WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 9

Title of Report:	**Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 25th June 2019**
Report of:	Tony Gallagher – Director of Finance
Contact:	Tony Gallagher – Director of Finance
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	• **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):	
• **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.
• **Domain2:** Performance – delivery of commitments and improved outcomes	The CCG must meet a number of constitutional, national and locally set performance targets.
• **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	£13.178m surplus	£13.178m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£436.419m	£423.241m	(£13.178m)	G
Revenue Administration Resource not exceeded	£5.516m	£5.316m	(£0.2m)	G

Non Statuory Duties	**YTD Target**	**YTD Actual**	**Variance o(u)**	**RAG**
Maximum closing cash balance	£436k	£343k	(£93k)	G
Maximum closing cash balance %	1.25%	0.98%	(0.27%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£16.686m	£16.686m	Nil	G
Programme Cost *	£69,170k	£69,654k	£484k	G
Reserves *	£451k	£0k	(£451k)	G
Running Cost *	£919k	£886k	(£33k)	G

- The net effect of the three identified lines (*) is break even.
- Underlying recurrent surplus metric of 1% has been maintained.
- Programme Costs inclusive of reserves is showing a small overspend.
- Royal Wolverhampton Trust (RWT) M1 data requires further analysis.
- The CCG control total of £13.178m includes £3.15m of additional surplus as required by NHSEI.
- The CCG is reporting achieving its QIPP target of £16.686m.

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

		YTD Performance M02						
	Annual Budget £'000	Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)
Acute Services	207,848	34,641	34,675	34	0.1%	208,049	200	0.1%
Mental Health Services	40,298	6,716	6,716	(0)	(0.0%)	40,297	(0)	(0.0%)
Community Services	45,783	7,630	7,630	0	0.0%	45,783	0	0.0%
Continuing Care	16,006	2,668	2,668	0	0.0%	16,006	0	0.0%
Primary Care Services	53,901	8,983	8,983	(0)	(0.0%)	53,901	0	0.0%
Delegated Primary Care	37,573	6,262	6,357	95	1.5%	37,573	0	0.0%
Other Programme	13,612	2,269	2,624	355	15.7%	13,612	0	0.0%
Total Programme	**415,021**	**69,170**	**69,654**	**484**	**0.7%**	**415,221**	**200**	**0.0%**
Running Costs	5,516	919	886	(33)	(3.6%)	5,316	(200)	(3.6%)
Reserves	2,704	451	0	(451)	(100.0%)	2,704	0	0.0%
Total Mandate	**423,241**	**70,540**	**70,540**	**0**	0.0%	**423,241**	**0**	**0.0%**
Target Surplus	13,178	2,196	0	(2,196)	(100.0%)	0	(13,178)	(100.0%)
Total	**436,419**	**72,736**	**70,540**	**(2,196)**	(3.0%)	**423,241**	**(13,178)**	(3.0%)

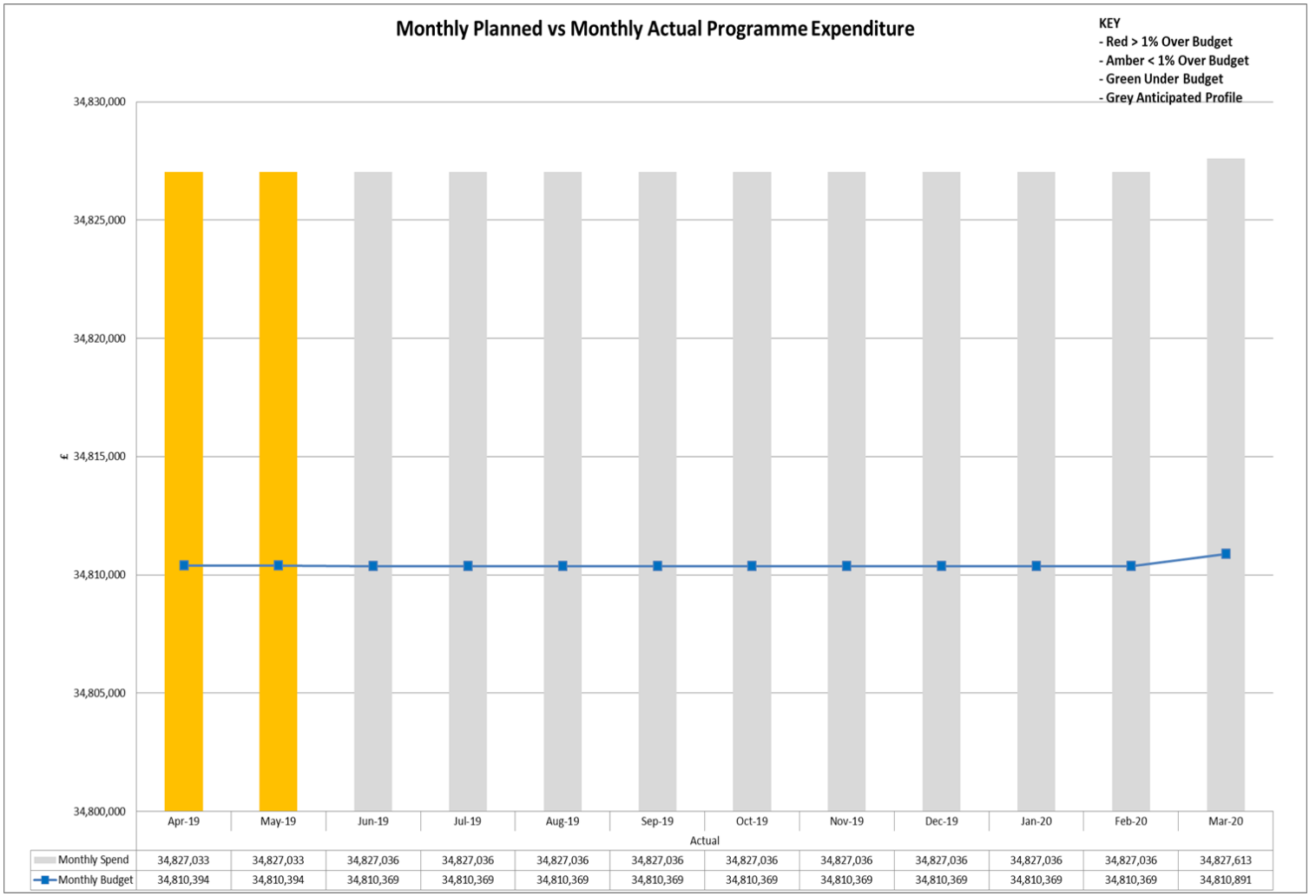
- The Acute over performance of £200k relates equally to both WMAS and NCAs.

