

NHS Rotherham CCG Governing Body – January 2018

CHIEF OFFICER'S REPORT

Lead Director:	Chris Edwards	Lead Officer:	n/a
Job Title:	CCG Chief Officer	Job Title:	n/a

Purpose

This report informs the Governing Body about national/local developments in the past month.

Winter Fund Letter

In his autumn budget statement the Chancellor announced additional funding for the NHS in 2017/18. The funding will be in two tranches:
Tranche 1, for acute trusts to reflect the cost of emergency and urgent elective activity over winter.
Tranche 2, for new initiative to improve A+E performance over winter.

The full letter is attached as appendix 1.

Primary care access

Saturday hubs have now been in operation for over 12 months with utilisation improving and excellent patient feedback from those who have attended. The central hub is now providing 7 day cover for the whole of Rotherham via extended access weekdays and is now open on Sundays. In addition to this, the central hub also opened boxing day and new years day to support the Urgent and Emergency Care Centre and also reduce pressure when practices returned from the Christmas break. An extensive survey has also been undertaken with over 1700 responses identifying hot spots of capacity issues in hours and a preference for Sunday capacity. This feedback will be utilised in the work taking place to support improvements to access.

Communications Update

- As part of the winter communications plan, awareness activity took place over the Christmas and New Year period to provide of how to access health services during the holidays.
- BBC Radio Sheffield recently ran a story on Rotherham's approach to GP extended access, following a patient survey exercise in December. Dr Richard Cullen undertook interviews which were played on air on 27th December.
- At the end of December, the local media had a keen eye on additional winter funding allocations across South Yorkshire to improve A&E performance.
- A communications campaign will take place from the beginning of January to raise awareness and encourage engagement in the Rotherham Health Record. As well as communicating the benefits of having a shared health record, the opt-out process will be clearly expressed to patients as part of the campaign.

Appendix 1

Dear Trust CE and CCG AO,

On 22 November the Chancellor announced additional funding for the NHS in 2017/18. This letter sets out the detail of your local system's allocation from these monies.

The funding has been allocated in two tranches. Firstly, the acute trust will be allocated funds on a 'fair shares' basis to reflect the cost of emergency and urgent elective activity across winter that is already in operational plans and is being incurred by providers. The allocation is based on emergency services activity in trusts with a Type 1 A&E. This will enable a corresponding improvement in the reported Month 7 forecast outturn financial position.

The second tranche of funding has been the subject of discussions between yourselves, your regional directors and the National Director of Urgent and Emergency Care, Pauline Philip. This additional winter funding is for new initiatives to improve A&E performance over winter and should be spent on the specific schemes set out below. Where the schemes involve the purchase of beds either in the acute provider or the community, the level of expenditure will need to be agreed with your Regional Director before it is committed.

Table 1 – funding allocated to your local system¹

	Purpose of funding	Value
Tranche 1	To reflect existing costs of winter in plans. Expectation of corresponding improvement in M7 forecast position	£599,000
Tranche 2	<i>Implementing Assessment, Ambulatory and Frailty support and additional medical leadership at weekends and OOH's</i>	£600,077
	<i>Improving hospital flow with additional progress chasers, ambulances and support teams</i>	£209,640
	In totality we expect the schemes in Tranche 2 to ensure you deliver at least 90% performance over Q4.	£809,717

There will be no further winter funding available in 2017/18 and any additional costs of winter are expected to be managed from within the total system resource. There is a clear expectation that you will deliver the improvement in your forecast outturn position and A&E performance as set out in the table above. Any flow of funds is dependent on these conditions being met.

We recognise that there is significant amount of work to do to operationalise the schemes set out above and you will understand the need to ensure that this funding is spent as effectively as possible. The delivery of these schemes will therefore be monitored through our regional teams on a fortnightly basis (until all schemes are implemented). To start this process and enable payments to be made we would ask that you return the table at Annex A to england.northwinter@nhs.net by **COP Monday 18 December**.

Key to delivering the ambitions set out above will be your level of occupancy over Q4. A core element of this will be the profile and size of your elective programme. We would be grateful if all Trusts could submit details of their planned occupancy from December 22nd to January 8th (to achieve an ambition of 85% over this time) and elective programmes for Q4 to your regional director by COP Wednesday 20 December.

¹ Tranche 1 will be paid into trust bank accounts in two equal instalments in December and February. Tranche 2 – will be paid directly to the relevant lead organisation identified in Annex A when implementation is confirmed.

You have also highlighted that given the very short lead in-time for the funding and the need to increase capacity as quickly as possible this will mean, in some instances, the need to use bank and agency staff. Adherence to the annual agency expenditure ceiling is still important and any variation to this should only be in exceptional circumstances. These should be agreed in advance with the NHSI regional teams. Price caps also still apply throughout the winter period, with the existing break glass provision available on safety grounds. Where trusts plan to increase temporary staffing it is vital this is done on a 'bank first' basis using trust and the emergent collaborative staff banks. If agency staff need to be engaged this should be done only from approved procurement frameworks to ensure quality and value for money.

We would like to thank you and your staff for your continuing efforts to meet the significant challenges we face. If there is anything we can do to further support you please do feedback either directly or to your regional directors.



Elizabeth O'Mahony
Chief Financial Officer
NHS Improvement



Pauline Philip
National Director, Urgent
Emergency Care NHS England
and NHS Improvement

Annex A

Questions					Yes/No
<i>Confirmation that your reported forecast position will improve by £599,000</i>					
<i>Do you accept the proposed A&E improvement ambition of delivering 90% over Q4</i>					
Tranche 2 monies					
Purpose of funding	Value	Lead organisation (to receive monies)	Date of implementation	On track (Y/N) or In place	If needed, reasons for any delay and revised delivery date
<i>Implementing Assessment, Ambulatory and Frailty support and additional medical leadership at weekends and OOH's</i>	£600,077				
<i>Improving hospital flow with additional progress chasers, ambulances and support teams</i>	£209,640				

n.b. – columns in grey do not need to be completed for the 18 December return.