

STP Progress Dashboard – Methodology

Purpose

To summarise the indicators and methods used in the production of the STP Progress Dashboard.

Introduction

Next Steps on the NHS Five Year Forward View set out how sustainability and transformation partnerships (STPs) would drive integrated care across England, creating new opportunities to improve services for the public. Furthermore, it committed NHS England to publishing a baseline assessment of STP progress in July 2017.

This STP Progress Dashboard gives an initial baseline assessment of the 44 STPs set up across the country to improve care through collaboration between services. It indicates the starting point from which STPs will drive improvements in care.

The dashboard comprises 17 performance indicators across 9 priority areas, each falling into 3 core themes of hospital performance, patient-focused change and transformation. We intend to update the dashboard annually to enable progress to be tracked. The methodology may evolve over time as we learn more about its effectiveness and develop additional indicators. This document presents the methods applied in the July 2017 release.

Indicator Selection

Indicators have been selected to capture baseline performance across quality, health outcomes, finance and care redesign. They have also been selected to align with the CCG Improvement and Assessment Framework and the provider Strategic Oversight Framework. Further considerations in the selection of metrics included:

- Indicators should not require new data collection or be onerous for the NHS front-line;
- Data should be available across the whole of England to ensure that all STPs are appropriately assessed; and
- The total list of indicators should not be unmanageably long.

We expect these indicators to evolve over time. For instance, future versions of the dashboard are likely to include measures of important priorities such as improving cancer one-year survival rates and reducing out-of-area placements in specialist mental health services. These were not included this time round because they are not yet calculated or measured at the STP level.

The indicators

Table 1 shows the list of indicators included in the dashboard:

Table 1

Theme	Priority Area	Indicators
Hospital performance	1. Emergency performance	Percentage of patients admitted, transferred or discharged from A&E within 4 hours
	2. Elective performance	% of patients waiting 18 weeks or less from referral to hospital treatment (RTT)
	3. Safety	Providers in special measures Hospital Acquired Infections per 100,000 bed-days (MRSA) Hospital Acquired Infections per 100,000 bed-days (C.Difficile)
Patient-Focused Change	4. Mental health	% of IAPT patients moving to recovery % People with 1st EIP starting NICE-recommended treatment within 2 weeks of referral
	5. Cancer	% Cancers diagnosed at early stage (1 or 2) % People with urgent GP referral having 1st treatment for cancer within 62 days of referral % patients with good experience of care
	6. General practice	% of practices offering extended access appointments % of patients with good experience of making a GP appointment
Transformation	7. Prevention	Emergency admissions per 1,000 population Emergency bed days per 1,000 population Delayed transfers of care per 100,000 population
	8. Leadership	System-wide leadership
	9. Finance	% variance from plan

Indicator Construction

Full detail of the construction of the indicators and the sources of the original data is provided in Annex A.

Aggregation of data from CCG or Trust level data to STP level data

The majority of indicators in the dashboard use information that is published at the level of individual organisations. We have therefore needed to combine information in order to present data at STP level.

Many indicators are published at CCG level and required aggregation to STP level. The methods for this are described below, and the methods for indicators requiring aggregation from local authority or provider level are given in the Technical Annex.

STP boundaries are coterminous with groups of CCGs in the majority of cases. With the exception of Cumbria, all CCGs are partners in a single STP, and so all their patients and population should be included in the calculations for that STP. For

Cumbria, patients are allocated to its two STPs based on counts of registered GP patients. All indicators use the split of 63%/37% used in the CCG IAF, apart from finance data which uses a split of 61%/39%.

Indicators that use proportions are not influenced by the sizes of the STPs. For example, we consider the percentage of patients waiting less than 62 days for first treatment for cancer, rather than the number of patients. To calculate the indicator at STP level, we separately identified the two parts of the proportion for each STP. For this example, we have added up the number of patients with an urgent referral for cancer, and the number who received their first treatment for cancer within 62 days, so that the indicator value reflected performance across the STP.

Time periods

Time periods for data analysis were decided on an indicator by indicator basis, taking into account the frequency of data publications. For indicators with a monthly reporting period, year-end data at March 2017 was included. However, where March data was not available, data from the most recently published quarter, biannual or annual time periods relating to 2016/17 were selected instead.

For indicators with small numerators, 12 month totals at year-end were used in order to reduce random variation. Similarly, where data patterns were highly seasonal, 12 month totals at year-end were used. 12 months totals were not used for indicators with highly seasonal patterns that had standardised targets as STPs are expected to achieve these targets each month regardless of season.

Time periods chosen for each indicator are detailed in the Technical Annex.

Indicator banding

Individual indicator values are converted into scores which can be added together in order to derive overall assessment ratings. This section describes the principles and methods applied to band the indicator values for each STP.

