

CCG Board

Date of meeting		28 March 2019	
Agenda Item	7	Paper No	WHCCG19/022

Integrated Performance Report (March 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 review the Integrated Performance Report (March 2019), and consider the associated risks and mitigations
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	Barbara Gregory, Deputy Director of Finance Matthew Richardson, Deputy Director of Quality & Nursing Michaela Dyer, Deputy Director of Performance & Delivery
Sponsoring Directors	Mike Fulford, Chief Finance Officer Ellen McNicholas, Director of Quality & Nursing (Board Nurse)
Date of paper	19 March 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 March 2019 are:

- The work being undertaken to understand the quality impact of the delays to ensuring timely access to a Wheelchair, and the work ongoing across the CCG to improve the service
- 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 February 2019 is in **line with the year-to-date plan**, that was to deliver **£0.6m** of the planned deficit (page 7)
- The only significant risks to delivering the 18/19 year end forecast are those within the QIPP programme, - 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**, and **University Hospitals Southampton NHS Foundation Trust** (page 10), and the impact on ambulance services
- 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.

Both these reports are accessible via the CCG's website, appended to this paper.

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

28 March 2019

Sponsoring Directors:

Ellen McNicholas, Director of Quality and Board Nurse

Mike Fulford, Chief Finance Officer



QUALITY UPDATE

18 March 2019

Sponsoring Director:

Ellen McNicholas, Director of Quality and Nursing

A detailed review of the quality of all services commissioned was undertaken in the West Hampshire Clinical Commissioning Group Clinical Governance Committee on 7 March 2019.



Quality Updates – Clinical Governance Committee 7 March 2019

- **Clinical Governance Committee Terms of Reference:** The Clinical Governance Committee Terms of Reference were reviewed, noting minor changes to sub-groups and non-voting membership. They were approved, subject to further clarification of the Committee's role in shaping and monitoring developing quality governance arrangements in local Integrated Care Partnerships.
- **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). The Committee was informed of the risk relating to unsafe non-medical male circumcision and informed that the Hampshire Safeguarding Children's Board will be requested to hold this risk on behalf of system partners.
- **Hampshire Hospitals NHS Foundation Trust (HHFT):** The Committee received an update on HHFT's progress against Care Quality Commission (CQC) actions (slide 5).
- **Southern Health NHS Foundation Trust (SHFT):** The Committee discussed the report on the use of the Care Programme Approach (CPA) and requested further assurance around the criteria being applied by the trust for use of CPA, and whether it incorporates both health and social care interventions. A further paper is to be provided to the May 2019 Committee and the risk relating to this issue is to be reviewed.
- **South Central Ambulance Service (SCAS):** The Committee noted recent media attention of ambulance response times to rural locations and requested further information for the Board on performance by locality for the West Hampshire CCG population. This work is in progress (slide 10).



Millbrook Hampshire Wheelchair Service (MHWS)

The issue

In January 2019, MHWS received 394 referrals in to the service which is 146 more than planned. The current waiting list is 1946 ↑ for adults and 398↑ for children.

Commissioning managers continue to work with the provider to identify ways in which existing capacity could be better deployed to meet the needs of those individuals accessing the service, and where additional resource may be required at the various stages of the patient pathway.

It is known that service delays can have a negative impact on the quality of service delivered. The Clinical Commissioning Group (CCG) quality team is working with the provider and community providers to ensure there are robust systems and processes in place to ensure service-user concerns are escalated and managed in a timely manner.

Assurance

The CCG continues to promote provider collaboration to prevent patient harm and to ensure that in cases where it is thought harm may have occurred that they are effectively investigated and appropriate changes to practice are made by the relevant provider.

However, the quality intervention cannot address the underlying issue that activity is above the commissioned threshold.

