NHS
North Lincolnshire
Clinical Commissioning Group

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|---|---|
| **Date:** | 11 August 2016 |
| **Meeting:** | CCG Governing Body |
| **Item Number:** | 8.3 |
| **Public/Private:** | Public ☒ Private ☐ |

| | |
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| **Author:** *(Name, Title)* | Emma Mundey Business Intelligence Manager |
| **GB Lead:** *(Name, Title)* | Ian Holborn Chief Finance Officer & Business Support |

| **Report Title:** |
|---|
| CCG Corporate Performance Report |
| **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. |

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

| **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.<br><br>It informs the CCG Engine Room 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** | Yes ☐ No ☒ | |
| **Sustainability** | Yes ☐ No ☒ | |
| **Risk** | Yes ☒ 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.<br><br>In addition the report provides assurance against the CCG Board Assurance Framework (BAF) Risk FP1. Position monitored by CCG Engine Room and Governing Body.<br><br>Reviews of monitoring reports. Added to BIZ. Audit Group monitors adequacy of controls |
| **Legal** | Yes ☒ No ☐ | CCG's are accountable for the delivery of their statutory and local priorities. |
| **Finance** | Yes ☒ 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. |

| *Patient, Public, Clinical and Stakeholder Engagement to date* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | ***N/A*** | ***Y*** | ***N*** | ***Date*** | | ***N/A*** | ***Y*** | ***N*** | ***Date*** |
| **Patient:** | ☐ | ☐ | ☐ | | **Clinical:** | ☐ | ☐ | ☐ | |
| **Public:** | ☐ | ☐ | ☐ | | **Other:** | ☐ | ☐ | ☐ | |

NHS
North Lincolnshire
Clinical Commissioning Group

# North Lincolnshire CCG Corporate Performance Executive Summary 2016/2017

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|---|---|
| Author | Business Intelligence Team |
| Date | 4th August 2016 |
| Meeting Date | 11th August 2016 |

**Performance Executive Summary:** Position at 4th August 2016.

## 1. CCG Assurance

**Are patient rights under the NHS Constitution being promoted?**

**Overall Constitution Indicator Performance**

*NOTE: This has increased from 26 to 30 in 16/17 due to the inclusion of additional Early Intervention and IAPT indicators on the report. Some 16/17 data is not available at this point hence 'no data'.*

| | | | No Data |
|---|---|---|---|
| 4 | 5 | 15 | 6 |

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

| | Previous | Movement |
|---|---|---|
| • RTT 52 Week Waits | G | |
| • 12 Hour Trolley Waits | G | |
| • 2 Week Cancer Referral to First Seen | G | |
| • 2 Week Cancer Referral to First Seen – Breast Symptoms | G | |
| • 31 Day Cancer Diagnosis to Treatment | G | |
| • 31 Day Cancer Subsequent Treatment - Drug Regimens | G | |
| • 31 Day Cancer Subsequent Treatment – Radiotherapy | G | |
| • 62 Day Cancer Referral to Treatment – Total | G | |
| • 62 Day Cancer Referral to Treatment – Status Upgrade | G | |
| • 62 Day Cancer Referral to Treatment – Screening | G | |
| • Mixed Sex Accommodation Breaches | G | |
| • Cancelled Operations (including 2nd Cancellations) | G | |
| • IAPT Entering Treatment | G | |
| • IAPT Recovery Rates | G | |
| • IAPT 18 Week Waits | G | |
| • Mental Health Care Programme Approach (CPA) Follow Up | G | |
| • Early Intervention 2 Week Waiting Times | G | |

