

**WOLVERHAMPTON CCG**

**GOVERNING BODY**

**Agenda item 12**

<b>Title of Report:</b>	<b>Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 28<sup>th</sup> August 2018</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;

<b>Financial Targets</b>				
<b>Statutory Duties</b>	<b>Target</b>	<b>Out turn</b>	<b>Variance o(u)</b>	<b>RAG</b>
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	£417.515m	£417.515m	Nil	G
Revenue Administration Resource not exceeded	£5.518m	£5.518m	Nil	G

<b>Non Statuory Duties</b>	<b>YTD Target</b>	<b>YTD Actual</b>	<b>Variance o(u)</b>	<b>RAG</b>
Maximum closing cash balance	£355k	£295k	(£60k)	G
Maximum closing cash balance %	1.25%	1.04%	(0.21%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	99%	(4%)	G
QIPP	£4.79m	£4.79m	Nil	G
Programme Cost *	£133,165k	£133,970k	£804k	G
Reserves *	£828k	£0k	(£828k)	G
Running Cost *	£1,839k	£1,839k	£0k	G

- The net effect of the three identified lines (\*) is a small under spend in year and breakeven FOT.

- The cash position has been recovered this month and the cash target has been met.
- Underlying recurrent surplus metric of 2% is being maintained.
- Programme Costs YTD inclusive of reserves is showing a small underspend.
- Royal Wolverhampton Trust (RWT) M3 data indicates a financial under performance.
- Referrals from GPs into RWT have reduced but this may be due to the summer period.
- 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 meet 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.

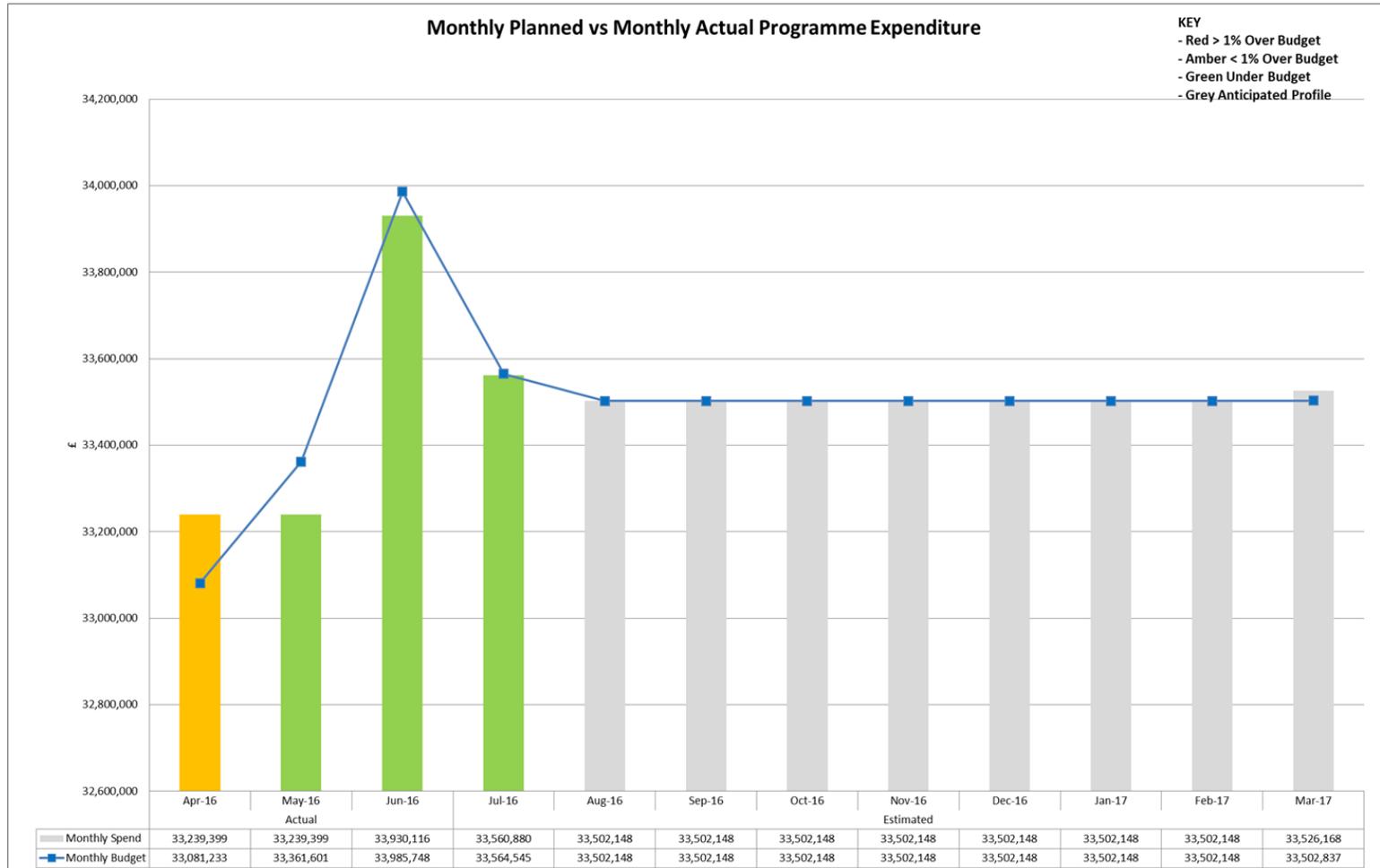
The table below highlights year to date performance as reported to and discussed by the Committee;

