

CCG Governing Body – Part I

Report Details	
Meeting Date	5 September 2017
Report Title	Performance Summary – Month 3
Presented By/Title	Janet Barnsley, Director of Performance and Delivery
Prepared By/Title	Kate Newton Performance and Quality Manager
Report Requirements	Receive

Improvement and Assessment Framework Objectives	
• Better Health	Yes
• Better Care	Yes
• Sustainability	Yes
• Well-led	Yes

CCG Corporate Objectives	
• Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities	Yes
• To work collaboratively to deliver safe, high quality health and care services	Yes
• To ensure financial balance and improve efficiency and productivity	Not applicable
• To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	Yes
• To maintain and improve performance against core standards and statutory requirements	Yes
• To commission improved and effective out of hospital care	Yes
• To support research, innovation and growth	Not applicable

Committee Discussion	
Committee/Governing Body and Date	Executives and Deputies Team - Date
	Clinical Leadership Team – Date
	Quality and Engagement Committee – Date
	Finance and Performance Committee – 29 August 2017
	Audit Committee – Date
	Primary Care Commissioning Committee – Date
	Recommend to CCG Governing Body – Part I – 5 September 2017

Internal Assurance Process (indicate if not applicable)	
Clinical Lead	N/A
Senior Lead Manager	Kate Newton
Finance Manager	N/A
Quality Impact Assessment completed	N/A
Equality Impact and Risk Assessment completed	N/A
Patient and Public Engagement completed	N/A
Financial Implications	Discussed at the meeting
Risk Identified	Discussed at the meeting
Report Authorised by Executive Lead	Janet Barnsley

