

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 12

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 31st July 2018
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance 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.
Recommendations:	<ul style="list-style-type: none"> • Receive and note the information provided in this report.
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):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	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"> • Domain2: Performance – delivery of commitments and improved outcomes 	The CCG must meet a number of constitutional, national and locally set performance targets.
<ul style="list-style-type: none"> • 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. 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	Out turn	Variance o(u)	RAG
Expenditure not to exceed income	£9.986m surplus	£9.986m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£417.230m	£417.230m	Nil	G
Revenue Administration Resource not exceeded	£5.518m	£5.518m	Nil	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£405k	£2,284k	£1,879k	A
Maximum closing cash balance %	1.25%	7.05%	5.80%	A
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£3.76m	£3.76m	Nil	G
Programme Cost *	£99,808k	£100,409k	£601k	G
Reserves *	£621k	£0k	(£621k)	G
Running Cost *	£1,379k	£1,379k	£0k	G

- The net effect of the three identified lines (*) is a small under spend in year and breakeven FOT.
- The cash target has not been met this month due to some anticipated payments not materialising.
- Underlying recurrent surplus metric of 2% is being maintained.

- Programme Costs YTD inclusive of reserves is showing a small underspend.
- Royal Wolverhampton Trust (RWT) M2 data indicates a small under performance.
- Referrals from GP's into RWT continue to increase.
- Challenges on data for Nuffield, Sandwell and West Birmingham and UHNM being channelled through Contracting.
- The increased volume of clients in receipt of Continuing Care payments and the number in receipt of expensive packages will require close monitoring to ensure all costs are captured and monitored. The CCG control total is £9.986m which takes account of the 17/18 year end performance.
- The CCG is reporting achieving its QIPP target of £13.948m.
- The Programme Boards QIPP deliverability report identifies the need to deploy reserves in order to reach the QIPP target.
- The CCG is currently reporting a nil net risk albeit a slight change in risk incidence.
- The pay award has been funded and averages out at 3.8% or c £140k for 18/19. This may impact on future years' flexibilities.

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

	Annual Budget £'000	YTD Performance M03						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)
Acute Services	202,167	50,542	50,675	133	0.3%	202,064	(103)	(0.1%)
Mental Health Services	37,794	9,449	9,442	(6)	(0.1%)	37,710	(84)	(0.2%)
Community Services	40,596	10,146	10,129	(17)	(0.2%)	40,477	(119)	(0.3%)
Continuing Care	15,095	3,774	3,775	2	0.0%	15,295	200	1.3%
Primary Care Services	53,429	13,357	13,235	(123)	(0.9%)	53,338	(91)	(0.2%)
Delegated Primary Care	35,719	8,930	9,067	137	1.5%	35,719	0	0.0%
Other Programme	14,442	3,611	4,086	476	13.2%	16,575	2,132	14.8%
Total Programme	399,243	99,808	100,409	601	0.6%	401,178	1,935	0.5%
Running Costs	5,518	1,379	1,379	0	0.0%	5,518	0	0.0%
Reserves	2,483	621	0	(621)	(100.0%)	548	(1,935)	(77.9%)
Total Mandate	407,244	101,808	101,788	(20)	(0.0%)	407,244	0	0.0%
Target Surplus	9,986	2,496	0	(2,496)	(100.0%)	0	(9,986)	(100.0%)
Total	417,230	104,304	101,788	(2,516)	(2.4%)	407,244	(9,986)	(2.4%)

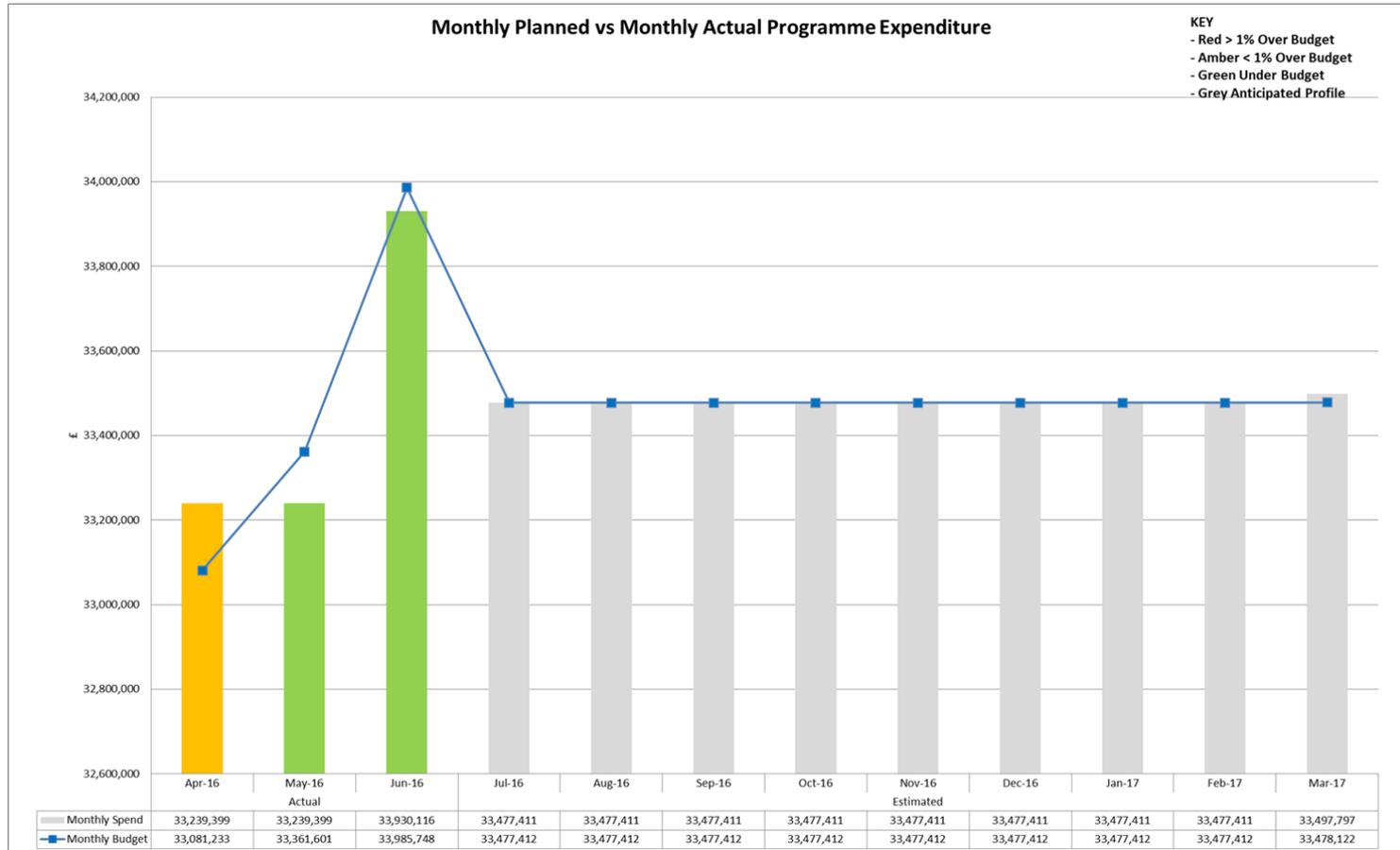
- Within the Forecast out turn there is a commitment of £1.107m of non recurrent investment to support the RWT transformational agenda.
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, £2.021m. A similar position is also for the 1% reserve. For 19/20 the CCG will need to reinstate the Contingency and 1% this will be a first call on growth monies. This is clearly detailed in the following table.

