

Title of Meeting:	Governing Body	Agenda Item: 6.2									
Date of Meeting:	1 February 2018	<table border="1"> <tr> <th align="left" colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td align="center">X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Workshop	
Session (Tick)											
Public	X										
Private											
Workshop											
Paper Title:	Performance Report										
Responsible Governing Body Member Lead Joanne Crewe Director of Quality & Governance / Executive Nurse		Report Author and Job Title Clare Hedges, Head of Quality and Performance									
Purpose (this paper if for)	Decision	Discussion	Assurance								
			X								
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Finance, Performance & Commissioning Committee											
<p>Executive Summary</p> <p>The purpose of this paper is to inform Governing Body of the Clinical Commissioning Group performance against the performance dashboard which reflects the national CCG Improvement and Assessment Framework (IAF).</p> <p>This month's report will provide an overview of performance issues as at the end of September in Harrogate and Rural District on an exceptional basis.</p> <p>The report will highlight areas of challenge or concern, actions that have been taken and any update on improvement against the target or concern.</p>											
<p>Recommendations</p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Receive this update on performance and the integrated performance dashboard • Agree whether they are satisfied and assured they are sighted on current performance concerns. 											
<p>Monitoring</p> <p>Reports are brought to each Finance, Performance and Commissioning Committee Action plans are monitored through the relevant provider contract meetings.</p>											
CCGs Strategic Objectives supported by this paper											
	CCG Strategic Objective		X								
1	Quality, Safety and Continuous Improvement		X								
2	Better Value Healthcare		X								
3	Well Governed and Adaptable Organisation		X								
4	Health and Wellbeing		X								
5	Active and Meaningful Engagement		X								

CCG Values underpinned in this paper

CCG Values		X
1	Respect and Dignity	X
2	Commitment to Quality of Care	X
3	Compassion	X
4	Improving Lives	X
5	Working Together for Patients	X
6	Everyone Counts	X

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X
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If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	The CCG has a duty to ensure delivery against the NHS constitutional standards, the 5 Year Forward View Planning Guidance for 2017/19 that sets out the steps to be taken to deliver the Government’s Five Year Forward View and the outcomes/measures detailed within the national 2017/18 CCG Improvement and Assessment Framework.
Management of Conflicts of Interest	All members of the Governing Body complete Declaration of Interest documentation and an agenda item ensures that the information is current.
Communication / Public and Patient Engagement	Active and Meaningful engagement is one of the organisations strategic objectives and therefore performance against this objective will be measured in the CCGs performance framework
Financial / resource implications	The CCG has a duty to operate within the financial business rules as laid down by NHS England.
Outcome of Impact Assessments completed (e.g. Quality IA or Equality)	CQUINs has a financial value attached to outturn contract value

**Clare Hedges
Head of Quality and Performance**

Performance Report February 2018

1. Purpose

- 1.1 To inform the Harrogate and Rural District Governing Body of the performance as at November 2017. Where a more up to date position is available, it will be noted. It takes into account the requirements of the 5 Year Forward View Planning Guidance that sets out the steps to be taken to deliver the Government's Five Year Forward View and the outcomes/measures detailed within the national CCG Improvement and Assessment Framework.
- 1.2 This report will reflect the 5 strategic aims for the CCG which are mirrored in the dashboard in Appendix 1:
- Quality, safety and continuous improvement.
 - Better value healthcare
 - Well governed and adaptable organisation
 - Health and wellbeing
 - Active and meaningful engagement

The dashboard incorporates the NHS Risk Management 'traffic light' system (RAG):

Green **Target achieved / no risk to delivery**
Amber **below/above target / review required and remedial action**
Red **deviates significantly from target. Corrective action plan required.**

2. Performance Summary

NHS Constitution

NHS Constitution	Target %	Performance YTD %
RTT-incomplete	82	91.4
A&E waits	95	95.8
62-day wait from urgent GP referral to FDT for cancer.	85	84
Category 1 calls – mean time	7 minutes	7mins 21 secs
Category 1 calls – 90 th percentile	17 minutes	13 mins 22 secs

RTT incomplete pathways

We have just failed the target for the fourth month in a row (91.4-91.6%) which has impacted on our year to date performance which is now below the 92% target at 91.4%.

