

**GOVERNING BODY MEETING**

<b>Date of meeting</b>	19 July 2016	<b>Agenda item number</b>	13 (a)
<b>Title of report</b>	Revised CCG Performance Dashboard 2016/17		
<b>Paper Presented by:</b>	Peter Tinson, Chief Operating Officer		
<b>Paper prepared by:</b>	Pippa Hulme, Senior Planning & Performance Manager		

<b>CCG strategic objective supported by this paper: (please tick ✓ )</b>	Develop and maintain an effective organisation	<input checked="" type="checkbox"/>
	Commission high quality, safe and cost effective services which reduce health inequalities and improve access to healthcare	<input type="checkbox"/>
	Effectively engage patients and the public in decision making	<input type="checkbox"/>
	Develop excellent partnerships which lead to improved health outcomes	<input type="checkbox"/>
	Make the best use of resources	<input type="checkbox"/>

<b>Purpose of report</b>
To present to the Governing Body a revised CCG performance dashboard format informed by internal feedback and incorporating metrics in line with the 2016/17 planning guidance and the CCG Improvement and Assessment Framework 2016/17.
<b>Recommendation</b>
The Governing Body is asked to approve the revised Dashboard format for 2016/17 and the inclusion of the relevant metrics informed by the 16/17 planning guidance and the CCG Improvement and Assessment Framework 2016/17.

<b>Please indicate which Group this has been discussed with (please tick ✓)</b>			
Executive Management Team	<input checked="" type="checkbox"/>	Quality Improvement and Governance Cttee	<input type="checkbox"/>
Clinical Commissioning Committee	<input type="checkbox"/>	Finance and Performance Committee	<input type="checkbox"/>
Audit Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>
Council of Members	<input type="checkbox"/>	Other/Not Applicable	<input type="checkbox"/>
<b>Patient and Public Engagement:</b>	The Dashboard is a corporate information and assurance tool and the information is presented to the public through other more accessible mechanisms		
<b>Equality Impact Assessment:</b>	Not required for this purpose		
<b>Resource Implication(s):</b>	None		
<b>For further information please contact:</b>	Pippa Hume x 6364		

**GOVERNING BODY – TUESDAY 19 JULY 2016**

**CCG REVISED PERFORMANCE DASHBOARD FORMAT 2016/17**

**1.0 Introduction**

- 1.1 At its meeting on the July 2015, the Governing Body approved the revised 2015/16 performance dashboard to include refreshed metrics and performance measures from the planning guidance.
- 1.2 It also approved at that time, a recommendation for a task and finish group to be reconvened each year to monitor progress and address and incorporate new/revised performance measures: planning guidance and Assurance Framework revisions and implement any other identified improvements.
- 1.3 This paper outlines the recommended changes to the format and metrics for the 2016/17 Performance Dashboard, to the Governing Body for its approval.

**2.0 Review Process**

- 2.1 An initial review of the dashboard was undertaken by the Head of Delivery & Planning, Senior Planning & Performance Manager and the Business Intelligence Locality Lead at the beginning of May 2016.
- 2.2 The Dashboard was reviewed in the context of:
  - In year feedback relating to the current Dashboard
  - Other CCG Dashboard formats
  - 2016/17 Planning Guidance
  - CCG Improvement & Assessment Framework 2016/17.
- 2.3 A further meeting was then held on 26<sup>th</sup> May 2016 with two of the Governing Body members and the Head of Quality to review and further refine the revised version.
- 2.4 The Executive Management Team reviewed the proposed dashboard on 8<sup>th</sup> June 2016.

**3.0 Dashboard Metrics and Performance Measure Changes**

- 3.1 The Governing Body Dashboard has been developed around the NHS Constitution commitments; Outcomes and Quality Indicators; Better Care Fund Indicators and Local Priorities (which includes the local Quality Premium indicators) and has been refreshed in light of the 2016/17 planning requirements and to reflect the CCG Improvement and assessment Framework 2016/17.
- 3.2 The Improvement and Assessment Framework overall incorporates 60 indicators across 29 areas in four overall domains and covers 6 clinical priority areas. These indicators are therefore reflected within the dashboard grouped by monthly, quarterly and annual indicators, which will be reported and included within the dashboard accordingly.

