

WOLVERHAMPTON CCG

GOVERNING BODY
8th March 2016

Agenda item 13

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group(WCCG) Finance and Performance Committee- 23rd February 2016
Report of:	Claire Skidmore – Chief Finance and Operating Officer
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	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.
Relevance to Board Assurance Framework (BAF):	

• Domain2: Performance	The CCG must meet a number of constitutional, national and locally set performance targets.
• Domain 3: Financial management:	The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services.
• Domain 4: Planning	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;

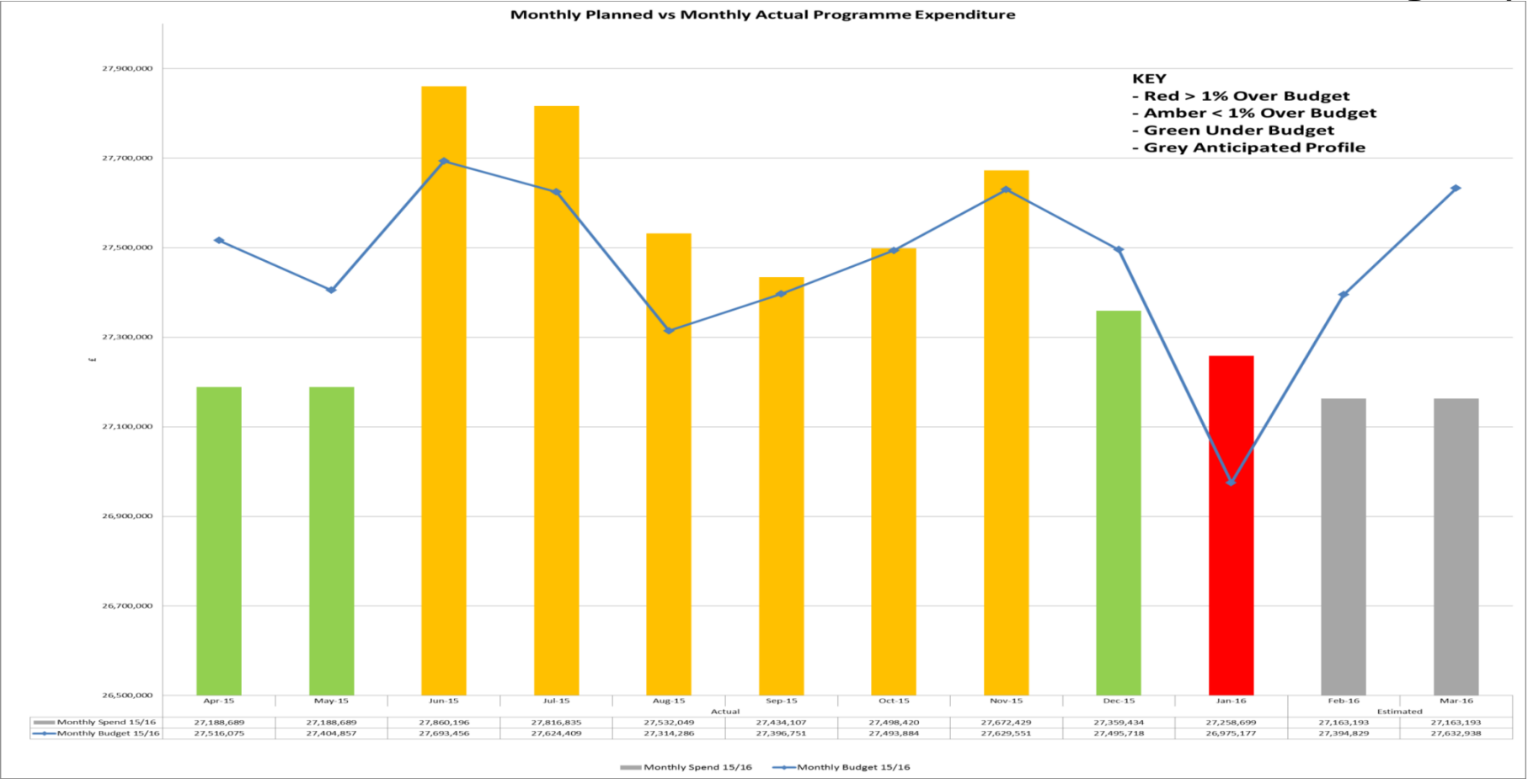
Financial Target	Target M10	Achieved M10	Variance	RAG
Programme Cost £'000*	271,762	273,119	1,357	G
Reserves £'000*	2,782	1,024	-1,758	G
Running Cost £'000*	4,906	4,537	-369	G
Maximum closing cash balance £'000	289	211	-78	G
Maximum closing cash balance %	1.25%	0.91%	-0.71%	G
BPPC NHS by No. Invoices (cum)	95%	98%	-3%	G
BPPC non NHS by No. Invoices (cum)	95%	97%	-2%	G

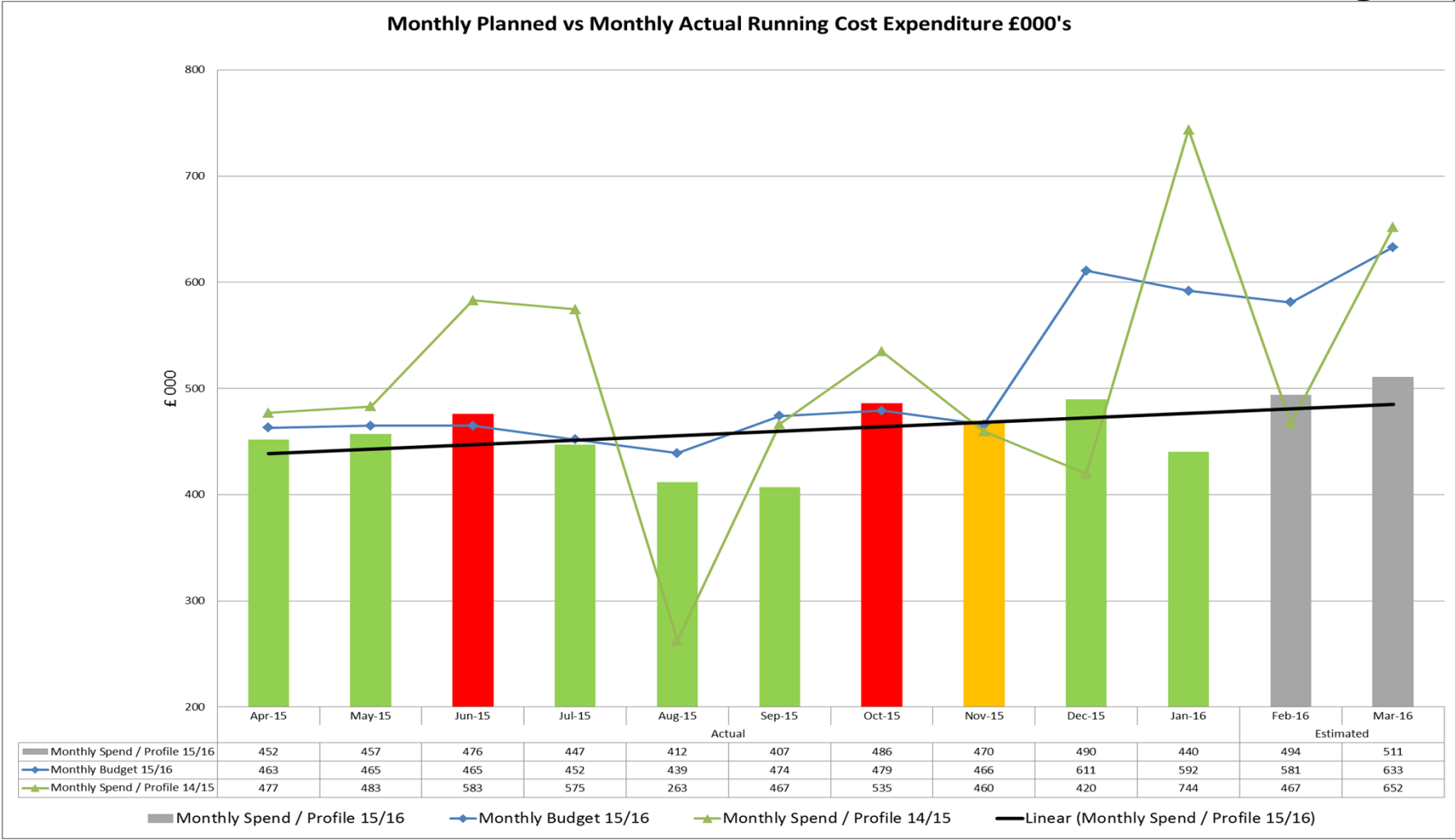
The table below highlights year to date performance as reported to and discussed by the Committee;

