

AGENDA ITEM NO: 15.0.

Meeting Title/Date:	Governing Body - 19 November 2019		
Report Title:	CCG Performance Report		
Paper Prepared By:	Gary O'Neill	Date of Paper:	1 November 2019
Executive Sponsor:	Anthony Gardner	Responsible Manager:	Gary O'Neill
Committees where Paper Previously Presented:	Finance and Performance Committee.		
Background Paper(s):	None.		
Summary of Report:	The purpose of this report is to provide an overview of the CCGs performance against finance, activity and key constitutional measures.		
Recommendation(s):	The Governing Body are asked to note the CCGs performance against the key finance, activity and key constitutional measures.		
			Please Select Y/N
Identified Risks: (Record related Assurance Framework or Risk Register reference number)	AF197. AF200. RR73. RR145. RR169.		Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)			N
Strategic Objective(s) Supported by this Paper:			Please Select (X)
Better Health - improve population health and wellbeing and reduce health inequalities			X
Better Care - improve individual outcomes, quality and experience of care			X
Delivered Sustainably - 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 October 2019 taking into account the CCG's position on finance, activity and constitutional commitments.

Finance and Activity

At the end of month 06 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 savings of £12.294m
- Identification of further efficiencies of £3.927m to mitigate the current shortfall in the QIPP plan
- Use of the £2.61m contingency reserve to mitigate all other in-year pressures

The CCG senior managers are focussing on a number of key areas and the pipeline of new QIPP schemes includes a gross saving opportunity of £2.37M. Focus areas include: Non-elective Gastroenterology admissions, Cardiovascular Disease, the management of Fibromyalgia and High Cost Drugs.

A significant opportunity being explored relates to the treatment of Wet AMD. Following a recent court case it has been determined that the drug Avastin, can be used by the NHS for the treatment of wet age related macular degeneration (wet AMD). This drug is significantly cheaper the branded drugs currently being used for this condition.

The Integrated Care System (ICS) and Joint Committee of CCGs (JCCCG) have agreed that there should be an accelerated programme across the ICS to introduce Avastin as soon as possible. The financial impact and timeline to delivery will be included in the QIPP programme alongside the schemes noted above.

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), and packages for Continuing Health Care (CHC).

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

Acute Contract Activity

The table below provides a summary of the CCGs acute PBR contract activity at the end of month 06. Overall, the volume of overnight elective admissions and urgent care demand remains below the contract plan. However there has been a growth in both first and follow up outpatient activity. There is an extensive BHCP Outpatient Transformation Programme, but change is scheduled to impact from October and so the benefits are not being seen in figures to September.

Morecambe Bay CCG Contract Activity – 2019-20

CSU SLAM Data (SLA Only)	Month 06		Variation	
	Plan	Actual	No.	%
Point of Delivery				
A&E Attendances	46,564	45,221	-1,343	-2.9%
Non Elective (Inc. Short Stay)	17,922	17,970	48	0.3%
First Appts.	56,254	57,880	1,626	2.9%
Outpatient Proc.	40,224	39,999	-225	-0.6%
Follow Up Appts.	128,597	132,843	4,246	3.3%
Elective Day Case	21,326	21,498	172	0.8%
Elective Ordinary	3,562	3,194	-368	-10.3%

The CCG is currently reporting both an overall 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 Delivery

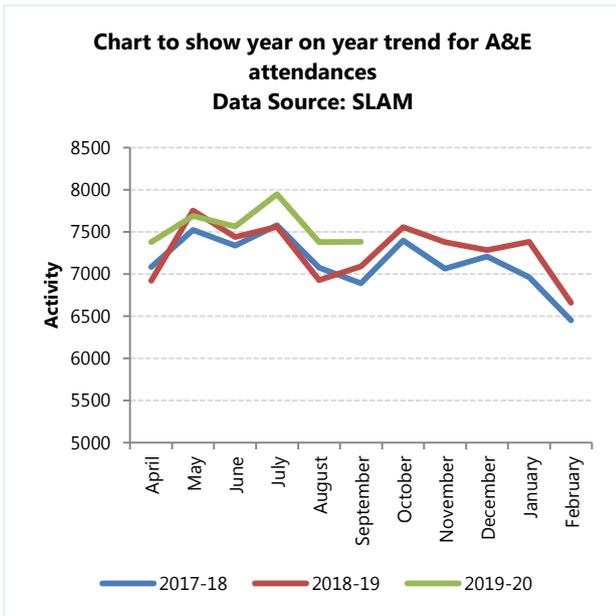
The data for 2019-20 shows the following trends:

- A&E attendances are higher than the previous financial year (3.8%) but below the 19-20 plans (-2.9%)

