



Rotherham Clinical Commissioning Group

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INTEGRATED PERFORMANCE REPORT

CLINICAL COMMISSIONING GROUP GOVERNING
BODY MAY 1, 2013

*This report covers four key aspects of Performance for the NHS in Rotherham:
Efficiency/Rotherham Outcomes/Contract Performance/Finance*

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Introduction

KEY PERFORMANCE ISSUES IN 2012/13

This is the last performance report in the 12/13 format. The key performance issues highlighted in the report are:

- A) Activity above planned levels in unscheduled care
- B) Quality of finance and activity information at RFT associated with EPR implementation
- C) Ambulance response times continue to fall below the National Standards

Future Performance Reports and April A&E position

Next month we will start to report against the 13/14 outcomes framework.

One important issue since 1st April has been underperformance on A&E waiting times which has led to pressure throughout TRFT.

There has been similar underperformance in the other 3 South Yorkshire Foundation Trusts. The CCG is holding regular performance meetings and there was a South Yorkshire meeting on this issue on 19th April 2013. The governing body will receive a full report in June. YTD performance up to 21st April was 86% against a target of 95%. If this continues it will have a serious impact on CCG quality premium.

EFFICIENCY

There are five efficiency programmes in 2012/13 with an overall financial savings target of £9,729,000. The 3 key Quality, Innovation, Productivity and Prevention (QIPP) programmes are outlined in detail below. The final 2012/13 position shows actual savings above the planned trajectory by £5,107,000.

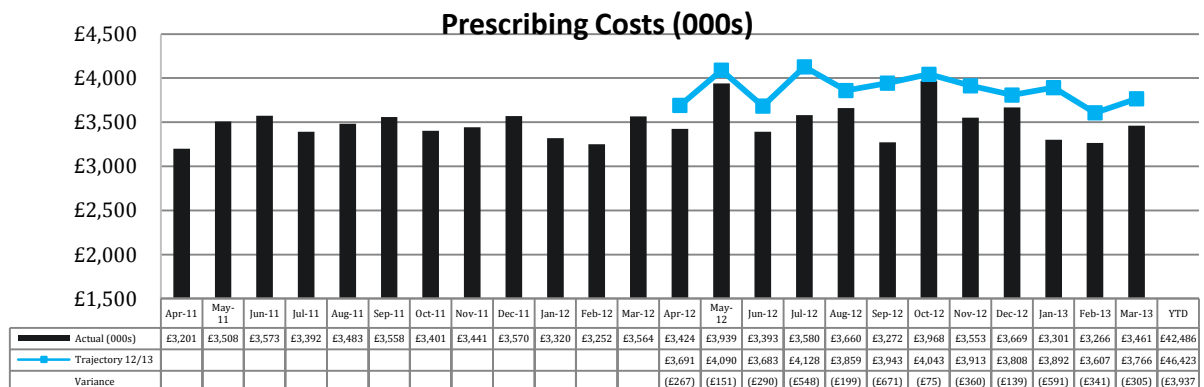
Programme Area	Actual Savings as at March 2013	Target Savings as at March 2013
Medicines Management	£2,775,000	£1,232,000
Unscheduled Care	£4,985,000	£4,830,000
Planned Care	£6,384,000	£3,102,000
Non Clinical Productivity	£480,000	£353,000
Specialised Services	£212,000	£212,000
Total	£14,836,000	£9,729,000

Medicines Management

CURRENT PERFORMANCE

The very positive position on prescribing savings reported last month has been maintained in the March data.

PERFORMANCE AGAINST TRAJECTORY AND MILESTONES



Unscheduled Care

CURRENT PERFORMANCE

The long term condition and urgent care programme required a £4.8 million savings in 2012/13. By the end of February 2013, non elective activity was 2327 cases above the affordable trajectory of 23788.

A&E Pressures

During the first 3 weeks of April there has been significant pressure at A&E. Despite meeting the 12/13 year-end target, performance has significantly reduced since 1st April and 95% has not been achieved in 13/14. An urgent meeting with TRFT was held on 8th April and a further meeting was scheduled for 22nd April. The outcome of these meetings will be reported to the May CCG Governing Body.

