

WOLVERHAMPTON CCG

GOVERNING BODY
11 October 2016

Agenda item 12

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 27 September 2016
Report of:	Claire Skidmore – Chief Finance and Operating Officer
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
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 Target	Target	FOT	Variance o(u)	RAG
Statutory Duties				
Expenditure not to exceed income	£6.172m surplus	£6.172m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£350.237m	£350.237m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.555m	Nil	G
Non Statutory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	325	550	225	A
Maximum closing cash balance %	1.25%	2.12%	0.80%	A
BPPC NHS by No. Invoices (cum)	95%	98%	-3%	G
BPPC non NHS by No. Invoices (cum)	95%	94%	1%	A
QIPP	£3.92m	£3.65m	£0.04m	A
Programme Cost £'000*	137,896	138,661	765	G
Reserves £'000*	741	0	(741)	G
Running Cost £'000*	2,314	2,234	(80)	G

- The CCG continues to exceed the BPPC target of paying 95% of its invoices within 30 days (figures are cumulative April16-July16).

- Higher than anticipated cash balances were held at month end following an unexpected receipt from NHSE.

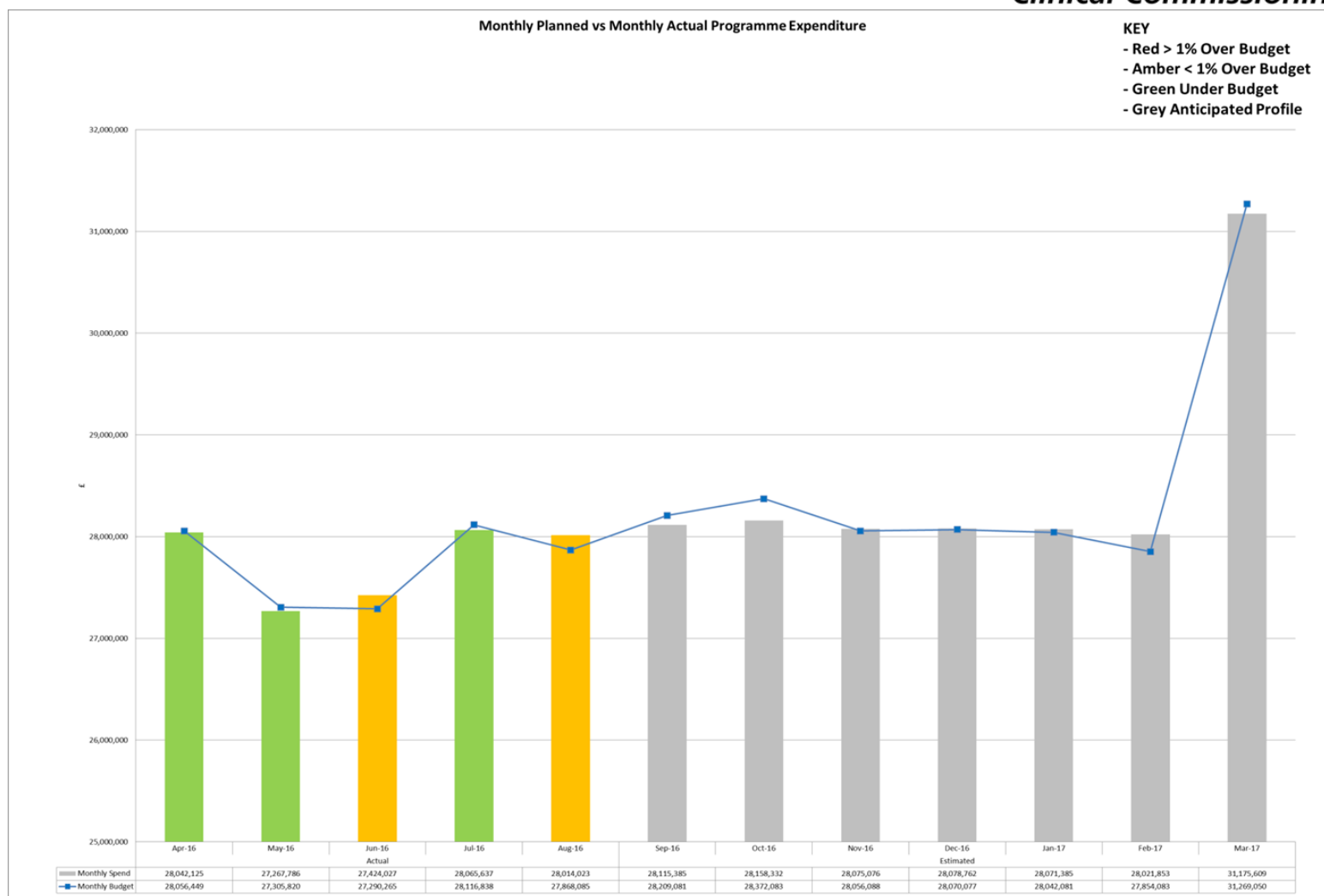
The table below highlights year to date performance as reported to and discussed by the Committee;

