

## CCG Board

Date of meeting		27 September 2018	
Agenda Item	5	Paper No	WHCCG18/069

### Integrated Performance Report (September 2018)

<b>Key issues</b>	<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>
<b>Actions requested / Recommendation</b>	<b>The West Hampshire Clinical Commissioning Group Board is asked to note and comment on the Integrated Performance Report</b>
<b>Principal risk(s) relating to this paper</b>	<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 WHCCG Corporate Risk Register as follows:</p> <ul style="list-style-type: none"> <li>• Delivery of Financial Plan,</li> <li>• Delivery of Constitutional Standards,</li> <li>• Risks relating to providers, e.g. Southern Health NHS Foundation Trust (SHFT); University Hospitals Southampton NHS Foundation Trust (UHSFT)</li> </ul>
<b>Other committees / groups where evidence supporting this paper has been considered.</b>	<p>Finance and Performance Committee Clinical Governance Committee Performance Issues and Risks Group Monthly finance, performance, and quality meetings</p>
<b>Financial and resource implications / impact</b>	Financial implications are explained throughout the paper.
<b>Legal implications / impact</b>	Not applicable

<b>Public involvement – activity taken or planned</b>	Not applicable
<b>Equality and Diversity – implications / impact</b>	Not applicable
<b>Report Author</b>	Barbara Gregory, Deputy Chief Finance Officer; Matthew Richardson, Deputy Director of Quality; Michaela Dyer, Deputy Director of Performance and Delivery
<b>Sponsoring Directors</b>	Mike Fulford, Chief Finance Officer; Ellen McNicholas, Director of Quality and Board Nurse; Beverley Goddard, Director of Performance and Delivery
<b>Date of paper</b>	17 August 2018

## 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 eight main performance issues to draw to the Board's attention in September 2018 are:

- the additional improvement notice issued by the **CQC to Portsmouth Hospitals NHS Trust**, and the steps being taken to improve services (page 3)
- the publication of the **Report of the Gosport Independent Panel** into deaths of elderly patients at Gosport War Memorial Hospital, and the additional controls that the CCG has put in place to increase assurance that a similar situation could not arise again – see page 4
- the financial position as at the 31<sup>st</sup> August 2018 **is in line with the year-to-date plan** (page 6)
- there remain significant risks remain to delivering the 18/19 year end forecast, although this is currently on plan - and there are **savings and financial recovery actions** to help mitigate the risk to the financial position – see pages 7 & 8
- the ongoing challenges in **delivering access to emergency care** within the national minimum standards required, which are most notably impacted by workforce challenges - see page 10
- the predicted time lag before full recovery and **delivery of cancer standards at University Hospitals Southampton NHS Trust**, and the steps being taken to accelerate recovery – see page 11

More information on finance issues is set out in the [main finance report](#).

More information on performance issues is set out in the [main performance report](#).

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 impact of non-achievement of performance standards relating to access times on the quality of patients' care and experience:** two issues highlighted in this report relate to concerns about referral to treatment times or waiting list management. This report summarises the key actions to address these concerns and improve waiting times, and also how the impact on quality is being addressed.

- 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.

# INTEGRATED PERFORMANCE REPORT

## 17 September 2018

Sponsoring Directors:

Ellen McNicholas, Director of Quality and Board Nurse

Mike Fulford, Chief Finance Officer

Beverley Goddard, Director of Performance and Delivery



# QUALITY UPDATE

## 17 September 2018

Sponsoring Director:

Ellen McNicholas, Director of Quality and Nursing



## Key Quality Issues - Clinical Governance Committee Sept 18

- **Deep dive review of causes of breaches of the Mental Health Act** – the CCG has recently started receiving regular reports on breaches of the 1983 Mental Health Act. It is clear that the majority of breaches in relation to WH patient relate to providing information to patients at one acute inpatient site; and the CCG is working with the provider over the next month to understand causes, and agree changes required
- **Portsmouth Hospital NHS Foundation Trust (PHT):** Following the recent Care Quality Commission (CQC) comprehensive inspection in April and May 2018, Portsmouth Hospital NHS Trust (PHT) has been rated overall as Requires Improvement with a noted deterioration under Effective and Caring. In addition a further Section 29A warning notice was issued in July 2018 relating specifically to consent, safety and governance. The Trust are in the process of responding to the report and drawing up improvement plans, and WHCCG have asked the Director of Nursing to brief the CGC at the next meeting on these
- **Multi-agency Safeguarding Hub:** There continue to be capacity constraints within the Hub service. However, the multi agency group across the CCG, HCC and Hampshire Children’s Safeguarding Board have agreed a plan for recommissioning the service and a service specification will be shared with the CCG Clinical Cabinet for ratification in
- **Ongoing HEE Quality Improvement Team Fellowship** – the Committee noted the excellent progress made by the multi agency group, including WHCCG, on the project to improve referrer knowledge of, and service satisfaction with Wheelchair services. The team has achieved a number of successes, including a guide for service users, and community education days
- **Quality impact of performance issues** – the Committee noted the ongoing actions being undertaken to ensure that the continued non delivery of cancer waiting time standards at UHSFT and Accident and Emergency waiting times across providers do not impact adversely on the quality of care, and that all required actions are being taken to minimise impact.