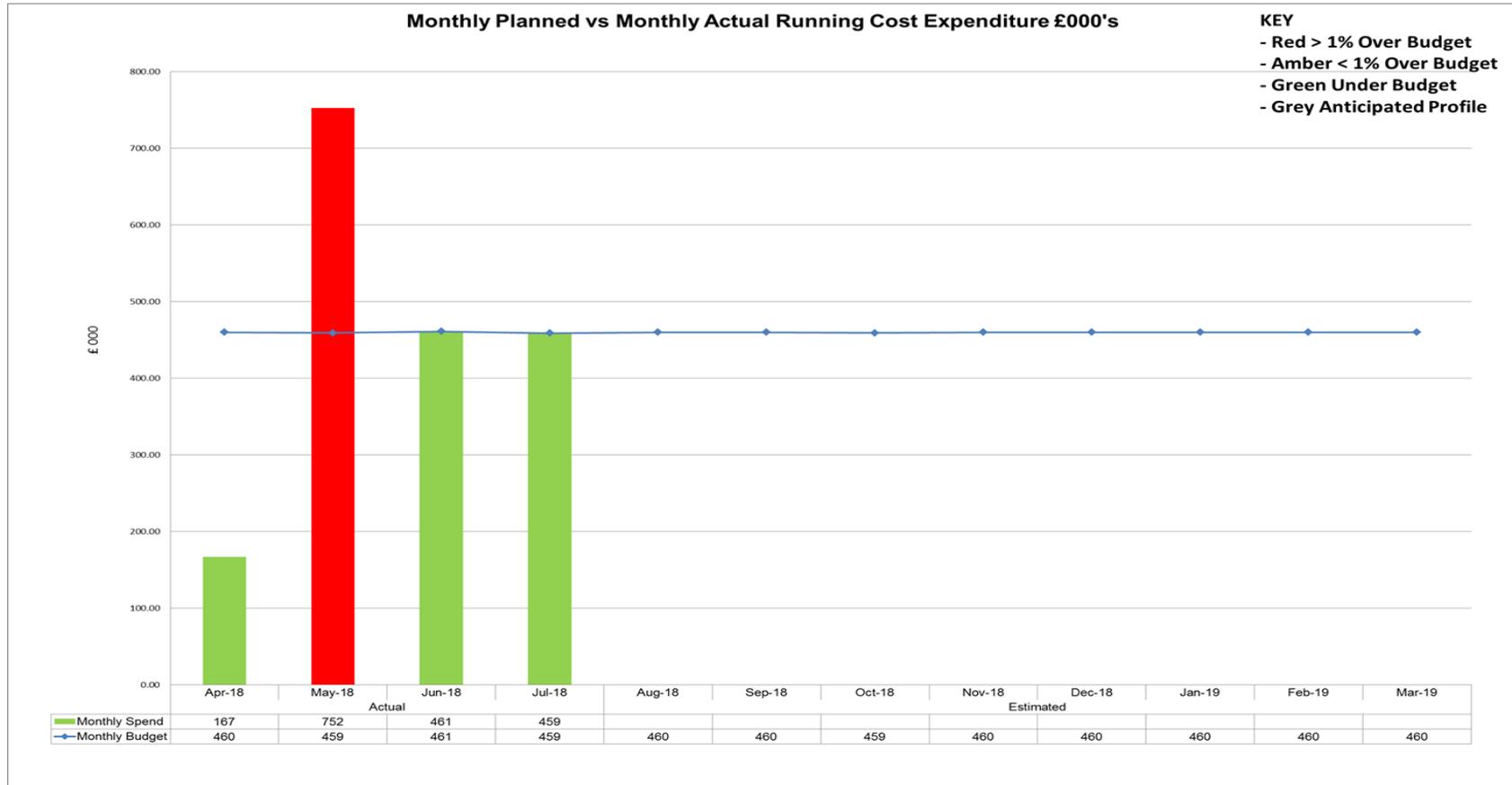
	Annual Budget £'000	YTD Performance M04						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)
Acute Services	201,252	67,084	67,085	1	0.0%	201,059	(193)	(0.1%)
Mental Health Services	37,883	12,608	12,535	(73)	(0.6%)	37,715	(168)	(0.4%)
Community Services	40,508	13,512	13,457	(55)	(0.4%)	40,389	(119)	(0.3%)
Continuing Care	15,095	5,032	5,026	(5)	(0.1%)	15,341	246	1.6%
Primary Care Services	53,703	17,903	17,743	(160)	(0.9%)	53,545	(158)	(0.3%)
Delegated Primary Care	35,719	11,906	12,089	183	1.5%	35,719	0	0.0%
Other Programme	15,369	5,121	6,034	913	17.8%	17,696	2,327	15.1%
<b>Total Programme</b>	<b>399,528</b>	<b>133,165</b>	<b>133,970</b>	<b>804</b>	<b>0.6%</b>	<b>401,463</b>	<b>1,935</b>	<b>0.5%</b>
Running Costs	5,518	1,839	1,839	0	0.0%	5,518	0	0.0%
Reserves	2,483	828	0	(828)	(100.0%)	548	(1,935)	(77.9%)
<b>Total Mandate</b>	<b>407,529</b>	<b>135,832</b>	<b>135,809</b>	<b>(23)</b>	<b>(0.0%)</b>	<b>407,529</b>	<b>(0)</b>	<b>(0.0%)</b>
Target Surplus	9,986	3,329	0	(3,329)	(100.0%)	0	(9,986)	(100.0%)
<b>Total</b>	<b>417,515</b>	<b>139,161</b>	<b>135,809</b>	<b>(3,352)</b>	<b>(2.4%)</b>	<b>407,529</b>	<b>(9,986)</b>	<b>(2.4%)</b>

