

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 17

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 30th July 2019
Report of:	Tony Gallagher – Director of Finance
Contact:	Tony Gallagher – Director of Finance
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 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	£443.955m	£430.777m	(£13.178m)	G
Revenue Administration Resource not exceeded	£5.516m	£5.346m	(£0.2m)	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£413k	£100k	(£313k)	G
Maximum closing cash balance %	1.25%	0.29%	(0.96%)	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) M2 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.

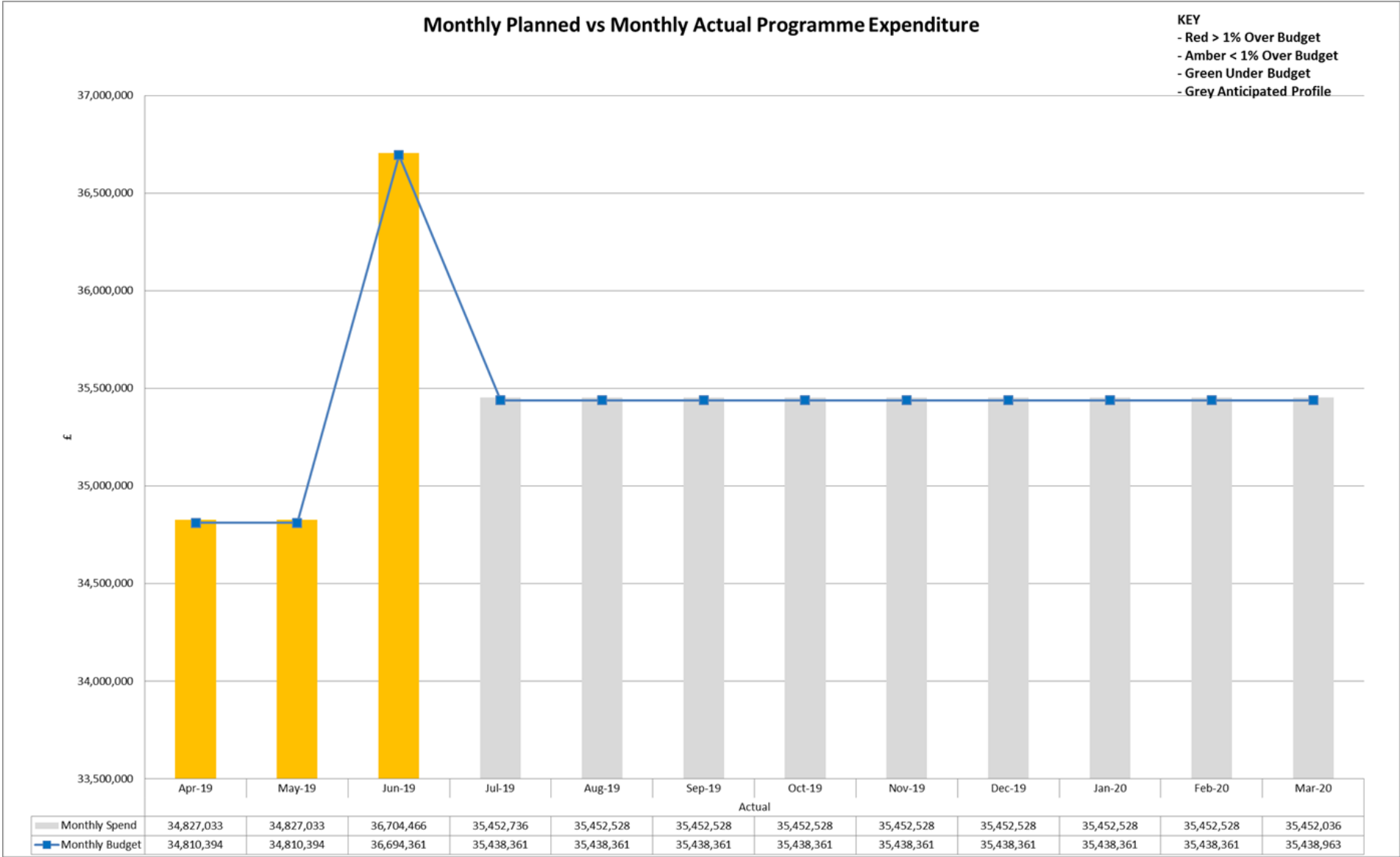
The table below highlights year to date performance as reported to and discussed by the Committee;