3.3 The refreshed indicators for 2016/17 are shown in Appendix A, with the responsible Committee, Clinical and Commissioning leads.

#### **4.0 Report Format Developments**

4.1 The executive summary has been updated to include performance indicator trends, providing a summary of monthly performance within each indicator section as follows:

- National Constitutional
- Supplementary Indicators
- Better Care Fund
- Quality Premium
- Improvement & Assessment Framework sections of; Better Care, Better Health, Leadership and Sustainability

4.2 A summary of indicators within the clinical priority areas of the Improvement & Assessment Framework is also included for information.

4.3 Exception reporting against performance concern areas has been streamlined to one page per exception, incorporating graphical benchmarking data. Specific actions to be undertaken to address performance issues with associated timescales RAG rated against implementation are also included together with any specific actions required from Committees. In addition expected performance achievement is also included with anticipated year end performance based on current intelligence.

4.4 The dashboard indicators have been grouped by reporting frequency and will be included within the report accordingly.

4.5 It is proposed that where there are ongoing areas of exception, e.g. A&E performance, these will be included within the dashboard in line with Committee agreed timescales, which will be informed by the timescales for action implementation, and not routinely on a monthly basis unless actions deem that to be appropriate.

4.5 The revised dashboard is included under item 13 (b).

#### **5.0 Recommendations**

The Governing Body is asked to approve the revised Dashboard format for 2016/17 and the inclusion of the relevant metrics informed by the 2016/17 planning guidance and the CCG Improvement and Assessment Framework 2016/17.

