

WOLVERHAMPTON CCG

GOVERNING BODY

9th May 2017

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 24th 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.
Key Points:	<ul style="list-style-type: none">• The CCG has submitted its draft accounts for 2016/17. All key national metrics have been met.• Performance information to Month 11 is enclosed. Exceptions are highlighted in the body of the report.
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.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	

<ul style="list-style-type: none"> Improving the quality and safety of the services we commission 	<p><u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the value for money of patient services ensuring that patients are always at the centre of all our commissioning decisions to ensure the right care is provided at the right time in the right place</p>
<ul style="list-style-type: none"> Reducing Health Inequalities in Wolverhampton 	<p>Improve and develop primary care in Wolverhampton – Delivering a robust financial management service to support our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this Support the delivery new models of care that support care closer to home and improve management of Long Term Conditions by developing robust financial modelling and monitoring in a flexible way to meet the needs of the emerging New Models of Care.</p>
<ul style="list-style-type: none"> System effectiveness delivered within our financial envelope 	<p><u>Proactively drive our contribution to the Black Country STP</u> by playing a leading role in the development and delivery of the Black Country STP Financial model to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.</p> <p><u>Greater integration of health and social care services across Wolverhampton</u> Work closely with partners finance departments across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an ‘Accountable Care System.’</p> <p><u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p> <p><u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>

1. FINANCE POSITION

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

Financial Target	Target	FOT	Variance o(u)	RAG
Statutory Duties				
Expenditure not to exceed income	£10.354m surplus	£10.429m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£352.013m	£352.013m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.477m	(£0.078m)	G
Non Statutory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	387	43	(344)	G
Maximum closing cash balance %	1.25%	0.14%	-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	£11.26m	£10.72m	£0.54m	A
Programme Cost £'000*	334,326	336,107	1,781	G
Reserves £'000*	5,961	0	(5,961)	G
Running Cost £'000*	5,555	5,477	(78)	G
BPPC NHS by Value (cum)	95%	100%	-5%	G
BPPC non NHS by Value (cum)	95%	98%	-3%	G

- The net effect of the three identified lines (*) is an under spend of £4.258m which includes the release of the 1% balance as instructed by NHSE.
- If the effect of the 1% reserve is removed the CCG under spent by £76k.
- All financial targets have been achieved with the exception of a small shortfall against QIPP (see QIPP section).

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

- NHSE 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.”

	Full Year Surplus/(Deficit)		
	Plan £'000	Current FOT £'000	Variance £'000 o(u)
Programme Costs	6,172	10,352	(4,180)
Running Costs	0	78	(78)
Total Surplus	6,172	10,430	(4,258)

- . The CCG has delivered £10.72m surplus which is £0.883m over target (£6.172m) plus £3.375m being the release of the 1% reserve.

