

**WOLVERHAMPTON CCG**

**GOVERNING BODY**

**Agenda item 10**

<b>Title of Report:</b>	<b>Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 28<sup>th</sup> November 2017</b>
<b>Report of:</b>	Tony Gallagher – Chief Finance Officer
<b>Contact:</b>	Tony Gallagher – Chief Finance Officer
<b>Governing Body Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
<b>Recommendations:</b>	<ul style="list-style-type: none"> <li>• <b>Receive</b> and <b>note</b> the information provided in this report.</li> </ul>
<b>Public or Private:</b>	This Report is intended for the public domain.
<b>Relevance to CCG Priority:</b>	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS

	Constitutional Standards.
<b>Relevance to Board Assurance Framework (BAF):</b>	
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions. meet a number of constitutional, national and locally set performance targets.
<ul style="list-style-type: none"> <li>• <b>Domain2:</b> Performance – delivery of commitments and improved outcomes</li> </ul>	The CCG must meet a number of constitutional, national and locally set performance targets.
<ul style="list-style-type: none"> <li>• <b>Domain 3:</b> Financial Management</li> </ul>	The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.

## 1. FINANCE POSITION

The Committee was asked to note the following year to date position against key financial performance indicators;

Financial Targets				
Statutory Duties	Target	FOT	Variance o(u)	RAG
Expenditure not to exceed income	£9.130m surplus	£9.130m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£403.171m	£403.171m	Nil	G
Revenue Administration Resource not exceeded	£5.535m	£5.435m	(£0.10m)	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	301	276	(25)	G
Maximum closing cash balance %	1.25%	1.15%	-0.10%	G
BPPC NHS by No. Invoices (cum)	95%	100%	-5%	G
BPPC non NHS by No. Invoices (cum)	95%	97%	-2%	G
QIPP	£6.19m	£6.01m	£0.18m	A
Programme Cost £'000*	224,295	225,661	1,365	G
Reserves £'000*	1,246	0	(1,246)	G
Running Cost £'000*	3,228	3,128	(100)	G

- NHSE reporting requirements have changed and as such the CCG has undertaken a remapping of codes and services. This exercise has affected the groupings of services and therefore for this month it has been impossible to provide movements between months with the exception of Continuing Care, Prescribing, Delegated Primary Care and Running Costs. This part of the report will be reinstated in December.
- The net effect of the three identified lines (\*) is a small overspend.
- The CCG's cash performance has improved in October with the RAG rating being reviewed to green.
- The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so has utilised all its reserves.
- Following a review of the financial position at M7 the level of risks has been adjusted to reflect those risks now incorporated into the FOT and the CCG is maintaining a nil net risk as mitigations match identified risks.
- Programme Costs are forecast to overspend which is partially compensated for by under-spends on Running Costs.
- The financial position has been scrutinised in M7 and following the adoption of a series of assumptions the recurrent overspend has decreased to an estimated £885k FOT which is currently offset by non-recurrent under-spends and the use of reserves. This has serious implications for 18/19 onwards most importantly the level of QIPP will have to increase.
- Royal Wolverhampton Trust (RWT) is giving concern as the M6 activity is indicating a potential forecast out turn (FOT) of c £2m. The CCG is seeing new HRGs codes being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff e.g. Sepsis.
- Other Providers such as University Hospitals Birmingham (UHB) and Dudley Group are also over performing which appears to be linked to new HRGs and Specialist activity now in the CCG portfolio.
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the MH Commissioner that spend will reduce and fall back in line with budget as cases are reviewed and costs reduced.
- Within Delegated Primary Care there is some flexibility to utilise in bringing forward plans and commit recurrent spend.
- Expenditure on GP prescribing has increased compared to month 6. This movement predominately relates to increased costs for NCSO drugs.

- CHC/FNC continues to report an overall forecast under-spend and this has reduced again in month 7 due to a reduction in the number of CHC patients.
- As reported in month 6, the inclusion of the “cap” arrangement for BCF has released £706k into the recurrent position.
- No additional QIPP has been identified in M7. The CCG is reporting achieving its QIPP target as shortfall is being covered by reserves and other under-spends. However, actual achievement of reduced activity levels associated with QIPP schemes are not materialising, (section 13) and are manifesting themselves in overspends, largely within the Acute portfolio.

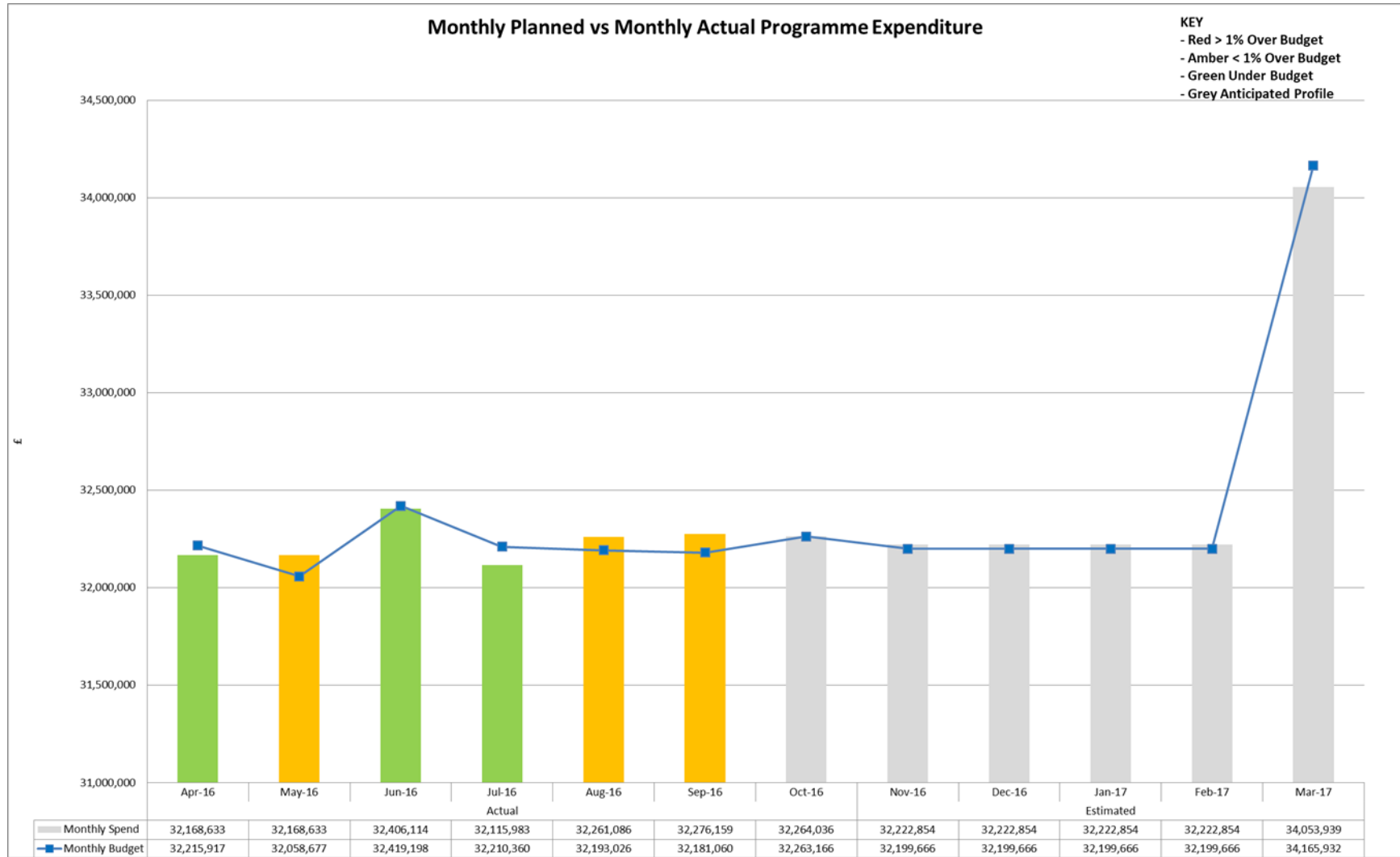
The table below highlights year to date performance as reported to and discussed by the Committee;

