

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 11

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 26th March 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	£422.588m	£412.602m	(£9.986m)	G
Revenue Administration Resource not exceeded	£5.560m	£5.460m	(£0.100m)	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£403k	£54k	(£349k)	G
Maximum closing cash balance %	1.25%	0.18%	(1.07%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£12.716m	£12.716m	Nil	G
Programme Cost *	£370,940k	£373,426k	£2,486k	G
Reserves *	£2,414k	£0k	(£2,414k)	G
Running Cost *	£5,096k	£5,024k	(£72k)	G

- The net effect of the three identified lines (*) is breakeven.
- Underlying recurrent surplus metric of 2% is being maintained.

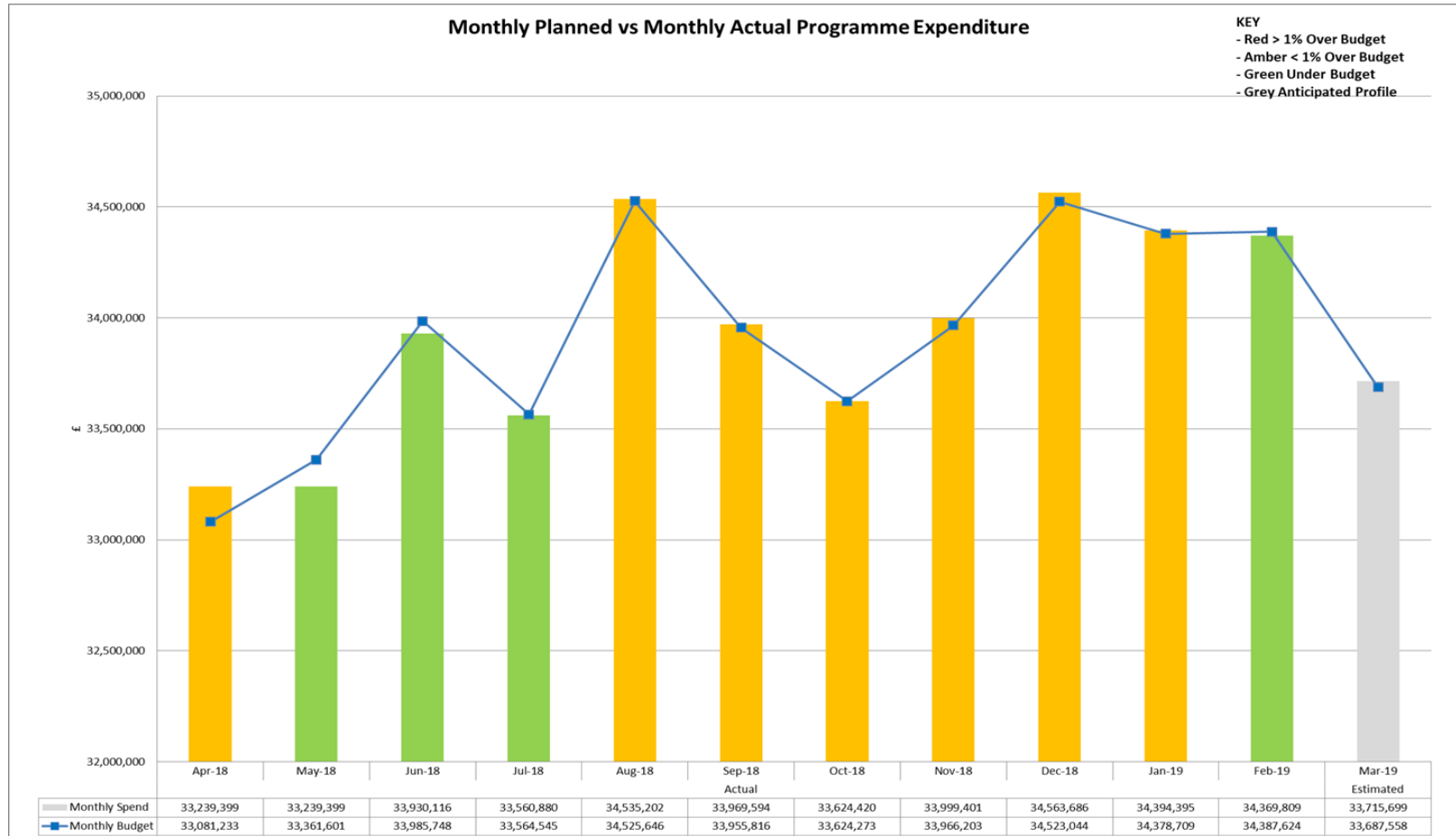
- Programme Costs YTD inclusive of reserves is showing a small overspend.
- Royal Wolverhampton Trust (RWT) M10 data indicates a financial under performance.
- The CCG is reporting underspend of £970k within Delegated Primary Care as claims in respect of QOF, maternity and sickness claims and developments are less than planned offset by the requirement for a provision in respect of an on-going issue relating to PMS/GMS.
- 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 M11						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)
Acute Services	201,410	184,625	185,385	759	0.4%	202,468	1,059	0.5%
Mental Health Services	39,843	36,525	37,113	588	1.6%	40,500	657	1.6%
Community Services	40,882	37,479	37,497	19	0.1%	40,931	49	0.1%
Continuing Care	15,114	13,855	13,530	(325)	(2.3%)	14,809	(305)	(2.0%)
Primary Care Services	53,702	49,227	49,271	43	0.1%	53,752	50	0.1%
Delegated Primary Care	36,023	33,021	32,634	(387)	(1.2%)	35,053	(970)	(2.7%)
Other Programme	17,435	16,209	17,997	1,787	11.0%	19,081	1,646	9.4%
Total Programme	404,409	370,940	373,426	2,486	0.7%	406,594	2,185	0.5%
Running Costs	5,560	5,096	5,024	(72)	(1.4%)	5,460	(100)	(1.8%)
Reserves	2,633	2,414	0	(2,414)	(100.0%)	548	(2,085)	(79.2%)
Total Mandate	412,602	378,450	378,450	(0)	(0.0%)	412,602	(0)	(0.0%)
Target Surplus	9,986	9,154	0	(9,154)	(100.0%)	0	(9,986)	(100.0%)
Total	422,588	387,604	378,450	(9,154)	(2.4%)	412,602	(9,986)	(2.4%)

