

CCG Board

Date of meeting		23 May 2019	
Agenda Item	7	Paper No	WHCCG19/052

Integrated Performance Report (May 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, and consider the associated risks and mitigating actions.
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 Constitutional Standards, • Delivery of Financial 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 AuthorS	Matthew Richardson, Deputy Director of Quality Michaela Dyer, Deputy Director of Performance and Delivery Andrew Short, Deputy Director of Finance
Sponsoring Directors	Mike Fulford, Chief Finance Officer; Ellen McNicholas, Director of Quality and Board Nurse
Date of paper	16 May 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 May 2019 are:

- For the 2019/20 financial year we are planning on income of **£808.7m** and expenditure of **£808.7m**, to giving a planned **breakeven** position for the financial year (page 3).
- The financial performance position shown in this report to the end of April 2019 shows a **breakeven** position in the year to date. However, for acute contracts and Medicines Management in particular, no data is yet available and these budgets are assumed to be at breakeven in reporting month 1 (page 3).
- Ensuring sustained delivery of QIPP. There remains a significant amount of risk to the CCG's year-end forecast. After mitigations there is a net **£12.1m** risk to the year-end breakeven forecast (page 4)
- The management of plans to improve **delivery of cancer standards at University Hospitals Southampton NHS Foundation Trust** (page 7)
- The management of plans to improve **Child and Adolescent Mental Health Services** (page 8)
- 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 (page 9)

More information on performance issues is set out in the main finance report and in the main performance report for reference (appendices 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 Finance, Quality And Performance

23 May 2019

Sponsoring Directors:

Ellen McNicholas, Director of Quality and Board Nurse

Mike Fulford, Chief Finance Officer



Finance Update

Lead Director: Mike Fulford



Financial position at 30 April 2019

Monthly results

Financial Performance Summary	Annual	Outturn at month 1			Year End	
	Plan £'000	Budget £'000	Actual £'000	Variance £'000	Forecast £'000	Variance £'000
Revenue Resource Limit (Cumulative)	808,655	67,342	67,342	-	808,655	-
Expenditure						
NHS Acute Contracts	375,110	31,259	31,259	1	375,110	-
Other Acute Providers	24,023	2,002	2,002	1	24,023	-
Mental Health & Community Providers	114,997	9,630	9,629	2	114,997	-
Non Acute Contracts	101,360	8,447	8,596	(149)	101,360	-
Medicines Management (Primary Care)	91,967	7,664	7,664	-	91,967	-
Primary Care co-commissioning and other	87,612	7,301	7,239	62	87,612	-
Headquarters and Hosted Services	16,964	1,413	1,508	(95)	16,964	-
Reserves and Contingency	(3,377)	(374)	(555)	181	(3,377)	0
Total Expenditure	808,655	67,342	67,340	2	808,655	0
Underspend/(Overspend) - Cumulative	-	-	2	2	0	0

Key points to note

- For the 2019/20 financial year we are planning on income of **£808.7m** and expenditure of **£808.7m**, to giving a planned **breakeven** position for the financial year.
- The financial performance position shown in this report to the end of April 2019 shows a **breakeven** position in the year to date. However, for acute contracts and Medicines Management in particular, no data is yet available and these budgets are assumed to be at breakeven in reporting month 1.
- Because of the above, the 2018/19 year-end forecast is at plan at this stage in the Financial Year.