	Annual Budget £'000	YTD Performance M07						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)
Acute Services	194,612	113,524	114,363	839	0.7%	196,248	1,636	0.8%
Mental Health Services	35,992	20,971	21,195	223	1.1%	36,169	177	0.5%
Community Services	48,547	28,265	27,765	(500)	(1.8%)	47,727	(821)	(1.7%)
Continuing Care	14,484	8,449	8,201	(248)	(2.9%)	14,097	(387)	(2.7%)
Primary Care Services	52,297	30,506	30,964	458	1.5%	53,109	812	1.6%
Delegated Primary Care	35,165	20,513	20,716	203	1.0%	34,665	(500)	(1.4%)
Other Programme	3,542	2,066	2,457	390	18.9%	4,514	971	27.4%
<b>Total Programme</b>	<b>384,640</b>	<b>224,295</b>	<b>225,661</b>	<b>1,365</b>	<b>0.6%</b>	<b>386,529</b>	<b>1,888</b>	<b>0.5%</b>
Running Costs	5,535	3,228	3,128	(100)	(3.1%)	5,435	(100)	(1.8%)
Reserves	3,866	1,246	0	(1,246)	(100.0%)	2,077	(1,788)	(46.3%)
<b>Total Mandate</b>	<b>394,041</b>	<b>228,770</b>	<b>228,789</b>	<b>19</b>	<b>0.0%</b>	<b>394,041</b>	<b>(0)</b>	<b>(0.0%)</b>
Target Surplus	9,130	5,326	0	(5,326)	(100.0%)	0	(9,130)	(100.0%)
<b>Total</b>	<b>403,171</b>	<b>234,096</b>	<b>228,789</b>	<b>(5,307)</b>	<b>(2.3%)</b>	<b>394,041</b>	<b>(9,130)</b>	<b>(2.3%)</b>

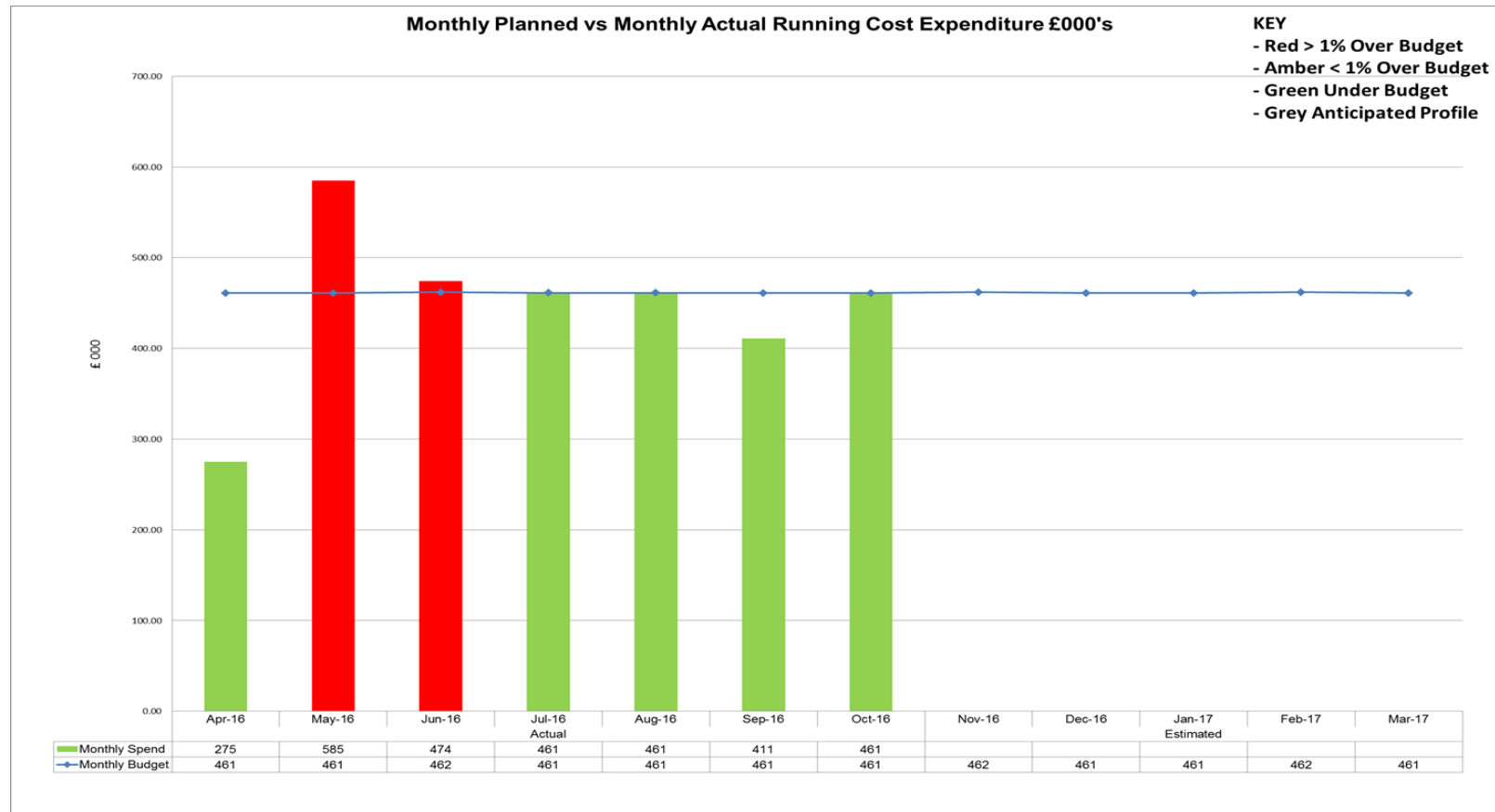
	Annual Budget £'000	Yr End Forecast £'000	Yr End Variance Total £'000 o(u)	Yr End Variance Recurrent £'000	Yr End Variance Non Recurrent	Yr End Variance %
Acute Services	194,612	196,248	1,636	1,869	(232)	0
Mental Health Services	35,992	36,169	177	(18)	195	0
Community Services	48,547	47,727	(821)	(641)	(180)	(0)
Continuing Care	14,484	14,097	(387)	(556)	170	(0)
Primary Care Services	52,297	53,109	812	372	439	0
Delegated Primary Care	35,165	34,665	(500)	0	(500)	(0)
Other Programme	3,542	4,514	971	6,369	(5,398)	0
<b>Total Programme</b>	<b>384,640</b>	<b>386,529</b>	<b>1,888</b>	<b>7,394</b>	<b>(5,506)</b>	<b>0</b>
Running Costs	5,535	5,435	(100)	0	(100)	(0)
Reserves	3,866	2,077	(1,788)	(1,788)	0	(0)
<b>Total Mandate</b>	<b>394,041</b>	<b>394,041</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>(0)</b>
Target Surplus	9,130	0	(9,130)	0	(9,130)	(1)
<b>Total</b>	<b>403,171</b>	<b>394,041</b>	<b>(9,130)</b>	<b>5,606</b>	<b>(14,736)</b>	<b>(0)</b>
<b>Recurrent/Non Recurrent Adjustment</b>				<b>(4,721)</b>	<b>4,721</b>	
<b>Removal of Target Surplus</b>					<b>9,130</b>	
<b>Residual Position</b>				<b>885</b>	<b>(885)</b>	

- Of the recurrent year end variance, £4.721m is a consequence of recurrent spend being offset by a non-recurrent allocation in relation to HRG4+ and IR (national coding and costing changes which impacted upon the 17/19 contract). The CCG will have a non-recurrent allocation again in 18/19 thereafter the sum should be incorporated into the new allocations published after the next CSR (Comprehensive spending review). This is reflected in the table above.
- The above table demonstrates that after adjusting for the required target and non-recurrent allocation, the CCG is overcommitted recurrently by £885k, which is offset by non-recurrent underspends.
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, £1.780m. For 18/19 the CCG will need to reinstate the Contingency and this will be a first call on growth monies.

