

Date:	13 th April 2017
Meeting:	CCG Governing Body
Item Number:	9.3
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Report Title:	CCG Corporate Performance Report
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GB Lead: <i>(Name, Title)</i>	Ian Holborn Chief Finance Officer & Business Support

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	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>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.</p> <p>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/.</p>

Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<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. 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	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CCG's are accountable for the delivery of their statutory and local priorities.

Finance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

North Lincolnshire CCG Corporate Performance Executive Summary 2016/2017

Author Performance and Information Team
Date 28th March 2017
Meeting Date 13th April 2017

1. CCG Assurance

Are patient rights under the NHS Constitution being promoted?

Overall Constitution Indicator Performance

NOTE: Items rated at Blue indicate either no data, no target or data quality issues.

















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




	Previous	Movement
• Diagnostic Tests and Waiting Times	A	
• 2 Week Cancer Referral to First Seen	G	
• 2 Week Cancer Referral to First Seen – Breast Symptoms	A	
• 31 Day Cancer Diagnosis to Treatment	G	
• 31 Day Cancer Subsequent Treatment – Surgery	G	
• 31 Day Cancer Subsequent Treatment – Radiotherapy	G	
• 31 Day Cancer Subsequent Treatment - Drug Regimens	G	
• 62 Day Cancer Referral to Treatment – Total	R	
• 62 Day Cancer Referral to Treatment – Status Upgrade	G	
• Cancelled Operations (2 nd Cancellations)	G	
• IAPT Entering Treatment	R	
• IAPT Recovery Rates	G	
• IAPT 6 Week Waits	G	
• IAPT 18 Week Waits	G	
• MH Care Programme Approach (CPA) Follow Up	G	
• Early Intervention 2 Week Waiting Times	G	
• Incidence of Healthcare Associated Infection – C.difficile	R	

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 February 2017 position against 18 week wait waits, including NHS Improvement trajectory, continues to underperform and continues to fall significantly below required levels: February 2017: Admitted: 62.33% (January 69.79%) Non-Admitted: 80% (January 84.1%) Incomplete: 83.7% (January 83.1%) The CCG is working with the Trust to progress the local recovery plan. Further details on action taken can be found in the exception report: http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports	RY


			 RTT Incomplete Feb17.doc	
RTT >52 Week Waits in Incomplete Pathways	R		<p>The RTT >52 Weeks Wait in Incomplete Pathways has seen a further 13 breaches in February 2017 (all at NLaG) that will further exacerbate the year-end target failure.</p> <p>Further details can be found in the exception reports (as above):</p> <p>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p>	RY
A&E 4 Hour Waiting Times (Target 95%)	R		<p>Published A&E Trust wide performance in January 2017 is at 80.2% and did not meet the required level or the agreed improvement trajectory.</p> <p>In February 2017 the local Scunthorpe site was 78.1% and Diana Princess of Wales's site in Grimsby was at 67.9%. The overall position in February was 75.8%.</p> <p>The Trust has reported that the recent decline in performance is a result of winter pressures, specifically the challenges relate to managing the demand caused by seasonal pressures.</p> <p>Further details on the Trust's recovery plan can be found in the exception report:</p> <p>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p>	JE
A&E 12 Hour Trolley Waits	R		<p>In January 2017 there were 11 breaches of the 12 hour trolley waits. All were at NLaG.</p> <p>Further details on the Trust's recovery plan can be found in the exception report:</p> <p>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p> <p> 12hr Trolley waits - Jan 17.doc</p>	JE
31 Day Cancer Subsequent Treatment – Radiotherapy	A		<p>The January 2017 position narrowly missed the 94% target achieving 93.5%. The year to date position remains favourable at 96.7%.</p> <p>Further details on the Trust's recovery plan can be found in the exception report:</p> <p>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p>	RY

			 31 day Subsequent Treatment - Radiothe	
62 Day Cancer Referral to Treatment – Total	R		The January 2017 position indicates the 85% target was missed (66%), however the year to date position remains favourable at 85.5%. See exception reports below for further details: http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports  62 day GP Referral for 1st Treatment - Jz	RY
Category A Ambulance Response Times 8 Minute RED 1 (Target 75%)	R		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 2017 (71.31%) despite significant improvement. <i>The position for all ambulance Cat A response times are assessed at Trust level. The RED1 North Lincolnshire position improved and moved to green at 75.5%.</i> See exception report below for further detail on the Trust's position: http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports  Ambulance Indicators Exception I	RY
Category A Ambulance Response Times 8 Minute RED 2 (Target 75%)	R		EMAS overall performance remains below the required level at 58.71% in February 2017. <i>North Lincolnshire performance in February 2017 improved but remains below plan at 59.8%.</i> See detail provided in the Category A Ambulance Response Times section above.	RY
Category A Ambulance Response Times 19 Minute (Target 95%)	R		EMAS overall performance is 84.85% in February 2017. <i>North Lincolnshire's performance was 78.9%.</i> See detail provided in the Category A Ambulance Response Times section above.	RY
Mixed Sex Accommodation	R		There were 10 breaches of the target in February, all of which were at Scunthorpe General Hospital. See exception report below for further detail on the Trust's position: http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports	CW

