NHS
North East Lincolnshire
Clinical Commissioning Group

Agenda Item 08

Report to (Board/Sub-Committee): NEL CCG Partnership Board

Date of Meeting: 9th March 2017

Subject: Integrated Assurance and Quality Report

Presented by: Helen Kenyon, Deputy Chief Executive/Jan Haxby Director of Quality & Nursing

STATUS OF THE REPORT

For Information	☐
For Discussion	☒
For Approval / Ratification	☐

PURPOSE OF REPORT:	The report advises the Partnership Board of how NELCCG are performing against; • six domains developed for the performance dashboard; • three domains developed for quality dashboard and; • six domains for risk. The dashboards are managed via the Delivery Assurance Committee, the Quality Committee and the Integrated Governance and Audit Committee. A summary of risks with a score of 16 or above is also included. For more detail on performance, risk and quality the latest integrated assurance report presented to the Delivery Assurance Committee and quality dashboard report presented to the Quality Committee can be found via the embedded files in the 'Appendices / attachments' section of this cover sheet.
Recommendations:	The Partnership Board is asked: • to note judgements made against the domains of the dashboards • to note the information on future performance, quality and risk challenges • to note information on referral to treatment times • to note information on 2017-19 targets and trajectories • for further feedback on ways to improve the report
Sub Committee Process and Assurance:	The Delivery Assurance Committee, the Quality Committee and the Integrated Governance and Audit Committee manage and assure the performance, quality and risks contained within these dashboards.
Implications:	
Risk Assurance Framework Implications:	The dashboards and risks associated with them are managed via the Delivery Assurance Committee, the Quality Committee and the Integrated Governance and Audit Committee.
Legal Implications:	None

Equality Impact Assessment implications:	An Equality Impact Assessment is not required for this report.
Finance Implications:	There are a number of measures within the Performance Dashboard with a financial implication such as activity and Quality Premium measures, however the detail of these are dealt with separately within the Finance Report.
Quality Implications:	Quality implications are managed by the quality committee and escalated within the main body of this report.
Procurement Decisions/Implications *(Care Contracting Committee):*	None
Engagement Implications:	None
Conflicts of Interest	None
Strategic Objectives *Short summary as to how the report links to the CCG's strategic objectives*	*1. Sustainable Services* The performance, quality and risk dashboards contain a number of national and local measures that support this objective.
	2. Empowering People The performance, quality and risk dashboards contain a number of national and local measures that support this objective.
	3. Supporting Communities The performance, quality and risk dashboards contain a number of national and local measures that support this objective.
	4. Delivering a fit for purpose organisation The performance, quality and risk dashboards contain a number of national and local measures that support this objective.
NHS Constitution:	The Performance and Quality dashboards contain measures from the NHS Constitution and the performance and risks associated with these are managed and assured through the Delivery Assurance Committee, the Quality Committee and the Integrated Governance and Audit Committee.
Report exempt from Public Disclosure	No

Appendices / attachments	AGENDA ITEM 7 - Integrated Assuranc Quality Dashboard - Dec 16 V1.0.xlsx