Measures of deviation

Where there was an agreed national standard, target or ambition, the deviations which were scored were measured from the standard, target or ambition value. Otherwise a quartiles approach is used. For four indicators (hospitals in special measures, MRSA infection rates, leadership and finance), alternative methods were used to determine scores as described in the 'Exceptions' section below.

Scores and thresholds

For indicators with a national target, the upper and lower limits were set at fixed percentage thresholds on either side of the standard using reasoned judgement. Any STP falling below the lower limit was scored 0, those between the lower limit and

standard were scored 0.75, those above the target but below the upper limit scored 1.25, and those over the upper limit scored 2.

National targets and upper and lower limits used for each indicator are illustrated in table 2.

For most indicators with no national standard, STPs were split into four equal quartiles, each comprising 11 STPs. Any STP in the bottom quartile was scored 0, those in the second quartile were scored 0.75, those in the third quartile 1.25, and those in the top quartile scored 2.

Exceptions

Alternative methodologies are applied to the following indicators:

Hospital Acquired Infections (MRSA)

There is a national ambition for 0 cases of MRSA. Therefore only STPs reporting no trust-assigned cases of MRSA received a top score of 2. Other STPs were allocated evenly across the three remaining bands.

No. of providers in special measures

All STPs that had 0 trusts in special measures received a score of 2. Any STPs with 1 or more trusts in special measures received a score of 0.

Finance: % variance from plan

>+1% : 2

0-1% : 1.25

0 to -0.5% : 0.75

<-0.5% : 0

Leadership

Advanced systems: 2

Established systems: 1.25

Developing systems: 0.75

Early systems: 0

Table 2 present the thresholds used for each indicator. These thresholds may be held constant to enable tracking of change over time.

Table 2

Indicator	National target or quartiles	Banding and thresholds	
Percentage of patients admitted, transferred or discharged from A&E within 4 hours	95% (target)	0 0.75 1.25 2	<85% ≥85% & <90% ≥90% & <95% ≥95%
Patients waiting 18 weeks or less from referral to hospital treatment (RTT)	92% (target)	0 0.75 1.25 2	<91% ≥91% & <92% ≥92% & <93% ≥93%
Special measures	n/a	0 2	At least one provider in special measures No providers in special measures
Hospital acquired infections (MRSA)	0 (target)	2 1.25 0.75 0	0 >0 & <0.7 (lowest third of non-zero scores) ≥0.7 & <1.2 (middle third) ≥1.2 (upper third)
Hospital acquired infections (C.Difficile)	Quartiles	2 1.25 0.75 0	<10.9 ≥10.9 & <12.7 ≥12.7 & <15.1 ≥15.1
% of practices offering extended access appointments	Quartiles	0 0.75 1.25 2	<4.8% ≥4.8% & <14.6% ≥14.6% & <26.6% ≥26.6%
% of patients with good experience of making a GP appointment	Quartiles	0 0.75 1.25 2	<74.9% ≥74.9% & <76.8% ≥76.8% & <77.8% ≥77.8%
% of IAPT patients moving to recovery	50% (target)	0 0.75 1.25 2	<47% ≥47% & <50% ≥50% & <53% ≥53%
% People with 1st EIP starting NICE-recommended treatment within 2 weeks of referral	50% (target)	0 0.75 1.25 2	<25% ≥25% & <50% ≥50% & <75% ≥75%
% Cancers diagnosed at early stage (1 or 2)	Quartiles	0 0.75 1.25 2	<50.8% ≥50.8% & <52.3% ≥52.3% & <54.3% ≥54.3%
% People with urgent GP referral having 1st treatment for cancer within 62 days of referral	85% (target)	0 0.75 1.25 2	<84% ≥84% & <85% ≥85% & <86% ≥86%
Average cancer patient satisfaction with care (score out of 10)	Quartiles	0 0.75 1.25 2	<8.61 ≥8.61 & <8.70 ≥8.70 & <8.75 ≥8.75
Emergency admissions per 1,000 population	Quartiles	2 1.25 0.75	<88 ≥88 & <94 ≥94 & <105

		0	>=105
Emergency bed days per 1,000 population	Quartiles	2 1.25 0.75 0	<438 >=438 & <492 >=492 & <538 >=538
Delayed transfers of care – average number of delayed days per day	Quartiles	2 1.25 0.75 0	<3,849 >=3,849 & <5,330 >=5,330 & <6,607 >=6,607
Leadership	No target but fixed thresholds	0 0.75 1.25 2	<6 >=6 & <9 >=9 & <12 >=12
Finance	No target but fixed thresholds	0 0.75 1.25 2	< -0.5% >= -0.5% & <0.0% >= 0.0% & <1.0% >= 1.0%

Aggregation of scores

Having assigned each indicator value to a banding, the scores are combined to give an overall score for each of the 9 priority areas and an overall score for each STP.

Summing and weighting

For each STP, the score for each of the nine priority areas was constructed as:

$$S = \sum_i \frac{S_i}{n}$$

where S_i (a value between 0 and 2) denotes the STP score for the i th indicator and n is the number of the indicators in the priority area.

