The CCG Assurance Framework: 2014/15 Operational Guidance

Delivery Dashboard Technical Appendix

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The CCG Assurance Framework: 2014/15 Operational Guidance

Delivery Dashboard Technical Appendix

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Contents

Introduction and context

1. This document provides technical guidance for the 2014/15 CCG Assurance delivery dashboard and should be read in conjunction with *The CCG Assurance Framework: 2014/15 Operational Guidance.*

What is the purpose of the delivery dashboard?

2. Where performance challenges are identified under the delivery dashboard, they should be discussed through assurance conversations. However, the dashboard is only one input to the process. The most important elements of assurance are the local conversation and the judgement about any actions taken as a result of any delivery concerns, with a focus on support and development as the default response.

How should the delivery dashboard be used?

3. The dashboard forms a key element of the national insight which informs the assurance process. It will be generated centrally to a consistent template and should be used to supplement local considerations about areas for discussion through assurance.

4. The delivery dashboard comprises four sections, each reflecting a specific area of insight based on the planning requirements set out in *Everyone Counts: Planning for Patients 2014/15 to 2018/19* and key elements of statutory duties:

   - NHS Constitution;
   - Outcomes and Quality;
   - Better Care Fund; and
   - Finance.

5. The principles used for the formulation of each section of the dashboard are shown below.

NHS Constitution

6. The assessment of delivery is explicitly linked back to the shared statutory duty to promote the NHS Constitution. It is important that delivery is discussed and monitored systematically both through CCG governance and through contract management with providers. The NHS Constitution section of the delivery dashboard is designed to inform a discussion across both of these dimensions of assessment.

7. Internally, CCGs need to demonstrate robust governance including the regular consideration of performance against the NHS Constitution standards. CCGs need to demonstrably be taking a proactive approach to understanding delivery in their local area, supporting improvement where necessary and collaborating across local partners.

8. Externally, CCGs need to demonstrate that delivery against the NHS Constitution standards are a routine part of the contract managing process with providers.

Outcomes and Quality

<u>Outcomes</u>

9. The assessment of improved outcomes delivery is explicitly linked back to the shared requirement to improve outcomes for patients across the NHS Outcomes Framework. For the purposes of the delivery dashboard it is necessary to use a subset of these data to ensure that a contemporary discussion can take place and the indicators identified align with those used within *Everyone Counts: Planning for Patients 2014/15 to 2018/19*.

10. It is important that the improvement of outcomes is discussed and monitored systematically by CCGs. The assurance assessment should take potential entitlement to the Quality Premium as the start point of a conversation and take other sources of insight alongside this to make a more comprehensive assessment of CCG under domain three of the assurance framework.

<u>Quality</u>

11. The assessment of the quality of care is explicitly linked back to the shared statutory duty to improve the quality of services. It is important that quality is discussed and monitored systematically both through CCG governance and through contract management with providers. The quality section of the delivery dashboard is designed to inform a discussion across both of these dimensions of quality assessment and should be used along other sources of evidence and insight.

12. Internally, CCGs need to demonstrate robust governance including the regular consideration of quality through governing body discussions. CCGs need to be demonstrably taking a proactive approach to understanding the quality of care in their local area, supporting improvement where necessary and collaborating across local partners.

13. Externally, CCGs need to demonstrate that quality and outcomes are a routine part of the contract managing process with providers including clinical input and the consideration of patient and public feedback to inform the assessment.

Better Care Fund

14. The delivery dashboard will include those measures that are being tracked as part of the Better Care Fund at a Health and Wellbeing Board level.   While the CCG's contribution is not separated out, the data in the delivery dashboard will support assurance conversations alongside other evidence available locally.

Finance

15. The financial metrics in the delivery dashboard form a key element of financial and performance assurance that ensures objectives are being met. CCGs are measured against business rules set out in financial planning, and in-year delivery against the financial plan.

16. The finance indicators have been designed to provide national insight to inform the assurance process. They have also been designed to be read alongside local performance information and intelligence through on-going assurance discussions.

Technical guidance

17. The indicators for each section of the dashboard are described on the following pages, with details of the basis of measurement, RAG criteria and additional comments.

