





# Integrated Finance and Performance Report

November's Finance and Performance Meeting

# Executive Summary







 Improving performance    
  Stable performance  
 Deteriorating performance    
  N/A



Note: Icons represent the trend since the last report, unless stated

## UEC

**Performance: (period 09/10/23 - 15/10/23 vs 28/8/23 - 02/10/23)**





-  **Ambulance Handovers 30 mins** – have remained static compared against the 6-week average. Both SCAS and SECAMB are pushing alternative pathways. On the 25<sup>th</sup> July due to failure of Electronic Patient Record System BCI was declared. This is an ongoing incident with Regional IMTs and co-ordination.
-  **4 Hour Breaches** – have increased compared against the 6-week average by 1%. 4-hour performance in September for the Trust was 59% and the 4-hour target is 76%.
-  **Attendances waiting over 12 Hours from Arrival** – have deteriorated compared against the 6-week average by 12%. The driver for this deterioration is due to capacity and patient acuity.
-  **Conversion Rate Department Type 1 ED to NEL Admissions** – have increased against the 6-week average by 0.6%.
-  **Beds Occupied by Long Stay patients 14+ days** – have increased against the 6-week average by 5%. Patients are awaiting placements or Trust intervention e.g. Occupational therapist or awaiting equipment.
-  **MFSD – Discharged Patients** – in the reporting week there were 212 discharges. Compared to the 6-week average this is a decrease of 7% (15 patients). There has been a big push on discharges and improving flow within the system. This is due to seasonal impact and strike action.

**Finance:**

- The Portfolio FOT has moved significantly since last month with now an estimated overspend of £3m. This is predominantly due to receiving further proposals from the out of area Acute providers, enabling a more accurate FOT to be calculated.
- This overspend includes underspend across the Independent Sector contracts where demand has not been as high as expected.
- Outside of the current reported FOT there is a further £0.5m of risks.

## Planned Care

**Performance:**

-  **Referrals YoY position:** Overall referral numbers have shown a slight decrease (-2.4%) compared with Sep-22 (19.0k compared with 19.5k). Gynaecology has the highest increase in referrals (+9%), Audiology with +5% and T&O with +2.5%.
-  **Patients waiting 65+ weeks:** There are c900 patients waiting 65wk+ at FHFT, and c750 for the ICB as of 08/10/23, decreasing around 11% from the previous F&P report position. Compared with region, Frimley shows a decrease in 65w+ patients of -13% since Sep vs a +6% increase for the South-East.
-  **Diagnostic patients 6 weeks waits:** There are ongoing data quality issues with DM01 which affects the ability of the system to submit an accurate position. This is being resolved and an accurate position will be available for the next meeting of the Board.
-  **Cancer – 62 Days:** Patients seen within 62 days: 67.2% in Aug-23, increasing by 2% from the Jul-23 position and still below the 85% standard. Patients waiting over 62 days: 237 patients waiting, w/e 08-Oct-23 which is 51% above the system plan for October (157).

## Workforce





- There is a new risk for the delivery of face-to-face training for the Oliver McGowan Mandatory Training
- Temporary staffing - FHFT continues to make significant strides in reducing agency spending as a percentage of pay, which has decreased to 3.9% in M5 (from 6.7% in M1, 6.7% in M2, 5.6% in M3, and 5.2% in M4).
- Temporary staffing - Assurance required from FHFT to provide both the contract signoff and provision of data to enable full agency cost savings, within the areas of Doctors' and AHP Managed Service Providers (MSP).
- Multi-professional Education and Investment Plans submitted – recommendations to be presented at the Sept People Board in relation to linking this process with the 12-month operational plan

## Finance

- The Frimley system variance to plan has moved (£4.2m) adverse in M6 to a (£16.2M) shortfall from plan. The **system forecast returns to a break even**, reflecting high risk mitigations assumed to deliver.
- The **ICB position is (£4.5m) adverse YTD**, a reduced deterioration compared to previous months, driven by Prescribing and CHC being favourable month on month. Pressures continue in digital and complex care/discharge to assess.
- The Frimley Health deficit is (11.5m) YTD**, which is improved as per plan. Pressures include Industrial Action, escalation beds, pay award shortfall, outsourcing and EPIC.



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## Primary Care

**Performance:**

-  **Access** - Appointment counts for Frimley ICB were broadly in line with previous months at 361K. YTD activity is at 1.76M. YTD activity at this point last year was 1.68M – a 5% increase. August appointments per working day were at 16,422; a 3% decrease on July 2023 and an 4% increase on August 2022.
-  **Face-to-face appointments** were at 57% for the most recent month (cf. 75% for the last full month before the start of the pandemic). This continues to be lower than the England average (64%).

**Workforce -**



-  **ARRS** – the latest extract from ICB Finance shows 408 WTE.
-  **Core workforce** – NHS England figures show that Frimley ICB has 41 GPs per 100k patients (cf. 43 for England) and 21 nurses (cf. 27 for England).

**Finance:**

- **Primary Care**– Locally Commissioned scheme is forecasting a breakeven position at year-end.
- **Primary Care Development** - Business case was submitted and approved by SRG.
- Expecting a breakeven position this financial year, with all SDF allocation to be fully utilised, as per the business case.

## Community

**Performance:**

-  **Virtual Ward** occupancy for the most recent snapshot (dated 06/10) shows an ICB-level occupancy of 83% of capacity. Data occupancy will be the key NHSE performance metric and work is ongoing to review how the VW activity can be reflected in occupancy reporting.
-  **UCR** figures are still being collated locally although a report with CSDS data is likely to replace this in the near term. Data to September showed a total of 1340 accepted referrals YTD, with 96% of referrals requiring a two-hour response being seen within this time.





