



**AGENDA ITEM NO: 13.0.**

<b>Meeting Title/Date:</b>	Governing Body - 17 September 2019		
<b>Report Title:</b>	CCG Performance Report		
<b>Paper Prepared By:</b>	Gary O'Neill	<b>Date of Paper:</b>	3 September 2019
<b>Executive Sponsor:</b>	Anthony Gardner	<b>Responsible Manager:</b>	Gary O'Neill
<b>Committees where Paper Previously Presented:</b>	Finance and Performance Committee.		
<b>Background Paper(s):</b>	None.		
<b>Summary of Report:</b>	The purpose of this report is to provide an overview of the CCGs performance against finance, activity and key constitutional measures.		
<b>Recommendation(s):</b>	The Governing Body are asked to note the CCGs performance against the key finance, activity and key constitutional measures.		
			<b>Please Select Y/N</b>
<b>Identified Risks:</b> (Record related Assurance Framework or Risk Register reference number)	AF197. AF200. RR73. RR145. RR169.		Y
<b>Impact Assessment:</b> (Including Health, Equality, Diversity and Human Rights)			N
<b>Strategic Objective(s) Supported by this Paper:</b>			<b>Please Select (X)</b>
<b>Better Health</b> - improve population health and wellbeing and reduce health inequalities			X
<b>Better Care</b> - improve individual outcomes, quality and experience of care			X
<b>Delivered Sustainably</b> - create an environment for motivated, happy staff and achieve our control total			X
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## CCG Performance Report

### Introduction

The following report provides a summary of the CCG's performance at the end of August 2019 taking into account the CCG's position on finance, activity and constitutional commitments.

### Finance and Activity

At the end of month 04 the CCG is reporting that we are on track to deliver a breakeven position and our financial duties for 2019-20. The following assumptions underpin the forecast:

- Full delivery of the identified QIPP schemes totalling £12.294M
- Identification of further efficiencies of £3.927M to achieve the full £16M QIPP target
- Use of the £2.616M contingency reserve to mitigate all other in-year pressures, including the increasing cost of CHC packages and potential growth in elective care activity to achieve the RTT standard

A significant amount of work has taken place to implement a "QIPP Pipeline" and to identify new schemes which can be initiated in 2019-20. A number of new schemes have been proposed and supported by the CCG Executive and the unmet QIPP risk will reduce going into month 06.

There are however a number of risks including the lead time for implementing new QIPP schemes and a financial over performance on NHS hospital contracts, notably Morecambe Bay Hospitals NHS Foundation Trust (UHMB), Continuing Health Care (CHC) and Mental Health.

Further detail on the financial position is provided in the supporting finance report included on the Governing Body agenda.

### Acute Contract Activity

The table opposite provides a summary of the CCGs acute contract activity at the end of month 04. Overall, the CCG is below plan on urgent care and elective admissions. However there has been a growth in both first and follow up appointment activity.

### Morecambe Bay CCG Contract Activity – 2019-20

CSU SLAM Data (SLA Only)	Month 04		Variation	
	Plan	Actual	No.	%
Point of Delivery				
A&E Attendances	31,402	30,515	-887	-3%
Non Elective	10,405	10,097	-308	-3%
First Appts.	38,039	39,289	1,250	+3%
Outpatient Proc.	27,296	27,183	-113	-0.4%
Follow Up Appts.	87,032	90,102	3,070	+4%
Elective Day Case	14,389	14,570	181	1%
Elective Ordinary	2,420	2,090	-330	-14%

The CCG is currently reporting both a reduction in activity and an increase in financial costs. The CCG pays its acute providers under Payment by Results (PBR) and the differential in activity and costs is driven by a significant increase in Non-Elective case mix costs and other Non-PBR factors such as High Cost Drugs.