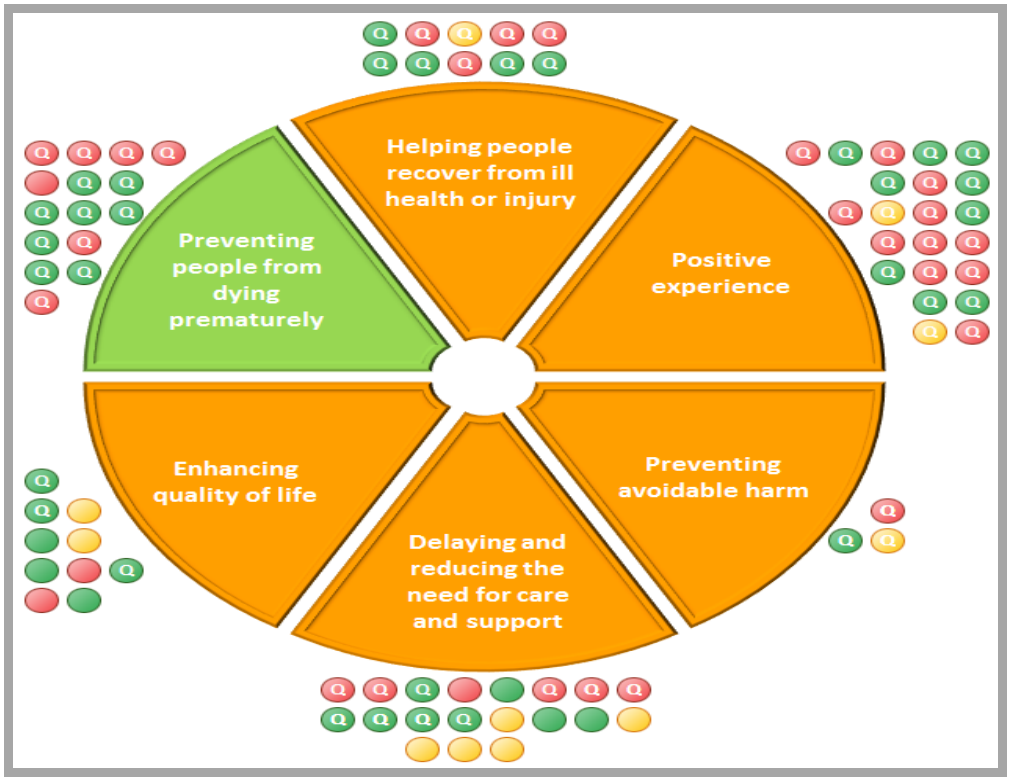
Integrated Assurance & Quality Report

Introduction

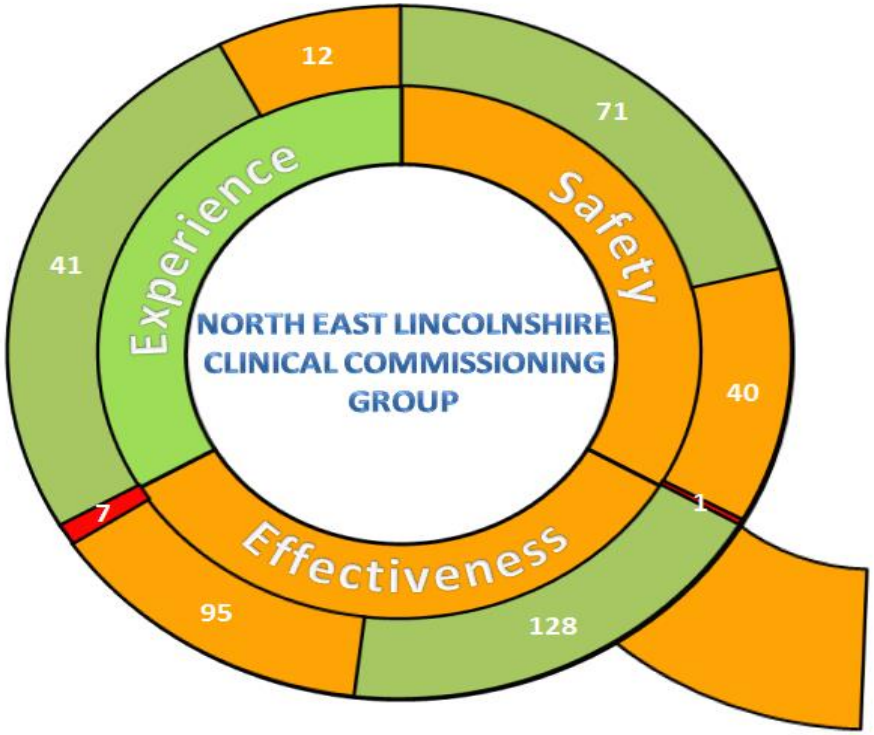
The dashboards below represent an overview of performance and quality for health and social care services across North East Lincolnshire.

The performance dashboard consists of six domains and the quality dashboard three domains that incorporate all areas that North East Lincolnshire Clinical Commissioning Group strive to improve on. A judgement has been made of the status for each domain based on the measures and intelligence underpinning them. These judgements try to balance the current position with the expected outcome at the end of the year and weightings with respect to priority. They also represent the local perspective of performance and quality for North East Lincolnshire rather than the performance against the national definition which, on occasion, covers a broader footprint. It should be noted that those issues that have an impact on the CCGs corporate performance assessment will continue to be scrutinised at the Delivery Assurance Committee. The dashboards reflect performance for the first four months of 2016-17. The Delivery Assurance Committee and Quality Committee, respectively, are asked to make a decision on the final status of the dashboards before reporting to the CCG Partnership Board. Full exception report summaries are also included for Performance (appendix A) detailing performance of indicators that are underperforming, Provider-level Quality Dashboards (appendix C), risk (appendix B) detailing risks rated as 16 or higher and NELCCG 2017-19 Planning Targets (appendix D).