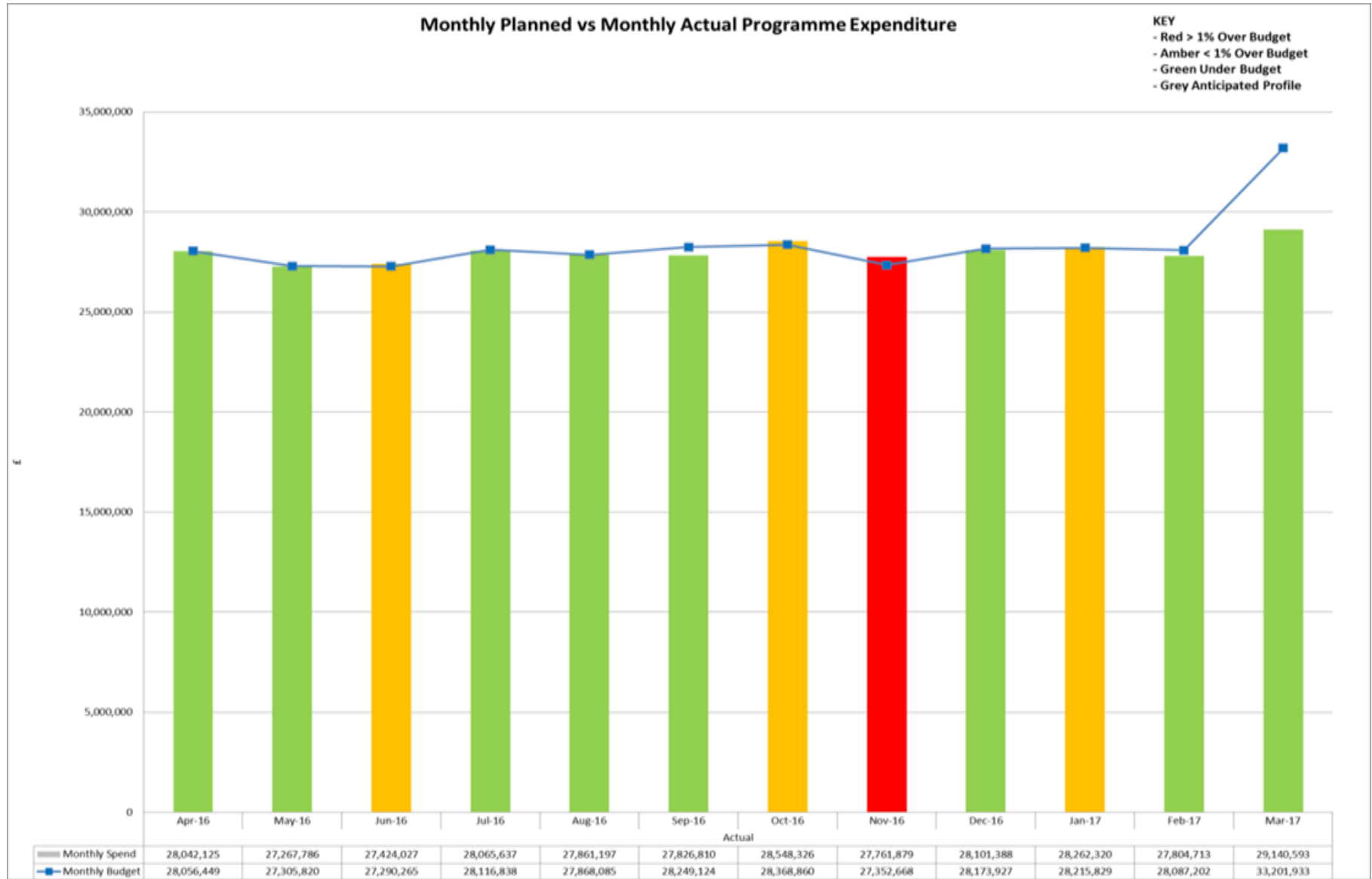
	Annual Plan £'000	YTD Performance M12			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,900	180,900	184,650	3,750	2.1%
Mental Health Services	34,909	34,909	35,256	347	1.0%
Community Services	37,682	37,682	36,412	(1,270)	(3.4%)
Continuing Care/FNC	12,259	12,259	13,241	983	8.0%
Prescribing & Quality	51,846	51,846	50,236	(1,610)	(3.1%)
Other Programme	16,730	16,730	16,311	(419)	(2.5%)
Total Programme	334,326	334,326	336,107	1,781	0.5%
Running Costs	5,555	5,555	5,477	(78)	(1.4%)
Reserves	5,961	5,961	0	(5,961)	(100.0%)
Total Mandate	345,842	345,842	341,584	(4,258)	(1.2%)
Target Surplus	6,172	6,172	0	(6,172)	(100.0%)
Total	352,014	352,014	341,584	(10,430)	(3.0%)

The tables below detail the out turn by service line at Month 12.

	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	184,650	3,750	2,613	1,137	2.07%
Mental Health Services	34,909	35,256	347	333	14	1.00%
Community Services	37,682	36,412	(1,270)	(1,602)	333	(3.37%)
Continuing Care/FNC	12,259	13,241	983	1,007	(24)	8.02%
Prescribing & Quality	51,846	50,236	(1,610)	(1,703)	93	(3.11%)
Other Programme	16,730	16,311	(419)	1,132	(1,552)	(2.51%)
Total Programme	334,326	336,107	1,781	1,780	1	0.53%
Running Costs	5,555	5,477	(78)	0	(78)	(1.40%)
Reserves	5,961	0	(5,961)	(5,154)	(807)	(100.00%)
Total Mandate	345,842	341,584	(4,258)	(3,375)	(883)	(1.23%)
Target Surplus	6,172	0	(6,172)	0	(6,172)	(100.00%)
Total	352,014	341,584	(10,430)	(3,375)	(7,055)	(2.96%)

