

# NHS Rotherham Clinical Commissioning Group

Operational Executive 21 March 2016

Strategic Clinical Executive 23 March 2016

GPMC 30 March 2016

Governing Body 06 April 2016

## Commissioning Plan Performance Report – Status as at March 2016

Lead Executive:	Ian Atkinson, Deputy Chief Officer
Lead Officer:	Cheryl Rollinson, Project Manager
Lead GP:	N/a

### Purpose:

For Governing Body to note the March 2016 Commissioning Plan Performance Update.

### Background:

A performance framework for the Commissioning Plan was developed so that the CCG could assess its progress against key priorities and on its implementation of the plan.

In 2014/15 the performance report was undertaken in July, October and March and reported to OE, SCE, GPMC and Governing Body each time. The reports provided important evidence for Investors in Excellence.

The same timescales and reporting was agreed for 2015/16.

### Analysis of key issues and of risks

The third update for the 2015/16 Commissioning Plan outlines the position as at March 2015:

	Quarterly Comparison		
	Jul 2015/16 Position	Oct 2015/16 Position	Mar 2015/16 Position
Plan is on track with no issues	56%	57%	45%
Plan is on track but with issues	36%	30%	22%
Complete	4%	8%	27%
Not Started or Significant concerns	4%	5%	7%

	Year on Year Comparison		
	Mar 2013/14 position	Mar 2014/15 position	Mar 2015/16 position
Plan is on track with no issues	51%	60%	45%
Plan is on track but with issues	19%	30%	22%
Complete	30%	6%	27%
Not Started or Significant concerns	0%	4%	7%

The data shows that the percentage of indicators reporting as on track or complete has increased to 72% compared to 65% reported in Oct and against 60% reported in Jun.

On a further positive note, only 28% of indicators are reporting as having issues or significant concerns which has decreased compared to 35% reported in Oct and against 40% reported in Jun.

Of the 28%, there remains 5 indicators reporting as having significant concerns:

#### Clinical Referrals

**CR2 (Follow Ups Within Affordable Levels)** – This was first reported as having significant concerns in March 2015. This position is continually being addressed through the Clinical Referrals Management Committee.

**CR4 (Outpatient follow up reduction programme)** - Clinician to clinician discussions have caused delays in agreement for patients to be followed up in Primary Care. For 2016/17 it has been agreed to return to peer ratios.

#### Mental Health

**MH6.1 (IAPT - % compliance of those who have entered (i.e. received) treatment as a proportion of people with anxiety or depression to 18% by 2015/16)** – A contract performance notice has been issued and a remedial action plan has been implemented. A weekly monitoring process now takes place, a new opt-in model has been implemented and additional temporary staff have been recruited to support waiting time backlog reduction. Additional NHS England money has been secured to deliver Backlog clearance initiative, the service has been relocated and is now able to see people in Rotherham and not just at GP practices. The National Intensive Support Team has been commissioned to undertake a service review but the date has yet to be confirmed.

**MH11.1 (12 Weeks RTT Waiting Times - Memory Clinic)** – This was first reported as having significant concerns in October 2015. The service has experienced some problems with recruiting locums which have created a back log of waiting times. This has been compounded by sickness absences, staffing issues and an increase in referrals from GPs. The service now has got a permanent consultant in post which continues to work through the waits. In addition the service has increased capacity using additional overtime to help address the back waits.

#### End of Life Care

**EOLC2.3 (Implementation of an electronic register for better case management and communication)** – This indicator was first reported as having significant concerns in March 2015. Whilst efforts are still continuing to increase the usage of the EPaCCs, progress is still limited to a small number of Pilot GP practices. It is difficult to predict when this will be achieved, but it will not be until the latter half of 2016/17 at the earliest.

Governing Body are asked to note the above changes.