NHS 111

The NHS 11 Regional Lead has written to Rotherham CCG to inform us that the public launch of NHS 111 has been rescheduled from 9th April. The emerging learning from the 22 current live sites shows the following;

During weekdays 97% of calls are answered within 60 seconds

7.9% of calls are directed to 999 for ambulance dispatch

7.9% of calls are directed to A&E

The main reason for the launch delay is availability of clinical advisers

Walk in Centre and OOH Service

Performance at the Walk in Centre and GP Out of Hours service during the last quarter was good. In the GP OOH service 98% of patients who require triage within 20 minutes receive assessment within the required time frame. 100% of PCC emergency cases are seen within 60 minutes and 100% of urgent cases are seen within 120 minutes. All emergency and urgent home visits were seen within 60 and 120 minutes respectively.

The Walk in centre is seeing over 4000 patients/month. Care UK was close to the contractual cap for WIC attendances last year. Rotherham CCG is currently exploring ways in which care UK can reduce demand at the WIC without increasing pressure at A&E.

Care Coordination Centre

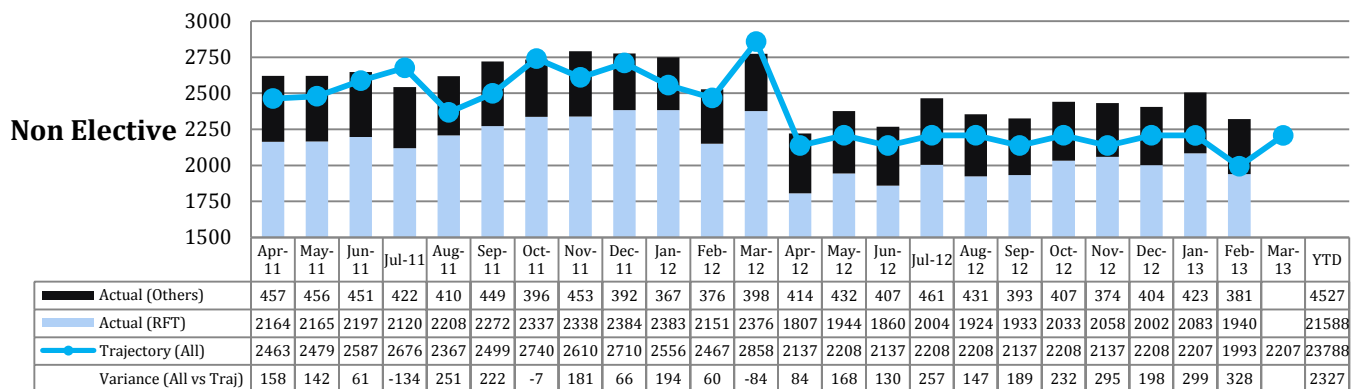
The Care Coordination centre has been successful in diverting a proportion of patients from B1 and A&E. A key challenge this year will be to develop pathways from A&E to the CCC so that patients here can access alternative levels of care.

EFFICIENCY

Unscheduled Care Review update

Public consultation on the proposed Urgent Care Centre development is due to start on 6th May 2013 and will end 26th July 2013 pending approval from the RCGG Governing Body at the meeting Wednesday 1st May 2013. An outline of the proposal has been presented to both the RMBC Members Committee 13/02/13 and the RMBC Health Scrutiny Committee 18/04/13 where the plan was well received. The proposal and draft service specification has been discussed at OE and SCE and suggestions/feedback received has been included in the relevant documentation prior to being submitted to both the GP Members Committee and the RCGG Governing Body for consideration. Initial discussions with RMBC have taken place regarding the planning application needed for the Urgent Care Centre and the South Yorkshire Passenger Transport Executive regarding potential impact on public transport. Subject to a positive outcome from the consultation, Care UK and TRFT have agreed to work in partnership to deliver the proposed service model within existing contractual arrangements.