- Non-Elective activity is higher than the previous financial year (1.6%) and marginally above the 19-20 plans (-0.3%)

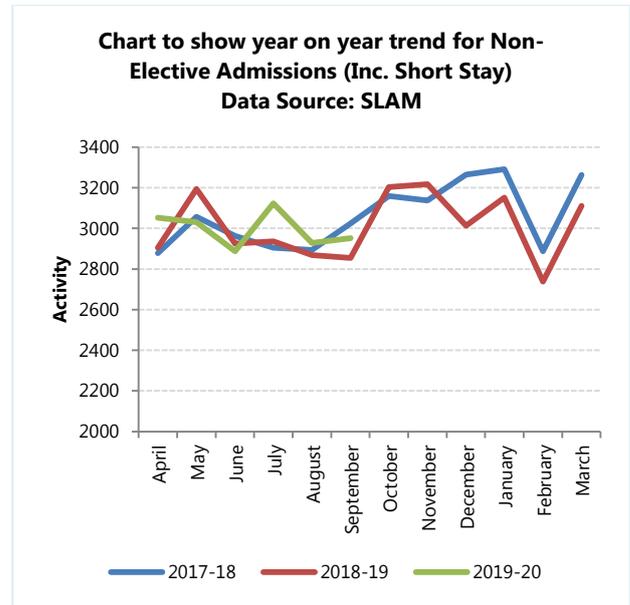
The contract plans for 2019-20 assumed a continued high rate of demand in line with the latter half of 2018-19. At the end of month 06 our providers are reporting that A&E activity has increased, but not to the levels anticipated within the contract.

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



Within this activity there had been a reduction in low risk patients, i.e. those requiring "No Investigation or No Significant Treatment". However, demand for this category of patient increased significantly in month 06.

Non-Elective activity is also above both the contract plan and 2018-19 activity levels. In part this reflects a peak in demand during July 2019 but also a steady increases in short stay patients. Our providers are reporting an increase in patients admitted for either zero or one day.



The demand growth has been 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

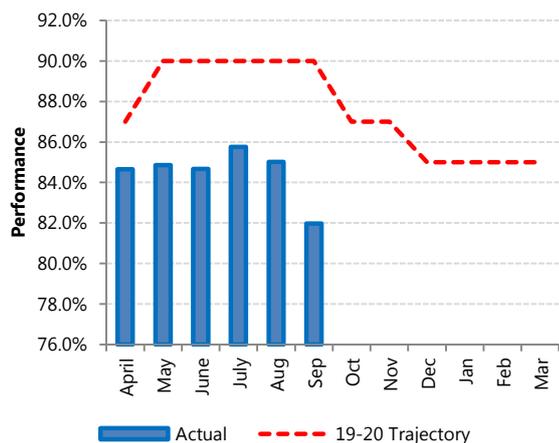
Further analysis is being undertaken by the CCG and UHMB business intelligence teams to better understand the underlying themes and trends. This will be used to inform the development of our QIPP plans and our strategy for 2020-21.

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 four hours of arrival.

Key Constitutional Target Performance

Standard	Target	Current Period	YTD
A&E 4 Hour Target	95%	Sep-19	81.98% 84.5%
Decision to Admit <12 Hours	0	Aug-19	16 204

Chart to show MBCCG Performance on the A&E 4 Hour Target against trajectory



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) have continued to increase 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 Trust had reported an increasing number of 12 hour breaches in the first quarter of the year, the delay occurring whilst a suitable mental health inpatient facility is identified. This appears to be improving in recent months through ICP and local actions such as commissioning services from The Well.

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

- UHMB has commenced improvement work on triage times and this is showing a significant success
- An urgent care recovery plan has been produced by the system and is being managed through the A&E Delivery Board
- A new nursing and medical cohort commenced in October 2019.

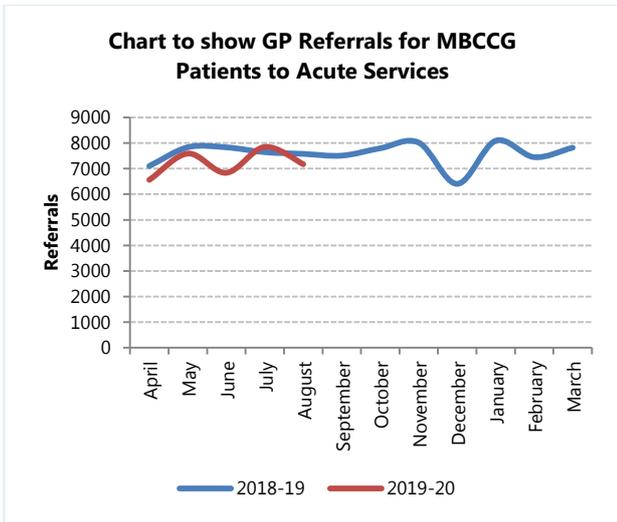
- An acute visiting service is being scoped with our Out of Hours (OOH) providers to reduce unnecessary conveyances to A&E
- The CCG has commenced on the next wave of the Hospital Handover Collaborative project at both A&E departments.
- Further action is being scoped on the Discharge to Assess Programme with a completion date of December 2019
- Work continues with Lancashire and South Cumbria Foundation Trust (L&SCFT) 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 the end of November 2019.