	Annual Plan £'000	YTD Performance M05			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,473	75,197	75,779	582	0.77%
Mental Health Services	34,455	14,356	14,276	(80)	(0.56%)
Community Services	37,731	15,721	15,601	(120)	(0.76%)
Continuing Care/FNC	12,259	5,108	5,562	454	8.89%
Prescribing & Quality	52,013	21,633	21,081	(551)	(2.55%)
Other Programme	16,425	5,881	6,362	480	8.17%
Total Programme	333,356	137,896	138,661	765	0.55%
Running Costs	5,555	2,314	2,234	(80)	(3.47%)
Reserves	5,154	741	0	(741)	(100.00%)
Total Mandate	344,065	140,952	140,895	(57)	(0.04%)
Target Surplus	6,172	2,723	0	(2,723)	(100.00%)
Total	350,237	143,675	140,895	(2,780)	(1.93%)

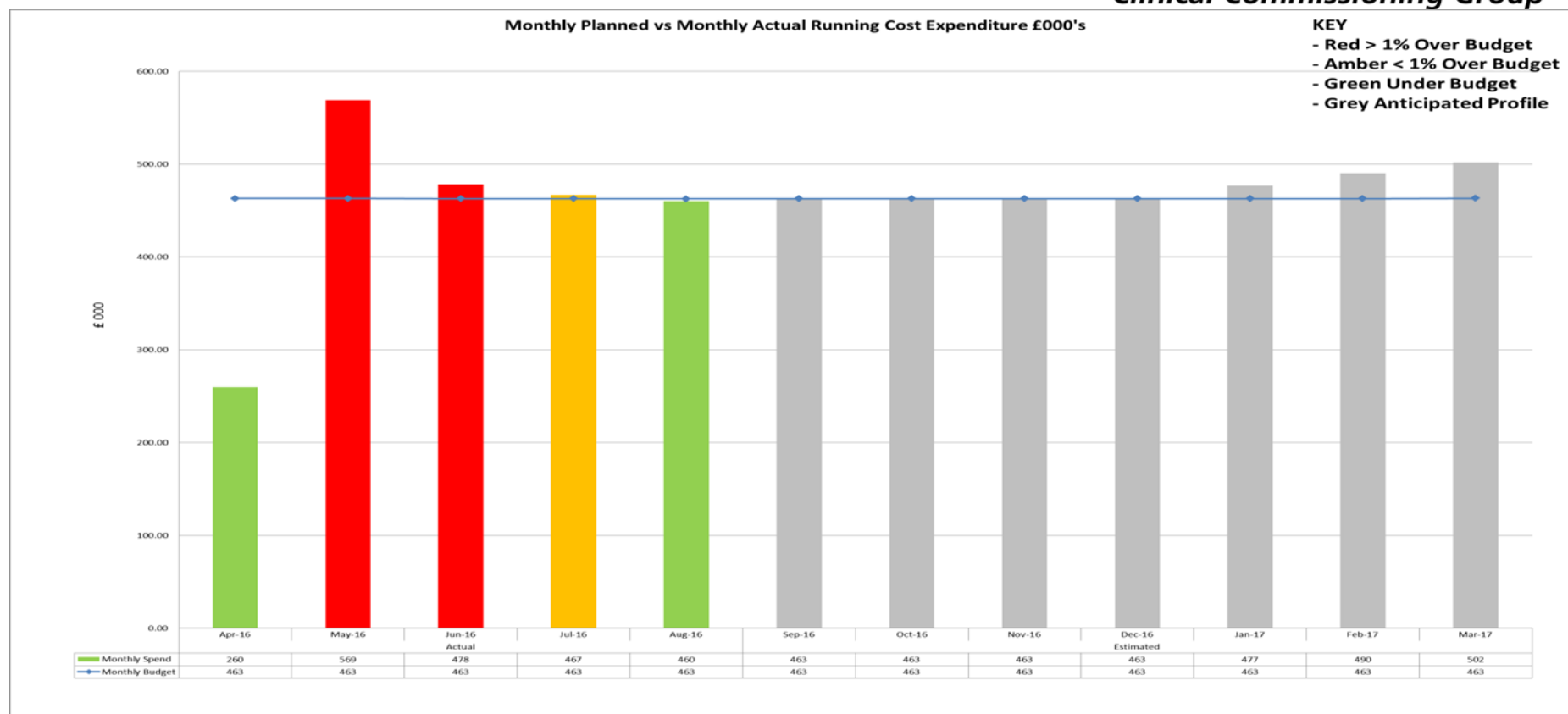
The table below details the forecast out turn by service line at Month 5

	Annual Plan £'000	Forecast Outturn at M05			Forecast Outturn at M04			In Month Movement £'000 o(u)
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance o(u) £'000	Var %	
Acute Services	180,473	182,312	1,839	1.02%	182,027	1,514	0.84%	325
Mental Health Services	34,455	34,298	(157)	(0.45%)	34,267	(188)	(0.55%)	31
Community Services	37,731	37,518	(214)	(0.57%)	37,435	(296)	(0.78%)	82
Continuing Care/FNC	12,259	13,704	1,445	11.79%	13,362	1,103	9.00%	342
Prescribing & Quality	52,013	50,854	(1,159)	(2.23%)	50,932	(1,058)	(2.04%)	(101)
Other programme	16,425	16,449	24	0.15%	17,090	705	4.30%	(681)
Total Programme	333,356	335,135	1,780	0.53%	335,111	1,780	0.53%	(0)
Running Costs	5,555	5,555	0	0.00%	5,555	0	0.00%	0
Reserves	5,154	3,375	(1,780)	(34.53%)	3,375	(1,780)	(34.53%)	0
Target Surplus	6,172	6,172	0	0.00%	6,172	0	0.00%	0
Total Mandate Spend	350,237	350,237	(0)	(0.00%)	350,213	0	0.00%	(0)

- The Acute portfolio variance is due to adverse movements in Dudley Group of Hospitals Non Elective Vascular Activity, NHS 111 increased costs arising from step in provision and the Non Contract Activity portfolio which due to its nature is subject to fluctuations.
- Prescribing is continuing to underspend and month 5 reflects an improving position with the forecast underspend being increased from M4. The improvement in Other services is due to a reduction in unallocated QIPP and forecast under spends in other budgets.
- The variance in CHC costs is associated with increasing numbers in Terminal Phase as well as an increase in average length of stay in Terminal Phase, (an increase of 4 weeks from 6 to 10).



