

CCG Board

Date of meeting		30 January 2020	
Agenda Item	6	Paper No	WHCCG20/003

Integrated Performance Report (January 2020)

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 review the Integrated Performance Report, and consider the associated risks and mitigations.</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 Finance Officer; Ellen McNicholas, Director of Quality and Board Nurse;
Date of paper	12 January 2020

EXECUTIVE SUMMARY

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

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

- For the 2019/20 financial year we are planning on income of £811.262m and expenditure of £824.807m. The year-end forecast is £13.6m adverse of the annual plan; which was to deliver an in-year breakeven position.
- This reflects the materialisation of previously reported risks including acute contract performance, continuing healthcare and medicines management pressures, along with a failure to gain full traction against the challenging £29.6m QIPP target; with the forecast currently at 65% delivery (£19.2m).
- The financial performance position to the end of December 2019 is £9.0m adverse of the year-to-date plan, which was to deliver an in-year breakeven position.
- Following the movement of the in-year deficit in month 9 to £13.6m, the CCG's net unmitigated risk has been reduced to zero.
- The quality team are working with providers across the system around **ophthalmology capacity** and risk. Specifically, Hampshire Hospitals has identified a capacity gap of 16 slots short per week for new appointments and 107 slots short for follow-up appointments, as well as three patients lost to follow-up who have been declared as Serious Incidents.
- 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, cancer, and CAMHS**

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

January 2020

Sponsoring Directors:

Ellen McNicholas, Director of Quality and Board Nurse

Mike Fulford, Chief Finance Officer



Finance Update

20 January 2020

Lead Director: Mike Fulford



Financial position at 31 December 2019

Monthly results

Financial Performance Summary	Annual	Outturn at month 8			Year End	
	Plan £'000	Budget £'000	Actual £'000	Variance £'000	Forecast £'000	Variance £'000
Revenue Resource Limit (Cumulative)	811,262	604,719	604,719	-	811,262	-
Expenditure						
NHS Acute Contracts	375,766	281,812	286,273	(4,461)	383,850	(8,084)
Other Acute Providers	23,787	17,859	17,698	161	23,608	179
Mental Health & Community Providers	117,306	88,024	88,050	(26)	117,417	(111)
Non Acute Contracts	101,861	76,411	77,740	(1,329)	103,255	(1,394)
Medicines Management (Primary Care)	91,271	68,098	69,064	(966)	92,032	(761)
Primary Care co-commissioning and other	87,969	65,565	65,221	344	87,702	267
Headquarters and Hosted Services	18,418	13,881	13,557	324	18,049	370
Reserves and Contingency	(5,163)	(6,966)	(3,922)	(3,044)	(1,105)	(4,058)
Total Expenditure	811,216	604,684	613,681	(8,997)	824,807	(13,591)
Underspend/(Overspend) - Cumulative	46	35	(8,962)	(8,997)	(13,545)	(13,591)

Key points to note

- For the 2019/20 financial year we are planning on income of **£811.262m** and expenditure of **£824.807m**. The year-end forecast is **£13.6m** adverse of the annual plan; which was to deliver an in-year breakeven position.
- This reflects the materialisation of previously reported risks including acute contract performance, continuing healthcare and medicines management pressures, along with a failure to gain full traction against the challenging £29.6m QIPP target; with the forecast currently at 65% delivery (£19.2m).
- The financial performance position to the end of December 2019 is **£9.0m** adverse of the year-to-date plan, which was to deliver an in-year breakeven position.

CCG Priorities/ Board focus

Key areas of focus are as follows:

- Management of acute and other contract positions.
- Ensuring sustained delivery of in-year QIPP.
- Ensure further risks (£2m) to the financial position are at least offset by identified mitigations (£2m).
- Planning for 2020/21 continues ahead of formal guidance being issued from NHSE. Challenging QIPP requirement again next year.

Further analysis of financial position

Financial Risks & Mitigations

Risks & Mitigations	Month 9
Month 9: December	£'m
RISKS:	
QIPP	(0.6)
Performance Issues	(1.4)
TOTAL RISKS	(2.0)
MITIGATIONS:	
Contract Reserves	0.7
Non-Recurrent Measures	0.2
Other Mitigations	1.2
TOTAL MITIGATIONS	2.0
NET RISKS & MITIGATIONS	0.0

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

➤ Following the movement of the in-year deficit in month 9 to £13.6m, the CCGs net unmitigated risk has been reduced to zero.

