

**WOLVERHAMPTON CCG**

**GOVERNING BODY**

**14<sup>th</sup> February 2017**

**Agenda item 12**

<b>Title of Report:</b>	<b>Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 31<sup>st</sup> January 2017</b>
<b>Report of:</b>	Claire Skidmore – Chief Finance and Operating Officer
<b>Contact:</b>	Claire Skidmore – Chief Finance and Operating Officer
<b>Governing Body Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>• <b>Receive</b> and <b>note</b> the information provided in this report.</li></ul>
<b>Public or Private:</b>	This Report is intended for the public domain.
<b>Relevance to CCG Priority:</b>	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.
<b>Relevance to Board Assurance Framework (BAF):</b>	

<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	<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"> <li>• <b>Domain2:</b> Performance – delivery of commitments and improved outcomes</li> </ul>	<p>The CCG must meet a number of constitutional, national and locally set performance targets.</p>
<ul style="list-style-type: none"> <li>• <b>Domain 3:</b> Financial Management</li> </ul>	<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
<b>Statutory Duties</b>				
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	£350.919m	£350.919m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.510m	(£0.05m)	G
<b>Non Statutory Duties</b>	<b>YTD Target</b>	<b>YTD Actual</b>	<b>Variance o(u)</b>	<b>RAG</b>
Maximum closing cash balance £'000	313	29	(284)	G
Maximum closing cash balance %	1.25%	0.12%	-1.13%	G
BPPC NHS by No. Invoices (cum)	95%	99%	-4%	G
BPPC non NHS by No. Invoices (cum)	95%	94%	1%	A
QIPP	£8.13m	£6.68m	£1.45m	A
Programme Cost £'000*	249,447	250,899	1,452	G
Reserves £'000*	1,335	0	(1,335)	G
Running Cost £'000*	4,166	4,049	(117)	G

- The net effect of the three identified lines (\*) is breakeven.
- Forecasting to deliver target surplus at year end (£6.172m).

- The utilisation of the Contingency Reserve is required to achieve the target position leaving little cover for any deterioration in position.
- QIPP is below target for Month 9 as a result of a thorough review of reporting.
- 2% underlying recurrent position is achieved.

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

	Annual Plan £'000	YTD Performance M09			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,885	135,314	138,494	3,179	2.3%
Mental Health Services	34,624	25,968	26,081	113	0.4%
Community Services	37,682	28,271	27,147	(1,124)	(4.0%)
Continuing Care/FNC	12,259	9,194	10,104	910	9.9%
Prescribing & Quality	51,627	38,997	37,553	(1,444)	(3.7%)
Other Programme	16,154	11,703	11,520	(183)	(1.6%)
<b>Total Programme</b>	<b>333,231</b>	<b>249,447</b>	<b>250,899</b>	<b>1,452</b>	<b>0.6%</b>
Running Costs	5,555	4,166	4,049	(117)	(2.8%)
Reserves	5,961	1,335	0	(1,335)	(100.0%)
<b>Total Mandate</b>	<b>344,747</b>	<b>254,948</b>	<b>254,948</b>	<b>(0)</b>	<b>(0.0%)</b>
Target Surplus	6,172	4,780	0	(4,780)	(100.0%)
<b>Total</b>	<b>350,919</b>	<b>259,728</b>	<b>254,948</b>	<b>(4,780)</b>	<b>(1.8%)</b>

The table below details the forecast out turn by service line at Month 9.

