

## Governing Body (Public) Meeting

DATE: 30<sup>th</sup> May 2013

Title	<b>Consolidated Provider Performance Report</b>	
Recommended action for the Executive Management Committee	That the Governing Body <b>note</b> the performance of the Acute, Community & Mental Health Contracts as shown in the attached report.	
Executive Summary	<p>The attached provides a consolidated report to cover 3 areas of contracting and performance: Acute, Community &amp; Mental Health Services.</p> <ol style="list-style-type: none"> <li>1. Acute contract performance report Month 11 - showing activity and financial over performance across the whole acute portfolio is £8,746k (giving a forecast out turn of £9,541k).</li> <li>2. Community Health Services Contracts Month 12 - some services are showing underperformance (virtual Ward adults, district nursing and universal children's services).</li> <li>3. Mental Health report Month 12 – the forecast outturn has reduced significantly on the previous report (by £404k), this is due to accruals being released.</li> </ol>	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	<input type="checkbox"/>
	<b>People:</b> Empower our staff to make BCCG the most successful CCG in (south) London	<input type="checkbox"/>
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	<input type="checkbox"/>
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	<input type="checkbox"/>
Organisational implications	Key Risks (corporate and/or clinical)	Financial risks are associated with the over performance, although these are within the forecasts. No clinical risks introduced in these reports.
	Equality and Diversity	Services must deliver the requirements of equality and diversity
	Patient impact	Services must be delivered in line with the NHS constitution
	Financial	Over performance across the acute contracts, but this is accounted for within our financial budgets (out turn) for 12/13 and has been accounted for within

		our 13/14 contracts and QIPP programs.
	Legal Issues	None
	NHS constitution	The rights of patients are enshrined within our contracts
<b>Consultation</b> (Public, member or other)	Not applicable	
<b>Audit</b> (Considered / Approved by Other Committees / Groups)	Finance Reports are considered by the Finance Working Group (and EMC) Quality Reports are considered by the Quality & Safety Group	
Communications Plan	Not applicable	
Author	Sarah Valentine	
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Date	30 <sup>th</sup> May 2013	

## Consolidated Provider Performance Reports

For Bexley CCG - May 2013

Section No.	Description
1	Acute Contracting – provided by the Commissioning Support Unit (CSU)
2	Community Contracting – including procurement projects – prepared by the BCCG contracting team
3	Mental Health Contracting – prepared by the Integrated Commissioning Unit (ICU) between BCCG and London Borough of Bexley (LBB)

# Acute Contracting & Performance

## Section 1

Provided by the Commissioning Support Unit

### Overall Performance – Month 11 Year to Date

This section is sub divided as follows:

Section Ref	Description
1.1	Executive summary
1.2	Overall performance
1.3	South London Healthcare Trust (SLHT)
1.4	Dartford & Gravesham
1.5	Kings College
1.6	Guy's & St Thomas'
1.7	Other Key External Trusts
1.8	Claims Management
1.9	Appendix 1 – Acute Finance Report Appendix 2 – QIPP Report

### 1.1 Executive Summary

**Note:** Where year-end adjustments were known in advance of the production of the finance reports, then these have been incorporated into the month 11 position.

- At month 11 (M11), year to date over performance across the whole acute portfolio is +£8,746k or +5% (giving a forecast out turn of +£9,541k).
- The main areas of over-performance remain within King's College Hospital (KCH) £1,578k (14%) and Guys and St Thomas's (GSTT) Foundation Trusts £1,594k (6%). However Dartford and Gravesham (DG) position has deteriorated from an over performance of £289k at M10 to an over performance of £1,032k (5%) at M11 (includes WIP). A subsequent year-end agreement has been reached with DG at £25,690m.
- Over-performance at South London NHS Trust (SLHT) is capped for the financial year 2012/13.
- Across the four main providers by contract value (SLHT, DG, KCH and GSTT) the over-performance is predominantly found within six PODs:
  - i. Emergency: £1,592k
  - ii. Elective: £1,806k
  - iii. Outpatient Firsts: £1,430k
  - iv. Direct Access: £734k

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- v. Outpatient Follow-ups: 938k
- vi. Other: £1,072k

- At M11 external contracts (non-SEL) are £1072k (7%) over-performing. The five main contracts (over £100k over performance) are: Maidstone, Moorfields, Queen Victoria, UCLH and RNOH.

## 1.2 Overall Performance – Year to Date

### 1.2.1 Overview (£000, %) over/ (under)spend

#### Bexley

	Contract Monitoring								Full Year Plan @ M11	FOT over / (under) spend @ M11
	Full Year Plan	YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %	M12 Finance over / (under) spend	FOT over / (under) spend	FOT %		
South London Hospital Trust	90,223	82,704	85,837	3,133	4%	3,418	3,418	4%	90,223	2,084
Dartford and Gravesham	25,000	22,917	23,949	1,032	5%	1,126	1,126	5%	25,000	347
King's College Hospital	12,570	11,522	13,100	1,578	14%	1,721	1,721	14%	12,570	1,389
Guy's and St. Thomas'	27,963	25,633	27,227	1,594	6%	1,739	1,739	6%	27,963	1,622
<b>Subtotal Primary SLAs</b>	<b>155,755</b>	<b>142,776</b>	<b>150,113</b>	<b>7,337</b>	<b>5%</b>	<b>8,004</b>	<b>8,004</b>	<b>5%</b>	<b>155,755</b>	<b>5,442</b>
Other Local Trusts	4,494	4,119	4,219	100	2%	109	109	2%	4,494	100
Externals	16,379	15,014	16,086	1,072	7%	1,169	1,169	7%	16,379	1,104
<b>Contracted Acute SLAs</b>	<b>176,628</b>	<b>161,909</b>	<b>170,418</b>	<b>8,508</b>	<b>5%</b>	<b>9,282</b>	<b>9,282</b>	<b>5%</b>	<b>176,628</b>	<b>6,646</b>
Specialist Services Consortia	15,612	14,311	13,683	-628	-4%	685	685	-4%	15,612	501
Non-Contracted - Cost Per Case & Exclusions to Contracts	7,247	6,643	7,508	865	13%	944	944	13%	7,247	875
Other earmarked acute budgets	0	0	0	0	0%	-	-	0%	0	-
2012/13 Commissioning Reserves	0	0	0	0	0%	-	-	0%	0	-
<b>TOTAL Budget 2012/13</b>	<b>199,487</b>	<b>182,863</b>	<b>191,609</b>	<b>8,746</b>	<b>5%</b>	<b>9,541</b>	<b>9,541</b>	<b>5%</b>	<b>199,487</b>	<b>8,022</b>

**Note: The above chart excludes over performance at SLHT above the capped values**

### 1.2.2 Current Overall Performance

The total acute plan for 2012/13 is £199,487k. Based on M11 straight line forecast there will be an unmitigated overspend at year end of +£9,541k.

At M11, the total level of over performance against the financial plan is £8,746 or 5% across all acute providers

Of the 4 largest providers for Bexley patient care:

- SLHT is 4% above plan +£3,133k
- KCH is 14% above plan +£1,578k
- GSTT is 6% above plan +£1,594k
- DG is 5% above plan £1,032k

Other smaller contracts are 7% above plan or +£1,072k at M11. The five main contracts (over £100k over performance) are: Maidstone, Moorfields, Queen Victoria, UCLH and RNOH.

## Bexley BSU M11 Acute Contract Monitoring Report

### 1.2.3 SLHT, DG, KCH and GSTT by POD/ Specialty

Overall, there has been a month to month movement of +£2,854k (where M10 was +£4,482k and M11 is +£7,337).

The three most significant areas of over performance continue to be in the Elective, Emergency and Outpatient Firsts PODS (£1,806k, £1,592k and £1,430k). In addition, Other is now showing an over performance of £1,781k.

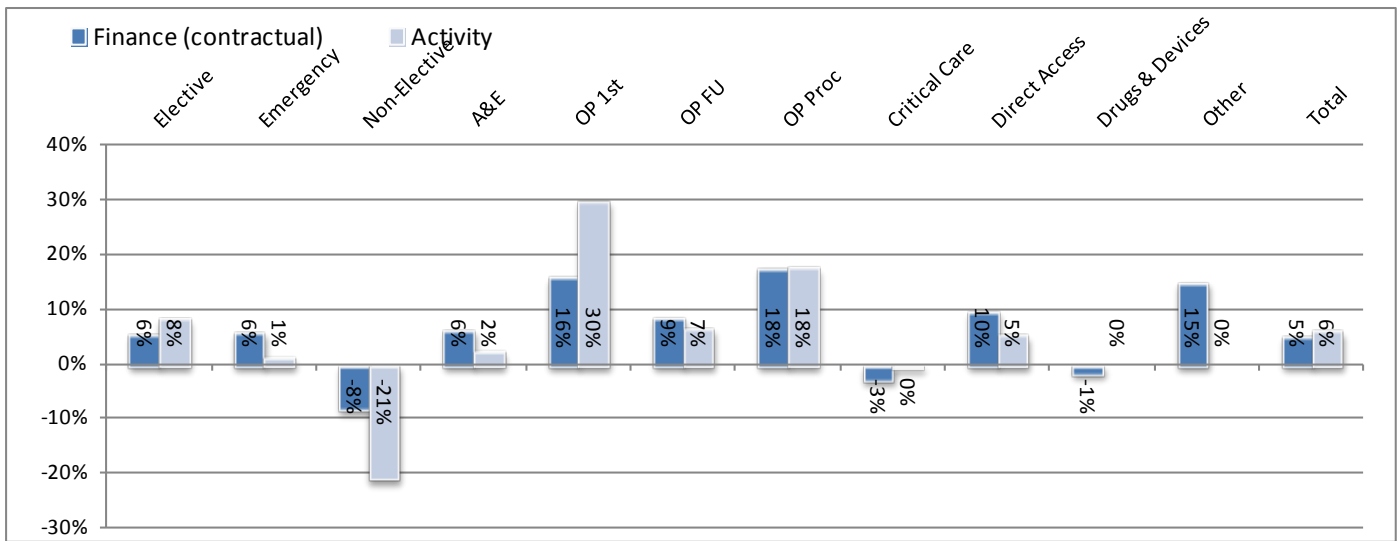
SLHT, DG,KCH, GSTT	ACTUAL (£k)			STRAIGHT-LINE FOT (£k)		
	M10	M11	Difference	M10	M11	+/-
Elective	1617	1806	189	1940	1970	↓
Emergency	1167	1592	425	1400	1737	↓
Non-elective	-1381	-1538	-157	-1657	-1678	↔
A&E	264	362	98	317	395	↓
OP 1st	1215	1430	215	1458	1560	↓
OP FU	704	938	234	845	1023	↓
OP PROC	344	557	213	413	608	↓
Critical Care	75	-231	-306	90	-252	↑
DA	707	734	27	848	801	↑
D&D	-29	-96	-67	-35	-105	↑
Other	-200	1781	1981	-240	1943	↓
<b>TOTAL</b>	<b>4482</b>	<b>7337</b>	<b>2855</b>	<b>5378</b>	<b>8004</b>	<b>↑</b>

### 1.2.4 Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Non- Elective	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	1,583	1,581	-1,568	362	1,384	620	566					4,528
Non-PbR	223	11	29		47	318	-9	-231	734	-96	1,781	2,808
<b>Total</b>	<b>1,806</b>	<b>1,592</b>	<b>-1,538</b>	<b>362</b>	<b>1,430</b>	<b>938</b>	<b>557</b>	<b>-231</b>	<b>734</b>	<b>-96</b>	<b>1,781</b>	<b>7,336</b>

