

WOLVERHAMPTON CCG

GOVERNING BODY
8th November 2016

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 25th October 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	£350.743m	£350.743m	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	313	77	(236)	G
Maximum closing cash balance %	1.25%	0.31%	0.80%	G
BPPC NHS by No. Invoices (cum)	95%	98%	-3%	G
BPPC non NHS by No. Invoices (cum)	95%	93%	2%	A
QIPP	£4.93m	£4.52m	£0.41m	A
Programme Cost £'000*	165,997	166,488	491	G
Reserves £'000*	890	0	(890)	G
Running Cost £'000*	2,777	2,698	(79)	G

- The net effect of the three identified lines (*) is a small underspend and the green rating refers to the overall position.
- The CCG continues to exceed the BPPC target of paying 95% of its invoices within 30 days (figures are cumulative April 16-September 16).
- QIPP is slightly below target for Month 6 albeit anticipating full delivery including the unallocated QIPP by year end.
- Cash balances have returned to levels within NHSE guidelines.

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

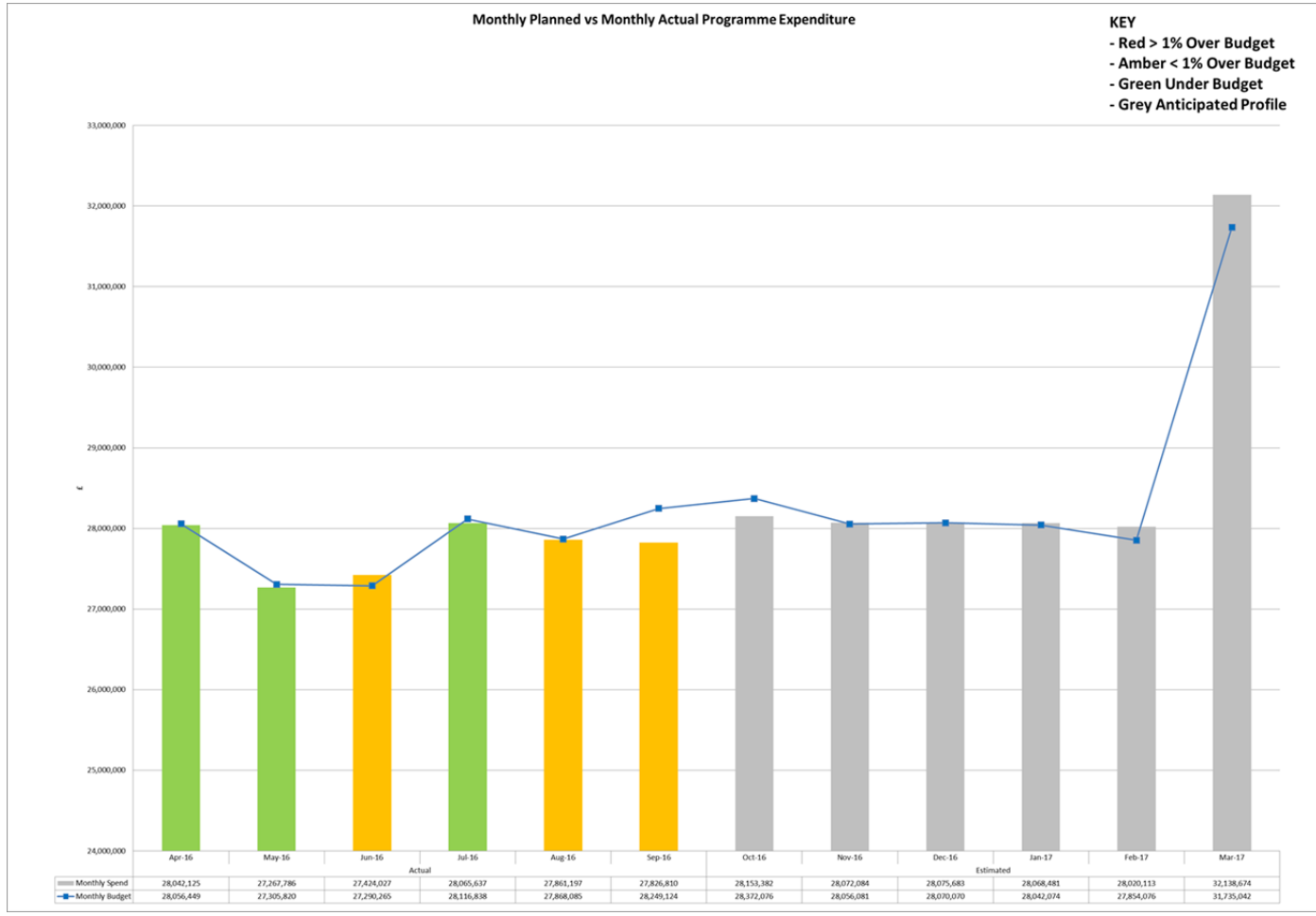
	Annual Plan £'000	YTD Performance M06			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	181,259	90,629	91,062	433	0.48%
Mental Health Services	34,307	17,153	17,112	(42)	(0.24%)
Community Services	37,645	18,843	18,445	(397)	(2.11%)
Continuing Care/FNC	12,259	6,129	6,636	506	8.26%
Prescribing & Quality	51,640	25,924	24,841	(1,083)	(4.18%)
Other Programme	16,752	7,318	8,392	1,074	14.67%
Total Programme	333,862	165,997	166,488	491	0.30%
Running Costs	5,555	2,777	2,698	(79)	(2.86%)
Reserves	5,154	890	0	(890)	(100.00%)
Total Mandate	344,571	169,664	169,185	(478)	(0.28%)
Target Surplus	6,172	2,723	0	(2,723)	(100.00%)
Total	350,743	172,387	169,185	(3,201)	(1.86%)

