

Title of Meeting:	Governing Body	Agenda Item: 6.2									
Date of Meeting:	6 December 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)	<table border="1"> <tr> <th align="center">Decision</th> <th align="center">Discussion</th> <th align="center">Assurance</th> <th align="center">Information</th> </tr> <tr> <td></td> <td></td> <td 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) which is attached as an appendix. This month's report will provide an overview of performance issues as at the end of September 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		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	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 Impact Assessments completed (e.g. Quality IA or Equality)	NA

Clare Hedges

Head of Quality and Performance

**Performance Report
December 2018**

1. Purpose

To inform the Harrogate and Rural District (HaRD) Clinical Commissioning Group Governing Body of the performance as at end of September 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	
Better Care	
Sustainability	
Leadership	

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 Summary Oversight

Quality Premium 17/18

Assessment of our performance against the Quality Premium has been reported this month and has been determined as follows:

Standard	Passed 17/18 Yes/No
Quality Premium Measure	
Early Diagnosis	Assessment due Feb 19
GP Experience	N/A
Continuing Healthcare a)	No
Continuing Healthcare b)	No
Mental Health OAPs	No
Bloodstream infections a) i	No
Bloodstream infections a) ii	Yes
Bloodstream infections b) i	Yes
Bloodstream infections b) ii	Yes
Bloodstream infections c)	Yes
RightCare Measure (Hips)	Yes
Constitution, Financial and Quality Reductions	
Quality Gateway	Yes
Financial Gateway	Not yet assessed
RTT	Yes
Cancer 62 Day Standard	Yes
A&E 4 Hour Waits	Yes

Performance against the Quality Premium for 18/19 has improved with the mental health and CHC standards now being attained. However our RTT and A&E 4 hour standard is not achieving the target this year and therefore reductions to the attainment should be expected next year.

IAF review by exception

More detail can be found in the body of this report.

	Area	Standard (%)	September Value	Trend
123b	IAPT Prevalence	19	13.3	
123c	EIP 2 weeks	53	0	
127c	A&E 4 hour	95	95.2	
129a	RTT	92	89.4	
141b	Financial Sustainability			
165a	Quality of Leadership			

Areas not covered by IAF

Area	Performance rating	Trend
Continuing Healthcare		↑
Mental Health – all standards		↓
Cancer - all standards		↓
Diagnostics		↑
Unplanned Care		→
Infection, Prevention and Control		→

New IAF Indicators for 2018/19

There are seven additional indicators this year, bringing the total to 58. The reasoning for this is to reflect commissioners' contribution to the performance of their systems, to better align with planning guidance and to provide an indicator on demand management. A number of existing indicators have also been updated. Below is a summary of the seven new indicators:

Domain & Area		
Better Care – Mental Health		
Indicator	Standard	Definition
123g	Proportion of people on GP severe mental illness register receiving physical health checks in primary care	The proportion of people on General Practice SMI registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months.
123h	Cardio-metabolic assessment in mental health environments	The proportion of patients in the defined audit sample who have both: - a completed assessment for each of the cardio-metabolic parameters with results documented in the patient's electronic care record held by the secondary care provider. - a record of interventions offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool.
123i	Delivery of the mental health investment standard	The Mental Health Investment Standard (MHIS) is the requirement for CCGs to increase investment in mental health services [excluding Learning Disabilities and Dementia] in line with their overall increase in programme allocation each year.
123j	Quality of mental health data submitted to NHS Digital (DQMI)	The average score against the Mental Health Services Dataset (MHSDS) component of the DQMI for providers

		commissioned by the CCG.
Better Care - Primary Care		
128e	Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View	Assessment of whether the CCG has met the required investment in Primary Care Transformation as set out in the GP Forward View.
Better Care - Diagnostics		
133a	Patients waiting six weeks or more for a diagnostic test	The number of patients waiting six weeks or more for a diagnostic test (fifteen key tests) based on monthly diagnostics data provided by NHS and independent sector organisations and signed off by NHS commissioners as a percentage of the total number of patients waiting at the end of the period.
Sustainability – Demand Management		
145a	Expenditure in areas with identified scope for improvement	<p>Reduction in growth in activity in programmes where there exist opportunities to improve outcomes and reduce activity.</p> <p>This indicator calculates growth in activity for selected programmes compared to growth in activity in the baseline period. The difference in growth in activity compared to baseline is then compared to the equivalent figure for CCGs which have not selected these programmes as a priority / submitted Delivery Plans for these programmes.</p>

2.1.1 Cancer Standards

Indicator	Standard	Sept	Q2
62 day to first treatment	85%	75%	82.3%
All cancer 2ww	93%	98%	97.4%
Breast 2ww symptomatic	93%	88.2%	90%
31 Day first Treatment	96%	93.9%	96.7%
62 day screening to first treatment	90%	72.3%	90.9%

62 Day Standard (85%)

Trust/CCG	September	Quarter 2
HaRD CCG	75%	82.3%
HDFT	82.1%	85.24%
Leeds TH FT	70%	68.7%
York TH FT	76.6%	76.4%

Historically the September position always sees a dip in performance as some appointments are delayed over the summer due to patient choice and some leave. Treatment numbers were also lower, leading to a lower denominator.

