



WOLVERHAMPTON CCG

GOVERNING BODY
11th April 2017

Agenda item 13

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 11th April 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 	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.
<ul style="list-style-type: none"> • Domain2: Performance – delivery of commitments and improved outcomes 	The CCG must meet a number of constitutional, national and locally set performance targets.
<ul style="list-style-type: none"> • 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	£351.567m	£351.567m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.505m	£0.050m	G
Non Statutory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	291	43	(248)	G
Maximum closing cash balance %	1.25%	0.18%	-1.13%	G
BPPC NHS by No. Invoices (cum)	95%	99%	-4%	G
BPPC non NHS by No. Invoices (cum)	95%	95%	0%	A
QIPP	£10.21m	£8.34m	£1.87m	A
Programme Cost £'000*	305,454	306,966	1,512	G
Reserves £'000*	1,631	0	(1,631)	G
Running Cost £'000*	5,092	5,042	(50)	G
BPPC NHS by Value (cum)	95%	100%	-5%	G
BPPC non NHS by Value (cum)	95%	97%	-2%	G

- The net effect of the three identified lines (*) is a small under 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.
- 1.7% underlying recurrent position is achieved

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

- The table below assumes that the 1% reserve will be fully committed.
- At M11 the non-recurrent allocation relates to central allocations from NHSE to support the wider Black Country Health Economy therefore the CCG is not able to commit this resource.
- NHSE has now issued guidance as to the treatment of the 1% Reserve as part of the national system-wide risk management plan and states
"..provider financial position is such that we [NHSE] now require each commissioning organisation to release the full amount of the 1% non-recurrent reserve to its bottom line."
- Guidance was issued on 15th March(Appendix 7) and now requires CCGs in month 12 reporting to increase their planned surplus by the value of the 1% reserve. The CCG will have delivered £6.979m with is £0.807m over target plus £3.375m being the release of the 1% reserve.

	Annual Recurrent £'000	Annual Non Recurrent £'000	Total £'000	Yr End Variance Recurrent £'000	Yr End Variance Non Recurrent £'000	Total £'000
Contingency Reserve	1,780	0	1,780	(1,780)	0	(1,780)
1% Reserve	3,375	807	4,182	0	0	0
Total	5,154	807	5,961	(1,780)	0	(1,780)

	Annual Plan £'000	YTD Performance M11			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,900	165,398	169,051	3,653	2.2%
Mental Health Services	34,686	31,795	31,744	(52)	(0.2%)
Community Services	37,682	34,545	33,495	(1,050)	(3.0%)
Continuing Care/FNC	12,259	11,237	12,207	970	8.6%
Prescribing & Quality	51,744	47,392	45,967	(1,425)	(3.0%)
Other Programme	16,608	15,087	14,502	(584)	(3.9%)
Total Programme	333,879	305,454	306,966	1,512	0.5%
Running Costs	5,555	5,092	5,042	(50)	(1.0%)
Reserves	5,961	1,631	0	(1,631)	(100.0%)
Total Mandate	345,395	312,177	312,008	(169)	(0.1%)
Target Surplus	6,172	5,660	0	(5,660)	(100.0%)
Total	351,567	317,837	312,008	(5,829)	(1.8%)

