

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 12

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 30th April 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 	<p>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.</p>
<ul style="list-style-type: none"> • Domain2: Performance – delivery of commitments and improved outcomes 	<p>The CCG must meet a number of constitutional, national and locally set performance targets.</p>
<ul style="list-style-type: none"> • Domain 3: Financial Management 	<p>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.</p>

1. FINANCE POSITION

The Committee was asked to note the following:

- The CCG has achieved all its financial metrics and Statutory Financial duties;
 - The Control total of £9.986m surplus has been exceeded by £42k resulting in a year end surplus of £10.028m;
- The reported financial position is subject to Audit.

Financial Targets				
Statutory Duties	Target	Out turn	Variance o(u)	RAG
Expenditure not to exceed income	£9.986m surplus	£10.028m surplus	(0.042)	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£424.036m	£414.008m	(£10.028m)	G
Revenue Administration Resource not exceeded	£5.560m	£5.442m	(£0.118m)	G

Non Statuory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£403k	£67k	(£336k)	G
Maximum closing cash balance %	1.25%	0.21%	(1.04%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£13.948m	£13.948m	Nil	G
Programme Cost *	£405,857k	£408,566k	£2,709k	G
Reserves *	£2,633k	£0k	(£2,633k)	G
Running Cost *	£5,560k	£5,442k	(£118k)	G

- The net effect of the three identified lines (*) is an under spend of £42k.
- Underlying recurrent surplus metric of 2% has been maintained.

- Programme Costs inclusive of reserves is showing a small overspend.
- Royal Wolverhampton Trust (RWT) M11 data indicates a financial under performance.
- The CCG control total of £9.986m has been exceeded, delivering £10.028m.
- The CCG is reporting an end of year position of £776k underspend within Delegated Primary Care as claims in respect of QOF, maternity and sickness claims and developments are less than planned
- The CCG is reporting achieving its QIPP target of £13.948m.
- The Programme Boards QIPP deliverability report confirms the need to deploy reserves in order to meet the QIPP target as planned.

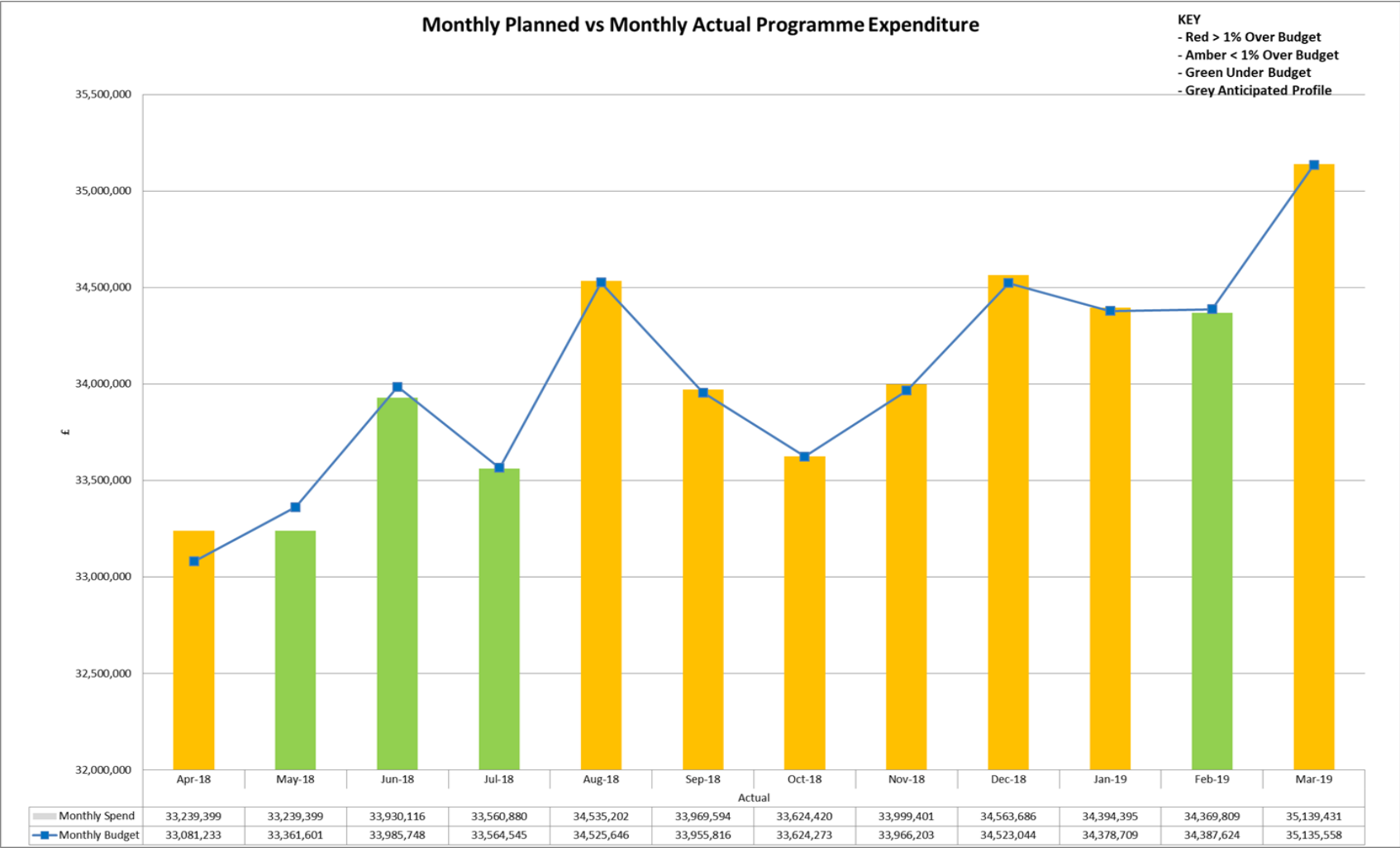
The table below highlights year to date performance as reported to and discussed by the Committee;

