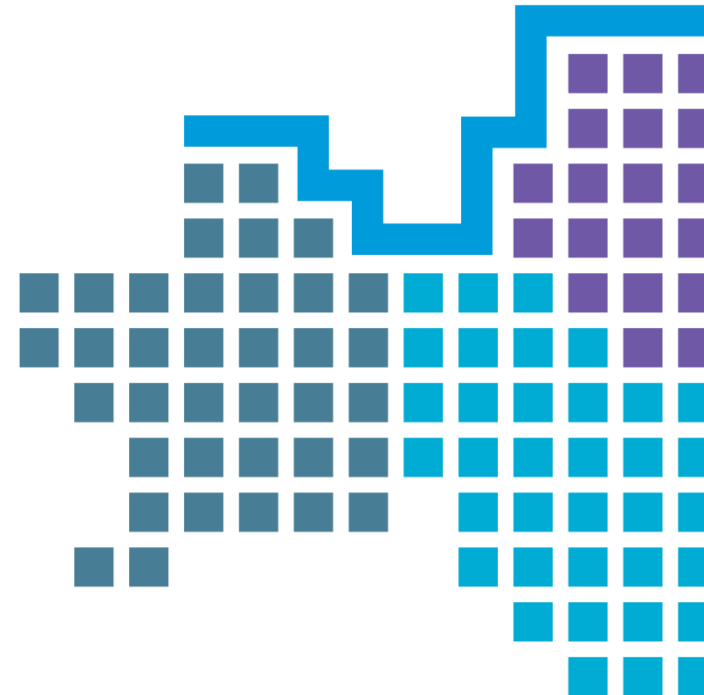


CCG Assurance Framework Scorecard

Month 10 (January 2014)

Sandra Iskander

Wednesday 12th March 2014



CCG Performance Key Messages

Number of Patients Waiting More Than 52 Weeks

There is one Wandsworth CCG patient reported as waiting over 52 weeks. This is a Neurology patient at King's College Hospital. This was reported last month, which indicates this patient has still not received treatment. Information on this patient and details of a proposed treatment date have been requested via the CSU.

A&E Waiting Times (4 Hours)

St. George's achieved the 95% target for patients waiting less than 4 hours in A&E in January 2014. The target was not met during February 2014. The Trust saw very high numbers of patients attending A&E with complex needs and experienced issues with discharging patients requiring ongoing care and inter hospital transfers. The Urgent Care Working Group is co-ordinating solutions to these issues with the participation of local Social Care providers.

Mental Health Care Programme Approach (CPA) 7 Day Follow Up

South West London & St. George's Mental Health Trust are now achieving this target. Performance was poor during October 2013, which is reflected in the reported position. Improvements put in place in November 2013 have effectively improved performance.

Friends & Family Test

St. George's have improved their overall score in December, but have not yet achieved the 20% completion rate required by March 2014.

MRSA

Current data shows 2 MRSA cases assigned to the CCG across all providers. There has been a change in methodology for assigning cases. This is being investigated for accuracy and the figure will be confirmed for next month's report.

Local Priorities (Stop Smoking Referrals & Falls and Bone Health)

Performance against these two targets is progressing, but both are below the year to date target.

Wandsworth Clinical Commissioning Group



Are local people getting good quality care?

Current Domain Rating

Amber / Green

Indicator	St. George's	Chelsea & Westminster	Kingston	Guy's & St. Thomas'
Providers:				
Has local provider been subject to enforcement action by the CQC?	No	No	No	No
Has local provider been flagged as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?	N/A (not a Foundation Trust)	No	No	No
Has local provider been subject to enforcement action by the NHS TDA based on 'quality' risk?	No	N/A (Foundation Trust)	N/A (Foundation Trust)	N/A (Foundation Trust)
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?	No	No	No	No
Has the provider been identified as a 'negative outlier' on SHMI or HSMR?	No	No	No	No
Do provider level indicators from the National Quality Dashboard show that:				
MRSA cases are above zero	Yes - Action Plan in Place	Yes - Action Plan in Place	Yes - Action Plan in Place	Yes - Action Plan in Place
the provider has reported more C difficile cases than trajectory	No	No	Yes - Action Plan in Place	No
MSA breaches are above zero	No	No	No	No
Does the provider currently have any unclosed Serious Untoward Incidents (SUIs)?	Yes - Action Plan in Place	Yes - Action Plan in Place	No	No
Has the provider experienced any 'Never Events' during the last quarter?	Yes - Action Plan in Place	No	No	No
CCG:	Wandsworth CCG			
Clinical Governance				
Does the CCG have any outstanding conditions of authorisation in place on clinical governance?	No			
Has the CCG self-assessed and identified any risks associated with the following:				
Concerns around quality issues being discussed regularly by the CCG governing body	No			
Concerns around the arrangements in place to proactively identify early warnings of a failing service	No			
Concerns around the arrangements in place to deal with and learn from serious untoward incidents and never events	No			
Concerns around being an active participant in its Quality Surveillance Group	No			
EPRR				
If there was an emergency event in the last quarter, has the CCG self-assessed and identified any areas of concern on the arrangements in place for dealing with such an event?	N/A			
Winterbourne View				
Has the CCG self-assessed and identified any risk to progress against its Winterbourne View action plan?	No			