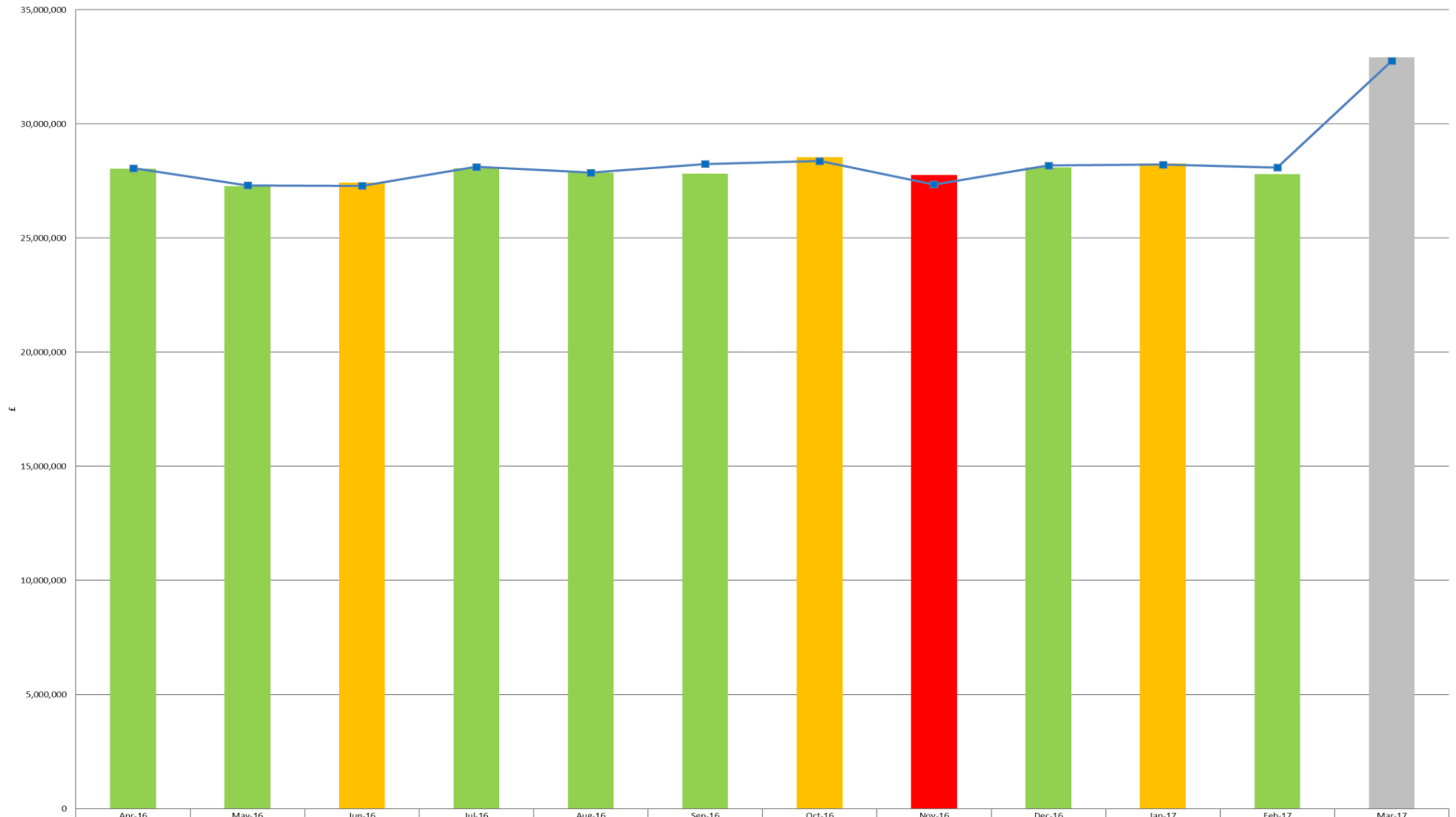
Governing Body Meeting
 11th April 2017

The table below details the forecast out turn by service line at Month 11.

	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	180,900	184,760	3,860	2,515	1,345	2.13%
Mental Health Services	34,686	34,709	23	399	(376)	0.07%
Community Services	37,682	36,572	(1,110)	(1,596)	486	(2.95%)
Continuing Care/FNC	12,259	13,601	1,343	1,194	149	10.95%
Prescribing & Quality	51,744	49,986	(1,758)	(1,835)	77	(3.40%)
Other Programme	16,608	16,080	(528)	1,102	(1,631)	(3.18%)
Total Programme	333,879	335,708	1,830	1,780	50	0.55%
Running Costs	5,555	5,505	(50)	0	(50)	(0.90%)
Reserves	5,961	4,182	(1,780)	(1,780)	0	(29.85%)
Total Mandate	345,395	345,395	(0)	(0)	0	(0.00%)
Target Surplus	6,172	0	(6,172)	0	(6,172)	(100.00%)
Total	351,567	345,395	(6,172)	(0)	(6,172)	(1.76%)

Monthly Planned vs Monthly Actual Programme Expenditure

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



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



Monthly Spend	260	569	478	467	460	464	462	463	426	529	464	463
Monthly Budget	463	463	463	463	463	463	463	463	463	463	463	463

2. QIPP

The Committee noted a small improvement in the QIPP Programme FOT as at Month 11.

The key points to note are as follows:

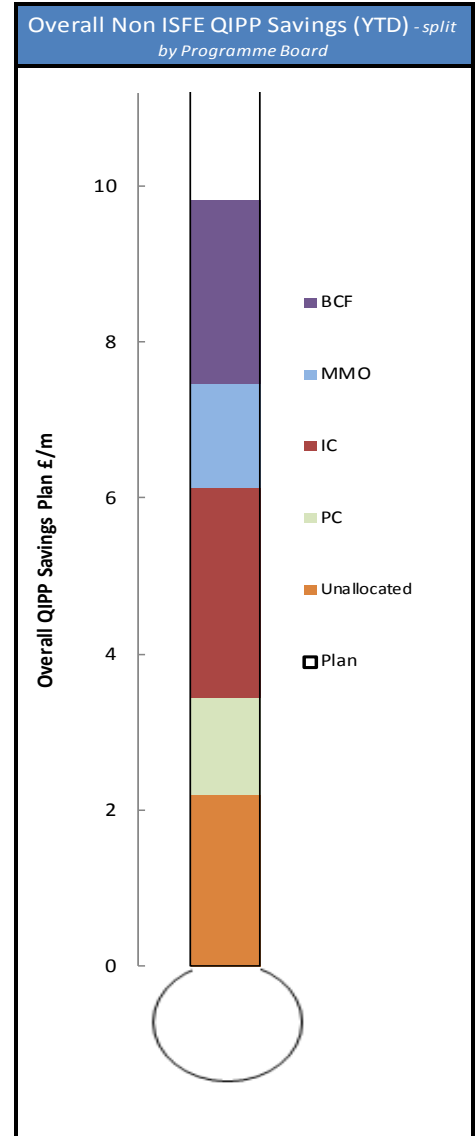
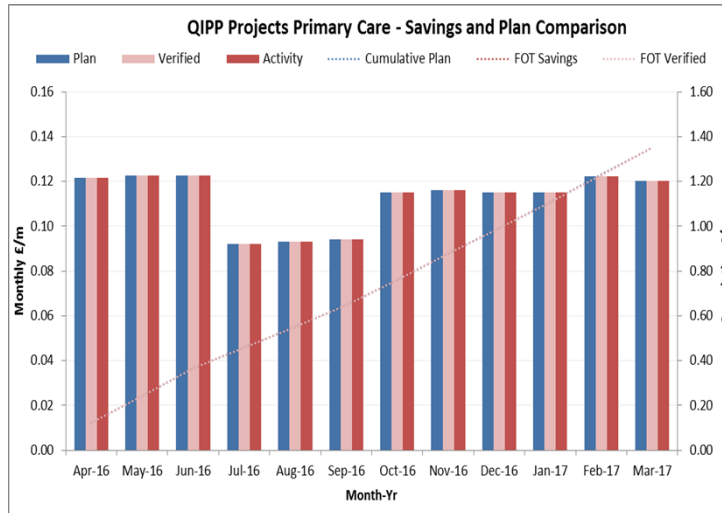
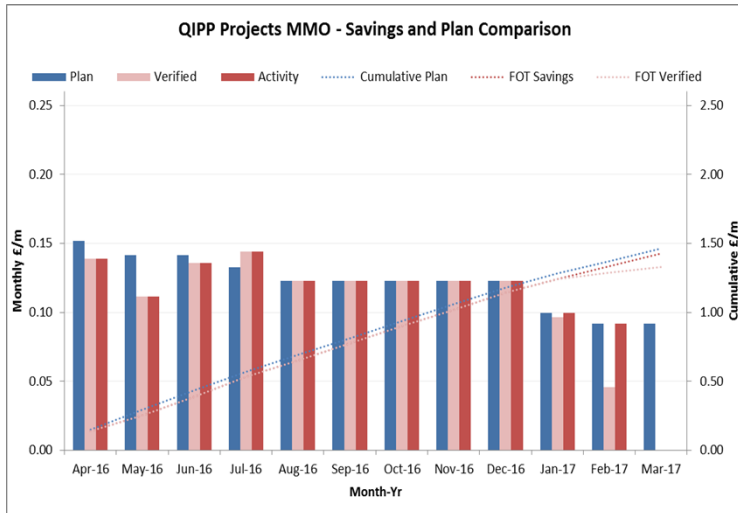
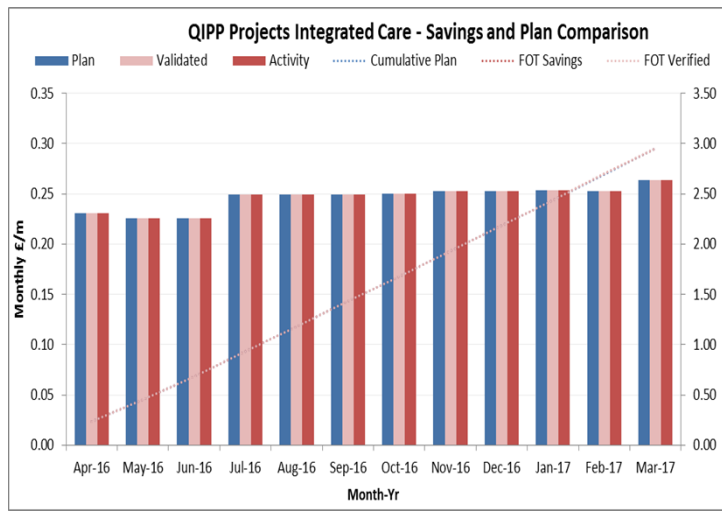
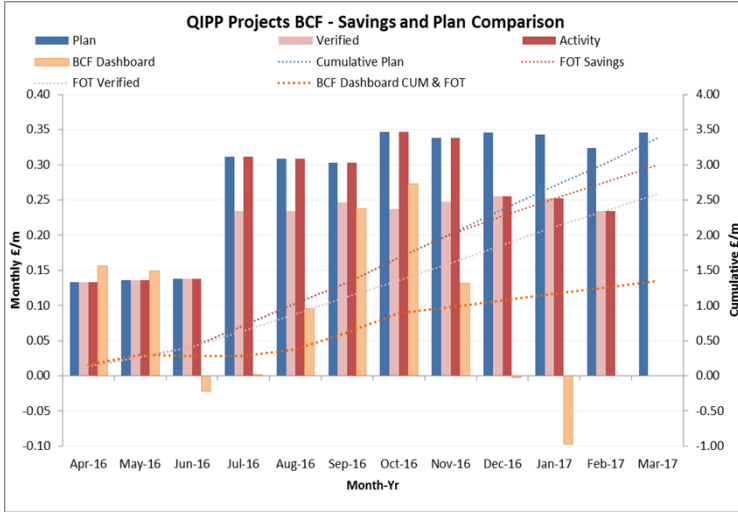
- The financial position of the CCG is predicated on achieving 100% of QIPP.
- The CCG is experiencing overperformance in areas where QIPP has been removed from contracts but schemes are not taking the desired levels of activity out e.g. BCF, as identified between reported and verified QIPP.
- There 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 : **Feb-17**