HDFT met the target in October and November with 92% for both months. The orthopaedic pathway continues to be a challenge with specialty performance at 79.7% for November. This, along with poorer performance in some specialties for York and Leeds Hospitals meant that HaRD CCG is again narrowly missed the target.

A & E Waits (95%)

The standard for maximum 4 hour waits in A & E departments continues to be achieved for the year. November met the standard at 96.3%.

Cancer 62 day Standard (85%)

Year to date performance continues below the standard but has risen to 84%. Performance for November was 87.7%. Assessments of harm continue to be undertaken with none reporting any detriment to patients.

The Q3 position has just been reported for HDFT with all standards being achieved.

Ambulance Response time

The mean response time has improved from 7m 27s to 7m 21s and is just above the 7 minute standard. The 90th percentile has remained the same and meets the required standard.

Improvement and Assessment Framework (IAF)

The IAF has been revised for 2018/19. The framework is broadly similar to the previous year's, enabling improvement in key areas to be tracked over time. There are a smaller number of indicators in the framework (51 in total). Updates have been made to reflect priorities identified in the Next Steps on Five Year Forward View.

The new additions are:

123b - Improving Access to Psychological Therapies (IAPT)– access

124b - Completeness of the GP learning disability register

105c - Percentage of deaths with three or more emergency admissions in last three months of life

123a - Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG

166a - Compliance with statutory guidance on patient and public participation in commissioning health and care

Other measures have changed their indicator lettering to accommodate this change. These new indicators will be included on the updated performance dashboard.

3. National and Local Priorities

3.1 Strategic Objective 1: Quality, safety and continuous improvement.

3.1.1 Mental Health

Adults

Improving access to Interventions

IAPT targets for both 6 week and 18 week access continue to be met.

With an increase in referrals and a decrease in the number entering treatment, the number of patients waiting for first treatment decreased, with 100% being seen with 28 days.

The IAPT target for recovery has now dropped below the 50% standard to 47% based on the rolling quarter. The November recovery rate was 52%.

Out of Area Placements (123e)

Formal out of area data from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) shows 10 new out of area placements. All of these placements were out of the Harrogate and Rural District area but were all within the TEWV Trust footprint.

NHS England (NHSE) requested that all STP footprints reduce Out of Area Mental Health Placements by 30% over next three years. TEWV have submitted a three year plan for a 10% reduction year on year for the next three years across the TEWV Trust footprint given the complexities of STP areas in North Yorkshire. NHSE review and response is awaited.

Percentage of non-acute mental health patients whose transfer of care was delayed

The position for November is 22.46%, a sharp rise from previous performance of 4% and above the 7.5% standard. This is attributable to 10 patients. Themes for delays were waits for public funding, housing, care home placement and supported accommodation. Weekly calls continue with NYCC to progress these delays.

Electronic Discharge Summaries

The position continues to fail the 90% standard, in the main due to the sub-optimal use of the PARIS record system.

The performance of all the above metrics are being monitored through the monthly TEWV Quality Board which is part of Contract Monitoring Board.

Children and Young People

Future in Mind

The CYP Mental Health Local Transformation Action Plan has been refreshed and scored 74% on review in October 2017 compared with 42% in Q4 16/17.

The Community Eating Disorder service (CEDS) was however, highlighted as a risk and noted that the CEDS team is a regional and national outlier.

Breach reports undertaken on children and young people awaiting intervention demonstrated they are seen for timely non-NICE interventions. It was felt that this went some way to mitigating the risk.