**Peter Tinson**  
**Chief Operating Officer**

**Pippa Hulme**  
**Senior Planning & Performance Manager**

	Measure	Responsible Committee	Clinical Lead	Commissioning Lead	Indicator	Target
NHS Constitution	A&E Waiting Times	CCC	Dr R. Smyth	Suzanne Endersby	% patients admitted, transferred or discharged within 4 hours of arrival at A&E	95%
	Category A Ambulance Response Times (CCG performance based on NWS performance however local response times are included in the exception report as these are below target).	CCC	Dr R. Smyth	Amanda Lomas	% category A calls resulting in an emergency response to arrive within 8 minutes (Red 1)	75%
			Dr R. Smyth	Amanda Lomas	% category A calls resulting in an emergency response to arrive within 8 minutes (Red 2)	75%
	Referral to Treatment (RTT) times for non urgent consultant led	CCC	Dr T. Johnson	Nicola Walmsley	% admitted patients within 18 weeks.	90%
			Dr T. Johnson	Nicola Walmsley	% non admitted patients within 18 weeks.	95%
			Dr T. Johnson	Nicola Walmsley	% patients on incomplete pathway waiting less than 18 weeks.	92%
Diagnostic Waiting Times	CCC	Dr T. Johnson	Nicola Walmsley	% patients waiting less than 6 weeks for diagnostic test.	99%	
NHS Constitution	Cancer Two Week Waits	CCC	Dr A. Janjua	Katie Rimmer	% patients with maximum two week wait for first outpatient appointment when referred urgently with suspected cancer by a GP	93%
			Dr A. Janjua	Katie Rimmer	% patients with maximum two week wait for first outpatient appointment when referred urgently with breast symptoms (cancer not initially suspected) by a GP	93%
	Cancer 31 Day Waits	CCC	Dr A. Janjua	Katie Rimmer	% patients with maximum 31 day wait from diagnosis to first definitive treatment for all cancers	96%
			Dr A. Janjua	Katie Rimmer	% patients with maximum 31 day wait for subsequent treatment (surgery)	94%
			Dr A. Janjua	Katie Rimmer	% patients with maximum 31 day wait for subsequent treatment (anti-cancer drug regime)	98%
	Cancer 62 Day Waits	CCC	Dr A. Janjua	Katie Rimmer	% patients with maximum 31 day wait for subsequent treatment (radiotherapy)	94%
			Dr A. Janjua	Katie Rimmer	% patients with a maximum 62 day wait from urgent GP referral to first definitive treatment for cancer.	85%
			Dr A. Janjua	Katie Rimmer	% patients with a maximum 62 day wait from referral from an NHS screening service to first definitive treatment for cancer.	90%
	Dr A. Janjua	Katie Rimmer	Maximum 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority of a patient (all cancers).	N/A		
NHS Constitution	Mental Health: Care Programme Approach (CPA)	CCC	Dr K. Greenwood	Lesley Tiffen	The proportion of people under adult mental health specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	95%
	Referral to Treatment Waiting Times	CCC	Dr T. Johnson	Nicola Walmsley	Number of over 52 week waiters (incomplete pathways)	0
	Mixed Sex Accommodation	QIGEC	Dr K. Greenwood	Claire Lewis	Number of Breaches	Minimise breaches
	A&E Waits	CCC	Dr R. Smyth	Suzanne Endersby	No of waits from decision to admit to admission (trolley waits) over 12 hours.	0
	Cancelled Operations	QIGEC	Dr K. Greenwood	Nicola Walmsley	All patients who have cancelled operations on or after the day of admission for non-clinical reasons to be offered another binding date within 28 days.	0 breaches
			Dr K. Greenwood	Nicola Walmsley	No urgent operation to be cancelled for a 2nd time.	0
Ambulance Handovers	CCC	Dr R. Smyth	Amanda Lomas	All handovers between ambulance and A&E must take place within 15 minutes. Financial penalties for over 30 min and 60 min delays	1	
Infection	Incidence of healthcare associated infection	QIGEC	Dr K. Greenwood	Claire Lewis	CDI (C Difficile Infections) Number of infections	Maximum 44
		QIGEC	Dr K. Greenwood	Claire Lewis	MRSA: Number of infections	0
Mental Health	Dementia	CCC	Dr K. Greenwood	Lesley Tiffen	Estimated diagnosis rate for people with dementia	67%
	IAPT	CCC	Dr K. Greenwood	Lesley Tiffen	Access to services	Q1 =3.75% (3.75%) Q2=3.75% (7.5%) Q3=3.75% (11.25%) Q4=3.75% (15%)
Outcomes & Quality Indicators	Never Events	QIGEC	Dr K. Greenwood	Claire Lewis	Number of events	0
	Hospital Mortality	QIGEC	Dr K. Greenwood	Claire Lewis	Hospital Standardised Mortality Rate (HSMR)	<100
			Dr K. Greenwood	Claire Lewis	Standardised Hospital Mortality Indicator (SHMI)	<100
	Serious Incidents	QIGEC	Dr K. Greenwood	Claire Lewis	New Incidents	0
Dr K. Greenwood			Claire Lewis	Open Incidents	N/A	
Better Care Fund Indicators	Non elective admissions	CCC	Dr R. Smyth	Suzanne Endersby	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	5540/2725*****
	Admissions to residential and nursing care homes	CCC	Dr R. Smyth	Suzanne Endersby	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	733.7*****
	Dementia	CCC	Dr K. Greenwood	Lesley Tiffen	Lancashire Dementia Prevalence	67.0%*****
Referrals	F&P	Dr J. Reid	Nicola Walmsley	GP written referrals from GPs for a first outpatient appointment in general and acute specialties E.C.12	31807 / 2763	
		Dr J. Reid	Nicola Walmsley	Other referrals for a first outpatient appointment in general and acute specialties E.C.10	29279 / 2544	
		Dr J. Reid	Nicola Walmsley	Total referrals in general and acute specialties E.C.11	61086 / 5307	

