

CCG Board

Date of meeting		28 November 2019	
Agenda Item	5	Paper No	WHCCG19/110

Integrated Performance Report (November 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	<p>The West Hampshire Clinical Commissioning Group Board is asked to note and comment on the Integrated Performance Report, and consider the associated risks and mitigating action.</p>
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	<p>Financial implications are explained throughout the paper.</p>
Legal implications / impact	<p>There are no legal implications arising from this paper.</p>

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 Michaela Dyer, Deputy Director of Performance and Delivery Andrew Short, Deputy Director of Finance
Sponsoring Directors	Mike Fulford, Chief Operating Officer Ellen McNicholas, Director of Quality and Board Nurse;
Date of paper	19 November 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 November 2019 are:

- For the 2019/20 financial year we are planning on income of **£811.537** and expenditure of **£811.491m**. This reflects the planning requirement to replicate in 2019/20 the small actual surplus of **£0.046m** 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 October 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.
- There remains a significant amount of risk to the CCG's year-end forecast. At the end of October the CCG has identified **£10.5m** of QIPP risk, **£7.3m** of risk associated with in-year activity pressures and **£2.3m** of other risks. These risks are partially mitigated through plans totaling **£2.6m** and **£4.0m** contingencies. However, after mitigations the CCG has still identified a net **£13.6m** risk to the year-end breakeven forecast. This compares to **£14.0m** net risk at the end of month 6.
- The quality team are focused on **Integrated Care Partnership Quality Governance Development** - and the need to meet the demands of developing integrated models of quality governance across two ICPs in order for the system to be ready to become a fully functioning and accountable integrated care partnership by 2021
- The work being undertaken to improve timely access to **Accident and Emergency Services**, with all providers under pressure
- The pressures in ensuring timely **diagnostics access** for all providers, and in maintaining **total waiting times for elective surgery, and cancer**

More information on finance issues is set out in the main finance report and more information on performance issues is set out in the main performance report, appended to this paper and published on our website.

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

November 2019

Sponsoring Directors:

Mike Fulford, Chief Operating Officer

Ellen McNicholas, Director of Quality and Board Nurse



FINANCE UPDATE

November 2019

Lead Director: Mike Fulford



Financial position at 31 October 2019

Monthly results

Financial Performance Summary	Annual	Outturn at month 6			Year End	
	Plan £'000	Budget £'000	Actual £'000	Variance £'000	Forecast £'000	Variance £'000
Revenue Resource Limit (Cumulative)	811,537	476,921	476,921	-	811,537	-
Expenditure						
NHS Acute Contracts	375,766	219,176	222,524	(3,348)	384,232	(8,466)
Other Acute Providers	23,351	13,761	13,352	409	22,903	448
Mental Health & Community Providers	116,409	67,816	67,623	193	116,290	118
Non Acute Contracts	101,229	59,075	60,776	(1,701)	102,838	(1,608)
Medicines Management (Primary Care)	91,271	52,902	53,475	(573)	91,614	(342)
Primary Care co-commissioning and other	87,293	50,323	50,420	(97)	86,859	434
Headquarters and Hosted Services	18,324	10,781	10,415	366	18,015	309
Reserves and Contingency	(2,153)	3,059	(1,692)	4,751	(11,261)	9,108
Total Expenditure	811,491	476,893	476,893	-	811,491	0
Underspend/(Overspend) - Cumulative	46	28	28	-	46	0

Key points to note

- For the 2019/20 financial year we are planning on income of **£811.537** and expenditure of **£811.491m**. This reflects the planning requirement to replicate in 2019/20 the small actual surplus of **£0.046m** 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 October 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 **£13.6m** risk to the year-end breakeven forecast