Quality Update

20 January 2020

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 9 January 2020.



Quality Updates – Clinical Governance Committee 9 January 2020

A detailed review of the quality of all services commissioned was undertaken in the West Hampshire Clinical Commissioning Group Clinical Governance Committee on 9 January 2020.

- **Risk Register:** the Committee reviewed all of the risks currently on the Quality Directorate risk register. Currently there are eight risks from Quality and Safeguarding that meet Corporate Risk Register threshold (score of 12 or more) and 34 risks on the local risk register.

The committee were informed of:

Four new risks relating to:

- 677: Impact on quality relating to Emergency Department Performance Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
- 675: Quality directorate 4th floor flexible working and hot-desking
- 674: (North Hampshire CCG service) Hampshire Hospitals NHS Foundation Trust acute diabetic foot service
- 671: Provision of the Designated Doctor for Looked After Children Role

One risk had been upgraded:

- 480: Primary Care provision of adult medicals for foster carers and adopters - impact on Looked After Children
 - The committee asked for the risks relating to the care programme Approach at Southern Health and the application of the Mental Capacity Act (including how this relates to Liberty Protection Safeguards) to be reviewed.
- The committee ratified the new Commissioning Policy for Adult Continuing Healthcare.
 - The committee noted the continued positive performance of CHC team despite significantly increased activity in both CHC assessment and fast track applications.



The issues

Demand and Capacity: as a result of workforce challenges, the Ophthalmology Team on the Basingstoke and North Hampshire Hospital site have had to move three months of new appointments back to accommodate critical follow-ups. The provider has reviewed their demand and capacity and has identified that they are 16 slots short per week for new appointments and 107 slots short for follow-up appointments. The service have around 56,000 patient contacts a year.

Lost to follow-up cases identified: a Serious Incident (SI) regarding a delay in treatment for a patient with glaucoma was reported in August 2019. The patient cancelled their appointment in November and no alternative appointment was made. The incident was highlighted as the patient registered with a new General Practice and was re-referred to the service. The computer systems used do not flag up patients who do not have a definitive outcome. In response to the SI, HHFT started a look back exercise from the current time to 2015 (when the last look back investigation was undertaken). Two further cases of harm in patients who have been 'lost to follow-up' have been identified, others may be identified as the review continues.

Assurance

The CCG is not assured by the number of lost to follow up patients requiring review. The CCG are keen to support the SI investigation to ensure recommendations are sustained to prevent a reoccurrence.

The CCG is not assured by the suggested timescales for sourcing an information technology solution to prevent patients being 'lost to follow up' and has escalated this to the Contract Performance Board.

The CCG is assured by HHFTs openness and willingness to involve the CCG in the review of patients who may have been harmed as a result of being lost to follow-up.

