

**WOLVERHAMPTON CCG**

**GOVERNING BODY**

**Agenda item 11**

<b>Title of Report:</b>	<b>Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 26<sup>th</sup> February 2019</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	£421.747m	£421.747m	Nil	G
Revenue Administration Resource not exceeded	£5.560m	£5.460m	£0.100m	G

<b>Non Statutory Duties</b>	<b>YTD Target</b>	<b>YTD Actual</b>	<b>Variance o(u)</b>	<b>RAG</b>
Maximum closing cash balance	£370k	£354k	(£16k)	G
Maximum closing cash balance %	1.25%	1.20%	(0.05%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£11.538m	£11.538m	Nil	G
Programme Cost *	£336,897k	£339,056k	£2,159k	G
Reserves *	£2,070k	£0k	(£2,070k)	G
Running Cost *	£4,633k	£4,543k	(£90k)	G

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

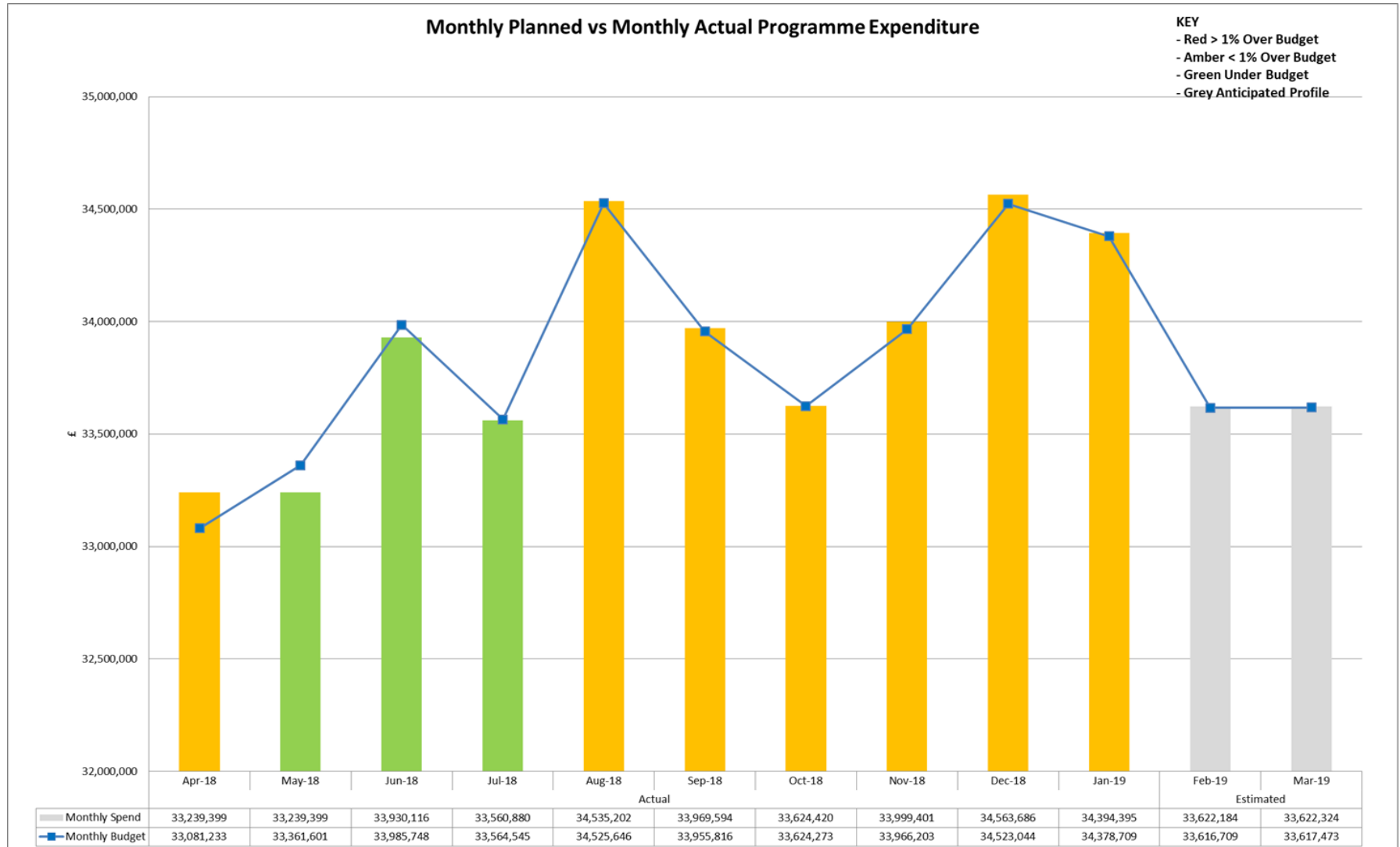
- Underlying recurrent surplus metric of 2% is being maintained.
- Programme Costs YTD inclusive of reserves is showing a small overspend.
- Royal Wolverhampton Trust (RWT) M9 data indicates a financial under performance.
- The CCG is reporting a forecast underspend of £1m to £1.4m within Delegated Primary Care as claims in respect of QOF, maternity and sickness claims and developments are less than planned.
- 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.

