

Report to the Health and Care Overview and Scrutiny Committee on Performance and Finance

Health and Care Overview and Scrutiny Committee Meeting – 27 November 2023



Executive Summary

This report contains:

1. An executive summary outlining key [headlines](#) and [escalations](#).
2. A [placemat](#) that demonstrates at a high-level key metrics and deliverables within the 2023/24 operating plan.
3. Exception reporting against our [One Collective Aim](#) and [4 system priorities](#).
4. A finance summary including a [month 6 position](#) and an update on [efficiency delivery](#).

The report was presented at the Integrated Care Board (ICB) Finance and Performance Committee (F&PC) on 7 November 2023 with discussion around:

- [Urgent and Emergency Care \(UEC\) performance](#) remains challenging with business continuity incidents impacting on performance and delivery at University Hospitals of North Midlands (UHNM). Deterioration in Category 2 ambulance response times and increase in ambulance handover delays. Focus on front door alternative pathways continues along with focus on all discharges, frailty and outward flow. The system escalation plan level 4 plus actions are in place to manage risk across the UEC pathway.
- [Serious Mental Illness \(SMI\) annual physical health checks](#) in quarter 1 and the actions required both in relation to getting the checks undertaken but then recorded in GP systems, so they pull through into the data feeds, to ensure fully accurate reporting.
- A separate in-depth paper was presented outlining [Elective Care Long Wait Performance](#). System partners continue to address the backlog of patients on the elective waiting list with the ambition of treating all those waiting more than 65 weeks by the end of March 2024 in accordance with the national planning guidance. However, despite progress being made the rate of improvement is being hampered by the ongoing industrial action by both junior doctors and consultants.
- At month 6 at a system level, we are reporting a year-to-date deficit position of £66.4m, which is a £52.7m adverse variance against the £13.7m deficit plan (Month 5 –year to date deficit £58.6m; variance to plan £45m. The system has reported a net risk of £141m prior to recovery actions. We are currently working through the impact of the recovery actions to determine the most likely outturn. Drivers of the deficit continue to be excess inflation, Continuing Healthcare and the impact of industrial action. Capital is forecasted as expected however medium-term challenges remain and require national monies to achieve plan.

Headlines Summary




































Headlines

- [One Collective Aim](#) - Category 2 calls show a 1% reduction on the previous month, and 6.8% below the same period last year. Category 3 calls decreased by 9.6% on August but were up 0.8% on the same month last year.
- [Urgent and Emergency Care \(UEC\)](#) - Emergency Department (ED) Attendances through September reversed the previous 3 months of decline rising by 2% on last month and recording levels 7% above the same month last year. Virtual Wards (VW) showed 62% occupancy delivered through increased capacity of 214 VW Beds. This is below the target of 67.7% from a planned capacity of 251 VW Beds for the end of September but continues to show growth.
- [Tackle Backlogs \(Planned Care\)](#) - Eliminating 104+ and 78+ week waiters (ww) has been impacted by industrial action, but downward trends are still evident. 104ww are below 5 across the ICB. At University Hospital of North Midlands (UHNM) improvements have been made in 65+ and 52+ ww, currently each of these cohorts of patients is below the plan.
- [Diagnostics](#) – Performance against the 7-core test plan (of 78.1% of patients to be seen in <6 weeks in August) was 68.6%, the fourth consecutive month below the plan. Activity decreased in four of the seven tests (albeit minimally), when compared to last month. [Magnetic resonance imaging \(MRI\) and Gastroscopy activity](#) in August exceeded the plan – the only tests to do so again this month.
- [Cancer](#) – The number of patients whose treatment started after 62 days (at UHNM in month) is below plan in August and Septembers (provisional) data. The [28-day faster diagnosis pathway](#) saw 65.5% of patients told within 28 days, (below plan of 69.9% in M5) and below the national standard of 75%.
- [General Practice/Primary Care](#) – Access targets in primary care are on track and delivering as expected against plan. The number of [completed referrals to Community Pharmacist Consultation Service \(CPCS\)](#) from General Practice remains on track to exceed the plan, by 2,358 referrals (April to September). The ICB are higher for referrals to CPCS per 1,000 patients compared to Midlands and National.
- [Prevention and Health Inequalities](#) National Objective on increasing the percentage of appropriate patient on lipid lowering therapies – the national target of 60% has not been met in Q1 with performance sitting at 55.9%. Data for July and August 2023 indicates a small increase but remains under target.
- [Children and Young People](#) Year to Date (YTD), all age groups for [emergency asthma admissions](#) were lower than they were in 2019/20, however, the YTD rate of emergency epilepsy admissions was slightly higher in the 11-17 (30.2 v 28.4) age group compared to 2019/20.
- [Complex individuals](#) – Colleagues from Midlands Partnership Foundation Trust (MPFT), local authority, Integrated Care Board (ICB) and Commissioning Support Unit (CSU) attended the first Continuing Healthcare (CHC) working group meeting 19th of Oct. Types of service and data collection scope were agreed with the aim of producing a CHC dashboard.
- [Efficiency Programme](#) – The system cannot collectively deliver breakeven and, without additional action our deficit will be £141m. A series of recovery programmes have been identified and we are in the process of evaluating the financial impact (in year and recurrent) coupled with further short-term measures to impact a revised forecast outturn.






