

Title of Meeting:	Governing Body			Agenda Item: 6.2									
Date of Meeting:	4 October 2018			<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>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												
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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										
This Paper is:	To Approve		To Accept	To Assure	To Note								
				X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Monthly at 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) which is attached as an appendix. This month's report will provide an overview of performance issues as at the end of July 2018 in Harrogate and Rural District by exception. The report will highlight areas of challenge, actions that have been taken and any update on improvement against those areas. It will also highlight areas where high performance has been acknowledged.													
Recommendations The Governing Body is asked to: <ul style="list-style-type: none"> Note the CCGs performance against the key performance outcome measures Agree whether they are satisfied and assured they are sighted on current performance concerns and mitigating actions. 													
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	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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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	No conflicts of interest have been identified prior to the meeting.
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 Equality Impact Assessment	N/A

Clare Hedges
Head of Quality and Performance
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Performance Report September 2018

1. Purpose

To inform the Harrogate and Rural District (HaRD) Clinical Commissioning Group Governing Body of the performance as at end of July 2018. The report takes into account the indicators detailed within the national CCG Improvement and Assessment Framework (IAF). The IAF draws together the NHS Constitution, performance and finance metrics and transformational challenges and plays an important part in the delivery of the NHS Five Year Forward View.

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.

The four domains of the IAF for CCGs and our current ratings are shown below:

Our current rating is as shown below:

Better Health	Green
Better Care	Green
Sustainability	Red
Leadership	Amber

The Sustainability rating is affected by our financial position and, in the Leadership domain, our Quality of Leadership and Patient engagement indicators are rated amber. The Quality of Leadership assessment is also affected by the financial position. With the establishment of our patient partnership groups and the work we have undertaken to improve communication and engagement across the Harrogate and Rural District CCG area, we are hopeful that our patient engagement rating will improve this year.

2. Performance Summary

2.1.1 Cancer Standards

Indicator	Standard	Q1 17/18	July
62 day to first treatment	85%	83.3%	82.7%
All cancer 2ww	93%	96.5%	96.7%
Breast 2ww symptomatic	93%	87.4%	89.4%
31 Day first Treatment	96%	97.2%	98.9%
62 day screening to first treatment	90%	93.8%	100%

62 Day Standard

Harrogate and Rural District CCG did not meet the 62 day standard of 85% and achieved 82.7%. Performance across Harrogate, York and Leeds Trusts contributes to the Harrogate and Rural District CCG position. Although Harrogate and District NHS Foundation Trust (HDFT) met the 85% standard, other provider Trusts did not, and this impacted on the position across Harrogate and Rural District CCG.

Breast Symptomatic

Nationally there have been challenges with breast symptomatic referrals, possibly as a result of campaigns promoting awareness of breast cancer earlier this year. Harrogate and District NHSFT have worked to improve capacity in their clinics and the position started to improve in June and has been sustained in July. They continue to work with other providers to identify a solution that ensures capacity increases to meet demand for patients.

2.1.2 Mental Health - Adults

Overall mental health performance within the Harrogate and Rural District CCG area is facing challenge with the increase in target values by March 2019 expected for some indicators, as described in the Mental Health Five Year Forward View. Harrogate and Rural District CCG and Tees Esk and Wear Valley (TEWV) NHS Foundation Trust, who provide our mental health services, are working in partnership on a plan to deliver the Mental Health Investment Standard by end of year 2018/19. The performance for the indicators below was subject to full discussion at Finance, Performance and Commissioning Committee on 25th September and the committee were assured by the actions being taken to improve the position.

IAPT

The prevalence performance has dipped in July from a recovering position in June of 4.2%. Currently recovery and access are also showing a downward trend. Prevalence has been discussed in great detail and highlighted as an area of focus to

ensure the workforce is robust enough to meet the demands of the service. There is currently a trainee gap in the IAPT workforce which means capacity is stretched. The service is recruiting, and advertising for posts has already commenced.