			 MSA Breach - Feb.doc	
Health Care Acquired Infections – MRSA	R		<p>There has been 1 incidence of MRSA reported at Scunthorpe General Hospital in February. This results in the CCG failing this indicator.</p> <p>See exception report below for further detail on the Trust's position:</p> <p>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p>  MRSA Exception - Feb17.doc	CW

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

Areas of Exception:

Area	RAG	↓↑	Comments	Lead
<p>Reducing potential years of life lost from causes considered amenable to healthcare (all ages)</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 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>Next Data update due December 2016.</p>	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 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 years 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>Public Health Intelligence has undertaken a piece of work to look at the recent dip in life expectancy in older ages.</p> <p>The first draft report is available at Appendix 2 and can also be found on the BIZ:</p> <p>http://biz.nyhcsu.org.uk/nlccg/data/uploads/current/assurance-framework/Appendix2.pdf</p>	LL

2. CCG Quality Premiums

2015/2016





The CCG has received 114K for its Quality Premium performance in 2015/16, which will need to be spent non-recurrently on Programme expenditure. To ensure that there is sufficient time for this expenditure to be spent wisely it is expected that a proposal to spend this funding will be available during the first quarter of 2017/18.



2016/2017

For 2016/17 it is not expected that the CCG will receive any Quality Premium funding, regardless of actual performance on the relevant clinical targets, as a result of the CCG's forecast financial deficit.

However, for information - the table overleaf provides evidence of the CCG's current Year to Date (YTD) performance against the relevant clinical targets.

NHS North Lincolnshire 1617 Quality Premium Dashboard

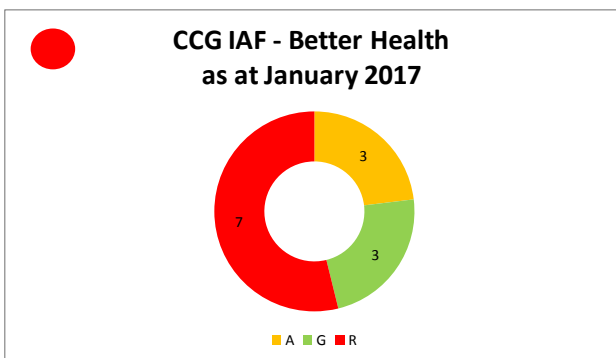
	Indicator	Baseline (period)	Current Target	Current Performance (period)	RAG	Comments
16/17 National Measures	Cancer	2015	TBC once 2015 calendar year figure published	50.8% (2014)		Next update due June 2017
	GP Patient Survey	July 2016	73%	70% (Jul '16)		Next update due July 2017
	E-Referrals	March 2016	37.8% (Mar '16 = 17.8%)	14.0% (Dec '16)		Next update due April 2017
	Antibiotics Prescribed in Primary Care	2013/14	(a) <= 1.176 (b) <= 10%	(a) 1.163 (b) 9.6 (Jan '16 - Dec '16)	(a)  (b) 	Next update due April 2017

16/17 Local Measures	Reduction in Non-Elective COPD Admissions	2015	472	443 (Apr '16 - Feb '17) FOT = 483		Next update due May 2017
	Reduction in Elective Gastroscopy	2015	2118	1963 (Apr - Jan '17) FOT = 2356		Next update due April 2017
	Improve recorded prevalence of AF on GP registers against expected prevalence	2015	n = 3302 d = 4653 Ratio = 0.71 (71%)	n = 3069 d = 4653 Ratio = 0.66 (66%) (2015/16)		Next update due October 2017

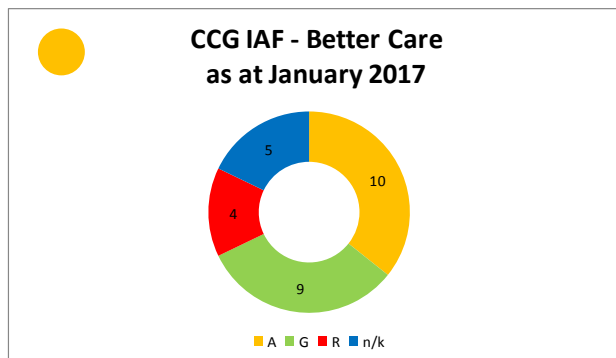
3. Improvement & Assessment Framework

The CCG Improvement and Assessment Framework has been introduced to replace both the existing CCG assurance framework and CCG performance dashboard. This new framework provides a greater focus on assisting improvement alongside the statutory assessment function. The framework draws together the NHS Constitution, performance and finance metrics and transformational challenges and will play an important part in the delivery of the Five Year Forward View.