	Annual Plan £'000	YTD Performance M10			
		Plan £'000	Actual £'000	Variance £'000	Var %
Acute Services	175,062	145,566	147,292	1,726	1.19%
Mental Health Services	33,997	28,331	28,175	-156	-0.55%
Community Services	33,108	27,590	27,591	1	0.00%
Continuing Care/FNC	13,198	11,136	10,261	-875	-7.86%
Prescribing & Quality	49,936	41,614	40,615	-999	-2.40%
Other Programme	21,028	17,526	19,185	1,659	9.47%
Total Programme	326,328	271,762	273,119	1,357	0.50%
Running Costs	6,120	4,906	4,537	-369	-7.52%
Reserves	3,244	2,782	1,024	-1,758	-63.20%
Total Mandate	335,692	279,450	278,680	-770	-0.28%
Target Surplus(deficit)	5,905	7,005	-	-7,005	-100.00%
Total	341,597	286,455	278,680	-7,775	-2.71%

The table below details the forecast out turn by service line

	Annual Plan £'000	Forecast Outturn at M10		
		Actual £'000	Variance £'000	Var %
Acute Services	175,062	177,141	2,079	1.19%
Mental Health Services	33,997	33,834	-163	-0.48%
Community Services	33,108	33,111	3	0.01%
Continuing Care/FNC	13,198	12,050	-1,148	-8.70%
Prescribing & Quality	49,936	48,726	-884	-1.77%
Other programme	21,028	23,324	1,971	9.37%
Total Programme	326,328	328,187	1,859	0.57%
Running Costs	6,120	5,556	-564	-9.22%
Reserves	3,244	949	-2,295	-70.75%
Target Surplus	5,905	5,905	0	0.00%
Total Mandate Spend	341,597	340,597	-1,000	-0.29%





2. CONTRACT AND PROCUREMENT REPORT

The Committee received the latest overview of the contract and procurement situation. There were no significant changes to the procurement plan.

3. QIPP

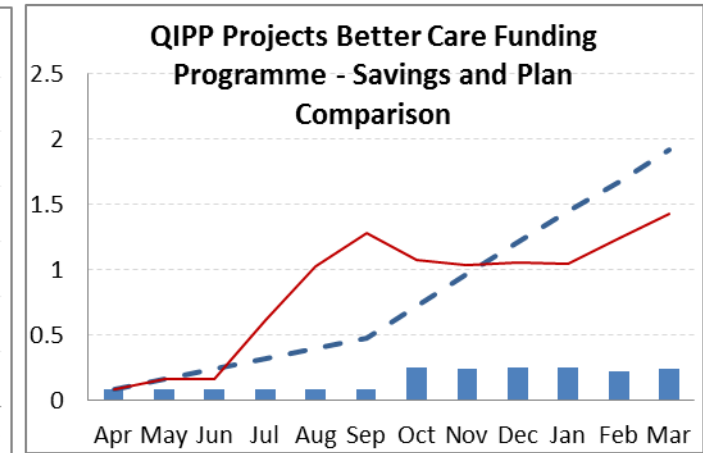
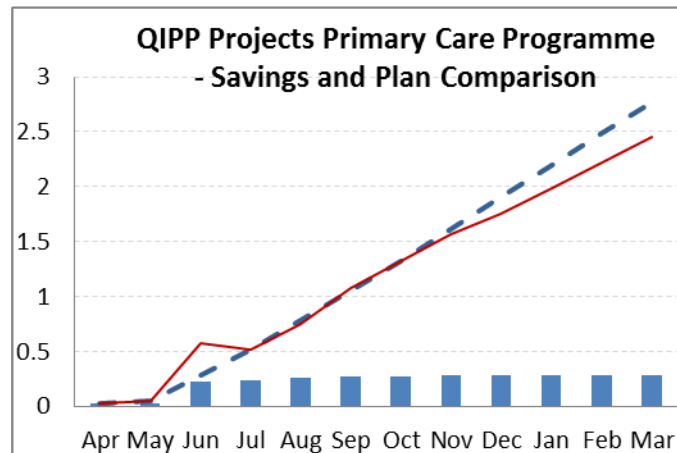
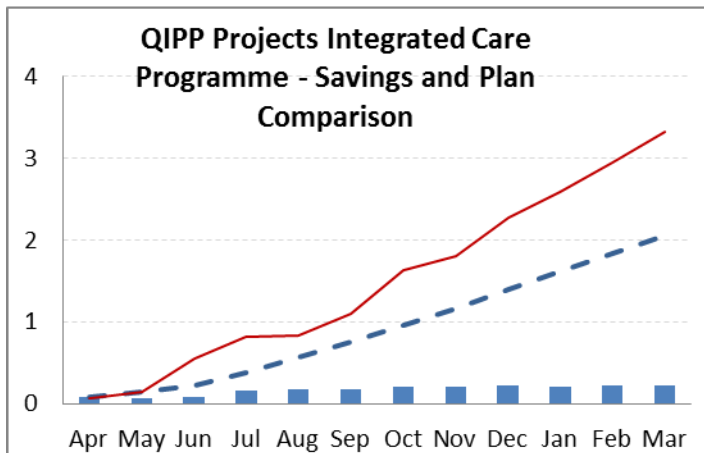
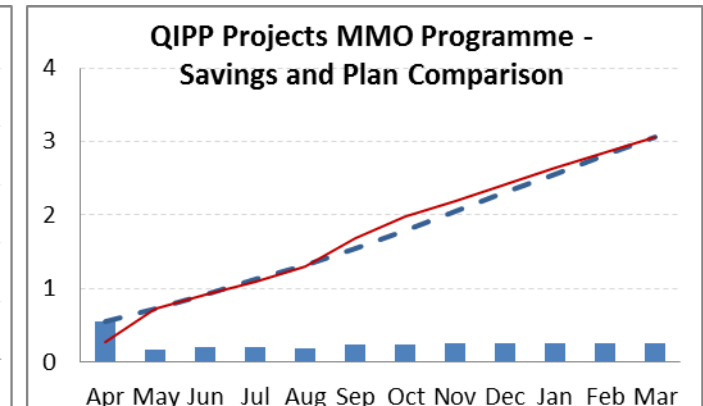
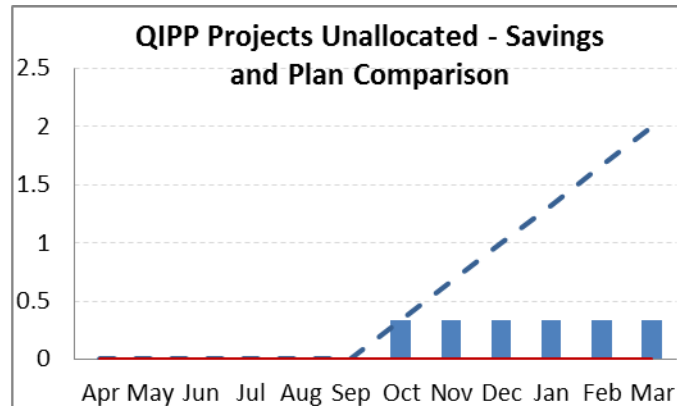
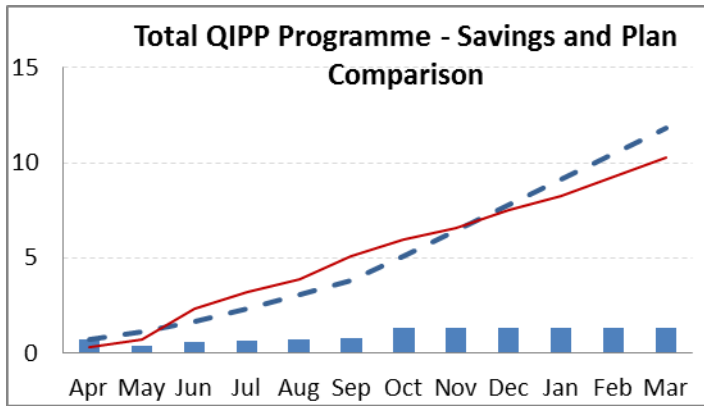
The Committee noted the current position of QIPP Programme performance as at Month 10.

