

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 14

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 25th September 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	£418.410m	£418.410m	Nil	G
Revenue Administration Resource not exceeded	£5.560m	£5.560m	Nil	G

Non Statuory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£343k	£8k	(£335k)	G
Maximum closing cash balance %	1.25%	0.03%	(1.22%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	99%	(4%)	G
QIPP	£5.83m	£5.83m	Nil	G
Programme Cost *	£167,484k	£168,505k	£1,021k	G
Reserves *	£1,035k	£0k	(£1,035k)	G
Running Cost *	£2,316k	£2,316k	(£0k)	G

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

- Underlying recurrent surplus metric of 2% is being maintained.
- Programme Costs YTD inclusive of reserves is showing a small underspend.
- Royal Wolverhampton Trust (RWT) M4 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.
- Allocations have been received for the pay award and the cost impact in future years is currently being modelled.

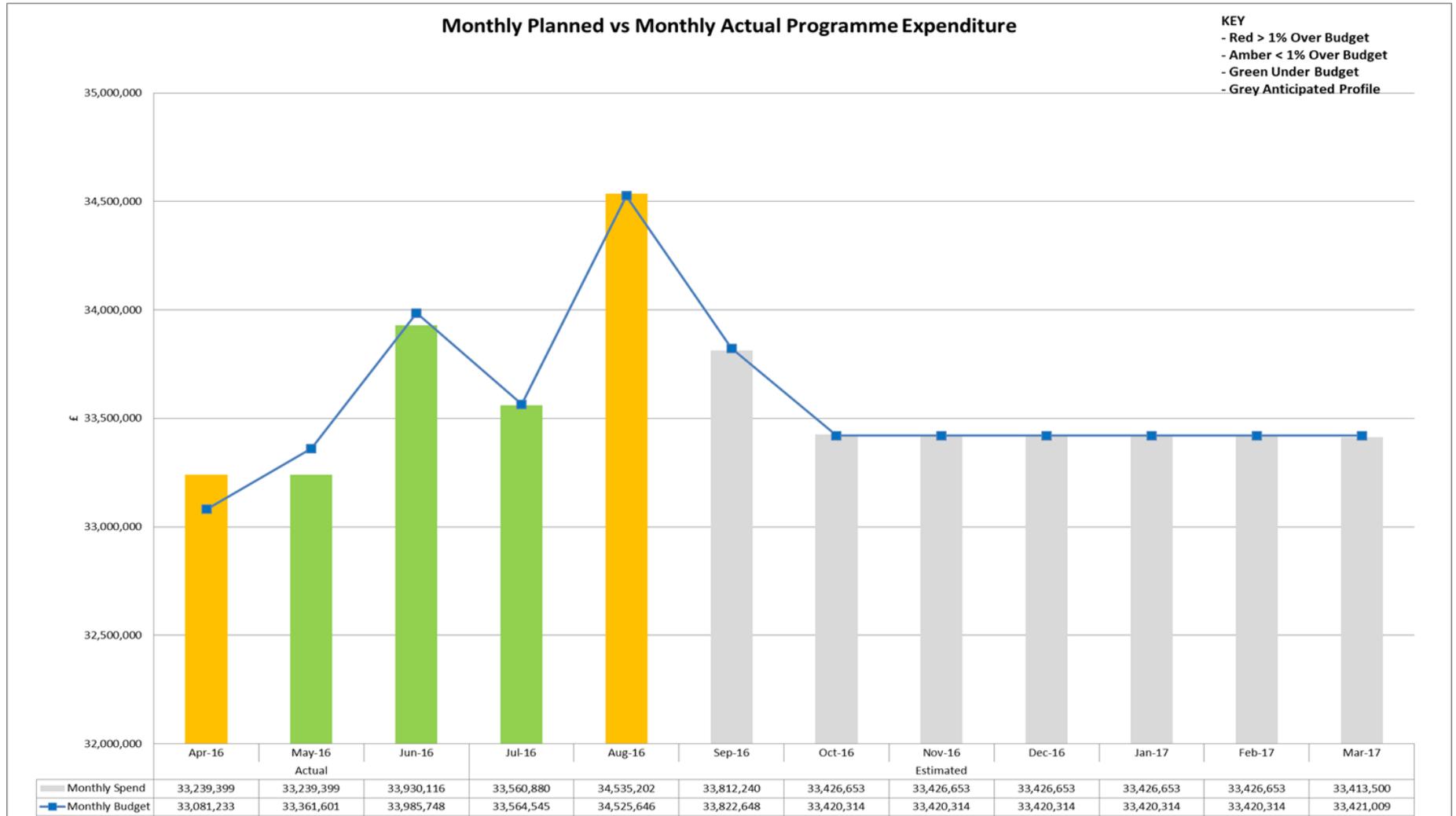
The table below highlights year to date performance as reported to and discussed by the Committee;

