NHS Rotherham

Integrated Performance Report

NHS Rotherham Board
18 April 2011

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INTRODUCTION

This report integrates four key aspects of performance:

- Efficiency,
- Rotherham wide outcomes
- Individual contract performance
- Finance

We intend to produce a similar report monthly for either the Performance Management Committee or the full Board. In addition to the areas covered in this report there are three other key area in an integrated approach to performance:

- **Quality**: Regular assurance of provider quality will be through Audit, Quality and Risk Committee. This assurance will be discussed on a regular schedule covering one provider area at each AQAR meeting. Assurance will be provided by a lead manager, clinical guardian and RCE GP and will cover the 3 quality dimensions (safety, outcomes and experience) assessed by the quality matrix that has previously been discussed at Board.

- **Workforce:** Several workforce measures will be included in the Rotherhamwide outcomes part of the monthly integrated performance report. In addition it is proposed to bring a more detailed assurance report to Board for on a 6 monthly basis.

- **Risk:** It is essential that NHS Rotherham's strategic objectives, performance and risk register are all fully aligned and that any changes in one area are reflected in the other two. We are carrying out a full review of the risk framework in the light of the fact that NHS Rotherham is now a provider only organisation and the additional risks associated with the NHS re-organisation. The process of updating was discussed at the AQAR ctte on 13 April.

Annual outcome measures: A range of outcomes (many of them public health outcomes) are only available annually. These will be reported to Board once a year.

Move towards exception reporting: This report reflects a move towards exception reporting. NHS Rotherham performance team, finance team, contract team, head of HR, and the officers responsible for provider quality, all monitor a wide range of additional metrics, the majority of these are readily available to Board and CE members on NHS Rotherham's performance management system (Performance Plus).

2010/11 and 2011/12: Although there is no longer an overall national summary assessment of PCT performance, overall performance in terms of outcomes, efficiency and finance in 2010/11 was very satisfactory. In the light of the transitions and management reductions, 2011/12 is likely to be a much more challenging year. This report tries to look forward and set out the performance position for 2011/12, however for the next 2 months there will be some overlap as not all data for 2010/11 is yet complete and some new requirements for 2011/12 are not yet clearly defined.

EFFICIENCY

Overview……

2010/11

NHS Rotherham's 2010/11 efficiency programme required savings totalling £8,344,000 from 7 programme areas i.e.

- Primary Care
- Prescribing
- Long Term Conditions & Urgent Care
- Planned Care/Clinical Efficiency
- Specialised Services
- Corporate Budgets
- Management Costs

As at February 2011, NHS Rotherham was on track to achieve the planned efficiency savings, with an overall overachievement of £284K. One programme underachieved i.e. Specialised Services, where we will only achieve £125K out of a planned £500K of savings. Overachievement of savings in the Prescribing, Primary Care, Corporate Budgets and Management Costs programmes has more than offset this.

Programme Area	Efficiencies	Target annual savings £	Target savings as at February 2011 £	Actual savings to February 2011 £	Shortfall/ (Surplus) as at February 2011 £	Forecast end of year savings £
Primary Care	Primary Care	200,000	177,000	210,600	(33,600)	237,000
Prescribing	Prescribing	1,703,000	1,561,000	1,652,600	(91,600)	1,803,000
Long Term Conditions/ Urgent Care	Non elective investment	500,000	420,000	420,000	0	500,000
Planned Care / Clinical Efficiency	Clinical Efficiency	3,000,000	2,609,500	2,609,500	0	3,000,000
Specialised Services	SCG investment	500,000	457,900	125,000	332,900	125,000
Corporate Budgets	Review of Corporate Budgets	1,000,000	916,600	1,250,000	(333,400)	1,375,000
Management Costs	Management Cost Savings	1,441,000	1,196,500	1,355,000	(158,500)	1,485,600
GRAND TOTAL		**8,344,000**	**7,338,500**	**7,622,700**	**(284,200)**	**8,525,600**

2011/12

There will be 5 efficiency programmes in 2011/12 (There is no Primary Care efficiency programme and last year's corporate budgets and management costs will both be part of the running cost efficiency programme in 2011/12). In the following section reference is made to 2010/11 performance but the majority of charts are structured to illustrate the important 'affordable 2011/12 trajectories' set out in the Single Integrated Plan to inform the board about future risks as well as current performance.

