

Title of Meeting:	Governing Body	Agenda Item: 6.2									
Date of Meeting:	2 nd August 2018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #4F81BD; color: white;">Session (Tick)</th> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Public</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Private</td> <td></td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #4F81BD; color: white;">Decision</th> <th style="background-color: #4F81BD; color: white;">Discussion</th> <th style="background-color: #4F81BD; color: white;">Assurance</th> <th style="background-color: #4F81BD; color: white;">Information</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>			Decision	Discussion	Assurance	Information			X	
	Decision	Discussion	Assurance	Information							
		X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Finance, Performance & Commissioning Committee											
Executive Summary The accompanying paper is to inform Governing Body of Harrogate and Rural District Clinical Commissioning Group's performance against the CCG performance dashboard which reflects the national CCG Improvement and Assessment Framework (IAF). This month's report will provide an overview of performance issues as at the end of April 2018 in Harrogate and Rural District on an exceptional basis. Due to the timing of this report a complete May dataset is not yet available but where possible, a May position will be reported. The report will highlight areas of challenge or concern, actions that have been taken and any update on improvement against the target or concern.											
Recommendations The Governing Body is asked to: <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. 											
Monitoring A detailed performance report is presented to each Finance, Performance and Commissioning Committee Action plans are monitored through the relevant provider contract meetings.											
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 August 2018

1. Purpose

- 1.1 To inform the Harrogate and Rural District Clinical Commissioning Group Governing Body of the performance as at end of April 2018. Due to the timing of this report a complete May dataset is not yet available but where possible, a May position will be reported. The report 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 report 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

2.1 NHS Constitution

2.1.1 NHS Constitution and targets (2017/18)

Standard	Target %	Performance	Month
Maximum 18 weeks from referral to treatment (RTT)	92	89.9	May
Maximum 6 weeks diagnostic waiting times	1	1.25	May
A&E waits - 4 hours to assessment, treatment and discharge (provisional)	95	95.3	May
Maximum two week (14-day) wait from urgent GP referral to first outpatient appointment for suspected cancer	93	95.6	April
Maximum one month (31-day) wait from decision to treat to treatment for all cancers.	96	100	April
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer.	85	82.1	April
Ambulance waits for emergency Calls Category 1 calls – mean time	7 mins	8 mins 20 secs	May
Ambulance waits for emergency Calls Category 1 calls – 90 th percentile	17 mins	14 mins 11 secs	May

2.1.2 NHS Constitution for 2018/19

The operation and focus of the NHS Constitution Gateway has been modified for 18/19. In particular, it will not apply to the new Emergency Demand Management indicators. Given the introduction of an emergency demand management element, and to remain aligned with the wider programmes, such as the Urgent and Emergency Care programme, the tests relating to Ambulance response times and 4 Hour A&E have been suspended. The RTT test has been aligned with the measure set out in the Refreshing NHS plans for 2018/19 guidance document.

Although the NHS Constitution tests have been suspended CCGs will be expected to continue to track this locally to ensure providers are performing against plan. HaRD CCG will continue to work locally with our provider to monitor and improve performance against the standards shown above in 2.1.1 for 2017/18.

The indicators for NHS Constitution Gateway are shown below. The structure is changing for the 2018/19 scheme year to incentivise moderation of demand for emergency care in addition to maintaining and or improving progress against key quality indicators.

Standard
The number of patients on an incomplete pathway not to be higher in March 2019 than in March 2018
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer
Type 1 A&E attendances not to exceed plan
Non elective admissions with zero length of stay not to exceed plan
Non elective admissions with length of stay of 1 day or more not to exceed plan
New ambulance response time standards that were introduced in 2017/18 are met by September 2018

Quality Premium Indicators

The indicator for mental health has changed for HaRD CCG from the out of area placement (OAP) to “Improve inequitable rates of access to Children & Young People’s Mental Health Services”.

