

# NHS Rotherham Clinical Commissioning Group

Operational Executive 16 November 2015

Strategic Clinical Executive 18 November 2015

Governing Body 2 December 2015

## Commissioning Plan Performance Report – Status as at October 2015

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

### Purpose:

For Governing Body to note the October 2015 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 and Governing Body each time. The report provided important evidence for Investors in Excellence.

It is proposed that the same timescales and reporting takes place in 2015/16.

### Analysis of key issues and of risks

The second update for the 2015/16 Commissioning Plan and outlines the position as at October 2015:

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

	Year on Year Comparison		
	Oct 2013/14 position	Oct 2014/15 position	Oct 2015/16 position
Plan is on track with no issues	58%	59%	57%
Plan is on track but with issues	23%	41%	30%
Complete	16%	0%	8%
Not Started or Significant concerns	0%	0%	5%

The data shows that the percentage of indicators reporting as on track or complete has increased to 65% compared to 60% reported in July and against 59% reported in Oct 2014/15.

On a further positive note, 35% of indicators are reporting as having issues or significant concerns which has decreased compared to 40% reported in July and against 41% reported in Oct 2014/15.

Of the 35%, there remains the 4 indicators are reported 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. Trust colleagues are now engaged with CRMC in addressing this issue

#### Mental Health

**MH6 (Improve the uptake of Improving Access to Psychological Therapies)** – Waiting time targets are failing and as a consequence we are now on the National High Risk Register. The November delivery dashboard informs Governing Body that the national target for patients accessing IAPT services is 65% within 6 weeks. The September position for Rotherham CCG is 25%. From a CCG perspective this current position is both concerning and not acceptable. The CCG is working closely with RDASH to agree a recovery trajectory. RDASH have been given additional monies by NHS England to clear the backlog of patients (1000 patients waiting over 6 weeks) and are currently in the process of identifying additional capacity.

**MH11.1 (12 Weeks RTT Waiting Times - Memory Clinic)** – The target is 100% but in September, Rotherham CCG were reporting 54% of people treated within 12 weeks. This position is being addressed through the Contract Performance routes and through the Mental Health / Learning Disabilities QIPP Committee

#### 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. Work is continuing in this area and the electronic template has been updated in line with national requirements. There are now no IT barriers to roll-out and some practices are interested in being pilots. The option of using a PMS premium from 2016/17 is still a possibility. The PLT event in January 2016 will provide a further opportunity to promote the template.

OE and SCE have considered if any further actions are required in regards to the above indicators.

There is one indicator that was reported in July as having significant concerns but is now reported as being on track but with issues and a further indicator reported in July as being on track but is now being reported as being on track but with issues:

#### Clinical Referrals

**CR4 (Outpatient Follow Up Reduction Programme)** - changed from red to amber. This indicator is continually being addressed through the Clinical Referrals Management Committee. Following problems with engagement from Trust colleagues in the preparation of a follow up reduction plan, work is now moving forward in this area

#### Continuing Health Care

**CHC5 (All CHC assessments to decision making and procurement of care to be completed within 28 days)** – changed from green to amber. This position is being addressed through AQuA whereby a detailed audit report will be discussed further at the November meeting. The audit identified that there were some significant time gaps between the Decision Support Tool assessment and recorded decision, this could in some cases have a significant impact on patient satisfaction and cost to the CCG. Some also resulted in a breach of the timeframes identified in the National framework for NHS continuing healthcare and NHS funded nursing care (2012).

