

**Governing Body  
Paper Summary Sheet  
Date of Meeting: 23 April 2013**

For: Decision  Discussion  Noting

<b>Agenda item and title:</b>	<b>GOV/13/04b/08 Operational Targets 2013/14</b>
<b>Author:</b>	John Dudgeon Head of Information Debbie Rigby Associate Director for Patient Safety and Quality Rob Hayday Head of Project Management Office
<b>Lead Director</b>	David Noyes, Director of Planning, Performance and Corporate Services
<b>Responsible Director:</b>	David Noyes, Director of Planning, Performance and Corporate Services
<b>Executive summary – (what is proposed and intended impact) and recommendation:</b>	The following paper outlines the performance targets that NHS Wiltshire CCG will be delivering against for the financial year 2013/14. The paper covers finance, activity and quality indicators including the Commissioning for Quality and Innovation (CQUIN) targets. It is envisaged that new local targets will be added to the performance framework as the year passes in line with the new initiatives that are being implemented through-out the year
<b>Evidence in support of arguments:</b>	Targets are based on the NHS Operating Framework for 2013/14 and locally derived targets
<b>Who has been involved/contributed:</b>	Quality and Patient Safety Directorate Finance and Information Directorate Corporate Services
<b>Cross Reference to Strategic Objectives:</b>	Achievement of these targets will deliver the finance strategic target and quality targets
<b>Engagement &amp; Involvement</b>	

<b>Communications Issues:</b>	
<b>Financial Implications:</b>	Failure to achieve the financial targets will be a breach of the CCGs statutory obligations
<b>Review arrangements:</b>	Annually
<b>Risk Management:</b>	Failure to achieve the targets will put at risk the achievement off the strategic objectives
<b>National Policy / Legislation:</b>	NHS Operating Framework for 2013/14
<b>Equality &amp; Diversity:</b>	
<b>Other External Assessment</b>	
<b>Next Steps:</b>	On-going monitoring of the 2013/14 targets

## **Background**

The Department of Health publish each year the expectations that will be required for the wider NHS to deliver. This is called the NHS Operating Framework. These cover quality, finance and activity and define the outcomes that must be adhered to by commissioners and providers. It will also reflect the political desire and expectations that are defined by the current Government. The CCG as a commissioner is required to procure services for its local population which will deliver the outcomes defined by the NHS Operating framework. These services will then be performance managed to ensure that these targets are achieved.

The following paper outlines the targets that the WCCG has set itself in line with national and local expectations. The Governing Body will receive a monthly performance update against these targets which will provide assurance to the WCCG that the strategic objectives are being delivered. Where performance is under target the monthly reporting will provide assurance to the Governing Body that the current performance level is being challenged.

The performance and outcome targets fall into the following headings:

- Quality including Commissioning for Quality and Innovation (CQUIN)
- Finance including delivery of Quality, Innovation, Productivity and Prevention (QIPP) targets
- Activity and Access Targets
- Projects

The following sections describe the targets for each area and the reporting arrangements going forward.

## **Quality including Commissioning for Quality and Innovation (CQUIN)**

The key quality indicators that NHS Wiltshire CCG will be expected to adhere come from the Everyone Counts: Planning for Patients 2013/14. The targets split into 5 domains as described below:

**Domain 1** - Preventing people from dying prematurely

**Domain 2** - Enhancing quality of life for people with long term conditions

**Domain 3** - Helping people to recover from episodes of ill health or following injury

**Domain 4** - Ensuring that people have a positive experience of care

**Domain 5** - Treating and caring for people in a safe environment and protecting them from avoidable harm

The summary of the quality indicators is shown in annex 1. The detail for each domain can be found on the NHS England website on the following link:

<http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-ois-tech-guide.pdf>

Further quality targets that we will be expecting our providers to adhere to are shown in annex 3 which are derived from the Everyone Counts: Planning for Patients 2013/14 Guidance.

Performance against these targets will be reported on a monthly basis where possible. Performance against these targets will be reported through the Quality outcomes report.