EFFICIENCY

Primary Care

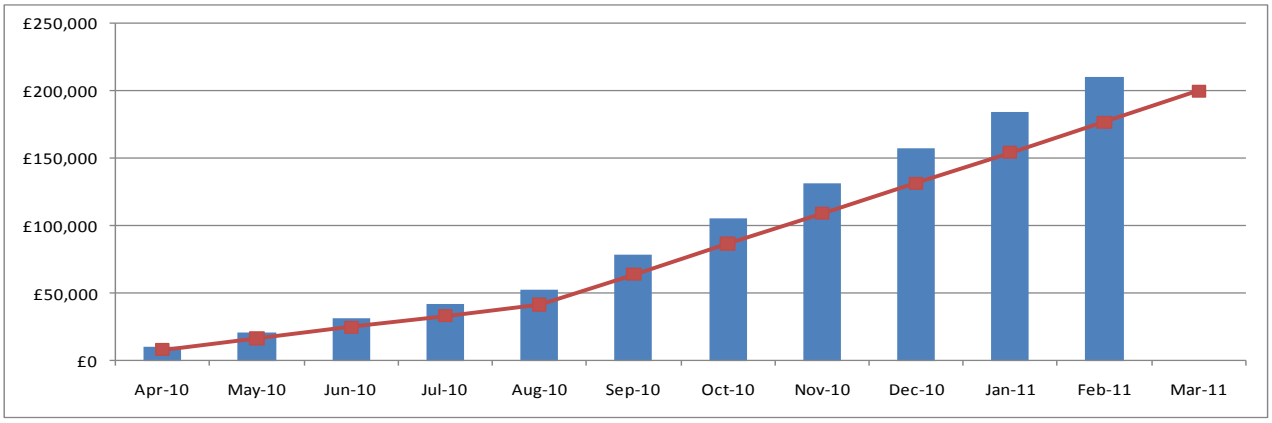
Current performance against outcomes and milestones

The 2010/11 Primary Care efficiency programme achieved £233K of savings by February and is predicted to achieve £237K by March. This is against a target of £200K. The savings have been achieved by rationalisation of LES's and by reducing RCHS contract investment.

Risks and mitigation

There are no efficiency programme risks as there is no primary care programme in 2011/12.

Performance against trajectory and milestones



Prescribing

Current performance against outcomes and milestones

The 2010/11 Prescribing efficiency programme required savings of £1703K. We are now forecasting an over achievement of £100K. Forecast cost growth for 2010/11 is 2.6%, this compares to 2.55% for Yorkshire and Humber and 3.3% for England. Important projects contributing to the overall savings have included the nutrition and continent products which have produced considerable savings whilst improving patient experience.

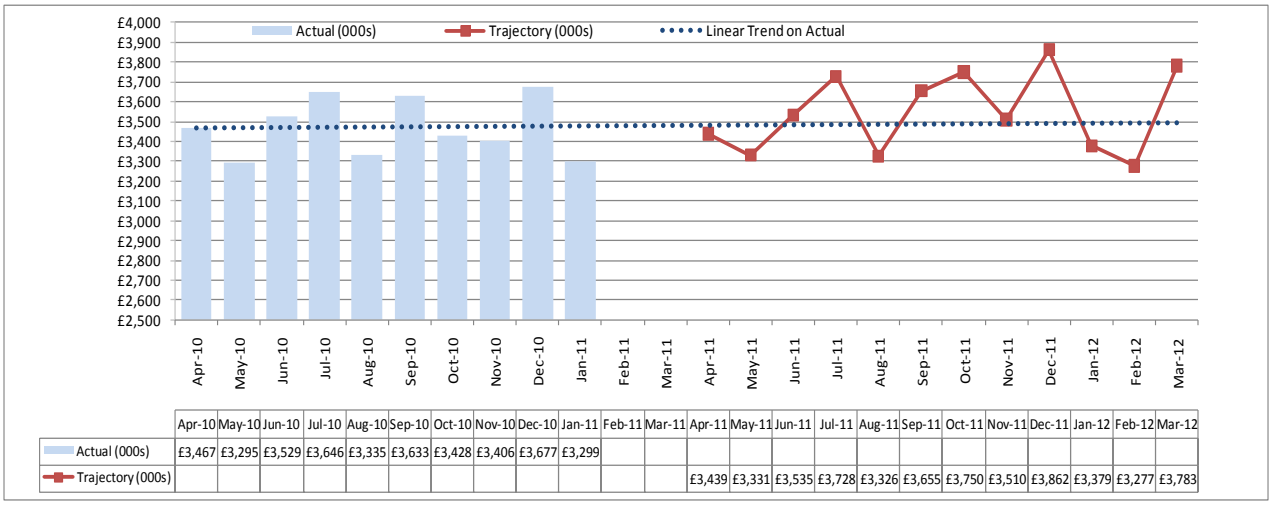
Risks and mitigation

The affordable trajectory for 2011/12 allows for a 2.2% increase in prescribing spend. There are substantial risks associated with this programme which will be documented in the revised risk register. There are few direct ways available to mitigate important risks such as NICE guidance:

- Diabetes & neuropathic pain are the two biggest current areas of cost growth, both because of NICE guidance
- Less drugs being available under category M (NICE recommended antidepressants Citalopram and Sertraline are both currently not available at category M price).

Mitigation of these risks is by horizon scanning and by increased achievement of saving in other areas.