	Measure	Responsible Committee	Clinical Lead	Commissioning Lead	Indicator	Target
Activity Measures	Elective	F&P	Dr J. Reid	Nicola Walmsley	Elective – ordinary admissions in all specialties (spells) E.C. 21-22.	3223 / 309
		F&P	Dr J. Reid	Nicola Walmsley	Of which: Elective admissions – ordinary admissions in general and acute specialties (spells) E.C 1-3	3518 / 309
		F&P	Dr J. Reid	Nicola Walmsley	Elective – day cases in general and acute specialties2 (spells)	20484 / 2140
		F&P	Dr J. Reid	Nicola Walmsley	Of which: Elective – day cases in general and acute specialties (spells)	22428 / 2039
		F&P	Dr J. Reid	Nicola Walmsley	Total elective admissions in all specialties (spells) 3	23707 / 2449
	Non-elective	F&P	Dr J. Reid	Nicola Walmsley	Of which: Total elective admissions in general and acute specialties (spells)4 E.C 1-3	25946 / 2348
		F&P	Dr J. Reid	Nicola Walmsley	Non-elective admissions in all specialties (spells) E.C .23	15550 / 1593
	Outpatients	F&P	Dr J. Reid	Nicola Walmsley	Of which: Non-elective admissions in general and acute specialties (spells) E.C.4	14444 / 1270
		F&P	Dr J. Reid	Nicola Walmsley	First outpatient attendances following GP referral – all specialties	27243 / 2218
		F&P	Dr J. Reid	Nicola Walmsley	Of which: First outpatient attendances following GP referral in general and acute specialties	26653 / 2156
		F&P	Dr J. Reid	Nicola Walmsley	All first outpatient attendances in all specialties	40689 / 4215
		F&P	Dr J. Reid	Nicola Walmsley	Of which: All first outpatient attendances in general and acute specialties	42302 / 3561
	A&E	F&P	Dr J. Reid	Nicola Walmsley	All subsequent outpatient attendances in all specialties	92262 / 9710
	F&P	Dr J. Reid	Nicola Walmsley	A&E attendances – Total all types	29067 / 2964	
2016/17 Quality Premium Indicators	Increase in the proportion of GP referrals made by e-referrals	CCC	Dr T. Johnson	Nicola Walmsley	Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year o year increase in the % of referrals made by e-referrals (or achieve 100% e-referrals) OR	>80% at March 2017
		CCC	Dr T. Johnson	Nicola Walmsley	March 2017 performance to extend March 2016 performance by 20%	March 2017 > March 2016 by 20%
	Overall experience of making a GP appointment	QIGEC	Dr S. Ellwood	Tracy Riddick	Achieve a level of 85% of respondents who said they had a good experience of making and appointment, OR 3% increase from July 2016	> 85% or >3% at July 2017 when compared to July 2016
	Antimicrobial resistance (AMR) improving antibiotic prescribing in primary care (10%).	QIGEC	Dr F. Guest	Julie Lonsdale	Part A) reduction in the number of antibiotics prescribing in primary care (reduction by 4% or to England 2013/14 mean value = 1.161 per STAR-PU)	<4% on 2013/14 performance or <= 1.161 items per STAR PU
		QIGEC	Dr F. Guest	Julie Lonsdale	Part B) reduction in the proportion of broad spectrum antibiotics prescribed in primary care (reduction in co- amoxiclav, cephalosporins and quinolones as a percentage of the total number of selected antibiotics prescribed in primary care to be equal to or lower than 10%, or to reduce by 20% from each CCG's 2014/15 value.)	< 10% antibiotic prescribing or reduce by 20% of 2014/15 value
