

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

12 May 2015

Title of the report:	PMO Operational Plan Delivery Update
Section:	For Information
Report by:	Adrian Ashe – Head of Programme Management Office Ket Chudasama – Assistant Director Corporate Affairs
Presented by:	Ket Chudasama – Assistant Director Corporate Affairs

Report supports the following West Leicestershire CCG's goal(s) 2012 – 2015:			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	Governing Body functions: •Section 5.2.4: Act with a view to securing continuing improvement to the quality of services •Section 6.6.1(f): Monitoring Performance Against Plan
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	Update from the Planning and Delivery Sub-Group Meeting held on 28 April 2015
Discussed by	Planning and Delivery Sub-Group Meeting held on 28 April 2015
Alignment with other strategies	2015/16 WLCCG Operational Plan
Environmental Implications	N/A
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	N/A

EXECUTIVE SUMMARY:

1. This paper provides an update of progress against the WLCCG Operational Plan Programmes and QIPP.
2. The paper gives the key headlines following review of the Gantt charts and exception reports as at 31st March 2015.
3. The key headlines are:
 - There are no 'Red' rated programmes in relation to Actions planned.
 - Only one Programme was at Amber RAG Status at the end of January:
 - Out of Hospital (Complex Long Term Conditions component)
 - Month 11 (February 2015) QIPP results show actual savings of £6.41million against planned savings of £7.83million, giving a shortfall of £1.43million. At the end of February, we delivered 82% of planned savings (our Month 10 - January 2015 - position was 85% of planned savings delivered).
4. The QIPP end-of-year forecast of £7.16million is the best case scenario and the current predicted shortfall is £2.05million below Plan (78% forecast achievement against Plan).
5. £1,484k worth of planned investment in QIPP has been removed by Programme Leads as at the end of Month 11: the remaining £262k was for planned investment spend under the Out of Hospital Programme. The unspent investment of £1,484k can be used to mitigate against this shortfall, which would give us a revised year-end shortfall of £567k.
6. The paper also reviews some of the key corporate risks in relation to delivery of the Operational Plan, with proposed actions to mitigate the high risks.
7. The paper outlines the key activities to take place over the next month, which will be:
 - a. The PMO to confirm the project plans for all 7 Programmes in the Operational Plan
 - b. Streamline PMO reporting of QIPP performance data for 2015/16 working with Finance.
 - c. Work with Senior Responsible Clinicians, Officers and Programme Leads to optimise project/Programme and QIPP reporting in 2015/16.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE an update on the outputs of the Programme Management Office reported to the Planning and Delivery Sub-Group.

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

12 May 2015

PMO OPERATIONAL PLAN DELIVERY UPDATE

INTRODUCTION

1. The purpose of this paper is to update the Board on progress on the delivery against the Operational Plan programmes, the latest QIPP position and key risks discussed at the April Planning and Delivery Sub-Group meeting.

HIGH LEVEL PROGRAMME PERFORMANCE

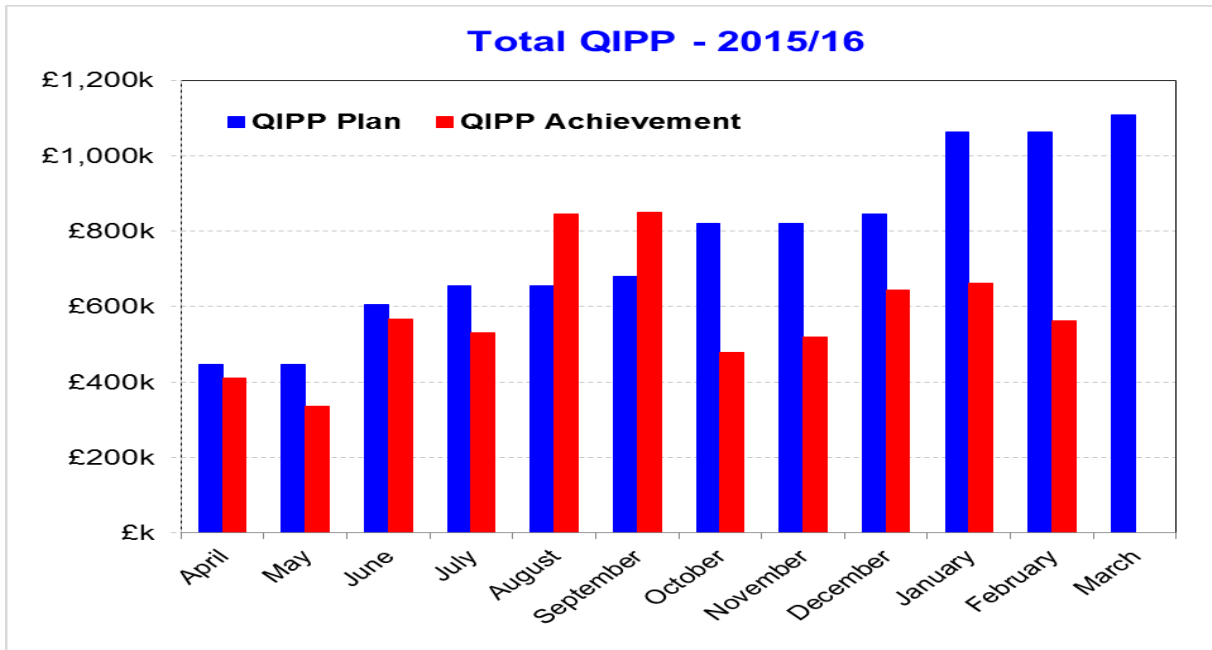
2. The table below shows the 3-month rolling view of RAG ratings (for Actions only) to the end of March 2015, and the QIPP RAG position for each Programme to the end of February 2015 (Month 11).
3. There were no 'Red' RAG rated (Actions) programmes to the end of December, and the PMO programme dashboard is attached as Appendix 1.