Financial Savings Projects within QIPP Programme Delivery Board and Annual Plan

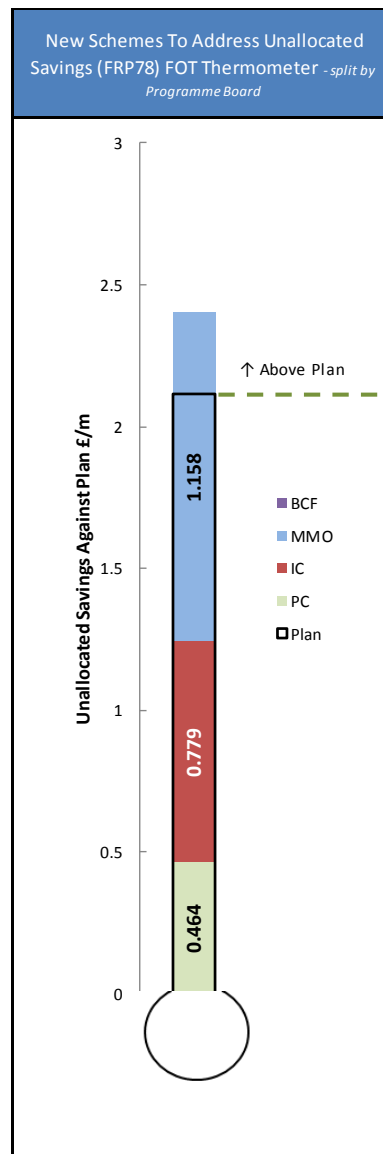
Source : Non ISFE Submission by Wolverhampton CCG - Financial Projects Only & BCF Dashboard



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.

Project Ref	Project Description	M11 Plan (YTD)	M11 Non ISFE (YTD)	M11 Variance From Plan	Annual Plan (FOT)	M11 Non ISFE FOT	FOT Variance from Plan	M11 YTD Non ISFE diff from Prog Brd	M11 FOT Non ISFE diff from Prog Brd
FRP4	Primary Care In reach Teams (PITs) Model of Care	-0.25	-0.25	0.00	-0.28	-0.28	0.00	0.00	0.00
FRP12	Asthma Avoidable Admissions	-0.09	-0.09	0.00	-0.10	-0.10	0.00	0.00	0.00
FRP13	Chronic Obstructive Pulmonary Disease (COPD) review	-0.08	-0.08	0.00	-0.09	-0.09	0.00	0.00	0.00
FRP14	UC Centre Procurement	1.19	1.19	0.00	1.32	1.32	0.00	0.00	0.00
FRP14a	OOH - UCC Scheme	1.61	1.61	0.00	1.76	1.76	0.00	0.00	0.00
FRP14b	EAU - UCC (Acute Contracts - NHS (incl Ambulance Service))	0.62	0.62	0.00	0.68	0.68	0.00	0.00	0.00
FRP14c	UCC - (Acute Contracts - NHS (incl Ambulance Service))	1.25	1.25	0.00	1.38	1.38	0.00	0.00	0.00
FRP14d	UCC - (Other Programme Services) - Investment	-2.29	-2.29	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	0.39	0.39	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	0.81	0.81	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	PUVA/B tariff	0.23	0.23	0.00	0.25	0.25	0.00	0.00	0.00
FRP37	MSK Procurement (Savings)	0.01	0.01	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	0.09	0.09	0.00	0.14	0.14	0.00	0.00	0.00
FRP37c	Acute Physio / T&O MSK	0.10	0.10	0.00	0.15	0.15	0.00	0.00	0.00
FRP37d	OCAS MSK	0.05	0.05	0.00	0.08	0.08	0.00	0.00	0.00
FRP37e	MSK Investment	-0.25	-0.25	0.00	-0.37	-0.37	0.00	0.00	0.00
FRP38	PEARS	0.28	0.28	0.00	0.30	0.30	0.00	0.00	0.00
FRP41	Respiratory in A&E/AMU	0.49	0.49	0.00	0.54	0.54	0.00	0.00	0.00
FRP49	Mental Health ICS	0.23	0.23	0.00	0.25	0.25	0.00	0.00	0.00
FRP51b	RWT EOLSDIP	0.18	0.18	0.00	0.20	0.20	0.00	0.00	0.00
FRP54	Therapy Service Review (R+R TEAM RWT)	0.19	0.19	0.00	0.21	0.21	0.00	0.00	0.00
FRP55	WVSC Grant Payment	0.07	0.07	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	0.14	0.14	0.00	0.15	0.15	0.00	0.00	0.00
FRP59	EPP (Specific Client)	0.17	0.17	0.00	0.18	0.18	0.00	0.00	0.00
FRP62	Closed List LD	0.13	0.13	0.00	0.14	0.14	0.00	0.00	0.00
FRP63	Heatun Transactional Costing	1.10	1.10	0.00	1.20	1.20	0.00	0.00	0.00
FRP65	BCF 2016/17 Savings	2.95	2.27	-0.68	3.29	2.50	-0.79	-0.68	-0.79
FRP65a	BCF 2016/17 Savings (banked)	2.27	2.27	0.00	2.50	2.50	0.00	0.00	0.00
FRP65b	BCF 2016/17 Savings (stretch)	0.68	0.00	-0.68	0.79	0.00	-0.79	-0.409	-0.409
FRP76	WUCTAS Decommissioning of the Medical Triage Service	0.08	0.08	0.00	0.09	0.09	0.00	0.00	0.00
FRP78	Unallocated Savings 2016/17 Other	1.88	2.21	0.32	2.12	2.40	0.28	1.46	0.00
Grand Total		10.20	9.81	-0.39	11.26	10.72	-0.54	1.054	-0.409



