

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 14

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 29th January 2019
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	£420.731m	£420.731m	Nil	G
Revenue Administration Resource not exceeded	£5.560m	£5.392m	Nil	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£359k	£132k	(£227k)	G
Maximum closing cash balance %	1.25%	0.46%	(0.79%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£10.374m	£10.374m	Nil	G
Programme Cost *	£302,726k	£304,662k	£1,937k	G
Reserves *	£1,863k	£0k	(£1,863k)	G
Running Cost *	£4,169k	£4,095k	(£74k)	G

- The net effect of the three identified lines (*) is breakeven.

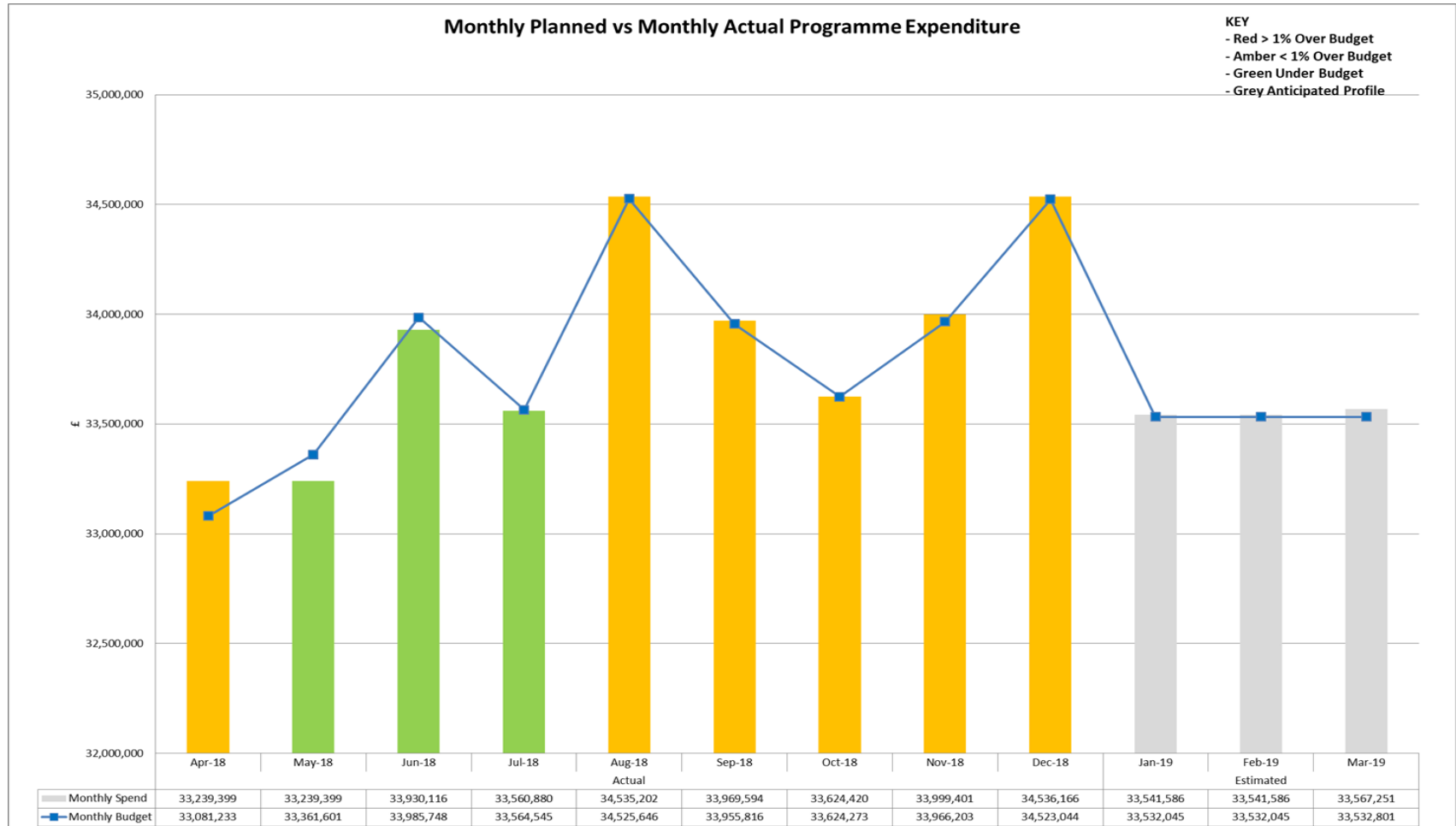
- Underlying recurrent surplus metric of 2% is being maintained.
- Programme Costs YTD inclusive of reserves is showing a small overspend.
- Royal Wolverhampton Trust (RWT) M8 data indicates a financial under performance.
- Continuing Care payments continue to require close monitoring to ensure all costs 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 as planned.
- The CCG is currently reporting a nil net risk.