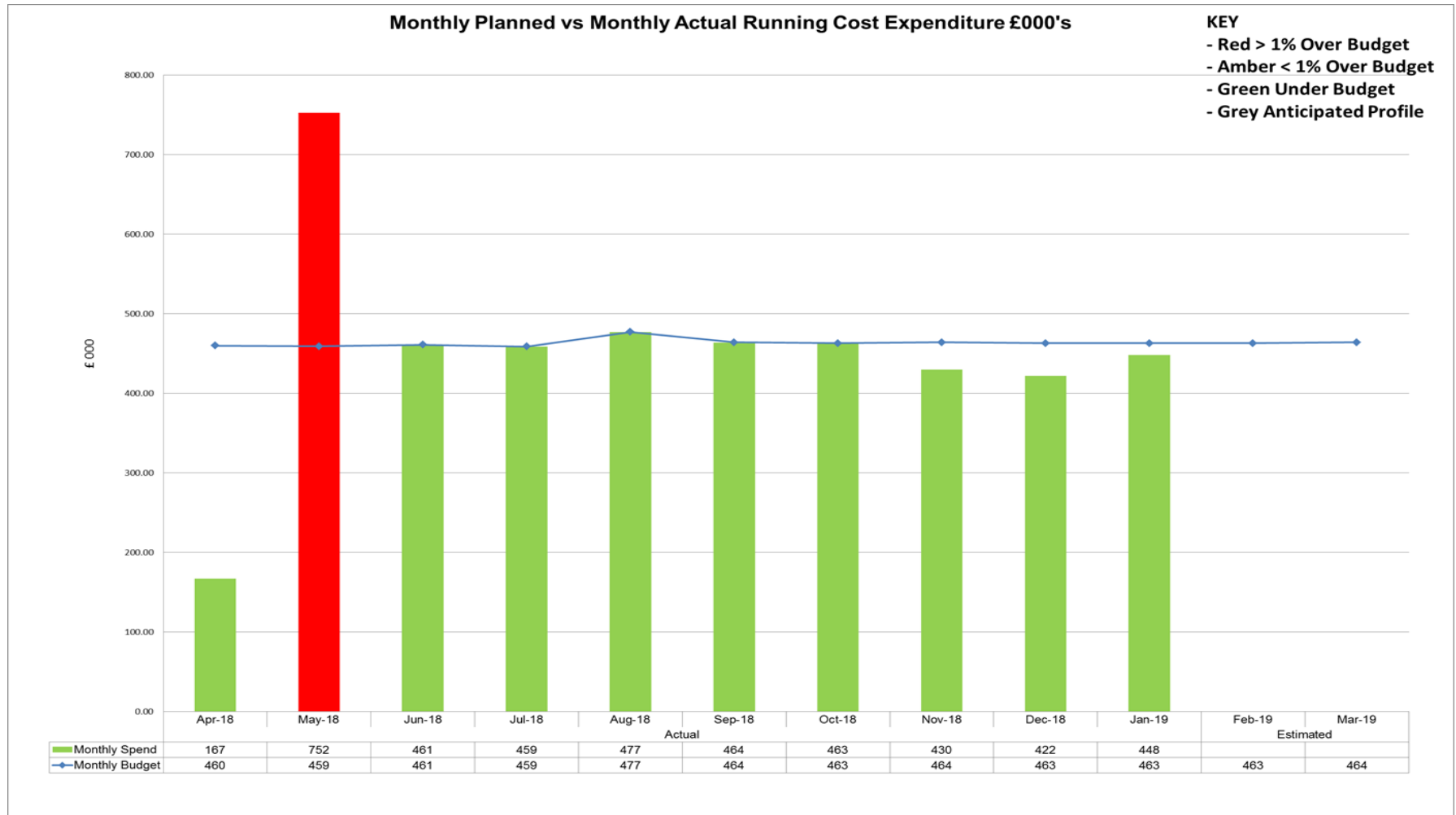
The table below highlights year to date performance as reported to and discussed by the Committee;

	Annual Budget £'000	YTD Performance M10						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o/(u)	FOT Actual £'000	FOT Variance £'000	Var % o/(u)
Acute Services	200,692	167,243	167,813	571	0.3%	201,445	753	0.4%
Mental Health Services	39,877	33,235	33,562	328	1.0%	40,234	357	0.9%
Community Services	40,802	34,009	34,033	24	0.1%	40,894	92	0.2%
Continuing Care	15,107	12,589	12,486	(103)	(0.8%)	14,980	(127)	(0.8%)
Primary Care Services	53,632	44,694	44,833	139	0.3%	53,813	180	0.3%
Delegated Primary Care	36,023	30,019	29,309	(710)	(2.4%)	34,623	(1,400)	(3.9%)
Other Programme	17,585	15,108	17,020	1,911	12.7%	19,763	2,178	12.4%
<b>Total Programme</b>	<b>403,718</b>	<b>336,897</b>	<b>339,056</b>	<b>2,159</b>	<b>0.6%</b>	<b>405,753</b>	<b>2,035</b>	<b>0.5%</b>
Running Costs	5,560	4,633	4,543	(90)	(1.9%)	5,460	(100)	(1.8%)
Reserves	2,483	2,070	0	(2,070)	(100.0%)	548	(1,935)	(77.9%)
<b>Total Mandate</b>	<b>411,761</b>	<b>343,599</b>	<b>343,599</b>	<b>(0)</b>	<b>(0.0%)</b>	<b>411,761</b>	<b>(0)</b>	<b>(0.0%)</b>
Target Surplus	9,986	8,322	0	(8,322)	(100.0%)	0	(9,986)	(100.0%)
<b>Total</b>	<b>421,747</b>	<b>351,921</b>	<b>343,599</b>	<b>(8,322)</b>	<b>(2.4%)</b>	<b>411,761</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 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 QJPP Benefit	Contingency	Other NR Spend / Income	QJPP	Other	
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	
<b>REVENUE RESOURCE LIMIT (IN YEAR)</b>	<b>411.761</b>				<b>(9.495)</b>						<b>402.266</b>
Acute Services	200.692	201.445	(0.753)	(0.4%)	(1.244)	-		(6.729)			193.471
Mental Health Services	39.877	40.234	(0.357)	(0.9%)	(2.726)	-		(0.766)			36.743
Community Health Services	40.802	40.894	(0.092)	(0.2%)	-	-		0.247			41.141
Continuing Care Services	15.107	14.980	0.127	0.8%	-	-		(0.173)			14.808
Primary Care Services	53.632	53.813	(0.180)	(0.3%)	(2.151)	-		0.512			52.174
Primary Care Co-Commissioning	36.571	35.171	1.400	3.8%	0.285	-		1.096			36.552
Other Programme Services	19.520	19.763	(0.243)	(1.2%)	(3.617)	-	(2.021)	0.216			14.341
<b>Commissioning Services Total</b>	<b>406.201</b>	<b>406.301</b>	<b>(0.100)</b>	<b>(0.0%)</b>	<b>(9.453)</b>	-	<b>(2.021)</b>	<b>(5.597)</b>			<b>389.230</b>
Running Costs	5.560	5.460	0.100	1.8%	(0.042)	-		0.097			5.515
<b>TOTAL CCG NET EXPENDITURE</b>	<b>411.761</b>	<b>411.761</b>	<b>0.000</b>	<b>0.0%</b>	<b>(9.495)</b>	-	<b>(2.021)</b>	<b>(5.500)</b>			<b>394.745</b>
<b>IN YEAR UNDERSPEND / (DEFICIT)</b>	<b>-</b>	<b>0.000</b>	<b>0.000</b>	<b>0.0%</b>							<b>7.521</b>
									<b>Underlying Underspend / (Deficit)</b>		<b>1.9 %</b>
									<b>% RRL</b>		