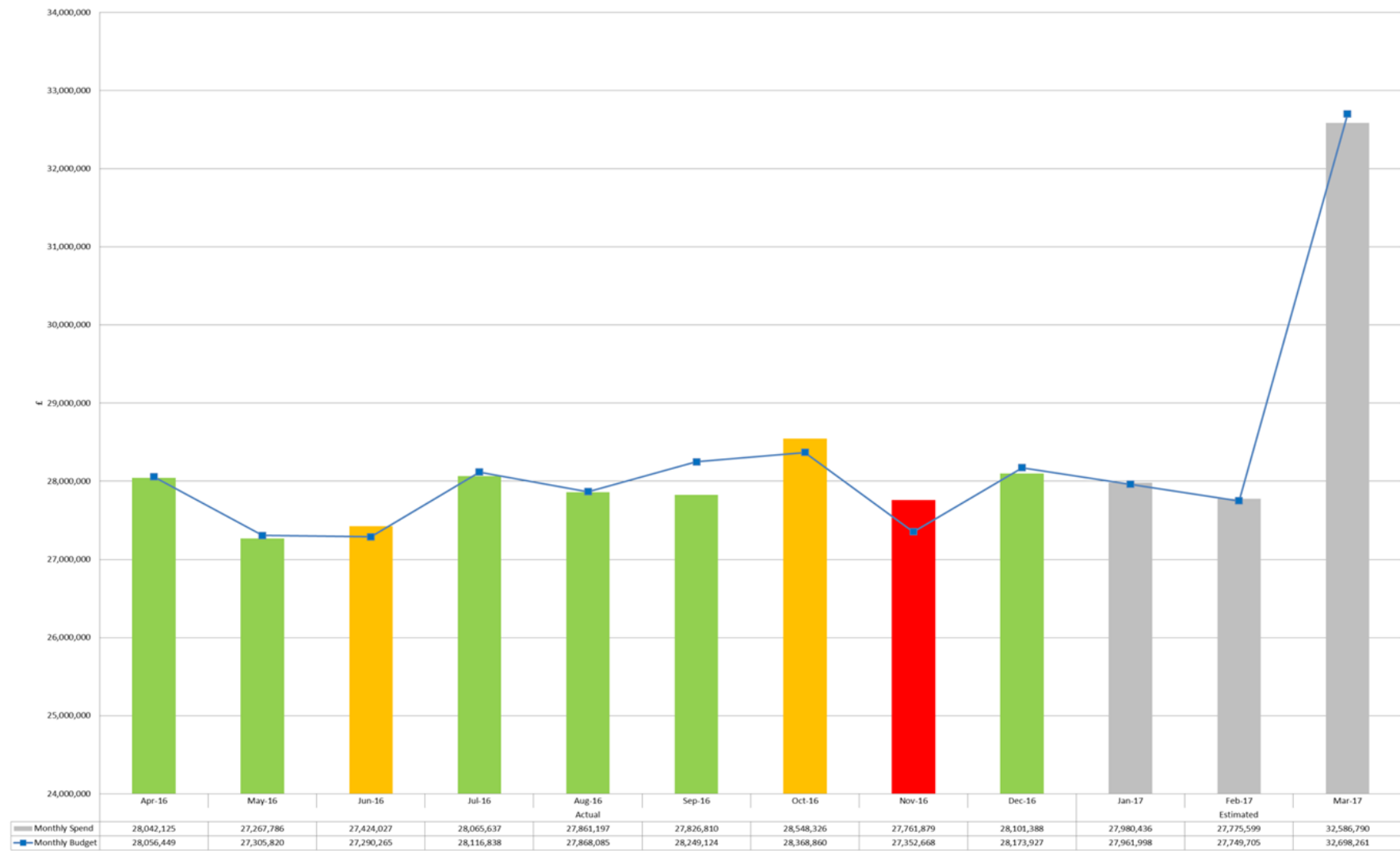
	Annual Plan £'000	Yr End Forecast £'000	Yr End Variance Total £'000 o(u)	Yr End Variance Recurrent £'000 o(u)	Yr End Variance Non Recurrent £'000 o(u)	Yr End Variance %
Acute Services	180,885	184,644	3,759	2,750	1,008	2.08%
Mental Health Services	34,624	34,836	212	245	(33)	0.61%
Community Services	37,682	36,214	(1,468)	(1,598)	130	(3.90%)
Continuing Care/FNC	12,259	13,196	937	775	162	7.64%
Prescribing & Quality	51,627	49,814	(1,813)	(1,904)	90	(3.51%)
Other Programme	16,154	16,357	203	1,511	(1,308)	1.26%
<b>Total Programme</b>	<b>333,231</b>	<b>335,060</b>	<b>1,830</b>	<b>1,780</b>	<b>50</b>	<b>0.55%</b>
Running Costs	5,555	5,505	(50)	0	(50)	(0.90%)
Reserves	5,961	4,182	(1,780)	(1,780)	0	(29.85%)
<b>Total Mandate</b>	<b>344,747</b>	<b>344,747</b>	<b>(0)</b>	<b>0</b>	<b>(0)</b>	<b>(0.00%)</b>
Target Surplus	6,172	0	(6,172)	0	(6,172)	(100.00%)
<b>Total</b>	<b>350,919</b>	<b>344,747</b>	<b>(6,172)</b>	<b>0</b>	<b>(6,172)</b>	<b>(1.76%)</b>