PERFORMANCE AGAINST TRAJECTORY AND MILESTONES



Planned Care

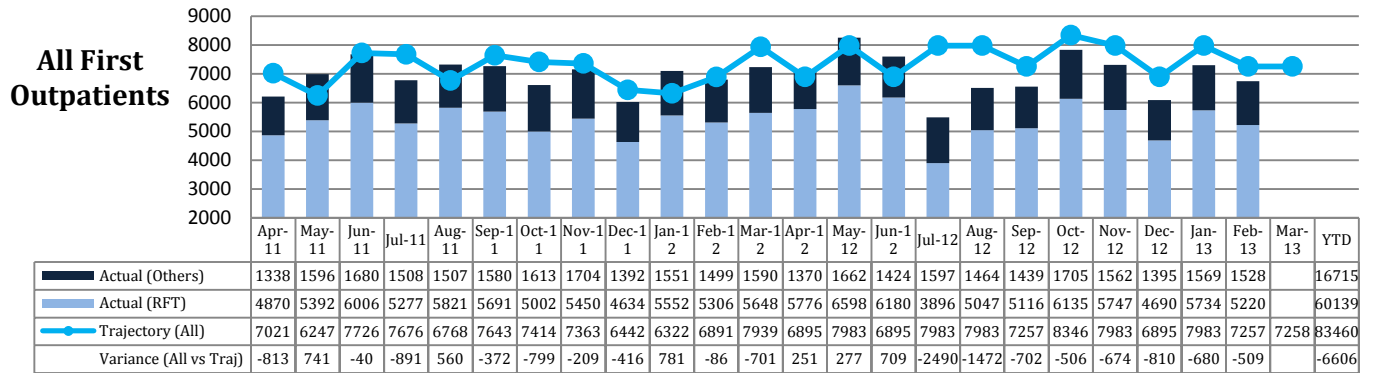
CURRENT PERFORMANCE

First outpatient activity is 6606 cases below the affordable trajectory at February 2013 and Elective patient activity is showing 56 cases below the affordable trajectory.

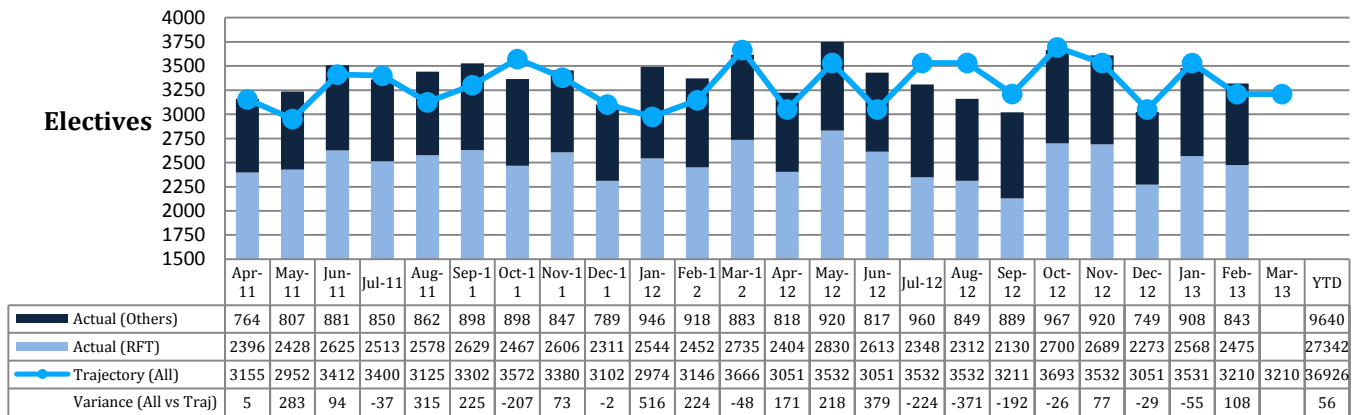
The CCG has met its planned care efficiency plans for 2012/13. The ongoing problems with TRFT data, due to EPR, make it difficult for us to know how much of the reduced activity is due to the effects of the demand management programmes run by CRMC, and how much is a consequence of reduced provider capacity as a consequence of EPR.

EFFICIENCY

PERFORMANCE AGAINST TRAJECTORY AND MILESTONES



The 2012/13 trajectory includes an addition of c 6000 assessment OP episodes that in 2011 would have been categorised as non electives.



Rotherham Performance Outcomes

KEY PERFORMANCE ISSUES AND RISK

KEY OPERATING FRAMEWORK MEASURES

The Total Time in A&E (4 hour wait) – Continues to be closely monitored. The 2012/13 target of 95% was achieved with an overall performance of 95.3% at RFT. Performance in 2013/14 has however, seriously deteriorated with a current performance of 84.31%. Urgent meetings have been held with RFT to identify the causes for the deterioration and how improvements can be made.