## DELEGATED PRIMARY CARE

- Delegated Primary Care allocations for 2018/19 as at M10 are £36.571m. The forecast outturn is £35.171m delivering a forecast underspend position of £1.4m.
- In 17/18 the CCG assumed responsibility for Primary Care Co-Commissioning budget, now referred to as Delegated Primary Care, from NHSE. At the end of the financial year 17/18 included an accrual for £3.4m which was for any expenditure relating to 17/18 which would not be claimed until 18/19. This expenditure included QOF, developments and general expenditure such as sickness/maternity claims. The actual level of claims received is less than anticipated and although the CCG has explored options to bring forward planned developments it has been unable to do so and as a consequence at this stage is forecasting an underspend of £1.4m.
- The 0.5% contingency and 1% reserves are showing an underspend year to date but the expenditure is sitting on other GP services and will be fully utilised by year end. In line with NHSE planning matrices no expenditure should be shown on the 0.5% contingency and 1% reserves
- The table below shows the outturn for month 10:

	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	18,591	18,852	262	22,309	22,309	0	●	0	0
General Practice PMS	1,597	1,256	(341)	1,916	1,916	0	●	0	0
Other List Based Services APMS incl	2,027	2,374	347	2,433	2,433	0	●	0	0
Premises	2,348	2,091	(257)	2,817	2,817	0	●	0	0
Premises Other	79	50	(29)	94	94	0	●	0	0
Enhanced services Delegated	739	640	(99)	887	887	0	●	0	0
QOF	3,168	3,075	(93)	3,802	3,802	0	●	0	0
Other GP Services	1,471	970	(500)	1,765	365	(1,400)	●	(1,400)	0
Delegated Contingency reserve	152	0	(152)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	305	0	(305)	366	366	0	●	0	0
<b>Total</b>	<b>30,476</b>	<b>29,309</b>	<b>(1,167)</b>	<b>36,571</b>	<b>35,171</b>	<b>(1,400)</b>	●	<b>(1,400)</b>	<b>0</b>

2018/19 forecast figures have been updated on quarter 4 list sizes to reflect Global Sum, Out of Hours, MPIG, Rent adjustments and DES.

## 2. QIPP

The key points to note are as follows:

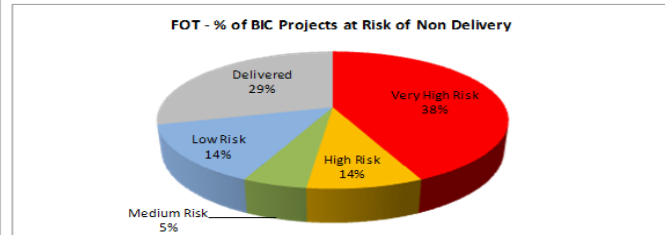
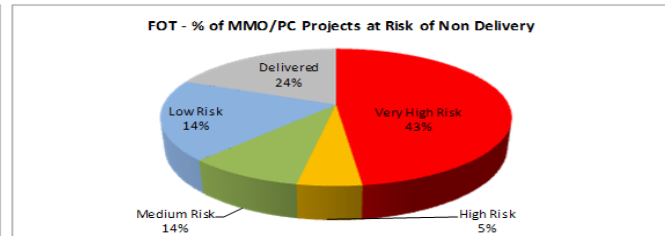
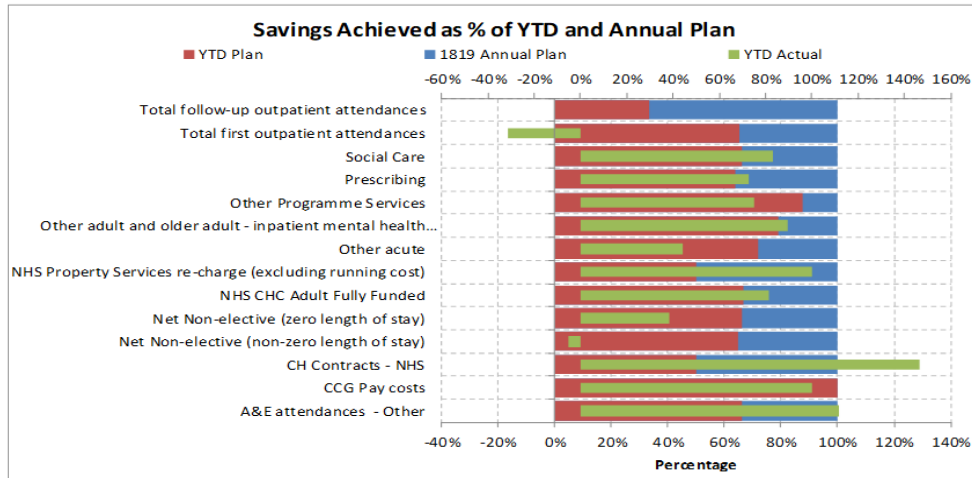
- The submitted finance plan required a QIPP of £13.948m or 3.5% of allocation.
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care schemes such as Respiratory, Diabetes and Paediatrics.
- The plan assumes full delivery of QIPP on a recurrent basis as any non-recurrent QIPP will potentially be carried forward into future years.
- For Month10 QIPP is being reported as delivering on plan supported through the application of reserves and underspends in the overall position.