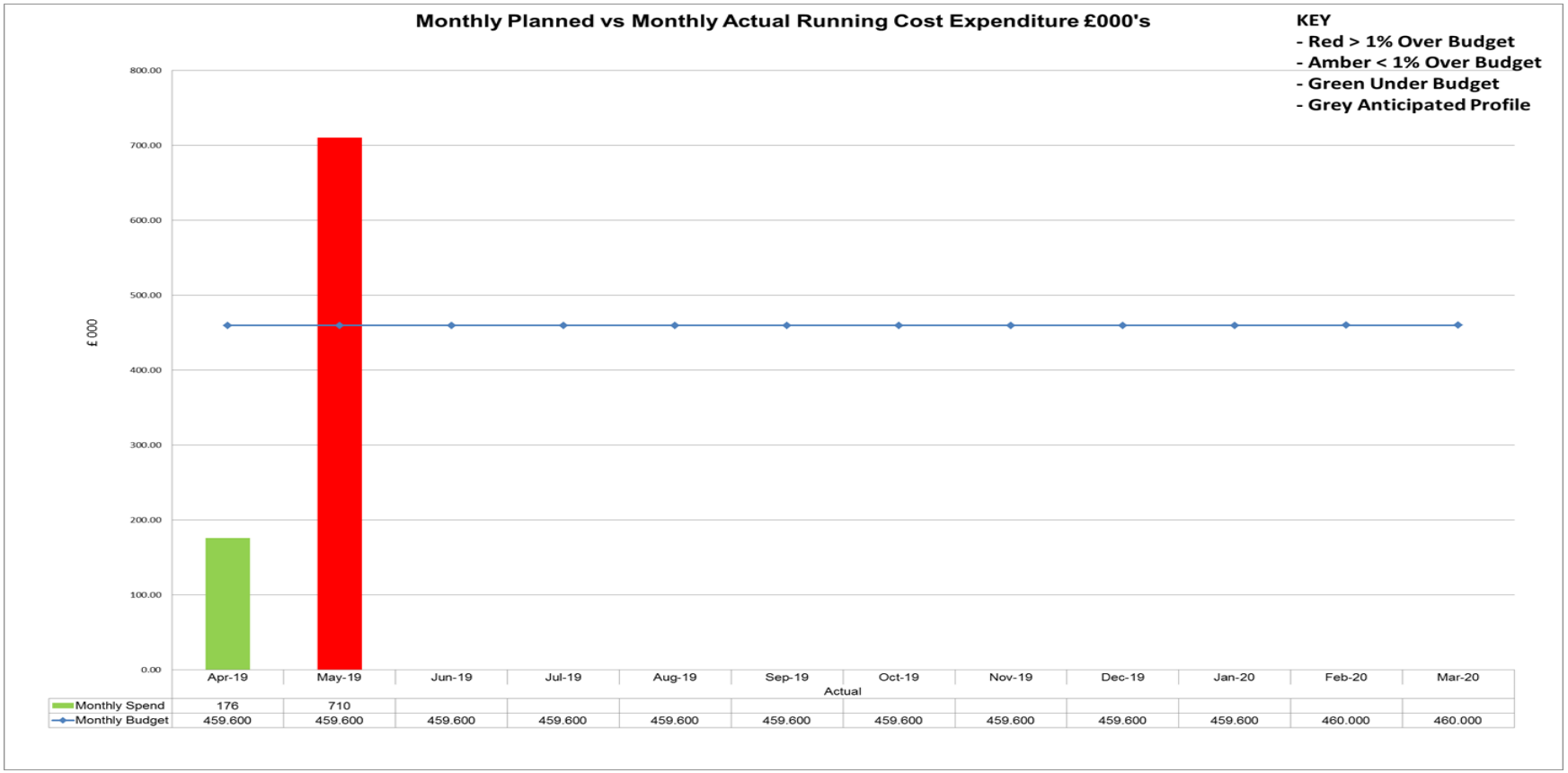
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, and the 1% reserve. For 20/21 the CCG will need to reinstate the Contingency and 1% reserve which will be a first call on growth monies.

