# **WOLVERHAMPTON CCG**

# GOVERNING BODY 12 November 2019

Agenda item 12

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 29 <sup>th</sup> October 2019
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	□ Decision
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):	

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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.

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#### 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	£450.990m	£437.812m	(£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	£401k	£174k	(£227k)	G
Maximum closing cash balance %	1.25%	0.54%	(0.71%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	99%	(4%)	G
QIPP	£16.686m	£16.686m	Nil	G
Programme Cost *	£215,725k	£217,226k	£1,501k	G
Reserves *	£1,402k	£0k	(£1,402k)	G
Running Cost *	£2,758k	£2,659k	(£99k)	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.
- 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.

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

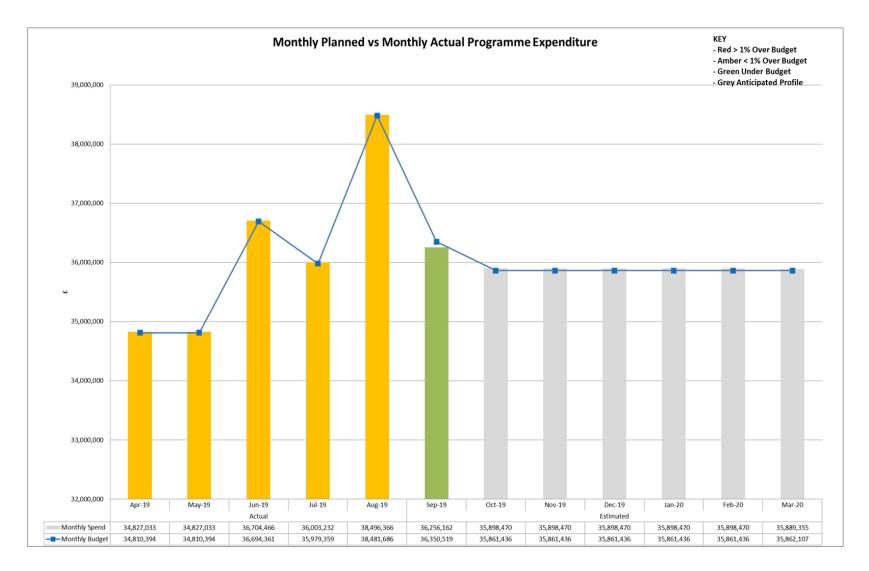
			YTD Performance M06									
	Annual Budget	Ytd	Ytd	Variance £'000		FOT	FOT		in Month Movement	In Month Movement	Previous Month FOT Variance	
	£'000	Budget £'000	Actual £'000	o/(u)	Var% o(u)	Actual £'000	Variance £'000	Var% o(u)	Trend	£'000 o(u)	£'000 o/(u)	
Acute Services	212,085	106,042	106,600	558	0.5%	214,388	2,303	1.1%		0	2,303	
Mental Health Services	42,730	21,365	21,467	102	0.5%	42,881	150	0.4%		0	150	
Community Services	45,482	22,741	22,568	(173)	(0.8%)	45,133	(349)	(0.8%)		0	(349)	
Continuing Care	16,072	8,036	7,965	(71)	(0.9%)	16,122	50	0.3%		0	50	
Primary Care Services	58,734	29,367	29,613	246	0.8%	59,157	423	0.7%		0	423	
Delegated Primary Care	37,573	18,786	19,072	286	1.5%	37,573	0	0.0%		0	0	
Other Programme	16,816	9,387	9,941	553	5.9%	16,571	(246)	(1.5%)		0	(246)	
Total Programme	429,492	215,725	217,226	1,501	0.7%	431,824	2,332	0.5%		0	2,332	
Running Costs	5,516	2,758	2,659	(99)	(3.6%)	5,316	(200)	(3.6%)		(200)	0	
Reserves	2,804	1,402	0	(1,402)	(100.0%)	672	(2,132)	(76.0%)		0	(2,132)	
Total Mandate	437,812	219,884	219,884	0	0.0%	437,812	(0)	(0.0%)		(200)	200	
Target Surplus	13,178	6,589	0	(6,589)	(100.0%)	0	(13,178)	(100.0%)		0	(13,178)	
Total	450,990	226,473	219,884	(6,589)	(2.9%)	437,812	(13,178)	(2.9%)		(200)	(13,178)	

- The Acute over performance relates in the main to RWT. Having received Month 5 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.
- 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 M5 non ISFE demonstrates the CCG achieved its plan, achieving 1.0% recurrent underlying surplus after adjusting for Co Commissioning