**QIPP Programme Delivery Board**

Mth 10 - Jan 18/19

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

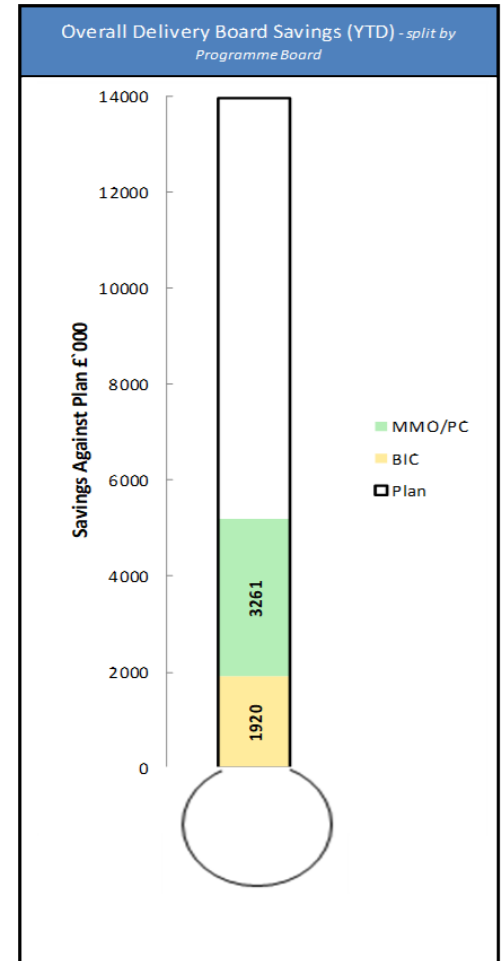
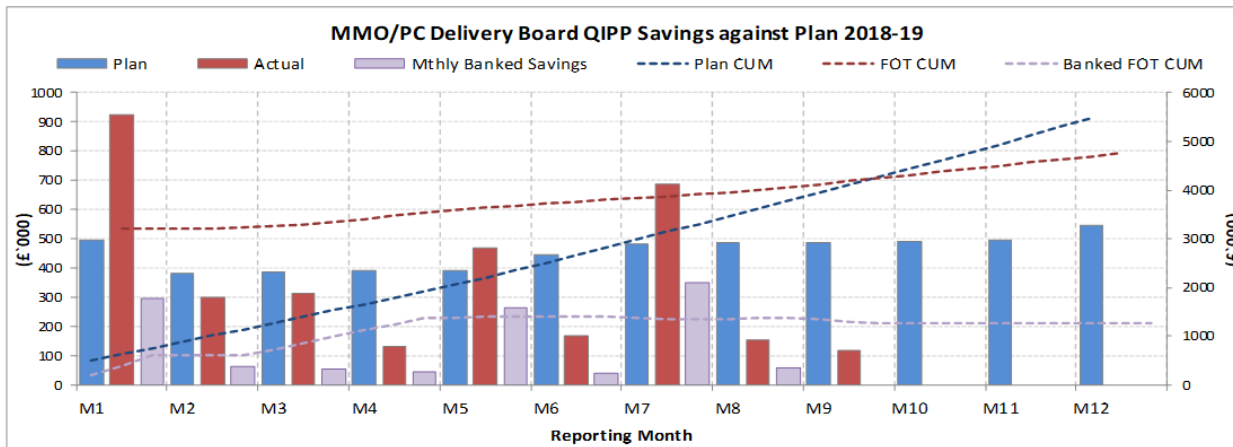
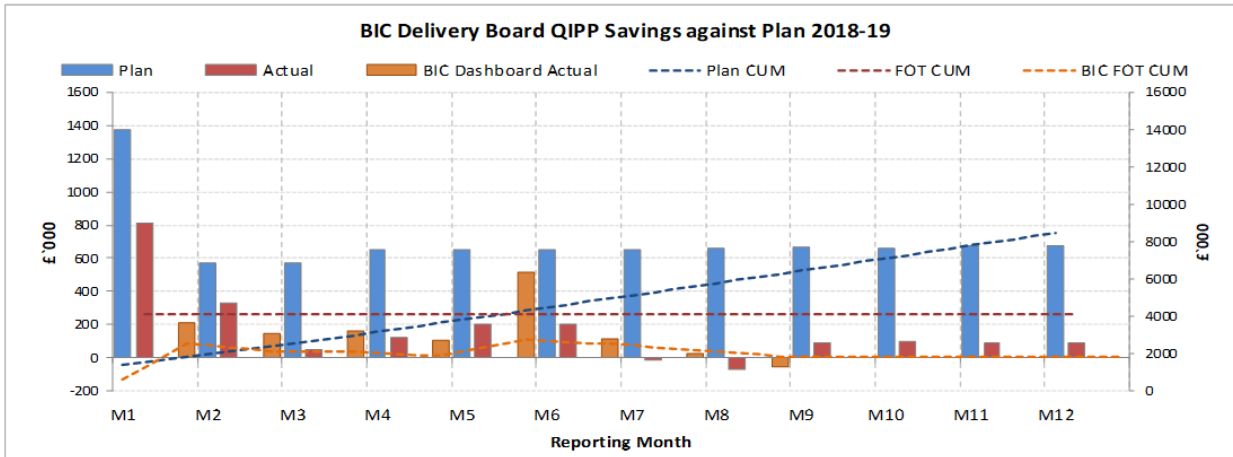
Area of Spend Category	Annual Plan	April to Jan (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Jan (YTD) Prog Brd diff from Plan	Jan (FOT) Prog Brd diff from Plan
A&E attendances - Other	200	132	132	0	200	0	-92	-24
Acute OP	0	0	0	0	0	0	0	0
CCG Pay costs	115	115	115	0	115	0	0	0
CH Contracts - NHS	281	141	141	0	281	0	-270	-319
Net Non-elective (non-zero length of stay)	4921	3199	3199	0	4921	0	3460	4553
Net Non-elective (zero length of stay)	1618	1072	1072	0	1618	0	447	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	100
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	-100	0
Other Programme Services	160	140	140	0	160	0	20	40
Prescribing	2507	1603	1603	0	2507	0	-221	159
Social Care	500	332	332	0	500	0	-84	0
Total first outpatient attendances	718	468	468	0	718	0	694	718
Total follow-up outpatient attendances	221	74	74	0	221	0	74	221
<b>Grand Total</b>	<b>13947</b>	<b>9248</b>	<b>9248</b>	<b>0</b>	<b>13947</b>	<b>0</b>	<b>4172</b>	<b>6114</b>



