NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

GOVERNING BODY
13th December 2016

Title of Report:	**Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 29th November 2016**
Report of:	Claire Skidmore – Chief Finance and Operating Officer
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	

• **Domain 1:** A Well Led Organisation	The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions. meet a number of constitutional, national and locally set performance targets.
• **Domain2:** Performance – delivery of commitments and improved outcomes	The CCG must meet a number of constitutional, national and locally set performance targets.
• **Domain 3:** Financial Management	The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.

1. FINANCE POSITION

The Committee was asked to note the following year to date position against key financial performance indicators;

Financial 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	£351.100m	£351.100m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.555m	Nil	G

Non Statuory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	308	37	(271)	G
Maximum closing cash balance %	1.25%	0.15%	-1.10%	G
BPPC NHS by No. Invoices (cum)	95%	99%	-4%	G
BPPC non NHS by No. Invoices (cum)	95%	93%	2%	A
QIPP	£6.00m	£5.32m	£0.68m	A
Programme Cost £'000*	194,217	195,036	819	G
Reserves £'000*	1,038	0	(1,038)	G
Running Cost £'000*	3,240	3,160	(80)	G

- The net effect of the three identified lines (*) is a small underspend and the green rating refers to the overall position.
- QIPP is slightly below target for Month 7 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 M07			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	181,259	105,734	106,598	864	0.82%
Mental Health Services	34,624	20,197	20,192	(6)	(0.03%)
Community Services	37,645	21,976	21,700	(276)	(1.26%)
Continuing Care/FNC	12,259	7,151	7,793	642	8.98%
Prescribing & Quality	52,180	30,638	29,380	(1,258)	(4.11%)
Other Programme	16,252	8,521	9,373	852	10.00%
Total Programme	**334,219**	**194,217**	**195,036**	**819**	**0.42%**
Running Costs	5,555	3,240	3,160	(80)	(2.46%)
Reserves	5,154	1,038	0	(1,038)	(100.00%)
Total Mandate	**344,928**	**198,496**	**198,196**	**(299)**	(0.15%)
Target Surplus	6,172	3,530	0	(3,530)	(100.00%)
Total	**351,100**	**202,026**	**198,196**	**(3,829)**	(1.90%)

The table below details the forecast out turn by service line at Month 7.

	Annual Plan £'000	Forecast Outturn at M07			Forecast Outturn at M06			In Month Movement
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance £'000	Var %	£'000 o(u)
Acute Services	181,259	183,741	2,482	1.37%	183,436	2,177	1.20%	305
Mental Health Services	34,624	34,805	182	0.52%	34,220	(87)	(0.25%)	269
Community Services	37,645	36,291	(1,354)	(3.60%)	36,291	(1,354)	(3.60%)	0
Continuing Care/FNC	12,259	13,321	1,062	8.67%	13,286	1,027	8.38%	35
Prescribing & Quality	52,180	50,681	(1,499)	(2.87%)	50,182	(1,459)	(2.82%)	(40)
Other programme	16,252	17,158	906	5.58%	18,226	1,474	8.80%	(568)
Total Programme	**334,219**	**335,998**	**1,780**	**0.53%**	**335,641**	**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	**351,100**	**351,100**	**(0)**	(0.00%)	**350,743**	**0**	**0.00%**	**(0)**

- The Acute portfolio variance is due to adverse movements in RWT, smaller acute providers 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.