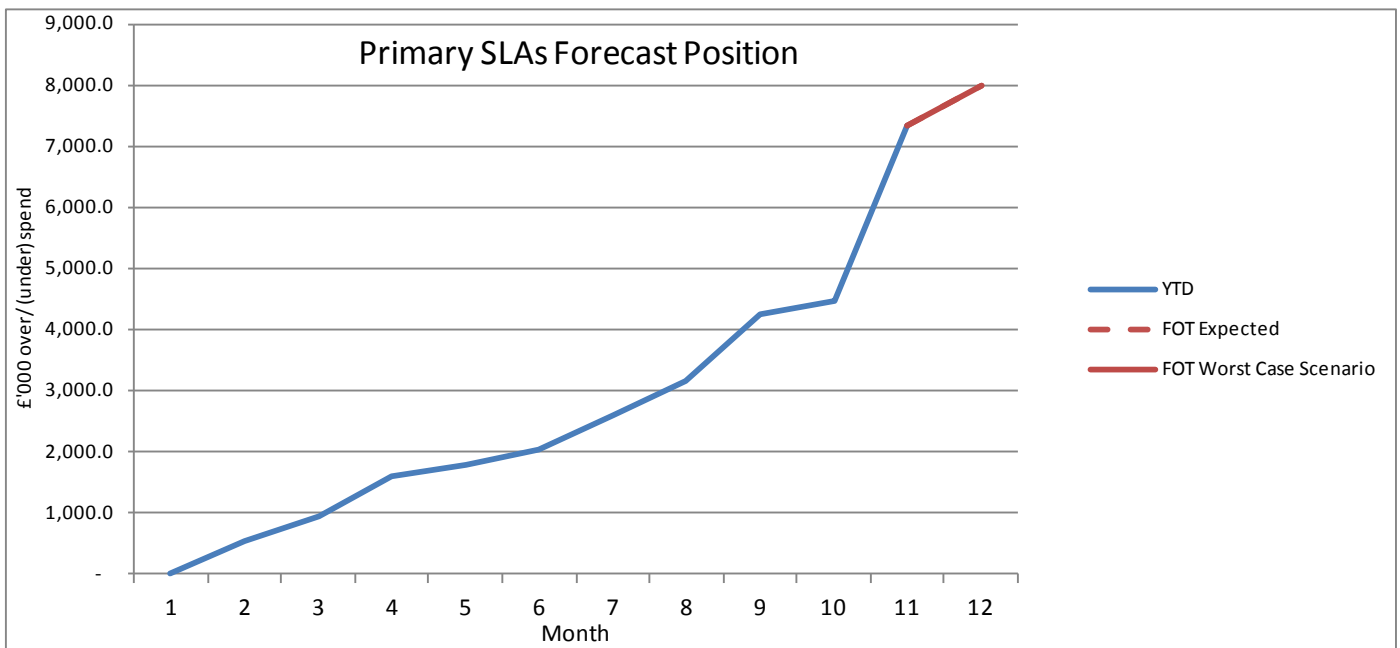
# Bexley BSU M11 Acute Contract Monitoring Report

## 1.2.5 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

## 1.2.6 Forecast Outturn (£000)



Note: The above chart excludes over performance at SLHT above the capped values

## 1.3 South London Healthcare Trust – Year to Date

### 1.3.1 Overall Performance Summary

At M11, the total level of over performance against the financial plan (capped) is £3,133k.

The four main drivers for over performance are Elective (£1,964k), Emergencies (£1,151k), Outpatient Firsts (£1,061k) and Critical care (£538k). The underlying, unadjusted straight line forecast outturn is £6,730k.

The M12 forecast outturn pre-adjustment capped position is £1,005k.

The following adjustments are applied:

Nuchal screening: £65k, Elmstead: £432k, Patient Transport £582k and M12 Partially Complete Spells (PCS) i.e work in progress £1,334k giving a revised forecast outturn of £3,418k

### 1.3.2 Overview (£000, %) over/ (under)spend

	Contract Monitoring							
	Full Year Plan	YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %	M12 Finance over / (under) spend	FOT over / (under) spend	FOT%
South London Hospital Trust	90,223	82,704	85,837	3,133	4%	3,418	3,418	4%
<b>TOTAL</b>	<b>90,223</b>	<b>82,704</b>	<b>85,837</b>	<b>3,133</b>	<b>4%</b>	<b>3,418</b>	<b>3,418</b>	<b>4%</b>

Note: The above chart excludes over performance at SLHT above the capped values

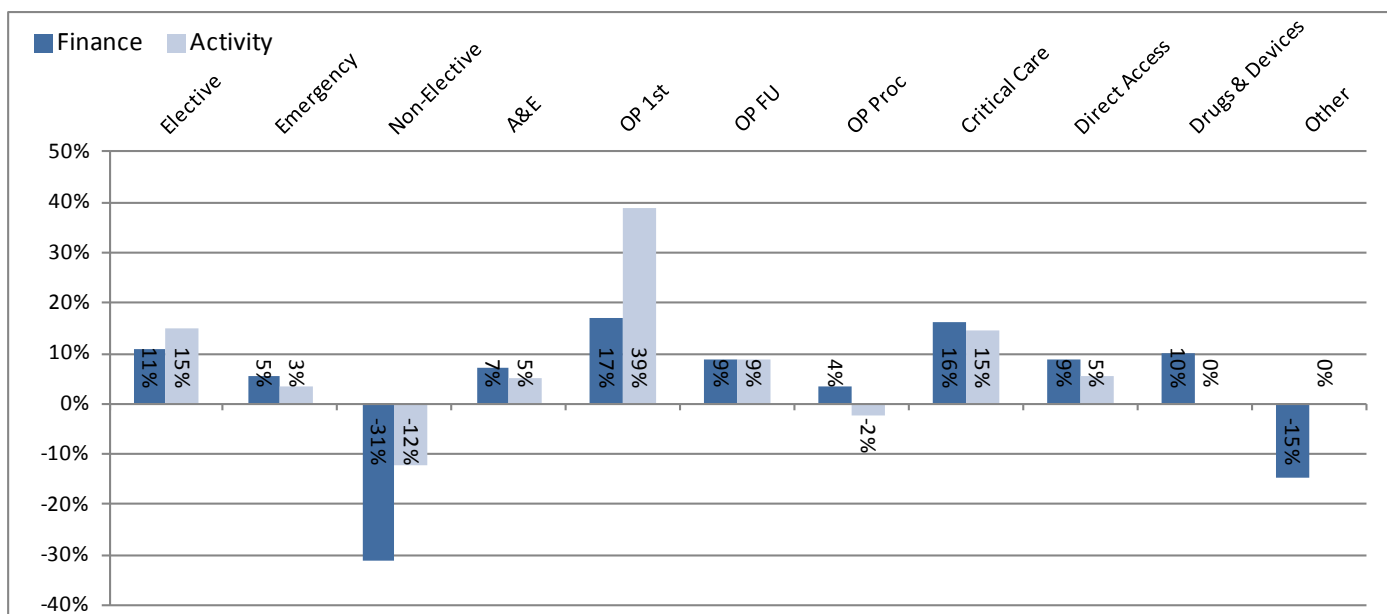
### 1.3.3 Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Elective Non-	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	1,964	1,151	-1,882	257	1,061	550	66				0	3,165
Non-PbR	0	0	0		0	0	0	538	387	264	-1,220	-31
<b>Total</b>	<b>1,964</b>	<b>1,151</b>	<b>-1,882</b>	<b>257</b>	<b>1,061</b>	<b>550</b>	<b>66</b>	<b>538</b>	<b>387</b>	<b>264</b>	<b>-1,220</b>	<b>3,133</b>



## Bexley BSU M11 Acute Contract Monitoring Report

### 1.3.4 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

### 1.3.5 Month 11 In-Month Movement (comparison to month 10) (£000) over/ (under)spend

There is significant movement between M10 and M11 in three specific areas:

- Elective: +£253k (15%)
- Emergency: +£505k (78%)
- Outpatient Firsts: +£238k (29%)
- Other: +£686k (36%)

SLHT	ACTUAL (£k)			STRAIGHT-LINE FOT (£k)		
	M10	M11	Difference	M10	M11	+/-
Elective	1711	1964	253	2053	2143	↓
Emergency	646	1151	505	775	1256	↓
Non-elective	-1653	-1882	-229	-1984	-2053	↑
A&E	222	257	35	266	280	↔
OP 1st	823	1061	238	1121	1157	↔
OP FU	481	550	69	577	600	↔

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<u>OP PROC</u>	<u>86</u>	<u>66</u>	<u>-20</u>	<u>103</u>	<u>72</u>	↑
<u>Critical Care</u>	<u>599</u>	<u>538</u>	<u>-61</u>	<u>719</u>	<u>587</u>	↑
<u>DA</u>	<u>325</u>	<u>387</u>	<u>62</u>	<u>390</u>	<u>422</u>	↓
<u>D&amp;D</u>	<u>292</u>	<u>264</u>	<u>-28</u>	<u>350</u>	<u>288</u>	↑
<u>Other</u>	<u>-1906</u>	<u>-1220</u>	<u>686</u>	<u>-2287</u>	<u>-1331</u>	↓
<u>TOTAL</u>	<u>1737</u>	<u>3133</u>	<u>1396</u>	<u>2084</u>	<u>3418</u>	↓

1.3.6 POD/

### Specialty Analysis

**Elective:** The six highest over-performing HRGs by cost are shown below

SLHT Elective	Activity YTD				Finance YTD £,000			
	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
Top 6 Over performing HRGs								
FZ04B Very Major Stomach or Duodenum Procedures without Major CC	8	71	63	801%	£52,329	£471,298	£418,969	801%
HB21C Major Knee Procedures for non Trauma Category 2 without CC	158	213	55	35%	£1,091,925	£1,422,535	£330,610	30%
JC15Z Skin Therapies level 3	572	831	259	45%	£365,531	£531,009	£165,478	45%
QZ14B Vascular Access except for Renal Replacement Therapy without CC	180	378	198	110%	£96,905	£203,742	£106,837	110%
HR05Z Reconstruction Procedures Category 2	6	12	6	90%	£72,539	£175,262	£102,723	142%
MB03B Uterus (including Fibroids) Disorders, Menstrual Disorders or Endometriosis without CC	11	4	-7	-64%	£16,805	£119,453	£102,648	611%

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The over performance for HRG MB03B was due to a single patient who should have been a zero length of stay having a large amount of excess bed days attributed.