Wolverhampton Clinical Commissioning Group



2. QIPP

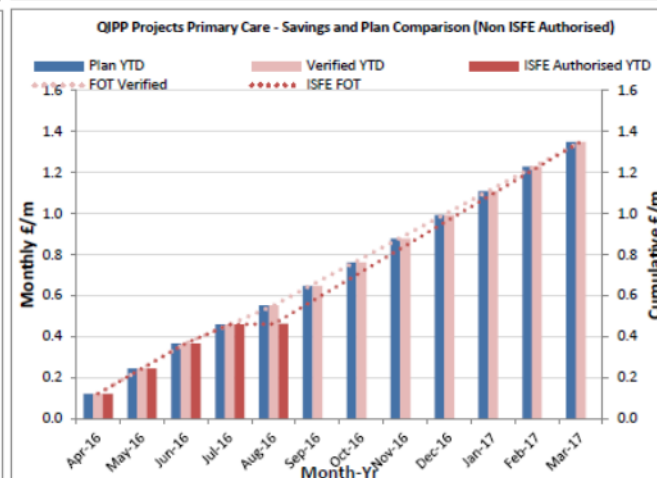
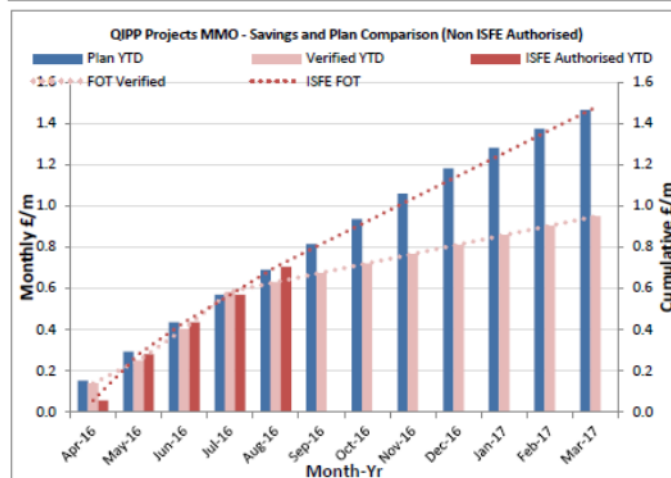
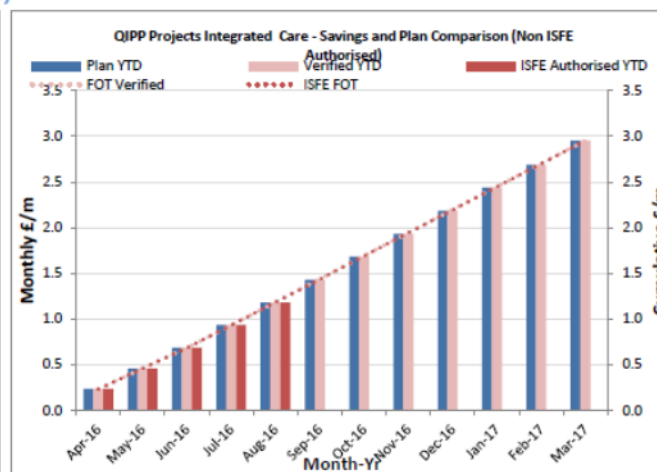
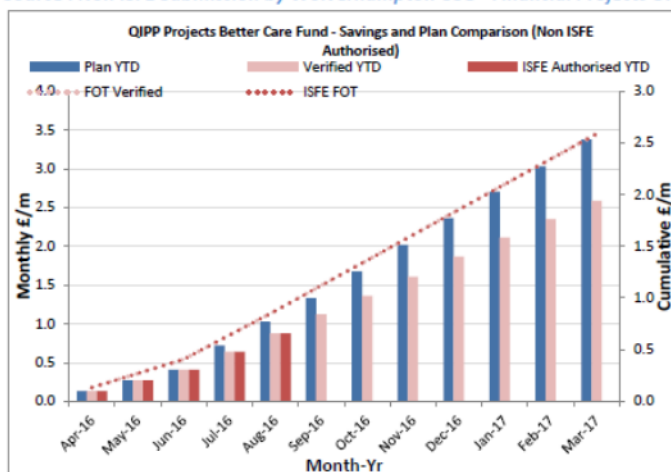
The Committee noted the deterioration in the QIPP Programme performance as at Month 5. The deterioration in the forecast outturn is due to the non-achievement of the BCF stretch target (£786k) offset by additional savings against other schemes including £400k relating to prescribing.