**QIPP Programme Delivery Board**

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

**Mth 10 - Jan 18/19**



### 3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31<sup>st</sup> January 2019 is shown below:

	31 January '19 £'000	31 December '18 £'000	Note	Change In Month £'000
<b>Non Current Assets</b>				
Assets	0	0	1	0
Accumulated Depreciation	0	0	2	0
	0	0		
<b>Current Assets</b>				
Trade and Other Receivables	2,212	2,803	3	-590
Cash and Cash Equivalents	355	132	4	222
	2,567	2,935		
<b>Total Assets</b>	<b>2,567</b>	<b>2,935</b>		
<b>Current Liabilities</b>				
Trade and Other Payables	-42,917	-43,210	5	293
	-42,917	-43,210		
<b>Total Assets less Current Liabilities</b>	<b>-40,350</b>	<b>-40,275</b>		
<b>TOTAL ASSETS EMPLOYED</b>	<b>-40,350</b>	<b>-40,275</b>		
<b>Financed by:</b>				
<b>TAXPAYERS EQUITY</b>				
General Fund	40,350	40,275	6	75
<b>TOTAL</b>	<b>40,350</b>	<b>40,275</b>		

Key points to note from the SoFP are:

- The cash target for month 10 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);

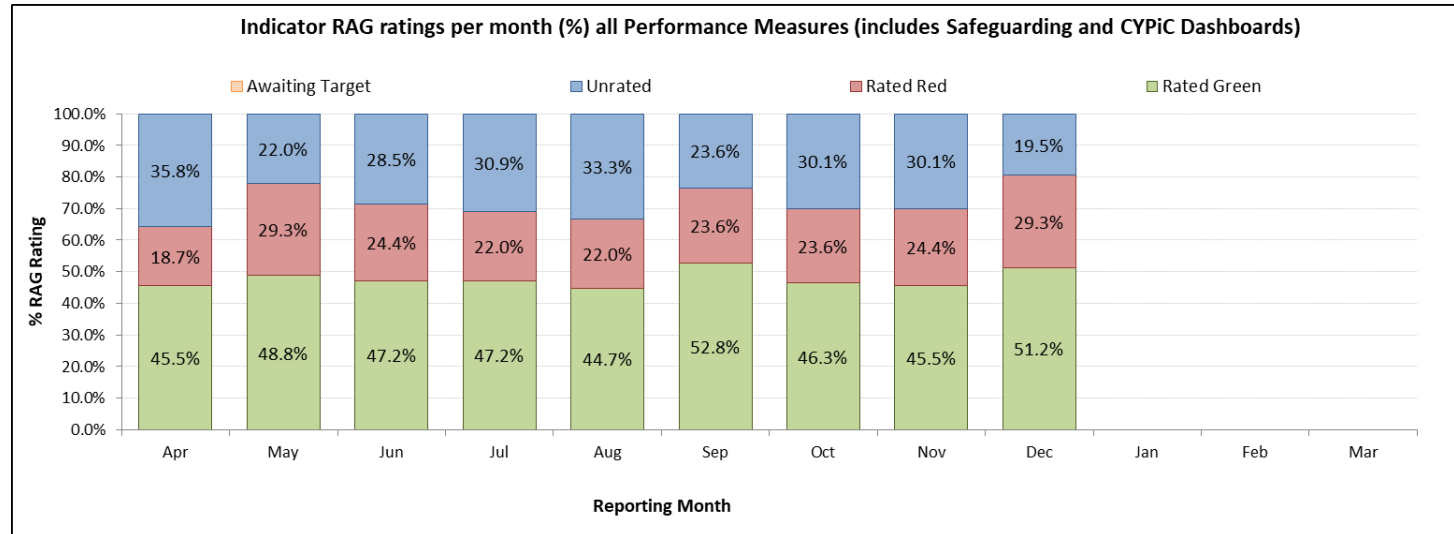
- **PERFORMANCE**

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

### Executive Summary - Overview

Dec-18

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	8	8	14	15	2	1	0	0	24
Outcomes Framework	8	7	7	8	11	11	0	0	26
Mental Health	24	30	3	6	14	5	0	0	41
<b>Sub Totals</b>	<b>40</b>	<b>45</b>	<b>24</b>	<b>29</b>	<b>27</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>91</b>
RWT - Safeguarding	6	4	3	3	3	6	0	0	13
RWT - Children & Young People in Care (CYPiC)	0	4	0	2	6	0	0	0	6
BCP - Safeguarding	10	10	2	2	1	1	0	0	13
<b>Dashboard Totals</b>	<b>16</b>	<b>18</b>	<b>5</b>	<b>7</b>	<b>10</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>32</b>
<b>Grand Total</b>	<b>56</b>	<b>63</b>	<b>29</b>	<b>36</b>	<b>37</b>	<b>24</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

RTT data measures waiting times from referral to the start of first definitive treatment in weeks at treatment speciality level. The length of the RTT period is reported for patients whose RTT clock stopped during the month, and those who are waiting to start treatment at the end of the month.

