

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 13

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 25th July 2017
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance 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	£9.130m surplus	£9.130m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£402.883m	£402.883m	Nil	G
Revenue Administration Resource not exceeded	£5.535m	£5.535m	Nil	G
Non Statutory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	429	2,808	2,379	A
Maximum closing cash balance %	1.25%	8.19%	6.94%	A
BPPC NHS by No. Invoices (cum)	95%	100%	-5%	G
BPPC non NHS by No. Invoices (cum)	95%	96%	-1%	G
QIPP	£2.65m	£2.68m	(£0.03m)	A
Programme Cost £'000*	96,160	96,743	584	G
Reserves £'000*	534	0	(534)	G
Running Cost £'000*	1,384	1,334	(50)	G

- The net effect of the three identified lines (*) is breakeven.
- The cash balance has exceeded the target due to anticipated payments to CWC not being processed in June (see cash section 14.2).
- Additional QIPP has been identified in M3.
- The CCG is anticipating meeting all its statutory duties in 2017/18.

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

	Annual Plan £'000	YTD Performance M03			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	190,382	47,596	47,802	206	0.4%
Mental Health Services	35,538	8,956	9,249	293	3.3%
Community Services	36,971	9,243	9,196	(47)	(0.5%)
Continuing Care/FNC	13,899	3,475	3,436	(39)	(1.1%)
Delegated Primary Care	35,165	8,791	8,878	87	1.0%
Prescribing & Quality	51,307	12,827	12,581	(245)	(1.9%)
Other Programme	21,090	5,272	5,602	329	6.2%
Total Programme	384,352	96,160	96,743	584	0.6%
Running Costs	5,535	1,384	1,334	(50)	(3.6%)
Reserves	3,866	534	0	(534)	(100.0%)
Total Mandate	393,753	98,077	98,077	0	0.0%
Target Surplus	9,130	2,283	0	(2,283)	(100.0%)
Total	402,883	100,360	98,077	(2,282)	(2.3%)

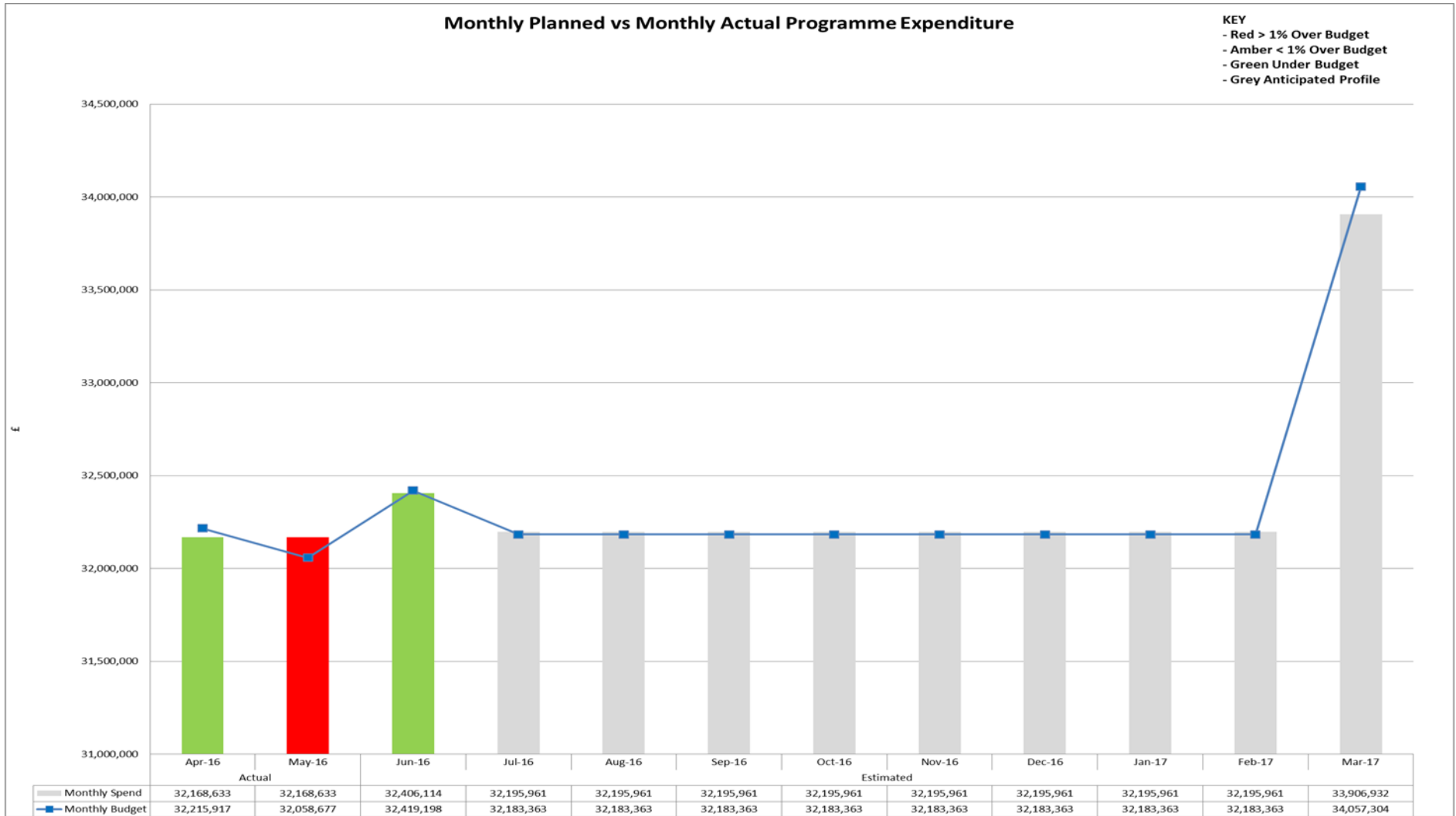
The table below details the forecast out turn by service line at Month 3.