Further analysis of financial position

Financial Risks & Mitigations

RISKS & MITIGATIONS: Month 7: October 2019/20 Update	Most Likely	Pessimistic Position	Optimistic Position	Most Likely Month 6	Movement in month
	Net	Net	Net	Net	Net
	£m	£m	£m	£m	£m
RISKS:					
QIPP - Unidentified	(8.3)	(8.3)	(6.7)	(8.3)	(0.0)
QIPP - Identified but Unallocated	-	-	-	-	-
QIPP - Identified	(2.2)	(3.3)	(1.1)	(3.0)	0.8
Sub Total - QIPP Risk	(10.5)	(11.6)	(7.8)	(11.3)	0.8
In-Year Activity Pressures	(7.3)	(8.8)	(5.1)	(7.8)	0.5
Sub Total - Performance	(7.3)	(8.8)	(5.1)	(7.8)	0.5
Other risks (CHC, NCSO and and other)	(2.3)	(3.3)	(1.5)	(2.1)	(0.2)
Sub Total - Other	(2.3)	(3.3)	(1.5)	(2.1)	(0.2)
MITIGATIONS:					
Manage Unplanned Contract Growth					
Other Mitigations	2.1	1.0	3.1	2.7	(0.7)
Develop plans to close QIPP gap (FRP)	0.5	0.3	0.5	0.5	-
Contingency	4.0	4.0	4.0	4.0	0.0
Unmitigated Risk associated with the financial plan	(13.6)	(18.5)	(6.8)	(14.0)	0.4

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 October the CCG has identified **£10.5m** of QIPP risk, **£7.3m** of risk associated with in-year activity pressures and **£2.3m** of other risks. These risks are partially mitigated through plans totaling **£2.6m** and **£4.0m** contingencies. However, after mitigations the CCG has still identified a net **£13.6m** risk to the year-end breakeven forecast. This compares to **£14.0m** net risk at the end of month 6.

QUALITY UPDATE

November 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 November 2019.



Quality Updates – Clinical Governance Committee 7 November 2019

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

- **Risk Register:** The committee was informed of one new risk relating to **Integrated Care Partnership Quality Governance Development** and the ability of the Quality Team to meet the demands of developing integrated models of quality governance across two ICPs in order for the system to be ready to become a fully functioning and accountable integrated care partnership by 2021

The Committee were updated on three emerging or changed risks:

The University Hospitals Southampton NHS Foundation Trust emergency department not meeting their performance waiting times and the potential impact on quality for patient outcomes, safety and experience

- **Designated Doctor for Looked After Children:** provision of the Designated Doctor for Looked After Children Role due to long term sickness
- **Primary Care provision of Adult Medicals for Foster Carers and Adopters:** a minority of Hampshire practices are refusing to undertake adult foster carer medicals for prospective or current adoptive parents leading to the risk that vulnerable Looked After Children will not be placed or could be removed from stable foster carers
- **Capacity within the Safeguarding Adults Team:** to meet operational and intercollegiate document requirements.

Workforce Strategies: the Committee received an overview assessment of current provider workforce strategies, benchmarked against the NHS Interim People Plan. Further work assessing impact and delivery of key targets is ongoing through the Clinical Quality Review Meeting processes.



Millbrook Hampshire Wheelchair Service (MHWS): Performance and Workforce

The issue

In September 2019 there were 2079 adults (1848 routine and 231 urgent) and 388 children (358 routine and 30 urgent) on the MHWS waiting list. The average adult routine wait is 32 weeks (32 weeks routine and 31.8 weeks urgent) and average child wait is 23.5 weeks (23.7 weeks routine and 21.9 weeks urgent).

The service is reporting that current staffing vacancies (two occupational therapists and one rehabilitation engineer) are having an impact on day to day operational work, with the service needing an estimated additional 160 hours of clinical time.

This position is set to decline due to the service receiving further staff resignations (three occupational therapists and an occupational therapy assistant). The service is currently working with 12.1 full time equivalent staff (FTE) but will be at 9.6 FTE by the end of November 2019.

It is known that there is a national shortage of occupational therapists and recruiting to these positions may be difficult for the provider.

It is imperative that community providers and MHWS forge strong working relationships to ensure positive communication to raise quality and safety concerns related to the wheelchair services, particularly during this time when the provider is experiencing performance and workforce challenges.

Assurance

The CCG continues to support improvements in service-user communication, safety netting and community provider collaboration to prevent patient harm as a result of long waits and the robust review of cases where it is thought harm may have occurred.