- 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 1% recurrent surplus as shown below.

- The extract from the M11 non ISFE demonstrates the CCG is on plan, achieving 0.9% recurrent underlying surplus.

CCG UNDERLYING POSITION	Forecast Net Expenditure				Remove Non Recurrent Items				Part/Full Year Effects		2019/20 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	£m
REVENUE RESOURCE LIMIT (IN YEAR)	426.391				-						426.391
Acute Services	207.848	208.049	(0.200)	(0.1%)	-	1.110		(1.319)			207.840
Mental Health Services	40.298	40.297	0.000	0.0%	-	-					40.297
Community Health Services	45.783	45.783	-	0.0%	-	-		(0.150)			45.633
Continuing Care Services	16.006	16.006	-	0.0%	-	-					16.006
Primary Care Services	53.901	53.901	-	0.0%	-	0.500		(0.065)			54.336
Primary Care Co-Commissioning	38.145	38.145	-	0.0%	-	-	(0.191)				37.954
Other Programme Services	15.744	15.744	-	0.0%	-	1.540	(2.132)	(0.060)			15.092
Commissioning Services Total	417.725	417.925	(0.200)	(0.0%)	-	3.150	(2.323)	(1.594)	-	-	417.158
Running Costs	5.516	5.316	0.200	3.6%	-	-					5.316
TOTAL CCG NET EXPENDITURE	423.241	423.241	(0.000)	(0.0%)	-	3.150	(2.323)	(1.594)	-	-	422.474
IN YEAR UNDERSPEND / (DEFICIT)	3.150	3.150	-	0.0%						**Underlying Underspend / (Deficit)**	3.917
										% RRL	0.9 %


Monthly Planned vs Monthly Actual Programme Expenditure
KEY
- Red > 1% Over Budget
- Amber < 1% Over Budget
- Green Under Budget
- Grey Anticipated Profile
34,830,000
34,825,000
34,820,000
£ 34,815,000
34,810,000
34,805,000
34,800,000
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Actual
Monthly Spend 34,827,033 34,827,033 34,827,036 34,827,036 34,827,036 34,827,036 34,827,036 34,827,036 34,827,036 34,827,036 34,827,036 34,827,613
Monthly Budget 34,810,394 34,810,394 34,810,369 34,810,369 34,810,369 34,810,369 34,810,369 34,810,369 34,810,369 34,810,369 34,810,369 34,810,891



- The graph details the monthly and cumulative budgeted and actual expenditure in 2019/20. The movement in spend between April and May is expected as there are missing accruals in the April position, as month 1 is not reported. This is due to the focus of finance work being on the completion of the year-end accounts during April. Movements in future months will be considerably lower.

DELEGATED PRIMARY CARE

- The Delegated Primary Care allocation for 2019/20 as at M2 are £38.145m. At M2 the CCG forecast outturn is £38.145m delivering a breakeven position.
- The 0.5% contingency and 1% reserve are uncommitted in line with the 2019/20 planning metrics under other GP Services.

- The table below shows the outturn for month 2:

	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	3,974	3,763	(211)	23,842	23,842	0		0	0
General Practice PMS	483	242	(241)	2,895	2,895	0		0	0
Other List Based Services APMS incl	255	469	214	1,531	1,531	0		0	0
Premises	418	401	(17)	2,505	2,505	0		0	0
Premises Other	11	20	9	65	65	0		0	0
Enhanced services Delegated	126	288	162	758	758	0		0	0
QOF	625	612	(13)	3,751	3,751	0		0	0
Other GP Services	371	563	192	2,226	2,226	0		0	0
Delegated Contingency reserve	32	0	(32)	191	191	0		0	0
Delegated Primary Care 1% reserve	64	0	(64)	381	381	0		0	0
Total	**6,357**	**6,357**	**0**	**38,145**	**38,145**	**0**		**0**	**0**