# Gosport War Memorial Hospital Report: Learning and Actions

## The issue

On 20 June 2018, the Report of the Gosport Independent panel into deaths of elderly patients at Gosport War Memorial Hospital was published. The key themes included:

- **Setting:** community hospital; limited clinical oversight; considered to be a low priority and low risk area
- **Culture and the rogue practitioner:** patients and relatives were marginalised; pattern of clinical judgements being made when patients were close to death; culture of 'clinical freedom'; medical decisions could not be questioned by other clinicians; when things went wrong, there was a tendency to interpret it in the context of a single rogue practitioner rather than recognising a culture of complicity
- **Raising Concerns and failure to respond to complaints/concerns:** staff effectively silenced when they tried to raise concerns; failure to respond effectively to complaints; management of serious allegations to limit the impact on an organisation and reputation
- **Cause of death:** abnormally high mortality rates on some wards
- **Prescribing:** no systemic process for a review of prescribing; remote relationship between community hospital and main pharmacy department and no systems in place for the routine review of pharmacy data
- **Lack of joined up investigation:** the police viewed the allegations as matters for the Trust and the regulatory bodies; health agencies assumed not only that the police investigations took priority, but that they prevented other investigations from starting
- **The use of expert reviews:** many experts were called upon to offer their opinion but they did not have access to all the information; weaknesses in how experts were commissioned and lack of clarity as their remit.

## Assurance

The CCG is assured that it has a number of controls in place to prevent a similar occurrence from happening again, many of which would not have been in place during 1987 – 2001 when the events described in the Report of the Gosport Independent Panel took place.

A review of the report has highlighted some additional controls that could be developed and West Hampshire CCG is forming a small working group to consider these further. An action plan will be developed and will be presented to the Clinical Governance Committee.

## Actions & Mitigation

- **Review of themes:** Following a review of the key themes from the report, the Quality Team developed and considered some questions for the Clinical Commissioning Group (CCG) to identify if there could be any potential gaps in our assurance processes that could allow a similar situation to occur now
- **Controls in place:** The analysis demonstrated that a number of controls were in place, for example (but not limited to):
  - assurance visits undertaken by the CCG include community hospitals
  - serious incidents are reported at site level
  - the CCG has had oversight of the management of three whistleblowing concerns raised about community hospitals
  - providers have *Freedom to Speak Up Guardians* in place
  - there is a National Guardian's Office (hosted by the Care Quality Commission) which supports speaking up as business as usual
  - the CCG and providers undertake reviews of complaint themes
  - providers share mortality data with the CCG and have mortality review processes in place
  - providers attend the Hampshire Medicines Safety Group and the CCG Medicines Optimisation Team link with provider medicine groups
  - the Sustainability and Transformation Partnership (STP) has ratified a multi-organisation Serious Incident Investigation Policy
- **Working Group:** a review of the report highlighted some additional actions that could be considered. The CCG is forming a small working group to which other local Clinical Commissioning Groups will be invited to consider these further. Once agreed, the group will develop an action plan which will be presented to the Clinical Governance Committee. Actions to consider include (but are not limited to):
  - continue to support providers in undertaking internal patient safety culture reviews (in progress)
  - ensure all providers submit data at site level as well as Trust level
  - consider whether the CCG should purchase Dr Foster, or equivalent tool
  - review CCG access to 'experts' across the system as part of the serious incident process.