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

	Annual Budget £'000	YTD Performance M09						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)
Acute Services	200,649	150,486	150,599	112	0.1%	200,529	(120)	(0.1%)
Mental Health Services	39,000	29,256	29,290	34	0.1%	39,400	400	1.0%
Community Services	40,802	30,612	30,490	(123)	(0.4%)	40,748	(54)	(0.1%)
Continuing Care	15,107	11,330	11,141	(189)	(1.7%)	14,794	(313)	(2.1%)
Primary Care Services	53,576	40,183	40,409	226	0.6%	53,867	290	0.5%
Delegated Primary Care	36,023	27,017	27,428	411	1.5%	36,023	0	0.0%
Other Programme	17,545	13,840	15,305	1,465	10.6%	19,375	1,830	10.4%
Total Programme	402,702	302,726	304,662	1,937	0.6%	404,737	2,035	0.5%
Running Costs	5,560	4,169	4,095	(74)	(1.8%)	5,460	(100)	(1.8%)
Reserves	2,483	1,863	0	(1,863)	(100.0%)	548	(1,935)	(77.9%)
Total Mandate	410,745	308,757	308,757	(0)	(0.0%)	410,745	(0)	(0.0%)
Target Surplus	9,986	7,489	0	(7,489)	(100.0%)	0	(9,986)	(100.0%)
Total	420,731	316,247	308,757	(7,489)	(2.4%)	410,745	(9,986)	(2.4%)

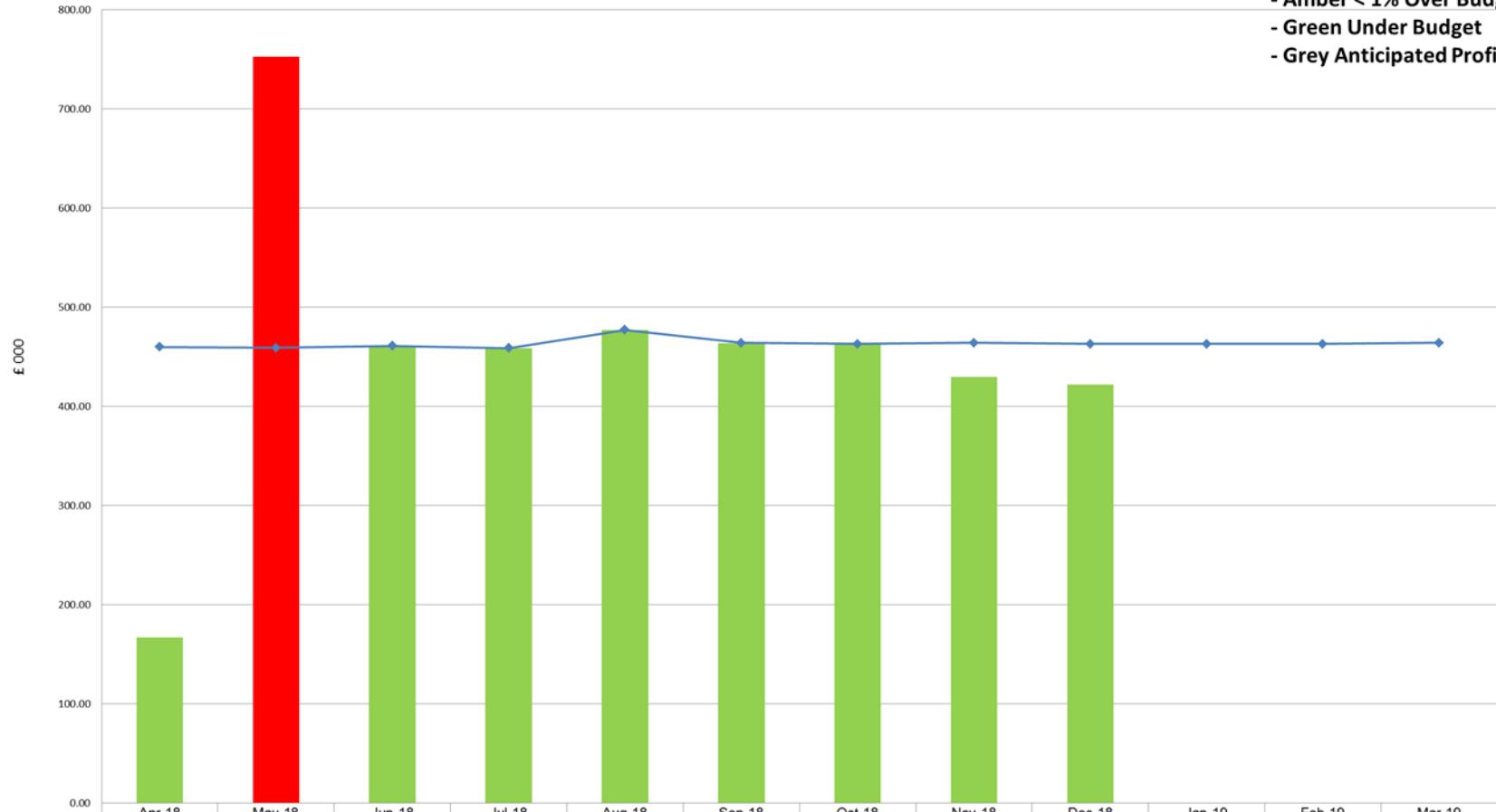
- Within the Forecast out turn there is a commitment of £1.107m of non-recurrent investment to support the RWT transformational agenda.
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, and the 1% reserve. For 19/20 the CCG will need to reinstate the Contingency and 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 M9 non ISFE demonstrates the CCG is on plan, achieving 1.9% 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)	410.745				(8.464)						402.281	
Acute Services	200.649	200.529	0.120	0.1%	(1.198)	-		(5.720)			193.611	
Mental Health Services	39.000	39.400	(0.400)	(1.0%)	(1.849)	-		(0.648)			36.903	
Community Health Services	40.802	40.748	0.054	0.1%	-	-		0.397			41.145	
Continuing Care Services	15.107	14.794	0.313	2.1%	-	-		(0.133)			14.661	
Primary Care Services	53.576	53.867	(0.290)	(0.5%)	(2.148)	-		0.571			52.290	
Primary Care Co-Commissioning	36.571	36.571	-	0.0%	0.285	-		(0.304)			36.552	
Other Programme Services	19.480	19.375	0.105	0.5%	(3.551)	-	(2.021)	0.238			14.041	
Commissioning Services Total	405.185	405.285	(0.100)	(0.0%)	(8.461)	-	(2.021)	(5.599)	-	-	389.204	
Running Costs	5.560	5.460	0.100	1.8%	(0.003)	-		0.100			5.557	
TOTAL CCG NET EXPENDITURE	410.745	410.745	0.000	0.0%	(8.464)	-	(2.021)	(5.499)	-	-	394.761	
IN YEAR UNDERSPEND / (DEFICIT)	-	0.000	0.000	0.0%							7.520	
											% RRL	1.9 %