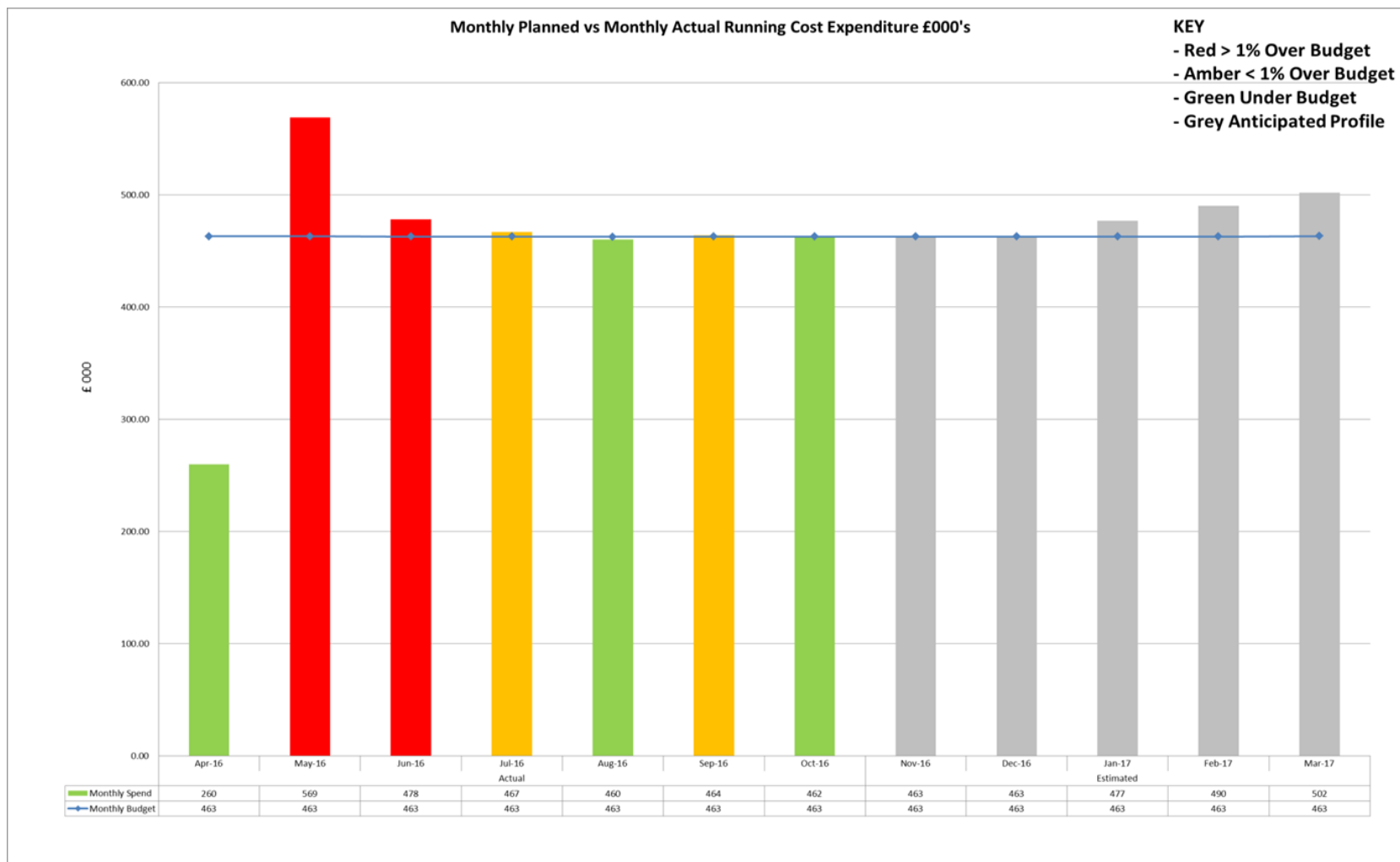
- The Acute portfolio variance is due to reporting the year end settlement for RWT Acute and adverse movements in smaller acute providers. In negotiating the settlement both CCG and RWT shared their FOT which reflected the potential effects of Winter and additional Elective work to occur in the last third of the year to achieve headline RTT. The CCG in reaching a settlement released reserves being held specifically to fund activity and also released resource from Other Programme budgets.
- The above table reflects the new FNC rates which have created a cost pressure.
- Prescribing is continuing to underspend and Month 9 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 favourable variance in Other Programme is due to:

- £550k identified to reduce unallocated QIPP
- £241k reduced commitment against the Drawdown
- £79k small movement on NEPTS
- £53k small movement on BCF

Monthly Planned vs Monthly Actual Programme Expenditure

**KEY**  
 - Red > 1% Over Budget  
 - Amber < 1% Over Budget  
 - Green Under Budget  
 - Grey Anticipated Profile







## **2. QIPP**

The Committee noted a small improvement in the QIPP Programme FOT as at Month 9. This is due to the identification of further QIPP within Prescribing.

The key points to note are as follows:

- The CCG is experiencing overperformance in areas where QIPP has been removed from contracts but schemes are not taking the desired levels of activity out e.g. BCF, MSK and Urgent Care as identified between reported and verified QIPP.
- There are no plans to achieve the residual unallocated QIPP, the majority of which is in relation to BCF Stretch, therefore the financial impact has been incorporated into the FOT.
- 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.

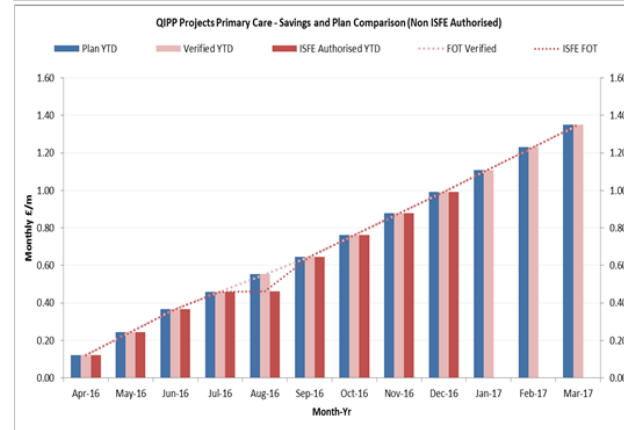
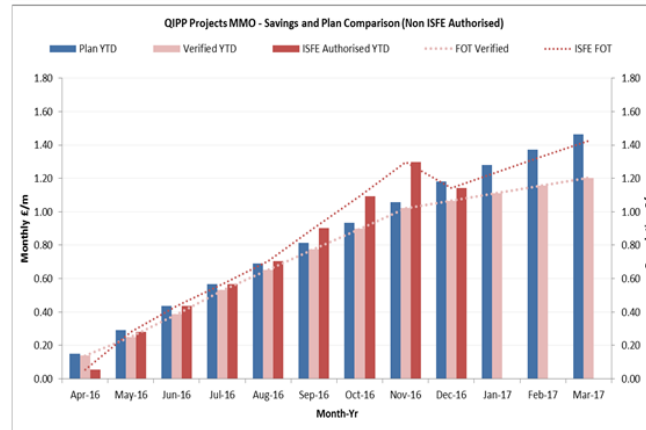
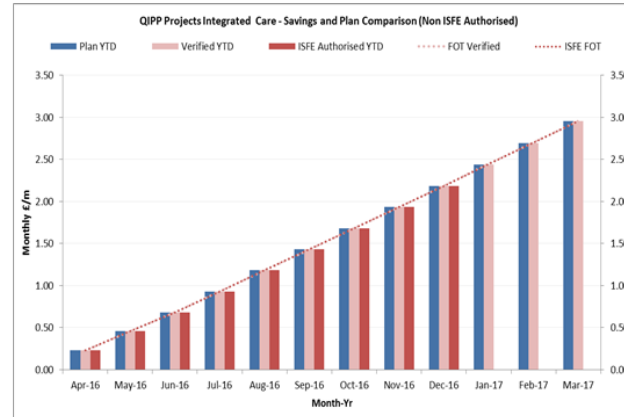
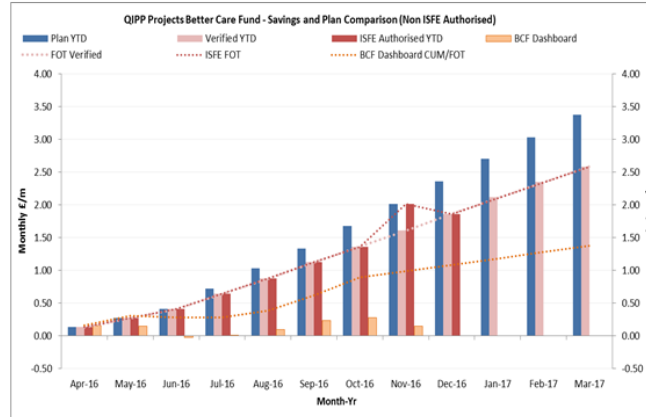
Risk has been identified for 60% of the unallocated QIPP within the risk schedule