Standard	Target %
Early Cancer Diagnosis	4% increase in stage 1 or 2 cancers or >60%
GP Access and Experience	>85% ‘good’ or 3% increase on July 17
Continuing Healthcare	Part a) >80% of cases have a decision is made by the CCG within 28 days from receipt of the checklist
	Part b) < 15% of all full NHS CHC assessments take place in an acute hospital setting.
Mental Health	At least a 14% increase in the number of individual children and young people aged under 18 with a diagnosable Mental Health

	<p>condition receiving treatment by NHS funded community services when they need it in Year 1 based on 2016/17 baseline.</p> <p>OR</p> <p>The increase in activity necessary to enable 32% of children and young people aged under 18 with a diagnosable Mental Health condition to receive treatment in NHS funded community services when they need it in Year 1.</p>
Gram Negative bloodstream Infections (GNBSI)	<p>Part a)i</p> <p>A 10% reduction (or greater) in all E coli BSI reported at CCG level based on 2016 performance data.</p>
	<p>Part a)ii</p> <p>Collection and reporting of a core primary care data set for all E coli cases</p>
	<p>Part b)</p> <p>A 30% reduction (or greater) in the number of Trimethoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16)</p>
	<p>Part c)i</p> <p>Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) must be equal to or below England 2013/14 mean performance value of 1.161</p> <p>Part c)ii</p> <p>Additional reduction in Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) equal to or below 0.965 items per STAR-PU. This threshold is additional for 2018/19 (25% weighting).</p>

2.2 Internal Assurance Framework for CCGs update

Outcome of Q4 17/18 Review

We received feedback from the NHSE review team on 29th May 2018, who congratulated us on the strengthening of our relationships with our main acute provider and the contribution we have made to the progress of the West Yorkshire Integrated Care System, and wider Health and Social Care Partnership.

NHSE felt that HaRD CCG demonstrated strong awareness and a real grip on its performance position against the IAF indicators. They acknowledged the very difficult winter period but felt that work undertaken by the A&E Delivery Board and partners including extended access, 'Safer Faster Better' and the 'Perfect Week' had a significant impact.

NHSE concluded that HaRD CCG has demonstrated some real strength in taking forward the challenges for its population. They could see we have a clear vision for the future and we were commended for this and the positive move towards an aligned incentive contract.

We have yet to receive the overall end of year assessment as well as the clinical priority ratings for Mental Health, Cancer and Dementia. Our diabetes rating of amber in January 2018 is unlikely to change until early in 2019 when the National diabetes audit will be repeated.

2.3 Annual Report

We received an opinion of significant assurance from NHS England for our Annual Report 2017/18.

3. Performance Report

RTT incomplete pathways (18 weeks)

The standard continues to be a challenge both locally and nationally and failed the target of 92% at 89.27%. Performance for our local provider Trust was 90.3%.

Diagnostic waiting times (6 weeks)

The rise in breaches for HDFT in April was substantial with performance rising to 2.91% (1% limit). The performance for April was highlighted by HDFT at the monthly Quality and Performance sub group and was as a result of capital works taking place in radiology. The position has recovered in May to 1.25% and is expected to recover fully for the June position.

A&E Discharge within 4 hours (95%)

The standard for maximum 4 hour waits in A & E departments failed the 95% standard at 94.1% for April. Provisional performance shows HaRD CCG achieving the standard for May at 95.3%.

A&E - Handovers between ambulance and A&E

In May there were eight handovers exceeding 30 minutes and two delays of over 60 minutes. The delays over 60 minutes occurred within an hour of each other and were due to the high volume of patients already being in the department when they arrived. No harm has been reported for any of the delays. There were no delays over 60 minutes in April.

Cancer Waiting Times

Cancer waiting times have continued to struggle into the new financial year. At the local provider Trust the 14 day breast symptomatic and the 62 day standard failed in April with the 14 day breast symptomatic continuing below the 93% standard in May (87.5%). Measures have been introduced to ensure clinical capacity is not compromised. An additional clinic has been scheduled and performance is expected to improve.

With regards to 62 day performance there have been a slightly higher number of breaches (eight) against a lower level of activity which has reduced the denominator for the percentage calculation. The main reason for these breaches were complex pathways and, for some, patient choice. May performance (un-validated) has improved.

Indicator	Standard	April
All cancer 2ww	93%	95.6%
Breast 2ww	93%	78.2%
31 Day first Treatment	96%	100%
31 day sub surgery	94%	93.3%
31 day sub chemo	98%	100%
31 day radiotherapy	94%	100%
62 day to first treatment	85%	82.1%
62 day screening to Tx	90%	100%

Ambulance Response Time

The tests relating to Ambulance response times for the NHS Constitution Gateway have been suspended. The NHS planning guidance for 2018/19 states that the deliverables for 2018/19 are to work with local Ambulance Trusts to ensure that the new ambulance response time standards that were introduced in 2017/18 are met by September 2018. In addition handovers between ambulances and hospital A&Es should not exceed 30 minutes.