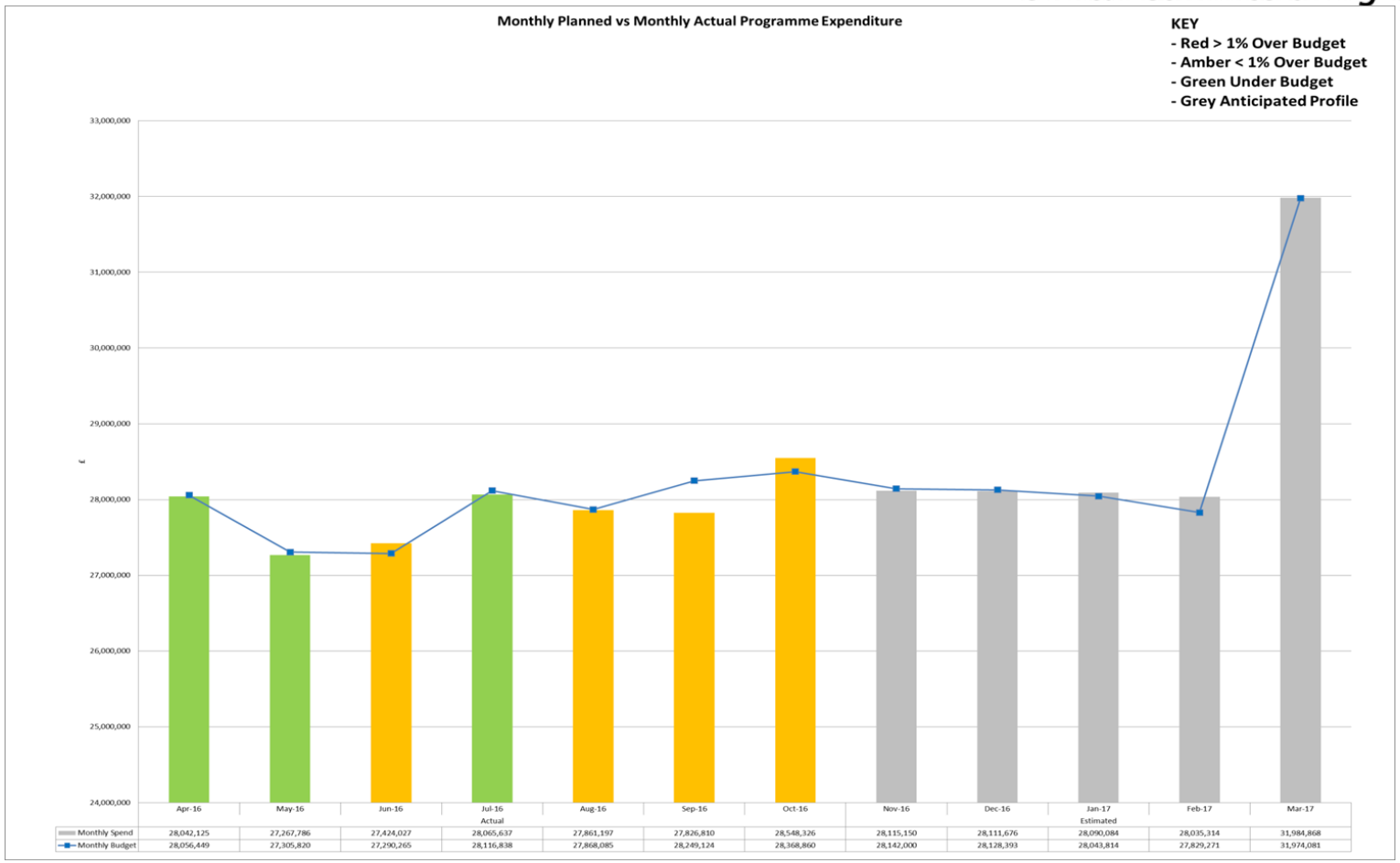
- Community Services under spend is due to the marginal threshold being invoked and assumptions regarding costs recovered for a ward closure in West Park and recruitment slippage in the Rapid Response Nursing Team.