- 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, and the 1% reserve. For 19/20 the CCG will need to reinstate the Contingency and 1% reserve which will be a first call on growth monies.
- 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 and is meeting the planning requirements of a 2% recurrent surplus as shown below.

- 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 NR Spend / Income	QIPP	Other	
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	
<b>REVENUE RESOURCE LIMIT (IN YEAR)</b>	<b>407.529</b>				<b>(4.877)</b>						<b>402.652</b>
Acute Services	201.252	201.059	0.193	0.1%	(1.473)	-		(7.802)			191.784
Mental Health Services	37.883	37.715	0.168	0.4%	(0.887)	-		(0.118)			36.710
Community Health Services	40.508	40.389	0.119	0.3%	-	-		(0.118)			40.271
Continuing Care Services	15.095	15.341	(0.246)	(1.6%)	-	-		0.229			15.570
Primary Care Services	53.703	53.545	0.158	0.3%	(1.227)	-		-			52.318
Primary Care Co-Commissioning	36.267	36.267	-	0.0%	-	-		-			36.267
Other Programme Services	17.304	17.696	(0.391)	(2.3%)	(1.290)	-	(2.021)	2.380			16.765
<b>Commissioning Services Total</b>	<b>402.011</b>	<b>402.011</b>	<b>0.000</b>	<b>0.0%</b>	<b>(4.877)</b>	<b>-</b>	<b>(2.021)</b>	<b>(5.429)</b>	<b>-</b>	<b>-</b>	<b>389.684</b>
Running Costs	5.518	5.518	-	0.0%	(0.003)	-					5.515
<b>TOTAL CCG NET EXPENDITURE</b>	<b>407.529</b>	<b>407.529</b>	<b>0.000</b>	<b>0.0%</b>	<b>(4.880)</b>	<b>-</b>	<b>(2.021)</b>	<b>(5.429)</b>	<b>-</b>	<b>-</b>	<b>395.199</b>
<b>IN YEAR UNDERSPEND / (DEFICIT)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.0%</b>							<b>7.453</b>
									<b>Underlying Underspend / (Deficit)</b>		<b>7.453</b>
									<b>% RRL</b>		<b>1.9 %</b>





Delegated Primary Care allocations for 2018/19 as at M04 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.

The table below shows the outturn for month 4:

	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	7,348	7,341	(7)	22,043	22,043	0	●	0	0
General Practice PMS	633	491	(142)	1,899	1,899	0	●	0	0
Other List Based Services APMS incl	804	893	89	2,412	2,412	0	●	0	0
Premises	939	807	(132)	2,817	2,817	0	●	0	0
Premises Other	31	40	8	94	94	0	●	0	0
Enhanced services Delegated	296	239	(57)	887	887	0	●	0	0
QOF	1,267	1,230	(37)	3,802	3,802	0	●	0	0
Other GP Services	588	1,048	460	1,765	1,765	0	●	0	0
Delegated Contingency reserve	61	0	(61)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	122	0	(122)	366	366	0	●	0	0
<b>Total</b>	<b>12,089</b>	<b>12,089</b>	<b>0</b>	<b>36,267</b>	<b>36,267</b>	<b>0</b>	<b>●</b>	<b>0</b>	<b>0</b>

- 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. A meeting is being organised between NHSE, Right Care and the CCG to explore this issue more fully.
- 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 4 QIPP is being reported as delivering on plan.
- The tables below detail the QIPP within the Finance plan and the associated QIPP leads FOT. The financial gap between FOT and plan will have to met by additional QIPP schemes and cover from Reserves. Currently the deliverability gap is £5.09m 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, £2.1m will need to be addressed through existing QIPP schemes exceeding the delivery target or the identification of new schemes to ensure recurrent QIPP delivery. However, an assessment has been made in regard to the deliverability risk which is fully covered through reserves.

**QIPP Programme Delivery Board**

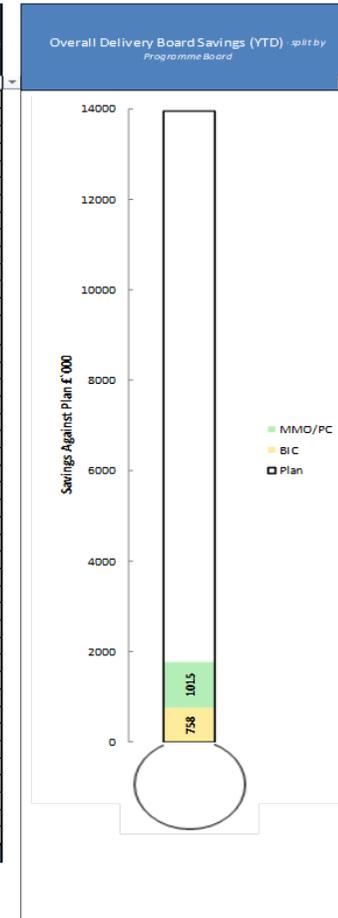
Source : Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £ '000