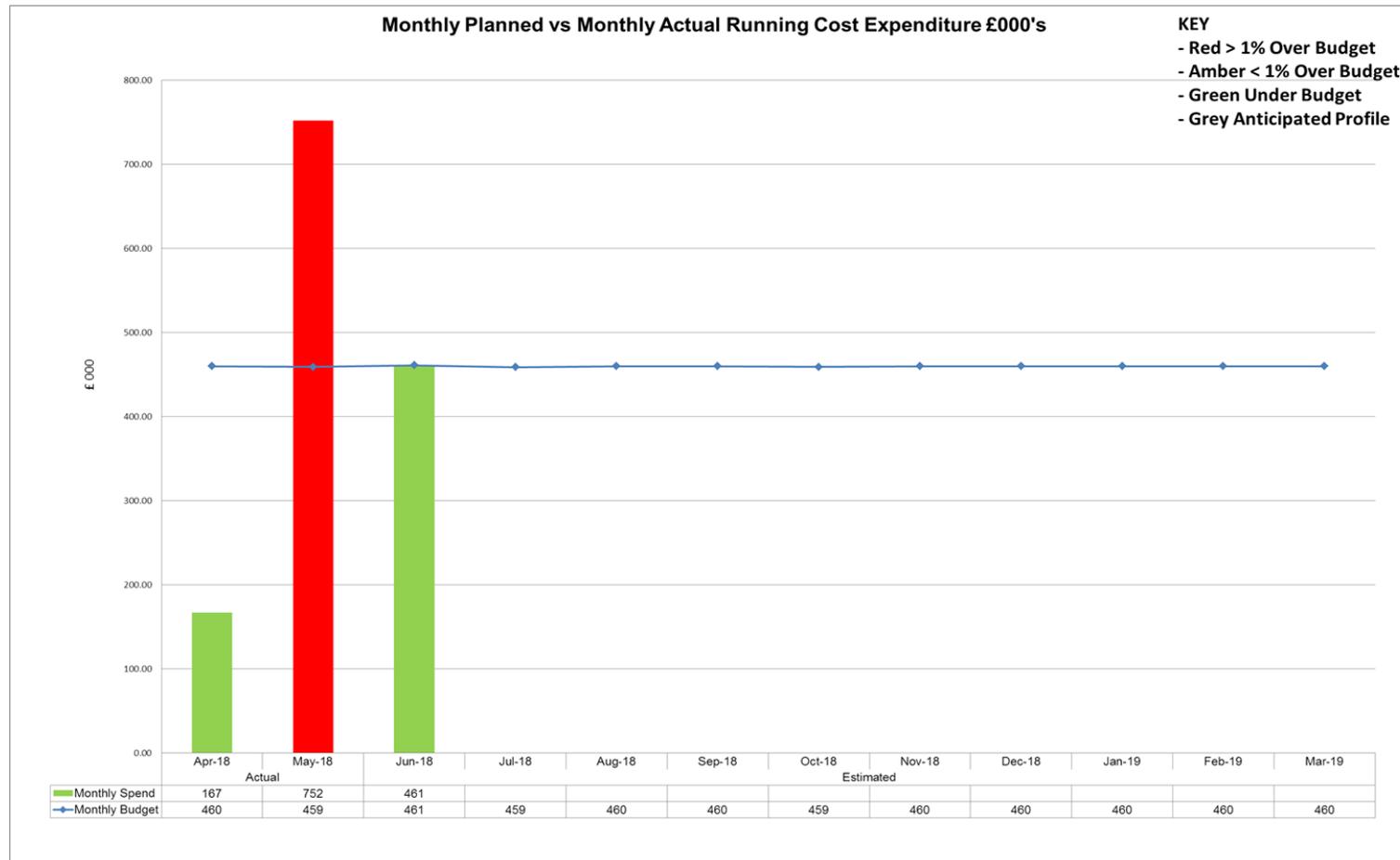
	Annual Recurrent £'000	Annual Non Recurrent £'000	Total £'000	Yr End Variance Recurrent £'000	Yr End Variance Non Recurrent £'000	Total £'000
General Reserves	1,317	(1,317)	0	(1,107)	1,107	0
Contingency Reserve	2,021	(86)	1,935	0	(1,935)	(1,935)
1% Reserve	3,971	(3,971)	0	0	0	0
Delegated Contingency reserve	183	0	183	0	0	0
Delegated Primary Care 1% reserve	366	0	366	0	0	0
Total	7,857	(5,374)	2,483	(1,107)	(828)	(1,935)

- The CCG is now required to report on its underlying financial position, a position which reflects the recurrent position and financial health of the organisation.
- The underlying position is crudely calculated as the current total spend minus non recurrent spend.
- The CCG is required to maintain an underlying surplus as per the submitted finance plan i.e. 2%.