	Annual Recurrent £'000	Annual Non Recurrent £'000	Total £'000	Yr End Variance Recurrent £'000	Yr End Variance Non Recurrent £'000	Total £'000
Contingency Reserve	1,788	0	1,788	(1,788)	0	(1,788)
Mandated 0.5% of 1%	1,729	0	1,729	0	0	0
Delegated Primary Care 1%	348	0	348	0	0	0
<b>Total</b>	<b>3,866</b>	<b>0</b>	<b>3,866</b>	<b>(1,788)</b>	<b>0</b>	<b>(1,788)</b>







- Running costs historically have reported a stable position from M3 onwards and this is anticipated to continue through to year end. Traditionally the last 3 months of the financial year see a proportionally higher spend per month but overall a breakeven position is forecast at year end.

## 2. Delegated Primary Care

Delegated Primary Care allocations for 2017/18 as at M07 are £35.513m. The forecast outturn is £35.013m delivering an under-spend position.

- The table below shows the revised forecast for month 07:

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	12,251	12,281	29	21,002	21,002	0	●	0	0
General Practice PMS	1,055	1,049	(6)	1,809	1,809	0	●	0	0
Other List Based Services APMS incl	1,341	1,483	142	2,298	2,298	0	●	0	0
Premises	1,566	1,551	(14)	2,684	2,684	0	●	0	0
Premises Other	53	30	(23)	90	90	0	●	0	0
Enhanced services Delegated	493	486	(7)	845	845	0	●	0	0
QOF	2,113	2,094	(19)	3,622	3,622	0	●	0	0
Other GP Services	1,541	1,742	202	2,641	2,141	(500)	●	0	(500)
Delegated Contingency reserve	102	0	(102)	174	174	0	●	0	0
Delegated Primary Care 1% reserve	203	0	(203)	348	348	0	●	0	0
<b>Total</b>	<b>20,716</b>	<b>20,716</b>	<b>203</b>	<b>35,513</b>	<b>35,013</b>	<b>(500)</b>	●	<b>0</b>	<b>(500)</b>

The forecast outturn shows an under-spend of £500k against other GP services which relates to the release of an accrual previously managed by NHSE. The benefit is non recurrent in nature. The 0.5% contingency will be committed in line with the 2017/18 planning metrics. The CCG has plans in place to utilise this resource.

In line with national guidance the 1% Non-Recurrent Transformation Fund can be utilised in year non-recurrently to help and support the delegated services. The CCG has plans in place to meet this metric.

### 3. QIPP

The key points to note are as follows:

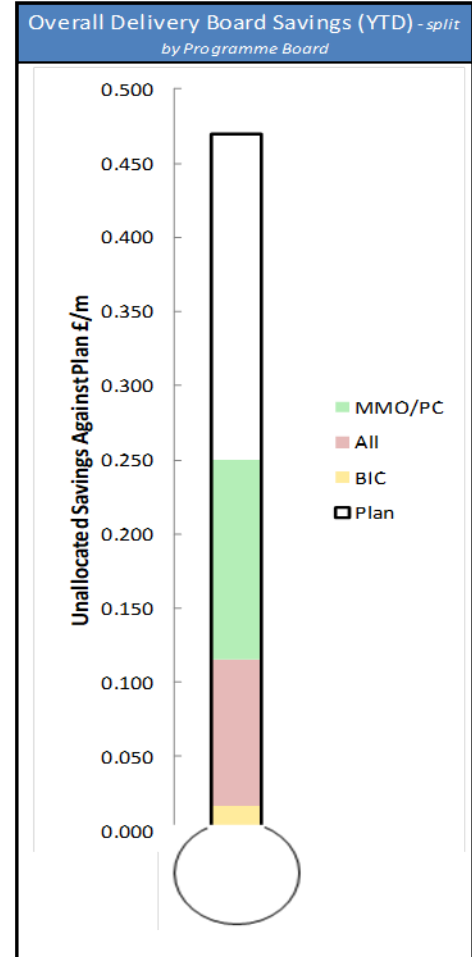
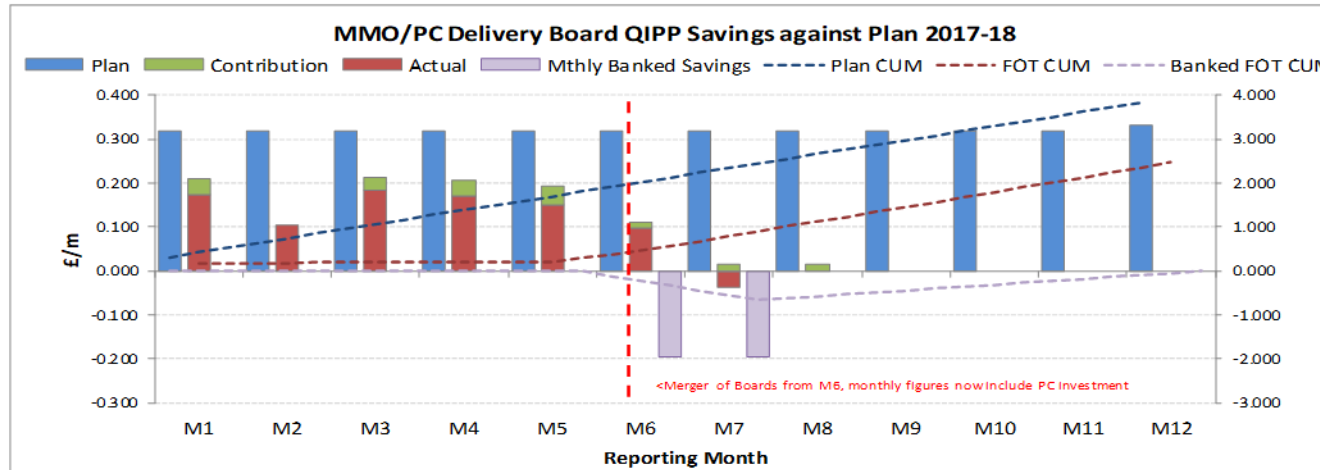
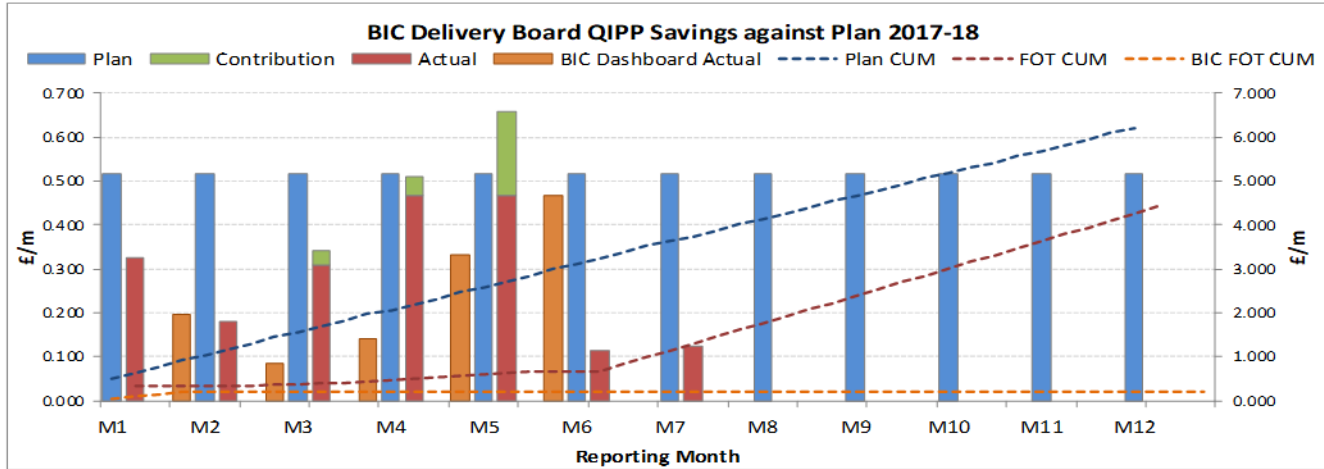
- Following the finalisation of the year end figure the plan QIPP target of £10.62m increased to £11m. As a result, the level of non-contracted QIPP without plans increased to £1.519m as £616k has identified plans.
- No additional QIPP has been identified in M7.
- Any non-recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	2.36	2.36	-0.01	4.05	4.05	0.00
Transformational	3.82	3.58	-0.24	6.56	6.56	0.00
Unallocated		0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>6.19</b>	<b>5.94</b>	<b>-0.25</b>	<b>10.61</b>	<b>10.61</b>	<b>0.00</b>