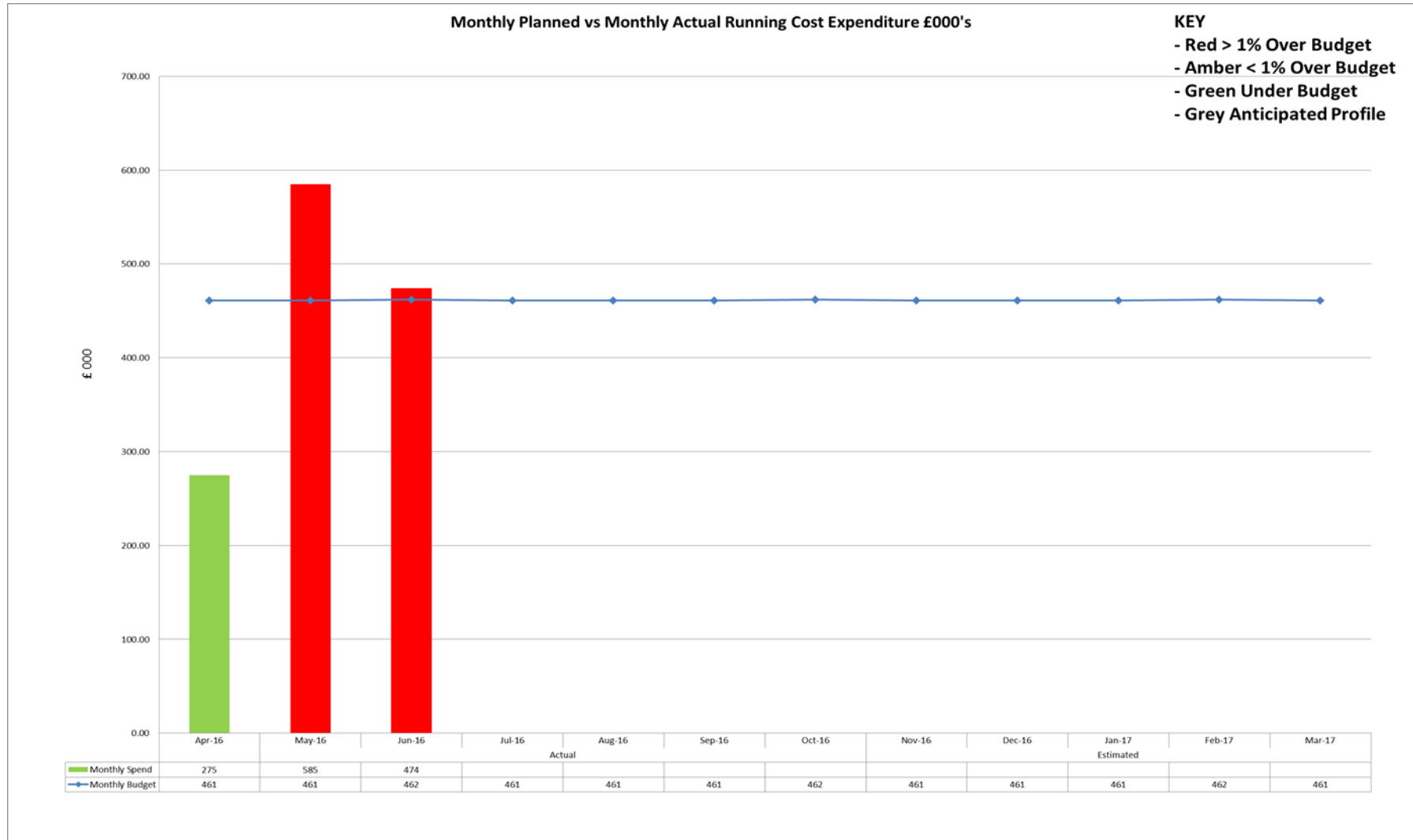
	Annual Plan £'000	Yr End Forecast £'000	Yr End Variance Total £'000 o(u)	Yr End Variance Recurrent £'000 o(u)	Yr End Variance Non Recurrent £'000 o(u)	Yr End Variance %
Acute Services	190,382	191,352	970	692	278	0
Mental Health Services	35,538	35,962	424	42	382	0
Community Services	36,971	36,937	(34)	5	(39)	(0)
Continuing Care/FNC	13,899	13,087	(812)	(595)	(217)	(0)
Delegated Primary Care	35,165	35,165	0	0	0	0
Prescribing & Quality	51,307	51,450	142	50	92	0
Other Programme	21,090	22,188	1,098	6,339	(5,241)	0
Total Programme	384,352	386,141	1,788	6,533	(4,745)	0
Running Costs	5,535	5,535	0	0	0	0
Reserves	3,866	2,077	(1,788)	(1,788)	0	(0)
Total Mandate	393,753	393,753	(0)	4,745	(4,745)	(0)
Target Surplus	9,130	0	(9,130)	0	(9,130)	(1)
Total	402,883	393,753	(9,130)	4,745	(13,875)	(0)

- The recurrent year end variance of £4.745m is a consequence of recurrent spend being offset by a non-recurrent allocation in relation to HRG4+ and IR (national coding and costing changes which impacted upon the 17/19 contract). The CCG will have a non-recurrent allocation again in 18/19 whereafter the sum should be incorporated into the new allocations published after the next CSR (Comprehensive spending review).
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, £1.780m. For 18/19 the CCG will need to reinstate the Contingency and this will be a first call on growth monies.
- The CCG is required to maintain a recurrent underlying surplus of 2% of its allocation (£7.551m as per Financial Plan). The year end position calculated in the monthly submission to NHSE delivers 1.93% as a result of the Primary Care Delegated budgets being included. This NHSE calculation is incorrect as 1% surplus does not have to be made on the Delegated Primary Care Budgets.
- The table below highlights movements in the forecast between months 2 and 3.