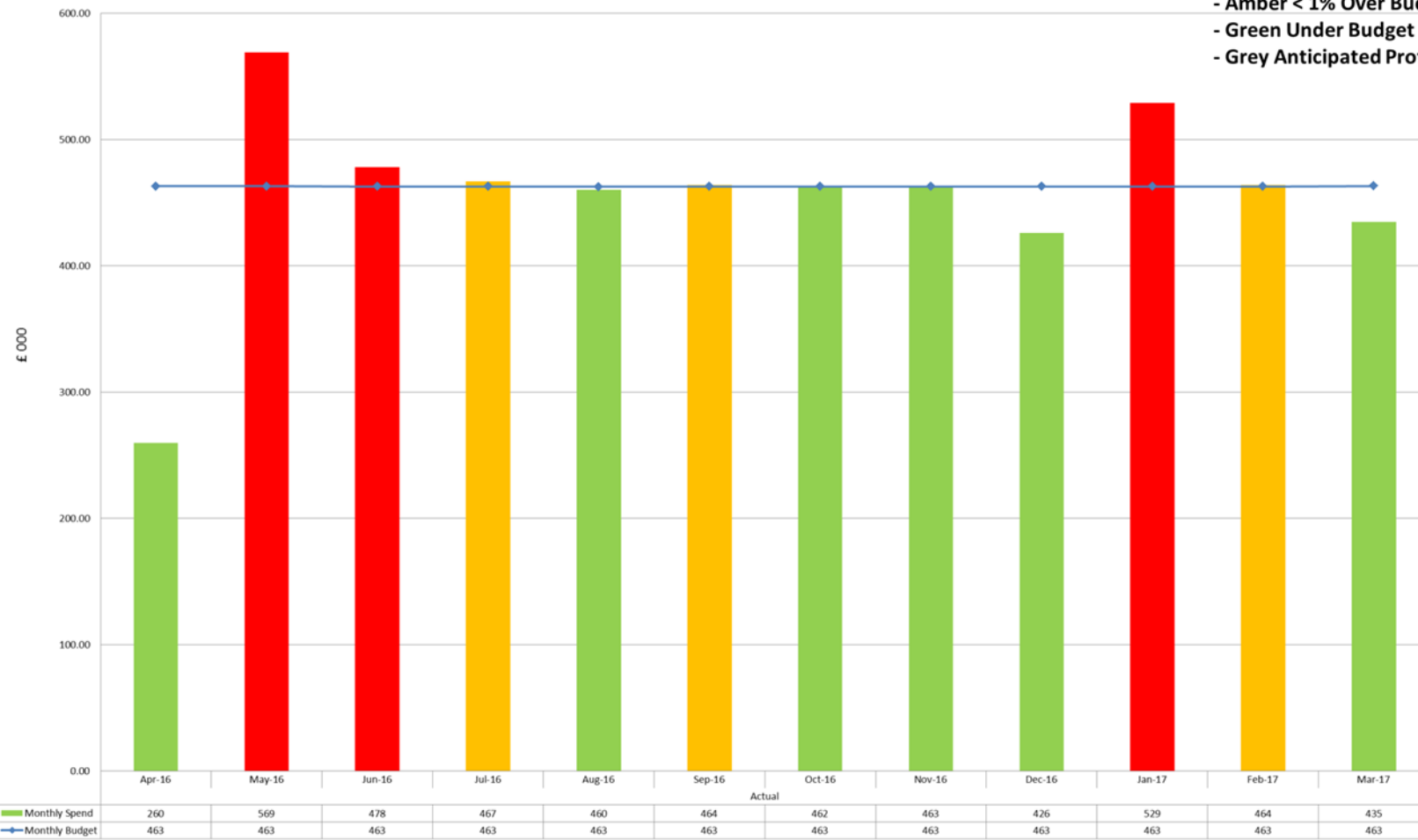
	Annual Plan £'000	Forecast Outturn at M12			Forecast Outturn at M11			In Month Movement £'000 o(u)
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance £'000	Var %	
Acute Services	180,900	184,650	3,750	2.07%	184,760	3,860	2.13%	(110)
Mental Health Services	34,909	35,256	347	1.00%	34,709	23	0.07%	324
Community Services	37,682	36,412	(1,270)	(3.37%)	36,572	(1,110)	(2.95%)	(160)
Continuing Care/FNC	12,259	13,241	983	8.02%	13,601	1,343	10.95%	(360)
Prescribing & Quality	51,846	50,236	(1,610)	(3.11%)	49,986	(1,758)	(3.40%)	148
Other programme	16,730	16,311	(419)	(2.51%)	16,080	(528)	(3.18%)	109
Total Programme	334,326	336,107	1,781	0.53%	335,708	1,830	0.55%	(49)
Running Costs	5,555	5,477	(78)	(1.40%)	5,505	(50)	(0.90%)	(28)
Reserves	5,961	0	(5,961)	(100.00%)	4,182	(1,780)	(29.85%)	(4,182)
Target Surplus	6,172	6,172	0	0.00%	6,172	0	0.00%	0
Total Mandate Spend	352,014	347,756	(4,258)	(1.21%)	351,567	(0)	(0.00%)	(4,258)

- The movement in Mental Health relates to additional charges for an increased number of clients in both the individual cases and NCAs portfolios.
- Community Services have benefitted from a reduced level of incomplete spells and overall activity has reduced across the portfolio.
- Continuing Care and FNC spend reduction is due to reducing numbers in Adult CHC, Terminal phase and FNC.



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



2. QIPP

The Committee noted a small improvement in the QIPP Programme out turn as at Month 12.

The key points to note are as follows:

- The CCG target for QIPP for 16/17 was £11.26m.
- Outturn was £10.72 (95.2%).
- The unallocated QIPP plan was £2.116m which reduced to £0.54m by year end.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories.

