NHS Rotherham Clinical Commissioning Group: The Delivery Dashboard
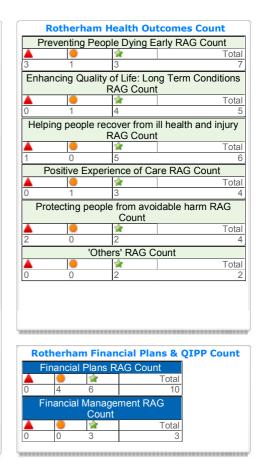
This report resembles the balanced scorecard produced by NHS England Area Team as part of its quarterly assurance process for CCGs

In addition to this report, the Operational Executive will be monitoring the full set of metrics contained in the various NHS related Outcomes Frameworks, and if there are any issues of concern they will be escalated to the Governing Body.

RCCG Quality Premiums Count

National Priorities RAG Summary

▲	●	★	Total
2	2	14	18

Local Priorities RAG Summary

▲	●	★	Total
0	0	3	3

Rotherham - Quality Care Count

Quality RFT RAG Count

▲	●	★	Total
3	0	7	10

Quality RDASH RAG Count

▲	●	★	Total
1	0	9	10

RCCG Clinical Governance RAG Count

▲	●	★	Total
0	0	1	1

Risks assessed and identified RAG Count

▲	●	★	Total
0	0	4	4

EPRR RAG Count

▲	●	★	Total
0	0	1	1

Winterbourne View RAG Count

▲	●	★	Total
0	0	1	1

Rotherham NHS Constitution & Pledges Count

Referral To Treatment RAG Count

▲	●	★	Total
1	0	3	4

Diagnostics RAG Count

▲	●	★	Total
1	0	0	1

A&E RAG Count

▲	●	★	Total
0	1	0	1

Cancer 2ww RAG Count

▲	●	★	Total
0	0	2	2

Cancer 31 Days RAG Count

▲	●	★	Total
0	1	3	4

Cancer 62 Days RAG Count

▲	●	★	Total
0	0	3	3

Ambulance RAG Count

▲	●	★	Total
4	0	2	6

Mixed Sex Accomodation RAG Count

▲	●	★	Total
0	0	1	1

Cancelled Operations RAG Count

▲	●	★	Total
0	0	1	1

Mental Health Care Programme Approach RAG Count

▲	●	★	Total
0	0	1	1

Rotherham Health Outcomes Count

Preventing People Dying Early RAG Count

▲	●	★	Total
3	1	3	7

Enhancing Quality of Life: Long Term Conditions RAG Count

▲	●	★	Total
0	1	4	5

Helping people recover from ill health and injury RAG Count

▲	●	★	Total
1	0	5	6

Positive Experience of Care RAG Count

▲	●	★	Total
0	1	3	4

Protecting people from avoidable harm RAG Count

▲	●	★	Total
2	0	2	4

'Others' RAG Count

▲	●	★	Total
0	0	2	2

Rotherham Financial Plans & QIPP Count

Financial Plans RAG Count

▲	●	★	Total
0	4	6	10

Financial Management RAG Count

▲	●	★	Total
0	0	3	3

Your life, Your health

Key Performance Issues

At the last Governing Body members asked for more details on a number of current performance concerns.

This report has some high level bullets on actions being taken about A&E performance and Delayed Transfers of Care.

Recommendation for AQUA deep dives

It is suggested that over the next few meetings the Audit and Quality Assurance Ctte deep dives on all of the 6 areas of current concern listed below and the Governing Body is asked to set a timetable for this. It is also noted that the multi-agency management of the first 5 of the 6 performance concerns in the list below are managed through the System Resilience Group and lay members are encouraged to attend an SRG meeting if possible to get obtain a multiagency perspective. It is also the case that keeping non elective and elective performance within affordable limits is a central part of the CCG's commissioning plan discussed earlier on the agenda. Six areas of particular concern are:

- ·   A&E
- ·   Delayed transfer of care
- ·   Non elective over- performance
- ·   Elective over -performance
- ·   YAS performance
- ·   C Difficile

There is a new issue in that Rotherham NHS Foundation Trust has identified a patient in breach of **52 week wait**