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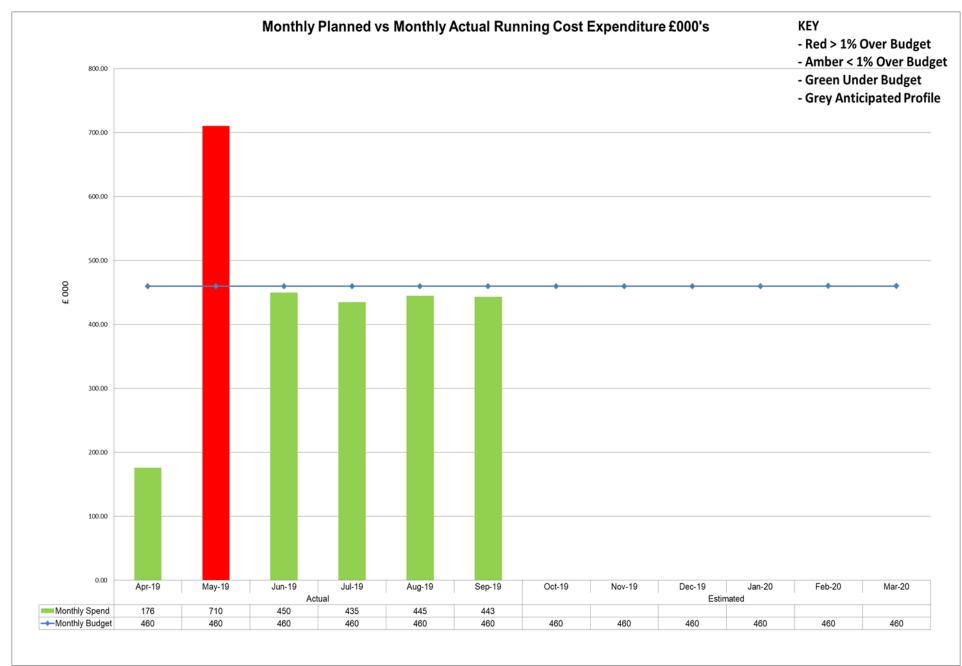
		Forecast Net	Expenditure			Remove Non F	Recurrent Items	
CCG UNDERLYING POSITION	Plan	Actual	Variance	Variance	NR Allocations & Matched Expenditure	NR QIPP Benefit	Contingency	Other NR Spend / Income
	£m	£m	£m	%	£m	£m	£m	£m
REVENUE RESOURCE LIMIT (IN YEAR)	440.962				(14.571)			
Acute Services	212.085	214.388	(2.303)	(1.1%)	(4.179)	1.110		(3.191)
Mental Health Services	42.730	42.881	(0.150)	(0.4%)	(2.310)	-		(0.278)
Community Health Services	45.482	45.133	0.349	0.8%	(0.020)	-		0.205
Continuing Care Services	16.072	16.122	(0.050)	(0.3%)	-	-		(0.039)
Primary Care Services	58.734	59.157	(0.423)	(0.7%)	(4.858)	0.500		0.157
Primary Care Co-Commissioning	38.145	38.145	-	0.0%	-	-	(0.191)	0.191
Other Programme Services	19.048	16.671	2.378	12.5%	(3.204)	1.540	(2.132)	1.459
Commissioning Services Total	432.296	432.496	(0.200)	(0.0%)	(14.571)	3.150	(2.323)	(1.496)
Running Costs	5.516	5.316	0.200	3.6%	-	-		
TOTAL CCG NET EXPENDITURE	437.812	437.812	(0.000)	(0.0%)	(14.571)	3.150	(2.323)	(1.496)
IN YEAR UNDERSPEND / (DEFICIT)	3.150	3.150	-	0.0%				

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• 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.

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#### **DELEGATED PRIMARY CARE**

- The Delegated Primary Care allocation for 2019/20 as at M5 is £38.145m. At M6 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 6:

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	11,260	11,260	0	22,521	22,521	0	0	0
General Practice PMS	726	726	(0)	1,452	1,452	0	0	0
Other List Based Services APMS incl	1,407	1,407	0	2,814	2,814	0	0	0
Premises	1,196	1,196	0	2,393	2,393	0	0	0
Premises Other	42	42	0	83	83	0	0	0
Enhanced services Delegated	948	948	0	1,896	1,896	0	0	0
QOF	1,836	1,836	0	3,672	3,672	0	0	0
Other GP Services	1,371	1,657	286	2,743	2,743	0	0	0
Delegated Contingency reserve	95	0	(95)	191	191	0	0	0
Delegated Primary Care 1% reserve	191	0	(191)	381	381	0	0	0
Total	19,072	19,072	(0)	38,145	38,145	0	0	0

2019/20 forecast figures have been updated on quarter 2 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.

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#### 2. QIPP

The key points to note are as follows:

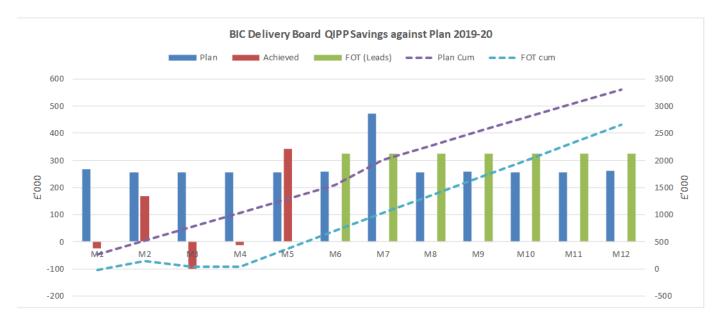
- The submitted financial plan, prior to the request to increase the control total, required a QIPP of £13.536m or 3.5% of allocation.
- The revised financial plan reflecting the increase in the control total requires a QIPP target of £16.686m,(4.1%) the additional QIPP being identified at a high level as follows:
  - o Prescribing £500k
  - Other Programme Services £1.54m
  - o Acute service Independent/Commercial sector £1.1m

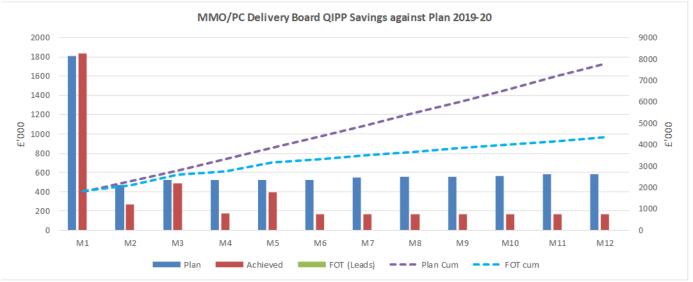
The above categories represent the areas under higher levels of scrutiny by NHSEI.

