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| Meeting: | ICS Board |
| Report Title: | April 2019 Integrated Performance Report |
| Date of meeting: | 11 th April 2019 |
| Agenda Item Number: | Item 11 |
| Work-stream SRO: | Wendy Saviour |
| Report Author: | Sarah Bray |
| Attachments/Appendices: | Enc. I. <i>Integrated Performance Summary</i> |

Report Summary:

This report supports the ICS Board in discharging the objective of the ICS to take collective responsibility for financial and operational performance as well as quality of care (including patient/user experience). Key risks and actions are highlighted to drive focus and strategic direction from across the system to address key system performance issues.

Current key risk areas are outlined below, with a summary of key performance enclosed.

Main areas of risk:

- Urgent Care System delivery
- Mental Health services and service transformation delivery
- Financial Sustainability

Emerging Risks:

- Cancer performance due to the longevity and sustained level of below-target performance.
- Quality, due to performance across Transforming Care and Maternity.

| Service Delivery Area | 2018/19 ICS Performance | | |
|------------------------------|-------------------------|----------------|------------|
| | No. KPIs | % Not Achieved | % Achieved |
| Mental Health | 10 | 40% | 60% |
| Urgent & Emergency Care | 5 | 80% | 20% |
| Planned Care | 6 | 50% | 50% |
| Cancer | 8 | 50% | 50% |
| Nursing & Quality | 7 | 14% | 86% |
| Finance | 7 | 100% | 0% |
| Overall Performance Delivery | 43 | 53% | 47% |

Nottingham and Nottinghamshire ICS - Performance Overview - as at 29th March 2019

Assurance Framework Overview

Q2 2018/19 ICS Integrated Assurance Framework aggregated to ICS level, top 4 best and worst performing areas are.

| | |
|--|--|
| <p>Best Performing areas out of the 42 ICSs are:</p> <ul style="list-style-type: none"> - GP Extended Access (1/42) - E-Referral Utilisation (2/42) | <p>Worst Performing areas out of the 42 ICSs are:</p> <ul style="list-style-type: none"> - MH Out of Area placements (40/42) |
|--|--|

| | |
|---|---|
| - RTT (3/42) - Dementia Diagnosis (4/42) | - Maternal Smoking at time of delivery (40/42) - A&E 4 hour wait (39/42) - Diabetes patients achieving NICE treatment targets (36/42) |
|---|---|

Action:

- To note
- To agree
- To agree the recommendation/s (see details below)

Recommendations:

1. That the Board note the contents of the report

Key implications considered in the report:

| | | |
|----------------------------|-------------------------------------|---|
| Financial | <input checked="" type="checkbox"/> | <i>Off plan against forecast and year to date</i> |
| Value for Money | <input type="checkbox"/> | |
| Risk | <input checked="" type="checkbox"/> | <i>Service delivery and performance risks</i> |
| Legal | <input type="checkbox"/> | |
| Workforce | <input type="checkbox"/> | |
| Citizen engagement | <input type="checkbox"/> | |
| Clinical engagement | <input type="checkbox"/> | |
| Equality impact assessment | <input type="checkbox"/> | |

Engagement to date:

| Board | Partnership Forum | Advisory Group | Planning Group | Programme Delivery Group |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance Oversight Group | Clinical Reference Group | Finance Directors Group | Mid Nottinghamshire ICP | Greater Nottingham ICP |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Contribution to delivering the ICS:

| | |
|------------------------|-------------------------------------|
| Health and Wellbeing | <input checked="" type="checkbox"/> |
| Care and Quality | <input checked="" type="checkbox"/> |
| Finance and Efficiency | <input checked="" type="checkbox"/> |
| Culture | <input checked="" type="checkbox"/> |

Is the paper confidential?

- Yes
- No

Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.