On discovery, the Trust has been in extensive communication with the patient, who is not clinically compromised. The patient has been in for pre-assessment and is booked in for surgery on 4th Feb by which time the patient will have been waiting for 65 weeks. A number of dates were provided and this date was at the patients' request. On finding the breach, the Trust have reviewed their current practices and identified a number of immediate changes to avoid a repeat, and these have been actioned. The investigation has also led to an action to validate a number of pathways to ensure that there are no further patients with similar waits. Whilst the Trust is reasonably confident that this is the case, they will not be able to provide full assurance until the validation exercise is complete, which will take approximately 4 to 6 weeks. As further assurance on the steps being taken, the Trust has engaged the services of the NHS national Intensive Support Team (for Elective Care) who have met with Trust Senior Executives, as well as NHS England, who are offering to provide additional validators from the current national programme. We will be in a position to provide a further update following the validation exercise, towards the end of February 2015.

Percentage of A&E patients seen within 4 hours

- Current year to date performance is 93.5%. This makes it unlikely that the CCG will meet the 14/15 target and this will be the first time that Rotherham has ever not met this target. TRFT's benchmarking position is approximately midway of acute trusts in the North of England and is better than 2 of the other 3 Foundation Trusts in South Yorkshire.

- A series of extraordinary meetings have been held throughout November, December and January to review performance and develop actions plans for recovery.

- 5 key priority areas have been identified for action - admission prevention, safer discharge, tackling long lengths of stay, 7 day working and communication.

- Delayed transfers of care are being closely monitored and executive level meetings between TRFT and RMBC are taking place to address the issues

- TRFT has put in place a robust crisis management plan and are focussed on 19 areas with dedicated senior management sponsorship to each. An internal command and control mechanism is in place.

- TRFT has assured the CCG its 3 month and 12-24 month plans for improving A&E performance are aligned to the community transformation, emergency centre and 7 day working programmes

Delayed Transfers of Care

- ·   Rotherham is a marked outlier on Delayed Transfers of Care (DTOC). The December position is 275.3 days delayed per 100000 population against a target of 119.9 days. Current performance is 2605.7 delays against a target of 1221.5. This is an increasingly important performance indicator, as it is a Better Care Fund Metric and is expected to be a CCG quality premium for 15/16.

- ·   Multiagency Performance Meetings were held in December for both acute and mental health delayed transfers of care.

- ·   *Acute pathways delayed transfers of care*

- ·   The CCG is currently developing 3 integrated supported discharge care pathways which should reduce length of stay in hospital for patients with complex care needs

Key Performance Issues

·   The CCG has used Winter Pressure funding to recruit social workers who will support hospital discharge care pathways
·   Rotherham FT has introduced daily MDT meetings on medical wards to identify patients who will require social care on discharge and initiate assessments
·   As part of its Community Transformation Programme Rotherham CCG is developing an Integrated Rapid Response service which should reduce delayed transfers of care
·   The IRR service is delivered by a multi-disciplinary team that includes social workers, therapists and community nurses
·   Site coordination teams will be able to identify patients where is a potential delayed discharge
·   CCG GPs have participated in 3 ward rounds per week at TRFT during January to give further advice on patients who have prolonged lengths of stay

·   ***Mental health Delayed transfers of care***

·   RDASH and RMBC performance staff have met to agree standard definitions for delayed transfers of care
·   RDASH clinical staff will meet with RMBC officers responsible for Deprivation of Liberty Assessments to reduce the number of DTOCs due to these assessments
·   A performance meeting on 30 January will review actions to date, look at individual case studies and see if there are commissioning options, such as discharge to assess beds for mental health patients.

Yorkshire Ambulance Service (YAS) Category 'A' calls

Yorkshire Ambulance service has seen a slight deterioration in performance for December. Rotherham's Category A Red 1 performance against the 75% target was 64%, whereas Yorkshire & Humber currently stand at 69.6%. The Category A Red 2 performance for Rotherham in December, against the 75% target was 64.9%, whereas Yorkshire & Humber currently stand at 69.8%.

Incidence of Clostridium Difficile

Latest provisional performance as of 27th January shows there have been 5 cases of C.Difficile against a target of 5 cases for the month. This takes the latest YTD performance to 60 cases against a end of year target of 66 cases. 4 of these cases were at TRFT and the remaining 1 at Sheffield Teaching Hospital. The final January position will be available in middle February. TRFT latest position is 24 cases against an end of year target of 22, so they have now exceeded their plan.