- The Trust's verified performance for December was 90.7% with an average (median) waiting time of 6.8 weeks and 92% patients waiting 19 weeks to start treatment.
- M9 in-year trajectory (as agreed with NHSI) of 91.2% has not been achieved, however performance is better than the national position of 86.6% (down from 87.3% in November).

- Trust had been achieving the national requirement to sustain or reduce RTT waiting list size against the March 18 baseline of 33,858; however for the first time in 2018/19 the list size in December exceeds this position at 34,998.
- December performance has been affected by patients choosing to wait until post-Christmas to commence treatment.
- Increased referrals have continued for Gastroscopy, Colonoscopy and Flexible Sigmoidoscopy, this is directly linked to the increase in 2ww referrals.
- Additionally it would appear that there is a national issue with increase in referrals following paper switch off in October, the Trust is meeting with CCG colleagues and NHS Digital to explore the reasons for this and to identify any actions to resolve this.
- Zero 52 week waiters have been reported by the Trust. The November patient waiting over 52 weeks at The Royal Orthopaedic Hospital NHS Foundation Trust (T&O) has been removed from the waiting list.
- The % of patients waiting 6 weeks (or more) for diagnostic tests has not achieved the national target of 99% with performance in December at 98.14%.
- Performance has been steadily improving since October and the Trust have confirmed that performance is improving and issues have been resolved with Neurophysiology, Endoscopy and Flexible Sigmoidoscopy anticipated to return to achieving the 99% standard in January.  
Capacity remains an issue in cardiac MRI, however, the Trust reports that performance should return to standard February.

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

- 92.4% of A&E attendances were admitted, transferred or discharged within 4 Hours in December; achieving the monthly PSF trajectory target of 90.2%.
- Although the Trust fell short of the national target of 95%, nationally only 11 acute trusts out of 136 achieved the national standard with RWT ranked at 28th.
- NHS England performance was 86.4% and the Black Country STP achieved 82.73%.
- No patient breached the 12 hour decision to admit target.



### 3.1.3. Cancer 2WW, 31 Day and 62 Day

- December validated national performance for the 62 Day from referral to 1st definitive treatment has been confirmed as 67.02% (based on 31 breaches out of 94, with 9.5 patients at 104+ days).
- The Trust has once again achieved the agreed recovery trajectory which was 63% for December.
- All 104+ patients had a harm review and no harm was identified.
- The Trust received 13 Tertiary Referrals in December; only 5 were received by the standard of day 38, 6 by day 62, 2 had already breached 104 days at d138 (UGI from Sandwell) and d176 (Urology from Heartlands Hospital).
- The increase in Breast cancer referrals following Breast Cancer Awareness Campaign has continued in to December, January and February shows no signs of abating. It is suspected that this is reflected nationally and NHSI are currently investigating further as there is no obvious cause of the sustained increase in level of referrals.
- Current performance levels :

Ref	Indicator	Target	Dec18	YTD
EB6	2 Week Wait (2WW)	93%	81.69%	84.30%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	46.00%	63.24%
EB8	31 Day (1 <sup>st</sup> Treatment)	96%	88.42%	89.39%
EB9	31 Day (Surgery)	94%	51.72%	73.12%
EB10	31 Day (anti-cancer drug)	98%	90.70%	97.02%
EB11	31 Day (radiotherapy)	94%	95.33%	88.39%
EB12	62 Day (1 <sup>st</sup> Treatment)	M8=57.6% (Recovery) 85% (National)	61.14%	61.48%
EB13	62 Day (Screening)	90%	88.89%	81.20%

The Trust have 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 96.5% (against a 95% target).
  - Assessment Units which is currently showing as failing (89.58%) 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 contract target figures are in discussion as the CCG base performance against the 17/18 yearend target of 92.5%. The Trust have submitted an exception report indicating reasons for underperformance as :
- No overnight ward clerk support, regular attenders and the clerking of patients onto the system.
- Actions have been identified which include an approved business case for a 24 hour ward clerk.

#### **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 = 1.10% against a 2.00% target) and all delays (including social care of 2.79% based on 17/18 threshold of 3.5%)
- The Trust have identified that the main areas of delays remain :
  - Further Non Acute NHS (top NHS delay = 2.42 average bed day delay)
  - Care Packages in Home (top Social Care delay = 7.0 average bed day delay, additional NHS element of 0.4 average bed day)
- The proportion of Staffordshire patient delays at the Trust during November has been confirmed as 41.44% of the total delays (Wolverhampton patients = 48.01%).

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

- 1 breach was identified for December (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	Dec18	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	26

### 3.1.7. Safeguarding

- 8 out of the 19 Safeguarding and Young People in Care (CYPiC, formally known as LAC) indicators were reported as achieving targets for December 2018 (and 6 non submissions).
- **Children:** Exception reports have been received for 2 CYPiC assessment indicators which identify staff capacity as an issue, with the Paediatric Advance Nurse Practitioner booking additional clinics throughout Quarter 4 to support the service.

### 3.1.8. Infection Prevention

- Hand Hygiene compliance has seen an increase in December but remains below the 95% target at 90.22%.
  - Trust Actions: to gain assurance from each directorate that an effective process for 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).
  - Discussions on how best to enforce this mandatory training will be undertaken in the New Year.
- Infection Prevention Training (Level 2) has seen an increase in December and close to the 95% target at 94.96%.
  - Infection prevention compliance is discussed monthly with directorates with non-compliant staff names raised with line managers.

### **3.1.9. CHC Checklist (LQR11)**

- The performance for the Continuing Health Care checklist has seen an increase in performance during December to 96.00%.
- Breach reasons have been confirmed as templates not being completed in full (unsigned and not dated).