Escalations Summary

- [One Collective Aim](#) – September reported reductions in both Category 2 and Category 3 call volumes, with Category 2 reducing by 1% and Category 3 experiencing a larger 9.6% reduction. Both, however, are higher than the same period last year meaning our one collective aim to reduce these numbers is not being achieved.
- [Urgent and Emergency Care](#) – Continued effort at UHNM and Acute Care at Home (AC@H) to identify suitable patients for [Virtual Ward beds](#) resulted in further increased occupancy alleviating a degree of pressure within the system, however, patient acuity continues to be a barrier to expanded use. Capacity issues identified within the [Acute Care @ Home team](#) – granular level detail (particularly around hard to fill clinical posts) requested from the People Function. Business continuity planning under development for AC@H (anecdotally half number of ACPs on some shifts than usual). Derbyshire Health United (DHU) Healthcare has moved to preferred provider status for the [NHS 111 contract](#) covering the entire Midlands region and will begin the process of agreeing and signing of a new contract to cover the System.
- [Planned Care](#) - The underlying [78ww position](#) is improving however UHNM are currently forecasting 158, 78ww breaches in October and 93 in November. Without the Industrial Action impact, the expectation would be close to zero. UHNM are achieving the [patient initiated follow up](#) initiative (PIFU) target, but this is not resulting in a reduction in follow-ups required. New to follow up ratio's as of 2019/20 compared to 2023/24 are being analysed, this will be available for the next meeting.
- [General Practice/Primary Care](#) – General Practice Winter Surge Plan – activity and finance remodelled in line with reduced level of funding confirmed. Practice level appointments and winter hubs to be funded for 17 weeks, commencing 4 December 2023.
- [Complex Individuals](#) – the number of people with [Severe Mental Illness](#) (SMI) having an annual physical health check in Q1 was 22% below the Q1 plan target of 5,738. Community services are working closely with practices to ensure appointments for joint reviews are being utilised.
- [Efficiency Programme](#) – Following the national escalation meeting, we are now working to assess the most likely forecast outturn.