Green - All "NO" responses

Amber/Green – One or more 'YES' responses but action plan in place that successfully mitigates patient risk

Amber-Red – One or more 'YES' responses and no action plan in place / plan does not successfully mitigate patient risk

Red – Enforcement action is being undertaken by the CQC, Monitor or TDA and the CCG is not engaged in proportionate action planning to address patient risk.

Wandsworth Clinical Commissioning Group



Are patient rights under the NHS Constitution being promoted?

Current Domain Rating

Amber/Green

Indicator	Operational Standard	Lower Threshold	CCG Assurance Reporting Period	Actual Performance	R/A/G Rating
Referral To Treatment waiting times for non-urgent consultant-led treatment					
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	85%	Jan-14	92.3%	Green
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	90%	Jan-14	96.7%	Green
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	92%	87%	Jan-14	93.8%	Green
Number of patients waiting more than 52 weeks	0	10	Jan-14	1	Amber
Diagnostic test waiting times					
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%	94%	Jan-14	99.4%	Green
A&E waits					
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	90%	2013/14 YTD	94.8%	Amber
Cancer waits – 2 week wait					
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	88%	Dec-13	98.3%	Green
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	88%	Dec-13	95.9%	Green
Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	91%	Dec-13	98.4%	Green
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	89%	Dec-13	100.0%	Green
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	93%	Dec-13	100.0%	Green
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	89%	Dec-13	100.0%	Green



Are patient rights under the NHS Constitution being promoted?

Current Domain Rating

Amber/Green

Indicator	Operational Standard	Lower Threshold	CCG Assurance Reporting Period	Actual Performance	R/A/G Rating
Cancer waits – 62 days					
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	80%	Dec-13	87.5%	Green
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	85%	Nov-13	100.0%	Green
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	None Set	None Set	Dec-13	100.0%	
Category A ambulance calls					
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	70%	Jan-14	78.9%	Green
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	70%	Jan-14	80.3%	Green
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	90%	Jan-14	98.3%	Green
Mixed Sex Accommodation Breaches					
Minimise breaches	0	>10	Jan-14	0	Green
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.	Not Rated	Not Rated			
Mental Health					
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	95%	90%	Quarter 3 2013/14	93.3%	Amber

Indicator RAG rating

Green - Performance at or above the standard

Amber - Performance between the standard and the lower threshold

Red - Performance below the lower threshold OR same indicator has Amber performance for two consecutive quarters

Domain RAG rating

Green – No indicators rated red

Amber/Green – No indicator rated red but future concerns

Amber-Red – One indicator rated red

Red – Two or more indicators rated red

Wandsworth Clinical Commissioning Group

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2014



Are health outcomes improving for local people?

Current Domain Rating

Amber / Red (Provisional)

NHS Outcomes Framework measures which NHS England and CCGs will use in annual assurance (as described in Annex A of Everyone Counts)

