

WOLVERHAMPTON CCG

GOVERNING BODY

14th March 2017

Agenda item 16

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 28th February 2017
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.
Recommendations:	<ul style="list-style-type: none">• Receive and note the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	

<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	£351.230m	£351.230m	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	294	79	(215)	G
Maximum closing cash balance %	1.25%	0.34%	-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	£9.18m	£7.65m	£1.53m	A
Programme Cost £'000*	277,515	279,161	1,647	G
Reserves £'000*	1,483	0	(1,483)	G
Running Cost £'000*	4,629	4,578	(50)	G

- The net effect of the three identified lines (*) is a small over spend. The CCG anticipates delivering breakeven by the end of the financial year.
- 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 10.
- 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 M10			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,885	150,349	153,510	3,161	2.1%
Mental Health Services	34,686	28,905	28,889	(16)	(0.1%)
Community Services	37,682	31,408	30,459	(950)	(3.0%)
Continuing Care/FNC	12,259	10,215	11,333	1,118	10.9%
Prescribing & Quality	51,726	43,326	42,005	(1,321)	(3.0%)
Other Programme	16,304	13,312	12,966	(346)	(2.6%)
Total Programme	333,542	277,515	279,161	1,647	0.6%
Running Costs	5,555	4,629	4,578	(50)	(1.1%)
Reserves	5,961	1,483	0	(1,483)	(100.0%)
Total Mandate	345,058	283,627	283,740	113	0.0%
Target Surplus	6,172	5,426	0	(5,426)	(100.0%)
Total	351,230	289,053	283,740	(5,313)	(1.8%)

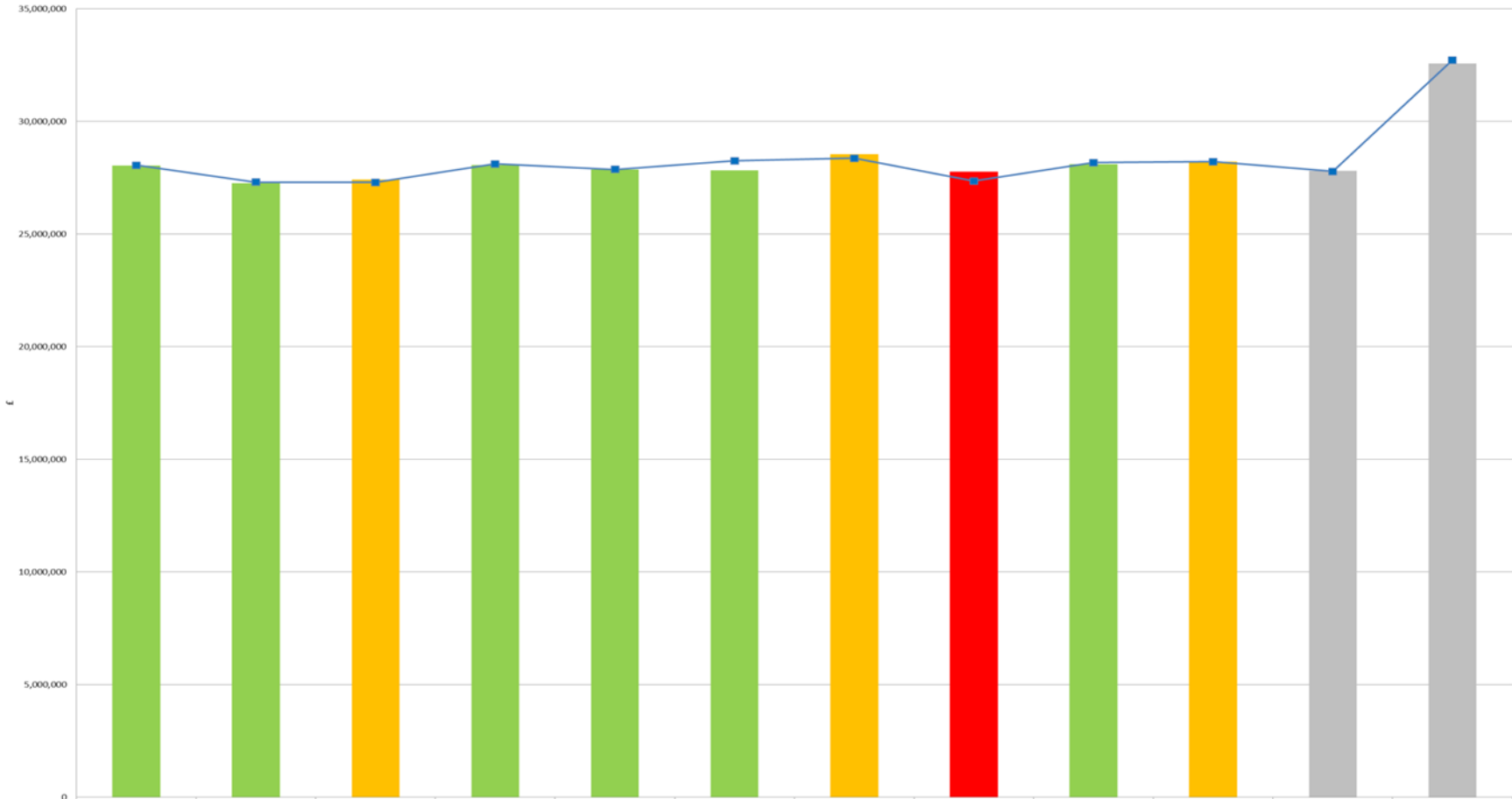
The table below details the forecast out turn by service line at Month 10.