Programme		Action Plan Milestones RAG Status 2014/15:			Save (QIPP)
		Jan	Feb	Mar	Feb
1	Excellent Primary Medical Care				
2	Community Urgent Care Response (Step Up)				
3	Integrate Discharge and Reablement (Step Down)				
4	Complex and Multiple Long Term Conditions (Proactive Care)				
5	Delivering Parity of Esteem (Mental Health)				
6	Planned Care				
7	Empowering Our Patients				N/A

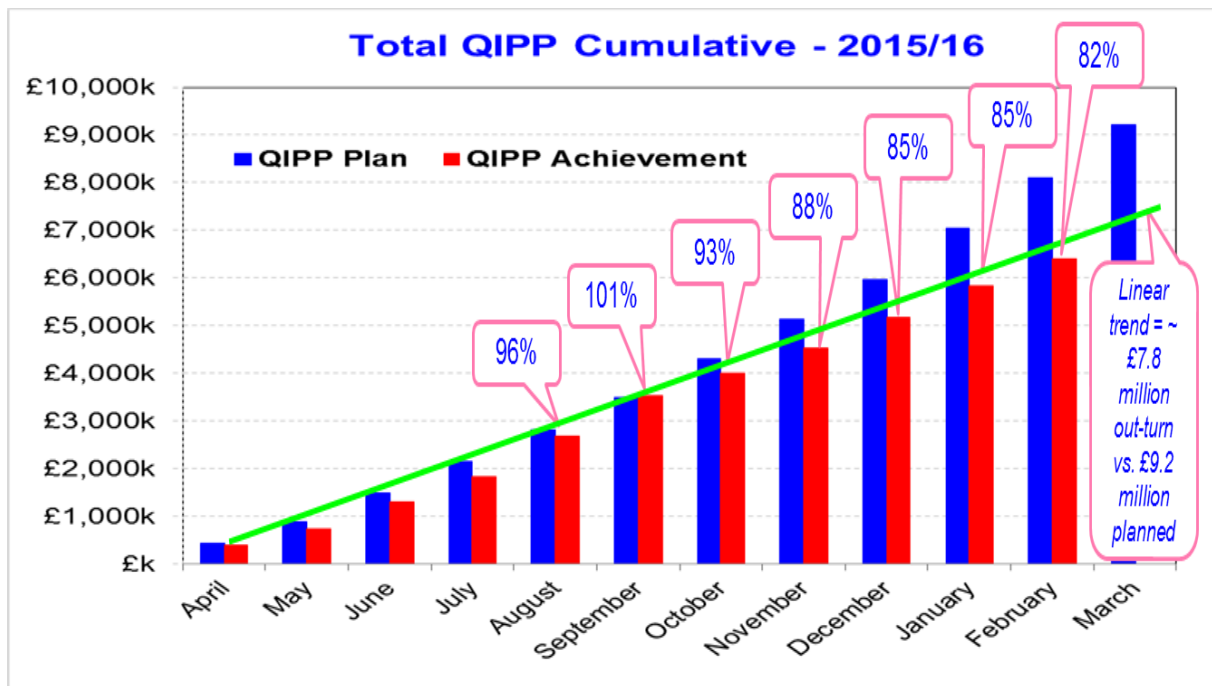
4. Key Headlines Are:
 - We continue to have reliable data feeds from Arden&GEM, and no issues have been raised
 - We are preparing confirm and challenge schedules to run throughout 2015/16.

QIPP AND INVESTMENTS (SAVE AND SPEND)

5. The latest QIPP position for Month 11 (February 2015) is shown below:



6. The cumulative view is shown below, with % of actual against target.



7. The CCG planned to save £7,833k and actually saved £6,406k (a negative variance of £2,051k, Plan vs Actual). Savings by programme are attached in Appendix 2.





8. There has been no spend on the revised £262k QIPP investment budget to date (this figure is for the Complex and Multiple Long Term Conditions Programme: Note/Out of Hospital Programme) - there has been no change from last month.