Rotherham CCG Priorites 2014/15

Quality Premium: Rotherham CCG National Priorities							
Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Peri...	Period Date	Further Infomation
Potential Years of Life Lost (PYLL) from causes considered amendable to healthcare, per 100,000	2,474	2,490	🟠	2,490	🟠	2013	Target based on 2014/15 planned trajectory
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	305.80	284.30	⭐	284.30	⭐	Qtr 1 2014/15	Target is based on 2013/14 outturn.
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	937	888	⭐	888	⭐	Qtr 1 2014/15	Target is based on 2013/14 RCCG outturn
Emergency admissions for acute conditions that should not usually require hospital admission	1,495	1,400	⭐	1,400	⭐	Qtr 1 2014/15	Target is based on 2013/14 RCCG outturn
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	480.80	461.80	⭐	461.80	⭐	Qtr 1 2014/15	Target is based on 2013/14 RCCG Outturn
% Admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	90.00 %	92.87 %	⭐	92.89 %	⭐	December 2014	Target has been met every month in 2014/15
% Non-admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	95.00 %	98.36 %	⭐	98.55 %	⭐	December 2014	Target has been met every month in 2014/15
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.00 %	95.15 %	⭐	95.03 %	⭐	December 2014	Target has been met every month in 2014/15
Friends & Family Test: Are providers meeting 15% response rate	15.00 %	24.41 %	⭐	27.98 %	⭐	November 2014	YTD position shows an average over the year
Friends &Family Test - % of patients recommending their hospital: A&E (Qtr)	86.46 %	88.35 %	⭐	90.23 %	⭐	Qtr 2 2014/15	
Friends & Family Test - % of patients recommending their hospital:Acute Inpatient (Qtr)	94.16 %	91.74 %	🟠	92.84 %	🟠	Qtr 2 2014/15	
% 4 hour A&E waiting times - seen within 4 hours (CCG)	95.00 %	93.40 %	🟠	94.30 %	🟠	W/e 11th January 2015	
Cancer - % Patients seen within 2wks referred urgently by a GP	93.00 %	93.63 %	⭐	94.70 %	⭐	November 2014	
CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	69.58 %	🔺	69.28 %	🔺	December 2014	
Patient safety incidents reported per 100 admissions (TRFT)	8.31	6.98	🔺	6.98	🔺	March 2014	2013/14 target based on previous 6 month actual. 2014/15 target is 10.85%
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	11.01 %	11.46 %	⭐	3.70 %	🟠	Qtr 3 2014/15 Pr	
Quality Premium: Rotherham CCG Local Priorities							
Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Peri...	Period Date	Further Infomation
Alcohol related admissions to hospital per 100,000 population (standardised)	2,348	2,226	⭐	2,226	⭐	2013/14	Provisional Data