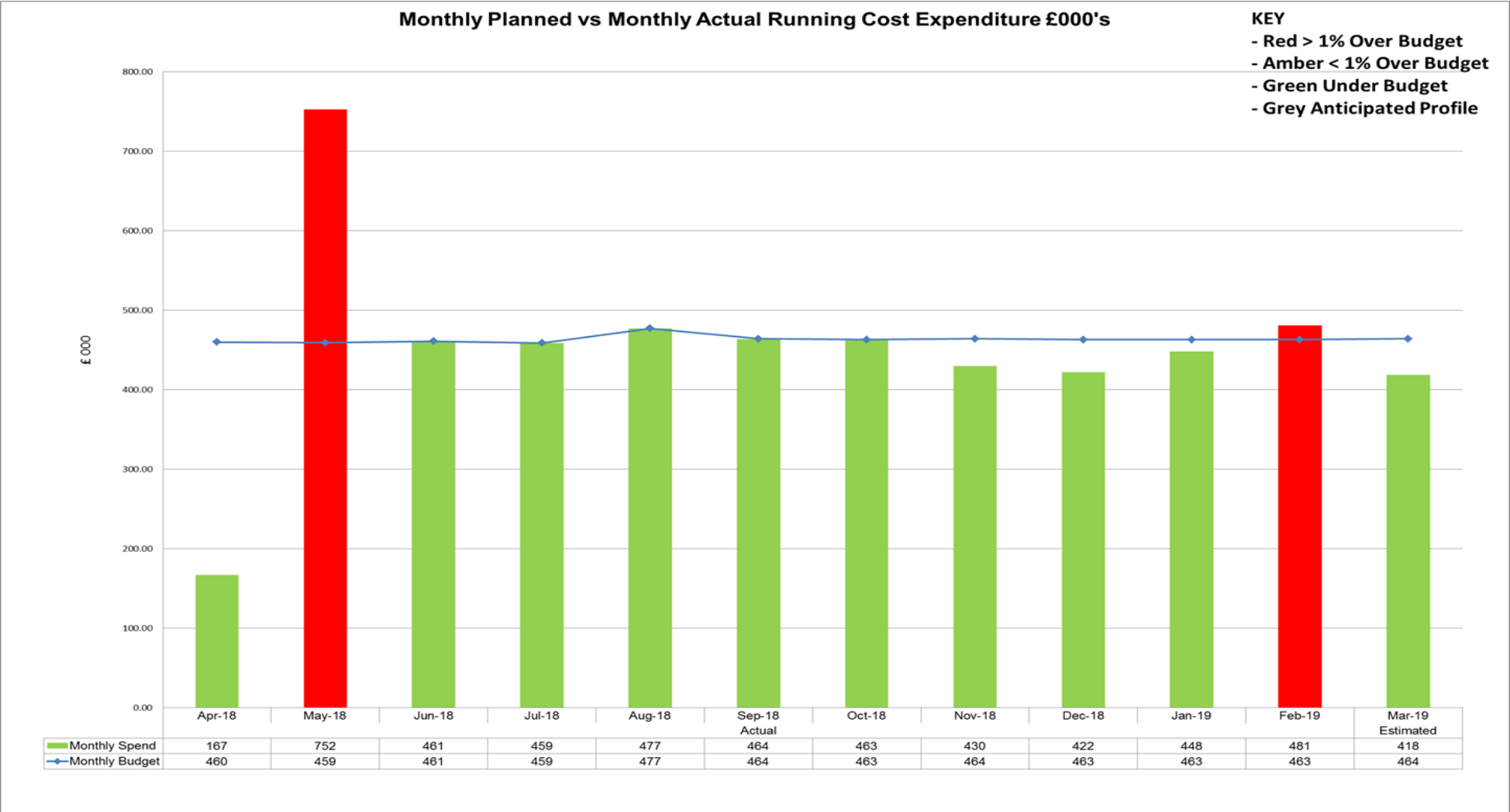
	Annual Budget £'000	Performance M12			
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)
Acute Services	201,468	201,468	204,095	2,627	1.3%
Mental Health Services	39,906	39,906	40,682	776	1.9%
Community Services	40,882	40,882	40,570	(312)	(0.8%)
Continuing Care	15,061	15,061	14,880	(181)	(1.2%)
Primary Care Services	53,937	53,937	53,363	(574)	(1.1%)
Delegated Primary Care	36,023	36,023	35,795	(228)	(0.6%)
Other Programme	18,580	18,580	19,180	600	3.2%
Total Programme	405,857	405,857	408,566	2,709	0.7%
Running Costs	5,560	5,560	5,442	(118)	(2.1%)
Reserves	2,633	2,633	0	(2,633)	(100.0%)
Total Mandate	414,050	414,050	414,008	(42)	(0.0%)
Target Surplus	9,986	9,986	0	(9,986)	(100.0%)
Total	424,036	424,036	414,008	(10,028)	(2.4%)

- Within the out turn there is a commitment of £1.107m of non recurrent investment to support the RWT transformational agenda.