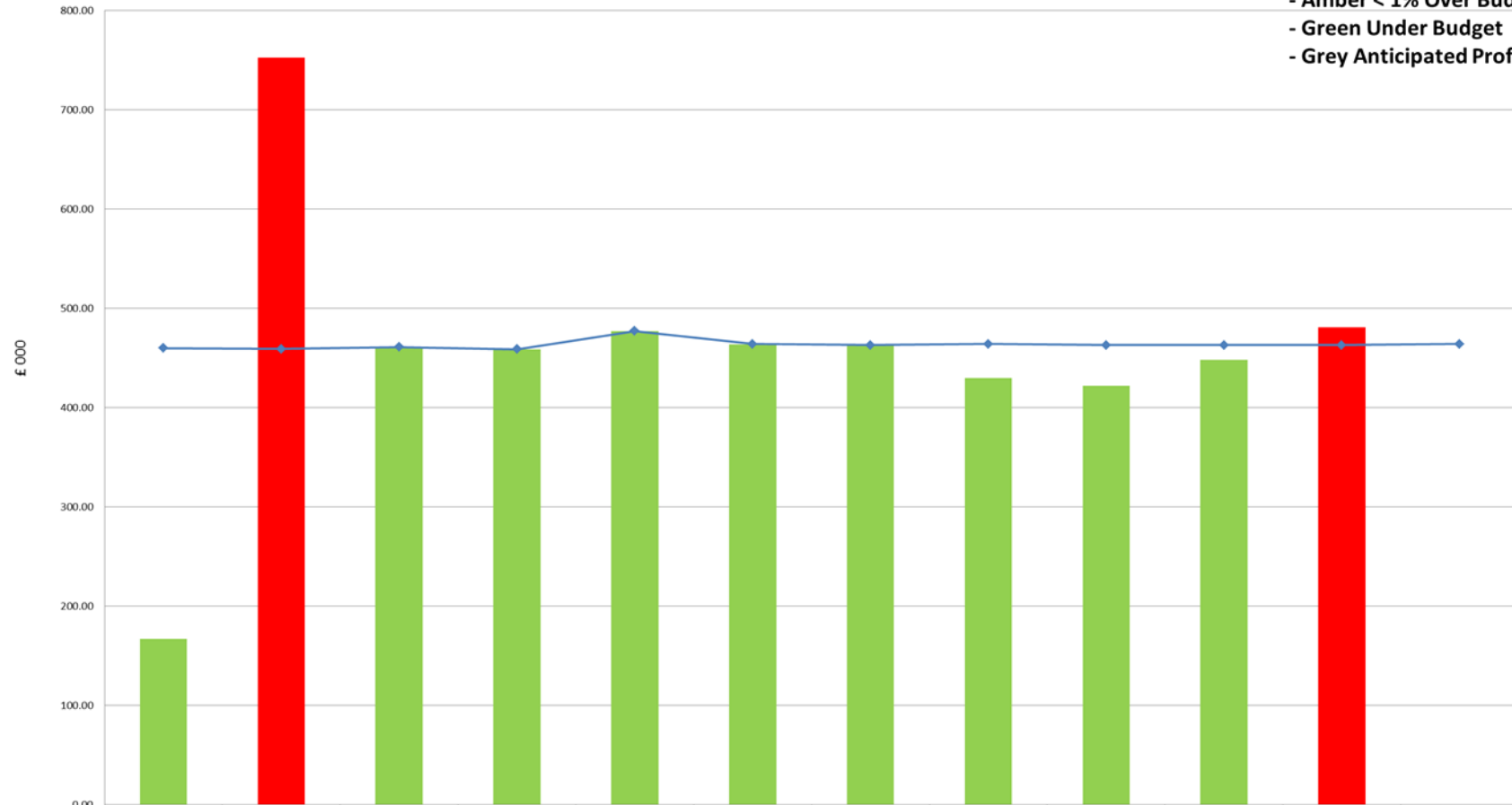
- Within the Forecast out turn there is a commitment of £1.107m of non recurrent investment to support the RWT transformational agenda.
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, and the 1% reserve. For 19/20 the CCG will need to reinstate the Contingency and 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 M11 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)	412.602				(10.336)						402.266
Acute Services	201.410	202.468	(1.059)	(0.5%)	(2.026)	-		(7.035)			193.407
Mental Health Services	39.843	40.500	(0.657)	(1.6%)	(2.692)	-		(0.945)			36.863
Community Health Services	40.882	40.931	(0.049)	(0.1%)	-	-		0.266			41.197
Continuing Care Services	15.114	14.809	0.305	2.0%	-	-		0.087			14.896
Primary Care Services	53.702	53.752	(0.050)	(0.1%)	(2.204)	-		0.484			52.032
Primary Care Co-Commissioning	36.571	35.601	0.970	2.7%	0.285	-		0.666			36.552
Other Programme Services	19.520	19.081	0.440	2.3%	(3.657)	-	(2.021)	0.838			14.241
Commissioning Services Total	407.042	407.142	(0.100)	(0.0%)	(10.294)	-	(2.021)	(5.639)			389.188
Running Costs	5.560	5.460	0.100	1.8%	(0.042)	-		0.097			5.515
TOTAL CCG NET EXPENDITURE	412.602	412.602	0.000	0.0%	(10.336)	-	(2.021)	(5.542)			394.703
IN YEAR UNDERSPEND / (DEFICIT)	-	0.000	0.000	0.0%							7.563
									Underlying Underspend / (Deficit)		7.563
									% 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