In November there were 2 routine referrals who breached the 4 week target. One was seen in 6 days but then preferred to wait for alternative therapy and so was outside of the 4 week target for NICE approved treatment. The other breached the target by one day.

Learning Disabilities

The current position on the transforming care partnership (TCP) assessment is shown below.

Indicator	
Inpatient Trajectory	2 beds over Dec 17
5yr + Trajectory	5 beds over Dec 17
Contracted Beds	In line with requirements
Housing	Plan Q4 17/18. Priority 18/19
Finance	£2.5 Million cost pressure
Community Provision	FOLS by end Q4 17/18

▪ Inpatient Beds (124a)

Currently the Transforming Care Partnership is two beds above current trajectory. This is an increase in one patient from the previous month. To meet the Q4 trajectory the number of inpatient beds used needs to reduce further by a net number of 5.

Weekly confirm and challenge telephone conferences are held to monitor progress towards discharge for all CCG patients. Case managers are working closely with NHSE to facilitate and expedite appropriate discharges.

▪ Housing

There is no housing plan to date. It is a priority for Q4 17/18. The landscape is complex in North Yorkshire for housing with six borough councils and one authority who all have individual housing leads and will all need to input into development of the plan.

▪ Finance

There is an estimated £2.5m cost pressure across TCP. Work is ongoing with NHSE finance colleagues to attempt to find a solution to achieve balance.

There is likely to be an additional cost pressure to the Forensic Outreach Liaison Service as the funding identified falls short of that estimated as required to meet the national specification.

▪ Community Provision

The Forensic Outreach and Liaison Service (FOLS) received confirmation from NHSE Specialist Commissioning that a regional lead provider model can be adopted for North Yorkshire/York TCP, allowing for TEWV to be sub-contracted to deliver a local service. A funding envelope has now been identified and TEWV have been asked to outline a proposed model to meet this budget.

3.1.2 Stroke Services

Following recent low ratings for stroke support services provided to people in Harrogate and Rural District as part of the SSNAP survey for Trusts, meetings are being held with Harrogate and District NHS Foundation Trust and stroke specialist colleagues in the West Yorkshire and Harrogate Health and Care Partnership (HCP) to review options for improving stroke provision locally for Harrogate and Rural District patients. These options will need to dovetail into the stroke service reconfiguration being developed by West Yorkshire and Harrogate HCP.

3.1.3 Incidence of healthcare associated infections (HCAs)

Clostridium Difficile (C Difficile)

Cases of C Difficile remain low. One case was reported in October and two in November all three are undergoing Root Cause Analysis

As a CCG we have the lowest incidence of C Difficile in North Yorkshire and remain within our limit with 18 cases against a 17/18 limit of 34.

Gram-negative blood stream infections

The incidence is currently over trajectory but has slowed in November with 3 cases compared to 11 in October. The end of year position still remains at risk with 90 cases against a 17/18 limit of 108.

We are working closely with the Community Infection Control Team, our colleagues in Hambleton, Richmondshire and Whitby CCG, NYCC and care home colleagues on our plan for reduction which will include hydration and nutrition awareness campaigns, self-care advice and adoption of the 'Don't be a Dipstick' campaign which was successful in the South West of England in reducing inappropriate use of antibiotics for a positive dipstick result.

3.2 Strategic Objective 2: Better Value Healthcare

3.2.1 Financial Sustainability

A review of performance for finance will be provided in the finance and activity report.

3.2.2 Reducing demand and unwarranted variation – planned care

A full review of performance for activity will be provided in the finance and activity report.

Patients waiting 18 weeks or less from referral to hospital treatment (129a)

The Incomplete Pathways (still waiting) again just failed target of 92% at 91.4% in November. This is the fourth month in a row where performance has failed the target (by <1%).

Telephone Appointment Line (TAL)

The TAL continues to fall and is now at its lowest mark of 112 due to an increase in clinics and reduction in referrals.

The maximum time patients are waiting has improved and is now below 30 days.