- The Acute over performance of £2.6m includes both contractual and out of contract spend, £850k of which is offset by earmarked reserves reducing the variance to £1.777m.
- 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 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 M12 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 £m
	Plan £m	Actual £m	Variance £m	Variance %	NR Allocations & Matched Expenditure £m	NR QIPP Benefit £m	Contingency £m	Other NR Spend / Income £m	QIPP £m	Other £m	
REVENUE RESOURCE LIMIT (IN YEAR)	414,050				(11,784)						402,266
Acute Services	201,468	204,095	(2,627)	(1.3%)	(2,084)	-		(8,521)			193,490
Mental Health Services	39,906	40,682	(0,776)	(1.9%)	(2,702)	-		(1,066)			36,915
Community Health Services	40,882	40,570	0,312	0.8%	-	-		0,426			40,996
Continuing Care Services	15,061	14,880	0,181	1.2%	-	-		(0,028)			14,852
Primary Care Services	53,937	53,363	0,574	1.1%	(2,430)	-		0,718			51,651
Primary Care Co-Commissioning	36,571	35,795	0,776	2.1%	0,285	-		0,472			36,552
Other Programme Services	20,665	19,180	1,485	7.2%	(4,808)	-	(2,021)	2,319			14,670
Commissioning Services Total	408,490	408,566	(0,076)	(0.0%)	(11,739)	-	(2,021)	(5,680)	-	-	389,125
Running Costs	5,560	5,442	0,118	2.1%	(0,045)	-		0,160			5,557
TOTAL CCG NET EXPENDITURE	414,050	414,008	0,042	0.0%	(11,784)	-	(2,021)	(5,521)	-	-	394,682
IN YEAR UNDERSPEND / (DEFICIT)	-	0,042	0,042	0.0%							7,584
											1.9 %
									Underlying Underspend / (Deficit)		
									% RRL		





DELEGATED PRIMARY CARE

- Delegated Primary Care allocations for 2018/19 as at M12 are £36.571m. The outturn is £35.795m delivering a underspend position of £0.776m.
- Further to last month when a £0.970m underspend was reported the CCG has identified potential costs relating to the consequences of List size adjustments for a practice and an ongoing issue relating to PMS/GMS. This has reduced the forecast underspend to £776k.
- The 0.5% contingency and 1% reserves are showing an underspend year to date partially offset by an overspend on “other GP Services” line. 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 12:

	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	22,309	22,133	(176)	●	(176)	0
General Practice PMS	1,916	1,507	(409)	●	(409)	0
Other List Based Services APMS incl	2,433	2,849	416	●	416	0
Premises	2,817	2,466	(351)	●	(351)	0
Premises Other	94	60	(34)	●	(34)	0
Enhanced services Delegated	887	776	(111)	●	(111)	0
QOF	3,802	3,727	(74)	●	(74)	0
Other GP Services	1,765	2,277	512	●	1,482	(970)
Delegated Contingency reserve	183	0	(183)	●	(183)	0
Delegated Primary Care 1% reserve	366	0	(366)	●	(366)	0
Total	36,571	35,795	(776)	●	194	(970)

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:

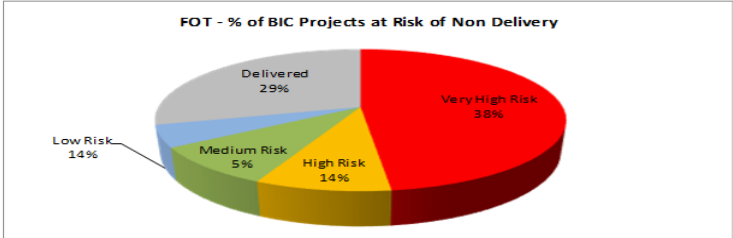
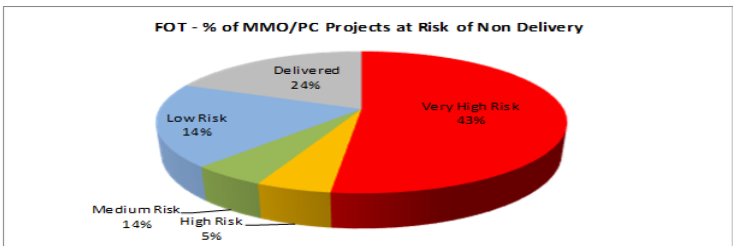
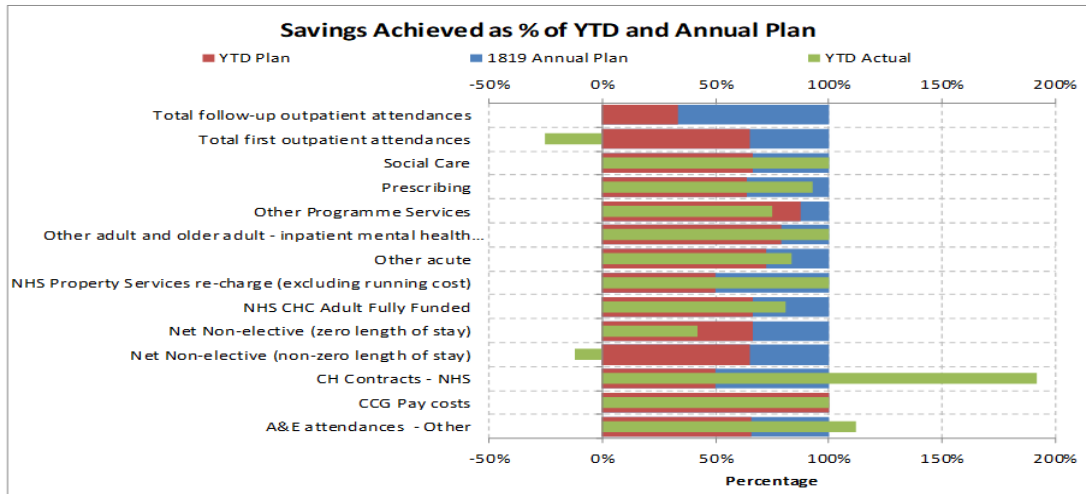
- The submitted finance plan required a QIPP of £13.948m or 3.5% of allocation.
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care schemes such as Respiratory, Diabetes and Paediatrics.
- The plan assumes full delivery of QIPP on a recurrent basis as any non-recurrent QIPP will potentially be carried forward into future years.
- As at M12 QIPP is being reported as delivering on plan supported through the planned application of reserves and underspends in the overall position. The following table identifies that, as reported by Scheme Leads, QIPP has under delivered by £6.274m. However, the final position is likely to show more QIPP delivery once M12 activity is reported.