Overview of key underpinning deliverables

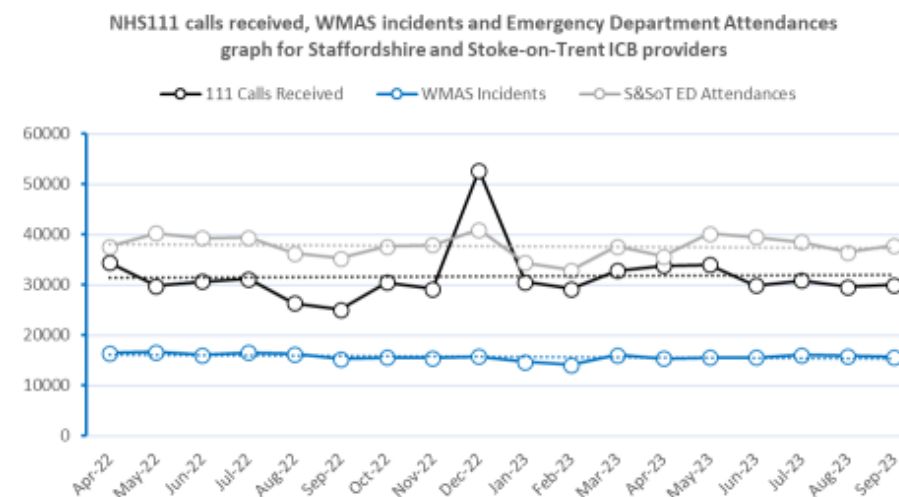
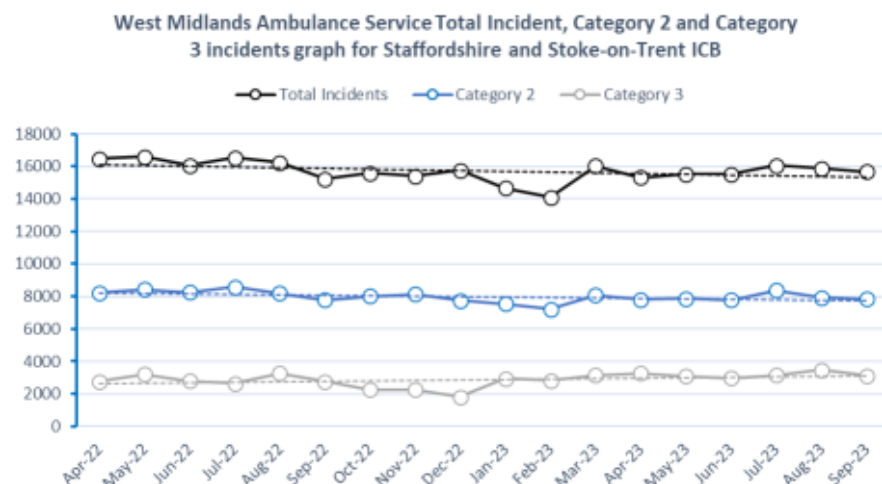
Children and Young People / Maternity	Planned Care, Diagnostics & Cancer	Improving Population Health	Urgent and Emergency Care	Mental Health, Learning Disability and Autism	Primary Care	End of Life, LTCS and Frailty
<ul style="list-style-type: none"> Design and Implement Long Term Conditions Programme: <ul style="list-style-type: none"> Asthma  Epilepsy and Diabetes  Implement Children with Complex Needs Project  Implementation of the national delivery plan for maternity and neonatal care  	<ul style="list-style-type: none"> Ongoing implementation of Patient Initiative Follow Up (PIFU)  Trajectory for eliminating 65 week waits delivered  Meeting 85% /theatre utilisation  Meeting 85% day case utilisation  Introduce Community Diagnostic HUBs  Optimal use of lower GI 2 week pathway  	<ul style="list-style-type: none"> Systematic implementation of the Core20 approach  Implement NHS Long Term Plan prevention programmes  Utilise population health management techniques  	<ul style="list-style-type: none"> Implement Capital Investment Case  76% of patients seen within 4 hours in A&E  Bed occupancy 92% or below  Full review and priority setting for virtual wards.  Deliver a fully integrated discharge "hub"  	<ul style="list-style-type: none"> Improve the crisis pathways including 111 and ambulance response  Undertake a Psychiatric Intensive Care Unit (PICU) Options Appraisal  Minimise waiting times for autism diagnosis  Improving Access to Talking Therapies  Increased number of people with a Serious Mental Illness (SMI) having annual physical health check  	<ul style="list-style-type: none"> % Appointments within 14 days of booking  Patient Experience (GPPS & FFT positive responses)  Deliver Additional Roles Reimbursement Scheme (ARRS) – Budget utilisation %  Direct Patient Care FTE per 10,000 pop. vs. National  Digital Pathways  GP Referrals to Community Pharmacy Consultation Service (CPCS).  Deliver recovery of dental activity (UDA's)  	<ul style="list-style-type: none"> The creation of a Palliative End of Life Care (PEoLC) strategy  Identification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary Care  The creation of a Long Term Conditions (LTC) strategy  Transformation programme around Cardiovascular (CVD), Respiratory and Diabetes  Delivery of the frailty strategy 

TRAFFIC LIGHT KEY:

-  On track
-  Behind plan and no mitigations identified as yet to improve position in year
-  Measure of success under review by the portfolio
-  Deliverable behind plan, but mitigations in place to try and improve the position
-  Complete

Exception reporting against our One Collective Aim

One Collective Aim	Points to note
<p>Reduce the number of Category 2 and 3 ambulance calls</p> <p><i>The data provided here are the incidents derived from calls to West Midlands Ambulance Service (WMAS) for our ICB only.</i></p> <p><i>Charts run from April 2022.</i></p>	<ul style="list-style-type: none"> Category 2 calls accounted for just over 50% of the call volumes reported during September. Category 3 calls contracted to 20% of the call volume for the month. Overall call volumes reduced by just over 1% with reductions in Category 2 and Category 3 calls being offset by rises in Category 1 incidents, and calls classified as Category 5 reaching their highest level since December 2022 as focus on the use of Acute Care @ Home is maintained. A reduction in Fall related incidents was the primary driver in the Category 3 reduction, reversing the rise seen during the previous month. Further analysis however indicates the overall number of falls did not reduce, with the variance returning to being reported under Category 5 incidents. Emergency Department (ED) Attendances through September reversed the previous 3 months of decline rising by 2% on last month and recording levels 7% above the same month last year. The total number of 111 calls during September 2023 increased by 19.9% when compared to the same period of 2022/23, an increase equivalent to 165 extra calls per day. UHNM continue in Tier 2 of the national support mechanism, with continual monitoring against all Exit Criteria to gauge progress. UHNM are in segment 3 of the NHS Oversight Framework with 5 exit criteria in place in relation to UEC with challenged performance in Ambulance Handover Delays and > 12 hour waits. Monitoring against contractually agreed trajectories continues with Category 2 Mean Response times rising above the 30-minute threshold for September, but still performing better than most ICBs in the Midlands region.



Exception reporting against our 4 system priorities

System Priority	Key points this month or actions and observations for the coming months
1. Urgent & Emergency Care Focus on prevention, hospital avoidance and appropriate and timely discharge	<ul style="list-style-type: none"> In hospital – 4hr at UHNM have improved gradually over the past few weeks, but down to 65.8% in the 2nd week of October. Patients waiting 12+ hours remained 400 in average. Surge – Bed occupancy rate in October has gone up 2.6% to 92.9% from September, this is reflective of the pressure we are managing. 50 additional beds requested from Region within the Core bed base. Single Point of Access – National Principles received and the 12 hour per day requirement will be met by the UCCC by extending its opening hours from 8am to 6pm to 8am – 8pm ongoing. The main challenge identified is whether community teams have the capacity to provide a response. Acute Care at Home – Stock take and priority areas shared across the system. UCCC 7 point improvement plan developed to support UCCC triage/trusted assessor model. Virtual Wards - meeting held with The Royal Wolverhampton Trust (RWT) around virtual ward utilisation – improvement plan agreed. Business continuity plans under development to support staffing challenges. Access to local authority (LA) Social Care Support requested for AC@H. Paramedic situated within UCCC proposals under development. Integrated Discharge HUB – MOU agreed and signed off. Data Assurance Workstream developed. Microsoft Teams channel developed for all IDT staff to enable smooth communications and centrally located documents. Organisational Development (OD) plan developed. Frail Elderly Assessment Unit Test of Change commences next week.
2. Tackle Backlog (Planned Care) Backlog reduction	<ul style="list-style-type: none"> 65+ week waits at UHNM over performed plan in August (1,184 against a plan of 1,403), the pace has been impacted by Industrial Action (IA). 78 week waits at UHNM have remained stable despite continued IA. Eliminating 78+ week waiters remains a significant challenge, 158 are forecast for the end of October at UHNM, 93 at the end of November. 104+ week waits: 1 across the ICB (as at w/e 8 October 2023) and forecast to be zero in October and November. Diagnostic activity was below plan in August (across the 7 core tests) by 6.1%, MRI and Gastroscopy the only tests to exceed the plan again. The percentage seen in <6 weeks (at 68.6%) decreased (from July) and was below the plan for August (of 78.1%). Latest UHNM position (w/e 8th October) the 62 day backlog is increasing and is now 503, above their revised trajectory (of 462). The 104 day backlog (UHNM position (w/e 8th October) has decreased to 135 and remains overperforming against their revised trajectory. The 28 day faster diagnosis standard was below plan in August at both UHNM and across the ICB (for all Providers) and below the National Standard of 75%. UHNM are in segment 3 of the NHS Oversight Framework with 8 exit criteria in place in relation to High Proportion of Urgent Cancer waits and High volume of Long Waits > 78 weeks. Regulatory undertakings have also been put in place by NHS England (NHSE).