## **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 MHMDS is subject to a publication data lag, with latest data confirming 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)**

- December failed to achieve the 2018/19 in-month target of 1.58% with 0.97%, this has impacted on the Year to Date which remains below the cumulative target (YTD= 12.94% against an YTD target of 14.25%); performance is measured against the Year End target of 19%. Based on the December data, subsequent months will need to achieve 2.02% (an additional 131 patients per month) to meet the year end 19% target.
- Two trainees commenced posts in January and Coventry University have confirmed that three successful PWP trainees will commence in March 2019.
- The CCG are exploring the use of Serenity (local counselling service) and IESO (national electronic -on-line therapy) to support access rates. 3rd party providers (The What! Centre and WPH) have supplied files for upload to the Mental Health Minimum Data Set (MHMDS) to support STP performance. However, initial uploads have been declined by the national system due to file errors.

### **3.2.3. Safeguarding**

- 10 out of the 13 Safeguarding indicators were reported as achieving targets for December 2018 (and 1 non submission).
- The 2 failing indicators both relate to Level 1 training (1 x Children, 1 x Adults). Issues with the ESR e-learning tool prevented staff from accessing the relevant training, which has had a subsequent impact on the performance for both indicators. As the system was unavailable until 11<sup>th</sup> January 2019, it is expected that the M10 compliance will also see an impact.

### **3.3. Other Providers :**

#### **3.3.1. Referral to Treatment Time (18weeks) – Nuffield Wolverhampton**

- The performance for the Nuffield (Wolverhampton) has previously been included within this report due to a discrepancy in reported numbers. National publications have confirmed the December performance as below target at 87.95% (with the Wolverhampton element at 87.47%).
- 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 18/19 SQPR has since been updated to Wolverhampton only totals – with discussions for Provider total performance on-going.
- Following the RTT national reporting queries, the December Monthly Activity Report (MAR) commissioner submission was initially highlighted as a null submission from the Nuffield, however has since been updated. The National Reporting process and timeliness of submissions is to be raised via the Contract Review Meeting.

#### **3.3.2. Serious Incident Breaches (SIs) – Compton Care**

- 1 breach was identified for December, which relates to a Slip/Trip/Fall meeting Serious Incident Criteria.

#### 4. RISK and MITIGATION

The CCG submitted a M10 position which included 0.6m risk which has been fully mitigated. There is no change from the previous month.

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 / Pains	Other Mitigations	Potential Funding	TOTAL MITIGATIONS	
	£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						-								-						
<b>TOTAL CCG NET EXPENDITURE</b>	<b>410.745</b>	<b>410.745</b>	<b>0.000</b>	<b>0.0%</b>	<b>(0.300)</b>	<b>-</b>	<b>-</b>	<b>(0.300)</b>	<b>-</b>	<b>(0.600)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.600</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.600</b>

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:

	<b>£m Surplus(deficit)</b>	
Most Likely	£9.986	No risks or mitigations, <b>achieves</b> control total
Best Case	£10.586	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	£9.386	Adjusted risks and no mitigations occur. CCG <b>misses</b> revised control total

## 5. Contract and Procurement Plan.

The Committee received the latest overview of contracts and procurement activities. There were no significant changes to the procurement plan to note.

## 6. Budget 19/20

The Committee received a paper regarding the Budget for 19/20 demonstrating the one year financial plan, as required by NHSE, meets all planning metrics and delivers a balanced budget. The high level planning metrics are:

- Tariff inflation 3.8%
- Tariff efficiency (1.1)%
- Application of Ambulance specific allocation of £366k
- Minimum cumulative historic underspend to be 1%
- Local contingency to be a minimum 0.5%
- Minimum in-year position is break even prior to agreement of drawdown of historic underspend
- Admin costs to remain within allocation
- MHIS (Mental Health Investment Standard) to be delivered including the additional 0.7% growth
- Better Care Fund minimum contribution must be complied with
- Drawdown only with permission of NHSE

Removal of the requirement for any portion of the allocation to be spent non recurrently. Although there is no requirement for the CCG to spend recurrent resource non recurrently (previously 1% reserve) although NHSE have advised the CCG should maintain 1% underlying surplus.

	£'000	£'000	£'000	£'000	£'000	£'000
<b>Allocations</b>	<b>18/19</b>	<b>19/20</b>	<b>20/21</b>	<b>21/22</b>	<b>22/23</b>	<b>23/24</b>
Core CCG	360,146	382,540	400,035	417,446	434,477	450,910
Delegated PC	36,552	39,275	41,204	43,576	45,484	47,448
Programme total	396,698	421,815	441,239	461,022	479,961	498,358
RC	5515	5,516	4,865	4,865	4,865	4,865
<b>CCG Total</b>	<b>402,213</b>	<b>427,331</b>	<b>446,104</b>	<b>465,887</b>	<b>484,826</b>	<b>503,223</b>
Core %		6.22%	4.57%	4.35%	4.08%	3.78%
Delegated %		7.45%	4.91%	5.76%	4.38%	4.32%
overall Programme%		6.33%	4.60%	4.48%	4.11%	3.83%
RC %		0.02%	-11.80%	0.00%	0.00%	0.00%



Growth has been based on two elements, demographic (ONS) projections as provided by Public Health, and non ONS projections derived from trend analysis. The table below details the impact on each component of the CCGs allocation following the adoption of these assumptions.

	b/f recurrent	Inflation	Efficiency	ONS Growth	Non ONS growth	Developments	QIPP	Total 19/20
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Programme costs</b>	360,146	12,266	- 3,738	2,005	9,251	15,247	- 12,435	382,742
<b>Delegated Primary Care</b>	36,552	1,243	- 402	212	336	2,069	- 735	39,275
<b>Running Costs</b>	5,515	-	-	-	104	-	- 305	5,314
<b>Total as per LTFM M9v5</b>	<b>402,213</b>	<b>13,509</b>	<b>- 4,140</b>	<b>2,217</b>	<b>9,691</b>	<b>17,316</b>	<b>- 13,475</b>	<b>427,331</b>