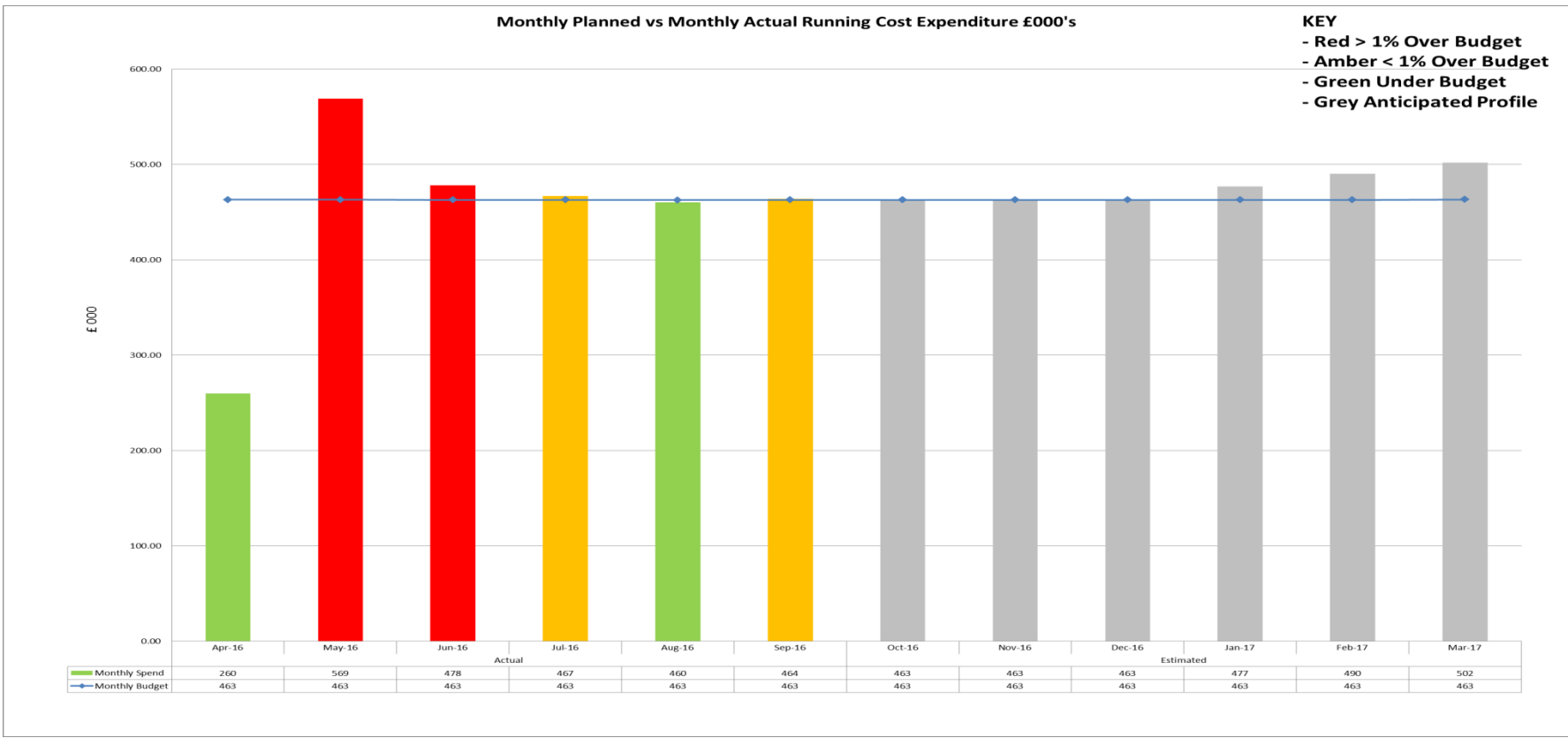
The table below details the forecast out turn by service line at Month 6.

	Annual Plan £'000	Forecast Outturn at M06			Forecast Outturn at M05			In Month Movement £'000 o(u)
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance o(u) £'000	Var %	
Acute Services	181,259	183,436	2,177	1.20%	182,312	1,839	1.02%	338
Mental Health Services	34,307	34,220	(87)	(0.25%)	34,298	(157)	(0.45%)	70
Community Services	37,645	36,291	(1,354)	(3.60%)	37,518	(214)	(0.57%)	(1,140)
Continuing Care/FNC	12,259	13,286	1,027	8.38%	13,704	1,445	11.79%	(418)
Prescribing & Quality	51,640	50,182	(1,459)	(2.82%)	50,854	(1,159)	(2.23%)	(300)
Other programme	16,752	18,226	1,474	8.80%	16,449	24	0.15%	1,450
Total Programme	333,862	335,641	1,780	0.53%	335,135	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	350,743	350,743	(0)	(0.00%)	350,237	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.
- The above table reflects the new FNC rates which have created a cost pressure of c £1.4m.
- Community Services under spend is due to the marginal threshold being invoked and assumptions regarding costs recovered for a ward closure in West Park and recruitment slippage in the Rapid Response Nursing Team.
- Prescribing is continuing to underspend and month 6 reflects an improving position with the forecast underspend being increased from M5.
- The variance on BCF is included within the Other Programme line and now reflects the revised forecast for WCC budgets within the BCF pool.

- The identification of schemes to reduce the unallocated QIPP are reflected in the Other Programme costs as well as improved FOTs for Reablement and Enhanced Services.





