


| | |
|------------------------|---|
| Date: | 14 th December 2017 |
| Meeting: | CCG Governing Body |
| Item Number: | 10.1 |
| Public/Private: | Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> |

| | |
|----------------------|---|
| Report Title: | CCG Corporate Performance Report - September 2017 |
|----------------------|---|

| | |
|--|---|
| Author: (Name, Title) | Emma Munday Performance & Information Manager |
| GB Lead: (Name, Title) | Ian Holborn Chief Finance Officer & Business Support |
| Director approval /signature (MUST BE SIGNED) Date: | 6.12.17  |

| | |
|------------------------------|---|
| 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 | <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"/> |

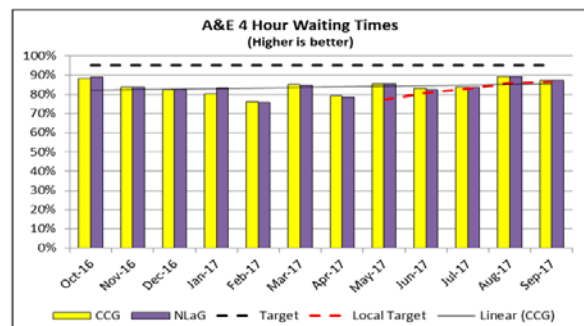
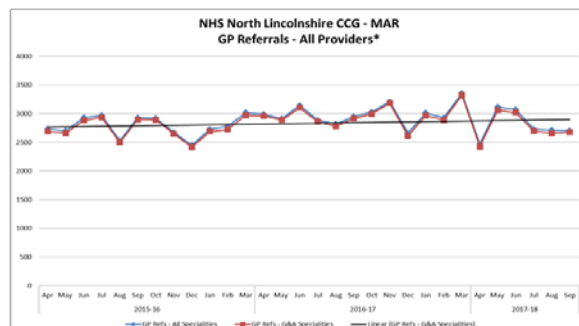
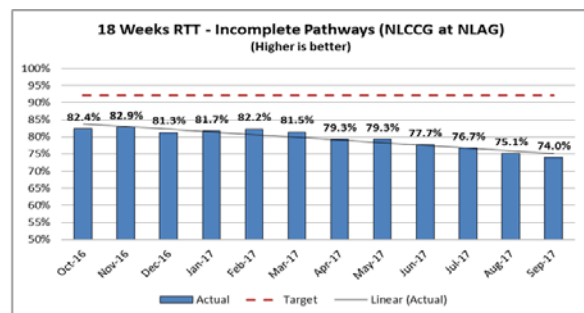
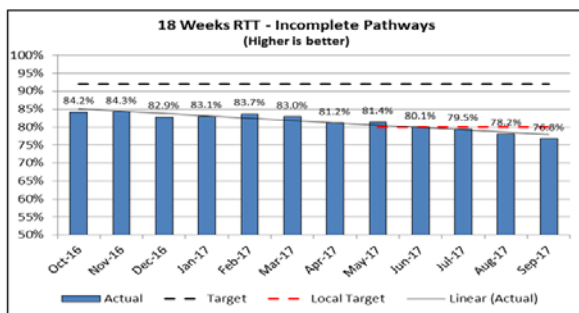
Executive Summary (Question, Options, Recommendations):

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 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/>.

The following charts provide a summary of the key constitutional areas and activity trends:

NL CCG Activity Summary Month 6 2017-18



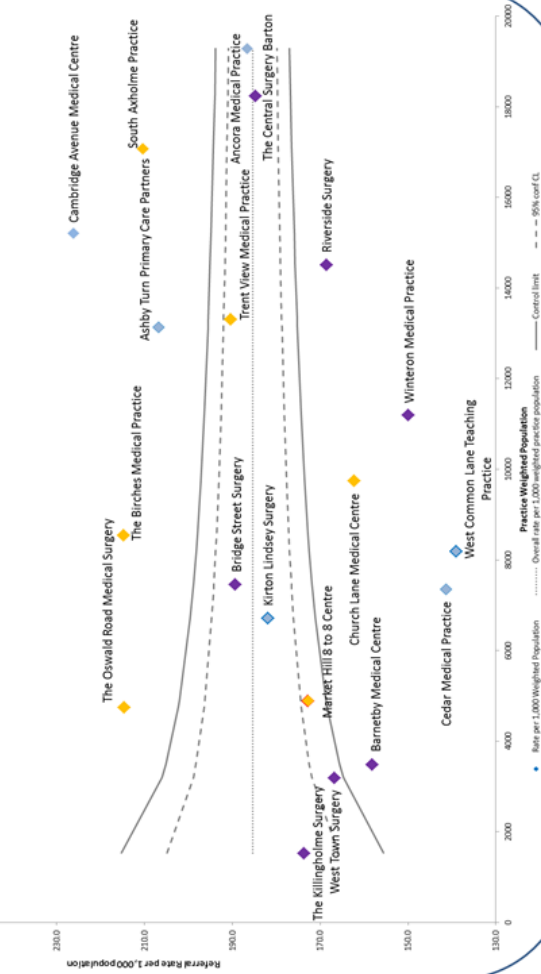
In addition please see at **Appendix 1** the charts as provided to the CCG Demand Management Group which show practice level benchmarks for key activity measures.

| | | |
|------------------------|---|--|
| 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. |

| <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"/> | |

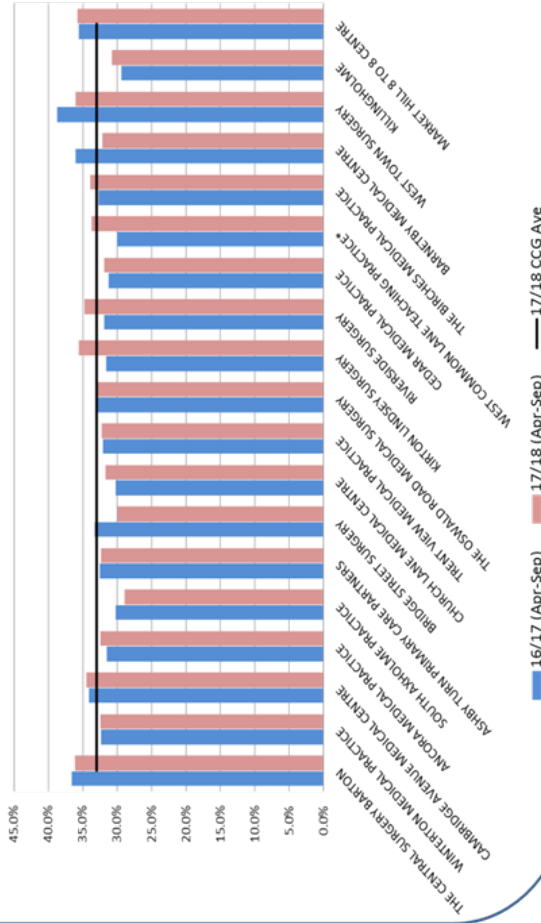
NL CCG Practices GP Referral Rate per 1,000 Weighted Population - All Specialities

