

MEETING OF THE GOVERNING BODY

| | | | |
|--|---|-----------------------------|--|
| Title | Monthly Performance Report against Key Performance Indicators for 2012/13 | Public/ Closed: | Public |
| Date | | | |
| Paper Author and Job Title | Kath Woodford Performance Manager | Director responsible | Steve Brennan Chief Finance Officer |
| Response required from the meeting | <ul style="list-style-type: none"> To NOTE North Kirklees CCG performance against the key outcomes and measures for 2012/13; To AGREE additional actions required to address areas of over/under performance. | | |
| Summary | Summary and Exception Report highlighting North Kirklees CCG performance against the key outcomes and measures for 2012/13. | | |
| Assessment of implications in respect of: | | | |
| Patient Safety | None identified. | | |
| Finance/Resource | Any proposed changes or actions required to improve performance is assessed for any financial implications | | |
| Risk Assessment | NHS risk assessment 'traffic light' system incorporated within the performance report. | | |
| Equality and Diversity | None identified to date. | | |
| Legal issues | None identified. | | |
| FOI Exemption category | None identified to date. | | |
| Previously considered by: | | | |
| Committee/Group | The Quality, Performance and Finance Committee | | |

North Kirklees Clinical Commissioning Group
2012/13 NHS Operating Framework & NHS Outcomes Framework
Executive Summary - as at 8th April 2013

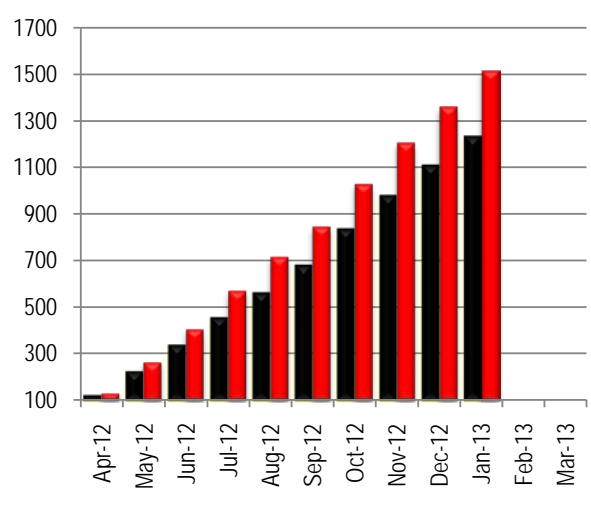
| PAF | Outcome and Measure | Lead Manager | *Status Mar 2013 | *Status Apr 2013 | |
|---|--|---|------------------|------------------|-------|
| Quality | Ambulance Response Times | Category R1 & R2 (A 8 mins) | Hes | Green | Green |
| | | Category R1 & R2 (A 19 mins) | | | |
| | Cancer Waiting Time Standards | 2 week waiting time standards | HeS | Green | Green |
| | | 31 day waiting time standards (surgery only) | | | |
| | | 62 day waiting time standards | | | |
| | Mental Health (access measures) | Proportion of people on CPA followed up in 7 days | HeS | Green | Green |
| | | IAPT: Proportion of people entering treatment | | | |
| | | IAPT: Proportion of people completing treatment and moving to recovery | | | |
| | Unplanned hospitalisation (adults) | Emergency admissions for ambulatory care sensitive conditions (18+) | Hes | Red | Red |
| | Unplanned hospitalisation (children) | Rate of emergency admissions for asthma, diabetes and epilepsy in under 19s | | | |
| | Emergency admissions | Rate of emergency admissions for acute conditions (ear/nose/throat infections, kidney/urinary tract infections and heart failure) usually managed in primary care | | | |
| | 18 Week RTT Standards | Admitted | DB | Amber | Amber |
| | | Non-Admitted | | Green | Amber |
| | | Incomplete | | Amber | Green |
| | | Diagnostics - 6 weeks | | Amber | Amber |
| | A & E 4 Hour Waiting Time Standard | % who spent 4 hours or less in A & E | | Green | Green |
| | Mixed Sex Accommodation | Number and rate of unadjusted breaches | | Amber | Amber |
| Healthcare Associated Infections | Number of MRSA cases | DT | Red | Red | |
| | Number of Clostridium Difficile cases | | Red | Red | |
| VTE Risk Assessment | % of adult inpatients who have had an assessment | DB | Green | Green | |
| Smoking Quitters | Number of clients of NHS Stop Smoking Services who report that they are not smoking 4 weeks after quitting | SM | Red | Red | |
| Coverage of NHS Health Checks | Number of people eligible for an NHS Health Check who have received an NHS Health Check | | Green | Green | |
| Resources | Financial Balance | Performance against plan | SB | Green | Green |
| | Running Costs | Actual against target | | | |
| | QIPP | QIPP savings | | | |
| | Acute Bed Capacity | Number of G & A acute beds | DB | Amber | Amber |
| | Non Elective Activity | Total number of non elective FFCEs in G & A specialties in a month | | Red | Red |
| | GP Written Referrals to Hospital | Number of written referrals in period | | Amber | Amber |
| | Other Referrals for a First Outpatient Appointment | Number of referrals other than from GP for a first outpatient appointment in G & A specialties in period | | Red | Red |
| | First Outpatient Attendance following GP Referral | Number of first outpatient appointments following GP referral (consultant led) | | Amber | Amber |
| | All First Outpatient Attendances | Number of all first outpatient attendances (consultant led) | | Amber | Amber |
| | Elective FFCEs | Elective FFCEs (ordinary admissions) | | Green | Green |
| | | Elective FFCEs (daycases) | | Amber | Amber |
| | A & E Attendances | Number of attendances at A & E depts., in a quarter (total and type 1) | | Green | Green |
| | Ambulance Urgent & Emergency Journeys | Number of urgent and emergency journeys via ambulance (monthly) | | Red | Red |
| | Diagnostic Activity | Total number of diagnostic endoscopy tests | | Red | Red |
| | | Total number of diagnostic non-endoscopy tests | | Red | Red |
| Number waiting on an Incomplete 18 week RTT Pathway | Total number of Incomplete RTT pathways at the end of the period | Red | Red | | |
| Health Visitor Numbers | Number of health visitors (FTE) | HeS | Green | Green | |
| Reform | Choice | Bookings to services where named consultant led team was available even if not selected | JH | Green | Green |
| | | Proportion of GP referrals for first outpatient appointment booked using Choose & Book | | Red | Red |
| | | Trend in value/column of patients being treated at non-NHS hospitals | | Amber | Amber |
| | Information to patients | % of general practice which have enabled patients to have electronic access to their medical records | Red | Red | |

* Traffic Light Key: Standard NHS Performance Assessment Framework rating rules

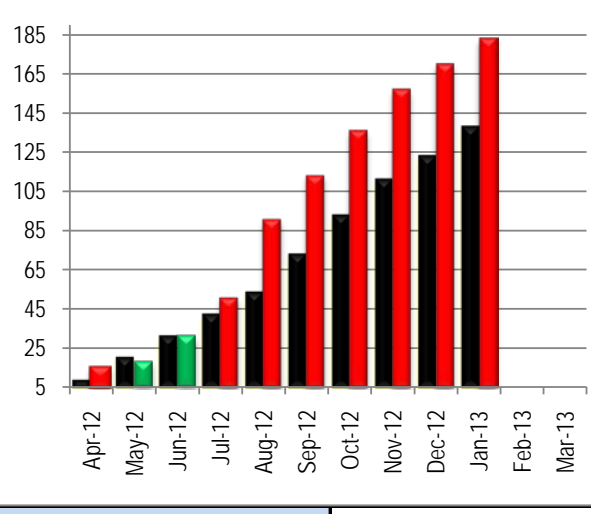
| | |
|--|-----------------------|
| | Green - no concern |
| | Amber - minor concern |
| | Red - major concern |

North Kirklees Clinical Commissioning Group - 2012/13 Exception Report as at 8th April 2013

