



# Overview

Herefordshire CCG commissions acute and community health services from Wye Valley NHS Trust (WVT) for the people of Herefordshire

The value of the total contract for services in 2017/18 is approx. £118m

WVT has a total income of approx. **£178m** with around 20% coming from the Welsh Health Boards.

The CCG commissions further acute and community services from Trusts in neighbouring areas, supporting patient choice and geographic flows, and also some specialist services.

As part of the contractual agreement, WVT is required to deliver against a wide range of quantitative and qualitative measures. Many of these form part of the NHS Constitution.

# Overview

WVT is one of the smallest NHS provider Trusts in the UK and this potentially impacts on financial and clinical viability. The last few years have seen both challenges and significant improvements in the services provided to the population.

CQC – WVT was rated by CQC as “inadequate” following a visit in June 2014. Following this the Trust worked hard to address the issues raised and then to sustain these improvements. **The Trust was rated as “requires improvement” in November 2016 and raised out of special measures.**

WVT is an active partner in One Herefordshire and also contributes to the Sustainability and Transformation Partnership (STP) in key areas where there is potential benefit

# Quality of Care

## WVT Quality Account – Priorities for 2017/18

<p>Improving patient engagement Enhancing care of vulnerable patients <b>Reducing waiting times</b></p>	<p>Reducing hospital mortality Improve pressure area care management Timely treatment of sepsis <b>Management of the deteriorating patient</b></p>
<p>Strong maternity safety culture <b>Reducing falls resulting in harm</b> Increase incident reporting Undertake harm reviews Improve identification of urinary tract infection</p>	<p>Developing a continuous improvement culture Improving staff engagement <b>Improving organisational learning</b> Strengthening our governance structure</p>

# Financial Sustainability

- WVT delivered a deficit of £37.2m in 2016/17;
- The WVT Board has agreed that the Trust remains a going concern;
- WVT is within the provider control total regime for 2017/18 and is working towards a budget control total of £24.6m deficit (though a less ambitious control total is still being negotiated with NHSI) and STF income achievement of £4.2m;
- The WVT financial plan for 2017/18 includes a savings programme (CIP) of £10.2m (over 5% of cost base), the highest it has ever faced;
- CCG and WVT have recently agreed a Memorandum of Understanding for 2017/18 which essentially changes the contract into a block arrangement, which in turn allows focus on the delivery of change;
- The Trust has an estimated underlying structural deficit of c£15-20m and the Trust is developing its financial strategy to address this position and to achieve financial sustainability ;
- The Trust is also working as part of One Herefordshire, and is working with partners in identifying programmes that help achieve a clinically and financially sustainable model of care.

# Performance

The contract between the CCG and WVT requires the achievement of key standards which are both qualitative and quantitative.

The highest profile of these are :

- Waiting times for planned care (Referral to Treatment -RTT)
- A&E 4 hour waiting time
- Cancer waiting times

In addition, Delayed Transfers of Care are of increasing national interest. This relates to delays in the process by which people reach the most appropriate care to match their current needs.

## Access to Planned Care – Standard 92%

Measure	April 2017	May 2017
The % of incomplete pathways within 18 weeks (HCCG only)	75.4%	76%

The CCG and WVT have established a joint programme of work to improve RTT performance. This includes working with individual specialties and primary care to improve pathways of care and to ensure that patients are offered the right treatment to meet their needs.

In addition, the CCG is hoping to be able to identify additional resources in 2017/18 to increase the operations commissioned for people who have waited the longest.

# A&E – 4 Hour Standard – Standard 95%

Measure	April 2017	May 2017
The number of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge (all activity)	91.79%	88.64%

The Managing Director of WVT chairs a system wide group – the A&E Delivery Board – to ensure that all partners are working together to achieve this standard. Plans for 2017/18 include the introduction of streaming into A&E to ensure that people receive rapid access to the right service to meet their needs.



## Cancer Services – 2 week and 62 day waits

Measure	April 2017	May 2017
2 week wait for an outpatient appointment (93%)	95.76%	
62 day wait for treatment (85%)	83.33%	

There are various standards relating to access to Cancer services, 2week wait and 62 days are the highest profile ones. WVT has successfully improved its performance against these standards over the last few months and is reporting that all standards have been achieved for May. Final figures to be confirmed. There are likely to be some breaches during the year due to the small numbers of patients in some areas

## Delayed Transfers of Care

Delayed transfers of care are a system wide responsibility and impact on patients by delaying their transfer to a more appropriate setting. This can impact on the long term outcome for an individual.

Delays have been increasing nationally and locally. For WVT, the main areas of increase have related to patients from outside of Herefordshire, ie people admitted to WVT who live in Wales, Shropshire or Worcestershire. The A&E Delivery Board is working to understand and act upon the reasons for delay.

For Herefordshire patients, the main reasons for delay are patients waiting for a care package in their own home and patients waiting for completion of assessment.

# Looking forwards

WVT will continue to be the dominant provider of acute and community services to the people of Herefordshire, but will increasingly be working closely with other partners, both in the statutory and non-statutory sector.

The One Herefordshire Provider Alliance marks a move towards a system working far more closely together across acute, community, primary care, mental health and social care services.

We expect to see this develop in the coming months as the CCG leads the community engagement programme, with the aim of enabling the voluntary sector, local communities and local people to participate in co-creating the model of care that will support people in the future.