- The extract from the M3 non ISFE demonstrates the CCG is on plan, achieving 2% recurrent underlying surplus.

CCG UNDERLYING POSITION	Forecast Net Expenditure				Remove Non Recurrent Items				Part/Full Year Effects		2018/19 Underlying Position
	Plan	Actual	Variance	Variance	NR Allocations & Matched Expenditure	NR QIPP Benefit	Contingency	Other NRSpend / Income	QIPP	Other	
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	
REVENUE RESOURCE LIMIT (IN YEAR)	407.244				(4.592)						402.652
Acute Services	201.252	201.149	0.103	0.1%	(1.473)	-		(7.739)			191.937
Mental Health Services	37.794	37.710	0.084	0.2%	(0.887)	-		0.065			36.888
Community Health Services	40.596	40.477	0.119	0.3%	-	-		0.114			40.592
Continuing Care Services	15.095	15.295	(0.200)	(1.3%)	-	-		(0.200)			15.095
Primary Care Services	53.429	53.338	0.091	0.2%	(0.939)	-		(0.204)			52.195
Primary Care Co-Commissioning	36.267	36.267	-	0.0%	-	-		(0.263)			36.004
Other Programme Services	17.293	17.490	(0.197)	(1.1%)	(1.290)	-	(2.021)	2.380			16.559
Commissioning Services Total	401.726	401.726	(0.000)	(0.0%)	(4.589)	-	(2.021)	(5.847)	-	-	389.269
Running Costs	5.518	5.518	-	0.0%	(0.003)	-					5.515
TOTAL CCG NET EXPENDITURE	407.244	407.244	(0.000)	(0.0%)	(4.592)	-	(2.021)	(5.847)	-	-	394.784
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%							7.868
											2.0 %





Delegated Primary Care allocations for 2018/19 as at M03 are £36.267m. The forecast outturn is £36.267m delivering a breakeven position.

The 0.5% contingency and 1% reserves are showing an underspend year to date but are expected to be fully utilised by year end.

	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	5,511	5,577	66	22,043	22,043	0	●	0	0
General Practice PMS	475	368	(107)	1,899	1,899	0	●	0	0
Other List Based Services APMS incl	603	670	67	2,412	2,412	0	●	0	0
Premises	704	616	(88)	2,817	2,817	0	●	0	0
Premises Other	24	12	(11)	94	94	0	●	0	0
Enhanced services Delegated	222	182	(40)	887	887	0	●	0	0
QOF	950	884	(67)	3,802	3,802	0	●	0	0
Other GP Services	441	759	317	1,765	1,765	0	●	0	0
Delegated Contingency reserve	46	0	(46)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	91	0	(91)	366	366	0	●	0	0
Total	9,067	9,067	0	36,267	36,267	0	●	0	0

- 2018/19 forecast figures have been updated on quarter 1 list sizes to reflect Global Sum, Out of Hours and MPIG.
- 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.

2. QIPP

The key points to note are as follows:

- The submitted finance plan required a QIPP of £13.948m or 3.5% of allocation.

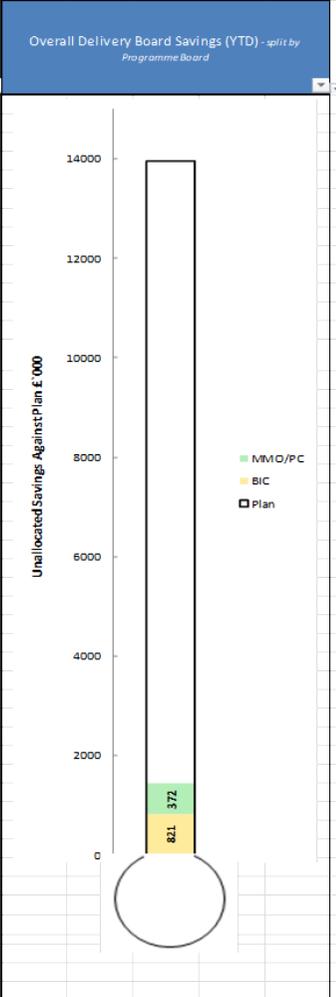
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care schemes such as Respiratory, Diabetes and Paediatrics although the CCG is challenging the Right Care opportunity level in Respiratory as the CCG cannot identify the levels of activity used in the Right Care calculation and the impact of HRG4+ had not been factored into calculations.
- The plan assumes full delivery of QIPP on a recurrent basis as any non-recurrent QIPP will potentially be carried forward into future years.
- For Month 3 QIPP is being reported as delivering on plan mainly as a result of M2 data being available for only a few key areas.
- Appendix 5 details the QIPP within the Finance plan and the associated QIPP leads FOT. The financial gap between FOT and plan will have to be met by additional QIPP schemes and cover from Reserves. Currently the deliverability gap is £5.9m as demonstrated by the table below. However, should the CCG be successful in agreeing a gain/risk share with RWT a further c£3m QIPP will be secured. The remaining balance, £2.9m will need to be addressed through existing QIPP schemes exceeding the delivery target or the identification of new schemes.