9. Programme Leads have already reduced their investment plans by £1,484k from £1,746k: see Appendix 2, QIPP Dashboard.
10. As at the April Planning and Delivery meeting date, the forecast QIPP position at year-end is £7,160k savings against a plan of £9,211k – a decreased negative variance of £2,051k below Plan (Forecast / Plan = 78%) from the January year-end forecast (which was £1,843k below Plan, i.e. 80%).
11. The unspent investment of £1,484k can be used to mitigate against the shortfall of £2,051k, giving a revised shortfall at year-end of £567k.

Programme @ Month 11 (February 2015)		Month 11 Planned QIPP	Month 11 Actual QIPP	Month 11 Variance	Year-End Variance (Forecast)
All figures in £1,000s		£1,000s	£1,000s	£1,000s	£1,000s
Excellent Primary Medical Care	Prescribing QIPP	1,440.0	642.9	-797.1	£-997
Community Urgent Care Response	Step Up (including Nursing Homes)	776.6	436.0	-340.6	£-785
	Older Persons' Unit	416.7	0.0	-416.7	£-500
	Out of Area Contracts QIPP	236.5	260.4	23.9	£2
Integrate Discharge and Reablement	Continuing Health Care	333.3	1,028.0	694.7	£822
	Community Equipment	75.0	113.0	38.0	£200
Complex Long Term Conditions	Virtual Ward, End of Life, Cardiovascular Disease and Respiratory	1,148.7	196.6	-952.1	£-1,289
	ICD10 codes relating to CVD (April - July) and Respiratory (July)	0.0	256.0	256.0	£439
Mental Health	Mental health rehabilitation	118.2	145.3	27.1	£12
	Mental health Acute beds	726.0	726.0	0.0	£0
Planned Care	Community Outpatient Procurement QIPP	1,548.3	1,548.3	0.0	£0
	Community Services Redesign	0.0	150.0	150.0	£200
	Planned Care QIPP	583.3	606.0	22.7	£-9
High Quality, Great value	Single Front Door	133.8	0.0	-133.8	£-146
General Corporate	Running Costs	297.0	297.0	0.0	£0
2014/15 Planned QIPP = £9.211m Total		£7,833.4	£6,405.5	-£1,427.9	£-2,051

KEY RISKS

12. Key risks and their status is shown in the table below.
13. Work is ongoing regarding the IM&T projects: IM&T document from Department of Health has been issued – plans for 2015-16 being finalised.

No	Risk Description	Actions	Score	Change
1	Failure to deliver programmes due to lack of staff capacity due to the number of project per programme and time commitments on other areas e.g. BCF / BCT etc.	<ul style="list-style-type: none"> AD Strategy & Planning exploring options to secure interim 8a resource - unlikely to secure appropriate resource Band 6 position recruited. Current staff resource re-prioritised to form Out of Hospital Programme 	6	
3	Lack of Operational Plan programme assurance for QIPP & performance metrics due to data quality issues from GEM	<ul style="list-style-type: none"> Ensure GEM plan to address data quality is monitored - Update: GEM now have a plan of action in place Triangulate GEM data with Programme Leads (G.Killbery and Programme Leads actioned monthly) Escalate data quality issues to GEM Customer Account Manager (S.Gay and K.Chudasama) - Quality issues actioned and addressed Work with GEM BI Leads to improve data quality (AA) - Plan in place from 26/09/14 Now Business as Usual - recommend closure 	3	Closed
4	Ensuring effective delivery of key IM&T projects that impact upon Operation Plan programmes	<ul style="list-style-type: none"> Head of Delivery and AD Corporate Affairs met to review existing structures / governance arrangements for IM&T and IG. Request routine update reports from IM&T Project leads to P&D 	8	
5	RTT delivery is heavily dependent on continued delivery of UHL action plan. Slippage in this plan will impact on the CCG's achievement	<ul style="list-style-type: none"> Monitor delivery against UHL plan Monitor delivery against LLR Planned Care QIPP Plan CCG internal Delivery group to continue to progress West CCG actions 	15	
6	Failure to deliver the QIPP target	<ul style="list-style-type: none"> Establish realistic forecast outturns, and review initial contingency plans in monthly confirm & challenge meetings and present to monthly P&D Review QIPP profile to correspond with work plans - Confirm and Challenge sessions held with all Programmes except primary Medical Care by end of December 2014 Individual workstream leads to provide QIPP monitoring, to be compared with CCG wide impact calculated by GEM CSU. Process to be enacted to share QIPP delivery with UHL through contract performance meetings - QIPP data being shared with the Contract Team The grading will be taken from the Finance Sub-Group risk rating for QIPP: The QIPP risk rating for March was 4 (Impact =1; Likelihood=4) 	4	

