


MEETING DATE:	8 October 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP Governing Body
AGENDA ITEM NUMBER:	7.3	
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JOB TITLE:	Business Intelligence Manager	
DEPARTMENT:	Business Intelligence YHCS	

North Lincolnshire CCG Corporate Performance Executive Summary

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	<p>CCG EMT received and discussed this paper on the 7th September 2015. CCG Engine Room received and discussed this paper on the 17th September 2015.</p> <p><i>Since review by both bodies above one further section has been added to the highlight report. This alerts the Governing Body to new information that has become available very recently. Details and assurances in these areas are in the process of being sought and will be included in the next report.</i></p>
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 obtained 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:

- Admitted Referral to Treatment Times
- A&E 4 Hour Waiting Times
- Cancer Waiting Times
- Ambulance 8 & 19 Minute Response Times
- Healthcare Associated Infections – C Difficile

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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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CCG Assurance Framework – Quarterly Balanced scorecard is published on the external CCG website.

10. RECOMMENDATIONS:

The CCG Engine Room 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 30th September 2015

Meeting Date 8th October 2015



Performance Executive Summary: Position at 30th September 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

0	6	24
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Areas of Exception:


Area	RAG	↓↑	Comments	Lead
Referral to Treatment Times: Admitted Pathways <18 Weeks	A		<p>Performance in July has failed to meet the required 90% target by 0.5% however is inside a tolerance so is an Amber status.</p> <p>A large contributing factor to this drop in performance is the Orthopaedics, Cardiology and Ophthalmology position at Northern Lincolnshire & Goole Hospitals NHSFT (NLAG).</p> <p>NLAG have reported that improvements in Ophthalmology have been impacted by reduced staffing levels. Whilst the CCG could advise GPs to refer to other Trusts for Ophthalmology for a period to enable NLAG to address the backlog, due to the contract arrangements in 2015/16, this may increase costs.</p> <p>NHS England has also planned a piece of work looking at capacity to deliver RTT activity nationally which should aid performance in this area. Further information around this will be provided when available.</p> <p>The position will be raised with the Trust at September's Contract Review meetings and their response will be provided as part of the exception report.</p>	CB
Cancer 31 Day Waits: Subsequent Cancer Treatments-Surgery	A		<p>This breach in target is as a result of 1 patient out of a total of 11 waiting longer than 31 days for surgical treatment.</p> <p>The breach occurred at Hull & East Yorkshire Hospitals NHST (HEY). The patient was booked for surgery 11/06/15 prior to breach. Reply from the Cancer Tracking Services on the 16th June was that the patient was cancelled due to audit.</p>	

			<p>Locally the CCG will formally raise this for feedback from the Trust at the Contract Management meetings.</p> <p>The lead Commissioners (Hull CCG and East Riding CCG) have on the 25th August 2015 raised a second exception notice on the Trust. This follows a Contract Query Notice issued in September 2014 and First Exception Notice raised in March 2015. The letter is a further escalation in accordance with GC9.20 of the NHS Standard Contract 2015/16. It expresses continued concern regarding the Trust's ability to deliver against the Cancer Waiting Time standards, set out within the 2014/15 and 2015/16 contract.</p>	
Category A Ambulance Response Times 8 Minute Red 2	A		<p>Performance at East Midlands Ambulance Trust (EMAS) against the Category A 8 minute indicator for RED2 calls did not reach the required level in July 2015. Achievement against RED1 calls however did meet the target.</p> <p>Lincolnshire continues to be the strongest area in the EMAS patch.</p> <p>A Remedial Action Plan (RAP) is in place. The RAP focuses 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>A Tracker document is in place which tracks progress against the actions set out in the RAP. This is provided to the EMAS Commissioning Team who continues to monitor progress through regular meetings with EMAS. Updates are then provided through the County Contract Meetings.</p> <p>A copy of the most recent tracker document is provided as part of the exception report on the BIZ.</p> <p><i>The position for all ambulance Cat A response times are assessed at Trust level. The RED2 North Lincolnshire position at July 2015 is 78.9% which is above the required 75%.</i></p>	CB
Category A Ambulance Response Times 19 Minute	A		<p>EMAS overall performance is 91.8% in July 2015.</p> <p><i>North Lincolnshire performance in July 2015 is also below the target at 92.6%.</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		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).	CW