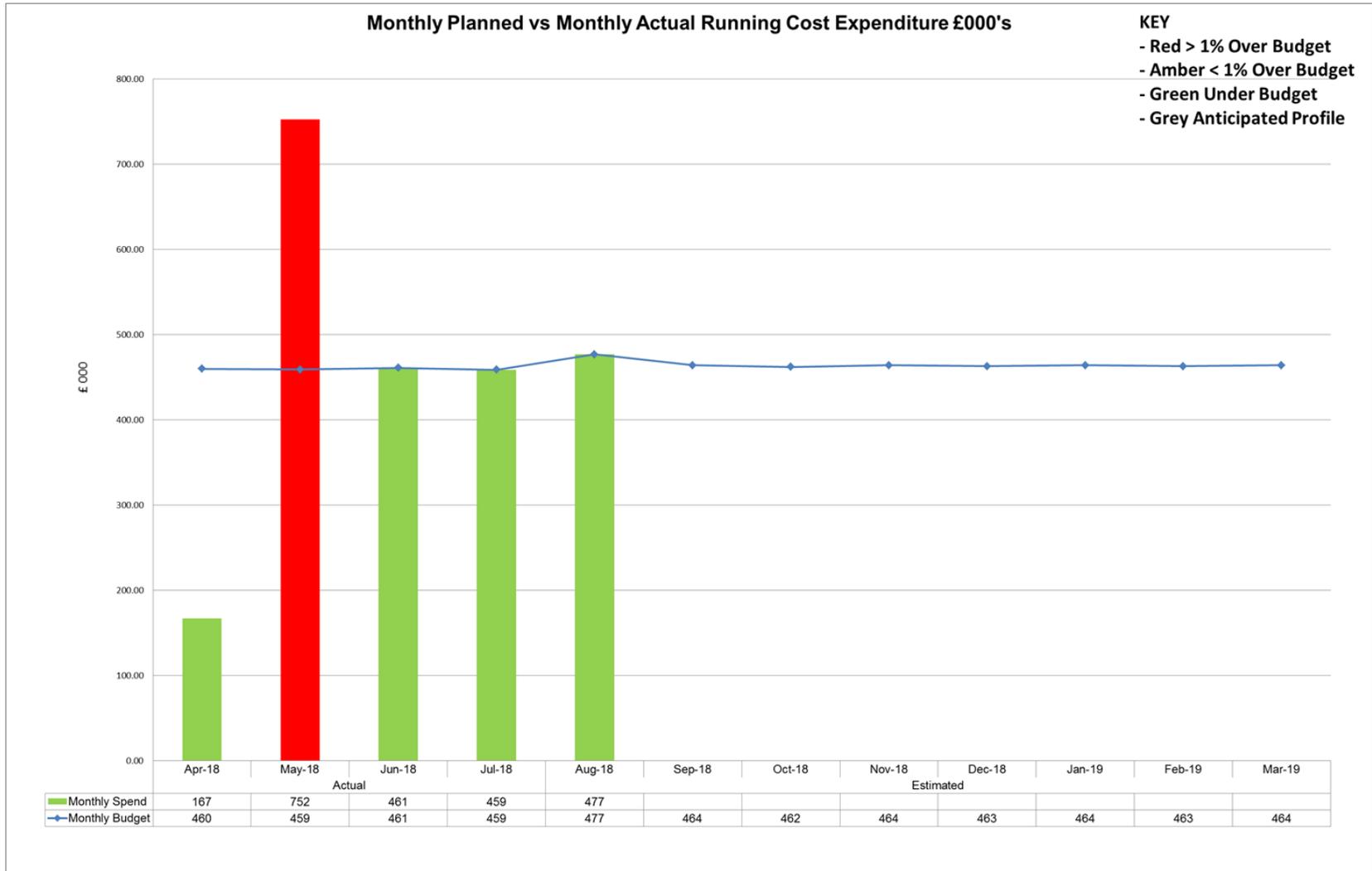
	Annual Budget £'000	YTD Performance M05						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var %o(u)	FOT Actual £'000	FOT Variance £'000	Var %o(u)
Acute Services	201,196	83,832	83,758	(74)	(0.1%)	201,140	(56)	(0.0%)
Mental Health Services	37,938	15,790	15,735	(56)	(0.4%)	37,762	(177)	(0.5%)
Community Services	40,508	16,886	16,844	(43)	(0.3%)	40,389	(119)	(0.3%)
Continuing Care	15,107	6,295	6,429	134	2.1%	15,221	114	0.8%
Primary Care Services	53,492	22,291	22,433	143	0.6%	54,494	1,002	1.9%
Delegated Primary Care	35,719	14,883	15,111	228	1.5%	35,719	0	0.0%
Other Programme	16,420	7,507	8,196	688	9.2%	17,591	1,171	7.1%
Total Programme	400,381	167,484	168,505	1,021	0.6%	402,316	1,935	0.5%
Running Costs	5,560	2,316	2,316	(0)	(0.0%)	5,560	0	0.0%
Reserves	2,483	1,035	0	(1,035)	(100.0%)	548	(1,935)	(77.9%)
Total Mandate	408,424	170,835	170,821	(14)	(0.0%)	408,424	(0)	(0.0%)
Target Surplus	9,986	4,161	0	(4,161)	(100.0%)	0	(9,986)	(100.0%)
Total	418,410	174,996	170,821	(4,175)	(2.4%)	408,424	(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, 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 M5 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	
REVENUE RESOURCE LIMIT (IN YEAR)	408.424				(6.050)						402.374
Acute Services	201.196	201.140	0.056	0.0%	(1.473)	-		(7.802)			191.865
Mental Health Services	37.938	37.762	0.177	0.5%	(0.887)	-		(0.118)			36.757
Community Health Services	40.508	40.389	0.119	0.3%	-	-					40.389
Continuing Care Services	15.107	15.221	(0.114)	(0.8%)	-	-		0.229			15.450
Primary Care Services	53.492	54.494	(1.002)	(1.9%)	(1.357)	-		(0.500)			52.637
Primary Care Co-Commissioning	36.267	36.267	-	0.0%	-	-		-			36.267
Other Programme Services	18.355	17.591	0.764	4.2%	(2.333)	-	(2.021)	2.380			15.617
Commissioning Services Total	402.864	402.864	(0.000)	(0.0%)	(6.050)	-	(2.021)	(5.811)	-	-	388.982
Running Costs	5.560	5.560	-	0.0%	-	-					5.560
TOTAL CCG NET EXPENDITURE	408.424	408.424	(0.000)	(0.0%)	(6.050)	-	(2.021)	(5.811)	-	-	394.542
IN YEAR UNDERSPEND / (DEFICIT)	-	(0.000)	(0.000)	0.0%							7.832
									Underlying Underspend / (Deficit)		1.9 %
									% RRL		





