NHS
Calderdale
Clinical Commissioning Group

**Agenda Item 13 c**

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| **Report To:** | **Finance and Performance Committee** |

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| **Title of Report:** | **Performance Report** |

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| **FOI Exemption Category:** | **Open** |

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| **Responsible Officer:** | Dr Nigel Taylor |

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| **CCG Leads:** | Debbie Graham, Head of Service Improvement |

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| **Report Author and Job Title:** | Tim Shields, Performance Manager |

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| **Executive Summary:** | The report provides an update on the progress being made with achieving the standards required by the NHS Constitution |
| **Finance/Resource Implications:** | Financial implications associated with achievement of key deliverables will be captured in the report |
| **Risk Assessment:** | Variance from plan/ target will be highlighted in the report |
| **Legal Implications:** | Not applicable |
| **Health Benefits:** | Captures the progress being met on quality and outcomes associated with patient care/ experience |
| **Staffing/Workforce Implications:** | Implications of capacity and capability associated with delivery will be captured in the report |
| **Outcome of Equality Impact Assessment:** | Not applicable |
| **Recommendation (s):** | It is recommended that the Governing Body:<br><br>Notes the contents of the report. |

## 1.0 Purpose of the Report

Provide an update on the progress being made with the achievement of the NHS constitutional standards

Provide an update on the CCG's Annual Assurance rating for 2015/16

Provide an update on NHS England's Improvement and Assessment Framework

## 2.0 NHS Constitution

Calderdale CCG continues to sustain good progress with the overall delivery of the constitutional standards. The table in appendix 1 provides a summary of performance @ month 4 (July 2016), comparing local progress against the standards of the NHS constitution.

## 3.0 Key Areas of Focus

### 3.1 Urgent Care

### Sustaining the 4 hour target in A&E

Sustaining the 4 hour target is a key priority for the local health and care economy and remains a key area of focus for NHS Calderdale CCG and the Systems Resilience Group.

A&E performance has continued to underperform against the constitutional standard during 2016/17. However the capability of the system has improved during Q1 and Q2 with performance levels at CHFT remaining above the national average for July (90.3%) and the highest in West Yorkshire at M4 and YTD:

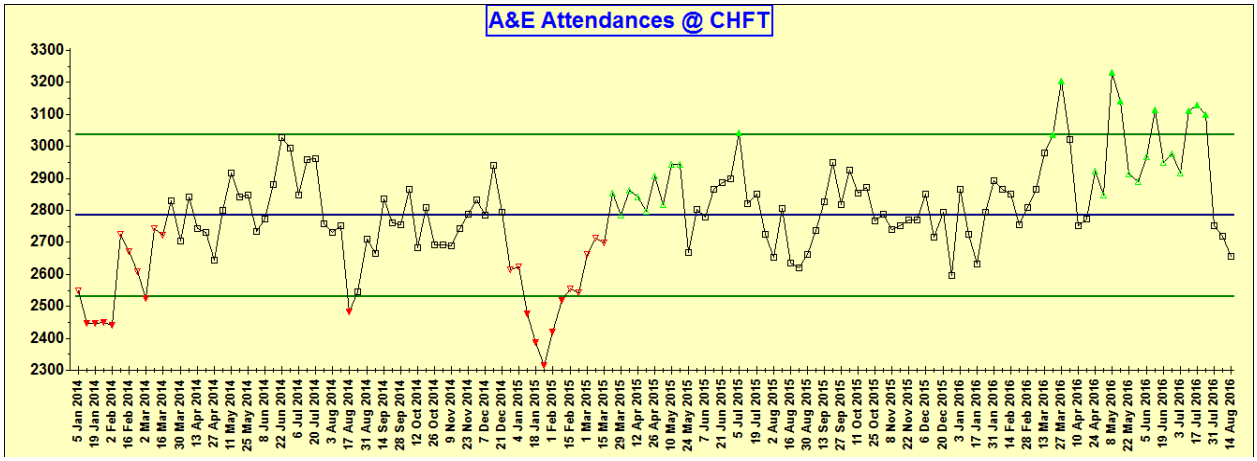
- Q1 = 94.1%
- Q2 = 94.6%
- September TD = 94.8%

A range of indicators from the Urgent Care Dashboard and circulated to the System Resilience Group are captured below. These high level indicators illustrate the activity levels experienced in the urgent care system during recent weeks and months and place them in context with historical patterns of service delivery.