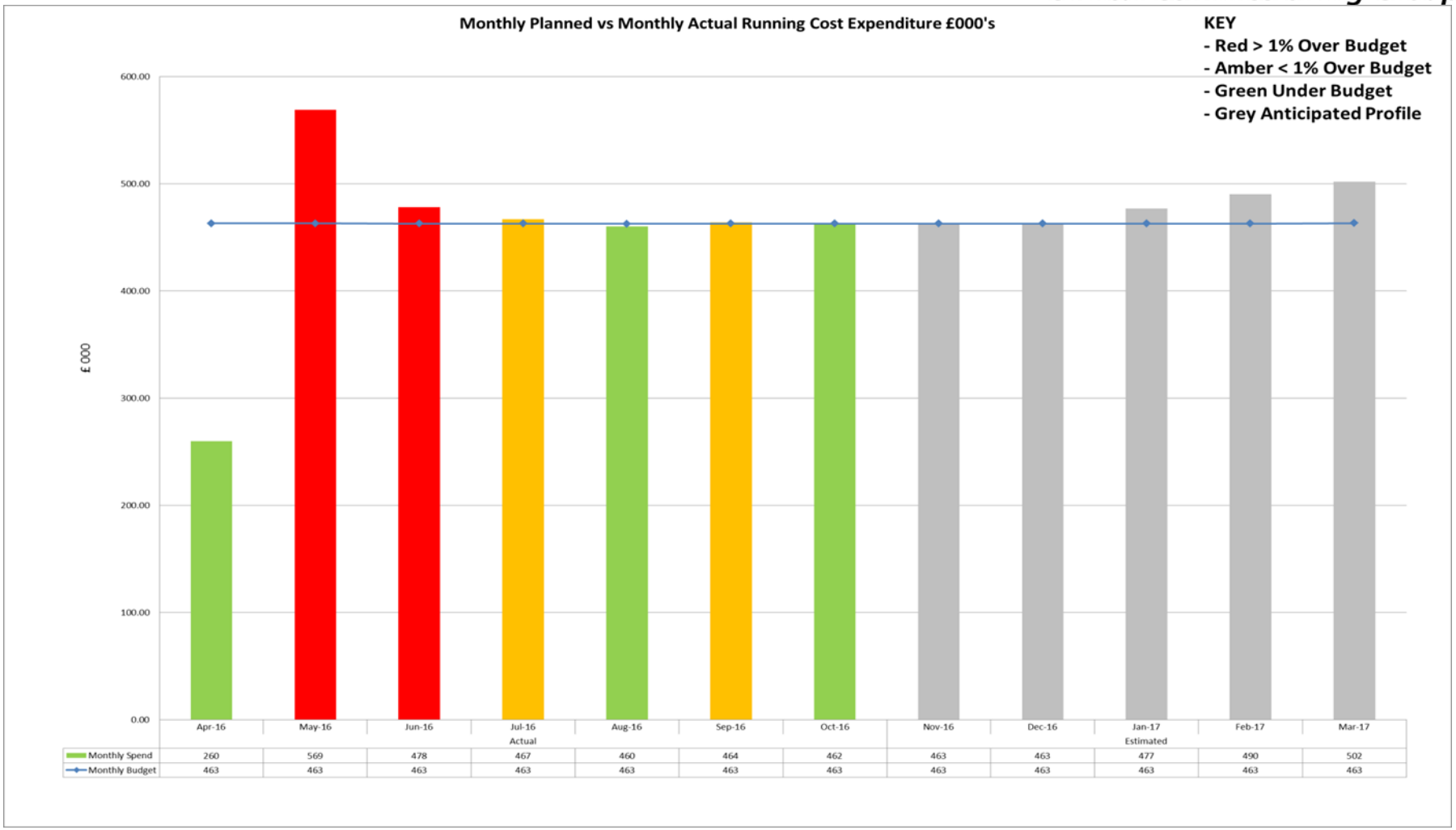
- Prescribing is continuing to underspend and Month 7 reflects a small increase in under spend.

- The adverse variance in Mental Health relates to more individual cases requiring higher cost packages and high level observations.

- 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.


Monthly Planned vs Monthly Actual Programme Expenditure
KEY
- Red > 1% Over Budget
- Amber < 1% Over Budget
- Green Under Budget
- Grey Anticipated Profile
33,000,000
32,000,000
31,000,000
30,000,000
29,000,000
28,000,000
27,000,000
26,000,000
25,000,000
24,000,000
£
Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17
Actual
Estimated
Monthly Spend 28,042,125 27,267,786 27,424,027 28,065,637 27,861,197 27,826,810 28,548,326 28,115,150 28,111,676 28,090,084 28,035,314 31,984,868
Monthly Budget 28,056,449 27,305,820 27,290,265 28,116,838 27,868,085 28,249,124 28,368,860 28,142,000 28,128,393 28,043,814 27,829,271 31,974,081


Monthly Planned vs Monthly Actual Running Cost Expenditure £000's
KEY
- Red > 1% Over Budget
- Amber < 1% Over Budget
- Green Under Budget
- Grey Anticipated Profile
£ 000
600.00
500.00
400.00
300.00
200.00
100.00
0.00
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Actual
Estimated
Monthly Spend 260 569 478 467 460 464 462 463 463 477 490 502
Monthly Budget 463 463 463 463 463 463 463 463 463 463 463 463

2. QIPP

The Committee noted an improvement in the QIPP Programme performance as at Month 7. The improvement in the forecast outturn is due to the identification of further QIPP within Prescribing.