Monthly Planned vs Monthly Actual Running Cost Expenditure £000's

KEY
 - Red > 1% Over Budget
 - Amber < 1% Over Budget
 - Green Under Budget
 - Grey Anticipated Profile



Monthly Spend	167	752	461	459	477	464	463	430	422			
Monthly Budget	460	459	461	459	477	464	463	464	463	463	463	464

Delegated Primary Care allocations for 2018/19 as at M09 are £36.571m. The forecast outturn is £36.571m 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 9:

	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	16,732	16,967	235	22,309	22,309	0	●	0	0
General Practice PMS	1,437	1,130	(307)	1,916	1,916	0	●	0	0
Other List Based Services APMS incl	1,825	2,137	312	2,433	2,433	0	●	0	0
Premises	2,113	1,849	(264)	2,817	2,817	0	●	0	0
Premises Other	71	48	(23)	94	94	0	●	0	0
Enhanced services Delegated	665	560	(106)	887	887	0	●	0	0
QOF	2,851	2,768	(83)	3,802	3,802	0	●	0	0
Other GP Services	1,324	1,969	646	1,765	1,765	0	●	0	0
Delegated Contingency reserve	137	0	(137)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	274	0	(274)	366	366	0	●	0	0
Total	27,428	27,428	(0)	36,571	36,571	0	●	0	0

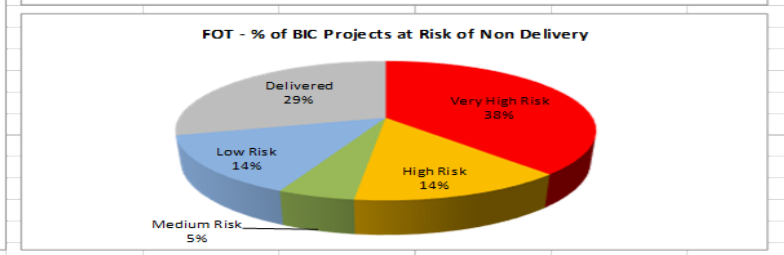
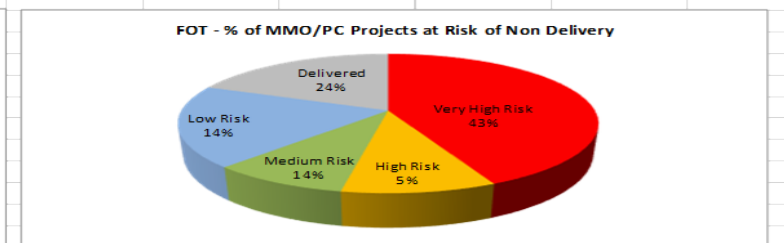
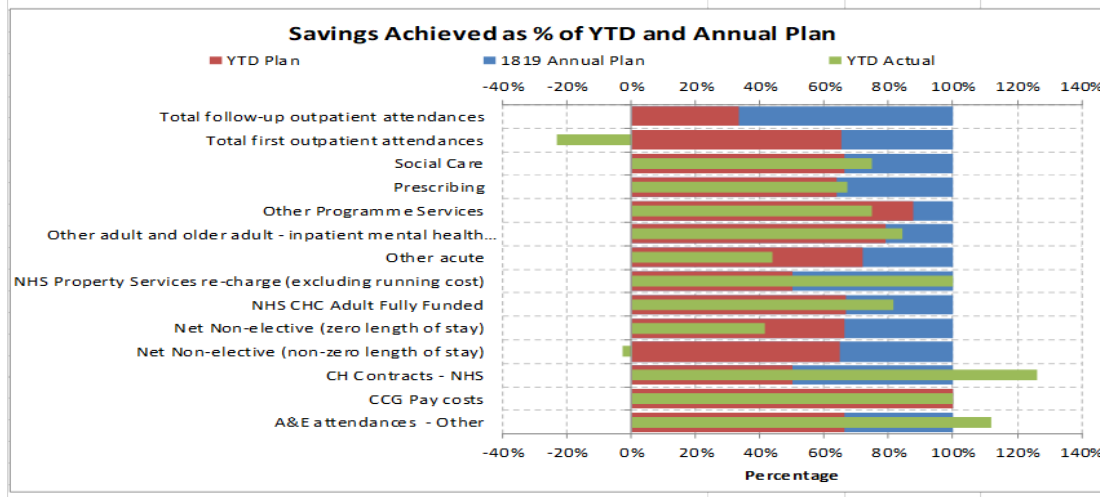
2018/19 forecast figures have been updated on quarter 3 list sizes to reflect Global Sum, Out of Hours, MPIG, Rent adjustments and DES.