	Local indicator 1: Maternity - Number of women known to be smokers at time of delivery per 100 maternities	QIGEC	Dr VG Chandrasekar	Lesley Tiffen	Maternity - Number of women known to be smokers at time of delivery per 100 maternities	15.04 per 100 maternities
Medical Related Incidents	QIGEC	Dr K. Greenwood	Claire Lewis	Count of reported medication error incidents as % of all reported incidents for that provider (Note: data shown are medication error totals for each provider)	N/A	
2015/16 Quality Premium Indicators	Urgent and Emergency Care	CCC	Dr R. Smyth	Suzanne Endersby	Delayed transfer of care from hospital per 100,000	28 per month
	Improved antibiotic prescribing in primary and secondary care - Composite	QIGEC	Dr F. Guest	Julie Lonsdale	Reduction in the number of antibiotics prescribed in primary care	60294
			Dr F. Guest	Julie Lonsdale	Reduction in the proportion of broad spectrum antibiotics prescribed in primary care (%)	0.113
			Dr F. Guest	Julie Lonsdale	Secondary care providers validating their total antibiotic prescription data	>=10% of providers validated data
Ambulance Conveyances from Care Homes	CCC	Dr R. Smyth	Justine Howe	Reduce conveyances from care homes to acute trusts	Annual reduction of 2.5% (<1397)	
Improvement & Assessment Framework 2016/17	Better Health	QIGEC	Dr VG Chandrasekar	Lesley Tiffen	Maternal smoking at delivery	<26%
	Better Care	CCC	Dr R. Smyth	Suzanne Endersby	Emergency admissions for urgent care sensitive conditions	TBC
	Better Care	CCC	Dr R. Smyth	Suzanne Endersby	Population use of hospital beds following emergency admission	TBC
	Better Care	QIGEC	Dr S. Ellwood	Tracy Riddick	Primary care workforce	TBC
Improvement & Assessment Framework 2016/17	Better Care	CCC	Dr T. Johnson	Nicola Walmsley	Patients waiting 18 weeks or less from referral to hospital treatment	TBC
	Better Care	QIGEC	Dr K. Greenwood	Claire Lewis	Achievement of clinical standards in the delivery of 7 day services	TBC
	Better Care	CCC	Dr A. Janjua	Sarah Camplin	People eligible for standard NHS Continuing Healthcare	TBC
	Sustainability	F&P	N/A	N/A	Financial plan	TBC
	Sustainability	F&P	N/A	N/A	In-year financial performance	TBC
	Sustainability	CCC	N/A	N/A	Outcomes in areas with identified scope for improvement	TBC
	Sustainability	F&P	N/A	N/A	Expenditure in areas with identified scope for improvement	TBC
Mental Health cont...	IAPT - Mental Health Access Waits	CCC	Dr K. Greenwood	Lesley Tiffen	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	96%
	IAPT - Mental Health Access Waits	CCC	Dr K. Greenwood	Lesley Tiffen	The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period	96%
	IAPT - Mental Health Access Waits	CCC	Dr K. Greenwood	Lesley Tiffen	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	76%
	IAPT - Mental Health Access Waits	CCC	Dr K. Greenwood	Lesley Tiffen	The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period	76%
	IAPT - Mental Health Access Waits	CCC	Dr K. Greenwood	Lesley Tiffen	Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment	N/A
	IAPT - Mental Health Access Waits	CCC	Dr K. Greenwood	Lesley Tiffen	Average number of treatment sessions	N/A