## QIPP Programme Delivery Board - Validated Figures for Non ISFE

Reporting Period : **Dec-16**

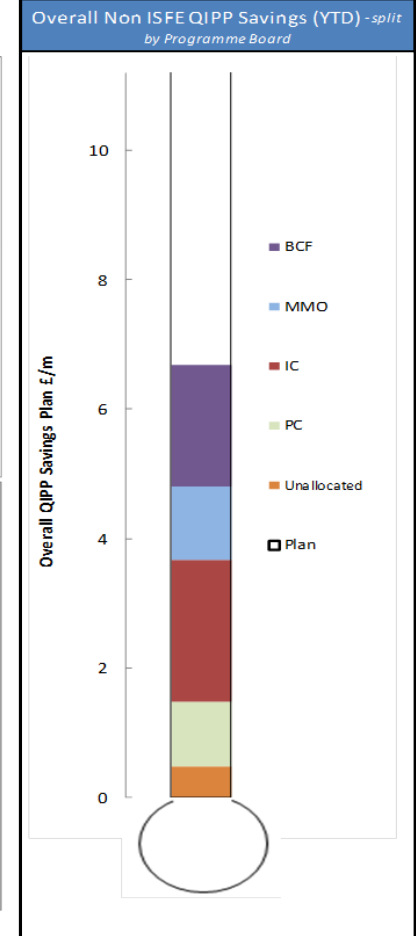
### Financial Savings Projects within QIPP Programme Delivery Board and Annual Plan

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.