**Areas by Exception:**

| Area | RAG | ⇩⇧ *From Previous Month* | Comments | Lead |
|---|---|---|---|---|
| **18 Week Referral to Treatment Times:** Admitted (Target 90%) Non-Admitted (Target 95%) Incomplete (Target 92%) | R | ⇩ | The May 2016 position against 18 week waits has deteriorated from the previous month with all three measures significantly below required levels:<br><br>Admitted: 78.27% (drop of 1.35% on April)<br>Non-Admitted: 90.75% (drop of 0.35% on April)<br>Incomplete: 78.27% (drop of 0.1% on April)<br><br>The commissioner request for an outstanding remedial action plan was escalated by the QCR on the 23 June 2016 to the Executive Contract Board (ECB) on the 27th June 2016 specifically requested details of the context and remedial action plan to support the CCGs assurance of this areas recovery. Here it was agreed that the Trust would share the 18 week the plan by specialty, with timescales and what work is being undertaken to address CCG awaiting this report at 4/8/16.<br>Provider has confirmed it will not achieve Q1, due to the | RY |

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| | | | levels of activity and an increase in non-electives, but would expect to achieve Q2.<br><br>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports | |
| Diagnostic 6 Week Waits | A |  | We have failed to meet the 1% tolerance in both April 2016 and May 2016. The most recent months' performance reports 71 breaches of the 6 week wait, the majority at NLAG with 23 in Gastroscopy and 28 CT.<br><br>The patient appointments that were displaced as a result of the junior doctor's strike across the Trust continues to impact on the diagnostic performance. Furthermore the impact of reorganising the routine diagnostic patients to improve the diagnostic waiting times for patients on a cancer pathway is still impacting, though this is expected to improve as the change of approach becomes embedded. Referral rates for cross sectional imaging continue to be high with endoscopy referrals still increasing – CCG continues to monitor.<br><br>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports | |
| A&E 4 Hour Waiting Times (Target 95%) | A |  | A&E Trust wide performance in June 2016 at 93.5% did not meet the required level but has shown month on month improvement since the start of the year (April=89.9%, May=93.2% ).<br><br>The local Scunthorpe site position has met the 95.9% requirement in both May 2016 and June 2016, however the Trust position is reduced due to poor performance at the Diana Princess of Wales site in Grimsby (89.3%).<br><br>North Lincolnshire CCG continues to take part in weekly assurance calls with other CCGs and NHS England. Whilst our local site position is delivering a strong level of performance, we are required to continue to take part until the Trust performance improves and is maintained, this will only occur when community service input and out-of-hospital service offered are re- configured (see system resilience group work).<br><br>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports | JE |
| Cancer 31 day waits: subsequent cancer treatments- Surgery (Target 94%) | A |  | The reported actual against this indicator is 91.7% so under plan by 2.6%. This however only represents one patient breach out of a total of 12 on this pathway in May 2016.<br><br>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports | RY |
| Category A Ambulance | R |  | Performance at East Midlands Ambulance Trust (EMAS) against the Category A 8 minute indicator for RED1 calls | RY |

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| Response Times 8 Minute RED 1 (Target 75%) | | | did not reach the required level in May 2016 (67.31%)<br><br>*The position for all ambulance Cat A response times are assessed at Trust level. The RED1 North Lincolnshire position is significantly better with May 2016 being 75.8% and would be rated as Green.* | |
| Category A Ambulance Response Times 8 Minute RED 2 (Target 75%) | R |  | EMAS overall performance remains below the required level at 59.8% in May 2016. *North Lincolnshire performance in May 2016 is also below plan at 69.7%.*<br>*[Action : see below]* | RY |
| Category A Ambulance Response Times 19 Minute (Target 95%) | R |  | EMAS overall performance is 87.2% in May 2016. *North Lincolnshire performance in May 2016 87.3%.*<br>[Action: see below]<br><br>Action : Performance for all three standards continues to fall below the National Standards.<br><br>In accordance with the Service Development Improvement Plan within the 2016/17 contract EMAS have provided their divisional performance improvement trajectories for 2016/17.<br><br>The divisional trajectories have been produced in order to give local commissioners assurance in terms of local performance delivery. It should, however, be noted that the contractual position is for delivery at Trust level against the regional trajectory. Resources may be redeployed in such a way that might result in delivery of divisional trajectories being compromised, if that means that the regional trajectory will be achieved, whilst at the same time maintaining a safe service for all patients. The CCG continues to monitor EMAS "priority" discussions to ensure standards maintained.<br><br>North Lincolnshire continues to be the strongest performing CCG on the Lincolnshire patch.<br><br>Commissioners have requested sight of the Trusts Performance Improvement Plans to provide assurance and describe planned actions and milestones at the Contract Partnership Board. This will be included in exception reports when received.<br><br>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports | RY |