	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	184,267	3,382	2,552	830	1.87%
Mental Health Services	34,686	34,737	51	271	(220)	0.15%
Community Services	37,682	36,577	(1,105)	(1,596)	491	(2.93%)
Continuing Care/FNC	12,259	13,668	1,409	1,260	149	11.50%
Prescribing & Quality	51,726	49,928	(1,798)	(1,914)	116	(3.48%)
Other Programme	16,304	16,144	(160)	1,206	(1,366)	(0.98%)
Total Programme	333,542	335,321	1,780	1,780	(0)	0.53%
Running Costs	5,555	5,555	0	0	0	0.00%
Reserves	5,961	4,182	(1,780)	(1,780)	0	(29.85%)
Total Mandate	345,058	345,058	0	0	(0)	0.00%
Target Surplus	6,172	0	(6,172)	0	(6,172)	(100.00%)
Total	351,230	345,058	(6,172)	0	(6,172)	(1.76%)

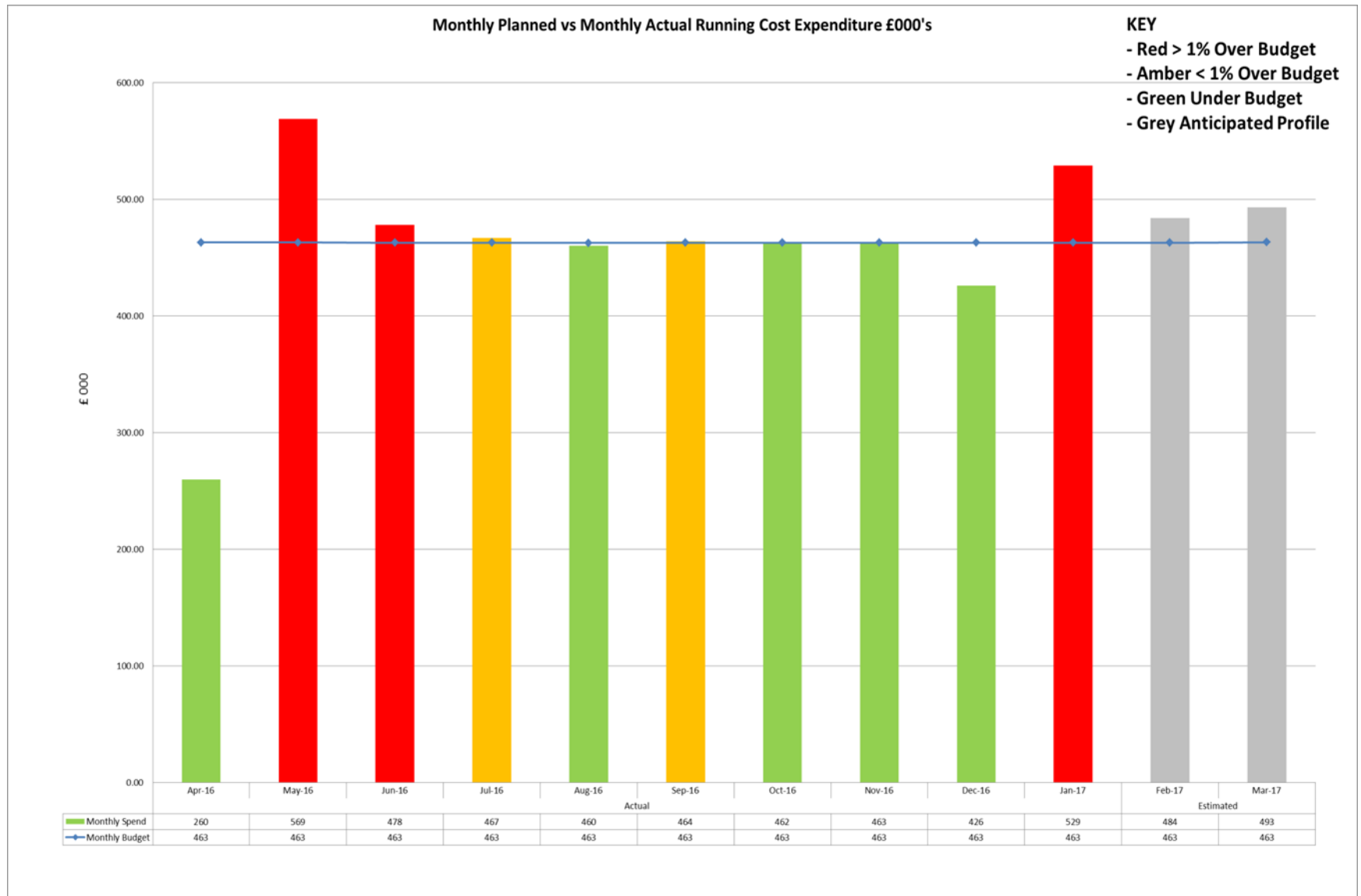
- The Acute portfolio variance is due to reporting the year end settlement for RWT Acute and a series of favourable movements in other providers including unwinding of a 14/15 accrual. In negotiating the settlement both CCG and RWT shared their FOT which reflected the potential effects of Winter and 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 FNC forecast has worsened between months due to the correction of an error discovered in the calculation of the price increase in the early months of the year.
- The adverse variance in Community Services is due to the inclusion of an adjustment for incomplete spells
- The favourable variance in Mental Health relates to the benefit being taken in M10 in relation to two substantial accruals no longer required as agreement on funding streams have been made.
- 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 additional QIPP being identified and a reduction in BCF costs.