#### Significant Movements

Compared to Octobers status, other significant movements include:

**EOLC2.4 (More patients will die at their usual home)** - this has moved from green to amber. Whilst performance recovered in the last 2 quarters of 2015 after a poor start, the 2015 total still fell to 40.7%, from 41.8% in 2014. The Hospice is still working to ensure there is robust management of avoidable admissions within the hospice community teams and across wider community services. A meeting is planned with YAS to discuss compliance with the EOLC pathway for Rotherham. An agreement has been reached with TRFT to share records within the new clinical portal which will allow the Hospice to see where patients are at any one time and work more closely with CCC and A&E to prevent admission. It is hoped that the positive trend will resume in 2016/17.

**MH6 (Improve the uptake of Improving Access to Psychological Therapies)** - was reported in October as having significant concerns, it is now reported as being on track.

As at the end of the 2015/16, 27% of indicators were reported as complete, compared to the year-end position in 2014/15 which identified only 6% of indicators as being complete.

Governing Body are asked to note the above key RAG rating changes.

### Future Reporting

Work will be required in early 2016/17 to identify and confirm the indicators for the next reporting year. It is also proposed that performance against the commissioning plan will be reported quarterly rather than three times a year.

It was agreed last quarter that future 2016/17 reports would include:

- 1) A brief commentary on rationale for rating on all indicators rated amber or red
- 2) Senior managers would be asked to provide a forward view as to where they expect to be by the following reporting quarter

### **Approval history:**

OE – 21.03.16

SCE – 23.03.16

GPMC – 30.03.16

### **Recommendations:**

Governing Body are asked to:

1. Note the year-end Commissioning Plan Performance Report
2. Note the RAG rating changes
3. Note that work will be required in early 2016/17 to confirm the indicators for 2016/17 and that performance will be reported quarterly.

## Commissioning Plan Performance Report 2015/16

Achieved (Nos)	Rate & %	KEY	Jun-15	Oct-15	Mar-16
20	27%	Complete	4%	8%	27%
33	45%	Work in Progress - no issues	56%	57%	45%
16	22%	Work in Progress - but with issues	36%	30%	22%
5	7%	Not Started or with serious concerns	4%	5%	7%

Commissioning Area	Identifyer	Outcomes/Process Metric	RAG Rate			
			Mar-15	Jul-15	Oct-15	Mar-16
Unscheduled Care	UC1	Contain emergency admissions to 2014/15 levels over next 3 years	AMBER	AMBER	AMBER	AMBER
	UC2	Implement year 4 of the case management LES	*NEW*	BLUE	BLUE	BLUE
	UC3	Alcohol - see MH	See MH	See MH	See MH	See MH
	UC4	Dementia - see MH	See MH	See MH	See MH	See MH
	UC5	Redesign the way unscheduled care is provided by 2017	GREEN	GREEN	GREEN	GREEN
	UC6	Capital development to support planned changes to the urgent care pathway	GREEN	GREEN	GREEN	GREEN
	UC7	Implement transitional arrangements in readiness for the full redesign of the urgent care pathway from Summer 2017	AMBER	AMBER	AMBER	AMBER
	UC8	Extend personalisation arrangements to patients with a long term condition	GREEN	See CHC3	See CHC3	See CHC3
	UC9	Redesign care pathways (see clinical referrals)	AMBER	AMBER	AMBER	AMBER
	UC10	Develop a Frail Elderly Assessment Unit	*NEW*	GREEN	GREEN	BLUE
	UC11	Realign the GP in A&E Service	*NEW*	GREEN	GREEN	GREEN
Clinical Referrals	CR1	New referrals within affordable levels	GREEN	GREEN	GREEN	GREEN
	CR2	Follow ups within affordable levels	RED	RED	RED	RED
	CR3	Review of pain management services	AMBER	AMBER	AMBER	BLUE
	CR4	Outpatient follow up reduction programme	RED	RED	AMBER	RED
	CR5	Electives kept within affordable levels	*NEW*	GREEN	GREEN	GREEN
	CR6	Delivery of 9 priority programmes across three priority areas (elective and referrals, follow ups, pathways)	*NEW*	AMBER	AMBER	AMBER
	CR7	Delivery of agreed audit programme and implementation of recommendations	*NEW*	AMBER	GREEN	GREEN
	CR8	Extension of virtual clinics from haematology to other areas such as fractures	*NEW*	AMBER	AMBER	AMBER
Medicines Management	MM1	Prescribing costs within affordable limits	GREEN	GREEN	GREEN	GREEN
	MM2	Working with all 36 GP practices:				
	MM2.1	o Cost efficiency programmes (drug switch, generic prescriptions & compliance with dressings formulary)	GREEN	GREEN	GREEN	GREEN
	MM2.2	o Producing & reviewing guidelines	GREEN	GREEN	GREEN	GREEN
	MM2.3	o Develop RDASH prescribing pathways	AMBER	AMBER	GREEN	GREEN
MM2.4	o Scoping & reducing waste	AMBER	AMBER	GREEN	GREEN	