Performance against trajectory and milestones



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Actual (000s)	£3,467	£3,295	£3,529	£3,646	£3,335	£3,633	£3,428	£3,406	£3,677	£3,299														
Trajectory (000s)													£3,439	£3,331	£3,535	£3,728	£3,326	£3,655	£3,750	£3,510	£3,862	£3,379	£3,277	£3,783

EFFICIENCY

Long Term Conditions & Urgent Care……

Current performance against outcomes and milestones

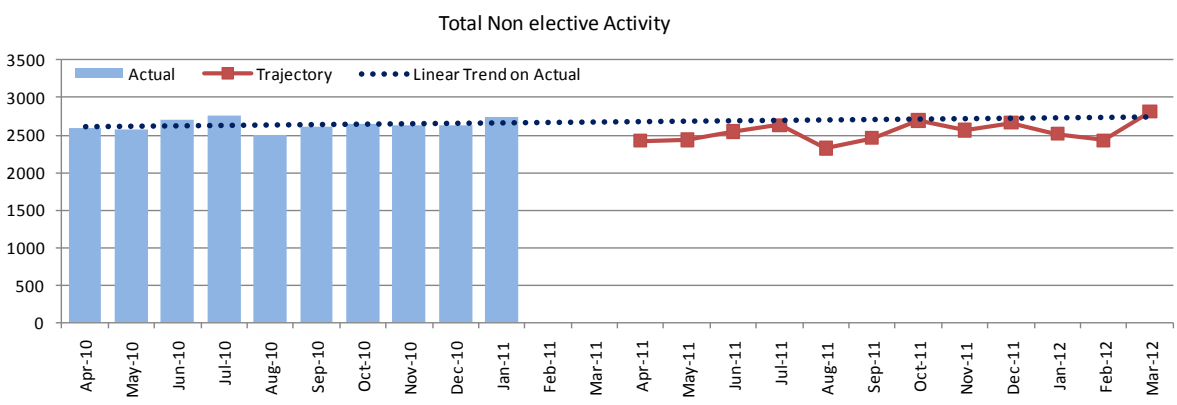
The 2010/11 plan required saving of £500K from the Long Term Conditions & Urgent Care Efficiency Programme this was achieved by the one off decommissioning of services in the following areas:-

- Decommissioning of the Falls Prevention service (estimated £176,000 savings)
- Withdrawal of non-recurrent funding for the Integrated Stroke Care Pathway (estimated savings £324,000)

Risks and mitigation

The Single Integrated Plan requires £1.8 M of savings in 2011/12. This is reflected by the affordable trajectory for non electives in the chart. There are considerable risks associated with this, as it requires delivering a transformation in community services following the integration of services with RFT. NHS Rotherham and the Commissioning Executive are carrying out a considerable amount of work in this area, including re-submitting the LTC/urgent care QIPP plan on 18 April and holding a summit meeting with RFT on 20 April

Performance against trajectory and milestones



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Actual	2599	2583	2700	2765	2505	2604	2648	2623	2637	2737														
Trajectory													2424	2439	2546	2633	2328	2459	2696	2568	2666	2515	2428	2812

Planned Care/Clinical Efficiency……

Current performance against outcomes and milestones

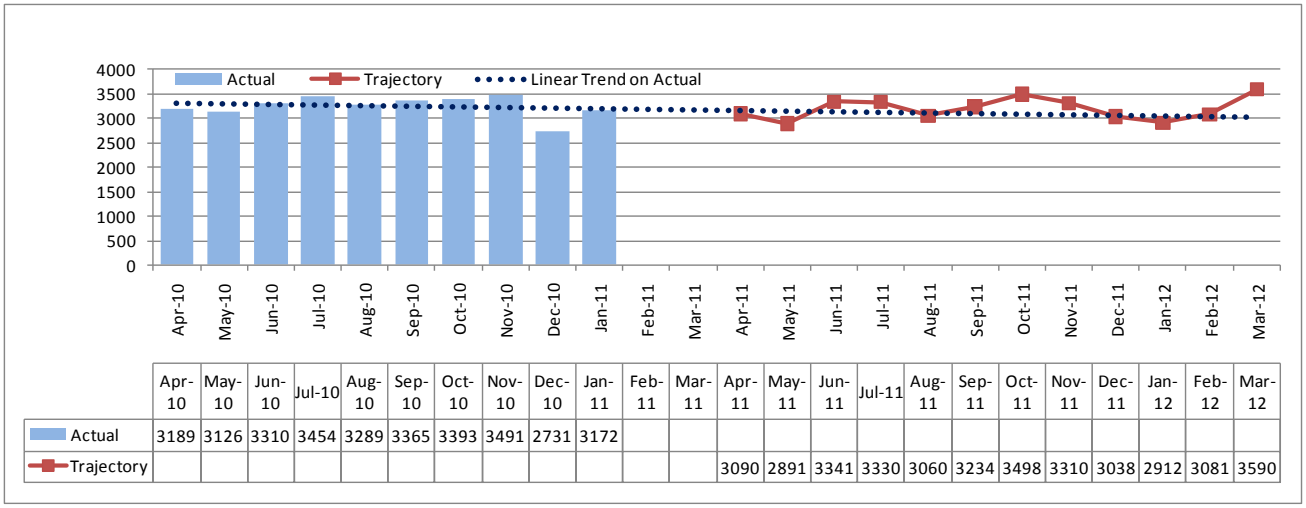
2010/11 savings until February were £2609K against a full year requirement of £3000K. Some of the savings were fortuitous due to the marked reductions of electives in December due to the adverse weather and potential rebound activity reflects a risk going forward.