2015- 16 M10

Delivery Board	Current Mth Plan	Current Mth Savings	Variance from Plan	Annual Plan	FOT	FOT Variance from Plan
Modernisation and Medicines Optimisation	2.553	2.643	0.090	3.063	3.060	-0.003
Integrated Care	1.612	2.582	0.970	2.050	3.325	1.275
Primary Care	2.193	1.986	-0.207	2.771	2.455	-0.316
Better Care Fund	1.450	1.045	-0.405	1.914	1.429	-0.485
Unallocated	0.000	0.000	0.000	0.000	0.000	0.000
Other	1.332	0.000	-1.332	2.000	0.000	-2.000
Total	9.140	8.257	-0.883	11.798	10.270	-1.528

Details of the Savings Plans

Key: ■ QIPP 15/16 Plan
- - - QIPP 15/16 Plan CUM
— Delivered Savings CUM and FOT



4. PERFORMANCE

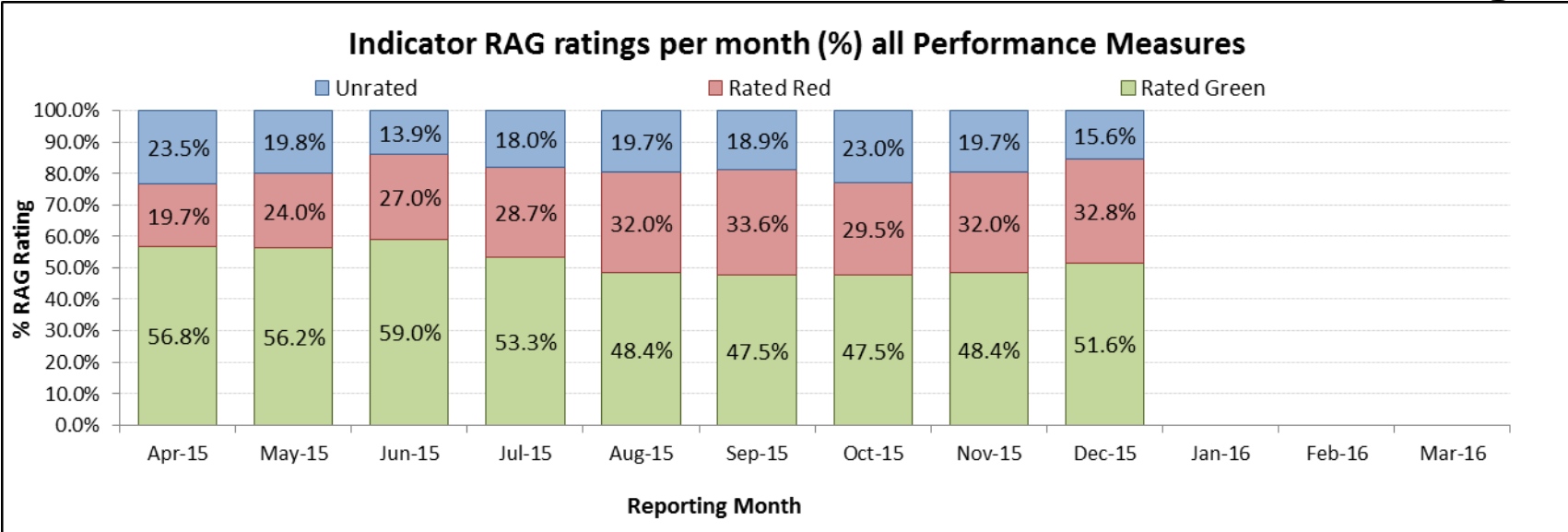
The following tables are a summary of the performance information presented to the Committee;

Executive Summary - Overview

Dec-15

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	Unrated (blank)	Total
NHS Constitution	18	17	10	11	0	0	28
Outcomes Framework	13	17	13	13	11	7	37
Mental Health	28	29	16	16	13	12	57
Totals	59	63	39	40	24	19	122

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	Unrated (blank)
NHS Constitution	64%	61%	36%	39%	0%	0%
Outcomes Framework	35%	46%	35%	35%	30%	19%
Mental Health	49%	51%	28%	28%	23%	21%
Totals	48%	52%	32%	33%	20%	16%



Exceptions were highlighted as follows;

Executive Summary - Commentary	
Dec-15	
NHS Constitution	
17 of the 28 Indicated areas are rated green. There were 0 unrated indicator(s) -eg. data not received. The 11 red rated areas are :	
Description	Commentary
Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral	RTT headline has failed to achieve for the 6th consecutive month (81.86% - SQPR report and unconfirmed) against the 90% target. This is a 2.48% increase from the previous month, however, it should be noted that the following national guidance RTT performance is primarily measured using the Incomplete Headline Level (92% target) which achieved performance in December at (92.00%). The CCG will continue to monitor Admitted and Non Admitted levels locally.
Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	RTT headline has failed to achieve for the 5th consecutive month (92.22% - SQPR report and unconfirmed) against the 95% target. This is a 0.88% decrease from the previous month, however, it should be noted that the following national guidance RTT performance is primarily measured using the Incomplete Headline Level (92% target) which achieved performance in December at (92.00%). The CCG will continue to monitor Admitted and Non Admitted levels locally.