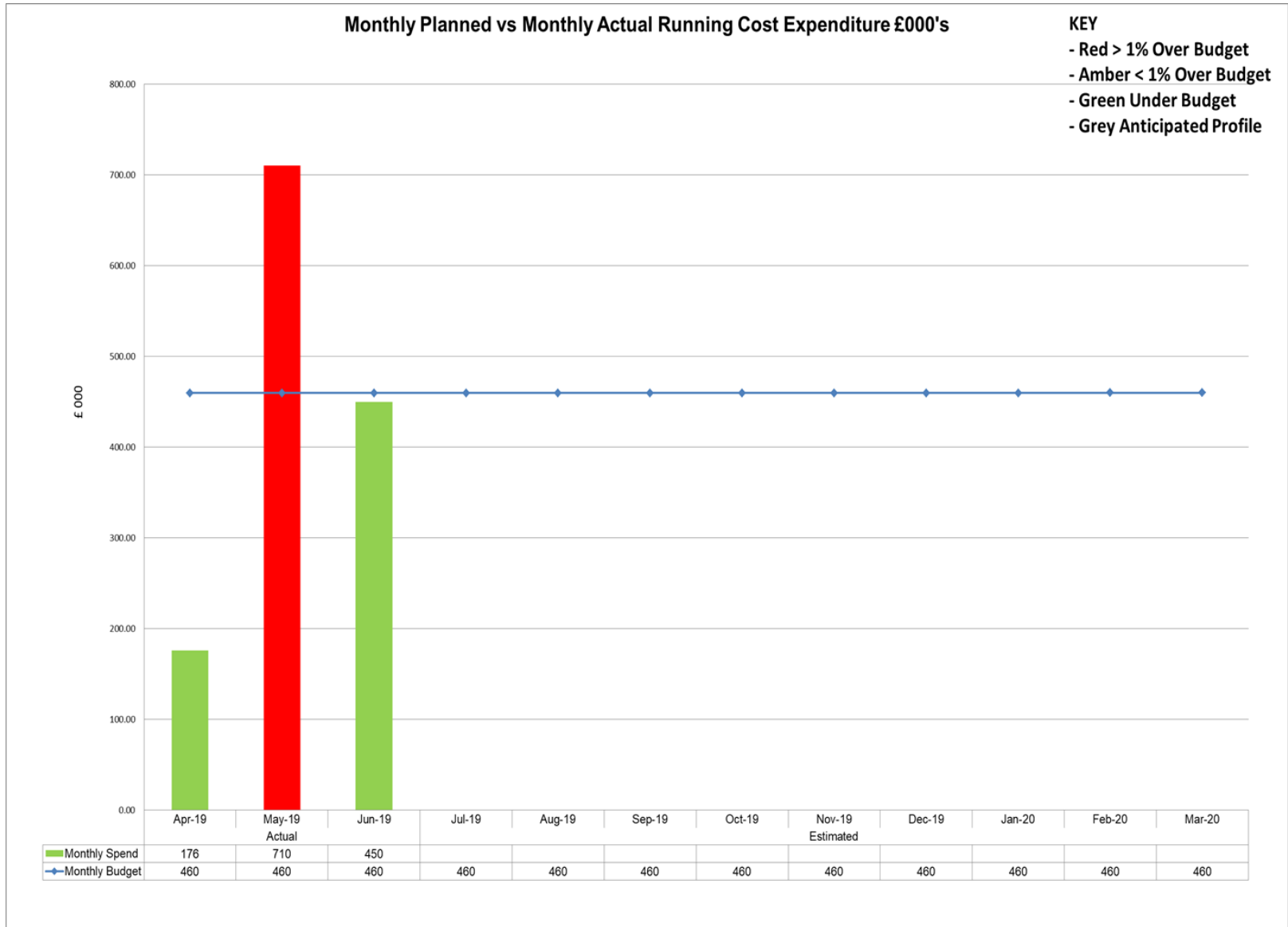
	Annual Budget £'000	YTD Performance M03							In Month Movement Trend	In Month Movement £'000 o(u)	Previous Month FOT Variance £'000 o(u)
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)			
Acute Services	210,663	52,666	53,249	582	1.1%	213,275	2,612	1.2%	●	2,412	200
Mental Health Services	40,747	10,161	10,504	343	3.4%	41,114	366	0.9%	●	367	(0)
Community Services	45,688	11,447	11,473	26	0.2%	45,714	26	0.1%	●	26	0
Continuing Care	16,006	4,001	3,919	(82)	(2.1%)	15,929	(77)	(0.5%)	●	(77)	0
Primary Care Services	57,968	14,492	14,340	(151)	(1.0%)	57,368	(600)	(1.0%)	●	(600)	0
Delegated Primary Care	37,573	9,393	9,536	143	1.5%	37,573	0	0.0%	●	0	0
Other Programme	13,912	3,478	3,337	(141)	(4.1%)	13,887	(26)	(0.2%)	●	(26)	0
Total Programme	422,557	105,639	106,359	719	0.7%	424,859	2,302	0.5%	●	2,102	200
Running Costs	5,516	1,379	1,336	(43)	(3.1%)	5,346	(170)	(3.1%)	●	30	(200)
Reserves	2,704	676	0	(676)	(100.0%)	572	(2,132)	(78.8%)	●	(2,132)	0
Total Mandate	430,777	107,694	107,694	(0)	(0.0%)	430,777	0	0.0%	●	0	0
Target Surplus	13,178	3,294	0	(3,294)	(100.0%)	0	(13,178)	(100.0%)	●	(13,178)	0
Total	443,955	110,989	107,694	(3,294)	(3.0%)	430,777	(13,178)	(3.0%)	●	(13,178)	(13,178)