Risks and mitigation

Affordable trajectories for first outpatients and elective activity for 2011/12 are shown. A list of risks to achieving these trajectories is in the Single Integrated Plan. A major issue in 2010/11 has been the lack of alignment of incentives between NHS Rotherham and our major providers, this makes it much harder to achieve agreements between GPs and secondary care clinicians. This risk is being addressed in current contract negotiations and if RFT sign up to shared activity trajectories this will be a big step forward.

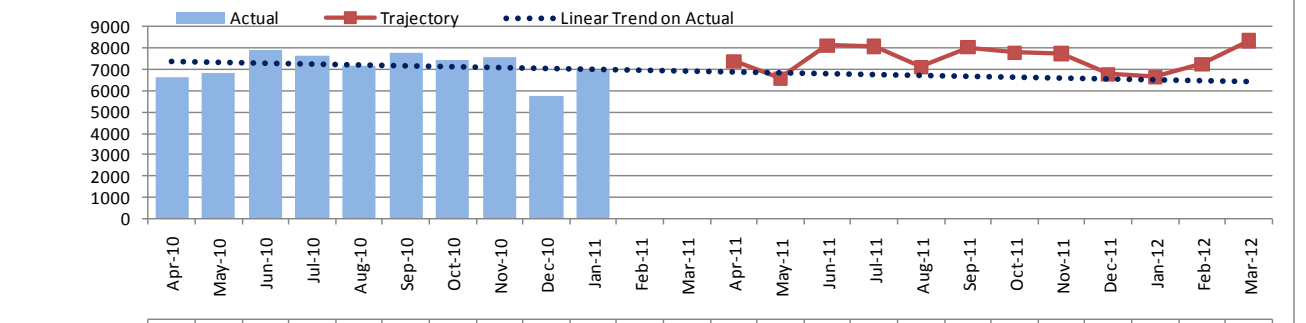
EFFICIENCY

Metric: Elective inpatient/day case activity levels



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Actual	3189	3126	3310	3454	3289	3365	3393	3491	2731	3172														
Trajectory													3090	2891	3341	3330	3060	3234	3498	3310	3038	2912	3081	3590

Metric: First outpatient activity levels

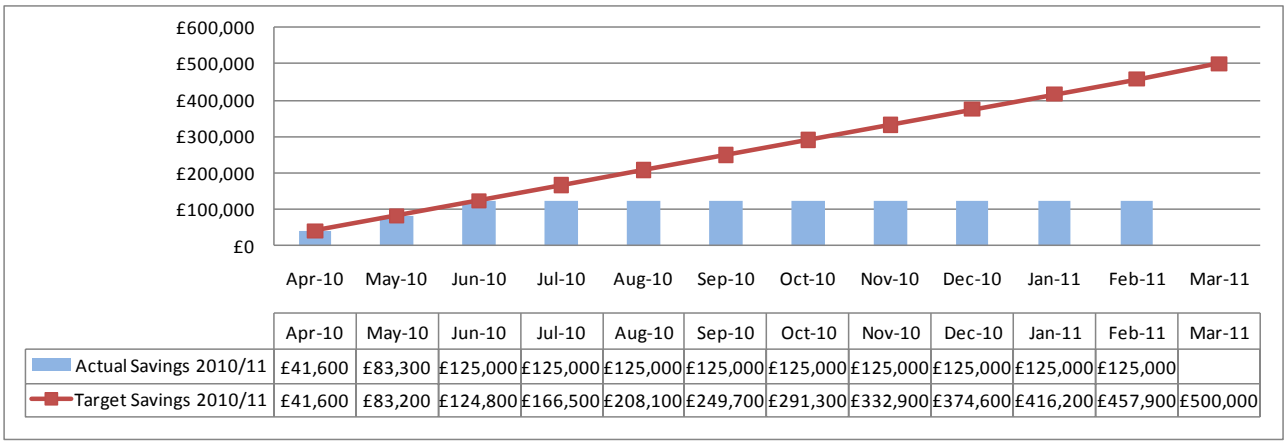


	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Actual	6631	6854	7920	7659	7181	7799	7412	7562	5764	6972														
Trajectory													7387	6573	8129	8075	7120	8041	7801	7746	6777	6651	7250	8352

Specialised Services……

Current performance against outcomes and milestones

NHS Rotherham's plans required a £500K saving in 2010/11. The Yorkshire & Humber Specialised Commissioning Group has a QIPP programme focusing on 19 projects but this will only produce £125K of savings by March 2010/11.