Delegated Primary Care allocations for 2018/19 as at M05 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 5:

	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	9,185	9,295	110	22,043	22,043	0	●	0	0
General Practice PMS	791	614	(178)	1,899	1,899	0	●	0	0
Other List Based Services APMS incl	1,005	1,116	111	2,412	2,412	0	●	0	0
Premises	1,174	1,009	(165)	2,817	2,817	0	●	0	0
Premises Other	39	50	11	94	94	0	●	0	0
Enhanced services Delegated	370	299	(71)	887	887	0	●	0	0
QOF	1,584	1,538	(46)	3,802	3,802	0	●	0	0
Other GP Services	735	1,191	456	1,765	1,765	0	●	0	0
Delegated Contingency reserve	76	0	(76)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	152	0	(152)	366	366	0	●	0	0
Total	15,111	15,111	(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.
- Work is currently being undertaken to identify any flexibilities within this budget.

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 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.
- 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 5 QIPP is being reported as delivering on plan.
- 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 £4.68m 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, £1.68m will need to be addressed recurrently through existing QIPP schemes exceeding the delivery target or the identification of new schemes. At this stage the CCG has been prudent and is planning to meet the non recurrent slippage through the utilisation of reserves.

QIPP Programme Delivery Board

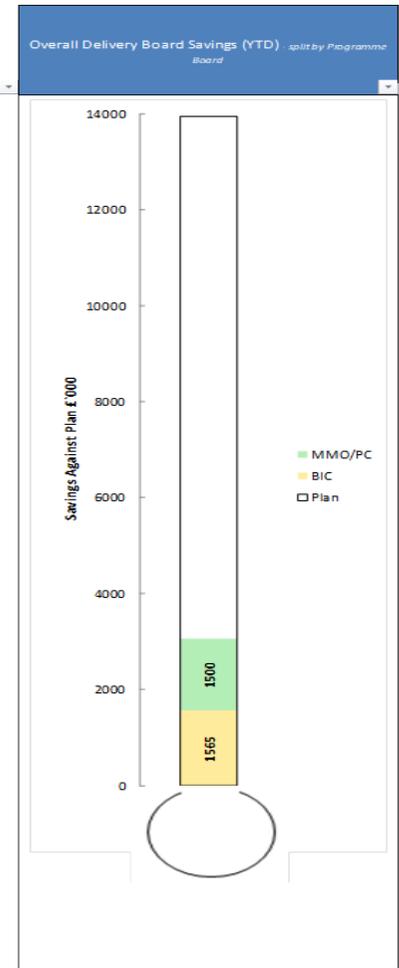
Source : Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £ '000