## **Finance Targets**

The targets for finance will be in line with the budget paper that the WCCG will be approving and in line with the NHS Operating Framework. The WCCG will be required to deliver the following financial targets:

<b>Target</b>	<b>Description of the Target</b>	<b>Target</b>
Achieving a 1% Surplus	Underspend on the notified recurrent allocation to the CCG by 1%	£5.07m
Achievement of the CCG Cashlimit	The CCG must not overcommit the cashlimit that is assigned to the CCG Cashlimit will not equal the CCG resource limit as some expenditure is deducted from the resource limit by the Department of Health e.g. Primary Care Prescribing	TBC
Better Payment Practice Code	Ability for the CCG to pay all invoices within 30 days. The target requirement is 95% of all invoices to be paid within this target	Number of Invoices 95% Value of Invoices 95%
Achievement of the Notified Capital Resource Limit	CCGs will not be allocated much capital however where capital grants are agreed the CCG will be required to deliver against this target. This target is still to be confirmed by NHS England	£5.0m

Performance against the finance targets will be reported through the monthly finance and activity report.

### **Quality, Innovation, Productivity and Prevention (QIPP) targets**

The delivery of QIPP targets will contribute to the delivery of Quality and Finance targets. For 2013/14 the QIPP targets that have a finance and activity impact are outlined in the following table:

<b>QIPP Target Area</b>	<b>£000s</b>
Long Term Conditions	
Urgent Care	3,551
Planned Care	3,082
End of Life Care	0
Mental Health	40
Primary care productivity	0
Community services	0
Referral management	0
Diagnostics	0
Direct access	0
Medicines use	0
Prescribing	2,627
Activity shifts	0
Prevention	0
<b>Total</b>	<b>9,300</b>

Annex 4 articulates the detail QIPP focus groupings and will form the basis of the QIPP reporting for 2013/14.

## **Activity and Access Targets**

As part of the 2013/14 planning process the CCG has undertaken an in-depth capacity planning process which has taken provider activity out-turns for 2012/13, added demographic growth, adjusted for the structural changes of the NHS (military health and specialist commissioning activity), adjusted for known coding changes and impact of new tariff arrangements and deducted the impact of QIPP. The targets for each patient type are shown in annex 3 which includes the profiling across the 12 months of the financial year.

In addition to the activity targets the CCG is required to deliver against targets for Primary Care Dementia Diagnosis rates and psychological services.

Lastly the CCG has set itself 3 local targets in which the CCG will be monitored by NHs England. The priorities are:

- Impact of Care Coordination (number of non-elective spells avoided)
- Delivery of Primary Care Dementia Service (number of primary care dementia diagnosis)
- Decrease in average length of stay for non-elective admission patients

## **Projects**

The CCG has allocated resources to the development of a Programme Management Office (PMO)

The PMO will support the delivery of the initiatives described in the CCG Operating Plan. The initiatives will be developed into projects by the Groups using project plan templates that the PMO will supply and support. The Groups/Directorates are responsible for the delivery of outputs

The PMO will track progress of delivery through meetings with project managers and escalate concerns through the project governance structure which will include a Project Governance Group, the Clinical Executive meeting and the Governing Body.

New initiatives which will require allocation of CCG resources – staff and/or financial investment – will require approval prior to commencement. The PMO has produced a business case template. The scheme of delegation will shape the route for approval for new project start up. The PGG will play a critical management role in the process control of new projects and resource allocation to ensure the delivery of the CCGs operating plan. All new initiatives will require agreement on clear outputs that must be delivered in order that progress can be monitored and successful delivery evidenced.

PMO will begin reporting on projects in May 2013. A copy of the Dashboard that will be used to report to the Governing Body is included at Annex A

The diagram below summarises the work of the PMO



## Recommendations

The Governing Body is requested to agree the targets that the CCG will be commissioning for 2013/14 and to note the reporting arrangements.