The overall score for each STP was based on the average score across the nine priority areas, with the areas in the transformation themes weighted as 50% of the total score, and the indicators in the patient-focused change and hospital performance themes accounting for the remaining 50%. For the purpose of scoring, the MRSA and C-diff indicators were combined into a single indicator relating to Healthcare Acquired Infection rates. Overall values were rounded to one decimal place.

Categorisation

The overall score was assigned to four categories as follows:

- <0.65 : category 4, needs most improvement
- ≥0.65 and < 1 : category 3, making progress
- ≥1 and <1.35 : category 2, advanced
- ≥1.35 : category 1, outstanding

Worked example

Sample data are presented in table 3 for a fictional STP. The indicator values are converted into scores according to the prescribed rules presented in table 2, along with the calculation to reach the overall score.

Table 3

Theme	Indicator	Value	Score	Priority area average score
Hospital performance	A&E	92.1%	1.25	Emergency performance = 1.25
	RTT	95.3%	2	Elective performance = 2
	Special measures	0 trusts in special measures	2	Safety = $[2 + (0.75 + 2) / 2] / 2$ = 1.69
	MRSA*	1	0.75	
	C.Difficile*	5	2	
Patient-focused change	IAPT	60.0%	2	Mental health = $(2 + 1.25) / 2$ = 1.63
	EIP	50.1%	1.25	
	Early cancer diagnosis	52.5%	1.25	Cancer = $(1.25 + 2 + 0) / 3$ = 1.09
	62 day cancer RTT	89.8%	2	
	Cancer patient experience	7.0	0	
	GP practices offering extended access	10%	0.75	General practice = $(0.75 + 2) / 2$ = 1.38
	Patient satisfaction with GP access	90%	2	
Average score across hospital performance and patient-focused change				= $(1.25 + 2 + 1.69 + 1.63 + 1.09 + 1.38) / 6$ = 1.507
Transformation	Emergency admissions	50	2	Prevention = $(2 + 0 + 0.75) / 3$ = 0.917
	Emergency bed days	600	0	
	Delayed transfers of care	5,500	0.75	
	Leadership	13	2	Leadership = 2
	Finance	2.1%	2	Finance = 2
Average score across transformation				= $(0.917 + 2 + 2) / 3$ = 1.639
Overall total (out of 2)				= $(0.5 * 1.507) + (0.5 * 1.639)$ = 1.57 (outstanding)

*Note that the two healthcare acquired infection indicators are combined into a single indicator for the purpose of scoring.

Annex A – Technical Specification of Indicators in the STP Progress Dashboard

STP Progress Dashboard Indicators:

Technical Annex

July 2017

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Percentage of patients admitted, transferred or discharged from A&E within 4 hours	
Theme	Hospital performance, Emergency
Definition	The number of patients admitted, transferred or discharged from A&E within 4 hours as a percentage of the total number of attendances at A&E (for all types of A&E)
Publication status	Currently in publication
Frequency of publication	Monthly
Time period used in dashboard	March 17
Data	
Data source	<p>NHS England: A&E attendances and emergency admissions monthly return (MSitAE via UNIFY2) is used to measure A&E performance against the 4 hour measure using figures on number of attendances and number of attendances within 4 hours from arrival to admission, transfer or discharge. Prior to 17/18 this data source was not published at STP level.</p> <p>https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/</p> <p>NHS Digital: A&E Hospital Episode Statistics. A&E Hospital Episode Statistics on the number of A&E attendances at each provider and CCG is used to map provider data to CCGs and provide estimates of performance at CCG and subsequently STP level.</p>
Data fields	<p>A&E attendances and emergency admissions return:</p> <p>Total attendances [A&E attendances]</p> <p>A&E attendances > 4 hours from arrival to admission, transfer or discharge [total attendances > 4 hours]</p> <p>A&E Hospital Episode Statistics (for mapping from provider to CCG):</p>

	Number of A&E attendances (all types of A&E).
filters	None
Data processing	<p>Processing of A&E attendances and emergency admissions return:</p> <ul style="list-style-type: none"> • For the monthly A&E return, NHS Trusts, NHS Foundation Trusts, Social Enterprises and GP Practices submit data to NHS England through a template via Unify2. Unify2 is NHS England's standard online tool for the collection and sharing of NHS performance data. Once data is submitted and signed-off locally, NHS England performs central validation checks to ensure good data quality. <p>Mapping data from provider to CCG:</p> <ul style="list-style-type: none"> • HES A&E attendance data provides a breakdown of A&E attendances by provider and CCG. • HES A&E data is used to estimate what proportion of activity (A&E attendances from all types of A&E) from a provider can be attributed to each CCG. • These proportions are applied to both numerator and denominator (provider based monthly collection figures on breaches and attendances) to assign numbers to each CCG • These numbers are then used to calculate the estimated performance of the A&E 4 hour standard by CCG. • A limit of 1% is used - so any percentages of less than 1% for a mapping to a CCG were ignored in the calculations. Thus the numbers of attendances/breaches will not correspond to the actual figures and should only be used as a basis for estimating performance.
Construction	
Numerator	Total number of patients who have a total time in A&E within 4 hours from arrival to admission, transfer or discharge (all types of A&E)
Denominator	Total number of A&E attendances (all types of A&E)