<p>Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department</p>	<p>This indicator dropped below 90% for the first time since December 2014, breached both in month (88.53%) and YTD (93.07%). Attendances have continued to increase with an additional 1,103 (10.01%) attendances compared with the same period last year. The Trust failed to achieve both Type I and the All Types target for the month. The Trust have issued a Remedial Action Plan (RAP) focussing on the primary drivers for failures in achieving the 95% target e.g. Bed availability, patient flow, delays in patients having first assessment, patients and ambulances arriving in batches and other Emergency Department delays. Several action have been identified to resolve the issues including: improving the suitability of the ED department to manage the current levels of activity, improving flow pf patients in acute medicine, additional support for Ambulatory Care Sensitive Condition patients to support patient flow from AMU beds, improving access to Diagnostics to support patient flow, additional support to facilitate bed management and patient flow, management of patients at first assessment and securing additional staffing capacity. Radiology will provide 24/7 service for A&E radiography and CT scanning (A&E CT head scans will be performed within 1 hour, Inpatient CT scans will be performance within 48hrs unless clinically urgent). To improve bed flow across the Trust a minimum of 20 people are to be within discharge lounge by noon daily by the end of January 2016.</p> <p>Provisional data for January indicates a continued increase in A&E attendances and has only met the daily 95% target three times during the month. The performance calculating at 84.7%. It was noted that the GP in Car pilot ceased 31st December which will increase pressure on emergency services. The RWT public facing website was updated 5th January to provide guidance and urge people to help ease the pressure on the emergency services and promote the NHS 111 service.</p>
<p>Percentage of patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers</p>	<p>This indicator has breached the 96% (95.86%) for the 1st time this year. The Trust have identified the failure is due to very few numbers of breaches impacting against a small cohort of patients. The validated figures for December confirm that there were 6 breaches (181/187=96.8%) and is therefore GREEN.</p>
<p>Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery</p>	<p>This indicator failed to meet the 94% target for the second consecutive month (Nov15 = 86.96%, Dec = 86.36%) and YTD (93.39% based on static SQPR submissions, 93.74% on revised submissions). There were 6 patient breaches in December which were all due to capacity issues. The validated figures for December confirm that there were 6 breaches (42/48=87.5%) and is therefore remains RED.</p>

<p>Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer</p>	<p>The performance for this indicator achieved the 85% target for the first time this year (85.71%), however the YTD is below target at 75.63%. There were 15 patient breaches during December (6 x Tertiary referrals received between days 28 and 81 of the patients pathway, 2 x Capacity Issues, 2 x Patient Initiated and 5 x Complex Pathways. The Trust have provided a breakdown of performance by speciality for information with the high breach areas as follows: Upper GI (66.67%), Head & Neck (71.43%), Urology (73.81%), Gynaecology (75.00%), Breast (85.19%), Lung (94.74%) and with both Haematology and Skin achieving 100%. A Remedial Action Plan (RAP) has been agreed. Following initial actions from the remedial action plan, December has seen a 7.63% increase in performance from the previous month (78.08%) and has been rated GREEN for the first time this year. The CCG will continue to monitor performance. There is a recognised problem in Urology as there is a national shortage of Urologists - it is noted as a risk to delivery of the RAP as failure to secure sufficient capacity could limit the ability to achieve the trajectory.</p>
<p>Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers</p>	<p>This indicator has achieved the 90% target for December with 100% performance, however the YTD is still in breach (89.20%). The performance for this indicator is affected by small numbers and performance will be monitored closely for any fluctuations. The validated figures for December confirm that there were 1.5 breaches (29/30.5=95.1%) and therefore remains GREEN.</p>

<p>Rates of Clostridium difficile</p>	<p>The C-Diff performance in Month 9 brings the Year to Date number of breaches to 63 and has already breached the full year threshold set for RWT by NHSE of 35. There were 14 positive cases by toxin test, 6 of these were attributable to RWT using the external definition of attribution. All CDI's are monitored locally at the monthly Clinical Quality and Safety Review Meetings and via the Incident Scrutiny Group. The Trust also provides a regular verbal updates to the CCG Risk and Patient Safety Manager in meetings and during telephone discussions. Outbreak meetings attended by CCG action plan in place (Trust Wide). The Quality and Risk team are awaiting the 48 hours reports regarding these cases. Contractual sanctions will be imposed at year end based on the number of avoidable attributable cases for RWT. C-Diff Action Plan in place (Trust wide) and the CCG are to contribute to the Infection Prevention Control Group meetings. The HCAI Provider data for December indicates that 1 patient was a non Wolverhampton resident (Walsall). The Commissioner view confirms that there were only 5 cases for Wolverhampton CCG in December.</p>
<p>All handovers between ambulance and A & E must take place within 30 minutes</p>	<p>Month 9 breached the zero target with 128 breaches (128 within 30-60minutes, 4 >60 minutes) which follows the same trend increase in numbers over Winter as in previous reporting years, however Dec15 has shown a higher number of breaches (Dec 13/14 = 66, Dec 14/15 = 84, Dec 15/16 = 128). The cumulative position for 15/16 is still ahead of last years position (91 few breaches overall this year). There were no patients who breached the 12 hour target during December. Noted actions (as per Exception report) :</p> <ul style="list-style-type: none"> - Ambulance crews unload and stay with patient in corridor until patients move from Emergency Department <p>It is recognised that ambulances require free cubicles in A&E to able to hand over quickly. Free cubicles are only possible if there is flow within the system. The SRG are focussing on how patients can be discharged more quickly and in a safe manner. The focus is now on reducing delayed transfers of care (Trust to ensure TTO's and discharge summaries are completed as part of ward rounds as soon as possible and the proactive use of discharge lounge), developing a discharge to assess model and improving flow within the hospital system. These should all contribute to freeing up capacity in A&E thus aiding the ambulance handovers. RWT have informed the CCG that batches of ambulances are arriving at A&E which is causing delays in patients being processed. The total fine for ambulance handover during December is predicted at £29,600. This fine is calculated on 128 patients between 30-60 minutes @£200 per patient and 4 patients >60 minutes @£1,000 per patient.</p>