	Frequency	Criteria	FOT
<b>Domain 1 - Preventing people from dying prematurely</b>			
<b>Overarching indicators</b>			
C1.1 Combined indicator on potential years of life lost (PYLL) from causes considered amenable to healthcare adults and children and young people (NHS OF 1a i & ii)			
<b>Improvement areas</b>			
<b>Reducing premature death in people with serious mental illness</b>			
C1.2 Under 75 mortality from cardiovascular disease (NHS OF1.1)			
C1.3 Cardiac rehabilitation completion			
C1.4 Myocardial infarction, stroke, stage 5 kidney disease in people with diabetes			
C1.5 Mortality within 30 days of hospital admission for stroke			
C1.6 Under 75 mortality from respiratory disease (NHS OF 1.2)			
C1.7 Under 75 mortality from liver disease (NHS OF 1.3)			
C1.8 Emergency admissions for alcohol related liver disease			
C1.9 Under 75 mortality from cancer (NHS OF 1.4)			
C1.10 a and b Cancer survival: all cancers 1 and 5yrs (NHS OF 1.4.i and ii)			
C1.11 a and b Cancer survival: breast, lung & colorectal 1 and 5yrs (NHS OF 1.4.iii and iv)			
<b>Reducing premature death in people with serious mental illness</b>			
C1.12 People with severe mental illness who have received a list of physical checks			
<b>Reducing deaths in babies and young children</b>			
C1.13 Antenatal assessment < 13 weeks			
C1.14 Maternal smoking at delivery			
C1.15 Breastfeeding prevalence at 6-8 weeks			
<b>Reducing premature death in people with learning disabilities</b>			
Indicator in development			

Domain 2 - Enhancing quality of life for people with long term conditions	Frequency	Criteria	FOT
<b>Overarching indicator</b>			
C2.1 Health-related quality of life for people with long term conditions ^ ** (NHS OF 2)			
<b>Improvement areas</b>			
C2.2 People feeling supported to manage their condition (NHS OF 2.1)			
<b>Improving functional ability in people with long term conditions</b>			
C2.3 People with COPD & Medical Research Council dyspnoea scale ≤3 referred to a pulmonary rehabilitation programme			
C2.4 People with diabetes who have received nine care processes			
C2.5 People with diabetes diagnosed less than one year referred to structured education Reducing time spent in hospital by people with long term conditions			
<b>Reducing time spent in hospital by people with long term conditions</b>			
C2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions in adults (NHS OF 2.3.i)			
C2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS OF 2.3.ii)			
C2.8 Complications associated with diabetes including emergency admission for diabetic ketoacidosis and lower limb amputation			
<b>Enhancing quality of life for carers</b>			
No CCG measure at present			
<b>Enhancing quality of life for people with mental illness</b>			
C2.9 Access to community mental health services by people from BME groups			
C2.10 Access to psychological therapy services by people from BME groups			
C2.11 & C2.12 Recovery following talking therapies (all ages and older than 65)			
<b>Enhancing quality of life for people with dementia</b>			
C2.13 Estimated diagnosis rate for people with dementia (NHS OF 2.6i)			
C2.14 People with dementia prescribed anti-psychotic medication			

Domain 3 - Helping people to recover from episodes of ill health or following injury	Frequency	Criteria	FOT
<b>Overarching indicators</b>			
C3.1 Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a)			
C3.2 Emergency readmissions within 30 days of discharge from hospital (NHS OF 3b)			
<b>Improvement areas</b>			
<b>Improving outcomes from planned treatments</b>			
C3.3 Increased health gain as assessed by patients for elective procedures a) Hip replacement b) Knee replacement c) Groin hernia d) Varicose veins (NHS OF 3.1 i-iv)			
<b>Preventing lower respiratory tract infections (LRTI) in children from becoming serious</b>			
C3.4 Emergency admissions for children with lower respiratory tract infections (NHS OF 3.2)			
<b>Improving recovery from injuries and trauma</b>			
NHS OF indicator in development. No CCG measure at present			
<b>Improving recovery from stroke</b>			
People who have had a stroke who			
C3.5 are admitted to an acute stroke unit within four hours of arrival to hospital			
C3.6 receive thrombolysis following an acute stroke			
C3.7 are discharged from hospital with a joint health and social care plan			
C3.8 receive a follow-up assessment between 4-8 months after initial admission			
<b>Improving recovery from fragility fractures</b>			
No CCG measure at present			
<b>Helping older people to recover their independence after illness or injury</b>			
No CCG measure at present			