If this target is not achieved for 2013/14, any Quality Premium earned by the CCG can be reduced by 25%.

C-Difficile Commissioner Target – The RCCG end of year target for levels of C-Diff (Hospital and Community acquired) was met with 64 recorded cases against a target of 73. RFT also met their target for cases of c.diff. A very challenging target has been set for Rotherham in 2013/14 of no more than 59 cases.

MRSA – The end of year position for MRSA, showed 1 reported case against a target of 3. This one case was at RFT which had a target of zero cases for 2012/13. This remains as a very high national, regional and local priority. HCAI will remain as a key outcome measure for 2013/14 with an expectation that there will be zero cases, and it forms part of the commissioning Quality Premium calculation.

RTT 52 week waiters– From August to February, RCCG have had a total of 14 patients reported as 52+ week waiters. Of these 14, 13 have been treated, and it is expected that one patient from SCH will remain as a breach in March. In 2013/14 financial penalties will apply in the contracts for such patients. The CCG have asked for assurance from DBFT and SCH that all 52 week waiter issues will be resolved before 31 March 2013. Doncaster CCG are working with DBFT on their 52 week wait position but this is still an area of risk for the CCG.

Cancer 2 week wait, Breast Symptom– The latest NHS published data on cancer for is not currently available, but at January 2013 the target was not being met. RFT published data for the month of February 2013, stands at 94.10% (Nat Standard is 93%).

Ambulance 8 min Red 1 – The end of year position for YAS stands at 72.88% against a target of 75%.

The main factor affecting YAS performance in January, February and March is adverse weather reducing road speeds and accessibility.

The disproportionate increase in RED calls continues and this is also being seen in North West Ambulance Service and East Midlands Ambulance Service.

ROTHERHAM PERFORMANCE OUTCOMES

NHS Health Checks - Performance for quarter 4 2012/13 shows a deterioration in the number of patients that were offered and those that received the NHS Health Check when compared to last quarter. The bad weather in January, February and March has impacted on this reduced performance. This service is commissioned by RMBC since 1st April 2013.

Diabetic Retinopathy - Performance in quarter 4 2012/13 shows a drop in the number of patients that received screening for Diabetic Retinopathy when compared to last quarter. The bad weather in January, February and March has meant a higher than normal DNA rate meaning current performance stands at 69%, this is 65 lower than last quarter.

ROTHERHAM PERFORMANCE OUTCOMES

April 2013 Report

		Rotherham		
Indicator	Target	Actual (previous month actual)	Performance Direction	Period
MRSA (trajectory)	3	1 (1)	↔	31/03/2013
CDiff (trajectory)	73	64 (58)	↑	31/03/2013
Ambulance - Cat A 8 min Red 1*	>=75%	72.88% (72.31%)	↑	31/03/2013
Ambulance - Cat A 8 min Red 2*	>=75%	74.59% (74.60%)	↓	31/03/2013
Ambulance - Cat A 8 min (till June 2012)	>=75%	74.48% (74.46%)	↑	31/03/2013
Ambulance - Cat A 19 min	>=95%	98.07% (98.05%)	↑	31/03/2013
RTT - admitted % within 18 weeks	>=90%	91.19% (90.56%)	↑	28/02/2013
RTT - non-admitted % within 18 weeks	>=95%	97.73% (96.83%)	↑	28/02/2013
RTT - incomplete % within 18 weeks	>=92%	95.55% (94.13%)	↑	28/02/2013
6 week diagnostic waiting times	<1%	0.54% (0.63%)	↑	28/02/2013
Mixed Sex Accommodation Breaches (cumulative)	0	0 (0)	↔	31/03/2013
Cancer - 2 weeks GP referral to 1st OP (cumulative 93% target)	>= 93%	95.08% (94.93%)	↑	31/01/2013
Cancer - 2 weeks breast symptomatic (cumulative 93% target)	>= 93%	91.52% (91.08%)	↑	31/01/2013
Cancer - 62 day RTT Urgent GP referrals (cumulative 85% target)	>= 85%	88.64% (88.22%)	↑	31/01/2013
Cancer - 62 day hospital specialist referral (cumulative 85% target)	>= 85%	95.55% (95.35%)	↑	31/01/2013
Cancer - 62 day screening referral (cumulative 90% target)	>= 90%	95.16% (96.55%)	↓	31/01/2013
A&E Provider 1 All Types	>95%	97.24% (97.25%)	↓	31/03/2013
A&E Provider 1 Type 1	>95%	95.30% (95.31%)	↓	31/03/2013
Stroke - 90% of time on Stroke Unit	>80%	80.41% (90.43%)	↓	Qtr 4 2012/13
% of high risk TIA who are treated within 24 hrs	>60%	93.18% (85.19%)	↑	Qtr 4 2012/13
% people ages 40-74 health check (percentage of eligible who have been offered) vs trajectory	>=5.00%	3.84% (4.64%)	↓	Qtr 4 2012/13
% people ages 40-74 health check (percentage of eligible who have received) vs trajectory	>=3.20%	1.98% (2.39%)	↓	Qtr 4 2012/13