OTHER UPDATES

PMO – Actively Supporting Operational Plan Delivery 2015/16

14. An update paper was presented to the Planning and Delivery Sub-Group meeting outlining the work that the WLCCG Programme Management Office (PMO) currently undertakes, and what the PMO will be undertaking to actively support delivery of the Operational Plan in 2015/16.
15. The paper summarises the key headlines following the PMO Lessons Learnt Workshop that was planned and held by the PMO and involving the WLCCG programme and project managers on 31/03/15 to review the WLCCG Programme / Project Management processes and establish what worked well and what did not.
16. This was in addition to the PMO's own internal Lessons Learnt review to look at ways of better supporting delivery of the Operational Plan.
17. The PMO will proactively identify and propose ideas to enhance the efficiency, effectiveness and economy of delivery of our Operational Plan.
18. The paper also set out the key activities the PMO will be involved in before the next Sub-Group Meeting, which will include:
19. Review and Support the Project Plans of each of the Programmes to ensure that they have SMART (Specific; Measureable; Achievable; Realistic; Timely) delivery objectives.
20. Discuss the common documentation we will be using across the CCG with each project/Programme Manager individually.
21. Seek input from the Planning and Delivery Sub-Group as to the efficiency of process in 2014/15 and future outlook
22. Since the P&D Sub-Group Meeting of 28.04.15, it has since been confirmed by 360 Assurance that in the audit they undertook for project and programme management for 2014/15, they have awarded WLCCG "Significant Assurance".

PMO Reference Handbook

23. A paper was presented for discussion of the draft WLCCG Programme Management Office (PMO) Reference Handbook, prior to seeking approval at the following Planning and Delivery Sub-Group meeting in May as recommended by the 360 Assurance's Project/Programme Management Audit report. (One of the 3 Areas for Improvement as recommended by 360 Assurance – carrying a medium risk – was the approval of the PMO reference Handbook by the P&D Sub-Group).
24. To note that the PMO Reference Handbook is not setting out to change what we do, but seeks to formalise our processes.
25. The PMO Terms of Reference were singled out for discussion and formal approval (as recommended in the Areas for Improvement by 360 Assurance) by the Planning and Delivery Sub-Group once discussions are complete.

26. The Terms of Reference were formally approved by the P&D Sub-Group after discussion.

27. It was agreed after discussions that the PMO will bring back the Reference Handbook – with the recommended changes - at the May meeting.

NEXT STEPS

28. In addition to the monthly PMO process, the following key actions will be addressed before the next meeting:

- i. The PMO to confirm the project plans for all 7 Programmes in the Operational Plan
- ii. Streamline PMO reporting of QIPP performance data for 2015/16 working with Finance.
- iii. Work with Senior Responsible Clinicians, Officers and Programme Leads to optimise project / Programme and QIPP reporting in 2015/16

RECOMMENDATION:



The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE an update on the outputs of the Programme Management Office reported to the Planning and Delivery Sub-Group.