### Urgent Care

The data for 2019-20 shows the following trends:

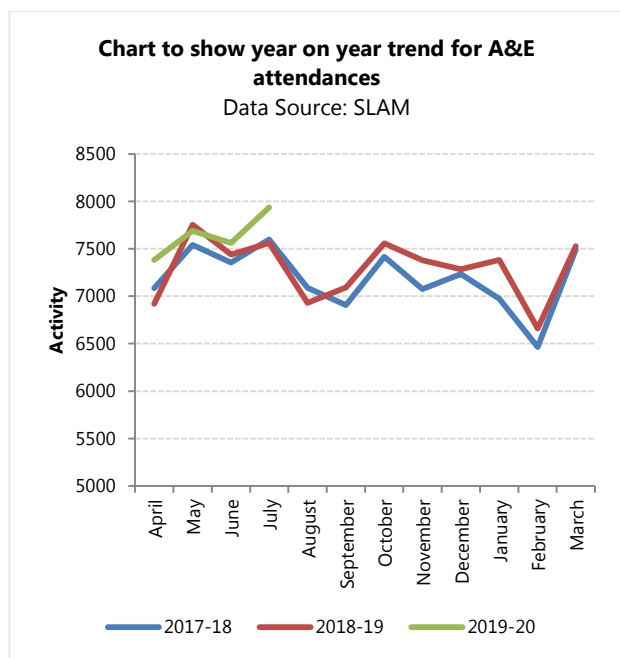
- A&E attendances are higher than the previous financial year (3%) but below the 19-20 plans (-3%)
- Non-Elective activity is higher than the previous financial year (1.1%) and below the 19-20 plans (-3%)

During 2018-19 the CCG reported a growth in both A&E and Non-Elective activity, particularly in the second half of the financial year. The demand growth was attributed to a number of factors including:

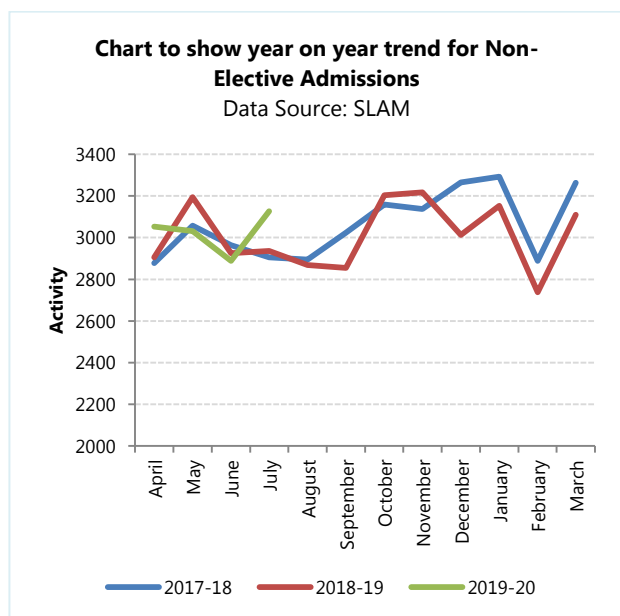
- An ageing population, resulting in a more complex and challenging case mix
- Capacity pressures within primary care and out of hours services

The contract plans for 2019-20 assumed a continued high rate of growth in demand in line with the latter half of 2018-19. At the end of month 04 the CCG continues to show a growth in demand, but not to the extent predicted.

The chart below shows the trend in A&E attendance for 2019-20 compared to the previous financial years.



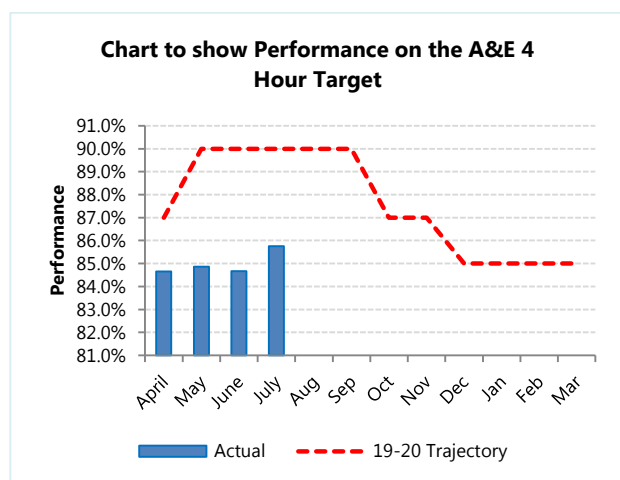
Within this activity there has been a marked reduction in low risk patients, i.e. those requiring “No Investigation or No Significant Treatment”. There has however been growth across all other areas of A&E presentation. Non- Elective activity also shows a similar growth trend with spikes in activity for April and July 2019, as shown in the chart below.



As a result, both Furness General Hospital (FGH) and the Royal Lancaster Infirmary (RLI) are non-compliant with the Urgent Care Emergency Care Standard of patients being treated and discharged from the department within 4 hours of arrival.