- The Acute overperformance of £582k relates in the main to RWT. Having received Month 2 data the CCG has considered the level of performance reported and has reflected a level of over performance which it considers to be appropriate based on historic activity patterns.
- The Mental Health over performance relates to the recognition of the recurrent impact of NCA activity.
- 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 M3 non ISFE demonstrates the CCG achieved its plan, achieving 1.0% recurrent underlying surplus after adjusting for Co Commissioning

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	
REVENUE RESOURCE LIMIT (IN YEAR)	433.927				(7.536)						426.391
Acute Services	210.663	213.275	(2.612)	(1.2%)	(2.851)	1.110		(2.073)			209.461
Mental Health Services	40.747	41.114	(0.366)	(0.9%)	(0.385)	-		(0.236)			40.493
Community Health Services	45.688	45.714	(0.026)	(0.1%)	-	-		(0.026)			45.688
Continuing Care Services	16.006	15.929	0.077	0.5%	-	-		(0.035)			15.894
Primary Care Services	57.968	57.368	0.600	1.0%	(4.027)	0.500		0.460			54.301
Primary Care Co-Commissioning	38.145	38.145	-	0.0%	-	-	(0.191)	0.191			38.145
Other Programme Services	16.044	13.887	2.158	13.4%	(0.300)	1.540	(2.132)	(0.060)			12.935
Commissioning Services Total	425.261	425.431	(0.170)	(0.0%)	(7.563)	3.150	(2.323)	(1.778)			416.917
Running Costs	5.516	5.346	0.170	3.1%	-	-					5.346
TOTAL CCG NET EXPENDITURE	430.777	430.777	(0.000)	(0.0%)	(7.563)	3.150	(2.323)	(1.778)			422.263
IN YEAR UNDERSPEND / (DEFICIT)	3.150	3.150	(0.000)	(0.0%)							4.128
									Underlying Underspend / (Deficit)		4.128
									% RRL		1.0 %





- 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.