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	0.94	1.22	0.28	2.21	3.27	1.06
Transformational	2.52	2.43	-0.09	6.93	6.57	-0.36
Unallocated	0.47	0.00	-0.47	2.12	0.00	-2.12
Total	3.93	3.65	-0.28	11.26	9.84	-1.42

QIPP Programme Delivery Board - Validated Figures for Non ISFE

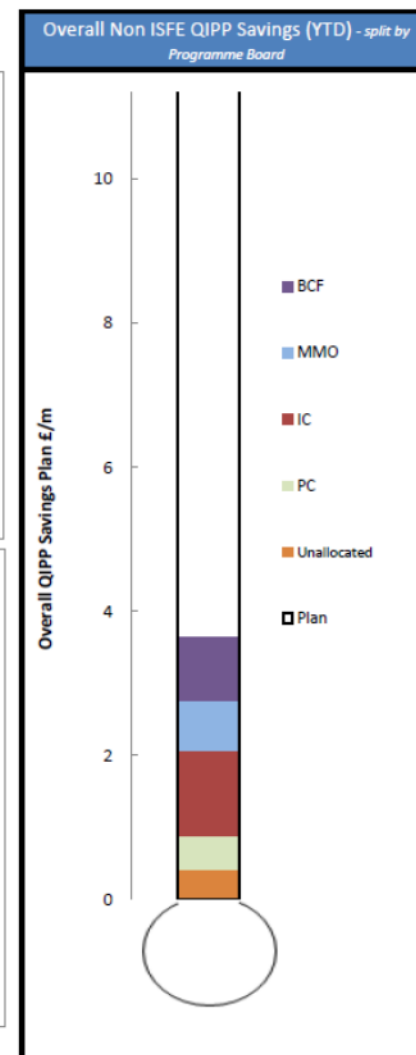
Financial Savings Projects within QIPP Programme Delivery Board and Annual Plan

Source : Non ISFE Submission by Wolverhampton CCG - Financial Projects Only



Note : Cumulative figures are based on a secondary axis

Note : Updates provided by Project Leads as verified figures on Project Highlight sheets may exclude data due to lags in data availability.

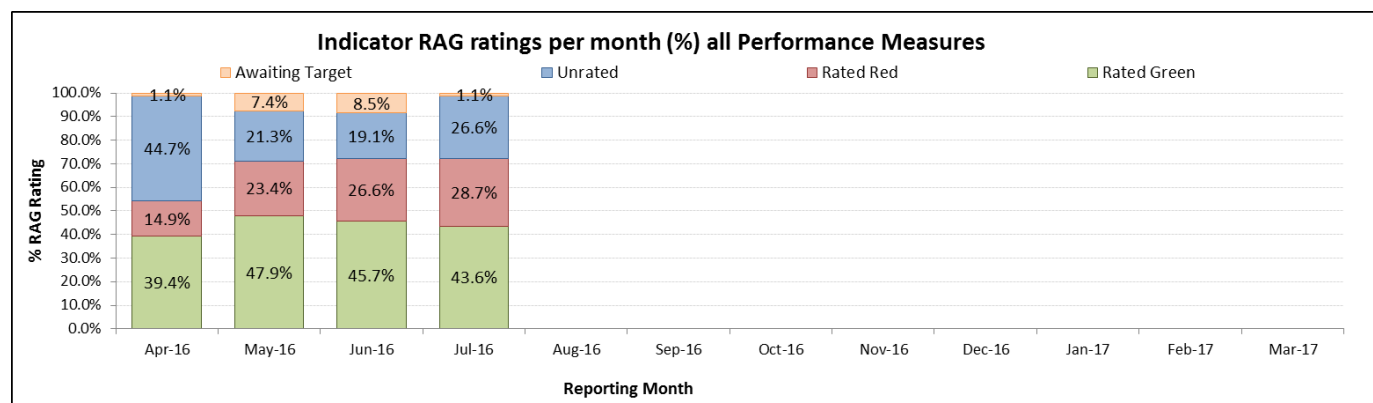


3. PERFORMANCE

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

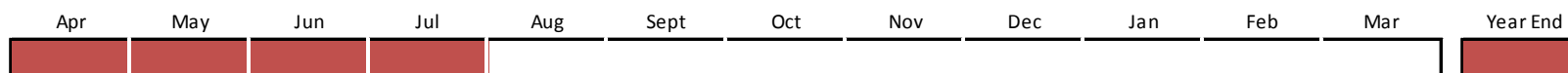
Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	Unrated (blank)	Previous Mth	Awaiting Target	Total
NHS Constitution	11	13	10	10	3	1	0	0	24
Outcomes Framework	11	7	7	8	11	21	8	1	37
Mental Health	21	21	8	8	4	4	0	0	33
Totals	43	41	25	26	18	26	8	1	94

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	Unrated (blank)	Previous Mth:	Awaiting Target
NHS Constitution	46%	54%	42%	42%	13%	4%	0%	0%
Outcomes Framework	30%	19%	19%	22%	30%	57%	22%	3%
Mental Health	64%	64%	24%	24%	12%	12%	0%	0%
Totals	46%	44%	27%	28%	19%	28%	9%	1%



Exception highlights were as follows;

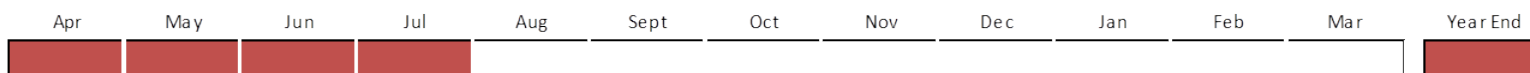
18 Weeks Referral To Treatment (RTT) Incompletes :