Exception reporting against our 4 system priorities

System Priority	Key points this month or actions and observations for the coming months
3. General Practice/Primary Care Ensuring that residents have appropriate, timely and equitable access to services	<ul style="list-style-type: none"> The number of appointments within General Practice remains above plan in August. The % of appointments within 2 weeks from time of booking (within the 8 appointment categories) is above the Investment and Impact Fund (IIF) lower threshold (>85%) and remains above the higher threshold (>90%) in August. Sub-ICB comparison shows 5 out of the 6 SSOT Sub-ICB locations are in the highest performing quartile nationally for this indicator (NHSOF September update). The August 2023 Did Not Attend rate was 4.3% - a decrease of 0.1% from July. The number of completed referrals to Community Pharmacist Consultation Service from General Practice remains on track to exceed the plan, by 2,358 referrals (April to September). The ICB are higher for referrals per 1,000 patients compared to Midlands and National.
4. Complex Individuals Improving access to high quality and cost-effective care for people with complex needs, which requires multi-agency management	<ul style="list-style-type: none"> All Age Continuing Care – The collaboration of providers has progressed at pace over the last month and there is now clear agreement with regards to roles and responsibilities and what Continuing Healthcare (CHC) functions will remain within the ICB as the statutory responsible body and those that can be transferred for delivery through the collaboration of providers. The collaborative has identified 8 workstreams with project group meetings to be established from w/c 30th October. The CHC Eligibility internal audit has been agreed and is due to commence on 27 November 2023, and in recognition of the statutory duty of the ICB a daily eligibility panel has been implemented with effect from 13 October 2023. Access to NHS Talking Therapies at 4,780 (July and August combined) is below the Q2 plan (7,509) by 36.3%. Access to Children and Young People community mental health services at 14,100 (August rolling 12 month position) is currently below the Q2 plan (15,800) by 10.8%. The Dementia diagnosis rate continues to exceed the national target of 66.7% (by 5.1% in August), however it is below the Q2 stretch target outlined in our local plan (75.7%). Learning Disability Annual Health checks data for September reports performance at 28.7% - 3.3% below the Q2 plan (of 32%). Palliative and End of Life Care (PEoLC) integration workshop held on 17 October 2023 with key partners to establish shared vision and action plan for 2024/27 integrated care. This will be taken through Clinical Improvement Group (CIG) and PcEOL programme board in November 2023. Programme Board for Long Term Conditions held in October – agreed the establishment of CIGs for Cardio Vascular Disease (CVD) and Diabetes.

Finance Summary

- At month 6, at a system level we are reporting a year-to-date deficit position of £66.4m, which is a £52.7m adverse variance against the £13.7m deficit plan (Month 5 –year to date deficit £58.6m; variance to plan £45m).
- The year-to-date variance to plan sits within the ICB (£42.7m) and UHNM (£10.4m) with North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership Foundation Trust (MPFT) slightly better than plan. The main drivers behind this variance remain consistent with prior months, being:
 - CHC and prescribing costs being over and above the inflationary assumptions used within the system plan submission (£24.3m)
 - Slippage on efficiency programmes within the plan (£14.2m)
 - Retention of escalation beds longer than initially planned due to the ongoing UEC demands within the system (£7.0m)
 - Industrial action throughout the financial year, which impacted UHNM over and above plan (£3.9m)
- Throughout the planning round for 2023/24 we flagged a material level of financial risk but as a system we agreed to plan to break even. In agreeing to this plan, we signalled clearly that breakeven would require a best-case outcome across a range of assumptions. Unfortunately, that best case scenario is not playing out. Prior to the implementation of further measures, the [NHS partners in the system face a collective in-year deficit of £141m for 2023/24](#). This excludes risks on elective recovery fund (ERF) both nationally from uncertainty of level of activity required to achieve the system allocation and locally due to the independent sector delivering ahead of contract and out of system providers are not delivering at contracted levels.
- The system has agreed a recovery plan which was signed off by all Chief Executive Officers (CEOs) and system executives on 29 September 2023. Collectively these measures will improve the outturn but will not be enough to achieve break even. [We are targeting an outturn of no worse than £100m](#) but we are still working through the impact which depends on the speed that CHC improvements can be made and an understanding of the implications for ERF and Industrial Action.
- [Our capital reporting is on track](#) with what we expected when we submitted our capital plan for 2023/24. We have an overspend regarding Project Star which are known to region and which we are managing as a system.