Computation	<p>Percentage of patients admitted, transferred or discharged from A&E within 4 hours: $1 - (\text{Total number of patients who have a total time in A\&E over 4 hours from arrival to admission, transfer or discharge} / \text{total number of attendances})$</p> <p>The total number of A&E attendances, is defined as "An unplanned attendance when the A&E attendance category = 1 or 3". For both total attendances, and those where total time is within 4 hours, all types of A&E are included in the measure.</p> <p>Note the data on attendances and those within 4 hours should be apportioned to CCG as described above.</p> <p>Numerators and denominators are then mapped from CCG to STP level.</p>
Risk adjustment or standardisation type and methodology	None

Patients waiting 18 weeks or less from referral to hospital treatment	
Theme	Hospital performance, Elective
Definition	The percentage of patients waiting to start non-emergency consultant-led treatment who were waiting less than 18 weeks at the end of the reporting period
Publication status	Currently in publication
Frequency of publication	Monthly
Time period used in dashboard	March 17
Data	
Data source	NHS England UNIFY2 system https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
Data fields	Total number of incomplete pathways Total within 18 weeks
filters	RTT pathways commissioned by non-English commissioners are excluded from the calculation.
Data processing	As per national RTT publication
Construction	
Numerator	Number of incomplete pathways within 18 weeks at the end of the reporting period
Denominator	Total number of incomplete pathways at the end of the reporting period.
Computation	Numerators and denominators are mapped from CCG to STP level. Numerators then presented as percentage of the denominator
Risk adjustment or standardisation type and methodology	None

Special measures	
Theme	Hospital performance, Safety
Definition	Indicator of whether an STP has a provider in special measures within its boundaries or not.
Publication status	Not routinely published
Data	
Data source	NHS Improvement
Data fields	N/A
filters	NHS acute trusts
Data processing	N/A
Construction	
Numerator	N/A
Denominator	N/A
Computation	<p>Yes = one or more providers in special measures within the STP boundary.</p> <p>No = no providers in special measures within the STP boundary.</p> <p>Trusts in special measures are attributed to the lead commissioner based on activity data.</p>
Risk adjustment or standardisation type and methodology	None

HCAI – MRSA	
Theme	Hospital performance, Safety
Definition	Cases of MRSA per 100,000 acute trust bed days
Publication status	Currently in publication
Frequency of publication	Monthly for the numerator and quarterly for the denominator.
Time period used in dashboard	2016/2017
Data	
Data source	<p>Infections (numerator): MRSA bacteraemia: monthly data by post infection review assignment. https://www.gov.uk/government/statistics/mrsa-bacteraemia-monthly-data-by-post-infection-review-assignment</p> <p>Bed days (denominator): Bed availability and occupancy data – Overnight https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/</p>
Data fields	<p>Infections (numerator): Count of trust-assigned cases for the months April 2016 to March 2017</p> <p>Bed days (denominator): Total average number of occupied bed days open overnight, by trust.</p>
filters	None
Data processing	<p>Infections (numerator): For each trust, the total number of trust-assigned cases was added across the twelve months of the financial year.</p> <p>Bed days (denominator): For each trust, the total average number of occupied bed days for each quarter was multiplied by the number of bed days in the quarter. If the average figure was not available for a trust for a quarter in 2016-17, then the average for the corresponding quarter in 2015-16 was used instead. These quarterly totals were then added to give a figure for the financial year.</p>
Construction	

Numerator	Number of trust-assigned MRSA cases
Denominator	Total occupied bed days in acute trusts
Computation	<p>Provider numerators and denominators were aggregated to STP level. Where possible, the lists of participants in the Sustainability and Transformation Plans were used to determine the STP to which a trust is assigned. Trusts that did not appear in a plan were allocated to the STP in whose footprint it is located. Where a trust was mentioned in more than one plan, it was split equally across the relevant STPs.</p> <p>Rate per 100,000 acute trust bed days calculated as: (Number of trust-assigned MRSA cases/Total occupied bed days in acute trusts)*100,000</p>
Risk adjustment or standardisation type and methodology	None