### Key Constitutional Target Performance

Standard	Target	Current Period	YTD
A&E 4 Hour Target	95%	Jul-19	85.7% 84.9%
Decision to Admit <12 Hours	0	Jul -19	10 45



The growth in more complex demand and admissions results in an increased use of hospital beds. UHMB continues to report in excess of 90% bed occupancy which means that there are only a limited number of beds available for surges in demand.

This creates delays at the A&E “Front Door” leading to long waits. Ambulance Handover times are also affected with the RLI and FGH both in excess of the 30 minute target and both reporting a deteriorating performance in handover times over the last 6 months.

At the ‘Back door’ of the hospital, Delayed Transfers of Care (DTC) performance has deteriorated over the last 2 months which in turn impacts upon patient flow. Medically fit for Discharge (MFFD) patients have increased across UHMB as a result.

Alongside demand pressures, UHMB continues to experience an increase in mental health demand to A&E. The Trusts CQC licence does not permit them to provide mental health services and the Trust has reported an increasing number of 12 hour breaches, the delay occurring whilst a suitable mental health inpatient facility is identified. This appears to be improving through ICP and local actions such as commissioning services from The Well.

Hospital workforce remains an issue with circa 30% WTE staffing gaps across medical and nursing workforce in medicine. In August 2019 UHMB has reported a significant level of staff absence through sickness and annual leave which has compromised delivery.

A range of actions are being taken in response to these pressures.

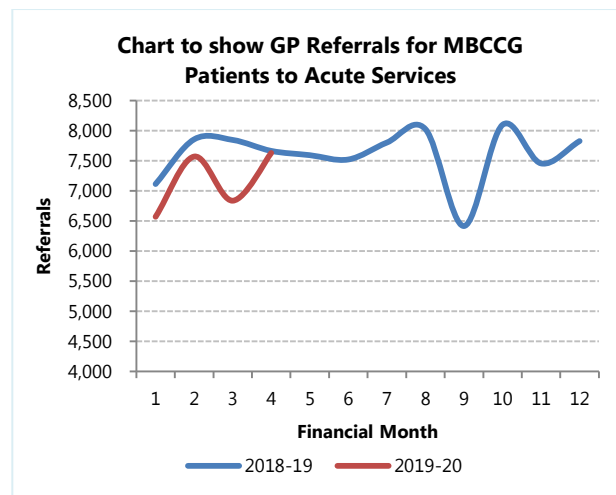
- UHMB is trialling improvement work on triage times
- An urgent care recovery plan has been produced by the system and is being managed through the A&E delivery Board
- A new nursing cohort will commence in Sep 2019.
- An acute visiting service being scoped with our Out of Hours (OOH) providers to reduce unnecessary conveyances to A&E
- The CCG has commenced on the next wave of the NWS 'Super Six' programme to transform and improve handover times at both acute ED sites.
- Estate improvement work at FGH for resuscitation and handover has now completed
- Further action is being scoped on the Discharge to Assess Programme
- Work continues with LCFT to improve the flow of patients with mental health needs through the ED. A daily call is held across the ICS footprint to improve flow and share best practice.
- The improved Primary Care Streaming model utilising e-Consult as a key enabler has been agreed and is to be in situ by November 2019.

### Elective Care

At the end of month 04, the following trends can be noted in the contract activity data:

- GP referrals are 6.2% below the previous financial year
- First outpatient attendances are 3.5% above the same period in 18-19 and 3% above contract plan
- Follow up attendances are -1.2% below the same period in 2018-19 but are 4% above the contract plan
- Elective ordinary admissions are -11.6% below the same period in 2018-19 and -14% below plan
- Day Case admissions are 2.5% above the same period in 2018-19 and 1% above plan