* Following DoH technical amendment there is an expectation that trusts will reach 80% by April 2013 for Cat 8 Red 1 and Red 2 calls

ROTHERHAM CONTRACT PERFORMANCE

Rotherham Contract Performance

THE ROTHERHAM FOUNDATION TRUST

Background	Issue	Mitigating Actions
Assessments and Emergency Admissions	The final agreed year end position shows an over performance against the Non-Elective part of the contract of 15% (651) assessments, 7% (1041) admissions and 9% (1692) overall.	The over performance on NEL remains a significant risk to the reduction in emergency admissions that is a priority for RCCG. The CCG continues to work with the Trust through a series of extraordinary meetings and through UCMC to reduce our emergency admissions in line with our efficiency programmes.
A&E Performance against 95% quality standard	TRFT 12/13 Q4 - 94.69% Year end - 95.30% Despite meeting the 12/13 year- end target, performance has significantly reduced since 1 st April and 95% has not been achieved in 13/14.	Regular updates are given from TRFT and cascaded to CCG members and the SY&B Area Team. An urgent meeting with TRFT was held on 8 th April and a further meeting is scheduled for 22 nd April. Intelligence is continually being gathered to ascertain the issues causing the underperformance with a focus on staffing and bed delays.
EPR Implementation	The CCG issued a Contract Query following significant concerns in relation to the quality of finance and activity data, patient safety and contractual quality requirements.	The CCG has agreed a Remedial Action Plan with the Trust. TRFT has assured the CCG that patient safety has not and will not be compromised. The CCG is monitoring this through implementation of the Remedial Action Plan via the Contract Quality Meeting and a series of clinically led visits.
Choose and Book - Defer to Provider	As at 8th April, there were 30 clinics out of 92 that had no appointments available and were therefore showing a defer to provider position.	This issue has been raised through the TRFT Contract Performance Meeting where information has been requested on a speciality level. CCG and CSU colleagues are having regular meetings with TRFT to discuss Choose and Book issues with action plans in place.

Finance (Period ended 31st March)

Revenue Resource Allocation

NHS Rotherham has been notified of a revenue resource limit allocation of £468 million made up of recurrent allocations of £464million and £4 million non-recurrent. The unaudited outturn is a surplus of £2.2million as planned.

Capital and Cash Resource Limits

The NHS Rotherham approved plan for capital projects of £1.29 million was achieved. NHS Rotherham drew £0.25m over its cash limit allocation of £455m.

Secondary Care Activity and Finance (including QIPP) Position

There is an overall favourable position as detailed below:-

- (i) Outpatient activity is showing a **favourable** variance of £1.8m
- (ii) Elective activity is showing a **favourable** variance £1.5m
- (iii) Non Elective activity is showing a small **favourable** variance of £0.1m
- (iv) The above accounts for the whole NHSR outturn position. The outturn for RFT specifically is an underspend of £0.5m.

Action taken is as follows:-

- (i) RFT board representatives are in continuous dialogue with RCCG officers and GPs. Contract queries have been raised regarding EPR and 18 weeks RTT breaches and a Board Representatives meeting has taken place in March and a further one is arranged for June. The summary of this meeting is being provided to this committee.
- (ii) The new 20 bedded intermediate facility is increasing in occupancy and providing an appropriate step down facility as planned.
- (iii) The care coordination centre has been successful in diverting patients to alternative levels of care. GP feedback has been positive and review data will be presented to the Members' Committee in due course.
- (iv) Quality outcome measures relating to data quality, performance for waiting times etc are all being hardwired into the contract for 2013/14.