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.
- 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 9 QIPP is being reported as delivering on plan supported through the planned application of reserves and underspends in the overall position.

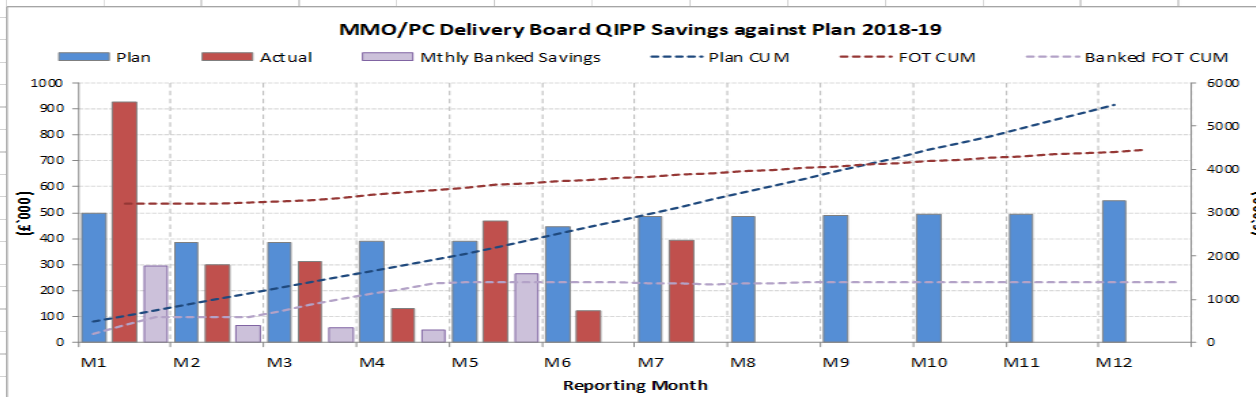
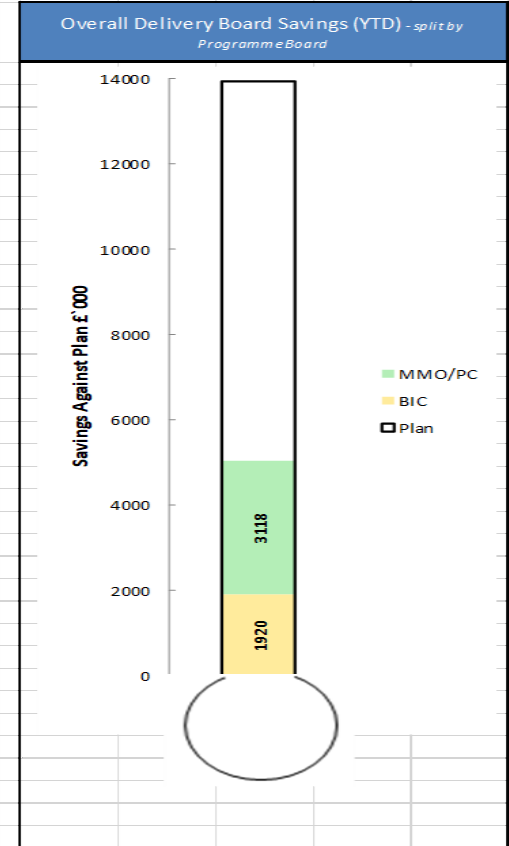
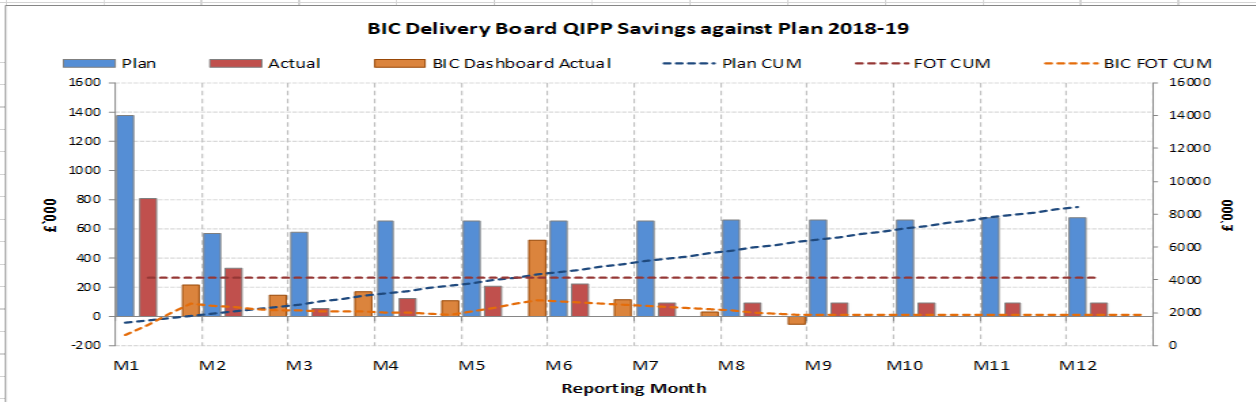
QIPP Programme Delivery Board					Mth 9 - Dec 18/19			
<i>Source : Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £'000</i>								
Area of Spend Category	Annual Plan	April to Dec (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Dec (YTD) Prog Brd diff from Plan	Dec (FOT) Prog Brd diff from Plan
A&E attendances - Other	200	132	132	0	200	0	-92	-24
Acute OP	0	0	0	0	0	0	0	0
CCG Pay costs	115	115	115	0	115	0	0	0
CH Contracts - NHS	281	141	141	0	281	0	-214	-319
Net Non-elective (non-zero length of stay)	4921	3199	3199	0	4921	0	3334	4303
Net Non-elective (zero length of stay)	1618	1072	1072	0	1618	0	400	558
NHS CHC Adult Fully Funded	400	266	266	0	400	0	-59	75
NHS Property Services re-charge (excluding running cost)	100	50	50	0	100	0	-50	50
Other acute	1256	906	906	0	1256	0	352	33
Other adult and older adult - inpatient mental health (excluding dementia)	950	750	750	0	950	0	-50	0
Other Programme Services	160	140	140	0	160	0	20	40
Prescribing	2507	1603	1603	0	2507	0	-75	94
Social Care	500	332	332	0	500	0	-42	0
Total first outpatient attendances	718	468	468	0	718	0	635	718
Total follow-up outpatient attendances	221	74	74	0	221	0	74	221
Grand Total	13947	9248	9248	0	13947	0	4233	5749