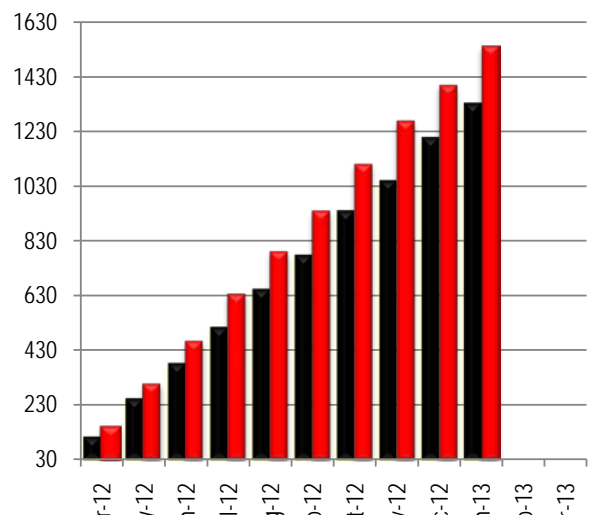
| QUALITY: PATIENT ACCESS | Indicator Level | 1 | Plan | January | YTD | F'Cast |
|--|-----------------|---|---------------------|---------|-------|--------|
| PHQ15: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) | | | 124/1,235/ 1,545 | 148 | 1,512 | 1,814 |

| What is driving the over-performance? | What actions are being taken to address? | | | | | |
|---|---|--|------------------------------------|----------------|--------------|---------------|
| <p>Overall the NHS Kirklees position has increased based on the same period in 2011/12 by 22.4%.</p> <p>January activity shows NKCCG disease specific increases are as a result of the following:</p> <p>Angina Pectoris - 8.7% increase Asthma - 50.3% increase CHD - 21.7% increase COPD - 34.9% increase</p> | <p>New Predictive Risk tool being developed for use in general practice. Links to DES for Risk Stratification for 2013/14. As part of the 2013/14 primary care incentive scheme, practices have been asked to identify areas for improvement from this area of performance. Practices to use Map of Medicine to standardise care pathways to reduce variation. Improving access in general practices through the pilot of "Dr. First". Streamlining appointment systems using telephone triage and consultation. Reviewing extended hours in primary care and developing a project plan to support 24/7 access. Ambulatory Care Centre at Dewsbury Hospital to be in place in the Summer of 2013.</p> |  <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Expected date to meet the standard</td> <td style="text-align: center; padding: 2px;">month-on-month</td> </tr> <tr> <td style="padding: 2px;">Lead Manager</td> <td style="text-align: center; padding: 2px;">Helen Severns</td> </tr> </table> | Expected date to meet the standard | month-on-month | Lead Manager | Helen Severns |
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| QUALITY: PATIENT ACCESS | Indicator Level | 1 | Plan Mth/YTD/YE | January | YTD | F'Cast |
|---|-----------------|---|-----------------|---------|-----|--------|
| PHQ16: Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (rate per 100,000 population) | | | 13/138/ 165 | 15 | 183 | 220 |

| What is driving the over-performance? | What actions are being taken to address? | | | | | |
|--|---|--|------------------------------------|----------------|--------------|---------------|
| <p>NKCCG is closely performance monitoring this new outcome/measure for which NHS Kirklees PCT set a challenging 2012/13 target.</p> | <p>Continuation of the focussed work around Asthma as part of the transformational change look at different approaches. Non recurrent bids, in one practice in North Kirklees, to improve access for Paediatrics. Paediatric nurse expanding provision in primary care to improve access to paediatric options.</p> |  <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Expected date to meet the standard</td> <td style="text-align: center; padding: 2px;">month-on-month</td> </tr> <tr> <td style="padding: 2px;">Lead Manager</td> <td style="text-align: center; padding: 2px;">Helen Severns</td> </tr> </table> | Expected date to meet the standard | month-on-month | Lead Manager | Helen Severns |
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| QUALITY: PATIENT ACCESS | Indicator Level | 1 | Plan Mth/YTD/YE | January | YTD | F'Cast |
|---|-----------------|---|---------------------|---------|-------|--------|
| PHQ17: Emergency admissions for acute conditions that should not usually require hospital admission | | | 142/1,334/ 1,641 | 143 | 1,541 | 1,849 |

| What is driving the over-performance? | What actions are being taken to address? | | | | | |
|--|--|---|------------------------------------|----------------|-----------------|---------------|
| <p>Overall, NHS Kirklees is showing an increase in spells compared to the same period of 2011/12.</p> <p>North Kirklees has increased overall by 15.5% compared to the previous year, specifically:-</p> <p>Cutaneous abscess, furnacle and carbuncle - 54.7% ENT - 70.2% Influenza and pneumonia - 14.3% Perforated/bleeding ulcer - 83.3% UTI/Cystitis Infections - 9.9%</p> | <p>The admission avoidance programme incorporates review/redesign of the following services: Intermediate care; Care Home support; Falls and rehabilitation; Rapid and urgent care; Heart Failure; Assistive technology alongside further embedding of the self care agenda.</p> <p>Work on all the above areas is ongoing and needs to inform the Transformation Care Streams. The admission avoidance programme has been supported by a review of activity relating to emergency admissions for acute conditions (that should not usually require admission) and unplanned hospitalisation for chronic ambulatory care sensitive conditions.</p> |  <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Expected date to meet the standard</td> <td style="text-align: center; padding: 2px;">month-on-month</td> </tr> <tr> <td style="padding: 2px;">Lead Manager(s)</td> <td style="text-align: center; padding: 2px;">Helen Severns</td> </tr> </table> | Expected date to meet the standard | month-on-month | Lead Manager(s) | Helen Severns |
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| Lead Manager(s) | Helen Severns | | | | | |

| QUALITY: PATIENT SAFETY | Indicator Level | 1 | Plan Mth/YTD/YE | February | YTD | F'Cast |
|---|-----------------|---|-----------------|----------|-----|--------|
| PHQ27: Healthcare Associated Infections (HCAIs): Number of MRSA cases | | | 0/3/4 | 0 | 7 | 8 |

| What is driving the over-performance? | What actions are being taken to address? | Bar Chart Data | | | | | | | | | |
|---|--|---|----------------|----------|-------|----------|---|--------------|---|------------------|---|
| <p>One MRSA bacteraemia case in February 2013, assigned to GHCCG. NHS Kirklees is forecasting to exceed the 2012/13 plan figure by 40% and NKCCG by 50%. NHS Kirklees full-year plan figure is 10. At month 11 the year-to-date figure is 13, which is projecting a forecast outturn of 14. NKCCG full year plan figure is 4. At month 11 the year-to-date figure is 7, which is projecting a forecast outturn of 8.</p> <p>Root cause analysis shows (i) Issues with completion of Visual Infusion Phlebitis (VIP) scores. These are regular observational checks that nurses do on the site of an infusion (where a drip is placed into someone) to check that it appears okay – not swollen, red etc., these are then recorded; (ii) Issues with cannula care removal not being documented, and (iii) Issues with care management around CVC line is ongoing. CVC is 'central venous catheter'. This is a 'special drip' that is placed into a central vein rather than a peripheral one</p> | <p>Medical Director at MYHT has established an executive level control group that will meet weekly, and will link with the executive meeting. It will be a sub-committee of the Board. The group will incorporate the HCAI action plan task and finish group. This will strengthen the existing arrangements for the management of HCAI performance.</p> | <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>In-month</td><td>0</td></tr> <tr><td>Year-To-Date</td><td>7</td></tr> <tr><td>Forecast Outturn</td><td>8</td></tr> </table> | | Category | Value | In-month | 0 | Year-To-Date | 7 | Forecast Outturn | 8 |
| Category | Value | | | | | | | | | | |
| In-month | 0 | | | | | | | | | | |
| Year-To-Date | 7 | | | | | | | | | | |
| Forecast Outturn | 8 | | | | | | | | | | |
| | | Expected date to meet the standard | month-on-month | | | | | | | | |
| | | Lead Manager(s) | Deborah Turner | | | | | | | | |

| QUALITY: PATIENT SAFETY | Indicator Level | 1 | Plan Mth/YTD/YE | February | YTD | F'Cast |
|--|-----------------|---|-----------------|----------|-----|--------|
| PHQ28: Number of Clostridium Difficile cases | | | 4/41/45 | 5 | 56 | 67 |

| What is driving the over-performance? | What actions are being taken to address? | Bar Chart Data | | | | | | | | | |
|--|--|---|----------------|----------|-------|----------|---|--------------|----|------------------|----|
| <p>Year-to-date activity is showing as above 'planned' figures. If activity to date, up to and including month 11 (January), continues at the present level throughout the remainder of the year, NHS Kirklees is forecasting to exceed the 2012/13 plan figure by 11.8% and NKCCG by 48.8%.</p> <p>February activity highlights 6 C.difficile infections, the breakdown by CCG is 5 allocated to NHS North Kirklees CCG and 1 NHS Greater Huddersfield CCG. . Breakdown by NHS Organisation – 3 MYHT; 1 CHFT; 1 GP, 1 Leeds. Cumulative total 108 against a target of no more than 104 cases.</p> | <p>The Medical Director at MYHT has established an executive level control group that will meet weekly, and will link with the executive meeting. It will be a sub-committee of the Board. The group will incorporate the HCAI action plan task and finish group. This will strengthen the existing arrangements for the management of HCAI performance.</p> | <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>In-month</td><td>5</td></tr> <tr><td>Year-To-Date</td><td>56</td></tr> <tr><td>Forecast Outturn</td><td>67</td></tr> </table> | | Category | Value | In-month | 5 | Year-To-Date | 56 | Forecast Outturn | 67 |
| Category | Value | | | | | | | | | | |
| In-month | 5 | | | | | | | | | | |
| Year-To-Date | 56 | | | | | | | | | | |
| Forecast Outturn | 67 | | | | | | | | | | |
| | | Expected date to meet the standard | month-on-month | | | | | | | | |
| | | Lead Manager(s) | Deborah Turner | | | | | | | | |