QIPP Programme Delivery Board - Validated Figures for Non ISFE

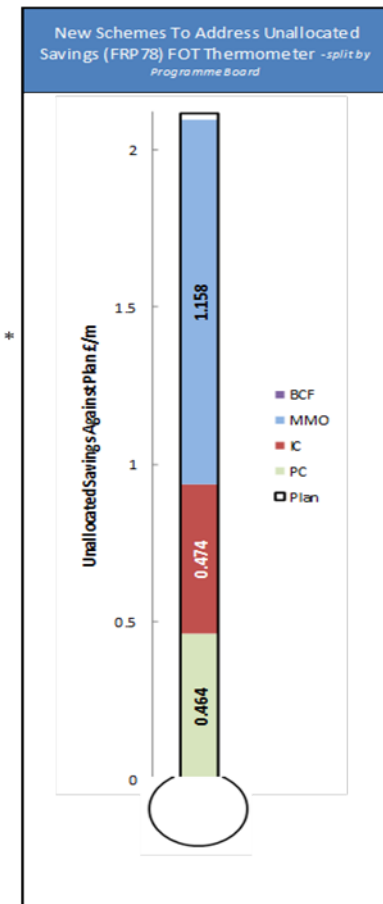
Non ISFE Reporting Period

Dec-16

Projects within QIPP Programme Delivery Board and Annual Plan

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

Project Ref	Project Description	M9 Plan (YTD)	M9 Non ISFE (YTD)	M9 Variance From Plan	Annual Plan (FOT)	M9 Non ISFE FOT	FOT Variance from Plan	M9 YTD Non ISFE diff from Prog Brd	M9 FOT Non ISFE diff from Prog Brd
FRP4	Primary Care In reach Teams (PITs) Model of Care	-0.19	-0.19	0.00	-0.28	-0.28	0.00	0.00	0.00
FRP12	Asthma Avoidable Admissions	-0.06	-0.06	0.00	-0.10	-0.10	0.00	0.00	0.00
FRP13	Chronic Obstructive Pulmonary Disease (COPD) review	-0.06	-0.06	0.00	-0.09	-0.09	0.00	0.00	0.00
FRP14	UC Centre Procurement	0.93	0.93	0.00	1.32	1.32	0.00	0.00	0.00
FRP14a	OOH - UCC Scheme	1.31	1.31	0.00	1.76	1.76	0.00	0.00	0.00
FRP14b	EAU - UCC (Acute Contracts - NHS (ind Ambulance Service)	0.50	0.50	0.00	0.68	0.68	0.00	0.00	0.00
FRP14c	UCC - (Acute Contracts - NHS (ind Ambulance Service)	0.99	0.99	0.00	1.38	1.38	0.00	0.00	0.00
FRP14d	UCC - (Other Programme Services) - Investment	-1.87	-1.87	0.00	-2.50	-2.50	0.00	0.00	0.00
FRP18	Interpreting Contract	0.05	0.05	0.00	0.07	0.07	0.00	0.00	0.00
FRP20	Maternity Pathway Review & ad hoc contract lines	0.32	0.32	0.00	0.43	0.43	0.00	0.00	0.00
FRP30	Products Containing Glucosamine	0.04	0.00	-0.04	0.04	0.00	-0.04	0.00	0.00
FRP31	Prescribing Internal Efficiencies	0.72	0.00	-0.72	0.86	0.86	0.00	0.00	0.00
FRP35	Community Ultrasound (Diagnostic Health) (Post ERG)	0.01	0.01	0.00	0.01	0.01	0.00	0.00	0.00
FRP36	PUVA/B tariff	0.19	0.19	0.00	0.25	0.25	0.00	0.00	0.00
FRP37	MSK Procurement (Savings)	0.00	0.00	0.00	0.01	0.01	0.00	0.00	0.00
FRP37a	Independent Physio MSK	0.00	0.00	0.00	0.02	0.02	0.00	0.00	0.00
FRP37b	Community Physio MSK	0.00	0.00	0.00	0.14	0.14	0.00	0.00	0.00
FRP37c	Acute Physio / T&O MSK	0.00	0.00	0.00	0.15	0.15	0.00	0.00	0.00
FRP37d	OCAS MSK	0.00	0.00	0.00	0.08	0.08	0.00	0.00	0.00
FRP37e	MSK Investment	0.00	0.00	0.00	-0.37	-0.37	0.00	0.00	0.00
FRP38	PEARS	0.23	0.23	0.00	0.30	0.30	0.00	0.00	0.00
FRP41	Respiratory in A&E/AMU	0.40	0.40	0.00	0.54	0.54	0.00	0.00	0.00
FRP49	Mental Health ICS	0.19	0.19	0.00	0.25	0.25	0.00	0.00	0.00
FRP51b	RWT EOLSDIP	0.15	0.15	0.00	0.20	0.20	0.00	0.00	0.00
FRP54	Therapy Service Review (R+R TEAMRWT)	0.14	0.14	0.00	0.21	0.21	0.00	0.00	0.00
FRP55	WVSC Grant Payment	0.05	0.05	0.00	0.07	0.07	0.00	0.00	0.00
FRP56	Age Uk Supportive discharge (Post ERG)	0.01	0.01	0.00	0.02	0.02	0.00	0.00	0.00
FRP58	CHC Adults	0.11	0.11	0.00	0.15	0.15	0.00	0.00	0.00
FRP59	EPP (Specfic Client)	0.14	0.14	0.00	0.18	0.18	0.00	0.00	0.00
FRP62	Closed List LD	0.10	0.10	0.00	0.14	0.14	0.00	0.00	0.00
FRP63	Heatun Transactional Costing	0.90	0.90	0.00	1.20	1.20	0.00	0.00	0.00
FRP65	BCF 2016/17 Savings	2.30	1.80	-0.50	3.29	2.50	-0.79	-0.50	-0.79
FRP65a	BCF 2016/17 Savings (banked)	1.80	1.80	0.00	2.50	2.50	0.00	0.00	0.00
FRP65b	BCF 2016/17 Savings (stretch)	0.50	0.00	-0.50	0.79	0.00	-0.79	-0.41	-0.409
FRP76	WUCTAS Decommissioning of the Medical Triage Service	0.06	0.06	0.00	0.09	0.09	0.00	0.00	0.00
FRP78	Unallocated Savings 2016/17	1.41	0.44	-0.98	2.12	2.10	-0.02	0.00	0.05
	Other								
Grand Total		8.13	5.90	-2.23	11.26	10.41	-0.85	-0.409	-0.356



Key:	Modernisation and Medicines Optimisation	Better Care Fund
	Integrated Care	Unallocated
	Primary Care	Closed (project reference only)

### 3. PERFORMANCE

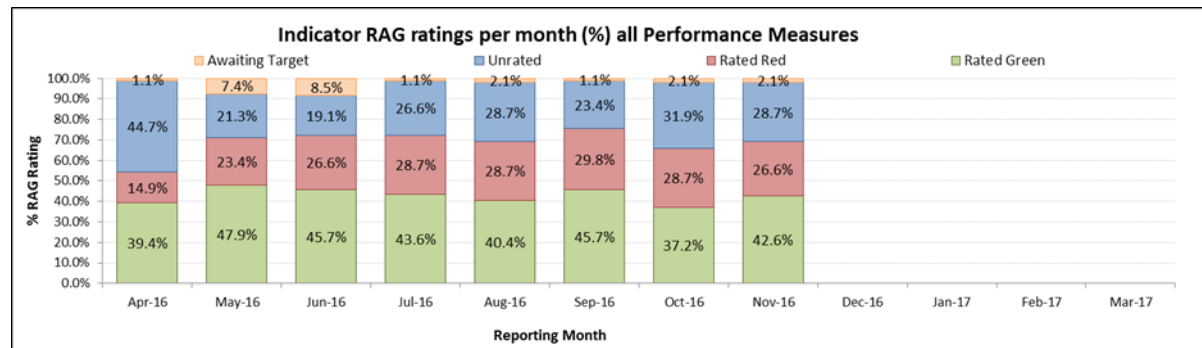
The following tables are a summary of the performance information presented to the Committee;  
Executive Summary - Overview

