

Date: 14th April 2016 **Meeting:** Governing Body
Item No. 8.7
Public ✓ **Private**

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REPORT TITLE:
CCG Corporate Performance Executive Summary
DECISIONS TO BE MADE:
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.

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

Executive Summary (Question, Options, Recommendations):

The reports 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.

It informs 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) on the following link where more detailed recovery actions against these standards can be found and supporting reports and analysis <http://biz.nyhcsu.org.uk/nlccg/>.

Equality Impact	Y/N	
Sustainability	Y/N	
Risk	Y/N	<p>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.</p> <p>The content of the report also provides assurance in support of the NHS England Balanced Scorecard.</p> <p>In addition the report provides assurance against the CCG Board Assurance Framework (BAF) Risk FP1. Position monitored by CCG Engine Room and Governing Body.</p> <p>Reviews of monitoring reports. Added to BIZ. Audit Group monitors adequacy of controls.</p>
Legal	Y/N	CCG's are accountable for the delivery of its statutory and local priorities.

Finance	Y/N	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.
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<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>DATE</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>DATE</i>
Patient:					Clinical:				
Public:					Other:				



*North Lincolnshire
Clinical Commissioning Group*

North Lincolnshire CCG Corporate Performance Executive Summary 2015/2016

Author Business Intelligence Team

Date 6th April 2016

Meeting Date 14th April 2016

Performance Executive Summary: Position at 6th April 2016

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: <http://biz.nyhcsu.org.uk/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 available on the BIZ and in 2016/17 the key information will be more extensively incorporated within this report.

1. CCG Assurance

Are patient rights under the NHS Constitution being promoted?

Overall Constitution Indicator Performance


In 2015/16 the CCG has been developing the way it counts/reports the constitution indicators (CIs). This has resulted in the number of CIs changing between reports. In 2016/17 a detailed explanation of any changes will be incorporated within this report.






The following indicators all remain strong and are achieving the required level of performance or more:




- RTT 52 Week Waits
- 12 Hour Trolley Waits
- 2 Week Cancer Referral to First Seen
- 2 Week Cancer Referral to First Seen – Breast Symptoms
- 31 Day Cancer Diagnosis to Treatment
- 31 Day Cancer Subsequent Treatment Waits (Drug Regimens and Radiotherapy)
- 62 Day Cancer Referral to Treatment - Consultant Upgrade Status
- Mixed Sex Accommodation Breaches
- Cancelled Operations (including 2nd Cancellations)
- IAPT Entering Treatment and Recovery Rates
- Mental Health Care Programme Approach (CPA) Follow Up

Areas by Exception:

Area	RAG	↓↑	Comments	Lead
Referral to Treatment Times: Admitted, Non-Admitted and Incomplete Pathways <18 Weeks	A		All 3 RTT 18 Week indicators have again failed to meet the required levels in February 2016. Penalties and consequence to providers does not apply for Admitted (Red) and Non-Admitted (Amber) waits however they do for Incomplete Pathways (still waiting at month end) which is currently at Amber at 90.3% (target 92%). The main driver behind this is the position locally at Northern Lincolnshire & Goole Hospitals (NL&GFT).	CB


			<p>Significant pressure specialties continue to be Orthopaedics, Ophthalmology and ENT.</p> <p>The Trust have confirmed that a range of proactive improvement measures have been instigated across the Trust to regularly manage and monitor the 18 week performance position, including capacity and demand plans by clinical groups for all specialities. A Validation Team has been created to improve quality of data to support improved performance monitoring. A weekly performance report highlighting the 18 week position is submitted to the Executive Team and Associated Chief Operation Officers' meetings.</p> <p>The position will continue to be closely monitored by the Contract Quality Review group.</p> <p>As part of the contract negotiations for 2016/2017 the Trust has calculated the cost of the position returning to plan. This is currently being reviewed by the CCG.</p>	
A&E 4 Hour Waiting Times	R		<p>A&E Performance in February 2016 did not meet the required 95% level.</p> <p>The position locally at NL&GHFT was 89% with Scunthorpe performance significantly stronger than the Diana Princess of Wales Site in Grimsby although both missing the target.</p> <p>The department was significantly challenged due to high levels of activity and high admissions. The position has improved slightly during February but remains below target. Generally the Trust has had access to beds with very few escalations to purple bed status. This means that breaches are mainly internal to the A&E environment. There have been a significant number of breaches due to A&E Doctor. This is affected by peaks and troughs in activity throughout the day and Dr sickness. Whilst a number of changes have been made to support A&E flow by improving discharges, this has not had the benefit where the impact is due to A&E capacity.</p> <p>The Trusts performance report states that high dependency patients and bed availability is still an on-going occurrence increasing the time patients spend in the department. The local overview identified that bed pressures due to increased admission numbers and increased acuity required additional medicine and surgery beds to accommodate patients. The results of these pressures increased the time patients spend in the department which is reflected across the NHS. Locally departments are reviewing ECC staffing (nursing and medical) and have additional Consultant Physicians working at weekends on both sites focusing on discharge.</p> <p>Ambulatory Care, Frail Elderly Assessment, 7 day social work provision, extended discharge lounge working, opening of PIU, Ward 19 and increased use of Goole are all schemes initiated before winter that are up and running.</p>	CB