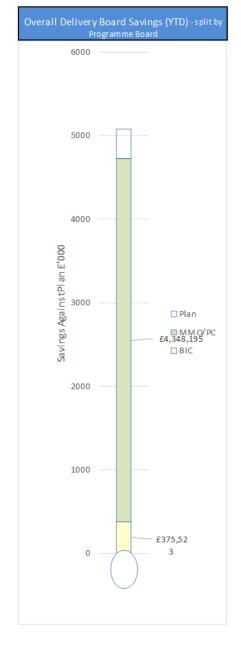
- The plan assumes full delivery of QIPP on a recurrent basis (with the exception of the additional QIPP required to support the revised control total) as any non-recurrent QIPP will potentially be carried forward into future years.
- The CCG is formally reporting QIPP being delivered as the CCG is achieving its financial metrics.
- Within BIC the key points are as follows:
  - o At M6 QIPP delivery is behind the year to date plan and is unlikely to deliver the annual taget
  - o The increase in QIPP target in M7 is due to the decommissioning of Blakenhall
  - Work is ongoing in relation to QIPP scheme delivery related to acute spells. Such schemes have targetted specific HRGs. However, the montioring has been complicated as RWT review their coding practices. As a result activity is potentially being coded to different HRGs and the CCG appears to be underperforming against the original HRGs.
- Within MMO/PC the key points are as follows:
  - o At M6 QIPP delivery is behind plan ytd.
  - Prescribing has yet to report their QIPP position due to timing of data received to support the QIPP.
     Prescribing is confident its QIPP target will be delivered.
- The table below details the QIPP programme and the level of savings assigned to each Programme Board and form the basis of monitoring for 19/20.

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#### QIPP Programme Delivery Board







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# 3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 30<sup>th</sup> September 2019 is shown below:

		Change
30 September '19	31 August '19	In Month
£'000	£'000	£'000
O	O	0
O	0	0
О	О	
1,770	1,723	47
175	30	145
1,945	1,753	
1,945	1,753	
-44,657	-43,404	-1,253
-44,657	-43,404	
-42,712	-41,652	
-42,712	-41,652	
42,712	41,652	1,060
	£'000  0  1,770 175 1,945  1,945  -44,657 -44,657 -42,712  -42,712	£'000       £'000         0       0         0       0         1,770       1,723         175       30         1,945       1,753         1,945       1,753         -44,657       -43,404         -44,657       -43,404         -42,712       -41,652         -42,712       -41,652

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Key points to note from the SoFP are:

- The cash target for month 5 has been achieved.
- The CCG is maintaining its high performance against the BPPC target of paying at least 95% of invoices within 30 days, (98.6% for non-NHS invoices and 99.8% for NHS invoices);

#### PERFORMANCE

Exception highlights were as follows;

## 3.1. Royal Wolverhampton NHS Trust (RWT)

# 3.1.1. Elective Care (EB3 – Referral to Treatment Time (RTT), EBS4 - 52 Week Waiters, EB4 – 6 Weeks Diagnostic from Referral)

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 (August 19):

- WCCG 85.9%, England 85.0%, STP 89.5%
- 92% WCCG patients started treatment within 22.6 weeks at any provider in England against the standard of 18 weeks (England was 23.7).
- There are no WCCG patients waiting 52+ weeks to start treatment during August. Assurances have been requested from University Hospitals of North Midlands regarding a 51 week waiter (Thoracic Medicine).
- Specialities with the longest waiting times are Thoracic Medicine, Trauma & Orthopaedics, Ophthalmology and General Surgery.
- The CCG has now agreed a Recovery Action Plan (RAP) with the Trust to support recovery of Trust performance which will, in turn, improve the performance of the CCG.
- The RAP will be monitored and managed via the monthly Contract Review Meeting.
- RTT waiting list remains above the March 19 position for both the CCG and RWT. Waiting list validation commenced in August, the impact of which is expected to be seen on October performance.

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There has been a decrease in diagnostic performance for August and is under standard for the first time since January (RWT = 3.10%, WCCG = 2.68%). The Trust are investigating support from the private sector to alleviate pressure on the Endoscopy Department and expect full recovery by October 2019.

# 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.

- 88.5% of A&E attendances were admitted, transferred or discharged within 4 hours from arrival in September.
- The Trust was ranked at 34<sup>th</sup> out of 121 Acute Trusts in September; 7 Trusts achieved the national standard of 95% (2 of which did not have a T1 A&E Department).
- Performance remains challenged across the country with England at 77.0% and the Black Country STP at 83.2%.
- DToC rates remain low at 1.65% (excluding Social Care) 3.13% (total including Social Care) for August indicating Trust is continuing to manage patient flow.
- Packages of care remain an issue due to capacity in the domiciliary care market & the withdrawal of 2 existing service providers from the market. The A&E Delivery Board has funded schemes to enable patients to be discharged and supported at home for 7 days until a package of care can be put in place.
- 160 ambulances breached the 30-60 minute ambulance handover target during September and 5 ambulances breached the >60 minutes.
- There was one breach of the 12 hr standard in September bringing the total year to date to 6.

#### 3.1.3. Cancer - All Standards

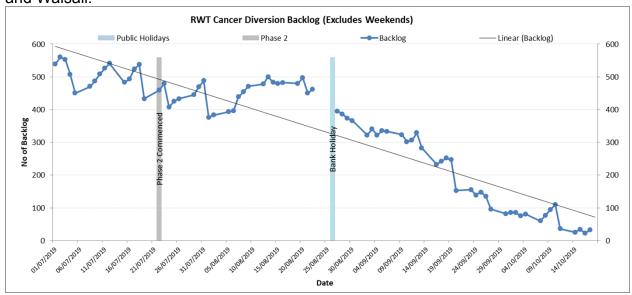
CCG analysis has demonstrated that the deterioration in performance is multi-faceted and relates in the main to: Diagnostic and robotic capacity, workforce capacity, late tertiary referrals and increasing referral activity specifically relating to urology and breast pathways. The Royal Wolverhampton NHS Trust (RWT) 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:

August nationally published (provisional) performance is 4.0% for the CCG and 2.24% for RWT.