Mth 5 - Aug 18/19

Project ID	Description	Annual Plan	April to Aug (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Aug (YTD) Prog Brd diff from Plan	Aug (FOT) Prog Brd diff from Plan
1819-7	Estates Voids (€)	100	0	0	0	100	0	100	0
1819-8	EPP	20	20	20	0	20	0	0	0
1819-13	Running cost	115	115	115	0	115	0	0	0
1819-15	MSK Acute	187	75	75	0	187	0	-41	13
1819-19	Dementia Outreach Recommision	200	200	200	0	200	0	-200	-18
1819-20	Peads Right Care - Main	604	134	134	0	604	0	-36	-302
1819-21	Care Closer to Home - Main	1368	570	570	0	1368	0	-86	0
1819-27	Care Closer to Home - Stretch	1851	771	771	0	1851	0	-771	-1851
1819-41	High Volume Mental and Acute Users to High Volume Mental Health in Acute and Unplanned Admission (inc Dementia and Core 24)	252	103	103	0	252	0	-115	-152
1819-42	Falls Service Redesign - Main	490	200	200	0	490	0	-224	-390
1819-66	Neuro Rehab Tariff Change	138	0	0	0	138	0	0	-138
1819-86	Diabetes Pathway / Service - Right Care Activity	98	40	40	0	98	0	-3	0
1819-93	Targeted Peer Review - Main	136	55	55	0	136	0	-82	0
1819-104	Improving care pathways to prevent and reduce lengths of stay in out of area placements	500	170	170	0	500	0	0	0
1819-106	Clinical Assessment Service (CAS)	102	40	40	0	102	0	-40	-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	166	166	0	400	0	-133	0
1819-113	Respiratory Right Care - Main	454	188	188	0	454	0	-210	-54
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	206	206	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	103	103	0	250	0	-95	-250
1819-119	Step Down	300	125	125	0	300	0	-125	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 / DTOC	414	170	170	0	414	0	-170	-207
1819-122	Ambulatory / Frailty Care	385	160	160	0	385	0	-160	-385
1819-123	End Of Life	373	156	156	0	373	0	-156	-373
1819-126	Targeted Peer Review - Stretch	293	120	120	0	293	0	-120	-147
1819-127	Repeat Prescription Management (Prescribing Hub)	70	0	0	0	70	0	0	-57
1819-128	CDU	500	206	206	0	500	0	-96	167
1819-129	Community Dermatology	221	0	0	0	221	0	0	-221
1819-130	Respiratory Right Care - Prescribing	124	50	50	0	124	0	-25	-24
1819-131	Vocare	200	82	82	0	200	0	142	24
1819-132	Primary Care - Post Payment Verification (Post verification payment LES)	40	8	8	0	40	0	-8	0
1819-133	Reablement Budget	100	100	100	0	100	0	0	0
1819-134	Admission Avoidance Beds - Stretch	250	100	100	0	250	0	-98	-242
1819-135	Contract Challenges	226	90	90	0	226	0	-90	-113
1819-136	MSK Community	143	59	59	0	143	0	141	377
1819-6a	Prescribing Internal Efficiencies - Main	1593	663	663	0	1593	0	7	-100
1819-6b	Prescribing Internal Efficiencies - Bio Similar	250	103	103	0	250	0	-68	-50
1819-6c	Prescribing Internal Efficiencies - Low Clinical Limited Value	100	40	40	0	100	0	-40	-30
1819-137	Pre Glaucoma Screening in the Community	0	0	0	0	0	0	0	0
Grand Total :		13947	5868	5868	0	13947	0	-2803	-4684

Key:

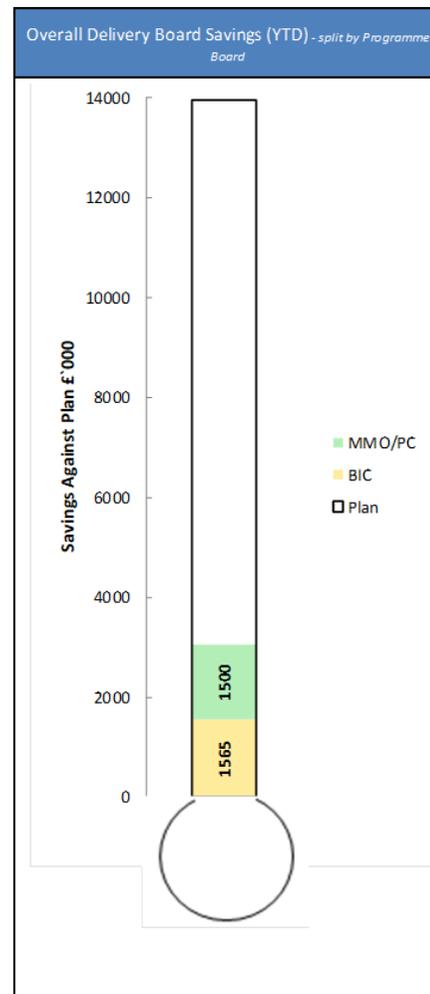
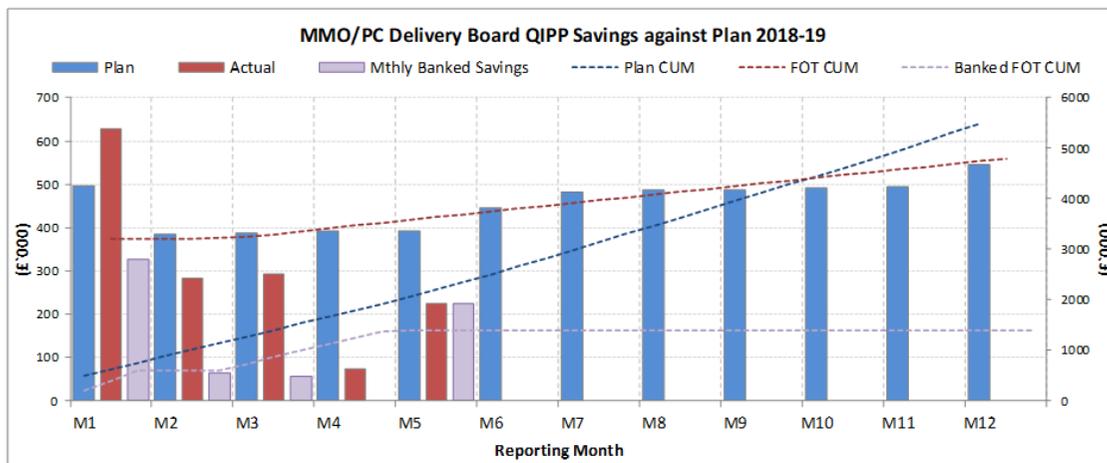
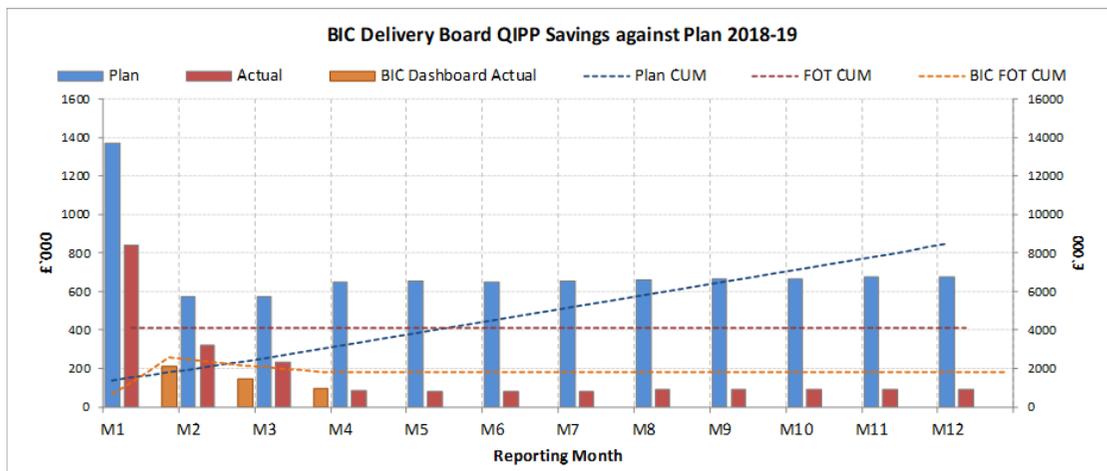
MMO/PC
BIC
Closed Projects - for information



QIPP Programme Delivery Board

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

Mth 5 - Aug 18/19



3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st August 2018 is shown below.