QIPP Programme Delivery Board

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

Mth 9 - Dec 18/19



3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 30th November is shown below:

	31 December '18 £'000	30 November '18 £'000	Note	Change In Month £'000
Non Current Assets				
Assets	0	0	1	0
Accumulated Depreciation	0	0	2	0
	0	0		
Current Assets				
Trade and Other Receivables	2,803	2,646	3	157
Cash and Cash Equivalents	132	288	4	-156
	2,935	2,934		
Total Assets	2,935	2,934		
Current Liabilities				
Trade and Other Payables	-43,224	-40,763	5	-2,460
	-43,224	-40,763		
Total Assets less Current Liabilities	-40,289	-37,830		
TOTAL ASSETS EMPLOYED	-40,289	-37,830		
Financed by:				
TAXPAYERS EQUITY				
General Fund	40,289	37,830	6	2,459
TOTAL	40,289	37,830		

Key points to note from the SoFP are:

- The cash target for month 9 has been achieved.
- 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);

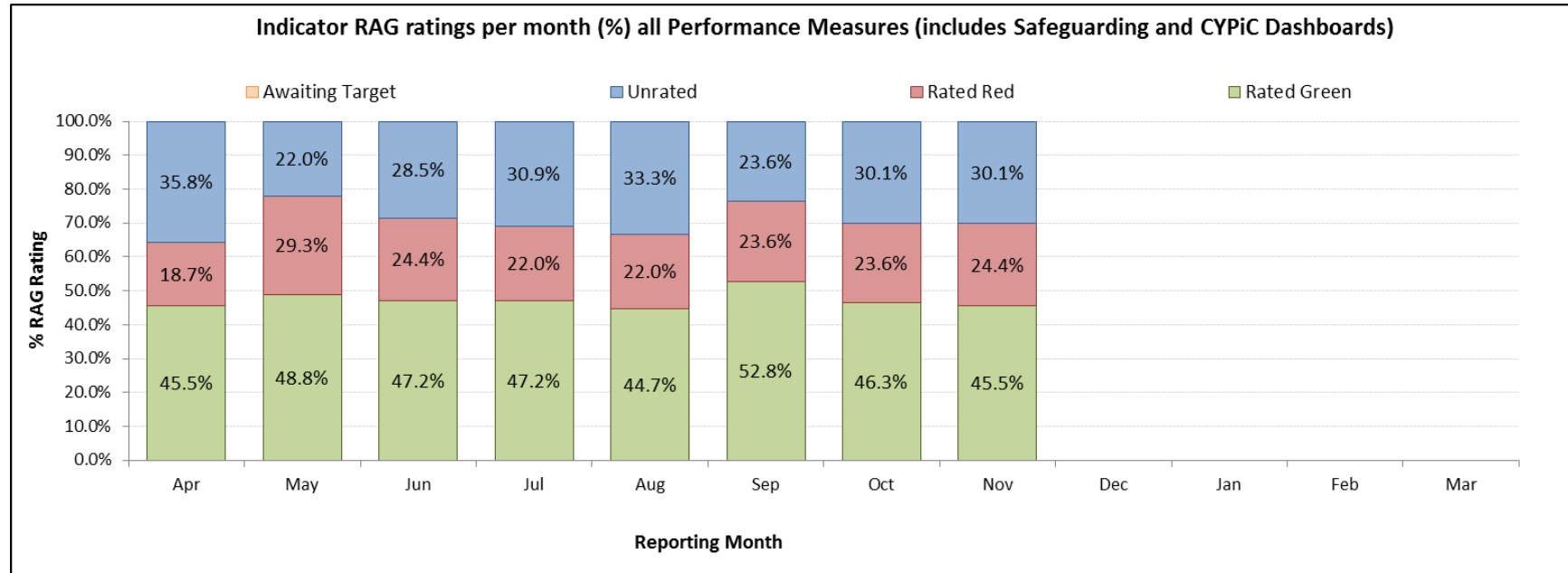
- **PERFORMANCE**

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

Executive Summary - Overview

Nov-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	8	15	14	0	2	0	0	24
Outcomes Framework	8	8	7	7	11	11	0	0	26
Mental Health	23	24	3	4	15	13	0	0	41
Sub Totals	40	40	25	25	26	26	0	0	91
RWT - Safeguarding	5	6	3	4	4	3	0	0	13
RWT - Children & Young People in Care (CYPiC)	0	0	0	0	6	6	0	0	6
BCP - Safeguarding	12	10	0	2	1	1	0	0	13
Dashboard Totals	17	16	3	6	11	10	0	0	32
Grand Total	57	56	28	31	37	36	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

- The Trust's verified performance for November was 90.8%; M8 in-year trajectory (as agreed with NHSI) of 91.3% has not been achieved however performance is better than the National position of 87.3%.
- November performance has been affected by a continued increase in referrals for Gastroscopy and now include Colonoscopy and Flexi Sigmoidoscopy all of these are having an adverse effect on the routine waiting time - this is directly linked with increased referrals from cancer.

- The Trust is continuing to focus on the National requirement to sustain or reduce RTT waiting list size against the March 18 baseline and is currently on track to achieve this with November list size of 32,608 from 33,858 in March 2018.
- The Trust is also reducing the backlog of patients waiting 18+ weeks from 3,348 in March 18 to 2,997 in November
- The CCG's performance for patients registered with a Wolverhampton GP (06A) waiting start treatment at any Trust is 91.38%.
- Zero 52 week waiters have been reported by the Trust, however there is one Wolverhampton T&O patient who remains waiting over 52 weeks at The Royal Orthopaedic Hospital NHS FT.
- National validated data has confirmed an increase in the % of patients waiting less than 6 weeks from referral to Diagnostic Test (97.29% against the 99% target). Failing areas include: Colonoscopy (83.49%), Flexi-Sigmoidoscopy (85.05%), Gastroscopy (88.58%), MRI (98.16%) and Peripheral Neurophys (87.07%).

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