### A&E Attendances

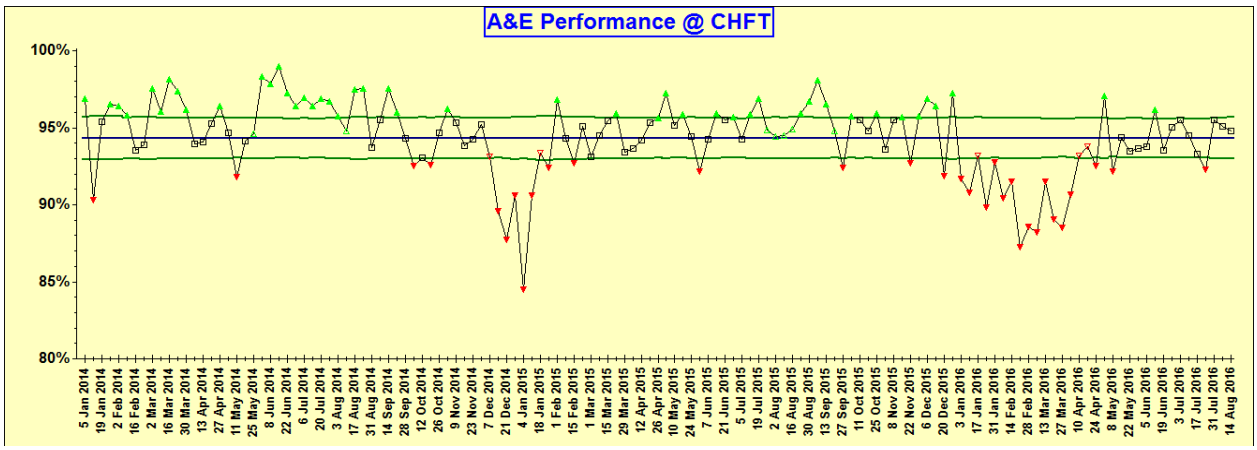
The chart below illustrates the weekly variation in the volume of A&E attendance at CHFT from January 2014 to mid-August 2016.

Attendance to A&E during 2016/17 has increased by 4.0% during Q1 and 4.4% Q2TD when compared to the same period last year. Special cause variation can be noted during this where several consecutive data points are located above the mean.