GP Variation Support Work

All ten practices who joined the project have now been visited and the response has been very positive. Follow up visits of half a day a week have now commenced and honorary contracts have been signed to enable audit work to be undertaken on agreed patient pathways.

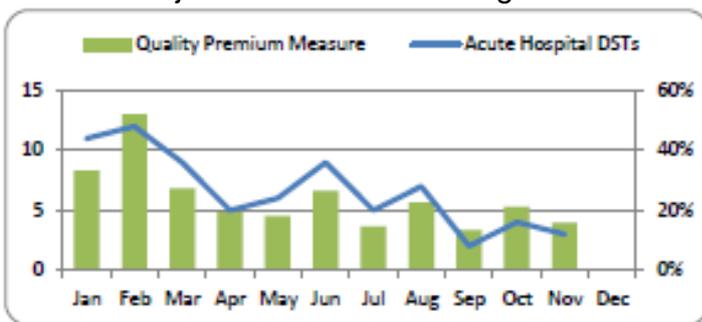
3.2.3 Continuing Health Care (CHC)

The priority quality indicators for the NHSE CHC Assurance process are:

1) Monthly acute hospital Decision Support Tool (DST) Activity

CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting.

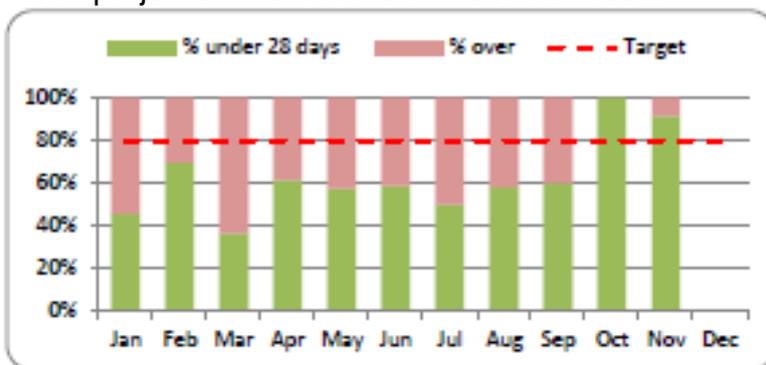
The proportion of DSTs undertaken in an acute setting has significantly reduced and for November sits just above the 15% target at 16%



2) Monthly determination of CHC eligibility completed with 28 days from receipt of the DST.

CCGs must ensure that in more than 80% of cases with a positive NHS CHC Checklist (Decision Support Tool), the NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility).

As can be seen below, performance has improved significantly following the introduction of the CHC project board and focussed work streams



3.2.4 Reducing demand and unwarranted variation – unplanned care

The number of unplanned admissions for November was 1514 against a plan of 1402, representing a 2.9% plan variation; this is the third month above plan in a row. The year to date position is 11491 admissions against a plan of 11400 and represents a 0.8% plan variation.

A&E Discharge within 4 hours (127c)

HDFT met the 95% standard at 95.6%. HaRD CCG performance also met the standard at 96.3% for October.

Ambulance arrival at C1 incident within 8 minutes (127d)

Indicator	Financial Year	Std/Eng/Local	Target	Oct	Nov
Category 1 incidents: mean response time – YAS [ARP3]	2017/18	Std	00:07	00:07:11	00:07:27
Category 1 incidents: 90th centile response time – YAS [ARP3]	2017/18	Std	00:15	00:13:17	00:13:21
Category 2 incidents: mean response time – YAS [ARP3]	2017/18	Std	00:18	00:20:28	00:21:20
Category 2 incidents: 90th centile response time – YAS [ARP3]	2017/18	Std	00:40	00:43:56	00:45:18
Category 3 incidents: 90th centile response time – YAS [ARP3]	2017/18	Std	02:00	01:33:56	01:45:02
Category 4 incidents: 90th centile response time – YAS [ARP3]	2017/18	Std	03:00	02:57:47	02:46:03

Definitions

- Category 1** Life threatening calls such as cardiac arrest or anaphylaxis.
Category 2 Emergency calls for conditions and injuries such as burns, epilepsy and stroke.
Category 3 Urgent calls. Patients may not be taken to hospital but treated at home.
Category 4 Less urgent calls. Patients may be given advice over the phone or directed to a pharmacist or GP.