Monthly Planned vs Monthly Actual Programme Expenditure

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



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Monthly Spend	28,042,125	27,267,786	27,424,027	28,065,637	27,861,197	27,826,810	28,548,326	27,761,879	28,101,388	28,223,444	27,801,110	32,579,272
Monthly Budget	28,056,449	27,305,820	27,290,265	28,116,838	27,868,085	28,249,124	28,368,860	27,352,668	28,173,927	28,215,829	27,778,286	32,726,849



2. QIPP

The Committee noted a small improvement in the QIPP Programme FOT as at Month 10.

The key points to note are as follows:

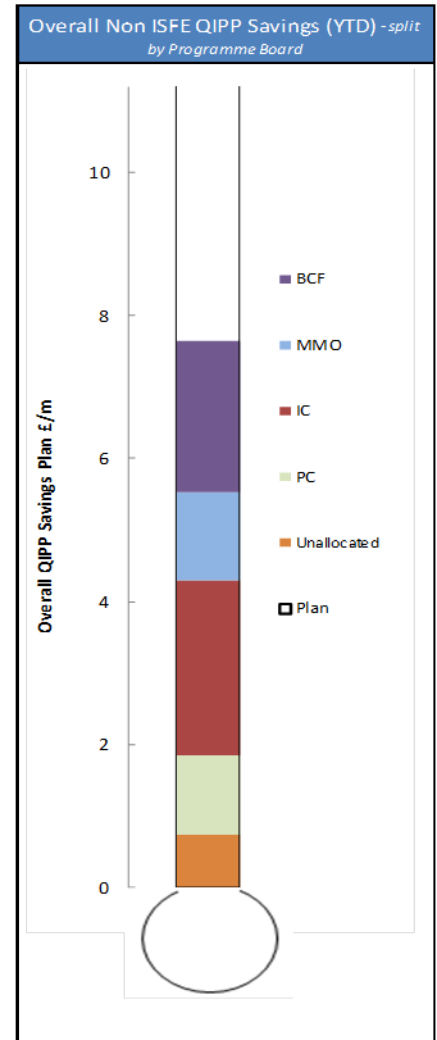
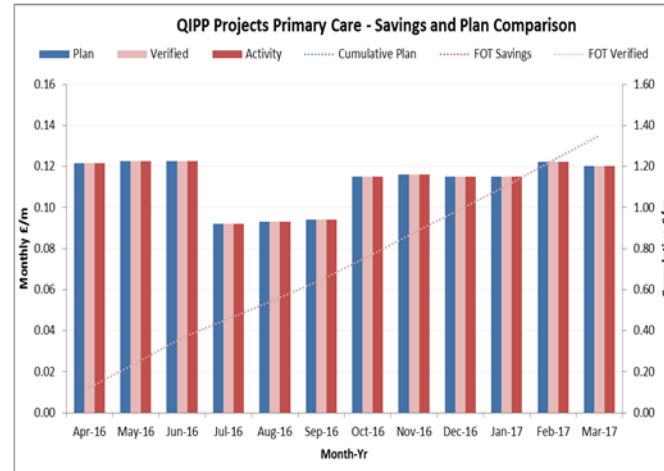
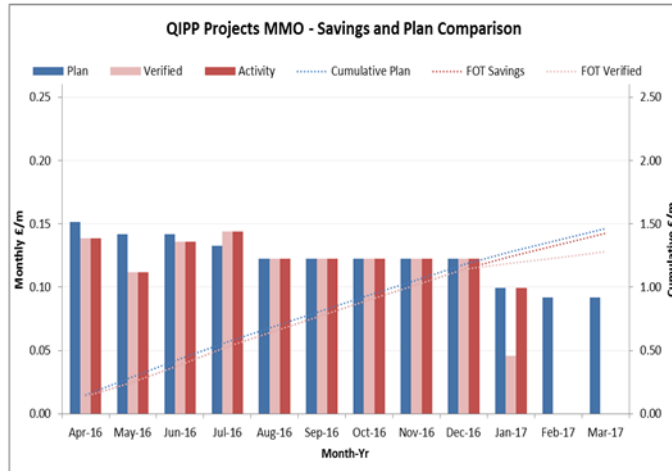
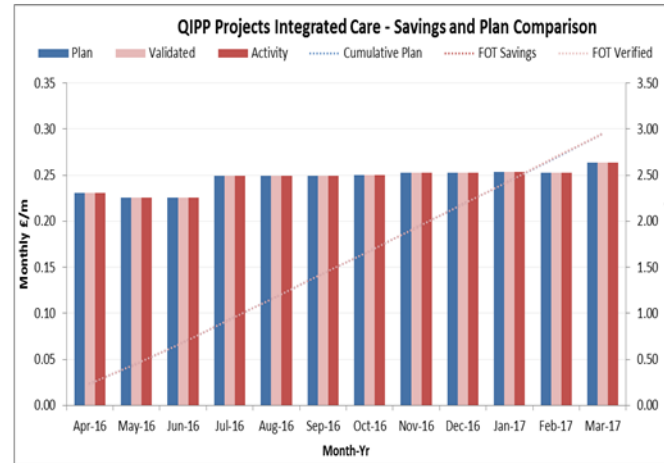
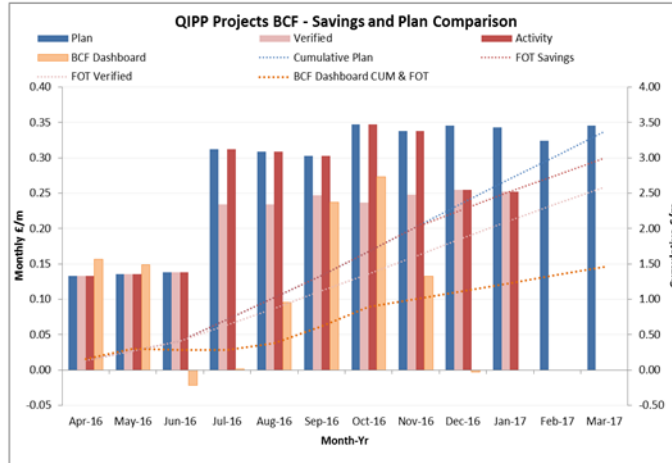
- The financial position of the CCG is predicated on achieving 100% of QIPP.
- The CCG is experiencing overperformance in areas where QIPP has been removed from contracts but schemes are not taking the desired levels of activity out e.g. BCF, as identified between reported and verified QIPP.
- There 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.