Month 6 Position

- The general themes driving our financial position are CHC inflation & volume challenges, inflation in excess of plan in primary care prescribing and efficiency under-delivery. There are internal plans being developed and work ongoing to review the CHC challenges the system continues to face. Strong emphasis to close the efficiency gap remains, see the following slide.
- There was a slight improvement at UHNM due to a one-off benefit in relation to a reconciliation being completed on pass-through devices.

System	Month 6		
	Plan	YTD	Variance
Income	2,203.8	2,214.3	10.5
Pay	(597.0)	(591.2)	5.8
Non Pay	(310.8)	(341.4)	(30.6)
Non Operating Items (exc gains on disposal)	(14.4)	(10.1)	4.3
ICB/CCG Expenditure	(1,295.4)	(1,338.1)	(42.7)
Total	(13.7)	(66.4)	(52.7)
			-2.4%

ICB	Month 6		
	Plan	YTD	Variance
Allocation	1,276.8	1,276.8	(30.6)
Expenditure	(1,295.4)	(1,338.1)	0.0
TOTAL ICB Surplus/(Deficit)	(18.6)	(61.2)	(42.7)
			-3.3%

	Month 5		
	Plan	YTD	Variance
Income	1,840.5	1,849.9	9.4
Pay	(493.8)	(492.9)	0.9
Non Pay	(258.8)	(284.1)	(25.3)
Non Operating Items (exc gains on disposal)	(12.0)	(8.5)	3.4
ICB/CCG Expenditure	(1,089.6)	(1,123.0)	(33.4)
Total	(13.6)	(58.6)	(45.0)
			-2.4%

	Month 5		
	Plan	YTD	Variance
Allocation	1,071.5	1,071.5	(25.3)
Expenditure	(1,089.6)	(1,123.0)	0.0
TOTAL ICB Surplus/(Deficit)	(18.1)	(51.5)	(33.4)
			-3.1%

UHNM	Month 6		
	Plan	YTD	Variance
Income	531.6	543.4	11.8
Pay	(325.1)	(328.2)	(3.1)
Non-Pay	(189.5)	(210.8)	(21.3)
Non Operating Items (exc gains on disposal)	(14.0)	(11.7)	2.2
TOTAL Provider Surplus/(Deficit)	3.1	(7.2)	(10.4)
			-1.9%

	Month 5		
	Plan	YTD	Variance
Income	439.3	449.9	10.6
Pay	(267.2)	(273.9)	(6.7)
Non-Pay	(157.6)	(175.0)	(17.4)
Non Operating Items (exc gains on disposal)	(11.6)	(9.8)	1.8
TOTAL Provider Surplus/(Deficit)	2.9	(8.8)	(11.7)
			-2.6%

MPFT	Month 6		
	Plan	YTD	Variance
Income	312.4	313.8	1.4
Pay	(225.2)	(217.3)	7.8
Non-Pay	(86.9)	(97.1)	(10.2)
Non Operating Items (exc gains on disposal)	1.4	2.5	1.2
TOTAL Provider Surplus/(Deficit)	1.6	1.8	0.2
			0.1%