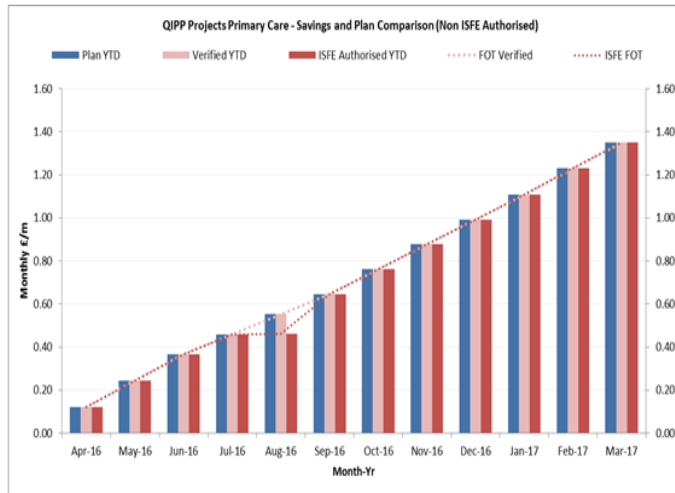
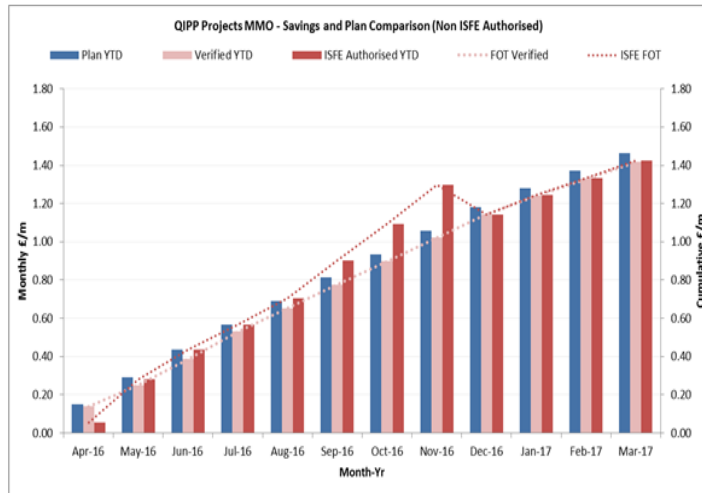
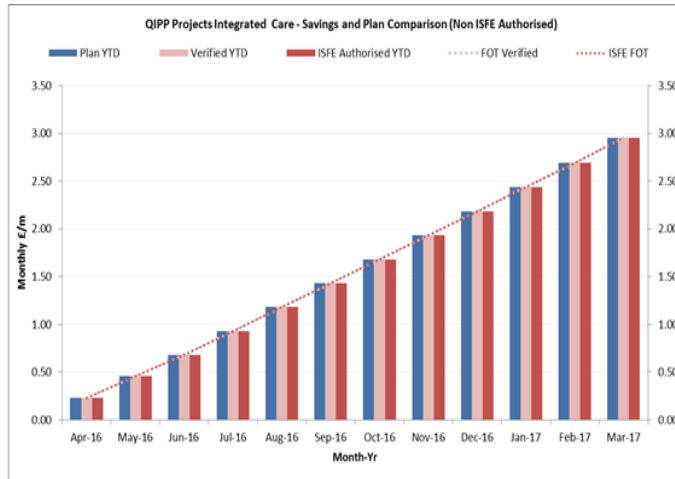
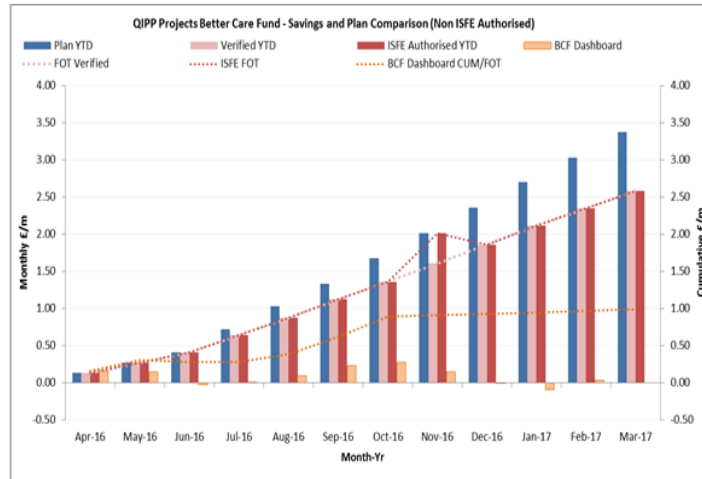
	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	2.21	4.15	1.94
Transformational	6.93	6.57	-0.36
Unallocated	2.12	0.00	-2.12
Total	11.26	10.72	-0.54

QIPP Programme Delivery Board - Validated Figures for Non ISFE

Reporting Period : **Mar-17**

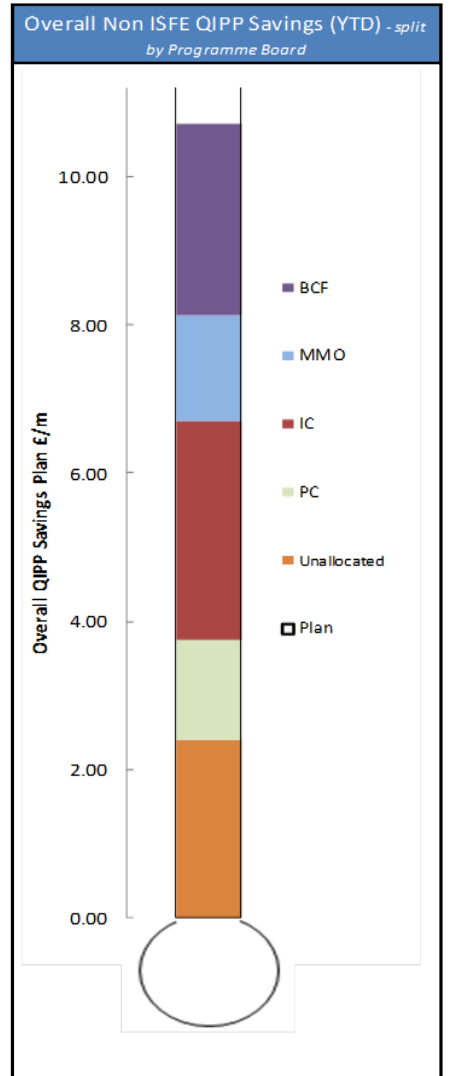
Financial Savings Projects within QIPP Programme Delivery Board and Annual Plan

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.