| RESOURCES: Activity | Indicator Level | 1 | Plan Mth/YTD/FYE | February | YTD | F'Cast |
|---|-----------------|---|---------------------|----------|--------|--------|
| PHS06: Non-Elective Activity - Total number of non elective FFCes in G & A specialties in a month | | | 1,505/17,269/18,941 | 1,509 | 18,337 | 20,004 |

| What is driving the over-performance? | What actions are being taken to address? | Bar Chart Data | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------|-------|-------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| <p>NKCCG's February actual performance is highlighting non-elective activity at 0.26% above the plan and gives a year-to-date position of 6.18% variance that is projecting a forecast outturn of 5.6%.</p> | <p>NKCCG has been closely monitoring this increase in activity above planned levels all year. Financial plans have been adjusted to take the increase into account.</p> <p>The variance is seen as a number of issues including increasing attendances at A & E resulting in more patients are being admitted than in previous years.</p> <p>A number of plans are being developed, as part of QIPP, to reduce admissions within secondary care in 2013/14.</p> | <table border="1"> <tr><th>Month</th><th>Value</th></tr> <tr><td>Apr-12</td><td>1600</td></tr> <tr><td>May-12</td><td>1700</td></tr> <tr><td>Jun-12</td><td>1650</td></tr> <tr><td>Jul-12</td><td>1750</td></tr> <tr><td>Aug-12</td><td>1900</td></tr> <tr><td>Sep-12</td><td>1600</td></tr> <tr><td>Oct-12</td><td>1750</td></tr> <tr><td>Nov-12</td><td>1700</td></tr> <tr><td>Dec-12</td><td>1650</td></tr> <tr><td>Jan-13</td><td>1600</td></tr> <tr><td>Feb-13</td><td>1550</td></tr> <tr><td>Mar-13</td><td>1500</td></tr> </table> | | Month | Value | Apr-12 | 1600 | May-12 | 1700 | Jun-12 | 1650 | Jul-12 | 1750 | Aug-12 | 1900 | Sep-12 | 1600 | Oct-12 | 1750 | Nov-12 | 1700 | Dec-12 | 1650 | Jan-13 | 1600 | Feb-13 | 1550 | Mar-13 | 1500 |
| Month | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-12 | 1600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-12 | 1700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-12 | 1650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-12 | 1750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-12 | 1900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-12 | 1600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-12 | 1750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-12 | 1700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-12 | 1650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-13 | 1600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-13 | 1550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-13 | 1500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Expected date to meet the standard | month-on-month | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Lead Manager | David Boothroyd | | | | | | | | | | | | | | | | | | | | | | | | | | |

| RESOURCES: Activity | | Indicator Level | 1 | Plan Mth/YTD/FYE | February | YTD | F'Cast |
|---|---|-----------------|---|---------------------|----------|--------|--------|
| PHS08: Other Referrals for a First Outpatient Appointment | | | | 1,123/13,320/14,626 | 1,212 | 14,764 | 16,106 |
| What is driving the over-performance? | What actions are being taken to address? | | | | | | |
| December actual performance is 7.8% above plan, with an 10.8% year-to-date variance and a forecast outturn variance of 10.1%. | NKCCG CCG is closely performance monitoring this measure and have reflected that the majority of the increase is related to CHFT. Any associated impact is factored in to financial plans. Analysis shows our 'Other Referrals' are being achieved on a NHS Kirklees basis. | | | | | | |
| Expected date to meet the standard | | | | 31st March 2013 | | | |
| Lead Manager | | | | David Boothroyd | | | |

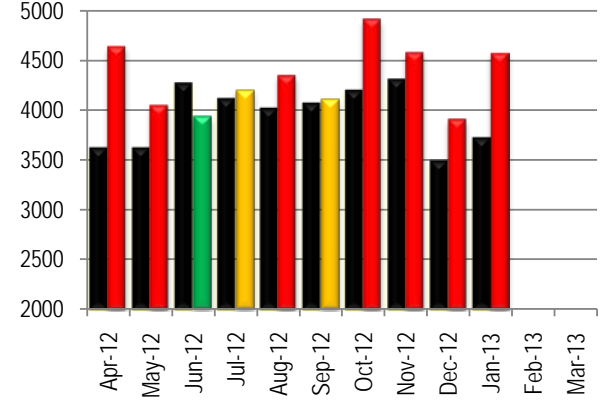
| RESOURCES: Activity | | Indicator Level | 1 | Plan Mth/YTD/FYE | January | YTD | F'Cast |
|--|---|-----------------|---|--------------------|---------|--------|--------|
| PHS13: Ambulance Urgent and Emergency Journeys | | | | 1967/18,687/22,290 | 2,078 | 19,554 | 23,464 |
| What is driving the over-performance? | What actions are being taken to address? | | | | | | |
| January activity is highlighting performance at 5.6% above plan, a 4.6% year-to-date variance and is projecting a 5.3% full-year variance. | The Urgent and Emergency Journeys are monitored through contracting. Further work in ongoing as part of collaborative work across Yorkshire to develop new contracting arrangements. Part of this work will look at reducing unnecessary journeys. | | | | | | |
| Expected date to meet the standard | | | | 31st March 2013 | | | |
| Lead Manager | | | | David Boothroyd | | | |

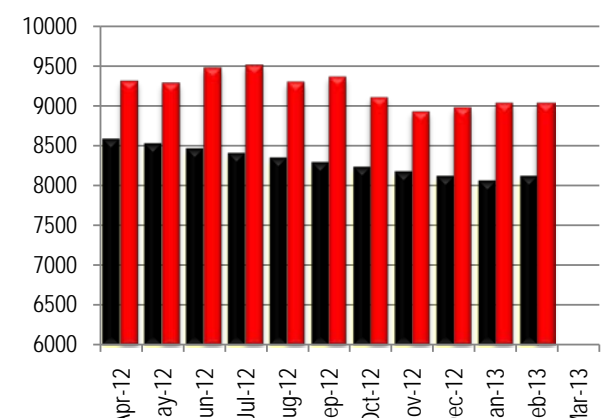
| RESOURCES: Activity | | Indicator Level | 1 | Plan Mth/YTD/FYE | January | YTD | F'Cast |
|---|---|-----------------|---|------------------|---------|-------|--------|
| PHS14: Diagnostics - Total Number of Endoscopy Tests | | | | 440/4,584/5,512 | 512 | 4,873 | 6,497 |
| What is driving the over-performance? | What actions are being taken to address? | | | | | | |
| December activity is highlighting performance at 16.17% above plan, a 6.29% year-to-date variance and is projecting a 17.8% full-year variance. Diagnostic tests increase as the activity increases, therefore this correlates with reducing 18 week waits and an increase of Non-Elective activity. | NKCCG is closely performance monitoring this measure and reviewing Direct Access Diagnostics. An increase in diagnostics supports 18 weeks achievement. No further actions are required at this stage. | | | | | | |
| Expected date to meet the standard | | | | 31st March 2013 | | | |
| Lead Manager | | | | David Boothroyd | | | |

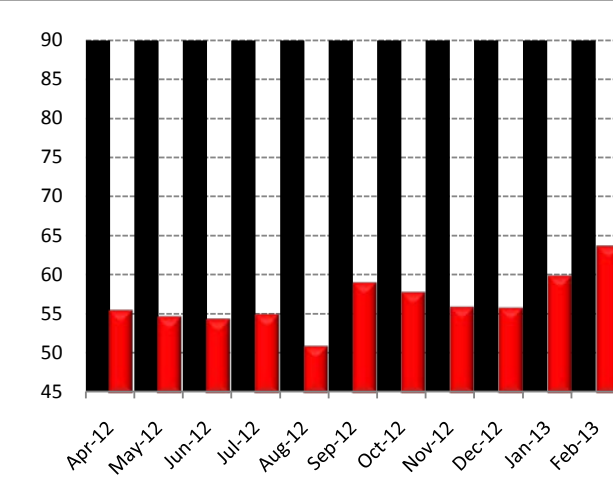
| RESOURCES: Activity | | Indicator Level | 1 | Plan Mth/YTD/FYE | January | YTD | F'Cast |
|---|---|-----------------|---|---------------------|---------|--------|--------|
| PHS15: Diagnostics - Total Number of Non Endoscopy Tests | | | | 3,722/39,603/47,676 | 4,569 | 43,169 | 57,558 |
| What is driving the over-performance? | What actions are being taken to address? | | | | | | |
| <p>January actual performance is showing activity at 22.7% above plan, a 9.0% year-to-date variance and is projecting a 20.7% full-year variance.</p> <p>Diagnostic tests increase as the activity increases, therefore this correlates with reducing 18 week waits and an increase of Non-Elective activity.</p> | <p>NHS Kirklees is closely performance monitoring this measure and reviewing Direct Access Diagnostics.</p> <p>An increase in diagnostics supports 18 weeks achievement. No further actions are required at this stage.</p> | | | | | | |
| Expected date to meet the standard | | | | 31st March 2013 | | | |
| Lead Manager | | | | David Boothroyd | | | |