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	1.33	1.77	0.44	2.21	3.98	1.77
Transformational	3.73	3.55	-0.18	6.93	6.56	-0.37
Unallocated	0.94	0.00	-0.94	2.12	0.00	-2.12
Total	**6.00**	**5.32**	**-0.68**	**11.26**	**10.54**	**-0.72**

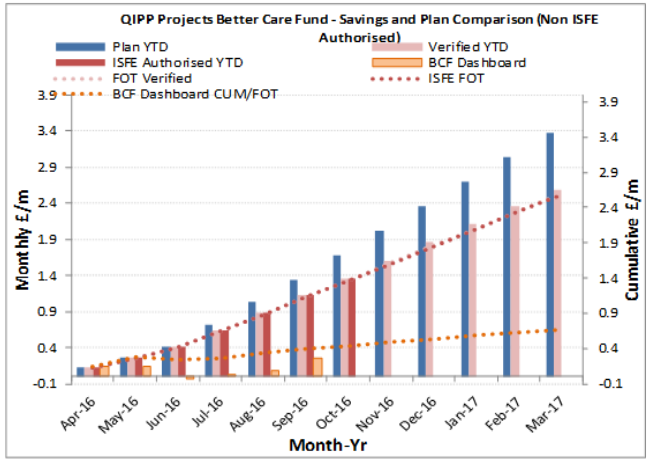
- Schemes have been identified for £10.54m (93.6%) and all but £107k is recurrent.
- QIPP Programme Board has identified the urgent need to replenish the Hopper and to move schemes that are currently in scoping or baselining to the implementation and delivery phases.
- Risk has been identified for 60% of the unallocated QIPP within the risk schedule.

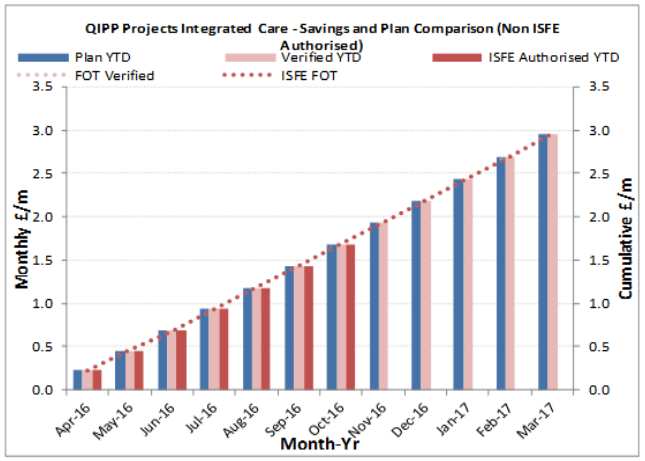
QIPP Programme Delivery Board - Validated Figures for Non ISFE

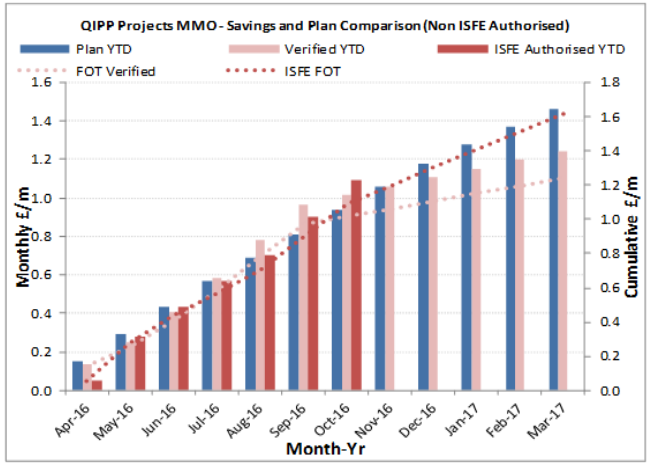
Reporting Period : **Oct-16**

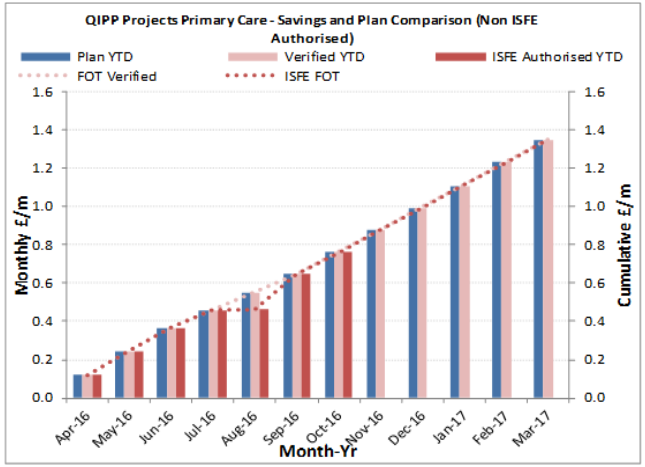
Financial Savings Projects within QIPP Programme Delivery Board and Annual Plan

