

CCG Board

Date of meeting		31 January 2019	
Agenda Item	6	Paper No	WHCCG19/004

Integrated Performance Report (January 2019)

Key issues	<p>The Integrated Performance Report brings together the key finance, performance and quality issues for the Board's awareness, along with actions to address these issues.</p> <p>The main points for the Board to note are highlighted in the executive summary to the report</p>
Actions requested / Recommendation	The West Hampshire Clinical Commissioning Group Board is asked to note and comment on the Integrated Performance Report
Principal risk(s) relating to this paper	<p>The paper covers a range of risks to the CCG, including the key risks around failure to achieve financial targets, which will impact on opportunities to maintain and improve healthcare for the local population; and potential risks around staffing and service provision</p> <p>These risks are included in the West Hampshire CCG Corporate Risk Register as follows:</p> <ul style="list-style-type: none"> • Delivery of Financial Plan, • Delivery of Constitutional Standards, • Risks relating to providers, e.g. Southern Health NHS Foundation Trust (SHFT); University Hospitals Southampton NHS Foundation Trust (UHSFT)
Other committees / groups where evidence supporting this paper has been considered.	<p>Finance and Performance Committee Clinical Governance Committee Performance Issues and Risks Group Monthly finance, performance, and quality meetings</p>
Financial and resource implications / impact	Financial implications are explained throughout the paper.
Legal implications / impact	There are no legal implications arising from this paper.

Public involvement – activity taken or planned	Not applicable
Equality and Diversity – implications / impact	As a report on performance, this report does not have an equality impact.
Report Author	Andrew Short; Associate Director of Finance Matthew Richardson, Deputy Director of Quality Michaela Dyer, Deputy Director of Performance and Delivery
Sponsoring Directors	Mike Fulford, Chief Finance Officer; Ellen McNicholas, Director of Quality and Board Nurse;
Date of paper	17 January 2019

EXECUTIVE SUMMARY

The Integrated Performance Report brings together the key finance, performance and quality issues for the Board's awareness, along with actions to address these issues. The main points for the Board to note are highlighted in this executive summary to the report. Where appropriate, the executive summary also draws out common themes that cut across quality, finance, and performance metrics.

The main performance issues to draw to the Board's attention in January 2019 are:

- The work being undertaken to understand the quality impact of the delays to treating Ophthalmology patients requiring follow up, and new patients being referred for suspected cancer at **University Hospitals Southampton NHS Foundation Trust**
- The continued work to implement the action plan in response to the Care Quality Commission report into **Hampshire Hospitals NHS Foundation Trust**
- The financial performance position shown in this report to the end of December 2018 is in **line with the year-to-date plan**, that was to deliver **£0.5m** of the planned deficit (page 7)
- There remain significant risks to delivering the 18/19 year end forecast, although this is currently on plan - and there are **savings and financial recovery actions** to help mitigate the risk to the financial position (page 8)
- The ongoing challenges in **delivering access to emergency care** within the national minimum standards required at **Hampshire Hospitals NHS Foundation Trust**, (page 10)
- The management of plans to improve **delivery of cancer standards** at **University Hospitals Southampton NHS Foundation Trust** (page 11)
- The management of plans to improve **Child & Adolescent Mental Health Services** (page 12)

More information on finance issues is set out in the [main finance report](#).

More information on performance issues is set out in the [main performance report](#).

The relevant teams are focussed on addressing the underlying causes and where applicable are working with providers to improve performance. These actions are set out in more detail in the main reports for finance and performance.

The common themes that emerge from the performance, quality and finance issues highlighted this month are:

- The cross cutting theme of **workforce challenges in delivery of good patient care and strong performance** – shortages in skilled staff are the key factor behind the majority of issues, which in turn impacts on both patient and staff experience, and the overall cost of providing services.