<p>% of Patients Waiting 31 Days for Subsequent Cancer Treatment – Surgery</p>	<p>R</p>		<p>The January position failed to meet the 94% target, at 77.8%. There are only small numbers of patients on this pathway each month so a small volume can cause a large percentage shift. The provider reports indicate this relates to 2 out of 9 patients, both of which waiting for admission to HEY.</p> <p>The first patient was delayed due to the need for further investigations following an imaging result. The second patients access plan was not opened until 24/12/15 and when chased was given the earliest admission date.</p> <p>Any further information available has been requested from the Trust and will be made available in the exception report on the BIZ.</p>	<p>CB</p>
<p>% of Patients Receiving First Definitive Treatment for Cancer within 62 Days of Urgent GP referral</p>	<p>A</p>		<p>The January 2015 position did not meet the required 85% for the first time this year at 81.4%. This represented 8 out of a total 43 patients who waited over 62 days.</p> <p>A full breakdown of each of the breaches can be found as part of the exception report, but in summary 5 of the patients were on Urology pathways at NL&GHFT, 1 patient on a lung cancer pathway at HEY, 1 breach related to a complex patient on a Lower GI pathway at NL&GHFT and 1 skin cancer patient was waiting for treatment at HEY but referred from the Assura service.</p> <p>Locally In response to performance in these areas NL&GHFT have reported that they have introduced a Trust wide Action Plan and a weekly Chief Operating Officer led Task & Finish Group to support implementation with oversight at Executive level. The Action Plan includes all aspects of pathway management, breach review and reporting to support improved performance. In addition a new detailed report monitoring performance, Trust wide and by tumour site, has been introduced and deployed on a weekly basis. A weekly Chief Executive challenge meeting is also in place to support delivery of recovery actions. RCA for all patients breaching treatment targets is undertaken.</p> <p>Areas that the Trust are reviewing are:</p> <ul style="list-style-type: none"> • Improving time to 1st outpatient appointment • Managing the increased number of 2ww referrals • Timely access to diagnostics (specifically MR/CT and prostate biopsies) • Proactive management of patient pathways to improve efficient flow • Availability of patients <p>The Trust are currently undertaking some analysis of referral trends as there has been a significant increase in referrals on a 2ww basis and a subsequent drop in treatment conversion rates.</p>	