QIPP Programme Delivery Board

Mth 3 - June 18/19

Source: Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £ '000

Project ID	Description	Annual Plan	April to Jun (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Jun (YTD) Prog Brd diff from Plan	Jun (FOT) Prog Brd diff from Plan	Overall Delivery Board Savings (YTD) - split by Programme Board
1819-7	Estates Voids (#)	100	0	0	0	100	0	0	0	
1819-8	EPP	20	20	20	0	20	0	-20	0	
1819-13	Running cost	115	115	115	0	115	0	0	0	
1819-15	MSK Acute	187	45	21	-24	200	13	-24	13	
1819-19	Dementia Outreach Recommission	200	200	0	-200	182	-18	-200	-18	
1819-20	Peads Right Care - Main	604	0	0	0	302	-302	0	-302	
1819-21	Care Closer to Home - Main	1368	342	255	-87	1368	0	-87	0	
1819-27	Care Closer to Home - Stretch	1851	462	0	-462	0	-1851	-462	-1851	
1819-41	High Volume Mental and Acute Service Users	252	61	0	-61	100	-152	-61	-152	
1819-42	Falls Service Redesign - Main	490	120	-9	-129	169	-321	-129	-321	
1819-66	Neuro Rehab Tariff Change	138	0	0	0	0	-138	0	-138	
1819-86	Diabetes Pathway / Service - Right Care Activity	98	24	17	-7	98	0	-7	0	
1819-93	Targeted Peer Review - Main	136	33	15	-18	136	0	-18	0	
1819-104	Improving care pathways to prevent and reduce lengths of stay in out of a rea placements	500	90	0	-90	250	-250	-90	-250	
1819-106	Clinical Assessment Service (CAS)	102	24	0	-24	30	-72	-24	-72	
1819-108	Prescribing Review- NHS Guidance Phase 2 (OTC Prescribing)	120	0	0	0	61	-59	0	-59	
1819-112	NHS Funded Care (18/19-3 Continuing Care Services)	400	100	100	0	400	0	-67	0	
1819-113	Respiratory Right Care - Main	454	112	-13	-125	74	-380	-125	-380	
1819-114	Peads Right Care - Stretch	0	0	0	0	0	0	0	0	
1819-115	Falls Service Redesign - Stretch	0	0	0	0	0	0	0	0	
1819-116	BCF Cap	500	123	123	0	500	0	0	0	
1819-117	Children's Equipment (SEND)	30	30	30	0	30	0	-30	0	
1819-118	Diabetes Pathway / Service - Right Care Prescribing	250	61	0	-61	0	-250	-61	-250	
1819-119	Step Down	300	75	0	-75	300	0	-75	0	
1819-120	Specific Client MH Moving to Tier 4	450	450	450	0	450	0	0	0	
1819-121	Reduction Of Excess Beds Days /DTC	414	102	0	-102	207	-207	-102	-207	
1819-122	Ambulatory / Frailty Care	385	96	0	-96	0	-385	-96	-385	
1819-123	End Of Life	373	94	0	-94	0	-373	-94	-373	
1819-126	Targeted Peer Review - Stretch	293	72	0	-72	147	-147	-72	-147	
1819-127	Repeat Prescription Management (Prescribing Hub)	70	0	0	0	40	-30	0	-30	
1819-128	CDU	500	123	0	-123	0	-500	-123	-500	
1819-129	Community Dermatology	221	0	0	0	100	-121	0	-121	
1819-130	Respiratory Right Care - Prescribing	124	30	13	-17	100	-24	-17	-24	
1819-131	Vocare	200	49	49	0	200	0	-49	0	
1819-132	Primary Care - Post Payment Verification (Post verification on payment LE5)	40	0	0	0	40	0	0	0	
1819-133	Reablement Budget	100	100	100	0	100	0	-100	0	
1819-134	Admission Avoidance Beds - Stretch	250	60	1	-89	125	-125	-59	-125	
1819-135	Contract Challenges	250	54	0	-54	113	-113	-54	-113	
1819-136	MSK Community	143	35	35	0	143	0	-35	0	
1819-6a	Prescribing Internal Efficiencies - Main	1593	397	400	3	1493	-100	3	-100	
1819-6b	Prescribing Internal Efficiencies - Bio Similars	250	61	13	-48	250	0	-48	0	
1819-6c	Prescribing Internal Efficiencies - Low Clinical Limited Value	100	24	0	-24	70	-30	-24	-30	
1819-137	Pre Glaucoma Screening in the Community	0	0	0	0	0	0	0	0	
Grand Total		13947	3784	1737	-2047	8013	-5934	-2348	-5934	