	Annual Plan £'000	Forecast Outturn at M03			Forecast Outturn at M02			In Month Movement £'000 o(u)
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance £'000	Var %	
Acute Services	190,382	191,352	970	0.51%	190,282	(210)	(0.11%)	1,179
Mental Health Services	35,538	35,962	424	1.19%	35,423	56	0.16%	367
Community Services	36,971	36,937	(34)	(0.09%)	36,913	(34)	(0.09%)	0
Continuing Care/FNC	13,899	13,087	(812)	(5.84%)	13,987	88	0.63%	(900)
Delegated Primary Care	35,165	35,165	0	0.00%	34,477	0	0.00%	0
Prescribing & Quality	51,307	51,450	142	0.28%	51,370	185	0.36%	(43)
Other programme	21,090	22,188	1,098	5.21%	22,274	1,702	8.07%	(604)
Total Programme	384,352	386,141	1,788	0.47%	384,726	1,788	0.47%	(0)
Running Costs	5,535	5,535	0	0.00%	5,535	0	0.00%	0
Reserves	3,866	2,077	(1,788)	(46.26%)	2,077	(1,788)	(46.26%)	0
Target Surplus	9,130	9,130	388,218	4252.11%	9,052	0	0.00%	0
Total Mandate Spend	402,883	402,883	388,218	96.36%	401,390	0	0.00%	388,218

- Currently RWT, the main driver in Acute is recording at month 2 a break even position. However, in light of previous trends it is deemed prudent to reflect an overspend of c £1m in the FOT.
- The movement in Mental Health relates to additional charges for an increased number of clients in the NCAs portfolio.
- Continuing Care and FNC spend is due to a full review of the QA database and the impact of national guidance (see CHC section).
- Within Other Programme costs the variance is driven by a reduction in non-contracted QIPP (currently not being delivered but is covered by the release of the contingency) and Enhanced services (over budgeted)





- Running costs historically have reported a stable position from M3 onwards and this is anticipated to continue through to year end. Traditionally the last 3 months of the financial year see a proportionally higher spend per month but overall a breakeven position is forecast at year end.

2. Delegated Primary Care

Delegated Primary Care Allocations for 2017/18 as at month 03 are £35.513m. The forecast outturn is £35.513m delivering a breakeven position.

The planning metrics for 2017/18 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations. The table below shows the revised forecast for month 03:

	Annual Budget	FOT M03	Var
	£'000s	£'000s	£'000s
General Practice GMS	21,002	21,002	0
General Practice PMS	1,809	1,809	0
Other list base service AMPS	2,298	2,298	0
Premises	2,684	2,684	0
Premises Other	90	90	0
Enhanced Services	845	845	0
QOF	3,622	3,622	0
Other PCO ie Sickness, Maternity etc	606	606	0
PMS Premium *	494	494	0
Other GP Services	1,541	1,541	0
Contingency 0.5%*	174	174	0
Reserve 1%*	348	348	0
Total	35,513	35,513	0

*budgets being committed non recurrently pending a Q2 budget review

3. QIPP

The key points to note are as follows:

- Following the finalisation of the year end figure the plan QIPP target of £10.62m increased to £11m. As a result the level of non contracted QIPP without plans has increased to £1.519m as £616k has identified plans.
- M3 has identified £276k against non contracted QIPP balance of £1.519m although some is non recurrent in nature as detailed below:

Month	scheme	£'000	£'000 balance remaining	Rec £'000	Non Rec £'000
opening M1		1,519			
M3	Vocare fines 16/17	77	1,442		77
	Estates benefit	29	1,413		29
	Resp Cons in A&E (funded in contract)	65	1,348	65	
	Vocare budget too high	105	1,243	105	
				170	106

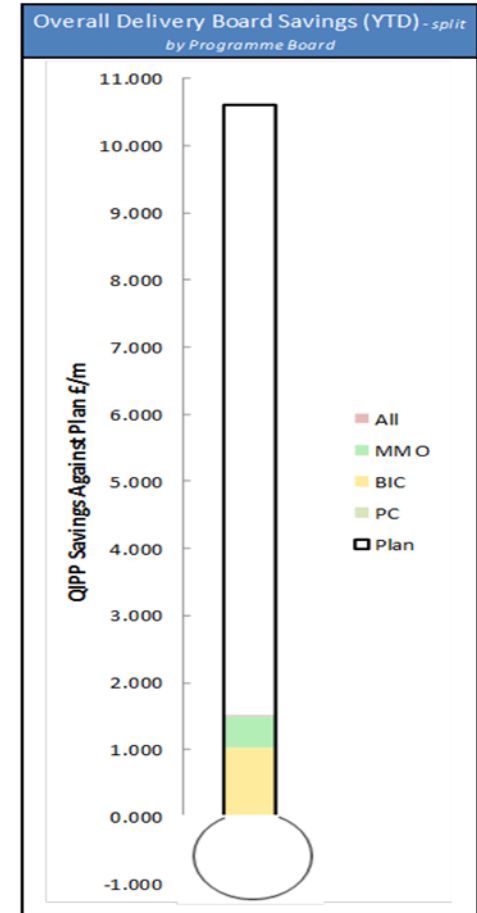
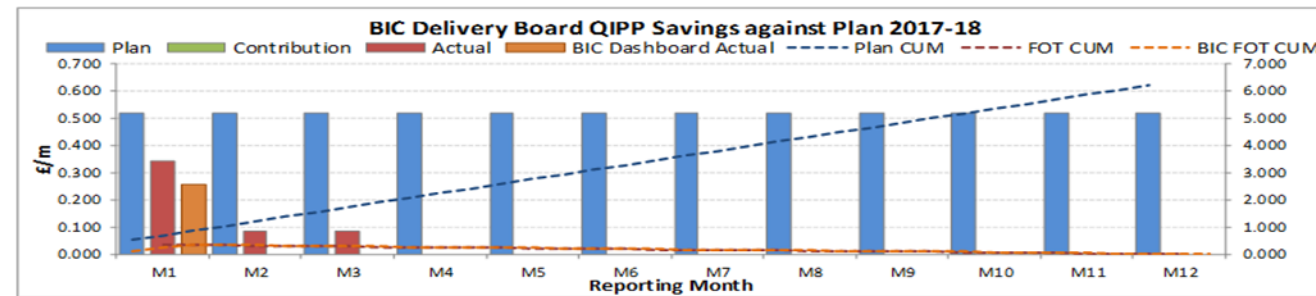
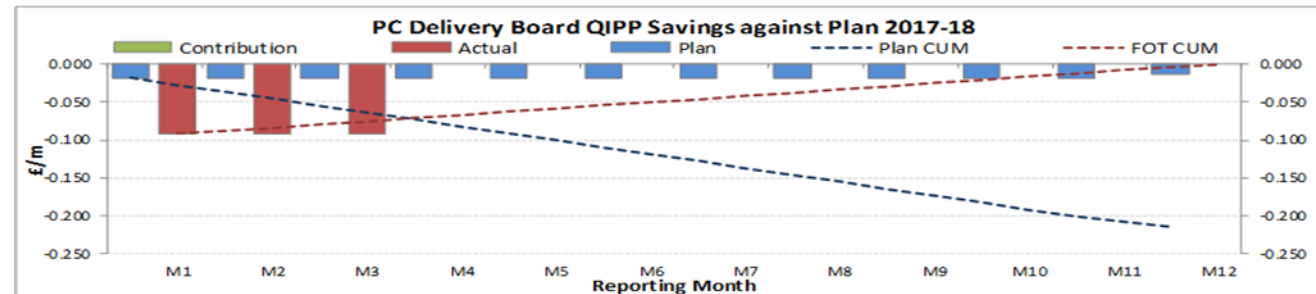
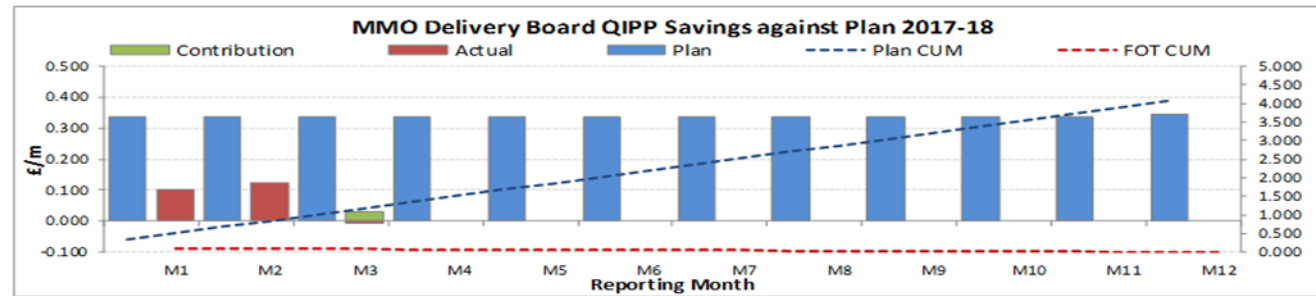
- Any non recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.
- A Deep Dive into Budgets at the end of Q1 is likely to identify further QIPP to contribute against the non contracted QIPP.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	1.01	1.04	0.03	4.05	4.05	0.00
Transformational	1.64	1.64	0.00	6.56	6.56	0.00
Unallocated		0.00	0.00	0.00	0.00	0.00