In order to submit a balanced, assured plan for 19/20 the CCG has included a QIPP programme of £13.5m, 3.2% of its allocation. This is an extremely stretching target. The table below summarises the CCG QIPP challenge

	£'000	%
Acute Services	7,865	58.4%
Mental Health	1,564	11.6%
Community	-	0.0%
CHC/FNC	375	2.8%
Prescribing	2,323	17.2%
Co Commissioning	735	5.5%
Running Costs	305	2.3%
<b>Total allocated</b>	<b>13,167</b>	<b>97.7%</b>
Unallocated	309	2.3%
<b>Total</b>	<b>13,476</b>	<b>100.0%</b>

The CCG has identified risks included within the 2019/20 budgets which total £3.05m. The key risks are as follows:

- £750k relates to potential level of overspend in the Acute Sector, a somewhat lower figure than 18/19 in anticipation of the agreement of an Aligned Incentives contract.
- £500k in relation to the volatility of Mental Health services particularly individual cases and NCAs.
- £500k associated with Prescribing and the volatility within this budget particularly around NCSO and QIPP
- £200k in relation to the uncertainty around Other Programme Services such as NHSPS.
- £1.1m potential slippage in QIPP schemes

The CCG has identified mitigations for risks as detailed below.

- £1.95m - as in 2018/19 the CCG will utilise all of the Contingency reserve to offset overspends if they arise.
- £1.1m of further efficiency extensions.

2019/20		RISKS (enter negative values only)						MITIGATIONS (enter positive values only)								TOTAL NET (RISK) / MITIGATION	OF WHICH: RECURRENT	
CCG RISKS & MITIGATIONS	Plan	Contract	Efficiency	Performance Issues	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further Efficiency Extensions	Non-Recurrent Measures	Delay / Reduce Investment Plans	Other Mitigations	Potential Funding	TOTAL MITIGATIONS	E000	E000
	E000	E000	E000	E000	E000	E000	E000	E000	E000	E000	E000	E000	E000	E000	E000	E000	E000	E000
REVENUE RESOURCE LIMIT (IN YEAR)	427,154																	
REVENUE RESOURCE LIMIT (CUMULATIVE)	437,140																	
Acute Services	206,290	(750)	(1,000)	0			(1,750)	750			1,000					1,750	0	500
Mental Health Services	40,106	0	(100)	0		(500)	(600)	500			100					600	0	500
Community Health Services	44,899	0	0	0			0				0					0	0	0
Continuing Care Services	15,743	0	0	0			0				0					0	0	0
Primary Care Services	56,831	0	0	0	(500)		(500)	500			0					500	0	0
Primary Care Co-Commissioning	39,275	0	0	0			0				0					0	0	0
Other Programme Services	18,509	0	0	0		(200)	(200)				0					200	0	0
Commissioning Services Total	419,633	(750)	(1,100)	0	(500)	(700)	(3,050)	1,950	0	0	1,100	0	0	0	0	3,050	0	1,000
Running Costs	5,316	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0
Undertask QPP		0					0				0					0	0	0
<b>TOTAL CCG NET EXPENDITURE</b>	<b>424,949</b>	<b>(750)</b>	<b>(1,100)</b>	<b>0</b>	<b>(500)</b>	<b>(700)</b>	<b>(3,050)</b>	<b>1,950</b>	<b>0</b>	<b>0</b>	<b>1,100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,050</b>	<b>0</b>	<b>1,000</b>
Contingency	2,186																	
IN YEAR UNDERSPEND / (DEFICIT)	0																	
CUMULATIVE UNDERSPEND / (DEFICIT)	9,986																	

As a consequence of the risks and mitigations the CCG starts 2019/20 with nil net risk.

## 7. RISK REVIEW

The Committee conducted a review of the Committee risk profile with an emphasis on whether each risk should either continue to be Treated or the residual level of risk be Tolerated. The Committee also considered if any of the risks had been mitigated enough to bring about closure or whether they can be de-escalated to be managed as business as usual.

## 8. CCG FINANCE PLAN AND BUDGET FOR 2019/20

The Committee noted the 2019/20 planning submissions made by the CCG. Assurance was taken from the quality and financial considerations which have been taken into account during the planning round.

The Committee recommends to the Governing Body that it signs off the budget, noting the inherent risk.

## 9. 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.

## 10. RECOMMENDATIONS

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

**Name:** Lesley Sawrey  
**Job Title:** Deputy Chief Financial Officer  
**Date:** 27<sup>th</sup> February 2019

**Performance Indicators 18/19**

Current Month: **Dec-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%	98.14%	98.31%	↓														
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%	92.44%	91.84%	↑														
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%	81.69%	84.38%	↑														
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%	46.00%	61.76%	↑														
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%	88.42%	89.36%	↓														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	51.72%	74.45%	↓														
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%	90.70%	96.95%	↓														
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%	95.33%	87.92%	↑														
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%	61.14%	61.31%	↓														
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%	88.89%	81.25%	↑														
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	1	23	↑														
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	42	600	↑														
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	1	59	↑														
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%	93.03%	92.77%	↑														
RWTCB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	Yes	No	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%	99.92%	99.89%	↑														



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	<b>% of patient with a treatment summary record at the end of the first definitive treatment - DRAFT indicator awaiting CVO</b>	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%	90.22%	91.62%	↓														
RWT_LQR29	Infection Prevention Training Level 2	95.0%	94.96%	94.46%	↑														
BCP_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	92.00%	95.69%	96.45%	↓														
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	9															
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	99.89%															
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	95.80%															
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%	No Data	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%	78.48%	84.69%	↓														
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%	100.00%	98.92%	↑														
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%	16.81%	12.37%															
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%	100.00%	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%	100.00%	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%	100.00%	84.62%															
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%	100.00%	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%	96.77%	94.98%	↓														
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%	100.00%	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%	97.99%	↑														
BCP_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	80.00%	93.02%	94.49%															
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%	88.20%	85.76%															