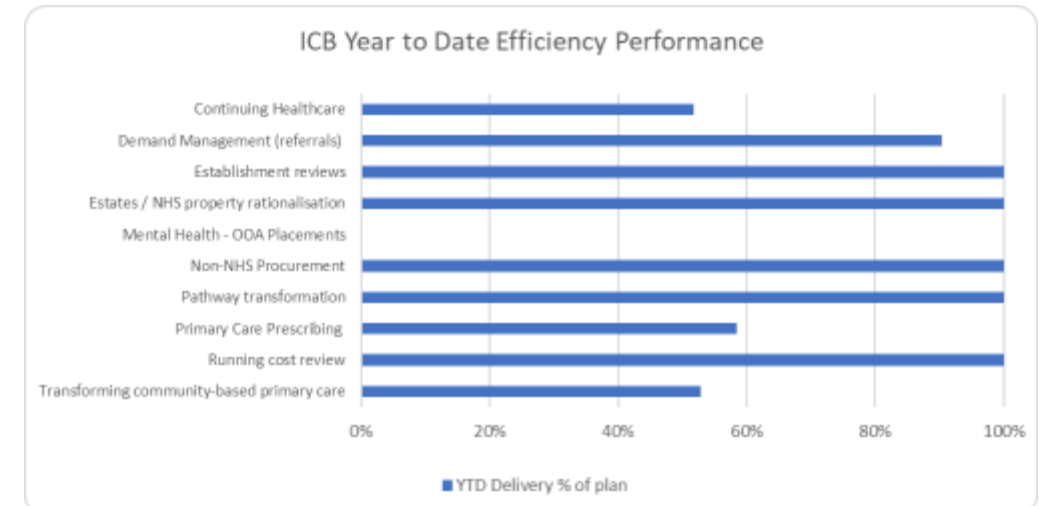
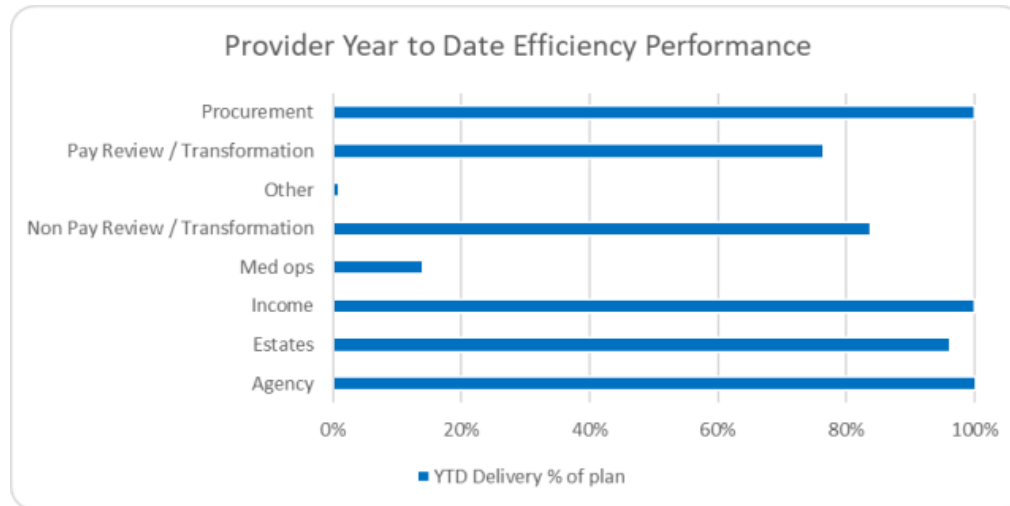
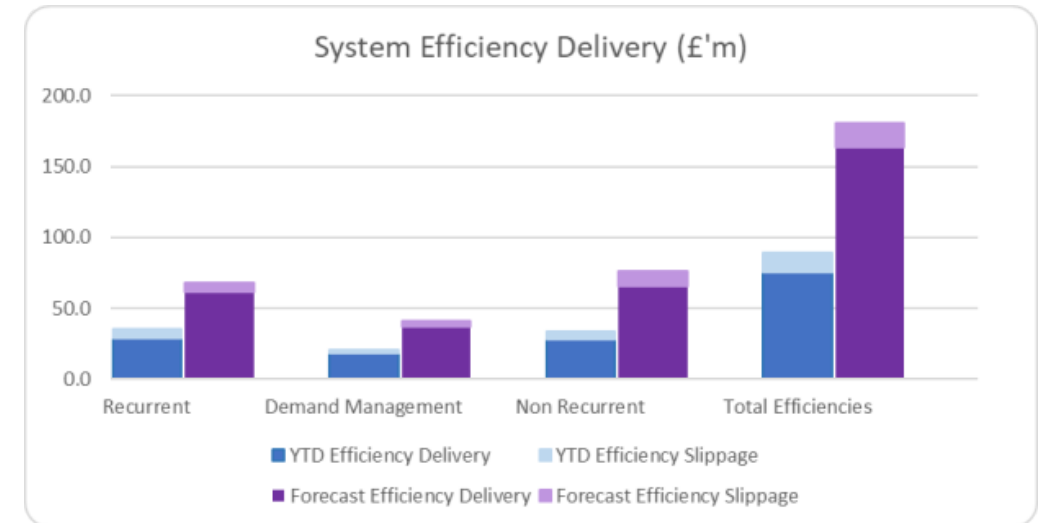
	Month 5		
	Plan	YTD	Variance
Income	260.4	261.2	0.8
Pay	(187.6)	(180.8)	6.9
Non-Pay	(72.5)	(81.1)	(8.6)
Non Operating Items (exc gains on disposal)	1.1	2.1	1.0
TOTAL Provider Surplus/(Deficit)	1.4	1.5	0.1
			0.0%