<b>Mental Health &amp; Learning Disabilities</b>		<b>Adult Mental Health:</b>				
	MH1	MH QIPP savings are on track	GREEN	GREEN	GREEN	GREEN
	MH2	Ensure 95% of adults with CPA are followed up within 7 days	GREEN	GREEN	GREEN	GREEN
	MH3	Alcohol admission avoidance service	AMBER	GREEN	GREEN	GREEN
	MH4	Autism diagnostic process - people seeking an autism diagnosis have their first appointment within 3 months of their referral by march 2016 .	AMBER	AMBER	AMBER	BLUE
	MH5	Improve the quality of patient and GPs satisfaction of services, in particular the Single Point of Access	AMBER	AMBER	AMBER	AMBER
	MH6	Improve the uptake of Improving Access to Psychological Therapies (IAPT)	GREEN	AMBER	RED	AMBER
	MH6.1	o % Compliance of those who have entered (i.e. received) treatment as a proportion of people with anxiety or depression to 18% by 2015/16 ( to be measure against contract trajectory)	*NEW*	AMBER	AMBER	RED
	MH7	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department. NHS Constitution Standards are 95%	*NEW*	GREEN	GREEN	GREEN
	MH8	Improved transfers between RDASH and community services				
	MH8.1	o New mental health social prescribing pathway in place	*NEW*	BLUE	BLUE	BLUE
	MH8.2	o 50% of people referred to the mental health social prescribing pathway will no longer need to access RDaSH services	*NEW*	GREEN	GREEN	GREEN
		<b>Learning Disability:</b>				
	MH9	Improved community support for service users and carers in place. Reduce number of inpatient admissions. Reduce number of inpatient admissions against 2014/15 baseline	GREEN	GREEN	GREEN	GREEN
		<b>Older People:</b>				
	MH10	Improve diagnosis rates	GREEN	GREEN	GREEN	GREEN
	MH11	Improve waiting times for diagnosis and treatment	AMBER			
MH11.1	o 12 Weeks RTT Waiting Times -Memory Clinic (target 100%)	*NEW*	AMBER	RED	RED	
MH11.2	o Primary Care Dementia DES commissioned	*NEW*	AMBER	AMBER	AMBER	
	<b>Children and Adolescent Mental Health Services CAMHS</b>					
MH 12	Improved patient/user and stakeholder experience	AMBER	AMBER	AMBER	AMBER	
MH13	Improved delivery of services on a locality basis	GREEN	AMBER	AMBER	GREEN	
MH14	Monitor the percentage of CAMHS staff accessing safeguarding training*	AMBER	AMBER	AMBER	BLUE	
MH15	Improved waiting times, including specifically ASC and ADHD assessment.	*NEW*	AMBER	AMBER	AMBER	
MH16	Improved liaison with TRFT.	*NEW*	GREEN	GREEN	BLUE	
MH17	Better recording of outcome measures	*NEW*	AMBER	AMBER	BLUE	
<b>Maternity &amp; Childrens</b>	CH1	Working with paediatricians and GPs, production/review of pathways and top tips to support managing long term conditions and promote 'care closer to home'.	AMBER	AMBER	GREEN	GREEN
	CH2	With partners roll out a core service offer for children 0-5 to ensure children get the best start in life including implementation of the 'Preparing for birth and beyond' programme	GREEN	GREEN	GREEN	BLUE
	CH3	Evaluation to support continued promotion & roll-out of 'Acutely Ill Child 0-5 years' documentation to support patients accessing the right services first time	AMBER	AMBER	AMBER	AMBER
	CH4	Work in partnership with RMBC and key stakeholders to implement SEND reforms set out in Section 3 of Children and Families Act 2013	GREEN	GREEN	GREEN	GREEN
	CH5	Work in partnership with Public Health, RMBC, to reduce health inequalities across Rotherham including those specified in the CCG National and Local Indicator Sets - increasing breastfeeding, reducing smoking during pregnancy and reducing infant mortality	*NEW*	GREEN	GREEN	GREEN