Data source: Local referrals datasets (NLAG, HEY, DBH, ULH & Spire only)
 Rolling 12 months (October 2016 - September 2017)
 (Care Networks = West South East)



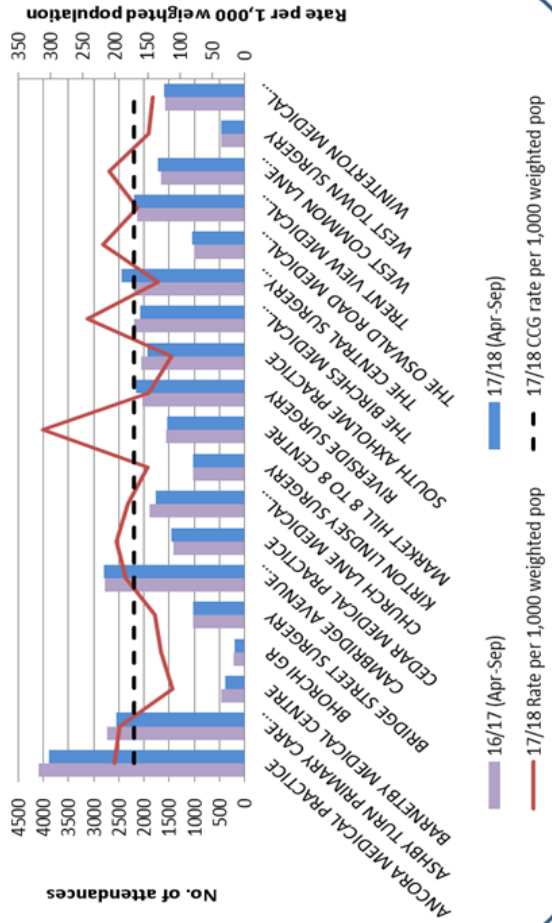
Discharges at 1st Outpatient Attendances Apr-Sep 16/17 vs 17/18

Data Source: SUS Outpatient dataset



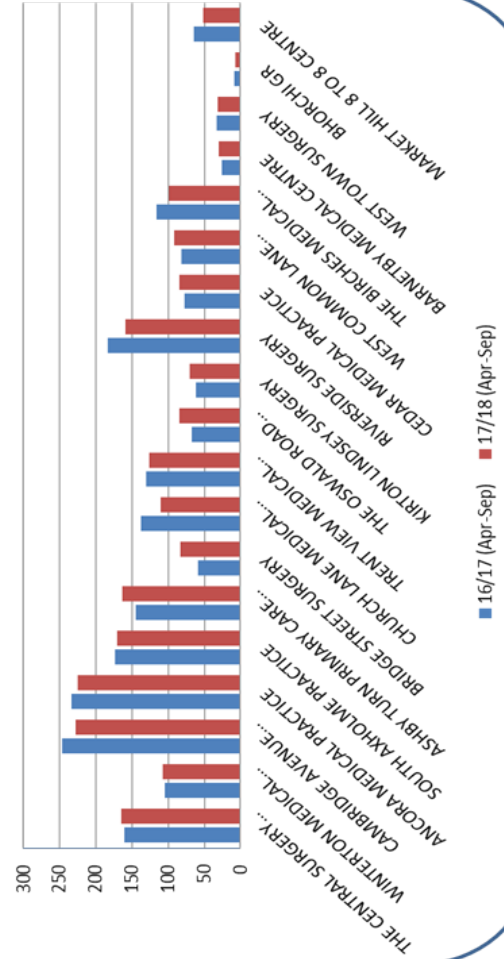
A&E Attendances Apr-Sep 16/17 vs 17/18

Data Source: SUS A&E Dataset



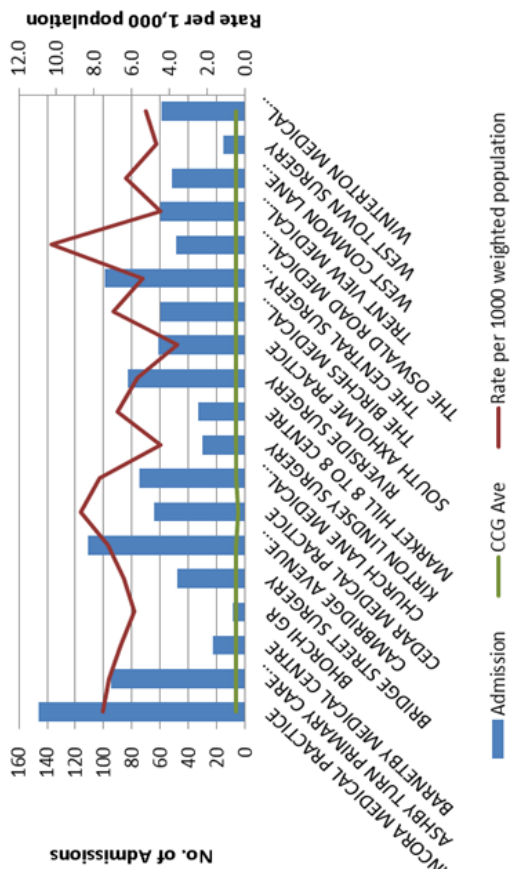
Emergency Admissions with LoS <1 Day Apr-Sep 16/17 vs 17/18

