Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

HSI21/040

GOVERNING BODY

Title of paper	**Quality, Performance and Finance Report**		
Agenda item	**5**	**Date of meeting**	8 September 2021
Director leads	Julie Dawes, Chief Nursing Officer Tessa Harvey, Director of Performance Roshan Patel, Chief Finance Officer		
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Purpose	For decision	☐
	To ratify	☐
	To discuss	☐
	To note/receive	☒

Link to strategic objective	Operational service delivery Supporting people and teams Transforming services Strategic planning and engagement Developing our Integrated Care System

Executive Summary
Since the last meeting of the Governing Body was held in public, the CCG's Quality, Performance and Finance Committee has met on two occasions – on 23 June and 21 July 2021 – and summary reports have been shared with members, pending the approval of minutes of the meetings. A number of key issues were escalated to the Governing Body from these meetings, including: • The increasing referral rates and the impact this will have on waiting lists • The impact of workforce and primary care resilience issues on the Hampshire and Isle of Wight system's capacity to improve performance • The Hampshire and Isle of Wight system approach to winter and surge planning. • The response of the CCG to Hampshire County Council's Budget Consultations, and the importance of working collectively work with the Council to modernise and improve services The Governing Body and the Quality, Performance and Finance Committee did not meet during August and so this paper highlights for members the progress in key area made during the summer holiday period, pending a more detailed review at the Committee at the next meeting on 22 September 2021.

Quality (Appendix A)

Emergency Department (ED) performance and impact on quality:

- The constitutional standard which requires 95% of patients to be seen in ED within 4 hours is not being met across the CCG. At the end of July performance was 80.4%. The quality team liaise closely with performance and commissioning colleagues as it is known that delays in ED can affect patient safety and experience
- Providers within Hampshire, Southampton and Isle of Wight continue to utilise the ED Patient Safety checklist which supports clinical processes and prevents unrecognised patient deterioration. Those providers undertaking regular checklist audits share their compliance with the CCG quality leads along with any actions for areas requiring improvement
- Patient feedback is reviewed regularly by providers and commissioners, in some areas ED feedback response rates are low and so providers are implementing actions to improve this, such as utilising an SMS (text) survey and personally handing out feedback cards
- Quality leads from the CCG undertake deep dives into ED quality in response to their performance, no serious concerns have been escalated.

Planned Care long waits:

- The number of patients waiting for treatment across Hampshire and Isle of Wight is rising, despite staying stable during the pandemic due to a drop off in referral levels
- A harm review process was developed for use across the Referral to Treatment pathway and is being used by three of the acute providers with the remaining provider developing systems to embed it. Any learning from the reviews is shared across the system.

Hampshire Child and Adolescent Mental Health Services (CAMHG:

- The number of young people waiting for assessment in the Hampshire CAMHS team has been increasing
- All cases are reviewed regularly on the treatment pathway
- Support is available for young people, parents, carers and professionals via a CAMHS website and offers information about processing referrals, treatment times and sign-posting to useful resources.

Publication of Care Home Death Data:

- On 21 July 2021, the Care Quality Commission (CQC) published a summary of all care home resident deaths involving COVID-19 notified to the CQC between 10 April 2020 and 31 March 2021. The report can be accessed via: Care Quality Commission publishes data showing death notifications involving COVID-19 received from individual care homes | Care Quality Commission (cqc.org.uk)
- The care home sector has been particularly affected by the pandemic and every death is a personal tragedy for individuals and families and the staff caring for them
- The published data reflects total numbers of deaths in residents but does not provide any context (for example, the occupancy of the home or the age and complexity of the resident's needs). Care should, therefore, be taken in interpreting the data as a higher number of deaths does not necessarily equate to any failure in infection control measures or quality standards
- From a quality perspective, since the start of the pandemic, the CCG quality teams have worked with care homes to support the implementation of all government guidance in relation to COVID-19 as it has become available. This has included the use of personal protective equipment, hand hygiene, social distancing, regular staff and resident COVID testing and vaccination.

Performance (Appendix B)

Areas of strong performance

Cancer performance – across Hampshire and Isle of Wight Integrated Care System (ICS)

- 5 of 9 cancer waiting times standards were achieved – as predicted, 62 day performance not as strong for June – however Wessex Cancer Alliance remains 2nd highest nationally and Hampshire and Isle of Wight were 4th highest ICS.
- Hampshire and Isle of Wight remains 2nd highest ICS in country against the 28 days faster diagnosis standard.
- We have seen more challenged performance in June as a result of the (expected) marked increase in Two Week Wait referrals.