	31 August '18 £'000	31 July '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	2,068	4,040	-1,973
Cash and Cash Equivalents	8	295	-287
	2,076	4,335	
Total Assets	2,076	4,335	
Current Liabilities			
Trade and Other Payables	-36,970	-36,090	-881
	-36,970	-36,090	
Total Assets less Current Liabilities	-34,895	-31,754	
TOTAL ASSETS EMPLOYED	-34,895	-31,754	
Financed by:			
TAXPAYERS EQUITY			
General Fund	34,895	31,754	3,140
TOTAL	34,895	31,754	

Key points to note from the SoFP are:

- The cash target for month 5 has been achieved.
- 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);

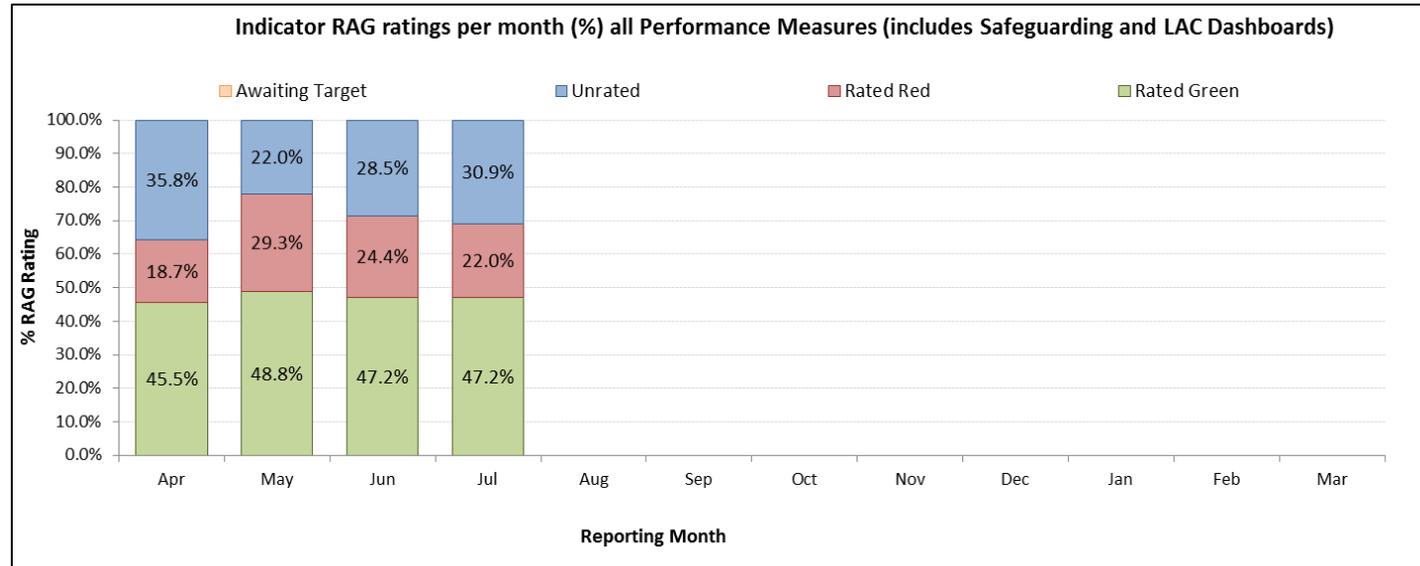
• **PERFORMANCE**

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

Executive Summary - Overview

Jul-18

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	10	10	13	14	1	0	0	0	24
Outcomes Framework	6	7	6	6	14	13	0	0	26
Mental Health	25	21	6	4	10	16	0	0	41
Sub Totals	41	38	25	24	25	29	0	0	91
RWT - Safeguarding	5	8	6	3	3	2	0	0	13
RWT - Looked After Children (LAC)	0	0	0	0	6	6	0	0	6
BCP - Safeguarding	12	12	0	0	1	1	0	0	13
Dashboard Totals	17	20	6	3	10	9	0	0	32
Grand Total	58	58	31	27	35	38	0	0	123



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 to NHSI with a stretch target (from 90.3% to 91.5% by year end, a 15% reduction in the backlog, reduction of the RTT waiting list and zero 52 week waiters) and discussions are on-going.
- July18 saw a sustained performance of 90.94% (below the National 92% target - achieving the current draft local stretch target of 90.68%). July saw a 287 decrease in the number of patients seen during the month.

- 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 3

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

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 with a stretch target from 90.3% to 95.1% by March 2019
- The number of A&E attendances has seen a 1.8% increase from the previous month and an increase in performance to 91.6%. 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 handover saw an improvement during July 2018 for 15-30 and 30-60 minutes but a deterioration in >60 minute handover times, however, the Trust reported a significant rise of 205 (4.95%) ambulance conveyance numbers in month compared with the same period last year and has seen a month on month increase in ambulance conveyances since April 2018 with a total of 4,144 conveyances in July.