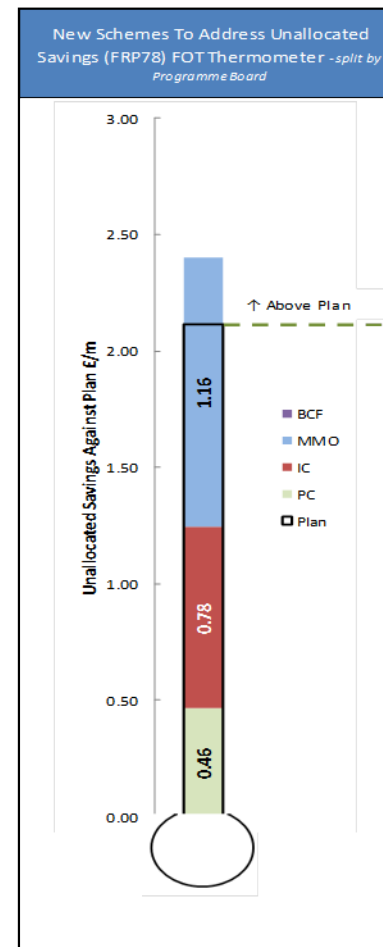
QIPP Programme Delivery Board - Validated Figures for Non ISFE

Mar-17

Projects within QIPP Programme Delivery Board and Annual Plan

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

Project Ref	Project Description	M12 Plan (YTD)	M12 Non ISFE (YTD)	M12 Variance From Plan	Annual Plan (FOT)	M12 Non ISFE FOT	FOT Variance from Plan
FRP4	Primary Care In reach Teams (PITs) Model of Care	-0.28	-0.28	0.00	-0.28	-0.28	0.00
FRP12	Asthma Avoidable Admissions	-0.10	-0.10	0.00	-0.10	-0.10	0.00
FRP13	Chronic Obstructive Pulmonary Disease (COPD) review	-0.09	-0.09	0.00	-0.09	-0.09	0.00
FRP14	UC Centre Procurement	1.32	1.32	0.00	1.32	1.32	0.00
FRP14a	OOH - UCC Scheme	1.76	1.76	0.00	1.76	1.76	0.00
FRP14b	EAU - UCC (Acute Contracts - NHS (incl Ambulance Service))	0.68	0.68	0.00	0.68	0.68	0.00
FRP14c	UCC - (Acute Contracts - NHS (incl Ambulance Service))	1.38	1.38	0.00	1.38	1.38	0.00
FRP14d	UCC - (Other Programme Services) - Investment	-2.50	-2.50	0.00	-2.50	-2.50	0.00
FRP18	Interpreting Contract	0.07	0.07	0.00	0.07	0.07	0.00
FRP20	Maternity Pathway Review & ad hoc contract lines	0.43	0.43	0.00	0.43	0.43	0.00
FRP30	Products Containing Glucosamine	0.04	0.00	-0.04	0.04	0.00	-0.04
FRP31	Prescribing Internal Efficiencies	0.86	0.86	0.00	0.86	0.86	0.00
FRP35	Community Ultrasound (Diagnostic Health) (Post ERG)	0.01	0.01	0.00	0.01	0.01	0.00
FRP36	PUVA/B tariff	0.25	0.25	0.00	0.25	0.25	0.00
FRP37	MSK Procurement (Savings)	0.01	0.01	0.00	0.01	0.01	0.00
FRP37a	Independent Physio MSK	0.02	0.02	0.00	0.02	0.02	0.00
FRP37b	Community Physio MSK	0.14	0.14	0.00	0.14	0.14	0.00
FRP37c	Acute Physio / T&O MSK	0.15	0.15	0.00	0.15	0.15	0.00
FRP37d	OCAS MSK	0.08	0.08	0.00	0.08	0.08	0.00
FRP37e	MSK Investment	-0.37	-0.37	0.00	-0.37	-0.37	0.00
FRP38	PEARS	0.30	0.30	0.00	0.30	0.30	0.00
FRP41	Respiratory in A&E/AMU	0.54	0.54	0.00	0.54	0.54	0.00
FRP49	Mental Health ICS	0.25	0.25	0.00	0.25	0.25	0.00
FRP51b	RWT EOL SDIP	0.20	0.20	0.00	0.20	0.20	0.00
FRP54	Therapy Service Review (R+R TEAM RWT)	0.21	0.21	0.00	0.21	0.21	0.00
FRP55	WVSC Grant Payment	0.07	0.07	0.00	0.07	0.07	0.00
FRP56	Age Uk Supportive discharge (Post ERG)	0.02	0.02	0.00	0.02	0.02	0.00
FRP58	CHC Adults	0.15	0.15	0.00	0.15	0.15	0.00
FRP59	EPP (Specific Client)	0.18	0.18	0.00	0.18	0.18	0.00
FRP62	Closed List LD	0.14	0.14	0.00	0.14	0.14	0.00
FRP63	Heatun Transactional Costing	1.20	1.20	0.00	1.20	1.20	0.00
FRP65	BCF 2016/17 Savings	3.29	2.50	-0.79	3.29	2.50	-0.79
FRP65a	BCF 2016/17 Savings (banked)	2.50	2.50	0.00	2.50	2.50	0.00
FRP65b	BCF 2016/17 Savings (stretch)	0.79	0.00	-0.79	0.79	0.00	-0.79
FRP76	WUCTAS Decommissioning of the Medical Triage Service	0.09	0.09	0.00	0.09	0.09	0.00
FRP78	Unallocated Savings 2016/17	2.12	2.40	0.28	2.12	2.40	0.28
	Other						
	Grand Total	11.26	10.72	-0.54	11.26	10.72	-0.54