Mth 3 - June 17/18

QIPP Programme Delivery Board

Source : Annual Non ISFE Plan, Monthly Project Leads Updates and validated figures from Non ISFE Finance Return

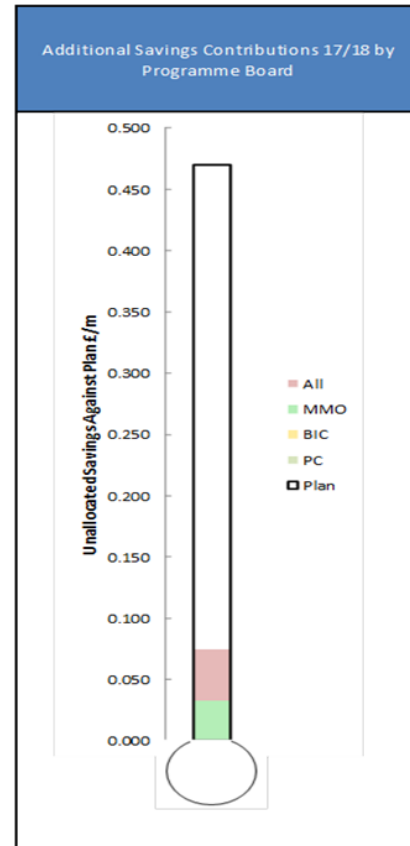


QIPP Programme Delivery Board

Source: Annual Non ISFE Plan, Monthly Project Leads Updates and validated figures from Non ISFE Finance Return

Mth 3 - June 17/18

Project ID	Description	Annual Plan	YTD Plan	YTD (Non ISFE)	Variance from Plan YTD	FOT (Non ISFE)	FOT Variance from Annual Plan	Jun YTD Non ISFE diff from Prog Brd	Jun FOT Non ISFE diff from Prog Brd
17/18-1	Chest Pain Tariff	0.240	0.060	0.060	0.000	0.240	0.000	0.060	0.000
17/18-2	Lucentis Tariff	0.583	0.146	0.146	0.000	0.583	0.000	0.146	0.000
17/18-3	Walking for Health	0.038	0.010	0.010	0.000	0.038	0.000	0.000	0.000
17/18-4	Therapy Service Review (R&R Team)	0.071	0.018	0.018	0.000	0.071	0.000	0.000	0.000
17/18-5	CHC Efficiencies	0.135	0.034	0.034	0.000	0.135	0.000	0.000	0.000
17/18-6	Prescribing Efficiencies	2.050	0.512	0.512	0.000	2.050	0.000	0.238	0.000
17/18-7	Estates Voids	0.100	0.025	0.025	0.000	0.100	0.000	0.025	0.000
17/18-7a	Estates Voids - Non Recurrent Savings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
17/18-8	EPP	0.300	0.075	0.075	0.000	0.300	0.000	0.075	0.000
17/18-9	Practice Transformation Support - Investment	-0.500	-0.126	-0.126	0.000	-0.500	0.000	0.000	0.000
17/18-10	Community Investment	-0.600	-0.150	-0.150	0.000	-0.600	0.000	0.000	0.000
17/18-11	NEPTS	0.403	0.101	0.101	0.000	0.403	0.000	0.000	0.000
17/18-12	MSK - Investment	-2.226	-0.558	-0.558	0.000	-2.226	0.000	0.000	0.000
17/18-13	Running Costs	0.100	0.025	0.025	0.000	0.100	0.000	0.000	0.000
17/18-14	MSK Indep. Physios	0.155	0.039	0.039	0.000	0.155	0.000	0.000	0.000
17/18-15	MSK Acute	0.885	0.221	0.221	0.000	0.885	0.000	0.221	0.000
17/18-16	MSK OCAS	0.311	0.078	0.078	0.000	0.311	0.000	0.000	0.000
17/18-17	MSK Community Physio	0.926	0.232	0.232	0.000	0.926	0.000	0.000	0.000
17/18-18	GP Extended Access	0.385	0.096	0.096	0.000	0.385	0.000	0.096	0.000
17/18-19	Dementia (Rubicon C22 Changes) £	0.200	0.050	0.050	0.000	0.200	0.000	0.050	0.000
17/18-20	Paeds NEL	0.397	0.099	0.099	0.000	0.397	0.000	0.099	0.000
17/18-21	Care closer to home	3.690	0.923	0.923	0.000	3.690	0.000	0.666	0.000
17/18-22	EOL	0.200	0.050	0.050	0.000	0.200	0.000	0.000	0.000
17/18-23	Mental Health (surplus 1)	0.169	0.042	0.042	0.000	0.169	0.000	0.000	0.000
17/18-24	Mental Health (surplus 2)	0.277	0.069	0.069	0.000	0.277	0.000	0.000	0.000
17/18-25	Other Community Physio	0.041	0.010	0.010	0.000	0.041	0.000	0.000	0.000
17/18-26	Robotics	0.051	0.012	0.012	0.000	0.051	0.000	0.000	0.000
17/18-27	Care closer to home (stretch)	0.416	0.104	0.104	0.000	0.416	0.000	0.104	0.000
17/18-28	Planned /unplanned Mental Health in acute £	0.148	0.037	0.037	0.000	0.148	0.000	0.000	0.000
17/18-29	Dementia Pathway Review £	0.200	0.050	0.050	0.000	0.200	0.000	0.050	0.000
17/18-55	TWIRL	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
17/18-97	Contract Efficiencies ind NCAs	0.500	0.125	0.125	0.000	0.500	0.000	0.106	0.000
17/18-98	Primary Care Stretch	0.500	0.125	0.125	0.000	0.500	0.000	0.125	0.000
17/18-99	2017/18 Budget	0.470	0.118	0.118	0.000	0.470	0.000	0.118	0.470
Grand Total :		10.615	2.651	2.651	0.000	10.615	0.000	2.178	0.470