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 12 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	Jul18	YTD
EB6	2 Week Wait (2WW)	93%	88.98%	83.15%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	74.42%	55.15%
EB8	31 Day (1 st Treatment)	96%	92.69%	92.03%
EB9	31 Day (Surgery)	94%	86.11%	85.53%
EB10	31 Day (anti-cancer drug)	98%	100%	100%
EB11	31 Day (radiotherapy)	94%	93.02%	90.91%
EB12	62 Day (1 st Treatment)	M3=75.9% (Recovery) 93% (National)	59.62%	62.57%
EB13	62 Day (Screening)	90%	92.86%	82.03%

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 95.24% against a 95% target), and Assessment Units which is currently showing as failing against the original 85% target (76.11%) and the proposed Q1draft trajectory of 90%.
- Reporting issues continue with the maternity units showing incorrect fail levels following the introduction of the Badgernet System.
- Weekly investigations continue to be carried out and where there are system errors manual adjustments are being made.

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 2.98% for July18 (all delays) and excluding Social Care (0.96%).
- Main areas of delays remain awaiting domiciliary packages and Residential/Nursing Home.
- The proportion of Staffordshire patient delays at the Trust during July has been confirmed as 61.34% of the total delays (Wolverhampton patients = 29.49%).

3.1.6. MRSA and Clostridium Difficile

- MRSA – 1 breach (against the zero threshold) have been reported for the Trust during July which related to a chest drain site.
- This indicator has already failed Year End (1 x May, 1 x July) performance.
- C-Diff – 1 breach (against a 3 per month threshold) has been reported during July, (positive by toxin test and was attributable to RWT using the external definition of attribution). Extra cleaning on “Touch Points” in the Emergency Department occurred during July.
- Early indications are that although MRSA remains within threshold, there have been a further 5 C.Diff breaches during August18.

- Updated thresholds for 2018/19 have now been confirmed as 34 for RWT and 70 for the CCG.

3.1.7. Serious Incident Breaches (SUIs) - RWT

- 4 breaches were identified for July (see table below), there have been no reported Never Events for July; however the YTD total for 18/19 is currently at 4 incidents.
- Overall, there has been a slight increase in the number of reported serious incidents (18 reported in June, 22 reported in July18), however the 2018/19 trend is lower than 2017/18. The decrease has been attributed to direct changes to reporting by the Trust to be in line with the Serious Incident Framework. A supportive collaborative approach is being utilised to challenge the organisation to rationalise reporting, ensuring that proportionate investigations are initiated.
- 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	July18	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	4	11

3.1.8. Safeguarding

- 8 out of the 19 Safeguarding and Looked After Children indicators were reported as breaching targets for July 2018 (and 8 non submission).
- The September Quality and Safety Committee papers have confirmed that the CCG's current position has seen significant progress with an action plan submitted to NHS England for any outstanding action currently in progress.

For further information please see Pgs 7 to 9 of Appendix 1

3.1.9. Mix Sex Accommodation Breaches

- There were no Mixed Sex Accommodation breaches reported for the Royal Wolverhampton NHS Trust or the Black Country Partnership; however a Wolverhampton patient breach has been reported by Worcestershire Royal Hospital during July 2018.

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

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

- The July performance has seen a positive increase to 100% from the previous June breach (91.43% against a target of 95%) and relates to 26 patients.

3.2.2. % of IP with a Crisis Management Plan on Discharge (LQGE01b)

- The July performance has seen a decrease to 88.24% (against a target of 100%) and relates to 2 breaches (out of 17 patients).
- Both breaches have been confirmed as issues with communication between teams.

3.2.3. IAPT Access (LQIA05)

- July failed to achieve the 2018/19 in-month target of 1.58% with 1.51% (YTD= 5.15%); performance is measured against the Year End target of 19%. Based on current data, subsequent months will need to achieve 1.73% (an additional 45 patients per month) to meet the year end 19% target.
- 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.

Revised estimate numbers to achieve remaining month's targets (and final yearend target) have been shared with the Trust and an Action Plan to initiate options for IAPT "Pop-up" shops in the city centre and/or University earlier in the year has been discussed.

4. RISK and MITIGATION

The CCG submitted a M5 position which included £1.5m risk which has been fully mitigated.

The key risks are as below:

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;
- The risk associated with primary care services has reduced since the cost pressures in relation to prescribing (NCSO and Cat M), have been realised and reflected in the month 5 financial position. However, a residual risk of £300k remains until the full impact of these cost pressures is known;
- 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/PP	Performance Issues	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further Q/PP 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/PP										-										-	-	
TOTAL CCG NET EXPENDITURE	407,529	407,529	0,000	0.0%	(1,500)	-	-	(0,600)	-	(2,100)	2,000	-	-	-	0,100	-	-	-	-	2,100	-	-
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%																		
CUMULATIVE UNDERSPEND / (DEFICIT)	9,986	9,986	-	0.0%																		

The key mitigation is as follows:

- The CCG holds a Contingency Reserve of c £2m and this will be held to cover the identified risks.