Breach analysis and assessment of harm of 11 of the 13 patients who breached in September has been undertaken. Nine of these patients were treated at the tertiary centre and accounted for 4.5 of the 9 breaches. None of the patients has been determined as being subject to any harm as a result of delays.

The un-validated October position for HDFT is showing as achieving the 62 day standard.

Breast Symptomatic

In September, there were five breast symptomatic breaches. All breaches were due to patient choice.

2.1.2 Mental Health - Adults

Overall mental health performance within the Harrogate and Rural District area is facing challenge with the increase in target value by March 2019 expected for some indicators.

IAPT

Prevalence (defined as the proportion of people that enter treatment against the level of need in the general population) has continued to drop, however recovery remains within target.

Access into the service has been discussed in great detail and highlighted as an area to focus on, ensuring that there is a range of opportunities for referral to an IAPT service. This has involved creating patient literature and a pathway for accessing mental health services and includes a new portal for access to the site which is planned to go live in October.

People with a long term condition respond particularly well to IAPT. We are working with TEWV to look at the ways services can be promoted to increase self-referral rates; evidence shows that when patients self-refer they particularly benefit from the IAPT approach.

Both the CCG and TEWV are working on a plan to achieve for IAPT for 18/19 and the un-validated position for October shows an improvement.

Indicator	Target %	Sept	YTD	
IAPT Recovery	50	52.5	55	↓
IAPT Prevalence	19	13.3	14.8	↓
Quarter	4.75	3.3	3.7	↓
IAPT entering treatment 6wk	75	99.4	99.7	→
IAPT entering treatment 18wk	95	100	99.9	→
IAPT finishing treatment 6wk	75	99.2	98.9	→
IAPT finishing treatment 18wk	95	100	99.7	→

Early Intervention in Psychosis

Indicator	Target %	Sept %	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	53	0	34.8	Relates to all 3 patients breaching

It must be noted that numbers for EIP are extremely small and one breach can greatly affect the position. However September has seen a further reduction in achievement of the 2 week target. This is reported as due to challenges within the team as a result of sickness and leave. Remedial action has been taken with support from other teams for the urgent cases and an increase in hours to compensate. A request has been made for an assessment of harm for these patients but was not available at the time this report.

The service has now recruited to vacant posts and there is an expectation that the service performance will improve from the end of September. The position is being tracked and the CCG updated on a weekly basis.

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 September was 74.2% against a target of 90%. All patients were seen within 13 weeks.

An action plan with associated timescales for improvement has been requested from the team.

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 11 patients at the end of September. We are however, continuing to reduce the number of total days patients are deemed to be out of the Harrogate and Rural District CCG footprint and are well within our reduction trajectory for this year.

1.1.1 Mental Health – Children and Younger People

Eating Disorder Services

The number of children and younger people with an eating disorder, classed as an urgent case, not being seen within one week of referral was two for August, with both referrals seen on discharge from an inpatient stay. There were no urgent cases in September.

1.1.2 Mental Health – Learning Disabilities

Inpatient Beds (124a)

The current position across North Yorkshire shows the trajectory of 27 missed by 9 patients with 36 patients in an inpatient setting. Eight of these patients are Harrogate and Rural District CCG patients.

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. A meeting on 12th November with the Strategic Health Facilitation Lead for North Yorkshire Learning Disabilities was very positive and there is now a plan to visit a number of practices to support them in validating their lists and ensuring that a clear process exists for re-call. This work should ensure we meet the national standard in the coming year but also ensure that the awareness of the annual health check requirement is embedded and carried out in all practices.

Progress will be reported and monitored through Quality and Clinical Governance Committee

1.1.3 Diagnostics

The position has improved significantly in September. There were 7 breaches in total covering 5 diagnostic procedure and 2 trusts. This is the equivalent of 0.22% of total diagnostics waiting and below the 1% target.

1.1.4 Unplanned Care

A&E waits

Harrogate and Rural District CCG achieved 95.2% against the 95% standard. The Quarter 2 standard was also missed, achieving 94.6%. Our local provider also just missed the standard for Quarter 2.

Ambulance Waits

There were 14 ambulance waits over 30 minutes for September which is a significant reduction on numbers reported over the summer. There were no 60 minute breaches.

2.1.3 Planned Care

Delayed Transfers of Care (DToC) Performance

September was another good month for DToCs with the system exceeding the national 3.5% target. Patient choice and waits for community beds remain low (even compared to the same period last year).