<p>All handovers between ambulance and A & E must take place within 60 minutes</p>	<p>Month 9 breached the zero target with 4 breaches (128 within 30-60minutes, 4 >60 minutes) which follows the same trend increase in numbers over Winter as in previous reporting years, however December breaches are lower than when compared to last year (Dec 13/14 = 0, Dec 14/15 = 21, Dec 15/16 = 4). The cumulative position for 15/16 is still ahead of last years position (15 few breaches overall this year). There were no patients who breached the 12 hour target during December. The following actions were put in place during December : WMAS have received funding for a "Frequent Fliers" project (the GP Practice visit programme targeting A&E "Frequent Fliers" is continuing to end of March) and additional HALO cover funded to assist with handovers at time of pressure. Noted actions (as per Exception report) :</p> <ul style="list-style-type: none"> - Ambulance crews unload and stay with patient in corridor until patients move from Emergency Department <p>It is recognised that ambulances require free cubicles in A&E to able to hand over quickly. Free cubicles are only possible if there is flow within the system. The SRG are focussing on how patients can be discharged more quickly and in a safe manner. The focus is now on reducing delayed transfers of care (Trust to ensure TTO's and discharge summaries are completed as part of ward rounds as soon as possible and the proactive use of discharge lounge), developing a discharge to assess model and improving flow within the hospital system. These should all contribute to freeing up capacity in A&E thus aiding the ambulance handovers. The total fine for ambulance handover during December is predicted at £29,600. This fine is calculated on 128 patients between 30-60 minutes @£200 per patient and 4 patients >60 minutes @£1,000 per patient.</p>
<p>Trolley waits in A&E</p>	<p>There were no 12 hour trolley breaches for December, however this indicator has breached the annual target (zero) with 1 patient breach in June 2015. Multi agency review has taken place, and cross agency action plan developed. Actions are being reviewed and monitored. The Trust were in discussions regarding the 12 hour breach and the fines associated to the breach. They believed that they did everything they could for the patient, and the issues occurred as Mental Health were unable to accept the patient in time. It was discussed as part of the CQRM meeting and confirmed that RWT would not be fined.</p>

Outcomes Framework

17 of the 37 Indicated areas are rated green. There were 7 unrated indicator(s) - eg. data not received. The 13 red rated areas are :

Description	Commentary
Falls per 1,000 occupied bed days	The performance for this indicator has achieved target for the 6th consecutive month. The number of falls (by occupied bed days) remain under the 5.6 threshold. The year to date average has fallen by 1.09 since last month and is now reporting at 3.70. Rapid improvement model undertaken on one of the wards is being reviewed with the intention to roll out. The RWT Falls Steering group in the process of reviewing it's Terms of Reference and membership. Data available has been discussed with governance to identify if there are further trends the Trust can explore from data currently captured. Staff have been identified to attend a regional Citywide falls prevention event and a National best practice event in the forthcoming months. RWT are also looking to implement a "fall safe" event to assist in the re-energising of falls prevention across the Trust.
Electronic Discharge summary to be fully completed and dispatched within 24 hrs. of discharge for all wards excluding assessment units	This indicator has been split for 15/16 into LQR2a (excluding Assessment Units) and LQR2b (all Assessment Units). December data indicates a 0.35% increase in performance to 95.39% for all wards (excluding assessment units). This is the 3rd month standard has been achieved for this indicator. It should be noted that the assessment units (see LQR2b) saw a 2.09% increase from the previous month (85.55%) and is still below target in month. The performance for both indicators remains below target on the YTD performance. A Remedial Action Plan (RAP) has been developed (Dec15 V2) as performance has failed to achieve the desired standard with base ward areas close to compliant every month but with individual factors contributing to non-compliance. Actions include : Review of pathway for regular attenders into clinics to understand requirements around discharge, possible inclusion of patient return (for further investigation/overnight leave etc.), Trust training package and delivery plan, making e-discharge more accessible by moving link to front page of intranet, continue to target areas of poor compliance and weekly performance reports distributed to Divisional Medical Directors. Improvement and maintenance of performance is largely due as a result of a meeting held between Clinical leads from across the Trust to better understand the reasons for non-compliance with e-discharge and with a number of suggestions proposed with a view to improving performance.

<p>Electronic Discharge summary to be fully completed and dispatched within 24 hrs. of discharge for all assessment units (e.g. PAU, SAU, AMU, AAA, GAU etc.)</p>	<p>This indicator has been split for 15/16 into LQR2a (excluding Assessment Units) and LQR2b (all Assessment Units). December data indicates a 2.09% increase in performance (85.55%) for all assessment units but is still below the 95% target. It should be noted that the assessment units (see LQR2a) saw a 0.35% increase in the same month and has achieved standard for the 3rd time in the year. The performance for both indicators remains below target on the YTD performance.</p>
<p>Serious incidence reporting - Report incidences within 48 hours</p>	<p>There were no breaches in December 15, however this indicator has already failed the Year End with 3 breaches. 2015/20802 - June15, Slip/Trip/Fall 2015/22544 - Jul15, Sub-optimal Care 2015/30119 - Sept15, Pressure Ulcer Grade 3 (overturned) 2015/34262 - Oct15, Slip/Trip/Fall</p>
<p>Serious incidence reporting - Update on immediate actions of incident within 72 hours</p>	<p>This indicator did not breach in month however, the Year End total has breached the zero target (currently reporting at 8 breaches for 15/16). Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings.</p>
<p>Serious incidence reporting - Share investigation report grade 2 within 60 days</p>	<p>This indicator has breached both in month (2) and Year End (9) against the zero target for 15/16. The December breaches consist of : 2015/29238 - Category pending (Unexpected Death with on-going investigation) 2015/25934 - Sub-optimal care of the deteriorating patient meeting SI criteria. Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings. The fine for these breaches is estimated to be £500.</p>

<p>Number of cancelled operations - % of electives</p>	<p>The M9 performance has breached the 0.80% threshold (0.84%) however the Year End is still within tolerance (0.72%). 63 operations were cancelled during December with the highest number attributed to Orthopaedics (21 cancellations, 33.3% of the total). 7 cancellations relate to Cannock Chase Hospital.</p> <p>Breakdown of cancellation reasons for December:</p> <p>31.7% = Other 28.6% = More Urgent Cases 20.6% = Ran out of Theatre Time 15.9% = No Beds 3.2% = Staffing Issues</p> <p>For Wolverhampton, Electives activity has seen a significant decrease in 15/16, however this has been tempered by the significant increase in Non Elective activity outside of Wolverhampton (Cannock/Staffs) this will have impacted on the outcome of this indicators performance.</p>
<p>% emergency admissions seen and have a thorough clinical assessment by a suitable consultant within 14 hours of arrival at hospital</p>	<p>As per the CRM minutes for June, it has been noted that this indicator has become a Quarterly submission. The December performance has seen an increase (of 1.64 to 96.88%) but is still below the 98% target. Feedback from the Trust indicates that the average is 8hrs, however exceptions affect total percentage e.g. late arrival on a Friday night will not be seen until the next ward round over 14hrs later.</p>
<p>% of specialist roles - named professionals to have up to date level 4 Safeguarding Children training.</p>	<p>This indicator has achieved 100% for every month with the exception of July (66.67%), this means that this indicator has failed Year End. We are awaiting confirmation that the methodology for this indicator is correct (as it has noted that Level 3 training methodology has been incorrect and based on 12 months rolling rather than a 3 year period).</p>