Data Source: SUS Inpatient Data

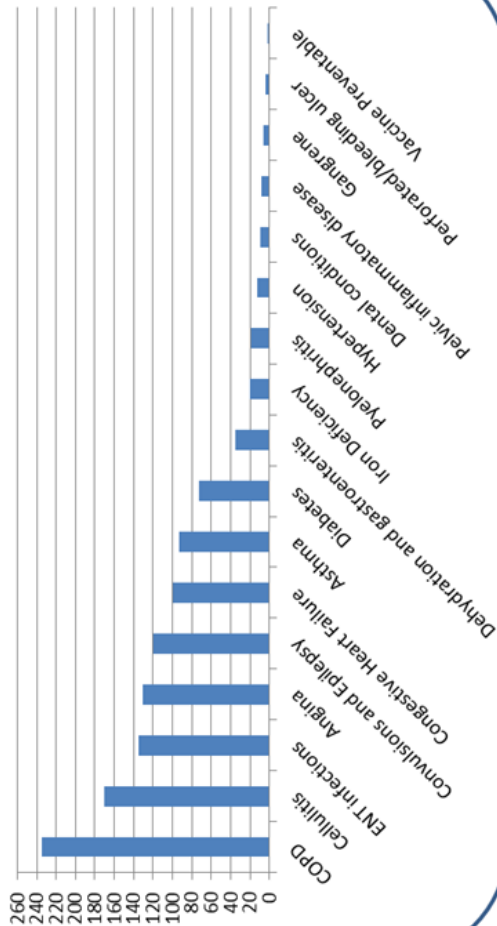


Emergency Admissions for ACS Conditions (Apr-Sep 2017)

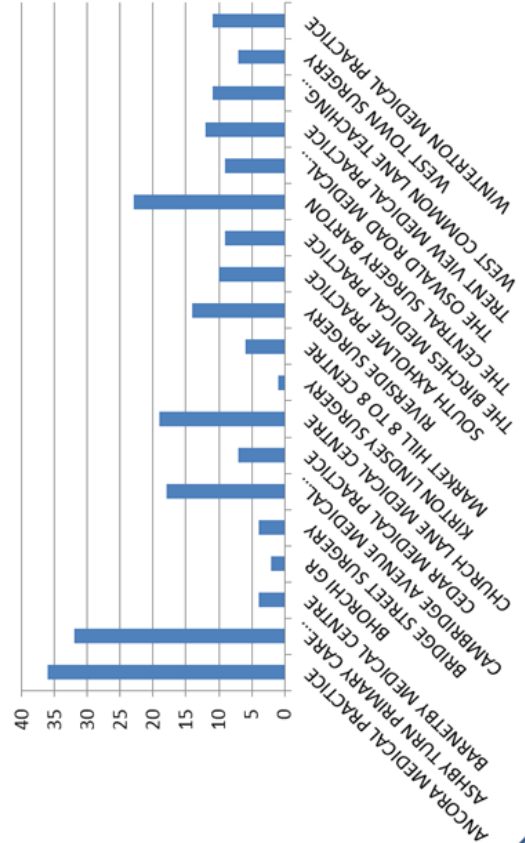
Data Source: SUS Inpatient Data



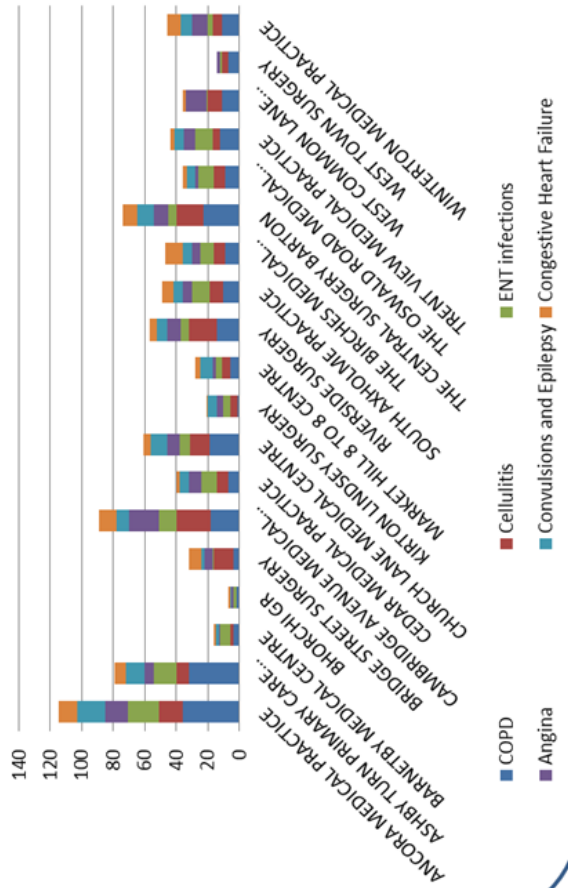
ACS Emergency Admissions (Apr-Sep 2017) All Practices



Emergency Admissions - COPD (Apr-Sep 2017)



Emergency Admissions - Top 6 ACS Conditions (Apr-Sep 2017)



North Lincolnshire CCG Corporate Performance Executive Summary 2017/2018

Author: Performance and Information Team
Date: 14th December 2017
Month: 6 (September 2017 position)

Performance Executive Summary

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 |
|--|----------|----------|
| • A&E 12 Hour Trolley Waits | G | |
| • Cancer 2 Week Waits | 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 – Chemotherapy | G | |
| • 62 Day Cancer Referral to Treatment – Screening Services | R | |
| • Cancelled Operations (2 nd Cancellations) | G | |
| • IAPT Recovery Rates | G | |
| • IAPT 6 Week Waits | G | |
| • IAPT 18 Week Waits | G | |
| • 7 Day Follow Up for Patients on CPA | R | |
| • Early Intervention 2 Week Waiting Times | G | |
| • Incidence of Healthcare Associated Infection – MRSA | 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 September 2017 position against all 18 week wait targets, including NHS Improvement trajectory, continues to underperform and continues to fall significantly below required levels: September 2017: Admitted: 68.1% (August 64.9%) Non-Admitted: 81.1% (August 83.1%) Incomplete: 76.8% (August 78.2%) The CCG has agreed a local recovery plan with the Trust which will aim to maintain a performance of 80% throughout 2017-18. The 80% target was missed for incomplete pathways since July 2017. | RY |