Key:

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;

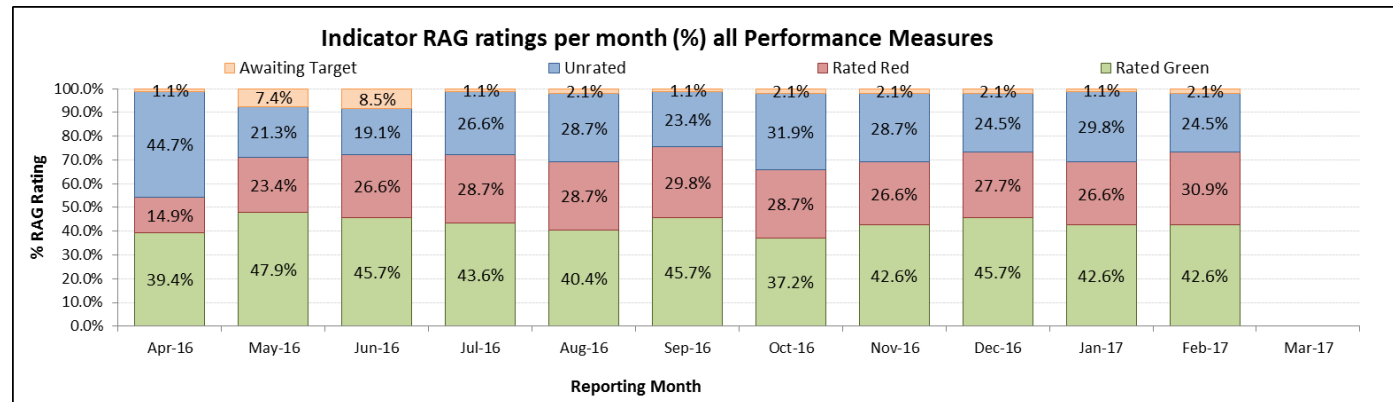
Executive Summary - Overview

Feb-17

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC *	Total
NHS Constitution	9	11	11	12	4	1	0	0	24
Outcomes Framework	9	7	7	10	20	18	1	2	37
Mental Health	22	22	7	7	4	4	0	0	33
Totals	40	40	25	29	28	23	1	2	94

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC *
NHS Constitution	38%	46%	46%	50%	17%	4%	0%	0%
Outcomes Framework	24%	19%	19%	27%	54%	49%	3%	5%
Mental Health	67%	67%	21%	21%	12%	12%	0%	0%
Totals	43%	43%	27%	31%	30%	24%	1%	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 February 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%	90.59%			90.84%	92.00%

RWT_EB3

The performance data for headline level RTT (Incompletes) has not been submitted as part of the February report. At time of submission the Trust confirmed that "Data was not available at time of submission" and have since confirmed performance via the Integrated Quality and Performance Report (Trusts Public Board papers) as 90.81% and below the 92% target. When compared to the previous years performance, there has been a decrease in compliance (Feb 15/16 = 92.14% - 2454 breaches out of 31210, Feb 16/17 = 90.78% - 2,928 breaches out of 31,758) and an overall increase in the number of patients on the waiting list of 548 (1.76% increase). The February data has since been validated via the National Unify2 submission as 90.78% seen within 18 weeks. The Trust have provided an updated Remedial Action Plan (RAP) for the Orthodontics breaches with a recovery trajectory confirming zero breaches by June 2017. Actions to improve performance include : Close working with Directorate Managers and priority booking of inpatients at 14-17 weeks and 18 weeks with detailed reports sent to Directorate Managers for all patients waiting over 40 weeks. Training sessions continue for staff regarding pathway recording and monitoring. Additional Orthodontic sessions were scheduled during March to ensure that the numbers waiting over 52 weeks remains within the recovery trajectory and that the backlog of patients continues to reduce. 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 who have queried the increase in waiters as part of the April assurance call.