The performance data for headline level RTT (Incompletes) was not submitted at Month 4. At time of submission the Trust confirmed that this was due to "On-going validation" of waiting lists. The July performance has since been confirmed for the Royal Wolverhampton Trust via the National Unify 2 submission as 91.18% with 3,128 (out of 35,471) patients waiting more than 18 weeks. The Trust have confirmed that performance has been affected by demand and capacity issues including an increase in referrals, staff sickness and failed recruitment to posts (no applications, declined offers and non appointable applicants). Recovery Action plans have been received from the Trust for General Surgery, Gynaecology, Orthopaedics, Plastic Surgery and Urology. Actions include on-going weekly validation of waiting lists with reviews of paused clocks on waiting lists, patients fit for surgery and diagnostic waiting times. The RTT team are working to forecast priority patients and identify potential bottle necks. The current long waiters for Orthodontics are affecting headline performance and exclusion of the Orthodontics patients (over 18 week waiters) would bring performance to 91.77% and closer to target. The Trust have confirmed that patients affected by the Junior Doctors Industrial Strike Action that took place in April are no longer part of the incomplete pathway figures. Early indications are that the August performance remains below the STF Trajectory at 91.2%. The CCG performance for July has been confirmed as 91.6% with 2 patients waiting over 52 weeks, however, it is important to note that Walsall did not submit the July RTT figures to Unify which may impact on the CCG performance percentage.

RWT_EB3

A&E 4 hr Waits :



The A&E 4 Hour Wait performance has failed to meet the 95.00% national target since August 2015. Month 4 (July) has seen a decline in performance to 88.63%. The Trust failed to achieve the STF recovery trajectory and both Type 1 and the combined All Types target for the month. A Remedial Action Plan (RAP) has been received from the Trust with updates on actions including : Completion of Urgent Care Centre (UCC) "Streamer" role across opening hours, additional nurse recruitment (to start September) with 5 vacancies remaining. Human Factors Project events have been held with positive feedback, an action plan based on the events outputs is to be finalised by mid September. The Daily UCC/A&E combined activity reporting has been incorporated from 1st August. The 1st Assessment continues to be an issue (workforce related) with an occasional issue of bed capacity. The joint integrated triage system commenced from the 1st week of September and early indications are that the dual system is working well with awareness of the UCC provision improving and relationships continuing to grow between the areas. New methods of data collection have been challenging but data can now be obtained to show how many patients presented to the Emergency Department (ED) and were streamed upstairs to the UCC and how many were diverted back to the ED as acuity was too severe for the UCC. Following the development of the frequent attenders project (with the CCG and WMAS) the Emergency Department Group Manager has met with CCG colleagues and further meetings are planned. Early indications are that the August performance (excluding UCC Vocare) remains below 90% (88.20%). With the inclusion of Vocare performance improves to 90.30% but still breaches the STF Trajectory for July (92.91%).The SRG have successfully transitioned to the AE Delivery Board on 14th September with any outstanding SRG actions/risks aligned to either AE Delivery Board, AE Operational Group, Other (includes RTT and Cancer Waits to be transferred to CRM) or Closed. The Terms of Reference for both groups are currently being developed and are to be ratified at the next AE Delivery Board.

RWT_EB5

Cancer Waits

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
2WW													
2WW (Breast)													
31 Day													
31 day (Surgery)													
62 Day (1st)													
62 Day (Screening)													

RWT_EB6, RWT_EB7, RWT_EB8,
RWT_EB9, RWT_EB12 &
RWT_EB13

In month breaches for Cancer Waits for July 2016 are:

31 Day (1st Definitive) - 95.36% against 96% target. Validate figures now confirm July performance as 96.4% and within target.

31 Day (Treatment is Surgery) – 89.47% against 94% target. Validated figures now confirm July performance as 92.1% and still below target.

62 Day (1st Definitive Treatment) – 79.77% against 85% target. Validated figures now confirm July performance as 82.2% and still below target.

62 Day (Screening) – 84.00% against 90% target (in-month) and the YTD remains RED (86.00%). Validated figures now confirm July performance as 92.3% and within target.

E-Discharge

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Excl Assessment													
All													

RWT_LQR1 & RWT_LQR2

Performance for E-Discharges is split into 2 indicators:

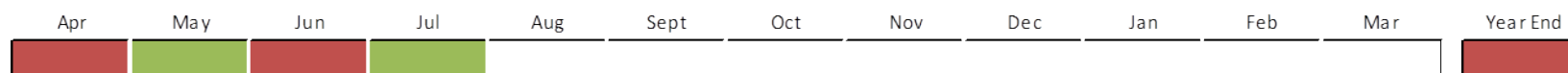
94.29% against a target of 95% - Completion within 24 hours for all wards excluding assessment units

82.94% against a target of 95% - Completion within 24 hours for all assessment units

The performance by unit for July has been confirmed as follows : AMU - 94.16% (Increase), MATY - 87.99% (Increase), GAU - 86.67% (Increase), PAU - 81.62% (Decrease) and SEU - 73.82% (Decrease).

The development of the e-discharge training package has now been confirmed as prioritised for September 2016 and will require 4-6 weeks development time once resource has been identified.