Actions & Mitigation

- **Caseload review:** in September 2019, in response to learning from lost to follow up cases noted elsewhere in the system, HHFT began work to review their caseload using the mandated NHS England models – including Getting It Right First Time (GIRFT) and risk stratification reviews
- **Look back exercise:** HHFT is undertaking a look back exercise to review all patients who have no follow-up but remain on the Information Technology (IT) system as an open episode of care. There are 3,000 patients with no follow-up booked (between 2015 and 2019). HHFT is in the process of checking that no-one has been 'lost to follow-up' in this group. To date 700 cases have been reviewed and three SIs reported (including SI reported in August 2019). HHFT has employed two members of staff who will start in January 2020 to support the review of this backlog. A task and finish group has been set up and meets every two weeks. HHFTs Serious Event Review Group (SERG) receive monthly updates on progress with the look back exercise
- **Pathway mapping:** HHFT has mapped the patient journey which has identified eight potential points where it is possible for patients to be lost to follow-up. The current system includes a paper-based process which is reliant on patients handing in a document to administration staff following a clinic. HHFT recognises that this is not a failsafe system. One IT solution which would mitigate this has been agreed, but will take nine months to implement. A meeting with HHFT senior leads is taking place to look at the possibility of adopting another IT solution. The CCG are keen to understand how the digital exemplar work that the trust is undertaking can resolve the quality and performance issues being reported. This has been escalated to the Contract Performance Board
- **Serious Incident (SI) terms of reference:** the CCG has supported the development of the SI terms of reference, which includes: a review of whether or not the recommendations following the HHFT 2015 'lost to follow-up' investigation were implemented; to explore if changes in operational managers had an impact on system changes and historical memory. At the request of the CCG, the SI investigator, with support from HHFTs safeguarding lead, will explore whether or not an opportunity to report the incidents as safeguarding issues were missed. The SI investigation will result in the development of recommendations to create a permanent solution to prevent a reoccurrence in the future; to provide staff training and embedment of the solution into business as usual processes and to introduce a failsafe monitoring system whereby sample patient groups can be checked bi-annually to provide assurance of the success of the system
- **Estate and impact on increase in service provision:** HHFT has advised that the current estate on both sites does not allow for an increase in service provision and also limits the effectiveness of further non-medical staff development to improve the flow of patients and the waiting list. This has been escalated by the quality team to the Contract Performance Board.

All acute provider: Ophthalmology capacity and impact on quality

The issues

A 2018 census by The Royal College of Ophthalmologists (RCOphth) noted that the busiest outpatient specialty is now ophthalmology. It identified gaps in the recruitment of ophthalmologists and workforce planning amid a predicted 30 - 40% increase in demand over the next 20 years. It highlighted that the training places available each year would fall far short of the 230 extra consultant posts required over the next two years. The CCG quality team have a risk (569) on the quality team risk register which acknowledges the ophthalmology capacity challenges and the impact these may have on quality. As part of our oversight in relation to this risk, the quality team undertook a snapshot review of ophthalmology performance and quality data for **October 2019** and it highlighted the following:

- **Staffing:** University Hospitals Southampton NHS Foundation Trust (UHSFT), Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Hampshire Hospitals NHS Foundation Trust (HHFT) report staffing vacancies/challenges (clinical and administration)
- **Performance data:** showed that all our acute providers experienced challenges with the number of patients waiting for 18 weeks or longer from referral to treatment (RTT) for all conditions and are reporting patients waiting for 26+ weeks. In October 2019, none of our providers reported 52+ week waits in ophthalmology. Commissioning managers have access to the published RTT data but do not receive data in relation to patients awaiting follow-up. These patients may be more vulnerable to either experiencing longer waits or being lost to follow-up. Review of this information would provide the CCG with additional assurances as to the effectiveness and quality of the whole ophthalmology pathway
- **Provider complaints/compliments:** the rate of complaints was low, with HHFT being the only provider to receive a complaint (representing a complaint rate of 0.03%). Formal compliments for both UHSFT and HHFT exceeded complaints with UHSFT receiving one compliment and HHFT receiving six
- **CCG Patient feedback/NHS Choices –June to December 2019:** was positive although there was one complaint and two concerns regarding long waits at UHSFT
- **Serious Incidents (SIs) – January 2019 – December 2019:** UHSFT reported ten SIs and HHFT reported three SIs relating to ophthalmology long waits/patients lost to follow-up. Salisbury NHS Foundation Trust (SFT) reported one ophthalmology Never Event however, this was not as a direct result of long waits/patients lost to follow-up.

Assurance

The snapshot review has highlight some additional actions that are required to strengthen learning across the system at times of increased pressure and to enhance CCG assurance processes. The CCG Clinical Governance Committee will be kept updated as to progress with these actions.

Actions & Mitigation

Following the quality team snapshot review, the following conclusions have been made and actions agreed:

Learning: a system learning meeting and various quality meetings were held following the lost to follow ophthalmology issues were identified at UHSFT. However, it is evident from the recent serious incidents declared by HHFT that the system response to learning following the challenges identified by UHSFT could have been improved

Reliability of data: the data available is not reliable in terms of identifying lost to follow-up patients who by definition do not appear on waiting lists. Weaknesses that allow for patients to be lost in the system can only be identified by either undertaking a complete walk through of provider systems and processes or, when harm is identified and a serious incident is raised

Early warning: the quality data reviewed previously and to date has not provided the level of early warning that could have been expected

Follow-up data: commissioning managers have monthly access to the published referral to treatment performance data. However, this review has identified that they do not receive provider performance with regards patients waiting follow-up.