Section 1 – NHS Constitution indicators

Category	Indicator	Basis	RAG Criteria	Comments
Referral to Treatment waiting times for non-urgent consultant led treatment	Admitted patients to start treatment within a maximum of 18 weeks from referral	Commissioner	GREEN: >=90% RED: <90%	
	Non-admitted patients to start treatment within a maximum of 18 weeks from referral	Commissioner	GREEN: >=95% RED: <95%	
	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks	Commissioner	GREEN: >= 92% RED: <92%	
	Number of patients waiting more than 52 weeks	Commissioner	GREEN: 0 RED: >0	The count in the last month of the quarter is used, not the full quarter

Category	Indicator	Basis	RAG Criteria	Comments
Diagnostic test waiting times	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	Commissioner	GREEN: <= 1% RED: >1%	
A&E waits	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A & E department	Provider	GREEN: >= 95% RED: <95%	Top 3 main A&E providers identified for each CCG
Cancer waits	Maximum two week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Commissioner	GREEN: >= 93% RED: <93%	
	Maximum two week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Commissioner	GREEN: >= 93% RED: <93%	
	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	Commissioner	GREEN: >= 96% RED: <96%	

Category	Indicator	Basis	RAG Criteria	Comments
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	Commissioner	GREEN: >=94% RED: <94%	
	Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	Commissioner	GREEN: >= 98% RED: <98%	
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	Commissioner	GREEN: >= 94% RED: <94%	
	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	Commissioner	GREEN: >= 85% RED: <85%	
	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	Commissioner	GREEN: >= 90% RED: <90%	

Category	Indicator	Basis	RAG Criteria	Comments
	Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient (all cancers)	Commissioner	No operational standard	
Category A Ambulance calls	Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Provider	GREEN: >= 75% RED: <75%	The whole Ambulance Trust performance will be reported for each CCG area that they cover
	Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Provider	GREEN: >= 75% RED: <75%	
	Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Provider	GREEN: >= 95% RED: <95%	
Mixed sex accommodation breaches	Breaches of same sex accommodation	Commissioner	GREEN: 0 RED: >0	

Category	Indicator	Basis	RAG Criteria	Comments
Cancelled operations	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice	Provider	No operational standard	The top 3 providers will be identified for each CCG
Mental Health	Care Programme Approach (CPA): The proportion of people under adult mental illness specialities on CPA	Commissioner	GREEN: >= 95% RED: <95%	

Section 2 – Outcomes and Quality indicators

Category	Indicator	Basis	RAG Criteria	Comments
Preventing people from dying prematurely	Potential years of life lost (PYLL) from causes considered amendable to healthcare	Commissioner	No RAG	Changes in performance will be flagged where they are statistically significant
Enhancing quality of life for people with long-term conditions	Health-related quality of life for people with long-term conditions	Commissioner	No RAG	Changes in performance will be flagged where they are statistically significant
	Estimated diagnosis rate for people with dementia	Commissioner	No RAG	
Emergency admissions	Composite measure on emergency admissions	Commissioner	No RAG	Changes in performance will be flagged where they are statistically significant
Positive experience of care	Patient experience of primary care i) GP Services, ii) GP Out of Hours services	Commissioner	No RAG	

Category	Indicator	Basis	RAG Criteria	Comments
	Patient experience of hospital care	Commissioner	No RAG	
Friends and Family Test	Average A&E and inpatient scores	Provider	No operational standard	The top 3 providers will be identified for each CCG
Incidence of healthcare associated infection	MRSA	Commissioner	GREEN: 0 RED: >0	
	C difficile	Commissioner	GREEN: <= plan RED: >plan	
IAPT	Access to services	Commissioner	GREEN: CCG plan to achieve at least 15% by 2015/16 AND CCG on track against plan AMBER: CCG plan to achieve less than 15% by 2015/16 AND CCG on track against plan RED: CCG not on track against plan	

Category	Indicator	Basis	RAG Criteria	Comments
	Proportion of people accessing IAPT services and recovery rate	Commissioner	GREEN: CCG plan to achieve at least 50% by 2015/16 AND CCG on track against plan AMBER: CCG plan to achieve less than 50% by 2015/16 AND CCG on track against plan RED: CCG not on track against plan	
Medication-related incidents	Count of reported medication error incidents as % of all reported incidents for that provider	Provider	No operational standard	The top 3 providers will be identified for each CCG