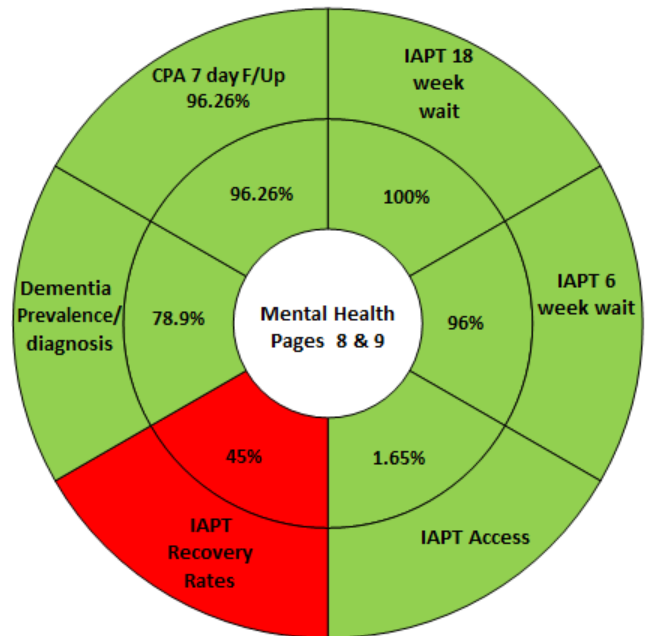
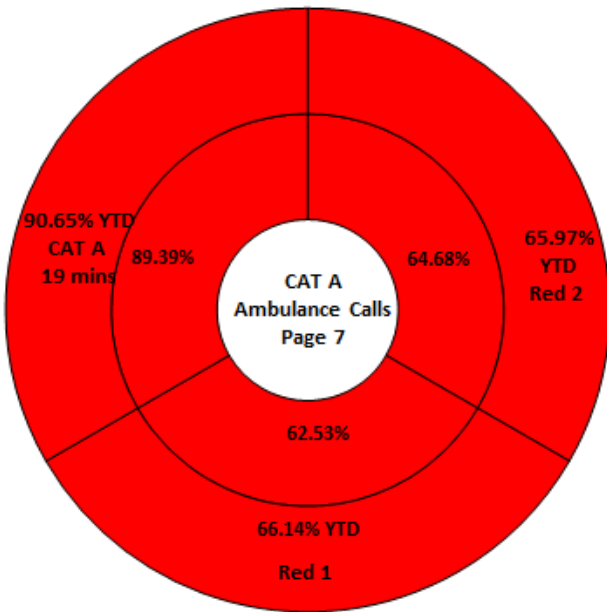
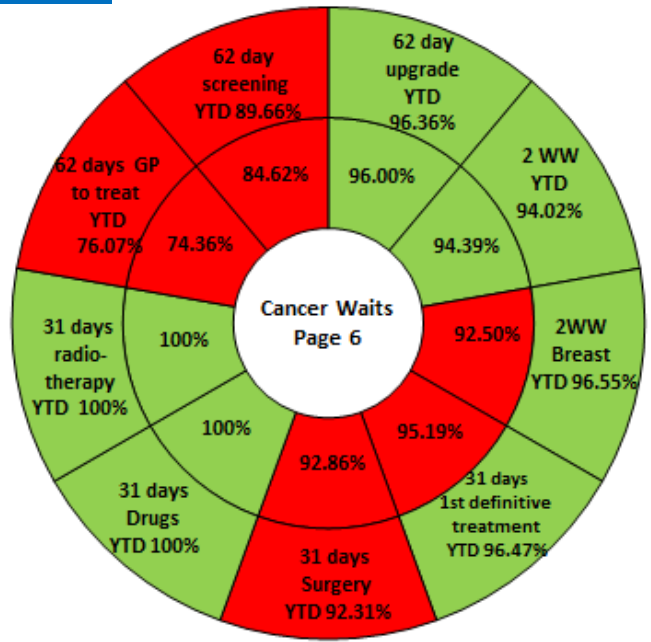
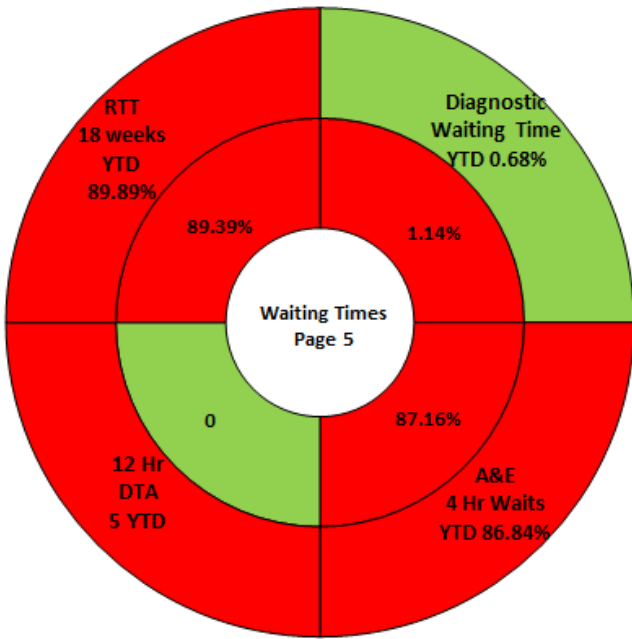
Blackpool Clinical Commissioning Group

Performance Summary for the Governing Body

Month 3: June 2017

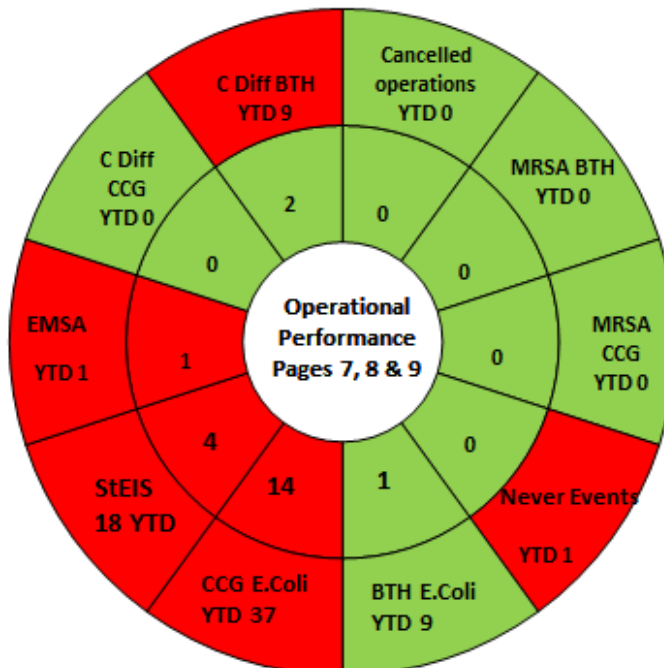
Key	↑	Improving and within target	↑	Improving and below target	↑	Upward trend / activity (no target)
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Executive Summary for June 2017 – Month 03