# FINANCE UPDATE

## 17 September 2018

Author:

Barbara Gregory, Deputy Chief Finance Officer

Sponsoring Director:

Mike Fulford, Chief Finance Officer



# Financial position at 31 August 2018

## Monthly results

Financial Performance Summary	Annual	Outturn at month 4			Year End	
	Plan £'000	Budget £'000	Actual £'000	Variance £'000	Forecast £'000	Variance £'000
<b>Revenue Resource Limit (Cumulative)</b>	<b>772,464</b>	<b>321,457</b>	<b>321,457</b>	<b>-</b>	<b>772,464</b>	<b>-</b>
<b>Expenditure</b>						
NHS Acute Contracts	351,450	146,780	151,122	(4,342)	361,397	(9,946)
Other Acute Providers	21,806	9,086	9,820	(734)	23,319	(1,514)
Mental Health & Community Providers	100,889	42,037	42,335	(298)	101,393	(505)
Non Acute Contracts	98,851	41,188	42,110	(922)	101,045	(2,194)
Medicines Management (Primary Care)	91,457	38,107	38,112	(5)	90,938	519
Primary Care co-commissioning and other	83,972	34,986	34,488	498	83,035	937
Headquarters and Hosted Services	16,864	7,093	7,093	-	17,752	(889)
Reserves and Contingency	7,865	2,467	(3,336)	5,803	(5,727)	13,592
<b>Total Expenditure</b>	<b>773,152</b>	<b>321,744</b>	<b>321,744</b>	<b>-</b>	<b>773,152</b>	<b>0</b>
<b>Underspend/(Overspend) - Cumulative</b>	<b>(688)</b>	<b>(287)</b>	<b>(287)</b>	<b>-</b>	<b>(688)</b>	<b>0</b>

## Key points to note

For the 2018/19 financial year we are planning on income of **£772.5m** and expenditure of **£773.2m**, to give a **£0.7m** deficit of expenditure above income.

This is in line with our having a formal financial control total of **£2.2m** deficit and being able to bring in our carried forward surplus of **£1.5m** but before accounting for Commissioner Support Fund (CSF) allocations. The CCG potentially has access to **£0.7m** of CSF allocations that would enable it to break even if they are earned.

The financial performance position shown in this report to the end of June 2018 is in line with the year-to-date plan, that was to deliver **£0.3m** of the planned deficit.

The 2018/19 year-end forecast is at plan at this stage in the Financial Year although there are significant unmitigated risks associated with the delivery of the control total.

## CCG Priorities/ Board focus

Key areas of focus are as follows:

- Management of acute and other contract positions that are moving out from plan: the CCG is ensuring the monthly “Day ten” review meeting focus on action plans to bring back online.
- Ensuring sustained delivery of QIPP at least at the current forecast level.
- Maintaining work on HQ risk
- Ensuring delivery of FRP

# Further analysis of financial position

## Financial Risks & Mitigations

RISKS & MITIGATIONS 2018/19 Final Plan	Gross £m	Likeli- hood £m	Net £m
<b>RISKS:</b>			
QIPP - Identified	(27.4)	17%	(4.6)
<b>Sub Total - QIPP Risk</b>	<b>(27.4)</b>	<b>17%</b>	<b>(4.6)</b>
2018/19 In-Year Activity Pressures Acute	(11.4)	90%	(10.2)
<b>Sub Total - Performance</b>	<b>(11.4)</b>	<b>90%</b>	<b>(10.2)</b>
Non acute CHC and other Risk	(2.7)	80%	(2.2)
<b>Sub Total - Other</b>	<b>(2.7)</b>	<b>80%</b>	<b>(2.2)</b>
<b>TOTAL RISKS</b>	<b>(41.5)</b>	<b>41%</b>	<b>(17.0)</b>
<b>MITIGATIONS:</b>			
NCSO	2.9	100%	2.9
Contract Management	2.2	40%	0.9
Contingency	3.8	100%	3.8
<b>TOTAL MITIGATIONS</b>	<b>8.9</b>	<b>85%</b>	<b>7.6</b>
<b>Unmitigated Risk associated with the financial plan</b>	<b>(32.6)</b>	<b>29%</b>	<b>(9.4)</b>

### Assurance

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

### Key points to note

In addition to the in-year planned deficit of **£0.7m**, there are **£9.4m** of additional net risks and mitigations. If these risks and mitigations materialise the year-end deficit will increase to **£10.1m**.

The **£17.0m** of risks mainly relate to non-delivery of QIPP and over performance on acute contracts which were the main contributors to the off plan position in 2017.

# Savings update as at 31 August 2018

## Savings summary

QIPP Performance - Month 5 2018/19	Year-End				Risk Rating
	Plan £millions	Forecast £millions	Variance £millions	Delivery %	R / A / G
All other schemes (<£500,000)	1.8	2.9	1.1	163%	GREEN
CHC & Funded Nursing Care	4.8	5.3	0.6	112%	GREEN
Activity management > £500,000	11.5	5.9	(5.6)	51%	RED
Medicines Optimisation	3.8	3.6	(0.2)	95%	GREEN
HQ & resource management	5.6	5.1	(0.5)	91%	AMBER
<b>Total QIPP</b>	<b>27.4</b>	<b>22.8</b>	<b>(4.6)</b>	<b>83%</b>	<b>AMBER</b>

## CCG Priorities/ Board focus

Delivering existing QIPP plans; focus on critical milestones for key schemes

Developing financial recovery actions including implementing 'pipeline' schemes in development, and enhanced contract management

## Key points to note

There are no unidentified savings in the financial position at 31 August 2018.