All metrics have improved on Q4 17/18 with category 3 and 4 improving substantially. The 90th centile response time must be viewed cautiously as the data is reported on a Yorkshire & Humber footprint and not CCG level. Urban area response times will therefore skew the performance more favourably. Discussions are ongoing to receive local rather than YAS wide data for 18/19 so we can monitor local performance. A verbal update was provided at July 999/111 Sub Regional Quality Group the stating that the HaRD CCG area has achieved the 90th centile response times across all categories. Performance times for all CCG's will be provided at the September meeting with a subsequent update to Governing Body in October 2018.

Indicator	Financial Year	Std/Eng/Local	Target	Apr
Category 1 incidents: mean response time – YAS [ARP3]	2018/19	Std	00:07	00:08:02
Category 1 incidents: 90th centile response time – YAS [ARP3]	2018/19	Std	00:15	00:13:44
Category 2 incidents: mean response time – YAS [ARP3]	2018/19	Std	00:18	00:21:39
Category 2 incidents: 90th centile response time – YAS [ARP3]	2018/19	Std	00:40	00:45:53
Category 3 incidents: 90th centile response time – YAS [ARP3]	2018/19	Std	02:00	00:54:00
Category 4 incidents: 90th centile response time – YAS [ARP3]	2018/19	Std	03:00	01:06:51

3.1 National and Local Priorities

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

Mental Health - Adults

Improving Access to Psychological Therapies (IAPT): Access

The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies.

Target	Standard %	May YTD %
IAPT Access (19% to be reached by end March 19)	19	15.9

This is a new indicator for 2018/19. Performance for May continues to be affected by vacancies. Tees Esk and Wear Valley NHS FT (TEWV) who provide mental health services for the HaRD CCG area have proceeded with recruitment at risk and committed to achieving the 19% required by the end March.

Improving Access to Psychological Therapies (IAPT): recovery rate

The percentage of people who finished treatment within the reporting period who were initially assessed as “at case-ness”, have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.

Target	Standard %	May YTD %
IAPT recovery	50	51.7

There is considerable work being undertaken to work towards the new access target and also to ensure that recovery rates remain high. HaRD CCG has submitted a trajectory which shows compliance with the new target by the end of March 2019 but recognises that achievement of this will be challenging.

TEWV are undertaking a significant piece of modelling work to determine the increase in capacity required to ensure that the 19% target is achieved. The work will also explore how to make better use of digital technology to ensure support is offered as soon as needed. Another piece of work will seek to ensure that all the services that offer a compliant IAPT offer are included in the data collection ensuring that all service offers are accounted for, in line with other areas.

Out of Area placements

A three year plan of 10% reduction of out of area placements across the TEWV footprint year on year for the next three years has been submitted to and agreed by NHS England.

Target		HaRD	Comments
Out of area placements	May	12	Lack of availability of a bed in another provider area e.g. appropriate or supported accommodation.

The number of OAP bed days is increasing and is not in line with trajectory. Performance has been affected by patient flows, specifically the lack of beds in York have meant that Harrogate beds have been used which have displaced some local residents.

The mental health team is working with TEWV to address the increases. It must be noted however that some out of area placements cannot be avoided as this is where the specialist units lie that are able to address the patients' needs.

Detailed work around data quality and accurate reporting is planned to commence in September so that accuracy of performance against trajectory can assured.

Learning Disabilities

Inpatient Beds (124a)

There have been two new admissions for the TCP cohort and also the discharge of a person who had been in care for over 5 years. The April position remains the same with the trajectory missed by 3 patients (33 over 30). We require an overall discharge of 4 patients to achieve the Quarter 1 trajectory of 29 patients. This will be challenging, however we currently have medium to high degree of confidence of discharging 3 patients.

People with a learning disability receiving an annual health check (AHC) (124b)

Work is being undertaken by practices to clarify their registers and recording of health checks to improve their position. Another snapshot will be taken in July.

Incidence of healthcare associated infections (HCAs):

Indicator	Financial Year	Std/Eng/Local	Target	Apr	May	YTD
Incidence of healthcare associated infection (HCAI): Clostridium difficile	2018/19	Std	[YTD: 3] 34	1	3	4
Incidence of healthcare associated infection (HCAI): Escherichia Coli infections	2018/19	Std	[YTD: 17] 103	11	12	23

Clostridium difficile (C Diff)

We are just above the trajectory for C Difficile infections. RCAs are awaited on the C Difficile cases for April and May. These will be discussed at the July HCAI collaborative meeting to determine if the incidences were as a result of lapses in care.