Actions & Mitigation

- **Focus on recruitment/retention:** the service has a new recruitment manager in post and they are reviewing their current staffing model against demand and capacity. The full recruitment plan will be shared with the Clinical Commissioning Group (CCG) by 15 November 2019. MHWS are utilising their national clinical team to support the local team, particularly within specialised seating. MHWS have sub-contracting arrangements in place with ReCare and ACE to bridge some of the clinical and engineer workforce vacancies. The CCG is supporting the provider in exploring innovative workforce options, for example, rotational posts and linking with voluntary organisations. MHWS is exploring options to retain staff, including a retention bonus
- **Triage:** the service has been experiencing challenges with regards undertaking timely triage. It is important to note that all referrals are uploaded to the system in a timely manner and are screened by customer services against the urgent criteria. The data for September 2019 demonstrates 57.7% compliance with triaging urgent referrals within two working days and 36.5% compliance with the triage of non-urgent referrals within five working days. MHWS have a trajectory for improving their triage rate which has been reviewed by the CCG
- **Safety culture:** the CCG senior quality manager is in the process of analysing the safety culture within the local service. Positive safety cultures can lead to better quality, productivity, efficiency and innovative capacity
- **Incidents/complaints:** four of the ten incidents raised in August were in relation to pressure ulcers. The majority were out of the control of the service, for example a service-user choosing not to use a pressure relieving cushion and a service-user spending ten hours a day in the wheelchair with a sling in it. In one case it was noted that the pressure relieving cushion and wheelchair were not a good fit. Complaints related to delays in assessment and repairs. MHWS have provided community therapists with pressure ulcer prevention training
- **Harm review and proactive prevention tool:** the provider and Southern Health NHS Foundation Trust (SHFT) have amended the CCG harm and SBARD prevention tool. The CCG will run another MHWS/community provider workshop to ensure that all stakeholders are in agreement with the content and use of these tools
- **MHWS and community provider monthly meetings:** last month, SHFT advised the CCG that there had been no cases to escalate for follow-up/assurance at the MHWS and SHFT meeting, which was positive. Solent NHS Trust (SNT) are reporting a larger number of cases at these meetings although these have begun to reduce. SNTs senior programme lead (quality) will now review all incidents reported with secondary cause "wheelchair service" and escalate to MHWS if required, this will ensure all relevant cases are escalated to ensure focus is on cases that require urgent or preventative intervention.

Integrated Care Partnership Quality Governance Development

A detailed update was provided to Clinical Governance Committee on 7 November 2019 to describe the progress to date with the North Mid Integrated Care Partnership (ICP) Quality Governance arrangements. The paper is appended to this document and published on our website.

The North Mid Hampshire ICP Quality and Safeguarding Forum was established in July 2017 with the purpose of bringing together key players in health and social care in order to develop self-governing quality systems for the future. By April 2021, under the NHS Long Term Plan, Integrated Care System's and ICP's will be in operation across all of England and be required to have the capacity to monitor system-wide quality.

The ICP has moved from an informal forum to committee stage with subgroups operating as task and finish groups. The work remains in early stages as the system comes together to create structures and processes and a common set of ambitions around quality.

To date, the North Mid ICP Quality Partnership Committee:

- has an updated terms of reference and strategic membership
- a system risk register
- a set of values and behaviours

A draft Memorandum of Understanding is being progressed to embed how governance oversight of local providers will be achieved to compliment the system work.

The ICP remains dependent on the STP formulating and obtaining a common and standardised set of quality metrics for each ICP and capacity within the CCG and system to progress this work in addition to business as usual.



PERFORMANCE UPDATE

November 2019

Sponsoring Directors:

Mike Fulford, Chief Operating Officer



Situation – ED performance at main providers

- All acute providers within WHCCG continue to fail to meet the 95% ED standard, or to meet the recovery trajectories agreed as part of this years operating plan.
- Over the last 2 months there has been some improvement at UHSFT, as a result of system wide delivery of a recovery plan entirely focused on delivering improvement in 6 main areas. HHFT and Royal Bournemouth performance has deteriorated notably over the same period
- HHFT, UHS and RBH performance data is shown below.

ED performance Trust wide				
	July	Aug	Sept	Oct
HHFT	84.17%	79.93%	81.33%	76.37%
UHS	81.74%	82.16%	81.41%	82.08%
RBCH	83.84%	83.20%	81.64%	82.74%

- Nationally, October performance has deteriorated to its poorest ever recorded level. For context out of 134 Acute Trusts, HHFT was ranked 109th (lowest quartile), UHS 73rd and RBCH 64th (inter quartile).