The Trust have confirmed that 4 Dermatologists have left the organisation and enhanced clinical roles have been set up to enable patients who would have been seen by the consultants to continue to be seen. The CCG will be monitoring the Dermatology speciality RTT data. Early indications are that the March performance has seen an increase to 91.00% in-month however has failed Year End (90.86%).

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%	98.67%	98.56%		98.85%	99.00%

The performance for Diagnostic Tests has failed to meet the 99% target for the fourth consecutive month with February reporting at 98.56% (87 breaches out of 6062) with the YTD also failing target at 98.95%. The Trust confirmed at the CQRM meeting (held in March) that all diagnostic test areas were at 100% with the exception of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans which remain under target. Outsourcing of scans has been investigated, however as specialised scans require a consultant to be present during consultations this is not an option for all referrals. The Trust confirmed that they had seen an increased rate of referrals and the Radiology department continues to work closely with the Cardiac Directorate to utilise scan capacity. The Month 11 performance RTT performance continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The National verified figures have confirmed that breaches occurred in February for both MRI (43 breaches out of 1,423 - 96.98%) and CT scans (43 breaches out of 825 - 94.79%) and these were the only two test areas which performed below target during the reporting period. Early indications are that the March performance has failed to achieve target in-month (98.65%) and the Year to Date has also breached target (98.83%). The Trust have confirmed that they are confident of performance recovery in April 2017.

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%	89.71%		89.95%	95.00%

The Month 11 performance has failed to achieve both the 95% National target (Type 1 and All Types) and STF trajectory (95%) however has seen a 5.06% increase from previous months to 89.71% (89.95% YTD). The headline performance of 89.71% can be split into the following : Emergency Department New Cross - 82.75%, Walk In Centre - 100%, Cannock Minor Injury Unit (MIU) - 100% and Vocare - 96.00%. When compared to the previous years performance, there has been a increase in compliance (Feb 15/16 = 85.39%, Feb 16/17 = 89.71%), however February 2017 saw an increase of 2213 attendances compared to February 2016 (a 14.08% 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. The overall admission percentage has seen an increase although the numbers of admissions have seen a reduction. Issues with 1st assessments are linked to an on-going staffing issue and reliance on locum staff, however the Trust have confirmed that an additional Paediatric Consultant has commenced in post. Urgent Care performance (including ambulance conveyances) continues to be discussed at the monthly CQRM and CRM meetings, as part of CCG Assurance Call Agenda with NHS England and discussed at length at the A&E Delivery Board where performance is challenged, issues discussed and actions recommended. The CRM meeting during March discussed the February performance and confirmed that the Trusts performance saw a small decrease in attendances (440 fewer attendances than Jan17) with performance near to achieving 90%, however below target performance within the last 48hours of the reporting month reducing the percentage below 90%. Early indications are that the March performance has seen a positive increase to 91.24%.

RWT_EB5

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%	77.98%		76.44%	85.00%

The performance for February 2017 has seen an increase to 77.98% and remains below both the STF trajectory and the 85% target in-month and YTD (76.44%).

The Trust have since confirmed via the Integrated Quality and Performance Report that there were 24 patients that breached target during February (11 x tertiary referrals, 6 x capacity issues, 1 x patient initiated and 6 x complex pathways) which due to tertiary referral shared breaches equates to 18.5 breaches overall. Analysis by Cancer site confirms the breaches are relating to : Sarcoma (0 out of 0.5 - 100%), Urology (6.5 breaches out of 18.5 - 64.86%), Lung (0 breaches out of 4 - 100%), Colorectal (3 breaches out of 9 - 66.67%), Head & Neck (2 breaches out of 3.5 - 42.86%), Upper GI (0.5 breach out of 1.5 - 66.67%), Gynaecology (5.5 breaches out of 6 - 8.33% and a significant decrease from the January performance of 72.73%), Haematology (1 out of 7.5 - 86.67%), Skin (0 breaches out of 16.5 - 100%) and Breast (0 out of 16 - 100%). The Trust are seeing more patients as they now have Saturday clinics for Urology booked through to April 2017. Due to the backlog for this specialty, all patients taken will be breaches which affect compliance against standards. 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. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and February performance has been confirmed as 79.43% (18 patient breaching target out of 87.5) and therefore remains RED. The Month 11 performance was discussed at the March CQRM and CRM meetings with the Trust confirming that they have been in discussions with NHSE to renegotiate the target, however this has been unsuccessful so far as would be below that of the STF trajectory. Early indications are that the March performance has seen a positive increase to 81.18%, however remains below target (RED).

RWT_EB12

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
80.77%	96.88%	82.35%	84.00%	95.83%	76.92%	80.00%	95.65%	89.47%	85.71%	66.67%		84.93%	90.00%

Performance in Month 11 has seen a decline from the previous month and has failed to achieve the 90% target both in-month (66.67%) and YTD 84.93%. The SQPR submission indicated that there was 4 breaches (out of 11 patients). Analysis of the Year on Year performance shows that the M11 performance is above that of 2015/16 for the same month (15/16 - 72.00%). 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 requested NHSI to provide details of Tertiary Providers who are compliant so lessons learnt can be taken from them to improve performance. The Trust have confirmed that they are seeing an increase in referrals as a result of the Be Clear on Cancer – Abdominal Cancer. 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 February confirm that the Trust achieved 68.18% (relating to 3.5 breach out of 11 patients seen) and therefore RED. The Trust have also confirmed that the February performance excluding tertiary referrals as 70.00% and therefore will remain RED. Early indications are that the March performance has seen a positive increase to 90% and will therefore achieve in-month (GREEN).