Key:
Outer ring: year to date performance
Unless otherwise stated

Inner ring:
In month performance



Introduction











This report is to provide the Governing Body with assurance in relation to the indicators outlined in NHS Guidance for Commissioners under the policy document “Supplementary information for commissioner planning 2016/17”.










The measures reported in the guidance include those in the CCG Assurance Process for 2017/18 and a number of additional indicators. This report is currently subject to review; all indicators reported previously as “Awaiting data sources” will be investigated on a monthly basis and added to the report once data becomes available. All new indicators associated with planning for 2017/18 will also be added to this report as the data sources become available. This report has been updated this month with the addition of the performance RAG rated charts and these will also continue to be developed in line with the indicators.










Summary for June 2017










Metric	Performance	Exception
NHS Constitution Measures		
Accident & Emergency (Commissioner)		
Patient should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department.	↑ 87.16% (BTH)	Finance & Performance Committee Month 3
Cat A Ambulance (Provider)		
Category A calls resulting in an emergency response arriving within 8 minutes – Red 1.	↓ 62.53%	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
Category A calls resulting in an emergency response arriving within 8 minutes – Red 2.	↑ 64.68%	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
Category A calls resulting in an ambulance arriving at the scene within 19 minutes.	↓ 89.39%	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
Diagnostic test waiting time (Commissioner)		
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral.	↓ 1.14% (CCG)	Finance & Performance Committee Month 3
Cancer Waits (Commissioner)		
Percentage (%) seen within 2 weeks of referral.	↑ 94.39%	Finance & Performance Committee Month 3
Percentage (%) seen within 2 weeks of referral – breast symptoms.	↓ 92.50%	Finance & Performance Committee Month 3
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers.	↓ 95.19%	Finance & Performance Committee Month 3
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen.	↔ 100%	Finance & Performance Committee Month 3










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Metric	Performance	Exception
Maximum 31-day wait for subsequent treatment where that treatment is surgery.	 92.86%	Finance & Performance Committee Month 3
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy.	 100.00%	Finance & Performance Committee Month 3
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer.	 74.36%	Finance & Performance Committee Month 3
Maximum 62-day wait from referral for an NHS screening service to first definitive treatment for all cancers.	 84.62%	Finance & Performance Committee Month 3
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set.	 96.00%	Finance & Performance Committee Month 3
NHS Constitution Support Measure		
Mental Health (Commissioner)		
CPA 7-day followed up.	 96.26% (Q1)	Finance & Performance Committee Month 12
RTT (Commissioner)		
Zero tolerance 52-weeks.	 3	Finance & Performance Committee Month 3
EMSA (Commissioner)		
Minimise breaches.	 1 (LTH)	Finance & Performance Committee Month 3
Cancelled Operations (Provider)		
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	 0	Q1 (2017/18) Finance & Performance Committee Month 3
No urgent operation to be cancelled for a second time.	 0	Finance & Performance Committee Month 3

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Metric	Performance	Exception
A&E Waits (Provider)		
No waits from decision to admit to admission over 12 hours.	 0 (5 in April)	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
Ambulance Handovers (Provider)		
All handovers between ambulance and A&E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes. Financial penalties, in both cases, for delays over 30 minutes and over 60 minutes.	 227 (30 mins) 46 (60 mins)	Quality & Engagement Committee Month 3
Health Care Acquired Infection (Commissioner / Provider)		
Number of clostridium difficile infections.	 BCCG (0)	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
	 BTH (2)	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
MRSA zero tolerance	 BCCG (0)	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
	 BTH (0)	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
Incidence of Escherichia coli bacteraemia (E.coli)	 BCCG (14)	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
	 BTH (1)	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
Mental Health		
Dementia (Provider)		
Percentage (%) diagnosis rate.	 78.90%	Quality & Engagement Committee Month 12 & Finance & Performance Committee Month 12