Key:	Modernisation and Medicines Optimisation	Primary Care
	Better Integrated Care	Exec/All
	Closed Projects - for Information	

4. PERFORMANCE

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

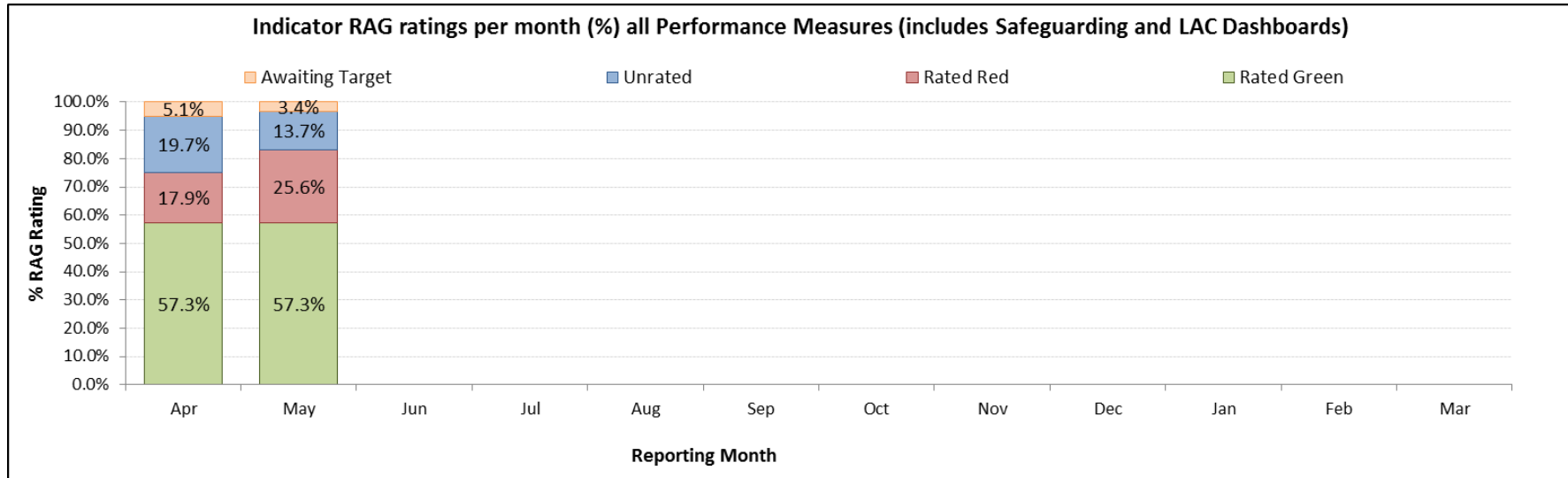
Executive Summary - Overview

May-17

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	13	11	10	13	1	0	0	0	24
Outcomes Framework	9	11	5	10	12	5	0	0	26
Mental Health	24	23	2	2	8	9	0	0	34
Safeguarding - RWT	7	8	4	5	2	0	0	0	13
Looked After Children (LAC)	0	0	0	0	0	2	6	4	6
Safeguarding - BCP	14	14	0	0	0	0	0	0	14
Totals	67	67	21	30	23	16	6	4	117

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC or n/a *
NHS Constitution	54%	46%	42%	54%	4%	0%	0%	0%
Outcomes Framework	35%	42%	19%	38%	46%	19%	0%	0%
Mental Health	71%	68%	6%	6%	24%	26%	0%	0%
Safeguarding - RWT	54%	62%	31%	38%	15%	0%	0%	0%
Looked After Children (LAC)	0%	0%	0%	0%	0%	33%	100%	67%
Safeguarding - BCP	100%	100%	0%	0%	0%	0%	0%	0%
Totals	57%	57%	18%	26%	20%	14%	5%	3%

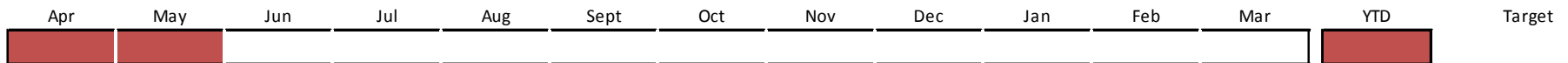
* Note : Performance for Looked After Children (LAC) has been included on the Dashboard section of the report for information only as currently does not have targets or thresholds applied to the indicators.