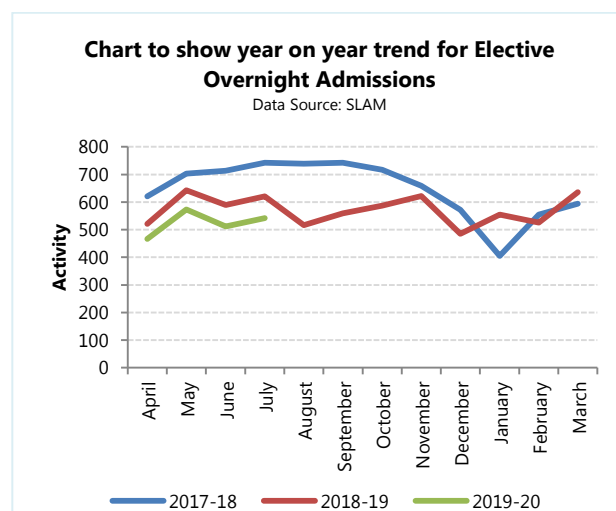
Demand for elective acute services continues to reduce for both GP and hospital initiated referrals. The primary areas of reduction have been within MSK services and Respiratory for North Lancashire. Further actions are planned in 2019-20 as part of the Better Care Together programme to further reduce acute demand in these areas; this will bring the CCGs referral numbers down to the levels proposed in our operational plan.



The contract plans for 2018-19 included a number of planning assumptions agreed with UHMB as our main acute provider. Firstly, that elective activity would increase back to level reported in 2017-18 financial year, and that outpatient follow up appointments would reduce in line with the five year financial recovery plan trajectories.

Currently, the CCG is reporting a growth in first outpatient attendances; this is not being driven by new GP referrals (as illustrated in the chart opposite). The increased activity is due to the actions taken by UHMB to address their waiting list and RTT pressures. Outpatient procedures have however fallen below both 18-19 levels and the contract plan.

The primary area of concern remains elective overnight surgical capacity. UHMB remains unable to admit the planned level of patients due to ongoing theatre and estate issues within UHMB. The Trust is working with local IS providers to outsource lower risk surgical activity such as Cataract procedures; however the contract arrangements are not yet in place. Trauma & Orthopaedics, Ophthalmology, ENT and Urology are key concerns.



Outpatient follow up levels are above plan but below the level delivered in 2018-19. This indicates that the Better Care Together actions are having an impact in year but not to the level anticipated. Capacity released through the reduction in follow-ups is being used to provide the additional first outpatient capacity.

### Key Constitutional Target Performance

Standard	Target	Current Period	YTD
18 Week target	92%	Jul-19	81.7% 82.8%
Waiting List Size	22,438	Jul-19	23,309
52 Week Standard	0	Jul-19	5 19
6 Week Diagnostics	<1%	Jul-19	2.7% 2.2%

The overall loss of capacity is leading to an increase in the 18 week waiting list and the reduction in demand does not fully mitigate this. The combination of increased outpatient capacity and reduced surgical capacity, results in more complex and long waiting patients staying on the waiting list. The risk of 52- week breaches is therefore increasing.

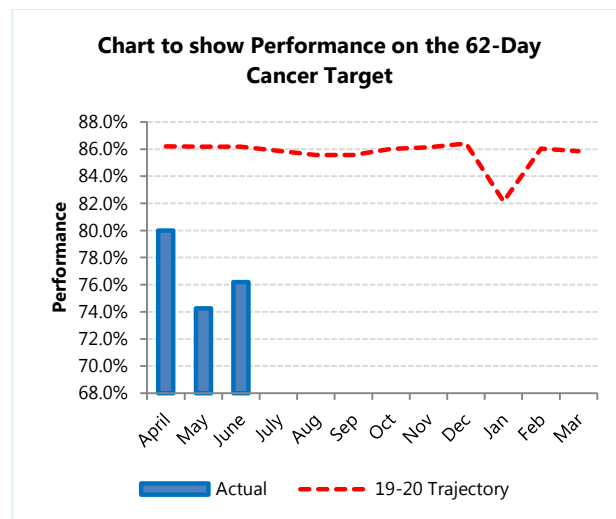
The lack of surgical capacity relates to both estate and recruitment issues within the providers, however all providers are reporting a loss of capacity due to HMRC tax rules. Many senior consultants have reduced their overtime hours to ensure that they are not subject to an increased tax bill.

The CCG is working closely with UHMB to increase sub-contracted capacity and to redesign services to increase efficiency and throughput. The CCG is also working with the Integrated Care System (ICS) to re-procure and re-design services such as Adult Hearing, Bariatric Surgery, Head and Neck Surgery, Neurology and Ophthalmology.

The underlying fragility of the UHMB estate remains a key concern ongoing failures in radiology (CT and MIR) have continued the underperformance on the six-week diagnostic target. The CCG is working with UHMB to address staffing gaps and to utilise community capacity, however the availability of financial capital to UHMB remains a root cause.