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Metric	Performance	Exception
Mental health access waits		
Improving Access to Psychological Therapies (IAPT)		
Access proportion.	 1.65% New Target 1.40%	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
Recovery rate.	 45% Target 50%	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment.	 96%	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment.	 100%	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
Early Intervention in Psychosis (Commissioner)		
More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.	 100% (Target 50%)	Quality & Engagement Committee Month 3 & Finance & Performance Committee Month 3
Better Care Fund (BCF)		
Transfers		
Delayed transfers of care – Patients	 NHS  Social care  Both  Total - 32	June 2017

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Metric	Performance	Exception
Reablement		
Effectiveness of reablement.	↓ 78.1%	HSCIC Annual Report published November 2016 next version due November 2017 Indicator 3.6.i
Outcome Measures		
Composite indicator comprised of: GP services, GP Out of Hours.	↑ 77% (76% 2015/16)	Publication date July 2017
Patient experience of inpatient care (FFT)	↓ 96.84% would recommend (BTH, June 17)	Quality & Engagement Committee Month 3
Mortality HSMR/SHMI	↓ ↑	HSMR 113 (Mar 17 Rolling 12 months) SHMI 117 (Feb 17 Rolling 12 months)
Health related quality of life for people with long-term conditions.	↑	65.9% of people feel they receive enough support from local services or organisations to manage their conditions. The national average is 64.3% (2015/16)
Never Events	↑ 0 ↔ 0	1 BTH YTD (at M3) 0 Spire YTD (at M3)
Strategic Executive Information System (StEIS)	↓	4 reported by BTH in Month 3 0 reported in CCG 2 out of area
Primary Care		
Patient satisfaction		
Satisfaction with the quality of consultation at the GP practice.	↓ 87% (88.5% 2015/16)	GP Patient Survey Published July 2017
Satisfaction with the overall care received at the surgery.	↑ 90% (86.3% 2015/16)	GP Patient Survey Published July 2017
Satisfaction with accessing primary care.	↑ 81% (76% 2015/16)	GP Patient Survey Published July 2017
Friends & Family Test		
Friends & Family Test Community	↓ Month 3	98% would recommend (BTH)
Friends & Family Test Mental Health	↓ Month 3	89% would recommend (BTH)
	↑ Month 3	90% would recommend (LCFT)