| RESOURCES: Activity | | Indicator Level | 1 | Plan | February | YTD | F'Cast |
|---|--|-----------------|---|-----------------|----------|-------|--------|
| PHS16: Total Number Waiting on an Incomplete 18 Week RTT Pathway | | | | 8112 | 9,031 | 9,031 | 9,031 |
| What is driving the over-performance? | What actions are being taken to address? | | | | | | |
| <p>This measure was consistently above reporting trajectories throughout last year 2011/12 and February 2013 actual performance is showing 11.3% above plan, but, a decrease on January activity which stood at 12.1% above plan.</p> | <p>During the 2013/14 demand planning negotiations, the CCG will build in the activity required to achieve 18 week requirements.</p> <p>The Quality, Performance & Finance Committee will discuss funding required for 18 weeks in 2013/14 to reduce waiting times to an acceptable level.</p> | | | | | | |
| Expected date to meet the standard | | | | 31st March 2013 | | | |
| Lead Manager | | | | David Boothroyd | | | |

| REFORM: PATIENT CHOICE/EXPERIENCE | | Indicator Level | 1 | Standard | February | YTD | F'Cast |
|--|---|-----------------|---|-----------------|----------|-------|--------|
| PHF08: Proportion of GPs to first outpatient appointment booked using Choose & Book | | | | 90% | 62.5% | 62.5% | 62.5% |
| What is driving the underperformance? | What actions are being taken to address? | | | | | | |
| <p>Although this measure continues to show an under-performance against the national standard, the Governing Body's attention is drawn to the latest unpublished figures and the improvement trend.</p> <p>March unpublished data for NHS Kirklees is showing at 62.8%, February unpublished data shows 63.7% and January published data shows a 59.9% achievement.</p> <p>The January published data for Yorkshire and The Humber is 54.4% and the national average is 50.5%.</p> | <p>The NK CCG Choose & Book Lead Manager is actively working with individual practices to improve the low utilisation rates. At the practice clusters and forums the use of choose and book is discussed with all practices.</p> <p>Discussions between NKCCG and Wakefield CCG are ongoing to strengthen the lines of decision making and how each of the CCGs intend to work with MYHT to improve performance.</p> <p>Choose and book utilisation is an area within the 2013/14 Incentive Scheme to improve the percentage of use by general practice up to a level of 80%.</p> | | | | | | |
| Expected date to meet the standard | | | | 31st March 2013 | | | |
| Lead Manager | | | | Jackie Holdich | | | |

| RESOURCES: Activity | | Indicator Level | 1 | Plan Mth/YTD/FYE | January | YTD | F'Cast |
|---|---|-----------------|---|---|---------|--------|--------|
| PHS15: Diagnostics - Total Number of Non Endoscopy Tests | | | | 3,722/39,603/47,676 | 4,569 | 43,169 | 57,558 |
| What is driving the over-performance? | What actions are being taken to address? | | |  | | | |
| <p>January actual performance is showing activity at 22.7% above plan, a 9.0% year-to-date variance and is projecting a 20.7% full-year variance.</p> <p>Diagnostic tests increase as the activity increases, therefore this correlates with reducing 18 week waits and an increase of Non-Elective activity.</p> | <p>NHS Kirklees is closely performance monitoring this measure and reviewing Direct Access Diagnostics.</p> <p>An increase in diagnostics supports 18 weeks achievement. No further actions are required at this stage.</p> | | | | | | |
| Expected date to meet the standard | | | | 31st March 2013 | | | |
| Lead Manager | | | | David Boothroyd | | | |

| RESOURCES: Activity | | Indicator Level | 1 | Plan | February | YTD | F'Cast |
|---|--|-----------------|---|---|----------|-------|--------|
| PHS16: Total Number Waiting on an Incomplete 18 Week RTT Pathway | | | | 8112 | 9,031 | 9,031 | 9,031 |
| What is driving the over-performance? | What actions are being taken to address? | | |  | | | |
| <p>This measure was consistently above reporting trajectories throughout last year 2011/12 and February 2013 actual performance is showing 11.3% above plan, but, a decrease on January activity which stood at 12.1% above plan.</p> | <p>During the 2013/14 demand planning negotiations, the CCG will build in the activity required to achieve 18 week requirements.</p> <p>The Quality, Performance & Finance Committee will discuss funding required for 18 weeks in 2013/14 to reduce waiting times to an acceptable level.</p> | | | | | | |
| Expected date to meet the standard | | | | 31st March 2013 | | | |
| Lead Manager | | | | David Boothroyd | | | |

| REFORM: PATIENT CHOICE/EXPERIENCE | | Indicator Level | 1 | Standard | February | YTD | F'Cast |
|--|---|-----------------|---|---|----------|-------|--------|
| PHF08: Proportion of GPs to first outpatient appointment booked using Choose & Book | | | | 90% | 62.5% | 62.5% | 62.5% |
| What is driving the underperformance? | What actions are being taken to address? | | |  | | | |
| <p>Although this measure continues to show an under-performance against the national standard, the Governing Body's attention is drawn to the latest unpublished figures and the improvement trend.</p> <p>March unpublished data for NHS Kirklees is showing at 62.8%, February unpublished data shows 63.7% and January published data shows a 59.9% achievement.</p> <p>The January published data for Yorkshire and The Humber is 54.4% and the national average is 50.5%.</p> | <p>The NK CCG Choose & Book Lead Manager is actively working with individual practices to improve the low utilisation rates. At the practice clusters and forums the use of choose and book is discussed with all practices.</p> <p>Discussions between NKCCG and Wakefield CCG are ongoing to strengthen the lines of decision making and how each of the CCGs intend to work with MYHT to improve performance.</p> <p>Choose and book utilisation is an area within the 2013/14 Incentive Scheme to improve the percentage of use by general practice up to a level of 80%.</p> | | | | | | |
| Expected date to meet the standard | | | | 31st March 2013 | | | |
| Lead Manager | | | | Jackie Holdich | | | |



MEETING OF THE GOVERNING BODY

| | | | | |
|--|---|-----------------------------|--------------------------------------|--------|
| Title | 2013/14 Performance Reporting Process for North Kirklees Clinical Commissioning Group | | Public/ Closed: | Public |
| Date | | | | |
| Paper Author and Job Title | Kath Woodford Performance Manager | Director responsible | Steve Brennan, Chief Finance Officer | |
| Response required from the meeting | <ul style="list-style-type: none"> The NHS national and local priorities for local delivery in 2013/13; The 2013/14 Performance Reporting Process for North Kirklees Clinical Commissioning Group | | | |
| Summary | <ul style="list-style-type: none"> To inform the Governing Body of the national outcomes/measures detailed within the 2013/14 Planning Guidance "Everyone Counts Planning for Patients" that will contribute towards the CCG's Single Assurance Assessment Process with the NHS Commissioning Board/Local Area Team and the CCG's annual national benchmarking Outcomes Indicator Set; To advise the Governing Body of the local priorities which have been agreed by the newly formed Kirklees Health & Wellbeing Board through the publication of an agreed Joint Health & Wellbeing Strategy; To seek Governing Body approval of the proposed new performance reporting process for North Kirklees CCG for 2013/14 that needs to satisfy CCG performance monitoring and reporting requirements for 2013/14 that supports delivery of the national and local priorities. | | | |
| Assessment of implications in respect of: | | | | |
| Patient Safety | None identified. | | | |
| Finance/Resource | Any proposed changes or actions required to improve performance is assessed for any financial implications | | | |
| Risk Assessment | NHS Risk Management/Assessment 'traffic light' system is incorporated within the performance reporting process to highlight areas of under/over performance and the mitigating actions being taken to address. | | | |
| Equality and Diversity | None identified to date. | | | |
| Legal issues | None identified. | | | |
| FOI Exemption category | None identified to date. | | | |
| Previously considered by: | | | | |
| Committee/Group | The Quality, Performance and Finance Committee | | | |

**North Kirklees Clinical Commissioning Group
Governing Body Meeting
24th April, 2013**

2013/14 Performance Reporting Process for North Kirklees CCG

1. Purpose

To inform the Governing Body of the national outcomes/measures detailed within the 2013/14 Planning Guidance "Everyone Counts Planning for Patients" that will contribute towards the CCG's Single Assurance Assessment Process with the NHS Commissioning Board/Local Area Team and the CCG's annual national benchmarking Outcomes Indicator Set.

To advise the Governing Body of the local priorities which have been agreed by the newly formed Kirklees Health & Wellbeing Board through the publication of an agreed Joint Health & Wellbeing Strategy.

To seek Governing Body approval of the proposed new performance reporting process for North Kirklees CCG for 2013/14 that needs to satisfy CCG performance monitoring and reporting requirements for 2013/14 that supports delivery of the national and local priorities.