The forecast outturn for each project takes into account estimated risk to delivery as at 31 August 2018. The risk to the QIPP programme in 2018/19 is assessed at £4.6 million, to be offset by future financial recovery actions totalling £4.3 million, which are in development.

# PERFORMANCE UPDATE

## 17 Sept 2018

Author:

Michaela Dyer, Deputy Director of Performance and Delivery

Sponsoring Director:

Beverley Goddard, Director of Performance and Delivery



## Emergency Department (ED) four hour standard – deterioration in August

### Current Performance, and Trend

- Workforce challenges are the main reason why the CCG's main providers are not achieving the national standard for ED performance. This is a combination of both medical and nursing vacancies, which have become more acute over the summer months.
- The impact on performance for our providers is shown below; the national standard is for 95% of patients attending ED to be seen within four hours:

Provider	UHS	HHFT	RBCH	SFT
Jun 18	93.02%	85.57%	96.37%	91.82%
Jul 18	90.48%	84.23%	96.22%	90.83%
Aug 18	84.66%	81.04%	94.39%	86.03%

- The number of patients not being treated within four hours is set out below:

Number of patients impacted, Trust wide	UHS	HHFT
Jun-18	895	1,571
Jul-18	1,271	1,782
Aug 18	1,918	1,946

### Position and Actions taken, HHFT

- The Remedial Action Plan with HHFT focuses on the high number of breaches relating to the time taken to be reviewed by the first clinician
- HHFT's Strategy and Workforce Plan for ED shows a significant amount of vacancies in the department, as well as cost pressures in funding to deliver all roles
- HHFT are seeking to recruit six additional medical staff, as well as develop new roles, in order to provide an increase in the number of hours per day covered by senior clinicians
- There is not recognised to be an immediate impact – however, in time there will be an improvement in decision making ability; with longer term benefits of improved training ; and improved retention.
- The CCG will monitor the impact of the recruitment on ED performance.

### Position and Actions taken, UHSFT

- UHSFT had achieved considerable improvements in ED performance across Q1, achieving their planned trajectory and consistently managing over 90% of patients within 4 hours
- However, performance deteriorated in August
- The Trust recognises that this was due to workforce issues such as the new cohort of junior doctors at the Trust
- The Trust addressed this with additional consultant and middle grade support to junior doctor teams which had a recognisable impact on the speed with which patients were first reviewed
- The Trust and CCG expect the position to recover in September but remain below Q2 planned trajectories<sup>10</sup>

# Cancer Standards at UHSFT – improving in July

## UHSFT – latest performance

- There continues to be capacity constraints within cancer services at UHSFT – most notably in breast, urology and endoscopy services - which are impacting on the delivery of waiting times
- At Trust-wide level, UHS did not achieve six of the nine standards in July 2018. Whilst this is an improvement from June, performance remains poor when benchmarked nationally
- There were notable improvements in two week waits for all suspected cancers, including breast cancer, and the standard for treatment within 62 days .
- The improved performance is due in part to actions such as the implementation of new triage processes for patients with suspected breast cancer and additional locum staff support.
- The key performance standards are summarised below:

Standard	Target	MAY	JUN	JUL
2WW	93%	83.51%	82.66%	89.30%
2WW Breast	93%	33.65%	44.25%	73.47%
31 Days	96%	96.76%	93.59%	94.95%
62 Days	85%	77.72%	67.21%	75.17%

## Main actions to improve performance

- The CCG issued a Contractual Performance Notice to UHS, requesting plans to recover performance within this financial year, ahead of January where possible
- Plans for recovery were discussed by the Board, who had some assurance that the Trust had actions planned to recover the standards, but were not fully assured that the timetable for delivery was acceptable – UHS have been asked to revisit this
- The main constraint remains workforce. This will be addressed by:
  - the appointment of the new additional breast radiologist from October;
  - a further consultant post and Advanced Nurse Practitioners (subject to confirmation)
  - additional urology surgical capacity from August is already impacting on performance;
  - and further additional outpatient sessions and scanning capacity has been implemented during September

## Timetable for recovery

- UHS have submitted trajectories to recover performance to standard for two week waits for all suspected cancers by December 2018
- Discussions continue with UHSFT about the trajectory to recover standard for treatment within 62 days by March 2019