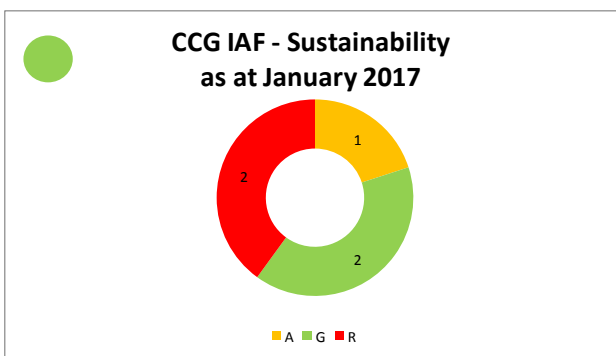
The dashboards below give a summary indication of the CCGs current achievements.



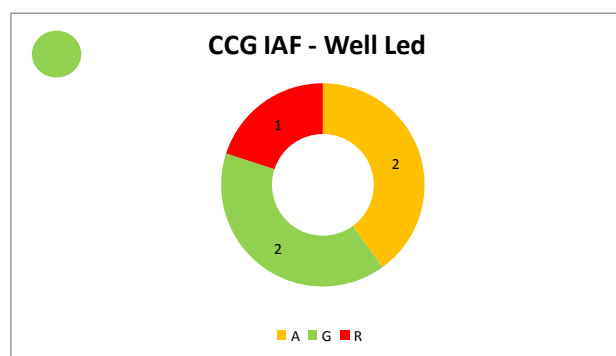
There is one indicator where current performance is unknown



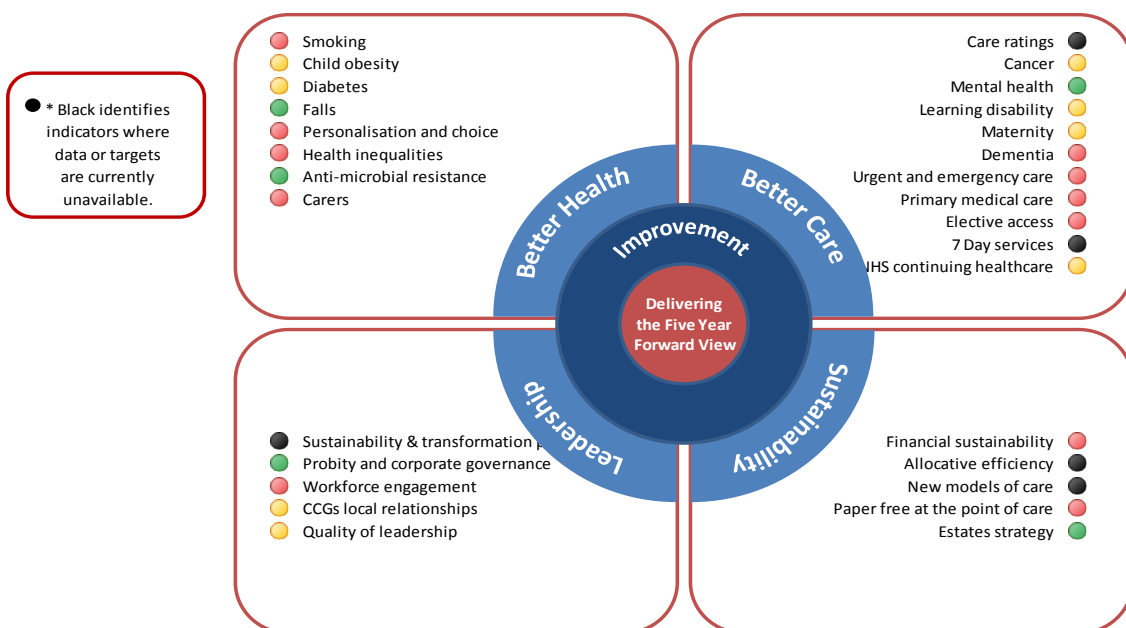
There are four indicators where current performance is unknown



There is one indicator where current performance is unknown



NHS North Lincolnshire CCG - MY NHS IAF Indicators



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. Any required action to be undertaken is clearly flagged..

No	Description	Flag Type	Assigned	Status
1.	CCG Improvement and Assessment Framework 2016/17 An updated version of the local dashboard, detailing the latest data released on 26th January 2017, has been produced identifying the areas where NLCCG are an outlier. This can be found on the BIZ at the following: http://biz.nyhcsu.org.uk/nlccg/data/uploads/current/assurance-framework/IAF.pdf Work is underway to develop action plans that sit beneath each significant outlier area. These will form part of the new Assurance section on the BIZ.	NEWS	ALL	Open

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 as a result forms 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 Performance & Information 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.

**Alicia Gray, Performance and Information Manager
North Lincolnshire CCG**