Actions & Mitigation

- **Demand and Capacity:** commissioners continue to work with Millbrook Healthcare to identify ways in which existing capacity could be better deployed to meet the needs of those individuals accessing the service, and where additional resource may be required at the various stages of the patient pathway. West Hampshire CCG and Southampton City CCG have agreed funding for a children's pathway pilot. As part of the pilot two additional locum therapists will be deployed within the local service specifically targeting the child cohort of service users
- **Review of work:** commissioners continue to review proposals by Millbrook Healthcare that aim to divert workforce away from undertaking interventions outside of the scope of NHS England's model specification. This would enable further capacity to be deployed to meet the needs of the waiting list
- **Entry Level Wheelchair and Accessory Prescribing (ELWAP):** the service has developed and allocated resource to provide ELWAP training to referring community therapists in March 2019. Ten staff from Southern Health NHS Foundation Trust have been identified to undertake the training and Solent NHS Trust potentially has five members of staff who could participate. This could help to increase the number of direct issue wheelchairs issued and reduce the number of wheelchair service appointments required for low need service users meaning appointments are allocated to those on the waiting list with greater needs
- **CCG review of incident process:** the WHCCG senior quality manager is reviewing the serious incident and incident reporting flowchart to ensure early escalation and response
- **Serious harm review tool:** in conjunction with MHWS the senior quality manager is updating the serious harm review tool to include a proactive harm reduction element and to link with MHWS' triage process. Community providers are aware of this work
- **Collaborative working (senior managers):** on 1 February 2019, the CCG held a second meeting for senior managers from community providers and Millbrook to review progress with the monthly MHWS/community provider meetings and incident reporting. It was agreed that these would become regular quarterly meetings to promote collaborative working and to enable issues to be addressed promptly
- **Community link days:** the CCG has requested that the provider sets and shares the dates for further link events for 2019/20. Following a recent meeting with the CCG, MHWS and a care home, it was agreed that the Community link day would be extended to the care home physiotherapist
- **New Procurement:** the CCG commissioning manager and senior quality manager are involved in the procurement of a new service model, currently different models and ideas are being explored with key stakeholders.

Hampshire Hospitals NHS Foundation Trust: Care Quality Commission update

The issue

The Care Quality Commission (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 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 and 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.

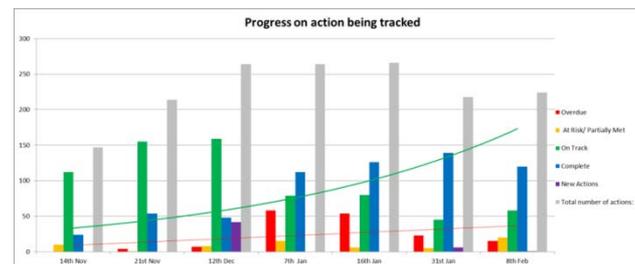
Assurance

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 leaders within HHFT are reviewing internal systems and processes to support learning from the CQC findings along with promoting a culture of continuous improvement.

Actions & Mitigation

- **Section 31 action plan:** conditions one and three – ongoing; conditions two, four, five and six have been met
- **Section 29A action plan:** 91 actions – 63% completed/completed and closed/completed and validated; 6 overdue and not compliant – key overdue areas are in relation to theatre sinks and equipment testing
- **Overarching action plan update:** as at 8 February 2019 HHFT have 220 actions in total of which, 117 complete; 58 on track; 23 at risk of slippage and 15 overdue. Key areas of challenge in the action plan relate to equipment and cleaning



- **Equipment (labelling/compliance with safety testing):** current compliance with safety testing (of equipment known to the Trust) is 75%. HHFT has organised additional resources to support the safety testing of medical equipment. Actions to improve the labelling of hoists continues and includes photographing all hoists (and labels) and completion of ward equipment inventories by the matrons
- **Cleaning:** HHFT is introducing new style cleaning audits which will include monthly audits jointly undertaken by matrons and supervisors and quarterly audits undertaken by matrons, supervisors and the estates team. Cleaning schedules have been reviewed. HHFT are planning a 'spring clean week' – the facilities team are linking with the environmental risk lead to plan this event
- **CQC unannounced inspection:** the Care Quality Commission (CQC) undertook an unannounced visit to the Basingstoke ED on 4 February 2019 as part of their *Winter Pressures* visits. CQC did not have any issues to escalate on the day of the visit. HHFT have advised that CQC reported seeing a change in culture, the senior nurse leadership and better flow through the department. HHFT have reviewed CQC's report for factual accuracy. HHFT are awaiting the final report
- **Safety culture:** the senior quality manager has collated 141 safety climate survey responses from staff across 19 wards spanning all three sites. HHFT's Chief Nurse (Medicine) has suggested that the data should be jointly presented at the Matron Day and used to inform peer support reviews and workforce plans. The data has also been shared to support the "discover phase" of the Cultural Change Programme which HHFT are currently undertaking
- **Peer support reviews:** the CCGs continue to support HHFTs fortnightly peer support reviews for joint assurance that the CQC action plan items are embedded in practice. Dates for peer support review visits have now been agreed for 2019/20.