Community Services	CS1	Reconfiguration of community unit complete.	GREEN	BLUE	BLUE	BLUE
	CS2	Development of the Enhanced Care Co-ordination Centre.	GREEN	GREEN	BLUE	BLUE
	CS3	Development of an integrated rapid response service.	AMBER	GREEN	GREEN	GREEN
	CS4	Redesign structure of acute take	*NEW*	GREEN	GREEN	BLUE
	CS5	Develop The Perfect Ward	*NEW*	GREEN	GREEN	GREEN
	CS6	New system for management for long stay patients	*NEW*	GREEN	GREEN	BLUE
	CS7	Coherent system for managing outliers	*NEW*	GREEN	GREEN	BLUE
	CS8	Full implementation of site coordination	*NEW*	GREEN	BLUE	BLUE
	CS9	Maintain low vacancy rates in community nursing	*NEW*	GREEN	BLUE	BLUE
Continuing Care & FNC	CHC1	Assess patients for CHC eligibility in line with national framework for CHC and FNC	GREEN	GREEN	GREEN	GREEN
	CHC2	Implement standard contract for nursing homes	GREEN	GREEN	GREEN	GREEN
	CHC3	Introduction of personal health budgets to other patient groups such as Long Term conditions, Learning Disabilities and Mental Health service users	AMBER	AMBER	AMBER	AMBER
	CHC4	Undertake reviews to ensure health care packages meet patients' needs	AMBER	AMBER	AMBER	GREEN
	CHC5	All CHC assessments to decision making and procurement of care to be completed within 28 days	GREEN	GREEN	AMBER	AMBER
	CHC6	Continue to commission individualised services for children with complex health needs	AMBER	AMBER	AMBER	AMBER
End of Life Care	EOLC1	Increase in the proportion of deaths that occur outside hospital	GREEN	GREEN	GREEN	BLUE
	EOLC2	End of life care pilot				
	EOLC2.1	o Roll out of the 24 hour Hospice at Home service*	GREEN	GREEN	GREEN	BLUE
	EOLC2.2	o The Hospice continues to present data which supports the quality & cost effectiveness of the H@H service, leading to re-evaluation in October 2015*	GREEN	GREEN	GREEN	BLUE
	EOLC2.3	o Implementation of an electronic register for better case management and communication (EPaCCs)*	RED	RED	RED	RED
	EOLC2.4	o Improved communication, case management and advanced care planning	GREEN	GREEN	GREEN	BLUE
	EOLC2.4	o More patients will die at their usual home	GREEN	GREEN	GREEN	AMBER
EOLC3	Implementation of the 'One Chance to Get It Right' guidance.	*NEW*	GREEN	GREEN	GREEN	
Ambulance & PTS	AM1	Monitor and Evaluate the UCP scheme to reduce the number of patients transported to ED	*NEW*	GREEN	GREEN	GREEN
	AM2	Undertake a whole system review of PTS Service's commissioned for the people of Rotherham	*NEW*	GREEN	GREEN	GREEN
CCG Commissioned Primary Care	PC1	Shift from secondary to primary care for some outpatient services	AMBER	AMBER	AMBER	AMBER
	PC2	Better case management of people 'at risk' of hospital admissions (see UC)	GREEN	GREEN	GREEN	GREEN
	PC3	Develop LESs for patients to be treated in primary care instead of hospital outpatient	GREEN	GREEN	GREEN	GREEN
	PC4	Develop plans to resolve clinical HR issues to increase resource in primary care	AMBER	GREEN	GREEN	GREEN