QIPP Programme Delivery Board

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

Mth 12 - Mar 18/19

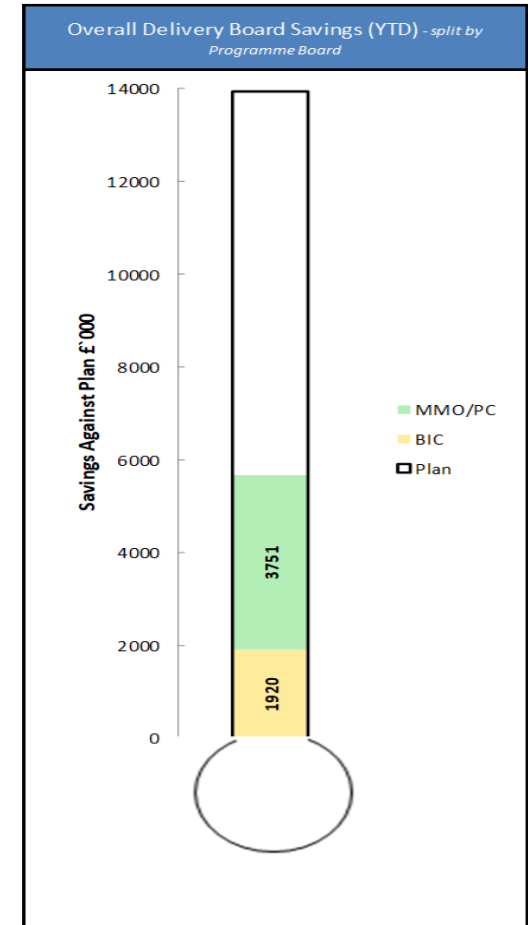
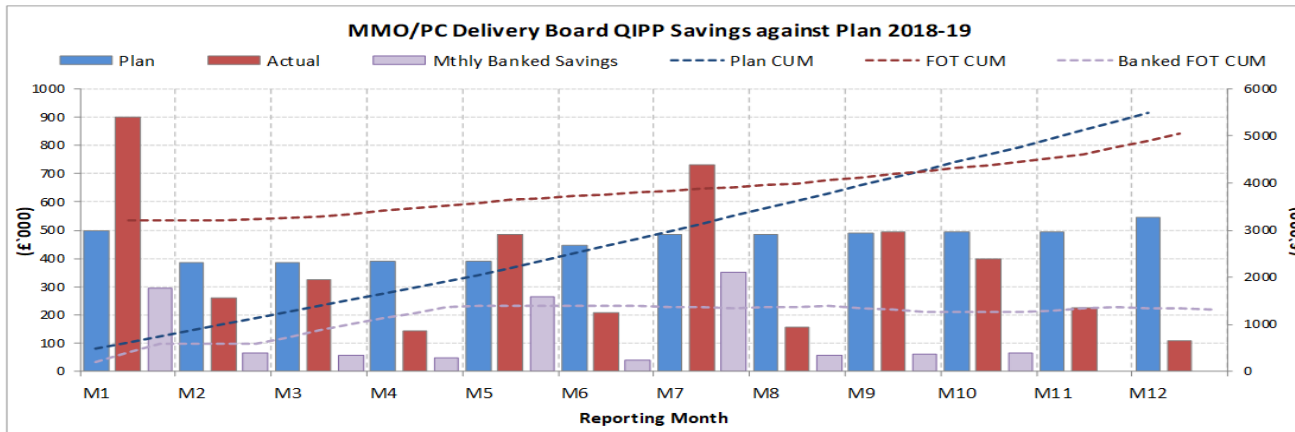
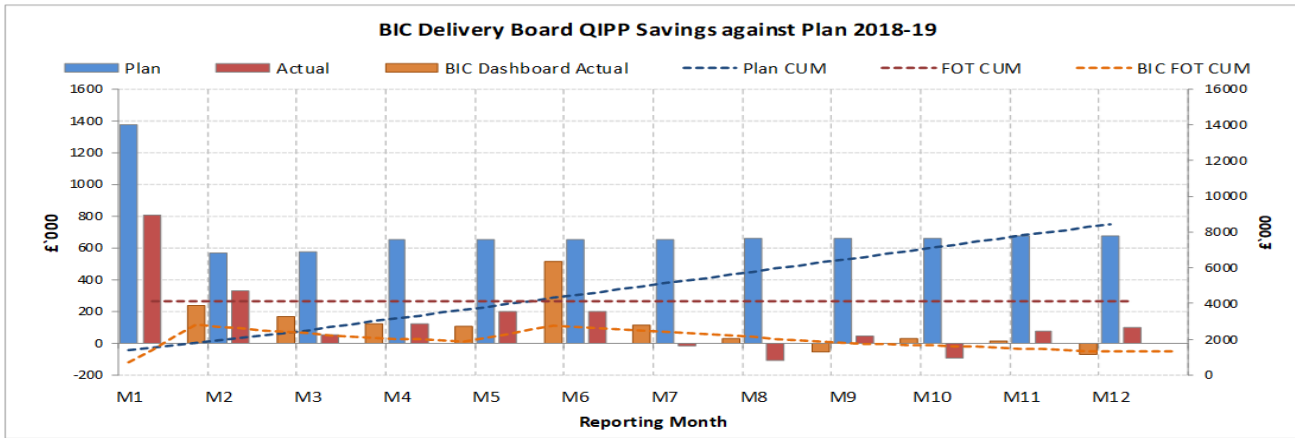
Area of Spend Category	Annual Plan	April to Mar (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Mar (YTD) Prog Brd diff from Plan	Mar (FOT) Prog Brd diff from Plan
A&E attendances - Other	200	132	132	0	200	0	-92	-24
Acute OP	0	0	0	0	0	0	0	0
CCG Pay costs	115	115	115	0	115	0	0	0
CH Contracts - NHS	281	141	141	0	281	0	-398	-369
Net Non-elective (non-zero length of stay)	4921	3199	3199	0	4921	0	3798	4738
Net Non-elective (zero length of stay)	1618	1072	1072	0	1618	0	396	808
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	-148	41
Other adult and older adult - inpatient mental health (excluding dementia)	950	750	750	0	950	0	-200	0
Other Programme Services	160	140	140	0	160	0	20	40
Prescribing	2507	1603	1603	0	2507	0	-723	-74
Social Care	500	332	332	0	500	0	-168	0
Total first outpatient attendances	718	468	468	0	718	0	648	718
Total follow-up outpatient attendances	221	74	74	0	221	0	74	221
Grand Total	13947	9248	9248	0	13947	0	3099	6274