NSCHT	Month 6		
	Plan	YTD	Variance
Income	83.0	80.3	(2.7)
Pay	(46.8)	(45.7)	1.1
Non-Pay	(34.4)	(33.5)	0.9
Non Operating Items (exc gains on disposal)	(1.8)	(0.9)	0.9
TOTAL Provider Surplus/(Deficit)	0.1	0.2	0.1
			-0.1%

	Month 5		
	Plan	YTD	Variance
Income	69.2	67.3	(2.0)
Pay	(38.9)	(38.2)	0.7
Non-Pay	(28.7)	(28.1)	0.6
Non Operating Items (exc gains on disposal)	(1.5)	(0.8)	0.7
TOTAL Provider Surplus/(Deficit)	0.1	0.2	0.0
			0.0%

Efficiency Delivery

- The system has delivered £75.2m of efficiency as of September 2023, 84% of plan, which is an 6% increase on last months delivery levels. Forecasts project the system will recover most of this position by year end, although there is a high level of risk within this forecast due to the size of the efficiency target within the plan.
- Key challenges remain to deliver recurrent efficiency within the current environment. We are currently forecasting a £14.1m shortfall of recurrent schemes at year end.
- All organisations have been ramping up assurance of financial year end (FYE) delivery into 2023/24 and the previously identified actions continue.



Finance Summary

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- The year-to-date variance to plan sits within the ICB (£42.7m) and UHNM (£10.4m) with North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership Foundation Trust (MPFT) slightly better than plan. The main drivers behind this variance remain consistent with prior months, being:
 - CHC and prescribing costs being over and above the inflationary assumptions used within the system plan submission (£24.3m)
 - Slippage on efficiency programmes within the plan (£14.2m)
 - Retention of escalation beds longer than initially planned due to the ongoing UEC demands within the system (£7.0m)
 - Industrial action throughout the financial year, which impacted UHNM over and above plan (£3.9m)
- Throughout the planning round for 2023/24 we flagged a material level of financial risk but as a system we agreed to plan to break even. In agreeing to this plan, we signalled clearly that breakeven would require a best-case outcome across a range of assumptions. Unfortunately, that best case scenario is not playing out. Prior to the implementation of further measures, the [NHS partners in the system face a collective in-year deficit of £141m for 2023/24](#). This excludes risks on elective recovery fund (ERF) both nationally from uncertainty of level of activity required to achieve the system allocation and locally due to the independent sector delivering ahead of contract and out of system providers are not delivering at contracted levels.
- The system has agreed a recovery plan which was signed off by all Chief Executive Officers (CEOs) and system executives on 29th September 2023. Collectively these measures will improve the outturn but will not be enough to achieve break even. [We are targeting an outturn of no worse than £100m](#) but we are still working through the impact which depends on the speed that CHC improvements can be made and an understanding of the implications for ERF and Industrial Action.
- [Our capital reporting is on track](#) with what we expected when we submitted our capital plan for 2023/24. We have an overspend regarding Project Star which are known to region and which we are managing as a system.