FINANCE UPDATE

28 March 2019

Author:

Barbara Gregory, Deputy Director of Finance

Sponsoring Director:

Mike Fulford, Chief Finance Officer



Financial position at 28 February 2019

Monthly results

Financial Performance Summary	Annual	Outturn at month 11			Year End	
	Plan £'000	Budget £'000	Actual £'000	Variance £'000	Forecast £'000	Variance £'000
Revenue Resource Limit (Cumulative)	778,803	709,376	709,376	-	778,803	-
Expenditure						
NHS Acute Contracts	351,490	321,919	334,209	(12,290)	364,086	(12,597)
Other Acute Providers	20,345	18,567	20,789	(2,222)	23,158	(2,813)
Mental Health & Community Providers	107,747	98,727	99,112	(385)	108,507	(760)
Non Acute Contracts	95,248	87,310	89,695	(2,385)	98,182	(2,934)
Medicines Management (Primary Care)	91,457	83,835	81,846	1,989	89,809	1,647
Primary Care co-commissioning and other	83,946	76,947	75,958	989	82,714	1,232
Headquarters and Hosted Services	17,137	15,682	15,607	75	17,265	(128)
Reserves and Contingency	12,122	7,019	(7,208)	14,227	(4,231)	16,352
Total Expenditure	779,491	710,006	710,006	(0)	779,491	0
Underspend/(Overspend) - Cumulative	(688)	(630)	(630)	(0)	(688)	0

Key points to note

For the 2018/19 financial year we are planning on income of **£778.8m** and expenditure of **£779.5m**, 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 February 2019 is in line with the year-to-date plan, that was to deliver **£0.6m** of the planned deficit.

The 2018/19 year-end forecast remains on plan and the unmitigated risks associated with the delivery of the control total are now assessed at **zero**.

CCG Priorities/ Board focus

Key areas of focus are as follows:

- Management of acute and other contract positions. The UHS contract year end position has now been fixed, reducing the residual risk to achieving the year end control total.
- Ensuring sustained delivery of QIPP at least at the current forecast level. The QIPP forecast delivery remains in the mid to high 90%

Further analysis of financial position

Financial Risks & Mitigations

RISKS & MITIGATIONS 2018/19 Revised analysis following month 11 Review	Net £m
RISKS:	
Forecast non delivery of QIPP	(1.4)
UHS potential deterioration in second half of year.	-
Other acute potential deterioration	-
Non acute	-
Further deterioration in CHC forecast	-
TOTAL RISKS	(1.4)
MITIGATIONS:	
Medicines Management upside	-
Investment slippage	1.4
TOTAL MITIGATIONS	1.4
Net unmitigated Risk associated with the forecast position	-

Assurance

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

Key points to note

Following a review at month 11,, the net unmitigated risk of delivery of the in-year planned deficit of **£0.7m** has been reduced to **zero**. The **£1.4m** of risks relate to residual forecast non-delivery of QIPP in the closing weeks of the financial year.

PERFORMANCE UPDATE

28 March 2019

Author:

Michaela Dyer, Deputy Director of Performance and Delivery

Sponsoring Director:

Mike Fulford, Chief Finance Officer



WHCCG – Winter Resilience, ED four hour standard, and ambulance response

Situation – Urgent Care performance since January

- Following a more resilient Christmas period, with improved 4 hour performance, a reduction in ambulance handover delays, and an improvement in 999 response times, all systems have experienced a more challenging January, February and March.
- The key factor in this has been exceptionally high levels of Emergency Department (ED) attendances at both Hampshire Hospitals NHS Foundation Trust (HHFT) and (University Hospital Southampton NHS Foundation Trust (UHS), and a rise in acuity of emergency inpatients during late January and early February in particular
- **This has led to a direct increase in the number of patients who do not receive care in 4 hours – however, it should be positively noted that ambulance handover times and 999 response times were not impacted by the pressures within Trusts. In addition, flow through the system remains good and we have not seen an increase in delayed transfers**
- HHFT delays over 30 minutes fell to 7%, from 12% of all transfers last year

% of ambulance handovers over 30 minutes December-March

Provider	2017/18	2018/19
HHFT	12.67%	7.40%
UHS	1.79%	2.20%

- Co-ordination across the Sustainability & Transformation Partnership (STP) area, with a nominated Chief Officer and Exec Director lead, also positively impacted co-ordination and escalation processes

	ED performance Trust wide				Number of patients not achieving 4 hours			
	Nov	Dec	Jan	Feb	Nov	Dec	Jan	Feb
HHFT	78.54%	77.32%	84.79%	81.78%	2,267	2,349	1,587	1,759
UHS	88.87%	90.68%	84.84%	77.90%	1,365	1,127	1,906	2,640

