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# INTEGRATED PERFORMANCE REPORT

CLINICAL COMMISSIONING GROUP GOVERNING  
BODY, SEPTEMBER 4 2013

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

# TABLE OF CONTENTS

## Contents

Introduction	1
Key Performance Issues and Risks	2
Finance (Period ended 31st July 2013)	5

## 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 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.

NHS England is developing a balanced scorecard for CCGs. The first of these balanced scorecards will be used in an Assurance Review of RCGG on 2<sup>nd</sup> September, and any key issues raised will be fed back to the Governing Body on 4<sup>th</sup> September. Over the next 3 months the CCG performance report will be refined to be consistent with the NHSE balanced scorecard.

## Key Performance Issues and Risks

The key performance issues highlighted in the report are:

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

Performance at TRFT to 18<sup>th</sup> August stood at 94.67%. A recovery plan is in place and is monitored at contract meetings and the Urgent Care Board. TRFT and Barnsley DGH remain as the only hospitals in South Yorkshire and Bassetlaw (SYB) who are not meeting the A&E standard

Although performance is improving there continues to be 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 Quarter 1 and continue to better the 75% target, a similar level of performance has not been achieved in Rotherham. There has been a small improvement for Rotherham residents to 69.7%. The matter is being addressed vigorously with Sheffield CCG who co-ordinate the commissioning of this service in South Yorkshire.

### **Referral To Treatment (RTT) Waiting Times**

June RTT data showed there to be 1(one) Rotherham patient waiting over 52 weeks for treatment at Doncaster & Bassetlaw Hospital Foundation Trust (DBHFT) in General Surgery (incomplete pathway). This patient was treated in July and therefore appeared in July as an admitted pathway breach. DBHFT have been asked for assurances there will not be other breaches.

Performance against the 18 week standard for admitted and non-admitted care continues to be good, at 94% and 97.9% respectively.

### **Friends and Family Test (FFT)**

The CCG assurance Framework expects a response rate of over 15%. TRFT's provisional July performance was 12.9%, a significant improvement from the published June position of 8%. Response rates for A&E patients continue to be much lower than those for in-patients, and TRFT are introducing a token system to try and improve response rates.

## Other Performance Issues

### **Cancer 2 Week Wait**

In June, 91.38% of RCCG patients were given appointments within 2 weeks of referral. Of the 10 not appointed within 2 weeks, 8 were of patient choice and 2 were patient cancellation.

## CCG Assurance Issues

A Balanced Scorecard was produced for RCCG by NHSE Area Team for the Quarter 1 assurance meeting being held on 2<sup>nd</sup> September.

It is expected the key issues raised at the Assurance Review will be:

- Monitor
- Response rate from Friends and Family Test by provider.
- Number of patients waiting over 52 weeks to be treated
- A&E performance
- Breast Symptomatic Two Week Wait Cancer Referrals
- Serious Untoward Incidents (SUIs)

# 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%	96.64% (96.48%)	↓	July
Patients should be admitted, transferred or discharged with in 48 hours of the final data A&E department (Type 1) RFT position.	Monthly	95.00%	94.67% (94.20%)	↑	w/e 18.08.2013
Patients should be admitted, transferred or discharged with in 48 hours of the final data A&E department (Type 1). Rotherham CCG position.	Monthly	95.00%	94.82% (94.36%)	↑	w/e 18.08.2013
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer.	Monthly	85.00%	97.14% (88.89%)	↓	June
Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes (YAS)	Monthly	75.00%	77.4% (75.9%)***	↓	July
Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes (Rotherham)	Monthly	75.00%	69.7% (67.2%)	↓	July
<b>National Priorities</b>					
Potential years of life lost (PYLL) from causes considered amenable to health care 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 health care 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 under 19s - Reduction or a zero percentage in emergency admissions for these conditions	Quarterly	A reduction or Zero percentage 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 percentage in emergency admissions for these conditions	Quarterly	A reduction or Zero percentage between 2012/13 and 2013/14	-7.98%	↑	2010/11-2011/12**
Unplanned hospitalisation for Crohn's disease or colitis - Reduction or a zero percentage in emergency admissions for these conditions	Quarterly	A reduction or Zero percentage between 2012/13 and 2013/14	-6.58%	↑	2010/11-2011/12**
Emergency admissions for chronic conditions that would not usually require hospital admission (admittable) - Reduction or a zero percentage in emergency admissions for these conditions	Quarterly	A reduction or Zero percentage between 2012/13 and 2013/14	2.38%	↓	2010/11-2011/12**
Patient experience of hospital care – as measured by average Friends and Family Test scores for acute inpatient care.	Monthly	74 (North England)	70	↓	June
Patient experience of hospital care – as measured by average Friends and Family Test scores for A&E services	Monthly	66 (North England)	61	↓	June
Friends and Family Test - Implementation	Quarterly		The F+FT has been implemented.		2013/14
Friends and Family Test - Are providers meeting the 15% response rate?	Monthly	15%	12.9%	↓	July
Incidence of MRSA	Monthly	0	1	↔	July
Incidence of C.Diff	Monthly	Year <= 69 YTD <= 20	18	↓	July
<b>Local Priorities</b>					
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 with 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 population	Annual	65.00% (2013/14 Target)	59.50%	-	2011

\* = Provisional data

\*\* = Latest data available used

\*\*\* = Quality premium based on YAS overall

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

## Finance (Period ended 31st July 2013)

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

#### **Revenue Resource Allocation**

Rotherham CCG 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 included in the OCS for reporting purposes.

