NHS
West Hampshire
Clinical Commissioning Group

CCG Board

Date of meeting		**25 July 2019**	
Agenda Item	**6**	**Paper No**	**WHCCG19/076**

Integrated Performance Report (July 2019)

Key issues	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 the executive summary to the report
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	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 These risks are included in the West Hampshire CCG Corporate Risk Register as follows: • 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.	Finance and Performance Committee Clinical Governance Committee Performance Issues and Risks Group Monthly finance, performance, and quality meetings
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	Matthew Richardson, Deputy Director of Quality and Nursing 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 Nursing (Board Nurse)
Date of paper	16 July 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 July 2019 are:

- For the 2019/20 financial year we are planning on income of **£809.074m** and expenditure of **£809.027m.** This reflects the planning requirement to replicate in 2019/20 the small actual surplus of **£0.047m** that was the final position in the CCG Annual Accounts for 2018/19.
- The financial performance position shown in this report to the end of June 2019 shows a **breakeven** position against plan in the year to date
- The 2019/20 year-end forecast remains at plan at this stage in the Financial Year.
- In May 2019, risks and mitigations were reduced from the plan position of **£14.7m to £12.1m** on the basis of contract agreements and work on closing the QIPP (Quality, Innovation, Productivity and Prevention) gap. A review in July 2019 against the emerging position at month three has indicated that the net risk has returned to **£14.5m**, the level originally anticipated at plan stage.
- The management of plans to improve **Child and Adolescent Mental Health Services**
- The work being undertaken to understand the **quality impact of the delays to ensuring timely access to urgent, and elective care services**

More information on performance issues is set out in the main finance report and in the main performance report 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 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.

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Integrated Performance Report – Finance, Quality and Performance

25 July 2019

Sponsoring Directors:

Mike Fulford, Chief Finance Officer

Ellen McNicholas, Director of Quality and Nursing

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FINANCE UPDATE

Lead Director: Mike Fulford

Financial position at 30 June 2019

Monthly results

Financial Performance Summary	Annual	Outturn at month 3			Year End	
	Plan £'000	Budget £'000	Actual £'000	Variance £'000	Forecast £'000	Variance £'000
Revenue Resource Limit (Cumulative)	**809,074**	**202,572**	**202,572**	**-**	**809,074**	**-**
Expenditure						
NHS Acute Contracts	375,634	93,908	95,207	(1,299)	382,531	(6,898)
Other Acute Providers	24,023	6,006	5,478	529	23,507	515
Mental Health & Community Providers	115,564	29,062	28,792	271	115,699	(135)
Non Acute Contracts	101,192	25,298	25,921	(623)	102,878	(1,687)
Medicines Management (Primary Care)	91,271	22,586	22,545	41	91,230	42
Primary Care co-commissioning and other	86,974	20,771	20,615	156	86,685	289
Headquarters and Hosted Services	17,809	4,515	4,388	127	17,809	-
Reserves and Contingency	(3,440)	413	(384)	797	(11,313)	7,873
Total Expenditure	**809,027**	**202,559**	**202,560**	**(1)**	**809,027**	**0**
Underspend/(Overspend) - Cumulative	**47**	**13**	**12**	**(1)**	**47**	**0**

Key points to note

- For the 2019/20 financial year we are planning on income of **£809.074m** and expenditure of **£809.027m.** This reflects the planning requirement to replicate in 2019/20 the small actual surplus of **£0.047m** that was the final position in the CCG Annual Accounts for 2018/19.

- The financial performance position shown in this report to the end of June 2019 shows a **breakeven** position against plan in the year to date

- The 2019/20 year-end forecast remains 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 to contract baseline.
- 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 **£14.5m** risk to the year-end breakeven forecast

Further analysis of financial position

Financial Risks & Mitigations

RISKS & MITIGATIONS: Month 3: July 2019/20 Update	Gross	Net	Pessimistic Position Net	Optimistic Position Net
	£m	£m	£m	£m
RISKS:				
QIPP - Unidentified	(9.7)	(9.7)	(9.7)	(7.5)
QIPP - Identified but Unallocated	-	-	-	-
QIPP - Identified	(19.8)	(2.7)	(4.8)	(1.4)
Sub Total - QIPP Risk	**(29.6)**	**(12.4)**	**(14.5)**	**(8.9)**
2018/19 In-Year Activity Pressures	(7.2)	(5.0)	(6.4)	-
Sub Total - Performance	**(7.2)**	**(5.0)**	**(6.4)**	**-**
Other risks (CHC, NCSO and and other)	(3.0)	(2.1)	(4.0)	-
Sub Total - Other	**(3.0)**	**(2.1)**	**(4.0)**	**-**
MITIGATIONS:				
Manage Unplanned Contract Growth	-	-	-	-
Other Mitigations	-	-	-	-
Develop plans to close QIPP gap (FRP)	2.0	1.0	-	1.0
Contingency	4.0	4.0	4.0	4.0
Unmitigated Risk associated with the financial plan	**(33.8)**	**(14.5)**	**(20.9)**	**(3.9)**