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18 Actual	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19 Estimated
Monthly Spend	167	752	461	459	477	464	463	430	422	448	481	
Monthly Budget	460	459	461	459	477	464	463	464	463	463	463	464

DELEGATED PRIMARY CARE

- Delegated Primary Care allocations for 2018/19 as at M11 are £36.571m. The forecast outturn is £35.171m delivering an underspend position of £0.970m.
- Further to last month when a £1.4m underspend was reported the CCG has identified potential expenditure relating to costs for NHS Health Checks and a provision for an ongoing issue relating to PMS/GMS. This has reduced the forecast underspend to £970k.
- The 0.5% contingency and 1% reserves are showing an underspend year to date with an expectation of full utilisation by year end. In line with NHSE planning metrics no expenditure should be shown on the 0.5% contingency and 1% reserves.
- The table below shows the outturn for month 11:

	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	20,450	20,738	288	22,309	22,309	0	●	0	0
General Practice PMS	1,756	1,382	(375)	1,916	1,916	0	●	0	0
Other List Based Services APMS incl	2,230	2,612	381	2,433	2,433	0	●	0	0
Premises	2,582	2,300	(282)	2,817	2,817	0	●	0	0
Premises Other	87	55	(32)	94	94	0	●	0	0
Enhanced services Delegated	813	704	(109)	887	887	0	●	0	0
QOF	3,485	3,383	(102)	3,802	3,802	0	●	0	0
Other GP Services	1,618	1,462	(156)	1,765	795	(970)	●	(970)	0
Delegated Contingency reserve	168	0	(168)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	335	0	(335)	366	366	0	●	0	0
Total	33,523	32,634	(889)	36,571	35,601	(970)	●	(970)	0

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:

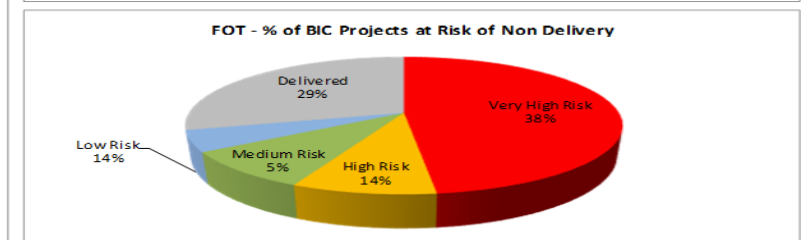
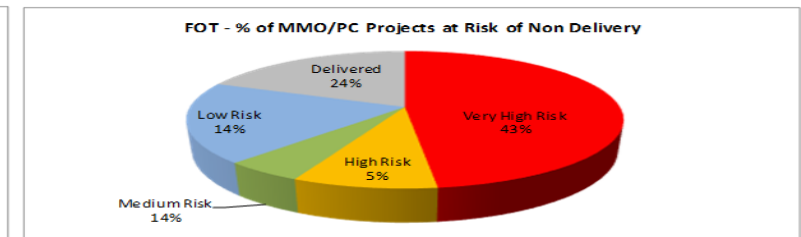
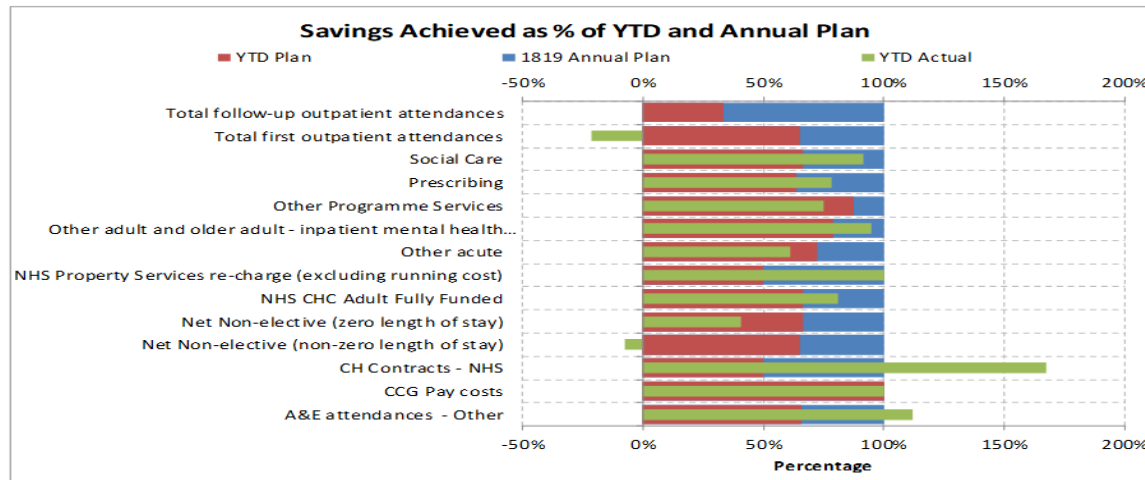
- The submitted finance plan required a QIPP of £13.948m or 3.5% of allocation.
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care schemes such as Respiratory, Diabetes and Paediatrics.
- The plan assumes full delivery of QIPP on a recurrent basis as any non-recurrent QIPP will potentially be carried forward into future years.
- For Month11 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 11 - Feb 18/19