### Cancer Services

Standard	Target	Current Period	YTD
14 Day Target	93%	Jul-19	95.5% 93.1%
31 Day Target	96%	Jul-19	97.9% 96.3%
62 Day Target	85%	Jul-19	76.1% 76.7%



Cancer Target performance remains strong in a number of key areas including the delivery of 14-day and 31-day standards. Despite an ongoing increase in demand, local services have ensured that appointments are available in two weeks and UHMB have delivered 50% of these within 7 days.

Delivery of the Breast specific two week wait standard has been challenging on a regional level and all of the acute providers have reported a significant growth in demand coupled with capacity pressures in Radiology. Both UHMB and BTH performance on this standard have fallen. UHMBs service has also been affected by a loss of Radiologist capacity over the last 2 months.

As BTH performance is very significantly off track, UHMB is working with the Cancer Alliance to see whether the trust is able to offer any support to BTH patients over the next quarter whilst the capacity issues are addressed. It is recognised that this may lower local performance whilst ensuring greater equity for patients across Lancashire.

Performance on the 62 day continues to be challenging and the CCG remains below its planning trajectory at this point in the year. UHMB is reporting significant pressures within the Urology cancer pathway, specifically in the management of prostate cancer patients.

Local actions are in place to manage the growing service pressures and this is supported by a national review on the cancer standard rules to ensure that they remain applicable and representative of patient experience. A timescale has not yet been confirmed for this review.

A significant number of prostate cancer patients do not require immediate treatment and prefer to take time to research and understand their options. The national rules do not accommodate this. Again, this issue is reflected in both regional and national performance.

## Mental Health Performance

Standard	Target	Current Period	YTD	
IAPT Prevalence	4.2%	Q4	4.58%	4.27%
IAPT Recovery	50%	Q4	54.7%	54.7%
Dementia	66.7%	May-19	74.2%	74.0%

### Adult Mental Health

The CCG is currently awaiting the performance statistics for Quarter 1 of 2019-20. Currently all key adult mental health targets are on track. From the 1<sup>st</sup> of October 2019 all of our key Mental Health services will be commissioned from Lancashire Care Foundation Trust (LCFT) and a period of transition will begin to align bay wide services to a single model.

At present, IAPT performance in South Cumbria remains above target, performance in North Lancashire has deteriorated slightly. In both areas, the provider's inability to recruit staff has been a key risk. The CCG is working closely with the providers to support the recruitment process and to increase awareness and access to the services from GP practices.

Work is underway to ensure an action plan is delivered on improving access to Psychosis services within two weeks of referral. In line with Intensive Support Team recommendations, action is being taken to ensure:

- Compliance with the 18 week rules
- An improved assessment pathway
- An increase in direct liaison activity
- Improved guidance for patient facing staff on the symptomology of Psychosis
- Better case load and job planning for staff

### Children and Young People's Mental Health

The CCG has worked with providers to increase the level of provider capacity and activity by 7% over the 2016-17 baselines, key actions have included:

- Agreement on trajectories for each provider
- Improvements in coding and data capture as not all patients are currently being recorded on the target
- Agreement of provider specific improvement plans to increase capacity

Performance on the CYPMH targets remains challenging and waiting times for Eating Disorder Services remain above the agreed plan. Improvement plans for 2019-20 have been developed with the providers and are being delivered.

## Learning Disabilities and Special Educational Needs

A focus area for 2019-20 is to increase the number of primary care health checks for children or young people (Over 14 yrs.) with a learning disability. Performance for August 2019 was 9%. The key issues are:

- That family may not understand why it is important to have a primary care health check whilst they are still under the care of a paediatrician.
- The patients may not be registered as having a "learning disability" on the GP practice register because this term is not used in diagnosis by Educational Psychologists. Educational Psychologists use the terminology of "learning difficulty"

Meetings have been arranged in September 2019 with GPs, Paediatrics, the Learning Disabilities (LD) team and Integrated Care Community (ICC) development leads to devise an action plan to improve LD health check performance.

Patient held record cards are being developed which individuals can take to GP practices requesting health checks. Clear timescales for delivery and an understanding on how these will affect the overall performance are being developed.

### Recommendations

The Governing Body is asked to note the contents of this report.

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Further detail on target performance is available on the Aristotle Website: <https://nww.bi.lancashirecsu.nhs.uk/>