Rotherham NHS Constitution & Pledges 2014/15

Referral to Treatment waiting times for non-urgent consultant-led treatment						
Indicator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
% Admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	90.00 %	92.87 %	⭐	92.89 %	⭐	December 2014
% Non-admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	95.00 %	98.36 %	⭐	98.55 %	⭐	December 2014
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.00 %	95.15 %	⭐	95.03 %	⭐	December 2014
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	3	🔺	1	🔺	December 2014
Diagnostic test waiting times						
Indicator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
% Patients waiting for diagnostic test waiting > than 6 wks from referral (Commissioner)	1.00 %	1.23 %	🔺	1.71 %	🔺	December 2014
A&E Waits						
Indicator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
% 4 hour A&E waiting times - seen within 4 hours (Type 1 Rotherham Foundation Trust - RFT)	95.00 %	93.39 %	🟠	94.47 %	🟠	W/e 11th January 2015
Cancer Waits - 2wk wait						
Indiciator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
Cancer - % Patients referred with breast symptoms seen within 2 wks of referral	93.00 %	94.44 %	⭐	100.0...	⭐	November 2014
Cancer - % Patients seen within 2wks referred urgently by a GP	93.00 %	93.63 %	⭐	94.70 %	⭐	November 2014
Cancer Waits - 31 days						
Indicator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.00 %	93.26 %	🟠	81.82 %	🔺	November 2014
Cancer - % Patients seen within 31 days for subsequent treatment (Drugs)	98.00 %	100.0...	⭐	100.0...	⭐	November 2014
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.00 %	99.58 %	⭐	100.0...	⭐	November 2014
Cancer - % Patients seen within 31 days from referral to treatment	96.00 %	97.67 %	⭐	96.46 %	⭐	November 2014
62 day cancer waits						
Indicator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
Cancer - % Patients seen within 62 days of referral from GP	85.00 %	88.59 %	⭐	87.80 %	⭐	November 2014
Cancer - % Patients seen from referral within 62 days (Screening Service: Breast, Bowel & Cervical)	90.00 %	98.36 %	⭐	100.0...	⭐	November 2014
Cancer - % Patients being seen within 62 days (ref. Consultant)	85.00 %	95.58 %	⭐	96.30 %	⭐	November 2014
YAS Category A Ambulance Calls						
Indicator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	69.58 %	🔺	69.28 %	🔺	December 2014
CatA (Red 1) 8 min response time (Rotherham)	75.00 %	63.94 %	🔺	63.70 %	🔺	December 2014
CatA (Red 2) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	69.77 %	🔺	69.15 %	🔺	December 2014
CatA (Red 2) 8 min response time (Rotherham)	75.00 %	64.90 %	🔺	63.62 %	🔺	December 2014
CatA 19min response time (Yorkshire Ambulance Service - YAS)	95.00 %	95.62 %	⭐	95.62 %	⭐	December 2014
CatA 19min response (Rotherham)	95.00 %	96.33 %	⭐	95.94 %	⭐	December 2014
Mixed sex Accomodation Breaches						
Indicator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
Number of mixed sex accomodation breaches (Commissioner)	0	0	⭐	0	⭐	December 2014
Cancelled Operation						
Indicator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
Cancelled operations rebooked within 28 days	0	0	⭐	0	⭐	Qtr 2 2014/15
Mental Health (CPA)						
Indicator	**Target**	**Actual YTD**	**RAG YTD**	**Actual Period**	**RAG Period**	**Period Date**
Proportion of people on Care Programme Approach (CPA) who were followed upwithin 7 days of discharge	95.00 %	96.91 %	⭐	100.0...	⭐	November 2014

Rotherham Health Outcomes 2014/15

Preventing people from dying prematurely

Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Period	Period Date	Further Information
Potential Years of Life Lost (PYLL) from causes considered amendable to healthcare, per 100,000	2,474	2,490	●	2,490	●	2013	Target based on 2014/15 planned trajectory
Under 75 mortality rate from cardiovascular disease (CCG)	64.90	70.80	▲	70.80	▲	2013	Target based on England average
Under 75 mortality rate from respiratory disease (CCG)	28.10	39.10	▲	39.10	▲	2013	Target based on England average
Under 75 mortality rate from liver disease (CCG)	15.50	14.90	★	14.90	★	2013	Target based on England average
Under 75 mortality rate from cancer (CCG)	122.10	141.60	▲	141.60	▲	2013	Target based on England average

Enhancing quality of life for people with long term conditions

Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Period	Period Date	Further Information
Health-related quality of life for people with long-term conditions	0.74	0.71	●	0.71	●	July 13-March 14	Target based on England average
Proportion of people feeling supported to manage their condition	67.54 %	69.16 %	★	69.16 %	★	September 2014 (6 Monthly)	Target based on England average
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	937	888	★	888	★	Qtr 1 2014/15	Target is based on 2013/14 RCCG outturn
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	305.80	284.30	★	284.30	★	Qtr 1 2014/15	Target is based on 2013/14 outturn.
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	65.00 %	66.39 %	★	66.39 %	★	2013/14	

Helping people to recover from episodes of ill health or following injury

Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Period	Period Date	Further Information
Emergency admissions for acute conditions that should not usually require hospital admission	1,495	1,400	★	1,400	★	Qtr 1 2014/15	Target is based on 2013/14 RCCG outturn
Emergency readmissions within 30 days of discharge from hospital	12.40	13.50	▲	13.50	▲	2011/12	Target based on England average
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	480.80	461.80	★	461.80	★	Qtr 1 2014/15	Target is based on 2013/14 RCCG Outturn
Total health gain assessed by patients - Groin Hernia	0.09	0.10	★	0.10	★	2013/14 (Provisional)	PROMS
Total health gain assessed by patients - Hip replacement	0.44	0.45	★	0.45	★	2013/14 (Provisional)	PROMS
Total health gain assessed by patients - Knee replacement	0.32	0.33	★	0.33	★	2013/14 (Provisional)	PROMS