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

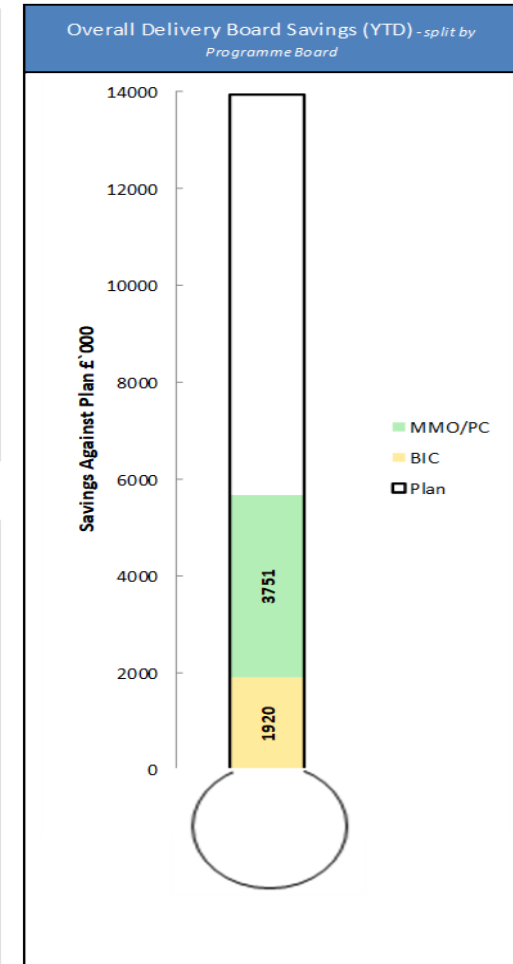
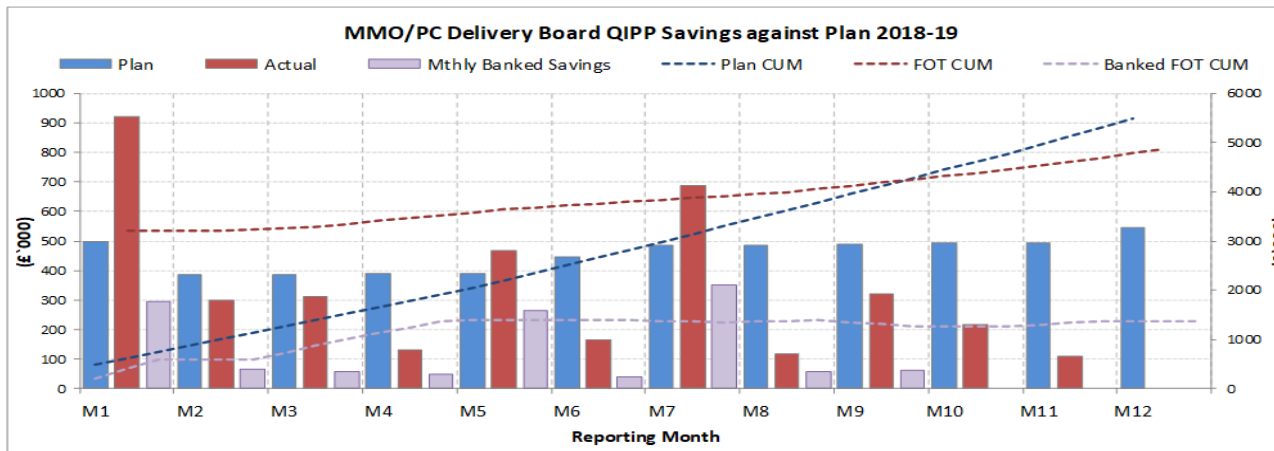
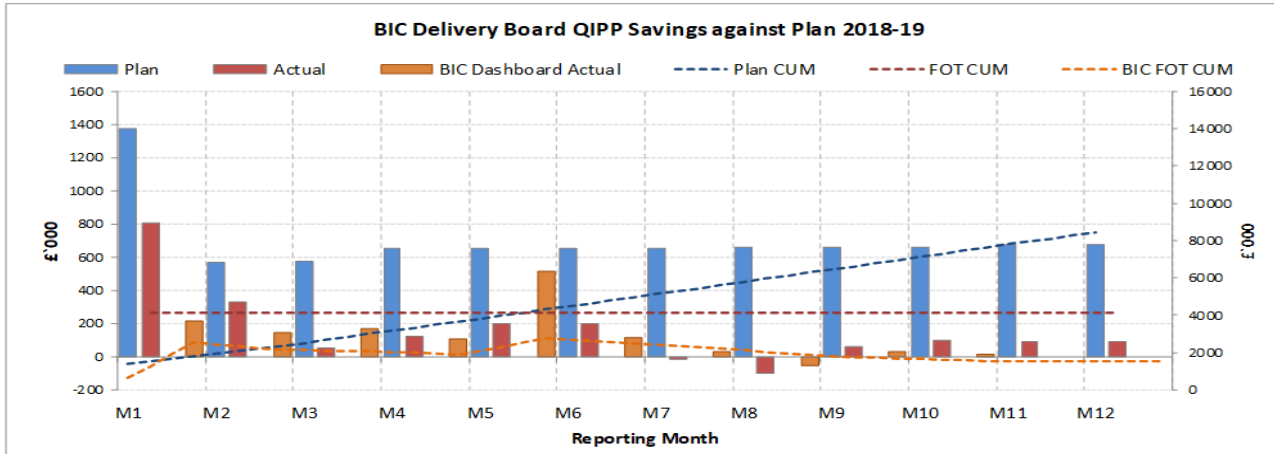
Area of Spend Category	Annual Plan	April to Feb (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Feb (YTD) Prog Brd diff from Plan	Feb (FOT) Prog Brd diff from Plan
A&E attendances - Other	200	132	132	0	200	0	-92	-24
Acute OP	0	0	0	0	0	0	0	0
CCG Pay costs	115	115	115	0	115	0	0	0
CH Contracts - NHS	281	141	141	0	281	0	-330	-419
Net Non-elective (non-zero length of stay)	4921	3199	3199	0	4921	0	3557	4638
Net Non-elective (zero length of stay)	1618	1072	1072	0	1618	0	415	758
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	135	33
Other adult and older adult - inpatient mental health (excluding dementia)	950	750	750	0	950	0	-150	0
Other Programme Services	160	140	140	0	160	0	20	40
Prescribing	2507	1603	1603	0	2507	0	-362	159
Social Care	500	332	332	0	500	0	-126	0
Total first outpatient attendances	718	468	468	0	718	0	622	718
Total follow-up outpatient attendances	221	74	74	0	221	0	74	221
Grand Total	13947	9248	9248	0	13947	0	3654	6299



Mth 11 - Feb 18/19

QIPP Programme Delivery Board

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



3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 28th February 2019 is shown below:

	28 February '19 £'000	31 January '19 £'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	4,309	2,212	3	2,097
Cash and Cash Equivalents	54	355	4	-301
	4,363	2,567		
Total Assets	4,363	2,567		
Current Liabilities				
Trade and Other Payables	-43,847	-42,917	5	-930
	-43,847	-42,917		
Total Assets less Current Liabilities	-39,485	-40,350		
TOTAL ASSETS EMPLOYED	-39,485	-40,350		
Financed by:				
TAXPAYERS EQUITY				
General Fund	39,485	40,350	6	-866
TOTAL	39,485	40,350		

Key points to note from the SoFP are:

- The cash target for month 11 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);