CCG Priorities/ Board focus

Key areas of focus are as follows:

- Management of acute and other contract positions.
- Ensuring sustained delivery of QIPP. There remains a significant amount of risk to the CCG's year-end forecast. After mitigations there is a net **£12.1m** risk to the year-end breakeven forecast

Further analysis of financial position

Financial Risks & Mitigations

	Net £m
RISKS & MITIGATIONS 2019/20 (May update)	
RISKS:	
QIPP - Unidentified	(9.7)
QIPP - Identified but unallocated	-
QIPP - Identified	(3.2)
Sub Total - QIPP Risk	(12.9)
In-Year Activity Pressures	(2.1)
Sub Total - Performance	(2.1)
Other Risks (CHC, NCSO and other)	(2.1)
Sub Total - Other	(2.1)
TOTAL RISKS	(17.1)
MITIGATIONS:	
Develop plans to close QIPP gap (FRP)	1.0
Contingency	4.0
TOTAL MITIGATIONS	5.0
Net unmitigated Risk associated with the forecast position	(12.1)

Assurance

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

Key points to note

There remains a significant amount of risk to the CCG's year-end forecast. At the end of April the CCG has identified £12.9m of QIPP risk, £2.1m of risk associated with in-year pressures and £2.1m of other risks. These risks are partially mitigated through plans to close the QIPP gap £1.0m and by use of the CCG's contingency £4.0m. However, after mitigations the CCG has still identified a net **£12.1m** risk to the year-end breakeven forecast.

Quality and Performance Update

Lead Directors: Mike Fulford and
Ellen McNicholas



Escalation from Clinical Governance Committee 2 May 2019

- **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 Corporate Risk Register threshold (score of 12 or more). These risks relate to Southern Health, and a full summary is contained within the quality report
- **Hampshire and Isle of Wight Quality Board Quality Framework:** The Committee reviewed and commented on the HIOW Quality Framework developed by system partners. Ellen McNicholas has collated the feedback and provided this to the chair of the Quality Board
- **Continuing Healthcare (CHC) Complaints Thematic Review:** The Committee received and accepted the thematic review of complaints to CHC, noting that:
 - During September 2018 to March 2019 there were a total of 40 complaints, down from 48 s in the previous six month period (17% decrease)
 - This represents 1.5% of total CHC activity which results in complaints
 - The team have progressed from 46 decisions per month in April 2018 to 183 decisions in February 2019 and speeding up the process should reduce complaints relating to delays
 - The key theme of communication (timeliness and effectiveness) remains and further work is planned around staff customer service skills.



UHS - Cancer services

Background and latest performance

UHS cancer performance continues to be of concern, however there was an improvement for WHCCG patients at UHS in all standards in March, in line with the recovery trajectories agreed with UHSFT. The 2 week wait standard was achieved for the CCG in March and UHSFT plan to maintain delivery.

UHS Performance for WHCCG - Indicator	Target	Jan	Feb	Mar	YTD
Cancer: All 2 week waits (urgent)	93%	90.60%	91.30%	95.69%	87.26%
Cancer: 2 week breast symptoms (cancer not initially suspected)	93%	70.00%	58.82%	63.16%	55.74%
Cancer: 31 days diagnosis to treatment	96%	84.97%	88.49%	88.68%	90.92%
Cancer: 62 days urgent referral to treatment	85%	69.57%	71.70%	78.57%	75.39%
Cancer: 62 days urgent RTT (104 day waits)	0%	36.5	8.5	8	183

Assurance, and main actions to improve performance

- UHSFT have agreed with commissioners a clear recovery plan, which is underpinned by contractual consequences
- As part of this it has been agreed that the delivery of the 2 week wait standard will be maintained
- 31 and 62 day standards will be achieved by UHS in December, and by the CCG in September (due to improved performance at other providers)
- 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 session
- Quality and performance teams from all commissioners are in the process of agreeing an improved governance arrangement with UHS to ensure that the monthly cancer meetings focus on ensuring the impact of delays on quality is continually reviewed

CAMHS – background

- CAMHS are delivered for WHCCG by Sussex Partnership Trust (SPT). In Hampshire, as in the rest of UK, demand for services has been increasing. SPFT was rated as 'good' in their Jan 2017 CQC inspection. However, waiting times for WHCCG patients have not been meeting national waiting time standards since the start of 2018, and provider and commissioners recognise that in order to meet the 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