Exception highlights were as follows;

Indicator Ref:	Title and Narrative	Direction of Travel / Yr End Target
	Royal Wolverhampton Hospital NHS Trust (RWT)	

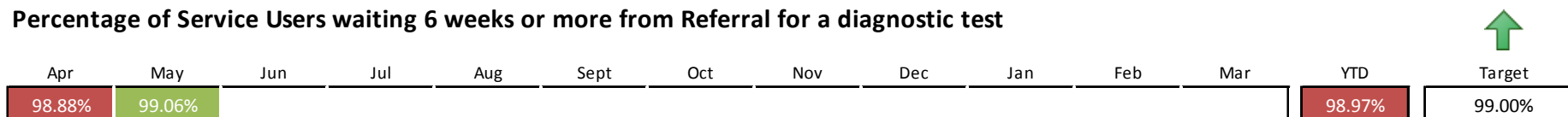
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral



RWT_EB3

The performance data for headline Referral to Treatment (RTT - 18 weeks) Incompletes has been reported at the highest level since April 16 at 91.50% and has achieved the proposed 17/18 STF trajectory for May, however remains below the 92% National target. When compared to the previous years performance, the validated National Unify2 submission showed that there has been an overall decrease in the number of patients waiting on the waiting list (May16 = 34533 with 3049 breaches, May17 = 33569 with 2854 breaches). Failing specialties include : ENT, General Surgery, Ophthalmology, Oral Surgery, Plastic Surgery, T&O and Urology. The Trust have confirmed that specific departmental RTT training is on-going. The waiting list backlog is continually monitored against trajectories with issues affecting performance predominately due to the Inpatient backlog in Orthopaedics and Ophthalmology and mix of patients often including complex case patients. Monthly prediction reports are being circulated to Directorate Managers and Waiting List Clerks (detailing priority patients). An increase in the number of referrals from out of area has been confirmed and includes increases from Shropshire, which now has referral numbers similar to those being received from Dudley. The Demand Management Programme of work continues to look at how referrals can be appropriately diverted at point of referral. 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 confirmed number of patients reported over 52 weeks at the end of May is 4 (all Orthodontics patients) and remains ahead of target against the recovery action plan trajectory of 6 by month end. Additional sessions continued to ensure that performance remained within the recovery trajectory and the Trust have confirmed that there were no 52 week waiters as at the end of June. The Commissioner Incomplete performance for May has been confirmed as 92.08% and therefore GREEN.

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



The performance for Diagnostic tests has achieved the 99% target for the first time since October 2016 with 99.06% in month, which relates to 49 breaches (out of 5,233). All diagnostic test areas were at 100% in May with the exception of Computed Tomography (CT = 23 breaches out of 676), Magnetic Resonance Imaging (MRI = 25 breaches out of 1015). The Trust confirmed at the Clinical Quality Review Meeting (CQRM) meeting held in June that performance is compliant in May and will be compliant going forward. There are still challenges in Radiology around CT and MRI Heart and these areas will be closely monitored going forward. As a Commissioner, the May performance calculates as 98.93% (34 breaches out of 3164) of which 31 relates to the Royal Wolverhampton NHS Trust, 3 to other Providers (compared to 10 breaches at the end of April):

RWT_EB4

Computed Tomography (CT) - 1 x Birmingham Womens Hospital

MRI - 1 x The Dudley Group of Hospitals

Gastroscopy - 1 x Walsall Healthcare NHS Trust

Early indications are that the Royal Wolverhampton NHS Trust performance for June has seen a further increase to 99.48% and therefore remains GREEN.

Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
92.52%	94.12%											93.32%	95.00%

The May performance has seen a 1.60% increase from the previous month to 94.12% and has failed to achieve the National target (Type 1 and All Types) of 95%, however has achieved the proposed 17/18 STF Trajectory for May of 90.00%. The performance can be split into the following : Emergency Department (New Cross) - 90.32%, Walk-In Centre -100%, Cannock Minor Injury Unit (MIU) - 100% and Vocare - 98.03%. When compared to the previous year, there has been an improvement in performance (May16 - 88.03%, May17 - 94.12%). Activity numbers for May confirm that there were an average of 384 attendances per day (the highest was 469 on the 15th May), an average of 88 admissions per day (highest of 158 on 15th May) and an average of 130 ambulance arrivals per day (highest of 160 on 24th May). The Trust and CCG continue to hold Urgent Care teleconferences (Exec to Exec) three times a week and the A&E Delivery Board meetings to review progress and manage performance. The STF revised trajectory has been submitted and is awaiting approval from NHS Improvement (NHSI) which would provide a staggered recovery to meet national recovery trajectory of 91% by September 2017 and full compliance of the 95% target by March 2018. The A&E Delivery Board continue to maintain an overview of the Urgent and Emergency Care system with a key focus on delivery of the 95% National A&E standard and have agreed the top three priorities as : Increasing See and Treat provision at peak times, Joint Triage review to increase flow from the Emergency Department and the Urgent Care Centre and Discharges to Assess programme of work. The Trust have confirmed that issues with staffing remain and there is a reliance on locums within the Emergency Department and staff retention issues (GP and Nursing Staff) within the Emergency Care Centre. The Trust have shared a Monthly Non-Elective Medical Performance Update report for June 2017 which highlights the rising number of Emergency Department (ED) attendances, however the number of medical admissions have remained stable. Breach analysis has confirmed that delayed first assessments in ED continue to be the most common reason for breaching the 4 hour target and that patients are at high risk of breaching the 4hour target once their delay wait reaches the 2 hour mark. Confirmation has been received regarding the changes to the Ambulance Waiting Time standards and the abolishment of 60 second call receipt to dispatch standard which will enable more accurate assessment and categorisation into the four priority standards that are to be implemented by Winter 2017, these include :

Category 1 : Life-threatening injuries and illness (7 minute response time), Category 2 : Emergency calls (18 minute response time), Category 3 : Urgent calls (120 minute response time) and Category 4 : Less urgent calls (180 minute response time, however some instances maybe given advice over the telephone or referred to another service eg GP or Pharmacist).