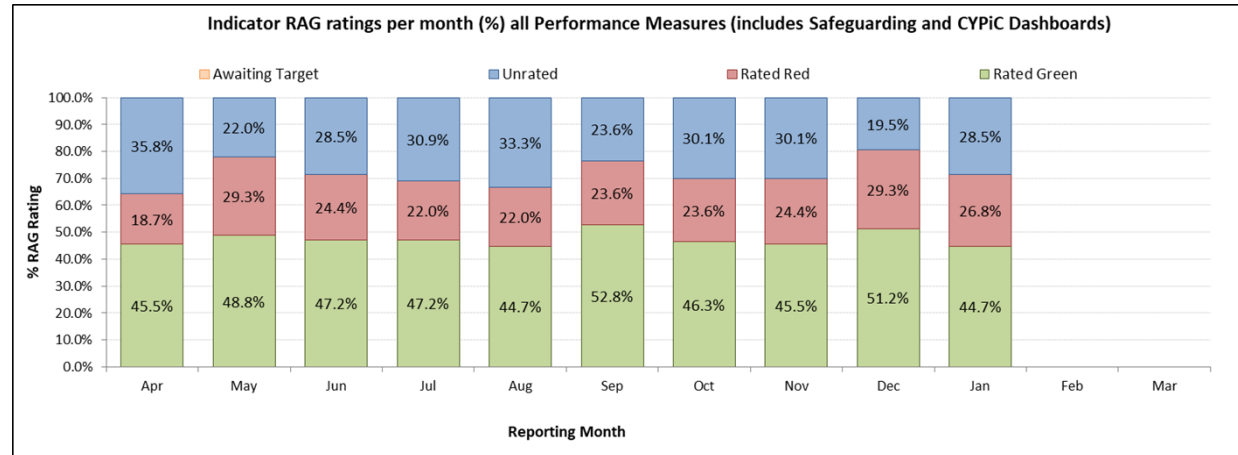
4. PERFORMANCE

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

Executive Summary - Overview

Jan-19

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	15	15	1	1	0	0	24
Outcomes Framework	7	8	8	7	11	11	0	0	26
Mental Health	30	24	6	4	5	13	0	0	41
Sub Totals	45	40	29	26	17	25	0	0	91
RWT - Safeguarding	4	4	6	6	6	3	0	0	13
RWT - Children & Young People in Care (CYPiC)	4	0	2	0	0	6	0	0	6
BCP - Safeguarding	10	11	2	1	1	1	0	0	13
Dashboard Totals	18	15	10	7	7	10	0	0	32
Grand Total	63	55	39	33	24	35	0	0	123



Exception highlights were as follows;

4.1. Royal Wolverhampton NHS Trust (RWT)

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

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 performance for January was 90.1% against the national target of 92%
- 48% of patients on the Incompletes waiting list are currently waiting less than 7 weeks and 92% patients are waiting less than 19 weeks to start treatment.
- M10 in-year trajectory (as agreed with NHSI) of 91.39% has not been achieved, however performance is once again better than the national position of 86.7%

- The Trust had been on track to achieve the national requirement to sustain or reduce RTT waiting list size against the March 18 baseline of 33,858; however for the list size in January exceeds this position at 34,855. The increases to list sizes since December follows discussions with the Trust regarding the inclusion of e-Referral Service (eRS) Appointment Slot Issue (ASI) patients as part of the incomplete waiting list.
- The Trust is currently forecasting that it is unlikely to be able to reduce the list size to March levels before the year end.
- The Trust is providing exception reports which are discussed at the monthly CRM and a recovery trajectory is currently in discussion.
- The CCG's performance was 91.5%, England 86.7% & Region 87.3%
- There are no patients waiting 52+ weeks at the Trust. However there are two Wolverhampton patients waiting over 52 weeks at other providers (see section 4.3.4).

4.1.2. EB4 – Percentage of Service Users Waiting 6 weeks or more from Referral for a Diagnostic Test.

- The % of patients waiting 6 weeks (or more) for diagnostic tests at the Trust is 98.26% in January. The CCG's performance for January was 98.24%.
- Performance has been steadily improving since October and the Trust have confirmed that issues have been resolved with Neurophysiology, Endoscopy and Flexible Sigmoidoscopy, this is confirmed by the national data for January.
- Performance issues remain for MRI and CT in January in particular cardiac MRI however the Trust reports confidence in performance returning to standard by the end of March 19.

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

- 88.23% of A&E attendances were admitted, transferred or discharged within 4 Hours in January.
- The January PSF trajectory target of 90.2% was not achieved; this was only the 2nd time in 2018/19 that the target has not been met with continued winter pressures effecting performance.
- Although the Trust fell short of the national target of 95%, nationally only 6 acute trusts out of 136 achieved the national standard with RWT ranked at 43rd.

- NHS England performance was 84.38% and the Black Country STP achieved 83.2%.
- The Trust reported a 12 hour decision to admit target breach which related to a paediatric patient awaiting a PICU bed. Patient was unstable and unable to be transferred within target. The patient was transferred to Sheffield and sadly passed away.

4.1.4. Cancer 2WW, 31 Day and 62 Day

- January validated national performance for the 62 Day from referral to 1st definitive treatment has been confirmed as 60.99% (based on 35.5 breaches out of 91, with 7 of those patients at 104+ days).
- As forecast the Trust has not achieved the agreed recovery trajectory which was 66.7% for January.
- All 104+ patients had a harm review and no harm was identified.
- The Trust received 22 Tertiary Referrals in January; only 8 were received by the standard of day 38, 6 by day 62, 8 post day 62 and no 104+All 104+ patients had a harm review and no harm was identified.
- The increase in Breast cancer referrals following Breast Cancer Awareness Campaign has continued in to December, January and February shows no signs of abating. A comparison of referral numbers to the previous year shows an average increase in referrals of 11%.
- NHSI confirms that this is reflected regionally and nationally and as of yet there is no obvious cause of the sustained increase in level of referrals.