Mth 4 - Jul 18/19

Project ID	Description	Annual Plan	April to Jul (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Jul (YTD) Prog Brd diff from Plan	Jul (FOT) Prog Brd diff from Plan
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	60	60	0	187	0	-42	13
1819-19	Dementia Outreach ReCommission	200	200	200	0	200	0	-200	-18
1819-20	Peads Right Care - Main	604	67	67	0	604	0	-12	-302
1819-21	Care Closer to Home - Main	1368	456	456	0	1368	0	-15	0
1819-27	Care Closer to Home - Stretch	1851	616	616	0	1851	0	-616	-1851
1819-41	High Volume Mental and Acute Service Users	252	82	82	0	252	0	-94	-152
1819-42	Falls Service Redesign - Main	490	160	160	0	490	0	-184	-321
1819-66	Neuro Rehab Tariff Change	138	0	0	0	138	0	0	-138
1819-86	Diabetes Pathway / Service - Right Care Activity	98	32	32	0	98	0	-7	0
1819-93	Targeted Peer Review - Main	136	44	44	0	136	0	-99	0
1819-104	Improving care pathways to prevent and reduce lengths of stay in out of area placements	500	130	130	0	500	0	-130	-250
1819-106	Clinical Assessment Service (CAS)	102	32	32	0	102	0	-32	-102
1819-108	Prescribing Review - NHS Guidance Phase 2 (OTC Prescribing)	120	0	0	0	120	0	0	-59
1819-112	NHS Funded Care (18/19-3 Continuing Care Services)	400	133	133	0	400	0	-100	0
1819-113	Respiratory Right Care - Main	454	150	150	0	454	0	-181	-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	164	164	0	500	0	0	0
1819-117	Children's Equipment (SEND)	30	30	30	0	30	0	0	0
1819-118	Diabetes Pathway / Service - Right Care Prescribing	250	82	82	0	250	0	-78	-250
1819-119	Step Down	300	100	100	0	300	0	-100	0
1819-120	Specific Client MH Moving to Tier 4	450	450	450	0	450	0	-388	0
1819-121	Reduction Of Excess Beds Days /DTDC	414	136	136	0	414	0	-136	-207
1819-122	Ambulatory / Frailty Care	385	128	128	0	385	0	-128	-385
1819-123	End Of Life	373	125	125	0	373	0	-125	-373
1819-126	Targeted Peer Review - Stretch	293	96	96	0	293	0	-96	-147
1819-127	Repeat Prescription Management (Prescribing Hub)	70	0	0	0	70	0	0	-30
1819-128	CDU	500	164	164	0	500	0	-54	167
1819-129	Community Dermatology	221	0	0	0	221	0	0	-171
1819-130	Respiratory Right Care - Prescribing	124	40	40	0	124	0	-21	-24
1819-131	Vocare	200	66	66	0	200	0	-66	0
1819-132	Primary Care - Post Payment Verification (Post verification payment LES)	40	4	4	0	40	0	-4	0
1819-133	Reablement Budget	100	100	100	0	100	0	-100	0
1819-134	Admission Avoidance Beds - Stretch	250	80	80	0	250	0	-78	-242
1819-135	Contract Challenges	226	72	72	0	226	0	-72	-113
1819-136	MSK Community	143	47	47	0	143	0	97	377
1819-6a	Prescribing Internal Efficiencies - Main	1593	530	530	0	1593	0	66	-100
1819-6b	Prescribing Internal Efficiencies - Bio Similars	250	82	82	0	250	0	-57	0
1819-6c	Prescribing Internal Efficiencies - Low Clinical Limited Value	100	32	32	0	100	0	-32	-30
1819-137	Pre Glaucoma Screening in the Community	0	0	0	0	0	0	0	0
<b>Grand Total</b>		<b>13947</b>	<b>4825</b>	<b>4825</b>	<b>0</b>	<b>13947</b>	<b>0</b>	<b>-3052</b>	<b>-5087</b>

Key:

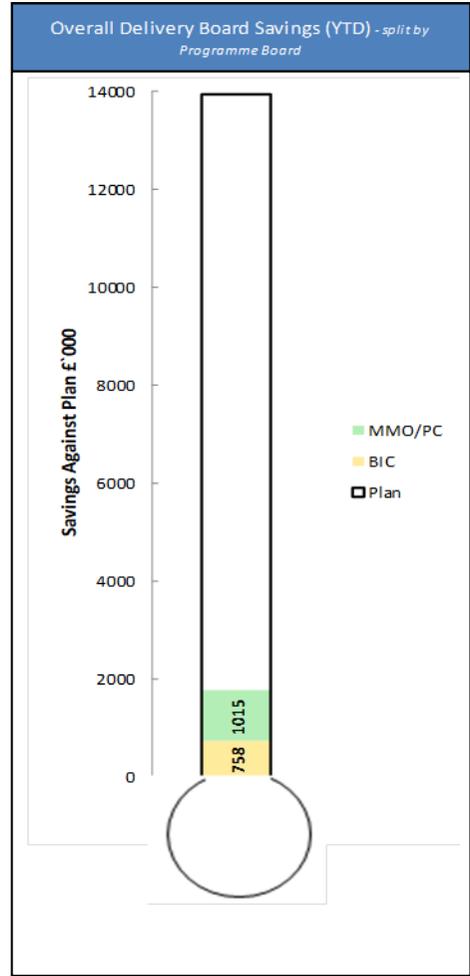
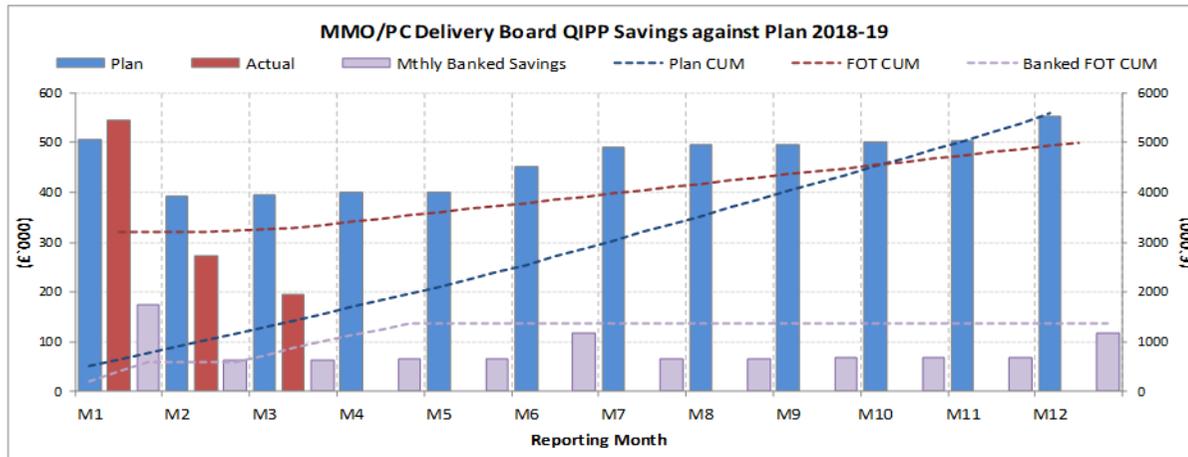
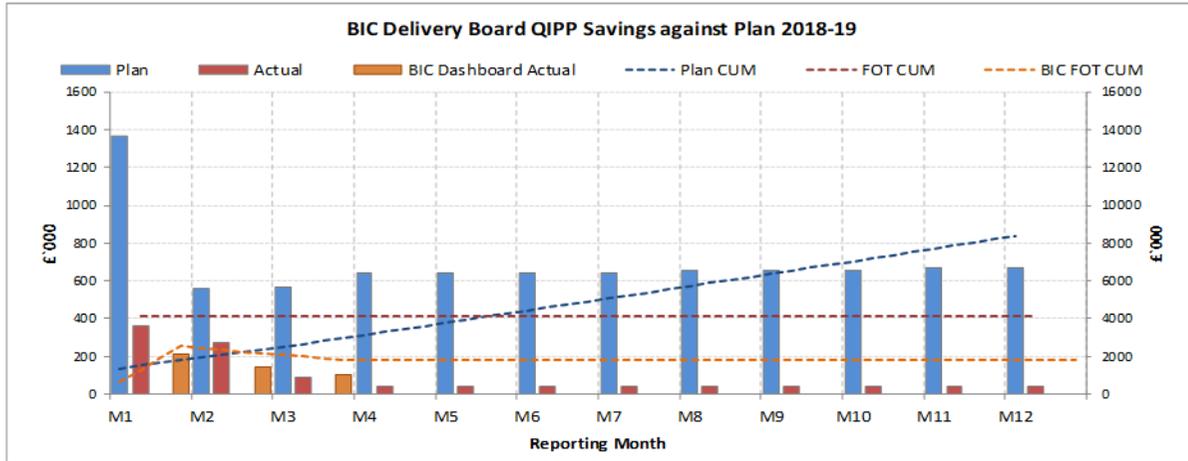
MMO/PC
BIC
Closed Projects - for information



**QIPP Programme Delivery Board**

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

Mth 4 - Jul 18/19



### 3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31<sup>st</sup> July 2018 is shown below.

	31 July '18 £'000	30 June '18 £'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	4,040	1,848	2,192
Cash and Cash Equivalents	295	2,258	-1,963
	4,335	4,106	
<b>Total Assets</b>	<b>4,335</b>	<b>4,106</b>	
<b>Current Liabilities</b>			
Trade and Other Payables	-36,090	-34,021	-2,069
	-36,090	-34,021	
<b>Total Assets less Current Liabilities</b>	<b>-31,754</b>	<b>-29,915</b>	
<b>TOTAL ASSETS EMPLOYED</b>	<b>-31,754</b>	<b>-29,915</b>	
<b>Financed by:</b>			
<b>TAXPAYERS EQUITY</b>			
General Fund	31,754	29,915	1,839
<b>TOTAL</b>	<b>31,754</b>	<b>29,915</b>	

Key points to note from the SoFP are:

- The cash target for month 4 has 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, (99% for non-NHS invoices and 99% for NHS invoices);