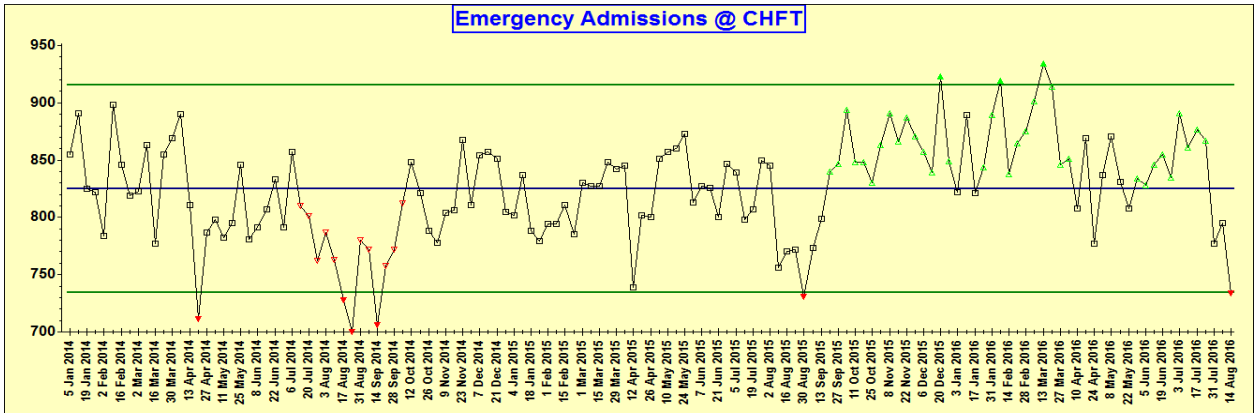

## A&E Performance

The chart below illustrates the weekly variation in A&E performance against the 4 hour standard @ CHFT since January 2014 to mid-August 2016. Despite the increase in attendance noted above, there has been a step change in the levels of performance achieved since April 2016. This improvement in delivery has been sustained throughout the majority of 2016/17, however these performance levels remain below the constitutional standard (95%).



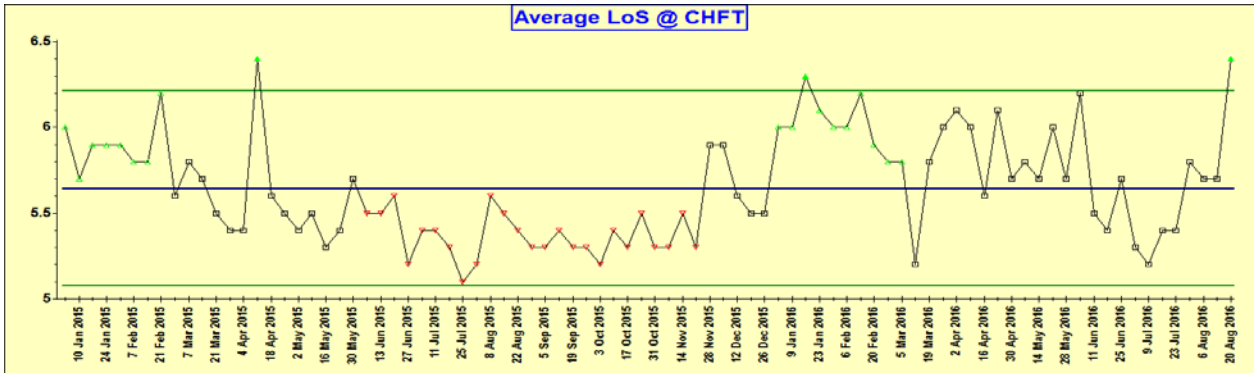

## Emergency Admissions

The chart below highlights the variation in the weekly volume of emergency admissions @ CHFT since January 2014. As noted in previous reports to the committee, there was a sustained increase in the volume of admissions during Q3 that continued in Q4 2015/16. The volume of admissions subsided during Q1 2016/17 but was followed by a rising trend that has not been sustained in Q2.



## Length of Stay

The chart below illustrates the variation in the average length of stay for patients admitted as an emergency admission to CHFT from January 2015 to 2016/17TD. Although not significant, there has been a sustained increase in length of stay during Q1. This pressure has subsequently reduced during Q2. However there is special cause variation to be noted during late August.