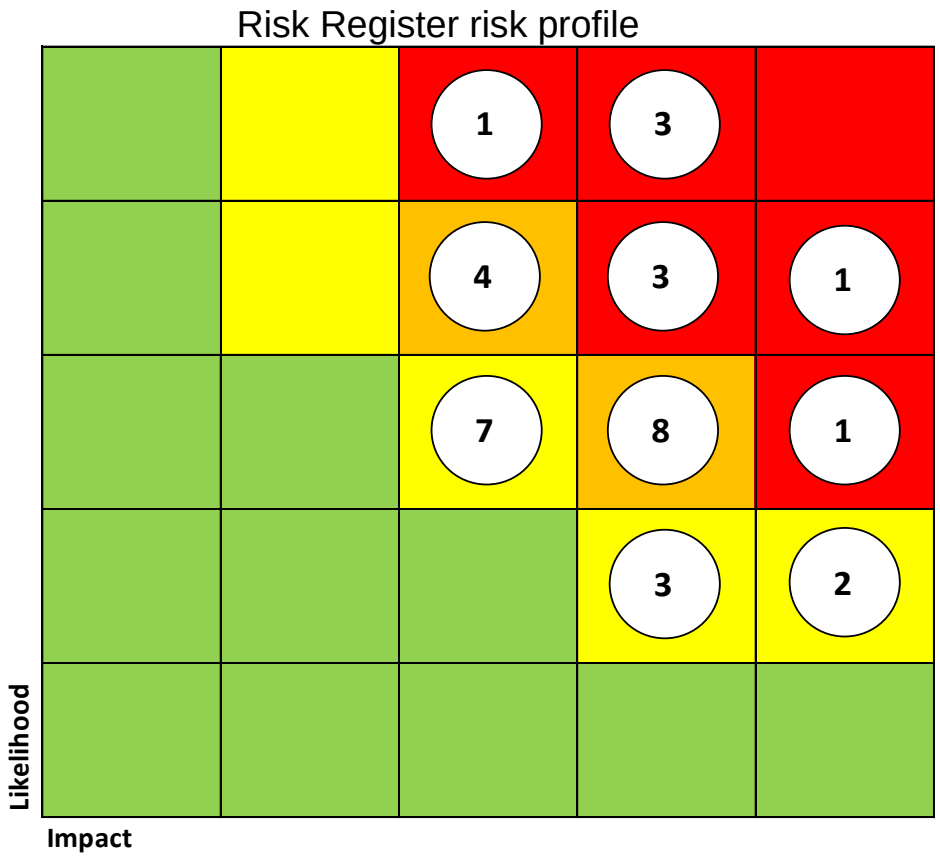
Performance

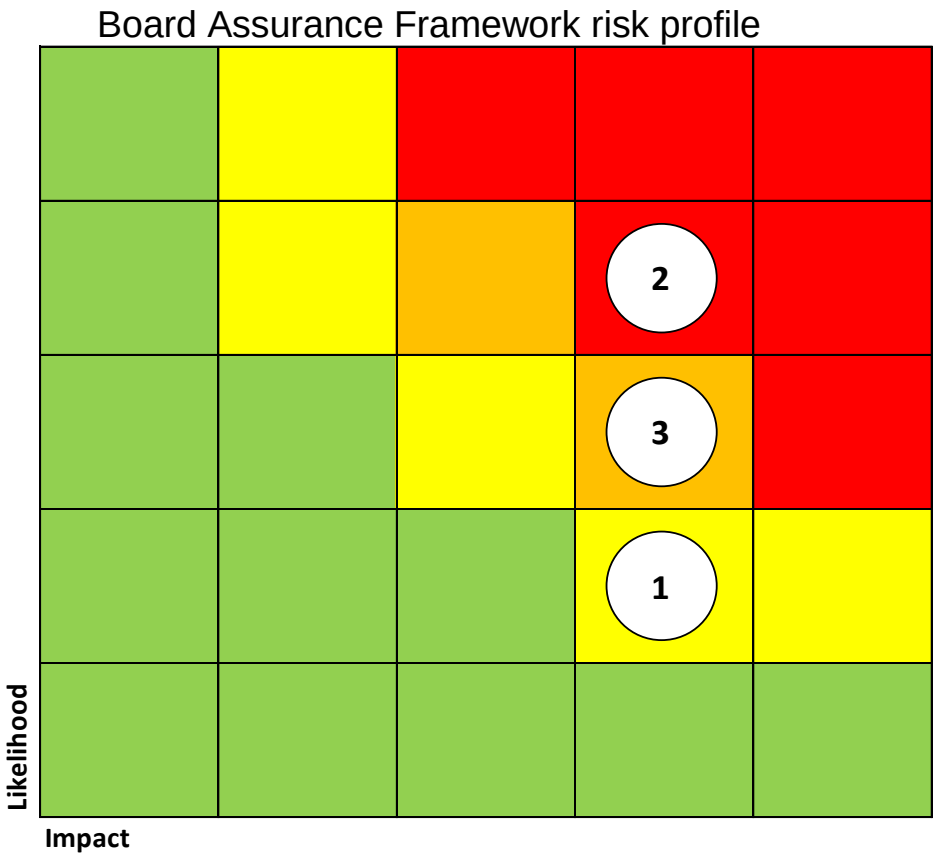


Quality



The risk heat maps are separated in to a CCG risk register and the CCGs Board Assurance Framework risks. These heat maps demonstrate the number of risks with a specific risk score. The risk summaries reflect the risk status as at 14th February 2017.





Performance Escalation

Referral to Treatment Times (RTT)

This measure was raised as an exception in the previous NELCCG Partnership Board Integrated Assurance and Quality Report, below is an update on the performance, issues and actions taken;

Performance

The latest performance (January 2017) position for incomplete pathway is 80.15% against the national standard of 92%; this is an improvement on the December's performance of 78.8%. There has been a marked improvement in Ophthalmology with January performance now 74% versus 66.2% in December and the numbers waiting over 18weeks has dropping from 802 to 536.

In terms of 52 week breaches we have had three since December and they are as follows;

December breaches

- NLaG breach was as a result of an incorrect clock stop in Trust admin system. Patient has since been treated and no harm caused.
- Sheffield breach was as a result of a Patient Admin System issue whereby an appointment was created but a letter not printed from the system. STH have reported as a Serious Incident. Patient was appointed for 7/2.

January breaches

- NLaG breach relates to colorectal surgery but yet to receive detail from the trust.

Issues

The current hospital pressures are impacting on the delivery of this target and the specialties where there is particular concern are Cardiology, Dermatology, ENT, Ophthalmology and General Surgery.

The trust has had major issues with patient record validation and this coupled with the capacity issues means it is likely that we can expect more 52 week breaches.

NLaG have indicated that it will be September 2018 before they achieve the national standard and as such our recovery trajectory is set to reflect this information.

Actions

The NHS Intensive Support Team (IST) are providing support to NLaG and in October 2016 a full diagnostic review took place against their recommended standards and an Action Plan was developed to respond to critical areas of work required to support recovery. NLaG's Director of Performance and designated RT lead is overseeing the recovery plan with support/input from NHSE/NHSI and NHS IST and Commissioners attend these weekly meetings to monitor progress. A Commissioner/Provider Steering Group has been established and is meeting monthly with updates from NLaG on a weekly basis.

The CCG has obtained additional funding (£2m) across North & North East Lincolnshire from NHSE to secure additional capacity within the Independent Sector and other NHS providers. This money is to be spent in year and we now have additional capacity in place for;

- Diagnostics (insourced)
- Ophthalmology (insourced)**
- Pain Management (insourced)
- General Surgery (outsourced)
- Orthopaedics (outsourced)

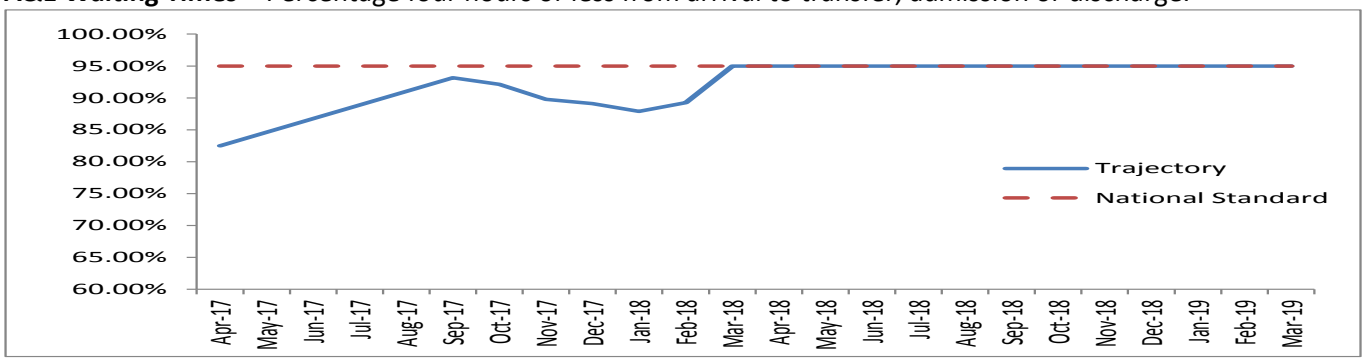
An external provider has been commissioned to validate the 36,000 patient records and provide staff training and NLaG are working with the CCG to outsource activity for patients that have waited in excess of 18 weeks with plans in place for increased activity in Ophthalmology, Diagnostics, pain management, orthopaedics and general surgery.