**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)*<br><br>* 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 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" | 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].*<br><br>The target of 2083 has not been met as at September 2015 the rate has deteriorated to 2250.5 (DSR).<br><br>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 years of life:<br><br>• Long Term Condition (LTC) Self Care<br>• Whole System Approach to LTC Care<br>• Early Cancer Diagnosis<br><br>Local analysis has been produced to look at the trend information and benchmark position which has been shared with Public Health colleagues and a meeting was held on w/c 20th July 2016.<br><br>Public Health Intelligence has also undertaken a piece of work to look at the recent dip in life expectancy in older ages which will be due for sharing shortly.<br><br>Update post July meeting: Public Health are looking into population by geography eg mortality by area - report expected in September. | LL |

**2b. CCG Quality Premiums**

**2015/2016**

Due to data availability it is too soon to forecast a value of the quality premium, however based on current performance the only element that would attract a financial payment is the 10% medicines management indicators. Based on the population of 171,000 this would be circa £86K (out of a total circa £860K).

[*NOTE: The total quality premium payment is however reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits in A&E departments, (c) maximum 14-day wait from a urgent GP referral for suspected cancer, and (d) maximum 8-minute responses for Category A red 1 ambulance calls].*

Therefore due to the performance in these 4 areas at March 2016, the CCG is only expected to achieve any 50% of the premium for 2015/2016 *(subject to confirmation by NHSE).*

Based on the calculations of the current performance above (circa £86K) this would be reduced to £43K due to the constitutional penalties.

**2016/2017**

For 2016/2017 the gateways in relation to Quality and Finance remain the same, as do the Constitutional penalties (with a slight adjustment to % weighting). It is too early to predict financial values against the premium so this will be included from September 2016 to allow for more data collection to be in place.

**NHS North Lincolnshire 1617 Quality Premium Dashboard**

| | Indicator | Baseline (period) | Current Target | Current Performance (period) | RAG | Comments |
|---|---|---|---|---|---|---|
| 16/17 National Measures | Cancer | 2015 | TBC once 2015 calendar year figure published | 50.8%<br>(2014) | | Next update due June 2017 |
| | GP Patient Survey | July 2016 | 73% | 70%<br>(Jul '16) |  | Next update due January 2017 |
| | E-Referrals | March 2016 | 37.2%<br>(Mar '16 = 17.2%) | 18.5%<br>(Apr '16) |  | Next update August 2016 |
| | Antibiotics Prescribed in Primary Care | 2013/14 | (a) <= 1.176<br>(b) <= 10% | (a) 1.134<br>(b) 10.1%<br>(May '15 - Apr '16) | (a)  <br>(b)  | Next update due August 2016 |
| 16/17 Local Measures | Reduction in Non-Elective COPD Admissions | 2015 | 472 | 103<br>(Apr - Jun '16)<br>FOT = 412 |  | Next update due September 2016 |
| | Reduction in Elective Gastroscopy | 2015 | 2118 | 630<br>(Apr - Jun '16)<br>FOT = 2520 |  | Next update due September 2016 |
| | Improve recorded prevalence of AF on GP registers against expected prevalence | 2015 | n = 3862<br>d = 4653<br>Ratio = 0.83<br>(83%) | n = 3623<br>d= 4653<br>Ratio = 0.78<br>(78%)<br>(Feb '16) | | In development |