QIPP Programme Delivery Board - Validated Figures for Non ISFE

Reporting Period : **Jan-17**

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

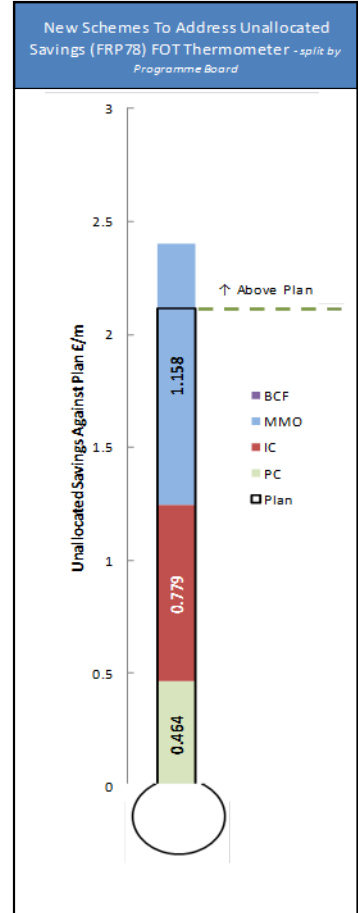
Non ISFE Reporting Period

Jan-17

Projects within QIPP Programme Delivery Board and Annual Plan

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

Project Ref	Project Description	M10 Plan (YTD)	M10 Non ISFE (YTD)	M10 Variance From Plan	Annual Plan (FOT)	M10 Non ISFE FOT	FOT Variance from Plan	M10 YTD Non ISFE diff from Prog Brd	M10 FOT Non ISFE diff from Prog Brd
FRP4	Primary Care In reach Teams (PITs) Model of Care	-0.22	-0.22	0.00	-0.28	-0.28	0.00	0.00	0.00
FRP12	Asthma Avoidable Admissions	-0.07	-0.07	0.00	-0.10	-0.10	0.00	0.00	0.00
FRP13	Chronic Obstructive Pulmonary Disease (COPD) review	-0.07	-0.07	0.00	-0.09	-0.09	0.00	0.00	0.00
FRP14	UC Centre Procurement	1.06	1.06	0.00	1.32	1.32	0.00	0.00	0.00
FRP14a	OOH - UCC Scheme	1.46	1.46	0.00	1.76	1.76	0.00	0.00	0.00
FRP14b	EAU - UCC (Acute Contracts - NHS (incl Ambulance Service))	0.56	0.56	0.00	0.68	0.68	0.00	0.00	0.00
FRP14c	UCC - (Acute Contracts - NHS (incl Ambulance Service))	1.12	1.12	0.00	1.38	1.38	0.00	0.00	0.00
FRP14d	UCC - (Other Programme Services) - Investment	-2.08	-2.08	0.00	-2.50	-2.50	0.00	0.00	0.00
FRP18	Interpreting Contract	0.06	0.06	0.00	0.07	0.07	0.00	0.00	0.00
FRP20	Maternity Pathway Review & ad hoc contract lines	0.36	0.36	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	0.000	0.000
FRP31	Prescribing Internal Efficiencies	0.77	0.77	0.00	0.86	0.86	0.00	0.00	0.000
FRP35	Community Ultrasound (Diagnostic Health) (Post ERG)	0.01	0.01	0.00	0.01	0.01	0.00	0.00	0.00
FRP36	PVVA/B tariff	0.21	0.21	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	0.01	0.01	0.00	0.02	0.02	0.00	0.00	0.00
FRP37b	Community Physio MSK	0.05	0.05	0.00	0.14	0.14	0.00	0.00	0.00
FRP37c	Acute Physio / T&O MSK	0.05	0.05	0.00	0.15	0.15	0.00	0.00	0.00
FRP37d	OAS MSK	0.03	0.03	0.00	0.08	0.08	0.00	0.00	0.00
FRP37e	MSK Investment	-0.12	-0.12	0.00	-0.37	-0.37	0.00	0.00	0.00
FRP38	PEARS	0.25	0.25	0.00	0.30	0.30	0.00	0.00	0.00
FRP41	Respiratory in A&E/AMU	0.44	0.44	0.00	0.54	0.54	0.00	0.00	0.00
FRP49	Mental Health ICS	0.21	0.21	0.00	0.25	0.25	0.00	0.00	0.00
FRP51b	RWT EOL SDIP	0.17	0.17	0.00	0.20	0.20	0.00	0.00	0.00
FRP54	Therapy Service Review (R+R TEAM RWT)	0.16	0.16	0.00	0.21	0.21	0.00	0.00	0.00
FRP55	WVSC Grant Payment	0.06	0.06	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	0.12	0.12	0.00	0.15	0.15	0.00	0.00	0.00
FRP59	EPP (Specific Client)	0.15	0.15	0.00	0.18	0.18	0.00	0.00	0.00
FRP62	Closed List LD	0.11	0.11	0.00	0.14	0.14	0.00	0.00	0.00
FRP63	Heatun Transactional Costing	1.00	1.00	0.00	1.20	1.20	0.00	0.00	0.00
FRP65	BCF 2016/17 Savings	2.63	2.04	-0.59	3.29	2.50	-0.79	-0.59	-0.79
FRP65a	BCF 2016/17 Savings (banked)	2.04	2.04	0.00	2.50	2.50	0.00	0.00	0.00
FRP65b	BCF 2016/17 Savings (stretch)	0.59	0.00	-0.59	0.79	0.00	-0.79	-0.41	-0.409
FRP76	WUCTAS Decommissioning of the Medical Triage Service	0.07	0.07	0.00	0.09	0.09	0.00	0.00	0.00
FRP78	Unallocated Savings 2016/17	1.65	0.74	-0.90	2.12	2.40	0.28	0.25	0.31
	Other								
Grand Total		9.18	7.65	-1.53	11.26	10.72	-0.54	-0.155	-0.104