NELCCG 2017-19 Planning Targets and Recovery Trajectories

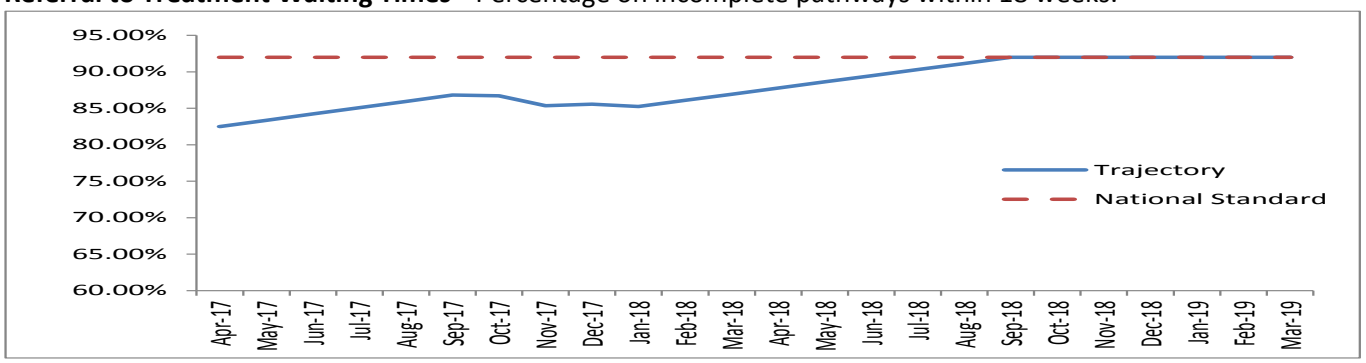
North East Lincolnshire CCG (NELCCG) are required to set planning targets for 2017-19 for CCG Monthly Activity and Other requirements for measures from the NHS constitution and the CCG Improvement and Assessment Framework. Appendix D shows our targets for 2017-19.

A number of measures are not achieving the national standard; a recovery trajectory has been set for those below;

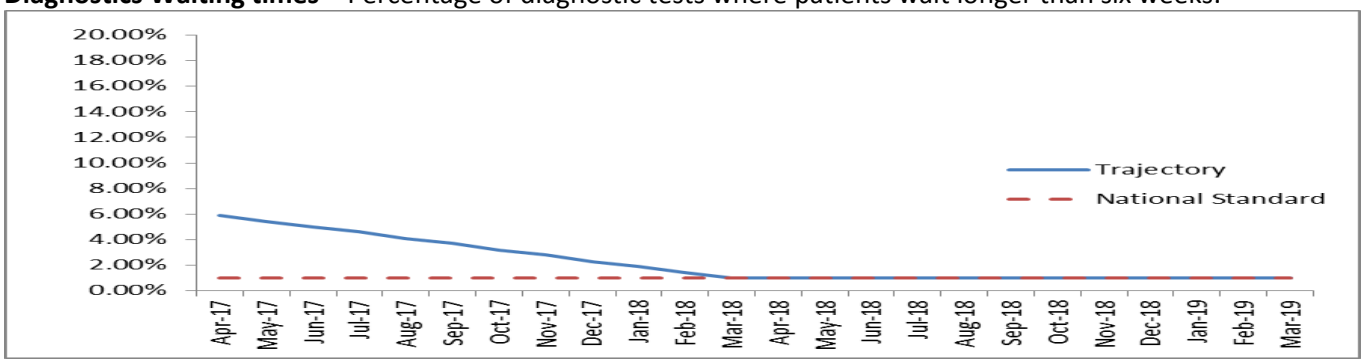
A&E Waiting Times – Percentage four hours or less from arrival to transfer, admission or discharge.



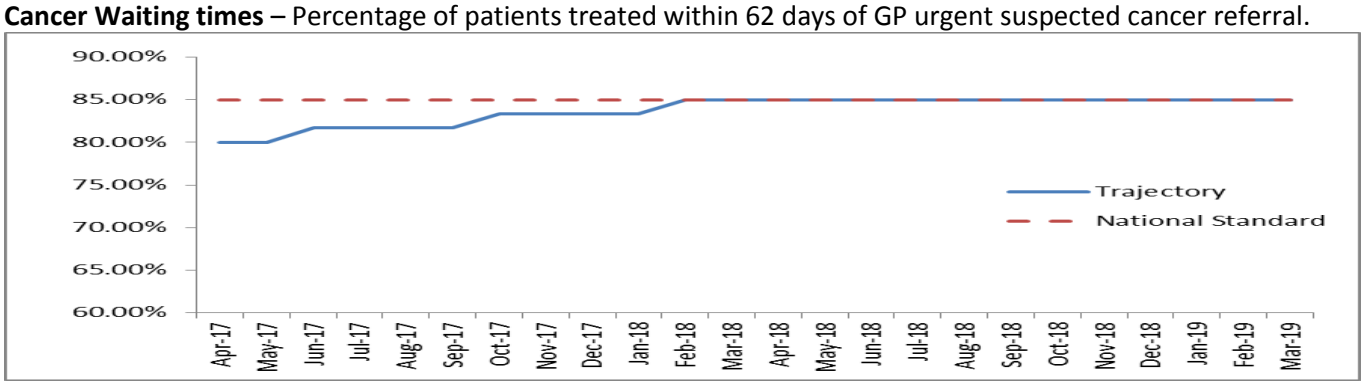
Referral to Treatment Waiting Times - Percentage on incomplete pathways within 18 weeks.



Diagnostics Waiting times – Percentage of diagnostic tests where patients wait longer than six weeks.



