Key to RAG Rate			
Achieved (no.s)	Rate & %	Description	
4	5%	Complete	
49	54%	Work in progress - on track	
36	39%	Work in progress - issues identified	
2	2%	Not started	
1	1%	Not started has been de-prioritised	
02			

ACP Performance Update: As at July 2013

59% of our plan is on track or complete

92					
Commissioni ng Area	Identify er	Outcomes	Process	RAG Rate July	RAG Rate October
	UC1	Reduce emgergency admissions by 12% over next 2 years		AMBER	
	UC2		Audit and peer learning of conversion rates for key clinicians across Rotherham	AMBER	
	UC3		Implement year 2 of the case management pilot	GREEN	
	UC4		Implement Carers action plan	GREEN	
ē	UC5		Alcohol - see MH	See MH4	
Urgent Care	UC6		Dementia - see MH	See MH5	
nt	UC7		Support patients to take more control over their condition and management	AMBER	
ge	UC8		Reduce A&E referrals and hospital admissions from care and residential homes	GREEN	
Ď	UC9		Redesign the way unscheduled care is provided by 2014	GREEN	
	UC10		Implement NHS111	BLUE	
	UC11		Introduce a single point of access for health professionals and provide appropriate alternative levels of care	BLUE	
	UC12		Pilot personal health budgets (see CHC & FNC)	AMBER	
	UC13		Redesign care pathways (see clinical referrals)	AMBER	
	CR1	New referrals within affordable levels		GREEN	
	CR2	Follow ups within affordable levels		AMBER	
	CR3		Benchmarking on GP referrals and other referrals	GREEN	
<u>s</u>	CR4		Two way dialogue on benchmarking and improved care pathways	GREEN	
rre	CR5		Outpatient follow up reduction programme	AMBER	
şfe.	CR6		Reduction in duplicate and innapproapriate testing	AMBER	
Re	CR7		Care pathways:		
ca	CR7.1		o Alcohol – In MH Section	See MH4	
Clinical Referrals	CR7.2		o Dementia In MH section	See MH5	
j <u>e</u>	CR7.3		o Falls	GREEN	
	CR7.4		o COPD Cardiology	AMBER	
	CR7.5		o Childrens care pathways	AMBER	
	CR8		Non face to face referrals (review ophthalmology and explore others)	AMBER	

Commissioni ng Area	Identify er	Outcomes	Process	RAG Rate July	RAG Rate October
ע	MM1	Prescribing costs within affordable limits		GREEN	
	MM2		Working with all 36 practices:	GREEN	
			o Cost efficiency programmes (drug switch, generic prescriptions & compliance with dressings		
Medicines Management	MM2.1		formulary)	GREEN	
E	MM2.2		o Performance benchmarking including 14 Key prescribing indicators	GREEN	
186	MM2.3		o Producing & reviewing guidelines	GREEN	
E C	MM2.4		o RDASH prescribing pathways	AMBER	
S	MM2.5		o Scoping & reducing waste	AMBER	
S	MM3		6 specific service redesign projects		
i.	MM3.1		o Nutritional supplements	GREEN	
J. J.	MM3.2		o Specialist food stuffs	GREEN	
Jec	MM3.3		o Continence products	GREEN	
2	MM3.4		o Stoma	GREEN	
	MM3.5		o Wound Care	GREEN	
	MM3.6		o Oxygen	GREEN	
	MH1	MH QIPP savings are on track		GREEN	
_	MH2	Ensure 95% of adults with CPA are followed up within 7 days		GREEN	
늘	MH3		Establish MH QIPP group	GREEN	
Mental Health	MH4		Dementia		
<u> </u>	MH4.1		o Guidance on diagnosis and referral	GREEN	
Ita	MH4.2		o Complete other parts of strategy	AMBER	
<u>e</u>	MH4.3		o Procure Mental health liaison service	RED	
Σ	MH5		Alcohol admission avoidance service	GREEN	
	МН6		Autism diagnostic process	AMBER	
	MH7		Review efficiency as part of work to introduce payment by results	AMBER	
≥	154	Chiff from ATII advairaina to account to account		ODEEN	
Learning Disability		Shift from ATU admissions to community support		GREEN	
		Reduction in out of area placements	Review learning disability partnership arrangements	GREEN	
	LD3		Promote and implement reasonable adjustment	AMBER	
	LD4		Increase access to annual GP health check and preventative screening	GREEN	
ni ni	LD5		Redesign services at Rotherham Assessment and Treatment unit in line with Winterbourne	GREEN	
ar	LD6		recommendations	GREEN	
Fe	LD7		Out of area placements are in line with Winterbourne recommendations	GREEN	