Ensuring that people have a positive experience of care

Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Period	Period Date	Further Information
Friends & Family Test: Are providers meeting 15% response rate	15.00 %	24.41 %	★	27.98 %	★	November 2014	YTD position shows an average over the year
Friends & Family Test - % of patients recommending their hospital:Acute Inpatient (Qtr)	94.04 %	91.74 %	●	92.84 %	●	Qtr 2 2014/15	
Friends &Family Test - % of patients recommending their hospital: A&E (Qtr)	86.69 %	88.35 %	★	90.23 %	★	Qtr 2 2014/15	

Treating and caring for people in a safe environment and protecting them from avoidable harm

Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Period	Period Date	Further Information
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0	★	0	★	December 2014	
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	★	0	★	December 2014	
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	51	55	▲	5	●	December 2014	
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	18	22	▲	3	▲	December 2014	

Others

Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Period	Period Date	Further Information
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	11.01 %	11.46 %	★	3.70 %	●	Qtr 3 2014/15 Pr	
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.01 %	50.79 %	★	47.76 %	●	Qtr 3 2014/15 Pr	

Rotherham - Quality Care 2014/15

Providers					
Indicator	**TRFT**		**RDA...**		**Balanced Scorecard Period**
Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero	No	★	No	★	Qtr 3 2014/15
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero?	No	★	No	★	Qtr 3 2014/15
Do provider level indicators from the National Quality Dashboard show that the provider has reported more C Difficile cases than trajectory?	Yes	▲	No	★	Qtr 3 2014/15
Does feedback from the Friends & Family test (or any other patient feedback) indicate any causes for concern?	No	★	No	★	Qtr 3 2014/15
Has Local provider been subject to enforcement action by the CQC?	No	★	No	★	Qtr 3 2014/15
Has Local provider been subject to enforcement action by the NHS TDA based on "quality" risk?	No	★	No	★	Qtr 3 2014/15
Has the provider experienced any "Never Events" during the last quarter?	No	★	No	★	Qtr 3 2014/15
Has the local provider been flagged as a "quality compliance risk" by Monitor and/or are requirements in place around breaches of provider licence conditions?	Yes	▲	No	★	Qtr 3 2014/15
Has the provider been identified as a "negative outlier" on SHMI or HSMR?	No	★	No	★	Qtr 3 2014/15
Does the provider currently have any unclosed Serious Untoward Incidents (SUIs)?	Yes	▲	Yes	▲	Qtr 3 2014/15
CCG Clinical Governance					
RCCG Clinical Governance		**Actual**		**Balanced Scorecard Period**	
Outstanding conditions of authorisation		No	★	Qtr 3 2014/15	
Has RCCG self-assessed & identified any risks associated to:		**Actual**		**Balanced Scorecard Period**	
Concerns around being an active participant in its Quality Surveillance Group		No	★	Qtr 3 2014/15	
Concerns around quality issues discussed by the CCG		No	★	Qtr 3 2014/15	
Concerns around serious untoward incidents & never events		No	★	Qtr 3 2014/15	
Concerns to identify early warnings of a failing service		No	★	Qtr 3 2014/15	
Emergency Preparedness, Resilience & Response		**Actual**		**Balanced Scorecard Period**	
Emergency Event last Qtr: has CCG self-assessed/identified areas of concern on arrangements in place		No	★	Qtr 3 2014/15	
Winterbourne View		**Actual**		**Balanced Scorecard Period**	
Has the CCG self-assessed & identified any risk to progress against Winterbourne View action plan?		No	★	Qtr 3 2014/15	

Rotherham Financial Plans & QIPP 2014/15

Financial Plans			
Indicator	**RAG**	**Performance Direction**	**Balanced Scorecard Period**
Activity Trends - full year forecast	🟠	➡	Qtr 3 2014/15
Activity Trends - year to date	🟠	➡	Qtr 3 2014/15
Clear identification of risks against financial delivery and mitigations (FORECAST)	⭐	➡	Qtr 3 2014/15
Management of 2% Non Recurrent funds within agreed processes (FORECAST)	⭐	➡	Qtr 3 2014/15
Quality, Innovation, Productivity and Prevention (QIPP) - full year forecast	🟠	➡	Qtr 3 2014/15
Quality, Innovation, Productivity and Prevention (QIPP) - year to date delivery	🟠	➡	Qtr 3 2014/15
Running Costs	⭐	🔺	Qtr 3 2014/15
Surplus: full year forecast	⭐	➡	Qtr 3 2014/15
Surplus: year to date performance	⭐	➡	Qtr 3 2014/15
Underlying Recurrent Surplus	⭐	➡	Qtr 3 2014/15

