



Rotherham Clinical Commissioning Group

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# ROTHERHAM PERFORMANCE REPORT

CLINICAL COMMISSIONING GROUP GOVERNING  
BODY, DECEMBER 4<sup>TH</sup> 2013

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

## Introduction

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 response times.

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 Executive and any newly identified exceptional issues can be seen in the “Other Performance Issues” narrative on 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.

The CCG has its second performance assurance meeting with NHS England on 9<sup>th</sup> December. The main issues that are expected to be discussed are A&E and C. Difficile.

## Key Performance Issues and Risks

The key performance issues highlighted in the report are:

### **Accident & Emergency (A&E)**

This has been a problem all year despite a comprehensive recovery plan. In the last 2 weeks there has been a significant improvement with there being either 0 or 1 breach on each of the last 14 days. This follows an extraordinary meeting with Monitor, after which Trust Doctors were asked to make this their number one priority. Quarter 3 performance is 95.3%, if performance continues at the current rate 95% will be reached before the end of December, but this does not give any resilience for winter pressure.

### **Number of 52 plus week waiters**

There were no 52+ waiters for Rotherham CCG in October

### **Patients seen from referral within 62 days to treatment.**

As reported at the last Governing Body, in September RCGG had 31 out of 38 patient (81.58%) treated within 62 days. One of the breach reasons was due to the MDT falling on a bank holiday.

TRFT has reviewed all its procedures and given assurances that there will be no further breaches due to bank holidays. The trust is centralising the line management of cancer services and reviewing all quality controls with new procedures for capturing and scrutinising breaches. These reviews are welcome but until the restructuring is completed and new procedures are embedded there remains a degree of risk.

Overall the year to date position for this outcome is being met.

### **YAS Category A R1 calls**

October continued to provide challenges for YAS in terms of delivering RED 1 performance. Monthly performance was 70.1% with a full year performance of 70.5%.

The small number of Red 1 calls can result in significant swings in performance over short periods. Last month Rotherham had 87 Red 1 calls, 26 of which were responded to in more than 8 minutes.

Rotherham CCG has written to Sheffield CCG, who lead on the YAS contract for South Yorkshire, asking for a detailed remedial action plan. Also, we are working on a number of initiatives to support YAS in improving performance on Red 1 call-outs. Although performance has not improved since these initiatives were introduced, it is likely that there is a time lag between implementation and impact.

# KEY PERFORMANCE ISSUES AND RISKS

Rotherham has recently introduced a pilot transport service for GP urgent referrals. GP urgent admissions that are picked up by the Care Coordination Centre are now transported through an independent ambulance service, freeing up YAS vehicles to do emergency response. We have also created new care pathways into the Care Coordination Centre so that ambulance crews can access alternative levels of care. This should reduce hand over times and free crews up to respond to emergency calls.

## **Incidence of C.Diff.**

The YTD position at October for C.diff is 41 cases against a target of 34. In October RCCG had 7 cases, of which were all identified at TRFT.

Provisional figures up to 25<sup>th</sup> November show RCCG has a further 5 cases of C.Diff of which 2 are identified at Sheffield Teaching Hospital, 2 at Doncaster & Bassetlaw Hospital and 1 case at TRFT. This would take us to 46 cases against 39.

## Other Performance Issues

### Ambulance Handover times over 30 mins

Performance for October is showing 21 delays of over 30 mins. TRFT response to this was there was a large increase one day when there were 83 ambulances compared to an average of 63 per day, along with numerous days in October where there were over 70 ambulances in a day .

# KEY PERFORMANCE ISSUES AND RISKS

Rotherham Clinical Commissioning Group Scorecard 2013/14					
Indicator	Monitoring Frequency	Target	Actual (Previous Period)	Performance Direction	Period
<b>NHS Constitution</b>					
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral.	Monthly	92.00%	96.24% (96.22%)	↑	October
Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department (Type 1) RFT position	Daily	95.00%	94.45% (94.24%)	↑	19 November 2013
Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department (Type 1). Rotherham CCG position.	Weekly	95.00%	94.47% (94.52%)	↓	11 November 2013
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer.	Monthly	85.00%	81.58% (97.14%)	↓	September
Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes (YAS)	Monthly	75.00%	79.50% (79.50%)*	↔	October
Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes (Rotherham)	Monthly	75.00%	70.50% (70.60%)	↓	October
<b>National Priorities</b>					
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	-9.17%	↑	2011-2012
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	-8.34%	↑	2011-2012
Potential years of life lost (PYLL) from causes considered amenable to healthcare for all MALES - measured as a percentage reduction over 10 years (CCG)	Annual	A reduction of at least 3.2% between 2013 and 2014	-7.30%	↓	2009-2012
Potential years of life lost (PYLL) from causes considered amenable to healthcare for all FEMALES - measured as a percentage reduction over 10 years (CCG)	Annual	A reduction of at least 3.2% between 2013 and 2014	-3.61%	↑	2009-2012
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	71	72	↔	September
Patient experience of hospital care – an improvement in average Friends and Family Test scores for A&E services	Monthly	52	71	↔	September
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%	21.21% (13.33%)	↑	September
Incidence of MRSA	Monthly	0	1	↔	October
Incidence of C.Diff	Monthly	Year <= 59 YTD <=34	41 (34)	↑	October
<b>Local Priorities</b>					
Alcohol related admissions to hospital per 100,000 population (standardised)	Quarterly	2270 per 100,000 (2013/14 Target)	2041 (2270)	↑	Provisional 2012/13 data
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

\* = Quality premium based on YAS overall

\*\* =Latest data available used

\*\*\*=Target is based on England data from August

	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