QIPP Programme Delivery Board

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

Mth 12 - Mar 18/19



3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st March 2019 is shown below:

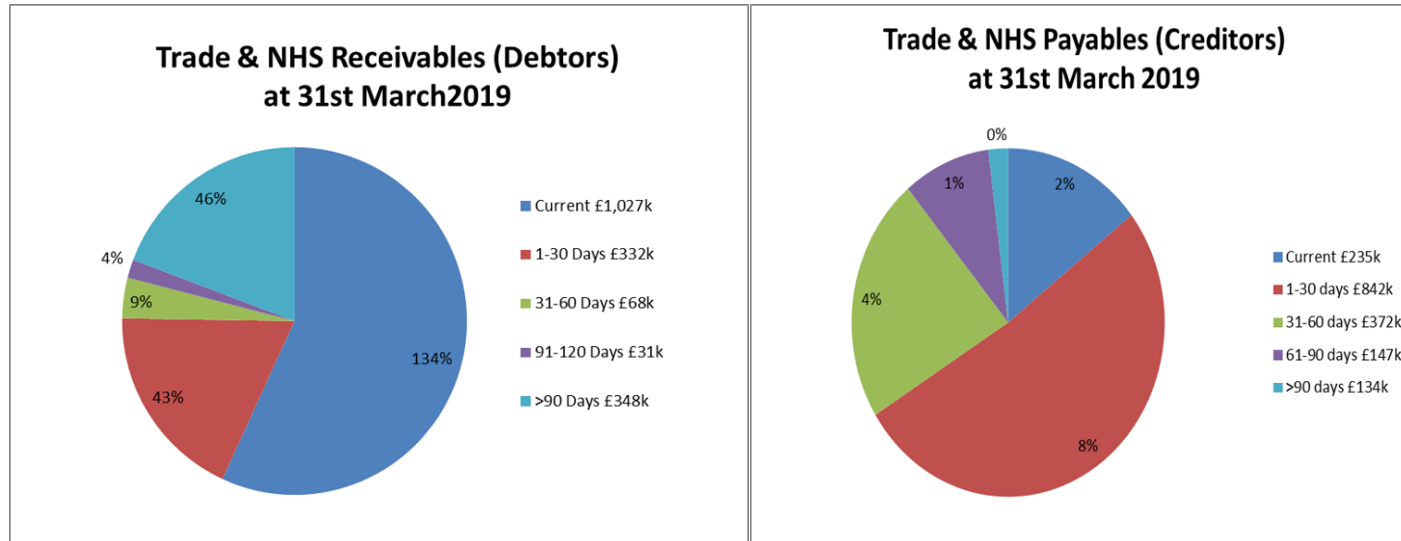
STATEMENT OF FINANCIAL POSITION AS AT 31ST MARCH 2019				
	31 March '19 £'000	28 February '19 £'000	Note	Change In Month £'000
Non Current Assets				
Assets	0	0	1	0
Accumulated Depreciation	0	0	2	0
	0	0		
Current Assets				
Trade and Other Receivables	3,210	4,309	3	-1,099
Cash and Cash Equivalents	67	54	4	13
	3,277	4,363		
Total Assets	3,277	4,363		
Current Liabilities				
Trade and Other Payables	-41,149	-43,847	5	2,698
	-41,149	-43,847		
Total Assets less Current Liabilities	-37,872	-39,485		
TOTAL ASSETS EMPLOYED	-37,872	-39,485		
Financed by:				
TAXPAYERS EQUITY				
General Fund	37,872	39,485	6	-1,612
TOTAL	37,872	39,485		

Key points to note from the SoFP are:

- The cash target for month 12 has been achieved, further details are provided in 13.2 below;
- The CCG is maintaining its high performance against the BPPC target of paying at least 95% of invoices within 30 days, (98% for non-NHS invoices and 99% for NHS invoices);

- As at 31st March 2019 the CCG recorded £1,806k (£1,041k increase on February figures) Trade & NHS Receivables (Debtors).

These are included within the 'Trade and Other Receivables' figure on the SoFP shown above. The profile is as follows:



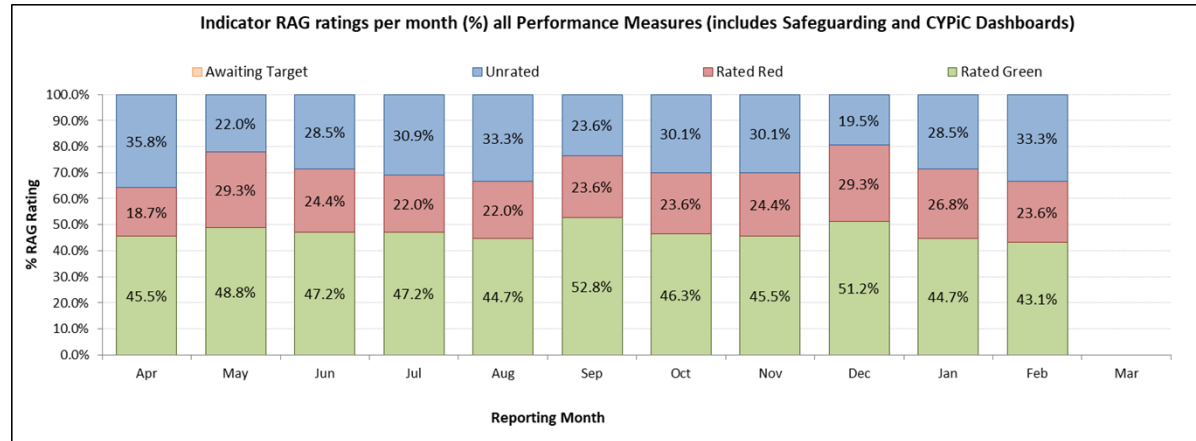
PERFORMANCE

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

Executive Summary - Overview

Feb-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	8	6	7	6	11	14	0	0	26
Mental Health	24	24	4	2	13	15	0	0	41
Sub Totals	40	38	26	23	25	30	0	0	91
RWT - Safeguarding	4	5	4	4	3	4	0	0	13
RWT - Children & Young People in Care (CYPiC)	0	0	0	0	6	6	0	0	6
BCP - Safeguarding	11	10	1	2	1	1	0	0	13
Dashboard Totals	15	15	5	6	10	11	0	0	32
Grand Total	55	53	31	29	35	41	0	0	123



Exception highlights were as follows;

3.1. Royal Wolverhampton NHS Trust (RWT)

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

- 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 February was 89.8% against the national target of 92%.
- 92% patients were waiting less than 20 weeks to start treatment, compared to nationally 92% waiting 22 weeks.
- M11 in-year trajectory (as agreed with NHSI) of 91.29% has not been achieved; however performance is once again better than the national position of 87%.
- The Trust continues to prioritise resources to meet increased cancer activity.
- Potential impact of Staffordshire CCGs decommissioning of community services and drive to reduce activity at other local provider.

- As previously reported up until December 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; as at February the list size exceeds this position at 35,553 with the Trust anticipating a March 19 position of circa 35,500.
- The Trust is providing exception reports which are discussed at the monthly CRM and a recovery trajectory is currently in discussion.
- The performance Wolverhampton CCG patients waiting to start treatment at any Trust is 91.4% for February 2019 where 92% of patients waited 18.5 weeks or less to start treatment against a national target of 18 weeks.
- National performance is 84.9% patients starting treatment within 18 weeks and 92% by 23.4 weeks.
- Regional performance is 87.4% by 18 weeks and 92% within 21.6 weeks.
- There are no patients waiting 52+ weeks at the Trust or CCG.

3.1.2. 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 has achieved the 1% target for the first time since August 2018 with 0.62% in February. The CCG's performance for February was 0.51%.
- Performance has been steadily improving since October with only MRI, CT and Non-Obstetric Ultrasound waits below standard.

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

- 88.4% of A&E attendances were admitted, transferred or discharged within 4 hours from arrival in February.
- The February PSF trajectory target of 90.7% was not achieved.
- 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 39th in February.
- NHS England performance was 84.2% and the Black Country STP achieved 84.8%.
- Attendances (Type 1 & 3) have reduced on the previous months however remains high at 22nd highest number of attendances nationally.
- Ambulance handovers breached both the 30min (96 breaches out of 4,081 conveyances) and 60min (8 breaches) targets.
- The 12 hour decision to admit target breach reported in January has been discussed with NHS England as it related to a paediatric patient who was unstable and unable to be transferred. The CCG Quality Team has

confirmed that the incident does not qualify as a breach as the child was critically ill and required extensive clinical input and was unable to transfer out of the Emergency Care.

- The Trust has reported zero 12 hour Trolley breaches (decision to admit target) during February, however early indications are that there has been a breach during March bringing the Year End total to 6 (excluding the January incident).

3.1.4. Cancer 2WW, 31 Day and 62 Day

- Validated national data have confirmed performance as: Trust 53.77% (49 breaches out of 105) and CCG 68.09% (15 breaches out of 47).
- National performance at Trust level also failed to achieve the standard at 75.2% and STP 76.14%.
- As forecast the Trust has not achieved the agreed recovery trajectory which was 70.3% for January.
- All 104+ patients had a harm review and no harm was identified.
- Late tertiary referrals; of the 13 tertiary referrals received in February 11 breached the 38 day standard with 4 already breaching 62 days - Worcester Head & Neck @ day 111, Walsall Urology @ day 112, Dudley Group Urology @ day 68 and SATH lung at day 100.
- The increase in Breast cancer referrals following the Breast Cancer Awareness Campaign in October shows no signs of abating.
- Public Health has been commissioned to analyse Breast referrals.
- NHSI confirms that this is reflected regionally and nationally and as yet there is no obvious cause of the sustained increase in the level of referrals.
- Demand and capacity analysis at STP level is currently under discussion.
- Current performance levels :

Ref	Indicator	Target	Feb19	YTD
EB6	2 Week Wait (2WW)	93%	76.49%	83.58%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	23.81%	57.39%
EB8	31 Day (1 st Treatment)	96%	88.05%	88.90%
EB9	31 Day (Surgery)	94%	80.00%	72.26%
EB10	31 Day (anti-cancer drug)	98%	98.44%	97.25%
EB11	31 Day (radiotherapy)	94%	91.67%	87.98%

EB12	62 Day (1 st Treatment)	M11= 66.7% (Recovery) 85% (National)	50.24%	60.32%
EB13	62 Day (Screening)	90%	46.67%	77.40%

3.1.5. 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 96.56% (against a 95% target).
 - Assessment Units which have seen an increase in performance, however, is currently showing as failing (90.59%) against the 18/19 increased target of 92.5%. This indicator has failed to achieve target since July 2017 and a new stretch target has been agreed for 19/20 (87% to 90%) as part of the contract planning rounds.
- The Trust has 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 ensuring all new staff are aware of the importance of timely inputting of patient data onto the IT System and Weekly Performance reports continue to be distributed to clinical leads every Tuesday, which also includes a breakdown of all breaches for specialities to view and raise discrepancies to investigate.