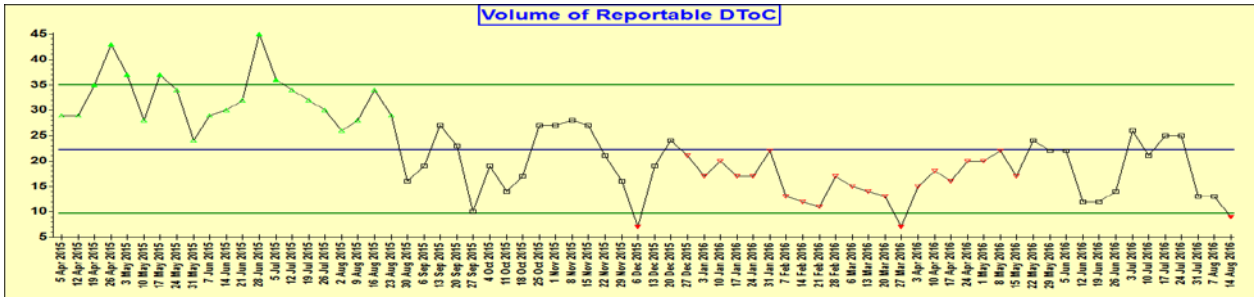


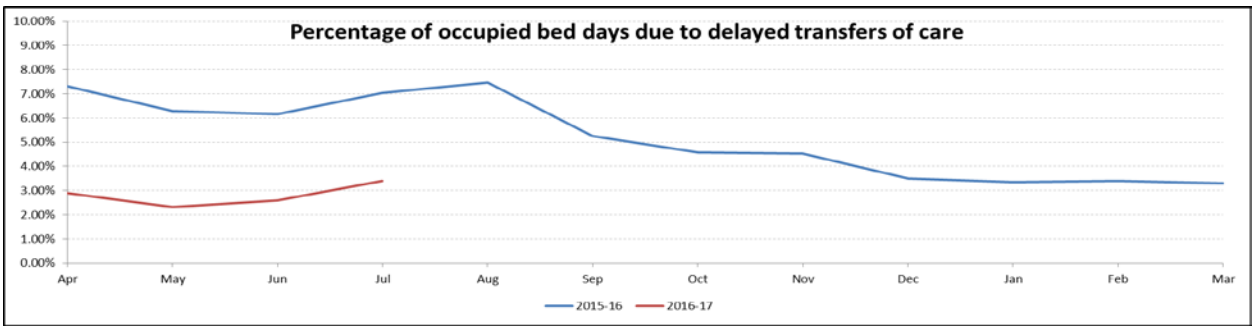

## Delayed Transfers of Care (DToC)

Following the benchmarking exercise in January 2015, the volume of delayed transfers of care and the percentage of beds these occupy has also been a key area of focus across the local health and social care economy.

The volume of reportable delays in the transfer of care and the percentage of occupied bed days due to delayed transfers of care has decreased since 2015 and remained stable during 2016/17 - see charts below.

However it should be noted that this picture is based on reportable levels of performance to NHS England and can mask local issues related to maintaining efficient patient flow through the urgent care system. Snapshot figures from CHFT indicate there can be significant numbers of patients who occupy an acute bed and are deemed medically fit and ready for discharge. This pressure is the focus of the Delayed Transfer of Care Group that reports to SRG.



### 3.2 Ambulance Response Times

Yorkshire Ambulance Service is one of three ambulance services nationally participating in Phase 2 of the NHS England-led Ambulance Response Programme. The trial commenced in April 2016 and involves a review of the clinical codes within both NHS Pathways and AMPDS (Advanced Medical Priority Dispatch System) to ensure the most appropriate clinical response is made to every call and will see significant changes to the way YAS deliver their service and respond to patients. Reporting of performance against the constitutional standard will be suspended during this period.

The pilot, which ran for 3 months initially, has been extended with progress reviewed by NHS England who will assess the impact on the patients both in terms of quality and performance. Updates on Phase 2 will be provided by NHS England to the Systems Resilience Group.

## 4.0 Improvement and Assessment Framework

### 4.1 Assurance Rating 2015/16

As part of its mandate, NHS England provides CCG's with an annual assurance assessment. The framework used in 2015/16 assessed CCGs against five components of assurance:

- Well led
- Delegated functions
- Finance
- Performance
- Planning

CCGs may be assessed in four categories: outstanding, good, requires improvement or inadequate. The year-end headline rating balances an overview of the CCG's performance during the year with the level of risk it is carrying forward in to the next year.

The table below shows the headline rating awarded to Calderdale for 2015/16 and the assurance rating for each component of the framework:

| Headline rating | Well led | Delegated functions | Finance | Performance | Planning |
|---|---|---|---|---|---|
| Good | Good | Good | Good | Good | Good |