2019/20 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 prior to the request to increase the in year surplus required a QIPP of £13.536m or 3.5% of allocation.
- The revised financial plan reflecting the increase to the in year surplus of £3.15m requires a QIPP target of £16.686m,(4.1%) the additional QIPP being identified at a high level as follows:
    - Prescribing £500k
    - Other Programme Services £1.54m

- Acute service Independent/Commercial sector £1.1m

- The plan assumes full delivery of QIPP on a recurrent basis (with the exception of the additional QIPP required to support the revised control total) as any non-recurrent QIPP will potentially be carried forward into future years.
- As at the date of the report M1 QIPP delivery has not been reported as activity data is currently only Month 1 Initial i.e. not reconciled or cleansed.
- The table below details the QIPP programme and the level of savings assigned to each scheme and will form the basis of monitoring for 19/20.

NHS Wolverhampton CCG	06A	
Efficiency 2019/20		TOTAL Efficiency
Local Scheme Name	Area of Spend (select from drop down menu)	Total 2019/20 Net Efficiency
Review of Stroke Therapy	Net Non-elective (non-zero length of stay)	(98)
Contractual Challenges/withholds	Ordinary Elective Spells	(500)
EOL	Net Non-elective (non-zero length of stay)	(650)
Respiratory Right Care	Net Non-elective (non-zero length of stay)	(240)
Diabetes Right Care	Net Non-elective (non-zero length of stay)	(125)
Paediatrics Right care	Net Non-elective (zero length of stay)	(593)
Falls service redesign	Net Non-elective (non-zero length of stay)	(200)
Care Closer to Home	Net Non-elective (zero length of stay)	(1,015)
Managing growth	Total first outpatient attendances	(1,226)
Demand Mgt-Peer Review	Total follow-up outpatient attendances	(178)
Blakenhall/Grove decommissioning	Community Mental Health	(216)
APMS procurement	Other List-Based Services (APMS incl.)	(735)
RWT Aligned Incentives benefit	Other	(1,000)
MSMG budget realignmnet	Acute Services - Independent / Commercial Sector	(20)
WCS-budget realignment	Other adult and older adult - inpatient mental health (e	(35)
Exxcess funding MH contracts	Other adult and older adult - inpatient mental health (e	(417)
NCSO realignment	Prescribing	(470)
LD realignment of budgets	Learning Disabilities	(896)
Adulimumab price change	High cost drugs & devices	(1,106)
Repeat prescriptions	Prescribing	(50)
Low Clinical Value drugs	Prescribing	(60)
Prescribing Phase 2	Prescribing	(100)
Biologics for RA	High cost drugs & devices	(86)
Prescibing Right care Diabetes	Prescribing	(60)
Prescribing Right Care Respiratory	Prescribing	(147)
General Prescribing	Prescribing	(1,350)
Running Costs	Running Costs - Other Non-pay	(305)
CHC to required growth	- CHC Standard	(257)
UCC	Other	(1,000)
FNC to required growth	Funded Nursing Care	(118)
Glaucoma	Total outpatient procedures	(40)
A&E impact of NEL QIPP	A&E attendances - Type 1	(243)
		-
NHSE/I reduction required in Elective	Acute Services - Independent / Commercial Sector	(1,110)
NHSE/I reduction required in OTC	Prescribing	(500)
	Other Programme Services	(1,540)
		-
		-
Total Identified Schemes		(16,686)

3. STATEMENT OF FINANCIAL POSITION

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

STATEMENT OF FINANCIAL POSITION AS AT 31ST MAY 2019

	31 May '19 £'000	31 March '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	1,754	4,785	3	-3,032
Cash and Cash Equivalents	338	67	4	272
	2,092	4,852		
Total Assets	**2,092**	**4,852**		
Current Liabilities				
Trade and Other Payables	-36,304	-42,735	5	6,432
	-36,304	-42,735		
Total Assets less Current Liabilities	**-34,212**	**-37,883**		
TOTAL ASSETS EMPLOYED	**-34,212**	**-2,051**		
Financed by:				
TAXPAYERS EQUITY				
General Fund	34,212	37,883	6	-3,671
TOTAL	**34,212**	**37,883**		

Key points to note from the SoFP are:

- The cash target for month 2 has been achieved.
- The CCG is maintaining its high performance against the BPPC target of paying at least 95% of invoices within 30 days, (98% for non-NHS invoices and 99% for NHS invoices);

- **PERFORMANCE**

The CCG is currently reviewing the way in which performance is reported to the Finance and Performance Committee in the short term interim period the performance report will focus on the CCG's performance against the NHS Constitutional Standards as detailed below with reporting by exception.