Modernisation and Medicines Optimisation	Better Care Fund
Integrated Care	Unallocated
Primary Care	Closed (project reference only)
Top-line Total - see individual split	

3. PERFORMANCE

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

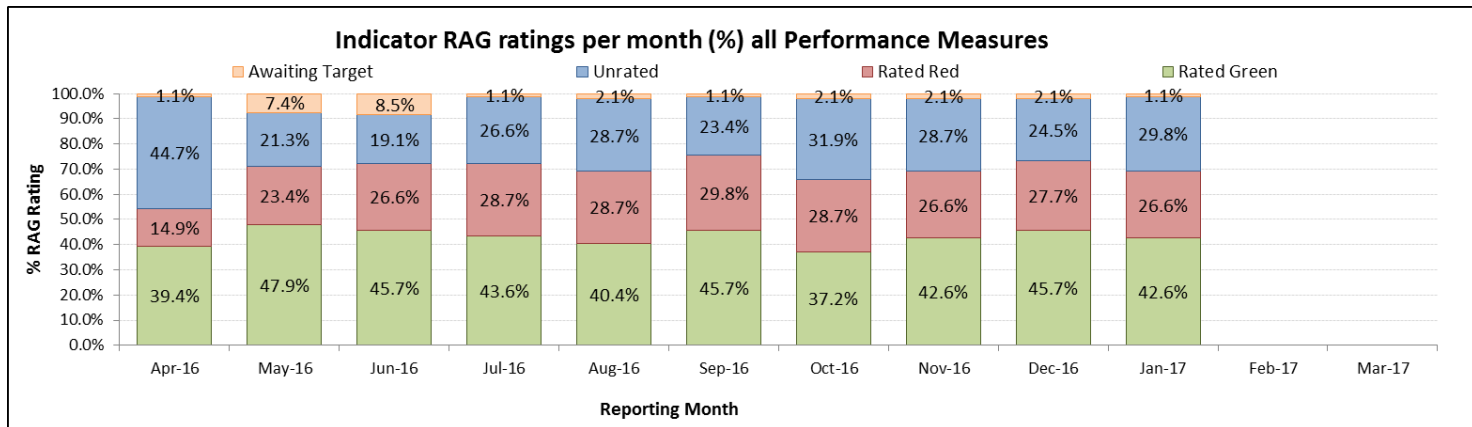
Executive Summary - Overview

Jan-17

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC *	Total
NHS Constitution	11	9	11	11	2	4	0	0	24
Outcomes Framework	10	9	8	7	17	20	2	1	37
Mental Health	22	22	7	7	4	4	0	0	33
Totals	43	40	26	25	23	28	2	1	94

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC *
NHS Constitution	46%	38%	46%	46%	8%	17%	0%	0%
Outcomes Framework	27%	24%	22%	19%	46%	54%	5%	3%
Mental Health	67%	67%	21%	21%	12%	12%	0%	0%
Totals	46%	43%	28%	27%	24%	30%	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 January 17)



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%	90.30%	91.08%	90.11%				90.87%	92.00%

RWT_EB3

The performance data for headline level RTT (Incompletes) has not been submitted as part of the January report. At time of submission the Trust confirmed that "Data was not available at time of submission" and have since confirmed performance as 90.59% and below the 92% target. The January data has since been validated via the National Unify2 submission as 90.59% with 2,929 (out of 31,110) waiting more than 18 weeks. When compared to the previous years performance, there has been a decrease in compliance (Jan 15/16 = 92.03% - 2425 breaches out of 30415, Jan 16/17 = 90.59% - 2929 breaches out of 31110) and an overall increase in the number of patients on the waiting of 695 (2.29% increase). Work on the Demand Management Plan (DMP) continues with data so far (up to December 16) exceeding targets despite the impact of the winter pressures and holiday season. Following the identification of over 100 Hernia and Laparoscopic Cholecystectomy patients for potential diversion to the Independent Sector, it has been confirmed that only 1 patient is suitable for diversion due to the complexity of those awaiting treatments, however the CCG expects the patient to be diverted imminently. The CCG have requested the waiting list numbers for varicose vein patients that could also benefit from the referral diversion process and are awaiting the data to assess if any can be progressed before the end of March. The Trust have confirmed that 100 staff have received training to ensure that all RTT pathways are validated from the start of the patients journey and although this is a positive step for referred patients, it has lowered the performance denominator (the total number of patients on the waiting list) and therefore the overall compliance percentage. RTT performance (including 52 Week Waiters and Referral Diversions) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The CRM meeting during February discussed the January performance as 90.59% with an expected compliance recovery by Quarter 1 of 2017/18. The Trust confirmed provisional performance data for February as part of the NHS England Assurance Call as 90.5% and remains below the STF and National target. The Trust have confirmed that they expect the number of Orthodontic patients waiting over 52 weeks to rise in February due to the consultant for Orthodontics annual leave during the month, however have planned for remaining patients waiting to be within the low teens and ahead of the local recovery trajectory for March 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%	97.59%	98.65%				98.90%	99.00%

