



Rotherham Clinical Commissioning Group

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INTEGRATED PERFORMANCE REPORT

CLINICAL COMMISSIONING GROUP GOVERNING
BODY, AUGUST 7 2013

This report covers key aspects of: Outcomes/Finance and Efficiency for Rotherham CCG

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Introduction

This Integrated Performance Report for 13/14 reflects the agreed revised format.

The Outcomes measures shown in this report are based upon those identified for the agreed Quality Premium relating to Rotherham CCG:

National Outcomes –

Potential Years of Life Lost, Reduce avoidable emergency admissions, Family and Friends Test and Healthcare Acquired Infection

Local Outcomes –

Alcohol related admissions, Deaths not in Hospital and Diagnosis Rate for dementia

NHS Constitution Rights and Pledges –

Referral To Treatment (18 week wait), A&E Waits, Cancer 62 day wait and Ambulance Calls

In addition to the above, there are over 100 other Indicators identified in the various Health related Frameworks for 2013/14. These are being monitored by the Operational Executives, and identified exceptional issues can be seen in the “Other Performance Issues” narrative see page 3.

Some of the data for these Indicators is not available yet, indeed some will not be available until 2014/15. Latest data available has therefore been used to try and give the CCG an indication of the performance levels and direction of travel.

NHS England is developing a balanced scorecard for CCGs. Over the next 3 months the CCG performance report will be refined to be consistent with the scorecard.

Key Performance Issues and Risks

The key performance issues highlighted in the report are:

Accident & Emergency (A&E)

Performance is now 94.6%. A recovery plan is in place and is monitored at contract meetings and the Urgent Care Board.

Although performance is improving there are isolated dips on individual days relating to unavailability of middle grade medical staff.

YAS Category A R1 calls

The target is for 75% of R1 calls to be responded to within 8 minutes. In terms of YAS's overall performance they have met this target for Yorkshire & Humber. YAS have some residual recruitment issues which are expected to be resolved in September.

Rotherham CCG's issue is that although YAS performance for Sheffield and Doncaster has improved markedly in Q1, a similar level of performance has not been achieved in Rotherham. This is being addressed vigorously with Sheffield CCG who co-ordinate the commissioning of this service in South Yorkshire.

Referral To Treatment Waiting Times

Provisional June RTT data shows there to be 1 Rotherham patient currently waiting over 52 weeks for treatment at (DBHFT) in General Surgery.

Friends and Family Test (FFT)

Rotherham's performance both in terms of update and Net Promoter score is below the national average. The CCG assurance Framework expects a response rate of over 15%. Rotherham's June performance was 8%. This is for the discussion in the CCG quality report.

Other Performance Issues

People with diabetes who have received nine care processes.

The NHS England balanced scorecard use this metric which comes from the National Diabetes Audit in 2010-11. Rotherham's performance is red rated at 55.8% of all patients receiving all 9 care processes. There has been a 13% improvement since the previous audit and the CCG results are above the national medium. The two processes where Rotherham performs worse are urinary screening which is a QOF measure and retinal screening which is a public health commissioning responsibility. All practices were notified of the audit results when they became available a year ago.

Proportion of older people (65+) who were offered rehab following discharge from acute or community hospital.

This is a performance measure in the Adult Social Care Outcomes Framework which is used in the NHS England balanced scorecard.

In Rotherham 1.7% of of patients are offered rehabilitation compared to 2% across Yorkshire & Humber.

RMBC are addressing this by ensuring all rehabilitation activity is captured in recording systems and ensuring that hospital staff and social work team are aware of all relevant services.

KEY PERFORMANCE ISSUES AND RISKS

Rotherham Clinical Commissioning Group Scorecard 2013/14					
Indicator	Monitoring Frequency	Target	Actual (Previous Period)	Performance Direction	Period
NHS Constitution					
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral.	Monthly	92.00%	96.48 % (96.81%)	↓	June
Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department (Type 1) RFT position	Monthly	95.00%	94.63% (94.20%)	↑	22/07/2013
Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department (Type 1). Rotherham CCG position.	Monthly	95.00%	94.65% (94.36%)	↑	14/07/2013
Maximum two month (62)-day wait from urgent GP referral to first definitive treatment for cancer.	Monthly	85.00%	88.89% (94.74%)	↓	31/05/2013
Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes (YAS)	Monthly	75.00%	75.9% (76.1%)***	↓	31/06/2013
Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes (Rotherham)	Monthly	75.00%	67.2% (68.9%) ***	↓	31/06/2013
National Priorities					
Potential years of life lost (PYLL) from causes considered amenable to healthcare for all MALES - measured as a percentage reduction over 10 years	Annual	A reduction of at least 3.2% between 2013 and 2014	1.99%	↑	2010 to 2011 **
Potential years of life lost (PYLL) from causes considered amenable to healthcare for all FEMALES - measured as a percentage reduction over 10 years	Annual	A reduction of at least 3.2% between 2013 and 2014	4.32%	↑	2010 to 2011 **
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - Reduction or a zero per cent change in emergency admissions for these conditions	Quarterly	A reduction or Zero per cent change between 2012/13 and 2013/14	-6.20%	↑	2010/11-2011/12 **
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) - Reduction or a zero per cent change in emergency admissions for these conditions	Quarterly	A reduction or Zero per cent change between 2012/13 and 2013/14	-7.98%	↑	2010/11-2011/12 **
Unplanned hospitalisation for chronic ambulatory care sensitive conditions - Reduction or a zero per cent change in emergency admissions for these conditions	Quarterly	A reduction or Zero per cent change between 2012/13 and 2013/14	-6.58%	↑	2010/11-2011/12 **
Emergency admissions for acute conditions that should not usually require hospital admission (adults) - Reduction or a zero per cent change in emergency admissions for these conditions	Quarterly	A reduction or Zero per cent change between 2012/13 and 2013/14	2.38%	↓	2010/11-2011/12 **
Patient experience of hospital care – an improvement in average Friends and Family Test scores for acute inpatient care.	Monthly	74 (North England)	70	↓	June
Patient experience of hospital care – an improvement in average Friends and Family Test scores for A&E services	Monthly	66 (North England)	61	↑	June
Friends and Family test - Implementation	Quarterly		The F+F test has been implemented.		2013/14
Friends and Family test - Are providers meeting the 15% response rate?	Monthly	15%	8%	↑	June
Incidence of MRSA	Monthly	0	1	↔	31/07/2013*
Incidence of C.Diff	Monthly	<= 59	15	↑	31/07/2013*
Local Priorities					
Alcohol related admissions to hospital per 100,000 population (standardised)	Quarterly	2270 per 100,000 (2013/14 Target)	2021 (2270)	↑	Data extrapolated based on qtr 1, 2 and 3 12/13)
Deaths not in hospital	Quarterly	49.00% (2013/14 Target)	51.7% (47.30%)	↑	2012
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	Annual	65.00% (2013/14 Target)	59.50%	-	2011