Assurance

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

Key points to note

- In May 2019, risks and mitigations were reduced from the plan position of **£14.7m** to **£12.1m** on the basis of contract agreements and work on closing the QIPP gap. A review in July 2019 against the emerging position at month three has indicated that the net risk has returned to **£14.5m** , the level originally anticipated at plan stage.

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QUALITY AND PERFORMANCE UPDATE
25 July 2019

Sponsoring Directors:

Ellen McNicholas, Director of Quality and Nursing

Mike Fulford, Chief Financial Officer

A detailed review of the quality of all services commissioned was undertaken in the West Hampshire Clinical Commissioning Group Clinical Governance Committee on 4 July, and of Performance at the WHCCG Performance Issues and Risks Group on 15 July 2019.

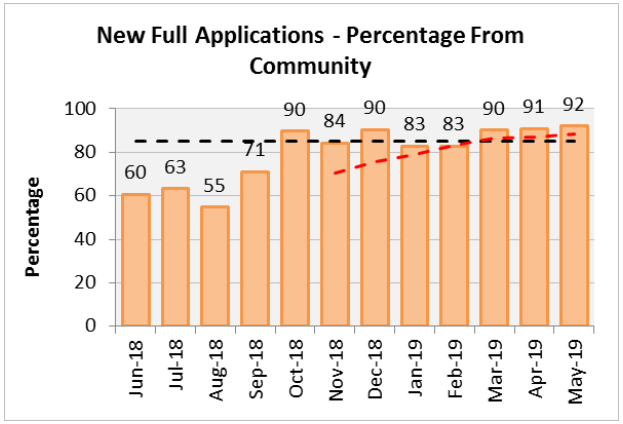
Quality Updates – Clinical Governance Committee 4 July 2019

A detailed review of the quality of all services commissioned was undertaken in the West Hampshire Clinical Commissioning Group Clinical Governance Committee on 4 July 2019. The following issues were noted for escalation to the Board

- **Risk Register:** The Committee reviewed all of the risks currently on the Quality Directorate risk register, and key issues discussed included risks relating to delays in requesting Looked After Children Review Health Assessments, NHS England specialised commissioning oversight of providers, safeguarding pressures , and risk assessment within the Secure Care UK secure transport provider

- **Fragility hip fracture best practice tariff (# NOF BPT):** The # NOF BPT was developed to encourage two key clinical characteristics of best practice: prompt surgery and appropriate involvement of geriatric medicine. These characteristics can lead to improved patient outcomes, reduced mortality, shorter length of stay and more cost effective care. The latest results (Quarter 4, 2018/19) showed that in relation to West Hampshire CCG patients overall our providers were achieving the BPT in 68% of cases. This means that 39 out of 121 patients (32%) did not meet the seven key interventions. Providers have been asked to share their performance against each characteristic and to highlight reasons for non-compliance in order to identify key areas requiring a quality improvement focus.

- **Continuing Healthcare (CHC):** During March, April and May 2019, CHC have met the overall target for completing more than 85% of assessments within the community. West Hampshire CCG has met the target for three consecutive months with all five CCGs in Hampshire achieving the target for May 2019.



- **Friends and Family Test (FFT):** Following consultation, NHS England/Improvement have notified stakeholders that the mandatory FFT question is being amended to make it clearer and more accessible to a wider range of people, including children. The new mandatory question is likely to be: 'Overall, how was your experience of our service' with six potential responses (yet to be confirmed). These changes are expected to take effect from April 2020.

Patient Safety in WHCCG - Sepsis and Deterioration

The issue

Sepsis is a time-critical medical emergency, which can occur as part of the body's response to infection. Unless treated quickly, sepsis can progress to severe sepsis, multi-organ failure, septic shock and ultimately death.

