

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 CCG's

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	Rotherham NHS Constitution & Pledges Count	Rotherham Health Outcomes Count																																																																																																																																																																																																																								
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Key Performance Indicators & Risks

The key performance issues highlighted in the report are:

Quality Premiums

Accident & Emergency (A&E) 4 Hours wait:

Rotherham CCG achieved the Quality Premium payment for A&E, with an end of year position of 95.17%.

Yorkshire Ambulance Service Category 'A' R1 calls:

Rotherham's Category A is still 71%, where as Yorkshire & Humber with a target of 75% are currently at 77.4%.

The Quality Premium for YAS has been achieved in 2013/14.

There were 4 handover delays of over 30 minutes, and 5 crew clear delays of over 30 minutes.

Incidence of Clostridium Difficile:

The 2013/14 target for *Clostridium Difficile* was 59 cases. The final 2013/14 position shows RCCG have exceeded this with 67 cases. Therefore Rotherham CCG have not achieved the Quality Premium payment for 2013/14 around HCAI (Health Care Acquired Infections).

The Rotherham Foundation Trust exceeded their annual limit of 22 with a final position of 28 cases.

Cancer – Patients seen and treated within 62 days of referral from GP.

34 patients were treated in February, and of these, 26 were within 62 days (76.47%), against the standard of 85%. Of the 8 patients remaining, 3 were due to patient choice, 3 were medical reasons and 2

were hospital reasons. The YTD position still remains within the threshold at 88.86%. It is anticipated that the Quality premium for Cancer 62 day target will be achieved in 2013/14.

There are concerns over whether TRFT will achieve two cancer measures for quarter 4. The CCG has validated data for January and February and unvalidated data for March. The relevant targets are:

- 1) Cancer 2 week wait from referral to date 1st seen, symptomatic breast symptoms, quarterly target =93%.
- 2) Cancer 62 day standard, patient seen and treated within 62 days from urgent GP referral, quarterly target=85%

The patient impact and performance implications of this are being addressed through the contract quality meeting.

Other

All people who have had a stroke, who receive thrombolysis following an acute stroke.

An improvement has been seen from the quarter 1 position of 2.2% to 2.7% for quarter 2. This equates to 5 patients thrombolysed out of 210 eligible (2.35%). This still remains well below the England rate of 11.8%, and is the lowest in South Yorkshire. This data is based on information from TRFT.

All people who had a stroke who are admitted to an acute stroke unit within 4 hours of arrival at hospital.

A deterioration has been seen from the quarter 1 position of 70%, with quarter 2 showing 54.5% against the England performance of 58.4%.



Quality Premiums

Rotherham CCG National Priorities							
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 - (CCG)	-3.20	-5.57	★	-5.57	★	2012	Target based on England average
Potential Years of Life Lost (PYLL) Age 20+ - FEMALES (CCG)	-3.20	-3.61	★	-3.61	★	2012	Target based on England average
Potential Years of Life Lost (PYLL) Age 20+ - MALE (CCG)	-3.20	-7.30	★	-7.30	★	2012	Target based on England average
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	325.30	296.70	★	296.70	★	Qtr 2 2013/14	Target based on 2012/13 RCCG outturn
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1,052.60	960.20	★	960.20	★	Qtr 2 2013/14	Target based on 2012/13 RCCG outturn
Emergency admissions for acute conditions that should not usually require hospital admission	1,510.20	1,511.10	●	1,511.10	●	Qtr 2 2013/14	Target based on 2012/13 RCCG outturn
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	569.00	532.00	★	532.00	★	Qtr 2 2013/14	Target based on 2012/13 RCCG outturn
% Admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	90.00 %	95.04 %	★	94.21 %	★	February 2014	Target has been met every month in 2013/14
% Non-admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	95.00 %	97.97 %	★	98.14 %	★	February 2014	Target has been met every month in 2013/14
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.00 %	96.05 %	★	95.34 %	★	February 2014	Target has been met every month in 2013/14
Friends & Family Test (FFI): Pt experience hospital care improvement in average Scores (Combined)	37.17	75.17	★	75.17	★	Qtr 3 2013/14	Target based on Qtr 1 2013/14 average
Friends & Family Test: Are providers meeting 15% response rate	15.00 %	14.73 %	▲	23.67 %	★	February 2014	YTD position shows an average over the year
Friends & Family Test: Implementation	Yes	Yes	★	Yes	★	February 2014	
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	59	67	▲	5	★	March 2014	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	1	▲	0	★	March 2014	Contaminant episode so not a true bacteraemia
% 4 hour A&E waiting times - seen within 4 hours (CCG)	95.00 %	94.02 %	●	94.02 %	●	February 2014	
Cancer - % Patients seen within 62 days of referral from GP	85.00 %	88.86 %	★	76.47 %	▲	February 2014	
CatA (Red 1) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	77.79 %	★	77.40 %	★	YTD March 2014	
Rotherham CCG Local Priorities							
Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Period	Period Date	Further Information
Alcohol related admissions to hospital per 100,000 population (standardised)	2,270	2,041	★	502	★	Qtr 4 2012/13	Provisional data. Final data expected April 29 2014.
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	65.00 %	60.36 %	●	60.36 %	●	2012/13	
Deaths not in hospital	49.00 %	53.40 %	★	53.40 %	★	Qtr 3 2012/13	