2. QIPP

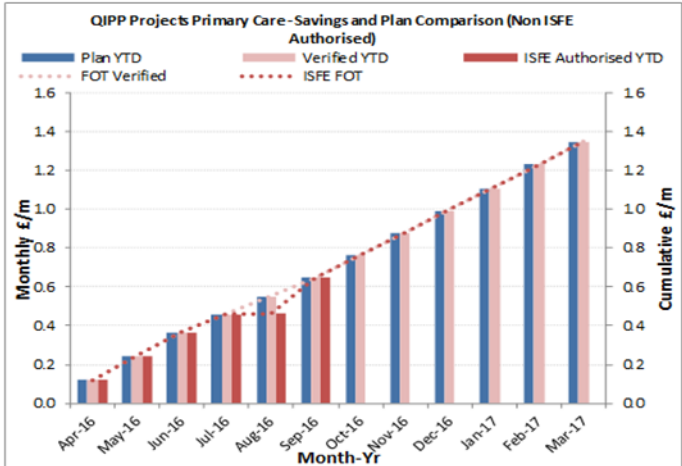
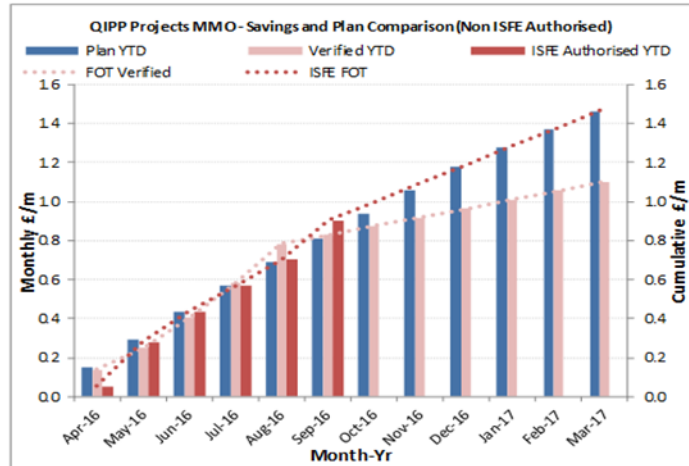
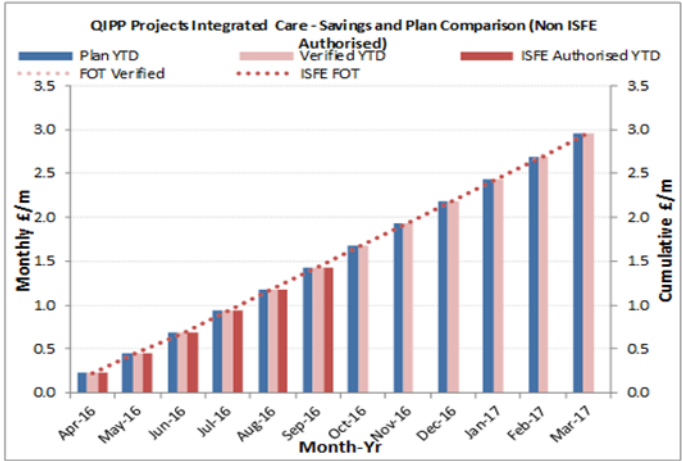
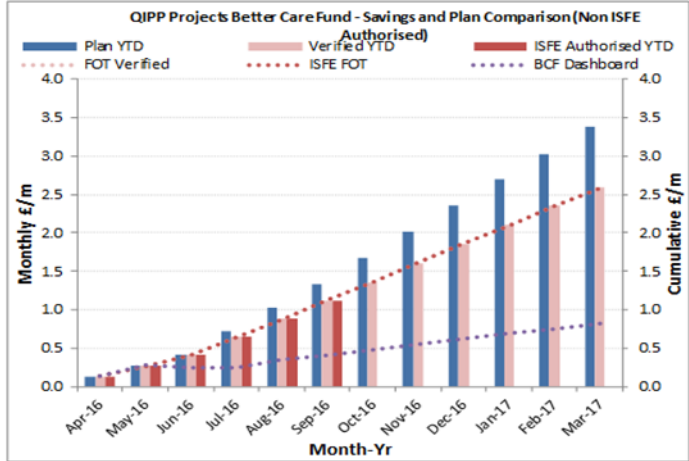
The Committee noted the slight improvement in the QIPP Programme performance as at Month 6. The improvement in the forecast outturn is due to the identification of QIPP within Grants.

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	1.13	1.50	0.37	2.21	3.34	1.13
Transformational	3.09	3.02	-0.07	6.93	6.56	-0.37
Unallocated	0.71	0.00	-0.71	2.12	0.00	-2.12
Total	4.93	4.52	-0.41	11.26	9.90	-1.36

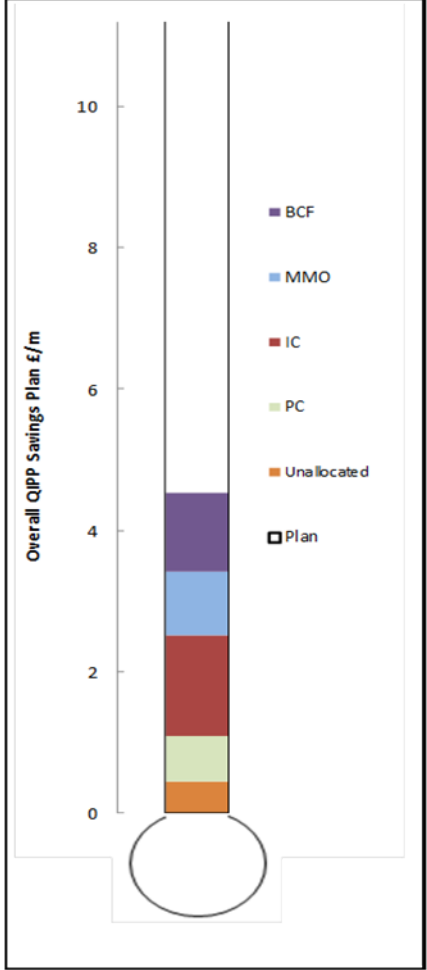
- Schemes have been identified for £9.90m (87.9%) and all but £107k is recurrent.
- QIPP Programme Board has identified the urgent need to replenish the Hopper and to move schemes that are currently in scoping or baselining to the implementation and delivery phases.
- Risk has been identified for 60% of the unallocated QIPP within the risk schedule.