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- STP performance is 62.3% and England is 85.9%
- CCG performance is reliant on the situation at RWT, neither the CCG nor Trust will see performance return to standard until the backlog has reduced.
- Implementation of STP Breast diversion scheme from July; practices where alternative provider (Dudley/Walsall) is within 3 miles of the practice were asked to discuss with patients the option to refer to Dudley or Walsall rather than RWT.
- From 9th September STP agreed diversion at source for RWT receiving referrals from practices in the scheme to refer directly to Walsall/Dudley
- Wolverhampton CCG Breast Pain pathway commenced in August.
- As at the time of reporting RWT is currently (17/10/19) booking new referrals at day 16
- RWT's backlog position which has reduced from 539 at 1st July to 32.
- Recovery to standard is currently on track, as forecast, for end Q3.
- Discussions are taking place to agree next steps to ensure sustainable performance across RWT, Dudley and Walsall.



## • All Cancer standards – issues and actions:

- > Remedial action plan is in place and reviewed monthly with revised improvement trajectories agreed.
- Capacity in August was affected by the summer period.

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- ➤ The backlog of patients waiting over 62 day is remaining relatively steady with the largest cohorts of patients being on the Urology and Colorectal pathways followed by Breast.
- The Trust has successfully recruited 8 additional radiographers, 6 of which have commenced in post with the remaining 2 due to start before the end of the year.
- > The Trust is running monthly "super clinics" in Breast and Gynaecology.
- > The first biopsy list took place in August, the effect of which should be a reduction in the prostate cancer pathway by a minimum of 7 days by moving Template Biopsy to an outpatient procedure.
- > Current waiting time for an outpatient Hysteroscopy is down to 13 days in August from 19 in June.

# Cancer performance data for August 19

Ref	Indicator	Standard	RWT	wccg
EB6	2 Week Wait (2WW)	93%	78.67%	74.97%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	2.24%	4.00%
EB8	31 Day (1st Treatment)	96%	88.05%	93.28%
EB9	31 Day (Surgery)	94%	75.76%	85.71%
EB10	31 Day (anti-cancer drug)	98%	100.0%	100.0%
EB11	31 Day (radiotherapy)	94%	82.64%	89.47%
EB12	62 Day (1st Treatment)	85%	59.60%	58.18%
EB13	62 Day (Screening)	90%	59.46%	50.00%
EB14	62 Day (Consultant Upgrade)	No Standard	77.27%	76.55%

# 3.1.4. E.A.S4 and E.A.S5 – MRSA and Clostridium Difficile

- The were no MRSA for the CCG during August, however the breach in June has already taken the CCG over the zero threshold for the year.
- C.Diff cases have increased over the last few months with the August Public Health data confirming :
  - CCG = 6 cases (against threshold of 4), 21 YTD
  - > RWT = 7 cases (against threshold of 4), 22 YTD
- The RWT figures are for healthcare associated cases only; with all cases (including community associated) total cases for August was 9, 35 YTD.

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

#### 3.2.1. Mental Health

## 3.2.2. E.H.12: Out of Area Placements (STP target)

- The national Out of Area Placements (OOA) publication report captures the details of all inappropriate out of area placements in acute adult mental health inpatient services in England from both NHS and independent providers.
- The CCG has breached the local threshold for July 2019 (410 bed days against a 296 threshold); however this indicator is assessed against 12 rolling month activity and an STP threshold.
- CCG = 410 bed days (114 above threshold), STP = 904 (136 within threshold).
- Bed capacity across the Black Country is sufficient to meet needs, however underutilised, so beds are sold out of area.

# 3.2.3. E.H.4: Early Intervention in Psychosis (1st episode within 2 weeks)

- The validated published figures for August confirm that both the CCG and Black Country Partnership failed to achieve the 53% target with no patients meeting 2 weeks (0%).
- With the exception of Walsall CCG, all the CCGs within the Black Country STP were unable to achieve standard. Performance is affected by small number variation; the total number of patients for August within the STP starting treatment within 2 weeks totalling 6 (out of 12 patients).

# 3.2.4. E.A.3 - IAPT - People who have entered treatment as a proportion of people with anxiety or depression (local prevalence).

- Performance is assessed against a quarterly performance target of 4.94% in Q1, 5.13% Q2, 5.31% Q3 and 5.5% Q4
- NHS England published figures are based on a rolling quarter and confirm the July19 performance as 5.82% and above the Q2 target of 5.31%.
- Updated prevalence figures (denominator for indicator) have been made available, however as the figures
  have seen a wide increase, analytical tools will be made available to CCGs to map current trajectories to the
  latest prevalence estimates over the next 5 years to reduce sudden increases and potential unachievable
  goals.
- The Long Term Plan updates have also confirmed that from 2020/21 performance will be accessed via STP level numbers of patients and not percentage against prevalence estimates.

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# 3.2.5. E.H.13 – Physical Health Checks for People with a Severe Mental Illness

- Q2 performance achieved 42.07% against a planned trajectory of 45%.
- CCG is currently under the planned activity and this has been escalated to primary care colleagues.
- Lower performing areas remain tests that include a more invasive procedure (blood taking), and the CCG are investigating implementation of Point of Care Testing within practices which will be less invasive for patients with no waiting for results.
- Performance is assessed on a rolling 12 month basis with the National requirement to achieve 60% in 2019/20 which will be assessed based on March 2020 position.