Mth 7 - Oct 17/18

**QIPP Programme Delivery Board**

Source : Annual Non ISFE Plan, Monthly Project Leads Updates and validated figures from Non ISFE Finance Return



#### 4. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st October is shown below.

	31 October '17 £'000	30 September '17 £'000	Change In Month £'000
<b>Non Current Assets</b>			
Assets	0	0	0
Accumulated Depreciation	0	0	0
	0	0	
<b>Current Assets</b>			
Trade and Other Receivables	1,682	1,591	90
Cash and Cash Equivalents	276	687	-411
	1,958	2,279	
<b>Total Assets</b>	<b>1,958</b>	<b>2,279</b>	
<b>Current Liabilities</b>			
Trade and Other Payables	-29,893	-25,648	-4,245
	-29,893	-25,648	
<b>Total Assets less Current Liabilities</b>	<b>-27,935</b>	<b>-23,369</b>	
<b>TOTAL ASSETS EMPLOYED</b>	<b>-27,935</b>	<b>-23,369</b>	
<b>Financed by:</b>			
<b>TAXPAYERS EQUITY</b>			
General Fund	27,935	23,369	4,566
<b>TOTAL</b>	<b>27,935</b>	<b>23,369</b>	

Key points to note from the SoFP are:

- The CCG has hit its cash target this month achieving 1.15% against a target of no greater than 1.25%, (see 13.2 below);
- Performance continues to be high against the target of paying at least 95% of invoices within 30 days, (97% for non-NHS invoices and 100% for NHS invoices);
- The current position of trade payables and receivables is shown in the charts below:

## **5. PERFORMANCE**

The following tables are a summary of the performance information presented to the Committee;

## Executive Summary - Overview

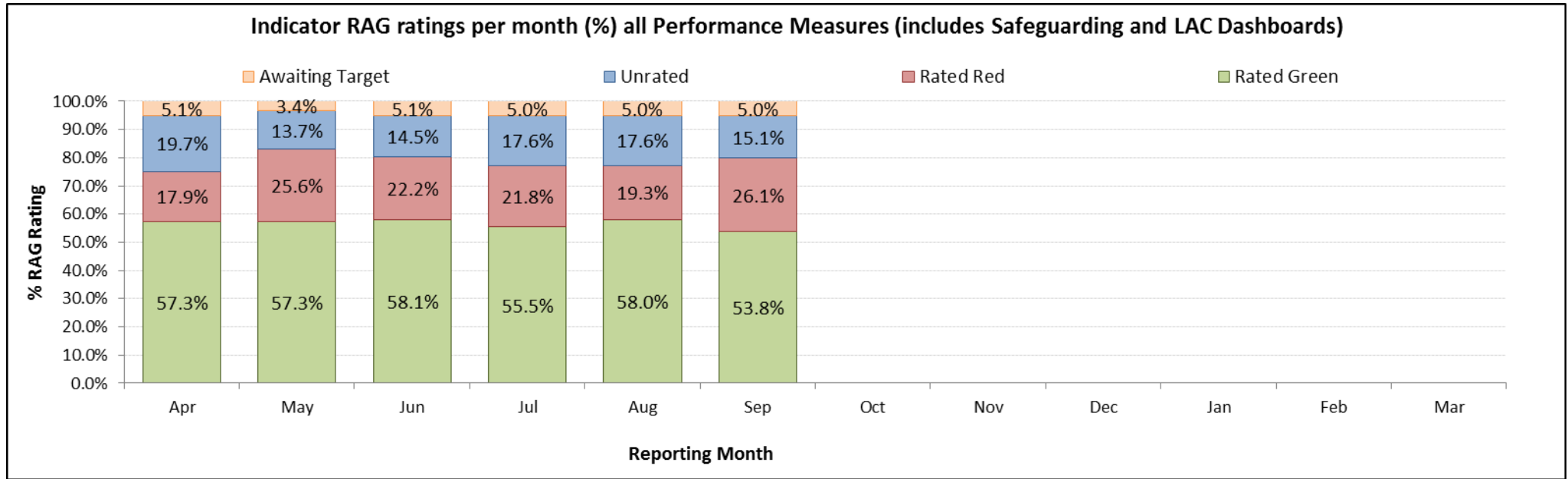
Sep-17

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	15	14	8	8	1	2	0	0	24
Outcomes Framework	7	6	7	9	12	11	0	0	26
Mental Health	24	23	4	9	8	4	0	0	36
Safeguarding - RWT	9	8	4	5	0	0	0	0	13
Looked After Children (LAC)	0	0	0	0	0	0	6	6	6
Safeguarding - BCP	14	13	0	0	0	1	0	0	14
<b>Totals</b>	<b>69</b>	<b>64</b>	<b>23</b>	<b>31</b>	<b>21</b>	<b>18</b>	<b>6</b>	<b>6</b>	<b>119</b>

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC or n/a *
NHS Constitution	63%	58%	33%	33%	4%	8%	0%	0%
Outcomes Framework	27%	23%	27%	35%	46%	42%	0%	0%
Mental Health	67%	64%	11%	25%	22%	11%	0%	0%
Safeguarding - RWT	69%	62%	31%	38%	0%	0%	0%	0%
Looked After Children (LAC)	0%	0%	0%	0%	0%	0%	100%	100%
Safeguarding - BCP	100%	93%	0%	0%	0%	7%	0%	0%
<b>Totals</b>	<b>58%</b>	<b>54%</b>	<b>19%</b>	<b>26%</b>	<b>18%</b>	<b>15%</b>	<b>5%</b>	<b>5%</b>

\* Note : Performance for Looked After Children (LAC) has been included on the Dashboard section of the report for information only as currently does not have targets or thresholds applied to the indicators.

From August 2017 : additional of C.Diff and MRSA indicators for the Black Country Partnership Foundation Trust reporting, increases number to 119 overall indicators

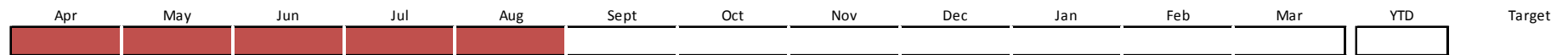


Exception highlights were as follows;



Indicator Ref:	Title and Narrative	Direction of Travel / Yr End Target
	<b>Royal Wolverhampton Hospital NHS Trust (RWT)</b>	

**Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral**



The performance data for headline Referral To Treatment (RTT - 18wks) Incompletes was not reported on the September SQPR submission, however, has since been confirmed at the Royal Wolverhampton Trust Board (Integrated Quality and Performance Report) as 90.80%. When compared to the previous years performance, the validated National Unify2 figures show that there has been a decrease in referral numbers and compliance (Sept16 = 91.22%, 3,053 breaches out of 34,790, Sept17 = 90.80%, 3,082 breaches out of 33,501). The September performance remains below the 92% National standard and agreed 17/18 STF Trajectory for September of 92.10%. Failing specialties include : ENT (88.83%), General Surgery (87.72%), Ophthalmology (90.04%), Oral Surgery (78.18%), Plastic Surgery (87.61%), Trauma & Orthopaedics (86.47%) and Urology (81.24%). The Trust have confirmed that performance saw a deterioration during September due to a knock on effect of reduced activity during August which was a result of the holiday/bank holiday period with patients choosing to prolong their waits. There is continued work with Directorates to focus on reducing the backlog where possible. Monthly prediction reports are circulated to highlight priority patients with expected activity numbers for each month. Orthodontics continues to be monitored closely and remains as a weekly report (Activity versus Plan Report) presented at the Divisional Managers performance meeting.