Indicator	Target %	June	July	3MR	YTD	
IAPT Prevalence	19	16.8	14.8	15.8	15.5	↓
	4.75	4.2	3.7	3.95	3.9	↓
IAPT Recovery	50	61.5	52.1	55.6	55.8	↓
IAPT Access to treatment 6wk	75	98.7	97.8	98.3	98.7	↓
IAPT Access to treatment 18wk	95	100	99.3	99.5	99.6	↓
May Data	Nat Av					
DNA rate	10		15	15.4	15.1	↓
Cancellation rate	11		9.2	9.4	9.0	↓
Self-referrals	NA		18.7	18.9	18.9	↑

Early Intervention in Psychosis (EIP)

Indicator	Target %	July %	YTD	Comments
Percentage of service users experiencing a first episode of psychosis who commenced a NICE concordant package of care within two weeks of referral	50	33.3	37.5	Post validation July's performance is 50%.

Although the percentage achievement looks low for July it must be noted that numbers for EIP are extremely small and one breach can greatly affect the position. The percentage achievement after validation of the patient data shows performance achieved the 50% standard.

Access to Mental Health Services for Older People

This indicator measures the percentage of patients who have attended a first appointment within 9 weeks of their external referral date. The position for July was 79.7% against a target of 90%. If patient choice for delay were to be considered then performance would improve to 82.5%. Work continues to try and improve capacity within the team. All patients were seen within 14 weeks.

Out of Area Placements (OAP)

Harrogate and Rural District CCG does not have any patients in placements outside of the TEWV provider footprint. While placements within the TEWV area remain internal they still may be at a considerable distance for Harrogate and Rural District CCG patients and their families.

With respect to those placements outside of the Harrogate and Rural District CCG footprint there were 12 patients at the end of June. Future reports will include details of any patients not receiving their care within Harrogate and District.

1.1.1 Mental Health – Children and Younger People

Eating Disorder Services

The percentage of children and younger people with an eating disorder, classed as an urgent case, and seen within one week of referral was 0% in July. It is important to note that both urgent referrals were seen within two days of the referral but started treatment after one week due to clinical and personal reasons.

1.1.2 Mental Health – Learning Disabilities

Inpatient Beds (124a)

The current position shows the trajectory of 28 missed by 6 patients with 34 patients in an inpatient setting. To return to trajectory there needs to be a net discharge of 6 patients by the end of September. This will be challenging, however, there is a medium degree of confidence of discharging 6 patients by December 2018.

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

Work is to be undertaken by practices to clarify their registers and recording and improve their position. We are in discussion with the learning disability service in TEWV with a view to obtaining some support for practices ensuring better data collection and validation of those patients on their register classed as having a learning disability. The action plan will be monitored through Quality and Clinical Governance Committee

1.1.3 Diagnostics

Performance exceeded the 1% target with 1.7% of total diagnostics waiting over 6 weeks. Nearly half of all those patients breaching waited less than 7 weeks. The majority of breaches were at Harrogate and District NHSFT with 24 in cardiology.

The cardiorespiratory department at Harrogate and District NHSFT is now back to full function with the opening of 2 echocardiogram rooms, a bespoke pace maker follow up room and an exercise/stress test room . Capacity for all outpatient cardiac physiology tests is now adequate for current demand and performance should see improvement in the future.

1.1.4 Unplanned Care

A&E waits

Accident and Emergency departments across the country are seeing greater challenge in the number and complexity of patients attending A&E.

Despite not achieving the Quarter 1, 95% target, Harrogate and Rural District CCG are the second highest performer in Yorkshire and The Humber.

Ambulance Waits

The number of ambulances waiting over 30 minutes to hand over reflects the challenges in A&E in July. There were 28 ambulance waits over 30 minutes for July. There was one 60 minute breach which was due to need to wait for a side room to become available in ED.

1.1.5 Infection Prevention and Control (IPC)

Our incidence of Clostridium Difficile and E Coli bacteraemia, including any lapses in care, are part of our Quality Premium.

Organism	July	Year to Date			
		Acute	Community	Total	Limit
E coli	8	10	38	48	103
C Difficile	3	3	6	9	34
MRSA	0	0	0	0	0

Route cause analysis to determine whether a lapse of care occurred is awaited on cases for June and July which are expected by the end of the month.

It is interesting to note that the incidence of E Coli bacteraemia in July dropped from June, which was against expectations due to the hot weather. It is thought that the expected rise could have been mitigated by the campaigns in the media regarding actions to take in hot weather, including staying hydrated.

