

<b>Date:</b>	8 <sup>th</sup> June 2017
<b>Meeting:</b>	CCG Governing Body
<b>Item Number:</b>	10.3
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> <i>(Name, Title)</i>	Alicia Gray Performance & Information Manager
<b>GB Lead:</b> <i>(Name, Title)</i>	Ian Holborn Chief Finance Officer & Business Support

<b>Report Title:</b>	CCG Corporate Performance Report
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<b>Decisions to be made:</b>	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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<b>Continue to improve the quality of services</b>	<input checked="" type="checkbox"/>	<b>Improve patient experience</b>	<input checked="" type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input checked="" type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input checked="" type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input checked="" type="checkbox"/>	<b>Statutory/Regulatory</b>	<input checked="" type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>
<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 <a href="http://biz.nyhcsu.org.uk/nlccg/">http://biz.nyhcsu.org.uk/nlccg/</a>.</p>

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

<b>Finance</b>	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>
<b>Patient:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Public:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# North Lincolnshire CCG Corporate Performance Executive Summary 2016/2017 Year End Summary

Author Performance and Information Team

Date 26<sup>th</sup> May 2017

Meeting Date 8<sup>th</sup> June 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.


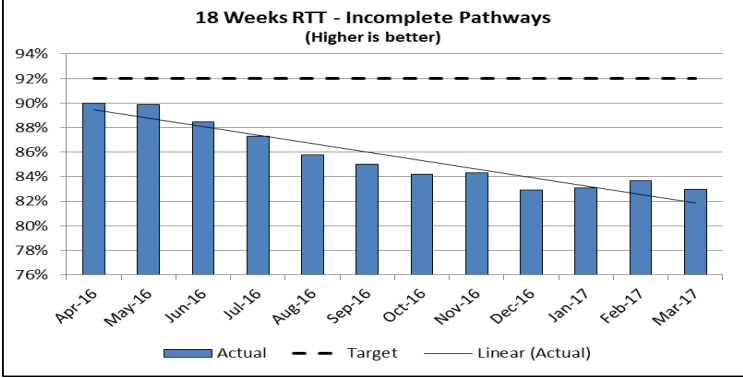





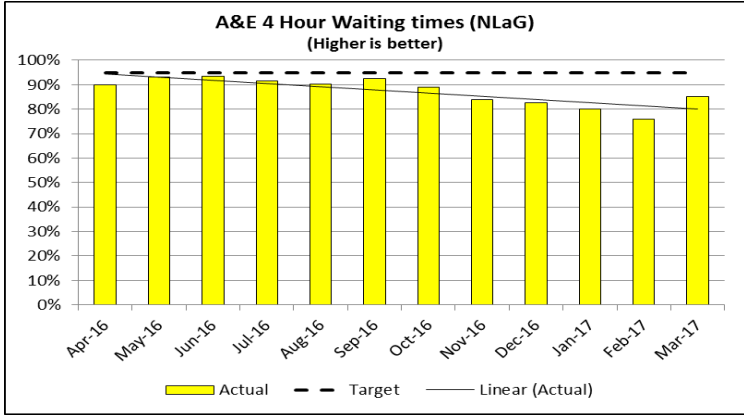
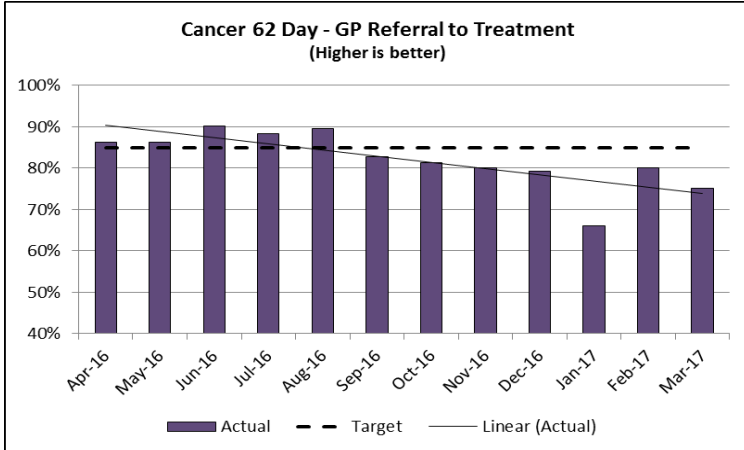

The following indicators all remain strong and are currently achieving the required level of performance or more:


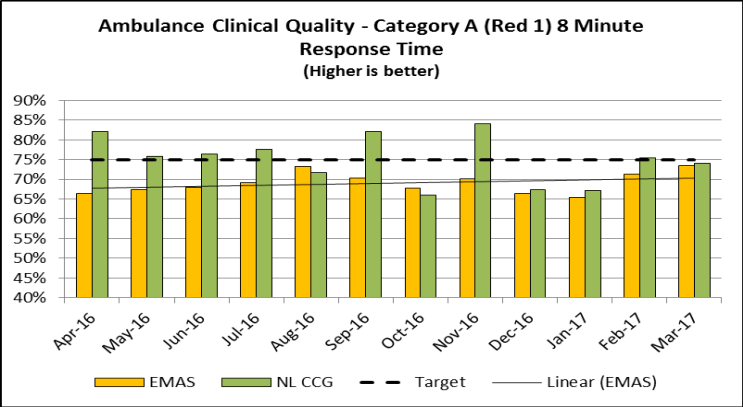




	Previous	Movement
• Diagnostic Tests and Waiting Times	G	
• 2 Week Cancer Referral to First Seen	G	
• 2 Week Cancer Referral to First Seen – Breast Symptoms	G	
• 31 Day Cancer Diagnosis to Treatment	G	
• 31 Day Cancer Subsequent Treatment – Surgery	G	
• 31 Day Cancer Subsequent Treatment – Radiotherapy	G	
• 31 Day Cancer Subsequent Treatment - Drug Regimens	G	
• 62 Day Cancer Referrals from NHS Screening Service	A	
• 62 Day Cancer Referral to Treatment – Status Upgrade	G	
• Cancelled Operations (2 <sup>nd</sup> Cancellations)	G	
• IAPT Entering Treatment (Issues with January data)	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	G	

**Areas by Exception:**

Area	RAG	↓↑ From Previous Month	Comments	Lead
<b>18 Week Referral to Treatment Times:</b> Admitted (Target 90%) Non-Admitted (Target 95%) Incomplete (Target 92%)	R		Despite slight improvements for both admitted and non-admitted pathways the March 2017 position against all 18 week wait targets, including NHS Improvement trajectory, continues to underperform and continues to fall significantly below required levels:  March 2017: Admitted: 67.99% (February 62.31%) Non-Admitted: 86.6% (February 80%) Incomplete: 83% (February 83.7%)  Year End: Admitted: 70.55% Non-Admitted: 86.5% Incomplete: 83%  The CCG is working with the Trust to progress the local recovery plan.	RY

			<p>Further details on action taken can be found in the exception report:</p> <p><a href="http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports">http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</a></p>  <p>RTT Incomplete Mar17.doc</p> 	
<p>RTT &gt;52 Week Waits in Incomplete Pathways</p>	<p>R</p>		<p>The RTT &gt;52 Weeks Wait in Incomplete Pathways has seen a further 18 breaches in March 2017 (17 at NLaG, 1 at HEYHT). This gives a year end position of 47 breaches.</p> <p>Further details can be found in the exception reports (as above):</p> <p><a href="http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports">http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</a></p>	<p>RY</p>
<p>A&amp;E 4 Hour Waiting Times (Target 95%)</p>	<p>R</p>		<p>Published A&amp;E performance in March 2017 is at 85% and did not meet the required level or the agreed improvement trajectory. The year-end position finished on 87.4%</p> <p>In March 2017 the local Scunthorpe site was 82.6% and Diana Princess of Wales's site in Grimsby was at 82.9%. The overall NLaG position in March was 84.7%.</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><a href="http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports">http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</a></p>	<p>JE</p>

			 <p>AE Waiting Times - Mar 17.doc</p> 	
A&E 12 Hour Trolley Waits	R	↑	<p>There were no further breaches of the 12 hour trolley wait in March. However the year to date position is over target at 11.</p>	JE
62 Day Cancer Referral to Treatment – Total	A	↓	<p>The March 2017 position indicates the 85% target was missed (75%). The year to date position also narrowly missed the target at 82.3%.</p>  <p>See exception reports below for further details:</p> <p><a href="http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports">http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</a></p>  <p>62 day GP Referral for 1st Treatment - M</p>	RY
Category A Ambulance Response Times 8 Minute RED 1 (Target 75%)	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 March 2017 (73.4%) despite significant improvement. The year-end position finished at 69.97%</p>	RY