RWT_EB13

Zero tolerance RTT waits over 52 weeks for incomplete pathways*

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	0	100	64	53	51	49	23	23	25	24		412	0

This indicator has breached the zero threshold for 52 week waiters as it continues to manage the outstanding long waiting Orthodontic patients following an in-depth review of waiting list practices. At the end of February, 24 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. 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 who have queried the increase in waiters as part of the April assurance call. The Trust have confirmed that as a single handed service, during bank holidays or whilst the consultant is on annual leave, the number of Orthodontic patients waiting over 52 weeks can rise as patients waiting at weeks 47 to 51 at the start of the month can topple over into the 52 weeks. As a result, whilst the original cohort of patients waiting over 52 weeks reduced during the reporting month, the overall number of breaches are due to additional patients breaching the threshold. The Trust have provided an updated Remedial Action Plan (RAP) for the Orthodontics breaches with a recovery trajectory confirming zero breaches by June 2017. The February performance of 24 is ahead of the Month 11 local recovery trajectory of 26 breaches. The Trust have confirmed that additional sessions were scheduled during March to ensure that the numbers waiting over 52 weeks remains within the recovery trajectory and that the backlog of patients continues to reduce. As a commissioner, the CCG have 1 Trauma & Orthopaedics patient waiting over 52 weeks at the Royal Orthopaedic Hospital (Birmingham).

RWT_EBS4

Delayed Transfers - % occupied bed days - to exclude social care delays

2.54%	3.52%	2.43%	1.29%	2.46%	2.17%	1.13%	2.13%	2.18%	1.80%	2.61%		2.21%
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The Delayed Transfers of Care (DToC) indicator has breached the 2.5% threshold for the first time since May 2017 with the proportion of delays reporting at 2.61% for February (Excluding Social Care). The Trust have confirmed via the Integrated Quality and Performance Report (published and available from the Trust Public website) the total performance (including social care) is 5.59%. The issue of delays was discussed at the March CQRM meeting as the number of Staffordshire patients has a disproportionate impact on the Trust as although a smaller number of patients, their length of stay is often longer and equates to 25% of delays. The national verified data (based on a monthly snapshot) indicates that the Trust Delayed Transfer rankings (where 1 = worst) as 47th (out of 231 organisations) for all delay types, 84th for NHS responsible delays and 20th for Social Care responsible delays. The Trust have indicated the following delay reasons for February:

RWT_LQR3

- 21.6% - Delay Awaiting Assessment (no change)
- 22.4% - Delay awaiting further NHS Care (no change)
- 25.0% - Delay awaiting domiciliary package (no change)
- 12.9% - Delay awaiting family choice (no change)
- 7.8% - Delay awaiting equipment/adaptations (no change)
- 5.2% - Delay awaiting public funding (no change)

Confirmation : Porportion figures are shown to 1 decimal place via the Trusts Integrated Quality and Performance Report, and although have been reported as "no change", the Trust have confirmed that the numerator/denominator figures differ from the previous month.

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%	100.00%		86.09%	95.00%

BCPFT_LQGE05

Performance for this indicator has seen a significant increase and achieved 100% of clients receiving an initial assessment within 10 working days which relates to 12 individual clients. However, due to previous below target performance the YTD remains below the 95% target (86.09%). 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 have confirmed that the ability to meet this deadline is dependant on client choice.

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%	5.74%		15.67%

The Delayed Transfers of Care (DTOCs) has been an on-going issue throughout the year, however the February performance has seen a significant improvement to 5.74% against the 7.5% monthly threshold. The performance relates to the total number of delay days for the month (76) over the total number of occupied bed days excluding leave for the month (1324) 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 significant increase in compliance (Feb 15/16 = 20.55%, Feb 16/17 = 5.74%). 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 6 patients (1 = NHS responsible, awaiting Family Choice, 5 = Social Care responsible, Residential and Nursing Home).

The Committee asked that future performance reports highlight targets that the CCG can influence.

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. Draft Finance and Performance Committee Annual Report

The Committee noted that minor changes had been made and a conclusion would be shared with the Committee Chair before being taken to the Governing Body. The Committee took assurance that it has discharged its duties as set out in its terms of reference.

6. Risks

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.

The CCG continues to have a challenging financial position for 17/18 with a number of factors outside of its direct control that could impact on its ability to deliver its financial targets. The QIPP programme for the year is substantial and the management team will continue to closely manage the delivery agenda. The Committee agreed to review risk at its May meeting in order to have a full understanding of the challenges ahead.

7. RECOMMENDATIONS

Receive and note the information provided in this report.

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 24th April 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	Yr End	
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															