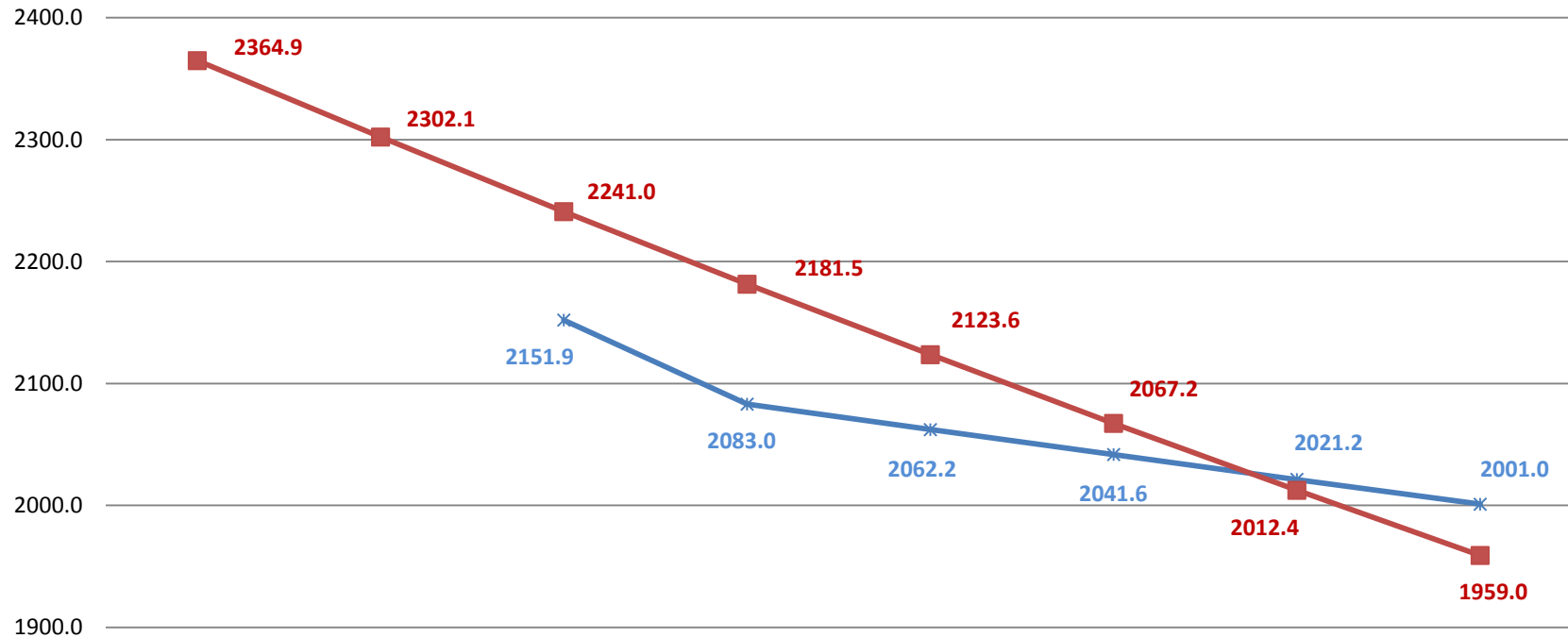
## Appendix 2

NHS North Lincolnshire CCG (registered population)

Potential Years of Life Lost (PYLL), Directly Standardised Rate per 100,000

\* CCG 'local' trajectory = PHE best estimate of the future PYLL trend in the CCG (based on historic rate of improvement)

### NHS North Lincolnshire PYLL Plan v Trajectory\*



	2011	2012	2013	2014	2015	2016	2017	2018
CCG Plan			2151.9	2083.0	2062.2	2041.6	2021.2	2001.0
CCG 'local' trajectory	2364.9	2302.1	2241.0	2181.5	2123.6	2067.2	2012.4	1959.0

—\*— CCG Plan    —■— CCG 'local' trajectory