Integrated Performance Overview

29th March 2019

| Red Risks to System Delivery | | |
|---------------------------------------|--|---|
| RAG | Performance Issues | Actions to Address |
| A: Mental Health | <p>Performance concerns relating to: IAPT Access M&A CCG CYP Access & data capture issues EIP Concordant compliance & Data – Level 1 in Mid-Notts CCGs, as well as overall service delivery performance across the ICS</p> <p>5YFV Transformation Areas issues: Out of Area Inappropriate placements – outlier on volumes of placements, national data continues to increase Liaison –service model at NUH Crisis – 24/7 CRHT service is not currently offered IPS – Service not delivered across the ICS Physical Health Checks are not in line with requirements</p> | <p>There are a significant number of performance and 5YFV transformation area concerns relating to Nottinghamshire. As a result the system has developed recovery plans for IAPT, EIP, CYP, Out of Area Placements (including Liaison & Crisis) and Physical Health Checks. Delivery of key requirements is not expected until 2019/20 for CYP and IAPT, with EIP aiming to achieve level 2 by the end of March 2019.</p> <p>Following the ICS Mental Health workshop in January, mental health leaders have linked in with areas of good practice, to enhance local service improvements.</p> <p>Executive Mental Health monthly oversight is in place across the ICS, to progress the actions required through the recovery plans.</p> |
| B: Urgent Care | <p>ICS A&E performance remains below target and has reduced to 76.43% February 2019 (NUH 59.42%/ SFHT 90.33%)</p> <p>EMAS performance plateaued at current levels, with small improvements seen over the last 2 months. Performance is more positive across Nottinghamshire, than EMAS as a whole.</p> | <p>NUH remains in regional escalation for performance as service difficulties continue. Significant volume increases have continued, including increases for over 75s. The performance has continued to deteriorate through January and February.</p> <p>Actions to address capacity gaps and front door service redesign continue to be implemented. Daily executive calls continue to be in place to respond to the pressures across the system.</p> <p>Both A&E Delivery Boards have provided focus on DTOCs and are aligning to Length of Stay actions, focusing on Admission avoidance, flow and reducing delays, improvements in D2A processes, with focus on Newton 'Home First' approach, and specific actions to review mental health patient care pathways. Daily patient review processes and 'pull teams are now in place. ECIST support is being provided.</p> |
| G: Financial Sustainability | <p>The year-to-date health & social care financial position (before receipt of PSF) is £87 million deficit (£21.2m million worse than plan). This is a deteriorating position and the key pressures are non-delivery of savings programme, activity/demand, social care costs and premium staffing costs.</p> <p>The year-to-date position for the NHS System Control Total is £71.3million deficit (£22.5 million worse than plan).</p> | <p>The system has received £15.7 million of Provider Sustainability Funding, which is less PSF than planned due to non-delivery of A&E at NUH (months 1-11), SFHT A&E (month 10-11) and financial position (months 4-11).</p> <p><i>Note: A&E PSF is not recoverable and finance PSF is recoverable</i></p> <p>Additional actions have been put in place, monitored through the Financial Sustainability Group. The system is forecasting to under-deliver on the year end position for the NHS System Control by £18.9m.</p> |
| Amber Risks To System Delivery | | |