Sepsis affects all age groups but has a higher incidence in the elderly with over 70% of cases arising in the community. In the UK each year, there are an estimated 52,000 deaths from sepsis and 1.9 million emergency admissions (England) with suspicion of sepsis (SOS).

Assurance

The CCG can be assured that WHCCG has an active sepsis and deterioration programme which is delivering positive impact for patients.

Actions & Mitigation

- WHCCG has had a comprehensive sepsis and deterioration programme for the past three years
- A network of sepsis champions has been set up across Primary Care
- The CCG has developed the RESTORE2 programme which supports staff in care homes to recognise physical deterioration and escalate quickly to improve outcomes
    - RESTORE2 has improved confidence in care home staff to detect sepsis and other forms of deterioration
    - Overall, care homes using RESTORE2 show a 31% reduction in 999 calls (8% reduction in nursing homes)
    - The Quality Team with the Wessex Academic Health Science Network (AHSN) won the 2019 Parliamentary Award for Excellence in Primary Care for RESTORE2
    - Seven AHSNs nationally are now working to roll out RESTORE2
- NHS England have run a Sepsis CQUIN (Commissioning for Quality and Innovation) for the past two years focused on screening of all patients with a National Early Warning Score (NEWS) equal or greater than 5
- Local providers perform consistently well for screening patients for sepsis although administration of antibiotics within the hour remains challenging in some areas (please note RBCHFT use a different and more challenging criteria for measuring time from decision to administer antibiotics – national criteria refers to clock start for antibiotics from the time a competent clinical decision maker identifies sepsis. RBCHFT use time of arrival in the department/sepsis screen identifying risk of sepsis which is more challenging but takes in to account the whole patient pathway)

Sepsis – Provider level data:	Quarter 4 2018/19			
Target 90% +	HHFT	UHSFT	RBCHFT	SFT
% of people who were appropriately screened for Sepsis Emergency Department	100%	95.00%	100%	100.00%
% of people who were appropriately screened for sepsis and received antibiotics within 60 mins and 3 day review -Emergency Department	94.80%	95.00%	43.10%	75.00%
% of people who were appropriately screened for sepsis - Inpatient	100%	100%	100.00%	100.00%
% of people who were appropriately screened for sepsis and received antibiotics within 60 mins and 3 day review -Inpatient	87.00%	91.00%	69.20%	54.00%

- The Patient Safety Collaborative and Imperial College have developed a Suspicion of Sepsis insights dashboard which provides local and national comparison on sepsis performance, including mortality. WHCCG has been working closely with the Wessex AHSN to establish NEWS2 in Primary Care and Care Homes as well as the Ambulance Service and acute providers which appears to have contributed to a sustained reduction in mortality.

Looked After Children in Hampshire – impact on health services

The issue

Increased numbers of looked after children (LAC) in the care of Hampshire County Council are currently placed for care both within Hampshire and outside Hampshire borders. (Total in May 2019 - 1,700 children).

Of these 1,700 children (26%) are placed out of county (not including Southampton or Portsmouth) which include a large number of unaccompanied asylum seeking children (UASC).

In addition there is a large number of other local authorities ' children placed in the five CCG boundaries for which the CCGs have a statutory responsibility to ensure their health needs are met (March 2019 - 1,020).

There is increased pressure on specific health services to deliver statutory health assessments and Child and Adolescent Mental Health Services (CAMHS) with no additional funding. This potentially will affect meeting their health needs in a timely way resulting in poorer outcomes.

Assurance

Assurance:

- Three providers of statutory health assessments produce high quality assessments for those children placed in Hampshire
- CAMHS recognise the Hampshire LAC as a priority group
- One provider has taken on the other Local Authority (LA) placed children statutory health assessments so CCGs meet their statutory obligation
- Ongoing work with Children's Services to improve processes

Lack of assurance :

- Financial and service provision resource is not able to sustain increased numbers of LAC to deliver positive health outcomes

Actions & Mitigation

Statutory Health Assessment for Hampshire Children placed in Hampshire:

- Undertaken by three providers that produce good quality assessments but often are unable to meet statutory 20 day working time frames due to late requests from Children's Services
- Capacity is limited as numbers grow but resource (both financial and workforce) is not keeping pace

Action:

- The Designated Nurse for LAC is working with Children Services to improve the request process and timeliness – the Director of Nursing has written to Children's Services to request senior support to resolve concerns
- The issue has been escalated to the Hampshire safeguarding Children's Board
- The Designated Nurse for LAC is working with health providers to improve working practices to improve capacity within existing resource. This is challenging with increased numbers.