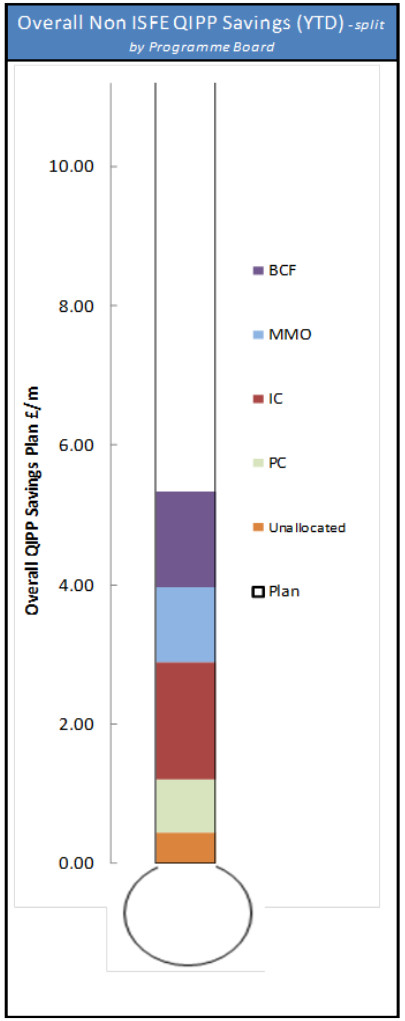
Source : Non ISFE Submission by Wolverhampton CCG - Financial Projects Only & BCF Dashboard











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;

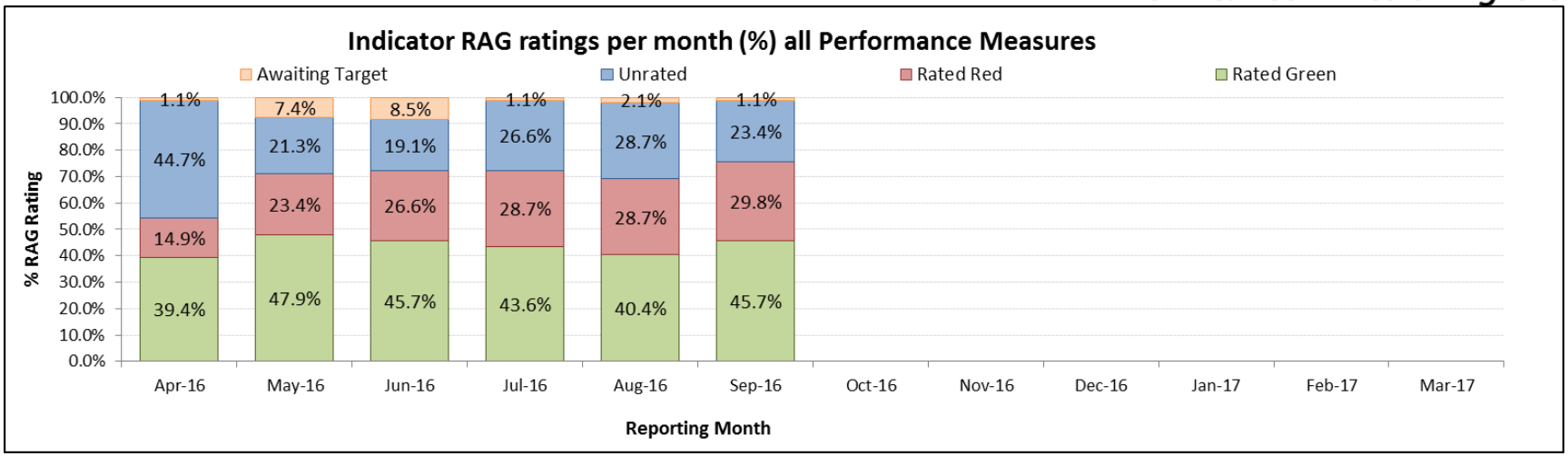
Executive Summary - Overview

Sep-16

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC *	Total
NHS Constitution	11	11	11	11	2	2	0	0	**24**
Outcomes Framework	6	10	8	8	21	18	2	1	**37**
Mental Health	21	22	8	9	4	2	0	0	**33**
Totals	**38**	**43**	**27**	**28**	**27**	**22**	**2**	**1**	**94**

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC *
NHS Constitution	46%	46%	46%	46%	8%	8%	0%	0%
Outcomes Framework	16%	27%	22%	22%	57%	49%	5%	3%
Mental Health	64%	67%	24%	27%	12%	6%	0%	0%
Totals	**40%**	**46%**	**29%**	**30%**	**29%**	**23%**	**2%**	**1%**

* figures for Target TBC can vary month to month as the number of indicators not submitted (blank) for the month count will take priority. There are currently 4 indicators with targets yet to be agreed (3 of which had no data submitted for September 16)