| | | |
|---------------------------------|---|--|
| C: Planned Care | <p>RTT failed to achieve for the ICS 91.6%. Waiting lists are over March 2018 levels, however have decreased to 4.6% (Jan 19). (NUH -1.5%, SFHT 10.2%).</p> <p>SFHT +52 weeks values are in line with trajectory, planning for nil at March 19. NUH have had sustained levels of breaches over recent months, which are being actively managed by the system.</p> <p>Children's wheelchair waits have significantly improved over the year to 90% delivery Q3. Performance recovery was achieved Q2 for Greater Notts and expected during Q4 for Mid-Notts.</p> | <p>SFHFT expected recovery of the 92% target by November 2018, however there is low confidence in achieving the standard before March 2019. SFHFT and the CCG are monitoring recovery plans at speciality levels, which include staffing and additional capacity.</p> <p>SHFT Waiting lists recovery back to March 18 levels is unlikely to be achieved by March 2019, due to data validation and activity increases. Additional activity has been directed through to the independent sector for certain specialties.</p> <p>52+ waits recovery to nil is expected by Q2 2019/20 due to patient choice factors.</p> |
| D: Cancer | <p>Cancer 62 performance reduced slightly to 83.09% January 2019. (SFHT 84.46% / NUH 78.11%). Pressures from increased urology referrals and convergence rates have impacted upon both trusts.</p> | <p>The trusts expected performance for Jan 19 & Feb 19 is 78-82%, as the trusts work through the increased demand, and capacity constraints during the winter period. Recovery is not expected to be achieved before March 19, but Q2 2019/20.</p> |
| E. Nursing & Quality | <p>Transforming Care did not achieve Q3 trajectory +10 over planned levels, however there has been a significant improvement since Q1 reducing the variance by 4</p> <p>CHC: ICS achieved both QP standards for Q3 maintaining an improved position. Mid Notts are unlikely to achieve Q3 28 day standard.</p> <p>Maternity did not achieve the continuity of carer 20% requirement, for 2018/19. Q3 performance was 0%.</p> | <p>TCP remains in regional escalation. Recovery plans are in place, focus on admission avoidance.</p> <p>The Mid Notts CCGs are working with the IDAT and Home First Pathway Team to ensure appropriate discharge/transfers. A clinical lead with LD expertise has commenced. Recovery is expected by the end Q4, improvements are noted for January 19.</p> <p>Maternity recovery plan is in place, revised trajectories are expected for June 2019, to progress towards the 35% requirement for March 2020. Pilots are commencing March and April 2019.</p> |
| Primary Care | <p>Delivery of workforce plans is a raising concern.</p> | <p>Primary Care and delivery of increased workforce is at risk of delivery against the planned trajectory, due to overseas recruitment not being as successful as planned. Contingencies including reviewing skill mix and further retention are being developed.</p> |

Integration of services, improving health of the population

While healthy life expectancy has increased both nationally and locally over recent years, Nottingham and Nottinghamshire remain below both national and core city averages. Additionally, there is a significant downward trend in female healthy life expectancy across the previous four rolling averages.

Performance measures for the ICS relating to social care and population health are being developed by the respective teams. The three priority areas are alcohol, smoking & diet.

Strengthened Leadership

ICS Governance arrangements are continuing to be strengthened, with on-going work programmes related to management of risk, organisational and system arrangements, and workstream oversight. This includes development of the ICS Outcomes Framework.

The performance report will continue to be developed during 2019/20 to reflect the emerging governance of the ICS and the establishment of the ICS Outcomes Framework.

CCG joint management arrangements are progressing.

1. Recommendations

The Board/Group are asked to note the report:

- a. Integrated Performance Report and
- b. Key risk areas:
 - Urgent Care System delivery
 - Mental Health service and service transformation delivery
 - Financial Sustainability