2. Background/Context

The Mandate sets out the national indicators that the Secretary of State for Health will use to assess the progress of the NHS Commissioning Board in improving patient outcomes. *Liberating the NHS* proposed that the NHS Commissioning Board will in turn develop a Commissioning Outcomes Framework to assess the quality of the services commissioned locally by CCGs, in other words to translate the NHS Outcomes Framework into outcomes and indicators that are meaningful at local level, underpinned by NICE quality standards. In both cases, these indicators will cover the three areas of quality defined in the Health and Social Care Bill: clinical effectiveness, patient experience and patient safety.

To avoid confusion with the NHS Outcomes Framework, the Commissioning Outcomes Framework has now changed its name to the CCG Outcomes Indicator Set.

The 2013/14 Planning Guidance – Everyone Counts, Planning for Patients, takes the above into consideration and sets out the planning, performance and financial requirements for NHS organisations in 2013/14 and the basis on which they will be held to account.

The key performance measures are grouped into 4 categories under 5 domains:

Categories

- **Quality:** the national priorities to be delivered locally in 2013/14 to improve services for patients, to support the NHS Constitution and meet a more outcomes-based approach;
- **Effectiveness:** Avoidable admissions to hospitals need to be addressed, as well as maximising the effectiveness of treatment and providing the right support at the right time. Commissioners will be expected to support an approach that:

- keeps people out of hospital when better care can be delivered in other settings;
 - ensures effective joined-up working between primary and secondary care;
 - delivers high quality and efficient care for people in hospital; and
 - co-ordinates care and support for people following discharge from hospital.
- **Safety:** Treating and caring for people in a safe environment and protecting them from avoidable harm;
 - **Resources:** those indicators of finance, capacity and activity that demonstrate the robustness of organisations.

Domains

1. Preventing People from Dying Prematurely
2. Enhancing Quality of life for people with Long Term Conditions
3. Helping People to Recover from Episodes of Ill-Health or Following Injury
4. Ensuring that People have a Positive Experience of Care
5. Treating and Caring for People in a Safe Environment and Protecting them from Avoidable Harm

3. 2013/14 Organisational Performance

The attached flow chart, illustrates the national priorities for local delivery and the agreed local priorities. Within the flow chart the 'red' text denotes the outcomes/measures that will contribute to the CCG's formal assessment process; an outcome/measure with the symbol ^^, denotes that this has been chosen as a local priority by the Health & Wellbeing Board; an outcome/measure with the symbol *** denotes this is one of the national Quality Premiums and an outcome/measure with the symbol >>> denotes this is a CQUIN.

Rather than imposing targets, the NHS CB expects CCGs to develop their own local priorities through their input into the Joint Health and Wellbeing Strategy. However, with assumed liberty comes public responsibility and CCGs are expected to set out real ambition in their plans. *Everyone Counts Planning for Patients 2013/14* asks each CCG to identify three local priorities against which it will make progress during the year. These priorities will be taken into account when determining if the CCG should be rewarded through the Quality Premium.

The local measures chosen by NKCCG which meet the Quality Premium selection criteria are:

- Improving Access to Psychological Therapies
- Integrated Care Plans for people, with 1 or more long-term condition, at risk of hospitalisation. The proxy measure in this instance is "*the reduction in the number of Unplanned Hospitalisation for Chronic Conditions for Adults and Children*"
- NHS Health Checks

With regard to existing and new public health and social care indicators, for 2013/14, Appendix B captures the list of local priorities which have been agreed by the newly formed Kirklees Health & Wellbeing Board through the publication of an agreed Joint Health & Wellbeing Strategy.

The NHS Commissioning Board/Local Area Team is still formulating their view on how they will require CCGs to report against the annual Single Accountability Assessment Framework. As this emerges it may be necessary to revisit the content and timing of some of the reporting described below.

4. Proposed Performance Reporting Process 2013/14

In-year performance reporting is the way in which we report progress against achievement of our national and local priorities detailed within the North Kirklees CCG Strategic/Delivery Plan and should ensure that there are clear and strong lines of accountability and communication that ensures corrective action is taken in a timely manner. **Appendix A** shows the work areas for which there will be a named Clinical Lead, Head of Service and Lead Manager to ensure ownership, accountability and responsibility within the CCG for delivery of the national and local priority areas.

To satisfy CCG performance reporting requirements during 2013/14, it is proposed that:

- Monthly reports against the 2013/14 national and local priority outcomes/measures, **Appendix B** refers, will be sent to the Senior Management Team, the Quality, Finance & Performance Committee and the Governing Body;
- Monthly reports detailing 2013/14 individual contracts activity and finance will be sent to the Senior Management Team, the Quality, Finance & Performance Committee and the Governing Body;
- Reporting of performance against QIPP programmes will be reported separately, on a monthly basis, to the Quality, Finance & Performance Committee;
- Exception reports highlighting areas of under/over performance across all other areas detailed within the Strategic/Delivery Plan will be produced by the relevant Lead Manager and cascaded through the relevant Senior Management Team Lead, and appropriate business committees and then up to the Governing Body;
- Reporting of performance against the full Strategic Plan/Delivery Plan will be made at mid and end-year. **Appendix C** refers.

The in-year performance reports will incorporate the existing NHS Risk Management “traffic light” system (RAG) to performance monitor/manage, assess and report progress being made against the outcomes/measures within the Strategic Plan/Operating Plan:-

- **Green** - target being achieved/no risk to delivery;
- **Amber** - below/above target, situation needs reviewing, remedial action needs Investigation; and
- **Red** - serious deviation from target, corrective action plan required.

5. Recommendations

The Governing Body is asked to:

- **NOTE** the outcomes/measures that are proposed to be measured;
- **APPROVE** the proposed 2013/14 Performance Reporting Process for North Kirklees CCG;
- **NOTE** the possible need to vary the process in light of NHS Commissioning Board/Local Area Team requirements;
- **APPROVE** the delegation of authority to the Chief Officer to approve any such changes that are deemed necessary.

2013/14 NHS COMMISSIONING BOARD - PLANNING GUIDANCE (NHS OF & CCG INDICATOR SET)

- Resources (Financial Balance):**
- Financial forecast outturn & performance against plan
 - Financial performance score for NHS Trusts
 - Delivery of NHS running cost targets
 - Progress on financial aspect of QIPP
 - Health visitor numbers
 - Total pay costs
 - Workforce numbers (clinical staff and non-clinical)
 - Any Qualified Provider
 - Personal Health Budgets

- Capacity & Capability:**
- Acute bed capacity
 - Activity (e.g. Elective and Non-Elective consultant episodes, Outpatients, Referrals)
 - Number waiting on an incomplete Referral to Treatment Pathway
 - 18 Week RTT: zero tolerance of >52 week waiters
 - >>>International & Commercial Activity (in collab. with Academic Health Science Network) - (CQUIN)
 - Day case rate
 - GP written referrals to hospital
 - First outpatient attendance following GP referral
 - Cancelled Operations: further date within 28 days and no urgent operation to be cancelled a 2nd time
 - Ambulance Urgent and emergency journeys
 - Length of stay (Acute & MH)
 - Other referrals for a first outpatient appointment
 - All first outpatient attendances
 - A & E attendances
 - Staff absence rates
 - NHS 111 Service Specification compliance
 - Ambulance Handover within 15 minutes

- Primary Care, Secondary Care, Community and Social Care Reform: Patient Access:**
- Ambulance Response Times: Category A (R1/R2) within 8 & 19 minutes
 - ***Emergency admissions for acute conditions that should not usually require hospital admission
 - Emergency readmissions within 30 days following an elective admission (28 days following an acute care)
 - Number of elective procedures weighted by effectiveness: Hip Replacement; Knee Replacement; Groin Hernia; Varicose Veins
 - Number of elective procedures weighted by effectiveness: Psychological Therapies
 - ***Emergency admissions for Children with Lower Respiratory Tract Infections (LRTI)
 - >>>Incidence of hospital-related Venous Thromboembolism (VTE) - (CQUIN)
 - A & E total time (4 hour wait and no-one waiting over 12 hours)
 - Cancer: 2 week wait for all urgent referrals & referrals for breast symptoms; 31 day waits and 62 day waits
 - Cancer: Diagnostic Improvements: chest x-ray, non obstructive ultrasound, flexi sigmoidoscopy/colonoscopy and MRI
 - Mixed Sex Accommodation Breaches
 - ^^^NHS Health Checks
 - Choice: Bookings to services where named consultant led team was available (even if not selected); Proportion of GP referrals to first outpatient appointments booked using Choose and Book; Trend in value/volume of patients being treated at non-NHS hospitals
 - Information to Patients - % of patients with electronic access to their medical records
 - 18 Week Referral To Treatment waiting times (1% of patients to wait no longer than 6 weeks for Diagnostics)
 - Delayed Transfer of Care (Acute & MH)
 - Stroke: Proportion of patients spending 90% of time on a stroke unit and % of TIA patients assessed and treated within 24 hours
 - ^^^Maternity: access at 12 weeks and 6 days, choice and continuity
 - ^^^Community Services: Screening & Immunisation Programmes
 - Access to GP Services
 - >>>Dementia - Prime Minister's Challenge: Estimated diagnosis rate; Effectiveness of Post-diagnosis Care in Sustaining Independence and Improving Quality of Life (in particular, signposting of carers to relevant advice/information - (CQUIN)
 - Hospital Standard Mortality Rates
 - Improving recovery from Injuries and Trauma; Improving recovery from Stroke; and
 - Improving recovery from Fragility Fractures: proportion of patients recovering to their previous levels of mobility/walking ability at 30 & 120 days
 - >>>Intra-operative fluid management (IOFM) (80% minimum standard) - (CQUIN)
 - Access to Autism Services
 - Proportion of people (65 & over) still at home 91 days following discharge from hospital into Rehabilitation Services
 - Incidence of newly-acquired category 3 & 4 Pressure Ulcers
 - >>>Digital First - Reduce inappropriate face-to-face contacts - (CQUIN)
 - Incidence of Harm to Children due to 'Failure to Monitor'
 - Incidence of Medication Errors
 - >>>Child in a Chair in a day - Wheelchair Services for Children - (CQUIN)