- The SW system has agreed a pooled fund to support a number of new investments over the winter period, including additional social care bed capacity, and Occupational Therapy staff.
- The recurrent theme across all system recovery plans remains the need to ensure workforce within departments matches demand. This is embedded in all plans, but the recruitment of sufficient medical and nursing staff remains a core challenge. The SW system has invested in additional junior doctor staff to address the pressure in UHSFT
- Additional funding has been allocated to psychiatric liaison and MH support services across all Trusts
- At HHFT new “same day emergency care” (SDEC) units have opened successfully on both sites. Staffing remains the key challenge. The ED improvement plan will also : improve the flow from ED to the surgical wards, increase the number of weekend discharges, appoint additional pharmacists to accelerate discharge, and increase referrals to integrated care
- The additional, bookable, urgent care services commissioned as part of the national UEC programme are seeing activity levels above that planned, however activity at core AE sites has not yet reduced

Assurance and Recovery Planning

- Delivery of both plans is overseen by the system AE Delivery Boards, and is now being supplemented by weekly Exec level system reviews



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 October, 310 patients did not receive their test within 6 weeks, 96.38%. This means the CCG benchmarks in the middle of the national performance for this standard.
- At UHSFT, the main pressures on performance are MRI, endoscopy and neurophysiology. Pressure on endoscopy and MRI is predominantly due to a lack of physical capacity – scanners and endoscopy rooms. To address this the Trust, and Southern Health FT, are moving from 2 sessions to 3 sessions a day in order to increase throughput. The CCG and Trust have also worked across Hampshire to ensure patients from other areas are no longer being diverted to UHS, because of long waits elsewhere.
- Despite this, members should note that at this stage UHS are unlikely to achieve 99% performance this financial year, and will remain at, or below 98% performance.
- Similarly, HHFT are indicating they will not recover performance to 99% ahead of April. The 2 largest constraints are in urodynamic testing and cystoscopy – and plans are in place to deliver additional activity, and increase nurse recruitment.
- Royal Bournemouth performance is 88.63%, and has been very significantly impacted by shortages in consultant capacity over the last 6 months. Recruitment plans are agreed and capacity will increase over the winter, and a Dorset wide review of endoscopy has also commenced. The CCG is not yet fully assured of the timeline to improve performance, but a verbal update will be provided at the meeting

Waiting List Size and Referral to Treatment times

- 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	Oct -19
CCG Total Waiting List	37,735	38,659	404469
Change from March 2019		924	2711
% Change from March 19		2.40%	7.2%

- The growth in waiting list is predominantly at our 2 main providers, but has been seen across all Trusts – the summary below sets out the growth at our main providers

Change in list size since March –May 2019

HHFT	424
UHSFT	1172*
RBH	348
SHFT	477

*UHS list increased by 1000 following service transfers

- Actions being taken to improve this performance include improved validation at all sites, and increased outpatient capacity where available, but it is unlikely that the performance standard will be achieved.

Situation – Q2 operating plan review

- WHCCG measures performance against a wide range of standards to deliver high quality care to patients, as defined in the annual NHS operating plan
- At the end of Quarter 2 the CCG has a mixed picture of performance across these standards.

Of note:

- The CCG is performing well against the **Improving Access to Psychological Therapies** standards, achieving all standards, with the exception of recruitment to trainee therapist posts (which is co-ordinated and measured across Hampshire)
- Despite pressures in waiting times, the CCG has successfully achieved the requirement to ensure more children with a diagnosed mental health condition do receive assistance from **Children and Young Peoples Mental Health** services
- The CCG has exceeded its target for quarter 2 to ensure 156 new patients agree and receive **personal health budgets**, with 176 patients in receipt
- The CCG is not yet meeting the target to ensure all patient with a **learning disability receive an annual health check**. A plan is in place to improve this. However, the target for ensuring patients with **serious mental illness receive an annual health check** is being achieved
- The standard to ensure **all children receive a wheelchair within 18 weeks** declined for the second consecutive quarter. From a total of 66 children, 25 were completed within 18 weeks and 41 pts were completed over 19 weeks. Performance was 63.40% against the 95% standard
- Area of most concern remains **62 day wait for cancer** with CCG performance at 78.31% in September. Performance at UHS trust-wide deteriorated to 65.51% which is the lowest level recorded in last 12 months. Trust is working with the Wessex Cancer Alliance to agree new actions and reconsider whether the December 2019 deadline is still achievable. The system is not fully assured at this stage that the standard will be met.