The performance data for Diagnostic Tests was not submitted by RWT on the SQPR at Month 10, however, has been confirmed by the Trusts Board Reports as 98.67% and therefore breaches the 99% target (RED). Although performance represents an improvement from the December position (98.65%), performance remains below threshold for the third consecutive month. The Trust had previously confirmed that performance levels remained below target during December due to Magnetic Resonance Imaging (MRI) capacity issues and additional sessions were arranged during January to facilitate performance improvements. Following discussions with the Trust at the monthly CRM meeting, it has been confirmed that an additional issue has been identified with Radiography software incorrectly showing records as compliant and within target. This software issue affected approximately 50 patients and the system algorithm has been corrected by the system supplier to ensure data is correctly identified and reported. As part of the monthly NHS England Assurance Call, the Trust had confirmed that the February performance is predicted to see a decrease to 98.12% and therefore remains below the National target. Additional sessions have been scheduled and fully booked through to the end of March and the Trust are confident that performance will recover in April 2017. The National verified figures have confirmed that breaches occurred in January for both MRI (30 breaches out of 1,134 - 97.4%) and CT scans (38 breaches out of 538 - 92.9%) and these were the only two test areas which performed below 100% for January.

RWT_EB4

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%	86.36%			89.98%	95.00%

The Month 10 performance has failed to achieve both the 95% National target (Type 1 and All Types) and STF trajectory (94%) and has seen a decline from previous months to 86.36%. The headline performance of 86.36% can be split into the following : Emergency Department New Cross - 77.44%, Walk In Centre - 100%, Cannock Minor Injury Unit (MIU) - 100% and Vocare - 97.24%. When compared to the previous years performance, there has been a decrease in compliance (Jan 15/16 = 89.31%, Jan 16/17 = 86.36%), however January 2017 saw an increase of 2084 attendances compared to January 2016 (a 12.5% increase in attendances). 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, however the Trust have confirmed that improvements are being seen due to the triage process with Vocare especially at weekends. Patient Flow Rapid Improvement events have taken place at the Trust and facilitated by the Human Factors Project to look at new ways of working in Minor (injuries) and Major (injuries). Actions identified from the staff stakeholder events have been implemented including a trial of 4 hour shifts to address the Minor injuries peak (between 9am and 1pm) which following evaluation in February indicated a levelling of numbers within the department and the Trust have presented a business case to the A&E Delivery Board for further work within this area. Health Care Assistants (HCAs) and Support Assistants (for each shifts) have received training in plastering and from March 17, HCAs will also perform basic investigations (on request of the triage nurse) as part of the Minors triage process. Provisional Urgent and Emergency Care reported figures for January indicate that the decline in performance trend is consistent with other Acute Trusts within the region for the same time period (RWT - Dudley Group - 78.8% with 8,602 attendances, Walsall - 64.4% with 6,323 attendances, Sandwell - 78.5% with 13,931 attendances). Urgent Care performance (including ambulance conveyances) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The CRM meeting during February discussed the January performance and confirmed that the Trusts performance was in line with the current National trend and confirmed that the Trust performance is in the top 3 (in West Midlands) and top 40 (Nationally) against the 4hr hour wait target. The Trust confirmed provisional performance data for February as part of the NHS England Assurance Call and this indicates an increase to 89.7%, however remains below the STF and National target.

NHSE Update : The Royal Wolverhampton NHS Trust and Wolverhampton CCG have appealed the STF process for Q3 (as per the STF Financial Control Guidance demonstrating if there has been a material change eg due to changes in activity such as increases in GP referrals, attendances, other factors). NHSE have confirmed that the Trusts STF appeal has been supported and upheld for Quarter 3 and therefore the Q3 STF payment has been received by the Trust.

RWT_EB5

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%	96.65%			95.97%	96.00%

The performance for January has seen a decline to 96.65% however remains above the 96% target. Due to previous below target performance the YTD performance remains below target (95.97%). Analysis of the Year on Year performance shows that the M10 performance is below that of 2015/16 for the same month (15/16 - 96.52%). The Trust have confirmed that issues with 31 day and 62 day cancer waits are linked to Urology and decreases in performance are due to on-going work to ensure long waiting patients are seen from the waiting lists.

RWT_EB8

An updated Remedial Action Plan (RAP) has been received from the Trust for 62 Day Cancer and this has been shared with the Cancer Network for review and requests for recommendations. 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 January confirm that the Trust achieved 97.49% (relating to 5 breaches out of 109 patients seen) and therefore GREEN. Early indications are that the February performance remains above threshold with a small decrease to 96.13%.