Cancer Waiting times – Percentage of patients treated within 62 days of GP urgent suspected cancer referral.



Quality Escalation

The purpose of this report is to highlight the exceptions in Quality and to escalate items from the Quality Committee to the Board.

1. **Service Provider: Northern Lincolnshire and Goole NHS Trust**

Northern Lincolnshire and Goole NHS Trust were re-inspected on the Scunthorpe and Grimsby sites during November and December 2016. The CQC report is expected to be published by the end of March 2017. This will be discussed further in Part B.

Safety

1.1 The medical vacancy position in the Trust continues to rise, in December 2016 the Trust reported medical vacancies at 21.96% against a tolerance of <12%. The number of vacancies for Consultant and training grade doctors has increased (136.80 WTE against an establishment of 622.84 WTE). The Trust has also reported an increasing trend in the use of agency staff for medical staff, the Trust used 124.95 wte medical agency staff in December 16 against a tolerance of <70wte. This represents a continuing risk to the Trust in terms of financial stability.

1.2 The Trust reported one new never event in January 17, this incident affected a NELCCG patient and related to wrong implant/prosthesis. This incident is currently being processed by the Patient Safety Team as part of the Collaborative NL&G SI Meeting.

1.3 The Trust has reported a significant increase in SI's in January 17, 27 SI's were reported in January of which 10 related to 12 hour trolley wait breaches. These breaches were the result of high number of attendances in A&E, high level of acuity of those attending A&E and significant bed pressures across the Trust (purple alert reported several times during the Christmas period and in to the New Year).

Effectiveness & Experience

1.4 The concerns identified by Commissioners as part of the MSA site visits undertaken in June 16 remain. Commissioners have confirmed with the Trust that the main issues relate to inconsistencies with the interface between the Critical Care guidance, High Observation Bed (HOB) unit Policy and the MSA Policy. The MSA policy cannot be progressed further until the purpose of the HOB unit, including critical care level and pricing structure and has been clarified. This has been raised at the NL&G Quality Review Committee in February 17 for update and further action, if these concerns remain unresolved this item will be escalated to the NL&G Executive Contract Board for action.

2. **Service Provider: East Midlands Ambulance Service**

The CQC were due to complete a follow-up visit between the 21st and 23rd of February, covering all areas with the exception of Patient Transport Services (PTS).

Safety

2.1 Pre-clinical handover delays continue to cause additional pressures on operational teams, total hours lost in January 17 (pre-clinical handovers) at SGH 412 hours 28 minutes and DPoW 372 hours 12 minutes. NL&G has confirmed that the A&E handover nurse roles, which are in place at each site, have not changed or been removed. NL&G has attributed the recent decline in performance to the significant bed pressures/patient flow issues reported by NL&G during the winter months.

2.2 Progress on the CQC Action Plan: The workforce plan is on target to deliver the whole time equivalent (WTE) of 2,193 with recruitment continuing for all clinical groups – paramedics and technicians. There has been a national agreement that current paramedics will move from a Band 5 to a Band 6 once they have completed the Agenda for Change (AfC) job matching process. A separate agreement is in place for newly qualified paramedics. Improvements have been made in relation to the completion of both appraisals and mandatory training levels, with trajectories in place at a divisional level.

3. Service Provider: HMT St Hugh's Hospital

Safety

3.1 St Hugh's have made good progress with their internal governance and quality reporting processes, both commissioners and St Hugh's recognise that further developments in reporting will attain significant improvement in the review and management of Quality in the organisation. HMT St Hugh's has recruited to two new roles and now has an additional member to the Quality Team and a Pre-assessment Nurse in post. Commissioners continue to scrutinise the governance and quality reporting processes through Contractual Meetings. The Quality Team continue to support the Provider in developing their local processes.

4. Service Provider: Yarborough Clee District Nursing

The CQC are currently inspecting this service.

Safety

4.1 The Provider has declared that they are unable to provide a safe service currently due to unsafe staffing levels. Commissioners are working closely with the Provider to implement short term and long term solutions.

5. Service Provider: General Practice

NELCCG commissioners and Quality representatives have been working closely with Dr Babu's practice assisting with the development of a Quality Improvement Plan and the practices completion of this. Planning is underway for next year's General Practice Quality Incentive Scheme.

6. Service Provider: Hull and East Yorkshire NHS Hospitals Trust

The Trust was re-inspected by the CQC June-July 2016. The CQC report was published on the 15th of February 2017 with an overall outcome of Requires Improvement.

Are services at this trust safe? Requires improvement

Are services at this trust effective? Requires improvement

Are services at this trust caring? Good

Are services at this trust responsive? Requires improvement

Are services at this trust well-led? Requires improvement

The key concerns identified by the CQC included; A&E 4 hour waiting time performance; Ophthalmology waiting times; Safeguarding children (investigation processes and organisational learning); Risk assessments for falls and for children with mental health concerns; Learning from never events; Staff understanding of when to escalate a deteriorating patient using the trust's National early warning score (NEWS) and Modified Early Obstetric Warning Score (MEOWS) escalation procedures; Compliance with national guidelines of 1:28 midwifery staffing ratio; Staffing on surgical and medical wards (concerns identified re monitoring deteriorating patients); Medical records storage; Governance processes in outpatient services; Critical care risk register; Compliance with surgical checklists; Capacity within antenatal consultant clinics and Record management.

7. Service Provider: North East Lincolnshire Clinical Commissioning Group

Effectiveness

7.1 Service Leads have been asked to complete an evidence informed commissioning baseline survey to enable the Northern Lincolnshire Research and Development Group:

- To establish locally what understanding NHS commissioners have of using and applying good evidence and research in the decision making process.
- To recognise any gaps in sourcing and appraising evidence
- To identify any training needs in sourcing and applying good evidence and research.

Analysis and response to the completed surveys will contribute to meeting the ambition set out by NHS England that by 2020/21 NHS commissioners will routinely consult the evidence, this includes using research

evidence where it exists to identifying evidence gaps and to ensure commissioning decisions are under pinned by the use of good evidence (source: www.england.nhs.uk).