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;

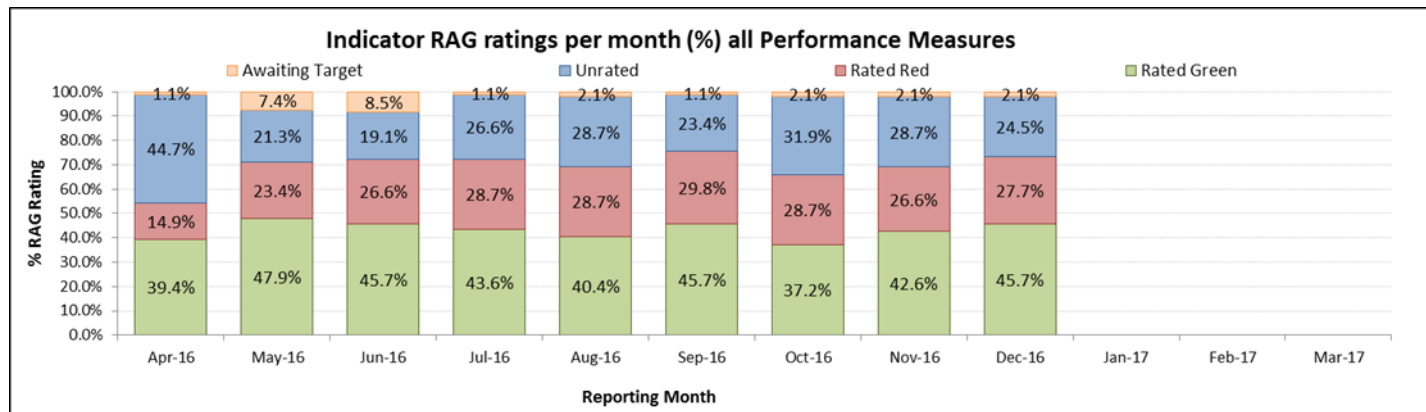
Executive Summary - Overview

Dec-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	8	10	6	8	21	17	2	2	37
Mental Health	21	22	8	7	4	4	0	0	33
Totals	40	43	25	26	27	23	2	2	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	22%	27%	16%	22%	57%	46%	5%	5%
Mental Health	64%	67%	24%	21%	12%	12%	0%	0%
Totals	43%	46%	27%	28%	29%	24%	2%	2%

* 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 December 16)



Exception highlights were as follows;

Indicator Ref:

Title and Narrative

Yr End Target / Threshold

RWT EB3
RWT EB3
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%	91.22%	90.30%	91.08%					90.97%	92.00%

RWT_EB3

The performance data for headline level RTT (Incompletes) has not been submitted as part of the December report. At time of submission the Trust confirmed that "Data was not available at time of submission" and have since confirmed performance as 90.11% and below the 92% target. The December data has since been validated via the National Unify2 submission as 90.11% with 3,116 (out of 31,505) waiting more than 18 weeks. The Trust have confirmed that the Incompletes backlog has not changed significantly due to cancelled and reduced sessions over the Christmas holiday period. Work on the Demand Management Plan (DMP) continues with several actions to recover headline performance (including referral diversions to Nuffield Health). 84 staff members have been trained on cleansing waiting lists to ensure that no inappropriate patients are being added to the waiting list. This has led to a deterioration in performance as breaches remained constant however, the denominator decreased following data cleansing. Individual specialty Remedial Action Plans (RAPs) are to cease at the end of 16/17 to allow the Trust to concentrate on the headline position following discussions (and subsequent agreement) with NHSE.

The monthly Contract Performance Report was presented to the January 2017 CRM meeting with the Trust and included trend analysis for Referrals (GP referrals = 2.22% increase from Nov15 to Nov16, Consultant referrals = 22.25% from Nov15 to Nov16). As part of the referral discussions, analysis of numbers of Outpatients discharged after a first attendance that did not include a procedure was shared for discussion. Further analysis is required between the Trust and CCG to understand if the high percentages of discharges (with no procedures) are due to inappropriate referrals or whether the referral triage process requires a review. The report also provided analysis for Outpatient DNA (Did Not Attend) percentages, with the Trust calculating as the 3rd highest percentage of DNAs (10.8%) and highlighted the high proportion specialties as : Vascular Surgery, Trauma & Orthopaedics, Paediatric Dermatology, Diabetic Medicine, Paediatrics and Physiotherapy. The Trust have confirmed that they are confident of recovery at headline level by March 2017 (including Orthodontics, although Orthodontics at spec level is likely to remain below target). The CCG performance for December has been confirmed as 90.67% (1,580 breaches out of 16,933 patients) and is therefore is also rated RED.