**b) Emergency:** The seven highest over-performing HRGs by cost are shown below

SLHT Emergency	Activity YTD				Finance YTD £,000			
Top 7 Over performing HRGs	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
AA22Z Non-Transient Stroke or Cerebrovascular Accident, Nervous system infections or Encephalopathy	No plan	201	201	0%	No plan	£825,639	£825,639	0%
FZ36D Intestinal Infectious Disorders with length of stay 2 days or more with Major CC	20	79	59	287%	£124,612	£410,484	£285,872	229%
WA22V Other specified admissions and counselling with Major CC	30	81	51	172%	£137,918	£404,875	£266,957	194%
WA22X Other specified admissions and counselling with Intermediate CC	11	85	74	674%	£33,831	£274,268	£240,437	711%
DZ11A Lobar, Atypical or Viral Pneumonia with Major CC	174	256	82	47%	£781,151	£1,011,483	£230,332	29%
AA23Z Haemorrhagic Cerebrovascular Disorders	No plan	44	44	0%	No plan	£186,844	£186,844	0%

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LA07E Acute Kidney Injury with Major CC without Interventions	33	62	29	88%	£131,185	£240,664	£109,479	83%
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## Bexley BSU M11 Acute Contract Monitoring Report

**c) Outpatient Firsts:** The five highest over-performing TFCs by cost are shown below

SLHT Outpatient Firsts	Activity YTD				Finance YTD £,000			
Top 5 Over performing TFCs	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
420 PAEDIATRICS	1622	2225	603	37%	£444,391	£610,722	£166,331	37%
320 CARDIOLOGY	197	740	543	275%	£49,078	£184,260	£135,182	275%
300 GENERAL MEDICINE	571	1088	517	91%	£142,040	£271,392	£129,352	91%
100 GENERAL SURGERY	1739	2284	545	31%	£393,710	£516,279	£122,569	31%
330 DERMATOLOGY	896	1638	742	83%	£118,894	£217,986	£99,092	83%

**d) Outpatient Follow ups:** The five highest over-performing TFCs by cost are shown below

SLHT Outpatient Follow ups	Activity YTD				Finance YTD £,000			
Top 5 Over performing TFCs	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
110 TRAUMA & ORTHOPAEDICS	8721	10317	1596	18%	857,771	1,011,066	153,295	18%
330 DERMATOLOGY	1603	2921	1318	82%	131,029	240,902	109,873	84%
560 MIDWIFE EPISODE	1063	2329	1266	119%	75,605	165,359	89,754	119%
370 MEDICAL ONCOLOGY	1410	2040	630	45%	168,664	243,580	74,916	44%
130 OPHTHALMOLOGY	7764	8693	929	12%	616,424	686,747	70,323	11%

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## 1.4 Dartford & Gravesham NHS Trust – Year to Date

At M11, the total level of over performance against the financial plan is £1,032k or 5% which is mainly driven by over performance within Non-Electives (£231k), Outpatient Follow ups (£249k), Outpatient Procedures (£355k) and Other (£650k).

Other includes an adjustment of £436k for PCS.

A year end agreement has been reached with D&G at £25,690

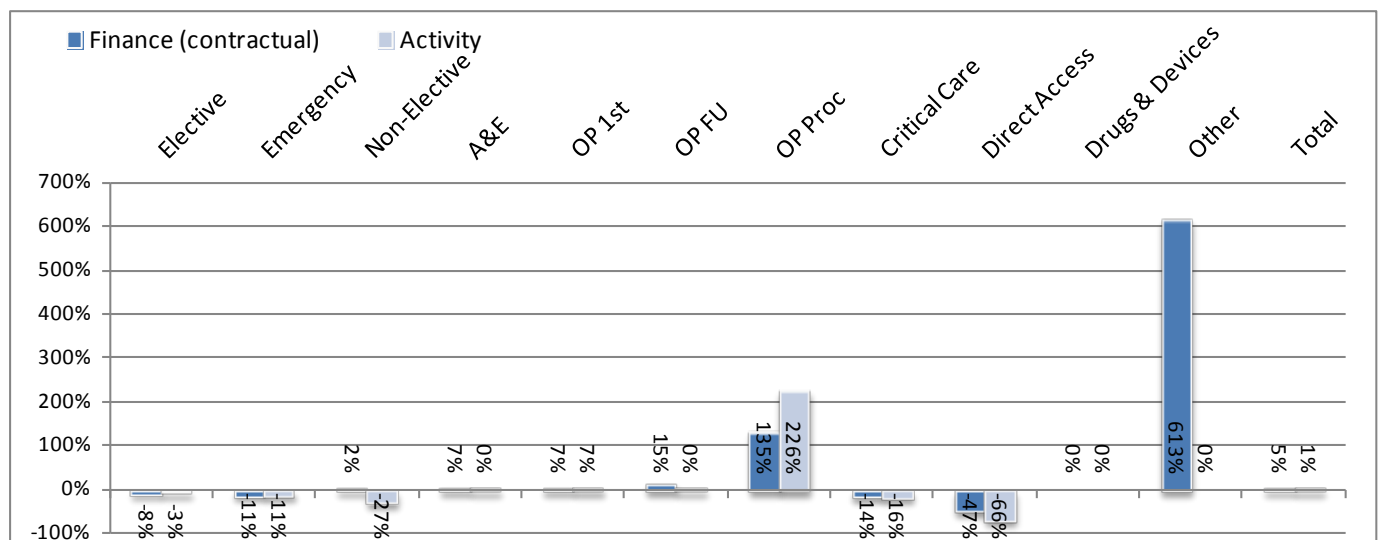
### 1.4.1 Overview (£000, %) over/ (under)spend

	Contract Monitoring					M12 Finance over / (under) spend	FOT over / (under) spend	FOT %
	Full Year Plan	YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %			
Dartford & Gravesham	25,000	22,917	23,949	1,032	5%	1,126	1,126	2%
<b>TOTAL</b>	<b>25000</b>	<b>22917</b>	<b>23949</b>	<b>1032</b>	<b>5%</b>	<b>1,126</b>	<b>1,126</b>	<b>5%</b>

### 1.4.2 Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Non-Elective	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	-261	-158	204	130	93	-28	373				0	353
Non-PbR	18	-10	27		9	277	-18	-213	-62	0	650	678
<b>Total</b>	<b>-243</b>	<b>-168</b>	<b>231</b>	<b>130</b>	<b>102</b>	<b>249</b>	<b>355</b>	<b>-213</b>	<b>-62</b>	<b>0</b>	<b>650</b>	<b>1,032</b>

### 1.4.3 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

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### 1.4.4 Drivers by Specialty (£000, %) Please note figures represent the underlying contract position. - over/ (under)spend

Specialty Driver	POD Driver	YTD Overspend (£000)
Medical Oncology	Outpatient Follow up	18
Diabetic Medicine	Outpatient Follow up	14
NZ14A Emergency or Upper Uterine Caesarean Section with CC	Non Elective	89
HR06A Reconstruction Procedures Category 1 19 years and over	Non Elective	84
LB14E Bladder Intermediate Endoscopic Procedure 19 years and over (No plan)	Outpatient Procedures	89

### 1.4.5 Month 11 In-Month Movement (comparison to month 10) (£000) over/ (under)spend

The significant movements between M10 and M11 are in: Non Elective: +£100k (76%), Outpatient Follow ups: +£135k (118%), Outpatient Procedures: +£205k (137%), Other: +£555k (584%)

### 1.4.6 POD/ Specialty

DG	ACTUAL (£k)			STRAIGHT-LINE FOT (£k)		
	M10	M11	Difference	M10	M11	+/-
Elective	-118	-243	-125	-142	-265	↑
Emergency	-65	-168	-103	-78	-183	↑
Non-elective	131	231	100	157	252	↓
A&E	60	130	70	72	142	↓
OP 1st	48	102	54	58	111	↓
OP FU	114	249	135	137	272	↓
OP PROC	150	355	205	180	387	↓
Critical Care	-101	-213	-112	-121	-232	↑
DA	-27	-62	-35	-32	-68	↔
D&D	0	0	0	0	0	↔
Other	95	650	555	114	709	↓

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TOTAL	289	1032	743	347	1126	↓
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### 1.5 King's College Hospital – Year to Date

At M11, the total level of over performance against the financial plan £1,587k or 14% which is mainly driven by over performance within Electives (£135k), Emergencies (£382k), Non-Electives (£99k), Drugs and devices (£168k) and Other (£780k). Other includes an adjustment of £47k for PCS and £182k for RTT.

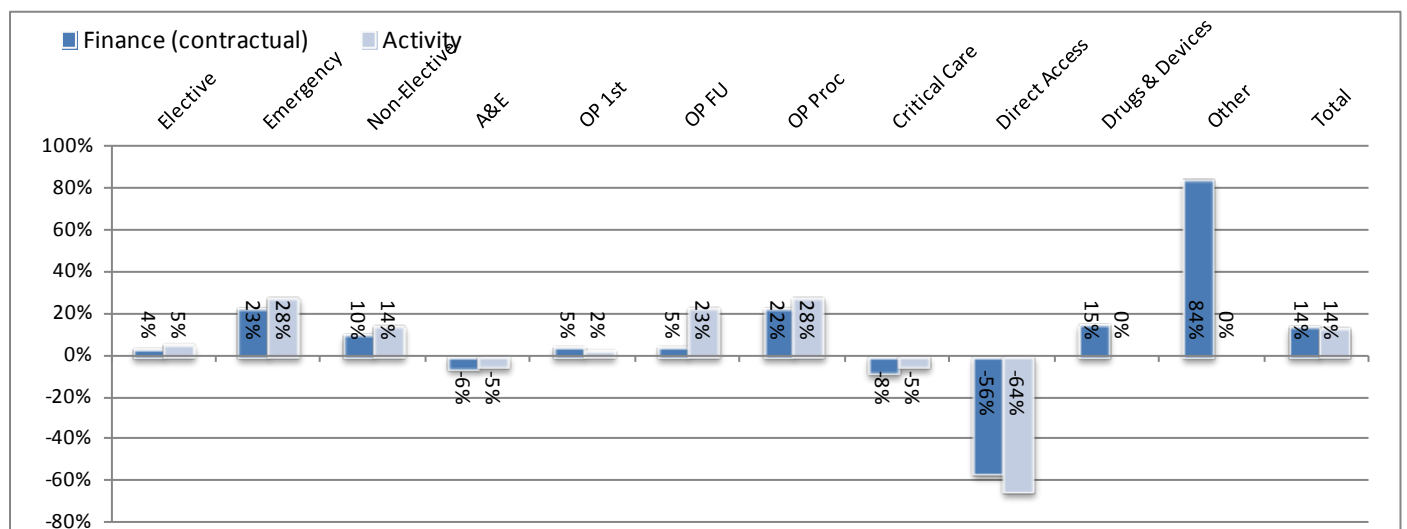
#### 1.5.1 Overview (£000, %) over/ (under)spend

	Contract Monitoring					M12 Finance over / (under) spend	FOT over / (under) spend	FOT%
	Full Year Plan	YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %			
King's College Hospital	12,570	11,522	13,100	1,578	14%	1,721	1,721	14%
<b>TOTAL</b>	<b>12,570</b>	<b>11,522</b>	<b>13,100</b>	<b>1,578</b>	<b>14%</b>	<b>1,721</b>	<b>1,721</b>	<b>14%</b>

#### 1.5.2 Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Non-Elective	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	63	364	102	-6	22	36	64				0	644
Non-PbR	72	19	-3		-3	7	9	-114	0	168	780	933
<b>Total</b>	<b>135</b>	<b>382</b>	<b>99</b>	<b>-6</b>	<b>19</b>	<b>43</b>	<b>73</b>	<b>-114</b>	<b>0</b>	<b>168</b>	<b>780</b>	<b>1,578</b>

#### 1.5.3 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

#### 1.5.4 Month 11 In-Month Movement (comparison to month 10) (£000) over/ (under)spend



## Bexley BSU M11 Acute Contract Monitoring Report

The significant movements between M10 and M11 are in: Other: +£408k (110%)

### 1.5.6 POD/ Specialty

KCH	ACTUAL (£k)			STRAIGHT-LINE FOT (£k)		
	M10	M11	Difference	M10	M11	+/-
Elective	143	135	-8	172	147	↑
Emergency	376	382	6	451	417	↑
Non-elective	115	99	-16	138	108	↑
A&E	-3	-6	-3	-4	-7	↔
OP 1st	15	19	4	18	21	↓
OP FU	34	43	9	41	47	↓
OP PROC	68	73	5	82	80	↔
Critical Care	-119	-114	5	-143	-124	↓
DA	0	0	0	0	0	↔
D&D	157	168	11	188	183	↔
Other	372	780	408	446	851	↓
TOTAL	1157	1578	421	1388	1721	↓

**Note:**

The figures in the following tables are rounded up or down.