- **The impact of quality and performance issues on West Hampshire's financial position:** as well as the impact on patient care and experience, providers' performance has a significant impact on commissioners' financial stability. Many of West Hampshire QIPP (Quality, Innovation, Productivity and Prevention) savings schemes involve managing patient flow through acute providers, and there is a clear link between optimal patient flow, sustained performance, and value for money. The highest risks to the CCG's financial position this year are non-delivery of QIPP savings, and the additional cost of activity at acute providers exceeding contracted levels.

INTEGRATED PERFORMANCE REPORT

31 January 2019

Sponsoring Directors:

Ellen McNicholas, Director of Quality and Board Nurse

Mike Fulford, Chief Finance Officer



QUALITY UPDATE

31 January 2019

Sponsoring Director:

Ellen McNicholas, Director of Quality and Nursing



Quality Updates – Clinical Governance Committee 8 November 2018

- **Risk Register:** The Committee reviewed all of the risks currently on the Quality Directorate risk register. Currently there are nine risks from Quality and Safeguarding that meet the Corporate Risk Register threshold (score of 12 or more)
 - Child and Adolescent Mental Health Service (CAMHS) continues to be the highest quality risk (16). The Committee requested to receive a report in March detailing compliance with the 18 week pathway by CCG locality. Further updates on CAMHS are available in the performance update
 - The Committee noted a new risk relating to Quality Team capacity and the ability to provide assurance to the CCG on an increased number of providers whilst carrying vacancies.
- **Hampshire Hospitals NHS Foundation Trust (HHFT):**
 - The Committee received an update on HHFT's progress against Care Quality Commission (CQC) actions (slide 4). The CCG Quality Team participate in HHFT internal peer review visits to gain assurance, recognising that cultural change will take longer. The Committee requested that the Director of Nursing and Medical Director from HHFT be invited to present on the more complex aspects of the CQC actions at a later date. Further detail is provided in slide 4
- **Gosport War Memorial Hospital (GWMH) Independent Report:**
 - The Committee received the CCG action plan into the GWMH Independent Report, noting that the CCG is participating in the system review under the Quality Surveillance Group and benchmarks comparably with other CCGs around levels of assurance
- **Southern Health NHS Foundation Trust (SHFT):**
 - The Committee noted the improved CQC Well Led rating and the evidence of greater engagement with system partners but requested further assurance on Mental Health services, including the trusts Care Planning Approach to Serious Mental Illness and actions to address the continued high number of out of area placements. The Committee asked that SHFT be invited to present on the work of the mental health teams at a future meeting.



The issue

The CQC undertook unannounced visits in June 2018 and checked three of HHFTs core services: urgent and emergency care, medical care and surgery. In July 2018, the CQC reviewed the 'well-led' domain (leadership and management). The trust were moved from being rated overall as 'good' to 'requires improvement'. The Trust received a:

- **Section 31 Notice of Decision:** related to keeping people safe in the Emergency Department (ED) including assessment, environment of care and staffing and staff skilled to safely care for children
- **Section 29A Warning Notice:** related to treating people with privacy and dignity, assessment, staff skills, equipment, medicines management and infection prevention and control
- Eight requirement notices

Key themes related to workforce, safety, leadership and governance, patient experience.

Assurance

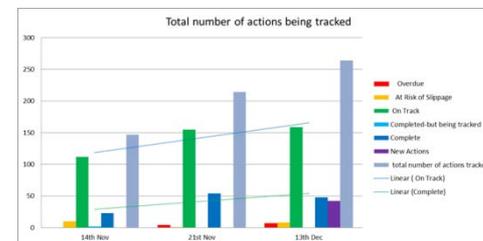
The CCG is assured that HHFT have robust processes in place to monitor performance against the CQC actions. A key challenge for HHFT will be to ensure that changes to practice are embedded and sustained across the organisation. Successful implementation of CQC actions will require cultural changes which HHFT are supporting via their Change Champions, however the CCG recognises that cultural changes require sufficient time to embed. The CCG is assured that HHFTs divisional Chief Nurses are reviewing internal systems and processes to support learning from the CQC findings and to promote a culture of continuous improvement.