RWT\_EB3

Following the SLA termination for the provision of Paediatric Orthopaedics by Walsall Healthcare NHS Trust, RWT confirmed there are 146 new patients (and 113 follow up patients) 53 of which are over 18 weeks which have been factored into the STF recovery trajectory. Complex patients will continue to be seen at the Birmingham Children's Hospital and Walsall sanction monies are being utilised to fund 14-15 additional clinics to assist backlog clearance. A data quality exercise has been undertaken to identify the exact numbers of patients who will be taken on. An On-line RTT training package is being developed for all administration staff (with the aim to make this a mandatory training course). Performance (including 52 Week Waiters and Referral Diversions) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The Trust have also confirmed performance of patients reported waiting over 52 weeks has recovered and there have been 0 patients waiting more than 52 weeks since the end of May submission. The Commissioner Incomplete performance for September has been confirmed as 91.62% (below target) with Neurosurgery = 75.64%, Urology = 81.03%, General Surgery = 87.06%, T&O = 88.71%, ENT = 88.84%, Plastic Surgery = 89.01% and Ophthalmology = 89.24% as the failing specialties. A RAP with a revised recovery trajectory, which supercedes the STF trajectory, has been submitted to NHSI with recovery at headline level expected by March 2018. Performance against the 18 week target is expected to achieve for October and November, however early indications are that the October performance has failed to achieve target but has seen improvement to 91.12%.

**Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
92.52%	94.12%	93.44%	93.76%	92.09%	91.42%							92.89%	95.00%

The September performance has seen a decrease from the previous month to 91.42% and has failed to achieve the National target (Type I and All Types) of 95%. However, the in month performance has achieved the agreed 17/18 STF Trajectory for September of 91.0%. The performance can be split into the following : Emergency Department Type I (New Cross) - 86.44%, Walk-in centre Type 4 - 100%, Cannock Minor Injury Unit (MIU) Type 3 - 100% and Vocare Type 3 - 96.22%.

When comparing the Nationally validated number of attendances from the previous year, there has been a 1.8% increase (Sept16: 18,408- 93.86% compliance, Sept17: 18,740 - 91.42% compliance). The Trust have indicated that they are beginning to see Winter Pressures affecting the overall A&E performance. This aligned with the key issues affecting performance including: activity levels, locum staffing and batching of ambulances have led to a small decrease in performance in month.

As previously commented on, the access standard to meet the STF payment is solely now based on the A&E 4 Hour Wait Performance and subsequent actions. In Q2 2017/18, the Trust did achieve the Q2 STF payment for A&E performance. In Q3, Trusts have been advised by the National Director for Urgent Care, Pauline Philip, that to achieve the Q3 STF payment, they are required to achieve the higher of performance over 90% in Q3 or exceed reported performance in Q3 in 2016/17.

Overall performance is being reviewed and managed through the A&E Delivery Board and in particular there are Winter plans in place. The CCG are also planning to advertise in the local free press around additional access in Primary Care in an effort to reduce activity in A&E.

The Trust and CCG hold Urgent Care teleconferences (Exec to Exec) three times a week and the A&E Delivery Board meet monthly to review progress and manage performance.

We are currently not experiencing issues around bed capacity due to the low numbers of Emergency Admissions and Elective activity.

Early indications are that the October performance has seen a positive increase to 91.55% however remains RED.

RWT\_EB5

**Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
77.40%	77.30%	71.56%	77.09%	75.00%	72.96%							75.22%	85.00%

The performance for the 62 Day from GP Referral to 1st definitive treatment has failed to achieve both the 85% National target and the trajectory of 85.1% for September and has seen a decrease in performance to 72.96% in month. The Trust have since confirmed via the Integrated Quality and Performance Report that there were 26 patients that breached target during September (9 x tertiary referrals, 10 x capacity issues, 2 x patient initiated and 5 x complex pathways). Of the tertiary referrals, 1 referrals were received after day 62 of the patient pathway and had already breached standard. Analysis by Cancer site confirms the breaches are relating to : Head & Neck (0.5 breaches out of 2.5 - 80.00%), Colorectal (3.5 breaches out of 5.5 - 36.36%), Upper GI (1 out of 4 - 75.00%), Urology (8.5 breaches out of 21.5 - 60.47%) and Haematology (0.5 breaches out of 6 - 91.67%), Skin (2 out of 16.5 - 87.88%), Gynaecology (2.5 out of 5 - 50.00%), Breast (2 breaches out of 14 - 85.71%), Lung (1 breaches out of 4.5 - 77.78%. There were no Sarcoma 62 day wait patients. The Trust have in place a revised trajectory, giving the weekly expected backlog and expected performance from October 2017 through to March 2018 and a RAP is in place with actions to recover performance. Some of the actions detailed within the Trust Integrated Quality and Performance Report have highlighted include : On-going weekly Radiology Waiting List initiatives targeting cancer patients to reduce waits for reports, weekly escalation meetings with Divisional and Directorate Managers to review performance against standards with a view to identify process bottlenecks and expediting treatments where possible.

The Commissioner is reviewing the weekly extracts of the Cancer Patient Tracking List (PTL) for 62 Day Cancer Waits which focuses on the following 3 areas : Numbers of patients waiting with No Decision to Treat, numbers waiting with a Decision to Treat and the numbers who have received treatment within the last 7 days. Changes in numbers are analysed in 8 week blocks to enable the CCG to spot any changes and potential issues. There are ongoing discussions between Trusts across the STP around a shared breach policy for Tertiary Referrals, which should have a positive impact on performance. Further to this, the Accountable Officers have been invited to attend a monthly/6 weekly, Risk and Review Meeting, with other AO's from across the STP. This will provide an opportunity for AO's to discuss shared issues affecting performance across the STP area.

The 70/30 split of the Oncology work from City/Sandwell commenced from 23rd October and was planned as a phased approach by specialty, however has been fully transferred and this is estimated to show in a drop in performance from the transfer date. The City work (70%) has transferred to University Hospital of Birmingham (UHB) and Birmingham Womens Hospital (BWH) and the Sandwell work (30%) transferred to the Royal Wolverhampton Hospital. All existing patients and new Chemotherapy and Radiotherapy patients will be given the choice of Wolverhampton or UHB.

From the 1st December 2017, Gynaecology Oncology services will no longer be available from City/Sandwell and the Royal Wolverhampton Hospital, University Hospital of Birmingham (including Heart of Englands and Birmingham Womens) are expected to submit a joint bid to provide an estimated 50/50 split of the service. This is based on an estimate of 150 patients, however could be between 250 and 300 patients which could impact on the overall performance and wait times for patients.

It should be noted that the impact of the additional Oncology/Gynae Oncology activity has not been factored into the revised recovery trajectory. Also it is expected that the additional activity is likely to impact on RTT performance and potentially Diagnostics. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and August performance has been confirmed as 78.03% (21 patients breaching target out of 77) and therefore remains RED.

Performance is discussed at the CQRM and CRM meetings with the Trust. Early indications are that the October performance has seen a positive increase in performance to 76.25% however remains below the STF recovery trajectory.

RWT\_EB12

**Zero tolerance RTT waits over 52 weeks for incomplete pathways**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
6	4	0	0	0	0							10	0

RWT\_EBS4

This indicator has breached the Year End zero threshold for 52 week waiters due to the April and May breaches for Orthodontic patients. The M6 performance confirms that there were no patients waiting over 52 weeks during September, however the Year End threshold has already breached for 2017/18 due to the performance in April and May. RTT performance (including 52 Week Waiters and Referral Diversions) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. Early indications are that there are no further breaches during October.