Recovery of elective activity

- Hampshire and Isle of Wight recovery of elective activity remains significantly above regional and national averages; and published June performance shows a marked increase on May activity levels and therefore delivering 3 of the 4 accelerator trajectories.

Areas requiring improvement

Urgent Care performance – both ED and Ambulance handovers; and demand for all services

- ED Performance deteriorated in July, with significantly increased levels of attendances.
- Ambulance handover delays significant issue for Portsmouth Hospitals University NHS Trust.
- Discharge delays increasing across the Hampshire and Isle of Wight system and increase in 7, 14 and 21 days lengths of stay.
- 111 demand and 999 demand higher than forecast levels. Call abandonment levels high within 111 service.
- Action plans in place in each local delivery system to address both demand and capacity issues across the urgent care pathways.

Improving treatment times for long waiting patients

- The number of patients waiting over 52 weeks has decreased to 6,428 at the end of June, compared to 10,717 at end of March 2021. Plans have been developed to accelerate treatment and ensure patients can be treated as rapidly as possible, but this remains a key risk. Patients at the highest clinical need are being prioritised for care, with Trusts working collectively to ensure this.

Mental health performance – 5 areas

- There are 5 main areas where the ICS has significant performance challenges and is performing below plan – Perinatal Mental Health, Improving Access to Psychological Therapies, Urgent and Routine Children and Young People eating disorders, Severe Mental Illness Physical health checks, and Dementia diagnosis rates.
- Recovery plans have been submitted to NHS England for all of these areas – and for some indicators are not planning to achieve national standard in 2021/22. There is variable performance across ICS systems.

The information is intended to provide a view of validated information for the Governing Body and it should therefore be noted that some data will differ from Committee documentation, which can include unvalidated information.

Finance (Appendix C)

First Half of Year (H1) Forecast Position

The CCG is confident it will meet the £2.9m surplus and is forecasting to deliver. This includes:

- Retrospective Hospital Discharge Programme (HDP) funding - £11.7m. The National team has agreed to fund the full shortfall on HDP in HIOW
- Gain on Elective Recovery Fund (ERF) over-performance and ERF Income expected on Independent Sector Provider Contracts - £7.5m (£2.2m received to date for M1)
- Efficiencies of £12.8m of which £7.9m delivered to date.

Year to Date Position

At Month 4 (end of July), the CCG has an in-year deficit against plan of £7.0m. This relates to:

- Costs incurred for the Hospital Discharge Programme (£4.0m) for which we anticipate future allocation to cover
- Elective Recovery Fund income has been earnt for the early months but the CCG has not yet received the full amount due year to date.
- With these anticipated future allocations this should leave the CCG with a year to date surplus of £1.9m in line with plan.

Risks and Mitigations

There are two main risks to achieving the H1 forecast:

- Efficiencies – £12.9m target, £7.9m achieved so far. Local team budgets have been reduced to reflect the required efficiency – current savings are Continuing Health Care/review of programmes of spend outside of block arrangements/corporate costs/cost benefit from the slippage on investment schemes. Local Teams continue to review costs and central review of non-recurrent technical opportunities.
- Elective Recovery Fund (ERF) – planned ERF income of £9.7m comprises ERF on Independent Sector contracts within the CCG, and the additional 20% ERF gain expected on NHS provider contracts). Whilst the risk could be around £4.8m, the underperformance on IS contracts partially offsets this, leaving a residual estimated risk of around £1m.

Recommendations	**The Governing Body is asked to receive and review the Quality, Performance and Finance Report (September 2021)**
Publication	**Include on public website** ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	This paper does not request decisions that impact on equality and diversity.
Patient and stakeholder engagement	None
Financial and resource implications / impact	The key financial and resource implications in relation to this paper include the risk to the CCG of failing to deliver the required level of performance for its population, and the financial impact to the health system.

Legal implications	The key statutory implication in relation to this paper is the risk to the CCG of failing to deliver the requirements of the NHS constitution to our population, and to deliver services within the budgeted financial resources available.
Principal risk(s) relating to this paper	If acute providers do not meet standards for patient access and care for the CCG population, then constitutional standards will not be met and patient care may be adversely affected.
Key committees / groups where evidence supporting this paper has been considered.	A full update was reviewed by the Quality, Performance and Finance Committee in July and will again be considered in its meeting in September.