Actions & Mitigation

- **Action plans:** HHFT has developed three action plans to address all the areas identified by CQC – a Section 31 action plan, a Section 29A action plan and an overarching action plan. Progress against the overarching action plan can be seen in Figure one below. Please note, more actions have been added to the overarching action plan, the majority of the 'new actions' are associated with the Executive 'well-led' actions. All current actions are due to be completed by June 2019

Figure 1: HHFT: CQC overarching action plan

	14 th Nov 2018	21 st Nov 2018	12 th Dec 2018
Overdue	0	4	7
At Risk of Slippage	10	1	8
On Track	112	155	159
Completed-but being tracked	2	0	0
Complete	23	54	48
New Actions			42
Tracked total number of actions:	147	214	264



- **Monitoring of actions:** robust processes are in place to review progress against the action plan at a divisional and executive level. Clinical Commissioning Groups (CCGs), NHS England/Improvement and Care Quality Commission participate in HHFTs monthly Executive Oversight Meeting. The CCG Clinical Governance Committee are updated on HHFTs progress against their actions
- **Chief Nurses:** HHFT have introduced the role of divisional Chief Nurse (one each for medical, surgical, nursing) to improve the nursing voice in the divisional senior leadership team. The CCG senior quality manager is working closely with them regarding serious incident processes
- **Peer support reviews:** HHFT has developed peer support reviews to provide assurance that actions are embedded in practice. The CCG quality team participate in these full-day visits on a fortnightly basis. To date, West and North Hampshire CCGs have participated in three HHFT peer support reviews. On 11 December 2018 the Basingstoke and Winchester EDs were reviewed. Whilst some good practice was noted, there were a number of areas where limited improvement was noted, for example, cleaning (visible dust was noted), fridge checks/escalation, locking of fluid and drug cupboards and access to patient identifiable information. The CCG has shared their findings with HHFT for inclusion in the peer support review report. On 10 January 2019 the CCG participated in the Andover War Memorial Hospital Theatre Day Unit review where a number of CQC actions were seen to have been undertaken. A joint report is in the process of being finalised by HHFT and the CCG
- **Invitation to Clinical Governance Committee:** At the January 2019 Clinical Governance Committee (CGC), it was agreed that the CCG would invite HHFTs Nursing and Medical Directors to a CGC meeting in six months time to present their progress against the action plan and to review the areas that remain a challenge

The issue

UHSFT has made some improvement with regards the substantial backlog of Ophthalmology appointments. However, the glaucoma cohort of patients remains a concern with patients waiting for ophthalmology appointments that have passed the recommended clinical wait time.

- **Glaucoma Cohort:** The backlog in April 2017 was 2548 patients; it has continued to rise to 3625 in December 2018. This represents a 42% increase and performance is below the predicted improvement trajectory. UHSFT report there is currently no robust plan to reduce the backlog within a reasonable timescale. At the most recent Executive meeting on 9 January 2019 UHSFT reported that they have been unable to recruit to the locum additional consultant position despite numerous advertisements. Medicare, who were employed to support this work stream, are unable to provide the sessions they had originally planned. UHSFT report a perceived reluctance of low risk patients to use Lymington Hospital despite extra infrastructure (such as transport) to support this
- **Age-related Macular Degeneration (AMD) Cohort:** the backlog for this cohort of patients has been cleared
- **Diabetic Cohort:** the backlog for this cohort is clearing ahead of time with a trajectory indicating this backlog could be cleared in early 2019 if current progress is maintained.

Assurance

Whilst it is known that this issue exists on a national level the CCG is unable to be assured at a local level. The CCG recognises that UHSFT have an accurate understanding of the scale of the current ophthalmology issue.