As can be seen above, performance has deteriorated in November which was a busier month. This continues to be reviewed at A & E Delivery Board with a focus over winter.

Delayed transfer of care (DTC)

November saw a rise to 6.8% from 4.5% in October. A review of current schemes and their impact is being undertaken at A&E delivery board.

Three discharge pathways incorporating social care, the HDFT supportive discharge service and continuing healthcare teams have now been implemented. These cover both reablement, rehabilitation and recuperation care and support as an ongoing treatment pathway.

GP Out of Hours

The GP OOHs National Quality Requirements continue to be monitored through HDFT Contract Management Board. Performance has dropped in most areas this month with only the 6 hour standard for primary care face to face visits within 6 hours for less urgent visits being met.

An action plan for service performance improvement was due to be discussed at November's Quality and Performance meeting but unfortunately the meeting was postponed. A meeting has been requested as soon as possible and a concern about ongoing performance has been escalated to CMB.

3.3 Strategic Objective 3: Well governed and adaptable organisation

We are performing well against these standards and are fully compliant with our probity and corporate governance frameworks.

Quality of CCG leadership (165a)

On the basis of evidence provided by the CCG, four key lines of enquiry (KLOE) are reviewed which are:

- Leadership capability and capacity
- Quality
- Governance
- Leadership around transformation

Our Quarter 1 result for the NHSE Internal Assurance Framework (Nov 17 Dashboard) was green.

3.4 Strategic Objective 4: Health and Wellbeing

3.4.1 Prevention

Maternal smoking at delivery (101a)

Quarter 2 17/18 data has shown an increase against the target of 11% to 12.46%. We are currently awaiting Q3 data and the validated Q2 data to interrogate the percentage rise more fully.

3.4.2 Personalisation and Choice

Utilisation of the e-referral service for first routine elective referral (105a)

The % of electronic referrals for first appointment has dropped to 75% from 78% over the preceding three months.

The 2 week wait e-referrals pilot in two GP has evaluated well with no reported issues. NHSE expects all referrals to be electronic from the end of March 2018. The CCG are a participating member of the HDFT task and finish group the Paper Switch Off project.

3.5 Strategic Objective 5: Active and meaningful engagement.

An NHSE desk top assessment was undertaken in July 2017 based upon evidence available within the 2016/17 annual reports and documentation available on the CCG website. The interim report on the assessment was issued at the end of October 2017 as 'Required Improvement'. This was disappointing as it reflected a historic position.

Domain Title	Grade	
A. Governance;	2	Good
B. Annual Reporting;	1	Requires Improvement
C. Practice;	1	Requires Improvement
D. Feedback and Evaluation;	1	Requires Improvement
E. Equalities and health inequalities.	1	Requires Improvement

In advance of the assessment outcome, HaRD CCG had undertaken a gap analysis against the newly published statutory guidance for CCGs – 'Patient and Public Participation in Commissioning Health Care'. As a result of the analysis an action plan was developed which included:

- To refresh the strategy, work plan and HaRD Patient and Public Involvement (PPI) Steering Group
- To commitment to recruit, train and work more effectively with 'Patient Partners'
- To embed PPI into commissioning cycle and measure effectiveness
- To support Practices to strengthen their Patient Participation Groups

The assessment will form part of our overall CCG IAF assessment for 2018.

4. Recommendations

The Governing Body are asked to:

- Note the CCGs performance against the key outcome measures
- Approve the actions being taken to address areas of under or over performance
- Highlight where there are any items requiring further assurance the committee would like further assurance