HCAI – C.Difficile	
Theme	Hospital performance, Safety
Definition	Cases of <i>Clostridium difficile</i> per 100,000 acute trust bed days
Publication status	Currently in publication
Frequency of publication	Monthly for the numerator and quarterly for the denominator.
Time period used in dashboard	2016/2017
Data	
Data source	<p>Infections (numerator): <i>Clostridium difficile</i> infection: monthly data by NHS acute trust</p> <p>https://www.gov.uk/government/statistics/clostridium-difficile-infection-monthly-data-by-nhs-acute-trust</p> <p>Bed days (denominator): Bed availability and occupancy data – Overnight</p> <p>https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/</p>
Data fields	<p>Infections (numerator): Count of trust apportioned infections for the months April 2016 to March 2017</p> <p>Bed days (denominator): Total average number of occupied beddays open overnight, by trust.</p>
filters	None
Data processing	<p>Infections (numerator): For each trust, the total number of trust-apportioned infections was added across the twelve months of the financial year.</p> <p>Bed days (denominator): For each trust, the total average number of occupied bed days for each quarter was multiplied by the number of bed days in the quarter. If the average figure was not available for a trust for a quarter in 2016-17, then the average for the corresponding quarter in 2015-16 was used instead. These quarterly totals were then added to give a figure for the financial year.</p>

Construction	
Numerator	Number of trust-apportioned <i>Clostridium difficile</i> infections
Denominator	Total occupied bed days in acute trusts
Computation	<p>Provider numerators and denominators were aggregated to STP level. Where possible, the lists of participants in the Sustainability and Transformation Plans were used to determine the STP to which a trust is assigned. Trusts that did not appear in a plan were allocated to the STP in whose footprint it is located. Where a trust was mentioned in more than one plan, it was split equally across the relevant STPs.</p> <p>Rate per 100,000 acute trust bed days calculated as: (Number of trust-assigned MRSA cases /Total occupied bed days in acute trusts)*100,000</p>
Risk adjustment or standardisation type and methodology	None

Primary care access	
Theme	Patient focused changed, General practice
Definition	<p>Extended access to GP services on a weekend and evening.</p> <p>Percentage of practices within an STP where patients have the option of accessing pre-bookable appointments outside of standard working hours. Evening access needs to be every day Monday to Friday, and weekends on a Saturday and Sunday. Access may be through a hub or federation rather than the individual practice.</p>
Publication status	Currently in publication
Frequency of publication	Quarterly
Time period used in dashboard	March 2017
Data	
Data source	<p>A data collection from GP practices in the form of a survey.</p> <p>https://www.england.nhs.uk/statistics/statistical-work-areas/extended-access-general-practice/</p>
Data fields	<p>CCG Code</p> <p>CCG Name</p> <p>Number of practices submitting responses</p> <p>Number of practices reporting full provision</p> <p>Practice name</p> <p>Practice organisation code</p> <p>Extended access category</p>
filters	None
Data processing	None
Construction	

Numerator	The number of practices with full provision of extended access in the STP
Denominator	The total number of active GP practices in the STP at the time of collection.
Computation	<p>Numerator divided by denominator, expressed as a percentage.</p> <p>GP practices within Cumbria CCG were split between its two STPs according to whether they were classified as part of North Cumbria CCG (West, North and East Cumbria STP) or Morecombe Bay CCG (Lancashire and South Cumbria STP) in the 2017/18 allocations.</p>
Risk adjustment or standardisation type and methodology	None

Patient satisfaction with GP opening hours	
Theme	Patient focused change, General practice
Definition	This indicator is the weighted percentage of people who reported through the GP patient survey that they are very satisfied or fairly satisfied with the hours that their GP surgery is open.
Publication status	Currently in publication
Frequency of publication	Annual
Time period used in dashboard	July 2017
Data	
Data source	GP Patient Survey (GPPS) found at this link https://gp-patient.co.uk/surveys-and-reports
Data fields	Numerator: Q25. How satisfied are you with the hours that your GP surgery is open?: Very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, very dissatisfied, not sure when GP surgery is open (number of participants who gave each response). Denominator: Total responses (for the specific question)
filters	Only patients who answered the question on satisfaction with opening hours were included.
Data processing	None
Construction	
Numerator	Numerator: Q25. How satisfied are you with the hours that your GP surgery is open?: Number of responses of 'Very satisfied' and 'Fairly satisfied' from all practices in the STP.
Denominator	The total respondents in the STP to Q25. How satisfied are you with the hours that your GP surgery is open?.
Computation	This indicator is the weighted percentage of people who report through the GP patient survey that they were very satisfied or fairly satisfied with the hours their GP surgery is

	open.
Risk adjustment or standardisation type and methodology	<p>Weighting Methodology:</p> <p>A weight is applied to construct the indicator. The GP Patient Survey includes a weight for non-response bias. This adjusts the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete the questionnaire. The non-response weighting scheme has been developed by Ipsos MORI, incorporating elements such as age and gender of the survey respondent as well as factors from the area where the respondent lives such as level of deprivation, ethnicity profile, ACORN classification and so on, which have been shown to impact on non-response bias within the GP Patient Survey. Ipsos MORI are also investigating whether respondents have systematically different outcomes to non-respondents, even after the non-response bias weighting has been applied.</p> <p>Further information on the weighting can be found in the latest technical annex at the following webpage.</p> <p>https://gp-patient.co.uk/surveys-and-reports</p>