Appendix 1 - WLCCG Top Level Programme Performance Monitoring Dashboard as at 31st March 2015										
#	Priority Programme	Performance Criteria	RA G rating	Position Status	Exception	Corrective /Mitigating Action	SRC	SRO	Manager	
1	Support our members to deliver excellent primary medical care	Action plan milestones	SPEND	↔	On Plan - no change.					
		France	SAVE		There is a negative variance of -£739.1k	Prescribing figures negatively affected at national level, beyond control of Prescribing team.		A. Bright	I. Potter	
		Impact on metrics	NATIONAL LOCAL		National -Red: Emergency admissions for acute conditions that should not usually require hospital admission Local -Red:By March 2015, deliver QIPP efficiency savings of £1.7 million	N/A	C. Barlow			
2	Expand community urgent care response to reduce pressure on emergency services	Action plan milestones	SPEND	↔	On Plan - no change.					
		France	SAVE		Overall project is behind Plan by -£733.4k as at month 11	Reported in the QIPP Appendix		C. Williams	M. Murray	
		Impact on metrics	NATIONAL LOCAL		National -Red: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (dialysis), Emergency admissions for acute conditions that should not usually require hospital admission	N/A				
3	Integrate discharge and readmission support to maximise recovery and independence	Action plan milestones	SPEND	↔	On Plan - no change.					
		France	SAVE		£1141.0k realised so far with positive variance of £737.7k at Month 11			C. Tzitzanski	M. Murray	
		Impact on metrics	NATIONAL LOCAL		National -Red: Emergency admissions for acute conditions that should not usually require hospital admission, Emergency admissions within 30 days of discharge from hospital.	N/A				
4	Build on our pro-active approach to managing complex and multiple long term conditions	Action plan milestones	SPEND	↔	At Risk: Virtual ward occupancy - low performance falling behind target, due to missing one clinical coordinators post and some DN vacancies posts	Virtual ward: Actively working with the clinical coordinators to manage current case load. Operational leads stepping in to ensure community nursing work so full coordinators have filled up their capacity. Rolling recruitment programme (advertising all of the unit's unique selling points, what type of patient they should be referring, positive feedback from GPs and data on who has referred so far vs emergency admissions for 75+ LPT. Clinical staff will request slots on each Practice internal clinical meetings. Promoting at P.L.T's. Patient facing information for PRGs. Article for the care home bulletin. Liaising with East CCG			D. Jackson	C. Timney-Read
		France	SAVE		SAVE: There is a negative variance of -£686.0k as at month 11		N/A			
		Impact on metrics	NATIONAL LOCAL		National -Red: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (dialysis), Emergency admissions for acute conditions that should not usually require hospital admission		N/A			
5	Improving mental health services - delivering parity of esteem for people with mental health conditions	Action plan milestones	SPEND	↔	On Plan - no change.					
		France	SAVE		On Plan - no change.		N/A		M. Whitmore	
		Impact on metrics	NATIONAL LOCAL		National -Red: Improved Access to Psychological Therapies (IAPT) - Proportion of people who enter treatment against the level of need within the population. Dementia diagnosis rate Local -Red: Adult Mental Health- significant reduction in use of out of area acute placements	National -Red: Dementia diagnosis rate: • Continue to target and support practices in the 0 to 50% Dementia quartile. • Target support to practices in the North West Leicestershire locality. Local -Red: out of area acute placements-As part of the MH and LD BCT work streams, identifying the potential of providing care closer to home for users currently placed out of county with the aim of improving user experience, accelerating recovery and reducing cost.		J. Bosworth	P. Cannon	
6	Introduce new models to deliver planned care in primary and community settings	Action plan milestones	SPEND	↔	On Plan - no change.					
		France	SAVE		SAVE: Saving have improved and now has a positive variance £722.7k	Planned actions ongoing			G. Kilbery	
		Impact on metrics	NATIONAL LOCAL							
7	Ensure all our providers deliver high quality, great value care for all our patients	Action plan milestones	SPEND	↔	On Plan - no change.					
		France	SAVE		SAVE: Saving have improved and now has a positive variance £722.7k					
		Impact on metrics	NATIONAL LOCAL							
8	People powered health: empowering our patients to shape services and the care they receive	Action plan milestones	SPEND	↔	On Plan - no change.					
		France	SAVE		Not yet secured an information system to pull together all patient, public and staff insights (complaints, engagement events, provider data, listening boards).	> Further meetings to be arranged to agree the specification and funding source. However the CSU feel the programme team have been working with have also had discussion with local providers which could improve the overall quality of information reported			C. Trevick	
		Impact on metrics	NATIONAL LOCAL							

SRC – Senior Responsible Clinician

SRO – Senior Responsible Officer

RAG Status Guidelines			Position Status
Dimension	RAG Status	Guidelines	
Action Plan (Gantt Chart) Milestones	GREEN	Action plan milestones are on target	Improving 
	AMBER	There are minor delays in the action plan milestones of up to 30 days	Maintained 
	RED	There are action plan milestones delayed more than 30 days	Worsening 
Finance	RWA	Scheme not yet due to start	
	GREEN	Costs are on target	
	AMBER	There is likely to be an overspend / underspend of up to 10% of the agreed budget	
	RED	It is highly likely there will be an overspend / underspend greater than 10% of the agreed budget	
	RWA	Budget not set for current financial year	
	GREEN	Assessed impact on primary metric(s) is on track	
Impact on metrics	AMBER	It is likely there will be a negative impact on the primary metric(s) of up to 10%	
	RED	It is highly likely there will be a negative impact on the primary metric(s) greater than 10%	
	RWA	This scheme is an enabler	

APPENDIX 2 - WLCCG QIPP DELIVERY MONITORING as at 28th February 2015 (Month 11)