| | | | <p style="text-align: center;">18 Weeks RTT - Incomplete Pathways (Higher is better)</p> <table border="1"> <caption>18 Weeks RTT - Incomplete Pathways Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> <th>Local Target (%)</th> </tr> </thead> <tbody> <tr><td>Oct-16</td><td>84.2%</td><td>92%</td><td>84.2%</td></tr> <tr><td>Nov-16</td><td>84.3%</td><td>92%</td><td>84.3%</td></tr> <tr><td>Dec-16</td><td>82.9%</td><td>92%</td><td>82.9%</td></tr> <tr><td>Jan-17</td><td>83.1%</td><td>92%</td><td>83.1%</td></tr> <tr><td>Feb-17</td><td>83.7%</td><td>92%</td><td>83.7%</td></tr> <tr><td>Mar-17</td><td>83.0%</td><td>92%</td><td>83.0%</td></tr> <tr><td>Apr-17</td><td>81.2%</td><td>92%</td><td>81.2%</td></tr> <tr><td>May-17</td><td>81.4%</td><td>92%</td><td>81.4%</td></tr> <tr><td>Jun-17</td><td>80.1%</td><td>92%</td><td>80.1%</td></tr> <tr><td>Jul-17</td><td>79.5%</td><td>92%</td><td>79.5%</td></tr> <tr><td>Aug-17</td><td>78.2%</td><td>92%</td><td>78.2%</td></tr> <tr><td>Sep-17</td><td>76.8%</td><td>92%</td><td>76.8%</td></tr> </tbody> </table> <p>Further details on actions taken can be found in the exception report: http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p> <p>RTT Incomplete Sept17.doc</p> | Month | Actual (%) | Target (%) | Local Target (%) | Oct-16 | 84.2% | 92% | 84.2% | Nov-16 | 84.3% | 92% | 84.3% | Dec-16 | 82.9% | 92% | 82.9% | Jan-17 | 83.1% | 92% | 83.1% | Feb-17 | 83.7% | 92% | 83.7% | Mar-17 | 83.0% | 92% | 83.0% | Apr-17 | 81.2% | 92% | 81.2% | May-17 | 81.4% | 92% | 81.4% | Jun-17 | 80.1% | 92% | 80.1% | Jul-17 | 79.5% | 92% | 79.5% | Aug-17 | 78.2% | 92% | 78.2% | Sep-17 | 76.8% | 92% | 76.8% | | | | | | | | | | | | | | |
|---|------------|------------|---|------------------|------------|------------|------------------|------------------|--------|-----|-------|--------|-------|--------|-------|--------|-------|-----|--------|--------|-------|-----|-------|--------|-------|-----|-------|--------|--------|-----|-------|--------|-------|--------|-------|--------|-------|-----|--------|--------|-------|-----|-------|--------|-------|-----|-------|--------|--------|-----|-------|--------|-------|--------|-------|-----|-----|-----|--------|-----|-----|-----|-----|--------|-------|-------|-----|-------|----|
| Month | Actual (%) | Target (%) | Local Target (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-16 | 84.2% | 92% | 84.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-16 | 84.3% | 92% | 84.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-16 | 82.9% | 92% | 82.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mar-17 | 83.0% | 92% | 83.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| May-17 | 81.4% | 92% | 81.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-17 | 80.1% | 92% | 80.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-17 | 79.5% | 92% | 79.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-17 | 78.2% | 92% | 78.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-17 | 76.8% | 92% | 76.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>RTT >52 Week Waits in Incomplete Pathways</p> | R | ↓ | <p>The RTT >52 Weeks Wait in Incomplete Pathways has deteriorated at 39 breaches in September 2017 (38 at NLAG, 1 at HEY)</p> <p>Further details can be found in the exception report (as above): http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p> | RY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A&E 4 Hour Waiting Times (Target 95%)</p> | R | ↓ | <p>Published Trust A&E performance in September 2017 is at 87.4% and did not meet the national target of 95% but did meet the agreed improvement trajectory of 86.4%. In September 2017 the local Scunthorpe site was 87.5% and Diana Princess of Wales's site in Grimsby at 84.2%.</p> <p style="text-align: center;">A&E 4 Hour Waiting Times (Higher is better)</p> <table border="1"> <caption>A&E 4 Hour Waiting Times Data</caption> <thead> <tr> <th>Month</th> <th>CCG (%)</th> <th>NLaG (%)</th> <th>Target (%)</th> <th>Local Target (%)</th> </tr> </thead> <tbody> <tr><td>Oct-16</td><td>88%</td><td>88%</td><td>95%</td><td>88%</td></tr> <tr><td>Nov-16</td><td>84%</td><td>84%</td><td>95%</td><td>84%</td></tr> <tr><td>Dec-16</td><td>82%</td><td>82%</td><td>95%</td><td>82%</td></tr> <tr><td>Jan-17</td><td>80%</td><td>80%</td><td>95%</td><td>80%</td></tr> <tr><td>Feb-17</td><td>76%</td><td>76%</td><td>95%</td><td>76%</td></tr> <tr><td>Mar-17</td><td>84%</td><td>84%</td><td>95%</td><td>84%</td></tr> <tr><td>Apr-17</td><td>80%</td><td>80%</td><td>95%</td><td>80%</td></tr> <tr><td>May-17</td><td>84%</td><td>84%</td><td>95%</td><td>84%</td></tr> <tr><td>Jun-17</td><td>82%</td><td>82%</td><td>95%</td><td>82%</td></tr> <tr><td>Jul-17</td><td>84%</td><td>84%</td><td>95%</td><td>84%</td></tr> <tr><td>Aug-17</td><td>88%</td><td>88%</td><td>95%</td><td>88%</td></tr> <tr><td>Sep-17</td><td>87.4%</td><td>87.4%</td><td>95%</td><td>87.4%</td></tr> </tbody> </table> <p>Further details can be found in the exception report: http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p> | Month | CCG (%) | NLaG (%) | Target (%) | Local Target (%) | Oct-16 | 88% | 88% | 95% | 88% | Nov-16 | 84% | 84% | 95% | 84% | Dec-16 | 82% | 82% | 95% | 82% | Jan-17 | 80% | 80% | 95% | 80% | Feb-17 | 76% | 76% | 95% | 76% | Mar-17 | 84% | 84% | 95% | 84% | Apr-17 | 80% | 80% | 95% | 80% | May-17 | 84% | 84% | 95% | 84% | Jun-17 | 82% | 82% | 95% | 82% | Jul-17 | 84% | 84% | 95% | 84% | Aug-17 | 88% | 88% | 95% | 88% | Sep-17 | 87.4% | 87.4% | 95% | 87.4% | JE |
| Month | CCG (%) | NLaG (%) | Target (%) | Local Target (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-16 | 88% | 88% | 95% | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-16 | 84% | 84% | 95% | 84% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-16 | 82% | 82% | 95% | 82% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-17 | 80% | 80% | 95% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-17 | 76% | 76% | 95% | 76% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-17 | 84% | 84% | 95% | 84% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-17 | 80% | 80% | 95% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-17 | 84% | 84% | 95% | 84% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-17 | 82% | 82% | 95% | 82% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-17 | 84% | 84% | 95% | 84% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-17 | 88% | 88% | 95% | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-17 | 87.4% | 87.4% | 95% | 87.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