It is recommended that the following actions are taken:

1. the system explores more effective ways to review key concerns when the system is under pressure
2. the quality team meet with commissioning managers to discuss the review findings so that quality assurance is aligned with performance management of long waiting lists
3. the CCG works with our other providers to learn from the identified gaps in processes, as identified by UHSFT and HHFT, in relation to the potential for patients to become lost to follow-up; this may include reviewing the digital capabilities of Trust systems used to manage increasingly complex outpatient pathways
4. consider rolling out the scorecard currently being used by HHFT for all other providers as this includes information about those patients who are waiting follow-up
5. work with providers to ensure consistency with regards reporting long-waiters within the 'patients awaiting follow-up' cohort.

Performance Update

12 January 2020

Sponsoring Directors:

Mike Fulford, Chief Financial Officer



Urgent Care, ED four hour standard, and Winter System Resilience

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 – however strong winter planning has meant that provider services have remained strong and resilient over the Christmas and New Year winter period.

UHSFT

- Over the last 4months 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.
- Despite high levels of flu and norovirus performance continued to improve slightly during December to 78.34%, and there have been minimal ambulance handover delays at the Trust, to the extent where they have been supporting the wider south Hampshire area at times of pressure.
- Attendance levels peaked during the first week of January, but have stabilised, and the key challenge remains to improve discharge rates, as the number of patients whose disc.

HHFT

- HHFT performance improved marginally in December to 75.98%, but remains of concern – the two key pressures across the trust remains medical and nursing staff vacancies, and a sharp increase in the number of patients whose discharge is delayed
- The Trust performed well over the immediate Christmas and new year period, despite high levels of attendances.

Assurance and Recovery Planning, and Managing Activity Growth

- Delivery of both plans is overseen by the system AE Delivery Boards, and is now being supplemented by weekly Exec level system reviews.
- Across the CCG, growth in A and E attendances is at 5% across 3 years, and has been as high as 10% at some Trusts across the STP area, including Basingstoke.
- Our assumptions and plans for next year need to ensure that we try to return activity growth to the historical average of 2.7%.
- The newly commissioned urgent care services across WHCCG are performing above expected levels, but this is not having an Impact on the number of patients presenting at A/E departments.

ED performance Trust wide						
	July	Aug	Sept	Oct	Nov	Dec
HHFT	84.17%	79.93%	81.33%	76.37%	75.31%	75.98%
UHS	81.74%	82.16%	81.41%	82.08%	76.29%	78.34%
RBCH	83.84%	83.20%	81.64%	82.74%	79.41%	75.12%

Situation – Planned recovery of cancer waiting times at UHSFT

- UHS achieved two of the nine cancer standards in November 2019.
- There has been a strong maintenance of the Two week standard for all cancer referrals, but the two week breast standard is now being missed, following a period of achievement in the summer
- The CCG – together with other commissioners – had agreed a clear recovery plan with UHSFT to ensure the most challenging targets, for 31 day surgery and 62 days, would be achieved by August 2019. However these targets have not been achieved, although there was an improvement in both standards this month

Actual performance and continued areas of focus

- Actual performance is shown below.
- The main challenge in achieving the **31 day standard** relates to Urology, and prostate cancer operations – the Trust is developing a business case for 2 additional medical staff, and has put on place additional consultant review sessions, but the required level of capacity to maintain the standard will not be available until the new medical staff begin work. There are also pressures in gynaecology, where additional theatre lists have been planned, and with complex lung cancer pathways where meeting the surgery waiting time remains challenging
- In order to achieve the 62 day pathway, work is focused on clearing a backlog of patients waiting for gynaecology procedures, and maintaining gynae and lung pathways
- Overall, increased demand for endoscopy, particularly colonoscopy, is the key pressure on all pathways. Extra capacity at Care UK and Lymington is being utilised but further capacity is required