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Nottinghamshire ICS

System Integrated Performance Summary

April 2019

| | Key Performance Indicator | 18/19 STP Basis | 18/19 Required Performance | 18/19 Reporting Period | 2018/19 ICS Performance | | | | Exception Narrative |
|--|--|-----------------|----------------------------|------------------------|-------------------------|-----------|----------------------|------------------------|---|
| | | | | | Latest Period | Month RAG | Month Delivery Trend | Forecast Delivery Risk | |
| A. Mental Health Deliver the MHFV, with a focus on Children and Young Peoples services (CYP), reductions in Out of Area Placements, improved access to mental health services (EIP / IAPT / Crisis and Liaison services) | CYP Access Rate | CCG | 32% | Q3 18/19 | 16.2% | | ↑ | | Due to a range of concerns relating to performance and plans to progress the 5YFV requirements, Executive level oversight has been established in the ICS. Joint Recovery plans are in place. CYP Performance is improving, however the access standards were not met in Q2, data issues continue to be addressed. IAPT access target not achieved as an ICS for Dec 18. EIP - focus remains on improving service compliance. OAPs – Continued reduction in out of area placement (OAP) occupied bed days (OBDs). 29% reduction in OAP OBDs from the end of Q1 to the end of Q3 2018/19. However, the local trajectory was not achieved. |
| | CYP Eating Disorders Urgent 1st <1 weeks | CCG | 95.0% | Q3 18/19 | 50.0% | | - | | |
| | CYP Eating Disorders Routine 1st <4 weeks | CCG | 95.0% | Q3 18/19 | 100.0% | | ↑ | | |
| | IAPT Access | CCG | 4.61% | Dec-18 | 4.47% | | ↓ | | |
| | IAPT Waiting Times - 6 weeks (Rolling Quarter) | CCG | 75.0% | Dec-18 | 80.8% | | ↑ | | |
| | IAPT Waiting Times - 18 weeks (Rolling Quarter) | CCG | 95.0% | Dec-18 | 99.3% | | ↓ | | |
| | IAPT Recovery Standards (Rolling Quarter) | CCG | 50.0% | Dec-18 | 55.2% | | ↑ | | |
| | EIP NICE Concordant Care within 2 Weeks | CCG | 53.0% | Jan-19 | 66.7% | | ↓ | | |
| | Inappropriate Out of Area Placements (bed days) | CCG | 1698 | Dec-18 | 2815 | | ↓ | | |
| Maintain Dementia diagnosis rate at 2/3 of prevalence | CCG | 66.7% | Feb-19 | 75.8% | | ↓ | | | |
| B. Urgent & Emergency Care Improved A&E performance in 2018/19, reduce DTOCs and stranded patients, underpinned by realistic activity plans. Implementation of NHS 111 Online & Urgent Treatment Centres. | Aggregate performance of 4 Hour A&E Standard | Provider | 90% Sept /95% Mar | Feb-19 | 76.4% | | ↓ | | Activity pressures continued into Q3, year on year ED attendances continue to rise. A&E – NUH performance remained low at 59.42%, demand had increased further with increased ED attends and ambulance arrivals. SFHFT failed to achieve national standard and local trajectory at 90.33% in Feb-19, with 10 12 hour breaches. Length of Stay continues to be an issue, Greater Notts RAP aims to recover by Mar-19, Mid Notts will not meet the target. DTOCs – NUH achieved and SFHFT failed in Jan-19. |
| | 12 Hour Breaches | Provider | 0 | Feb-19 | 10 | | ↓ | | |
| | NHS 111 50% population receiving clinical input | Provider | 50.0% | Feb-19 | 52.8% | | ↑ | | |
| | Ambulance (mean) response time Category 1 Incidents | Provider | 00:07:00 | Oct-18 | 00:07:39 | | ↓ | | |
| | Ambulance (mean) response time Category 2 Incidents | Provider | 00:18:00 | Oct-18 | 00:30:27 | | ↓ | | |
| | Reduce DTOCs across health and social care- NUH | Provider | 3.5% | Jan-19 | 2.97% | | ↓ | | |
| | Reduce DTOCs across health and social care- SHFT | Provider | 3.5% | Jan-19 | 4.30% | | ↓ | | |
| Primary Care Delivering extended access, additional workforce, upgrading primary care facilities, and active engagement in primary care | Extended Access GP Services (evenings & weekends, holiday periods) 100% population by October 2018 | CCG | 100% | May-18 | 100.0% | | | | Mid Notts CCG's have 100% population coverage since October 2018. National reporting is now reflective of this position. |
| | Invest balance of the £3 / head for general practice transformation support | CCG | | | | | | | |
| C. Planned Care Improvements in planned elective activity, reductions in patients waiting over 52 weeks as well as reductions in overall waiting lists | RTT Incomplete 92% Standard | Provider | 92% | Jan-19 | 91.6% | | ↓ | | RTT performance missed 91.6%, as previous month, however waiting lists have decreased to 4.6% overall as ICS compared to previous month. 52 Week Waits – SFHT list validation has now concluded. Breaches expected into Q4 due to patient choice for both trusts. Wheelchair – Mid Notts has improved significantly but |
| | RTT Waiting List - March 2019 incomplete pathway < March 2018 | Provider | <March 18 56511 | Jan-19 | 59,115 | | ↓ | | |
| | +52 Week Waits - to be halved by March 2019, and eliminated where possible | Provider | 15 | Jan-19 | 11 | | ↓ | | |
| | Diagnostics +6 weeks | Provider | 0.9% | Jan-19 | 0.72% | | ↓ | | |