Reporting period is for Month 1 of 2019/20:

		National Target	April 19 Performance	PERFORMANCE											
				M	J	J	A	S	O	N	D	J	F	M	A
	Referral to Treatment waiting times for non-urgent consultant-led treatment														
EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral.	92%	89.3%												
EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways.	0	0												
	Diagnostics														
EB4	Percentage of Service Users waiting 6 weeks or more from referral for a diagnostic test.	1%	0.6%												
	Cancelled Elective Operations (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 (RWT position).	0	0												
EBS6	No urgent operation should be cancelled for a second time (RWT position).	0	0												
	A&E Waits														
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 (RWT position).	95%	86.4%												
EBS5	Trolley waits in A&E not longer than 12 hours (RWT position).	0	1												
	Cancer Waits - two week waits														
EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment.	93%	66.85%												
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%	7.41%												
	Cancer Waits - one month (31 days) waits														
EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers.	96%	89.09%												
EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery.	94%	78.57%												

		National Target	April 19 Performance	PERFORMANCE											
				M	J	J	A	S	O	N	D	J	F	M	A
EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen.	98%	100%												
EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy.	94%	83.02%												
	Cancer Waits - two month (62 days) waits														
EB12	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	85%	62.26%												
EB13	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from a NHS Cancer Screening Service.	90%	71.43%												
EB12	Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	No National Target	82.93%												
	Health Care Acquired Infections														
EAS4	Zero tolerance Meticillin Resistant *Staphylococcus Aureus.*	0	0												
EAS5	Minimise rates of Clostridium difficile.	48	2												
	Mental Health														
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%													N/A
EH1	IAPT - Percentage of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral.	75%	73.1%												N/A
EH2	IAPT - Percentage of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral.	95%	96.3%												N/A
EA3	IAPT - People who have entered treatment as a proportion of people with anxiety or depression (local prevalence).	19% FYE 4.75% Q4 (2018/19)	18.2% 5.6%												N/A
EAS2	IAPT - Percentage of people who are moving to recovery of those who have completed treatment in the reporting period.	50% (2018/19)	52%												N/A
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% (2018/19)	75%												N/A

Current performance is as published validated national data for Wolverhampton CCG unless indicated otherwise, i.e. only available at Trust level. Validated published data for Mental Health Indicators is currently only available for March 19.

3.1. Commentary on performance is provided by exception for Red rated performance or where there is heightened scrutiny.

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

This standard supports patients' right to start consultant-led non-emergency treatment within a maximum of 18 weeks from referral. 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.

Wolverhampton CCG Position:

- April - 89.3%, England Commissioners 83.8%, STP 91.3%
- 92% WCCG patients started treatment within 20 weeks at any provider in England against the standard of 18 weeks.
- The CCG's performance is primarily affected by underperformance at RWT, University Hospitals Birmingham (UHB), University Hospitals of North Midlands(UHNM) and The Royal Orthopaedic Hospital (ROH); none of which achieved the national standard at Trust level in April at 86.4% (UHB), 79.5% (UHNM) and 88.1% (ROH).
- With the exception of RWT, the number of WCCG patients breaching the 18 week standard are a very small proportion of each provider's waiting list, therefore WCCG performance is conditional on improvement in these Trusts' overall performance.
- Wolverhampton CCG achieved 89.2% at RWT requiring an additional 515 patients to achieve the national standard; performance at RWT will be affected by issues at the Trust and recovery actions as detailed below.
- There are no WCCG patients waiting over 52 weeks.

The Royal Wolverhampton NHS Trust Position:

- April 2019 – 88.1%; England Providers 86.5% and STP 91.1%
- 92% patients started treatment within 21 weeks against the standard of 18 weeks.
- Performance has been affected a significant rise in urgent referrals in to Cancer 2 Week Wait taking clinical priority over routine appointments and using the same consultants & resources (in particular General Surgery, Urology, Skin).
- There is a specific recovery plan in place with regards to Ophthalmology performance with WLI/additional cover from May to provide additional slots.
- The CCG continues to monitor performance at both CQRM and CRM.
- The Trust is monitoring performance by speciality and have given each a backlog position to achieve with a 6 month recovery ambition.
- Patients without a date "To Come In" (TCI) at week 40 are flagged at patient level at weekly meeting with Chief Operating Officer (COO) and Deputy COO.
- Any patients at week 45 are monitored individually by the COO.
- The Trust has no patients waiting over 52 weeks.
- As previously reported, up until December 18 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 the list size for continues to increase month on month therefore the Trust is currently undertaking a data cleanse of the waiting list to ensure an accurate position.