* = Provisional data

** =Latest data available used

***=Quality premium based on YAS overall

	On target or forecast to be on target
	Marginally (5%) under target or forecast to be under target
	Under target
	Unable to categorise as up-to-date data is unavailable

Finance (Period ended 30th June 2013)

Performance against Resource Allocations and Cash limits.....

Revenue Resource Allocation

NHS Rotherham has been notified of a recurrent revenue resource allocation of £336 million for operational purposes. There is an £8 million non-recurrent allocation which relates to the return of previous years strategic investment fund (SIF). This is not cash backed and therefore is not include in the OCS for reporting purposes.

It is highlighted that the allocations are still awaiting final notification due to a number of changes between the new organisations.

Secondary Care Activity and Finance (including QIPP) Position

There is still limited secondary care activity data available at the time of completing this report. Those areas where there is month two information available are generally showing underspends. The IG problem referred to earlier in the governing body has delayed the process for initial checks and validations around patient data and responsible commissioner.

Other Services - key points and risks

- **Retrospective Continuing Healthcare** - Rotherham CCG is now in the process of screening the retrospective continuing healthcare applications from 2012/13.

The level of provision required will become more apparent as more cases are processed by the CHC central team.

- **Running Costs** are under spending to date and are forecast to stay within plan.
- **Prescribing** - Prescribing data is indicating that expenditure will deliver within the plan however there are some key data quality issues with the Prescriptions Pricing Division therefore estimates are still being used in some areas.

FINANCE (PERIOD ENDED 30TH JUNE 2013)

NHS Rotherham - Forecast Outturn 2013/14 - Month 3								
Description	Previous Mths YTD Variance	Previous Mths FOT Variance	Budget to Date Month 3	Actual to Date Month 3	Variance YTD Month 3	Annual Budget 13/14	Forecast Outturn 13/14	Forecast (surplus)/deficit
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 Hospital & Community Health Services								
a) Rotherham NHS Foundation Trust - Acute	-167	-502	32,784	32,533	-250	131,135	130,385	-750
b) Rotherham NHS Foundation Trust - Community	0	0	7,074	7,074	0	28,296	28,296	0
c) Sheffield Teaching Hospitals NHS FT	-118	-354	5,341	5,229	-112	21,365	20,917	-448
d) Rotherham, Doncaster & South Humber FT	0	0	7,083	7,083	0	28,332	28,332	0
e) Doncaster & Bassetlaw Hospitals NHS FT	18	107	2,729	2,747	18	10,915	10,932	18
f) Ambulance and Patient Transport Services	0	0	2,333	2,306	-28	9,332	9,332	0
g) Mental Health Other	0	0	769	813	45	3,074	2,894	-180
h) Non Mental Health - Other	-7	-42	3,371	3,340	-31	13,483	13,464	-19
Sub Total	-274	-791	61,483	61,124	-359	245,932	244,553	-1,379
2 Primary Care								
a) Prescribing	-64	-386	10,907	10,810	-97	43,626	43,240	-386
b) Local Enhanced Services	-16	-99	750	750	0	3,002	3,002	0
c) Other Commissioned Primary Care Services	-4	0	597	607	10	2,388	2,388	0
Sub Total	-85	-484	12,254	12,167	-87	49,016	48,630	-386
3 Corporate								
a) Corporate*	-5	-32	1,191	1,174	-16	4,763	4,728	-35
b) Recharge from CSU*	0	0	530	530	0	2,119	2,119	0
<i>*of which £5.8m is annual running costs</i>					0			
Sub Total	-5	-32	1,720	1,704	-16	6,882	6,847	-35
4 Partnership								
a) RMBC (inc Sec.256)	0	0	1,374	1,374	0	3,811	3,811	0
b) Continuing Care & Free Nursing Care	-201	-705	4,650	4,329	-322	18,602	17,898	-704
c) Learning Disabilities Commissioned by RMBC	0	0	827	827	0	3,308	3,308	0
Sub Total	-201	-705	6,852	6,530	-322	25,721	25,017	-704
5 Central Budgets								
a) Internal Planned Surplus	0	-3,291	823	0	(823)	3,291	0	(3,291)
b) Central Budgets - Recurrent	17	2,012	910	1,701	791	5,324	7,829	2,504
c) Central Budgets - Non Recurrent	0	0	0	0	0	0	0	0
Sub Total	17	-1,279	1,733	1,701	(32)	8,615	7,829	(787)
6 TOTAL FOR OPERATING ACTIVITIES	-549	-3,291	84,042	83,227	(815)	336,166	332,875	(3,291)