Nov-16

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC *	Total
NHS Constitution	10	11	11	11	3	2	0	0	24
Outcomes Framework	6	8	7	6	22	21	2	2	37
Mental Health	19	21	9	8	5	4	0	0	33
<b>Totals</b>	<b>35</b>	<b>40</b>	<b>27</b>	<b>25</b>	<b>30</b>	<b>27</b>	<b>2</b>	<b>2</b>	<b>94</b>

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC *
NHS Constitution	42%	46%	46%	46%	13%	8%	0%	0%
Outcomes Framework	16%	22%	19%	16%	59%	57%	5%	5%
Mental Health	58%	64%	27%	24%	15%	12%	0%	0%
<b>Totals</b>	<b>37%</b>	<b>43%</b>	<b>29%</b>	<b>27%</b>	<b>32%</b>	<b>29%</b>	<b>2%</b>	<b>2%</b>

\* 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 (2 of which had no data submitted for November 16)



Exception highlights were as follows;

Indicator Ref:	Title and Narrative	Yr End Target / Threshold
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**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%	91.22%							91.06%	92.00%

RWT\_EB3

The performance data for headline level RTT (Incompletes) has not been submitted by RWT on the SQPRR since Month 6. At time of submission the Trust confirmed that "Data was not available at time of submission". The November data has since been validated via the National Unify2 submission as 91.08% with 2,882 (out of 32,312) waiting more than 18 weeks. The National data also confirmed that there were 22 Orthodontic patients waiting over 52 weeks and an additional 2 Ophthalmology patients (1 x Wolverhampton CCG, 1 x Cannock Chase CCG). The Trust have since confirmed that the 2 Ophthalmology waiters are incorrect and a request to refresh the National data has been submitted. The error occurred due to links to incorrect referrals which were not identified during validation. The Trust have confirmed that a review of theatre utilisation at Cannock has taken place with the plan to transfer out additional Orthopaedic patients from November. Weekly "theatre vacant" sessions are distributed to all Surgeons to enable them to pick up additional lists. All additional clinic sessions have been complemented with additional theatre sessions. The Trust has tasked 4 group managers to investigate the possibility of transferring failing specialty waiters to the Nuffield, an issue with this option has been highlighted as Nuffield surgeons (for specific areas) are the same surgeons already booked for additional sessions at RWT. The Demand Management Plan (DMP) is progressing and actions to recover headline performance have begun to take effect with referral diversion work on-going with the Nuffield for an estimated referral diversion of 20 Hernia and 20 Laparoscopic Collis procedures per month. Following discussions and subsequent agreement with NHSE, individual specialty Remedial Action Plans (RAPs) are to cease until the end of 16/17 to allow the Trust to concentrate on the headline performance action plans. The Trusts notification of agreement confirmed the expectation that the Trust will commit to managing waiting lists in order to hit the monthly target by year end (i.e. by 31/03/2017).

**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%	99.20%	99.00%	99.23%						99.13%	99.00%

RWT\_EB4

The performance data for Diagnostic Tests was not submitted by RWT on the SQPR at Month 8, however has been confirmed by the Trusts Board Reports as 97.5% and therefore breaches the 99% target (RED). The Trust confirmed that performance levels dropped during November due to the increase in referrals for ECGs. Three additional sessions were arranged in early December to pick up any patients who were waiting outside tolerance and the CCG have been advised that diagnostics performance is now compliant. The National verified figures have confirmed that there has been a 4.91% increase in waiting list numbers from M7 to M8, with the largest increases in Sleep Studies (500% - however affected by small number variations with October reporting 3 patients, November reporting 18 patients) and Non Obstetric Ultrasounds (49.87%), Echocardiography has seen an increase of 3.68% since M7.

**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%	92.33%	92.08%					90.24%	95.00%

RWT\_EB5

The Month 8 performance has failed to achieve both the National target and STF trajectory (95%) and has seen a decline to 92.08%, however has continued to achieve over 90% for the 4th consecutive month. The Trust and CCG continue to hold Urgent Care teleconferences (3 per week) to discuss performance and actions. The joint triage process between RWT and Vocare has been in operation since September 2016 and will be reviewed before the end of March 2017 with a focus on safety of diverts and increased diverts to the Urgent Care Centre. The A&E Delivery Board continue to maintain an overview of the Urgent and Emergency Care System with a key focus on the delivery of the 95% standard and with funding decisions for 2017/18 being taken at the earliest opportunity to ensure continuity of provision that impacts positively on A&E pressures and system flow. A requirement for deeper analysis of Delayed Transfers of Care (DToC) has been identified to gain greater understanding of where delays can be reduced which can be linked into discussions with the Local Authority to ensure adequate social care provision. It has been recognised Regionally that despite performance being under target, RWT are consistently achieving higher levels than other Trusts in the area and continue to assist other Trusts by taking diverts (eg an estimated extra 5 conveyance diverts from Stoke per day). The November verified data (all Types) for local Trusts is as follows : Walsall - 81.17%, Dudley - 91.97%, Sandwell - 82.84%, Shrewsbury & Telford - 79.15%. Early indications are that the December performance has seen a further decline to 91.47% but has maintained levels over 90% during a challenging winter period whilst taking diverts from other areas.