Financial Management			
Indicator	**RAG**	**Performance Direction**	**Balanced Scorecard Period**
Balance sheet indicators inc. cash management & Better Payment Practice Coce	⭐	➡	Qtr 3 2014/15
Financial Management of Internal/External audit of opinions & timeliness of returns (FORECAST)	⭐	➡	Qtr 3 2014/15
Financial plan meets the 2013 surplus planning requirement	⭐	➡	Qtr 3 2014/15

Rotherham
Metropolitan
Borough Council
Where Everyone Matters

NHS
Rotherham
Clinical Commissioning Group

RMBC: Better Care Fund

The Better Care Fund provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life.

Below is the Dashboard to support Rotherham MBC Better Care Fund for 2014/15.

		Mar-2015
The proportion of older people (65+)still at home 91 days after discharge into rehabilitation	Actual	
	Target	89.20
	Performance	–
	Baseline: 2012/13	86.70

Key to Ratings:
- ⭐ Improving
- 🟠 Not Improving
- 🔺 Area of Concern
- ❓ Latest Data Not Yet Available
- ⤴ Not Available Yet

		Mar-2014	Apr-2014	May-2014	Jun-2014	Jul-2014	Aug-2014	Sep-2014	Oct-2014	Nov-2014	Dec-2014	Jan-2015	Feb-2015	Mar-2015
Non-elective FFCEs (First Finished Consultant Episode)	Actual	2,346	2,425	2,435	2,342	2,510	2,253	2,342	2,360	2,451				
	Target	2,271	2,286	2,362	2,286	2,362	2,362	2,286	2,362	2,286	2,362	2,362	2,134	2,362
	Performance	🟠	🔺	🟠	🟠	🔺	⭐	🟠	⭐	🔺	❓	–	–	–
	Actual (YTD)	28,296	2,425	4,860	7,202	9,712	11,965	14,307	16,667	19,118				
	Target (YTD)	26,740	2,286	4,648	6,934	9,296	11,658	13,944	16,306	18,592	20,954	23,316	25,450	27,812

		Mar-2014	Apr-2014	May-2014	Jun-2014	Jul-2014	Aug-2014	Sep-2014	Oct-2014	Nov-2014	Dec-2014	Jan-2015	Feb-2015	Mar-2015
Delayed transfers of care from hospital per 100,000 population (number of days delayed)	Actual	201.5	101.2	278.3	290.5	281.2	259.7	282.2	247.0	388.8	275.3			
	Target	124.6	124.1	123.6	122.5	122.0	122.0	121.5	120.9	120.4	119.9	119.1	118.2	117.4
	Performance	🔺	⭐	🔺	🔺	🔺	🔺	🔺	🔺	🔺	🔺	–	–	–
	Baseline: Apr13-Dec13		124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6	124.6

		Mar-2014	Apr-2014	May-2014	Jun-2014	Jul-2014	Aug-2014	Sep-2014	Oct-2014	Nov-2014	Dec-2014	Jan-2015	Feb-2015	Mar-2015
Emergency readmissions within 30 days of discharge from hospital	Actual	11.20	12.58	12.54	13.30									
	Target	12.10	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20
	Performance	⭐	🟠	🟠	🔺	❓	❓	❓	❓	❓	❓	–	–	–
	Baseline: Apr13-Dec13	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20

		Mar-2014	Jun-2014	Sep-2014	Dec-2014	Mar-2015
Permanent admissions of older people (aged 65+) to residential & nursing care homes, per 100,000	Actual	694.6	109.3	232.3		
	Target	736.6	162.6	325.2	487.8	650.7
	Performance	⭐	⭐	⭐	❓	–
	Baseline: 2012/13		739.6	739.6	739.6	739.6

Glossary

NHS Outcomes Framework Domain One: "Preventing people from dying prematurely"

PYLL: Potential Years of Life Lost from causes considered amenable to health care and life expectancy at 75; Premature deaths that should not occur in most cases in the presence of timely and effective health care. (Adults - over 20 years old, and Children - under 20 years old). A 3.2% reduction based upon the Directly Standardised Rate required year on year. Currently Rotherham have an excess of 6000 years of life lost.