<p>% type 1 A&E attendances where the patient was admitted, transferred or discharged within four hours of arrival.</p>	<p>This indicator is for Surveillance Only. This indicator has breached the 95% target since April and has been reported at 83.91% for December (a 4.94% decrease from previous month). Attendances have continued to increase with an additional 1,103 (10.01%) attendances compared with the same period last year. The Trust failed to achieve both Type I and the All Types target for the month. The Trust have issued a Remedial Action Plan (RAP) focussing on the primary drivers for failures in achieving the 95 % target e.g. Bed availability, patient flow, delays in patients having first assessment, patients and ambulances arriving in batches and other Emergency Department delays. Several actions have been identified to resolve the issues including: improving the suitability of the ED department to manage the current levels of activity, improving flow of patients in acute medicine, additional support for Ambulatory Care Sensitive Condition patients to support patient flow from AMU beds, improving access to Diagnostics to support patient flow, additional support to facilitate bed management and patient flow, management of patients at first assessment and securing additional staffing capacity. Radiology will provide 24/7 service for A&E radiography and CT scanning (A&E CT head scans will be performed within 1 hour, Inpatient CT scans will be performance within 48hrs unless clinically urgent). To improve bed flow across the Trust a minimum of 20 people are to be within discharge lounge by noon daily by the end of January 2016. The SRG have agreed to increase funding to extend the GP in ED until 31st March 2016, WMAS have agreed to extend the HALO's - with the decision makers able to assist the flow within the department and discussions with Staffordshire regarding delayed discharges for Staffs patients are continuing. Provisional data for January indicates a continued increase in A&E attendances and has only met the daily 95% target three times during the month. The Trust are working on actions as detailed within the remedial action plan.</p>
<p>Radiology Reporting (CQ1314_6) - % images reported upon for patients who have had radiological images taken - Results of all direct access imaging diagnostics will be provided to the GP 95% within 10 days</p>	<p>This indicator met the 95% target for December (98.55%). The Year End continues to breach due to below target performance during April, May, September and October. Previous actions of an additional member of staff and implementation of a waiting list initiative appear to have improved performance and reductions in the backlog of patients.</p>

<p>Radiology Reporting (CQ1314_6) - % images reported upon for patients who have had radiological images taken - Results of all direct access imaging diagnostics will be provided to the GP 99% within 20 days after the date of the imaging appointment</p>	<p>This indicator met the 95% target for December (99.83%). The Year End continues to breach due to below target performance during April, May, September and October. Previous actions of an additional member of staff and implementation of a waiting list initiative appear to have improved performance and reductions in the backlog of patients.</p>
<p>The occurrence of a Never Event as defined in the Never Events Policy Framework from time to time</p>	<p>This indicator has already breached the annual target of zero this year due to the 3 previously reported Never Events (retained swab incident in July 2015, wrong side drain and incorrect eye Lucentis injection in September 15). Each breach is reviewed at the Contract Review and Clinical Quality Review Meetings. A full RCA will be conducted for each breach with actions and recommendations.</p>

Mental Health

29 of the 57 Indicated areas are rated green. There were 12 unrated indicator(s) - eg. data not received. The 16 red rated areas are :

Description	Commentary
<p>Sleeping Accommodation Breach</p>	<p>The Provider SQPR indicated that there was 1 mixed sex accommodation (MSA) at Edward Street Hospital in May which breaches the full year target of zero. The National Unify return has confirmed that this is attributable to NHS Sandwell and West Birmingham CCG and not Wolverhampton CCG.</p>
<p>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</p>	<p>This indicator has met the December 2015 performance and reported 97.14% of CPA follow ups within 7 days. However, the indicator is breaching the 95% Year End target (93.18%). The use of daily reports that are produced for all community teams highlighting those patients that have been discharged from hospital appears to have had a positive impact on the performance.</p>

<p>CPA 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)</p>	<p>This indicator has breached the 90% target for December (80.00%) and Year End (87.57%). The performance percentage is affected by small number variations and the December drop in performance is due to four patients (4 out of 20 patients). The Trust are to clarify the figures as there have been some queries regarding submissions.</p>
<p>EIS More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral</p>	<p>This indicator has failed the 50% target for each month since April with the December performance at 20% (numerator = 1, denominator = 5). 15 assessment slots unavailable during December due to annual leave and Bank Holidays. Staff training also impacted on availability and one member of staff was on jury duty for 6 days. The EI service continue to experience high DNA's and the service continue to send texts and telephone all new clients as an appointment reminder. Reports have been compiled with findings identified in regards to client reasons for DNAs, if the team are able to address the DNA reason then alternatives can be offered to the need of the client (e.g. travel costs identified, appointments closer to home).</p>
<p>EIS Percentage of all routine EIS referrals, receive initial assessment within 5 working days</p>	<p>This indicator has failed both in month (33.3%) and Year End (35.97%) against a target of 95%. The team continue to offer 100% of referrals an appointment for assessment to meet the 5 day target, however continues to experience high DNA's. The team are continually reviewing the high number of DNAs and exploring ways to reduce them, including contacting clients who DNA to establish the reasons why. A report has been compiled to identify DNA rates and reasons. 15 assessment slots unavailable in December due to staff annual leave and Christmas bank holidays. Staff availability outside assessment clinic slots was also affected by staff attending training and one member of the team out of the office on jury duty for 6 days.</p> <p>The deputy team leader post remains vacant and results in a loss of capacity as the post holder would have a 50/50 split of caseload and management responsibilities. It is worth noting that several attempts have been made to recruit to the post and that the candidate pulled out of the interview scheduled for December.</p>

<p>Delayed transfers of care to be maintained at a minimum level</p>	<p>This indicator has breached the 7.5% threshold for December (13.6%). This indicator relates to the total number of delay days for the month over the total number of occupied bed days (excluding leave for the month) and is based on the Provider total (All Commissioners) and cannot currently be split by individual commissioner. It has been noted that amendments to previous submission have been received from the Trust and they have confirmed that these are due to data quality improvements. A high number of delays has been reported across the female and Older Adult wards of Penn Hospital. As at the end of December the Trust were reporting 6 delays (4 adults and 2 older adults). 2 of the delays were due to insufficient beds in external providers. The weekly bed management meeting continues to take place with representation from Adult Local Authority and now with regular attendance from P3. The Local Authority Older Adults have confirmed that an attendance rota has been put in place. Winter pressure monies have become available to assist with placing temporary placements quicker. Each individual delay is discussed in detail and agreed actions signed up to on a weekly basis.</p>
<p>Proportion of patients with a Care Plan when discharged from Older Adults Ward</p>	<p>Performance for this indicator achieved 100% against the 95% target for December (based on 2 patients with a Care Plan on discharge). However due to the under performance in April and May, the Year End is below target (87.30%). As there is only 1 Older Adult ward, and due to the small number of patients the performance percentage is greatly affected by any breach.</p>
<p>IAPT Percentage of people who are moving to recovery of those who have completed treatment in the reporting period</p>	<p>This indicator has achieved the 50% target for the 3rd consecutive month this year (56.22%) and is reflective of the changes made to the model of care. Due to the previous months performance the Year End is still below target (45.99%). Discussions have taken place at the CQRM meetings with the Trust regarding the different IAPT model (WCCG commission an IAPT plus service clusters 1 - 7) which impacts on performance levels. Target has been met for the last 3 months and performance will continue to be monitored closely. Any decline in performance will be discussed via the Contract Review meeting.</p>
<p>SUIs Provide commissioners with Grade 1 RCA reports within 45 working days where possible, exception report provided where not met</p>	<p>This indicator failed to meet the 100% target for the first time during August and although have met target every month since, the indicator has breached the Year End target (96.30%).</p>