E Coli Bacteraemia

HaRD CCG's limit for 2018/19 remains at 103 cases which reflects a 10% reduction in cases compared to 2016/17. We are above trajectory for E Coli Infections at this point.

Work continues with the NY IPC Collaborative and slide decks have been developed for GP practice waiting areas impressing the importance of hydration and good hygiene in avoiding UTIs. The recent heatwave is likely to further impact negatively on our trajectory as dehydration, especially in the elderly will be more commonplace and is a risk factor for development of UTI and E Coli bacteraemia.

The Quality Premium payment for achievement is tiered for a 10-30% reduction in cases however despite best efforts we would not expect to achieve more than 10% reduction in 2018/19.

GP Out of Hours

All areas of the GP OOHs service performance for Harrogate and Rural District remain below the NQR standards. A meeting with the local provider was held in June to understand the level of service provided and any clinical risks that may need to be mitigated. Quality reports showing activity, incidents, patient experience and data quality reviews were shared. These reports are sighted at the Trust Quality Committee and Trust Board Level.

The information submitted gave HaRD assurance of the service and that it was operating safely. It was agreed that the service development and future quality metrics would be developed through the work of the urgent care transformation group.

Stroke Services

The proportion of people who spend at least 90% of their time on a stroke unit dropped from 90% in April to 71.4% in May.

The reduced performance in May was due to a small number of patients who all had a short length of stay and spent one night on another ward prior to transfer to the stroke unit. As their length of stay was short, this then meant that they then failed the 90% standard. Performance in June has improved with the provisional position above the standard at 85%

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.

3.2.3 Continuing Health Care (CHC)

The priority Quality Indicators for the NHSE CHC Assurance process are:

a) Monthly Acute Hospital DST Activity (less than 15%)

Performance improved significantly in March and has been sustained throughout Quarter 1 reflecting the joint efforts of the CHC team, the discharge liaison team at the local provider trust and the Head of Nursing at the CCG.

Source: Benchmarking spreadsheet

	2017-18						2018-19					
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Completed DSTs	29	34	34	55	33	40						
DSTs Completed in Acute Hospital	3	10	1	4	0	1						
% in Acute	10%	29%	3%	7%	0%	3%						
Quarterly % in Acute Hospital	14%			4%								

b) Determination of CHC Eligibility (80% completed within 28 days of DST receipt)

May and June performance saw further improvements in line with the action plan submitted to NHS England in March 2018. The CHC team have worked hard to ensure that DSTs are undertaken in a timely manner.

Source: Benchmarking spreadsheet

	2017-18						2018-19					
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Completed DSTs	29	34	34	55	33	40						
DSTs within 28 days	15	25	23	40	29	36						
% under 28 days	52%	74%	68%	73%	88%	90%						
% over	48%	26%	32%	27%	12%	10%						
Quarterly % under 28 days	65%			82%								

There are currently no patients waiting more than 12 weeks for an assessment.

3.2.4 Delayed Transfers of Care (DToC)

There are a number of schemes that continue to support patients ready for discharge from hospital. The acute trust did not meet the 3.3% national target in April but achieved for May at 2.5%.

Indicator	Financial Year	Std/Eng/Local	Target	Apr
127e. Average Delayed transfers of care (delayed days) per day for all reasons per 100,000 population [CCG]	2018/19	Eng	15	14.5
Delayed days as a percentage of all occupied bed days - Harrogate FT	2018/19	Std	Actual	3.8%
			Plan	3.5%
Delayed days - HaRD CCG NHS proportion of NY HWB Better Care Fund	2018/19	Std	Actual	356.0
			Plan	317.8

The April position has reduced to 356 delayed days from 383 but is still well above the April plan of 318. Delayed days as a % of all occupied bed days has improved for HDFT. HDFT have changed the way the metric is calculated from April, moving from a snap shot position to the total bed days lost due to a delayed transfer, expressed as a percentage of total bed days.

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.

3.4 Strategic Objective 4: Health and Wellbeing

3.4.1 Personalisation and Choice

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

No data has yet been released for March or April 18. We expect to meet 100% of all first referrals being submitted electronically by October 2018.

3.5 Strategic Objective 5: Active and meaningful engagement.

3.5.1 Friends and Family Test

Most areas are performing well with maternity dipping slightly this month.