Category A Ambulance Response Times 8 Minute RED 1	R		<p>Performance at East Midlands Ambulance Trust (EMAS) against the Category A 8 minute indicator for RED1 calls did not reach the required level in February 2016 (64.7%)</p> <p><i>The position for all ambulance Cat A response times are assessed at Trust level. The RED1 North Lincolnshire position at February 2016 is 71.2%.</i></p>	CB
Category A Ambulance Response Times 8 Minute RED 2	R		<p>EMAS overall performance remains well below the required level at 51.3% in February 2016.</p> <p><i>North Lincolnshire performance in February 2016 is also below the target at 68.5% but to a lesser extent.</i></p>	CB
Category A Ambulance Response Times 19 Minute	R		<p>EMAS overall performance is 83.7% in February 2016.</p> <p><i>North Lincolnshire performance in December 2015 is stronger but also below the target at 87.1%.</i></p> <p>Performance for all three standards continues to fall below the National Standards, with A19 now being unachievable for the year.</p> <p>As all three RED performance measures at a region-wide level were below their respective national standards in February financial sanctions will be applied, however due to there being a 2% cap on national performance measures (including the post-handover penalties), commissioners will only withhold this amount.</p> <p>The revised Remedial Action Plan (RAP) has been received and shared with Chief Officers and County leads. Once agreed, it will be monitored both through the Partnership Board and through the monthly county level contract meetings if appropriate.</p> <p>EMAS have informed the coordinating commissioning team that the current national performance standards will not be achieved in Quarter 1 2016/17 so the RAP will be continued into the next contractual year.</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 2083 has not been met as at September 2015 the rate has deteriorated to 2250.5 (DSR).</p> <p>Causes considered amenable to healthcare are those from which premature deaths should not occur in the presence of timely and effective health care. The Office for National Statistics (ONS) defines amenable mortality as follows: "A death is amenable if, in the light of medical knowledge and</p>	AC

			<p>technology at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare”</p> <p>The actions from the CCGs strategic plan and commissioning intentions will all contribute to the improvement in this indicator. Specifically as outlined in the Strategic Plan 2014/15 – 2018/19 the following 3 interventions are aligned to securing additional year of life:</p> <ul style="list-style-type: none"> • Long Term Condition (LTC) Self Care • Whole System Approach to LTC Care • Early Cancer Diagnosis <p>A joint piece of work is underway by the CCG and Public Health team to look at a full breakdown of the indicator to allow the CCG to get assurance as to what we are currently doing that will improve areas and other areas to look at.</p> <p>The outcome of this work will be discussed by the CCG executive team and outcome of which brought back to a future CCG Governing Body.</p>	
<p>Treating and caring for people in a safe environment & protecting them from avoidable harm – C Difficile</p>	G		<p>The CCG has remained inside its tolerance level for 2015/2016, with 31 cases against a tolerance level of 31 cases.</p> <p>Details of each RCA can be found as part of the exception report on the BIZ along with the weekly HCAI report.</p>	CW

2. CCG Quality Premium

The following shows a new report on the performance against the 2015/2016 Quality Premium Indicators.

NHS North Lincolnshire 1516 Quality Premium Dashboard

Measure	Short Name	% of Premium	Current Target	Current Performance (period)	RAG	Comments
Reducing potential years of life lost <i>(Source: HSCIC Indicator Portal: CCG OIS 1.1)</i>	Potential Life Year Lost	10%	2126.1	2250.5 (2014)		Next update due September 2016.
Urgent & Emergency Care - Achieving a reduction in avoidable emergency admissions <i>(Source: Levels of Ambition Atlas: Composite of all avoidable emergency admissions (ISR))</i>	Avoidable Emergency Admissions	30%	2505	2863.9 (2013/14)		
Mental Health - Reduction in the number of people with severe mental illness who are smokers <i>(Source: Data Extract by GPES)</i>	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.
Mental Health - Reduction in the number of patients with A&E 4 hour breaches who have attended with a mental health need together with a defined improvement in coding of patients attending A&E	A&E 4 Hour Breaches who have attended with a Mental Health need	10%	95%			Reporting in Development.
Mental Health - Increase in the proportion of adults with secondary mental health conditions who are in paid employment <i>(Source: HSCIC Indicator Portal: CCG OIS 3.17)</i>	Adults with SMI Conditions who are in Paid Employment	6%	12.3	9.9 (2014/15)		Dec 2015: Jul14-Jun15 position suppressed due to small numbers. Next update due March 2016.
Mental Health - Improvement in the health-related quality of life for people with a long-term mental health condition <i>(Source: GP Patient Survey, CCG OIS 2.1 & 2.16)</i>	Health-Related Quality of Life for People with a Long-Term Mental Health Condition	6%	0.195	2014/15 data suppressed due to small numbers		This is a comparison between 14/15 and 15/16. 2014/15 data available September 2015. 2015/16 data available September 2016.
Improving antibiotic prescribing - reduction in the number of antibiotics prescribed in primary care <i>(Source: e-Pact)</i>	Antibiotics Prescribed in Primary Care		1.213	1.149 (Jan'15 to Dec'15)		Continues to reduce further below target.
Improving antibiotic prescribing - reduction in the proportion of broad spectrum antibiotics prescribed in primary care <i>(Source: e-Pact)</i>	Broad Spectrum Antibiotics Prescribed in Primary Care	10%	13%	10.4% (Jan'15 to Dec'15)		Continues to reduce further below target.
Improving antibiotic prescribing - secondary care providers validating their total antibiotic prescription data <i>(Source: ?)</i>	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.
Local Measure 1 - Emergency readmission within 30 days of discharge from hospital <i>(Source: Local SUS Data: crude rate)</i>	Emergency Readmission <30 days of Discharge from Hospital	10%	14.5	Q3 15/16 = 17.3 (Final 14/15 = 17.7)		Next update (Q4 2015/16) due May 2016.
Local Measure 2 - Hip fracture - timely surgery <i>(Source: NHFD Commissioner Report / HSCIC Indicator Portal: CCG OIS 3.12)</i>	Hip Fracture - Timely Surgery	10%	75.5%	December 2015 = 58.5%		Next update due December 2016.