			The next nationally published update of this position which will be provided on the Health and Social Care Information Centre Portal is due at the end of September 2015.	
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 17 cases of C Difficile, higher than the profiled trajectory of 13 year to date.</p> <p>In August 2015 there were 5 new cases reported, 2 deemed Community Acquired and 3 Hospital 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)

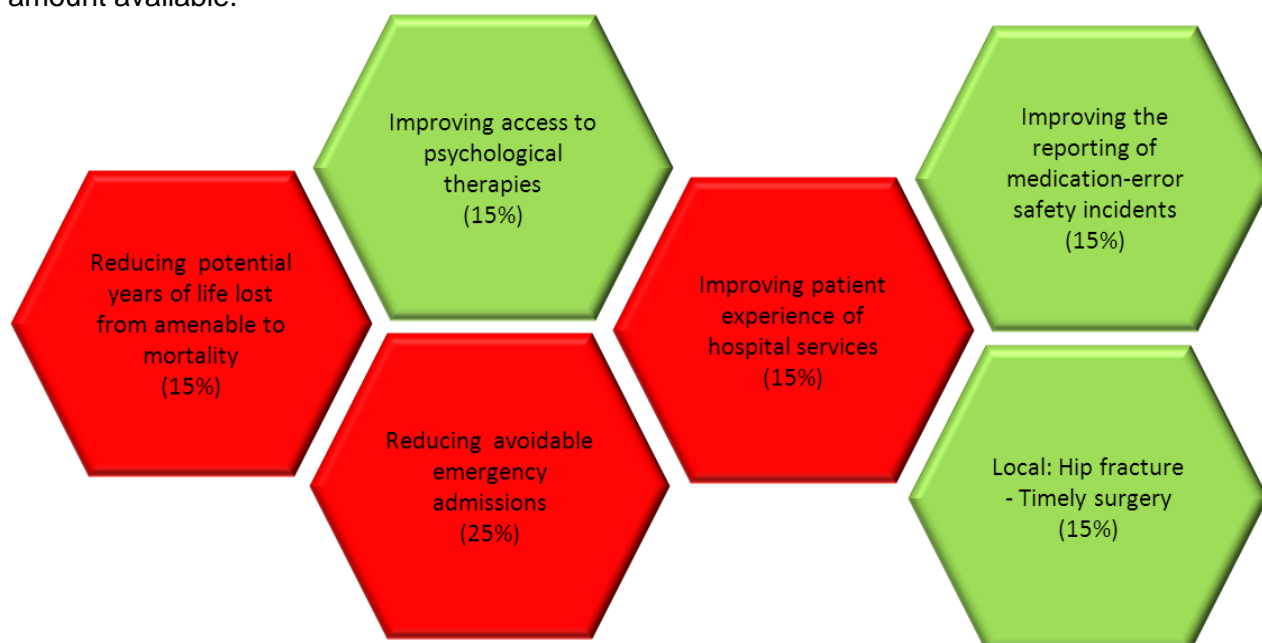
In summary this section highlights the areas included in the premium and the current position against the 2014/15 premium.

Financial Gateway

The CCG has achieved its target surplus for 2014/2015 so has 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 following shows a new report on the performance against the 2015/2016 Quality Premium.