Nottinghamshire ICS

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|--|--|-----------------|----------------------------|------------------------|-------------------------|-----------|----------------------|---|
| | | | | | Latest Period | Month RAG | Month Delivery Trend | |
| | Children's Wheelchair Waits < 18 Weeks | CCG | 92% | Q3 18/19 | 90.00% | | ↑ | wheelchairs – mid notts has improved significantly but remain under target at Q3 90%. |
| | E-Referrals increased coverage 100% 1819 | CCG | 100% | Dec-18 | 104% | | | |

Nottinghamshire ICS

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|--|--|-----------------|----------------------------|------------------------|-------------------------|-----------|----------------------|------------------------|--|
| | | | | | Latest Period | Month RAG | Month Delivery Trend | Forecast Delivery Risk | |
| D. Cancer Delivery of all eight waiting time standards, implementation of nationally agreed radiotherapy specifications and diagnostic pathways, progress risk stratified scanning and follow-up pathway | Cancer 2 weeks - Suspected Cancer referrals | Provider | 93.0% | Jan-19 | 95.0% | | ↓ | | 62 Day wait times in oncology continue to be an issue across a number of tumour sites at NUH. Urology continues to be an issue at SFHFT, with 9/15 breaches in Urology in Jan. NUH expected to meet 80% by Feb-19 however, recovery by Mar-19 is unlikely. SFHFT recovery expected in Feb-19. |
| | Cancer 2 weeks - Breast Symptomatic Referrals | Provider | 93.0% | Jan-19 | 98.1% | | ↓ | | |
| | Cancer 31 Days - First Definitive Treatment | Provider | 96.0% | Jan-19 | 93.8% | | ↓ | | |
| | Cancer 31 Days - Subsequent Treatment - Surgery | Provider | 94.0% | Jan-19 | 83.9% | | ↓ | | |
| | Cancer 31 Days - Subsequent Treatment - Anti Can | Provider | 98.0% | Jan-19 | 98.3% | | ↓ | | |
| | Cancer 31 Days - Subsequent Treatment - Radiothy | Provider | 94.0% | Jan-19 | 97.5% | | ↓ | | |
| | Cancer 62 Days - First Definitive Treatment - GP Referral | Provider | 85.0% | Jan-19 | 83.1% | | ↓ | | |
| | Cancer 62 Days - Treatment from Screening Referral | Provider | 90.0% | Jan-19 | 84.0% | | ↓ | | |
| E. Nursing & Quality | | | | | | | | | |
| Transforming Care Continued reduction of inappropriate hospitalisation of people with Learning Disabilities focusing on long | Reductions in patients against Local planning trajectories - Total for Nottinghamshire | CCG | 36 | Jan-19 | 54 | | ↓ | | TCP: The Nottinghamshire TCP collectively (Specialised Commissioning & CCG) did not achieve the 2018/19 Q3 trajectory (+10) this was across NHSE areas. CHC: Provisional data shows Nottingham & Nottinghamshire ICS achieved both QP standards for Q3 maintaining an improved position. |
| | Continuing Health Care Fewer than 15% of Continuing Health Care Full Assessments undertaken in acute setting | CCG | <15% | Jan 19 | 8% | | ↑ | | |
| Maternity Deliver improvements in safety for maternity services, and improve personal and mental health service provision | More than 80% eligibility decisions undertaken within 28 days from receipt of checklist | CCG | 80% | Jan 19 | 89% | | ↑ | | Maternity: Baselines & Trajectories (B&T) aligned to LMS Transformation Plan were agreed (June 2018). The requirement for 20 continuity of carers by March 2019 is not expected to be achieved. Data capture and definitions continue to be agreed. Smoking in pregnancy continues to be a concern. |
| | Local planning trajectories agreed | | | | | | | | |
| Quality Measures | Mixed Sex Breaches | | | Dec-18 | TBC | | | | CQC inspection at SFHT in April has improved overall rating to good. HCAI (Hospital Aquired Infections) have action plans to address the increased rates |
| | MSA Breaches | Provider | | Dec-18 | 0 | | ↓ | | |
| | MRSA | Provider | | Jan-19 | 0 | | ↓ | | |
| | C-Difficile | Provider | | Jan-19 | 17 | | ↓ | | |
| | E Coli | Provider | | Jan-19 | 85 | | ↑ | | |
| F. Prevention & Public Health | | | | | | | | | |
| | | | | | | | | | Healthy life expectancy has increased both nationally and locally over recent years, however Nottingham and Nottinghamshire remain below both national and core city averages. Additionally, there is a significant downward trend in female healthy life expectancy across the previous four rolling averages |
| | | | | | | | | | To be developed and populated by public health and social care |