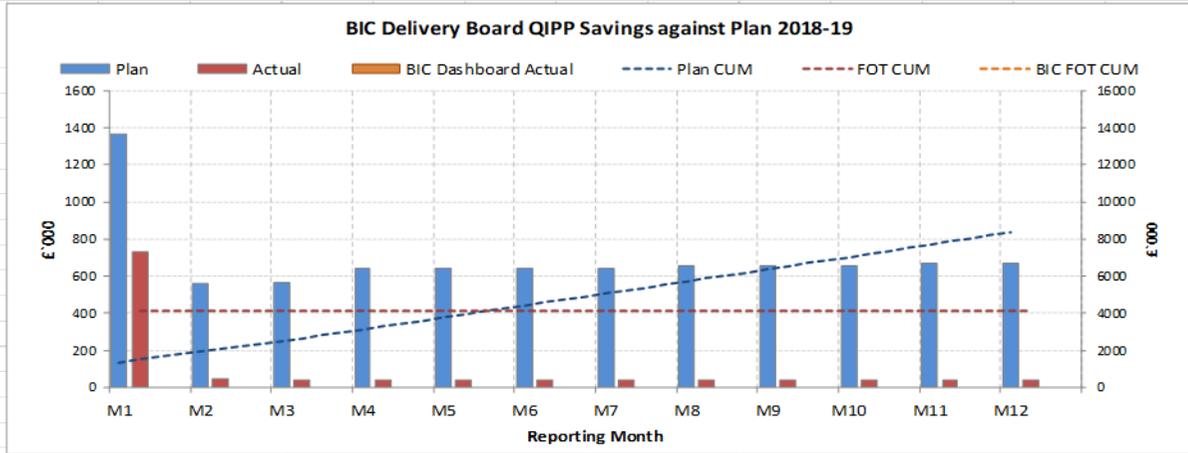


Key:
 MMO/PC
 BIC
 Closed Projects - for information

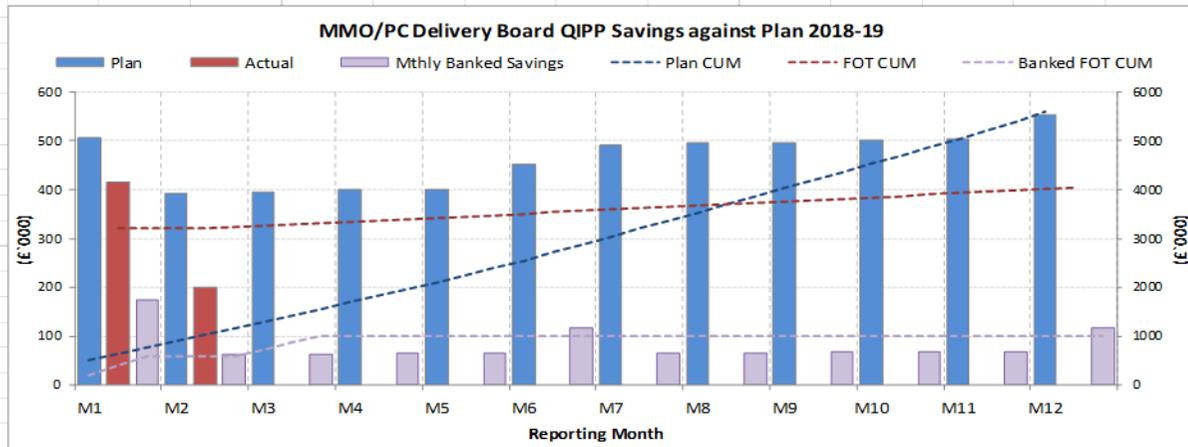
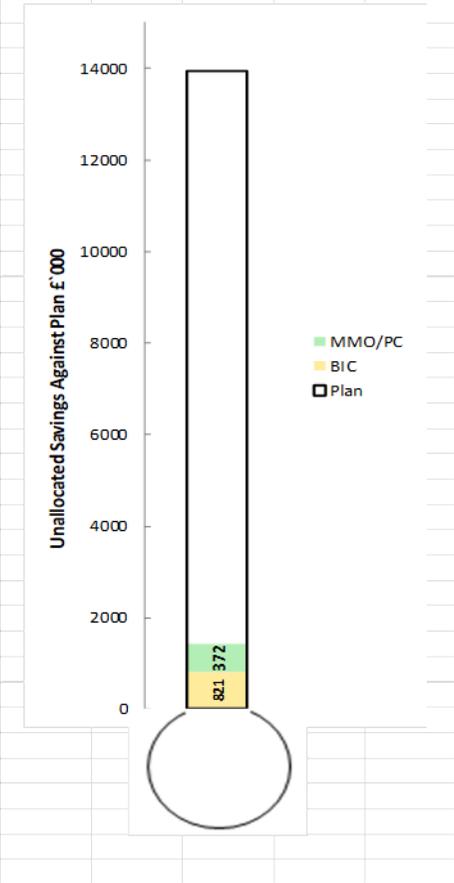
QIPP Programme Delivery Board

Source : Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £'000

Mth 3 - June 18/19



Overall Delivery Board Savings (YTD) - split by Programme Board



3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 30th June 2018 is shown below.

	30 June '18 £'000	31 May '18 £'000	Change In Month £'000
Non Current Assets			
Assets	0	0	0
Accumulated Depreciation	0	0	0
	0	0	
Current Assets			
Trade and Other Receivables	1,848	1,821	27
Cash and Cash Equivalents	2,258	349	1,908
	4,106	2,170	
Total Assets	4,106	2,170	
Current Liabilities			
Trade and Other Payables	-34,021	-33,595	-426
	-34,021	-33,595	
Total Assets less Current Liabilities	-29,915	-31,425	
TOTAL ASSETS EMPLOYED	-29,915	-31,425	
Financed by:			
TAXPAYERS EQUITY			
General Fund	29,915	31,425	-1,509
TOTAL	29,915	31,425	

Key points to note from the SoFP are:

- The cash target for month 3 has not been achieved, further details are provided in 13.2 below;
- The CCG is maintaining its high performance against the BPPC target of paying at least 95% of invoices within 30 days, (98% for non-NHS invoices and 99% for NHS invoices);
- The current position of trade payables and receivables is shown in the charts below:

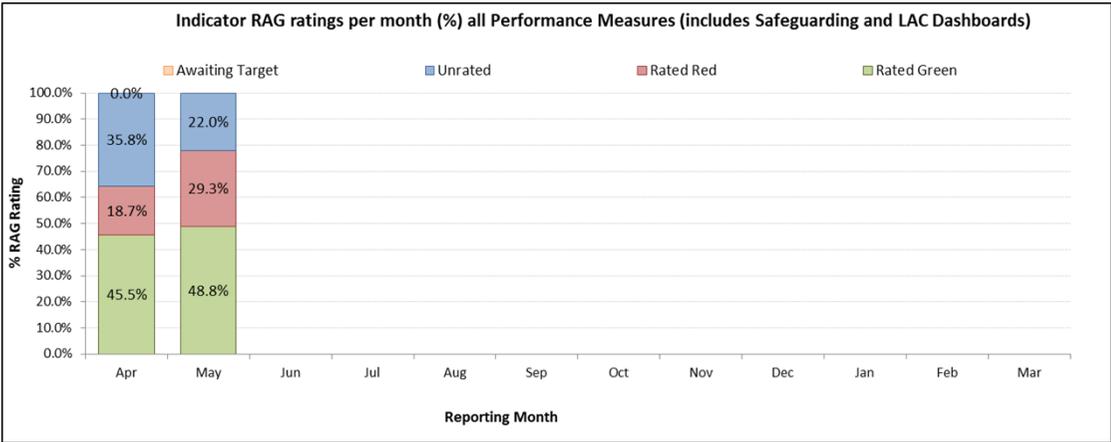
4. PERFORMANCE

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

Executive Summary - Overview

May-18

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	12	9	11	15	1	0	0	0	24
Outcomes Framework	8	7	5	7	13	12	0	0	26
Mental Health	22	23	3	5	16	13	0	0	41
Sub Totals	42	39	19	27	30	25	0	0	91
RWT - Safeguarding	0	8	3	5	13	0	0	0	13
RWT - Looked After Children (LAC)	2	1	4	4	0	1	0	0	6
BCP - Safeguarding	12	12	0	0	1	1	0	0	13
Dashboard Totals	14	21	7	9	14	2	0	0	32
Grand Total	56	60	26	36	44	27	0	0	123



Exception highlights were as follows;

4.1. Royal Wolverhampton NHS Trust (RWT)

4.1.1. EB3 – Referral to Treatment Time (18weeks), EBS4 - 52 Week Waiters

- A revised performance trajectory for 18/19 has been submitted by the Trust is awaiting approval by the CCG with a stretch target (from 90.3% to 91.5% by year end and zero 52 week waiters) and discussions are on-going.
- May18 included 2 bank holidays during the reporting period and saw a 497 decrease in the number of patients seen during the month with performance reporting at 90.61% (below the National 92% target - achieving current draft local stretch target of 90.48%) and an improvement on previous month performance (90.38%).
- The Trust continues to focus on reducing the backlog where possible with Directorates monitored against individual trajectories for both activity numbers and backlog reduction each month.
- A national (high vigilance) pause on Vaginal Mesh and Tape surgery has been issued by NHS England (10th July 2018). Implications on the RTT waiting list are yet to be confirmed, however enforced delays in surgery due to the pause restriction should be coded appropriately by the Trust.
- Zero 52 week waiters have been reported by the Trust, however there are 4 Wolverhampton patients who remain waiting over 52 weeks at :

The Royal Orthopaedic (T&O) x 3

University Hospitals of North Midlands (T&O) x 1

- **Influence Factors : Demand management Plan, Clinical Peer Review**

4.1.2. Urgent Care (4hr Waits, Ambulance Handovers,12 Hr Trolley Breaches)

- A revised A&E 4 Hour Wait performance trajectory for 18/19 has been submitted by the Trust to align with the Provider sustainability fund (PSF) trajectory and is awaiting approval by the CCG with a stretch target (from 90.3% to 95.1% by year end) and discussions are on-going.
- The number of A&E attendances has seen a 7.14% increase from the previous month and an increase in performance to 94.16%. The Trust are now at full establishment for Consultants within both the Emergency Department (ED) and Paediatric Emergency Department. The Trust has confirmed that they achieved a ranking of 36th out of 136 Trusts for May.
- Ambulance handovers has seen a significant decrease in May, with no >60minute breaches, however >30 minute breaches continue to report above thresholds (10 >30, 0 >60 minutes).
- A 12 hour Trolley breach has been reported for May 2018, the Trust have shared a Root Cause Analysis Report confirming that a failure to record a Decision To Admit (DTA) resulted in no notifications of bed requirement escalating to the capacity team.
- **Influence Factors : Public education in use of Primary Care, Pharmacy, Walk in Centres**

4.1.3. Cancer 2WW, 31 Day and 62 Day

- A revised 62 Day performance trajectory for 18/19 has been submitted by the Trust and agreed with the CCG for a stretch target (from 73.9% to 85.2% by June 2019).
- Cancer recovery plan is in place, weekly calls with NHS England (NHSE) and NHS Intelligence (NHSI), Cancer Alliance, Trust and CCG with high levels of scrutiny by NHSE and NHSI.
- There were 24 patients breaching 104 days (due to capacity, patient choice, clinical complexity and late tertiary referrals. Discussions are on-going on a national level to set a zero trajectory for all providers against 104 day cancer waits.

- The Trust has shared 2WW cancer referral numbers by Wolverhampton GP Practices. This will be analysed to establish high or low referral rate practices (per 1000 list size) with the view to arrange a GP Peer Review.
- Current performance levels :

Ref	Indicator	Target	May18	YTD
EB6	2 Week Wait (2WW)	93%	80.60%	79.82%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	48.03%	45.31%
EB8	31 Day (1 st Treatment)	96%	91.98%	91.14%
EB9	31 Day (Surgery)	94%	88.00%	86.52%
EB10	31 Day (anti-cancer drug)	98%	100%	100%
EB11	31 Day (radiotherapy)	94%	90.59%	91.61%
EB12	62 Day (1 st Treatment)	M2=75%	59.72%	63.85%
EB13	62 Day (Screening)	90%	87.50%	80.26%

The June forecast from the Trust shows an increase across all performance standards.

- **Influence Factors : GP Peer Review, Tertiary Referrals**

4.1.4. Electronic Discharge Summary

- Performance for the Electronic discharge summary is divided into 2 sections : Excluding Assessment Units (achieving 95.70% against a 95% target), and Assessment Units which is currently showing as failing against the original 85% target (76.25%) and the proposed Q1draft trajectory of 90%.
- Main issues include an increase in failed e-discharges with the maternity units following the introduction of the Badgernet system.