Exception highlights were as follows;

Indicator Ref:	Title and Narrative	Yr End Target / Threshol
RWT_EB3	**Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral***	

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
91.50%	90.95%	91.04%	91.18%	90.45%								91.02%	92.00%

The performance data for headline level RTT (Incompletes) was not submitted by RWT on the SQPR at Month 6. At time of submission the Trust confirmed that this was due to "On-going validation" of waiting lists. The September data has since been updated on the RWT Integrated Quality and Performance Report (IQPR) as 91.22% and this has since been confirmed via the National Unify 2 submission as 91.22% with 3,053 (out of 34,790) patients waiting more than 18 weeks. The validated figures have also confirmed that Oral Surgery have met the 92% target for the first time this year with 92.60%. Recovery Action Plans (RAP) are updated by failing specialty on a monthly basis and the following specific actions have been identified : Utilisation of day case lists at weekends where possible, theatre utilisation to be reviewed at Cannock with the plan to transfer out additional Orthopaedic Lists, review of waiting list by procedure to support targeted lists and help with pre-op planning, plans for elective lists 6-4-2 weeks ahead; to anticipate issues and ensure lists are maximised and on-going work with the RTT team to forecast priority patients and identify bottle necks. The opportunity for additional (Urology) sessions, 2 days a week from January 2017 is currently being investigated by the Trust. CCG representatives attended an RTT Demand and Capacity Modelling Event (27th October) where NHSE presented an RTT overview presentation and demonstration of the Demand Management Tool. Main Points fed back from the event included: RTT Performance across the region is at 92.0% and so there is pressure building to try and tackle this now, before performance drops below threshold; Wolverhampton CCG is one of only four CCG's (across the BSOL, BC, C&W and H&W regions) to be fully compliant and meeting Best Practice for Demand Management Compliance against the 6 KLOE's, however, RWT is one of only four Trusts across the region to be failing. RTT at headline at the moment (excluding Walsall and Wye Valley). Early indications are that the October performance has seen an increase to 91.22%, however remains RED. The Commissioner performance has been confirmed for September as 91.38% (RED).

NHSE Updates: Strategic Demand Management Plan (DMP) submitted to NHSE to detail key issues and actions taken to improve performance including Outsourcing Plan and Demand Management Plan (DMP) incorporating best practice from Demand Management Good Practice Guidelines. The CCG are also working on a referral diversion project to look at how referrals can be appropriately diverted at point of referral.

Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test*

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
99.08%	99.19%	99.18%	99.01%	0.80%								79.45%	99.00%

RWT_EB4

The performance data for Diagnostic Tests was not submitted by RWT on the SQPR at Month 6. At time of submission the Trust confirmed that this was due to "On-going validation" of waiting lists. Data for Month 5, was updated as 0.80% against the 99% target. The CCG have liaised with the Trust as this is a significant change in performance trend for this indicator. It has been confirmed by the Trust that the August performance was submitted incorrectly and the correct figure is 99.2% and therefore GREEN.

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*

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
85.08%	88.03%	91.61%	88.63%	90.32%	93.86%							89.59%	95.00%

RWT_EB5

The A&E 4 Hour Wait performance has failed to meet the 95% national target since August 2015. The Month 6 performance has seen improvement and is the highest performance level so far this year (and since October 15) to 93.86% but has failed to achieve the STF recovery trajectory and both Type 1 and the combined All Types target for the month. The Quarter 2 performance has also failed to achieve target reporting at 85.76%. Updated Remedial Action Plans (RAP) are currently received monthly with the October updates on previous actions including : confirmation of full recruitment for surge capacity (qualified and unqualified nurses), 3 x Trust Fellows commenced the August rotation and the Trust have shortlisted 4 candidates for the Paeds ED Consultant posts. Following the advertisement for a Specialty Doctor there have been 2 candidates expressing interest. The Adult Consultant vacancies have been advertised during September/October. The additional B7 Senior Sisters post (for 24/7 cover) commenced on 1st October and the new Junior Doctors rota is in place (with 2 slots empty). A joint triage process has been incorporated from September to strengthen appropriateness of patient pathways and reduce unnecessary demand. An A&E Delivery Board consisting of Executive level membership (Acute, CCG, Local Authority and Black Country Partnership) has replaced the SRG and is supported by an A&E Operational Group with a main focus on the achievement of the 95% four hour target. Current performance shows encouraging signs and RWT are regularly performance above 90% combined for A&E. Maintaining performance over winter months will be challenging and a combined A&E Delivery Board RAP is being developed to maintain existing performance levels. The performance split for the time spent in ED (<4hrs) during September is as follows : New Cross = 89.79%, Walk In Centre = 100%, Cannock MIU = 100%, Vocare = 99.79% (Combined = 93.86%). Early indications are that the October performance has seen a decrease to 92.33% and remains RED.