Under 75's Mortality Rates (CVD, Respiratory Disease, Liver Disease and Cancer): Under 75's deaths from major diseases per 100,000 population. Comparisons made with England averages and Improvements expected year on year.

NHS Outcomes Framework Domain Two: "Enhancing quality of life for people with long term conditions"

Health related quality of life for people with long term conditions: GP Survey response to question 34 using the 5 dimensions of the EuroQuol (EQ-5D) survey instrument. Comparisons made with England averages and improvements expected.
Proportion of people feeling supported to manage their condition: GP Survey response to question 30 and 32. Comparisons made with England averages and improvements expected.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions: Emergency admissions for ACS conditions per 100,000 population. Comparisons made with England averages and improvements expected.

Unplanned Hospitalisation for asthma, diabetes and epilepsy in under 19's: Emergency admissions for asthma, diabetes and epilepsy in under 19's per 100,000 population. Comparisons made with England averages and improvements expected.

NHS Outcomes Framework Domain Three: "Helping people to recover from episodes of ill health or following injury"

Emergency admissions for acute conditions that should not usually require hospital admission: Emergency admissions for conditions that usually could have been avoided through better management in primary care as a proportion of persons over 19 years. (E.g. ENT infections, Kidney/ Urinary Tract Infections, heart failure etc). Comparisons made with England averages and improvements expected.

Emergency admissions for children with lower respiratory tract infections: Emergency admissions to hospital of children with selected types of lower respiratory tract infections as a proportion of children aged up to 19 years. Comparisons made with England averages and improvements expected.

Total Health Gain assessed by patients (Groin hernia, Hip Replacement, Knee Replacement, Varicose Veins): Patient reported improvement in health status following elective procedures via the Patient Reported Outcomes Measures surveys (PROMS). Comparisons of local providers with England averages, and statistical outliers identified.

NHS Outcomes Framework Domain Four: "Ensuring people have a positive experience of care "

Family and Friends Test Implementation: Local Hospital has implemented the programme in line with the National rollout plan. Family and Friends Test Scores: Net Promoter Scores

Rotherham Local Priorities
Alcohol related admissions to hospital per 100,000 population standardised: Rate to meet target trajectory. This measure supports the Quality Premium payments.

NHS Constitution

Cancer: % Patients seen from referral within 62 days (Screening Service): Screening Services include Breast, Bowel and Cervical.

YAS Category A Ambulance Calls Red 1: Most Urgent time critical calls eg Cardiac Arrest patients who are not breathing and don't have a pulse or life threatening trauma.

YAS Category A Ambulance Calls Red 2: Other Time Critical calls eg Serious breathing difficulties or suspected stroke with serious symptoms.

Health Outcomes

Proportion of people feeling supported to manage their conditions: GP Survey showing the average EQ-5D score for people having one or more long term conditions.

Glossary

Total Health gain assessed by patients - Groin hernia, Hip replacement, Knee replacement, Varicose veins: PROMS health gain reported by patients

IAPT - The proportion of people that enter treatment against level of need in the general population: The number of people who receive psychological therapies divided into the number of people who have depression (local estimate based upon national audit)

IAPT - The proportion of people who complete treatment who are moving to recovery: Number of people who are moving onto recovery divided into the Number of people who have completed at least 2 treatment contacts

Better Care Fund

Avoidable emergency admissions: Non-Elective admission data are derived from the Monthly Activity Return (MAR) which is collected from the NHS. It is collected from providers (both NHS and IS) who provide the data broken down by Commissioner.

Delayed transfers of care from hospital per 100,000 population: Average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

Emergency readmissions within 30 days of discharge from hospital (all ages): Per 100,000 population standardised, for people registered with a Rotherham GP.

Permanent admissions of older people (65+) to residential care and nursing homes, per 100,000: Reducing inappropriate admissions in to residential care. Annual rate of council-supported permanent admissions of older people to residential and nursing care.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services: Increase in effectiveness of these services whilst ensuring that those offered services does not decrease. Older people discharged to residential or nursing home or extra care housing for rehabilitation, with a clear intention that they will move back to own their own home.