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Actual Savings 2010/11	£41,600	£83,300	£125,000	£125,000	£125,000	£125,000	£125,000	£125,000	£125,000	£125,000	£125,000	
Target Savings 2010/11	£41,600	£83,200	£124,800	£166,500	£208,100	£249,700	£291,300	£332,900	£374,600	£416,200	£457,900	£500,000

EFFICIENCY

Risks and mitigation

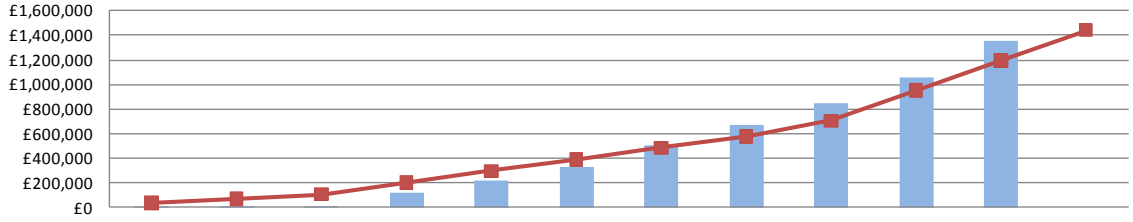
In the SIP NHS Rotherham has adjusted the efficiency requirements from specialised commissioning to £176K for 2011/12 rather than the previous £500K. These risks will be managed by the SCG in 2011/12 with plans to align the Y&H SCG efficiency programmes with the other 10 SCGs in 2012/13.

Management Costs/Running Costs……

Current performance against outcomes and milestones

NHS Rotherham over achieved its management and corporate budget efficiency savings by £136 in 2010/11.

Performance against trajectory and milestones



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Actual Savings 2010/11	£4,600	£9,200	£13,800	£118,900	£224,000	£329,100	£500,600	£672,100	£843,600	£1,057,800	£1,355,000	
Target Savings 2010/11	£36,000	£72,000	£108,000	£202,500	£297,000	£391,000	£485,000	£578,000	£707,500	£952,000	£1,196,000	£1,441,000

Risks and mitigation

Achieving running cost savings in 2011/12 is required both for financial balance and also because running costs will be externally performance managed as an individual outcome measure. The Management Executive are reviewing plans for running costs savings on 19 April. This includes fully understanding the new definition of running cost and the required trajectory. Savings will continue to accrue as a result of the full effects of the latest round of voluntary redundancies are seen and a result of continued vacancy controls and so performance against running cost is not anticipated to be a major risk until 2012/13.

ROTHERHAM OUTCOMES

Overview……

This report shows performance against all the Headline Measures in the 2011/12 Operating Framework along with the main variances in performance from the 60 Supporting Measures.

The report format has additional micrographs to better illustrate trends in performance. In future we intend to report on the underperforming headline and supporting measures and to include benchmarking data in order to give a comparison with regional and national performance.

The Performance Team measures a comprehensive list of over 200 Performance Measures relevant to NHS Rotherham. Any significant variations in Performance on these Measures are managed and escalated within the Organisation and partner organisations. If any significant problems remain, then these will also be reported to the Board or Performance Management Committee.

As well as the measures included in this report, three other outcomes frameworks are relevant:

- Local Partnership agreed Adult and Children's Care Outcomes
- Proposed NHS Outcomes framework for 2012/13
- Proposed Public Health Outcomes Framework for 2012/13

Local partnership priorities will be reviewed in 2011/12 as partners adjust to the changing financial situation. Definitions and trajectories for the 2012/13 outcomes frameworks will become clearer over the next few months and areas that are anticipated to become major risks for 2012/13 will be flagged up as they are identified.

Key performance issues and risks……

Headline Measures

There are currently no headline measures that are flagged as red. The most significant risks are discussed below, it is important to note that definitions are not yet available for some of the new measures this year and this is in itself a risk.

Mixed Sex Accommodation – A significant number of breaches have been reported at RFT. This has been raised as a formal contract query with the Trust. (See Contract Performance Report Item 1)

Emergency re-admissions within 30 days – A new indicator is being developed, this is likely to be a significant risk as Rotherham is an outlier on re-admissions. Providers are now strongly incentivised to reduce re-admissions and providing alternative community support is a key component of the long term care efficiency programme so there are strong mitigations in this area.

Accident and Emergency Measures – There are a range of new measures for A&E performance HQU09, HQU11, HQU12, HQU13. No data are yet available to assess current performance levels in Rotherham. These indicators therefore pose a risk in 2011/12.