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 & BCF Dashboard*



Overall Non ISFE QIPP Savings (YTD) - split by Programme Board



Note : Cumulative figures are based on a secondary axis

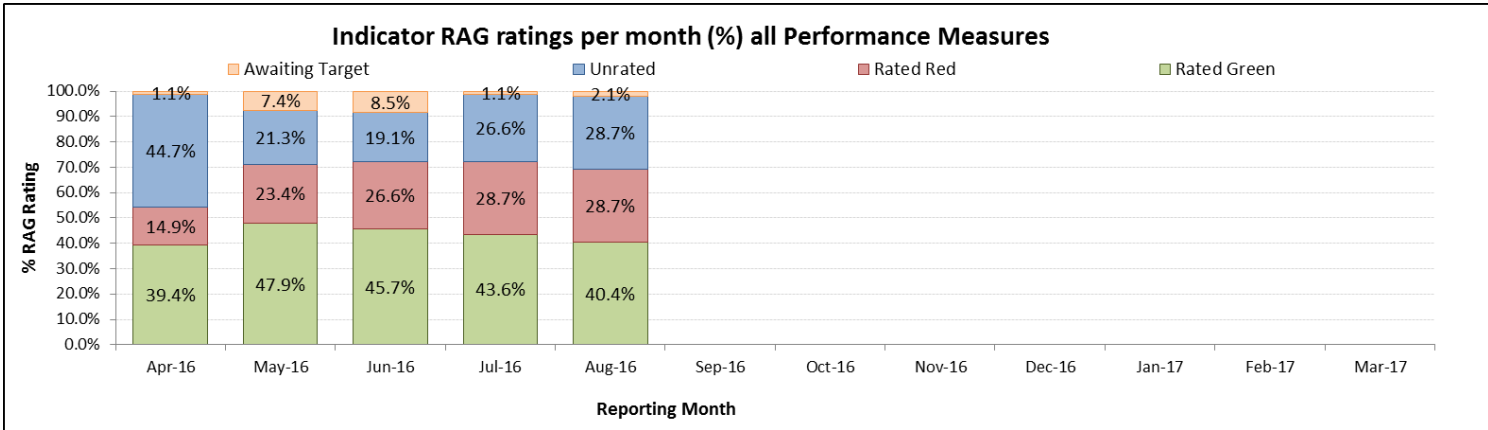
Note : Updates provided by Project Leads as verified figures on Project Highlight sheets may exclude data due to lags in data availability.

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	13	11	11	11	0	2	0	0	24
Outcomes Framework	7	6	8	8	21	21	1	2	37
Mental Health	21	21	8	8	4	4	0	0	33
Totals	41	38	27	27	25	27	1	2	94

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	Unrated (blank)	Previous Mth:	Awaiting Target
NHS Constitution	54%	46%	46%	46%	0%	8%	0%	0%
Outcomes Framework	19%	16%	22%	22%	57%	57%	3%	5%
Mental Health	64%	64%	24%	24%	12%	12%	0%	0%
Totals	44%	40%	29%	29%	27%	29%	1%	2%



Exception highlights were as follows;

RWT_EB3 - Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*

Monthly Performance (Current month highlighted)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD/Cum
91.50%	90.95%	91.04%	91.18%	-	-	-	-	-	-	-	-	91.17%
STF Trajectory:												
92.03%	92.04%	92.04%	92.05%	92.05%	92.07%	92.15%	92.15%	92.15%	92.15%	92.15%	92.27%	

Section	Monthly Commentary
Situation	The performance data for headline level RTT (Incompletes) was not submitted by RWT on the SQPR at Month 5. At time of submission the Trust confirmed that this was due to "On-going validation" of waiting lists. The August performance has since been confirmed for the Royal Wolverhampton Trust via the National Unify 2 submission as 90.67% with 3,365 (out of 36,049) patients waiting more than 18 weeks. The Trust have confirmed that performance has seen a deterioration in August largely due to annual leave and bank holidays during the month which resulted in reduced capacity.
Action	Updated Recovery Action Plans (RAP) have been received from the Trust for General Surgery, Gynaecology, Orthopaedics, Plastic Surgery and Urology. Pro-active use of the Advice and Guidance functionality is being utilised by Wolverhampton GP's to seek advice on appropriateness of referrals and identify any alternatives, clinically developed templates/care plans have been embedded within GP clinical systems to ensure a consistent best practice approach. A Clinical Assessment Service (CAS) for specific specialties has been introduced to review each referral which can result in requests for further diagnostic tests prior to an outpatient appointment, decision to approve or discharge. These actions are being worked on as part of the CCG's development of a demand management plan to manage referral activity and provide best practice guidance. Significant efforts continue regarding pathway validation and diagnostic waiting times which have resulted in the decrease in Orthodontics long waiters to 53 patients waiting over 52 weeks which is ahead of the RWT internal recovery trajectory of 61.
Outcome/ Assurances	The CCG is coming under increased scrutiny from NHSE regarding over performing activity and CCG investigations into actual activity against plan have unearthed several coding issues which have been escalated to RWT via formal contract notices. This includes coding of diagnostic activity and consultant to consultant referrals. NHSE Updates: RTT performance continues to be a challenge nationally and is regularly discussed with NHS England as part of the performance and assurance process. Key Line of Enquiry updates requested from CCG (Aug16) to assess what systems and processes are in place related to specific areas (eg. alternatives to outpatient referrals, management of outpatient follow up appointments). Outsourcing Plan Update requested from the CCG (Sept16) split by specialty and actions. The CCG working with NHSE re the strategic demand management plan letter and developing a best practice case study which is to be shared across the region. Discussion Point : Outsourcing of referral activity - alternative providers/alternative options?