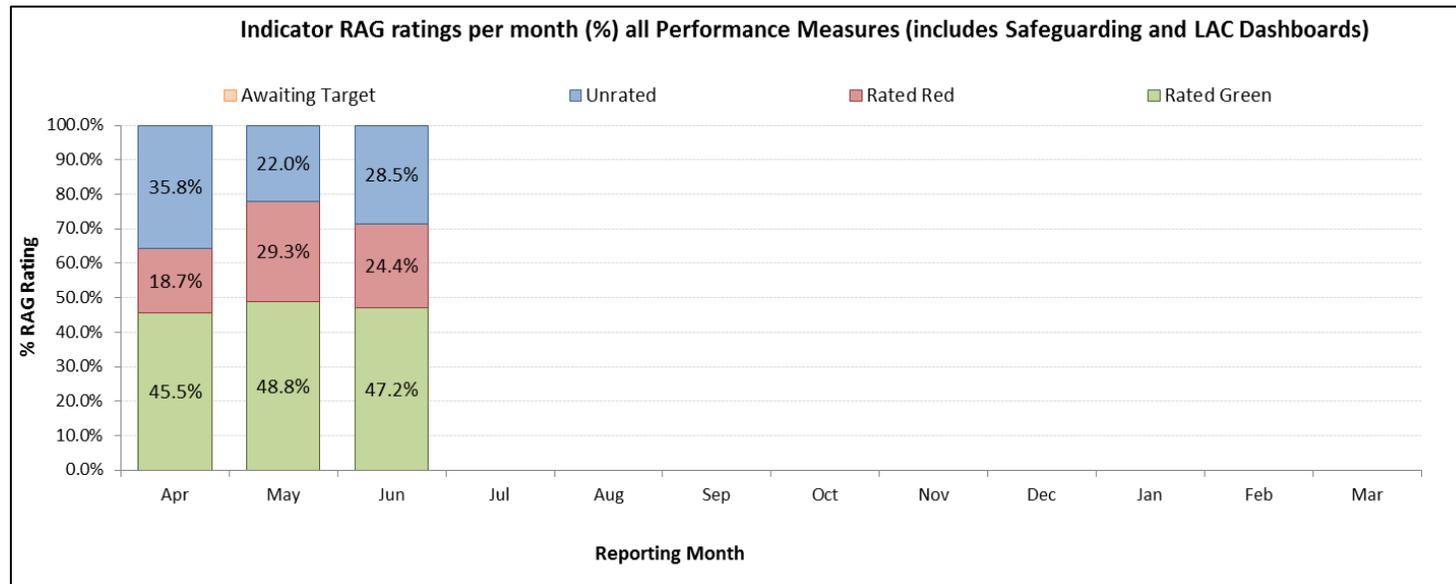
• **PERFORMANCE**

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

**Executive Summary - Overview**

Jun-18

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	9	10	15	13	0	1	0	0	24
Outcomes Framework	7	6	7	6	12	14	0	0	26
Mental Health	23	25	5	6	13	10	0	0	41
<b>Sub Totals</b>	<b>39</b>	<b>41</b>	<b>27</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>91</b>
RWT - Safeguarding	8	5	5	5	0	3	0	0	13
RWT - Looked After Children (LAC)	1	0	4	0	1	6	0	0	6
BCP - Safeguarding	12	12	0	0	1	1	0	0	13
<b>Dashboard Totals</b>	<b>21</b>	<b>17</b>	<b>9</b>	<b>5</b>	<b>2</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>32</b>
<b>Grand Total</b>	<b>60</b>	<b>58</b>	<b>36</b>	<b>30</b>	<b>27</b>	<b>35</b>	<b>0</b>	<b>0</b>	<b>123</b>



Exception highlights were as follows;

### 3.1. Royal Wolverhampton NHS Trust (RWT)

#### 3.1.1. 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.
- June18 saw a 283 decrease in the number of patients seen during the month with performance reporting at 90.94% (below the National 92% target - achieving current draft local stretch target of 90.68%) and an improvement on previous month performance (90.48%).
- The Trust continues to validate patient pathways and monitor monthly prediction reports to highlight priority patients and expected activity numbers for each month.

- Weekly updates to NHS England for 52 week waiters commenced during August which require a recovery action plan for each 52 week waiter without a TCI (exceptions apply – eg specialised services).
- Zero 52 week waiters have been reported by the Trust, however there are 5 Wolverhampton patients who remain waiting over 52 weeks at :

The Royal Orthopaedic (T&O) x 2

University Hospitals of North Midlands (T&O) x 2

Bart's Health NHS Trust (Dermatology) x 1

### **3.1.2. 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 3.5% decrease from the previous month and a decrease in performance to 91.29%. The A&E Delivery Board have a programme plan which includes key target areas including on-going actions for improvement of patient flows, enhancement of joint triage, improved discharge initiatives and winter debrief actions.
- Ambulance handovers has seen an increase in June (90 >30, 3 >60 minutes against zero thresholds)

### **3.1.3. 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 4 patients breaching 104 days (due to complex pathways, multiple diagnostic tests, prolonged surgical and anaesthetic assessment and patient choice). Discussions are on-going on a national level to set a zero trajectory for all providers against 104 day cancer waits.
- The CCG have commenced a 2WW scoping exercise to provide Wolverhampton GP's with practice specific analysis (including referrals per `000 list size and cancer conversion rates) which will enable joint working with practices, CCG and the Trust (including GP Peer Review) to understand referral trends and possible reasons for the local increases and variation.
- Current performance levels :