AE Waiting Times - Oct17.doc

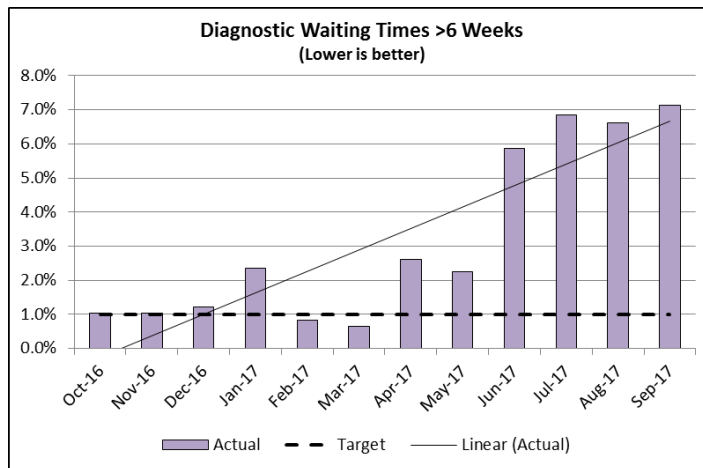
Diagnostic Test >6 Weeks

R



The diagnostic waiting times position worsened in September 2017 and failed to meet the 1% target (7.13%). Significant pressure continues in CT/MRI, all Endoscopy services.

RY



Further details can be found in the exception report: <http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports>



6 Week Diagnostics Sept17.doc

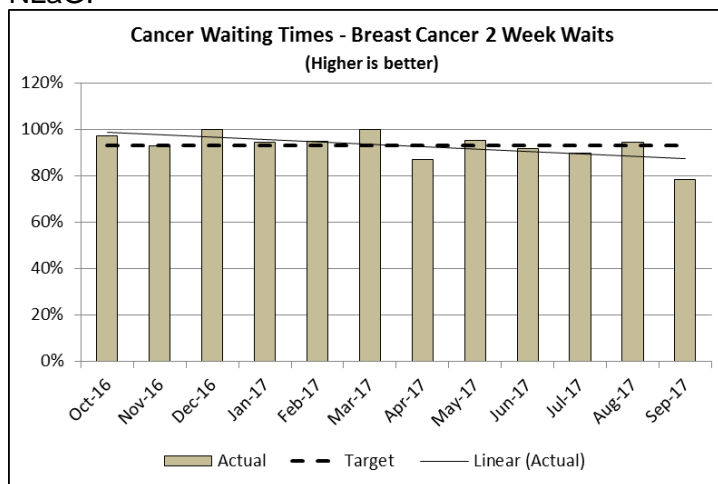
Cancer 2 Week Wait - Breast

R



The 93% target was missed in September 2017, achieving 78.3%, the worst position seen this financial year. This was due to 5 breaches which were all at NLaG.




RY





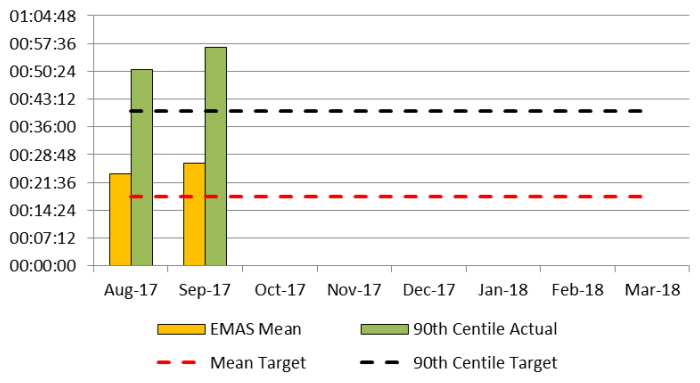

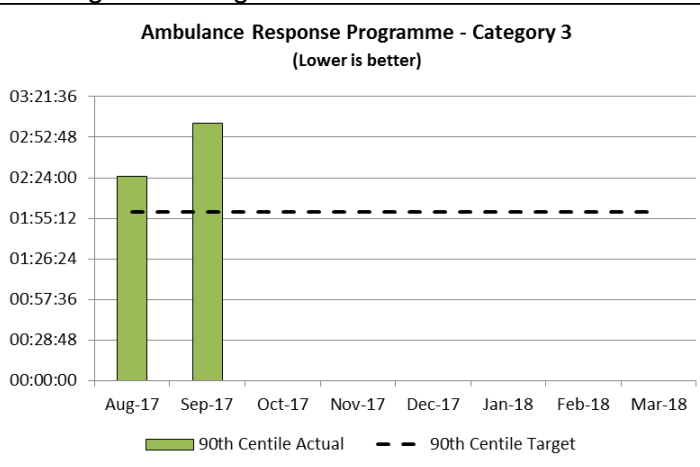

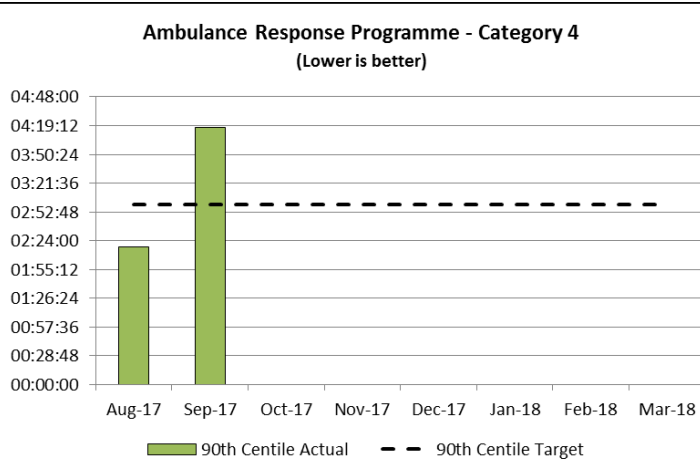
Further details can be found in the exception report: <http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports>