Nottinghamshire ICS

System Integrated Performance Summary

April 2019

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|------------------------------------|---|-----------------|----------------------------------|------------------------|-------------------------|-----------|----------------------|------------------------|--|--|---|
| | | | | | Latest Period | Month RAG | Month Delivery Trend | Forecast Delivery Risk | | | |
| G. Finance & Efficiency | Overall Financial Position (Health & Social Care): Pre-PSF | ICS | Nil Variance to Plan (£millions) | Feb-19 | -£24.4 | | ↓ | | YTD £87.0m deficit (Plan £65.8m deficit) and forecast £92.6m deficit (Plan £67.7m deficit). In year position is deteriorating, key pressures are non delivery of savings programme, activity/demand, social care costs and premium staffing costs. | | |
| | Provider Sustainability Funding (PSF) | ICS (NHS) | | | -£23.1 | | ↓ | | YTD received £15.7m (Plan £43.3m) and forecast £17.0m (Plan £49m). Variances due to non delivery of A&E performance at NUH & SFH (months 9-12 only), the months 4-11 actual & months 4-12 forecast financial position. | | |
| | Overall Financial Position (Health & Social Care) : Post-PSF | ICS | | | -£47.5 | | ↓ | | YTD £71.3m deficit (Plan £22.5m deficit) and forecast £75.6m deficit (Plan £18.7m deficit). | | |
| | NHS System Control Total | ICS (NHS) | | | -£19.6 | | ↓ | | YTD £81.4m deficit (Plan £65.8m deficit) and forecast £86.6m deficit (Plan £67.7m deficit) - excluding Provider Sustainability Funds. Significant risks to delivery of the NHS System Control Total, additional actions have been put in place, monitored through Financial Sustainability Group. | | |
| | Savings Programme (6%) | ICS | | | -£10.5 | | ↓ | | YTD £145.5m (Plan £153.7m) and forecast £163.2m (Plan £170.1 m). Key areas of under delivery are elective care transformation and pay efficiencies. | | |
| | Mental Health Investment Standard (MHIS) | ICS | | | £148.8 (Plan) | Feb-19 | £126.8 | | - | | MHIS is forecast to deliver at M11. |
| | Agency Ceiling | ICS | | | £45.4 (Plan) | Feb-19 | £37.7 | | - | | The Agency Ceiling is delivering YTD against the plan of £41.5m |
| H. Workforce | | | | | | | | | To be developed and populated by workforce programme lead | | |