RWT_EBS4 - Zero tolerance RTT waits over 52 weeks for incomplete pathways*

Monthly Performance (Current month highlighted)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD/Cum
0.00	0.00	100.00	64.00	53.00	-	-	-	-	-	-	-	217.00

Section	Monthly Commentary
Situation	This indicator has breached the zero threshold for 52 week waiters for the third consecutive month with 53 patients recorded as waiting over 52 weeks at the end of August 2016. All breaches relate to Orthodontics. The Trust reported 100 waiters over 52 weeks in June which were identified following an in depth review of waiting list practices and have been working to reduce the numbers.
Action	Action plans have been developed and continue to be updated on a monthly basis for all specialties that are failing the individual targets.
Outcome/ Assurances	As Orthodontics is a specialised service commissioned by NHSE, sanctions cannot be enacted, however, the Trust have developed an action plan to review all affected patients. This indicator has breached the Year End target for 2016/17. Additional Information : <i>The National RTT data indicates that there was 1 x Non Admitted clock stop over 52 weeks at RWT in August for Rheumatology.</i>

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*

Monthly Performance (Current month highlighted)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD/Cum
85.08%	88.03%	91.61%	88.63%	90.32%	-	-	-	-	-	-	-	88.73%
STF Trajectory:												
90.47%	90.87%	91.78%	92.91%	93.81%	94.54%	95.01%	95.00%	95.01%	93.94%	93.92%	94.46%	

Section	Monthly Commentary
Situation	The A&E 4 Hour Wait performance has failed to meet the 95% national target since August 2015. The Month 5 performance has seen a small increase from previous months (90.32%) but has failed to achieve the STF recovery trajectory and both Type 1 and the combined All Types target for the month.
Action	An updated Remedial Action Plan (RAP) has been received for August 16 from the Trust with updates on actions including : 3 x Trust Fellows commenced the August rotation however, failed to recruit to an additional B7 Senior Sisters post (for 24/7 cover), new Junior Doctors Rota has been established to provide enhanced coverage is on target, 3 additional ACPs (to supplement Middle Grades) are now in post with a new rota implemented from September (incorporating twilight shift). The Trust have confirmed that combined reporting with Vocare/UCC and dual triage commenced 1st September 2016. Issues affecting performance included : Patient flow first assessment delays and "Other ED" delays which could all relate to operational issues within the A&E department and high numbers of attendances, increasing ambulance conveyances and recently bed capacity issues. Human Factors Training recommendations continue to be embedded across the Emergency Department (ED).
Outcome/ Assurances	The Trust carried out an unannounced visit to the Emergency Department out during a weekend in August and noted several issues which they are working on to resolve. The Trust are aware of issues regarding delays in first assessments and are working closely with Vocare to improve the patient flow in ED and this will be supplemented when the dual triage is fully embedded (from 1st September). The Trust are confident that as a result of joint reporting and dual triage, that performance will improve from September. Early indications are that the September SQPR reported performance has seen an improvement to 93.86%, however is still below the 95% target. NHSE Updates: A&E performance continues to be a challenge nationally and is regularly discussed with NHS England as part of the performance and assurance process. Requests for additional assurances and verification regarding year on year variances against plan for both Urgent and Elective Care have been requested which the CCG have responded with a breakdown of issues, actions and confirmation of Activity Data (SLAM).

RWT_EB8 - Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers*

Monthly Performance (Current month highlighted)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD/Cum
93.30%	97.00%	96.41%	95.36%	95.63%	-	-	-	-	-	-	-	95.54%

Section	Monthly Commentary
Situation	Performance for Month 5 has breached both in-month (95.63% against a target of 96%) and YTD (95.54%). Performance for this indicator had previously seen improvement since the April submission, but since Quarter 1 has seen a decline in performance with August reporting 9 patient breaches in month (8 of which where due to capacity issues within the specialties and 1 patient initiated delay). Analysis of the Year on Year performance shows performance is above that of 2015/16 for the same month (15/16 - 93.85%).
Action	Performance for this indicator had previously seen significant improvements since the April submission which failed to achieve standard due primarily to capacity issues. The capacity issues primarily relate to issues with Urology and the breaches here are related to the 62 day cancer wait performance. An updated Remedial Action Plan has been received for 62 Day waits which has confirmed the re-advertisement for 2 vacant middle grade posts in Urology had commenced which should have a positive impact all cancer wait indicators. Active recruitment is underway, also waiting list initiatives and Saturday clinics are being made available to recover performance.
Outcome/ Assurances	Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end, however the validated figures for August confirm that the Trust achieved 95.8% (relating to 9 breaches out of 214 patients seen) and therefore is rated as RED. The position for Quarter 1 has been confirmed as 96.4% and within target. Early indications are that the September performance has seen an improvement and has achieved target with 96.37% and is therefore GREEN.

RWT_EB9 - Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*

Monthly Performance (Current month highlighted)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD/Cum
97.37%	91.11%	75.76%	89.47%	87.27%	-	-	-	-	-	-	-	88.20%

Section	Monthly Commentary
Situation	The performance for Month 5 has seen a slight decrease in performance since the previous month and remains under the 94% target at 87.27% which relates to 7 patients breaching the standard, the Trust have confirmed breaches were due to capacity issues. The YTD performance (88.20%) has also breached target. Performance for the previous 4 months has been significantly below that achieved for the same months in 2015/16.
Action	This indicator is affected by small cohorts of patients with a total of 55 patients seen in August (7 of which breached target). There have been a number of vacancies across several specialties including Head and Neck, Gynaecology and Urology which are affecting capacity and workforce issues to deliver against targets. Lack of consultant cover in Head & Neck, Urology and Gynaecology is compounding the issue. An updated Remedial Action Plan has been received for 62 Day waits which has confirmed the re-advertisement for 2 vacant middle grade posts in Urology had commenced which should have a positive impact all cancer wait indicators. Active recruitment is underway, also waiting list initiatives and Saturday clinics are being made available to recover performance.
Outcome/ Assurances	Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end. The validated figures for Q1 have now been confirmed as April - 100% (GREEN), May - 91.8% (4 breaches RED), June - 77.8% (8 breaches RED), July 92.1% (3 breaches RED) and August 88.7% (7 breaches out of 62 patients and therefore RED). The total position for Quarter 1 has been confirmed as 90.4% and breaches target. Early indications are that the September performance has seen an improvement to 89.36%, however is still below target.