DELEGATED PRIMARY CARE

- The Delegated Primary Care allocation for 2019/20 as at M2 are £38.145m. At M3 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 3:

	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	5,960	5,644	(316)	23,842	23,842	0	●	0	0
General Practice PMS	724	363	(361)	2,895	2,895	0	●	0	0
Other List Based Services APMS incl	383	587	205	1,531	1,531	0	●	0	0
Premises	626	601	(25)	2,505	2,505	0	●	0	0
Premises Other	16	30	13	65	65	0	●	0	0
Enhanced services Delegated	189	432	243	758	758	0	●	0	0
QOF	938	918	(20)	3,751	3,751	0	●	0	0
Other GP Services	557	960	404	2,226	2,226	0	●	0	0
Delegated Contingency reserve	48	0	(48)	191	191	0	●	0	0
Delegated Primary Care 1% reserve	95	0	(95)	381	381	0	●	0	0
Total	9,536	9,536	0	38,145	38,145	0	●	0	0

2019/20 forecast figures have been updated on quarter 1 list sizes to reflect Global Sum, Out of Hours and MPIG, Enhanced services, Locum cover, in year rent changes as well as the changes to the primary care networks .

The CCG continues to identify flexibilities within the Delegated budget and a paper will be taken to the Primary Care Commissioning Committee detailing flexibilities and agreed plans for expenditure to ensure the best possible use of resources.

2. QIPP

The key points to note are as follows:

- The submitted financial plan, prior to the request to increase the control total, required a QIPP of £13.536m or 3.5% of allocation.
- The revised financial plan reflecting the increase in the control total requires a QIPP 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 above categories represent the areas under higher levels of scrutiny by NHSEI.

- 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.
- The CCG is reviewing and automating its QIPP reporting and as such monthly reporting will resume in M4. However, for M3 reporting has been taken from the PMO reports to Programme Boards.
- The table below detail the QIPP programme and the level of savings assigned to each scheme and will form the basis of monitoring for 19/20.