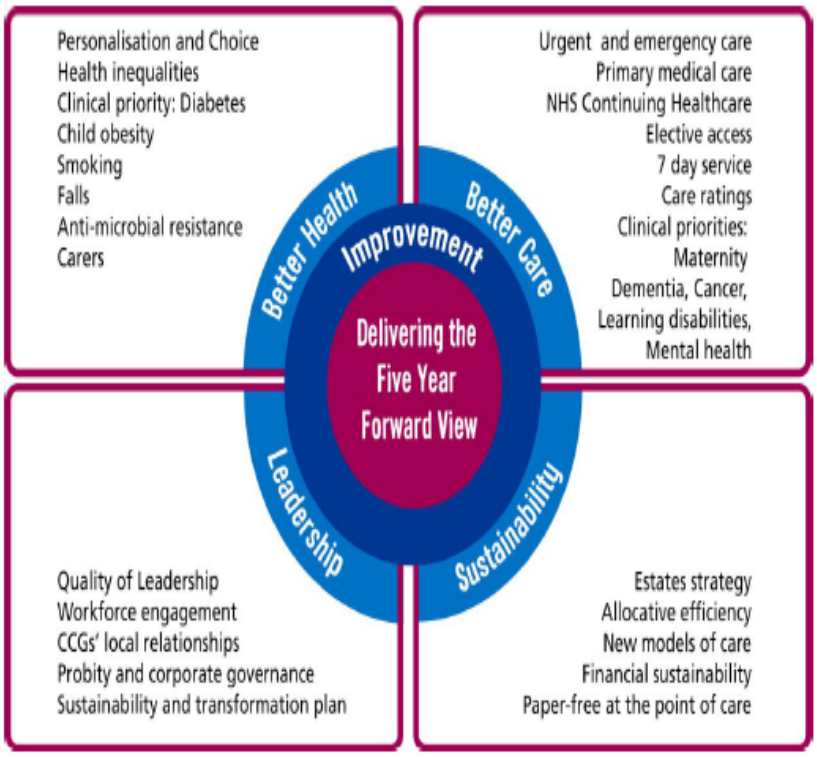
https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/07/annual-assessment-rep-2015-16-upd.pdf

### 4.2 Improvement and Assessment Framework 2016/17

NHS England has introduced a new Improvement and Assessment Framework for Clinical Commissioning Groups (CCG IAF) for 2016/17 and onwards. As part of the Government's Mandate to NHS England, this new framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf

The framework draws together in one place the NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. The 2016/17 framework includes 60 indicators (although a number of these indicators are still in development) which are located in the four domains of better health, better care, sustainability and leadership, summarised in the diagram below.




## 4.3 Operating Process

The framework will provide a focal point for joint work, support and dialogue between NHS England and the CCG. Data is expected to be made available on a quarterly basis for the majority of the indicators. The first iteration of the framework can be seen in appendix 2.

NHS England's national and regional teams will work together to ensure that the breadth of the framework is discussed with CCGs during the year, through a rolling programme of local conversations drawing on expertise and insight from the national programme teams. This continues the continuous risk-based approach introduced in 2015/16.

The framework will form the main, but not the only, source of evidence to support the joint work between NHS England and the CCG. For example, NHS England will continue to conduct the nationally commissioned 360 degree CCG stakeholder survey. The CCG outcomes indicator set and Right Care's commissioning for value packs are other examples of currently available resources that NHS England will draw upon to inform discussion.

## 4.4 CCG Accountability and Assessment

The annual assessment will be a judgement, reached by taking into account the CCG's performance in each of the indicator areas over the full year and balanced against the qualitative assessment of the leadership of the CCG.

The annual assessment will take in to account how well CCGs, as individual organisations, have played into their local systems, and they will not be adversely assessed if their efforts are not initially reflected in the indicators.

To ensure that the framework is being applied consistently, regional and national moderation will take place. NHS England's Commissioning Committee will oversee the process and sign off the ratings. The Committee will also track progress in-year. Historically CCG assessments have not been highly visible. To aid transparency for the public, and CCG benchmarking against peers, NHS England will present both the overall ratings and the relative performance on indicators through a range of channels, including publication on MyNHS.

The methodology to determine the year-end assessment and the evaluation process for the framework will be developed during the year.