## 3.2.6. E.B.S3 – CPA Follow Up within 7 days of Discharge

- Performance is assessed nationally each Quarter, however local monthly data has indicated that there has been a decrease in performance during August 19 (84.8% against 95% target).
- The Trust have confirmed that this relates to 2 individual patients (1 x No Fixed Abode, 1 x Absent Without Leave).
- Performance is discussed monthly with the Trust at the Contract Review Meeting with further assurance requested around correct contact details for patients before discharge.

#### 4. RISK and MITIGATION

The CCG was required to resubmit a plan which demonstrates £5.95m risk which currently is fully mitigated based on the assumption that the Black Country CCG Risk share agreement will be applied.

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		Forecast Ne	t Expenditure		RISKS (enter negative values only)									MITIGATIONS	S (enter positive	values only)			
CCG RISKS & MITIGATIONS	Plan	Actual	Variance	Variance	Contract	ddO	Performance Issues	Prescribing	Other	TOTAL RSKS	Contingency Held	Contract Reserves	Investments Urcommitted	Further QIPP Extensions	Non-Recurrent Messures	Delay / Reduce Investment Plans	OtherMitigations	Potential Funding	TOTAL
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
REVENUE RESOURCE LIMIT (IN YEAR) REVENUE RESOURCE LIMIT (CUMULATIVE)	437.041 447.069																		
Acute Services	210.731	212.683	(1.952)	(0.9%)	(0.500)	(1.000)				(1.500)	0.500			1.000					1.500
Mental Health Services	42.238	42.381	(0.143)	(0.3%)		(0.100)			(0.500)	(0.600)	0.500			0.100					0.600
Community Health Services	45.628	45.595	0.033	0.1%						-				-					-
Continuing Care Services	16.006	15.973	0.033	0.2%		-				-				-					-
Primary Care Services	58.702	59.065	(0.363)	(0.6%)		-		(0.500)		(0.500)	0.500			-					0.500
Primary Care Co-Commissioning	38.145	38.145	-	0.0%		-				-	0.633			-					0.633
O ther Programme Services	16.925	14.734	2.192	12.9%		-			(3.350)	(3.350)				-	2.000	0.717			2.717
Commissioning Services Total	428.375	428.575	(0.200)	(0.0%)	(0.500)	(1.100)	-	(0.500)	(3.850)	(5.950)	2.133	-	-	1.100	2.000	0.717	-	-	5.950
Running Costs Unidentified QIPP	5.516	5.316	0.200	3.6%		-				-				-					-
TOTAL CCG NET EXPENDITURE	433.891	433.891	0.000	0.0%	(0.500)	(1.100)	-	(0.500)	(3.850)	(5.950)	2.133	-	-	1.100	2.000	0.717	-	•	5.950
IN YEAR UNDERSPEND / (DEFICIT)	3.150	3.150	0.000	0.0%															
CLIMILITATIVE LINDERSPEND / (DEFICIT)	13.178	13.178	0.000	0.0%															

The key mitigations are as follows:

- Utilisation of Contingency
- Further extension to QIPP
- Delayed or reduced 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	£19.128	Control total and mitigations achieved, risks do not materialise <b>achieves</b> control total
Risk adjusted case	£13.178	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£7.228	Adjusted risks and no mitigations occur. CCG misses revised control total

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## 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. Concerns regarding mobilisation of the re-procured Dermatology service were considered. It was noted that the related risks are being overseen by Commissioning Committee.

#### 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 Office** 

Date: 30th October 2019

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# Wolverhampton CCG Performance against the NHS Constitution Standards

Finance and Performance (F&P) 2019/20 - Wolverhampton CCG (06a)

Aug-19 (based on if indicator required to be either Higher or Lower than target/threshold) Month: Improved Performance from previous month Ī Decline in Performance from previous month  $\Rightarrow$ Performance has remained the same Compared to Last **End Target** To Date (YT Data Compared to Previous Mth 3 Rolling Mths 19/20 Ref atest RAG Description **Jata Level** Threshold Period of Apr May Jun July Aug Sept Oct Nov Dec Jan Feb **Year**  $\Phi$ CCG Provisional Aug 92.0% 85.89% Ţ CCG Validated 92.0%  $^{\uparrow}$ 87.47% Aug Ţ EB3 Referral to Treatment (18 Wks) 86.08% RWT Mth Aug 92.0% 84.51% į į Black Country STP 92.0% 89.52% 91.61% Aug 92.0% 84.95% 86.07% National Aug CCG Provisional 2.69% 1.13% Aug 1.0% Ŷ Ť CCG Validated Aug 1.0% 2.68% 1.13% İ Diagnostic Waits (6wks) Aug 1.0% 1.19% Ţ 1 Black Country STP Aug 1.0% 1.74% 1.52% National 1.0% 4.32% 3.85% Aug CCG Provisional No Data 95.0% CCG Validated No Data 95.0% 1 1 EB5 A&E (Waits Within 4hrs) RWT Mth Sep 95.0% 88.53% 88.29% 83.19% 1 84.42% Black Country STP 95.0% Sep 95.0% 76.99% 1 84.54% National Sep 66 85% CCG Provisional No Data 93.0% 66.85% 1 Aug 1 FB6 Two Week Waits (2WW) RWT Mth Aug 93.0% 78.67% ⇧ 74.55% T Black Country STP 93.0% 88.28% 89.36% Aug į National Aug 93.0% 89.36% 90.22% CCG Provisional 93.0% No Data 1 Ţ CCG Validated 93.0% 4.00% Two Week Waits (2WW) Breast EB7 93.0% 2.24% 1 1 2.78% RWT Mth Aug Symptoms Black Country STP Aug 93.0% 65.25% 1 1 70.48% 93.0% 85.94% 79.95% National Aug CCG Provisional No Data 96.0% 1 93 28% 91 77% CCG Validated Aug 96.0% EB8 RWT 96.0% 88.05% 1 87.37% 31 Day Cancer Treatment Mth Aug į Black Country STP Aug 96.0% 93.85% 1 94.25% 96.09% 1 96.0% National Aug 96.18% CCG Provisional No Data 94.0% 85.71% Ţ 84.52% CCG Validated Aug 94.0% 94.0% 75.76% 1 1 75.00% 31 Day Cancer Treatment (Surgery) Aug Ţ 1 Black Country STP 94.0% 91.36% 90.56% Aug National Aug 94.0% 91.46% 1 91.68% CCG Provisional No Data 98.0% 100.00% 1 99.24% CCG Validated 98.0% 1 Aug 31 Day Cancer Treatment (anti cancer EB10 RWT Mth Aug 98.0% 100.00% Ţ 99.59% drug) 1 1 Black Country STP 98.0% 100.00% 98.76% Aug 98.0% 99.38% 99.21% Aug CCG Provisional No Data 94.0% CCG Validated Aug 89.47% 90.58% 31 Day Cancer Treatment Ţ Ţ EB11 RWT Mth Aug 94.0% 82.64% 89.26% (Radiotherapy) 1 Û Black Country STP Aug 94.0% 88.82% 84.76% 1 Ţ 96.62% National Aug 94.0% 96.27% CCG Provisional 85.2% No Data CCG Validated Aug 85.2% 58.18% 64.43%