Additional Info: CCG Analysis on 1st Assessments has been shared with the Area Team which suggests that on-going issues are due to inconsistency in staffing and rota gaps and triggered by capacity issues. The report and findings are to be discussed at the A&E Delivery Board.

**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%	70.00%	70.76%					76.19%	85.00%

The performance in Month 8 has seen an increase to 70.76% and remains below both the STF trajectory and the 85% target in-month and YTD (76.19%).

The Trust have since confirmed via the Integrated Quality and Performance Report that there were 31 patient breaches in November (12 x tertiary referrals, 7 x capacity issues, 7 x patient initiated and 5 x complex pathways). Analysis by Cancer site confirms the breaches are relating to : Head & Neck (2.5 breaches - 44.44%), Gynaecology (5 breaches - 50.00%) Urology (9.5 breaches - 58.70%), Upper GI (3 breaches - 57.14%), Colorectal (2.5 breaches - 61.54%), Lung (2 breaches - 80.00%) and Breast (1 breach - 90.91%). Both Skin and Haematology saw 100% of patients seen within standard during Month 8. The Trust have confirmed performance excluding tertiary referrals as 75.00% (RED) and that a higher number of Urological operations were scheduled in November, with extra Saturday lists continuing through to April next year. Clearing longstanding patients caused a reduction in compliance against this standard. Weekly escalation meetings with Divisional Managers to review performance against standards continue with the view to identifying process bottlenecks. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and November performance has been confirmed as 69.35% (28.5 patient breaching target out of 93) and therefore remains RED. Early indications are that the December performance has seen an increase to 80.41% however remains below target and therefore RED.

RWT\_EB12

**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%	80.00%	95.65%					86.55%	90.00%

Performance in Month 8 has seen a significant increase from the previous month and has achieved the 90% target in-month, however the YTD remains below target at 86.55%. The SQPR submission indicated that there was 1 patient breach (out of 12 patients) The Trust have confirmed that this indicator is impacted by a small cohort of patients (predominately Urology patients) and is directly impacted by 62 Day urgent GP Referral to 1st definitive treatment performance issues. The Trust have also confirmed that the November performance excluding tertiary referrals as 100% (GREEN). Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and November performance has been confirmed as 95.83% (0.5 patients breaching target out of 12) and therefore is rated GREEN. Early indications are that the December saw a decline in performance to 89.47% and therefore RED.

RWT\_EB13

### 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	49	23					340	0

This indicator has breached the zero threshold for 52 week waiters as it continues to manage the outstanding long waiting Orthodontic patients following an in-depth review of waiting list practices. At the end of November, 23 patients were recorded as waiting over 52 weeks. An Action plan has been developed by the Trust to ensure all patients affected are seen as soon as possible. The National data has confirmed that there were 24 patients waiting over 52 weeks at the Trust (22 x Orthodontics, 2 x Ophthalmology - includes 1 Cannock Chase CCG patient). The CCG have requested updates on these patients and any actions taken to recover the specialty performance, however it has been confirmed by the Trust that the 2 Ophthalmology breaches are incorrect and a request to refresh the National data has been submitted. The error occurred due to links to incorrect referrals which were not identified during validation. The Trust have confirmed that they are ahead of Orthodontics trajectory and are confident that they will clear the breaching waiting list ahead of schedule, however, the Trust have raised a potential exception in that there maybe 1 patient who may rollover year end as an extreme complex case which will require a lot of pre-work. 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.

RWT\_EBS4

Additional Information : The National RTT data indicates that there were 43 x Non Admitted seen over 52 weeks at RWT in November, of which; 37 where "Other" specialties. The remaining 6 Non Admitted seen where : 2 x Trauma & Orthopaedics - Cannock Chase CCG, Walsall CCG, 1 x General Surgery - Walsall, 1 x Gynaecology - Stafford & Surrounds, and 2 x Urology - both Wolverhampton CCG.

### 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%	90.00%	100.00%					87.96%	95.00%

The performance for this indicator saw a significant improvement in November reporting 100% of referrals receiving an initial assessment within 10 working days. However, as previous months performance failed to achieve the 95% target the Year End performance remains under target (87.96%) 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. Alternative methods of contact continue to be utilised including sending text messages, telephoning new clients to remind them of their appointments, 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.

BCPFT\_LQGE05



### Delayed transfers of care to be maintained at a minimum level

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
9.67%	13.22%	13.62%	14.00%	18.45%	18.55%	18.87%	23.09%					16.18%

Delayed Transfers of Care (DTOCs) remain an on-going issue and this indicator has breached the 7.5% threshold since August 2015 with the current performance reporting at 23.09% (the highest breach percentage reported so far). The performance relates to the total number of delay days for the month (320) over the total number of occupied bed days excluding leave for the month (1386) and is based on the Provider total (all Commissioners) and currently cannot be split by individual commissioner. Weekly bed management meetings continue with detailed discussions (with Local Authority, CCG and Trust representation) in order to agree how to move forward on each delayed patient. A detailed report showing the comparison between 15/16 and 16/17 YTD delayed discharge numbers has been shared with both the Sandwell and Wolverhampton A & E boards which is chaired by Trust Chief Execs. The A&E Delivery Boards have agreed to support the Trust in a focused piece of work to reduce delays which will ultimately have a positive impact across the Health economy.