### 4.5 Clinical Priority Areas

The Forward View and the planning guidance also set out national ambitions for transformation in a number of vital clinical priorities that includes:

- mental health
- dementia
- learning disabilities
- cancer
- maternity
- diabetes

As part of the CCG IAF, NHS England will produce a separate rating for each of these six clinical areas using a four point 'Ofsted-style' scale:

1. Top performing
2. Performing well
3. Needs improvement
4. Greatest need for improvement

The baseline assessments for diabetes, dementia and learning disabilities have been published on the MyNHS site – see below. The remaining ratings for maternity, cancer and mental health will be launched over the coming months.

| | |
|---|---|
| Diabetes | Top Performing |
| Dementia | Needs Improvement |
| Learning Disabilities | Needs Improvement |

## 5.0 Recommendations

5.1 It is recommended that the Governing Body:

Notes the contents of the report.

# Appendix 1

Reporting Period Jul 2016/17

NHS Constitution Rights and Pledges 2016/17

| Outcome/Measure | | Target/ Baseline | Period Actual | Period RAGS | YTD | YTD RAG | Direction of Travel |
|---|---|---|---|---|---|---|---|
| Referral To Treatment waiting times for non-urgent consultant-led treatment | Admitted patients to start treatment within a maximum of 18 weeks from referral | N/A | 85.3% | - | 85.5% | - | |
| | Non-admitted patients to start treatment within a maximum of 18 weeks from referral | N/A | 96.8% | - | 97.2% | - | |
| | Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 wks from referral | 92% | 95.0% | | 94.9% | | |
| | Number of patients waiting more than 52 weeks | 0 | 0 | | 0 | | |
| Diagnostic test waiting times | Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral | 99% | 99.6% | | 99.6% | | |
| A&E waits | Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department | 95% | 94.4% | | 94.2% | | |
| | No waits from decision to admit to admission (trolley waits) of more than 12 hours | 0 | 0 | | 0 | | |
| Cancer waits – 2 week wait | Maximum two-week wait for first outpatient appointment for patients referred | 93% | 98.6% | | 97.0% | | |
| | Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms | 93% | 97.9% | | 94.0% | | |
| Cancer waits – 31 Days | Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers | 96% | 100.0% | | 98.8% | | |
| | Maximum 31-day wait for subsequent treatment where that treatment is surgery | 94% | 100.0% | | 97.0% | | |
| | Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen | 98% | 100.0% | | 100.0% | | |
| | Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy | 94% | 100.0% | | 100.0% | | |
| Cancer waits – 62 Days | Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer | 85% | 92.7% | | 90.6% | | |
| | Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers | 90% | 88.9% | 88.9% | 90.9% | | |
| | Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) | tba | | tba | 100.0% | tba | |
| Category A Ambulance Calls | Category A calls resulting in an emergency response arriving within 8 minutes (Red 1) | 75% | | | | | |
| | Category A calls resulting in an emergency response arriving within 8 minutes (Red 2) | 75% | | | | | |
| | Category A calls resulting in an ambulance arriving at the scene within 19 minutes | 95% | | | | | |
| | All handovers between ambulance and A&E must take place within 15 minutes | 95% | 73.3% | | 75.4% | | |
| | All crews should be ready to accept new calls within a further 15 minutes | 95% | 73.7% | | 75.6% | | |
| Mixed Sex Accommodation | Minimise breaches | 0 | 0 | | 0 | | |
| MRSA | Number of MRSA reported infections | 0 | 0 | | 0 | | |
| C_Diff | Number of C-Diff blood stream infections | 39 | 4 | | 17 | | |