RWT_EB12 - Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer*

Monthly Performance (Current month highlighted)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD/Cum
79.88%	72.02%	81.36%	79.77%	75.63%	-	-	-	-	-	-	-	77.73%
STF Trajectory:												
83.91%	84.02%	85.00%	85.20%	85.12%	85.16%	85.38%	85.00%	85.47%	85.00%	85.07%	85.15%	

Section	Monthly Commentary
Situation	The performance in Month 5 has seen a reduction in performance and breached the 85% target achieving 75.63% in month and 77.73% year to date. The Trust have confirmed that there were 30 patient breaches in August (21 x tertiary referrals, 4 x capacity issues, 1 x patient initiated and 4 x complex pathways). Performance has failed to meet the STF Trajectory of 85.12% for the month. Analysis by Cancer site confirms the breaches are relating to : Gynaecology (30.00%), Urology (63.83%), Head & Neck (66.67%), Upper GI (83.33%), Colorectal (80.00%) and Lung (86.67%).
Action	An updated Remedial Action Plan (RAP) has been received (August 16) with the following updated actions : The review of the Russell's Hall to New Cross pathway for Head & Neck patients has been completed with the aim to improve late tertiary referrals, an action plan has been agreed and the Trust are awaiting feedback from Russell's Hall. The appointment of a fourth Gynae Oncology Consultant has been completed (from September16). Re-advertisement for 2 vacant middle grade posts in Urology has commenced. Protocol updates for the Fast Track Team has been completed (to change practice to ensure that referrals are managed in line with national rules which are clear and that a referral can only be withdrawn by the GP not declined by the Trust, review of practice with regards to management of inappropriate referrals etc.) with implementation in August.
Outcome/ Assurances	Tertiary referrals remain a significant factor on the performance of this indicator with 66.7% of tertiary referrals received after day 42 of the pathway and of those, 28.6% were received after day 62 of the pathway. The validated performance figures have now been confirmed as : April - 80.95% (16 breaches RED), May - 71.75% (25 breaches RED), June - 83.16% (16 breaches RED), July - 82.2% (10.5 breaches RED) and August - 74.2% (21 breaches out of 81.5 patients RED). Early indications are that the September performance has seen an improvement (80.13%), however is still below target. Discussion Points : Performance for 62 Day Cancer waits by CCG has been highlighted in the National News (4th Oct - http://www.bbc.co.uk/news/health-37553078) reporting that findings show that two-thirds of areas are failing to achieve the target of ensuring 85% of cancer patients start treatment within 62 days of an urgent referral. National data ranking for both CCGs and Provider Trusts is available overleaf.


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*

Monthly Performance (Current month highlighted)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD/Cum
80.77%	96.88%	82.35%	84.00%	95.83%	-	-	-	-	-	-	-	87.97%

Section	Monthly Commentary
Situation	Performance in Month 5 has seen a significant improvement from the previous month achieving the 90% target in month (95.83%), however is still below year to date (87.97%). The Trust have confirmed that there was a shared breach (0.5) which has affected the August performance.
Action	An updated Remedial Action Plan (RAP) has been received (August 16) with the following updated actions : The review of the Russell's Hall to New Cross pathway for Head & Neck patients has been completed with the aim to improve late tertiary referrals, an action plan has been agreed and the Trust are awaiting feedback from Russell's Hall. The appointment of a fourth Gynae Oncology Consultant has been completed (from September16). Re-advertisement for 2 vacant middle grade posts in Urology has commenced. Updates to Protocol (Fast Track Team) have been completed with implementation in August. Active recruitment is underway, also waiting list initiatives and Saturday clinics are being made available to recover performance.
Outcome/ Assurances	This indicator performance is affected by small number variations (August data refers to 12 patients overall). The validated performance figures have now been confirmed as : April - 80.8% (2.5 breaches RED), May - 96.9% (0.5 breaches GREEN), June - 82.4% (1.5 breaches RED), July - 92.3% (1 breach GREEN) and August 95.7% with 0.5 breaches (GREEN). Early indications are that the September performance has seen a decline to 76.92% and is therefore RED.

Hot Topics for Discussion were as follows;

Indicator Ref:	Title and Narrative
RWT_EAS5	<p>Minimise rates of Clostridium difficile*</p>  <p>Performance in Month 5 breached the monthly threshold of 2.9 with 8 cases of C.Diff. The YTD performance also exceeds the cumulative threshold of 15 with a total of 28 cases. The Trust have confirmed that there were 16 positive cases (by toxin test), 8 of which were attributable to RWT using the external definition of attribution. Focussed work is currently being undertaken with specific wards (C41, C18, C25, ICCU and CHU). Treatment delays and time to isolate are improving with HPV compliance remaining good. The Trust have confirmed that they remain above the regional average although the margin is considerably reduced in the last 2 quarters.</p> <p>Discussion Point : <i>Has the anti-microbial prescribing post funding been approved?</i></p>

All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes*



Performance in Month 5 saw a decrease in handover delays to 50 (the lowest number of breaches in month so far this year). Compared to the same month in 15/16, there has been a 100% increase in breach numbers (15/16 - 25 in month, 88 YTD and 16/17 - 50 in month, 303 YTD). The Trust have confirmed that the number of ambulance conveyances to New Cross have increased again, and at a rate above the national trend.

RWT_EBS7a

Performance is being closely monitored by the CCG and performance is discussed at CQRM and CRM every month. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 5 estimated at £16,000 (based on 50 breaches 30-60mins £10,000 and 6 breaches 60mins £6,000). There were no patients breaching the 12 hour threshold during August.