The CCG can not be assured with regards to the degree of harm that patients may have suffered as a result, the CCG recognises that further harm may come to light as more patients are reviewed.

The CCG acknowledges the progress UHSFT has made with regards the AMD and diabetic cohorts.

Actions & Mitigation

- **Review of pathways:** commissioners are working with UHSFT to write a briefing paper to WHCCG Executive Board regarding the next steps and future commissioning options which will review the ophthalmology clinical pathways and consider the expansion of capacity and capability within Community Optometrists and Clinical Nurse Specialists
- **Demand and capacity:** WHCCG supported UHSFT to host a meeting with acute providers in neighbouring CCGs in November 2018 with NHS England (NHSE) regarding the increasing system demand and capacity challenges in the Ophthalmology outpatient services. A number of longer term system actions were agreed for escalation to the Sustainability and Transformation Partnerships (STP) agenda to progress a possible acute alliance work stream around capacity, operating models and workforce
- **Virtual pathways:** UHSFT are increasing the use of virtual pathways which will allow diagnostics examinations and procedures to be undertaken 'off site' and the results are being reviewed by a Consultant virtually which is in line with pathways followed at Moorfields Eye Hospital
- **Workforce challenges:** challenges remain in recruiting to consultant posts for glaucoma, UHSFT continue to advertise for posts. UHSFT have successfully recruited an additional nurse and optometrist, an additional fellow and a consultant who commences work in April 2019
- **Patient and Primary Care communication:** UHSFT report that they have written to all GPs and Optometrists explaining the current situation. Individual letters have been sent to patients who are currently included in the backlogs which has reportedly increased the volume of patient calls/enquiries to UHSFT

FINANCE UPDATE

31 January 2019

Author:

Andrew Short, Associate Director of Finance

Sponsoring Director:

Mike Fulford, Chief Finance Officer



Financial position at 31 December 2018

Monthly results

Financial Performance Summary	Annual	Outturn at month 9			Year End	
	Plan £'000	Budget £'000	Actual £'000	Variance £'000	Forecast £'000	Variance £'000
Revenue Resource Limit (Cumulative)	775,659	578,093	578,093	-	775,659	-
Expenditure						
NHS Acute Contracts	351,490	263,990	273,578	(9,588)	362,754	(11,264)
Other Acute Providers	20,345	15,009	16,933	(1,924)	23,102	(2,757)
Mental Health & Community Providers	107,041	80,239	80,701	(462)	107,771	(730)
Non Acute Contracts	95,248	71,436	73,376	(1,940)	97,543	(2,295)
Medicines Management (Primary Care)	91,457	68,592	66,736	1,856	90,167	1,289
Primary Care co-commissioning and other	83,640	62,727	61,446	1,281	82,449	1,191
Headquarters and Hosted Services	17,137	12,857	12,794	63	17,589	(452)
Reserves and Contingency	9,990	3,758	(6,954)	10,712	(5,028)	15,018
Total Expenditure	776,347	578,608	578,610	(2)	776,347	0
Underspend/(Overspend) - Cumulative	(688)	(515)	(517)	(2)	(688)	0

Key points to note

For the 2018/19 financial year we are planning on income of **£775.7m** and expenditure of **£776.3m**, to give a **£0.7m** deficit of expenditure above income.

This is in line with our having a formal financial control total of **£2.2m** deficit and being able to bring in our carried forward surplus of **£1.5m** but before accounting for Commissioner Support Fund (CSF) allocations. The CCG potentially has access to **£0.7m** of CSF allocations that would enable it to break even if they are earned.

The financial performance position shown in this report to the end of December 2018 is in line with the year-to-date plan, that was to deliver **£0.5m** of the planned deficit.

The 2018/19 year-end forecast remains on plan although there are significant unmitigated risks associated with the delivery of the control total.