Ref	Indicator	Target	Jun18	YTD
EB6	2 Week Wait (2WW)	93%	84.01%	81.19%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	71.00%	53.80%
EB8	31 Day (1 <sup>st</sup> Treatment)	96%	93.00%	91.70%
EB9	31 Day (Surgery)	94%	81.48%	84.70%
EB10	31 Day (anti-cancer drug)	98%	100%	100%
EB11	31 Day (radiotherapy)	94%	87.90%	90.53%
EB12	62 Day (1 <sup>st</sup> Treatment)	M3=75.9% (Recovery) 93% (National)	63.14%	63.97%
EB13	62 Day (Screening)	90%	75.00%	78.24%

The July forecast from the Trust shows an increase across all performance standards with the exception of 31 and 62 Cancer Waits

### 3.1.4. Electronic Discharge Summary

- Performance for the Electronic discharge summary is divided into 2 sections : Excluding Assessment Units (achieving 96.04% against a 95% target), and Assessment Units which is currently showing as failing against the original 85% target (75.21%) 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 and issues with regular attenders and the clerking of patients on the system

### **3.1.5. Delayed Transfers of Care**

- Delays for the Royal Wolverhampton NHS Trust continue to achieve (based on 17/18 threshold of 3.5%) with 2.68% for June18 (all delays) and excluding Social Care (0.0.82%).  
A revised trajectory for 18/19 is awaiting approval for a 2% threshold each month

### **3.1.6. MRSA and Clostridium Difficile**

- MRSA – No breaches (against the zero threshold) have been reported for the Trust during June; however this indicator has already failed Year End due to May performance.
- C-Diff – 1 breach (against a 3 per month threshold) has been reported during June, (positive by toxin test and was attributable to RWT using the external definition of attribution). The Trust have confirmed that a combination of antibiotic diversity, attendance at ward huddles and strong environmental controls is thought to have contributed to the decrease in cases.
- Early indications are that although C.Diff remains within threshold, there has been a further MRSA breach during July18

### **3.1.7. Serious Incident Breaches (SUIs) - RWT**

- 1 breach was identified for June (see table below)
- Overall, there has been a significant decrease in the reporting of serious incidents (20 reported in May, 7 reported in June18) which has been attributed to direct changes to reporting by the Trust to be in line with the Serious Incident Framework.
- Incidents are now reported as a serious incident if there is an act or omission that is suspected to have led to serious harm, rather than reporting according to a particular category or outcome.

Ref	Indicator	June18	YTD
LQR4	SUIs reported no later than 2 working days	0	2
LQR5	SUIs 72 hour review within 3 working days	0	0
LQR6	SUIs Share investigation and action plan within 60 working days	1	7

### 3.1.8. Safeguarding

- 5 out of the 19 Safeguarding and Looked After Children indicators were reported as breaching targets for June 2018 (and 9 non submission).
- The Trust has submitted exception reports for the June performance for Looked After Children indicators (% of RHAs completed by the due date and % of new requests for IHAs completed within 13 working days) which have highlighted staff capacity and notification issues by social work teams

## 3.2. Black Country Partnership NHS Foundation Trust – (BCPFT)

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

- June performance has seen an increase to 91.43% from the previous May breach (against a target of 95%) and relates to 3 breaches (out of 35 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 patients (failure to establish contact details and arrangements on discharge).

### 1.1.1. IPC Training Programme Compliance (LQGE06)

- The IPC training programme performance is monitored quarterly, with the Q1 performance reporting below the 85% target (82.13% with 223 breaches, out of 1248). An exception report has been submitted by the Trust providing both an overview of issues and actions.

- These include: the identification of all non-compliant staff via the ESR/Training Dashboard with compliance requests cascaded to all line managers and staff requesting completion of the on-line programme or the IPC paper assessment.

#### **1.1.2. IAPT Access (LQIA05)**

- June failed to achieve the 2018/19 in-month target of 1.58% with 1.29% (YTD= 3.63%); 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. Training for Long Term Conditions (LTC) has been confirmed to be provided at Stafford University and the Trust is awaiting further information.
- 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.

#### **1.1.2. CAMHS receiving treatment from NHS Funded Services (EH9)**

- The June performance has been reported as 7.89% and failing the 32% target however as part of the Data Quality Improvement Plan (DQIP) there is on-going work to review the current target as this relates to a whole community target rather than the Black Country Partnership only proportion.