3.1.6. VTE Risk Assessment (CB_S10C)

- The VTE Assessment has breached the 95% target throughout 2018/19 with the February performance at 93.79% (YTD: 92.78%).
- The Trust exception report links poor performance to the increased activity from Stroke Services with late assessments (and lower age requirement).

3.1.7. Stroke (LQR14 and LQR15)

- The performance for Stroke services is split into 2 sections:
- Patients spend 90% of time on the stroke unit (83.95% against 80% target)
- Percentage of higher risk transient ischaemic attack (TIA) cases assessed and treated within 24 hours (96.77% against a 60% target)
- Both indicators have seen a drop in performance with early indications that the March TIA indicator is below target at 55.03%.

3.1.8. Delayed Transfers of Care

- Delays for the Royal Wolverhampton NHS Trust in February have achieved both the NHS delays (excluding Social Care = 1.32% against a 2.00% target) and all delays (including social care of 3.01% based on 17/18 threshold of 3.5%)
- The Trust has identified that the main areas of delays remain :
 - Patient Family Choice (top NHS delay = 2.61 average bed day delay)
 - Care Packages in Home (top Social Care delay = 6.00 average bed day delay)
- The proportion of Staffordshire patient delays at the Trust during February has been confirmed as 54.34% of the total delays (Wolverhampton patients = 33.83%).

3.1.9. Serious Incident Breaches (SUIs) - RWT

- 1 breach was identified for February (see table below), there have been no reported Never Events for February; 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	Feb19	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	27

3.1.10. Safeguarding

- 5 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 February 2019 (and 10 non submissions – however, 6 of the CYPiC indicators have transferred to Quarterly reporting and updates will be available in the March submission).

3.1.11. Infection Prevention

- Hand Hygiene compliance has seen an increase in February but remains below the 95% target at 93.47%. The Trust has confirmed that performance has been impacted by the TUPE transfer of staff (from Dudley Group of Hospitals, Sandwell and West Birmingham and Walsall Healthcare) whose training modules differ in completion requirements.
 - Trust has continued 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).
- Infection Prevention Training (Level 2) has seen further increases in performance with February achieving the 95% target for the 2nd consecutive month at 96.35%.
- There were no MRSA cases reported for February.
The Trust Clostridium Difficile (C.Diff) position is currently below the in-month threshold, however early indications are that the March performance breaches the in-month threshold with 5 cases

3.1.12. CHC Checklist (LQR11)

- The performance for the Continuing Health Care checklist has seen an increase in performance during February to 100%.
- The February figures relate to 25 patients CHC templates.
- The CHC team have confirmed that from the 1st March 2019, submission data will no longer be available as checklists will be completed in (Decision To Admit) D2A beds

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 (with February achieving 61.54%), 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 6th consecutive month during 2018/19 in December with 51.67%.

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

- This is a quarterly submission from the Trust however; National monthly reporting confirms the CCG performance for February 2019 22.32% and the YTD as 23.62% against the 32% target, however currently excludes the Q4 Kooth provider figures which are unavailable by CCG split as part of the Mental Health Minimum Data Set.

3.2.3. IAPT Access (LQIA05)

- February achieved the 2018/19 in-month target of 1.58% with 1.88%, this has increased the Year to Date performance, however remains below the cumulative target (YTD = 16.27% against an YTD target of 17.42%); performance is measured against the Year End target of 19%. Based on the February data, March performance will need to achieve 2.73% (819 Patients during the month - an additional 344 patients above original planning trajectories) to meet the year end 19% target.
- The CCG has explored the use of external counselling services to boost performance
 - Serenity (local counselling service) following loss of accommodation the CCG has booked rooms on the services behalf to continue appointments, however this has ceased from 31st March 2019.
 - 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.
 - Base 25 and ACCI (African and Caribbean Community Initiative) and Relate activity are currently being assessed for possible inclusion to performance during 19/20.
- Early indications are that the Year End performance is currently at 18.54% and below standard

3.2.4. Safeguarding

- 10 of the 13 Safeguarding indicators were reported as achieving targets for February 2019 (with 1 non submission).
- The 2 breaches relate to:
 - LQSG08 – Level 3 Training for Safeguarding Adults (79.32% against an 85% target).
 - LQSG13 – Prevent Awareness (94.79% against 95% target).
- The Trust have submitted an exception report for the safeguarding training which confirms Learning & Development liaise with safeguarding leads to ensure adequate training provision for the number of staff currently non-compliant

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 although there was a discrepancy in reported numbers. National publications have confirmed the February performance as above the 92% target at 92.91% (with the Wolverhampton element at 92.37% and therefore also GREEN).

3.3.2. Commissioner Mixed Sex Accommodation Breaches (EBS1)

- 1 breach was identified for the CCG during February 2019 at Sandwell and West Birmingham Hospital (out of 229 breaches for the Trust during February).
- 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 has now rectified this following advice from NHS Improvement that national policy and guidance should be followed.
- Following a visit from NHSI to Sandwell General Hospital, it has been confirmed that new guidance will be released which will clarify MSA breaches. The overall number of Sandwell breaches continues to fall with an expectation of zero by end of March.
- The Commissioner year to date total is 7 breaches.

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

- No breaches have been identified for the CCG during February 2019, with the longest CCG waits currently as :
 - University Hospital of North Midlands (Neurology 1 x 46 wks)
 - Royal Orthopaedic Hospital (Trauma & Orthopaedics 1 x 46 wks)
- The Commissioner year to date total remains at 27 breaches.

4. 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.

5. RISK REPORT

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

6. 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.