CCG Priorities/ Board focus

Key areas of focus are as follows:

- Management of acute and other contract positions that are moving out from plan: the CCG is ensuring the monthly “Day ten” review meeting focus on action plans to bring back online.
- Ensuring sustained delivery of QIPP at least at the current forecast level.
- Maintaining work on HQ risk
- Ensuring delivery of FRP

Further analysis of financial position

Financial Risks & Mitigations

RISKS & MITIGATIONS 2018/19 Revised analysis following month 9 Review	Net £m
RISKS:	
Forecast non delivery of QIPP	(2.5)
UHS potential deterioration in second half of year.	(1.0)
Other acute potential deterioration	(1.0)
Non acute	(0.4)
Further deterioration in CHC forecast	(0.5)
In year pressures in Primary Care	(0.3)
TOTAL RISKS	(5.7)
MITIGATIONS:	
Medicines Management upside	0.4
Investment slippage	1.3
TOTAL MITIGATIONS	1.7
Net unmitigated Risk associated with the forecast position	(4.0)

Assurance

- All financial risks are recognised on WHCCG Risk Register
- Management of acute contracts through contracting forums
- Delivery of QIPP and FRP continue to be managed through FRP process, with regular Executive and Accountable Officer review

Key points to note

In addition to the in-year planned deficit of **£0.7m**, there are **£4.0m** of additional net risks and mitigations. If these risks and mitigations materialise the year-end deficit will increase to **£4.7m**.
 The **£5.7m** of risks relate principally to non-delivery of QIPP, over performance on acute contracts and potential pressures in primary care and continuing healthcare. The QIPP risk of **£2.5m** has improved as our forecast delivery of QIPP has increased.

PERFORMANCE UPDATE

31 January 2019

Author:

Michaela Dyer, Deputy Director of Performance and Delivery

Sponsoring Director:

Mike Fulford, Chief Finance Officer



WHCCG – Winter Resilience and ED four hour standard – HHFT

WHCCG Performance over Christmas and New Year period

- Overall, the CCGs main providers were far more resilient over the Christmas and New Year period than in previous years, with improved 4 hour performance in ED departments, a reduction in ambulance handover delays, and an improvement in 999 response times.
- In particular, there was notable success in reducing patients whose discharge was delayed during December, which supported bed flow. However, the level of ED attendances was still higher than planned across all providers.
- However, HHFT 4 hour ED performance, and overall resilience, continued to be of concern, with a further deterioration in ED performance, as shown below:

ED perf	Oct	Nov	Dec
RHCH	82.17%	77.57%	82.02%
BNHH	74.08%	76.58%	70.89%
HHFT trust wide	80.28%	78.54%	77.32%

- The number of patients not being treated within four hours is set out below:

Number of patients not achieving 4 hours	Oct	Nov	Dec
Trust wide	2,067	2,267	2,349

Position and Actions taken, HHFT

- NHSE and NHSI have worked with HHFT and both WHCCG and North Hampshire CCG to agree a rapid improvement plan.
- This has already had some impact during January, with improved performance above 95% during the third week of January.
- The rapid improvement plan includes actions for both Winchester and Basingstoke sites, as well as system wide actions.
- One key action for the CCG has been to commission 24 hour psychiatric liaison support to the emergency departments.
- Internal actions are focused on providing specialty wide support to the Trust from within hospital departments, and in particular improving frailty support to the front door.
- The improvement trajectory planned for the Trust is to achieve 90% in January, 92% in February and sustain 95% during March.
- On 11 December 2018 the CCGs Quality Teams supported HHFTs ED peer support visits on both sites. It was identified that further work is required to fully embed Care Quality Commission (CQC) actions in relation to ED. Progress continues to be reviewed as part of the CCGs assurance processes in relation to the CQC findings.