Statutory Health Assessments for Hampshire Children placed outside of Hampshire:

- These assessments attract National Tariff cost with additional market forces (between £260 and £600 for each assessment) and often fail to meet statutory timeframes
- There is no over view of quality of Initial Health Assessments (IHA) as requested from Children 's Services to health providers directly out of area
- There is no additional budget for the out of area placed children's health costs (Responsible Commissioner Guidance states the responsibility remains with the originating CCG for their care when placed out of Hampshire)
- LA's in England received an additional £30 million funding for UASC from the Home Office . Health has not received any funding or been able to access the LA allocated resource. As a significant number of Hampshire County Council (HCC) UASC are placed out of area and they have complex health needs (both physical and mental health): this attracts costs to the CCG as responsible commissioner

Action:

- A letter is being written by Dr Sarah Schofield to the Health and Wellbeing Board to raise the issue of financial support from Children's Services to deliver the health agenda with increasing numbers of LAC with particular reference to UASC
- The issue around the financial position has been raised within the five CCGs to review funding for local service provision for statutory health assessments
- The Designated Nurse for LAC is working on a similar model to the internal Hampshire Initial Health Assessment model to improve the quality assurance of external assessments
- The Designated Nurse has raised the deficit in budget to support out of area placed LAC including UASC at the NHS England Clinical Reference Group for LAC and to the SE Region Safeguarding Committee.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS – background

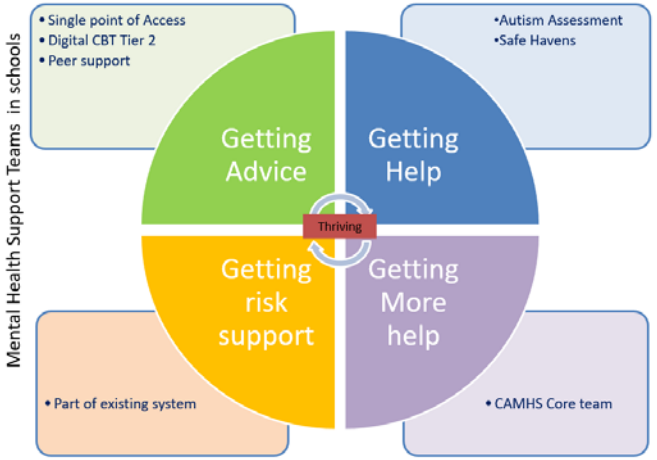
- CAMHS are delivered for WHCCG by Sussex Partnership Trust (SPFT). In Hampshire, as in the rest of UK, demand for services has been increasing. SPFT was rated as 'good' in their January 2017 Care Quality Commission (CQC) inspection. However, waiting times for WHCCG patients have not been meeting national waiting time standards since the start of 2018, and the provider and commissioners recognise that in order to meet the demand for their services, more needs to be done.
- The contract notice period is 12 months and the service is just starting the fourth year of an initial five year contract period.

Latest performance

- At M2 992 WHCCG children waiting for assessment (837 M1), with 465 WHCCG children waiting for treatment (472 M1)
- Average assessment wait is 13.3 weeks (13.3 M1) and for WTV 13.9 (14.9 M1), for those seen, Average wait was 18 weeks. This was 38 weeks for WTV (47 M1).
- The Single Point of Access (SPA) continues to experience challenges with completing the stage 2 triaging process, once risk has been assessed, in a timely way. As a result 1st assessment volumes are down
- Demand up 21% (Down 30% M1)
- Trajectory at M2:

Assurance, and main actions to improve performance

- The Improvement Board has met to develop proposals for the July Board to improve waiting times via a phased wider programme of work:



- Addressing the problems experienced by the Single Point of Access (SPA) has involved:
  - Head of service co-producing solutions with the three teams
  - Over-recruiting, taking on bank workers, providing extra overtime and resourcing from other teams
  - Standard letter templates being updated, circulated and enforced
  - Reduction of double data entry via electronic streamlining
  - Monitoring via weekly data and calls to troubleshoot.
  - As a result there has been a 42% reduction on those referrals being held in the SPA waiting for allocation
- The Psicon contract (autism assessment) has been extended for six months
- The Think Ninja app has been promoted to schools, and GPs
- An online referral system is expected to be live in September 2019
- Targeting specific teams to alter the assessment/treatment balance has however not yet yielded the required change, (see trajectory)
- The Winchester and Test Valley (WTV) Action Plan is having some impact on access times as shown in performance figures. A plan has been developed for an additional 4.4 team members, subject to funding agreement
- The team is embedded in the Andover Children's hub and is continuing group work.