	Frequency	Criteria	FOT
<b>Domain 4 - Ensuring that people have a positive experience of care</b>			
<b>Overarching indicators</b>			
Patient experience of primary and hospital care			
C4.1 Patient experience of GP out of hours services (NHS OF 4a ii)			
C4.2 Patient experience of hospital care (NHS OF 4 b)			
C4.3 Friends and family test for inpatient acute and A&E (NHS OF 4c)			
<b>Improvement areas</b>			
<b>Improving people’s experience of outpatient care</b>			
C4.4 Patient experience of outpatient services (NHS OF 4.1)			
<b>Improving hospitals’ responsiveness to personal needs</b>			
C4.5 Responsiveness to in-patients’ personal needs (NHS OF 4.2)			
<b>Improving people’s experience of accident and emergency services</b>			
C4.6 Patient experience of A&E services (NHS OF 4.3)			
<b>Improving women and their families’ experience of maternity services</b>			
C4.7 Women’s experience of maternity services (NHS OF 4.5)			
<b>Improving the experience of care for people at the end of their lives</b>			
NHS OF indicator in development. No CCG measure at present			
<b>Improving experience of healthcare for people with mental illness</b>			
C4.8 Patient experience of community mental health services (NHS OF 4.7)			
<b>Improving children and young people’s experience of healthcare</b>			
NHS OF indicator in development. No CCG measure at present			
<b>Improving people’s experience of integrated care</b>			
NHS OF indicator in development. No CCG measure at present			

	Frequency	Criteria	FOT
<b>Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm</b>			
<b>Overarching indicators</b>			
C5.1 Patient safety incidents reported (NHS OF 5a)			
<b>Improvement areas</b>			
<b>Reducing the incidence of avoidable harm</b>			
C5.2 Incidence of Venous Thromboembolism (VTE) (NHS OF 5.1)			
C5.3 Incidence of healthcare associated infection MRSA (NHS OF 5.2.i)			
C5.4 Incidence of healthcare associated infection C difficile (NHS OF 5.2.ii)			
<b>Improving the safety of maternity services</b>			
No CCG measure at present			
<b>Delivering safe care to children in acute settings</b>			
No CCG measure at present			

Reference	Indicator	Frequency	Criteria	12/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD	13/14
CB_A1	Potential years of life lost (PYLL) from causes considered amenable to healthcare	Annual	Actual															
CB_A2	Under 75 mortality rate from cardiovascular disease	Annual	Actual															
CB_A3	Under 75 mortality rate from respiratory disease	Annual	Actual															
CB_A4	Under 75 mortality rate from liver disease	Annual	Actual															
CB_A5	Under 75 mortality rate from cancer	Annual	Actual															
CB_A6_01	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	Monthly	Actual															
CB_A6_02	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Monthly	Actual															
CB_A6_03	Emergency admissions for acute conditions that should not usually require hospital admission	Monthly	Actual															
CB_A6_04	Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	Quarterly	Actual															
CB_A7	Proportion of people feeling supported to manage their condition	Bi-annual	Actual															
CB_A8	Health-related quality of life for people with long-term conditions	Bi-annual	Actual															
CB_A9	Estimated diagnosis rate for people with dementia	Annual	Actual															
CB_A10	Emergency readmissions within 30 days of discharge from hospital	Monthly	Actual															
CB_A11	Total health gain assessed by patients:																	
	i. Hip replacement	Monthly	Actual															
	ii. Knee replacement	Monthly	Actual															
	iii. Groin hernia	Monthly	Actual															
	iv. Varicose veins	Monthly	Actual															
CB_A12_i	Patient experience of primary care i)	6 Monthly	Actual															
CB_A12_ii	GP Services ii) GP Out of Hours		Actual															
CB_A13	CB_A13 Friends and family test	To be decided	Actual															
CB_A14	CB_A14: Patient experience of hospital care	Annual	Actual															
CB_A15	CB_A15: Healthcare acquired	Monthly	Plan															
0																		