**Finance:**


- Community & Integration portfolio is expecting to overspend by year end. Community equipment is experiencing cost pressures however mitigations are being implemented such as a more stringent approval system for high cost equipment and higher rate of recycling items.

## CHC

**Performance:**

**28-day NHSE CHC Assessment Pathway**  
No. of referrals completed within 28 days

PLACE	Q1 23/24	Q2 23/24
East Berkshire	44%	 84%
NEH&F	57%	 57%
Surrey Heath	41%	 59%
Frimley NHSE Q2 report	47%	 68%

 Frimley ICB positively achieved an upward trajectory from Q1 to Q2.  
Q2 evidences all three localities remained static or improved their performance.





**Rationale:**  
Improved recruitment and sickness within teams.  
Regular ‘deep dives’ with clinical leads to reduce 28-day breaches.  
Close working with LA colleagues to achieve eligibility outcome decisions.

**Finance:**

- **Hampshire** FOT £1.1m overspend – Continued high cost placement growth across Hampshire.
- **Surrey** FOT £2m overspend –Continued growth across the portfolio of CHC placements.
- **East Berkshire** Growth of clients - volume higher than assumed in plan by 2% partly mitigated by underspends on fast track placements.








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## Adult Mental Health

### Performance:




-  **Perinatal Specialist MH Access** performance remains low and static at 620 (6.4%) against national ambition target of 945 (10%).
-  **BHFT** (service provision for East Berks) has consistently reported under performance for Perinatal Access and an agreed improvement trajectory of 7.5% by Oct 23 was set. BHFT performance is currently (July) at 6.9% and are on track to achieve the improvement trajectory.
-  **Southern Health** (service provision for NEHF) performance has dropped in recent months to 5%.  
This has offset the improvement made by BHFT resulting in a static position for the ICB remaining below the required 945 (10%) target.
-  **SMI Physical Health Checks** performance remains static at 64% below the required national threshold of 70% and has remained at this position for several months.
-  **Dementia Diagnosis Rates (DDR)** performance for Frimley ICB has remained static but above the required 67% threshold for 3 months.

### Finance:

- Adult Mental Health overspend is due to an increase in out-of-area mental health, pressures in use of ADHD chose and book prescription services and larger recognition of S3 patients.

## Learning Disabilities & Autism

### Performance:

-  **LDA HAPs (Health Action Plans)** performance (Aug) has deteriorated and is currently at 81.7% HAP completion rate against a threshold of 100%.  
An AHC Quality Audit has been completed, involving review of a person's HAP to ensure the appropriate action is taken following their AHC. Variation in levels of completeness & quality were identified and resulted in additional training on completing AHCs and HAPs delivered to Primary Care by MH & LD Clinical Lead. Follow up audit to confirm improvement in quality of AHC and HAP commenced with Nov end deadline.
-  **LDA Annual Health Checks (AHCs)** performance is positive with 35% of checks completed against an agreed monthly (Aug) trajectory of 25%.  
A second quality audit of completed AHCs & HAPs to follow on from original audit is due to commence. Aim is to measure improvements following AHC training by our GP Clinical Lead.
-  **LDA Inpatient numbers** (Sept) performance has deteriorated again to a total of 29 inpatients (Adults and CYP) against an ICB trajectory of 20.  
Increases mainly due to better communications with Surrey Heartlands & BHFT with identification of Frimley patients not previously linked to the ICB.

### Finance:






Service is forecasting a breakeven position.

### Workforce:

We are advertising a Band 7 LDA Care and Treatment Review Manager to replace an Agency staff member.

## Children and Young People (CYP)





### Performance:

-  **Elective waiting list over 65-week waiters aged 0-17** improved by 5% compared to the previous month (decreased from 94 to 89 for w/e 08/10/23). Target is for zero over 65-week waiters by end Mar-24.
-  **CYP Mental Health Access** is stable. The national standard has not been met at Jul-23 due to a data quality issue. Providers PSICON and Oxford Health have not been submitting to MHSDS and action has been taken to resolve this.
-  **CYP Eating Disorder wait times** have improved for Jul-23 compared to the previous month. Improvements may be due to resolution of SABP data quality issues. The national standard has not been met @ Jul-23.
-  **Neurodiversity ADHD wait times from referral to assessment** are increasing at SaBP and PSICON. BHFT has the longest ADHD waits out of our 3 main providers, but those waits are relatively stable. There is no national standard or target.
-  **Healthier Together App Registered Users % of Population** increased by 0.6 percentage points compared to the previous month (value increased from 2.8% to 3.4% at Sep-23). There is no national standard or target.

### Finance:

CYP is projecting breakeven position.

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## Prescribing

**Finance:**

- July 2023 data shows an increase in spend, similar to the increase seen in April, May & June. The Medicines Optimisation Team (MOT) are investigating causes, which have also been seen across the region. Prescribing data is two months in arrears, month 6 figures contain estimates for August and September.
- The identified prescribing efficiency schemes have been phased from September onwards hence savings identified have not yet materialised.
- The Medicines Optimisation Team is working on further efficiency plans. A year-end overspend of £3.8m is forecast.

## Delegated Primary Care

**Finance:**

- The year end forecast remains breakeven.

## POD

**Finance:**

- The year end forecast remains breakeven.

## Digital

**Finance:**

- The Digital team aware of cost pressures and expect to identify additional revenue streams to fund going forward.

## Estates

**Finance:**

- NHS Property Services – FOT on plan. However, there has been an increase in NHS PS charges for 23/24 to 22/23. Work ongoing with NHS PS to understand the potential impact of these. Cost increases.