## Bexley BSU M11 Acute Contract Monitoring Report

a) **Elective:** The five highest over-performing HRGs by cost are shown below

b)

KGH Elective	Activity YTD				Finance YTD £,000			
Top 5 Over performing HRGs	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
Hepatobiliary Procedures category 7 with CC	2	7	6	375%	£19,864	£92,701	£74,492	375%
Extradural Spine Major 1 without CC	2	8	7	442%	£10,695	£61,602	£51,799	484%
Single Cardiac Valve Procedures	2	6	5	308%	£16,431	£65,724	£50,662	308%
Intracranial Procedures Except Trauma with Cerebral Degenerations or Miscellaneous Disorders of Nervous System - category 4	No plan	4	4	0%	No plan	£41,434	£41,434	0%
CSB2A - Adult Cystic Fibrosis Band 2	14	27	15	108%	£29,035	£58,070	£31,454	108%

c) **Emergency:** The five highest over-performing HRGs by cost are shown below

KGH Emergency	Activity YTD				Finance YTD £,000			
Top 5 Over performing HRGs	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
Percutaneous Coronary Intervention (0-2 Stents)	9	15	7	75%	£44,894	£74,823	£33,670	75%
Intracranial Procedures Except Trauma with Cerebral Degenerations or Miscellaneous Disorders of Nervous System - category 4	No plan	2	2	0%	£0	£30,235	£30,235	0%
Reconstruction Procedures Category 5	No plan	1	1	0%	£0	£29,032	£29,032	0%
Intracranial Procedures	2	5	4	242%	£9,848	£37,165	£28,138	286%

## Bexley BSU M11 Acute Contract Monitoring Report

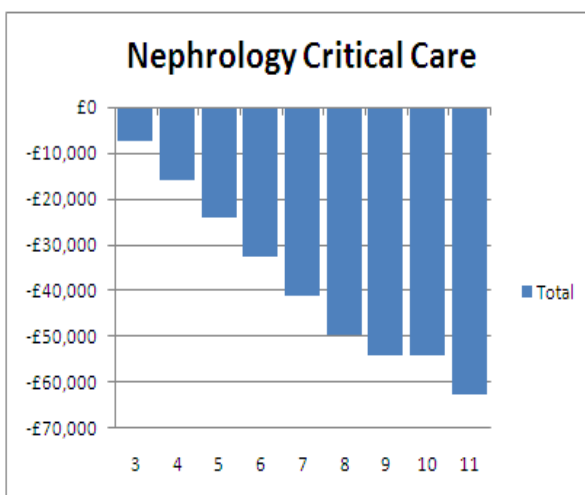
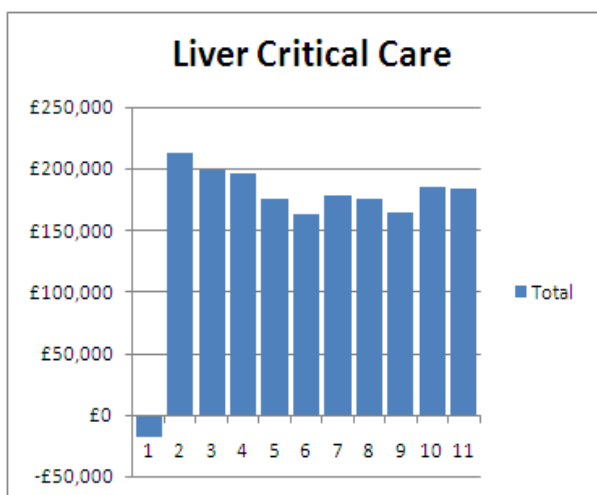
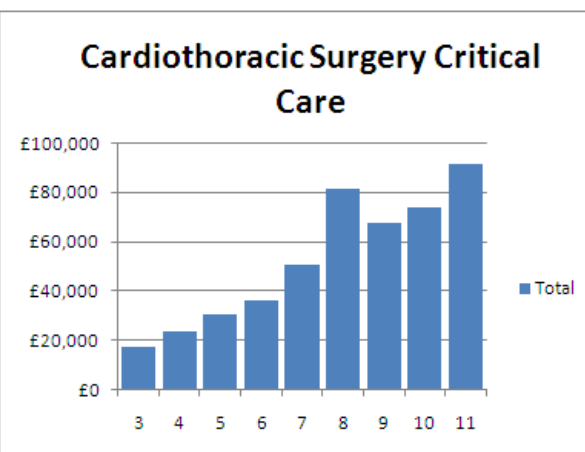
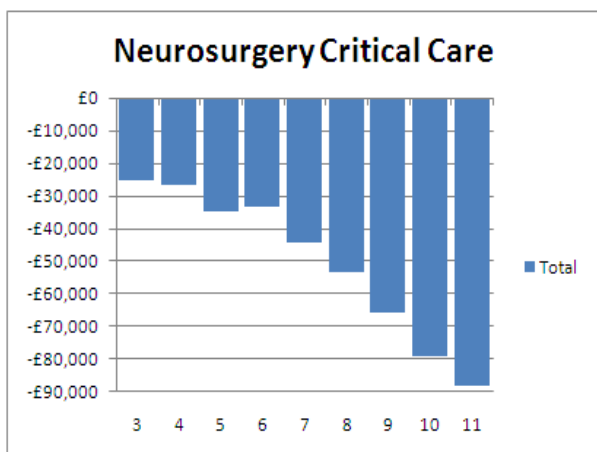
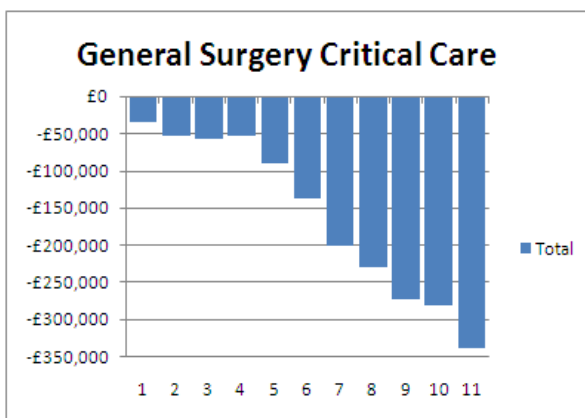
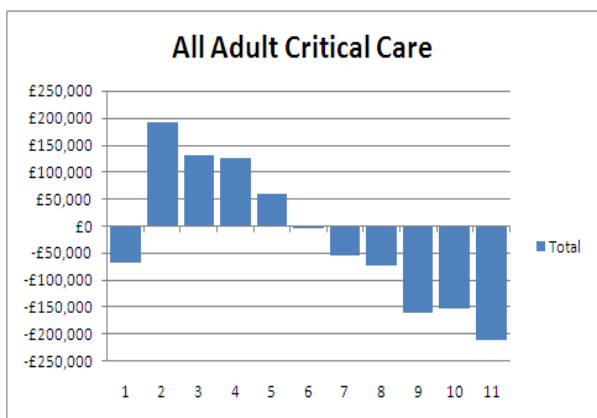
Except Trauma with Other Diagnoses - category 1 or 2								
Bypasses to Tibial Arteries	2	3	2	108%	£22,021	£44,043	£23,857	108%

**d) Non Elective:** The five highest over-performing HRGs by cost are shown below

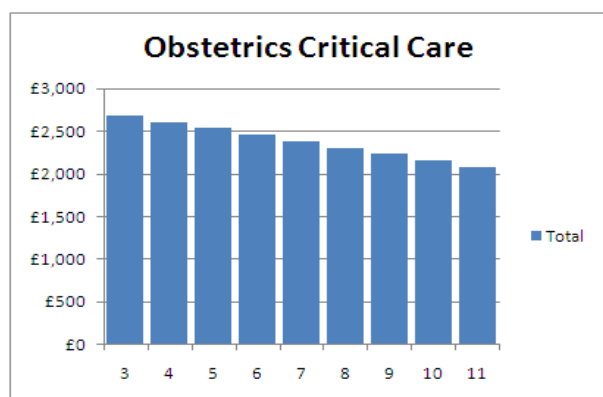
KGH Non Elective Top 5 Over performing HRGs	Activity YTD				Finance YTD £,000			
	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
Intracranial Procedures Except Trauma with Non-Transient Stroke or Cerebrovascular Accident, Nervous system infections or Encephalopathy- category 4	No plan	3	3	0%	£0	£55,328	£55,328	0%
Repair or replacement of more than one heart valve	No plan	2	2	0%	£0	£38,395	£38,395	0%
Extradural Spine Major 2	No plan	3	3	0%	£0	£34,701	£34,701	0%
Extracranial or Upper Limb Arterial Surgery	No plan	5	5	0%	£0	£34,421	£34,421	0%
Intracranial Procedures Except Trauma with Non-Transient Stroke or Cerebrovascular Accident, Nervous system infections or Encephalopathy - category 1 or 2	No plan	3	3	0%	£0	£33,344	£33,344	0%

# Bexley BSU M11 Acute Contract Monitoring Report

e) **Critical Care:** The following graphs show how adult critical care has varied during the year. SLAM M11 has been used. No adjustment has been made for estimated uncoded activity.



## Bexley BSU M11 Acute Contract Monitoring Report



The huge swing between months 1 and 2 for Liver critical care was due to one long stay patient who was admitted to critical care on 04/01/2012 and discharged from critical care on 03/05/2012, a stay on critical care of 121 days. Since then there has been a general downward trend on the over performance. Without that one patient the underperformance would have been significantly greater.

### 1.6 Guy's and St. Thomas' – Year to Date

At M11, the total level of over performance against the financial plan £1,594k or 6% which is mainly driven by over performance within Emergencies (£228k), Outpatient Firsts (248k), Direct Access (£409k) and Other (£1,573k).

#### 1.6.1 Overview (£000, %) over/ (under)spend

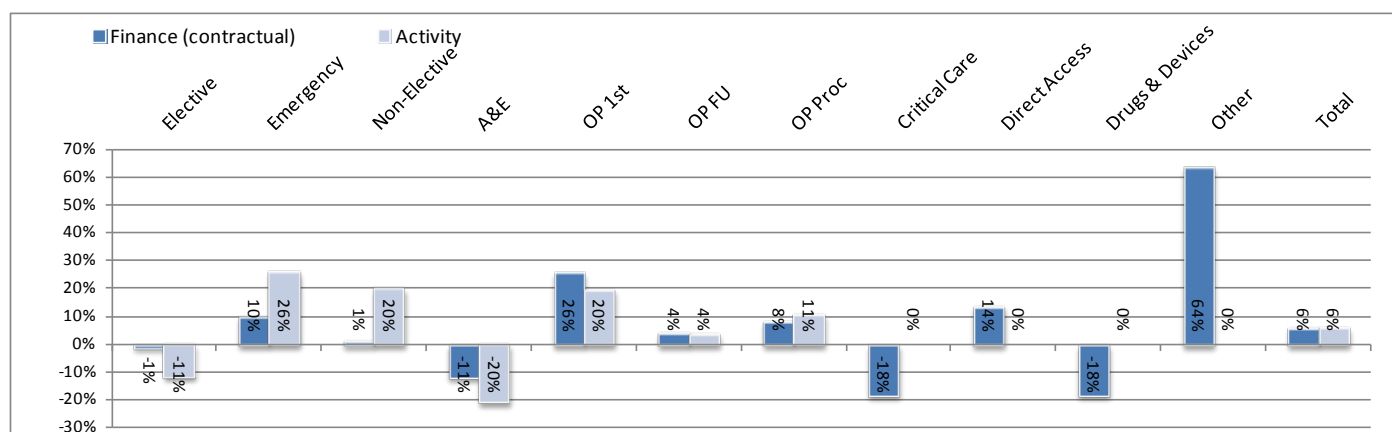
	Contract Monitoring					M12 Finance over / (under) spend	FOT over / (under) spend	FOT %
	Full Year Plan	YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %			
Guy's & St. Thomas'	27,963	25,633	27,227	1,594	6%	1,739	1,739	6%
<b>TOTAL</b>	<b>27,963</b>	<b>25,633</b>	<b>27,227</b>	<b>1,594</b>	<b>6%</b>	<b>1,739</b>	<b>1,739</b>	<b>6%</b>