Early Intervention in Psychosis programmes: % of Service Users (>50%) experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral



This indicator has achieved the 50% target for July with 60% of service users commencing a NICE-concordant package of care within 2 weeks of referrals (numerator = 3, denominator = 5), however the Year end performance remains below target at 40.38%. An Action Plan has been received from which incorporates new guidance regarding packages of care which have a delayed agreement. A CVO is in preparation for the indicator to reflect patients age span (14-65). Exception reporting, risk mitigation and remedial actions are to continue to be discussed at CQRM and CRM to ensure that process and actions are in place to monitor and address the number of incomplete pathways. The Trust are to re-visit the demand and capacity required to deliver the Early Intervention in Psychosis (EIP) service on the new age range foot print and re-fresh the business case accordingly via the Task and Finish Group.

DNAs are expected with this client group due to the nature of the difficulties they experience and the team are making every effort to address these and continue to gather information from clients who don't attend initial assessments in order to inform any changes that may need to be considered in the assessment process. The team continue to send text messages and call new clients to remind them about their appointments as well as sending out appointment letters. The Trust have previously confirmed reasons for not meeting the 10 day target this month were down to patient choice as the clients had other commitments and asked for their appointments to be made after the 10 days (CAMHS appointments requesting appointments beyond the target due to school commitments and patients choice). The CCG will continue to monitor the August/September performance to assess if improvements continue or if affected by the summer and school holiday season.

BCPFT_EH4

Delayed Transfers of Care (DTOC)

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
RWT - Delays													
BCP - Delays													

RWT met the in month stretch target of 3.20% in July, with performance at 1.29%. The Trust have indicated the following top 3 delay reasons for July:

- 36.4% - Delay Awaiting Assessment (previously 37.3%)
- 29.1% - Delay awaiting domiciliary package (previously 20.9%)
- 12.7% - Delay awaiting further NHS Care (previously 19.0%)

The Black Country Partnership Foundation Trust has failed to meet the 7.50% target for the 4th consecutive month with the reported performance of 14.00% for July. The Trust has highlighted 3 key areas that impact on delays:

- An acute lack of appropriate step down placements
- Reluctance of the Local Authority to agree expensive aftercare, some taking months to process and are still not resolved
- Lack of service for individuals with no recourse to public funds (currently the Trust will not discharge unless the patient has an address)

RWT_LQR3 & BCPFT_LQGE11

Performance Indicators 16/17

Current
Month:

Jul

Key:

(based on if indicator required to be either Higher or Lower than target/threshold)

- Improved Performance from previous month
- Decline in Performance from previous month
- Performance has remained the same

Area	16-17 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Trend	Trend (null submissions will be blank) per Month	Yr End
NHS Constitution	RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test*	RWT	99%	99.01%	G	99.11%	G			
NHS Constitution	RWT_EB5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department*	RWT	95%	88.63%	R	88.34%	R			
NHS Constitution	RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment*	RWT	93%	94.91%	G	93.52%	G			
NHS Constitution	RWT_EB7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment*	RWT	93%	93.53%	G	95.40%	G			
NHS Constitution	RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers*	RWT	96%	95.36%	R	95.52%	R			
NHS Constitution	RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	RWT	94%	89.47%	R	88.43%	R			
NHS Constitution	RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen*	RWT	98%	100.00%	G	99.62%	G			
NHS Constitution	RWT_EB11	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	RWT	94%	96.30%	G	98.36%	G			
NHS Constitution	RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer*	RWT	85%	79.77%	R	78.26%	R			
NHS Constitution	RWT_EB13	Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers*	RWT	90%	84.00%	R	86.00%	R			
NHS Constitution	RWT_EBS1	Mixed sex accommodation breach*	RWT	0	0.00	G	0.00	G			
NHS Constitution	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	0	0.00	G	0.00	G			
NHS Constitution	RWT_EAS4	Zero tolerance methicillin-resistant Staphylococcus aureus*	RWT	0	0.00	G	0.00	G			

Area	16-17 Reference	Description - Indicators with exeception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Trend	Trend (null submissions will be blank) per Month													
											A	M	J	J	A	S	O	N	D	J	F	M	Yr End
NHS Constitution	RWT_EAS5	Minimise rates of Clostridium difficile*	RWT	2.92 (mth) 35 (Yr End)	7.00	R	20.00	R	↓														
NHS Constitution	RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	RWT	0	64.00	R	164.00	R	↑														
NHS Constitution	RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes*	RWT	0	87.00	R	253.00	R	↓														
NHS Constitution	RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes*	RWT	0	5.00	R	13.00	R	↓														
NHS Constitution	RWT_EBS5	Trolley waits in A&E not longer than 12 hours*	RWT	0	0.00	G	0.00	G	→														
NHS Constitution	RWT_EBS6	No urgent operation should be cancelled for a second time*	RWT	0	0.00	G	0.00	G	→														
NHS Constitution	RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	95.21%	G	95.09%	G	↑														
NHS Constitution	RWTCB_S10B	Duty of candour	RWT	Yes	Yes	G	-	R															
NHS Constitution	RWTCB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	99.00%	99.59%	G	99.57%	G	↓														
NHS Constitution	RWTCB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	95.00%	97.14%	G	97.03%	G	↓														
Outcomes Framework	RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	RWT	95.00%	94.29%	R	93.78%	R	↓														
Outcomes Framework	RWT_LQR2	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all assessment units [e.g. PAU, SAU, AMU, AAA, GAU etc.]	RWT	95.00%	82.94%	R	84.85%	R	↓														
Outcomes Framework	RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 3.5% Q2 - 3.2% Q3 - 2.8% Q4 - 2.5%	1.29%	G	2.44%	G	↑														
Outcomes Framework	RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the incident is identified.	RWT	0	0.00	G	2.00	R	↑														
Outcomes Framework	RWT_LQR5	Serious incident (SI) reporting – 72 hour review to be undertaken and uploaded onto the STEIS system by the provider (offline submission may be required where online submission is not possible).	RWT	0	0.00	G	4.00	R	↑														