Ref	Indicator	Target	Jan19	YTD
EB6	2 Week Wait (2WW)	93%	84.26%	84.29%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	38.32%	60.74%
EB8	31 Day (1 st Treatment)	96%	85.31%	88.99%
EB9	31 Day (Surgery)	94%	56.82%	71.49%
EB10	31 Day (anti-cancer drug)	98%	98.08%	97.13%
EB11	31 Day (radiotherapy)	94%	80.60%	87.61%
EB12	62 Day (1 st Treatment)	M9=63% (Recovery)	59.89%	61.32%

		85% (National)		
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.

4.1.5. Electronic Discharge Summary

- Performance for the Electronic discharge summary is divided into 2 sections :
 - Excluding Assessment Units which has seen a decrease in performance however is achieving 95.42% (against a 95% target).
 - Assessment Units which has seen an increase in performance, however is currently showing as failing (90.78%) 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 a weekly performance report distributed every Tuesday and allows specialties to view and raise discrepancies for investigation.

4.1.6. Delayed Transfers of Care

- Delays for the Royal Wolverhampton NHS Trust in January have achieved both the NHS delays (excluding Social Care = 1.06% against a 2.00% target) and all delays (including social care of 2.90% based on 17/18 threshold of 3.5%)
- The Trust have identified that the main areas of delays remain :
 - Completion of Assessment (top NHS delay = 3.29 average bed day delay)

- Care Packages in Home (top Social Care delay = 5.70 average bed day delay)
- The proportion of Staffordshire patient delays at the Trust during January has been confirmed as 54.81% of the total delays (Wolverhampton patients = 23.43%).

4.1.7. Serious Incident Breaches (SUIs) - RWT

- No breaches were identified for January (see table below), there have been no reported Never Events for January; 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	Jan19	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	0	26

4.1.8. Safeguarding (LQR21)

- 4 out of the 19 Safeguarding indicators for Children and Young People in Care (CYPiC, formally known as LAC) indicators were reported as achieving targets for January 2019 (and 9 non submissions – however, 6 of the CYPiC indicators have transferred to Quarterly reporting and updates will be available in the March submission).

4.1.9. Infection Prevention

- Hand Hygiene compliance has seen an increase in January but remains below the 95% target at 90.36%.
 - Trust Actions: monthly reporting to line managers of non-compliant staff and to gain assurance that each directorate has an effective process of non-compliance/holding staff to account and staff awareness, with discussions at IPCG every month (chaired by Executive Directors).

- Development of an online submission form/app for Hand Hygiene competence, to prevent the delay in returning papers forms for upload which was due for completion in December 2018, however the app requires some improvements following a trial on mobile devices and requires a desktop based format.
- Infection Prevention Training (Level 2) has seen an increase in January and achieved the 95% target for the first time during 2018/19 at 94.96%.

4.1.10. CHC Checklist (LQR11)

- The performance for the Continuing Health Care checklist has seen an increase in performance during January to 97.62%.
- The January breach relates to 1 patients CHC template not being completed in full (information not appropriate).
- Early indications are that the February performance has achieved 100%.

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

4.2.1. % 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 November with 51.47%.

4.2.2. IAPT Access (LQIA05)

- The percentage of Service Users experiencing a first episode of psychosis who commenced a NICE concordant package of care with 2 weeks of referral has breached the 53% target for the first time since April 2018.
- The 0% performance breach relates to an individual patient who did not attend scheduled appointments due to incorrect contact details.
- Early Intervention staff has been reminded to confirm address details prior to appointments being sent.

4.2.3. CYP Receiving Treatment from NHS Funded Community Services (EH9)

- This is a quarterly submission from the Trust however; National monthly reporting confirms the CCG YTD performance for January 2019 26.21% and the YTD as 23.70% against the 32% target.

4.2.4. IAPT Access (LQIA05)

- January failed to achieve the 2018/19 in-month target of 1.58% with 1.45%, this has impacted on the Year to Date which remains below the cumulative target (YTD= 14.39% against a YTD target of 15.83%); performance is measured against the Year End target of 19%. Based on the January data, subsequent months will need to achieve 2.31% (692 Patients per month - an additional 216 patients above original planning trajectories) 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 service is currently supported by agency staff and offers of overtime to substantive staff however 1 x Agency staff has left which leaves 30 appointments that the service is attempting to distribute amongst remaining staff.
- The CCG have explored the use of external counselling services however Serenity (local counselling service) have confirmed that they have lost their accommodation and are currently unable to accept referrals. Big White Wall (online therapy) have been contracted to treat 100 patients from 11th February 2019 to support access rates to the end of March 2019.
- As an organisation we need to be assured that there is sufficient capacity within the treatment services to accommodate meeting the increased access targets, maintaining quality of provision for those patients within the system. The Trust has confirmed that they are currently at 18% (as at 21st March) and have multiple community activities booked to take place during the remainder of the month.