Items for Escalation from the Quality Committee

Members of the NELCCG Quality Committee, which took place on 09/02/2017, identified seven items for escalation to the Board, these items are summarised below:

1. East Midlands Ambulance Service – This will be discussed further in Part B.

2. Increase in Incident Reporting to NELCCG Incident Application. The past year, 1st of Jan 2016 to 31st of December 2016, has seen a 135% increase in the number of incidents reported to the CCG. This increase coincides with the implementation of the Electronic Incident Application and the focused work to improve the Safety Culture in Primary Care. The Quality Team have promoted incident reporting to Practice Managers and General Practice through presentations at established meetings, electronic bulletin communications and the Quarterly Incident Reports produced by the Team. Project work on improving safety culture has been incentivised through the General Practice Quality Incentive Scheme which is still on-going and due for completion at the end of the financial year.

3. Multi-stakeholder Serious Incident Declared – NELCCG Nursing Lead for Quality appointed Lead Investigator – This will be discussed further in Part B.

4. Bradley Woodlands and Bradley Apartments – This will be discussed further in Part B.

5. Mortality Strategy developments. Progress on the strategy is positive. A shared draft strategy has been developed between NL&G and the CCG. The intention of the strategy is to focus on two key areas of work; continuing the case note reviews and targeted work through the eight focused work streams.

6. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) Risk to Service Delivery. There had been success in gaining extra funding for Best Interest Assessors; however some of the posts were now on hold due to cost pressures. Receiving 70-80 requests per month for authorisation and in the new financial year if capacity issues are not addressed will only able to assess four rota cases per week thus creating a further increase in the backlog. This had been noted on the Risk Register and taken to the Council of Members. Council budget-setting aware of huge risks and financial implications of this work.

7. Community Cardiology Project Patient Story. The Quality Committee received a positive patient journey account from a service user's experience of using the Community Cardiology Service. So what now? – To ensure experience, safety and clinical effectiveness measures are attained by the service to enable evaluation of the pilot.

A Community Cardiology Patient's J

Appendix A - Performance Exception Summary

Code	Indicator	Quality Measure?	Latest period				2016/17 year to date			Year End Forecast
			Period	Target	Value	Status	Target	Value	Status	
Positive experience										
DAC1000	Total time in A&E: four hours or less	Yes	January 2017	95%	80.12%		95%	88.76%		
DAC1020	Cancelled Operations offered binding date within 28 days	Yes	Q2 2016/17	0%	5.49%		0%	3.85%		
DAC1065	Friends & Family - Ambulance - % Who would recommend 'SAT' service	Yes	November 2016	93.14%	69.23%		94.01%	79.45%		
DAC1075	Friends & Family - Ambulance Response (SAT)	Yes	November 2016	0.1%	0.09%		0.08%	0.06%		
DAC1080	Friends & Family - AAE % Who would recommend service	Yes	November 2016	86.11%	79.79%		86%	82.05%		
DAC1090	Friends & Family - AAE Response (NLAG)	Yes	November 2016	12.71%	6.85%		13%	7.73%		
DAC1110	Friends & Family - Inpatient Response (NLAG)	Yes	November 2016	25.35%	15.74%		25.34%	18.14%		
DAC1120	Friends & Family - Outpatient - % Who would recommend service	Yes	November 2016	93.08%	80.43%		92.82%	81.31%		
DAC1130	Friends & Family - Outpatient Response	Yes	November 2016	6.72%	0.14%		6.54%	0.28%		
DAC1150	Friends & Family - Community Response (CPG)	Yes	November 2016	3.85%	1.1%		3.68%	0.73%		
DAC1180	Friends & Family - Maternity - Combined % Who would recommend	Yes	November 2016	95.27%	94.34%		95.44%	95.09%		
DAC1190	Friends & Family - Maternity Response (NLAG) Birth	Yes	November 2016	23.31%	10.98%		23.32%	14.24%		
Preventing avoidable harm										
DAC2000	MRSA Blood Stream Infections	Yes	January 2017	0	1		0	1		
Delaying and reducing the need for care and support										
DAC3000	Increasing the availability of community based preventative support	Yes	Q3 2016/17	13.50%	8.61%		13.50%	11.22%		
DAC3050	Delayed transfers of care from hospital per 100,000 population	Yes	December 2016	6.61	5.58		6.61	7.08		
DAC3060	Delayed transfers of care from hospital which are	Yes	December	1.96	1.59		1.96	2.13		

Code	Indicator	Quality Measure?	Latest period				2016/17 year to date			Year End Forecast
			Period	Target	Value	Status	Target	Value	Status	
	attributable to adult social care per 100,000 population		2016							
DAC3070	Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).	Yes	December 2016	218.53	202.39		1966.77	2092.43		
DAC3130	The proportion of older people aged 65 and over offered reablement services following discharge from hospital.	No	March 2016	1.35%	1.30%		No data available for 2016-17			
DAC3210	All first outpatient attendances in all specialties	No	December 2016	3694	3612		33248	34229		
DAC3230	All subsequent outpatient attendances in all specialties	No	December 2016	7528	7141		67753	71018		
DAC3240	A&E Attendances (NEL Patients)	No	December 2016	4657	4504		41918	43736		
DAC3270	Total referrals in general and acute specialties	No	December 2016	4185	3914		37661	38890		
Enhancing quality of life										
DAC4110	Total admissions - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	No	December 2016	9	9		66	71		
Preventing people from dying prematurely										
DAC5000	Category A (RED1) calls meeting eight minute standard (EMAS)	Yes	December 2016	75.00%	66.31%		75.00%	68.68%		
DAC5010	Category A (RED2) calls meeting eight minute standard (EMAS)	Yes	December 2016	75.00%	51.36%		75.00%	56.93%		
DAC5020	Category A calls meeting 19 minute standard (EMAS)	Yes	December 2016	95%	80.03%		95%	84.38%		
DAC5030	Category A calls meeting 19 minute standard (NELCCG)	Yes	December 2016	95%	86.97%		95%	88.73%		
DAC5040	Ambulance 30 minute average turnaround time target - DPOW	No	December 2016	30 mins	36.14 mins		30 mins	34.63 mins		
DAC5110	Cancer 62 Days Referral to Treatment (GP Referral)	Yes	December 2016	85%	69.77%		85%	79.95%		
DAC5150	Summary Hospital Mortality Index (SHMI) - NLAG	Yes	June 2016	100	110.48		100	110.48		
Helping people recover from ill health or injury										
DAC6010	Total Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	Yes	December 2016	30	30		64	78		