4.1.5. Delayed Transfers of Care

- Delays for the Royal Wolverhampton NHS Trust continue to achieve (based on 17/18 threshold of 3.5%) with 2.36% for May18 (all delays) and excluding Social Care (0.77%).
- A revised trajectory for 18/19 is awaiting approval for a 2% threshold each month.

4.1.6. MRSA and Clostridium Difficile

- MRSA – 1 breach (against the zero threshold) has been reported for the Trust during May, with a Root Cause Analysis on-going, early updates on learning from the breach have been shared within the Trust to highlight best practice and the continuity of MRSA screening.
- C-Diff – 5 breaches (against a 3 per month threshold) has been reported during May, an exception report confirms that there were no restrictions on submission of stool samples to the laboratory, however due to the requirement of repeat sampling (due to previous insufficient or formed samples) a delay in testing occurred. Investigations for 2 of the breaches have confirmed as unlikely to have contracted C.Diff within the hospital.
- Early indications are that both indicators have achieved within thresholds for June18.

4.1.7. Serious Incident Breaches (SUIs) - RWT

- 5 breaches were identified for May (see table below)
- Following the 2 Never Events during April (both Surgical/Invasive Procedures) the CCG have met with the Trusts Board to seek board assurance of actions undertaken to prevent/mitigate reoccurrence and has also instigated an unannounced visit to the theatre area involved to identify trends/themes.

Ref	Indicator	May 18	YTD
LQR4	SUIs reported no later than 2 working days	1	2
LQR5	SUIs 72 hour review within 3 working days	0	0
LQR6	SUIs Share investigation and action plan within 60 working days	4	6

4.1.8. Safeguarding

- 7 out of the 19 Safeguarding and Looked After Children indicators were reported as breaching targets for May2018 (and 1 non submission).
- The Trust has submitted exception reports for the Looked After Children indicators (% of RHAs completed by the due date and % of new requests for IHAs completed within 13 working days).

4.2. Black Country Partnership NHS Foundation Trust – (BCPFT)

4.2.1. Early Intervention Care Package within 2 weeks (EH4)

- Following the breach in April (33% of patients breached the 2 week threshold); the May performance has seen a significant improvement to 66.67% against the 53% target. The numerator and denominator confirmation has been requested from the Provider.

1.1.1. Care Programme Approach – Follow up within 7 days (EBS3)

- May performance has seen a decrease to 82.05% (against a target of 95%) and relates to 7 breaches (out of 39 patients).
- An exception report has been submitted by the Trust providing both an overview of issues and actions and an in-depth timeline analysis for each breach.
- Main issues relate to contacting patient (no responses from patients/failed attempts or failure to establish contact details and arrangements on discharge).

1.1.2. IAPT Access (LQIA05)

- May failed to achieve the 2018/19 in-month target of 1.58% with 1.18%; however indicator is an annual (Year End) target of 19%.
- Following data quality queries in 2017/18, this indicator is discussed monthly as part of the Data Quality Improvement Plan (DQIP) and includes discussions on the addition of Long Term Condition referral figures.
- The Trust have raised concerns for meeting the national increases in targets (to 25% by 2020/21) with a need to invest in more staff to meet the increased demand and the changes to funding from Health Education England. The CCG are exploring the development of a Business Case to support this key performance indicator.
- The CCG are investigating if other Providers meet the IAPT criteria to include with performance submissions.

1.1.3. Patients with Eating Disorders (ED) (EH10b)

- The number of patients with ED (routine cases) referred that start treatment within 4 weeks (0-19years old) is monitored Quarterly, however the Trust have submitted an exception report as the May performance has been confirmed as 85.71% (against a target of 95%).
- The breach relates to an individual patient who cancelled two appointments which were within standard (attended on the 3rd offered appointment).
- The Trust continues to offer appointments within standard, however are unable to mitigate against cancellations due to patient choice.

1.1.4. Serious Incident Breaches (SUIs) - BCP (LQGE17)

- 2 breaches were identified (out of 4 incidents) which confirms the May performance as 50% (against the 100% target).
- The Trust has submitted an exception report detailing reasons for delay (including cross organisation investigations and delays in responses from other organisations) and actions and lessons learnt have been identified and are to be reinforced at point of investigation lead allocation.

5. RISK and MITIGATION

The CCG submitted a M3 position which included £2.5m risk which has been fully mitigated.

The key risks are as below:

- Likely over performance in Acute contracts excluding RWT as it is assumed a Gain/Risk share will be agreed and will remove the main areas of risk;
- Transforming Care Partnerships, TCP, is presenting a real financial challenge and currently presents a risk of c £500k, a reduction from last month as the CCG now expects to be in receipt of funding to support client movements;
- Costs of drugs now off patent are increasing therefore Prescribing may over spend and the risk presented is c £500k;
- Other Programme services have an increased risk of c £500k potentially relating to Property Costs, NHS111 and other smaller budgets.