Project Details							Year to Date Position					
UI Ref	Boards	Work Stream • Acute • Mental Health • Community Care • Primary Care • Prescribing • Continuing Care • Other	Name	Data Source	TYPE	Lead	QIPP Annual Plan £	Planned Savings YTD	Actual Savings YTD	Total Savings Variance	Variance From Annual Plan And Total Cumulative Savings £	Savings of Total Plan achieved so far (%)
59	BC	TBC	End of Life	BI	TF	Karen Evans	£ 650,000	£ 108,000	-£ 116,449	-£ 224,449	£ 766,449	-18%
113		TBC	Respiratory Right Care	BI	TF	Claire Morrissey	£ 240,000	£ 40,000	-£ 134,642	-£ 174,642	£ 374,642	-56%
86		TBC	Diabetes Right Care	BI	TF	Claire Morrissey	£ 125,000	£ 20,000	-£ 2,598	-£ 22,598	£ 127,598	-2%
42		TBC	Falls Service Redesign	BI	TF	Claire Morrissey	£ 200,000	£ 32,000	£ 107,506	£ 75,506	£ 92,494	54%
20		TBC	Peds Right Care	BI	TF	Mags Courts	£ 593,000	£ 93,000	£ 82,509	-£ 10,491	£ 510,491	14%
162		Mental Health	Decommissioning Of Blakenhall Resource Centre / Grove	Lead	TF	Sarah Fellows	£ 216,000			£ -	£ 216,000	0%
21		TBC	Care Closer to Home	BI	TF	Andrea Smith	£ 1,015,000	£ 168,000	£ 155,731	-£ 12,269	£ 859,269	15%
93	MMO PC	Primary Care	Demand Management	BI	TF	Jo Reynolds	£ 178,000	£ 28,000	£ 103,870	£ 75,870	£ 74,130	58%
178		TBC	Glaucoma	BI	TF	Clara Barratt	£ 40,000	£ -	-£ 4,162	-£ 4,162	£ 44,162	-10%
151		Prescribing	Biosimilar Switch - Adalimumab & Rituximab	Lead	TX	Hemant Patel	£ 1,106,000	£ 100,000	£ 106,029	£ 6,029	£ 999,971	10%
127		Prescribing	Repeat Prescription	Lead	TF	Hemant Patel	£ 50,000	£ -	£ -	£ -	£ 50,000	0%
6 c		Prescribing	Low Clinical Value Drugs	Lead	TF	Hemant Patel	£ 60,000	£ 10,000	£ 4,671	-£ 5,329	£ 55,329	8%
108		Prescribing	Prescribing review Phase 2	Lead	TF	Hemant Patel	£ 100,000	£ 16,000	£ 8,312	-£ 7,688	£ 91,688	8%
6		Prescribing	General Prescribing Internal Efficiencies	Lead	TF	Hemant Patel	£ 1,350,000	£ 200,000	£ 246,434	£ 46,434	£ 1,103,566	18%
152		Prescribing	Biologics For RA	Lead	TX	Hemant Patel	£ 86,000	£ 14,000	£ -	-£ 14,000	£ 86,000	0%
118		Prescribing	Prescribing Right Care Diabetes	Lead	TF	Hemant Patel	£ 60,000	£ 10,000	£ 1,996	-£ 8,004	£ 58,004	3%
130		Prescribing	Prescribing Right Care Respiratory	Lead	TF	Hemant Patel	£ 147,000	£ 24,000	£ 824	-£ 23,176	£ 146,176	1%
149	TBC	TBC	Managing Growth	BI	TF	TBC	£ 1,226,000	£ 204,000	-£ 454,175	-£ 658,175	£ 1,680,175	-37%
179	TBC	TBC	A&E Impact of NEL QIPP	BI	TF	TBC	£ 243,000	£ 40,000	£ 24,628	-£ 15,372	£ 218,372	10%
140	MMO PC	TBC	Review of Stroke Therapy Line (Block)	TX	TX	Jeff Love	£ 98,000	£ 98,000	£ 98,000	£ -	£ -	100%
135	MMO PC	TBC	Contract Challenges POLCV	TX	TX	Sharon Sidhu & Vic Middlemiss	£ 500,000	£ 500,000	£ 500,000	£ -	£ -	100%
141	MMO PC	TBC	APMS Procurement	TX	TX	Gill Shelly	£ 735,000	£ 735,000	£ 735,000	£ -	£ -	100%
143	BC	TBC	MSMG Budget Realignment	TX	TX	Mags Courts	£ 20,000	£ 20,000	£ 20,000	£ -	£ -	100%
13	TBC	Other	Running Cost	TX	TF	Exec	£ 305,000	£ 305,000	£ 305,000	£ -	£ -	100%
142	TBC	Other	Risk/ Gain Share Benefit (RWT Aligned Incentive Benefit)	TX	TX	Exec	£ 1,000,000	£ 1,000,000	£ 1,000,000	£ -	£ -	100%
144	TBC	Other	WCS Budget Realignment	TX	TX	Exec	£ 35,000	£ 35,000	£ 35,000	£ -	£ -	100%
145	TBC	Other	CHC to Required Growth	TX	TX	Exec	£ 257,000	£ 257,000	£ 257,000	£ -	£ -	100%
146	TBC	Other	Excess Funding MH Contracts	TX	TX	Exec	£ 417,000	£ 417,000	£ 417,000	£ -	£ -	100%
147	TBC	Other	NCSO Realignment	TX	TX	Exec	£ 470,000	£ 470,000	£ 470,000	£ -	£ -	100%
148	TBC	Other	LD Realignment of Budgets	TX	TX	Exec	£ 896,000	£ 896,000	£ 896,000	£ -	£ -	100%
163	TBC	Other	UCC	TX	TX	Exec	£ 1,000,000	£ 1,000,000	£ 1,000,000	£ -	£ -	100%
177	TBC	Other	FNC To Required Growth	TX	TX	Exec	£ 118,000	£ 118,000	£ 118,000	£ -	£ -	100%
Total							£ 13,536,000	£ 6,958,000	£ 5,981,484	-£ 976,516		-7%

3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 30th June 2019 is shown below:

STATEMENT OF FINANCIAL POSITION	As At 30th June 2019		Change In Month £'000
	30 June '19 £'000	31 May '19 £'000	
Non Current Assets			
Assets	0	0	0
Accumulated Depreciation	0	0	0
	0	0	
Current Assets			
Trade and Other Receivables	2,319	1,754	565
Cash and Cash Equivalents	100	338	-238
	2,419	2,092	
Total Assets	2,419	2,092	
Current Liabilities			
Trade and Other Payables	-37,332	-36,304	-1,028
	-37,332	-36,304	
Total Assets less Current Liabilities	-34,913	-34,212	
TOTAL ASSETS EMPLOYED	-34,913	-34,212	
Financed by:			
TAXPAYERS EQUITY			
General Fund	34,913	34,212	701
TOTAL	34,913	34,212	

Key points to note from the SoFP are:

- The cash target for month 3 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**

Exception highlights were as follows;

3.1. Royal Wolverhampton NHS Trust (RWT)

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 (May 19):

- WCCG 88.5%, England Commissioners 84.0%, STP 91.1%/
- 92% WCCG patients started treatment within 20.4 weeks at any provider in England against the standard of 18 weeks (England was 24.7).
- There are no WCCG patients waiting 52+ weeks to start treatment.
- 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 were achieved the national standard at Trust level in May.
- Wolverhampton CCG achieved 88% at RWT requiring an additional 748 patients to achieve the national standard.
- Nuffield Health Wolverhampton achieved standard at 92.8% in May.

The Royal Wolverhampton NHS Trust Position (May 19):

- RWT 87.1%; England Providers 86.9% and STP 90.8%
- 92% patients started treatment within 21 weeks against the standard of 18 weeks.

- The CCG is awaiting a RAP proposal from RWT which is due early August, this will be defined at speciality level and will support recovery of WCCG performance back to standard, this will be managed and assured via CRM/CQRM.
- Performance has been affected in 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) together with capacity issues.
- Specialities with the longest waiting times are Oral Surgery, Ophthalmology, Dermatology and General Surgery.
- Any patients at week 45 are monitored individually by the COO.
- The Trust have no patients waiting over 52 weeks.
- May has seen the highest ever RTT waiting list size at 39,305, however early unvalidated data is showing a reduction to circa 35k for June. 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:
- 89.9% of A&E attendances were admitted, transferred or discharged within 4 hours from arrival in May which is an improvement on 86.4% in April.
- The Trust is ranked 36th out of 122 Trusts, 13 Trusts are part of the pilot for the new standards in UEC and are therefore not reporting against the 4 hr wait standard.
- Performance remains challenged across the country with England at 86.6% and the Black Country STP achieved 84.8%.
- May nationally verified and published data has confirmed the following attendance splits for the Trust:
 - Type 1 (Major A&E): 12,201 (with 2,026 breaches) = 83.4%
 - Type 3 (Other A&E/Minor Injury Units): 8,440 (with 58 breaches) = 99.3%
 - Combined: 20,641 (with 2,084 breaches) = 89.9%
- The CCG continues to monitor performance and support programmes to improve performance at A&E Delivery Board, CQRM and CRM.
- 96.3% of all emergency admissions were admitted within 4 hours from decision to admit also above that of the Black Country (89.7%) and England (88.8%).

- Delayed Transfer of Care rates remain low at 2.85% indicating Trust is managing patient flow.
- The CCG is monitoring the impact of the Strategic Cell diverts on Delayed Transfers of Care (DToC) and delays in repatriations.
- May saw a continuation in the upward trend in the number of ambulance conveyances into the Trust (compared with the same period last year) with an additional 300 (6.97%) during the month.
- Stroke ambulances accounted for 5.36% of all ambulances into the Trust during May 2019.
- NHS Long Term Plan milestones have been included in the 2019/20 A&E Delivery Board Programme Plan for oversight and assurance.
- 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 two 12 hour decision to admit breaches in May; both breaches related to Mental Health patients. Themes from both RCAs showed main drivers to be; availability of Mental Health Beds in region, transport delays and delay in completion of Section papers by social worker once bed was located.

3.1.3. Cancer – All Standards

3.1.3.1. 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).