Measure: Patient Experience	Reporting Period	Std/Eng /Local	Target	Apr
Friends and Family Test (FFT): HDFT				
FFT A&E: % of patients recommending this service	2018/19	Std	87%	90.65%
FFT Inpatient: % of patients recommending this service	2018/19	Std	96%	97.57%
FFT Maternity: Antenatal % of patients recommending the service	2018/19	Std	96%	100.00%
FFT Maternity: Birth % of patients recommending the service	2018/19	Std	99%	97.40%
FFT Maternity: Postnatal Ward % of patients recommending the service	2018/19	Std	99%	95.56%
FFT Maternity: Postnatal Community % of patients recommending service	2018/19	Std	100%	
FFT Community: % of patients recommending this service	2018/19	Eng	95.7%	94.38%
Friends and Family Test (FFT): CCG's GPs				
% of patients recommending the service	2018/19	Eng	88.7%	88.62%

3.5.2 CQC Rating of GP Practice

We are extremely pleased to report that one of our GP Practices was rated outstanding following assessment earlier this year. The Stockwell Road Surgery in Knaresborough received confirmation of its rating at the end of June.

4. Recommendations

The Governing Body are asked to:

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

Clare Hedges

Head of Quality and Performance, July 2018.

Integrated Performance report

Quality, Safety and Continuous Improvement
A&E waiting times
Cancer wait: 62 day wait from Urgent GP Referral to 1st Treatment
Ambulance: Category 1 incidents: mean response time (YAS)
Ambulance: Category 1 incidents: 90th centile response time (YAS)
Mental Health
Delayed Transfers of Care

Better Value Healthcare
In year financial performance
Managing Demand: Total Referrals
Managing Demand: Follow Up Outpatient Attendances
Managing Demand: Non-Elective Admissions (65 +)
RTT 18 weeks: Incomplete pathway

Well Governed and Adaptable Organisation
Sustainability and Transformation Plan
Probity and Corporate Governance
Staff Engagement Index
Progress Against Workforce Race Equality Standard
Effectiveness of Working Relationships in the Local System
Quality of CCG Leadership

Health and Wellbeing
Maternal Smoking at Delivery
Child Obesity
Diabetes patients achieving all NICE-recommended treatment targets
Personal Health Budgets
E-Referral Service
Health Inequalities: Chronic ambulatory care sensitive & Urgent Care Sensitive Conditions
Anti-microbial Resistance
Healthcare Associated Infection: C.difficile
Healthcare Associated Infection: E.coli

Active and Meaningful Engagement
Friends & Family Test (A&E)
Friends & Family Test (Inpatient)
Friends & Family Test (Maternity)
Friends & Family Test (Community)
Friends & Family Test (GP)
Complaints
FOI

Performance better than national average / meeting national target
Performance worse than national average / not meeting national target
Performance significantly worse than national average / not meeting national target
Performance indicators under development linking to IAF or Patient Experience

1 Quality, Safety and Continuous Improvement

Indicator	Financial Year	Std/Eng/Local	Target	Apr	May	Jun / Q1	Jul	Aug	Sep / Q2	Oct	Nov	Dec/Q3/Cal Yr	Jan	Feb	Mar / Q4	YTD	Comment
Planned Care: Cancer																	
122a. Cancers diagnosed at early stage	2016/17	Eng	52.4%									58.4%					Up 2.2% on previous year
122b. Max 62 day wait for first definitive treatment for cancer following an urgent GP referral for suspected cancer	2018/19	Std	85%	82.1%												82.1%	
122c. One year survival rate: % of adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis	2014/15	Eng	72.3%													74.7%	
122d. Cancer Patient Experience: Responses that were positive to the question "Overall how would you rate your care?"	2016/17	Eng	87.4%									89.9%				89.5%	
Mental Health																	
123a. Improving Access to Psychological Therapies: Recovery Rate (rolling 3 months)	2017/18	CCG	51%	59.3%	53.7%	54.5%	53.8%	54.9%	46.4%	44.7%	43.5%	46.0%	48.3%	50.7%	54.3%	50.6%	
Improving Access to Psychological Therapies: Recovery Rate [TEWV reporting]	2018/19	Std	50%	56.6%												56.6%	
123b. Improving Access to Psychological Therapies: Access (rolling 3 months)	2017/18	Std	4.1%	4.25%	4.43%	4.54%	4.67%	4.61%	4.51%	4.54%	4.67%	4.29%	4.35%	4.04%	4.00%	4.00%	
123c. People with first episode of psychosis starting treatment with a NICE recommended package of care treated within two weeks of referral	2017/18	CCG	53.8%	84.1%	90.7%	92.9%	88.1%	88.6%	87.8%	87.8%	85.4%					88.2%	
123f. Out of area placements for acute mental health inpatient care transformation	2017/18								665	530	540	610	705	760		760	
126a. Dementia: Estimated diagnosis rate for people with dementia	2018/19	Std	66.7%	76.5%												76.5%	
126b. Dementia: Care planning and post- diagnostic support	2016/17	Eng	78.5%													77.6%	
Learning Disability																	
124a. Reliance on specialist inpatient care for people with a learning disability and / or autism (per 18+ million population)	2017/18	Eng	55.8			62			60			55				55	
124b. Proportion of people with a learning disability on the GP register receiving an annual health check	2016/17	Eng	48.8%													41.2%	
124c. Completeness of the GP learning disability register	2016/17	Eng	0.47%													0.57%	