#### Drivers by POD Heat map (£000) over/ (under)spend

Contractual	Elective	Emergency	Non-Elective	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	-183	225	9	-18	207	63	64				0	366
Non-PbR	133	3	5		41	34	0	-442	409	-527	1,573	1,228
<b>Total</b>	<b>-50</b>	<b>228</b>	<b>14</b>	<b>-18</b>	<b>248</b>	<b>97</b>	<b>64</b>	<b>-442</b>	<b>409</b>	<b>-527</b>	<b>1,573</b>	<b>1,594</b>

## Bexley BSU M11 Acute Contract Monitoring Report

### 1.6.2 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

### 1.6.3 Drivers by Specialty (£000, %) Please note figures represent the underlying contract position. - over/ (under)spend

Specialty Driver	POD Driver	YTD Overspend (£000)
Plastic Surgery	Emergency	88
Clinical Haematology	Emergency	59
Urology	Emergency	61
Clinical Oncology	Outpatient First	59
Plastic Surgery	Outpatient First	27

### 1.6.4 Month 11 In-Month Movement (comparison to month 10) (£000) over/ (under)spend

The significant movements between M10 and M11 are in

Other: +£334k (27%)

## Bexley BSU M11 Acute Contract Monitoring Report

### 1.6.5 POD/ Specialty

GSST	ACTUAL (£k)			STRAIGHT-LINE FOT (£k)		
	M10	M11	Difference	M10	M11	+/-
Elective	-119	-50	69	-143	-55	↓
Emergency	210	228	18	252	249	↔
Non-elective	26	14	-12	31	15	↑
A&E	-16	-18	-2	-19	-20	↔
OP 1st	218	248	30	262	271	↔
OP FU	75	97	22	90	106	↓
OP PROC	39	64	25	47	70	↓
Critical Care	-304	-442	-138	-365	-482	↑
DA	409	409	0	491	446	↓
D&D	-478	-527	-49	-574	-575	↔
Other	1239	1573	334	1487	1716	↓
TOTAL	1299	1594	295	1558	1739	↓

## Bexley BSU M11 Acute Contract Monitoring Report

### 1.7 Key External Trusts over/ (under)spend

Trust	Contract Annual Value £'000s	YTD Over/(Under) Performance & RAG £'000s	Commentary / Actions
University College London	1,440	621	<p>The over performance of £621K is an increase on the level of over performance reported at M10 which was £359K.</p> <p>The main PODs with over performance are:</p> <ul style="list-style-type: none"> <li>Electives (£142k)</li> <li>Daycases (£130K)</li> <li>Devices (£70k)</li> <li>Adult Critical Care (£62k)</li> <li>Non Elective Non Emergency (£57k)</li> </ul>
Moorfields Eye Hospital	676	223	<p>The £223K Overspend is an increase on the £117K reported at M10.</p> <p>The main PODs with over performance are:</p> <ul style="list-style-type: none"> <li>Daycases (£70k)</li> <li>High Cost Drugs (£45K)</li> <li>Outpatient Follow ups (£26k)</li> </ul>
Royal National Orthopaedic Hospital	639	108	<p>The financial Overspend of £108K is an increase on the £81K over performance reported at M10.</p> <p>The main PODs with over performance are:</p> <ul style="list-style-type: none"> <li>Electives (£41k) driven by</li> </ul>



## Bexley BSU M11 Acute Contract Monitoring Report

			<p>Reconstruction Procedures Category 1 19 years and over (£31k)</p> <p>Non-PbR Electives (£33k) driven by Reconstruction Procedures Category 6 with CC (£48k). There is no plan for this activity.</p>
Queen Victoria	871	110	<p>The Queen Victoria over performance of £113K virtually unchanged from the £111K reported at M10.</p> <p>The main PODs with over performance are:</p> <p>Non Electives (£35k) driven by Major Hand Procedures for Trauma Category 2 (£49k)</p> <p>Outpatient Follow ups (£23k) driven by Plastic Surgery (£18k)</p>
Maidstone	470	267	<p>The financial overspend of £267K is an increase on the £220K over performance reported at M10.</p> <p>The main PODs with over performance are:</p> <p>Oncology Fractions (£95k)</p> <p>Regular Attenders (£37k)</p> <p>Daycases (£24k)</p>

## Bexley BSU M11 Acute Contract Monitoring Report

Subtotal	4,023	1,332	
Other Externals (Including London Ambulance Services, £6,523k)	16,850	54	The position at month 11 is a £1,072K over spend for the rest of the External trusts with The Royal Marsden reporting an under spend of £176k and Imperial College reporting an under spend of £95k. This position excludes the budgets reported above.

### 1.7.1 LCSG

#### Commentary

At month 11 specialist services are reporting an over spend of £628k. This is caused primarily by an overspend of £789k in SCBU.

## Bexley BSU M11 Acute Contract Monitoring Report

### 1.8 Claims Management

For more information on the methodology behind these figures please see 'Glossary of Assumptions'.

Trust	Status	Values (£000)	No. Records
SLHT	Agreed	1239	4028
	Awaiting Resolution	1270	4235
	Total	2508	8263
DG	Agreed	82	302
	Awaiting Resolution	45	177
	Total	127	479
KCH	Agreed	74	358
	Awaiting Resolution	2715	1752
	Total	345	2110
GSTT	Agreed	125	668
	Awaiting Resolution	209	1356
	Total	334	2024
	<b>Grand Total</b>	<b>£3,314</b>	<b>12,867</b>

### Glossary of Assumptions

#### Assumptions - year to date and forecast finance methodologies

##### Year to Date

- Current month 11 flex (unvalidated) information from Trusts, including adjustments to month 10 information relating to Trust challenges
- Assessments of uncoded activity are added to flex information. that are not yet included in flex data
- Adjustments are made relating to trust-led QIPPs and KPIs not reflected in trust monitoring returns.

##### Year-end forecasts

## Bexley BSU M11 Acute Contract Monitoring Report

- Based on a phasing of activity to reflect working days, seasonality, RTT and elective trajectories and year-end activity uplifts to meet targets.
- Critical care: if YTD is under-spending, forecasts assume activity is back to plan for the remainder of the year. If YTD is overspending, forecasts assumes half way between plan and straight line forecast for the remainder of the year.

### Financial Performance Tables

These tables are presented for the overall acute position and also for each Trust. The tables show the cumulative contract monitoring position, the financial position and also the forecast position for the year. The financial position is always one month in advance (e.g. the Financial position for Month 5 is based on the contract monitoring position for Month 4). Finance positions are calculated by up-scaling contract monitoring positions by one month, up a straight-line basis. For Guy's & St Thomas' we show both an underlying and a contractual financial position. The underlying position shows actual performance but the contractual position shows expected payments after applying the terms of the contractual risk share.

### QIPP Delivery Tables

These show the delivery of QIPP initiatives in total and for each Trust. The total position shows the contractual position as many QIPP savings are guaranteed to CCGs by the terms of the agreed contracts with acute trusts. This is the reported position to external bodies and to the Cluster Board and its committees. For each Trust we also show the underlying QIPP position, showing actual delivery of QIPPs within Trusts.

### Claims Management

- These figures relate to Claims with a potential financial impact only (Data Quality / other queries not included)
- Agreed Claims (covering Q3) are assumed to already be reflected in Provider's current SLAM position, whereas Awaiting Resolution values (covering M8 Raised and Q3 still outstanding) won't be (but different risk assessment % for these depending on challenge type, so not correct to deduct the entire value from current Provider reported position.
- For Kings a great proportion of the Claims awaiting resolution relates to Drugs Claims which are expected to have been resolved with the Trust by M6 and that being the case will not result in any financial savings.

## 1.9 Appendices (Overleaf)

1. Acute Finance Report
2. QIPP Report

# Bexley BSU M11 Acute Contract Monitoring Report

## 1.9.1 Appendix 1

### Bexley Care Trust - Summary Acute Report

#### Month 12 Month 12

Providers	Bexley Care Trust						
	Annual Budget	Budget to Month	Expenditure to Month	(Over) Underspend at Month	(Over) Underspend at Full Year (Likely)	(Over) Underspend at Full Year (Best Case)	(Over) Underspend at Full Year (Worst Case)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Local Acute Service Agreements</b>							
Guy's and St Thomas' NHS Foundation Trust	27,963	27,963	29,702	(1,739)	(1,739)	(1,739)	(1,739)
King's College Hospital NHS Foundation Trust	12,570	12,570	14,291	(1,721)	(1,721)	(1,721)	(1,721)
The Lewisham Hospital NHS Trust	4,494	4,494	4,603	(109)	(109)	(109)	(109)
South London Healthcare NHS Trust	89,423	89,423	92,259	(2,836)	(2,836)	(2,836)	(2,836)
South London Healthcare NHS Trust PTS	800	800	1,382	(582)	(582)	(582)	(582)
<b>Sub-total: Local Acute Service Agreements</b>	<b>135,249</b>	<b>135,249</b>	<b>142,236</b>	<b>(6,987)</b>	<b>(6,987)</b>	<b>(6,987)</b>	<b>(6,987)</b>

## Bexley BSU M11 Acute Contract Monitoring Report

<b>External service agreements</b>							
Barts and The London NHS Trust	1,300	1,300	1,389	(89)	(89)	(89)	(89)
Chelsea and Westminster Hospital NHS Foundation Trust	259	259	272	(13)	(13)	(13)	(13)
Great Ormond Street Hospital For Children NHS Trust	1,116	1,116	1,089	27	27	27	27
Imperial College Healthcare NHS Trust	529	529	434	95	95	95	95
Moorfields Eye Hospital NHS Foundation Trust	603	603	826	(223)	(223)	(223)	(223)
London Ambulance Service NHS Trust	6,523	6,523	6,523	0	0	0	0
Royal Brompton and Harefield NHS Foundation Trust	667	667	609	58	58	58	58
Royal Free Hampstead NHS Trust	285	285	309	(25)	(25)	(25)	(25)
The Royal Marsden NHS Foundation Trust	396	396	220	176	176	176	176
Royal National Orthopaedic Hospital NHS Trust	639	639	747	(108)	(108)	(108)	(108)
Queen Victoria Hospital NHS Foundation Trust	871	871	984	(113)	(113)	(113)	(113)
St George's Healthcare NHS Trust	454	454	509	(55)	(55)	(55)	(55)
University College London Hospitals NHS Foundation Trust	1,440	1,440	2,061	(621)	(621)	(621)	(621)
Dartford and Gravesham NHS Trust	25,000	25,000	26,126	(1,126)	(1,126)	(1,126)	(1,126)

## Bexley BSU M11 Acute Contract Monitoring Report

Homerton Foundation Trust	101	101	111	(10)	(10)	(10)	(10)
Medway NHS Foundation Trust	726	726	728	(2)	(2)	(2)	(2)
Maidstone and Tunbridge Wells Trust	470	470	737	(267)	(267)	(267)	(267)
External Acute Trusts reserve	0	0	0	0	0	0	0
<b>Sub-total: External Acute Service Agreements</b>	<b>41,379</b>	<b>41,379</b>	<b>43,674</b>	<b>(2,295)</b>	<b>(2,295)</b>	<b>(2,295)</b>	<b>(2,295)</b>
<b>Sub-total: CONTRACTED ACUTE SLAs</b>	<b>176,628</b>	<b>176,628</b>	<b>185,910</b>	<b>(9,282)</b>	<b>(9,282)</b>	<b>(9,282)</b>	<b>(9,282)</b>