## **4. RISK and MITIGATION**

The CCG submitted a M4 position which included £2.1m 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 £600k;
- Other Programme services have an increased risk of c £200k 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	
	Plan	Actual	Variance	Variance	Contract	Q,IPP	Performance Issues	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further Q,IPP 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
REVENUE RESOURCE LIMIT (IN YEAR)	407.529																					
REVENUE RESOURCE LIMIT (CUMULATIVE)	417.515																					
Acute Services	201.252	201.059	0.193	0.1%	(0.500)	-				(0.500)	0.400			-						0.400	(0.100)	
Mental Health Services	37.883	37.715	0.168	0.4%	(0.500)	-				(0.500)	0.300			-						0.300	(0.200)	
Community Health Services	40.508	40.389	0.119	0.3%		-				-				-						-	-	
Continuing Care Services	15.095	15.341	(0.246)	(1.6%)	(0.300)	-				(0.300)	0.500			-						0.500	0.200	
Primary Care Services	53.703	53.545	0.158	0.3%		-		(0.600)		(0.600)	0.400			-	0.100					0.500	(0.100)	
Primary Care Co-Commissioning	36.267	36.267	-	0.0%		-				-				-						-	-	
Other Programme Services	17.304	17.696	(0.391)	(2.3%)	(0.200)	-				(0.200)	0.400			-						0.400	0.200	
Commissioning Services Total	402.011	402.011	0.000	0.0%	(1.500)	-	-	(0.600)	-	(2.100)	2.000	-	-	-	0.100	-	-	-	-	2.100	-	-
Running Costs	5.518	5.518	-	0.0%		-				-				-						-	-	
Unidentified Q,IPP						-				-				-						-	-	
<b>TOTAL CCG NET EXPENDITURE</b>	<b>407.529</b>	<b>407.529</b>	<b>0.000</b>	<b>0.0%</b>	<b>(1.500)</b>	<b>-</b>	<b>-</b>	<b>(0.600)</b>	<b>-</b>	<b>(2.100)</b>	<b>2.000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.100</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2.100</b>	<b>-</b>	<b>-</b>
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:

In summary the CCG is reporting:

	<b>£m Surplus(deficit)</b>	
Most Likely	£9.986	No risks or mitigations, <b>achieves</b> control total
Best Case	£12.086	Control total and mitigations achieved, risks do not materialise <b>achieves</b> control total
Risk adjusted case	£9.986	Adjusted risks and mitigations occur. CCG <b>achieves</b> control total
Worst Case	£7.886	Adjusted risks and no mitigations occur. CCG <b>misses</b> revised control total

## 5. 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.

## 6. RISK REPORT

The Committee received and considered an overview of the risk profile for the Committee including Corporate and Committee level risks which had been reviewed and updated following discussions at the last meeting. There were no additional risks to be added.

## 7. FINANCIAL CONTROL PLANNING AND GOVERNANCE SELF-ASSESSMENT

The Committee considered the self-assessment undertaken and the supporting narrative prior to submission to the NHS England local team.

## 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:** 31<sup>st</sup> August 2018

**Performance Indicators 18/19**

Current Month: **Jun-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	M	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%	No Data	90.50%																			
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	99.0%	99.24%	99.15%	↑																		
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%	91.29%	92.13%	↑																		
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%	84.01%	81.19%	↑																		
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%	71.00%	52.75%	↑																		
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%	93.00%	91.82%	↑																		
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	81.48%	85.34%	↓																		
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%	87.90%	89.89%	↓																		
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%	63.14%	63.56%	↓																		
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%	75.00%	79.00%	↑																		
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	0	1	→																		
RWT_EAS5	Minimise rates of Clostridium Difficile	Mths 1-11 = 3 Mth 12 = 2	1	9	↑																		
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	90	222	↑																		
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	3	14	↑																		
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	0	0	1	→																		
RWT_EBS6	No urgent operation should be cancelled for a second time	0	0	0	→																		
RWT_CB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95.0%	91.52%	92.05%	↓																		

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	Yr End	
RWT_CB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	Yes	Yes	0															
RWT_CB_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%	99.87%	99.87%	↑														
RWT_CB_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%	98.51%	98.68%	↓														
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	95.0%	96.04%	96.01%	↓														
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.]	Q1 - 90% Q2 - 90% Q3 - 92.5% Q4 - 95%	75.21%	80.14%	↓														
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	2.0%	0.82%	0.83%	↑														
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.	0	0	2	↑														
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	0	0	0	→														
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.	0	1	7	↑														
RWT_LQR7	Number of cancelled operations - % of electives	0.8%	0.51%	0.39%	↓														
RWT_LQR10	DToc – compliance with checklist *awaiting confirmation of removal to Schedule 6	95.0%	No Data	No Data															
RWT_LQR11	% Completion of electronic CHC Checklist	98.0%	No Data	90.12%															
RWT_LQR12	E-Referral - ASI rates	10.0%	No Data	28.89%															
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	90.0%	No Data	90.45%															
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	80.0%	89.19%	92.25%	↓														
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	60.0%	77.92%	79.15%	↓														
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	92.5%	No Data	99.68%															
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)	Yes	No	No															n/a
RWT_LQR22a	Number of Avoidable Grade 2 Hospital Acquired Pressure Injuries (HAPI) *Note : Updated KPI, to be CVO'd into contract	<40 per yr TBC	No Data	5															
RWT_LQR22b	Number of Avoidable Grade 3 HAPI *Note : Updated KPI, to be CVO'd into contract	<30 per yr TBC	No Data	3															
RWT_LQR22c	Number of Avoidable Grade 4 HAPI *Note : Updated KPI, to be CVO'd into contract	<2 per yr TBC	No Data	0															
RWT_LQR23a	Number of Avoidable Grade 2 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	<10 per yr TBC	No Data	2															
RWT_LQR23b	Number of Avoidable Grade 3 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	<10 per yr TBC	No Data	1															