Elective Care

At the end of month 06, the following trends can be noted in the contract activity data:

- GP referrals are -5.2% below the previous financial year
- First outpatient attendances are 2.9% above contract plan and 3.4% above the same period in 18-19
- Follow up attendances are 3.3% above the contract plan -1.9% below the same period in 2018-19
- Elective ordinary admissions are -7.7% below the same period in 2018-19 and -10.3% below plan
- Day Case admissions are 2.6% above the same period in 2018-19 and 0.8% above plan

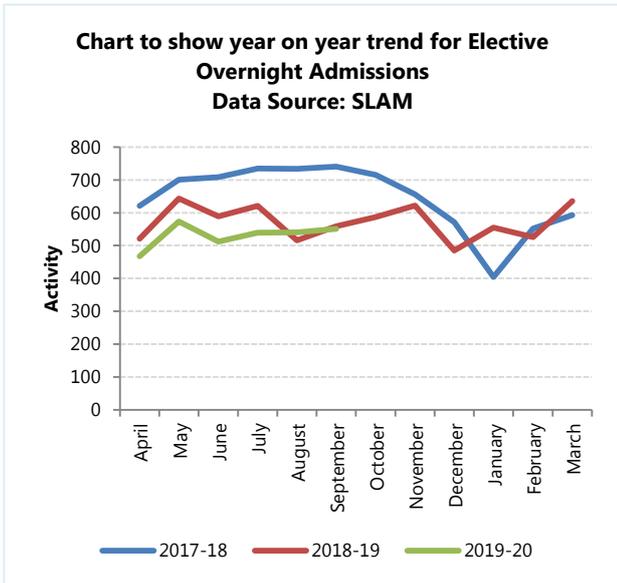
GP initiated demand for elective acute services continues to reduce. The primary area of reduction has been within Trauma and Orthopaedics as a result of the MSK service development. Further actions are planned in 2019-20 as part of the Better Care Together programme to further reduce acute demand; this 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 above). The increased activity is due to specific actions being taken by UHMB to address their waiting list and 18 week target (RTT) pressures. Outpatient procedures have also fallen below both 18-19 levels and the contract plan.

From a service capacity perspective, the primary area of concern remains elective overnight surgical admissions. UHMB remains unable to admit the planned level of patients due to ongoing workforce, theatre and estate issues within UHMB.



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, rather than the release of cash as anticipated in the financial plan.

Key Constitutional Target Performance

Standard	Target	Current Period	YTD
18 Week target	92%	Aug-19	80.6% 81.2%
Waiting List Size	22,438	Aug-19	23,800
52 Week Standard	0	Aug-19	8 27
6 Week Diagnostics	<1%	Aug-19	3.8% 2.5%

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 most significant pressures are in in T&O, Ophthalmology, Neurology, ENT and General Surgery.

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 for increased efficiency and throughput. Spa Medica has now been contracted to deliver an additional 50 Cataract procedures a month to increase baseline capacity.

The CCG is 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 procurement of Adult Hearing services for the over 50s is now complete and contracts are being awarded with services anticipated to go live in quarter 4. ICS wide projects have also been initiated for MSK and Ophthalmology services with a focus on developing a single system wide model. The CCG is also working closely with UHMB to support its theatre efficiency programme and review of it is outpatient clinic configuration.

52-week breaches remain a concern for the CCG. At the end of August 2019, the nationally reported data shows that the CCG had 8 breaches, 7 of which were in UHMB. UHMB are providing weekly analysis to the CCG and the

system regulators and this indicates that breaches are anticipated up until the end of January 2019. The forecast for November 2019 is 16 breaches.

Alongside the capacity issues, UHMB has identified process issues with the handling of long waiting patients booked through ERS with patients waiting over 6-months for a first outpatient appointment. Validation of the data held on Lorenzo has resulted in more breaches being found, particularly in Pain Management services, as a result of incorrect recording on the Trust patient administration system. Validation of the current data will be complete by the 8th of November 2019 and a recovery plan and trajectory have been agreed.

The underlying fragility of the UHMB estate remains a key concern and ongoing failures in radiology (CT and MRI) 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 date has been a barrier alongside staff sickness. The recovery trajectory and improvement plan is being revised and will be reviewed by the Elective Care Board in November 2019.