RWT_EB4
RWT_EB4
RWT_EB4

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%	97.59%					98.94%	99.00%

RWT_EB4

The performance data for Diagnostic Tests was not submitted by RWT on the SQPR at Month 9, however, has been confirmed by the Trusts Board Reports as 98.65% and therefore breaches the 99% target (RED). Although performance represents an improvement on November (97.59%), performance remains below threshold for the second consecutive month. The Trust had previously confirmed that performance levels dropped during November due to the increase in referrals for ECGs, and the December reports have confirmed that all breaching patients have now been seen and remaining patients are below the 6 week threshold. The December breaches related to Magnetic Resonance Imaging (MRI) and Computed Tomography Scan (CT) and reasons for breaches have been confirmed as capacity issues over the holiday period. Additional sessions were arranged during January to facilitate performance improvements. The National verified figures have confirmed that breaches occurred in December for both MRI (40 breaches out of 1,163 - 96.56%) and CT scans (26 breaches out of 492 - 94.72%). There were 3 patients breaching the 6wks threshold for Non Obstetric Ultrasounds however this test area remains GREEN as within tolerance (3 breaches out of 1,419 patients - 99.79%).

RWT_EB5
RWT_EB5
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*

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%	91.47%				90.38%	95.00%

RWT_EB5

The Month 9 performance has failed to achieve both the National target (Type 1 and All Types) and STF trajectory (95.01%) and has seen a decline from previous months to 91.47%, however has continued to achieve over 90% for the 5th consecutive month. It should be noted that despite performance being below 95%, the continuing performance above 90% reflects strongly when compared to 15/16 local and National Trust performance. The headline performance of 91.47% can be split into the following : Emergency Department New Cross - 84.91%, Walk In Centre - 100%, Cannock Minor Injury Unit (MIU) - 100% and Vocare - 98.11%. 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 and the delivery of the 95% standard with the focus on the top three priorities (See and Treat pathway, Joint Triage and Discharge to Assess pathway). Discussions are on-going with the Local Authority to ensure adequate social care provision with deeper analysis of Delayed Transfers of Care (DToC) to gain greater understanding of where delays can be reduced. The A&E Delivery Board have taken funding decisions for 2017/18 at the earliest opportunity to ensure continuity of provision that impacts positively on system flow and pressure. GP support to Resource Centre, Voluntary Sector Scheme and Homeless Patient Schemes are to be extended into 2017/18. Comparisons using local Urgent and Emergency Care reported figures for December indicate that the decline in performance trend is consistent with other Acute Trusts within the region for the same time period Dudley Group - 83.3% with 8,722 attendances, Walsall - 67.8% with 6,240 attendances, Sandwell - 75.6% with 13,579 attendances). Early indications are that the January performance has seen a significant decline to 86.36% and is the first month to dip below 90% since July17.

RWT_138
RWT_138
RWT_138

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%	96.98%	93.56%	98.40%				95.89%	96.00%

RWT_EB8

The performance for December has seen a significant increase to 98.40%, however due to previous below target performance the YTD performance remains below the 96% target (95.89%). Analysis of the Year on Year performance shows that the M9 performance is above that of 2015/16 for the same month (15/16 - 96.79% Nationally Validated). 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 December confirm that the Trust achieved 98.48% (relating to 3 breaches out of 197 patients seen) and therefore GREEN. Early indications are that the January performance remains GREEN with a small decrease to 96.65%.

RWT_139
RWT_139
RWT_139

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%	91.67%	80.00%	72.97%				86.11%	94.00%

RWT_EB9

The 31 Days Standard for subsequent treatment (Surgery) has seen a further decrease in performance since November and has breached the 94% target for the 8th consecutive month (72.97%) and remains RED both in month and YTD (86.11%). This indicator is affected by small cohorts of patients with a total of 37 patients seen in December (8 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 December have now been confirmed as 78.38% (8 breaches out of 37) and therefore remains RED. Sanctions for the Q3 performance has been estimated at £12,000. Early indications are that the January performance has seen a significant decrease to 68.75% and therefore remains RED.

RWT_HB13
RWT_HB13
RWT_HB13

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%	89.47%				86.88%	90.00%

RWT_EB13

Performance in Month 9 has seen a decline from the previous month and has failed to achieve the 90% target both in-month (89.47%) and YTD 86.88%. The SQPR submission indicated that there was 1 patient breach (out of 10 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 continue to schedule additional Saturday clinics for Urology. Following the previous Intensive Support Team (IST) visit and implementation of all their recommendations, the Trust have requested any further recommendations to aid improvement from NHSI (NHS Improvement) and the IST. The Trust have also confirmed that the December performance excluding tertiary referrals as 88.89% and therefore remains RED. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and December performance has been confirmed as 90.48% (1 patients breaching target out of 10.5) and therefore is rated GREEN. Early indications are that the January performance has seen a further decline in performance to 85.71% and therefore remains RED.

RWT_HB12
RWT_HB12
RWT_HB12

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%	80.41%				76.66%	85.00%

RWT_EB12

The performance in Month 9 has seen a significant increase to 80.41% however, performance remains below both the STF trajectory and the 85% target in-month and YTD (76.66%).