			<p>The position for all ambulance Cat A response times are assessed at Trust level. The RED1 North Lincolnshire position worsened and moved to amber at 74.1%. The year-end position was 74.7%.</p> <p>See exception report below for further detail on the Trust's position:</p> <p><a href="http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports">http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</a></p> <p> Ambulance Indicators Exception I</p> <p><b>Ambulance Clinical Quality - Category A (Red 1) 8 Minute Response Time (Higher is better)</b></p>  <table border="1"> <caption>Ambulance Clinical Quality - Category A (Red 1) 8 Minute Response Time</caption> <thead> <tr> <th>Month</th> <th>EMAS (%)</th> <th>NL CCG (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>65</td><td>82</td><td>75</td></tr> <tr><td>May-16</td><td>68</td><td>75</td><td>75</td></tr> <tr><td>Jun-16</td><td>68</td><td>75</td><td>75</td></tr> <tr><td>Jul-16</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Aug-16</td><td>72</td><td>72</td><td>75</td></tr> <tr><td>Sep-16</td><td>70</td><td>82</td><td>75</td></tr> <tr><td>Oct-16</td><td>68</td><td>65</td><td>75</td></tr> <tr><td>Nov-16</td><td>70</td><td>85</td><td>75</td></tr> <tr><td>Dec-16</td><td>65</td><td>68</td><td>75</td></tr> <tr><td>Jan-17</td><td>65</td><td>68</td><td>75</td></tr> <tr><td>Feb-17</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Mar-17</td><td>72</td><td>72</td><td>75</td></tr> </tbody> </table>	Month	EMAS (%)	NL CCG (%)	Target (%)	Apr-16	65	82	75	May-16	68	75	75	Jun-16	68	75	75	Jul-16	70	75	75	Aug-16	72	72	75	Sep-16	70	82	75	Oct-16	68	65	75	Nov-16	70	85	75	Dec-16	65	68	75	Jan-17	65	68	75	Feb-17	70	75	75	Mar-17	72	72	75	
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Category A Ambulance Response Times 8 Minute RED 2 (Target 75%)	R		<p>EMAS overall performance remains below the required level at 59.37% in March 2017. The year-end position was 57.06%</p> <p><i>North Lincolnshire performance in March 2017 improved but remains below plan at 63.2%, the year-end position being 61.1%.</i></p> <p>See detail provided in the Category A Ambulance Response Times section above.</p>	RY																																																				
Category A Ambulance Response Times 19 Minute (Target 95%)	R		<p>EMAS overall performance is 86.54% in March 2017 with the year-end position being 84.32%. <i>North Lincolnshire's performance was 84.9% in March, year-end being 82.3%.</i></p> <p>See detail provided in the Category A Ambulance Response Times section above.</p>	RY																																																				
Mixed Sex Accommodation	R		<p>There were 0 breaches of the target in March however the year-end position finished at 27.</p>	CW																																																				
Incidence of healthcare associated infection (HCAI): MRSA	R		<p>There have been no further incidences in March 2017 however the year-end position breached the 0 tolerance due to 1 incidence in February 2017.</p>	CW																																																				

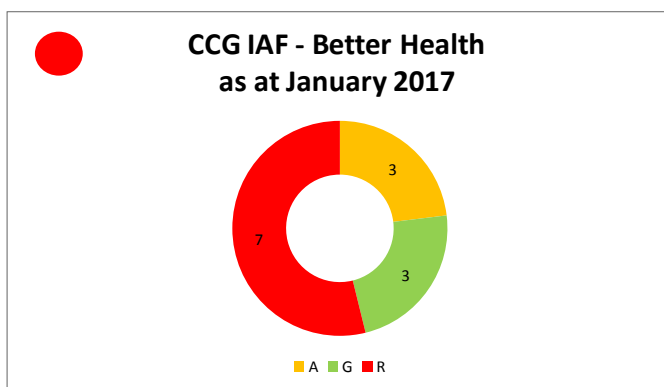
## 2. Improvement & Assessment Framework

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.

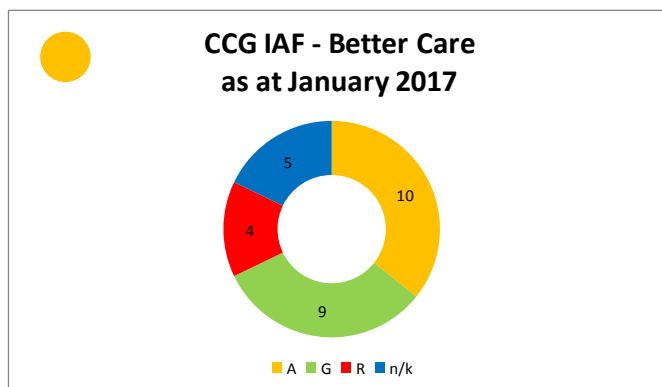
The dashboards below give a summary indication of the CCGs current achievements.