Learning Disabilities: Employment & Independence

- Prescribing, Pharmacy & Medicines Management:**
- Cancer Drug Fund
 - Inappropriate Antipsychotic Prescribing

- Health Inequalities**
- Potential Years of Life Lost (OAI)
 - ***Mortality Rates - causes amenable to healthcare and under 75 from Cardiovascular Disease; Respiratory Disease; Liver Disease; Heart Disease; Stroke; Kidney Disease and Diabetes

- Long Term Conditions NSF:**
- ^^^People with LTC feeling independent and in Control of their Condition and Quality of Life
 - ***Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults); Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s).
 - >>>Use of telehealth and telecare - (CQUIN)
 - ^^^Individual Care Plans

Physical Disabilities & Sensory Impairment

- Diabetes NSF**
- ^^^Diabetic Retinopathy Screening

- Children, Young People & Maternity Services**
- Health Visitors numbers
 - ^^^Breastfeeding Initiation, 6-8 weeks and Smoking during pregnancy
 - Safeguarding
 - ^^^Infant Mortality; Neonatal Mortality & Stillbirths
 - Named Midwife

- Cancer Reform:**
- ^^^Smoking Prevalence/Smoking Quitters
 - ^^^Cancer: breast/cervical/bowel screening test results
 - Improving Outcomes Guidance
 - Cancer Survival - one and 5 year for all cancers and one and 5 year for breast, lung and colorectal and bowel; 5 year survival for all cancers in children <20 years

- CHD NSF:**
- Physical Activity/Diet
 - ^^^Obesity
 - COPD/Rehabilitation
 - Rapid Access Chest Pain Clinics
 - Cardiac Rehabilitation

- Crime & Disorder:**
- ^^^Drugs & Alcohol
 - ^^^Re-offending Rates
 - Liaison & Diversion Services
 - Violent Assault & Victim Support

- Clinical Governance**
- Clinical Audits
 - Medical Revalidation
 - Patient Safety measures

- Sexual Health**
- ^^^Teenage Pregnancy
 - ^^^Access to GUM

- Carers Strategy**
- Carers Breaks
 - Health related quality of life

- End of Life Strategy**
- % of deaths at home including care home

- Corporate Governance**
- Equity & Equality Duties
 - Mental Capacity Act/DoLS
 - Duty of Candour

- Oral Health**
- Access to NHS dentistry
 - ^^^Dental Caries - < 5s

- Older People NSF:**
- Joint Reablement Plans (post discharge support - care home places/rehabilitation services)
 - Dignity and Nutrition
 - Falls and Bone Health: Fragility Fractures
 - Perception of Community Safety/Social Isolation

Specialist Commissioning/Regional Trauma Networks

- IM&T Strategy:**
- Information Revolution

- Patient/User Experience**
- ***Incidence of MRSA & Clostridium Difficile
 - Hospital Care (IP and OP, A & E; Maternity and Community MH; Primary Care; >>>***Friends and Family Test - (CQUIN); PROMS
 - White Paper: Caring for Our Future - Integration of Care/Support
 - >>>Safety Thermometer (pressure ulcers, falls and UTIs) - (CQUIN)

- Mental Health NSF:**
- Improve Access to Psychological Therapies (IAPT)
 - ***Reducing premature deaths in people with mental illness
 - Care Programme Approach (95%)
 - Independent Living with/without Support/Employment
 - Social Isolation and the 'Time to Change' Campaign

HR/OD: Staff Survey; Education & Training Tariff; CfWI

National & Local Priorities

**2013/14 North Kirklees Clinical Commissioning Group - National and Local Priorities
Performance Management Framework**

| Programme Area/Work Area | | | |
|---|---|--|--|
| Health Improvement/Clinical Priority Areas | | | |
| Access to Services | Planned Care | 18 Weeks RTT: Admitted, Non Admitted, Incomplete, Diagnostics Cancelled Operations Mixed Sex Accommodation | |
| | Urgent Care | A & E 4 Hour Waits Emergency Admissions/Re-admissions Out of Hours/111 | |
| | Ambulance Response Times | | |
| | Maternity Services | | |
| | Dementia | | |
| | Autism | | |
| | End of Life Care | | |
| | Intermediate Care | | |
| | Continuing Care, Residential Care and Nursing Home Care | | |
| | Diabetic Retinopathy Screening | | |
| | Delayed Transfer of Care | | |
| | Choose & Book and Choice | | |
| | Improving Health of the Population | Obesity | |
| | | NHS Health Check | |
| Immunisation and Vaccination | | | |
| Smoking Cessation | | | |
| Sexual Health | | | |
| Infant Mortality | | | |
| Long Term Conditions | Ambulatory Care Sensitive Conditions | | |
| | Unplanned Hospitalisation | | |
| | Emergency Bed Days | | |
| | Respiratory Health | | |
| | Renal Disease | | |
| | Diabetes | | |
| | Asthma | | |
| | Coronary Heart Disease/Cardiovascular Disease | | |
| Patient/User Experience | Stroke | | |
| | Patient Safety: Infection Control/Hospital Acquired Infections | | |
| | PROMS, Inpatient and Outpatient Surveys, Friends and Family Test | | |
| | GP Practice Patient Survey | | |
| Clinical Priority Programme | Patient and Public Involvement | | |
| | Cancer | | |
| | Cancer Screening Programmes | | |
| | Mental Health | | |
| | Learning Disabilities | | |
| | Physical Disabilities and Sensory Impairment | | |
| | Children & Young People | | |
| CAMHS | | | |
| Older People (including Reablement) | | | |
| Cross-Cutting Areas | | | |
| Corporate Governance | Corporate Governance | | |
| | Serious Untoward Incidents (SUIs) | | |
| | Complaints/Compliments | | |
| Equality & Diversity | | | |
| Clinical Governance (Clinical Quality, Effectiveness and Patient Experience/Safety) | | | |
| Reconfiguration | | | |
| Safeguarding | | | |
| Primary Care Reform (Strategy) | | | |
| Medicines Management, Pharmacy & Prescribing | | | |
| Information Flows/Data Quality | | | |
| Assistive Technology | | | |
| Predictive Risk | | | |
| Carers | | | |
| Performance | | | |
| Joint Strategic Needs Assessment (JSNA) | | | |
| Health & Wellbeing Strategy | | | |
| Health Inequalities | Life Expectancy, Mortality Rates, Disease Prevalence Levels | | |
| Workforce | | | |
| IM&T | | | |
| Service Activity | Elective, Non Elective, GP Written Referrals and Other Referrals, Daycases, A & E Attendances, Diagnostic Activity, 18 Week Incomplete Pathways, Waiting Time Breaches, Ambulance Urgent & Emergency Journeys | | |
| Financial Balance and QIPP Savings | | | |
| Estates and Facilities/Premises | | | |