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CCG Summary Dashboard

NHS Blackpool CCG

Better Health							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 101a	X Maternal smoking at delivery	16-17 Q3	26.6%	↓	11/11	210/209	R 121a	n/a High quality care - acute	16-17 Q4	61	↑	7/11	62/209
R 102a	n/d % 10-11 classified overweight / (12/13 to 14/15)	36.2%	↑	6/11	162/209	R 121b	n/a High quality care - primary care	16-17 Q4	70	○	1/11	5/209	
R 103a	n/d Patients who achieved NICE tar 2015-16	44.0%	↓	3/11	13/209	R 121c	n/a High quality care - adult social c	16-17 Q4	64	○	1/11	12/209	
R 103b	n/d Attendance of structured educa 2014	1.9%	↓	10/11	153/209	R 122a	X Cancers diagnosed at early stag	2015	41.7%	↓	11/11	207/209	
R 104a	n/d Injuries from falls in people 65y	16-17 Q3	1,923	↓	2/11	100/209	R 122b	n/d Cancer 62 days of referral to tre	16-17 Q4	79.3%	↓	8/11	130/209
R 105a	n/a Utilisation of the NHS e-referral	2017 Q3	77.1%	↑	3/11		R 122c	X One-year survival from all canc	2014	68.1%	↑	10/11	174/209
R 105b	n/a Personal health budgets	16-17 Q4	15	↑	6/11	77/209	122d	n/d Cancer patient experience	2015	8.5	○	11/11	180/209
R 105c	n/a % of deaths in hospital	16-17 Q2	47.9%	↑	10/11	104/209	R 123a	X IAPT recovery rate	2017 Q1	40.0%	↑	8/11	192/209
105d	n/d LTC feeling supported	2016 Q3	65.9%	↓	7/11	69/209	R 123b	✓ EIP 2 week referral	2017 Q3	77.1%	↑	6/11	94/209
R 106a	n/d Inequality Chronic - ACS	16-17 Q3	1,834	↓	10/11	206/209	R 123c	n/a MH - CYP mental health	16-17 Q4	70%	↑	6/11	112/209
R 106b	X Inequality - UCS	16-17 Q3	3,734	↑	11/11	209/209	R 123d	n/a MH - Crisis care and liaison	16-17 Q4	67.5%	↓	8/11	110/209
R 107a	✓ AMR: appropriate prescribing	2017 Q2	1.35	↓	8/11	206/209	R 123e	n/a MH - OAP	16-17 Q4	100.0%	↔	1/11	1/209
R 107b	X AMR: Broad spectrum prescribi	2017 Q2	4.9%	↑	1/11	5/209	R 124a	n/d LD - reliance on specialist IP car	16-17 Q4	80	↑	8/11	180/209
108a	n/a Quality of life of carers	2016 Q3	0.77	↑	8/11	174/209	124b	n/d LD - annual health check	2015-16	34.2%	○	8/11	133/209
Sustainability							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 141a	n/a Financial plan	2016	Red	○	6/11	141/209	R 125a	n/d Neonatal mortality and stillbirth	2015	6.0	↓	4/11	72/209
R 141b	n/a In-year financial performance	16-17 Q4	Green	↑	1/11	141/209	125b	n/a Experience of maternity service	2015	77.1	○	9/11	157/209
R 142a	n/a Improvement area: Outcomes	16-17 Q3	54.2%	↔	7/11	152/209	125c	n/a Choices in maternity services	2015	62.1	○	8/11	169/209
R 142b	n/a Improvement area: Expenditure	16-17 Q3	100.0%	↑	7/11	146/209	R 126a	n/a Dementia diagnosis rate	2017 Q3	91.6%	↑	1/11	7/209
R 143a	n/a New models of care	16-17 Q4	Y	○			126b	n/d Dementia post diagnostic supp	2015-16	80.0%	↑	3/11	72/209
R 144a	n/a Local digital roadmap in place	16-17 Q4	Y	○			R 127a	n/a Delivery of an integrated urgen	2017 Q1	5	↑	4/11	65/209
R 144b	n/a Digital interactions	16-17 Q4	77.8%	○	2/11	7/209	R 127b	n/d Emergency admissions for UCS	16-17 Q3	3,174	↓	4/11	178/209
R 145a	n/a SEP in place	2016-17	Y	○			R 127c	X A&E admission, transfer, disch	2017 Q3	86.6%	↑	9/11	139/209
Well Led							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 161a	n/a STP	2016-17	Green	○	1/11	1/209	R 127e	n/d Delayed transfers of care per 10	2017 Q3	13.8	↓	9/11	110/209
R 162a	n/a Probity and corporate governan	16-17 Q4	Fully Compliant	↔	1/11	1/209	R 127f	n/d Hospital bed use following eme	16-17 Q3	566.5	↑	7/11	167/209
R 163a	n/a Staff engagement index	2016	3.79	↓	5/11	110/209	R 128a	X Management of LTCs	16-17 Q3	1,371	↑	9/11	199/209
R 163b	n/a Progress against WRES	2016	0.16	○	10/11	166/209	R 128b	n/d Patient experience of GP servic	2016 Q3	86.2%	↓	7/11	91/209
R 164a	n/a Working relationship effectiven	16-17	73.93	↓	2/11	53/209	R 128c	n/a Primary care access	2017 Q3	19.0%	↑	4/11	72/209
R 165a	n/a Quality of CCG leadership	16-17 Q4	Green	↔	3/11	31/209	R 128d	n/d Primary care workforce	2016 Q9	1.03	↓	2/11	69/209
							R 129a	X 18 week RTT	2017 Q3	91.0%	↑	8/11	116/209
							R 130a	n/a 7 DS - achievement of standard	2016-17	0.0%	○	1/11	
							R 131a	n/a People eligible for standard NH	16-17 Q3	62.5	↓	5/11	34/209

Key

Worst quartile in England
Interquartile range

Best quartile in England