ED four hour standard and Urgent Care

Situation – ED performance at main providers

- All acute providers within WHCCG continue to fail to meet the 95% Emergency Department (ED) standard, or to meet the recovery trajectories agreed as part of this years operating plan
- There are a number of key factors identified within recovery plans – these include a rise in attendance numbers, and in particular a need to ensure workforce within departments matches demand
- For context, at UHSFT, there have been **2,604 more type 1 attendances** and **4,371 more type 1 breaches** than the same time period last year.
- HHFT and UHS performance data is shown below. Comparatively, HHFT benchmark as the 85th performing Trust in the country, from 135 and UHSFT are the 117th worst performing – putting them on the bottom quartile

ED performance Trust wide				
	March	Apr	May	June
HHFT	88.25%	83.44%	86.59%	83.77%
UHS	81.05%	76.92%	77.97%	78.08%

Ongoing service change to improve Urgent Care

There have been a range of service changes put in place to support delivery of improved urgent care services, and reduce flow to ED departments. These include:

- **Implementation of a simplified urgent care model** across Southampton and South West Hampshire; and in Mid Hampshire. From 1 July 2019 WHCCG has had integrated provision of extended access to primary care and face to face GP out of hours services from local hubs, including Lymington, Andover and at the Royal South Hants
- Extension of ambulatory emergency care services, including an ambulatory majors stream at UHS, which has helped improve performance
- Additional investment in 111 services for patients with a mental health condition
- Extended frailty support services across the CCG including the frailty assessment service at UHSFT and enhanced multi disciplinary teams across the community

Assurance and Recovery Planning

- A revised recovery plan is in place with UHSFT, which has been agreed with NHS England and NHS Improvement following support from the national teams. The recovery plan focuses on six key areas, and each change has an agreed, planned impact on performance – with a target to improve to 90% delivery from September, and for Minors performance to be at 100%
- An existing recovery plan is in place with HHFT, with similar support from national teams
- Delivery of both plans is overseen by the system A&E Delivery Boards

Elective care – diagnostic waits, and total patients on the waiting list

Diagnostics – Situation and latest performance

- The national NHS standard for diagnostic care is that 99% of patients should receive their required test within 6 weeks
- Nationally, and across WHCCG, this position is deteriorating.
- In May, 207 patients did not receive their test within 6 weeks, 2.14%. This means the CCG benchmarks in the middle of the national performance for this standard
- This is an improvement from April, but the key issue for concern to the CCG is that all of our main providers are now failing to meet the 6 week standard, and that there is a potential impact on other performance standards, including total waiting time
- The two main drivers of performance are a) a capital replacement programme ongoing at UHSFT, which is impacting on MRI waits and b) capacity constraints in endoscopy at all providers. This is due to both an increase in demand year on year, and, in particular a reported impact of the national changes to NHS pension rules which some providers are reporting have impacted on medical staff availability.

Assurance, and main actions to improve performance

The CCG is taking three approaches to improving this position:

1. We have ensured that we have reflected the growth in diagnostic demand, particularly as a result of cancer guidelines to GPs, within our acute contracts and commissioned for a higher rate of growth (up to 7%)
2. We have in place, or are finalising, recovery plans with all provider Trusts
3. We have a range of commissioning programmes underway in gastro, dermatology and urology to ensure appropriate demand for tests

Waiting List Size– Situation, latest performance, actions planned

- WHCCG is required to maintain its waiting list at, or below, the total number of patients waiting in March 19
- The table below shows the waiting list has grown by 5.80%

	Mar-19	Apr-19	May-19
CCG Total Waiting List	37,735	38,659	39,939
Change from March 2019		924	2,204
% Change from March 19		2.40%	5.80%

- The growth in waiting list is predominantly at our two main providers, but has been seen across all Trusts – the summary below sets out the growth per provider.

Change in list size since March –May 2019	
HHFT	616
UHSFT	776
SHFT	318
RBCHFT	207
Salisbury FT	-81

There are two main reasons for this:

- Pressures across March, April and May on elective capacity, due to non-elective demand
- Trusts report that they continue to struggle to deliver additional elective activity as some medical staff have been impacted by the national pensions issue. Sustainability and Transformation Partnership (STP) and national negotiations are ongoing to seek to address this issue