7. RECOMMENDATIONS

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

Name: **Lesley Sawrey**

Job Title: **Deputy Chief Finance Officer**

Date: **1st May 2019**

Performance Indicators 18/19

Current Month: **Feb-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													
						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	90.71%															
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	99.0%	99.38%	98.40%	↑														
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%	88.43%	91.18%	↑														
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%	76.49%	83.80%	↓														
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%	23.81%	53.46%	↓														
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%	88.05%	88.88%	↑														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	80.00%	72.82%	↑														
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%	98.44%	97.27%	↑														
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%	91.67%	87.46%	↑														
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%	50.24%	60.17%	↓														
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%	46.67%	77.63%	↓														
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	26	↑														
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	96	936	↑														
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	8	91	↑														
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	0	0	6	↑														
RWT_EBS6	No urgent operation should be cancelled for a second time	0	0	0	→														
RWT_CB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95.0%	93.79%	92.88%	↑														
RWT_CB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	Yes	Yes	0															
RWT_CB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99.0%	99.87%	99.89%	↓														

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												Yr End							
						A	M	J	J	A	S	O	N	D	J	F	M								
RWT_CB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95.0%	98.82%	98.68%	↑																				
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	95.0%	96.56%	95.84%	↑																				
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%	90.59%	85.88%	↓																				
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	2.0%	1.32%	1.06%	↓																				
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework). Exceptions will be considered with Chief Nurse discussions.	0	0	2	→																				
RWT_LQR5	Serious incident (SI) reporting – 72 hour review to be undertaken and uploaded onto the STEIS system by the provider (offline submission may be required where online submission is not possible). To be completed within 3 working days of the incident occurrence date. Note: Date of occurrence is equal to the date, the incident was discovered	0	0	0	→																				
RWT_LQR6	Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework. 60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.	0	1	27	↓																				
RWT_LQR7	Number of cancelled operations - % of electives	0.8%	0.49%	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%	No Data	89.67%																					
RWT_LQR12	E-Referral - ASI rates	10.0%	No Data	24.02%																					
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	90.0%	89.10%	90.55%	↓																				
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	80.0%	83.95%	91.17%	↓																				
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	60.0%	96.77%	87.82%	↓																				
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	92.5%	No Data	99.66%																					
RWT_LQR21	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit : Yes if all Dashboard is compliant, No if breaches)	Yes	No Data	No																					
RWT_LQR22a	Number of Avoidable Grade 2 Hospital Acquired Pressure Injuries (HAPI) *Note : Updated KPI, to be CVO'd into contract	<40 per yr TBC	No Data	13																					
RWT_LQR22b	Number of Avoidable Grade 3 HAPI *Note : Updated KPI, to be CVO'd into contract	<30 per yr TBC	No Data	6																					
RWT_LQR22c	Number of Avoidable Grade 4 HAPI *Note : Updated KPI, to be CVO'd into contract	<2 per yr TBC	No Data	2																					
RWT_LQR23a	Number of Avoidable Grade 2 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	<10 per yr TBC	No Data	3																					
RWT_LQR23b	Number of Avoidable Grade 3 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	<10 per yr TBC	No Data	1																					
RWT_LQR23c	Number of Avoidable Grade 4 CAPI *Note : Updated KPI, to be CVO'd into contract	0	No Data	0																					
RWT_LQR25	Integrated MSK Service - % of patients on an MSK community pathway, discharged to the community service post elective spell.	95.0%	No Data	No Data																					

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	Variance between Mth	Trend (null submissions will be blank) per Month																	
						A	M	J	J	A	S	O	N	D	J	F	M	Yr End					
RWT_LQR26	% of patient with a treatment summary record at the end of the first definitive treatment - DRAFT indicator awaiting CVO	75.0%	No Data	No Data																			
RWT_LQR27	Hospital and General Practice Interface for 6 areas as detailed in the Service Conditions Local Access Policies, Discharge Summaries, Clinic Letters, Onward referral of patients, Results and treatments, Feedback/Communications *Note : 18/19 - awaiting confirmation of removal to SDIP	0.0%	No Data	No Data																			
RWT_LQR28	All Staff Hand Hygiene Compliance	95.0%	93.47%	91.66%	↑																		
RWT_LQR29	Infection Prevention Training Level 2	95.0%	96.35%	94.72%	↑																		
BCP_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	92.00%	99.44%	96.71%	↑																		
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	95.87%																			
BCP_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	90.00%	100.00%	100.00%	→																		
BCP_EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	0	0	0	→																		
BCP_EAS5	Minimise rates of Clostridium Difficile	0	0	0	→																		
BCP_EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	53.00%	100.00%	74.07%	↑																		
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%	82.50%	84.05%	↑																		
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%	99.11%	→																		
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	92.31%																			
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%	97.37%	95.69%	↓																		
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%	98.33%	→																		
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																		
						A	M	J	J	A	S	O	N	D	J	F	M	Yr End						
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%	95.30%	96.52%	↓																			
BCP_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	95.00%	100.00%	99.63%	→																			
BCP_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	7.50%	0.00%	1.04%	→																			
BCP_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	95.00%	99.32%	99.39%	↓																			
BCP_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	85.00%	100.00%	96.23%	→																			
BCP_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	85.00%	93.48%	98.23%	↓																			
BCP_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	100.00%	No Data	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%	No Data	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%	61.54%	↑																			
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%	61.54%	59.25%	↑																			
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%	82.50%	84.05%	↑																			
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%	99.11%	→																			
BCP_LQIA04	Percentage achievement in data validity across all IAPT submissions on final data validity report [Target - >80%, Sanction: GC9]	80.00%	No Data	92.93%																				
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%	1.88%	16.32%	↑																			
BCP_LQIA05CUM	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,970 = 19% of prevalence. CUMULATIVE	1.58% per month 19% by Year End	16.27%	16.27%	↑																			
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%	97.24%	→																			
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%	→																			