3.1.2. Urgent Care (EB5 - 4hr Waits, EBS7 - Ambulance Handovers, EBS5 - 12 Hr Trolley Breaches)

The CCG's performance against this standard is assessed based on the validated performance for RWT:

- 86.4% of A&E attendances were admitted, transferred or discharged within 4 hours from arrival in April.
- Performance remains challenged across the country with England at 85.1% and the Black Country STP achieved 82.6%.
- Performance has decreased in April in line with STP and England, with a further increase in attendances on the previous months and is 24th highest number of attendances nationally.
- The CCG continues to monitor performance and support programmes to improve performance at A&E Delivery Board, CQRM and CRM.
- DToC rates remain low indicating the Trust is managing patient flow to accommodate the increase in emergency admissions.
- Ambulance conveyances continue to increase despite national ambition to reduce conveyances/Increase proportion of patients treated at home or in a more appropriate setting outside of hospital.
- The Trust is on track to provide Same Day Emergency Care (SDEC) in Type 1 Emergency Departments by September 19 in line with the national ambition.
- The Trust reported one 12 hour decision to admit breach in April; the breach related to an out of area Mental Health patient (last registered in Blackpool), the patient was a voluntary admission. A Root Cause Analysis has been completed which identified a number of local learning actions that are being taken up at Exec level between the Acute and MH Trusts Execs.
- The CCG's Quality Team is looking in to patterns of breaches with STP colleagues to identify good practice to mitigate against further breaches of MH patients.

3.1.3. Cancer – All Standards

CCG analysis has demonstrated that the deterioration in performance is multi-faceted and relates in the main to: Diagnostic and robotic capacity, workforce capacity, late tertiary referrals and increasing referral activity specifically relating to urology and breast pathways. Royal Wolverhampton Trust is a tertiary cancer centre and historically is the preferred provider for local populations. The demand is in line with analysis of National Audit Office (NHS waiting times for elective and cancer treatment).

3.1.3.1. 2WW Breast Symptomatic specific issues and actions:

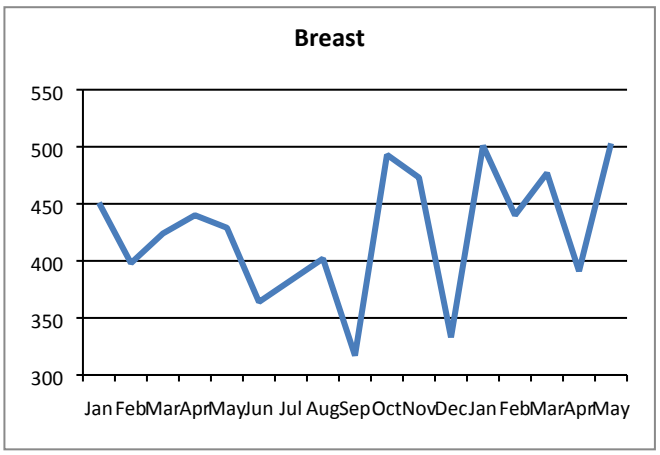
- 10% increase of breast referrals over the past 2 years; NHSI confirms that this is reflected regionally and nationally and as yet there is no obvious cause of the sustained increase in the level of referrals.
- The Trust has been running additional lists every Saturday since October to increase capacity.
- Support to equalise waiting times across the STP is currently under discussion.
- The CCG are currently investigating the option of commissioning a Community Breast Pain Clinic.
- The Trust is working towards implementation of the 28 day faster diagnostic pathway for breast referrals – approach supported by NHSE/I.
- Revised job plans for Breast Radiographers to create 30 additional slots/week from June to undertake One Stop Slots.

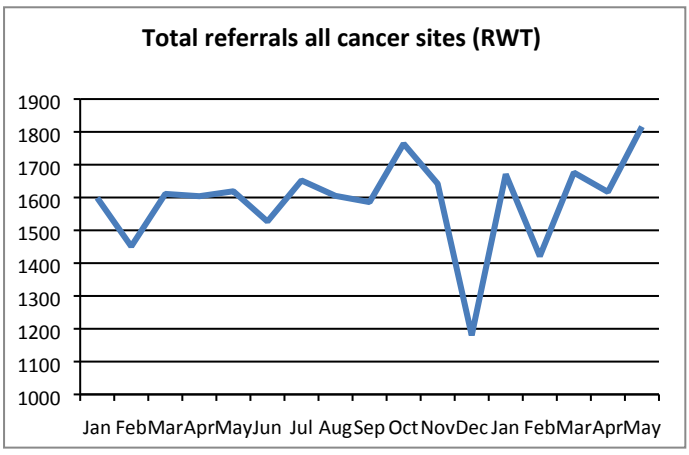
3.1.3.2. All Cancer standards – issues and actions:

- A Remedial action plan is in place and reviewed monthly with revised improvement trajectories agreed.
- RAP demonstrates return to 62 day performance by November 2019
- Radiology and diagnostic capacity significantly challenged – despite some outsourcing of activity.
- Impact of delays on the 2WW cancer pathways (in particular Breast referrals) will start to affect performance against the 31 and 62 day standards.
- Conversion rates remain in line with England rates and confirms appropriateness of referrals.
- Complete redesign of Urology pathway; from the end of January 2019 the Trust has implemented the 28 day faster diagnosis pathway in Urology which has now demonstrated that patients reaching transrectal ultrasound guided (TRUS) biopsy stage waiting times are currently at 26 days in May.
- Support to improve the timeliness of inward Tertiary Referrals via improvement action plans & trajectories at sending Trusts managed by NHS Midlands (NHSE&I).