	Measure	Responsible Committee	Clinical Lead	Commissioning Lead	Indicator	Target
Better Care Fund Indicators	Delayed transfer of care	CCC	Dr R. Smyth	Suzanne Endersby	Delayed transfer of care from hospital per 100,000 (average per month)	Q1 969.2 Q2 2163.7 *****
Transforming Care		QIGEC	Dr K. Greenwood	Claire Lewis	Total number of patients in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and/or autistic spectrum disorder (including Asperger's syndrome)	
		QIGEC	Dr K. Greenwood	Claire Lewis	Numbers of admissions to in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and/or autistic spectrum disorder (including Asperger's syndrome).	
		QIGEC	Dr K. Greenwood	Claire Lewis	Numbers of patients discharged to community settings	
		QIGEC	Dr K. Greenwood	Claire Lewis	Patients without a care coordinator	
		QIGEC	Dr K. Greenwood	Claire Lewis	Patients not on the register	
2016/17 Quality Premium Indicators	Cancer Diagnosed at early stage	CCC	Dr A. Janjua	Katie Rimmer	1. Achieve a 4% improvement in proportion of cancers diagnosed at Stage 1 and 2 in the 2016 calendar year compared to 2015 calendar year <b>OR</b>	4% improvement
		CCC	Dr A. Janjua	Katie Rimmer	2. Achieve greater than 60% of all cancers diagnosed at Stage 1 and Stage 2 in the 2016 Calendar year.	> 60%
Improvement & Assessment Framework 2016/17	Better Health	CCC	Dr R. Smyth	Amanda Lomas	Injuries from falls in people aged 65 and over	<89
	Better Health	CCC	Dr T. Johnson	Nicola Walmsley	Utilisation of the NHS e-referral service to enable choice at first routine elective referral	95%
	Better Health	QIGEC	Dr A. Janjua	Claire Lewis	Percentage of deaths which take place in hospital	>15%
	Better Health	CCC	Dr P. Benett	Pete Smith	People with a long-term condition feeling supported to manage their condition(s)	TBC
	Better Health	CCC	Dr R. Smyth	Suzanne Endersby	Inequality in avoidable emergency admissions	TBC
	Better Health	QIGEC	Dr F. Guest	Julie Lonsdale	Anti-microbial resistance: Appropriate prescribing of antibiotics in primary care	TBC
	Better Health	QIGEC	Dr F. Guest	Julie Lonsdale	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	TBC
	Better Health	QIGEC	Dr K. Greenwood	Claire Lewis	Quality of life of carers	TBC
	Better Care	CCC	Dr T. Johnson	Nicola Walmsley	Use of high quality providers	TBC
	Better Care	CCC	Dr A. Janjua	Katie Rimmer	Cancers diagnosed at early stage	Annual improvement
	Better Care	CCC	Dr A. Janjua	Katie Rimmer	One-year survival from all cancers	Annual improvement
	Better Care	QIGEC	Dr A. Janjua	Katie Rimmer	Cancer patient experience	Annual improvement
	Better Care	CCC	Dr VG. Chandrasekar	Lesley Tiffen	Children and young people's mental health services transformation	TBC
	Better Care	CCC	Dr K. Greenwood	Lesley Tiffen	Crisis care and liaison mental health services transformation	TBC
	Better Care	CCC	Dr K. Greenwood	Lesley Tiffen	Out of area placements for acute mental health inpatient care - transformation	Baseline reduction
	Better Care	CCC	Dr K. Greenwood	Claire Lewis	Reliance on specialist inpatient care for people with a learning disability and/or autism	TCP trajectory
	Better Care	CCC	Dr K. Greenwood	Claire Lewis	Proportion of people with a learning disability on the GP register receiving an annual health check	Progress monitoring for ongoing increase
	Better Care	QIGEC	Dr VG. Chandrasekar	Lesley Tiffen	Neonatal mortality and stillbirths	50% reduction by 2030 with measurable reduction by 2020
	Better Care	QIGEC	Dr VG. Chandrasekar	Lesley Tiffen	Women's experience of maternity services	TBC
	Better Care	CCC	Dr VG. Chandrasekar	Lesley Tiffen	Choices in maternity services	TBC
	Better Care	CCC	Dr K. Greenwood	Lesley Tiffen	Dementia care planning and post-diagnostic support	TBC
	Better Care	CCC	Dr R. Smyth	Suzanne Endersby	Achievement of milestones in the delivery of an integrated urgent care service	Yes/No specific template completion
	Leadership		GB	N/A	N/A	Quality of CCG leadership
Mental Health	Early Intervention in Psychosis	CCC	Dr K. Greenwood	Lesley Tiffen	More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral (in development)	More than 50%
	Liaison Psychiatry	CCC	Dr K. Greenwood	Lesley Tiffen	% of acute trusts with an effective model of liaison psychiatry (all ages, appropriate to the size, acuity and speciality of the hospital) (in development)	TBC
Outcomes & Quality Indicators Cont...	Composite indicator comprised of GP services, and Gp out of hours	QIGEC	Dr S. Ellwood	Tracy Riddick	Increase the number of people having a positive experience of care outside hospital, in general practice and the community Rate of responses of a 'fairly poor' or 'very poor' experience across General Practice (GP) and Out-of-hours services per 100 patients	TBC
	Hospitals deaths attributable to problems in care	QIGEC	Dr K. Greenwood	Claire Lewis	Indicator in development, this should be available for measuring a national ambition in Autumn 2015 and local ambitions in 2016/17.	TBC
	Enhancing quality of life for people with long-term conditions	CCC	Dr P. Benett	Pete Smith	Health-related quality of life for people with long-term conditions	Average EQ-5D Score 71.56
Care			Dr K. Greenwood	Claire Lewis	Satisfaction with the quality of consultation at GP Practices	435