# Bexley BSU M11 Acute Contract Monitoring Report

## 1.9.2 Appendix 2

### Bexley M11 QIPP Report

			Year to Date Position				Forecast Year End Position			
	Risk Holder	Lead Responsibility	Sum of M9 Cum. Plan	Sum of Actual Position at Month 11	Variance at Month 11	%age variance at Month 11	Sum of 12/14 Plan	Sum of Forecast Year End Position	Forecast Year End Variance	%age variance of forecast
<b>Outpatients</b>										
New Outpatients			£0	£0	£0	0.0%	£0	£0	£0	-
C2Cs			£16	£16	£0	0.0%	£17	£17	£0	0.0%
Outpatient Follow Ups			£0	£0	£0	0.0%	£1,163	£489	-£674	-58.0%
External Trusts QIPPs			£35	£34	-£1	-3.4%	£38	£38	£0	0.0%
<b>Emergency Care Pathway</b>										
A&E attendances			£0	£0	£0	0.0%	£0	£0	£0	-
A&E conversion rates			£359	£347	-£12	-3.4%	£389	£389	£0	0.0%



## Bexley BSU M11 Acute Contract Monitoring Report

Admission Avoidance			£185	£111	-£74	-40.1%	£200	£124	-£76	-38.0%
UCC activity			£0	£0	£0	0.0%	£0	£0	£0	-
<b>Other</b>										
Integrated Care			£0	£0	£0	0.0%	£727	£467	-£260	-35.8%
External Trusts QIPPs			£118	£114	-£4	-3.4%	£128	£128	£0	0.0%
MFF Savings			£0	£0	£0	0.0%	£0	£0	£0	-
Other			£0	£0	£0	0.0%	£0	£0	£0	-
QIPP Reserve			£0	£0	£0	0.0%	£0	£0	£0	-
<b>TOTAL ACUTE QIPPs</b>			<b>£713</b>	<b>£622</b>	<b>-£91</b>	<b>-12.8%</b>	<b>£2,662</b>	<b>£1,652</b>	<b>-£1,010</b>	<b>-37.9%</b>

## Community Contracting & Performance Section 2

Provided by BCCG Contracting Team

### 2.1 Community Contracts Update

This report provides exception reports on key indicators and contracting issues that have arisen since the last report to the Governing Body on 25 April.

### 2.2 Community Health Services Activity (Oxleas)

Oxleas submit KPI performance data around the third week of every month. Data for March was submitted therefore on 22.04.2013. Overall, Oxleas is over-performing in the number of activity (i.e. contacts) across Universal Children's, Universal Adults and Long Term Conditions. However, over-performance masks underperformance in key services against planned activity levels:

1. Virtual Ward Adults (which includes Respiratory Nursing activity) has consistently underperformed on average by 29% in the past eight months. Oxleas explanation of this under-performance is that the underperformance may be mitigated by the number of Tele-health contacts. Notwithstanding this under-performance remains exceptionally high and suggests that Oxleas have a difficulty recruiting into the Virtual Wards. Oxleas currently do not have a plan to include telehealth contacts on RIO. This is to be addressed with Oxleas through the contracts management process.
2. Community Rehabilitation has seen a fourth month of reductions in the number of contacts, which is disappointing as the previous under-performance had been reversed in October and November 2012. We would need to ensure that this reduction is reversed prior to the implementation of the Integrated Care for Adults and Older people, as there is a risk that current under-performance would impact on the new service if not addressed. The reasons for the reduction in activity is due staff on to maternity leave and use of locums. It is expected that activity will return to October/November after 2013.
3. District Nursing is underperforming by 10%. This is the first time this service has underperformed. This will be investigated for reporting errors and will be exception reported if remedial actions are not taken by next month (n.b. we are awaiting a response as there has been under performance in a second consecutive month).

# Bexley BSU M11 Acute Contract Monitoring Report

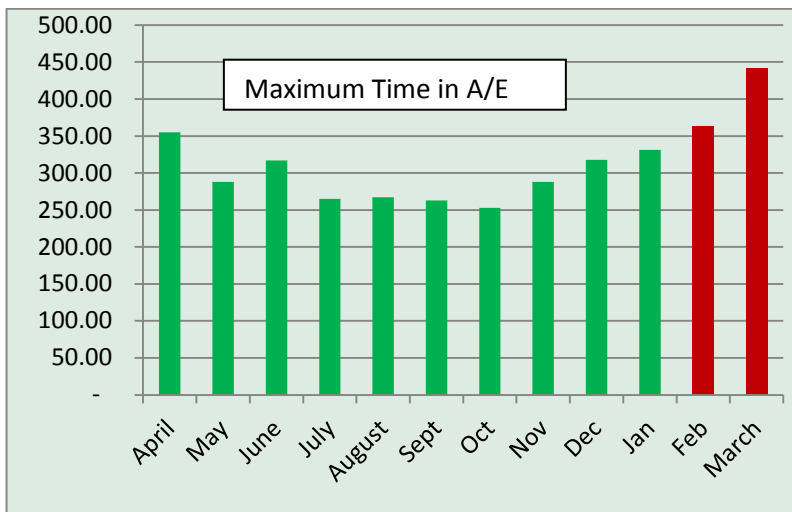
- Podiatry – delivery of this service has been patchy throughout the year, with performance going up and down. This service may benefit from a commissioner led review during 2013-14 to enable the future commissioning to be determined.

## 2.3 Key Performance Indicators (Oxleas)

Performance against monthly indicators remains steady and all targets remain within acceptable thresholds ranges. The following changes in performance are noted:

- All except two accident and emergency indicators have remained within the required thresholds. However it can be seen that indicators still within thresholds are showing a ‘creeping’ deterioration. Oxleas have confirmed that this is due to increased volume of activity in 2013 compared to the same time last time year.

A/E Indicators 2013	Threshold	Jan	Feb	March
95th percentile total time spent in A&E	240	158	163	175
Max Time in A&E	360	331	363	441
Median total time spent in A&E		66	64	66
Median Arrival to Treatment (Mins)	60	38	39	45
Maximum Arrival to Treatment(Mins)	360	321	348	426
Left Without Being Seen	5%	1.1%	0.4%	0.7%
unplanned reattendance rate	5%	3.0%	3.3%	3.5
No of Breaches		7	14	17
Breach rate		0.25%	1%	0.52%



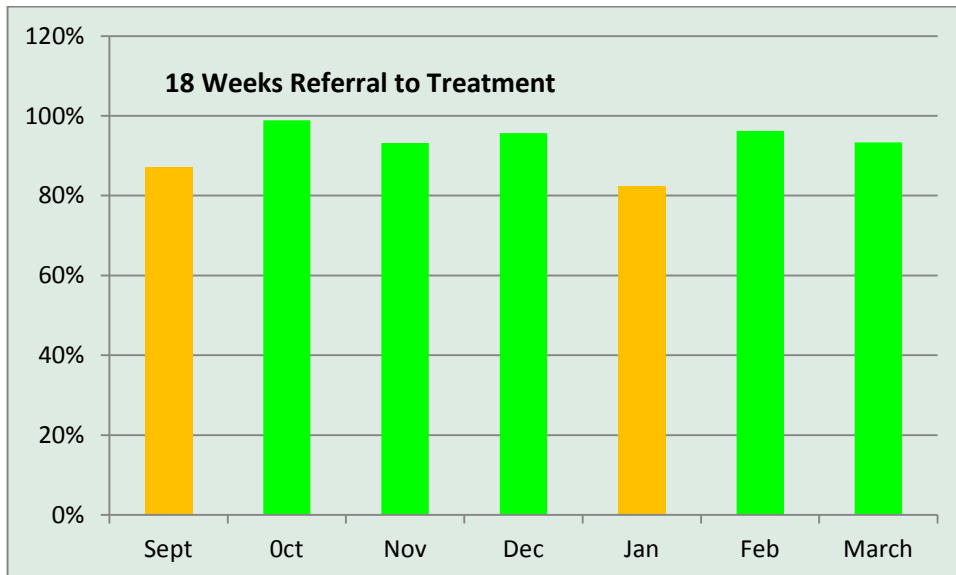
# Bexley BSU M11 Acute Contract Monitoring Report

Attendance figures are up by 928 patients compared with same time last year. The breach rate however has reduced. Some of the conditions presenting in the UCC are not within the specification range for Oxleas and include chest pain's, aneurysm, stroke, chemical inhalation, severe burns of a child and clots in the lungs and limbs. This has added to waiting times.

Capacity issues in the main hospitals affect waiting times and it is expected that black alerts in SLHT over April and May 2013 will continue to impact upon waiting times shown in next months data.

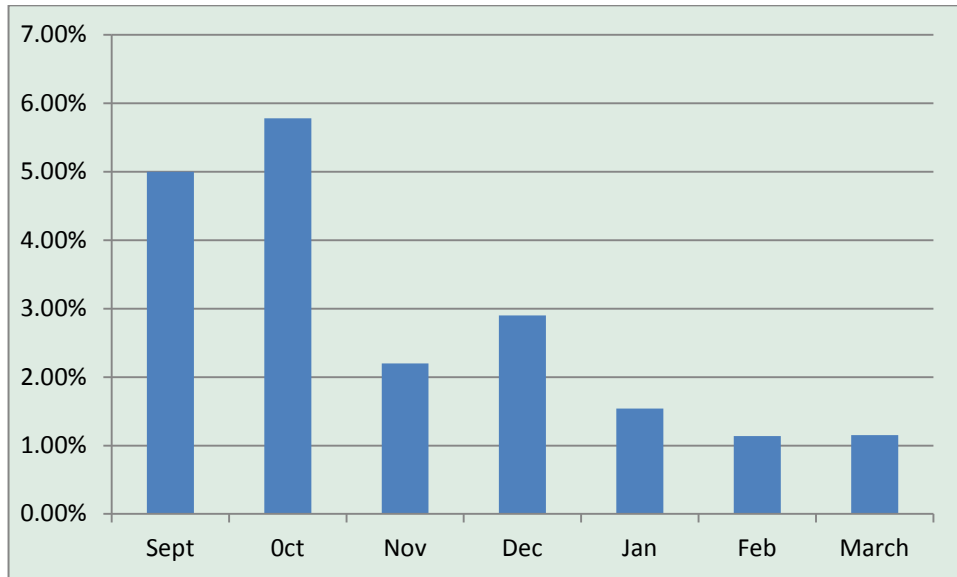
Actions taken to arrest the decline in performance have included recruitment of 3 additional staff who are not yet in post.

2. Awaiting further update from Oxleas. There have been changes to reporting procedures in Oxleas in relation to the 18 weeks target. Governing body paper of 25<sup>th</sup> April showed missing data for December. This has now refreshed to show achievement of threshold (90%) in December. The data for January has also been refreshed to show improvement, but remains below target at 82.38%. Performance appears to have improved to over 95% in February 2013 but data quality assurances will need to be made.



3. Improvements can be seen in relation to District Nursing target to reduce the percentage of patients on a caseload with a pressure ulcer of grade 2 or higher. This has been attributed to the success of planning improvements via CQUINs.