Short Name	% of Premium	Current Target	Current Performance (period)	RAG	Comments
Potential Life Year Lost	10%	2126.1	2209.1 (2013)		Next update due September 2015.
Avoidable Emergency Admissions	30%	2505	2863.9 (2013/14)		
The number of people with SMI who are Smokers	8%				Comparison of % between 31/3/15 and 31/3/16. No current access /availability of data extracted by GPES to ascertain baseline, set target or get a current position.
A&E 4 Hour Breaches who have attended with a Mental Health need	10%	95%			Reporting in Development.
Adults with SMI Conditions who are in Paid Employment	6%	12.3	8.9 (Jan'14 to Dec '14)		Next update due September 2015.
Health-Related Quality of Life for People with a Long-Term Mental Health Condition	6%	0.195			This is a comparison between 14/15 and 15/16. 2014/15 data available September 2015. 2015/16 data available September 2016.
Antibiotics Prescribed in Primary Care	10%	1.213	1.206 (Jul '14 to Jun '15)		Below target for last rolling 12 month period.
Broad Spectrum Antibiotics Prescribed in Primary Care		13%	11.3% (Jul '14 to Jun '15)		Has been below target for the last rolling 12 month period.
Secondary Care Providers Validating their total Antibiotic Prescription Data		NLAG - Yes			Confirmed by lead that main provider (NLAG) do participate in this validation exercise. Monitoring in development.
Emergency Readmission <30 days of Discharge from Hospital	10%	14.5	Q1 15/16 = 16.9 (Final 14/15 = 17.7)		Next update (Q2 2015/16) due November 2015.
Hip Fracture - Timely Surgery	10%	75.5%			Next update due December 2015.

3. Provider Assurance Dashboard

The Month 4 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	<p>A&E 4 Hour Waits (2015/16)</p> <p>A&E Performance in July met the required 95% level.</p> <p>The position locally at NLAG was 96.4% with all 3 hospital sites achieving. The Scunthorpe site reported a strong position of 96.3% with only 8 days in the month below 95%.</p> <p>On average at Scunthorpe there were 7 breaches per day (total in the month 208), compared with 13.5 in April (total in the month 404).</p> <p>Early indications of the August 2015 position however indicate that NLAG performance has deteriorated and will not achieve the required 95% performance level. Both the Scunthorpe and Grimsby site are below target and there have been very few days achieving in month. An exception has been raised in preparation for the confirmed month end position.</p> <p>Performance has improved very recently, although consistently achieving 95% remains a challenge at NLAG. HEY performance, whilst showing some improvement remains below target. A/E performance is generally worse on a Monday, which reflects the low level of discharges over a weekend. The resilience plan will address increasing weekend discharges.</p> <p>The System Resilience Group will monitor both planned and unplanned care delivery and ensure the resilience plan provides resilience across both.</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
3.	<p>New Format Reporting for 15/16 Quality Premium</p> <p>The Engine Room is asked to review the new format for the 15/16 Quality Premium which can be found in this report and confirm it is happy or provide comment/suggest amendment.</p>	Request	Engine Room	Open
4.	<p>Provider Assurance Dashboards</p> <p>Dashboards are in development for Hull & East Yorkshire Hospitals NHST (HEY), Rotherham Doncaster & South Humber Healthcare NHSFT (RDASH) and East Midlands Ambulance Service (EMAS).</p> <p>We are also developing a top level summary assurance report of the 4 providers combined.</p>	Information	BI, Contracts, Finance and Quality Teams	Open

	This development work is planned to be completed by the end of November 2015.			
5	<p>Local Ambulance Measures</p> <p>We are awaiting advice from the quality group as to which measures of this listed on the previous report would be most helpful from a quality perspective. This will then be reported regularly.</p>	News	Quality Group	Open
6.	<p>IAPT</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 & 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.</p>	Risk	All	Open
7.	<p>Public Health Indicators</p> <p>Following discussion at CCG Engine Room on the 3rd September it was agreed that we would look to reintroduce some key Public Health Outcomes Measures as part of the Corporate Performance Reporting.</p> <p>This work is in development led by the Director of Public Health and will follow in future reports.</p>	News	BI	Open
8.	<p>Early Indications</p> <p>The following items have very recently become available but are not included in this report as accompanying exceptions details and recovery actions have not yet been received back. We would however like to draw your attention to these and assure you that each are being fully investigated:</p> <ul style="list-style-type: none"> • Referral to Treatment Times – The provisional position against the Admitted Patient Care indicator in August has fallen to 87.7%. • Breast Cancer 2 Week Waits – July position fallen to 83.3% which relates to 5 patients out of 30. • Cancer 31 Day Waits: Subsequent cancer treatments - Surgery – July position has fallen to 83.3% which relates to 2 patients both at HEY out of 12. • Cancer 62 Day Waits: Referral to Treatment – July position has fallen to 80% and breaches relate to 9 patients out of a total of 44. 	News	BI	Open