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	£11.486	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	£8.486	Adjusted risks and no mitigations occur. CCG misses 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. Consideration to be given to an additional risk to be added to the Committee level risks relating to issues with GP practices where IAPT services can no longer be delivered.

7. 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.

8. RECOMMENDATIONS

9. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 26th September 2018

Performance Indicators 18/19

Current Month: **Jul-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												Yr End
						A	M	J	J	A	S	O	N	D	J	F	M	
RWT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	92.0%	90.94%	90.72%	↑													
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	99.0%	99.03%	99.12%	↓													
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%	91.58%	91.99%	↑													
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%	88.98%	83.15%	↑													
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%	74.42%	55.15%	↑													
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%	92.69%	92.03%	↑													
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	86.11%	85.53%	↑													
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%	93.02%	90.91%	↓													
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%	59.62%	62.57%	↓													
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%	92.86%	82.03%	↑													
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	2	↓													
RWT_EAS5	Minimise rates of Clostridium Difficile	Mths 1-11 = 3 Mth 12 = 2	1	10	↑													
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	68	290	↑													
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	18	32	↓													
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	0	1	2	↓													
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%	91.31%	91.86%	↓													
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%	99.88%	99.87%	↑													

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_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%	98.45%	98.62%	↓													
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	95.0%	95.24%	95.80%	↓													
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%	76.11%	79.12%	↓													
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	2.0%	0.96%	0.87%	↓													
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	4	11	↓													
RWT_LQR7	Number of cancelled operations - % of electives	0.8%	0.41%	0.40%	↓													
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%	82.76%	89.44%	↓													
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%	90.30%	90.08%	↓													
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	80.0%	95.24%	92.98%	↑													
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	60.0%	81.16%	79.61%	↑													
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	92.5%	No Data	99.66%														
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 Data	No														
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	7														
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	2														
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														
RWT_LQR23c	Number of Avoidable Grade 4 CAPI *Note : Updated KPI, to be CVO'd into contract	0	No Data	0														
RWT_LQR25	Integrated MSK Service - % of patients on an MSK community pathway, discharged to the community service post elective spell.	95.0%	No Data	No Data														

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_LQR26	% of patient with a treatment summary record at the end of the first definitive treatment - DRAFT indicator awaiting CVO	75.0%	No Data	No Data			
RWT_LQR27	Hospital and General Practice Interface for 6 areas as detailed in the Service Conditions Local Access Policies, Discharge Summaries, Clinic Letters, Onward referral of patients, Results and treatments, Feedback/Communications *Note : 18/19 - awaiting confirmation of removal to SDIP	0.0%	No Data	No Data			
RWT_LQR28	All Staff Hand Hygiene Compliance	95.0%	91.85%	91.92%	↓		
RWT_LQR29	Infection Prevention Training Level 2	95.0%	94.66%	94.42%	↑		
BCP_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	92.00%	98.74%	97.50%	↑		
BCP_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	→		
BCP_DC1	Duty of Candour Note : 1 = Yes, 0 = Breach	YES	Yes	4			
BCP_NHS1	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99.00%	No Data	99.85%			
BCP_MHSDS1	Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	90.00%	No Data	95.14%			
BCP_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	90.00%	100.00%	100.00%	→		
BCP_EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	0	0	0	→		
BCP_EAS5	Minimise rates of Clostridium Difficile	0	0	0	→		
BCP_EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	53.00%	100.00%	66.67%	↑		
BCP_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	75.00%	89.52%	90.39%	↑		
BCP_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	95.00%	99.05%	99.10%	↓		
BCP_EH9	The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period	32.00%	No Data	7.89%			
BCP_EH10a	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (0-19 year olds)	95.00%	No Data	100.00%			
BCP_EH11a	Number of CYP with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (0-19 year olds)	85.00%	No Data	100.00%			
BCP_EH10b	Number of patients with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (19 year olds and above)	85.00%	No Data	100.00%			
BCP_EH11b	Number of patients with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (19 year olds and above)	85.00%	No Data	100.00%			
BCP_EBS1	Mixed sex accommodation breach	0	0	0	→		
BCP_EBS3	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*	95.00%	100.00%	92.86%	→		
BCP_LQGE01a	Proportion of Patients accessing MH services who are on CPA who have a crisis management plan (people on CPA within 4 weeks of initiation of their CPA)	90.00%	No Data	100.00%			
BCP_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL)	100.00%	88.24%	95.24%	↓		
BCP_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	80.00%	No Data	97.44%			
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	82.13%			