89.15% of A&E attendances were admitted, transferred or discharged within 4 Hours in November; falling short of the national target of 95% and the monthly PSF trajectory target of 90.49%. No patient breached the 12 hour decision to admit target.

The Black Country STP achieved 85.7% and England 87.6%

There have been no further 12hr Trolley Breaches (YTD =5) during November.

November continued to see a significant rise in ambulance conveyance numbers in month compared with the same period last year, with an overall increase of 1,769 (5.41%) year to date.

There were also breaches of both handover targets with 21 exceeding 60 minute handover and 103 breaches of 30-60 minute handovers both of these were the highest seen in year since March.

January 2019 has seen the first Winter Assurance Sitrep Exception Report submission as performance fell below 80% for 14th January 2019. Shortage of ED Doctors, peaks in ambulance arrivals and patient flow culminated in the 76.9% performance

3.1.3. Cancer 2WW, 31 Day and 62 Day

- November validated national performance for the 62 Day from referral to 1st definitive treatment has been confirmed as 60.43% (based on 45.5 breaches out of 115, with 17 patients at 104+ days).

- The Trust had previously advised that performance would be low in month as a high proportion of the scheduled activity was for patients who had breached 62 days (mainly urology). November was first month of the extra Saturday lists for Urology, the Trust achieved the local recovery trajectory for November of 57.60%.
- All 104+ patients had a harm review and no harm was identified.
- The Trust has reported another month of high numbers of referrals; 1,642 received in November and 1,705 in October with a sustained increase in Breast referrals following Breast Cancer Awareness last month.
- The Trust received 20 Tertiary Referrals in November; only 5 were received by the standard of day 38, 9 by day 62, 4 were over 62 days but under 104 and 2 had already breached 104 days at d133 (Urology from Alexandra Hospital) and d138 (UGI from Dudley Group).
- IST has completed demand and capacity modelling for diagnostics and has confirmed that RWT has a shortfall of 56 hrs per week; it has been agreed that this needs a system wide response/solution.
- Current performance levels :

Ref	Indicator	Target	Nov18	YTD
EB6	2 Week Wait (2WW)	93%	85.89%	84.62%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	62.64%	65.39%
EB8	31 Day (1 st Treatment)	96%	82.48%	89.52%
EB9	31 Day (Surgery)	94%	41.94%	75.79%
EB10	31 Day (anti-cancer drug)	98%	82.50%	97.81%
EB11	31 Day (radiotherapy)	94%	81.51%	87.53%
EB12	62 Day (1 st Treatment)	M8=57.6% (Recovery) 85% (National)	58.18%	61.52%
EB13	62 Day (Screening)	90%	81.48%	80.24%

- The Trust has alerted the CCG/NHSE/NHSI on a high number of patients choosing to defer their appointments from December until January, this will severely affect 2WW performance across January and February with recovery anticipated towards the end of February.