Breast 2 Week Wait - Sept17.doc

| 62 Day Cancer Referral to Treatment – Total | R |  | <p>The September 2017 position improved but indicates the 85% target was missed (66.7%), which related to 15 patients out of a total of 45. The breaches were mainly due to complex pathways and late referrals.</p> <div data-bbox="639 264 1362 734" data-label="Figure"> <table border="1"> <caption>Cancer 62 Day - GP Referral to Treatment (Higher is better)</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Oct-16</td><td>81</td><td>85</td></tr> <tr><td>Nov-16</td><td>80</td><td>85</td></tr> <tr><td>Dec-16</td><td>79</td><td>85</td></tr> <tr><td>Jan-17</td><td>66</td><td>85</td></tr> <tr><td>Feb-17</td><td>80</td><td>85</td></tr> <tr><td>Mar-17</td><td>75</td><td>85</td></tr> <tr><td>Apr-17</td><td>78</td><td>85</td></tr> <tr><td>May-17</td><td>71</td><td>85</td></tr> <tr><td>Jun-17</td><td>55</td><td>85</td></tr> <tr><td>Jul-17</td><td>75</td><td>85</td></tr> <tr><td>Aug-17</td><td>78</td><td>85</td></tr> <tr><td>Sep-17</td><td>67</td><td>85</td></tr> </tbody> </table> </div> <p>Full details given for breaches and any recovery actions can be found in the exception report:</p> <p>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p> <div data-bbox="710 974 774 1034" data-label="Image"> </div> <p>62 day GP Referral for 1st Treatment - Si</p> | Month | Actual (%) | Target (%) | Oct-16 | 81 | 85 | Nov-16 | 80 | 85 | Dec-16 | 79 | 85 | Jan-17 | 66 | 85 | Feb-17 | 80 | 85 | Mar-17 | 75 | 85 | Apr-17 | 78 | 85 | May-17 | 71 | 85 | Jun-17 | 55 | 85 | Jul-17 | 75 | 85 | Aug-17 | 78 | 85 | Sep-17 | 67 | 85 | RY |
|---|------------|---|--|-------|------------|------------|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|----|
| Month | Actual (%) | Target (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-16 | 81 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-16 | 80 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-16 | 79 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-17 | 66 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-17 | 80 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-17 | 75 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-17 | 78 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-17 | 71 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-17 | 55 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-17 | 75 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-17 | 78 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-17 | 67 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 Day Cancer Referral to Treatment – Consultant Upgrade | R |  | <p>The 90% target was missed in September 2017, achieving 0%. This was however only due to 1 patient in total on this pathway in Month.</p> <p>The patient was referred to Doncaster & Bassetlaw from Sheffield Teaching Hospitals, but the internal referral was not received until day 50 of the pathway. All efforts were made to appoint the patient, which was successfully done on the 64th Day, only 2 days post the target level.</p> <p>An exception report has been completed to the above effect but return to plan is expected by October 2017 due to the low patient number and this specific case.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulance Response Programme (ARP) Category 1 (Mean response time 7 minutes; 90 th Centile 15 minutes) | R |  | <p>EMAS implemented the Ambulance Response Programme (ARP) on the 19th July 2017, which replaces the previous RED 1 and 2 Response Times Targets.</p> <p>Reporting under ARP means that there is no longer a performance 'hit' or 'miss' based on the speed of response. Measures are based on the mean and/or 90th percentile.</p> <p>Category One (C1) – Mean and 90th Percentile For people with a life-threatening injury or illness.</p> <p>Category Two (C2) – Mean and 90th Percentile For emergency calls.</p> | RY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | <p>Category Three (C3) – 90th Percentile For urgent calls. In some instances the patient may be treated by ambulance staff in their own home.</p> <p>Category Four (C4) – 90th Percentile For less urgent calls. In some instances patients may be given advice over the telephone or referred to another service such as a GP or pharmacist. C4 responses now exclude calls from Healthcare Professionals (HCPs) and will be reported separately. Reporting against HCPs will be shared once available.</p> <p>Performance at East Midlands Ambulance Trust (EMAS) against the Category 1 7 minute mean response indicator did not reach the required level in September 2017 (00:08:15) but did meet the 90th Centile target of 15 minutes (00:14:52). Local CCG Level monitoring is currently in development by the Trust and will be available soon.</p> <div data-bbox="639 869 1361 1335" data-label="Figure"> <table border="1"> <caption>Ambulance Response Programme - Category 1 (Lower is better)</caption> <thead> <tr> <th>Month</th> <th>EMAS Mean</th> <th>90th Centile Actual</th> <th>Mean Target</th> <th>90th Centile Target</th> </tr> </thead> <tbody> <tr> <td>Aug-17</td> <td>00:07:30</td> <td>00:14:00</td> <td>00:06:00</td> <td>00:14:52</td> </tr> <tr> <td>Sep-17</td> <td>00:08:15</td> <td>00:14:52</td> <td>00:06:00</td> <td>00:14:52</td> </tr> <tr> <td>Oct-17</td> <td></td> <td></td> <td>00:06:00</td> <td>00:14:52</td> </tr> <tr> <td>Nov-17</td> <td></td> <td></td> <td>00:06:00</td> <td>00:14:52</td> </tr> <tr> <td>Dec-17</td> <td></td> <td></td> <td>00:06:00</td> <td>00:14:52</td> </tr> <tr> <td>Jan-18</td> <td></td> <td></td> <td>00:06:00</td> <td>00:14:52</td> </tr> <tr> <td>Feb-18</td> <td></td> <td></td> <td>00:06:00</td> <td>00:14:52</td> </tr> <tr> <td>Mar-18</td> <td></td> <td></td> <td>00:06:00</td> <td>00:14:52</td> </tr> </tbody> </table> </div> <p>See exception report below for further detail on the Trust's position: http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p> <p> Ambulance Indicators Exception I</p> | Month | EMAS Mean | 90th Centile Actual | Mean Target | 90th Centile Target | Aug-17 | 00:07:30 | 00:14:00 | 00:06:00 | 00:14:52 | Sep-17 | 00:08:15 | 00:14:52 | 00:06:00 | 00:14:52 | Oct-17 | | | 00:06:00 | 00:14:52 | Nov-17 | | | 00:06:00 | 00:14:52 | Dec-17 | | | 00:06:00 | 00:14:52 | Jan-18 | | | 00:06:00 | 00:14:52 | Feb-18 | | | 00:06:00 | 00:14:52 | Mar-18 | | | 00:06:00 | 00:14:52 | |
|--|-----------|---|---|---------------------|-----------|---------------------|-------------|---------------------|--------|----------|----------|----------|----------|--------|----------|----------|----------|----------|--------|--|--|----------|----------|--------|--|--|----------|----------|--------|--|--|----------|----------|--------|--|--|----------|----------|--------|--|--|----------|----------|--------|--|--|----------|----------|--|
| Month | EMAS Mean | 90th Centile Actual | Mean Target | 90th Centile Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-17 | 00:07:30 | 00:14:00 | 00:06:00 | 00:14:52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-17 | 00:08:15 | 00:14:52 | 00:06:00 | 00:14:52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-17 | | | 00:06:00 | 00:14:52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-17 | | | 00:06:00 | 00:14:52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-17 | | | 00:06:00 | 00:14:52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-18 | | | 00:06:00 | 00:14:52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-18 | | | 00:06:00 | 00:14:52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-18 | | | 00:06:00 | 00:14:52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulance Response Programme (ARP) Category 2 (Mean response time 18 minutes; 90th Centile 40 minutes) | R |  | EMAS overall performance was below the required level in September 2017 (mean = 00:26:40; 90 th Centile = 00:56:35). | RY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---|---|---|--|----|
| | | | <p style="text-align: center;">Ambulance Response Programme - Category 2 (Lower is better)</p>  <p>Exception details are all covered within the one ARP Exception as above.</p> | |
| <p>Ambulance Response Programme (ARP) Category 3 (90th Centile 120 minutes)</p> | R |  | <p>EMAS overall performance was 03:02:38 in September 2017 against a target of 02:00:00.</p>  <p>Exception details are all covered within the one ARP Exception as above.</p> | RY |
| <p>Ambulance Response Programme (ARP) Category 4 (90th Centile 180 minutes)</p> | R |  | <p>EMAS overall performance was 04:16:15 in September 2017 against a target of 03:00:00.</p>  <p>Exception details are all covered within the one ARP Exception as above.</p> | RY |