<p>SUIs Provide commissioners with grade 2 RCA reports within 60 days</p>	<p>There were no RCA breaches for December 2015, however the YTD has breached the 100% target (96.30%) due to 3 breaches in May. Numbers of serious incidents and RCA's are monitored by the Quality & Risk Team. All breaches are reviewed at the Contract Review and the Quality Review Meetings.</p>
<p>HCAIs 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</p>	<p>This indicator has breached the 95% target for the ninth consecutive month. A Remedial Action Plan (RAP) is in place and further discussions regarding failure to hit trajectory took place on 4th December with the Trust and Sandwell Commissioners. Discussions indicated that this indicator should hit target by 18th December and the Trust have confirmed that by 18th December they had achieved 95.02%, however the SQPR submission does not reflect this achievement and figures have been queried to confirm.</p>
<p>SAFEGUARDING CHILDREN % compliance with staff safeguarding training strategy at level 2.</p>	<p>Performance for this indicator has steadily improved over the year and December has achieved the 85% target for the third consecutive month (91.68%). The Year End performance is below target at 78.64% and the Remedial Action Plan is still in place as covers other Safeguarding indicators.</p>
<p>SAFEGUARDING CHILDREN % compliance with staff safeguarding training strategy at level 3.</p>	<p>Performance for this indicator has seen a steady improvement since June and achieved a significant increase in December (from 68.42% to 83.95%). The Year End performance is below target at 63.25% and the Remedial Action Plan is still in place as this covers other Safeguarding indicators. The Trust previously informed the CCG that they had met target, however the SQPR submission has reported performance as RED. This has been queried via the CQRM meeting.</p>
<p>SAFEGUARDING CHILDREN (WCCG Only) % compliance with staff safeguarding training strategy at Level 4 - Named Professionals.</p>	<p>This indicator has achieved the 100% target for the third consecutive month, however the Year End is still below target (82.34%) due to previous months below target performance and missing data for April, May and July submissions.</p>

<p>SAFEGUARDING ADULTS % compliance with safeguarding adults higher level training</p>	<p>This indicator has seen a steady improvement since June and has achieved 69.68% for December, and although the best performance so far this year, is still below the 85% target. The Year End performance is also below target at 46.80% and the performance is now in line with the Remedial Action Plan trajectory.</p>
<p>SAFEGUARDING ADULTS % compliance with MCA/DoLS training</p>	<p>This indicator has seen a steady improvement since June and has achieved 69.68% for December. Although this is the best performance so far this year, it is still below the 85% target. The Year End performance is also below target at 46.80% and there are on-going discussions with the Trust regarding a Remedial Action Plan to improve performance and the Trust has advised that this indicator is linked to the Adult Safeguarding level 2 training.</p>

5. 16/17 FINANCIAL PLAN AND BUDGET

The Committee was presented with the draft financial plan for 2016/17, noting adherence to the 16/17 planning rules and flagging risks to the financial position.

NHS England confirmed in December 15 that it has set firm three year allocations for CCGs, followed by two indicative years. NHSE have also confirmed that CCG admin allowances (Running Costs) will remain flat until 20/21. The CCG has now received recurrent allocations as detailed below.

		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	£'000						
Programme Baseline Allocation	+ve	325,750	337,458	344,217	351,056	358,352	371,468
Post Mth07 Recurrent Transfers in 15/16	+ve/(-ve)	-	-	-	-	-	-
Primary Care Co-Commissioning	+ve/(-ve)	-	-	-	-	-	-
Running Cost Allocation	+ve	5,556	5,555	5,535	5,515	5,497	5,481
Total Notified Allocation		331,306	343,013	349,752	356,571	363,849	376,949

Draft financial information submitted to the Area is included at Appendix 1 for information.

At the time of developing the Long Term Financial Model (LTFM) a draft National Tariff had been published which includes the efficiency and inflation assumptions stated above. The CCG has applied the draft percentages to tariff based/healthcare contracts. For other budgets the CCG has modelled inflation and efficiency based on trends and local knowledge.

The planning guidance sets out specific business rules which also need to be met as follows;

- Commissioners must plan for a cumulative reserve (surplus) of 1%
- Commissioners must plan to draw down all cumulative surpluses above the 1% in the next three years
- Commissioners must set aside 1% of their allocation for non-recurrent expenditure and this should be uncommitted at the start of the year
- Commissioners must set aside an additional 0.5% as contingency
- Better Care Fund plans for 2016/17 must explicitly support reductions in unplanned admissions and delayed transfers of care
- Maintain the parity of Esteem for Mental Health Services by ensuring growth in spend is at least the same as overall allocation increase (3.65% for CCG)

Within the plan for 2016/17 the CCG is planning to draw down £800k of its cumulative surplus, as the first tranche for reducing its non-recurrent surplus to 1%. The CCG is planning to draw down the cumulative surplus to a residual level of 1% as per the planning guidance.

In order to submit a balanced plan in February the CCG included a QIPP programme of £11.9m, 3.4% of its allocation. This is a stretching target when considering the achievement of QIPP in 15/16 included the more readily available savings.

Risk and Mitigations

In its February return, the CCG identified risks included within the 2016/17 budgets which total £5.5m. After risk adjusting for likelihood of occurrence the risk reduces to £3.75m as detailed in the following table. The key risks are as follows:

- £1.5m related to two issues being (i) the non-publication of the final National Tariff (due March 16) which could increase costs over and above planned figures and (ii) the risk of over performance against contracts during the financial year.
- £500k associated with further slippage in the QIPP delivery as contract negotiations have not yet concluded.
- £1.5m associated with BCF where many schemes are transformational in nature and it is prudent to reflect a possible slower than anticipated change in practice.
- £250k associated with service transfers from Specialised Services in terms of tariff changes and volumes of patients. This relates to the Morbid Obesity transfer due in 2016/17.

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
CCGs				
Acute SLAs	2,000	75.0%	1,500	40.0%
Community SLAs			-	0.0%
Mental Health SLAs			-	0.0%
Continuing Care SLAs			-	0.0%
QIPP Under-Delivery	1,000	50.0%	500	13.3%
Performance Issues			-	0.0%
Primary Care			-	0.0%
Prescribing			-	0.0%
Running Costs			-	0.0%
BCF	2,000	75.0%	1,500	40.0%
Other Risks	500	50.0%	250	6.7%
TOTAL RISKS	5,500	68%	3,750	100.0%

The CCG has identified mitigations to cover 100% of the risk identified as outlined in the table below.

Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Uncommitted Funds (Excl 1% Headroom)				
Contingency Held	1,779	100.0%	1,779	47.4%
Reserves			-	0.0%
Investments Uncommitted			-	0.0%
Uncommitted Funds Sub-Total	1,779	100%	1,779	47.4%
Actions to Implement				
Further QIPP Extensions	500	35.0%	175	4.7%
Non-Recurrent Measures	800	100.0%	800	21.3%
Delay/ Reduce Investment Plans	500	100.0%	500	13.3%
Mitigations relying on potential funding	500		500	13.3%
Actions to Implement Sub-Total	2,300	85.9%	1,975	52.6%
TOTAL MITIGATION	4,079	92.0%	3,754	100.0%

- £1.8m - as in 2015/16 the CCG will utilise all of the Contingency reserve to offset overspends if they arise.
- £500k – relates to the Primary Care Reserves held by NHSE. It is important to note that the CCG is currently underwriting the non-sign off of plans for spending 16/17 reserves although this is not deemed to be a significant hurdle.
- £800k – requires the diversion of the planned drawdown to support the bottom line and mitigate risk if overspends arise.
- £500k – further QIPP extension to an already stretched QIPP programme
- £500k – small delay to the Primary Care Strategy implementation.

Conclusions

Whilst the CCG financial plan for 2016/17 meets all the planning requirements and can withstand the mitigation of a certain level of risk there are still a number of variables that, without their resolution, place undue additional risk on the position that may make it undeliverable. In summary these are:

- National Tariff has yet to be finalised (Potential additional cost pressure beyond current estimates is unknown)
- Contract negotiation with main acute and Mental Health providers (RWT and BCPFT) are not yet complete (final contract figures cannot be tested against the LTFM)
- Scale of the QIPP target given that an element is yet to be attributed to specific schemes
- Planning assumption that £800k drawdown will be made available to the CCG in 2016/17. (If not awarded the CCG is limited in its ability to pump prime the Primary Care Strategy).

Given the number of variables requiring resolution the Finance and Performance Committee determined that it would receive a further report at its March meeting once tariff is finalised and contract negotiation is more advanced. The Governing Body will be asked to sign off the 2016/17 budget at its meeting in April.

6. 16/17 QIPP Plan

The Committee received an update on QIPP plans and delivery for 2016/17, including a summary of the proposed QIPP schemes and a risk assessment of their deliverability.

7. 16/17 NATIONAL TARIFF PAYMENT SYSTEM

The Committee received a summary of the 16/17 National Tariff Payment System for information.

8. KEY RISKS AND IMPLICATIONS

Financial Risk

2015/16 Risk

The table below details the current assessment of financial risk for the CCG.

Risks	Potential Risk Value £m
CCGs	
Acute SLAs	0.50
Community SLAs	0.00
Mental Health SLAs	0.00
Continuing Care SLAs	0.00
QIPP Under-Delivery	0.00
Performance Issues	0.00
Primary Care	0.00
Prescribing	0.00
Running Costs	0.00
Other Risks	0.00
TOTAL RISKS	0.50

Mitigations	Expected Mitigation Value £m
Uncommitted Funds (Excl 2% Headroom)	
Contingency Held	0.00
Contract Reserves	0.00
Investments Uncommitted	0.00
Uncommitted Funds Sub-Total	0.00
Actions to Implement	
Further QIPP Extensions	0.00
Non-Recurrent Measures	0.00
Delay/ Reduce Investment Plans	0.00
Other Mitigations	0.50
Mitigations relying on potential funding	0.00
Actions to Implement Sub-Total	0.50
TOTAL MITIGATION	0.50

- M10 shows a steady level of risk reported by the CCG following the inclusion of BCF risk at the re assessed level within the overall reported financial position.

- current assessment of risk for the CCG; a gross risk of £0.75 but risk assessed to £0.5m. This has not changed from last month.
- The CCG has identified potential mitigations to the risks identified. The current assessment of mitigations, £0.5m. The key mitigation listed below relates to other non-recurrent flexibilities which have been identified.
- Although this position has not changed from M9 and the CCG is now able to identify sufficient mitigations to cover its risks the position remains very finely balanced.
- In delivering the financial surplus in M10 the CCG has already committed its Contingency reserve of £1.714m therefore this cannot be considered as mitigation.

Future Finance Risk

With reference to the conclusions relating to 16/17 (page 27 of this report) the risk to underlying position, a number of variables are still to be determined (eg tariff and contract negotiation). Position will be clearer at March Finance and Performance meeting.

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.

9. RECOMMENDATIONS

- **Receive** and **note** the information provided in this report.
- **Agree** to receive the 2016/17 budget for sign off at the April meeting

Name: Claire Skidmore
Job Title: Chief Finance Officer
Date: 24th February 2016

ATTACHED

Appendix 1 – February 2016 draft finance plan

Revenue Resource Limit		
£ 000	2015/16	2016/17
Recurrent	331,306	343,013
Non-Recurrent	10,627	5,905
Total	341,933	348,918
Income and Expenditure		
Acute	177,272	176,388
Mental Health	34,744	36,560
Community	33,348	35,080
Continuing Care	11,957	12,447
Primary Care	50,522	55,203
Other Programme	22,628	20,799
Primary Care Co-Commissioning	-	-
Total Programme Costs	330,472	336,478
Running Costs	5,556	5,555
Contingency	-	1,779
Total Costs	336,028	343,812
£ 000		
Surplus/(Deficit) In-Year Movement	(3,301)	(799)
Surplus/(Deficit) Cumulative	5,905	5,106
Surplus/(Deficit) %	1.7%	1.5%
Surplus (RAG)	GREEN	GREEN
Net Risk/Headroom		4
Risk Adjusted Surplus/(Deficit) Cumulative		5,111
Risk Adjusted Surplus/(Deficit) %		1.5%
Risk Adjusted Surplus/(Deficit) (RAG)		GREEN
Underlying position - Surplus/ (Deficit) Cumulative	(0)	6,700
Underlying position - Surplus/ (Deficit) %	0.0%	2.0%
Contingency	-	1,779
Contingency %	0.0%	0.5%
Contingency (RAG)		GREEN
Notified Running Cost Allocation + Quality Premium	6,120	5,555
Running Cost	5,556	5,555
Under / (Overspend)	564	-
Running Costs (RAG)	GREEN	GREEN
Population Size (000)		252
Spend per head (£)	#DIV/0!	22.07
Key Planning Assumptions		
		2016/17
Notified Allocation Change (£'000)		11,707
Notified Allocation Change (%)		3.5%
Tariff Change - Acute (%)		1.1%
Tariff Change - Non Acute (%)		1.6%
Demographic Growth (%)		0.3%
Non Demographic Growth - Acute (%)		2.4%
Non Demographic Growth - Cont.Care(%)		5.7%
Non Demographic Growth - Prescribing (%)		3.0%
Non Demographic Growth - Other Non Acute (%)		1.9%
Mental Health Parity of Esteem		3.8%
Net QIPP Savings		
£ 000	2015/16	2016/17
Recurrent (inclusive of full year effect)		11,946
Non-Recurrent		-
Total	-	11,946
% of Notified Resource	0.0%	3.4%
% Unidentified		0.0%