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

### Future Reporting

In regards to enhancing future reports, OE and SCE considered the following points and agreed these would be included from March 2016:

- 1) Brief commentary on rationale for rating on all indicators rated amber or red
- 2) Asking senior managers to provide a forward view as to where they expect to be by the following reporting quarter

### **Approval history:**

OE – 16 November 2015  
SCE – 18 November 2015

### **Recommendations:**

Governing Body are asked to:

1. Note the Commissioning Plan Performance Report
2. Note that OE and SCE have considered if any further actions were required in regards to the 4 indicators reporting as having significant concerns and to note the routes identified to address the positions
3. Note the RAG rating change for CHC5 and the routes identified to address the position
4. Note the agreed two points for further enhancing future reports

## Commissioning Plan Performance Report 2015/16

Achieved (Nos)	Rate & %	KEY		Jun-15	Oct-15	
6	8%	Complete		4%	8%	
42	57%	Work in Progress - no issues		56%	57%	
22	30%	Work in Progress - but with issues		36%	30%	
4	5%	Not Started or with serious concerns		4%	5%	

  

Commissioning Area	Identifier	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	
	UC2	Implement year 4 of the case management LES	*NEW*	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	
	UC6	Capital development to support planned changes to the urgent care pathway	GREEN	GREEN	GREEN	
	UC7	Implement transitional arrangements in readiness for the full redesign of the urgent care pathway from Summer 2017	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	
	UC10	Develop a Frail Elderly Assessment Unit	*NEW*	GREEN	GREEN	
	UC11	Realign the GP in A&E Service	*NEW*	GREEN	GREEN	
Clinical Referrals	CR1	New referrals within affordable levels	GREEN	GREEN	GREEN	
	CR2	Follow ups within affordable levels	RED	RED	RED	
	CR3	Review of pain management services	AMBER	AMBER	AMBER	
	CR4	Outpatient follow up reduction programme	RED	RED	AMBER	
	CR5	Electives kept within affordable levels	*NEW*	GREEN	GREEN	
	CR6	Delivery of 9 priority programmes across three priority areas (elective and referrals, follow ups, pathways)	*NEW*	AMBER	AMBER	
	CR7	Delivery of agreed audit programme and implementation of recommendations	*NEW*	AMBER	GREEN	
	CR8	Extension of virtual clinics from haematology to other areas such as fractures	*NEW*	AMBER	AMBER	
Medicines Management	MM1	Prescribing costs within affordable limits	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	
	MM2.2	o Producing & reviewing guidelines	GREEN	GREEN	GREEN	
	MM2.3	o Develop RDASH prescribing pathways	AMBER	AMBER	GREEN	
	MM2.4	o Scoping & reducing waste	AMBER	AMBER	GREEN	

Mental Health & Learning Disabilities		<b>Adult Mental Health:</b>				
	MH1	MH QIPP savings are on track	GREEN	GREEN	GREEN	
	MH2	Ensure 95% of adults with CPA are followed up within 7 days	GREEN	GREEN	GREEN	
	MH3	Alcohol admission avoidance service	AMBER	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	
	MH5	Improve the quality of patient and GPs satisfaction of services, in particular the Single Point of Access	AMBER	AMBER	AMBER	
	MH6	Improve the uptake of Improving Access to Psychological Therapies (IAPT)	GREEN	AMBER	RED	
	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	
	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	
	MH8	Improved transfers between RDASH and community services				
	MH8.1	o New mental health social prescribing pathway in place	*NEW*	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	
		<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	
		<b>Older People:</b>				
	MH10	Improve diagnosis rates	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	
	MH11.2	o Primary Care Dementia DES commissioned	*NEW*	AMBER	AMBER	
		<b>Children and Adolescent Mental Health Services CAMHS</b>				
Maternity & Childrens	MH 12	Improved patient/user and stakeholder experience	AMBER	AMBER	AMBER	
	MH13	Improved delivery of services on a locality basis	GREEN	AMBER	AMBER	
	MH14	Monitor the percentage of CAMHS staff accessing safeguarding training*	AMBER	AMBER	AMBER	
	MH15	Improved waiting times, including specifically ASC and ADHD assessment.	*NEW*	AMBER	AMBER	
	MH16	Improved liaison with TRFT.	*NEW*	GREEN	GREEN	
	MH17	Better recording of outcome measures	*NEW*	AMBER	AMBER	
	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	
	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	
	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	
	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	
	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	

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