QIPP Programme	INVESTMENT (SPEND)			SAVINGS evidenced by Month 11 [February] activity				Year-End 2014/15 FORECAST			
	Planned Total Investment	Non Recurrent Potential Slippage Highlighted by Schemes	Remaining Investment	PLANNED Month 11 Savings	ACTUAL Month 11 Savings	Month 11 Variance	Month 11 RAG rating (Act / Plan)%	Planned TOTAL QIPP	FORECAST TOTAL Savings for 2014/15	YEAR-END Variance	YEAR-END Forecast RAG Rating (Forc / Total)%
	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	
Excellent Primary Medical Care											
Prescribing QIPP	0	0	0	1,440.0	642.9	-797.1	45%	1,640	643	-997	39%
				1,440.0	642.9	-797.1	45%	1,640	643	-997	39%
Community Urgent Care Response											
Step Up (including Nursing Homes)	0	0	0	776.6	436.0	-340.6	56%	1,221	436	-785	36%
Older Persons' Unit	500	500	0	416.7	0.0	-416.7	0%	500	0	-500	0%
Out of Area Contracts QIPP				236.5	260.4	23.9	110%	258	260	2	101%
				1,429.8	696.4	-733.4	49%	1,979	696	-1,283	35%
Integrate Discharge and Reablement											
Continuing Health Care	0	0	0	333.3	1,028.0	694.7	308%	400	1,222	822	306%
Community Equipment	0	0	0	75.0	113.0	38.0	151%	100	300	200	300%
				408.3	1,141.0	732.7	279%	500	1,522	1,022	304%
Complex and Multiple Long Term Conditions											
Virtual Ward, End of Life, Cardiovascular Disease and Respiratory	946	684	262.0	1,148.7	196.6	-952.1	17%	1,303	14	-1,289	1%
ICD10 codes relating to CVD (April - July) and Respiratory (July)					256.0	256.0	0%	0	439	439	-
				1,148.7	452.6	-696.1	39%	1,303	453	-850	35%
Mental Health											
Mental health rehabilitation	50	50	0	118.2	145.3	27.1	123%	133	145	12	109%
Mental health Acute beds	250	250	0	726.0	726.0	0.0	100%	792	792	0	100%
				844.2	871.3	27.1	103%	925	937	12	101%
Planned Care											
Community Outpatient Procurement QIPP	0	0	0	1,548.3	1,548.3	0.0	100%	1,689	1,689	0	100%
Community Services Redesign				0.0	150.0	150.0			200	200	
Planned Care QIPP	0	0	0	583.3	606.0	22.7	104%	700	691	-9	99%
				2,131.6	2,304.3	172.7	108%	2,389	2,580	191	108%
High Quality, Great Value											
Single Front Door	0	0	0	133.8	0.0	-133.8	0%	146	0	-146	0%
				133.8	0.0	-133.8	0%	146	0	-146	0%
General Corporate											
Running costs	0	0	0	297.0	297.0	0.0	100%	329	329	0	100%
				297.0	297.0	0.0	100%	329	329	0	100%
Total	1,746	1,484	262	7,833.4	6,405.5	-1,427.9	QIPP	9,211	7,160	-2,051	78%
							Inv	1,746	262	1,484	EOY Forecast
				Planned, Month 11	Actual, Month 11		To find	7,465	6,898	-567	
				£7.83	£6.41	82%	of planned QIPP target achieved at Month 11 (February 2015)				
				Month 11 : Planned vs. Actual							
				Variance @ Month 11 (Feb 2015)							
				£-1.43m							