Source: Period Value
Actual (31/03/2014)

NHS Constitution & Pledges

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 %	95.04 %	★	94.21 %	★	February 2014
% Non-admitted patients to start treatment within a maximum of 18 weeks from referral (Commissioner)	95.00 %	97.97 %	★	98.14 %	★	February 2014
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.00 %	96.05 %	★	95.34 %	★	February 2014
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	3	▲	0	★	February 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 %	0.49 %	★	0.41 %	★	March 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 %	93.64 %	●	93.64 %	●	W/e 6th April 2014
Cancer Waits - 2wk wait						
Indicator	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 %	93.49 %	★	93.16 %	★	February 2014
Cancer - % Patients seen within 2wks referred urgently by a GP	93.00 %	94.80 %	★	94.85 %	★	February 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 %	98.40 %	★	100.00 %	★	February 2014
Cancer - % Patients seen within 31 days for subsequent treatment (Drugs)	98.00 %	100.00 %	★	100.00 %	★	February 2014
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.00 %	99.18 %	★	100.00 %	★	February 2014
Cancer - % Patients seen within 31 days from referral to treatment	96.00 %	98.22 %	★	98.95 %	★	February 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 %	88.86 %	★	76.47 %	▲	February 2014
Cancer - % Patients seen from referral within 62 days (Screening Service: Breast, Bowel & Cervical)	90.00 %	95.83 %	★	100.00 %	★	February 2014
Cancer - % Patients being seen within 62 days (ref. Consultant)	85.00 %	95.52 %	★	94.87 %	★	February 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 %	77.79 %	★	77.40 %	★	YTD March 2014
CatA (Red 1) 8 min response time (Rotherham)	75.00 %	70.08 %	▲	71.00 %	▲	YTD March 2014
CatA (Red 2) 8 min response time (Yorkshire Ambulance Service - YAS)	75.00 %	76.58 %	★	75.10 %	★	YTD March 2014
CatA (Red 2) 8 min response time (Rotherham)	75.00 %	75.35 %	★	73.30 %	●	YTD March 2014
CatA 19min response time (Yorkshire Ambulance Service - YAS)	95.00 %	97.49 %	★	97.30 %	★	YTD March 2014
CatA 19min response (Rotherham)	95.00 %	98.53 %	★	98.10 %	★	YTD March 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	★	March 2014
Cancelled Operation						
Indicator	Target	Actual YTD	RAG YTD	Actual Period	RAG Period	Period Date
Cancelled operations rebooked within 28 days	0	0	★	0	★	February 2014
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 up within 7 days of discharge	95.00 %	97.76 %	★	100.00 %	★	February 2014



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Health Outcomes

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 - (CCG)	-3.20	-5.57	★	-5.57	★	2012	Target based on England average
Potential Years of Life Lost (PYLL) Age 20+ - FEMALES (CCG)	-3.20	-3.61	★	-3.61	★	2012	Target based on England average
Potential Years of Life Lost (PYLL) Age 20+ - MALE (CCG)	-3.20	-7.30	★	-7.30	★	2012	Target based on England average
Under 75 mortality rate from cardiovascular disease (CCG)	65.47	69.62	▲	69.62	▲	2012	Target based on England average
Under 75 mortality rate from respiratory disease (CCG)	27.44	40.56	▲	40.56	▲	2012	Target based on England average
Under 75 mortality rate from liver disease (CCG)	15.40	18.68	▲	18.68	▲	2012	Target based on England average
Under 75 mortality rate from cancer (CCG)	123.26	143.99	▲	143.99	▲	2012	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	73.10	70.20	●	70.20	●	2012/13	Target based on England average
Proportion of people feeling supported to manage their condition	68.20 %	66.35 %	●	66.35 %	●	September 2013 (6 monthly)	Target based on England average
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1,052.60	960.20	★	960.20	★	Qtr 2 2013/14	Target based on 2012/13 RCCG outturn
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	325.30	296.70	★	296.70	★	Qtr 2 2013/14	Target based on 2012/13 RCCG outturn
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	65.00 %	60.36 %	●	60.36 %	●	2012/13	
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	1,510.20	1,511.10	●	1,511.10	●	Qtr 2 2013/14	Target based on 2012/13 RCCG outturn
Emergency readmissions within 30 days of discharge from hospital	11.78	13.44	▲	13.44	▲	2011/12	Target based on England average
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	569.00	532.00	★	532.00	★	Qtr 2 2013/14	Target based on 2012/13 RCCG outturn
Total health gain assessed by patients - Groin Hernia	0.09	0.11	★	0.11	★	2012/13	PROMS
Total health gain assessed by patients - Hip replacement	0.44	0.52	★	0.52	★	2012/13	PROMS
Total health gain assessed by patients - Knee replacement	0.32	0.36	★	0.36	★	2012/13	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: Implementation	Yes	Yes	★	Yes	★	February 2014	
Friends & Family Test (FFT): Pt experience hospital care improvement, average Scores-Acute Inpatient	72	74	★	73	★	February 2014	Target based on England average
Friends & Family Test (FFT): Pt experience of hospital care improvement, average Scores-A&E Services	55	52	▲	65	★	February 2014	Target based on England average
Friends & Family Test: Are providers meeting 15% response rate	15.00 %	14.73 %	▲	23.67 %	★	February 2014	YTD position shows an average over the year
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	1	▲	0	★	March 2014	Contaminant episode so not a true bacteraemia
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	★	0	★	March 2014	
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	59	67	▲	5	★	March 2014	
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	22	28	▲	4	▲	March 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	15.00 %	9.68 %	▲	3.15 %	▲	Qtr 3 2013/14	Quarterly target is 3.75%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.00 %	46.78 %	▲	48.25 %	●	Qtr 3 2013/14	