Area	16-17 Reference	Description - Indicators with exeception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Trend	Trend (null submissions will be blank) per Month												Yr End
										A	M	J	J	A	S	O	N	D	J	F	M	
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NHS Constitution	RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	RWT	0	64.00	R	164.00	R	↑													
NHS Constitution	RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes*	RWT	0	87.00	R	253.00	R	↓													
NHS Constitution	RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes*	RWT	0	5.00	R	13.00	R	↓													
NHS Constitution	RWT_EBS5	Trolley waits in A&E not longer than 12 hours*	RWT	0	0.00	G	0.00	G	→													
Outcomes Framework	RWT_LQR6	Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework. 60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.	RWT	0	1.00	R	7.00	R	↑													
Outcomes Framework	RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.43%	G	0.55%	G	↓													
Outcomes Framework	RWT_LQR8	Hospital GSF - % patients recognised as end of life are on the GSF register within the hospital.	RWT	95.00%	100.00%	G	100.00%	G	→													
Outcomes Framework	RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	93.48%	G	90.27%	G	↓													
Outcomes Framework	RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	58.82%	R	68.08%	G	↓													
Outcomes Framework	RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	90.00%	94.22%	G	93.12%	G	↑													
Outcomes Framework	RWT_LQR18ai	Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Biopsy Follow up ≥ 4 patients per month	RWT	4	11.00	G	39.00	G	↑													
Outcomes Framework	RWT_LQR18aii	Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Cancer Follow up ≥ 17 patients per month	RWT	17	42.00	G	129.00	G	↑													
Outcomes Framework	RWT_LQR18b	Optimising Outpatient Follow-Ups - Paediatric Rheumatology and Paediatric Endocrinology patients receiving telephone follow up clinic ≥ 30 per month	RWT	30	20.00	G	97.00	R	↓													
Outcomes Framework	RWT_LQR18c	Optimising Outpatient Follow-Ups - Gynaecology Nurse Led Clinic – patients followed up in nurse led clinics for the management and implantation of pessaries instead of in a consultant clinic ≥ 50 per month	RWT	50	2.00	G	15.00	R	→													
Outcomes Framework	RWT_LQR20	% Patients in receipt of TTOs within 4hours from the pharmacy receiving order	RWT	TBC	97.96%		96.70%	Awaiting Target	↑													

Area	16-17 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Trend	Trend (null submissions will be blank) per Month												Yr End
										A	M	J	J	A	S	O	N	D	J	F	M	
Mental Health	BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	99.05%	G	98.76%	G	↑													
Mental Health	BCPFT_EBS1	Mixed sex accommodation breach	BCP	0.00	0.00	G	0.00	G	→													
Mental Health	BCPFT_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*	BCP	95.00%	100.00%	G	96.04%	G	→													
Mental Health	BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G	→													
Mental Health	BCPFT_DC1	Duty of Candour	BCP	Yes	Yes	G	-	G														
Mental Health	BCPFT_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	BCP	90.00%	100.00%	G	100.00%	G	→													
Mental Health	BCPFT_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	BCP	50.00%	60.00%	G	40.83%	R	↑													
Mental Health	BCPFT_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	BCP	75.00%	95.36%	G	90.64%	G	↑													
Mental Health	BCPFT_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	BCP	95.00%	100.00%	G	99.72%	G	→													
Mental Health	BCPFT_LQGE01a	Proportion of Patients accessing MH services who are on CPA who have a crisis management plan (people on CPA within 4 weeks of initiation of their CPA)	BCP	90.00%	100.00%	G	100.00%	G	→													
Mental Health	BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge.	BCP	100.00%	100.00%	G	100.00%	G	→													
Mental Health	BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	85.71%	G	84.01%	G	↓													
Mental Health	BCPFT_LQGE03	Meeting commitment to serve new psychosis cases by early intervention teams. Quarterly performance against commissioner contract. Threshold represents a minimum level of performance against contract performance rounded down. (Monitor definition 11)	BCP	44.00	14.00	G	31.00	G	↑													
Mental Health	BCPFT_LQGE04	More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral	BCP	50.00%	60.00%	G	40.83%	R	↑													