CCG RISKS & MITIGATIONS	Forecast Net Expenditure				RISKS (enter negative values only)						MITIGATIONS (enter positive values only)									TOTAL NET (RISK) / MITIGATION	Of Which: RECURRENT	Risk Adjusted Forecast Variance			
	Plan	Actual	Variance	Variance	Contract	QIPP	Performance Issues	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further QIPP 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	£m			£m	£m	£m	£m
REVENUE RESOURCE LIMIT (IN YEAR)	407,244																								
REVENUE RESOURCE LIMIT (CUMULATIVE)	417,230																								
Acute Services	201,252	201,149	0.103	0.1%	(1,000)	-	-	-	-	(1,000)	1,000	-	-	-	-	-	-	-	-	1,000	-	-	0.103	0.1%	
Mental Health Services	37,794	37,710	0.084	0.2%	(0,500)	-	-	-	-	(0,500)	0,500	-	-	-	-	-	-	-	-	0,500	-	-	0.084	0.2%	
Community Health Services	40,596	40,477	0.119	0.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.119	0.3%	
Continuing Care Services	15,095	15,295	(0.200)	(1.3%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(0.200)	(1.3%)	
Primary Care Services	53,429	53,338	0.091	0.2%	-	-	-	(0,500)	-	(0,500)	-	-	-	-	-	-	-	-	-	-	(0,500)	-	(0.409)	(0.8%)	
Primary Care Co-Commissioning	36,267	36,267	-	0.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	
Other Programme Services	17,293	17,490	(0.197)	(1.1%)	(0,500)	-	-	-	-	(0,500)	0,500	-	-	0,500	-	-	-	-	-	1,000	0,500	-	0.303	1.8%	
Commissioning Services Total	401,726	401,726	(0.000)	(0.0%)	(2,000)	-	-	(0,500)	-	(2,500)	2,000	-	-	0,500	-	-	-	-	-	2,500	-	-	(0.000)	(0.0%)	
Running Costs	5,518	5,518	-	0.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	
Unidentified QIPP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	
TOTAL CCG NET EXPENDITURE	407,244	407,244	(0.000)	(0.0%)	(2,000)	-	-	(0,500)	-	(2,500)	2,000	-	-	0,500	-	-	-	-	-	2,500	-	-	(0.000)	(0.0%)	
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%																					
CUMULATIVE UNDERSPEND / (DEFICIT)	9,986	9,986	-	0.0%																					

The key mitigations are as follows:

- The CCG holds a Contingency Reserve of c £2m. This will be held to cover the risk on Acute, Mental Health Services and Other Programme Services.
- The CCG also holds SOFP flexibilities which will be used to offset Prescribing risk.

Further work is being undertaken to assess the levels of risks and further mitigations and a verbal update will be available at Committee.

In summary the CCG is reporting:

	£m Surplus(deficit)	
Most Likely	£9.986	No risks or mitigations, achieves control total
Best Case	£12.486	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£9.986	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£7.486	Adjusted risks and no mitigations occur. CCG misses revised control total

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. Narrative of risks to be reviewed to reflect any changes.

8. 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.

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 31st July 2018

Performance Indicators 18/19

Current Month: **May-18**

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

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	Variance between Mth	Trend (null submissions will be blank) per Month												
						A	M	J	J	A	S	O	N	D	J	F	Yr End	
RWT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	92.0%	90.61%	90.50%	↑													
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	99.0%	99.08%	99.11%	↓													
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	95.0%	94.16%	92.54%	↑													
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	93.0%	80.60%	79.82%	↓													
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	93.0%	48.03%	45.31%	↓													
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	96.0%	91.98%	91.14%	↓													
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	88.00%	86.52%	↑													
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	98.0%	100.00%	100.00%	→													
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	94.0%	90.59%	91.61%	↑													
RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.	Stretch from 73.91% to Yr End 85.2%	59.72%	63.85%	↓													
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	90.0%	87.50%	80.26%	↑													
RWT_EBS1	Mixed sex accommodation breach	0	0	0	→													
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 binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	0	0	0	→													
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	0	1	1	↓													
RWT_EAS5	Minimise rates of Clostridium Difficile	Mths 1-11 = 3 Mth 12 = 2	5	8	↓													
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	→													
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	0	10	132	↑													
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	0	11	↑													
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	0	1	1	↓													
RWT_EBS6	No urgent operation should be cancelled for a second time	0	0	0	→													
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95.0%	92.03%	92.32%	↓													
RWTCB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	Yes	Yes	0														
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	99.0%	99.90%	99.87%	↑													
RWTCB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95.0%	98.67%	98.77%	↑													

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	Variance between Mth	Trend (null submissions will be blank) per Month											
						A	M	J	J	A	S	O	N	D	J	F	M
BCP_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	85.00%	No Data	No Data													
BCP_LQGE08	% compliance with local anti-biotic formulary for inpatients.	95.00%	No Data	No Data													
BCP_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	95.00%	96.97%	97.14%	↓												
BCP_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	95.00%	97.30%	98.53%	↓												
BCP_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	7.50%	0.00%	2.28%	↑												
BCP_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	95.00%	99.39%	99.68%	↑												
BCP_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	85.00%	96.97%	98.59%	↓												
BCP_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	85.00%	100.00%	100.00%	↑												
BCP_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	100.00%	100.00%	100.00%	→												
BCP_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.	100.00%	100.00%	100.00%	→												
BCP_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.	100.00%	50.00%	60.00%	↓												
BCP_LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]	50.00%	57.61%	55.31%	↑												
BCP_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]	75.00%	91.49%	90.15%	↓												
BCP_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]	95.00%	98.94%	99.09%	↓												
BCP_LQIA04	Percentage achievement in data validity across all IAPT submissions on final data validity report. [Target - >80%, Sanction: GC9]	80.00%	No Data	93.39%													
BCP_LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,970 = 19% of prevalence.	1.58%	1.18%	2.35%	↓												
BCP_LQIA05CUM	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,970 = 19% of prevalence. CUMULATIVE	1.58% per month 19% by Year End	2.35%	3.51%	↓												
BCP_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'	90.00%	90.91%	94.03%	↓												
BCP_LQCA02	Percentage of caseload aged 17 years or younger – have care plan (CAMHs and EIS) - Audit of 10% of CAMHs caseload to be reported each quarter	80.00%	No Data	No Data													
BCP_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	95.00%	100.00%	100.00%	→												
BCP_LQCA04	Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	100.00%	100.00%	100.00%	→												