Code	Indicator	Quality Measure?	Latest period				2016/17 year to date			Year End Forecast
			Period	Target	Value	Status	Target	Value	Status	
DAC6030	% of Patients waiting <6 wks for diagnostic test	Yes	December 2016	99%	95.39%		99%	97.68%		
DAC6060	RTT - Incomplete Patients: % Seen Within 18 Weeks	Yes	December 2016	92%	78.78%		92%	83.76%		
DAC6070	RTT – No. waiting on incomplete pathway 52+ wks	Yes	December 2016	0	2		0	3		

Appendix B – Provider-level Quality Dashboards

Appendix C – Risk Exception Summary

The table below reflects risks rated as 15+ (high to significant) on the risk register as at 14 February 2017

Code & Title	Risk Lead	Internal Controls	Current Residual Risk Rating	Latest Note
CCG-RR.2004 Failure to achieve Accident and Emergency 4 hour targets	Andy Ombler	CCG-RR.2004b Action Plans CCG-RR.2004c A&E Delivery Board	20	**Andy Ombler reviewed the risk 09/02/2017** **No changes since previous update on 18/01/2017** Performance remains poor at DPoW and SGH. In advance of receiving Dec data it is clear both sites struggled over the Christmas and New Year period. The A&E Delivery Board continues to focus on mandated best practice initiatives and concern has now been raised at the NLaG Contract Board in order to establish an action plan on recovery. As part of the review of performance since November, the A&E Delivery Board in January will establish a revised approach to monitoring and oversight.
CCG-RR.2005 RTT Performance	Pauline Bamgbala	CCG-RR.2005a Commissioning Action Plan CCG-RR.2006b Updates go to Service Lead meetings CoM and System Resilience Group CCG-RR.2005c Clinically led collaborative meeting with providers CCG-RR.2005d Financial Penalties	20	**Pauline Bamgbala updated the risk 02/02/2017** This is risk has been updated & 52+ week wait risk (CCG-RR.2006) amalgamated with the 18 week RTT performance risk and that the combined risk will be known as the RTT performance risk. **18 week RTT** RTT incomplete performance has deteriorated further with performance being 76.3% for December. There has been an additional 101 patients added to the list since November 16. There has been a slight reduction in OP waiters, IP waiters have increased and Diagnostics have increased mainly in Endoscopy and Colonoscopy. NLaG aim to have a recovery trajectory in place by April 2017. This will be based on a joint set of actions that incorporates both the Trust actions and the CCGs demand management plan. Progress on data validation: 3 potential suppliers and expected quick turnaround with a view to having external validators in place by February. Alternative providers: NLaG to contract with Medinet (diagnostics), Pain Management Solutions, ICOM (ophthalmology). CCG reps looking at other potential providers. **52+ week wait** The first RTT action plan meeting has taken place. At this meeting NLaG tabled a presentation which highlighted a further 12,000 patients are somewhere in the system (this was raised at the exec board). Performance continues to deteriorate and we are still awaiting confirmation that the external review of patient records is underway. We have also been advised to expect a rise in the number of patients waiting more than 52 weeks. The first was recorded in November data. NHSE

Code & Title	Risk Lead	Internal Controls	Current Residual Risk Rating	Latest Note
				requested from NLaG an action plan to cover both the breach and poor performance for 3 consecutive months in diagnostics.
CCG-RR.4004 The new DoLS requirements are unable to cope with the increasing number of requests for authorisation	Bruce Bradshaw	CCG-RR.4004a Monitoring of activity at DAC and Safeguarding Board CCG-RR.4004b Strategic Mental Capacity Group	20	**Bruce Bradshaw updated the risk 13/02/17** The risk should continue to remain at the present level. This is due to the need to consider Deprivations in non-standard settings, the availability of assessors for routine DoLS and the continued financial pressures.
CCG-RR.4017 (previously CCG-BAF.4007e) Establishment of the Accountable Care Partnership in North East Lincolnshire	Julie Wilson	CCG-RR.4017a ACP Shadow Board CCG-RR.4017b ACP Workplan in place CCG-RR.4017c Programme Manager appointed	20	**Julie Wilson reviewed the risk 09/02/2017** No changes to this risk at this time Following a review meeting with Chief Finance Officer on 22 December 2016 the risk was reassigned to Julie Wilson and moved to risk register as felt this is more operational. The risk is linked to Strategic risk 4017
CCG-RR.2010 Infection Prevention and Control	Lydia Golby	CCG-RR.2010a Quality Committee CCG-RR.2010b Quality Team Meeting	16	**Lydia Golby reviewed and updated the risk 09/02/2017** Risk remains the same at this time. Strategy document in development and in draft format. **New risk added 09/12/2016** Lydia Golby advised that a gap analysis has been completed and actions identified. A key action is to formulate the CCG infection prevention and control strategy. SMART goal assigned to Lead for developing the strategy. A draft is to be ready in 3 month's time. A fully ratified strategy is to be in place and active within 6 months. The gap analysis has identified a number of actions which will be included in the strategy which are already in progress for delivery prior to the completion of the draft strategy. These actions will be monitored through the gap analysis action plan document which will be monitored by the Quality Committee and Quality Team meetings.
CCG-RR.3003 Adult ADHD Pathway breakdown	Leigh Holton	CCG-RR.3003a Council of Members (CoM) CCG-RR.3003b PALs monitoring logs	16	**Leigh Holton reviewed the risk 09/02/2017** No changes were necessary. These risk has remained static since June 2016
CCG-RR.4008 Cash flow and management of one Domiciliary Care Provider (LQCS)	Brett Brown	CCG-RR.4008a On-going close monitoring of situation CCG-RR.4008b Actions from LQCS	16	**Brett Brown reviewed & updated the risk 10/02/2017** The redefining of the areas seems to have had a positive on LQCS. Monitoring suggests they are making progress in addressing the areas that the NOI identified around the infrastructure such as staff reviews, care plan updating etc. The TUPE staff are due to transfer on the 27th February. All staff and service users have been met by Hales group, no concerns received. However, the issues previously detailed remain and will continue to be reviewed.