- At M12 767 WH children waiting (651 M10)
- Average time for those waiting is 12.8 weeks (CCG) and 15.4 (WTV), for those seen time was 41wks (CCG) and 47 wks (WTV).
- This is an improvement on M10 and indicates that longest waiters being addressed
- The number of patients receiving their first assessment in 4 weeks was 34% (36% M10)
- The % of children starting treatment improved to 55.5% (49% M10)
- Trajectory at M12:
- Demand up 17%



- A board to board discussion was held with SPFT and Hampshire Partnership informed by an Improvement Board that has met 6 times, overseeing the delivery plan. The outcome is that:
 - Option approved is a phased approach with additional investment and built-in evaluation points. This enables a range of approaches to be tested and to build on some of the innovative work that is already underway, such as digital solutions, children's Safe Haven and primary care workers working within schools.
 - Agree to submit a bid for Wave 2 funding for MH Support Workers in schools
 - Transformation board to be set up with new terms of reference focused on development and testing of new models of delivery in an a high priority needs areas within Hampshire
- A review of the procurement lessons learned was shared with clinical governance committee in April.
- Trust is in dialogue with staff to alter the balance between assessment and treatment, informed by trajectory (see latest performance)
- **Winchester and Test Valley Action Plan.** The WTV focussed quality improvement initiative has completed and a report is due end of May 2019. Group work initiative affecting over 100 young people The team will continue with:
 - Extra (0.5 WTE) resource for the team to address waiting times.
 - Reviewing long term waiters
 - Evening, weekend and group work (modified after initial round)
 - Working in 3 pilot GP practices
 - Active caseload review in supervision

Millbrook Hampshire Wheelchair Service (MHWS): Children's Pathway Initiative

The issue

In March 2019, the Millbrook Hampshire Wheelchair Service (MHWS) children's waiting list was 397.

The average waiting time in March 2019 for West Hampshire CCG children was 18.9 weeks.

The Quarter four 2019/20 Unify position for West Hampshire CCG demonstrated that 52% of child cases were closed within 18 weeks.

West Hampshire and Southampton City CCG have been working with MHWS to develop an initiative with the prime aim of improve compliance with the 18 week referral to treatment wheelchair target for children.

Assurance

The children's pathway initiative has now been running for eight weeks and so it too early to determine the impact of this on practice.

The CCG has set up weekly meetings with the service to monitor progress against the agreed key performance metrics and these will commence in the middle of May 2019.

The CCG is working with the service to ensure quality outcomes are measured and reported on alongside performance data.

Actions & Mitigation

- **Children's pathway initiative:** West and Southampton City Clinical Commissioning Groups are working with Millbrook Hampshire Wheelchair Service (MHWS) to pilot the deployment of additional therapy resource towards the children's pathway. The initiative commenced on 12 March 2019 and will run for a total of 31 weeks, delivering an additional 188 wheelchair handovers, of which 95% will be delivered within 18 weeks. The aims of the project are:
 - to improve the response times for completion of children's pathways (18 weeks Referral to Treatment (RTTT) pathway) – 95% of cohort within 18 weeks, this will improve overall compliance with the national 18 week target by 25%
 - to reduce the children's waiting list to a sustainable level – an additional 188 handovers will be completed during this project
 - to improve the experience of child wheelchair users – as part of the project outcome measures are to be developed and trialled
 - to improve the expertise / skills of internal wheelchair therapists – through cascade of locum expertise
 - to improve the awareness and understanding of the various children's pathways to external therapists – through education sessions and re-establishing community link days with focus on children's provision
- **Workforce to support initiative:** one locum therapist has been in place since March, with an additional staff member started in May. These 2 therapists will allow the service to aim to treat all new referrals in 18 weeks, and will train existing staff
- **Review of provision:** children's wheelchair provision has now been reviewed to ensure a higher established stock level is in place, to avoid delays as a result of equipment ordering
- **Increased awareness:** the service will be planning further engagement sessions with hospitals, orthopaedic teams and others to build awareness of the children's pathways

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