Dashboard 1:

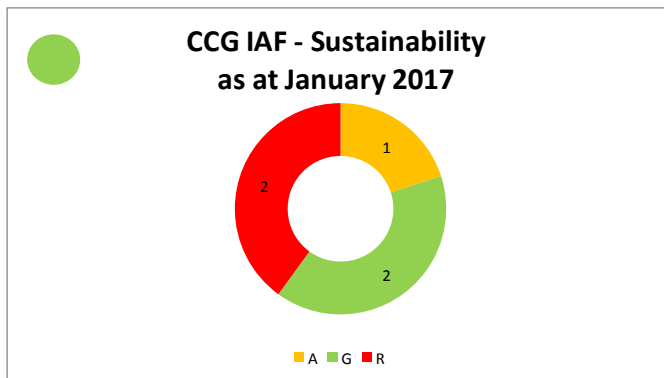
This indicates the total number of KPIs by RAG rating within each IAF category.



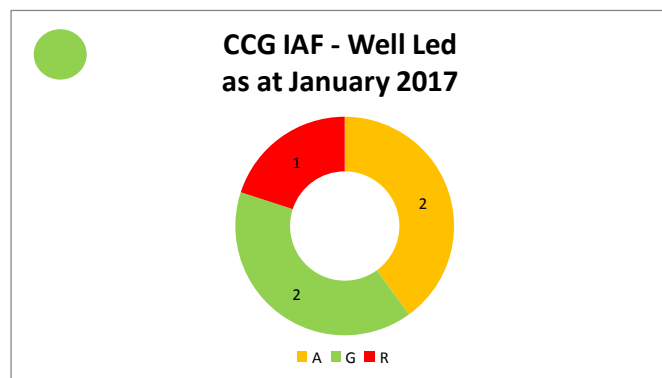
There is one indicator where current performance is unknown



There are four indicators where current performance is unknown



There is one indicator where current performance is unknown

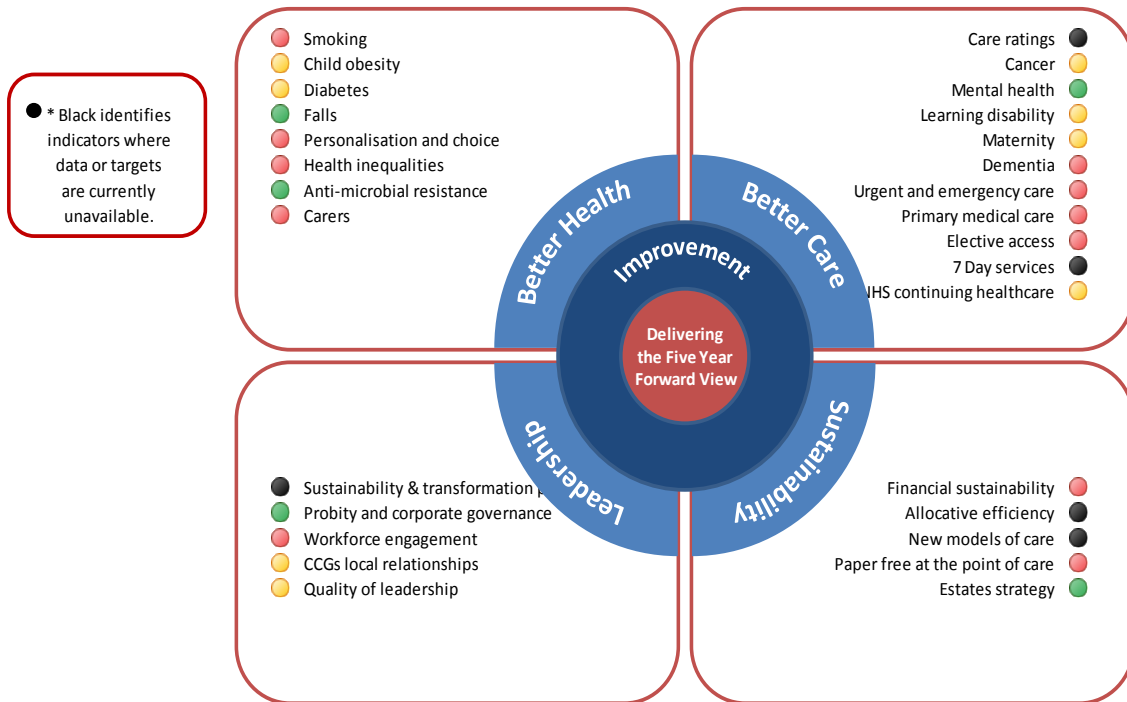




Dashboard 2:

This dashboard shows the overall performance of each metric group within each category. The RAG rating is determined by the lowest score in each group.