Commissioni ng Area	Identify er	Outcomes	Process	RAG Rate July	RAG Rate October
Joint Commis (RMBC)	JC1	Reduce duplication and achieve efficiencies across all services		AMBER	
	JC2		Agree joint programme of work across H&SC	GREEN	
	JC3		Support jointly funded posts	GREEN	
	JC4		Implement C&YP plan	GREEN	
5	CH1	Support patients to access the right service, first time		GREEN	
l s	CH2	Ensure children to ge the best start in life		GREEN	
Children	СН3	Provide positive and emotional health and wellbeing in very early life		GREEN	
	CH4		Increase capacity in paediatric community nurse team to support care close to home	AMBER	
Maternity &	CH5		With partners roll out a core service offer for children 0-5 to ensure children get the best start in life	AMBER	
ati	CH6		Monitor the percentage of CAMHS staff accessing safeguarding training	GREEN	
Σ	CH7		Training for staff in phychological therapies in CAMHS and MIND	GREEN	
	CH8		Reconfigure child development centre into a community setting	GREEN	
න් ග	CHC1	High quality, vfm aftercare for patients who meet the criteria for CHC & FNC in their place of choice		AMBER	
Car	CHC2		Assess patients for CHC eligibility in line with national framework for CHC and FNC	AMBER	
ing (CHC3		Undertake timely reviews to ensure health care packages meet patients needs	AMBER	
늘	CHC4		Implement standard contract for care homes	RED	
Ë	CHC5		Maximise use of mainstream service in delivering CHC	AMBER	
Continuing Care FNC	CHC6		Continue to commission individualised services for children with complex health needs	GREEN	
	CHC7		Pilot the introduction of personal health budgets	AMBER	
Care	EOLC1	Increase in the proportion of deaths that occur outside hospital		AMBER	
	EOLC2		End of life care pilot	GREEN	
fe	EOLC2.1		o Pilot provides additional hospice at home capacity, 24 hour helpline	GREEN	
End of Life	EOLC2.2		o Pilot provides evidence for evaluation in October 13 to inform commission decisions for 14/15	GREEN	
	EOLC2.3		o Implementation of an electronic register for better case management and communication	AMBER	
	EOLC2.4		o Improved communication, case management and advanced care planning	AMBER	

Commissioni ng Area	Identify er	Outcomes	Process	RAG Rate July	RAG Rate October
	AM1	Reduce conveyance rates for 999 calls		GREEN	
	AM2	Alternative advice for patients not requiring ambulance transport		BLACK	
PTS	AM3		Revisit eligibility criteria for patient transport	GREEN	
્ ટ	AM4		Reconfigure existing activity to provide transport to a range of sites for treatment and care	GREEN	
)Ce	AM5		Extend the centralised brokerage service	GREEN	
Ambulance	AM6		Explore the potential for an integrated PTS/Community Transport Service to BML Rehabilitation Hub.	AMBER	
Ē	AM7		Work with YAS to ensure patients are triaged effectively	AMBER	
∀	AM8		Work with YAS to ensure patients are transported to the most appropriate care setting	GREEN	
	AM9		Introduce local performance measures to monitor the use of alternative levels of care	BLUE	
Commissioned rimary Care	PC1	Engagement with member practices to deliver QIPP plans		AMBER	
	PC2	Shift from secondary to primary care for some outpatient services		AMBER	
	PC3	Better case management of people 'at risk' of hospital admissions (see UC)		AMBER	
שני ציי	PC4		Develop a LIS to maximise GP engagement	BLUE	
CCG Commi	PC5		Develop LESs for patients to be treated in primary care instead of hospital outpatient	AMBER	
	PC6		Further develop case management pilot	AMBER	
\mathbf{c}	PC7		Develop plans to resolve clinical HR issues to increase resource in primary care	AMBER	
	PC8		Commission services from local optometrist to implement better care pathways for patients with glaucoma and cataracts	GREEN	