Ongoing action to improve position

- **South Central Ambulance Service (SCAS) performance** continues to be very strong for Category 1 calls, with the mean waiting time of 7 minutes being achieved most months
- However, there has been an increase in (non-urgent) routine category 4 calls - with a mean wait of 4 hours during February - and the CCG is working with SCAS to assure itself that there is no adverse impact of this increase, and agree a plan of further action that can be taken in rural localities
- ED performance at UHS deteriorated further in February. ECIST have provided further support to the Trust, and all additional actions have been incorporated into the ED RAP, which is overseen by the SW AEDB, who are content with progress against those actions.
- ED performance at HHFT also deteriorated, but to a lesser extent. The Improvement Plan at HHFT is also being supported by NHSE, and there is recognition from a recent CQC and ECIST review that nursing and medical leadership within the department has improved, and the majority of actions are being implemented as agreed.

Cancer Standards at UHS – update on progress against recovery plan

Current position – achievement of 2 standards, delays in 2 standards

- UHS and local Commissioners agreed in October recovery plans and trajectories for the four main Cancer standards.
- There has been notable improvement in waiting times for Two Week Wait and Two Week Wait Breast pathways. This is as a result of additional staff appointments and increased outpatient and diagnostic capacity, and UHS are confident of achieving and maintain this standard throughout the year
- Latest performance is summarised below:

Standard	Target	Nov	Dec	Jan
2WW	93%	81.18%	83.02%	90.28%
2WW Non Symptom Breast	93%	16.28%	34.75%	50.67%
31 Days	96%	90.14%	88.22%	87.98%
62 Days	85%	75.40%	72.82%	70.94%

- The delays in recovery of 31 days and 62 days performance are predominantly due to:
 - a) a reduction in operating capacity for prostate surgery (due to staff injury),
 - b) lack of radiology consultant capacity impacting on overall pathways, and ability of staff to deliver additional sessions
 - c) tertiary referrals being received later in the pathway from other providers, as a result of increased TWW demand – for WHCCG there is a particular impact of deterioration in cancer performance at HHFT over the last 3 months

Actions to gain assurance

- In light of the challenges meeting the 31 and 62 day standards, the CCGs have agreed revised recovery plans in place with UHS for delivery by August, as shown in the table below.

Standard	Initial agreed plan for recovery	Slippage / Current plan for recovery
31 day referral to diagnosis	April 2019	August 2019
62 day referral to treatment	January 2019	August 2019

- All agreed actions are being implemented, including additional operating lists, however the key constraint to full delivery remains consultant workforce capacity, in light of national recruitment challenges
- Two separate quality visits have been completed as part of ongoing management of this issue, and actions have been agreed and implemented
- Internal CCG clinical visits have been 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 .

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.
- The contract notice period is 12 months and the service is just starting the 4th year of an initial 5 year contract period.

Latest performance

- In total there are 651 WH children waiting
- There was some positive improvement in waiting times during January, and reduced waits for some children
- Notably, the number of patients receiving their first assessment in 4 weeks improved from 26% to 36% over a 2 month period to January
- There was also an improvement in the % of children starting treatment within 18 weeks, which improved from 39% to 49% in January

Quality services, better health

- The provider established triage and screening processes with responsive support for waiting families.
- CCGs invested in additional capacity for an external provider to assess children waiting for an Autism diagnosis.
- An Improvement Board has met 4 times, and has overseen delivery of the recovery plan. The outcome of this will be reported to a board to board meeting with SPFT and the partnership CCGs before a decision is taken on escalation/contractual measures. This is proposed for 30 April 2019
- An external expert has completed a peer review. The review has concluded that the service does not have sufficient capacity and further investment may be required.
- A review of the procurement lessons learned is under way with data gathered from Hampshire Five papers, SoEPS and contract documents
- GP survey have been developed to add to the section 11 survey
- **Wider Pathway Review** a consultant to undertake this has been jointly funded by HCC, HPCCGs and WHCCG agreed at the HASC
- 3rd sector tier 2 contracts with have been renewed to provide 2,000 counselling sessions and 700 children attending groups
- Contract meetings for T2 increased to monthly with new KPIs
- Funding has been allocated to HCC for 6 MHW posts across Hampshire Behaviour Support teams and an a self help App Think Ninja for smart phones has been commissioned
- Transition issues being addressed through the STP MH programme board with agreement to arrange a 0-25 workshop
- **Winchester and Test Valley** A small (0.5 WTE) resource has been allocated to the team to address waiting times.
- An review of long term waiters has resulted in 3 families receiving earlier attention and a few discharges
- 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. (with example tools)
- Evening, weekend and group capacity has been found in Winchester and 3 GP practices have been approached for embedded clinics