Section 3 – Better Care Fund indicators

Category	Indicator	Basis	RAG Criteria	Comments
Delayed transfer of care	Delayed transfer of care from hospital per 100,000 (average per month)	LA	To be confirmed	To match the LA data to the HWB and include those HWBs where CCGs are members
Admissions to residential and nursing care homes	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	LA	No RAG	To match the LA data to the HWB and include those HWBs where CCGs are members

Changes in performance will be flagged where they are statistically significant |
Reablement / rehabilitation services	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	LA	No RAG	
Avoidable emergency admissions	Avoidable emergency admissions per 100,000 population (composite measure)	LA	No RAG	
Occupied bed days	New indicator to be developed	To be developed	No RAG	

Section 4 – Finance indicators

Category	Indicator	Start	RAG Criteria	Comments
Financial performance and management – primary indicators	Plan – year to date (variance to plan and % of YTD allocation)	Q1	GREEN: Positive variance to plan or negative variance <=0.1% AMBER: 0.1% > variance < 0.5% (negative variance) RED: Negative variance => 0.5%	Calculate CCG year to date variance to surplus/(deficit) plan as % of the CCG year to date allocation and then RAG rate accordingly
	Plan – full year (variance to plan as % of allocation)	Q1	GREEN: Positive variance to plan or negative variance <=0.1% AMBER: 0.1% > variance < 0.5% (negative variance) RED: Negative variance => 0.5%	Calculate CCG full year variance to surplus/(deficit) plan as % of the CCG annual allocation and then RAG rate accordingly

Category	Indicator	Start	RAG Criteria	Comments
	QIPP – year to date delivery	Q1	GREEN: >= 95% of plan AMBER: <95% of plan >= 75% of plan RED: <75% of plan	Utilise the submitted non-ISFE returns and RAG rating generated to complete (covering transactional and transformational schemes)
	QIPP – full year forecast	Q1	GREEN: >= 95% of plan AMBER: <95% of plan >= 75% of plan RED: <75% of plan	Utilise the submitted non-ISFE returns and RAG rating generated to complete (covering transactional and transformational schemes)
	Clear identification of risks against financial delivery and mitigations	Q1	GREEN: Mitigations equal to or greater than risks AMBER: Risks not fully mitigated and, if they were to materialise, the CCG would not be in deficit or would be in deficit up to 1% of allocations	Utilise information from the submitted non-ISFE returns

Category	Indicator	Start	RAG Criteria	Comments
			RED: Risks not fully mitigated and, if they were to materialise, the CCG would be in deficit greater than 1% of allocation.	
	Running costs	Q1	GREEN: <= RCA AMBER: Not applicable RED: >RCA	Assess if CCG full year running costs breach annual allocation and RAG rate accordingly
	Underlying recurrent surplus on exit of 2014/15	Q1	GREEN: >= 2.5% AMBER: 2.5% > surplus Surplus >= 0% RED: <0%	Rate the underlying position the CCG will 2014/15 (as % of allocation) as populated on the underlying surplus template
	Financial position meets the 2014/15 surplus planning requirement	Q1	GREEN: >= 1% surplus forecast AMBER: >= breakeven and <1% surplus forecast RED: Deficit forecast	Assesses forecast delivery against the planning criteria of a 1% surplus

Category	Indicator	Start	RAG Criteria	Comments
Financial performance and management – supporting indicators	Planned usage of non-recurrent headroom funds in line with business rules	Q1	GREEN: >= 2.5% AMBER: 2.5% > funds committed non recurrently Funds committed non recurrently >= 1% RED: < 1% committed or set aside for investment	Assesses the % committed or set aside for investment in planning stage (rather than used to support the bottom line CCG position) Local assurance will be given the opportunity to override the generated rating on an exception basis for specific cases where it has been agreed to waive this business rule at the planning stage e.g. to generate an agreed increased surplus
	BPPC performance – invoices paid within Better Payment Practice Code	Q1	GREEN: >= 95% paid within target AMBER: 95% > paid within target Paid within target >= 75% RED: < 75% paid within target	Weighted percentage of both volume and value of invoices
	Cash utilisation	Q2	GREEN: To be confirmed AMBER: To be confirmed RED: To be confirmed	Metric to be developed on cash drawdown