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%	68.75%			84.37%	94.00%

The 31 Day Standard for subsequent treatment (Surgery) has seen a significant decrease in performance for Month 10 reporting 68.75% against the 94% target and is the lowest reported performance since 2013 (available comparable collated records from April 2013). This indicator is affected by small cohorts of patients with a total of 32 patients seen in January (22 of which breached target). The Trust have confirmed that issues with 31 day and 62 day cancer waits are linked to Urology and decreases in performance are due to on-going work to ensure long waiting patients are seen from the waiting lists. 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 January have now been confirmed as 71.43% (10 breaches out of 35) and therefore remains RED. Sanctions are based on Quarter end performance.

RWT_EB9

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%	72.97%			76.29%	85.00%

The performance in Month 10 has seen a significant decrease to 72.97% and remains below both the STF trajectory and the 85% target in-month and YTD (76.26%).

The Trust have since confirmed via the Integrated Quality and Performance Report that there were 26 patient breaches in January (10 x tertiary referrals, 7 x capacity issues, 5 x patient initiated and 4 x complex pathways). Analysis by Cancer site confirms the breaches are relating to : Sarcoma (0.5 out of 0.5 - 0%), Urology (7 breaches out of 16 - 56.25%), Lung (3 breaches out of 7 - 57.14%), Colorectal (3 breaches out of 7 - 57.14%), Head & Neck (2 breaches out of 5.5 - 63.64%), Upper GI (1.5 breach out of 4.5 - 66.67%), Gynaecology (1.5 breaches out of 5.5 - 72.73%), Haematology (1 out of 8 - 87.50%), Skin (1 breaches out of 11.5 - 91.30%) and Breast (0.5 out of 11.5 - 95.65%). The Trust have confirmed that issues with 31 day and 62 day cancer waits are linked to Urology and decreases in performance are due to on-going work to ensure long waiting patients are seen from the waiting lists. The confirmed performance excluding tertiary referrals for Month 10 is 77.46% and therefore remains RED.

RWT_EB12

An updated Remedial Action Plan (RAP) has been received from the Trust and includes the following updated actions : A review of cancer services and appropriate mix of staffing levels and skills mix has been completed with management of change consultations concluding end of February. A 2nd Pelvic Oncologist post has been advertised and interviews have been set for beginning of April 2017 which will increase capacity to support Urology 31 day and 62 pathways, however the 2 middle grade vacancies have been unsuccessful in recruitment and interim arrangements for temporary cover have been made with a plan to re-advertise in March 2017. Urology clinics have been scheduled for Saturdays through to April 2017 to process the backlog of patients, however as all patients taken on from the backlog will have already breached, this will impact on the overall performance. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and January performance has been confirmed as 73.42% (21 patient breaching target out of 79) and therefore remains RED. The Month 10 performance was discussed at the February CQRM and CRM meetings with the Trust with an action carried forward to the March meeting to confirm the Harm Reviews Process for breaching patients.

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%	85.71%			86.76%	90.00%

RWT_EB13

Performance in Month 10 has seen a decline from the previous month and has failed to achieve the 90% target both in-month (85.71%) and YTD 86.76%. The SQPR submission indicated that there was 1 breach (out of 7 patients) however the Trust have confirmed that the breach relates to 2 patients, both tertiary referrals so are counted as 0.5 of a breach each. Analysis of the Year on Year performance shows that the M10 performance is above that of 2015/16 for the same month (15/16 - 83.78%). 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 January performance excluding tertiary referrals as 100% and therefore would be rated GREEN. 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 January confirm that the Trust achieved 88.89% (relating to 1 breach out of 9 patients seen) and therefore RED. The Month 10 performance was discussed at the February CQRM and CRM meetings with the Trust with an action carried forward to the March meeting to confirm the Harm Reviews Process for breaching patients.

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	25			388	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 January, 25 patients were recorded as waiting over 52 weeks and the National Unify2 data has since confirmed that all the over 52 week waiters are Orthodontic patients. Following validation the January figure has since been confirmed as 19 patients waiting over 52 weeks. RTT performance (including 52 Week Waiters and Referral Diversions) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The Trust confirmed at the CRM meeting (February) that the number of Orthodontic patients waiting over 52 weeks was expected to rise in February due to the consultant for Orthodontics taking annual leave during the month. The Trust have planned for remaining patients waiting to be within the low teens and ahead of the local recovery trajectory for March 2017. 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.

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%	53.33%			84.70%	95.00%

Performance for this indicator saw a significant decrease in January and failed to achieve the 95% target both in month (53.33%) and Year to Date (84.70%). Performance is affected by small numbers and January breach refers to 7 clients (out of 15) failing to receive an initial assessment within 10 working days. The trust have confirmed the following :

2 x clients cancelled appointments (with both clients requesting a new date after the 7 days target)

4 x clients DNA'd (Did Not Attend) appointments within the 7 day target, with clients failing to attend multiple appointments.