The Trust have since confirmed via the Integrated Quality and Performance Report that there were 18 patient breaches in December (4 x tertiary referrals, 3 x capacity issues, 5 x patient initiated and 6 x complex pathways). Analysis by Cancer site confirms the breaches are relating to : Head & Neck (4.5 breaches out of 6 - 25.00%), Gynaecology (1.5 breaches out of 6 - 75.00%), Urology (3 breaches out of 17 - 82.35%), Upper GI (1 breach out of 6 - 83.33%), Colorectal (2 breaches out of 6 - 66.67%), Lung (2 breaches out of 6 - 66.67%) and Skin (1 breaches out of 13.5 - 92.59%). Brain, Breast and Haematology saw 100% of patients seen within standard during Month 9. The Trust have confirmed performance excluding tertiary referrals as 81.69% (RED) and although this indicator has seen improvement from previous months this remains a challenging area with no tertiary centres achieving target at this time. The Trust continue to schedule additional Saturday clinics for Urology, however due to the backlog for this specialty, all patients seen currently will be breaches which has a negative impact on the compliance percentage. Following the previous Intensive Support Team (IST) visit and implementation of all their recommendations, the Trust have requested any further recommendations to aid improvement from NHSI (NHS Improvement) and additional support from the IST. Early Indications are that the January performance has seen a decline in performance and compliance is estimated to be 72.97%.

RWT_EBS4
RWT_EBS4
RWT_EBS4

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	23				363	0

RWT_EBS4

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 December, 23 patients were recorded as waiting over 52 weeks and the National Unify2 data has confirmed that all 23 patients are Orthodontic patients. The Trust have confirmed that reduced capacity over the holiday period has affected the December activity, however remain within target against the recovery action plan trajectory of 35 remaining waiters by the end of December. As a commissioner, the CCG have 1 Trauma & Orthopaedics patient waiting over 52 weeks at the Royal Orthopaedic Hospital (Birmingham). The co-ordinating Commissioner (Birmingham Cross City) have been contacted for updates and it has been confirmed that the breach relates to a complex spinal deformity case. A Remedial Action Plan (RAP) is in place for all of the spinal deformity long waiters at the Trust however, due to the nature of the complex cases long waits are expected. As at the end of January, it has been confirmed that there are 5 additional Wolverhampton responsible patients waiting over 36 weeks at the Royal Orthopaedic for Spinal and Spinal Deformity treatment.

BCPFT_LQGE05
BCPFT_LQGE05
BCPFT_LQGE05

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%	90.00%				88.19%	95.00%

BCPFT_LQGE05

Performance for this indicator saw a decrease in December and failed to achieve the 95% target both in month (90.00%) and Year to Date (88.19%). Performance is affected by small number variations and the January breach refers to 1 client (out of 10) failing to receive an initial assessment within 10 working days. The Trust has confirmed that the client was offered an assessment within the 10 working days target, however did not attend (DNA'd) the appointment. Following a subsequent cancellation of further appointments the client was seen, however was referred on to the Wellbeing service as an inappropriate referral for the Early Intervention Service (EIS) service. The EIS Team have reviewed 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 high number of DNAs continue to be reviewed and the team continue to explore 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 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. The Trust have confirmed that they expect performance to meet target by Jan 2017 with the team employing a flexible approach to accommodate the clients requirements for appointments to promote engagement.

BCPFT_LQGE11
 BCPFT_LQGE11
 BCPFT_LQGE11

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%	26.73%				17.36%

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 26.73% (the highest breach percentage reported so far). The performance relates to the total number of delay days for the month (366) over the total number of occupied bed days excluding leave for the month (1369) 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. The Trust have confirmed that the number of delays (on the National reporting snapshot) has reduced with 5 patients (out of 48) classified as Delayed. With this reduction, the Trust expect to see the monthly occupied bed day figures to reflect the same trend for the Month 10 report.

4. Contract and Procurement Report

The Committee received the latest overview of contracts and procurement activities. There were no significant changes to the procurement plan to note.

5.HMRC Taxation Changes Effective from 1st April 2017

The Committee received a briefing on changes in taxation which are due to come into effect in April 2017 and the effect on the CCG and its employees.

6.RISK and MITIGATION

Risks	Potential Risk Value Mth09	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %
CCGs					
Acute SLAs	0.41	0.75	55.00%	0.41	49.25%
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	0.00			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	0.75	0.50	85.00%	0.43	50.75%
TOTAL RISKS	1.17	1.25		0.84	100.00%

- The table above details the current assessment of risk for the CCG; a gross risk of £1.17m but risk assessed to £0.84m.
- 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
- 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 Mth09	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	0.77	0.65	100.00%	0.65	77.38%
Delay/ Reduce Investment Plans	0.22			0.00	0.00%
Other Mitigations	0.00			0.00	0.00%
Mitigations relying on potential funding	0.18	0.19		0.19	22.62%
Actions to Implement Sub-Total	1.16	0.84		0.84	100.00%
TOTAL MITIGATION	1.16	0.84		0.84	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.
- 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: 28th February 2017

Performance Indicators 16/17

Current Month:

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%	91.47%	R	90.38%	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%	94.50%	G	93.58%	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%	99.46%	G	95.49%	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%	98.40%	G	95.89%	R	↑														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	RWT	94%	72.97%	R	86.11%	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%	100.00%	G	99.66%	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%	98.75%	G	97.57%	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%	80.41%	R	76.66%	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%	89.47%	R	86.88%	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)	2.00	G	40.00	R	↑														
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	RWT	0	23.00	R	363.00	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	105.00	R	532.00	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	17.00	R	93.00	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%	97.06%	G	95.69%	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%	99.86%	G	99.69%	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%	98.43%	G	97.64%	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%	94.56%	R	93.45%	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%	84.05%	R	83.05%	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%	2.18%	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	0.00	G	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	1.00	R	6.00	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	11.00	R	→														
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.39%	G	0.44%	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	88.89%		90.72%	Awaiting Target	↓														
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	91.70%	G	90.43%	G	↑														
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	91.89%	G	89.36%	G	↑														

RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	64.10%	G	72.22%	G		
RWT_LQR18ai	Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Biopsy Follow up ? 4 patients per month	RWT	4	3.00	R	54.00	G		
RWT_LQR18aii	Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Cancer Follow up ? 17 patients per month	RWT	17	56.00	G	326.00	G		
RWT_LQR18c	Optimising Outpatient Follow-Ups - Gynaecology Nurse Led Clinic – patients followed up in nurse led clinics for the management and implantation of pessaries instead of in a consultant clinic ? 50 per month	RWT	50	9.00	G	49.00	R		
RWT_LQR19a	Dressings - % formulary and exception compliance	RWT	98.00%	99.29%	G	99.46%	G		
RWT_LQR19b	Dressings - % spend via non FP10 supply route	RWT	98.00%	99.63%	G	99.49%	G		
RWT_LQR20	% Patients in receipt of TTOs within 4hours from the pharmacy receiving order	RWT	TBC	96.65%		96.92%	Awaiting Target		
RWT_LQR24a	Dementia – FAIR - Percentage of patients aged 75 years and over to whom case finding is applied following an episode of emergency, unplanned care to hospital.	RWT	90.00%	77.51%	R	97.18%	G		
RWT_LQR24b	Dementia – FAIR - Percentage of patients aged 75 years and over admitted as emergency inpatients identified as potentially having dementia or delirium who are appropriately assessed.	RWT	90.00%	100.00%	G	100.00%	G		
BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	97.30%	G	98.57%	G		
BCPFT_EBS1	Mixed sex accommodation breach	BCP	0.00	0.00	G	0.00	G		
BCPFT_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	BCP	95.00%	96.77%	G	97.06%	G		
BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G		
BCPFT_DC1	Duty of Candour	BCP	Yes	Yes	G	-	G		
BCPFT_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	BCP	90.00%	100.00%	G	100.00%	G		
BCPFT_EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	BCP	50.00%	100.00%	G	55.37%	G		
BCPFT_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	BCP	75.00%	93.88%	G	91.74%	G		
BCPFT_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	BCP	95.00%	100.00%	G	99.61%	G		
BCPFT_LQGE01a	Proportion of Patients accessing MH services who are on CPA who have a crisis management plan (people on CPA within 4 weeks of initiation of their CPA)	BCP	90.00%	100.00%	G	100.00%	G		
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge.	BCP	100.00%	100.00%	G	99.35%	R		
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	93.48%	G	88.97%	G		
BCPFT_LQGE03	Meeting commitment to serve new psychosis cases by early intervention teams. Quarterly performance against commissioner contract. Threshold represents a minimum level of performance against contract performance rounded down. (Monitor definition 11)	BCP	44.00	33.00	G	33.00	G		
BCPFT_LQGE04	More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral	BCP	50.00%	100.00%	G	55.37%	G		
BCPFT_LQGE05	Percentage of all routine EIS referrals, receive initial assessment within 10 working days	BCP	95.00%	90.00%	R	88.19%	R		
BCPFT_LQGE06	IPC training programme adhered to as per locally agreed plan for each staff group. Compliance to agreed local plan. Quarterly confirmation of percentage of compliance	BCP	85.00%	84.28%	R	91.68%	G		
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	96.80%	G	95.74%	G		
BCPFT_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	BCP	95.00%	100.00%	G	100.00%	G		
BCPFT_LQGE11	Delayed transfers of care to be maintained at a minimum level	BCP	7.50%	26.73%	R	17.36%	R		
BCPFT_LQGE12	Emergency up to 4 hours. % of assessments relating to referral within period	BCP	85.00%	94.55%	G	89.64%	G		
BCPFT_LQGE13	Urgent (up to 48 hours). % of assessments relating to referral within period	BCP	85.00%	94.29%	G	87.36%	G		
BCPFT_LQGE14	Routine (up to 28 days). % of assessments relating to referral within period	BCP	85.00%	100.00%	G	98.55%	G		
BCPFT_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	100.00%	G	100.00%	G		
BCPFT_LQGE16	Update of STEIS at 3 working days of the report. The provider will keep the CCG informed by updating STEIS following completion of 48 hour report (within 72 hours of reporting incident on STEIS). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	98.41%	R		
BCPFT_LQGE17	Provide commissioners with Grade 1 and Grade 2 RCA reports within 60 working days where possible, exception report provided where not met	BCP	100.00%	100.00%	G	100.00%	G		
BCPFT_DB01	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Safeguarding Dashboard.	BCP	Yes	No	R	-	R		
BCPFT_DB02	CAMHS - failure to achieve thresholds for specific indicators as detailed in the CAMHS Dashboard.	BCP	Yes	Yes	G	-	R		
BCPFT_DB03	IAPT – failure to achieve thresholds for specific indicators as detailed in the IAPT Dashboard.	BCP	Yes	Yes	G	-	G		
BCPFT_DB04	Dementia Data Set – failure to complete the Dementia Data Set	BCP	Yes	Yes	G	-	G		