	Measure	Responsible Committee	Clinical Lead	Commissioning Lead	Indicator	Target
Primary Care	Positive experience of care	QIGEC	Dr K. Greenwood	Claire Lewis	Satisfaction with the overall care received at the surgery	83%
			Dr K. Greenwood	Claire Lewis	Satisfaction with access to Primary Care	71%
Better Care Fund Indicators	Reablement / rehabilitation services	CCC	Dr R. Smyth	Suzanne Endersby	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	15/16 - Improve on 14/15*****
	Patient/User Experience	CCC	Dr R. Smyth	Pete Smith	In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?	9.3*****
2016/17 Quality Premium Indicators	Local indicator 2: Trauma and injury - Injuries due to falls per 100,000 population ages 65+	CCC	Dr R. Smyth	Amanda Lomas	Trauma and injury - Injuries due to falls per 100,000 population ages 65+	5% (110.73) reduction on 2014/15
	Local indicator 3: Cross-cutting - % of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	CCC	Dr R. Smyth	Suzanne Endersby	Cross-cutting - % of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82% to align with current Better Care Fund Target
2015/16 Quality Premium Indicators	Preventing people from dying prematurely	CCC	Dr P. Benett	Pete Smith	Reduce the Potential Years of Life Lost (PYLL) for causes amenable to healthcare.	Reduction of >=1.2% from 2012 to 2015 2012 = 2507 2013 = 2496.9 2014 = 2486.9 2015 = 2476.9
	Mental Health	CCC	Dr K. Greenwood	Lesley Tiffen	Increase in the proportion of adults in contact with secondary mental health services who are in paid employment.	>2.60%
	Local Priorities	CCC	Dr P. Benett	Pete Smith	To scope, commission and develop a service to provide stroke follow up reviews of the health and social care needs of stroke patients and their carers, for all patients who have undergone a stroke within 6 months of their initial admission.	Q1: Scope Service Q2: Implement Service Q3: Estimation of Volume Q4: TBC
Dr R. Smyth			Pete Smith	Improved quality of life for Carers as a result of interaction with the carers centre.	0.5236	
Improvement & Assessment Framework 2016/17	Better Health	CCC	Dr VG. Chandrasekar	Lesley Tiffen	Percentage of children aged 10-11 classified as overweight or obese	<10%
	Better Health	CCC	Dr P. Benett Dr VG. Chandrasekar	Pete Smith Lesley Tiffen	Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	>1156
	Better Health	CCC	Dr P. Benett	Pete Smith	People with diabetes diagnosed less than a year who attend a structured education course	>145
	Better Health	F&P	Dr A. Janjua	Sarah Camplin	Personal health budgets	TBC
	Sustainability	CCC	Dr T. Naughton	Sarah Camplin	Adoption of new models of care	Score of 1-5 with rating to be defined
	Sustainability	F&P	Dr T. Naughton	Peter Kelly	Local digital roadmap in place	Yes / No
	Sustainability	F&P	Dr T. Naughton	Peter Kelly	Digital interactions between primary and secondary care	Composite indicator unweighted average
	Sustainability	F&P	N/A	Phil Hargreaves	Local strategic estates plan (SEP) in place	TBC
	Leadership	GB	N/A	N/A	Sustainability and Transformation Plan	RAG Rated Green/Amber/Red
	Leadership	F&P	N/A	NA	Probity and corporate governance	Self Certification - Compliant/Partially compliant/Not compliant
	Leadership	QIGEC	Dr S. Ellwood	Tracy Riddick	Staff engagement index	TBC
	Leadership	QIGEC	Dr S. Ellwood	Tracy Riddick	Progress against workforce race equality standard	TBC
Leadership	GB	N/A	N/A	Effectiveness of working relationships in the local system	Contextual information from 360 stakeholder survey	