The North Yorkshire Health Care Acquired Infections (HCAI) collaborative has produced a raft of resources for GP Practices, care homes and domiciliary care which were published at the beginning of September on the community infection, prevention and control website (www.infectionpreventioncontrol.co.uk) as well as being circulated to all stakeholders. These included posters, flow charts and slide decks which could be used on GP practice television screens to highlight the need for good hydration and personal hygiene to reduce the chance of getting a urinary infection.

1.1.6 Community Equipment Services & Wheelchair Services

Community Equipment Services

The community equipment contract is commissioned by Vale of York CCG on behalf of the North Yorkshire, York and Airedale CCGs. Since May we have been working with our North Yorkshire CCG colleagues to explore the performance and quality of the community equipment contract to understand and address any issues along with the development of new processes as appropriate.

A governance framework has been established with an Integrated Community Equipment Partnership Board (ICE PB) sitting under the contract management board. Harrogate and Rural District CCG sits on the ICE Partnership Board along with representation from Harrogate and District NHSFT community services.

We continue to monitor any complaints or issues regarding the service but currently none have been raised with the CCG through patients or soft intelligence.

Performance is measured across the joint commissioner footprint. CCG specific data is not routinely available. Key performance indicators are set at 100% for delivery, collection and repair. Currently all performance is above 90%. It is expected that some of the work being undertaken will raise performance further.

Wheelchairs

The wheelchair contract is commissioned by Vale of York CCG on behalf of the North Yorkshire, York and Airedale CCGs. The process described for the equipment service is in the process of being mirrored for the wheelchair service. New terms of reference have been drafted and are awaiting approval.

Performance is measured across the joint commissioner footprint. CCG specific data is not routinely available. Key performance indicators are set at 100% for delivery, collection and repair. Currently all performance is above 94%. It is expected that some of the work being undertaken will raise performance further.

The percentage of people waiting less than 18 weeks for a wheelchair is 95.7%. More patients are currently waiting in the Harrogate and Rural District CCG area than elsewhere and an increase in clinics is planned to reduce the waiting list.

There has been significant improvement in the number of patients under 19 years old waiting longer than 18 weeks. There are currently two patients across North Yorkshire both of which are re-referrals. Vale of York CCG have set a target of under 19 years old performance achieving 100% under 18 weeks by the end of September and are confident that will be achieved.

1.1.7 The Waiting List

RTT incomplete

The standard continues to be a challenge both locally and nationally and Harrogate and Rural District CCG failed the target of 92% at 90%. Performance for our local provider Trust was 91.1%. The main specialties of challenge across the CCG footprint are ophthalmology, orthopaedics, respiratory and general surgery. We continue to work with our providers and our GP practices to understand the demand on the system and how we can manage the pressures that ensue.

52 week waits

There are currently 5 Harrogate and Rural District CCG patients (July) all awaiting treatment at Leeds Teaching Hospitals, who have breached 52 weeks.

Leeds Teaching Hospitals NHS Trust has challenges with both demand and capacity and are targeting the most clinically urgent cases first. Harrogate and District NHSFT has offered to assist Leeds Teaching Hospitals where possible and appropriate to do so.

3. Recommendations

Governing Body is asked to:

- Note the CCGs performance against the key performance outcome measures
- Agree whether they are satisfied and assured they are sighted on current performance concerns and mitigating actions.

Clare Hedges
Head of Quality and Performance
September 2018

IAF Dashboard August 2018 Issue

Better Health

- Summary
- Better Health
- Better Care
- Leadership
- Sustainability



NHS Harrogate and Rural District CCG ▼

Click an indicator title to view trend/benchmarking data

		Reporting Frequency	Latest available data	Latest Period Performance	Target	
Better Health	Child obesity	Percentage of children aged 10 - 11 classified as overweight or obese	Annual	2014/15 to 2016/17	27.4%	
	Diabetes	Diabetes patients that have achieved all the NICE recommended treatment targets. Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	Annual	2016-17	43.0%	
		People with diabetes diagnosed less than a year who attend a structured education course	Annual	2016-17 (2015 cohort)	2.8%	
	Falls	Injuries due to falls in people aged 65 and over	Quarterly	17-18 Q3	1647	
	Personalisation and choice	Personal Health Budget	Quarterly	17-18 Q3	6.2	
	Health inequalities	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Quarterly	17-18 Q3	1979.9	
	Anti-microbial resistance	Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Monthly	May-2018	0.83	1.16
		Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	Monthly	May-2018	6.4	10
Carers	The proportion of carers with a long term condition who feel supported to manage their condition	Annual	2017	72.4%		