BCPFT\_LQGE11

The Head of Quality & Risk (WCCG) continues to press for a joint Local Authority/Trust and Commissioner meeting dedicated to the discussion of actions to address the DTOC issue. Difficulties have included the acknowledgment of differences between Social Care and Health DTOC definitions and processes. When comparing the number of delayed discharges for November with other local Mental Health Trusts, the Black Country Partnership had the 3rd highest number of delays (Birmingham and Solihull - 46, South Staffordshire and Shropshire - 23, Black Country Partnership - 20, North Staffordshire Combined - 13, Dudley and Walsall - 8). Detailed information is shared with the CCG and Local Authority to identify those patients who are delayed. Delayed Discharges are an on-going issue and is raised formally at each CQRM and Contract Review Meeting.

The Committee discussed the structure and format for reporting of performance information to aid the Governing Body to identify those risks that require escalation or consideration. The changes required were agreed for future reports.

#### 4. PLANNING FOR 2017/19

The Committee noted the 2017/19 planning submissions made by the CCG. Assurance was taken from the quality and financial considerations which have been taken into account during the planning round.

The 2017/18 budget and financial plan is the subject of a separate paper on this agenda

#### 5. RISK and MITIGATION

Risks	Potential Risk Value Mth08	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %
CCGs					
Acute SLAs	1.13	0.75	55.00%	0.41	35.35%
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			0.00	0.00%
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	0.73	0.92	82.00%	0.75	64.65%
<b>TOTAL RISKS</b>	<b>2.33</b>	<b>1.67</b>		<b>1.17</b>	<b>100.00%</b>

- The table above details the current assessment of risk for the CCG; a gross risk of £1.67m but risk assessed to £1.17m.
- The reduction in risk level is associated with the agreed year end settlement with RWT which has now been factored into the reported financial position
- Risk associated with BCF is reported as being £0.75m gross but probability rated to £0.41m.
- 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 Mth08	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %
<b>Uncommitted Funds (Excl 1% Headroom)</b>					
Contingency Held	0.00			0.00	0.00%
Contract Reserves	0.00			0.00	0.00%
Investments Uncommitted	0.00			0.00	0.00%
<b>Uncommitted Funds Sub-Total</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00%</b>
<b>Actions to Implement</b>					
Further QIPP Extensions	0.00			0.00	0.00%
Non-Recurrent Measures	1.25	0.77	100.00%	0.77	65.98%
Delay/ Reduce Investment Plans	0.40	0.22	100.00%	0.22	18.56%
Other Mitigations	0.50			0.00	0.00%
Mitigations relying on potential funding	0.18	0.18		0.18	15.46%
<b>Actions to Implement Sub-Total</b>	<b>2.33</b>	<b>1.16</b>		<b>1.16</b>	<b>100.00%</b>
<b>TOTAL MITIGATION</b>	<b>2.33</b>	<b>1.16</b>		<b>1.16</b>	<b>100.00%</b>

- 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 M9 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.

## **6. RECOMMENDATIONS**

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

**Name:** Lesley Sawrey  
**Job Title:** Deputy Chief Finance Officer  
**Date:** 31<sup>st</sup> January 2017

## Performance Indicators 16/17

Current Month: **Nov**

### 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

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	Yr End
									A M J J A S O N D J F M	
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%	92.08%	R	90.24%	R	↓		
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%	93.44%	G	93.47%	G	↑		
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%	95.45%	G	94.99%	G	↑		
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%	93.56%	R	95.58%	R	↓		
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	RWT	94%	80.00%	R	87.75%	R	↓		
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%	98.46%	G	99.62%	G	↓		
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%	100.00%	G	97.43%	G	↑		
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%	70.76%	R	76.19%	R	↑		
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%	95.65%	G	86.55%	R	↑		
RWT_EBS1	Mixed sex accommodation breach*	RWT	0	0.00	G	4.00	R	→		
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	→		
RWT_EAS4	Zero tolerance methicillin-resistant Staphylococcus aureus*	RWT	0	0.00	G	0.00	G	→		
RWT_EAS5	Minimise rates of Clostridium difficile*	RWT	3 (11 mths) 2 (mth 12) 35 (Yr End)	4.00	R	38.00	R	↓		
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	RWT	0	23.00	R	340.00	R	↑		
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes*	RWT	0	30.00	R	427.00	R	↑		
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes*	RWT	0	4.00	R	76.00	R	↑		
RWT_EBS5	Trolley waits in A&E not longer than 12 hours*	RWT	0	0.00	G	0.00	G	→		
RWT_EBS6	No urgent operation should be cancelled for a second time*	RWT	0	0.00	G	0.00	G	→		
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	96.95%	G	95.52%	G	↑		
RWTCB_S10B	Duty of candour	RWT	Yes	Yes	G	-	R	↓		
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%	99.88%	G	99.67%	G	↑		
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%	98.71%	G	97.54%	G	↑		
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%	91.54%	R	93.31%	R	↓		
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%	76.09%	R	82.92%	R	↓		
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%	2.13%	G	2.21%	G	↓		
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the incident is identified.	RWT	0	1.00	R	6.00	R	↑		
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	5.00	R	→		
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	10.00	R	→		
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.35%	G	0.45%	G	↑		
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	→		
RWT_LQR11	Completion of electronic CHC Checklist	RWT	TBC	90.91%		90.94%	Awaiting Target	↓		
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	83.33%	G	89.05%	G	↓		
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	63.64%	G	73.23%	G	↓		

Governing Body Meeting

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