Planned Care																	Savings															
PC1 - Delivering Outpatient Services Locally																	Criteria	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD	FOT	£1,863,413
PC1d	Shifting Day Case activity to lower cost setting	Day cases	Plan	0	0	0	91	87	83	91	83	87	91	79	83		772															
			Actual																													
		OPP	Plan	0	0	0	-91	-87	-83	-91	-83	-87	-91	-79	-83		-772															
			Actual																													
PC1e	Reduction in Innapropriate A&E Referrals to Outpatients	A&E	Plan	0	0	0	166	158	151	166	151	158	166	144	151		1411															
			Actual																													
PC1f	Reduction in First:Follow Up Ratios	SFT	Plan														0															
			Actual																													
		RUH	Plan															0														
			Actual																													
		GWH	Plan															0														
			Actual																													
<b>PC3 - Reduce Surgical/Clinical Intervention</b>																	<b>£112,915</b>															
PC3a	Review of PCT's Service Restriction/Prior Approval Policy		Plan	0	0	0	137	131	125	137	125	131	137	119	125		1169															
			Actual																													
PC3b	Review of PCT's Exception Policy		Plan														0															
			Actual																													
PC3c	Reduction in the number of, and spend on, Consultant to Consultant Referrals		Plan	0	0	0	83	79	76	83	76	79	83	72	76		706															
			Actual																													
<b>PC4 - Improving Primary Care Quality (Including Prescribing and Medicines Management)</b>																																
PC4a			Plan														0															
			Actual																													
PC4b			Plan														0															
			Actual																													
<b>Unplanned Care</b>																																
<b>UPC3 - Developing Integrated Intermediate Care Services</b>																	<b>£384,167</b>															
UPC3	Review of usage of community beds and of charging mechanisms		Plan	0	0	0	25	25	25	25	28	31	51	54	57		324															
			Actual																													
<b>Unplanned Care Aggregation</b>																	<b>£3,747,252</b>															
EME1	Frail Elderly		Plan	0	0	0	62	62	62	62	70	77	126	133	140		795															
			Actual																													
EME2	Short Stay Admissions		Plan	0	0	0	66	66	66	66	73	81	133	140	148		839															
			Actual																													
EME3	Ambulatory Care		Plan	0	0	0	4	4	4	4	4	5	8	8	9		50															
			Actual																													
A&E	MIU		Plan														0															
			Actual																													
	A&E		Plan	0	0	0	643	643	643	643	771	900	1028	1157	1285		7712															
			Actual																													
<b>Children and Maternity</b>																																
<b>CM1 - Reduction in Unnecessary C-sections</b>																	<b>£46,026</b>															
CM1a	Reduction in Unnecessary C-sections		Plan														0															
			Actual																													
<b>Mental Health</b>																																
<b>MH1 - Improve Access to Psychological Therapies</b>																																
MH1a	IAPT - Ensure Appropriate Investment to Reduce More Acute Spend in Mental Health		Plan														0															
			Actual																													
<b>MH2 - Re-commission Continuing Care Packages for People with Mental Health Needs</b>																																
MH2a	Long Stay Mental Health (high cost continuing care packages of care)		Plan	0	0	0	0	0	0	1	0	0	1	0	1		3	<b>£13,926</b>														
			Actual																													
<b>MH4 - Medically Unexplained Symptoms</b>																																
MH4a	Medically Unexplained Symptoms		Plan	0	0	0	6	6	6	6	6	7	11	12	13		72	<b>£1,365</b>														
			Actual																													
<b>Total QIPP 2013/14</b>																	<b>0</b>	<b>£6,169,065</b>														
																	<b>Actual</b>															