- ***2WW Breast Symptomatic specific issues and actions:***
 - 10% increase of breast referrals over the past 2 years.
 - The Trust has been running additional lists every Saturday since October.
 - The CCG are currently investigating the option of commissioning a Community Breast Pain Clinic together with the introduction of pain management prior to referral.
 - The Trust is working towards implementation of the 28 day faster diagnostic pathway for breast referrals – approach supported by NHSE/I.

- A joint programme to relieve pressure on RWT waiting list commenced in July 2019. Targeted Wolverhampton GPs have been asked to discuss the alternative option with their patients at point of referral of being referred to Walsall or Dudley where waiting times are lower.
- **All Cancer standards – issues and actions:**
 - 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 outsource 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 confirm appropriateness of referrals.
 - Complete redesign of Urology pathway; from the end of January 2019 the Trust have 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 28 days in June from 52 days.

Cancer performance data for May 19

Ref	Indicator	Standard	RWT	WCCG
EB6	2 Week Wait (2WW)	93%	74.14%	72.75%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	0.55%	6.2%
EB8	31 Day (1 st Treatment)	96%	87.61%	88.43%
EB9	31 Day (Surgery)	94%	65.52%	100.00%
EB10	31 Day (anti-cancer drug)	98%	100.00%	100.00%
EB11	31 Day (radiotherapy)	94%	88.55%	89.47%
EB12	62 Day (1 st Treatment)	85%	68.45%	71.93%
EB13	62 Day (Screening)	90%	78.85%	68.75%
EB14	62 Day (Consultant Upgrade)	No Standard	77.02%	71.79%

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

3.2.1. Mental Health

Nationally validated data for Mental Health indicators has now been published for April 19 provisional data. There are currently no red rated indicators for the NHS Constitutional standards.

- ***IAPT - People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) (EA3 – local reference: LQIA05).***
 - Performance is measured based on a quarterly performance however is monitored monthly. NHS England figures are based on a rolling quarter and confirms the April performance as 5.86% and above threshold.
 - The CCG's performance is in the main affected by the activity at the main provider The Black Country Partnership Foundation Trust (BCPFT), who has confirmed monthly performance under the 1.83% monthly threshold (22% full year) with May at 1.61%.
 - In order to achieve the increased threshold throughout the year, 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 that the Black Country CCG Risk share arrangements will be applied.

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 Enhancers	Non-recurrent Measures	Delay / Reduce Investment Plans	Other Mitigation	Potential Funding	TOTAL MITIGATIONS		
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
REVENUE RESOURCE LIMIT (IN YEAR)	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	53,301	53,301	-	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
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 risk 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

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. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 31.7.19

Wolverhampton CCG Performance against the NHS Constitution Standards

		National Target	May 19 Performance	PERFORMANCE											
				J	J	A	S	O	N	D	J	F	M	A	M
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%	88.5%												
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%	0.9%												
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%	89.9%												
EBS5	Trolley waits in A&E not longer than 12 hours (RWT position).	0	2												
Cancer Waits - two week waits															

		National Target	May 19 Performance	PERFORMANCE													
				J	J	A	S	O	N	D	J	F	M	A	M		
EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment.	93%	72.8%														
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%	6.2%														
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%	88.4%														
EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery.	94%	100%														
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%	89.5%														
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%	71.9%														
EB13	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from a NHS Cancer Screening Service.	90%	68.8%														
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	68.8%														
Health Care Acquired Infections																	
EAS4	Zero tolerance Meticillin Resistant <i>Staphylococcus Aureus</i> .	0	0														
EAS5	Minimise rates of Clostridium difficile.	48	5 (ytd)														

		National Target	May 19 Performance	PERFORMANCE											
				J	J	A	S	O	N	D	J	F	M	A	M
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%	84.4%											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%	96.9%											N/A	
EA3	IAPT - People who have entered treatment as a proportion of people with anxiety or depression (local prevalence). <i>*(Rolling quarter ending April 19).</i>	22% FYE 4.75% Q1	5.86%*											N/A	
EAS2	IAPT - Percentage of people who are moving to recovery of those who have completed treatment in the reporting period.	50%	54.9%											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.	56%	66.7%											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 CCG data is currently only available for April 19 for Mental Health Indicators.