3. Provider Assurance Dashboards

The Month 10 Provider Assurance Dashboards for the local Acute, Tertiary and Ambulance Trusts 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>2016/2017 Planning Submission</p> <p>The second submission of the 2016/2017 plans was made successfully on the 2nd March 2016. This assumed full delivery of the NHS Constitution.</p> <p>Once final (post final submission in April 2016) the performance measures in this report will be updated and any significant changes or additions will be communicated to the CCG Engine Room and Governing Body.</p>	News	BI	Open
2.	<p>Local Ambulance Measures</p> <p>The Quality Group met on the 27th August 2015 and as requested have agreed the following indicators to be included in future Performance Reports:</p> <p>Response Time by Minute (CCG Level) Handover Turnaround Times</p> <p>These were included in the previous papers to the CCG Governing Body on the 11th February, and can now be routinely found on the BIZ at the following location:</p> <p>http://biz.nyhcsu.org.uk/nlccg/data/uploads/current/constitution/EMAS.pdf</p>	Action	BI	Closed

**Emma Munday, Business Intelligence Manager
North Lincolnshire CCG**

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD - 2015/2016



Yorkshire and Humber
Commissioning Support

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

MONTH **10**

QUALITY [Click for Quality Narrative](#)

Quality Indicators

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Clinical handovers	Nil	1184	1184	Yes
FFT in A&E	12.7%	7.6%	-5%	
NICE compliance	90%	81.4%	-8.6%	Remedial action undertaken

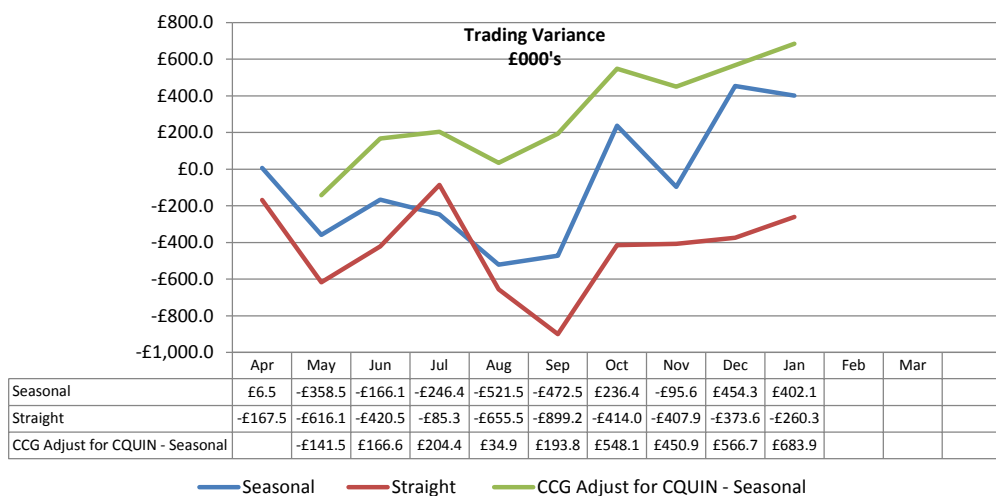
PERFORMANCE [Click for Performance Narrative](#)