Area	16-17 Reference	Description - Indicators with exeception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Trend	Trend (null submissions will be blank) per Month													
											A	M	J	J	A	S	O	N	D	J	F	M	Yr End
Mental Health	BCPFT_LQGE05	Percentage of all routine EIS referrals, receive initial assessment within 10 working days	BCP	95.00%	100.00%	G	84.38%	R	→														
Mental Health	BCPFT_LQGE06	IPC training programme adhered to as per locally agreed plan for each staff group. Compliance to agreed local plan. Quarterly confirmation of percentage of compliance	BCP	85.00%	93.29%	G	93.70%	G	↑														
Mental Health	BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	95.32%	G	95.31%	G	↓														
Mental Health	BCPFT_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	BCP	95.00%	100.00%	G	100.00%	G	→														
Mental Health	BCPFT_LQGE11	Delayed transfers of care to be maintained at a minimum level	BCP	7.50%	14.00%	R	12.63%	R	↓														
Mental Health	BCPFT_LQGE12	Emergency up to 4 hours. % of assessments relating to referral within period	BCP	85.00%	90.83%	G	90.29%	G	↑														
Mental Health	BCPFT_LQGE13	Urgent (up to 48 hours). % of assessments relating to referral within period	BCP	85.00%	86.27%	G	82.57%	R	↑														
Mental Health	BCPFT_LQGE14	Routine (up to 28 days). % of assessments relating to referral within period	BCP	85.00%	97.67%	G	97.38%	G	↓														
Mental Health	BCPFT_LQGE15	Percentage of SULs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	100.00%	G	100.00%	G	→														
Mental Health	BCPFT_LQGE16	Update of STEIS at 3 working days of the report. The provider will keep the CCG informed by updating STEIS following completion of 48 hour report (within 72 hours of reporting incident on STEIS). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	96.43%	R	→														
Mental Health	BCPFT_LQGE17	Provide commissioners with Grade 1 and Grade 2RCA reports within 60 working days where possible, exception report provided where not met	BCP	100.00%	100.00%	G	100.00%	G	→														
Mental Health	BCPFT_DB01	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Safeguarding Dashboard.	BCP	Yes	No	R	-	R															
Mental Health	BCPFT_DB02	CAMHS - failure to achieve thresholds for specific indicators as detailed in the CAMHS Dashboard.	BCP	Yes	No	R	-	R															
Mental Health	BCPFT_DB03	IAPT – failure to achieve thresholds for specific indicators as detailed in the IAPT Dashboard.	BCP	Yes	Yes	G	-	G															
Mental Health	BCPFT_DB04	Dementia Data Set – failure to complete the Dementia Data Set	BCP	Yes	Yes	G	-	G															

Additional Dashboards (National Reporting)

Area	16-17 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month	
IAPT	BCP_32	The number of people who have entered (ie received) psychological therapies during the reporting period	BCP	366	366	G	1629	G	↓		
IAPT	BCP_55	People who have entered (ie received) treatment as a proportion of people with anxiety or depression	BCP	15.00%	0	R	0	R	↑		
IAPT	LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period	BCP	50%	51.72%	G	53.08%	G	↑		
IAPT	LQIA02	75% of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral [Target - >75%	BCP	75%	95.36%	G	90.64%	G	↑		
IAPT	LQIA03	95% of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral [Target - >95%	BCP	95%	100.00%	G	99.72%	G	→		
IAPT	LQIA04	Percentage achievement in data validity across all IAPT submissions on final data validity report [Target - >80%	BCP	80%	No Data	No Data	84.35%	G			
IAPT	LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 2524 = 15% of prevalence. Annual target for High Intensity and Counselling	BCP	5%	1.25%	R	1.39%	R	↓		

4. RISK and MITIGATION

Finance

Risks	Potential Risk Value Mth04	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %
CCGs					
Acute SLAs	1.13	1.50	75.00%	1.13	44.24%
Community SLAs	0.00			0.00	0.00%
Mental Health SLAs	0.00			0.00	0.00%
Continuing Care SLAs	0.00			0.00	0.00%
QIPP Under-Delivery	0.63	0.79	60.00%	0.47	18.55%
Performance Issues	0.00			0.00	0.00%
Primary Care	0.00			0.00	0.00%
Prescribing	0.00			0.00	0.00%
Running Costs	0.00			0.00	0.00%
Other Risks	0.80	1.18	80.00%	0.95	37.22%
TOTAL RISKS	2.56	3.47		2.54	100.00%

- Risk associated with Acute over performance and BCF is the CCG's biggest risk being £1.5m gross but probability rated to £1.13m.
- The CCG is anticipating delivering its QIPP programme. However it is prudent to identify some risk relating to the delivery of the unallocated QIPP. Other risks are in the main associated with NHS Property Services moving to charging market rents

The CCG has identified mitigations to cover 100% of the risk identified as outlined in the table below.

Mitigations	Expected Mitigation Value Mth04	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %
Uncommitted Funds (Excl 1% Headroom)					
Contingency Held	0.00			0.00	0.00%
Contract Reserves	0.00			0.00	0.00%
Investments Uncommitted	0.00			0.00	0.00%
Uncommitted Funds Sub-Total	0.00	0.00		0.00	0.00%
Actions to Implement					
Further QIPP Extensions	0.00			0.00	0.00%
Non-Recurrent Measures	1.38	1.25	100.00%	1.25	49.21%
Delay/ Reduce Investment Plans	0.40	0.40	100.00%	0.40	15.75%
Other Mitigations	0.47	0.50	100.00%	0.50	19.69%
Mitigations relying on potential funding	0.31	0.39		0.39	15.35%
Actions to Implement Sub-Total	2.56	2.54		2.54	100.00%
TOTAL MITIGATION	2.56	2.54		2.54	100.00%

- Non Recurrent measures relate to the diversion of Drawdown funding to support the financial position and the use of SOFP flexibilities.
- Delay/ reduce investment plans would require the CCG to review the use of funds to support the Primary Care Strategy.
- In delivering the financial surplus in M5 the CCG has already committed its Contingency reserve of £1.78m therefore this cannot be considered as mitigation.

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.

5. RECOMMENDATIONS

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

Name: Claire Skidmore
Job Title: Chief Finance and Operating Officer
Date: 28 September 2016