**Trolley waits in A&E not longer than 12 hours**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	0	0	0	0	0							0	0

RWT\_EBS5

The performance for the number of Trolley waits in A&E (not longer than 12 hours) has achieved the zero threshold since June 2015, however has been included as part of the Horizon Scan Report as there was a potential breach under investigation for October. Following a review of the patient timeline, both the Commissioner and the Black Country Partnerships Foundation Trust have agreed that this patient did not meet the Trolley Breach criteria. Early indications are that the Trust have reported no breaches for October and therefore remains GREEN.

**Delayed Transfers - % occupied bed days - to exclude social care delays**

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
1.75%	2.10%	1.12%	1.58%	1.81%	1.49%							1.64%	2.00%



The Delayed Transfers of Care (DTOC) indicator is based on the proportion of delays by occupied bed days (excluding Social Care) and has achieved the 2.4% threshold in-month reporting 1.49% for September.

National DTOC submission data from the Unify2 collection system confirms that there were 1031 total delay days for September at the Royal Wolverhampton Trust (of which 516 x Wolverhampton, 365 x Staffordshire, 98 x Walsall, 36 x Dudley and 4 x Shropshire). As a Commissioner, September delays days totals were : 516 x Royal Wolverhampton NHS Trust, 30 x South Staffordshire and Shropshire Healthcare, 6 x Robert Jones and Agnes Hunt, 42 x Black Country Partnership, 61 x Dudley Group of Hospitals and 10 x Berkshire Healthcare. Changes in the format of the numerator data received via the SQPR submission has been confirmed to match the revised methodology for the National monthly submissions and are based on the calculation of: Number of delay days divided by the number of days in the reporting month. Trust have confirmed that the denominator is based on a monthly average of the occupied bed days. Nationally reported performance percentages utilise the quarterly published occupied bed day figures (KH03 Unify2 submission) which are unavailable at time of the Trusts monthly submission. Following a request from the Midlands and East Regional Team, a DTOC a trajectory of NHS Delay numbers has been submitted to provide assurance that systems with agreed BCF trajectories will meet their November DTOC target (NHS delays only). The Wolverhampton submission confirms that the CCG are taking a whole system approach to reducing DTOC and upon review of the DTOC data, we are confident that the November target (6.4 delays days per day for November, with September currently 6.17) for NHS Health related delays will be achieved.

Activities currently underway that are expected to impact on achieving the trajectory are as follows:-

- Continual roll out of new discharge to assess process (including a 'Trusted Assessment')
- Implementation of the High Impact Model for Managing Transfers of Care
- Commissioning of additional reablement, rapid response, step down and extra care provision.

The Trust have indicated the following delay reasons for September:

- 35.4% - Delay Awaiting Assessment (prev 29.3% - increase)
- 9.2% - Delay awaiting further NHS Care (prev 8.6% - increase)
- 29.2% - Delay awaiting domiciliary package (prev 23.3% - increase)
- 6.2% - Delay awaiting family choice (prev 11.2% - decrease)
- 5.4% - Delay awaiting equipment/adaptations (prev 7.8% - decrease)
- 0.0% - Delay awaiting public funding (prev 0.0% - no change)

Delayed Transfers of Care continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. A threshold of 3.5% by September 2017 (combined NHS and Social Care related delays) had been agreed between the Royal Wolverhampton Hospital and Local Authority (stretched from 4.9% to 3.5%) which has not been achieved (4.45% combined delays).

Early indications are that the October performance is 1.49% and remains below the 2.4% threshold (excluding Social Care).

RWT\_LQR3

**E-Referral – ASI rates**

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
34.66%	32.42%	30.57%	37.38%	32.54%	26.04%							32.27%	10.00%



Performance for this indicator has achieved the 50% recovery trajectory threshold for September , achieving 26.04%. Analysis of the year on year performance shows that the Month 5 performance relates to a lower number of referrals (16/17 denominator = 4281, 17/18 denominator = 4094, a decrease of 187) and a performance below that of the same period in 2016/17 (18.06%). Reviewing the recovery trajectory shows that there is an expectation that performance will decline before it improves. The Trust have confirmed that Ophthalmology, Orthopaedics, Neurology and Dermatology are the most challenging areas for slot issue performance. A recovery trajectory has been developed as part of the Quarter 1 CCG CQUIN submission for the ASI indicator with achievement of 8% by March 2018 (4% by April 2018). The September performance has achieved the Month 6 recovery trajectory of 50% with early indications that the October performance is also ahead of trajectory at 28.71% (against a recovery trajectory of 45%). The Commissioner has queried the figures reported by the Trust via the Clinical Quality Review Meeting as they differ from the National validated reports eg September reported figures= 1177/4520 (26.04%), whereas the NHS Digital confirmed data = 1347/4520 (29.80%). The initial response has indicated that the difference in performance figures related to Dermatology activity and the CGG are awaiting confirmation from the Trust are to confirm if these figures are included. The National Appointment Slot Issue report for September17 allows us to benchmark performance :

RWT\_LQR12

- Walsall Healthcare NHS Trust - 61.05 (1,251 issues out of 2,049 bookings)
- Sandwell and West Birmingham - 67.46 (3,865 issues out of 5,729 bookings)
- Dudley Group of Hospitals - 33.48 (1,730 issues out of 5,168 bookings)
- Royal Wolverhampton - 28.71 (1,287 issues out of 4,482 bookings)

The National performance (Acute Trusts only) for September has been confirmed as 27.98, with the West Midlands (Acute Trusts only) currently performing at 20.42.

Note : The National Data is based on the E-Referral System data only, The Royal Wolverhampton Trust data does not include urgent referrals as these are received via email, it is not known if other providers figures include or exclude these referrals.

**Black Country Partnership NHS Trust (BCP)**

**Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care\***



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
97.06%	96.72%	94.51%	98.51%	97.22%	94.67%							96.45%	95.00%

The performance for this indicator failed to achieve the 95% target during September (94.67%), however, the YTD currently remains above target at 96.45%. The Wolverhampton breaches for September relates to 4 patients (out of 39) which calculates as 89.74% of the Wolverhampton patients were followed up within 7 days from psychiatric in-patient care. A Standard Operating Procedure (SOP) developed in September has been updated and implemented outlining roles and responsibilities for both Community and Ward staff in relation to completion of the 7 day follow up standard. Service Leads in planned and urgent care have been contacted to ensure that the SOP is followed and that all relevant patient data is completed on discharge. An audit has been scheduled to take place in January 2018 to ensure that templates and processes are completed and followed. The Trust have provided an exception report for the breaches which confirm the following reasons for breaching target :

BCPFT\_EBS3

- 1 x patients refusal to provide contact details
- 1 x patient of No Fixed Abode (NFA) offered appointment at Penn Hospital however DNA'd (Did Not Attend)
- 1 x patient DNA'd (Did Not Attend) appointment, further telephone and postal contact attempted.
- 1 x patient open to multiple teams at time of discharge with a delay in attempting contact leading to follow up outside of the 7 day standard.

**Evidence of using HONOS: Proportion of patients with a HONOS score**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
96.07%	96.21%	96.40%	95.93%	97.03%	95.21%							96.14%	95.00%

The submitted data for this indicator is at a Provider level and includes both Wolverhampton and Sandwell figures. The Wolverhampton element has achieved the 95% target since April 2017, however has seen a decrease in compliance from 97.30% in August to 95.86% in September. The Sandwell element has also seen a decrease in performance and has failed to achieve target during September 2017 (94.66%). There was a 11.46% increase in the reported number of patients (provider total denominator) with the Wolverhampton denominator increasing by 3.89% (from 3,701 in August to 3,845 in September) and Sandwell by 18.65% (from 3,899 in August to 4,626 in September).