Performance Indicators **11** **29**

Red Rated Indicators - Top 3	Target	Actual	Variance	Action Plan Provided?
RTT Incomplete Pathways	92%	91.40%	-0.60%	Yes
A&E 4 Hours Waits	95%	89%	-6%	Yes
Cancer 62 Day Referral to Treatment Times	85.0%	82.8%	-2%	Yes

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

Contract Trading Variance £000's



Notes:
The contract currently is driven by a Non-Elective overtrade in General Medicine offset by underperformances in Elective and Outpatient Care. The contract baseline used here does not take into account all of the CCGs QIPP intentions.
The Trust monitoring statement reports an overall undertrade but this is due to displaying CQUIN at only 50% achievement. The CCG assume full achievement until full reconciliation later in the year.

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

Key Trading Vari:

POD	Specialty/ Department	Activity Volume	£000's	Comments
Elective/ Daycase	Gastro Colorectal Surg	226	99.7	Overall there is an Elective undertrade of approx 9.2% financially but activity is only 4% below plan. This would suggest shift in casemix.
		286	110.5	
Non-Elective	Colorectal Surg General Med	151 622	325.0 1175.8	There is an overtrade on cost 7% indicating a richer casemix. Activity is 1.76% above plan.
Outpatient New	Gastro Paediatrics	571	106.6	Outpatient First Attendances are on plan overall in both activity and cost.
		277	36.9	
Outpatient Review	Urology	490	36.8	There is a slight undertrade on review appointments of (-0.8%). Specialty level however is varied.
	Colorectal Surg	526	42.2	
	Paediatrics	800	66.4	
A&E				A&E activity is broadly on plan although the casemix is varied.
Other	CT&MRI Myo Perfusion	1122	143.8	Overall the imaging activity is 10.1% above plan, with cost 10.2% above plan so higher cost test.
		525	208.0	

There is a -0.1% financial undertrade 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.

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD - 2015/2016



Yorkshire and Humber
Commissioning Support

PROVIDER **Hull & East Yorkshire Hospitals NHS Trust**

MONTH **10**

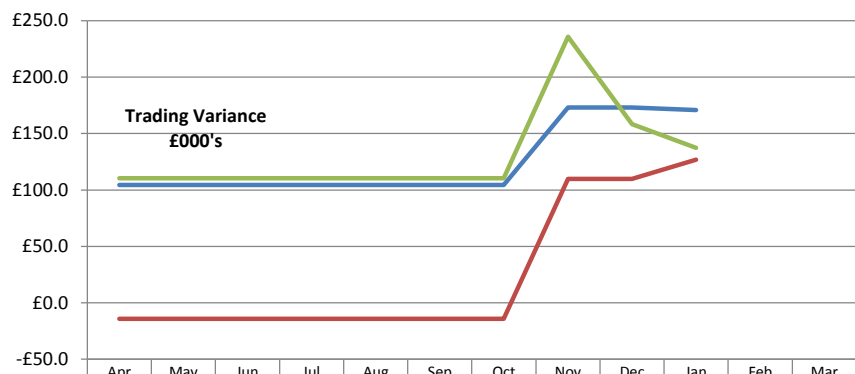
QUALITY & PERFORMANCE [Click for Quality Narrative](#)

Quality Indicators

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
VTE Risk Assessment	>95%	78.35%	16.65%	
RTT admitted	90%	64.30%	25.7%	
A&E 4 hour wait	95%	75.7%	19.3%	

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

Contract Trading Variance £000's



Seasonal	£104.5	£104.5	£104.5	£104.5	£104.5	£104.5	£104.5	£173.0	£173.0	£170.7		
Straight	-£14.1	-£14.1	-£14.1	-£14.1	-£14.1	-£14.1	-£14.1	£109.9	£109.9	£126.9		
CCG Adjust for CQUIN - Seasonal	£110.3	£110.3	£110.3	£110.3	£110.3	£110.3	£110.3	£235.8	£158.2	£137.2		

— Seasonal — Straight — CCG Adjust for CQUIN - Seasonal

Notes:

The contract overall is overtrading at approx 2.6% and is forecast to be approx £100K above the £250 contract cap.
Key areas of over performance are Non-Elective Spells in the specialties shown in this report, and rehabilitation services.