3.1.4. Electronic Discharge Summary

- Performance for the Electronic discharge summary is divided into 2 sections :
 - Excluding Assessment Units which has seen an increase in performance and is achieving 95.32% (against a 95% target).
 - Assessment Units which is currently showing as failing (91.30%) against the 18/19 increased target of 92.5%. This indicator has failed to achieve target since July 2017 and is to be scheduled for discussion as part of the 18/19 contract planning rounds.
- The final contracted target figures are in discussion, however the Trust has not submitted an exception report as November meets the original 17/18 target of 90%, whereas the CCG base performance against the 17/18 yearend target of 92.5% until the target has been agreed by Contract Variation Order (CVO). Early indications are that the December performance has a further decline to 89.58% and remains RED.

3.1.5. Delayed Transfers of Care

Delays for the Royal Wolverhampton NHS Trust in November have achieved both the NHS delays (excluding Social Care = 0.84% against a 2.00% target) and all delays (including social care of 3.17% based on 17/18 threshold of 3.5%)

The Trust has identified the main areas of delays remain:

Further Non Acute NHS (top NHS delay = 3.53 average bed day delay)

Care Packages in Home (top Social Care delay = 7.73 average bed day delay, additional NHS element of 0.3 average bed day)

The proportion of Staffordshire patient delays at the Trust during November has been confirmed as 49.93% of the total delays (Wolverhampton patients = 36.22%).

The CCG are monitoring data received daily from the Trust and note that the number of delays during December have remained consistent with November levels with the average number of delayed patients of 20, and a maximum number of days average of 29.

3.1.6. Serious Incident Breaches (SUIs) - RWT

- 1 breach was identified for November (see table below), there have been no reported Never Events for November however the YTD total for 18/19 is currently at 4 incidents.
- 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	Nov18	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	25

3.1.7. Safeguarding

- 6 out of the 19 Safeguarding and Young People in Care (CYPiC, formally known as LAC) indicators were reported as achieving targets for November 2018 (and 9 non submissions).
- **Children:** The CCG Deputy Designated Nurse (Rachel Stone) has held an NHSE work stream meeting in regards to working with Adolescents. Scoping work has been shared with work stream members with an initial proposal of a training event key Integrated Care System (ICS) staff who work with or manage staff working with adolescents.
- **Adults:** There were 7 Learning Disabilities Mortality Reviews (LeDeR) in progress during November (with 4 completed and submitted to the University of Bristol). Online training is available (supported by face to face updates and support with reviewers by the Black Country Local Area Contacts).

3.1.8. Infection Prevention

- Hand Hygiene compliance remains below the 95% target at 89.34%.
 - Trust Actions: to gain assurance from each directorate that an effective process non-compliance/holding staff to account and staff awareness (with worst performing directorates attending the Infection Prevention and Control Committee to present their action plans for improvement
 - Communications campaign (email and social media) to increase the uptake of hand hygiene training.
- Infection Prevention Training (Level 2) has remains below the 95% target at 94.34%.
 - Infection prevention compliance is discussed monthly with directorates with non-compliant staff names raised with line managers
 - Discussions with Human Resources team to incorporate into local induction programmes and annual appraisals.

3.1.9. CHC Checklist (LQR11)

- The performance for the Continuing Health Care checklist has seen a decrease in performance during November to 80.00% and the lowest performance level since June 2015.
- The increase in breaches has been confirmed as templates not being completed in full, no patient consent and requests for out of area patients

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

3.2.1. % People Moving to Recovery (LQIA01)

- Local data has reported as achieving the 50% target each month for 18/19, however, national reporting is based on extracts from the Mental Health Minimum Data Set and a rolling 3 month calculation. The latest data confirms achievement of the 50% target performance for the 4th consecutive month during 2018/19 in October with 52.17%.

3.2.2. IAPT Access (LQIA05)

- November failed to achieve the 2018/19 in-month target of 1.58% with 1.42%, this has impacted on the Year to Date which remains below the cumulative target (YTD= 11.97% against a YTD target of 12.67%); performance is measured against the Year End target of 19%. Based on the November data, subsequent months will need to achieve 1.76% (an additional 53 patients per month) to meet the year end 19% target.
- The CCG are exploring the use of Serenity (local counselling service) and IESO (national electronic on-line therapy) to support access rates. Named individuals at the CCG have been granted access to the Open Exeter system to provide 3rd party providers (The What! Centre and WPH) the opportunity to submit Mental Health Minimum Data Set (MHMDS) extracts without the mandatory N3 connection.

3.3. Other Providers : Nuffield – Wolverhampton

3.3.1. Referral to Treatment Time (18weeks)

- The performance for the Nuffield (Wolverhampton) has been included within this report due to a discrepancy in reported numbers.
- The monthly SQPR submission direct to the CCG had previously indicated that the independent sector provider had consistently achieved 100% of incompletes within 18 weeks, however national reporting is showing performance below the 92% target. The November performance has been confirmed as 87.16%.
- The variation in reporting is to be discussed with the provider as part of the Contract Review Meeting.

4. RISK and MITIGATION

The CCG submitted a M9 position which included 0.6m risk which has been fully mitigated. This is a reduction from the previous month as at this stage of the financial year FOT expenditure levels become more certain.