NHSE Updates: Confirmation of non-submission on Urgent Care Centre data was requested by NHSE (7th November), investigation resulted in the identification of a coding error for the Wolverhampton Doctors Urgent Care.

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
93.30%	97.00%	96.41%	95.36%	95.63%	96.37%							95.68%	96.00%

RWT_EB8

Performance for Month 6 has met the 96% target reporting 96.37% in month, however the YTD remains below target at 95.68% due to low performance in April, July and August. There were 7 patient breaches in September (out of 193 patients). Analysis of the Year on Year performance shows performance is below that of 2015/16 for the same month (15/16 - 96.92%). Performance for this indicator has fluctuated over the last few months but has seen steady improvement since failing in July due primarily to capacity issues. 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 September confirm that the Trust achieved 96.9% (relating to 6 breaches out of 195 patients seen) and therefore is rated as GREEN. The position for Quarter 2 has also been confirmed as 96.3% and within target.

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
97.37%	91.11%	75.76%	89.47%	87.27%	89.36%							88.39%	94.00%

RWT_EB9

The performance for Month 6 has seen a small increase in performance since the previous month although remains under the 94% target at 89.36% which relates to 5 patients breaching the standard, the Trust have confirmed breaches were due to capacity issues within Urology. The YTD performance (88.93%) has also breached target. Performance for the previous 4 months has been significantly below that achieved for the same months in 2015/16. This indicator is affected by small cohorts of patients with a total of 47 patients seen in September (5 of which breached target). 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 Q2 have now been confirmed as July - 92.11% (3 breaches, RED), August - 88.71% (7 breaches RED) and September - 91.67% (4 breaches RED). The total position for Quarter 2 has been confirmed as 90.54% and breaches target.

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
79.88%	72.02%	81.36%	79.77%	75.63%	80.13%							78.13%	85.00%

RWT_EB12

The performance in Month 6 has seen a slight increase in performance although remains below the 85% target both in month (80.13%) with 15 breaches (out of 78) and Year To Date (78.13%). The Trust have since confirmed via the Integrated Quality and Performance that there were 17 patient breaches in September (4 x tertiary referrals, 5 x capacity issues, 2 x patient initiated and 6 x complex pathways). Performance has failed to meet the STF Trajectory of 85.16% for the month. Analysis by Cancer site confirms the breaches are relating to : Breast (90.48%), Urology (82.61%), Haematology (66.67%), Upper GI (66.67%), Colorectal (66.67%), Head & Neck (50.00%) and Lung (40.00%). Both Gynaecology and Skin saw 100% of patients seen within standard during Month 6. The Trust have confirmed performance excluding tertiary referrals as 81.94% (RED). New breach allocation guidance regarding tertiary referrals has been published and is due to come into force from 1st October. The Trust have advised whilst in principle this is positive, given the revised guidance for recovery Trusts need to treat patients within 24 days, it is likely that performance may be affected by breaches occurring as a result of complex care patients. 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), August - 74.2% (21 breaches out of 81.5 patients RED) and September (15 breaches out of 77.5 patients RED). The Quarter 2 performance has been confirmed as 79.14% and therefore remains RED. Early indications are that the October performance has seen a significant decrease to 70.00% and remains RED.

The Trust have indicated a reduced level of confidence to achieve the STF trajectory by end of Quarter 4 due to capacity and tertiary referral issues.

Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers*

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
80.77%	96.88%	82.35%	84.00%	95.83%	76.92%							86.13%	90.00%

RWT_EB13

Performance in Month 6 has seen a significant decline from the previous month and has breached the 90% target both in month (76.92%) and year to date (86.13%). The SQPR submission indicated that there were 3 breaches (out of 13 patients), however the Trusts Integrated Quality and Performance reports has since confirmed that there were 4 breaches (3 x Tertiary referrals and 1 x complex case). The Trust have confirmed performance excluding tertiary referrals as - 84.62% (RED), and performance is impacted by small cohort of patients. The validated performance figures have now been confirmed as : April - 80.77% (2.5 breaches RED), May - 96.88% (0.5 breaches GREEN), June - 82.35% (1.5 breaches RED), July - 92.31% (1 breach GREEN), August - 95.65% (0.5 breaches GREEN) and September - 78.57% (3 breaches out of 14 patients RED). The Quarter 2 performance has been confirmed as 88.46% and therefore remains RED. Early indications are that the October performance has seen an increase to 80.00% however remains below target and therefore RED.
The Trust have indicated a reduced level of confidence to achieve the STF trajectory by end of Quarter 4 due to capacity and tertiary referral issues.