BCPFT\_LQGE09

**Delayed Transfers of Care to be maintained at a minimum level**

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
5.12%	3.29%	3.16%	2.50%	2.25%	2.33%							3.11%	7.50%



The Delayed Transfers of care programme (DTCO) has seen a positive decrease since February 2017 with the overall Trust performance for September being confirmed as 2.33% against the 7.5% threshold. The Wolverhampton only performance has been confirmed as 4.54% (Sandwell = 1.42%) As delayed discharges remain a National issue, performance will be monitored via the 2017/18 Local Quality Requirements contract and remain an agenda item on both the CCG's monthly performance call with NHS England (NHSE) and the Trusts CQRM meetings. From April 2017 there has been a change to the methodology used for the submission of the National DTCO returns. Data is no longer available for the number of patients delayed (on a monthly snapshot) and figures are based on the number of delayed days divided by the number of days in the month. The September National figures have been confirmed as follows for the Black Country Partnership (all commissioners) :

BCPFT\_LQGE11

- NHS delay days = 0 (0 month average - decrease from 0.45 in July)
- Social Care delay days = 78 (2.52 bed day average - increase from 2.48 in July)
- Both delay days = 31 (1.00 bed day average - no change from 1.00 in July)
- Trust Total = 109 delay days (3.52 bed day average - overall decrease from 3.94 average in July)

**Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]**

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
51.05%	55.06%	56.74%	64.46%	50.68%	58.52%							56.08%	50.00%



The IAPT Moving to Recovery performance has previously been reported as part of the IAPT Dashboards and has consistently achieved over the 50% target. The performance for 2017/18 has continued this trend with 58.52% of patients moving to recovery during September 2017. However, this indicator has been included as part of the Horizon Scanning Report as there has been a variance in the figures published by NHS England. The Black Country Partnership NHS Foundation Trust have performed a full data cleanse and established that several discharged patient system records had incorrectly been flagged for inclusion to the denominator for the National Data Set. The Trust continue to analyse system reports to ensure that all cases are deactivated correctly, however current efforts will not filter through and impact on the National data until the August report (publication due November) due to the rolling quarter calculations. The latest National data available is for July 2017 and is currently reporting at 55.68% and is GREEN for this first time this year. The Trust continue to work closely with the system provider and providing regular updates to the Commissioner, NHS Digital, the Trust Boards and CQRM.

BCPFT\_LQIA01



## **6. Contract and Procurement Report**

The Committee received the latest overview of contracts and procurement activities. There were no significant changes to the procurement plan to note.

## **7. Risk Report**

The Committee received and considered an overview of the risk profile for the Committee including Corporate and Committee level risks.

## **8. RISK and MITIGATION**

The CCG submitted an annual plan which presented a nil net risk. Following discussion within the CCG the risk profile has changed to reflect changes between plan submission (March 2017), and Month 7, and continues to report a nil net risk.

The table below details the current risk assessment for the CCG' a risk of £2.2m with mitigations of £2.2m.

CCG RISKS & MITIGATIONS	Forecast Net Expenditure				RISKS (enter negative values only)						MITIGATIONS (enter positive values only)									TOTAL NET (RISK) / MITIGATION	Of Which: RECURRENT		
	Plan	Actual	Variance	Variance	Contract	QJPP	Performance Bases	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further QJPP Extensions	Non-recurrent Measures	Delay / Reduce Investment Plans	Other Mitigations	Potential Funding	TOTAL MITIGATIONS				
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m			£m	£m
REVENUE RESOURCE LIMIT (IN YEAR)	394.0																						
REVENUE RESOURCE LIMIT (CUMULATIVE)	403.2																						
Acute Services	193.7	195.4	(1.7)	0.9%	(1.4)	(0.3)							0.3							0.3	(1.4)	(1.4)	
Mental Health Services	36.0	36.1	(0.1)	0.3%		0.0							0.0							0.0	0.0		
Community Health Services	48.5	47.7	0.8	1.7%		0.0							0.0							0.0	0.0		
Continuing Care Services	14.5	14.1	0.4	2.7%		0.0							0.0							0.0	0.0		
Primary Care Services	52.3	53.1	(0.8)	(1.6%)		0.0		(0.5)		(0.5)			0.0	0.5						0.5	0.0		
Primary Care Co-Commissioning	35.5	35.0	0.5	1.4%		0.0							0.0	0.4						0.4	0.4		
Other Programme Services	7.9	7.1	0.8	10.3%		0.0							0.0		0.9	0.1				1.0	1.0		
Commissioning Services Total	388.5	388.6	(0.1)	0.0%	(1.4)	(0.3)	0.0	(0.5)	0.0	(2.2)	0.0	0.0	0.0	0.3	0.9	0.9	0.1	0.0		2.2	0.0	(1.4)	
Running Costs	5.5	5.4	0.1	1.8%		0.0							0.0							0.0	0.0		
Unidentified QJPP																				0.0	0.0		
<b>TOTAL CCG NET EXPENDITURE</b>	<b>394.0</b>	<b>394.0</b>	<b>0.0</b>	<b>0.0%</b>	<b>(1.4)</b>	<b>(0.3)</b>	<b>0.0</b>	<b>(0.5)</b>	<b>0.0</b>	<b>(2.2)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.3</b>	<b>0.9</b>	<b>0.9</b>	<b>0.1</b>	<b>0.0</b>	<b>0.0</b>	<b>2.2</b>	<b>0.0</b>	<b>(1.4)</b>	
IN YEAR UNDERSPEND / (DEFICIT)	0.0	0.0	0.0	0.0%																			
CUMULATIVE UNDERSPEND / (DEFICIT)	9.1	9.1	0.0	0.0%																			

There has been a change in reporting requirements to NHSE as the above table now reflects risk and mitigations by service line as well as by recurrent /non recurrent. It is clear that the CCG is carrying a recurrent risk, particularly in the Acute portfolio which is being offset by non-recurrent solutions.

A further potential risk not included in the financial position or the risk schedule relates to the outstanding issue with RWT £4.8m for lost income relating to Non Elective admissions. This issue has been escalated to NHSE at Regional level and the CCG is awaiting an update.

In summary the CCG is reporting the following:

	£m Surplus(deficit)	
Most Likely	£9.130	No risks or mitigations, <b>achieves</b> control total
Best Case	£11.330	Control total and mitigations achieved, risks do not materialise <b>achieves</b> control total
Risk adjusted case	£9.130	Adjusted risks and mitigations occur. CCG <b>achieves</b> control total
Worst Case	£6.930	Adjusted risks and no mitigations occur. CCG <b>misses</b> revised control total

## 9. Other Risk

Breaches in performance and increases in activity will result in an increase in costs to the CCG. Performance must be monitored and managed effectively to ensure providers are meeting the local and national agreed targets and are being managed to operate within the CCG's financial constraints. Activity and Finance performance is discussed monthly through the Finance and Performance Committee Meetings to provide members with updates and assurance of delivery against plans.

A decline in performance can directly affect patient care across the local healthcare economy. It is therefore imperative to ensure that quality of care is maintained and risks mitigated to ensure patient care is not impacted. Performance is monitored monthly through the Finance and Performance Committee and through the following committees; including Clinical Quality Review Meetings, Contract Review Meetings and Quality and Safety Committee.

There are potentially two additional risks not factored into the financial position or Risk schedule as follows:

- Any contribution to the currently disputed £4.8m invoice received from RWT in respect of lost income as Emergency activity continues to reduce (a national directive)
- Any potential financial consequences resulting from issues arising with services provided at the Urgent Care Centre (Vocare Ltd).

## 10. RECOMMENDATIONS

- **Receive** and **note** the information provided in this report.