1 x initial assessment offered 17 days after referral was received due to the Consultant being on annual leave The EIS service has reviewed the assessment process due to the increase in referrals and recommenced the assessment clinics as well as providing flexibility in offering appointments outside of the assessment clinics at venues more suitable and amenable to the individual client. The team continually review the service and reflect on incidents where the targets are not achieved and employ measures to address them. The Trust previously expected performance to meet target by January 2017, however due client DNA's and client choice superceded target dates this has now been updated to March 2017. The ability to meet this deadline is however dependant on the client choice.

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%	26.73%	10.38%			16.66%

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 10.38% (an improvement of over 16% on the December performance). The performance relates to the total number of delay days for the month (145) over the total number of occupied bed days excluding leave for the month (1397) and is based on the Provider total (all Commissioners) and currently cannot be split by individual commissioner. When compared to the previous years performance, there has been a positive decrease in compliance (Jan 15/16 = 14.17%, Jan 16/17 = 10.38%). 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 continues to be 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 issues with Delayed Transfers of Care remains an agenda item on the CCG's monthly performance call with NHSE and at the Trusts CQRM meetings. The Trust have confirmed that the number of delays (on the National reporting snapshot) has reduced with 2 patients (out of 50) classified as Delayed. With this reduction, the Trust expect to see the monthly occupied bed day figures reflect the same trend for the Month 11 report.

4. FORWARD LOOK – 2017/18 BUDGETS

4.1 Within the CCG's finance plan for 2017-19 there continues to be two areas of concern:

- The new IR (Specialised Services) rules as operated by NHSE and the impact on the CCG result in significant differences and the CCG is working closely with NHSE to resolve differences.
- The QIPP challenge in 2017-18

4 NHSE required the CCG to resubmit its 2017/18 plan on March 24th 2017 to reflect M11 and also the progress made in reducing levels of net risk and unallocated QIPP in line with NHSE guidance. Following an Executive review of the 17/18 budgets the net QIPP has reduced to £10.62m and schemes have been identified at a high level to cover the unallocated QIPP. In taking these actions the revised risk profile now presents a fully mitigated risk position. The Committee supported the revisions made to the plan to achieve this position.

5. 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.

6. Draft Finance and Performance Committee Annual Report

The Committee considered the draft report and took assurance that it has discharged its duties as set out in its terms of reference

7. RISK and MITIGATION

Risks	Potential Risk Value Mth10	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %
CCGs					
Acute SLAs	0.41			0.00	0.00%
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	0.43	0.31	85.00%	0.26	100.00%
TOTAL RISKS	0.84	0.31		0.26	100.00%

- The table above details the current assessment of risk for the CCG; a gross risk of £0.31m but risk assessed to £0.26m. 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 and reducing risk levels as the end of the financial year approaches.

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

Mitigations	Expected Mitigation Value Mth10	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	0.65	0.26	100.00%	0.26	100.00%
Delay/ Reduce Investment Plans	0.00			0.00	0.00%
Other Mitigations	0.00			0.00	0.00%
Mitigations relying on potential funding	0.19	0.00		0.00	0.00%
Actions to Implement Sub-Total	0.84	0.26		0.26	100.00%
TOTAL MITIGATION	0.84	0.26		0.26	100.00%

- Non Recurrent measures relate to the diversion of Drawdown funding to support the financial position and the use of SOFP flexibilities.
- The CCG has already committed its Contingency reserve of £1.78m therefore this cannot be considered as mitigation.

Other Risk

Breaches in performance and increases in activity will result in an increase in costs to the CCG. Performance must be monitored and managed effectively to ensure providers are meeting the local and national agreed targets and are being managed to operate within the CCG's financial constraints. Activity and Finance performance is discussed monthly through the Finance and Performance Committee Meetings to provide members with updates and assurance of delivery against plans.

A decline in performance can directly affect patient care across the local healthcare economy. It is therefore imperative to ensure that quality of care is maintained and risks mitigated to ensure patient care is not impacted. Performance is monitored monthly through the Finance and Performance Committee and through the following committees; including Clinical Quality Review Meetings, Contract Review Meetings and Quality and Safety Committee.

8. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 29th March 2017

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													
									A	M	J	J	A	S	O	N	D	J	F	M		
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%	96.91%	G	98.40%	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 specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	BCP	95.00%	93.33%	R	96.68%	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	59.83%	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%	94.30%	G	92.00%	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%	98.73%	G	99.52%	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	99.41%	R	→														
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	91.30%	G	89.20%	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	38.00	G	38.00	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	59.83%	G	→														
BCPFT_LQGE05	Percentage of all routine EIS referrals, receive initial assessment within 10 working days	BCP	95.00%	53.33%	R	84.70%	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%	85.01%	G	91.02%	G	↑														
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	96.09%	G	95.77%	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%	10.38%	R	16.66%	R	↑														
BCPFT_LQGE12	Emergency up to 4 hours. % of assessments relating to referral within period	BCP	85.00%	93.04%	G	89.98%	G	↓														
BCPFT_LQGE13	Urgent (up to 48 hours). % of assessments relating to referral within period	BCP	85.00%	94.12%	G	88.04%	G	↓														
BCPFT_LQGE14	Routine (up to 28 days). % of assessments relating to referral within period	BCP	85.00%	98.65%	G	98.56%	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 CORM.	BCP	100.00%	100.00%	G	98.57%	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															