Better Care

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NHS Harrogate and Rural District CCG ▼

Click an indicator title to view trend/benchmarking data

		Reporting Frequency	Latest available data	Latest Period Performance	Target
Care ratings	Provision of High Quality Care: Hospitals	Quarterly	17-18 Q4	64	
	Provision of High Quality Care: Primary Medical Services	Quarterly	17-18 Q4	70	
	Provision of High Quality Care: Adult Social Care	Quarterly	17-18 Q4	62	
Cancer ●	Cancers diagnosed at early stage	Annual	2016	58.4%	
	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Monthly & Quarterly	18-19 Q1	83.3%	85%
	One year survival from all cancers	Annual	2015	74.7%	
	Cancer patient experience	Annual	2016	9.0	
Mental health ●	Improving Access to Psychological Therapies – recovery	Monthly	May-18	58.3%	50%
	Improving Access to Psychological Therapies – access	Monthly	Feb-18	4.0%	
	People with first episode of psychosis starting treatment with a NICE recommended package of care treated within 2 weeks of referral	Monthly	Jun-18	40.0%	50%
	Children and young peoples mental health services transformation	Quarterly			
	Mental health out of area placements	Quarterly	2016-17 Q4	83.3%	
	Mental health crisis team provision	Quarterly	2016-17 Q4	86.7%	
Learning disability	Reliance on specialist inpatient care for people with a learning disability and/or autism	Quarterly	17-18 Q4	51	
	Proportion (%) of eligible adults with a learning disability having a GP health check	Annual	2016-17	41.2%	
	Completeness of the GP learning disability register	Annual	2016-17	0.6%	

Better Care Contined

Better Care						
Maternity		Maternal smoking at delivery	Quarterly	2017/18 - Q4	11.1%	
		Neonatal mortality and stillbirths	Annual	2016	5.4	
		Women's experience of maternity services	Annual	2017	86.2	
		Choices in maternity services	Annual	2017	57.7	
Dementia		Dementia care planning and post-diagnostic support	Annual	2016-17	77.6%	
		Estimated diagnosis rate for people with dementia.	Monthly	Jul-2018	77.7%	67%
Urgent and emergency care		Emergency admissions for urgent care sensitive conditions	Quarterly	17-18 Q3	1997	
		% of patients admitted, transferred or discharged from A&E within 4 hours	Monthly	Jul-18	94.5%	95%
		Delayed transfers of care attributable to the NHS per 100,000 population	Monthly	Jun-18	13.2	
		Population use of hospital beds following emergency admission	Quarterly	17-18 Q3	521.72	
End of Life Care		Percentage of deaths with three or more emergency admissions in last three months of life				
Primary medical care		Patient experience of Primary Care - GP services	Annual	Jul-2017	91.5%	
		Primary care access - percentage of registered population offered full extended access	Quarterly	2018 01	0.0%	
		Primary care workforce	Bi-Annual	2017 09	1.29	
		Management of Long Term conditions - Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions	Annual	2016/17	712.2	
Elective access		Patients waiting 18 weeks or less from referral to hospital treatment	Monthly	Jun-2018	89.8%	92%
7 Day services		Achievement of clinical standards in the delivery of 7 day services				
NHS continuing healthcare		Percentage of NHS Continuing Healthcare assessments taking place in an acute hospital setting	Quarterly	2018-19 Q1	3.9%	15.0%
Patient Safety		Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG	Annual	2017	Green	Green

Leadership

- Summary
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NHS Harrogate and Rural District CCG

Click an indicator title to view

		Latest Period Performance	Target
Leadership	02. Probity and corporate governance	Fully Compliant	
	03. Workforce engagement	3.80	
		-0.01	
	04. CCGs local relationships	75.43	
	05. Quality of leadership	2	
Patient and Community engagement			

Sustainability

- Summary
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NHS Harrogate and Rural District CCG ▼

Click an indicator title to view trend/benchmarking data

			Reporting Frequency	Latest available data	Latest Period Performance	Target
Sustainability	Financial sustainability ●	In year financial performance			Red	Green
	Paper free at the point of care ●	Utilisation of the NHS e-referral service to enable choice at first routine elective referral			92.6%	80.00%