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

#### **Secondary Care Activity and Finance (including QIPP) Position**

Performance to date is reported using Month 3 flex data which is showing an overall favourable position against all contracts.

There is now a temporary solution to the information governance (IG) problem referred to earlier in the Governing Body, allowing us to check and validate patient data and responsible commissioner up to the end of October.

It is likely that more detailed information will be available next month now that the data has started to flow through.

#### **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 underspending to date and are forecast to stay within plan.
- **Prescribing**- Still experiencing key data quality issues with the Prescriptions Pricing Division and continuing to use estimates in some areas. The limited prescribing data we have access to is still indicating that expenditure will deliver within the plan.

# FINANCE (PERIOD ENDED 31ST JULY 2013)

Description	Previous mths YTD variance £'000	Previous Mths ROT Variance £'000	Budget to Date Month 4 £'000	Actual to Date Month 4 £'000	Variance YTD Month 4 £'000	Annual Budget 13/14 £'000	Forecast Outturn 13/14 £'000	Forecast (surplus)/deficit £'000
<b>1 Hospital &amp; Community Health Services</b>								
a) Rotherham NHS Foundation Trust - Acute	(250)	(750)	44,291	43,993	(298)	132,576	131,833	(743)
Rotherham NHS Foundation Trust - Community	0	0	8,952	8,952	0	26,855	26,855	0
b) Sheffield Teaching Hospitals NHS FT	(112)	(448)	7,122	6,851	(271)	21,365	20,917	(447)
c) Rotherham, Doncaster & South Humber FT	(0)	0	9,444	9,444	(0)	28,332	28,332	0
d) Doncaster & Bassetlaw Hospitals NHS FT	18	18	3,671	3,632	(39)	10,921	10,921	0
e) Ambulance and Patient Transport Services	(28)	0	3,276	3,275	(0)	9,827	9,827	0
f) Mental Health Other	45	(180)	1,025	1,100	75	3,074	3,031	(43)
g) Non Mental Health - Other	(31)	(19)	4,511	4,488	(23)	13,552	13,486	(66)
<b>Sub Total</b>	<b>(359)</b>	<b>(1,379)</b>	<b>82,291</b>	<b>81,735</b>	<b>(555)</b>	<b>246,502</b>	<b>245,203</b>	<b>(1,299)</b>
<b>2 Primary Care</b>								
a) Prescribing	(97)	(386)	14,542	14,418	(124)	43,626	43,251	(376)
b) Local Enhanced Services	0	0	1,004	969	(35)	3,012	2,935	(76)
c) Other Commissioned Primary Care Services	10	0	766	761	(5)	2,298	2,298	0
<b>Sub Total</b>	<b>(87)</b>	<b>(386)</b>	<b>16,312</b>	<b>16,148</b>	<b>(164)</b>	<b>48,936</b>	<b>48,484</b>	<b>(452)</b>
<b>3 Corporate</b>								
a) Corporate*	(16)	(35)	1,588	1,591	4	4,763	4,746	(17)
b) Recharge from CSU*	0	0	706	706	(0)	2,119	2,119	0
*of which £5.8m is annual running costs	0				0			
<b>Sub Total</b>	<b>(16)</b>	<b>(35)</b>	<b>2,294</b>	<b>2,297</b>	<b>4</b>	<b>6,882</b>	<b>6,865</b>	<b>(17)</b>
<b>4 Partnership</b>								
a) RMBC (inc Sec.256)	(0)	0	1,681	1,673	(8)	3,878	3,868	(10)
b) Continuing Care & Free Nursing Care	(322)	(704)	6,201	6,045	(156)	18,602	18,134	(468)
c) Learning Disabilities Commissioned by RMBC	0	0	1,103	1,103	0	3,308	3,308	0
<b>Sub Total</b>	<b>-322</b>	<b>-704</b>	<b>8,984</b>	<b>8,821</b>	<b>(163)</b>	<b>25,788</b>	<b>25,310</b>	<b>-478</b>
<b>5 Central Budgets</b>								
a) Internal Planned Surplus	(823)	(3,291)	1,097	0	(1,097)	3,291	0	(3,291)
b) Central Budgets - Recurrent	791	2,504	1,201	2,100	899	4,768	7,013	2,245
c) Central Budgets - Non Recurrent	0	0	0	0	0	0	0	0
<b>Sub Total</b>	<b>(32)</b>	<b>(787)</b>	<b>2,298</b>	<b>2,100</b>	<b>(198)</b>	<b>8,059</b>	<b>7,013</b>	<b>(1,046)</b>
<b>TOTAL FOR OPERATING ACTIVITIES</b>	<b>(815)</b>	<b>(3,291)</b>	<b>112,178</b>	<b>111,101</b>	<b>(1,077)</b>	<b>336,166</b>	<b>332,875</b>	<b>(3,291)</b>