1 Quality, Safety and Continuous Improvement

Indicator	Financial Year	Std/Eng/Local	Target	Apr	May	Jun / Q1	Jul	Aug	Sep / Q2	Oct	Nov	Dec/Q3/Cal Yr	Jan	Feb	Mar / Q4	YTD	Comment
Unplanned Care: A&E, Ambulance, DTOC																	
127b. Rate of unplanned hospital admissions for urgent care sensitive conditions, per 100,000 registered patients.	2017/18	Eng	2351			2020			2013							2013	
127c. The number of patients admitted, transferred or discharged from A&E within 4 hours as a percentage of the total number of attendances at A&E (for all types of A&E)	2018/19	Std	95%	94.1%	95.3%											94.7%	
Category 1 incidents: mean response time – YAS [ARP3]	2018/19	Std	00:07	00:08:02												00:08:02	
Category 1 incidents: 90th centile response time – YAS [ARP3]	2018/19	Std	00:15	00:13:44												00:13:44	
Category 2 incidents: mean response time – YAS [ARP3]	2018/19	Std	00:18	00:21:39												00:21:39	
Category 2 incidents: 90th centile response time – YAS [ARP3]	2018/19	Std	00:40	00:45:53												00:45:53	
Category 3 incidents: 90th centile response time – YAS [ARP3]	2018/19	Std	02:00	00:54:00												00:54:00	
Category 4 incidents: 90th centile response time – YAS [ARP3]	2018/19	Std	03:00	01:06:51												01:06:51	
127e. Average Delayed transfers of care (delayed days) per day for all reasons per 100,000 population [CCG]	2018/19	Eng	15	14.5												14.5	
Delayed days as a percentage of all occupied bed days - Harrogate FT	2018/19	Std	Actual	3.8%												3.8%	
			Plan	3.5%												3.5%	
Delayed days - HaRD CCG NHS proportion of NY HWB Better Care Fund	2018/19	Std	Actual	356.0												356.0	
			Plan	317.8												317.8	
127f. Population use of hospital beds following emergency admission	2017/18	Eng	502.1			515.8			514.3							527.3	
Primary Care																	
128b. Patient experience of GP services	2016/17	Eng	84.8%									91.5%				91.5%	
128c. Primary Care access	2017/18	Eng	54.7%					3.00%		0.00%		100.00%	0.00%			0.00%	Local Data at 100%
128d. Primary care workforce – GPs and practice nurses per 1,000 population	2017/18	Eng	1.02						1.29							1.29	
131a. % of NHS CHC full assessments taking place in acute hospital setting	2017/18	Std	15%	19.2%	18.2%	26.5%	14.7%	22.6%	13.3%	27.3%	11.5%	18.8%	18.5%			19.0%	
% of NHS DST assessment undertaken within 28 days <i>Note: Up to Sep-17, the % of DST assessments within 28 days of the referral - provided the assessment is linked to the referral. From Oct-17 a new process has been put in place that now only reports against completed DSTs in period.</i>	2017/18	Std	80%	61.5%	57.6%	58.8%	50.0%	58.1%	60.0%	100.0%	76.9%	87.5%	51.9%			62.5%	