# Bexley BSU M11 Acute Contract Monitoring Report



## 2.4 Specialist Children's Services

1. Speech and Language Therapy - There has been an increase in referrals for Q4 although contacts have remained stable throughout, with variations in line with school holidays.
2. Audiology - Secondary referrals show an increase across Q3 and Q4. Contacts and number of clinics have reduced a little – this is a reflection on clinic time required by audiology lead to cover hearing aid clinics and is reflected in Tertiary activity data
3. Eye Clinic - Increase in referrals in Q4 and increase in DNA's in Jan 13 due to inclement weather.
4. Parenting- Maintained stable level of contacts and minimal DNA % rate as this is predominantly a home visiting service
5. Community Paediatrics - Contacts are now more stable – partly due to improved Rio reporting by doctors. The percentage of Looked After Children appointments offered within the standard was not met across the year. In Q4 it was particularly reduced due to changes in Rio reporting which did reflect actual activity more accurately. April 13 shows an increase again. There are discussions with social care to highlight the importance of timely information and reports so that a referral can be processed. The percentage of SEN reports delivered within the timescale only breached in one month due to 1 child failing to attend on several occasions. The percentage DNA rate remains stable now
6. Children's Community Nursing Team - There was an increase in referrals in Nov 12- Feb 13 mostly due to hospital discharges of complex children. Respite activity was stable. There was some reduced activity in Jan 13 due to inclement weather – which also impacted on DNA rates.

## 2.5 Children's Service Developments

An increased number of joint Multi-disciplinary assessments are taking place at the Child Development Centre – thereby reducing the number of multiple appointments for families to attend. Joint reports are produced by professionals to clarify information for parents.

A user satisfaction tool developed by Bexley Voice (voluntary parents organisation) is due to be implemented in June 13 to allow feedback from both parents and children in user friendly format.

Children's Community Nursing Team are now implementing 'drop in' clinics twice a week, increasing productivity and reducing travel time for staff. This also provides an opportunity for staff training and competency sign off. Discussions are starting with Oxleas CCNT to identify ways to share expertise across Continuing Health Care and improve the sustainability of the higher cost packages.

There were a minimal number of complaints throughout the year and all were responded to within standard times.

## 2.6 Children's Services Current risks for Specialist

The most significant risk for Specialist Children's Services at the present time is the potential failure of the due diligence process being undertaken by Oxleas prior to the service transferring to them under the SLHT TSA process. This is largely due to financial gaps caused by estates costs. Further work is being undertaken urgently to address this. Failure to transfer the service will have a significant impact on plans to reintegrate children's community health services, benefit from partnership with Greenwich specialist children's services and Bexley CAMHS, address the sustainability of secondary and tertiary audiology services and potentially cause recruitment and retention problems.

There are also risks currently in relation to waiting times for the autism assessment service and tertiary audiology. The former is being addressed, following approval from SLHT for locum Community Paediatrician and Speech and Language Therapy cover to provide a 'blitz week' in the summer and Saturday sessions. Community Paediatric work plans are also being reviewed to identify capacity. Tertiary audiology capacity is being reviewed by BBG commissioners.

## 2.7 GP Out of Hours (Grabadoc)

Bexley CCG is the leading the management of this contract.

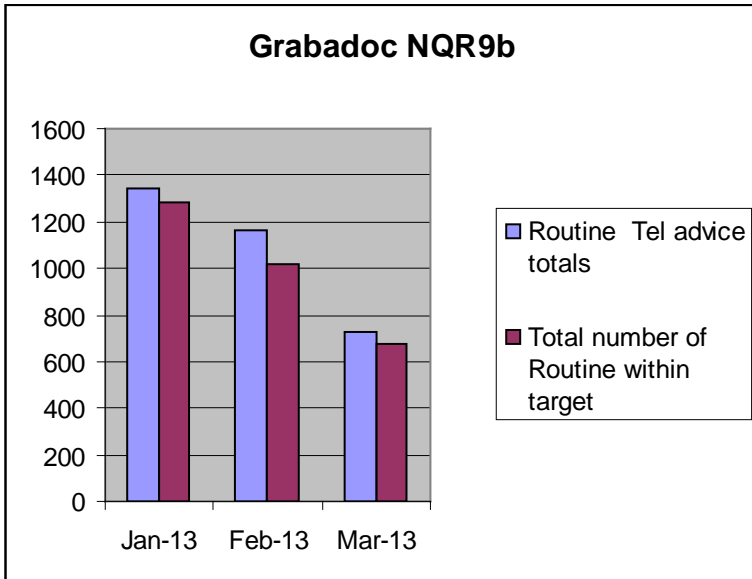
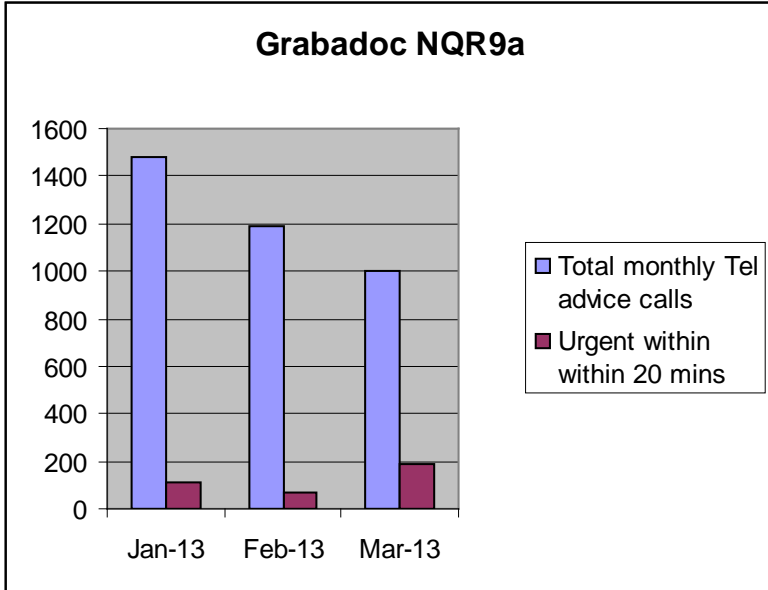
Initial contract meetings have been held with Nayan Patel and the handover from NHS England (Jill Webb) is not yet fully complete. Contrary to prior expectation Bexley CCG will be closing contracting process/signing for this contract.

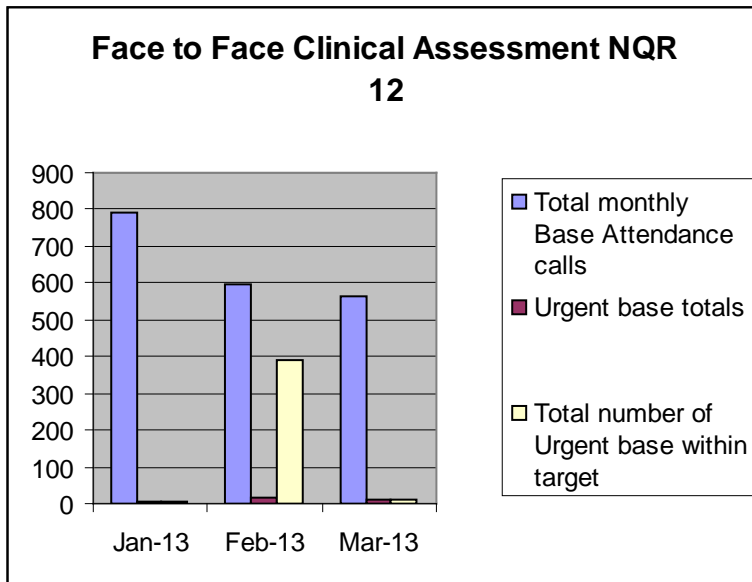
Bexley CCG objective is to maintain a cost neutral position to the 2012-13 baseline.

The main contract has already been agreed with NHSE and present discussions are focussing on additional cost pressures in relation to the GP clinical model interface with 111 and SELDOC provision.

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Further discussions will need to take place to establish contract penalties on NHS Direct and claw back to funding additional pressures on Grabadoc. Performance on National Quality Requirements (NQRs) can be seen as follows:





It should be noted that NQR 9 activity volumes will continue to decrease as the 111 service continues to strengthen its 'go live' service. In the meantime the delays in the 111 service are impacting on costs for Grabadoc. The interface between 111 and Grabadoc will therefore remain flexible as requested by NHSE leads. The funding impact for this is being resolved between NHSE leads and CCG Chief Officers.

## 2.8 Adult Hearing Services

Hearing Providers contracts are in place and are operational through Choose and Book although most are still providing an indirectly bookable service. Contract meetings have been held with Specsavers, Inhealth and Hearbase. It is clear that the vast majority of patients are choosing to go to Specsavers who have received over 791 referrals in one quarter. This activity is higher than planned for Specsavers and is impacting on waiting times to be seen within 14 days. Specsavers will be opening another clinic in Welling shortly to meet demand and to keep within times targets. The other two providers will be assessing the viability of their clinics provision to Bexley residents as some of them have received as few as 11 referrals since the clinics were opened in December 2011.

Although indicative activity planning assumptions were not outlined as part of the procurement process it should be noted that activity is higher than was indicated in the Department of Health published baselines for audiology in 2011.

Contract meetings will be taking with the other key providers over May and an analysis of activity and costs against KPI performance will be available once this is completed.



## 2.9 Termination of Pregnancies Services

No update since 25<sup>th</sup> April report.

## 2.10 Anti-Coagulation Service

### Tier 1

A joint meeting was held with Greenwich, Bromley and Bexley commissioning leads and Boots. It was agreed that Greenwich will lead on managing this contract but patient booking services will be managed locally. Boots go live dates have been delayed due to late stage contract and pathways queries. The revised go live date is now 20<sup>th</sup> May.

Repatriation of patients from SLHT is also now underway with named leads from SLHT supporting the programme but continues to present with difficulties.

Cotter-Laubis (Bexley Community Anti Coagulation Collaborative) have now met all Governance requirements and the contract will be signed and issued week ending 10<sup>th</sup> May.

### Tier 2

Oxleas Foundation Trust had originally agreed to deliver this service but withdrew their interest at a late stage in March 2013 due to funding issues. As a result, the Tier 2 service will continue to be commissioned from SLHT for Bexley, Bromley and Greenwich for the foreseeable future.

## 2.11 Current Procurements

A procurement plan is under development to enable publication of potential procurements on the Bexley CCG website.

## Mental Health Contracting & Performance Section 3

Provided by our Integrated Commissioning Unit (ICU)

**25<sup>th</sup> April 2013**

This is an updated report of the mental health contract performance for Month 12 (March 2013). This report has been structured as follows:

<b>3.1</b>	Major variances – why and what is being done to mitigate / pull back
<b>3.2</b>	CQUIN update
<b>3.3</b>	QIPP update
<b>3.4</b>	Risks and Opportunities (including clinical)
<b>3.5</b>	AQP / procurement / tendering update
<b>3.6</b>	Any other issues

This information was previously reported and presented by the Head of Mental Health Commissioning on a quarterly basis to the Joint Funds Sub Committee up until March 2011 when the head of adult social care advised that these reports were no longer required.

This report has been compiled by Alison Rogers, Joyce Dukes and Emma Gennard in the Mental Health Commissioning Team.