The work on flow through the community beds and assessments taking place outside the hospital setting has contributed to the reduction in DToC.

Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
2.4%	3.3%	4.7%	3.8%	2.5%	4.5%	3.7%	2.0%	2.1%

2.1.4 Infection Prevention and Control (IPC)

Organism	Sept	Year to Date			
		Acute	Community	Total	Limit
E coli	12	11	57	68	103
C Difficile	2	11	6	17	34
MRSA	1	0	0	0	0

There was one case of MRSA positive blood culture which has been agreed to be attributed to the community and determined to be a catheter associated urinary tract infection. The patient has recovered and has since been discharged.

1.1.5 Wheelchair Services

There has been significant improvement in the number of patients under 19 years old waiting longer than 18 weeks. There are 12 patients in the Harrogate and Rural District CCG area who are waiting for wheelchairs, with 5 of these under 19 years old.

At the recent partnership board meeting assurance was given that the service will be able to improve the time waiting for wheelchairs. Additional information regarding information on the individual cases waiting, requirements and timescale has been requested.

1.1.6 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 89.4%. Performance across North Yorkshire and the Humber, as well as nationally, is challenging. Harrogate and Rural District CCG ranks in the middle of the range amongst North Yorkshire and The Humber CCGs.

52 week waits

There are currently 3 Harrogate and Rural District CCG patients all awaiting treatment at Leeds Teaching Hospitals, who have breached 52 weeks. All patients relate to spinal surgery as the position continues with capacity issues in the spinal service. Most clinically urgent cases are being targeted. Assessments of harm have been requested for those three patients.

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, November 2018

Appendix 2 IAF September Dashboard produced by EMBED.

Please note the body of the document may have a more up to date performance described as the dashboard is not issued until the end of the month.

NHS Harrogate and Rural District CCG

Better Health

		Reporting Frequency	Latest available data	Latest Period Performance	Target
Better Health	Child obesity	Annual	2014/15 to 2016/17	27.4%	
	Diabetes	Annual	2016-17	43.0%	
		Annual	2016-17 (2015 cohort)	2.8%	
	Falls	Quarterly	17-18 Q3	1647	
	Personalisation and choice	Quarterly	17-18 Q4	6.2	
	Health inequalities	Quarterly	17-18 Q3	1979.9	
	Anti-microbial resistance	Monthly	Jul-2018	0.82	1.16
		Monthly	Jul-2018	6.5	10
Carers	Annual	2017	0.72		

NHS
Harrogate and Rural District
Clinical Commissioning Group

NHS Harrogate and Rural District CCG

Better Care

		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	Aug-18	89.4%	85%
	One year survival from all cancers	Annual	2015	74.7%	
	Cancer patient experience	Annual	2017	9.0	
Mental health	Improving Access to Psychological Therapies – recovery	Monthly	Jul-18	50.0%	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	Aug-18	60.0%	50%
	Children and young peoples mental health services transformation	Quarterly			
	Mental health out of area placements	Quarterly	2018 Q2	575.9	
	Mental health crisis team provision	Quarterly			
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%	
Maternity	Maternal smoking at delivery	Quarterly	2018/19 - Q1	7.1%	
	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	

Better Care

Dementia		Dementia care planning and post-diagnostic support	Annual	2016-17	77.6%	
		Estimated diagnosis rate for people with dementia.	Monthly	Aug-2018	78.3%	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	Sep-18	95.2%	95%
		Delayed transfers of care attributable to the NHS per 100,000 population	Monthly	Aug-18	13.4	
		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	Annual	2017	5.54%	
Primary medical care		Patient experience of Primary Care - GP services	Annual	Aug-2018	91.6%	
		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	
Elective access		Patients waiting 18 weeks or less from referral to hospital treatment	Monthly	Aug-2018	89.9%	92%
7 Day services		Achievement of clinical standards in the delivery of 7 day services	Annual	2017	3	
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

NHS Harrogate and Rural District CCG

			Latest Period Performance	Target
Leadership	02. Probity and corporate governance	Probity and corporate governance	Fully Compliant	
	03. Workforce engagement	Staff engagement index	3.80	
		Equal opportunities for career progression or promotion	-0.01	
	04. CCGs local relationships	Effectiveness of working relationships in the local system	75.43	
	05. Quality of leadership	Quality of CCG leadership	Amber	
	Patient and Community engagement	Compliance with statutory guidance on patient and public participation in commissioning health and care	Amber	

Sustainability

NHS Harrogate and Rural District CCG

			Reporting Frequency	Latest available data	Latest Period Performance	Target
Sustainability	Financial sustainability	In year financial performance	Quarterly	17-18 Q4	Red	Green
	Paper free at the point of care	Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Monthly	Jul-18	103.0%	80.00%