Cancer performance data April 2019:

Ref	Indicator	Standard	RWT	WCCG
EB6	2 Week Wait (2WW)	93%	68.79%	66.85&
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	2.33%	7.41%
EB8	31 Day (1st Treatment)	96%	83.04%	89.09%
EB9	31 Day (Surgery)	94%	79.31%	78.57%
EB10	31 Day (anti-cancer drug)	98%	100%	100%
EB11	31 Day (radiotherapy)	94%	87.13%	83.02%
EB12	62 Day (1st Treatment)	85%	53.74%	62.26%
EB13	62 Day (Screening)	90%	76.88%	71.43%
EB14	62 Day (Consultant Upgrade)	No Standard	79.49%	82.93%





3.1.4. Mental Health

Nationally validated data for Mental Health indicators has now been published for March 19 final data enabling the reporting of the year end positions for the CCG's performance against the Mental Health Standards.

3.1.5. % of people engaged in the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral (EH1)

- March performance 73.1% against a standard of 75%, however the performance for Q4 was 78.8% and overall for the year 2018/19 achieved 82.8%.

3.1.6. IAPT - People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) (EA3).

- The CCG's performance is measured based on the Q4 performance which met the required quarterly run rate of 4.75% achieving 5.61%.
- The CCG's performance for the year achieved 18.2% which fell just short of the 2018/19 target of 19% (this equates to an additional 244 people).
- The CCG's performance is in the main affected by the activity at the main provider The Black Country Partnership Foundation Trust (BCPFT).
- The threshold has increased from 19% to 22% in 2019/20, in order to achieve the threshold monthly monitoring will continue with focus on ensuring events are planned earlier in the year to ensure the achievement of the standard in 2019/20.

4. RISK and MITIGATION

The CCG was required to resubmit a plan which demonstrates £6.3m risk which currently is fully mitigated based on the assumption of that thee Black Country Risk share agreement will be enacted.

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 Extension	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)	426.391																		
REVENUE RESOURCE LIMIT (CUMULATIVE)	436.419																		
Acute Services	207.848	208.049	(0.200)	(0.1%)	(0.750)	(1.000)				(1.750)	0.750			1.000					1.750
Mental Health Services	40.298	40.297	0.000	0.0%		(0.100)			(0.500)	(0.600)	0.500			0.100					0.600
Community Health Services	45.783	45.783	-	0.0%		-				-				-					-
Continuing Care Services	16.006	16.006	-	0.0%		-				-				-					-
Primary Care Services	53.901	53.901	-	0.0%		-		(0.500)		(0.500)	0.500			-					0.500
Primary Care Co-Commissioning	38.145	38.145	-	0.0%		-				-	0.526			-					0.526
Other Programme Services	15.744	15.744	-	0.0%		-			(3.350)	(3.350)				-	2.000	0.824			2.824
Commissioning Services Total	417.725	417.925	(0.200)	(0.0%)	(0.750)	(1.100)	-	(0.500)	(3.850)	(6.200)	2.276	-	-	1.100	2.000	0.824	-	-	6.200
Running Costs	5.516	5.316	0.200	3.6%		-				-				-					-
Unidentified QIPP						(0.100)				(0.100)				0.100					0.100
TOTAL CCG NET EXPENDITURE	423.241	423.241	(0.000)	(0.0%)	(0.750)	(1.200)	-	(0.500)	(3.850)	(6.300)	2.276	-	-	1.200	2.000	0.824	-	-	6.300
IN YEAR UNDERSPEND / (DEFICIT)	3.150	3.150	-	0.0%															
CUMULATIVE UNDERSPEND / (DEFICIT)	13.178	13.178	-	0.0%															

The key risks are as follows:

- QIPP slippage £1.1m
- Over performance in Acute services £750k
- Mental Health overspend £500k
- Prescribing overspend £500k
- Other programme services including extension to control total £3.35m

The key mitigations are as follows:

- Utilisation of Contingency
- Further extension to QIPP
- Delayed or reduce non recurrent spend
- Application of the Black Country risk share agreement

In summary the CCG is reporting**.**

	£m Surplus(deficit)	
Most Likely	£13.178	No risks or mitigations, **achieves** control total
Best Case	£19.478	Control total and mitigations achieved, risks do not materialise **achieves** control total
Risk adjusted case	£13.178	Adjusted risks and mitigations occur. CCG **achieves** control total
Worst Case	£6.878	Adjusted risks and no mitigations occur. CCG **misses** revised control total

5. CONTRACT AND PROCUREMENT REPORT

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

6. RISK REPORT

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

7. OTHER RISK

Breaches in performance and increases in activity will result in an increase in costs to the CCG. Performance must be monitored and managed effectively to ensure providers are meeting the local and national agreed targets and are being managed to operate within the CCG's financial constraints. Activity and Finance performance is discussed monthly through the Finance and Performance Committee Meetings to provide members with updates and assurance of delivery against plans.