Cancer Standards at UHSFT – update on progress against recovery plan

Planned recovery timetable, and subsequent delays in recovery

- UHS and local Commissioners agreed in October recovery plans and trajectories for the four main Cancer standards.
- However, whilst there has been some good progress against:
 - the actions needed to deliver 31 day standard,
 - in improving surgical capacity in Urology,
 there have been new pressures, and the recovery trajectories are not being achieved.
- Latest performance is summarised below:

Standard	Target	Aug	Sept	Oct	Nov
2WW	93%	88.66%	82.94%	84.81%	81.18%
2WW Non Symptom Breast	93%	80.81%	80.85%	63.75%	16.28%
31 Days	96%	95.94%	94.53%	89.36%	90.14%
62 Days	85%	73.86%	68.07%	76.38%	75.40%

- In light of this - the table below sets out the slippage that there is against the existing recovery plans:

Standard	Agreed plan for recovery	Slippage / Current plan for recovery
2 week wait (WW) and 2WW Breast	December 2018	January 2019 (delay of a month)
31 day referral to diagnosis	April 2019	On track
62 day referral to treatment	January 2019	To be confirmed, after April 2019 (delay of at least 2 months)

Actions to gain assurance

- The CCG is supportive of the actions that have been put in place by UHSFT to recover performance, and in particular the hard work of the Urology team to address the 62 day pathway
- However, Commissioners are meeting with UHS on 25 January 2019 to understand any actions that either UHS or the CCG can take to accelerate delivery. Key issues include:
 - Pressure on the TWW (two-week wait) pathway in light of the increasing level of referrals for colorectal, urology and dermatology cancer services – a verbal update will be provided at Board
 - Breast services, where the additional consultant radiologist has started work, and this has increased capacity. However, as the team have been prioritising “suspected cancer” patients the performance for non symptomatic patients was adversely impacted
 - In Urology, there remains a significant backlog of patients to treat, however the robotic surgery pathway is now fully open, and 28 procedures were completed in December.
 - There is pressure on the Head and Neck pathway caused by transition of surgical pathway from Winchester to UHS.
- Two separate quality visits have been completed as part of ongoing management of this issue, and actions have been agreed. The internal CCG visit on 9 November 2019 was assured regarding the quality of service offered to patients, and the review and management of long waiting patients to ensure there was no adverse impact on outcomes .

Child and Adolescent Mental Health Services (CAMHS)

CAMHS – background

- CAMHS are delivered for WHCCG by Sussex Partnership Trust (SPT). In Hampshire, as in the rest of England, demand for services has been increasing.
- SPT was rated as ‘good’ in all domains during their 2017 CQC inspection. However, waiting times for WHCCG patients have not been meeting national waiting time standards since the start of 2018, and the provider and commissioners recognise that in order to meet the continued demand for their services, more needs to be done.

Latest performance

- During the period from April – November 2018 waiting times for children waiting for first assessment have continued to extend in some localities .
- Most notably for WHCCG, performance continued to deteriorate in November against two of the main five access standards – and waiting times continue to be of most concern for the patients waiting for assessment and treatment in the Winchester and Test Valley areas .
- For WHCCG, only 49% of children waited less than 18 weeks from referral to starting treatment – this was a deterioration from 56% in October .

Assurance, and main actions to improve performance

- The provider has established triage and screening processes to ensure that all referrals are screened and urgent cases are managed as a priority, with support offered to all parents and carers / schools during the period in which a child is waiting.
- WHCCG, alongside all other CCGs in Hampshire, invested in additional capacity to treat children waiting for Autism Spectrum Disorder assessments in Hampshire.
- An Improvement Board has been established, and is overseeing delivery of the recovery plan. As part of this an external expert is being commissioned to review whether the service has sufficient capacity. This work is expected to be completed by February.
- A number of actions have been agreed as part of this plan, but there is not yet agreement to dedicate additional staffing resource to the Winchester and Test Valley area to address waiting times. However, SPT and the CCG continue to work together to assess whether this is possible.
- The Director of Quality has written to the lead commissioner requesting that CAMHS implement a harm screening tool at first appointment to assess actual or potential harm from long waits. Example tools have been provided.