APPENDIX 3 - KEY PERFORMANCE METRICS - WLCCG DELIVERY DASHBOARD - March 2015

Programme	Indicator level	Indicator	Baseline period	Baseline	Target	YTD	Month	National RANK	Comments	Frequency
Excellent Primary Medical Care	National Indicators	Emergency admissions for acute conditions that should not usually require hospital admission	2012/13 Atlas 2012/13 local data 2013/14 local data	874.70 926.82 887.85	848.46 (3% reduction) Below 899.01 NA	FOT 894.44	Feb-15		This indicator is red due to the higher number of avoidable emergency admissions, based on 11 months data only, compared to the 14/15 full year target.	Monthly (2 months in arrears)
		Patient experience of primary care (i) GP Services	January 13-September 13	87% (WLCCG)	To be equal to higher than baseline score	85%	Jan-15	113	Our current performance is 85%, the national average is 85% therefore we are meeting national average.	Produced Bi Annually Data covers March-August 14 published in September
		Access to (i) GP services	January 13-September 13	77% (WLCCG)	To be equal to higher than baseline score	75%	Jan-15	88	Our current performance is 75%, the national average is 74%, we are performing above national average.	Produced Bi Annually Data covers March-August 14 published in September
	Local Indicators	100% completion of individual practice appraisals: 25 practices by the end of Quarter 3 2014/15, and the remaining 25 by Quarter 4.	Mar-14	50	25 appraisals Oct-Dec 25 January 15-March 15	25 of 25	Mar-15		Practice appraisals have started in October as mentioned 25 of 25 completed in 3rd quarter. 25 completed in Quarter 4.	Quarterly starting from October
		Undertake quarterly practice reviews to actively monitor Quality QIPP delivery at a practice level starting in June 2014	13/14	50	50 Practice QIPP review meetings by end of each quarter		Feb-15		Previous 2 quarters all practices have been visited. Engagement team have produced a QIPP tracking monitoring sheet to flag those that are below/above target and prioritise their visit. All 50 practices have regular QIPP visits and 50 were completed by Dec.	Quarterly
		By March 2015, deliver QIPP efficiency savings of £1.7 million	July	-	1.64million	£396.4 (900)	Feb-15		Phased savings	Monthly- 2 months in arrears
Community Urgent Care Response	National Indicators	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	2012/13 Atlas 2012/13 local data 2013/14 local data	610.3 725.96 680.58	591.99 (3% reduction) Below 704.18 NA	FOT 736.86	Feb-15		Activity Query Notices – Capita have begun the audit work to assure CCGs on the following two main areas: • Review appropriateness of admissions and the application of PBR rules • Review and determine accuracy of coding including complexity linked to comorbidity in line with clinical coding rules. Full report will be presented to CCGs. All other actions remain outstanding with UHL. Data here is based on local data sources, in absence of any national information being available for this metric.	Monthly-2 months in arrears
		Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	2012/13 Atlas 2012/13 local data 2013/14 local data	188.9 126.46 122.88	183.23 (3% reduction) Below 122.67 NA	FOT 148.16	Feb-15			Monthly-2 months in arrears
		Emergency admissions for acute conditions that should not usually require hospital admission	2012/13 Atlas 2012/13 local data 2013/14 local data	874.70 926.82 887.85	848.46 (3% reduction) Below 899.01 NA	FOT 894.44	Feb-15		This indicator is red due to the higher number of avoidable emergency admissions, based on 11 months data only, compared to the 14/15 full year target.	Monthly-2 months in arrears
	Local Indicators	% returning to own home/ place of admission	13/14	84%	% increase from previous year	89%	Feb-15		Cumulative total 982 patients	Monthly-3 months in arrears
		Medical readmission 65+ within 30-91 days	13/14	204	Reduction in readmissions from previous year	136	Feb-15		Cumulative total 2053 patients, 136 (136). Year to date average 205	Monthly-3 months in arrears
	Integrated Discharge and Reablement	National Indicators	Emergency admissions for acute conditions that should not usually require hospital admission	2012/13 Atlas 2012/13 local data 2013/14 local data	874.70 926.82 887.85	848.46 (3% reduction) Below 899.01 NA	FOT 894.44	Feb-15		This indicator is red due to the higher number of avoidable emergency admissions, based on 11 months data only, compared to the 14/15 full year target.
Emergency admissions within 30 days of discharge from hospital			13/14	1420.18	Reduction or zero % change 2013/14 & 2014/15	FOT 1520.47	Feb-15		This indicator is red due to forecast readmissions within 30 days currently being higher than 13/14.	Monthly-2 months in arrears
System level placement in Long term Care per 100000			13/14	756.3	Reduction from 13/14 average					Annually
Local Indicators		% returning to own home/ place of admission	13/14	88%	% increase from previous year	89%	Feb-15		Cumulative total 892 patients	Monthly-3 month in arrears
		Medical readmission 65+ within 30-91 days	13/14	202	Reduction in readmissions from previous year	136	Feb-15		Cumulative total 2053 patients, 136 (136). Year to date average 205	Monthly-3 month in arrears
		No of beds occupied by patients 65+ in bed for 10 days	13/14	844	Reduction in bed occupancy from previous year	781	Feb-15		Indicator has moved from green to red. February seen a big increase in trying to reduce the number of people aged 65+ in bed for 10 days	Monthly-3 month in arrears