2013/14 Everyone Counts: Planning for Patients - Outcomes/Measures
(Quality, Effectiveness, Safety and Resources)

| | | | | | North Kirklees CCG | | | | | | |
|--|---|---|---|-----------------------------|--------------------|---------------|---------------|-----|-----|-----------|--|
| Area | Ref No | Outcome/Measure | Data Availability | Period Target/ 2013/14 Plan | Head of Service | Lead Manager | Actual | YTD | FOT | LM Status | |
| 1. Preventing People from Dying Prematurely | | | | | | | | | | | |
| Quality | CB_A1 | Potential years of life lost (PYLL) from causes considered amenable to healthcare | Adults age 20+ Children and Young People under 20 years | Annual | % < | Chris Dowse | Sarah Muckle | | | | |
| | CB_A2 | Under 75 Mortality Rate from Cardiovascular Disease | mortality rate from Cardiovascular Disease, ages under 75, per 100,000 population | | % < | | | | | | |
| | CB_A3 | Under 75 Mortality Rate from Respiratory Disease | mortality rate from Respiratory Disease, ages under 75, per 100,000 population | | % < | | | | | | |
| | CB_A4 | Under 75 Mortality Rate from Liver Disease | mortality rate from Liver Disease, ages under 75, per 100,000 population | | % < | | | | | | |
| | CB_A5 | Under 75 Mortality Rate from Cancer | mortality rate from cancer, ages under 75, per 100,000 population | | % < | | | | | | |
| | CB_B15 | Ambulance Response Times | Category R1&R2 (A 8 mins) | Monthly | 75% | Helen Severns | Helen Severns | | | | |
| | CB_B16 | | Category R1&R2 (A 19 mins) | | 95% | | | | | | |
| | CB_B6 | Cancer Waiting Times Standards | 2 Weeks: % of patients seen within 2 weeks of an urgent GP referral for suspected cancer | Monthly & Quarterly | 93% | Helen Severns | Helen Severns | | | | |
| | CB_B7 | | 2 Weeks Breast Symptomatic: % of patients seen within 2 weeks of an urgent referral for breast symptoms where cancer is not initially suspected | | 93% | | | | | | |
| | CB_B8 | | 31 Days: % of patients receiving first definitive treatment within 31 days (one month) of a cancer diagnosis | | 96% | | | | | | |
| | CB_B9 | | 31 Days: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is Surgery | | 94% | | | | | | |
| | CB_B10 | | 31 Days: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is an Anti-Cancer Drug Regime | | 98% | | | | | | |
| | CB_B11 | | 31 Days: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is a Radiotherapy Treatment Course | | 94% | | | | | | |
| | CB_B12 | | 62 Days: % of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer | | 85% | | | | | | |
| CB_B13 | 62 Days: % of patients receiving first definitive treatment for cancer within 62 days of referral from and NHS Cancer Screening Programme | | 90% | | | | | | | | |
| CB_B14 | 62 Days: % of patients receiving first definitive treatment for cancer within 62 days of a consultant decision to upgrade their priority status | 90% | | | | | | | | | |
| 2. Enhancing Quality of Life for People with Long-Term Conditions | | | | | | | | | | | |
| CB_A6 | Composite measure on emergency admissions | An aggregate of 4 other indicators relating to avoidable or preventable admissions, expressed as a rate per 100,000 population (CB_A6_01 - CB_A6_04) | Monthly | % < | Helen Severns | Helen Severns | | | | | |
| CB_A6_01 | Unplanned Hospitalisation (Adults) | Proportion of persons aged over 18 with chronic conditions admitted to hospital as an emergency admission per 100,000 population | | plan | | | | | | | |
| CB_A6_02 | Unplanned Hospitalisation (Under 19) | Rate of emergency admissions episodes in people under 19 (0-18 years) where asthma, diabetes or epilepsy was the primary diagnosis per 100,000 population | | plan | | | | | | | |
| CB_A6_07 | People feeling supported to manage their condition | Proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition | Bi-annual (Q2 & Q4) | % > | Helen Severns | Julie Oldroyd | | | | | |
| CB_A8 | Health related quality of life for people with long-term conditions | Average health status score (EQ-5D) for individuals aged 18 and over reporting that they have a long-term conditions | | % > | | | | | | | |

APPENDIX B

| | | | | | North Kirklees CCG | | | | | | |
|--|--|--|--|-------------------|-----------------------------|-----------------|---------------------------------|--------|-----|-----|-----------|
| Area | Ref No | Outcome/Measure | | Data Availability | Period Target/ 2013/14 Plan | Head of Service | Lead Manager | Actual | YTD | FOT | LM Status |
| Quality | CB_09 | Quality of life for people with Dementia | Diagnosis rate for people with Dementia, expressed as a percentage of the estimated prevalence (QOF) | Annual | 62.6% | Helen Severns | Vicky Dutchburn/ Julie Orlinksi | | | | |
| | CB_B19 | Mental Health | The proportion of people under adult mental illness specialties on CPA (Care Programme Approach) who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter (QA) | Quarterly | 95% | | Vicky Dutchburn | | | | |
| | CB_S5 | | IAPT: Proportion of people who have depression and/or anxiety disorders who receive psychological therapies | | 13.2% | | | | | | |
| | | | IAPT: The number of people who are moving to recovery | | 51% | | | | | | |
| 3. Helping People Recover from Episodes of Ill Health or Following Injury | | | | | | | | | | | |
| Effectiveness | CB_A6_03 | Emergency admissions for acute conditions that should not usually require hospital admission | Emergency admissions to hospital of persons with acute conditions (ear/nose/throat infections, kidney/urinary tract infections, heart failure) that usually could have been avoided through better management in primary care | Monthly | plan | Helen Severns | Helen Severns | | | | |
| | CB_A6_04 | Emergency admissions for Children with Lower Respiratory Tract Infections (LRTIs) | Proportion of children aged up to 19 years of age admitted to hospital as an emergency admission for LRTIs | | plan | | | | | | |
| | CB_A10 | Emergency readmissions within 30 days of discharge from hospital | % of emergency admissions to any hospital in England occurring within 30 days of the last previous discharge from hospital after admission. Readmissions for cancer and obstetrics are excluded | | plan | | | | | | |
| | CB_A11 | Total health gain as assessed by patients for elective procedures | Patient Reported outcome Measures (PROMS) for elective procedures: <ul style="list-style-type: none"> •Unilateral Hip Replacements (primary and revisions); •Unilateral Knee Replacements (primary and revisions); •Groin hernia Surgery; •Varicose Vein Surgery. | | %> | Deborah Turner | Deborah Turner | | | | |
| | 4. Ensuring People have a Positive Experience of Care | | | | | | | | | | |
| Effectiveness | CB_A12 | Patient Experience of Primary care: | GP Services | Rolling 6 months | %> | Jackie Holdich | Jackie Holdich | | | | |
| | | | GP Out-of-Hours Services | | %> | | | | | | |
| | CB_A13 | Friends and Family Test | Improving the number of positive recommendations to friends and family by people receiving NHS treatment for the place where they received this care. The Test will be implemented in Inpatients wards and A & E departments from April 2013 and Maternity services from October 2013. | Annual | %> | Deborah Turner | Deborah Turner | | | | |
| | CB_A14 | Patient Experience of Hospital Care | Improvement in patients' experiences of NHS inpatient care across the 5 domain scores (Access & Waiting; Safe, High Quality Co-ordinated Care; Better Information, More Choice; Building Closer Relationships and; Clean, Friendly, Comfortable Place to be.) and each domain score is the average of scores from a number of selected questions in the CQC Inpatient Services Survey. | | %> | Deborah Turner | Deborah Turner | | | | |
| | CB_B1 | 18 Weeks RTT Waiting Time Standards | RTT - Admitted | | 90% | David Boothroyd | Sajid Ali | | | | |
| | CB_B2 | | RTT - Non Admitted | 95% | | | | | | | |
| | CB_B3 | | RTT - Incomplete | 92% | | | | | | | |
| | CB_B4 | | RTT Diagnostics - 6 weeks | 1% | | | | | | | |
| CB_B5 | A & E 4 Hour Waiting Time Standard | % of patients who spent 4 hours or less in A & E | Weekly | 95% | Helen Severns | Helen Severns | | | | | |
| CB_B17 | Mixed Sex Accommodation (MSA) | Number of unjustified breaches | Monthly | 0 | Deborah Turner | Deborah Turner | | | | | |
| | | Rate of unjustified breaches | | 0 | | | | | | | |