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

Key Trading Variances (by Exception Only):

POD	Specialty/ Department	Activity Volume	£000's	Comments
Elective/ Daycase				No significant areas of variance
Non-Elective	Clinical Heam Nephrology	12 24	66.7 68.9	No significant increases in activity but some high cost areas over causing slight pressure.
Outpatient New				Overall outpatient is under plan in most areas, the only slight adverse variances are shown here.
Outpatient Review				
A&E				On Plan
Other	Respiratory Devices		55K	Global Trust cost is showing a overtrade.

Block commitment driving a the majority of the overtrade which is the result of the

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD - 2015/2016



Yorkshire and Humber
Commissioning Support

PROVIDER **East Midlands Ambulance Service**

MONTH **10**

QUALITY [Click for Quality Narrative](#)

Quality Indicators

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Pre-clinical handover (SGH)	00:15:00	00:27:00	00:12:00	

PERFORMANCE [Click for Performance Narrative](#)

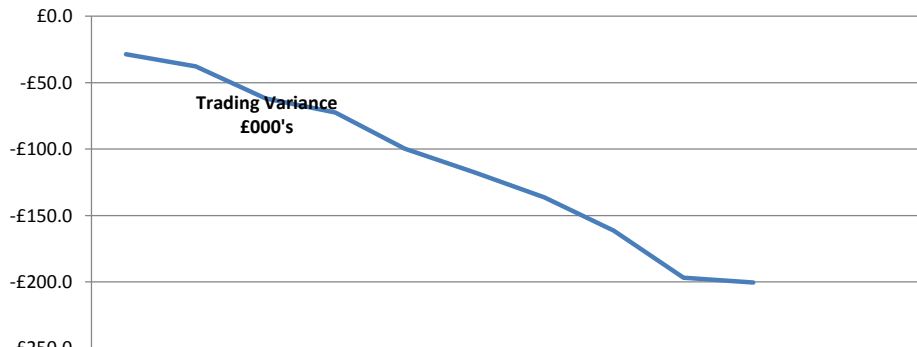
Performance Indicators **3**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Category A Responses RED1	75.0%	64.7%	-10%	Remedial Action Plan in place and available in report.
Category A Responses RED2	75.0%	51.3%	-24%	
Category A Responses 19m	95.0%	83.7%	-11%	

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
Trading Variance	-£28.5	-£37.7	-£61.9	-£72.4	-£99.6	-£117.4	-£136.4	-£161.3	-£196.7	-£200.5		

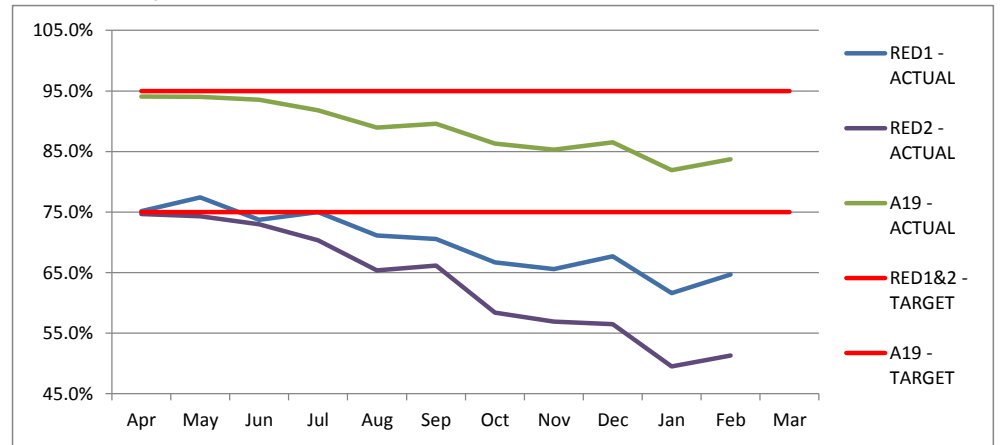
— Trading Variance

Notes:

The contract is currently undertrading as shown above.

Performance penalties have been calculated to the sum of £52K but this has been reinvested into the Trust.

2015/2016 Response Rate Trends



CONTRACT HIGHLIGHTS

[Click for Contract Issues Log](#)

There has been a steady drop in the performance levels against all Category A Responses as shown in the chart above.

Await outcome of the CQC visit which will focus on A&E, PTS and Emergency Ops centre.