	<ul style="list-style-type: none"> • Ambulance 8 Minute Responses RED1 Calls – Trust level performance has dropped to 71.13% in August 2015. • Ambulance 8 Minute Responses RED2 Calls – Trust level performance has dropped to 65.4% in August 2015. • Ambulance 19 Minute Responses – Trust level performance has dropped to 88.96% in August 2015. • Potential Life Years Lost – This data has now been release by the Health & Social Care Information Centre (HSCIC) and we can confirm that it has not met the required target for 2014 nor has it reduced from the previous year. The position has increase from 2209.1 to 2250. <p>Full investigation into all of these areas has commenced and the outcome will be documented in the next paper.</p>			
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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 **4**

QUALITY [Click for Quality Narrative](#)

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

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Screened for dementia	1	1	0	Yes
Harm Free Care - (Patient Safety)	1	SGH 86.7%	0	Not yet available
NICE compliance	90% (by	80.2%	9.8%	Remedial action undertaken

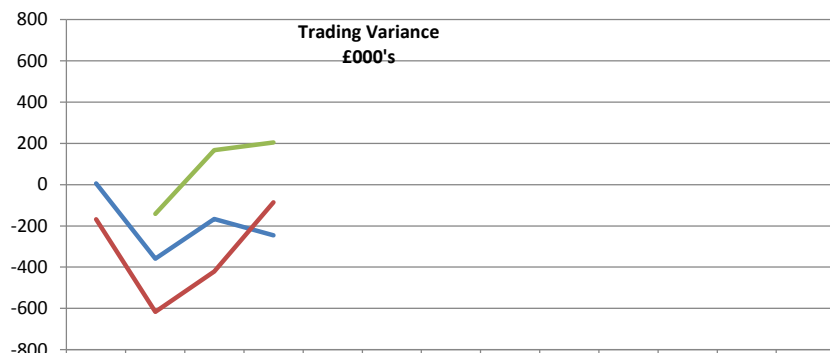
PERFORMANCE [Click for Performance Narrative](#) **M3 Shown, M4 outstanding from Trust.**

Performance Indicators **1** **0** **30**
5 indicators not yet reported

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Never Events	-	2	2	TBC
Ambulance Handover - 60 Min	No further KPIs are Red or Amber but these 2 Indicators are still outstanding in terms of reporting.			
Ambulance Handover - 30 Min				

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	-246.4									
Straight	-167.5	-616.1	-420.5	-85.3									
CCG Adjust for CQUIN - Seasonal		-141.5	166.6	204.4									613.2

— Seasonal — Straight — CCG Adjust for CQUIN - Seasonal

Notes:
At Month 4 the NLAG contract is 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	203	82.3	Overall there is an Elective undertrade of approx 6.4% financially but activity is on plan. This would suggest shift in casemix.
		161	60.3	
Non-Elective	Colorectal Surg General Med	47	99.7	There is an undertrade on activity (-2.2%) but an overtrade on cost (4.5%) indicating a richer casemix.
		53	328.6	
Outpatient New	Gastro Paediatrics	334	62.2	Outpatient First Attendances are on plan overall in both activity and cost.
		187	31.8	
Outpatient Review	Colorectal Surg Paediatrics	251	20	There is a also at planned levels. Specialty level however is varied.
		351	25.4	
A&E				A&E Is undertrading by approx 2.4% on activity, this activity is the less complex walk ins.
Other	CT&MRI Myo Perfusion	342	40.2	Overall the imaging activity is 8.3% above plan, with cost 15% above plan so higher cost test.
		245	97.1	

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.