Standard	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
2WW	93%	95.67%	96.74%	97.05%	97.84%	96.37%	95.49%	95.72%	97.54%
2WW Breast	93%	92.77%	98.25%	96.97%	93.90%	91.43%	83.02%	85.14%	86.84%
31 Days	96%	94.05%	91.09%	92.67%	92.33%	88.54%	84.90%	90.00%	86.86%
31 Days Surgery	94%	69.81%	76.30%	74.58%	70.45%	77.55%	67.77%	62.14%	68.42%
62 Days	85%	80.65%	71.72%	79.61%	74.40%	78.41%	67.57%	73.18%	76.68%

Assurance and Recovery Planning

- All commissioners, and the Trust, remain concerned and the Wessex Cancer Alliance have supported development of a further recovery plan, building upon work improving diagnostic pathways in other systems – a report is due to the CCG this week and a verbal update will be provided at Board

Latest performance

- Fewer referral this month and the trend of less 'signposting' of referrals continues in part due to maintaining no backlog of referrals within the Services' Single Point of Access (SPA).
- A drop in the number of assessments and treatments offered and fewer cases closed noticed this month is being monitored against waiting times by Provider and Commissioners.

Waiting times for assessment & treatment

Total of 653 WH children waiting for assessment (M7 635) and 491 CYP who have been assessed but not yet treated (M7 439). Ave waiting times for assessment and treatment have reduced slightly, with slight variation in local teams

- *Average waiting time for CYP* (4 week priority) to be assessed by the service is 9.4 weeks (M7 11.4). For WH CYP the average is 10.2 (M7 12.9)*
 - *Wait to assessment by local teams: Eastleigh 14.8 weeks (M7 19.9), New Forest 9.6 weeks (M7 10.3) & Winchester & Test Valley 6.6 weeks (M7 9.5).*
 - *Average waiting time for treatment for CYP* (8 week priority) have reduced to 40 weeks, from 42 M7 (trust wide), with waiting times by local teams: Eastleigh 46 weeks (M7 53), New Forest 50 (M7 49) weeks & Winchester & Test Valley 37 (M7 39) .*
 - *Of those WHCCG CYP meeting definition of 'vulnerable' the average waiting time is 2 weeks and average waiting time for treatment is 8 weeks*
- Staff vacancy rate increased last month to 11% but staff sickness has improved.

(*excluding vulnerable groups)

Assurance and main actions to address performance

- Provider assurance that the triaging of all referrals is undertaken by standard operating processes and within timeframes, with all urgent referrals receiving a clinical review same day. Whilst waiting CYP, parent and families are provided with information and sources of support, including the option of contacting the service via SPA for case review and reconsideration of need / priority.
- Workforce vacancies being filled using staff from bank (not agency) and service using statistical process controls to monitor team activity.
- Commissioners awaiting detail of Trust recruitment plan against additional investment.
- Trust recruitment to extra staffing for all 8 teams is underway, with an expectation that new posts will be operationalised by April.
- Approx. £106k of national winter pressure funding has been secured for schemes to support the emotional health and wellbeing of CYP across Hampshire:
 - UHS Emergency Dept. / Short Stay Unit
 - No Limits Youth Worker in UHS Emergency Dept.
 - CAMHS Psychiatric Liaison Nurse for South East Hampshire
- In addition to the new CAMHS Transformation Group (dates pending) there are fortnightly calls with senior executives of Trust and Deputy Chief Finance Officer and Director of Delivery (CCG Partnership) to seek further assurances on performance.
- A local work programme for CYP Emotional Health and Wellbeing is being drafted, based on Local Transformation Plan submitted to NHS England
- Recommendation from WHCCG Clinical Governance Committee to take forward finding from recent referrers survey (as reported last month) into WHCCG Localities; working with service managers and referring agents, (including schools) to improve referral processes and increase knowledge of local sources of support
- Mental Health Support Teams in Schools – second round of bids submitted for national support, which if successful will provided support to schools in New Forest (from Sept 2020) and Winchester and Eastleigh (from Jan 2021)
- Further promotion underway to increase uptake of Think Ninja – Digital online CBT - being rolled out to schools and GP surgeries