A decline in performance can directly affect patient care across the local healthcare economy. It is therefore imperative to ensure that quality of care is maintained and risks mitigated to ensure patient care is not impacted. Performance is monitored monthly through the Finance and Performance Committee and through the following committees; including Clinical Quality Review Meetings, Contract Review Meetings and Quality and Safety Committee.

8. SCHEME OF DELEGATION

The Committee considered a report from the Corporate Operations Manager about operational delegations to the Director of Finance following the implementation of the CCG's joint appointment of the Chief Finance Officer with Sandwell and West Birmingham CCG. The Committee are recommending to the Governing Body that the Director of Finance be given delegated authority to act on behalf of the Chief Finance Officer in the exercise of his authority set out in the areas of the CCG's detailed Scheme of Delegation attached at Appendix 1 and to provide comments on Urgent Actions taken on behalf of the Governing Body by the Chair and Accountable Officer in line with Standing Order 3.8. This delegated authority is to be exercised when the Chief Finance Officer is unavailable to support operational efficiency.

9. EXCESS TREATMENT COSTS

The Committee received a report regarding the arrangements for managing of Excess Treatment Costs associate with research undertaken by the Local Clinical Research Network. Funding is top-sliced from CCG allocations on a per capita basis for which Wolverhampton CCG is the Lead Commissioner. It was noted that this is in line with NHSE national directive and there is no financial risk to the CCG.

10. RECOMMENDATIONS

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

Name: **Lesley Sawrey**
Job Title: **Deputy Chief Finance Officer**
Date: **26th June 2019**

Appendix 1

EXTRACT FROM DETAILED SCHEME OF DELEGATION – PROPOSED DELEGATION

Authority is given for the Director of Finance to act on behalf of the Chief Finance Officer in exercise of the following delegated powers:-

DFP REF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO	FINANCIAL LIMIT
7.11	Authority to waive tenders or quotations, or to accept a tender or quotation which is not the lowest.	CFO or AO	No Limit
7.20	Awarding of (or variation in) non-NHS legally enforceable contracts (after DFP compliant procurement process).	Budget Holder Director responsible for budget area CFO AO & CFO Governing Body	<u>Revenue</u> <u>Capital</u> Up to £30,000 Up to £30,000 £30,001 - £100,000 £30,001 - £100,000 £100,001 - £250,000 £100,001 - £250,000 £250,001 - £500,000 £250,001 - £500,000 £500,001 and above £500,001 and above The relevant amount is the total value of the contract for its entire duration including irrecoverable VAT.
7.20	Awarding of (or variation in) NHS contracts.	DoST DoST & CFO or AO CFO & AO Governing Body	Up to £250,000 £250,001 – £500,000 £500,001 - £1,000,000 £1,000,001 and above The relevant amount is the total value of the agreement for its entire duration.

DFP REF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO	FINANCIAL LIMIT
7.21	Authorisation of requisitions (or certification of invoices when no requisition/order was raised) for commercial procurements.	Budget Manager Budget Holder Director responsible for budget area CFO or AO 2 of CFO, AO, Executive Nurse and Chair	Up to £5,000 £5,001 – £30,000 £30,001 - £100,000 £100,001 – £250,000 £250,000 and above All amounts include VAT unless this is known to be recoverable.
7.26	Authorisation to transfer money to local authorities and voluntary organisations under sections 256 and 257 of the NHS Act 2006.	DoST DoST & CFO or AO CFO & AO Governing Body	Up to £250,000 £250,001 – £500,000 £500,001 - £1,000,000 £1,000,001 and above
7.26	Authorise regular payments made or invoices raised against formal service level agreements and contracts. The CCG will continue to make monthly (or quarterly if applicable) payments against contract mandates that have been authorised in accordance with the DFPs. NOTE – in exceptional circumstances (e.g. at year end to meet cash limit targets or to meet contractual commitments), any payments or invoices can be approved by the CFOO.	Authorised Senior Finance Officer DoST CFO or AO	1/12th of contract value 25% of contract value or 100% for local authority payments No limit

DFP REF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO	FINANCIAL LIMIT
3.4.2	Virement within approved revenue budgets (no virement is allowed between recurring & non-recurring budgets)	Budget Holder Director responsible for budget area CFO	Up to £50,000 £50,001 - £100,000 £100,001 and above
n/a	Approve business cases relating to new investments, new service developments or service increases within the overall operating plan or budgetary financial limit.	AO or Director responsible for budget area AO and CFOO Governing Body	Up to £150,000 £150,001 - £500,000 £500,001 and above

Abbreviations

DFP *Detailed Financial Policies*
CFO *Chief Finance Officer*
AO *Accountable Officer*
DoST *Director of Strategy & Transformation*