| | | | | |
|---|---|---|---|----|
| Mixed Sex Accommodation | R |  | <p>There were 6 breaches of the target in month, making the year to date position 38 up to 31st September 2017.</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> | CW |
| IAPT - % of People with Depression and/or Anxiety who receive Psychological Therapies | R |  | <p>The July published position (NHSD timescales are behind local flows) shows North Lincolnshire's entering treatment rates below the required level of 1.6% at 1.2%. Local information from the lead provider RDASH reports the September 2017 position to be back on track, with significant work undertaken in recent month to recover the position.</p> <p>Provider daily internal monitoring is in place and the progress of an action plan continues to be discussed at Contract Management Board. It is anticipated that this target will be achieved for the remainder of the financial year.</p> | |
| C Difficile – Incidence of Healthcare Associated Infection | R |  | <p>Year to date there have been 23 confirmed bacteraemia cases, which currently forecasts the CCG above the annual tolerance of 31 per annum (approx. 2.5 per month tolerance).</p> <p>Details of each case can be found as part of the exception report (<i>Internal circulation only</i>), including any specific RCA (Route Cause Analysis) actions.</p> <p>http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports</p> | |

2. Improvement & Assessment Framework – *Update overdue from NHS England, no due date provided.*

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.

Six Clinical Priority Areas - Overall Assessment:

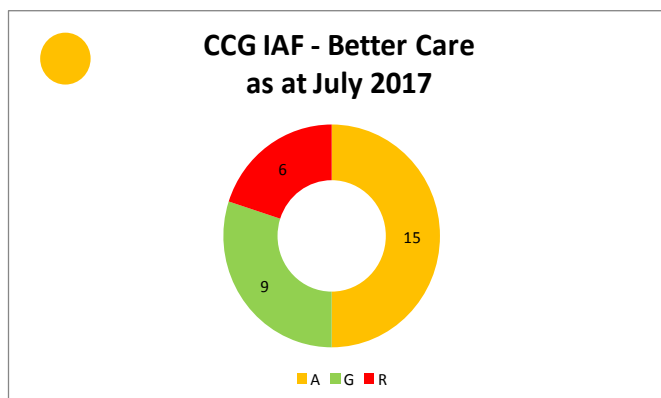
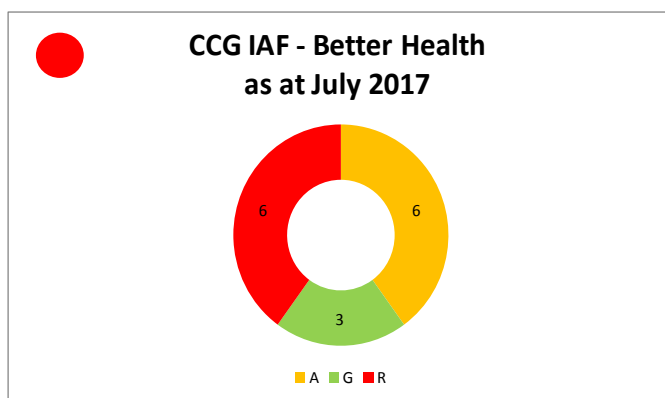
| Cancer | Dementia | Diabetes | Learning Disabilities | Maternity | Mental Health |
|----------------------|----------------------|-----------------|-----------------------|-------------------|---------------|
| Requires Improvement | Requires Improvement | Performing Well | Needs Improvement | Needs Improvement | Good |

There have been 2 changes to the 6 clinical priority areas:

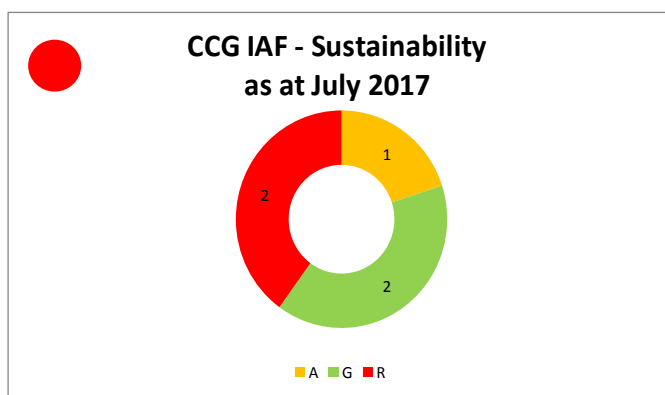
- Dementia has changed from ‘Greatest need for improvement’ to ‘Requires improvement’.
- Mental Health has changed from ‘Top performing’ to ‘Good’.

IAF Dashboard 1:

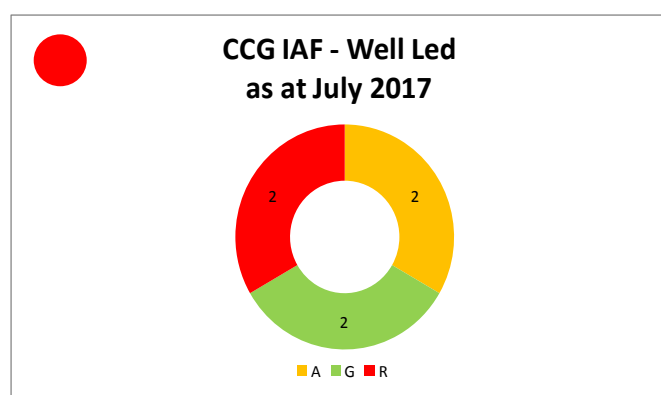
This indicates the total number of KPIs by RAG rating within each IAF category.