Zero tolerance RTT waits over 52 weeks for incomplete pathways*

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	0	100	64	53	51							268	0

RWT_EBS4

This indicator has breached the zero threshold for 52 week waiters for the fourth consecutive month with 51 patients recorded as waiting over 52 weeks at the end of September 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. An Action plan has been developed by the Trust to ensure all patients affected are seen as soon as possible. The Trust are currently ahead of trajectory with 51 patients remaining against a target of 53 in September. 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 : The National RTT data indicates that there were 10 x Non Admitted long waiters over 52 weeks at RWT in September for "Other" specialties and a further 2 x Non Admitted long waiters over 52 weeks for Trauma & Orthopaedics.

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
33.33%	50.00%	20.00%	60.00%	62.50%	62.50%							48.06%	50.00%

BCPFT_EH4

Performance for this indicator has remained above the 50% target for three consecutive months with September reporting at 62.50%, however due to below target performance during April and June, the Year End performance remains below target at 48.06%. The CVO to reflect a change to patients age span (14-65) has been completed and submitted to the Trust. Small number variations and high levels of DNA continue to effect performance for this indicator. This is a National indicator which the Area Team monitor performance directly from the Trusts Unify2 submissions.

Percentage of all routine EIS referrals, receive initial assessment within 10 working days

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
50.00%	87.50%	100.00%	100.00%	92.86%	83.33%							85.62%	95.00%

BCPFT_LQGE05

The performance for this indicator has failed to achieve the 95% target both in month (83.33%) and Year End (85.62%). Performance is affected by small cohort of patients and the September breaches relate to 2 patients breaching standard (out of 12). Both breaches occurred due to patients DNA (one patient with multiple DNA appointments). The service has reviewed the assessment process and discontinued the assessment clinics in order to be more flexible in offering appointments at venues more suitable and amenable to the individual client. This also allows flexibility for the clinicians availability. The Team have reviewed the assessment process and have implemented changes which appear to be improving access and waiting times - including a triage system and risk assessment to determine as to whether home visits can be instigated dependent on level of risk. The team is continually reviewing the high number of DNAs and exploring ways to reduce them, including contacting clients who DNA to establish the reasons why. If the team are able to address the reason for the DNA then alternatives can be offered to meet the patient need. The standard initial assessment letter has been amended to include the reason for offering early appointments to assist recovery as a lack of understanding regarding a quick initial appointment time may have impacted on DNA rates. Utilisation of text messages and calling new clients to remind them about their appointments continues as well as sending out appointment letters. The team aim to offer 100% of referrals an appointment for assessment to meet the 10 day target with the service delivering an assessment clinic and 3 initial assessment slots in Outpatient clinics which support the clients being seen within 10 days and thus being able to establish a care plan within 2 weeks.

Performance for all indicators (Month 6) has been attached for information (appendix 1)

4. CONTRACTING and PROCUREMENT

The Committee received the latest overview of the contract and procurement situation. The Committee noted the current position of the contract negotiations for 2017/18 and 2018/19. There were no significant changes to the procurement plan.

5. DRAFT FINANCIAL PLAN

The Committee received a summary outlining the key issues for the recently submitted draft financial plan.

6. RISK and MITIGATION

Risks	Potential Risk Value Mth06	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	43.27%
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	0.47	0.79	60.00%	0.47	18.23%
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	0.94	1.25	80.00%	1.00	38.50%
TOTAL RISKS	**2.54**	**3.54**		**2.60**	**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 Mth06	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	1.25	1.25	100.00%	1.25	48.08%
Delay/ Reduce Investment Plans	0.40	0.40	100.00%	0.40	15.38%
Other Mitigations	0.50	0.50	100.00%	0.50	19.23%
Mitigations relying on potential funding	0.39	0.45		0.45	17.31%
Actions to Implement Sub-Total	2.54	2.60		2.60	100.00%
TOTAL MITIGATION	2.54	2.60		2.60	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 M7 the CCG has already committed its Contingency reserve of £1.78m therefore this cannot be considered as mitigation.

The CCG has been advised that risk associated with NHS Property Services will be centrally funded in 2016/17.

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.

7. RECOMMENDATIONS

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

Name: **Lesley Sawrey**
Job Title: **Deputy Chief Finance Officer**
Date: **30th November 2016**