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Quality Care

Providers					
Indicator	TRFT	RAG	RDASH	RAG	Balanced Scorecard Period
Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero	No	★	No	★	Qtr 4 2013/14
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero?	No	★	No	★	Qtr 4 2013/14
Do provider level indicators from the National Quality Dashboard show that the provider has reported more C Difficile cases than trajectory?	Yes	▲	No	★	Qtr 4 2013/14
Does feedback from the Friends & Family test (or any other patient feedback) indicate any clauses for concern?	No	★	No	★	Qtr 4 2013/14
Has Local provider been subject to enforcement action by the CQC?		★	No	★	Qtr 4 2013/14
Has Local provider been subject to enforcement action by the NHS TDA based on "quality" risk?	No	★	No	★	Qtr 4 2013/14
Has the provider experienced any "Never Events" during the last quarter?	No	★	No	★	Qtr 4 2013/14
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 4 2013/14
Has the provider been identified as a "negative outlier" on SHML or HSMR?	No	★	No	★	Qtr 4 2013/14
Does the provider currently have any unclosed Serious Untoward Incidents (SUIs)?	Yes	▲	Yes	▲	Qtr 4 2013/14
CCG Clinical Governance					
RCCG Clinical Governance		Actual	RAG		Balanced Scorecard Period
Outstanding conditions of authorisation		No	★		Qtr 4 2013/14
Has RCCG self-assessed & identified any risks associated to:		Actual	RAG		Balanced Scorecard Period
Concerns around being an active participant in its Quality Surveillance Group		No	★		Qtr 4 2013/14
Concerns around quality issues discussed by the CCG		No	★		Qtr 4 2013/14
Concerns around serious untoward incidents & never events		No	★		Qtr 4 2013/14
Concerns to identify early warnings of a failing service		No	★		Qtr 4 2013/14
Emergency Preparedness, Resilience & Response		Actual	RAG		Balanced Scorecard Period
Emergency Event last Qtr: has CCG self-assessed/identified areas of concern on arrangements in place		No	★		Qtr 4 2013/14
Winterbourne View		Actual	RAG		Balanced Scorecard Period
Has the CCG self-assessed & identified any risk to progress against Winterbourne View action plan?		No	★		Qtr 4 2013/14

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Financial Plans and Quality, Innovation, Productivity and Prevention (QIPP)

Financial Plans			
Indicator	RAG	Performance Direction	Balanced Scorecard Period
Activity Trends - full year forecast	★	➔	Qtr 4 2013/14
Activity Trends - year to date	★	➔	Qtr 4 2013/14
Clear identification of risks against financial delivery and mitigations (FORECAST)	★	➔	Qtr 4 2013/14
Management of 2% Non Recurrent funds within agreed processes (FORECAST)	★	➔	Qtr 4 2013/14
Quality, Innovation, Productivity and Prevention (QIPP) - full year forecast	★	➔	Qtr 4 2013/14
Quality, Innovation, Productivity and Prevention (QIPP) - year to date delivery	★	➔	Qtr 4 2013/14
Running Costs	★	➔	Qtr 4 2013/14
Surplus: full year forecast	★	➔	Qtr 4 2013/14
Surplus: year to date performance	★	➔	Qtr 4 2013/14
Underlying Recurrent Surplus	★	➔	Qtr 4 2013/14
Financial Management			
Indicator	RAG	Performance Direction	Balanced Scorecard Period
Balance sheet indicators inc. cash management & Better Payment Practice Coce	★	➔	Qtr 4 2013/14
Financial Management of Internal/External audit of opinions & timeliness of returns (FORECAST)		Click to sort by this column	Qtr 4 2013/14
Financial plan meets the 2013 surplus planning requirement	★	➔	Qtr 4 2013/14



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 EuroQoL (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's). 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

Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence: Numbers on Dementia register as a percentage of the estimated prevalence of Dementia in Rotherham. Rate to meet target trajectory. This measure supports the Quality Premium payments

Deaths not in hospital: %age of deaths not in hospital. 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.

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

Family and Friends Test; Improvement in average FFT Scores: Net promoter scores recorded on the FFT survey.

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