Current performance is as published validated national data for Wolverhampton CCG unless indicated otherwise, i.e. only available at Trust level.

Aug

Aug

Aug

85.2%

85.2%

85.2%

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1

61.16%

75.56%

59.60%

72.14%

78.54%

62 Day Cancer Treatment 1st

Definitive Treatment

RWT

National

Black Country STP

EB12

19/20 Ref	Description	. Data Level	Frequency	Period of Data	Year End Target / Threshold	Latest RAG	Compared to Previous Mth	Compared to Last 3 Rolling Mths	Year To Date (YTD)	Apr	Jun	Alnf	Aug	Sept	Nov	Dec	Jan	Mar	YTD
EB13	62 Day Cancer Treatment (NHS Screening)	CCG Provisional CCG Validated RWT Black Country STP National	Mth	No Data Aug Aug Aug Aug	90.0% 90.0% 90.0% 90.0%	50.00% 59.46% 88.24% 87.75%	1 1	<b>↓ ↓ ↓</b>	70.21% 73.04% 89.37% 87.09%										
EB14	62 Day Cancer Treatment (Consultant Upgrade)	CCG Provisional CCG Validated RWT Black Country STP National	Mth	No Data Aug Aug Aug Aug	0.0% 0.0% 0.0% 0.0% 0.0%	79.55% 77.27% 80.50% 83.48%	1 1 1	<b>1 1 1 1 1</b>	76.99% 74.19% 81.21% 83.07%										
EB18	52 Week Waiters (RTT)	CCG Provisional CCG Validated RWT Black Country STP National	Mth	Aug Aug Aug Aug Aug	0 0 0 0	0 0 0 1 1366	^ ^ ^ ^		0 0 0 11 5702										
EH1	IAPT Programme: Treated within 6 wks	CCG Provisional CCG Validated BCPFT Black Country STP National	Mth	No Data Jul Jul Jul No Data	75.0% 75.0% 75.0% 75.0% 75.0%	79.07% 86.52% 85.71%	† †	<b>1</b>	83.33% 88.42% 85.71%							 	  		
EH2	IAPT Programme Referral to Treatment (18wks)	CCG Provisional CCG Validated BCPFT Black Country STP National	Mth	No Data Jul Jul Jul No Data	95.0% 95.0% 95.0% 95.0% 95.0%	97.67% 98.88% 97.84%	1	<b>1 1 1</b>	97.92% 98.60% 97.78%										
EH3_C1	IAPT Completed Appointments versus Single Treatment Appointments	CCG Provisional CCG Validated BCPFT Black Country STP	Mth	No Data Jul Jul Jun	TBC TBC TBC TBC	- 63.24% 77.91% 88.39%	<b>1</b>	† †	51.61% 105.17% 81.72%				_						
EH3_C2	IAPT Mean Number of Treatments	CCG Provisional CCG Validated BCPFT Black Country STP CCG Provisional	Mth	No Data Jul Jul Jun No Data	TBC TBC TBC TBC TBC	6.40 6.10 25.50	<b>1</b>	→ ↓ ↑	5.95 5.90 27.10							- - -			
EH3_C3	IAPT First to Second Treatment over 28 days Rate	CCG Validated BCPFT Black Country STP CCG Provisional	Mth	Jul Jul Jun No Data	TBC TBC TBC	30.61% 63.33% 65.13%	1	<b>1</b>	34.10% 87.15% 65.89%				_						
EH3_C4	IAPT First to Second Treatment over 90 days Rate	CCG Validated BCPFT Black Country STP CCG Provisional	Mth	Jul Jul Jun Aug	TBC TBC TBC 56.0%	14.29% 43.33% 43.28% 0.00%	<b>↓</b>	<b>↑ ↓ ↓</b>	15.61% 57.83% 44.17% 66.67%										
EH4	EIP 1st Episode (within 2 wks)	CCG Validated BCPFT Black Country STP National	Mth	Aug Aug Aug Jul	56.0% 56.0% 56.0% 56.0%	0.00% 0.00% 50.00% 77.42%	<b>↑</b>	<b>↓</b>	66.67% 46.15% 55.71% 76.06%										
EH9	CYP Access Rates	CCG Provisional CCG Validated BCPFT Black Country STP National	Mth	No Data Jul Jul Jul No Data	34% Full Yr 34% Full Yr 34% Full Yr 34% Full Yr 34% Full Yr	1.94% 4.21% - 2.44%	1		17.96%										
EAS1	Dementia Diagnosis (65+)	CCG Provisional CCG Validated Primary Care Black Country STP National	Mth	No Data Aug No Data Aug No Data	71.4% 71.4% 71.4% 71.4% 71.4%	- 73.42% - 66.66% -	<b>1</b>	<b>1</b>	72.93% 66.48%							- - - -			
EAS2	IAPT Recovery Rate (Moving to Recovery)	CCG Provisional CCG Validated BCPFT Black Country STP National	Mth	No Data Jul No Data Jul No Data	50.0% 50.0% 50.0% 50.0% 50.0%	47.62% - 52.65%	<b>1</b>	1	48.20% 53.02%										