Number of Health Visitors – This is a new trajectory for 2011/12, the plan for this is included in the Single Integrated Plan. RFT has been funded to achieve this expansion but given that every other health community will also be increasing health visitor numbers there will be risks to retention and recruitment.

ROTHERHAM OUTCOMES

Supporting Measures

TIA Patients Scanned and Treated within 24 hours – Performance deteriorated in quarter 3 2010/11 (Oct-Dec). We are still predicting a significant improvement by March 2011. See Contract Performance Report Item 3.

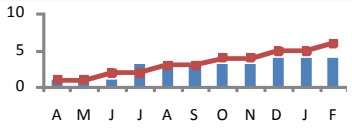
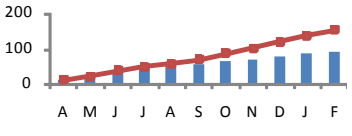
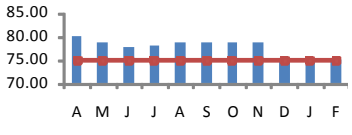
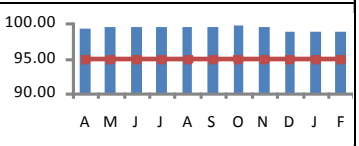
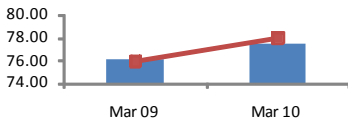
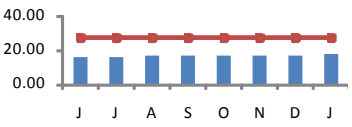
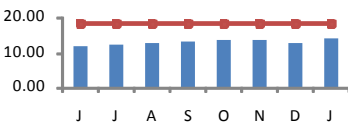
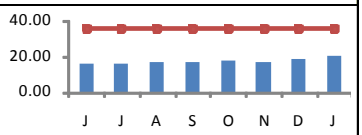
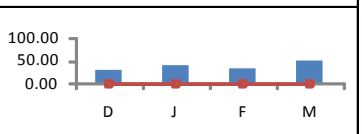
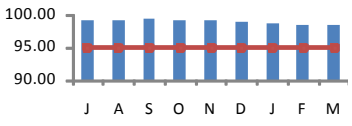
Cervical Screening Results received within 2 weeks – Current local performance is 94.24% against a National target of 98%. This was a new measure in 2010/11.

Screening for Diabetic Retinopathy – Significant problems with the service, which is based at Barnsley DGH, arose early in 2010. Since then the service has restarted and a major improvement made to performance. The way that the measure is calculated can result in some fluctuations in performance. A number of people due a screen in 2010/11 were offered a screen in 2009/10 and this affects the reported performance in 2010/11.

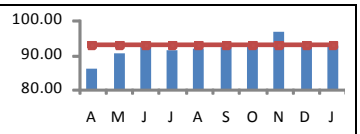
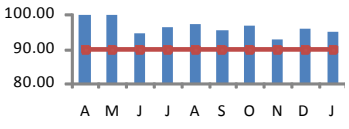
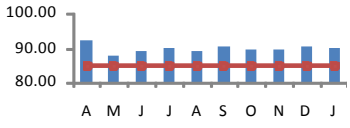
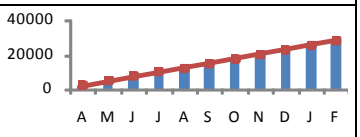
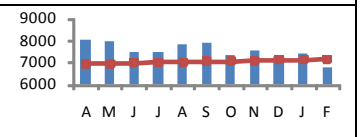
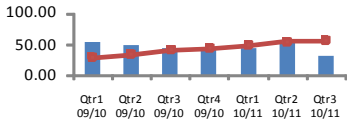
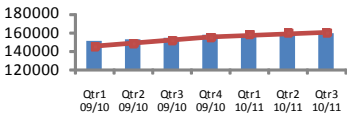
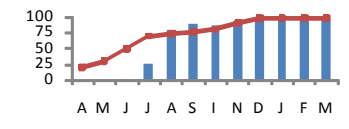
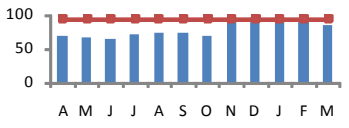
ROTHERHAM OUTCOMES

Performance Scorecard

Key:			
	- Target		- Good Performance (On target or better than target)
	- Actual		- Underperformance (Target not achieved but variance not significant)
			- Poor Performance (Significant variance from target)