Appendix 2

| Improvement and Assessment Indicators | Latest Period | CCG | England | Trend | Better is... | Range |
|---|---|---|---|---|---|---|
| **Better Health** | | | | | | |
| Maternal smoking at delivery | 15-16 Q3 | 12.5% | 10.6% | | L | |
| % children aged 10-11 classified as overweight or obese | 2014-15 | 33.2% | 33.2% | | L | |
| Diabetes patients that have achieved all three of the NICE-recommended treatment targets | 2014-15 | 41.1% | 39.8% | | H | |
| People with diabetes diagnosed less than a year who attend a structured education course | 2014-15 | 2.3% | 5.7% | | H | |
| Injuries from falls in people aged 65 and over per 100,000 population | Nov-15 | 1,799 | 2,027 | | L | |
| People offered choice of provider and team when referred for a 1st elective appointment | Feb-16 | 0.52 | 0.5 | | H | |
| Personal health budgets per 100,000 population (absolute number in brackets) | 15-16 Q4 | 11 | 14 | | H | |
| % deaths which take place in hospital | 15-16 Q3 | 36.2% | 46.9% | | ◇ | |
| People with a long-term condition feeling supported to manage their condition | 2015 | 69.5% | 64.4% | | H | |
| Inequality in avoidable emergency admissions | 15-16 Q2 | 1,332 | | | L | |
| Inequality in emergency admissions for urgent care sensitive conditions | 15-16 Q2 | 2,488 | | | L | |
| Anti-microbial resistance: Appropriate prescribing of antibiotics in primary care | 15-16 Q4 | 1.1 (1.2) | | | ◇ | |
| Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care | 15-16 Q4 | 7.2 (7.2) | | | ◇ | |
| Quality of life of carers - health status score (EQ5D) | 2015 | 0.83 | | | H | |
| **Better Care** | | | | | | |
| Cancers diagnosed at early stage | 2014 | 53.2% | | | H | |
| People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral | 15-16 Q4 | 89.6% | 81.9% | | H | |
| One-year survival from all cancers | 2013 | 71.6% | 70.2% | | H | |
| Cancer patient experience | 2014 | 87.7% | 89.0% | | H | |
| Improving Access to Psychological Therapies recovery rate | Feb-16 | 53.3% | 47.6% | | H | |
| People with 1st episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral | Mar-16 | 88.9% | 62.9% | | H | |
| People with a learning disability and/or autism receiving specialist inpatient care per million population | Mar-16 | 34 | 58 | | L | |
| Proportion of people with a learning disability on the GP register receiving an annual health check | 2014-15 | | 47.0% | | H | |
| Neonatal mortality and stillbirths per 1,000 births | 2014-15 | 5.93 | 7.10 | | L | |
| Women's experience of maternity services | 2015 | 80.56 | | | H | |
| Choices in maternity services | 2015 | 0.66 | | | H | |
| Estimated diagnosis rate for people with dementia | Apr-16 | 75.6% | 66.4% | | H | |
| Emergency admissions for urgent care sensitive conditions per 100,000 population | 15-16 Q2 | 2,485 | | | L | |
| % patients admitted, transferred or discharged from A&E within 4 hours | Apr-16 | 93.4% | 89.0% | | H | |
| Delayed transfers of care attributable to the NHS and Social Care per 100,000 population | Apr-16 | 5.71 | 13.04 | | L | |
| Emergency bed days per 1,000 population | 15-16 Q2 | 0.58 | | | L | |
| Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population | 2014-15 | 930.70 | 811.80 | | L | |
| Patient experience of GP services | Jan-16 | 84.9% | 84.9% | | H | |
| Primary care workforce - GPs and practice nurses per 1,000 population | 2015 | 0.94 | | | H | |
| Patients waiting 18 weeks or less from referral to hospital treatment | Apr-16 | 92.2% | 91.7% | | H | |
| People eligible for standard NHS Continuing Healthcare per 50,000 population | 15-16 Q3 | 54 | 48 | | H | |
| **Sustainability** | | | | | | |
| Financial plan | 2016 | Red | | | H | |
| Digital interactions between primary and secondary care | 15-16 Q4 | 66.9% | | | H | |
| Local strategic estates plan (SEP) in place | 2016-17 | Yes | | | H | |
| **Well Led** | | | | | | |
| Staff engagement index | 2015 | 3.8 | 3.8 | | H | |
| Progress against Workforce Race Equality Standard | Jul-05 | 0.2 | 0.2 | | H | |
| Effectiveness of working relationships in the local system | 2015-16 | 69.89 | | | H | |
| Quality of CCG leadership | 2016-17 | Green | | | H | |