Other Services - key points and risks

- **Retrospective Continuing Healthcare** - Rotherham PCT currently has 334 new retrospective continuing healthcare applications in 2012/13. The level of provision remains an ongoing exercise.
- **Running Costs** are performing well ahead of plan.
- **Other providers** – specialised commissioning continues to present a volatile position which is currently contained within NHSR resources.
- **Prescribing** – is performing favourably against plan with a positive forecast outturn. Cost pressures built into the plan have been counteracted by several cost decreases (in Cardiovascular, Central Nervous System, Endocrine, and Malignant Diseases). Projected PPA underspends are 8.4% based on February data.

FINANCE (PERIOD ENDED 31ST MARCH)

Description	Previous Mths YTD Variance £'000	Previous Mths FOT Variance £'000	Budget to Date Month 12 £'000	Actual to Date Month 12 £'000	Variance YTD Month 12 £'000	Annual Budget	Forecast 12/13 Outturn	Forecast (surplus) /deficit
1 Hospital & Community Health Services								
a) Rotherham NHS Foundation Trust	(559)	(298)	177,148	176,656	(492)	177,148	176,656	(492)
b) Sheffield Teaching Hospitals NHS FT	(373)	(388)	24,629	23,930	(699)	24,629	23,930	(699)
c) Rotherham, Doncaster & South Humber FT	7	73	28,505	28,614	109	28,505	28,614	109
d) Doncaster & Bassetlaw Hospitals NHS FT	(796)	(977)	11,632	10,850	(782)	11,632	10,850	(782)
e) Specialised Commissioning Group	909	872	39,839	41,010	1,171	39,839	41,010	1,171
f) Other - out of area	(718)	(1,019)	27,269	26,812	(457)	27,269	26,812	(457)
Sub Total	(1,530)	(1,737)	309,020	307,871	(1,149)	309,020	307,871	(1,149)
2 Primary Care								
a) PMS & GMS	(927)	(868)	34,781	33,599	(1,181)	34,781	33,599	(1,181)
b) Prescribing	(3,522)	(3,914)	46,422	42,485	(3,937)	46,422	42,485	(3,937)
c) Dental (PDS & nGDS)	(229)	(270)	12,525	12,283	(242)	12,525	12,283	(242)
d) Pharmacy	362	396	9,018	9,153	135	9,018	9,153	135
e) Other Commissioned Primary Care Services	64	46	7,773	7,884	110	7,773	7,884	110
Sub Total	(4,252)	(4,609)	110,519	105,404	(5,115)	110,519	105,404	(5,115)
3 Corporate								
a) Chief Executive & Modernisation	69	193	2,819	3,172	353	2,819	3,172	353
b) Finance, Contracting & Procurement	(97)	(836)	2,905	2,452	(453)	2,905	2,452	(453)
c) Intelligence & Performance	(486)	(495)	3,571	3,218	(353)	3,571	3,218	(353)
d) Public Health	(159)	(211)	6,062	5,974	(88)	6,062	5,974	(88)
e) Estates	(150)	(150)	3,190	3,142	(48)	3,190	3,142	(48)
Sub Total	(823)	(1,500)	18,547	17,959	(588)	18,547	17,959	(588)
4 Partnership								
a) RMBC (inc Sec.256)	22	37	2,828	2,896	68	2,828	2,896	68
b) Continuing Care & Free Nursing Care	4,742	6,720	16,463	23,779	7,317	16,463	23,779	7,317
c) Learning Disabilities Commissioned by RMBC	75	81	6,851	6,933	82	6,851	6,933	82
d) Social Care - RMBC	0	8	1,059	1,089	30	1,059	1,089	30
Sub Total	4,839	6,846	27,202	34,698	7,496	27,202	34,698	7,496
5 Central Budgets								
a) Central Budgets - Recurrent	(333)	(1,200)	4,153	0	(4,153)	4,153	0	(4,153)
b) Central Budgets - Non Recurrent	0	0	(1,325)	0	1,325	(1,325)	0	1,325
Sub Total	(333)	(1,200)	2,828	0	(2,828)	2,828	0	(2,828)
6 Grand Total	(2,099)	(2,200)	468,116	465,932	(2,184)	468,116	465,932	(2,184)