All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes*



Performance in Month 5 saw an increase in handover delays to 6 breaches. Compared to the same month in 15/16, there were no reported breaches in the same reporting month (15/16 - 0 in month, 0 YTD and 16/17 - 6 in month, 19 YTD). The Trust have confirmed that the number of ambulance conveyances to New Cross have increased again and at a rate above the national trend. Performance is being closely monitored by

RWT_EBS7b

the CCG and performance is discussed at CQRM and CRM every month. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 5 estimated at £16,000 (based on 50 breaches 30-60mins £10,000 and 6 breaches 60mins £6,000). There were no patients breaching the 12 hour threshold during August.

Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.



Performance for this indicator saw a 2.21% decrease from the previous month. It is the lowest performance since May 2015 and has failed to achieve the 95% target and Recovery Trajectory for August. The YTD performance also remains below the 95% target (93.44%). New Junior Doctors at the Trust are completing e-discharge training and the Trust have developed a new report to enable them to monitor usage and performance. The Trust continue to target areas of poor compliance and issues around base ward performance are being highlighted with Divisional Medical Directors and flagged for follow up with relevant Operational Teams. The e-discharge training package will be prioritised for September 2016. The fine for not achieving this target in August is estimated to be £5,000 (£10,000 in total when combined with assessment unit breaches).

RWT_LQR1

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.]

Performance for this indicator has seen a 2.02% decrease from the previous month (a decrease in performance for the 3rd consecutive month) and remains below the 95% target both in-month (80.92%) and YTD (84.06%). Performance is 2.72% higher compared to the same month in 15/16, however remains below the recovery trajectory which required 95% achievement by August 2016. The performance by assessment unit for August has been confirmed as follows:

AMU - 94.70% (Increase), MATY - 83.33% (decrease), GAU - 52.50% (significant decrease from 86.67% in July), PAU - 81.01% (decrease) and SEU - 67.70% (decrease). New Junior Doctors at the Trust are completing e-discharge training and the Trust have developed a new report to enable them to monitor usage and performance. The Trust continue to target areas of poor compliance and the PAU assessment unit have confirmed that there is a new process in place for ensuring patients are added to the PAS System in a timely fashion with additional admin support provided between 22:00 - 08:00 hours. The Remedial Action Plan (RAP) received in September 2016 indicated that functionality issues in GAU had been identified and changes implemented, however GAU have seen a significant drop in performance from the previous month. The CCG raised concerns regarding the draft discharge notifications that were previously agreed with the Trust. This has been discussed at CRM and CQRM and the CCG has discussed the issue internal and has confirmed to cease the draft discharge notification process.

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. The fine for not achieving this target in August is estimated to be £5,000 (£10,000 in total when combined with wards excluding assessment unit breaches).

Discussion Point : *RAP update required to reflect continuing issues with GAU performance/review of functionality and usage.*

RWT_LQR2

Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the incident is identified.

This indicator breached for the first time in June with 2 serious incidents failing to meet the 2 working days threshold. There were no breaches reported for August, however, this indicator has breached the Year End threshold of zero breaches.

The Quality team have confirmed the breaches as follows :

2016/16553 - Slip/Trip/Fall

RWT_LQR4

2016/17008 - Slip/Trip/Fall A programme of work has been developed by the WCCG led Health Economy Pressure Ulcer Prevention Steering Group, this details the work streams, objectives and proposed solution to the issues identified. The Trusts Falls Policy is under review and is expected to be ratified in October 2016. This has been shared with members of the Falls Group for comment. Early indications are that there are no further breaches reported for September.

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).

This indicator breached for the first time in Q1 with 4 serious incidents failing to meet the 72 hour review threshold. There were no breaches reported for August, however, this indicator has breached the Year End threshold of zero breaches.

Breaches have been categorised as follows :

2016/12746 - Slip/Trip/Fall

2016/14543 - Pressure Ulcer Grade 3

RWT_LQR5

2016/14657 - Pressure Ulcer Grade 3

2016/14938 - Pressure Ulcer Grade 3

A programme of work has been developed by the WCCG led Health Economy Pressure Ulcer Prevention Steering Group, this details the work streams, objectives and proposed solution to the issues identified. The Trusts Falls Policy is under review and is expected to be ratified in October 2016. This has been shared with members of the Falls Group for comment. Early indications are that September has also breached and we are awaiting further information regarding the incident.

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.

This indicator breached for the first time in June with 6 serious incidents failing to meet the 60 working days review threshold and has breached every month since. The M5 SQPR submission reported 1 breach (2016/12378 - Treatment Delay), however the CCG Quality Team have identified and agreed 1 further breach during the month (2016/13501 - Diagnostic incident including delay in meeting SI criteria). This indicator has breached the Year End threshold of zero breaches.

Previous breaches have been categorised as follows :

1 x Slip/Trip/Fall (12746)

3 x Pressure Ulcer Grade 3 (14543/146557/14938)

1 x Confidential Information Leak (9407)

Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. A programme of work has been developed by the WCCG led Health Economy Pressure Ulcer Prevention Steering Group, this details the work streams, objectives and proposed solution to the issues identified. The Trusts Falls Policy is under review and is expected to be ratified in October 2016. This has been shared with members of the Falls Group for comment. Early indications are that there are no further breaches to report in September.

Additional Information : 1 breach has been reported for Vocare (Out of Hours GP Service) during August (2016/12796 - Treatment Delay)

RWT_LQR6

Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Biopsy

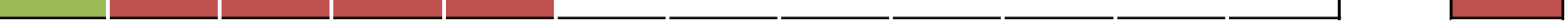
Follow up ≥ 4 patients per month



RWT_LQR18ai

This indicator has failed to achieve target for the first time this year with only 3 patients receiving a prostate biopsy telephone follow up in August against a target of 4 per month, however is currently achieving YTD (42 with a target of 20 patients by Month 5). The CCG have queried performance with the Trust due to the decline in performance, however we are still awaiting a response. The CCG are expected a detailed response regarding performance at the next CQRM, if not received a formal update request will be issued.