Cancer Services

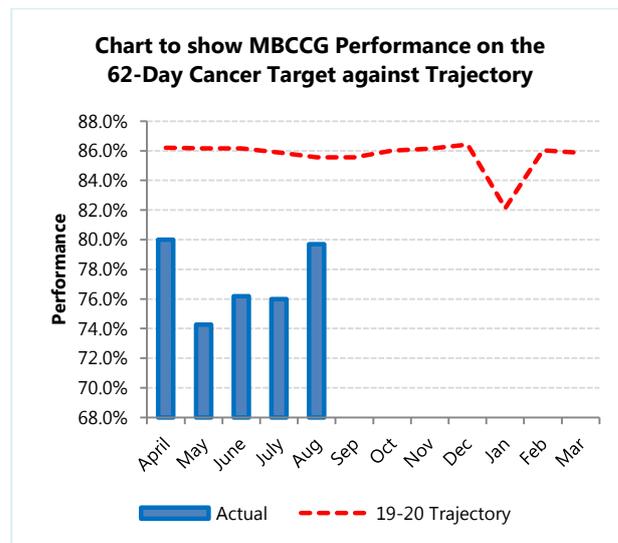
Standard	Target	Current Period	YTD
14 Day Target	93%	Aug-19	92.9% 94.9%
31 Day Target	96%	Aug-19	97.4% 96.7%
62 Day Target	85%	Aug-19	79.8% 77.2%

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 a significant proportion 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.

UHMB has however recovered its performance to 93.46% in August 2019 and the CCG has narrowly missed the standard due to underperformance at BTH. UHMB has addressed the loss of Radiologist capacity to improve service sustainability.

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 and colorectal 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.

From October 2019 the CCG has established a dedicated Cancer Board which includes acute, primary care and CCG leaders. The board will focus on the delivery the core access targets and the wider cancer strategy for Morecambe Bay. Revised improvement plans for the Cancer 62 day target are being reviewed at the November meeting to ensure all actions are on track and that further opportunities for improvement are identified and resourced.

Adult Mental Health Performance

Standard	Target	Current Period	YTD
IAPT Prevalence	4.5%	Q1	4.72% 4.72%
IAPT Recovery	50%	Q1	57.1% 57.1%
Dementia	66.7%	Aug-19	75.2% 75.2%

The CCG has achieved the IAPT access standards in quarter 1 and is provisionally reporting their continued delivery in quarter 2. The number of assessments delivered is however below the planned value. This is due to issues with the on-line referral system. The team leaders within the IAPT service have developed an action plan to address this so that performance can be sustained into quarter 3. Actions are also in train to address gaps in the workforce.

The CCG has raised concerns with its providers over performance on the Early Intervention in Psychosis (EIP) target as only one out of six patients with a suspected first episode of psychosis have received a specialist EIP assessment within 2 weeks. L&SCFT advised that it was due to referral delays in receiving referrals from the community mental health team.

Further review with the EIP Team has identified referral delays from a variety of different services i.e. Single Point of Access, crisis teams or hospital wards. Daily telephone calls are now in place to review potential delays and the service manager is linked into the matron meetings. Provisional performance for October 2019 shows that performance has increased to 100% compliance.

Children and Young People's Mental Health

The CCG is currently achieving all three of its key Children's and Young Adults Mental Health Standards (CAMHS), these include:

- Children and Young People (CYP) with a diagnosable mental health need accessing NHS funded treatment (42% against the national target of 32%)
- Urgent CYP Eating Disorder cases starting treatment within one week of referral (100%)
- Routine CYP Eating disorder cases starting treatment within 4 weeks of referral (88% against the national target of 57%)

Further work is underway to improve the waiting time from referral to diagnosis for patients with Autism, the current waits in North Lancashire being reported at 33 weeks.

Women's and Children's Services

Within maternity services, action is being taken to improve performance on breastfeeding initiation, smoking at the time of delivery and the reduction in admissions for full-term babies to neo-natal care. Data quality issues for these areas have been addressed and the CCG is working closely with UHMB to ensure performance is improves across these areas over the next 12 months.

Learning Disabilities and Special Educational Needs

A Cumbria Special Educational Needs and Disability (SEND) inspection took place in March 2019 and found a significant need for improvement. The written statement of action was submitted by the on the 12th of August 2019.

The CCG is working with its stakeholders to develop a dashboard to track progress as components of the recovery plan include NHS Services, for example there is a statutory requirement that health advice should be completed delivered in six weeks. Cumbria currently achieves 81%. A re-inspection of the Lancashire SEND services expected in autumn 2019. Preparation for re-inspection is underway.

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://www.bi.lancashirecsu.nhs.uk/>