## Bexley BSU M11 Acute Contract Monitoring Report

<b>3.1</b>	<b>Major variances – cause and remedial action/mitigation</b>
	<p>The Month 12 position for Mental Health shows an out-turn overspend of £500k made up of major variances, as shown below.</p> <p><b>Major variances</b></p> <p><u>W65734 MH Adult Cost Per Case – Out-turn overspend £120k</u></p> <p>The number of patients within cost per case has been reduced from 13 at the start of the year. Clinically-appropriate placements continue to be sought in order to step down to reduced levels of secure accommodation in line with their care plans and eventual goal to return to the community, but three long-term patients will remain as their needs are complex and enduring.</p> <p><u>W65751 Oxleas Mental Health – Out-turn overspend £872k</u></p> <p>The over-spend in year has been due to above contracted activity in Forensic, TARN, and UEA over-performance.</p> <p>Forensic beds occupied throughout the year remain high despite patients moving in and out during the period. Bexley contract 8 beds in Forensic services, but over the past 12 months activity has been between 12-14 beds. The rise in activity has been observed as increasing numbers of patients being transferred from prison. Active steps are being taken to identify possible moves to community placements and meetings continue to take place with members of the Oxleas Forensic Liaison Service.</p> <p>The Forensic service will transfer to the Specialist Commissioning Group from 1<sup>st</sup> April 2013.</p> <p><u>W65733 CAMHS CPC – Out-turn underspend £-289k</u></p> <p>The extended CAMHS Assertive Outreach Team is continuing to gate-keep admissions into in-patient care by reducing admissions out of hours and at weekends.</p> <p><u>W65742 Other Mental Health – Out-turn overspend £61k</u></p> <p>Kent and Medway NHS SCPT activity accounted for all of the overspend, with Psychiatric Liaison proving to be the main contributor. Patients arriving in A&amp;E receive these assessments as clinically appropriate.</p> <p>A QIPP is in the process of being formulated to include this unplanned activity which probably resulted as a consequence of the closure of A&amp;E at Sidcup.</p> <p><u>W65760 IAPT – Out-turn underspend £-68k</u></p> <p>The underspend was due to trainee therapists receiving 6-months part year funding from October to March. All trainees have qualified and will form part of the substantive workforce.</p>

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Directorate Code Description	CC	CC Description	Sum of Annual Budget	Sum of In Month Budget	Sum of In Month Actual	Sum of In Month Variance	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance
			£000s	£000s	£000s	£000s	£000s	£000s	£000s
Mental Health	W65731	Mental Hth Pooled Budget	95	8	9	1	95	111	16
	W65732	Mental Health Advocacy	78	6	6	0	78	76	-1
	W65733	CAMHS CPC	756	63	-89	-152	756	468	-289
	W65734	MH Adult CPC	656	55	5	-50	656	776	120
	W65735	ServSeconded to Oxleas	1,740	145	145	0	1,740	1,740	0
	W65737	Mind Drop in Centre	35	3	-5	-8	35	30	-5
	W65738	Partnership Fund Income	-102	-9	-7	2	-102	-80	22
	W65739	Together	880	73	98	25	880	902	22
	W65740	Aspergers	116	10	13	4	116	61	-55
	W65741	Counselling Service	353	29	48	19	353	329	-24
	W65742	Other Mental Health	37	3	-47	-50	37	99	61
	W65743	Other Social Care Funding	0	0	0	0	0	0	0
	W65744	Addictions Spot Purchase	410	34	-22	-56	410	356	-54
	W65745	Reinstate	95	8	8	0	95	95	0
	W65746	Recharge Bexley Council	-2,704	-225	-225	0	-2,704	-2,704	0
	W65747	SLAM	1,371	59	60	2	1,371	1,268	-103
	W65748	Bexley Council EMI	683	57	57	0	683	683	0
	W65749	Personalisation budgets	184	15	0	-15	184	170	-14
	W65750	Oxleas Community	0	0	0	0	0	0	0
	W65751	Oxleas Mental Health	22,381	1,708	1,803	95	22,381	23,253	872

## Bexley BSU M11 Acute Contract Monitoring Report

W65752	Mind Resource Centre	71	6	7	1	71	79	7
W65753	Mind Directory + Inform	58	5	3	-2	58	36	-22
W65754	Mind Advocacy	43	4	4	0	43	43	0
W65755	Mind Welfare Rights	54	4	5	0	54	55	1
W65756	Nat Schizophrenia Fship	86	7	7	-1	86	80	-6
W65757	Alzheimers Society	40	3	37	34	40	60	20
W65760	IAPT	554	46	6	-40	554	485	-68
<b>Total</b>		<b>27,972</b>	<b>2,118</b>	<b>1,925</b>	<b>-193</b>	<b>27,972</b>	<b>28,472</b>	<b>500</b>

## Bexley BSU M11 Acute Contract Monitoring Report

3.2 CQUIN Update					
Goal No	Goal Name	Description of Goal	Goal weighting (% of CQUIN scheme available)	Expected financial value of Goal (£)	Quality Domain (Safety, Effectiveness, Patient Experience or Innovation)
1	Physical Health	<i>Improving the physical health of patients with MH problems and good practice communication</i>	55%	£313,460.40	Safety Effectiveness Experience
2	GP Data Set	<i>To improve information to inform future clinical commissioning priorities</i>	15%	£85,489.20	Effectiveness Innovation
3	Safeguarding	To enable commissioners to develop and strengthen the on-going local assurance regarding safeguarding children.	15%	£85,489.20	Safety
4	Dementia	Improving dementia care and prescribing in Mental Health Trusts	10%	£56,992.80	Safety Effectiveness
5	Vulnerable Adults	<i>To review and ensure vulnerable adults are receiving fair access to mental health services.</i>	5%	£28,496.40	Effectiveness Patient Experience
<b>Totals:</b>			<b>100%</b>	<b>£569,928.00</b>	

## Bexley BSU M11 Acute Contract Monitoring Report

Oxleas are on progressing well against all the CQUIN's and have shown good progress on those without a milestone for Q3. All targets have been achieved for Q3.

The next BBG Quality Meeting to discuss CQUIN performance for Q4 will take place on 16 May 2013.

Meetings are currently being held between BBG Commissioners and the Provider to agree CQUIN targets for 2013-14 for inclusion in the Community Mental Health Block Contract.

## Bexley BSU M11 Acute Contract Monitoring Report

<b>3.3</b>	<b>QIPP Update</b>
	<b>QIPP 2013-14</b> <b>IAPT QIPP</b> <p>A mental health referral scheme to streamline the pathway into mental health services; to ensure patients are seen in the right service, first time and to prevent entry into secondary services when treatments exist within primary care, is currently being worked on. A business case is near completion and agreement on the way forward will be achieved shortly.</p>
	<b>General Mental Health QIPP</b> <p>Contract negotiations are taking place with Oxleas regarding QIPP savings for the financial year 2013/14. The new scheme will impact on QIPP savings for 2014/15.</p>
	<b>Mental Health in Acute</b> <p>This scheme is for a psychiatric liaison service on the Acute wards in Queen Mary, Queen Elizabeth and Princess Royal predominately but also factoring in Darent Valley, Kings College, Guys and Lewisham where residents of Bexley are admitted. The scheme will reduce length of stay and support admission avoidance for patients presenting with mental health conditions. This is being fully scoped and will review feasibility, costs, savings and patient benefits.</p>
	<p>A formal presentation of all three QIPP schemes has been requested for the Executive Committee Meeting on 2 May 2013.</p>
	<b>GP Involvement</b> <p>The GP mental health leads, Annie Milstein and Wolfgang Wallat, will be involved in developing, approving and clinical sign-off of the above QIPP schemes.</p>



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<b>3.4</b>	<b>Risks and Opportunities (including clinical)</b>
	<p><b>Risk – BDMH1 - Payment by Results for Mental Health</b></p> <p><i>Residual Risk: 8</i></p> <p><i>Risk Detail: There is a risk that the new PBR tariff being introduced by DH will adversely affect mental health services commissioned from Oxleas due to lack of cost exercises undertaken by Bexley due to lack of information from Provider services.</i></p> <p><b>Update:</b></p> <p>A Joint Technical PbR Group has been set up to enable Oxleas and Commissioners and Finance to work together to share progress on PbR and allow input from both parties. The project has been divided into sub-groups to allow work to progress swiftly.</p> <p>Sub Groups consist of: Assessment and Clusters; Care Pathways and packages; Information Development; Costing/Tariff and Finance; Contract and Activity Planning.</p> <p>Project plans are currently being finalised for 2013-14 in line with DH guidance.</p> <p><b>Risk – BDMH2 – Talking Therapies – IAPT</b></p> <p><i>Residual Risk: 6</i></p> <p><i>Risk Detail: There is a risk that if we do not plan for and implement the growth of the IAPT service in Bexley in line with the National Strategy for completion by 2014, that there will not be sufficient capacity to meet the target of 15% of prevalence. This risk is caused by lack of investment into the IAPT service leading to lack of capacity to meet current and future demand.</i></p> <p><b>Update:</b></p> <p>The PMO have provisionally approved the substantive posts for High Intensity Therapists for 2013-14 on the basis that the service is preventative and is a valuable QIPP within mental health services. The new service commences on 1 April 2013 and will streamline referrals and allow the services to work more closely for the benefit of patients, reducing dual referrals and improving waiting times. IAPT-compliant counselling will increase the numbers entering recorded on IAPTus and will substantially increase our ability to meet the 15% target.</p> <p><b>Risk - BDMH3 – Dementia</b></p> <p><i>Residual Risk: 4</i></p> <p><i>Risk Detail: There is a risk that we may not meet the objectives set out in the National Dementia Strategy 2009 and that Bexley will not meet the needs of clients with Dementia and their carers to a national standard. This will be caused by lack of joint working and KPI's across providers to</i></p>

## Bexley BSU M11 Acute Contract Monitoring Report

*ensure there are appropriate measures in place to monitor progress in line with strategy implementation of 2013. This will lead to inequality of service provision in Bexley including below national levels of best practice in Dementia service provision.*

**Update:**

Bi-monthly meetings continue to make progress in this area. GPs with Special Interests are meeting across Bexley, Bromley and Greenwich looking at the development of dementia services. Dr S Deshmukh from Sidcup Medical Centre is the GPwSI for Bexley.

**Risk - BDMH4 – Out of Borough Placements**

*Residual Risk: 4*

*Risk Detail: There is a risk that the cost per case/ residential budget for Adult Mental Health will overspend caused by a small group of complex clients where local services cannot meet their needs requiring high cost of out of area placements. This is a cost pressure for Mental Health.*

**Update:**

The Cost per Case budget is being monitored closely. Where clinically appropriate, and working closely with Oxleas, substantial progress has been made to bring clients back to Bexley within existing service provision. Additional costs over and above contracted services are avoided whenever possible.

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<b>3.5</b>	<b>AQP/Procurement/Tendering Update</b>
	<p><b>IAPT Bexley Psychological Therapy Service</b></p> <p>The contract has been awarded to MIND in Bexley who currently provide the IAPT service. The new integrated IAPT and Counselling service will commence on 1 April 2013.</p> <p><b>Mental Health Recovery Day Service – Joint Procurement</b></p> <p>There is an established Task and Finish group in place to manage this process with representation from LBB (Tom Brown) and the CCG (Sarah Valentine) overseeing the overall approach.</p> <p>It has been agreed by this group that the London Borough of Bexley procurement is the preferred process for the mental health recovery day service procurement, due to the LBB contract being better suited to the service provision required to include:</p> <ul style="list-style-type: none"><li>• Crayford Centre – Social Inclusion and Employment Service</li><li>• First Step Trust - Social Inclusion and Employment Service</li><li>• Re-Instate Ltd - Social Inclusion and Employment Service</li><li>• Mind in Bexley – Resource Centre and Welfare and Benefits Advice</li><li>• Mind in Bexley – Personalisation Pilot</li></ul> <p>All providers have received letters of termination for existing services with the aim of awarding new services from 1<sup>st</sup> January 2014. A formal briefing has been provided to all key stakeholders and a service user group and provider group has been established and will meet regularly throughout the process. The Governing Body will be asked (via a separate paper) for the approval for the joint procurement of these services.</p>
<b>3.6</b>	<b>Any other issues</b>
	<p>The post for the permanent Head of Adult Commissioning has been advertised and interviews undertaken.</p>