	Headline Measures						
Ref:	**Measure**	**Target Objective**	**Latest Data Available**	**Position to Date**	**Plan to Date**	**Variance**	**Performance Direction**
HQU01	Incidence of MRSA (Commissioner)	Smaller is Better	Feb-11	4	6	-2	
HQU02	C-difficile: Commissioner target (Number)	Smaller is Better	Feb-11	91	155	-64	
HQU03_01	Category A ambulance calls meeting 8 minute target for Rotherham (%)	Bigger is Better	Jan-11	75.00	75.00	0.00	
HQU03_02	Category A ambulance calls meeting 19 minute target for Rotherham (%)	Bigger is Better	Jan-11	98.70	95.00	3.70	
HQU04	Patient Experience Score (average of 5 domains)	Bigger is Better	Mar-10	77.47	78.00	0.53	
HQU05	Referral to Treatment times - admitted 95th centile (wks)	Smaller is Better	Jan-11	17.60	27.70	10.10	
HQU06	Referral to Treatment times- non-admitted 95th centile (wks)	Smaller is Better	Jan-11	13.80	18.30	4.50	
HQU07	Referral to Treatment times - incompleted pathways 95th centile (wks)	Smaller is Better	Jan-11	20.40	36.00	15.60	
HQU08	Mixed sex accommodation breaches	Smaller is Better	Mar-11	52	0	52	
HQU09	Unplanned re-attendance rate at A&E within 7 days of original	Smaller is Better	Measure to be developed in 2011/12				
HQU10	Total time in A&E department - 95th centile	Bigger is Better	Feb-11	98.48	95.00	3.48	
HQU11	Left department without being seen (rate)	Smaller is Better	Measure to be developed in 2011/12				
HQU12	Time to initial assessment - 95th centile	Smaller is Better	Measure to be developed in 2011/12				
HQU13	Time to treatment in department - median	Smaller is Better	Measure to be developed in 2011/12				

ROTHERHAM OUTCOMES

HQU14	Two week wait standard for patients referred with breast symptoms (% of the total referrals)	Bigger is Better	Jan-11	92.67	93.00	-0.33	
HQU15	All cancers:patients receiving their first treatment in <62 days when referred directly from the cancer screening programme (%)	Bigger is Better	Jan-11	94.94	90.00	4.94	
HQU15	All cancers: two month GP urgent referral (from GP) to treatment (%)	Bigger is Better	Jan-11	90.16	85.00	5.16	
HQU16	Emergency readmissions within 30 days	Smaller is Better	Measure to be developed in 2011/12				
HRS01	Financial forecast outturn & performance against plan	Smaller is Better	Measure to be developed in 2011/12				
HRS02	Financial performance score for NHS Trusts	Bigger is Better	Measure to be developed in 2011/12				
HRS03	Delivery of running cost target	Smaller is Better	Measure to be developed in 2011/12				
HRS04	Progress on delivery of QIPP savings	Bigger is Better	Measure to be developed in 2011/12				
HRS05	Acute bed capacity (G&A available beds)	Smaller is Better	Measure applies to Acute Trusts only				
HRS06	Non-elective G&A FFCEs excluding well babies	Smaller is Better	Jan-11	26406	26069	337	
HRS07	Numbers waiting on an incomplete Referral to Treatment pathway	Smaller is Better	Feb-11	6809	7179	-370	
HRS08	Number of Health Visitors	Bigger is Better	Data not yet available				
HRS09	Workforce productivity	Bigger is Better	Data not yet available				
	Underperforming Supporting Measures						
SQU06_02	Patients who have a TIA and are scanned and treated within 24 hours (as a % of the number of patients admitted with a TIA)	Bigger is Better	Dec-10	32.43	56.86	-24.43	
SQU09	Patients receiving NHS primary dental services within a 24 month period (Number)	Bigger is Better	Dec-10	159638	160880	-1242	
SQU22	Cervical Screening test results received within 2 weeks	Bigger is Better	Mar-11	94.24	98	-3.76	
SQU23	Screening for Diabetic retinopathy (%)	Bigger is Better	Mar-11	86.00	95.00	-9.00	

CONTRACT PERFORMANCE

Rotherham Foundation Trust (RFT) – Top 5 Performance Issues……

No.	Background	Issue	Mitigating Actions
1. Eliminating Mixed Sex Wards	Eliminating Mixed Sex Accommodation (EMSA) - The RFT published full compliance to the 2009/10 EMSA guidance from 1st April 2010. The overarching requirement of the guidance is to eliminate mixed sex accommodation across the NHS.	Up until December 2010 there had been no in year declaration of any breaches related EMAS at the RFT. In December there were 29 non-clinically justified breaches and in January 41. The main reasons for this were due to extreme weather conditions over this period and the incidence of Swine Flu.	NHSR raised a formal contract query with RFT to request information on the breaches and to understand the actions being taken by the trust to prevent breaches. The RFT responded to the contract query highlighting actions to be taken to address any outstanding issues. NHSR will continue to monitor the actions taken by receiving regular performance reports and taking part in unannounced inspections of specific wards within the hospital.
2. CQUIN	There are a number service improvement initiatives the RFT has signed up to under the CQUIN scheme for 2010/11, which reward them for improving the quality of services being delivered.	Currently quarter three performance in not expected to be fully achieved in the following areas: - Paediatric Diabetes - Breastfeeding as discharge - Emergency Re-admissions - Smoking Cessation referrals Using Quarter 3 performance data it is expected that the RFT will achieve 77% of the total £2 million available for CQUIN in 2010/11	Monitoring of the CQUIN has taken place throughout the year and challenge has been made where under performance has been identified and where reasonable action could take place in order to improve the position in year, example of this is in the area of VTE, which is now improving month by month.
3. Transient Ischemic Attack	The RFT have a vital sign target to respond to 60% of higher risk Transient Ischemic Attack (TIA) patients within 24 hours of the patient's first contact with a health professional.	Performance against this target has been inconsistent throughout the year and as at Jan 11 the figure being achieved was 43.85%.	Actions to improve this target have been raised by NHSR at formal contract performance meetings with the RFT. Relatively few patients fit the higher risk definition so month on month data are volatile. Until January scanning was unavailable at the weekend. This issue has now been addressed and performance is expected to improve by the end of the financial year.