Complex Long Term Conditions	National Indicators	Health-related quality of life for people with long-term conditions	2012/13 Atlas	75.4	76.3	75.1	Dec-14	Published ANNUALLY (two waves per year, July – September and January – March) as a financial year data set.	Annually	
		Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	2012/13 Atlas	610.3	591.99 (3% reduction)	Below 704.18	FOT 738.86	Feb-15	Activity Query Notices – Capita have begun the audit work to assure CCGs on the following two main areas: • Review appropriateness of admissions and the application of PBR rules • Review and determine accuracy of coding including complexity linked to comorbidity in line with clinical coding rules. Full report will be presented to CCGs. All other actions remain outstanding with UHL. Data here is based on local data sources, in absence of any national information being available for this metric.	Monthly-3 month in arrears
			2012/13 local data	725.96						
	Local Indicators	Emergency admissions for acute conditions that should not usually require hospital admission	2012/13 Atlas	874.70	848.46 (3% reduction)	Below 899.01	FOT 894.44	Feb-15	This indicator is red due to the higher number of avoidable emergency admissions, based on 11 months data only, compared to the 14/15 full year target.	Monthly-2 month in arrears
		2012/13 local data	926.82							
		2013/14 local data	887.85		NA					
Local Indicators	Proactive Primary Care Delivery Group Virtual ward bed occupancy	13/14	85%	85%		77%	Feb-15	Low bed occupancy was due to clinical coordinators not being in post. All 10 are now in post and will help boost bed occupancy by referring on.	Monthly-1 month in arrears	
	End of Life - deaths at usual place of residence measured through deaths at home, nursing homes and residential homes	12/13	45.80%	50%		49%	Jan-15	The dip in May, June and Sept has caused the YTD position to currently be below the 50% target. However should the upward trend continue in Feb & March this target should be achieved	Monthly- 5 months in arrears	
	Between 2014/15 and 2015/16, the number of Personalised Care Plans for people with Chronic Kidney Disease, Dementia, Diabetes, COPD, Heart failure and Palliative Care will increase by 30%. This will lead to nearly 7000 additional care plans.	13/14	5000	5000			5814	Mar-15		1 Month is arrears
Parity of Esteem (Mental Health)	National Indicators	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 inpatient care during the period	2013/14	95.60%	95%		96.3% WILCOG Level	Jan-15		Monthly-2 Months in arrears
		Improved Access to Psychological Therapies (IAPT) - Proportion of people who enter treatment against the level of need within the population	2013/14	13.6%	16% (local target)		12.50%	Jan-15	As instructed at IAPT IST webex on 11/12/14, only national data should be reported and 15% national target only needs to be achieved in Q4.	Monthly-3 month in arrears
		Dementia COQIN Find	2013/14	86%	90%		94%	Jan-15		Monthly-3months in arrears
		Dementia COQIN Assess and Investigate	2013/14	98%	90%		98%	Jan-15		Monthly-3months in arrears
		Dementia COQIN Refer	2013/14	100%	90%		100%	Jan-15		Monthly-3months in arrears
	Local Indicators	Dementia Diagnosis rate	2013/14	53%	67%		59%	Feb-15	CCG has supported 23 practices with running the Dementia Quality Toolkit. Every practice we have supported have demonstrated an increase in the Dementia Diagnosis Rate. Linking with the Area Team programme regarding working with Nursing Homes and practices to compile an accurate register of possible Dementia patients. Locality Leads to disseminate performance information to member practices. Focusing on member practices in the lowest quartile. Dementia Shared Care Agreement in the process of being finalised in preparation for introduction from April 15 onwards. In the process of mobilising LLR Hospital Dementia Support Service to identify and support Dementia patients in secondary care.	2 months in arrears
		IAPT recovery Rate	13/14	44%	50%		50%	Jan-15		3 Month in arrears
		Adult Mental Health-Significant reduction in use of out of area acute placements and the piloting of a crisis house. This currently forms part of the MH Review. In addition, it is regularly discussed at MH and LD Clinical Forum. As part of this and service development, targets will be agreed and reported as necessary".	13/14	843 (using the average total out of area bed days, based on previous 6 months activity)	25% reduction- 632		1207	Feb-15	Target is made up of 11 months data, but no target has yet been agreed with LPT. The figure is the cumulative average of the 11 months of bed days. Taken from MH dashboard.	3 months in arrears
		CAMHS-95% of acute referrals will be assessed within 4 weeks of referral	-	-	95%		100%	Jan-15		3 months in arrears
		Planned Care	National Indicators	18 Week RTT Admitted Pathways < 18 weeks	13/14	88.40%	90%	85.80%	Feb-15	National target not being met. Addressed by RTT Board and local groups.
18 Week RTT Non-Admitted Pathways < 18 weeks	13/14			96.30%	95%	95.90%	Feb-15		Monthly-2 months in arrears	
18 week RTT Incomplete pathways < 18 weeks	13/14			94.20%	92%	94.80%	Feb-15		Monthly-2 months in arrears	
Local Indicators	Transfer up to 40% of outpatient/day case/clean room activity to a lower cost setting in the community across a range of specialties by 2018								*Awaiting planned care LLR board to develop the dashboard.	Monthly
	Reduce new to follow-up ratios by removing unnecessary ones into a lower cost setting		13/14	UHL 1.91	Reduction in the ratio	1.9	Feb-15			Monthly-2 months in arrears
	Work with providers to improve the length of stay (LOS) of elective inpatients		13/14	3.2	Reduction in LOS	3.2	Feb-15	KA provided this data from a separate source		Monthly-2 months in arrears
High Quality Value	N/A	N/A								
Programme: Empowering our patients	National Indicators	UHL FFT A&E	13/14	75	75 (UHL locally set target)	69.3	Feb-15	England average is 51.7, KA provided data from separate source	Monthly-1 month in arrears	
		UHL FFT Inpatients	13/14	70	75 (UHL locally set target)	72.2	Feb-15	England average is 74, KA provided data from separate source	Monthly-1 month in arrears	
		% of people feeling supported to manage their condition	13/14	94%	To equal or improve score	93%	Jan-15	Data from GP survey. National England average is 93%	Bi Annually	
	Local Indicators	Co-design services using Experience Led Commissioning methodology gaining the involvement of up to 2000 patient conversations by end of March 2015	13/14	553	2000	2000+	Mar-15	We have engaged with over 2,000 people to co-design work services in Hinckley of which 1,300 approximately have been qualitative research work March SV	Monthly	
		Implement social prescribing pilot by end of December 2014 in one practice in the West Leicestershire working with Voluntary Action Leicester and the practice patient participation group and interim evaluation by end of March 2015							Discussion undertaken with Val in August and identified potential pilot practices with Ops and Delivery	
		Ensure that the GEM Dashboard, produced monthly, consistently demonstrates that 90% of performance is showing green (on target) or amber(broadly on target)	-	-	90%		58%	Mar-15	Regular meetings with GEM team to bring performance back to plan	Monthly