4.2.5. Safeguarding

- 11 out of the 13 Safeguarding indicators were reported as achieving targets for January 2019 (with 1 non submission).
- The breach relates to the PREVENT e-learning compliance with January seeing a decline in compliance (116 non-compliant staff).

4.3. Other Providers :

4.3.1. Referral to Treatment Time (18weeks) – Nuffield Wolverhampton

- The Nuffield submit an SQPR direct to the CCG on a quarterly basis with the January submission report achieving the 92% target at 96.17%.
- 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 January performance as above target at 96.35% (with the Wolverhampton element at 96.33% and therefore also GREEN).

4.3.2. Serious Incident Breaches (SIs) – Compton Care

- 1 breach was identified for January (carried over from December breaches), which related to a Slip/Trip/Fall meeting Serious Incident Criteria. The Root Cause Analysis report has since been received by the CCG.

4.3.3. Commissioner Mixed Sex Accommodation Breaches (EBS1)

- 4 breaches were identified for the CCG during January 2019 at Sandwell and West Birmingham Hospital (out of 1123 breaches for the Trust during January).
- Following discussions with the lead commissioner (Sandwell CCG) it has been confirmed that the Trust had previously incorrectly reported data to the national collection. The Trust have now rectified this following advice from NHS Improvement that national policy and guidance should be followed and a recovery trajectory has been agreed with the Trust (with an expectation to report zero cases by end of March..
- The Commissioner year to date total is 6 breaches.

4.3.4. Referral to Treatment (18 Weeks) – 52 Week Breaches

- 2 breaches were identified for the CCG during January 2019

- 1 x Guys & St Thomas' NHS FT (Other)
- 1 x Imperial College Health care NHS Trust (Ophthalmology)
- This brings the Commissioner year to date total to 27 breaches.

5. RISK and MITIGATION

The CCG submitted a M11 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 Externals	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	
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

6. CONTRACT AND PROCUREMENT REPORT

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

7. COMMITTEE ANNUAL REPORT 2018/19

The Committee received the draft report for consideration and took assurance that it has discharged its duties as set out in its terms of reference

8. RISK REPORT

The Committee received and considered an overview of the risk profile including Corporate and Committee level risks.

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 Finance Officer
Date: 27th March 2019

Performance Indicators 18/19

Current Month: **Jan-19**

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
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%	98.26%	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%	88.23%	91.45%	↓	
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	93.0%	84.26%	84.37%	↑	
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%	38.32%	58.98%	↓	
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%	85.31%	88.97%	↓	
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	56.82%	72.33%	↑	
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%	98.08%	97.09%	↑	
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%	80.60%	87.06%	↓	
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%	59.89%	61.18%	↓	
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%	73.91%	80.29%	↓	
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	2	25	↓	
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	240	840	↓	
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	24	83	↓	
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	0	1	6	↓	
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%	93.05%	92.80%	↑	
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%	99.87%	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	
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%	98.73%	98.67%	↓		
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	95.0%	95.42%	95.77%	↓		
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%	90.78%	85.45%	↑		
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	2.0%	1.06%	1.03%	↑		
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	0	26	↑		
RWT_LQR7	Number of cancelled operations - % of electives	0.8%	0.59%	0.49%	↓		
RWT_LQR10	DToC – compliance with checklist *awaiting confirmation of removal to Schedule 6	95.0%	No Data	66.96%			
RWT_LQR11	% Completion of electronic CHC Checklist	98.0%	97.62%	89.67%	↑		
RWT_LQR12	E-Referral - ASI rates	10.0%	No Data	24.46%			
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	90.0%	90.00%	90.69%	↓		
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	80.0%	98.65%	92.11%	↑		
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	60.0%	97.20%	86.91%	↑		
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	92.5%	99.67%	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	10			
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
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%	90.36%	91.48%	↑	
RWT_LQR29	Infection Prevention Training Level 2	95.0%	95.33%	94.55%	↑	
BCP_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	92.00%	96.81%	96.48%	↑	
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	10	⇒	
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	95.84%		
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%	0.00%	70.83%		
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%	79.81%	84.20%	↑	
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%	99.02%	⇒	
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	9.28%		
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	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%	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%	95.50%	↑	
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%	98.19%	⇒	
BCP_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	80.00%	No Data	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%	No Data	85.76%		

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
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%	95.41%	96.65%	↓	
BCP_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	95.00%	100.00%	99.60%	⇒	
BCP_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	7.50%	0.00%	1.13%	⇒	
BCP_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	95.00%	100.00%	99.40%	↑	
BCP_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	85.00%	100.00%	96.06%	↑	
BCP_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	85.00%	97.56%	98.72%	↓	
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%	66.67%	⇒	
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%	60.61%	58.99%	↓	
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%	79.81%	84.20%	↑	
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%	100.00%	99.02%	⇒	
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%	1.45%	14.43%	↑	
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%	97.05%	⇒	
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%	⇒	