## 3. 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. | **CCG Improvement and Assessment Framework 2016/17**<br><br>NHS England is introducing a new Improvement and Assessment Framework for CCGs (CCG IAF) from 2016/17 onwards, to replace both the existing CCG Assurance Framework and separate CCG performance dashboard. In the Government's Mandate to NHS England, this new framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS. It draws together in one place NHS Constitution and other core performance and finance Indicators, outcome goals, and transformational challenges.<br><br>Please follow this link for a more in depth understanding of the IAF:<br><br>https://www.england.nhs.uk/commissioning/ccg-auth/<br><br>***The main points to note are:***<br><br>• A shift in approach compared to 2015/16 and previous frameworks – emphasis on support and improvement<br><br>• Mirrors the Five Year Forward View, and aligned with STPs<br><br>• No 'domains', or 'elements' and no in-year rating – instead 4 themes, 29 Areas, 60 Indicators<br><br>• Overall Ofsted style ratings at end of 2016/17:Outstanding, Good, Requires Improvement and Inadequate<br><br>• This overall rating derived from:<br>o Ratings in the six clinical priority areas<br>o Results of CCG IAF indicators<br>o Other sources, as now: e.g. Quality Surveillance Group, CQC, Annual Reports, governance issues, soft intelligence<br><br>• Six clinical priority areas, each led by an Independent Panel, producing a baseline position and year-end assessment<br><br>• The 60 IAF indicators will be published quarterly on My NHS, starting in July 2016 –<br><br>https://www.nhs.uk/Service-Search/performance/search<br><br>• 9 of the 60 are non-data driven: will require local assessment and moderation (regional and national)<br><br>• NHS England retained legal powers of intervention | NEWS | ALL | Open |

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| | • NHS England in-year processes will need to consider the breadth of the new framework, and how we support and secure improvement<br><br>• Process to determine the 2016/17 year-end assessment to be developed<br><br>As the remit of this Corporate Performance Report covers a large part of this Assurance Framework, a piece of work is underway with colleagues in the CCG to look at ways in which reporting could be aligned to that of the IAF. All of the 60 indicators should be reported in some way to the CCG Executives and Governing Body but a way of combining these into a local view of the IAF is required.<br><br>It is the intention that this report will contain an IAF section which gives a local monthly view of the 60 IAF indicators which has been developed across the disciplines of the CCG. We hope for this to be shared as part of the next report to the CCG Executive Team and Governing Body during September \ October. | | | |
| **2.** | **Other Key Actions**<br><br>The CCG teams are currently working on the following specific areas in order to provide more meaningful information and form a response plan to the current contract performance pressures at NLAG.<br><br>• Activity and Trend analysis of unplanned care pathways to include A&E, Ambulance and Admission.<br>• Planned Care pathway analysis to include Referral, Outpatient and Admission.<br>• Demand Capacity Review including Waiting List performance and referral trends.<br><br>Some of the areas that are being explored are as follows:<br><br>a. An increase in referrals and growing waiting list size could suggest that there is not sufficient capacity currently within the provider to deliver current levels of demand. This hypothesis is strengthened by the contract under trade on Elective Inpatients. If the Trust are able to secure this additional capacity the position will catch up causing further financial pressure on the contract.<br>b. Reporting from the Better care fund investments (specifically Rapid Access and Frail Elderly Assessment Teams) would suggest that these teams are impacting on the Elderly population in a positive way, but are not releasing the inpatient activity in the system.<br>c. There appears to be a reducing length of stay but numbers of emergency admissions continue to rise. We plan to review rates of A&E attendance to admission and review casemix and demographic | | | |

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| | profiles. A reduced length of stay and no significant increase in A&E attendance should suggest the possibility of removing capacity from the system, yet we are still experiencing pressures on emergency admission- testing the nature of admission is an area of interest. | | | |

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 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.

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