The A&E performance continues to be discussed at the monthly CQRM and CRM meetings, as part of the CCG Assurance Call Agenda with NHS England, the A&E Delivery Boards and as part of the Quality Requirements and National Operational Standards contract for 2017/18. Early indications are that the June performance (2017/18) has seen an decrease to 93.4% however remains above the STF Trajectory.

RWT_EB5

Zero tolerance RTT waits over 52 weeks for incomplete pathways

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
6	4											10	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 May, 4 patients were recorded as waiting over 52 weeks and the National validated Unify2 data has also confirmed that were 4 Orthodontic patients waiting over 52 week. 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 have verbally confirmed that the original Orthodontic long waiters back log was nearing completion during May and have since cleared the 52 weeks waiters for June. As a commissioner the CCG have the following breaches :

RWT_EBS4

5 x Trauma & Orthopaedic patient waiting over 52 weeks at the Royal Orthopaedic Hospital (ROH Birmingham). The co-ordinating commissioner (Birmingham Cross City CCG) have confirmed that ROH are working with Specialised Commissioning to support issues around spinal surgery.

1 x Trauma & Orthopaedic patient waiting over 52 weeks at the University Hospital of North Midlands. 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 52 week waiters performance remains as part of the Quality requirements Operational Standards for 2017/18 with the threshold remaining at zero per month. Early indications are that the Royal Wolverhampton has no patients waiting over 52 weeks by end of June 2017.

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
1.75%	2.10%											1.93%	2.00%



The Delayed Transfers of Care (DToc) indicator is based on the proportion of delays by occupied bed days (excluding Social Care) and has achieved the 2.5% threshold in-month reporting 2.10% for May. 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 5.76%. The Trust have confirmed that there is an agreed health economy Delayed Transfer of Care plan in place with the focus on achieving the September trajectory. This will be monitored by ED Delivery Board. Stafford delays remain a challenge for the Trust due to disproportionate longer stays and therefore greater impact on performance. A representative from the Stafford/Cannock CCG will attend the Wolverhampton A&E Delivery Board on a bi-monthly basis. The Trust have indicated the following delay reasons for May:

RWT_LQR3

- 26.5% - Delay Awaiting Assessment (prev 36.5% - decrease)
- 7.8% - Delay awaiting further NHS Care (prev 12.2% - decrease)
- 24.5% - Delay awaiting domiciliary package (prev 17.4% - increase)
- 13.7% - Delay awaiting family choice (prev 15.7% - decrease)
- 9.8% - Delay awaiting equipment/adaptations (prev 4.3% - increase)
- 1.0% - Delay awaiting public funding (prev 3.5% - decrease)

Delayed Transfers of Care continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. A threshold of 3.5% by September 2017 (combined NHS and Social Care related delays) has been agreed between the Royal Wolverhampton Hospital and Local Authority (stretched from 4.9% to 3.5%). A set of actions have been agreed to support this work and to achieve the threshold by September 2017.

Early indications are that the June performance is 1.12% and remains below the 2.5% threshold (excluding Social Care).

-

E-Referral – ASI rates

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
34.66%												34.66%	10.00%

Performance for this indicator was not submitted for May as verified data was unavailable at time of submission due to NHSE publication deadlines. However, this has been highlighted as an exception report as the E-Referral indicator has failed to achieve the 10% throughout 2016-17 and performance has since been confirmed by the Trust for May as 32.42%.

Analysis of the year on year performance shows that the Month 2 performance relates to a higher number of referrals (16/17 denominator = 4114, 17/18 denominator = 4386 and an increase of 272) and a performance below that of the same period in 2016/17 (24.36%). The Trust have signed up to start the Paper Switch Off CQUIN project which relates to routine appointments (non urgent) starting in July 2017 with a 9 month timeline, however concerns have been raised as early achievers to the project could receive additional referrals from surrounding CCGs which will increase their ASI rate more than planned and impact on the headline Referral to Treatment (RTT) performance. Part of the paper switch off project is to poll out on the E-Referral System (e-RS) to the same waits that providers have for paper referral waits, however as this can impact on the Referral to Treatment performance (RTT 18 Weeks) and contravenes the RTT targets. NHS England (NHSE) are to query which target should have more weight and will advise the CCG accordingly.

RWT_LQR12

The National Appointment Slot Issue report for May 17 allows us to benchmark performance :

Walsall Healthcare NHS Trust - 69.55% (1,238 issues out of 1,780 bookings)

Sandwell and West Birmingham - 69.49% (2,535 issues out of 3,648 bookings)

Dudley Group of Hospitals - 38.27% (2,127 issues out of 5,558 bookings)

Royal Wolverhampton - 32.42% (1,422 issues out of 4,386 bookings)

Note : The National Data is based on the E-Referral System data only, The Royal Wolverhampton Trust data does not include urgent referrals as these are received via email, it is not known if other providers figures include or exclude these referrals.

Black Country Partnership NHS Trust (BCP)

Delayed Transfers of Care to be maintained at a minimum level



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
5.12%	3.29%											4.21%	7.50%

BCPFT_LQGE11

The Delayed Transfers of care performance has seen a positive decrease from February 2017 since the inclusion of the Local Authority attendance to the Clinical Quality Review Meeting (CQRM) for dedicated discussions of actions to address DTOC issues. The May performance has been confirmed as 3.29% (against the 7.5% threshold) and is the lowest level since February 2015. As delayed discharges remain a National issue, performance will be monitored via the 2017/18 Local Quality Requirements contract and remain an agenda item on both the CCG's monthly performance call with NHS England (NHSE) and the Trusts CQRM meetings. The CCG has raised concerns regarding issues with Child and Adolescent Mental Health Services (CAMHS) beds and Tier 4 availability which can be effected by Delayed Discharges as part of the Assurance call process to assess if a National or local issue.