People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	
Theme	Patient focused change, Cancer
Definition	Measures the proportion of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days
Publication status	Currently in publication
Frequency of publication	Quarterly
Time period used in dashboard	Q4 2016/17
Data	
Data source	NHS England Statistics (https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/quarterly-comm-cwt/) derived from Cancer Waiting Times Database.
Data fields	CCG Code, CCG name, Total, Within 62 days
filters	None
Data processing	Data are extracted as numerator (within 62 days) and denominator (total treated) fields.
Construction	
Numerator	The number of people with an urgent GP referral for suspected cancer who received first treatment for cancer within 62 days in the reporting period.
Denominator	The total number of people with an urgent GP referral for suspected cancer who were treated in the reporting period
Computation	Numerators and denominators are aggregated from CCG to STP level. The proportion (as a %) of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days.

Risk adjustment or standardisation type and methodology	None
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Cancers diagnosed at early stage	
Theme	Patient focused change, Cancer
Definition	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin).
Publication status	Currently in publication
Frequency of publication	Annual
Time period used in dashboard	2015
Data	
Data source	Cancer Analysis System, National Cancer Registry, Public Health England (http://www.ncin.org.uk/view?rid=3308)
Data fields	CCG, CCG Code, CCG name, Diagnosis year, Tumour group, summary stage
filters	none
Data processing	Data are extracted as numerator and denominator fields.
Construction	
Numerator	Cases of cancer diagnosed at stage 1 or 2, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin.
Denominator	All new cases of cancer diagnosed at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin.
Computation	The number of new cancer cases (for the specified site, morphology and behaviour) diagnosed at stage 1 and 2 is divided by the total number of new cancer cases (for the

	<p>specified site, morphology and behaviour) in the same area and multiplied by 100.</p> <p>Cancers where the stage is not recorded are included in the denominator, so a low proportion of cases with staging data will lead to the indicator showing a low proportion of cases diagnosed at stage 1 or 2. Result is displayed as a percentage to zero decimal places, rounded up. The units used are %. All ages are included. All sexes are included (Persons). Data are published at CCG level and aggregated to STP level.</p>
<p>Risk adjustment or standardisation type and methodology</p>	<p>None</p>

Cancer patient experience	
Theme	Patient focused change, Cancer
Definition	Average score given to the question "Overall, how would you rate your care?" on a scale from 0 (very poor) to 10 (very good)
Publication status	Not published at STP level
Frequency of publication	Annually
Time period used in dashboard	2015
<i>Data</i>	
Data source	National Cancer Patient Experience Survey produced by Quality Health on behalf of NHS England https://www.quality-health.co.uk/surveys/national-cancer-patient-experience-survey
Data fields	SCN, provider code, provider name, cancer type, number of responses, score
Data filters	None
Data processing	Data is presented as the average score given to the overall patient experience question for each STP, adjusted for case-mix.
<i>Construction</i>	
Numerator	Sum of all individual responses to the question "Overall, how would you rate your care?", on a scale from 0 (very poor) to 10 (very good).
Denominator	Count of all valid responses.
Computation	Numerator / Denominator, as average score. Scores are case-mix adjusted at STP level and computed using a linear regression model. The STPs for each observation were assigned via a mapping from CCG to STP whenever possible. For some observations there was a sequential mapping from postcode of residence to Lower Super Output Area LSOA (2011 boundaries) and them from

	LSOA to STP.
Risk adjustment or standardisation type and methodology	<p>Case-mix adjustment has been undertaken with this methodology: Abel, G. et al (2014). Cancer patient experience, hospital performance and case mix: evidence from England. Future Oncology, 1589-1598.</p> <p>Because the mix of patients varies between organisations, this could potentially lead to the results for an organisation appearing better or worse than they would if they had a slightly different profile of patients.</p> <p>The 'standardisation' applied to the data to account for these differences allows comparisons to be made more fairly.</p> <p>The following variables were used in the case-mix adjustment: age, gender, ethnicity, cancer type and deprivation.</p>

Improving Access to Psychological Therapies recovery rate	
Theme	Patient focused change, Mental health
Definition	The percentage of people who finished treatment within the reporting period who were initially assessed as “at caseness”, have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery
Publication status	Currently in publication
Frequency of publication	Monthly
Time period used in dashboard	Q4 2016/17
<i>Data</i>	
Data source	NHS Digital Improving Access to Psychological Therapies Minimum Dataset http://content.digital.nhs.uk/iapt Monthly data files were used for calculating the indicator and can be accessed via this link: http://content.digital.nhs.uk/iaptreports
Data fields	Data fields from monthly NHS Digital csv data file: 1. Recovery 2. Notcaseness 3. FinishedCourseTreatment
filters	none
Data processing	none
<i>Construction</i>	
Numerator	The number of people who have completed treatment having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved "caseness" and at final session did not). This is the 'recovery' data field from the monthly csv file.
Denominator	(The number of people who have completed treatment within the reporting quarter, having attended at least two treatment contacts) minus (The number of people who have completed