APPENDIX B

| | | | | | North Kirklees CCG | | | | | | | |
|--------------------------|---|---|---|---------------------|-----------------------------|-----------------|-----------------|--------|-----|-----|-----------|--|
| Area | Ref No | Outcome/Measure | | Data Availability | Period Target/ 2013/14 Plan | Head of Service | Lead Manager | Actual | YTD | FOT | LM Status | |
| Effectiveness | CB_B18 | Cancelled Operations | All patients who have an operation cancelled on or after the day of admission (including day of surgery) for non-clinical reasons, to be offered another binding date within 28 days or the patient's treatment to be funded at the time and hospital of the patient's choice. Number of breaches | Quarterly | %< | David Boothroyd | Sajid Ali | | | | | |
| | CB_S10 | | No urgent operation to be cancelled for a 2nd time | | 0 | | | | | | | |
| Safety | 5. Treating and Caring for People in a Safe Environment and Protecting them from Avoidable Harm | | | | | | | | | | | |
| | CB_A15 | Healthcare Associated Infections | Overall number of MRSA cases | Monthly | 0 | Deborah Turner | Jane O'Donnell | | | | | |
| | | Overall number of Clostridium Difficile cases | plan | | | | | | | | | |
| Resources | Resources | | | | | | | | | | | |
| | CB_Sa | Financial forecast Outturn & Performance against Plan | Financial forecast outturn performance against plan at organisational and regional level. In addition, no PCT forecast deficits are expected and no provider should plan for a forecast deficit unless part of an agreed recovery plan | Monthly | plan | Steve Brennan | Helen Shallow | | | | | |
| | CB_Sb | Delivery of running cost targets | Actual running costs to be compared to target running costs at regional level. Definition of running costs to form part of planning guidance | | plan | | | | | | | |
| | CB_Sc | Progress on delivery of QIPP savings | QIPP delivery savings and re-investment in 2012/13 and QIPP for 2013/14 to 2014/15 | | plan | | | | | | | |
| | CB_S1 | Non Elective FFCEs | Total number of non-Elective FFCEs in G & A specialties in a month | | plan | David Boothroyd | David boothroyd | | | | | |
| | CB_S2 | All First Outpatient Attendances | Number of all first outpatient attendances (consultant-led) in G & A specialties in a month | | plan | | | | | | | |
| | CB_S3 | Elective FFCEs | Number of G & A elective admissions FFCEs (ordinary admissions) | | plan | | | | | | | |
| | | | Number of G & A elective admissions FFCEs (daycases) | | plan | | | | | | | |
| | CB_Sd | GP Written Referrals to hospital | Number of GP written referrals in the period | | plan | | | | | | | |
| | CB_Se | Other Referrals for a First Outpatient Appointment | Number of referrals other than from GP for a first outpatient appointment in G & A specialties in period | | plan | | | | | | | |
| | CB_Sf | First Outpatient Attendance following GP Referral | Number of first outpatient appointments following GP referral (consultant-led) | | plan | | | | | | | |
| | CB_S4 | A & E Attendances | Number of attendances at A & E departments in a month (total and type 1) | Weekly | plan | | | | | | | |
| | CB_S6 | 18 Week RTT: Number of 52+ week waiters | Zero tolerance of over 52 week waiters | Monthly | 0 | | | | | | | |
| | CB_S7 | Ambulance Handover Time - 15 minutes | Ambulance handover delays of over 30 minutes | Local determination | 30 mins | Helen Severns | Helen Severns | | | | | |
| | | | Ambulance handover delays of over 1 hour | | 1 hour | | | | | | | |
| | Crew clear within 30 minutes | | 30 mins | | | | | | | | | |
| Crew clear within 1 hour | 1 hour | | | | | | | | | | | |
| CB_S8 | | | | | | | | | | | | |
| CB_S9 | A & E 12 Hour Trolley Waits | Total number of patients who have waited over 12 hours in A & E from decision to admit to admission | Weekly | 0 | David Boothroyd | Sajid Ali | | | | | | |

APPENDIX B

| | | | | | North Kirklees CCG | | | | | | | |
|---|---------|---|---|-------------------|-----------------------------|-----------------|--------------|--------------------|-----|-----|-----------|--|
| Area | Ref No | Outcome/Measure | | Data Availability | Period Target/ 2013/14 Plan | Head of Service | Lead Manager | Actual | YTD | FOT | LM Status | |
| Resources | CB_Sg | Diagnostics Activity | Total number of diagnostic endoscopy tests | Monthly | plan | David Boothroyd | Sajid Ali | | | | | |
| | CB_Sh | | Total number of diagnostic non- endoscopy tests | | plan | | | | | | | |
| | CB_Si | Ambulance Urgent and Emergency Journeys | Number of urgent and emergency journeys via ambulance, monthly. | | plan | | | | | | | |
| | CB_Sj | Number waiting on an Incomplete 18 Week RTT pathway | Total number of incomplete RTT pathways at the end of the period | | plan | | | | | | | |
| Local Priorities | | | | | | | | | | | | |
| Health Inequalities | PH36 | Cancer Breast Screening | Extension of breast screening programme to women aged 47-49 and 71-75 | Quarterly | %> | Chris Dowse | Cathy Munro | | | | | |
| | | Cancer Bowel Screening | Extension of bowel screening programme to men and women aged 70 up to 75th birthday | | %> | | | | | | | |
| | | Cancer Cervical Screening test results | All women to receive results of cervical screening tests within 2 weeks | | 2week | | | | | | | |
| | PH15 | Access to Maternity Services | % of women who have seen a midwife by 12 weeks and 6 days of pregnancy | | 90% | | | Keith Henshall | | | | |
| | No Ref | Coverage of NHS Health Checks | % of people aged 40-74 who have been offered an NHS Health Check | | 25% | | | Sarah Muckle | | | | |
| | | | % of people aged 40-74 who have received an NHS Health Check | | 50% | | | | | | | |
| | PH11 | Smoking | Smoking prevalence among people aged 16 or over and, aged 16 or over in routine and manual groups | | plan | | | Cathy Munro | | | | |
| | | | 4 week Smoking quitters per 100,000 population | | plan | | | | | | | |
| | | | Reduce smoking during pregnancy by 1% year-on-year | | plan | | | | | | | |
| | | | Smoking Prevalence - % of women known to be smoking at birth in Dewsbury | | plan | | | | | | | |
| | | | Smoking Prevalence - % of women known to be smoking at birth in Batley | | plan | | | | | | | |
| | PH36 | Diabetic Retinopathy Screening | % of eligible people offered screening for the early detection (and treatment if needed) of diabetic retinopathy in the previous 12 months | | 95% | | | NHSCB/Sarah Muckle | | | | |
| | | | % of results issues within 3 weeks of screening | | plan | | | | | | | |
| | PH15 | Breastfeeding Initiation | Increase breastfeeding initiation rates by 2% year-on-year | | plan | | | Keith Henshall | | | | |
| | | Breastfeeding 6-8 Weeks | Prevalence of breastfeeding at 6-8 weeks after birth | | plan | | | | | | | |
| | | | Coverage of breastfeeding at 6-8 weeks after birth | | 95% | | | | | | | |
| | | Low Birth Weight Babies | Incidence of low-birth weight of term babies | | plan | | | | | | | |
| | PH4/PH7 | Obesity | Total number of people aged 16 and over on GP register, recorded as having a BMI of 30 or greater in the last 15 months | | plan | | Annual | Liz Messenger | | | | |
| | | | Total number of people aged 16 and over on GP register, recorded as having a BMI recorded in the last 15 months | | plan | | | | | | | |
| | | | Total number of primary school age children in year R with height and weight recorded in the past school year divided by the total number of primary school age children in Year R, expressed as a % - data source National Childhood Obesity Database as at Sept 07. | | plan | | | | | | | |
| Total number of primary school age children in year 6 with height and weight recorded in the past school year divided by the total number of primary school age children in Year 6, expressed as a % - data source National Childhood Obesity Database as at Sept 07. | | | plan | | | | | | | | | |

APPENDIX B

| | | | | North Kirklees CCG | | | | | | | |
|---|------------------|---|--|--------------------|-----------------------------|-----------------|-------------------------|--------|-----|-----|-----------|
| Area | Ref No | Outcome/Measure | | Data Availability | Period Target/ 2013/14 Plan | Head of Service | Lead Manager | Actual | YTD | FOT | LM Status |
| Health Inequalities | K1058 | Teenage Pregnancy | Teenage conception rates per 1,000 females aged 15-17 - % change in the number | Quarterly | plan | Chris Dowse | Alan Laurie | | | | |
| | PH33 | Proportion of children who complete immunisation by recommended ages | Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib) | | 95% | | | | | | |
| | | | Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC) | | 95% | | | | | | |
| | | | Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR) | | 95% | | | | | | |
| | | | Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV) | | 95% | | | | | | |
| | | | Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) | | 95% | | | | | | |
| | | | Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR) | | 95% | | | | | | |
| | PH10 | Sexual Health | Chlamydia screening - number of positive screens | Annual | plan | | Rachel Spencer-Henshall | | | | |
| | | | HIV: proportion of persons presenting with HIV at a late stage of infection | | plan | | Maxine Worden | | | | |
| | PH16 | Substance Misuse | Number of drug users recorded as being in effective treatment | Quarterly | plan | | Tony Cooke | | | | |
| | | | Number of drug users that left treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment | | plan | | | | | | |
| | PH16 & PH21 | Substance Misuse | Rate of hospital admissions per 100,000 for alcohol related harm | | plan | | Jo Hilton-Jones | | | | |
| number of adult structured alcohol treatment episodes | | | Annual | plan | | | | | | | |
| PH16 & PH21 | Substance Misuse | % of adult dependent drinkers exiting structured specialist treatment through care planned discharges | Quarterly | plan | | | | | | | |
| | | Dental - rates of dental caries in children aged 5 (decayed, missing or filled teeth) | | Quarterly | plan | | Liz Messenger | | | | |
| PH4 | NHS Dentistry | Dental - rates of dental caries in children aged 5 (decayed, missing or filled teeth) | Quarterly | plan | | Liz Messenger | | | | | |

APPENDIX C

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APPENDIX C

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