Indicator	CCG Assurance Reporting Period	Actual Performance	R/A/G Rating	Comments
1. Preventing people from dying prematurely				
Potential years of life lost (PYLL) from causes considered amendable to healthcare	2012	Females: 1750.01 Males: 2001.7	Amber	Since 2011, there has been a decrease in PYLL per 100,000 patients for female patients and an increase for males.
Under 75 mortality rate from cardiovascular disease (per 100,000)	2012	63.7	Not R/A/G Rated	Wandsworth CCG has seen an improvement over the 2011 figure of 64.61
Under 75 mortality rate from respiratory disease (per 100,000)	2012	22.26	Not R/A/G Rated	Wandsworth CCG has seen an improvement over the 2011 figure of 22.41
Under 75 mortality rate from liver disease	2012	15.27	Not R/A/G Rated	Wandsworth CCG has seen an improvement over the 2011 figure of 15.56
Under 75 mortality rate from cancer	2012	116.45	Not R/A/G Rated	Wandsworth CCG has seen a deterioration of the 2011 figure of 115.86
2. Enhancing quality of life for people with long term conditions				
Health-related quality of life for people with long-term conditions	2012/13	0.76	Amber	2011/12: Score 0.76 Average 0.87 2012/13: Score 0.76 Average 0.85 Data from GP Patient Survey. Indicator still under review
Proportion of people feeling supported to manage their condition	July 2012 - March 2013	63.30%	Amber	Data from GP Survey There has been a small deterioration in year. 2011/12 figure: 63.9% Indicator still under review.
UPDATED Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Dec-13	157	Amber	Quality premium requires a reduction or 0% change from 2012/13.
UPDATED Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Dec-13	17	Amber	Quality premium requires a reduction or 0% change from 2012/13.
Estimated diagnosis rate for people with dementia	2012/13	49%	Green	National figure for 2012/13. Improvement on 2011/12 figure of 46%
3. Helping people to recover from episodes of ill health or following injury				
UPDATED Emergency admissions for acute conditions that should not usually require hospital admission	Dec-13	199	Green	Quality premium requires a reduction or 0% change from 2012/13.
Emergency readmissions within 30 days of discharge from hospital	2011/12	11.56	Green	There has been an improvement over the 2010/11 figure of 12.23.
Total health gain assessed by patients i) Hip replacement	2011/12	0.400	Red	2011/12 data. Shows a small deterioration over 2010/11 figure of 0.433.
Total health gain assessed by patients ii) Knee replacement	2011/12	0.220	Red	2011/12 data. Shows a small deterioration over 2010/11 figure of 0.284.
Total health gain assessed by patients iii) Groin hernia	2011/12	0.106	Green	2011/12 data. No change from 2010/11.
Total health gain assessed by patients iv) Varicose veins	2011/12	0.081	Green	2011/12 data. Shows a small improvement over 2010/11 figure of 0.064
UPDATED Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	Dec-13	74.0	Amber	Quality premium requires a reduction or 0% change from 2012/13.



Are health outcomes improving for local people?

Current Domain Rating

Amber / Red (Provisional)

NHS Outcomes Framework measures which NHS England and CCGs will use in annual assurance (as described in Annex A of Everyone Counts)

Indicator	CCG Assurance Reporting Period	Actual Performance	R/A/G Rating	Comments
4. Ensuring that people have a positive experience of care				
Patient experience of primary care i) GP Services	July 2012 - March 2013	88.60%	Not R/A/G Rated	Weighted % of patients reporting a good experience in patient survey.
Patient experience of primary care ii) GP Out of Hours services	July 2012 - March 2013	54.44%	Not R/A/G Rated	Weighted % of patients reporting a good experience in patient survey. There has been a small deterioration over last year's figure of 60.09%
Patient experience of hospital care	2012/13	74.9	Green	2012/13 figure for St. George's. Average score from a selection of questions from the National Inpatient Survey measuring patient experience (Score out of 100). Slightly below national average of 76.5, but an improvement over 2011/12 (73.9).
Friends and family test	Dec-13	Completion rate: 19.2% FFT Score: 65	Amber	Data for St. George's as a provider. 15% completion rate target is being met. Score is an improvement on last month's score of 59.
5. Treating and caring for people in a safe environment and protecting them from avoidable harm				
Incidence of healthcare associated infection (HCAI) i) MRSA	Dec-13	2	Red	See indicator CB_A15 in Everyone Counts: Planning for Patients 2013/14 - Technical Definitions for further details.
Incidence of healthcare associated infection (HCAI) ii) C.difficile	Jan-14	34	Green	See indicator CB_A16 in Everyone Counts: Planning for Patients 2013/14 - Technical Definitions for further details.
6. Others				
IAPT Coverage - performance against plan		Currently being revised		See indicator CB_S5 in Everyone Counts: Planning for Patients 2013/14 - Technical Definitions for further details.
Local Priorities				
Cardiovascular mortality, as measured by Stop Smoking Service referral	Jan-14	86.3%	Amber	3450 referrals at end of December 2013 against a YTD target of 4000. An improvement on last month.
75% of people diagnosed with dementia in the Wandsworth Memory Assessment Service from September 13-14 (on establishment of the Memory Assessment Service (MAS) planned for September 2013) whose individual needs are assessed and whose care plan states how these will needs will be addressed.		No Data		Service due to start in early October
Secondary prevention for fracture neck of femur, patients aged 50+ 90% (572) of patients Who have sustained FNOF in past receive drugs for secondary prevention	Jan-14	73%	Amber	Small improvement on last month's figure (72%)

Domain RAG rating

Green – All relevant indicators on track for achievement of Quality Premium

Amber/Green – Not all indicators on track for achievement of the Quality Premium

Amber-Red – At least one indicator statistically significantly off track for achievement of the Quality Premium

Red – All indicators statistically significantly off track for achievement of the Quality Premium

Note:

The document Everyone Counts: Planning for Patients 2013/14 - Technical Definitions can be found at the following link:

<http://www.commissioningboard.nhs.uk/everyonecounts/>

All data obtained from the NHS Information Centre Indicator Portal:

<https://indicators.ic.nhs.uk/webview/>

Wandsworth Clinical Commissioning Group