Code & Title	Risk Lead	Internal Controls	Current Residual Risk Rating	Latest Note
CCG-RR.1005 Failure to deliver 300 Extra Care Housing flats by the end of 2018	Rachel Brunton	CCG-RR.1005a Delivery vehicle in place CCG-RR.1005b Extra Care Housing Steering Group	15	**Rachel Brunton reviewed and updated the risk 09/02/2017** Discussions are continuing with NELC re possible financing options to facilitate the next scheme to lower rents to affordable level and reduce risk associated with Housing benefit changes. ECH partner is in discussions with NELC regarding purchase of Land.
CCG-RR.4016 (previously CCG-BAF.4007d) Sustainability Transformation Plan	Helen Kenyon	CCG-RR.4016a Executive Group CCG-RR.4016b STP Programme Manager CCG-RR.4016c HLHF Programme Director CCG-RR.4016d Clinical group	15	**Helen Kenyon reviewed and updated the risk 08/02/2017** The CCG and other NEL locality reps are working into the other relevant STP priority areas, Mental Health, In hospital, strategic commissioning & enablers. The joint commissioning committee is in the process of being established across the 6 CCGs to create a group that can effectively make the at scale decisions required. Following a review meeting on 22 December 2016 with Chief Finance Officer this risk was moved to risk register as felt this is more operational. The risk is linked to Strategic risk 4017

The table below reflects risks rated as 15+ (high to significant) on the assurance framework as at 14 February 2017

Code & Title	Assigned To	Internal Controls	Current Residual Risk Rating	Latest Note
CCG-BAF.2002 Risks in delivery of key annual performance indicators and standards including constitutional standards	Martin Rabbetts	CCG-BAF.2002a Delivery Assurance Committee (DAC) CCG-BAF.2002b Contract performance management CCG-BAF.2002c Quality Premium target setting and monitoring arrangements CCG-BAF.2002d Local Quality Schemes in primary care CCG-BAF.2002e CCG/Focus joint meeting CCG-BAF.2002f Public Health outcomes	16	**Martin Rabbetts reviewed the risk on 01/02/2017** No change were required at this time These risk has remained static since July 2016
CCG-BAF.3003 Financial challenges	Laura Whitton	CCG-BAF.3003a IG&A Committee CCG-BAF.3003b CCG/LA position monitoring meetings	16	**Laura Whitton reviewed & updated the risk on 13/01/2017** Risk Rating decreased to 16 (I4xL4) due to: - Mitigation actions in year, which reduces the residual risk that the CCG manages in the remainder of 16/17 to achieve its planned financial position. Internal Control BAF-CCG.3003c has also been removed.

Appendix D – NELCCG 2017-19 Planning Targets

Measure	NELCCG March 2018 Target	NELCCG March 2019 Target	NELCCG March 2017 Target	NELCCG 2017 YTD performance	NELCCG 2017 YTD Status	National Standards for 2018 & 2019
Primary Care Extended access (evenings and weekends) at GP services	50%	50%	Not collected in 2017			100% by 2020
A&E Waiting Times – % <4hrs	95%	95%	95%	88.76%		95%
RTT incomplete pathway < 18 weeks	86.94%	92%	92%	83.38%		92%
Diagnostic Test Waiting Times < 6wks	1%	1%	1%	2.65%		1%
Cancer waiting times - All cancer two week wait	93%	93%	93%	96.12%		93%
Cancer waiting times - Two week wait for breast symptoms	93%	93%	93%	97.40%		93%
Cancer waiting times - 31 days 1st treatment	96%	96%	96%	99.13%		96%
Cancer waiting times - 31-day surgery	94%	94%	94%	97.01%		94%
Cancer waiting times - 31-day anti cancer drug regimens	98%	98%	98%	99.62%		98%
Cancer waiting times - 31-day radiotherapy	94%	94%	94%	96.38%		94%
Cancer waiting times - 62 day GP referral for suspected cancer	85%	85%	85%	79.95%		85%
Cancer waiting times - 62-day Screening	90%	90%	90%	100.00%		90%
Cancer waiting times - 62-day upgrade	90%	90%	90%	100.00%		N/A
IAPT Roll-Out	16.80%	19.00%	15.80%	8.53%		16.8% & 19%
Estimated diagnosis rate for people with dementia 65+	66.70%	66.70%	66.70%	72.23%		66.7%
IAPT Recovery Rate	50%	50%	50%	43.66%		50.0%
IAPT Waiting Times - 6 weeks	75%	75%	75%	98.02%		75.0%
IAPT Waiting Times - 18 weeks	95%	95%	95%	100.00%		95.0%
EIP - Percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	50%	53%	50%	91.40%		50% & 53%
Improve access rate to CYPMH	15%	25%	Not collected in 2017			30% & 32%
Percentage of patients receiving first definitive treatment for eating disorders within four weeks from a routine referral	95%	95%	Not collected in 2017			95.0%
Percentage of patients receiving first definitive treatment for eating disorders within one week from an urgent referral	95%	95%	Not collected in 2017			95.0%
Proportion of patients with a Personal Health Budget based on number of patients and demographics	23.62	58.96	Not collected in 2017			N/A
All children requiring a wheelchair will receive one in within 18 weeks from referral	92%	100%	Not collected in 2017			92% by Q4 2017/18 100% by Q4 2018/19
E-referrals Utilisation Coverage	80%	100%	48.02%	30.33%		80% by Q2 2017/18 100% by Q2 2018/19