	<p>treatment not at clinical caseness at initial assessment).</p> <p>This is calculated using the following data fields from the monthly / quarterly csv files</p> <p>FinishedCourseTreatment - Notcaseness</p>
Computation	<p>Numerator / Denominator =</p> <p>Recovery / (FinishedCourseTreatment - Notcaseness)</p>
Risk adjustment or standardisation type and methodology	None

People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	
Theme	Patient focused change, Mental health
Definition	The percentage of people referred to service experiencing first episode psychosis or at “risk mental state” that start NICE-recommended care package in the reporting period.
Publication status	Currently in publication
Frequency of publication	Monthly
Time period used in dashboard	2016/17
Data	
Data source	EIP Waiting Times Unify collection. https://www.england.nhs.uk/statistics/statistical-work-areas/eip-waiting-times/
Data fields	The number of patients who started treatment within two weeks since referral. The number of patients who started treatment that month (field is called ‘Total number of complete pathways (all)').
filters	none
Data processing	none
Construction	
Numerator	The number of people referred to the service experiencing first episode psychosis or at ‘risk mental state’ that start treatment within 2 weeks of referral in the 12 month period
Denominator	The number of people referred to the service experiencing first episode psychosis or at ‘risk mental state’ that start treatment in the 12 month period
Computation	Numerator / denominator
Risk adjustment or standardisation type	None

and methodology	
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Emergency admissions	
Theme	Transformation, Prevention
Definition	Number of Finished Consultant Episodes where the patient's episode finished in the 12 month period and their admission was from a source coded as an emergency, excluding midwifery, mental health and day cases, per 1,000 population, standardised by age and sex to the England population for the same time period.
Publication status	Not published
Frequency of publication	N/A
Time period used in dashboard	2016/17
Data	
Data source	NHS England SUS data from National Commissioning Data Repository (NCDR) to calculate emergency admissions; National Health Applications and Infrastructure Services (NHAIS) to provide population counts by age and sex. This data is aggregated within NHS England to LSOA from postcode of residency using the ONS postcode directory. http://www.content.digital.nhs.uk/catalogue/PUB23978
Data fields	CCG (Final_Derived_CCG), Age (Age_At_End_of_Spell_SUS in bands 0,1-4,5-9,...,95+), Sex, beddays (Der_Spell_LoS) and spells (count(APCS_Ident))
filters	Age (between 0 and 120 or coded 7000 or 7007), sex (1 or 2), treatment function (Der_Dischg_Treatment_Function_Code not in ('501','560','700','710','711','712','713','715','720','721','722','723','724','725','726','727')), admission method (Admission_Method in ('21','22','23','24','28','2A','2B','2C','2D'))
Data processing	N/A
Construction	
Numerator	For each age/sex banding Total number of all Finished Consultant Episodes where the patient's episode finished in

	the 12 month period and their admission was from a source coded as an emergency, excluding midwifery and mental health.
Denominator	Registered population by age and sex associated with the area
Computation	$(\text{Numerator} / \text{denominator}) * 1,000$
Risk adjustment or standardisation type and methodology	Results are indirectly standardised to the England population for the same time period by age and sex and are returned at CCG level.

Population use of hospital beds following emergency admission	
Theme	Transformation, Prevention
Definition	Total length of all Finished Consultant Episodes where the patient's episode finished in the 12 month period and their admission was from a source coded as an emergency, excluding midwifery, mental health and day cases, per 1,000 population, standardised by age and sex to the England population for the same time period.
Publication status	Not published
Frequency of publication	N/A
Time period used in dashboard	2016/17
Data	
Data source	NHS England SUS data from NCDR to calculate bed days; National Health Applications and Infrastructure Services (NHAIS) to provide population counts by age and sex. This data is aggregated within NHS England to LSOA from postcode of residency using the ONS postcode directory. http://www.content.digital.nhs.uk/catalogue/PUB23978
Data fields	CCG (Final_Derived_CCG), Age (Age_At_End_of_Spell_SUS in bands 0,1-4,5-9,...,95+), Sex, beddays (Der_Spell_LoS) and spells (count(APCS_Ident))
filters	Age (between 0 and 120 or 7000 and 7007), sex (1 or 2), treatment function (Der_Dischg_Treatment_Function_Code not in ('501','560','700','710','711','712','713','715','720','721','722','723','724','725','726','727')), admission method (Admission_Method in ('21','22','23','24','28','2A','2B','2C','2D'))
Data processing	N/A
Construction	
Numerator	For each age/sex banding Total duration of all Finished

	Consultant Episodes where the patient's episode finished in the 12 month period and their admission was from a source coded as an emergency, excluding midwifery and mental health.
Denominator	Registered population by age and sex associated with the area
Computation	$(\text{Numerator} / \text{denominator}) * 1,000$
Risk adjustment or standardisation type and methodology	Results are indirectly standardised to the England population for the same time period by age and sex and are returned at CCG level.