**Name:** Lesley Sawrey  
**Job Title:** Deputy Chief Finance Officer  
**Date:** 27<sup>th</sup> November 2017

## Performance Indicators 17/18

Current Month: **Sep**

### Key:

(based on if indicator required to be either Higher or Lower than target/threshold)

- ↑ Improved Performance from previous month
- ↓ Decline in Performance from previous month
- ↔ Performance has remained the same

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank per Month)												Yr End	
									A	M	J	J	A	S	O	N	D	J	F	M		
RWT_EB5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	RWT	95%	91.42%	R	92.89%	R	↓														
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	RWT	93%	93.44%	G	93.12%	G	↓														
RWT_EB7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	RWT	93%	95.10%	G	95.26%	G	↑														
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	RWT	96%	97.16%	G	96.82%	G	↓														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	RWT	94%	84.85%	R	89.62%	R	↓														
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	RWT	98%	100.00%	G	100.00%	G	↔														
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	RWT	94%	98.72%	G	98.96%	G	↑														
RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.	RWT	85%	72.96%	R	75.22%	R	↓														
RWT_EB13	Percentage of Service Users waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers	RWT	90%	83.78%	R	85.12%	R	↓														
RWT_EBS1	Mixed sex accommodation breach	RWT	0	0.00	G	0.00	G	↔														
RWT_EBS2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another booking date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	RWT	0	0.00	G	0.00	G	↔														
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	RWT	0	0.00	G	0.00	G	↔														
RWT_EAS5	Minimise rates of Clostridium Difficile	RWT	Mths 1-11 = 3 Mth 12 = 2	2.00	G	19.00	R	↑														
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	RWT	0	0	G	10	R	↔														
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	RWT	0	70	R	301	R	↓														
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	RWT	0	2	R	15	R	↑														
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	RWT	0	0	G	0	G	↔														
RWT_EBS6	No urgent operation should be cancelled for a second time	RWT	0	0	G	0	G	↔														
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	95.00%	G	95.46%	G	↓														
RWTCB_S10B	Duty of candour (Note: Yes = Compliance, No = Breach)	RWT	Yes	Yes	G	-	-															
RWTCB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	99.00%	99.88%	G	99.86%	G	↑														
RWTCB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	95.00%	99.20%	G	99.01%	G	↑														
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	RWT	95.00%	95.91%	G	95.00%	R	↑														
RWT_LQR2	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all assessment units [e.g. PAU, SAU, AMU, AAA, GAU etc.]	RWT	Q1 - 85% Q2 - 90% Q3 - 90% Q4 - 92.5%	85.49%	R	87.10%	R	↓														
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 2.5% Q2 - 2.4% Q3 - 2.2% Q4 - 2.0%	1.49%	G	1.64%	G	↑														
RWT_LQR4	Serious incident (SI) reporting - SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework) Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	3.00	R	4.00	R	↓														

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month
RWT_LQR5	Serious incident (SI) reporting – 72 hour review to be undertaken and uploaded onto the STEIS system by the provider (offline submission may be required where online submission is not possible). To be completed within 3 working days of the incident occurrence date. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	0.00	G	2.00	R	↑	
RWT_LQR6	Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework. 60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.	RWT	0	0.00	G	11.00	R	↑	
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.62%	G	0.34%	G	↓	
RWT_LQR11	% Completion of electronic CHC Checklist	RWT	Q1 - 86% Q2 - 90% Q3 - 94% Q4 - 98%	96.61%	G	95.12%	G	↓	
RWT_LQR12	E-Referral – ASI rates	RWT	10.00%	26.04%	R	32.27%	R	↑	
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	80.00%	G	85.95%	G	↓	
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	72.92%	G	75.45%	G	↑	
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	92.50%	100.00%	G	99.59%	G	↑	
RWT_LQR21	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit: Yes if all Dashboard is compliant, No if breaches)	RWT	Yes	No	R	-	-		
RWT_LQR28	All Staff Hand Hygiene Compliance	RWT	95.00%	92.88%	R	92.28%	R	↑	
RWT_LQR29	Infection Prevention Training Level 2	RWT	95.00%	94.45%	R	94.61%	R	↓	
BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	96.45%	G	97.28%	G	↓	
BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G	→	
BCPFT_DC1	Duty of Candour	BCP	YES	Yes	G	-	-		
BCPFT_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	BCP	90.00%	100.00%	G	100.00%	G	→	
BCPFT_EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	BCP	50.00%	100.00%	G	87.92%	G	↑	
BCPFT_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	BCP	75.00%	97.08%	G	93.96%	G	↑	
BCPFT_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	BCP	95.00%	99.64%	G	99.79%	G	↓	
BCPFT_EBS1	Mixed sex accommodation breach	BCP	0	0	G	0	G	→	
BCPFT_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	BCP	95.00%	94.67%	R	96.45%	G	↓	
BCPFT_LQGE01a	Proportion of Patients accessing MH services who are on CPA who have a crisis management plan (people on CPA within 4 weeks of initiation of their CPA)	BCP	90.00%	84.21%	R	90.59%	G		
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL)	BCP	100.00%	92.59%	R	97.41%	R	↓	
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	90.22%	G	91.66%	G		
BCPFT_LQGE06	IPC training programme adhered to as per locally agreed plan for each staff group. Compliance to agreed local plan. Quarterly confirmation of percentage of compliance	BCP	85.00%	0.85	G	0.86	G		
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	95.21%	G	96.14%	G	↓	
BCPFT_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	BCP	95.00%	100.00%	G	99.63%	G	↑	
BCPFT_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	BCP	7.50%	2.33%	G	3.11%	G	↓	
BCPFT_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	BCP	95.00%	96.64%	G	95.93%	G	↓	
BCPFT_LQGE12b	% of Crisis assessments carried out within 4 hours (Sandwell Psychiatric Liaison Service Emergency)	BCP	95.00%	97.22%	G	97.62%	G	↓	

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month
BCPFT_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	BCP	85.00%	84.44%	R	90.95%	G	↓	
BCPFT_LQGE13b	% of Urgent assessments carried out within 48 hours (Sandwell Psychiatric Liaison Service)	BCP	85.00%	89.66%	G	90.62%	G	↓	
BCPFT_LQGE14a	% of Routine assessments carried out within 8 weeks (Sandwell SQPR)	BCP	85.00%	98.28%	G	88.71%	G	↑	
BCPFT_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	BCP	85.00%	100.00%	G	98.05%	G	↑	
BCPFT_LQGE15	Percentage of SULs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	100.00%	G	96.67%	R	→	
BCPFT_LQGE16	Update of STEIS at 3 working days of the report. The provider will keep the CCG informed by updating STEIS following completion of 48 hour report (within 72 hours of reporting incident on STEIS. Day one commences as of reporting date). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	96.67%	R	↑	
BCPFT_LQGE17	Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.	BCP	100.00%	50.00%	R	76.67%	R	↓	
BCPFT_LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]	BCP	50.00%	58.52%	G	56.08%	G	↑	
BCPFT_LQIA02	75% of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral [Target - >75% Sanction: GC9]	BCP	75.00%	97.08%	G	96.12%	G	↑	
BCPFT_LQIA03	95% of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral [Target - >95%, Sanction: GC9]	BCP	95.00%	100.00%	G	100.00%	G	→	
BCPFT_LQIA04	Percentage achievement in data validity across all IAPT submissions on final data validity report [Target - >80%, Sanction: GC9]	BCP	80.00%	92.15%	R	91.17%	G	↑	
BCPFT_LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence.	BCP	1.25%	1.28%	R	1.44%	G	↓	
BCPFT_LQIA05CUM	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence. CUMULATIVE	BCP	1.25% per mth 15% by YrEnd	8.64%	G	8.64%	G	↑	
BCPFT_LQCA01	Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard) in 'Documents Relied Upon'	BCP	90.00%	100.00%	G	98.59%	G	→	
BCPFT_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	BCP	95.00%	100.00%	G	100.00%	G	→	
BCPFT_LQCA04	Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	BCP	100.00%	100.00%	G	100.00%	G	→	
BCPFT_EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	BCP	0	0	G	0	G	→	
BCPFT_EAS5	Minimise rates of Clostridium Difficile	BCP	0	0	G	0	G	→	