The key risks are as below:

- Likely over performance in Acute contracts excluding RWT where a Gain/Risk share agreement applies removing the main areas of risk;
- The Mental Health/LD portfolio continues to present a real financial challenge and currently presents a risk of c £150k;
- 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 9 financial position. However, a residual risk of £300k remains until the full impact of these cost pressures is known.

CCG RISKS & MITIGATIONS	Forecast Net Expenditure				RISKS (enter negative values only)						MITIGATIONS (enter positive values only)										
	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	
REVENUE RESOURCE LIMIT (IN YEAR)	410.745																				
REVENUE RESOURCE LIMIT (CUMULATIVE)	420.731																				
Acute Services	200.649	200.529	0.120	0.1%	(0.150)	-				(0.150)				-	0.150						0.150
Mental Health Services	39.000	39.400	(0.400)	(1.0%)	(0.150)	-				(0.150)				-	0.150						0.150
Community Health Services	40.802	40.748	0.054	0.1%																	
Continuing Care Services	15.107	14.794	0.313	2.1%																	
Primary Care Services	53.576	53.867	(0.290)	(0.5%)				(0.300)		(0.300)					0.300						0.300
Primary Care Co-Commissioning	36.571	36.571	-	0.0%																	
Other Programme Services	19.480	19.375	0.105	0.5%																	
Commissioning Services Total	405.185	405.285	(0.100)	(0.0%)	(0.300)	-		(0.300)	-	(0.600)					0.600						0.600
Running Costs	5.560	5.460	0.100	1.8%																	
Unidentified QIPP																					
TOTAL CCG NET EXPENDITURE	410.745	410.745	0.000	0.0%	(0.300)	-	-	(0.300)	-	(0.600)					0.600						0.600

The key mitigations are as follows:

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

In summary the CCG is reporting:	£m Surplus(deficit)	
Most Likely	£9.986	No risks or mitigations, achieves control total
Best Case	£10.586	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	£9.386	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.

7. QUALITY PREMIUM

The Committee received an update on the indicative position as to the current achievement against the 2018/19 Quality Premium Scheme.

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: 30th January 2019

Performance Indicators 18/19

Current Month: **Nov-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%	No Data	90.79%															
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	99.0%	No Data	98.48%															
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%	89.15%	91.76%	↓														
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%	85.89%	84.68%	↑														
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%	62.64%	62.82%	↑														
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%	82.48%	89.46%	↓														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	41.94%	76.71%	↓														
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%	82.50%	97.80%	↓														
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%	81.51%	87.04%	↓														
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%	58.18%	61.32%	↓														
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%	81.48%	79.92%	↑														
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	2	→														
RWT_EAS5	Minimise rates of Clostridium Difficile	Mths 1-11 = 3 Mth 12 = 2	3	22	→														
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	103	558	↑														
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	21	58	↓														
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	0	0	5	→														
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%	94.32%	92.73%	↑														
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%	99.85%	99.86%	↑														

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_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%	98.69%	98.64%	↓													
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	95.0%	95.32%	95.72%	↓													
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%	91.30%	84.21%	↑													
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	2.0%	0.84%	1.02%	↑													
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	25	↑													
RWT_LQR7	Number of cancelled operations - % of electives	0.8%	0.64%	0.48%	↓													
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%	80.00%	88.04%	↓													
RWT_LQR12	E-Referral - ASI rates	10.0%	No Data	26.03%														
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	90.0%	91.10%	90.55%	↑													
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	80.0%	95.71%	90.20%	↑													
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	60.0%	96.08%	85.41%	↑													
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	92.5%	99.65%	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	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	9														
RWT_LQR22b	Number of Avoidable Grade 3 HAPI *Note : Updated KPI, to be CVO'd into contract	<30 per yr TBC	No Data	6														
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	3														
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
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%	89.34%	91.80%	↓												
RWT_LQR29	Infection Prevention Training Level 2	95.0%	94.34%	94.39%	↑												
BCP_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	92.00%	95.78%	96.55%	↓												
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	1	8													
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	99.90%													
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	95.73%													
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%	80.95%	↑												
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%	75.51%	85.46%	↓												
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%	96.94%	98.78%	↓												
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	10.16%													
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	77.78%													
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%	95.45%	94.78%	↓												
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%	100.00%	97.69%	↑												
BCP_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	80.00%	No Data	95.24%													
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	84.52%													

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	
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%	96.32%	96.88%	↓													
BCP_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	95.00%	100.00%	99.48%	→													
BCP_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	7.50%	2.62%	1.41%	↑													
BCP_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	95.00%	99.34%	99.58%	↓													
BCP_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	85.00%	87.04%	95.48%	↓													
BCP_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	85.00%	93.88%	99.04%	↓													
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%	100.00%	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%	60.87%	58.55%	↑													
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%	75.51%	85.46%	↓													
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%	96.94%	98.78%	↓													
BCP_LQIA04	Percentage achievement in data validity across all IAPT submissions on final data validity report [Target - >80%, Sanction: GC9]	80.00%	No Data	92.90%														
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%	1.42%	12.00%	↑													
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	11.97%	11.97%	↑													
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%	100.00%	96.90%	↑													
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	100.00%														
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%														