2 Better Value Healthcare

Indicator	Financial Year	Std/Eng/Local	Target	Apr	May	Jun / Q1	Jul	Aug	Sep / Q2	Oct	Nov	Dec/Q3/Cal Yr	Jan	Feb	Mar / Q4	YTD	Trend/Comment
Financial Sustainability																	
141b. In-year financial performance - See Finance report for further information	2017/18	Std	Green			Red			Red			Red				Red	
Allocative Efficiency																	
% of patients admitted to hospital following a stroke who spend 90% of their time on a stroke unit - CCG	2017/18	Std	85%				86.6%									86.6%	
% of patients admitted to hospital following a stroke who spend 90% of their time on a stroke unit - HDFT	2018/19	Std	80%	87.10%												87.10%	
Proportion of people who have a TIA who are scanned and treated within 24 hours - HDFT	2018/19	Std	60%	70.00%												70.00%	
Emergency admissions for alcohol related liver disease	2017/18	Eng	27.7			26.4			25.6							25.6	
Reducing Demand and Unwarranted Variation: Planned Care (Operational plan Trajectories)																	Against Plan
Total Referrals (General and Acute) - See Finance report for further information	2018/19	Std	Actual	4243												4243	-1.1%
			Plan	4290												4290	
Consultant Led First Outpatient Attendances (Specific Acute)	2018/19	Std	Actual	4062												4062	-0.1%
			Plan	4067												4067	
Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	2018/19	Std	Actual	8207												8207	+3.6%
			Plan	7924												7924	
Reducing Demand and Unwarranted Variation: Unplanned Care																	
Total Non-Elective Admissions (Spells) (Specific Acute)	2017/18	Std	Actual	1365	1517	1369	1422	1329	1450	1530	1506	1544	1548	1415	1435	17430	+2.2%
			Plan	1402	1448	1402	1448	1448	1402	1448	1402	1448	1448	1308	1448	17052	
Non elective (emergency) admissions per 100,000 population for people aged 65 years old and over (NCM)	2018/19	Local		1576.9												1576.88	
Average length of stay in days for non-elective (emergency) patients (65 and over) (NCM)	2018/19	Local		2.9												2.9	
Percentage of people readmitted to hospital as an emergency within 30 days of discharge (65 and over) (NCM)	2018/19	Local		20.7%												20.7%	
Emergency admission rate per 100,000 population for chronic ambulatory care sensitive conditions (NCM)	2018/19	Local				#N/A			#N/A							#N/A	
ED attendances per 100,000 population for people aged 65 years and over (NCM)	2018/19	Local		2679.9												2679.9	
Planned Care: RTT																	
129a. 18 Weeks Referral to Treatment pathways (incomplete)	2018/19	Std	92%	89.27%												89.27%	

3 Well Governed and Adaptable Organisation

Measure	Frequency	Reporting Period	Peer Placings	National Placings	Target	Performance	
162a. Probity and corporate governance	Quarterly	Q3 2017/18	2/11	1/209		Fully Compliant	
163a. Workforce engagement: Staff engagement index	Annually	2016	1/11	8/209	3.8	3.88	
163b. Workforce engagement: Progress against workforce race equality standard	Annually	2016	1/11	1/209	0.2	0.01	
164a. Effectiveness of working relationships in the local system	Annually	2016/17	1/11	22/209	68.9%	77.2%	
165a. Quality of CCG leadership	Quarterly	Q3 2017/18	1/11	31/209		Amber	
166a. Compliance with statutory guidance standards of public and patient participation in commissioning health care [UNDER DEVELOPMENT]							