4. Access to diagnostic Tests	The RFT have a vital sign target to ensure that nobody waits over 6 weeks for identified 15 key diagnostic tests.	In December and January there were a total of 117 breaches of the 6 week target, prior to this point in the year there has only been one patient that had waited over 6 weeks.	It was identified that there were staffing issues with Cardiology which had impacted on the number of echocardiographs that could be undertaken creating unacceptable waits. The RFT acknowledged these problems and are currently working to recruit the appropriately skilled staff in order to return to previous levels of activity.

Other Contracts – Top Performance Issues……

No.	Background	Issue	Mitigating Actions
1. Six week waiting times	Across our community health services the specified waiting time for patient first contact from referral is 6 weeks	It has been identified that a high number of community health services are now in breach of this target, which will reflect on quality and patient experience.	With these services having now transferred to other providers as part of TCS. Detailed work needs to be undertaken in partnership with both RFT and RDASH in 2011 to clarify waiting times positions in each services, NHSR will also raise this formally as part of the community performance contracting meetings.

FINANCE

Finance & Contracting Performance Report: *Period ended 28th February 2011*

Performance against Resource Allocations and Cash Limits……

Revenue Resource Allocation

NHS Rotherham has been notified of a revenue resource limit allocation of £463.53m. This includes recurrent allocations of £448m and £14m non-recurrent additions. The operating cost statement at Table 1 shows an under spend of £2.02m after eleven months and a forecast end of year surplus of £2.2m as planned.

Capital Resource Limit

NHS Rotherham is on plan to complete its Capital Programme within the capital resource limit (CRL) of £1.32m. £0.30m of the capital spend will be funded through capital receipts as planned. At 28th February, NHS Rotherham had spent £1.32m of its capital resource limit offset by capital receipts of £0.30m.

Cash Limit

NHS Rotherham is on plan to manage within its cash limit allocation of £457.3m.

Table 1 – Summary Operating Cost Statement

	Annual Resource Allocation	Year to Date			FOT	
		Resource Limit	Operating Costs	Variance Over / (Under)	Variance Over / (Under)	
	£000	£000	£000	£000	£000	%
Running Costs	**13,152**	**11,850**	**10,788**	**(1,062)**	**(1,203)**	**(9.1)**
Programme Expenditure:						
Rotherham NHS Foundation Trust	139,448	127,362	128,443	1,081	1,180	0.8
Other Hospital and Community Providers	130,392	118,124	117,120	(1,004)	(1,696)	(1.3)
Rotherham Community Health Services	35,827	32,930	32,570	(360)	(143)	(0.4)
Prescribing	43,870	40,054	39,815	(239)	(289)	(0.7)
Primary Care	63,614	55,824	55,892	68	(445)	(0.7)
Partnership inc Public Health	27,498	25,638	29,231	3,593	4,060	14.8
Central Budgets	9,724	4,096	0.0	(4,096)	(3,664)	(37.7)
Total Programme Expenditure	**450,373**	**404,029**	**403,071**	(958)	**(997)**	**(0.2)**
Grand Total	**463,525**	**415,879**	**413,858**	(2,020)	**(2,200)**	**(0.5)**

Key Points

- **Running Costs –** the running costs figure is an estimate of the outturn for 2010/11 based on guidance received to date. It is anticipated that from 2011/12 onwards there will be a specific target which will be monitored through this report;
- **Rotherham FT –** the forecast position is for an overspend of £1m due to non elective expenditure, 30% of this risk is carried by NHS Rotherham, the other 70% by RFT. NHS Rotherham has agreed to cover this overspend for RFT providing that RFT invest the money in a range of initiatives on unscheduled care and long term conditions;
- **Other providers –** the underspend this year is predominantly due to Sheffield Teaching elective work being behind plan and Specialist Commissioning Group slippage;
- **Partnership -** includes continuing care expenditure which has been reported throughout the year as a major problem at £4.75m over budget;
- **Central Budgets –** these are predicted to underspend, mainly because the contingency for continuing care costs has not been fully used.