**NHS North Lincolnshire CCG - MY NHS IAF Indicators**



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.







### 3. CCG Quality Premiums

#### 3a. Quality Premiums 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 below 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%)	14.3% (Feb '17)		Next update due June 2017
	Antibiotics Prescribed in Primary Care	2013/14	(a) <= 1.176 (b) <= 10%	(a) 1.177 (b) 9.6 (Mar '16 - Feb '17)	(a)  (b) 	Next update due June 2017
16/17 Local Measures	Reduction in Non-Elective COPD Admissions	2015	472	502 (Apr '16 - Mar '17)		Not achieved
	Reduction in Elective Gastroscopy	2015	2118	2329 (Apr '16 - Mar '17)		Not achieved
	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

The following table summarises the year end position in relation to the NHS Constitutional indicators:

Quality Premium – NHS Constitution rights and pledges gateway (Target)	%	Achievement Level	Status	MET?
Referral to treatment times 18 weeks incomplete (92%)	30%	83.0%	R	NO
A&E 4 Hour Waits (95%)	30%	87.4%	R	NO
Cancer 62 day waits from urgent GP referral (85%)	20%	82.3%	A	NO
Category A Red 1 ambulance calls (75%)	20%	68.97%	R	NO

### **3b. CCG Quality Premium - 2017/2019**

The latest Quality Premium is a 2 year Quality Premium with the gateways in relation to Quality and Finance remain the same, as do the Constitutional penalties (with a slight adjustment to % weighting). These will be reflected in the 2017/2019 reports.

The following details the specific quality premium measures and targets set by the CCG for 2017/2019.

National Measures	Ambition	Weighting
Early Cancer Diagnosis	Achieve a proportion of 60% of all cancers diagnosed at stages 1 and 2 in the 2017 calendar year or improve by 4 points.	17%
GP Access and Experience	85% of respondents with 'very good or good' experience or improve by 3% points.	17%
Continuing Healthcare	Part 1 - CCGs must ensure that more than 80% of all full NHS CHC assessments are completed within 28 days.  Part 2 - CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting.	17%
Mental Health	Improve inequitable rates of access to Children & Young People's Mental Health Services	17%
Bloodstream Infections	Part a) reducing gram negative blood stream infections (BSI) across the whole health economy 45% weighting  Part b) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care 45% weighting  Part c) sustained reduction of inappropriate antibiotic prescribing in primary care 10% weighting	17%

Local Measure	Ambition	Weighting
RightCare Indicator	High-risk atrial fibrillation patients on anti-coagulant drug therapy	15%

#### 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.	<p><b>NHS Constitution KPI Dashboard</b></p> <p>All NHS Constitution indicators have now been brought together in a graphical dashboard.</p> <p>The background colour for each graph represents the year to date RAG status.</p> <p>Several graphs have been included in this month’s summary. The full dashboard can be found at the end of the ‘All NHS Constitutional Indicators’ section of the BIZ at the following:</p> <p><a href="http://biz.nyhcsu.org.uk/nlccg/data/uploads/current/constitution/all-nhs-constitutional-indicators.pdf">http://biz.nyhcsu.org.uk/nlccg/data/uploads/current/constitution/all-nhs-constitutional-indicators.pdf</a></p>	NEWS	ALL	Open
2.	<p><b>2017/18 Available Positions</b></p> <ul style="list-style-type: none"> <li>• <b>RTT Incomplete Pathways</b></li> </ul> <p>The 18 week RTT incomplete position has worsened in April 2017 (80%). The NLaG position is currently reported at 79.27%</p> <ul style="list-style-type: none"> <li>• <b>&gt;52 Week Waits</b></li> </ul> <p>There are 31 breaches of the &gt;52 Week Wait reported in April all of which are at NLaG.</p> <ul style="list-style-type: none"> <li>• <b>Diagnostic Waits &gt;6 Weeks</b></li> </ul> <p>Early indications suggest that this indicator has failed to meet the target in April 2017 (2.63%). NLaG have been contacted for confirmation has this contradicts statements made at contracting meetings.</p> <ul style="list-style-type: none"> <li>• <b>A&amp;E 4 Hour Waiting Times</b></li> </ul> <p>The April position has worsened with a Trust position at 78.7%. The Scunthorpe position was stronger at 81.8% but still below target.</p>	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**