Percentage of people who are moving to recovery of those who have completed treatment in the reporting period

[Target - >50%, Sanction: GC9]



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
51.05%	55.06%											53.06%	50.00%

BCPFT_LQIA01

The IAPT Moving to Recovery performance has previously been reported as part of the IAPT Dashboards and has consistently achieved over the 50% target. The performance for 2017/18 has continued this trend with 55.06% of patients moving to recovery during May17. However, this indicator has been included as part of the Horizon Scanning Report as there has been a variance in figures published by NHS England (NHSE). The Black Country Partnership NHS Foundation Trust have performed a full data cleanse and established that several discharged patient system records had incorrectly been flagged for inclusion to the denominator for the national data set. All discharges are completed by a group of senior clinicians who will review every discharge and ensure accurate data entry with the Trust working closely with the system provider and providing regular updates to the Commissioner, NHS Digital, the Trust Boards and CQRM. The Commissioner is working closely with both the Trust and NHSE to rectify all data anomalies. Provisional data for June indicates that the performance has seen a further increase to 56.7%.

5. RISK and MITIGATION

Risks	Potential Risk Value Mth02	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %	Commentary
CCGs						
Acute SLAs	1.40	2.00	70.00%	1.40	30.91%	risk of in year overperformance
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	1.48	2.20	60.00%	1.32	29.10%	risk of slippage on non contracted QIPP
Performance Issues	0.00			0.00	0.00%	
Primary Care	0.00			0.00	0.00%	
Prescribing	0.56	0.70	80.00%	0.56	12.37%	risk of overspend materialising
Running Costs	0.00			0.00	0.00%	
Other Risks	1.25	1.80	69.50%	1.25	27.62%	£500k risk on IR allocation deduction materialising and £1.3m on BCF (LA budgets)
TOTAL RISKS	4.69	6.70		4.53	100.00%	

- The table above details the current assessment of risk for the CCG; a gross risk of £6.7m but risk assessed to £4.53m.

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

Mitigations	Expected Mitigation Value Mth02	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %	Commentary
Uncommitted Funds (Excl 1% Headroom)						
Contingency Held	1.79	1.79	100.00%	1.79	39.50%	
Contract Reserves	0.00			0.00	0.00%	
Investments Uncommitted	0.00			0.00	0.00%	
Uncommitted Funds Sub-Total	1.79	1.79		1.79	39.50%	
Actions to Implement						
Further QIPP Extensions	0.61	0.44	100.00%	0.44	9.70%	additional action to fully mitigate risk
Non-Recurrent Measures	1.80	1.80	100.00%	1.80	39.76%	£1.3m drawdown and £500k of 0.5% allocated to bottom line
Delay/ Reduce Investment Plans	0.50	0.50	100.00%	0.50	11.04%	delay to primary care strategy implementation
Other Mitigations	0.00			0.00	0.00%	
Mitigations relying on potential funding	0.00	0.00		0.00	0.00%	Complete in section below - rows 51 - 53
Actions to Implement Sub-Total	2.91	2.74		2.74	60.50%	
TOTAL MITIGATION	4.70	4.53		4.53	100.00%	

A further potential risk not included in the financial position or the risk schedule relates to the outstanding issue with RWT £4.8m for lost income relating to Non Elective admissions. This issue has been escalated to NHSE at Regional level and the CCG is awaiting an update. A verbal update will be provided at Committee.

In summary the CCG is reporting the following:

	£m Surplus(deficit)	
Most Likely	£9.052	No risks or mitigations, achieves control total
Best Case	£13.582	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£9.052	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£4.522	Adjusted risks and no mitigations occur. CCG misses revised control total

6. 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.

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: 18th July 2017

Performance Indicators 17/18

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

17/18 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	A	S	O	N	D	J	F	M	Yr		
RWT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	RWT	92%	91.50%	R	91.28%	R	↑														
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	RWT	99%	99.06%	G	98.97%	R	↑														
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%	94.12%	R	93.32%	R	↑														
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	RWT	93%	93.42%	G	92.17%	R	↑														
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%	96.37%	G	95.48%	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%	96.17%	G	95.28%	R	↑														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	RWT	94%	94.87%	G	86.32%	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	100.00%	G	→														
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	RWT	94%	100.00%	G	100.00%	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%	77.30%	R	77.35%	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%	84.62%	R	89.68%	R	↓														
RWT_EBS1	Mixed sex accommodation breach	RWT	0	0.00	G	0.00	G	→														
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	Mths 1-11 = 3 Mth 12 = 2	5.00	R	9.00	R	↓														
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	RWT	0	4	R	10	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	69	R	102	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	2	R	3	R	↓														
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	RWT	0	0	G	0	G	→														
RWT_EBS6	No urgent operation should be cancelled for a second time	RWT	0	0	G	0	G	→														
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	95.60%	G	95.51%	G	↑														
RWTCB_S10B	Duty of candour (Note: Yes = Compliance, No = Breach)	RWT	Yes	No	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%	99.85%	G	99.85%	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%	99.71%	G	99.14%	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%	94.66%	R	92.98%	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	Q1 - 85% Q2 - 90% Q3 - 90% Q4 - 92.5%	89.98%	G	85.96%	G	↑														
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 2.5% Q2 - 2.4% Q3 - 2.2% Q4 - 2.0%	2.10%	G	1.93%	G	↓														
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework) Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	1.00	R	1.00	R	↓														

17/18 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_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	BCP	95.00%	97.13%	G	96.91%	G	↑														
BCPFT_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	BCP	85.00%	90.32%	G	90.99%	G	↓														
BCPFT_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	BCP	85.00%	98.82%	G	98.43%	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. Day one commences as of reporting date). 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	100.00%	G	→														
BCPFT_LQGE17	Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.	BCP	100.00%	50.00%	R	65.00%	R	↓														
BCPFT_LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]	BCP	50.00%	55.06%	G	53.06%	G	↑														
BCPFT_LQIA02	75% of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral [Target - >75% Sanction: GC9]	BCP	75.00%	97.48%	G	96.66%	G	↑														
BCPFT_LQIA03	95% of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral [Target - >95%, Sanction: GC9]	BCP	95.00%	100.00%	G	100.00%	G	→														
BCPFT_LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence.	BCP	1.25%	1.65%	G	1.58%	G	↑														
BCPFT_LQCA02	Percentage of caseload aged 17 years or younger – have care plan (CAMHS and EIS) - Audit of 10% of CAMHS caseload to be reported each quarter	BCP	80.00%	100.00%	G	100.00%	G	→														
BCPFT_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	BCP	95.00%	100.00%	G	100.00%	G	→														