Optimising Outpatient Follow-Ups - Paediatric Rheumatology and Paediatric Endocrinology patients receiving telephone follow up clinic ≥ 30 per month



RWT_LQR18b

This was a new indicator for 2016/17 and has failed to achieve the 30 target for August with only 11 patients receiving telephone follow up (the lowest level so far this year). The target of 30 telephone follow ups was agreed following the Q3 2015/16 CQUIN (6b) Project Managers report on Planned Care (Optimising Outpatient Follow-Up). The service did not commence until January 2016 and therefore the indicator was carried over to 2016/17 to assess progress. Current performance has been raised with the Trust and the CCG are awaiting feedback from the operational teams.

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_LQR18c

This was a new indicator for 2016/17 and has failed to achieve the 50 threshold for August with 2 patients receiving pessary implants. The year to date total is 17 against a target of 250 implants. The target of 50 nurse led follow ups was agreed following the Q3 2015/16 CQUIN (6b) Project Managers report on Planned Care (Optimising Outpatient Follow-Up) which predicted activity levels of 40 patients per month for Quarter 4 2015/16. The service did not commence until January 2016 and therefore the indicator was carried over to 2016/17 to assess progress. Current performance has been raised with the Trust and the CCG are awaiting feedback from the operational teams.

Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance

No data has been received for the August performance for this indicator. The SQPR submission comments indicated that data is subject to a one month data lag due to the HSCIC submission deadlines. Following discussion at CQRM, the Trust have confirmed that Ethnicity is part of the GP Referral template and have requested CCG support to reinforce the coding requirement for each referral from GPs.

BCPFT_MHSDS1

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

This indicator has achieved the 50% target for August with 62.50% of service users commencing a NICE-concordant package of care within 2 weeks of referrals (numerator = 5, denominator =8), however the Year End performance remains below target at 45.17%. An Action Plan has been received from the Trust which incorporates new National guidance regarding packages of care which have a delayed agreement. A CVO is in preparation for the indicator to reflect a change to 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. Small number variations and high levels of DNA continue to effect performance for this indicator. This is a local indicator carried over for monitoring purposes from 15/16, there is a National indicator (see reference BCP_EH4) which the Area Team monitor performance directly from the Trusts Unify2 submissions.

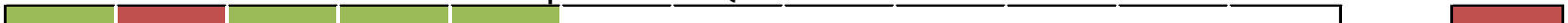
BCPFT_LQGE04

Urgent (up to 48 hours). % of assessments relating to referral within period

This indicator has achieved the 85% target in-month, however is close to target (85.00%) and the YTD remains below target at 83.05%.

BCPFT_LQGE13

Performance has been raised and discussed at the CQRM and continues to be monitored.

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.

This indicator achieved the 100% target for August, however due to the breaches reported in May (85.71%) performance for this indicator has breached year end (96.43%) and will remain RED.

BCPFT_LQGE16

Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Safeguarding Dashboard.



It has been confirmed with the CQRM board that this indicator relates to if all indicators on the dashboard are green, if any breach this should be reported as NO with an exception report and comments regarding actions and assurances provided. Following this confirmation, data for May and June has since been amended to "No".

August breaches reported on the Safeguarding Dashboard include:

LQSG03 - Level 3 for Safeguarding Children (in month - 80.5%, YTD - 81.53% against 85% target)

BCPFT_DB01

All Safeguarding breaches have been raised at the September CQRM and the Trust have confirmed that breaches occurred due to staff non attendance and the Trust have confirmed they are addressing the non-attendance issues with individual staff and are monitoring DNA reasons to establish trends (eg staff unable to attend face to face training due to staff capacity issues). Levels 1 and 2 are currently face to face training, however an e-learning tool is due to be available from October. Level 3 training however, requires face to face attendance and additional sessions have been identified with a plan through to March 2017. A Remedial Action Plan (V1.1) includes recovery trajectories as follows : 45% achievement by Aug16, 65% by Oct16 and 85% by Dec16.

CAMHS - failure to achieve thresholds for specific indicators as detailed in the CAMHS Dashboard.



This indicator relates to if all indicators on the dashboard are green, if any breach this should be reported as NO with an exception report and comments regarding actions and assurances provided.

August breaches reported on the CAMHS Dashboard are:

LCA01 - % of children referred who have initial assessments within 18 weeks (in month - 65.8%, YTD - 73.03% against a Q2 target of 75%). The

BCPFT_DB02

Trust have confirmed that there were 13 breaches during August, primarily as a result of a high number of patient cancellations and non attendance during August which is not unusual during the summer holiday period. 4 patients who breached had previously DNA'd or cancelled appointments which if they had attended would have increased the performance to 76.3% and above target. The Trust have a Remedial Action Plan in place and is successfully reducing waiting times (current waiting times is 5 weeks).

4. CONTRACT AND PROCUREMENT REPORT

The Committee received the latest overview of the contract and procurement situation. There were no significant changes to the procurement plan.

5. FINANCIAL CONTROL ENVIRONMENT ASSESSMENT (FCEA)

The Committee received the latest CCG self assessment undertaken in September 16 which was submitted to NHSE. The CCG is awaiting comments from NHSE on progress made.

6. PLANNING ROUND 17/18 – 18/19

The Committee received a position statement in relation to the overall financial planning assumptions, QIPP and compliance with the business as outlined in the Operating Plan guidance. A report will be brought to the December Governing Body meeting outlining the CCG's 5 year finance plan which is aligned to the Operating Plan.

7. RISK and MITIGATION

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. The reduction in risk is associated with the identification of £764k against the unallocated QIPP plan.
- 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.

8. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 19th October 2016