Delayed transfers of care per 100,000 population	
Theme	Transformation, Prevention
Definition	Delayed transfers of care (delayed days) for all reasons per 100,000 population
Publication status	Currently in publication
Frequency of publication	Monthly
Time period used in dashboard	2016/17
Data	
Data source	<p>Monthly Delayed Transfers of Care Return (MSitDT via UNIFY2) is used to measure Delayed Transfers of Care. This data source is collected on a local authority and provider basis and is not available by CCG.</p> <p>https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/</p> <p>Exeter database of GP registrations is used to map LA data to STP level. ONS population estimates for 2016 by district are used to calculate the no of delayed days per 100,000. Population estimates for 18+ are used because the Delayed Transfers of Care collection only relates to those aged 18 and over. These are obtained from the NHS Digital Population Statistics Database.</p>
Data fields	<p>Number of delayed days during the reporting period</p> <p>Population estimate for local authority (aged 18 +)</p>
filters	None
Data processing	<p>1. Processing of Delayed Transfers of Care return and computation of average daily number:</p> <p>For the monthly DTOC return, organisations submit data to NHS England through a template via Unify2. Unify2 is NHS England's standard online tool for the collection and sharing of NHS performance data. Once data is submitted and signed-off locally, NHS England performs central validation checks to ensure good data quality.</p>

	<p>2. Mapping data from LA to CCG:</p> <p>Exeter database provides population estimates based on GP registrations by LA and STP. Then the proportion of activity (delayed days) from a LA can be attributed to each STP was estimated. Proportions based on population estimated proportions.</p> <p>3. Adjust for population</p> <p>Calculate rate per 100,000 population using ONS population estimates (aged 18+) for CCG level (aggregated to STP level).</p>
Construction	
Numerator	<p>Number of delayed days (for all reasons)</p> <p>Covers a 12 month period.</p>
Denominator	Population estimate for STP (aged 18 +)
Computation	<p>Figures are calculated for each LA as outlined below:</p> <p>Map LA figures to STP</p> <p>Apply the proportions of each LA which should be assigned to each STP to the LA figures to provide STP level estimates, then calculate estimate the rate per 100,000.</p> <p>Delayed transfers of care (delayed days) per 100,000 population = $(X/Y) \times 100,000$</p> <p>Where</p> <p>X = delayed days for STP during the 12 month period</p> <p>Y = Population estimate for local authority (aged 18 +) for STP</p>
Risk adjustment or standardisation type and methodology	None

Finance	
Theme	Transformation, Prevention
Definition	STP financial performance against control total
Publication status	Not published
Frequency of publication	N/A
Time period used in dashboard	Month 12, full year 2016/17
Data	
Data source	NHS England and NHS Improvement
Data fields	N/A
Filters	None
Data processing	N/A
Construction	
Numerator	Aggregate CCG and provider over/(under) performance against control total (£). Provider data excludes Sustainability and Transformation Fund (STF) funding.
Denominator	Aggregate CCG revenue resource limit (i.e. the amount of money available to provide healthcare for the population of the STP) (£)
Computation	<p>Over / (under) performance against control total / STP revenue resource limit.</p> <p>Positive % indicates positive performance against the control total set by NHS England / Improvement, shown as a % of the total resource available. This could equate to a higher surplus, or a lower deficit than agreed.</p> <p>Negative % indicates negative performance against the control total set by NHS England / Improvement, shown as a % of the total resource available. This could equate to a lower surplus, or a larger deficit than agreed.</p>

Risk adjustment or standardisation type and methodology	None
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Leadership	
Theme	Transformation, Leadership
Definition	System-wide leadership rating
Publication status	Not published
Frequency of publication	N/A
Time period used in dashboard	June 2017
Source	NHS England / NHS Improvement
Detailed indicator description	<p>System leadership assessments indicate the extent to which areas are working effectively to deliver system-level integration. They provide a holistic view of STP leadership performance and capacity, system-level planning, and engagement with communities, service users and staff.</p> <p>Advanced systems have the strongest system leadership, with organisations working well together at the system level and aligned behind a clear vision and plan.</p> <p>Established systems are working together at the system level, with organisations aware of the importance of effective system-level working and taking action to drive integration.</p> <p>Developing systems still work largely at the organisational level, but co-operate to achieve shared system level goals.</p> <p>Early systems may have a history of challenged relationships between organisations, and it may be too early to determine the impact of recent leadership changes.</p>