19/20 Ref	Description	Data Level	Frequency	Period of Data	Year End Target / Threshold	Latest RAG	Compared to Previous Mth	Compared to Last 3 Rolling Mths	Year To Date (YTD)	Apr May	Jun	July	Sept	Oct	Dec	Jan	Mar	YTD
EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	CCG Provisional CCG Validated RWT Black Country STP National	Mth	No Data Aug Aug Aug No Data	0 0 0 0	0 0 0	合合合	→	1 0 4						- <u>-</u>		-	
EAS5	Minimise rates of Clostridium Difficile	CCG Provisional CCG Validated RWT Black Country STP National	Mth	No Data  Aug  Aug  Aug  No Data	CCG: 48 Full Yr CCG: 48 Full Yr RWT: 40 Full Yr STP: 288 Full Year TBC	6 7 20	•	<b>↓</b>	21 22 115						 			
EBS1	MSA Breaches	CCG Provisional CCG Validated RWT BCPFT Black Country STP National	Mth	No Data Aug Aug Aug Aug Aug Aug Aug	0 0 0 0 0	0 0 0 0 14 1199			1 0 0 108 6637									
EBS5	12 hr Trolley Waits	CCG Provisional CCG Validated RWT Black Country STP National	Mth	No Data No Data Aug No Data No Data	0 0 0 0	- 1 -	⇒	⇒	6						- <u>-</u>			
EBS6	No urgent operation should be cancelled for a second time	CCG Provisional CCG Validated RWT Black Country STP National	Mth	No Data No Data Jul No Data No Data	0 0 0 0	- - 0 -	$\Rightarrow$	⇒	0									
EBS3	CPA Follow Up within 7 days from Discharge	CCG Provisional CCG Validated BCPFT Black Country STP National	Qtr	No Data Jun Jun Jun Jun	95% 95% 95% 95%	98.96% 98.21% 97.30% 95.05%			98.96% 97.30% 95.05%						- - - -			
EH10	CYP Eating Disorder (Urgent within 1 wk) - 12 Rolling Mths	CCG Provisional CCG Validated BCPFT Black Country STP National	Qtr	Sep Jun Jun Jun Jun	95% 95% 95% 95%	100.00% 100.00% 100.00% 91.30% 77.67%	,	•	100.00% 100.00% 91.30% 77.67%						- - - -		-	
EH11	CYP Eating Disorder (Routine within 4 wks) - 12 Rolling Mths	CCG Provisional CCG Validated BCPFT Black Country STP National	Qtr	Sep Jun Jun Jun Jun	95% 95% 95% 95% 95%	93.75% 90.00% 91.30% 90.48% 83.43%		r r r	91.67% 90.00% 90.48% 83.43%									
EH13	Physical Health Checks for People with a Severe Mental Illness	CCG Provisional CCG Validated Primary Care Black Country STP National	Qtr	Sep No Data No Data	60% by Yr End 60% by Yr End 60% by Yr End 60% by Yr End 60% by Yr End	- 42.07% - - -		r r	40.68%						- - - -			
EA3	IAPT ROII Out Access Rate	CCG Provisional  CCG Validated BCPFT Black Country STP National	Mth	No Data  Jul  No Data  Jul  No Data	Q1 = 4.94%, Q2 = 5.13%, Q3 = 5.31%, Q4 = 5.50%	5.82%	1	<b>↑</b>	22.86%				- <u>-</u> -		- <u>-</u>			
EH12	OoAPs - Out of Area Placements (STP target)	CCG Provisional CCG Validated Black Country STP National	Mth	No Data  Jul  Jul  No Data	STP Wide Traj 978 by Yr End STP Wide Traj 978 by Yr End STP Wide Traj 978 by Yr End STP Wide Traj 978 by Yr End	- 410 904	1	•	1400 3129								-	