There are two indicators where current performance is unknown



There is one indicator where current performance is unknown

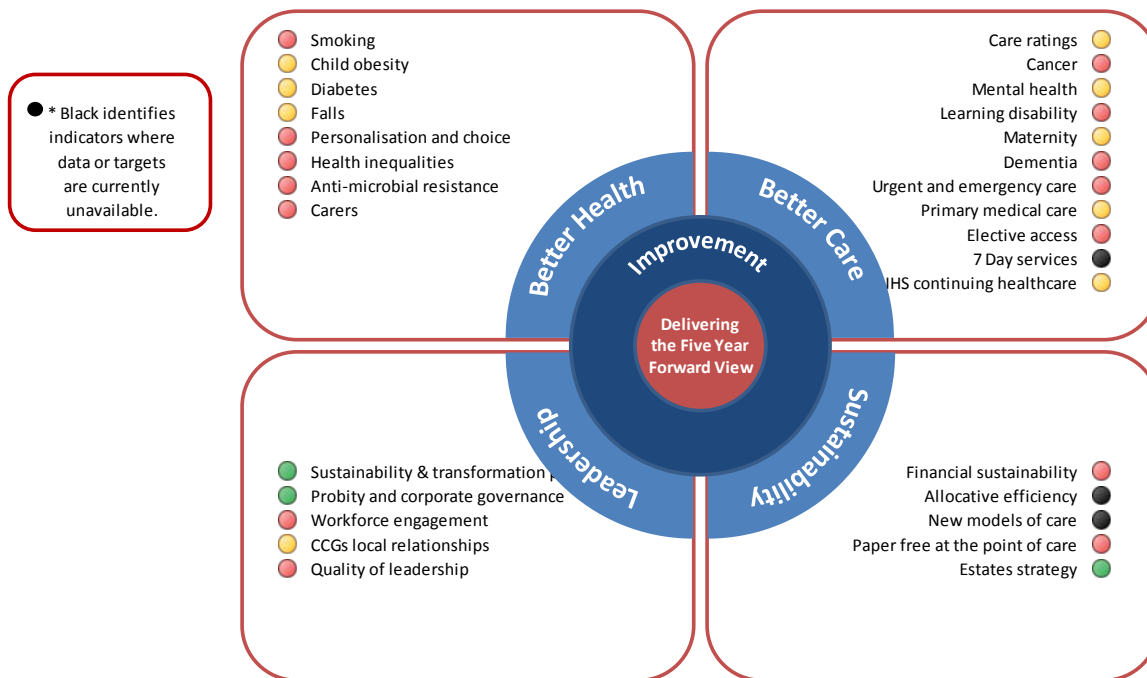


N.B. RAG ratings for indicators are based on reported quartile position unless subject to national targets. RAG ratings for indicator groups are determined by the lowest rating.

IAF 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 July 2017



N.B. RAG ratings for indicators are based on reported quartile position unless subject to national targets. RAG ratings for indicator groups are determined by the lowest rating.

An updated version of the local dashboard, detailing the latest data released on 21st July 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 | 57.8 | 53.8% (2015) | | Next update due June 2018 |
| | GP Patient Survey | July 2016 | 73% | 74% (Jul '17) |  | Achieved |
| | E-Referrals | March 2016 | 37.8% (Mar '16 = 17.8%) | 12.7% (Mar '17) |  | Not achieved |
| | Antibiotics Prescribed in Primary Care | 2013/14 | (a) <= 1.176 (b) <= 10% | (a) 1.172 (b) 9.7 (Apr '16 - Mar '17) | (a)  (b)  | Achieved |
| 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 |

Confirmation on the performance against the AF indicator has been received but the achievement level is not agreed. Once agreement reached this position can be confirmed.

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). As in 2016/2017 please see below the performance dashboard:

NHS North Lincolnshire 1718 Quality Premium Dashboard

| | Indicator | % of Premium | Baseline (period) | Current Target | Current Performance (period) | RAG | Comments |
|---------------------------------|---|--------------|--|--|--|---|--|
| 17/18 & 18/19 National Measures | Early Cancer Diagnosis | 17% | (2016) | TBC once 2016 calendar year figure published | 53.8% (2015) | | Next update due June 2018 |
| | GP Access and Experience | 17% | 74% (July 2017) | 77% | 74% (Jul '17) | | Next update due July 2018 |
| | Continuing Healthcare | 17% | | (a) >80% (b) <15% | (a) 18% (b) 0% (1718 Q1) |  | Taken from NLCCG CHC UNIFY Q1 Return. |
| | Mental Health - Improve inequitable rates of access to Children & Young People's Mental Health Services | 17% | 23% (2016/17) | 30% (n = 1060 / d = 3532) | | | Next update due August 2017 As at 25/09/17: Still awaiting national publication of numerator |
| | Bloodstream Infections | 17% | (a) 144 (Jan16 - Dec16) (b) 2.287 (Jun15 - May16) (c) 1.161 (England 13/14 mean) | (a) 130 (b) 2.058 (c) <=1.161 | (a) 50 (Apr-Jul '17) Local provisional data (b) (c) |  | (a) Next update 07/09/17 based on local data (b) Unknown awaiting national publication (c) Unknown awaiting national publication |
| 17/18 & 18/19 Local Measure | Right Care Indicator - High-risk atrial fibrillation patients on anti-coagulant drug therapy | 15% | n = 1967 d = 2298 85.60% (2015-16) | 87.5% | 85.60% (2015-16) | - | Next update due October 2017 |

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>Locally held intelligence for fast-track information:</p> <p>1. A&E Performance – Weekly reporting (up to 29th October 2017) predicts that October 2017 performance will be approximately 91.4%, which is above the local target as agreed with NHSE of 90%.</p> <p>It is expected that this will continue to achieve for the remainder of the financial year.</p> <p>2. Mixed Sex Accommodation – The position remains under plan in October continuing on the same trend as previous months. As recovery in this area is not expected for a number of months the Trust have decided to explore other alternatives for improving patient privacy and dignity although this may not reduce the number of mixed sex breaches from a reporting perspective.</p> <p>3. Healthcare Associated Infections - October 2017 reports confirm further cases of C Difficile in Month which has been updated in the Exception Reports.</p> <p>There have also been 2 cases of MRSA reported at Scunthorpe General Hospital. The exception report is currently being prepared to document the findings in each case.</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.

Emma Munday, Performance and Information Manager
North Lincolnshire CCG