4 Health and Wellbeing

Indicator	Financial Year	Std/Eng/Local	Target	Apr	May	Jun / Q1	Jul	Aug	Sep / Q2	Oct	Nov	Dec/Q3/Cal Yr	Jan	Feb	Mar / Q4	YTD	Comment
Prevention																	
125d. Maternal Smoking at Delivery	2017/18	Std	11.0%			9.32%			12.46%			8.60%			11.22%	10.40%	
125a. Number of stillbirths and neonatal deaths per 1,000 births	2015/16	Eng	4.76													4.69	
102a. Child Obesity: % of children aged 10 or 11 (Year 6) who have excess weight	2015/16	Eng	33.7%													28.0%	
103a. Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	2016/17	Eng	39.7%													42.96%	
103b. People with diabetes diagnosed less than a year who attend a structured education course	2017/18								66.67%			55.17%				62.42%	
104a. Injuries from falls in people aged 65 and over per 100,000 population	2017/18	Eng	1961			1619			1637							1637	
Personalisation and Choice																	
144a. Utilisation of the NHS e-referral service to enable choice at first routine elective referral	2017/18	Std	80%	67.2%	70.4%	72.9%	78.6%	78.0%	78.7%	75.0%	77.2%	80.7%	72.6%	77.4%		75.3%	
105b. Personal Health Budgets (per 100,000)	2017/18	Eng	23.3			4.9			6.2			6.2				6.2	
105c. Percentage of deaths with three or more emergency admissions in last three months of life [UNDER DEVELOPMENT]																	
Health Inequalities																	
106a. Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	2017/18	Eng	2012			2140			2286							2286	
Infection Prevention and Control																	
107a. Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	2017/18	Std	1.161	0.903	0.902	0.899	0.895	0.890	0.880	0.875	0.863	0.848	0.849	0.843	0.836	0.836	
107b. Anti-microbial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	2017/18	Std	10%	6.3%	6.3%	6.3%	6.3%	6.3%	6.3%	6.2%	6.3%	6.3%	6.4%	6.4%	6.4%	6.4%	
Trimethoprim: Nitrofurantoin prescribing ratio	2017/18	Std	1.344	1.374	1.344	1.296	1.227	1.163	1.091	1.04	0.991	0.937	0.863	0.81	0.766	0.766	
Number of trimethoprim items prescribed to patients aged 70 years or greater	2017/18	Std	3598	3538	3527	3501	3442	3429	3338	3257	3168	3067	2922	2793	2697	2697	
Incidence of healthcare associated infection (HCAI): Clostridium difficile	2018/19	Std	[YTD: 3] 34	1	3											4	
Incidence of healthcare associated infection (HCAI): Escherichia Coli infections	2018/19	Std	[YTD: 17] 103	11	12											23	
132a. Sepsis awareness - % of Practices that have a Sepsis Lead/Link																	100% compliance

5 Active and Meaningful Engagement

Measure: Patient Experience	Reporting Period	Std/Eng /Local	Target	Apr	May	Jun / Q1	Jul	Aug	Sep / Q2	Oct	Nov	Dec/Q3/ Cal Yr	Jan	Feb	Mar / Q4	YTD	Comment
Cancer Patient Experience Survey																	
% definitely involved as much as they wanted to be in decisions about their care and treatment.	2016	Eng	78%													84.0%	
% who said it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist	2016	Eng	86%													92.0%	
% that, overall, were always treated with dignity and respect when they were in hospital.	2016	Eng	88%													86.0%	
% told who to contact if they were worried about their condition/ treatment after they left hospital	2016	Eng	94%													96.0%	
Friends and Family Test (FFT): HDFT																	
FFT A&E: % of patients recommending this service	2018/19	Std	87%	90.65%												90.65%	
FFT Inpatient: % of patients recommending this service	2018/19	Std	96%	97.57%												97.57%	
FFT Maternity: Antenatal % of patients recommending the service	2018/19	Std	96%	100.00%												100.00%	
FFT Maternity: Birth % of patients recommending the service	2018/19	Std	99%	97.40%												97.40%	
FFT Maternity: Postnatal Ward % of patients recommending the service	2018/19	Std	99%	95.56%												95.56%	
FFT Maternity: Postnatal Community % of patients recommending service	2018/19	Std	100%														
FFT Community: % of patients recommending this service	2018/19	Eng	95.7%	94.38%												94.38%	
Friends and Family Test (FFT): CCG's GPs																	
% of patients recommending the service	2018/19	Eng	88.7%	88.62%												88.62%	
FOI																	
Complaints																	
Staff Friends and Family Test HDFT																	
Staff FFT Work	2017/18	Eng	63.9%			69.16%			64.69%						65.04%	69.2%	
Staff FFT Care	2017/18	Eng	80.1%			85.19%			83.66%						83.21%	85.2%	

360° Stakeholder Experience Survey	National	Cluster	2017	2016	2015
Question: How satisfied or dissatisfied are you with the way in which the CCG has engaged with you over the past 12 months? [% very/fairly satisfied]	79%		83%	81%	86%
Statement: I have confidence in the CCG to commission high quality services for the local population. [% strongly/tend to agree]	63%		80%	84%	97%
Statement: I have confidence in the leadership of the CCG to deliver improved outcomes for patients [% strongly/tend to agree]	56%	54%	67%	74%	72%
Statement: If I had concerns about the quality of local services I would feel able to raise my concerns with CCG [% strongly/tend to agree]	84%		97%	100%	100%
Question: How much would you say you know about the CCG's plans and priorities? [% a great deal/rain amount]	77%		93%	90%	100%
Statement: The CCG's plans and priorities are the right ones. [% strongly/tend to agree]	50%	49%	73%	77%	92%
Statement: Improving patient outcomes is a core focus for my CCG. [% strongly/tend to agree]	79%	77%	77%	94%	97%