19/20 Ref	Description	Data Level	Frequency	Period of Data	Year End Target / Threshold	Latest RAG	Compared to Previous Mth	Compared to Last	3 Rolling Mths	Year To Date (YTD)	Apr May	Jun	July	Sept	Oct	Nov	Jan	Feb	Mar	YTD
I FDT6	% of the population with access to online consultations	CCG Provisional CCG Validated Black Country STP National	Mth	No Data No Data	75.2% Yr End 75.2% Yr End 75.2% Yr End 75.2% Yr End	- - -	* * *	, ,							_				7	
ED17	% Extended Access Appointmnet Utilisation	CCG Provisional CCG Validated Black Country STP National	Mth	No Data No Data No Data No Data	85% Yr End 85% Yr End 85% Yr End 85% Yr End	- - -	• •								_					
ED18	% population that the Urgent Care System (NHS111) can directly book appointments for in contracted extended hours	CCG Provisional CCG Validated Black Country STP National	Mth	No Data No Data No Data No Data	100% Yr End 100% Yr End 100% Yr End 100% Yr End	- - -	• •	P P							_				7	
EK1a	Rate (per million GP Registered Population) Inpatient Care for People with LD or Autism (CCG Commissioned)	CCG Provisional CCG Validated Black Country STP National	Mth	No Data No Data No Data No Data	20.02 by Yr End 20.02 by Yr End 20.02 by Yr End 20.02 by Yr End	- - -	· · ·								_				7	
EK1b	Rate (per million GP Registered Population) Inpatient Care for People with LD or Autism (NHSE Commissioned)	CCG Provisional CCG Validated Black Country STP National	Mth	No Data No Data No Data	20.02 by Yr End 20.02 by Yr End 20.02 by Yr End 20.02 by Yr End		* *					·—-							7	
EO1	% of Children Waiting more than 18 weeks for a Wheelchair	CCG Provisional CCG Validated Black Country STP National	Qtr	No Data Sep Jun No Data	93% 93% 93% 93%	97.87% 95.79%				.86% .79%										
I FK⊰	AHCs delivered by GPs for patients on the Learning Disability Register	CCG Provisional CCG Validated Black Country STP National	Mth	Sep No Data	14.3% Yr End 14.3% Yr End 14.3% Yr End 14.3% Yr End	- 46.51% - -														
EN1	Cumulative number of Personal Health Budgets (PHBs)	CCG Provisional CCG Validated Black Country STP National	Mth	No Data Sep No Data No Data	320 Yr End 320 Yr End 320 Yr End 320 Yr End	- 262 -														

# Finance and Performance (F&P) 2019/20 - Wolverhampton CCG (06a) Current Month: Aug-19 (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 Activity Against Plan RAG ratings based on % variance (+ or -) from Plan between 2.6% and 5% from Plan between 2.6% and 5% from Plan Less than or equal to 2.5% from Plan Less than or equal to 2.5% from Plan

\*Note: The Wolverhampton CCG Activity and Plan excludes Outpatient activity that is not paid for or contracted as OP attendances, but has to be recorded through SUS. This can vary the

	e Wolverhampton CCG Activity and Pl status for the CCG if activity is not ex		orting leve	ı.										_					
19/20 Ref	Description	Data Level	Frequency	Period of Data	Year End Target / Threshold	Latest RAG	Compared to Previous Mth	Compared to Last 3 Rolling Mths	Year To Date (YTD)	Apr	Мау	Jun	Aug	Sept	Oct	Nov	Jan	Feb	YTD
	Total Referrals made for a First	CCG Provisional		Aug	Seasonal Variation	6196	Û	₽	37365										
EM7	Outpatient Appointment (G&A)	CCG Validated	Mth	Aug	Seasonal Variation	4199	₽ .	₩	23455										
	Consultant Led First Outpatient	CCG Provisional		Aug	Seasonal Variation	7899	Û	1	40635										
EM8	Attendances (Specific Acute)	CCG Validated	Mth	Aug	Seasonal Variation	7899	₽ '		40661										
	Consultant Led Follow-Up Outpatient	CCG Provisional		Aug	Seasonal Variation	13439	Û	₽	72710										
EM9	Attendances (Specific Acute)	CCG Validated	Mth	Aug	Seasonal Variation	13439	Φ.		72805					Γ					
		CCG Provisional		Aug	Seasonal Variation	2551	1	₽	13798					Γ					
EM10	Total Elective Spells (Specific Acute)	CCG Validated	Mth	Aug	Seasonal Variation	2551	Φ,		13791					Γ					
	Total Non-Elective Spells (Specific Acute	CCG Provisional		Aug	Seasonal Variation	2217	Û		12055					Τ					
EM11		CCG Validated	Mth	Aug	Seasonal Variation	2217	₩ '	₽	12054										
	Total A&E Attendances (Excl. Planned	CCG Provisional		Aug	Seasonal Variation	10126	1	₽	52675										
EM12	Follow Up Attendances) *Awaiting confirmation of Vocare submissions	CCG Validated	Mth	Aug	Seasonal Variation	10126	1	₽	52700										
	Type 1 A&E Attendances (Excluding	CCG Provisional		Aug	Seasonal Variation	7875	1	1	40654										
EM12a	Planned Follow Up Attendances)	CCG Validated	Mth	Aug	Seasonal Variation	7875	1	₽	40675										
	Number of completed admitted RTT	CCG Provisional		Aug	Seasonal Variation	990	Û	₽	5501										
EM18	pathways	CCG Validated	Mth	Aug	Seasonal Variation	990	1	₽	5501										
	Number of completed non-admitted RTT	CCG Provisional		Aug	Seasonal Variation	4911	Û	₽	26300										
EM19	pathways	CCG Validated	Mth	Aug	Seasonal Variation	4911	1	₽	26300										
	Number of new RTT pathways (clock	CCG Provisional		Aug	Seasonal Variation	7764	Û	₽	41610										
EM20	starts)	CCG Validated	Mth	Aug	Seasonal Variation	7764	1	₽	41609										
EN/24	Consultant Led Outpatient Attendances	CCG Provisional	p. 41.1.	Aug	Seasonal Variation	1944	Û	<b>1</b>	10473										
EM21	with Procedures (Specific Acute)	CCG Validated	Mth	Aug	Seasonal Variation	1944	1	₩.	10472										
EM22	Average number of G&A beds open per	CCG Provisional	NA+h-	No Data	Seasonal Variation	-													
EIVIZZ	day (specific acute)	CCG Validated	Mth	No Data	Seasonal Variation	-		7		Γ									